

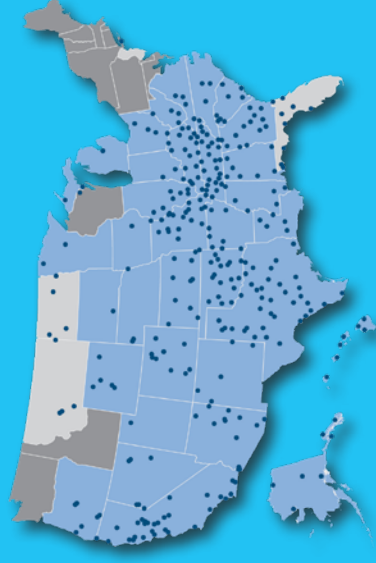
# FireMed Members Support Our Community.

*-Kathy Byars*

*"It gives us great comfort knowing that FireMed is there, even if we never need to use it. Thank you."*

- No extra out of pocket expenses, no co-pays, no deductibles
- Covers your whole household\*
- 24/7 coverage across Oregon
- High-quality care across all levels and excellent treatment for any emergency situation

*Your membership directly supports emergency ambulance service in our area. This means we can hire trained professionals, invest in the latest technology and save hundreds of lives each year. Your membership covers you and helps the community!*



**With REACH™ you are covered in 38 states!**

## Who is Covered on My Membership?

You and all persons living in your household are completely covered. Once coverage begins, your membership will extend to June 30th of each year. This makes FireMed a helpful and inexpensive option for families, as one **low annual cost of \$75** covers your whole family\* for local ground ambulance transport!

## Medcom Partners with AirMedCare Network

We've partnered and expanded our services through **AirMedCare Network (AMCN)**, America's largest air medical membership network providing financial coverage for emergency air medical transport. Even with medical insurance, air medical transport can result in significant out-of-pocket expenses. However, as with your FireMed ground membership, an AMCN membership ensures no out-of-pocket expenses for medically necessary flights if flown by REACH or any other AMCN provider. Protect your finances and your loved ones!

To add AMCN to your FireMed coverage, select **Ground and Air on the application**.



**FireMed: Emergency Ground Ambulance Services**  
**Ground Ambulance Membership Agreement:** Our membership program assures you of the finest emergency ambulance care and transportation, and protects you from any out-of-pocket costs. Your agreement for services is as follows:

1. Fully covered services
  - a. Medically necessary Emergency Ambulance Transportation to the nearest medical facility
  - b. Services that are not covered
  - c. Convalescent wheelchair transportation or transfer of patient for family convenience
  - d. The member is financially responsible for payment of medical services and/or ambulance transportation which is deemed not medically necessary and is denied payment by the member's insurance/health plan provider.
  - e. Transfer to another facility for a higher level of care as requested by physician
  - f. Member eligibility: FireMed membership includes all persons who are permanent residents of the same single occupancy, non-commercial residence.
  - g. Duration: Membership coverage begins three days after acceptance of a properly completed application form with payment, and extends to June 30th of the enrollment year.
2. Member responsibilities: Members pay the annual fee and will assign and transfer rights for ambulance services from all insurance policies, plans or third-party recovery, up to the total dollar amount of services incurred. If member fails to submit payment from insurance plan to provider of services, member agrees to forfeit membership benefits and be subject to collection processes. Members agree to cooperate to bill and collect from insurance, third party or other medical benefits for services rendered, including the execution of document or claim forms.
3. Membership cards are not required in order to obtain service under your membership. FireMed will not issue you a membership card. You will be active in our membership database, assuring that if transferred your membership will apply.
4. FireMed is not an insurance program, but will provide ambulance service and will bill whatever insurance or medical benefits are available to the member.
5. Violations of any of the terms of agreement may result in immediate cancellation of membership and the individual will be held responsible for the full amount of ambulance charges. Canceled memberships will not be refunded.

AirMedCare Network is an alliance of affiliated air ambulance providers (each a "Company"), an AirMedCare Network membership automatically enrolls you as a member in each Company's membership program. Membership ensures the patient will have no out-of-pocket flight expenses if flown by a Company by providing prepaid protection against a Company's air ambulance costs that are not covered by a member's insurance or other benefits or third-party responsibility, subject to the following terms and conditions:

1. Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by AMCN which require emergency air ambulance transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown.

**AirMedCare Network Terms and Conditions**

- \* Air Evac EMS, Inc./Guardian Flight LLC/Med-Trans Corporation/REACH Air Medical Services, LLC—These terms & conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you. In Nebraska, waiting periods are not allowed; however, a member cannot purchase a membership at the time of transport.
- IMPORTANT INFORMATION:** If our network provider in your area is not requested for your transport or if it is not available for any reason such as being committed on another patient flight or out of service for weather or maintenance-related issues, you may need to be transported by a ground ambulance or an out of network air ambulance provider. Your membership only covers flights by AirMedCare Network participating providers so you will be responsible for payment to other service providers. It is important that you get the medical care you need as quickly as possible, regardless of who provides the transport, so you have the best chance for survival and degree of recovery.
- Thank you for supporting REACH Air Medical Service, your local air ambulance service provider.

Protect your household from unexpected emergency expenses.



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BECOME A MEMBER TODAY

# Why Should I Join FireMed?

Insurance rarely covers the full cost of an ambulance transport, even after you pay your deductible. When you become a FireMed member, you receive peace of mind in knowing that your emergency medical transportation costs are covered.



## Protect your Finances!

Average Ground Transport: \$1500  
After Insurance Billing Members Pay: \$0

**Join Today!**



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# MEMBERSHIP MATTERS!



For additional air provider information contact: Sara Cyr at (541) 520-5128, sara.cyr@gmr.net



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## Enroll Today! *Open enrollment May - June*

*New Membership coverage begins three business days after acceptance of a properly completed application form with payment, and extends for one year through June 30th of the enrollment year.*

Ground Ambulance Membership  1year \$75  
Ground and Air Membership  1year \$140

Date of Application \_\_\_\_\_ Phone Number \_\_\_\_\_

Head of Household Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Remember, we bill your insurance(s). FireMed will handle all insurance billings and waive those costs such as co-payments and deductibles that are not covered by insurance.

Check or money order (Make check or money orders payable to Medcom.)

**Credit Card** Card # \_\_\_\_\_ Exp. \_\_\_\_\_ 3 digit code \_\_\_\_\_

By signing this renewal form, you agree to the terms & conditions on the back of this form. You also authorize payment in the amount checked above.

**Signature required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Spouse's Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

If this membership covers additional individuals living in your home, please list their information below.

Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please let us know where you heard about FireMed:  Neighbor  Tv  Radio  Mail  Other \_\_\_\_\_