

PORTLAND AMBULANCE EMERGENCY CARE PLAN

Welcome!

This past year has brought more changes in Medicare laws and health care overall. We at Portland Ambulance are striving to provide you with the best care possible while still adhering to some very stringent federal regulations. If you are a returning subscriber or a new member, we would like to thank you for participating in our program. As always, patient care is our top priority.

The annual fee is \$60.00. **Please read the agreement carefully before you sign it.** Applications must be turned in before the enrollment deadline of June 30, 2016. You will also need to supply us with copies of your insurance cards at that time. This applies to new and renewing members.

Frequently Asked Questions

Who can subscribe? Any household residing in the coverage area of Portland Ambulance Service, regardless of financial status or insurance coverage. All members of the household will be covered under the terms stated in the agreement.

How do I enroll in the Plan?

1. Carefully read the agreement and fill it out completely. **You may enroll anytime between May 1 and July 1, 2016.** Your enrollment covers medically necessary service from July 1, 2016 through June 30, 2017.
2. Submit your form with payment and copies of your insurance cards to:

City of Portland	OR	Portland Area Ambulance
259 Kent St.		773 E Grand River
Portland MI 48875		Portland MI 48875
Attn: Emergency Care Plan		Attn: Emergency Care Plan

What does the Plan cover? The plan covers all medically necessary ambulance runs during the coverage year of July 1, 2016 through June 30, 2017.

Do I have to renew every year? Yes. With changes in insurance billing requirements, we must renew your signature and verify your insurance cards every year. This insures correct and efficient billing to your insurance company.

Can I subscribe if I live in Florida for the winter? Yes. Your coverage will cover you while you are at your residence in Portland. You must provide us with the months you will be gone, and we will prorate your fees accordingly. **Remember, you must enroll before July 1, 2016.**

If you have any questions or need further information, please call Phil Gensterblum at 517-647-2935 or contact via email at: **philg@portland-michigan.org**.

**PORTLAND AMBULANCE EMERGENCY CARE PLAN
Membership Application/Agreement Form**

Head of Household: _____ Social Security # _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____ Birth Date: _____
 Township/Village: _____ Renewal: Yes No Employer: _____

Other Eligible* Household Members:

Name	Birth Date	Social Security Number	Employer
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Insurance Information:

Head of Household Medicare #'s: _____ Medicaid #'s: _____
 Spouse Medicare #'s: _____ Medicaid #'s: _____

Commercial Insurance Company: _____ Policy Number: _____
 Group Number: _____ Name of Insured: _____

Commercial Insurance #2: _____ Policy Number: _____
 Group Number: _____ Name of Insured: _____

Please submit with a copy of all current insurance cards (renewals included)

Please read the following agreement and sign below. Payment must accompany form for the agreement to be valid. I understand that the annual \$60.00 membership fee limits my out-of-pocket expenses for the uninsured portion of my ambulance bill(s) for medically necessary ambulance transportation provided only by Portland Area Ambulance. I understand that the Emergency Care Plan is not an insurance program and that the Portland Area Ambulance will bill all applicable insurances including supplemental and complementary, for all ambulance services, and will accept as payment in full any payment(s) received from same. **I further understand that ambulance transports deemed to be not a medical emergency are not covered by this Emergency Care Plan and the bill then becomes my responsibility.** I understand that my signature below authorizes Portland Ambulance Service to bill any and all insurance carriers on my behalf and authorizes my insurance carriers to make payments directly to Portland Area Ambulance. Should my insurance carrier send payment(s) to me for any services provided by Portland Area Ambulance, I agree to immediately forward such payment(s) to MHR PO Box 13247, Lansing, MI 48901-3247. My signature also allows Portland Ambulance to release any information regarding my ambulance run to my insurance company(ies) for billing purposes. **Membership fees will be collected from May 1, 2016 through June 30, 2016.** Membership is non-transferable and non-refundable. Coverage period is from July 1, 2016 through June 30, 2017.

*Note: a household is considered all persons claimed on enrolling member's Federal Tax Return for the previous year (2015). Any exception must have approval from the Ambulance Director prior to entering into this agreement.

I have read and agree to the above statements

Head of Household: _____ Spouse: _____
 Signature Date Signature Date