

Ambulance Membership Program Agreement

This Ambulance Membership Program Agreement ("Agreement") is entered into by the member identified below, and the member's spouse/dependent(s) listed on the Enrollment Form (collectively, the "Member"), and the Adams County Fire Protection District ("District").

L Eligibility, Term and Non-Transferability. Only District residents, and employees of organizations located in the District's jurisdiction, and who are covered by medical insurance or Medicare/Medicaid, are eligible to participate in the District's Ambulance Membership Program ("Program"). Persons who are not covered by medical insurance or Medicare/Medicaid are not eligible for this Program. Membership in the Program is not solicited from persons who receive welfare benefits, and such membership constitutes a voluntary contribution only. The Member represents that s/he, and the spouse/dependents listed on the Enrollment Form, are eligible to participate in the Program, and the document(s) the Member provided the District to verify eligibility are true and accurate. This membership is non-transferable and non-refundable, and will automatically terminate if the Member is no longer a District resident, or no longer is employed by a company located in the District's jurisdiction. Coverage begins upon the District's: a) *accepting* the Enrollment Form; b) *verifying* eligibility; and c) *receiving* the membership fee. The term of this Agreement is for one year beginning January 1 and ending December 31 of the year in which the fee is paid.

2 Emergency Medical Services Covered. Subject to the financial limitations stated in, and the terms to this Agreement, the District will, at no additional cost to the Member, provide the Member with emergency medical care/ambulance transport ("Emergency Medical Services") from anywhere within the District's jurisdiction to a hospital in the District's jurisdiction that accepts the Member's health care insurance, or to another hospital in the District's jurisdiction if in the District's judgment it is medically necessary for the Member's care.

The Program pools membership fees in a fund that will be used to pay Emergency Medical Services charges that are not covered by insurance or Medicare/Medicaid, subject to the following financial limitations:

(a) The Program will only pay your portion of the bill(s) for Emergency Medical Services remaining *after* your insurance has made payment. If your insurance does not provide payment for any portion of the bill(s) (whether due to a high-deductible plan or otherwise), the Program will not pay any portion of the bill(s) and you remain solely responsible for paying the entire bill(s) in full.

(b) The Program will only pay up to \$200 of a deductible or copay per emergency incident and will cover a maximum of \$1,200.00 per year per member. You will be solely responsible for paying any remaining unpaid portion of a deductible that applies to an emergency incident.

3. Excluded Services. This Agreement does not cover: (a) Emergency Medical Services provided by any other individual or entity for any reason, including but not limited to, the Fire District's ambulance/personnel were unavailable to respond to the emergency incident; and, (b) non-emergency ambulance transportation for routine, scheduled, or other non-emergency medical care.

4. The Program Is Not Insurance. *The Program is not an insurance policy, and should not be used as a substitute for medical or other insurance.*

5. Responsibility for Payment and Consent to Release of Medical Information for Billing and Payment. Except as otherwise expressly provided in this Agreement, the Member is financially responsible for the Emergency Medical Services, regardless of insurance coverage. The Member authorizes and directs any holder of medical information or documentation about the Member to release to the Centers for Medicare and Medicaid Services and its carriers and agents, the District and its billing agents, and any other payers or insurers, any information/documentation needed to determine these benefits or benefits payable for the Emergency Medical Services provided pursuant to this Agreement. The Member shall immediately forward to the District any payment received from an insurance company or other medical benefit provider for any portion of the Emergency Medical Services. A copy of this Agreement is as valid as the original.

The Member hereby acknowledges receipt a copy of the District's Notice of Privacy Practices.

ADAMS COUNTY FIRE PROTECTION
DISTRICT,
A political subdivision of the State of Colorado

By: _____

Member's Signature

Name