Ambulance Membership Application

For UT Health East Texas EMS ambulance service

UTHealth East Texas

EMS

P.O. Box 387 Tyler, TX 75710-9905

Low-cost membership fee New membership: \$60 Existing membership: \$50

To enroll:

 Enroll online at UTHealthEastTexas.com/EMSmembership and use activation code "UTEMS" (for immediate protection).
Call 800-642-JOIN (5646) for information.

FOR		
Date Received	Check Number	Amount

- Complete this form and mail to UT Health East Texas EMS, P.O. Box 387, Tyler, TX 75710-9905

		HEAD OF HOUSEHOLD M	SPOUSE M 🖬 F 🔳
		MEMBERSHIP ID NUMBER	LAST NAME
			FIRST NAME & MIDDLE INITIAL
			DATE OF BIRTH
PHONE NUMBER	DATE OF BIRTH	COUNTY	SOCIAL SECURITY NUMBER
SOCIAL SECURITY NUMBER	MEDICARE NUMBER	EMAIL ADDRESS	MEDICARE NUMBER

HOUSEHOLD MEMBER INFORMATION (If additional space is needed, please use separate sheet.)			
M 🗋 LAST NAME F 🗌	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH
M □ LAST NAME F □	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH
M □ LAST NAME F □	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH

HEALTH INSURANCE INFORMATION (other than Medicare) If you don't have health insurance, skip to payment section.				
□ NO INSURANCE INSURANCE COMPANY		POLICY	OR ID NUMBER	GROUP NUMBER
INSURANCE COMPANY ADDRESS	CITY, STATE, ZIP CODE		IS FAMILY COVERED? IS SPOUSE COVERED	

PAYMENT INFORMATION (IMPORTANT: Must be signed to be valid.)

Personal check or money order. \$50 by Sept. 30, \$60 after Sept. 30. Please make check or money order payable to UT Health East Texas EMS.

To pay by credit card, please pay online at UTHealthEastTexas.com/EMSmembership or call 800-642-JOIN (5646).

Please continue / begin (circle one) to bill my EMS membership \$5 on the water company billing system. I authorize my payment of \$5 a month on one of the following water company billing systems (available only to applicants with health insurance): Arp, Athens, Craft Turney, Hideaway Lake, Mart, Murchison, RPM Water Supply, Rusk, Rusk Rural Water, Troup and Tyler.

NO PAYMENT ENCLOSED. I currently reside within the city of Mineola where membership is automatic, but I am sending my information for EMS to have on file.

		Membership ID Number
Member's Signature (Required for membership)	Date	Medicaid: 🗌 Yes 🗌 No
MUST LIVE IN THE UT HEALTH EAST TEXAS EMS SERVICE AREA FOR ME I acknowledge that I am responsible for payment for the ambulance service Please sign after reading contract terms on the following page.		Medicaid recipients ARE NOT ELIGIBLE for membership.

You are invited to enjoy greater peace of mind

UT Health East Texas EMS invites you to become a member in our ambulance service subscription program that provides peace of mind by protecting you from unexpected ambulance costs. EMS membership provides for the prepayment of copayments and deductibles for all medically necessary ambulance services for which the patient has financial responsibility. EMS membership also provides for a reduced fee for non-emergency transports that are not covered by insurance. EMS membership is not an insurance policy or supplement.

Coverage includes your family

One EMS membership can include the applicant and immediate family members living at the same address (coverage includes spouse and unmarried and financially dependent children up to 21 years of age – 25 if a college student). A spouse who is being cared for in a nursing home can be covered under the applicant's membership.

Low-cost membership fee structure

Renewal membership: **\$50** New membership: **\$60**

Membership services – important features

EMS membership benefits are applied to emergency transports and non-emergency ground ambulance transports to hospitals in the EMS service area. Patient preference usually determines the hospital to which the patient is transported. However, in cases of life endangerment, the closest appropriate hospital will be used. Emergency transports are fully covered for members with health insurance. If no insurance or other third-party insurance is available, the EMS member is covered for 50 percent of the EMS standard emergency fee and is therefore responsible for payment of 50 percent of the total charges. An "emergency" is an unforeseen medical condition that requires urgent and unscheduled medical attention. Non-emergency transports are fully covered if insurance or other third-party coverage provides benefits for the transport (even if subject to deductible, copay or coinsurance). If no insurance or other third-party insurance is available or insurance is denied by the insurance company or other third-party payor, the EMS member is covered for 50 percent of the EMS standard emergency fee and is therefore responsible for payment of 50 percent of the total charges. A "non-emergency" is a medical transfer in which the patient is being transported for an ongoing medical problem for which he/she has an appointment to be seen at the hospital or requires transport back to his/her home or nursing residence following hospitalization for an acute medical problem. Excluded Services: EMS membership provides no coverage for non-emergency transports for which a certificate of medical necessity has not been completed by the patient's physician (forms available from UT Health East Texas EMS). The following destinations are not included in coverage under the EMS membership program: doctors' offices, dentists' offices, physical therapy centers and pharmacies. Also not included are transports to destinations that are not in the EMS service area. The patient will receive a full bill for excluded services.

"Card-free" EMS membership

Due to changes in our process, an EMS card is no longer needed to verify your membership. Instead, you will be electronically enrolled in our system. However, if you wish to retain verification, your check or credit card statement will serve as your receipt. We hope you will find this change to be easy and convenient.

Agreement

In consideration and payment of the membership fee: I hereby assign to EMS all ambulance benefits that I (or any covered family member) may otherwise be entitled to receive from any insurance or other third-party payor for services provided under my EMS membership whether in the past, now or in the future. EMS will accept this assignment as payment in full for emergency ground transports and for non-emergency ground transports if insurance or other third-party payor coverage provides benefits for the transport. I understand the EMS will file my ambulance insurance claims for each covered person and is entitled to receive payment from all insurance or other third-party payor to the amount of the usual charges of EMS. If no insurance or other third-party payor benefits are available or services are denied by the insurance company or other third-party payor for the non-emergency services of EMS, I understand that I will remain responsible for payment of the reduced fee of 50 percent of the standard non-emergency fee of EMS. Any insurance or other third-party payment that I receive related to EMS services provided under my ambulance membership shall be delivered to EMS.

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