

# Ambulance Membership Application

For UT Health East Texas EMS ambulance service



**UTHealth**  
**East Texas**  
**EMS**

P.O. Box 6968  
Tyler, TX 75711-9905

By my application and payment of the annual fee, I represent that I am not enrolled in Medicaid or any Medicaid health plan. If my Medicaid status changes, I agree to notify UTHEMS in writing. No Medicaid enrollee will be charged for the annual UTHEMS annual fee and any amount paid prior to enrollment will be prorated and returned to the member.

Online at **UTHealthEastTexas.com/EMS** (for immediate protection).

Or **Call 800-642-JOIN (5646)** for information.

Or complete this form and mail to UT Health East Texas EMS,  
P.O. Box 6968, Tyler, TX 75711

**This is not an insurance policy or supplement.**

FOR OFFICE USE ONLY		
Date Received	Check Number	Amount

HEAD OF HOUSEHOLD		SPOUSE	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
DATE OF BIRTH	PHONE NO.	DATE OF BIRTH	PHONE NO.
EMAIL ADDRESS		DATE OF BIRTH	
SOCIAL SECURITY NUMBER	MEDICARE NO.	SOCIAL SECURITY NUMBER	MEDICARE NO.
MAILING ADDRESS & APT. NO.		CITY, STATE, ZIP CODE	COUNTY

HOUSEHOLD MEMBER INFORMATION (If additional space is needed, please use separate sheet.)			
M <input type="radio"/> LAST NAME	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH
F <input type="radio"/>			
M <input type="radio"/> LAST NAME	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH
F <input type="radio"/>			
M <input type="radio"/> LAST NAME	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH
F <input type="radio"/>			

HEALTH INSURANCE INFORMATION (other than Medicare) If you don't have health insurance, skip to payment section.			
<input type="checkbox"/> NO INSURANCE INSURANCE COMPANY		POLICY OR ID NUMBER	GROUP NUMBER
INSURANCE COMPANY ADDRESS	CITY, STATE, ZIP CODE	IS FAMILY COVERED? YES <input type="radio"/> NO <input type="radio"/>	IS SPOUSE COVERED? YES <input type="radio"/> NO <input type="radio"/>

PAYMENT INFORMATION (IMPORTANT: Must be signed to be valid.)
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- ☐ Personal check or money order of **\$60**. Please make check or money order payable to **UT Health East Texas EMS**.
- To pay by credit card, please pay online at [UTHealthEastTexas.com/EMS](http://UTHealthEastTexas.com/EMS).
- ☐ 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, Malakoff, 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.

Member's Signature (Required for membership)

Date

**MUST LIVE IN THE UT HEALTH EAST TEXAS EMS SERVICE AREA FOR MEMBERSHIP**

I acknowledge that I am responsible for payment for the ambulance services provided for me.  
Please sign after reading contract terms on the following page.

Membership ID Number

Medicaid: ☐ Yes ☐ No

**Medicaid recipients  
ARE NOT ELIGIBLE  
for membership.**

# UT Health East Texas EMS Membership Contract Terms

## 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 co-payments 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

Membership: **\$60** / year  
(12-month coverage) from sign up date.

**This is not an insurance policy or supplement.**

## Membership services – important features

UT Health East Texas EMS membership benefits are applied to emergency transports and non-emergency ground ambulance transports to hospitals in the UT Health East Texas 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:** UT Health East Texas 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 UT Health East Texas EMS membership program: doctors' offices, dentists' offices, physical therapy centers and pharmacies. Also not included are transports to destinations that are not in the UT Health East Texas EMS service area. The patient will receive a full bill for excluded services. **This is not an insurance policy or supplement.**

## 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 payors up 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.

By my application and payment of the annual fee, I represent that I am not enrolled in Medicaid or any Medicaid health plan. If my Medicaid status changes, I agree to notify UTHEMS in writing. No Medicaid enrollee will be charged for the annual UTHEMS annual fee and any amount paid prior to enrollment will be prorated and returned to the member.

**Enroll online at [UTHealthEastTexas.com/EMS](https://UTHealthEastTexas.com/EMS). | For information call 800-642-JOIN (5646).** (for no-wait protection)