

CITY OF JACKSONVILLE EMERGENCY MEDICAL SERVICES MEMBERSHIP



City of Jacksonville Emergency Medical Services (EMS) Membership is designed to help protect yourself and your household from unexpected ambulance costs arising from co-payments and deductibles not covered by insurance. Membership is available to all residents living within the city limits of Jacksonville. This membership will cover all family members residing in the home for an annual fee of \$60.00.

Membership proceeds help fund the purchase of new equipment and enables the City of Jacksonville to continue to provide quality, cost-efficient paramedic transportation services to you and your family.

City of Jacksonville EMS Membership is offered annually at the beginning of each year. Memberships can be purchased at any time during the year and **are not** pro-rated and will take effect on the date purchased and will terminate at the end of the year unless renewed. All memberships are non-refundable and non-transferable.

This membership can help ease the financial burden when a medical emergency occurs.

THE CITY OF JACKSONVILLE AMBULANCE MEMBERSHIP TERMS

I hereby apply for membership with City of Jacksonville Emergency Medical Services (EMS). I agree to allow City of Jacksonville EMS to bill and collect directly from any and all medical or health insurance policies, plans or benefit programs, or from any third party all benefits available to me at no cost. I agree to forward to the City of Jacksonville EMS any payment that I receive for services provided by the City of Jacksonville EMS. Failure to provide necessary insurance information or failure to forward payments received as a result of services provided by the City of Jacksonville EMS will result in revocation of the membership.

Memberships may be purchased annually at the beginning of the year and can be purchased at any time during the calendar year and **are not** pro-rated. The membership will expire at the end of the calendar year unless renewed by the member. All memberships are non-refundable and non-transferable.

I understand my Medicare or insurance carrier and my physician must deem services covered under this membership to be medically necessary. If my Medicare or insurance carrier and/or my physician determine that services are not medically necessary, I understand that I will be responsible for payment to the City of Jacksonville EMS at a discount of 30% off of the regularly billed rates*.

Non-emergency transport to or from medical facilities other than hospitals (i.e. doctor's offices and clinics) are provided if medically necessary, however, most insurance policies do not provide payment for these services. I understand that if I require such transportation, and my insurance will not provide payment for the same, I will be responsible for payment of those services at a discount of 30% off of the regularly billed rates*.

Emergency transports are limited to situations in which a member has sustained injury, sudden illness or trauma, and the need for immediate medical attention of a physician at a hospital emergency room exists. Non-emergency transportation excludes such immediate life threatening needs and may require physician authorization as a condition of transport.

Ambulance transportation (emergency & non-emergency) is provided to hospitals within the Little Rock Metro area. Patients are transported to the hospital of their choice however, the physician or the City of Jacksonville's EMS personnel may select an appropriate facility based on the patient's medical condition at the time of service.

As a member, If I receive emergency or non-emergency transport and there is no medical or health insurance policy, plan or benefit program available for payment of service, I will be responsible for payment to the City of Jacksonville EMS at a discount of 30% off of the regularly billed rates*.

Membership benefits are not guaranteed unless the ambulance service is provided by the City of Jacksonville EMS. Southern Paramedic Service, MEMS, and NorthStar EMS will sometimes respond to our service area at times of high call volume and may or may not honor the membership at their discretion when presented.

Medicaid recipients should not enroll in this membership program. Medicaid recipients should understand they already have benefits for covered services.

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

If you have any questions concerning the above information, please call Nikki: 501-500-3028.

* Memberships must be kept current in order to obtain discounts.



**CITY OF JACKSONVILLE
EMERGENCY MEDICAL SERVICES MEMBERSHIP
P. O. BOX 126
JACKSONVILLE, AR 72078
(501) 500-3028**

Thank you for joining the Ambulance Membership
Program offered by the City of Jacksonville.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Other Family Members in Household:

Spouse's Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

I have read the enclosed "membership terms" of the membership program and agree to abide by these terms.

Applicant's Signature: _____ Date: _____

****Please return signed form with check or money order payable to:
City of Jacksonville EMS in the amount of \$60.00****