



Life is precious.

And while we don't like to think about it, accidents and emergencies happen. You never know when you or your family may need emergency care, but if the time comes, it's a relief to know that you can be prepared with MemberCare®.

Ambulance service can cost \$800 or more per trip.

*With **MemberCare®** from LifeCare Ambulance, it's just **\$38 per year!***

MemberCare®
Contract Terms and Conditions

I understand that the \$38 annual fee for MemberCare® covers out-of-pocket expense for services covered by my insurance, including coinsurance and deductibles, of LifeCare Ambulance Service bills for medically necessary ambulance transportation to or from area hospitals. I understand that the membership is effective three (3) days after receipt of full payment and a signed membership agreement.

I understand that MemberCare® is not an insurance or health-maintenance organization (HMO) and that LifeCare will bill and receive claim payments from my insurer or third-party agency (an HMO, Medicare, Blue Cross, etc...). To facilitate processing of authorized claims, I request that payment of authorized insurance benefits be made on my behalf to LifeCare Ambulance or myself, for any ambulance service and supplies furnished by LifeCare Ambulance. I authorize holder of medical information concerning me, to release to the Centers for Medicare and Medicaid Services and its carriers or other insurance companies, as well as to LifeCare Ambulance, any information needed to process all claims now and in the future and to determine these benefits or the benefits payable for related services. I consent to the use and disclosure by LifeCare Ambulance Service and its business associates of my protected health information (PHI) for purposes of treatment, payment and health care operations. LifeCare may communicate with you regarding marketing activities and fundraising opportunities about LifeCare Ambulance. This authorization remains in effect until I revoke it in writing.

I permit a copy of this authorization to be used in place of the original. If the insurance company sends a check to me for services rendered by LifeCare Ambulance Service, I agree to promptly forward that check to LifeCare Ambulance Service. LifeCare Ambulance Service reserves the right to require a physician certification of medical necessity for all non-emergency transports by ambulance. I understand that medically necessary ambulance trips that are not covered by insurance, are rendered at a 20% discount from regular rates per trip, and that I am responsible for payment. I understand that Ambu-Van services are offered at a reduced rate where available.

I understand that my MemberCare® Membership fee covers not only me, but my immediate family members (spouse and any children) living with me who I declare as dependents on my federal income tax form.

I understand that my membership covers ground services provided by LifeCare Ambulance Service, within its service area including western Calhoun County, all of Branch County, southern Barry County, Bellevue Township and Village, northeastern Kalamazoo County, most of St. Joseph County and central Cass County to or from area hospitals.

The membership agreement must be signed by the insurance policyholder or authorized person. I understand LifeCare Ambulance Service reserves the right to reject or revoke membership benefits if it has evidence of abuse of this program. I understand that this membership is non-transferable and non-refundable.

THIS CONTRACT EXPIRES ONE YEAR FROM THE DATE OF ENROLLMENT LISTED ON THIS APPLICATION.

Please call 269.969.8844 or 800.267.1161 with any questions.

Your life.
Your care.

Invest in it today.



Your family. Your future.
Invest in it today.

MemberCare®
from LifeCare Ambulance Service



The benefits of MemberCare®

MemberCare®—from LifeCare Ambulance Service—is a simple, affordable way to protect you and your family in the event of an emergency. MemberCare®:

- costs only \$38 per year and covers you and your immediate family members—spouse and children—who are legal dependents.
- covers LifeCare Ambulance ground services to or from area hospitals within our service area including: Greater Battle Creek, Southern Barry County, Bellevue Branch County, St. Joseph County, Central Cass County, and Northeast Kalamazoo County. See our website for the most current service area map.

When you join MemberCare®, your membership becomes effective 3 days after receipt of your payment and completed application. You will then receive a membership card in the mail.

LifeCare will bill Medicare or your insurance company for any medically necessary ambulance trips. Any co-pays or deductibles your insurer requires you to pay are covered by MemberCare®, so there is no out-of-pocket expense. If the insurance company sends you the check, simply forward the check to LifeCare Ambulance. You are not responsible for any balance remaining. Medically necessary ambulance charges that are not covered by insurance are rendered at a 20% discount from regular rates.

In addition, LifeCare offers the convenience of wheelchair van transportation at a discounted rate, where available, which is usually not covered by your insurance.

Whatever the situation, we provide fast, responsive care and safe transportation for our members when it is needed most.

For emergencies DIAL 911 tell them to send LifeCare.
For any other questions call 269.969.8844 or 800.267.1161 or visit www.lifecareems.org



MemberCare® Application

Name _____ DOB ___/___/___ SS# ___-___-___ Phone (____) ___-___

Address _____ Apt / Lot# _____ E-mail _____

City _____ State _____ Zip Code _____

LIST FULL NAME OF EACH **LEGAL DEPENDENT**, BIRTH DATE AND RELATIONSHIP TO YOU WHO LIVE AT THE ABOVE ADDRESS AND WILL BE INCLUDED ON THIS MEMBERSHIP (*every legal dependent living with you is covered.*)

Name _____ DOB ___/___/___ SS# ___-___-___ Relationship _____

Name _____ DOB ___/___/___ SS# ___-___-___ Relationship _____

Name _____ DOB ___/___/___ SS# ___-___-___ Relationship _____

Name _____ DOB ___/___/___ SS# ___-___-___ Relationship _____

Primary Insurance _____ Policy / Contract # _____ Group# _____

Secondary Insurance _____ Policy / Contract # _____ Group# _____

Spouse's Primary Insurance _____ Policy / Contract # _____ Group# _____

Spouse's Secondary Insurance _____ Policy / Contract # _____ Group# _____

Signature _____ Spouse's Signature _____

Date ___/___/___

Date ___/___/___

I AFFIRM THAT I HAVE READ AND AGREE TO THE TERMS AS DESCRIBED ON THE BACK OF THIS APPLICATION.

Method of Payment Check Money Order MasterCard VISA

Member Number:

Card # _____ Exp ___/___/___

SEND APPLICATION AND PAYMENT OF \$38 TO: LifeCare Ambulance – 330 Hamblin Ave., Battle Creek, MI 49037