

Membership Terms and Agreement

I hereby apply for Membership in the Excelsior Springs Ambulance Membership Program for myself and other eligible members of my household. The \$50.00 per household, per year membership fee provides **Medically Necessary Emergency Ambulance Services**, in the Excelsior Springs Fire Department response area, at no out-of-pocket expense to me. I understand that non-emergency (routine) transports, and Non-Medically Necessary transports are not covered under the membership plan and will be billed separately.

Members must be 55 years of age or older, and must be residents within the corporate limits of the City of Excelsior Springs, Missouri.

I understand that this membership permits the City of Excelsior Springs to collect directly from my insurance and any third party agency (Medicare, Medicaid, Blue Cross Blue Shield, etc.) whatever benefits or payments may be available. I understand that by paying the \$50.00 per year membership fee, that there will be no additional out-of-pocket expense to me or any other eligible member of my household. I also understand that the membership fee is non-refundable, and non-transferable.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION AND WAIVER:

I hereby authorize any holder of medical information about me to release to the Centers of Medicare and Medicaid Services or its intermediaries, carriers and any private insurance company information needed for this or a related medical claim. I permit a copy of this authorization to be used in place of this original and request payment of medical insurance benefits to the party who accepts assignments.

My signature constitutes my authorization to be lifetime effective.

Signature, Eligible Head of Household

Date

Signature, Eligible Spouse

Date

ASSIGNMENT OF INSURANCE PAYMENT AGREEMENT

I hereby authorize payment of all insurance benefits, including Major Medical, Title XVII Medicare, Title XIX Medicaid, or any other private insurance to the holder of this authorization.

My signature constitutes my authorization to be lifetime effective.

Signature, Eligible Head of Household

Date

Signature, Eligible Spouse

Date