

**Emergency Medical Services of LeFlore County
Ambulance Membership**

Applicant

Last Name: _____ First Name: _____ DOB: _____

SSN: _____ 911 Address: _____

City: _____ State: _____ Zip Code _____

Phone #: _____ Cell Phone #: _____

Primary Insurance: _____

Secondary Insurance: _____

Spouse

Last Name: _____ First Name: _____ DOB: _____

SSN: _____

Primary Insurance: _____

Secondary Insurance: _____

Other House Hold Dependents

Last Name: _____ First Name: _____ DOB: _____

SSN: _____

Primary Insurance: _____

Secondary Insurance: _____

Agreement: I acknowledge that I am (or my insurance provider) is responsible for payment of ambulance services provided to eligible dependents, and me by Emergency Medical Services of LeFlore County (EMSLC). I understand that it is my responsibility to provide EMSLC with my insurance and third party payor information and that failure to do so, nullifies this agreement. In consideration and payment of the membership fee, I hereby assign EMSLC all ambulance benefits that I or other covered family member may otherwise be entitled to receive for services received under this program. EMSLC will accept assignment as payment in full for emergent and non-emergent ground transports if insurance or third-party payor coverage provides benefits for the transport. I understand that EMSLC will file my ambulance insurance claims for each covered person and in entitled to receive payment from all insurance benefits or third-party payors up to the amount of its usual charges, If no insurance or third-party payor benefits are available or if the insurance company or third-party payor denies services, I understand that I remain responsible for payment of 60% of the applicable EMSLC fee. Any insurance or third-party payments I may directly receive relative to an ambulance transport shall be immediately delivered to EMSLC central business office in Poteau, Oklahoma. This membership is not transferable and not refundable and may be cancelled for system abuse or the other violation of this agreement at the sole discretion of EMSLC.

Applicant Signature

Date

1st time Membership Fee \$60.00

Renewal Fee \$50.00

This agreement supersedes and replaces previous editions prior to April 10, 2015

EMS of LeFlore County

PO Box 1025

Poteau, OK 74953

918-647-9270

