

## **MEMBERSHIP BENEFITS AND TERMS**

EMS OF LEFLORE COUNTY OFFERS A MEMBERSHIP PROGRAM ONLY FOR RESIDENTS OF LEFLORE COUNTY TO PROVIDE FOR CO-PAYMENTS AND DEDUCTIBLES FOR ALL MEDICALLY NECESSARY AMBULANCE SERVICES FOR WHICH THE PATIENT (OR HIS INSURANCE PROVIDER) HAS FINANCIAL RESPONSIBILITY. THE MEMBERSHIP PROGRAM IS NOT AN INSURANCE POLICY OR SUPPLEMENT.

**I HAVE INSURANCE AND FEEL THE MEMBERSHIP IS UN-NECESSARY? CONSIDER THAT, ON AVERAGE, MEDICARE AND INSURANCE COMPANIES DENY ABOUT ONE-THIRD OF ALL AMBULANCE CLAIMS. IF YOUR INSURANCE PROVIDER OR MEDICARE REFUSES TO PAY YOUR BILL, THE ENTIRE COST - USUALLY MORE THAN \$500 - BECOMES YOUR RESPONSIBILITY. WITH AN EMSLC MEMBERSHIP, YOU'D BE PROTECTED FROM THOSE COSTS SO LONG AS THE TRIP WAS DEEMED MEDICALLY NECESSARY.**

**MEMBER BENEFITS ARE APPLIED TO MEDICALLY NECESSARY EMERGENCY AND NON-EMERGENCY GROUND AMBULANCE TRANSPORTS TO HOSPITALS WITHIN OUR NORMAL SERVICE AREA, WHICH INCLUDES BOTH FT. SMITH FACILITIES. WHILE PATIENT PREFERENCE USUALLY DETERMINES WHICH HOSPITAL TO USE, IN CASES OF LIFE ENDANGERMENT, THE CLOSEST HOSPITAL WILL BE CONSIDERED. EMERGENCY SERVICE IS DEFINED AS AN UNFORESEEN MEDICAL CONDITION THAT REQUIRES URGENT LIFE SAVING CARE.**

**EMERGENCY AMBULANCE TRANSPORTS ARE FULLY COVERED IF INSURANCE OR OTHER THIRD-PARTY COVERAGE PROVIDES BENEFITS FOR THE TRANSPORT. IF NO INSURANCE OR THIRD PARTY COVERAGE IS AVAILABLE OR IF BENEFITS ARE DENIED, THE MEMBER IS CHARGED A REDUCED FEE OF 40% OFF THE STANDARD RATE.**

**'MEDICALLY NECESSARY' IS DEFINED AS THE TRANSPORT IS REQUIRED BECAUSE THE PATIENT CANNOT SAFELY BE TRANSPORTED TO THE HOSPITAL BY ANY OTHER MEANS.**

**WHO IS COVERED? ONE MEMBERSHIP CAN INCLUDE THE APPLICANT, SPOUSE AND UNMARRIED FINANCIALLY DEPENDANT CHILDREN UP TO AGE 21. ADULT CHILDREN LIVING WITH PARENTS OR VICE-VERSA, REQUIRE A SEPARATE MEMBERSHIP. THE SINGLE MEMBERSHIP MAY ALSO EXTEND TO A SPOUSE UNDER CARE IN A NURSING FACILITY IN LEFLORE COUNTY AND THE OTHER SPOUSE LIVING AT HOME.**

**EXCLUDED SERVICES ARE TRANSPORTS FOR CLINIC VISITS, DENTISTS, PHYSICAL THERAPY CENTERS, DIALYSIS CENTERS OR EYE CLINICS. TRANSPORTS OUTSIDE OF THE USUAL EMSLC SERVICE AREA ARE EXCLUDED & ALTHOUGH THE BASE RATE IS WAIVED, THE MILEAGE CHARGE REMAINS A BILLABLE CHARGE. NON-EMERGENCY TRIPS FROM THE HOSPITAL ARE NOT COVERED UNLESS THE PATIENTS PHYSICIAN PROVIDES A PCS FORM AT THE TIME OF TRANSPORT LISTING THE MEDICAL NECESSITY.**

**MEMBERSHIP FEE. INDIVIDUALS WITH HEALTH INSURANCE AND/OR MEDICARE PART B ARE \$60 FOR INITIAL AND \$50 FOR CURRENT MEMBERS. INDIVIDUALS WITHOUT HEALTH INSURANCE OR WHO HAVE ONLY PART A MEDICARE ARE \$75 FOR INITIAL AND RENEWAL.**

**EMS OF LEFLORE COUNTY RESERVES THE RIGHT TO CANCEL THE MEMBERSHIP WITHOUT REFUND OF ANY PORTION OF THE MEMBERSHIP DUE TO SYSTEM ABUSE OR VIOLATION OF ANY PART OF THE MEMBERSHIP AGREEMENT STATEMENT. IF THE APPLICANT HAS AN OUTSTANDING BALANCE AT THE TIME OF MAKING A NEW OR RENEWAL APPLICATION, THE OUTSTANDING BALANCE MUST BE PAID IN FULL PRIOR TO APPROVAL.**