

# Sign Up Today!

## **IOSCO EMS\*CARE PROGRAM**



*Membership will help cover co-payment expenses for losco EMS ambulance transport*

Iosco EMS is pleased to continue offering our EMS\*CARE Program. With health care costs increasing and more and more expenses being passed on to the consumer, losco County EMS has created a program to help cover co-payments for our ambulance transportation.

The losco County EMS\*CARE Program is not an insurance product, but an optional membership program. When you are transported by an losco County EMS ambulance, we bill your insurance carrier for our services. Often, patients are responsible for a portion of those charges, or a “co-payment”. By joining the losco County EMS\*CARE Program, your co-payment for ambulance transportation is waived by losco County EMS and you will not receive a bill for that portion. If you don’t have billable health insurance, your losco County EMS\*CARE Program membership provides great value in that you will only be charged the Medicare allowable rate for your transport—a fraction of the regular charges.

The losco County EMS\*CARE Program is a family membership. A \$39 annual membership fee covers both spouses and dependent children living at home. Your losco County EMS\*CARE Program membership may be used as many times as needed throughout the year.

Check your insurance coverage to see if the losco County EMS\*CARE Program is right for you! If you have questions about the losco County EMS\*CARE Program, please call 989-362-5534.

\*\*\*This membership is in effect from the date we receive your payment until the following July\*\*\*

# Quick & Easy Application for Iosco County EMS\*Care Program

**1**

## Household Information

### Head of Household

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Date of Birth: \_\_\_\_\_

### Spouse

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Dependent Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Dependent Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Dependent Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Dependent Name

\_\_\_\_\_  
Date of Birth

**2**

## Payment

Mail Application and Check for \$39 (made payable to Iosco County EMS) to:  
*Iosco County EMS, 1808 E US 23, East Tawas, MI 48730*

**3**

## Iosco County EMS\*CARE Membership Contract

I, \_\_\_\_\_, apply for membership in the Iosco County EMS\*CARE Program. I further understand that my membership in the Iosco County EMS\*CARE Program is subject to the following conditions:

I understand that the annual membership fee for the Iosco County EMS\*CARE Program is a non-refundable \$39 and provides help to cover ambulance transportation. The Iosco County EMS\*CARE Program covers my spouse and minor children living in my residence.

I understand that membership in the Iosco County EMS\*Care Program is only applicable for insurance co-pays and does not apply for insurance deductibles, or for charges deemed by insurance to be non-medically necessary or non-covered.

I understand the service of the Iosco County EMS\*CARE Program is limited to ambulance transportation to and from a health care facility (hospital or nursing home) as indicated by the patient's condition and where an alternate form of transportation would be medically inappropriate. I further understand that long distance transfers may result in additional fees charged by Iosco County EMS.

By participating in the Iosco County EMS\*CARE Program, I authorize insurance benefit payments to be made on my behalf directly to Iosco County EMS for any ambulance service provided to me now and in the future. I further authorize any holder of medical information or documentation about me to release such information to the subscriber's insurance company, Iosco County EMS or an appropriated governmental or third party payer.

The Iosco County EMS\*CARE Program is not an insurance contract, and is not applicable to Medicaid recipients. Membership may be cancelled or terminated at Iosco County EMS's sole discretion for fraud or abuse of the services offered by Iosco County EMS. Members are obligated to remit promptly any insurance proceeds paid directly to the member for services provided by Iosco County EMS. The Iosco County EMS\*CARE Program is not a contract for the provision of ambulance services. A backup ambulance service may respond when our service is unavailable, and benefits of membership may no longer be available.

I acknowledge that my membership in the Iosco County EMS\*CARE Program applies only to the services of Iosco County EMS and that Iosco County EMS retains the right to bill Medicare and any private insurance for services provided.

**This agreement shall remain in effect from the date of receipt of payment and acceptance by Iosco County EMS until the following July 31<sup>st</sup>.** I understand and agree that this membership contract incorporates the application for membership in the Iosco County EMS\*CARE Program.

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date