

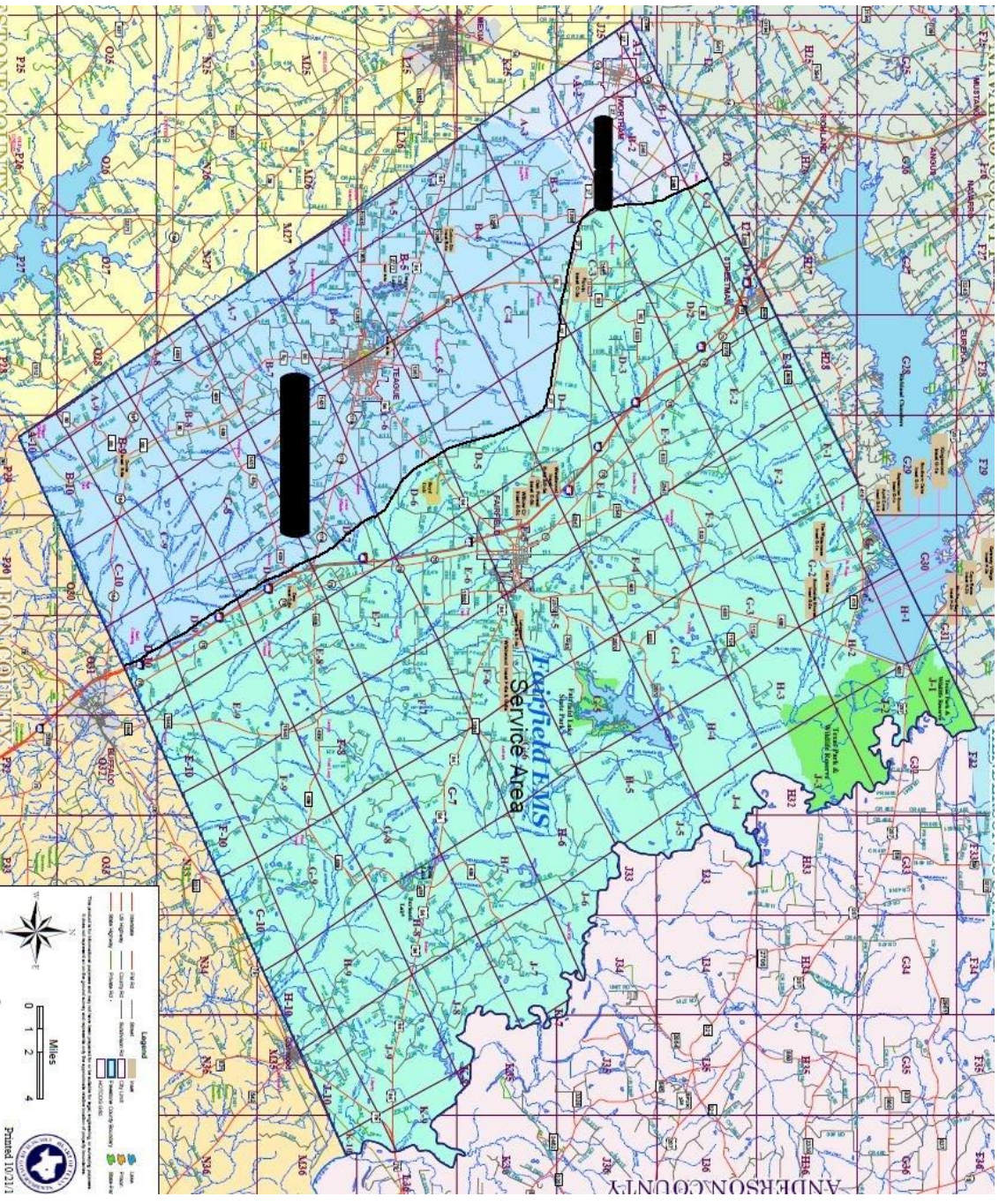
Membership Application

Fairfield EMS offers you and/or your family the opportunity to become a Fairfield EMS Member. Give yourself and your family peace of mind with a Fairfield EMS Membership. There are many benefits of joining the membership program. The Single Memberships fee will cover you or the Family Membership will cover you, your spouse, and dependent children under 25 years of age who live at the residence for emergency ground ambulance transportation. This Monthly Membership is only available to the resident and family who qualify and are listed on the application.

Consider the difference between the cost of membership and a typical emergency ambulance bill of \$600 to \$2000. Your membership fee basically prepays any deductible or other portion of the ground ambulance charges that would not be covered by insurance, or Medicare. Most insurance policies including Medicare will not cover the full amount of an ambulance bill, leaving you responsible for the remaining charges.

Fairfield Ambulance Service Inc. dba Fairfield EMS has been serving the great people of Freestone County and the City of Fairfield for over 40 years. In this time, Fairfield EMS has evolved from a small volunteer organization to a fully paid service to meet the ever-growing need for emergency pre-hospital healthcare. Fairfield EMS is a private non-profit ambulance service governed by a board of directors and currently licenses and operates three ambulances.

It is simple, just complete the application on the back with your payment, and return to Fairfield EMS, located at 740 West Commerce Street, Fairfield Texas 75840. Citizens that live within the City of Fairfield have the option to add the Monthly Membership to their water bill. They may complete the application and submit it to the office at Fairfield City Hall.



"Proudly serving, the City of Fairfield and Freestone County for over 40 years."



Fairfield EMS / 740 West Commerce Street / Fairfield, Texas 75840
Office: 903-389-6511 / Dispatch: 903-389-3236 / Fax: 903-389-9731
Office hours 9AM-5PM Monday -Friday



Membership Information

Head of Household

Last Name	First Name	Middle	Date of Birth	Medicare #
Address	City	State	Zip	Telephone #
Spouse				
Last Name	First Name	Middle	Date of Birth	Medicare #
Dependents				
Last Name	First Name	Middle	Date of Birth	Medicare #
Last Name	First Name	Middle	Date of Birth	Medicare #
Insurance				
Private or Supplement Insurance	Policy #	Group #		
Address	City	State	Zip Code	Telephone

Terms and Agreement

Fairfield Ambulance Service Inc., dba Fairfield EMS, offers memberships to provide the City of Fairfield and the citizens of Freestone County within Fairfield EMS service area, a reliable ambulance service that provides a minimal response time and trained personnel. No taxes have been levied to provide these services.

Membership provides emergency ambulance transport, as often as it is medically necessary* to the nearest medical facility for the member and covered family. It further includes free use of supplies and procedures (associated with the transport) not covered by insurance. A family membership includes husband, wife, and children up to 18 years of age (25 years of age if a college student) living in the same residence.

I hereby apply for membership with my local emergency medical service program. I understand that the enclosed Annual Membership or Monthly Membership fee will cover me and/or my spouse, and my children under 25 years of age who live at my residence. I understand that through this membership, Fairfield EMS will provide emergency ambulance service and transport to hospitals within the service area. I also understand and give my permission for Fairfield EMS to bill my insurance and assign benefits which are entitled through my insurance carriers, including ambulance benefits. This membership will cover the portion not reimbursed by my medical coverage for services rendered by Fairfield EMS during the time of my membership.

I authorize the release of medical information for the purpose of billing my insurance. I understand that should I or a family member receive payment from insurance or any other medical provider for services rendered by Fairfield EMS, the payment will be immediately forwarded to Fairfield EMS to the extent necessary to satisfy any balance due.

In consideration for payment of the membership fee, I hereby assign to Fairfield EMS all ambulance benefits that my family or I may otherwise be entitled to receive from any insurance or other third-party payers for services provided under my Fairfield EMS membership. I understand that Fairfield EMS will file my ambulance insurance claims for each covered person and is entitled to receive payment from all insurance or other third-party payers.

I understand that Fairfield EMS provides medically necessary* ambulance transportation and that violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty. I also understand that this membership is non-refundable and non-transferable.

Fairfield EMS Membership is not an Insurance Policy or Supplement.

Annual Memberships are run February 1st of each year. Prorated Annual Memberships are available throughout the year. Monthly Memberships will be effective after receipt of payment by the member or water company/department. The Monthly Membership will continue as long as fees are paid, but will terminate automatically without notice, if no monthly fees are received by Fairfield EMS from the member for 60 calendar days. A member may discontinue their membership at any time in writing. The water company/department is not responsible for any of Fairfield EMS acts or omission, and Fairfield EMS is not responsible for any of the water company/department acts or omissions. All Fairfield EMS membership relations are between Fairfield EMS and the Members. All emergencies will be covered after membership fees are received by Fairfield EMS. There will be a two week waiting period for non-emergencies. Monthly Members who opt to pay via credit card must complete, and submit to Fairfield EMS, a Recurring Payment Authorization Form.

MEDICAID RECIPIENTS ARE NOT ELIGIBLE.

***Medically necessary** is defined as specific need of ambulance transportation to or from a healthcare facility (hospital / nursing home) where use of alternative forms of transportation (wheelchair transport, private car, taxi) would be medically inappropriate. Fairfield EMS reserves the right to require physician certification statement (PCS) of medical necessity for all non-emergencies. Fairfield EMS reserves the right to terminate any membership who may abuse this rule.

I agree to Fairfield EMS Terms and Agreement.

Signature

Date

<p align="center">Membership Rates (Select One)</p> <p><input type="checkbox"/> \$60 Annual Individual</p> <p><input type="checkbox"/> \$75 Annual Family</p> <p><input type="checkbox"/> \$5 Monthly</p> <p>Businesses call for pricing.</p>
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