



Application for Membership LifeCare Ambulance, Inc.

Membership Fee     \$99 for Individual  
                             \$149 for Family/Household

Check or money order should be made payable to:     LifeCare Ambulance, Inc. 640 Cleveland St. Elyria, Ohio  
44035

**Head of Household**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_

**Spouse**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_

**Dependent Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_

I hereby apply for membership in the Lifecare Ambulance, Inc. membership Program. I have reviewed the Membership Agreement on the back and agree to abide by the terms thereof. This agreement and authorization are executed on my own behalf and on the behalf of other members of my household, if they are minors or otherwise unable to sign.

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

**Printed Name** \_\_\_\_\_

**Date** \_\_\_\_\_

## Terms and Conditions

**Household Members** – Immediate members of my family, which shall be defined as the head of the household and spouse, and the resident dependent children who have never been married.

**Membership Fee and Assignment of Rights** – In consideration of the membership services provided by LifeCare Ambulance, Inc. described below and except as hereinafter set forth, I have paid to LifeCare Ambulance, Inc. the nonrefundable and nontransferable membership fee and assigned to LifeCare Ambulance, Inc., on my behalf and on behalf of the immediate members of my family covered by this membership, all rights and benefits of all medical and health insurance policies or plans. For purposes of this agreement ambulance service shall mean medical ground transportation of patients meeting medical necessity guidelines as determined by Medicare guidelines. I also agree to assign and transfer to LifeCare Ambulance, Inc. on my behalf and the immediate members of my family covered by this membership, all rights in any claim where ambulance services by LifeCare Ambulance, Inc. were provided, up to the total bill dollar amount of charges incurred. I understand that my membership benefits are applicable after insurance deductibles have been met, I understand that if I have no insurance I am ultimately responsible for payment of ambulance services by the LifeCare Ambulance, Inc., less a 50% discount afforded to me as a member. I understand that this creates a legal obligation on my part to pay for services provided to me.

**Membership Services Provided** – In consideration of the membership fee and assignment of rights to LifeCare Ambulance, Inc. described above, LifeCare Ambulance, Inc. agrees to provide an available emergency ambulance services for me in the immediate members of my family covered by this membership.

**Reimbursement of Membership Services** – I agree that as a member, I shall make available all medical insurance and benefits information to LifeCare Ambulance, Inc. I agree that in the event that I, or a member of my family, makes a demand or files a claim or lawsuit for personal injury damages resulting from an accident or injury when LifeCare Ambulance, Inc. provider transportation, or services, I shall notify LifeCare Ambulance, Inc. immediately of the demand, claim, or lawsuit should any outstanding balance(i.e. the amount due for services provided due to a lack of insurance coverage or denial of payment by the insurer) be owed by me or my family members covered by this membership. I understand that I am responsible for payment of services provided to me. I hereby consent that LifeCare Ambulance, Inc. or their designated agent may contact you in regards to my bill and leave a message regarding same on any type of answering device utilizing the following means: telephone, mobile or otherwise; my voice message; prerecorded message; automatic down device; email; text message; and any other reasonable means of communication, written or oral. Nothing herein shall be construed to waive any lien rights, privileges or rights of legal subrogation provided by law to LifeCare Ambulance, Inc.

**Member Consent to Third-Party Reimbursement** – As a member, I agree and consent LifeCare Ambulance, Inc. filing for collecting payment for services provided to me or the members of my immediate family covered by this membership, under any and all medical and health insurance policies, plans or benefit programs, up to the amount of LifeCare Ambulance, Inc. is billed charges for ambulance services covered by this membership, as evidenced by my signed consent form.

**Agreement to Remit Payments Made by Insurer to Member for Services Provided** – I, and the members of my immediate family covered, hereby agree to forward immediately to LifeCare Ambulance, Inc., all payments for ambulance services provided by LifeCare Ambulance, Inc. and sent directly to any of us from the insurance company, medical benefits plan, or proceeds derived from lawsuits or settlements up to the total dollar amount of the charges incurred.

**Cancellation of Membership** – I agree that LifeCare Ambulance, Inc. has reserved the right to void this membership in the event of my failure to comply with any of these terms. I agree and understand that if my membership is voided, I will be obligated to pay off balances in full. I also understand and agree that a failure to comply with membership terms (and grounds for membership revocation) shall include a refusal of any insurer or healthcare provider to recognize and pay for the services rendered by LifeCare Ambulance, Inc. to me or the immediate members of my family, pursuant to the assignment of benefits contemplated by this membership agreement.

**Membership Period** - I understand this membership is for a period of one year commencing on receipt of my application and payment at LifeCare Ambulance, Inc. administrative offices. I understand that by payment of the membership fee, I have consented to all terms and conditions of this membership application on my behalf and the members of my family covered by this membership.

**Membership Agreement to Terms and Disclosure of Insurance Information** – As a member of LifeCare Ambulance, Inc., I request that payment of authorized Medicare and other insurance benefits be made on my behalf directly to LifeCare Ambulance, Inc., or any ambulance services furnished to me or members of my immediate family covered by this membership. I hereby consent to authorize any holder of insurance information about me and the members of my family covered by this membership (including Medicare or any private insurance company or benefits plan) to release such information, now or in the future, to LifeCare Ambulance, Inc., if such release is made in compliance with the health insurance portability and accountability act (HIPAA). As a member of LifeCare Ambulance, Inc., I agree, in order for LifeCare Ambulance, Inc. to service my account or to collect any amounts owed, LifeCare Ambulance, Inc. may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. LifeCare Ambulance, Inc. may also contact me by sending text messages or emails, using my email address I provide to LifeCare Ambulance, Inc.

**FAILURE TO COMPLY WITH THE ABOVE TERMS MAY RESULT IN MEMBERSHIP REVOCATION**