**LifeMed AGREEMENT**

Coverage begins two business days after acceptance of a properly completed application form with payment and extends through the next June 30.

I hereby apply for membership in \_\_\_\_\_\_\_\_\_\_ LifeMed program for my **household\*** and myself for the LifeMed fiscal year from July 1 – June 30. I understand that the membership fee of $65.00 provides only **medically necessary\*\*** pre-hospital care and ground transportation within the LifeMed reciprocal areas. I request that payment of authorized Medicare, Medicaid or any other insurance benefits be made on my behalf to the ambulance supplier for any service provided to us past, present or future. I agree to immediately remit my ambulance supplier any payment that I receive directly from insurance or any source whatsoever of the services provided to me or my family, and I assign all rights to such payments to my ambulance supplier. A copy of this form is as valid as the original.

* I understand that medical transportation is based on medical necessity, not on membership status, and that the patient will be transported to the closest medically appropriate facility.
* I understand that my membership covers only ground ambulance transports in our reciprocal area, which are medically necessary. Please refer to the Reciprocal Participating Agencies list & map.
* I understand that LifeMed is NOT insurance, but after the primary and secondary insurances are billed. If any co-pays or deductibles remain, they will be written off.
* I further authorize the release of medical information for the purpose of ambulance insurance billing only.

**\*Definition of Household:**

Membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence, living within LifeMed’s ambulance service areas, living together as part of a family unit, including domestic partners, but not to include roomers or boarders. Membership benefits include household members living in substitute care (ex: nursing homes). Others not included in this definition are required to obtain their own separate memberships.

**\*\*Definition of Medical Necessity**: Medically Necessity is satisfied when the “lack of transport” could place the patient’s health in serious jeopardy; could cause impairment of bodily functions; or another mode of transportation could endanger the health of the patient. LifeMed does not cover non-emergent transfers from the hospital to home or to a lower level of care.

**DISCLAIMER: LifeMed membership is not intended to solicit Medicaid enrolled patients, and such membership constitutes a voluntary contribution only.** Persons who receive welfare, Medicaid, Department of Medical Assistance Programs, or Oregon Health Plan medical benefits need not be members in order to have full coverage for services covered under these programs.

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Name Date

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