



# LIFEGUARD EMERGENCY AMBULANCE MEMBERSHIP ENROLLMENT

MEMBERSHIP EXPIRES AT MIDNIGHT, JUNE 30TH, EACH YEAR

**LifeGuard Protects  
Your Family and  
Your Finances**



*If you need assistance, please contact us:*

Phone (541) 266-4300

Fax (541) 267-0831

[www.ambulancemembership.com/baycities](http://www.ambulancemembership.com/baycities)

**Bay Cities Ambulance**

3505 Ocean Boulevard SE

Coos Bay, OR 97420

*Those residing outside our responding district need to sign up with their local ambulance provider.*

Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please Fill Out Entire Application & Sign**

**LifeGuard \$59 Annual Membership - Payment is Proof of Membership**

Head of Household Name *(Please print)*

Date of Birth

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

**REMEMBER: We bill your insurance(s).** LifeGuard will handle all insurance billings and waive those costs such as co-payments and deductibles that are not covered by insurance.

Your signature below allows us to bill your insurance, an important benefit of your membership!

Signature of Applicant \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_

Spouse Name

Date of Birth

*If this membership covers dependents living in your home and who are claimed on your tax forms, please list their information below:*

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

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Please let us know where you heard about LifeGuard:  Neighbor  TV  Radio  Mail  Other \_\_\_\_\_

## PAYMENT METHOD

Personal check or money order made payable to Bay Cities Ambulance is enclosed.

Please charge my credit card as indicated below:  VISA  MasterCard

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_ 3 Digit Code \_\_\_\_\_  
Back of Card

Cardholder's Authorization Signature \_\_\_\_\_

**For Office Use Only**

Received \_\_\_\_\_

CK # \_\_\_\_\_

I.D. \_\_\_\_\_

# LifeGuard: Emergency Ground Ambulance Services

Ground Ambulance Membership Agreement: Our membership program assures you of the finest emergency ambulance care and transportation and protects you from any “out-of-pocket” costs. Your agreement for services is as follows:

## 1. Fully covered services

- Medically necessary Emergency Ambulance Transportation
- Transfers to another facility for a *higher* level of care (i.e., from Bay Area Hospital or Southern Coos Hospital to a Portland or Eugene area hospital as requested by physician)

## 2. Additional services

- Up to two Response Fees Waived.

## 3. Services that are not covered

- Convalescent wheelchair transportation or transfer of patient for family convenience
- The member is financially responsible for payment of medical services and/or ambulance transportation which is deemed not medically necessary and is denied payment by the member’s insurance/health plan provider.

## 4. Member eligibility: **LifeGuard membership includes the enrolled member, plus all persons living in the same household and claimed as dependents on your tax forms.**

## 5. Duration: Membership coverage begins after acceptance of a properly completed application form with payment, and extends to June 30 of the following year.

Membership cards are not required in order to obtain service under your membership. You will be active in our membership database, assuring that if transported, your membership will apply. Your membership cards and material will come separately after enrollment.

