

Enroll Today!

Open enrollment May - June

Your membership will extend to June 30th of each year.



New Membership coverage begins 72 hours after acceptance of a properly completed application form with payment and extends from date of issue to June 30th. Renewing active membership coverage extends for 1 year from existing expiration date.

Date of Application _____

Head of Household Name (please print) _____

Date of Birth _____

Mailing Address: Street: _____

City: _____

State: _____

Zip: _____

Phone Number _____

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.

Personal check or money order made payable to **Pacific West Ambulance** is enclosed.

Please charge my credit card as indicated Visa MasterCard Card Number _____

Expiration Date _____

3 Digit Code _____

Cardholder's Authorization Signature (required)

Spouse's Name (please print) _____

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.

Dependent's Name (please print) _____

Date of Birth _____

Dependent's Name (please print) _____

Date of Birth _____

Dependent's Name (please print) _____

Date of Birth _____

Dependent's Name (please print) _____

Date of Birth _____

Dependent's Name (please print) _____

Date of Birth _____

Add I agree to the terms and conditions on the back of this application.

Signature of Applicant (required)

Please let us know where you heard about LifeGuard: Neighbor Tv Radio Mail Other _____

Pacific West Ambulance • 2801 NE 22nd Street • Lincoln City, OR 97367 • Phone: 541.994.6690 • AmbulanceMembership.com/PacificWest

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
 - a. Medically necessary Emergency Ambulance Transportation
 - b. Transfers to another facility for a higher level of care as requested by physician
2. Additional services
 - a. Up to two Treat and Release Waived
3. Services that are not covered
 - a. Convalescent wheelchair transportation or transfer of patient for family convenience
 - b. 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.
 - a. Duration: Membership coverage begins 72 hours after acceptance of a properly completed application form with payment, and extends to June 30th of each year.
5. Pacific West Ambulance Memberships are not an insurance policy but secondary to insurance carriers. All available insurances will be billed first. We will accept payment from your insurance carriers as payment in full.
6. Renewal payments must be received prior to the expiration date to avoid a lapse in benefits. There is no grace period.
7. Membership fees are not tax deductible and non-refundable.
8. I transfer directly to Pacific West Ambulance my rights to ground ambulance insurance payments due to me for services provided by Pacific West Ambulance. Such payments shall not exceed Pacific West Ambulance's regular charges. 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.