

Enroll Today!

Open enrollment October - September

Your membership will extend to September 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 September 30th. Renewing active membership coverage extends to September 30th of each year.

\$59 per year

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 **Metro West Baker 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 _____

Metro West Baker Ambulance • 3505 Ocean Blvd SE, Coos Bay, OR 97420 • www.AmbulanceMembership.com/Baker-County

LifeGuard: Emergency Ground Ambulance Services

Ground Ambulance Membership Agreement: Our membership program ensures that you will not have to pay for unexpected emergency transportation costs. Have peace of mind knowing that your family is covered. Your agreement for services is as follows:

- Fully covered services
 - Medically necessary Emergency Ambulance Transportation to the closest treating hospital
 - Transfers to another facility for a higher level of care as requested by physician
- Additional services
 - Up to two Response Fees waived
- Services that are not covered
 - 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.
- Member eligibility: *LifeGuard membership includes the enrolled member, plus all persons living in the same household and claimed as dependents on your tax forms.
 - Duration: Membership coverage begins 72 hours after acceptance of a properly completed application form with payment, and extends to September 30th of each year.
- Member responsibilities: Members pay the annual fee and will assign and transfer rights for ambulance services from all insurance policies, plans, or third party recovery, up to the total dollar amount of services incurred. If member fails to submit payment from insurance plan to provider of services, member agrees to forfeit membership benefits and be subject to collection processes.
 - Membership is non-refundable
 - 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.