



LIFECARE EMERGENCY AMBULANCE MEMBERSHIP ENROLLMENT

MEMBERSHIP EXPIRES AT MIDNIGHT, JUNE 30TH, EACH YEAR

**LifeCare Protects
Your Family and
Your Finances**



If you need assistance, please contact us:

Phone (503) **861-5558**

Fax (503) 861-5555

www.ambulancemembership.com/medix

Medix Ambulance

2325 S.E. Dolphin Ave.

Warrenton, Oregon 97146

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

Date of application ____/____/____

Please Fill Out Entire Application & Sign

☐ **LifeCare \$65 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). LifeCare 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 LifeCare: ☐ Neighbor ☐ TV ☐ Radio ☐ Mail ☐ Other _____

PAYMENT METHOD

☐ Personal check or money order made payable to Medix Ambulance is enclosed.

☐ Please charge my credit card as indicated below: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ / _____ / _____ Exp. _____ / _____ 3 Digit Code _____

Back of Card

Cardholder's Authorization Signature _____

For Office Use Only

Received _____

CK # _____

I.D. _____

Medix LifeCare: Emergency Ground Ambulance Services

Statement of Understanding:

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

1. Fully covered services:

- Medically necessary Emergency Ambulance Transports
- Transfers to another facility for a higher level of care (i.e., from Clatsop County Hospitals to a Portland area hospital as requested by a physician)

2. Additional Services:

- Up to two treat & release fees waived per year.

3. 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.

4. Member eligibility:

- LifeCare 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.

6. Medix Membership benefits are extended to the primary member, his/her spouse or domestic partner and their dependents claimed on their income tax return. Elderly or disabled family members living in the same household are also covered.
7. The first person listed on the application form is designated as the “Primary Member.” Only those persons who meet the membership eligibility requirements AND are listed in the membership record at the time services are rendered are eligible for benefits. Per government regulations, individuals covered by Medicaid are not eligible for membership and should not apply.
8. Medix Memberships are not an insurance policy but secondary to insurance carriers. All available insurances will be billed first. We will accept payment from insurance carriers as payment in full.
9. Ground emergent 9-1-1 and inter-facility transports are based on medical need, not membership status. Patients are transported to the closest medically appropriate facility as requested by the physician or EMS system. Non-emergent transports are not covered by this agreement.
10. New and lapsed Membership benefits take effect 72 hours after receipt of a completed enrollment with payment.
11. Renewal payments must be received prior to the expiration date to avoid a lapse in benefits. There is no grace period.
12. Membership fees are not tax deductible.
13. I transfer directly to Medix my rights to ground insurance payments due to me for services provided by Medix Ambulance. Such payments shall not exceed Medix regular charges.
14. I specifically waive any and all rights, claims or causes of action against Medix and its employees and agents with respect to my Medix Membership Program.
15. The Membership Program may be canceled at any time for any reason, including financial feasibility and governmental regulation of such programs.
16. No refunds will be issued on Membership purchases. Membership benefits are non-transferable.

Membership cards are not required in order to obtain service under your membership. You will receive confirmation that your membership has been processed. 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.