



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) **265-3175**

Fax (541) 574-5209

www.ambulancemembership.com/pacificwest

Pacific West Ambulance

2801 NE 22nd St.

Lincoln City OR 97367

*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 \$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). 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 Pacific West 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

2. Additional services

- Up to two Response Fees waived

3. Services that are not covered

- Convalescent wheelchair transportation
- 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.
- Transfer of patient for family convenience

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 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.

