



LIFEGUARD EMERGENCY AMBULANCE MEMBERSHIP ENROLLMENT

MEMBERSHIP EXPIRES AT MIDNIGHT, SEPTEMBER 30TH, EACH YEAR

**LifeGuard Protects
Your Family and
Your Finances**



If you need assistance, please contact us:

Phone (541) 239-5201

Fax (541) 267-0831

www.ambulancemembership.com/pioneer

Pioneer Ambulance

3505 Ocean Boulevard SE

Coos Bay, OR 97420

*Those residing outside of Baker County 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 Pioneer 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 Saint Alphonsus Medical Center to a another 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 September 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.