

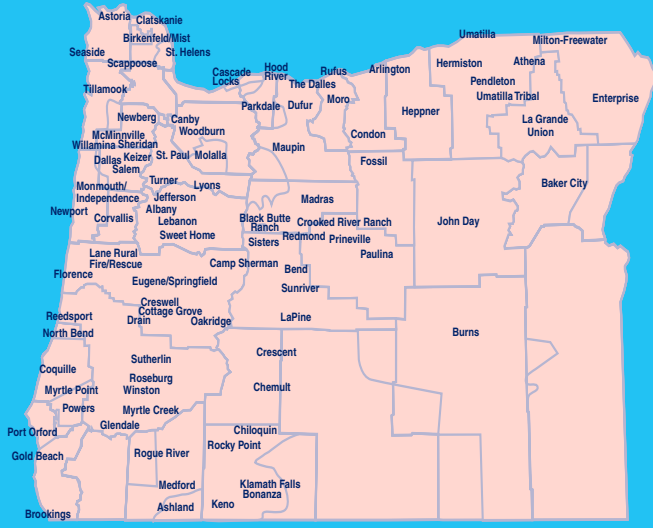
Peace of Mind

- No extra out of pocket expenses, no co-pays, no deductibles
- Covers your whole household*
- 24/7 coverage across Oregon
- High-quality care across all levels and excellent treatment for any emergency situation

“Don’t get caught off-guard, Get LifeGuard!”



Your Lifeguard Ambulance Membership covers you in the entire state of Oregon!



“It gives us great comfort knowing that LifeGuard is there, even if we never need to use it. Thank you.” -Mrs. P. Popoff

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 to the closest treating hospital
 - b. Medically necessary transfers to another facility for higher level of care requested by physician.
2. Additional services
 - a. Up to two Response Fees Waived
 - b. Services that are not covered
3. Convolescent wheelchair transportation or transfer of patient for family convenience
 - a. 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.
 - b. Members must reside in Medix Service area.
5. Medix 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 Medix Ambulance my rights to ground ambulance insurance payments due to me for services provided by Medix Ambulance. Such payments shall not exceed Medix 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.

Who is Covered on My Membership?

You and all of your claimed dependents living in your household are completely covered. Once coverage begins, your membership will extend to June 30th of each year. This makes LifeGuard a helpful and inexpensive option for families, as one low annual cost of \$69 covers your whole family!

LifeGuard

Become a member today to protect your family from unexpected emergency expenses.



IN CASE OF EMERGENCY CALL 911



Why Should I Join LifeGuard?

Insurance rarely covers the full cost of an ambulance transport, even after you pay your deductible. When you become a LifeGuard member, you receive peace of mind in knowing that your emergency medical transportation costs are covered, even if you are uninsured.



Team member Jeana



Protect your Finances!

Average Ground Transport: \$1500
Members pay: \$0

Join Today!



LifeGuard is an Incredible Value.

Protect yourself from any unexpected ambulance transport bill.

As a LifeGuard member, you don't have to worry – you have no out of pocket costs, no copays, no deductibles and no surprises. When you compare the cost of an annual LifeGuard membership (\$69) to the average cost of an ambulance ride (\$1,500) or an out-of-pocket deductible (\$2,000), LifeGuard is a great deal!



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 **Medix Ambulance** is enclosed.

Card Number _____ Expiration Date _____ 3 Digit Code _____

Credit Card Address _____ City _____ State _____ Zip _____

Signature of Applicant /Cardholder (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 _____

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

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