



## PECOS COUNTY EMS

Proudly Serving Our Community

### EMS LIFELINE Membership Enrollment Application

Please Print (Complete In Full)

For Office Use Only

Membership #:

Utility #:

Date Received:

Check#:

Last Name First Middle Initial

Mailing Address Apt. #

City: State: Zip:

Phone Number: \*Social Security #-XXX-XX- Date of Birth: / /

Employer Employers Address

#### \* Indicates Required information

List spouse, children under 26, and any other dependents listed on your income tax return that maintain a residence at your household.

Name:(First name, Middle Initial, and Last )	DOB:	*Social Security #	Relationship
	/ /	*XXX-XX-	
	/ /	*XXX-XX-	
	/ /	*XXX-XX-	
	/ /	*XXX-XX-	

#### Member Insurance Information (In lieu of following information please provide copies of both sides of insurance cards)

Medical Information

Medicare #:	Name	Address	Group/Policy #	Ins. SSN

#### Spouse Insurance Information

Medical Information

Medicare #:	Name	Address	Group/Policy #	Ins. SSN

#### Other Dependent Insurance Information

Medical Information

Name of Insured

Medicare #:	Name	Address	Group/Policy #	Ins. SSN

\*\*\*Information Is Not Valid Unless Signed On Reverse Side Of Form\*\*\*

#### Payment Options

**Option 1-** A check or money order in the amount of \$60.00 must accompany this application.

I am sending a check or money order for \$60.00 to become a member of EMS Lifeline (non-refundable).

Make check or money order payable to Pecos County EMS LIFELINE, 310 W 5th Street Fort Stockton, TX 79735.

**Option 2-** Monthly billing plan. You may choose to be billed \$5.00 every month on your city utility bill for EMS LIFELINE.

This fee will automatically be added to your total monthly city utility bill beginning on January 1, 2012. Monthly billing does not require any additional fee or payment. You pay \$5.00 each month on your city utility bill and are protected by EMS LIFELINE. However payments on your utility bill must be current. In the event of discontinued city utility services contact Pecos County EMS to make other payment arrangements for EMS LIFELINE (432-336-3062).

\_\_\_\_ Yes I would like monthly billing. By marking this line, you are agreeing to the \$5.00 charge each month on your city utility bill beginning on January 1, 2012 to be covered by EMS LIFELINE. A 5% late fee will be assessed to all past due accounts.

**Option 3-** (Annual Bill Pay Plan) You may choose to be billed an annual charge of \$60.00 on your city utility bill for EMS LIFELINE.

This fee will be added to your monthly utility bill January of each year. Annual billing does not require any additional fees or payments. You pay \$60.00 each year and are protected by EMS LIFELINE as long as your payment is current.

\_\_\_\_ Yes I would like the Annual Billing Plan. By marking this line, you are agreeing to an annual fee of \$60.00 to be billed each January on your city utility bill to be covered by EMS LIFELINE. A 5% late fee will be assessed to all past due accounts.

Billing Account name: \_\_\_\_\_

#### Agreement-This is not an application for an insurance policy

I hereby apply for a membership with Pecos County EMS Lifeline program. I understand that the enclosed annual fee of \$60.00 or \$5.00 monthly charge will cover myself, spouse, unmarried children under the age of 26, and any other qualified dependents as determined per the IRS who may permanently reside at this address. I understand that through this membership, Pecos County EMS LIFELINE will provide emergency ambulance service within Pecos County and or to include Pecos County EMS personnel. I also understand and give my permission for Pecos County EMS to bill my insurance and obtain benefits, which are entitled through my insurance carriers.

This membership will cover the portion unreimbursed by my medical coverage for services rendered by Pecos County EMS during the time of my membership. If a person does not have health insurance, this program covers emergency medical services delivered prior to hospital arrival. \* This membership will remain in effect until cancelled. You will be charged \$60.00 every January for annual payments/enrollment or \$5.00 for monthly billing plan.

\*Enrollments will begin every December and June of each year.

I authorize the release of medical information for the purpose of billing by insurance, I understand that should I or a family member receive payment from insurance or any other medical provided for services rendered by Pecos County EMS, the payment will be immediately forwarded to Pecos County EMS to the extent necessary to satisfy any balance due.

I do understand that the Pecos County EMS memberships are not solicited from persons who receive welfare medical benefits (Medicaid) and any such memberships constitutes a voluntary contribution. I understand and agree that the EMS service to be provided under this agreement is for a governmental service or liability of the city or county, its employees and officials is to be governed solely the Texas Tort Claims Act, Chapter 101, Texas Government Code.

This agreement does not constitute a waiver or modification of such laws.

I understand Pecos County EMS provides ambulance transportation in true emergencies cases only and not for transfer ambulance service. Violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty. I also understand that this membership is non-refundable and non-transferable.

#### To The Insurance Company

I authorize a copy of this agreement to be used in lieu of the original file at the Pecos County EMS office and or Intermedix.

The original may be furnished on request. I authorize payment of insurance benefits for ambulance service for myself or family members directly to Pecos County EMS according to our agreement and as itemized on the attached claims. I have paid the co-payment for ambulance services to be rendered and expect your usual and customary ambulance reimbursement on my behalf to be sent to Pecos County EMS.

**\*IMPORTANT: THIS MUST BE SIGNED TO BE VALID.**

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
SPOUSE'S SIGNATURE

**\*\*\*Information Is Not Valid Unless Signed On Reverse Side Of Form\*\*\***