

WHAT A MEDIC RESCUE MEMBERSHIP CAN DO FOR YOU!



Most HMO's, PPO's
and POS Plans have
co-payments



Most insurance plans
have deductibles



Some Health Plans
do not offer ambulance
service benefits



This membership limits your
out-of-pocket expense to \$75 for any
applicable co-pays and deductibles
per ambulance transport†



Medic Rescue will file the
necessary insurance claim forms
on the member's behalf

Deadline to Apply: January 31, 2022. *Please allow 4-6 weeks for processing.*

† Effective 2013

▼ DETACH HERE ▼

MEMBERSHIP 2022 FORM

- 1 If you are enrolled in any insurance plan that requires a "pre-certification" or "authorization" for any non-emergency transport, it is your responsibility to obtain this information and supply it to us prior to making arrangements. Failure to do so can result in you being held responsible for payment of services.
- 2 This subscription permits Medic Rescue to collect for services rendered directly from the subscriber's insurer and/or other medical benefits provider.
- 3 The subscriber authorizes the release of medical information to the Centers for Medicare and Medicaid Services, its agents, other insurance companies and Medic Rescue as needed to determine the benefits payable for related services if such release is in compliance with the Health Insurance Portability and Accountability Act.

INSURANCE (MALE)

INSURANCE CO. NAME: _____

Member #/ I.D. #: _____

Group #: _____

INSURANCE (FEMALE)

INSURANCE CO. NAME: _____

Member #/ I.D. #: _____

Group #: _____

*If you do not wish to receive further communication regarding our membership program,
please contact our privacy officer at 724.728.3692.*

COMPLETE BOTH SIDES ►

MEMBER RATES

See the back of the enclosed letter to see qualified contracted company and municipality listings. Family consists of husband, wife, and children under the age of 26, unless handicapped.

DISCOUNTED MEMBER RATES

INDIVIDUAL \$36.00
FAMILY \$53.00

STANDARD MEMBER RATES

INDIVIDUAL \$46.00
FAMILY \$67.50

Your membership will provide unlimited emergency and medically necessary non-emergency ambulance transports with limited out of pocket expense for balances not covered by your insurance. Medically necessary non-emergency ambulance transports as defined by your insurance carrier are covered to local hospitals, nursing homes, clinics, rehabilitation centers, etc. provided a Certificate of Medical Necessity is signed by your physician or has been pre-certified or authorized by your insurance. It is your responsibility to obtain this information prior to making transport arrangements. Medical necessity is defined by CMS regulations and imposed on ambulance services.

Memberships are non-transferable and non-refundable.

This application is subject to all terms and conditions of the standard membership contract on file at the office of Medic Rescue and is available upon request.

Wheelchair van service is not covered in membership.

Ambulance Services and Rates

SERVICE	WITH MEMBERSHIP	WITHOUT MEMBERSHIP
Advanced Life Support Emergency	\$75 Copay	\$685.00 (Base Rate)
Advanced Life Support Non-Emergency	\$75 Copay	\$685.00 (Base Rate)
Basic Life Support Emergency	\$75 Copay	\$575.00 (Base Rate)
Basic Life Support Non-Emergency	\$75 Copay	\$575.00 (Base Rate)

Members are permitted “5” lift assists and/or refusals per member per year, before a \$150 charge per occurrence will be charged.

Base rate does not include certain expendable supplies or mileage. Rates quoted are subject to change without notice. Members may be obligated to pay the discounted fee or a portion thereof for certain services depending upon specific requirements of your particular policy or plan. If you are uncertain about your health plan’s coverage for non-emergency transportation, please call your plan prior to scheduling.

NAME (AS IT APPEARS ON INSURANCE CARD)

ADDRESS

CITY STATE ZIP

PHONE

LAST 4 DIGITS OF S.S.#

DATE OF BIRTH

THIS SECTION MUST BE COMPLETED AND SIGNED

APPLICANT'S SIGNATURE

I understand and agree to all terms stated in this membership application and understand that this serves as a lifetime signature authorization. (See back)

LIST SPOUSE AND UNMARRIED CHILDREN UNDER THE AGE OF 26. (LIST ADDITIONAL DEPENDENTS ON A SEPARATE SHEET.)

NAME/RELATIONSHIP

DATE OF BIRTH

LAST 4 DIGITS OF S.S.#

Type of Membership ▶

DISCOUNTED MEMBER*

□ INDIVIDUAL - \$36.00

□ FAMILY - \$53.00

STANDARD MEMBER

□ INDIVIDUAL - \$46.00

□ FAMILY - \$67.50

Membership valid through 12/31/2022
Membership fee is not tax deductible

Member Company / Municipality*

☐ VISA ☐ DISCOVER

☐ MASTERCARD

☐ ENCLOSED IS A CHECK OR MONEY

ORDER PAYABLE TO **“MEDIC RESCUE”**
(DO NOT SEND CASH)

Acct. #

Exp. Date

CVC