

WESTERN LANE AMBULANCE DISTRICT LIFEMED MEMBERSHIP PROGRAM



LIFEMED AGREEMENT

Definition

LifeMed is a voluntary ambulance membership program operated by Western Lane Ambulance District (hereinafter referred to as "District"). LifeMed is NOT INSURANCE. It is in addition to any medical benefits members may have. The District will bill your insurance company or other coverage for ambulance services that members may have received and the District is entitled to all benefits paid for ambulance services rendered, up to the dollar amount of services incurred. Medicaid beneficiaries should not apply for membership. LifeMed covers medically necessary ambulance ground transports only.

Membership Benefits outside of local service area

Other participating reciprocal agencies may extend member benefits to areas outside the District ambulance service area. These benefits are limited to the terms of agreement in effect by the participating agency providing services at the time benefits are used. The District is not responsible for the type, level, or quality of services provided by a participating agency nor is the District financially responsible for any costs or charges incurred by a member from any other ambulance provider. The District is not responsible for the withdrawal of participating reciprocal agencies. Participating agencies are subject to change without notice.

Member responsibilities

Members pay an annual membership fee and will assign and transfer to the District all rights and benefits for ambulance services from all insurance policies, plans, or benefit programs members may have, including all rights in any claim or third party recovery, up to the total dollar amount of services incurred, where ambulance services were provided by the District. Should any person covered under this membership receive any payment for ambulance services rendered by the District, they will immediately forward such payment to the District. Members authorize the release of medical and other information to the District as necessary for ambulance billing. Members agree to provide, when requested, any or all information concerning insurance policies, plans, third party recovery, or other benefit programs they may have, and will cooperate and assist as necessary in any efforts to bill and collect such ambulance reimbursements, including the completion and submission of documents or claim forms.

Residents of the District are eligible to join by properly completing an enrollment application available from the District and by paying the appropriate annual membership fee. LifeMed household membership benefits cover you, your spouse or domestic partner, and dependents claimed on your income tax return and that live in the same household. Elderly or disabled family members living in the same household are also covered. Membership benefits are also extended to include household members living in substitute care (e.g., nursing homes) in the District ambulance service area. Others not included in this definition are required to obtain their own separate membership. The first person listed on the application form is called the "Primary Member." Anyone who joins a household after the membership goes into effect can be included under the membership from the date the "Primary Member" notifies the District of the addition. Only those persons who meet the membership eligibility requirements and are listed in the membership record at the time services are rendered are eligible for benefits.

Effective Date

New LifeMed coverage begins two (2) business days after acceptance of a properly completed application form **with** payment and extends through the next June 30th. Current members renewing prior to June 30th of the current year will have an effective date of July 1 of the new membership year.

To the Member's Insurance Carrier (for Members with insurance)

As a Life Med member, I authorize a copy of this agreement to be used in place of the original on file at the LifeMed office. I assign and authorize payment of benefits for ambulance services directly to the District, according to the LifeMed terms of agreement and as itemized on claim forms. My membership fee covers any applicable deductible, co-insurance, or co-payment amounts and I expect the usual and customary ambulance reimbursement on my behalf be sent directly to the District.