

# CHICKASHA E.M.S.



## AMBULANCE MEMBERSHIP APPLICATION FOR RESIDENTS OF CHICKASHA, AND ALL OF CENTRAL GRADY COUNTY

## ANNUAL MEMBERSHIP ONLY \$60 or less\*

\* Discount rate available for Chickasha residents who wish to place the membership fee on their water bill.

## HOW DO I BECOME A MEMBER?

Becoming a member is quick and easy. Just fill out the attached membership application and return it with your payment of \$60 to the address below. We accept personal check or money order. **Please do not send cash.**

Please complete application on reverse side

## CAN I PAY BY THE MONTH?

Yes! If you receive a **Chickasha Municipal utility bill** you can elect to pay \$4 a month on your bill for EMS membership. (Rural water customers are not eligible for this option.) The advantages of paying monthly are:

- Membership is discounted to \$48 per year. \$4/month.
- No upfront payment is necessary we will place the \$4 charge on your next water bill.
- You never have to renew and you can cancel at any time.

## FOR MORE INFORMATION CALL 222-6038

## WHAT ARE THE BENEFITS OF MEMBERSHIP?

- No insurance deductibles or co-payments to meet. Membership covers **ALL** of your out of pocket expenses. We bill your insurance or other responsible party directly, but no additional charges are passed on to you the member.
- All **immediate relatives** living at your residence and **listed** on your application are covered. Immediate relatives include; spouses, parents, grandparents, and children.
- Newborns and newly adopted children are automatically covered.

Mail to Chickasha EMS · 101 N. Sixth St. · Chickasha OK 73018

- Membership covers **medically necessary** services provided by Chickasha EMS as often as needed for the term of the subscription **within** the service area. Medically necessary services include **all** emergency responses, non-emergency transports authorized by your physician to a hospital and non-emergency transports authorized by your physician from the hospital back to your residence.
- Membership funds help pay for new ambulances and advanced life saving equipment.

## WHAT DOES THE MEMBERSHIP NOT COVER?

- Family members living at a different address or in nursing care facilities require a separate membership.
- Non-family members living at your residence require a separate membership.
- Services provided by another EMS service or outside the service area are not covered.
- Services which are not medically necessary are not covered. A physician's authorization is required on non-emergency services.
- Transportation to clinics, doctor's offices or pharmacies is not covered.

## MEMBERSHIP AGREEMENT

I hereby apply for membership with Chickasha EMS. I certify that I am a resident of the Chickasha EMS district. I understand that my membership covers myself and my immediate family (Parents, Grandparents, Children and Spouse) living at my residence and **listed on the application**. Newborns and newly adopted children are automatically included in this membership.

I further understand that my membership covers medically necessary services only as defined by Medicare and that a physician's authorization is required for all non-emergency services.

I agree that receipt of my payment of \$60 with my membership application will begin my membership and continue my membership through March 31 of next year. If I choose to have the membership applied to my Chickasha utility bill, I agree to pay the \$4 membership fee each month. If I choose this option my membership will begin as soon as payment is received on my next water bill and will continue until I choose to cancel my membership.

I understand that this membership relieves me of any out of pocket expenses during the coverage period. I agree to assist Chickasha EMS in collecting from my insurance carrier or other third party for usual and customary charges for services rendered by Chickasha EMS. I further understand and agree that this membership is non-refundable and non-transferable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE SIGN ABOVE, THANK YOU

## MEMBERSHIP APPLICATION

NEW  RENEWAL Membership Number \_\_\_\_\_

PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please lists all immediate relatives living at your residence.

Name	Relationship to you
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### PAYMENT METHOD

Option #1: Enclosed is my payment of \$60 for membership through March 31 next year.  
We accept Personal Check or Money Order. Please do not send cash.

Option#2: I authorize the City of Chickasha to place a \$4 monthly charge on my Chickasha utility bill for EMS membership. I understand that the charge will remain on my bill and my membership will remain in effect until I elect to cancel my membership. I may cancel my membership at any time by contacting City Hall at 222-6015.

Signature \_\_\_\_\_

Chickasha Utility Account Number \_\_\_\_\_

Need Help? CALL 222-6038

Please complete and return to: Chickasha EMS, 101 N. 6<sup>th</sup> St. Chickasha, OK 73018