



# Membership Application

11945 SW 70th Ave., Tigard, OR 97223-8566 503-259-1125 [FireMed@tvfr.com](mailto:FireMed@tvfr.com)



Please complete and return this form along with your membership fee. Thank you for making the choice to join! Your membership helps keep our community safe and secure.

## Choose your coverage:

See coverage map & full membership details at [tvfr.com/Newberg](http://tvfr.com/Newberg)

☐

**\$65** /year

☐

**\$140** /year

## Household Information

<input type="text"/>		<input type="text"/>
Home Address		Apartment Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>		<input type="text"/>
Mailing Address (if different from above)		Apartment Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

## Telephone Number(s)

<input type="text"/>
Telephone
<input type="text"/>
Email Address, if available
<i>Your email address is kept confidential and only used as a contact method by FireMed.</i>

FireMed membership includes all persons who are primary residents of the same single-family occupancy, non-commercial residence within the FireMed ambulance service areas, living together as a family unit, but not to include roomers or boarders. Membership is also extended to include household members living in substitute care.

## Last Name

Primary Member:

Additional Household Members:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## First Name

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## Relation

Spouse, Child, Etc.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## Date of Birth (MM/DD/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Submission of this application with payment constitutes acceptance of the FireMed terms of agreement on the reverse side of this form. You will receive a copy of the terms of agreement with your membership confirmation. **Credit card information will be destroyed once your membership payment is processed.**

## Payment Information

Please return this form with payment.

Name on credit card

☐

Please bill my credit card.

☐

Enclosed is my check, payable to **TVFR**.

☐

Visa

☐

MasterCard

☐

American Express

☐

Discover

Credit card number

Expiration date (MM/YY)

CVV code on back

## OFFICE USE ONLY

TOTAL \$

DATE

CC CA CK#

DONATION

OTHER

Your check or credit card statement is your receipt. You will receive membership confirmation in the mail in 3-4 weeks.

# Newberg FireMed Ambulance Membership Program Terms of Agreement

By Joining Newberg FireMed, members agree to abide by the Terms of Agreement below.

**DEFINITION:** Newberg FireMed is a voluntary ambulance membership program operated by Tualatin Valley Fire & Rescue, hereinafter referred to as FIREMED. FIREMED is not insurance. It is in addition to any medical benefits members may have. FIREMED will bill insurance or other coverage for ambulance services that members may have, and FIREMED is entitled to all benefits paid for ambulance services rendered, up to the total dollar amount of services incurred.

**MEMBERSHIP BENEFITS:** Membership covers applicable patient out-of-pocket expenses for medically necessary ground ambulance transportation to the nearest appropriate hospital, provided by FIREMED within the FIREMED ambulance service areas of Newberg and Dundee. "Medically necessary ground ambulance transportation" means that the patient must be transported to a hospital for medically necessary services, and transportation in any other vehicle could endanger the patient's health.

## **MEMBERSHIP BENEFITS OUTSIDE OF LOCAL SERVICE AREA:**

Other participating reciprocal ambulance providers may extend member benefits to areas outside the FIREMED ambulance service areas. These benefits are limited to the terms of agreement in effect by the participating provider providing services at the time benefits are used. Members who receive reciprocal ambulance service from any other participating provider are eligible for benefits offered by that provider, if the member agrees to abide by the participating provider's terms of agreement. A current list of participating providers is on file in the FIREMED business office and on the website: firemed.org. FIREMED is not responsible for the type, level, or quality of services provided by a participating provider nor is FIREMED financially responsible for any costs or charges incurred by a member from any other provider. Participating providers are subject to change without notice. FIREMED is not responsible for the withdrawal of participating reciprocal providers.

**MEMBER RESPONSIBILITIES:** Members pay an annual membership fee and will assign and transfer to FIREMED all rights and benefits for ambulance services from all insurance policies, plans, or other 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 FIREMED provided ambulance services. Should any person covered under this membership receive any payment for ambulance services rendered by FIREMED, they will immediately forward such payment to FIREMED. Members authorize the release of medical and other information by or to FIREMED 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.

**MEMBERSHIP ELIGIBILITY:** Residents of FIREMED's ambulance service areas are eligible to join by properly completing an enrollment application available from FIREMED and by paying the appropriate annual membership fee. FIREMED membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence, living

within FIREMED's ambulance service areas, living together as part of a family unit, including domestic partners, but not to include roomers or boarders. Membership benefits include household members living in substitute care (e.g. nursing homes) in FIREMED's ambulance service areas. Others not included in this definition are required to obtain their own separate membership. The first person listed on the application form is 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 FIREMED 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.

**DURATION:** Member benefits begin immediately after receipt of completed application and payment during open enrollment (Sept. 1-Oct. 31). Applications received between Nov. 1 and Aug. 31 are subject to a 30-day waiting period, and the cost is not prorated. All memberships expire on Oct. 31 each year.

## **TO THE MEMBER'S INSURANCE CARRIER (FOR MEMBERS WITH INSURANCE):**

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

**DISCLAIMER:** FIREMED reserves the right to add, modify, or delete any of the program terms and conditions completely or in part. All interpretations of the membership terms and conditions shall be at the sole discretion of FIREMED. Membership is non-transferable and non-refundable. Persons who receive welfare, Medicaid, Department of Medical Assistance Programs, or Oregon Health Plan medical benefits need not be members in order to have full coverage for services covered under these programs. Any such membership constitutes a voluntary contribution only. Violations of the terms of agreement may result in membership revocation, forfeiture of benefits associated with membership and an obligation to pay all balances in full.

## **FIREMEDPLUS, LIFE FLIGHT NETWORK AIR AMBULANCE**

**OPTION:** Life Flight Network air ambulance membership is an optional coverage available for an extra fee. See Life Flight Network membership brochure at [www.lifeflight.org](http://www.lifeflight.org), or call 1-800-982-9299 for latest membership terms. If you or a family/household member uses Life Flight Network emergency air transport under medically necessary circumstances, Life Flight Network will accept an insurance settlement (if any) as payment in full. Related ground ambulance transport is covered when provided by a FIREMED network reciprocal provider. Life Flight Network flies patients based on medical need, not membership status. Within the Oregon FireMed coverage area, emergency air membership with Life Flight Network (LFN) is limited to transports provided by LFN. You may be billed by air services provided by other air emergency providers. Medicaid beneficiaries should not apply for membership. You may enroll in or renew your Life Flight coverage when you activate a FireMedPlus membership.