PRINT THIS PAGE AND MAIL TO:

Southern Paramedic Service

P.O. Box 88

Brinkley, AR 72021

I am applying for membership with Southern Paramedic/ Southern Ambulance Inc. I understand that this is not an insurance policy or supplement. Joining this membership program is strictly voluntary. Membership fees are nonrefundable / nontransferable and only good for one year with an Annual enrollment conducted each year during the month of April. The purchase of this membership affirms that you have read, understand and agree to the following terms and conditions:

ENROLLMENT & ASSIGNMENT OF BENEFITS: In consideration of the membership services provided, I agree to pay a non-refundable, non-transferable membership fee of $40.00, per year and assign Southern Paramedic/Southern Ambulance Inc. On behalf of myself and those family members covered under this membership, all rights and benefits under any and all health insurance policies, or plans, and all other medical plan benefit programs of which provide coverage for ambulance service. This membership program covers the initial member, their spouse, any unmarried children under the age of 18 years of age, and any dependent person, whose care is completely dependent of the membership enrollee. MEMBERSHIP SERVICES: Emergency services are provided to and from hospitals within the company service area. Southern Paramedic/Southern Ambulance Inc. agree to provide medically necessary non-emergency ambulance transportation according to the terms herein contained. NON-EMERGENCY TRANSPORTS AND RE-IMBURSMENTS: Non-emergency transports to and from medical facilities, other than hospitals, (Doctor Office, clinics, dentist, free standing dialysis, physical therapy, rehab facilities, etc.), are provided within the service area where the member resides. I understand that in the event I require non-emergency transport and if no medical or health insurance or medical benefits plan provides payment for same, I shall be responsible for payment for those services to the provider. As a member, I understand that I shall receive a 40% discount off the total normal service charges for such transports and in the event that insurance or benefits are not available for payment of the discounted rate, I shall be responsible for payment even if the transport was physician authorized. MEDICAL NECESSITY: Services covered under this agreement must be MEDICALLY NECESSARY.I understand that membership services with respect to emergency transports is restricted to situations where I and/or my family members (spouse, any unmarried children under the age of 18 years of age, and any dependent person, who's care is completely dependent of the membership enrollee) have sustained injury, sudden illness, or trauma and the need for immediate medical attention of a doctor at a hospital emergency room exists. I understand that in the event non-emergency transport is required, (NO sudden injury, illness, or trauma and the need for the immediate medical attention of a doctor at the emergency room does not exist), physician authorization shall be required as a condition of transport. In most cases, medical necessity is determined by the patient's physician; however, the provider reserves the right to determine medical necessity for non-emergency services or to request prior authorization and/or payment before transport.

Membership Application

Your Name_____SS#_____D.O.B._____

Mailing Address_____ Physical Address_____

City_____ State_____ Zip_____ Phone #_____

Ins. Company_____Policy#_____ Group#_____

Medicare#_____ Medicaid#_____

Spouse Name_____SS#_____ D.O.B._____

Medicare#_____ Medicaid#_____

Signature_____

Date_____