



Life Emergency Medical Service
 Membership Program Renewal
 PO Box 365
 Enid, OK 73701

Membership Renewal

Dear Member, we are pleased to offer you the opportunity to join or renew with the LIFE EMS Membership program. The following benefits are available to you and your family by participating in this program.

Ambulance Transports: If you have medical insurance

For any emergency or non-emergency transport, LIFE EMS will bill your insurance (or third party). Any remaining balance after insurance payment (co-pay, deductible) up to the membership maximum benefit (see table below) will be forgiven by the membership program. Any balance due in excess of the membership maximum benefit is your responsibility.

Transport	Maximum Benefit
First transport in the membership year*	\$200
All subsequent transports in the membership year*	\$100

Example: You are transported for the first time this year by LIFE EMS and you have insurance. Your insurance pays and there is a remaining \$250 copay. Your membership benefit will cover \$200 and you will owe \$50.

Ambulance Transports: If you don't have insurance, or if your insurance denies

You will be responsible for 70% of LIFE EMS' standard ambulance transport fee.

Wheelchair Transports

As a member, wheelchair transports during normal business hours (M-F 6am-6pm) are \$28 per transport. This is a 30% discount from our regular price of \$40. After-hours wheelchair transports are \$150.

Membership Pricing

Do you have medical insurance?	New Member*	Renewal*
If you have medical insurance	\$65	\$60
If you don't have medical insurance	\$100	\$60

*One price covers everyone in your family (member, spouse and listed dependents)

Please complete BOTH SIDES of the included form and return to the address below.
 Don't forget to add your Member Number to the returned form.

LIFE EMS P.O. Box 365 Enid, Oklahoma 73702

LIFE EMS Membership Information

	Primary Member	Spouse
Last Name		
First Name and Initial		
Social Security Number		
Date of Birth (mm/dd/yyyy)		
Medicare Number		
Medicaid (DHS) Number		
Supplemental Insurance Company		
Member# / Group#		
Name of Nursing Home (if applicable)		
Responsible Party Name		
Responsible Party Address (street)		
City	State	Zip
Phone (with area code)	Email	Other
Method of Payment		
<input type="checkbox"/> VISA <input type="checkbox"/> Check	Credit Card Number	Exp Date
<input type="checkbox"/> Mastercard <input type="checkbox"/> Money Order		

Full name and date of birth of each qualified family member living in your household. If more space is needed, please continue on reverse.

Dependent Name	Date of Birth	Relationship (son, daughter, etc.)	Insurance Company MemberID / Group#

Please complete both sides of this form.
Don't forget to add your Member Number from the top right corner of page 1.

LIFE EMS Membership Agreement

I _____, in consideration and payment of the LIFE EMERGENCY MEDICAL SERVICE (LIFE EMS) Membership fee, do hereby assign LIFE EMS all ambulance benefits that I (or any covered family member) may otherwise be entitled to receive from any insurance and/or other third-party payer for services provided by LIFE EMS under my LIFE EMS Membership. I authorize the holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and carriers, as well as to LIFE EMS any information or documentation needed to determine these benefits payable for related services or any services provided to me by LIFE EMS now or in the future. Membership contract must be signed by the insurance policy holder or authorized person if uninsured.

Any insurance or third-party payment or funds that I receive related to LIFE EMS' services provided shall be immediately delivered to LIFE EMS without delay. Any funds not delivered to LIFE EMS will be in conflict with this agreement and shall be cause for retroactive termination from the membership program.

MEMBERSHIP IS NON-TRANSFERRABLE and NON-REFUNDABLE.

Signature

Date

Please return this form to the following address:

LIFE EMS
PO Box 365
Enid, Oklahoma 73702

Make checks payable to LIFE EMS.

Please complete both sides of this form.
Don't forget to add your Member Number from the top right corner of page 1.