



## AMBULANCE MEMBERSHIP PROGRAM TERMS

Membership with PriorityCARE is for individuals or qualified persons who reside at a single, physical address (TotalCARE) and who are listed on the membership application. The program is marketed as PriorityCARE and may include other public-private agencies who participate under an administrative management agreement with ProMed Ambulance, Inc. (the program administrator). Benefits are not guaranteed if the transporting ambulance service is not an authorized and qualified partner agency.

**I understand that a PriorityCARE ambulance membership is NOT an insurance policy or supplement.**

**ENROLLMENT & ASSIGNMENT** – Members understand that they are legally responsible to pay for services provided by the ambulance provider. Membership fees are non-refundable and non-transferable. Members hereby assign to the provider all rights and benefits under any and all medical or health insurance policies (or plans) and all other medical benefits programs or plans which provide coverage for ambulance service. OPEN ENROLLMENT PERIOD is October 1 through November 30 each year. Except for new residents just moving into the community, members enrolling outside of the annual open enrollment period will be subject to a ten (14) day waiting period before membership benefits are available. During the open enrollment period, benefits become effective immediately. All memberships expire on November 30 of the program year.

**MEMBERSHIP SERVICES** - Emergency services are provided to and from HOSPITALS within the provider's service area. (ProMed Ambulance serves multiple counties in Arkansas and additional coverage includes emergency transports to and from HOSPITALS within each ProMed service area.) Members understand that if a condition indicates, the ambulance provider or the medical control physician may select the hospital to which the member will be taken. The PriorityCARE agency agrees to provide medically necessary non-emergency services according to the terms of this contract. In addition to local non-emergency service, ProMed has established a one hundred [100] mile extended coverage radius around each base service area in which it operates. Services to and from hospitals within the extended coverage radius are provided subject to the terms of this agreement. In most cases, the extended coverage areas overlap allowing for greater coverage over longer distances. In areas where ProMed may not serve an entire county, services shall be provided in ProMed's recognized service area. I understand that emergencies and service area coverage have first priority and that all dispatching/staffing decisions are the sole right of the provider.

**MEDICAL NECESSITY** - Services covered under this agreement must be **MEDICALLY NECESSARY**. Members understand that membership services with respect to emergency transports are restricted to situations where the member has sustained injury, sudden illness or trauma and the need for the immediate medical attention of a doctor at a hospital emergency room exists. Further, the members understand that in the event non-emergency transport is requested (i.e. no sudden injury, illness or trauma requiring the immediate medical attention of a doctor at the hospital emergency room) physician authorization and/or a Physician Certification Statement [PCS/PCN] form may 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 service or to request a signed physician certification statement prior to transport. The member may also be asked to acknowledge and sign an Advanced Beneficiary Notice (ABN) prior to transport so that estimated non-covered costs can be disclosed and the decision to receive the services can be made by the member. The PCS/PCN and ABN notices do not guarantee medical necessity coverage for ambulance services.

**THIRD PARTY REIMBURSEMENT** – Members agree and consent to the provider filing for and collecting payment for services provided under any and all medical or health insurance policies, plans or benefit programs, up to the amount of the provider's charges for ambulance services provided to the member. The provider agrees to accept the amount paid by the plan as payment in full. Any payments made directly to a member must be turned over in full, immediately. The member authorizes any holder of any information to release it to CMS, its carriers/agents, and any other commercial payors as well as to the provider, and to pay all benefits for ambulance service directly to the provider now or in the future. Failure to provide necessary information concerning available insurance or medical benefits, or failure to forward any amount paid to the member for services shall result in revocation of membership. This agreement is exclusively executed between the members listed on the PriorityCARE application and those provider agencies participating in PriorityCARE. Membership does not exclude medical facilities (eg. skilled nursing facilities) and providers subject to Medicare's Consolidated Billing and Prospective Payment System (CB/PPS) from paying for ambulance services. Membership is not transferable to contracts with facilities subject to CB/PPS guidelines without prior authorization by the provider.

**MEMBER PAYMENTS / MEMBER DISCOUNT** - Membership **DOES NOT** guarantee no out-of-pocket expense for ambulance service. Members understand that in the event non-emergency ambulance service is provided, and if there is no medical, health insurance or other benefit plan which pays for such services, the member will receive a discounted ambulance bill [40% off the total charges] and shall be responsible for balance payments directly to the provider. The provider agrees to reasonably pursue all payor sources prior to billing the member the discounted rate. Such services may be billable even if the transport was physician authorized.

**Members who have Medicaid only (no other coverage), you do not need to purchase a membership as you already have benefits for covered services.**

Members agree to and accept these terms of membership. Upon the provider's acceptance of the PriorityCARE ambulance membership application, members agree to abide by the terms and conditions of the ambulance membership program.