

Join Authority Advantage Today!

Are you and your family covered in the event of a medical emergency requiring ambulance transport?

Did you know that most insurance does not pay ambulance bills at 100% and that most have deductibles and/or co-pays?

Marshall Area Firefighters Ambulance Authority offers to residents of the City of Marshall, Burlington, Clarendon, Fredonia, Convis, Lee, Marengo, Marshall, Eckford, and Tekonsha Townships our **Authority Advantage** membership program.

Protect yourself and your family from unexpected out-of-pocket expenses due to a medical emergency requiring ambulance transport.

Benefits:

- No out-of-pocket expense for medically necessary ambulance services including deductibles and co-pays
- Medically necessary services not covered by insurance are rendered at a 20% discount from regular rates.
- Covers ground ambulance services provided by Marshall Area Firefighters Ambulance Authority within its service area listed above.
- \$50 annual fee for entire household.
- See reverse side for complete rules.

Piece of mind- knowing that you are covered in the event of an emergency

Authority Advantage Application Membership fees – \$50

NAME _____ DATE OF BIRTH _____

ADDRESS _____ APT/LOT# _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

LIST FULL NAME OF EACH **RESIDENT**, BIRTHDATE, AND RELATIONSHIP TO YOU WHO LIVES AT THE ABOVE ADDRESS AND WILL BE INCLUDED ON THIS MEMBERSHIP.

NAME _____ **DATE OF BIRTH** _____ **RELATIONSHIP** _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIMARY INSURANCE _____ POLICY/CONTRACT # _____ GROUP _____

SECONDARY INSURANCE _____ POLICY/CONTRACT# _____ GROUP _____

OTHER PRIMARY INSURANCE _____ POLICY/CONTRANCT# _____ GROUP _____

OTHER SECONDARY INSURANCE _____ POLICY/CONTRACT# _____ GROUP _____

SIGNATURE OF PRIMARY MEMBER _____

SEND COMPLETED APPLICATION FORM

AND APPROPRIATE FEES TO:

MARSHALL AREA FIREFIGHTERS AMBULANCE AUTHORITY
16984 BURLINGAME DRIVE
MARSHALL, MI 49068-8422

AUTHORITY ADVANTAGE MEMBERSHIP AGREEMENT

Acknowledgement

I (the primary applicant and any other person(s) listed on the application, if applicable) understand that **Authority Advantage** is not insurance and does not reduce the obligations of any third party payer. I understand that I must use the service of Marshall Area Fighters and Ambulance Authority to be eligible for membership benefits, and that emergency calls have first priority. The service area includes the City of Marshall, Burlington, Convis, Clarendon, Eckford, Fredonia, Lee, Marshall, Marengo, and Tekonsha Townships. I understand that **Authority Advantage** membership limits my out-of-pocket cost related to ambulance transports *covered by insurance* for *medically necessary* ground ambulance transport to the closest appropriate facility. I also understand that I am obligated to pay for ground ambulance services not defined as *medically necessary*. I also understand that many area fire departments assist with medical emergencies and that **Authority Advantage** does not pay for those services.

Eligibility

Enrollment is only offered to those residing in the service areas listed above and who are covered by insurance. *Medically necessary* **ambulance** trips that are not covered by insurance are rendered at a **20%** discount from regular rates.

Medically Necessary

Medically necessary ground **ambulance** service is defined as the specific need for emergency care or stretcher ambulance transportation to the closest most appropriate facility and from a hospital where other forms of transportation would be medically inappropriate given a patient's condition.

Membership Coverage

Those covered by this membership include the primary applicant and other residents living at the address listed on the completed application. Membership is only available to residences within the Authority area listed above.

Membership Services

For the membership fee and assignment of rights, the **Authority Advantage** program agrees to provide emergency ambulance service for me and /or listed members from any location in the membership service area. It is also agrees to provide *medically necessary* non-emergency ground ambulance services to and from hospitals according to the terms of this membership. I understand that transportation beyond the closest appropriate facility or to a physician's office, dentist, physical therapy center, or pharmacy is not covered.

Consent to Third Party Reimbursement

As a member, I agree and consent to allow the ambulance service to file for and collect payment for ambulance services provided to me under any health insurance policies, plans, or benefit programs, up to the total amount charged for ambulance services.

Reimbursement for Membership Services

I understand that, as a member, I will make available all medical insurance and benefit information to the program. I understand that I am ultimately responsible for payment of any service provided which is not *medically necessary*.

Agreement to Remit Payments for Services Provided

I agree to forward immediately to the ambulance service all payments for services rendered sent directly to me from any insurance company or medical benefits plan. I understand that failure to comply with these terms will result in membership termination and forfeiture of benefits associated with membership, and that I shall be obligated to pay all balances in full.

Non-emergency Ambulance Transportation

I understand that non-emergency ambulance transportation to and from hospitals (i.e. transports other than those for sudden and unexpected injury or illness) will be covered by the membership only if *medically necessary*. **Non-emergency transportation to a Doctor offices , Dentist offices, Physical therapy centers, and Pharmacies are not covered.**

Cancellation of Membership

I understand that the **Authority Advantage** program has the right to terminate memberships and/or refund membership fees at its sole discretion.