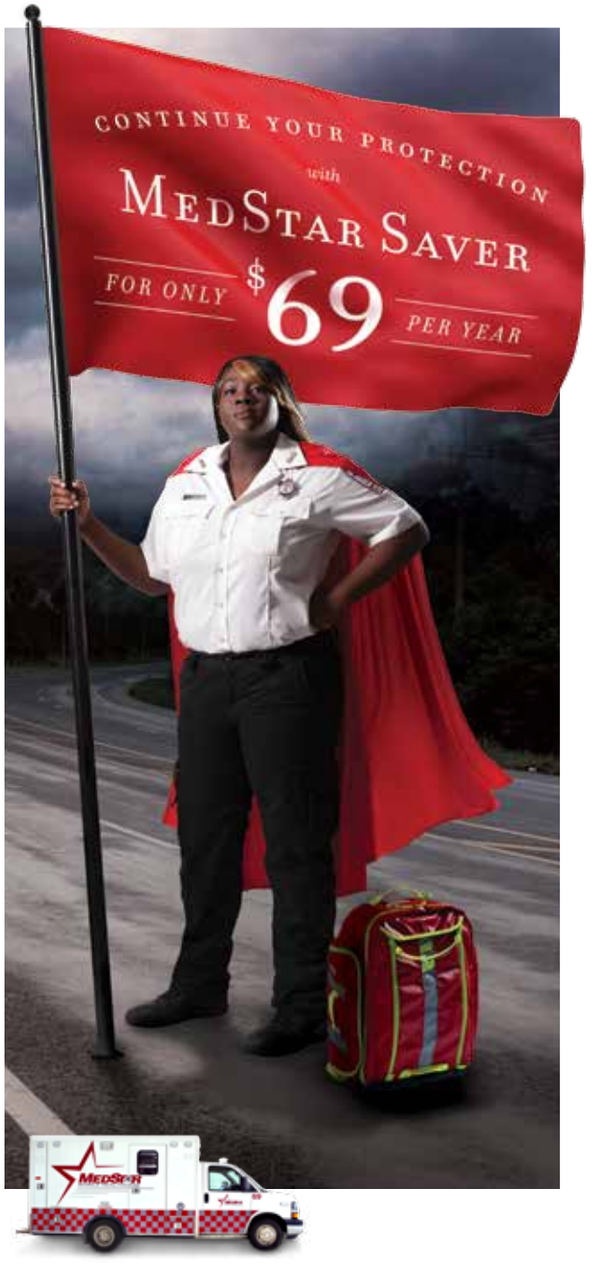
MedStar Saver membership agreement

THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY OR SUPPLEMENT. PLEASE READ THE MEMBERSHIP AGREEMENT. COMPLETE AND SIGN THE APPLICATION AND RETURN IT WITH YOUR MEMBERSHIP FEE. ONLY $69 WITH INSURANCE OR $110 WITHOUT INSURANCE.

- I understand that the membership fee for the MedStar Saver membership covers my portion of MedStar's ambulance services that are applied to co-insurance or deductibles by insurance or Medicare. MedStar will bill the member's insurance for any ambulance service.
- I understand that one membership covers those people who permanently reside in my household and are included on this application. A spouse who is being cared for in a nursing home can be covered under the applicants membership provided the nursing home is in the MedStar primary service area.
- I understand a MedStar Saver membership is available to anyone who lives or works in the MedStar service area of Blue Mound, Burleson, Edgecliff Village, Forest Hill, Fort Worth, Haltom City, Haslet, Lakeside, Lake Worth, River Oaks, Saginaw, Sansom Park, Westover Hills, Westworth Village, and White Settlement.
- **I understand that Medicaid recipients are not eligible for a MedStar Saver membership per the Health and Safety Code.**
- I understand that a "non-emergency" is a medical transfer in which the patient is being transported for an ongoing medical problem for which he/she is to be seen at the hospital or requires transport back to his/her home or nursing home residence, following a hospitalization for an acute medical problem. If no insurance or third-party coverage is available the MedStar Saver member is charged a reduced fee (60% of MedStar's standard non-emergency fee).
- Membership for dialysis patients is subject to an initial assessment of the patient to ensure that they meet the medical necessity requirements for an ambulance, that they have third-party insurance, and that the dialysis transport meets the coverage criteria of their insurance.
- I understand that the following services are excluded from coverage under the MedStar Saver program: transports to a doctor's office, dentist office, physical therapy center or pharmacies. Also not included are transports to destinations which are not in MedStar's service area and response and assessment call (i.e. care given at the scene, but the patient was not transported). The patient will receive a full bill for excluded services.
- I understand that my MedStar Saver membership does not cover the service given by other ambulance providers.
- I understand that my MedStar Saver membership covers emergency and non-emergency transports to hospitals in the MedStar service areas. Patient preference usually determines the hospital to which the patient is transported, based on hospital availability and patient's condition. However, in cases of life endangerment, the closest appropriate facility will be used.
- I understand that my MedStar Saver membership is non-transferable and non-refundable.
- I understand that my MedStar Saver membership is valid for one full year from the time MedStar receives my complete and signed membership application and payment. Please allow four to six weeks for delivery of your membership cards.
- **Assignment of Benefits:** I accept MedStar Saver membership and in consideration and payment of the membership fee, I hereby; Assign all ambulance benefits that I (or any covered family member) may otherwise be entitled to receive from any insurance or other third-party payer for services provided under my MedStar Saver membership. I understand that MedStar will file my insurance claims for each covered person and is entitled to receive payment from all insurance or other third-party payers up to the amount of MedStar's usual charges. If no insurance or other third-party payer benefits are available or the services are denied by the insurance company or other third-party payer for ambulance services provided by MedStar, I understand that I will remain responsible for payment of MedStar's reduced fee for MedStar Saver members (60% of MedStar's standard fee). Any insurance or other third-party payment that I receive related to MedStar's services provided under my MedStar Saver membership shall immediately be forwarded to MedStar. I understand that I am financially responsible for the services provided to me by MedStar Mobile Healthcare, regardless of insurance coverage.
- **Lifetime Signature Authorization:** I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to MedStar and its billing agents and any other payers or insurers, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by MedStar whether in the past, now or in the future. I agree to immediately remit to MedStar any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to MedStar Mobile Healthcare.
- Each household member age 18 and over must agree to the above terms. Each member must therefore sign and date the application next to this agreement, showing that he/she has read, understands and agrees to MedStar Saver terms.



MedStar saves lives.
membership saves money.

RENEW TODAY | *www.medstarsaver.org*

MedStar Saver renewal form *and* instructions

RENEWAL INSTRUCTIONS:

1. VERIFY THE PERSONAL INFORMATION BELOW FOR EACH MEMBER OF YOUR HOUSEHOLD. UPDATE ANY INCORRECTIONS.
2. **EACH APPLICANT, AGE 18 AND OVER, MUST SIGN RENEWAL FORM.** BY SIGNING THE FORM, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE AGREEMENT AND AGREE TO THE TERMS OF THE AGREEMENT.
3. BE SURE TO INCLUDE YOUR PAYMENT WITH YOUR COMPLETED RENEWAL FORM.
4. FOLD THE FORM AND SEAL INTO THE BUSINESS REPLY ENVELOPE WITH PAYMENT. PUT ENVELOPE INTO THE MAIL FOR DELIVERY.

MEDSTAR IS COMPLIANT WITH HIPAA REGULATIONS. A COPY OF OUR NOTICE OF PRIVACY PRACTICES IS AVAILABLE UPON REQUEST. FOR ADDITIONAL INFORMATION OR QUESTIONS PLEASE VISIT OUR WEBSITE AT WWW.MEDSTARSAVER.ORG

HEAD OF HOUSEHOLD: ☐ NEW ☐ RENEWAL

ELIGIBLE FOR MEDICAID? ☐ YES ☐ NO ☐ FEMALE ☐ MALE

LAST NAME FIRST NAME DATE OF BIRTH

MAILING ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER EMAIL

MEDICARE NUMBER

__ __ __ – __ __ – __ __ __ __
SOCIAL SECURITY NUMBER INSURANCE COMPANY NAME

POLICY OR I.D. NUMBER GROUP NUMBER

INSURANCE CARRIED THROUGH RETIRED? ☐ YES ☐ NO

POLICY HOLDER'S NAME: ☐ SELF ☐ SPOUSE ☐ OTHER

X
SIGNATURE (HEAD OF HOUSEHOLD)

☐ **SPOUSE** ☐ **DEPENDENT** ☐ **CHILD** ☐ **OTHER**

ELIGIBLE FOR MEDICAID? ☐ YES ☐ NO ☐ FEMALE ☐ MALE

LAST NAME FIRST NAME DATE OF BIRTH

PHONE NUMBER

CITY, STATE, ZIP CODE

EMAIL

MEDICARE NUMBER

__ __ __ – __ __ – __ __ __ __
SOCIAL SECURITY NUMBER INSURANCE COMPANY NAME

POLICY OR I.D. NUMBER GROUP NUMBER

INSURANCE CARRIED THROUGH RETIRED ☐ YES ☐ NO

POLICY HOLDER'S NAME: ☐ SELF ☐ SPOUSE ☐ OTHER

X
SIGNATURE

☐ **SPOUSE** ☐ **DEPENDENT** ☐ **CHILD** ☐ **OTHER**

ELIGIBLE FOR MEDICAID? ☐ YES ☐ NO ☐ FEMALE ☐ MALE

LAST NAME FIRST NAME DATE OF BIRTH

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SOCIAL SECURITY NUMBER INSURANCE COMPANY NAME

POLICY OR I.D. NUMBER GROUP NUMBER

INSURANCE CARRIED THROUGH RETIRED ☐ YES ☐ NO

POLICY HOLDER'S NAME: ☐ SELF ☐ SPOUSE ☐ OTHER

X
SIGNATURE

☐ **SPOUSE** ☐ **DEPENDENT** ☐ **CHILD** ☐ **OTHER**

ELIGIBLE FOR MEDICAID? ☐ YES ☐ NO ☐ FEMALE ☐ MALE

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MEDICARE NUMBER

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SOCIAL SECURITY NUMBER INSURANCE COMPANY NAME

POLICY OR I.D. NUMBER GROUP NUMBER

INSURANCE CARRIED THROUGH RETIRED ☐ YES ☐ NO

POLICY HOLDER'S NAME: ☐ SELF ☐ SPOUSE ☐ OTHER

X
SIGNATURE

PAYMENT

☐ CHECK ☐ VISA ☐ MASTERCARD ☐ DISCOVER

☐ MONEY ORDER - **MADE PAYABLE TO MEDSTAR SAVER**

DEBIT OR CREDIT CARD NUMBER:

__ __ __ __ – __ __ __ __ – __ __ __ __ – __ __ __ __

EXPIRATION DATE __ __/__ __ SECURITY CODE __ __ __

NAME ON CARD (PLEASE PRINT)

ADDRESS

CITY, STATE, ZIP CODE

CARD HOLDER SIGNATURE

HEALTH SAVINGS ACCOUNT CARD NUMBER

MEMBER NUMBER