

StarSaver Membership

\$55 with Insurance
\$110 without Insurance

This is not an application for an insurance policy or supplement.

Please read the membership agreement. Complete and sign the attached application and return it with your **membership fee.**

- I understand that the membership fee for the **StarSaver** 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 applicant's membership provided the nursing home is in the MedStar primary service area.
- **I understand that Medicaid recipients are not eligible for a StarSaver membership per the Health and Safety Code.**
- I understand that emergency transports are fully covered. An "emergency" is an unforeseen medical condition which requires urgent and unscheduled medical attention. The absence of such emergency treatment could place the patient's health in serious jeopardy.
- I understand that non-emergency transports are fully covered if insurance or other third party coverage provides benefits for the transport (even if subject to deductible, co-pay or coinsurance). If no insurance or third party coverage is available the **StarSaver** member is charged a reduced fee (60% of MedStar's standard non-emergency fee). A "non-emergency" is a medical transfer in which the patient is being transported for an on going 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.
- I understand that the following services are not covered under the **StarSaver** 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 Tarrant County and response and assessment calls (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 **StarSaver** membership does not cover the service given by other ambulance providers.
- I understand that my **StarSaver** membership covers emergency and non-emergency transports by MedStar to hospitals in Tarrant County. 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 **StarSaver** membership is non-transferable and non-refundable.
- I understand that my **StarSaver** 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 **StarSaver** 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 payor for services provided under my **StarSaver** membership. AMAA will accept this assignment as payment in full for emergency ground transports and for non-emergency ground transports, if insurance or other third-party payor coverage approves payment for the transport. I understand that AMAA will file my insurance claims for each covered person and is entitled to receive payment from all insurance or other third-party payors up to the amount of MedStar's usual charges. If no insurance or other third-party payor benefits are available or the services are denied by the insurance company or other third-party payor for non-emergency services provided by MedStar, I understand that I will remain responsible for payment of MedStar's reduced fee for **StarSaver** members (60% of MedStar's standard non-emergency fee). Any insurance or other third-party payment that I receive related to MedStar's services provided under my **StarSaver** membership shall immediately be forwarded to MedStar. I understand that I am financially responsible for the services provided to me by MedStar Emergency Medical Services, 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 Emergency Medical Services.
- 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 StarSaver terms.



This is a copy of your StarSaver agreement. Please save it for your records.