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. To your Rescue.

A MOMENT'S HESITATION can have life-shattering effects. With MedStar and the \$69 MedStar Saver program, you'll never have to second-guess about calling for help ever again.

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AND LATER.

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MEDSTAR SAVER

PER RESIDENCE

There's no need to worry when trouble strikes because MedStar's industry leading health heroes are always around the corner to swoop in and take care of your urgent medical needs. And with MedStar Saver, they'll also help save you from financial trauma, too. For just \$69 per year, your MedStar Saver membership covers your portion of ambulance services. Give your family complete peace of mind in life's emergencies.

HOW IT WORKS

MedStar Saver covers your portion of MedStar's ambulance services that are applied to co-insurance, deductibles by insurance or Medicare. MedStar will bill the member's insurance for any ambulance service. Which means no additional out-of-pocket expenses to you for your ambulatory care.

One membership covers all people who permanently reside in your household,

and are included on your 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. The MedStar Saver membership is valid for one full year from the time MedStar receives your complete and signed membership application and payment.

SERVICE AREA

MedStar Saver membership is available to anyone who lives or works in the MedStar service area. Membership covers emergency and non-emergency transports to hospitals within the these areas:

• BLUE MOUND

• LAKE WORTH

• BURLESON

• RIVER OAKS

• EDGECLIFF VILLAGE

• SAGINAW

• FOREST HILL

• SANSOM PARK

• FORT WORTH

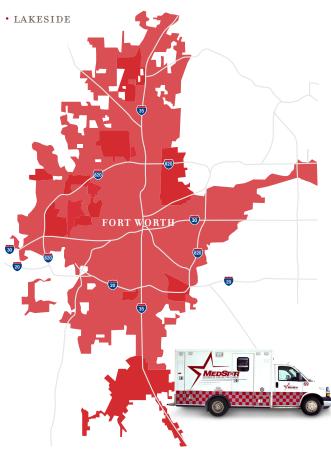
• WESTOVER HILLS

• HALTOM CITY

• WESTWORTH VILLAGE

• HASLET

• WHITE SETTLEMENT



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MEDSTAR SAVER APPLICATION INFORMATION and INSTRUCTIONS

APPLICATION INSTRUCTIONS:	SPOUSE DEPENDENT CHILD OTHER	SPOUSE DEPENDENT CHILD OTHER
PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION, SIGN AND RETURN WITH YOUR PAYMENT IN THE PROVIDED MAILING ENVELOPE.	ELIGIBLE FOR MEDICAID? YES FEMALE NO MALE	ELIGIBLE FOR MEDICAID? YES FEMALE NO MALE
1. EACH APPLICANT MUST FILL OUT ALL INFORMATION AND SIGN.	LAST NAME FIRST NAME DATE OF BIRTH	LAST NAME FIRST NAME DATE OF BIRTH
2. EACH APPLICANT, AGE 18 AND OVER, MUST SIGN APPLICATION. BY SIGNING THE APPLICATION, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE AGREEMENT AND AGREE TO THE TERMS OF THE ENTIRE AGREEMENT.	PHONE NUMBER	PHONE NUMBER
	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
3. BE SURE TO INCLUDE YOUR PAYMENT IN PROVIDED ENVELOPE WITH YOUR COMPLETED AND SIGNED APPLICATION.	PHONE NUMBER EMAIL	PHONE NUMBER EMAIL
4. PLEASE DO NOT CUT OR TEAR APPLICATION APART. FOLD IN THIRDS AND PLACE IN THE ATTACHED ENVELOPE WITH YOUR	MEDICARE NUMBER	MEDICARE NUMBER
PAYMENT.	SOCIAL SECURITY NUMBER INSURANCE COMPANY NAME	SOCIAL SECURITY NUMBER INSURANCE COMPANY NAME
5. IF THERE ARE NOT ENOUGH SPACES FOR ALL MEMBERS OF YOUR HOUSEHOLD, PLEASE USE ANOTHER PIECE OF PAPER AND WRITE THE APPLICANT'S COMPLETE INFORMATION.	POLICY OR I.D. NUMBER GROUP NUMBER	POLICY OR I.D. NUMBER GROUP NUMBER
MEDSTAR IS COMPLIANT WITH HIPAA REGULATIONS. A COPY OF OUR NOTICE OF PRIVACY PRACTICES IS AVAILABLE UPON	INSURANCE CARRIED THROUGH RETIRED YES NO	INSURANCE CARRIED THROUGH RETIRED YES NO
REQUEST. FOR ADDITIONAL INFORMATION OR QUESTIONS PLEASE VISIT OUR WEBSITE AT WWW.MEDSTARSAVER.ORG	POLICY HOLDER'S NAME: SELF SPOUSE OTHER	POLICY HOLDER'S NAME: SELF SPOUSE OTHER
	SIGNATURE	SIGNATURE
HEAD OF HOUSEHOLD: NEW RENEWAL		TO A SZ A C TO NI CO
ELIGIBLE FOR MEDICAID? YES FEMALE NO MALE	SPOUSE DEPENDENT CHILD OTHER	PAYMENT
	ELIGIBLE FOR MEDICAID? YES FEMALE NO MALE	☐ CHECK ☐ VISA ☐ MASTERCARD ☐ DISCOVER
LAST NAME FIRST NAME DATE OF BIRTH		MONEY ORDER - MADE PAYABLE TO MEDSTAR SAVER
MAILING ADDRESS	LAST NAME FIRST NAME DATE OF BIRTH	DEBIT OR CREDIT CARD NUMBER:
	PHONE NUMBER	
CITY, STATE, ZIP CODE		
PHONE NUMBER EMAIL	CITY, STATE, ZIP CODE	EXPIRATION DATE/ SECURITY CODE
	PHONE NUMBER EMAIL	
MEDICARE NUMBER	MEDICARE NUMBER	NAME ON CARD (PLEASE PRINT)
SOCIAL SECURITY NUMBER INSURANCE COMPANY NAME		ADDRECC
SOCIAL SECONT NOMBER	SOCIAL SECURITY NUMBER INSURANCE COMPANY NAME	ADDRESS
POLICY OR I.D. NUMBER GROUP NUMBER	POLICY OR I.D. NUMBER GROUP NUMBER	CITY, STATE, ZIP CODE
INSURANCE CARRIED THROUGH RETIRED? YES NO	INSURANCE CARRIED THROUGH RETIRED YES NO	CARD HOLDER SIGNATURE
POLICY HOLDER'S NAME: SELF SPOUSE OTHER	POLICY HOLDER'S NAME: SELF SPOUSE OTHER	HEALTH SAVINGS ACCOUNT CARD NUMBER
X SIGNATURE (HEAD OF HOUSEHOLD)	X SIGNATURE	MEMBER NUMBER