



# Crooked River Ranch Fire & Rescue

## FIRE MED APPLICATION

**You must have health insurance coverage to participate in this program. With membership, if you or your dependents require emergency ambulance transport, CRR Fire & Rescue will bill your insurance provider directly. All payments received from your insurance provider will be accepted as payment in full.**

### Applicant Information

Full Name:

*Last*

*First*

*M.I.*

*Date of Birth*

Mailing Address:

Street Address:

*City*

*State*

*ZIP Code*

Spouse or Domestic Partner:

Date of Birth:

Dependents(s):

Date of Birth:

Date of Birth:

Date of Birth:

Phone Number:

Alternate Phone Number:

### Primary Insurance

**Primary Insurance (Required):**

Provider:

Member #:

Group #:

**Secondary Insurance (Optional):**

Provider:

Member #:

Group #:

**Coverage: Your Fire Med Membership doesn't just cover you at Crooked River Ranch. There are over 80 FireMed affiliated agencies throughout Oregon that will accept your membership. (Please visit [www.firemed.org](http://www.firemed.org) for a complete list. Crooked River Ranch Fire & Rescue is able to offer this program to residents at a reduced costs of just \$45.00 per year. Membership covers you, your spouse or domestic partner, unmarried children under 25 years of age and any elderly or disabled family members who are listed as dependents on your tax return.**

**By Signing below you agree to the Statement of Understanding on the back of this form**

X \_\_\_\_\_

Date: \_\_\_\_\_

## FireMed Membership Program Statement of Understanding

By becoming a FireMed member, you agree to the following terms:

- FireMed membership benefits are extended to the primary member, his/her spouse or domestic partner and their dependents claimed on their inform tax return. Elderly or disabled family members living in the same household are also covered.
- The first person listed on the application form is designated as the "Primary Member." Only those persons who meet the membership eligibility requirements AND are listed in the membership record at the time services are rendered are eligible for benefits. Per government regulations, individuals covered by Medicaid are not eligible for membership and should not apply.
- FireMed memberships are not an insurance policy but secondary to insurance carriers. All available insurances will be billed first. We will accept payment from insurance carriers as payment in full.
- Ground memberships are honored by FireMed membership programs of Oregon. Ground membership covers ground ambulance charges only.
- Ground emergent 9-1-1 and inter-facility transports are based on medical need, not membership status. Patients are transported to the closest medically appropriated facility as requested by the physician or EMS system. Non-emergent transports are covered, if prearranged, by this agreement.
- No refunds will be issued on Membership purchases. Membership benefits are non-transferrable. Renewal payments must be received prior to the expiration date. There is no grace period and new membership benefits take effect 72 hours after receipt of a completed enrollment with payment.
- Membership fees are not tax-deductible.
- I transfer directly to Crooked River Ranch Fire & Rescue FireMed my rights to ground insurance payments due to me for services provided by Crooked River Ranch Fire & Rescue. Such payments shall not exceed Crooked River Ranch Fire & Rescue regular rates and/or charges.
- I specifically waive any and all rights, claims or causes of action against Crooked River Ranch Fire & Rescue and its employees and agents with respect to my FireMed membership and the FireMed Membership Program.
- The Membership Program may be canceled at any time for any reason, including financial feasibility and governmental regulation of such programs.