

CANBY FIRE FIREMED TERMS OF AGREEMENT

1. **FireMed is not insurance.** It is in addition to any medical benefits members may have. The Canby Fire Ambulance Service will bill insurance or other coverage that members may have for ambulance services. The Canby Fire Ambulance Service is entitled to all benefits paid for ambulance services provided.

2. **Members agree to provide**, when requested, any or all information concerning insurance policies, plans, third party recovery, or other benefit programs. Persons covered under the membership will cooperate and assist as necessary in any efforts to bill and collect such ambulance reimbursements, including the completion of documents or claim forms.

3. **FireMed membership includes** the "Primary member" and all persons who are living together with the Primary Member, as a family unit, in the same single-family occupancy, non-commercial residence within the Canby Fire Ambulance service area. "Family unit" means persons related by blood, marriage, or domestic partnership, as defined in ORS 106.301, and includes household members living in substitute care (e.g., a nursing home) in the service area. The Primary Member must provide satisfactory proof of residence for all persons in the family unit living in the household, other than the Primary Member's spouse, domestic partner, or minor children of the Primary Member or the Primary Member's spouse or domestic partner. Evidence of residence may include, but is not limited to, a driver license or DMV identification card, or mail addressed to the resident. Anyone who joins the Primary member's household after the membership goes into effect can be included under the membership from the date the Primary Member notifies FireMed of the addition, and provides proof of residency, as required. **Only those persons who meet the membership eligibility requirements AND are listed in the membership record at the time of service are eligible for benefits.**

4. **Coverage includes** transport to the nearest appropriate hospital.

5. **All Billing, if any, will be presented to the patient's insurance carrier.** All eligible charges not covered by insurance will be waived up to a maximum of \$500 per member of household per membership year. Any FireMed member who receives direct payment for ambulance service from his insurance company must forward the payment to the Canby Fire Ambulance Service. An invoice of ambulance charges will be sent to the member.

6. **By not forwarding any or all payments received, the member will be responsible for the entire bill.**

7. **Coverage commences** upon acceptance of the application by the Canby FireMed administrator during the annual open enrollment period and continues to December 31 of the following year. Coverage will take effect three (3) business days after the billing office receives payment. Payment in full must accompany the application.

8. **Person enrolling outside of the open enrollment period** will be granted membership. However, the membership will not be pro-rated and coverage will terminate on December 31st of the year in which enrolled.

9. **The following transports are not covered by this plan:**

- Coverage does not apply for transports lacking medical necessity or for interfacility transfers.

Member will be responsible for the entire payment for services provided which are not covered by this plan.

10. **Cancellation of membership** may occur at the sole discretion of the Canby Fire Chief.

Reciprocal Billing Agreement

I authorize Canby FireMed to release all information required for billing purposes to any ambulance provider that has an authorized reciprocal billing agreement with Canby FireMed.

I further authorize any such ambulance provider from whom we have received service to bill their charges directly to my health insurance carrier(s).

A false statement made in connection with an application for membership shall be punishable as an unsworn falsification under ORS 162.085.