

The Best Care Plan



Our priority is to keep our neighbors safe, rather than producing corporate growth and profits. We're the area's only local nonprofit ambulance company producing quality care since 1968.

The Rockford Ambulance Care Plan protection includes:

- Advanced cardiac, life support and trauma care in our new state-of-the-art ambulances.
- \$39 a year protects your entire household. Care Plan members are never charged for medically necessary ambulance transports to the hospital. This is important because insurance companies rarely pay the total cost.
- We bill insurance, Medicare and Medicaid directly for you. If an insurance check comes to you, simply forward it to us.
- Reduced rates for wheelchair van and non-emergency ambulance transfer services.
- Accreditation by the Commission on Accreditation of Ambulance Services.

**SPECIAL
OFFER FOR OUR
CARE PLAN
MEMBERS!**

Get help anytime, anywhere!

Ask about our 5Star Urgent Response Discount.

As a member you can take advantage of discounted member pricing on the compact, discreet, and GPS enabled 5Star device. It attaches conveniently to your keychain, purse, backpack or other items. Simply press the button anytime you need help, and you're connected to The 5Star—or press and hold to connect to 911 directly. Call 616-866-0724 for more information.



Rockford Ambulance also offers: CPR Training, Baby-sitting Classes, First Aid Classes and CPR for Friends and Family
For more information call 616-863-8434 or visit www.RockfordAmbulance.com

www.RockfordAmbulance.com

Care Plan Membership Service Agreement



Please read and sign this agreement.

Membership covers emergency and non-emergency ambulance and paramedic service where provided by Rockford Ambulance, Grand Rapids Township Ambulance, and its affiliates when medically necessary to the hospital, at no out-of-pocket expense during contract period (see Enrollment Application). Rockford Ambulance will collect any available reimbursement for services rendered directly from my insurance companies or other medical benefit providers in addition to the membership fee.

I understand that the patient is responsible for payment for services, and that because I am a member, Rockford Ambulance will accept my available insurance reimbursement as payment in full. I agree to cooperate with claim submission to my medical benefit providers and to provide any correspondence regarding this claim to Rockford Ambulance if requested. I further agree to submit any insurance reimbursement I receive for Rockford Ambulance directly to Rockford Ambulance. Failure to do so will result in termination of membership.

Membership also includes medically necessary, non-emergency stretcher ambulance transportation to the hospital. **24-HOUR ADVANCE SCHEDULING IS REQUIRED, AND PHYSICIAN AUTHORIZATION OF MEDICAL NECESSITY IS REQUIRED FOR ALL NON-EMERGENCY SERVICES TO AND FROM THE HOSPITAL.** Emergency calls have first priority over non-emergency calls. Call 911 to request emergency service.

Membership also includes reduced rates for wheelchair van and non-emergency ambulance transfer services. Call 616-884-4133 to schedule

Membership Terms

Membership includes emergency and non-emergency ambulance and paramedic services provided within a 50 mile radius of the Rockford Ambulance office located at 8450 Shaner Ave., NE, Rockford, MI 49431 by Rockford Ambulance, Grand Rapids Township Ambulance and its affiliates. For all emergency and non-emergency services medically necessary into the hospital provided within that 50 mile radius, there will be no out-of-pocket expenses to you during the contract period.

Membership also includes medically necessary, non-emergency stretcher ambulance transportation from the hospital provided within a 50 mile radius of the Rockford Ambulance office located at 8450 Shaner Ave., NE, Rockford, MI 49431. Twenty-four hour advance scheduling is required, and physician authorization of medical necessity is required for all non-emergencies services. Call 911 to request emergency service. Please note that emergency calls have first priority over non-emergency calls.

You understand that as the patient, you are normally responsible for the payment of services. However, as a member of the Rockford Ambulance Care Plan, Rockford Ambulance will accept your available insurance reimbursement as payment in full. Rockford Ambulance will collect any available reimbursement for services rendered directly from any of your insurance companies or other medical benefit providers in addition to the membership fee. You agree to cooperate with the claim submission to your insurance companies and/or medical benefit providers and to provide any correspondence regarding any claim to Rockford Ambulance if requested. You further agree to submit any insurance reimbursement you receive for Rockford Ambulance directly to Rockford Ambulance. Failure to fully cooperate with Rockford Ambulance and abide by these terms will result in the termination of your membership and make you responsible for any unpaid expenses.

You understand that your initial membership payment covers your household from the time Rockford Ambulance receives the signed contract and full payment of the \$39 and continues until the following September 30. Membership in Rockford Ambulance Care Plan is non-transferrable, and non-refundable. For Federal Income Tax purposes, the membership fee is not deductible as a charitable contribution, but may be eligible for deduction as an itemized medical expense. Rockford Ambulance does not solicit from persons who receive welfare medical benefits, and membership constitutes a voluntary contribution only. This is not an application for an insurance policy. You request that payment of authorized Medicare/insurance benefits be made on your behalf to Rockford Ambulance for any services furnished by Rockford Ambulance. You authorize any holder of medical information about you to be released to the health care finance administration, its agents, and carriers as well as Rockford Ambulance that may be necessary to determine benefits payable for services by Rockford Ambulance. You agree that you will sign any HIPAA authorization required. You agree to immediately remit to Rockford Ambulance all payments you receive from your insurance companies or any such source whatsoever for services provided to me by Rockford Ambulance and/or its affiliates.

IMPORTANT: MEMBERSHIP WILL NOT BECOME EFFECTIVE UNTIL ROCKFORD AMBULANCE RECEIVES A SIGNED CONTRACT AND FULL PAYMENT OF \$39.

All household members must be on record with Rockford Ambulance to receive benefits. Wheelchair transportation service is not covered by the Rockford Ambulance Care Plan. However, members are offered the service at a discounted rate.

The Rockford Ambulance Care Plan Membership Service Agreement only applies to those services which are provided within a 50 mile radius of the Rockford Ambulance office located at 8450 Shaner Ave., NE, Rockford, MI 49431

Signature: _____ **Date:** _____

Care Plan Membership Application

Covered Members Living in the Household

Last Name	First Name	Birth Date	Medicare ID No. (if applicable)
Home Address of Members	City	State	Zip
Township	Home Phone	Cell Phone	
Mailing Address (if different)	City	State	Zip

Payment Information

Check or money order for \$39 payable to Rockford Ambulance is enclosed.
 Please charge my credit card for the \$39.
 Discover
 Mastercard
 Visa

Card No. _____ Expiration date _____

Please sign below acknowledging your acceptance of the terms of the membership agreement.

Signature: _____ **Date:** _____
Spouse's Signature: _____ **Date:** _____

Please mail signed the above agreement form, completed application and payment to:
 Rockford Ambulance Care Plan, 8450 Shaner Ave. N.E. Rockford, MI 49341-9379

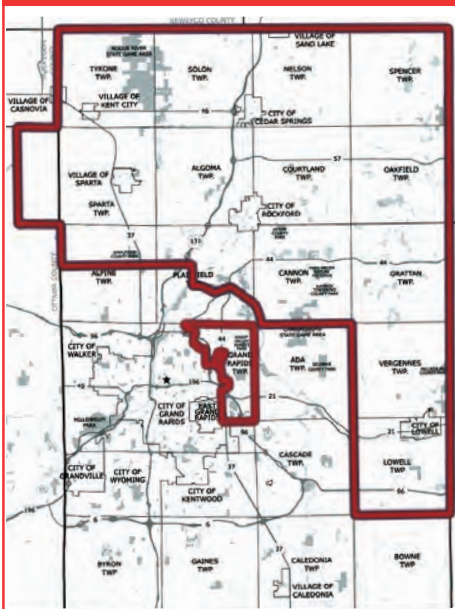


INTRODUCING Lively Mobile medical alert device from Great Call®
 the leader in mobile health and safety.

A waterproof, wireless medical alert device, the Lively Mobile, works when you need it, no matter where you are—at home, a community event, even visiting family out of town.

As a member, you can take advantage of discounted member pricing on the activation and monthly service fees. Call 616-866-0724 for more information.

TOWNSHIP COVERAGE AREAS



Plainfield, Cannon, Grattan, Oakfield, Courtland, Spencer & Nelson; Algoma & Solon townships east of Algoma Avenue; & the cities/villages of Rockford, Cedar Springs & Sand Lake

Lowell township: the city of Lowell & Vergennes Township

Alpine township north of 8 Mile road; Sparta & Tyrone townships; Solon & Algoma Townships west of Algoma Ave; Chester Township; & the cities/villages of Sparta, Kent City; & Casnovia [Kent County only]

Grand Rapids Township