

HEAD OF HOUSEHOLD NEW RENEWAL

LAST NAME _____ FIRST NAME _____ SEX M F

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE # _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ MEDICARE # _____

INSURANCE COMPANY NAME _____

INSURANCE COMPANY ADDRESS _____

POLICY OR I.D.# _____ GROUP # _____

INSURANCE CARRIED THROUGH: RETIRED? YES NO

NAME OF INSURED POLICY HOLDER SELF SPOUSE OTHER

SPOUSE OTHER

LAST NAME _____ FIRST NAME _____ SEX M F

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE # _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ MEDICARE # _____

INSURANCE COMPANY NAME _____

INSURANCE COMPANY ADDRESS _____

POLICY OR I.D.# _____ GROUP # _____

INSURANCE CARRIED THROUGH: RETIRED? YES NO

NAME OF INSURED POLICY HOLDER SELF SPOUSE OTHER

CHILD DEPENDENT OTHER

LAST NAME _____ FIRST NAME _____ SEX M F

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE # _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ MEDICARE # _____

INSURANCE COMPANY NAME _____

INSURANCE COMPANY ADDRESS _____

POLICY OR I.D.# _____ GROUP # _____

INSURANCE CARRIED THROUGH: RETIRED? YES NO

NAME OF INSURED POLICY HOLDER SELF SPOUSE OTHER

PLEASE READ AND SIGN AGREEMENT ON REVERSE SIDE

CHILD DEPENDENT OTHER

LAST NAME _____ FIRST NAME _____ SEX M F

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE # _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ MEDICARE # _____

INSURANCE COMPANY NAME _____

INSURANCE COMPANY ADDRESS _____

POLICY OR I.D.# _____ GROUP # _____

INSURANCE CARRIED THROUGH: RETIRED? YES NO

NAME OF INSURED POLICY HOLDER SELF SPOUSE OTHER

APPLICATION INSTRUCTIONS

1. Each applicant must fill out all information.
2. Subscriber must sign this application on reverse side.
3. Be sure to include payment in envelope with your completed signed application.
4. Please mail the entire application form.
5. If there are not enough spaces for all members of your household, please use an additional sheet of paper and add the family member's complete information.
6. Please provide secondary insurance information, if applicable, on an additional sheet of paper.

METHOD OF PAYMENT

\$50 SINGLE **\$75** PER HOUSEHOLD

CHECK MONEY ORDER (PAYABLE TO CARSON CITY FIRE DEPARTMENT)

CREDIT / DEBIT CARD VISA MASTERCARD

DEBIT OR CREDIT CARD # _____

EXPIRATION DATE _____ AUTHORIZATION CODE _____

CARDHOLDERS SIGNATURE _____

AN ADDITIONAL PROCESSING FEE WILL BE CHARGED FOR DEBIT/CREDIT CARD PAYMENTS
\$1.00 FOR \$50.00 PAYMENT
\$1.50 FOR \$75.00 PAYMENT

CALL TODAY FOR MORE INFORMATION

887-2210

ANNUAL COST ONLY
\$50 SINGLE PERSON
\$75 PER HOUSEHOLD

The Annual Membership fee covers YOU and EVERY FAMILY MEMBER living in your household for unlimited service for the ENTIRE YEAR.

Your membership helps to keep ambulance rates as low as possible.

The paramedic ambulance service provided by Carson City is not a tax-based system. It is funded by the collection of user fees. With the addition of membership dues, this subsidy can be used to keep ambulance rates lower.

CC-CARE + CARSON CITY AMBULANCE MEMBERSHIP PROGRAM



CARSON CITY FIRE DEPARTMENT
Emergency Medical Services Division
 777 South Stewart Street
 Carson City, Nevada 89701
(775) 887-2210

AMBULANCE SUBSCRIPTION PROGRAM AGREEMENT

This agreement is between the City of Carson City, a consolidated municipality, through its fire department (hereinafter referred as "CCFD") and _____, (hereinafter referred to as "Subscriber") residing at _____ in Carson City, NV 897____.

This is a contract between CCFD and the Subscriber for Subscriber to participate in the CCFD's Ambulance Subscription Program (the "Program"). The Program limits the Subscriber's financial obligation for use of CCFD's ambulance services, which are not otherwise covered by insurance, to the annual fee amount specified in this agreement. As specified below, and if the terms of the agreement and the Program are met, CCFD will not charge Subscriber or a Subscriber's eligible dependents for medically necessary ambulance services.

In consideration of the covenants and consideration contained herein, and other good and valuable consideration, the parties hereto agree as follows:

TERM OF THIS AGREEMENT

1. Subscription Period The subscription period of the Program is from 12:01 a.m. on July 1 of each year to and including 12:00 midnight on June 30 of the following calendar year. Subscription may be purchased or renewed during the months of May and June for the subscription period beginning July of that year.

2. Subscription Renewal The agreement is automatically renewed for additional subscription periods upon the payment of the subscription fee in effect at the time of the renewal without the need for executing a new agreement. However, CCFD reserves the right to require Subscribers to execute a new agreement upon expiration of the subscription period.

3. Subscription Fee **The annual fee for a subscription period, or any portion thereof, is fifty dollars (\$50) for a single person household, and seventy-five (\$75) for a multiple person household, payable in advance. THIS IS A NON-REFUNDABLE FEE.** The fee is forfeited in the event the Subscriber moves out of CCFD's service area or terminates the agreement. No refunds shall be issued in the event the Subscriber abuses this program and membership is terminated pursuant to the terms of this agreement.

4. Subscription Benefits A Subscriber who has fully executed and satisfied the terms of this subscription agreement and the Program, paid the subscription fee, and who meets the eligibility requirements is entitled to unlimited medically necessary basic life support services, advance life support services, and transportation for the subscription period for himself or herself and his or her eligible dependents.

5. Subscriber Eligibility Only people residing within the service area of CCFD are eligible to enroll themselves and their dependents in the Program. The following people are ineligible:

- a. Anyone with outstanding and unpaid bills for past CCFD services rendered.
- b. Anyone whose subscription was terminated due to abuse of the Program.
- c. Corporation, partnerships, associations, cooperatives, and all other organizations of people.

6. Dependent Eligibility A Subscriber's dependents who permanently live at the Subscriber's physical place of residence are eligible for the services provided to Subscriber under this agreement at no additional charge. The term dependent includes all persons related to the Subscriber by blood, adoption, or marriage. For Subscribers living in a multi-unit or apartment building, the physical place of residence is limited to the unit apartment or area occupied by the Subscriber. To be the eligible, a Subscriber's dependent, as defined above, must be enrolled with the CCFD at the time the CCFD ambulance services are provided. It is the sole duty of the Subscriber to inform CCFD, in writing and during the enrollment period, of any additions or deletions of persons listed as dependents. All changes in a Subscriber's list of dependents must be made at the time this agreement is made or renewed except that new family members arising from birth, adoption or marriage may be added at any time. In order to be eligible, a newly added dependent must be enrolled at least two weeks prior to the use of CCFD ambulance service.

7. Limitations on Benefits The following are all limitations on the Subscriber's and eligible dependents' benefits:

A. Medically Necessary Services. The Subscriber acknowledges and agrees that enrollment in this program does not entitle the Subscriber to use CCFD's ambulance services or ambulance transportation that is not medically necessary. Medically necessary is defined as specific need for ambulance services or transportation where use of other services or forms of transportation, such as a private car or taxi, would be medically inappropriate. The absence of alternative services or methods of transportation does not, by itself, constitute medical necessity. If a Subscriber and/or an eligible dependent requests CCFD's ambulance services and it is determined by CCFD that it was not medically necessary, Subscriber/dependent will be liable for the actual costs incurred in providing such services. CCFD reserves the right to require physician certification of medical necessity.

B Origination and Destination of Trips and Services. Only transportation initiating from within CCFD's service area will be covered by the Program. Transportation to any location within CCFD's service area is covered as well as to any medical facility in Reno and Douglas County with physician approval. In all transportation, the destination shall be governed by existing medical protocols. Subscriber/dependent will be responsible for all costs incurred in transportation to locations not covered by the Program.

C. Air Ambulance Services and Other Ambulances not included. The Subscriber/dependent will be responsible for any and all costs incurred for any air flight ambulance services provided. No air ambulance services are provided by CCFD and they are only available through other ambulance operators. CCFD does not exercise control over these services and they are not included in the Program.

D. Assignment Prohibited. Subscriber may not assign any rights and duties under this Agreement without formal approval executed in writing by the CCFD.

8. No change in CCFD Duties Nothing in the agreement shall be construed as imposing an additional duty on behalf of CCFD to provide individual or special ambulance services to the Subscriber. The Subscriber understands and acknowledges that CCFD only owes a duty to provide ambulance services to the general public and that this agreement does not create a special duty or change or alter the general duty or the priority CCFD establishes for a response to a request for service.

9. Medical Insurance Subscriber acknowledges and agrees that CCFD has made no representation as to whether a Subscriber should or should not carry any type of insurance. This agreement does not require that a Subscriber carry medical insurance which covers the costs of ambulance service. In the event a Subscriber does carry medical insurance, Subscriber agrees to provide CCFD all the insurance information requests at the time of the enrollment. Subscriber agrees the CCFD may seek reimbursement for actual cost of the services. To facilitate claims processing, Subscriber authorizes such payments to be made directly to CCFD. If Subscriber receives payment from any insurer, the Subscriber shall immediately forward the payment to CCFD. If Subscriber fails to remit any such payment to CCFD, Subscriber membership shall be terminated and Subscriber will be billed for the full costs of services provided. No reimbursement beyond the limits of the Subscriber's insurance, if any, shall be sought. If the Subscriber or dependent's insurance carrier denies a claim as medically unnecessary, CCFD will exhaust all appeals to accomplish payment. If the appeals fail, the Subscriber/dependent shall be responsible for all costs incurred for the ambulance service provided for that claim. **If Subscriber has no insurance, CCFD will not write off entire bill but will offer a 30% discount.**

10. Liability under Agreement Nothing in this Agreement shall be construed as changing or altering CCFD's liability for negligent acts or omissions. With respect to matters covered by this Agreement, the Subscriber hereby agrees to indemnify and hold harmless CCFD against any and all liability, claims, demands, costs, losses and expenses, including attorney fees, for damage to property or injury including death to persons arising, or asserted to have arisen from the active or passive negligence or actual or alleged breach or default of this Agreement by Subscriber, its agents, representatives, volunteers, or employees whether sole or contributory.

11. General Matters This instrument contains the entire agreement between the parties, and no statements, promises, or inducements made by either party or agent of either party that are not contained in this written contract shall be valid or binding except for rules or conditions of the Program as established by CCFD. This Agreement may not be enlarged, modified, or altered except in writing by the City or CCFD. Any controversy or claim arising out of, or relating to, this Agreement, or its breach, may be settled by arbitration, in accordance with the rules then obtaining, of the American Arbitration Association and each party agrees to bear its portion of any attorney's fees or costs. The clause headings appearing in this Agreement have been inserted for the purpose of convenience and ready reference and they do not purport to, and shall not be deemed to define, limit, or extend the scope or intent of the clauses to which they appertain. All notices required by the agreement shall be in writing, must be sent to the addresses provided herein, and are deemed effective upon placement in the United States Mail, postage prepaid. This agreement shall be enforced and construed according to the laws of the State of Nevada. Portions of the agreement which are held invalid are severable from the rest of the agreement; this agreement may be recorded in the office of the Carson City Recorder. The preamble and recitals are hereby made a part of this agreement. The address of the Subscriber is listed above. The address for the CCFD is as follows:

Carson City Fire Department
Ambulance Division
777 S. Stewart Street
Carson City, NV 89701

12. Cancellation CCFD reserves the right to cancel and refund a prorated portion of the Subscriber's enrollment fee based upon the unexpired enrollment period if in the opinion of the Board of Supervisors of Carson City the operation of this Agreement is no longer in the best interest of the City. CCFD will notify all Subscribers through regular mail at least thirty (30) days prior to canceling this Agreement.

IN WITNESS WHEREOF, the parties have caused this agreement to be signed and intend to be legally bound thereby.

CARSON CITY

By: _____
Fire Chief

Dated this ____ day of _____, 20____

SUBSCRIBER

Dated this ____ day of _____, 20____