



A Global Medical Response Solution

AMBU-CARE MEMBERSHIP CONTRACT

I understand that I must use the services of AMR West Michigan (AMR) to be eligible for benefits provided by this membership.

I understand that the membership fee provides me and my **qualified family-members* unscheduled emergency ambulance service. I request payment of authorized Medicare or other insurance benefits be made on my behalf to AMR for ambulance services and supplies furnished to me by AMR, whether in the past, now or in the future. If any insurance provider sends a check for services provided by AMR to the member, it is agreed that I shall promptly send such check to AMR. As used herein, the term "Covered Transport" means a medically necessary emergency ground ambulance transport conducted by AMR and covered by the Member's Insurance.

I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third-party payers and their respective agents and contractors, as well as AMR, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services, whether in the past, now or in the future.

The membership fee constitutes prepayment by the Member of all deductibles, copayment and other charges which are not paid by the Member's health insurance, such as Medicare, a PPO, an HMO, or other third-party sources such as a homeowners or automobile policy (collectively, "Insurance") for Covered Transports, as defined herein. Members shall not incur any out-of-pocket costs for Covered Transports. As a condition of receiving the full benefit of the membership above, a member must have Insurance for a Covered Transport. Members who do not have Insurance will receive a discount equal to 20% AMR's billed charge.

I acknowledge and understand that all ambulance services deemed not medically necessary, or not covered by Insurance, will not qualify as Covered Transports, however, Members will receive a discount equal to 20% AMR's billed charge for any such transports.

I also understand that life threatening calls have priority, and the need for medical transportation will be determined by the medical staff of AMR. This membership covers ground transportation only; non-emergency transports and wheelchair services are not covered by Ambu-Care.

I understand that this membership is non-refundable and non-transferable. This membership takes effect two days after AMR's business office receives my *completed* and *signed* membership application and my annual membership fee.

The Member represents and warrants to AMR that the information in this application is accurate and complete and that the Member is not a Medicaid beneficiary.

I affirm that I have read and agree to the terms of this membership as described in the above "Ambu-Care Membership Contract." This membership contract remains in effect for a full calendar year from the "payment received" date or your current membership renewal date; whichever is later. ***Qualified Family Members: You, your legally married spouse and anyone claimed on your taxes as a dependent.**

X _____	X _____
Your Signature	Spouse's Signature (ONLY if legally married)

NAMES OF COVERED MEMBERS

***Qualified Family Members: You, your legally married spouse and anyone claimed on your taxes as a dependent.**

Account #	First Name	Last Name	Middle Initial	M or F	D.O.B	Social Security #

Mailing Address:	Phone:
City:	State:
c/o:	Zip:
Email:	

AMR Ambu-Care Memberships Cannot Be Paid Over the Phone, Two Payment Options Listed Below

PAYMENT OPTION 1 - Check or Money Order Made Payable to **AMR** for \$85

PAYMENT OPTION 2 - Pay by Credit ONLINE ONLY: <https://www.amr.net/ambucarewestmi>

<p style="text-align: center; color: red; margin: 0;"><u>REMINDER</u></p> <ul style="list-style-type: none"> Complete Application Read & Sign Contract Mail Contract AND Payment 	<p>AMR Attn: GR New Membership 517 Division Ave S Grand Rapids, MI 49503</p> <p style="color: red; margin: 0;">OR Sign Up Online: https://www.amr.net/ambucarewestmi</p>	<p style="text-align: center; color: red; margin: 0;"><u>OFFICE USE ONLY</u></p> <p>Date Recd: ____/____/____</p> <p>Pay Type: _____</p> <p>Amount: \$ _____</p>
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