

Crowley Ambulance Subscription Agreement

An investment for Life

Crowley Fire Department EMS Subscription is an ambulance service subscription program sponsored by the City of Crowley. Crowley Fire Department EMS provides for the prepayment of co-payments and deductibles for all **emergency ambulance transport services** within Crowley's initial response area and by the Crowley Fire Department. The Crowley Fire Department EMS Subscription plan is not an insurance policy or supplement. If you have any questions, please call us at 817-297-2201.

Who is covered? One Subscription includes all individuals using listed address as their legal residence¹. A spouse who is being cared for in a nursing home can be covered under the applicant's subscription, provided the nursing home is in the Crowley Fire Department EMS Primary Service Area. **Medicaid Clients Are Not Eligible To Participate In This Subscription Program.**

Subscription Fee: New Subscription \$60.00 billable in \$5.00 monthly payments on water utility bill
Or \$60.00 paid annually if not serviced by City of Crowley water

Subscription Services, Crowley Fire Department EMS Subscription benefits are applied to emergency transports to hospitals in the Crowley Fire Department EMS service areas. Patient preference usually determines the hospital to which the patient is transported based on hospital availability and patient's condition. However, in cases of life endangerment the closest appropriate hospital will be used.

PLEASE READ BEFORE SIGNING

Covered Services:

Emergency transports are fully covered. An "emergency" is an unforeseen medical condition, which requires urgent and unscheduled medical attention. The absence of such emergency treatment could place the patient's health in serious jeopardy.

Excluded Services: *Non-emergency transports* are not covered since Crowley EMS is not licensed to provide non-emergency transportation by the Texas Department of Health. A "non-emergency" is a medical transfer in which the patient is being transported for an ongoing medical problem for which he/she is to be seen at the hospital or requires transport back to his/her home or nursing residence following a hospitalization for an acute medical problem.

The following destinations are not included in coverage under the Crowley Fire Department EMS subscription program, Doctor's offices; dentist's offices; physical therapy centers; pharmacies. Also not included are transports to destinations which are not in the Crowley Fire Department EMS's service areas and response and assessment calls (ie, care given at the scene, but the patient was not transported.) **Emergencies originating outside of Crowley Fire Department's initial response area, or transport from agencies other than the Crowley Fire Department are not included in this subscription plan.**

Agreement Acceptance and Medicare Benefits Lifetime Signature Authorization. I accept the Crowley Fire Department EMS Subscription plan and in consideration and payment of the Subscription fee, I hereby; Assign to the City of Crowley, all ambulance benefits that I (or any covered family member) may otherwise be entitled to receive from any insurance or other third-party payer for services provided under my Crowley Fire Department EMS Subscription. The City of Crowley will accept this assignment as payment in full for emergency ground transports. I understand that the City of Crowley will file my ambulance insurance claims for each covered person and is entitled to receive payment from all insurance or other third-party payers up to the amount of Crowley Fire Department EMS's usual charges. Any insurance for other third-party payment that I receive related to Crowley Fire Department EMS's services provided under my Crowley Fire Department EMS Subscription shall immediately be forwarded to City of Crowley. I authorize any holder of medical information about me to release to **Advanced Data Processing, Inc., a subsidiary of Intermedix Corporation**, and its agents and carriers as well as Crowley Fire Department EMS, any information or documentation in their possession needed to determine those benefits payable for related services now or in the future.

NON-TRANSFERABLE. NON-REFUNDABLE.

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