The Crowley Fire Departments EMS Subscription program is sponsored by the City of Crowley. The subscription program is designed to aid in offsetting the increasing cost of **EMERGENCY** ambulance treatment and transportation. Insurance companies routinely **DO NOT** pay the entire costs of **EMERGENCY** ambulance services leaving citizens with the responsibility of paying the balance of their emergency ambulance bill. The purpose of the subscription program is to cover the amount of an emergency ambulance bill which is not paid by your insurance provider or Medicare when you or a qualified family member is transported in an emergency event by the Crowley Fire Departments EMS Service. The subscription program is NOT an insurance policy or supplement. If you have any questions, please contact the Fire Department (817) 297-2201.

DUE TO CURRENT

REGULATIONS

MEDICAID RECIPIENTS ARE

NOT ELIGIBLE TO

PARTICIPATE IN

SUBSCRIPTION

PROGRAMS.

#### Who Can Participate

- Residents of the City of Crowley and qualified family members who currently have medical insurance and/or Medicare.
- Residents and their qualified family members who currently have medical insurance and/or Medicare and who live in the initial response area covered by the Crowley Fire Departments EMS.

### **Qualified Family Members**

- 1. A legal spouse.
- 2. Children under the age of 26 who legally reside at your residence.
- 3. Other dependents listed on your tax return who legally reside at your residence.
- 4. A spouse or dependent child permanently living in a nursing care facility in the City of Crowley.

# **Qualified Family Exception:**

In the event a family is caring for a disabled family member and that family member legally and permanently resides at your listed address an exception can be made; however, the disabled family member **CANNOT BE A MEDICAID RECIPIENT**, and they must have medical insurance and/or Medicare. Any exception must be approved by the Fire Chief and the City Manager exceptions will only be made on a case by case bases.

# **PROOF OF RESIDENCEY IS REQUIRED**

#### **Covered Services**

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

#### **Excluded Services**

Non-emergency transports are not covered, the Crowley Fire Department does not **OFFER** or PROVIDE non-emergency ambulance transport or transfer. A non-emergency medical transfer is defined as the patient is being transported for an on-going medical condition for which he/she is to be seen at the hospital/doctor's office and/or requires transport to and from their residence or nursing facility. Transport from other providers. In the event the Crowley Fire Department does not have an emergency ambulance available to respond to your emergency and a mutual aid ambulance is called or should your condition warrant the utilization of an Air-Medical Helicopter. In these instances, the patient will be responsible for any bill which in incurred for the agency that provides transport.

#### **Other Excluded Services**

The following destinations are not included in coverage Doctors' offices, dentist offices, physical therapy centers, pharmacies. Also, not included are transports to destinations which are not in the Crowley Fire Department EMS's service areas, along with response and assessment calls (i.e., care is given at the scene, but the patient was not transported). Emergencies originating outside of Crowley Fire Department's initial response area, or transport from other agencies other than the Crowley Fire Department.

# <u>Agreement, Acceptance, and Medicare Benefits Lifetime</u> <u>signature Authorization.</u>

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 other 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 from all insurance or third-party payers up to the amount of Crowley Fire Department EMS's usual charges. Any insurance from other third-party payment that I receive related to Crowley Fire Department EMS Services provided under my Crowley Fire Department EMS subscription shall be immediately forwarded to the City of Crowley. I authorize any holder of medical information about me or other qualified members to release to Advanced Data Processing, Inc, a subsidiary of Intermedix Corporation, and its agents and carriers as well as the 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.

# **COST**

\$65.00 **Annually** per household.

The cost covers January 01, of current year through December 31 of the current year If the applicant signs up or renews on or before January 01 of the current application year. Coverage begins from the date of purchase thru December 31 of that year. (example: If a household signs up for subscription on June 01 of a particular year their subscription would end on December 31 of the same year unless they renewed for the following year. In these instances, fees will be pro-rated).

Subscription service **DOES NOT** renew automatically, members are required to complete new application at the time of each renewal.

## **Sign Up Location**

Crowley City Hall 201 East Main Crowley Texas 76036 (817) 297-2201

**Subscription Plans Are** 

**ON-REFUNDABLE & NON-TRANSFERABLE** 





MEDICAID RECIPENTS
ARE NOT ELIGIBLE TO
PARTICIPATE



# Crowley Fire Department Ambulance Subscription

A Service For the Community