



# Vital Care Partners

## Membership Contract

### Wayland Area Emergency Medical Service

I understand that for my membership to be effective, I must use the services of Wayland Area EMS.

I understand that the annual \$45.00 per family membership fee provides emergency medical services and ambulance transportation at no additional out of pocket cost to me, provided it is medically necessary. The Vital Care Partners Program covers the Primary Member and spouse and any minor children (or eligible dependents) living in the house. If you prefer, we also have a "4 for 3" membership - if you pay for 3 years (\$135.00), you get a fourth year free.

Wayland Area EMS retains the right to bill Medicare, Medicaid and private insurance companies for services provided. This program is subject to changes in Medicare reimbursement and may not be changed or terminated without notice. This is not an insurance program and does not reduce the obligation of any third-party payer. I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to Wayland Area Emergency Medical Service for any services provided to me by Wayland Area EMS now, in the past or in the future. I understand that if my signature is requested and I do not supply it, I am responsible for the total bill. If my insurance carrier remits directly to me, I will promptly turn over the payment to Wayland Area EMS or I will be responsible for the bill.

I understand that the Wayland Area EMS Vital Care Partners membership services are limited to "medically necessary" transportation, where ambulance transportation to or from a health care facility (hospital or nursing home) is indicated by the patient's condition and where alternate forms of transportation would be normally inappropriate. I understand that long-distance non-emergency transfers may result in additional fees being charged by Wayland Area EMS. I understand that physician authorization is required for all routine medical transfers to and from hospitals.

I understand that the Vital Care Partners membership is effective on receipt of full payment and signed membership contract. You may enroll at any time, but the membership runs from June 15-June 15. I understand that this membership is non-refundable and is not transferable. Wayland Area EMS reserves the right to terminate this agreement if abuse is found to exist. For additional information, call Wayland Area EMS at 269-792-2958.

**Please remember you must call 911 if you need emergency services**

#### Member Information:

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Birth Date \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Signature: \_\_\_\_\_

Spouse First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Soc Sec # \_\_\_\_\_ Birth Date: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Signature: \_\_\_\_\_

#### Dependent Information:

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Please keep a copy for your records-we do not send receipts.

Mail to: Wayland Area EMS 911 S. Main St. Wayland, MI 49348

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ C/V Code \_\_\_\_\_

Signature \_\_\_\_\_

Plan: Annual \$45.00  New Member  Payment Type Cash  Date of Payment  
4 for 3 \$135.00  Current Member  Number \_\_\_\_\_ Check  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_