



Family Coverage for Just \$75 a Year!

Your Ambulance Membership covers you and the following eligible relationships living with you:

Spouse or Partner (must be registered domestic partner), Children (must be under age 26; natural, step, adopted, foster), and any age Dependents (those you claim as dependents on your taxes).

Most Insurance Policies Only Cover 75-80% of Total EMS and Ambulance Fees!

Even if you have insurance, full EMS ambulance costs are seldom paid. Some bills are denied entirely. Private insurance companies often fail to pay certain fees citing "usual and customary limitations," leaving the patient with unpaid bills. The Ambulance Membership Program accepts the insurance payment as full payment for services rendered. Your \$75 fee entitles you to EMS and emergency ambulance service as often as needed during the membership year.

MEMBERSHIP AGREEMENT TERMS & CONDITIONS

- A Family Membership, will apply to me, my spouse, my children under the age of 26, and my "Dependents" of any age who are incapable of supporting themselves due to a mental or physical disability. "Children" includes natural and adopted children, stepchildren who live with me, and children for whom I have legal guardianship.
- If I receive a medically necessary medical transport by Big Bear Fire Authority (collectively, "Big Bear Fire Department"), Big Bear Fire Department will bill my health insurance and any other responsible third-party payer including, but not limited to, automobile insurance (collectively, "Insurance"). The membership fee constitutes prepayment for any deductible, copayment, or other out-of-pocket expense not covered by my insurance, so I will be relieved of any out-of-pocket expense for the transport that occurs during the time my membership is in effect.
- In the event I am transported by Big Bear Fire Department, I hereby assign and transfer to Big Bear Fire Department all benefits payable by Insurance to or for my benefit, or the benefit of my spouse and/or children and/or dependents as included in my membership, for services rendered.
- Membership covers ground ambulance transports for patients that present a medical condition in which it is determined that it is medically necessary by physician and/or medical staff of the Big Bear Fire Department. I am responsible for the cost of any transports that are determined to be not medically necessary.
- I understand that under some circumstances, Big Bear Fire Department may not be available to transport me. This may be due to a local disaster, significant weather conditions, mechanical issues, commitment of the vehicle to another transport, governmental market restrictions, Big Bear Fire Department's absence from the local market, weight and balance restrictions, or other factors. I understand that membership does not cover the cost of any transports rendered by air, nor ground providers other than Big Bear Fire Department.
- Membership becomes effective for one (1) year, three (3) days after receipt of a completed application and payment in full. There is no waiting period for membership renewal.
- I understand that Big Bear Fire Department memberships are non-refundable and nontransferable.
- I certify that I am not covered by military insurance, including TRICARE, CHAMPUS, VA, etc.
- I certify that I am not a Medicaid beneficiary.
- I understand that Big Bear Fire Department Ground Ambulance Membership is not an insurance product. I certify that I am the individual applying for membership and am the legal representative for my spouse and dependents listed, and that I am duly authorized by them to execute this application and accept its terms and conditions on their behalf. I certify that the information in this application is accurate.



BIG BEAR FIRE DEPARTMENT GROUND ONLY AMBULANCE MEMBERSHIP APPLICATION

How did you learn about our program? Prior Member / Grizzly Newspaper Ad / KBHR Radio Ad
 Movie Theatre Ad / Word of Mouth / Other: _____

| APPLICANT INFORMATION | | |
|---|----------------|---------------------|
| NAME: | DATE OF BIRTH: | |
| PHONE: | | |
| MAILING ADDRESS: | CITY: | STATE: ZIP: |
| EMAIL ADDRESS: | | |
| ADDITIONAL ELIGIBLE FAMILY MEMBERS TO ENROLL | | |
| Eligible Relationships must be living with you: Spouse or Partner (Partner must be a registered domestic partner.), Children (must be under age 26 - natural, step, adopted, foster), and any age Dependents (claimed as dependents on your taxes). | | |
| FULL NAME | RELATIONSHIP | BIRTHDATE |
| | | |
| | | |
| | | |
| | | |
| PAYMENT INFORMATION – FAMILY MEMBERSHIP ANNUAL FEE | | \$75.00 |
| <input type="checkbox"/> CHECK ENCLOSED MAKE CHECK PAYABLE TO: BIG BEAR FIRE DEPARTMENT | | |
| <input type="checkbox"/> CREDIT CARD COMPLETE INFORMATION BELOW: | | |
| NAME ON CARD | | |
| CARD NUMBER | | |
| EXPIRATION DATE (MM/YYYY) | ____/____ | SECURITY CODE _____ |
| <p>Please keep a copy of the Membership Agreement, and Terms and Conditions. If you are a California Resident, review notice information below AND initial acknowledgement. By signing this application, I acknowledge, understand and agree to be legally bound by all terms, conditions, and notices of this agreement. I also authorize the Big Bear Fire Department to obtain payment as indicated above.</p> <p style="color: red; font-weight: bold;">This form must have applicant's signature below. Incomplete or unsigned membership forms cannot be processed.</p> | | |
| Applicant Signature: <small>Wet Signature Required</small> | | Date: |

NOTICES APPLICABLE TO CALIFORNIA RESIDENTS ONLY

- **BEFORE YOU PURCHASE:** If you are currently enrolled in a health maintenance organization (HMO) or other health insurance, the benefits provided by an Ambulance Plan may duplicate the benefits provided by your HMO or other health insurance. If you have a question regarding our Ambulance Membership Program whether your HMO or other health insurance offers benefits for ambulance services, you should contact that other company directly.
- **WARNING:** This Ambulance Membership Program is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when the 911 Emergency System has independently determined that another company could provide more expeditious service or is next in the rotation to receive a call. This might also occur when the Big Bear Fire Department is unable to perform within a medically appropriate timeframe due to a local disaster, significant weather event, mechanical or maintenance problem or being on another call.
- **COMPLAINTS:** If you have a complaint, contact your plan provider. If the provider fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1-888-466-2219. The Department's website is <http://www.healthhelp.ca.gov>. You may obtain complaint forms and instructions online.
- **OPERATING UNDER CONDITIONAL EXEMPTION:** This Ambulance Membership Program is operating pursuant to an exemption from the Knox-Keene Health Care Service Plan Act of 1975 (Health and Safety Code section 1340 et seq.).

MAIL MEMBERSHIP FORM AND PAYMENT TO: BIG BEAR FIRE DEPARTMENT · PO BOX 2830 · BIG BEAR LAKE, CA 92315
 FOR QUESTIONS CALL BIG BEAR FIRE DEPARTMENT (909) 866-7566

CA Residents Initial Here
to acknowledge above Notices