

1. This agreement is between Medic One Ambulance Service, Inc., hereinafter known as "Ambulance Service" and the Head of Household indicated on the front of this form, hereinafter known as "Member". This and the membership enrollment agreement in no way indicate a partnership between Medic Once Ambulance Service, Inc. and the head of household or any member of the head of household's family as defined by the Arkansas Partnership Act.
2. The terms of the agreement will begin at 8:00 a.m. on the following day after the purchase of this agreement, and will end one year from date of purchase.

Membership Fee	Single	\$25.00
	Household	\$40.00

3. Household definition: Family membership covers you, your spouse, and anyone else claimed on your taxes as a dependent.
4. Ambulance Service agrees to provide "MEDICALLY NECESSARY" pre-hospital treatment and transportation to the nearest appropriate facility for medical evaluation and treatment. All emergency situations fall under the term medically necessary. However, non-emergency "Medically Necessary" transports do occur; for example, Hospital to Hospital or Hospital to Nursing Home. For non-emergency transports to be a covered service, the patient must meet the definition of bed-confined using the criteria set by the Health Care Finance and Administration, which says the patient cannot sit, stand, or ambulate. Also, it would be covered if transport by other means endangered the patients health or life.
5. Member agrees that Ambulance Service may bill any and all medical or health insurance policies, plans, or benefit programs, or any other third party the Member may have, including but not limited to, Worker's Compensation and Automotive Insurance. Member agrees to assign insurance benefits to Ambulance Service. Member also authorizes release of medical records and other documents, that may be necessary to obtain insurance proceeds, until such release is canceled in writing. Member further agrees to forward any payments they receive for services provided by Ambulance Service.
6. Uninsured Care Partners will receive a discount down to the present Medicare allowable rates on the date of service for all aspects of the service he or she received, instead of the regular full rates. Any services for non-medically necessary or non-covered services are also billed at the Medicare allowable rates.
7. Memberships from other services are honored with proof of purchase and are honored under the terms of Medic One Ambulance Service Care Partner Agreement.
8. This agreement is meant for medically necessary services and services recognized as "Covered Services" under Medicare guidelines. Charges for Ambulance Services for non-covered services or utilization of an ambulance without medical necessity becomes the responsibility of the Member at the present Medicare allowable rates. No discounts below the Medicare allowable rates can be awarded for any Member or Non-Member.
- 9. THIS IS NOT AN INSURANCE POLICY, IT IS SIMPLY A MEMBERSHIP PROGRAM.**

