

**Western Payne County Ambulance Trust Authority  
Resident Benefit Program**

**BENEFIT REFUSAL FORM**

All residential utility accounts are automatically included in the Resident Benefit Program. Participation helps ensure the availability of advanced life support ambulance service in our community. You also receive valuable benefits (see reverse for complete description). Benefits apply to all residents of the household(s) served by the participating account.

Utility account holders (the persons/entities who receive the bill) have the right to refuse participation in the Resident Benefit Program. Submitting a completed Refusal Form will result in a loss of benefits for everyone living at the residence(s) served by the account. Individuals who do not have benefits may be personally responsible for paying full charges for LifeNet ambulance service. Average charges exceed \$1400.

**Completed forms must be received within two weeks of signing a new service contract.** Late forms or those with incomplete or inaccurate data will not be processed. Mail completed forms to:

Western Payne County Ambulance Trust Authority  
c/o Stillwater Medical Center  
Attn: Cheryl Marshall  
1323 W. 6<sup>th</sup> Street  
Stillwater, OK 74074-4306

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Utility account number \_\_\_\_\_

Utility service address (including city) \_\_\_\_\_

Utility customer name \_\_\_\_\_

Utility customer address (if different from service address) \_\_\_\_\_

Utility customer phone number \_\_\_\_\_

I understand that by submitting this completed form, all residents of the household(s) served by this utility account will lose program benefits. I understand this decision is binding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do NOT return this form if you wish to retain benefits (see back).  
No action is required to participate in the Resident Benefit Program!**

# Western Payne County Ambulance Trust Authority Resident Benefit Program

The Western Payne County Ambulance Trust Authority Resident Benefit Program (“the program”) provides for the prepayment of co-payments and deductibles for ambulance service provided by LifeNet within the WPCATA service area. In addition, participating utility account holders pay a reduced rate of 40% off the regular cost for ambulance service provided by LifeNet within the WPCATA service area that is not covered by a third-party payer.

**Who Is Covered?** Benefits apply to all residents of the utility service address.

**Program Benefits.** Benefits are applied to ambulance transports provided by LifeNet within the WPCATA service area. Transports are fully covered if insurance or other third-party coverage provided benefits for the service (even if subject to deductible, co-payment or co-insurance). If no insurance or other third-party coverage is available or if the claim is denied, the patient is charged a reduced fee (40% off standard rates).

**Excluded Services.** Program participants must present a completed physician certification statement (PCS) to receive benefits for non-emergency transports. Patients receive no benefits for non-emergency transports without a PCS. The patient’s physician usually completes certificates. A non-emergency transport is a medical transfer that does not have a hospital emergency room as the final destination.

Repetitive transports for services such as dialysis, radiation therapy and chemotherapy are not eligible for benefits without additional screening and insurance approvals.

The program does not cover non-emergency transports to and from doctors’ offices, dentists’ offices, physical therapy centers, pharmacies, and other non-hospital facilities. Transports outside of the WPCATA service area are also not included in the program.

Program participants will receive a full bill for excluded services.

**Agreement.** I acknowledge that my insurance provider and/or I am responsible for payment of ambulance services provided to me by LifeNet. I acknowledge that it is my responsibility to provide LifeNet, within 60 days of the date of service, with any valid insurance and third-party payer information pertaining to me or anyone living in my household who receives LifeNet services and that failure to do so nullifies this agreement. In addition, I agree to furnish any information requested by my insurance company in order to facilitate payment of ambulance claims for me or anyone living in my household. In consideration for payment of the program fee, I hereby assign to LifeNet all ambulance benefits that any covered family member or I may otherwise be entitled to receive from any insurance or other third-party payer for services provided under the Western Payne County Ambulance Trust Authority Resident Benefit Program. LifeNet will accept this assignment as payment in full for ambulance transports. I understand that LifeNet 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 LifeNet’s usual charges. If no insurance or other third-party payer benefits are available or if the insurance company or other third-party payer denies payment for non-emergency service, I understand that I will remain responsible for payment of LifeNet’s reduced fee for program participants (40% off LifeNet’s standard rates). Any insurance or other third-party payment I receive related to LifeNet services provided under the program must immediately be delivered to LifeNet, if there is an outstanding balance on my account. Violation of the terms of this agreement will result in termination of this agreement, and the patient (or responsible party) will be billed for all charges related to services provided.

**Do NOT return this form if you wish to retain benefits (see back).**

**No action is required to participate in the Resident Benefit Program!**