
Western Payne County Ambulance Trust Authority /LifeNet Subscription Application

www.paynecounty-ems.org

(405) 742-5611

Together, the Western Payne County Ambulance Trust Authority and LifeNet provide an advanced life support level of emergency ambulance care. For you and your loved ones, this means the best possible treatment – and the best chance for a full recovery – after a car wreck, heart attack, asthma attack or other medical crisis.

A WPCATA/LifeNet subscription offers you and your loved ones superior service without financial worries. For members who are transported by LifeNet within the Western Payne County service area:

- LifeNet will bill your insurance, Medicare or Medicaid provider – and accept their payment as payment in full. You won't be billed for a co-payment, deductible or balance after a partial payment.
- If your insurance provider denies a LifeNet claim, you'll be charged a reduced fee (40% off the standard rates) for service.
- If you don't have insurance, Medicare or Medicaid coverage, LifeNet will charge you a reduced fee (40% off the standard rates) for service.

The full membership description and agreement is printed on the reverse.

To become a member, simply fill out the form below and return with your payment of \$60 (checks should be made out to Western Payne County Ambulance Trust Authority or WPCATA). Membership accounting period starts May 1 each year. You may enroll at any time and you will have the option to pro-rate payment for months prior to May 1 (\$5 /month). Members will receive a renewal notice each March.

Your name _____

Date of birth _____

Spouse _____

Date of birth _____

Other permanent members of your household and a spouse living in a nursing home qualify for benefits. If space is needed for additional members of your household, please add a sheet.

Dependent _____

Date of birth _____

Dependent _____

Date of birth _____

Your address _____

City, state, ZIP _____

Home phone _____

Work phone _____

Email address _____

I agree to the terms and conditions of the WPCATA/LifeNet subscription agreement. I acknowledge that I am responsible for payment of ambulance services. I hereby authorize any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and carriers, third party payers and insurers, and to services provided to me by LifeNet, now or in the future. I further authorize direct payment of any insurance benefits to LifeNet, and will forward any medical transportation insurance benefits received by me to LifeNet.

The information contained in this correspondence is confidential and may contain Protected Health Information (PHI/Individually Identifiable Health Information, which is legally privileged by the Health Insurance Portability and Accountability Act) privacy notice and my signature below validates such acknowledgement.

Signature

Western Payne County Ambulance Trust Authority/LifeNet

Membership Description & Agreement

The Western Payne County Ambulance Trust Authority Membership 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, members 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. All memberships expire on April 30th unless the membership has been renewed with payment in full. All new members are eligible to receive benefits for service provided 30 days after application and payment in full are received.

Who is Covered?

Benefits apply to the applicant and all permanent members of his household. A spouse being cared for in a nursing home will receive benefits under the membership.

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

Members 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.

To activate your membership, return this form with your \$60 payment to:

Western Payne County Ambulance Trust Authority

c/o Stillwater Medical Center – Cheryl Marshall

P.O. Box 2408 – 1323 W. 6th Street

Stillwater, OK 74076-2408

Please make checks payable to WPCATA