GRAND PRAIRIE FIRE DEPT EMERGENCY MEDICAL SERVICES
AMBULANCE SUBSCRIPTION PROGRAM
P O BOX 534045 GRAND PRAIRIE, TX 75053-4045
972-237-8395

The City of Grand Prairie, through the Emergency Medical Services provided by the Fire Department, is committed to providing quality, affordable **emergency** ambulance care as a service to residents of Grand Prairie. This subscription program is an ***optional*** plan that is available to all citizens, with the exception of Medicaid recipients, of our community.

Participants will pay **$60.00 per year** for **emergency** ground ambulance service. This fee must be paid through a one time payment by check, cash, money order or accepted credit card.

ELIGIBILITY:

1. Resident of Grand Prairie, Texas
2. Coverage for head of household, spouse, and any unmarried dependent children under 25 years of age.
3. Other dependents of the household must have court documented guardianship papers
4. Medicaid recipients cannot participate in this program
5. Authorization for the City of Grand Prairie to obtain entitled benefits from insurance carriers and Medicaid is required.

BENEFITS:

1. No out-of pocket expenses for **emergency** ground ambulance use
2. Unlimited **emergency (only) transports** per enrolled member
3. Coverage for all eligible household members

TERMS OF AGREEMENT:

1. This subscription is non-refundable and non-transferable
2. Violations of the terms of the agreement or false or missing information on the subscription application may result in immediate cancellation of the subscription
3. The City of Grand Prairie has mutual aid agreements with other communities to exchange services in the event of critical emergencies. Should a mutual aid provider transport a subscriber, when the Grand Prairie Fire Department has requested mutual aid, the subscriber will be required to pay the part that exceeds the normal charge for a non-subscriber for a transport by that service provider.

THIS IS NOT AN INSURANCE POLICY

I request that payment of authorized Medicare or any other insurance benefits be made on my behalf to Grand Prairie Fire Department for any services provided to me by Grand Prairie Fire Department now or in the future. I agree to immediately remit to Grand Prairie Fire Department any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to Grand Prairie Fire Department. I authorize Grand Prairie Fire Department to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to Grand Prairie Fire Department and its billing agents, and/or the Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by Grand Prairie Fire Department, now or in the future. A copy of this form is as valid as an original

I hereby apply for membership with the Grand Prairie Emergency Medical Services Program. I understand that the enclosed annual fee will cover me, my spouse, unmarried dependent children under 25 years of age and any other legal dependent of me or my spouse who may live at this address. I understand that through my membership, Grand Prairie Fire Department will provide **EMERGENCY** ambulance service to hospitals within the service area. I also understand and give my permission for Grand Prairie Fire Department to bill my insurance carrier(s). This membership will cover the portion not reimbursed by my medical coverage for services rendered by Grand Prairie Fire Department. **I understand that Medicaid recipients may not participate in this program**. I understand that Grand Prairie Fire Department provides medically necessary ambulance transportation and that violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty. I also understand that this membership is nonrefundable and non transferable.

MEMBERSHIP APPLICATION

HEAD OF HOUSEHOLD:
LAST NAME FIRST NAME M I ____M ____F DATE OF BIRTH

STREET ADDRESS ZIP CODE PHONE NUMBER

INSURANCE INFORMATION: ____ **CHECK HERE IF SAME AS ABOVE**

Medicare #: _____ **Medicaid #**_____ **SSN:** _____
INSURANCE COMPANY NAME POLICY/ID/SUBSCRIBER/MEMBER # GROUP #

CLAIMS ADDRESS PHONE NUMBER

GROUP NAME POLICY HOLDER NAME

DEPENDENTS:
LAST NAME FIRST NAME M I ____M ____F DATE OF BIRTH

STREET ADDRESS ZIP CODE PHONE NUMBER

INSURANCE INFORMATION: ____ **CHECK HERE IF SAME AS ABOVE**

Medicare #: _____ **Medicaid #**_____ **SSN:** _____
INSURANCE COMPANY NAME POLICY/ID/SUBSCRIBER/MEMBER # GROUP #

CLAIMS ADDRESS PHONE NUMBER

GROUP NAME POLICY HOLDER NAME

DEPENDENTS:
LAST NAME FIRST NAME M I ____M ____F DATE OF BIRTH

STREET ADDRESS ZIP CODE PHONE NUMBER

LAST NAME FIRST NAME M I ____M ____F DATE OF BIRTH

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INSURANCE INFORMATION: ____ **CHECK HERE IF SAME AS ABOVE**

Medicare #: _____ **Medicaid #**_____ **SSN:** _____
INSURANCE COMPANY NAME POLICY/ID/SUBSCRIBER/MEMBER # GROUP #

CLAIMS ADDRESS PHONE NUMBER

GROUP NAME POLICY HOLDER NAME

APPLICATION SIGNATURE:_____**DATE:**_____

Check and money orders should be made payable to: **Grand Prairie Fire Department** and sent to: **P O Box 534045, Grand Prairie, TX 75053-4045**

CREDIT CARD PAYMENTS: ____ VISA ____ MASTERCARD ____ DISCOVER

CARD # _____ EXPIRATION DATE: _____

SIGNATURE: _____ DATE_____