



**GRAND PRAIRIE FIRE DEPT EMERGENCY MEDICAL SERVICES
AMBULANCE SUBSCRIPTION PROGRAM
1525 ARKANSAS LANE, 3rd GRAND PRAIRIE, TX 75052
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 **\$75.00 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. Residents of Grand Prairie, Texas
2. Coverage for head of household, spouse, and any unmarried dependent children under 26 years of age
3. Medicaid recipients cannot participate in this program due to state regulations
4. Authorization for the City of Grand Prairie to obtain entitled benefits from insurance carriers and Medicare is required
5. Uninsured may participate
6. **All information MUST be provided, including zip code, social security number and signature**

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 insured and uninsured household members, that are **NOT** Medicaid recipients

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. On the rare occasion a mutual aid provider transports a subscriber, the subscriber will be responsible for balances and cost shares due to the provider performing the service, including but not limited to, ground and air ambulance transport.

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, and unmarried dependent children under 26 years of age 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 optional, non-refundable and non-transferable. Membership will become effective on the first day of the month following receipt of completed and signed application and fee.

**AMBULANCE SUBSCRIPTION MEMBERSHIP APPLICATION
MUST BE COMPLETED ANNUALLY**

HEAD OF HOUSEHOLD:

LAST NAME _____ FIRST NAME _____ M. I. ___M___F DATE OF BIRTH _____
STREET ADDRESS _____ ZIP CODE _____ PHONE NUMBER _____

INSURANCE INFORMATION:

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

SPOUSE:

LAST NAME _____ FIRST NAME _____ M I ___M___F DATE OF BIRTH _____

INSURANCE INFORMATION:

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

DEPENDENT #1:

LAST NAME _____ FIRST NAME _____ M I ___M___F DATE OF BIRTH _____

INSURANCE INFORMATION:

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

DEPENDENT #2:

LAST NAME _____ FIRST NAME _____ M I ___M___F DATE OF BIRTH _____

INSURANCE INFORMATION:

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

DEPENDENT #3:

LAST NAME _____ FIRST NAME _____ M I ___M___F DATE OF BIRTH _____

INSURANCE INFORMATION:

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

****For more dependents attach additional completed form(s)**

APPLICATION SIGNATURE: _____ **DATE:** _____

Check and money orders should be made payable to: **Grand Prairie Fire Department** and sent to: **1525 Arkansas Lane
Grand Prairie, TX 75052**
CREDIT CARD PAYMENTS: ___VISA___ MASTERCARD ___DISCOVER___

CARD # _____ EXPIRATION DATE: _____

SIGNATURE: _____ DATE _____