

Always There

A Comprehensive Medical Transportation Membership Program

Membership Options

1- Year Membership

- \$50 Individual Membership
- \$55 Family Membership

Method of Payment

- Check or money order.** Send payment to:
MedStat EMS, 108 S. Front St.
Winona, MS 38967
- One time credit card payment or automatic bank draft
- Recurring annual credit card payment or automatic bank draft

Billing Information

VISA MASTERCARD DISCOVER AMEX

Credit Card Number _____

Expiration Date _____ Security Code _____

Bank Name _____

Bank Account Number _____

Bank Routing Number _____

Physical Address _____

Mailing Address _____

Phone _____ Date of Birth _____

Name _____

X _____
Signature Date

Primary Insurance Policy

Insurance Provider _____

Insured Name _____

Plan Number _____ Group Number _____

Secondary Insurance Policy

Insurance Provider _____

Insured Name _____

Plan Number _____ Group Number _____

Covered Family Members

Membership covers legally married spouse, children up to age 21 being claimed as a dependent, children up to age 23 who are full-time college students, and grandchildren where we have legal guardianship or posses a valid power of attorney.

_____ Full Name Date of Birth (mm/dd/yyyy)

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_____ Full Name Date of Birth (mm/dd/yyyy)

MedStat EMS

1-855-283-8904

OFFICE USE ONLY

Effective Date:	Membership Database:	Entered By:

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Membership Terms & Conditions

Persons Covered by Membership – Shall include me and my legally married spouse, children up to age 21 being claimed as a dependent, children up to age 23 who are full-time college students, and grandchildren where we have legal guardianship or possess a valid power of attorney.

Membership Services Provided – In consideration of the membership fee and assignment of rights to MedStat EMS, Inc. described herein, MedStat agrees to provide discounted emergency ground or air ambulance transportation and medically necessary non-emergency ground ambulance transportation that has been properly certified by an appropriate licensed healthcare provider for me and the immediate members of my family covered by this membership at no out of pocket expense.

I recognize that if I/we elect to use non-emergency services that are not medically necessary (i.e. transports to a physician's office, transports other than to the closest appropriate facility and other transports of convenience) I will receive a discount of 50% off the MedStat EMS Usual and Customary Charges for these services.

Transportation Requirements and Limitations – I understand that my membership benefits are limited to situations where I and/or a member of my immediate family covered by this membership have suffered injury, sudden illness or trauma and the need for immediate medical attention of a doctor at a hospital emergency room exists. I understand that in the event non-emergency ground transportation is requested, a physician or other appropriate licensed healthcare provider, as defined by the Center for Medicare and Medicaid Services (CMS), must certify the medical necessity of the transportation as a condition of the transport.

Membership applicants who are repetitive patients (i.e. dialysis, wound care, radiation) must be pre-approved for transportation based on an initial assessment of the patient's condition by MedStat EMS personnel to ensure an ambulance is necessary for transport to and from treatment. Additionally, primary and secondary insurance coverage must be confirmed and the origin and destination requirements mandated by the insurance policies must be met.

Additional limitations exist on helicopter transport. The safety of MedStat's flight crew, patients and aircraft are our first priority. There are certain issues that may limit MedStat's ability to transport by helicopter. Patient weight, height and girth are all factors that may preclude safe transport by helicopter. Other factors such as inclement weather, aircraft maintenance, and the helicopter being on a flight at the time of a request may also preclude transport by helicopter.

Membership Period – I understand the membership is for a period of one year commencing on the date that MedStat EMS accepts and processes my application as evidenced by my cancelled check, credit card transaction or receipt.

Disclosure of Insurance Information – I hereby consent and authorize any holder of insurance information about me or the members of my immediate family covered by this membership including Medicare or any private insurance company or benefits plan to release such information, now or in the future, to MedStat EMS or the Centers for Medicare and Medicaid Services (CMS), its carriers or agents, if such release is made in compliance with the Health Insurance Portability and Accountability Act. I agree that as a member, I shall make available all medical insurance and benefits information to MedStat EMS.

Lifetime Signature Authorization and Assignment of Benefits and Rights – In consideration of the membership services provided by MedStat EMS described herein, I have paid to MedStat EMS a non-refundable and non-transferrable membership fee and assign to MedStat EMS, Inc. on behalf of the immediate members of my family covered by this membership, all rights and benefits of all medical and health insurance policies or plans and any other benefits or plans which provide coverage for ambulance services, including, but not limited to, co-insurance or deductibles and I request that payment of authorized Medicare or any insurance benefits be made on my behalf to MedStat EMS, Inc. at 108 South Front Street, Winona, MS 38967 for any ambulance services and supplies furnished to me or the immediate members of my family by MedStat EMS, Inc. I authorize any holder of insurance information about me to release to the Centers for Medicare and Medicaid Services (CMS) or any insurance carrier, their agents and carriers as well as MedStat EMS, Inc. any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, now, or in the future. I also agree to assign and transfer to MedStat EMS on my behalf and on behalf of the immediate members of my family covered by this membership, all rights in any claim where ambulance services provided by MedStat EMS were provided up to the total dollar amount of services rendered. I hereby acknowledge that I am legally responsible for all services provided to me by MedStat EMS, Inc.

MedStat EMS

1-855-283-8904