



EMERGENCY MEDICAL SERVICES

541 4th Street · P.O. Box 572 · Ouray, Colorado 81427 · 970-325-7275 · Fax 970-325-9967

December 21, 2015

Dear Fellow Residents and Neighbors,

As many of you know, OCEMS offers memberships to the residents and visitors and workers of Ouray County. OCEMS memberships are designed for two purposes. The first is to protect you from incurring uncovered costs of a “medically necessary” ambulance transport or resuscitative efforts. If OCEMS transports anyone covered under an OCEMS membership, **while we bill the full cost of the call, we only accept what your insurance coverage provides, after your deductible or co-payments, and forgive the rest.** This is a great benefit if your family is under-insured.

OCEMS does not bill if you or your family member do not require transport services or field resuscitation efforts. A typical OCEMS bill can range from \$950 to \$1,800+ depending on the level of care and procedures required as well as mileage to the receiving facility, usually Montrose Memorial Hospital. The best thing to do is to discuss with your insurance company if this is beneficial for you, keeping in mind that if you are being transported to the hospital you will have significant additional medical costs which go towards your deductible.

The second reason we offer memberships is twofold: the revenue we receive from memberships helps Ouray County EMS begin the year fully trained and ready to provide high quality service, and we believe everyone in our great community deserves emergency medical care.

New this year Ouray County EMS will be offering a scholarship to a high school senior (preferably one interested in pursuing a health-care related field) from each graduating class. If you would like to donate to our scholarship fund, any amount, please enclose a separate check marked: Scholarship.

To join or re-join, simply read carefully and fill out the enclosed form and return it to us with your payment. If you have questions, contact Kim Mitchell or Colette Miller at the EMS office, 325-7275, and thank you for your continued support. We hope you have a safe and healthy 2016.

Sincerely,

Kimberly Mitchell, Chief Paramedic
Ouray County EMS

2016 OURAY COUNTY EMS MEMBERSHIP AGREEMENT

Ouray County Emergency Medical Services(OCEMS) agrees to provide Medically Necessary ambulance ground transportation services to Members identified on the Membership Form for trips originating in Ouray County to the nearest appropriate health care facility providing emergency medical treatment ¹for one (1) calendar year (2016).

The subscriber, on behalf of all family members indicated on the Membership Form and each adult family member, if any, agree(s): (a) to pay an annual Membership Fee as indicated below; (b) that, but for this Membership Agreement, the subscriber and any adult family member(s) are legally and financially responsible for the cost of transportation services and all services provided by OCEMS, and (c) to provide medical authorization and assignment of benefit forms for covered services as reasonably required by OCEMS.

MEMBERSHIP FEE AND ASSIGNMENT OF INSURANCE: In exchange for the Membership Fee, OCEMS will accept assignment of primary, secondary and supplementary insurance benefits from your insurance company, Medicare or other third-party payer on all claims for Medically Necessary ambulance transportation. You will be required to pay the cost-sharing amounts (deductibles, copayment, coinsurance, etc.) required by your insurer, health plan or other health coverage. Payment from your insurance company, Medicare, or other third party payer made to OCEMS, and any cost-sharing amount you may owe, will be considered payment in full. Note that you will be responsible for the full cost of services that are not Medically Necessary. You agree that we may bill you directly for the cost of services in the event your insurance company, Medicare or other third party payer will not cover or pay for the trip.

Annual fees are as follows:

\$55.00 – Single with insurance	\$80.00 – Family with insurance
\$100.00 – Single without insurance	\$150.00 – Family without insurance

A single maximum \$10.00 discount will be given for Senior Citizens over the age of 62.

MEDICAL NECESSITY: Medical Necessity is established when the patient’s condition requires professional emergency transportation services and any other means of transportation, such as private car, taxi, wheelchair van, etc., is inappropriate. OCEMS will generally accept your treating physician’s statement as to Medical Necessity, but reserves the right to require review by an independent physician of our choosing to make a final determination as to Medical Necessity.

¹ Presently our protocol is to provide transportation to Montrose Memorial Hospital. Transportation by other ambulance providers, air ambulance, “Flight for Life,” or other emergency service providers is not included. During periods of high utilization OCEMS may not be able to provide services and you may be referred to another ambulance provider, and this Membership Agreement will not apply.

IF YOU ARE INSURED: The Membership Agreement is not an insurance policy and is not intended to replace insurance coverage. However, OCEMS will accept assignment of your benefits from your insurance company, Medicare and other third-party payers responsible for payment for the services provided to you. This includes primary, secondary and supplementary insurance. This will allow OCEMS to collect directly for services covered by your insurance. NOTE – if you are covered by insurance, Medicare, or other third-party payers, membership may or may not provide a financial benefit to you and you may want to consult with your plan. Medicaid patients need not apply as medically necessary ambulance transportation (as determined by Medicaid) is benefit of Medicaid plans.

EFFECTIVE DATES: The membership is effective for the 2016 calendar year and shall expire on December 31, 2016, and is not retroactive or prorated.

WHO IS COVERED BY THE MEMBERSHIP: The OCEMS Membership applies to those residing in your household. A “household” is defined as husband and wife, same-sex partners, or a single parent, and his/her children **under the age of 21** and living at the same address. You are not required to be a full-time resident of Ouray County to be a member.

NON-COVERED SERVICES: This Membership Agreement does not cover:

- Any services that are not Medically Necessary;
- Services by any provider other than OCEMS;
- Air ambulance (Flight for Life) services, regardless of medical necessity; Non-emergency services or transportation.

Please complete the attached form and return it to OCEMS with your check payable to Ouray County EMS for the appropriate membership fee. This form must be completed and returned even if you are a lifetime member.

ACCEPTANCE OF TERMS:

To indicate your agreement to the terms of this Ouray County EMS Membership Agreement, the attached Membership Form must be completed and signed by the primary subscriber under the applicable insurance policy identified on such form, and by all adult family members covered under a family membership. Membership is non-transferable and annual fees are non-refundable.

2016

OURAY COUNTY EMS MEMBERSHIP FORM

PLEASE COMPLETE THE FOLLOWING AND RETURN WITH YOUR CHECK:

LAST NAME _____, FIRST NAME _____

DATE OF BIRTH _____

MAILING ADDRESS _____

CITY/STATE: _____ ZIP: _____ PHONE: _____

INSURANCE INFORMATION:

PRIMARY: _____ ID#: _____

SECONDARY: _____ ID#: _____

IF FAMILY MEMBERSHIP, PLEASE LIST THOSE LIVING IN HOUSEHOLD (Please note, to be included children must be under 21):

NAME: _____ RELATION: _____ INSURANCE?: ___ AGE:: _____

**MEDICAL AUTHORIZATION, ASSIGNMENT OF BENEFITS & AGREEMENT TO TERMS OF MEMBERSHIP
(TO BE SIGNED BY ALL ADULT FAMILY MEMBERS)**

I authorize any holder of medical records or other information about me to release to OCEMS, my insurance company, Medicare or any of their agents, or any other third party payor, any information needed to determine benefits for any services provided to me by OCEMS, now or in the future. I request that payment of covered benefits be made on my behalf to OCEMS for any services provided to me by OCEMS. In addition, by signing below I indicate my agreement to the terms of the 2016 OURAY COUNTY EMS MEMBERSHIP AGREEMENT, which was provided with this form.

SIGNATURE DATE SIGNATURE DATE

SIGNATURE DATE SIGNATURE DATE

SIGNATURE DATE SIGNATURE DATE

AMOUNT PAID \$ _____ CHECK # _____

Mail to: OCEMS, PO Box 572, Ouray, CO, 81427