

Be Informed

FireMed is a voluntary ambulance membership program that covers you and your entire household should a member require a medically necessary transport. We will bill your insurance for the cost of the transport and your membership will help take care of the remaining balance. The funds from these membership programs allow Klamath County Fire District No. 1 to maintain state-of-the-art equipment, provide educational training opportunities and continue to provide non-profit ambulance services.

\$50

Be Prepared

Did you know 20-25% of children sustain an injury requiring medical attention a year? According to the Center for Disease Control older Americans have the highest rate of visits to the emergency department. The average cost of an emergency transport and treatment by ground ambulance is more than \$900. Private health insurance companies on average only pay 35-80% of the total bill. Without a FireMed membership you are responsible for the balance.

Can you afford NOT to be a member?

Klamath County Fire District No.1 has been providing dedicated high-quality emergency services to our community for over fifty years and since 1998 has provided the ambulance services. Since 2000, Klamath County Fire District No. 1 has participated in the FireMed program. This program assists patrons of the Fire District with the financial concerns of ambulance bills, while helping Klamath County Fire District No. 1 with our primary goal of providing emergency medical services and to save lives with quality pre-hospital care.

With the FireMed program, you can protect yourself from out-of-pocket expenses, which are in excess of your insurance coverage and that are incurred when medically necessary ambulance services are utilized. As a participant in the FireMed program, Klamath County Fire District No. 1 has a reciprocal agreement with over 75 other ambulance agencies in Oregon. In addition, Klamath County Fire District No. 1 has agreements with every Klamath County ground ambulance service provider that has a membership program.

Funds from this membership program allow Klamath County Fire District No. 1 to maintain state-of-the-art equipment, and provide educational training opportunities allowing our Paramedics to meet stringent medical continuing education requirements.

We urge you to consider the enclosed information, and to review your personal insurance coverage. If we can assist you in reaching a decision regarding your participation, or answer any questions, please feel free to contact our business office Monday thru Friday.



Please remember to contact us whenever you have changes to your household membership during the year.



APPLICATION FOR MEMBERSHIP

Klamath County Fire District No. 1
143 N Broad Street
Klamath Falls, OR 97601
(541) 885-2056



Please Print

Your Name: _____ Telephone: _____
Last First Middle

Street Address: _____ Apt/Space #: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different than above): _____

All Qualifying Household Members							
(Please list all persons who are permanent residents of your household including yourself)							
	Last Name	First Name	MI	Relationship to you	Date of Birth		
					Mo.	Day	Yr.
Member							
Member							
Member							
Member							
Member							

Membership Options: (please choose only one)

12 Months - \$50 24 Months - \$90

Payment Method:

- Check enclosed (Payable to KCFD1)
- Visa Mastercard

Tax deductible contribution in addition to membership: <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> Other _____
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Account Number: _____ Expiration Date: _____

Signature: _____

Membership Agreement

FireMed membership includes all persons who are permanent residents of the same single-occupancy, non-commercial residence within the Klamath County Fire District No.1 response district. Anyone included on the application form is called a "Member". Anyone who joins a household after this agreement goes into effect can be included under the membership from the date the "Member" notifies **FireMed** of the addition. Only those persons who are permanent residents of the household and are listed on the membership form at the time services are rendered are eligible for benefits.

I transfer directly to Fire District No. 1 my rights to ground medical insurance payments due to me. Such payments shall not exceed Fire District No 1's regular medical charges. I understand that membership fees are non-refundable and there is a 3 day waiting period for member benefits to take effect. I authorize a copy of this agreement to be used in lieu of the original on file with Fire District No. 1. The original may be reviewed upon request. I authorize payment of insurance benefits for ambulance service for myself or my eligible family members directly to Fire District No. 1, according to this agreement and as itemized on the submitted claims. I assume responsibility for any denied, disallowed, or non-medically necessary transports, as determined by my insurance company or other third party payer. If any covered member receives an insurance payment for Fire District No. 1 services, such payment shall be immediately forwarded to Fire District No. 1.

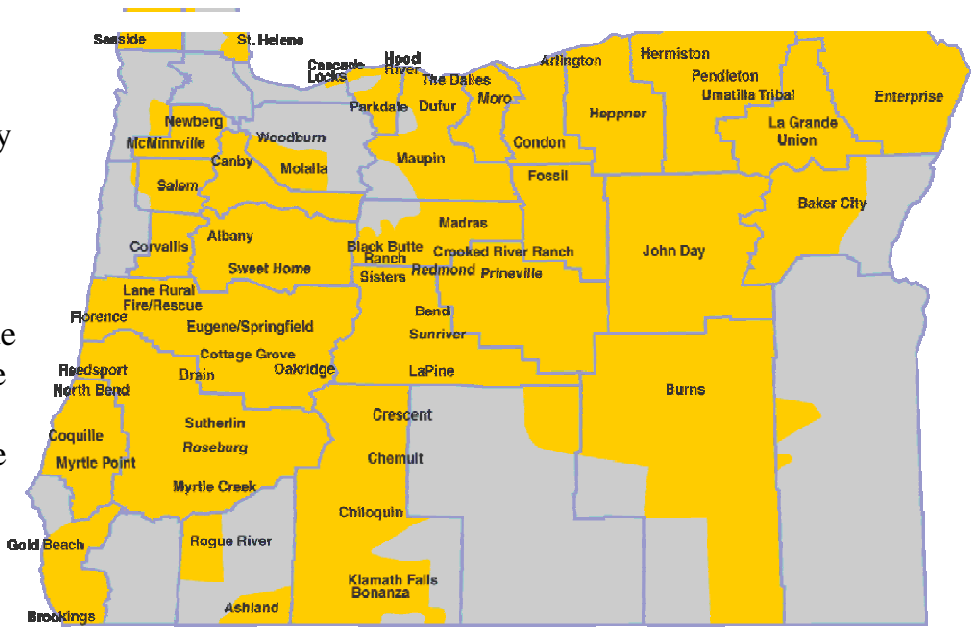
By signing this application, I indicate that I have read, understand and agree to the FireMed membership provisions, conditions, and terms set forth in this application.

Signature _____ Date: _____

State-Wide Reciprocal Coverage Area

As a participant in the FireMed Membership Program, Klamath County Fire District No. 1 has a reciprocal agreement with over seventy-five ambulance agencies in Oregon.

Reciprocity means that these agencies will honor our membership, and provide necessary medical transportation to the closest medically appropriate facility under the terms of our agreement. The map shows cooperating services.



Terms of Membership:



- * The Membership Plan benefits are for permanent residents of the same single occupancy,
- * non-commercial residence within the Klamath County Fire District No. 1 Ambulance Service Area. All members must be listed on the application form.
- * Membership covers emergency pre-hospital medical treatment and medically necessary ground transportation within Klamath County Fire District No. 1's Ambulance Service Area.
- * Medically necessary non-emergency ground transport to the closest medically appropriate facility and medically necessary non-emergency ground transport between a primary care facility in Fire District No. 1's Ambulance Service Area and another primary care facility may be covered with prior authorization by a physician.
 - * Charges for denied, disallowed, or non-medically necessary transport as determined by member's insurance or third party payer are the responsibility of the member.
- * This non-transferable, non-refundable membership is secondary to all insurance carriers. Klamath County Fire District No. 1 will bill and accept payment from members' primary and secondary insurance carriers.
 - * Should members receive insurance payment or medical benefits for ambulance service rendered by Klamath County Fire District No. 1, said member shall forward such payment to Klamath County Fire District No. 1.
 - * Membership is not solicited from persons who receive State assisted medical benefits, and such membership constitutes a voluntary contribution only.
- * Reciprocal agencies will honor your membership for medically necessary ground transports to the closest medically appropriate facility, according to the terms of the reciprocity agreement.
- * Services are based on medical need, not membership status, and patients are transported to the closest medically appropriate facility.