



BE PREPARED FOR THE UNEXPECTED
Arlington EMS Ready Care Membership





PROGRAM BENEFITS

- Get protection that goes beyond insurance and Medicare coverage
- Zero out-of-pocket cost for medically necessary ambulance transportation
- Receive a 50% discount if your insurance company denies your claim
- Medicare or your insurance is billed directly, we file your claims

PROTECTION THAT GOES BEYOND INSURANCE AND MEDICARE COVERAGE

Arlington EMS Ready Care, with services provided by American Medical Response (AMR), prepares you for the unexpected financial expense that can occur when you or a family member requires emergency medical services.

Ambulance service in Arlington costs an average of \$1,600. With higher deductibles and network limitations, patients are paying more out-of-pocket than ever before.

As a Ready Care member, you are protected from the often large balance of a bill even after your insurance or Medicare pays their part. If insurance pays for any portion of your medically necessary transport, then the remainder of the bill is covered by your Ready Care membership. If insurance denies coverage, you will receive a 50% price reduction in your bill - saving you hundreds of dollars.

MEMBERSHIP DETAILS

For as low as \$60 per year, you pay no out-of-pocket cost for medically necessary ambulance transportation. You receive reduced rates for ambulance service that is not medically necessary as well as the 50% reductions mentioned above.

Family members living in your household, including full-time students up to age 26, are covered under one membership when listed on the application.

SAVE HUNDREDS OF DOLLARS WITH MEMBERSHIP

	Average Total Cost	No Membership	Insurance + Membership
ALS/BLS EMERGENCY	\$1,600.00	Full Cost	\$0
ALS NON-EMERGENCY	\$1,456.00	Full Cost	\$0
BLS NON-EMERGENCY	\$773.00	Full Cost	\$0
CRITICAL CARE	\$1,917.00	Full Cost	\$0

READY CARE ENROLLMENT

- Memberships are effective for one year, from October 1 through September 30 of the following year
- Open enrollment period is August 1 through September 30
- Annual cost of membership will be prorated after September 30
- Get your membership today. [Call 682.227.6055](tel:682.227.6055) or return the membership application with [payment by mail to AMR P.O. Box 181029, Arlington, Texas 76096-1029](mailto:AMR@arlingtonems.com).

ABOUT ARLINGTON EMS & AMR

Operating since October 2001, AMR's Arlington operation is a high-performance, city-wide EMS system, managing more than 40,000 calls annually. AMR partners with the Arlington Fire Department to provide emergency medical services. Our team of experienced EMS professionals and clinical healthcare teams ensure you receive the right service with the highest level of patient care in both emergency and non-emergency situations.

Our Advanced Life Support (ALS) care includes specialty units equipped as emergency rooms on wheels. The medical professionals can stabilize patients prior to arrival at hospital Emergency Departments or trauma centers. Critical Care offers specialized care for patients who require additional medical expertise. Our Basic Life Support (BLS) units are staffed with medically-trained clinicians who can quickly assess patients' needs, provide continuous medical supervision or monitoring, and help stabilize patients.

As part of Global Medical Response, the largest EMS provider in the country, AMR has access to national resources that are available to serve the community at a moment's notice.



Arlington EMS Ready Care



Membership Agreement October 1, 2023 – September 30, 2024

By signing the AMR Membership Application ('Application') I agree, on behalf of myself and the family members of my household listed on the Application, to abide by the terms of AMR's Membership Program, as set forth in this Agreement. I understand that my membership will expire on midnight September 30, 2024. I understand that Medicaid patients are not permitted to enroll in this program.

PERSONS COVERED: This Agreement covers the household family members listed in my application. New household members may be added, family members may be deleted, or the household location may be changed by written notice to AMR, effective the day following receipt by AMR of such notice.

COST OF MEMBERSHIP: To become an AMR member, I hereby pay AMR a non-refundable and non-transferable fee of \$60.00/YR with Primary and Secondary insurance, \$67.50/YR with primary insurance only, or \$400.00/YR with no insurance. Open enrollment period is August 1 – September 30. I warrant that all information in the Application is true and correct. AMR reserves the right to request documentation demonstrating the accuracy of such information. Enrollment is allowed year-round, and the fee is pro-rated for the number of months enrolled during the program period.

PAYMENT FOR SERVICES: I acknowledge that I am legally responsible for the ambulance services provided to me, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance for those AMR services specified in this Agreement. This benefit is subject to certain limitations specified in this Agreement. I request and assign payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf or on behalf of other household family members covered by the Agreement to AMR directly for any ambulance services and supplies furnished to me by AMR whether in the past, now, or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers and their respective agents and contractors, as well as AMR, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services whether in the past, now or in the future. I agree to cooperate with AMR or its agent in collecting any such benefits. I acknowledge that I have been provided with a copy of AMR's Notice of Privacy Practices. I expressly authorize AMR or its agents or associates to contact me or any responsible party at any phone number provided, including any cellular phone number provided, for the purpose of resolving any unpaid balances or other pertinent issues. Patient or Guarantor agrees that such contact may be made to any mailing address, telephone number, cellular phone number, e-mail address, or any other electronic address that Patient or Guarantor has provided, or may in the future provide, to AMR. Patient or Guarantor agrees and acknowledges that any e-mail address or any other electronic address that Patient or Guarantor provides to AMR is Patient's or Guarantor's private address and cannot be accessed by unauthorized third parties.

Patient or Guarantor agrees that in addition to individual persons attempting to communicate directly with Patient or Guarantor, any type of contact described above may be made using, among other methods, pre-recorded or artificial voice messages delivered by an automatic telephone dialing system, pre-set e-mail messages

delivered by any other automatic electronic messaging system. Patient or Guarantor also authorizes AMR or its agents or associates to obtain a credit report to assist in the collection of any unpaid balances. Nothing herein shall relieve me from the direct financial responsibility for any charges not paid by an insurer. I further agree to send promptly to AMR any payments that an insurer forwards to me.

BENEFITS: Payment of membership fee and compliance with the terms of this Agreement entitles members to the following benefits:

a. Emergency ambulance services: Members who receive medically necessary advanced or basic life support emergency ambulance services from AMR as a result of an 'emergency medical condition,' shall pay nothing out of pocket, except as specified herein.

b. Non-emergency ambulance services: Members who receive medically necessary advanced or basic life support non-emergency ambulance services from AMR shall pay nothing out of pocket, except as specified herein.

"Medical necessity" for purposes of determining whether any emergency or non-emergency transport qualifies for the membership benefit shall be determined by AMR using the standards of the Medicare program, which are also used by many other insurance programs. AMR reserves the right to require a certificate of medical necessity from a qualified physician in determining medical necessity. Without limiting the foregoing, transports to doctors' or dentists' offices; or outpatient trips to or transfers to another medical facility for the patient's family or physician's convenience, are generally not considered medically necessary.

LIMITATIONS AND CONDITIONS: Membership benefits only extend to AMR's advanced or basic life support ground ambulance services staffed with paramedics and EMT/Is, and EMTs. Membership benefits are inapplicable to services rendered by any other provider.

As a condition of receiving the benefits of membership with respect to any ambulance transport, a member with insurance must comply with all coverage conditions of the applicable insurance program for such transport. Some insurance programs require the insured person to obtain prior authorization of payment for non-emergency, yet medically necessary ambulance services. Some plans require certain documentation from the insured with a specified time limit, or the plans deny or reduce coverage for ambulance services. In the event a member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by membership, or the services are denied as covered, then AMR shall provide the member with a 50% discount of its usual and customary charge for such transport. Non-insured household family members will receive a 50% discount for services rendered.

Membership only covers ground ambulance services provided within the state of Texas. No benefits are provided for air ambulance services or services rendered outside of the state of Texas. I agree to pay AMR for any services it provides that are not covered by the membership benefit at 100% usual customary rates for non-medically necessary transports.

AMR reserves sole discretion to deny or revoke membership and to refund membership fees (in full or in part) for reasonable cause, including but not limited to failure to comply with the terms of this Agreement. If AMR revokes my membership, I will pay all balances in full.

- If you have no insurance, or your insurance denies your medically necessary claim, AMR will bill you for 50% of the usual and customary charges.
- All family members who are full time students, up to the age of 26 years or younger, living at your residence are covered under one membership, provided they are listed below.
- We will complete all necessary paperwork and file claims with your insurance company.
- Memberships are effective from October 1 through September 30
- Open enrollment period is August 1st - September 30th; **annual cost of membership will be prorated after September 30th. Call 682.227.6055 for prorated amount to avoid delay in membership processing.**

Do not send cash. Make check or money order payable to AMR (American Medical Response).
PLEASE ATTACH COPIES OF BOTH THE FRONT AND BACK OF ALL YOUR PRIMARY AND SECONDARY INSURANCE CARDS.

READY CARE APPLICATION

October 1, 2023 - September 30, 2024

Please complete all information below and sign the Ready-Care membership agreement. Return your completed form with your payment to AMR, P.O. Box 181029, Arlington, TX 76096-1029 682.227.6055

Is this a ___Renewal or ___New Application?

First Name _____ Middle Initial _____ Last Name _____
 Home Address: _____ Zip Code: _____ Home Phone # _____
 SS #: _____ Date of Birth: _____ Male Female Email: Policy _____
 Primary Insurance _____ #: _____ Phone #: _____ Group #: _____
 Insurance Company Address: _____
 Supplemental Insurance _____ Policy #: _____ Group #: _____
 Supplemental Insurance Address: _____ Phone #: _____
 Insured Employer Name: _____ Address: _____

Other Family Members of Household First

Name _____ Middle Initial _____ Last Name _____
 SS #: _____ Date of Birth: _____ Male Female
 Primary Insurance _____ Policy #: _____ Phone #: _____ Group #: _____

First Name _____ Middle Initial _____ Last Name _____
 SS #: _____ Date of Birth: _____ Male Female
 Primary Insurance _____ Policy #: _____ Phone #: _____ Group #: _____

First Name _____ Middle Initial _____ Last Name _____
 SS #: _____ Date of Birth: _____ Male Female
 Primary Insurance _____ Policy #: _____ Phone #: _____ Group #: _____

Do not send cash – make check or money order payable to AMR (American Medical Response)
PLEASE ATTACH COPIES OF BOTH THE FRONT AND BACK OF ALL YOUR PRIMARY AND SECONDARY INSURANCE CARDS.

All membership applicants 19 years of age or older must sign below with signature of other adult member.

I hereby apply for membership in the Arlington EMS Ready-Care Membership program. I have reviewed the Ready-Care Membership Agreement and agree to abide by the terms thereof. I request payment of authorized Medicare or other insurance benefits to me, or on my behalf, to be paid to AMR (American Medical Response), in order to determine benefits payable on my behalf, now and in the future. This agreement and authorization is executed on my own behalf and on behalf of other members of my household, if they are minors or otherwise unable to sign.

X _____ Date _____
 X _____ Date _____
 X _____ Date _____

Signature(s) of other adult member

**Within 45 days of receipt of the completed application and fee, members will receive correspondence from AMR confirming that their application and fee have been processed.



Join your fellow Arlington residents in saving hundreds of dollars by becoming a Ready Care member!

ONE YEAR MEMBERSHIP

**SIGN UP TODAY:
682.227.6055**

AMR P.O. Box 181029, Arlington, TX 76096

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