

APPLICATION FOR MEMBERSHIP



CAPITAL FIREMED
 300 Cordon Rd NE
 Salem OR, 97317
 (503) 588-6519
www.mcfd1.com/capital-firemed

ANNUAL MEMBERSHIP FEE IS \$70

Payment method:
 Check: # _____

Money Order
 Payable to Capital FireMed

For Office Use Only

Membership #

Date Received:

FireMed membership provides you with a **50% benefit of your patient responsibility for **Emergency 911 Ambulance Transports**. Membership is per household.**

SUBSCRIBER LEGAL NAME: _____

MAILING ADDRESS : _____

Phone #: _____ Email: _____

PLEASE PRINT LEGAL NAMES OF ALL HOUSEHOLD MEMBERS

Last Name	First Name	Middle Initial	Date of Birth	Social Security Number (optional)	Relationship
					SELF

Please attach your \$70 dollar check to this application.

Please make all checks payable to Marion County Fire District No.1

Memberships will be active starting the 1st of the month from when payment is received.

(Example: If payment is received 08/16/2025, coverage will begin 09/01/2025)

x _____
 Signature Date

Submission of this application constitutes acceptance of the FireMed terms of agreement on the reverse side of this form.

Capital FireMed Membership Terms of Agreement:

I understand that the FireMed Ambulance Membership program is a jointly operated voluntary service available to residents served by Salem Fire Department, Marion County Fire District #1, and Keizer Fire District.

- FireMed **is not insurance**, but will provide ambulance services through the above agencies.
- I agree to pay an annual membership fee and I assign to the transporting agency any benefits for ambulance services in any insurance policies, third party recovery, or other medical benefit that I may have. These agencies will bill insurance or other medical benefits that I may have and they are entitled to all applicable benefits paid. FireMed is in excess to any benefits members may have.
- I authorize the release of medical information for the purpose of ambulance billing only. If I should receive payment directly from insurance, third party recovery, or other medical benefits for services provided by Salem Fire Department, Marion County Fire District #1, or Keizer Fire District. I will immediately forward such payments to the transporting agency.
- I agree to cooperate in any effort to bill and collect from insurance, third party, or other medical benefits for services rendered including the execution of documents or claim forms.
- I understand that memberships will be active starting the 1st of the month from when payment is received. Membership covers medically necessary emergency medical treatment and transportation to the nearest most appropriate hospital, provided by Capital FireMed agencies within the Capital FireMed ambulance service areas. *"Medically necessary ground ambulance transportation" means that the patient must be transported to a hospital for medically necessary services, and transportation in any other vehicle could endanger the patient's health. Non-emergency ambulance services to hospitals, nursing homes, and adult foster care centers are not covered.*
- I understand that membership is non-transferrable and non-refundable. Violation of the terms of the agreement may result in immediate cancellation of membership and I will be held responsible for the full amount of ambulance charges. FireMed membership is not solicited from persons who receive welfare, Medicaid, or Oregon Health Plan Benefits. Any such membership constitutes a voluntary contribution only.

Definition of Membership Eligibility

- FireMed Membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence, living within Capital FireMed's ambulance service areas, living together as part of a family unit including domestic partners, but not to include roomers or borders. Membership is also extended to individuals living in a substitute care facility (nursing home or foster care home) within the Ambulance Service areas. Others not included in this definition are required to obtain their own separate membership.
- The first person listed on the application is called the member. Anyone who joins a household after this agreement may be included in the membership from the date the MEMBER notifies Capital FireMed of the addition. Only those persons who meet the membership eligibility requirements AND are listed in the membership record at the time services are rendered are eligible for benefits.

Members Benefits in Areas Outside of FireMed Ambulance Service Areas

- Member benefits may be extended outside the local (home) FireMed service area to other FireMed participating agencies. These benefits are limited to the terms of the agreement in effect by the participating agency providing services at the time benefits are being used. Members who receive ambulance service from a participating FireMed agency are eligible for benefits offered by that agency provided that: 1) the member inform the agency providing ambulance service of their Capital FireMed membership within 30 days of the receipt of the bill, and 2) the member agrees to abide by the participating agency's terms of agreement. A current list of FireMed participating agencies is available in the Business Office. Agencies make no claim as to the type, level, or quality of services provided by a participating agency. Participating agencies are subject to change without notice.

To the Insurance Carrier

- As a FireMed Member, I authorize a copy of this agreement to be used in place of the original on file at the Capital FireMed office. I assign and authorize payment of insurance benefits for ambulance services for myself and members of my household directly to Salem Fire Department, Marion County Fire District #1, or Keizer Fire District according to the terms of the agreement and on itemized claim forms.

My membership fee will cover a 50% benefit of my patient responsibility for emergency 911 ambulance transport. I have paid the co-payment for ambulance services rendered and expect the usual and customary reimbursement on my behalf to be sent to Salem Fire Department, Marion county Fire District #1, or Keizer Fire District.

Example: After insurance, your remaining balance is \$150.00. Capital FireMed will cover \$75.00, which means you will pay \$75.00.