

GOLD STAR SAVER MEMBERSHIP AGREEMENT

THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY OR SUPPLEMENT. PLEASE READ THE MEMBERSHIP AGREEMENT. COMPLETE AND SIGN THE APPLICATION AND RETURN IT WITH YOUR MEMBERSHIP FEE. ONLY \$69 WITH INSURANCE OR \$110 WITHOUT INSURANCE.

- I understand that the membership fee for the Fort Worth Fire/EMS Gold Star Saver Program membership covers my portion of the ambulance services that are applied to co-insurance or deductibles by insurance or Medicare. The City of Fort Worth will bill the member's insurance for any ambulance service.
- I understand that one membership covers those people who permanently reside in my household and are included on this application. A spouse who is being cared for in a nursing home can be covered under the applicants membership provided the nursing home is in the Fort Worth EMS primary service area.
- I understand a Fort Worth Fire/EMS Gold Star Saver Program membership is available to anyone who lives or works in the Fort Worth EMS service area of Blue Mound, Edgecliff Village, Forest Hill, Fort Worth, Haltom City, Haslet, Lakeside, Lake Worth, Richland Hills, River Oaks, Saginaw, Sansom Park, Westover Hills, Westworth Village, and White Settlement.
- I understand that Medicaid recipients are not eligible for a Fort Worth Fire/EMS Gold Star Saver Program membership per the Health and Safety Code.
- I understand that a "non-emergency" is a medical transfer in which the patient is being transported for an ongoing medical problem for which he/she is to be seen at the hospital or requires transport back to his/her home or nursing home residence, following a hospitalization for an acute medical problem. If no insurance or third-party coverage is available the Fort Worth Fire/EMS Gold Star Saver Program member is charged a reduced fee (60% of the City of Fort Worth's standard non-emergency fee).
- Membership for dialysis patients is subject to an initial assessment of the patient to ensure that they meet the medical necessity requirements for an ambulance, that they have third-party insurance, and that the dialysis transport meets the coverage criteria of their insurance.
- I understand that the following services are excluded from coverage under the Fort Worth Fire/EMS Gold Star Saver Program: transports to a doctor's office, dentist office, physical therapy center or pharmacies. Also not included are transports to destinations which are not in the Fort Worth EMS service area. The patient will receive a full bill for excluded services.
- I understand that my Fort Worth Fire/EMS Gold Star Saver Program membership does not cover the service given by other ambulance providers.

• I understand that my Fort Worth Fire/EMS Gold Star Saver Program membership covers emergency and non-emergency transports to hospitals in the Fort Worth EMS service areas. Patient preference usually determines the hospital to which the patient is transported, based on hospital availability and patient's condition. However, in cases of life endangerment, the closest appropriate facility will be used.

- I understand that my Fort Worth Fire/EMS Gold Star Saver Program membership is non-transferable and non-refundable.
- I understand that my Fort Worth Fire/EMS Gold Star Saver Program membership is valid for one full year from the time the City of Fort Worth receives my complete and signed membership application and payment.

• **Assignment of Benefits:** I accept Fort Worth Fire/EMS Gold Star Saver Program membership and in consideration and payment of the membership fee, I hereby; Assign all ambulance benefits that I (or any covered family member) may otherwise be entitled to receive from any insurance or other third-party payer for services provided under my Fort Worth Fire/EMS Gold Star Saver Program membership. I understand that the City of Fort Worth will file my insurance claims for each covered person and is entitled to receive payment from all insurance or other third-party payers up to the amount of City of Fort Worth's usual charges. If no insurance or other third-party payer benefits are available or the services are denied by the insurance company or other third-party payer for ambulance services provided by City of Fort Worth, I understand that I will remain responsible for payment of City of Fort Worth's reduced fee for Fort Worth Fire/EMS Gold Star Saver Program members (60% of the City of Fort Worth's standard fee). Any insurance or other third-party payment that I receive related to City of Fort Worth's services provided under my Fort Worth Fire/EMS Gold Star Saver Program membership shall immediately be forwarded to City of Fort Worth. I understand that I am financially responsible for the services provided to me by the City of Fort Worth, regardless of insurance coverage.

• **Lifetime Signature Authorization:** I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to the City of Fort Worth and its billing agents and any other payers or insurers, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by the City of Fort Worth whether in the past, now or in the future. I agree to immediately remit to the City of Fort Worth any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to the City of Fort Worth.

• Each household member age 18 and over must agree to the above terms. Each member must therefore sign and date the application next to this agreement, showing that he/she has read, understands and agrees to Fort Worth Fire/EMS Gold Star Saver Program terms.

