



Whitefish Fire Department RescueCare Program

NO ONE should have to worry about whether they can AFFORD to call an AMBULANCE when they need one.

The Whitefish community is fortunate to have excellent emergency paramedic ambulance service through the Whitefish Fire Department. Of course, this high level of service costs money to provide. Ambulance bills can cost as much as \$1400 in a lifesaving emergency. Insurance normally only covers a portion of the full bill, leaving you to pay the difference. In some cases, an insurance company will deny an ambulance claim entirely.

The Whitefish Fire Department's "RescueCare" program takes the worry out of meeting unexpected ambulance bills. For \$59 per year within city limits, or \$185 per year for residents living outside of city limits, but still within the Whitefish ambulance service area, the RescueCare program will cover your entire household against the costs for emergency and medically necessary ambulance service in and around Whitefish. Plus, RescueCare will handle the insurance claims and payments. No financial worries, no insurance hassles, and no ambulance bills.

Within the City of Whitefish Fire Department's RescueCare program, the cost of ambulance

service is covered and you don't get a bill. No one should have to worry about whether they can afford to call an ambulance when they need one. The program offers security and peace of mind.

The RescueCare runs from July through June. You can purchase RescueCare anytime during the year for the full amount with the membership expiring June 30th. You will receive a renewal notice in June for the following year. All memberships expire June 30th, regardless of enrollment date and the fee is the same regardless of when you enroll.

The benefits of RescueCare also extend to the greater community. When you invest in RescueCare, your dollars stay in Whitefish to support our emergency medical response system. RescueCare money will be used to provide advanced paramedic training and new advanced equipment. So even if you never need to call an ambulance, you will have the satisfaction of knowing that your participation in the RescueCare program is helping to respond to real human needs and to save lives in Whitefish and the surrounding area.

The following agreement terms apply to all members of RescueCare:

- RescueCare is sponsored by the City of Whitefish and is a voluntary program that provides ambulance service to its members for a membership fee of only \$59.00 per year for city residents and property owners, or \$185.00 per year for residents outside of city limits but still within the Whitefish ambulance service area. People residing within the Whitefish ambulance service area are eligible to join RescueCare by properly completing the attached application form and upon payment of the annual membership fee. Coverage begins upon acceptance of the application by the City, and upon receipt of the appropriate membership fee. RescueCare runs July through June. You can purchase RescueCare anytime during the year for the full amount, with the membership expiring June 30th. All memberships expire June 30th, regardless of enrollment date and the fee is the same regardless of when you enroll. There will be no refunds of enrollment fee if you cancel RescueCare coverage prior to expiration date. A renewal notice will be sent in June for the following year.
- A membership in RescueCare covers applicable patient out-of-pocket expenses for medically necessary emergency and certain non-emergency ambulance care, and for ambulance transportation within the Whitefish ambulance service area. The City's ambulance service area includes the City of Whitefish and an area slightly larger than the Whitefish Fire Service Area. Non-emergency ambulance services must be pre-approved and must be medically necessary.
- In addition to payment of an annual fee, members are required to assign to the City all of their rights and benefits for ambulance service from all insurance policies, plans or other programs that they may have, including all rights in any claim or third party recovery, up to but not exceeding the total dollar amount of ambulance services incurred, where ambulance services were provided by the City. **Members agree to provide all insurance information at the time of submitting the application.** If any person covered under this RescueCare membership receives any payment for ambulance services provided by the City, that person must immediately send such payment to the City. In addition, RescueCare members authorize the release of medical and other information by or to the City as necessary for appropriate ambulance billing.
- In dealing with a member's insurance company, members authorize a copy of this agreement to be used instead of the original agreement. Members also assign and authorize payment of benefits for ambulance services directly to the city, according to the terms of the RescueCare agreement and as itemized on appropriate claim forms. A member's annual membership fee covers any applicable deductible, co-insurance, or other co-payment amounts and a member directs that the usual and customary ambulance reimbursement from the member's insurance company be sent directly to the City.
- Since a member is only charged \$59.00 (in city limits) or \$185.00 (outside city limits) annual membership fee, the City is entitled to bill a member's insurance or other coverage for ambulance service that the City provides, and the City is entitled to recover from such insurance company or coverage all benefits paid for ambulance services, up to the total amount of services provided. RescueCare members agree to cooperate and assist the City as necessary in any effort to bill and collect ambulance reimbursement from their insurance company, including the completion of appropriate claim forms. Members are also required to provide the City with all information requested concerning their insurance policies, plans or other benefit programs they have, and any third-party recovery. In the event of a change in insurance information, the member agrees to notify the City immediately of such change.
- A member's RescueCare coverage extends to all household members who are permanent residents of the same single family (non-commercial) dwelling, within the City's ambulance service area, living together as a family unit, but excluding mere roomers or boarders. Membership benefits also extend to include household members living in nursing homes or other substitute care facilities in the City's ambulance service area. Those not included in the household membership are required to obtain their own membership. RescueCare coverage does not entitle a member to be picked up or transported outside of the City's ambulance service area.
- The first individual listed on an application form is termed the "Primary Member." Someone joining a household after the membership takes effect can be included under the membership from the date that the "Primary Member" notifies RescueCare of the new household member. To be eligible for RescueCare benefits, a person must meet the membership eligibility requirements and be listed in the membership records at the time that ambulance services are provided.
- With reasonable notice to the RescueCare members, the City reserves the right to modify, delete, add to, or otherwise alter the program terms and conditions. The City shall, in its sole discretion, be entitled to interpret membership terms and conditions. A violation of the terms of this agreement may result in a membership revocation, forfeiture of benefits of membership, and an obligation to pay all balances in full. Persons receiving welfare or Medicaid need not be members of RescueCare to have full coverage for services covered by RescueCare. A membership is nontransferable and once paid, is non-refundable.



RescueCare Membership Application

Annual Membership

\$59 Inside City Limits

\$185 Outside City Limits in Whitefish ambulance service area

Membership period of July 1, 2019 through June 30, 2020

If a member needs ambulance treatment or transport, RescueCare will bill any insurance carrier and consider whatever insurance pays as payment in full. Your membership fee covers everything else.

Your Household Information (please print or type):

Street Address _____ Telephone _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Household Members:

	Last	First	Date of Birth (mm/dd/yy)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

A membership in RescueCare includes all persons who are permanent residents of the same single-family (non-commercial) dwelling within the City's ambulance service area, living together as part of a family unit, but excluding roomers or boarders. Membership also includes household members living in substitute care. For details, please check the agreement terms for a further definition.

A signature on this application constitutes your acceptance of all the RescueCare Agreement Terms

Signature _____ Date: _____

Your payment (\$59.00 inside city limits/\$185.00 outside city limits) must accompany this application.

If paying by check, please make payable to City of Whitefish.

Visa Credit Card Number _____ Expiration Date _____

Mastercard CVV 3-Digit Security Code on Back _____ Amount Paid _____

Signature Authorizing Payment _____

Please complete this form to RescueCare with your annual membership fee.

Mail to: **City of Whitefish Fire Department Rescue Care Program**
P.O. Box 158/275 Flathead Avenue
Whitefish, MT 59937



RescueCare Membership Application

Annual Membership

Insurance Information Sheet

<i>Patient Name:</i>	<i>Phone #:</i>
<i>Patient Social Security #:</i>	<i>Patient Birth Date:</i>

If it is convenient for you to send copies of the front and back of your insurance card(s), please do so, as it will provide the necessary information for billing. Complete this form and return it to us with your completed RescueCare application and enrollment fee.

****If members of the same household have different insurance, please duplicate this form for each different insurance.**

PRIMARY INSURANCE

I do NOT have any insurance applicable to this service.

<i>Insurance Company Name:</i>			
<i>Claims Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>ID#</i>	<i>Group #:</i>	<i>Claims Phone #:</i>	
POLICY HOLDER INFORMATION		Relation to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
<i>Name:</i>	<i>Social Security #</i>	<i>Date of Birth:</i>	

SECONDARY INSURANCE

I do NOT have any secondary insurance applicable to this service.

<i>Insurance Company Name:</i>			
<i>Claims Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>ID#</i>	<i>Group #:</i>	<i>Claims Phone #:</i>	
POLICY HOLDER INFORMATION		Relation to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
<i>Name:</i>	<i>Social Security #</i>	<i>Date of Birth:</i>	

We must have your signature on file to bill your insurance(s).

- I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor or any services provided to me by the City of Whitefish, now, in the past, or in the future, until such time as I revoke this authorization in writing.
- I agree to immediately remit to the City of Whitefish any payments that I receive directly from insurance or any source whatsoever for the ambulance services provided me and I assign all rights to such payments to the City of Whitefish.
- I authorize the City of Whitefish to appeal payment denials or other adverse decisions on my behalf without authorization.
- I authorize and direct any holder of medical information or other relevant documentation about me to release such information to City of Whitefish and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the City of Whitefish now, in the past, or in the future. A copy of this form is as valid as an original.

Patient Signature _____
 Printed Name: _____ Date: _____
 Authorized Representative _____ Relationship _____