Maxi-Care

Program

Only $60.00 Per Year

Per Household

- It pays your cost when Medicare or your insurance doesn't pay the full amount
- Medically necessary transports-certain restrictions apply.
- Calls to or from Doctor's office $150.00 round trip (25 miles one way or less)
- One Membership covers your whole household for one year.

Membership Agreement

Family Members Living in Household

Name:_____ Name:_____ D.O.B._____Relation:_____

Address:_____ Name:_____ D.O.B._____Relation:_____

City:_____Zip Code:_____ Name:_____ D.O.B._____ Relation:_____

Date of Birth:_____

Your Medicare #:_____ Your Spouse's Medicare #:_____

Insurance Company Name:_____ Insurance Company Name:_____

Mailing Address:_____ Mailing Address:_____

Policy #_____ Group#_____ Policy#_____ Group#_____

s Spouse Covered under this policy(s)? Yes_____ No_____

f No - Spouse's Insurance Company Name_____Insurance Mailing Address_____

olicy#_____Group#_____

EMBERSHIP FEE: I understand that the annual $60.00 membership fee for Mannford Ambulance Service limits my out-of-pocket expense for the uninsured portion of ambulance ill(s) for medically necessary ambulance transportation.

FFECTIVE DATES: I understand that my membership is effective the day after receipt of full payment and signed membership.

F I HAVE INSURANCE, WHO RECEIVES CLAIM PAYMENTS: I understand that Mannford Ambulance Service is not insurance and that we will receive claim payments from y insurance or third party agency (e.g. Medicare, Blue Shield, etc.)

EDICALLY NECESSARY: I understand that Mannford Ambulance Service membership services are restricted to the "medically necesary", defined as the specific need for ambuance service transportation to and from a health care facility (hospital, nursing home) where use of alternative forms of transportation (wheelchair transports, private care, taxi) would e inappropriate given the patient's condition. Mannford Ambulance Service reserves the right to require physician certification of the medical necessity in cases of suspected abuse. If buse is found to exist, I understand my Membership can be terminated.

F SERVICES ARE NEEDED OUTSIDE THE MANNFORD AMBULANCE AREA: I understand that if Non-Emergency services are needed outside of the Service area; that the ickup location or destination must be in the Mannford Ambulance Service Area. I also understand that there is a 40 mile restriction on ambulance transports.

HE PEOPLE COVERED BY THIS PROGRAM ARE: The Maxi-Care Program covers those qualified members of your family residing in your household at your address. Qualified members" are defined as husband and wife, or single parent, their children under 21 years of age living at the same address, or a single individual household.

ignature:_____ **Date:**_____

lembership contract must be signed by the Insurance Policy Holder or Authorized Person if uninsured, Membership is non-transferable and on-refundable.

ail Payment & Contract To

lannford Ambulance Service, P.O. Box 327, Mannford, OK 74044

Emergeny: Dial 911

Non-Emergency: (918) 865-2666