# **Membership Benefits**

### Who is covered?

Polk County Fire District No.1 FireMed program covers the entire family, which means the primary member, spouse or domestic partner, and all relatives (by blood or marriage) living in the home. Please refer to the Terms of Agreement for the full definition of covered persons.

### What is covered?

FireMed covers ambulance transport to the nearest appropriate hospital and medically-necessary transfers from one hospital to another that require basic or advanced life support care from an Emergency Medical Technician. One of the following conditions must be present in order to be covered by this plan:

- 1. The patient requires medical care.
- 2. The patient requires stretcher services.
- 3. The patient and/or family member feels that an emergency medical condition exists.

The ambulance may be used as many times as medically necessary.

# How can FireMed save you money?

### FireMed is not insurance. It

is in addition to any medical benefits members may have. Polk County Fire District No.1 Ambulance Service will bill insurance or other coverage that members may have for ambulance services. Polk County Fire District No.1 Ambulance Service is entitled to all benefits paid for ambulance services.

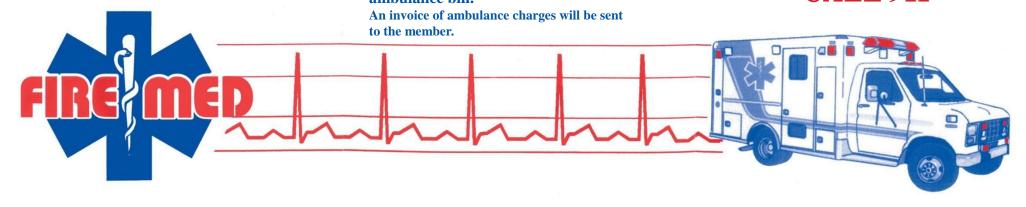
If a family/household member uses the Polk County Fire District No.1 Ambulance Service under membership benefits and for medically- necessary transports, FireMed will accept an insurance settlement (if any) as payment in full.

It must be understood that by signing the FireMed application, the member agrees to forward Polk County Fire District No.1 Ambulance Service all payments received directly from insurance or third party recovery. By not forwarding any or all payments received, the member will be responsible for the entire ambulance bill.

# Ambulance Services not covered by this plan

- \* Non-emergency transfers to or from doctors offices or clinics.
- \* Any transfers that do not require prehospital medical care.
- \* Ambulance transport where other means of transportation could have been used such as private vehicle, wheelchair van, taxi or other non-emergency vehicle.
- \* Any transport where the nearest appropriate hospital is bypassed due to physician or patient preference (i.e., a Salem hospital is bypassed for Portland hospital when the Salem hospital can provide the patient's medical care).

# EMERGENCIES CALL 911



# Polk County Fire District No.1 FireMed Rates \$60.00

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# DIAL | Control | Control

FOR ASSISTANCE CALL:

Polk County Fire District No.1 503-838-1510

**EMERGENCIES** 

Or write to:
Polk County Fire
District No.1
1800 Monmouth St
Independence, OR
97351



Please complete and sign the application. Please make sure that the primary member signs the application. Signing the application means that members understand the FireMed policies provided in this brochure and on the back of the application. Your signed membership application and payment must be received on or before October 31 of each year.

## **Renewal Information**

Current FireMed members must complete section 1; complete section 2 only if changes have occurred in your personal information or household members. Remember to have the primary member sign the application in section 3 and include payment.

24 hours a day, year-round Emergency Medical Service



Membership entitles you to emergency and limited non-emergency ambulance service

Polk County Fire District No.1 FireMed



# IMPORTANT FIREMED RENEWAL AND NEW MEMBER INFORMATION



### **Polk County Fire District No.1 FIREMED**

Offered to the communities of

Monmouth Independence Buena Vista Airlie

Pedee

