



MEMBERSHIP CONTRACT

I understand that in order for my membership in Wayland Area EMS VITAL CARE PARTNERS to be effective, I must use the services of Wayland Area EMS. I understand that the annual \$37 per family membership fee provides emergency medical services and ambulance transportation at no additional out-of-pocket cost to me, provided it is medically necessary. The Vital Care Partners program covers spouse and minor children (or eligible dependents) living at the same address. If you prefer, we also have a "4 for 3" membership (if you pay for 3 years (\$111.00) - you get a fourth year free.

I request that payment of authorized insurance benefits be made on my behalf to Wayland Area EMS for any ambulance services provided to me or my listed dependents. I authorize any holder of medical information or documentation about me to release to any insurance company, governmental or third party agency, as well as to Wayland Area EMS, any information or documentation needed to determine these benefits, or benefits payable for related services, or any services provided to me by Wayland Area EMS now or in the future. In the event that my insurance carrier remits directly to me, I will promptly turn over payment directly to Wayland Area EMS.

Wayland Area EMS retains the right to bill Medicare, Medicaid and private insurance companies for services provided. This program is subject to changes in Medicare reimbursement and may not be changed or terminated without notice. This is not an insurance program and does not reduce the obligations of any third party payer.

I understand that the Wayland Area EMS Vital Care Partners membership services are limited to "medically necessary" transportation, where ambulance transportation to and from a health care facility (hospital or nursing home) is indicated by the patient's condition and where alternate forms of transportation would be medically inappropriate. I understand that long-distance non-emergency transfers may result in additional fees being charged by Wayland Area EMS. I understand that physician authorization is required for all routine medical transfers to and from hospitals.

I understand that the Vital Care Partners membership is effective on receipt of full payment and signed membership contract. You may enroll at any time, but the membership runs from June 15 - June 15. I understand that this membership is non-refundable and is not transferable. Wayland Area EMS reserves the right to terminate this agreement if abuse is found to exist. For additional information, call Wayland Area EMS at 792-9958.

Send form to 9111 S. Main St., Wayland, MI 49348.

FAMILY MEMBER INFORMATION

Your Last Name:	First Name:	Birthdate:	Sex: M F
Social Security Number:	Medicare Number:		
Spouse's Last Name:	First Name:	Birthdate:	Sex: M F
Social Security Number:	Medicare Number:		

Dependents' Names:			
First/Last Name	Birthdate:	Sex:	Social Security/Medicare Number:

Circle Township or City of Residence:
 Dorr Hopkins Leighton Martin Montarey Orangeville Salem Watson Wayland City Wayland Township Other

INSURANCE INFORMATION

SELF:
 Health Insurance Carrier (Primary or Secondary) / Policy Number: _____
 Address _____ City / State / Zip _____

SPOUSE:
 Health Insurance Carrier (Primary or Secondary) / Policy Number: _____
 Address _____ City / State / Zip _____

SELF:
 Auto Insurance Carrier / Policy Number: _____
 Address _____ City / State / Zip _____

SPOUSE:
 Auto Insurance Carrier / Policy Number: _____
 Address _____ City / State / Zip _____

SELF:
 Employer (if insured through employer) _____
 Address _____ City / State / Zip _____

SPOUSE:
 Employer (if insured through employer) _____
 Address _____ City / State / Zip _____

Your Signature _____ Date _____ Spouse's Signature _____ Date _____

Plan: Annual \$37 "4 for 3" - \$111 **New Member** **Current Member**

Payment Type: Check Money Order Credit Card VISA or MASTERCARD Exp. Date _____

Credit Card Number _____ Cardholder's Signature: _____