

LONGVIEW FIRE DEPARTMENT
**AMBULANCE
SUBSCRIPTION PROGRAM**
ENROLL NOW!



\$70 ANNUALLY

THIS IS NOT AN INSURANCE POLICY!
OPEN ENROLLMENT OCTOBER 1 – DECEMBER 31

IT IS IMPORTANT TO NOTE THAT MEDICAID RECIPIENTS ARE NOT ELIGIBLE FOR THIS PROGRAM!

I hereby apply for membership in the Longview Fire Department Ambulance Subscription Program. I understand that the enclosed annual fee will provide coverage for me, my spouse, and any unmarried dependent children that are 25 years of age or younger that are full-time students residing at my residence.

Medical Authorization/Assignment of Benefits

I understand that my subscription membership is not an insurance plan and that Longview Fire Department will bill and receive payments from my insurer or third party. I hereby authorize any holder of medical or other information about me to release to the City of Longview Fire Department/EMS Billing Services, and its agents, any information needed to determine Medicare benefits or the benefits payable for related services or any type of insurance claim, now or in the future. I permit a copy of this authorization to be used in place of the original, and request that payment available under any insurance to be made payable directly to the Longview Fire Department/EMS. In the event payment(s) are made or sent to me, I agree to immediately endorse and forward them to the Longview Fire Department/EMS.

Lifetime Signature Authorization

To facilitate processing, I authorize the release to Longview Fire Department/EMS, and the Centers for Medicare or other insurer of any medical information or documentation held by anyone necessary to process a claim whether in the past, now or in the future, and further assign and authorize such payments to Longview Fire Department/EMS. I permit a copy of this authorization to be used in place of the original. The Longview Fire Department Ambulance Subscription Program is not insurance. My membership will not apply if transported by an Ambulance Company other than Longview Fire Department/EMS. Ambulances sent in an emergency are determined by the 911 Emergency System.

I understand that Longview Fire Department E.M.S. provides medically necessary ambulance transportation and that any violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty. I also understand that this membership is non-refundable and non-transferable.

Applicant Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

PAYMENT OPTIONS

- Check or Money Order made payable to City of Longview EMS
- Cash
- Credit Card – Credit Card Number: _____
Expiration Date: _____
Security (CVC) Code: _____

The State of Texas Administrative Code: Title 25, Part 1, Chapter 157, Subchapter B, Rule 157.11 states to not offer membership nor accept members into the program who are Medicaid clients.

HEAD OF HOUSEHOLD Male _____ Female _____		Date of Birth: _____
First Name: _____		Last Name: _____
Residential Address: _____		
SPOUSE Male _____ Female _____		Date of Birth: _____
First Name: _____		Last Name: _____

If this is a NEW enrollment please continue filling out the rest of this form. If this is a RENEWAL with no changes please sign and return application with payment.

Head of Household	
Social Security: _____	Phone: _____
Insurance Company: _____	Member ID: _____
Secondary Insurance: _____	Member ID: _____
Mailing Address (If different from residence) : _____	

Spouse	
Social Security: _____	Phone: _____
Insurance Company: _____	Member ID: _____
Secondary Insurance: _____	Member ID: _____

DEPENDENTS RESIDING AT ADDRESS (25 OR YOUNGER FULL TIME STUDENTS)			
First Name	Last Name	Date of Birth	Male or Female

Please return payment and application to:

City of Longview Fire/EMS
P.O. Box 1952
Longview, TX. 75606
Phone: 903-237-1232
Fax: 903-237-1307
LongviewTexas.gov/EMS



How did you hear about us?

- Social Media
- Longview New Journal Paper/Website
- KLTV
- Billboard
- Other _____