



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

<p>\$70.00 ANNUALLY</p> <p>January 1- December 31</p>

The State of Texas Administrative Code: Title 25, Part 1, Chapter 157, Subchapter B, Rule 157.11
Individuals who are insured by Medicaid are not eligible for this subscription program.

Head of Household:	Date of Birth:
Address:	Male _____ Female _____
SS#	Phone Number:
Insurance Plan Primary:	Member ID:
Insurance Plan Secondary:	Member ID:

Spouse: (If applicable)	Date of Birth:
SS#	Male _____ Female _____
Insurance Plan Primary:	Member ID:
Insurance Plan Secondary:	Member ID:

Minor Children or College Students under the age of 26

Name	DOB:	SS#	Male/ Female

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 the Longview Fire Department/EMS 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.

Please sign below. Applications that do not contain a signature cannot be processed.

Applicant's 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: _____

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 and financially dependent children that are 26 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/EMS 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.

Agreement

In consideration and payment of the membership fee of \$70.00: I hereby assign to Longview Fire Department/EMS all ambulance benefits that I (or any covered family member) may otherwise be entitled to receive from any insurance or other third-party for services provided under the Longview Fire Department Ambulance Subscription Program membership whether in the past, present or in the future. Longview Fire Department/EMS will accept this assignment as payment in full for emergency ground transports if insurance or other third-party coverage provides benefits and payments for the transport. I understand the Longview Fire Department/EMS will file claims to my medical insurance for each covered person and is entitled to receive payment from all insurance or other third-party payers up to the amount of the usual charges of Longview Fire Department/EMS. Payments shall be delivered to Longview Fire Department/EMS for any insurance or other third-party payment that I receive related to the Longview Fire Department/EMS services provided under my Ambulance Subscription Program membership.

One Ambulance Subscription Program membership can include the applicant and immediate family members living at the same address (coverage includes spouse, unmarried and financially dependent children up to 26 years of age

You must be enrolled in a medical insurance plan to be eligible for the City of Longview Ambulance Subscription Program.

You must not be enrolled to receive Medicaid.

Only individuals who are residents of the City of Longview are eligible for participation in the Ambulance Subscription Program.