

Whitefish Fire Department

NO ONE should have to worry about whether they can AFFORD to call an AMBULANCE when they need one.

RescueCare Program

The Whitefish community is fortunate to have excellent emergency paramedic ambulance service through the Whitefish Fire Department. Of course, this high level of service costs money to

“... the cost of ambulance service is covered and you don't get a bill.”

provide. Ambulance bills can cost as much as \$1400 in a lifesaving emergency. Insurance normally only covers a portion of the full bill, leaving you to pay the difference. In some cases, an insurance company will deny an ambulance claim entirely.

The Whitefish Fire Department's "RescueCare" program takes the worry out of meeting unexpected ambulance bills. For just \$79 or \$59 within city limits, a year, the RescueCare program will cover your entire household against the costs for emergency and medically necessary ambulance service in and around Whitefish. Plus, RescueCare will handle the insurance claims and payments. No financial worries, no insurance

hassles and no ambulance bills.

With the City of Whitefish Fire Department's RescueCare program, the cost of ambulance service is covered and you don't get a bill. No one should have to worry about whether they can afford to call an ambulance when they need one. The program offers security and peace of mind.

The benefits of RescueCare also extend to the greater community. When you invest in Rescue-Care, your dollars stay in Whitefish to support our emergency medical response system. RescueCare money will be used to provide advanced paramedic training, and new advanced equipment. So, even if you never need to call an ambulance, you will have the satisfaction of knowing that your participation in the RescueCare program is helping to respond to real human needs and to save lives in Whitefish and the surrounding area.

SEE MEMBERSHIP APPLICATION ATTACHED!

The following Agreement Terms apply to all members of RescueCare:

RescueCare is sponsored by the City of Whitefish, and is a voluntary program that provides ambulance service to its members for a membership fee of only \$79.00 or \$59.00 inside city limits each year. People residing within the City's ambulance service area are eligible to join RescueCare by properly completing the attached application form and upon payment of the annual membership fee. A member's coverage begins upon acceptance of the application by the City, and upon receipt of the appropriate membership fee.

A membership in RescueCare covers applicable patient out-of-pocket expenses for medically necessary emergency and certain non-emergency ambulance care, and for ambulance transportation within the City's ambulance service area. The City's ambulance service area includes the City of Whitefish and the Whitefish Fire Service Area. Non-emergency ambulance services must be pre-approved, and must be medically necessary.

In addition to payment of an annual fee, members are required to assign to the City all of their rights and benefits for ambulance service from all insurance policies, plans or other programs that they may have, including all rights in any claim or third party recovery, up to but not exceeding the total dollar amount of ambulance services incurred, where ambulance services were provided by the City. If any person covered under this RescueCare membership receives any payment for ambulance services provided by the City, that person must immediately send such payment to the City. In addition, RescueCare members authorize the release of medical and other information by or to the City as necessary for appropriate ambulance billing.

Since a member is only charged \$79.00 or \$59.00 inside city limits annual membership fee, the City is entitled to bill a member's insurance or other coverage for ambulance service that the City provides, and the City is entitled to recover from such insurance company or coverage all benefits paid for ambulance services, up to the total amount of services provided. RescueCare members agree to cooperate and assist the City as necessary in any effort to bill and collect ambulance reimbursement from their insurance company, including the completion of appropriate claim forms. Members are also required to provide the City with all information requested concerning their insurance policies, plans, other benefit programs they have, and any third party recovery.

A member's RescueCare coverage extends to all household members who are permanent residents of the same single family (non-commercial) dwelling, within the City's ambulance service area, living together as a family unit, but excluding mere roomers or boarders. Membership benefits also extend to include household members living in nursing homes or other substitute care facilities in the City's ambulance service areas. Those not included in the household membership are required to obtain their own membership. RescueCare coverage does not entitle a member to be picked up or transported outside of the City's ambulance service area.

The first individual listed on an application form is termed the "Primary Member". Someone joining a household after the membership takes effect can be included under the membership from the date that the "Primary Member" notifies RescueCare of the new household member. In order to be eligible for RescueCare benefits, a person must meet the membership eligibility requirements and be listed in the membership records at the time that ambulance services are provided.

With reasonable notice to the RescueCare members, the City reserves the right to modify, delete, add to, or otherwise alter the program terms and conditions. The City shall, in its sole discretion, be entitled to interpret membership terms and conditions. A violation of the terms of this agreement may result in a membership revocation, forfeiture of benefits of membership, and an obligation to pay all balances in full. Persons receiving welfare or Medicaid need not be members of RescueCare in order to have full coverage for services covered by RescueCare. A membership is non-transferable and once paid, is non-refundable.

In dealing with a member's insurance company, members authorize a copy of this agreement to be used instead of the original agreement. Members also assign and authorize payment of benefits for ambulance services directly to the City, according to the terms of the RescueCare agreement and as itemized on appropriate claim forms. A member's annual membership fee covers any applicable deductible, co-insurance, or other co-payment amounts and a member directs that the usual and customary ambulance reimbursement from the member's insurance company be sent directly to the City.



MEMBERSHIP APPLICATION
ANNUAL MEMBERSHIP \$79 or \$59 INSIDE CITY LIMITS

If a member needs ambulance treatment or transport, RescueCare will bill any insurance carrier and consider whatever insurance pays as payment-in-full. Your membership fee covers everything else.

Your Household Information (please print or type):

Street Address _____ Telephone _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Household Members:

Last	First	Date of Birth (mm/dd/yy)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

A membership in RescueCare includes all persons who are permanent residents of the same single family (non-commercial) dwelling within the City's ambulance service area, living together as part of a family unit, but excluding roomers or boarders. Membership also includes household members living in substitute care. For details, please check the Agreement Terms for a further definition.

Your Signature on this Application constitutes your acceptance of all of the RescueCare Agreement Terms

Signature _____ Date _____

Your \$79 or \$59 (Inside City Limits) payment must accompany this Application. If paying by check, please make payable to Whitefish Ambulance

We honor: Visa/Mastercard Credit Card No. _____ Expiration Date: _____

Please complete this form to RescueCare with your \$79 or \$59 (inside city limits) annual membership fee.

Mail to: **SoleStone Reimbursement Services, c/o Whitefish Ambulance**
PO Box 1359, Missoula, MT 59806-1359