

HURST FIRE DEPARTMENT AMBULANCE SUBSCRIPTION SERVICE

A SERVICE OF THE HURST FIRE DEPARTMENT CALL 817-788-7238

For office use only
Membership #
Date Received:

Membership Application (Deadline: December 31)

COVERAGE PERIOD: January 1 through December 31
PLEASE PRINT (Complete in Full)

Last Name	First	Middle Initial
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Mailing Address	Apt. No.	
<hr/>		
City	State	Zip
<hr/>		
Telephone Number	Social Security #	Date of Birth
<hr/>		
Employer	Address	
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List spouse, children under 25, and other dependents listed on your tax return and regularly living at home. (First name, middle initial, last name if different than member)

Name	Date of Birth	Social Security #	Relationship
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Member Insurance Information (In lieu of the following information you must provide copies of both sides of insurance cards.)

Medicare Information

Medicare Number:

Name	Address	Group Policy #	Ins. SSN
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Supplement Health Insurance

Other Insurance

INSURANCE INFORMATION

Name	Address	Group Policy #	Ins. SSN
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Primary Health Insurance

Other Insurance

Spouse Insurance Information

Medicare Information

Medicare Number:

Name	Address	Group Policy #	Ins. SSN
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Supplemental Health Insurance

Other Insurance

Insurance Information

Name	Address	Group Policy #	Ins. SSN
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Primary Health Insurance

Other Insurance

Other Dependent Insurance Information

Name of Insured _____

Medicare Number _____

Name	Address	Group Number	Ins. SSN
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Primary Health Insurance _____

Other Health Insurance _____

Payment Options:

Option 1 – A check or money order in the amount of \$ 60.00 must accompany this application

I am enclosing a check or money order for \$60.00 to become a member. (non-refundable).

Option 2 – Payment by credit card. Please charge my credit card \$60.00 to become a member.

Card Type (Circle Credit Card): Visa Master Card Discover American Express

Name on Card: _____ Account Number: _____ Expiration date: _____

Billing Account Name: _____



Make check or money order payable to: Hurst Fire Department Ambulance Subscription Service, 2100 Precinct Line Road, Hurst Texas 76054

AGREEMENT – THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY

I hereby apply for membership with the Hurst Fire Department Ambulance Subscription Service. I understand that the enclosed annual fee of **\$60.00** will cover myself, spouse, unmarried children under 25 years of age and any other qualified dependents as determined by the IRS and who may live at this address. I understand that through this membership the Hurst Fire Department will provide **emergency** ambulance service within City of Hurst through the Hurst Fire Department. I also understand and give my permission for the Hurst Fire Department to bill my insurance and to obtain benefits, which are entitled through my insurance carriers. **This membership will cover the portion unreimbursed by my medical coverage for services rendered by the Hurst Fire Department during the time of my membership. If a person does not have health care insurance, this program covers emergency medical services delivered prior to hospital arrival.**

I authorize the release of medical information for the purpose of billing my insurance. I understand that should I or a family member receive payment from insurance or any other medical provider for services rendered by the Hurst Fire Department, the payment will be immediately forwarded to the Hurst Fire Department to the extent necessary to satisfy any balance due.

I do understand that Medicaid Recipients are not eligible for the Hurst Fire Department memberships. I understand and agree that the EMS Service to be provided under this agreement is for a governmental service and the liability of the city, it's employees and officials is to be governed solely by the Texas Tort Claims Act, Chapter 101, Texas Government Code. This agreement does not constitute a waiver or modification of such laws.

I understand the Hurst Fire Department provides ambulance transportation in true emergencies cases only and not for transfer ambulance service. Violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty. I also understand that this membership in non-refundable and non-transferable.

To The Insurance Company

I authorize a copy of this agreement to be used in lieu of the original on file at the Hurst Fire Department. The original may be furnished on request. I authorize payment of insurance benefits for ambulance service for myself or family members directly to the Hurst Fire Department according to our agreement an as itemized on the attached claims. I have paid the co-payment for ambulance services to be rendered and expect your usual and customary ambulance reimbursement on my behalf to be sent to the Hurst Fire Department.

IMPORTANT: Must be signed to be valid.

MEMBER'S SIGNATURE _____

I have read the above and agree with the above

SPOUSES SIGNATURE _____

I have read the above and agree with the above

Application Deadline is December 31st
For Additional Information Call 817-788-7238