

# THORNAPPLE AMBULANCE PARTNERSHIP PROGRAM (TAPP)

## 2017 Membership Application

Membership from **January 1, 2017 to December 31, 2017**

**PLEASE FILL OUT THIS APPLICATION COMPLETELY**

**Check One:**     New Member         Renewal

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Twp. or Village of Residence \_\_\_\_\_

Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Full name, date of birth and Social Security Number of each member to be included on this membership as defined by the contract on the reverse side of this application. Indicate relationships of members: **H** – Husband; **W** – Wife; **S** – Son; **D** – Daughter.

Name	Social Security No.	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(If additional space is required, please attach a separate list)*

### INSURANCE INFORMATION – YOU MUST HAVE VALID AMBULANCE INSURANCE COVERAGE

Employer \_\_\_\_\_ Your Medicare No. \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Spouse's Medicare No. \_\_\_\_\_

#### PRIMARY INSURANCE COMPANY

Your Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Spouse's Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

#### SECONDARY INSURANCE COMPANY

Your Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Spouse's Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

#### AUTOMOBILE INSURANCE COMPANY

Auto Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Agent's Name \_\_\_\_\_

**Please READ Membership Contract provided, SIGN below and RETURN THIS PAGE to the Township Office**

I understand that the TAPP membership is effective **January 1, 2017 to December 31, 2017** and is non-refundable and not transferable. I have read the TAPP Contract and agree to the terms and conditions listed. I hereby acknowledge that I have been provided a copy of the TTES Notice of Privacy Practices on this date. Only new members will receive Notice of Privacy Practices.

Dated \_\_\_\_\_ Signed (Member) **X** \_\_\_\_\_

**[ ] Enclosed is \$45 by Check payable to TAPP, PO Box 459, Middleville, MI 49333 (Do Not Send Cash)  
Your cancelled check is evidence of your membership. No membership card is issued.**

THORNAPPLE TOWNSHIP  
PO BOX 459  
MIDDLEVILLE, MI 49333  
269-795-7202

## THORNAPPLE AMBULANCE PARTNERSHIP PROGRAM (TAPP)

### 2017 MEMBERSHIP CONTRACT

January 1, 2017 to December 31, 2017

***Please review carefully all provisions of this contract, as there are certain restrictions that do apply.***

**SECTION 1:** I, the undersigned member, understand that in order to provide certain emergency medical services and ambulance transportation to the public, Thornapple Township, Barry County, Michigan, has established the Thornapple Township Emergency Services (TTES), and the Thornapple Ambulance Partnership Program (TAPP).

**SECTION 2:** I understand that upon payment by me of the 2017 annual fee of \$45.00 and completion of a membership application, including medical insurance information, I will be entitled to a family membership for myself, my spouse, and any persons I can declare as dependents on this year's federal income tax return. **I understand I must carry private insurance, Medicare or Medicaid to be eligible for this program.** I also understand that TTES has the right to terminate this agreement if abuse is found to exist.

**SECTION 3:** Membership in the TAPP **includes** coverage for **emergency**, "medically necessary" ground transportation ambulance services as defined by your insurance coverage policy and provided by TTES. Also covered is specified, "medically necessary" physician authorized **non-emergency** transportation. TTES will accept as full compensation for these services the reimbursement amount from the member's private insurer, Medicare, Medicaid, as applicable, without additional cost to the member.

**SECTION 4:** Specifically **not covered** is non-medically necessary transportation where means other than ambulance should be used. Other examples of such uncovered services may include transportation to and from doctor offices or clinics, transportation from nursing homes for treatment normally provided in the nursing home, transport home from a medical facility when patient condition does not warrant an ambulance or transport from hospital to hospital for care by a patient's primary care physician. Extra mileage charges for transport to a hospital other than the nearest medically appropriate hospital are specifically **not covered**.

**SECTION 5:** If I feel I must use an ambulance for non-emergency services, including no transport calls, not covered by Medicare, Medicaid or my other medical insurance or my TAPP membership as described above, I understand I will be billed for this service by TTES and I am responsible for payment of the ambulance bill.

**SECTION 6:** The TAPP benefit area is limited to Spectrum Health Pennock Hospital, Barry County nursing homes, and hospitals and nursing homes in metropolitan Grand Rapids-Kalamazoo areas.

**SECTION 7:** I understand that **THIS PROGRAM IS NOT AN INSURANCE PROGRAM** and does not reduce the obligations of any third party payer. TTES, or its designated agents, retain the right to bill Medicare, Medicaid, and private insurance companies for all services provided. I hereby request that payment of authorized insurance benefits be made on my behalf to TTES for any ambulance services provided to me or to members of my family as defined herein. I authorize any holder of medical information or documentation about me to be released to any insurance company, governmental or third party agency, and specifically to TTES, any information or documentation needed to determine benefits payable for services provided to me by TTES now or in the future during the period to which this membership agreement contract applies.

**SECTION 8:** TTES, or its designated agents, retains the right to bill Medicare, Medicaid, and/or private insurance companies directly for services provided to me or members of my family. I understand that this program is subject to changes in Medicare and Medicaid reimbursement and may be changed or terminated with notice to me. In the event that my insurance company carrier **REMITTS DIRECTLY TO ME**, I understand that the same is **DUE AND OWING TO TTES** and I will promptly **TURN OVER PAYMENT DIRECTLY** to TTES.

**SECTION 9:** Should a member be provided service by another agency within the boundaries of the TTES service area, benefits may be extended, but are limited to the terms of agreement in effect by each TTES participating agency at the time benefits are used and must meet medical necessity defined by your insurance coverage policy.

**SECTION 10:** I understand that the TAPP membership is effective **JANUARY 1, 2017 TO DECEMBER 31, 2017** and is non-refundable and not transferable.

THORNAPPLE TOWNSHIP  
PO BOX 459  
MIDDLEVILLE, MI 49333  
269-795-7202

## THORNAPPLE AMBULANCE PARTNERSHIP PROGRAM (TAPP)

2017 MEMBERSHIP CONTRACT – KEEP FOR YOUR RECORDS

Effective January 1, 2017 to December 31, 2017

***Please review carefully all provisions of this contract, as there are certain restrictions that do apply.***

**SECTION 1:** I, the undersigned member, understand that in order to provide certain emergency medical services and ambulance transportation to the public, Thornapple Township, Barry County, Michigan, has established the Thornapple Township Emergency Services (TTES), and the Thornapple Ambulance Partnership Program (TAPP).

**SECTION 2:** I understand that upon payment by me of the 2017 annual fee of \$45.00 and completion of a membership application, including medical insurance information, I will be entitled to a family membership for myself, my spouse, and any persons I can declare as dependents on this year's federal income tax return. **I understand I must carry private insurance, Medicare or Medicaid to be eligible for this program.** I also understand that TTES has the right to terminate this agreement if abuse is found to exist.

**SECTION 3:** Membership in the TAPP **includes** coverage for **emergency**, "medically necessary" ground transportation ambulance services as defined by your insurance coverage policy and provided by TTES. Also covered is specified, "medically necessary" physician authorized **non-emergency** transportation. TTES will accept as full compensation for these services the reimbursement amount from the member's private insurer, Medicare, Medicaid, as applicable, without additional cost to the member.

**SECTION 4:** Specifically **not covered** is non-medically necessary transportation where means other than ambulance should be used. Other examples of such uncovered services may include transportation to and from doctor offices or clinics, transportation from nursing homes for treatment normally provided in the nursing home, transport home from a medical facility when patient condition does not warrant an ambulance or transport from hospital to hospital for care by a patient's primary care physician. Extra mileage charges for transport to a hospital other than the nearest medically appropriate hospital are specifically **not covered**.

**SECTION 5:** If I feel I must use an ambulance for non-emergency services, including no transport calls, not covered by Medicare, Medicaid or my other medical insurance or my TAPP membership as described above, I understand I will be billed for this service by TTES and I am responsible for payment of the ambulance bill.

**SECTION 6:** The TAPP benefit area is limited to Spectrum Health Pennock Hospital, Barry County nursing homes, and hospitals and nursing homes in metropolitan Grand Rapids-Kalamazoo areas.

**SECTION 7:** I understand that **THIS PROGRAM IS NOT AN INSURANCE PROGRAM** and does not reduce the obligations of any third party payer. TTES, or its designated agents, retain the right to bill Medicare, Medicaid, and private insurance companies for all services provided. I hereby request that payment of authorized insurance benefits be made on my behalf to TTES for any ambulance services provided to me or to members of my family as defined herein. I authorize any holder of medical information or documentation about me to be released to any insurance company, governmental or third party agency, and specifically to TTES, any information or documentation needed to determine benefits payable for services provided to me by TTES now or in the future during the period to which this membership agreement contract applies.

**SECTION 8:** TTES, or its designated agents, retains the right to bill Medicare, Medicaid, and/or private insurance companies directly for services provided to me or members of my family. I understand that this program is subject to changes in Medicare and Medicaid reimbursement and may be changed or terminated with notice to me. In the event that my insurance company carrier **REMITTS DIRECTLY TO ME**, I understand that the same is **DUE AND OWING TO TTES** and I will promptly **TURN OVER PAYMENT DIRECTLY** to TTES.

**SECTION 9:** Should a member be provided service by another agency within the boundaries of the TTES service area, benefits may be extended, but are limited to the terms of agreement in effect by each TTES participating agency at the time benefits are used and must meet medical necessity defined by your insurance coverage policy.

**SECTION 10:** I understand that the TAPP membership is effective **JANUARY 1, 2017 TO DECEMBER 31, 2017** and is non-refundable and not transferable.