

THORNAPPLE AMBULANCE PARTNERSHIP PROGRAM (TAPP)

EFFECTIVE JANUARY 1, 2018 TO DECEMBER 31, 2018

2018 MEMBERSHIP APPLICATION

Name _____ Date of Birth _____

Social Security No. _____ Township or Village of Residence _____

Address _____ City _____ 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 |
|-------|---------------------|---------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

INSURANCE INFORMATION - 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 CONTRACT (REVERSE) – THEN SIGN BELOW & RETURN TO TOWNSHIP OFFICES

I understand that the TAPP membership is effective **January 1, 2018 to December 31, 2018** 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

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EFFECTIVE JANUARY 1, 2018 TO DECEMBER 31, 2018

2018 MEMBERSHIP CONTRACT – READ CAREFULLY

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 2018 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

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 **REMITS 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, 2018 TO DECEMBER 31, 2018** and is non-refundable and not transferable

SIGN REVERSE SIDE AND RETURN TO TOWNSHIP OFFICES

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2018 MEMBERSHIP CONTRACT – KEEP FOR YOUR RECORDS

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