

I hereby apply for membership in the Corsicana Fire Rescue Ambulance Subscription Program. I understand that the enclosed annual fee will provide coverage for me, my spouse, and dependents less than 26 years of age who live at my residence. I understand that through this subscription, the Corsicana Fire Rescue E.M.S. will provide emergency ambulance service within their service area and to hospitals. I also understand and give authorization to the Corsicana Fire Rescue E.M.S. to bill my insurance and to obtain benefits that are entitled through my insurance carriers. This subscription will cover the portion not reimbursed by my medical coverage for services provided by the Corsicana Fire Rescue E.M.S. during the coverage period of my subscription membership for **medically necessary** ambulance transportation (as defined by the CMS Centers for Medicare & Medicaid Services). This subscription service is not an insurance policy.

I authorize the release of all medical information for the purpose of billing my insurance. I understand that should I or any member of my family covered under this subscription program receive payment from insurance or any other medical provider for services rendered by the Corsicana Fire Rescue E.M.S., the payment will immediately be forwarded to City of Corsicana, PO Box 732664 Dallas, TX 75373 in the amount received.

I understand that Corsicana Fire Rescue E.M.S. 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.

**EXCLUSIONS:** Medicaid recipients are not eligible for this program, by law. Treatment no transport is not covered. Ambulance transports beginning outside of Navarro County are not covered. Air medical services are not covered. Participant must be covered through insurance to be eligible.

**CURRENT SUBSCRIBERS:** You are not required to fill out the application again unless you have changes to the information from last year. You may just mail in the payment. Please be sure to include your name and subscriber number with your payment. If you are paying through your Corsicana water bill, the payment and your subscription will continue until you request cancellation.

**NEW SUBSCRIBERS:** Please fill out the form below and return to: Corsicana Fire Rescue – 200 N. 12<sup>th</sup> Street – Corsicana, TX 75110 with your form of payment. To save on city postage, you will receive a confirmation via email of receipt and your account information. **However, if you prefer to receive all communication via USPS mail, please check this box:**

**HEAD OF HOUSEHOLD** Nursing home resident?  Yes  No - Nursing Home \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Household Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_  Male  Female  This is a renewal. Subscription No. \_\_\_\_\_

**SPOUSE** Nursing home resident?  Yes  No - Nursing Home \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS' INFORMATION** Dependents, under age 26. (Use a separate sheet if additional space is needed.)

Male  Female Last Name \_\_\_\_\_ First Name & MI \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Last Name \_\_\_\_\_ First Name & MI \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PAYMENT OPTIONS**

Personal check or money order. No cash accepted. Made payable to Corsicana Fire Rescue in the amount of \$48.00.

I authorize a \$4.00 monthly payment on my water bill (where applicable). Account No. \_\_\_\_\_

Payment made online at [www.cityofcorsicana.com](http://www.cityofcorsicana.com). Date of Payment: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Must be signed to be valid**

**Questions? Call 903-654-4956**