



Greetings,

Bryan County EMS (BCEMS) would like to invite you to join the Membership program we are offering to the citizens in Bryan County, Oklahoma. We serve the communities of:

Durant	Calera	Mead	Caddo	Kenific	Bokchito	Blue	Bennington
Albany	Utica	Roberta	Philadelphia	Lakewood-Ranchette		Freeney Valley	
Armstrong	Willow Springs						

#### **What does a Membership to BCEMS do for me?**

- No co-payments or deductibles for medically necessary EMERGENCY ambulance service. BCEMS members pay no out-of-pocket costs for emergency transports. BCEMS collects available insurance dollars but does not bill member for deductible, co-payments, and other out-of-pocket costs associated with emergency services.
- No co-payments or deductibles for non-emergency ambulance transports approved by members' insurance/Medicare providers.
- A 40% cost-reduction (equaling hundreds of dollars saved!) on services not covered by insurances.

#### **How Much does it cost me to be a Member of BCEMS**

- Plan A
  - \$55 for Annually (January 1<sup>st</sup> to December 31<sup>st</sup>)
- Plan B
  - \$5 Monthly

#### **How can I pay?**

You can Mail the enclosed enrollment form to:

Bryan County EMS  
306 South 22<sup>nd</sup> Ave  
Durant, OK 74701

You can Log on to [www.bcems.net/membership](http://www.bcems.net/membership)

We except All Major Credit Cards, Checks, and Cash at the BCEMS Business office.



## **TERMS AND CONDITIONS**

BCEMS Membership is an ambulance services for which the patient (or his or her insurance provider) has financial responsibility. In addition, BCEMS members pay a reduced rate of 40% off the regular cost of non-emergency transports. Individuals who join after the enrollment period are eligible to receive benefits for dates of service 5 days after payment is received in full or payment has cleared the Bank (if paying by check).

### **Who Is Covered?**

One membership covers the applicant and all permanent members of the applicant's household. A spouse or child being cared for in a nursing home may be covered under the applicant's membership (Facility must be in Bryan County, Oklahoma).

### **How to Join**

There is one BCEMS Membership program with two ways to join – You can pay for one year at a time or by monthly fee. To request an application for BCEMS Memberships or questions about an individual's eligibility, please call (580) 924-4687.

**BCEMS annual membership is: Yearly - \$55, Monthly - \$5 (Auto draft is available)**

### **Member Benefits**

BCEMS Membership benefits are applied to emergency and non-emergency ambulance transports provided by BCEMS within the BCEMS service area. Patient preference usually determines to which hospital the patient is transported; however, in cases of life endangerment, the closest appropriate hospital will be used. Emergency transports are fully covered. An emergency is defined as an unforeseen condition that requires urgent and unscheduled medical attention. Emergency transports always result in the ambulance taking the patient to a hospital emergency room. Non-emergency transports are fully covered if insurance or other third-party coverage provides benefits for the service (even if subject to deductible, co-payment or co-insurance). If no insurance or other third-party coverage is available or if the claim is denied, the BCEMS Membership member is charged a reduced fee (40% off BCEMS's standard non-emergency rate). A non-emergency transport is a medical transfer that may not have a hospital emergency room as the final destination.

### **Excluded Services**

BCEMS Memberships members must present a completed physician certification statement (PCS) to receive benefits for non-emergency transports. BCEMS provides no coverage for non-emergency transports without a PCS. The patient's physician usually completes the PCS. Repetitive transports for services such as dialysis, radiation therapy and chemotherapy are not eligible for BCEMS Memberships benefits without additional screening and insurance approvals. BCEMS Membership does not cover non-emergency transports to and from doctors' offices, dentists' offices, physical therapy centers, pharmacies, freestanding clinics and other facilities. Transports outside of BCEMS's service area are also not included in the program. Members will receive a full bill for excluded services. Before requesting non-emergency service, please call (580) 924-4687 to determine the transport's eligibility.

### **Agreement**

I acknowledge that my insurance provider and/or I am responsible for payment of ambulance services provided to me by BCEMS. I acknowledge that it is my responsibility to provide BCEMS, within 60 days of the date of service, with any valid insurance and third-party payer information, or to advise BCEMS that such coverage does not exist, pertaining to me or anyone living in my household who receives BCEMS services and that failure to do so nullifies this agreement. In addition, I agree to furnish any information requested by my insurance company in order to facilitate payment of ambulance claims for me or anyone living in my household. In consideration for payment of the membership fee, I hereby assign to BCEMS all ambulance benefits that any covered family member or I may otherwise be entitled to receive from any insurance or other third-party payer for services provided under my BCEMS Membership. BCEMS will accept this assignment as payment in full for emergency transports, and for non-emergency transports if insurance or other third-party payer coverage provides benefits for the transport. I understand that BCEMS will file my ambulance insurance claims for each covered person and is entitled to receive payment from all insurance or other third-party payers up to the amount of BCEMS's usual charges. If no insurance or other third-party payer benefits are available or if the insurance company or other third-party payer denies payment for non-emergency service, I understand that I will remain responsible for payment of BCEMS's reduced fee for BCEMS Memberships (40% off BCEMS's standard non-emergency rate). Any insurance or other third-party payment I receive related to BCEMS's services provided under my BCEMS Membership must immediately be delivered to BCEMS, if there is an outstanding balance on my account. Violation of the terms of this agreement will result in termination of this agreement, and the patient (or responsible party) will be billed for all charges related to services provided.



# ENROLLMENT FORM

PLEASE COMPLETE AND RETURN CONTRACT WITH PAYMENT TO BCEMS

Bryan County EMS  
306 South 22<sup>nd</sup> Ave.  
Durant, OK 74701

New Membership? YES / NO  
Renewal Membership? YES / NO

## PLEASE PRINT ALL INFORMATION CLEARLY

Members Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Street Address (NO Post Office Boxes) \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Email Address: \_\_\_\_\_ (Will Receive Renewal Notices)

### Additional Members living in the above Address:

Members Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Members Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Members Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Members Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

BCEMS MEMBERSHIP covers a Spouse or Child in a Nursing Facility or long-term Rehab. Please List below if this applies to.

Members Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Facility Name: \_\_\_\_\_  
Members Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Facility Name: \_\_\_\_\_

### Insurance Information

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

### Private Insurance

1. Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_  
2. Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

### Payment:

Automatic Withdrawal Authorization

I authorize Bryan County EMS (BCEMS) to initiate the recurring credit card charge or EFT withdrawal as indicated in this document. I may change or cancel this recurring payment by notifying BCEMS in writing. All notifications must be received by the first business day of the month in order to alter the months transaction. If I have paid by credit card, I agree to follow the Terms and Conditions of the Credit card agreement. If I have elected to pay by EFT Withdrawal, I authorize my financial institution to transfer the amount indicated on the attached voided check to BCEMS. Adjusting entries to correct errors are also authorized. This Authorization is to remain in full force and effect until written notification is given to BCEMS for its termination.

☐ Monthly Recurring = \$5 ☐ Annual Recurring = \$55

All Automatic Payments will happen on the 5<sup>th</sup> of the Month or next Business day.

☐ Credit Card ☐ Master Card ☐ Visa ☐ Discover ☐ American Express

Card Number: \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

☐ Automatic Withdrawal from Checking Account

Name on Account: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

I authorize BCEMS to withdrawal payment as directed above:

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Check or Money Orders: Please make Payable to Bryan County EMS

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306 South 22<sup>nd</sup> Avenue  
Durant, Oklahoma 74701  
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