

# CHESTERFIELD COUNTY, VIRGINIA FIRE AND EMERGENCY MEDICAL SERVICES

## **EMS PASSPORT**

### EMS PASSPORT

**EMS Passport** is a subscription program designed to help eliminate out-of-pocket patient expenses, such as health insurance co-payments and deductibles, when emergency ambulance transportation is required. **EMS Passport** offers protection against rising health care costs. Since the implementation of the county's Revenue Recovery program in July 2002, individuals requiring emergency ambulance transportation have been charged for this service. Upon enrollment, subscribers will not be responsible for any additional balances or fees, except as required by law or regulation, after insurance claims are processed. Some individuals (such as Medicaid-only beneficiaries) may not be eligible for **EMS Passport**, and others may not need to subscribe to the program. Potential subscribers should check with their health insurance carrier to determine if the **EMS Passport** program is right for them.

### Who Is ELIGIBLE?

All county residents, those who work in the county, and college or university students are eligible to subscribe. The enrollment costs are \$29 for individual coverage and \$59 for families of two or more people. Family subscriptions also include family members who reside in nursing or assisted-living facilities located in Chesterfield County, who otherwise would be at the listed household address, as well as any person in the household who does not have insurance coverage. All individuals must be listed on the application to ensure coverage. The **EMS Passport** subscription is effective after Chesterfield County Fire and Emergency Medical Services receives both payment and signed subscription form. **Subscriptions are valid Oct. 1, 2011 through Sept. 30, 2012, and are nonrefundable, nontransferable and not tax deductible.** Late subscriptions will be accepted, however, subscriber fees are **not prorated**.

### SUBSCRIPTION PROGRAM TERMS

An enrollment form must be completed and submitted for processing, with your check or money order, to Chesterfield County Fire and Emergency Medical Services. If you are not a current member, you will not be able to subscribe at the time services are rendered.

The **EMS Passport** program is not a contract for the provision of ambulance services. This is not a solicitation for the offer or sale of an insurance product. The terms and provisions of this **EMS Passport** program are subject to change without prior notice. Medicare beneficiaries may be billed for co-payments or deductibles if required by law. All subscriptions are subject to acceptance by the county and may be canceled or revoked in the county's sole discretion. **The subscriber acknowledges that the county will bill available medical and third-party insurance (auto or homeowners) for services rendered and agrees to remit any third-party insurance payments received directly by the subscriber to the county.**

### HOW TO ENROLL IN THE SUBSCRIPTION PROGRAM

Complete the enclosed application (please print or type). Mail the completed application and your payment to **Chesterfield County Fire and Emergency Medical Services, P.O. Box 1658, Chesterfield, VA 23832**. After your application is processed, you will receive a letter confirming your enrollment in the **EMS Passport** program. Your letter of membership is NOT required to be shown at the time of service. For assistance or questions regarding the completion of this application, please call 804-768-7524.

***As with any medical emergency, please dial 911 for immediate service. Chesterfield County Fire and EMS will promptly respond to your medical emergency regardless of membership status with the EMS Passport program.***

Please use blue or black ink to fill out this form. Sign the Billing Authorization/Responsibility for Payment statement.

Return this form and payment (\$29 Individual, \$59 Family).

<b>Part 1: APPLICANT</b>		<b>(Please Print or Type)</b>			<b>Individual Subscribers complete Part 1 only</b>	
Last Name	First Name	MI	Date of Birth	Coverage Type: <u>Circle One</u> Individual (\$29.00) / Family (\$59.00)		
Residential Address				Apt. No.		
City	State	ZIP Code	Telephone Number			
Mailing Address if <u>different</u> from above				Apt. No.		
City		State	ZIP Code			
<b>Part 2: ADDITIONAL RESIDENTS AT THIS ADDRESS; FAMILY IN NURSING FACILITIES, ETC.</b>						
Last Name	First Name	MI	Relationship to Applicant	Date of Birth		
Last Name	First Name	MI	Relationship to Applicant	Date of Birth		
Last Name	First Name	MI	Relationship to Applicant	Date of Birth		
Last Name	First Name	MI	Relationship to Applicant	Date of Birth		
Last Name	First Name	MI	Relationship to Applicant	Date of Birth		
Last Name	First Name	MI	Relationship to Applicant	Date of Birth		

**Billing Authorization/Responsibility for Payment**

I understand that I am financially responsible for the services provided to me by Chesterfield County Fire and EMS (“CCFEMS”) regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to CCFEMS or its billing agent for any services provided to me by CCFEMS. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) and its carriers and agents, as well as to CCFEMS and its billing agents, any information or documentation needed to determine these benefits, or benefits payable for any services provided to me by CCFEMS, now or in the future. I agree to immediately remit to CCFEMS any payments that I receive directly from any source for the services provided to me. A copy of this form is as valid as the original.

Signature of head of household or other authorized person:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Payable to: Chesterfield County Fire and EMS**

**Mail to: Chesterfield County Fire and Emergency Medical Services  
P.O. Box 1658  
Chesterfield, VA 23832**

Your subscription will be effective upon receipt of your application and payment.

