



# Why Should I Join FireMed?

Insurance rarely covers the full cost of an ambulance transport, even after you pay your deductible. When you become a FireMed member, you receive peace of mind in knowing that your emergency medical transportation costs are covered.



## Protect your Finances!

Average Ground Transport: \$1500  
After Insurance Billing Members Pay: \$0

**Join Today!**

# MEMBERSHIP MATTERS!



For additional air provider information contact: Sara Cyr at (541) 520-5128, sara.cyr@gmr.net



# Enroll Today! *Open enrollment May - June*

*New Membership coverage begins three business days after acceptance of a properly completed application form with payment, and extends for one year through June 30th of the enrollment year.*

Ground Ambulance Transportation Membership  1year \$75  
Ground Transportation and Air Membership  1year \$168

Date of Application \_\_\_\_\_ Phone Number \_\_\_\_\_

Head of Household Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Remember, your ambulance service provider will bill your insurance(s).

Check or money order (Make check or money orders payable to FireMed.)

**Credit Card** Card # \_\_\_\_\_ Exp. \_\_\_\_\_ 3 digit code \_\_\_\_\_

Credit Card Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**By signing this renewal form, you agree to the terms & conditions on the back of this form. You also authorize payment in the amount checked above.**

**Applicant/Carholder's Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Spouse's Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

If this membership covers additional individuals living in your home, please list their information below.

Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Please let us know where you heard about FireMed:  Neighbor  Tv  Radio  Mail  Other \_\_\_\_\_