



Membership Agreement

This is not an application for an insurance policy. Please read the following before enrolling in the Humboldt General Hospital EMS Rescue **GROUNDGold** Ground Transport Membership Program.

I understand that the \$55 membership fee for the Humboldt General Hospital EMS Rescue **GROUNDGold** Ground Transport Membership Program covers my portion of HGH EMS Rescue's paramedic ambulance services that are medically necessary, and that are applied to co-insurance or deductibles by insurance or Medicare. "Medically necessary" is defined as a specific need for ambulance transportation to or from a health care facility (such as a 9-1-1 emergency call, non-emergency request, or an interfacility transfer) within HGH EMS Rescue's primary service area, where use of other forms of transportation, such as private car or taxi, would be medically inappropriate. I understand that HGH EMS Rescue can require physician certification of medical necessity. I also understand that if abuse of the service is found to exist, my membership may be terminated.

I understand that my **GROUNDGold** membership covers those persons who permanently reside in my household and who are included on this application. A "household" is defined as all persons who permanently reside at the "Head of Household's" physical address, in a senior care facility or in a nursing home.

I understand that **GROUNDGold** membership is available only to legal residents of HGH EMS Rescue's primary service area, which includes all of Humboldt County, portions of Lander and Pershing counties and southern Oregon.

I understand that **GROUNDGold** membership does not cover the service of any type of air transport including helicopters or fixed wing aircraft.

I understand that **GROUNDGold** is not an insurance policy, nor is it meant to be a substitute for health insurance. I agree that if I have no insurance or other health coverage, or if my insurance company or other health benefits payer denies payment to HGH EMS Rescue because it determines that my ambulance services were not payable, I will be responsible for the payment of the fees for those services. I agree to pay the fees less a 20 percent discount granted by HGH EMS Rescue because I am a **GROUNDGold** member.

I understand that this membership plan does not cover the service given by other providers, including other 9-1-1 providers who provide back-up.

Medicaid patients receive full coverage for services. Therefore, there is no reason for Medicaid patients to become **GROUNDGold** members.

I understand that the **GROUNDGold** program limits the number of transports per household membership to 10 per year.

I understand that my membership is non-transferable and non-refundable.

I understand that the effective date for my membership is the date that HGH EMS Rescue receives my completed and signed Membership Application and fee, and is effective for one year, until the expiration date listed on my membership card.

ASSIGNMENT OF BENEFITS: I understand that my **GROUNDGold** membership is not an insurance plan and that HGH EMS Rescue will bill and receive payments from my insurer or third party (such as Medicare, Blue Cross, etc.). I hereby authorize all benefits to be made directly payable to HGH EMS Rescue. If I have Medicare, I request that payment or authorized Medicare benefits be made on my behalf to HGH EMS Rescue for any ambulance service provided to me by HGH EMS Rescue. If I receive payment from Medicare or my insurance company, I will immediately forward that payment to HGH EMS Rescue. If I do not, I understand that my membership may be terminated and I will be billed full charges for HGH EMS Rescue services. I acknowledge that I am responsible for payment of ambulance services.

LIFETIME SIGNATURE AUTHORIZATION: To facilitate processing, I authorize the release to HGH EMS Rescue, the Centers for Medicare and Medicaid Services, or other insurer of any medical information or documentation held by anyone necessary to process a claim now or in the future, and further assign and authorize such payments to HGH EMS Rescue. I permit a copy of this authorization to be used in place of the original.

HGH EMS Rescue is compliant with HIPAA regulations. A copy of our Notice of Privacy Practices is available upon request.

If you are already a member of **GROUNDGold**, your renewal application will be mailed to you. If you have not received your renewal materials call (775) 623-5222, ext. 1360.

Each household member over the age of 18 must agree to the above terms. The insured applicant must sign and date the application showing that he/she has read, understands and agrees to the **GROUNDGold** terms. Send the completed and signed application along with your payment to: Humboldt General Hospital, c/o HGH EMS Rescue, 118 E. Haskell Street, Winnemucca, Nevada 89445.

Insured Applicant Sign: _____/Date: _____