

WestCares members agree to abide by the terms of agreement below:

**Definition:** WestCares is a voluntary ambulance membership program operated by the Hebgen Basin Fire District (HBFD). WestCares is not insurance coverage. WestCares provides coverage in addition to any medical benefits members may have. **The HBFD will bill a member's insurance company (or other coverage) for ambulance services provided and the HBFD will then be entitled to all benefits paid for ambulance services rendered up to the total dollar amount for the services rendered.**

**Membership Benefits:** Membership in WestCares covers applicable patient out-of-pocket expenses for medically necessary emergency and non-emergency\* ambulance care and transportation provided by HBFD within HBFD's ambulance service area.

\*Non-emergency ambulance services are covered only to approved destinations, when medically necessary, and with proper prior authorization and documentation.

**Membership Benefits Outside of Local Service Area:** At this time, only the Hebgen Basin Fire District primary response area is covered under WestCares.

**Member Responsibilities:** WestCares members pay an annual membership fee and members will assign and transfer to HBFD all rights and benefits for ambulance services from all insurance policies, plans, or other benefit programs members may have, including all rights in any claim or third party recovery, up to the total dollar amount for services rendered when ambulance services were provided by HBFD. Should any person covered under this membership receive any payment for ambulance services rendered by HBFD, they will immediately forward such payment to HBFD. Members authorize the release of medical and other information by or to HBFD as necessary for ambulance billing. Members agree to provide, when requested, any and all information concerning insurance policies, plans, third party recovery, or other benefit programs they may have, and will cooperate and assist as necessary in any efforts to bill and collect such ambulance reimbursements, including the completion and submission of documents or claim forms.

**Membership Eligibility:** Residents of the Hebgen Basin Fire District are eligible to join by properly completing an enrollment application available from the HBFD and by paying the appropriate annual membership fee. WestCares individual membership includes only the primary applicant. WestCares household membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence within the HBFD's ambulance service area, living together as part of a family unit, including domestic partners, but not including roomers, boarders, or guests. Membership benefits will be extended to include household members living in substitute care (e.g. nursing homes) in the HBFD ambulance service area. Individuals that do not qualify for coverage under a household membership are required to obtain an individual membership. The first person listed on the WestCares application form is called the "Primary Member." Anyone who joins a household after the household membership goes into effect can be included under the membership from the date the "Primary Member" notifies WestCares of the addition to the household membership. Only those persons who meet the membership eligibility requirements AND are listed in the membership record at the time services are rendered are eligible for benefits.

**Duration:** Membership coverage begins upon acceptance of a properly completed application form with payment and extends to December 31<sup>st</sup> of the current year.

**To the Member's Insurance Carrier (for members with insurance):** As a WestCares member, I authorize a copy of this agreement to be used in place of the original on file at the Hebgen Basin Fire District / WestCares office. I assign and authorize payment of benefits for ambulance services directly to HBFD according to the WestCares terms of agreement and as itemized on claim forms. My membership fee covers any applicable deductible, co-insurance, or co-payment amounts and I expect the usual and customary ambulance reimbursement on my behalf be sent directly to HBFD.

**Disclaimer:** HBFD reserves the right to add, modify, or delete any of the program terms and conditions completely or in part. All interpretations of the membership terms and conditions shall be at the sole discretion of HBFD. Membership is non-transferable and non-refundable. Persons who receive welfare, Medicaid, Department of Medical Assistance Programs, or Montana Health Plan medical benefits need not be members in order to have full coverage for services covered under these programs. Any such membership constitutes a voluntary contribution only. Violations of the terms of this agreement may result in membership revocation, forfeiture of benefits associated with membership and an obligation to pay all balances in full.

**Hebgen Basin Fire District will bill your insurance carriers directly and accepts their payment as payment in full. If a member has no health insurance, Hebgen Basin Fire District will absorb the entire cost of the transport.**