Membership Application

UTHealth East Texas EMS

IMPORTANT NOTE:
Medicaid recipients ARE NOT ELIGIBLE.

I hereby apply for membership with my local emergency medical service program. I understand that the enclosed annual fee will cover me, my spouse and my dependent children living in my residence who are under the age 21 or 25 if in college. I understand that through this membership UT Health East Texas EMS will provide emergency ambulance service within the service area.

I understand that if I have no health insurance or third-party health insurance, my membership entitles me to 50% coverage of billed UT Health East Texas EMS standard emergency fees. Therefore, I am responsible for payment of 50% of the total charges.

I understand that violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty.

I understand that this is not an insurance policy or supplement.

FOR OFFICE USE ONLY		
Date Received	Check Number	Amount

HEAD OF HOUSEHOLD M ☐ F ☐

LAST NAME	FIRST NAME
DATE OF BIRTH	PHONE NO.
EMAIL ADDRESS	
SOCIAL SECURITY NUMBER	MEDICARE NO.
MAILING ADDRESS & APT. NO.	CITY, STATE, ZIP CODE

SPOUSE M ☐ F ☐

LAST NAME	
FIRST NAME	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	MEDICARE NO.
COUNTY	

HEAD OF HOUSEHOLDS' INFORMATION (If additional space is needed, please use separate sheet.)

M ☐ LAST NAME F ☐	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH
M ☐ LAST NAME F ☐	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH
M ☐ LAST NAME F ☐	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH

HEALTH INSURANCE INFORMATION (other than Medicare) (If you don't have health insurance, skip to payment section.)

INSURANCE COMPANY	POLICY OR ID NUMBER	GROUP NUMBER
INSURANCE COMPANY ADDRESS	CITY, STATE, ZIP CODE	IS FAMILY COVERED? YES ☐ NO ☐ IS SPOUSE COVERED? YES ☐ NO ☐

PAYMENT INFORMATION (IMPORTANT: Must be signed to be valid.)

To enroll online, go to UTHealthEastTexas.com/EMS. | Activation Code: UTEMS
To pay by credit card, call 1-800-642-5646.

☐ **$60 personal check or money order. Please make check or money order payable to UT Health East Texas EMS.**

☐ **I authorize a payment of $5 a month on the following water/billing system (available only to applicants with health insurance): Arp, Athens, Craft Turney, Hideaway Lake, Mart, Murchison, RPM Water Supply, Rusk, Rusk Rural Water, Troup and Tyler.**

☐ **NO PAYMENT ENCLOSED. I currently reside within the city of Mineola, where membership is automatic, but I am sending my information for EMS to have on file.**

I authorize any holder of medical information or documentation about me or any person covered under my UT Health East Texas EMS membership to release to EMS and the Centers for Medicare and Medicaid Services and its agents and carriers any information or documentation needed to determine benefits payable for services provided by any and all of my insurers and any third-party agencies. I further authorize my insurers and any third-party agencies to pay directly to UT Health East Texas EMS whatever benefits or payments may be available for services rendered to me or my dependents by EMS, now or in the future.

I agree to provide UT Health East Texas EMS all information necessary to file a claim for payment under my insurance policy, plan or program or from any third-party payor.

Membership is nontransferable and nonrefundable and may be canceled upon member's noncompliance herewith. Enrollment is available year-round.

Member's Signature (Required for membership) **Date** MUST LIVE IN THE EMS SERVICE AREA FOR MEMBERSHIP

I acknowledge that I am responsible for payment for the ambulance services provided for me.
Please sign after reading contract terms on the following page.

For immediate protection, enroll online at UTHealthEastTexas.com/EMS | Activation Code: UTEMS

Complete membership application and mail it to address shown — no postage required!