

Wilderness Volunteer Fire Department – EMS Subscription Program

You have a choice to rely on us!

We know that the last thing anyone needs to worry about when a medical or traumatic emergency strike are additional overwhelming medical bills. **WVFD EMS Subscriptions allow us to bill your insurance and eliminate any additional out-of-pocket expenses not covered by your insurance.** Our subscription program provides subscribers a peace of mind knowing they don't have to worry about outrageous additional financial obligations when it comes to ambulance transports with us. **This is one more way we can truly give back to our community!**

EMS Subscription Plans are on an annual basis, and at a very accommodating rate that protects your entire household. This EMS Subscription Program is not available anywhere else in our region.

By enrolling into our EMS Subscription, you will benefit from the following:

- **WVFD 911 Emergency Ambulance**
- **WVFD Inter-Facility Transports**
- **WVFD Medical Necessity Transports**
- **WVFD Emergency & Non-Emergency Ground Transports**
- **WVFD Ambulance Services & Wellness Screenings**
- **WVFD EMS Household-Dependent Coverage**
- **WVFD Exclusive Program**

How it works:

- 1- Submit your EMS Subscription Application and associated dues.
- 2- Simply call our Station with any requests for EMS, Emergency or Non-Emergency.
- 3- Or – Notify 911 and/or your Hospital Staff that you're a Wilderness EMS Subscriber.

If you're ever in need of our Ambulances - don't hesitate to call us, 24/7-365

Station: (304) 872-6339

911 Dispatch: (304) 872-4911

If you have an Emergency, Please Dial 9-1-1

www.WildernessFD.org

**119 E Mt. Lookout Rd.
Mt. Lookout, WV 26678**

DISCLAIMER: WVFD EMS SUBSCRIPTION IS SOLELY UTILIZED BY WILDERNESS VOLUNTEER FIRE DEPARTMENT, INC. (WVFD) AND IS NOT AFFILIATED WITH ANY OTHER EMS COMPANY, SERVICE, INSURANCE, OR AGENCY, ETC. DUES ARE NON-REFUNDABLE AND NON-TRANSFERABLE. SUBSCRIPTION UTILIZATION IS RESERVED TO AVAILABILITY OF IMMEDIATE RESOURCES, AVAILABLE SERVICE CAPABILITIES AND ASSOCIATED SERVICES. WVFD RESERVES THE RIGHT TO MODIFY SERVICES AT ANY TIME TO BETTER ACCOMMODATE OPERATIONS AND SERVICE DISTRICTS. WVFD EMS SUBSCRIPTION IS SUPPLEMENTAL TO THE SUBSCRIBERS INSURANCE PLAN(S) AND IS NOT TO BE CONSIDERED PRIMARY INSURANCE COVERAGE. WVFD EMS SUBSCRIPTION APPLICANTS ARE RESERVED TO A 15-MILE RADIUS OF WVFD STATION(S) AND/OR DISTRICT. ALL APPLICATIONS ARE PROCESSED WITH AUTHENTICATION AND APPROVAL PROCEDURES.

Wilderness Volunteer Fire Department, Inc.

119 E. Mount Lookout Rd. Mount Lookout, WV 26678

Station: (304) 872-6339 - Fax: (304) 872-7124

www.WildernessFD.org

wildernessfd@yahoo.com



Wilderness Volunteer Fire Department EMS Subscription Application

Please complete the following questions on BOTH pages to become a Wilderness Volunteer Fire Department EMS subscriber:

Full Name: _____

Date of Birth: ____ / ____ / ____

Gender: _____

Phone #: _____ - _____ - _____

Race: _____

EMAIL ADDRESS:

Street Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Next of Kin Contact

Name: _____

DOB: ____ / ____ / ____ Gender: _____

Phone #: _____ - _____ - _____

Household Dependents to List on Coverage

Dependent Name: _____ DOB: ____ / ____ / ____ Gender: _____

Dependent Name: _____ DOB: ____ / ____ / ____ Gender: _____

Dependent Name: _____ DOB: ____ / ____ / ____ Gender: _____

Dependent Name: _____ DOB: ____ / ____ / ____ Gender: _____

Dependent Name: _____ DOB: ____ / ____ / ____ Gender: _____

Dependent Name: _____ DOB: ____ / ____ / ____ Gender: _____

Please complete next page.

By initialing each statement, you acknowledge that you have read it thoroughly and that you understand it completely.

_____ The subscription service covers the primary subscriber, their spouse, and dependents who live at the subscriber's residence. Any person(s) living at the residence who are not dependents of the primary subscriber will need to purchase their own subscriptions.

_____ The subscription service covers the following transports:

- a. Medically necessary emergency ground transports originating within a fifteen (15) mile radius of WVFD's station(s) to the closest appropriate and accepting hospital emergency room.
- b. Medically necessary non-emergency ground transports to and/or from the closest appropriate and accepting facility.

_____ If you require an ambulance transport and you do not have insurance or other third-party coverage, or if you have insurance and the claim is denied, the EMS subscription member will be charged a reduced fee equal to sixty (60) percent of Wilderness Volunteer Fire Department's standard ambulance transport fees.

_____ I acknowledge my insurance provider and/or I am responsible for payment of ambulance services provided to me by Wilderness Volunteer Fire Department, Inc (WVFD). I acknowledge that it is my responsibility to provide WVFD and ASAP Medical Management (WVFD's medical billing provider) with any valid insurance and third-party payer information pertaining to me or anyone living in my household at the time of ambulance transport, and failure to do so nullifies this agreement. In addition, I agree to furnish any information requested by my insurance company, WVFD, or ASAP Medical Management in order to facilitate payment of ambulance claims for me or anyone living in my household. In consideration for payment of the EMS Subscription dues, I hereby assign to WVFD all ambulance benefits that any covered family member or I may otherwise be entitled to receive from any insurance or other third-party payer for services provided under my WVFD EMS Subscription. If no insurance company or other third-party benefits are available, I understand that as a subscriber of WVFD, I will remain responsible for payment of WVFD's services at a reduced fee of sixty (60) percent of the standard rates. Any insurance or other third-party payment I receive related to WVFD's services provided under this membership must immediately be delivered to WVFD if there is an outstanding balance on my account. Violation of the terms of this agreement will result in termination of this agreement, and the patient or responsible party will be billed for all charges related to services provided.

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Please sign and date below that you have read the statements above thoroughly and that you understand them completely.

Printed Name: _____

Signature: _____ Date: ____ / ____ / ____

Please choose an EMS Subscription option: (This plan will cover yourself, your spouse, and any legitimate household-dependents that live in your household who you have listed in this application)

_____ One (1) Year Household Coverage - \$45

_____ WVFD FF Member

_____ WVFD EMS Member

Please Mail Checks & Applications to:

**WVFD
119 E Mt Lookout Rd
Mt Lookout, WV 26678**

Electronic Registration & Payment:

www.WildernessFD.org

We strive to provide the best healthcare possible in the pre-hospital setting, and this would not be possible without the support of community members like you. Thank you!