



MEMBERSHIP CONTRACT

I understand that in order for my membership in Wayland Area EMS VITAL CARE PARTNERS to be effective, I must use the services of Wayland Area EMS.

I understand that the annual \$37 per family membership fee provides emergency medical services and ambulance transportation at no additional out-of-pocket cost to me, provided it is medically necessary. The Vital Care Partners program covers spouse and minor children (or eligible dependents) living at the same address. If you prefer, we also have a "4 for 3" membership (if you pay for 3 years (\$111) - you get a fourth year free).

I request that payment of authorized insurance benefits be made on my behalf to Wayland Area EMS for any ambulance services provided to me or my listed dependents. I authorize any holder of medical information or documentation about me to release to any insurance company, governmental or third party agency, as well as to Wayland Area EMS, any information or documentation needed to determine these benefits, or benefits payable for related services, or any services provided to me by Wayland Area EMS now or in the future. In the event that my insurance carrier remits directly to me, I will promptly turn over payment directly to Wayland Area EMS.

Wayland Area EMS retains the right to bill Medicare, Medicaid and private insurance companies for services provided. This program is subject to changes in Medicare reimbursement and may not be changed or terminated without notice. This is not an insurance program and does not reduce the obligations of any third party payer.

I understand that the Wayland Area EMS Vital Care Partners membership services are limited to "medically necessary" transportation, where ambulance transportation to and from a health care facility (hospital or nursing home) is indicated by the patient's condition and where alternate forms of transportation would be medically inappropriate. I understand that long-distanced non-emergency transfers may result in additional fees being charged by Wayland Area EMS. I understand that physician authorization is required for all routine medical transfers to and from hospitals.

I understand that the Vital Care Partners membership is effective on receipt of full payment and signed membership contract. You may enroll at any time, but the membership runs from June 15 - June 15. I understand that his membership is non-refundable and is not transferable. Wayland Area EMS reserves the right to terminate this agreement if abuse is found to exist. For additional information, call Wayland Area EMS at 792-2958.

Send form to 911 S. Main St., Wayland, MI 49348.

FAMILY MEMBER INFORMATION				
Your Last Name:	First Name:	Birthdate:	Sex: M F	
Address:				
City:		State	Zip Code	
Social Security Number		Medicare Number:		
Spouse's Last Name:	First Name:	Birthdate:	Sex: M F	
Social Security Number:		Medicare Number:		
Dependents's Names: First/Last Name:	Birthdate:	Sex:	Social Security/Medicare Number:	
Circle Township or City of Residence:				
Dorr Hopkins Leighton Martin Monterey Orangeville Salem Watson Wayland City Wayland Township Other				
INSURANCE INFORMATION				
SELF:				
Health Insurance Carrier (Primary or Secondary:) Policy Number:				
Address:		City/ State/ Zip		
SPOUSE:				
Health Insurance Carrier (Primary or Secondary:) Policy Number:				
Address:		City/ State/ Zip		
SELF:				
Auto Insurance Carrier: Policy Number:				
Address:		City/ State/ Zip		
SPOUSE:				
Auto Insurance Carrier: Policy Number:				
Address:		City/ State/ Zip		
SELF:				
Employer (if insured through employer)				
Address:		City/ State/ Zip		
SPOUSE:				
Employer (if insured through employer)				
Address:		City/ State/ Zip		
Your Signature	Date:	Spouse's Signature	Date	
Plan: <input type="checkbox"/> Annual \$37 <input type="checkbox"/> "4 for 3" - \$111 <input type="checkbox"/> New Member <input type="checkbox"/> Current Member				
Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card VISA or MASTER CARD Exp. Date _____				
Credit Card Number _____		Cardholder's Signature: _____		

Membership ...



“We’re here because we care”



... A feeling of belonging

... A sense of community

... Shared experiences

... Security

... A feeling of belonging

Membership in the WAEMS Vital Care program means that when you have an injury or illness that requires medical transport, you will receive the highest quality care without the worry of how to pay the bill. Through the Vital Care Program, you have the opportunity to make an investment in Wayland Area EMS - and at the same time receive protection from unexpected ambulance costs.

... A sense of community

Your call for help will be answered by professionally trained, caring emergency medical personnel. They care because they are your neighbors. These men and women, licensed as paramedics, Emergency Medical Technicians (EMTs), and EMT-Specialists, are dedicated to providing the best emergency care possible in their own community. Your membership is an investment in their work, and in the tools they need to do the job.

Wayland Area Emergency Medical Services was established as a non-profit corporation in 1976. It is owned and operated by the nine townships plus the city of Wayland which comprise our service area. Your continued support will allow Wayland Area EMS to consistently provide the highest levels of care with state-of-the-art advanced life support equipment, and up-to-the-minute training on new techniques. The ambulance service also serves the community by providing free blood pressure checks, CPR training and educational programs such as Buckle Bear.

... Shared experiences

More than 23,000 persons in northeast Allegan and adjacent counties rely on the advanced life support services provided by Wayland Area EMS. If you live in the townships of Dorr, Hopkins, Leighton, Martin, Monterey, Orangeville, Salem, Watson, Wayland - or the city of Wayland - you automatically receive the services of WAEMS when you call 911 for a medical emergency and are therefore eligible for the Vital Care Partners program. This also means that joining the membership program of another ambulance service could mean life-threatening delays in response time and unexpected charges.

... Security

When you have a medical need, you'll never have to add ambulance cost to the list of more important things you'll have to worry about (like getting well). The \$37 yearly membership fee is all you and covered family members will ever have to pay out-of-pocket for medically necessary ambulance charges. In this day of rising co-pay amounts and deductibles, Vital Care Partners offers you a way to regain control and guarantees your financial peace of mind. Although this program seeks third-party reimbursement to keep the membership cost low, no expenses are passed on to the members should our services be necessary. The \$37 fee covers you, your spouse, and dependent children for one year - or, choose the "4 for 3" option in which you pay now for three years (#111), and receive the fourth year free. A membership card is not required.