

**PARAMEDIC AMBULANCE MEMBERSHIP PLAN
(PAMP)**

CENTRAL EMS

645 S. School Ave. Fayetteville, AR 72701
521-5801 or 267-5805

Annual Membership Dues: Single Person Household: **\$25.00** Multi-Person Household: **\$30.00**
Single Uninsured: **\$50.00** Multi-Person Uninsured: **\$65.00**

BILLING INFORMATION:

Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Please List All Family Members Living in the Household:

Name	Relation	Date of Birth	Social Security	Medicare	Supplement
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Self

Health Insurance Company and Address

Insured's Name

Policy Number

I authorize Central EMS to file for any insurance that may be available, and authorize payment of any insurance benefits directly to Central EMS for any service now or in the future. I understand that Central EMS will bill PAMP for any deductible or coinsurance. If I receive any payment for Ambulance Service, I agree to pay this to Central EMS. The Plan will then pay any charges that may be due.

If you have ARKANSAS MEDICAID, you do not need to become a PAMP member. If you lose your Medicaid benefits, you may want to apply for membership.

NOTE: Make your check payable to PAMP and return to the above address. Membership starts two weeks from the date we receive the check in our office. (Membership does not include wheelchair van transportation.)

Applicant's Signature: _____ Date: _____