

**PARAMEDIC AMBULANCE MEMBERSHIP PLAN  
(PAMP)**

**CENTRAL EMS**

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

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Annual Membership Dues: Single Person Household: **\$30.00**      Multi-Person Household: **\$40.00**  
Single Uninsured: **\$60.00**      Multi-Person Uninsured: **\$75.00**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Please List All Family Members Living in the Household (Only household members are covered):

Name	Relation	Date of Birth	Social Security	Medicare	Supplement
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Self

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Health Insurance Company and Address	Insured's Name	Policy Number
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**Your signature below indicates you have read and agreed to the terms of membership.**

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by Central EMS now, in the past, or in the future, until such time as I revoke this authorization in writing. 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 I do not pay Central EMS any insurance received I understand that my membership becomes void, I will owe the total charges, and my membership dues will be non-refundable. If my insurance does not cover my transport PAMP will pay one-half of the charges. If I pay the insurance rate and don't have insurance PAMP will only pay half of any covered transport.

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.

**Privacy Practices Acknowledgment:** by signing below, the signer acknowledges Central EMS provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient.

**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: \_\_\_\_\_

## **Paramedic Ambulance Membership Plan (PAMP) Information Central EMS**

Since the Paramedic Ambulance Membership Plan (PAMP) began, our members have saved hundreds of thousands of dollars. The following may help you to decide if membership is right for you:

All medically necessary emergency ambulance trips by Central EMS to a hospital are covered. Non-emergency trips, or transfers are covered if they are medically necessary (a stretcher must be required by the patient's medical condition, or some type of medical treatment must be needed during transport) and the trip must be from and to a covered location as listed below. There still needs to be a medical reason for using an ambulance for the trip to be covered.

ORIGIN	DESTINATION
Your Home (or nursing home)	Hospital or Skilled Nursing Facility
Skilled Nursing Facility	Hospital, Skilled Nursing Facility, Your Home, or Dialysis Clinic
Hospital	Skilled Nursing Facility, Your Home, Dialysis Clinic, or another Hospital under certain circumstances

**If the trip is from a covered location to a covered location and the trip is medically necessary, PAMP will cover the cost after insurance pays its part and you will owe nothing.**

If your trip is not to and from a covered location then PAMP will discount your trip by half. If you are not sure about coverage for a non-emergency transfer, call our office beforehand.

PAMP bills your insurance because Medicare requires it and we wouldn't be able to offer the membership if we didn't. PAMP pays for any co-payments, deductibles, and services not paid by insurance. If your insurance pays you instead of us, you agree to sign that payment over to us a condition of your membership.

If you have no insurance you may still become a member, but your rates will be higher, as indicated on the membership application. Medicare qualifies as insurance only if you have "Part B" coverage. If you lose insurance during the term of your membership, please notify us so we can change the terms of your plan, or you may lose your membership benefits.

If you have supplemental insurance that pays all ambulance charges not paid by Medicare or other primary insurance you may want to check with an insurance company representative to see if you would benefit from a membership. But remember that PAMP members can receive a discount on ambulance trips that most insurance companies don't pay for, saving you hundreds of dollars.

A family membership covers you and members of your immediate family that live at the same address. This includes spouses, parents, grandparents, children, and grandchildren. If someone moves out of the household, they will have to purchase their own membership in order to still be covered. Please make any changes on the yearly membership renewal we send you if your situation changes.

We generally mail out renewal notices at least two weeks before your membership expires, and then two reminders if needed. If you do not renew at that time your membership will expire. If you renew later, you will be subject to the two-week waiting period.

For those of you who have been transported by Central EMS, I'm sure you will agree the membership more than pays for itself. For those who have not been transported, we hope the membership will give you peace of mind concerning a potentially expensive ambulance trip—the charge for one ambulance trip costs more than many years of PAMP membership dues.

We value your membership, and encourage you to let your friends and neighbors know about the program as well.

If you have questions, please call Central EMS at 521-5801 or 267-5805.