

Livonia Fire/EMS – Emergency Medical Ambulance Program

2020 Membership Enrollment and Renewal

If you are a City of Livonia resident and do not have health care insurance, or if your insurance does not provide coverage for emergency ambulance service, you should join the Livonia Fire/EMS Emergency Medical Ambulance Program. The City of Livonia charges \$325 to over \$700 for each resident ambulance transport. For \$45 a year, you and your household will be guaranteed full coverage for all City of Livonia emergency ambulance runs at no additional cost. The Livonia Fire Department ambulance service is available for emergency response 24 hours a day, seven days a week to anyone in need of help within the City limits.

Notice of Understanding

Signing this application is an acknowledgment of the following:

I understand that the services provided by the Livonia Fire/EMS membership program are for Emergency Response only.

I further understand that Emergency Response does not include:

- Transport from hospital to member's home.
- Transport from hospital to hospital, even with a physician's authorization.

Transport from member's home to an area hospital for non-life threatening injury or illness, or an injury or illness that is not "serious in nature."

I understand that Livonia Fire/EMS Emergency Medical Ambulance Program is not insurance and the Livonia Fire/EMS will bill for payments from my insurer or third party agency (such as Medicare, Blue Shield, etc.) including my supplemental or complementary insurance. If the insurance company sends me a check for services rendered by Livonia Fire/EMS, I agree to promptly forward that check to Livonia Fire/EMS.

I further understand that the Livonia Fire Department will not refuse service to any individual who requests an ambulance, but repeated non-emergency ambulance requests may be reason for forfeiture of membership in the Livonia Fire/EMS program.

MEMBERSHIP APPLICATION

To enroll, send this completed application form, along with a check or money order for \$45 made payable to the CITY OF LIVONIA.

Primary Subscriber Information

Name: _____

Address: _____

City: _____

State/ZIP: _____

Telephone: () _____

I have read and agree to be bound by the terms and conditions listed on this application.

Signature: _____

Date: _____

Mail to: Livonia Fire EMS/Accumed
P.O. Box 2122
Riverview, MI 48193
ATTN: Livonia Fire Department / EMS
Subscription Service

Your subscription will only apply to permanent residents at your address. This program is only available to City of Livonia residents.

LIVONIA FIRE/EMS MEMBERSHIPS ARE EFFECTIVE FOR ONE YEAR!

Subscribers must renew memberships annually!

ENROLLMENT PERIOD DECEMBER 1 TO JANUARY 31,

FOR COVERAGE FEBRUARY 1 TO JANUARY 31

List members of immediate household below.

Please include Primary Subscriber. Please print clearly.

Name: _____

INSURANCE INFORMATION

If your family is covered under more than one insurance policy, please give information for all policies. Attach an additional sheet if necessary.

Medicare #: _____

Insurance Company: _____

Employer: _____

ID #: _____

Group #: _____