



NEW HAVEN SUBSCRIPTION EMS

910 Hartzell Road
New Haven, Indiana 46774

Protect You, Your Family, and Your Community...

Your New Haven Subscription EMS Membership shows that you support YOUR EMS System. Subscriptions provide revenue to help operate the system without raising tax rates.

What it costs

For an annual membership fee of only \$55.00, you, your spouse and dependent children living with you under the age of 21 (26 if a full-time student and living with you) are covered up to 100%* for all medically necessary ambulance transports.

*See contract for details

How to become a member

Call and request an application or go to www.newhaven.in.gov to download and print a copy. Read the contract. Complete the enclosed application, sign, and return the enclosed form to: 910 Hartzell Road, New Haven, IN 46774, with your check or money order today. Or, you may use your VISA, MasterCard, Discover, American Express (processing fee for credit cards). Remember, your application and payment must be received by June 30, when our membership drive ends.

Be sure to read your New Haven Subscription EMS coverages and membership contract. If you have questions about

coverage, completing the application, or any other aspect of New Haven Subscription EMS, please call us at 260-749-1235. We are here to help you.

If I have health insurance, do I need a subscription?

Yes, you do. Your subscription assures that you will not incur any unnecessary bills for medically necessary emergency ambulance service, regardless of your insurance coverage. Most insurance companies DO NOT PAY 100% of ambulance bills. Your subscription covers any copayments or deductibles. Keep in mind, if you have no insurance, New Haven Subscription EMS will deduct 30% of your total bill. Non-subscribers are responsible for full payment of all applicable charges.

Applicants may carry more than one ambulance service plan in the area. Although, please keep in mind, New Haven Adams Twp. EMS will only accept New Haven Subscription EMS.

Sincerely,

New Haven Subscription EMS

Here are a few general examples to further explain the New Haven Subscription EMS program:

John Doe is billed \$1512 for EMS transport to a hospital. He is a Medicare recipient.

Emergency Transport \$1350.00
Mileage 9 miles x \$18 \$162.00

\$1512.00 Would be Billed to Medicare electronically by New Haven/Adams Twp. EMS

If Medicare deems that the transport is medically necessary then:

**YOU Pay \$250.00
WITHOUT New Haven Subscription EMS**

**WITH New Haven Subscription EMS,
YOU PAY NOTHING!**



Same Example: Denied by insurance/ Medicare or you have no insurance

Bill WITHOUT New Haven Subscription EMS

Emergency Transport \$1350.00
Mileage at 14/mile. \$252.00
Subtotal \$1602.00

Insurance pays. \$0.00

YOU PAY \$1602.00

Bill WITH New Haven Subscription EMS

Emergency Transport \$1350.00
Mileage at 14/mile. \$252.00
Subtotal \$1602.00

Insurance pays. \$0.00

Subscription deduction 30% - \$480.60

You Pay \$1121.40



NEW HAVEN SUBSCRIPTION EMS

APPLICATION

Date Received	Check Number	Amount
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(PLEASE PRINT OR TYPE) Please complete all information below and sign the New Haven Subscription EMS contract .
Return to New Haven Subscription EMS, 910 Hartzell Rd, New Haven, Indiana 46774

Member Information

Primary Member

Last Name, First Name, Middle Initial		Phone No.	
Address		City/State/Zip	
Date of Birth	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Township You Reside In:
Are you a nursing home resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Nursing Home	New Haven City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Medicare your primary insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number		

Spouse

Last Name, First Name
Date of Birth
Social Security Number
Medicare Number
Is Medicare your primary insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent Information. Attach separate sheet if necessary. (See membership terms for definition of dependent.)

Last Name, First Name, Middle Initial	Social Security #	Relationship	Date of Birth
Last Name, First Name, Middle Initial	Social Security #	Relationship	Date of Birth

Insurance &/or Medicare HMO

As additional consideration for my New Haven Subscription EMS membership, I have agreed to assign my insurance contract right for ambulance benefits to New Haven Subscription EMS or my participation township volunteer ambulance service for any date of transportation.

Primary Member

Insurance Company	ID Number	Is Spouse Covered <input type="checkbox"/> Yes <input type="checkbox"/> No
Carried Through (e.g. employer, union)	Group Number	Are Dependents Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip	

Spouse

Insurance Company	ID Number	Is Spouse Covered <input type="checkbox"/> Yes <input type="checkbox"/> No
Carried Through (e.g. employer, union)	Group Number	Are Dependents Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip	

Method of payment <input type="checkbox"/> Personal Check (Payable to New Haven Subscription EMS) <input type="checkbox"/> Money Order <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa (processing fee for credit cards)	Card Number	Date Card Expires	Security Code
How did you hear about New Haven Subscription EMS? <input type="checkbox"/> Mail <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend			

Membership contract must be signed by the Insurance Policy Holder or Authorized Person if uninsured.
I authorize the release of any medical information, held by anyone necessary to process a claim, and further assign and authorize such payment to be made directly to New Haven Subscription EMS or my participating township provider. Membership is non-transferable. I have read and understand the items stated in the terms of this membership contract.

Signature _____

Date _____

Important Instructions: Read and sign the application. Enclose your payment of \$55.

Please allow 4-6 weeks for processing and mailing your Membership Cards.

Detach Here

New Haven Subscription EMS

Frequently asked Questions and Answers

- Retain for your Records -

Eligibility for membership in New Haven Subscription EMS? Residents of New Haven, unincorporated Adams Township, and the areas of Milan and Jefferson Townships that are covered by the New Haven/Adams Township Fire and EMS Department are eligible. Residents outside coverage area that may work in New Haven will also be eligible.

What is covered? The New Haven Subscription EMS program limits out-of-pocket expenses related to medical treatment provided by the New Haven EMS. The program is **not insurance**, but rather limits the amount you would pay for ambulance charges that your insurance does not pay. The coverage is limited to medically necessary ambulance service provided by the New Haven/Adams Township Fire and EMS Department. The coverage is only applicable to transport that is reasonably and medically necessary.

What is "Medically Necessary"? New Haven Subscription EMS uses the federal government's definition for federal health insurance programs such as Medicare. The specific definition of medically necessary used by federal government programs is: **"Medical necessity is established when the patient's condition is such that the use of any other method of transportation would be hazardous to the patient's health. This implies that the alternative, less expensive forms of transportation should be used unless the health of the beneficiary would be at risk by so doing. If transportation other than an ambulance could be utilized without endangering the individual's health, whether or not other transportation is actually available, no payment may be made for the ambulance service. Additionally, Medicare will not reimburse for ambulance transportation if the service planned for the patient at the destination could be provided as effectively and more economically at the patient's location (e.g. nursing home, residence.)"** In other words, if the patient did not actually need the medical services of the ambulance personnel, and could have been transported by wheelchair van, taxi, private car, or some other means without it being reasonably expected to endanger the patient's life, the **Subscription EMS** membership and most insurance companies **will not cover this service**.

The first determination of what is "medically necessary" will be made by the New Haven/Adams Township EMS before billing Medicare or your private insurance, using the definition of medically necessary set forth above.

The second determination of what is "medically necessary" is made by your insurance company. If your insurance company determines that transport is medically necessary and pays part of the bill, your subscription will cover any amount of the ambulance bill not paid by your insurance as set forth below. **New Haven Subscription EMS reserves the right to determine whether or not the ambulance transportation was "medically necessary" for subscription EMS coverage.**

Coverage. The subscription EMS program covers all medically necessary ambulance service, whether emergency or non-emergency. The program works as follows:

- If your insurance pays a portion of the charges (equal to or greater than your EMS membership fee) then you are responsible for nothing above what is paid by your insurance.
- If your insurance paid nothing towards your bill, **or** only pays your membership fee costs, **or** applies the entire amount of the fee to your deductible, **or** you have no insurance, **or** your ambulance service is not medically necessary, you will pay 70% of the ambulance bill.

Non-covered items. Under the following circumstances, you shall be responsible for the entire amount of the ambulance bill:

- Transportation to or from a facility not within Allen County, Indiana.
- Transportation between facilities requested solely by the patient, unless transport to the second facility is "medically necessary" as that term is defined above.

c. "Non-covered services" as defined by Medicare.

d. Transportation to or from: physician offices, pharmacies, dentist offices, physical therapy centers, free-standing renal dialysis centers.

Compatibility with Medicare. If Medicare rejects your service as not medically necessary, you are required to provide documentation from your physician or hospital to demonstrate medical necessity for billing purposes. If you cannot provide proper documentation, or Medicare determines your transport was not medically necessary after appeal, you shall be responsible for 70% of the bill. New Haven/Adams Township EMS will assist in an appeal to Medicare if you choose to appeal.

Applicability to uninsured patients. If you are uninsured, you shall be responsible for 70% of the bill.

Exceptions for abuse. The New Haven/Adams Township Fire and EMS reserves the sole right to determine when an abuse is a pattern of use of ambulance service exists. "Abuse" consists of the continual use of ambulance service for reasons which are not medically necessary, and when the member knows or should know that the ambulance service would not be considered medically necessary or, after the member has been informed by the New Haven/Adams Township Fire and EMS that a pattern of service constitutes an abuse of their membership. The New Haven/Adams Township Fire and EMS will notify the member if it determines that abuse has occurred. If abuse continues after notice, the member's subscription may be revoked and cancelled at the sole discretion of the New Haven/Adams Township Fire and EMS.

Coverage conditions.

a. The New Haven Subscription EMS covers only ambulance transport performed by New Haven/Adams Township EMS.

b. New Haven Subscription EMS covers only services provided by New Haven/Adams Twp. EMS. NHATEMS will only accept New Haven Subscription. We do not accept surrounding areas' coverage memberships.

c. A single membership covers you, your spouse, and any single children under the age of 21 living with you. (If child is a full-time student, coverage continues until the age of 26).

Billing. New Haven/Adams Township EMS will bill your insurance directly. You agree to authorize Medicare or your insurance company to send payment directly to New Haven/Adams Township EMS. Should payment be sent to you, you agree to immediately send any such payment to New Haven/Adams Township EMS as a condition of your membership. In turn, New Haven/Adams Township EMS agrees to accept payments by your insurance company as payment in full as set forth above. If you fail to abide by these terms, New Haven/Adams Township EMS may nullify its contract with you.

Membership runs on an annual basis, beginning on June 30 of each year. Your membership becomes effective once your completed application is received, and must be renewed prior to June 30 of each year to remain effective.

What if I move? Memberships are non-refundable and non-transferable.

Will Paramedics respond if I'm not a member? Yes. Paramedics will respond to any call for help.