

WHY DO YOU NEED INSURANCE COVERAGE IN ADDITION TO A SOUTHERN BERKS REGIONAL EMERGENCY MEDICAL SERVICES MEMBERSHIP?

One-hundred percent of ambulance transportation is not always covered by private insurance, Medicare or Medicaid. Membership provides a 20% discount on billed ambulance services within the Southern Berks Regional Emergency Medical Services service area. For a prehospital ambulance transport due to a sudden illness or accident when members are covered by Medicare or Medicaid, there may be no cost to the member. For ambulance services not covered by insurance, Medicare or Medicaid, members receive a 20% discount from their Southern Berks Regional Emergency Medical Services bill.

A Southern Berks Regional Emergency Medical Services membership is not an insurance policy. Southern Berks Regional Emergency Medical Services members are obligated to pay a portion of the discounted fee for ambulance services. Southern Berks Regional Emergency Medical Services will take an assignment of the member's rights under their insurance policy and collect directly from the insurance company. Many insurance policies do not cover trips to doctors' offices, even if authorized by the physician. Members are responsible for payment up to 80% of all costs.

TO OUR LOYAL MEMBERS AND PROSPECTIVE MEMBERS

This section has been included to ensure each and every one of you that this is the official Southern Berks Regional Emergency Medical Services annual membership application. Our community service was established in 1995. If you have any questions or concerns, please contact Southern Berks Regional Emergency Medical Services at 610-775-1041.

Note: If you received this membership application and it is not in your area of service, please disregard.



SOUTHERN BERKS REGIONAL EMERGENCY MEDICAL SERVICES, INC.

www.sbrems.com
(610) 775-1041
EMERGENCY 9-1-1

SOUTHERN BERKS REGIONAL EMERGENCY MEDICAL SERVICES SERVICE FACTS

- A Southern Berks Regional Emergency Medical Services standard of care is the use of 12-lead EKG, considered the key to the pre-hospital evaluation of a heart attack. Because it lessens the time it takes to make the diagnosis, it is the best tool available. The 12-lead EKG is vital in the identification of a heart attack. It can make a life-or-death decision.
- Southern Berks Regional Emergency Medical Services is the primary ambulance service provider for nine municipalities in the southern part of Berks County.
- Southern Berks Regional Emergency Medical Services is a non-profit organization, organized to protect the public.
- Each year Southern Berks Regional Emergency Medical Services responds to over 3,000 emergency calls.
- Our ability to operate depends on being reimbursed for each call. When you take into account all the training and equipment that goes into running a critical, life-saving service, calls can cost as much as \$1,200.
- Southern Berks Regional Emergency Medical Service receives little to no support from tax dollars.

SOUTHERN BERKS REGIONAL EMERGENCY MEDICAL SERVICES SERVICE AREA

**Advanced Life Support
Basic Life Support
Wheelchair Van
Est. 1995**

24 Hours a Day, 7 Days a Week!

DIVISION ONE:

445 E. Main Street • Birdsboro, PA 19508

Birdsboro Borough
Robeson Township
Union Township

DIVISION TWO:

769 Mountain View Road • Reading, PA 19607

Brecknock Township
Cumru Township
Kenhorst Borough
Mohnton Borough
Robeson Township
Shillington Borough

DIVISION THREE:

1096 E. Ben. Franklin Highway • Douglassville, PA 19518

Amity Township
Union Township

Board of Directors

Rodney A. Breyer
Celwyn C. Evans
Janice L. Kinginger
James Major, Jr.
Guy N. Piegari, MD
James J. Tunnessen

Executive Director

George M. Mang

MEMBER HANDBOOK 2009

SOUTHERN BERKS EMERGENCY MEDICAL SERVICES



SOUTHERN BERKS REGIONAL EMERGENCY MEDICAL SERVICES, INC.

www.sbrems.com

(610) 775-1041

EMERGENCY 9-1-1



Our paramedics use the latest in technology such as the Lifepak 12 cardiac monitor, considered as key to the pre-hospital evaluation of a heart attack

BENEFITS OF SOUTHERN BERKS REGIONAL EMERGENCY MEDICAL SERVICES MEMBERSHIP

For an annual fee of \$75, a Southern Berks Regional Emergency Medical Services membership covers applicant, spouse and resident children up to 21 years of age (through 23 if still attending school) who have never been married. Members are not responsible for any payments over and above what their insurance pays.

Sustaining members receive a 20% discount for their continued support and pay an annual fee of \$60. To qualify for the \$60 membership fee, those sustaining members must have been members in the prior year. Members are not responsible for any payments over and above what their insurance pays.

Senior citizen members receive a 20% discount for their continued support and pay an annual fee of \$40. Members are not responsible for any payments over and above what their insurance pays.

- Membership entitles you to a 20% discount on billed ambulance services.
- We will file the necessary claim for ambulance services if you have private insurance coverage of Medicare or Medicaid.

MEMBERSHIP AGREEMENT

Persons Covered by Membership – Those persons covered by this membership shall include the immediate members of my family which shall be defined as the applicant and spouse, and the resident children up to 21 years of age (through 23 if still attending school) who have never been married.

Membership Fee and Assignment of Rights – In consideration of the membership services provided by SOUTHERN BERKS REGIONAL EMERGENCY MEDICAL SERVICES, INC. ("SBREMS") described below and except as hereinafter provided, I have paid to SBREMS a non-refundable and non-transferrable membership fee*. I assign to SBREMS, on my behalf and on behalf of the immediate members of my family covered by this membership, all rights and benefits of all medical and health insurance policies or plans and any other benefits or plans which provide coverage for ambulance services. This includes but is not limited to co-insurance and deductibles. (NOTE: Medicare or Medicaid patients need not be members to have full coverage of some services covered by Medicare or Medicaid.) For purposes of this agreement

"ambulance service(s)" shall mean medical ground transportation of patients meeting medical necessity guidelines. I also agree to assign and transfer to SBREMS on my behalf and on behalf of the immediate members of my family covered by this membership, all rights in any claim where ambulance services by SBREMS were provided up to the total dollar amount of services incurred. I understand that if I have no insurance or if my insurance benefits assigned to SBREMS do not provide full payment to SBREMS of the charges for services provided to me, I will ultimately be responsible for payment of the same, less a 20% discount afforded to me as a member. I understand that this creates a legal obligation on my part to pay for services provided to me.

Membership Services Provided – In consideration of the membership fee and assignment of rights to SBREMS described above, SBREMS agrees to provide emergency and non-emergency ambulance service to me and the immediate members of my family covered by this membership. I understand that if my condition so indicates, SBREMS personnel or the medical command physician may select the hospital to which I will be taken. I recognize that transports to a physician's office are not ordinarily covered by insurers and I will be responsible for payment of these transports at the discount rate mentioned above (20% discount). I understand that emergencies have first priority.

Reimbursement for Membership Services – I that as a member, I shall make available all medical insurance and benefits information to SBREMS. I agree that in the events that I or a member of my family makes demand or files a claim or lawsuit for personal injury damages resulting from an accident or injury when SBREMS provided transportation, or services, I shall notify SBREMS immediately on demand, claim, or lawsuit. I understand that I am responsible for payment of services provided to me. Nothing herein shall be construed to waive any lien rights, privileges or rights of legal subrogation provided by law to SBREMS.

Member Consent to Third Party Reimbursement – As a member, I agree and consent to SBREMS filing for and collecting payment for services provided to me or the members of my immediate family covered by this membership, under any and all medical or health insurance policies, plans or benefit programs, up to the amount of SBREMS's charges for ambulance services provided to me or the members of my immediate family covered by this membership, as evidence by my Consent Form.

Agreement to Remit Payments Made by Insurer to Member for Services Provided – I, and the members of my immediate family, agree to forward immediately to SBREMS all payments for ambulance services provided by SBREMS and sent directly to us from any insurance company, medical benefits plan, or proceeds derived from lawsuits or settlements up to the total dollar amount of services incurred.

Member Need for Transportation/Requirements – I understand that my membership services with respect to emergency ground are restricted to situations where I and/or a member of my immediate family covered by this membership have sustained injury, sudden illness or trauma and the need for immediate medical attention of a doctor at a hospital emergency room exists. I understand that in the event non-emergency transportation is requested (i.e., transports other than those for sudden and unexpected injury, illness or trauma requiring immediate medical attention of a doctor at a hospital emergency room) physician authorization shall be required by SBREMS as a condition of the transport.

Membership applicants who are dialysis patients must be pre-approved for transportation based on the initial assessment of the patient's condition to ensure an ambulance is necessary for transport to and from treatment. Additionally, insurance coverage must be confirmed and the origin/destination requirements mandated by the insurance policy must be noted and met.

Cancellation of Membership – I agree that SBREMS has reserved the right to void this membership and refund my membership fee* from the effective date hereof in the event of my failure to comply with any of these terms. I agree and understand that if my membership is voided, I will be obligated to pay all balances in full. I also understand and agree that a failure to comply with membership terms (and grounds for membership revocation) shall include a refusal of any insurer or healthcare provider to recognize and pay for services rendered by SBREMS to me or the immediate members of my family, pursuant to the assignment of benefits contemplated by this membership agreement.

Membership Period – I understand this membership is for a period of one year commencing on January 1, 2009 and expiring on December 31, 2009.

I understand that by payment of the membership fee*, I have consented to all terms and conditions of this membership application on my behalf and the members of my family covered by this membership.

Member Agreement to Terms and Disclosure of Insurance Information – As a member of SBREMS, I request that payment of authorized Medicare, Medicaid or other insurance benefits be made on my behalf to SBREMS, for any ambulance services furnished to me or members of my immediate family covered by this membership with SBREMS. I hereby consent and authorize any holder of insurance information about me and the members of my family covered by this membership (including Medicare, Medicaid, or any private insurance company or benefits plan) to release such information, now or in the future, to SBREMS or the Centers for Medicare and Medicaid (CMS), its carriers or agents, if such release is made in compliance with the Health Insurance Portability and Accountability Act.

FAILURE TO COMPLY WITH THE ABOVE TERMS MAY RESULT IN MEMBERSHIP REVOCATION.

*Membership fee \$75.00; Membership renewal fees for sustaining members \$60.00; Senior Citizens \$40.00

**SOUTHERN BERKS REGIONAL
EMERGENCY MEDICAL SERVICES, INC.**

**769 Mountain View Road • Reading, PA 19607
(610) 775-1041**

**"Help Us, Help You!"
Volunteers Needed!**