



# APPLICATION FOR MEMBERSHIP

FOR THE PERIOD OF JULY 2026 – JUNE 2027

If you need assistance  
please contact us:

(503) 633-4602

St. Paul Fire District FireMed  
PO Box 1  
Saint Paul, OR 97137-0001

For more information, please refer to the Terms of Agreement on the back of this application.

## Household Members (List All)

FireMed household membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence, within the DISTRICT's ambulance service area, living together as part of a family unit, but not to include mere roomers or boarders. Membership is also extended to include household members living in substitute care (e.g. nursing home).

| Last Name                    | First Name           | Relation             | Date of Birth (MM/DD/YYYY)                                         |
|------------------------------|----------------------|----------------------|--------------------------------------------------------------------|
| Primary Member               |                      |                      |                                                                    |
| <input type="text"/>         | <input type="text"/> |                      | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Additional Household Members |                      |                      |                                                                    |
| <input type="text"/>         | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
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## Household Information

|                                |                      |                      |                      |                      |
|--------------------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/>           |                      |                      | <input type="text"/> | <input type="text"/> |
| Home Address                   |                      |                      | Apt #                | Phone Number         |
| <input type="text"/>           | <input type="text"/> | <input type="text"/> |                      |                      |
| City                           | State                | Zip                  |                      |                      |
| <input type="text"/>           |                      |                      | <input type="text"/> | <input type="text"/> |
| Mailing Address (If Different) |                      |                      | Apt #                | Email Address        |
| <input type="text"/>           | <input type="text"/> | <input type="text"/> |                      |                      |
| City                           | State                | Zip                  |                      |                      |

(Use an Additional Sheet if You Need to Add More Members)

Submission of this application constitutes acceptance of the FireMed Terms of Agreement on the reverse side of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check appropriate membership(s) for which you are applying:

☐ \$60 St. Paul FireMed Only ☐ \$145 Combined St. Paul FireMed/Life Flight

Please make check payable to **St. Paul Fire District**.

**Please complete this application, retain the bottom copy for your records,  
and return the white copy with your check.**

**THANK YOU!**

2026-2027

For Office Use Only:

MB# \_\_\_\_\_

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**FireMed Ambulance Membership Program Terms of Agreement**  
**By Joining FireMed Members Agree to Abide by the Terms of Agreement Below**

**Definition:** FireMed is a voluntary ambulance membership program operated by the St. Paul Fire District (hereinafter referred to as DISTRICT). FireMed is not insurance. It is in addition to any medical benefits members may have. **THE DISTRICT WILL BILL INSURANCE OR OTHER COVERAGE FOR AMBULANCE SERVICES THAT MEMBERS MAY HAVE AND THE DISTRICT IS ENTITLED TO ALL BENEFITS PAID FOR AMBULANCE SERVICES RENDERED, UP TO THE TOTAL DOLLAR AMOUNT OF SERVICES INCURRED.**

**Membership Benefits:** Membership covers applicable patient out-of-pocket expenses for medically necessary emergency and non-emergency\* ambulance care and transportation provided by the DISTRICT within the DISTRICT'S ambulance service area.

\*Non-emergency ambulance services are covered only to approved destinations, when medically necessary, and with proper prior authorization and documentation.

**Membership Benefits Outside of Local Service Area:**

Other participating reciprocal agencies may extend member benefits to areas outside the DISTRICT'S ambulance service area. These benefits are limited to the terms of agreement in effect by the participating agency providing services at the time benefits are used. Members who receive ambulance service from any other participating agency are eligible for benefits offered by that agency, provided that: 1) a copy of the ambulance bill is submitted to the DISTRICT within 30 days of receipt of bill, and 2) the member agrees to abide by the participating agency's terms of agreement. A current list of participating agencies is on file in the DISTRICT business office. The DISTRICT is not responsible for the type, level, or quality of services provided by a participating agency nor is the DISTRICT financially responsible for any costs or charges incurred by a member from any other ambulance provider. The DISTRICT is not responsible for the withdrawal of participating reciprocal agencies. Participating agencies are subject to change without notice.

**Member Responsibilities:** Members pay an annual membership fee and will assign and transfer to the DISTRICT all rights and benefits for ambulance services from all insurance policies, plans, or other benefit programs members may have, including all rights in any claim or third party recovery, up to the total dollar amount of services incurred, where ambulance services were provided by the DISTRICT. Should any person covered under this membership receive any payment for ambulance services rendered by the DISTRICT, they will immediately forward such payment to the DISTRICT. Members authorize the release of medical and other information by or to the DISTRICT as necessary for ambulance billing. Members agree to provide, when requested, any or all information concerning insurance policies, plans, third party recovery, or other benefit programs they may have, and will cooperate and assist as necessary in any efforts to bill and collect such

ambulance reimbursements, including the completion and submission of documents or claim forms.

**Membership Eligibility:** Residents of the DISTRICT'S ambulance service area are eligible to join by properly completing an enrollment application available from the DISTRICT and by paying the appropriate annual membership fee. FireMed household membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence, within the DISTRICT'S ambulance service area, living together as part of a family unit, including domestic partners, but not to include mere roomers or boarders. Membership benefits are also extended to include household members living in substitute care (e.g. nursing homes) in the DISTRICT'S ambulance service area. Others not included in this definition are required to obtain their own separate membership. The first person listed on the application form is called the "Primary Member." Anyone who joins a household after the membership goes into effect can be included under the membership from the date the "Primary Member" notifies the DISTRICT of the addition. Only those persons who meet the membership eligibility requirements **AND** are listed in the membership record at the time services are rendered are eligible for benefits.

**Duration:** Membership coverage begins upon acceptance of a properly completed application form with payment and extends to June 30th.

**To the Member's Insurance Carrier (for members with insurance):** As a FireMed member, I authorize a copy of this agreement to be used in place of the original on file at the DISTRICT'S office. I assign and authorize payment of benefits for ambulance services directly to the DISTRICT, according to the FireMed terms of agreement and as itemized on claim forms. My membership fee covers any applicable deductible, co-insurance, or co-payment amounts and I expect the usual and customary ambulance reimbursement on my behalf to be sent directly to the DISTRICT.

**Disclaimer:** The DISTRICT reserves the right to add, modify, or delete any of the program terms and conditions completely or in part. All interpretations of the membership terms and conditions shall be at the sole discretion of the DISTRICT. Membership is non-transferable and non-refundable. Persons who receive welfare, Medicaid, Division of Medical Assistance Programs, or Oregon Health Plan medical benefits need not be members in order to have full coverage for services covered under these programs. Any such membership constitutes a voluntary contribution only. Violations of the terms of agreement may result in membership revocation, forfeiture of benefits associated with membership and an obligation to pay all balances in full.

Revised 05/11/2021

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**A large print version of this text is available upon request**