What is
MERCY CARE?

Mercy Care is a membership program that helps protect your family from unexpected ambulance expenses. It reduces your out-of-pocket costs (such as co-pays and deductibles) when insurance does not cover an ambulance transport. Membership is available whether you have Medicare, Medicaid, private insurance, or no insurance at all.

MERCY
REGIONAL EMS

MERCY-REGIONAL.COM

PLEASE FILL OUT MEMBERSHIP FORM IN FULL

MERCY REGIONAL EMS

❍ Renewal ❍ New Member

Name _____

Spouse _____

Children _____

Address _____

City _____ State _____ Zip _____

Phone _____

Signature _____

Enclose a Check or Money Order Payable to: Mercy Regional Ambulance Membership

Please completed form and mail in with payment of $75.00 to Mercy Regional of Oklahoma, PO Box 2398, Owasso, OK 74055

WHY JOIN IF I ALREADY HAVE INSURANCE?

Even if you have Medicare or other coverage, ambulance transports are often denied. A Mercy Care membership ensures you won't be left paying the full bill if a medically necessary ambulance transport is denied.

WHAT IF I DON'T HAVE INSURANCE?

Mercy Care provides peace of mind for uninsured families. With a membership, your cost for medically necessary ambulance transport is reduced by 60%.What does a membership cost? **$75 annually per household.** A household includes you, your spouse, and dependent children (age 21 and under) living at home.

WHAT IF I DON'T JOIN?

We will always provide emergency medical care with the same compassion and professionalism. Without a membership, however, you are responsible for the full cost of ambulance transport.

Membership is not insurance. Members are responsible for a portion of charges as outlined. Coverage begins 48 hours after purchase. There is an annual expiration date and will expire on the same date each year. Full legal terms on next page.

918.609.5800

MERCY REGIONAL EMS | *Respond. Serve. **Care.***

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MEMBERSHIP TERMS

Ambulance transports from a patient's residence to a physician's office are not covered along with dialysis patients who are subject to prior approval based on the initial assessment of the patient per Medicare requirements.

Financial responsibility: I hereby assign all ambulance service insurance benefits for each covered person to Mercy Regional of Oklahoma. I understand that Mercy Regional of Oklahoma will file my ambulance insurance claims for me and will collect for itself under all of my health insurance policies, plans or programs up to the amount Mercy Regional of Oklahoma charges for ambulance service provided to the covered person. Any insurance payment I receive related to Mercy Regional of Oklahoma services will be immediately delivered to Mercy Regional of Oklahoma. I request that payment of Authorized Medicare benefits be made on my behalf to Mercy Regional of Oklahoma for any ambulance services provided to me by Mercy Regional of Oklahoma. If I do not have insurance, I understand that I am financially responsible for 40% of the amount of the charges by Mercy Regional of Oklahoma.

Authorization: I authorize any holder of medical information or documentation about me to release to the Health Care Financing Administration and its agents and carriers, as well as to Mercy Regional of Oklahoma, any information or documentation needed to determine these benefits or benefits payable for related services or any services provided to me by Mercy Regional of Oklahoma now or in the future.

Medicaid recipients: I understand this is a voluntary contribution and that if unable to purchase a membership that it will not affect my ability to receive ambulance service to the nearest medical facility.

Please note: Membership will take place 48 hours after purchase.