

**City of Gustavus, Alaska**  
**Gustavus Volunteer Fire Department Emergency Medical Services**  
**Ambulance Subscription Program**  
**PO Box 1**  
**Gustavus, Alaska 99826**

THIS IS NOT AN INSURANCE POLICY

I request that payment of authorized insurance benefits be made on my behalf to the City of Gustavus for any services provided to me by the Gustavus Volunteer Fire Department now or in the future. I agree to immediately remit to the City of Gustavus any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the City of Gustavus. I authorize the GVFD or contracted billing service to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to Gustavus Volunteer Fire Department and its billing agents, and/or the Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these and other benefits payable for any services provided to me by the Gustavus Volunteer Fire Department, now or in the future. A copy of this form is as valid as an original.

Subscribers to the Ambulance Subscription Program agree to notify City Hall within 7 business days of any and all changes in insurance coverage, including but not limited to; termination or activation of coverage or change in insurance carriers.

I hereby apply for membership with the Gustavus Volunteer Fire Department Ambulance subscription program. I understand that the enclosed fee will cover me, my spouse or partner, unmarried dependent children under the age of 25 years of age and any other legal dependent of me and my spouse/partner who may live at this address. I understand that through my membership, the Gustavus Volunteer Fire Department will provide emergency ambulance service within Gustavus. I also understand and give my permission for the Gustavus Volunteer Fire Department to bill my insurance carrier(s). This membership will cover the portion not reimbursed by my medical coverage for services rendered by the Gustavus Volunteer Fire Department. I understand that the Gustavus Volunteer Fire Department provides medically necessary ambulance transportation and that violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty. I also understand that this membership is nonrefundable and nontransferable.

.....  
Subscriber/Head of Household

.....  
Date

**GVFD AMBULANCE SUBSCRIPTION PROGRAM ENROLLMENT FORM - CALENDAR YEAR 2014**

**Head of Household:**

Printed Last Name \_\_\_\_\_ Printed First Name \_\_\_\_\_

Street address \_\_\_\_\_

Mailing address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_  
 HIPAA form signed

**Eligible residents in household:**

**1.** \_\_\_\_\_  
 First and Last name \_\_\_\_\_ DOB \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_  
 HIPAA form signed

**2.** \_\_\_\_\_  
 First and Last name \_\_\_\_\_ DOB \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_  
 HIPAA form signed

**3.** \_\_\_\_\_  
 First and Last name \_\_\_\_\_ DOB \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_  
 HIPAA form signed

**4.** \_\_\_\_\_  
 First and Last name \_\_\_\_\_ DOB \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_  
 HIPAA form signed

\*Attach a separate sheet if necessary

**Method of Payment:**

The full amount of \$10/individual or \$25/household is due and payable at the time of enrollment.

Enclosed check # \_\_\_\_\_ made payable to: City of Gustavus

Visa/MC/Amex/Discover \_\_\_\_\_  
 card # \_\_\_\_\_ exp. date \_\_\_\_\_ security code \_\_\_\_\_

\_\_\_\_\_ billing address and zip for card

\_\_\_\_\_ Name as it appears on card \_\_\_\_\_ authorized signature of cardholder

Please auto-renew my subscription yearly, using the above card. \_\_\_\_\_  
 \_\_\_\_\_ authorized signature of cardholder