Camp County E.M.S.

Membership Application

$30 Individual Membership
$48 Family Membership

FOR OFFICE USE ONLY :		
Date Received	Check #	Amount

TYPE OF MEMBERSHIP: INDIVIDUAL ☐ FAMILY ☐ HEAD OF HOUSEHOLD: M ☐ F ☐	SPOUSE: M ☐ F ☐
LAST NAME FIRST NAME M.I.	LAST NAME FIRST NAME M.I.
DATE OF BIRTH PHONE #	DATE OF BIRTH
SOC. SEC. NUMBER MEDICARE NUMBER	SOCIAL SECURITY NUMBER MEDICARE NUMBER
PRIMARY / SUPPLEMENT INSURANCE CO. POLICY GROUP	PRIMARY / SUPPLEMENT INSURANCE CO. POLICY GROUP

MEMBER MAILING ADDRESS	MEMBER "911" (PHYSICAL) ADDRESS	CITY, STATE, ZIP CODE	COUNTY

OTHER HOUSEHOLD MEMBERS (*IF ADDITIONAL SPACE IS NEEDED, PLEASE USE A SEPARATE SHEET)*

LAST NAME	FIRST NAME	RELATION	INSURANCE CO.	POLICY GROUP #	DATE OF BIRTH	SOC. SEC. NUMBER	M ☐ F ☐
LAST NAME	FIRST NAME	RELATION	INSURANCE CO.	POLICY GROUP #	DATE OF BIRTH	SOC. SEC. NUMBER	M ☐ F ☐
LAST NAME	FIRST NAME	RELATION	INSURANCE CO.	POLICY GROUP #	DATE OF BIRTH	SOC. SEC. NUMBER	M ☐ F ☐
LAST NAME	FIRST NAME	RELATION	INSURANCE CO.	POLICY GROUP #	DATE OF BIRTH	SOC. SEC. NUMBER	M ☐ F ☐

ADDITIONAL INSURANCE INFORMATION

IMPORTANT NOTE:
THIS APPLICATION MUST BE COMPLETED AND SIGNED FOR YOUR MEMBERSHIP TO BE ACCEPTED.

MEMBER AGREEMENT AND CONSENT FOR USE OF PROTECTED HEALTH INFORMATION:

By signing the application below, I am stating that I have read and understand the rules and restrictions of membership with Camp County EMS. I authorize the release of my medical information for the purpose of billing my insurance and to obtain benefits which are entitled through my insurance carriers. I understand that should I or a family member receive payment from insurance or any other medical provider for the services rendered by Camp County EMS, the payment will be immediately forwarded to Camp County EMS to the extent necessary to satisfy any balance due. I understand my privacy rights pertaining to the use of my protected health information (PHI) and hereby give consent for the use of my PHI for my treatment, to obtain payment for my treatment and for healthcare operations.

Signature Date