



**AMBULANCE SUBSCRIPTION PROGRAM**  
**Bedford Fire Department**  
**PHONE: 817-952-2500**

# 2022 Renewal

Date Received \_\_\_\_\_

Check # \_\_\_\_\_

Credit Card \_\_\_\_\_

**COVERAGE PERIOD:** January 1 through December 31  
 PLEASE PRINT (Complete in Full)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

List spouse, unmarried children under 25, and other dependents listed on your tax return and regularly living at home. (First name, middle initial, last name if different than member)

Name	Date of Birth	Social Security #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**No insurance changes from prior year. I understand that it is my responsibility to notify the Bedford Fire Department with any insurance changes during the subscription year.**

**Insurance information has changed. Copies of the front and back of new insurance cards are enclosed.**

**Payment Options:**

**Option 1** A check or money order in the amount of \$ 60.00 must accompany this application  
 I am enclosing a check or money order for \$60.00 to become a member. (Non-refundable)

**Option 2** Payment by credit card. Please charge my credit card \$60.00 to become a member.

Card Type (Circle Credit Card): **Visa** **Master Card**

Name on Card: \_\_\_\_\_

Acct. Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

*Mail completed application, insurance info.(if changed), check or money order payable to:*

**Bedford Fire Department, 1816 Bedford Rd, Bedford, TX 76021**

**See Reverse Side for Information and Signature (required).**

AGREEMENT – THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY

I hereby apply for membership with the Bedford Fire Department Ambulance Subscription Service. I understand that the enclosed annual fee of \$60.00 will cover myself, spouse, unmarried children (under 25 years of age) and any other qualified dependents as determined by the IRS who may live at this address. I understand that through this membership the Bedford Fire Department will provide emergency ambulance service within the City of Bedford through the Bedford Fire Department. I also understand and give my permission for the Bedford Fire Department to bill my insurance and to obtain benefits, which are entitled through my insurance carriers. **This membership will cover the portion not reimbursed by my medical coverage for services rendered by the Bedford Fire Department during the time of my membership. Medicaid Recipients and persons not covered under a primary insurance policy, are not eligible for this program.**

**I authorize the release of medical information for the purpose of billing my insurance. I understand that should I or a family member receive payment from insurance or any other medical provider for services rendered by the Bedford Fire Department, the payment will be immediately forwarded to the Bedford Fire Department to the extent necessary to satisfy any balance due.**

I do understand that Medicaid Recipients are not eligible for the Bedford Fire Department memberships. I understand and agree that the EMS Service to be provided under this agreement is for a governmental service and the liability of the city, it's employees and officials is to be governed solely by the Texas Tort Claims Act, Chapter 101, Texas Government Code. This agreement does not constitute a waiver or modification of such laws.

**I understand the Bedford Fire Department provides ambulance transportation in true emergency cases only and not for transfer ambulance service.** 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 non-refundable and non-transferable.

To The Insurance Company

I authorize a copy of this agreement to be used in lieu of the original on file at the Bedford Fire Department. The original may be furnished on request. I authorize payment of insurance benefits for ambulance service for myself or family members directly to the Bedford Fire Department according to our agreement and as itemized on the attached claims. I have paid the co-payment for ambulance services to be rendered and expect your usual and customary ambulance reimbursement on my behalf to be sent to the Bedford Fire Department.

**Authorization for release of Medical Information:**

I authorize any holder of medical information about me to release to Medicare, Medicaid and any insurance, as well as the provider of this service, any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, whether in the past, now or in the future.

**IMPORTANT: Must be signed to be valid.**

MEMBER'S SIGNATURE

I have read the above and agree with the above

SPOUSES SIGNATURE

I have read the above and agree with the above