

Big Bear Valley LifeCare  
A Service of the  
Big Bear City Fire Department

Application for Membership AND Renewal Form

**\$59\***

**Please Print** (Head of Household)

FULL NAME: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

*List all family members including unmarried children under age 25 and other dependents listed on your tax return and regularly living at home or dependents in the Big Bear Valley area. Please list any last name that is different than the name above.*

Household Members (**List Full Name**):

Spouse or Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

*Please fill this form out completely, **sign the signature form on the opposite side** and return this form along with the fee. Make Checks Payable to "BIG BEAR CITY FIRE DEPT-LIFECARE". Membership becomes active 24 hours after acceptance in our office.*

- NOTE: Open Enrollment is during September and October. Anyone can sign-up year round; however, the \$59 fee will not be prorated.

Method of Payment:

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

Visa  Master Card Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

## LifeCare Agreement

*(Please read this statement carefully, then sign below.)*

I hereby apply for membership in LifeCare for myself and eligible family members\* who live at my address. I understand the enclosed fee provides emergency ambulance care and transportation within the Big Bear City Fire Department Ambulance Response area, interfacility transfers, and non-emergency ambulance services as noted below. Coverage begins 24 hours after acceptance of the application and extends to October 31 of the following year. Non-emergency ambulance service to hospitals and interfacility transport from our local hospital to other approved facilities may be covered **when medically necessary**. Medical necessity is established when the patient's condition is such that other means of transportation would endanger the health of the patient. Ambulance services are not covered when other means of transportation could be used, whether or not it is available. I understand that Lifecare is not insurance but will provide ambulance service through the Big Bear City Fire Department and will bill whatever insurance or medical benefits I may have and is entitled to primary and secondary insurance payment. LifeCare is in excess of any insurance or medical benefits which I may have. I further authorize the release of medical information for the purpose of ambulance insurance billing only. Should I, or a family member, receive payment from insurance or other medical benefits provider for ambulance service rendered by the Big Bear City Fire Department, I will immediately forward such payment to the Big Bear City Fire Department. LifeCare membership is not solicited from persons who receive Medi-Cal medical benefits and such memberships constitute a voluntary contribution only. I understand that violations of the terms of this agreement may result in immediate cancellation. This membership is non-refundable and non-transferable. Additional interfacility transfer fees are charged and will be billed in the same manner as emergency transports. Non-emergency ambulance services to hospitals, hospital to home, hospital to other facilities may incur an additional charge when the ambulance services are not medically necessary. Such charges shall be at the discretion of the Big Bear City Fire Department.

### **\*Definition of Eligible Family Members**

LifeCare membership covers immediate family members living in the same household. The member, spouse, unmarried children under the age of 25, and other persons listed as legal dependents for income tax purposes are covered. Others not included in this definition are required to obtain their own separate membership.

### **To the Insurance Carrier**

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

**Signature of Head of Household:**

\_\_\_\_\_ Date:\_\_\_\_\_

Printed Name:\_\_\_\_\_