

I hereby apply for membership in the Corsicana Fire Rescue Ambulance Subscription Program. I understand that the enclosed annual fee will provide coverage for me, my spouse, and dependents less than 26 years of age who live at my residence. I understand that through this subscription, the Corsicana Fire Rescue E.M.S. or Allegiance Mobile Health will provide emergency ambulance service within their service area and to hospitals. I also understand and give authorization to the Corsicana Fire Rescue E.M.S. or Allegiance Mobile Health to bill my insurance and to obtain benefits that are entitled through my insurance carriers. This subscription will cover the portion not reimbursed by my medical coverage for services provided by the Corsicana Fire Rescue E.M.S. or Allegiance Mobile Health during the coverage period of my subscription membership for medically necessary ambulance transportation (as defined by the CMS Centers for Medicare & Medicaid Services). This subscription service is not an insurance policy.

I authorize the release of all medical information for the purpose of billing my insurance. I understand that should I or any member of my family covered under this subscription program receive payment from insurance or any other medical provider for services rendered by the Corsicana Fire Rescue E.M.S., the payment will immediately be forwarded to City of Corsicana, PO Box 222059 Dallas, TX 75222 in the amount received or with Allegiance's billing company Bluebird Medical Enterprises, LLC, P.O. Box 2775, Georgetown, Tx. 78627.

I understand that Corsicana Fire Rescue E.M.S. or Allegiance Mobile Health provides medically necessary ambulance transportation and that any 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.

CURRENT SUBSCRIBERS: You are not required to fill out the application again unless you have changes to the information from last year. You may just mail in the payment. Please be sure to include your name and subscriber number with your payment. If you are paying through your Corsicana water bill, the payment and your subscription will continue until you request cancellation.

NEW SUBSCRIBERS: Please fill out the form below and return to: Corsicana Fire Rescue – 2975 Drane RD – Corsicana, TX 75110 with your form of payment. **If you prefer to receive all communication via USPS mail, please check this box:**

HEAD OF HOUSEHOLD Nursing home resident? Yes No - Nursing Home _____

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Phone # _____ Email: _____

Household Address _____

City _____ Zip Code _____ Male Female This is a renewal. Subscription No. _____

SPOUSE Nursing home resident? Yes No - Nursing Home _____

Last Name _____ First Name _____ Middle Initial _____

Male Female Date of Birth _____ Phone # _____

OTHER HOUSEHOLD MEMBERS' INFORMATION Dependents, under age 26. (Use a separate sheet if additional space is needed.)

Male Female Last Name _____ First Name & MI _____ Date of Birth _____

Male Female Last Name _____ First Name & MI _____ Date of Birth _____

PAYMENT OPTIONS

Personal check or money order. No cash accepted. Made payable to Corsicana Fire Rescue in the amount of \$48.00.

I authorize a \$4.00 monthly payment on my water bill (where applicable). Account No. _____

Payment made online at www.cityofcorsicana.com. Date of Payment: _____

Applicant Signature _____ Date _____

Must be signed to be valid

Questions? Call 903-654-4956