

MEMBERSHIP AGREEMENT

I apply for membership with the Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network Program for my family and me, as defined and listed on this application. For my membership, I enclose the membership fee and the assignment of rights as explained below. I understand that if Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network accepts my application, I will comply with the following terms of the membership contract.

Household members are defined as: myself, my spouse, my unmarried children, and/or my spouses unmarried children who are dependents as defined by the Internal Revenue Service (IRS).

Membership applies to necessary transport services routinely provided by the Critical Care Transport Network to an appropriate medical facility within the Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network service area. Physician authorization required for non-emergency transports. This agreement does not cover transportation to or from a physician's office or any other non-approved destination as defined in the Medicare guidelines. It does not cover wheelchair transportation.

Payment of the membership fee and the assignment of rights allows Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network to make claims for payment against the insurer(s) or medical benefits provider(s) of members having Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network emergency/critical care medical transport services coverage.

I assign to Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network all my rights and benefits for emergency/critical care medical transport services coverage under any and all of my medical insurance policies or other medical benefits contract(s). I also assign to Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network all rights I may have under any laws which require timely payment by my insurer. The benefits assigned include all benefits payable under my primary insurance or other medical benefits contract(s) and those due under any supplemental insurance policy, plan, or contract. I authorize and direct my insurer(s) or other medical benefits provider(s) to pay directly to Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network all sums due under my policies for services by Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network.

For services provided by Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network, I assign to Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network whatever rights I may have or may get in the future to obtain payment from third persons for those services. I also subrogate Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network to whatever claims I may have or may get in the future against such persons. I understand that upon payment by my insurer(s) or other medical benefits provider(s) of the maximum amount due under my policy or plan and controlling law for Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network customary charges. Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network will release me from responsibility to pay any remaining amounts due **after co-pay and deductible have been met.**

I understand that emergencies have first priority and that dispatching and transporting decisions will be made by the staff of Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network.

The membership program takes effect upon receipt of your payment and application to our office and will be effective for one year. The fee for individual membership is seventy-five dollars (\$75.00) per year. The fee for a family membership is one-hundred dollars (\$100.00) per year. Each year, members will receive notice of the annual fee before the renewal of the agreement. Fees and terms of this Agreement may be changed from time to time by the Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network program.

If no medical insurance, please contact the hospital for financial assistance (HELP) at 419.251.5966.



Mercy St. Vincent & University of Toledo Medical Center
Critical Care Transport Network
2213 Cherry Street
Toledo, OH 43608
419.251.4666