

TOWNSHIP AMBULANCE AUTHORITY

CARING FOR OUR COMMUNITY



MEMBERSHIP APPLICATION

I WANT TO JOIN TODAY ..

Signature

_____/_____/_____
Date

CHECK ENCLOSED
 MONEY ORDER ENCLOSED

Acknowledgement and Authorization

I understand that the Township Ambulance Authority (TAA) Advantage Plus Program is not an insurance. I further understand that I do not need to be a member of the program to receive ambulance service from the Township Ambulance Authority. As a program member, I will authorize payment directly to Township Ambulance Authority Advantage Program from any insurance plan that I may have for any ambulance services furnished to me or members of my family covered by the membership. Each member covered by the program will authorize the release of information needed by TAA Advantage Plus to determine benefits payable for the ambulance services provided to the member so long as such release is made in compliance with the Health Insurance and Portability and Accountability Act (HIPPA) and other applicable law. I understand that my membership will be effective **April 1, 2016 through March 31, 2017**, and I understand that the membership fee is non-refundable, and the membership does not cover hospital to hospital transfer service.

Please Initial _____

MEMBERSHIP INFORMATION

Self, Spouse, Unmarried Children Under Age 21 Living at Home

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
Mailing Address:		Township:		EMAIL
City:	State:	Zip:	Phone:	
Permanent Address:				
City:	State:	Zip:		
Non- Dependent Members				

TOWNSHIP AMBULANCE AUTHORITY

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ANNOUNCING ADVANTAGE PLUS MEMBERSHIP JOIN TODAY

2016

Township Ambulance Authority Advantage Plus

As an Advantage Plus Member:

- No out of pocket expense for medically necessary pre-hospital ambulance service to the nearest facility, after insurance is billed.
- Your ambulance service is covered with or without medical insurance coverage.
- Basic and Advanced Life Support services provided by our ambulance service are covered by your membership.
- You'll get protection that goes beyond insurance and Medicare coverage and we will bill directly for your convenience.

*Persons receiving Medicaid are not eligible.

- One membership covers your entire family. This is not an insurance.
- Discount on CPR Classes
- Access to Flu Shot at discounted cost in October.
- Blood Pressure and Capillary Blood sugar checks.

Dear Township Ambulance Authority District Resident,

You may be aware that TAA-EMS is now the sole 911 provider of ambulance services in the 9 Townships of Central Lake, Chestonia, Custer, Forest Home, Helena, Kearney, Mancelona, Star, and Warner. This change in management became effective April 1, 2015, after approval from the TAA-EMS Board of Directors. Our skilled staff of Emergency Personnel is privileged to serve the residents, visitors, friends and families of our community.

The Township Ambulance Authority is launching our membership advantage plus program for those in our service area who would like this cost saving program. With the TAA Advantage Plus Program, you could save hundreds of dollars if you are in need of emergency ambulance and EMS services. Our affordable rates are included in this flyer. This program may offer you peace of mind knowing that you will not receive a bill from the Township Ambulance Authority.

For additional information please contact the:
TAA-EMS office at 231-533-9100.

Membership Service

Areas:

Townships of Central Lake, Chestonia, Custer, Forest Home, Helena, Kearney, Mancelona, Star, and Warner.

You may confirm whether you are in the service area by contacting our billing staff at 231-533-9100 or by visiting our website; www.townshipambulance.org

Office hours:
M-F 9am – 4pm.

Effective

April 1, 2016 thru March 31, 2017

New Member:

- \$ 75 Single
- \$ 85 Family/Couple
- \$ 15 Additional Fee for Non-Dependent living at address

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: _____

Township Ambulance Authority
Advantage Plus Program
P.O. Box 1088
Bellaire, Mi. 49615