

Township Ambulance Authority

CARING FOR OUR COMMUNITY

Annual Advantage Plus Enrollment

2021 - 2022

Township Ambulance Authority Advantage Plus Program

As an Advantage Plus Member:

- No out of pocket expense for medically necessary pre-hospital ambulance service to the closest appropriate 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.
- One membership covers your entire family. This is not insurance.
- Discount on CPR Classes
- **NEW** - \$50 discount on hospital to hospital transfer service, when requesting TAA as your transfer agency**
- Blood Pressure and Capillary Blood sugar checks.

****The membership does not cover hospital to hospital transfer service. It does provide a discount.**

Dear Township Ambulance Authority District Resident,

It's enrollment time for our Advantage Plus Membership. Township Ambulance Authority is the provider of ambulance services in the 9 Townships of Central Lake, Chestiona, Custer, Forest Home, Helena, Kearney, Mancelona, Star, and Warner. Our skilled staff of Emergency Personnel is privileged to serve the residents, visitors, friends and family of our community.

The Township Ambulance Authority Advantage Plus Program is 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.**

**If you are unsure if you're in our
service area, please contact our
administration office at 231-533-
9100.**

**Office hours—
Bellaire Station:
M-F 9am – 4pm**

Effective

April 1, 2021—March 31, 2022

Member Rates:

- ◆ **\$75 Single**
- ◆ **\$85 Family/Couple**
- ◆ **\$15 Additional Fee for Non-Dependent(s) living at address**

**PLEASE MAKE CHECK OR MONEY
ORDERS PAYABLE TO AND MAIL TO:**

**Township Ambulance Authority
Advantage Plus Program
P O Box 1088
Bellaire, MI 49615**

TOWNSHIP AMBULANCE AUTHORITY—ADVANTAGE PLUS PROGRAM ENROLLMENT

Acknowledgment, Authorization and Enrollment

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 (HIPAA) and other applicable law. I understand that my membership will be effective **April 1, 2021 through March 31, 2022**, and I understand that the membership fee is non-refundable, and the membership does not cover hospital to hospital transfer service**. Initial _____

I WANT TO JOIN TODAY ...

Signature _____

Date ____/____/____

- CHECK ENCLOSED \$ _____
- MONEY ORDER ENCLOSED \$ _____
- CREDIT CARD / VISA / MC / Discover (3.95% fee assessed to each transaction and \$3.95 for each transaction under \$100)

Card #: _____

Exp date: _____ CVV: _____



****Program does not apply to Medicaid subscribers****

MEMBERSHIP ENROLLMENT

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

Last Name	First Name	MI	Birthdate	Gender	Dependent
				M / F	Y / N
				M / F	Y / N
				M / F	Y / N
				M / F	Y / N
				M / F	Y / N
				M / F	Y / N
Mailing Address:			City:	State:	Zip:
Physical Address:			City:	State:	Zip:
Email:			Phone:		