

SAND SPRINGS PROGRAM FOR EMSACARE AMBULANCE SERVICES

DECLARATION OF NON-PARTICIPATION FOR SINGLE-FAMILY RESIDENTIAL UTILITY CUSTOMERS

An Emergency Medical Services Program has been established for residents served by Sand Springs City utilities. As a residential utility customer within the Sand Springs Fire Department and EMSA ambulance service area, you will be charged a mandatory EMS fee on your monthly City utility bill. If you live inside the city limits, you will be charged a mandatory \$2.25 EMS fee monthly. If you live outside the city limits but within the Fire Department's and EMSA's service area, you will be charged a mandatory \$5.00 EMS fee monthly.

The Emergency Medical Services Program also allows you, as the person responsible for payment of utilities, to make a determination whether or not your household will participate in the optional EMSA Total Care program for ambulance services through EMSA. Permanent residents of participating households pay no out-of-pocket costs for EMSA emergency services. EMSA collects available insurance dollars but does not bill residents for deductibles, co-payments and other costs associated with emergency ambulance services. This means that you and any family members/other persons living with you will not pay for emergency ambulance service.

If you want to participate, you do not need to do anything. You and permanent residents of your household will be automatically included in the program and receive EMSA Total Care benefits for a \$1.00 monthly charge on your Sand Springs utility bill.

If you do not want to participate, you must fill in the form on reverse side of this sheet and return it no later than August 31st. Please note that the form must be completed in its entirety. The name, address, phone number and utility account number must match corresponding information on your City of Sand Springs utility account. Forms should be returned to:

**SAND SPRINGS FIRE ADMINISTRATION
Opt Out Application
P.O. Box 338
Sand Springs, OK 74063**

By submitting a Declaration of Non-Participation, you would not be eligible for EMSA Total Care program benefits unless you choose to participate during a future enrollment period, which would be open annually between August 1st and August 31st. You will not be billed the \$1 monthly EMSA Total Care fee, but will still be charged the base EMS fee (\$2.25 inside city limits or \$5.00 outside city limits).

If you have any questions about your obligations or options, please call 918-396-2888.

EMSA TOTAL CARE PROGRAM BENEFITS

EMSA Total Care is an ambulance service subscription program sponsored by the Emergency Medical Services Authority (EMSA). EMSA Total Care provides for the prepayment of co-payments and deductibles for all medically necessary ambulance services for which the patient (or his or her insurance provider) has financial responsibility. In addition, EMSA Total Care members pay a reduced rate of 40% off the regular cost of non-emergency transports if third-party coverage does not pay the claim and the patient has provided a completed physician certification statement (PCS).

Member benefits: EMSA Total Care program benefits are applied to emergency and non-emergency ambulance transports provided by EMSA within the EMSA service area. Patient preference usually determines to which hospital the patient is transported, however, in cases of life endangerment, the closest appropriate hospital will be used.

Emergency transports are fully covered. An emergency is defined as an unforeseen medical condition that requires urgent and unscheduled medical attention. Emergency transports always result in the ambulance taking the patient to a hospital emergency room.

Non-emergency transports are fully covered if insurance or other third-party coverage provided benefits for the service (even if subject to deductible, co-payment or co-insurance). If no insurance or other third-party coverage is available or if the claim is denied, the EMSA Total Care program member is charged a reduced fee (40% off EMSA's standard non-emergency rate) if a completed PCS has been received by EMSA. A non-emergency transport is a medical transfer that does not have a hospital emergency room as the final destination.

Excluded services: EMSA Total Care program members must present a completed physician certification statement (PCS) to receive benefits for all non-emergency transports. The EMSA Total Care program provides no coverage for non-emergency transports without a PCS. The patient's physician usually completes certificates. Repetitive transports for services such as dialysis, radiation therapy and chemotherapy are not eligible for EMSA Total Care program benefits without additional screening and insurance approvals. The EMSA Total Care program does not cover non-emergency transports to and from doctors' offices, dentists' offices, physical therapy centers, pharmacies, freestanding clinics and other facilities. Transports outside of EMSA's service area are also not included in the program. Members will receive a full bill for excluded services. Before requesting non-emergency service, please call 396-2888 to determine the transport's eligibility.

Agreement: Households participating in EMSA Total Care acknowledge that an insurance provider and/or the patient are responsible for payment of ambulance services provided by EMSA. Households participating in EMSA Total Care acknowledge a responsibility to provide EMSA with health insurance or third-party payer information pertaining to anyone living in the household who receives EMSA services, and that failure to do so nullifies this EMSA Total Care agreement. In consideration and payment of the membership fee, all ambulance benefits that any resident of a household may otherwise be entitled to are assigned to EMSA to receive from any insurance or other third-party payer for services provided under the EMSA Total Care program membership. EMSA will accept this assignment as payment in full for emergency transports, and for non-emergency transports if insurance or other third-party payer coverage provides benefits for the transport. EMSA will file ambulance insurance claims for each covered person and is entitled to receive payment from all insurance or other third-party payers up to the amount of EMSA's usual charges. If no insurance or other third-party payer benefits are available or if the insurance company or other third-party payer denies payment for non-emergency service, so long as EMSA has been provided with a completed PCS, the patient understands that he/she will remain responsible for payment of EMSA's reduced fee for EMSA Total Care program members (40% off EMSA's standard non-emergency rate). Any insurance or other third-party payment received related to EMSA's services provided under the EMSA Total Care program membership should immediately be delivered to EMSA, if there is an outstanding balance on an account.

DECLARATION OF NON-PARTICIPATION

As the account holder and person responsible for payment of Sand Springs utilities for the single-family residential utility account listed below, I acknowledge I am electing not to participate in the EMSA Total Care program for ambulance services through EMSA. By not participating, I understand that neither I nor anyone living at my residence will receive EMSA Total Care program benefits through the City of Sand Springs' Emergency Medical Services Program. If EMSA provides care to me or anyone living at my residence, we will be responsible for the payment for any service provided by EMSA, including out-of-pocket costs for deductibles, co-payments or any portion of charges not covered by insurance.

I understand that as of July 1, 2013, EMSA's billed charge for emergency service is \$1,300.00, plus \$12 per mile. I acknowledge that EMSA may use any and all legal means – including enlisting a collection agency and filing an item on my credit report – to collect debts related to EMSA care incurred by my dependents or me.

Under penalty of perjury, I declare that the information contained in this document is true and correct to the best of my knowledge and belief.

Sand Springs Utility Account Number: _____

Customer Signature:* _____

Date: _____

Printed Name (last, first, middle initial): _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____

Mailing Address (if different from above): _____

City, State, ZIP: _____

* Must be person whose name appears on the utility account.