WHAT IS AN "AMBULANCE" MEMBERSHIP?
A membership is designed to protect you and your family from unexpected medical expenses. A membership is **not an insurance policy or supplement**. Ambulance fees can easily exceed the amounts provided by your insurance policy. Often insurance companies and Medicare deny charges, thus leaving you with the entire bill.

WHAT DOES A MEMBERSHIP COVER?
All medically necessary ambulance transports to and from hospitals and skilled nursing facilities in your services area.

WHAT IS OUR SERVICE AREA?
For non-emergency transport anywhere in the state of Arkansas. For emergency transport we serve the following area's (Carlisle, Jacksonville, Wynne)

WHAT IS CONSIDERED MEDICALLY NECESSARY?
Medical Necessity is met when the patient's condition is such that they could not safely travel by other means such as private car, taxi or wheelchair van. A physician normally determines the medical necessity of the transport. Medical necessity is required on all non-emergency trips. Ambulance trips from a patient's residence to a physician's office are generally not covered by insurance policies, but members do receive a discount.

WHY SHOULD I PURCHASE A MEMBERSHIP?
Most insurance policies do not have ambulance coverage or do not pay the entire bill. With Congress making changes to Healthcare reform, it is a good possibility that your Medicare claim for ambulance coverage could be denied, thus leaving you with a large out of pocket expense. Your Southern Paramedic EMS membership will ensure that should your claim be denied, you will only be responsible for a portion of the ambulance bill.

We stay busy in the community providing services that make a difference

Southern AMBULANCE

www.southernparamedic.com

For an Emergency Dial 911

WHAT DOES A MEMBERSHIP COST?
$40 per year, It covers you, your spouse, and anyone in your household under the age of 18. Even though you may not require our services, someone you know most likely will. A membership is a small price to pay to help save a life.

WHAT IF I CHOOSE NOT TO JOIN?
Southern Paramedic Service Inc. will still provide you and those you love with quality, compassionate care.
But remember, you are responsible for the FULL cost of an ambulance bill; even the balance that remains after insurance has paid.

THIS MEMBERSHIP IS NON-REFUNDABLE AND NON-TRANSFERABLE. THIS IS NOT AN INSURANCE POLICY.

Current Operations/Locations

Carlisle
303 S. Court St.
Carlisle, AR 72024

Wynne
669 N. Falls Blvd
Wynne, AR 72396

Cross County and Surrounding Areas



24 hours a day - 7 days a week
365 days a year of Dedication
State of the art ambulances and equipment
Trained, experienced and caring staff
Basic and Advanced life support service
Local and Long distant transfer service

"Serving Your Community Like Our Family"

Southern AMBULANCE

www.southernparamedic.com

Membership Application

Driven to a Higher Standard

EMERGENCY DIAL 911

Non Emergency 1-877-672-4595

Business: 870-734-3366

I am applying for membership with Southern Care Inc. I understand that this is not an insurance policy or supplement. Joining this membership program is strictly voluntary. Membership fees are nonrefundable / nontransferable and only good for one year with an Annual enrollment conducted each year during the month of April. The purchase of this membership affirms that you have read, understand and agree to the following terms and conditions:

ENROLLMENT & ASSIGNMENT OF BENEFITS: In consideration of the membership services provided, I agree to pay a non-refundable, non-transferable membership fee of $40.00, per year and assign Southern Care Inc. On behalf of myself and those family members covered under this membership, all rights and benefits under any and all health insurance policies, or plans, and all other medical plan benefit programs of which provide coverage for ambulance service. This membership program covers the initial member, their spouse, any unmarried children under the age of 18 years of age, and any dependent person, who's care is completely dependent of the membership enrollee. MEMBERSHIP SERVICES: Emergency services are provided to and from hospitals within the company service area. Southern Care Inc. agrees to provide medically necessary non-emergency ambulance transportation according to the terms herein contained. NON-EMERGENCY TRANSPORTS AND RE-IMBURSMENTS: Non-emergency transports to and from medical facilities, other than hospitals, (Doctor office, clinics, dentist, free standing dialysis, physical therapy, rehab facilities, etc.), are provided within the service area where the member resides. I understand that in the event I require non-emergency transport and if no medical or health insurance or medical benefits plan provides payment for same, I shall be responsible for payment for those services to the provider. As a member, I understand that I shall receive a 40% discount off the total normal service charges for such transports and in the event that insurance or benefits are not available for payment of the discounted rate, I shall be responsible for payment even if the transport was physician authorized. MEDICAL NECESSITY: Services covered under this agreement must be MEDICALLY NECESSARY.I understand that membership services with respect to emergency transports is restricted to situations where I and/or my family members (spouse, any unmarried children under the age of 18 years of age, and any dependent person, who's care is completely dependent of the membership enrollee) have sustained injury, sudden illness, or trauma and the need for immediate medical attention of a doctor at a hospital emergency room exists. I understand that in the event non-emergency transport is required, (NO sudden injury, illness, or trauma and the need for the immediate medical attention of a doctor at the emergency room does not exist), physician authorization shall be required as a condition of transport. In most cases, medical necessity is determined by the patient's physician; however, the provider reserves the right to determine medical necessity for non-emergency services or to request prior authorization and/or payment before transport.

Please mail this section along with a check or money order to Southern Care Inc.– P.O. Box 88 Brinkley, AR 72021

Your Name_____ Your SS#_____D.O.B._____

Mailing Address_____ Physical Address_____

City_____ State_____ Zip_____ Phone #_____

Ins. Company_____ Policy#_____ Group#_____

Medicare#_____ Medicaid#_____

Spouse Name_____ SS#_____ D.O.B._____

Medicare#_____ Medicaid#_____

Signature_____ Date_____