



## HEALTHCARE PLUS+

*Ambulance Subscription Program*



Montcalm County Emergency Services  
655 N State Street  
Stanton MI 48888

### WHAT IS HEALTHCARE PLUS+?

Healthcare Plus+ is Montcalm County's Ambulance Subscription Program. HCP+ pays for the uninsured portion of medically necessary ambulance transports (Medical necessity guidelines are established by the Center for Medicare and Medicaid Services or CMS.)

### HOW MUCH DOES HCP+ COST?

HCP+ costs \$39<sup>00</sup> per year and covers a member, spouse, and legal dependents living at that residence. Policy starts the day it is received in the office.

### WHAT HCP+ DOESN'T COVER...

HCP+ does not cover transports that are not medically necessary.

### WHO SHOULD SUBSCRIBE TO HCP+?

Any person that either has no insurance or their insurance policy requires a copay or deductible. To be sure that you have a need for HCP+ you should call your insurance carrier to check to see what your policy covers. Healthcare Plus is for Montcalm County residents or property owners only. Non residents who wish to seek a subscription must have prior approval with the MCES Director.

**MONTCALM COUNTY EMERGENCY SERVICES  
HEALTHCARE PLUS+ MEMBERSHIP APPLICATION / AGREEMENT**

# HEALTHCARE PLUS+ MEMBERSHIP APPLICATION / AGREEMENT FORM

PLEASE READ CAREFULLY BEFORE COMPLETING AND SIGNING THIS FORM

**FOR OFFICE USE ONLY:**

EFFECTIVE DATE \_\_\_\_\_

MEMBERSHIP # \_\_\_\_\_  
 DATABASE \_\_\_\_\_  
 BILLING \_\_\_\_\_

## Member Information

Name \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please provide all requested information for all eligible persons, INCLUDING Member above.**  
A Healthcare Plus Subscription covers a member, spouse, and **LEGAL DEPENDENTS** living at that residence. Information must be complete for each person.

Name	Birthdate	Relation
------	-----------	----------

[illegible]

**READ THE FOLLOWING AGREEMENT AND SIGN. PAYMENT MUST ACCOMPANY FORM.**

I UNDERSTAND THAT THE ANNUAL \$39.00 MEMBERSHIP FEE LIMITS MY OUT-OF-POCKET EXPENSES FOR THE UNINSURED PORTION OF MY AMBULANCE BILL(S) FOR MEDICALLY NECESSARY AMBULANCE TRANSPORTATION, ONLY IF PROVIDED BY MCES.

UNDERSTAND THAT HEALTHCARE PLUS+ IS NOT AN INSURANCE PROGRAM AND THAT MCES WILL BILL ALL APPLICABLE INSURANCE, INCLUDING SUPPLEMENTAL OR COMPLIMENTARY INSURANCES, FOR MEDICALLY NECESSARY AMBULANCE SERVICES, AND WILL COVER ANY AND ALL REMAINING OR UNINSURED BALANCES FOR THOSE SERVICES.

I UNDERSTAND THAT MY SIGNATURE BELOW AUTHORIZES MCES TO BILL MY INSURANCES, AND AUTHORIZES MY INSURANCE CARRIERS TO MAKE PAYMENTS DIRECTLY TO MCES. SHOULD MY INSURANCE COMPANY SEND PAYMENT(S) TO ME FOR ANY SERVICES PROVIDED BY MCES, I AGREE TO IMMEDIATELY FORWARD SUCH PAYMENT(S) TO MCES. MY SIGNATURE BELOW REPRESENTS THE SIGNATURES FOR BLOCK 12 AND 13 OF THE HCFA FORM. THIS MEMBERSHIP IS NON-REFUNDABLE AND NON-TRANSFERABLE.

Member's Signature \_\_\_\_\_ Spouse's Signature \_\_\_\_\_

I have read and agree to the statement above

Spouse's Signature \_\_\_\_\_

I have read and agree to the statement above

Date Signed \_\_\_\_\_

**\*\*If more space is needed, please attach additional sheets. If you enclose a copy of your insurance cards, you do not have to fill out all the insurance information above.**

**Please note only one card per membership will be issued.**

## Insurance Information

**\*\*Please include all insurance information**

Primary Insurance Co.: \_\_\_\_\_

ID.#

Group #: \_\_\_\_\_

Persons Covered: \_\_\_\_\_

Secondary Insurance Co: \_\_\_\_\_

ID.#: \_\_\_\_\_

Group #: \_\_\_\_\_

Persons Covered: \_\_\_\_\_

Other Insurance Coverage: \_\_\_\_\_

ID.#: \_\_\_\_\_

Group #: \_\_\_\_\_

**Make checks payable to MCES.**

**Send to 655 N. State St., Stanton, MI 48888**

**For more information, call the Business Office:**

**989-831-3533 or 989-831-7581**

*Montcalm County Emergency Services is a county-owned, millage-supported entity serving all of Montcalm County.*

## Why Not Purchase a Membership for Someone You Love?