



Our paramedics use cutting-edge technology such as the Lifepak 12 cardiac monitor, considered a key to the pre-hospital evaluation of a heart attack.

Benefits of membership

For an annual fee of \$75, an Acadian Ambulance membership covers applicant, spouse and resident children up to 21 years of age (through 23 if still attending school) who have never been married. Traditional Medicare recipients with supplemental insurance pay an annual fee of \$60.

- Membership entitles you to a 20% discount on billed ambulance charges.
- Acadian stores provided medical history, physician, and insurance information in a secure internal database. In most instances Acadian's communication center can transmit member information directly to the computer onboard the ambulance. [Accuracy of information is dependent upon receipt of information or changes thereto from member(s).]
- Directions to your home are also stored on Acadian's computer files. Such access can be critical in times of sudden illness or injury.
- We agree to file the necessary claim for ambulance services for you if you have private insurance coverage or Medicare or Medicaid.
- Members are eligible to receive discounts on other products and services we offer, including Acadian On Call medical alert service and Acadian Mobile Monitoring.

Membership agreement

Persons Covered by Membership¹ - Those persons covered by this membership shall include the immediate members of my family which shall be defined as the applicant and spouse, and the resident children up to 21 years of age (through 23 if still attending school) who have never been married.

Membership Fee and Assignment of Rights - In consideration of the membership services provided by ACADIAN described below and except as hereinafter set forth, I have paid to ACADIAN a non-refundable and non-transferable membership fee and assign to ACADIAN, on my behalf and on behalf of the immediate members of my family covered by this membership, all rights and benefits of all medical and health insurance policies or plans and any other benefits or plans which provide coverage for ambulance services, including but not limited to, additional coverage for co-insurance and deductibles. (*NOTE: Medicare patients need not be members to have full coverage of some services covered by Medicare.) For purposes of this agreement "ambulance service(s)" shall mean medical ground and rotor wing transportation of patients meeting medical necessity guidelines.** I also agree to assign and transfer to ACADIAN on my behalf and the immediate members of my family covered by this membership, all rights in any claim where ambulance services by ACADIAN were provided, up to the total billed dollar amount of charges incurred. I understand that if I have no insurance or if my insurance benefits assigned to ACADIAN AMBULANCE SERVICE do not provide full payment to ACADIAN of the charges for services provided to me, I will ultimately be responsible for payment of the same, less a 20% discount afforded to me as a member. I understand that this creates a legal obligation on my part to pay for services provided to me.

Membership Services Provided - In consideration of the membership fee and assignment of rights to ACADIAN described above, ACADIAN agrees to provide available emergency and non-emergency ambulance service for me and the immediate members of my family covered by this membership. I understand that if my condition so indicates, ACADIAN personnel or the medical control physician may select the hospital to which I will be taken. I recognize that transports to a physician's office are not ordinarily covered by insurers, and I will be responsible for payment of these transports at the discounted rate mentioned above. I understand that emergencies have first priority.

Reimbursement for Membership Services - I agree that as a member, I shall make available all medical insurance and benefits information to ACADIAN. I agree that in the event that I or a member of my family makes a demand or files a claim or lawsuit for personal injury damages resulting from an accident or injury when ACADIAN AMBULANCE

SERVICE provided transportation, or services, I shall notify ACADIAN immediately of the demand, claim, or lawsuit should any outstanding balance (i.e. the amount due for services provided due to a lack of insurance coverage or denial of payment by the insurer) be owed by me or my family members covered by this membership. I understand that I am responsible for payment of services provided to me. Nothing herein shall be construed to waive any lien rights, privileges or rights of legal subrogation provided by law to ACADIAN AMBULANCE.

Member Consent to Third Party Reimbursement - As a member, I agree and consent to ACADIAN filing for and collecting payment for services provided to me or the members of my immediate family covered by this membership, under any and all medical or health insurance policies, plans or benefit programs, up to the amount of ACADIAN's billed charges for ambulance services covered by this membership, as evidenced by my signed Consent Form.

Agreement to Remit Payments Made by Insurer to Member for Services Provided - I, and the members of my immediate family covered, hereby agree to forward immediately to ACADIAN AMBULANCE, all payments for ambulance services provided by ACADIAN and sent directly to any of us from any insurance company, medical benefits plan, or proceeds derived from lawsuits or settlements up to the total dollar amount of charges incurred.

Member Need for Transportation/Requirements - I understand that my membership services with respect to emergency ground and rotor wing transports are restricted to situations where I and/or a member of my immediate family covered by this membership 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 transportation is requested (i.e. transports other than those for sudden and unexpected injury, illness or trauma requiring immediate medical attention of a doctor at a hospital emergency room) physician authorization shall be required by ACADIAN AMBULANCE as a condition of the transport. Membership applicants who are dialysis patients must be pre-approved for transportation based on an initial assessment of the patient's condition to ensure an ambulance is necessary for transport to and from treatment. Additionally, insurance coverage must be confirmed and the origin/destination requirements mandated by the insurance policy must be noted and met.

Cancellation of Membership - I agree that ACADIAN has reserved the right to void this membership and refund my membership fee from the effective date hereof in the event of my failure to comply with any of these terms. I agree and understand that if my membership is voided, I will be obligated to pay all balances in full. I also understand and agree that a failure to comply with membership terms (and grounds for membership revocation) shall include a

refusal of any insurer or health care provider to recognize and pay for the services rendered by ACADIAN to me or the immediate members of my family, pursuant to the assignment of benefits contemplated by this membership agreement.

Membership Period - I understand this membership is for a period of one year commencing on September 1, 2011 and expiring on August 31, 2012. I understand that by payment of the membership fee, I have consented to all terms and conditions of this membership application on my behalf and the members of my family covered by this membership.

Member Agreement to Terms and Disclosure of Insurance Information - As a member of ACADIAN, I request that payment of authorized Medicare or other insurance benefits be made on my behalf directly to ACADIAN AMBULANCE SERVICE, for any ambulance services furnished to me or members of my immediate family covered by this membership. I hereby consent and authorize any holder of insurance information about me and the members of my family covered by this membership (including Medicare or any private insurance company or benefits plan) to release such information, now or in the future, to ACADIAN AMBULANCE SERVICE or the Health Care Financing Administration (HCFA), its carriers or agents, if such release is made in compliance with the Health Insurance Portability and Accountability Act.

FAILURE TO COMPLY WITH THE ABOVE TERMS MAY RESULT IN MEMBERSHIP REVOCATION.

*If you are a resident of Jefferson, Orleans or St. Bernard Parishes, this membership will cover the services provided by Acadian Ambulance Service of New Orleans, L.L.C., a wholly owned subsidiary of Acadian Ambulance Service, Inc.

*Membership fee \$75.00

*Membership fee for membership with traditional Medicare and Supplemental Insurance \$60.00

**The term "ambulance service(s)" specifically excludes any type of fixed wing transport.

¹Texas Medicaid recipients are not eligible for Acadian Ambulance Membership as per TAC, Title 25 §157.11(I)

APPLY ONLINE
www.acadian.com

Why do you need insurance coverage in addition to Acadian membership?

One-hundred percent of ambulance transportation is not always covered by private insurance, Medicare or Medicaid. Membership provides a 20% discount on billed ambulance service charges within the Acadian Ambulance service area. When members are covered by Medicare or Medicaid, there may be no cost to the member for a pre-hospital ambulance transport due to a sudden illness or accident. For ambulance services not covered by insurance, Medicare or Medicaid, members receive a 20% discount off of their total billed charges.

An Acadian membership is not an insurance policy. Acadian members may be obligated to pay a portion of the discounted charge for ambulance services. Acadian will take an assignment of the member's rights under their insurance policy and attempt to collect directly from the insurance company. Many insurance policies do not cover trips to doctors' offices, even if authorized by the physician. Members are responsible for payment up to 80% of all charges.

Complete your membership application today
Deadline is Friday September 2nd

For an annual fee of \$75, membership covers applicant, spouse and resident children up to 21 years of age (through 23 if still attending school) who have never been married.

Traditional Medicare recipients with supplemental insurance pay an annual fee of \$60. To qualify for the \$60 membership fee, those covered by traditional Medicare and a supplemental insurance policy must provide information on the enclosed application form.

Call your Acadian Ambulance Member Service Center at **1-800-256-5646 (JOIN)** with any questions, or to enroll with a major credit card. Mail in your application or apply online at www.acadian.com.



Acadian Ambulance Service facts

Onboard computers are used to track and route all ambulances using GPS mapping so that the nearest available unit(s) will be dispatched immediately.

In the event of a major disaster or catastrophe, the available ground and air ambulances will be sent immediately with little disruption of operations throughout the service area.

Accredited by the Commission on Accreditation of Ambulance Services (CAAS) for meeting and/or exceeding the ambulance industry's "gold standards"-
-We are one of only two accredited agencies in Louisiana and Mississippi.

The use of 12-lead EKG is an Acadian standard of care. 12-lead is considered the key to the pre-hospital evaluation of a heart attack as it lessens the time it takes to make the diagnosis. It is the best tool available and is vital in the identification of a heart attack. It can make a life-or-death difference.

The EZ-IO is the world's first battery-powered intraosseous (IO) access device. In cases such as shock, trauma or cardiac arrest, when intravenous (IV) access is difficult or impossible, EZ-IO provides rapid vascular access for the administration of life-saving drugs or fluids. As such, EZ-IO will prove invaluable for EMS and emergency medicine. While the use of IO transmission will eventually become widespread, Acadian is one of only a few ambulance companies who have added the EZ-IO to its cutting-edge use of medical technology.

Our service area

Louisiana Parishes:	Livingston
Acadia	Orleans
Allen	Pointe Coupee
Ascension	Rapides
Assumption	St. Bernard
Avoyelles	St. Helena
Beauregard	St. James
Calcasieu	St. John the Baptist
East Baton Rouge	St. Landry
East Feliciana	St. Martin
Evangeline	St. Mary
Iberia	St. Tammany
Iberville	Tangipahoa
Jeff Davis	Terrebonne
Jefferson	Vermilion
Lafayette	Vernon
Lafourche	West Baton Rouge

Texas Counties*

Bell**
Bexar**
Coryell**
Falls**
Hardin
Hays**
Jasper
Jefferson
Newton
Orange
Sabine
Travis**
Williamson**

Mississippi*

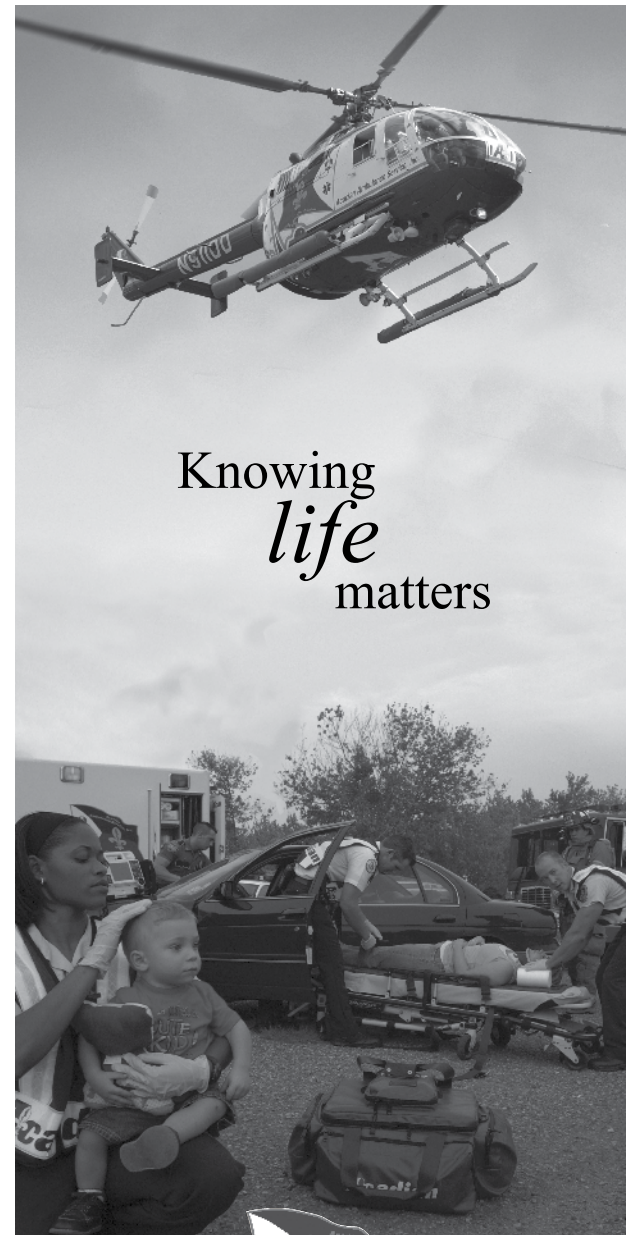
Jackson County

*Mississippi and Texas residents with Medicaid coverage, by law, are not eligible to purchase a membership; Louisiana Medicaid recipients can make a voluntary contribution.

**Membership is not yet available for residents of Bell, Bexar, Coryell, Falls, Hays, Travis, and Williamson Counties.



PO Box 60016
New Orleans, LA 70160
1-800-256-5646 (JOIN)
www.acadian.com



Knowing
life
matters



2011-2012
Member Handbook