Acadian Ambulance Service *Membership Program*

This section to be completed by Acadian

Employee number:_____

2023-2024 New Member Application

Membership covers applicant, spouse and children up to 26 years of age.

Applicant

Last name _____ First name _____ Middle initial _____

Address _____

City _____ State _____ Zip _____

( ) _____

Contact phone (including area code)

Date of birth (mm/dd/yyyy) _____

Social Security number _____

Email address: _____

Spouse

Last name _____

First name _____ Middle initial _____

Date of birth (mm/dd/yyyy) _____

Social Security number _____

( ) _____

Contact phone (including area code)

Email address: _____

Dependent Information (List additional family members on the back of this form.)

Dependent name	Date of birth (mm/dd/yyyy)	
1. _____	_____	☐ Handicapped
2. _____	_____	☐ Handicapped
3. _____	_____	☐ Handicapped

Note: To be eligible for Medicare & Supplemental Insurance discount, the information below must be provided.

	Insurance Information, Applicant	Insurance Information, Spouse
Medicaid number		
Medicare number		
Private insurance name		
Address		
City, State, Zip (Include retired information)		
Name of policy holder		
Insured's employer & phone		
Policy number		
Group number		
Insurance phone		

MEMBERS ENJOY GREAT BENEFITS AND SAVINGS

Ambulance Services Discount

Receive a 30% discount on billed ambulance charges.

VIP Phone Line

Enjoy exclusive access to specialized customer service and billing assistance.

Savings Network

Access thousands of discounted products and services from local and national businesses.[1]

- Movies and concert tickets
- Groceries and dining
- Retail and shopping
- Home services
- Travel and rental cars
- Auto repair
- Health and wellness
- Phones and electronics

On Call Medical Alert Systems

Save 10% on monthly monitoring rates.

Home Security System

Includes an IQ Panel and 3 sensors for $0 upfront cost, and $39.99/month monitoring fee.[2]

[1] This service is provided by a third-party vendor. Offers and services are subject to change without notice. Acadian Ambulance Service is not an agent of Abenity, provides no warranties related to the services provided by Abenity and hereby disclaims any liability with regard thereto.
[2] With new alarm account activation and 5-year agreement.

Acadian Ambulance Service *Membership Program*

2023-2024 New Member Application (continued)

Additional Dependent Information *Membership covers applicant, spouse and children up to 26 years of age.*

	Dependent name	Date of birth (mm/dd/yyyy)	
4.			☐ Handicapped
5.			☐ Handicapped
6.			☐ Handicapped
7.			☐ Handicapped
8.			☐ Handicapped
9.			☐ Handicapped
10.			☐ Handicapped

Thank you for choosing to be an Acadian member!

Consent to Receive Notifications

☐ I agree to to be contacted per the terms listed in the "Reimbursement for Membership Services" section on the Membership Terms page in the *Member Handbook*.

☐ I agree to receive text-message and email notifcations from Acadian. (Optional) Text and data rates may apply.

Mobile phone number: ( )

Email address:

Mail this completed membership application in the enclosed envelope.
Ensure the "Membership Department" address at the bottom of this page is visible through the envelope's window.

Enroll and pay online at **Acadian.com/Membership**, or call **1.800.256.JOIN (5646)**. (A $2.00 handling fee will be added to pay by phone.)

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

Select one:

☐ $84 one-year standard membership
☐ $168 two-year standard membership

Discounted membership (only for applicants having traditional medicare & supplemental insurance):

☐ $69 one-year discounted membership
☐ $138 two-year discounted membership

Add $_____ as a donation to the Helping Hand fund (optional)

CIRCLE CARD TYPE: VISA MASTER CARD DISCOVER AMERICAN EXPRESS

CARD NUMBER	3-DIGIT CODE ON BACK	BILLING ZIP CODE
SIGNATURE	EXPIRATION DATE	AMOUNT PAID

☐ MY CHECK OR MONEY ORDER IS ENCLOSED - CHECK / MONEY ORDER #_____

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

PLEASE REMIT PAYMENT TO:

MEMBERSHIP DEPARTMENT
P.O. BOX 919285
DALLAS, TX 75391-9285