



Acadian.com/Membership  
1.800.256.JOIN (5646)

# Membership Program

2023-2024

## 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.<sup>1</sup>

- 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.<sup>2</sup>



<sup>1</sup>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.

<sup>2</sup>With new alarm account activation and 5-year agreement.



### How much does membership cost?

For an annual fee of \$84, membership covers applicant, spouse and children up to 26 years of age.

Traditional Medicare recipients with supplemental insurance pay an annual fee of \$69. To qualify for the discounted membership fee, those covered by traditional Medicare and a supplemental insurance policy must provide information on the enclosed application form.

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

Private insurance or Medicare does not always cover 100% of ambulance transportation. Membership provides a 30% discount on billed ambulance service charges within the Acadian Ambulance service area. When members are covered by Medicare, there may be no cost to the member for a prehospital ambulance transport due to a sudden illness or accident. For ambulance services not covered by insurance or Medicare, members receive a 30% discount off 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 70% of all charges.



**Persons Covered by Membership<sup>1</sup>** - Those persons covered by this membership shall include the immediate members of my family, which shall be defined as the applicant, spouse and children up to 26 years of age.

**Membership Fee and Assignment of Rights** - In consideration of the membership services provided by ACADIAN AMBULANCE SERVICE, INC. ("ACADIAN") described below and except as hereinafter set forth, I have paid to ACADIAN a non-refundable and non-transferable membership fee<sup>2</sup> 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.<sup>3</sup> 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 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 30% 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, make a demand or files a claim or lawsuit for personal injury damages resulting from an accident or injury when ACADIAN 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. I hereby consent that ACADIAN or their designated agent may contact me in regards to my bill and leave a message regarding same on any type of answering device utilizing the following means: telephone, mobile or otherwise; live voice message; pre-recorded message; automatic dialing device; email; text message; and any other reasonable means of communication, written or oral. Nothing herein shall be construed to waive any lien rights, privileges or rights of legal subrogation provided by law to ACADIAN.

**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, 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 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, 2023, and expiring on August 31, 2024. 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, 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 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 (HIPAA).

**Medical Information** - I agree that as a member, I shall provide a complete medical history to ACADIAN or any member of the staff each time ACADIAN provides transportation or services. I will not hold ACADIAN or any member of the staff responsible for any action they take or do not take because of errors or omissions that I may make in providing such complete medical history.

I understand and agree that should I volunteer to provide medical information for myself and family members, that such information does not replace my obligation to provide a responding crew or dispatch member with medical information in response to a call for service. In an emergency situation, this information may or may not be able to be accessed timely for use by the treating crew members and therefore I understand there is no duty or obligation by them to use or rely on such information in such a circumstance and does not relieve me or family members from the duty to provide such information upon request of dispatch or responding crew members. Furthermore, I understand and agree that medical conditions can change, therefore I do not hold ACADIAN or its staff responsible for any changes in my medical condition or any errors or omissions I may make in providing medical information.

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

If you are a resident of Jefferson, Orleans or St. Bernard Parish, 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. If you are a resident of Hardin, Jefferson, Newton, or Orange County, or the city of Pasadena, Texas, this membership will cover the services provided by Acadian Ambulance Service of Texas, L.L.C., a wholly owned subsidiary of Acadian Ambulance Service, Inc.

**Residents of these areas are eligible for Membership** - Membership is only applicable in these jurisdictions and not transferrable. Louisiana: Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Calcasieu, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Jeff Davis, Jefferson, Lafayette, Lafourche <sup>1</sup>, Livingston, Orleans, Ouachita, Pointe Coupee, Rapides, St. Bernard, St. Helena, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Vernon, and West Baton Rouge parishes. Texas <sup>2</sup>; Hardin, Jefferson, Newton, and Orange counties <sup>3</sup>, and Pasadena (City). Mississippi <sup>4</sup>; Jackson county.

*<sup>1</sup>Standard annual membership fee: \$84.00. Discounted annual fee for membership with traditional Medicare and supplemental insurance: \$69.00.*

*<sup>2</sup>"The term "ambulance service(s)" includes ground and rotor-wing transports, and excludes any type of fixed wing transport.*

*<sup>3</sup>Texas Medicaid recipients are not eligible for Acadian Ambulance Membership as per TAC, Title 25 §157.11(l)*

*<sup>4</sup>Residents of Central Lafourche Parish are not eligible to purchase memberships.*

*<sup>5</sup>Mississippi and Texas residents with Medicaid coverage, by law, are not eligible to purchase a membership; Louisiana Medicaid recipients can make a voluntary contribution.*

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*Save 10% on monthly monitoring rates of On Call medical alert systems from Acadian Total Security. Exclusions may apply.*

*Acadian Total Security will provide an IQ Panel and 3 sensors with no upfront cost. Offer valid for new accounts with a 5-year agreement to pay \$39.99/month for monitoring.*