

Paramedic Ambulance Membership Plan (PAMP) Information Central EMS

All medically necessary emergency ambulance trips by Central EMS to a hospital are covered. Non-emergency trips, or transfers are covered if they are medically necessary (a stretcher must be required by the patient's medical condition, or some type of medical treatment must be needed during transport) and the trip must be from and to a covered location as listed below. There **must** be a medical reason for using an ambulance for the trip to be covered.

ORIGIN	DESTINATION
Your Home (or nursing home)	Hospital or Skilled Nursing Facility
Skilled Nursing Facility	Hospital, Your Home, or Dialysis Clinic
Hospital	Skilled Nursing Facility, Your Home, Dialysis Clinic, or another Hospital under certain circumstances

If the trip is from a covered location to a covered location and the trip is medically necessary, PAMP will cover the cost after insurance pays its part and you will owe nothing.

If your trip is not to and from a covered location then PAMP will discount your trip by half. If you are not sure about coverage for a non-emergency transfer, call our office beforehand.

PAMP bills your insurance because Medicare requires it and we would not be able to offer the membership if we didn't. PAMP pays for any co-payments, deductibles, and services not paid by insurance. If your insurance pays you instead of us, you agree to sign that payment over to us as a condition of your membership.

If you have no insurance you may still become a member, but your rates will be higher, as indicated on the membership application. Medicare qualifies as insurance **only** if you have "Part B" coverage. If you lose insurance during the term of your membership, please notify us so we can change the terms of your plan, or you may lose your membership benefits.

If you have supplemental insurance that pays all ambulance charges not paid by Medicare or other primary insurance, you may want to check with an insurance company representative to see if you would benefit from a membership.

A family membership covers you and members of your immediate family **that live in the same house, at the same address**. This includes spouses, parents, grandparents, children, and grandchildren. **If someone moves out of the household, they will have to purchase their own membership in order to stay covered.** Should your living situation change, please call our office for further instructions.

We generally mail out renewal notices at least two weeks before your membership expires. **You will only receive one renewal notice.** If you do not renew at that time your membership will expire. If you renew later, you will be subject to the waiting period. We accept check, cash and money order payments only. Membership payment is non-refundable and non-transferrable regardless of circumstance.

If you have questions, please call Central EMS at 521-5801 or 267-5805.

**PARAMEDIC AMBULANCE MEMBERSHIP PLAN
(PAMP)**

CENTRAL EMS

645 S. School Ave. Fayetteville, AR 72701 479-521-5801 or 479-267-5805
www.centralems.org/membership

Annual Membership Dues: Household with Insurance: **\$85.00** Household without Insurance: **\$100.00**

CHECK, CASH, OR MONEY ORDER ONLY

Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Please List All Family Members Living in the Household (Only household members are covered):

NAME	RELATION	DATE OF BIRTH	SOCIAL SECURITY
	SELF		

Do you have Health Insurance? Yes No

Your signature below indicates you have read and agreed to the terms of membership.

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by Central EMS now, in the past, or in the future, until such time as I revoke this authorization in writing. If I receive any payment for Ambulance Service, I agree to pay this to Central EMS. PAMP will then pay any charges that may be due. If I do not pay Central EMS any insurance payment received, I understand that my membership becomes void, I will owe the total charges, and my membership dues will be non-refundable. If my insurance does not cover my transport, PAMP will pay one-half of the charges. If I pay the insurance rate and do not have insurance, PAMP will only pay half of any covered transport.

If you have ARKANSAS MEDICAID, you do not need to become a PAMP member. If you lose your Medicaid benefits, you may want to apply for membership.

Privacy Practices Acknowledgment: by signing below, the signer acknowledges Central EMS provided a copy of its Notice of Privacy Practices to the patient or other party, along with instructions to provide the Notice to the patient.

NOTE: Make your check payable to PAMP and return to the above address. Membership starts on the first day of the first month after we receive your application and payment in our office.

Applicant's Signature: _____ Date: _____

Washington County Regional Ambulance Authority-Central EMS Notice of Privacy Practices

IMPORTANT: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Central EMS is committed to protecting your personal health information. We are required by law to maintain the privacy of health information that could reasonably be used to identify you, known as "protected health information" or "PHI." We are also required by law to provide you with the attached detailed Notice of Privacy Practices ("Notice") explaining our legal duties and privacy practices with respect to your PHI.

We respect your privacy, and treat all healthcare information about our patients with care under strict policies of confidentiality that our staff is committed to following at all times.

PLEASE READ THIS DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT OUR HIPAA COMPLIANCE OFFICER, AT 479-521-5801

Detailed Notice of Privacy Practices

Purpose of This Notice: This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Central EMS is permitted to use and disclose PHI about you.

Uses and Disclosures of Your PHI We Can Make Without Your Authorization

Central EMS may use or disclose your PHI *without* your authorization, or *without* providing you with an opportunity to object, for the following purposes:

Treatment. This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other healthcare personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

Payment. This includes any activities we must undertake in order to get reimbursed for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts.

Healthcare Operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

Fundraising. We may contact you when we are raising funds for Central EMS, or to provide you with information about our annual subscription program.

In addition, we may use your PHI for certain fundraising activities. For example, we may use PHI that we collect about you, such as your name, home address, phone number or other information, in order to contact you to raise funds for our agency. We may also share this information with another organization that may contact you to raise money on our behalf. If Central EMS does use your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications from Central EMS. If you do not want to be contacted for our fundraising efforts, you should contact our HIPAA Compliance Officer in writing, by phone, or by email. Contact information for our HIPAA Compliance Officer is listed at the end of this Notice. We will also remind you of this right to opt out of receiving future fundraising communications every time that we use your PHI to conduct fundraising and contact you to raise funds. Central EMS will not condition the provision of medical care on your willingness, or non-willingness, to receive fundraising communications.

Reminders for Scheduled Transports and Information on Other Services. We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Other Uses and Disclosure of Your PHI We Can Make Without Authorization

Central EMS is also permitted to use or disclose your PHI *without* your written authorization in situations including:

- ❖ For the treatment activities of another healthcare provider;
- ❖ To another healthcare provider or entity for payment activities of the provider or entity receiving the information (such as your hospital or insurance company);
- ❖ To another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- ❖ For healthcare fraud and abuse detection or for activities related to compliance with the law;
- ❖ To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume that you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are incapable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;
- ▶ To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law), as part of a public health investigation, to report child or adult abuse, neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease, as required by law;
- ▶ For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the healthcare system;
- ▶ For judicial and administrative proceedings, as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- ▶ For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the PHI is needed to locate a suspect or stop a crime;
- ▶ For military, national defense and security and other special government functions;
- ▶ To avert a serious threat to the health and safety of a person or the public at large;
- ▶ For workers' compensation purposes, and in compliance with workers' compensation laws;
- ▶ To coroners, medical examiners, and funeral directors to identify a deceased person, determine cause of death, or carrying on their duties as authorized by law;
- ▶ If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ donation and transplantation; and
- ▶ For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law.