



# Livonia Fire/EMS Emergency Medical Ambulance Program 2023 Membership Enrollment and Renewal



If you are a City of Livonia resident and do not have health care insurance, or if your insurance does not provide coverage for emergency ambulance service, you should join the Livonia Fire/EMS Emergency Medical Ambulance Program. The City of Livonia charges \$325 to over \$700 for each resident ambulance transport. For \$45 a year, you and your household will be guaranteed full coverage for all City of Livonia emergency ambulance runs at no additional cost. The Livonia Fire Department ambulance service is available for emergency response 24 hours a day, seven days a week to anyone in need of help within the City limits.

## Notice of Understanding

Signing this application is an acknowledgment of the following:

- I understand that the services provided by the Livonia Fire/EMS membership program are for Emergency Response only.
- I further understand that Emergency Response does not include:
  - Transport from hospital to member's home
  - Transport from hospital to hospital, even with a physician's authorization.
  - Transport from member's home to an area hospital for non-life-threatening injury or illness, or an injury or illness that is not "serious in nature."
- I understand that the Livonia Fire/EMS Emergency Medical Ambulance Program is not insurance. The Livonia Fire/EMS will bill for payments from my insurer or third-party agency (Medicare, Blue Shield, etc.), including my supplemental or complementary insurance. If the insurance company sends me a check for Livonia Fire/EMS services, I agree to promptly forward that check to Livonia Fire/EMS.
- I further understand that the Livonia Fire Department will not refuse service to any individual who requests an ambulance, but repeated non-emergency ambulance requests may be a reason for forfeiture of membership in the Livonia Fire/EMS program.



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## MEMBERSHIP APPLICATION

Livonia Fire/EMS memberships are effective for one year. Subscribers must renew memberships annually. Your subscription will only apply to permanent residents at your address. This program is only available to City of Livonia residents.

**ENROLLMENT PERIOD: DEC. 1 TO JAN. 31 FOR COVERAGE FEB. 1 TO JAN. 31**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

List members of your immediate household below. Include primary subscriber.  
*Please print clearly.*

\_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

If your family is covered under more than one insurance policy, please give information for all policies. Attach an additional sheet if necessary.

**Medicare number:** \_\_\_\_\_

**Insurance company:** \_\_\_\_\_

**ID number:** \_\_\_\_\_ **Group number:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

I have read and agree to be bound by the terms and conditions listed on this application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To enroll, send this completed application form, along with a check or money order for \$45 made payable to the CITY OF LIVONIA. Mail to:  
 Livonia Fire EMS/Accumed  
 P.O. Box 2122  
 Riverview, MI 48193  
 Attn: Livonia Fire Department/EMS Subscription Service