

MMR Plus Membership Program



Mobile Medical Response, Inc. is pleased to offer our membership program called MMR Plus. With health care costs increasing and more and more expenses being passed on to the consumer, MMR has created a program to help cover co-payments for ambulance transportation.

MMR Plus is not an insurance product but an optional membership program. When you are transported by an MMR ambulance, we bill your insurance carrier for our services. Often, patients are responsible for a portion of those charges or a "co-payment." By joining MMR Plus, your co-payment for ambulance transportation is waived by MMR and you will not receive a bill for that portion.

If you don't have billable health insurance, your MMR Plus membership provides great value in that you'll only be charged the Medicare allowable rate for your transport - a fraction of the regular charges.

MMR Plus is a family membership. A \$49 annual membership fee covers both spouses and dependent children. Your MMR Plus membership may be used as many times as needed throughout the year.

MMR Plus covers medically necessary ambulance transportation to and from health care facilities. MMR Plus does not cover transportation to and from physician offices, scheduled repetitive transports (dialysis, wound care) or CareVan services. MMR Plus is non-refundable and non-transferrable.

Check your insurance benefit plan to see if MMR Plus is right for you!



Contact our Membership Specialists!

989-907-2025 or 800-571-8857

www.mobilemedical.org

Quick & Easy Application for MMR Plus

1 Household Information

Head of Household _____
First Name Last Name

Date of Birth _____

Spouse _____
First Name Last Name

Date of Birth _____

Address City/State/Zip Phone Number

Dependant Name Date of Birth Dependant Name Date of Birth

Dependant Name Date of Birth Dependant Name Date of Birth

Method of Payment Check for \$49 payable to Mobile Medical Response, Inc.
834 S. Washington Avenue, Saginaw, MI 48601

2 Charge my VISA Mastercard Credit Card # _____ Exp: _____
X _____ CSV: _____

MMR Plus Membership Contract

I, _____, apply for membership in the MMR Plus program. I further understand that my membership in MMR Plus is subject to the following conditions:

I understand that the annual membership fee for MMR Plus is a non-refundable \$49 and provides help to cover ambulance transportation. The MMR Plus program covers my spouse and my dependent children.

I understand the service of the MMR Plus program is limited to ambulance transportation to and from a health care facility (hospital or nursing home) as indicated by the patient's condition and where an alternate form of transportation would be medically inappropriate. I further understand that long distance transfers may result in additional fees charged by MMR.

By participating in the MMR Plus program, I authorize insurance benefit payments to be made on my behalf directly to MMR for any ambulance service provided to me now and in the future. I further authorize any holder of medical information or documentation about me, to release such information to the subscriber's insurance company, MMR or an appropriate governmental or third party payer.

The MMR Plus membership program is not an insurance contract, and is not applicable to Medicaid recipients. Membership may be cancelled or terminated at MMR's sole discretion for fraud or abuse of the services offered by MMR. The terms and provisions for the offer of this subscription program are subject to change without prior notice. Members are obligated to remit promptly any insurance proceeds paid directly to the member for services provided by MMR. MMR Plus is not a contract for the provision of ambulance services. A backup ambulance service may respond when our service is unavailable, and benefits of membership may no longer be available.

I acknowledge that my membership in the MMR Plus program applies only to the services of MMR and that MMR retains the right to bill Medicare and any private insurance for services provided. This agreement shall remain in effect for one year from the date of receipt of payment and acceptance by MMR. I understand and agree this membership contract incorporates the application for membership in the MMR Plus program.

3 **X** _____ Date _____