

**Richmond
Ambulance Authority
LifeSaver
Membership Program**

The LifeSaver Membership Program helps Richmond city residents cover the cost of emergency medical transports. For an annual fee of \$49 for individuals or \$79 for a family, the plan covers the balance due after your insurance pays for emergency ambulance transports. For emergency transports not covered by insurance, or if the member is financially responsible for the full balance, the membership plan provides a 20% discount .



Richmond Ambulance Authority

Established in 1991 by the Virginia General Assembly and the Richmond City Council, the Richmond Ambulance Authority (RAA) provides high performance emergency medical services (EMS) to city residents and visitors. Richmond has one of the most advanced EMS systems in the United States, despite being one of the busiest, per capita. RAA responds to over 50,000 calls annually and its response times are among the fastest in the nation.

Every 9-1-1 ambulance is equipped with sophisticated lifesaving technology and has a nationally registered paramedic on board. RAA also employs personnel who are trained in Pediatric Advanced Life Support, Prehospital Trauma Life Support, and Advanced Cardiac Life Support.

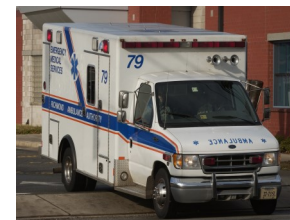
**Richmond Ambulance
Authority**

2400 Hermitage Road
Richmond, VA 23220

Phone: 804-254-1150
www.raaems.org



**Richmond
Ambulance
Authority**



*2021
LifeSaver
Membership
Program*

Membership Year

January 1, 2021
through
December 31, 2021

Membership Fees

\$49 Individual
\$79 Family

Richmond Ambulance Authority LifeSaver Membership Program



What is the Richmond Ambulance Authority LifeSaver Membership Program?

It is a subscription program designed to help

citizens of Richmond by covering out-of-pocket insurance co-pays and deductibles after insurance pays for **emergency** ambulance transports only.

What if I don't have health insurance?

For those members whose emergency ambulance transports are not covered, either due to lack of insurance, deductibles or because the insurance company did not pay on the transport, the LifeSaver program provides a 20% discount off the bill. (For instance, if the bill was \$600 the discounted bill would be \$480). In addition, RAA has a financial assistance program for those meeting the qualifications to help cover bills, which is available to members and non-members.

What if I am a Medicaid recipient?

Medicaid recipients should not join the LifeSaver program, as it does not provide you with any additional benefits.

How much does it cost to become a LifeSaver member?

The cost is \$49 for an individual and \$79 for a family.

Who is covered under my membership?

Individual memberships cover one member, while family plans cover the member and their dependents that permanently live in the same physical residence.

Are non-emergency transports covered under the plan?

No, the program only covers 9-1-1 emergency ambulance transports.

Who can join the LifeSaver Program?

The program is open to all residents that live within the Richmond City limits.

How will the Richmond Ambulance Authority work with my insurance company?

RAA will file with member's available insurance for any ambulance transport. For covered services, the amount paid by the insurance company will be accepted as payment in full and the member will not be billed. If no insurance benefits are available or paid, members will receive a 20% discount off the normal fees.



Why should I join before January 1, 2021?

To get the most from your membership, make sure your application and payment is received before the start of the membership year, which runs January 1 through December 31, 2021. Although new members are accepted all year, the membership fee is not reduced for partial year membership. In addition, there is a 30 day waiting period for members joining after December 31, to give RAA time to process the application.

What do I need to do to join?

Fill out and sign the attached application and send it with your payment to the address below.

Send completed application and payment to:

Richmond Ambulance Authority
2400 Hermitage Road
Richmond, VA 23220

Questions about the
LifeSaver Program?
Call 804-254-1150



L I F E S A V E R

AMBULANCE • MEMBERSHIP • PLAN

Please Select One: 2021 RENEWAL NEW MEMBER

Enrolling in the LifeSaver Membership Plan helps cover the cost of emergency (9-1-1) ambulance service for Richmond City residents from January 1, 2021 through December 31, 2021. Send the completed form and your payment to the address listed on the back. Your LifeSaver membership card will be sent to you in a few weeks.

PLEASE READ THE ATTACHED PLAN INFORMATION AND SIGN THE BACK OF THIS FORM.

HEAD OF HOUSEHOLD		
Name (Last, First)		
Address		
City, State, Zip		
Phone	RAA LifeSaver Membership Number, if applicable	
Social Security Number	Date of Birth	Medicare Number, if applicable
PRIMARY INSURANCE		
Name of Insurance Company		
Group Number	ID Number	
Address for Insurance Policy Claim		
OTHER INSURANCE		
Name of Insurance Company		
Group Number	ID Number	
Address for Insurance Policy Claim		

OTHER FAMILY MEMBER	
Name (Last, First)	
Social Security Number	Date of Birth
Relation	Medicare Number, if applicable
PRIMARY INSURANCE	
Name of Insurance Company	
Group Number	ID Number
Address for Insurance Policy Claim	
OTHER INSURANCE	
Name of Insurance Company	
Group Number	ID Number
Address for Insurance Policy Claim	

ADDITIONAL DEPENDENTS RESIDING AT YOUR ADDRESS – Attach Separate Sheet If Necessary					
Additional Member #1 Name (Last, First)			Additional Member #2 Name (Last, First)		
Social Security Number	Date of Birth	Relation	Social Security Number	Date of Birth	Relation
Insurance, if different from Head of Household			Insurance, if different from Head of Household		
Name of Insurance Company	Group Number	ID Number	Name of Insurance Company	Group Number	ID Number
Address for Insurance Policy Claim			Address for Insurance Policy Claim		

Additional Member #3 Name (Last, First)		
Social Security Number	Date of Birth	Relation
Insurance, if different from Head of Household		
Name of Insurance Company	Group Number	ID Number
Address for Insurance Policy Claim		

Additional Member #4 Name (Last, First)		
Social Security Number	Date of Birth	Relation
Insurance, if different from Head of Household		
Name of Insurance Company	Group Number	ID Number
Address for Insurance Policy Claim		

Patient Privacy: RAA cares about protecting its patients' privacy. In accordance with the Health Insurance Portability & Accountability Act (HIPAA) of 1996, RAA will provide you with an explanation of your patient rights and how your medical information will be used by the Authority. For a complete list of RAA Privacy Practices, visit www.raaems.org or call the business office at 804-254-1150.

MEMBERSHIP FEES AND BENEFITS

The Richmond Ambulance Authority (RAA) LifeSaver Membership Plan (PLAN) covers member's insurance co-pays and deductibles after their insurance pays for any emergency transport during the membership year. If the member does not have insurance coverage, or the member's insurance deems the transport as non-covered or the member is responsible for the full balance of the transport, the PLAN provides a 20% discount off the charge of the transport.

The annual membership fee is \$49 for an individual and \$79 for a family.

EFFECTIVE DATES

I understand my membership is effective upon receipt by RAA of full payment (\$49 for an individual or \$79 for a family) and signed membership agreement for the period January 1, 2021 through December 31, 2021. Applications received by RAA after the start of the membership year will become effective 30 days after receipt and the fee will not be prorated. To get the maximum membership benefits, **make sure your application and payment is postmarked by December 31, 2020.**

MEMBERSHIP TERMS

- I understand the PLAN covers members listed on the application, and that a family is defined as a member and their dependents that permanently live at the member's physical place of residence (same household).
- I understand that the member is responsible for notifying RAA of the addition of any dependents during the membership year due to birth, adoption, or marriage. Benefits for dependents added after January 1, 2021 become effective 30 days after receipt of notification of the change by RAA.
- I understand the PLAN is only open to residents that live within the city limits of Richmond, Virginia.
- I understand Medicaid recipients do not need to enroll in the LifeSaver Plan.
- I understand the PLAN does not cover non-emergency transports.
- I also understand this membership is nontransferable and the fee is nonrefundable.
- **I acknowledge I am responsible for payment of ambulance services for me or my dependents regardless of insurance coverage. I understand the PLAN is not insurance and RAA will claim payments from my insurer or third-party agency (e.g., Medicare). I understand I may be asked to help RAA collect these benefits or payments. If I receive a payment directly from an insurance company, I will immediately forward the payment to RAA under this agreement.**
- I, the undersigned, request payment of authorized benefits be made on my behalf to Richmond Ambulance Authority, 2400 Hermitage Road, Richmond, VA 23220 for any ambulance services provided to me by Richmond Ambulance Authority.
- I authorize any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid and its Agents and Carriers, as well as to Richmond Ambulance Authority, any information or documentation needed to determine these benefits or benefits payable for related services provided to me by Richmond Ambulance Authority, now or in the future.
- I certify I have read and agree to the terms of the membership agreement.

SIGN HERE X _____ Date _____

Membership agreement must be signed by the holder of Insurance Policy listed on other side or authorized person if uninsured.

METHOD OF PAYMENT

Personal Check Money Order MasterCard VISA Discover

Credit Card # _____ Exp. Date _____

Name (print as appears on credit card) _____

Signature _____

(FOR CREDIT CARD PAYMENT ONLY)

**Mail your Completed Form and Payment:
(\$49 for Individual or \$79 for Family)**

Richmond Ambulance Authority • 2400 Hermitage Road • Richmond, Virginia 23220

Received Date: _____ Check # _____ Amount: _____