North Douglas County Fire & EMS

North Douglas County Fire & EMS
FireMed Application

$89 PER YEAR

PLEASE PRINT

Your name _____ Telephone _____

Street address _____ Apt# _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Firemed coverage extends to all family members regularly living at home.
Please list all household members, including any last names that are different than above.

	Last Name (if different)	First Name	Middle Initial	Relationship to you	Date of Birth Mo.	Day	Year	Social Security Number*
YOU								
Spouse								
Dependent								
Dependent								
Dependent								
Dependent								
Dependent								

*Under federal law you are not required to provide your Social Security Number. The disclosure of your Social Security Number is voluntary and is solely for the purpose of keeping relational computerized membership records.

List any insurance that pays medical benefits. It is your responsibility to keep this information updated at all times.
If dependents have different insurance, please attach additional paper.

YOUR primary health insurance _____ Group/Policy # _____
Names of persons this policy covers _____
Other health insurance _____ Group/Policy # _____
If MEDICARE: Your policy # _____
Name of auto insurance _____ Policy # _____

SPOUSE primary health insurance _____ Group/Policy # _____
Names of persons this policy covers _____
Other health insurance _____ Group/Policy # _____
If MEDICARE: Your policy # _____
Name of auto insurance _____ Policy # _____

I (we) have read the FireMed agreement on the reverse side and agree to the terms and conditions listed. I authorize payment of insurance medical benefits for ambulance service directly to North Douglas County Fire & EMS Ambulance Service. I also understand that I am responsible for filing any and all claim forms required by FireMed to assist in receipt of such insurance payments.

This form must be signed by all persons in the household covered by this membership that are 18 years of age or older.

Yourself _____ Spouse _____

Dependent _____ Date _____

A check or money order must accompany this application. Make checks payable to North Douglas County Fire & EMS and return to P.O. Box 1030 Drain OR 97435.