



Ada County Paramedics proudly announces  
**Neighbors for Life,**

the membership program that helps you and your family off-set rising healthcare costs—and helps you plan for the unexpected.



**AdaCountyParamedics**  
Neighbors for Life

**About Ada County Paramedics**

'Round the clock, our Paramedics and EMTs respond to all 9-1-1 medical emergencies in Ada County. We provide prompt, quality patient care and treatment, and rapid ambulance transport when necessary. We have been serving the community for over 30 years, and will continue to be your Neighbors for Life for many years to come.

For more information about Ada County Paramedics and the Neighbors for Life program, please visit:

[adaparamedics.org/neighbors](http://adaparamedics.org/neighbors)

or contact Member Services:

[neighbors@adaweb.net](mailto:neighbors@adaweb.net) or 208-287-2950.

To enroll in Neighbors for Life, simply complete and return the included enrollment form with your payment.

Mailing address:  
P.O. Box 140209  
Boise, ID 83714

Fax number:  
208-287-2999



You Really **CAN** Plan  
for the Unexpected.

Now, we invite you to be a part of our team! For just \$60 per year, you and your family will have one less financial surprise in your life.

## The Neighbors for Life Membership

Our program works like a supplement to your existing insurance or Medicare/Medicaid, or fills the financial gap if you don't already have insurance. As a member, you won't have any surprises when it comes to your ambulance bill.

### How the Plan Works

When you have a medical emergency that requires ambulance transport to the emergency room, you and your insurance company are billed for the treatment and transportation Ada County Paramedics provides.

Most health insurance plans do not cover the full cost of ambulance services. If you aren't a Neighbors for Life member and are transported to the emergency room, you may still owe an outstanding balance after your insurance is billed and payment is received.

If you are a Neighbors for Life member and have an emergency that requires medically necessary treatment and transport to an emergency room, your insurance or Medicare/Medicaid is billed, payment is received, and you owe nothing. Members who do not have health insurance will pay a per-incident fee of \$100 if Ada County Paramedics services are used.

### Enroll today!

## Benefits of Membership

- Your worthy support helps provide even better clinical education programs to our expert Paramedics and EMTs, and ultimately improves our quality of care.
- Supporting one of Ada County's most vital community services enhances our community as a whole.
- As a Neighbor for Life, you and the members of your household are not responsible for paying additional fees, co-pays, or balances that are not covered by insurance, except those required by law or regulation.
- Your household is covered for just \$60 per year or \$1,000 for a lifetime—value, financial peace of mind, and a predictable cap on the cost of emergency medical services.



## Statement of Understanding

1. I understand that the Ada County Paramedics Neighbors for Life membership program benefits me, my spouse, and my dependents who can be claimed on my income tax returns.
2. I transfer directly to Ada County Paramedics my rights to insurance payments due me for billed ambulance services. The Neighbors for Life program covers treatments and transports that are medically necessary as defined by the Centers for Medicare and Medicaid Services. Necessity is determined by Ada County Paramedics or another third party recognized by Ada County Paramedics.
3. My member benefits take affect 48 hours after my payment and completed enrollment form are received by Ada County Paramedics.
4. My membership fees are non-refundable and non-transferable. Either party can cancel my membership at any time for any reason.
5. If I don't have health insurance, I will be responsible for a per-incident fee of \$100, in addition to the annual membership fee.
6. Personal information I provide is confidential and for business purposes only. It will not be shared by Ada County Paramedics with any other organization except as needed to collect insurance payments.

Ada County Paramedics  
has been providing essential 9-1-1  
emergency medical services to  
Ada County residents since 1975.



## ENROLLMENT FORM

Please complete this form and return it with your payment to enroll in the Neighbors for Life program.

- I have read the Statement of Understanding and agree to its terms.

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Providing a valid e-mail address will allow us to keep our operational costs down.

### Additional household members

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

- I am including a tax-deductible contribution of \$ \_\_\_\_\_ for Neighbors in Need, a program to help low income families pay their emergency medical bills.

Check enclosed

12 months for \$60

VISA

Lifetime for \$1,000

Mastercard

Credit card number \_\_\_\_\_

Signature \_\_\_\_\_

Expiration date \_\_\_\_\_

## MEMBERSHIP RULES

(IN ADDITION TO STATEMENT OF UNDERSTANDING)

- I hereby apply for membership for me and my family members listed on this application. Neighbors for Life (N.F.L.) covers husband and wife and unmarried, dependent children under the age of 21. Your child is a dependent if you claim him or her as a dependent on your income tax return. If you do not, a separate membership is necessary, even if the child lives at your residence.
- Ada County Paramedics (ACP) will accept payment from insurance carriers as payment in full. I understand that I am responsible for insurance deductibles.
- In the event the member's insurance provider denies the claim, or if the member has no insurance coverage, the member/patient will owe no more than \$100 for medically necessary responses.
- Members who receive non-transport services (treat & release) not covered by insurance will owe no more than \$100 for medically necessary responses.
- I understand that this membership provides for emergency medical care and transportation. I also understand that N.F.L. membership is not insurance, but is in addition to and secondary to any insurance or medical benefits I may have.
- ACP transports patients based on medical need, not membership status, and transports patients to the closest, medically appropriate facility.
- N.F.L. applies to 9-1-1 emergency medical services (EMS) only, not non-emergency transfer services.

### PLEASE BE ADVISED

- If you have questions regarding your personal insurance coverage, please contact your insurance provider.
- N.F.L. is not an insurance program. It will not compensate or reimburse another ambulance company that provides EMS services.
- For questions regarding N. F. L. please call us at (208) 287-2950.

Member acknowledges all rules and guidelines pertaining to the membership.

Signature: \_\_\_\_\_  
(Please return with membership enrollment form)

Date: \_\_\_\_\_



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