

SPECIAL SERVICE PROGRAMS

MMR Plus Membership Program

Sign Up Today!

Membership will help cover co-payments expenses for MMR ambulance transport

Mobile Medical Response is pleased to continue offering our membership program 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 our 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 living at home. Your MMR Plus membership may be used as many times as needed throughout the year.

Check your insurance coverage to see if MMR Plus is right for you! If you have questions about MMR Plus, please call us at 989-758-2900 or toll-free at 800.232.5216. ■



MMR

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 Home Phone #

Dependent Name Date of Birth Dependent Name Date of Birth

Dependent Name Date of Birth Dependent Name Date of Birth

2

Method of Payment Check for \$49 (made payable to Mobile Medical Response, Inc.)
Mail to: 834 S. Washington Ave. Saginaw, MI 48601

Charge my Visa Mastercard Credit Card # Exp. Date

CSC Code:
(3-digit code on back of card)

X

3

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 programs covers my spouse and minor children living in my residence.

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. 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.

X

Signature

Date

HOW DID YOU HEAR ABOUT US? Family/Friends Hospital Assisted Living Pharmacy