



West Covina Fire Department

# Ambulance Subscription Program – Membership Application Form

*A program for West Covina residents since 2009*

## Household Information

Home Address \_\_\_\_\_

Mailing Address  
(if different) \_\_\_\_\_

## Contact Information

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Membership includes all persons who are primary residents of the same single-family occupancy or occupant of a singular unit within a commercial residence (ex: senior living community). Below, please list the information for each primary resident that will be covered under the membership. The first person listed is the main member on the account. If additional space is needed, please fill out an additional form with only the member's names and information.

Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)	Insurance Company	Insurance ID Number

Submission of this application with payment constitutes acceptance of the terms of agreement for the Ambulance Subscription Program. Your checking account statement is your receipt. Membership costs \$73.49 per year.

### Payment Information:

Enclosed is my \$73.49 check, payable to "City of West Covina"

*At this time, credit cards are not accepted. The City is working toward allowing credit card payments.*

### Mail completed application form and \$73.49 check to:

City of West Covina  
PO Box 269110  
Sacramento, CA 95826-9110

### Questions?

Please call (800) 906-6552

## Ambulance Subscription Program (ASP) Terms of Agreement

By joining ASP, members agree to abide by the Terms of Agreement below:

**DEFINITION:** The Ambulance Subscription Program is a voluntary program operated by the City of West Covina, CA, hereinafter referred to as ASP. ASP is only available to residents and local businesses that reside within the City of West Covina. Residents who occupy a commercial building (ex: senior living community) are also eligible to join ASP. ASP only applies to medically necessary ground ambulance transportation to the nearest hospital within the City of West Covina. Medically necessary ground ambulance transportation means that 9-1-1 was called and the patient must be transported to a hospital for medically necessary services, and transportation in any other vehicle could endanger the patient's health.

**ASP MEMBERSHIP BENEFITS:** Membership covers applicable patient out-of-pocket expenses for medically necessary ground ambulance transportation to the nearest appropriate hospital, provided by the West Covina Fire Department or a private ambulance company contracted with the City. Any amount paid by the patient's insurance will be considered payment-in-full and the patient will not be responsible for applicable patient out-of-pocket expenses, often referred as a co-payment or deductible. Membership also waives the EMS Assessment Fee, a fee that is charged when treatment is provided by the West Covina Fire Department, but the patient is not transported by ambulance. The EMS Assessment Fee was implemented for cost recovery purposes on June 18, 2017.

**WHO IS COVERED:** For residents, membership extends to the permanent family members of the same single-family occupancy, non-commercial residence, living together as part of a family unit, including domestic partners and guests of the household. For those residents living in a commercial building (ex: senior living community), membership does not include all the tenants of the commercial building (ex: senior living community) and only extends to the person who resides in the commercial building (ex: senior living community) and the person's guests. For residential membership only applies if the person required medically necessary ground ambulance transportation within West Covina.

**MEMBERSHIP ELIGIBILITY:** To join ASP, you must be a resident in West Covina, CA. Those who live in a surrounding City or unincorporated area within West Covina are not eligible to join. To enroll, mail a completed Membership Application Form to the third-party billing company, Wittman Enterprises, contracted with the City of West Covina to help manage ASP. The mailing address to send completed Membership Application Forms is: City of West Covina, PO Box 269110, Sacramento, CA 95826-9110. Regardless if you sign-up online, over the phone, or via the mail, enrollment in ASP is effective upon receipt of payment by Wittman Enterprises. Alternatively, you can call Wittman Enterprises at (800) 906-6552 and sign up for the "West Covina Ambulance Subscription Program."

**MEMBER RESPONSIBILITIES:** Members pay an annual membership fee and will assign and transfer to ASP all rights and benefits for ambulance services from all insurance policies, plans, or other benefit programs members may have, including all rights in any claim or third-party recovery, up to the total dollar amount of services incurred, where ASP provided medically necessary ground ambulance transportation. Should any person covered under ASP receive any payment for medically necessary ground ambulance transportation rendered by ASP, they will immediately forward such payment to ASP. Members authorize the release of medical and other information by or to ASP as necessary for ambulance billing. Members agree to provide, when requested, any or all information concerning insurance policies, plans, third party recovery, or other benefit programs they may have, and will cooperate and assist as necessary in any efforts to bill and collect such ambulance reimbursements, including the completion and submission of documents or claim forms.

**DURATION:** Membership coverage begins once payment is received and extends for one year from the date payment was received.

**TO THE MEMBER'S INSURANCE CARRIER (FOR MEMBERS WITH INSURANCE):** As an ASP member, I authorize use of a copy of this agreement in place of the original on file at Wittman Enterprises, the third-party company that manages ASP on behalf of the City of West Covina. I assign and authorize payment of benefits for ambulance services directly to ASP, according to the ASP terms of agreement and as itemized on claim forms. My membership fee will cover any applicable deductible, coinsurance, or co-payment amounts and I expect the usual and customary ambulance reimbursement on my behalf be sent directly to Wittman Enterprises.

**DISCLAIMER:** ASP reserves the right to add, modify, or delete any of the terms of agreement completely or in part. All interpretations of ASP's terms of agreement shall be at the sole discretion of ASP. Membership is non-transferable and non-refundable. Persons on Medi-Cal need not apply. Any membership in ASP is on a voluntary basis. Violations of the terms of agreement may result in membership revocation, forfeiture of benefits associated with membership and an obligation to pay all balances in full.

**A large print version of this text is available at**  
**<https://www.westcovina.gov/349/Ambulance-Subscription-Program>**  
**or by calling the West Covina Fire Administration Office at**  
**626-939-8824.**