Why do you need insurance coverage in addition to an Acadian Ambulance membership?

Private insurance or Medicare does not always cover 100% of ambulance transportation. Membership provides a 30% discount on billed ambulance service charges within the Acadian Ambulance service area. When members are covered by Medicare, there may be no cost to the member for a prehospital ambulance transport due to a sudden illness or accident. For ambulance services not covered by insurance or Medicare, members receive a 30% discount off their total billed charges.

An Acadian membership is not an insurance policy. Acadian members may be obligated to pay a portion of the discounted charge for ambulance services. Acadian will take an assignment of the member’s rights under their insurance policy and attempt to collect directly from the insurance company. Many insurance policies do not cover trips to doctors’ offices, even if authorized by the physician. Members are responsible for payment up to 70% of all charges.

How much does membership cost?

For an annual fee of $79, membership covers applicant, spouse and children up to 26 years of age. Traditional Medicare recipients with supplemental insurance pay an annual fee of $64. To qualify for the discounted membership fee, those covered by traditional Medicare and a supplemental insurance policy must provide information on the enclosed application form.

MEMBERS ENJOY GREAT BENEFITS AND SAVINGS

Ambulance Services Discount
Receive a 30% discount on billed ambulance charges.

VIP Phone Line
Enjoy exclusive access to specialized customer service and billing assistance.

Savings Network
Access thousands of discounted products and services from local and national businesses.¹
• Movies and concert tickets
• Groceries and dining
• Retail and shopping
• Home services
• Travel and rental cars
• Auto repair
• Health and wellness
• Phones and electronics

On Call Medical Alert Systems
Save 10% on monthly monitoring rates.

Acadian Total Security
Security system startup fee waived (a $99 value).²

¹This service is provided by a third-party vendor. Offers and services are subject to change without notice. Acadian Ambulance Services is not an agent of Abenity, provides no warranties related to the services provided by Abenity and hereby disclaims any liability with regard thereto.
²With new alarm account activation.

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Persons Covered by Membership - Those persons covered by this membership shall include the immediate members of my family, which shall be defined as the applicant, spouse and children up to 26 years of age.

Membership Fee and Assignment of Rights - In consideration of the membership services provided by ACADIAN described below and except as hereinafter set forth, I have paid to ACADIAN a non-refundable and non-transferable membership fee and assign to ACADIAN, on my behalf and on behalf of the immediate members of my family covered by this membership, all rights and benefits of all medical and health insurance policies or plans and any other benefits or plans which provide coverage for ambulance services, including but not limited to, additional coverage for co-insurance and deductibles. (NOTE: Medicare patients need not be members to receive such coverage). Additionally, insurance coverage must be confirmed prior to the transport. Membership applicants who are dialysis patients must be approved by ACADIAN prior to membership. Authorization shall be required by ACADIAN AMBULANCE as a condition of membership. For purposes of this agreement “ambulance services” shall mean medical ground and rotor-wing transportation of patients meeting medical necessity criteria. For sudden and unexpected injury, illness or trauma requiring immediate medical attention of a doctor at a hospital emergency room) physician for sudden illness or trauma and the need for immediate medical attention of a doctor at a hospital emergency room. Furthermore, I understand and agree that there is no duty or obligation by them to use or rely on such information in such a circumstance and does not relieve me or family members from the duty to provide such information upon request of dispatch or responding crew members. Furthermore, I understand and agree that medical conditions can change, therefore I do not hold ACADIAN or its staff responsible for any changes in my medical condition or any errors or omissions I may make in providing medical information.

Medical Information - I agree as a member, I shall provide a complete medical history to ACADIAN or any member of the staff at each transport. ACADIAN AMBULANCE SERVICE provides transportation or services. I shall notify ACADIAN immediately of the demand, claim or lawsuit should any outstanding balance (i.e. the amount due for services performed due to a lack of insurance coverage or denial of payment by an insurer) be owed by me or my family members covered by this membership. I understand that I am responsible for payment of services provided to me. I hereby consent that ACADIAN AMBULANCE SERVICE or their designated agent may contact me in regards to my bill and leave a message regarding same on any type of answering device and consent to ACADIAN using wireless telephone numbers, which could result in charges to me. ACADIAN may also contact me by sending text messages or emails, using any email address I provide to ACADIAN. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Member Consent to Third-party Reimbursement - As a member, I agree and consent to ACADIAN filing for and collecting payment for services provided to me or the members of my immediate family covered by this membership, under any and all medical or health insurance policies, plans or benefit programs, up to the amount of ACADIAN’s billed charges for ambulance services covered by this membership, as evidenced by my signed Consent Form.

Agreement to Remit Payments Made by Insurer to Member for Services Provided - I, and the members of my immediate family covered, hereby agree to forward immediately to ACADIAN AMBULANCE, all payments for ambulance services provided by ACADIAN and sent directly to any of us from any insurance benefit or settlement, whether derived from lawsuits or settlements up to the total dollar amount of charges incurred.

Member Need for Transportation/Requirements - I understand that my membership services with respect to emergency ground and rotor-wing transports are restricted to situations where I and/or a member of my immediate family covered by this membership has sustained an injury, sudden illness or trauma and the need for immediate medical attention of a doctor at a hospital emergency room exists. I understand that in the event non-emergency transportation is requested or transports other than for sudden illness or trauma is necessary, ACADIAN AMBULANCE SERVICE shall be required to recognize and pay for the services rendered by ACADIAN to me or the immediate members of my family, pursuant to the assignment of benefits contemplated by this membership agreement.

Membership Period - I understand this membership is for a period of one year commencing on September 1, 2018, and expiring on August 31, 2019. I will notify ACADIAN by paying the membership fee. I have consented to all terms and conditions of this membership agreement on my behalf and the members of my family covered by this membership.

Member Agreement to Terms and Disclosure of Insurance Information - As a member of ACADIAN, I agree that payment of authorized Medicare or other insurance benefits be made on my behalf directly to ACADIAN AMBULANCE SERVICE, for any ambulance services furnished to me or members of my immediate family covered by this membership. I hereby consent and authorize any holder of insurance information about me and the members of my family covered by this membership (including Medicare or any private insurance company or benefits plan) to release such information to ACADIAN AMBULANCE SERVICE or the Health Care Financing Administration (HCFA). Its carriers or agents, if such release is made in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

As a member of ACADIAN, I agree, in order for ACADIAN to service my account or to collect any amounts I owe. ACADIAN may contact me by telephone, mail, electronic, voice message; pre-recorded message; automatic dialing device; email; text message; and leave a message regarding same on any type of answering device. I understand that although I am providing medical information on the form of insurance information about me and the members of my immediate family covered by this membership, such information provided does not replace my obligation to provide a responding crew or dispatch member with medical information in response to a call for service. In an emergency situation, this information may or may not be available for use by the treating crew members and therefore I understand there is no duty or obligation by them to use or rely on such information in such a circumstance and does not relieve me or family members from the duty to provide such information upon request of dispatch or responding crew members. Furthermore, I understand and agree that medical conditions can change, therefore I do not hold ACADIAN or its staff responsible for any changes in my medical condition or any errors or omissions I may make in providing medical information.

Failure to comply with the above terms may result in membership revocation.

If you are a resident of Jefferson, Orleans or St. Bernard Parish, this membership will cover the services provided by Acadian Ambulance Service of New Orleans, L.L.C., a wholly owned subsidiary of Acadian Ambulance Service, Inc. If you are a resident of Harde, Jasper, Jefferson, Newton, or Orange County, or the city of Pasadena, Texas, this membership will cover the services provided by Acadian Ambulance Service of Texas, L.L.C., a wholly owned subsidiary of Acadian Ambulance Service, Inc.

Standard annual membership fee: $79.00. Discounted annual fee for membership with traditional Medicare and supplemental insurance: $68.00.

*The term “ambulance services” includes ground and rotor-wing transports, and excludes any type of fixed wing transport.

*Texas Medicaid recipients are not eligible for Acadian Membership as per TAC, Title 25 §572.118.

*Savings Network” is provided by a third-party vendor. Offers and services are subject to change. Information provided by Acadian Ambulance Service is not on behalf of Aetna, provides no warranties related to the services provided by Aetna and hereby disclaims any liability with regard thereto.

Save 10% on monthly monitoring rates of On Call medical alert systems from Acadian Total Security. Exclusions may apply.

Acadian Total Security will waive the basic startup fee of a security system with new annual contracts.