



City of Gustavus
 PO Box 1
 Gustavus, Alaska 99826
 Phone: (907) 697-2451

GUSTAVUS VOLUNTEER FIRE DEPARTMENT (GVFD) AMBULANCE SUBSCRIPTION PROGRAM

At the April 14, 2014, General Meeting, the City Council adopted an Ordinance (Title 6.02), authorizing the GVFD to collect fees for ambulance calls, and a fee schedule was implemented that year (Resolution CY14-21) and updated in 2019 (Resolution CY19-18).

The City of Gustavus and GVFD offers a program for ambulance subscription. As an Ambulance Subscriber, we will only bill insurance providers for the rates listed on page 2. Payment from a subscriber's insurance carrier will satisfy your obligation to us for our service rates. This does not include "additional fees" as applicable. Subscribers with no insurance coverage will have the same benefits as subscribers with insurance coverage. Non-Subscribers are responsible for payment in full for services, regardless of the amount covered by their insurance carrier. Subscribers shall forward any payments received directly from their insurance carrier to the City of Gustavus immediately upon receipt.

Coverage Offered:

- | | |
|-----------------------|--|
| Individual Subscriber | \$10.00 per person annually |
| Household Subscriber | \$25.00 per household annually. For the ambulance subscription program purpose, a household consists of the head of household, spouse/partner, unmarried dependent children under the age of 25, and any other legal dependent all which live in the same household. |

The names of all persons covered must be listed on subscription form. The subscription will become effective on the date the enrollment form and payment are received at City Hall and will be valid for that calendar year.

The GVFD is a department of the City of Gustavus, a non-profit municipal government. As such, any surplus we may generate each year is used to enhance the operations of the GVFD and prepare for future growth in the community. The City of Gustavus and the GVFD strive to make this program available to everyone in our response area. Additional contributions are always welcome, and greatly appreciated. We thank you in advance for your support, and we continue to strive to offer the highest quality emergency medical services possible.

Terms of Service:

1. The GVFD subscription service is completely voluntary.
2. **GVFD ambulance subscription is not available to businesses, nor does it cover caregivers or employees of subscribing members, part-time guests, or temporary visitors.**
3. The subscription has open enrollment, and **subscriptions are valid yearly from January 1st to December 31st.**
4. If an individual or household moves out of Gustavus, no refund, pro-ration or adjustments will be made. The subscription is non-transferable.
5. There will not be any reminders for renewal mailed to subscribers. The next yearly forms will be available at City Hall starting in December of each year.
6. The basic charges as defined in "Rates", and listed below, are waived for subscribers; however, charges for supplies and escort fees are not waived.

7. The subscription will not cover “additional fees” as listed below.
8. Subscribing members will be responsible for payment of services previous to the subscription activation.
9. Authorization for the City of Gustavus to obtain entitled benefits from insurance carriers and Medicare will be required.
 - a. Insurance carriers will be billed for services provided to subscribers, however no out of pocket costs will be billed to subscribers.

Rates:

1. Acuity Level I	Basic Life Support (BLS))	\$500/call plus mileage
2. Acuity Level II	Basic Life Support Emergency (BLSIIE)	\$600/call plus mileage
3. Acuity Level III	Advanced Life Support (ASLIII)	\$700/call plus mileage
4. Acuity Level IV	Advanced Life Support Emergency (ALSIVE)	\$800/call plus mileage
5. Acuity Level V	Critical Care (AVCC)	\$1000/call plus mileage

Transportation fee is set at \$11/mile.

Additional Fees:

1. Additional fee of \$3.00/minute in the event Medevac transportation is delayed beyond one (1) hour, by the patient, the discharging facility, the receiving facility or by other transportation facilities.
2. If a medevac escort is needed, it shall be billed accordingly to recover the entire cost of the Emergency Medical Technician (EMT)’s travel for patients transported by air, road, or water to patient care facilities outside of Gustavus.
3. Charges for transportation for private carrier will be billed directly to the patient by the carrier.

To sign up for the subscription program, please fill out and bring the attached form to City Hall. We will also need a copy of the insurance policyholder’s driver’s license, as well as a copy of the insurance card(s). These forms are available on the City of Gustavus website at: <https://cms.gustavus-ak.gov/administration/page/ambulance-subscription-program> Further questions may be directed to GVFD Fire Chief, Sol Martinez at 697-2707.

City of Gustavus, Alaska
Gustavus Volunteer Fire Department Emergency Medical Services
Ambulance Subscription Program
PO Box 1
Gustavus, Alaska 99826

THIS IS NOT AN INSURANCE POLICY

I request that payment of authorized insurance benefits be made on my behalf to the City of Gustavus for any services provided to me by the Gustavus Volunteer Fire Department now or in the future. I agree to immediately remit to the City of Gustavus any payments that I receive directly from insurance or any source whatsoever for the services provided to me, and I assign all rights to such payments to the City of Gustavus. I authorize the GVFD or contracted billing service to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to Gustavus Volunteer Fire Department and its billing agents, and/or the Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these and other benefits payable for any services provided to me by the Gustavus Volunteer Fire Department, now or in the future. A copy of this form is as valid as an original.

Subscribers to the Ambulance Subscription Program agree to notify City Hall within 7 business days of any and all changes in insurance coverage, including but not limited to termination or activation of coverage or change in insurance carriers.

I hereby apply for membership with the Gustavus Volunteer Fire Department Ambulance subscription program. I understand that the enclosed fee will cover me, my spouse or partner, unmarried dependent children under the age of 25 years of age, and any other legal dependent of me and my spouse/partner who may live at this address.

I understand that through my membership, the Gustavus Volunteer Fire Department will provide emergency ambulance service within Gustavus. I also understand and give my permission for the Gustavus Volunteer Fire Department to bill my insurance carrier(s). This membership will cover the portion not reimbursed by my medical coverage for services rendered by the Gustavus Volunteer Fire Department. I understand that the Gustavus Volunteer Fire Department provides medically necessary ambulance transportation and that violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty. I also understand that this membership is nonrefundable and nontransferable.

Signature of Subscriber/Head of Household

Date

GVFD AMBULANCE SUBSCRIPTION PROGRAM ENROLLMENT FORM - CALENDAR YEAR 2024

Head of Household:

Printed Last Name

Printed First Name

DOB

Street/Mailing address

Insurance Carrier

ID#

Group#

Eligible residents in household:

1. _____

First and Last name

DOB

Insurance Carrier

ID#

Group#

2. _____

First and Last name

DOB

Insurance Carrier

ID#

Group#

3. _____

First and Last name

DOB

Insurance Carrier

ID#

Group#

4. _____

First and Last name

DOB

Insurance Carrier

ID#

Group#

5. _____

First and Last name

DOB

Insurance Carrier

ID#

Group#

*Attach a separate page if needed

Method of Payment:

The full amount of \$10/individual or \$25/household is due and payable at the time of enrollment.

Enclosed check # _____ made payable to: City of Gustavus

Visa/MC/Amex/Discover _____

Card #

Exp. date

CVC code

Billing address and Zip Code for Card

Name as it appears on card

Authorized signature of cardholder