

# A Tradition Of Caring for Our Community

Amidst all the change in Bella Vista,  
The need for ambulance service will  
continue.

**Bella Vista Ambulances Service, Inc.**  
**Is an independent non-profit  
Organization.**

Our community is fortunate to have one of  
the premier Emergency Medical Service  
teams in Arkansas with an advanced life sup-  
port ambulance service.

Since 1977, our members have made that  
success possible. As we enter our next 30+  
years, it is our membership that will help  
make this success continue.

## Who Can Join?

All Bella Vista residents are eligible to be  
members in the Bella Vista Ambulance Ser-  
vice, Inc. whether they are POA members  
or not. That means lessees, renters and  
part-time residents also may join.

## Why Should People Join?

It is your membership dues that help buy  
ambulances for the community and stock  
them with the life-saving technology the  
community needs. Those dues also help  
train our EMS personnel to ensure that  
skilled professionals respond when we  
need them. Without memberships in the  
Ambulance Service, there would be no  
ambulances here in Bella Vista. We do not  
receive any \$\$ from the POA, City or  
County.

## What Does It Cost?

An annual fee of \$40 covers all household  
members with insurance coverage. Guests  
also may be covered for an additional \$10  
per year.

Households without insurance coverage  
will pay an annual fee of \$80 for everyone  
living in the household. Their guests also  
may be covered for an additional \$20 per

## TERMS AND CONDITIONS OF MEMBERSHIP AGREEMENT

- Membership in the Bella Vista Ambulance Services, Inc. entitles me (us) to emergency transportation as many times per year as needed to a hospital of our choice within the designated service area. Final transport decisions, involving the destination hospital in all emergencies, will be made by the Bella Vista EMS personnel and Emergency Room Medical Control.
- I (we) agree that I (we) are legally responsible for any and all services provided to me by the Bella Vista Ambulance Services, Inc. Should I have insurance or medical benefits coverage, Bella Vista Ambulance Service, Inc. reserves the right to bill directly to all appropriate benefit providers for services rendered that are medically necessary and covered by my insurance.
- For members with insurance: Medicare/insurance claims will be filed for members. All insurance benefits must be paid to the Bella Vista Ambulance Services, Inc., this will be considered as payment in full for ambulance charges incurred with the Bella Vista Ambulance Service, Inc. Mileage past the nearest appropriate facility and services not covered/not medically necessary will be billed to the member.
- For members without insurance: The member without insurance or whose insurance does not cover your ambulance claim will pay 50% of the charges incurred with the Bella Vista Ambulance Service, Inc. The remaining 50% of the bill will be written off as the Member Privilege.
- Bella Vista Ambulance Service, Inc. considers an emergency to be a serious injury or illness or deterioration in a condition, which, if not treated immediately, may result in loss of life or limb, or may lead to permanent disability, as determined by the emergency medical personnel.
- This is a membership and not an insurance policy and is non-refundable.
- This agreement does not extend out of the City to other cities. If you have an ambulance call in an area outside of the response area of the Bella Vista Ambulance Service, Inc., you are not covered by this membership.
- This agreement does not cover non-emergency transports, mileage past the nearest appropriate facility, services not covered by Insurances, and services not medically necessary. In the event the patient requests the ambulance, then refuses transport; all supplies/treatment provided will not be covered. These expenses will be billed to the Member.

08-09-07

*Signed:* \_\_\_\_\_

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

## Membership Application

I hereby apply for membership in Bella Vista Ambulance Service, Inc. I have read, understand and signed the terms and conditions on the reverse side of this form. Enclosed, please find my check for the appropriate amount:

(With Insurance - Annual Fee)

\_\_\_\_\_ \$40 Household Only \_\_\_\_\_ \$50 Household & Guests

(Without Insurance—Annual Fee)

\_\_\_\_\_ \$80 Household Only \_\_\_\_\_ \$100 Household & Guests

*Please Print:*

Name or Contact Person: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Other: \_\_\_\_\_ DOB: \_\_\_\_\_

Other: \_\_\_\_\_ DOB: \_\_\_\_\_

Other: \_\_\_\_\_ DOB: \_\_\_\_\_

Other: \_\_\_\_\_ DOB: \_\_\_\_\_

Other: \_\_\_\_\_ DOB: \_\_\_\_\_

*(List other family members and their date of birth on a separate piece of paper if needed.)*

**Please return this form to:**

**Bella Vista Ambulance Service, Inc.,  
652 W. Lancashire Blvd.  
Bella Vista AR 72715**

## Our Transport Policy

Ambulances are emergency vehicles. They should not be used as taxis for non-emergency situations where other arrangements can be made. Calls for transport to a doctor's office, medical clinics, etc., will be referred to a non-emergency service.

## Our Billing Policy

*For members with insurance:*

Medicare/insurance claims will be filed for members. All insurance benefits must be paid to The Bella Vista Ambulance Service, Inc. This will be considered payment in full for ambulance charges incurred with our Service. Mileage past the nearest appropriate facility, and services not covered or not medically necessary, will be billed to the member.

*For members without insurance:*

Members without insurance, or whose insurance does not cover ambulance service, will pay 50% of the charges incurred with our Service. The remaining 50% of the bill will be written off as *The Member's Privilege.*

The Bella Vista Ambulance Service, Inc. is the designated 9-1-1 emergency response ambulance service for Bella Vista, and we respond to all 9-1-1 calls in the response area. Membership in the Bella Vista Ambulance Service is secondary to all other insurance carriers. We will accept payment from insurance carriers as payment in full for all covered services.

## Need More Information?

We welcome the opportunity to help you with your questions regarding ambulance service here in Bella Vista. Please contact us at our office at 652 W Lancashire Blvd. Bella Vista AR 72715 Or call us at 479-855-4454

**If you have an emergency, please call 9-1-1**



# FOR PEACE OF MIND

## Join the Bella Vista Ambulance Service, Inc.

*For Yourself  
And Your Community*



**(479) 855-4454**