

Emergency Medical Subscription Program Ordinance - Town of Hollis

This ordinance implements the Town of Hollis Emergency Medical Subscription program designed for Town residents, both individual and/or family members, residing in a household in the Town of Hollis.

The program provides cost coverage if a subscriber is transported and/or provided medical services, by the Town of Hollis Fire & Rescue Department, or a mutual aid medical transport service to a medical facility which is not covered by the subscriber's insurance or in the event that the subscriber has no insurance coverage.

The plan will **not** cover medical transportation/services provided by another emergency medical service provider, unless the provider is responding to a mutual aid request from the Hollis Fire & Rescue Department, or any medical emergency which occurs inside the Town of Hollis.

This plan will not cover any medical emergency outside the Town of Hollis.

An annual fee, as shown on the attached application form, is required to accompany the subscription application and will cover any family member listed on the subscription form who resides in the household and in the Town of Hollis. As soon as the check is cashed by the Town, all individuals listed are covered.

Medical transportation/services costs will not be billed by the Town of Hollis for the co-pay or charges that a subscriber's insurance does not cover for Emergency Medical Services. If a resident has no insurance, the entire bill will be forgiven by the Town.

The subscription plan is renewable annually of each calendar year, and for the year designated by the subscriber.

Subscribers are required to complete the attached subscription agreement form and return it with the appropriate subscriber's fee to the Hollis Town Treasurer. These fees are placed in a non-lapsing reserve account and are not used for any other purpose than to cover medical bills derived from transportation services by the Hollis Fire & Rescue Department to this program subscribers.

All fees collected will be handled in accordance with the Medical Reimbursement Services Inc. contract. MRS will provide all services as listed at a rate of seven percent (7%) of the money collected by MRS. All funds collected are handled in accordance with the contract with checks from funds collected above the seven percent (7%) being made out to the Town of Hollis and deposited in the Town's bank account.

Adopted:
June 12, 2018

Amended:
June 14, 2022

Hollis Select Board:

David McCubrey

John Rogala

Mary Hoffman

Town of Hollis Fire/EMS Subscription Program Agreement

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Relationship(s):

Mailing Address:

Street Address:

Phone Number(s):

As a subscription member, you will be billed for Emergency Medical Services (EMS) provided by the Town of Hollis. This plan does not take the place of your existing insurance but only helps to assist in paying the portion of your bill that is not covered by other insurance. The portion not covered by your insurance for EMS transportation to the hospital from within the Town will be covered by this plan. **Subscribers must live at the residence in order to be covered under the plan.**

Choose your Plan and Year: **202**_____

\$25.00 Senior Resident (ages 60 & over)

\$30.00 Senior Couple (ages 60 & over)

\$35.00 Single Resident

\$40.00 Family Plan of 2 in household

\$50.00 Family Plan of 3 or more in household

Please fill out this enrollment form and return it with your check payable to the *Town of Hollis*.

Send to: **Town of Hollis, Attn: EMS Plan, 34 Town Farm Road, Hollis, ME 04042**. Upon receipt of your application, you will receive membership confirmation by mail. For more information regarding this program, please call the Select Board Office Assistant at 207-929-8552, ext. 26, or e-mail adminsecretary@hollismaine.org.

For Office Use Only - DATE REC'D: _____