

MEDFORD EMS MEMBERSHIP ENROLLMENT 2023

MEMBER INFORMATION	SPOUSE INFORMATION		
LAST NAME, FIRST, MI	LAST NAME, FIRST, MI		
DATE OF BIRTH	DATE OF BIRTH		
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER		
ADDRESS - STREET & MAILING	ADDRESS - STREET & MAILING		
CITY, STATE, ZIP	CITY, STATE, ZIP		
AREA CODE - HOME PHONE NUMBER &/or CELL	AREA CODE - HOME PHONE NUMBER &/or CELL		
MEDICARE NUMBER	MEDICARE NUMBER		
SUPPLEMENTAL INSURANCE CO. & ADDRESS	SUPPLEMENTAL INSURANCE CO. & ADDRESS		
SUPPLEMENTAL INSURANCE ID/POLICY NUMBER	SUPPLEMENTAL INSURANCE ID/POLICY NUMBER		
PLEASE LIST ALL ADDITIONAL FAMILY MEMBERS TO BE INCLUDED IN MEMBERSHIP			
NAME	DATE OF BIRTH	RELATIONSHIP	INSURANCE CO./NUMBERS
IF PATIENT RESIDES IN A NURSING HOME PLEASE LIST ITS NAME AND ADDRESS			
<p>I authorize any holder of medical information or documentation about me to release to the Health Care Financing Administration and its agents and carriers, as well as to MEDFORD EMS any information or documentation needed to determine these benefits or benefits payable for related services or any services provided to me by MEDFORD EMS now or in the future. Membership contract must be signed by the insurance policy holder or authorized person if uninsured.</p>			
MEMBERSHIP IS NON-TRANSFERRABLE AND NON-REFUNDABLE.			
SIGNATURE _____		DATE _____	