

AMBULANCE MEMBERSHIP PROGRAM FACT SHEET

The following FAQ's were developed to assist residents in better understanding this necessary change.

Q: What is an ambulance patient subsidy?

A: For many years, both NCFMD and SCFMD have been able to waive or subsidize patient co-pays and deductibles for ambulance transport services.

Q: Why does the current subsidy program need to end?

A: Unfortunately, the Districts can no longer maintain their state-of-the-art ambulance service while still subsidizing patient insurance co-payments and deductibles. State law will not allow for tax dollars to be used to operate our ambulance service. Therefore, the revenues received for providing this service must cover the operating expenses. Increasing costs coupled with continued changes in Medicare and other insurance reimbursements are negatively impacting our ability to continue to provide this essential service for our residents.

Q: What is an Ambulance Membership Program?

A: The Membership Program is a strictly voluntary annual membership fee of \$88.53 designed to lessen the out-of-pocket costs (co-pays, deductibles, etc.) for residents should they have a medical emergency and need ambulance transportation. This program is being modeled after other fire department and EMS agencies in the State and nation, to help offset the costs of providing emergency medical services while maintaining the level of service that our residents are accustomed to.

Q: Does this mean that I would have to pay for ambulance transport service?

A: Yes. Similar to all of the other ambulance service providers in the Phoenix Metropolitan area, residents that are transported by Authority ambulances would now be responsible for payment of any required deductibles or co-payments. We encourage you to contact your insurance provider and ask how this change will affect you and your family. It is important to find out how much your deductible or co-pay is, in order to make an informed decision regarding the possible purchase of an Ambulance Membership.

Q: When did this change take effect?

A: July 1, 2019. The Ambulance Membership Program was approved by the [Arizona Department of Health Services](#) (AZDHS). As of July 1, 2019, patient subsidies ended and the Membership Program took effect. Applications and membership agreements are available online at www.afma.az.gov.

Q: What costs and services does the Ambulance Membership Program cover?

A: The Membership covers any patient deductibles or co-pays for medically necessary ambulance transports within the Authority boundaries (*excluding the Buckeye Valley/Tonopah and Ironwood Estates response areas*). After billing a patient's insurance, we accept the amount received from the insurance provider as payment in full.

Q: Who is covered under the Ambulance Membership?

A: Membership covers all persons residing in a subscriber's household. A "household" is defined as subscriber and spouse or single-parent subscriber and their unmarried children under the age of 26 living at the same address.

Q: Does the Ambulance Membership cover ambulance transports originating from places other than my residence, but still within District/Authority boundaries?

A: Yes. Membership covers all medically necessary Authority ambulance transports that originate within Authority boundaries.

Q: What if I can't afford to pay for a membership?

A: Authority staff are currently working with several agencies, including the local firefighters charities programs, to assist those residents who cannot afford to pay the \$88.53 annual membership fee.

Q: Who can I contact with questions regarding the Ambulance Membership Program?

A: For eligibility, insurance questions, and purchasing a membership please contact us at 623-544-5400.

