

Membership Information

(Self, Spouse, Unmarried Children Under Age 21 Living at Home)

LAST NAME	FIRST NAME	BIRTH DATE	SEX
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

MAILING ADDRESS

CITY	STATE	ZIP	PHONE

PERMANENT ADDRESS

CITY	STATE	ZIP	PHONE	TOWNSHIP	EMAIL

NON-DEPENDENT MEMBERS

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PLACE
STAMP
HERE

CHEBOYGAN LIFE SUPPORT SYSTEMS
536 RIGGS DR
CHEBOYGAN, MI 49721-1063



Care: Sophisticated equipment, highly trained personnel.

Service: Licensed paramedic who can administer cardiac, respiratory, blood pressure, and pain medications; staff is certified in CPR and advanced life support techniques. Coordination of emergency treatments with emergency department physicians.

Convenience: Protection from the unexpected cost of emergency care. Call for help without ever worrying about the cost.



Cheboygan Life Support Systems
536 Riggs Drive
Cheboygan, MI 49721

Non-Profit Org.
U.S. Postage Paid
Petoskey, MI
Permit No. 110



2021 Ambulance Membership Renewal
Join the Cheboygan Plus Membership Plan

Coverage June 1, 2021-May 31, 2022

Service Area:

Cheboygan County (17 townships)
 Beaugrand Township
 City of Cheboygan
 Munro Township
 Inverness Township
 Grant Township
 Burt Township
 Aloha Township
 Mullett Township
 Tuscarora Township
 Koehler Township
 Walker Township
 Ellis Township
 Mentor Township
 Wilmot Township
 Nunda Township
 Benton Township
 Hebron Township

Village of Wolverine

Rogers City
 Moltke Twp
 Rogers Twp
 Belknap Twp
 Pulawski Twp
 Krakow Twp
 Posen Twp
 Metz Twp
 Bismarck Twp
 Bearinger
 Ocqueoc

**St. Ignace/
 Mackinac Island**
 Hendricks Township
 Moran Township
 Brevort Township
 St. Ignace Township
 Mackinac Island
 City of St. Ignace

Trout Lake Township

Savings Benefits of Cheboygan Plus Membership As a Cheboygan Plus Member:

- No out-of-pocket expense for medically necessary ambulance service.
- Your family can avoid the financial hardship of unexpected ambulance bills.
- You'll get protection that goes beyond insurance and Medicare coverage.
- We bill Medicare or your insurance company direct.
- One membership covers your entire family. You can add other non-dependent family members for an additional \$5.00 each.

Cost of Ambulance Service:

Non-Members

Basic Life Support \$500
 Advanced Life Support \$700 & Up

Members

\$0 out-of-pocket expense
 \$0 out-of-pocket expense



DETACH HERE, MOISTEN AND FOLD TO SEAL

CHEBOYGAN PLUS WAS STARTED BECAUSE WE RECOGNIZED THAT THE HIGH COST OF AMBULANCE SERVICE WAS CREATING A BURDEN FOR MANY PEOPLE IN OUR COMMUNITY. WITH THE COST OF AMBULANCE SERVICE AVERAGING MORE THAN \$700, AND BECAUSE MOST MAJOR INSURANCE CARRIERS DO NOT COVER AMBULANCE SERVICE, CHEBOYGAN PLUS PROTECTS YOU FROM THE UNEXPECTED COST OF EMERGENCY CARE. MORE IMPORTANTLY, CHEBOYGAN PLUS ALLOWS YOU TO CALL FOR HELP WITHOUT EVER WORRYING ABOUT THE COST.

I UNDERSTAND THAT CHEBOYGAN PLUS IS NOT INSURANCE. BY ENROLLING IN THE MEMBERSHIP, CHEBOYGAN PLUS WILL RECEIVE PAYMENT FROM ANY INSURANCE COMPANIES I MAY HAVE FOR REIMBURSEMENT OF MY CHARGES OF ALL AMBULANCE SERVICES PROVIDED. I WILL BE OBLIGATED TO FORWARD ANY PAYMENT BY MY INSURANCE COMPANIES TO CHEBOYGAN LIFE SUPPORT. EACH PERSON COVERED BY THIS CONTRACT AUTHORIZES THE RELEASE OF AMBULANCE RECORDS TO ANY INSURANCE COMPANY (OR GOVERNMENT AGENCY OR UNIT) IN ANY WAY INVOLVED IN THE PAYMENT OF YOUR AMBULANCE SERVICE. THE MEMBERSHIP IS NONREFUNDABLE.

IF YOU HAVE ANY QUESTIONS IN REGARD TO THIS PLAN AND HOW IT WORKS, CALL THE OFFICE OF CHEBOYGAN LIFE SUPPORT SYSTEMS AT (231) 627-9348 FROM 8 A.M.-4 P.M. MONDAY THROUGH FRIDAY.

PAYMENT:

Single Plan \$50 Family Plan \$60 Family Plan + 1 Non-Dependent \$65 (\$5 for each additional Non-Dependent)

Signature: _____ Date: _____

PAYMENT METHOD:

Check Enclosed (Make check payable to CLSS) Please Charge My Credit Card: Visa Mastercard

Card #: _____ Exp. Date: _____ Security Code: _____