

**COUNTRY ROADS RV VILLAGE  
PAYMENT AGREEMENT/CO-OP  
FOR AMBULANCE SERVICES**

Member(s) Name \_\_\_\_\_

Property Street Address \_\_\_\_\_ Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Member's Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

With Automatic January Annual Renewal (with paid) fee.

**Membership Fee: \$75.00 (One time enrollment fee)      non-refundable / non-transferable**

**Annual Renewal Fee: \$15.00 (Per Year)                      non-refundable / non-transferable**

Primary Insured Coverage Name: \_\_\_\_\_

(Medi-care, Private ID#) \_\_\_\_\_

Secondary Insured Coverage Name: \_\_\_\_\_

(Medi-care, Private ID#) \_\_\_\_\_

Type Residents – Park Model / RV: \_\_\_\_\_

Other (specify) : \_\_\_\_\_

(All structures and hazards located on the member's premises must be included)

- You are entitled to a copy of this agreement at the time you sign it.
- You may cancel, in writing this transaction at any time prior to midnight of the third business day after the date of this transaction.

(I / We), the undersigned, agree to the terms and conditions of this agreement as outlined on both sides hereof. Also, (I / We) \_\_\_\_\_ give permission for the Administrator to contact my insurance carrier if required.

**Payment for Ambulance Services:** This agreement and program provides the payments of ambulance services to members in the program only. The Administrator must approve all payments for services.

**Ambulance Services:** Payments for ambulance services are for:

1. Equipment and personnel to give medical aid.
2. Transportation of Member in an emergency.
3. Payments for ambulance services will be made only for ambulance services initiated within the boundaries of the local Yuma city limits.

#### **CRITERIA FOR AMBULANCE SERVICES**

- A. Emergency transportation and services only to local Yuma Medical Centers.
- B. On site medical personnel will evaluate the need for transport. If member insists on transport after a "no need" evaluation, payments for ambulance services may be denied.
- C. Payment for ambulance services may be denied for non-emergency transport.
- D. Payments may be denied for ambulance services not approved by "supplemental"
- E. No payment for transport out of Yuma city limits or for air carriers.

**Enrollment:** Membership is voluntary, and all funds are non-refundable and non-transferable. Enrollment is solely for residents of Country Roads RV Village Property Owners Associations, Inc. If the subscribed property is sold, member is requested to inform the buyer of payment agreement. Membership fee may be paid at any time. The annual fee must be paid annually on or before January 1<sup>st</sup> of each consecutive year. Members will be notified on or before October 1<sup>st</sup> of each year for any changes in annual fees.

The current one-time fee is \$75.00 with a \*\$15.00 annual fee to be placed in the fund. The annual fee is to be paid by January 1<sup>st</sup> of each year. **All fees are non-refundable-non-transferable.** The fund must maintain a minimum balance of \$60,000.00 and a maximum balance of \$150,000.00. Annual fees may be adjusted to maintain a minimum balance. If maximum balance is attained, the yearly fee may be waived for current members only. Any costs arising from this fund will be paid by the fund.

**\*Note:** Members will be sent an invoice for the annual fee. Annual fees are to be paid by January 1<sup>st</sup> of each year. If annual fees are not timely paid, membership may be terminated. Terminated members will be reinstated only on payment of another membership fee plus annual fee.

A monthly balance sheet for the fund will be posted on the front of the Administration Building bulletin board by the 10<sup>th</sup> of each month.

**Supplemental Coverage for Ambulance Services:** The program will pay only the difference of any available (i.e. Medicare, Private, etc.) Members must process and submit all forms for all transactions with primary, supplemental coverage and ambulance services.

#### **THE MEMBERS AND THE ADMINISTRATOR MUST APPROVE ALL INVOICES BEFORE PAYMENT IS MADE.**

The program administration and the Association accept no liability or responsibility for the program. The Members fully and wholly fund the program. The business of the program is managed for the Members of the program only. All administrative fees will be paid by the fund.

Questions should be directed to the Administration Office at (928)344-8910