



Lower your ambulance service cost

Join T-E-A-M! For about 16 cents per day, you and your family can be covered by the Adventist Health Tillamook ambulance membership program. This program provides emergency ambulance service to you and your family and guarantees no additional out-of-pocket expenses; we accept your insurance as payment in full.

EMTs and paramedics are on duty around the clock to provide you with emergency care and transportation. Ambulances are strategically stationed in four locations: Manzanita, Garibaldi, Tillamook and Pacific City.

For emergencies dial 9-1-1

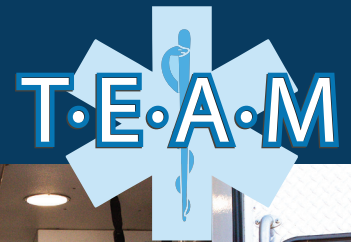
503-842-4444

1000 Third St.
Tillamook, OR 97141

AdventistHealthTillamook.org

Tillamook Emergency Ambulance Membership

Become a member today and eliminate out-of-pocket expenses for emergency ambulance services for you and your family.



Benefits of T·E·A·M membership

Membership in the T·E·A·M program provides two benefits. First, it eliminates your out-of-pocket expenses for ambulance services, making it affordable for everyone. Second, every dollar of your membership fee goes right back into the emergency medical services in our community. This enables us to enhance the benefits for the community by providing training for paramedics and EMTs and allows us to acquire state-of-the-art emergency medical equipment.

Is the T·E·A·M program an insurance policy?

The T·E·A·M program is NOT an insurance policy. It is a membership program that is offered by Adventist Health Tillamook. The program reduces out-of-pocket expenses for ambulance services by accepting the member's insurance as payment in full. If the member does not have insurance, the T·E·A·M membership will pay 20% of the total bill; the member will be responsible for the other 80%.

What is included in ambulance services?

The covered services include: emergency treatment, evaluation, and first aid, if not transported to the medical center; pre-hospital emergency care and treatment for injuries and illnesses; ambulance transportation to the closest appropriate medical facility; and supplies/medications used in the course of providing treatment.

What if I need transportation between hospitals?

Medically necessary and pre-approved transports from one facility to another are covered by the T·E·A·M membership. For example, if you are a patient at Adventist Health Tillamook and you require medical care at a Portland area hospital, transportation charges would be covered. On the other hand, if you simply want to be transported to a Portland area hospital to be closer to your family, this would NOT be covered by your membership.

How do I access an ambulance?

Call 9-1-1 for emergency ambulance transports. The closest available ambulance will be dispatched to your location to serve you.

Why should I become a member?

With TEAM, no matter how many medical emergencies you have, your annual out-of-pocket expense is only \$60. Consider this: an average ambulance transport costs \$3,000, and even with most insurance plans you would pay over \$600 out of pocket. Transport to Portland for more advanced care costs well over \$5,000, of which you would be responsible for over \$1,000. T·E·A·M means no ambulance costs beyond the \$60 membership fee.

Is this a wise choice if I am on a fixed income?

The T·E·A·M membership program is especially important for persons on a fixed income who otherwise might have to absorb the portion of the bill not covered by Medicare or other commercial insurance plans. Even Medicare supplemental policies and standard health insurance policies often pay only a portion of a transport bill.

What if I need to use an ambulance outside of Tillamook County?

In partnership with FireMed, T·E·A·M now offers the same coverage in many parts of Oregon that you enjoy in Tillamook County. For more information, visit FireMed.org.

Give the gift of life!

Including a tax-deductible gift with your T·E·A·M membership is an investment in excellence that benefits emergency medical services provided throughout Tillamook County.

T·E·A·M Membership Application

Membership Type

New Membership Renewal Gift Membership

Membership Period

1 year: \$60 2 years: \$100 Lifetime: \$1,200

Member Information

Name: _____

Second Adult: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

Insurance Company: _____

List All Household Members

	Last Name	First Name	Date of Birth	Sex
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Payment Method

Check—make payable to Adventist Health Tillamook
 MasterCard Visa Discover American Express

Account #: _____

Expiration Date: _____

Signature: _____

Tax Deductible Gift

\$50 \$100 \$250 \$ _____

Mail to: 1000 Third St., Tillamook, OR 97141

Thank you!