A SERVICE OF THE HURST FIRE DEPARTMENT PHONE: 817-788-7238

2026

Date Received

Check #

Membership Application (Deadline: December 31)

COVERAGE PERIOD: *January 1 through December 31*
PLEASE PRINT (Complete in Full)

Last Name_____First_____ Middle Initial____

Mailing Address_____Apt. No._____

City_____ State_____ Zip_____

Telephone Number _____Social Security # _____ Birth date_____

Employer_____Address_____

List spouse, children under 26, and other dependents listed on your tax return and regularly living at home. (First name, middle initial, last name if different than member)

Name	**Date of Birth**	**Social Security #**	**Relationship**

Primary Member Insurance Information

We request that you send copies of both sides of insurance cards instead of filling out the information below.

MEDICARE INFORMATION

Medicare Number: _____ Name (on Medicare Card) _____

Medicare Supplement Health Insurance

Supplement Insurance Name: _____ Supplement Group Number: _____

Supplement ID Number: _____

Supplement Claims Mailing Address: _____ City: _____

State: _____ Zip: _____ Claims mailing address is usually on the back of the insurance card.

COMMERCIAL INSURANCE INFORMATION

Primary Health Insurance Company Name: _____Group Number: _____

Primary Health Insurance ID Number: _____

Claims Mailing Address: _____City: _____

State: _____ Zip: _____ Claims mailing address is usually on the back of the insurance card.

Spouse Insurance Information

Medicare Number: _____ Name (on Medicare Card) _____

Medicare Supplement Health Insurance

Supplement Insurance Name: _____Supplement Group Number: _____

Supplement ID Number: _____

Supplement Claims Mailing Address: _____ City: _____

State: _____ Zip: _____ Claims mailing address is usually on the back of the insurance card.

-OVER-

Other Dependent Insurance Information

Dependant Health Insurance Company Name: _____

Group Number: _____

Dependent Health Insurance ID Number: _____

Claims Mailing Address: _____City: _____

State: _____ Zip: _____Claims mailing address is usually on the back of the insurance card.

Payment Options:

Option 1 A check or money order for $ 75.00 must accompany this application

I am enclosing a check or money order for $75.00 to become a member. (Non-refundable)

Option 2 Payment by credit card. Please charge my credit card $75.00 to become a member.

Card Type (Circle Credit Card): Visa Master Card Discover American Express

Name on Card: _____

Acct. Number: _____ Expiration date: _____

Make check or money order payable to**: City of Hurst**

AGREEMENT – THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY

I hereby apply for membership with the Hurst Fire Department Ambulance Subscription Service. I understand that the enclosed annual fee of $75.00 will cover myself, spouse, unmarried children (under 26 years of age) and any other qualified dependents as determined by the IRS who may live at this address. I understand that through this membership the Hurst Fire Department will provide emergency ambulance service when transported from the City Limits of Hurst by the Hurst Fire Department. I also understand and give my permission for the Hurst Fire Department to bill my insurance and to obtain benefits, which are entitled through my insurance carriers. **This membership will cover the portion not reimbursed by my medical coverage for services rendered by the Hurst Fire Department during the time of my membership. If a person does not have health care insurance, this program covers emergency medical services delivered prior to hospital arrival.**

I authorize the release of medical information for the purpose of billing my insurance. I understand that should I or a family member receive payment from insurance or any other medical provider for services rendered by the Hurst Fire Department, the payment will be immediately forwarded to the Hurst Fire Department to the extent necessary to satisfy any balance due.

I do understand that Medicaid Recipients are not eligible for the Hurst Fire Department memberships. I understand and agree that the EMS Service to be provided under this agreement is for a governmental service and the liability of the city, its employees and officials is to be governed solely by the Texas Tort Claims Act, Chapter 101, Texas Government Code. This agreement does not constitute a waiver or modification of such laws.

I understand the Hurst Fire Department provides ambulance transportation in true emergency cases only and not for transfer ambulance service. Violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty. I also understand that this membership is non-refundable and non-transferable.

To The Insurance Company

I authorize a copy of this agreement to be used in lieu of the original on file at the Hurst Fire Department. The original may be furnished on request. I authorize payment of insurance benefits for ambulance service for myself or family members directly to the Hurst Fire Department according to our agreement and as itemized on the attached claims. I have paid the co-payment for ambulance services to be rendered and expect your usual and customary ambulance reimbursement on my behalf to be sent to the Hurst Fire Department.

Authorization for release of Medical Information:

I authorize any holder of medical information about me to release to Medicare, Medicaid and any insurance, as well as the provider of this service, any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, whether in the past, now or in the future.

IMPORTANT: Must be signed to be valid.

_____ _____

MEMBER'S SIGNATURE
I have read the above and agree with the above

SPOUSES SIGNATURE
I have read the above and agree with the above

Application Deadline is December 31st

For Additional Information, Call 817-788-7238

Checks to: City of Hurst

2100 Precinct Line Rd.

Hurst, TX 76054

$75.00