2026 Renewal

Date Received

Check #

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

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**

☐ **No insurance changes from prior year. I understand that it is my responsibility to notify the Hurst Fire Department with any insurance changes during the subscription year.**

☐ **Insurance information has changed. Copies of the front and back of new insurance cards are enclosed.**

See Reverse Side for Information and Signature (required).

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, it's 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

Please make $75.00 check payable to the City of Hurst.

Mail completed applications, insurance information and payment to:

Hurst Fire Department,
2100 Precinct Line Rd.
Hurst, TX 76054