By enrolling in the OptimuMedicine Membership Program or as a permanent resident of Nye County, via donations to the Southern Nevada EMS Consortium (SNEMSC):

Members agree as follows:

Membership applies to me, my spouse/partner, and dependent children under the age of 26 who live with us and are listed on the application (if applicable).

All services covered by this membership must be arranged through or authorized by OptimuMedicine Dispatch Center.

If I am transported by OptimuMedicine, OptimuMedicine will bill my insurance or other responsible third-party payer (collectively, “Insurance”). OptimuMedicine will accept the amount paid by my Insurance as payment in full if the amount is equal to or more than the OptimuMedicine usual and customary charges for any emergent transport. If payment is less, I agree, but am not required, to assist as reasonable with OptimuMedicine to pursue any additional and available charges through negotiations with my third-party payer.

The membership fee paid or donated on my behalf constitutes prepayment for any deductible, copayment, or other out-of-pocket expense not covered by my insurance, so I will be relieved of any out of pocket expense following transport.

Any payment(s) sent to me by my insurance for an OptimuMedicine ambulance transport must be submitted to OptimuMedicine within ten (10) days of receiving payment.

In the event I am transported by OptimuMedicine, I hereby assign and transfer to OptimuMedicine all benefits payable by Insurance to or for my benefit, or the benefit of my spouse or dependents that are named as enrollees on my membership, for any services rendered.

Membership covers medically necessary/emergent ambulance transports completed by OptimuMedicine, to the closest appropriate hospital. The sending Physician determines medical necessity not the third-party payer. The OptimuMedicine program only applies to emergent transports and does not apply to any pre-scheduled transport or non-emergent transport for personal reasons.

I understand that under some circumstances, OptimuMedicine may not be available to transport me.

I understand that membership does not cover the cost of any transport rendered by other air or ground providers other than OptimuMedicine.

I understand that my OptimuMedicine Program membership is not an insurance product. I certify that I am the individual applying/receiving a membership and am the legal representative of my spouse and dependent children and am duly authorized by them to execute this application and accept its terms and conditions on their behalf. The terms and conditions may be changed by the Company from time to time.