



*An Important Message from the*

**HUNTINGTON BEACH FIRE DEPARTMENT**

Huntington Beach Fire Department  
FireMed Program  
2000 Main Street, Huntington Beach, CA 92648  
714 374-1598  
[www.surfcity-hb.org/firemed](http://www.surfcity-hb.org/firemed)

## The Huntington Beach Fire Department charges for paramedic assessment, medical treatment and emergency transportation services.

These charges are usually \$1,000 or more, with no guarantee that your health insurance will cover the entire cost.

However, when you need paramedics, cost should not be a concern. It isn't – if you are **FireMed** member.

*In an emergency situation, we respond quickly and provide the most advanced emergency medical services – ensuring the best possible patient care.*

We make positive impacts in lives every day due to the success of FireMed, our official voluntary membership program. Since 1990, FireMed has enhanced our ability to answer the community's call for help by providing the funding for additional paramedics, advanced training, emergency transportation vehicles and lifesaving medical equipment.



## *Protection for you and your family when you call 9-1-1*

When you are a **FireMed** member, FireMed accepts your insurance or Medicare payment as 'payment in full' – even if there is a deductible, a co-payment or a denial.

After the medical emergency, your insurance or Medicare will be billed for paramedic and emergency ambulance services. If you are a FireMed member and do not have medical insurance, you will receive a 20% discount on the emergency medical services bill.



## Member Benefits

### ***FireMed Members Receive:***

**Protection:** *No out-of-pocket costs for paramedic and emergency ambulance transportation if covered by medical insurance at the time of the emergency, or, a 20% discount if the FireMed member does not have medical insurance*

**Family Coverage:** *FireMed membership protects your entire household for medical emergencies that occur anywhere within the city of Huntington Beach (of course, emergency transportation is provided to any medically appropriate hospital in the county)*

**Guest Coverage:** *A guest who has a medical emergency at your residence receives full FireMed membership protection*

**CPR Classes:** *Free CPR classes are offered to FireMed members throughout the year*

**Emergency Information Program:** *FireMed members receive the Emergency Medical Information Packet, which serves as a valuable resource of your medical information for paramedics in an emergency*





## Do you need FireMed membership if you have medical insurance or Medicare?

More than likely. Quite often, medical insurance doesn't pay the entire paramedic and ambulance services bill. Medicare never does, and supplemental insurance plans usually require a co-payment or deductible. Your membership fee is only a small amount, compared to what you might pay if you aren't a member. ***When you are a FireMed member, you don't have to worry about a bill – you just pay attention to getting better.***

If you are covered by a Medi-Cal plan, you may not need to become a FireMed member. Ensure that you don't have a 'share of cost' policy, and that other household members don't need FireMed protection. Contact our office if you have any questions.

## What number do you call if you have a medical emergency?

Always call 9-1-1 in an emergency! Contact the FireMed office for non-emergency inquiries.

## Do you receive a membership card?

The FireMed Program does not issue membership cards. When you have a medical emergency, we don't want you searching for a membership card! After the emergency is over, our office confirms your membership by your home address or the emergency location.

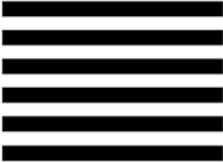




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**BUSINESS REPLY MAIL**  
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**HUNTINGTON BEACH FIRE DEPT  
PO BOX 190  
HUNTINGTON BEACH CA 92648-9905**





**Yes! I want to join FireMed!**

Add the \$5 monthly charge to my Municipal Services Statement

*(Municipal Services Statement must be in the same name as noted in applicant information below)*

**Yes! I want to join FireMed!**

Bill me annually for \$60

— FOLD —

Name \_\_\_\_\_  
FIRST LAST

Home Address \_\_\_\_\_

Apt./Unit # \_\_\_\_\_ Huntington Beach \_\_\_\_\_  
ZIP CODE

Number in Household \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Enrollment date is determined when application is received. Payment of the membership fee constitutes the member's authorization to charge, to the extent available, Medicare and/or other coverage. FireMed members must provide their insurance information upon request or will be responsible for 80% of the bill.**

Join FireMed online at  
[www.surfcity-hb.org/firemed/enroll](http://www.surfcity-hb.org/firemed/enroll)

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