



Louisville Fire Protection District Ambulance Membership Program 2026 Annual Enrollment Form

(Please Print)

Last Name	First Name	MI
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Address	Apt.#	City	Zip Code
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Phone	Email Address
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Please check the type of membership requested.

- \$25.00 Individual** – Covers only the individual signing this enrollment form.
- \$35.00 Senior Couple** – Covers the individual signing this enrollment form and spouse living at your residence who is 55 or older.
- \$45.00 Couple** – Covers the individual signing this enrollment form and spouse living at your residence.
- \$55.00 Senior Family** - Covers the individual signing this form, who must be age 55 or older, and all family members, including unmarried children under age 25 and other dependents listed on your tax return and regularly living at your residence.
- \$65.00 Family** – Covers the individual signing this form and all family members, including unmarried children under age 25 and other dependents listed on your tax return and regularly living at your residence.

Complete, sign and return your enrollment form with payment to:

Louisville Fire Protection District, 895 Via Appia Way, Louisville, CO 80027

If you have any questions, please call 303-666-6595

Please list all family members on this enrollment for the Ambulance Membership Program
Including yourself, and unmarried children

Last Name	First Name	MI	Relationship	Date of Birth	Social Security # (Last 4)
			Self		

INSURANCE INFORMATION -

Primary Medical Insurance _____
 Policy or ID# _____ Group _____
 Claim address _____
 Phone _____

Secondary Medical Insurance _____
 Policy or ID# _____ Group _____
 Claim Address _____
 Phone _____

Auto Insurance _____
 Policy or ID # _____ Agent Name/Phone _____
 Address _____ Phone _____

AGREEMENT

I represent that the foregoing information is true and correct. I have read and agree with the terms of the Ambulance Membership Program Agreement. I further understand that my insurance provider(s) will be billed for payment, and that any co-payment required under my insurance policy(ices) not paid by my insurance provider(s) will be paid by the Louisville Fire Protection District Ambulance Membership Program in accordance with the terms of the Program in full satisfaction of Louisville Fire Protection District's emergency medical/ambulance transport charges.

This subscription agreement ONLY APPLIES to services provided by Louisville Fire Protection District. It does not apply if you are treated or transported by another agency, which may occur when we are already responding to another emergency call when your call comes into dispatch.

To my insurance carrier(s) or other provider of medical benefits:

- I authorize a copy of this enrollment form and agreement to be used in lieu of the original on file at the Louisville Fire Protection District's office.

- I authorize payment of benefits be made directly to the Louisville Fire Protection District for emergency medical/ambulance transport services for eligible family members or myself.

- I authorize and direct reimbursement for emergency medical/ambulance services pursuant to my policy (ices) to be sent directly to Louisville Fire Protection District.

Signature

Date

I heard about this program from:

Friend / Family

LFPD Website *LFPD Brochure*

Other