

It's that time of year again!

**Time to RENEW your 2025 membership and continue enjoying
all the benefits and privileges of being a Cheboygan Life Support Plus Member!**





PRESORTED
NON PROFIT
US POSTAGE PAID
PETOSKEY, MI
PERMIT #31

**Cheboygan Life Support
Systems**
536 Riggs Drive
Cheboygan, MI 49721

**2025 AMBULANCE
MEMBERSHIP RENEWAL**
Join the Cheboygan Plus Membership Plan
Coverage June 1, 2025 - May 31, 2026

Care

Sophisticated equipment, highly trained personnel.

Service

Licensed paramedic who can administer cardiac, respiratory, blood pressure, and pain medications; staff is certified in CPR and advanced life support techniques. Coordination of emergency treatments with emergency department physicians.

Convenience

Protection from the unexpected cost of emergency care. Call for help without ever worrying about the cost.

Our Fleet in Action

CHEBOYGAN



ROGERS CITY



MACKINAC ISLAND



ST. IGNACE



Service Area

Cheboygan County (17 Townships)

Beaugrand Township

City of Cheboygan

Munro Township

Inverness Township

Grant Township

Burt Township

Aloha Township

Mullett Township

Tuscarora Township

Koehler Township

Walker Township

Ellis Township

Mentor Township

Wilmot Township

Nunda Township

Benton Township

Hebron Township

Village of Wolverine

Coopersville

Presque Isle County

Moltke Township

Rogers City

Rogers Township

Belknap Township

Pulawski Township

Krakow Township

Posen Township

Metz Township

Bismarck Township

Bearinger

Ocqueoc

Mackinac Countyasdfsdf

Hendricks Township

Moran Township

Brevort Township

St. Ignace Township

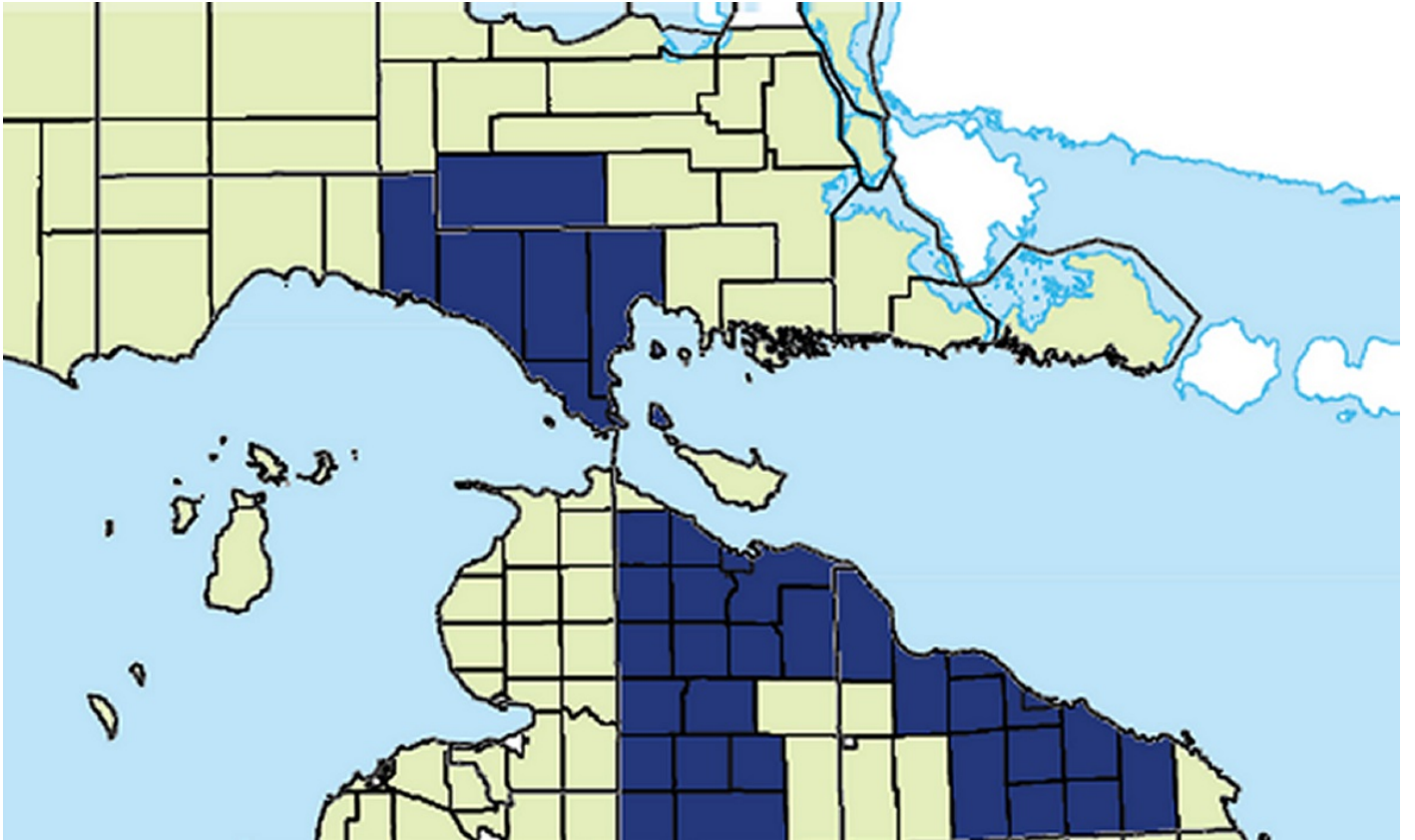
Mackinac Island

City of St. Ignace

Chippewa County

Trout Lake Township

Service Area Map



Cheboygan Plus Members Receive these Benefits:

*No out of pocket expense for medically
necessary ambulance service.*

*Your family can avoid the financial hardship
of unexpected ambulance bills.*

*You'll get protection that goes beyond insur-
ance and Medicare coverage.*

*We bill Medicare or your insurance company
direct.*

*One membership covers your entire family. You
can add other non-dependent family members
for an additional \$5.00 each.*



Cost of Service

Non-Members

Basic Life Support	\$600
Advanced Life Support	\$800 +

Members

Basic Life Support	\$0 out of pocket expense
Advanced Life Support	\$0 out of pocket expense



SCAN TO
JOIN or RENEW
MEMBERSHIP

Join or Renew



Fill out provided envelope and mail



cheboyganlifesupport.com



Renew by scanning the QR code



Membership Application

CHEBOYGAN PLUS WAS STARTED BECAUSE WE RECOGNIZED THAT THE HIGH COST OF AMBULANCE SERVICE WAS CREATING A BURDEN FOR MANY PEOPLE IN OUR COMMUNITY. WITH THE COST OF AMBULANCE SERVICE AVERAGING MORE THAN \$700, AND BECAUSE MOST MAJOR INSURANCE CARRIERS DO NOT COVER AMBULANCE SERVICE, CHEBOYGAN PLUS PROTECTS YOU FROM THE UNEXPECTED COST OF EMERGENCY CARE. MORE IMPORTANTLY, CHEBOYGAN PLUS ALLOWS YOU TO CALL FOR HELP WITHOUT EVER WORRYING ABOUT THE COST.

I UNDERSTAND THAT CHEBOYGAN PLUS IS NOT INSURANCE. BY ENROLLING IN THE MEMBERSHIP, CHEBOYGAN PLUS WILL RECEIVE PAYMENT FROM ANY INSURANCE COMPANIES I MAY HAVE FOR REIMBURSEMENT OF MY CHARGES OF ALL AMBULANCE SERVICES PROVIDED. I WILL BE OBLIGATED TO FORWARD ANY PAYMENT BY MY INSURANCE COMPANIES TO CHEBOYGAN LIFE SUPPORT. EACH PERSON COVERED BY THIS CONTRACT AUTHORIZES THE RELEASE OF AMBULANCE RECORDS TO ANY INSURANCE COMPANY (OR GOVERNMENT AGENCY OR UNIT) IN ANY WAY INVOLVED IN THE PAYMENT OF YOUR AMBULANCE SERVICE. THE MEMBERSHIP IS NONREFUNDABLE

IF YOU HAVE ANY QUESTIONS IN REGARD TO THIS PLAN AND HOW IT WORKS, CALL THE OFFICE OF CHEBOYGAN LIFE SUPPORT SYSTEMS AT (231) 627-9348 FROM 8 A.M.-4 P.M. MONDAY THROUGH FRIDAY.

PAYMENT:

- ☐ Single Plan: \$55
- ☐ Family Plan (two adults + children under 18) \$65
- ☐ Family +1 Adult \$70

Signature: _____ Date: _____

PAYMENT METHOD:

Make your payments online at: www.Cheboyganlifesupport.com

The member has not indicated a payment type.

For your security, DO NOT write your credit card number or any other sensitive card details on the mailed form. Mailing credit card information is highly insecure and could put your financial data at risk. If a check or money order is not possible and you indicate on the form that you wish to pay by credit card: Our administrators will receive your mailed form with your membership details. They will then call you to securely complete your credit card transaction using a PCI-compliant virtual terminal, ensuring your card details are protected.

Membership Information
(Self; Spouse, Unmarried Children Under Age 21 Living at Home)

Primary Members

LAST NAME	FIRST NAME	EMAIL	BIRTH DATE	SEX
-----------	------------	-------	------------	-----

MAILING ADDRESS	CITY	STATE	ZIP	PHONE
-----------------	------	-------	-----	-------

PERMANENT ADDRESS	CITY	STATE	ZIP	PHONE
-------------------	------	-------	-----	-------

NON-DEPENDENT MEMBERS

LAST NAME	FIRST NAME	EMAIL	BIRTH DATE	SEX
-----------	------------	-------	------------	-----