

OPEN BURNING PERMITTED
Please call the burn line
Before you burn
And to schedule your annual
open burn permit inspection
755-0121



12525 Hwy 202
Mist, Oregon 97016

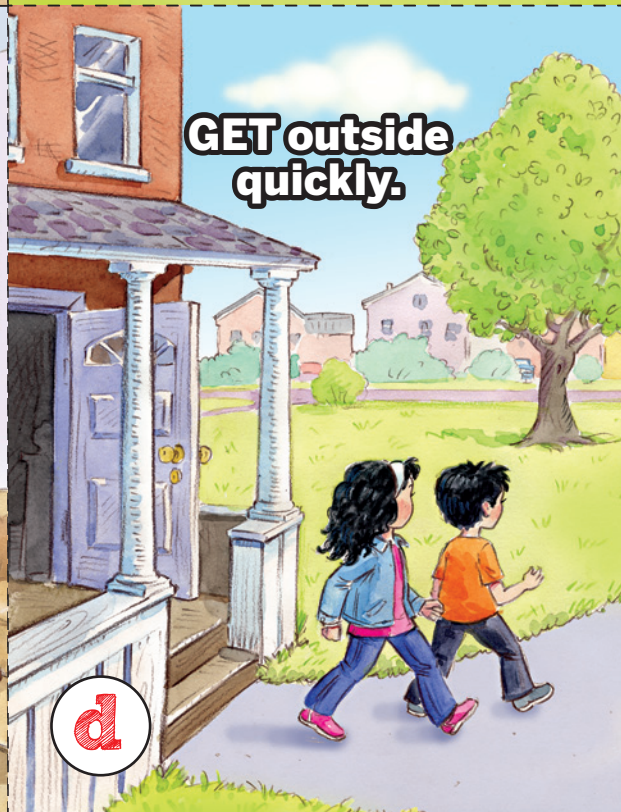
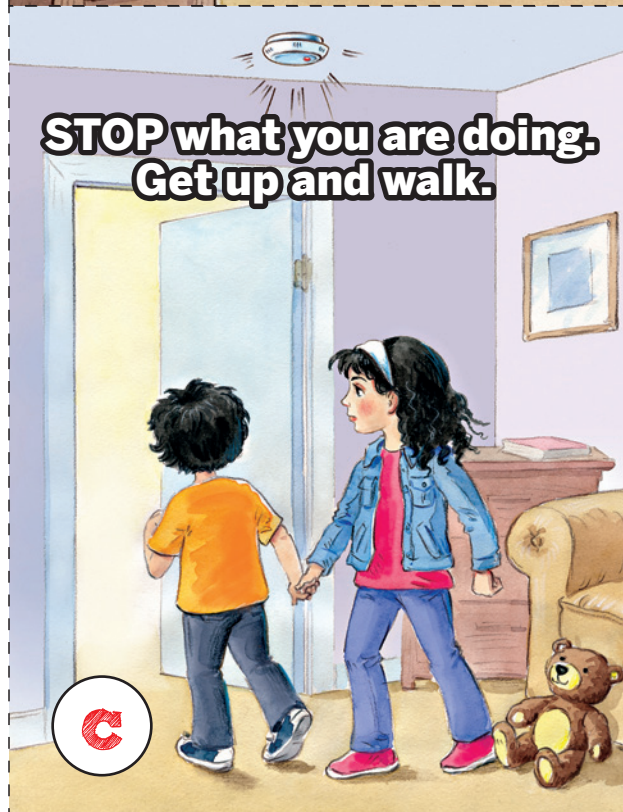
Presorted Standard
Auto
UD Postage PAID
Clatskanie, Oregon 97016
PERMIT NO. 37

Vernonia Route
HCR 71
Vernonia, Oregon 97064

Family Fire Safety Activity

These mixed-up pictures show the four important things to do if the smoke alarm makes the BEEP, BEEP, BEEP sound. **Number them in the right order.**

1 = _____ 2 = _____ 3 = _____ 4 = _____



Answer Key: 1 = c, 2 = a, 3 = d, 4 = b



Kids

Visit www.Sparky.org • www.firepreventionweek.org
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FireMed Agreement

Please read this statement carefully before signing the application on the next page

The Mist-Birkenfeld FireMed Membership Program is a voluntary service available to residents living within the Mist-Birkenfeld RFPD Service Areas. I hereby apply for a FireMed Membership for myself and my dependent family/household members* who live at my address for the FireMed Fiscal Year (running November 1st-October 31st). I understand that membership fees provide only medically necessary** pre-hospital care and transportation within the FireMed reciprocal areas. Should I, or any of my dependent family/household members, be transported by ambulance under the FireMed Agreement, I request that payment of authorized Medicare, Medicaid, or any other Insurance Benefits be made on my behalf to the ambulance supplier for any services provided to us past, present, or future. I understand that this authorization may be used by the supplier for all services until such time that I revoke this authorization in writing. I agree to immediately remit to my ambulance supplier any payment that I receive directly from insurance or any other source whatsoever for the services provided to me or my family and I assign all such payments to my ambulance supplier. I authorize appeals of payments or denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to my ambulance supplier and its billing agents and/or the Centers for Medicare and Medicaid Services and its carriers and agents and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by my ambulance supplier, now or in the future. I understand that I may get a copy of my ambulance suppliers Notice of Privacy Practices at the local office. A copy of this form is as valid as the original.

- I understand that medical transportation is based on medical necessity, NOT on membership status and that patients will be transported to the closest medically appropriate facility.
- I understand that my membership covers only ambulance transports in our reciprocal area which are medically necessary.
- I understand that FireMed is NOT insurance, but will provide service through the FireMed reciprocal agencies. FireMed will bill whatever insurance or medical benefits I may have and is entitled to primary and secondary insurance payment.
- I transfer, directly to the provider of service, my rights to insurance payment from my primary and secondary insurance carrier as payment in full. Such payment shall not exceed regular charges. Should a family member or I receive payment from insurance or other medical benefits provider for ambulance services rendered by a FireMed Reciprocal Agency, I will immediately forward such payment to the provider of service.
- I further authorize the release of medical information for the purpose of ambulance insurance billing only.
- FireMed membership is not intended to solicit Medicaid enrolled patients. **PLEASE DO NOT ENROLL IN FIREMED IF YOU ARE CURRENTLY A MEDICAID ENROLLED PATIENT.**
- I understand that violations of the term of this agreement may result in immediate cancellation. This membership is non-refundable, non-transferrable, and not pro-rated.
- New member benefits take effect after receipt of completed application and payment, plus 24 hours.

***Definition of Family:** FireMed Membership covers immediate family members living in the same household. The members, spouse, unmarried children under age 26, and other persons listed as legal dependents for income tax purposes are covered. Others not included in this definition are required to obtain their own separate membership.

****Definition of Medically Necessary:** Medical Necessity is satisfied when "lack of transport" could place the patient's health in serious jeopardy; could cause impairment of bodily functions; or another mode of transportation could endanger the health of the patient.

*****Life Flight Network** benefits are subject to the terms of the Life Flight Network Membership Program. Please visit www.lifeflight.org or call them at 800-982-9299 for more information.

Member benefits in other areas

Member benefits are extended to areas outside of the local FireMed service area within the State of Oregon. FireMed benefits outside of Oregon are covered with agencies belonging to the National Association of Reciprocating EMS. These benefits are limited to the terms of agreement in effect by each individual FireMed participating agency at the time the benefits are used. Members who receive ambulance service from any other FireMed participating agency are eligible for benefits offered by that agency.



Mist-Birkenfeld FireMed Enrollment Application

Membership runs November 1st-October 31st

Primary Member Information

Name (Last, First, MI)

Date of Birth

Mailing Address

City, State, Zip Code

Primary Phone Number

Secondary Phone Number

Gender (male/female)

Additional Household Members *(please list additional members on a separate sheet of paper)*

Name (Last, First, MI)

Date of Birth

Name (Last, First, MI)

Date of Birth

Name (Last, First, MI)

Date of Birth

Name (Last, First, MI)

Date of Birth

Membership Level *(please make checks payable to Mist-Birkenfeld RFPD)*

_____ Combination Member (FireMed & Life Flight): \$115

_____ FireMed ONLY Member: \$50

_____ Life Flight ONLY Member: \$65

Please read the FireMed Agreement on the back side of this page. By signing this application, you agree to the terms of membership.

X _____

Primary Member

X _____

Spouse

Administrative Use Only

Date Rcvd: _____

Payment Method: _____

Receipt #: _____

Gift Membership (Y/N): _____

New Member (Y/N): _____

Patient #: _____

Call #: _____

Please return your signed application along with check made payable to Mist-Birkenfeld RFPD to:

Mist-Birkenfeld FireMed

12525 Highway 202

Mist, OR 97016

Mist-Birkenfeld RFPD FireMed & Life Flight Network



What is FireMed?

FireMed is an annual membership program that covers any deductible or other portion of an ambulance bill not covered by your insurance.

What does it cost?

Only \$50 per year for your entire immediate family!* You can also add a Life Flight Network Membership for only \$65 more.

* FireMed Membership covers immediate family members living in the same household. The members, spouse, unmarried children under age 26, and other persons listed as legal dependents for income tax purposes are covered. Others not included in this definition are required to obtain their own separate membership.

What does FireMed cover?

FireMed covers medically necessary transports by ambulance within the FireMed reciprocal service area. FireMed does not cover transports to or from doctors' offices, non-medically necessary transports, or transports by private ambulance agencies who are not part of the FireMed reciprocal service area. *Metro West Ambulance Service (Vernonia) now honors FireMed coverage.*

Do I have to have medical insurance to join Fire Med?

No. FireMed membership is open to anyone in our service area, whether you have insurance or not.

What is Life Flight Network?

Life Flight Network provides lifesaving air transport to seriously ill or injured patients from the scene of an emergency or from one hospital to another. Life Flight Network is available 24 hours a day, 7 days a week, 365 days a year.

If you have not yet enrolled for the November 1, 2021 – October 31, 2022 coverage year, you still can! Just fill out the form in this newsletter and mail, or hand deliver it to the Mist-Birkenfeld RFPD Main Station. Address is on enrollment form.

Learn the Sounds of Fire Safety™



Is there a beep or a chirp coming out of your smoke or carbon monoxide alarm? What does it all mean? Knowing the difference can save you, your home, and your family! Make sure everyone in the home understands the sounds of the smoke and carbon monoxide alarms and knows how to respond. Learn the sounds of your smoke and carbon monoxide alarms by checking the user guide or search the brand and model online.

What is your alarm telling you?

SMOKE ALARMS

- A continued set of three loud beeps—beep, beep, beep—means smoke or fire. Get out, call **9-1-1**, and stay out.
- A single “chirp” every 30 or 60 seconds means the battery is low and must be changed.
- All smoke alarms must be replaced after 10 years.
- Chirping that continues after the battery has been replaced means the alarm is at the end of its life and the unit must be replaced.

CARBON MONOXIDE (CO) ALARMS

- A continuous set of four loud beeps—beep, beep, beep, beep—means carbon monoxide is present in your home. Go outside, call **9-1-1** and stay out.
- A single chirp every 30 or 60 seconds means the battery is low and must be replaced.
- CO alarms also have “end of life” sounds that vary by manufacturer. This means it’s time to get a new CO alarm.
- Chirping that continues after the battery has been replaced means the alarm is at the end of its life and the unit must be replaced.

Make sure your smoke and CO alarms meet the needs of everyone in your home, including those with sensory or physical disabilities.

Some tips:

- ✓ Install a bedside alert device that responds to the sound of the smoke and CO alarms. Use of a low frequency alarm can also wake a sleeping person with mild to severe hearing loss.
- ✓ Sleep with your mobility device, glasses, and phone close to your bed.
- ✓ Keep pathways like hallways lit with night lights and free from clutter to make sure everyone can get out safely.

Hear a Beep, Get On Your Feet!

Get out and stay out! Call 9-1-1 from outside.



Hear a Chirp, Make a Change!

A chirping alarm needs attention. Replace the batteries or the entire unit if it's over 10 years old.

If you don't remember how old the unit is, replace it!



**FIRE
PREVENTION
WEEK™**

For fire safety tips, visit firepreventionweek.org and sparky.org

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If You Have Ever Thought About Volunteering, Keep Reading

Classes Designed to Create Competent and Confident Volunteers

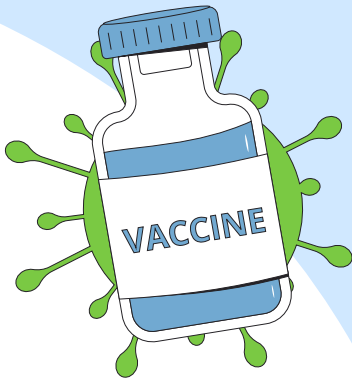
Mist-Birkenfeld Rural Fire Protection District is very fortunate to have dedicated and trained volunteers. We always have a need for more, however. There have been many community members who have expressed interest in volunteering but have not yet made the first move. When we inquire as to why people hesitate to “jump-in” we hear that fear of not knowing what to do or making a critical mistake tops the list. As a result, Mist-Birkenfeld Rural Fire Protection District (MBRFPD) will be teaching an Emergency Medical Responder (EMR) course to prepare volunteers to be able to manage out-of-hospital medical and trauma emergencies for our community. This course consists of 48 hours and will occur on the second and fourth Wednesday evenings of each month from 5pm through 9pm beginning on January 12, 2022 and going through June 2022. The location of the EMR class will be at the main station and will entail classroom and hands-on activities. Dinner will also be served during the class.



The EMR class is a detailed and comprehensive approach for responding to emergencies and is conducted in a laidback stress-free environment. The EMR course not only teaches skills and knowledge, but also instills the confidence needed to respond and positively impact the quality of life for our community residents.

Whether your interest is in Firefighting, Emergency Medical Services and/or Rescue, we need you. No experience is needed because Mist-Birkenfeld RFPD will teach you all the skills you need to provide high quality emergency medical care and fire suppression to the residents of our community.

If you are interested in volunteering and participating in our classes like the upcoming EMR class, please contact Larry Boxman, Division Chief of EMS at larryb@mistbirkenfeldrfpd.org or (503) 755-2710.



COVID-19 BOOSTER VACCINES



WHO IS ELIGIBLE FOR A COVID-19 BOOSTER VACCINE?

MODERNA

- 2nd dose was 6 months ago AND one of the following:
- 65 years and older
- 18 or older with underlying health conditions
- Live or work in congregate settings
- Work in high-contact types of work, such as grocery, healthcare, education etc.

PFIZER

- 2nd dose was 6 months ago AND one of the following:
- 65 years and older
- 18 or older with underlying health conditions
- Live or work in congregate settings
- Work in high-contact types of work, such as grocery, healthcare, education etc.

JOHNSON& JOHNSON

- Last dose was at least 2 months ago

PFIZER AND J&J BOOSTER CLINICS

Pfizer and Johnson&Johnson booster shot appointments will be available most Mondays-Thursdays when there is not a Moderna booster clinic currently scheduled.

MODERNA BOOSTER CLINICS

November 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2 ✓	3	4	5	6
7	8	9	10 ✓	11	12	13
14	15	16	17	18 ✓	19	20
21	22 ✓	23	24	25	26	27
28	29	30	9AM-4PM			

To schedule an appointment, please call 503-755-2710 or scan the QR code with your phone



SCAN ME