

# Online Membership Payments



1. Go to [www.AMR.net/Miss](http://www.AMR.net/Miss)
2. Click "Ambulance Membership Payment" on the right side of the page.

## AMBULANCE MEMBERSHIP PAYMENT >

### 3. CUSTOMER DETAILS

The customer is required to complete fields with red asterisk, unmarked fields are optional but should be completed. **Member Number Box:** **Renewing member** enter your account number found on the top right side of the renewal application form in Member Number box. **New member** enter first and last name in Member Number box.

Welcome to the [Membership Payment Portal](#). Please enter your details below and press Continue to proceed.

Customer Details > Payment Details > Review > Thank You

Enter Account Details

Member Number: \*

Email Address: \*

Member First Name:  Member Last Name: \*

Home Address Line 1 :

Mailing Address:  City:

State:  Zip:

[Continue](#)

**NOTE:** Customer may be asked to do a reCAPTCHA verification before continuing to the next section.

### 4. PAYMENT DETAILS

The customer is required to complete fields with red asterisks.

#### Payment Details

Payment Type: \*  One Time

Payment Method : Checking ending in 5865  
[Edit](#) | [Change](#)

Payment Date: \* 07/14/2020

Payment Amount: \*

- a. Payment method – select bank account or card account
  - i. A new box will pop up requesting card or account details
- b. Payment amount – customer should enter the membership payment amount (see below)
  - \$60 annually – If the head of the household has both a primary and secondary insurance, that is two forms of insurance, such as Medicare and a supplement.
  - \$63 annually – If the head of the household has one form of health insurance or no insurance. Medicaid recipients should not join unless Medicaid pays your Medicare premium.

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- c. Phone number – members phone number
- d. Membership – Select New or Renewal
- e. County/Service Area – enter name of county member resides in (Harrison, Hancock, or Stone)
- f. Ground Membership – Select Ground Ambulance
- g. State – select the state where the member resides (Mississippi)
- h. Memo – add a note if necessary

Click Confirm to advance to next screen.

## Enter Additional Account Details

Phone Number: \*

Membership: \*

County/Service Area: \*

Ground Membership: \*

State: \*

Memo:

Confirm

Cancel

## 5. REVIEW

Review the payment details for accuracy. If accurate, click confirm to submit payment.

### Payment Details

Payment Method:	Checking ending in 3456
Payment Type:	One Time
Routing Number:	111000012
Payment Amount:	\$85.00
Payment Date:	10/27/2020
Total Amount:	\$85.00

### Additional Payment Details

Phone Number:	303-999-9999
Membership:	New Member
County/Service Area:	Grand Rapids
Ground Membership:	Ground Ambulance
State:	MI

By clicking **Confirm** to confirm your payment, you authorize us to initiate a debit from the **Payment Method Account** to your **Membership Account**, as detailed above. The payment to your Membership Account will be made on the **Payment Date** detailed above, and the debit from your account will occur within two business days of that date, but no earlier than that date. You also authorize your financial institution (and its successors or assigns), to process the debit to your Membership Account. **\*\*Please Note: See your terms and conditions for your membership contract effective date.**

Additionally, by clicking confirm, you also agree to and accept the [Terms & Conditions for usage of this site](#).

Confirm

Edit

Cancel

## 6. THANK YOU

Please make a note of the online confirmation number shown or print the online confirmation page for your records. A thank you/confirmation email will be sent to the email address you provided.

**7. PLEASE NOTE: Your membership will not be active until we receive your signed application in the mail.**