

Membership Application

By applying for membership, I agree to AMCN's and FireMed's terms and conditions.

Initials	Today's Date
/ /	/ /

STEP 1 Member Contact Information (please print)

First Name		Last Name		Date of Birth / /		Home Phone		Cell Phone	
Mailing Address			City	State	Zip	County		Do you live within the city limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physical Street Address (if different from above)			City	State	Zip	E-Mail Address In order to sign up with recurring payment options, you must provide a valid email address.			

STEP 2 List Additional Members in Household

First Name	Last Name	Date of Birth / /	First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /	First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /	First Name	Last Name	Date of Birth / /

STEP 3 Choose an AMCN Household Membership Option (select one)

- 10-Year Membership* **Best Value** \$575
- 5-Year Membership* **Better Value** \$300
- 3-Year Membership* **Good Value** \$185
- 1-Year Membership \$65

*Multi-year memberships are not available in Indiana or California

Choose a Firemed Household Membership Option (select one)

- 1-Year Ground \$58 Rocky Point Fire and EMS
- 2-Year Ground \$116
- 1-Year Ground \$58 Klamath County Fire District 1
- 2-Year Ground \$100



STEP 4 Choose a Payment Option (select one)

Check or money order made payable to:
AirMedCare Network, PO Box 948, West Plains, MO 65775 # _____
Check or Money Order Number

Bank Information (required for monthly membership option and automatic transfers from checking account)

Name on bank account (please attach a voided check) _____

Routing number _____ Account number _____

One Time transfer from checking account or credit card.

Credit Card Number _____ Expires _____

3 digit code on back of card _____ Signature _____

Total FireMed Membership Dues Amount\$ _____

Total AMCN Membership Dues Amount\$ _____

FireMed Tax Deductible Contribution\$ _____

Total Amount\$ _____

Statement of Authorization I authorize AirMedCare Network to initiate the EFT withdrawal as indicated above. If I have elected to pay by credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to AirMedCare Network. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until written notification is given to the AirMedCare network of its termination.

_____ month / day / year
(Signature required)

FOR OFFICE USE ONLY

GET CODE	TRACK CODE	PLAN CODE
	13752	

Questions? Call Membership Sales Manager or visit www.AirMedCareNetwork.com
Jennifer Hart • 541-294-4868 • jennifer.hart@amgh.us

AMCN Membership Terms and Conditions

AirMedCare Network is an alliance of affiliated air ambulance providers* (each a "Company"). An AirMedCare Network membership automatically enrolls you as a member in each Company's membership program. Membership ensures the patient will have no out-of-pocket flight expenses if flown by a Company by providing prepaid protection against a Company's air ambulance costs that are not covered by a member's insurance or other benefits or third party responsibility, subject to the following terms and conditions:

1. Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by AMCN Provider attending medical professionals to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency air ambulance transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown.
2. AMCN Provider air ambulance services may not be available when requested due to factors beyond its control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient condition, age or size, or weather conditions. FAA restrictions prohibit most AMCN Provider aircraft from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crews. Emergent ground ambulance transport of a member by an AMCN Provider will be covered under the same terms and conditions.
3. Members who have insurance or other benefits, or third party responsibility claims, that cover the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage. In return for payment of the membership fee, the AMCN Provider will consider its air ambulance costs that are not covered by any insurance, benefits or third party responsibility available to the member to have been fully prepaid. The AMCN Provider reserves the right to bill directly any appropriate insurance, benefits provider or third party for services rendered, and members authorize their insurers, benefits providers and responsible third parties to pay any covered amounts directly to the AMCN Provider. Members agree to remit to the AMCN Provider any payment received from insurance or benefit providers or any third party for air medical services provided by the AMCN Provider, not to exceed regular charges. Neither the Company nor AirMedCare Network is an insurance company. Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. Neither the Company nor AirMedCare Network will be responsible for payment for services provided by another ambulance service.
4. Membership starts 15 days after the Company receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Members must be natural persons. Memberships are non-refundable and non-transferable.
5. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Company that they are not Medicaid beneficiaries.
6. These terms and conditions supersede all previous terms and conditions between a member and the Company or AirMedCare Network, including any other writings, or verbal representations, relating to the terms and conditions of membership.

**Air Evac EMS, Inc. / EagleMed LLC / Med-Trans Corporation / REACH Air Medical Services, LLC — These terms and conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you.*

FireMed Membership Terms & Conditions

1. FireMed membership benefits include all persons who are permanent residents of the same single-family dwelling/noncommercial residence living together as part of a family unit, but not to include roomers or boarders. Membership benefits are also extended to include household members living in substitute care (i.e. nursing homes) within your city and district ambulance service areas.
2. The first person listed on the application form is designated as the "Primary Member." Only those persons who meet the membership eligibility requirements AND are listed in the membership record at the time services are rendered are eligible for benefits.
3. FireMed Membership is not an insurance policy but secondary to insurance carriers. All available insurances will be billed first. We will accept payment from insurance carriers as payment in full.
4. I transfer directly to the FireMed agency my rights to ground medical insurance payments due to me. Such payments shall not exceed FireMed regular charges.
5. Ground Memberships are honored by FireMed Membership programs of Oregon. Ground Membership covers ground ambulance charges only.
6. Ground emergent medical transports are based on medical need, not membership status, and transport patients to the closest medically appropriate facility as requested by the physician. Non-emergency transports are not covered by this agreement.
7. No refunds will be issued on membership purchases. Membership benefits are nontransferable.
8. There is no grace period on the membership. Payment must be received by the due date to avoid lapse in benefits.
9. New and lapsed membership benefits take effect 72 hours after receipt of completed enrollment with payment.