

# MEMBERSHIP APPLICATION

## 1. MEMBER INFORMATION (please print)

Primary Member First Name		Primary Member Last Name			
Home Phone Number ( ) ( )		Cell Phone Number ( ) ( )		Date of Birth / /	
E-mail Address			Current Member Household ID#		
Mailing Address		City	State	Zip	County
Home Address (if different than above)		City	State	Zip	County

**I AGREE TO THE TERMS AND CONDITIONS V.01.2021 (shown within this document) FOR ALL MEMBERSHIP PRODUCTS I AM PURCHASING.**

Initials	Date
----------	------

**ATTENTION CALIFORNIA RESIDENTS:**  
Signature required on back of this form for membership activation.



SEE IMPORTANT NOTICES ON THE REVERSE SIDE PRIOR TO PURCHASE

## 2. ADDITIONAL HOUSEHOLD MEMBERS (for additional members, write in empty space on this application)

Secondary Member First Name		Secondary Member 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 / /

## FOR QUESTIONS OR TO ENROLL BY PHONE:

**Sonja Keller**  
Membership Sales Manager  
530-648-6455  
Sonja.Keller@gmr.net  
AMCNRep.com/sonja-keller



## 3. MEMBERSHIP OPTIONS (select one)

<b>CARE FLIGHT AIR: 1-Year Membership</b>	<input type="checkbox"/> \$40
---	-------------------------------

\* Multi-year memberships not available in AK & CA. 10-year membership not available in IN. Terms & conditions apply.

## 4. PAYMENT OPTIONS (select one)

<input type="checkbox"/> <b>Check or Money Order</b> Payable to: <b>AirMedCare Network, P.O. Box 948, West Plains, MO 65775</b>	<input type="checkbox"/> <b>Cash</b>
<input type="checkbox"/> <b>Automatic checking account transfer (attach a voided check)</b>	<input type="checkbox"/> <b>Credit Card</b>
Name on Bank Account	Credit Card Number
Routing Number Account Number	Expires 3 digit code on back of card

**STATEMENT OF AUTHORIZATION** I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via 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).

**X** **Signature required for CC/EFT authorization** \_\_\_\_\_ / /  
Date

### FOR OFFICE USE ONLY

GET CODE	TRACK CODE 13818	PLAN CODE 15889
FUH PLAN CODE	COUPON CODE 15889-NV-BUS	

# ATTENTION CALIFORNIA RESIDENTS

## A WORD FROM THE CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE

**\*\*BEFORE YOU PURCHASE:** If you are currently enrolled in a health maintenance organization (HMO) or other health insurance, the benefits provided by an Ambulance Plan may duplicate the benefits provided by your HMO or other health insurance. If you have a question regarding whether your HMO or other health insurance offers benefits for ambulance services, you should contact that other company directly.

**WARNING:** This Ambulance Plan is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when the 911 Emergency System has independently determined that another company could provide more expeditious service or is next in the rotation to receive a call. This might also occur when this Ambulance Plan is unable to perform within a medically appropriate timeframe due to a mechanical or maintenance problem or being on another call.

### YOU MUST SIGN OR INITIAL THIS STATEMENT:

**COMPLAINTS:** For complaints regarding this Ambulance Plan, or if you have questions regarding the Plan, first attempt to call REACH/CALSTAR/Cal-Ore at 1.800.793.0010. If REACH/CALSTAR/Cal-Ore fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1.888.466.2219. The Department's website is <http://www.healthhelp.ca.gov>. You may obtain complaint forms and instructions online.

**OPERATING UNDER CONDITIONAL EXEMPTION:** This Ambulance Plan is operating pursuant to an exemption from the Knox-Keene Health Care Service Plan Act of 1975 (Health and Safety Code section 1340 ct seq.).

#### AIRMEDCARE NETWORK\* TERMS AND CONDITIONS

AirMedCare Network ("AMCN") is an alliance of affiliated emergency air ambulance providers\* (each a **Provider**). Your AMCN membership automatically enrolls you as a member in each Provider's membership program. Membership ensures that you will have no out-of-pocket flight expenses if flown by a Provider by providing prepaid protection against a Provider's air ambulance costs that are not covered by any insurance, benefits, or third-party responsibility available to you, 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 the 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. Emergent ground ambulance transport of a member by an AMCN Provider, in connection with an emergent air ambulance transport by a Provider, will be covered under these same terms and conditions.
2. AMCN Provider air ambulance services may not be available when requested due to factors beyond the Provider's control, such as use of the appropriate aircraft by another party 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.
3. Members who have any insurance or other benefits available to them, or third party responsibility (or liability) claims, that cover in any way the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage or recovery. 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 other third-party responsibility available to the member to have been fully prepaid. **"Insurance" or "benefits"** means any and all types of insurance or benefits without any limitation. By way of example only, such "insurance" or "benefits" include medical benefits available under health insurance, automobile insurance, homeowners insurance, workers compensation, and government insurance or benefits programs. Further, the terms "insurance" or "benefits" include any insurance or benefits that are owned by a member (or that are written or held in a member's name), as well as any insurance or benefits owned by someone else (or that are written or held in someone else's name) that provide coverage, to any extent, for the services provided by the AMCN Provider to a member. "Third-party responsibility" means any amounts that any third-party is required to pay to a member because of or related to the AMCN Provider's services rendered to the member. The AMCN Provider reserves the right to seek payment directly from any available insurance, benefits provider, or third party for services rendered to a member (to the same extent it could do so for any non-member patient), and members authorize all available insurers, benefits providers, and responsible third parties to pay any covered amounts directly to the AMCN Provider.
4. Members agree to remit to the AMCN Provider any payment received from any insurance, benefit providers, or any third party for any services provided by the AMCN Provider, not to exceed the amount charged by the AMCN Provider, including (but not limited to) instances in which payment for an AMCN Provider's services is made via settlement with any insurers, benefit providers, or third parties found responsible for a member's injury or condition leading to the air medical services provided by the AMCN Provider. Remitting such payments are not member out-of-pocket expenses because such payments originated from third parties only because of the air medical services provided to the member. Failure by a member to remit such payments constitutes a material breach of these terms and conditions and authorizes the Provider to seek full payment for its services from the member.
5. Neither the Providers nor AMCN 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 Providers nor AMCN will be responsible for payment for services provided by another ambulance service.**
6. Membership starts 15 days after AMCN 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.
7. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Providers that they are not Medicaid beneficiaries.
8. **LIMITATION OF LIABILITY. THE LIABILITY OF AMCN AND THE PROVIDERS, AND THE DAMAGES AVAILABLE TO A MEMBER, FOR BREACH OF THESE TERMS AND CONDITIONS IS LIMITED TO ACTUAL DAMAGES IN AN AMOUNT NOT TO EXCEED (A) ANY AMOUNT ACTUALLY RECEIVED BY AMCN OR ANY PROVIDER IN VIOLATION OF THESE TERMS AND CONDITIONS AND (B) THE MEMBERSHIP FEE PAID BY THE MEMBER FOR THE APPLICABLE MEMBERSHIP TERM. IN NO EVENT SHALL AMCN OR ANY PROVIDER BE LIABLE TO A MEMBER UNDER THESE TERMS AND CONDITIONS PURSUANT TO ANY CONTRACT, NEGLIGENCE, STRICT LIABILITY, TORT, OR OTHER LEGAL OR EQUITABLE THEORY FOR ANY INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES OF ANY NATURE WHATSOEVER, ARISING OUT OF OR IN CONNECTION WITH THE MEMBERSHIP PROGRAM OR THESE TERMS AND CONDITIONS, EVEN IF AMCN OR A PROVIDER HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE MEMBER ACKNOWLEDGES AND AGREES THAT THE LIMITATIONS OF LIABILITY SET FORTH IN THESE TERMS AND CONDITIONS REFLECT AN ALLOCATION OF RISK SET FORTH IN THESE TERMS AND CONDITIONS AND THAT, IN THE ABSENCE OF SUCH LIMITATIONS, THESE TERMS AND CONDITIONS WOULD BE SUBSTANTIALLY DIFFERENT.**
9. Any and all matters arising out of or relating to the AMCN membership program, these terms and conditions, and/or the subject matter hereof shall be governed by, construed, and enforced in accordance with the laws of the United States of America (including without limitation, the Federal Arbitration Act) and, to the extent not preempted by Federal law, the laws of the State of Missouri without regard to conflicts or choice of law principles, regardless of the legal theory upon which such matter is asserted. Outside of these terms and conditions, Federal law preempts state and local laws, regulations, and other provisions, including common law duties that relate to rates, routes, or services of an air carrier. To the extent a state or political subdivision thereof makes the incorporation of common law duties or state law in contracts optional, the Providers and you agree that this contract does not incorporate any such common law duties or state laws.
10. **ARBITRATION AGREEMENT.** Any controversy or claim arising out of or relating to the AMCN membership program, these terms and conditions, and/or the subject matter hereof shall be resolved by binding arbitration by a single arbitrator pursuant to the Consumer Arbitration Rules of the American Arbitration Association ("**Rules**"), as modified by these terms and conditions. The place of arbitration will be St. Louis, Missouri. The judgment on any award rendered by the arbitrator may be entered in any court having jurisdiction thereof. **THERE SHALL BE NO RIGHT OR AUTHORITY FOR ANY CLAIMS TO BE ARBITRATED ON A CLASS ACTION, JOINT OR CONSOLIDATED BASIS OR ON BASES INVOLVING CLAIMS BROUGHT IN A PURPORTED REPRESENTATIVE CAPACITY ON BEHALF OF OTHER MEMBERS OR OTHER PERSONS. THE ARBITRATOR MAY AWARD RELIEF ONLY IN FAVOR OF THE INDIVIDUAL PARTY SEEKING RELIEF AND ONLY TO THE EXTENT NECESSARY TO PROVIDE RELIEF WARRANTED BY THAT INDIVIDUAL PARTY'S CLAIM. The arbitrator is not authorized to award attorney's fees and costs or equitable relief.** In the event the prohibition on class arbitration or any other provision in this arbitration agreement is deemed invalid or unenforceable, then the remaining provisions of these terms and conditions will remain in full force and effect. In the event of any dispute between the parties, you agree to first contact the Provider or AMCN and make a good faith effort to resolve the dispute before resorting to arbitration under these terms and conditions.
11. These terms and conditions supersede all previous terms and conditions between a member and the Providers or AMCN, including any other writings, or verbal representations, relating to the terms and conditions of membership. These terms and conditions may be modified or amended only in writing signed by the President or a Vice President of AMCN or a Provider, and may not be modified or amended orally, by trade usage or by course of conduct or dealing.

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

v.01\_2021

#### IMPORTANT INFORMATION

If our network provider in your area is not requested for your transport or if it is not available for any reason such as being committed on another patient flight or out of service for weather or maintenance-related issues, you may need to be transported by a ground ambulance or an out of network air ambulance provider. Your membership only covers flights by AirMedCare Network participating providers so you will be responsible for payment to other service providers. It is important that you get the medical care you need as quickly as possible, regardless of who provides the transport, so you have the best chance for survival and degree of recovery.

#### CAREFLIGHT MEMBERSHIP TERMS AND CONDITIONS:

- This is not an application for an insurance policy. If you are already a current Flight Plan and/or Silver Saver plan member, you do not need to fill out this entire application.
- I understand that my Flight Plan and/or Silver Saver Membership fee covers my portion of Care Flight services and/or ground transportation that are applied to co-insurance or deductibles by my insurance or Medicare for medically necessary transports. "Medically Necessary" is defined as a specific need of air ambulance or ground ambulance transport to the nearest medically appropriate hospital as requested by a physician or as directed by state / county protocols.
- I understand that Flight Plan and/or Silver Saver memberships are not an insurance policy nor are they meant to be a substitute for health coverage. If my insurance company or other health benefits payor denies payment to Care Flight and/or REMSA because it determined that my air or ground ambulance services were not medically necessary, I will be responsible for the payment of the fees for those services less a 30% discount because I am a Flight Plan and/or Silver Saver member.
- I understand that the Flight Plan and/or Silver Saver membership covers those persons permanently residing in my household and listed on my application. A "household" is defined as all persons who permanently reside at the Head of Household's physical address listed on the membership application or in a nursing home.
- I understand that Flight Plan and/or Silver Saver benefits only apply when REMSA/Care Flight or a reciprocating program transports a member. (See list of reciprocal programs below - subject to change)
- I understand that my membership only covers either Flight Plan or Silver Saver depending on which plan is selected and paid. I understand I have the ability to select both the Care Flight air medical transport membership and the Silver Saver for REMSA ground transport membership or just a single membership if desired.
- I understand that the Flight Plan and/or Silver Saver membership program may be cancelled at any time for any reason.
- I understand that my membership is non-transferable and non-refundable and not tax deductible.
- I understand that Medicaid/Medi-Cal recipients are not eligible for either Flight Plan and/or Silver Saver membership due to their health care policies. By completing this application, I attest that those persons listed in the application are not a Medicaid or Medi-Cal recipient.
- I understand that REMSA/Care Flight will bill and receive payment from my health care insurance company. I also understand that if I receive payments for services from my health care insurer, I am responsible to immediately forward that payment onto REMSA/Care Flight.
- I understand that REMSA/Care Flight will treat failure to forward Medicare or insurance payments onto REMSA/Care Flight as insurance fraud and legal action may be taken. I also understand that my failure to forward insurance or Medicare Payments will result in termination of my membership with REMSA/Care Flight and I am responsible for full charges for services rendered.
- I understand that the effective date for my membership is the date that REMSA/Care Flight receives my completed application and membership fee plus a three day waiting period. Memberships are effective for one year.
- Care Flight is a member of the Association of Air Medical Membership Programs (AAMMP). Your membership in "Flight Plan" will be honored for emergency air medical transportation by the following reciprocating programs (subject to change):
  - Air St. Luke's - Boise, ID
  - Care Flight - Reno, NV
  - Enloe Flight Care - Chico, CA
  - Life Flight Network - Aurora, OR