AirMedCare NETWORK® | AIR EVAC LIFETEAM | MED-TRANS AIR MEDICAL TRANSPORT | REACH Air Medical Services | GUARDIAN FLIGHT | AMCN Fly-U-Home

Pajaro Valley Chamber of Commerce

STEP 1: MEMBER CONTACT INFORMATION

First Name	Last Name	Date of Birth
Home Phone	**Cell Phone**	**County**

Physical Address			Mailing Address (if different from physical)		
City	State	Zip	City	State	Zip

E-Mail *In order to sign up with recurring payment options or receive electronic invoicing, you must provide a valid email address

❍ Electronic Invoicing ❍ Quarterly Member News

STEP 2: LIST ADDITIONAL MEMBERS IN HOUSEHOLD

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

STEP 3: CHOOSE YOUR MEMBERSHIP OPTION(S)

EMERGENT - AMCN

1-Year Membership Entire Household ❍ $65

NON-EMERGENT - FLY-U-HOME

1-Year Membership Add-on‡ **$15 Dollar Savings!** **$134** ❍

1-Year Membership Stand-Alone $149 ❍

‡Add-On availble only with AMCN Membership

Total AMCN Membership Dues Amount		Total Fly-U-Home Membership Dues Amount		Total Membership Amount
$_____	+	$_____	=	$_____

KNOX KEENE AGREEMENT - PLEASE SIGN

BEFORE YOU PURCHASE: If you are currently enrolled in a health maintenance organization (HMO) or other health insurance, the benefits provided by Reach/AirMed International LLC may duplicate the benefits provided by your HMO or other health insurance. If you have a questions regarding whether your HMO or other health insurance offers benefits for ambulance services, you should contact that other company directly.

WARNING: Reach/AirMed International LLC 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 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 Reach/AirMed International LLC is unable to perform within a medically appropriate timeframe due to a mechanical or maintenance problem or being called on another flight.

COMPLAINTS: For complaints regarding Reach/AirMed International LLC, first attempt to call the plan at 1 800 793 0010. If Reach/AirMed International LLC 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: Reach/AirMed International LLC is operating pursuant to an exemption from the Knox Keene Health Care Service Plan Act of 1975 (Health and Safety Code section 1340 et seq).

Initial or Sign Here_____

By applying for membership, I agree to AMCN's and/or Fly-U-Home's terms and conditions on the bottom of this application.

SIGN OR INITIAL HERE	TODAY'S DATE
	/ /

STEP 4: SET UP YOUR PAYMENT PLAN

PAYMENT OPTIONS (select one)

❍ Check or money order. Make payable to: AirMedCare Network
PO Box 948, West Plains, MO 65775

❍ One time credit card payment or automatic transfer from checking account.

BANK INFORMATION (for check funds transfer)

Name on bank account

Routing number Account number (please attach a voided check)

CREDIT CARD INFORMATION

❍ VISA ❍ MasterCard ❍ Discover ❍ American Express

Credit Card Number Expiration Date

X_____ _____
Signature 3 digit code on back of card 4 digit code on front for AMEX

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.

X_____ ____/____/____
(Signature required) Month Day Year

Questions? Contact your Local Membership Sales Manager
Tracy Shearer • 831-206-7447 or 805-350-9249
Tracy.Shearer@AirMedCareNetwork.com
Join Online at: **www.AMCNRep.com/Tracy-Shearer**

For Office Use Only	GET CODE	TRACK CODE	PLAN CODE	COUPON CODE
		13793	14901	14901-CA-BUS

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. / Guardian Flight, 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.

AirMedCare Network* Fly-U-Home U.S. Domestic Membership – Terms and Conditions

1. **Air Medical Transport: Arrangements, Suitability and Additional Passengers.** If (1) an AirMedCare Network Fly-U-Home member is admitted to a hospital in the contiguous 48 States that is more than 150 nautical miles (or approximately 172.6 statute miles) from the member's residence and (2) it is determined by the member's physician and AirMed's medical director that the member's medical condition is stable enough to allow air transport but that medical escort is required, then, at the member's request, AirMed will provide the member with private air medical transport or, if appropriate, commercial airline transport with medical escort. Transport will be provided on a bedside-to-bedside basis to a hospital of the member's choice that has accepted the member as a patient and is within the locality of the member's residence, subject to the membership terms and conditions. Decisions regarding urgency of transport, the best timing and the most suitable means of transport will be made by AirMed after consultation with the local attending physician and the member's receiving physician. AirMed will make all arrangements for each air medical transport. AirMed will not reimburse members for medical, medical transport or related expenses they incur on their own. AirMedCare Network Fly-U-Home membership does not cover emergent patient transports.
   Travel companions and baggage will be accommodated at no additional cost on AirMed transports, subject to safety and space constraints, but companions will be responsible for their own airfare on scheduled commercial aircraft.
2. **Transport of Mortal Remains.** If a member dies within the contiguous 48 States while traveling more than 150 nautical miles (or approximately 172.6 statute miles) from the member's residence, at the request of the member's family, AirMed will arrange for the return of the member's mortal remains to a funeral facility in the city of the member's residence within the contiguous 48 States.
3. **Member Eligibility.** A member must be a natural person who resides in the contiguous 48 States, meaning the United States of America, excluding the states of Alaska and Hawaii, and excluding all territories and possessions. A member's residence must be listed on the member's enrollment application. Requests for changes to a member's residence must be submitted in writing to AirMed. The benefits of the membership extend to the designated primary member and all persons who dwell in a shared living space with the primary member and who are named in the enrollment application. Membership commences after a completed enrollment application and full payment has been received.
4. **Qualifications, Limitations and Exclusions.** Membership is subject to the following qualifications, limitations and exclusions:
   (a) Ineligible and Excluded Transports. A member who is hospitalized at the time of enrollment, or who was hospitalized within 30 days prior to enrollment for the same or related condition, will not be eligible for transport benefits related to that hospitalization. A member being evaluated for or on an organ transplant list prior to enrollment will not be entitled to a transport for conditions related to that transplant.
   (b) Maximum Number of Transports. Membership covers up to two separate transports per year per membership (in total for all members covered under one membership); however, if multiple members who are covered under one membership require simultaneous transport, then each such member will be limited to that one transport.
   (c) Locations Inaccessible by Fixed Wing Aircraft. Both the originating and receiving hospital must be reasonably accessible by ground ambulance to transport the member to and from an airfield capable of accommodating an AirMed or one of its authorized affiliates aircraft. The cost associated with transportation from isolated areas or islands to an airport accessible to AirMed aircraft is not included in the membership and will be the responsibility of the member. Membership benefits do not include helicopter transportation.
   (d) High Risk / Safety Medical Restrictions. In conjunction with FAA, U.S. State Department and other regulatory standards, and AirMed safety standards, a member will not be entitled to air medical transport if the member's illness or injury is a result of or is contributed to by the following: (i) suicide or attempted suicide or intentional self-injury; (ii) a member's own criminal or felonious act; (iii) actions taken while the member is in a state of insanity; (iv) war, invasion, civil war or terrorism; or (v) contagious airborne pathogens. A member suffering from a psychiatric or mental disorder that is not manageable and will not allow safe transport within the confines of the ground ambulance and aircraft may not be transported. A member beyond the second trimester of pregnancy may not be transported if the transport request relates to the pregnancy.
   (e) Non-Refundable, Non-Transferable. Memberships are non-refundable and non-transferable.

*AirMedCare Network® is a registered service mark of Air Medical Group Holdings, Inc. All AMCN Fly-U-Home℠ membership benefits and services are offered and provided by AirMed International LLC, an FAA Part 135 operator, and EagleMed LLC, an FAA Part 135 operator, both subsidiaries of Air Medical Group Holdings, Inc.