



P.O. Box 948
West Plains, MO 65775

800-793-0010 • Fax 866-299-3303
membership@airmedcarenetwork.com

Dear Cullman County AL Employees,

AirMedCare Network is excited to offer you the opportunity to join the AirMedCare Network's Membership Program!

Annual Membership Fee

\$65 - Household

As your local air ambulance, serving area residents from our surrounding bases, AirMedCare Network understands the critical aspect of time in treating medical emergencies. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to emergency medical treatment. AirMedCare Network can cut that transportation time *in half*.

In the event you are flown by AirMedCare Network for a life or limb-threatening emergency, we will work with your benefits provider to secure payment for your flight. Whatever your benefits provider pays will be considered payment in full. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances & family. As an AirMedCare Network member you will have no out-of-pocket expenses related to your flight if you are flown by any AirMedCare Network participating provider.

AirMedCare Network is the largest Air Ambulance Membership Network in the United States . An AirMedCare Network membership automatically enrolls you in all provider membership programs, (Air Evac Lifeteam, REACH Air Medical Services, Med-Trans Air Medical Transport and EagleMed) giving you membership coverage in over 220 locations across 32 states. All AirMedCare Network service providers work cooperatively to provide the highest levels of care for you, your family, and your community.

Join today and you can receive membership in the AirMedCare Network at the same low price as the individual membership programs, giving you membership across 4 leading air ambulance operators for the price of 1! Completed enrollment forms may be mailed to: AirMedCare Network P.O. Box 948, West Plains, MO 65775. If you have any additional questions please do not hesitate to contact me.

AirMedCare Network cares about you and your loved ones. Our mission is to make it possible for people living in rural areas to get the life-saving emergency care they need, when they need it. Thanks to the support of over 1.7 million members, AirMedCare Network providers can provide financial peace of mind for you and your family...while providing this vital service to our community.

Sincerely,

LaTere Jones

Membership Sales Manager
Cell: 205-303-0537
Email: LaTere.Jones@amgh.us





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.

Membership Application

STEP 1 Member Contact Information (please print)

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

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 / /

STEP 3 Choose a Membership Option (select one)

<input type="checkbox"/> Platinum (25 Year) Membership*	Household	\$1125	\$500 Savings!
<input type="checkbox"/> 10-Year Membership*	Household	\$575	\$75 Savings!
<input type="checkbox"/> 5-Year Membership*	Household	\$300	\$25 Savings!
<input checked="" type="checkbox"/> More Members Choose 3-Year Membership*	Household	\$185	\$10 Savings!
<input type="checkbox"/> 1-Year Membership	Household	\$65	

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

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

One Time transfer from checking account or credit card. VISA MasterCard Discover American Express

Bank Information <small>(required for monthly membership option and automatic transfers from checking account)</small>	
Credit Card Number	Expires
Name on bank account (please attach a voided check)	3 digit code on back of card
Routing number	Account number
X Signature	

Total Payment 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.

By signing this application for membership, I agree to AMCN's terms and conditions.

X _____ / /
(Signature Required for Credit Card/EFT Authorization) month day year

FOR OFFICE USE ONLY

GET CODE

TRACK CODE

PLAN CODE

13409

Questions? Call Membership Sales Manager or visit www.AirMedCareNetwork.com

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