

ARE YOU COVERED?

**Special Discounted Rate for
National Association of FSA
County Office Employees!**

**An annual REACH Air Medical
Services membership costs only \$65
per year for your entire household.**

Medical emergencies can strike at any time
- at home, at work, at play, or on the road.
Protect yourself, your family and your finances
by joining our membership program.

As part of the AirMedCare Network,
your membership covers you from
coast to coast.

By the numbers...

- Over 2.5 million members
- Over 240 locations in 32 states
- Available 24/7/365

**Don't wait until it's too late...
become a member today!**

1-800-793-0010

www.REACHair.com/membership

For more information, please contact:

Timothy Velazquez
Membership Sales Manager
916-342-3221
Timothy.Velazquez@amgh.us



REACHSM
Air Medical Services


AirMedCare
NETWORK®
Participating Member

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. / 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 - National Association of FSA County Office

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

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
		/ /

STEP 3 Choose a Membership Option (select one)

☐ 1-Year Membership

Household Cost

\$55

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.



Bank Information

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

Name on bank account (please attach a voided check)		Credit Card Number
Routing number	Account number	Expires
		3 digit code on back of card
		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.

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

_____/_____/_____
month day year

Knox Keene Agreement

BEFORE YOU PURCHASE: If you are currently enrolled in a health maintenance organization (HMO) or other health insurance, the benefits provided by REACH/Cal-Ore Life Flight 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/Cal-Ore Life Flight 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/Cal-Ore Life Flight is unable to perform within a medically appropriate timeframe due to a mechanical or maintenance problem or being called on another flight.

Initial or sign here _____

COMPLAINTS: For complaints regarding REACH/Cal-Ore Life Flight, first attempt to call the plan at 1 800 793 0010. If REACH/Cal-Ore Life Flight 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/Cal-Ore Life Flight 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).

For Office Use Only

GET CODE

TRACK CODE

PLAN CODE

13578

10070

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

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