

Membership Application

By applying for membership, I agree to AirMedCare Network's terms and conditions on the bottom of this application.

SIGN OR INITIAL HERE

TODAY'S DATE

STEP 1: MEMBER CONTACT INFORMATION

Primary First Name		Primary Last Name		Date of Birth		Home Phone		Cell Phone	
Physical Address			City	State	Zip	E-Mail <small>In order to sign up with recurring payment options or receive electronic invoicing, you must provide a valid email address</small>			
Mailing Address <small>(if different from above)</small>			City	State	Zip	County		<input type="radio"/> Electronic Invoicing <input type="radio"/> Quarterly Member News	

STEP 2: LIST ADDITIONAL MEMBERS IN HOUSEHOLD

Secondary First Name		Secondary 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 YOUR MEMBERSHIP OPTION

AMCN EMERGENT COVERAGE

	Standard	Senior (60+)
10 Year*	\$765 <input type="radio"/>	\$575 <input type="radio"/>
5 Year*	\$395 <input type="radio"/>	\$300 <input type="radio"/>
3 Year* More Members Choose!	\$240 <input type="radio"/>	\$185 <input type="radio"/>
Annual	\$85 <input type="radio"/>	\$65 <input type="radio"/>
Monthly*	\$9 <input type="radio"/>	\$9 <input type="radio"/>

* (Multi-year memberships are not available in Indiana, California or Alaska)
 † (Monthly membership is only available with monthly recurring payment option)

Questions?

Call 800-793-0010
 or visit www.airmedcarenetwork.com

STEP 4: SET UP YOUR PAYMENT PLAN

PAYMENT OPTIONS (select one)

- Check or money order payable to: AirMedCare Network
 PO Box 948, West Plains, MO 65775
- One time credit card payment or automatic transfer from checking account.

BANK INFORMATION

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

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

CREDIT CARD INFORMATION

-
-
-
-

Credit Card Number _____ Expiration Date _____

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

AUTOMATIC WITHDRAWAL AUTHORIZATION

Convenient, automatic renewal of your membership

- Recurring annual credit card payment or automatic transfer from checking account. Please make my recurring payment each year on this date: _____ month / _____ day
- Recurring monthly credit card payment or automatic transfer from checking account. Please make my recurring payment each month on this day: _____ day

Statement of Authorization I authorize AirMedCare Network to initiate the recurring credit card charge or EFT withdrawal as indicated on this form. I understand that this recurring credit card charge or EFT withdrawal is recurring and will continue for and includes future price changes, policy terms, or terms and conditions. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AirMedCare Network in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand the payments may be executed on the next business day. For EFT debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law. I understand that no prior-notification will be provided unless the date or amount changes, in which case I will receive notice from AirMedCare Network at least 10 days prior to the payment being collected. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company, so long as the transactions correspond to the terms indicated in this authorization form.

_____ / _____ / _____
(Signature Required for Credit Card/EFT Authorization) Month Day Year

GET CODE	TRACK CODE	PLAN CODE
----------	------------	-----------

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:

- 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.
- 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.

- 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.**

- 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.
 - 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.
 - 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.