



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.

Quick STEP 1

Member Contact Information

First Name: _____ Last Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ County: _____

Date of Birth: _____ / _____ / _____ (M / F) Do you live within the City Limits? Yes ☐ No ☐

Quick STEP 2

List Other Persons In Household and Date of Birth

1	_____	_____	_____ / _____ / _____ (M / F)
	First Name	Last Name	month day year
2	_____	_____	_____ / _____ / _____ (M / F)
	First Name	Last Name	month day year
3	_____	_____	_____ / _____ / _____ (M / F)
	First Name	Last Name	month day year
4	_____	_____	_____ / _____ / _____ (M / F)
	First Name	Last Name	month day year

If more space is needed please attach an additional sheet and detail the full name and date of birth for each member.

Quick STEP 3

Membership and Payment Options

(select one)

1-Year Membership

\$55

Household

☐

☐ 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 credit card.

☐ VISA

☐ MasterCard

☐ American Express

☐ Discover

Credit Card Number

Expires

3 digit code on back of card

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

X

(Signature required)

_____ / _____ / _____
month day year

BEFORE YOU PURCHASE: If you are currently enrolled in a health maintenance organization (HMO) or other health insurance, the benefits provided by REACH 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 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 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 X _____

COMPLAINTS: For complaints regarding REACH, first attempt to call the plan at 1 800 793 0010. If REACH fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1 800 400 0815. The Department's website is <http://www.dmhc.ca.gov>. You may obtain complaint forms and instructions online.

OPERATING UNDER CONDITIONAL EXEMPTION: REACH 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).

GET CODE

TRACK CODE

PLAN CODE