

Membership Application - Arkansas State Employee Benefit Advisors Customers

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

First Name	Last Name	Date of Birth	Home Phone	Cell Phone
Physical Address		City	State	Zip
Mailing Address <small>(if different from above)</small>		City	State	Zip
			County	<input type="radio"/> Electronic Invoicing <input type="radio"/> Quarterly Member News

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

STEP 2: LIST ADDITIONAL MEMBERS IN HOUSEHOLD

First Name	Last Name	Date of Birth

STEP 3: CHOOSE YOUR MEMBERSHIP OPTION(S)

Platinum (25 Year) Membership*	Entire Household	\$1125	<input type="radio"/>
10-Year Membership*	Entire Household	\$550	<input type="radio"/>
5-Year Membership*	Entire Household	\$275	<input type="radio"/>
3-Year Membership*	Entire Household	\$165	<input type="radio"/>
1-Year Membership	Entire Household	\$55	<input type="radio"/>

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

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

-

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? Call Membership Sales Manager or visit www.amcnrep.com

Loren Tepper • 870-280-9325

loren.tepper@airmedcarenetwork.com

GET CODE	TRACK CODE	PLAN CODE	COUPON CODE
		13043	13043-AR-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:

- 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.



By the Numbers
Over 3 Million Members
Over 320 Locations
In 38 States
24 Hours a Day
365 Days a Year

MEMBERSHIP

PROVIDING YOU WITH PEACE-OF-MIND

Air Evac Lifeteam responds to scene calls, hospital-to-hospital transports, and assists search and rescue, carrying seriously ill or injured patients to the nearest appropriate medical facility. One flight can cost thousands of dollars, and may not be covered in full by your insurance plan. As a part of the AirMedCare Network, Air Evac Lifeteam is happy to offer a membership plan that covers the remaining balance of your transport after your insurance plan has paid, leaving you with no out-of-pocket air medical transport expenses. And, as a member of the AirMedCare Network, an Air Evac Lifeteam membership provides you with reciprocity among more than 320 helicopter and airplane base locations across 38 states. Thus, you could be flown by any one of the AirMedCare Network partners and experience the same benefits (i.e. no out-of-pocket expenses for a medically necessary flight).



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