

ENROLL TODAY

Call 812-230-2046 or visit
www.AMCNRep.com
 to enroll immediately OR
 complete the application below:

By applying for membership, I agree to AMCN's terms and conditions on the reverse side.

INITIAL HERE TODAY'S DATE

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1. Member Contact Information (please print)

Primary First Name		Primary Last Name		Date of Birth / /
Home Phone Number () ()		Cell Phone Number () ()		
E-mail Address				
Don't miss out on important AirMedCare Network news and updates... leave us your e-mail address and stay in the loop!				
Mailing Address				City
State	Zip	County		
Home Address (if different than above)				
City		State	Zip	

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
First Name	Last Name	Date of Birth

3. Choose Your Membership Option (select one)

Membership Options	Membership Cost	Seniors (60+)
10-Year Membership†	<input type="checkbox"/> \$765	<input type="checkbox"/> \$575
5-Year Membership†	<input type="checkbox"/> \$395	<input type="checkbox"/> \$300
More Members Choose: 3-Year Membership †	<input type="checkbox"/> \$240	<input type="checkbox"/> \$185
1-Year Membership	<input type="checkbox"/> \$85	<input type="checkbox"/> \$65
Monthly Membership*	<input type="checkbox"/> \$9	<input type="checkbox"/> \$9

†MULTI-YEAR MEMBERSHIP IS NOT AVAILABLE IN ALASKA, CALIFORNIA AND INDIANA.
 *MONTHLY MEMBERSHIP IS ONLY AVAILABLE WITH MONTHLY RECURRING PAYMENT OPTION

4. Choose a Payment Option (select one)

Check or Money Order Payable to: **AirMedCare Network**
PO Box 948, West Plains, MO 65775

Automatic transfer from checking account

Name on Bank Account (Please attach a voided check)

Routing Number Account Number

Credit Card

Credit Card Number _____
 Expires _____ 3 digit code on back of card _____

Signature _____

5. Automatic Withdrawal Authorization

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

Recurring monthly credit card payment or automatic transfer from checking account. Please make my recurring payment each month on this day: _____ Day

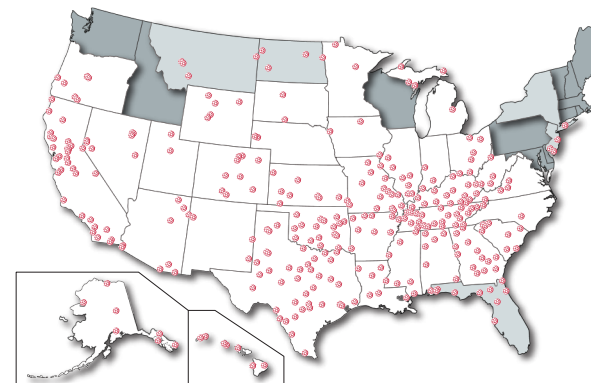
E-mail address _____ A valid e-mail address is required for auto-renew payment option and to receive AMCN's quarterly eNewsletters

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-notice 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

America's largest air medical membership network

Over 320 locations across 38 states



AirMedCare Network participating providers include:

Air Evac Lifeteam • Guardian Flight
 Med-Trans Corporation • REACH Air Medical Services
 AeroCare • AEROCARE • AIR LINK • AirLink CCT • Air Med1 • Air Med Response • Air Reach • American Medflight
 AnMed Life Flight • Arizona LIFELINE • Cal-Ore Life Flight • CALSTAR • C.A.R.E. Flight
 Carilion Clinic Life-Guard • Childrens Hospital Colorado • Eagle Air Med • EagleMed • First Flight • FlightCare
 Gallup Med Flight • GHS Med Trans • Hawaii Life Flight • Life Air Rescue
 LIFE FORCE • Life Star of Kansas • Lifeguard • LIFESTAR
 McAlester Regional Air Care • Med Evac • Med Flight • Meducare Air
 Methodist AirCare Midwest AeroCare • Mississippi Air Rescue • MountainStar AirCare • Novant Health Med Flight
 Regional One • Sierra Lifeflight • South Carolina Air Care • Sunrise Air Ambulance • Trauma One
 UCHealth LifeLine • University of Missouri Health Care • Valley Med Flight
 Wings Air Rescue • Woman's Air Care

JOIN ONLINE
www.AMCNRep.com

JOIN BY MAIL:
 fill out this application

JOIN BY PHONE:
 812-230-2046



**WHEN LIFE IS ON THE LINE,
 WE'RE IN THE AIR.**

EMERGENT MEMBERSHIP



Area Director
Jeff Miller | 812-230-2046
Jeff.Miller@AirMedCareNetwork.com
www.AMCNRep.com

GET CODE	TRACK CODE	PLAN CODE
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Protect your family with an AirMedCare Network membership.

In a medical emergency every second counts, especially when transporting patients who are far away from adequate medical treatment. We respond to scene calls and provide hospital-to-hospital transport—carrying seriously ill or injured patients to the nearest appropriate medical facility.

When you join, you're covered.

AirMedCare Network is America's largest air medical membership network, providing coverage across 320 locations in 38 states, including Alaska and Hawaii.

Membership benefits at-a-glance:

- NO OUT-OF-POCKET COSTS: With an AirMedCare Network membership, you will have no out-of-pocket expenses if flown by an AMCN provider.
 - HOUSEHOLD COVERAGE: Membership fees cover not just yourself, but anyone who resides within the household.
- TELADOC ACCESS: AMCN members enjoy access to Teladoc membership at a discounted rate of \$3 a month. Teladoc lets you speak with a board-certified doctor 24 hours a day, 365 days a year.
 - COAST TO COAST PROTECTION: Membership is valid in all service areas so you are covered at home and while traveling.

Area Director

Jeff Miller | 812-230-2046
Jeff.Miller@AirMedCareNetwork.com
www.AMCNRep.com

“AirMedCare Network membership is a good thing. You never know when you might need it.”

- Eddie Forrester—member & survivor

Real survivors. Real stories.



Marina Cochran-Smith and Oliver

Marina Cochran-Smith and Chad Swimmer had just had their first child, Oliver, via home birth. Like countless newborns, Oliver developed jaundice.

A few days passed and Oliver still had symptoms, so the couple took him to the nearby hospital. Oliver's bilirubin numbers were the highest the doctor had ever seen, and he needed to be transferred immediately to a pediatric specialty hospital.

Soon, our AMCN provider pilot Jeff Barker touched down with flight nurses Kyla Betts and Jennifer Fennerl. Marina describes both nurses as *“phenomenal and professional.”* When they arrived at the Pediatric ICU, Oliver started phototherapy.

“We were out of there in less than 48 hours,” Chad reports. *“Oliver had a fantastic recovery.”* Marina says, *“One often hears the phrase, ‘You saved my life!’ used flippantly. Now we know its true meaning, and there are no words that can accurately express our gratitude.”*

AirMedCare Network 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. / 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.

‡In Nebraska, waiting periods are not allowed; however, a member cannot purchase a membership at the time of transport.

Important Information

If our network provider in your area is not requested for your transport or if it is not available for any reason such as being committed on another patient flight or out of service for weather or maintenance-related issues, you may need to be transported by a ground ambulance or an out of network air ambulance provider. Your membership only covers flights by AirMedCare Network participating providers so you will be responsible for payment to other service providers. It is important that you get the medical care you need as quickly as possible, regardless of who provides the transport, so you have the best chance for survival and degree of recovery.

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