



P.O. Box 948  
West Plains, MO 65775



800-793-0010 • Fax 866-299-3303  
membership@airmedcarenetwork.com

Dear Pickaway and Ross County Farm Bureau Member,

**Pickaway and Ross County Farm Bureau's have partnered with Air Evac Lifeteam to offer you, as a Farm Bureau member, the opportunity to join Air Evac Lifeteam's Membership Program at a special members - only discounted rate!**

**Membership Fees for Pickaway and Ross County Farm Bureau Members**

- \$55 - Entire Household - 1 Year Membership
- \$165 - Entire Household - 3 Year Membership
- \$275 - Entire Household - 5 Year Membership
- \$1125 - Entire Household - 25 Year Platinum Membership

As your local air ambulance, serving area residents from our surrounding bases, Air Evac Lifeteam understands the critical aspect of time in treating medical emergencies. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to emergency medical treatment. Air Evac Lifeteam can cut that transportation time *in half*.

In the event you are flown by Air Evac Lifeteam for a life or limb-threatening emergency, we will work with your benefits provider to secure payment for your flight. Whatever your benefits provider pays will be considered payment in full. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances & family. As an Air Evac Lifeteam member you will have no out-of-pocket expenses related to your flight if you are flown by Air Evac Lifeteam or any AirMedCare Network participating provider.

Air Evac Lifeteam is a member of the AirMedCare Network, the largest Air Ambulance Membership Network in the United States . An AirMedCare Network membership automatically enrolls you in all provider membership programs, (Air Evac Lifeteam, REACH Air Medical Services, Cal-Ore Life Flight, Med-Trans Air Medical Transport and EagleMed) giving you membership coverage in over 200 locations across 28 states. All AirMedCare Network service providers work cooperatively to provide the highest levels of care for you, your family, and your community.

Join today and you can receive membership in the AirMedCare Network at the same low price as the individual membership programs, giving you membership across 5 leading air ambulance operators for the price of 1! Completed enrollment forms may be mailed to: **AirMedCare Network P.O. Box 948, West Plains, MO 65775**. If you have any additional questions please do not hesitate to contact me.

Air Evac Lifeteam cares about you and your loved ones. Our mission is to make it possible for people living in rural areas to get the life-saving emergency care they need, when they need it. Thanks to the support of over 1,300,000 members, AirMedCare Network providers can provide financial peace of mind for you and your family...while providing this vital service to our community.

Sincerely,

*Thomas Johnson*

Membership Sales Manager

Cell: 740-649-8548

Email: johnsonthomas@air- evac.com



## Membership Terms and Conditions

AirMedCare Network is an alliance of four 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 for Life—These terms and conditions apply to all

AirMedCare Network participating provider membership programs, regardless of which participating provider transports you.

Questions? Call Membership Sales Manager

**Thomas Johnson**

**740-649-8548**

[airmedcarenetwork.com](http://airmedcarenetwork.com)

For Air Evac Office Use Only

GET CODE

TRACK CODE

PLAN CODE

11204

4968



## Membership Application

### Quick STEP 1

### Member Contact Information

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

Initials: **X** \_\_\_\_\_ Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month day year

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ County: \_\_\_\_\_

In order to sign up with recurring payment options, you must provide a valid email address

Affiliation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (M / F) Do you live within the city limits? Yes  No

### Quick STEP 2

### List Persons In Household and Date of Birth

(other than yourself)

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)

**Platinum (25 Year)  
Membership  
Household**  
 \$1125




**5-Year  
Membership  
Household**  
 \$275

**3-Year  
Membership  
Household**  
 \$165

**1-Year  
Membership  
Household**  
 \$55

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

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.        

Credit Card Number \_\_\_\_\_ Expires \_\_\_\_\_ 3 digit code on back of card \_\_\_\_\_

**X** \_\_\_\_\_  
Signature

**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) \_\_\_\_\_

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 AirMedCare Network of its termination.

**X** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature required for recurring payment option) month day year

**AirMedCare Network**