



Air Evac Lifeteam Membership

Quick Facts

Save money with an Air Evac Lifeteam membership. Air Evac Lifeteam has been serving rural communities with air ambulance care since 1985. We provide fast, professional, safe and courteous emergency medical service. facility. As a member, Air Evac will work on your behalf with your benefits provider to secure payment for your flight. Whatever your insurance company pays will be considered payment-in-full for your flight.

Terms and Conditions

Air Evac EMS, Inc. (d/b/a Air Evac Lifeteam) ("AEL") offers memberships that provide prepaid protection against AEL air ambulance costs that are not covered by a member's insurance or medical benefits, subject to the following terms and conditions:

- 1. Transport by an AEL helicopter will be to the closest appropriate medical facility your medical conditions that are deemed by an attending medical professional to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency helicopter transport.
2. AEL services may not be available when requested due to factors beyond AEL's 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 size or weather conditions.
3. Members who have insurance or other benefits that cover the cost of ambulance services are financially liable for the cost of services up to the limit of any available insurance or benefit coverage.
4. Membership starts 15 days after AEL receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time.
5. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs.
6. These terms and conditions supersede all previous terms and conditions between a member and AEL, including any other writings, or oral representations, relating to the terms and conditions of membership.

*** The preceding Terms and Conditions apply to all AirMedCare Network Providers.

I have read and understand the AEL Membership Terms and Conditions. The information provided on my application is complete and accurate. I authorize my insurer or benefits provider to pay any covered amounts to AEL directly.

Call 800-793-0010 to enroll immediately or visit www.lifeteam.net for additional information

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GET CODE TRACK CODE PLAN CODE

Membership Application

Quick STEP 1 Member Contact Information

By applying for membership, I agree to AEL'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: Date of Birth: Do you live within the city limits? Yes No

Quick STEP 2 List Persons In Household and Date of Birth (other than yourself)

1 First Name Last Name month / day / year
2 First Name Last Name month / day / year
3 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)

Table with 4 columns: Membership Type, Price, Household Size, and Selection Box. Includes 1-Year, 3-Year, 5-Year, and Monthly Membership options.

- Check or money order made payable to: Air Evac Lifeteam, PO Box 948, West Plains, MO 65775
One Time transfer from checking account or credit card
Recurring annual credit card payment or automatic transfer from checking account.
Please make my recurring payment each year on this date: month / year
Recurring monthly credit card payment or automatic transfer from checking account.
Please make my recurring payment each month on this day: day

Total 1st Payment Amount. \$

Total Annual / Monthly Recurring Amount \$

VISA, MasterCard, Discover, American Express

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)

Statement of Authorization

I authorize Air Evac Lifeteam to initiate the recurring credit card charge or EFT withdrawal as indicated above. I may change or cancel this recurring payment by notifying Air Evac Lifeteam in writing. All notifications must be received by the first of the month in order to alter the month's transaction.

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

This authorization or a copy will be valid for 12 months from the date of signature. I understand that Air Evac Lifeteam, reserves the right to deny my enrollment or may remove my enrollment from the Air Evac Lifeteam Program based on any misuse or abuse of the program.