



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. 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:

- 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. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, AEL retains the sole right and responsibility for determining whether or not a patient is flown.
- 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. Federal Aviation Administration restrictions prohibit AEL 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.
- 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. In return for payment of the membership fee, AEL will consider all air ambulance costs not covered by any insurance or benefits available to the member to have been fully prepaid. AEL reserves the right to bill directly the appropriate insurance or benefits provider for services rendered, and members authorize their insurer or benefits provider to pay any covered amounts to AEL directly. Members agree to remit to AEL any payment received from insurance or benefit providers for air medical services provided by AEL, not to exceed regular charges. AEL is not an insurance company. AEL membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. AEL will not be responsible for payment for services provided by another ambulance service.
- 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. 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 AEL that they are not Medicaid beneficiaries.
- 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.

**Questions? Call Membership Sales Manager
Annie Hynes, 270-617-4317**

**or visit www.lifeteam.net
for additional information**

Membership Application for Kentucky Forest Industries

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

Business or Company Employed by: _____

First Name: _____ Last Name: _____

Physical Address: _____

Mailing Address: _____
(if different from above)

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ County: _____

Date of Birth: ____/____/____
month day year

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)

1-Year Membership	\$40	for a 1 member household	<input type="checkbox"/>
	\$45	for a 2 member household	<input type="checkbox"/>
	\$50	for a 3 or more member household	<input type="checkbox"/>
3-Year Membership <small>(Multi-year membership is not available in Indiana)</small>	\$135	for a 1 member household	<input type="checkbox"/>
	\$150	for a 2 member household	<input type="checkbox"/>
	\$165	for a 3 or more member household	<input type="checkbox"/>
5-Year Membership <small>(Multi-year membership is not available in Indiana)</small>	\$225	for a 1 member household	<input type="checkbox"/>
	\$250	for a 2 member household	<input type="checkbox"/>
	\$275	for a 3 or more member household	<input type="checkbox"/>

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

Total Amount \$ _____

VISA M/C D/C A/C

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

X _____
Signature

Bank Information (required for 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 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 Air Evac Lifeteam. 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 Air Evac Lifeteam of its termination.

X _____
(Signature required) 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.

For Air Evac Office Use Only

GET CODE

TRACK CODE
8068

PLAN CODE
4710