



MEMBERSHIP APPLICATION

New Renew Member #

How were you referred to Air Methods Advantage?

- Internet Friend/Family
- Hospital Air Methods Corporation Employee
- Other
- (List Employee Name, Hospital Name or Other Referral Method)

Name

Mailing Address

City

State

ZIP

Birthdate (mm/dd/yyyy)

SSN

Email

Phone (xxx-xxx-xxxx)

Family members to enroll

Full Name	Relationship	Birthdate	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Membership Type

- Individual - \$40/year
- Family - \$75/year
- Group of 10 or more:

Name of group:

Payment Information

- Check enclosed (Payable to: Air Methods Advantage)
- Pay by credit card (Fill out Section A below)
- Pay by electronic check (Fill out Section B below)
- Call me at to take my payment by phone

A. Credit Card Information

Name on Card

Credit Card Number

Expiration Date (mm/yyyy)

Security Code

(3-digit code on the back of MasterCard, Visa, Discover or Bank Cards. 4-digit code on the front towards the right of American Express Cards.)

B. Check Information

Bank Account Type Checking Savings

Bank Account Holder Name

Bank Name

Bank ABA Routing Number

Bank Account Number

A copy of member(s) insurance card must be submitted with application.

If spouse/partner and dependents listed above have different insurance, submit a copy of their card.

Please keep a copy of the Membership Agreement. Terms, conditions and prices of Air Methods Advantage are subject to change. See Important Notices on this Application Prior to Purchase. By signing this application I acknowledge, understand and agree to be legally bound by all terms, conditions, and notices of this agreement. I also authorize Air Methods Corporation to obtain payment as indicated by e-check or credit card.

All forms must have a signature; incomplete, unsigned membership forms cannot be processed.

Signature

Date

Fax completed membership form to: (402) 952-2437 or mail completed membership form to: PO BOX 5085 Denver CO 80217-5085

If you have questions about Air Methods Advantage, Call (855) 877-2518 or visit www.airmethodsadvantage.com

See Important Notices on Back Prior to Purchase

AIR METHODS ADVANTAGE MEMBERSHIP AGREEMENT TERMS & CONDITIONS

- Membership applies only to me, unless I choose to enroll in a “Family Membership.” If I enroll in a Family Membership, membership will apply to me, my spouse, my children under the age of 26, and my dependent children of any age who are incapable of supporting themselves due to a mental or physical disability. “Children” includes natural and adopted children who reside in a state where Air Methods Advantage provides coverage, stepchildren who live with me, and children for whom I have legal guardianship.
- If I receive a medically necessary air medical transport by an Air Methods Corporation wholly-owned subsidiary such as Rocky Mountain Holdings, LLC; Mercy Air Service, Inc.; LifeNet, Inc.; or Tri-State Care Flight, LLC (collectively, “Air Methods”), Air Methods will bill my health insurance and any other responsible third party payer including, but not limited to, automobile insurance (collectively, “Insurance”). The membership fee constitutes prepayment for any deductible, copayment, or other out-of-pocket expense not covered by my Insurance, so I will be relieved of any out-of-pocket expense for the transport that occurs during the time my membership is in effect. Subject to the foregoing, I acknowledge that I am responsible for payment for ambulance services rendered to me.
- In the event I am transported by Air Methods, I hereby assign and transfer to Air Methods all benefits payable by Insurance to or for my benefit, or the benefit of my spouse and/or children as included in my membership, for services rendered.
- Membership covers only medically necessary air medical transports by Air Methods to the closest appropriate hospital in Air Methods’ service area. I am responsible for the cost of any transports that are determined to be not medically necessary.
- I understand that under some circumstances, Air Methods may not be available to transport me. This may be due to weather conditions, maintenance, commitment of the aircraft to another transport, governmental market restrictions, FAA restrictions, Air Methods’ absence from the local market, weight and balance restrictions, or other factors. I understand that membership does not cover the cost of any transports rendered by air or ground providers other than Air Methods.
- Membership becomes effective three (3) days after receipt of a completed application and payment in full. There is no waiting period for membership renewal.
- I understand that memberships with Air Methods Advantage are non-refundable and non-transferable.
- I agree to notify Air Methods Advantage within five (5) business days of any change in my health Insurance or the health Insurance of any family members covered by my membership. I understand that automobile insurance, home owner’s insurance, etc., are not considered health Insurance.
- I certify to Air Methods Advantage that I am not covered by military insurance, including TRICARE, CHAMPUS, VA, etc.
- I certify to Air Methods Advantage that I am not a Medicaid beneficiary.
- I understand that Air Methods Advantage is not an insurance product. I certify that I am the individual applying for membership and am the legal representative for my spouse and children listed below, and that I am duly authorized by them to execute this application and accept its terms and conditions on their behalf. I certify that the information in this application is accurate.

CALIFORNIA RESIDENTS ONLY

- **BEFORE YOU PURCHASE:** If you are currently enrolled in a health maintenance organization (HMO) or other health insurance, the benefits provided by an Ambulance Plan may duplicate the benefits provided by your HMO or other health insurance. If you have a question regarding whether your HMO or other health insurance offers benefits for ambulance services, you should contact that other company directly.
- **WARNING:** This Ambulance Plan is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when the 911 Emergency System has independently determined that another company could provide more expeditious service or is next in the rotation to receive a call. This might also occur when this Ambulance Plan is unable to perform within a medically appropriate timeframe due to a mechanical or maintenance problem or being on another call. Initial or sign here:
- **COMPLAINTS:** For complaints regarding this Ambulance Plan, first attempt to call the plan at 855.877.2518. If the Ambulance Plan fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1-888-466-2219. The Department’s website is <http://www.healthhelp.ca.gov>. You may obtain complaint forms and instructions online.
- **OPERATING UNDER CONDITIONAL EXEMPTION:** This Ambulance Plan is operating pursuant to an exemption from the Knox-Keene Health Care Service Plan Act of 1975 (Health and Safety Code section 1340 et seq.).