

Membership Enrollment

Membership Fees

Platinum (25 Year) Membership*	Entire Household	\$1125	<input type="checkbox"/>
10-Year Membership*	Entire Household	\$575	<input type="checkbox"/>
5-Year Membership*	Entire Household	\$300	<input type="checkbox"/>
3-Year Membership*	Entire Household	\$185	<input type="checkbox"/>
1-Year Membership	Entire Household	\$65	<input type="checkbox"/>

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

Monthly Option

Monthly Membership Entire Household \$6
*Monthly Membership is only available with monthly recurring payment option

PAYMENT OPTIONS (select one)

- Check or money order. Make payable to: AirMedCare Network
- One time credit card payment or automatic transfer from checking account.
- Recurring annual credit card payment or automatic transfer from checking account. Please make my recurring payment each year on this date:

MONTH _____ / DAY _____
 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: \$ _____

Bank Information

Name on bank account _____

Routing number _____ Account number (please attach a voided check)



Credit Card Number _____ Expires _____

Signature _____ 3 digit code on back of card

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

(Signature required for recurring payment) _____ Month _____ Day _____ Year _____

To enroll by phone, call 800.793.0010 or online at www.reachair.com/mac

Member Contact Information

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

Initials:

Today's Date: MONTH _____ / DAY _____ / YEAR _____

Member Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____
(if different from above)

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____
* In order to sign up with recurring payment options, you must provide a valid email address

Date of Birth: MONTH _____ / DAY _____ / YEAR _____

List Other Persons In Household and Date of Birth

If there are other household members not listed here then please attach another sheet with their name and date of birth.

Name: _____

Date of Birth: MONTH _____ / DAY _____ / YEAR _____

Name: _____

Date of Birth: MONTH _____ / DAY _____ / YEAR _____

Name: _____

Date of Birth: MONTH _____ / DAY _____ / YEAR _____

Name: _____

Date of Birth: MONTH _____ / DAY _____ / YEAR _____

For customer service inquiries please call:

800.793.0010 or fax changes to 866.299.3303

Membership enrollment forms may be mailed to:
 AirMedCare Network, PO Box 948, West Plains, MO 65775

Methodist

GET CODE

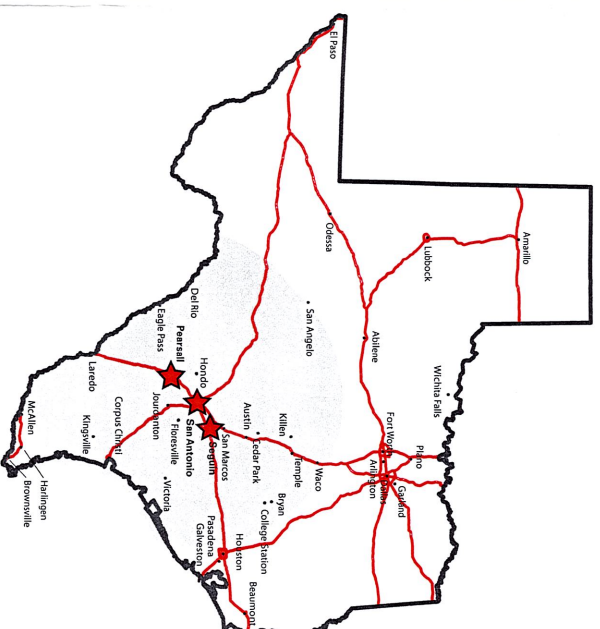
TRACK CODE

PLAN CODE

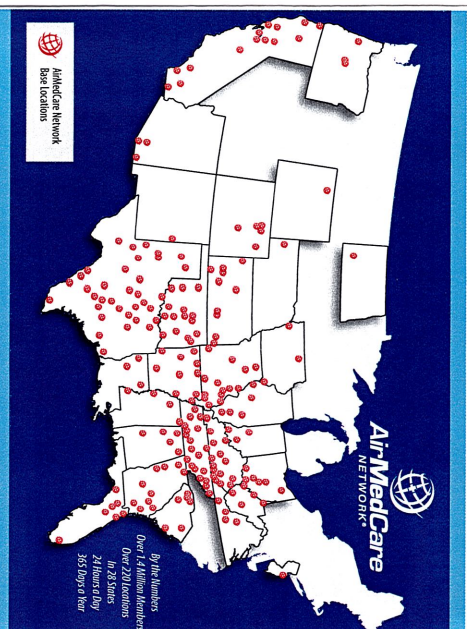
6602

TRIM ALONG LINE

SERVICE AREAS



www.REACHair.com/MAC
membership@airmedcarenetwork.com • 800-793-0010



AirMedCare NETWORK

www.AirMedCareNetwork.com



Operated by REACH Air Medical Services

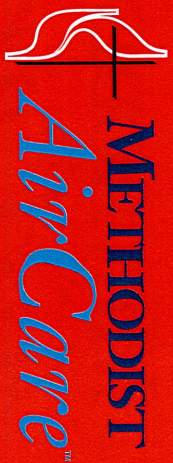
Membership Program

Horace Taylor • 830-423-4544
horace.taylor@amgh.us



AirMedCare NETWORK
 Participating Member

Over 14 Million Members
 Over 220 Locations
 In 28 States
 24 Hours a Day
 365 Days a Year



Operated by REACH Air Medical Services

Time Means Everything... Especially in a Medical Emergency

How many times have you read or heard a story of someone who is alive today as a result of quick and effective response to his or her medical emergency? The National Center for Disease Control (CDC) and the National Center for Health Statistics report that over 123 million Americans are visiting hospital emergency rooms every year. What's more, reducing the time to receive definitive care for any medical emergency can save lives. CDC-supported research shows a 25% reduction in deaths for severely injured patients who receive care at a trauma center rather than at a non-trauma center. Methodist Air Care/REACH for Life provides air ambulance service that can help reduce time to the appropriate trauma center.

Peace of Mind - Protect You and Your Family Financially

Living miles away from the nearest medical facility creates the need for air medical transport in life- and limb-threatening emergencies. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances and family. Give yourself peace of mind, enabling you and your family to focus on recovery during an emergency, by becoming an AirMedCare Network member today. When you become a member, you will have no out-of-pocket flight expenses if you are flown by one of our participating providers.

The Largest Membership Program of its Kind

AirMedCare Network is an alliance among REACH Air Medical Services, Air Evac Lifeteam, Med-Trans Air Medical Transport, and EagleMed, creating America's largest air ambulance membership program. An AirMedCare Network membership automatically enrolls you in all 4 company membership programs, giving you membership coverage in over 220 location states across 28 states. 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 4 leading air ambulance operators at the price of 1! Take advantage of this great opportunity today!



Benefits of Joining the AirMedCare Network

By participating in the AirMedCare Network, you become part of the ever-expanding family of over 1.4 million members.

Being a member means you benefit from:

- **Peace of Mind.** You get financial peace of mind so you can focus on your recovery, if you are flown by any AirMedCare Network participating provider - REACH Air Medical Services, Air Evac Lifeteam, Med-Trans Air Medical Transport, or EagleMed (transport) - because you have no out-of-pocket flight expenses and we work with your benefits provider(s) to take care of everything related to your flight!
- **Strength and Stability.** AirMedCare Network is the largest membership program of its kind, combining the membership programs of four leading air ambulance companies.
- **Broad Geographical Coverage.** Our participating providers have over 220 bases with helicopters and/or airplanes across 28 states standing-by to provide emergency medical service 24 hours a day, 365 days a year. However, 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

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. / EagleMed 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.

ENROLL TODAY
CALL 1.800.793.0010
OR VISIT
www.reachair.com/mac