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Membership 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.
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.
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.
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.
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 the Company or AirMedCare Network.

*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.

Membership Application for Concho County, TX

Quick STEP 1 Member Contact Information

First Name: Last Name:
Physical Address:
Mailing Address:
City: State: Zip:
Home Phone: Cell Phone:
E-Mail Address: County:
Date of Birth: month / day / year (M / F)

Quick STEP 2 List Other Persons In Household and Date of Birth

First Name Last Name month / day / year (M / F)
First Name Last Name month / day / year (M / F)
First Name Last Name month / day / year (M / F)
First Name Last Name month / day / year (M / F)

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 \$55 Household []

By signing this application for membership, I agree to AMCN's terms and conditions.

X (Signature required) month / day / year

For more information call 1-800-793-0010

www.AirMedCareNetwork.com

Table with 2 columns: TRACK CODE, PLAN CODE. Value: 3646