



WHEN LIFE IS ON THE LINE, WE'RE IN THE AIR.

Protect your family with an AirMedCare Network membership.

If you or a family member experience a life- or limb-threatening emergency, our alliance of air ambulances can provide medical transport—dramatically reducing travel time to an emergency treatment facility.

When you join, you're covered.

Out-of-pocket expenses for emergency air medical transport average \$18,000. But with AMCN membership, you can have peace of mind knowing you'll have no out-of-pocket expenses if flown by an AMCN provider. As an AMCN member, you're covered by over 320 locations across 38 states, including Alaska & Hawaii.

Joining is easy!

Become a member today so you and your family can have peace of mind, at home and on the road! Completed enrollment forms may be mailed to: AirMedCare Network P.O. Box 948, West Plains, MO 65775. If you have any additional questions please don't hesitate to contact me.

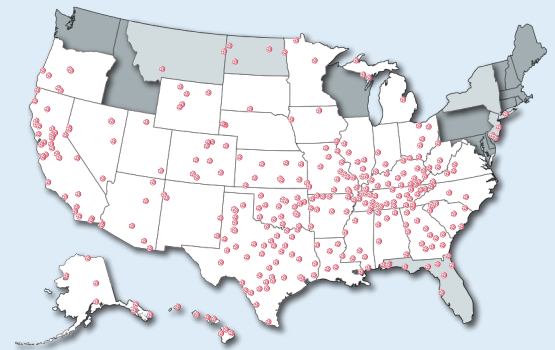
Sincerely,

Bonnie Kinzie

Membership Sales Manager
808-209-0769
Bonnie.Kinzie@AirMedCareNetwork.com
www.AMCNRep.com/Bonnie-Kinzie



**PROTECT YOUR FAMILY WITH AN
AIRMEDCARE NETWORK MEMBERSHIP.**



**America's largest air
medical membership network**

Over 320 locations across 38 states

Join today and save!



ONLINE:

www.AMCNRep.com/Bonnie-Kinzie



MAIL:

Fill out & mail back this application



PHONE:

808-209-0769

*"Had I not been flown by an
AirMedCare Network provider,
I wouldn't be alive today."*

Sarah W., Missouri



AirMedCare
NETWORK®



MEMBERSHIP APPLICATION KANOELEHUA INDUSTRIAL AREA ASSOCIATION



By applying for membership, I agree to AMCN Terms and Conditions on the bottom of this document.

Initials: **X** Date: ____/____/____

1. Member Contact Information (please print)

Primary First Name		Primary Last Name		Date of Birth / /	
Home Phone Number () ()			Cell Phone Number () ()		
E-mail Address					
Don't miss out on important AirMedCare Network news and updates... leave us your e-mail address and stay in the loop!					
Mailing Address				City	
State	Zip	County			
Home Address (if different than above)					
City		State		Zip	

2. List Additional Members in Household

Secondary First Name	Secondary Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /

Questions? Contact your Local Membership Sales Manager
Bonnie Kinzie • 808-209-0769
Bonnie.Kinzie@AirMedCareNetwork.com
Join Online at: www.AMCNRep.com/Bonnie-Kinzie

3. Choose Your Membership Option (select one)

Membership Options	Standard Cost	Discount Cost
10-Year Membership†	\$765	<input type="checkbox"/> \$575
5-Year Membership†	\$395	<input type="checkbox"/> \$300
More Members Choose: 3-Year Membership †	\$240	<input type="checkbox"/> \$185
1-Year Membership	\$85	<input type="checkbox"/> \$65

† MULTI-YEAR MEMBERSHIP IS NOT AVAILABLE IN ALASKA, CALIFORNIA AND INDIANA.

4. Choose a Payment Option (select one)

Check or Money Order Payable to: **AirMedCare Network**
PO Box 948, West Plains, MO 65775

Automatic transfer from checking account

Name on Bank Account (Please attach a voided check)

Routing Number

Account Number

Credit Card **VISA**

Credit Card Number

Expires

3 digit code on back of card

X

Signature

Statement of Authorization
I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via 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).

X _____ / ____ / ____
Signature required for automatic withdrawal MONTH DAY YEAR

For Office Use Only	GET CODE 14260	TRACK CODE 14704	PLAN CODE 14704-HI-BUS
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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:

- 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.
- 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

AMCN Membership Terms and Conditions

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.

- 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.

- 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.
- 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.
- 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. / Guardian Flight 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.

†In Nebraska, waiting periods are not allowed; however, a member cannot purchase a membership at the time of transport.