



AMADOR – CALAVERAS GROUP MEMBERSHIP APPLICATION

Ground/Air Combo=\$190/year

AMCN/CALSTAR/REACH & PHI Air Combo=\$90/year

Name: _____ DOB: _____

Spouse/Partner: _____ DOB: _____

Mailing Address: _____

City _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Eligible Family Members: (You may list additional family members on a separate sheet.)

Name:	Relationship:	Date of Birth:
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NOTICES REQUIRED BY THE DEPARTMENT OF MANAGED HEALTH CARE:

(A) 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.

(B) WARNING: This Ambulance Membership Program is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to the person(s) listed on this form. 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 Membership Program is unable to perform within a medically appropriate timeframe due to a mechanical or maintenance problem or being on another call.

(C) COMPLAINTS: For complaints regarding this Ambulance Membership Program, or if you have questions regarding the Plan, first attempt to call American Legion Ambulance at 209-223-2963. If American Legion Ambulance fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1-800-400-0815. The Department's website is <http://www.dmhc.ca.gov>. You may obtain complaint forms and instructions online.

(D) 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.).

INITIAL HERE: _____

I hereby apply for membership in the Amador-Calaveras Group Membership program. I understand that ambulance services and membership benefits will be provided according to the terms and conditions of each participating provider as follows:

American Legion Ambulance:

I understand that my membership fee for American Legion Ambulance Membership Program covers my portion of ambulance services that are medically necessary, and that are applied to co-insurance or deductibles by insurance or Medicare. "Medically necessary" is defined as a specific need for ambulance transportation to or from a health care facility (such as a 9-1-1 emergency call, non-emergency request, or an interfacility transfer) within American Legion Ambulances primary service area, where use of other forms of transportation, such as private car or taxi, would be medically inappropriate. I understand that American Legion Ambulance can require physician certification of medical necessity. I also understand that if abuse of the service is found to exist, my membership may be terminated.

I understand that my membership covers those persons who permanently reside in my household and who are legal dependents. A "household" is defined as all persons who permanently reside at the "Head of Household's" physical address.

I understand the membership is available only to residents of American Legion Ambulances primary service area, which includes all of Amador and Calaveras Counties, excluding Ebbett's Pass Fire Protection District.

I understand that this is not an insurance policy, nor is it meant to be a substitute for health insurance. I agree that if I have no insurance or other health coverage, or if my insurance company or other health benefits payer denies payment to American Legion Ambulance Service because it determines that my ambulance services were not payable, I will be responsible for the payment of the fees for those services. I agree to pay the fees less a 50 percent discount granted by American Legion Ambulance because I am a member.

I understand that this membership plan does not cover the service given by other providers, including other 9-1-1 providers who provide back-up.

Medicaid/Medi-Cal patients receive full coverage for services. Therefore, Medicaid/Medi-Cal patients may not apply for the membership.

I understand that ambulance transports are limited to 60 miles which covers Sacramento, Stockton and Modesto Areas. Transports over the 60 mile limit will be billed for mileage greater than 60 miles.

I understand that my membership is non-transferable and non-refundable.

I understand that the effective date for my membership is the date of purchase and is effective for one (1) year from the effective date.

ASSIGNMENT OF BENEFITS: I understand that my membership is not an insurance plan and that American Legion Ambulance Service will bill and receive payments from my insurer or third party (such as Medicare, Blue Cross, etc.). I hereby authorize all benefits to be made directly payable to American Legion Ambulance. If I have Medicare, I request that payment or authorized Medicare benefits be made on my behalf to American Legion Ambulance for any ambulance service provided to me by American Legion Ambulance. If I receive payment from Medicare or my insurance company, I will immediately forward that payment to American Legion Ambulance. If I do not, I understand that my membership may be terminated and I will be billed full charges for services. I acknowledge that I am responsible for payment of ambulance services.

INITIALS HERE: _____

PHI Air Medical:

AGREEMENT FOR MEMBERSHIP: This Air Ambulance Membership Plan Coverage Agreement ("Agreement") is entered into between PHI Inc., doing business as PHI Air Medical (referred to herein as "PHI Air Medical"), based at 801-D Airport Way, Modesto, CA 95354, and based at 10713 Airport Rd, Columbia, CA 95310, and doing business as Mercy Air Ambulance (referred to herein as "Mercy Air"), based at, 5900 Old Oregon Trail, Redding, CA 96002, and the signatory on the 2011-2012 PHI Air Medical / Mercy Air Membership Plan Application ("Application"). The Membership Office is located at 2800 N 44th St Suite 800, Phoenix AZ.

By signing the Application, I agree, on behalf of myself and the residents of my household listed on the Application, to abide by the terms of PHI Air Medical / Mercy Air's 2010-2011 Ambulance Membership Plan (the "Plan"), as set forth in this Agreement. Coverage will begin five (5) days after PHI Air Medical / Mercy Air receives my application and payment, and will expire midnight on the last day of the month payment is received of the following year. There is no waiting period for renewal applications.

PERSONS COVERED: The Plan covers me and the household members listed in my Application, so long as they remain full-time residents of the specified household. New household members may be added, household members may be deleted or the household location may be changed by written notice to PHI Air Medical / Mercy Air, effective the day following receipt by PHI Air Medical / Mercy Air of such notice. All persons covered by the Plan shall be referred to herein as "Plan Members" or "Members." References to "I" or "me" and similar references shall be construed as including all Members.

CONDITIONS OF MEMBERSHIP: As a condition of obtaining the benefits of membership and Plan coverage, I must submit a complete, accurate Application and pay PHI Air Medical / Mercy Air a non-refundable membership fee in the amount specified in the Application. In the event of any change in the insurance coverage or status of any individual named in the Application, I agree to notify PHI Air Medical / Mercy Air within ten (10) days and, if the change results in the affected individual owing an additional membership fee, I agree to pay the additional amount upon receipt of an invoice from PHI Air Medical / Mercy Air.

PAYMENT FOR SERVICES: I understand that I am responsible for payment for any services provided to me by PHI Air Medical / Mercy Air, but that my membership in the Plan will assist me by discharging that part of my financial liability that is not covered by insurance for those PHI Air Medical / Mercy Air services specified in this Agreement. This benefit is subject to certain limitations specified in this Agreement. As a condition of receiving this benefit, I hereby assign to PHI Air Medical / Mercy Air all rights and benefits that I or the other Members in my household have under any and all medical, health, supplemental, worker's compensation, liability, auto or homeowner's insurance policies or plans, or from other third party payers or sources which provide coverage or would otherwise pay for air ambulance services covered by this Agreement. Such payment sources are collectively referred to in this Agreement as "Insurance." I authorize payment of all Insurance benefits or payments for ambulance services covered by this Agreement to PHI Air Medical / Mercy Air.

I understand that PHI Air Medical / Mercy Air will, whenever it deems it feasible, file claims for and directly collect the benefits payable from Insurance, up to the amount of PHI Air Medical / Mercy Air's charges for its services. When requested by PHI Air Medical / Mercy Air, I agree to complete any forms and take any other reasonable action that may be necessary to collect such amounts. If I or anyone on my behalf receives any Insurance or other third party payments for air ambulance services provided by PHI Air Medical / Mercy Air, I will promptly turn over those payments to PHI Air Medical / Mercy Air. I agree to pay PHI Air Medical / Mercy Air for any services it provides that are not covered by this Plan.

BENEFITS: Payment of the membership fee and compliance with the terms of this Agreement entitle Members to the following benefits within the Service Area as specified below:

a. Emergency air ambulance services: Members who receive medically necessary emergency air ambulance services from PHI Air Medical / Mercy Air shall pay nothing out of pocket, except as specified herein.

b. Inter-facility air ambulance services. Members who receive medically necessary inter-facility air ambulance services from PHI Air Medical / Mercy Air shall pay nothing out of pocket, except as specified herein.

LIMITATIONS and EXCLUSIONS: Membership benefits only extend to medically necessary rotary wing (helicopter) and fixed wing (airplane) air ambulance services provided by PHI Air Medical / Mercy Air provided in the Service Area as described below. No benefits are provided for ground ambulance services, even if provided as a means of facilitating air ambulance services. Subject to the foregoing, in determining whether any emergency or inter-facility air ambulance service is "medically necessary," PHI Air Medical / Mercy Air reserves the right to require a certificate of medical necessity from a qualified physician in determining medical necessity. As a condition of receiving the full benefit of membership with respect to any ambulance service provided by PHI Air Medical / Mercy Air, the ambulance service must be covered by the Member's primary Insurance coverage. Some insurance programs require the insured person to obtain prior authorization before receiving ambulance services. Some plans require certain documentation from the insured within a specified time limit, or the plans deny or reduce coverage for ambulance services. Services outside the Service Area are or beyond the mileage limitations specified below are not covered. PHI Air Medical / Mercy Air shall apply the standards of the Medicare program. **Medi-Cal participants are not eligible for membership.**

SERVICE AREA: The Service Area for California covers the Counties of: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Inyo, Kings, Tulare, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba, and other counties within the continental United States, in which PHI Air Medical / Mercy Air has a full-time air ambulance base. Only the first 200 miles of rotary-wing (helicopter) transport are covered. Only the first 600 miles of fixed-wing (airplane) transport, which shall be deemed to be within the Service Area are covered.

TERMINATION AND RENEWAL OF COVERAGE: PHI Air Medical / Mercy Air may terminate this Agreement and the participation of any Membership the Plan for failure to comply with the terms of this Agreement. PHI Air Medical / Mercy Air reserves the right to discontinue its Ambulance Plan at any time upon notice to Members. In such event, PHI Air Medical / Mercy Air shall return a pro rata portion of the membership fee. PHI Air Medical / Mercy Air also reserves the right to unilaterally modify the terms of this Plan, including but not limited to the membership fee to be charged to Members who join or renew their membership after the effective date of such change. Subject to the foregoing, PHI Air Medical / Mercy Air shall renew membership on an annual basis upon completion by a Member of an Application or Renewal Application and payment of the specified Membership Fee. Renewal contracts may include changes in coverage.

INITIAL HERE: _____

AirMedCare Network Participating Providers – REACH and CALSTAR:

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.

INITIAL HERE: _____

I acknowledge that I have reviewed and agree to abide by the terms and conditions of each participating provider as described above.

SIGN HERE: _____ **DATE:** _____

Amador-Calaveras Group Membership - Payment Sheet

Total Payment: _____

Note: Please make checks payable to American Legion Ambulance

Check Money Order Visa MasterCard

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Name on Credit Card: _____

Signature of Cardholder: _____ **Date:** _____

To enroll, please bring your completed application, payment and proof of Amador or Calaveras County residence to either of the following American Legion Ambulance offices:

Amador Business Office
11350 American Legion Drive
Sutter Creek, CA 95685
Phone: 209-223-2963

Calaveras Business Office
310 Russell Road
San Andreas, CA 95249
Phone: 209-754-3498

Note: For questions regarding AirMedCare Network/CALSTAR/REACH air ambulance membership program, please contact Sonja Conklin, Membership Manager at 530-648-6455 or Sonja.conklin@airmedcarenetwork.com