AirMedCare Network Membership*
- Over 320 locations, across 38 states...and growing.
- Respond to Emergency Scene Calls
- Hospital to Hospital Transports
- Organ Transplant Patient Transports

AMCN’s Fly-U-Home Membership*
- Coverage in all 48 Contiguous States
- Evacuation and Repatriation Services- Air Medical Transport Bedside to Bedside
- Medical and Prescription Assistance 24/7/365
- Transportation of Mortal Remains

Bend Fire Department FireMed Program*
- Ground Ambulance Coverage honored by over 80 participating agencies
- Zero Out-of-Pocket for Emergency Transports
- Multi-Year Memberships Available

Included in ALL Membership Programs
- NO Out-of-Pocket Expenses related to your transport
- Peace of mind that allows you to focus on recovery
- Covers your Entire Household
- Highly skilled nurses, medics & pilots ready 24 hours a day

Complete Coverage ALL 3 Programs Only $239

“Don’t wait until it’s too late—JOIN NOW!”

* Please see complete terms and conditions

Sign-up Today! 541-241-4772
WORLD-CLASS PATIENT CARE. 24 HOURS A DAY. 365 DAYS A YEAR.
## Membership Application

**By applying for membership, I agree to AMCN’s and/or Fly-U-Home’s and/or FireMed’s terms and conditions on the back of this application.**

**SIGN OR INITIAL HERE**

**TODAY’S DATE**

### STEP 1: MEMBER CONTACT INFORMATION

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>County</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>E-Mail</td>
</tr>
</tbody>
</table>

### STEP 2: LIST ADDITIONAL MEMBERS IN HOUSEHOLD

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
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<td>First Name</td>
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<td>Date of Birth</td>
<td>First Name</td>
<td>Last Name</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

### STEP 3: CHOOSE YOUR MEMBERSHIP OPTION(S)

**EMERGENT - AMCN**

- Platinum (25 Year) Membership* Entire Household $1125
- 10-Year Membership* Entire Household $550
- 5-Year Membership* Entire Household $275
- 3-Year Membership* Entire Household $165
- 1-Year Membership Entire Household $55

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

**GROUND - FIREMED**

- Crescent RFPD 1-Year $58 2-Year $116
- Bend Fire Department 1-Year $50 2-Year $100
- Blue Mountain Ambulance 1-Year $50 2-Year $100
- Crook County Fire 1-Year $50 2-Year $100
- Harney District EMS 1-Year $58 2-Year $100

All the Above Listed FireMed Programs Lifetime Ground $1000

**NON-EMERGENT - FLY-U-HOME**

- Klamath County Fire District 1 1-Year $58 2-Year $100
- Rocky Point Fire and EMS 1-Year $58 2-Year $116

**1-Year Membership Add-on** $15 Dollar Savings! $134

**1-Year Membership Stand-Alone** $149

### STEP 4: SET UP YOUR PAYMENT PLAN

**PAYMENT OPTIONS (select one)**

- Check or money order. Make payable to: AirMedCare Network
- One time credit card payment or automatic transfer from checking account.

**BANK INFORMATION**

<table>
<thead>
<tr>
<th>Name on bank account</th>
<th>Routing number</th>
<th>Account number (please attach a voided check)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CREDIT CARD INFORMATION**

<table>
<thead>
<tr>
<th>Credit Card Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Statement of Authorization**

I authorize AirMedCare Network to initiate the EFT withdrawal as indicated above. 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 the AirMedCare network of its termination.

### STEP 5: CHOOSE YOUR MEMBERSHIP OPTION(S)

**AMCN Membership Dues** $ ______________

**FireMed Membership Dues** $ ______________

**Total Membership Amount** $ ______________

**Fly-U-Home Membership Dues** $ ______________

**Donation** $ ______________

**Total Membership Amount** $ ______________

Questions? Call Membership Sales Manager

Jeff Martinez 541-241-4772

jeff.martinez@airmedcarenetwork.com

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**Fly-U-Home Covers all 48 States!**

**AMCN Coverage Map!**
AMCN 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 or death if not medically transferred. Transport will be provided to the hospital where 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 an insurance policy.

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.

FireMed Membership Terms & Conditions

1. FireMed membership benefits include all persons who are permanent residents of the same single-family dwelling/noncommercial residence living together as part of a family unit, but not to include roomers or boarders. Membership benefits are also extended to include household members living in substitute care (i.e. nursing homes) within your city and district ambulance service areas.

2. The first person listed on the application form is designated as the “Primary Member.” Only those persons who meet the membership eligibility requirements AND are listed in the membership record at the time services are rendered are eligible for benefits.

3. FireMed Membership is not an insurance policy but secondary to insurance carriers. All available insurances will be billed first. We will accept payment from insurance carriers as payment in full.

4. I transfer directly to the FireMed agency my rights to ground medical insurance payments due to me. Such payments shall not exceed FireMed regular charges.

5. Ground Memberships are honored by FireMed Membership programs of Oregon. Ground Membership covers ground ambulance charges only.

6. 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.

7. No refunds will be issued on membership purchases. Membership benefits are nontransferable.

8. There is no grace period on the membership. Payment must be received by the due date to avoid lapse in benefits.

9. New and lapsed membership benefits take effect 72 hours after receipt of completed enrollment with payment.

AirMedCare Network® Fly-U-Home U.S. Domestic Membership – Terms and Conditions

1. Air Medical Transport: Arrangements, Suitability and Additional Passengers. If (1) an AirMedCare Network Fly-U-Home member is admitted to a hospital in the Contiguous 48 States that is more than 100 nautical miles (or approximately 172.6 statute miles) from the member’s residence and (2) it is determined by the member’s physician and AirMed’s medical director that the member’s medical condition is stable enough to allow air transport but that medical escort is required, then, at the member’s request, AirMed will provide the member with a personal air medical transport (PAMT) or, if appropriate, commercial air medical transport with medical escort. Transport will be provided on a bedside-to-bedside basis to a hospital of the member’s choice that has accepted the member as a patient and is within the locality of the member’s residence, subject to the membership terms and conditions. Decisions regarding urgency of transport, the best timing and the most suitable means of transport will be made by AirMed after consultation with the local attending physician and the member’s receiving physician. AirMed will make all arrangements for each air medical transport. AirMed will not reimburse members for medical, medical transport or related expenses they incur on their own. AirMedCare Network Fly-U-Home membership does not cover emergent patient transports.

Travel companions and baggage will be accommodated at no additional cost on AirMed transports, subject to safety and space constraints, but companions will be responsible for their own airfare on scheduled commercial aircraft.

2. Transport of Mortal Remains. If a member dies within the Contiguous 48 States while traveling more than 150 nautical miles (or approximately 172.6 statute miles) from the member’s residence, at the request of the member’s family, AirMed will arrange for the return of the member’s mortal remains to a funeral facility in the city of the member’s residence within the Contiguous 48 States.

3. Member Eligibility. A member must be a natural person who resides in the Contiguous 48 States, including the states of Alaska and Hawaii, and excluding all territories and possessions. A member’s residence must be listed on the member’s enrollment application. A member’s residence must be submitted in writing to AirMed. The benefits of the membership extend to the designated primary member and all persons who dwell in a shared living space with the primary member and who are named in the enrollment application. Requests for changes to a member’s residence must be submitted in writing to AirMed. The benefits of the membership extend to the designated primary member and all persons who dwell in a shared living space with the primary member and who are named in the enrollment application. Membership commences after a completed enrollment application and full payment has been received.

4. Qualifications, Limitations and Exclusions. Membership is subject to the following qualifications, limitations and exclusions:

(a) Ineligibility/Inability to Transport. A member who is hospitalized at the time of enrollment, or who was hospitalized within 30 days prior to enrollment for the same or related condition, will not be eligible for transport benefits related to that hospitalization. A member being evaluated for or on an organ transplant list prior to enrollment will not be entitled to a transport for conditions related to that transplant.

(b) Maximum Number of Transports. Membership covers up to two separate transports per year per membership (in total for all members covered under one membership); however, if multiple members who are covered under one membership require simultaneous transport, then each such member will be limited to that one transport.

(c) Locations Inaccessible by Fixed Wing Aircraft. Both the originating and receiving hospital must be reasonably accessible by ground ambulance to transport the member to and from an airfield capable of accommodating both an AirMed or one of its authorized affiliate aircraft as well as equipment required to transport the member and the promised transport service for the membership and will be the responsibility of the member. Membership benefits do not include helicopter transportation.

(d) High Risk / Safety Medical Restrictions. In conjunction with FAA, U.S. State Department and other regulatory standards, and AirMed safety standards, a member will not be entitled to air medical transport if the member’s illness or injury is a result of or is contributed to by the following: (i) suicide or attempted suicide or intentional self-injury; (ii) a member’s own criminal or felonious act; (iii) actions taken while the member is in a state of insanity; (iv) war, invasion, civil war or terrorism; or (v) contagious airborne pathogens. A member suffering from a psychiatric or mental disorder that is not manageable and will not allow safe transport within the confines of the ground ambulance and aircraft may not be transported. A member beyond the second trimester of pregnancy may not be transported if the transport request relates to the pregnancy.

(e) Non-Refundable, Non-Transferable. Memberships are non-refundable and non-transferable.

* AirMedCare Network® is a registered service mark of Air Medical Group Holdings, Inc. All AMCN Fly-U-HomeSM membership benefits and services are offered and provided by AirMed International LLC, an FAA Part 135 operator, and EagleMed LLC, an FAA Part 135 operator, both subsidiaries of Air Medical Group Holdings, Inc.