



Air Evac Lifeteam Membership

Quick Facts

Save money with an Air Evac Lifeteam membership. Air Evac Lifeteam has been serving rural communities with air ambulance care since 1985. We provide fast, professional, safe and courteous emergency medical service. As a member, Air Evac will work on your behalf with your benefits provider to secure payment for your flight. Whatever your insurance company pays will be considered payment-in-full for your flight.

Terms and Conditions

Air Evac EMS, Inc. (d/b/a Air Evac Lifeteam) ("AEL") offers memberships that provide prepaid protection against AEL air ambulance costs that are not covered by a member's insurance or medical benefits, subject to the following terms and conditions:

- Transport by an AEL helicopter will be to the closest appropriate medical facility your medical conditions that are deemed by an attending medical professional to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency helicopter transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, AEL retains the sole right and responsibility for determining whether or not a patient is flown.
- AEL services may not be available when requested due to factors beyond AEL's 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 size or weather conditions. Federal Aviation Administration restrictions prohibit AEL 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.
- Members who have insurance or other benefits that cover the cost of ambulance services are financially liable for the cost of services up to the limit of any available insurance or benefit coverage. In return for payment of the membership fee, AEL will consider all air ambulance costs not covered by any insurance or benefits available to the member to have been fully prepaid. AEL reserves the right to bill directly the appropriate insurance or benefits provider for services rendered, and members authorize their insurer or benefits provider to pay any covered amounts to AEL directly. Members agree to remit to AEL any payment received from insurance or benefit providers for air medical services provided by AEL, not to exceed regular charges. AEL is not an insurance company. AEL membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. AEL will not be responsible for payment for services provided by another ambulance service.
- Membership starts 15 days after AEL receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. 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 AEL that they are not Medicaid beneficiaries.
- These terms and conditions supersede all previous terms and conditions between a member and AEL, including any other writings, or oral representations, relating to the terms and conditions of membership.

*** The preceding Terms and Conditions apply to all AirMedCare Network Providers.

I have read and understand the AEL Membership Terms and Conditions. The information provided on my application is complete and accurate. I authorize my insurer or benefits provider to pay any covered amounts to AEL directly.

Membership Application

Quick STEP 1 Member Contact Information

By applying for membership, I agree to AEL's terms and conditions.

Initials: **X** Today's Date: ___/___/___
month / day / year

First Name: _____ Last Name: _____

Physical Address: _____

Mailing Address: _____
(if different from above)

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ County: _____

Date of Birth: ___/___/___
month / day / year

Do you live within the city limits? Yes
No

Quick STEP 2 List Persons In Household and Date of Birth (other than yourself)

1	_____	_____	___/___/___
	First Name	Last Name	month / day / year
2	_____	_____	___/___/___
	First Name	Last Name	month / day / year
3	_____	_____	___/___/___
	First Name	Last Name	month / day / year

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

Monthly Membership	\$5.00	a month added to your Comanche Electric bill	<input type="checkbox"/>
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Authorization to add \$5.00 per month to your Comanche Electric bill to pay monthly Air Evac Lifeteam fees.

The price for an AEL household membership will be \$5.00 per month.

Name as it appears on Utility bill

Utility account number (if known)

- A member's membership will be effective 15 calendar days after receipt by Comanche Electric of the member's first monthly Membership fee and will continue thereafter as long as monthly Membership fees are paid, but will terminate automatically without notice if no monthly Membership fee is received by AEL from member for a 60 calendar day period.
- A member may discontinue their AEL membership at any time by signing a discontinuation notice (as provided by AEL).
- Comanche Electric and AEL are not affiliated. Comanche Electric is not responsible for any of AEL's acts or omissions, and AEL is not responsible for any of Comanche Electric's acts of omissions. All AEL membership relations are directly between AEL and it's members.**

By signing this authorization I agree to the terms stated above and acknowledge that I authorized to have the additional \$5.00 AEL fees added to my residential utility bill. I also understand that I will communicate directly with Air Evac Lifeteam for Membership Member Service.

X _____ month / ___ / ___
(Signature required)

**Call 800-793-0010
to enroll immediately
or visit www.lifeteam.net
for additional information**

For Air Evac
Office Use Only

GET CODE

TRACK CODE

PLAN CODE

2680