

MEMBERSHIP ENROLLMENT DISCOUNT

□ New Member	☐ Existing/Renewing Member	- Member ID	#:	
MEMBER INFORMATION				
Name:		Date of Birth:		
Spouse/Domestic Partner:		Date of Birth:		
Mailing Address:				
City:	State:		Zip:	
Phone:	Email Address:			
List Additional Eligible Household I	Members:			
	embers living in the same household: depender ers who are 65 years or older living in the same Last Name:	household.	your tax return, disabled of Birth: Relationship:	
CHOOSE A DISCOUNTED MEMBER 1 Year Air - \$65 2 Year Air - \$120 5 Year Air - \$300 Optional: Tax Deductive Donati	☐ Lifetime Air Membership - \$1,100 ☐ Lifetime Air Payment Plan — \$275.	/year for 4 co	nsecutive years	
PAYMENT INFORMATION				
☐ Check (payable to Life Flight No ☐ Credit or Debit (Visa, M/Card, AmE	,			
Card Number:	Exp. Date	:/	Security Code:	
Billing Address:			Zip:	
I hereby authorize Life Flight Ne	etwork to charge the amount indicated abo	ve.		
Signature:		Date:		
PO Box 3841 • Portl This application is valid through 12/31/2022 benefits take effect upon receipt of complete	ETURN TO LIFE FLIGHT NETWORK MEMBE and, OR 97208-3841 • Phone (800) 982-9 2. Please contact the Membership Office for an updated application and payment. Life Flight Network trans should not apply for membership. Life Flight Network	299 • Fax (50 ted application if sports patients b	3) 217-1413 this form is expired. Membership ased on medical need, not	
Office use only:				
DISCOUNT: Hospital Employee	GROUP:	-	TRACK CODE:	

STATEMENT OF UNDERSTANDING

By becoming a Life Flight Network Member, you agree to the terms stated below.

A Life Flight Network Membership relieves you from liability for out-of-pocket costs of emergent, medically necessary transports completed and billed by Life Flight Network. Your membership is not an insurance policy but secondary to insurance carriers and health care cost sharing programs. All available insurances will be billed first including health, auto, workers compensation and third-party insurance. Life Flight Network will accept payment from insurance carriers and other third party payers as payment in full.

Membership benefits are available for those eligible household members listed on the member record at the time of transport if the transport is an emergent, medically necessary transport to the closest, most appropriate facility, performed by Life Flight Network, its contracted agents, or reciprocal partners, subject to the reciprocal program's rules.

Membership benefits are extended to the primary member, his/her spouse or domestic partner and dependents claimed on their income tax return. Dependents must be added to the member record within 30 days of birth or adoption. Elderly (age 65+) and disabled family members living in the same household are also covered. Life Flight Network may require documentation or other verification of membership eligibility.

Emergency medical transports are based on medical need, not membership status. Medical need can only be determined by a physician, EMS provider, hospital or another qualified third-party recognized by Medicare, and is in all cases subject to the final determination of the health insurance carrier, if any.

Port Angeles © Coupeville Brewster Spokane Spokane WASHINGOIS Lake Pullman Astoria Portland Astoria Portland Astoria Portland Astoria Portland Astoria Portland Corvoillis Portland Corvoillis Prendeton Prendeton Prendeton Prendeton Prendeton Boise DAHO Boise

LIFE FLIGHT NETWORK LOCATIONS

Non-emergent transports are not eligible for Life Flight Network membership benefits.

Availability of service cannot be guaranteed due to weather conditions, maintenance, commitment to another transport, out-of-service equipment, and other reasons.

New and lapsed membership benefits take effect upon receipt of a completed enrollment with payment.

Membership fees are non-refundable, non-transferable and are not tax-deductible. Life Flight Network may cease selling and servicing memberships should any governmental body, now or in the future, determine memberships can no longer be offered within their jurisdiction. No refunds will be made for any memberships already purchased.

I transfer directly to Life Flight Network my rights to insurance payments due to me for services provided by Life Flight Network. Such payments shall not exceed Life Flight Network's regular charges. Denial of a claim by an insurance provider must be received by Life Flight Network in writing. Membership benefits do not extend to transports deemed not medically necessary or when insurers deny payments due to coordination of benefit issues. Per government regulations, individuals covered by Medicaid are not eligible for Life Flight Network membership and should not apply.

I specifically release and waive any and all rights, claims or causes of action against Life Flight Network and its employees and agents with respect to my Life Flight Network Membership.

The Membership Program may be canceled at any time for any reason, including financial feasibility and governmental regulation of such programs. Terms and conditions are subject to change. For current terms see www.lifeflight.org