



LIFESAVE
TRANSPORT

MEMBERSHIP APPLICATION

Office Use Only

M: _____

Acct: _____

Exp: _____

Ref'd by: _____

Main Account Holder:

Membership Status: I am a new member I am a current member

First Name: _____ MI: _____ Last Name: _____ SS#: _____

DOB: ____/____/____ Email: _____ Home Phone: _____ Mobile Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Members on Account:

Name: _____ Relationship: _____ DOB: ____/____/____ SS#: _____

Name: _____ Relationship: _____ DOB: ____/____/____ SS#: _____

Name: _____ Relationship: _____ DOB: ____/____/____ SS#: _____

Name: _____ Relationship: _____ DOB: ____/____/____ SS#: _____

Membership Selection:

Please select an option below:

Individual: (1 member)

- 1 Year - \$55
- 3 Year - \$150
- 5 Year - \$225

Household: (2+ members)

- 1 Year - \$65
- 3 Year - \$180
- 5 Year - \$275

I certify that I am NOT a Medicaid Beneficiary

Payment Information:

Check # _____ # _____ # _____ † U# _____ - _____) o
Please make check payable to AirMD, LLC

Cardholder Name: _____

Credit Card #: _____

- _____) _____ #†# _____ - # _____

By providing your credit card information above, you are authorizing a one-time credit card payment to LifeSave.

Terms and Conditions:

AirMD, LLC (d/b/a LifeSave Transport) offers a membership that provides prepaid protection against LifeSave air ambulance costs that are not covered by a member's insurance or medical benefits, subject to the following terms and conditions:

1. Transport by a LifeSave air ambulance will be to the closest appropriate medical facility for 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 transport. A patient's medical condition dictates whether air ambulance transportation is appropriate and required. Under all circumstances, LifeSave retains sole right and responsibility for determining whether a patient is flown.
2. LifeSave may not be available when requested due to factors beyond LifeSave'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 LifeSave from flying in inclement weather conditions.
3. LifeSave is not an insurance company. LifeSave membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. LifeSave will not be responsible for payment for services provided by another ambulance service. 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, LifeSave will consider all air ambulance costs not covered by any insurance or benefits available to the member to have been fully prepaid. LifeSave 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 LifeSave directly. Members agree to remit to LifeSave any payment received from insurance or benefit providers for air medical services provided by LifeSave, not to exceed regular charges.
4. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to LifeSave that they are not Medicaid beneficiaries.
5. Membership begins 15 days after LifeSave receives a complete application with full payment; however, the waiting period may be waived for unforeseen events occurring during such time. Memberships are non-refundable and non-transferable.
6. These terms and conditions supersede all previous terms and conditions between a member and LifeSave, including any other writings, or oral representations, relating to the terms and conditions of membership.

Authorization Statement:

I agree to abide by all LifeSave terms and conditions. Also, if selected I authorize LifeSave to initiate the credit card charge as indicated above. I may change or cancel this payment by notifying LifeSave in writing. All notifications must be received by the first of the month in order to alter the month's transaction.

X _____

_____/_____/_____