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 services. As a member, Air Evac will work on your behalf with your benefits provider to secure payment for your flight. Whatever your benefits provider 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:

1. Transport by an AEL helicopter 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 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

Call Membership Sales Manager
Horace Taylor, 830-423-4544
to enroll immediately

or visit **lifeteam.net** for additional information

GET CODE	TRACK CODE	PLAN CODE
	6602	4907

Affiliation name or number: _____

AIR EVAC LIFETEAM®

Membership Application for Texas Hill County Home Builders Association

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: _____

Affiliation: Texas Hill Co. Home Builders Association

Date of Birth: ____ / ____ / ____ (month / day / year) (M / F) Do you live within the City Limits? Yes ☐ No ☐

Quick STEP 2 List Other Persons In Household and Date of Birth

1. First Name _____ Last Name _____ ____ / ____ / ____ (month / day / year) (M / F)
2. First Name _____ Last Name _____ ____ / ____ / ____ (month / day / year) (M / F)
3. First Name _____ Last Name _____ ____ / ____ / ____ (month / day / year) (M / F)
4. First Name _____ Last Name _____ ____ / ____ / ____ (month / day / year) (M / F)

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 (select one)

1-Year Membership	$40	1 member household	☐
	$45	2 member household	☐
	$50	3 or more member household	☐
3-Year Membership (Multi-year membership is not available in Indiana)	$135	1 member household	☐
	$150	2 member household	☐
	$165	3 or more member household	☐
5-Year Membership (Multi-year membership is not available in Indiana)	$225	1 member household	☐
	$250	2 member household	☐
	$275	3 or more member household	☐

☐ Check or money order made payable to: Air Evac Lifeteam #_____
Check or Money Order Number

☐ One Time transfer from checking account or credit card. ☐ VISA ☐ MC ☐ ☐

Credit Card Number _____ Expires _____ 3 digit code on back of card _____

X_____
Signature

Bank Information (required for automatic transfers from checking account)

Name on bank account _____ Routing number _____ Account number (please attach a voided check) _____

Total 1st Payment Amount $_____

Statement of Authorization

I authorize Air Evac Lifeteam 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 Air Evac Lifeteam. 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 Air Evac Lifeteam of it's termination.

X_____ ____ / ____ / ____ (month / day / year)
(Signature required)

This authorization or a copy will be valid for 12 months from the date of signature. I understand that Air Evac Lifeteam, reserves the right to deny my enrollment or may remove my enrollment from the Air Evac Lifeteam Program based on any misuse or abuse of the program.