

P.O. Box 948
West Plains, MO 65775

Town of Kiawah Island and Meducare Air are currently protecting yourself and your loved ones with membership

Dear Town of Kiawah Island Resident,

Great News! The Town of Kiawah Island has arranged for Meducare Air to provide town residents with a tremendous opportunity. As a Resident you are now covered under a limited AirMedCare Network membership when transported by Meducare Air (or any other AirMedCare Network Provider).

Town of Kiawah Island Resident Benefits:

- **NO OUT OF POCKET EXPENSE** for the Town of Kiawah Island residents insured at the time of flight when pick up location is in Charleston County, South Carolina
- **DISCOUNTED FLIGHT BILL** for Town of Kiawah Island residents uninsured at the time of flight when pickup location is in Charleston County, South Carolina. Bill reduced to the Medicare Allowable Rate
- **DISCOUNTED FULL MEMBERSHIP!** Residents are eligible to upgrade at \$35/yr. providing a \$50/yr. discount! If you are a current member, and set to expire within the next year, you will be able to renew for the \$35 rate as well!

UPGRADE TODAY and you can receive full membership benefits, giving you coverage across four leading air ambulance operators for the price of one!

Full Membership Benefits:

- **LOWER UPGRADE RATE** provides full coverage for flights provided by Air Evac Lifeteam, Guardian Flight, Med-Trans Air Medical Transport, and REACH Air Medical Services.
- **FULL COVERAGE** in over 320 locations across 38 states. Full memberships will ensure no out-of-pocket expenses for life or limb-threatening emergency transports from any of these locations!
- **BE A PART OF SOMETHING BIG!** AirMedCare Network currently has the support of over 3 million members, allowing us to provide financial peace of mind.

Meducare Air cares about you and your loved ones. Our mission is to make it possible for people living in rural areas to get the lifesaving emergency care they need, when they need it.

For questions, or to upgrade to a full AirMedCare Network membership, please do not hesitate to contact me at your convenience. Thank you.

Sincerely,

Wes McAden

Membership Sales Manager

843-708-6192

Wes.McAden@airmedcarenetwork.com

Enroll today: www.AMCNRep.com/Wes-McAden



Membership Application - Town of Kiawah Island

By applying for membership, I agree to AirMedCare Network's terms and conditions on the bottom of this application.

SIGN OR INITIAL HERE

TODAY'S DATE

/ /

STEP 1: MEMBER CONTACT INFORMATION

Primary First Name		Primary Last Name		Date of Birth		Home Phone		Cell Phone	
Physical Address			City		State		Zip		E-Mail <small>In order to sign up with recurring payment options or receive electronic invoicing, you must provide a valid email address</small>
Mailing Address <small>(if different from above)</small>			City		State		Zip		County

Electronic Invoicing
 Quarterly Member News

STEP 2: LIST ADDITIONAL MEMBERS IN HOUSEHOLD

Secondary First Name	Secondary Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

STEP 3: CHOOSE YOUR MEMBERSHIP OPTION(S)

	Standard	Senior (60+)
Annual Membership Upgrade for Town of Kiawah Island Residents	\$35 <input type="radio"/>	
Annual Membership for Non-Residents	\$85 <input type="radio"/>	\$65 <input type="radio"/>
3-Year Membership*	\$240 <input type="radio"/>	\$185 <input type="radio"/>
5-Year Membership*	\$395 <input type="radio"/>	\$300 <input type="radio"/>
10-Year Membership*	\$765 <input type="radio"/>	\$575 <input type="radio"/>

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

STEP 4: SET UP YOUR PAYMENT PLAN

PAYMENT OPTIONS (select one)

- Check or money order payable to: **AirMedCare Network
PO Box 948, West Plains, MO 65775**
- One time credit card payment or automatic transfer from checking account.

BANK INFORMATION

(required for monthly membership option and automatic transfers from checking account)

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

CREDIT CARD INFORMATION

-

Credit Card Number _____ Expiration Date _____

X Signature _____
3 digit code on back of card
4 digit code on front for AMEX

Statement of Authorization I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via 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).

X _____ / /
(Signature Required for Credit Card/EFT Authorization) Month Day Year

Questions? Contact your Local Membership Sales Manager

Wes McAden • 843-624-5169

Wes.McAden@AirMedCareNetwork.com

Join Online at: www.AMCNRep.com/Wes-McAden

GET CODE	TRACK CODE	PLAN CODE
13532	10228	

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:

- 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, and which require emergency air ambulance transport. 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.
- 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.

- 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 a supplement to any insurance coverage. **Neither the Company nor AirMedCare Network will be responsible for payment for services provided by another ambulance service.**

- 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.
 - 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.
 - 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.
- *Air Evac EMS, Inc. / Guardian Flight, LLC / Med-Trans Corporation / REACH Air Medical Services, LLC -- These terms and conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you.