



PLEASE CHECK YOUR NEXT UTILITY BILL FOR AIR EVAC CHARGE OF \$5.00.  
YOUR COVERAGE DOES NOT START UNTIL IT APPEARS ON YOUR BILL  
AND AIR EVAC HAS YOUR APPLICATION PROCESSED.

## 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:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. These terms and conditions supersede all previous terms and conditions between a member and the Company or AirMedCare Network, including any

Bring this form into our office or mail it to:  
Wayne-White Electric  
P.O. Drawer E  
Fairfield, IL 62837

## Membership Application - Wayne-White Counties Electric Cooperative

### STEP 1 Member Contact Information (please print)

First Name		Last Name		Date of Birth / /	
Mailing Address			City	State	Zip
Physical Street Address (if different from above)			City	State	Zip
Home Phone		Cell Phone		County	
E-Mail Address In order to sign up with recurring payment options, you must provide a valid email address.					Do you live within the city limits? Yes <input type="checkbox"/> No <input type="checkbox"/>

### STEP 2 List Additional Members in Household

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 a Membership Option (select one)

Monthly Membership Household Cost \$5

### STEP 4 Bill Pay Authorization

I authorize Wayne-White Counties Electric Cooperative to add \$5.00 per month to my bill and to disperse the money as payment for my AirMedCare Network Membership. I understand that this authorization will stay in effect as long as I am a member of Wayne-White Counties Electric Cooperative, or until I submit a cancellation in writing.

Signature as it appears on bill

Account number (if known)

- A member's membership will be effective 15 calendar days after receipt by Wayne-White Counties Electric Cooperative 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 AMCN from member for a 60 calendar day period.
- A member may discontinue their AMCN membership at any time by signing a discontinuation notice (as provided by AMCN).
- **Wayne-White Counties Electric Cooperative and AirMedCare Network are not affiliated. Wayne-White Counties Electric Cooperative is not responsible for any of AMCN's acts or omissions, and AMCN is not responsible for any of Wayne-White Counties Electric Cooperative acts of omissions. All AMCN membership relations are directly between AMCN 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 AMCN fees added to my Wayne-White Counties Electric Cooperative bill. I also understand that I will communicate directly with AirMedCare Network for Membership Member Service.

Completed enrollment forms may be simply returned with your next payment.

By signing this application for membership, I agree to AMCN's terms and conditions.

X \_\_\_\_\_ / /  
(Signature Required) month day year

Questions? Call Membership Sales Manager or visit [www.AirMedCareNetwork.com](http://www.AirMedCareNetwork.com)  
**Becky Phillips • 417.274.3402 • [Becky.Phillips@amgh.us](mailto:Becky.Phillips@amgh.us)**

TRACK CODE  
5863

PLAN CODE  
2444