



Membership Application

Office Use Only

M #
Acct #
Exp:
Ref'd by:

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

DOB: ___/___/_____ Email Address: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Additional Members:

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

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

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

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

Membership Options:

Please circle one:

	1 Year	3 Years	5 Years
Individual	\$50	\$135	\$225
Couple (2 members)	\$55	\$150	\$250
Household (3+ members)	\$60	\$165	\$275
Total:			

Payment Information:

Check # _____ Visa MasterCard

Please make check payable to LifeTeam

Cardholder Name: _____ Exp Date: _____

Credit Card #: _____

I certify that I am NOT a Medicaid Beneficiary

One-time credit card payment Recurring Pmt ___/___/___

Terms & Conditions:

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

- Transport by a LifeTeam 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 or not air ambulance transportation is appropriate and required. Under all circumstances, LifeTeam retains the sole right and responsibility for determining whether or not a patient is flown.
- LifeTeam may not be available when requested due to factors beyond LifeTeam'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 LifeTeam from flying in inclement weather conditions.
- LifeTeam is not an insurance company. LifeTeam membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. LifeTeam 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, LifeTeam will consider all air ambulance costs not covered by any insurance or benefits available to the member to have been fully prepaid. LifeTeam 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 LifeTeam directly. Members agree to remit to LifeTeam any payment received from insurance or benefit providers for air medical services provided by LifeTeam, not to exceed regular charges.
- Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to LifeTeam that they are not Medicaid beneficiaries.
- Membership begins 15 days after LifeTeam 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.
- These terms and conditions supersede all previous terms and conditions between a member and LifeTeam, including any other writings, or oral representations, relating to the terms and conditions of membership.

Authorization Statement:

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

X _____

___/___/___