

CareFlite®

3110 S. Great Southwest Parkway
Grand Prairie, Texas 75052
Member Services (877) 339-2273



Caring-Heart Membership Program



PERSONS COVERED: This agreement covers the household family members listed on my application, so long as they remain full-time residents of the specific household. New residence family members may be added, family members may be deleted or the household location may be changed by written notice to CareFlite. Added members will be effective immediately as of the postmarked date on the envelope. I understand that Medicaid recipients are not permitted to enroll in this program.

EFFECTIVE DATE: Membership applications received with payment will be effective as of the postmark date.

BENEFITS: Payment of membership fee and compliance with the terms of this agreement entitles members to the following benefits:

- a. Emergency air ambulance services: Members, who receive "medically necessary" advanced or basic life support emergency services from CareFlite as a result of an 'emergency medical condition,' shall pay nothing out of pocket, except as specified herein.
- b. Emergencies needing a higher level of care located further than 150 miles away but not more than 500 miles from DFW airport and in the U.S. can be serviced by CareFlite's fixed wing air ambulance. All medical transports must meet the medical criteria and be pre-approved by patient's insurance carrier before services can be provided. Upon services being approved and used, the member will pay nothing out of pocket. If not medically necessary, member will be responsible for CareFlite's standard charges for the services rendered less a 50% membership discount.
- c. As an added benefit, CareFlite's ground ambulance will be available to members when they are within the service area. These benefits will follow the rules of this Air Ambulance Membership Program.

PAYMENT FOR SERVICES: I understand that I am responsible for payment for any services provided to me by CareFlite, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance for those CareFlite services specified in this agreement. This benefit is subject to certain limitations specified in this agreement. As a condition of receiving this benefit, I hereby assign (hand over) to CareFlite all rights and benefits that I or other family members of my residence have, under any and all medical, health, supplemental, worker's compensation, liability, auto or homeowner's insurance policies or plans, or from other third party payers or sources which provide coverage or would otherwise pay for air ambulance services. Such payment sources are collectively referred to in this agreement as 'insurance.' I authorize payment of all insurance benefits or payments to CareFlite.

I understand that CareFlite will, whenever it deems it feasible, file claims for and directly collect the benefits payable from insurance, up to the amount of CareFlite's charges for its services. When requested by CareFlite, I agree to complete any forms and take any other reasonable action that may be necessary to collect such amounts. If I or anyone on my behalf receives any insurance or other third party payments for services provided by CareFlite, I will promptly forward those payments to CareFlite at 3110 S. Great Southwest Parkway, Grand Prairie, Texas 75052.

LIMITATIONS and CONDITIONS: Membership benefits extend to CareFlite's critical care, advanced or basic life support air ambulance services staffed with nurses, paramedics and pilots, ground ambulances staffed with quality trained medics, and a 20% discounted rate for wheelchair and non-medical stretcher services. Membership benefits are inapplicable to services rendered by any other provider. As a condition of receiving the benefits of membership with respect to any air or ground ambulance transport, a member with insurance must comply with all coverage conditions of their applicable insurance program for such transport. Some insurance programs require the insured person to obtain prior authorization of payment for non-emergency, yet medically necessary air ambulance services. Non-insured household family members will receive a 50% membership discount on CareFlite's standard charges for the services rendered. Some plans require certain documentation from the insured within a specific time limit, or the plans deny or reduce coverage for air ambulance services. In the event a member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by membership, member will then forfeit membership benefit by failing to comply with their insurance requirements and membership can be revoked. Air membership is available for purchase to residents of certain counties. See www.careflite.org for complete list. Ground benefits will cover those members in CareFlite service areas where applicable. The members must hold a membership that is in good standings at the time of service and the transport originates in CareFlite's deemed service area and providing that CareFlite is the transporting agency. CareFlite reserves the right to deny or revoke any membership for a reasonable cause. If membership is revoked then all balances are due in full. CareFlite may terminate the membership program at any time upon notice to the members. If CareFlite terminates the program, members will have any unused, prorated portion of their annual membership fee returned. To protect member fees, CareFlite maintains a bond with Hartford Casualty, an A+ rated insurance company.

CF-AC-051507

Protect Your Family ...And Save 50%



Caring-Heart Membership Program



 **CareFlite®**
A 501(c)3 Non-profit Texas Company

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Protect Your Family Fill Out This Application



And Mail To:

CareFlite
3110 S. Great Southwest Parkway
Grand Prairie, Texas 75052
Questions: (877) 339-2273

Once the crisis stops, your Caring-Heart will continue to care for you & your family providing peace of mind. Emergencies by definition are unexpected. When emergencies strike, people assume that their health insurance covers everything. They are often surprised to learn that there are large, out-of-pocket expenses because their insurance plan or Medicare pays only a portion of the cost of an ambulance transport. A Caring-Heart Membership offers you significant benefits including saving time and money. When minutes count in a life threatening crisis, the Caring-Heart Membership offers you peace of mind and the sense of control you need during such events 24/7.

- All family members living at your residence are covered.
- As an added benefit CareFlite's ground ambulance will be available to members when they are within its service area, these benefits follow the same rules and guidelines.
- Another added benefit is CareFlite's fixed wing air ambulance for emergency transport to a higher level of care, from 150 to 500 miles from DFW Airport.
- We will complete all necessary paperwork, file claim and comply as deemed necessary with your insurance.
- If you have no insurance or need a medical transport that is not medically necessary, you will receive 50% membership discount off of CareFlite's standard charges.

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Caring-Heart



Special Offer for Members of DATCU Credit Union

SPECIAL OFFER - CareFlite Membership Fee Per Household (please check one)				
<input type="checkbox"/> 5 Years \$149 - \$75	<input type="checkbox"/> 4 Years \$139 - \$70	<input type="checkbox"/> 3 Years \$109 - \$55	<input type="checkbox"/> 2 Years \$79 - \$40	<input type="checkbox"/> 1 Years \$49 - \$25

PLEASE ATTACH COPIES OF BOTH THE FRONT AND BACK OF ALL YOUR PRIMARY AND SECONDARY INSURANCE CARDS

First Name: _____ Middle Initial: _____ Last Name: _____
 Home Address: _____ City: _____
 Zip: _____ County: _____ Home Phone #: _____
 Date of Birth: _____ Male Female
 Employer Name: _____
 Work Address: _____
 Primary Insurance: No Yes If Yes, Insurance Name: _____
 Supplemental Insurance No Yes If Yes, Insurance Name: _____

Other Family Members of Household (For additional household family members, please copy this page and attach to this application.)

First Name: _____ Middle Initial: _____ Last Name: _____
 Date of Birth: _____ Male Female
 Primary Insurance: No Yes If Yes, Insurance Name: _____

First Name: _____ Middle Initial: _____ Last Name: _____
 Date of Birth: _____ Male Female
 Primary Insurance: No Yes If Yes, Insurance Name: _____

Please **Do Not** send cash - make check or money order payable to CareFlite or apply by credit card.

Card Type: _____ Card Number: _____
 Expiration Date: _____ Billing Zip Code: _____
 Name on Card: _____
 Signature for Processing: _____ Date: _____

By paying the CareFlite Membership fee I agree (in behalf of my family) to abide by the terms and wish to hereby apply for Air Membership in the CareFlite Caring-Heart Membership Program for myself and members of my household listed on the application, as set forth in the agreement. I have reviewed the Caring-Heart Air Membership Agreement and agree to the terms thereof. I request payment of authorized Medicare or other insurance benefits to me, or on my behalf, to be paid to CareFlite for any emergency services and supplies furnished to me by CareFlite. I authorize any holder of any of my medical information to release the information to CMS, its agents and carriers, or CareFlite, in order to determine benefits payable on my behalf, now and in the future. This agreement and authorization is executed on my behalf and on behalf of other members of my household, if they are minors or unable to sign. I understand that under the State rule of 157.11k, if I or a household member is a Medicaid recipient, then I am not allowed to have them on my application, therefore I am stating that I have not listed on my application anyone that is a Medicaid recipient. If a family member becomes a recipient of Medicaid, I will notify CareFlite in writing of this life change immediately. I warrant that all the information in the application is true and correct. CareFlite reserves the right to request documentation demonstrating the accuracy of such information. I acknowledge that membership in CareFlite Caring-Heart Membership Program is simply a membership in a program sponsored by CareFlite, and thus, is not a membership in CareFlite's non-profit corporate entity as the term membership is contemplated under the Texas Non-Profit Corporation Act.

For CareFlite Office Use Only.	
Date Received: _____	Form of Payment: _____
Amount Paid: _____	Membership Number Assigned: _____

Bottom photo on front, courtesy of the Hood County News, Mary Vinson, Staff Photographer.