

**NATIONAL AIR MEMBERSHIP APPLICATION**

**ALL SECTIONS MUST BE FILLED OUT COMPLETELY WITH THE CORRECT PAYMENT, OR THE MEMBERSHIP CANNOT BE ACTIVATED.**

**Group Name (If applicable)** \_\_\_\_\_

**NEW**                       **RENEWAL**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: (optional) \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Insurance (Circle One) Yes No

**LIST ALL PERSONS IN YOUR HOUSEHOLD YOU WOULD LIKE TO INCLUDE:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance (Circle One) Yes No

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance (Circle One) Yes No

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance (Circle One) Yes No

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance (Circle One) Yes No

<b>Insurance</b>	<b>Household Annual Fees*</b>	<b>Group/Corporate</b>
<b>With Health Insurance</b>	\$50	Call for Details
<b>No Health Insurance</b>	\$100	Call for Details

**\*Households with mixed insurance coverage, majority will make determination. (See examples below)**

**i.e.** Three persons with insurance / two persons without = \$50.00

Three persons without insurance / two persons with = \$100.00

If paying by check or money order (make check/money order out to: **PHI Cares**), please enclose your payment with this form and send to: **PHI Cares, 801-D Airport Way, Modesto, CA 95354**. If you would like to enroll on-line visit our website at: [www.phicare.com](http://www.phicare.com). If paying by credit card please complete the following:

**METHOD OF PAYMENT:**          VISA\_\_\_\_          MASTERCARD\_\_\_\_          DISCOVER \_\_\_\_

Credit card number: \_\_\_\_\_ Exp Date \_\_\_\_\_ CVN # \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Authorized Amount \$ \_\_\_\_\_

**All information included in this application is correct to the best of your knowledge, including all health insurance information. If this insurance is not in place at the time of air medical services are rendered, your PHI CARES Membership is considered null and void. Any changes in this information must be reported to the PHI Membership Office within five (5) days.**

### **MEMBERSHIP AGREEMENT TERMS & CONDITIONS**

- Membership is valid for one (1) year, beginning 15 days after this application is approved, and your non-refundable payment is received.
- A member who receives a medically necessary transport from PHI Air Medical (“PHI”) is responsible for payment, but is relieved of any financial responsibility for amounts that are not reimbursed by insurance. In other words, PHI accepts what your insurance pays, as “payment-in-full”.
- Membership does not cover transports that are not medically necessary.
- Medicaid participants are not eligible for membership.**
- PHI is entitled to directly bill any applicable insurance for services rendered. Members agree to assign and promptly remit to PHI any insurance payments received for our services, including amounts payable to you under a third party’s auto or other insurance.
- For members whose applications show that they have no insurance, membership covers any amounts not paid by any third party insurance, provided the transport is determined by our medical director to have been medically necessary.
- PHI in consultation with other health care providers or dispatch agencies, reserves the right to determine whether air medical transport is necessary, safe and appropriate under the circumstances.
- PHI’s services may not be available at the time of request due to factors beyond our control, such as use of the appropriate aircraft for a previously ordered transport, required maintenance, or inclement weather. Further, if we are not the sole provider in the area, responsible medical or dispatch personnel may call another air ambulance provider. Membership is not insurance and does not pay for services provided by other air or ground ambulance services.
- Membership covers medically necessary transports by PHI Air Medical to the closest appropriate facility within 200 miles for a rotary-wing (helicopter) and 600 miles for a fixed-wing (airplane). The point of pick-up must be within our service area. For a list of service areas, please see our website: [www.phicare.com](http://www.phicare.com), or contact the membership office for a copy. Members are responsible for and agree to pay for charges not covered by membership.
- Due to aircraft limitations, persons weighing in excess of 400 lbs. may not benefit from this plan, therefore their purchasing of this plan is not recommended.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Where did you hear about PHI CARES air membership program? \_\_\_\_\_

**If you have questions, please call the membership office for assistance, Monday-Friday, 8:00 a.m. to 4:00 p.m. (PST) at: 1.888.IFLYPHI or 1.888.435.9744.**