

Enroll Today!

Open enrollment May - June
Your membership will extend to June 30th of each year.

New membership begins 72 hours after acceptance for ground and 15 days for air of a properly completed application form with payment and extends to June 30th. Renewing active membership coverage extends for 1 year from existing expiration date.

Ground only \$59.00 **OR** Ground and Air \$124.00



Date of Application _____

Head of Household Name (please print) _____ Date of Birth _____

Mailing Address: Street: _____ City: _____ State: _____ Zip: _____

Phone Number _____

Remember, we bill your insurance(s). LifeGuard will handle all insurance billings and waive those costs such as co-payments and deductibles that are not covered by insurance.

Personal check or money order made payable to Bay Cities Ambulance is enclosed.

Please charge my credit card as indicated Visa MasterCard Card Number _____ Expiration Date _____ 3 Digit Code _____

Cardholder's Authorization Signature (required)

Spouse's Name (please print) _____ Date of Birth _____

If this membership covers dependents living in your home and who are claimed on your tax forms, please list their information below.

Dependent's Name (please print) _____ Date of Birth _____

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Dependent's Name (please print) _____ Date of Birth _____

Dependent's Name (please print) _____ Date of Birth _____

Dependent's Name (please print) _____ Date of Birth _____

I agree to the terms and conditions on the back of this application.

Signature of Applicant (required)

Please let us know where you heard about LifeGuard: Neighbor Tv Radio Mail Other _____

Bay Cities Ambulance • 3505 Ocean Blvd. SE • Coos Bay, OR 97420 • Phone: 541.266.4300 • AmbulanceMembership.com/BayCities

LifeGuard: Emergency Ground Ambulance Services

Ground Ambulance Membership Agreement: Our membership program assures you of the finest emergency ambulance care and transportation, and protects you from any out-of-pocket costs. Your agreement for services is as follows:

1. Fully covered services
 - a. Medically necessary emergency ambulance transportation to the closest treating hospital
 - b. Transfers to another facility for a higher level of care as requested by a physician
2. Additional services
 - a. Up to two Response Fees Waived
3. Services that are not covered
 - a. Convalescent wheelchair transportation or transfer of patient for family convenience
 - b. The member is financially responsible for payment of medical services and/or ambulance transportation which is deemed not medically necessary and is denied payment by the member's insurance/health plan provider.
4. Member eligibility: *LifeGuard membership includes the enrolled member, plus all persons living in the same household and claimed as dependents on your tax forms.
 - a. Duration: new ground membership coverage begins 72 hours after acceptance of a properly completed application form with payment, and extends to June 30th of each year.
5. Member responsibilities: Members pay the annual fee and will assign and transfer rights for ambulance services from all insurance policies, plans, or third party recovery, up to the total dollar amount of services incurred. If member fails to submit payment from insurance plan to provider of services, member agrees to forfeit membership benefits and be subject to collection processes.
 - a. Membership is non-refundable.

Membership cards are not required in order to obtain service under your membership. You will be active in our membership database, assuring that if transported your membership will apply.

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 or third party for services rendered, and members authorize their insurers, benefits provider and responsible third parties to pay any covered amounts directly to the AMCN Provider. Member 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 other writings, or verbal representations, relating to the terms and conditions of membership.

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

Thank you for supporting REACH Air Medical Service, your local air ambulance service provider.