



Non-Profit Air and Ground Ambulance Services
2016 - MEMBERSHIP APPLICATION

New Member
 Renewal (# _____)

ROGUE SNOWMOBILERS

Applicant Information

Please Print

Name _____ Phone # _____

Date of Birth _____ Social Security # _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

E-Mail Address _____

Additional Household Members (living at above address)

	<i>Last Name</i>	<i>First</i>	<i>MI</i>	<i>Date of Birth</i>	<i>Social Security #</i>	<i>Relationship</i>
1						
2						
3						
4						
5						

Did you know?

- Mercy Flights is a non-profit organization and your membership fee can be considered a tax deductible contribution.
- Mercy Flights was the first Air Ambulance Service in the Nation.
- Mercy Flights is the only organization in the U.S besides the American Red Cross Association that has permission to display the "Red Cross".

AIR & GROUND COMBINED - Annual Membership Rates (per household)

Combined Air & Ground

Single \$73.00
Family \$83.00

Senior* Rates - 62 years and older

Senior* Single \$68.00
Senior* Family \$73.00

Lifetime

\$1500

Special Membership rate is: \$63.00



I have enclosed payment of \$_____. (Please do not send cash)

Money Order Check Credit card (Visa or MasterCard Only)

_____ Exp. Date _____ V-Code _____

**** Please Read Agreement on Reverse, Sign and Return ****

FOR EMERGENCIES CALL 9-1-1



MERCY FLIGHTS

Non-Profit Air and Ground Ambulance Services

MEMBERSHIP AGREEMENT

Mercy Flights services include Ground Ambulance within the Mercy Flights Jackson County assigned service area, Fixed Wing Air Ambulance within 1000 air miles and Helicopter Ambulance within 150 air miles of Medford, OR, in the continental United States.

1. I understand that Mercy Flights is not an insurance plan and will bill whatever insurance or medical benefits I may have and/or be entitled to for services rendered by Mercy Flights.
2. I understand that Mercy Flights membership fees are non-refundable and there is a 30 day waiting period for member benefits to take effect.
3. I understand that my membership covers my insurance co-pay portion, in full, for Mercy Flights services. I will be responsible for 50% of the bill if the entire charge for Mercy Flights services is applied to my deductible, denied, disallowed, or deemed a non-medically necessary service by my insurance company or other third party payer.
4. I understand that I will be responsible for 50% of the Mercy Flights bill, if I do not have any insurance. The Mercy Flights membership is not solicited from persons who receive Medicaid medical benefits and such membership constitutes a voluntary contribution only.
5. Should I or a covered family member receive payment from insurance or other medical benefits for ambulance services rendered by Mercy Flights, I will immediately forward such payment to Mercy Flights.
6. I understand that violation of such terms of this agreement or substantiated abuse of ambulance services may result in cancellation.

ELIGIBILITY:

Eligible household members consist of the head of household, spouse, and immediate family members who live at the same physical location, are legal dependents and are under 19 years of age. These legal dependents can include unmarried dependent fulltime students, under the age of 22, who reside at the same or a different physical location or a spouse who resides in a care facility. Qualifying household members also include: disabled children, minor children of non-custodial parents, domestic partners, and dependent parents residing at the same physical location. Spouses, disabled children, or dependent parents will continue their membership, if they move from the household into a care facility.

NOTICE:

This Mercy Flights, Inc. Ambulance Plan is not an insurance program. Membership benefits are for services provided by Mercy Flights Inc. only. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. Other ambulance company transports may occur if Mercy Flights is unable to perform within a medically appropriate timeframe. This may occur, but is not limited to a mechanical or maintenance problem or being on another call. This may also occur if the emergency location is outside of Mercy Flights' assigned service area. If the other transporting ambulance company has a signed reciprocity agreement with Mercy Flights, that agency's membership benefits will be applicable to the transport.

SIGN _____ PRINT NAME _____ DATE _____

MF 8.16