



There. When You Need Us.®

MEMBERSHIP ENROLLMENT

Emergency Services Professional Discount Application Name of Agency or Hospital _____

Visit our website today at www.lifeflight.org

MEMBER ENROLLMENT INFORMATION

Name: _____ Date of Birth: _____
 Spouse/Domestic Partner: _____ Date of Birth: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email Address: _____

Additional Eligible Household Members:

Includes any dependents claimed on your tax return and elderly (65+) or disabled family members living in the same household

	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEMBERSHIP RATES

- \$59 – 1 Year \$108 – 2 Years \$275 – 5 Years
 \$1,100 – Lifetime Membership \$275 each year for 4 consecutive years – Lifetime Payment Plan
 _____ Tax Deductible Donation

_____ I am an existing member. ID# (if known) _____

PAYMENT INFORMATION

Check payable to Life Flight Network Foundation
 Credit or Debit (Visa, M/Card, AmEx, Discover): Amount \$ _____
 Card Number: _____ Exp. Date: ____ / ____ Security Code: _____
 Billing Address: _____ Zip: _____

I hereby authorize Life Flight Network to charge the amount indicated above.

Signature: _____ Date: _____

PLEASE RETURN TO LIFE FLIGHT NETWORK MEMBERSHIP OFFICE:

PO Box 3841 • Portland, OR 97208-3841 • Phone (800) 982-9299 • Fax (503) 678-4369

This application is valid through 9/30/2022. Please contact the Membership Office for an updated application if this form is expired. New member benefits take effect upon receipt of completed application and payment. Life Flight Network transports patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership. Life Flight Network operates under its own FAA Part 135 Air Carrier Certificate. Updated by: AHM

STATEMENT OF UNDERSTANDING

By becoming a Life Flight Network Member, you agree to the terms stated below.

A Life Flight Network Membership relieves you from liability for out-of-pocket costs of emergent, medically necessary transports completed and billed by Life Flight Network. Your membership is not an insurance policy but secondary to insurance carriers and health care cost sharing programs. All available insurances will be billed first including health, auto, workers compensation and third-party insurance. Life Flight Network will accept payment from insurance carriers and other third party payers as payment in full.

Membership benefits are available for those eligible household members listed on the member record at the time of transport if the transport is an emergent, medically necessary transport to the closest, most appropriate facility, performed by Life Flight Network, its contracted agents, or reciprocal partners, subject to the reciprocal program's rules.

Membership benefits are extended to the primary member, his/her spouse or domestic partner and dependents claimed on their income tax return. Dependents must be added to the member record within 30 days of birth or adoption. Elderly (age 65+) and disabled family members living in the same household are also covered. Life Flight Network may require documentation or other verification of membership eligibility.

Emergency medical transports are based on medical need, not membership status. Medical need can only be determined by a physician, EMS provider, hospital or another qualified third-party recognized by Medicare, and is in all cases subject to the final determination of the health insurance carrier, if any.

Non-emergent transports are not eligible for Life Flight Network membership benefits.

Availability of service cannot be guaranteed due to weather conditions, maintenance, commitment to another transport, out-of-service equipment and other reasons.

New and lapsed membership benefits take effect upon receipt of a completed enrollment with payment.

Membership fees are non-refundable, non-transferable and are not tax-deductible. Life Flight Network may cease selling and servicing memberships should any governmental body, now or in the future, determine memberships can no longer be offered within their jurisdiction. No refunds will be made for any memberships already purchased.

I transfer directly to Life Flight Network my rights to insurance payments due to me for services provided by Life Flight Network. Such payments shall not exceed Life Flight Network's regular charges. Denial of a claim by an insurance provider must be received by Life Flight Network in writing. Membership benefits do not extend to transports deemed not medically necessary or when insurers deny payments due to coordination of benefit issues. Per government regulations, individuals covered by Medicaid are not eligible for Life Flight Network membership and should not apply.

I specifically release and waive any and all rights, claims or causes of action against Life Flight Network and its employees and agents with respect to my Life Flight Network Membership.

The Membership Program may be canceled at any time for any reason, including financial feasibility and governmental regulation of such programs. Terms and conditions are subject to change. For current terms see www.lifeflight.org

LIFE FLIGHT NETWORK LOCATIONS

