



MERCY FLIGHTS

Non-Profit Air and Ground Ambulance Services

Group Enrollment Form

New Member

Renewal (# _____)

Group Name: ROGUE SNOWMOBILERS

Applicant Information

Please Print

Name _____ Phone # _____
Last First MI

Date of Birth _____ Social Security # _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Additional Household Members (living at above address)

| | <i>Last Name</i> | <i>First</i> | <i>M</i> | <i>Date of Birth</i> | <i>Social Security #</i> | <i>Relationship</i> |
|---|------------------|--------------|----------|----------------------|--------------------------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

Insurance Information

Does anyone in the household have Medicare benefits? Yes No

If applicant, Policy # _____ If spouse, Policy # _____

Does anyone in the household have health or supplemental insurance benefits? Yes No

If yes, Insurance Company _____ Policy # _____

Does anyone in the household have auto insurance benefits? Yes No

If yes, Insurance Company _____ Policy # _____

Annual Membership Rates (per household)

Combined Air (inc. Helicopter & Fixed Wing) and Ground Ambulance \$50.00

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

Money Order Check Credit card (Visa or MasterCard Only)

_____ Exp Date _____

(Please read and sign on reverse)



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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 of Medford, Oregon, in the Western United States, and Helicopter Ambulance within 150 air miles of Medford, Oregon, in Southern Oregon and Northern California. 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. I also understand that Mercy Flights membership fees are non-refundable and there is a 30 day waiting period for member benefits to take effect. I understand that I will be responsible for any denied, disallowed, or non-medically necessary transports, as determined by my insurance company or other third party payer. If I do not have any insurance, I will be responsible for a portion of the bill. 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. The Mercy Flights membership is not solicited from persons who receive Medicaid medical benefits and such membership constitutes a voluntary contribution only. 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 and immediate family members, living at the same physical location, who are legal dependents (as determined by Internal Revenue Service guidelines). These legal dependents can include unmarried students residing at a different physical location or a spouse residing in a care facility.

Qualified household members also include: minor children of non-custodial parents, domestic partners, and parents who are previously listed as part of the original household membership, but have moved 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 _____

For further information, or if you have any questions please call any of our staff at 541-858-2600 or 1-800-903-9000.