

# MEMBERSHIP ENROLLMENT FORM



Group Name: Indiana Offroad

### Head of Household Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Do you have Medical Insurance?  Yes  No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

### List all additional members of household:

				Has Medical Insurance	
First Name: _____	MI: _____	Last Name: _____	Date of Birth: _____ / _____ / _____	<input type="checkbox"/> Y	<input type="checkbox"/> N
			month day year		
First Name: _____	MI: _____	Last Name: _____	Date of Birth: _____ / _____ / _____	<input type="checkbox"/> Y	<input type="checkbox"/> N
			month day year		
First Name: _____	MI: _____	Last Name: _____	Date of Birth: _____ / _____ / _____	<input type="checkbox"/> Y	<input type="checkbox"/> N
			month day year		
First Name: _____	MI: _____	Last Name: _____	Date of Birth: _____ / _____ / _____	<input type="checkbox"/> Y	<input type="checkbox"/> N
			month day year		
First Name: _____	MI: _____	Last Name: _____	Date of Birth: _____ / _____ / _____	<input type="checkbox"/> Y	<input type="checkbox"/> N
			month day year		

**1-Year Membership Fee: \$35**

Complete the information above. BE SURE TO SIGN THE BACK OF THIS FORM. Mail signed application and payment to:

**PHI Cares  
P.O. Box 731886  
Dallas, TX 75373-1886**

### For Card Payments Only

Name Listed On Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

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

## MEMBERSHIP TERMS AND CONDITIONS

### Membership

PHI Cares is a membership program operated by PHI which allows its members to access medically necessary air transports on PHI medically configured aircraft to the closest appropriate facility within 200 miles for a rotary-wing (helicopter) and 600 miles for a fixed-wing (airplane). The point of pickup must be within the PHI Cares service area. For a list of service areas, please see the coverage map on the PHI Cares website: [www.phicare.com/coverage.shtml](http://www.phicare.com/coverage.shtml) or contact the membership office directly. Membership is not an insurance product and does not pay for services provided by other air or ground ambulance services. Membership is valid for one (1) year beginning five (5) days after your completed application and nonrefundable payment have been received and processed by the membership office. These terms also apply to renewing memberships provided payment of the annual membership fee is received within thirty (30) days of the renewal date.

### Membership Renewals

It is your responsibility to renew your membership prior to the expiration of the one-year term. Payment must be received within thirty (30) days of the renewal date. If you do not renew your membership, your membership and coverage thereunder will automatically terminate at the end of the one-year term. Any renewal will be based on the same terms and conditions applicable to your original membership. You may renew your membership in the following ways:

- (1) By Phone: 1-888 435-9744
- (2) Online: [www.phicare.com](http://www.phicare.com)
- (3) By Mail: PHI Cares PO Box 731886

### Billing

Members are charged an annual membership fee payable yearly in advance. The annual membership fee charged by PHI Cares is based on certain factors including whether or not you have healthcare insurance coverage.

A member who receives a medically necessary transport through the PHI Cares Program is relieved from paying any charges related to the medical transport other than amounts paid or reimbursed to you by any available healthcare insurance, a third party payor, or a third party who may be legally responsible for the charges. In other words, PHI Cares accepts what your insurance or other third party source of payment pays as "payment-in-full," relieving you of any other charges for the air medical transport.

PHI will bill your healthcare insurer or other third party payor (for example, Medicare), or seek recovery from any legally liable third party (for example, a car accident which causes you injury as a result of someone else's fault or negligence) for the air medical transport. Should you receive payment directly from your healthcare insurer, other third party payor, or from a legally liable third party for all or any portion of the charges for the air medical transport, you agree to promptly remit such payment to PHI. If any third party or his/her insurer who is legally liable pays for the air transport charges either through settlement of a claim or a judgment from a lawsuit, you agree to promptly remit the amount received by you for air transport charges included in such settlement or judgment.

Members who have no healthcare insurance coverage at the time of enrollment and no other third party payor to cover air medical transport charges will be relieved by PHI Cares from any patient transport charges for medically necessary air transport services.

PHI Cares members are responsible for and agree to pay for any charges that are not covered by the PHI Cares Program, including but not limited to air transport pick-ups outside of the PHI Cares service area, or any ground ambulance transportation services that you may incur in connection with any PHI Air Medical transport.

### Eligibility & Availability

Medicaid participants are not eligible for PHI Cares membership.

Please note that a PHI aircraft may not be available at the time a flight request is made due to inclement weather, the PHI aircraft is in service at the time of the request, the PHI aircraft is undergoing maintenance or repairs, weight limitations of the PHI aircraft or other reasons that make the PHI aircraft unavailable to respond to a request. Further, medical or dispatch personnel may call another air ambulance provider in which event your PHI Cares membership will not cover the medical transport. You should inform the healthcare provider, dispatcher, or emergency personnel of your PHI Cares Membership at the time an air medical transport is requested, as these personnel will not be aware of your PHI Cares Membership.

Due to aircraft weight limitations, persons weighing in excess of 400 lbs. may not be suitable for air medical transport. PHI Cares does not recommend individuals who fall into this weight category to become PHI Cares Members.

PHI, in consultation with other healthcare providers or dispatch agencies, reserves the right to determine whether air medical transport is medically necessary, safe, and appropriate under the circumstances.

PHI Cares Membership is not an insurance policy but a membership program for its members for transport on PHI aircraft when medically necessary and subject to the further terms and conditions stated herein. PHI Cares does not cover and will not pay or reimburse you for services performed by any other air medical transport services provider or any ground ambulance services provider. PHI Cares proudly partners with the following air ambulance providers: Air Evac Services (AZ), Ballad Health (TN), Baylor/Scott and White (TX), CHRISTUS Trinity Mother Frances Flight For Life (TX), CHI St. Joseph (TX), LifeFlight of Michigan (MI), StatFlight (IN), and The University of Maryland (MD) air ambulance providers. In addition to covering medically necessary transports on PHI aircraft, your membership will also cover medically necessary transports on PHI's partners' aircraft listed above if such transports occur within PHI's service areas. Any medical transports on a PHI Cares' partner aircraft shall be subject to the same terms and conditions stated herein.

### Acknowledgment

You acknowledge that all information included in the completed application is correct to the best of your knowledge, including all health insurance information. If your healthcare insurance is no longer in effect at the time air medical services are rendered, your PHI Cares Membership will not cover your air medical transport charges, unless you have notified PHI Cares of such cancellation and have paid the supplemental membership fee charged to PHI Cares members who do not have healthcare insurance. Any changes in your healthcare insurance information, including the cancellation of healthcare insurance coverage, must be reported to the PHI Cares Membership office within five (5) business days of such change or cancellation.

By approving this application for Membership, you agree to all of the terms and conditions of PHI Air Medical Membership Plan Coverage Agreement as stated above.