



Dear Sacramento Cyclocross Series Competitor,

**Sacramento Cyclocross Series has partnered with REACH for Life to offer you, as a competitor, the opportunity to join AirMedCare Network's Membership Program at a special "competitors-only" discounted rate!**

### **Annual Membership Fees for Sacramento Cyclocross Series Competitors**

\$55 - Household

As your local air ambulance, serving area residents from our surrounding bases, REACH for Life understands the critical aspect of time in treating medical emergencies. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to emergency medical treatment. REACH for Life can cut that transportation time *in half*.

In the event you are flown by REACH for Life for a life or limb-threatening emergency, we will work with your benefits provider to secure payment for your flight. Whatever your benefits provider pays will be considered payment in full. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances and family. As a REACH for Life member you will have no out-of-pocket expenses related to your flight if you are flown by REACH for Life or any AirMedCare Network participating provider.

REACH for Life is a member of the AirMedCare Network, the largest Air Ambulance Membership Network in the United States. An AirMedCare Network membership automatically enrolls you in all provider membership programs, (Air Evac Lifeteam, REACH Air Medical Services, Med-Trans Air Medical Transport and EagleMed) giving you membership coverage in over 220 locations across 28 states. All AirMedCare Network service providers work cooperatively to provide the highest levels of care for you, your family, and your community.

Join today and you can receive membership in the AirMedCare Network at the same low price as the individual membership programs, giving you membership across four leading air ambulance operators for the price of 1! Completed enrollment forms may be mailed to **AirMedCare Network P.O. Box 948 West Plains, MO 65775**. If you have any additional questions please do not hesitate to contact me.

REACH for Life cares about you and your loved ones. Our mission is to make it possible for people living in rural areas to get the life-saving emergency care they need, *when* they need it. Thanks to the support of over 1.5 million members, AirMedCare Network providers can provide financial peace of mind for you and your family...while providing this vital service to our community.

Sincerely,

*Tony Urioste*

Membership Sales Manager

Cell: 209-265-6006

Email: Anthony.Urioste@amgh.us





## Membership 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 provider or third party for services rendered, and members authorize their insurers, benefits providers and responsible third parties to pay any covered amounts directly to the AMCN Provider. Members agree to remit to the AMCN Provider any payment received from insurance or benefit providers or any third party for 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 which participating provider transports you.

## Local Membership Sales Manager

**Tony Urioste - 209-265-6006**

**www.AirMedCareNetwork.com**

## Sacramento Cyclocross Series Competitors

### Quick STEP 1 Member Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ( M / F ) Do you live within the City Limits? Yes  No

### Quick STEP 2 List Other Persons In Household and Date of Birth

1	_____	_____	____/____/____ ( M / F )
	First Name	Last Name	month / day / year
2	_____	_____	____/____/____ ( M / F )
	First Name	Last Name	month / day / year
3	_____	_____	____/____/____ ( M / F )
	First Name	Last Name	month / day / year
4	_____	_____	____/____/____ ( M / F )
	First Name	Last Name	month / day / year

If more space is needed please attach an additional sheet and detail the full name and date of birth for each member.

### Quick STEP 3 Membership and Payment Options (select one)

<b>1-Year Membership</b>	\$55	Household	<input type="checkbox"/>
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Check or money order made payable to: \_\_\_\_\_ # \_\_\_\_\_  
 AirMedCare Network PO Box 948 West Plains, MO 65775 Check or Money Order Number

One Time transfer from credit card.  VISA  M/C  D/C  A/C

\_\_\_\_\_  
 Credit Card Number Expires 3 digit code on back of card

By signing this application for membership, I agree to AMCN's terms and conditions.

**X** \_\_\_\_\_ month / \_\_\_\_/\_\_\_\_ day / \_\_\_\_/\_\_\_\_ year  
 (Signature required)

BEFORE YOU PURCHASE: If you are currently enrolled in a health maintenance organization (HMO) or other health insurance, the benefits provided by REACH may duplicate the benefits provided by your HMO or other health insurance. If you have a questions regarding whether your HMO or other health insurance offers benefits for ambulance services, you should contact that other company directly.

WARNING: REACH is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when 911 Emergency System has independently determined that another company could provide more expeditious service or is next in the rotation to receive a call. This might also occur when REACH is unable to perform within a medically appropriate timeframe due to a mechanical or maintenance problem or being called on another flight.

Initial or sign here **X** \_\_\_\_\_  
 COMPLAINTS: For complaints regarding REACH, first attempt to call the plan at 1 800 793 0010. If REACH fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1 800 400 0815. The Department's website is <http://www.dnhc.ca.gov>. You may obtain complaint forms and instructions online.

OPERATING UNDER CONDITIONAL EXEMPTION: REACH is operating pursuant to an exemption from the Knox Keene Health Care Service. Plan Act of 1975 (Health and Safety Code section 1340 et seq).

GET CODE

TRACK CODE  
**13514**

PLAN CODE  
**8402**