



# MEMBERSHIP APPLICATION

## Sheridan Fire District FireMed



Sign-up online today at [www.lifeflight.org](http://www.lifeflight.org)

Please check the appropriate box to indicate whether this enrollment form is for a new or existing membership:

New Member                       Existing/Renewing Member - Member ID#: \_\_\_\_\_

### 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 family members living in the same household who are: age 24 years old or younger, legally disabled, or age 65 years old or older.*

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

### CHOOSE A MEMBERSHIP OPTION:

Program Options:	One Year	Two Year	Five Year	Lifetime
Life Flight Network Air <i>ONLY</i> 	<input type="checkbox"/> \$85	<input type="checkbox"/> \$160	<input type="checkbox"/> \$375	<input type="checkbox"/> \$1,500
Sheridan FireMed Ground <i>ONLY</i> 	<input type="checkbox"/> \$75	N/A	N/A	N/A
Sheridan FireMed and Life Flight Network  	<input type="checkbox"/> \$150	N/A	N/A	N/A

### 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: \_\_\_\_\_

### RETURN MEMBERSHIP APPLICATION TO:

Life Flight Network Membership • PO Box 3841 • Portland, OR 97208 • Phone (800) 982-9299 • Fax (503) 217-1413

*This application is valid through 12/31/2024. 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.*

## 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 following household members:

- Primary member
- Spouse or domestic partner
- Any family members living at the same residence who are:
  - Age 24 years old or under; or
  - Legally disabled; or
  - Age 65 years old or over

Children must be added to the member record within 30 days of birth or adoption. 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.

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](http://www.lifeflight.org)

**By becoming a FireMed Ground Ambulance Program Member, you agree to the above terms as well as these additional terms**

- ◆ FireMed Memberships are honored by participating FireMed Membership programs of **Oregon** and cover ground ambulance charges only, subject to the reciprocating program's rules. New and lapsed membership benefits take effect 72-hours after receipt of a completed enrollment with payment.
- ◆ I transfer directly to the FireMed program my rights to ground insurance payments due to me for services provided by FireMed. Such payments shall not exceed FireMed regular charges.
- ◆ I specifically release and waive any and all rights, claims or causes of action against the FireMed programs, their respective employees and agents with respect to my FireMed membership.
- ◆ For additional terms and conditions specific to FireMed programs in Eugene Springfield, Lyons, Molalla, Redmond, Scappoose, and Southern Wasco County see [www.lifeflight.org](http://www.lifeflight.org)

