



Dear Lee County Employees,

Great News! Lee Co. has arranged for AirMedCare Network (AMCN) to provide Employees with a special discounted rate.

Annual Membership Fees for Lee County Employees

\$60/Household - 1 Year Membership
\$170/Household - 3 Year Membership
\$275/Household - 5 Year Membership
\$520/Household - 10 Year Membership

As your local air ambulance, serving area residents from our surrounding bases, AirMedCare Network understands the critical aspect of time in treating medical emergencies. Our mission is to make it possible for people living in all areas to get the life-saving emergency care they need, when they need it. 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.

AirMedCare Network (AMCN) the largest Air Ambulance Membership Network in the United States. An AMCN membership automatically enrolls you and your household in all network provider membership programs, giving you membership coverage in over 320 locations across 38 states and growing (in your region you would recognize us as Wings Air Rescue, UT Lifestar, and Air Evac Lifeteam).

In the event you are flown by an AMCN provider for a life or limb-threatening emergency, we will work directly with your benefits provider to secure payment for your flight. An AMCN member will have no out-of-pocket expenses related to your flight if you are flown by any AMCN participating provider.

For Lee Co. employees, registration in the AirMedCare Network program is on-line, quick and easy. **The AMCN Web Application is active now so you can enroll!** Simply follow the step by step instructions on page 2 to complete your application on-line. You can also print page 3 and return it to ray.bell@gmr.net or complete and take a picture and text it to (423)579-6434.

All AMCN service providers work cooperatively to provide the highest levels of care for you, your family, and your community. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances & family. Thanks to the support of over 3.7 million members, AirMedCare Network providers can provide financial peace of mind for you and your family while providing this vital service to your community.

Payroll deduction options for membership will be offered at this special discounted rate deducted from your paycheck. The Web Application will remain open until 23 September 2020. AMCN Reps will be on site Sep 21-23 to answer questions and conduct enrollment. See schedule on page 4.

Please let me know if you have any questions or require assistance with your registration. We look forward to the continued support and service to the employees of Lee Co. and your community.

Sincerely,
Ray Bell
Business Development
ray.bell@gmr.net
Cell (423)579-6434





Join or Renew Today!

Step 1: Please click the following link to open the on-line application.

Link: <https://www.airmedcarenetwork.com/businessplanregistration/>

Step 2: Where it reads *Coupon Code, please enter **11794-VA-BUS** and click **Submit**.

Step 3: Scroll down past the blue header to where it reads “Let’s Get Started” and begin completing the application.

Page 1 – Once you have completed the required fields, click: **Next Member Info**> Note:***If you are already a member and renewing, please check the box that says Already a Member above and to the right of where you entered your last name.

Page 2 – Enter your contact information. Date of birth should be entered in the following format 02/11/1970. **Please be sure to include your e-mail address** and list each additional member of the household by first and last name along with their date of birth.

Click: **Next Final Confirmation**>

Page 2 – Select a Membership Plan (1, 3, 5, or 10 year).

****Confirm mailing and physical address are the same. Please provide mailing address if different.

****Check box to Agree to the Terms & Conditions.

Step 4 – Click **Submit Membership Information** “FINISHED”



MEMBERSHIP APPLICATION LEE COUNTY



By applying for membership, I agree to AMCN

Terms and Conditions on the bottom of this document. Initials: **X**

Date: / /

1. Member Contact Information (please print)

Primary First Name		Primary Last Name		Date of Birth / /	
Home Phone Number () ()			Cell Phone Number () ()		
E-mail Address					
Don't miss out on important AirMedCare Network news and updates... leave us your e-mail address and stay in the loop!					
Mailing Address				City	
State	Zip	County			
Home Address (if different than above)					
City		State	Zip		

2. List Additional Members in Household

Secondary First Name	Secondary Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /

If more space is needed please use back of this application.

3. Choose Your Membership Option (select one)

Membership Options	Discount Cost
10-Year Membership [†]	<input type="checkbox"/> \$520.00
5-Year Membership [†]	<input type="checkbox"/> \$275.00
More Members Choose: 3-Year Membership [†]	<input type="checkbox"/> \$170.00
1-Year Membership	<input type="checkbox"/> \$60.00

[†] MULTI-YEAR MEMBERSHIP IS NOT AVAILABLE IN ALASKA, CALIFORNIA AND INDIANA.

4. Payroll Deduct Authorization

Payroll Deduct

I authorize Lee County to deduct the above selected amount from my paycheck for my AirMedCare Network Membership.

If my employment ends prior to the full membership amount being deducted from my paycheck(s), I understand that the remaining balance will be deducted from my final paycheck.

I hereby authorize automatic renewal at the end of my membership term unless I cancel in writing 30 days prior to renewal or I am no longer employed by Lee County Schools.

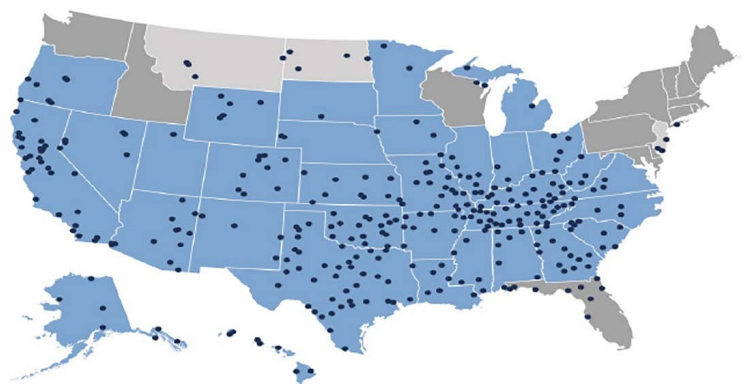
X

Signature required

MONTH DAY YEAR

Questions? Contact Business Development
Ray Bell • 423-579-6434
Ray.Bell@gmr.net

GET CODE 11933	TRACK CODE 14399	PLAN CODE 11794
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AMCN Membership Terms and Conditions

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 air 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.

- 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.
- 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.
- 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. / Guardian Flight 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.*

†In Nebraska, waiting periods are not allowed; however, a member cannot purchase a membership at the time of transport.

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:

- 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.
- 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

Monday 21 September

0700 – 0900 Sheriff's Dept/E911 33640 Main Street

0915 – 1015 Court House (1st Floor) 33640 Main Street

1030 – 1130 Court House (2nd Floor) 33640 Main Street

1145 – 1215 Health Department 134 Hill Street

1300 – 1330 Public Services Auth, 397 Park St.

1330 – 1415 Voters Registrar/Electoral Board, 133 School Board Place

1500 – 1530 Animal Control, 944 Bus Shop Rd.

1600 – 1800 Sheriff's Dept/E911 33640 Main Street

MEMBERSHIP MATTERS!

Tuesday 22 September

0700 – 0830 Transfer Station

0845 – 1130 Court House (2nd Floor) 33640 Main Street

1300 – 1530 Sheriff's Dept/E911 33640 Main Street

1600 – 1700 On Call

Wednesday 23 September

0800 – 1600 On Call

America's Largest Air Medical
Membership Network with
320 Locations in 38 States

