

GIFT MEMBERSHIP

Yes, I am purchasing this membership as a gift

GIFT PROVIDER CONTACT INFORMATION

Name _____
Address _____
City _____
State _____ ZIP _____
Phone _____
Email _____

MAIL GIFT MEMBERSHIP TO

Myself Gift Recipient

MAIL MEMBERSHIP RENEWAL TO

Myself Gift Recipient

KEY MEMBERSHIP TERMS

By becoming a Life Flight Network Member, you agree to the membership terms listed below as well as the complete Statement of Understanding, which can be reviewed at www.lifeflight.org

- A Life Flight Network membership is not an insurance policy, but secondary to insurance carriers. All insurance payments related to services provided by Life Flight Network will be paid directly to or transferred to Life Flight Network.
- Per government regulations, individuals covered by Medicaid are not eligible and should not apply.
- Emergency air 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. Costs associated with air medical transport for the purpose of an organ transplant are not covered by membership.
- New member and lapsed member benefits take effect 72 hours after receipt of a completed enrollment with payment. There is no grace period for a lapsed membership.
- Membership fees are non-refundable, non-transferable and not tax deductible. Terms and conditions are subject to change. For current terms, see www.lifeflight.org

Courtesy Membership ID cards including a Statement of Understanding and receipt will be mailed after receipt of application and payment.

*If renewing membership automatically: I hereby authorize my financial institution to make annual recurring payments from the credit card account listed above up to 1 month prior to my expiration date in the amount indicated on this form for a 1 year membership. I will notify Life Flight Network in writing if I decide to discontinue this service or change or close my credit card account. I certify that I am an authorized user of this credit card and will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

MAIL COMPLETED FORM TO

LIFE FLIGHT NETWORK

PO BOX 3841, Portland, OR 97208-3841
Phone: 800-982-9299 | Fax: 503-678-4369

LFN_MB_001

**\$60 PER FAMILY
PER YEAR**



WE'VE GOT YOU COVERED.

Life Flight Network members rest easy knowing a medically necessary emergency air medical flight for themselves or family members will not add a financial hardship. Life Flight Network works directly with your insurance company for their portion of the payment, and the rest is covered by your membership.

www.LIFEFLIGHT.org

LIFE FLIGHT NETWORK
PO BOX 3841
Portland, OR 97208-3841



THERE. When you need us.™



MEMBERSHIP PROGRAM

Nationally Recognized
Community Based
ICU Level of Care

800-982-9299
LIFEFLIGHT.ORG



THERE. When you need us.®

Life Flight Network is a nationally recognized, not-for-profit air medical service with bases in Idaho, Oregon, Washington, and Montana. Our adult and neonatal critical care teams prove every day they are among the very finest in the nation. When we are called to provide medical transport our flight team serves as a mobile intensive care unit with one purpose – to save lives. Our teams are trained and have experience to care for a wide variety of patients, including high risk obstetrical emergencies, heart attacks, strokes, traumatic injuries, and premature newborns.

Life Flight Network's membership program provides financial peace of mind for more than 120,000 households. Life Flight Network has transported more than 120,000 patients over nearly four decades of operation and is committed to establishing bases in communities where we are most needed



How Does Membership Work?

Medical emergencies happen every day without warning. If EMS or health care providers determine emergency air medical transport is needed and you are flown by Life Flight Network, your membership protects you and your family from having any out-of-pocket expenses. Life saving air medical transport can be expensive, and health insurance may not cover all costs. Life Flight Network works directly with your insurance company (if any) for their portion of the payment, and the rest of the cost is covered by your membership.

- We invite you to become a Life Flight Network Member or give Membership as a gift to the ones you love.
- **To enroll today**, simply go to: www.lifeflight.org/become-a-member, fill out the online forms, and pay by credit or debit card. It's simple, secure, and easy to use.
- If you prefer, you may fill out the membership application in this brochure and mail it in at your convenience.

Emergency Medical Calls: Always call 911 when you need emergency medical assistance. A physician, EMS provider or other authorized personnel will determine if Life Flight Network is needed.

Para información en español sobre la membresía de transporte de emergencia, favor de llamar a nuestra oficina de membresía al 800-982-9299.

Membership Benefits

- Life Flight Network membership benefits cover you, your spouse or domestic partner, and dependents claimed on your income tax return. Elderly or disabled family members living in the same household are also covered.
- There are no out-of-pocket expenses for emergent, medically necessary flights.
- You are covered by all Life Flight Network bases in Idaho, Oregon, Washington, and Montana, as well as our reciprocal partners.



Aviation services provided by Life Flight Network, Metro Aviation, and Jackson Jet Center, Inc.

Reciprocal Agreements Expand Coverage

Life Flight Network members are also covered by reciprocal agreements with other regional air medical transport organizations in Idaho, Washington, western & central Montana, northern Nevada, northern California, and southeast Alaska subject to the reciprocal program's membership rules. To view a current list of our reciprocal programs, please visit www.lifeflight.org.

MEMBERSHIP APPLICATION

New Renewal

If gift membership, complete back of application

PRIMARY MEMBER INFORMATION

Name _____
 Address _____

 City _____
 State _____ ZIP _____
 Phone _____ DOB _____
 Email _____

FAMILY INFORMATION

Name	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List additional members on separate sheet if necessary*

MEMBERSHIP LEVEL

- One Year: \$60 Five Years: \$250
 Two Years: \$110 Lifetime: \$1,000
 One Year: \$60 Auto Renew

By selecting the auto renew option I authorize Life Flight Network to make annual recurring payments to the credit card provided *See full statement on back

PAYMENT INFORMATION

Membership Fee \$ _____
 Tax-Deductible Donation \$ _____
 Total \$ _____

Check Enclosed (payable to Life Flight Network Foundation)
 Charge My Credit/Debit Card

Name as it appears on card: _____
 Card #: _____
 Expiration Date: _____ CVC Code: _____
 Signature: _____
 Billing Address: _____
 City: _____
 State: _____ ZIP: _____