



MERCY FLIGHTS
Non-Profit Air and Ground Ambulance Services

MEMBERSHIP AGREEMENT

Mercy Flights services include Ground Ambulance within the Mercy Flights Jackson County assigned service area, Fixed Wing Air Ambulance within 1000 air miles and Helicopter Ambulance within 150 air miles of Medford, OR, in the continental United States.

1. I understand that Mercy Flights is not an insurance plan and will bill whatever insurance or medical benefits I may have and/or be entitled to for services rendered by Mercy Flights.
2. I understand that Mercy Flights membership fees are non-refundable and there is a 30 day waiting period for member benefits to take effect.
3. I understand that my membership covers my insurance co-pay portion, in full, for Mercy Flights services. I will be responsible for 50% of the bill if the entire charge for Mercy Flights services is applied to my deductible, denied, disallowed, or deemed a non-medically necessary service by my insurance company or other third party payer.
4. I understand that I will be responsible for 50% of the Mercy Flights bill, if I do not have any insurance. The Mercy Flights membership is not solicited from persons who receive Medicaid medical benefits and such membership constitutes a voluntary contribution only.
5. Should I or a covered family member receive payment from insurance or other medical benefits for ambulance services rendered by Mercy Flights, I will immediately forward such payment to Mercy Flights.
6. I understand that violation of such terms of this agreement or substantiated abuse of ambulance services may result in cancellation.

ELIGIBILITY:

Eligible household members consist of the head of household, spouse, and immediate family members who live at the same physical location, are legal dependents and are under 19 years of age. These legal dependents can include unmarried dependent fulltime students, under the age of 22, who reside at the same or a different physical location or a spouse who resides in a care facility. Qualifying household members also include: disabled children, minor children of non-custodial parents, domestic partners, and dependent parents residing at the same physical location. Spouses, disabled children, or dependent parents will continue their membership, if they move from the household into a care facility.

NOTICE:

This Mercy Flights, Inc. Ambulance Plan is not an insurance program. Membership benefits are for services provided by Mercy Flights Inc. only. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. Other ambulance company transports may occur if Mercy Flights is unable to perform within a medically appropriate timeframe. This may occur, but is not limited to a mechanical or maintenance problem or being on another call. This may also occur if the emergency location is outside of Mercy Flights' assigned service area. If the other transporting ambulance company has a signed reciprocity agreement with Mercy Flights, that agency's membership benefits will be applicable to the transport.

SIGN _____ **PRINT NAME** _____ **DATE** _____

MF 08.16

Air Ambulance + \$40.00
Make Checks Payable to: Rogue River FireMed

FOR EMERGENCIES CALL 9-1-1
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