

**MEMBERSHIP ENROLLMENT FORM**



Group Name: Milam County TX Upgrade 2022

**Head of Household Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Do you have Medical Insurance?  Yes  No

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**List all additional members of household:**

|                   |           |                  |                                      | Has Medical Insurance      |                            |
|-------------------|-----------|------------------|--------------------------------------|----------------------------|----------------------------|
| First Name: _____ | MI: _____ | Last Name: _____ | Date of Birth: _____ / _____ / _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N |
|                   |           |                  | month day year                       |                            |                            |
| First Name: _____ | MI: _____ | Last Name: _____ | Date of Birth: _____ / _____ / _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N |
|                   |           |                  | month day year                       |                            |                            |
| First Name: _____ | MI: _____ | Last Name: _____ | Date of Birth: _____ / _____ / _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N |
|                   |           |                  | month day year                       |                            |                            |
| First Name: _____ | MI: _____ | Last Name: _____ | Date of Birth: _____ / _____ / _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N |
|                   |           |                  | month day year                       |                            |                            |
| First Name: _____ | MI: _____ | Last Name: _____ | Date of Birth: _____ / _____ / _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N |
|                   |           |                  | month day yea                        |                            |                            |

**1-Year Membership Fee: \$45**

Complete the information above. BE SURE TO SIGN AND DATE THIS FORM BELOW. Mail signed application and payment to:

**PHI Cares  
2800 N. 44<sup>th</sup> Street, Suite 800  
Phoenix, AZ 85008**

**For Card Payments Only**

Name Listed On Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgment:** You acknowledge that all information included in the completed application is correct to the best of your knowledge, including all health insurance information. If your healthcare insurance is no longer in effect at the time air medical services are rendered, your PHI Cares membership will not cover your air medical transport charges, unless you have notified PHI Cares of such cancellation and have paid the supplemental membership fee charged to PHI Cares members who do not have healthcare insurance. Any changes in your healthcare insurance information, including the cancellation of healthcare insurance coverage, must be reported to the PHI Cares membership office within five (5) business days of such change or cancellation. By approving and submitting your application for PHI Cares membership, you agree to all of the Terms and Conditions set forth herein as stated on the backside of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEMBERSHIP TERMS AND CONDITIONS

**Membership:** PHI Cares is a membership program operated by PHI Health, LLC, which covers the uninsured or otherwise uncovered portion of the flight charges that may be incurred by members who are transported on a PHI medically configured aircraft as set forth herein. Membership is valid for one (1) year beginning five (5) days after your completed application and nonrefundable payment have been received and processed by the PHI Cares membership office. These Terms and Conditions also apply to renewing memberships, provided that payment of the annual membership fee is received within thirty (30) days of the renewal date. As used herein, the terms “you,” “your,” and “Member” shall mean any members enrolled in the PHI Cares Program; the terms “our,” “we,” “us,” and “PHI” shall mean PHI Health, LLC; the term “PHI Cares Program” shall mean the PHI Cares membership program operated by PHI; and the term “Terms and Conditions” shall mean the PHI Cares Program Terms and Conditions.

**Billing:** Members are charged an annual membership fee payable yearly in advance. The annual membership fee charged by PHI is based on certain factors, including whether or not you have healthcare insurance coverage. A Member who receives a medically necessary transport through the PHI Cares Program is relieved from paying any charges related to the medical transport other than amounts paid or reimbursed to the Member by any available healthcare insurance, a third party payer, or a third party who may be legally responsible for the charges. In other words, PHI Cares accepts what your insurance or other third-party source of payment pays as “payment-in-full,” relieving you of any other charges for the air medical transport. PHI will bill your healthcare insurer or other third-party payer (for example, Medicare), or seek recovery from any legally liable third party (for example, a car accident which causes you injury as a result of someone else’s fault or negligence) for the air medical transport. Should you receive payment directly from your healthcare insurer, other third-party payer, or from a legally liable third party for all or any portion of the charges for the air medical transport, you agree to promptly remit such payment to PHI. If any third party or his/her insurer who is legally liable pays for the air transport charges either through settlement of a claim or a judgment from a lawsuit, you agree to promptly remit the amount received by you for air transport charges included in such settlement or judgment. Members who have no healthcare insurance coverage at the time of enrollment and no other third-party payer to cover air medical transport charges will be relieved by PHI from any patient transport charges for medically necessary air transport services on a PHI aircraft. PHI Cares Members are responsible for and agree to pay for any charges that are not covered by the PHI Cares Program, including but not limited to air transport pick-ups outside of the PHI Cares service area or any ground ambulance transportation services that Members may incur in connection with any PHI air medical transport.

**Eligibility & Availability:** Medicaid participants are not eligible for membership in the PHI Cares Program. Please note that a PHI aircraft may not be available at the time a flight request is made due to inclement weather, the PHI aircraft being in service at the time of the request, the PHI aircraft undergoing maintenance or repairs, weight limitations of the PHI aircraft, or other reasons that make the PHI aircraft unavailable to respond to a request. Further, medical or dispatch personnel may call another air ambulance provider in which event your PHI Cares membership will not cover the medical transport. Passenger weights and other operating restrictions may limit our ability to transport a Member. PHI, in consultation with other healthcare providers or dispatch agencies, reserves the right to determine whether air medical transport is medically necessary, safe, and appropriate under the circumstances. Membership in the PHI Cares Program is not an insurance product. PHI Cares does not cover and will not pay or reimburse you for services performed by any other air medical transport services provider or any ground ambulance services provider. Notwithstanding the foregoing, in addition to covering medically necessary transports on PHI aircraft, your membership will also cover medically necessary transports on PHI’s partners’ aircraft if such transports occur within PHI’s service areas. Please visit our website at [www.PHICares.com](http://www.PHICares.com) or contact our Membership Department to obtain more information on our current air ambulance membership partners. Any medical transports on a PHI Cares partner aircraft shall be subject to the same Terms and Conditions stated herein.

**Service Area:** Membership provides household national coverage for medically necessary air transports on PHI medically configured aircraft to the closest appropriate facility within 200 miles for a rotor wing (helicopter) and 600 miles for a fixed wing (airplane). The point of pickup must be within the PHI Cares service area. For a list of service areas, please see the coverage map on the PHI Cares website [www.PHICares.com](http://www.PHICares.com) or contact the membership office directly.

**Notifying PHI Cares Membership Department of Transport:** You should inform the healthcare provider, dispatcher, or emergency personnel of your PHI Cares membership at the time an air medical transport is requested, as these personnel will not be aware of your PHI Cares Membership. In addition, it is the responsibility of each Member to contact us if a registered and eligible household dependent has been flown by PHI. Please call our Membership Department at: **1.888.435.9744 (1.888. I Fly PHI), Monday-Friday, 0800 to 1600 Hours MST.**

**Termination and Renewal of Coverage:** PHI may terminate your membership for failure to comply with the Terms and Conditions of the PHI Cares membership program. PHI reserves the right to discontinue its PHI Cares Program at any time upon notice to Members. In such event, PHI shall return a pro rata portion of the membership fee. PHI also reserves the right to unilaterally modify the Terms and Conditions, including but not limited to the membership fee to be charged to Members who join or renew their membership after the effective date of such change. It is your responsibility to renew your membership prior to the expiration of the one-year term. A completed renewal application and nonrefundable payment must be received within thirty (30) days of the renewal date. If you do not renew your membership, your membership and coverage thereunder will automatically terminate at the end of the one-year term. Renewal contracts may include changes in coverage.

**Acknowledgment:** You acknowledge that all information included in the completed application is correct to the best of your knowledge, including all health insurance information. If your healthcare insurance is no longer in effect at the time air medical services are rendered, your PHI Cares membership will not cover your air medical transport charges, unless you have notified PHI Cares of such cancellation and have paid the supplemental membership fee charged to PHI Cares members who do not have healthcare insurance. Any changes in your healthcare insurance information, including the cancellation of healthcare insurance coverage, must be reported to the PHI Cares membership office within five (5) business days of such change or cancellation.

By approving and submitting your application for PHI Cares membership, you agree to all of the Terms and Conditions set forth herein.

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<https://www.PHICares.com>