



Plan Code: _____

**AirMedCare Network Municipal Site Membership
For City of Gulf Shores, AL**

Organization: City of Gulf Shores, AL
Address:
Contact:
Phone:
Email:
County: Baldwin County

Effective Date:
Membership Sales Manager/ Base: Wes McAden

Covered Individuals and Air Transports:

Any individual who resides within the boundaries of Gulf Shores, AL when transported for medical necessity by Med-Trans Corporation (or any AirMedCare Network Provider) will be covered under the standard terms and conditions for an AirMedCare Network membership (attached), except:

- Transport must be from a pickup location in Baldwin County, AL; and
- If the covered individual transported is uninsured at the time of transport, Med-Trans will bill the covered individual at the "Medicare Allowable Rate" for the transport.

Covered Individuals and Transports for Ground Ambulance:

Any individual who resides within the boundaries of Gulf Shores, AL when transported for medical necessity by Lifeguard, dba Medstar Emergency Medical Services, LLC will be covered under the standard terms and conditions for a Medstar Emergency Medical Services membership (attached), except:

- Transport must be from a pickup location in Baldwin County, AL; and
- If the covered individual transported is uninsured at the time of transport, Med-Trans will bill the covered individual at the "Medicare Allowable Rate" for the transport.

Fees:

City of Gulf Shores, AL will pay to AirMedCare Network a total of \$163,798.40 annual.

Upgrade Benefit to Covered Individuals:

Any individual who resides within the boundaries of Gulf Shores, AL may elect to obtain a full AirMedCare Network household membership (which eliminates the exceptions listed above) by completing an application and paying the following fees:

Standard Annual Rate	*Senior Annual Rate
\$45	\$35
<i>*Senior rate is available to the primary and secondary household member if they are 60 years of age or older.</i>	

Any individual who resides within the boundaries of Gulf Shores, AL may elect to obtain a full Medstar Emergency Medical Services household membership (which eliminates the exceptions listed above) by completing an application and paying the following fees:

Standard Annual Rate
\$35

Duration:

This agreement will be effective upon AirMedCare Network's receipt of (a) this agreement signed by the participating Organization AND (b) payment of the amount as provided above. This agreement will be effective for one (1) year, and will be evaluated by both parties for renewal at least thirty (30) days prior to the end of the one (1) year term.



Initial _____

Terms and Conditions

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:

1. 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.
2. 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 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.**
4. 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.
5. 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.
6. 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.

LIFEGUARD EMERGENCY GROUND AMBULANCE MEMBERSHIP AGREEMENT
SERVICE AREA: BALDWIN COUNTY, AL

MEMBERSHIP BENEFITS: Lifeguard, dba Medstar Emergency Medical Services, LLC, is the exclusive ground ambulance provider in Baldwin County, AL. Lifeguard membership benefits apply only to medically necessary, emergency ground ambulance transports conducted by Lifeguard within Baldwin County (**Covered Transports**). For Covered Transports, Lifeguard will waive any amounts (e.g., co-pays, deductibles and balance billing) owed by the Member to Lifeguard after applying any amounts received from applicable insurance, other benefits and responsible third parties. Normal billing will apply to non-Covered Transports.

- Medically necessary, emergency transports involve the transport of a patient with a sudden, unforeseen medical condition with symptoms of sufficient severity such that the absence of immediate medical attention could result in placing the health of the patient in serious jeopardy. Emergency transports always result in taking the patient to the closest appropriate hospital emergency department. Member benefits do NOT apply to non-emergency transports, such as: repetitive transports for services such as dialysis, radiation therapy and chemotherapy, and transports to or from doctors' offices, dentists' offices, physical therapy centers, pharmacies, freestanding clinics or other facilities.
- **Lifeguard is NOT responsible for payment for services provided by another ambulance service.** Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage.

Membership begins the day after Lifeguard receives the Member's complete Application and full payment.

HOUSEHOLD COVERAGE: Membership covers the designated primary Member and all persons listed in the Application who dwell in a shared living space with the primary Member. Household members may be added or deleted, and the household location may be changed, by written notice to Lifeguard that is effective the day after receipt by Lifeguard.

MEMBERSHIP APPLICATION AND FEE: The Member represents to Lifeguard that all information in the Application is accurate and complete, and that the Member is not a Medicaid beneficiary. Lifeguard reserves the right to request documentation demonstrating the accuracy of such information. Members who are Medicare beneficiaries and who have supplemental insurance may not need a Membership. The Member agrees to pay Lifeguard the applicable non-refundable and non-transferable membership fee specified in the Application.

INSURANCE ASSIGNMENT: The Member is financially liable for the cost of Covered Services, except to the extent waived under this agreement. Within 30 days after Covered Services are rendered, the Member will provide to Lifeguard any applicable insurance and third-party responsibility information, or will advise Lifeguard that no such coverage exists. In addition, the Member will provide to any applicable insurance company or responsible third party any information necessary to facilitate payment of claims for Covered Services.

Lifeguard reserves the right to bill directly any appropriate insurance, benefits provider or third party for Covered Services rendered, and the Member authorizes all insurers, benefits providers and responsible third parties to pay any covered amounts directly to the Lifeguard. The Member understands and acknowledges that Lifeguard will file insurance claims for Covered Services and will be entitled to receive payment from all insurance and third party responsibility claims up to the amount of Lifeguard's usual charges. The Member authorizes any insurance or benefits provider, or other responsible third party, to pay any amounts for Covered Services directly to Lifeguard. The Member assigns to Lifeguard all benefits from any insurance or third-party responsibility claim relating to Covered Services. **The Member agrees to remit immediately to Lifeguard any insurance or other third-party payment received for Covered Services.**

AGREEMENT: Members must be natural persons. These terms and conditions supersede all previous terms and conditions between a Member and Lifeguard, including any other writings or verbal representations relating to the terms and conditions of Membership. The Member accepts and agrees to these terms by manually or electronically signing the Application, by verbally accepting and agreeing to these terms and/or by remitting payment of the membership fee to Lifeguard. If the Member violates or breaches any of these terms, then this Membership agreement will be immediately terminated and normal billing terms will apply.

Agreed to by:

Signature

Printed Name

Title

Organization Name

Date

Signature

Keith Hovey

Printed Name

Vice President

Title

Membership

Division

Date