

**MEMBERSHIP ENROLLMENT FORM FOR
FAUQUIER COUNTY EMPLOYEES**



Group Name: FAUQUIER COUNTY EMPLOYEES

Head of Household:

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

Medical Insurance: Yes No

Home Mailing Address: _____

Home Phone: _____

E-Mail Address: _____

List all additional members of household:

Insurance Coverage

First Name: _____ MI: _____ Last Name: _____ Date of Birth _____ / _____ / _____
month day year Y N

First Name: _____ MI: _____ Last Name: _____ Date of Birth _____ / _____ / _____
month day year Y N

First Name: _____ MI: _____ Last Name: _____ Date of Birth _____ / _____ / _____
month day year Y N

1-year Membership Fee \$40.00 3 Year - \$120.00 5 Year - \$200.00

Office Use Only: Base Code 3369 Track Code 3628

Payment information — Complete the information above, Mail signed application and payment to:

PHI Cares, P.O. Box 731886, Dallas Texas 75373-1886

Payment Information:

Credit Card Number: _____ Expiration: _____ Security Code: _____

Name as Listed on Card: _____

Membership Agreement Terms and Conditions

Membership

PHI Cares is a membership program operated by PHI which allows its members to access medically necessary air transports on PHI medically configured aircraft to the closest appropriate facility within 200 miles for a rotary-wing (helicopter) and 600 miles for a fixed-wing (airplane). The point of pickup up must be within the PHI Cares service area. For a list of service areas, please see the PHI Cares website: www.phicare.com or contact the membership office directly. **Membership is not an Insurance product and does not pay for services provided by other air or ground ambulance services.** Membership is valid for one (1) year beginning five (5) days after your completed application and non-refundable payment are received and processed by the membership office. These terms also apply to renewing members that are more than thirty (30) days past their renewal date.

Billing

Members are charged an annual membership fee, which will vary based on whether or not you have healthcare insurance coverage. This annual membership fee is separate from any air medical transports actually undertaken by PHI Cares for such member.

A member who receives a medically necessary transport through the PHI Cares Program is responsible for payment, but is relieved of any financial responsibility for amounts that are not reimbursed by any available insurance. In other words, PHI Cares accepts what your insurance pays as "payment in full."

PHI will bill your healthcare insurer or other third party directly for the air medical transport. Should you receive payment directly for your healthcare insurer or other third party payor, you agree to promptly remit such payment to PHI. If any third party or his/her insurer pays for the air transport charges either through settlement of a claim or a judgment, you agree to remit payment of the air medical transport charges to PHI.

Members who have no healthcare insurance coverage at the time of enrollment and no other third party payor to cover air medical transport charges will be released by PHI Cares from any payment for medically necessary air transport services.

PHI Cares members are responsible for and agree to pay for charges which are not covered by the PHI Cares membership, including but not limited to air transport pick-ups outside of the PHI Cares service area, air transport drop-offs beyond the geographic scope specified by Phi Cares, or any ground ambulance transportation services.

Eligibility & Availability

Medicaid participants are not eligible for PHI Cares membership.

PHI aircraft may not be available at the time a flight request is made due to inclement weather, the aircraft is in service at the time of the request, the aircraft is undergoing maintenance or repairs, or other factors that make PHI aircraft unavailable for the request. You should inform the healthcare provider, dispatcher, or emergency personnel of your PHI Cares Membership at the time an air transport is requested as these personnel will not be aware of your PHI Cares Membership.

Due to aircraft weight limitations, persons weighing in excess of 400 lbs. may not be able to access the PHI Cares Membership benefits and PHI Cares does not recommend individuals who may fall into this weight category to become PHI Cares Members.

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.

Acknowledgment

By signing this application, you are representing that all the information included in this application is correct to best of your knowledge, including health insurance information. If your health 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 health insurance coverage, must be reported to PHI Cares Membership Office with five (5) business days of such change or cancellation.

Member Acknowledgment to the above Terms and Conditions:

Signature: _____ Date: _____