



 **LifeFlight EagleSM**
Membership Program

Protection from
the Unexpected

LifeFlight EagleSM Membership Program

Protection from the Unexpected

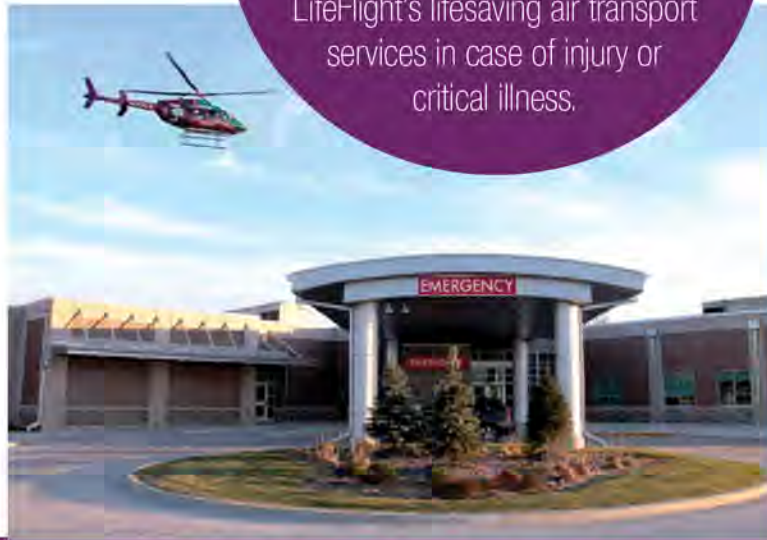


In an emergency, seconds count. *Should you or a member of your family be injured or seriously ill, air transport may be needed. That's where LifeFlight Eagle comes in ... and now these lifesaving services are available to you without out-of-pocket costs.*

LifeFlight Eagle is a non-profit community-based medical helicopter program, serving communities in Missouri and Kansas surrounding Kansas City. Established in 1978, LifeFlight Eagle provides highest quality patient care and life-saving critical care air transport with state of the art equipment and highly trained medical crews and pilots.

The LifeFlight Eagle system includes four Bell 407 helicopters based in Trenton, Odessa, Clinton and Harrisonville, Mo., as well as a Eurocopter EC-145 helicopter, dedicated to Children's Mercy Hospital in Kansas City, and specially designed and staffed to serve our neonatal and pediatric patients.

At LifeFlight Eagle, we're here to provide you and your family with life-saving care when you need it most. For just \$59 per year, you can help support our non-profit community service and protect your household from out-of-pocket expenses associated with LifeFlight Eagle medical helicopter transport.



\$59

annual membership will ensure that you and your family are protected from any out-of-pocket costs for LifeFlight's lifesaving air transport services in case of injury or critical illness.

Become a member today!

- Return your payment with the enclosed form and envelope
- Call 800-936-9533
- Visit www.lifeflighteagle.org

 LifeFlight EagleSM
Aviation Services Provided by PHI, Inc

In case of an emergency, always call 911.

LifeFlight Eagle acts in response to an attending physician, ground ambulance team, fire and/or police department representative. These authorities will determine if LifeFlight Eagle emergency air transportation is medically appropriate.

When contacted, LifeFlight Eagle responds while the on-site physicians, nurses and EMS professionals continue their care for the patient.

Membership Agreement

LifeFlight Eagle will provide emergent air transport services to its members under the following terms and conditions.

- The membership benefits are for me (primary member), my spouse or domestic partner, my dependent children and persons who are permanent residents of my household, not to include roomers or boarders.
- Air emergent medical transports are based on medical necessity and transportation of patients to the closest, medically appropriate facility as requested by a physician or medical professional.
- Availability of service cannot always be guaranteed due to weather conditions, geographic restraints, limitations due to patient weight, or commitment to another patient transport.
- LifeFlight Eagle membership covers LifeFlight Eagle air ambulance services only.
- New member benefits take effect seven business days after LifeFlight Eagle's receipt of a completed enrollment form with payment.
- LifeFlight Eagle reserves the right to directly bill the member's benefits provider for LifeFlight Eagle services. LifeFlight Eagle will accept payment from insurance carriers as payment in full.
- Members transfer directly to LifeFlight Eagle their rights to insurance or other payer payments due to them for LifeFlight Eagle services. Such payments shall not exceed LifeFlight Eagle's regular charges.
- Membership purchases are non-refundable.

Member Information

New Renewal Gift Membership

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

BIRTHDATE: _____

Gift Memberships

YES, I am purchasing this membership as a gift.

Fill in recipient's information in the Member Information and Family Members sections at left. Below, indicate how we may reach you if we have questions.

A GIFT FROM: _____

ADDRESS _____

PHONE: _____

Mail gift membership to: Me Gift recipient

Bill renewals to: Me Gift recipient

Household Members

The membership benefits are for a primary member, spouse or domestic partner, dependent children and persons who are permanent residents of their household, not to include roomers or boarders.

FIRST AND LAST NAME	BIRTHDATE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and understand the benefits, terms and conditions at left and do hereby agree to these terms for membership. Terms and conditions are also available at www.lifeflighteagle.org.

Signature: _____

Date: _____

Payment Information

Please select your membership term (number of years) and payment amount

_____ year(s) x \$59 per year = \$ _____

OR

Lifetime Membership

(\$1,200 per household) = \$ _____

Tax Deductible Donation

TOTAL AMOUNT REMITTED \$ _____

Check Money Order (Please make payable to LifeFlight Eagle)

Visa Mastercard American Express

CARD # _____

EXP. DATE: _____

BILLING ZIP CODE: _____

NAME ON CARD: _____

SIGNATURE: _____

Please sign above if paying by credit card.