Business Plan Employee Membership Application

Important Note: Medicaid recipients are not eligible
los beneficiarios de Medicaid no son elegibles

HALO-Flight, Inc
1843 FM 665
Corpus Christi, TX 78415
361.265.0509
www.haloflight.org

Primary Applicant

☐M ☐F	Last Name	First Name			
Mailing Address		City	State	Zip Code	
County	Date of Birth	Home Phone No.			
Work Phone No.	Email Address				

Spouse/Significant Other

Last Name
First Name
Date of Birth
Email:

Family Members of Household: If additional space is needed, please use a separate sheet.

☐M ☐F	First Name	Last Name	Date of Birth	Relation to Primary Applicant:
☐M ☐F	First Name	Last Name	Date of Birth	Relation to Primary Applicant:
☐M ☐F	First Name	Last Name	Date of Birth	Relation to Primary Applicant:
☐M ☐F	First Name	Last Name	Date of Birth	Relation to Primary Applicant:
☐M ☐F	First Name	Last Name	Date of Birth	Relation to Primary Applicant:

Payment Options- Important Note: Must be signed to be valid.

Employer _____

Address _____

_____

Membership Agreement: Important Information

Please allow 4 to 6 weeks for processing.

This Agreement covers myself, my spouse and all family members who live at my residence and are listed on my Application, so long as they remain full-time residents of the specified household. (Includes dependent children, and custodial and non-custodial children) New residence family members may be added, family members may be deleted or the household location may be changed by written notice to HALO-Flight, Inc. Added members will be effective immediately as of the postmarked date on the envelope. I understand that Medicaid recipients are not permitted to enroll in this program, therefore I am stating that I have not listed anyone that is a Medicaid recipient. If a family member becomes a recipient of Medicaid, I will notify HALO-Flight in writing of this change immediately.

I understand that I am responsible for payment for any services provided to me by HALO-Flight, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance for those HALO-Flight services specified in this Agreement. This benefit is subject to certain limitations specified in this Agreement. As a condition of receiving this benefit, I hereby assign (hand over) to HALO-Flight all rights and benefits that I or the other family members of my residence have, under any and all medical, health, supplemental, worker's compensation, liability, auto or homeowner's insurance policies or plans, or from other third party payers or sources which provide coverage or would otherwise pay for air ambulance services. Such payment sources are collectively referred to in this agreement as 'insurance.' I authorize payment of all insurance benefits or payments to HALO-Flight. I understand that HALO-Flight will, whenever it deems it feasible, file claims for and directly collect the benefits payable from insurance, up to the amount of HALO-Flight's charges for its services. When requested by HALO-Flight, I agree to complete any forms and take any other reasonable action that may be necessary to collect such amounts. If I or anyone on my behalf receives any insurance or other third party payments for services provided by HALO-Flight, I will promptly forward those payments to HALO-Flight at 1843 FM 665, Corpus Christi, TX 78415.

I have read & understand the membership agreement above. MEMBER'S SIGNATURE (Required for Membership): **X**	Date:

How did you hear about the Guardian Plan?

☐ HALO-Flight Representative Name: ☐ Facebook ☐ Other:

"When Minutes Count"

Let HALO-Flight protect you & your Family's Finances.

HALO-Flight gives its Guardian Members peace of mind when the unexpected happens. With any medical emergency, expenses can multiply. HALO-Flight's Guardian Subscription Plan guarantees its members NO out-of-pocket expenses for a flight deemed 'medically necessary'.

HALO Flight Guardian
SUBSCRIPTION PLAN

www.haloflight.org

For Office Use Only: Member ID #

Date Received: **Mailed:**

Entered: **Posted:**

LIMITATIONS and CONDITIONS:

Membership benefits extend to HALO-Flight's critical care, advanced or basic life support air ambulance services staffed with Nurses, Paramedics and Pilots. HALO-Flight is an emergency service, activated under county EMS protocols by an emergency 911 response service or physician's prescription only. HALO-Flight benefits appeal to qualifying transports only. Coverage is only valid for services provided directly by HALO-Flight or Reciprocal Partner Program, including Dallas CareFlite. These benefits provided under the Reciprocal Partners.

Program benefits by CareFlite may be lower than those provided by HALO-Flight under this agreement. HALO-Flight transports based on medical need, not HALO-Flight Guardian Plan enrollment status, and transports patients to the closest, most medically appropriate facility as requested by a physician, or under county EMS protocols by activation under the emergency 911 system. HALO-Flight's membership does not cover any ground ambulance charges, including transportation to and/or from the aircraft. Membership benefits are inapplicable to services rendered by any other provider. As a condition of receiving the benefits of membership with respect to any air ambulance transport, a member with insurance must comply with all coverage conditions of their applicable insurance program for such transport. Some insurance programs require the insured person to obtain prior authorization of payment for non-emergency, yet medically necessary air ambulance services. Some plans require certain documentation from the insured within a specified time limit, or the plans deny or reduce coverage for air ambulance services. In the event a member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by membership, member will then forfeit membership benefit by failing to comply with their insurance requirements and membership can be revoked. The member must hold a current, valid membership at the time of service. Transport must originate in HALO-Flight's deemed service area and be the transporting agency. HALO-Flight reserves the right to deny or revoke any membership for a reasonable cause. If membership is revoked then all balances are due in full. HALO-Flight may terminate the membership program at any time upon notice to the members.

What's the bottom line?

Our average emergency helicopter transport exceeds $20,000. As a Guardian Member, if our service is utilized the patient's insurance is charged and accepted as payment in full, once HALO-Flight is notified that the patient is a member.

What's Included in the Plan?

-Covered members are charged NO out of pocket expenses for HALO-Flight transports deemed medically necessary.
-Coverage anywhere in our 26 county service area or with our reciprocal partner, Dallas CareFlite.
-Coverage for all family members who live in the same household and are listed on the application. (Includes dependent, custodial and non-custodial children).
-Vehicle decals showing you're a supporter of HALO-Flight's Guardian Subscription Plan
-A membership card for the household.

Business & Ranch Agreements are available!

For more information, please contact:

HALO-Flight, Inc.
1843 FM 665
Corpus Christi, TX 78415

361-265-0509

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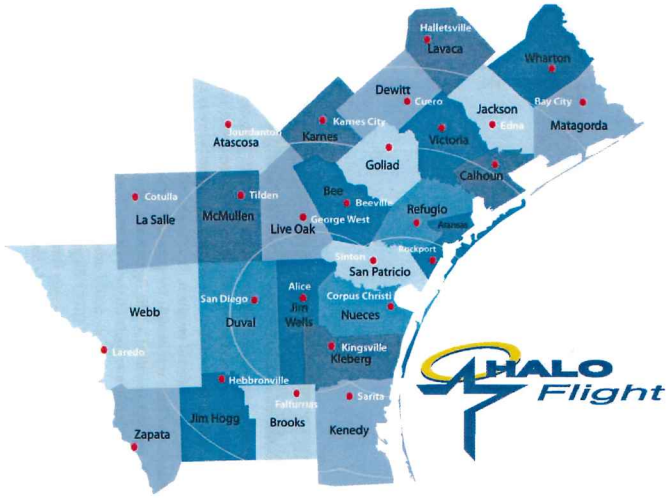
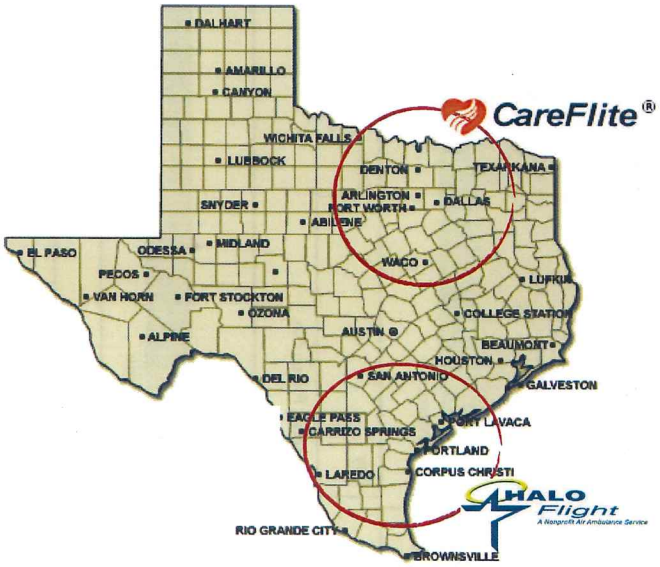


HALO Flight Guardian

SUBSCRIPTION PLAN

Plan for the Unexpected.



Helicopter EMS Service Areas are approximate.
HALO-Flight is a 501(c)3 Not for Profit Air Ambulance Service

Join today and pay NO out of pocket expenses.