PHI CARES

WHEN SECONDS MATTER, WE'VE GOT YOU COVERED.

ENROLL TODAY!

Join PHI Cares, the national air ambulance membership program for peace of mind.

Why PHI Cares?

- **Zero Out-of-Pocket Costs** As a member, you'll never have to worry about air transport costs in an emergency. We handle all insurance payments.
- **Professionalism and Stability** Join over 450,000 members receiving top-tier patient care across various medical specialties.
- **Affordability** For pennies a day, ensure comprehensive coverage for you and your loved ones.

Membership Coverage

- **Household Membership** Covers immediate family and up to three non-family members in the same household.

How Does It Work?

- **Call 911 in an Emergency** Dispatchers determine the need for air transport and request an air ambulance if necessary.
- **Inter-Facility Transfers** We coordinate with your healthcare provider for transfers to a highger level of care.

Making a Difference in Our Communities

Your membership supports vital, life-saving resources, helping to purchase equipment and medical supplies for local air medical services.

CONTACT US

For questions, to schedule a presentation, or to join by phone:

Tammy Thayer

Sr. Membership Manager

1-209-330-0588

TThayer@phiairmedical.com

PHICares.com/Tammy-Thayer/

PHI CARES MEMBERSHIP

From Coast to Coast, We've Got You Covered!

Scan to Join Online Today

PHI AIR MEDICAL · ENTERPRISE RESCUE · StatFlight · CHRISTUS Flight For Life · Rico aviation · UH AirMed

MEMBERSHIP ENROLLMENT FORM

STEP 1: Individual or Head of Household Information (Please print clearly)

First Name: _____ MI: _____ Last Name: _____ DOB: _____

Mailing Address: _____

Mobile Phone: _____ Alt. Phone: _____ E-Mail: _____

Do You Have Medical Insurance? ☐ **Yes** ☐ **No**

STEP 2: List Additional Household Members (other than yourself)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

STEP 3: Annual Membership Fees & Payment Options (Note: CA residents limited to 1-year. IN residents' max term 5 years.)

☐ **1-Year $65**

PAYMENT METHOD:

☐ Check/Money Order (Payable to: PHI Cares)

Credit: ☐ **Visa** ☐ **MasterCard** ☐ **AmEx** ☐ **Discover**

Card No. _____ Exp. Date: _____ CVV: _____

Signature: _____ Date: _____

THIS IS NOT AN INSURANCE POLICY. *Membership is non-refundable and starts five (5) days after PHI receives a complete application with full payment; waiting period waived for unforeseen events during this time. Applies to renewing members over 90 days past renewal date.*

SIGNATURE REQUIRED **By signing, you agree to all Terms and Conditions.**

Signature: _____ **Date:** _____

» Sr. Membership Manager, Tammy Thayer, Phone: 1-209-330-0588, Email: TThayer@phiairmedical.com

MAIL TO: PHI CARES, 2800 N 44TH ST. SUITE 800, PHOENIX, AZ 85008

PHI Cares General Terms and Conditions Membership

PHI Cares covers uninsured or uncovered flight charges for members transported on PHI aircraft. This membership is not insurance.

Members are relieved from paying charges related to medical transport, except amounts covered by healthcare insurance, third-party payer, or legally responsible third party.

Medicaid participants are not eligible. PHI aircraft may be unavailable due to inclement weather, being in service, maintenance, or other reasons. Passenger weights and other restrictions may limit transport capability. PHI Cares does not cover or reimburse services by other air or ground ambulance providers.

Membership covers medically necessary transports on PHI's partners' aircraft within PHI's service areas. Members must contact us if an eligible household dependent has been flown by PHI. Call our Membership Department: Mon-Fri, 8:00 am to 4:00 pm (MST) at 1-888-435-9744. Visit www.PHICares.com for complete terms and conditions.

By submitting your application, you agree to all Terms and Conditions.

NOTICES REQUIRED BY THE DEPARTMENT OF MANAGED HEALTH CARE (California Residents Only)

(A) BEFORE YOU PURCHASE: Your current HMO or health insurance may cover ambulance services. Check with your provider to avoid duplicating benefits.

(B) WARNING: This Ambulance Plan is not insurance. It won't reimburse other ambulance companies that might transport you due to 911 dispatch decisions, mechanical issues, or simultaneous calls.

(C) COMPLAINTS: For complaints or questions, contact PHI Cares at 1-888-I-FLY-PHI (1-888-435-9744). If unresolved, contact the Department of Managed Health Care at 1-800-400-0815 or visit www.dmhc.ca.gov.

(D) OPERATING UNDER CONDITIONAL EXEMPTION: This plan operates under an exemption from the Knox-Keene Health Care Service Plan Act of 1975 (Health and Safety Code section 1340 et seq.).

SIGN or INITIAL HERE: _____