CARING HEARTS GROUP MEMBERSHIP

1630 Corporate Court
Irving, TX 75038
(877) 339-2273 Phone
(972) 660-8821 Fax
membership@careflite.org Email

This membership benefit for you and your household/dependents is provided to you by **National Association of Riders Club & Sheriff's Posse (NARC&SF)**. Once your membership is activated, please go online to CareFlite.org/Membership to update your Caring Hearts Membership profile and add your household members/dependents covered under this membership. You may also complete this application and submit it to your employer representative.

First Name: _____ Middle Initial: _____ Last Name: _____

Home / PO Box Address: _____ City: _____

Zip: _____ County: _____ Phone #: _____

Date of Birth: _____ □ Male □ Female Email: _____@_____

Primary Insurance: □ No □ Yes If yes, Insurance Name _____ Policy # _____

Other Members of Household ***(For additional household family members, please go online once you receive your Membership ID number to update your dependents).***

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ □ Male □ Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ □ Male □ Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ □ Male □ Female

All applications Must Be Signed Here

Signature for Acknowledgment of Terms & Conditions_____ Date: _____

Print Name: _____

By signing this Subscription Membership Application, I agree (and on behalf of my family) to abide by the terms and wish to hereby apply for the CareFlite Caring Hearts Membership Program for myself and members of my household listed on the Application, as set forth in this Agreement. I have reviewed the Caring Hearts Membership Agreement and agree to abide by the terms thereof. I request payment of authorized Medicare or other insurance benefits to me, or on my behalf, to be paid to CareFlite for any emergency services and supplies furnished to me by CareFlite. I authorize any holder of any of my medical information to release that information to the CMS, its agents and carriers, or CareFlite, in order to determine benefits payable on my behalf, now and in the future. This agreement and authorization is executed on my own behalf and on behalf of the other members of my household or dependents if they are minors or otherwise unable to sign. I understand that under the State Rule **25 Tex. Admin. Code §157.11**, if I or a household member or dependent is a Medicaid recipient, then I am not allowed to have them on my application, therefore, I am stating that I have not listed on my application anyone that is a Medicaid recipient. If a qualifying member becomes a recipient of Medicaid, I will notify CareFlite in writing of this life change immediately. I warrant that all the information in the Application is true and correct. CareFlite reserves the right to request documentation demonstrating the accuracy of such information. I acknowledge that CareFlite's Caring Hearts Membership Program is simply a membership program sponsored by CareFlite, and thus, is not membership in CareFlite's non-profit corporate entity as the term membership is contemplated under the Texas Non-Profit Corporation Act.

CareFlite
Making precious minutes count since 1979

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(A Texas 501 (c) 3 non-profit entity)

Protect Your Family & Finances



Caring Hearts Membership Program

PERSONS COVERED: This Subscription Agreement covers the household qualifying members listed on this application. Qualifying dependents include anyone living in your household and those you can claim as dependents on your taxes, so long as they remain full-time residents (including college students) at the address listed on your state-issued ID. New qualifying dependents, others deleted, or a household location change must be submitted by written notice to CareFlite at the address shown above or online through the membership portal. Added dependents will become effective as of the postmark date on the envelope if submitted by mail, or immediately if completed online. **Medicaid recipients are not permitted to enroll in this program pursuant to State Rule 25 Tex. Admin. Code §157.11.**

EFFECTIVE DATE: This application will be effective on the date agreed to in the contract between CareFlite and the Company shown on this form.

BENEFITS: Payment of the membership fee by the Company shown above and compliance with the terms of this program/agreement entitles the members shown on this form to the following benefits:

1. Emergency helicopter air ambulance services for medically necessary advanced or basic life support emergency transport services from CareFlite as a result of an emergency medical condition shall pay nothing out of pocket, unless otherwise specified herein.
2. CareFlite's ground ambulance and 911/EMS service will be available within its service areas. These benefits will follow the rules of this Caring Hearts Membership Program. Membership benefits are inapplicable to services rendered by any other provider.

PAYMENT FOR SERVICES: I understand that I am responsible for payment for any services provided to me by CareFlite, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance for those CareFlite 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 CareFlite 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 medical transportation services. Such payment sources are collectively referred to in this agreement as "insurance". I authorize the payment of all insurance benefits or payments to CareFlite. I understand that CareFlite will, whenever it deems it feasible, file claims for and directly collect the benefits payable from insurance up to the amount of CareFlite's charges for its services. When requested by CareFlite, 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 CareFlite, I will promptly forward those payments to CareFlite at 1630 Corporate Court, Irving, Texas 75038.

LIMITATIONS and CONDITIONS: Membership benefits extend to CareFlite's critical care, advanced or basic life support helicopter air ambulance services staffed with nurses, paramedics and pilots, Specialty Care Transport (a ground transport staffed similarly to CareFlite's air ambulance services) as well as ground ambulances staffed with quality trained paramedics and EMTs. Member benefits are not applicable to services rendered by any other provider. As a condition of receiving the benefits of membership with respect to any air or ground ambulance transport, members with insurance agree to and 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. Non-insured members and household family members will automatically receive a 50% membership discount on CareFlite's standard charges for the services rendered. Some plans require certain documentation from the insured within a specified time limit or the plan(s) deny or reduce coverage for ambulance services. In the event the member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by insurance, the member will then forfeit membership benefit for failing to so comply and their membership can be revoked at CareFlite's discretion. Ground ambulance benefits are available to all members but only in CareFlite's ground ambulance service areas. The member must hold a membership that is in good standing at the time of service and the transport must originate in CareFlite's deemed service area with CareFlite as the transporting agency. CareFlite reserves the right to deny or revoke any membership for reasonable cause. If membership is revoked, then all balances are due in full. CareFlite may terminate the membership program at any time upon notice to the members. If CareFlite terminates the program, members will have any unused, prorated portion of their membership fee returned. To protect member fees, CareFlite maintains a bond with an A-rated insurance company.

CareFlite is a nonprofit ambulance service operating in partnership with:

Baylor Scott & White Health · JPS Health Network Fort Worth, Texas · Methodist Health System · Parkland · Texas Health Resources