



A service of PHI Air Medical

**CALIFORNIA AIR AMBULANCE MEMBERSHIP APPLICATION**

GROUP NAME (If Applicable): Hammond Landowners Association

**SEE IMPORTANT NOTICES ON PAGE 2 PRIOR TO PURCHASE**

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Alternative Phone #: (\_\_\_\_) \_\_\_\_\_

Email (optional) \_\_\_\_\_

**Head of Household**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Does this member have medical insurance? Yes  No

**List all additional members of household. Please attach a separate sheet of paper if necessary.**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Does this member have medical insurance? Yes  No

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Does this member have medical insurance? Yes  No

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Does this member have medical insurance? Yes  No

**Annual Membership Fees:**

TYPE	Annual Fee
Household WITH medical insurance	\$50
Household WITHOUT medical insurance	\$100
Individual WITH medical insurance	\$30
Individual WITHOUT medical insurance	\$100
Group/Organization Discounts	CALL FOR DETAILS

Office Use Only			
Base Code		Track Code	

## **NOTICES REQUIRED BY THE DEPARTMENT OF MANAGED HEALTH CARE:**

(A) BEFORE YOU PURCHASE: If you are currently enrolled in a health maintenance organization (HMO) or other health insurance, the benefits provided by an Ambulance Plan may duplicate the benefits provided by your HMO or other health insurance. If you have a question regarding whether your HMO or other health insurance offers benefits for ambulance services, you should contact that other company directly.

(B) WARNING: This Ambulance Plan is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when the 911 Emergency System has independently determined that another company could provide more expeditious service or is next in the rotation to receive a call. This might also occur when this Ambulance Plan is unable to perform within a medically appropriate timeframe due to a mechanical or maintenance problem or being on another call.

### **SIGN or INITIAL HERE**

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(C) COMPLAINTS: For complaints regarding this Ambulance Plan, or if you have questions regarding the Plan, first attempt to call PHI Cares\* at 1.888.IFLYPHI (888.435.9744). If PHI Cares\* fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1-800-400-0815. The Department's website is <http://www.dmhc.ca.gov>. You may obtain complaint forms and instructions online.

(D) OPERATING UNDER CONDITIONAL EXEMPTION: This Ambulance Plan is operating pursuant to an exemption from the Knox-Keene Health Care Service Plan Act of 1975 (Health and Safety Code section 1340 et seq.).

## **MEMBERSHIP 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 must be within the PHI Cares service area. For a list of service areas, please see the coverage map on the PHI Cares website: [www.phicare.com/coverage.shtml](http://www.phicare.com/coverage.shtml) 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 nonrefundable payment have been received and processed by the membership office. These terms also apply to renewing memberships provided payment of the annual membership fee is received within thirty (30) days of the renewal date.

### **Membership Renewals**

It is your responsibility to renew your membership prior to the expiration of the one-year term. Payment must be received within thirty (30) days of the renewal date. If you do not renew your membership, your membership and coverage thereunder will automatically terminate at the end of the one-year term. Any renewal will be based on the same terms and conditions applicable to your original membership. You may renew your membership in the following ways:

- (1) By Phone: 1-888 435-9744
- (2) Online: [www.phicare.com](http://www.phicare.com)
- (3) By Mail: PHI Cares PO Box 731886

### **Billing**

Members are charged an annual membership fee payable yearly in advance. The annual membership fee charged by PHI Cares is based on certain factors including whether or not you have healthcare insurance coverage.

A member who receives a medically necessary transport through the PHI Cares Program is relieved from paying any charges related to the medical transport other than amounts paid or reimbursed to you by any available healthcare insurance, a third party payor, or a third party who may be legally responsible for the charges. In other words, PHI Cares accepts what your insurance or other third party source of payment pays as "payment-in-full," relieving you of any other charges for the air medical transport.

PHI will bill your healthcare insurer or other third party payor (for example, Medicare), or seek recovery from any legally liable third party (for example, a car accident which causes you injury as a result of someone else's fault or negligence) for the air medical transport. Should you receive payment directly from your healthcare insurer, other third party payor, or from a legally liable third party for all or any portion of the charges for the air medical transport, you agree to promptly remit such payment to PHI. If any third party or his/her insurer who is legally

liable pays for the air transport charges either through settlement of a claim or a judgment from a lawsuit, you agree to promptly remit the amount received by you for air transport charges included in such settlement or judgement.

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 relieved by PHI Cares from any patient transport charges for medically necessary air transport services.

PHI Cares members are responsible for and agree to pay for any charges that are not covered by the PHI Cares Program, including but not limited to air transport pick-ups outside of the PHI Cares service area, or any ground ambulance transportation services that you may incur in connection with any PHI Air Medical transport.

### **Eligibility & Availability**

Medicaid participants are not eligible for PHI Cares membership.

Please note that a PHI aircraft may not be available at the time a flight request is made due to inclement weather, the PHI aircraft is in service at the time of the request, the PHI aircraft is undergoing maintenance or repairs, weight limitations of the PHI aircraft or other reasons that make the PHI aircraft unavailable to respond to a request. Further, medical or dispatch personnel may call another air ambulance provider in which event your PHI Cares membership will not cover the medical transport. You should inform the healthcare provider, dispatcher, or emergency personnel of your PHI Cares Membership at the time an air medical 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 suitable for air medical transport. PHI Cares does not recommend individuals who 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.

PHI Cares Membership is not an insurance policy but a membership program for its members for transport on PHI aircraft when medically necessary and subject to the further terms and conditions stated herein. PHI Cares does not cover and will not pay or reimburse you for services performed by any other air medical transport services provider or any group ambulance services provider. PHI Cares proudly partners with the following air ambulance providers: Air Evac Services (AZ), Ballad Health (TN), Baylor/Scott and White (TX), CHRISTUS Trinity Mother Frances Flight For Life (TX), CHI St. Joseph Health (TX), St. Vincent StatFlight (IN) and The University of Maryland (MD) air ambulance providers. In addition to covering medically necessary transports on PHI aircraft, your membership will also cover medically necessary transports on PHI's partners aircraft listed above if such transports occur within PHI's service areas. Any medical transports on a PHI Cares' partner aircraft shall be subject to the same terms and conditions stated herein.

### **Acknowledgment**

You acknowledge that all information included in the completed application is correct to the best of your knowledge, including all health insurance information. If your healthcare 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 cancelation of healthcare insurance coverage, must be reported to the PHI Cares Membership office within five (5) business days of such change or cancelation.

By approving this application for Membership, you agree to all of the terms and conditions of PHI Air Medical Membership Plan Coverage Agreement as stated above.

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<https://www.phicare.com/termsandconditions.shtml>

X \_\_\_\_\_

**SIGNATURE**

**DATE**

**MAIL TO:**  
PHI Cares  
P.O. Box 731886  
Dallas, TX 75373-1886

**CALL TOLL-FREE**  
**1.888.435.9744**  
**Mon-Fri 8AM to 4PM (MST)**  
**[www.phicare.com](http://www.phicare.com)**

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**DCRUA Newsletter**

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Larie D'Innocente &lt;lariedw@gmail.com&gt;

Thu, Mar 14, 2019 at 2:18 PM

Draft To: John Brennan &lt;jb96094@gmail.com&gt;

Bcc: Florence Anderson <opal63US@yahoo.com>, Daniel Axelrod <daxelrod@umich.edu>, Valerie Baake <kunios@sbcglobal.net>, Karen & John Bainbridge <harleyj1944@sbcglobal.net>, dovlotus@yahoo.com, Melinda Becze <melicca@hotmail.com>, Diane Blakely <diane@bydustyroads.com>, Richard Blakely <blakely.richard@gmail.com>, emmabowers@yahoo.com, Robert & Kimberly Chortek <rlc@berliner.com>, Marilyn Galla <pcisneros@ritchiecommercial.com>, Robert & Dianna Craig <dedecraig@yahoo.com>, William Cross <cross-w@att.net>, Nicolas Decaux <nicolasdecaux@yahoo.com>, jondegallier@gmail.com, kmplocinik@gmail.com, Wilma Dibelka <wilma@dibelka.us>, miniwife@sbcglobal.net, Paul Elberts <pelberts@ix.netcom.com>, Marilyn Galla <galla39@aol.com>, Glenn & Ly Gilbert <gllgilbert@comcast.net>, mueller.giovanna@gmail.com, adguglietti@verizon.net, derek.havel@gexpro.com, Derek & Bayarmaa Havel <dph0711@live.com>, Neil & Patty Heiman <pane07@yahoo.com>, Ana Holub <anaholub1@gmail.com>, Kristine Hornof <khornof@gmail.com>, Vicki Houle <vickihoule47@gmail.com>, ruthhunter1@gmail.com, fillupp49@yahoo.com, pfishfool1@comcast.net, Carmen Kinch <carmen.kinch@gmail.com>, Steve & Eloise Larson <eloise@eioiselarson.com>, Richard Lucas <richard@shastavisions.com>, gaylenmartin@yahoo.com, jairomccoy@gmail.com, Sally McGraw <appymiss@gmail.com>, Terry & Sally McGraw <4d7ford@gmail.com>, Sally McGregor <sarakaimac@gmail.com>, diane.mclean18@gmail.com, Bill Miesse <montagne@snowcrest.net>, Charles Miller <wcrogmil@gmail.com>, meminock@gmail.com, Michael & Donna E-Moore <dmoore@shasta.com>, opa.frankm@gmail.com, jimपालोcedro@gmail.com, Dave Muzzio <muzzio2upthere@gmail.com>, David Norlander <david\_norlander@yahoo.com>, Pamela & Bill Oakes <bcoplo@comcast.net>, neeratheresia@gmail.com, wagley@mac.com, frasaepeterson@yahoo.com, dpconst38@yahoo.com, bp1058@aol.com, raranger2@roadrunner.com, Linda Richter <lr.skydance@gmail.com>, Eric Ricohermoso <eeeerico@gmail.com>, paulirobinson@jeffnet.org, Pam Robinson <pam.robinson266@gmail.com>, karen@finestplanet.com, bsandp@sbcglobal.net, msoschet@pacbell.net, steward.diane@gmail.com, Dona Stroshine <dstrosh302@hotmail.com>, Kristen Stroud <kristenmstroud@gmail.com>, cpjs.vii@gmail.com, ltetreault28@gmail.com, lynn@agtcpa.com, George & Bonnie Thomas <vagabundosdelrio@gmail.com>, Karl & Elsbeth Tiefert <khtiefert@earthlink.net>, Eric Toolson <etoolson@yahoo.com>, amytruby14@gmail.com, Tim Corcoran <info@hwos.com>

Hi Dale Creek Road User,

Attached is the latest Road Users Association newsletter and invoice for this year.

Larie