



Dear Southern Indiana Power Customer,

Southern Indiana Power has partnered with Air Evac Lifeteam to offer you, as a customer, the opportunity to join AirMedCare Network's Membership Program at a special "customers-only" discounted rate, paid yearly or conveniently added to your Southern Indiana Power Bill.

Monthly Membership Fees added to Southern IN Power Customer's Bill

\$5.00 - Entire Household

As your local air ambulance, serving area residents from our surrounding bases, Air Evac Lifeteam understands the critical aspect of time in treating medical emergencies. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to emergency medical treatment. Air Evac Lifeteam can cut that transportation time *in half*.

In the event you are flown by Air Evac Lifeteam for a life or limb-threatening emergency, we will work with your benefits provider to secure payment for your flight. Whatever your benefits provider pays will be considered payment in full. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances & family. As an Air Evac Lifeteam member you will have no out-of-pocket expenses related to your flight if you are flown by Air Evac Lifeteam or any AirMedCare Network participating provider.

Air Evac Lifeteam is a member of the AirMedCare Network, the largest Air Ambulance Membership Network in the United States. An AirMedCare Network membership automatically enrolls you in all provider membership programs, (Air Evac Lifeteam, REACH Air Medical Services, Med-Trans Air Medical Transport and EagleMed) giving you membership coverage in over 220 locations across 28 states. All AirMedCare Network service providers work cooperatively to provide the highest levels of care for you, your family, and your community.

Join today and you can receive membership in the AirMedCare Network at the same low price as the individual membership programs, giving you membership across four leading air ambulance operators for the price of 1!

Air Evac Lifeteam cares about you and your loved ones. Our mission is to make it possible for people living in rural areas to get the life-saving emergency care they need, *when* they need it. Thanks to the support of over 1.4 million members, AirMedCare Network providers can provide financial peace of mind for you and your family...while providing this vital service to our community.

Sincerely,

Membership Sales Managers:

Kaylee Diamond

Dubois County
Cell: 812-508-4772
Email: Kaylee.Diamond@amgh.us

Tami Tenbarge

Warrick & Spencer Counties
812-568-6488
Tamara.Tenbarge@amgh.us

Annie Hynes

Perry County
270-617-4317
Anna.Hynes@amgh.us



Membership Terms and Conditions

AirMedCare Network is an alliance of affiliated air ambulance providers* (each a "Company"). An AirMedCare Network membership automatically enrolls you as a member in each Company's membership program. Membership ensures the patient will have no out-of-pocket flight expenses if flown by a Company by providing prepaid protection against a Company's air ambulance costs that are not covered by a member's insurance or other benefits or third party responsibility, subject to the following terms and conditions:

1. Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by AMCN Provider attending medical professionals to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency air ambulance transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown.
2. AMCN Provider air ambulance services may not be available when requested due to factors beyond its control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient condition, age or size, or weather conditions. FAA restrictions prohibit most AMCN Provider aircraft from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crews. Emergent ground ambulance transport of a member by an AMCN Provider will be covered under the same terms and conditions.
3. Members who have insurance or other benefits, or third party responsibility claims, that cover the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage. In return for payment of the membership fee, the AMCN Provider will consider its air ambulance costs that are not covered by any insurance, benefits or third party responsibility available to the member to have been fully prepaid. The AMCN Provider reserves the right to bill directly any appropriate insurance, benefits provider or third party for services rendered, and members authorize their insurers, benefits providers and responsible third parties to pay any covered amounts directly to the AMCN Provider. Members agree to remit to the AMCN Provider any payment received from insurance or benefit providers or any third party for air medical services provided by the AMCN Provider, not to exceed regular charges. Neither the Company nor AirMedCare Network is an insurance company. Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. Neither the Company nor AirMedCare Network will be responsible for payment for services provided by another ambulance service.
4. Membership starts 15 days after the Company receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Members must be natural persons. Memberships are non-refundable and non-transferable.
5. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Company that they are not Medicaid beneficiaries.
6. These terms and conditions supersede all previous terms and conditions between a member and the Company or AirMedCare Network, including any other writings, or verbal representations, relating to the terms and conditions of membership.

*Air Evac EMS, Inc. / EagleMed LLC / Med-Trans Corporation / REACH Air Medical Services, LLC — These terms and conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you.

Membership Application—Southern Indiana Power

Quick STEP 1 Member Contact Information

First Name: _____ Last Name: _____
 Physical Address: _____
 Mailing Address: _____
 (if different from above)
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 E-Mail Address: _____ County: _____
 Date of Birth: ____/____/____ (M / F) Affiliation: Southern Indiana Power

Quick STEP 2 List Other Persons In Household and Date of

1	_____	_____	____/____/____	(M / F)
	First Name	Last Name	month / day / year	
2	_____	_____	____/____/____	(M / F)
	First Name	Last Name	month / day / year	
3	_____	_____	____/____/____	(M / F)
	First Name	Last Name	month / day / year	

If more space is needed please attach an additional sheet and detail the full name and date of birth for each

Quick STEP 3 Membership and Payment Options (select

Monthly Membership	\$5.00	Household	<input type="checkbox"/>
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I authorize Southern Indiana Power to add \$5.00 per month to my bill and to disperse the money as payment for my AirMedCare Network Membership. I understand that this authorization will stay in effect as long as I am a member of Southern Indiana Power, or until I submit a cancelation in writing.

Signature as it appears on utility bill _____ Account number (if known) _____

- A member's membership will be effective 15 calendar days after receipt by Southern Indiana Power of the member's first monthly Membership fee and will continue thereafter as long as monthly Membership fees are paid, but will terminate automatically without notice if no monthly Membership fee is received by AMCN from member for a 60 calendar day period.
- A member may discontinue their AMCN membership at any time by signing a discontinuation notice (as provided by AMCN).
- **Southern Indiana Power and AirMedCare Network are not affiliated. Southern Indiana Power is not responsible for any of AMCN's acts or omissions, and AMCN is not responsible for any of Southern Indiana Power's**

By signing this authorization I agree to the terms stated above and acknowledge that I authorized to have the additional \$5.00 AMCN fees added to my Southern Indiana Power bill. I also understand that I will communicate directly with AirMedCare Network for Membership Member Service.

Completed enrollment forms may be simply returned with your next payment.

By signing this application for membership, I agree to AMCN's terms and conditions.

X _____ month / ____ / ____
 (Signature required)

Local Membership Sales Manager

Kaylee Diamond - 812-508-4772

www.AirMedCareNetwork.com

GET CODE

TRACK

PLAN CODE
7543