PHI AIR MEDICAL CITY COVERAGE

Supporting the Emergency Medical Transportation needs of City of Bastrop, Texas Residents

All residents in the incorporated City of Bastrop, Texas, requiring medically necessary transportation, are now covered for transport by PHI Air Medical when their flight originates in Bastrop County.

All co-pays, deductibles, and out-of-pocket costs are covered when PHI Air Medical transports a resident.

Bastrop residents can upgrade to nationwide household benefit coverage for only $45.00 per year. Please visit our website www.PHIcares.com and use coupon code BASTROPUPGRADE

For more information, visit www.PHIcares.com or email: Membership@PHIairmedical.com
1.888.I FLY PHI (1.888.435.9744)
Expires 04/30/2023
Group Name: City of Bastrop TX Upgrade 2022

Head of Household Information:
First Name: ______________________ Mi: ______ Last Name: ______________________ Date of Birth: _______/______/______
Do you have Medical Insurance? ☐ Yes ☐ No
Mailing Address: __________________________ City __________________ State ______ Zip ______
Contact Number: (________) __________________________ Email Address: ____________________________

List all additional members of household:
First Name: ______________________ Mi: ______ Last Name: ______________________ Date of Birth: _______/______/______ ☐ Y ☐ N
First Name: ______________________ Mi: ______ Last Name: ______________________ Date of Birth: _______/______/______ ☐ Y ☐ N
First Name: ______________________ Mi: ______ Last Name: ______________________ Date of Birth: _______/______/______ ☐ Y ☐ N
First Name: ______________________ Mi: ______ Last Name: ______________________ Date of Birth: _______/______/______ ☐ Y ☐ N
First Name: ______________________ Mi: ______ Last Name: ______________________ Date of Birth: _______/______/______ ☐ Y ☐ N

1-Year Membership Fee: $45

Complete the information above. BE SURE TO SIGN AND DATE THIS FORM BELOW. Mail signed application and payment to:

PHI Cares
2800 N. 44th Street, Suite 800
Phoenix, AZ 85008

For Card Payments Only
Name Listed On Card: ________________________________________________________________
Card Number: __________________________ Exp: __________________________
Signature __________________________ Date: __________________________

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 cancellation of healthcare insurance coverage, must be reported to the PHI Cares membership office within five (5) business days of such change or cancellation. By approving and submitting your application for PHI Cares membership, you agree to all of the Terms and Conditions set forth herein as stated on the backside of this application.
MEMBERSHIP TERMS AND CONDITIONS

Membership: PHI Cares is a membership program operated by PHI Health, LLC, which covers the uninsured or otherwise uncovered portion of the flight charges that may be incurred by members who are transported on a PHI medically configured aircraft as set forth herein. 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 PHI Cares membership office. These Terms and Conditions also apply to renewing memberships, provided that payment of the annual membership fee is received within thirty (30) days of the renewal date. As used herein, the terms "you," "your," and "Member" shall mean any members enrolled in the PHI Cares Program; the terms "our," "we," "us," and “PHI” shall mean PHI Health, LLC; the term “PHI Cares Program” shall mean the PHI Cares membership program operated by PHI; and the term “Terms and Conditions” shall mean the PHI Cares Program Terms and Conditions.

Billing: Members are charged an annual membership fee payable yearly in advance. The annual membership fee charged by PHI 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 the Member by any available healthcare insurance, a third party payer, 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 payer (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 payer, 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 judgment.

Eligibility & Availability: Medicaid participants are not eligible for membership in the PHI Cares Program. 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 being in service at the time of the request, the PHI aircraft 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.

Service Area: Membership provides household national coverage for medically necessary air transports on PHI medically configured aircraft to the closest appropriate facility within 200 miles for a rotor 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.PHIcares.com or contact the membership office directly.

Termination and Renewal of Coverage: PHI may terminate your membership for failure to comply with the Terms and Conditions of the PHI Cares membership program. PHI reserves the right to discontinue its PHI Cares Program at any time upon notice to Members. In such event, PHI shall return a pro rata portion of the membership fee. PHI also reserves the right to unilaterally modify the Terms and Conditions, including but not limited to the membership fee to be charged to Members who join or renew their membership after the effective date of such change. It is your responsibility to renew your membership prior to the expiration of the one-year term. A completed renewal application and nonrefundable 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. Renewal contracts may include changes in coverage.

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 cancellation of healthcare insurance coverage, must be reported to the PHI Cares membership office within five (5) business days of such change or cancellation.

By approving and submitting your application for PHI Cares membership, you agree to all of the Terms and Conditions set forth herein.

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https://www.PHIcares.com