

# AVERA CAREFLIGHT MEMBERSHIP AGREEMENT

**Family Definition:** Careflight membership covers you, your spouse, and any unmarried, dependent children under the age of 26. Any dependent age 26, or older, including anyone who is incapable of self-support because of a mental, or physical disability, *will need to purchase a separate Careflight membership.*

- Careflight membership covers 100 percent of the cost of emergency Careflight transports within the service area. Service areas are 125 miles from either Sioux Falls, SD, Aberdeen, SD, or Pierre, SD.
- For a one-year period, I hereby apply for the Careflight membership for myself, and my dependent family household members listed on this application.
- I understand that Careflight will accept health care coverage/insurance as payment in full, for all transport charges. If the health care coverage/insurance doesn't pay for the Careflight transport in full, Careflight membership will cover the balance of the transport charges, having met Careflight membership requirements.
- For individuals without health care coverage, the entire cost of emergency transport, having met Careflight membership requirements, will be covered under the membership plan.
- Patients will be transported to the nearest appropriate medical facility within the Avera service region, based on medical condition.
- Physicians and/or emergency medical personnel responding to the emergency will determine medical need for air ambulance transport.
- The effective date of the plan will be the **first of the month following receipt of membership payment**.
- I hereby transfer my rights for insurance reimbursement from my insurance carrier paid directly to me to Avera for coverage of emergency flight charges.
- Reimbursement is not to exceed standard charges for air ambulance services. I also understand that my membership investment is not tax deductible, and availability of immediate service may be affected by adverse weather conditions or aircraft availability.
- *Careflight services provided by MRIS, LLC, Avera McKennan Hospital and University Health Center*
- *Please call **Misty Miller** at **605-322-4759** with questions regarding Avera Careflight membership.*
- *For more information, or to sign up for a membership online, visit [www.Avera.org/careflight](http://www.Avera.org/careflight)*

**\*PLEASE KEEP THE ABOVE PORTION OF THE AGREEMENT FOR YOUR FILES\***



Please return the bottom portion of this document, along with your **\$49.00 payment to:**  
**Avera Careflight ~ 212 E. 11th St. ~ Sioux Falls, SD 57104**  
 OR Apply online at: [www.averafoundation.org/careflight-membership](http://www.averafoundation.org/careflight-membership)

## AVERA CAREFLIGHT MEMBERSHIP APPLICATION

New membership

Renewal membership

Gift membership

Date: \_\_\_\_\_

**PRIMARY MEMBER'S NAME:** \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email address: \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_ Date of birth: \_\_\_\_\_

**CHILD(REN): ~ unmarried, dependent children, under the age of 26**

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Payment Methods ~ \$49.00 Membership fee**

- Check number: \_\_\_\_\_
- Please charge my credit card
- Credit card number: \_\_\_\_\_
- Expiration date: \_\_\_\_\_ CVV code: \_\_\_\_\_
- Signature: \_\_\_\_\_

**Gift Membership**

- From: \_\_\_\_\_
- Your address: \_\_\_\_\_
- Your phone: \_\_\_\_\_
- \*Membership letter will be mailed directly to gift recipient