

HALO-Flight, Inc., A Non-Profit Organization

1843 FM 665 | Corpus Christi, TX 78415

(361) 265-0509 | www.haloflight.org

MEMBERSHIP APPLICATION:

San Patricio Electric Cooperative

Important Note: MEDICAID recipients are not eligible for Membership
Los beneficiarios de MEDICAID no son elegibles

Member Address Information:

Primary Applicant	Title:	Name:	Gender:
Mailing Address:			
City, State Zip:			
Birthdate:	Phone Type:		Home:
Email Address:			Cell:

Member Additional Household Information: If additional space is needed, please use a separate sheet.

Relationship (to Primary Applicant)	Date of Birth	Gender	Title	Name:	Email Address/Phone #: (if different from Primary)

\$1.00 per month added to your SPEC bill Account # _____

This opportunity to enroll in HALO-Flight’s valuable service at the reduced rate of \$1.00 per month is made possible through a special billing arrangement between HALO-Flight, Inc. and San Patricio Electric Cooperative, Inc. (SPEC) that will allow SPEC residential service members to pay the HALO-Flight \$1.00 monthly fee as a part of their SPEC monthly electric bill. This special rate and billing arrangement is available only for residential customers of SPEC and will automatically terminate 30 days after you cease taking SPEC residential service and have been final billed for that residential service account. To terminate your HALO-Flight membership at any time, please contact HALO-Flight directly at the phone number listed above. If you are currently a Guardian member, please do not join until your current membership expires. **Although SPEC is offering to include the HALO-Flight monthly fee as a part of participating members’ monthly electric bills, please be aware that SPEC will not be involved in any way in the actual operation of HALO-Flight or in providing HALO-Flight services, and SPEC IS NOT WARRANTING OR ENDORSING HALO-FLIGHT OR HALO-FLIGHT SERVICES IN ANY MANNER AND DISCLAIMS ANY WARRANTIES OR REPRESENTATION WITH RESPECT TO HALO-FLIGHT AND THOSE SERVICES.**

Membership Agreement: Important Information

Please allow 4 to 6 weeks for processing

This Agreement covers all family members that live at the listed primary residence on a permanent basis and are listed on the application, so long as they remain full-time residents of the specified household (Includes dependent children, and custodial and non-custodial children). New residence family members may be added, family members may be deleted or the household location may be changed by written notice to HALO-Flight, Inc. Added members will be effective immediately as of the date received by HALO-Flight, Inc. **I understand that Medicaid recipients are not permitted to enroll in this program, therefore I am stating that I have not listed anyone that is a Medicaid recipient.** If a family member becomes a recipient of Medicaid, I will notify HALO-Flight in writing of this change immediately. I understand that I am responsible for payment for any services provided to me by HALO-Flight, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance (excluding co-pays and deductibles) for those HALO-Flight 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 HALO-Flight 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 air ambulance services. Such payment sources are collectively referred to in this agreement as ‘insurance.’ I authorize payment of all insurance benefits or payments to HALO-Flight. I understand that HALO-Flight will, whenever it deems it feasible, file claims for and directly collect the benefits payable from insurance, up to the amount of HALO-Flight’s charges for its services. When requested by HALO-Flight, 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 HALO-Flight, I will promptly forward those payments to HALO-Flight at 1843 FM 665, Corpus Christi, TX 78415.

I have read & understand the membership agreement above. SPEC PRIMARY ACCOUNT HOLDER SIGNATURE (Required for BILLING & MEMBERSHIP)

X

“When Minutes Count”

Let HALO-Flight protect you & your family’s finances.

HALO-Flight gives its Guardian Members peace of mind when the unexpected happens. With any medical emergency, expenses can multiply. HALO-Flight’s Guardian Subscription Plan guarantees its members NO out-of-pocket expenses for a flight deemed ‘medically necessary’.



For Office Use Only:

Date Stamp:

Primary Applicant’s Reference ID: _____

Member ID: _____



What's the bottom line?

An air ambulance emergency helicopter transport CAN exceed \$20,000. The Guardian Subscription Membership can help ease the pain on your pocket. Here is how it works: Once HALO-Flight is notified that the patient is a Guardian Plan Member, HALO-Flight will advocate for the Member with the billing company. If the Member is WITHOUT insurance coverage at the time of transport, the Member will receive a 50% reduction on their HALO-Flight bill. Members with valid insurance coverage at the time of transport will have no out of pocket expense; the insurance payment is accepted as payment in full.

What is included in the Plan?

Insured Members are charged NO out of pocket expenses for HALO-Flight transports deemed medically necessary, uninsured members receive a 50% reduction in the cost of the HALO-Flight transport.

Coverage anywhere in our 26 county service area or with our reciprocal partner, Dallas CareFlight.

Coverage for all family members who live in the same household, and are listed on the application.

(Includes dependent, custodial and non-custodial children).

A membership card for the household.

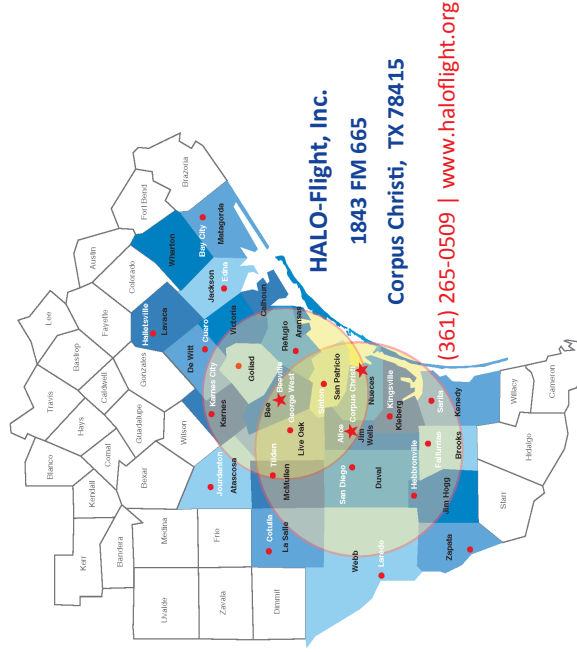


Plan for the Unexpected.

LIMITATIONS and CONDITIONS:

Membership benefits extend to HALO-Flight's critical care, advanced or basic life support air ambulance services, staffed with Nurses, Paramedics and Pilots. HALO-Flight is an emergency service, activated under county EMS protocols by an emergency 911 response service or physician's prescription only. HALO-Flight benefits appeal to qualifying transports only. Coverage is only valid for services provided directly by HALO-Flight or Reciprocal Partner Program, including Dallas CareFlight. These benefits provided under the Reciprocal Partner. Program benefits by CareFlight may be lower than those provided by HALO-Flight under this agreement. HALO-Flight transports based on medical need, not HALO-Flight Guardian Plan enrollment status, and transports patients to the closest, most medically appropriate facility as requested by a physician, or under county EMS protocols by activation under the emergency 911 system. HALO-Flight's membership does not cover any ground ambulance charges, including transportation to and/or from the aircraft. Membership benefits are inapplicable to services rendered by any other provider. As a condition of receiving the benefits of membership with respect to any air ambulance transport, a member with insurance 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. Some plans require certain documentation from the insured within a specified time limit, or the plans deny or reduce coverage for air ambulance services. In the event a member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by membership, member will then forfeit membership benefit by failing to comply with their insurance requirements and membership can be revoked. The member must hold a current, valid membership at the time of service. Transport must originate in HALO-Flight's deemed service area and be the transporting agency. HALO-Flight reserves the right to deny or revoke any membership for a reasonable cause. If membership is revoked then all balances are due in full. HALO-Flight may terminate the membership program at any time upon notice to the members.

Business & Ranch Plans are available! For more information, please contact:



When minutes count hope is in the air!

Helicopter EMS Service Areas are approximate.

HALO-Flight is a 501(c)3 Not-for Profit Air Ambulance Service

Guardian Plan Membership Application

www.haloflight.org