

# OMNI Advantage

## OMNI Advantage MEMBERSHIP AGREEMENT

- Membership benefits are for myself, spouse and dependent children under the age of 23 insured under my or my spouse's health plan, listed on this application below.
- Membership is secondary to all other insurance or other payments for air ambulance services. Any insurance payments for Omniflight air ambulance services received by the member must be submitted to Omniflight.
- In consideration of the air ambulance services to be rendered, I hereby assign and transfer to Omniflight any benefits payable to or for my benefit, or the benefit of my spouse or dependents who are named enrollees on my Omni Advantage membership, under or by my health insurance carrier, other health benefit plan or any other insurance coverage, for the payment of such services rendered. I understand that I am responsible for the total charges for air ambulance services rendered to me by Omniflight Helicopters Inc. for any denied, non-covered or medically unnecessary transports as determined by my health plan, or if I do not have insurance coverage for air ambulance service.
- Both Rotorwing and Fixedwing transports are based on medical need, not membership status. Patients will be transported to the closest, medically appropriate facility. Membership benefits apply to qualifying transports only.
- Membership fees are non-refundable, non-transferable and non-assignable to other individuals.
- Membership fees are NOT tax deductible.
- Availability of service cannot be guaranteed due to but not limited to, weather conditions, maintenance or commitment to another transport.
- If Omniflight does not transport you, you will be responsible for payment of the bill. Omni Advantage is only valid for air ambulance services provided by Omniflight.
- New member benefits take effect three days after receipt of a completed application including payment of membership fee. There is no waiting period for membership renewal.
- Should a member require transport in an Omniflight air ambulance, Omniflight will bill your health insurance or health plan directly. Omniflight will accept payment from health insurance plans as payment in full. Your membership fee covers your health plan expenses as described by your coverage. Please notify Omniflight promptly if the health insurance or health plan information below changes or coverage terminates for any reason.

I understand that my Omni Advantage membership is not an investment, ownership or an insurance program, and does not provide any form of financial security. I understand that the primary purpose for my membership is to support Omni Advantage. I certify and state that I have received no promises, assurances or guarantees from anyone as to this membership program or the air ambulance services. I certify that I am the individual applying for membership and legal representative of my spouse and dependent children and am duly authorized by them to execute this application and accept its terms and conditions on their behalf. I certify that neither I nor the family members named below are Medicaid enrollees.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OMNIFLIGHT**



## OMNI Advantage MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State \_\_\_\_\_

Zip \_\_\_\_\_

Birthdate \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Family Members to enroll

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(list other family members on back of application)*

Health Insurance Plan \_\_\_\_\_

Policy/ Plan # \_\_\_\_\_

Name of Insured \_\_\_\_\_

New  Renew

Check enclosed (Payable: Omniflight Helicopters)

### Membership Type

Standard - \$49/year

Groups > 10/EMS/FD/Hospital/Police/AAA - \$39/year  
Affiliation/AAA Number \_\_\_\_\_

Military (Please send a copy of your Military ID) - \$10/year

### How were you referred to Omni Advantage?

Internet  Friend/Family  Employee (list name below)

Other \_\_\_\_\_

\_\_\_\_\_ Visa / Master Card / AmExpress Number

\_\_\_\_\_ Credit Card Security Code on Back of Card

\_\_\_\_\_ Name on card

\_\_\_\_\_ Exp. Date

\_\_\_\_\_ Signature

**If Paying By Check, Make Payable to Omniflight Helicopters, Inc, If Paying By Credit Card, Please Note Your Credit Card Statement will Reflect a Charge to Omniflight Helicopters, Inc.**

I have read, and understand and agree on behalf of myself and the named family members to the benefits, terms and conditions of the Omni Advantage Membership Program and Membership Agreement as described above.

\_\_\_\_\_ Signature

Please keep a copy of the Membership Agreement. Terms, conditions and prices of Omni Advantage are subject to change.

**All forms must have a signature; unsigned membership forms cannot be properly processed.**

Fax completed membership form to: 1-480-324-2995 or mail completed membership form to: P.O. Box 6119 Mesa, AZ 85216