

Questions?

Q-Who is Hawaii Air Ambulance?

Hawaii Air Ambulance is the premier emergency air medical service in Hawaii which transports people in immediate emergency medical need from one island to another. Hawaii Air Ambulance is staffed with professional pilots, flight nurses and flight paramedics, and has been serving Hawaii since 1979.

Q-Why might I need an air ambulance?

If you or a family member suffered an accident or serious medical problem¹ and needed to be transferred to a medical facility on another island, Hawaii Air Ambulance would transport you in a modern, medically equipped and professionally staffed aircraft.

Q-How much would an air ambulance transport cost, if I was not a member?

It could be over \$10,000.

Q-What does membership provide me and/or my family?

Membership waives the patient's deductible or co-payment when Hawaii Air Ambulance provides air medical services.

Q-How soon will my membership become active?

Your membership becomes "active" on the date this application is signed. Payment must follow application within 30 days of dated signature.

Q-Do you accept members without health insurance?

No, we do not.

Q-If I have Medicare, Quest or Medicare Plus, how does membership help me financially?

Membership waives your deductible or co-payment.

¹Services must be within Hawaii Air Ambulance's scope of care. Transports of some high risk OB and neonates do not qualify.



Membership Program



Hawaii Air Ambulance Membership Program

is an exclusive air medical transport membership service that **waives the member's insurance deductible or co-payment** when Hawaii Air Ambulance provides emergency air transportation between the Hawaiian Islands.

“Protect Your Health and Your Pocket Book!”

PAYMENT OPTIONS

- VISA MASTERCARD
 CHECK/MONEY ORDER (mail with this application.)

Credit Card Account # _____

Exp. Date _____

Name as it appears on card (please print) _____

Signature of card holder _____

Date _____

AUTOMATIC RENEWAL²

I elect to have my membership automatically renewed (credit card required). As a condition of this renewal, I will always maintain current health insurance and notify Hawaii Air Ambulance of any change in my coverage. If for any reason, I do not have any current health insurance, I will be responsible for any cost of any air medical transportation provided by Hawaii Air Ambulance.

I further agree to notify Hawaii Air Ambulance of any change in my credit card.

²Note: Members may call in their credit card.

For Internal Use Only

Membership Number: _____

Expiration Date: _____

New Membership Renewal Membership

