



4933 Bailey Loop, McClellan, CA 95652

**Group Enrollment Form**

GROUP NAME: FOLSOM HOG

Group Membership: **\$35.00** per individual/family

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Eligible Family Members: (See Membership Definition)\*\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Before You Purchase:**

If you are currently in a health maintenance organization (HMO) or other health insurance, the benefits provided by an Ambulance Plan may duplicate the benefits provided by your HMO or other health insurance. If you have a question regarding whether your HMO or other health insurance offers benefits for ambulance services, you should contact that company directly. CALSTAR's membership program is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when the "911 Emergency System" has independently determined that another company could provide more expeditious service or is next in the rotation to receive a call. This might also occur when CALSTAR is unable to perform within a medically appropriate timeframe due to severe weather, a maintenance issue or being committed to another call.

Initial here \_\_\_\_\_

- CALSTAR is an emergency service, activated under county protocols, by an emergency 911-response service or physician's prescription only. Membership benefits apply to qualifying transports only.
- CALSTAR membership is secondary to all other insurance carriers.
- CALSTAR will accept payment from insurance carriers as payment in full.
- I transfer directly to CALSTAR my rights to air medical insurance payments due me. Such payments shall not exceed CALSTAR's regular charges.
- New Member benefits take effect 14 days after receipt of completed enrollment with payment. There is not a waiting period for membership renewal. There is a 30-day waiting period for pre-existing illness or injury.
- Coverage is only valid for services provided directly by CALSTAR Air Ambulance or a Reciprocal Partner Program. Reciprocity between AAMMP member programs is subject to the reciprocating program's rules.
- CALSTAR flies based on medical need, not membership status, and transports patients to the closest, medically appropriate facility as requested by a physician or under county protocols by activation under the emergency 911 system. CALSTAR membership does not cover ground ambulance charges, including transportation to and from the aircraft.
- No refunds will be issued on Membership purchases.
- The CALSTAR membership program benefits are for myself, and if I pay the family rate, include my spouse/partner and other eligible family members listed on this form.

*I have read and agree to the benefits, terms, and conditions of the CALSTAR Membership Plan. **Membership is not valid without signature.***

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Payment (Do not send cash)**

Check     Money Order     Visa     MasterCard     Online – www.calstar.org

Credit Card Acct #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

***REFERRED BY: SONJA VARGAS/CALSTAR***

**\*\*Membership Definition:**

Memberships are non-transferable and non-refundable. *Individual memberships* cover the primary member only. *Family Membership* covers the primary member, his or her spouse/partner, and other immediate family members living at the same residence.

**Please note:** CALSTAR members flown by Care Flight (Reno, NV) who do not have insurance or other health coverage, or whose insurance company or other health benefits payer denies payment to Care Flight because it determines that air ambulance services were not medically necessary, will be responsible for the payment of the fees for those services, less a 20% discount.

**A Word from the Department of Managed Health Care:** For complaints regarding CALSTAR's Membership Program, first attempt to call the plan at 1-888-207-LIFE (5433). If CALSTAR fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1-800-400-0815. The Department's website is <http://www.dmhc.ca.gov>. You may obtain complaint forms and instructions online. CALSTAR is operating pursuant to an exemption from the Knox-Keene Health Care Service Plan Act of 1975 (Health and Safety Code Section 1340 et seq.)