

## Peace of Mind

Membership offers peace of mind for unexpected emergency transport expenses. Benefits cover you, your spouse or domestic partner and dependents claimed on your income tax. Elderly (65+) or disabled family members living in the same household are also covered. If transported, we simply bill your insurance. There are no deductibles and no extra co-pays.



Insurance May Not Cover All Emergency Medical Transport Costs

Your membership fees help enhance EMS services by allowing us to invest in the latest life-saving equipment and highly skilled personnel. Thank you for supporting our local EMS agencies.

Your FireMed Basic membership covers you and your household in over 64,500 square miles of Oregon. Your FireMed Plus membership includes all FireMed Basic services as well as air medical transport coverage in over 200,000 square miles of Life Flight Network's service area throughout the Pacific Northwest and Intermountain West.

[www.lifeflight.org](http://www.lifeflight.org)

## Membership Packages

**Scappoose FireMed Basic**  
Ground Ambulance Service



**Emergency prehospital, medical treatment and ground transportation**

No out-of-pocket expenses for emergent medically necessary ambulance service

Emergency rescue

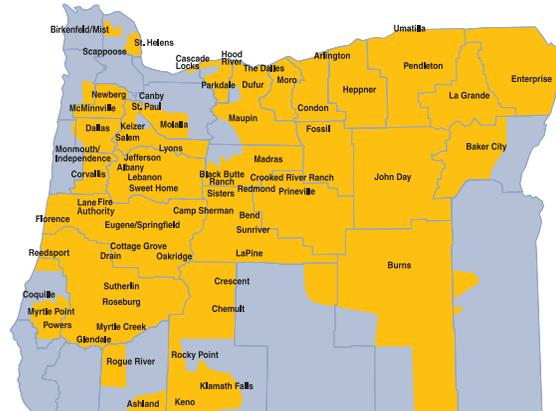
Emergency ambulance transportation between local medical facilities

**\$60** | per family per year



### FireMed Coverage Map

Current Ground Ambulance Reciprocal Area



**Scappoose FireMed Plus**  
Ground + Emergency Air Ambulance Service



**FireMed Basic services plus Life Flight Network emergency air medical transport**

No out-of-pocket expenses for emergent medically necessary flights if flown by Life Flight Network or one of our air medical transport partners, subject to reciprocating program's membership rules

Coverage from Life Flight Network aircraft located throughout Oregon, Washington, Montana and Idaho

**\$129** | per family per year



Life Flight Network operates under its own FAA Part 135 Air Carrier Certificate.

## Become a member and support your community

Complete this form or sign up online at [www.lifeflight.org](http://www.lifeflight.org)

New  Renewal

If gift membership - complete back of application

Physical address same as mailing address

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

### Eligible Household Members

Name \_\_\_\_\_ Relationship \_\_\_\_\_ D.O.B. \_\_\_\_\_

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### Scappoose FireMed

One year (\$60)

Two year (\$120)

One year (\$60)\*

Auto renewal

### Scappoose FireMed Plus

One year (\$129)

Two year (\$250)

One year (\$129)\*

Auto renewal

### Life Flight Network Air Membership Only

One year (\$69)\*

Five Year (\$300)

Two years (\$130)

Lifetime (\$1,200)

\* I elect auto renew for the program above

By selecting the auto renew option, I authorize Life Flight Network to make annual recurring payments to the credit card provided. \* See full statement on back.