

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

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

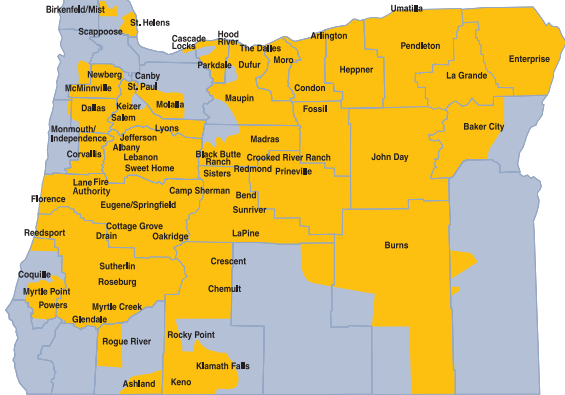
Emergency ambulance transportation between local medical facilities

\$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



Become a member and support your community

Complete this form or sign up online at 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. _____

Scappoose FireMed

☐ One year (\$60)

☐ One year (\$60)*
Auto renewal

☐ Two year (\$120)

Scappoose FireMed Plus

☐ One year (\$129)

☐ One year (\$129)*
Auto renewal

☐ Two year (\$250)

Life Flight Network Air Membership Only

One year (\$69)*

Two years (\$130)

Five Year (\$300)

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.

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