



Back Country Horsemen of Idaho
Group Membership
\$45.00

Air St. Luke's Membership Agreement

By becoming a member, I understand and agree that:

- The membership benefit covers any out-of-pocket expense for medically necessary transport provided by Air St. Luke's or partnering programs subject to the reciprocating program's rules.
Medical necessity can only be determined by a physician or Emergency Medical Services (EMS) personnel.
The membership benefit covers transport to the closest, medically appropriate facility as determined by medical personnel. Transport is based on medical need, not membership status.
The membership benefit may cover ground ambulance services provided by Air St. Luke's and is a benefit for Air St. Luke's members only. 911 emergency ground ambulance response is not covered.
I am at least 18 years of age.
The membership benefit provides coverage for the following members within a household: the primary member, a spouse or domestic partner and any unmarried dependent(s) claimed on the primary member's income tax return. Dependent children must be younger than 19, or younger than 24 and a full-time student. Non-qualifying dependents will need their own membership.
All rights to insurance payments due to the member(s) are transferred to Air St. Luke's and/or St. Luke's Health System for any and all emergent medical transport services provided under the benefit of this membership. Failure by the member(s) to cooperate with this right of recovery may void any Air St. Luke's membership benefit and result in billing of full charges to the member.
The membership is not an insurance or investment program, has no guaranteed benefit, and is secondary to all other insurance payments.
Per government regulations, individuals covered by Medicaid are not eligible for membership benefits and should not apply.
The membership is non-refundable, non-transferrable, and may not be assigned to other individuals.
The membership benefit is effective 72 hours after receipt of a completed enrollment form and payment in full for both new and lapsed members. Membership is good for one (1) year thereafter, unless membership is purchased for multiple years or lifetime.
While every reasonable effort will be made, services cannot be guaranteed due to weather conditions or commitment to another transport.
Air St. Luke's and St. Luke's Health System reserve the right to change the terms and coverage of this membership agreement at any time, and this program can be cancelled and/or updated as needed.
I waive any and all rights, claims, or causes of action against Air St. Luke's, St. Luke's Health System, its employees and agents with respect to my Air St. Luke's membership.

Payment Information: _____ / _____
Credit/Debit Card Number Exp Date CVV Code Signature as appears on card

Primary Member Information (Please print)

Legal Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Additional Household Members

First, Middle, and Last Name Relationship Date of Birth

Blank lines for entering additional household member information.

Please return your completed application with payment to: Air St. Luke's 190 E Bannock Street, Boise, ID 83712
To pay by phone call: 208-706-1000 or 800-822-1616