

# CAL-ORE LIFE FLIGHT

## Membership Application

for

## Humboldt State University Employees



*Humboldt State University Employees* special rate:  
**\$20 Humboldt County Membership, regularly \$40**

Applicant \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Spouse \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Dependent Family Members (age 23 and under):

1. \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

2. \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

3. \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

4. \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

5. \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

\*See dependent qualifications outlined under membership rules. Please attach separate sheet of paper for additional dependents.

**IMPORTANT!** Please read and sign second page and include payment to activate membership.

Payment Method:  Check  Cash  Debit/Credit Card  
Account # \_\_\_\_\_ Expiration \_\_\_\_\_

Mail to:  
P.O. Box 1986  
(311 Cove Road)  
Brookings, Or 97415  
Phone: 541-469-7911  
Fax: 541-469-4518

For more information, visit our website

[cal-ore.com](http://cal-ore.com)

or call

800-761-5183

## MEMBERSHIP RULES

- I hereby apply for membership for myself and my dependent family members listed on this application. Cal-Ore Life Flight covers husband and wife and unmarried, dependent children under the age of 23. Your child is a dependent if you claim him/her on your income tax return. I agree to transfer/assign directly to Cal-Ore my rights to all insurance payments or other applicable coverage due me for Cal-Ore services.
- Provided I have insurance coverage, Cal-Ore will accept payment from insurance carriers as payment in full, after I satisfy applicable deductibles. I also understand that I will be responsible for any denied, non-covered or non-medically necessary transports as determined by my insurance company or third party payer.
- If I have no insurance, or if my insurance denies payment or pays Cal-Ore at an amount less than the established Medicare allowable amount, I will receive a billing reduction equal to the established Medicare Allowable amount.
- I understand that this membership applies to emergency medical care and transportation. I also understand that Cal-Ore membership **is not insurance**, but is in addition to and secondary to any insurance or medical benefits I may have.
- No refunds will be issued on membership purchases.
- Cal-Ore transports patients based on medical necessity, not membership status, and airlifts patients to the closest, medically appropriate facility, ordered by a licensed physician.
- There may be times, due to weather, commitments to other patients, acts of God, or other circumstances, that Cal-Ore cannot guarantee availability of services.
- I understand that in some cases, our flight benefits may not include the ground transport to/from the hospital/airport, but currently the hospital/ground transport is included in Humboldt County.
- I understand that to receive membership benefits, Cal-Ore Life Flight must received a signed application and payment at least 2 calendar days prior to services being rendered.
- Membership rules and information contained herein subject to change without notice.
- End.

*I have read and agree to the benefits, terms and conditions of the Cal-Ore Life Flight Membership Plan as described above.*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### CALIFORNIA RESIDENTS

“A Word from the California Department of Managed Health Care”

#### (A) BEFORE YOU PURCHASE:

If you are currently enrolled 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 other company directly.

(B) WARNING: This Ambulance Plan 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 rotations to receive a call. This might also occur when this Ambulance Plan is unable to perform within a medically appropriate time frame due to a mechanical or maintenance problem or being on another call.

Sign or initial here: \_\_\_\_\_

(C) COMPLAINTS: For complaints regarding Cal-Ore Life Flight, first attempt to call the plan at 1-800-761-5183. If Cal-Ore Life Flight fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1-800-400-0815. The Departments website is <http://www.dmhc.ca.gov>. You may obtain complaint forms and instructions online.

(D) OPERATING UNDER CONDITIONAL EXEMPTION: Cal-Ore Life Flight 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.)

“The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan’s grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that maybe available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more that 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR) if you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department’s Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.”