



AirMedCare
NETWORK



LIFE FORCE

UT LIFESTAR

Dear Douglas-Cherokee Economic Authority Employees,

Great News! DCEA has arranged for AirMedCare Network (AMCN) to provide Employees with a special discounted rate.

Annual Membership Fees for Douglas-Cherokee Economic Authority Employees

\$55/Household - 1 Year Membership
\$165/Household - 3 Year Membership
\$275/Household - 5 Year Membership
\$550/Household - 10 Year Membership

As your local air ambulance, serving area residents from our surrounding bases, AirMedCare Network understands the critical aspect of time in treating medical emergencies. Our mission is to make it possible for people living in all areas to get the life-saving emergency care they need, when they need it. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to emergency medical treatment.

AirMedCare Network (AMCN) the largest Air Ambulance Membership Network in the United States. An AMCN membership automatically enrolls you and your household in all network provider membership programs, giving you membership coverage in over 320 locations across 38 states and growing (in your region you would recognize us as UT Lifestar, Erlanger Lifeforce and Air Evac Lifeteam).

In the event you are flown by an AMCN provider for a life or limb-threatening emergency, we will work directly with your benefits provider to secure payment for your flight. An AMCN member will have no out-of-pocket expenses related to your flight if you are flown by any AMCN participating provider.

For DCEA employees, registration in the AirMedCare Network program is on-line, quick and easy. **The AMCN Web Application is active now so you can enroll!** Simply follow the step by step instructions on page 2 to complete your application on-line.

All AMCN service providers work cooperatively to provide the highest levels of care for you, your family, and your community. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances & family. Thanks to the support of over 3.2 million members, AirMedCare Network providers can provide financial peace of mind for you and your family while providing this vital service to your community.

Payroll deduction options for membership will be offered at this special discounted rate deducted from your paycheck. AMCN representatives will be on-site November 19th, 20th & 25th accepting membership applications and answering questions.

Tue 11/19/2019 8:00 AM - 4:30 PM Douglas-Cherokee Economic Authority (534 E 1st North St, Morristown, TN, 37814)

Wed 11/20/2019 8:00 AM - 11:30 AM Douglas-Cherokee Economic Authority (534 E 1st North St, Morristown, TN, 37814) 2:00 PM - 5:00 PM (Maryville, TN)

Tue 11/26/2019 8:00 AM - 4:30 PM Douglas-Cherokee Economic Authority (534 E 1st North St, Morristown, TN, 37814)



GUARDIAN
FLIGHT



REACH
Air Medical Services



AirMedCare
NETWORK



LIFE FORCE



Please let me know if you have any questions or require assistance with your registration. We look forward to the continued support and service to the employees of DCEA and your community.

Sincerely,

Ray Bell
Business Development
ray.bell@airmedcarenetwork.com
Cell (423)579-6434

Join or Renew Today!

Step 1: Please click the following link to open the on-line application.

Link: <https://www.airmedcarenetwork.com/businessplanregistration/>

Step 2: Where it reads *Coupon Code, please enter **15275-TN-BUS** and click **Submit**.

Step 3: Scroll down past the blue header to where it reads “Let’s Get Started” and begin completing the application.

Page 1 – Once you have completed the required fields, click: **Next Member Info>** Note:***If you are already a member and renewing, please check the box that says Already a Member above and to the right of where you entered your last name.

Page 2 – Enter your contact information. Date of birth should be entered in the following format 02/11/1970. **Please be sure to include your e-mail address** and list each additional member of the household by first and last name along with their date of birth.

Click: **Next Final Confirmation>**

Page 2 – Select a Membership Plan (1, 3, 5, or 10 year).

****Confirm mailing and physical address are the same. Please provide mailing address if different.

****Check box to Agree to the Terms & Conditions.

Step 4 – Click **Submit Membership Information** “FINISHED”

