

MASA – Medical Air Services Association

Please visit www.insurance-network.com/masa

Medical Air Services Association (MASA) is an international association founded more than 30 years ago dedicated to providing life-saving emergency assistance from home or while traveling.

MASA has the largest membership base in the industry for good reason; quite simply, there is tremendous pride in the level of care provided MASA members. When a MASA member calls, they fly into action to take care of the member's specific emergency situation and get them to the specialized care they deserve.

MASA membership is designed not only to save lives, but also to protect our members from catastrophic financial loss when medical emergencies requiring air and/or ground ambulances. One simple toll-free phone call gives you full access to a team of professionals and all of our member benefits - 24 hours a day, 7 days a week and 365 days a year. MASA is always on duty for you and your family.

An average medical flight costs \$10,000 and can be well over \$50,000. Today these flights are becoming more and more common for the average family. In almost every case, a very expensive flight is utilized for any organ transplant, serious coronary problem, bone reconstruction, serious accidents and illnesses that occur at home or while traveling.

From the initial call, MASA will do everything they can to help members during a medical emergency; getting them to the medical specialists they need as quickly and safely as possible, **all at no cost to the member.**

Benefits

- **Emergency Air Transportation** - Should a member suffer a serious illness or injury, resulting in hospitalization and if the member is in need of specialized treatment, not available locally, then MASA shall fly him/her to the nearest appropriate medical facility capable of providing such specialized treatment. Typical costs run from \$10,000 to \$100,000+
- **Commercial Air Transportation** - Should a member's physician and/or Associations' medical director recommend medical treatment at a hospital more than 100 miles from Member's residence and requires at least 24 hour overnight hospitalization, MASA will pay the cost of Member's roundtrip commercial coach airfare. Typical costs run \$300 to \$1000
- **Ground Ambulance** - MASA will arrange and provide ground ambulance for a Member to and from the medical facility to the air ambulance. Typical costs run \$1,000 to \$2,500
- **Repatriation/Recuperation** - If a Member is hospitalized while away from home, MASA will fly him/her home to recuperate in familiar surroundings. Typical costs \$6,000 to \$50,000
- **Return Transportation** - MASA will fly a Member to a commercial airport nearest his/her home following inpatient hospitalization away from home. Typical costs \$200 to \$500+
- **Non Injury Transport** - If a Member is hospitalized away from his/her home for more than 7 days, the member may select a family member to visit him/her during confinement. MASA will provide roundtrip common carrier air transportation for the person selected. Typical cost \$400 to \$800

- **Escort Transportation** - If a Member requires emergency air transport, MASA will also fly the Member's spouse or other family member or friend to accompany him/her in the air ambulance, subject to space available.
- **Minor Children/Grandchildren Return** - When minor children/grandchildren are left unattended as a result of a Member using MASA air ambulance service, MASA will provide one-way common carrier air transport for return of the children to the commercial airport nearest the place of residence of the children. A qualified attendant shall accompany the children. Typical cost \$500 to \$2000
- **Vehicle Return** - MASA will return vehicles such as cars, vans or trucks owned or rented by the Member when illness, injury or death requires use of the air ambulance service provided by MASA. The vehicle will be carried to the Members place of residence or rental vehicles will be returned to the nearest rental company office or agent. Typical costs \$500 to \$5000+
- **Mortal Remains Transport** - In the event a Member dies while away his/her place of residence, MASA will return his/her remains to the commercial airport nearest his/her residence. Typical costs run \$1000 to \$5000+
- **Organ Retrieval** - MASA will provide air transportation of an organ to be used in an organ transplant. Typical costs run \$1000 to \$5000+
- **Organ Recipient Transport** - MASA shall fly a Member to the commercial airport nearest the medical facility where an organ transplant is scheduled to be performed. Typical costs run \$500 to \$2000+

Costs

- MASA Basic Plan – Individual \$240/year Family (2 or more persons) \$360 Plus one time \$60 enrollment fee

Please complete the attached application and fax to 407-386-7053 or mail to the address below. All checks are to be made payable to MASA.

Mail to:

John K Arnold Insurance – FI license A008535

5415 Lake Howell Rd # 325

Winter Park, FL 32792

Ph: 407-592-0311

Ph: 888-592-0311 X 706

Fax: 407-386-7053

Skype: john.k.arnold

Email: john@insurance-network.com

Website: www.insurance-network.com

Medical Air Services Association

Annual Basic Membership Application

Account Executive John K Arnold A0005

Phone 407-592-0311



Print Only

Date: _____

NAME _____ DEPENDENTS: _____
Last First Middle BIRTHDATE

SPOUSE _____
Last First Middle

BIRTHDATE: Member _____ Spouse _____

MAILING ADDRESS: _____

City State Zip Country

* Pre-Existing Conditions Are Covered After 90 Days *

E-MAIL ADDRESS: _____

PHONE: _____ SIGNATURE: _____

Social Security Number:

TYPE OF MEMBERSHIP

Individual Family

ANNUAL MASA MEMBERSHIP FEE \$240.00 \$360.00 \$

INITIATION FEE (First Year Only) \$ 60.00

TOTAL AMOUNT PAID \$

Please Check Your Method of Payment:

1. Charge to: VISA or MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER EXPIRATION

(Initial) _____ I Want Automatic Renewal on my Charge Card

2. Payment Enclosed: CHECK MONEY ORDER TOTAL AMOUNT PAID \$ _____

3. ACH / PAYROLL DEDUCT - (See Attached) Account Executive John K Arnold # A0005

Please fax to 407-386-7053 or mail to:
 John K Arnold, 5415 Lake Howell Road # 325, Winter Park, FL 32792
 If paid by check, check payable to MASA
www.floridahealthinsurance.com and www.insurance-network.com



**PERSONAL ACH CREDIT CARD
PAYMENT AUTHORIZATION FORM**

CREDIT CARD COMPANY

(CHOOSE ONE)

VISA AMERICAN EXPRESS MASTER CARD DISCOVER

Account Number

Expiration Date

YEAR 1 – You are hereby authorized to charge \$_____ (which includes my initiation fee) to my credit card each month, for dues owed for membership in MASA – Medical Air Services Association. I understand and agree that it is my obligation to make certain my credit card company honors the above charges and that payment to MASA is approved on a timely basis and that failure to do so may result in cancellation of my membership.

YEAR 2+ – You are hereby authorized to deduct \$_____ to my credit card each month, for dues owed for membership in MASA – Medical Air Services Association. I understand and agree that it is my obligation to make certain my credit card company honors the above charges and that payment to MASA is approved on a timely basis and that failure to do so may result in cancellation of my membership.

Such Credit Card charges are to continue until:

- 1. Written notice by me to MASA – Medical Air Services Association of cancellation of this authorization; or
- 2. Termination of the ACH Credit Card Payment Plan by MASA – Medical Air Services Association.

NAME: _____ Social Security No. _____

_____ Date: _____
Customer's Signature

ADD – NEW

Agent: John K Arnold

Change from \$_____ to \$_____

Agent #: A0005

Delete _____

**AUTHORIZATION AGREEMENT
FOR
RECURRING ELECTRONIC ACH DEBIT**



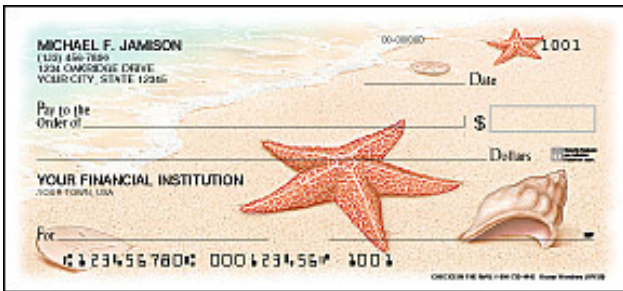
I hereby authorize MASA - Medical Air Services Association, herein after called the COMPANY, to initiate a debit to my CHECKING / SAVINGS Account (Check One) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee in the conformity with the policies of my Financial Institution.

Depository (Bank) Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____
(Nine Digits) (Ten Digits)

To avoid confusion, please attach a Voided Check



Amount to be debited 1st Year: \$ _____
Single - \$25.00; Family - \$35.00
Includes \$60.00 one time initiation fee

Amount to be debited 2nd Year+: \$ _____
Single - \$20.00; Family - \$30.00

Routing # ↑ ↑ Account #

Frequency of Payments: Monthly Please Circle the Debit Date: 1st 15th 25th

This authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination, in such time and matter as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature: _____ Name: _____
(Print Name)

Date: _____ Agent: John K Arnold Agent's # A0005