

WORK SESSION MEETING
December 08, 2025
9:00 AM
City Hall



CITY OF MILLS
EST. 1921

Mayor:
Leah Juarez
Council President:
Brad Neumiller
Council Members:
Cherie Butcher
Sara McCarthy
Tim Sutherland

AGENDA

CALL TO ORDER

AGENDA ITEMS

- [1.](#) Holly Sullivan - Air Med Care Network Lifeflight
2. Fire Chief - Leaving Oxygen Bottles for Residents

Continue discussion
3. Public Relations - Service and Sacrifice Park

ADJOURNMENT

AGENDA SUBJECT TO CHANGE WITHOUT NOTICE

In accordance with the Americans with Disabilities Act, persons who need accommodation in order to attend or participate in this meeting should contact City Hall at 307-234-6679 within 48 hours prior to the meeting in order to request such assistance.

PROTECT YOUR FAMILY AND YOUR FINANCES



BUSINESS PLAN OPTIONS

Running a business is a challenge today, and hiring and keeping good employees is only a part of it. We know that employers are balancing budgets and employee benefits, and we want to help. AirMedCare Network partners with select businesses to offer their employees financial peace of mind as a thank-you for all their hard work and support of the business.

ABOUT AIRMEDCARE NETWORK

In a medical emergency every second counts, especially when transporting patients who are far away from appropriate medical treatment. No one knows that better than AirMedCare Network (AMCN).

AMCN providers respond to scene calls and provide hospital-to-hospital transports—carrying seriously ill or injured patients to the nearest appropriate medical facility.

AirMedCare Network is America's largest air ambulance membership network. AMCN provides coverage across 320 locations in 38 states with over 3 million network members.

Expenses for emergency air medical transport can put stress on your finances. With an AMCN membership, you will have no out-of-pocket expenses only if flown by any AMCN provider. Membership fees cover not just yourself, but anyone who resides within the household.

Flexible solutions will fit your specific need and create a valuable benefit for your teams.

- With an Employer Paid-Group Full Plan, you can purchase the membership for your employees at a discounted rate. As your gift to them, this allows your employee to recover from a life or limb threatening emergency without the financial worry of the cost of their flight when flown by one of our providers.
- With an Employer Paid Census Plan, you maintain ownership of the membership benefit. You can control cost, and you'll cut down on the paperwork required to get your employees covered-saving you precious time!
- We are also proud to offer a payroll deduction option for your employees. At no additional cost to you, you can offer financial peace of mind to your employees allowing them to recover from life or limb threatening emergencies when they are flown by one of our providers. Each employee will be able to make the decision about adding this to their benefits package. Many of our customers love the option to be able to spread the cost of a longer-term membership over multiple pay periods. As the employer, you can control how many pay periods you deduct it from their payroll, and you can take up to 3 consecutive months to pay us!

Contact your local Membership Sales Manager for questions or to enroll:

Holly Sullivan | 307-488-9147 | Holly.Sullivan@gmr.net | amcnrep.com/holly-sullivan | Track Code: 14893

AMCN MEMBERSHIP PRICING

BUSINESS RATES BY GROUP SIZE

	1 YR	3 YRS	5 YRS	10 YRS
3-149	\$75	\$195	\$295	\$585
150-499	\$70	\$180	\$270	\$535
500-999	\$65	\$165	\$245	\$485
1000-4999	\$60	\$150	\$220	\$435
5000-9999	\$55	\$135	\$195	\$385
10000+	\$50	\$120	\$170	\$335

Minimum 3 participants. Terms & conditions apply. Multi-year memberships not available in AK & CA. 10-year membership not available in IN.

Dispatch decisions are made by emergency medical personnel; membership does not guarantee transport by an AMCN provider.



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EMERGENT MEMBERSHIP

PROTECT YOUR FAMILY AND YOUR FINANCES



ENROLL TODAY!

Holly Sullivan | Membership Sales Manager
307.488.9147
holly.sullivan@gmr.net | amcnrep.com/holly-sullivan

This plan is a membership plan and is not insurance coverage.

The range of discounts for air ambulance services provided under the membership will vary depending on the provider and the services offered.

To obtain additional information about the services offered, contact 800.793.0010 or www.airmedcarenetwork.com.



In a medical emergency every second counts. No one knows that better than our network of providers. AirMedCare Network (AMCN) providers respond to scene calls and provide hospital-to-hospital transports—carrying seriously ill or injured patients to the nearest appropriate medical facility.

ABOUT AIRMEDCARE NETWORK

AMCN is America's largest air medical membership network. Even with medical insurance, air medical transport can result in significant out-of-pocket expenses, however an AMCN membership ensures no out-of-pocket expenses for medically necessary flights only if flown by any AMCN provider.

MEMBERSHIP BENEFITS AT-A-GLANCE

- **No out-of-pocket costs:** Members have no out-of-pocket costs only if flown by an AMCN provider.
- **Household coverage:** Membership fees cover not just yourself, but anyone who resides within the household.
- **Teladoc access:** AMCN members enjoy access to Teladoc physicians at a discounted rate of \$3 per month plus co-pay.
- **Broad coverage:** Membership is valid across 320 locations in 38 states, so you are covered at home and while traveling.

IMPORTANT INFORMATION: The membership program is not insurance coverage. If eligible and covered under Medicare, the member may already be covered for air ambulance services and should consult with a representative of the Medicare program to determine what services may be available under Medicare.

MEMBERSHIP RATES AND TERMS: Membership rates and terms are provided below. Members will be notified of any changes to the rates and terms available in Wyoming.

MEMBERSHIP RATES AND TERMS		
	STANDARD	SENIOR/AFFINITY
10 Year	\$769	\$589
5 Year	\$399	\$299
3 Year	\$249	\$199
1 Year	\$99	\$79
Monthly	\$9.99	\$7.99

Discounted rates available through business plans.

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GUARDIAN FLIGHT/REACH WYOMING SERVICE AREA: The service area for Guardian Flight/REACH includes the following counties in Wyoming: Albany, Big Horn, Carbon, Campbell, Converse, Crook, Fremont, Goshen, Hot Springs, Johnson, Laramie, Lincoln, Natrona, Niobrara, Park, Platte, Sheridan, Sublette, Sweetwater, Teton, Uinta, Washakie and Weston.

AMCN SERVICE AREA: The service area for other AMCN providers includes parts of the following states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia and Wyoming.

SERVICE AREA IMPORTANT INFORMATION: In an emergency and if the member is outside of the air ambulance membership organization's service area, air ambulance services may be provided by another air ambulance provider or air ambulance membership organization, and the benefits of this air ambulance membership organization will not apply to the services provided by another air ambulance provider.

WYOMING MUNICIPALITY COVERAGE: Members may be covered by an air ambulance membership organization under a membership provided by a governmental entity. In Wyoming, the following municipalities have a membership plan: Washakie County, WY and Upper Wind River Valley Ambulance Association.

TERMINATION AND RENEWAL OF COVERAGE: AMCN may terminate this Agreement and the participation of any Members in the Plan for failure to comply with the terms of this Agreement. Any Service Area may be changed at any time without notice. AMCN reserves the right to discontinue the Plan at any time upon notice to Members. In such event, AMCN shall return a pro rata portion of the membership fee. AMCN also reserves the right to unilaterally modify the terms of this Plan, including but not limited to the membership fee charged to Members who join or renew their membership after the effective date of such change. Subject to foregoing, AMCN shall renew membership on an annual basis upon completion by a Member of an Application or renewal Application and payment of the applicable Membership Fee. Renewal contracts may include changes in coverage.

CARE TO THE COMMUNITY AT A MOMENT'S NOTICE

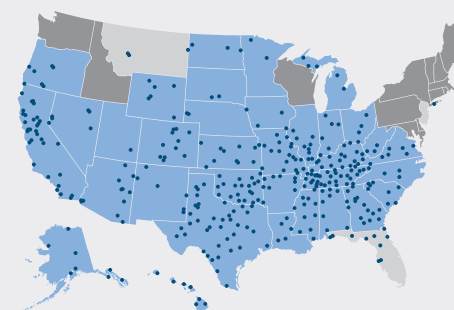
AirMedCare Network believes that, no matter who you are or where you are, you deserve timely, equitable and appropriate health care. Not only does AMCN membership provide financial protection, our 3+ million members help support the healthcare needs of the community as a whole. Our mission is to help make it possible for people living in rural areas to get the life- and limb-saving emergency care they need, when they need it.

Secure financial peace of mind for yourself and your family today! Contact your local Membership Sales Manager for questions or to enroll by phone.



America's Largest AIR MEDICAL MEMBERSHIP NETWORK

320+ LOCATIONS IN 38 STATES



For a full list of providers please visit
www.amcnrep.com

Dispatch decisions are made by emergency medical personnel; membership does not guarantee transport by an AMCN provider. Membership applies to all AMCN provider locations.

AMCN MEMBERSHIP PROTECTION for 10 YEARS!

Protect yourself, and anyone who resides within your home at the time of transport, for 10 years with a one-time payment of **\$769** for emergent air membership.

Members choose this option because:

- Provides the best value (\$221 savings!)
- Protects your rate
- Prevents a potential lapse in coverage

**GET 3 MONTHS
ADDED TO YOUR MEMBERSHIP
FOR YOU AND A FRIEND!**

Refer someone for an AMCN
emergent membership at
amcnrep.com/refer-a-friend



REAL SURVIVORS REAL STORIES

Marina Cochran-Smith
& Oliver

Marina Cochran-Smith and Chad Swimmer had just had their first child, Oliver, via home birth. Like countless newborns, Oliver developed jaundice.

A few days passed and Oliver still had symptoms, so the couple took him to the nearby hospital. Oliver's bilirubin numbers were the highest the doctor had ever seen, and he needed to be transferred immediately to a pediatric specialty hospital.



Soon, our AMCN provider pilot Jeff Barker touched down with flight nurses Kyla Betts and Jennifer Fennerl. Marina describes both nurses as "phenomenal and professional". When they arrived at the Pediatric ICU, Oliver started phototherapy.

"We were out of there in less than 48 hours," Chad reports. "Oliver had a fantastic recovery." Marina says, "One often hears the phrase, 'You saved my life!' used flippantly. Now we know its true meaning, and there are no words that can accurately express our gratitude."

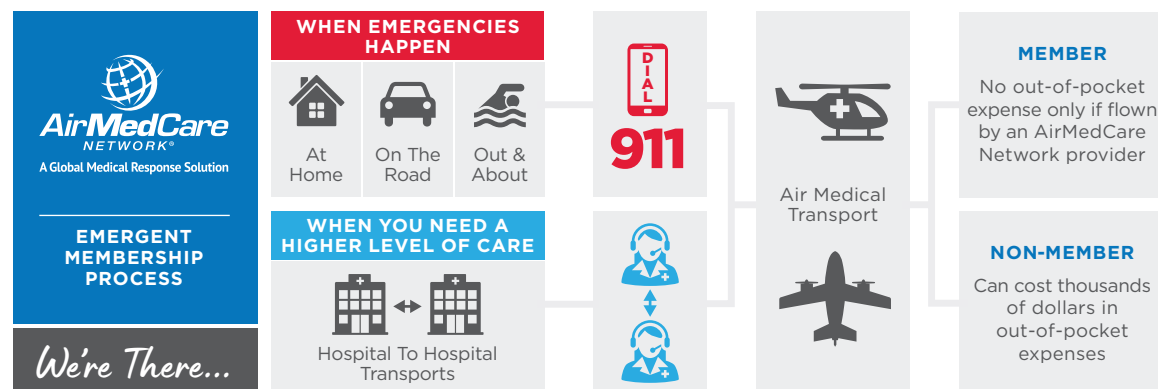
limitations specified in this Agreement. As a condition of receiving this membership benefit, I hereby assign to Guardian Flight and REACH all rights and benefits that I or the other Members in my household have under any and all medical, health, supplemental, worker's compensation, liability, auto or homeowner's insurance policies or plans or from other third party payers or sources which provide coverage or would otherwise pay for air ambulance services provided to me. Such payment sources are collectively referred to in this Agreement as "Insurance and TPL". I authorize payment of all Insurance and TPL benefits or payments for ambulance services provided to me by Guardian Flight or REACH to Guardian Flight or REACH.

CANCELATION OF SERVICES: A Wyoming resident can cancel membership at any time. If canceled within 30 days of the date of this letter, the member will receive a full refund. Any request of cancellation after 30 days of this letter will result in a pro-rated refund.

BENEFITS: Payment of the membership fee and compliance with the terms of this Agreement entitle Members to the following benefits within the Service Area as specified below:

- Emergency pre-hospital air ambulance services: Members who receive medically necessary emergency air ambulance services from an AMCN provider shall pay nothing out of pocket.
- Emergency inter-facility air ambulance services: Members who receive medically necessary emergency inter-facility air ambulance services from an AMCN provider shall pay nothing out of pocket.
- Emergency ground services: Members who receive medically necessary emergency ground services from an AMCN provider for transports to and from an AMCN provider air ambulance, shall pay nothing out of pocket.

LIMITATIONS AND EXCLUSIONS: Membership benefits extend to medically necessary emergency rotary wing (helicopter) and fixed wing (airplane) air ambulance services provided by an AMCN provider in the Service Area as described below. Membership benefits are provided for an AMCN provider emergency ground ambulance services, if provided as a means of facilitating their air ambulance services. Membership benefits will also extend to AMCN providers in the AMCN Service Area described below. AMCN providers shall apply the medical necessity standard of the Medicare program. Medicaid participants are not eligible for membership.



EVIDENCE OF COVERAGE - WYOMING

AGREEMENT FOR MEMBERSHIP: This Air Ambulance Membership Plan (“Plan”) Coverage Agreement (“Agreement”) is entered into between Guardian Flight LLC, 10888 S 300 W, South Jordan, UT 84095, REACH Air Medical Services, LLC and the individual signatory (“Primary Member”) on the Membership Plan Application (“Application”). The Membership Office doing business as AirMedCare Network (“AMCN”) is located at 1800 Air Medical Drive, West Plains, MO 65775. AMCN can be reached by phone at 800-793-0010, Monday-Friday, 8:00am-8:00pm CST. Additional information available at **www.AirMedCareNetwork.com**.

By signing the Application, Primary Member agrees, on behalf of myself and the residents of my household listed on the Application, to abide by the AMCN membership terms and conditions, which will commence when AMCN receives my application and payment, and will expire the following year at midnight on the last day of the month payment is received. There is a 90 day grace period for renewal applications.

PERSONS COVERED: The Plan covers Primary Member and the residents of Member’s household listed in the Application, so long as they remain full-time residents of the specified household. Dependent children who are away at school are included as long as they retain the Primary Member’s residence as their primary residence. New household members may be added, household members may be deleted, or the household location may be changed by written or verbal notice by the Member to AMCN, effective the day following receipt by AMCN of such notice. All persons covered by the Plan shall be referred to herein as “Plan Members” or “Members”. References to “I” or “me” and similar references shall be construed as including all Members.

CONDITIONS OF MEMBERSHIP: As a condition of obtaining the benefits of membership and Plan coverage, Primary Member must submit a completed, accurate Application and pay AMCN a membership fee in the amount specified in the Application.

PAYMENT FOR SERVICES: I understand that I am responsible for payment for any services provided to me by Guardian Flight, REACH, or any other AMCN provider, but that my membership in the Plan will assist me by discharging that part of my financial liability that is not covered by any insurance, benefits or third party responsibility for those AMCN provider services. This membership benefit is subject to certain



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MEMBERSHIP APPLICATION

To enroll, contact your local Membership Sales Manager or **tear out this page** and mail in the completed application below to: **AirMedCare Network, P.O. Box 948, West Plains, MO 65775**

I AGREE TO THE TERMS AND CONDITIONS V.01.2021 (shown within this document)
FOR ALL MEMBERSHIP PRODUCTS I AM PURCHASING.

Initials

Date

1. MEMBER INFORMATION (please print)

Primary Member First Name		Primary Member Last Name		
Home Phone Number ()	Cell Phone Number ()	Date of Birth / /		
E-mail Address		Current Member Household ID#		
Mailing Address	City	State	Zip	County
Home Address (if different than above)	City	State	Zip	County
Were you referred by someone? Y / N	Name of person who referred you		Referral's Phone# or Household ID#	

2. ADDITIONAL HOUSEHOLD MEMBERS (for additional members, write in empty space on this application)

Secondary Member First Name	Secondary Member Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /

Application continues on back side

BELOW CODES IMPORTANT FOR PHONE AND ONLINE ENROLLMENT

FOR OFFICE USE ONLY		
GET CODE	TRACK CODE	PLAN CODE
12573	14893	
COUPON CODE		

Tear along perforated edge



A Global Medical Response Solution

3. MEMBERSHIP OPTIONS (select one)

AMCN EMERGENT COVERAGE	10 YEAR*	5 YEAR*	3 YEAR*	1 YEAR*	MONTHLY
Standard Rate	<input type="checkbox"/> \$769	<input type="checkbox"/> \$399	<input type="checkbox"/> \$249	<input type="checkbox"/> \$99	<input type="checkbox"/> \$9.99
Senior (60+)/Discounted Rate	<input type="checkbox"/> \$589	<input type="checkbox"/> \$299	<input type="checkbox"/> \$199	<input type="checkbox"/> \$79	<input type="checkbox"/> \$7.99

* Multi-year memberships not available in AK & CA. 10-year membership not available in IN. Terms & conditions apply.

4. PAYMENT OPTIONS (select one)

<input type="checkbox"/> Check or Money Order Payable to: AirMedCare Network, P.O. Box 948, West Plains, MO 65775		<input type="checkbox"/> Cash
<input type="checkbox"/> Automatic checking account transfer (attach a voided check)		<input type="checkbox"/> Credit Card
Name on Bank Account		Credit Card Number
Routing Number	Account Number	Expires 3 digit code on back of card
STATEMENT OF AUTHORIZATION I authorize AirMedCare Network to initiate the recurring credit card charge or EFT withdrawal as indicated on this form. I understand that this recurring credit card charge or EFT withdrawal is recurring and will continue and includes future price changes, policy terms, or terms and conditions. I understand that this authorization will remain in effect until I cancel it in writing or online, and I agree to notify AirMedCare Network in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the payment date indicated on this form falls on a weekend or holiday, I understand the payments may be executed on the next business day. For EFT debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the noted periodic transaction dates. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law. I understand that no prior-notification will be provided unless the date or amount changes, in which case I will receive notice from AirMedCare Network at least 10 days prior to the payment being collected. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form. If selecting the monthly recurring option, a minimum of 12-month membership is required.		
<input type="checkbox"/> Recurring annual credit card payment or automatic transfer from checking account. Please make my recurring payment each year on this date: / /		<input checked="" type="checkbox"/> Signature required for automatic withdrawal / /
<input type="checkbox"/> Recurring monthly credit card payment or automatic transfer from checking account. Please make my recurring payment each month on this date: / /		
E-mail address A valid e-mail address is required for auto-renew payment option. Payment will be processed as a 1-time charge for invalid or missing e-mail address.		

REFER A FRIEND and we will add 3 months to your membership AND 3 months to theirs!"

Name	City	State	Phone
Name	City	State	Phone

YOUR LOCAL MEMBERSHIP SALES MANAGER:

Holly Sullivan | 307.488.9147

holly.sullivan@gmr.net | amcnrep.com/holly-sullivan



AIRMEDCARE NETWORK* TERMS AND CONDITIONS

AirMedCare Network ("AMCN") is an alliance of affiliated emergency air ambulance providers* (each a **Provider**). Your AMCN membership automatically enrolls you as a member in each Provider's membership program. Membership ensures that you will have no out-of-pocket flight expenses if flown by a Provider by providing prepaid protection against a Provider's air ambulance costs that are not covered by any insurance, benefits, or third-party responsibility available to you, subject to the following terms and conditions:

1. Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by the AMCN Provider attending medical professionals to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency air ambulance transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown. Emergent ground ambulance transport of a member by an AMCN Provider, in connection with an emergent air ambulance transport by a Provider, will be covered under these same terms and conditions.

2. AMCN Provider air ambulance services may not be available when requested due to factors beyond the Provider's control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient condition, age or size, or weather conditions. FAA restrictions prohibit most AMCN Provider aircraft from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crews.

3. Members who have any insurance or other benefits available to them, or third party responsibility (or liability) claims, that cover in any way the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage or recovery. In return for payment of the membership fee, the AMCN Provider will consider its air ambulance costs that are not covered by any insurance, benefits or other third-party responsibility available to the member to have been fully prepaid. "Insurance" or "benefits" means any and all types of insurance or benefits without any limitation. By way of example only, such "insurance" or "benefits" include medical benefits available under health insurance, automobile insurance, homeowners insurance, workers compensation, and government insurance or benefits programs. Further, the terms "insurance" or "benefits" include any insurance or benefits that are owned by a member (or that are written or held in a member's name), as well as any insurance or benefits owned by someone else (or that are written or held in someone else's name) that provide coverage, to any extent, for the services provided by the AMCN Provider to a member. "Third-party responsibility" means any amounts that any third-party is required to pay to a member because of or related to the AMCN Provider's services rendered to the member. The AMCN Provider reserves the right to seek payment directly from any available insurance, benefits provider, or third party for services rendered to a member (to the same extent it could do so for any non-member patient), and members authorize all available insurers, benefits providers, and responsible third parties to pay any covered amounts directly to the AMCN Provider.

4. Members agree to remit to the AMCN Provider any payment received from any insurance, benefit providers, or any third party for any services provided by the AMCN Provider, not to exceed the amount charged by the AMCN Provider, including (but not limited to) instances in which payment for an AMCN Provider's services is made via settlement with any insurers, benefit providers, or third parties found responsible for a member's injury or condition leading to the air medical services provided by the AMCN Provider. Remitting such payments are not member out-of-pocket expenses because such payments originated from third parties only because of the air medical services provided to the member. Failure by a member to remit such payments constitutes a material breach of these terms and conditions and authorizes the Provider to seek full payment for its services from the member.

5. Neither the Providers nor AMCN is an insurance company. Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. **Neither the Providers nor AMCN will be responsible for payment for services provided by another ambulance service.**

6. Membership starts 151 days after AMCN receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Members must be natural persons. Memberships are non-refundable and non-transferable.

7. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Providers that they are not Medicaid beneficiaries.

8. **LIMITATION OF LIABILITY. THE LIABILITY OF AMCN AND THE PROVIDERS, AND THE DAMAGES AVAILABLE TO A MEMBER, FOR BREACH OF THESE TERMS AND CONDITIONS IS LIMITED TO ACTUAL DAMAGES IN AN AMOUNT NOT TO EXCEED (A) ANY AMOUNT ACTUALLY RECEIVED BY AMCN OR ANY PROVIDER IN VIOLATION OF THESE TERMS AND CONDITIONS AND (B) THE MEMBERSHIP FEE PAID BY THE MEMBER FOR THE APPLICABLE MEMBERSHIP TERM. IN NO EVENT SHALL AMCN OR ANY PROVIDER BE LIABLE TO A MEMBER UNDER THESE TERMS AND CONDITIONS PURSUANT TO ANY CONTRACT, NEGLIGENCE,**

STRICT LIABILITY, TORT, OR OTHER LEGAL OR EQUITABLE THEORY FOR ANY INCIDENTAL, SPECIAL CONSEQUENTIAL DAMAGES OF ANY NATURE WHATSOEVER, ARISING OUT OF OR IN CONNECTION WITH THE MEMBERSHIP PROGRAM OR THESE TERMS AND CONDITIONS, EVEN IF AMCN OR A PROVIDER HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE MEMBER ACKNOWLEDGES AND AGREES THAT THE LIMITATIONS OF LIABILITY SET FORTH IN THESE TERMS AND CONDITIONS REFLECT AN ALLOCATION OF RISK SET FORTH IN THESE TERMS AND CONDITIONS AND THAT, IN THE ABSENCE OF SUCH LIMITATIONS, THESE TERMS AND CONDITIONS WOULD BE SUBSTANTIALLY DIFFERENT.

9. Any and all matters arising out of or relating to the AMCN membership program, these terms and conditions, and/or the subject matter hereof shall be governed by, construed, and enforced in accordance with the laws of the United States of America (including without limitation, the Federal Arbitration Act) and, to the extent not preempted by Federal law, the laws of the State of Missouri without regard to conflicts or choice of law principles, regardless of the legal theory upon which such matter is asserted. Outside of these terms and conditions, Federal law preempts state and local laws, regulations, and other provisions, including common law duties that relate to rates, routes, or services of an air carrier. To the extent a state or political subdivision thereof makes the incorporation of common law duties or state law in contracts optional, the Providers and you agree that this contract does not incorporate any such common law duties or state laws.

10. **DISPUTE RESOLUTION.** In the event of any controversy, dispute or claim arising out of or relating to the AMCN membership program, these terms and conditions, and/or the subject matter hereof, the Parties shall use their best efforts to resolve such controversy, dispute or claim through mediation administered by the American Arbitration Association before resorting to litigation, arbitration, or any other dispute resolution procedure. The place of mediation will be within the State of Wyoming. If the Parties are unable to reach a resolution through mediation, either Party may seek judicial relief in a court of competent jurisdiction or the Parties may agree to voluntarily submit the dispute to arbitration for resolution pursuant to the Wyoming Arbitration Act. **THERE SHALL BE NO RIGHT OR AUTHORITY FOR ANY CLAIMS TO BE ARBITRATED OR LITIGATED ON A CLASS ACTION, JOINT OR CONSOLIDATED BASIS OR ON BASES INVOLVING CLAIMS BROUGHT IN A PURPORTED REPRESENTATIVE CAPACITY ON BEHALF OF OTHER MEMBERS OR OTHER PERSONS. THE ARBITRATOR OR JUDGE, AS APPLICABLE, MAY AWARD RELIEF ONLY IN FAVOR OF THE INDIVIDUAL PARTY SEEKING RELIEF AND ONLY TO THE EXTENT NECESSARY TO PROVIDE RELIEF WARRANTED BY THAT INDIVIDUAL PARTY'S CLAIM. Neither the arbitrator or judge, as applicable, will be authorized to award attorney's fees, costs or equitable relief.** In the event that this class waiver or any other provision in this Section 10 is deemed invalid or unenforceable, then the remaining provisions of these terms and conditions will remain in full force and effect. In the event of any dispute between the parties, you agree to first contact the Provider or AMCN and make a good faith effort to resolve the dispute before resorting to mediation, litigation, or arbitration under these terms and conditions.

11. These terms and conditions supersede all previous terms and conditions between a member and the Providers or AMCN, including any other writings, or verbal representations, relating to the terms and conditions of membership. These terms and conditions may be modified or amended only in writing signed by the President or a Vice President of AMCN or a Provider, and may not be modified or amended orally, by trade usage or by course of conduct or dealing.

**Air Evac EMS, Inc. / Guardian Flight, LLC / Med-Trans Corporation / REACH Air Medical Services, LLC -- These terms and conditions apply to all AMCN participating provider membership programs, regardless of which participating provider transports you. In Nebraska and Wyoming, waiting periods are not allowed; however, a member cannot purchase a membership at the time of transport.*

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IMPORTANT INFORMATION

If our network provider in your area is not requested for your transport or if it is not available for any reason such as being committed on another patient flight or out of service for weather or maintenance-related issues, you may need to be transported by a ground ambulance or an out of network air ambulance provider. Your membership only covers flights by AirMedCare Network participating providers so you will be responsible for payment to other service providers. It is important that you get the medical care you need as quickly as possible, regardless of who provides the transport, so you have the best chance for survival and degree of recovery.

**REFER A FRIEND TERMS AND CONDITIONS

Existing standard members only; business memberships are not eligible. For each person you refer who becomes a member, we will add 3 months to your current membership term up to a maximum of 12 additional months. Each person you refer who becomes a member will receive 3 months added to their initial term. Alaska and Indiana residents are limited to 1 year memberships so they are not eligible for the referral program. California members have a 2-referral max (6 month add-on to current term). Referrals must be new enrollments. Gift memberships are not eligible for referral credit. Standard Terms and Conditions apply.