

LIFE FLIGHT MEMBERSHIP APPLICATION

Mercy St. Vincent & University of Toledo Medical Center Critical Care Transport Network has the right to require proof of conditions for membership at any time and may withhold membership benefits for any person for whom proof is given.

THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY.

Your check or money order should be made payable to Life Flight Mobile Life Critical Care Transport Network, and mailed to the following address:

Life Flight Mobile Life
Critical Care Transport Network
2213 Cherry Street
Toledo, OH 43608

P L E A S E P R I N T

New Membership Renewal

Name

Date of Birth SS#

Address

City

State Zip

Phone

List spouse and unmarried dependents (as defined by the IRS).

Name/Relation

Date of Birth SS#

Name/Relation

Date of Birth SS#

Name/Relation

Date of Birth SS#

Name/Relation

Date of Birth SS#

INSURANCE INFORMATION
Submit copies of all insurance cards with this application

Primary Insurance ID#

Insurance Company City

State Zip

Spouse/family covered? Yes No

Primary Policy Holder

Secondary Insurance ID#

Insurance Company City

State Zip

Spouse/family covered? Yes No

Primary Policy Holder

Signature Date

SEND COMPLETED APPLICATION WITH MEMBERSHIP FEE PAYMENT TO:



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Critical Care Transport Network
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Toledo, OH 43608