



THREE THINGS TO KNOW

- 1 **We have made significant changes in recent years.** In 2016, we initiated our Patient Advocacy program. Through the entire process, we do everything we can to relieve the stress on patients and their families.
- 2 **We are focused on taking our patients out of the middle, so that they can focus on their recovery.** As a result, patient complaints have plummeted since 2016.
- 3 **The average out-of-pocket for patients who work with us through the Patients Advocacy program in Statename is \$### per patient, depending on their plan.** We know that each patient's insurance and financial situation is different, and we work to match any balance with their ability to pay.

THREE FUNDAMENTAL REASONS AIR MEDICAL BILLS HAVE INCREASED

- 1 The percentage of patients with commercial insurance is declining.
- 2 There is an increased need for our presence in more rural communities with lower volume.
- 3 There is a high cost of compliance with recently mandated FAA rules for air medical services.

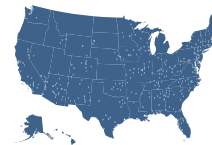
85 MILLION AMERICANS
LIVE MORE THAN AN HOUR'S
DRIVE FROM A LEVEL I OR
LEVEL II TRAUMA CENTER.



IT COSTS AN AVERAGE OF
\$3 MILLION
ANNUALLY
TO OPERATE ONE
AIR MEDICAL BASE



This includes our
clinical crew, pilot, mechanic,
equipment, helicopter and fuel.



**AIR METHODS OPERATES MORE THAN
300 BASES ACROSS THE COUNTRY.**

**SEVEN OUT OF
10 PATIENTS**



we transport have Medicare or Medicaid or are
uninsured and pay below our cost of transport.



WE ARE ONLY CALLED IN WHEN A PHYSICIAN
OR FIRST RESPONDER HAS **DEEMED IT
MEDICALLY-NECESSARY.**



We **actively negotiate** with a lot of payers,
and we **go in network** when we find good partners.

OUR GOAL IS TO ENSURE OUR
PATIENT'S INSURANCE COMPANIES
**DO RIGHT BY OUR PATIENTS, PAYING THEIR
CLAIMS WHEN OUR PATIENTS NEED IT MOST,
AND KEEPING OUR PATIENTS OUT OF THE MIDDLE.**