A drawing of a face

Description automatically generated

Quotation for Air Ambulance Services

Phone: +1.352.796.2540 Email: [OPS@JetICU.com](mailto:OPS@JetICU.com)

|  |  |
| --- | --- |
| Date: | 00/00/0000 |
| Origin: | XXXX |
| Destination: | XXXX |
| Customer: | XXXX |
| US Dollar Cost\*: | *$ 0000.00 USD* |
| Your Reference: | N/A |
| Flight Time: | 0 Hours 00 Mins |
| Number of Stops: | 0 |
| Includes Grounds: | No |
| Trip Date: | 00/00/0000 |
| Our Availability: | N/A |
| Aircraft Type: | To Be Determined |
| Medical Team: | N/A |
| Notes: | Click or tap here to enter text. |
|  |  |

This quotation is valid for 10 days from above date. Availability provided is as of time of quote and is subject to change without notice. Cost based on flight during normal airport operational hours, additional fees will be incurred after hours. All flights include 2 Pilots minimum and 2 Medical Crew Members (RN with Paramedic or RT). Physicians can be provided, upon request, for an additional charge.

Please be advised, clients who do not have a prior arrangement for payment will be required to sign a Payment Agreement with a specified method of payment. Once quotation is accepted and flight is booked cancellation for any reason by anyone other than Jet ICU will incur a cancellation charge. Clients who do not have prearranged payment terms will be required to make payment in full prior to any flights being released for departure.

Each Air Ambulance flight is subject to an in-house medical assessment and “fit to fly” verification of patient.

\*A 3.5% non-refundable convenience fee will be added to the above quoted price when using credit card for payment.