



SAMARITAN
EMERGENCY MEDICAL SERVICES

CareNet Membership

Samaritan CareNet Ambulance Membership

Update annual changes by Wednesday, May 15, 2019

Now is the time to change your current OPT IN or OPT OUT participation in the City of Yukon's Samaritan EMS CareNet program. The annual open enrollment period is now through May 15, 2019.

Residential, residential rental property and/or multi-living unit facility accounts are charged \$3.65 for a Samaritan EMS CareNet membership on their monthly utility bill, unless the customer submits written authorization to opt out of the program. Customers who previously opted out and now wish to participate may opt in at this time.

A Samaritan EMS CareNet membership is not insurance, but will help cover out of pocket medically necessary ambulance expenses, such as insurance co-pays. Residents receiving Samaritan ambulance services without a CareNet membership are financially responsible for billed charges. All citizens who require medically necessary ambulance services within the Yukon City Limits will always be transported regardless of ability to pay.

**For questions about ambulance services and patient billing contact: Samaritan EMS
www.samaritanemsok.com | call toll free 844-498-6471**

**For questions about the utility bill monthly fee contact: City of Yukon Utility Billing
customerservice@yukonok.gov | call 405.350.3910 | fax 405.350.3909
Monday - Friday - 8:30 a.m. - 5:00 p.m.**

Samaritan EMS CareNet Membership Authorization Submit no later than May 15, 2019

It is not necessary to submit this form if you do not wish to make a change.

Name on Utility Account _____

Utility Service Address _____

Utility Account Number, if known _____

Daytime Phone _____ E-Mail _____

By signing below, I acknowledge that I am either accepting or declining the annual Samaritan EMS CareNet membership offer. I understand that I cannot make any changes until the next open enrollment period in 2020.

No, I choose to OPT OUT of the program. I DO NOT WANT a Samaritan EMS membership.

Yes, I choose to OPT IN the program. I WANT a Samaritan EMS membership at \$3.65 monthly.

Signature _____ Date _____