CareNet Membership

SAMARITAN
EMERGENCY MEDICAL SERVICES

Samaritan CareNet Ambulance Membership Enrollment

This Affects All Residential Customers, All Residential Rental Properties & All Multi-Living Unit Facilities

Deadline to OPT OUT is Tuesday, May 15, 2018.

All City of Yukon residential utility customers will be charged for a Samaritan EMS CareNet Membership through their monthly utility bill, beginning with the 5-31-18 bill. The cost is $3.65 per month. The charge will be added to all active utility customer accounts each month, unless the customer chooses to **opt out** of the program, in writing.

IF YOU DO NOT WISH TO PARTICIPATE, **the OPT OUT form below must be completed and be received in our office no later than Tuesday, May 15, 2018.** Otherwise, we will assume that you want to participate and will add $3.65 to your bill each month. There will be no further opportunity to opt out until 2019.

Samaritan memberships cover out of pocket medically necessary ambulance expenses, such as insurance co-pays and deductibles. **If you do not have a Samaritan membership and receive Samaritan ambulance services, you will be 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. EMSA is another ambulance provider that operates in surrounding communities, but does not service Yukon.

**Please direct questions, or to obtain more for information, to
Samaritan EMS at www.samaritanemsok.com or call toll free 844-498-6471.**

City of Yukon Utility Billing Department 500 W Main St. PO Box 850500 Yukon, OK 73085
T: 405.350.3910 F: 405.350.8909 email: customerservice@yukonok.gov

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Name on Utility Account _____

Utility Service Address _____

Utility Account Number, if known _____

Daytime Phone _____ E-Mail _____

By signing below, I acknowledge that **I am declining** the offer of a Samaritan CareNet Ambulance Membership of $3.65 billed per month on my City of Yukon utility bill.

I choose to OPT OUT of the offered program. **I DO NOT WANT** a membership.

Signature_____Date_____