

Membership Rate Increase



Residents can update
membership status through
November 15, 2023.

City council renewed Yukon's contract with Pafford EMS as its ambulance provider. The renewed contract includes a \$2 monthly increase for Utility customers who choose to participate in the ambulance membership program. Yukon residents have the option to change their current OPT IN or OPT OUT participation in the program. Customers who opt into the membership will be charged \$5.65 per month, starting with the December Utility Bill.

If you are currently enrolled in the program and wish to continue at the new rate, no action is required. For residents who would like to change their membership status, they may opt in or out by Wednesday, November 15, 2023. The membership status change goes into effect December 1, 2023. There will be no further opportunity to opt in or out until the open enrollment period begins in October 2024.

Please direct questions about Pafford Ambulance Membership to:
Pafford Medical Services | pr@paffordems.com | www.paffordems.com | 870.347.1505

Please contact us for questions about, or to submit, the form below:
City of Yukon Utility Billing | customerservice@yukonok.gov | call 405.350.3910 | fax 405.350.8909
Monday - Friday - 8:30 a.m. - 5:00 p.m.

www.yukonok.gov/ems

**To opt in or out, fill out a Pafford Ambulance Membership form below
and return it to the City of Yukon Utility Billing Department.**

A Pafford Ambulance membership is not insurance, but it will help cover out of pocket medically necessary ambulance expenses, such as insurance co-pays. If you do not have a Pafford Ambulance Membership and receive Pafford 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.

Pafford Ambulance Membership Authorization - Submit by Wednesday, November 15, 2023 Effective On Your December 2023 Utility Bill - Listed as EMS Charge

We only need this form if you wish to make a change.

Name on Utility Account _____

Utility Service Address _____

Utility Account Number, if known _____

Daytime Phone _____ E-Mail _____

By checking my choice and signing below, I acknowledge that I either accept or decline the annual Pafford Ambulance Membership offer and my selection remains in force until the open enrollment period of 2024.

Yes, I choose to OPT IN the program. I **WANT** a Pafford Ambulance Membership at \$5.65 per month.

No, I choose to OPT OUT of the program. I **DO NOT WANT** a Pafford Ambulance Membership.

Signature _____ Date _____



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