

CareNet Membership



Residents can update
membership status through
November 17, 2025.

City council renewed Yukon's contract with Pafford EMS as its ambulance provider. 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, no action is required. For residents who would like to change their membership status, they may opt in or out by Monday, November 17, 2025. The membership status change goes into effect on your December 2025 Utility Bill. There will be no further opportunity to opt in or out until the open enrollment period begins in October 2026.

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

Please contact City of Yukon Utility Billing for questions, or to submit the form below:
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 Services CareNet Membership form below
and return it to the City of Yukon Utility Billing Department.

CareNet is not a City of Yukon program. CareNet is coordinated and run through Pafford EMS. Please refer to Pafford EMS for all membership and coverage details. All citizens who require medically necessary ambulance services within the Yukon city limits will always be transported regardless of ability to pay.

Pafford Ambulance Services CareNet Membership Authorization - Submit by Mon., Nov. 17, 2025 Effective On Your December 2025 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 Services CareNet Membership offer and my selection remains in force until the open enrollment period of 2026.

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

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

Signature _____ Date _____



City of Yukon Utility Billing Department
500 W Main St.
PO Box 850500 Yukon, OK 73085

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