

RESIDENT NOTIFICATION

I understand that _____ located at
Property name

_____ has opted not to
Address

participate in the City of Tulsa's Medical Service Program/EMSACare Ambulance Program. I understand that failure to participate in the Program will subject me, as a resident of the aforementioned property, to the full fee for the costs associated with my treatment, should I require EMSA ambulance care. As of July 1, 2012, EMSA's emergency charge is \$1,300 plus \$12 per mile.

I understand that as a resident of the aforementioned property, I may receive program benefits by contacting EMSA and enrolling in the EMSACare Program individually. Tulsa's EMSACare enrollment period lasts from August 1 – August 31; membership in the program lasts from September 1 – August 31 of the following year.

Signature

Date

Printed name

Address

City, State ZIP

For more information on EMSA's EMSACare program, contact EMSA at:

1417 N. Lansing Avenue • Tulsa, OK 74106
(918) 396-2888 • www.emsaonline.com

If tenant refuses to sign notification, enter tenant's name and address above. Complete section below.

The aforementioned tenant was notified of this property's non-participation in the City of Tulsa Medical Service Program/EMSACare Ambulance Program on _____.
Date

Signature

Printed name

Title