## MEDICAL SERVICE PROGRAM TENANT NOTIFICATION

I understand that _		located at	
	Property Name		
		has chosen	
CHECKBOX	Address		
	TO PARTICIPATE in the City of Oklahoma City's Medical Service Program. Because of that choice all permanent residents of this property will be covered by EMSA's TotalCare Program and will not have to pay out-of-pocket expenses for emergency ambulance transport provided by EMSA. My insurance, Medicare or Medicaid will be billed for their portion of the costs, but I will not be billed for copayments, deductibles or other out-of-pocket charges for which I have responsibility. I will also be entitled to a discounted rate for non-emergency transport.		
	understand that failure to partic the full costs associated with tra	the City of Oklahoma City's Medical Service Properties in the Program subjects me and my househousport and treatment, should we require EMSA a MSA's emergency charge is \$1,100 plus an added	old to pay ambulance
	enrolling in EMSA's TotalCare	alCare Program benefits by contacting EMSA distributed Program individually. Contact EMSA at (405) at to get details about enrolling in the program direction.	396-2888
Signature	Date	Address	_
Printed Name		City, State, Zip	
	For more information on EMSA'	s TotalCare Program, contact EMSA at:	
		Oklahoma City, OK 73103 • www.emsaonline.com	
If tenant refuses to section below.	o sign notification, the landlord mu	ust print tenant's name and address above and con	mplete the
The aforemention	ed tenant was notified of this prope	erty's non-participation in the Medical	
Service Program/7	ΓotalCare Ambulance Program on		
ZI (IOO I IOGIAIII)	Tomas Timo didino 110 grain on	Date	
Signature		Printed Name	
Title			
11110			