Declaration of Nonparticipation

In the

Nichols Hills Medical Service Program

I _____, a resident of_____, in Nichols Hills, OK,
[Full Name] [Street Address]
make this declaration of nonparticipation in the Nichols Hills Medical Service Program. I understand by making this declaration that I and all of the permanent residents of my household will be excluded from benefits of the Medical Service Program, and furthermore, I understand that I and all the permanent residents of my household will be subject to the full cost of an emergency ambulance transport at a current (as of Aug. 2009) base rate of $1100.00 and other billable expenses.

_____ _____

Signature Date