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Protective Health Services
Emergency Systems
Emergency Medical Services Division
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Oklahoma
2010
Ambulance Registry



Oklahoma State
Department of Health

State of Oklahoma

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Oklahoma State Department of Health

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Forward

This annual report is compiled and published in accordance with Oklahoma Statute, Title 63, Section 1-2511. The Commissioner of Health, through the Emergency Medical Services Division (EMS), maintains a comprehensive registry of ambulance services and certified emergency response agencies in the State of Oklahoma, and publishes this report annually.

The information published in this directory was reported to the EMS Division for the period of January 1, 2009 through December 31, 2009. Information requested by the EMS Division includes, but is not limited to, licensure status, level of care, condition and type of vehicles, number of licensed and certified emergency medical personnel at each of the several levels, number of emergency (Code 3) and non-emergency (Code 1) transport calls, dispatching and radio communication capabilities, response times, hospitals utilized and the geographic area normally served.

This directory is provided for the utilization of organizations, facilities and others interested in emergency medical services and out of hospital care. The data is self-reported by the surveyed agencies and may contain errors the Department is unaware of.

The Oklahoma State Department of Health, Protective Health Services, Medical Facilities, Emergency Medical Services Division gratefully acknowledges and appreciates the assistance and cooperation of the licensed ambulance operators, certified emergency medical response agencies and other agencies involved in providing this information for the Oklahoma Emergency Medical Services Registry.

Additional copies of this publication may be obtained by contacting the:

Emergency Systems
Emergency Medical Services Division
Oklahoma State Department of Health
1000 Northeast Tenth Street
Oklahoma City OK 73117-1299

Or on our Web Site at
http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/

Prepared by: Oklahoma State Department of Health
Emergency Medical Services Division
June 2010

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AMBULANCE SERVICES:
LISTED BY
LICENSE NUMBER

List of Terms and Definitions

LICENSE:

The license number is issued by the Oklahoma State Department of Health and represents providers who have met the minimum standards as required by the Oklahoma Emergency Response Systems Development Act and the Oklahoma Administrative Code Chapter 641 Emergency Medical Services. Licensing began January 1, 1982, and since that time over 400 ambulance service licenses have been issued. The first three digits are EMS followed by the last three digits are the license number, which indicate the sequence of last issuance, beginning with '001'. Ambulance service licenses are issued for a two-year period, except for the initial period. All ambulance licenses expire on June 30 of their respective year of issuance.

REGION:

Geographic areas within Oklahoma are coordinated by one of the four regional field personnel for the Emergency Medical Services Division.

COUNTY:

The county in which the licensed ambulance service operates a base service area.

DIRECTOR/ADMINISTRATOR:

The name of the person listed on the OSDH survey form as the person(s) responsible for the daily activities of the licensed ambulance service.

CATEGORY OF SERVICE:

There are five (5) categories: Basic Life Support, Intermediate Life Support, Paramedic Life Support, Specialty Care and Stretcher Aid Vans.

Basic Life Support indicates the "minimum standard" as set forth by State law has been met. Provision of emergency medical service care is provided on a 24-hour, 365 days per year basis;

Intermediate Life Support indicates that the licensee has EMT personnel and equipment at the Intermediate level of care;

Paramedic Life Support indicates that the licensee has EMT personnel and equipment at the Paramedic level of care;

Specialty Care indicates that the licensee has personnel and equipment for specific and special needs required for inter-facility transport of critical care. Specialty Care need not operate on a 24-hour basis.

Stretcher Aid Vans services are limited to providing non-emergency transfers of medically stable, non-emergent individuals.

TYPE OF SERVICE:

The type of agency or organization responsible for the provision of the ambulance service. There are nine (9) identified types listed on the OSDH survey: Paid Fire Department, Volunteer Fire Department, Law Enforcement, Hospital Based, Private

not subsidized), Private (subsidized), Governmental (not fire or police), Volunteer (not fire or police), and Other.

MANAGEMENT/OPERATOR:

The agency or organization responsible for the financial operation of the ambulance service. There are eight (8) identified and listed on the OSDH survey: City, County, City/County, Hospital, Authority or Board, Private, Funeral Home Volunteer, and Other.

FUNDING METHOD (S):

The primary sources or methods from which an ambulance service receives its revenue. Most services have more than one method of funding. There are ten (10) identified funding methods listed on the OSDH survey: Charges, City subsidy, County subsidy, Hospital subsidy, Sales Tax, Utility assessment, Ad Valorem tax ('522" districts), Donations, Subscriptions, and Other.

NUMBER OF PERSONNEL:

The number of emergency medical personnel listed on the OSDH survey that are utilized by the licensed ambulance service for the operation of emergency medical service care.

EMERGENCY NUMBER:

Access through 911, yes or no.

NUMBER AND TYPE OF RUNS:

All providers were required to submit the number of responses or "runs" made during the calendar year of January 1 to December 31. The types of call are: Transported, Care Transfer, Cancelled, Refused, Treat No Transport, False Call, No Patient Found, and DOA.

MISCELLANEOUS INFORMATION:

Response Time is the average time, in minutes; an agency uses to respond to all calls. Response time is calculated from the time a call is received by dispatch until the time that the ambulance arrives at the call location.

Area of Coverage is the general service area within which the service normally responds.

Base Emergency Charge Rate is the monetary charge for emergency ambulance service.

Base Transfer Charge Rate is the monetary charge for non-emergency ambulance service.

Mileage Charge is the amount charged for service on a per mile basis.

Medical Director is the name of the physician responsible for medical control of the ambulance service.

EMS Board/Council reflects whether the ambulance service has an oversight board.

AMBULANCE SERVICES:
LISTED BY CITY

Ambulance Services Listed by City

City	Name of Service	County
Ada	Chickasaw Nation Emergency	PONTOTOC
Ada	Valley View Regional Hosp EMS	PONTOTOC
Afton	Cleora EMS District Trust	DELAWARE
Air Service	Air Evac Lifeteam - Claremore	ROGERS
Air Service	Air Evac Lifeteam - Cushing	PAYNE
Air Service	Air Evac Lifeteam - DeQueen	OUT OF STATE
Air Service	Air Evac Lifeteam - Elk City	BECKHAM
Air Service	Air Evac Lifeteam - Lawton	COMANCHE
Air Service	Air Evac Lifeteam - McAlester	PITTSBURG
Air Service	Air Evac Lifeteam - Muskogee	MUSKOGEE
Air Service	Air Evac Lifeteam - Paris, AR	OUT OF STATE
Air Service	Air Evac Lifeteam - Pauls Valley	GARVIN
Air Service	Air Evac Lifeteam - Springdale	OUT OF STATE
Air Service	Air Evac Lifeteam - Wichita Falls	OUT OF STATE
Air Service	Air Evac Lifeteam - Woodward	WOODWARD
Air Service	Ballard Aviation of Hugo Inc	CHOCTAW
Air Service	Eaglemed, LLC (Fixed Wing)	OUT-OF-STATE
Air Service	Eaglemed, LLC (Rotor Wing)	OKLAHOMA
Air Service	Medi Flight Oklahoma (air)	OKLAHOMA
Air Service	Medi Flight Oklahoma (air-sc)	OKLAHOMA
Air Service	Medi Flight Oklahoma (sc)	OKLAHOMA
Air Service	Tulsa Life Flight	TULSA
Altus	Jackson County Ambulance	JACKSON
Alva	Alva Ambulance Service	WOODS
Anadarko	Anadarko Fire Department EMS	CADDO
Antlers	City of Antlers EMS	PUSHMATAHA
Apache	Apache Ambulance	CADDO
Ardmore	Southern Oklahoma Ambulance	CARTER
Atoka	Atoka County Ambulance	ATOKA
Bartlesville	Bartlesville Ambulance	WASHINGTON
Beaver	Beaver County EMS	BEAVER
Blackwell	Blackwell Fire Dept Ambulance	KAY
Blanchard	McClain Grady EMS District #1	MCCLAIN & GRADY
Boise City	Cimarron County EMS	CIMARRON
Bokchito	Eastern Bryan County Ambulance	BRYAN
Broken Arrow	Broken Arrow Fire Dept EMS	TULSA
Broken Arrow	EMS Plus, LLC - Broken Arrow	TULSA
Broken Arrow	Integrity EMS of Oklahoma, LLC	TULSA
Buffalo	Buffalo EMS District	HARPER

Ambulance Services Listed by City

City	Name of Service	County
Burns Flat	Burns Flat Ambulance	WASHITA
Cache	Cache EMS	COMANCHE
Camargo	Vici Camargo EMS	DEWEY
Canton	Canton-Longdale EMS	BLAINE
Carnegie	Carnegie Tri Co. Municipal Hospital	CADDO
Cashion	Cashion Fire Department EMS	KINGFISHER
Chandler	Chandler Ambulance	LINCOLN
Checotah	Checotah Emergency Ambulance	MCINTOSH
Cherokee/Helena	Alflafa County EMS	ALFALFA
Cheyenne	Roger Mills Ambulance	ROGER MILLS
Chickasha	Chickasha Fire Dept EMS	GRADY
Claremore	Pafford EMS of Oklahoma	ROGERS
Clayton	Clayton Ambulance Service	PUSHMATAHA
Clinton	Cheyenne & Arapaho EMS	CUSTER
Clinton	Sinor EMS - Clinton	CUSTER
Coalgate	Coalgate Fire Department EMS	COAL
Colbert	Colbert EMS	BRYAN
Collingsville	Collinsville Fire Department	TULSA
Cordell	Cordell Ambulance	WASHITA
Coweta	Coweta Fire Department EMS	WAGONER
Crescent	Crescent Ambulance Service	LOGAN
Critical Care	Bryan County EMS Critical Care	BRYAN
Critical Care	Cheyenne & Arapaho EMS - sc	CUSTER
Critical Care	Criticare	PAYNE
Critical Care	EMSA - East Division - sc	TULSA
Critical Care	EMSA - West Division - sc	OKLAHOMA
Critical Care	EMSSTAT - Norman Regional - sc	CLEVELAND
Critical Care	Guymon Fire Ambulance - sc	TEXAS
Critical Care	Life EMS - sc	GARFIELD
Critical Care	Park View Ambulance - sc	CANADIAN
Cushing	Cushing Fire Department	PAYNE
Cyril	Cyril Ambulance	CADDO
Davenport	Davenport Fire Dept Ambulance	LINCOLN
Duncan	American Medical Response	STEPHENS
Durant	Bryan County EMS	BRYAN
El Reno	Medic West, LLC	CANADIAN
El Reno	Park View Ambulance	CANADIAN
Eldorado	Eldorado EMS	JACKSON
Elk City	Elk City Fire Department EMS	BECKHAM

Ambulance Services Listed by City

City	Name of Service	County
Elmore City	Elmore City EMS	GARVIN
Enid	Life EMS	GARFIELD
Erick	Erick Ambulance	BECKHAM
Fairview	Major County EMS	MAJOR
Foss	Butler EMS	CUSTER
Frederick	Tillman County EMS District	TILLMAN
Freedom	Freedom Volunteer Ambulance	WOODS
Garber	Garber EMS	GARFIELD
Goodwell	Goodwell Ambulance	TEXAS
Grandfield	Grandfield Ambulance	TILLMAN
Grove	Grove EMS	DELAWARE
Guthrie	Guthrie EMS	LOGAN
Guymon	Guymon Fire Dept Ambulance	TEXAS
Hartshorne	Hartshorne EMS	PITTSBURG
Hennessey	Life EMS of Hennessey	KINGFISHER
Hobart	Sinor EMS - Hobart	KIOWA
Holdenville	Hughes County EMS	HUGHES
Hollis	Southwest Okla Ambulance Auth	HARMON
Hominy	Hominy Comm Medical Trust Auth	OSAGE
Hooker	Hooker Municipal Ambulance	TEXAS
Hugo	Choctaw County Ambulance Auth	CHOCTAW
Idabel	McCurtain County EMS	MCCURTAIN
Jay	Jay EMS	DELAWARE
Keyes	Keyes EMS	CIMARRON
Kingfisher	Kingfisher Ambulance (City of)	KINGFISHER
Konawa	Konawa EMS	SEMINOLE
Laverne	Laverne EMS	HARPER
Lawton	Comanche Co. Memorial Hosp EMS	COMANCHE
Lawton	Kirks Emergency Service	COMANCHE
Leedey	Leedey Ambulance	DEWEY
Lindsay	Lindsay EMS	GARVIN
Lone Wolf	Lone Wolf Community Ambulance	KIOWA
Madill	Marshall County EMS District	MARSHALL
Mangum	Greer County Special Ambulance	GREER
Mannford	Mannford Ambulance	CREEK
Marietta	Mercy Health - Love County	LOVE
Marlow	American Medical Response	STEPHENS
Marshall	Marshall Volunteer Ambulance	LOGAN
McAlester	McAlester Army Ammunition Plant	PITTSBURG

Ambulance Services Listed by City

City	Name of Service	County
McAlester	McAlester Fire Department EMS	PITTSBURG
McAlester	Para Med, Inc.	PITTSBURG/MCINTOSH
Medford	Medford Ambulance	GRANT
Medford	Miller EMS, LLC	GRANT
Miami	Integris Baptist Regional EMS	OTTAWA
Midwest City	Midwest Regional EMS	OKLAHOMA
Mountain Park	Kiowa County District 3 EMS	KIOWA
Mountain View	Mountain View Gotebo Ambulance	KIOWA
Muskogee	Muskogee County EMS	MUSKOGEE
Newkirk	Newkirk Fire Dept EMS	KAY
Noble	Noble Fire Department	CLEVELAND
Norman	EMSSTAT - Norman Regional EMS	CLEVELAND
Nowata	Nowata EMS	NOWATA
Okeene	Okeene Ambulance	BLAINE
Okemah	Creek Nation EMS	OKFUSKEE
Oklahoma City	EMSA - West Division	OKLAHOMA
Oklahoma City	Trinity Health Transit	OKLAHOMA
Okmulgee	Okmulgee County EMS	OKMULGEE
Oologah	Oologah- Talala EMS District	ROGERS
Out of State	Arkansas City Fire - EMS Dept	OUT OF STATE
Out of State	CareFlite	OUT-OF-STATE
Out of State	LifeTeam	OUT OF STATE
Out of State	Texas Lifestar	OUT-OF-STATE
Owasso	Mercy Regional of Oklahoma	TULSA
Owasso	Owasso Fire Department EMS	TULSA
Pauls Valley	Pauls Valley Gen. Hospital EMS	GARVIN
Pawhuska	Pulse EMS of OK, Inc.	OSAGE
Pawnee	Pawnee Ambulance	PAWNEE
Perry	Perry Fire Department EMS	NOBLE
Ponca City	Ponca City Fire Dept Ambulance	KAY
Pond Creek	Pond Creek Fire and Ambulance	GRANT
Poteau	EMS of Leflore County	LEFLORE
Pryor	Mayes Emergency Svc Trust Auth	MAYES
Purcell	Wadley's EMS, Inc	MCCLAIN
Quapaw	Quapaw Tribe of Oklahoma	OTTAWA
Rush Springs	Rush Springs EMS	GRADY
Sand Springs	Green Country Fire & Rescue	OSAGE
Sapulpa	Creek Co Emergency Ambulance	CREEK
Sayre	Sinor EMS - Sayre	BECKHAM

Ambulance Services Listed by City

City	Name of Service	County
Seiling	Community Ambulance	DEWEY
Seminole	Seminole Fire-Rescue	SEMINOLE
Sentinel	Sentinel City Ambulance	WASHITA
Shattuck	Ellis County EMS	ELLIS
Shawnee	REACT EMS	POTTOWATOMIE
Shidler	Shidler Ambulance	OSAGE
Skiatook	Skiatook Fire Dept EMS	TULSA
Stillwater	Stillwater Fire Department EMS	PAYNE
Stilwell	Stilwell Ambulance	ADAIR
Stratford	Stratford Ambulance	GARVIN
Sulphur	Murray County EMS	MURRAY
TAHLEQUAH	Cherokee Nation EMS	CHEROKEE
Tahlequah	Tahlequah City Ambulance	CHEROKEE
Talihina	Choctaw Nation Specialty Trans	LATIMER
Taloga	Taloga Ambulance	DEWEY
Texhoma	Texhoma Ambulance (City of)	TEXAS
Thomas	Sinor EMS - Thomas	CUSTER
Tishomingo	Johnston County Ambulance	JOHNSTON
Tonkawa	Tonkawa Fire Dept Ambulance	KAY
Tulsa	Aerocare Medical Transport	TULSA
Tulsa	EMSA - East Division	TULSA
Tulsa	Tulsa Life Flight (grd)	TULSA
Tuttle	Tuttle EMS	GRADY
Valliant	International Paper EMS	MCCURTAIN
Velma	Velma Community Ambulance	STEPHENS
Wagoner	Wagoner EMS	WAGONER
Waurika	Waurika Ambulance	JEFFERSON
Waynoka	Waynoka Ambulance Service	WOODS
Weatherford	Sinor EMS - Weatherford	CUSTER
Weleeka	Weleetka - Graham EMS	OKFUSKEE
Wellston	Wellston Ambulance	LINCOLN
Westville	Westville EMS	ADAIR
Wewoka	Wewoka Fire Dept EMS	SEMINOLE
Wilburton	Southwest EMS - Wilburton	LATIMER
Woodward	Woodward County EMS	WOODWARD

AMBULANCE SERVICES:
LISTED BY COUNTY

Ambulance Services Listed by County

County	Name of Service	City
ADAIR	Stilwell Ambulance	Stilwell
ADAIR	Westville EMS	Westville
ALFALFA	Alflafa County EMS	Cherokee/Helena
ATOKA	Atoka County Ambulance	Atoka
BEAVER	Beaver County EMS	Beaver
BECKHAM	Air Evac Lifeteam - Elk City	Air Service
BECKHAM	Elk City Fire Department EMS	Elk City
BECKHAM	Erick Ambulance	Erick
BECKHAM	Sinor EMS - Sayre	Sayre
BLAINE	Canton-Longdale EMS	Canton
BLAINE	Okeene Ambulance	Okeene
BRYAN	Eastern Bryan County Ambulance	Bokchito
BRYAN	Colbert EMS	Colbert
BRYAN	Bryan County EMS Critical Care	Critical Care
BRYAN	Bryan County EMS	Durant
CADDO	Anadarko Fire Department EMS	Anadarko
CADDO	Apache Ambulance	Apache
CADDO	Carnegie Tri Co. Municipal Hospital	Carnegie
CADDO	Cyril Ambulance	Cyril
CANADIAN	Park View Ambulance - sc	Critical Care
CANADIAN	Medic West, LLC	El Reno
CANADIAN	Park View Ambulance	El Reno
CARTER	Southern Oklahoma Ambulance	Ardmore
CHEROKEE	Cherokee Nation EMS	TAHLEQUAH
CHEROKEE	Tahlequah City Ambulance	Tahlequah
CHOCTAW	Choctaw County Ambulance Auth	Hugo
CIMARRON	Cimarron County EMS	Boise City
CIMARRON	Keyes EMS	Keyes
CLEVELAND	EMSSTAT - Norman Regional - sc	Critical Care
CLEVELAND	Noble Fire Department	Noble
CLEVELAND	EMSSTAT - Norman Regional EMS	Norman
COAL	Coalgate Fire Department EMS	Coalgate
COMANCHE	Air Evac Lifeteam - Lawton	Air Service
COMANCHE	Cache EMS	Cache
COMANCHE	Comanche Co. Memorial Hosp EMS	Lawton
COMANCHE	Kirks Emergency Service	Lawton
CREEK	Mannford Ambulance	Mannford
CREEK	Creek Co Emergency Ambulance	Sapulpa
CUSTER	Cheyenne & Arapaho EMS	Clinton
CUSTER	Sinor EMS - Clinton	Clinton

Ambulance Services Listed by County

County	Name of Service	City
CUSTER	Cheyne & Arapaho EMS - sc	Critical Care
CUSTER	Butler EMS	Foss
CUSTER	Sinor EMS - Thomas	Thomas
CUSTER	Sinor EMS - Weatherford	Weatherford
DELAWARE	Cleora EMS District Trust	Afton
DELAWARE	Grove EMS	Grove
DELAWARE	Jay EMS	Jay
DEWEY	Vici Camargo EMS	Camargo
DEWEY	Leedey Ambulance	Leedey
DEWEY	Community Ambulance	Seiling
DEWEY	Taloga Ambulance	Taloga
ELLIS	Ellis County EMS	Shattuck
GARFIELD	Life EMS - sc	Critical Care
GARFIELD	Life EMS	Enid
GARFIELD	Garber EMS	Garber
GARVIN	Air Evac Lifeteam - Pauls Valley	Air Service
GARVIN	Elmore City EMS	Elmore City
GARVIN	Lindsay EMS	Lindsay
GARVIN	Pauls Valley Gen. Hospital EMS	Pauls Valley
GARVIN	Stratford Ambulance	Stratford
GRADY	Chickasha Fire Dept EMS	Chickasha
GRADY	Rush Springs EMS	Rush Springs
GRADY	Tuttle EMS	Tuttle
GRANT	Medford Ambulance	Medford
GRANT	Miller EMS, LLC	Medford
GRANT	Pond Creek Fire and Ambulance	Pond Creek
GREER	Greer County Special Ambulance	Mangum
HARMON	Southwest Okla Ambulance Auth	Hollis
HARPER	Buffalo EMS District	Buffalo
HARPER	Laverne EMS	Laverne
HUGHES	Hughes County EMS	Holdenville
JACKSON	Jackson County Ambulance	Altus
JACKSON	Eldorado EMS	Eldorado
JEFFERSON	Waurika Ambulance	Waurika
JOHNSTON	Johnston County Ambulance	Tishomingo
KAY	Blackwell Fire Dept Ambulance	Blackwell
KAY	Newkirk Fire Dept EMS	Newkirk
KAY	Ponca City Fire Dept Ambulance	Ponca City
KAY	Tonkawa Fire Dept Ambulance	Tonkawa
KINGFISHER	Cashion Fire Department EMS	Cashion

Ambulance Services Listed by County

County	Name of Service	City
KINGFISHER	Life EMS of Hennessey	Hennessey
KINGFISHER	Kingfisher Ambulance (City of)	Kingfisher
KIOWA	Sinor EMS - Hobart	Hobart
KIOWA	Lone Wolf Community Ambulance	Lone Wolf
KIOWA	Kiowa County District 3 EMS	Mountain Park
KIOWA	Mountain View Gotebo Ambulance	Mountain View
LATIMER	Choctaw Nation Specialty Trans	Talihina
LATIMER	Southwest EMS - Wilburton	Wilburton
LEFLORE	EMS of Leflore County	Poteau
LINCOLN	Chandler Ambulance	Chandler
LINCOLN	Davenport Fire Dept Ambulance	Davenport
LINCOLN	Wellston Ambulance	Wellston
LOGAN	Crescent Ambulance Service	Crescent
LOGAN	Guthrie EMS	Guthrie
LOGAN	Marshall Volunteer Ambulance	Marshall
LOVE	Mercy Health - Love County	Marietta
MAJOR	Major County EMS	Fairview
MARSHALL	Marshall County EMS District	Madill
MAYES	Mayes Emergency Svc Trust Auth	Pryor
MCCLAIN	Wadley's EMS, Inc	Purcell
MCCLAIN & GRADY	McClain Grady EMS District #1	Blanchard
MCCURTAIN	McCurtain County EMS	Idabel
MCCURTAIN	International Paper EMS	Valliant
MCINTOSH	Checotah Emergency Ambulance	Checotah
MURRAY	Murray County EMS	Sulphur
MUSKOGEE	Muskogee County EMS	Muskogee
NOBLE	Perry Fire Department EMS	Perry
NOWATA	Nowata EMS	Nowata
OKFUSKEE	Creek Nation EMS	Okemah
OKFUSKEE	Weleetka - Graham EMS	Weleeka
OKLAHOMA	Eaglemed, LLC (Rotor Wing)	Air Service
OKLAHOMA	Medi Flight Oklahoma (air)	Air Service
OKLAHOMA	Medi Flight Oklahoma (air-sc)	Air Service
OKLAHOMA	Medi Flight Oklahoma (sc)	Air Service
OKLAHOMA	EMSA - West Division - sc	Critical Care
OKLAHOMA	Midwest Regional EMS	Midwest City
OKLAHOMA	EMSA - West Division	Oklahoma City
OKLAHOMA	Trinity Health Transit	Oklahoma City
OKMULGEE	Okmulgee County EMS	Okmulgee
OSAGE	Hominy Comm Medical Trust Auth	Hominy

Ambulance Services Listed by County

County	Name of Service	City
OSAGE	Pulse EMS of OK, Inc.	Pawhuska
OSAGE	Green Country Fire & Rescue	Sand Springs
OSAGE	Shidler Ambulance	Shidler
OTTAWA	Integris Baptist Regional EMS	Miami
OTTAWA	Quapaw Tribe of Oklahoma	Quapaw
Out of State	Air Evac Lifeteam - DeQueen	Air Service
OUT OF STATE	Air Evac Lifeteam - Paris, AR	Air Service
OUT OF STATE	Air Evac Lifeteam - Springdale	Air Service
OUT OF STATE	Air Evac Lifeteam - Wichita Falls	Air Service
OUT OF STATE	Arkansas City Fire - EMS Dept	Out of State
OUT OF STATE	LifeTeam	Out of State
OUT-OF-STATE	Air Evac Lifeteam - Muskogee	Air Service
OUT-OF-STATE	Ballard Aviation of Hugo Inc	Air Service
OUT-OF-STATE	Eaglemed, LLC (Fixed Wing)	Air Service
OUT-OF-STATE	CareFlite	Out of State
OUT-OF-STATE	Texas Lifestar	Out of State
PAWNEE	Pawnee Ambulance	Pawnee
PAYNE	Air Evac Lifeteam - Cushing	Air Service
PAYNE	Criticare	Critical Care
PAYNE	Cushing Fire Department	Cushing
PAYNE	Stillwater Fire Department EMS	Stillwater
PITTSBURG	Air Evac Lifeteam - McAlester	Air Service
PITTSBURG	Hartshorne EMS	Hartshorne
PITTSBURG	McAlester Army Ammunition Plant	McAlester
PITTSBURG	McAlester Fire Department EMS	McAlester
PITTSBURG/MCINTOSH	Para Med, Inc.	McAlester
PONTOTOC	Chickasaw Nation Emergency	Ada
PONTOTOC	Valley View Regional Hosp EMS	Ada
POTTOWATOMIE	REACT EMS	Shawnee
PUSHMATAHA	City of Antlers EMS	Antlers
PUSHMATAHA	Clayton Ambulance Service	Clayton
ROGER MILLS	Roger Mills Ambulance	Cheyenne
ROGERS	Air Evac Lifeteam - Claremore	Air Service
ROGERS	Pafford EMS of Oklahoma	Claremore
ROGERS	Oologah- Talala EMS District	Oologah
SEMINOLE	Konawa EMS	Konawa
SEMINOLE	Seminole Fire-Rescue	Seminole
SEMINOLE	Wewoka Fire Dept EMS	Wewoka
STEPHENS	American Medical Response	Duncan
STEPHENS	American Medical Response	Marlow

Ambulance Services Listed by County

County	Name of Service	City
STEPHENS	Velma Community Ambulance	Velma
TEXAS	Guymon Fire Ambulance - sc	Critical Care
TEXAS	Goodwell Ambulance	Goodwell
TEXAS	Guymon Fire Dept Ambulance	Guymon
TEXAS	Hooker Municipal Ambulance	Hooker
TEXAS	Texhoma Ambulance (City of)	Texhoma
TILLMAN	Tillman County EMS District	Frederick
TILLMAN	Grandfield Ambulance	Grandfield
TULSA	Tulsa Life Flight	Air Service
TULSA	Broken Arrow Fire Dept EMS	Broken Arrow
TULSA	EMS Plus, LLC - Broken Arrow	Broken Arrow
TULSA	Integrity EMS of Oklahoma, LLC	Broken Arrow
TULSA	Collinsville Fire Department	Collingsville
TULSA	EMSA - East Division - sc	Critical Care
TULSA	Mercy Regional of Oklahoma	Owasso
TULSA	Owasso Fire Department EMS	Owasso
TULSA	Skiatook Fire Dept EMS	Skiatook
TULSA	Aerocare Medical Transport	Tulsa
TULSA	EMSA - East Division	Tulsa
TULSA	Tulsa Life Flight (grd)	Tulsa
WAGONER	Coweta Fire Department EMS	Coweta
WAGONER	Wagoner EMS	Wagoner
WASHINGTON	Bartlesville Ambulance	Bartlesville
WASHITA	Burns Flat Ambulance	Burns Flat
WASHITA	Cordell Ambulance	Cordell
WASHITA	Sentinel City Ambulance	Sentinel
WOODS	Alva Ambulance Service	Alva
WOODS	Freedom Volunteer Ambulance	Freedom
WOODS	Waynoka Ambulance Service	Waynoka
WOODWARD	Air Evac Lifeteam - Woodward	Air Service
WOODWARD	Woodward County EMS	Woodward

AMBULANCE SERVICES:
LISTED BY
LICENSE NUMBER

Ambulance Services Listed by License Number

License Number	Name of Service	Region
001	Cimarron County EMS	1
003	Kirks Emergency Service	3
004	Waynoka Ambulance Service	3
006	Owasso Fire Department EMS	7
007	Chickasha Fire Dept EMS	3
008	Okeene Ambulance	1
011	Konawa EMS	5
014	Wagoner EMS	4
015	Freedom Volunteer Ambulance	1
023	Broken Arrow Fire Dept EMS	7
024	Skiatook Fire Dept EMS	7
026	Alva Ambulance Service	1
028	Atoka County Ambulance	5
029	Beaver County EMS	1
030	Grandfield Ambulance	3
031	Blackwell Fire Dept Ambulance	2
032	Chandler Ambulance	6
033	Collinsville Fire Department	7
034	Erick Ambulance	1
036	Medford Ambulance	1
039	Cushing Fire Department	2
040	Davenport Fire Dept Ambulance	6
042	Ellis County EMS	1
044	EMSA - East Division	7
047	Hartshorne EMS	5
050	Hooker Municipal Ambulance	1
051	Hughes County EMS	1
052	Kiowa County District 3 EMS	3
053	Lone Wolf Community Ambulance	3
054	Major County EMS	1
055	Midwest Regional EMS	8
057	Park View Ambulance	6
058	Pauls Valley Gen. Hospital EMS	3
059	Perry Fire Department EMS	2
061	Pond Creek Fire and Ambulance	1
063	Roger Mills Ambulance	1
064	Southern Oklahoma Ambulance	3
065	Tahlequah City Ambulance	4
066	Taloga Ambulance	1

Ambulance Services Listed by License Number

License Number	Name of Service	Region
068	Tuttle EMS	3
069	Valley View Regional Hosp EMS	3
075	Life EMS	1
076	Okmulgee County EMS	4
077	Bartlesville Ambulance	2
078	Muskogee County EMS	4
079	Johnston County Ambulance	3
080	McAlester Fire Department EMS	5
082	Stillwater Fire Department EMS	2
083	Creek Co Emergency Ambulance	4
084	Burns Flat Ambulance	1
088	Anadarko Fire Department EMS	3
089	Shidler Ambulance	2
093	Mannford Ambulance	4
094	Integris Baptist Regional EMS	2
095	Stilwell Ambulance	4
097	Stratford Ambulance	3
102	Carnegie Tri Co. Municipal Hos	3
103	Eldorado EMS	3
104	Mountain View Gotebo Ambulance	3
105	Sentinel City Ambulance	1
107	Greer County Special Ambulance	3
108	Newkirk Fire Dept EMS	2
109	Sinor EMS - Weatherford	1
111	Canton-Longdale EMS	1
113	Leedey Ambulance	1
115	Tillman County EMS District	3
117	Southwest Okla Ambulance Auth	3
118	Laverne EMS	1
119	Woodward County EMS	1
124	McCurtain County EMS	5
125	Colbert EMS	5
127	Marshall County EMS District	5
128	Bryan County EMS	5
131	Coweta Fire Department EMS	4
132	Para Med, Inc.	5
136	Grove EMS	2
140	Crescent Ambulance Service	6
141	Goodwell Ambulance	1

Ambulance Services Listed by License Number

License Number	Name of Service	Region
145	Sinor EMS - Hobart	3
147	Kingfisher Ambulance (City of)	1
152	Guthrie EMS	6
160	Ponca City Fire Dept Ambulance	2
161	Tonkawa Fire Dept Ambulance	2
166	Texhoma Ambulance (City of)	1
168	Wellston Ambulance	6
171	Sinor EMS - Clinton	1
172	Waurika Ambulance	3
173	Guymon Fire Dept Ambulance	1
174	Checotah Emergency Ambulance	4
175	Cashion Fire Department EMS	1
176	Noble Fire Department	6
177	Marshall Volunteer Ambulance	6
179	Community Ambulance	1
184	Wewoka Fire Dept EMS	5
186	Elmore City EMS	3
187	Pawnee Ambulance	2
198	Walters Volunteer Ambulance	3
200	Jay EMS	2
210	Apache Ambulance	3
211	Cordell Ambulance	1
213	Cheyenne & Arapaho EMS	1
219	Creek Nation EMS	5
222	McClain Grady EMS District #1	6
227	Choctaw County Ambulance Auth.	5
228	International Paper EMS	5
229	Rush Springs EMS	3
237	Eastern Bryan County Ambulance	5
238	Jackson County Ambulance	3
239	Alflafa County EMS	1
245	Watonga EMS	1
255	Buffalo EMS District	1
263	Cherokee Nation EMS	4
265	Mayes Emergency Svc Trust Auth	2
270	City of Antlers EMS	5
275	Sinor EMS - Sayre	1
290	Aerocare Medical Transport	7
292	Cyril Ambulance	3

Ambulance Services Listed by License Number

License Number	Name of Service	Region
296	EMSA - West Division	8
300	Chickasaw Nation Emergency	3
302	Velma Community Ambulance	3
303	EMS of Leflore County	5
311	McAlester Army Ammunition Plan	5
312	Mercy Health - Love County	3
314	Comanche Co. Memorial Hosp EMS	3
315	American Medical Response	3
319	Tulsa Life Flight (grd)	7
322	EMSSTAT - Norman Regional EMS	6
325	REACT EMS	6
329	Park View Ambulance - sc	6
332	Murray County EMS	3
336	Green Country Fire & Rescue	2
337	American Medical Response	3
339	Medi Flight Oklahoma (air)	8
340	Medi Flight Oklahoma (sc)	8
343	Lindsay EMS	3
344	Guymon Fire Ambulance - sc	1
347	Keyes EMS	1
352	Choctaw Nation Specialty Trans	5
354	Life EMS of Hennessey	1
355	Butler EMS	1
356	Oologah- Talala EMS District	2
358	EMS Plus, LLC, Broken Arrow	7
369	LifeTeam	1
372	Life EMS - sc	1
375	Coalgate Fire Department EMS	5
380	Bryan County EMS Critical Care	5
381	EMSSTAT - Norman Regional - sc	6
383	Elk City Fire Department EMS	1
384	Wadley's EMS, Inc	6
388	Integrity EMS of Oklahoma, LLC	7
391	Southwest EMS - Wilburton	5
395	Air Evac Lifeteam - Paris, AR	4
396	Air Evac Lifeteam - Pauls Valley	3
397	Air Evac Lifeteam - Claremore	2
398	Air Evac Lifeteam - McAlester	5
399	Air Evac Lifeteam - Cushing	2

Ambulance Services Listed by License Number

License Number	Name of Service	Region
400	Air Evac Lifeteam - Springdale	2
401	Air Evac Lifeteam - Lawton	3
402	Air Evac Lifeteam - Wichita Falls	OFS
403	EMSA - West Division - sc	8
404	EMSA - East Division - sc	7
407	Medi Flight Oklahoma (air-sc)	8
410	Sinor EMS - Thomas	1
412	Air Evac Lifeteam - Elk City	1
415	Cleora EMS District Trust	2
416	Pafford EMS of Oklahoma	2
417	Cache EMS	3
418	Ballard Aviation of Hugo, Inc.	5
420	Trinity Health Transit	8
421	Hominy Comm Medical Trust Auth	2
422	Mercy Regional of Oklahoma	7
424	Garber EMS	1
425	Cheyenne & Arapaho EMS - sc	1
427	Weleetka - Graham EMS	5
428	Texas Lifestar	3
429	Air Evac Lifeteam - Woodward	1
430	Air Evac Lifeteam - DeQueen	4
432	Nowata EMS	2
433	Air Evac Lifeteam - Muskogee	4
434	Westville EMS	4
435	CareFlite	3
436	Miller EMS, LLC	1
437	Quapaw Tribe of Oklahoma	2
438	Arkansas City Fire - EMS Dept	2
439	Clayton Ambulance Service	5
440	Pulse EMS of OK, Inc.	2
441	Vici Camargo EMS	1
443	Para Med - Crowder	5
444	Tulsa Life Flight	4
445	Medic West, LLC	6
446	Eaglemed, LLC (Rotor Wing)	OFS
447	Eaglemed, LLC (Fixed Wing)	OFS
448	Criticare	2

AMBULANCE SERVICES: **LISTED BY REGIONS**

Ambulance Services Listed by Region

Region	Name of Service	License Number	
1	Air Evac Lifeteam - Elk City	412	
1	Air Evac Lifeteam - Woodward	429	
1	Alfalfa County EMS	239	
1	Alva Ambulance Service	026	
1	Beaver County EMS	029	
1	Buffalo EMS District	255	
1	Burns Flat Ambulance	084	
1	Butler EMS	355	
1	Canton-Longdale EMS	111	
1	Cashion Fire Department EMS	175	
1	Cheyenne & Arapaho EMS	213	
1	Cheyenne & Arapaho EMS - sc	425	
1	Cimarron County EMS	001	
1	Community Ambulance	179	
1	Cordell Ambulance	211	
1	Elk City Fire Department EMS	383	
1	Ellis County EMS	042	
1	Erick Ambulance	034	
1	Freedom Volunteer Ambulance	015	
1	Garber EMS	424	
1	Goodwell Ambulance	141	
1	Guymon Fire Ambulance - sc	344	
1	Guymon Fire Dept Ambulance	173	
1	Hooker Municipal Ambulance	050	
1	Hughes County EMS	051	
1	Keyes EMS	347	
1	Kingfisher Ambulance (City of)	147	
1	Laverne EMS	118	
1	Leedey Ambulance	113	
1	Life EMS	075	
1	Life EMS - sc	372	
1	Life EMS of Hennessey	354	
1	Life Team	369	
1	Major County EMS	054	
1	Medford Ambulance	036	
1	Miller EMS, LLC	436	
1	Okeene Ambulance	008	
1	Pond Creek Fire and Ambulance	061	
1	Roger Mills Ambulance	063	
1	Sentinel City Ambulance	105	

Ambulance Services Listed by Region

Region	Name of Service	License Number	
1	Sinor EMS - Clinton	171	
1	Sinor EMS - Sayre	275	
1	Sinor EMS - Thomas	410	
1	Sinor EMS - Weatherford	109	
1	Taloga Ambulance	066	
1	Texhoma Ambulance (City of)	166	
1	Vici Camargo EMS	017	
1	Woodward County EMS	119	
2	Air Evac Lifeteam - Claremore	397	
2	Air Evac Lifeteam - Cushing	399	
2	Air Evac Lifeteam - Springdale	400	
2	Arkansas City Fire - EMS Dept	438	
2	Bartlesville Ambulance	077	
2	Blackwell Fire Dept Ambulance	031	
2	Cleora EMS District Trust	415	
2	Criticare	448	
2	Cushing Fire Department	039	
2	Green Country Fire & Rescue	336	
2	Grove EMS	136	
2	Hominy Comm Medical Trust Auth	421	
2	Integrus Baptist Regional EMS	094	
2	Jay EMS	200	
2	Mayes Emergency Svc Trust Auth	265	
2	Newkirk Fire Dept EMS	108	
2	Nowata EMS	432	
2	Oologah- Talala EMS District	356	
2	Pafford EMS of Oklahoma	416	
2	Pawnee Ambulance	187	
2	Perry Fire Department EMS	059	
2	Ponca City Fire Dept Ambulance	160	
2	Pulse EMS of OK, Inc.	440	
2	Quapaw Tribe of Oklahoma	437	
2	Shidler Ambulance	089	
2	Stillwater Fire Department EMS	082	
2	Tonkawa Fire Dept Ambulance	161	
3	Air Evac Lifeteam - Lawton	401	
3	Air Evac Lifeteam - Pauls Valley	396	
3	American Medical Response	337	
3	American Medical Response	315	
3	Anadarko Fire Department EMS	088	

Ambulance Services Listed by Region

Region	Name of Service	License Number	
3	Apache Ambulance	210	
3	Cache EMS	417	
3	CareFlite	435	
3	Carnegie Tri Co. Municipal Hospital	102	
3	Chickasaw Nation Emergency	300	
3	Chickasha Fire Dept EMS	007	
3	Comanche Co. Memorial Hosp EMS	314	
3	Cyril Ambulance	292	
3	Eaglemed - Ardmore	423	
3	Eldorado EMS	103	
3	Elmore City EMS	186	
3	Grandfield Ambulance	030	
3	Greer County Special Ambulance	107	
3	Jackson County Ambulance	238	
3	Johnston County Ambulance	079	
3	Kiowa County District 3 EMS	052	
3	Kirks Emergency Service	003	
3	Lindsay EMS	343	
3	Lone Wolf Community Ambulance	053	
3	Mercy Health - Love County	312	
3	Mountain View Gotebo Ambulance	104	
3	Murray County EMS	332	
3	Pauls Valley Gen. Hospital EMS	058	
3	Rush Springs EMS	229	
3	Sinor EMS - Hobart	145	
3	Southern Oklahoma Ambulance	064	
3	Southwest Okla Ambulance Auth	117	
3	Stratford Ambulance	097	
3	Texas Lifestar	428	
3	Tillman County EMS District	115	
3	Tuttle EMS	068	
3	Valley View Regional Hosp EMS	069	
3	Velma Community Ambulance	302	
3	Waurika Ambulance	172	
3	Waynoka Ambulance Service	004	
4	Air Evac Lifeteam - DeQueen	430	
4	Air Evac Lifeteam - Muskogee	433	
4	Air Evac Lifeteam - Paris, AR	395	
4	Checotah Emergency Ambulance	174	
4	Cherokee Nation EMS	263	

Ambulance Services Listed by Region

Region	Name of Service	License Number	
4	Coweta Fire Department EMS	131	
4	Creek Co Emergency Ambulance	083	
4	Mannford Ambulance	093	
4	Muskogee County EMS	078	
4	Okmulgee County EMS	076	
4	Stilwell Ambulance	095	
4	Tahlequah City Ambulance	065	
4	Tulsa Life Flight	444	
4	Wagoner EMS	014	
4	Westville EMS	434	
5	Air Evac Lifeteam - McAlester	398	
5	Atoka County Ambulance	028	
5	Ballard Aviation of Hugo Inc	418	
5	Bryan County EMS	128	
5	Bryan County EMS Critical Care	380	
5	Choctaw County Ambulance Auth	227	
5	Choctaw Nation Specialty Trans	352	
5	City of Antlers EMS	270	
5	Clayton Ambulance Service	439	
5	Coalgate Fire Department EMS	375	
5	Colbert EMS	125	
5	Creek Nation EMS	219	
5	Eastern Bryan County Ambulance	237	
5	EMS of Leflore County	303	
5	Hartshorne EMS	047	
5	International Paper EMS	228	
5	Konawa EMS	011	
5	Marshall County EMS District	127	
5	McAlester Army Ammunition Plant	311	
5	McAlester Fire Department EMS	080	
5	McCurtain County EMS	124	
5	Para Med, Inc.	132	
5	Seminole Fire-Rescue	126	
5	Southwest EMS - Wilburton	391	
5	Weleetka - Graham EMS	427	
5	Wewoka Fire Dept EMS	184	
6	Chandler Ambulance	032	
6	Crescent Ambulance Service	140	
6	Davenport Fire Dept Ambulance	040	
6	EMSSTAT - Norman Regional - sc	381	

Ambulance Services Listed by Region

Region	Name of Service	License Number	
6	EMSSTAT - Norman Regional EMS	322	
6	Guthrie EMS	152	
6	Marshall Volunteer Ambulance	177	
6	McClain Grady EMS District #1	222	
6	Medic West, LLC	445	
6	Noble Fire Department	176	
6	Park View Ambulance	057	
6	Park View Ambulance - sc	329	
6	REACT EMS	325	
6	Wadley's EMS, Inc	384	
6	Wellston Ambulance	168	
7	Aerocare Medical Transport	290	
7	Broken Arrow Fire Dept EMS	023	
7	Collinsville Fire Department	033	
7	EMS Plus, LLC - Broken Arrow	358	
7	EMSA - East Division	044	
7	EMSA - East Division - sc	404	
7	Integrity EMS of Oklahoma, LLC	388	
7	Mercy Regional of Oklahoma	422	
7	Owasso Fire Department EMS	006	
7	Skiatook Fire Dept EMS	024	
7	Tulsa Life Flight (grd)	319	
8	EMSA - West Division	296	
8	EMSA - West Division - sc	403	
8	Medi Flight Oklahoma (air)	339	
8	Medi Flight Oklahoma (air-sc)	407	
8	Medi Flight Oklahoma (sc)	340	
8	Midwest Regional EMS	055	
8	Trinity Health Transit	420	
	Air Evac Lifeteam - Wichita Falls	402	
	Eaglemed, LLC (Fixed Wing)	447	
	Eaglemed, LLC (Rotor Wing)	446	

DIRECTORY OF AMBULANCE PROVIDERS

AMBULANCE REGISTRY 2010

Service Name: **Aerocare Medical Transport**
Address: **PO Box 150003**
Address: **7601 E. Apache, Hanger 22**
City, State, Zip Code: **Tulsa, OK 74115**

License #: **290**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **Russ Newman**
Business Phone: **(918) 834-6550**
Email: **rnewman@amti.us**
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **40**
EMT Paramedic: **7**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **4**

TYPE & NUMBER OF RUNS (2009):

Transported: **64** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **64**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **0**
Medical Director: **Charles Farmer, MD**
Response Time: **NA**
Mileage Charge: **\$0**
Emergency Charge: **\$0**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - Claremore**
Address: **306 Davis Drive**
Address: **19502 E Rogers Post, Claremore**
City, State, Zip Code: **West Plains, MO 65775**

License #: **397**
Region: **2**
County: **ROGERS**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arthurs**
Business Phone: **(417) 255-9969**
Email: **arthursandy@air- evac.com**
911 Available: **No**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **2**
EMT Intermediate: **0** Air Medical : **3**
EMT Paramedic: **5**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **1**

TYPE & NUMBER OF RUNS (2009):

Transported: **318** False Call: **0**
Care Transfer: **0** DOA: **5**
Cancelled: **316** Total 2009 Runs: **639**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **150**
Medical Director: **S.A. Beeson, DO**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4500**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - Cushing**
Address: **306 Davis Drive**
Address: **#3 West Airport Rd - Cushing**
City, State, Zip Code: **West Plains, MO 65775**

License #: **399**
Region: **2**
County: **PAYNE**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arthurs**
Business Phone: **(417) 256-0010**
Email: **arthursandy@air-evac.com**
911 Available: **No**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **2**
EMT Intermediate: **0** Air Medical : **5**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **1**

TYPE & NUMBER OF RUNS (2009):

Transported: **309** False Call: **0**
Care Transfer: **0** DOA: **12**
Cancelled: **118** Total 2009 Runs: **439**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **0**
Medical Director: **S.A. Beeson, DO**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4250**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - DeQueen**
Address: **306 Davis Drive**
Address: **1017 N 14th St - DeQueen AR**
City, State, Zip Code: **West Plains, MO 65775**

License #: **430**
Region: **4**
County: **Out of State**

ADMINISTRATIVE INFORMATION:

Director: **Stan Coss**
Business Phone: **(417) 255-9969**
Email: **cosstanley@air-evac.com**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **8**
EMT Paramedic: **3**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **1**

TYPE & NUMBER OF RUNS (2009):

Transported: **115** False Call: **0**
Care Transfer: **196** DOA: **11**
Cancelled: **0** Total 2009 Runs: **322**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Timothy Calicott, MD**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4250**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - Elk City**
Address: **306 Davis Drive**
Address: **71 Norman Martin - Elk City**
City, State, Zip Code: **West Plains, MO 65775**

License #: **412**
Region: **1**
County: **BECKHAM**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arthurs**
Business Phone: **(417) 256-0010**
Email: arthursandy@air-evac.com
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **3**
EMT Intermediate: **0** Air Medical : **1**
EMT Paramedic: **3**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **1**

TYPE & NUMBER OF RUNS (2009):

Transported: **44** False Call: **0**
Care Transfer: **367** DOA: **4**
Cancelled: **0** Total 2009 Runs: **415**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **S.A. Beeson, DO**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4250**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - Lawton**
Address: **306 Davis Drive**
Address: **#19 NW 31st - Lawton**
City, State, Zip Code: **West Plains, MO 65775**

License #: **401**
Region: **3**
County: **COMANCHE**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arthurs**
Business Phone: **(417) 256-0010**
Email: arthursandy@air-evac.com
911 Available: **No**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **4**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **337** False Call: **0**
Care Transfer: **0** DOA: **12**
Cancelled: **277** Total 2009 Runs: **633**
Refused: **7**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **150**
Medical Director: **S.A. Beeson, DO**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4500**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - McAlester**
Address: **306 Davis Drive**
Address: **1005 N Strong - McAlester**
City, State, Zip Code: **West Plains, MO 65775**

License #: **398**
Region: **5**
County: **PITTSBURG**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arthurs**
Business Phone: **(417) 256-0010**
Email: arthursandy@air-evac.com
911 Available: **No**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **4**
EMT Intermediate: **0** Air Medical : **5**
EMT Paramedic: **3**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **469** False Call: **0**
Care Transfer: **0** DOA: **12**
Cancelled: **421** Total 2009 Runs: **902**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **150**
Medical Director: **S.A. Beeson, DO**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4500**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - Muskogee**
Address: **306 Davis Drive**
Address: **300 Rockefeller DR - Muskogee**
City, State, Zip Code: **West Plains, MO 65775**

License #: **433**
Region: **4**
County: **OUT-OF-STATE**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arthurs**
Business Phone: **(417) 274-2301**
Email: arthursandy@air-evac.com
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **3**
EMT Intermediate: **0** Air Medical : **3**
EMT Paramedic: **3**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **382** False Call: **0**
Care Transfer: **0** DOA: **7**
Cancelled: **375** Total 2009 Runs: **764**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **70**
Medical Director: **S.A. Beeson, DO**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4500**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - Paris TX**
Address: **306 Davis Drive**
Address: **32 Airport Industrial Rd**
City, State, Zip Code: **West Plains, MO 65775**

License #: **395**
Region: **OFS**
County: **OUT OF STATE**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arthurs**
Business Phone: **(417) 256-0010**
Email: arthursandy@air-evac.com
911 Available: **No**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **5**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **5** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **372**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **150**
Medical Director: **Timothy Calicot, MD**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4500**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - Pauls Valley**
Address: **306 Davis Drive**
Address: **400 Airport Rd - Pauls Valley**
City, State, Zip Code: **West Plains, MO 65775**

License #: **396**
Region: **3**
County: **GARVIN**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arthurs**
Business Phone: **(417) 256-0010**
Email: arthursandy@air-evac.com
911 Available: **No**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **3**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **5**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **373** False Call: **0**
Care Transfer: **0** DOA: **8**
Cancelled: **374** Total 2009 Runs: **760**
Refused: **5**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **150**
Medical Director: **S.A. Beeson, DO**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4500**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - Springdale AR**
Address: **306 Davis Drive**
Address: **712 West Maple - Springdale AR**
City, State, Zip Code: **West Plains, MO 65775**

License #: **400**
Region: **OFS**
County: **OUT OF STATE**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arthurs**
Business Phone: **(417) 256-0010**
Email: **arthursandy@air-evac.com**
911 Available: **No**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **3**
EMT Intermediate: **0** Air Medical : **3**
EMT Paramedic: **3**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **1**

TYPE & NUMBER OF RUNS (2009):

Transported: **38** False Call: **0**
Care Transfer: **0** DOA: **3**
Cancelled: **38** Total 2009 Runs: **79**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **150**
Medical Director: **Timothy Calicot, MD**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4500**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - Wichita Falls TX**
Address: **306 Davis Drive**
Address: **1610 10th S - Wichita Falls**
City, State, Zip Code: **West Plains, MO 65775**

License #: **402**
Region: **OFS**
County: **OFS**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arhutr**
Business Phone: **(417) 256-0010**
Email: **arthursandy@air-evac.com**
911 Available: **No**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **4**
EMT Intermediate: **0** Air Medical : **4**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **1**

TYPE & NUMBER OF RUNS (2009):

Transported: **81** False Call: **0**
Care Transfer: **277** DOA: **13**
Cancelled: **0** Total 2009 Runs: **371**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **150**
Medical Director: **B.A. Beeson, DO**
Response Time: **10**
Mileage Charge: **\$45**
Emergency Charge: **\$4500**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Evac Lifeteam - Woodward**
Address: **306 Davis Drive**
Address: **1620 Santa Fe ST - Woodward**
City, State, Zip Code: **West Plains, MO 65775**

License #: **429**
Region: **1**
County: **WOODWARD**

ADMINISTRATIVE INFORMATION:

Director: **Andy Arthurs**
Business Phone: **(417) 256-0010**
Email: **arthursandy@air-evac.com**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **2**
EMT Intermediate: **0** Air Medical : **3**
EMT Paramedic: **2**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **38** False Call: **0**
Care Transfer: **210** DOA: **3**
Cancelled: **0** Total 2009 Runs: **251**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **0**
Medical Director: **Beeson S.A., DO**
Response Time: **8**
Mileage Charge: **\$45**
Emergency Charge: **\$4250**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Air Kids One**
Address: **700 NE 13th Street**
Address:
City, State, Zip Code: **Oklahoma City, OK 73104**

License #: **451**
Region: **8**
County: **OKLAHOMA**

ADMINISTRATIVE INFORMATION:

Director: **Patti Klein**
Business Phone: **(405) 271-7700**
Email: **none given**
911 Available: **No**
Funding Methods: **Charges,**

Level of Care: **Specialty Care**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **12**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **0** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **NEW SERVICE**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **70686**
Medical Director: **Roger Vemugopal, MD**
Response Time: **8**
Mileage Charge: **\$114.08**
Emergency Charge: **\$10920.50**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Alflafa County EMS**
Address: **PO Box 36**
Address: **3rd & Hinkley**
City, State, Zip Code: **Helena, OK 73741**

License #: **239**
Region: **1**
County: **ALFALFA**

ADMINISTRATIVE INFORMATION:

Director: **Roger Unruh**
Business Phone: **(580) 852-3258**
Email: **helenaems@pldi.net**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax,**

Level of Care: **Basic Life Support**
Type of Service: **Authority or Board**
Management: **Governmental**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **9** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **387** False Call: **0**
Care Transfer: **13** DOA: **7**
Cancelled: **4** Total 2009 Runs: **541**
Refused: **89**
Treat, No Transport: **13**
No Patient Found: **28**

MISCELLANEOUS INFORMATION:

Area of Coverage: **888**
Medical Director: **C. Michael Ogle, DO**
Response Time: **17**
Mileage Charge: **\$11**
Emergency Charge: **\$490**
Non-Emergency Charge: **\$385**

AMBULANCE REGISTRY 2010

Service Name: **Alva Ambulance Service**
Address: **415 Fourth Street**
Address: **209 5th Street**
City, State, Zip Code: **Alva, OK 73717**

License #: **026**
Region: **1**
County: **WOODS**

ADMINISTRATIVE INFORMATION:

Director: **Troy Brooks**
Business Phone: **(580) 327-2300**
Email: **alvaems026@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **3**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **515** False Call: **0**
Care Transfer: **38** DOA: **9**
Cancelled: **11** Total 2009 Runs: **736**
Refused: **126**
Treat, No Transport: **5**
No Patient Found: **32**

MISCELLANEOUS INFORMATION:

Area of Coverage: **600**
Medical Director: **Kirt Bierig, DO**
Response Time: **4**
Mileage Charge: **\$8.21**
Emergency Charge: **\$390**
Non-Emergency Charge: **\$250**

AMBULANCE REGISTRY 2010

Service Name: **American Medical Response**
Address: **3302 Seymour Hwy**
Address: **1704 'C'-S Hwy 81 - Marlow**
City, State, Zip Code: **Wichita Falls, TX 76309**

License #: **337**
Region: **3**
County: **STEPHENS**

ADMINISTRATIVE INFORMATION:

Director: **Charles Grady**
Business Phone: **(580) 658-5584**
Email: **charles_grady@amr-ems.com**
911 Available: **No**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **17**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **798** False Call: **0**
Care Transfer: **0** DOA: **10**
Cancelled: **59** Total 2009 Runs: **997**
Refused: **109**
Treat, No Transport: **12**
No Patient Found: **9**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1500**
Medical Director: **Craig Pinkerton, MD**
Response Time: **4**
Mileage Charge: **\$11.04**
Emergency Charge: **\$655.20**
Non-Emergency Charge: **\$339.90**

AMBULANCE REGISTRY 2010

Service Name: **American Medical Response**
Address: **3302 Seymour Hwy**
Address: **616 Hwy 81 - Duncan OK 73533**
City, State, Zip Code: **Wichita Falls, TX 76309**

License #: **315**
Region: **3**
County: **STEPHENS**

ADMINISTRATIVE INFORMATION:

Director: **Charles Grady**
Business Phone: **(580) 252-4513**
Email: **charles_grady@amr-ems.com**
911 Available: **No**
Funding Methods: **Charges, City subsidy, Subscriptions**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **17**

VEHICLES:

Type I: **0**
Type II: **2**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2907** False Call: **0**
Care Transfer: **4** DOA: **37**
Cancelled: **223** Total 2009 Runs: **3608**
Refused: **407**
Treat, No Transport: **12**
No Patient Found: **18**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **Craig Pinkerton, MD**
Response Time: **4**
Mileage Charge: **\$11.04**
Emergency Charge: **\$655.20**
Non-Emergency Charge: **\$339.90**

AMBULANCE REGISTRY 2010

Service Name: **Anadarko Fire Department EMS**
Address: **115 W Kentucky**
Address:
City, State, Zip Code: **Anadarko, OK 73005**

License #: **088**
Region: **3**
County: **CADDO**

ADMINISTRATIVE INFORMATION:

Director: **Richard Bennett, Jr.**
Business Phone: **(405) 247-3871**
Email: **anadarkofirechief@hotmail.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **15** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **693** False Call: **9**
Care Transfer: **26** DOA: **12**
Cancelled: **10** Total 2009 Runs: **1024**
Refused: **224**
Treat, No Transport: **34**
No Patient Found: **16**

MISCELLANEOUS INFORMATION:

Area of Coverage: **338**
Medical Director: **John Flynn, DO**
Response Time: **4**
Mileage Charge: **\$10**
Emergency Charge: **\$500**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Apache Ambulance**
Address: **PO Box 200**
Address: **102 E Evans**
City, State, Zip Code: **Apache, OK 73006**

License #: **210**
Region: **3**
County: **CADDO**

ADMINISTRATIVE INFORMATION:

Director: **Sandy Scheidler**
Business Phone: **(580) 588-3305**
Email: **aems33@pldi.net**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax, Donations**

Level of Care: **Basic Life Support**
Type of Service: **Authority or Board**
Management: **Private (subsidized)**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **219** False Call: **0**
Care Transfer: **2** DOA: **7**
Cancelled: **1** Total 2009 Runs: **311**
Refused: **71**
Treat, No Transport: **10**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **Troy Harden, DO**
Response Time: **4**
Mileage Charge: **\$8.50**
Emergency Charge: **\$500**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Arkansas City Fire - EMS Dept**
Address: **115 S. "D" Street**
Address:
City, State, Zip Code: **Arkansas City, KS 67005**

License #: **438**
Region: **2**
County: **Cowley, KS**

ADMINISTRATIVE INFORMATION:

Director: **Randy Leach**
Business Phone: **(620) 441-4430**
Email: **none given**
911 Available: **Yes**
Funding Methods: **City subsidy, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **City/County**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **19**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1445** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **1445**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **Yoochim Robert, MD**
Response Time: **0**
Mileage Charge: **\$8.21**
Emergency Charge: **\$750**
Non-Emergency Charge: **\$550**

AMBULANCE REGISTRY 2010

Service Name: **Atoka County Ambulance**
Address: **700 W Cedar**
Address:
City, State, Zip Code: **Atoka, OK 74525**

License #: **028**
Region: **5**
County: **ATOKA**

ADMINISTRATIVE INFORMATION:

Director: **Traci Walker**
Business Phone: **(580) 364-0777**
Email: **medic52c@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Intermediate Life Support**
Type of Service: **County**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **6** Air Medical : **0**
EMT Paramedic: **10**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **4**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1437** False Call: **0**
Care Transfer: **8** DOA: **28**
Cancelled: **43** Total 2009 Runs: **1950**
Refused: **399**
Treat, No Transport: **35**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **967**
Medical Director: **Kinion Whittington, DO**
Response Time: **5**
Mileage Charge: **\$10**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Bartlesville Ambulance**
Address: **501 S Quapaw Street**
Address:
City, State, Zip Code: **Bartlesville, OK 74003**

License #: **077**
Region: **2**
County: **WASHINGTON**

ADMINISTRATIVE INFORMATION:

Director: **Dan Dalton**
Business Phone: **(918) 336-1111**
Email: **ddalton974@aol.com**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **11** Specialty Care: **0**
EMT Intermediate: **6** Air Medical : **0**
EMT Paramedic: **18**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **5**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **4595** False Call: **5**
Care Transfer: **60** DOA: **40**
Cancelled: **188** Total 2009 Runs: **5280**
Refused: **261**
Treat, No Transport: **125**
No Patient Found: **6**

MISCELLANEOUS INFORMATION:

Area of Coverage: **225**
Medical Director: **Ruth Thompson, DO**
Response Time: **4**
Mileage Charge: **\$11**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$550**

AMBULANCE REGISTRY 2010

Service Name: **Beaver County EMS**
Address: **PO Box 640**
Address: **212 E 8th Street**
City, State, Zip Code: **Beaver, OK 73932**

License #: **029**
Region: **1**
County: **BEAVER**

ADMINISTRATIVE INFORMATION:

Director: **Brent Meyers**
Business Phone: **(580) 625-4551**
Email: **bcmhadm@ptsi.net**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax , Donations**

Level of Care: **Basic Life Support**
Type of Service: **Hospital**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **13** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **126** False Call: **0**
Care Transfer: **2** DOA: **4**
Cancelled: **0** Total 2009 Runs: **204**
Refused: **23**
Treat, No Transport: **8**
No Patient Found: **41**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1795**
Medical Director: **Gail Girouard, MD**
Response Time: **9**
Mileage Charge: **\$10**
Emergency Charge: **\$510**
Non-Emergency Charge: **\$310**

AMBULANCE REGISTRY 2010

Service Name: **Blackwell Fire Dept Ambulance**
Address: **224 W Blackwell**
Address:
City, State, Zip Code: **Blackwell, OK 74631**

License #: **031**
Region: **2**
County: **KAY**

ADMINISTRATIVE INFORMATION:

Director: **Tom Beliel**
Business Phone: **(580) 363-5490**
Email: **tbeliel@blackwellok.org**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **16** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **570** False Call: **0**
Care Transfer: **10** DOA: **5**
Cancelled: **5** Total 2009 Runs: **652**
Refused: **57**
Treat, No Transport: **4**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **Jeff Stuart, MD**
Response Time: **4**
Mileage Charge: **\$8.50**
Emergency Charge: **\$400**
Non-Emergency Charge: **\$250**

AMBULANCE REGISTRY 2010

Service Name: **Broken Arrow Fire Dept EMS**
Address: **4205 E Omaha ST**
Address:
City, State, Zip Code: **Broken Arrow, OK 74014**

License #: **023**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **Phil Reid**
Business Phone: **(918) 259-8360**
Email: **preid@brokenarrowok.gov**
911 Available: **Yes**
Funding Methods: **Charges, Other,**

Level of Care: **Paramedic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **66** Specialty Care: **0**
EMT Intermediate: **10** Air Medical : **0**
EMT Paramedic: **53**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **7**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **4231** False Call: **0**
Care Transfer: **32** DOA: **60**
Cancelled: **82** Total 2009 Runs: **6017**
Refused: **1207**
Treat, No Transport: **274**
No Patient Found: **131**

MISCELLANEOUS INFORMATION:

Area of Coverage: **105**
Medical Director: **Matthew Warren, DO**
Response Time: **4**
Mileage Charge: **\$15**
Emergency Charge: **\$755**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Bryan County EMS**
Address: **PO Box 1**
Address: **306 S 22nd Street**
City, State, Zip Code: **Durant, OK 74702**

License #: **128**
Region: **5**
County: **BRYAN**

ADMINISTRATIVE INFORMATION:

Director: **Joe Barrett**
Business Phone: **(580) 924-4687**
Email: jbarrett.bcems@sbcglobal.net
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Subscriptions**

Level of Care: **Intermediate Life Support**
Type of Service: **County**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **16** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **22**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **6**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **4071** False Call: **0**
Care Transfer: **32** DOA: **52**
Cancelled: **88** Total 2009 Runs: **5066**
Refused: **751**
Treat, No Transport: **33**
No Patient Found: **39**

MISCELLANEOUS INFORMATION:

Area of Coverage: **891**
Medical Director: **Peter Hedberg, MD**
Response Time: **4**
Mileage Charge: **\$12.50**
Emergency Charge: **\$475**
Non-Emergency Charge: **\$375**

AMBULANCE REGISTRY 2010

Service Name: **Bryan County EMS Critical Care**
Address: **PO Box 1**
Address: **306 S 22nd Street**
City, State, Zip Code: **Durant, OK 74701**

License #: **380**
Region: **5**
County: **BRYAN**

ADMINISTRATIVE INFORMATION:

Director: **Joe Barrett**
Business Phone: **(580) 924-4687**
Email: jbarrett.bcems@sbcglobal.net
911 Available: **Yes**
Funding Methods: **Ad Valorem tax, Charges, Subscriptions**

Level of Care: **Specialty Care**
Type of Service: **County**
Management: **Governmental**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **16** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **22**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **6**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **4071** False Call: **0**
Care Transfer: **32** DOA: **52**
Cancelled: **88** Total 2009 Runs: **5066**
Refused: **751**
Treat, No Transport: **33**
No Patient Found: **39**

MISCELLANEOUS INFORMATION:

Area of Coverage: **891**
Medical Director: **Peter Hedberg, MD**
Response Time: **4**
Mileage Charge: **\$12.50**
Emergency Charge: **\$475**
Non-Emergency Charge: **\$375**

AMBULANCE REGISTRY 2010

Service Name: **Buffalo EMS District**
Address: **PO Box 676**
Address: **1005 N Hwy**
City, State, Zip Code: **Buffalo, OK 73834**

License #: **255**
Region: **1**
County: **HARPER**

ADMINISTRATIVE INFORMATION:

Director: **Susan R. Harper**
Business Phone: **(580) 727-5421**
Email: emsbuffalo@pdi.net
911 Available: **No**
Funding Methods: **Charges, Ad Valorem tax (,**

Level of Care: **Basic Life Support**
Type of Service: **VOLUNTEER (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **65** False Call: **0**
Care Transfer: **59** DOA: **0**
Cancelled: **0** Total 2009 Runs: **146**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **22**

MISCELLANEOUS INFORMATION:

Area of Coverage: **310**
Medical Director: **C. Michael Ogle, DO**
Response Time: **6**
Mileage Charge: **\$11**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Burns Flat Ambulance**
Address: **PO Box 410**
Address: **331 Hwy 44**
City, State, Zip Code: **Burns Flat, OK 73624**

License #: **084**
Region: **1**
County: **WASHITA**

ADMINISTRATIVE INFORMATION:

Director: **Cindy Ankney**
Business Phone: **(580) 562-3144**
Email: cindyankney@yahoo.com
911 Available: **No**
Funding Methods: **Charges, Sales Tax,**

Level of Care: **Basic Life Support**
Type of Service: **VOLUNTEER (NOT FD/PD)**
Management: **CITY**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **1** Specialty Care: **0**
EMT Intermediate: **6** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **1**
Type II: **1**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **142** False Call: **3**
Care Transfer: **3** DOA: **5**
Cancelled: **1** Total 2009 Runs: **207**
Refused: **26**
Treat, No Transport: **7**
No Patient Found: **20**

MISCELLANEOUS INFORMATION:

Area of Coverage: **113**
Medical Director: **C. Michael Ogles, DO**
Response Time: **4**
Mileage Charge: **\$10.41**
Emergency Charge: **\$600**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Butler EMS**
Address: **HC 66 Box 94-2F**
Address: **103 N. Main - Butler OK**
City, State, Zip Code: **Foss, OK 73647**

License #: **355**
Region: **1**
County: **CUSTER**

ADMINISTRATIVE INFORMATION:

Director: **KC Johnson**
Business Phone: **(580) 515-9362**
Email: **kcair@cottonboll.com**
911 Available: **Yes**
Funding Methods: **Ad Valorem tax**

Level of Care: **Basic Life Support**
Type of Service: **522 DISTRICT**
Management: **Other**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **33** False Call: **0**
Care Transfer: **3** DOA: **0**
Cancelled: **0** Total 2009 Runs: **39**
Refused: **3**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **183**
Medical Director: **Mark Mann, MD**
Response Time: **8.5**
Mileage Charge: **\$5**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Cache EMS**
Address: **1301 SW 30th**
Address: **602 SW 8th - Cache OK**
City, State, Zip Code: **Lawton, OK 73505**

License #: **417**
Region: **3**
County: **COMANCHE**

ADMINISTRATIVE INFORMATION:

Director: **Kenneth Pack**
Business Phone: **(580) 585-5555**
Email: **packk@ccmhonline.com**
911 Available: **Yes**
Funding Methods: **Charges, Hospital subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **7**
EMT Basic: **12** Specialty Care: **0**
EMT Intermediate: **7** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **949** False Call: **1**
Care Transfer: **36** DOA: **16**
Cancelled: **44** Total 2009 Runs: **1257**
Refused: **119**
Treat, No Transport: **4**
No Patient Found: **88**

MISCELLANEOUS INFORMATION:

Area of Coverage: **0**
Medical Director: **David W. Behm, DO**
Response Time: **5**
Mileage Charge: **\$9**
Emergency Charge: **\$368**
Non-Emergency Charge: **\$276**

AMBULANCE REGISTRY 2010

Service Name: **Canton-Longdale EMS**
Address: **PO Box 39**
Address: **#2 Depot Road**
City, State, Zip Code: **Canton, OK 73724**

License #: **111**
Region: **1**
County: **BLAINE**

ADMINISTRATIVE INFORMATION:

Director: **John Sprunger**
Business Phone: **(580) 886-2515**
Email: **cantonems@pldi.net**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax (, Donations**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **82** False Call: **2**
Care Transfer: **1** DOA: **6**
Cancelled: **2** Total 2009 Runs: **128**
Refused: **25**
Treat, No Transport: **6**
No Patient Found: **4**

MISCELLANEOUS INFORMATION:

Area of Coverage: **225**
Medical Director: **Mike Talley, MD**
Response Time: **5**
Mileage Charge: **\$8.50**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **CareFlite**
Address: **3110 S Great Southwest Pkwy**
Address:
City, State, Zip Code: **Grand Prairie, TX 75052**

License #: **435**
Region: **3**
County: **OUT-OF-STATE**

ADMINISTRATIVE INFORMATION:

Director: **James Swartz**
Business Phone: **(972) 339-4200**
Email: **jswartz@careflite.org**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions, County subsidy**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **31**
EMT Intermediate: **0** Air Medical : **28**
EMT Paramedic: **39**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **5**

TYPE & NUMBER OF RUNS (2009):

Transported: **42** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **42**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Simonson Robert, DO**
Response Time: **N/A**
Mileage Charge: **\$100**
Emergency Charge: **\$11000**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Carnegie Tri Co Municipal Hospital**
Address: **PO Box 97**
Address: **102 N Broadway**
City, State, Zip Code: **Carnegie, OK 73015**

License #: **102**
Region: **3**
County: **CADDO**

ADMINISTRATIVE INFORMATION:

Director: **Allen B. Crowell**
Business Phone: **(580) 654-1050**
Email: **bcrowell301@hotmail.com**
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Basic Life Support**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **12** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **403** False Call: **0**
Care Transfer: **8** DOA: **12**
Cancelled: **25** Total 2009 Runs: **600**
Refused: **97**
Treat, No Transport: **6**
No Patient Found: **49**

MISCELLANEOUS INFORMATION:

Area of Coverage: **540**
Medical Director: **Ronald L. Hill, MD**
Response Time: **4**
Mileage Charge: **\$7.50**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$278**

AMBULANCE REGISTRY 2010

Service Name: **Cashion Fire Department EMS**
Address: **PO Box 27**
Address: **102 S Main**
City, State, Zip Code: **Cashion, OK 73016**

License #: **175**
Region: **1**
County: **KINGFISHER**

ADMINISTRATIVE INFORMATION:

Director: **Chuck Countryman**
Business Phone: **(405) 433-2243**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Ad Valorem tax, Charges,**

Level of Care: **Basic Life Support**
Type of Service: **522 District**
Management: **Volunteer Fire Department**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **12** Specialty Care: **0**
EMT Intermediate: **10** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **85** False Call: **1**
Care Transfer: **9** DOA: **4**
Cancelled: **1** Total 2009 Runs: **157**
Refused: **11**
Treat, No Transport: **18**
No Patient Found: **28**

MISCELLANEOUS INFORMATION:

Area of Coverage: **158**
Medical Director: **Stephen Arthurs, MD**
Response Time: **5**
Mileage Charge: **\$7.00**
Emergency Charge: **\$457**
Non-Emergency Charge: **\$380**

AMBULANCE REGISTRY 2010

Service Name: **Chandler Ambulance**
Address: **220 S Cleveland**
Address:
City, State, Zip Code: **Chandler, OK 74834**

License #: **032**
Region: **6**
County: **LINCOLN**

ADMINISTRATIVE INFORMATION:

Director: **Billy Buchanan**
Business Phone: **(405) 258-3208**
Email: **asstfirechief@chandlerok.com**
911 Available: **Yes**
Funding Methods: **Charges, Donations, Subscriptions**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **8** Specialty Care: **0**
EMT Intermediate: **10** Air Medical : **0**
EMT Paramedic: **10**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **573** False Call: **0**
Care Transfer: **11** DOA: **13**
Cancelled: **0** Total 2009 Runs: **867**
Refused: **224**
Treat, No Transport: **46**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **240**
Medical Director: **Wendell Richards, DO**
Response Time: **8**
Mileage Charge: **\$9**
Emergency Charge: **\$600**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Checotah Emergency Ambulance**
Address: **414 W Gentry**
Address:
City, State, Zip Code: **Checotah, OK 74426**

License #: **174**
Region: **4**
County: **MCINTOSH**

ADMINISTRATIVE INFORMATION:

Director: **Jerry Lewis**
Business Phone: **(918) 473-6336**
Email: **checotah174@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **6** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **499** False Call: **1**
Care Transfer: **49** DOA: **22**
Cancelled: **25** Total 2009 Runs: **899**
Refused: **294**
Treat, No Transport: **6**
No Patient Found: **3**

MISCELLANEOUS INFORMATION:

Area of Coverage: **360**
Medical Director: **Maurice Payne, MD**
Response Time: **12**
Mileage Charge: **\$5**
Emergency Charge: **\$400**
Non-Emergency Charge: **\$250**

AMBULANCE REGISTRY 2010

Service Name: **Cherokee Nation EMS**
Address: **22114 S Bald Hill Road**
Address:
City, State, Zip Code: **Tahlequah, OK 74464**

License #: **263**
Region: **4**
County: **CHEROKEE**

ADMINISTRATIVE INFORMATION:

Director: **Jimmy Summerlin**
Business Phone: **(918) 453-5200**
Email: **jimmy-summerlin@cherokee.org**
911 Available: **Yes**
Funding Methods: **Charges, IHS - Federal,**

Level of Care: **Paramedic Life Support**
Type of Service: **Other (Tribal)**
Management: **Other (Tribal)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **16** Specialty Care: **0**
EMT Intermediate: **6** Air Medical : **0**
EMT Paramedic: **26**

VEHICLES:

Type I: **7**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2589** False Call: **0**
Care Transfer: **61** DOA: **30**
Cancelled: **180** Total 2009 Runs: **3610**
Refused: **440**
Treat, No Transport: **263**
No Patient Found: **47**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1000**
Medical Director: **Michael R. Underwood,**
Response Time: **8**
Mileage Charge: **\$12**
Emergency Charge: **\$1200**
Non-Emergency Charge: **\$850**

AMBULANCE REGISTRY 2010

Service Name: **Cheyenne & Arapaho EMS**
Address: **10329 North 2274 Road**
Address:
City, State, Zip Code: **Clinton, OK 73601**

License #: **213**
Region: **1**
County: **CUSTER**

ADMINISTRATIVE INFORMATION:

Director: **Richard Miller**
Business Phone: **(580) 323-7087**
Email: **rmiller@c-a-tribes.org**
911 Available: **Yes**
Funding Methods: **IHS Tribal funding, Grants, 3rd Party billing**

Level of Care: **Intermediate Life Support**
Type of Service: **Other**
Management: **Other**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **2** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **8**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **69** False Call: **14**
Care Transfer: **2** DOA: **0**
Cancelled: **4** Total 2009 Runs: **151**
Refused: **24**
Treat, No Transport: **5**
No Patient Found: **33**

MISCELLANEOUS INFORMATION:

Area of Coverage: **690**
Medical Director: **Imelda Buendia, MD**
Response Time: **22**
Mileage Charge: **\$15**
Emergency Charge: **\$1500**
Non-Emergency Charge: **\$1500**

AMBULANCE REGISTRY 2010

Service Name: **Cheyenne & Arapaho EMS - sc**
Address: **10329 North 2274 Road**
Address:
City, State, Zip Code: **Clinton, OK 73601**

License #: **425**
Region: **1**
County: **CUSTER**

ADMINISTRATIVE INFORMATION:

Director: **Richard Miller**
Business Phone: **(580) 323-7087**
Email: **rmiller@c-a-tribes.org**
911 Available: **Yes**
Funding Methods: **INDIAN HEALTH SERVICES, PUBLIC HEALTH SERVICES,**

Level of Care: **Specialty Care**
Type of Service: **Other**
Management: **Other**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **1** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **7**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **229** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **229**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Imelda Buendia, MD**
Response Time: **0**
Mileage Charge: **\$15**
Emergency Charge: **\$1500**
Non-Emergency Charge: **\$1500**

AMBULANCE REGISTRY 2010

Service Name: **Chickasaw Nation Emergency**
Address: **1009 N Country Club**
Address:
City, State, Zip Code: **Ada, OK 74820**

License #: **300**
Region: **3**
County: **PONTOTOC**

ADMINISTRATIVE INFORMATION:

Director: **Chris Tharp**
Business Phone: **(580) 421-4571**
Email: **chris.tharp@chickasaw.net**
911 Available: **No**
Funding Methods: **OTHER/IHS, ,**

Level of Care: **BASIC**
Type of Service: **OTHER [TRIBAL]**
Management: **OTHER [TRIBAL]**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **8**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **930** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **930**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **0**
Medical Director: **Gary Hillman,**
Response Time: **0**
Mileage Charge: **\$8.75**
Emergency Charge: **\$0**
Non-Emergency Charge: **\$473**

AMBULANCE REGISTRY 2010

Service Name: **Chickasha Fire Dept EMS**
Address: **1700 Harly Day Drive**
Address:
City, State, Zip Code: **Chickasha, OK 73018**

License #: **007**
Region: **3**
County: **GRADY**

ADMINISTRATIVE INFORMATION:

Director: **Brian Zalewski**
Business Phone: **(405) 222-6033**
Email: **deputychief@chickasha.org**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy, Ad Valorem tax (**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **15** Air Medical : **0**
EMT Paramedic: **19**

VEHICLES:

Type I: **4**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2044** False Call: **7**
Care Transfer: **13** DOA: **16**
Cancelled: **26** Total 2009 Runs: **2804**
Refused: **629**
Treat, No Transport: **65**
No Patient Found: **4**

MISCELLANEOUS INFORMATION:

Area of Coverage: **26**
Medical Director: **Brent Wauters, MD**
Response Time: **4**
Mileage Charge: **\$15**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Choctaw County Ambulance Authority**
Address: **PO Box 567**
Address: **218 E Jackson**
City, State, Zip Code: **Hugo, OK 74743**

License #: **227**
Region: **5**
County: **CHOCTAW**

ADMINISTRATIVE INFORMATION:

Director: **Joyce Armes**
Business Phone: **(580) 326-2634**
Email: **CCAA3@HOTMAIL.COM**
911 Available: **No**
Funding Methods: **Charges, Sales Tax, Ad Valorem tax (**

Level of Care: **Intermediate Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **5** Air Medical : **0**
EMT Paramedic: **6**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **5**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2335** False Call: **4**
Care Transfer: **13** DOA: **35**
Cancelled: **25** Total 2009 Runs: **2641**
Refused: **196**
Treat, No Transport: **16**
No Patient Found: **17**

MISCELLANEOUS INFORMATION:

Area of Coverage: **772**
Medical Director: **Ted Rowland, MD**
Response Time: **11**
Mileage Charge: **\$8.50**
Emergency Charge: **\$450**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Choctaw Nation Specialty Trans**
Address: **One Choctaw Way**
Address:
City, State, Zip Code: **Talihina, OK 74571**

License #: **352**
Region: **5**
County: **LATIMER**

ADMINISTRATIVE INFORMATION:

Director: **Louisa Lawrence**
Business Phone: **(918) 567-7033**
Email: **lrlawrence@cnhsa.com**
911 Available: **No**
Funding Methods: **Hospital subsidy, ,**

Level of Care: **Specialty Care**
Type of Service: **Hospital**
Management: **GOVERNMENTAL (NOT FD/PD)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **1** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **6**

VEHICLES:

Type I: **0**
Type II: **2**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **297** False Call: **0**
Care Transfer: **1** DOA: **0**
Cancelled: **0** Total 2009 Runs: **298**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Dee Baughman, DO**
Response Time: **5**
Mileage Charge: **\$0**
Emergency Charge: **\$0**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Cimarron County EMS**
Address: **PO Box 367**
Address: **18 NE Square**
City, State, Zip Code: **Boise City, OK 73933**

License #: **001**
Region: **1**
County: **CIMARRON**

ADMINISTRATIVE INFORMATION:

Director: **Lee Overbay**
Business Phone: **(580) 544-3021**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Ad Valorem tax, Charges,**

Level of Care: **Basic Life Support**
Type of Service: **VOLUNTEER (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **8** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **5**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **129** False Call: **1**
Care Transfer: **6** DOA: **4**
Cancelled: **0** Total 2009 Runs: **157**
Refused: **12**
Treat, No Transport: **4**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1832**
Medical Director: **J L Wheeler, MD**
Response Time: **20**
Mileage Charge: **\$8.5**
Emergency Charge: **\$300**
Non-Emergency Charge: **\$300**

AMBULANCE REGISTRY 2010

Service Name: **City of Antlers EMS**
Address: **100 SE 2nd ST**
Address:
City, State, Zip Code: **Antlers, OK 74523**

License #: **270**
Region: **5**
County: **PUSHMATAHA**

ADMINISTRATIVE INFORMATION:

Director: **Randy Janoe**
Business Phone: **(580) 298-0288**
Email: **randyjano@hotmail.com**
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **5**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1000** False Call: **0**
Care Transfer: **4** DOA: **11**
Cancelled: **2** Total 2009 Runs: **1097**
Refused: **74**
Treat, No Transport: **5**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1423**
Medical Director: **Ted Rowland, MD**
Response Time: **8**
Mileage Charge: **\$11.28**
Emergency Charge: **\$672**
Non-Emergency Charge: **\$420**

AMBULANCE REGISTRY 2010

Service Name: **Clayton Ambulance Service**
Address: **PO Box 279**
Address: **221 West Cherokee St**
City, State, Zip Code: **Clayton, Ok 74536**

License #: **439**
Region: **5**
County: **PUSHMATAHA**

ADMINISTRATIVE INFORMATION:

Director: **Jennifer Spruell**
Business Phone: **(918) 569-4437**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **3**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **209** False Call: **0**
Care Transfer: **0** DOA: **3**
Cancelled: **0** Total 2009 Runs: **227**
Refused: **15**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **680**
Medical Director: **Mitsi A. Faubion, DO**
Response Time: **0**
Mileage Charge: **\$12**
Emergency Charge: **\$700**
Non-Emergency Charge: **\$**

AMBULANCE REGISTRY 2010

Service Name: **Cleora EMS District Trust**
Address: **32922 Pebble Creek**
Address: **450075 E Hwy 85**
City, State, Zip Code: **Afton, OK 74331**

License #: **415**
Region: **2**
County: **DELAWARE**

ADMINISTRATIVE INFORMATION:

Director: **Rick Bronson**
Business Phone: **(918) 782-9434**
Email: **rick@integrityemsok.com**
911 Available: **Yes**
Funding Methods: **Hospital subsidy, Ad Valorem tax (**

Level of Care: **Paramedic Life Support**
Type of Service: **Authority or Board**
Management: **Hospital Based**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **23** Specialty Care: **0**
EMT Intermediate: **9** Air Medical : **0**
EMT Paramedic: **29**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **154** False Call: **0**
Care Transfer: **5** DOA: **2**
Cancelled: **5** Total 2009 Runs: **214**
Refused: **44**
Treat, No Transport: **4**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Douglas A. Cox, MD**
Response Time: **5**
Mileage Charge: **\$13**
Emergency Charge: **\$855**
Non-Emergency Charge: **\$755**

AMBULANCE REGISTRY 2010

Service Name: **Coalgate Fire Department EMS**
Address: **3 South Main**
Address:
City, State, Zip Code: **Coalgate, OK 74538**

License #: **375**
Region: **5**
County: **COAL**

ADMINISTRATIVE INFORMATION:

Director: **Roger Cospers**
Business Phone: **(580) 927-3913**
Email: **roger_cospers@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, City subsidy, Ad Valorem tax (**

Level of Care: **Basic Life Support**
Type of Service: **City/County**
Management: **Paid Fire Department**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **8** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **2**
Type II: **1**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **476** False Call: **0**
Care Transfer: **8** DOA: **9**
Cancelled: **2** Total 2009 Runs: **609**
Refused: **114**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **521**
Medical Director: **Mike Mason, MD**
Response Time: **2**
Mileage Charge: **\$10.25**
Emergency Charge: **\$475**
Non-Emergency Charge: **\$325**

AMBULANCE REGISTRY 2010

Service Name: **Colbert EMS**
Address: **PO Box 1179**
Address: **705 Moore Ave**
City, State, Zip Code: **Colbert, OK 74733**

License #: **125**
Region: **5**
County: **BRYAN**

ADMINISTRATIVE INFORMATION:

Director: **Rodney Buchanan**
Business Phone: **(580) 296-2000**
Email: **rebc6@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, County subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL**
Management: **PUBLIC UTILITY AUTHORITY**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **8** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **6**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **544** False Call: **0**
Care Transfer: **0** DOA: **6**
Cancelled: **0** Total 2009 Runs: **643**
Refused: **93**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **120**
Medical Director: **K Rao Surreddi, MD**
Response Time: **5**
Mileage Charge: **\$5**
Emergency Charge: **\$855**
Non-Emergency Charge: **\$855**

AMBULANCE REGISTRY 2010

Service Name: **Collinsville Fire Department**
Address: **PO Box 730**
Address: **1214 W Main**
City, State, Zip Code: **Collinsville, OK 74021**

License #: **033**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **Chief Russell Young**
Business Phone: **(918) 371-1020**
Email: **fire_chief@cityofcollinsville.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy, Utility assessment**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **660** False Call: **0**
Care Transfer: **0** DOA: **14**
Cancelled: **19** Total 2009 Runs: **981**
Refused: **237**
Treat, No Transport: **29**
No Patient Found: **22**

MISCELLANEOUS INFORMATION:

Area of Coverage: **50**
Medical Director: **Jerry D. Patton, DO**
Response Time: **5**
Mileage Charge: **\$15**
Emergency Charge: **\$855**
Non-Emergency Charge: **\$855**

AMBULANCE REGISTRY 2010

Service Name: **Comanche Co Memorial Hosp EMS**
Address: **1301 SW 30th**
Address:
City, State, Zip Code: **Lawton, OK 73501**

License #: **314**
Region: **3**
County: **COMANCHE**

ADMINISTRATIVE INFORMATION:

Director: **Kenneth Pack**
Business Phone: **(580) 581-1980**
Email: **packk@memorialhealthsource.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **Authority or Board**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **18**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **17**

VEHICLES:

Type I: **0**
Type II: **2**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **3494** False Call: **73**
Care Transfer: **14** DOA: **18**
Cancelled: **95** Total 2009 Runs: **4148**
Refused: **284**
Treat, No Transport: **11**
No Patient Found: **159**

MISCELLANEOUS INFORMATION:

Area of Coverage: **500**
Medical Director: **David W. Behm, DO**
Response Time: **6.7**
Mileage Charge: **\$9**
Emergency Charge: **\$607**
Non-Emergency Charge: **\$551**

AMBULANCE REGISTRY 2010

Service Name: **Community Ambulance**
Address: **PO Box 811**
Address: **103 W 2nd - 109 W 2nd**
City, State, Zip Code: **Seiling, OK 73663**

License #: **179**
Region: **1**
County: **DEWEY**

ADMINISTRATIVE INFORMATION:

Director: **Michael Nichols**
Business Phone: **(580) 922-4241**
Email: **michael.nichols@ok.usda.gov**
911 Available: **No**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **12**
EMT Basic: **8** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **197** False Call: **2**
Care Transfer: **4** DOA: **3**
Cancelled: **4** Total 2009 Runs: **246**
Refused: **30**
Treat, No Transport: **6**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **Michael Ogle, DO**
Response Time: **7**
Mileage Charge: **\$12**
Emergency Charge: **\$354.72**
Non-Emergency Charge: **\$230**

AMBULANCE REGISTRY 2010

Service Name: **Cordell Ambulance**
Address: **1220 N Glenn English**
Address:
City, State, Zip Code: **Cordell, OK 73632**

License #: **211**
Region: **1**
County: **WASHITA**

ADMINISTRATIVE INFORMATION:

Director: **Patricia Craig**
Business Phone: **(580) 832-3338**
Email: **pcraig@itlnet.net**
911 Available: **No**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **290** False Call: **0**
Care Transfer: **0** DOA: **6**
Cancelled: **16** Total 2009 Runs: **338**
Refused: **25**
Treat, No Transport: **0**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1040**
Medical Director: **Bob R. Abernathy, DO**
Response Time: **5**
Mileage Charge: **\$10.50**
Emergency Charge: **\$800**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Coweta Fire Department EMS**
Address: **PO Box 850**
Address: **214 N Broadway**
City, State, Zip Code: **Coweta, OK 74429**

License #: **131**
Region: **4**
County: **WAGONER**

ADMINISTRATIVE INFORMATION:

Director: **Jimmy Treat**
Business Phone: **(918) 486-2222**
Email: **jtreat@cityofcoweta-ok.gov**
911 Available: **Yes**
Funding Methods: **Charges, Utility assessment,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **17** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **5**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **950** False Call: **0**
Care Transfer: **24** DOA: **22**
Cancelled: **52** Total 2009 Runs: **1739**
Refused: **412**
Treat, No Transport: **265**
No Patient Found: **14**

MISCELLANEOUS INFORMATION:

Area of Coverage: **150**
Medical Director: **Greg Rampey, DO**
Response Time: **6**
Mileage Charge: **\$8**
Emergency Charge: **\$500**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Creek Co Emergency Ambulance**
Address: **123 E Hobson**
Address: **123 E Hobson**
City, State, Zip Code: **Sapulpa, OK 74066**

License #: **083**
Region: **4**
County: **CREEK**

ADMINISTRATIVE INFORMATION:

Director: **Rita Diehl**
Business Phone: **(918) 227-4111**
Email: **rita@creekcountyems.com**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Subscriptions**

Level of Care: **Intermediate Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **15** Specialty Care: **0**
EMT Intermediate: **8** Air Medical : **0**
EMT Paramedic: **32**

VEHICLES:

Type I: **8**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **4662** False Call: **0**
Care Transfer: **6** DOA: **121**
Cancelled: **354** Total 2009 Runs: **6381**
Refused: **1196**
Treat, No Transport: **0**
No Patient Found: **42**

MISCELLANEOUS INFORMATION:

Area of Coverage: **900**
Medical Director: **Kristin Wills, DO**
Response Time: **7**
Mileage Charge: **\$9**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$430**

AMBULANCE REGISTRY 2010

Service Name: **Creek Nation EMS**
Address: **309 North 14th ST**
Address:
City, State, Zip Code: **Okemah, OK 74859**

License #: **219**
Region: **5**
County: **OKFUSKEE**

ADMINISTRATIVE INFORMATION:

Director: **Scott Randall**
Business Phone: **(918) 623-1424**
Email: **none given**
911 Available: **No**
Funding Methods: **Charges, Other,**

Level of Care: **Intermediate Life Support**
Type of Service: **Hospital**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **3**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **7**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1188** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **1188**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **640**
Medical Director: **Thomas Algeo, MD**
Response Time: **5**
Mileage Charge: **\$5**
Emergency Charge: **\$575**
Non-Emergency Charge: **\$475**

AMBULANCE REGISTRY 2010

Service Name: **Crescent Ambulance Service**
Address: **PO Box 233**
Address: **114 W Monroe**
City, State, Zip Code: **Crescent, OK 73028**

License #: **140**
Region: **6**
County: **LOGAN**

ADMINISTRATIVE INFORMATION:

Director: **Patricia Mundy**
Business Phone: **(405) 969-2000**
Email: **mundayems@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Donations**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **7**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **2**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **148** False Call: **1**
Care Transfer: **3** DOA: **6**
Cancelled: **4** Total 2009 Runs: **211**
Refused: **16**
Treat, No Transport: **29**
No Patient Found: **4**

MISCELLANEOUS INFORMATION:

Area of Coverage: **170**
Medical Director: **Stephen Travis, MD**
Response Time: **9**
Mileage Charge: **\$9**
Emergency Charge: **\$500**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Criticare**
Address: **PO Box 466**
Address:
City, State, Zip Code: **Perkins, OK 74059**

License #: **448**
Region: **2**
County: **PAYNE**

ADMINISTRATIVE INFORMATION:

Director: **Michael Williams**
Business Phone: **(405) 269-2988**
Email: **mike@criticaretransport.com**
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Specialty Care**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **1** Specialty Care: **1**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **0** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **0**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **4736**
Medical Director: **Dennis Blackstad, DO**
Response Time: **0**
Mileage Charge: **\$8**
Emergency Charge: **\$900**
Non-Emergency Charge: **\$900**

AMBULANCE REGISTRY 2010

Service Name: **Cushing Fire Department**
Address: **323 N Harrison**
Address:
City, State, Zip Code: **Cushing, OK 74023**

License #: **039**
Region: **2**
County: **PAYNE**

ADMINISTRATIVE INFORMATION:

Director: **Brent Kerr**
Business Phone: **(918) 225-3361**
Email: **firechief@cityofcushing.org**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **17** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1366** False Call: **24**
Care Transfer: **30** DOA: **19**
Cancelled: **41** Total 2009 Runs: **1906**
Refused: **370**
Treat, No Transport: **24**
No Patient Found: **32**

MISCELLANEOUS INFORMATION:

Area of Coverage: **314**
Medical Director: **Michael J. Babb, MD**
Response Time: **4**
Mileage Charge: **\$8.50**
Emergency Charge: **\$400**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Cyril Ambulance**
Address: **PO Box 448**
Address: **202 W Main**
City, State, Zip Code: **Cyril, OK 73029**

License #: **292**
Region: **3**
County: **CADDO**

ADMINISTRATIVE INFORMATION:

Director: **Tom Stufflebean**
Business Phone: **(580) 464-2206**
Email: **paramed682@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **CITY**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **3**
EMT Basic: **1** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **3**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **164** False Call: **0**
Care Transfer: **7** DOA: **1**
Cancelled: **0** Total 2009 Runs: **193**
Refused: **19**
Treat, No Transport: **2**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **170**
Medical Director: **John W. Flynn, MD**
Response Time: **6**
Mileage Charge: **\$10**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Davenport Fire Dept Ambulance**
Address: **PO Box 279**
Address: **232 Broadway**
City, State, Zip Code: **Davenport, OK 74026**

License #: **040**
Region: **6**
County: **LINCOLN**

ADMINISTRATIVE INFORMATION:

Director: **Richard Bailey**
Business Phone: **(918) 671-5852**
Email: **rbailey@ong.com**
911 Available: **No**
Funding Methods: **Charges, City subsidy, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **68** False Call: **0**
Care Transfer: **1** DOA: **2**
Cancelled: **0** Total 2009 Runs: **87**
Refused: **10**
Treat, No Transport: **5**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **90**
Medical Director: **Dan Waters, DO**
Response Time: **5**
Mileage Charge: **\$9.50**
Emergency Charge: **\$500**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Eaglemed - (Ground)**
Address: **6601 W Pueblo RD**
Address: **1317 S Murray Lake - Ardmore**
City, State, Zip Code: **Wichita, KS 67209**

License #: **423**
Region: **OFS**
County: **OUT-OF-STATE**

ADMINISTRATIVE INFORMATION:

Director: **Jim Ballard**
Business Phone: **(316) 613-4855**
Email: **jim@flyeaglemed.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **3**
EMT Intermediate: **0** Air Medical : **4**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **1**

TYPE & NUMBER OF RUNS (2009):

Transported: **453** False Call: **0**
Care Transfer: **0** DOA: **2**
Cancelled: **314** Total 2009 Runs: **772**
Refused: **0**
Treat, No Transport: **2**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Steven Henson, MD**
Response Time: **0**
Mileage Charge: **\$51**
Emergency Charge: **\$4000**
Non-Emergency Charge: **\$4000**

AMBULANCE REGISTRY 2010

Service Name: **Eaglemed, LLC (Fixed Wing)**
Address: **6601 W Pueblo RD**
Address:
City, State, Zip Code: **Wichita, KS 67209**

License #: **447**
Region: **OFS**
County: **OUT-OF-STATE**

ADMINISTRATIVE INFORMATION:

Director: **Michael Simmons**
Business Phone: **(800) 764-3343**
Email: **m.simmons@flyeaglemed.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Specialty Care**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **24**
EMT Intermediate: **0** Air Medical : **20**
EMT Paramedic: **14**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **5**

TYPE & NUMBER OF RUNS (2009):

Transported: **83** False Call: **0**
Care Transfer: **1** DOA: **0**
Cancelled: **39** Total 2009 Runs: **123**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Steven Hensen, MD**
Response Time: **0**
Mileage Charge: **\$50**
Emergency Charge: **\$5500**
Non-Emergency Charge: **\$5500**

AMBULANCE REGISTRY 2010

Service Name: **Eaglemed, LLC (Rotor Wing)**
Address: **6601 W Pueblo RD**
Address: **3300 NW Expressway - OKC OK**
City, State, Zip Code: **Wichita, KS 67209**

License #: **446**
Region: **OFS**
County: **OKLAHOMA**

ADMINISTRATIVE INFORMATION:

Director: **Robbie Copeland**
Business Phone: **(800) 764-3343**
Email: **robbie.copeland@flyeaglemed.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **33**
EMT Intermediate: **0** Air Medical : **32**
EMT Paramedic: **38**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **8**

TYPE & NUMBER OF RUNS (2009):

Transported: **703** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **471** Total 2009 Runs: **1175**
Refused: **0**
Treat, No Transport: **1**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Steven Henson, MD**
Response Time: **0**
Mileage Charge: **\$76**
Emergency Charge: **\$6800**
Non-Emergency Charge: **\$6800**

AMBULANCE REGISTRY 2010

Service Name: **Eastern Bryan County Ambulance**
Address: **PO Box 7**
Address: **117 E Main Street**
City, State, Zip Code: **Bokchito, OK 74726**

License #: **237**
Region: **5**
County: **BRYAN**

ADMINISTRATIVE INFORMATION:

Director: **Melissa Scott**
Business Phone: **(580) 295-3775**
Email: **bokchita@gmail.com**
911 Available: **Yes**
Funding Methods: **Charges, County subsidy, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer Fire Department**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **168** False Call: **2**
Care Transfer: **39** DOA: **6**
Cancelled: **27** Total 2009 Runs: **290**
Refused: **18**
Treat, No Transport: **30**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **K Rao Sureddi, MD**
Response Time: **5**
Mileage Charge: **\$7.50**
Emergency Charge: **\$300**
Non-Emergency Charge: **\$275**

AMBULANCE REGISTRY 2010

Service Name: **Eldorado EMS**
Address: **PO Box 43**
Address: **501 West "C" Street**
City, State, Zip Code: **Eldorado, OK 73537**

License #: **103**
Region: **3**
County: **JACKSON**

ADMINISTRATIVE INFORMATION:

Director: **Jimmie Goodin**
Business Phone: **(580) 633-2404**
Email: **jimmiegoodin@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Donations**

Level of Care: **Basic Life Support**
Type of Service: **VOLUNTEER (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **20** False Call: **0**
Care Transfer: **0** DOA: **1**
Cancelled: **0** Total 2009 Runs: **27**
Refused: **5**
Treat, No Transport: **0**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **210**
Medical Director: **Roy Goddard, DO**
Response Time: **4**
Mileage Charge: **\$8.21**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Elk City Fire Department EMS**
Address: **303 W 5th ST**
Address:
City, State, Zip Code: **Elk City, OK 73644**

License #: **383**
Region: **1**
County: **BECKHAM**

ADMINISTRATIVE INFORMATION:

Director: **Rick Shelton**
Business Phone: **(580) 225-0500**
Email: **firefighters@elkcity.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **17** Specialty Care: **0**
EMT Intermediate: **8** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **4**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1158** False Call: **3**
Care Transfer: **8** DOA: **21**
Cancelled: **27** Total 2009 Runs: **1471**
Refused: **213**
Treat, No Transport: **2**
No Patient Found: **39**

MISCELLANEOUS INFORMATION:

Area of Coverage: **300**
Medical Director: **Dennis Friesen, MD**
Response Time: **5**
Mileage Charge: **\$12**
Emergency Charge: **\$900**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Ellis County EMS**
Address: **PO Box 591**
Address: **1201 E 1st Street**
City, State, Zip Code: **Shattuck, OK 73858**

License #: **042**
Region: **1**
County: **ELLIS**

ADMINISTRATIVE INFORMATION:

Director: **Naleeta Gonser**
Business Phone: **(580) 938-5267**
Email: **ellcoems@pdi.net**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **14**
EMT Basic: **12** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **3**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **209** False Call: **0**
Care Transfer: **3** DOA: **2**
Cancelled: **0** Total 2009 Runs: **244**
Refused: **19**
Treat, No Transport: **3**
No Patient Found: **8**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1233**
Medical Director: **C. Michael Ogle, DO**
Response Time: **8**
Mileage Charge: **\$12**
Emergency Charge: **\$624.26**
Non-Emergency Charge: **\$624.26**

AMBULANCE REGISTRY 2010

Service Name: **Elmore City EMS**
Address: **PO Box 99**
Address: **105 West "E" Street**
City, State, Zip Code: **Elmore City, OK 73433**

License #: **186**
Region: **3**
County: **GARVIN**

ADMINISTRATIVE INFORMATION:

Director: **Larry Dale Cleveland**
Business Phone: **(580) 788-2723**
Email: **elmorecity@windstream.net**
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **2** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **218** False Call: **0**
Care Transfer: **22** DOA: **1**
Cancelled: **0** Total 2009 Runs: **243**
Refused: **2**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **250**
Medical Director: **Brian A. Allee, DO**
Response Time: **7**
Mileage Charge: **\$10.50**
Emergency Charge: **\$450**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **EMS of Leflore County**
Address: **PO Box 1025**
Address: **1215 S Broadway**
City, State, Zip Code: **Poteau, OK 74953**

License #: **303**
Region: **5**
County: **LEFLORE**

ADMINISTRATIVE INFORMATION:

Director: **David Grovdahl**
Business Phone: **(918) 647-9270**
Email: **david.g@emslc.org**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **18** Specialty Care: **0**
EMT Intermediate: **8** Air Medical : **0**
EMT Paramedic: **13**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **8**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **3735** False Call: **1**
Care Transfer: **6** DOA: **51**
Cancelled: **411** Total 2009 Runs: **5108**
Refused: **817**
Treat, No Transport: **61**
No Patient Found: **26**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1500**
Medical Director: **Jeffrey Spear, DO**
Response Time: **11**
Mileage Charge: **\$10**
Emergency Charge: **\$500**
Non-Emergency Charge: **\$550**

AMBULANCE REGISTRY 2010

Service Name: **EMS Plus, LLC**
Address: **PO Box 197**
Address: **14522 S Broadway**
City, State, Zip Code: **Glenpool, OK 74033**

License #: **358**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **Kristie Walton**
Business Phone: **(918) 258-6671**
Email: **kwaltoneplus@aol.com**
911 Available: **No**
Funding Methods: **Charges, City subsidy, Subscriptions**

Level of Care: **Intermediate Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **19** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **11**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2084** False Call: **28**
Care Transfer: **9** DOA: **11**
Cancelled: **29** Total 2009 Runs: **2505**
Refused: **286**
Treat, No Transport: **47**
No Patient Found: **11**

MISCELLANEOUS INFORMATION:

Area of Coverage: **500**
Medical Director: **Randy Hunt, DO**
Response Time: **8**
Mileage Charge: **\$9**
Emergency Charge: **\$600**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **EMSA - East Division**
Address: **1417 N Lansing Ave**
Address:
City, State, Zip Code: **Tulsa, OK 74106**

License #: **044**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **H. Stephen Williamson**
Business Phone: **(918) 596-3100**
Email: **stephenw@emsa.net**
911 Available: **Yes**
Funding Methods: **Charges, Utility assessment, Subscriptions**

Level of Care: **Paramedic Life Support**
Type of Service: **Authority or Board**
Management: **Governmental**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **96** Specialty Care: **0**
EMT Intermediate: **20** Air Medical : **0**
EMT Paramedic: **132**

VEHICLES:

Type I: **42**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **59944** False Call: **1077**
Care Transfer: **128** DOA: **791**
Cancelled: **11588** Total 2009 Runs: **83034**
Refused: **8666**
Treat, No Transport: **599**
No Patient Found: **241**

MISCELLANEOUS INFORMATION:

Area of Coverage: **330**
Medical Director: **Jeffrey Goodloe, MD**
Response Time: **6.3**
Mileage Charge: **\$9**
Emergency Charge: **\$1100**
Non-Emergency Charge: **\$345**

AMBULANCE REGISTRY 2010

Service Name: **EMSA - East Division - sc**
Address: **1417 N Lansing Ave**
Address:
City, State, Zip Code: **Tulsa, OK 74106**

License #: **404**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **H. Stephen Williamson**
Business Phone: **(918) 596-3000**
Email: **stephenw@emsa.net**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions, Utility assessment**

Level of Care: **Specialty Care**
Type of Service: **Authority or Board**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **96** Specialty Care: **0**
EMT Intermediate: **20** Air Medical : **0**
EMT Paramedic: **132**

VEHICLES:

Type I: **42**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **133** False Call: **0**
Care Transfer: **1** DOA: **0**
Cancelled: **1** Total 2009 Runs: **135**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **330**
Medical Director: **Jeffrey Goodloe, MD**
Response Time: **6.3**
Mileage Charge: **\$6**
Emergency Charge: **\$1100**
Non-Emergency Charge: **\$345**

AMBULANCE REGISTRY 2010

Service Name: **EMSA - West Division**
Address: **1111 Classen Drive**
Address:
City, State, Zip Code: **Oklahoma City, OK 73103**

License #: **296**
Region: **8**
County: **OKLAHOMA**

ADMINISTRATIVE INFORMATION:

Director: **H. Stephen Williamson**
Business Phone: **(405) 297-7100**
Email: **stephenw@emsa.net**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy, Subscriptions**

Level of Care: **Paramedic Life Support**
Type of Service: **Authority or Board**
Management: **Governmental**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **106** Specialty Care: **0**
EMT Intermediate: **17** Air Medical : **0**
EMT Paramedic: **152**

VEHICLES:

Type I: **46**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **62173** False Call: **956**
Care Transfer: **154** DOA: **665**
Cancelled: **9482** Total 2009 Runs: **83339**
Refused: **8798**
Treat, No Transport: **830**
No Patient Found: **281**

MISCELLANEOUS INFORMATION:

Area of Coverage: **900**
Medical Director: **Jeffrey Goodloe, MD**
Response Time: **6.31**
Mileage Charge: **\$9**
Emergency Charge: **\$1100**
Non-Emergency Charge: **\$393**

AMBULANCE REGISTRY 2010

Service Name: **EMSA - West Division - sc**
Address: **1111 Classen Drive**
Address:
City, State, Zip Code: **Oklahoma City, OK 73103**

License #: **403**
Region: **8**
County: **OKLAHOMA**

ADMINISTRATIVE INFORMATION:

Director: **H. Stephen Williamson**
Business Phone: **(405) 297-7100**
Email: **stephenw@emsa.net**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions, City subsidy**

Level of Care: **Specialty Care**
Type of Service: **Authority or Board**
Management: **governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **106** Specialty Care: **0**
EMT Intermediate: **17** Air Medical : **0**
EMT Paramedic: **152**

VEHICLES:

Type I: **46**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **92** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **92**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **900**
Medical Director: **Jeffrey Goodloe, MD**
Response Time: **6.31**
Mileage Charge: **\$9**
Emergency Charge: **\$1100**
Non-Emergency Charge: **\$393**

AMBULANCE REGISTRY 2010

Service Name: **EMSSTAT - Norman Regional - sc**
Address: **PO Box 1308**
Address: **901 N Porter**
City, State, Zip Code: **Norman, OK 73071**

License #: **381**
Region: **6**
County: **CLEVELAND**

ADMINISTRATIVE INFORMATION:

Director: **Eddie Sims**
Business Phone: **(405) 307-1560**
Email: **esims@nrh-ok.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Specialty Care**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **55**

VEHICLES:

Type I: **4**
Type II: **0**
Type III: **8**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **411** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **411**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **375**
Medical Director: **Robert Frantz, Jr., MD**
Response Time: **8**
Mileage Charge: **\$13**
Emergency Charge: **\$1250**
Non-Emergency Charge: **\$750**

AMBULANCE REGISTRY 2010

Service Name: **EMSSTAT - Norman Regional EMS**
Address: **PO Box 1308**
Address: **901 N Porter**
City, State, Zip Code: **Norman, OK 73071**

License #: **322**
Region: **6**
County: **CLEVELAND**

ADMINISTRATIVE INFORMATION:

Director: **Eddie Sims**
Business Phone: **(405) 307-1560**
Email: **esims@nrh-ok.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **55**

VEHICLES:

Type I: **4**
Type II: **0**
Type III: **8**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **9258** False Call: **81**
Care Transfer: **0** DOA: **74**
Cancelled: **842** Total 2009 Runs: **12028**
Refused: **1046**
Treat, No Transport: **57**
No Patient Found: **670**

MISCELLANEOUS INFORMATION:

Area of Coverage: **375**
Medical Director: **Robert Frantz, Jr., MD**
Response Time: **8**
Mileage Charge: **\$13**
Emergency Charge: **\$1250**
Non-Emergency Charge: **\$750**

AMBULANCE REGISTRY 2010

Service Name: **Erick Ambulance**
Address: **PO Box 25**
Address:
City, State, Zip Code: **Erick, OK 73645**

License #: **034**
Region: **1**
County: **BECKHAM**

ADMINISTRATIVE INFORMATION:

Director: **Elvin Abla**
Business Phone: **(580) 526-3924**
Email: **erickems@dobsonteleco.com**
911 Available: **No**
Funding Methods: **Sales Tax, Subscriptions,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **0**
Type II: **2**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **178** False Call: **0**
Care Transfer: **0** DOA: **1**
Cancelled: **0** Total 2009 Runs: **197**
Refused: **0**
Treat, No Transport: **14**
No Patient Found: **4**

MISCELLANEOUS INFORMATION:

Area of Coverage: **320**
Medical Director: **Treva Graham, MD**
Response Time: **4.2**
Mileage Charge: **\$2**
Emergency Charge: **\$289.36**
Non-Emergency Charge: **\$180.84**

AMBULANCE REGISTRY 2010

Service Name: **Freedom Volunteer Ambulance**
Address: **PO Box 173**
Address:
City, State, Zip Code: **Freedom, OK 73842**

License #: **015**
Region: **1**
County: **WOODS**

ADMINISTRATIVE INFORMATION:

Director: **Pebbles Luddington**
Business Phone: **(580) 621-3302**
Email: **freedomems@hotmail.com**
911 Available: **No**
Funding Methods: **Donations, ,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **3**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **2**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **14** False Call: **0**
Care Transfer: **2** DOA: **1**
Cancelled: **1** Total 2009 Runs: **34**
Refused: **13**
Treat, No Transport: **2**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **50**
Medical Director: **Janice Chleboard, MD**
Response Time: **10**
Mileage Charge: **\$0**
Emergency Charge: **\$0**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Garber EMS**
Address: **Box 667**
Address: **501 Main**
City, State, Zip Code: **Garber, OK 73738**

License #: **424**
Region: **1**
County: **GARFIELD**

ADMINISTRATIVE INFORMATION:

Director: **R. Hal Long**
Business Phone: **(580) 863-2961**
Email: **haljean@pldi.net**
911 Available: **Yes**
Funding Methods: **Charges, Donations,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **128** False Call: **0**
Care Transfer: **6** DOA: **2**
Cancelled: **7** Total 2009 Runs: **173**
Refused: **24**
Treat, No Transport: **3**
No Patient Found: **3**

MISCELLANEOUS INFORMATION:

Area of Coverage: **300**
Medical Director: **C. Michael Ogle, MD**
Response Time: **6**
Mileage Charge: **\$12.50**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$225**

AMBULANCE REGISTRY 2010

Service Name: **Goodwell Ambulance**
Address: **PO Box 759**
Address: **104 S Main**
City, State, Zip Code: **Goodwell, OK 73939**

License #: **141**
Region: **1**
County: **TEXAS**

ADMINISTRATIVE INFORMATION:

Director: **Jane Jackson**
Business Phone: **(580) 349-2566**
Email: **khmee@ptsi.net**
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **8** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **26** False Call: **0**
Care Transfer: **1** DOA: **0**
Cancelled: **0** Total 2009 Runs: **38**
Refused: **7**
Treat, No Transport: **2**
No Patient Found: **2**

MISCELLANEOUS INFORMATION:

Area of Coverage: **220**
Medical Director: **Jeffrey Lim, MD**
Response Time: **9**
Mileage Charge: **\$8.52**
Emergency Charge: **\$450**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Grandfield Ambulance**
Address: **PO Box 655**
Address: **103 W 3rd**
City, State, Zip Code: **Grandfield, OK 73546**

License #: **030**
Region: **3**
County: **TILLMAN**

ADMINISTRATIVE INFORMATION:

Director: **Cathy Grounds**
Business Phone: **(580) 479-5589**
Email: **grandfieldems@pdi.net**
911 Available: **No**
Funding Methods: **Charges, Ad Valorem tax, Donations**

Level of Care: **Basic Life Support**
Type of Service: **Governmental**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **6**
EMT Basic: **2** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **100** False Call: **13**
Care Transfer: **11** DOA: **6**
Cancelled: **11** Total 2009 Runs: **162**
Refused: **19**
Treat, No Transport: **2**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **350**
Medical Director: **Trent Medford, MD**
Response Time: **4**
Mileage Charge: **\$8**
Emergency Charge: **\$580**
Non-Emergency Charge: **\$580**

AMBULANCE REGISTRY 2010

Service Name: **Green Country Fire & Rescue**
Address: **PO Box 112**
Address: **20899 W Imperial Blvd**
City, State, Zip Code: **Sand Springs, OK 74063**

License #: **336**
Region: **2**
County: **OSAGE**

ADMINISTRATIVE INFORMATION:

Director: **Karen Cousins**
Business Phone: **(918) 241-7204**
Email: **gcfr@swbell.net**
911 Available: **Yes**
Funding Methods: **Charges, Donations, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **VOLUNTEER FD**
Management: **Volunteer Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **122** False Call: **2**
Care Transfer: **18** DOA: **0**
Cancelled: **10** Total 2009 Runs: **204**
Refused: **45**
Treat, No Transport: **5**
No Patient Found: **2**

MISCELLANEOUS INFORMATION:

Area of Coverage: **50**
Medical Director: **Arthur G. Wallace, Jr., DO**
Response Time: **20**
Mileage Charge: **\$10**
Emergency Charge: **\$600**
Non-Emergency Charge: **\$600**

AMBULANCE REGISTRY 2010

Service Name: **Greer County Special Ambulance**
Address: **PO Drawer 308**
Address: **121 E Jefferson**
City, State, Zip Code: **Mangum, OK 73554**

License #: **107**
Region: **3**
County: **GREER**

ADMINISTRATIVE INFORMATION:

Director: **Don Sparks**
Business Phone: **(580) 782-5314**
Email: **greerems_don@sbcglobal.net**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Intermediate Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **4**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **125** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **132**
Refused: **7**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **960**
Medical Director: **William Kok, MD**
Response Time: **8**
Mileage Charge: **\$13**
Emergency Charge: **\$700**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Grove EMS**
Address: **1310 S Main**
Address:
City, State, Zip Code: **Grove, OK 74344**

License #: **136**
Region: **2**
County: **DELAWARE**

ADMINISTRATIVE INFORMATION:

Director: **Jeffrey Dozier**
Business Phone: **(918) 787-3457**
Email: **GEMS501@YAHOO.COM**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Paramedic Life Support**
Type of Service: **Hospital**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **15**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **4**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2333** False Call: **0**
Care Transfer: **5** DOA: **24**
Cancelled: **55** Total 2009 Runs: **3148**
Refused: **583**
Treat, No Transport: **7**
No Patient Found: **141**

MISCELLANEOUS INFORMATION:

Area of Coverage: **200**
Medical Director: **Douglas Cox, MD**
Response Time: **8**
Mileage Charge: **\$9**
Emergency Charge: **\$250**
Non-Emergency Charge: **\$250**

AMBULANCE REGISTRY 2010

Service Name: **Guthrie EMS**
Address: **209 E Springer**
Address:
City, State, Zip Code: **Guthrie, OK 73044**

License #: **152**
Region: **6**
County: **LOGAN**

ADMINISTRATIVE INFORMATION:

Director: **Lester Branch**
Business Phone: **(405) 282-4433**
Email: **lbranch@cityofguthrie.com**
911 Available: **Yes**
Funding Methods: **CHARGES/AD VALOREM, ,**

Level of Care: **Basic Life Support**
Type of Service: **PAID FIRE DEPARTMENT**
Management: **CITY**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **12** Specialty Care: **0**
EMT Intermediate: **9** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1248** False Call: **0**
Care Transfer: **0** DOA: **26**
Cancelled: **58** Total 2009 Runs: **1786**
Refused: **454**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **180**
Medical Director: **Stephen Travis, MD**
Response Time: **6**
Mileage Charge: **\$15**
Emergency Charge: **\$787**
Non-Emergency Charge: **\$787**

AMBULANCE REGISTRY 2010

Service Name: **Guymon Fire Ambulance - sc**
Address: **309 N Roosevelt**
Address:
City, State, Zip Code: **Guymon, OK 73942**

License #: **344**
Region: **1**
County: **TEXAS**

ADMINISTRATIVE INFORMATION:

Director: **Grant Wadley**
Business Phone: **(580) 338-5536**
Email: **grant@guymonok.org**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Specialty Care**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **11** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **15**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **1**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1017**
Medical Director: **Jeffrey Lim, MD**
Response Time: **4**
Mileage Charge: **\$8.21**
Emergency Charge: **\$570**
Non-Emergency Charge: **\$570**

AMBULANCE REGISTRY 2010

Service Name: **Guymon Fire Dept Ambulance**
Address: **309 N Roosevelt**
Address:
City, State, Zip Code: **Guymon, OK 73942**

License #: **173**
Region: **1**
County: **TEXAS**

ADMINISTRATIVE INFORMATION:

Director: **Grant Wadley**
Business Phone: **(580) 338-5536**
Email: **grant@guymonok.org**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **11** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **15**

VEHICLES:

Type I: **4**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **517** False Call: **0**
Care Transfer: **63** DOA: **12**
Cancelled: **0** Total 2009 Runs: **880**
Refused: **61**
Treat, No Transport: **176**
No Patient Found: **51**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1017**
Medical Director: **Jeffrey Lim, MD**
Response Time: **4**
Mileage Charge: **\$8.21**
Emergency Charge: **\$570**
Non-Emergency Charge: **\$570**

AMBULANCE REGISTRY 2010

Service Name: **Hartshorne EMS**
Address: **1101 Penn Ave**
Address:
City, State, Zip Code: **Hartshorne, OK 74547**

License #: **047**
Region: **5**
County: **PITTSBURG**

ADMINISTRATIVE INFORMATION:

Director: **Mark Day**
Business Phone: **(918) 297-2544**
Email: **cityofhartshorne@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, Sales Tax,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **381** False Call: **0**
Care Transfer: **2** DOA: **7**
Cancelled: **0** Total 2009 Runs: **475**
Refused: **81**
Treat, No Transport: **2**
No Patient Found: **2**

MISCELLANEOUS INFORMATION:

Area of Coverage: **20**
Medical Director: **Charles Taylor, MD**
Response Time: **1**
Mileage Charge: **\$12**
Emergency Charge: **\$640**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Hominy Comm Medical Trust Auth**
Address: **PO Box 98**
Address: **505 N Eastern Ave**
City, State, Zip Code: **Hominy, OK 74035**

License #: **421**
Region: **2**
County: **OSAGE**

ADMINISTRATIVE INFORMATION:

Director: **Brett Whitten**
Business Phone: **(918) 885-2154**
Email: **hominyambulance@hotmail.com**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax,**

Level of Care: **Basic Life Support**
Type of Service: **Authority or Board**
Management: **Other**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **250** False Call: **13**
Care Transfer: **14** DOA: **9**
Cancelled: **10** Total 2009 Runs: **381**
Refused: **83**
Treat, No Transport: **2**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Robert L. Boyles,**
Response Time: **2**
Mileage Charge: **\$8.21**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$550**

AMBULANCE REGISTRY 2010

Service Name: **Hooker Municipal Ambulance**
Address: **PO Box 52**
Address: **118 South Broadway**
City, State, Zip Code: **Hooker, OK 73945**

License #: **050**
Region: **1**
County: **TEXAS**

ADMINISTRATIVE INFORMATION:

Director: **Marilee Jacobs**
Business Phone: **(580) 652-2885**
Email: **kmkjac@ptsi.net**
911 Available: **Yes**
Funding Methods: **City subsidy, ,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **8**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **103** False Call: **0**
Care Transfer: **0** DOA: **3**
Cancelled: **0** Total 2009 Runs: **114**
Refused: **8**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **750**
Medical Director: **Jeffrey Lim, MD**
Response Time: **5**
Mileage Charge: **\$6**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Hughes County EMS**
Address: **PO Box 671**
Address: **114 N Oak**
City, State, Zip Code: **Holdenville, OK 74848**

License #: **051**
Region: **1**
County: **HUGHES**

ADMINISTRATIVE INFORMATION:

Director: **Steve Palladino**
Business Phone: **(405) 379-7046**
Email: **Steve.palladino@oem.ok.gov**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Subscriptions**

Level of Care: **Intermediate Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **5**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1235** False Call: **1**
Care Transfer: **23** DOA: **24**
Cancelled: **17** Total 2009 Runs: **1558**
Refused: **45**
Treat, No Transport: **182**
No Patient Found: **31**

MISCELLANEOUS INFORMATION:

Area of Coverage: **865**
Medical Director: **Preston Hucks, MD**
Response Time: **1.5**
Mileage Charge: **\$10**
Emergency Charge: **\$700**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Integrus Baptist Regional EMS**
Address: **200 2nd Ave SW**
Address: **PO Box 1209**
City, State, Zip Code: **Miami, OK 74354**

License #: **094**
Region: **2**
County: **OTTAWA**

ADMINISTRATIVE INFORMATION:

Director: **David Boles**
Business Phone: **(918) 542-5171**
Email: **david.boles@integrus-health.com**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Intermediate Life Support**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **14**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1984** False Call: **38**
Care Transfer: **70** DOA: **27**
Cancelled: **39** Total 2009 Runs: **2805**
Refused: **465**
Treat, No Transport: **71**
No Patient Found: **111**

MISCELLANEOUS INFORMATION:

Area of Coverage: **170**
Medical Director: **Elaine Mader, MD**
Response Time: **6.5**
Mileage Charge: **\$12**
Emergency Charge: **\$729**
Non-Emergency Charge: **\$650**

AMBULANCE REGISTRY 2010

Service Name: **Integrity EMS of Oklahoma, LLC**
Address: **1815 W Detroit**
Address:
City, State, Zip Code: **Broken Arrow, OK 74012**

License #: **388**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **Rick Bronson**
Business Phone: **(918) 994-6858**
Email: **rick@integrityemsok.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **23** Specialty Care: **0**
EMT Intermediate: **9** Air Medical : **0**
EMT Paramedic: **29**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **6**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2822** False Call: **0**
Care Transfer: **7** DOA: **4**
Cancelled: **68** Total 2009 Runs: **2985**
Refused: **72**
Treat, No Transport: **11**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **83**
Medical Director: **Douglas G. Cox, MD**
Response Time: **4**
Mileage Charge: **\$13**
Emergency Charge: **\$855**
Non-Emergency Charge: **\$755**

AMBULANCE REGISTRY 2010

Service Name: **International Paper EMS**
Address: **890 IP Lane**
Address: **HWY 70 W**
City, State, Zip Code: **Valliant, OK 74764**

License #: **228**
Region: **5**
County: **MCCURTAIN**

ADMINISTRATIVE INFORMATION:

Director: **Russ Phillips**
Business Phone: **(580) 933-1373**
Email: **russ.phillips@weyerhaeuser.com**
911 Available: **No**
Funding Methods: **NO CHARGE, ,**

Level of Care: **Basic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **14**
EMT Basic: **1** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **5**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2008): [Have NOT received

Transported: **11** False Call: **0** **2009 data]**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2008 Runs: **11**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1**
Medical Director: **Thomas Jones, DO**
Response Time: **5**
Mileage Charge: **\$0**
Emergency Charge: **\$0**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Jackson County Ambulance**
Address: **1309 N Park Lane**
Address:
City, State, Zip Code: **Altus, OK 73521**

License #: **238**
Region: **3**
County: **JACKSON**

ADMINISTRATIVE INFORMATION:

Director: **Shaun Cecil**
Business Phone: **(580) 477-4112**
Email: **shaun@jacksoncountyeems.com**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Subscriptions**

Level of Care: **Intermediate Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **10** Air Medical : **0**
EMT Paramedic: **8**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1955** False Call: **0**
Care Transfer: **0** DOA: **11**
Cancelled: **131** Total 2009 Runs: **2864**
Refused: **767**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **780**
Medical Director: **Roy L. Goddard, Jr., DO**
Response Time: **4**
Mileage Charge: **\$12**
Emergency Charge: **\$600**
Non-Emergency Charge: **\$700**

AMBULANCE REGISTRY 2010

Service Name: **Jay EMS**
Address: **Drawer 348**
Address: **234 S Fifth Street**
City, State, Zip Code: **Jay, OK 74346**

License #: **200**
Region: **2**
County: **DELAWARE**

ADMINISTRATIVE INFORMATION:

Director: **Jim Reno**
Business Phone: **(918) 253-3024**
Email: **renojems@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **3**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **7**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **619** False Call: **0**
Care Transfer: **52** DOA: **8**
Cancelled: **10** Total 2009 Runs: **756**
Refused: **30**
Treat, No Transport: **27**
No Patient Found: **10**

MISCELLANEOUS INFORMATION:

Area of Coverage: **312**
Medical Director: **Richard Tidwell, MD**
Response Time: **5**
Mileage Charge: **\$4**
Emergency Charge: **\$250**
Non-Emergency Charge: **\$250**

AMBULANCE REGISTRY 2010

Service Name: **Johnston County Ambulance**
Address: **604 E 24th**
Address:
City, State, Zip Code: **Tishomingo, OK 73460**

License #: **079**
Region: **3**
County: **JOHNSTON**

ADMINISTRATIVE INFORMATION:

Director: **Kenneth Power**
Business Phone: **(580) 371-0569**
Email: **johnstoncountyems@sbcglobal.net**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax, Ad Valorem tax**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **2** Specialty Care: **0**
EMT Intermediate: **7** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **4**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **852** False Call: **3**
Care Transfer: **26** DOA: **20**
Cancelled: **24** Total 2009 Runs: **1225**
Refused: **246**
Treat, No Transport: **39**
No Patient Found: **15**

MISCELLANEOUS INFORMATION:

Area of Coverage: **636**
Medical Director: **Thomas Trow, MD**
Response Time: **8**
Mileage Charge: **\$10**
Emergency Charge: **\$525**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Keyes EMS**
Address: **PO Box 121**
Address: **106 E Third / 101 W Third**
City, State, Zip Code: **Keyes, OK 73947**

License #: **347**
Region: **1**
County: **CIMARRON**

ADMINISTRATIVE INFORMATION:

Director: **Lynn Jones**
Business Phone: **(580) 546-7651**
Email: **keyesems@ptsi.net**
911 Available: **No**
Funding Methods: **Charges, Donations,**

Level of Care: **Basic Life Support**
Type of Service: **Authority or Board**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **3**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **37** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **38**
Refused: **0**
Treat, No Transport: **1**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **640**
Medical Director: **D T Perido,**
Response Time: **0**
Mileage Charge: **\$8.25**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Kingfisher Ambulance (City of)**
Address: **415 S Main Street**
Address:
City, State, Zip Code: **Kingfisher, OK 73750**

License #: **147**
Region: **1**
County: **KINGFISHER**

ADMINISTRATIVE INFORMATION:

Director: **Randy Poindexter**
Business Phone: **(405) 375-4070**
Email: **kgffd@pdi.net**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Intermediate Life Support**
Type of Service: **PAID FIRE DEPARTMENT**
Management: **GOVERNMENTAL**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **12** Air Medical : **0**
EMT Paramedic: **5**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **591** False Call: **0**
Care Transfer: **5** DOA: **6**
Cancelled: **3** Total 2009 Runs: **754**
Refused: **100**
Treat, No Transport: **49**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **480**
Medical Director: **Michael Ogle, DO**
Response Time: **10**
Mileage Charge: **\$7.50**
Emergency Charge: **\$495**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Kiowa County District 3 EMS**
Address: **PO Box 220**
Address: **206 Spruce Street**
City, State, Zip Code: **Mountain Park, OK 73559**

License #: **052**
Region: **3**
County: **KIOWA**

ADMINISTRATIVE INFORMATION:

Director: **Debra Woods**
Business Phone: **(580) 569-2908**
Email: **mtpems@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, Sales Tax, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **Authority or Board**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **309** False Call: **0**
Care Transfer: **18** DOA: **7**
Cancelled: **0** Total 2009 Runs: **388**
Refused: **54**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **470**
Medical Director: **Michael Krieger, MD**
Response Time: **9**
Mileage Charge: **\$9.63**
Emergency Charge: **\$450**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Kirks Emergency Service**
Address: **322 G Ave**
Address:
City, State, Zip Code: **Lawton, OK 73501**

License #: **003**
Region: **3**
County: **COMANCHE**

ADMINISTRATIVE INFORMATION:

Director: **Don Knoles**
Business Phone: **(580) 355-6500**
Email: **medbos2004@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **12** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **9**

VEHICLES:

Type I: **4**
Type II: **0**
Type III: **5**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **3790** False Call: **22**
Care Transfer: **8** DOA: **28**
Cancelled: **234** Total 2009 Runs: **4613**
Refused: **405**
Treat, No Transport: **55**
No Patient Found: **71**

MISCELLANEOUS INFORMATION:

Area of Coverage: **500**
Medical Director: **Curtis Knoles, MD**
Response Time: **6**
Mileage Charge: **\$8.50**
Emergency Charge: **\$600**
Non-Emergency Charge: **\$300**

AMBULANCE REGISTRY 2010

Service Name: **Konawa EMS**
Address: **122 N Broadway**
Address:
City, State, Zip Code: **Konawa, OK 74849**

License #: **011**
Region: **5**
County: **SEMINOLE**

ADMINISTRATIVE INFORMATION:

Director: **Jesse Brogdon**
Business Phone: **(580) 925-2345**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Charges, Donations,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **5** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **280** False Call: **0**
Care Transfer: **1** DOA: **0**
Cancelled: **0** Total 2009 Runs: **282**
Refused: **1**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **180**
Medical Director: **William Chesser, DO**
Response Time: **5**
Mileage Charge: **\$8.21**
Emergency Charge: **\$450**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Laverne EMS**
Address: **PO Box 902**
Address: **115 N Ohio**
City, State, Zip Code: **Laverne, OK 73848**

License #: **118**
Region: **1**
County: **HARPER**

ADMINISTRATIVE INFORMATION:

Director: **Pauline Heinz**
Business Phone: **(580) 921-3930**
Email: **LAVEMS@PTSI.NET**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **89** False Call: **0**
Care Transfer: **0** DOA: **1**
Cancelled: **0** Total 2009 Runs: **101**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **11**

MISCELLANEOUS INFORMATION:

Area of Coverage: **832**
Medical Director: **Neal K. Suthers, MD**
Response Time: **4**
Mileage Charge: **\$8.49**
Emergency Charge: **\$200**
Non-Emergency Charge: **\$200**

AMBULANCE REGISTRY 2010

Service Name: **Leedey Ambulance**
Address: **PO Box 232**
Address:
City, State, Zip Code: **Leedey, OK 73654**

License #: **113**
Region: **1**
County: **DEWEY**

ADMINISTRATIVE INFORMATION:

Director: **Kenneth Wohl**
Business Phone: **(580) 488-2101**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **3**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **37** False Call: **0**
Care Transfer: **1** DOA: **3**
Cancelled: **0** Total 2009 Runs: **43**
Refused: **1**
Treat, No Transport: **1**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **9**
Medical Director: **John Perkins, MD**
Response Time: **15**
Mileage Charge: **\$9**
Emergency Charge: **\$275**
Non-Emergency Charge: **\$175**

AMBULANCE REGISTRY 2010

Service Name: **Life EMS**
Address: **PO Box 365**
Address: **302 W Maple**
City, State, Zip Code: **Enid, OK 73701**

License #: **075**
Region: **1**
County: **GARFIELD**

ADMINISTRATIVE INFORMATION:

Director: **James S. Johnson**
Business Phone: **(580) 233 2245**
Email: **jjohnson@lifeemsinc.com**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **14** Specialty Care: **0**
EMT Intermediate: **8** Air Medical : **0**
EMT Paramedic: **21**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **8**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **5183** False Call: **129**
Care Transfer: **0** DOA: **69**
Cancelled: **105** Total 2009 Runs: **6196**
Refused: **511**
Treat, No Transport: **197**
No Patient Found: **2**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1080**
Medical Director: **Charles Michael Ogle, DO**
Response Time: **6**
Mileage Charge: **\$12**
Emergency Charge: **\$750**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Life EMS - sc**
Address: **PO Box 365**
Address: **302 W Maple**
City, State, Zip Code: **Enid, OK 73702**

License #: **372**
Region: **1**
County: **GARFIELD**

ADMINISTRATIVE INFORMATION:

Director: **James S. Johnson**
Business Phone: **(580) 233-2245**
Email: **jjohnson@lifeemsinc.com**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Specialty Care**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **14** Specialty Care: **21**
EMT Intermediate: **8** Air Medical : **0**
EMT Paramedic: **8**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **41** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **41**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1080**
Medical Director: **Charles Michael Ogle, DO**
Response Time: **6**
Mileage Charge: **\$12**
Emergency Charge: **\$1050**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Life EMS of Hennessey**
Address: **PO Box 365**
Address: **121 E Oklahoma - Hennessey**
City, State, Zip Code: **Enid, OK 73702**

License #: **354**
Region: **1**
County: **KINGFISHER**

ADMINISTRATIVE INFORMATION:

Director: **James S. Johnson**
Business Phone: **(580) 233-2245**
Email: **jjohnson@lifeemsinc.com**
911 Available: **No**
Funding Methods: **Charges, City subsidy, Subscriptions**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **6**
EMT Basic: **14** Specialty Care: **0**
EMT Intermediate: **8** Air Medical : **0**
EMT Paramedic: **21**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **177** False Call: **6**
Care Transfer: **0** DOA: **2**
Cancelled: **4** Total 2009 Runs: **229**
Refused: **29**
Treat, No Transport: **10**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **Charles Michael Ogle, DO**
Response Time: **6**
Mileage Charge: **\$12**
Emergency Charge: **\$750**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **LifeTeam**
Address: **516 N Oliver - Hanger J**
Address:
City, State, Zip Code: **Newton, KS 67114**

License #: **369**
Region: **1**
County: **OUT OF STATE**

ADMINISTRATIVE INFORMATION:

Director: **Melissa Knott**
Business Phone: **(316) 281-8740**
Email: **mknott@lifeteam.us**
911 Available: **No**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **12**
EMT Intermediate: **0** Air Medical : **10**
EMT Paramedic: **12**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **1**

TYPE & NUMBER OF RUNS (2009):

Transported: **78** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **78**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **69903**
Medical Director: **Martin Sellberg, MD**
Response Time: **16**
Mileage Charge: **\$45**
Emergency Charge: **\$4500**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Lindsay EMS**
Address: **PO Box 708**
Address: **110 W Creek**
City, State, Zip Code: **Lindsay, OK 73052**

License #: **343**
Region: **3**
County: **GARVIN**

ADMINISTRATIVE INFORMATION:

Director: **Darin Hayden**
Business Phone: **(405) 756-4322**
Email: **dhayden@lindsayfire.com**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax,, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **Governmental (not FD/PD)**
Management: **City**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **8** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **14**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **602** False Call: **1**
Care Transfer: **18** DOA: **11**
Cancelled: **14** Total 2009 Runs: **801**
Refused: **146**
Treat, No Transport: **9**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **440**
Medical Director: **John Harrison, DO**
Response Time: **8**
Mileage Charge: **\$8.21**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$550**

AMBULANCE REGISTRY 2010

Service Name: **Lone Wolf Community Ambulance**
Address: **PO Box 427**
Address: **1001 Main Street**
City, State, Zip Code: **Lone Wolf, OK 73655**

License #: **053**
Region: **3**
County: **KIOWA**

ADMINISTRATIVE INFORMATION:

Director: **Margie Horton**
Business Phone: **(580) 846-9078**
Email: **cityoflonewolf@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, Donations, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **VOLUNTEER (NOT FD/PD)**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **33** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **33**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **180**
Medical Director: **Michael Krieger, MD**
Response Time: **7**
Mileage Charge: **\$5**
Emergency Charge: **\$300**
Non-Emergency Charge: **\$250**

AMBULANCE REGISTRY 2010

Service Name: **Major County EMS**
Address: **PO Box 511**
Address: **224 N Main**
City, State, Zip Code: **Fairview, OK 73737**

License #: **054**
Region: **1**
County: **MAJOR**

ADMINISTRATIVE INFORMATION:

Director: **Greg Icke**
Business Phone: **(580) 227-2322**
Email: **mcems73737@sbcglobal.net**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **GOVERNMENT**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **8**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **13** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **420** False Call: **0**
Care Transfer: **0** DOA: **5**
Cancelled: **13** Total 2009 Runs: **489**
Refused: **50**
Treat, No Transport: **1**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **945**
Medical Director: **Michael Ogle, DO**
Response Time: **5**
Mileage Charge: **\$12**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$475**

AMBULANCE REGISTRY 2010

Service Name: **Mannford Ambulance**
Address: **PO Box 327**
Address: **300 Coonrod Ave**
City, State, Zip Code: **Mannford, OK 74044**

License #: **093**
Region: **4**
County: **CREEK**

ADMINISTRATIVE INFORMATION:

Director: **Carolyn Smythe**
Business Phone: **(918) 865-2666**
Email: **mannfordfiredept@cimtel.net**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **377** False Call: **0**
Care Transfer: **2** DOA: **6**
Cancelled: **6** Total 2009 Runs: **649**
Refused: **221**
Treat, No Transport: **37**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **54**
Medical Director: **Art Wallace, DO**
Response Time: **7.75**
Mileage Charge: **\$8.21**
Emergency Charge: **\$450**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Marshall County EMS District**
Address: **PO Box 707**
Address: **#4 Hospital Drive**
City, State, Zip Code: **Madill, OK 73446**

License #: **127**
Region: **5**
County: **MARSHALL**

ADMINISTRATIVE INFORMATION:

Director: **June Stephenson**
Business Phone: **(580) 795-7541**
Email: **bigsisiter_123@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, Ad Valorem tax, Donations**

Level of Care: **Intermediate Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **1** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **7**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1084** False Call: **0**
Care Transfer: **12** DOA: **19**
Cancelled: **6** Total 2009 Runs: **1349**
Refused: **190**
Treat, No Transport: **37**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **360**
Medical Director: **Pamela Ahearn,**
Response Time: **6**
Mileage Charge: **\$10**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Marshall Volunteer Ambulance**
Address: **PO Box 277**
Address: **112 E Main**
City, State, Zip Code: **Marshall, OK 73056**

License #: **177**
Region: **6**
County: **LOGAN**

ADMINISTRATIVE INFORMATION:

Director: **Janie Taylor**
Business Phone: **(580) 935-6770**
Email: **marshallfdems@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, Donations,**

Level of Care: **Basic Life Support**
Type of Service: **VOLUNTEER FIRE DEPARTMENT**
Management: **Volunteer Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **19** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **20**
Refused: **0**
Treat, No Transport: **1**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **304**
Medical Director: **Stephen Travis, MD**
Response Time: **11**
Mileage Charge: **\$8.50**
Emergency Charge: **\$285**
Non-Emergency Charge: **\$225**

AMBULANCE REGISTRY 2010

Service Name: **Mayes Emergency Svc Trust Auth**
Address: **4 Redden Street**
Address:
City, State, Zip Code: **Pryor, OK 74361**

License #: **265**
Region: **2**
County: **MAYES**

ADMINISTRATIVE INFORMATION:

Director: **Rick Langkamp**
Business Phone: **(918) 825-6825**
Email: **rlangkamp@sbcglobal.net**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax,**

Level of Care: **Basic Life Support**
Type of Service: **Authority or Board**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **11** Specialty Care: **0**
EMT Intermediate: **7** Air Medical : **0**
EMT Paramedic: **17**

VEHICLES:

Type I: **5**
Type II: **1**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2902** False Call: **17**
Care Transfer: **30** DOA: **67**
Cancelled: **380** Total 2009 Runs: **4213**
Refused: **582**
Treat, No Transport: **224**
No Patient Found: **11**

MISCELLANEOUS INFORMATION:

Area of Coverage: **762**
Medical Director: **Jack Morgan, DO**
Response Time: **9**
Mileage Charge: **\$15**
Emergency Charge: **\$787**
Non-Emergency Charge: **\$787**

AMBULANCE REGISTRY 2010

Service Name: **McAlester Army Ammunition Plan**
Address: **Fire Dept Bldg 408**
Address: **1 C-Tree Road**
City, State, Zip Code: **McAlester, OK 74501**

License #: **311**
Region: **5**
County: **PITTSBURG**

ADMINISTRATIVE INFORMATION:

Director: **Don Capps**
Business Phone: **(918) 420-6221**
Email: **donald.capps@us.army.mil**
911 Available: **Yes**
Funding Methods: **FEDERAL, ,**

Level of Care: **Basic Life Support**
Type of Service: **OTHER [FEDERAL]**
Management: **OTHER [FEDERAL]**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **25** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2008): [Have NOT received

Transported: **62** False Call: **0** **2009 data]**
Care Transfer: **1** DOA: **0**
Cancelled: **0** Total 2008 Runs: **98**
Refused: **16**
Treat, No Transport: **19**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **70**
Medical Director: **Melvin Bradley, MD**
Response Time: **5**
Mileage Charge: **\$0**
Emergency Charge: **\$0**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **McAlester Fire Department EMS**
Address: **PO Box 578**
Address: **28 E Washington**
City, State, Zip Code: **McAlester, OK 74501**

License #: **080**
Region: **5**
County: **PITTSBURG**

ADMINISTRATIVE INFORMATION:

Director: **Jerry B. Rivas**
Business Phone: **(918) 423-9300**
Email: **jerry.rivas@cityofmcalester.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **38** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **2**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1865** False Call: **4**
Care Transfer: **6** DOA: **11**
Cancelled: **1** Total 2009 Runs: **2004**
Refused: **97**
Treat, No Transport: **20**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **17**
Medical Director: **Dennis Staggs, DO**
Response Time: **3**
Mileage Charge: **\$8.25**
Emergency Charge: **\$425**
Non-Emergency Charge: **\$425**

AMBULANCE REGISTRY 2010

Service Name: **McClain Grady EMS District #1**
Address: **PO Box 430**
Address: **211 W Blanchard**
City, State, Zip Code: **Blanchard, OK 73010**

License #: **222**
Region: **6**
County: **MCCLAIN & GRADY**

ADMINISTRATIVE INFORMATION:

Director: **Richard Robinson**
Business Phone: **(405) 485-2000**
Email: **mgcems@pldi.net**
911 Available: **No**
Funding Methods: **Charges, Ad Valorem tax, Subscriptions**

Level of Care: **Paramedic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **21**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **834** False Call: **2**
Care Transfer: **23** DOA: **12**
Cancelled: **166** Total 2009 Runs: **1355**
Refused: **311**
Treat, No Transport: **5**
No Patient Found: **2**

MISCELLANEOUS INFORMATION:

Area of Coverage: **230**
Medical Director: **Gregory Gray, DO**
Response Time: **8.23**
Mileage Charge: **\$8.50**
Emergency Charge: **\$700**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **McCurtain County EMS**
Address: **827 Lincoln Road**
Address:
City, State, Zip Code: **Idabel, OK 74745**

License #: **124**
Region: **5**
County: **MCCURTAIN**

ADMINISTRATIVE INFORMATION:

Director: **Wade Patterson**
Business Phone: **(580) 286-7585**
Email: **none given**
911 Available: **No**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Paramedic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **15**

VEHICLES:

Type I: **3**
Type II: **1**
Type III: **4**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2639** False Call: **169**
Care Transfer: **34** DOA: **66**
Cancelled: **116** Total 2009 Runs: **3770**
Refused: **650**
Treat, No Transport: **66**
No Patient Found: **30**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1826**
Medical Director: **Jack Migliaccio, DO**
Response Time: **8**
Mileage Charge: **\$10**
Emergency Charge: **\$485**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Medford Ambulance**
Address: **615 N Front**
Address: **PO Box 123**
City, State, Zip Code: **Medford, OK 73759**

License #: **036**
Region: **1**
County: **GRANT**

ADMINISTRATIVE INFORMATION:

Director: **Oma Lea Rogers**
Business Phone: **(580) 395-2823**
Email: **cityofmedfordok@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental (Not PD or FD)**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **3**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **157** False Call: **0**
Care Transfer: **4** DOA: **3**
Cancelled: **1** Total 2009 Runs: **175**
Refused: **6**
Treat, No Transport: **2**
No Patient Found: **2**

MISCELLANEOUS INFORMATION:

Area of Coverage: **140**
Medical Director: **C. Michael Ogle, DO**
Response Time: **5**
Mileage Charge: **\$11**
Emergency Charge: **\$390**
Non-Emergency Charge: **\$390**

AMBULANCE REGISTRY 2010

Service Name: **Medi Flight Oklahoma (air)**
Address: **PO Box 26307**
Address: **700 NE 13th Street**
City, State, Zip Code: **Oklahoma City, OK 73104**

License #: **339**
Region: **8**
County: **OKLAHOMA**

ADMINISTRATIVE INFORMATION:

Director: **Carl Laffoon**
Business Phone: **(405) 271-7700**
Email: **carl.laffoon@hcahealthcare.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **20**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **0**
Aircraft: **3**

TYPE & NUMBER OF RUNS (2009):

Transported: **902** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **902**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **0**
Medical Director: **John Nalagan, MD**
Response Time: **7**
Mileage Charge: **\$83.59**
Emergency Charge: **\$11121.21**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Medi Flight Oklahoma (air-sc)**
Address: **700 NE 13th Street**
Address:
City, State, Zip Code: **Oklahoma City, OK 73104**

License #: **407**
Region: **8**
County: **OKLAHOMA**

ADMINISTRATIVE INFORMATION:

Director: **Carl Laffoon**
Business Phone: **(405) 271-7700**
Email: carl.laffoon@hcahealthcare.com
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Specialty Care**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **24**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **25**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **2**

TYPE & NUMBER OF RUNS (2009):

Transported: **492** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **492**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **0**
Medical Director: **Juan Nalagan, MD**
Response Time: **0**
Mileage Charge: **\$83.59**
Emergency Charge: **\$11121.21**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Medi Flight Oklahoma (sc)**
Address: **PO Box 26307**
Address: **700 NE 10th Street**
City, State, Zip Code: **Oklahoma City, OK 73104**

License #: **340**
Region: **8**
County: **OKLAHOMA**

ADMINISTRATIVE INFORMATION:

Director: **Carl Laffoon**
Business Phone: **(405) 271-7700**
Email: carl.laffoon@hcahealthcare.com
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Specialty Care**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **24**
EMT Intermediate: **0** Air Medical : **22**
EMT Paramedic: **25**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **902** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **17** Total 2009 Runs: **919**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **0**
Medical Director: **Venugopal Gottipati Roger Sheldon, MD**
Response Time: **7**
Mileage Charge: **\$45.60**
Emergency Charge: **\$1964.66**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Medic West, LLC**
Address: **1812 Cheryl Drive**
Address:
City, State, Zip Code: **El Reno, OK 73036**

License #: **445**
Region: **6**
County: **CANADIAN**

ADMINISTRATIVE INFORMATION:

Director: **Ray Simpson**
Business Phone: **(405) 627-5465**
Email: **rayleesimp@aol.com**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Sales Tax**

Level of Care: **Basic Life Support**
Type of Service: **Authority or Board**
Management: **522 District**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **3**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **4**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **273** False Call: **0**
Care Transfer: **1** DOA: **10**
Cancelled: **14** Total 2009 Runs: **419**
Refused: **75**
Treat, No Transport: **38**
No Patient Found: **8**

MISCELLANEOUS INFORMATION:

Area of Coverage: **200**
Medical Director: **Deim Trang, DO**
Response Time: **0**
Mileage Charge: **\$12**
Emergency Charge: **\$1200**
Non-Emergency Charge: **\$100**

AMBULANCE REGISTRY 2010

Service Name: **Mercy Health - Love County**
Address: **300 Wanda Street**
Address:
City, State, Zip Code: **Marietta, OK 73448**

License #: **312**
Region: **3**
County: **LOVE**

ADMINISTRATIVE INFORMATION:

Director: **Richard Barker**
Business Phone: **(580) 276 3347**
Email: **rbarker@ok.mercy.net**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Paramedic Life Support**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **16**

VEHICLES:

Type I: **5**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **857** False Call: **10**
Care Transfer: **5** DOA: **2**
Cancelled: **29** Total 2009 Runs: **1304**
Refused: **392**
Treat, No Transport: **4**
No Patient Found: **5**

MISCELLANEOUS INFORMATION:

Area of Coverage: **480**
Medical Director: **J T O'Connor, Jr., DO**
Response Time: **4**
Mileage Charge: **\$9**
Emergency Charge: **\$545**
Non-Emergency Charge: **\$420**

AMBULANCE REGISTRY 2010

Service Name: **Mercy Regional of Oklahoma**
Address: **PO Box 2398**
Address: **310 E 5th Str - Owasso**
City, State, Zip Code: **Owasso, OK 74055**

License #: **422**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **Brian Cook**
Business Phone: **(918) 609-5800**
Email: **bcook@mercy-regional.com**
911 Available: **Yes**
Funding Methods: **Charges, Utility assessment, Sales Tax**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **35** Specialty Care: **0**
EMT Intermediate: **5** Air Medical : **0**
EMT Paramedic: **44**

VEHICLES:

Type I: **10**
Type II: **2**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **6002** False Call: **1**
Care Transfer: **65** DOA: **50**
Cancelled: **107** Total 2009 Runs: **6657**
Refused: **395**
Treat, No Transport: **26**
No Patient Found: **11**

MISCELLANEOUS INFORMATION:

Area of Coverage: **150**
Medical Director: **Jack Morgan, DO**
Response Time: **8**
Mileage Charge: **\$14.25**
Emergency Charge: **\$950**
Non-Emergency Charge: **\$750**

AMBULANCE REGISTRY 2010

Service Name: **Midwest Regional EMS**
Address: **2825 Parklawn Drive**
Address:
City, State, Zip Code: **Midwest City, OK 73110**

License #: **055**
Region: **8**
County: **OKLAHOMA**

ADMINISTRATIVE INFORMATION:

Director: **Larry N. Terry**
Business Phone: **(405) 610-8061**
Email: **larry.terry@hma.com**
911 Available: **Yes**
Funding Methods: **Charges, Donations,**

Level of Care: **Paramedic Life Support**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **36** Specialty Care: **0**
EMT Intermediate: **9** Air Medical : **0**
EMT Paramedic: **65**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **15**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **12602** False Call: **0**
Care Transfer: **0** DOA: **100**
Cancelled: **0** Total 2009 Runs: **13789**
Refused: **835**
Treat, No Transport: **101**
No Patient Found: **151**

MISCELLANEOUS INFORMATION:

Area of Coverage: **240**
Medical Director: **Dan Donnell, MD**
Response Time: **5**
Mileage Charge: **\$12**
Emergency Charge: **\$1485**
Non-Emergency Charge: **\$815**

AMBULANCE REGISTRY 2010

Service Name: **Miller EMS, LLC**
Address: **PO Box 65**
Address: **514 N First**
City, State, Zip Code: **Medford, OK 73759**

License #: **436**
Region: **1**
County: **GRANT**

ADMINISTRATIVE INFORMATION:

Director: **Matthew Miller**
Business Phone: **(580) 741-1233**
Email: **mems@millerems.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Basic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **7**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **53** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **56**
Refused: **0**
Treat, No Transport: **1**
No Patient Found: **2**

MISCELLANEOUS INFORMATION:

Area of Coverage: **150**
Medical Director: **Ogle Michael, DO**
Response Time: **5**
Mileage Charge: **\$12**
Emergency Charge: **\$750**
Non-Emergency Charge: **\$550**

AMBULANCE REGISTRY 2010

Service Name: **Mountain View Gotebo Ambulance**
Address: **PO Box 294**
Address: **319 N 3rd**
City, State, Zip Code: **Mountain View, OK 73062**

License #: **104**
Region: **3**
County: **KIOWA**

ADMINISTRATIVE INFORMATION:

Director: **Terri Thurman**
Business Phone: **(580) 347-2268**
Email: **emsmvg@westok.net**
911 Available: **No**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **118** False Call: **0**
Care Transfer: **4** DOA: **3**
Cancelled: **0** Total 2009 Runs: **136**
Refused: **3**
Treat, No Transport: **0**
No Patient Found: **8**

MISCELLANEOUS INFORMATION:

Area of Coverage: **450**
Medical Director: **Troy Harden, DO**
Response Time: **6**
Mileage Charge: **\$10.41**
Emergency Charge: **\$400**
Non-Emergency Charge: **\$244**

AMBULANCE REGISTRY 2010

Service Name: **Murray County EMS**
Address: **PO Box 545**
Address: **2009 West Broadway, Suite D**
City, State, Zip Code: **Sulphur, OK 73086**

License #: **332**
Region: **3**
County: **MURRAY**

ADMINISTRATIVE INFORMATION:

Director: **Bradley Lancaster**
Business Phone: **(580) 622-6630**
Email: **lancasterbrad@ymail.com**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Subscriptions**

Level of Care: **Paramedic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **12**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1816** False Call: **0**
Care Transfer: **6** DOA: **15**
Cancelled: **4** Total 2009 Runs: **2189**
Refused: **333**
Treat, No Transport: **0**
No Patient Found: **15**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **Randy Williams, DO**
Response Time: **6**
Mileage Charge: **\$8.31**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$475**

AMBULANCE REGISTRY 2010

Service Name: **Muskogee County EMS**
Address: **200 Callahan**
Address:
City, State, Zip Code: **Muskogee, OK 74403**

License #: **078**
Region: **4**
County: **MUSKOGEE**

ADMINISTRATIVE INFORMATION:

Director: **Terri Mortensen**
Business Phone: **(918) 683-0130**
Email: **tmortens@intellex.com**
911 Available: **Yes**
Funding Methods: **Ad Valorem tax, Charges, Subscriptions**

Level of Care: **Intermediate Life Support**
Type of Service: **Authority or Board**
Management: **Governmental**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **30** Specialty Care: **0**
EMT Intermediate: **22** Air Medical : **0**
EMT Paramedic: **42**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **20**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **15165** False Call: **0**
Care Transfer: **29** DOA: **115**
Cancelled: **732** Total 2009 Runs: **19188**
Refused: **2797**
Treat, No Transport: **99**
No Patient Found: **251**

MISCELLANEOUS INFORMATION:

Area of Coverage: **820**
Medical Director: **Gary Lambert, MD**
Response Time: **7.9**
Mileage Charge: **\$10.50**
Emergency Charge: **\$300**
Non-Emergency Charge: **\$250**

AMBULANCE REGISTRY 2010

Service Name: **Newkirk Fire Dept EMS**
Address: **PO Box 469**
Address: **106 S Maple Street**
City, State, Zip Code: **Newkirk, OK 74647**

License #: **108**
Region: **2**
County: **KAY**

ADMINISTRATIVE INFORMATION:

Director: **Jerry D. Evans**
Business Phone: **(580) 362-3606**
Email: **newkirkfire@hotmail.com**
911 Available: **Yes**
Funding Methods: **Charges, Utility assessment,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **5** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **209** False Call: **10**
Care Transfer: **34** DOA: **0**
Cancelled: **0** Total 2009 Runs: **253**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **440**
Medical Director: **Paul K. Davis, MD**
Response Time: **4**
Mileage Charge: **\$7.50**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Noble Fire Department**
Address: **PO Box 557**
Address:
City, State, Zip Code: **Noble, OK 73068**

License #: **176**
Region: **6**
County: **CLEVELAND**

ADMINISTRATIVE INFORMATION:

Director: **Gary Bonner**
Business Phone: **(405) 872-3030**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Intermediate Life Support**
Type of Service: **GOVERNMENTAL (FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **1** Specialty Care: **0**
EMT Intermediate: **10** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **2**
Type II: **1**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **743** False Call: **3**
Care Transfer: **6** DOA: **7**
Cancelled: **14** Total 2009 Runs: **1022**
Refused: **235**
Treat, No Transport: **12**
No Patient Found: **2**

MISCELLANEOUS INFORMATION:

Area of Coverage: **14**
Medical Director: **Harold Harelson II, MD**
Response Time: **4.1**
Mileage Charge: **\$15**
Emergency Charge: **\$855**
Non-Emergency Charge: **\$787**

AMBULANCE REGISTRY 2010

Service Name: **Nowata EMS**
Address: **425 S Cedar**
Address:
City, State, Zip Code: **Nowata, OK 74048**

License #: **432**
Region: **2**
County: **NOWATA**

ADMINISTRATIVE INFORMATION:

Director: **Wayne Swift**
Business Phone: **(918) 273-3532**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental (not FD or PD)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **11**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **8**

VEHICLES:

Type I: **2**
Type II: **1**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **726** False Call: **4**
Care Transfer: **37** DOA: **6**
Cancelled: **12** Total 2009 Runs: **952**
Refused: **133**
Treat, No Transport: **14**
No Patient Found: **20**

MISCELLANEOUS INFORMATION:

Area of Coverage: **580**
Medical Director: **Jeff Gibson, DO**
Response Time: **6**
Mileage Charge: **\$10**
Emergency Charge: **\$652**
Non-Emergency Charge: **\$552**

AMBULANCE REGISTRY 2010

Service Name: **Okeene Ambulance**
Address: **PO Box 508**
Address: **118 W Madison**
City, State, Zip Code: **Okeene, OK 73763**

License #: **008**
Region: **1**
County: **BLAINE**

ADMINISTRATIVE INFORMATION:

Director: **Gregory Boggs**
Business Phone: **(580) 822-4031**
Email: **gboggs@pdi.net**
911 Available: **Yes**
Funding Methods: **Charges, Donations, Ad Valorem tax**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 DISTRICT**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **3**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **95** False Call: **32**
Care Transfer: **1** DOA: **2**
Cancelled: **2** Total 2009 Runs: **150**
Refused: **8**
Treat, No Transport: **9**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **300**
Medical Director: **Michael Talley, MD**
Response Time: **8**
Mileage Charge: **\$10**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Oklahoma Critical Care Trans**
Address: **4225 SW 44th Street**
Address:
City, State, Zip Code: **Oklahoma City, OK 73119**

License #: **450**
Region: **8**
County: **OKLAHOMA**

ADMINISTRATIVE INFORMATION:

Director: **Robert Hughes**
Business Phone: **(405) 219-3601**
Email: **none given**
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Specialty Care**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **0** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **NEW SERVICE**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Childs Jerry, DO**
Response Time: **0**
Mileage Charge: **\$**
Emergency Charge: **\$**
Non-Emergency Charge: **\$**

AMBULANCE REGISTRY 2010

Service Name: **Okmulgee County EMS**
Address: **PO Box 1056**
Address: **1213 E 20th St**
City, State, Zip Code: **Okmulgee, OK 74447**

License #: **076**
Region: **4**
County: **OKMULGEE**

ADMINISTRATIVE INFORMATION:

Director: **Irma Walker**
Business Phone: **(918) 756-8563**
Email: **ocems@sbcglobal.net**
911 Available: **No**
Funding Methods: **Charges, Utility assessment,**

Level of Care: **Basic Life Support**
Type of Service: **Authority or Board**
Management: **AUTH TRUST/BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **20** Specialty Care: **0**
EMT Intermediate: **8** Air Medical : **0**
EMT Paramedic: **19**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **6**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **3770** False Call: **12**
Care Transfer: **25** DOA: **72**
Cancelled: **81** Total 2009 Runs: **4745**
Refused: **592**
Treat, No Transport: **116**
No Patient Found: **77**

MISCELLANEOUS INFORMATION:

Area of Coverage: **700**
Medical Director: **Brent Davis,**
Response Time: **5**
Mileage Charge: **\$12**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Oologah- Talala EMS District**
Address: **PO Box 165**
Address: **18955 S 4150 Road -Claremore**
City, State, Zip Code: **Oologah, OK 74053**

License #: **356**
Region: **2**
County: **ROGERS**

ADMINISTRATIVE INFORMATION:

Director: **Kelly Deal**
Business Phone: **(918) 443-2350**
Email: **otems2@atlasok.com**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, Donations**

Level of Care: **Paramedic Life Support**
Type of Service: **522 DISTRICT**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **8** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **10**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1095** False Call: **0**
Care Transfer: **0** DOA: **9**
Cancelled: **44** Total 2009 Runs: **1328**
Refused: **52**
Treat, No Transport: **98**
No Patient Found: **30**

MISCELLANEOUS INFORMATION:

Area of Coverage: **180**
Medical Director: **F.C. "Jumbo" Eaton, DO**
Response Time: **8.2**
Mileage Charge: **\$15**
Emergency Charge: **\$855**
Non-Emergency Charge: **\$787**

AMBULANCE REGISTRY 2010

Service Name: **Owasso Fire Department EMS**
Address: **8901 N Garnett**
Address:
City, State, Zip Code: **Owasso, OK 74055**

License #: **006**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **Bruce Kelley**
Business Phone: **(918) 272-5253**
Email: **bkelley@cityofowasso.com**
911 Available: **Yes**
Funding Methods: **Charges, Utility assessment, Donations**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **6**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **31**

VEHICLES:

Type I: **3**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2140** False Call: **0**
Care Transfer: **18** DOA: **26**
Cancelled: **72** Total 2009 Runs: **2936**
Refused: **560**
Treat, No Transport: **94**
No Patient Found: **26**

MISCELLANEOUS INFORMATION:

Area of Coverage: **76**
Medical Director: **Stephen Kovacs, DO**
Response Time: **5**
Mileage Charge: **\$7.50**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Pafford EMS of Oklahoma**
Address: **817 N JM Davis**
Address:
City, State, Zip Code: **Claremore, OK 74017**

License #: **416**
Region: **2**
County: **ROGERS**

ADMINISTRATIVE INFORMATION:

Director: **Charles Wadsworth**
Business Phone: **(918) 341-2477**
Email: **cwadworth@paffordems.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Intermediate Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **21** Specialty Care: **0**
EMT Intermediate: **8** Air Medical : **0**
EMT Paramedic: **35**

VEHICLES:

Type I: **7**
Type II: **3**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **9119** False Call: **0**
Care Transfer: **61** DOA: **127**
Cancelled: **848** Total 2009 Runs: **12503**
Refused: **2180**
Treat, No Transport: **145**
No Patient Found: **23**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1200**
Medical Director: **Ernest Williams, DO**
Response Time: **10**
Mileage Charge: **\$12**
Emergency Charge: **\$700**
Non-Emergency Charge: **\$625**

AMBULANCE REGISTRY 2010

Service Name: **Para Med - Crowder**
Address: **PO Box 370**
Address: **101 West Bond - Crowder OK**
City, State, Zip Code: **McAlester, OK 74501**

License #: **443**
Region: **5**
County: **PITTSBURG**

ADMINISTRATIVE INFORMATION:

Director: **Pamela Smith**
Business Phone: **(918) 423-1517**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Basic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **0** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **0**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Kim L. Kurvink, MD**
Response Time: **0**
Mileage Charge: **\$10**
Emergency Charge: **\$700**
Non-Emergency Charge: **\$650**

AMBULANCE REGISTRY 2010

Service Name: **Para Med, Inc.**
Address: **PO Box 370**
Address: **403 S Main**
City, State, Zip Code: **McAlester, OK 74502**

License #: **132**
Region: **5**
County: **PITTSBURG/MCINTOSH**

ADMINISTRATIVE INFORMATION:

Director: **Pamela Smith**
Business Phone: **(918) 423-1517**
Email: **psmith@paramed.us**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Intermediate Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **3**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **10**

VEHICLES:

Type I: **3**
Type II: **1**
Type III: **4**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **3549** False Call: **0**
Care Transfer: **0** DOA: **53**
Cancelled: **112** Total 2009 Runs: **4084**
Refused: **361**
Treat, No Transport: **0**
No Patient Found: **9**

MISCELLANEOUS INFORMATION:

Area of Coverage: **2000**
Medical Director: **Kim L. Kurvink, MD**
Response Time: **9.3**
Mileage Charge: **\$12**
Emergency Charge: **\$780**
Non-Emergency Charge: **\$780**

AMBULANCE REGISTRY 2010

Service Name: **Park View Ambulance**
Address: **PO Box 129**
Address: **2115 Park View Drive**
City, State, Zip Code: **El Reno, OK 73036**

License #: **057**
Region: **6**
County: **CANADIAN**

ADMINISTRATIVE INFORMATION:

Director: **Doug Danker**
Business Phone: **(405) 262-2640**
Email: **ddanker@parkview-hospital.com**
911 Available: **No**
Funding Methods: **Charges, City subsidy, Ad Valorem tax & Subscription**

Level of Care: **Paramedic Life Support**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **11** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **22**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **4**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1712** False Call: **0**
Care Transfer: **5** DOA: **34**
Cancelled: **111** Total 2009 Runs: **2542**
Refused: **470**
Treat, No Transport: **160**
No Patient Found: **50**

MISCELLANEOUS INFORMATION:

Area of Coverage: **480**
Medical Director: **Vladimir Holy, MD**
Response Time: **6**
Mileage Charge: **\$21**
Emergency Charge: **\$1375**
Non-Emergency Charge: **\$1045**

AMBULANCE REGISTRY 2010

Service Name: **Park View Ambulance - sc**
Address: **PO Box 129**
Address: **2115 Park View Drive**
City, State, Zip Code: **El Reno, OK 73036**

License #: **329**
Region: **6**
County: **CANADIAN**

ADMINISTRATIVE INFORMATION:

Director: **Doug Danker**
Business Phone: **(405) 262-2640**
Email: ddanker@parkview-hospital.com
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Specialty Care**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **11** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **22**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **4**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **11** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **11**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **480**
Medical Director: **Vladimir Holy, MD**
Response Time: **30**
Mileage Charge: **\$21**
Emergency Charge: **\$1915**
Non-Emergency Charge: **\$1620**

AMBULANCE REGISTRY 2010

Service Name: **Pauls Valley Gen. Hospital EMS**
Address: **PO Box 368**
Address: **100 Valley Drive**
City, State, Zip Code: **Pauls Valley, OK 73075**

License #: **058**
Region: **3**
County: **GARVIN**

ADMINISTRATIVE INFORMATION:

Director: **Don Gangwere**
Business Phone: **(405) 238-5500**
Email: dgangwere@pvgh.net
911 Available: **No**
Funding Methods: **Charges, Hospital subsidy, Ad Valorem tax**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **11** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **8**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1664** False Call: **13**
Care Transfer: **25** DOA: **13**
Cancelled: **50** Total 2009 Runs: **1992**
Refused: **149**
Treat, No Transport: **31**
No Patient Found: **47**

MISCELLANEOUS INFORMATION:

Area of Coverage: **450**
Medical Director: **Tammy Hicks, DO**
Response Time: **8**
Mileage Charge: **\$10**
Emergency Charge: **\$647.25**
Non-Emergency Charge: **\$475**

AMBULANCE REGISTRY 2010

Service Name: **Pawnee Ambulance**
Address: **510 Illinois**
Address:
City, State, Zip Code: **Pawnee, OK 74058**

License #: **187**
Region: **2**
County: **PAWNEE**

ADMINISTRATIVE INFORMATION:

Director: **James Novotny**
Business Phone: **(918) 762-3336**
Email: **PAWNEEFD@COWBOY.NET**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **10**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **1**
Type II: **1**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **515** False Call: **1**
Care Transfer: **4** DOA: **3**
Cancelled: **1** Total 2009 Runs: **549**
Refused: **22**
Treat, No Transport: **2**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **500**
Medical Director: **W. Edward Clymer, DO**
Response Time: **6**
Mileage Charge: **\$12**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$600**

AMBULANCE REGISTRY 2010

Service Name: **Perry Fire Department EMS**
Address: **732 Delaware**
Address:
City, State, Zip Code: **Perry, OK 73077**

License #: **059**
Region: **2**
County: **NOBLE**

ADMINISTRATIVE INFORMATION:

Director: **Clifford W. Emmons**
Business Phone: **(580) 336-9755**
Email: **cwemmons@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **7**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **5** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **486** False Call: **1**
Care Transfer: **11** DOA: **9**
Cancelled: **14** Total 2009 Runs: **605**
Refused: **73**
Treat, No Transport: **9**
No Patient Found: **2**

MISCELLANEOUS INFORMATION:

Area of Coverage: **572**
Medical Director: **Jim Knecht, DO**
Response Time: **4**
Mileage Charge: **\$12**
Emergency Charge: **\$675**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Ponca City Fire Dept Ambulance**
Address: **PO Box 1450**
Address: **500 E Grand**
City, State, Zip Code: **Ponca City, OK 74602**

License #: **160**
Region: **2**
County: **KAY**

ADMINISTRATIVE INFORMATION:

Director: **Butch Herring**
Business Phone: **(580) 767-0368**
Email: **herribe@poncacityok.gov**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **37** Specialty Care: **0**
EMT Intermediate: **13** Air Medical : **0**
EMT Paramedic: **17**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2577** False Call: **48**
Care Transfer: **24** DOA: **41**
Cancelled: **14** Total 2009 Runs: **3091**
Refused: **280**
Treat, No Transport: **59**
No Patient Found: **48**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **John W. Holden, MD**
Response Time: **4.6**
Mileage Charge: **\$11**
Emergency Charge: **\$625**
Non-Emergency Charge: **\$525**

AMBULANCE REGISTRY 2010

Service Name: **Pond Creek Fire and Ambulance**
Address: **PO Box 6**
Address: **109 South Second**
City, State, Zip Code: **Pond Creek, OK 73766**

License #: **061**
Region: **1**
County: **GRANT**

ADMINISTRATIVE INFORMATION:

Director: **Butch Bailey, Chief**
Business Phone: **(580) 532-4911**
Email: **none given**
911 Available: **No**
Funding Methods: **Charges, City subsidy, Donations**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **7**
EMT Basic: **14** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **86** False Call: **0**
Care Transfer: **6** DOA: **0**
Cancelled: **1** Total 2009 Runs: **101**
Refused: **8**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **300**
Medical Director: **C. Michael Ogle, DO**
Response Time: **10**
Mileage Charge: **\$8.50**
Emergency Charge: **\$375**
Non-Emergency Charge: **\$230**

AMBULANCE REGISTRY 2010

Service Name: **Pulse EMS of OK, Inc.**
Address: **201 E 6th Street**
Address:
City, State, Zip Code: **Pawhuska, OK 74056**

License #: **440**
Region: **2**
County: **OSAGE**

ADMINISTRATIVE INFORMATION:

Director: **John Harrison**
Business Phone: **(918) 287-1341**
Email: **none given**
911 Available: **Yes**
Funding Methods: **City subsidy, Charges,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **7**

VEHICLES:

Type I: **2**
Type II: **1**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **653** False Call: **2**
Care Transfer: **15** DOA: **18**
Cancelled: **42** Total 2009 Runs: **1002**
Refused: **81**
Treat, No Transport: **49**
No Patient Found: **142**

MISCELLANEOUS INFORMATION:

Area of Coverage: **875**
Medical Director: **J. Angela Miller, DO**
Response Time: **0**
Mileage Charge: **\$13**
Emergency Charge: **\$1100**
Non-Emergency Charge: **\$700**

AMBULANCE REGISTRY 2010

Service Name: **Quapaw Tribe of Oklahoma**
Address: **PO Box 200**
Address: **6300 S Hwy 69A**
City, State, Zip Code: **Quapaw, OK 74363**

License #: **437**
Region: **2**
County: **OTTAWA**

ADMINISTRATIVE INFORMATION:

Director: **Jeff Reeves**
Business Phone: **(918) 675-4200**
Email: **picherchief1@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, Tribal funding,**

Level of Care: **Basic Life Support**
Type of Service: **Other**
Management: **Other**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **19** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **31**

VEHICLES:

Type I: **1**
Type II: **1**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1003** False Call: **0**
Care Transfer: **0** DOA: **204**
Cancelled: **0** Total 2009 Runs: **1645**
Refused: **438**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **165**
Medical Director: **Doney Jack, MD**
Response Time: **4**
Mileage Charge: **\$15**
Emergency Charge: **\$850**
Non-Emergency Charge: **\$850**

AMBULANCE REGISTRY 2010

Service Name: **REACT EMS**
Address: **PO Box 3700**
Address: **2316 Airport Road**
City, State, Zip Code: **Shawnee, OK 74804**

License #: **325**
Region: **6**
County: **POTTOWATOMIE**

ADMINISTRATIVE INFORMATION:

Director: **Gregory Reid**
Business Phone: **(405) 878-5880**
Email: **greg.reid@reactems.com**
911 Available: **Yes**
Funding Methods: **Charges, Subscriptions,**

Level of Care: **Paramedic Life Support**
Type of Service: **Authority or Board**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **14** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **29**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **9**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **6908** False Call: **0**
Care Transfer: **94** DOA: **75**
Cancelled: **908** Total 2009 Runs: **9262**
Refused: **925**
Treat, No Transport: **298**
No Patient Found: **54**

MISCELLANEOUS INFORMATION:

Area of Coverage: **900**
Medical Director: **Jeremy Bearden, DO**
Response Time: **8**
Mileage Charge: **\$14.75**
Emergency Charge: **\$685**
Non-Emergency Charge: **\$330**

AMBULANCE REGISTRY 2010

Service Name: **Roger Mills Ambulance**
Address: **PO Box 219**
Address: **501 S. LL Males Ave**
City, State, Zip Code: **Cheyenne, OK 73628**

License #: **063**
Region: **1**
County: **ROGER MILLS**

ADMINISTRATIVE INFORMATION:

Director: **Robert C. Stephens**
Business Phone: **(580) 497-3336**
Email: **stephensrob159@msn.com**
911 Available: **No**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **6**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **6** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **2**
Type II: **1**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **163** False Call: **0**
Care Transfer: **5** DOA: **3**
Cancelled: **10** Total 2009 Runs: **209**
Refused: **18**
Treat, No Transport: **7**
No Patient Found: **3**

MISCELLANEOUS INFORMATION:

Area of Coverage: **300**
Medical Director: **H. Dean Vaughn, DO**
Response Time: **6**
Mileage Charge: **\$8.25**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$250**

AMBULANCE REGISTRY 2010

Service Name: **Rush Springs EMS**
Address: **PO Box 708**
Address: **201 W Blakney**
City, State, Zip Code: **Rush Springs, OK 73082**

License #: **229**
Region: **3**
County: **GRADY**

ADMINISTRATIVE INFORMATION:

Director: **Dick Jones**
Business Phone: **(580) 476-3438**
Email: **rushspringsems@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, Ad Valorem tax, Donations**

Level of Care: **Basic Life Support**
Type of Service: **522 Board**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **6**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **234** False Call: **0**
Care Transfer: **27** DOA: **7**
Cancelled: **4** Total 2009 Runs: **510**
Refused: **186**
Treat, No Transport: **14**
No Patient Found: **38**

MISCELLANEOUS INFORMATION:

Area of Coverage: **345**
Medical Director: **Brent Waters, MD**
Response Time: **3.6**
Mileage Charge: **\$10**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Seminole Fire-Rescue**
Address: **900 N Harvey Rd Ste A**
Address: **900N Harvey Rd**
City, State, Zip Code: **Seminole, OK 74868**

License #: **126**
Region: **5**
County: **SEMINOLE**

ADMINISTRATIVE INFORMATION:

Director: **Ed Lemmings**
Business Phone: **(405) 382-8580**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Subscriptions, Charges,**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **8**

VEHICLES:

Type I: **3**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1773** False Call: **0**
Care Transfer: **64** DOA: **20**
Cancelled: **174** Total 2009 Runs: **2302**
Refused: **255**
Treat, No Transport: **16**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **224**
Medical Director: **H. Chayne Fisher, DO**
Response Time: **7**
Mileage Charge: **\$10.25**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$300**

AMBULANCE REGISTRY 2010

Service Name: **Sentinel City Ambulance**
Address: **PO Box 38**
Address: **300 S 6th**
City, State, Zip Code: **Sentinel, OK 73664**

License #: **105**
Region: **1**
County: **WASHITA**

ADMINISTRATIVE INFORMATION:

Director: **Bruce Mayfield**
Business Phone: **(580) 393-2171**
Email: **babamay@pdli.net**
911 Available: **No**
Funding Methods: **Sales Tax, ,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **8** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **41** False Call: **0**
Care Transfer: **2** DOA: **1**
Cancelled: **0** Total 2009 Runs: **47**
Refused: **2**
Treat, No Transport: **1**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **50**
Medical Director: **Robert Abernathy,**
Response Time: **0**
Mileage Charge: **\$0**
Emergency Charge: **\$0**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Shidler Ambulance**
Address: **PO Box 335**
Address: **3rd and N Cosden**
City, State, Zip Code: **Shidler, OK 74652**

License #: **089**
Region: **2**
County: **OSAGE**

ADMINISTRATIVE INFORMATION:

Director: **Todd Roe**
Business Phone: **(918) 793-7171**
Email: **firedad_3@hotmail.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **79** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **79**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **600**
Medical Director: **Ed Clymer, MD**
Response Time: **5**
Mileage Charge: **\$2**
Emergency Charge: **\$200**
Non-Emergency Charge: **\$200**

AMBULANCE REGISTRY 2010

Service Name: **Sinor EMS - Clinton**
Address: **PO Box 1072**
Address: **1101 Frisco St**
City, State, Zip Code: **Clinton, OK 73601**

License #: **171**
Region: **1**
County: **CUSTER**

ADMINISTRATIVE INFORMATION:

Director: **Beth Flowers**
Business Phone: **(580) 323-1978**
Email: **bethflowers@sinorems.com**
911 Available: **Yes**
Funding Methods: **Charges, Utility assessment,**

Level of Care: **Intermediate Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **4**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1701** False Call: **0**
Care Transfer: **13** DOA: **14**
Cancelled: **2** Total 2009 Runs: **2286**
Refused: **367**
Treat, No Transport: **18**
No Patient Found: **171**

MISCELLANEOUS INFORMATION:

Area of Coverage: **506**
Medical Director: **Robert Blakeburn, MD**
Response Time: **5**
Mileage Charge: **\$12**
Emergency Charge: **\$750**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Sinor EMS - Hobart**
Address: **PO Box 1072**
Address: **715 S Broadway**
City, State, Zip Code: **Clinton, OK 73601**

License #: **145**
Region: **3**
County: **KIOWA**

ADMINISTRATIVE INFORMATION:

Director: **Beth Flowers**
Business Phone: **(580) 726-2335**
Email: **beth@sinorems.com**
911 Available: **No**
Funding Methods: **Charges, Utility assessment,**

Level of Care: **Intermediate Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **3**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **0**
Type II: **2**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **561** False Call: **2**
Care Transfer: **1** DOA: **8**
Cancelled: **13** Total 2009 Runs: **810**
Refused: **105**
Treat, No Transport: **77**
No Patient Found: **43**

MISCELLANEOUS INFORMATION:

Area of Coverage: **305**
Medical Director: **Tom Cashero, MD**
Response Time: **4**
Mileage Charge: **\$12**
Emergency Charge: **\$750**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Sinor EMS - Sayre**
Address: **PO Box 1072**
Address: **609 NE Hwy 66 - Sayre**
City, State, Zip Code: **Clinton, OK 73601**

License #: **275**
Region: **1**
County: **BECKHAM**

ADMINISTRATIVE INFORMATION:

Director: **Beth Flowers**
Business Phone: **(580) 928-9911**
Email: beth@sinorems.com
911 Available: **Yes**
Funding Methods: **Charges, Utility assessment,**

Level of Care: **Intermediate Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **1** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **406** False Call: **8**
Care Transfer: **1** DOA: **4**
Cancelled: **0** Total 2009 Runs: **497**
Refused: **63**
Treat, No Transport: **0**
No Patient Found: **15**

MISCELLANEOUS INFORMATION:

Area of Coverage: **324**
Medical Director: **Tom Cashero, MD**
Response Time: **4**
Mileage Charge: **\$10**
Emergency Charge: **\$750**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Sinor EMS - Thomas**
Address: **PO Box 1072**
Address: **123 W Broadway - Thomas 73669**
City, State, Zip Code: **Clinton, OK 73601**

License #: **410**
Region: **1**
County: **CUSTER**

ADMINISTRATIVE INFORMATION:

Director: **Beth Flowers**
Business Phone: **(800) 365-7367**
Email: beth@sinorems.com
911 Available: **Yes**
Funding Methods: **Charges, Utility assessment,**

Level of Care: **Basic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **2** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **125** False Call: **0**
Care Transfer: **14** DOA: **3**
Cancelled: **3** Total 2009 Runs: **185**
Refused: **21**
Treat, No Transport: **3**
No Patient Found: **16**

MISCELLANEOUS INFORMATION:

Area of Coverage: **10**
Medical Director: **Tom Cashero, MD**
Response Time: **4**
Mileage Charge: **\$10**
Emergency Charge: **\$750**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Sinor EMS - Weatherford**
Address: **PO Box 1072**
Address: **315 E Franklin - Weatherford**
City, State, Zip Code: **Clinton, OK 73601**

License #: **109**
Region: **1**
County: **CUSTER**

ADMINISTRATIVE INFORMATION:

Director: **Beth Flowers**
Business Phone: **(580) 772-5959**
Email: **beth@sinorems.com**
911 Available: **Yes**
Funding Methods: **Charges, Utility assessment,**

Level of Care: **Intermediate Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **3**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **873** False Call: **2**
Care Transfer: **10** DOA: **17**
Cancelled: **70** Total 2009 Runs: **1376**
Refused: **221**
Treat, No Transport: **21**
No Patient Found: **162**

MISCELLANEOUS INFORMATION:

Area of Coverage: **780**
Medical Director: **Tom Cashero, MD**
Response Time: **5**
Mileage Charge: **\$12**
Emergency Charge: **\$750**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Skiatook Fire Dept EMS**
Address: **PO Box 399**
Address: **112 North "A" Street**
City, State, Zip Code: **Skiatook, OK 74070**

License #: **024**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **Chuck Williamson**
Business Phone: **(918) 396-3580**
Email: **firechief2@townofskiatook.com**
911 Available: **No**
Funding Methods: **Charges, Utility assessment, Subscriptions**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **8** Specialty Care: **0**
EMT Intermediate: **13** Air Medical : **0**
EMT Paramedic: **5**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1112** False Call: **18**
Care Transfer: **6** DOA: **24**
Cancelled: **27** Total 2009 Runs: **1772**
Refused: **585**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **Britt Thomas, DO**
Response Time: **2**
Mileage Charge: **\$15**
Emergency Charge: **\$850**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Southern Oklahoma Ambulance**
Address: **PO Box 1387**
Address: **517 Grand**
City, State, Zip Code: **Ardmore, OK 73402**

License #: **064**
Region: **3**
County: **CARTER**

ADMINISTRATIVE INFORMATION:

Director: **Bob Hargis**
Business Phone: **(580) 223-1226**
Email: **bhargis@soas.net**
911 Available: **No**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Paramedic Life Support**
Type of Service: **Authority or Board**
Management: **Private (subsidized)**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **14** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **18**

VEHICLES:

Type I: **6**
Type II: **1**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **6245** False Call: **8**
Care Transfer: **0** DOA: **71**
Cancelled: **198** Total 2009 Runs: **7753**
Refused: **1088**
Treat, No Transport: **88**
No Patient Found: **55**

MISCELLANEOUS INFORMATION:

Area of Coverage: **833**
Medical Director: **Charles Black, DO**
Response Time: **6**
Mileage Charge: **\$12**
Emergency Charge: **\$600**
Non-Emergency Charge: **\$600**

AMBULANCE REGISTRY 2010

Service Name: **Southwest EMS - Wilburton**
Address: **PO Box 1800**
Address: **3115 Lutie Road**
City, State, Zip Code: **Mena, AR 71953**

License #: **391**
Region: **5**
County: **LATIMER**

ADMINISTRATIVE INFORMATION:

Director: **Candi Murphy**
Business Phone: **(479) 243-9819**
Email: **candi@swemsok.com**
911 Available: **No**
Funding Methods: **Charges, County subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **5**
EMT Basic: **7** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **6**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **5**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2592** False Call: **0**
Care Transfer: **69** DOA: **62**
Cancelled: **20** Total 2009 Runs: **3289**
Refused: **541**
Treat, No Transport: **0**
No Patient Found: **5**

MISCELLANEOUS INFORMATION:

Area of Coverage: **600**
Medical Director: **Dennis Staggs, DO**
Response Time: **2.3**
Mileage Charge: **\$12**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Southwest Okla Ambulance Auth**
Address: **PO Box 88**
Address: **1100 1/2 N 6th Street**
City, State, Zip Code: **Hollis, OK 73550**

License #: **117**
Region: **3**
County: **HARMON**

ADMINISTRATIVE INFORMATION:

Director: **Sheila Lewis**
Business Phone: **(580) 688-3363**
Email: **ss_lewis50@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **294** False Call: **0**
Care Transfer: **1** DOA: **1**
Cancelled: **0** Total 2009 Runs: **312**
Refused: **14**
Treat, No Transport: **1**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **538**
Medical Director: **Richard Shcafer, DO**
Response Time: **5**
Mileage Charge: **\$12**
Emergency Charge: **\$600**
Non-Emergency Charge: **\$400**

AMBULANCE REGISTRY 2010

Service Name: **Stillwater Fire Department EMS**
Address: **1510 S Main**
Address: **723 Lewis**
City, State, Zip Code: **Stillwater, OK 74074**

License #: **082**
Region: **2**
County: **PAYNE**

ADMINISTRATIVE INFORMATION:

Director: **Marion Blackwell**
Business Phone: **(405) 742-8308**
Email: **mblackwell@stillwater.org**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **34** Specialty Care: **0**
EMT Intermediate: **18** Air Medical : **0**
EMT Paramedic: **18**

VEHICLES:

Type I: **4**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2553** False Call: **0**
Care Transfer: **42** DOA: **39**
Cancelled: **58** Total 2009 Runs: **4104**
Refused: **1254**
Treat, No Transport: **104**
No Patient Found: **54**

MISCELLANEOUS INFORMATION:

Area of Coverage: **615**
Medical Director: **Scott Roach, MD**
Response Time: **4**
Mileage Charge: **\$8.21**
Emergency Charge: **\$500**
Non-Emergency Charge: **\$375**

AMBULANCE REGISTRY 2010

Service Name: **Stilwell Ambulance**
Address: **503 W Division**
Address: **20 1/2 W Walnut**
City, State, Zip Code: **Stilwell, OK 74960**

License #: **095**
Region: **4**
County: **ADAIR**

ADMINISTRATIVE INFORMATION:

Director: **Robert Latta**
Business Phone: **(918) 696-6443**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax,**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **11** Air Medical : **0**
EMT Paramedic: **5**

VEHICLES:

Type I: **0**
Type II: **3**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **944** False Call: **9**
Care Transfer: **4** DOA: **2**
Cancelled: **68** Total 2009 Runs: **1425**
Refused: **380**
Treat, No Transport: **11**
No Patient Found: **7**

MISCELLANEOUS INFORMATION:

Area of Coverage: **569**
Medical Director: **Dennis Lee Martin, MD**
Response Time: **3**
Mileage Charge: **\$12**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Stratford Ambulance**
Address: **PO Box 569**
Address: **230 S Hyden**
City, State, Zip Code: **Stratford, OK 74872**

License #: **097**
Region: **3**
County: **GARVIN**

ADMINISTRATIVE INFORMATION:

Director: **Leslie Wood**
Business Phone: **(580) 759-2371**
Email: **dolphin44442000@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **21**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **7** Air Medical : **0**
EMT Paramedic: **4**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **210** False Call: **0**
Care Transfer: **2** DOA: **5**
Cancelled: **3** Total 2009 Runs: **285**
Refused: **50**
Treat, No Transport: **14**
No Patient Found: **1**

MISCELLANEOUS INFORMATION:

Area of Coverage: **320**
Medical Director: **William Chesser,**
Response Time: **5**
Mileage Charge: **\$8.50**
Emergency Charge: **\$425**
Non-Emergency Charge: **\$275**

AMBULANCE REGISTRY 2010

Service Name: **Tahlequah City Ambulance**
Address: **PO Box 1008**
Address: **1400 E Downing**
City, State, Zip Code: **Tahlequah, OK 74464**

License #: **065**
Region: **4**
County: **CHEROKEE**

ADMINISTRATIVE INFORMATION:

Director: **Kyle Kuhns**
Business Phone: **(918) 456-0641**
Email: **kkuhns@tch-ok.org**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **City**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **14**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **4**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2329** False Call: **18**
Care Transfer: **8** DOA: **25**
Cancelled: **89** Total 2009 Runs: **3164**
Refused: **656**
Treat, No Transport: **5**
No Patient Found: **34**

MISCELLANEOUS INFORMATION:

Area of Coverage: **777**
Medical Director: **John Galdamez, DO**
Response Time: **6**
Mileage Charge: **\$15**
Emergency Charge: **\$900**
Non-Emergency Charge: **\$800**

AMBULANCE REGISTRY 2010

Service Name: **Taloga Ambulance**
Address: **PO Box 307**
Address: **Broadway & Main**
City, State, Zip Code: **Taloga, OK 73667**

License #: **066**
Region: **1**
County: **DEWEY**

ADMINISTRATIVE INFORMATION:

Director: **Beth Morrison**
Business Phone: **(580) 328-5444**
Email: **townoftaloga@dobsonteleco.com**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **24** False Call: **0**
Care Transfer: **3** DOA: **2**
Cancelled: **2** Total 2009 Runs: **37**
Refused: **4**
Treat, No Transport: **2**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **320**
Medical Director: **Leslie Porter, MD**
Response Time: **2**
Mileage Charge: **\$3**
Emergency Charge: **\$250**
Non-Emergency Charge: **\$30**

AMBULANCE REGISTRY 2010

Service Name: **Texas Lifestar**
Address: **PO Box 768**
Address: **Sherman TX**
City, State, Zip Code: **West Plains, MO 65775**

License #: **428**
Region: **3**
County: **OUT-OF-STATE**

ADMINISTRATIVE INFORMATION:

Director: **Rick Thurman**
Business Phone: **(417) 256-0010**
Email: **none given**
911 Available: **No**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **19**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **1**

TYPE & NUMBER OF RUNS (2008): [No 2009 data]

Transported: **605** False Call: **0**
Care Transfer: **560** DOA: **3**
Cancelled: **0** Total 2008 Runs: **1168**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Robert Genzel, MD**
Response Time: **30**
Mileage Charge: **\$45**
Emergency Charge: **\$4250**
Non-Emergency Charge: **\$4250**

AMBULANCE REGISTRY 2010

Service Name: **Texhoma Ambulance (City of)**
Address: **PO Box 309**
Address: **201 S 2nd**
City, State, Zip Code: **Texhoma, OK 73949**

License #: **166**
Region: **1**
County: **TEXAS**

ADMINISTRATIVE INFORMATION:

Director: **James Coffey**
Business Phone: **(580) 423-7456**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Charges, Donations,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **6**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **42** False Call: **0**
Care Transfer: **5** DOA: **1**
Cancelled: **0** Total 2009 Runs: **61**
Refused: **2**
Treat, No Transport: **11**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **245**
Medical Director: **C. Michael Ogle, DO**
Response Time: **5**
Mileage Charge: **\$7**
Emergency Charge: **\$350**
Non-Emergency Charge: **\$350**

AMBULANCE REGISTRY 2010

Service Name: **Tillman County EMS District**
Address: **300 E Lucille**
Address: **300 E Lucille**
City, State, Zip Code: **Frederick, OK 73542**

License #: **115**
Region: **3**
County: **TILLMAN**

ADMINISTRATIVE INFORMATION:

Director: **Max Brown**
Business Phone: **(580) 335-5877**
Email: tilcoems812@yahoo.com
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Basic Life Support**
Type of Service: **GOVERNMENTAL (NOT FD/PD)**
Management: **522 EMS BOARD**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **3**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **527** False Call: **0**
Care Transfer: **2** DOA: **7**
Cancelled: **0** Total 2009 Runs: **596**
Refused: **60**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **900**
Medical Director: **Trenton Mefford, DO**
Response Time: **3**
Mileage Charge: **\$12**
Emergency Charge: **\$657**
Non-Emergency Charge: **\$657**

AMBULANCE REGISTRY 2010

Service Name: **Tonkawa Fire Dept Ambulance**
Address: **120 S Main**
Address:
City, State, Zip Code: **Tonkawa, OK 74653**

License #: **161**
Region: **2**
County: **KAY**

ADMINISTRATIVE INFORMATION:

Director: **Kirk Henderson**
Business Phone: **(580) 628-3251**
Email: tfd@cableone.net
911 Available: **Yes**
Funding Methods: **Charges, City subsidy, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **303** False Call: **0**
Care Transfer: **3** DOA: **8**
Cancelled: **17** Total 2009 Runs: **432**
Refused: **88**
Treat, No Transport: **13**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **250**
Medical Director: **Jeffrey Shuart, MD**
Response Time: **4**
Mileage Charge: **\$11**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$550**

AMBULANCE REGISTRY 2010

Service Name: **Trinity Health Transit**
Address: **601 S. Robinson Ave.**
Address:
City, State, Zip Code: **Oklahoma City, OK 73109**

License #: **420**
Region: **8**
County: **OKLAHOMA**

ADMINISTRATIVE INFORMATION:

Director: **Terry Haynes**
Business Phone: **(405) 635-9905**
Email: **terry@trinityhealthtransit.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Specialty Care**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **10**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **5**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **2449** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **2449**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Timothy A. Sout, DO**
Response Time: **0**
Mileage Charge: **\$12**
Emergency Charge: **\$0**
Non-Emergency Charge: **\$475**

AMBULANCE REGISTRY 2010

Service Name: **Tulsa Life Flight**
Address: **12010 Highway 64 South**
Address: **Keefton Base**
City, State, Zip Code: **Muskogee, OK 74403**

License #: **444**
Region: **4**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **Marni Bollella**
Business Phone: **(918) 494-6542**
Email: **mbollella@airmethods.com**
911 Available: **Yes**
Funding Methods: **Charges, ,**

Level of Care: **Paramedic Life Support**
Type of Service: **Private**
Management: **Private (not subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **16**
EMT Intermediate: **0** Air Medical : **4**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1192** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **176** Total 2009 Runs: **1371**
Refused: **0**
Treat, No Transport: **3**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Lori Whelan, MD**
Response Time: **0**
Mileage Charge: **\$114.08**
Emergency Charge: **\$10920.50**
Non-Emergency Charge: **\$0**

AMBULANCE REGISTRY 2010

Service Name: **Tulsa Life Flight (grd)**
Recent name change: Children's Hospital at St Francis, Neonatal Specialty Unit
Address: **6161 S Yale**
City, State, Zip Code: **Tulsa, OK 74136**

License #: **319**
Region: **7**
County: **TULSA**

ADMINISTRATIVE INFORMATION:

Director: **Susan Cook**
Business Phone: **(918) 494-6540**
Email: **sacook@saintfrancis.com**
911 Available: **No**
Funding Methods: **Charges, Hospital subsidy,**

Level of Care: **Specialty Care**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **0** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **8**
EMT Paramedic: **26**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **46** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **46**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **70686**
Medical Director: **Jack Morgan, DO**
Response Time: **7**
Mileage Charge: **\$36**
Emergency Charge: **\$1114**
Non-Emergency Charge: **\$1114**

AMBULANCE REGISTRY 2010

Service Name: **Tuttle EMS**
Address: **PO Box 10**
Address: **4 SE 2nd**
City, State, Zip Code: **Tuttle, OK 73089**

License #: **068**
Region: **3**
County: **GRADY**

ADMINISTRATIVE INFORMATION:

Director: **Crystal Young**
Business Phone: **(405) 381-4464**
Email: **tsalagimedic@yahoo.com**
911 Available: **No**
Funding Methods: **Charges, Sales Tax, Ad Valorem tax**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **3** Air Medical : **0**
EMT Paramedic: **10**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **530** False Call: **0**
Care Transfer: **9** DOA: **6**
Cancelled: **0** Total 2009 Runs: **978**
Refused: **214**
Treat, No Transport: **214**
No Patient Found: **5**

MISCELLANEOUS INFORMATION:

Area of Coverage: **317**
Medical Director: **Brent Wauters, MD**
Response Time: **8.2**
Mileage Charge: **\$9.50**
Emergency Charge: **\$500**
Non-Emergency Charge: **\$450**

AMBULANCE REGISTRY 2010

Service Name: **Valley View Regional Hosp EMS**

Address: **430 N Monta Vista**

Address:

City, State, Zip Code: **Ada, OK 74820**

ADMINISTRATIVE INFORMATION:

Director: **Duward Williams**

Business Phone: **(580) 421-1130**

Email: **dwilliams@vvrh.com**

911 Available: **Yes**

Funding Methods: **Charges, City subsidy, Sales Tax**

PERSONNEL:

Emergency Medical Responders: **0**

EMT Basic: **0** Specialty Care: **0**

EMT Intermediate: **2** Air Medical : **0**

EMT Paramedic: **20**

TYPE & NUMBER OF RUNS (2009):

Transported: **3370** False Call: **21**

Care Transfer: **0** DOA: **44**

Cancelled: **507** Total 2009 Runs: **4380**

Refused: **374**

Treat, No Transport: **36**

No Patient Found: **28**

License #: **069**

Region: **3**

County: **PONTOTOC**

Level of Care: **Paramedic Life Support**

Type of Service: **Hospital**

Management: **Hospital Based**

EMS Board/Council: **No**

VEHICLES:

Type I: **5**

Type II: **0**

Type III: **0**

Aircraft: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **714**

Medical Director: **Michael R Stafford, MD**

Response Time: **7**

Mileage Charge: **\$10**

Emergency Charge: **\$764**

Non-Emergency Charge: **\$522**

AMBULANCE REGISTRY 2010

Service Name: **Velma Community Ambulance**

Address: **PO Box 447**

Address: **808 Main**

City, State, Zip Code: **Velma, OK 73491**

ADMINISTRATIVE INFORMATION:

Director: **Misty Lewis**

Business Phone: **(580) 444-2535**

Email: **velmamedic504@yahoo.com**

911 Available: **No**

Funding Methods: **Charges, Sales Tax, Donations**

PERSONNEL:

Emergency Medical Responders: **3**

EMT Basic: **7** Specialty Care: **0**

EMT Intermediate: **3** Air Medical : **0**

EMT Paramedic: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **108** False Call: **47**

Care Transfer: **7** DOA: **4**

Cancelled: **7** Total 2009 Runs: **226**

Refused: **31**

Treat, No Transport: **21**

No Patient Found: **1**

License #: **302**

Region: **3**

County: **STEPHENS**

Level of Care: **Basic Life Support**

Type of Service: **City**

Management: **Governmental**

EMS Board/Council: **Yes**

VEHICLES:

Type I: **0**

Type II: **1**

Type III: **1**

Aircraft: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **238**

Medical Director: **Craig Pinkerton, MD**

Response Time: **9**

Mileage Charge: **\$8**

Emergency Charge: **\$580**

Non-Emergency Charge: **\$95**

AMBULANCE REGISTRY 2010

Service Name: **Vici Camargo EMS**
Address: **PO Box 239**
Address: **619 N Main**
City, State, Zip Code: **Vici, OK 73859**

License #: **441**
Region: **1**
County: **DEWEY**

ADMINISTRATIVE INFORMATION:

Director: **Eric Peoples**
Business Phone: **(580) 995-3350**
Email: **none given**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Basic Life Support**
Type of Service: **522 EMS District**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **4**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **0** Air Medical : **0**
EMT Paramedic: **3**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **0** False Call: **0**
Care Transfer: **0** DOA: **0**
Cancelled: **0** Total 2009 Runs: **0**
Refused: **0**
Treat, No Transport: **0**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **300**
Medical Director: **Richard Phillip Berry, MD**
Response Time: **0**
Mileage Charge: **\$8.50**
Emergency Charge: **\$375**
Non-Emergency Charge: **\$275**

AMBULANCE REGISTRY 2010

Service Name: **Wadley's EMS, Inc**
Address: **PO Box 997**
Address: **402 W Washington**
City, State, Zip Code: **Purcell, OK 73080**

License #: **384**
Region: **6**
County: **MCCLAIN**

ADMINISTRATIVE INFORMATION:

Director: **Kathleen Heck**
Business Phone: **(405) 527-3999**
Email: **parakat3299@aol.com**
911 Available: **No**
Funding Methods: **Charges, Subscriptions, Utility assessment**

Level of Care: **Intermediate Life Support**
Type of Service: **Private**
Management: **Private (subsidized)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **24** Specialty Care: **0**
EMT Intermediate: **7** Air Medical : **0**
EMT Paramedic: **5**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1941** False Call: **2**
Care Transfer: **47** DOA: **25**
Cancelled: **0** Total 2009 Runs: **2247**
Refused: **207**
Treat, No Transport: **25**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **700**
Medical Director: **Darren Webster, MD**
Response Time: **8**
Mileage Charge: **\$9.50**
Emergency Charge: **\$700**
Non-Emergency Charge: **\$550**

AMBULANCE REGISTRY 2010

Service Name: **Wagoner EMS**
Address: **PO Box 406**
Address: **300 SE 3rd**
City, State, Zip Code: **Wagoner, OK 74467**

License #: **014**
Region: **4**
County: **WAGONER**

ADMINISTRATIVE INFORMATION:

Director: **Jim Roberts**
Business Phone: **(918) 485-9115**
Email: jimrob@yahoo.com
911 Available: **No**
Funding Methods: **Charges, Utility assessment, Subscriptions**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **0**
EMT Basic: **10** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **15**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1263** False Call: **28**
Care Transfer: **42** DOA: **24**
Cancelled: **33** Total 2009 Runs: **1911**
Refused: **394**
Treat, No Transport: **62**
No Patient Found: **65**

MISCELLANEOUS INFORMATION:

Area of Coverage: **354**
Medical Director: **Casey Hannah, MD**
Response Time: **6**
Mileage Charge: **\$8**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$550**

AMBULANCE REGISTRY 2010

Service Name: **Walters Volunteer Ambulance**
Address: **PO Box 394**
Address: **119 S Broadway**
City, State, Zip Code: **Walters, OK 73572**

License #: **198**
Region: **3**
County: **COTTON**

ADMINISTRATIVE INFORMATION:

Director: **Eva Fryer**
Business Phone: **(580) 875-2400**
Email: lavm@aol.com
911 Available: **Yes**
Funding Methods: **Charges, Donations, Ad Valorem tax**

Level of Care: **Basic Life Support**
Type of Service: **VOLUNTEER**
Management: **Volunteer**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **6** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **1**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **261** False Call: **0**
Care Transfer: **76** DOA: **8**
Cancelled: **4** Total 2009 Runs: **400**
Refused: **41**
Treat, No Transport: **10**
No Patient Found: **0**

MISCELLANEOUS INFORMATION:

Area of Coverage: **350**
Medical Director: **F J Lashley, Jr., MD**
Response Time: **5**
Mileage Charge: **\$10.50**
Emergency Charge: **\$580**
Non-Emergency Charge: **\$300**

AMBULANCE REGISTRY 2010

Service Name: **Watonga EMS**
Address: **PO BOX 370**
Address: **500 N Clarence Nash**
City, State, Zip Code: **Watonga, OK 73772**

License #: **245**
Region: **1**
County: **BLAINE**

ADMINISTRATIVE INFORMATION:

Director: **Patricia Nevels**
Business Phone: **(580) 623-7211**
Email: **patricia_nevels@watongahospital.com**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax,**

Level of Care: **Basic Life Support**
Type of Service: **Hospital**
Management: **Hospital Based**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **6** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **493** False Call: **5**
Care Transfer: **2** DOA: **7**
Cancelled: **2** Total 2009 Runs: **592**
Refused: **75**
Treat, No Transport: **3**
No Patient Found: **5**

MISCELLANEOUS INFORMATION:

Area of Coverage: **400**
Medical Director: **Byron Carpenter, MD**
Response Time: **5**
Mileage Charge: **\$18**
Emergency Charge: **\$660**
Non-Emergency Charge: **\$550**

AMBULANCE REGISTRY 2010

Service Name: **Waurika Ambulance**
Address: **122 S Main**
Address:
City, State, Zip Code: **Waurika, OK 73573**

License #: **172**
Region: **3**
County: **JEFFERSON**

ADMINISTRATIVE INFORMATION:

Director: **Sarah Ray**
Business Phone: **(580) 228-2713**
Email: **waurikaems@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax, City subsidy**

Level of Care: **Intermediate Life Support**
Type of Service: **City**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **12**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **1** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **3**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **434** False Call: **0**
Care Transfer: **0** DOA: **3**
Cancelled: **7** Total 2009 Runs: **505**
Refused: **23**
Treat, No Transport: **15**
No Patient Found: **23**

MISCELLANEOUS INFORMATION:

Area of Coverage: **2000**
Medical Director: **Steven Hinshaw, DO**
Response Time: **5**
Mileage Charge: **\$10**
Emergency Charge: **\$595**
Non-Emergency Charge: **\$300**

AMBULANCE REGISTRY 2010

Service Name: **Waynoka Ambulance Service**
Address: **1759 Cecil Street**
Address:
City, State, Zip Code: **Waynoka, OK 73860**

License #: **004**
Region: **3**
County: **WOODS**

ADMINISTRATIVE INFORMATION:

Director: **Jeff Gavitt**
Business Phone: **(580) 824-2261**
Email: **medicjwg@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy,**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental (not FD or PD)**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **5** Specialty Care: **0**
EMT Intermediate: **5** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **2**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **224** False Call: **1**
Care Transfer: **16** DOA: **4**
Cancelled: **5** Total 2009 Runs: **338**
Refused: **22**
Treat, No Transport: **52**
No Patient Found: **14**

MISCELLANEOUS INFORMATION:

Area of Coverage: **620**
Medical Director: **Michael Ogle, MD**
Response Time: **6**
Mileage Charge: **\$12**
Emergency Charge: **\$642.26**
Non-Emergency Charge: **\$367.50**

AMBULANCE REGISTRY 2010

Service Name: **Weleetka - Graham EMS**
Address: **PO Box 445**
Address: **109 E 9th**
City, State, Zip Code: **Weleetka, OK 74880**

License #: **427**
Region: **5**
County: **OKFUSKEE**

ADMINISTRATIVE INFORMATION:

Director: **Paul Griggs**
Business Phone: **(405) 786-2200**
Email: **mrpaul302@yahoo.com**
911 Available: **Yes**
Funding Methods: **Ad Valorem tax, Donations,**

Level of Care: **Basic Life Support**
Type of Service: **Authority or Board**
Management: **Volunteer (not fire or police)**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **3** Specialty Care: **0**
EMT Intermediate: **4** Air Medical :
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **140** False Call: **0**
Care Transfer: **1** DOA: **4**
Cancelled: **26** Total 2009 Runs: **189**
Refused: **8**
Treat, No Transport: **0**
No Patient Found: **10**

MISCELLANEOUS INFORMATION:

Area of Coverage: **300**
Medical Director: **William Chesser, DO**
Response Time: **0**
Mileage Charge: **\$8**
Emergency Charge: **\$595**
Non-Emergency Charge: **\$250**

AMBULANCE REGISTRY 2010

Service Name: **Wellston Ambulance**
Address: **PO Box 353**
Address: **211 Cedar Ave**
City, State, Zip Code: **Wellston, OK 74881**

License #: **168**
Region: **6**
County: **LINCOLN**

ADMINISTRATIVE INFORMATION:

Director: **Miranda Liester**
Business Phone: **(405) 356-2476**
Email: **mandi0821@hotmail.com**
911 Available: **No**
Funding Methods: **Charges, Sales Tax, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **9** Specialty Care: **0**
EMT Intermediate: **2** Air Medical : **0**
EMT Paramedic: **1**

VEHICLES:

Type I: **0**
Type II: **1**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **243** False Call: **0**
Care Transfer: **26** DOA: **5**
Cancelled: **0** Total 2009 Runs: **431**
Refused: **136**
Treat, No Transport: **18**
No Patient Found: **3**

MISCELLANEOUS INFORMATION:

Area of Coverage: **220**
Medical Director: **Andrew Hoelscher, MD**
Response Time: **10**
Mileage Charge: **\$12**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$300**

AMBULANCE REGISTRY 2010

Service Name: **Westville EMS**
Address: **PO Box 146**
Address: **601 E Buffington Road**
City, State, Zip Code: **Westville, OK 74965**

License #: **434**
Region: **4**
County: **ADAIR**

ADMINISTRATIVE INFORMATION:

Director: **Ray Sallee**
Business Phone: **(918) 723-3357**
Email: **raysallee1625@att.net**
911 Available: **Yes**
Funding Methods: **Charges, Sales Tax, Subscriptions**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Governmental**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **7**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **2**

VEHICLES:

Type I: **2**
Type II: **0**
Type III: **1**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **623** False Call: **10**
Care Transfer: **21** DOA: **7**
Cancelled: **30** Total 2009 Runs: **1214**
Refused: **440**
Treat, No Transport: **0**
No Patient Found: **83**

MISCELLANEOUS INFORMATION:

Area of Coverage: **N/given**
Medical Director: **Jason Ballew, MD**
Response Time: **0**
Mileage Charge: **\$9**
Emergency Charge: **\$650**
Non-Emergency Charge: **\$650**

AMBULANCE REGISTRY 2010

Service Name: **Wewoka Fire Dept EMS**
Address: **615 S Mekusukey**
Address:
City, State, Zip Code: **Wewoka, OK 74884**

License #: **184**
Region: **5**
County: **SEMINOLE**

ADMINISTRATIVE INFORMATION:

Director: **Kevin Anderson**
Business Phone: **(405) 257-5421**
Email: **wewokachief@yahoo.com**
911 Available: **Yes**
Funding Methods: **Charges, City subsidy, Utility assessment**

Level of Care: **Basic Life Support**
Type of Service: **City**
Management: **Paid Fire Department**
EMS Board/Council: **No**

PERSONNEL:

Emergency Medical Responders: **2**
EMT Basic: **4** Specialty Care: **0**
EMT Intermediate: **4** Air Medical : **0**
EMT Paramedic: **0**

VEHICLES:

Type I: **0**
Type II: **2**
Type III: **0**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **399** False Call: **2**
Care Transfer: **35** DOA: **13**
Cancelled: **2** Total 2009 Runs: **654**
Refused: **166**
Treat, No Transport: **24**
No Patient Found: **13**

MISCELLANEOUS INFORMATION:

Area of Coverage: **213**
Medical Director: **Glenn A. Crowson, MD**
Response Time: **3**
Mileage Charge: **\$7.50**
Emergency Charge: **\$550**
Non-Emergency Charge: **\$500**

AMBULANCE REGISTRY 2010

Service Name: **Woodward County EMS**
Address: **PO Box 771**
Address: **1510 Downs St**
City, State, Zip Code: **Woodward, OK 73802**

License #: **119**
Region: **1**
County: **WOODWARD**

ADMINISTRATIVE INFORMATION:

Director: **Vanessa Brewington**
Business Phone: **(580) 254-3341**
Email: **wwcoems@sbcglobal.net**
911 Available: **Yes**
Funding Methods: **Charges, Ad Valorem tax,**

Level of Care: **Basic Life Support**
Type of Service: **Governmental (Not FD/PD)**
Management: **522 EMS Board**
EMS Board/Council: **Yes**

PERSONNEL:

Emergency Medical Responders: **1**
EMT Basic: **16** Specialty Care: **0**
EMT Intermediate: **8** Air Medical : **0**
EMT Paramedic: **8**

VEHICLES:

Type I: **0**
Type II: **0**
Type III: **6**
Aircraft: **0**

TYPE & NUMBER OF RUNS (2009):

Transported: **1487** False Call: **0**
Care Transfer: **10** DOA: **0**
Cancelled: **71** Total 2009 Runs: **2252**
Refused: **613**
Treat, No Transport: **0**
No Patient Found: **71**

MISCELLANEOUS INFORMATION:

Area of Coverage: **1232**
Medical Director: **Walter Gadberry, MD**
Response Time: **6**
Mileage Charge: **\$12**
Emergency Charge: **\$640**
Non-Emergency Charge: **\$360**

EMS 522 DISTRICTS

522 EMS DISTRICTS

COUNTY WIDE DISTRICTS AREA

AREA	SERVICE & ADDRESS	LEVY
Alfalfa County	Alfalfa County EMS P.O. Box 36 Helena, OK 73741 Chair: Ellen Rockenbach Meets: 4 th Thurs. Quarterly @ 7:00 PM	3 mills
Atoka County	Atoka County EMS 700 W. Cedar Atoka OK 74525 Chair: David Burrage Meets: 2 nd Tues @ 5:00 PM	2 mills
Beaver County	Beaver County EMS P O Box 640 Beaver OK 73932 Chair: Neill Myers Meets: 2 nd Mon @ 6:45 PM	1 mill
Bryan County	Bryan County EMS P O Box 1 Durant OK 74702 Chair: Gary Forbis Meets 2 nd Wed @ 7:30 AM	3 mills
Choctaw County	Choctaw County Ambulance Authority P O Box 567 Hugo OK 74743 Chair: Lloyd Parsons Meets: 2 nd Tues @ 7:00 PM	3 mills
Cimarron County	Cimarron County EMS P O Box 367 Boise City OK 73933 Chair: Daryl McDaniel Meets: 2 nd Thurs @ 7 PM	2.5 mills
Coal County	Coalgate Fire Dept / EMS P O Box 475 Coalgate OK 74538 Chair: Gary Wilson Meets: Meet Quarterly	3 mills
Cotton County	Walters Volunteer Ambulance P.O. Box 394 Walters, OK 73572 Chair: Karen Lewis Meets: 2 nd Wed @ 5:00 PM	3mills

COUNTY WIDE DISTRICTS AREA

AREA	SERVICE & ADDRESS	LEVY
Creek County (Excludes Mannford School District)	Creek County Emergency Ambulance Service Dist 123 E. Hobson Sapulpa OK 74067 Chair: Richard Madden Meets: 2 nd Thurs @ 6:30 PM	3 mills
Ellis County	Ellis County EMS P O Box 591 Shattuck OK 73858 Chair: Larry Ashpaugh Meets: 1 st Mon @ 7:00 PM	3 mills
Grady County (Except Independent Districts 1, 2, and 29)	Chickasha Fire EMS 100 N 6 th Street Chickasha OK 73018 Chair: Richard Bennett Meets: Quarterly @ 7:00 PM	3 mills
Harmon County	Southwest Oklahoma Ambulance Authority P.O. Box 88 Hollis OK 73550 Chair: Robert Messenger Meets: 2 nd Mon @ 6:00 PM	3 mills
Hughes County	Hughes County EMS P.O. Box 671 Holdenville OK 74848 Chair: Tommy Taylor Meets: 3 rd Thurs @ 7:00 PM	3 mills
Jackson County	Jackson County EMS 1309 N. Park Lane Altus OK 73522 Chair: Pat Hunter Meets: 2 nd Mon @ 12:00 Noon	3 mills
Johnston County	Johnston County EMS 604E. 24 th Street Tishomingo, OK 73460 Chair: Joe Jefferson Meets: 2 nd Wed @ 6:00 PM	3 mills
LeFlore County	EMS of LeFlore County P.O. Box 1025 Poteau OK 74953 Chair: Dale Barnhart Meets: 3 rd Mon @ 4:00 PM	3 mills
Love County	Love County EMS 300 Wanda Street Marietta OK 73448 Chair: Marty Grisham Meets: 1 st Mon of Quarter @ 9:00 AM	3 mills

COUNTY WIDE DISTRICTS AREA

AREA	SERVICE & ADDRESS	LEVY
Major County	Major County EMS P.O. Box 511 Fairview OK 73737 Chair: Charles Burlison Meets: 3 rd Thurs @ 7:00 AM	3 mills
Marshall County	Marshall County EMS District P O box 707 Madill OK 73446 Chair: Jim Mackey Meets: Last Thurs @ 12:00 Noon	3 mills
McCurtain County	McCurtain County EMS 827 Lincoln Road Idabel OK 74745 Chair: Charles Dale Meets: 2 nd Monday @ 3:00 PM	3 mills
Murray County	Murray County EMS P.O. Box 545 Sulphur OK 73086 Chair: Jack Clay Meets: 2 nd Wed @ 11:30 AM	3 mills
Muskogee County	Muskogee County EMS 200 Callahan Muskogee OK 74434 Chair: Jack Rhodes Meets: 2 nd Thurs @ 7:00 PM	3 mills
Pushmataha County	City of Antlers EMS 100 S.E. 2nd Antlers OK 74523 Chair: Bob Bouffleur Meets: Monthly @ 7:00 PM	3 mills
Roger Mills County	Roger Mills Count Ambulance Service 300 E. Lucille Cheyenne OK 73628 Chair: Glenna Kirk Meets: 2 nd Mon @ 7:00 PM	3 mills
Tillman County	Tillman County EMS District P O Box 122 Frederick OK 73542 Chair: Frank Jensen Meets: 1 st Tues @ 7:15 PM	2 mills
Woodward County	Woodward County EMS P O Box 771 Woodward OK 73802 Chair: Olen Thomas Meets: 1 st Mon after the 15 th @ 7:00 PM	3 mills

SCHOOL DISTRICT AREAS

AREA	SERVICE & ADDRESS	LEVY
Ardmore	Southern Oklahoma Ambulance Serv. 517 Grand Ave. Ardmore, OK 73401 Chair for Ardmore: Thomas Baldwin Chair for Healdton: Joy Alexander Meets: Quarterly @ 7:00 PM	3 mills
Buffalo	Buffalo EMS District P O Box 676 Buffalo OK 73834 Chair: Greg Quinby Meets: 1st Mon @ 7:30 PM	3 mills
Butler	Butler EMS P.O. Box 121 Butler, OK 73625 Chair: Lonnie Haggard Meets: 3 rd Mon @ 5:30 PM	3 mills
Cashion	Cashion Fire Department EMS P.O. Box 27 Cashion, OK 73016 Chair: Charles Kordis Meets: 3 rd Tues @ 7:00 PM	3 mills
Canton-Longdale	Canton-Longdale EMS District P.O. Box 39 Canton OK 73724 Chair: Larry Stephens Meets: 2 nd Mon @ 7:30 PM	3 mills
Cleora	Cleora EMS P.O. Box 955 Ketchum, OK 74349 Chair: Leonard Dahlquest Meets: 1 st Wed @ 4:00 PM	3 mills
Crescent	Crescent Ambulance District P O Box 233 Crescent OK 73028 Chair: Chad Johnson Meets: 2 nd Mon @ 6:00 PM	3 mills
Geary	Park View Ambulance 2115 Parkview Drive El Reno, OK 73036 Chair: David Delana Meets: Meets Quarterly	3 mills
Glenpool	EMS Plus, LLC 1408 W. Detroit Street Broken Arrow, OK 74012 Chair: Shayne Buchanan Meets: 3 rd Mon @ 6:30 PM	3 mills

SCHOOL DISTRICT AREAS

AREA	SERVICE & ADDRESS	LEVY
Greer	Greer County Ambulance Service P.O. Box 308 Mangum OK 73554 Chair: David Kirby Meets: 1 st Mon @ 6:00 PM	3 mills
Grove	Grove EMS 1310 S. Main Grove OK 74344 Chair: Phil Thompson Meets: Every 90 days @ 7:00 PM	3 mills
Guthrie	Guthrie EMS 209 E. Springer Guthrie OK 73044 Chair: Keith Camerer Meets: 2 nd Wed (Every other month) @ 3:00 PM	3 mills
Hinton	Park View Ambulance 2115 Parkview Drive El Reno, OK 73036 Chair: Keith Gardner Meets: 1 st Mon @ 7:00 PM	3 mills
Jefferson	Waurika Ambulance 122 N. Main Waurika, OK 73573 Chair: Dr. Chad Williams Meets: 2 nd Mon @ 6:30 PM	3 mills
Kingfisher	Kingfisher Ambulance (City of) 415 S Main Street Kingfisher OK 73750 Chair: Scott McCarthy Meets: 2 nd Wed @ 6:00 PM	3 mills
Laverne	Laverne EMS P O Box 902 Laverne OK 73848 Chair: Wesley Peterman Meets 2 nd Wed @ noon	3 mills
Leedey	Leedey Emergency Ambulance P.O. Box 232 Leedey OK 73654 Chair: Kenneth Wohl Meets: 2 nd Mon @ 7:00 PM	3 mills
McClain/Grady Counties (Newcastle, Blanchard and Dibble School Districts)	McClain/Grady County EMS Dist #1 P O Box 430 Blanchard OK 73010 Chair: Donald Bowser Meets: 2 nd Mon @ 7:00 PM	3 mills

Miami	Baptist Regional Health Center EMS 200 2 nd SW Street Miami OK 74354 Chair: Sue Rendel Meets: 2 nd Tues @ 5:00 PM	3 mills
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SCHOOL DISTRICT AREAS

AREA	SERVICE & ADDRESS	LEVY
Mountain View/Gotebo	Mountain View/Gotebo Ambulance Service P O Box 294 Mountain View OK 73062 Chair: Burt McCoy Meets: 2 nd Tues @ 5:30 PM	3 mills
Okeene	Okeene Ambulance P.O. Box 508 Okeene, OK 73763 Chair: John Biggs Meets: 2 nd Thurs @ 6:00 PM	2 mills
Oologah – Talala	Oologah – Talala EMS P.O. Box 165 Oologah, OK 74053 Chair: Bob Sweet Meets: 2 nd Thurs @ 6:30 PM	3 mills
Seiling	Community Ambulance Service P O Box 811 Seiling OK 73663 Chair: Larry Stuteville Meets: 2 nd Tues @ 7:00 PM	3 mills
Vici – Camargo	Vici – Camargo EMS 619 Main Street Vici, OK 73859 Chair: Tom Carman Meets: 2 nd Mon @ 7:00 PM	3 mills
Weleeka/Graham	Weleeka-Graham EMS P O Box 445 Weleeka OK 74880 Chair: John Anglin Meets: 1 st Mon @ 7:00 PM	3 mills

CITY DISTRICT AREAS

AREA	SERVICE & ADDRESS	LEVY
Noble	Noble Fire Department EMS P.O. Box 557 Noble OK 73068 Chair: Randy Williams Meets: 2 nd Mon @ 6:00 PM	3 mills
Pauls Valley	Pauls Valley EMS P.O. Box 368 Pauls Valley OK 73075 Chair: Tommy Blackburn Meets: 3 rd Tues per Quarter @ 6:00 PM	3 mills

**CERTIFIED
EMERGENCY MEDICAL
RESPONSE (EMR)
AGENCIES**

Certified Emergency Medical Response Agencies

Certificate #: EMR039
Name: Ada Fire Department
Address: 201 S Broadway
City, State, Zip Code: Ada OK 74820
Contact: Marion Harris
Medical Director: J.K. Falsarella, M.D.,
Phone #: (405)436-8071
Expiration Date: 12/31/2011

Certificate #: EMR206
Name: Ada Police Department. CIRT:TEMS
Address: 902 Arlington Center 250
City, State, Zip Code: Ada OK 74820
Contact: Michael Meeks
Medical Director: Michael Stafford,
Phone #: (580) 332-4466
Expiration Date: 12/31/2011

Certificate #: EMR188
Name: Adair Fire Department
Address: 202 N. Mayes
City, State, Zip Code: Adair OK 74330
Contact: Craig Cooper
Medical Director: Jack Morgan, DO,
Phone #: (918) 785-2432
Expiration Date: 12/31/2012

Certificate #: EMR182
Name: Aline First Responders
Address: PO Box 191
City, State, Zip Code: Aline OK 73716
Contact: Rita Anthony
Medical Director: C. Michael Ogle,
Phone #: (580) 227-0737
Expiration Date: 12/31/2012

Certificate #: EMR044
Name: Ames Fire & Rescue
Address: 201 E. Main Street
City, State, Zip Code: Ames OK 73718
Contact: Kelly Bisel
Medical Director: C. Michael Ogle,
Phone #: (405)753-4422
Expiration Date: 12/31/2012

Certified Emergency Medical Response Agencies

Certificate #: EMR040
Name: Amorita - Byron Fire & rescue
Address: RR#1 Box 346
City, State, Zip Code: Byron OK 73722
Contact: Bobby G. Resler
Medical Director: Philip M. Self MD,
Phone #: (580) 884-8480
Expiration Date: 12/31/2010

Certificate #: EMR170
Name: Antlers Fire Department
Address: 100 S.E. 2nd
City, State, Zip Code: Antlers OK 74523
Contact: Randy Janoe
Medical Director: Teddy Rowland,
Phone #: (580) 298-0288
Expiration Date: 12/31/2011

Certificate #: EMR038
Name: Ardmore Fire Department
Address: PO Box 249
City, State, Zip Code: Ardmore OK 73402
Contact: Cary Williamson
Medical Director: Charles Black, DO,
Phone #: (580) 221-2550
Expiration Date: 12/31/2010

Certificate #: EMR216
Name: Barnsdall Osage Emergency Medical
Address: PO Box 66
City, State, Zip Code: Barnsdall OK 74002
Contact: Junita Eikenbary
Medical Director: W.M. Woods, MD,
Phone #: (918) 268-5104
Expiration Date: 12/31/2010

Certificate #: EMR113
Name: Bartlesville Fire Department
Address: 401 South Johnstone
City, State, Zip Code: Bartlesville OK 74003
Contact: Robert Hasbrook
Medical Director: James Michael Carver, MD,
Phone #: (918) 338-4088
Expiration Date: 12/31/2010

Certified Emergency Medical Response Agencies

Certificate #: EMR116
Name: Bernice Fire & Rescue
Address: PO Box 3807
City, State, Zip Code: Bernice OK 74331
Contact: Connie King
Medical Director: Douglas G. Cox,
Phone #: (918) 256-7777
Expiration Date: 12/31/2010

Certificate #: EMR195
Name: Berryhill Fire Protection District
Address: 2900 S. 65th W. Ave
City, State, Zip Code: Tulsa OK 74107
Contact: Donny McMasters
Medical Director: Jeffrey M. Goodloe,
Phone #: (918) 446-1211
Expiration Date: 12/31/2011

Certificate #: EMR025
Name: Bethel Arces Fire Department
Address: 18101 Bethel Road
City, State, Zip Code: Shawnee OK 74801
Contact: Richelle Treece
Medical Director: Jeremy Beardon,
Phone #: (405)275 6555
Expiration Date: 12/31/2011

Certificate #: EMR219
Name: Bixby Fire Department
Address: PO Box 70
City, State, Zip Code: Bixby OK 74008
Contact: Jeff Gable
Medical Director: Jeffrey M. Goodloe,
Phone #: (918) 366-0438
Expiration Date: 12/31/2011

Certificate #: EMR150
Name: Braggs Volunteer Fire Department
Address: PO Box 149
City, State, Zip Code: Braggs OK 74423
Contact: George Chandler
Medical Director: Gary Lambert, D.O.,
Phone #: (918) 487-5952
Expiration Date: 12/31/2010

Certified Emergency Medical Response Agencies

Certificate #: EMR131
Name: Bridge Creek Fire & Rescue
Address: 2297 County Road 1222
City, State, Zip Code: Blanchard OK 73010
Contact: Jack Ellington
Medical Director: Brent Wauters,
Phone #: (405) 392-2212
Expiration Date: 12/31/2010

Certificate #: EMR051
Name: Burlington Fire & Rescue
Address: PO Box 216
City, State, Zip Code: Burlington OK 73722
Contact: Brent Garvie
Medical Director: Philip Self,
Phone #: (580)431 2550
Expiration Date: 12/31/2011

Certificate #: EMR204
Name: Butler Volunteer Fire Department
Address: 66200 E. 335th
City, State, Zip Code: Jay OK 74346
Contact: Josh Chandler
Medical Director: Doug Cox, M.D.,
Phone #: (918) 787-5555
Expiration Date: 12/31/2010

Certificate #: EMR056
Name: Calera Volunteer Fire Department
Address: 110 West Main Street
City, State, Zip Code: Calera OK 74730
Contact: Brian Norton
Medical Director: Jeff Gastorf,
Phone #: (580) 434-5300
Expiration Date: 12/31/2010

Certificate #: EMR010
Name: Catoosa Fire Department
Address: PO Drawer 190
City, State, Zip Code: Catoosa OK 74015
Contact: Jim Frazier
Medical Director: Michelle Kelley,
Phone #: (918) 438-2552
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR183
Name: Chelsea Fire Department
Address: 607 S. Olive
City, State, Zip Code: Chelsea OK 74016
Contact: Tony Mariezcurrena
Medical Director: Larry Lane, D.O.,
Phone #: (918) 789-3451
Expiration Date: 12/31/2010

Certificate #: EMR120
Name: Choctaw Fire & Rescue
Address: PO Box 567
City, State, Zip Code: Choctaw OK 73020
Contact: Loren Bumgarner
Medical Director: Dan D. Donnell, M.D.,
Phone #: (405) 390-8300
Expiration Date: 12/31/2011

Certificate #: EMR069
Name: Chouteau Fire Department
Address: PO Box 819
City, State, Zip Code: Chouteau OK 74337
Contact: Ted Key
Medical Director: Jack Morgan, DO,
Phone #: (918) 476-8928
Expiration Date: 12/31/2011

Certificate #: EMR143
Name: City of Yukon Fire and EMS
Address: 302 South 5th
City, State, Zip Code: Yukon OK 73099
Contact: John Bridges
Medical Director: Dr. Jeffrey Goodloe,
Phone #: (405) 350-8946
Expiration Date: 12/31/2011

Certificate #: EMR055
Name: Cleo Springs First Responders
Address: Rt 1 Box 100
City, State, Zip Code: Cleo Springs OK 73729
Contact: Carolyn Dietz
Medical Director: Michael Ogle, Do,
Phone #: (580)438 2243
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR184
Name: Cleora Fire Department
Address: 450730 E. 317 Road
City, State, Zip Code: Afton OK 74331
Contact: Bill Ballenger
Medical Director: Douglas Cox, M.D.,
Phone #: (918) 782-3650
Expiration Date: 12/31/2010

Certificate #: EMR220
Name: Cleveland Fire Department
Address: 111 W. Delaware
City, State, Zip Code: Cleveland OK 74020
Contact: Chief Jo Burger
Medical Director: Chris Glendenning,
Phone #: (918) 358-3112
Expiration Date: 12/31/2012

Certificate #: EMR171
Name: Colbert Fire Department
Address: PO Box 1179
City, State, Zip Code: Colbert OK 74733
Contact: Scott Ridling
Medical Director: Rao Sureddi,
Phone #: (580) 296-2000
Expiration Date: 12/31/2012

Certificate #: EMR165
Name: Colcord First Responder
Address: PO Box 133
City, State, Zip Code: Colcord OK 74338
Contact: Earl E. Anderson
Medical Director: Dan Springer, M.D.,
Phone #: (918) 326-4200
Expiration Date: 12/31/2011

Certificate #: EMR048
Name: Collinsville Rural Fire Protection
Address: PO Box 293
City, State, Zip Code: Collinsville OK 74021
Contact: Ben Cunningham
Medical Director: J.D. Patton DO,
Phone #: (918)371 4854
Expiration Date: 12/31/2010

Certified Emergency Medical Response Agencies

Certificate #: EMR168
Name: Commerce Fire Department
Address: PO Box 99
City, State, Zip Code: Commerce OK 74339
Contact: Jeff McDonald
Medical Director: Jack R. Doney,
Phone #: (918) 675-5167
Expiration Date: 12/31/2011

Certificate #: EMR070
Name: Cookson Volunteer Fire Department
Address: PO Box 275
City, State, Zip Code: Cookson OK 74427
Contact: Tim Knight
Medical Director: Randy Underwood,
Phone #: (918) 457-4991
Expiration Date: 12/31/2011

Certificate #: EMR140
Name: Country Corner Fire Department
Address: Rt. 2, Box 112-14
City, State, Zip Code: Sperry OK 74073
Contact: Chief Jim Massey
Medical Director: F.C. Eaton,
Phone #: (918) 695-7323
Expiration Date: 12/31/2012

Certificate #: EMR214
Name: Deer Creek Fire Protection District
Address: 20855 N. Meridian
City, State, Zip Code: Edmond OK 73012
Contact: Eric Harlow
Medical Director: Jeffrey M. Goodloe,
Phone #: (405) 216-0665
Expiration Date: 12/31/2010

Certificate #: EMR119
Name: Del City Fire Department
Address: 4501 SE 15th
City, State, Zip Code: Del City OK 73115
Contact: Brandon Pursell
Medical Director: Dan D. Donnell, MD,
Phone #: (405) 671-2891
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR087
Name: Dewey Volunteer Fire Department
Address: 411 East Don Tyler
City, State, Zip Code: Dewey OK 74029
Contact: Tom Smith, Chief
Medical Director: James Carver MD,
Phone #: (918) 534-1196
Expiration Date: 12/31/2011

Certificate #: EMR125
Name: Dibble Volunteer Fire Department
Address: PO Box 126
City, State, Zip Code: Dibble OK 73031
Contact: Ronald Poc
Medical Director: Greg Gary. DO,
Phone #: (405) 344-9330
Expiration Date: 12/31/2010

Certificate #: EMR014
Name: Duncan Fire Department
Address: 720 W. Willow
City, State, Zip Code: Duncan OK 73534
Contact: Bobby Biffle
Medical Director: James C. Pinkerton MD,
Phone #: (580) 252-0250
Expiration Date: 12/31/2011

Certificate #: EMR092
Name: El Reno Fire Department
Address: 219 W. Hayes
City, State, Zip Code: El Reno OK 73036
Contact: Kent Lagaly
Medical Director: Clinton Strong MD,
Phone #: (405) 262-2949
Expiration Date: 12/31/2011

Certificate #: EMR018
Name: Enid Fire Department
Address: 410 W. Garriott Road
City, State, Zip Code: Enid OK 73701
Contact: Corbin Baker
Medical Director: Richard L. Hromas, M.D.,
Phone #: (580) 234-0541
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR217
Name: Fairview First Responders
Address: 203 E. Central
City, State, Zip Code: Fairview OK 73737
Contact: Greg Harmon
Medical Director: Michael Ogle, DO,
Phone #: (580) 227-4444
Expiration Date: 12/31/2010

Certificate #: EMR163
Name: Fire Medic Group
Address: 7901 N.E. 28th
City, State, Zip Code: Spencer OK 73084
Contact: Brandon Fields
Medical Director: Larry Lovelace, D.O.,
Phone #: (405) 409-3473
Expiration Date: 12/31/2011

Certificate #: EMR093
Name: Flat Rock Volunteer Fire Department
Address: PO Box 675
City, State, Zip Code: Chouteau OK 74337
Contact: Greg Bradshaw
Medical Director: Dr. Jack Morgan, DO,
Phone #: (918) 373-0321
Expiration Date: 12/31/2010

Certificate #: EMR082
Name: Flint Ridge Volunteer Fire Dept
Address: 3 Hidden Valley Trail
City, State, Zip Code: Kansas OK 74347
Contact: Glenn Reid
Medical Director: Randy Underwood MD,
Phone #: (918)597-2222
Expiration Date: 12/31/2012

Certificate #: EMR058
Name: Fort Gibson Fire Department
Address: PO Box 218
City, State, Zip Code: Fort Gibson OK 74434
Contact: Larry Cooper
Medical Director: Gary Lambert, DO,
Phone #: (918)478 4221
Expiration Date: 12/31/2010

Certified Emergency Medical Response Agencies

Certificate #: EMR175
Name: GEMSA First Responder Authority
Address: PO Box 70
City, State, Zip Code: Glenpool OK 74033
Contact: Keith Robinson
Medical Director: Randy Hunt, DO,
Phone #: (918) 638-7724
Expiration Date: 12/31/2011

Certificate #: EMR112
Name: Gooseneck Bend Fire Protection Dist
Address: PO Box 1273
City, State, Zip Code: Muskogee OK 74402
Contact: Chief Mike Hayes
Medical Director: Gary Lambert, DO,
Phone #: (918) 682-0327
Expiration Date: 12/31/2010

Certificate #: EMR029
Name: Harrah Fire Department
Address: PO Box 636
City, State, Zip Code: Harrah OK 73045
Contact: Robert Young
Medical Director: Dan D. Donnell, MD,
Phone #: (405) 454-2111
Expiration Date: 12/31/2010

Certificate #: EMR114
Name: Hickory Grove Volunteer Fire Dept
Address: 59691 W. 250 Road
City, State, Zip Code: Grove OK 74344
Contact: Terry Larey
Medical Director: Doug Cox, M.D.,
Phone #: (918) 786-7904
Expiration Date: 12/31/2011

Certificate #: EMR094
Name: Hitchcock Volunteer Fire Department
Address: PO Box 199
City, State, Zip Code: Hitchcock OK 73744
Contact: Perry Scheffler
Medical Director: Michael Talley, MD,
Phone #: (580) 825-3226
Expiration Date: 12/31/2010

Certified Emergency Medical Response Agencies

Certificate #: EMR118
Name: Hydro Fire Department
Address: PO Box 248
City, State, Zip Code: Hydro OK 73048
Contact: Dwight Slagell
Medical Director: Brenda Stutzman,
Phone #: (405) 663-2531
Expiration Date: 12/31/2011

Certificate #: EMR030
Name: Inola Fire Department
Address: PO Box 249
City, State, Zip Code: Inola OK 74036
Contact: Eric Reed
Medical Director: Jack L. Morgan,
Phone #: (918)543-8780
Expiration Date: 12/31/2011

Certificate #: EMR199
Name: Jacktown Fire Department
Address: RT 1, Box 174I
City, State, Zip Code: Meeker OK 74855
Contact: Brandon Mayes
Medical Director: Wendell Richards, DO,
Phone #: (405) 964-3424
Expiration Date: 12/31/2010

Certificate #: EMR202
Name: Jenks Fire Department
Address: PO Box 2007
City, State, Zip Code: Jenks OK 74037
Contact: Gary Friedel
Medical Director: Jeffrey M. Goodloe,
Phone #: (918) 299-5883
Expiration Date: 12/31/2010

Certificate #: EMR071
Name: Jennings Fire Department
Address: PO Box 294
City, State, Zip Code: Jennings OK 74038
Contact: David L. Poulter
Medical Director: Perry Evans, DO,
Phone #: (918) 812-2464
Expiration Date: 12/31/2012

Certified Emergency Medical Response Agencies

Certificate #: EMR089
Name: Kenwood Volunteer Fire Association
Address: 48582 S. 502 Road
City, State, Zip Code: Salina OK 74365
Contact: Joy Chancellor
Medical Director: Randy Underwood,
Phone #: (918) 434-6624
Expiration Date: 12/31/2010

Certificate #: EMR109
Name: Keyes Volunteer Fire Department
Address: PO Box 376
City, State, Zip Code: Keyes OK 73947
Contact: Lynn Jones
Medical Director: D.T. Perido, M.D.,
Phone #: (580) 546-7651
Expiration Date: 12/31/2011

Certificate #: EMR077
Name: Keys Volunteer Fire Department
Address: PO Box 233
City, State, Zip Code: Parkhill OK 74451
Contact: Carla Petty
Medical Director: Randy Underwood,
Phone #: (918)456-8093
Expiration Date: 12/31/2011

Certificate #: EMR013
Name: Keystone Volunteer Fire Department
Address: 25505 W. 41st Street
City, State, Zip Code: Sand Springs OK 74063
Contact: Chris Blackburn
Medical Director: Jeffrey M. Goodloe, MD,
Phone #: (918)363-8261
Expiration Date: 12/31/2010

Certificate #: EMR209
Name: Kiowa Casino
Address: PO Box 100
City, State, Zip Code: Devol OK 73531
Contact: Gretchen Red Elk
Medical Director: Trenton Mefford,
Phone #: (580) 299-3519
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR164
Name: Lakemont Shores Fire Department
Address: PO Box 610
City, State, Zip Code: Disney OK 74340
Contact: Richard Kauffman
Medical Director: Doug G. Cox, MD,
Phone #: (918) 435-8351
Expiration Date: 12/31/2011

Certificate #: EMR155
Name: Lawton Fire Department
Address: 1701 SW Lee Blvd.
City, State, Zip Code: Lawton OK 73501
Contact: Jared Williams
Medical Director: Richard L. Campbell, M.D.,
Phone #: (580) 581-3348
Expiration Date: 12/31/2011

Certificate #: EMR169
Name: Limestone Fire Protection District
Address: 5262 E. Hwy 20
City, State, Zip Code: Claremore OK 74017
Contact: Lt. Don Boyle
Medical Director: Jerry Patton,
Phone #: (918) 341-6430
Expiration Date: 12/31/2010

Certificate #: EMR159
Name: Lindsay Fire Department
Address: PO Box 708
City, State, Zip Code: Lindsay OK 73052
Contact: Jay Selzer
Medical Director: John J. Harrison,
Phone #: (405) 756-3111
Expiration Date: 12/31/2011

Certificate #: EMR189
Name: Love County Search and Rescue
Address: PO Box 74
City, State, Zip Code: Marietta OK 73448
Contact: Marcella Kirk
Medical Director: J.T. O'Connor Jr., MPH.,
Phone #: (580) 276-5283
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR185
Name: Luther Fire & Rescue
Address: PO Box 56
City, State, Zip Code: Luther OK 73054
Contact: Brian Martin
Medical Director: Dan D. Donnell, MD,
Phone #: (405) 277-3500
Expiration Date: 12/31/2011

Certificate #: EMR141
Name: Marlow Fire Department
Address: 115 N 2nd
City, State, Zip Code: Marlow OK 73055
Contact: Jerome McCalvin
Medical Director: Craig Pinkerton, MD,
Phone #: (580) 658-2121
Expiration Date: 12/31/2010

Certificate #: EMR173
Name: Meeker Fire Department
Address: PO Box 428
City, State, Zip Code: Meeker OK 74855
Contact: Robert Ballard
Medical Director: Darryl Jackson, DO,
Phone #: (405) 279-3321
Expiration Date: 12/31/2011

Certificate #: EMR052
Name: Meno Fire & Rescue
Address: PO Box 138
City, State, Zip Code: Meno OK 73760
Contact: Elroy Unruh
Medical Director: C. Michael Ogle, DO,
Phone #: (580)776 2275
Expiration Date: 12/31/2011

Certificate #: EMR067
Name: Meridian Fire and Rescue
Address: RT 2 Box 470
City, State, Zip Code: Comanche OK 73529
Contact: Ben Cheek
Medical Director: Craig Pinkerton, MD,
Phone #: (580) 439-4155
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR065
Name: Monkey Island Fire Protection Dist
Address: 56298 E. 295 Road
City, State, Zip Code: Afton OK 74331
Contact: Carl Tesreau
Medical Director: Doug Cox, MD,
Phone #: (918) 257-8242
Expiration Date: 12/31/2011

Certificate #: EMR003
Name: Moore Fire Department
Address: 115 East Main
City, State, Zip Code: Moore OK 73160
Contact: Charles Stephens
Medical Director: Dan D. Donnell, MD,
Phone #: (405) 793-5110
Expiration Date: 12/31/2011

Certificate #: EMR019
Name: Morrison Volunteer First Response
Address: PO BOX 96
City, State, Zip Code: Morrison OK 73061
Contact: Jan McSwain
Medical Director: Charles Olsen, MD,
Phone #: (405) 724-3531
Expiration Date: 12/31/2011

Certificate #: EMR172
Name: Muldrow Fire Department
Address: 101 South Main
City, State, Zip Code: Muldrow OK 74948
Contact: Alan Falkner
Medical Director: James D. Campbell, DO,
Phone #: (918) 427-3226
Expiration Date: 12/31/2011

Certificate #: EMR192
Name: Muskogee Fire Department
Address: 505 Columbus
City, State, Zip Code: Muskogee OK 74401
Contact: Derek Tatum
Medical Director: Gary Lambert, DO,
Phone #: (918) 687-5483
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR045
Name: Mustang Fire Department
Address: 465 W ST Hwy 152
City, State, Zip Code: Mustang OK 73064
Contact: Craig Carruth
Medical Director: Jeffrey Goodloe,
Phone #: (405)376-9365
Expiration Date: 12/31/2011

Certificate #: EMR031
Name: Nescatunga Rural Fire & Rescue Dept
Address: RR#1 Box 68AB
City, State, Zip Code: Jet OK 73749
Contact: Keith Dale
Medical Director: C. Michael Ogle DO,
Phone #: (580) 626-4442
Expiration Date: 12/31/2010

Certificate #: EMR130
Name: Newcastle Fire Department
Address: PO Box 179
City, State, Zip Code: Newcastle OK 73065
Contact: Kevin Self
Medical Director: Greg Gary, M.D.,
Phone #: (405) 387-5823
Expiration Date: 12/31/2011

Certificate #: EMR032
Name: Nicoma Park Fire Department
Address: PO Box 250
City, State, Zip Code: Nicoma Park OK 73066
Contact: Bryant Gantter
Medical Director: Dan D. Donnell, MD,
Phone #: (405)769-4593
Expiration Date: 12/31/2011

Certificate #: EMR059
Name: Nicut Fire Department
Address: 98758 S 4750 Road
City, State, Zip Code: Muldrow OK 74948
Contact: Julie Armer
Medical Director: James Campbell MD,
Phone #: (918) 427-3479
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR158
Name: North 48 Sunrise Volunteer Fire Pro
Address: RR# 1 Box 506
City, State, Zip Code: Terlton OK 74081
Contact: Chris Shipman
Medical Director: Perry W. Evans Jr, D.O.,
Phone #: (918) 865-2175
Expiration Date: 12/31/2012

Certificate #: EMR004
Name: NW Rogers County Fire Protection
Address: 6601 E. 400 Road
City, State, Zip Code: Oologah OK 74053
Contact: L. David Puckett
Medical Director: Jack Morgan,
Phone #: (918) 443-2471
Expiration Date: 12/31/2011

Certificate #: EMR122
Name: Oak Grove Fire Protection District
Address: PO Box 430
City, State, Zip Code: Catoosa OK 74015
Contact: William Wild
Medical Director: Matthew Warren DO,
Phone #: (918) 266-6063
Expiration Date: 12/31/2011

Certificate #: EMR110
Name: Okarche Volunteer Fire Department
Address: PO Box 116
City, State, Zip Code: Okarche OK 73762
Contact: Chief Gary Baustert
Medical Director: James Brett Krablin,
Phone #: (405) 263-7295
Expiration Date: 12/31/2011

Certificate #: EMR111
Name: Okay Fire Department
Address: PO Box 805
City, State, Zip Code: Okay OK 74446
Contact: James Ouzts
Medical Director: Gary Lambert, D.O,
Phone #: (918) 687-6585
Expiration Date: 12/31/2010

Certified Emergency Medical Response Agencies

Certificate #: EMR166
Name: Okla City Zoo & Botanical Garden
Address: 2101 NE 50th Street
City, State, Zip Code: Oklahoma City OK 73111
Contact: Sophia Palin
Medical Director: Richard Morgan, M.D.,
Phone #: (405) 424-3344
Expiration Date: 12/31/2011

Certificate #: EMR009
Name: Oklahoma City Fire Department
Address: 820 NW 5th Street
City, State, Zip Code: Oklahoma City OK 73106
Contact: James Blocker
Medical Director: Jeffrey M. Goodloe,
Phone #: (405) 297-3335
Expiration Date: 12/31/2011

Certificate #: EMR137
Name: Oktaha Volunteer Fire Department
Address: PO Box 7
City, State, Zip Code: Oktaha OK 74450
Contact: John York
Medical Director: Gary Lambert, D.O.,
Phone #: (918) 682-0921
Expiration Date: 12/31/2010

Certificate #: EMR212
Name: Onapa Volunteer Fire Department
Address: 4900 Old Highway 69 South
City, State, Zip Code: Checotah OK 74426
Contact: Greg Moore
Medical Director: Ed Farrow, MD,
Phone #: (918) 473-7966
Expiration Date: 12/31/2011

Certificate #: EMR015
Name: Owens & Company Fire
Address: PO Box 81
City, State, Zip Code: Vera OK 74082
Contact: Todd Owens
Medical Director: W.M. Woods, M.D.,
Phone #: (918)371-5974
Expiration Date: 12/31/2010

Certified Emergency Medical Response Agencies

Certificate #: EMR218
Name: Porter Fire Department
Address: PO Box 149
City, State, Zip Code: Porter OK 74454
Contact: David Greeno
Medical Director: Hanna, Casey,
Phone #: (918) 483-8331
Expiration Date: 12/31/2010

Certificate #: EMR191
Name: Porum Landing Fire Department
Address: PO Box 24
City, State, Zip Code: Porum OK 74455
Contact: Joe Duke
Medical Director: Gary Lambert, D.O.,
Phone #: (918) 484-5286
Expiration Date: 12/31/2010

Certificate #: EMR213
Name: Quapaw Fire Department
Address: PO Box 756
City, State, Zip Code: Quapaw OK 74363
Contact: Bill Nichols
Medical Director: Jack R. Doney,
Phone #: (918) 674-2710
Expiration Date: 12/31/2010

Certificate #: EMR181
Name: Ravia Fire Department
Address: Box 179
City, State, Zip Code: Ravia OK 73455
Contact: Rocky Hesbrook
Medical Director: Wellie D. Adlaon, MD,
Phone #: (580) 371-2710
Expiration Date: 12/31/2010

Certificate #: EMR106
Name: Ringwood Volunteer Fire & Rescue
Address: PO Box 181
City, State, Zip Code: Ringwood OK 73768
Contact: Barbara Davidson
Medical Director: Dr. Michael Ogle, DO,
Phone #: (580) 883-5550
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR017
Name: Rock Fire Department
Address: 12311 Rock School Road
City, State, Zip Code: Skiatook OK 74070
Contact: Charley Pearson
Medical Director: Jeffrey Goodloe,
Phone #: (918)241-3873
Expiration Date: 12/31/2011

Certificate #: EMR060
Name: Roland Fire Department
Address: PO Box 1385
City, State, Zip Code: Roland OK 74954
Contact: Dewayne May
Medical Director: James Campbell, D.O.,
Phone #: (918) 427-3252
Expiration Date: 12/31/2010

Certificate #: EMR011
Name: Sand Springs Fire Department
Address: PO Box 338
City, State, Zip Code: Sand Springs OK 74063
Contact: Mark Joslin
Medical Director: Jeffrey Goodloe,
Phone #: (918) 246-2549
Expiration Date: 12/31/2011

Certificate #: EMR132
Name: Sapupla Fire Department
Address: 800 E. Dewey
City, State, Zip Code: Sapupla OK 74066
Contact: Brody Redus
Medical Director: Rich Holsopple, DO,
Phone #: (918) 224-3359
Expiration Date: 12/31/2011

Certificate #: EMR022
Name: Shawnee Fire Department
Address: PO Box 1448
City, State, Zip Code: Shawnee OK 74801
Contact: Jimmy Gibson
Medical Director: Angela Selmon, M.D.,
Phone #: (405) 878-1618
Expiration Date: 12/31/2010

Certified Emergency Medical Response Agencies

Certificate #: EMR167
Name: Silver City Fire Department
Address: 5550 S. 433rd W. Ave
City, State, Zip Code: Jennings OK 74038
Contact: Bryan Beall
Medical Director: A.G. Wallace Jr.,
Phone #: (918) 865-7040
Expiration Date: 12/31/2010

Certificate #: EMR135
Name: Southwestern Lincoln Co Fire Prot.
Address: 330 403 E. 1000 Road
City, State, Zip Code: Wellston OK 74881
Contact: Warren Welt
Medical Director: Jack Morgan DO,
Phone #: (405) 454-0765
Expiration Date: 12/31/2010

Certificate #: EMR102
Name: Spencer Fire Department
Address: PO Box 660
City, State, Zip Code: Spencer OK 73084
Contact: Jeff Hale
Medical Director: Dan D. Donnell, M.D.,
Phone #: (405) 771-3621
Expiration Date: 12/31/2010

Certificate #: EMR020
Name: Sperry Fire Department
Address: PO Box 411
City, State, Zip Code: Sperry OK 74073
Contact: Michael Smith
Medical Director: F.C. Eaton, DO,
Phone #: (918) 697-5828
Expiration Date: 12/31/2010

Certificate #: EMR085
Name: Spring Valley Volunteer Fire Dept
Address: 6726 West 710 Road
City, State, Zip Code: Hulbert 74441
Contact: Ronnie Smith
Medical Director: Randy Underwood, D.O.,
Phone #: (918) 772-3632
Expiration Date: 12/31/2012

Certified Emergency Medical Response Agencies

Certificate #: EMR133
Name: Tecumseh Fire Department
Address: 109 W Washington
City, State, Zip Code: Tecumseh OK 74873
Contact: Aaron Williams
Medical Director: Preston Hucks,
Phone #: (405) 598-2222
Expiration Date: 12/31/2011

Certificate #: EMR129
Name: Texanna Fire Department
Address: PO Box 792
City, State, Zip Code: Eufaula OK 74432
Contact: Ernest Spoehr
Medical Director: Ed Farrow, M.D.,
Phone #: (918) 689-7805
Expiration Date: 12/31/2011

Certificate #: EMR006
Name: The Village, City of
Address: 2201 W Britton Road
City, State, Zip Code: The Village OK 73120
Contact: Wes Tollison
Medical Director: Jeff Goodloe, M.D.,
Phone #: (405) 751-2122
Expiration Date: 12/31/2010

Certificate #: EMR211
Name: Toppers Rural Fire Dept., Inc.
Address: 72241 So. 320 Road
City, State, Zip Code: Wagoner OK 74467
Contact: Gary Tichenor
Medical Director: Dr. Casey Hanna,
Phone #: (918) 485-8141
Expiration Date: 12/31/2010

Certificate #: EMR203
Name: Tullahassee Volunteer Fire Dept
Address: 741 Missouri
City, State, Zip Code: Tullahassee OK 74454
Contact: Anne B. Fischer
Medical Director: Gary Lambert,
Phone #: (918) 683-4611
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR005
Name: Tulsa Fire Department
Address: 175 E. 2nd Street
City, State, Zip Code: Tulsa OK 74103
Contact: Michael D. Baker
Medical Director: Jeffrey Goodloe,
Phone #: (918) 596-9444
Expiration Date: 12/31/2010

Certificate #: EMR210
Name: Turley Fire Rescue
Address: PO Box 6703
City, State, Zip Code: Tulsa OK 74156
Contact: Keith Ross
Medical Director: Jeffrey Goodloe,
Phone #: (918) 425-0716
Expiration Date: 12/31/2011

Certificate #: EMR121
Name: Vinita Fire Department
Address: 203 W. Canadian
City, State, Zip Code: Vinita OK 74301
Contact: Kevin Huxtable
Medical Director: Terry Horton, M.D.,
Phone #: (918) 256-2674
Expiration Date: 12/31/2010

Certificate #: EMR105
Name: Wainwright Volunteer Fire Dept
Address: PO Box 151
City, State, Zip Code: Wainwright OK 74468
Contact: Matt Gardenhire
Medical Director: Gary Lambert, D.O.,
Phone #: (918) 474-3799
Expiration Date: 12/31/2010

Certificate #: EMR200
Name: Warner Fire Department
Address: PO Box 434
City, State, Zip Code: Warner OK 74469
Contact: David Whitson
Medical Director: Gary Lambert, DO,
Phone #: (918) 441-1510
Expiration Date: 12/31/2010

Certified Emergency Medical Response Agencies

Certificate #: EMR194
Name: Warr Acres Fire Department
Address: 5930 NW 49th
City, State, Zip Code: Warr Acres OK 73122
Contact: Charles R. Carter, Jr.
Medical Director: Jeffrey Goodloe,
Phone #: (405) 789-5912
Expiration Date: 12/31/2011

Certificate #: EMR098
Name: Watonga Fire Department
Address: PO Box 564
City, State, Zip Code: Watonga OK 73772
Contact: Rick Garcia
Medical Director: Byron L. Carpenter,
Phone #: (580) 623-7378
Expiration Date: 12/31/2012

Certificate #: EMR215
Name: West Bryan County Fire and Rescue
Address: PO Box 30
City, State, Zip Code: Mead OK 73449
Contact: Jonathan Nunnally
Medical Director: Jeff Gastorf,
Phone #: (580) 920-2808
Expiration Date: 12/31/2010

Certificate #: EMR149
Name: West Ten Killer Fire Department
Address: PO Box 541
City, State, Zip Code: Gore OK 74435
Contact: Karen Swimmer
Medical Director: Gary Lambert, DO,
Phone #: (918) 487-7170
Expiration Date: 12/31/2010

Certificate #: EMR104
Name: Will Rogers World Airport Fire Dept
Address: 7100 Terminal Dr. Box 954
City, State, Zip Code: Oklahoma City OK 73159
Contact: Joe Smith
Medical Director: Jeffrey Goodloe,
Phone #: (405) 680-3316
Expiration Date: 12/31/2011

Certified Emergency Medical Response Agencies

Certificate #: EMR046
Name: Woodward Fire Department
Address: 1219 8th Street
City, State, Zip Code: Woodward OK 73801
Contact: Steve Day
Medical Director: Dr. Walter L. Gadberry,
Phone #: (580) 254-8538
Expiration Date: 12/31/2011

Certificate #: EMR146
Name: Wyandotte Fire Department
Address: PO Box 240
City, State, Zip Code: Wyandotte OK 74370
Contact: Frank Geasland
Medical Director: Jack Doney, M.D.,
Phone #: (918) 678-2211
Expiration Date: 12/31/2011

HOSPITAL ENCODER
NUMBERS:
ALPHABETICAL ORDER

Encoder Numbers listed by Alpha Sort

Facility ID	Facility Name
	Non-Hospital Encoder numbers
222	Out of State Facility Not Listed
333	OSDH Situation Room
444	Care Transfer to Another Ambulance Service
777	Nursing Home/Rest Home/Long Term Care
888	Clinics or Doctor's Offices
999	All Call
000	TReC - Trauma Transfer Referral Center - Tulsa/OKC
	Hospital Encoder Numbers
344	Altus AFB Clinic (97th Medical Group)
683	Arbuckle Memorial Hospital
348	Ardmore Regional Surgery Center
922	Arkansas Children's Hospital - Little Rock
278	Atoka Memorial Hospital
236	Bailey Medical Center Owasso (new)
921	Baptist Medical Center - Little Rock
917	Baptist Saint Anthony's Hospital - Amarillo
936	Baylor University Hospital - Dallas
243	Beaver County Memorial Hospital
911	Bethania Regional Healthcare Center-Wichita Falls
564	Bone and Joint Hospital
247	Bristow Medical Center
425	Brookhaven Hospital
238	Broken Arrow Medical Facility
961	Cancer Treatment Centers of America Tulsa
826	Carl Albert Community Health Center
753	CARL ALBERT INDIAN HOSPITAL Ada (I.H.S.)
253	Carnegie Tri-County Municipal Hospital
239	Cedar Ridge Residential Treatment Center OKC
539	Central Ok Comm Mental Health Cntr (DMH)
538	Charles B. Goddard (OU)
823	Children's Hospital of Oklahoma OU Med Cntr
452	Choctaw Memorial Hospital
731	Choctaw Nation Health Care Center (I.H.S.)
941	Christus Saint Michael Rehab Hospital - Texarkana
246	Cimarron Memorial Hospital
262	Claremore Regional Hospital
264	Cleveland Area Hospital, Inc.
948	Coffeyville Regional Medical Center - Coffeyville
943	Columbia Medical Arts Hospital - Texarkana
462	Comanche County Memorial Hospital
235	Community Hospital
768	Community Hospital Lakeview
950	Community Specialty Hospital Sherman
958	Continous Care Center of Tulsa

Encoder Numbers listed by Alpha Sort

276	Cordell Memorial Hospital
727	Craig General Hospital
920	Crawford County Memorial Hospital - Van Buren
548	Creek Nation Community Hospital
456	Cushing Regional Hospital
565	Deaconess Hospital
946	Denton Regional Hospital - Denton
939	DeQueen Regional Hospital - DeQueen
963	Drumright Regional Hospital
283	Duncan Regional Hospital, Inc.
902	East Freeman Hospital & Health System - Joplin
642	Eastern Oklahoma Medical Center, Inc.
728	EASTERN STATE HOSPITAL (forensic)
285	Edmond Regional Medical Center
956	Edmond Specialty Hospital
384	Elkview General Hospital
365	Fairfax Memorial Hospital, Inc.
368	Fairview Hospital
901	Freeman Health System - Freeman West - Joplin
947	Gainesville Memorial Hospital - Gainesville
625	George Nigh Rehabilitation Institute
258	Grady Memorial Hospital
908	Gravette Medical Center - Gravette
464	Great Plains Hospital
286	Great Plains Regional Medical Center
537	Griffin Memorial Hospital
386	Harmon Memorial Hospital
252	Harper County Community Hospital
674	Haskell County Hospital
686	HASTINGS INDIAN HOSPITAL (I.H.S.)
382	Healdton Municipal Hospital
923	Health South Rehabilitation - Fort Smith
760	Healthsouth Rehabilitation Hospital
383	Henryetta Medical Center
915	High Plains Hospital - Amarillo
759	High Pointe
543	Hillcrest Medical Center Tulsa
385	Holdenville General Hospital
940	Hot Springs Regional Hospital - Hot Springs
562	INTEGRIS Baptist Medical Center, Inc. OKC
527	INTEGRIS Baptist Regional Health Center Miami
353	INTEGRIS Bass Baptist Health Center
354	INTEGRIS Bass Pavilion/Enid Regional Hospital
245	INTEGRIS Blackwell Regional Hospital
289	INTEGRIS Canadian Valley Regional Hospital
265	INTEGRIS Clinton Regional Hospital
375	INTEGRIS Grove General Hospital
467	Integriss Marshall Memorial Hospital
645	INTEGRIS Mayes County Medical Center

Encoder Numbers listed by Alpha Sort

254	INTEGRIS Southwest Medical Center
959	Intensiva Hospital of Eastern Oklahoma Muskogee
960	Intensiva Hospital of Oklahoma OKC
343	Jackson County Memorial Hospital
242	Jane Phillips Medical Center
545	Jane Phillips Nowata Health Center
756	JD McCarty Cntr for Children w/Developmental Disab
737	Jefferson County Hospital
461	Jim Taliaferro Community Mental Health Cntr.
754	Johnston Memorial Hospital
233	Kindred Hospital
457	Kingfisher Regional Hospital
550	Lakeside Women's Hospital
747	Latimer County General Hospital
762	Laureate Psychiatric Clinic & Hospital
465	Lindsay Municipal Hospital
376	Logan Hospital and Medical Center
468	Mangum City Hospital
274	Mary Hurley Hospital
524	McAlester Regional Health Center
964	McBride Orthopedic Hospital OKC
453	McCurtain Memorial Hospital
284	Medical Center of Southeastern Oklahoma
931	Medical Plaza Hospital - Sherman
678	Memorial Hospital
374	Memorial Hospital & Physician Group
275	MEMORIAL HOSPITAL COLLINSVILLE
378	Memorial Hospital of Texas County
938	Mena Medical Center - Mena
292	MERC Lawton
293	MERC Enid
290	MERC Oklahoma City
294	MERC McAlester
291	MERC Tulsa
325	Mercy Health Center, Inc. Oklahoma City
736	Mercy Health Love County Health Center
367	Mercy Memorial Health Center, Inc. Ardmore
811	Midwest City Specialty Hospital
528	Midwest Regional Medical Center
965	Moore Medical Center
927	Morton County Hospital - Elkhart
535	Muskogee Regional Medical Center
536	Muskogee VA Medical Center
657	Newman Memorial Hospital
542	Norman Regional Hospital
967	Norman Specialty Hospital
373	Northwest Center for Behavioral Health (NCHB)
926	Northwest Hospital - Amarillo
400	Northwest Surgical Hospital

Encoder Numbers listed by Alpha Sort

909	NW Med Cntr/Springdale Memorial Hospital
929	Ochiltree County Hospital - Perryton
546	OKARCHE MEMORIAL HOSPITAL
547	Okeene Municipal Hospital
555	Okla. Cntr for Orthopedic & Multi-Specialty Surg.
330	Oklahoma Heart Hospital - OKC
331	Oklahma Hearth Hospital - OKC South Side
358	Oklahoma Spine Hospital,LLC
360	Oklahoma Surgical Hosp Tulsa previously Orthopedic
342	OKLAHOMA VETERANS CENTER at Ardmore
261	OKLAHOMA VETERANS CENTER at CLAREMORE (Itc)
328	OKLAHOMA VETERANS CENTER at CLINTON (Itc)
729	OKLAHOMA VETERANS CENTER at Norman (Itc)
684	OKLAHOMA VETERANS CENTER at SULPHUR (Itc)
687	OKLAHOMA VETERANS CENTER at TALIHINA (Itc)
627	Okmulgee Memorial Hospital
532	OSU Medical Center formerly Tulsa Reg Med Cntr
675	OSU STUDENT HEALTH CENTER (OSU)
326	OU Medical Center University Hospital (all)
944	Paris Reg Med Cntr/McCuiston Hospital - Paris
287	Park View Hospital
937	Parkland Trauma Center - Dallas
766	Parkside Tulsa
628	Pauls Valley General Hospital
634	Pawhuska Hospital, Inc.
635	Pawnee Municipal Hospital, Inc.
637	Perry Memorial Hospital
934	Plano Rehabilitation Hospital - Plano
765	Ponca City Medical Center FORMERLY Via Christi
643	Prague Municipal Hospital
623	Presbyterian Hospital OKC
111	Private Residence
647	Purcell Municipal Hospital
357	Pushmataha County Town of Antlers Hospital Auth.
372	Reynolds Army Community Hospital Fort Sill
257	Roger Mills Memorial Hospital
751	Rolling Hills Hospital Ada
624	Saint Anthony Hospital
919	Saint Edward Mercy Medical Center - Fort Smith
962	Saint Francis Heart Hospital - See 234
234	Saint Francis Hospital, Inc.
248	Saint Francis South 10501 E 91st Street Tulsa
345	Saint John Medical Center, Inc.
653	Saint John Sapulpa, Inc.
237	Saint John's Owasso Medical Center
903	Saint John's Regional Medical Center - Joplin
945	Saint Joseph Hospital - Paris
949	Saint Joseph Medical Center - Wichita
363	Saint Mary's Regional Medical Center Enid

Encoder Numbers listed by Alpha Sort

905	Saint Mary's Rogers Memorial Hospital - Rogers
327	Saint Michael Hospital
654	Sayre Memorial Hospital
443	See 543 for Hillcrest Medical Center Tulsa
752	See 825 for Valley View Regional Hospital Ada
673	Seiling Municipal Hospital
231	Select Specialty Hospital
954	Select Specialty Hospital of Tulsa
656	Seminole Medical Center
648	Sequoyah Memorial Hospital
533	Shadow Mountain Behavioral Health System
913	Shamrock Hospital - Shamrock
232	Share Memorial Hospital
912	Sheppard AFB Regional Hospital - Wichita Falls
904	Siloam Springs Memorial Hospital
240	Solara Hospital Muskogee
426	SouthCrest Hospital
924	Southwest Medical Center - Liberal
463	Southwestern Medical Center Lawton
764	Southwestern Regional Medical Center Tulsa
918	Spark's Regional Medical Center - Fort Smith
928	Stevens County Hospital - Hugoton
676	Stillwater Medical Center
682	Stroud Regional Medical Center
685	Tahlequah City Hospital
932	Texoma Medical Center - Denison
323	The Physician's Hospital in Anadarko
723	TINKER AFB Hospital (72nd Medical Group) (DOD)
351	Tulsa Spine Hospital
672	Unity Health Center - Shawnee
469	USPHS INDIAN HOSP at LAWTON (I.H.S.)
263	USPHS INDIAN HOSPITAL at CLAREMORE (I.H.S.)
329	USPHS INDIAN HOSPITAL at CLINTON (I.H.S.)
636	USPHS INDIAN HOSPITAL at PAWNEE (I.H.S.)
914	V A Hospital - Amarillo
933	V A Hospital - Bonham
907	V A Hospital - Fayetteville
935	V A Medical Center - Dallas
626	VA Medical Center OKC (DOD)
825	Valley View Regional Hospital Ada
942	Wadley's Hospital - Texarkana
732	Wagoner Community Hospital
906	Washington Regional Hospital - Fayetteville
735	Watonga Municipal Hospital
742	Weatherford Reg Hosp former SW Mem Hos Weatherford
925	Wesley Medical Center - Wichita
916	West Texas Hospital - Amarillo
745	Wetumka General Hospital
746	WEWOKA MEMORIAL HOSPITAL

Encoder Numbers listed by Alpha Sort

910	Wichita General Hospital - Wichita Falls
525	Willow Crest Hospital
930	Wilson & Jones Hospital - Sherman
748	Woodward Regional Hospital & Health Center

HOSPITAL ENCODER
NUMBERS:
NUMERICAL ORDER

Encoder Numbers listed by Numeric Code

Facility ID	Facility Name
	Non-hospital Encoder Numbers
000	TReC- Trauma Transfer Referral Center-Tulsa/OKC
111	Private Residence
222	Out of State Facility Not Listed
333	OSDH Situation Room
444	Care Transfer to Another Ambulance Service
777	Nursing Home/Rest Home/Long Term Care
888	Clinics or Doctor's Offices
999	All Call
	Hospital Encoder Numbers
231	Select Specialty Hospital
232	Share Memorial Hospital
233	Kindred Hospital
234	Saint Francis Hospital, Inc.
235	Community Hospital
236	Bailey Medical Center Owasso (new)
237	Saint John's Owasso Medical Center
238	Broken Arrow Medical Facility
239	Cedar Ridge Residential Treatment Center OKC
240	Solara Hospital Muskogee
242	Jane Phillips Medical Center
243	Beaver County Memorial Hospital
245	INTEGRIS Blackwell Regional Hospital
246	Cimarron Memorial Hospital
247	Bristow Medical Center
248	Saint Francis South 10501 E 91st Street Tulsa
252	Harper County Community Hospital
253	Carnegie Tri-County Municipal Hospital
254	INTEGRIS Southwest Medical Center
257	Roger Mills Memorial Hospital
258	Grady Memorial Hospital
261	OKLAHOMA VETERANS CENTER at CLAREMORE (Itc)
262	Claremore Regional Hospital
263	USPHS INDIAN HOSPITAL at CLAREMORE (I.H.S.)
264	Cleveland Area Hospital, Inc.
265	INTEGRIS Clinton Regional Hospital
274	Mary Hurley Hospital
275	MEMORIAL HOSPITAL COLLINSVILLE
276	Cordell Memorial Hospital
278	Atoka Memorial Hospital
283	Duncan Regional Hospital, Inc.
284	Medical Center of Southeastern Oklahoma
285	Edmond Regional Medical Center
286	Great Plains Regional Medical Center
287	Park View Hospital

Encoder Numbers listed by Numeric Code

289	INTEGRIS Canadian Valley Regional Hospital
290	MERC Oklahoma City
291	MERC Tulsa
292	MERC Lawton
293	MERC NW
294	MERC SE
323	The Physician's Hospital in Anadarko
325	Mercy Health Center, Inc. Oklahoma City
326	OU Medical Center University Hospital (all)
327	Saint Michael Hospital
328	OKLAHOMA VETERANS CENTER at CLINTON (Itc)
329	USPHS INDIAN HOSPITAL at CLINTON (I.H.S.)
330	Oklahoma Heart Hospital - OKC
331	Oklahoma Heart Hospital - OKC South Side
342	OKLAHOMA VETERANS CENTER at Ardmore
343	Jackson County Memorial Hospital
344	Altus AFB Clinic (97th Medical Group)
345	Saint John Medical Center, Inc.
348	Ardmore Regional Surgery Center
351	Tulsa Spine Hospital
353	INTEGRIS Bass Baptist Health Center
354	INTEGRIS Bass Pavilion/Enid Regional Hospital
357	Pushmataha County Town of Antlers Hospital Auth.
358	Oklahoma Spine Hospital,LLC
360	Oklahoma Surgical Hosp Tulsa previously Orthopedic
363	Saint Mary's Regional Medical Center Enid
365	Fairfax Memorial Hospital, Inc.
367	Mercy Memorial Health Center, Inc. Ardmore
368	Fairview Hospital
372	Reynolds Army Community Hospital Fort Sill
373	Northwest Center for Behavioral Health (NCHB)
374	Memorial Hospital & Physician Group
375	INTEGRIS Grove General Hospital
376	Logan Hospital and Medical Center
378	Memorial Hospital of Texas County
382	Healdton Municipal Hospital
383	Henryetta Medical Center
384	Elkview General Hospital
385	Holdenville General Hospital
386	Harmon Memorial Hospital
400	Northwest Surgical Hospital
425	Brookhaven Hospital
426	SouthCrest Hospital
443	See 543 for Hillcrest Medical Center Tulsa
452	Choctaw Memorial Hospital
453	McCurtain Memorial Hospital
456	Cushing Regional Hospital
457	Kingfisher Regional Hospital
461	Jim Taliaferro Community Mental Health Cntr.

Encoder Numbers listed by Numeric Code

462	Comanche County Memorial Hospital
463	Southwestern Medical Center Lawton
464	Great Plains Hospital
465	Lindsay Municipal Hospital
467	Integrus Marshall Memorial Hospital
468	Mangum City Hospital
469	USPHS INDIAN HOSP at LAWTON (I.H.S.)
524	McAlester Regional Health Center
525	Willow Crest Hospital
527	INTEGRIS Baptist Regional Health Center Miami
528	Midwest Regional Medical Center
532	OSU Medical Center formerly Tulsa Reg Med Cntr
533	Shadow Mountain Behavioral Health System
535	Muskogee Regional Medical Center
536	Muskogee VA Medical Center
537	Griffin Memorial Hospital
538	Charles B. Goddard (OU)
539	Central Ok Comm Mental Health Cntr (DMH)
542	Norman Regional Hospital
543	Hillcrest Medical Center Tulsa
545	Jane Phillips Nowata Health Center
546	OKARCHE MEMORIAL HOSPITAL
547	Okeene Municipal Hospital
548	Creek Nation Community Hospital
550	Lakeside Women's Hospital
555	Okla. Cntr for Orthopedic & Multi-Specialty Surg.
562	INTEGRIS Baptist Medical Center, Inc. OKC
564	Bone and Joint Hospital
565	Deaconess Hospital
623	Presbyterian Hospital OKC
624	Saint Anthony Hospital
625	George Nigh Rehabilitation Institute
626	VA Medical Center OKC (DOD)
627	Okmulgee Memorial Hospital
628	Pauls Valley General Hospital
634	Pawhuska Hospital, Inc.
635	Pawnee Municipal Hospital, Inc.
636	USPHS INDIAN HOSPITAL at PAWNEE (I.H.S.)
637	Perry Memorial Hospital
642	Eastern Oklahoma Medical Center, Inc.
643	Prague Municipal Hospital
645	INTEGRIS Mayes County Medical Center
647	Purcell Municipal Hospital
648	Sequoyah Memorial Hospital
653	Saint John Sapulpa, Inc.
654	Sayre Memorial Hospital
656	Seminole Medical Center
657	Newman Memorial Hospital
672	Unity Health Center - Shawnee

Encoder Numbers listed by Numeric Code

673	Seiling Municipal Hospital
674	Haskell County Hospital
675	OSU STUDENT HEALTH CENTER (OSU)
676	Stillwater Medical Center
678	Memorial Hospital
682	Stroud Regional Medical Center
683	Arbuckle Memorial Hospital
684	OKLAHOMA VETERANS CENTER at SULPHUR (Itc)
685	Tahlequah City Hospital
686	HASTINGS INDIAN HOSPITAL (I.H.S.)
687	OKLAHOMA VETERANS CENTER at TALIHINA (Itc)
723	TINKER AFB Hospital (72nd Medical Group) (DOD)
727	Craig General Hospital
728	EASTERN STATE HOSPITAL (forensic)
729	OKLAHOMA VETERANS CENTER at Norman (Itc)
731	Choctaw Nation Health Care Center (I.H.S.)
732	Wagoner Community Hospital
735	Watonga Municipal Hospital
736	Mercy Health Love County Health Center
737	Jefferson County Hospital
742	Weatherford Reg Hosp former SW Mem Hos Weatherford
745	Wetumka General Hospital
746	WEWOKA MEMORIAL HOSPITAL
747	Latimer County General Hospital
748	Woodward Regional Hospital & Health Center
751	Rolling Hills Hospital Ada
752	See 825 for Valley View Regional Hospital Ada
753	CARL ALBERT INDIAN HOSPITAL Ada (I.H.S.)
754	Johnston Memorial Hospital
756	JD McCarty Cntr for Children w/Developmental Disab
759	High Pointe
760	Healthsouth Rehabilitation Hospital
762	Laureate Psychiatric Clinic & Hospital
764	Southwestern Regional Medical Center Tulsa
765	Ponca City Medical Center FORMERLY Via Christi
766	Parkside Tulsa
768	Community Hospital Lakeview
811	Midwest City Specialty Hospital
823	Children's Hospital of Oklahoma OU Med Cntr
825	Valley View Regional Hospital Ada
826	Carl Albert Community Health Center
901	Freeman Health System - Freeman West - Joplin
902	East Freeman Hospital & Health System - Joplin
903	Saint John's Regional Medical Center - Joplin
904	Siloam Springs Memorial Hospital
905	Saint Mary's Rogers Memorial Hospital - Rogers
906	Washington Regional Hospital - Fayetteville
907	V A Hospital - Fayetteville

Encoder Numbers listed by Numeric Code

908	Gravette Medical Center - Gravette
909	NW Med Cntr/Springdale Memorial Hospital
910	Wichita General Hospital - Wichita Falls
911	Bethania Regional Healthcare Center-Wichita Falls
912	Sheppard AFB Regional Hospital - Wichita Falls
913	Shamrock Hospital - Shamrock
914	V A Hospital - Amarillo
915	High Plains Hospital - Amarillo
916	West Texas Hospital - Amarillo
917	Baptist Saint Anthony's Hospital - Amarillo
918	Spark's Regional Medical Center - Fort Smith
919	Saint Edward Mercy Medical Center - Fort Smith
920	Crawford County Memorial Hospital - Van Buren
921	Baptist Medical Center - Little Rock
922	Arkansas Children's Hospital - Little Rock
923	Health South Rehabilitation - Fort Smith
924	Southwest Medical Center - Liberal
925	Wesley Medical Center - Wichita
926	Northwest Hospital - Amarillo
927	Morton County Hospital - Elkhart
928	Stevens County Hospital - Hugoton
929	Ochiltree County Hospital - Perryton
930	Wilson & Jones Hospital - Sherman
931	Medical Plaza Hospital - Sherman
932	Texoma Medical Center - Denison
933	V A Hospital - Bonham
934	Plano Rehabilitation Hospital - Plano
935	V A Medical Center - Dallas
936	Baylor University Hospital - Dallas
937	Parkland Trauma Center - Dallas
938	Mena Medical Center - Mena
939	DeQueen Regional Hospital - DeQueen
940	Hot Springs Regional Hospital - Hot Springs
941	Christus Saint Michael Rehab Hospital - Texarkana
942	Wadley's Hospital - Texarkana
943	Columbia Medical Arts Hospital - Texarkana
944	Paris Reg Med Cntr/McCuiston Hospital - Paris
945	Saint Joseph Hospital - Paris
946	Denton Regional Hospital - Denton
947	Gainesville Memorial Hospital - Gainesville
948	Coffeyville Regional Medical Center - Coffeyville
949	Saint Joseph Medical Center - Wichita
950	Community Specialty Hospital Sherman
954	Select Specialty Hospital of Tulsa
956	Edmond Specialty Hospital
958	Continous Care Center of Tulsa
959	Intensiva Hospital of Eastern Oklahoma Muskogee
960	Intensiva Hospital of Oklahoma OKC
961	Cancer Treatment Centers of America Tulsa

Encoder Numbers listed by Numeric Code

962	Saint Francis Heart Hospital - See 234
963	Drumright Regional Hospital
964	McBride Orthopedic Hospital OKC
965	Moore Medical Center
967	Norman Specialty Hospital