

**AMBULANCE REVENUE and COST REPORT  
FIRE DISTRICT and SMALL RURAL COMPANY**

**Arizona Department of Health Services  
Annual Ambulance Financial Report**

**Superior Emergency Medical Services**  
Reporting Ambulance Service

Address: PO Box 218  
City: Superior Zip: 85173

**Report Fiscal Year**

From: July 1, 2014 To: June 31, 2015  
Mo. Day Year Mo. Day Year

*I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.*

*I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.*

*This report has been prepared using the accrual basis of accounting.*

Authorized Signature:  Date: June 26, 2014  
Print Name and Title: Operations Chief Todd Pryor  
Phone: (520) 827-0176

Mail to:  
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Bureau of Emergency Medical Services  
Certificate of Necessity and Rates Section  
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# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

**AMBULANCE SERVICE ENTITY:** Superior Emergency Medical Services

**FOR THE PERIOD** FROM: July 1, 2012 TO: June 30, 2013

**STATISTICAL SUPPORT DATA**

Line No.	<u>DESCRIPTION</u>	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:			336	336
2	Number of BLS Billable Transports:			61	61
3	Number of Loaded Billable Miles:			11,528	11,528
4	Waiting Time (Hr. & Min.):				-
5	Canceled (Non-Billable) Runs:				

**AMBULANCE SERVICE ROUTINE OPERATING REVENUE**

6	ALS Base Rate Revenue				\$ 442,851
7	BLS Base Rate Revenue				80,399
8	Mileage Charge Revenue				192,521
9	Waiting Charge Revenue				-
10	Medical Supplies Charge Revenue				-
11	Nurses Charge Revenue				-
12	Standby Charge Revenue (Attach Schedule)				-
13	<b>TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE</b>			(Post to Page 3, Line 1)	<b>\$ 715,771</b>

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**SALARY AND WAGE EXPENSE DETAIL**

<b>GROSS WAGES:</b>				<b>** No. of FTE's</b>
14	Management		\$	
15	Paramedics and IEMTs		\$	3.0
16	Emergency Medical Technician (EMT)		\$	2.0
17	Other Personnel		\$	
18	Payroll Taxes and Fringe Benefits - All Personnel		\$	
19	<b>Total Wages, Taxes &amp; Benefits</b>	(Sum Lines 14 through 18; Post to Page 3, Line 10)	<b>\$</b>	<b>328,291</b>

\* This column reports only those runs where a contracted discount rate was applied.

\*\* Full-time equivalents (F.T.E.) is the sum of all hours for which employees wages were paid during the year divided by 2080.

**AMBULANCE REVENUE AND COST REPORT**  
**FIRE DISTRICT and SMALL RURAL COMPANY**

**AMBULANCE SERVICE ENTITY:**

Superior Emergency Medical Services

**FOR THE PERIOD**

**FROM:**

July 1, 2012

**TO:** June 31, 2013

**SCHEDULE OF REVENUES AND EXPENSES**

Line No.	<u>DESCRIPTION</u>		
<b>Operating Revenues:</b>			
1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	\$ <u>715,771</u>
<u>Settlement Amounts:</u>			
2	AHCCCS		<u>80,327</u>
3	Medicare		<u>204,949</u>
4	Subscription Service		<u>          </u>
5	Contractual		<u>          </u>
6	Other		<u>          </u>
7	Total	(Sum of Lines 2 through 6)	<u>285,276</u>
8	Total Operating Revenue	(Line 1 minus Line 7)	\$ <u>430,495</u>
<b>Operating Expenses:</b>			
9	Bad Debt		\$ <u>90,824</u>
10	Total Salaries, Wages, and Employee-Related Expenses	(From: Page 2, Line 19)	<u>328,291</u>
11	Professional Services		<u>28,490</u>
12	Travel and Entertainment		<u>          </u>
13	Other General Administrative		<u>11,764</u>
14	Depreciation		<u>          </u>
15	Rent / Leasing		<u>          </u>
16	Building / Station		<u>          </u>
17	Vehicle Expense		<u>11,445</u>
18	Other Operating Expense		<u>11,445</u>
19	Cost of Medical Supplies Charged to Patients		<u>16,006</u>
20	Interest		<u>          </u>
21	Subscription Service Sales Expense		<u>          </u>
22	Total Operating Expense	(Sum of Lines 9 through 21)	<u>498,266</u>
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	\$ <u>(67,771)</u>
24	Subscription Contract Sales		<u>26,748</u>
25	Other Operating Revenue		<u>          </u>
26	Local Supportive Funding		<u>          </u>
27	Other Non-Operating Income (Attach Schedule)		<u>          </u>
28	Other Non-Operating Expense (Attach Schedule)		<u>          </u>
29	NET INCOME or (LOSS) Before Income Taxes	(Sum of Lines 23 through 27, minus Line 28)	\$ <u>(41,023)</u>
<b>Provision for Income Taxes:</b>			
30	Federal Income Tax		<u>          </u>
31	State Income Tax		<u>          </u>
32	Total Income Tax	(Line 30, plus Line 31)	<u>          </u>
33	<b>Ambulance Service Net Income (Loss)</b>	(Line 29, minus Line 32)	<u>(41,023)</u>

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# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: Superior Emergency Medical Services

FOR THE PERIOD FROM: July 1, 2012 TO: June 31, 2013

### BALANCE SHEET

#### ASSETS

CURRENT ASSETS			
1	Cash .....	\$	-
2	Accounts Receivable .....		82,782
3	Less: Allowance for Doubtful Accounts .....		41,391
4	Inventory .....		-
5	Prepaid Expe .....		-
6	Other Current Assets .....		-
7	<b>TOTAL CURRENT ASSETS</b>		<b>\$ 41,391</b>
9	PROPERTY & EQUIPMENT .....		166,968
10	Less: Accumulated Depreciation .....		101,567
11	OTHER NON CURRENT ASSETS		0
12	<b>TOTAL ASSETS</b>		<b>\$ 106,792</b>

#### LIABILITIES & EQUITY

CURRENT LIABILITIES			
13	Accounts Payable .....	\$	-
14	Current Portion of Notes Payable .....		-
15	Current Portion of Long-Term Debt .....		-
16	Deferred Subscription Income .....		-
17	Accrued Expenses and Other .....		-
18	.....		-
19	.....		-
20	<b>TOTAL CURRENT LIABILITIES</b>		<b>\$ -</b>
21	NOTES PAYABLE .....		-
22	LONG-TERM DEBT, OTHER .....		-
23	<b>TOTAL LONG-TERM DEBT</b>		<b>-</b>
EQUITY & OTHER CREDITS			
Paid-In Capital:			
24	Common Stock .....		-
25	Paid-In Capital in Excess of Par Value .....		-
26	Contributed Capital .....		-
27	Retained Earnings .....		-
28	.....		-
29	.....		-
30	Fund Balance .....		-
31	<b>TOTAL EQUITY</b>		<b>-</b>
32	<b>TOTAL LIABILITIES &amp; EQUITY</b>		<b>\$ 106,792</b>

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Superior Emergency Medical Services  
**FOR THE PERIOD** FROM: July 1, 2012 TO: June 31, 2013

**STATEMENT OF CASH FLOWS**

<b>OPERATING ACTIVITIES:</b>			
1	Net (loss) Income .....	\$	-41,023
	<i>Adjustments to Reconcile Net Income to Net Cash</i>		
	<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow		
2	Depreciation Expense .....		6640
3	Deferred Income Tax .....		0
4	Loss (gain) on Disposal of Property & Equipment .....		0
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable .....		-2971
6	Inventories .....		0
7	Prepaid Expenses .....		0
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow		
8	Accounts Payable .....		0
9	Accrued Expenses .....		0
10	Deferred Subscription Income .....		0
11	<b>NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES</b>	\$	<b>-37,354</b>
<b>INVESTING ACTIVITIES:</b>			
12	Purchases of Property & Equipment .....		0
13	Proceeds from Disposal of Property & Equipment .....		0
14	Purchases of Investments .....		0
15	Proceeds from Disposal of Investments .....		0
16	Loans Made .....		0
17	Collections on Loans .....		0
18	Other .....		0
19	<b>NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES</b>		<b>0</b>
<b>FINANCING ACTIVITIES:</b>			
	<i>New Borrowings:</i>		
20	Long-Term .....		0
21	Short-Term .....		0
	<i>Debt Reduction:</i>		
22	Long-Term .....		0
23	Short-Term .....		0
24	Capital Contributions .....		0
25	Dividends Paid .....	\$	0
26	<b>NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES</b>		<b>0</b>
27	<b>NET INCREASE (Decrease) IN CASH</b>		<b>-37,354</b>
28	<b>CASH AT BEGINNING OF YEAR</b>		<b>0</b>
29	<b>CASH AT END OF YEAR</b>		<b>-37,354</b>
<b>SUPPLEMENTAL DISCLOSURES:</b>			
	<i>Non-cash Investing and Financing Transactions:</i>		
30	Inter-Fund Transfer from General Fund .....		0
31	.....		0
32	.....		0
33	Interest Paid (Net of Amounts Capitalized) .....		0
34	Income Taxes Paid .....	\$	0

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## INSTRUCTIONS - Short Report; AR&CR Fire District & Small Rural Company

### AR&CR PAGE 1: COVER

Enter (1) the name of the ambulance service; (2) address; (3) fiscal year time period; (4) print name and title of the ambulance service's authorized representative; (5) phone number we can call if we have questions; (6) signature of authorized representative and date.

### AR&CR PAGE 2: STATISTICAL SUPPORT DATA

Enter the name of the ambulance service and the fiscal year reporting period. This is "self-posting" to all worksheets upon entering the information on Page 1, Cover Sheet.

#### Lines 1 & 2

Enter the number of advanced life support (ALS) and basic life support (BLS) transports for each of the three categories and total all in column 4.

#### Lines 3 & 4

Enter the number of loaded billable miles and waiting time, for each of the three categories and total all in column 4.

#### Line 5

Enter the total number of canceled runs in column 4.

#### Lines 6, 7, 8, and 9.

Enter the total dollar amounts - (line 6) ALS Base Rate Revenues; (line 7) BLS Base Rate Revenues; (line 8) Mileage Charge Revenues, and (line 9) Waiting Time Revenues.

#### Line 10

Enter the total gross billing of Medical Supplies to patients in column 4.

#### Line 11

Enter the total gross billing of Nurse Charges to patients in column 4.

#### Line 12

Enter the total Standby Time Charges in column 4. Please attach schedule identifying sources.

#### Line 13

Total Lines 6 through Line 12. This figure is posted to Page 3, Line 1.

#### Line 14

Enter the total dollar salary/wage allocated and paid to Manage the ambulance service. Also identify the management full-time-equivalents (FTE) allocated to the ambulance service (management hours divided by 2,080)

#### Line 15 and 16

Enter the total dollar salary/wage allocated and paid to (15) Paramedics and Intermediate Emergency Medical Technician (IEMT) and (16) Emergency Medical Technician (EMT). Also identify the Paramedics, IEMT and EMT full-time-equivalents (FTE) allocated to the ambulance service (total hours divided by 2,080).

#### Line 17

Enter the total dollar salary/wage allocated and paid to Other Personnel involved with the ambulance service. (Examples are: Dispatcher, Mechanics, Office Personnel). Also identify Other Personnel full-time-equivalents (FTE) allocated to the ambulance service (total hours divided by 2,080).

#### Line 18

Enter the total dollar allocated to Payroll Taxes and Fringe Benefits for employees included in Lines 14 through Lines 17.

#### Line 19

Total the dollar Lines 14 through Line 18. This figure is posted to Page 3, Line 10.

**INSTRUCTIONS - Short Report; AR&CR Fire District & Small Rural Company**

**AR&CR PAGE 3: SCHEDULE OF REVENUES AND EXPENSES**

Enter the name of the ambulance service and the fiscal year reporting period.

**Line 1**

Enter the Total Routine Operating Revenue figure identified on Page 2, Line 13.

**Line 2**

Enter Settlement amounts from Arizona Health Care Cost Containment System (AHCCCS) transports. Specifically, AHCCCS Settlement equals Billed Charges, minus Amount Paid. Do not include settlement amounts resulting from a Subscription Service Contract.

**Line 3**

Enter Settlement amounts from Medicare transports. Specifically, Medicare Settlement equals Billed Charges, minus Allowed Charges. Do not include settlement amounts resulting from a Subscription Service Contract.

**Line 4**

Enter Settlement amounts from Subscription Service transports. Specifically, Subscription Service Settlement equals Billed Charges, minus Amount Paid.

**Line 5**

Enter Settlement amounts from Contract transports. Specifically, Contract Discounts equals Billed Charges, minus Amount Paid.

**Line 6**

Enter Settlement amounts from all other sources.

**Line 7**

Total Lines 2 through Line 6. Result is Total Settlements

**Line 8**

Subtract Line 7 from Line 1. Result is Total Operating Revenue

**Line 9**

Enter either the actual or allocated bad debt expense shared with the Fire Department or other departments.

**Line 10**

Enter the Total Salaries, Wages, Taxes, and Benefits Expense figure identified on Page 2, Line 19.

**Line 11 through Line 21**

Enter either the actual or allocated expenses shared with the Fire Department or other departments.

**Line 22**

Total Lines 9 through 21. Result is Total Operating Expense

**Line 23**

Subtract Line 22 from Line 8. Result is Total Operating Income or (Loss)

**Line 24**

Enter the gross amount of dollars received from Subscription Service Contract sales

**Line 25**

Enter the amount of Other Operating Revenues, such as grant monies, interest earned, patient finance charge revenues.

**Line 26**

Enter the total amount of Local Support Dollars to the ambulance service, such as tax monies.

**Line 27**

Enter Other Non-Operating Revenues, such as donations, sales of assets, fund raisers. Please attach schedule.

**Line 28**

Enter Other Non-Operating Expenses, such as civil fines, penalties, loss on sale of assets. Please attach schedule.

**Line 29**

Total Lines 23, plus Lines 24 through 27, minus Line 28. Result is Net Income or (loss) Before Income Taxes

**Lines 30, 31 and 32**

Enter Federal & State Income Taxes and total

**Line 33**

Subtract Line 32 from Line 29. The result is Ambulance Service Net Income (Loss) After Income Taxes

**AR&CR PAGES 4 & 5: BALANCE SHEET & STATEMENT OF CASH FLOWS**

Current audited financial statements may be submitted in lieu of these pages.

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