

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

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

Greenlee County Ambulance Service
Reporting Ambulance Service

Address: 401 Burro Alley
City: Morenci Zip: 85540

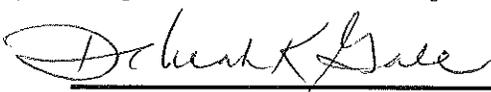
Report Fiscal Year

From: July 1, 2014 To: June 30, 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: 12-17-15
Print Name and Title: Deborah K. Gale, Greenlee County Supervisor
Phone: 928-865-2410

Mail to:
Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
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AMBULANCE REVENUE AND COST REPORT

FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: Greenlee County Ambulance Service

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	-	-	705	705
2	Number of BLS Billable Transports:	-	-	100	100
3	Number of Loaded Billable Miles:	-	-	27,468	27,468
4	Waiting Time (Hr. & Min.):	-	-	-	-
5	Canceled (Non-Billable) Runs:				251

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

6	ALS Base Rate Revenue			\$	809,389
7	BLS Base Rate Revenue				111,793
8	Mileage Charge Revenue				544,110
9	Waiting Charge Revenue				-
10	Medical Supplies Charge Revenue				-
11	Nurses Charge Revenue				-
12	Standby Charge Revenue (Attach Schedule)				-
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE			(Post to Page 3, Line 1) \$	1,465,293

SALARY AND WAGE EXPENSE DETAIL

GROSS WAGES:		** No. of FTE's
14	Management	1.9
15	Paramedics and IEMTs	7.5
16	Emergency Medical Technician (EMT)	8.4
17	Other Personnel	-
18	Payroll Taxes and Fringe Benefits - All Personnel	
19	Total Wages, Taxes & Benefits (Sum Lines 14 through 18; Post to Page 3, Line 10)	18

* 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.

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AMBULANCE REVENUE AND COST REPORT
FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY:

Greenlee County Ambulance Service

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

SCHEDULE OF REVENUES AND EXPENSES

Line No.	<u>DESCRIPTION</u>		
Operating Revenues:			
1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	\$ <u>1,465,293</u>
Settlement Amounts:			
2	AHCCCS		<u>97,828</u>
3	Medicare		<u>143,463</u>
4	Subscription Service		<u>-</u>
5	Contractual		<u>-</u>
6	Other		<u>464,996</u>
7	Total	(Sum of Lines 2 through 6)	<u>706,287</u>
8	Total Operating Revenue	(Line 1 minus Line 7)	\$ <u>759,005</u>
Operating Expenses:			
9	Bad Debt		\$ <u>164,035</u>
10	Total Salaries, Wages, and Employee-Related Expenses	(From: Page 2, Line 19)	<u>731,517</u>
11	Professional Services		<u>54,000</u>
12	Travel and Entertainment		<u>-</u>
13	Other General Administrative		<u>935</u>
14	Depreciation		<u>-</u>
15	Rent / Leasing		<u>3,800</u>
16	Building / Station		<u>10,612</u>
17	Vehicle Expense		<u>43,508</u>
18	Other Operating Expense		<u>24,957</u>
19	Cost of Medical Supplies Charged to Patients		<u>-</u>
20	Interest		<u>-</u>
21	Subscription Service Sales Expense		<u>-</u>
22	Total Operating Expense	(Sum of Lines 9 through 21)	<u>1,033,164</u>
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	\$ <u>(274,159)</u>
24	Subscription Contract Sales		<u>-</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>(274,159)</u>
Provision for Income Taxes:			
30	Federal Income Tax		<u>-</u>
31	State Income Tax		<u>-</u>
32	Total Income Tax	(Line 30, plus Line 31)	<u>-</u>
33	Ambulance Service Net Income (Loss)	(Line 29, minus Line 32)	<u>(274,159)</u>

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AMBULANCE SERVICE ENTITY: Greenlee County Ambulance Service

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

BALANCE SHEET

Due to Greenlee County Ambulance Service's unique agreement between Greenlee County and Gile Health Resources, cash flow is on an as needed basis and is included and part of GHR/Greenlee County's cash flow. We are unable to separate them and provide a projected cash-flow statement for the purpose of this document.

ASSETS

CURRENT ASSETS

1	Cash	\$		
2	Accounts Receivable			
3	Less: Allowance for Doubtful Accounts			
4	Inventory			
5	Prepaid Expe:			
6	Other Current Assets			
7	TOTAL CURRENT ASSETS			\$
9	PROPERTY & EQUIPMENT			
10	Less: Accumulated Depreciation			
11	OTHER NON CURRENT ASSETS			
12	TOTAL ASSETS			\$

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	TOTAL CURRENT LIABILITIES			\$
21	NOTES PAYABLE			
22	LONG-TERM DEBT, OTHER			
23	TOTAL LONG-TERM DEBT			

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	TOTAL EQUITY			
32	TOTAL LIABILITIES & EQUITY			\$

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AMBULANCE SERVICE ENTITY:

Greenlee County Ambulance Service

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

STATEMENT OF CASH FLOWS

Due to Greenlee County Ambulance Service's unique agreement between Greenlee County and Gile Health Resources, cash flow is on an as needed basis and is included and part of GHR/Greenlee County's cash flow. We are unable to separate them and provide a projected cash-flow statement for the purpose of this document.

OPERATING ACTIVITIES:

1	Net (loss) Income	
	<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	
3	Deferred Income Tax	
4	Loss (gain) on Disposal of Property & Equipment	
	<i>(Increase) Decrease in:</i>	Note: a decrease in these accounts improves cash flow
5	Accounts Receivable	
6	Inventories	
7	Prepaid Expenses	
	<i>Increase (Decrease) in:</i>	Note: a increase in these accounts improves cash flow
8	Accounts Payable	
9	Accrued Expenses	
10	Deferred Subscription Income	
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$ _____

INVESTING ACTIVITIES:

12	Purchases of Property & Equipment	
13	Proceeds from Disposal of Property & Equipment	
14	Purchases of Investments	
15	Proceeds from Disposal of Investments	
16	Loans Made	
17	Collections on Loans	
18	Other	
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES	\$ _____

FINANCING ACTIVITIES:

<i>New Borrowings:</i>		
20	Long-Term	
21	Short-Term	
<i>Debt Reduction:</i>		
22	Long-Term	
23	Short-Term	
24	Capital Contributions	
25	Dividends Paid	\$ _____
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES	\$ _____
27	NET INCREASE (Decrease) IN CASH	\$ _____
28	CASH AT BEGINNING OF YEAR	\$ _____
29	CASH AT END OF YEAR	\$ _____

SUPPLEMENTAL DISCLOSURES:

<i>Non-cash Investing and Financing Transactions:</i>		
30	
31	
32	
33	Interest Paid (Net of Amounts Capitalized)	
34	Income Taxes Paid	\$ _____

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