AMBULANCE REVENUE and COST REPORT

FIRE DISTRICT and SMALL RURAL COMPANY

Arizona Department of Health Services
Annual Ambulance Financial Report

CITY OF PAGE FIRE DEPARTMENT AMBULANCE SERVICE
Reporting Ambulance Service

Address: **P O BOX 1180**

City: **PAGE, ARIZONA** Zip: **86040**

Report Fiscal Year

From: **July 1, 2014** (Mo. Day Year) To: **June 30, 2015** (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: Linda L Watson *Date:* **February 17, 2016**

Print Name and Title: **Linda L. Watson, Finance Director**

Phone: **(928) 645-4203**

Mail to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
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06/22/2004 Formula's Excluded

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AMBULANCE REVENUE AND COST REPORT

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AMBULANCE SERVICE ENTITY: CITY OF PAGE FIRE DEPARTMENT 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:				324
2	Number of BLS Billable Transports:				826
3	Number of Loaded Billable Miles:				18,308
4	Waiting Time (Hr. & Min.):				
5	Canceled (Non-Billable) Runs:				45

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

6	ALS Base Rate Revenue		$ 338,088
7	BLS Base Rate Revenue		859,827
8	Mileage Charge Revenue		224,795
9	Waiting Charge Revenue		
10	Medical Supplies Charge Revenue	Included with ALS/BLS Rate Revenue	
11	Nurses Charge Revenue		
12	Standby Charge Revenue (Attach Schedule)		
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE	(Post to Page 3, Line 1)	$ 1,422,710

SALARY AND WAGE EXPENSE DETAIL

	GROSS WAGES:		** No. of FTE's
14	Management	$ 100,613	2.0
15	Paramedics and IEMTs	$ 529,704	17.0
16	Emergency Medical Technician (EMT)	$ 231,670	9.0
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)	$ 861,988	28

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

SCHEDULE OF REVENUES AND EXPENSES

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Line No.	DESCRIPTION		
	Operating Revenues:		
1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	$ 1,422,710
	Settlement Amounts:		
2	AHCCCS		(162,276)
3	Medicare		(189,350)
4	Subscription Service		
5	Contractual		(29,095)
6	Other		
7	Total	(Sum of Lines 2 through 6)	
8	Total Operating Revenue	(Line 1 minus Line 7)	$ 1,041,989
	Operating Expenses:		
9	Bad Debt		$
10	Total Salaries, Wages, and Employee-Related Expenses	(From: Page 2, Line 19)	1,217,815
11	Professional Services		67,405
12	Travel and Entertainment		15,566
13	Other General Administrative		2,792
14	Depreciation		
15	Rent / Leasing		92,277
16	Building / Station		6,801
17	Vehicle Expense		32,260
18	Other Operating Expense		62,469
19	Cost of Medical Supplies Charged to Patients		32,180
20	Interest		9,631
21	Subscription Service Sales Expense		
22	Total Operating Expense	(Sum of Lines 9 through 21)	1,539,196
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	$ (497,207)
24	Subscription Contract Sales		
25	Other Operating Revenue		
26	Local Supportive Funding		497,207
27	Other Non-Operating Income (Attach Schedule)		
28	Other Non-Operating Expense (Attach Schedule)		
29	NET INCOME or (LOSS) Before Income Taxes	(Sum of Lines 23 through 27, minus Line 28)	$ 0
	Provision for Income Taxes:		
30	Federal Income Tax		-
31	State Income Tax		-
32	Total Income Tax	(Line 30, plus Line 31)	-
33	**Ambulance Service Net Income (Loss)**	(Line 29, minus Line 32)	

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

BALANCE SHEET SEE ATTACHED COPY OF ANNUAL FINANCIAL STATEMENT

ASSETS

	CURRENT ASSETS		
1	Cash	$	
2	Accounts Receivable		
3	Less: Allowance for Doubtful Accounts		
4	Inventory		
5	Prepaid Exper		
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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FOR THE PERIOD **FROM:** July 1, 2014 **TO:** June 30, 2015

STATEMENT OF CASH FLOWS SEE ATTACHED COPY OF ANNUAL FINANCIAL STATEMENT

OPERATING ACTIVITIES:

1	Net (loss) Income	$	
	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities: Note: a increase in these accounts improves cash flow		
2	Depreciation Expense		
3	Deferred Income Tax		
4	Loss (gain) on Disposal of Property & Equipment		
	(Increase) Decrease in: Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable		
6	Inventories		
7	Prepaid Expenses		
	Increase (Decrease) in: 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:

	New Borrowings:		
20	Long-Term		
21	Short-Term		
	Debt Reduction:		
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:

Non-cash Investing and Financing Transactions:

30			
31			
32			
33	Interest Paid (Net of Amounts Capitalized)		
34	Income Taxes Paid		$

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