

ACTUAL FINANCIAL DATA
AMBULANCE REVENUE and COST REPORT
GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: Southwest Ambulance of Casa Grande, Inc CON No. 66

D.B.A. (Doing Business As): Southwest Ambulance and Rescue of AZ Business Phone: 928-445-3814

Financial Records Address: 8465 N Pima Rd City: Scottsdale Zip Code: 85258

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: COO - Glenn Kasprzyk

Report Contact Person: COO - Glenn Kasprzyk Business Phone: 928-445-3814 Ext. _____

Report for Period From: From: January 1, 2015 To: December 31, 2015

Method of Valuing Inventory: LIFO: _____ FIFO: (X) Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.
American Medical Response, Inc., Envision Healthcare Holdings, Inc.

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: 

Title: Regional Operations and Finance Officer Date: June 30, 2016

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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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

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:			9,389	9,389
2	Number of BLS Billable Transports:			1,874	1,874
3	Number of Loaded Billable Miles:			60,385	60,385
4	Waiting Time (Hr. & Min.):			-	0
5	Canceled (Non-Billable) Runs:			5,283	5,283
					Number
					Donated Hours
Volunteer Services: (OPTIONAL)					
6	Paramedic and IEMT				0
7	Emergency Medical Technician - B				0
8	Other Ambulance Attendants				0
9	Total Volunteer Hours				0

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATISTICAL SUPPORT DATA

<u>Line No.</u>	<u>Type of Service</u>	(1)	(2)	(3)
		SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
1	Number of ALS Billable Transports:		9,389	9,389
2	Number of BLS Billable Transports:		1,874	1,874
3	Number of Loaded Billable Miles:		60,385	60,385
4	Waiting Time (Hr. & Min.):		-	0
5	Canceled (Non-Billable) Runs:		5,283	5,283
				Number
Volunteer Services: (OPTIONAL)				Donated Hours
6	Paramedic and IEMT			0
7	Emergency Medical Technician - B			0
8	Other Ambulance Attendants			0
9	Total Volunteer Hours			0

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF INCOME

Line No.	<u>DESCRIPTION</u>	<u>FROM</u>	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 13,375,005
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	3,228,831
3	Medicare Settlement	Page 3.1, Line 12	1,875,149
4	Contractual Discounts	Page 7, Line 22	0
5	Subscription Service Settlement	Page 8, Line 4	0
6	Other (Attach Schedule)	Page 3.1, Line 13	0
7	Total	Sum of Lines 2 through 6	5,103,980
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	8,271,025
9	Sales of Subscription Service Contracts	Page 8, Line 8	0
10	Total Operating Revenue	Line 8, plus Line 9	\$ 8,271,025
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		1,989,156
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	3,367,294
13	General and Administrative Expenses	Page 5, Line 20	1,324,953
14	Cost of Goods Sold	Page 3, Line 15	235,710
15	Other Operating Expense	Page 6, Line 28	681,473
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	227,626
17	Subscription Service Direct Selling	Page 8, Line 23	0
18	Total Operating Expense	Sum of Lines 11 through 17	7,826,212
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	444,814
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	2,150
21	Non-Operating Revenue and Expense		
22	Non-Deductible Expenses (Attach Schedule)		
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	2,150
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	446,963
Provision for Income Taxes:			
25	Federal Income Tax		156,437
26	State Income Tax		22,348
27	Total Income Tax	Lines 25, plus Line 26	178,785
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	268,178

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ROUTINE OPERATING REVENUE

Line No.	<u>DESCRIPTION</u>						
Ambulance Service Routine Operating Revenue:							
1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	9,389	=	\$ 10,099,176
		Rate		x No. of Runs		=	0
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	1,874	=	1,831,472
		Rate		x No. of Runs		=	0
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	60,385	=	1,144,113
		Rate		x No. of Billable Miles		=	0
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	-	=	0
		Rate		x No. of Hours		=	0
5	Medical Supplies (Gross Charges to patients)						300,244
6	Nurses Charges						0
7	Total						13,375,005
8	Standby Revenue (Attach Schedule)						0
9	Other Ambulance Service Revenue (Attach Schedule)						0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ 13,375,005

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year				N/A		
12	Plus Purchases						
13	Plus Other Costs						
14	Less Inventory at End of Year				N/A		
15	Cost of Goods Sold (To Page 2, Line 14)						\$ 235,710 *

* The disposable medical supplies are expensed as used and not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	<u>DESCRIPTION</u>	<u>SUBSIDIZED PATIENTS</u>	<u>NON-SUBSIDIZED PATIENTS</u>	<u>TOTALS</u>
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ _____	\$ 10,099,176	\$ 10,099,176
2	BLS Base Rate	_____	1,831,472	1,831,472
3	Mileage Charge	_____	1,144,113	1,144,113
4	Waiting Charge	_____	0	0
5	Medical Supplies (Gross Charges)	_____	300,244	300,244
6	Nurses' Charges	_____	0	0
7	Total	\$ _____	\$ 13,375,005	\$ 13,375,005
Plus:				
8	Standby Revenue (Attach Schedule)	_____	_____	0
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	0
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1)	_____	_____	\$ 13,375,005
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ 3,228,831	\$ 3,228,831
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	1,875,149	1,875,149
13	Subsidy (Post total to Pg 2, Line 6)	_____	_____	0
14	Other (Attach Schedule)	_____	0	0
15	Total Settlements (Post to Pg 2, Line 7)	\$ 0	\$ 5,103,980	\$ 5,103,980

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	AMOUNT
OFFICERS / OWNERS (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages	0.0	\$ 0
2	Payroll Taxes		0
3	Employee Fringe Benefits		0
4	Total	0.0	0
MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	0.0	0
6	Payroll Taxes		0
7	Employee Fringe Benefits		0
8	Total	0.0	0
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg ** Casual Wages)			
9	Gross Wages		
9	Paramedics and IEMT	31.8	1,672,004
10	Emergency Medical Technician (EMT)	29.1	1,015,801
11	Nurses	0.0	0
12	Payroll Taxes		186,960
13	Employee Fringe Benefits		492,528
14	Total	60.8	3,367,294
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
15	Gross Wages		
15	Dispatch	0.0	0
16	Mechanics	0.0	0
17	Office and Clerical	0.0	0
18	Other	0.0	0
19	Payroll Taxes		0
20	Employee Fringe Benefits		0
21	Total	0.0	0
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits (Post to Pg 2, line 12)	60.8	\$ 3,367,294

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
MANAGEMENT					
1	Gross Wages (Attach Schedule II)	0.0	0	100%	0
2	Payroll Taxes		0	100%	0
3	Employee Fringe Benefits		0	100%	0
4	Total	0.0	0		0
AMBULANCE PERSONNEL					
			** Contractual		
			Labor		
	Gross Wages (Attach Schedule II)				
5	Paramedics and IEMT	31.8	1,672,004	100%	1,672,004
6	Emergency Medical Technician (EMT)	29.1	1,015,801	100%	1,015,801
7	Nurses	-	0	100%	0
8	Drivers			100%	0
9	Payroll Taxes		186,960	100%	186,960
10	Employee Fringe Benefits		492,528	100%	492,528
11	Total	60.8	3,367,294		3,367,294
OTHER PERSONNEL					
	Gross Wages (Attach Schedule II)				
12	Dispatch	-	0	100%	0
13	Mechanics	-	0	100%	0
14	Office and Clerical	-	0	100%	0
15	Other	-	0	100%	0
16	Payroll Taxes		0	100%	0
17	Employee Fringe Benefits		0	100%	0
18	Total	-	0		0
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS				
	(Post to Pg 2, line 12)	60.8	3,367,294		\$ 3,367,294

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.'s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>	
1	Gross Wages - MANAGEMENT	All personnel are 100% dedicated to ambulance services.	
2	Payroll Taxes	100% ambulance services.	
3	Employee Fringe Benefits	100% ambulance services.	
4	Total	100% ambulance services.	
		Contractual	Wages
	Gross Wages - AMBULANCE PERSONNEL		
5	Paramedics and IEMT		100% ambulance services.
6	Emergency Medical Technician (EMT)		100% ambulance services.
7	Nurses		100% ambulance services.
8	Drivers		100% ambulance services.
9	Payroll Taxes		100% ambulance services.
10	Employee Fringe Benefits		100% ambulance services.
11	Total		100% ambulance services.
	Gross Wages - OTHER PERSONNEL		
12	Dispatch		100% ambulance services.
13	Mechanics		100% ambulance services.
14	Office and Clerical		100% ambulance services.
15	Other		100% ambulance services.
16	Payroll Taxes		100% ambulance services.
17	Employee Fringe Benefits		100% ambulance services.
18	Total		100% ambulance services.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
Professional Service:			
1	Legal Fees	\$	-
2	Collection Fees		227,332
3	Accounting and Auditing		-
4	Data Processing Fees		-
5	Other (Attach Schedule)		242
6	Total		\$ 227,575
 Travel and Entertainment:			
7	Meals and Entertainment		-
8	Transportation - Other Company Vehicles		-
9	Travel		-
10	Other (Attach Schedule)		72
11	Total		72
 Other General and Administrative:			
12	Office Supplies		517
13	Postage		52
14	Telephone		5,219
15	Advertising		-
16	Professional Liability Insurance		17,077
17	Dues and Subscriptions		-
18	Other (Attach Schedule)		1,074,441
19	Total		1,097,306
20	Total General and Administrative Expenses (Post to Page 2, Line 13)		\$ 1,324,953

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

GENERAL and ADMINISTRATIVE SUPPORTING DETAIL

Line No.	DESCRIPTION	\$	
Professional Service Other:			
1	Management Consulting	-	
2	Medical Director	-	
3	911 contract administration	-	
4	Temp Staffing	-	
5	First Responder Fees	-	
6	Other Professional Fees	242	
7	Total		\$ 242
 Travel and Entertainment Other:			
8	Other T&E	72	
9	.....	
10	.....	
11	.....	
12	Total		72
 Other General and Administrative:			
13	Public Relations	-	
14	Printing	122	
15	Contributions	-	
16	Bank Charges	-	
17	Business Licenses & Misc taxes	4,883	
18	Misc G&A	1,143	
19	Corporate & Regional Overhead Support	1,068,293	
20	Total		1,074,441

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ 0	100%	\$ 0
2	Collection Fees	227,332	100%	227,332
3	Accounting and Auditing	0	100%	0
4	Data Processing Fees	0	100%	0
5	Other (Attach Schedule)	242	100%	242
6	Total	227,575		227,575
Travel and Entertainment:				
7	Meals and Entertainment	0	100%	0
8	Transportation - Other Company Vehicles	0	100%	0
9	Travel	0	100%	0
10	Other (Attach Schedule)	72	100%	72
11	Total	72		72
Other General and Administrative:				
12	Office Supplies	517	100%	517
13	Postage	52	100%	52
14	Telephone	5,219	100%	5,219
15	Advertising	0	100%	0
16	Professional Liability Insurance	17,077	100%	17,077
17	Dues and Subscriptions	0	100%	0
18	Other (Attach Schedule)	1,074,441	100%	1,074,441
19	Total	1,097,306		1,097,306
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 1,324,953		1,324,953

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
1	Legal Fees	100% Ambulance Services
2	Collection Fees	100% Ambulance Services
3	Accounting and Auditing	100% Ambulance Services
4	Data Processing Fees	100% Ambulance Services
5	Other (Attach Schedule)	100% Ambulance Services
6	Total	
Travel and Entertainment:		
7	Meals and Entertainment	100% Ambulance Services
8	Transportation - Other Company Vehicles	100% Ambulance Services
9	Travel	100% Ambulance Services
10	Other (Attach Schedule)	100% Ambulance Services
11	Total	
Other General and Administrative:		
12	Office Supplies	100% Ambulance Services
13	Postage	100% Ambulance Services
14	Telephone	100% Ambulance Services
15	Advertising	100% Ambulance Services
16	Professional Liability Insurance	100% Ambulance Services
17	Dues and Subscriptions	100% Ambulance Services
18	Other (Attach Schedule)	100% Ambulance Services
19	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$ <u>92,365</u>
2	Amortization		<u>0</u>
3	Total		\$ <u>92,365</u>

4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)	<u>130,963</u>
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Building / Station Expense:

5	Building and Cleaning Supplies		<u>0</u>
6	Utilities		<u>34,192</u>
7	Property Taxes		<u>9,452</u>
8	Property Insurance		<u>0</u>
9	Repairs and Maintenance		<u>32,133</u>
10	Other (Attach Schedule)		<u>0</u>
11	Total		<u>75,778</u>

Vehicle Expense - Ambulance Units:

12	License / Registration		<u>2,194</u>
13	Fuel		<u>84,017</u>
14	General Vehicle Service and Maintenance		<u>31,181</u>
15	Major Repairs		<u>0</u>
16	Insurance - Service Vehicles		<u>18,833</u>
17	Other (Attach Schedule)		<u>8,302</u>
18	Total		<u>144,527</u>

Other Expenses:

19	Dispatch		<u>219,008</u>
20	Education / Training		<u>0</u>
21	Uniforms and Uniform Cleaning		<u>10,291</u>
22	Meals and Travel for Ambulance personnel		<u>0</u>
23	Maintenance Contracts		<u>2,742</u>
24	Minor Equipment - Not Capitalized		<u>4,246</u>
25	Ambulance Supplies - Nonchargeable		<u>0</u>
26	Other (Attach Schedule)		<u>1,554</u>
27	Total		<u>237,841</u>

28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$ <u>681,473</u>
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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING EXPENSES SUPPORTING DETAIL

Line
No. **DESCRIPTION**

Building / Station Expense Other:

1	Other building/station expenses	<u>0</u>	
2	.....	_____
3	.....	_____
4	.....	_____
5	.....	_____
6	.....	_____
7	Total		<u>0</u>

Vehicle Expense - Ambulance Units Other:

8	Tires	<u>8,302</u>	
9	.....	_____
10	.....	_____
11	.....	_____
12	.....	_____
13	.....	_____
14	Total		<u>8,302</u>

Other Expenses:

15	Medical Testing	<u>1,554</u>	
16	_____	
17	_____	
18	_____	
19	_____	
20	_____	
21	_____	
22	_____	
23	Total		<u>1,554</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>	(1) Total <u>Expenditure</u>	(2) Allocation <u>Percentage</u>	(3) Ambulance <u>Amount</u>
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 92,365	100%	\$ 92,365
2	Amortization	0	100%	0
3	Total	92,365		92,365
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	130,963	100%	130,963
Building / Station Expense:				
5	Building and Cleaning Supplies	0	100%	0
6	Utilities	34,192	100%	34,192
7	Property Taxes	9,452	100%	9,452
8	Property Insurance	0	100%	0
9	Repairs and Maintenance	32,133	100%	32,133
10	Other (Attach Schedule)	0	100%	0
11	Total	75,778		75,778
Vehicle Expense - Ambulance Units:				
12	License / Registration	2,194	100%	2,194
13	Fuel	84,017	100%	84,017
14	General Vehicle Service and Maintenance	31,181	100%	31,181
15	Major Repairs	0	100%	0
16	Insurance - Service Vehicles	18,833	100%	18,833
17	Other (Attach Schedule)	8,302	100%	8,302
18	Total	144,527		144,527
Other Expenses:				
19	Dispatch	219,008	100%	219,008
20	Education / Training	0	100%	0
21	Uniforms and Uniform Cleaning	10,291	100%	10,291
22	Meals and Travel - Ambulance Personnel	0	100%	0
23	Maintenance Contracts	2,742	100%	2,742
24	Minor Equipment - Not Capitalized	4,246	100%	4,246
25	Ambulance Supplies - Nonchargeable	0	100%	0
26	Other (Attach Schedule)	1,554	100%	1,554
27	Total	237,841		237,841
28	Total Other Operating Expenses (Post to Page 2, Line 15) ..	\$ 681,473		\$ 681,473

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
Building / Station Expense:		
5	Building and Cleaning Supplies	100% Ambulance Services
6	Utilities	100% Ambulance Services
7	Property Taxes	100% Ambulance Services
8	Property Insurance	100% Ambulance Services
9	Repairs and Maintenance	100% Ambulance Services
10	Other	100% Ambulance Services
11	Total	100% Ambulance Services
Vehicle Expense - Ambulance Units:		
12	License / Registration	100% Ambulance Services
13	Fuel	100% Ambulance Services
14	General Vehicle Service and Maintenance	100% Ambulance Services
15	Major Repairs	100% Ambulance Services
16	Insurance - Service Vehicles	100% Ambulance Services
17	Other	100% Ambulance Services
18	Total	100% Ambulance Services
Other Expenses:		
19	Dispatch	100% Ambulance Services
20	Education / Training	100% Ambulance Services
21	Uniforms and Uniform Cleaning	100% Ambulance Services
22	Meals and Travel for Ambulance personnel	100% Ambulance Services
23	Maintenance Contracts	100% Ambulance Services
24	Minor Equipment - Not Capitalized	100% Ambulance Services
25	Ambulance Supplies - Nonchargeable	100% Ambulance Services
26	Other (Attach Schedule)	100% Ambulance Services
27	Total	100% Ambulance Services

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	<u>Name of Contracting Entity</u>	<u>Total Billable Runs</u>	<u>Gross Billing</u>	<u>Percent Discount</u>	<u>Allowance</u>
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	(Post Total to Page 2, Line 4)				\$ -

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD

FROM: January 1, 2015 **TO:** December 31, 2015

**SUBSCRIPTION SERVICE REVENUE AND
DIRECT SELLING EXPENSES**

Line No.	Description	
1	Billings at Fully Established Rate	\$ _____
	<u>Less:</u>	
2	AHCCCS Settlement	\$ _____
3	Medicare Settlement	_____
4	Subscription Service Settlement (Post to Pg 2, Line 5) ...	_____
5	Subscription Service Bad Debt	_____
6	Total	_____ 0
	<u>Plus:</u>	
7	Net Revenue from Subscription Service Runs	_____
8	Sales of Subscription Service (Post to Pg 2, Line 9)	_____ 0
9	Other Revenue (attach schedule)	_____
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	_____ 0
	 Direct Expenses Incurred Selling Subscription Contracts	
11	Salaries / Wages	_____
12	Payroll Taxes	_____
13	Employee Fringe Benefits	_____
14	Professional Services	_____
15	Contract Labor	_____
16	Travel	_____
17	Other General & Administrative Expenses	_____
18	Depreciation / Amortization	_____
19	Rent / Lease	_____
20	Building / Station Expense	_____
21	Transportation / Vehicles	_____
22	Other: _____ (attach schedule)	_____
23	Total Subscription Service Expenses (Post to Pg 2, Line 17)	\$ _____ 0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING REVENUES & EXPENSES

<u>Line No.</u>	<u>Description</u>		
Other Operating Revenues:			
1	Supportive Funding - Local	(attach schedule)	\$ _____
2	Grant Funds - State	(attach schedule)	_____
3	Grant Funds - Federal	(attach schedule)	_____
4	Grant Funds - Other	(attach schedule)	_____
5	Patient Finance Charges		_____
6	Patient Late Payment Charges		_____
7	Interest Earned - Related Person / Organization		_____
8	Interest Earned - Other		_____
9	Gain on Sale of Operating Property		_____
10	Other: <u>Interest Income & Misc Revenue</u>		612
11	Other: _____		_____
12	Total Other Operating Revenues		\$ <u>612</u>
Other Operating Expenses:			
13	Loss on Sale of Operating Property		(1,538)
14	Other: _____		0
15	Other: _____		0
16	Total Other Operating Expenses		(1,538)
17	Net Other Operating Revenues and Expenses	(Post to Pg 2, Line 20)	\$ <u>2,150</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule I
DETAIL OF SALARIES / WAGES
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1				\$				\$				\$	0.0
2													
3													
4													
5													
6													
7	TOTAL			\$				\$				\$	0.0

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel

Line No.	<u>Detail of Salaries / Wages - Other Than Officers / Owners</u>				
1	MANAGEMENT:				
	Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
	<u>Various Local Management</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</u>	<u>N/A</u>
	<u>Various Regional Management</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</u>	<u>N/A</u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2	AMBULANCE PERSONNEL:				
	<u>Paramedic</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
	<u>EMT</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
	<u>Nurse</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3	OTHER PERSONNEL:				
	<u>Various Support Staff</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</u>	<u>N/A</u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc
 FROM: January 1, 2015 TO: December 31, 2015

Schedule III
 DEPRECIATION and/or RENT / LEASE EXPENSE
 AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis **	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Vehicle Rental										
2	Equipment Rental			100%							
3											
4	Ambulances	Various	\$ 434,996	100%	\$ 434,996	SL	Various	-	\$ 77,117	417,074	
5	Ambulance Equipment	Various	\$ 4,914	100%	\$ 4,914	SL	Various	-	\$ 10,486	4,827	
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL										\$ 8,922

\$ 87,603 Post to Pg 13, Line 19, Column I
 \$ 421,901 Post to Pg 13, Line 19, Column K
 \$ 8,922 Post to Pg 13, Line 19, Column K

* Complete Description of property, date placed in service, and rent/lease amount only.
 ** Fixed assets revalued as of October 2015 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

**Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
ALL OTHER ITEMS**

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis**	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Rented Real Estate			100%							122,041
2											
3	Other Vehicles	Various	\$ 7,240	100%	\$ 7,240	SL	Various	\$ -	\$ 3,823	\$ 6,598	
4	Non-Vehicle Fixed Assets	Various	\$ 3,304	100%	\$ 3,304	SL	Various	\$ -	\$ 938	\$ 3,143	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

18	SUBTOTAL above										
19	SUBTOTAL from Page 12, Line 20										
									\$ 4,762	\$ 9,740	\$ 122,041
									\$ 87,603	\$ 421,901	\$ 8,922

Post from Pg 12, Line 20 Column 1

Post from Pg 6, Line 1

Post to Pg 6, Line 4

* Complete Description of property, date placed in service, and rent/lease amount only.
 ** Fixed assets revalued as of October 2015 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1)	(2)	(3)	(4)	(5)
		Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	Other
Service Vehicles & Accessorial Equipment Name of Payee:						
1	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
Communication Equipment Name of Payee:						
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
Other Property and Equipment Name of Payee:						
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
Working Capital Name of Payee:						
11	Various - Consolidated Financials	Various	In Corp Balances	_____	_____	227,626
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
Other Name of Payee:						
14	_____	_____ %	_____	_____	_____	_____
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ 227,626

Post totals of Column 4 & 5 to Pg 2, Line 16

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash	\$	
2	Accounts Receivable: NET		973,436
3	Less: Allowance for Doubtful Accounts		
4	Inventory		30,487
5	Prepaid Expenses and Other		10,000
6	Other Current Assets		
7	TOTAL CURRENT ASSETS		\$ 1,013,923
9	PROPERTY & EQUIPMENT: NET		431,641
10	Less: Accumulated Depreciation		
11	OTHER NON CURRENT ASSETS		14,330
12	TOTAL ASSETS		\$ 1,459,894

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		68,145
18	.....	
19	.....	
20	TOTAL CURRENT LIABILITIES		\$ 115,984
21	NOTES PAYABLE		
22	LONG-TERM DEBT OTHER		-41
23	TOTAL LONG-TERM DEBT		-41

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	Net Investment		1,343,951
29	.....	
30	Fund Balance		
31	TOTAL EQUITY		1,343,951
32	TOTAL LIABILITIES & EQUITY		\$ 1,459,894

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:			
1	Net (loss) Income	\$	268,178
	<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		92,365
3	Deferred Income Tax		
4	Loss (gain) on Disposal of Property & Equipment		(1,538)
	<i>(Increase) Decrease in:</i>	Note: a decrease in these accounts improves cash flow	
5	Accounts Receivable		146,481
6	Inventories		13,544
7	Prepaid Expenses and Other		70
	<i>Increase (Decrease) in:</i>	Note: a increase in these accounts improves cash flow	
8	Accounts Payable		(16,389)
9	Accrued Expenses and Other		16,224
10	Deferred Subscription Income		
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$	518,935
INVESTING ACTIVITIES:			
12	Purchases of Property & Equipment		(4,563)
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		(4,563)
FINANCING ACTIVITIES:			
	<i>New Borrowings:</i>		
20	Long-Term		
21	Short-Term		
	<i>Debt Reduction:</i>		
22	Long-Term		
23	Short-Term		
24	Net working capital paid to Parent Company		(514,372)
25	Dividends Paid	\$	
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES		(514,372)
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)		227,626
34	Income Taxes Paid	\$	178,785

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