

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

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

**Elfrida Fire District  
Reporting Ambulance Service**

**Address: P.O. Box 68, 10293 N. Central Hwy**

**City: Elfrida Zip: 85610**

**Report Fiscal Year**

**From: July 1, 2013 To: June 30, 2014**  
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: Victoria Ibarra Date: March 4, 2015**

**Print Name and Title: Victoria Ibarra- Bookkeeper**

**Phone: 520-842-3749**

**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  
Fax: (602) 364-3567

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# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

**AMBULANCE SERVICE ENTITY:** Elfrida Fire District

**FOR THE PERIOD** FROM: July 1, 2013 TO: June 30, 2014

**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:		88,183		88,183
2	Number of BLS Billable Transports:		26,364		26,364
3	Number of Loaded Billable Miles:		2,889		2,889
4	Waiting Time (Hr. & Min.):		-		-
5	Canceled (Non-Billable) Runs:				

**AMBULANCE SERVICE ROUTINE OPERATING REVENUE**

6	ALS Base Rate Revenue				\$
7	BLS Base Rate Revenue				
8	Mileage Charge Revenue				
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>\$ 117,436</b>

**SALARY AND WAGE EXPENSE DETAIL**

**GROSS WAGES:**

Line No.	DESCRIPTION	\$	** No. of FTE's
14	Management	13,337	
15	Paramedics and IEMTs	70,776	
16	Emergency Medical Technician (EMT)	80,176	
17	Other Personnel	-	
18	Payroll Taxes and Fringe Benefits - All Personnel	51,637	
19	<b>Total Wages, Taxes &amp; Benefits</b> (Sum Lines 14 through 18; Post to Page 3, Line 10)	<b>215,926</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:**

Elfrida Fire District

**FOR THE PERIOD**

**FROM:** July 1, 2013

**TO:** June 30, 2014

**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>117,436</u>
<u>Settlement Amounts:</u>			
2	AHCCCS .....		<u>26,782</u>
3	Medicare .....		<u>18,033</u>
4	Subscription Service .....		<u>-</u>
5	Contractual .....		<u>-</u>
6	Other .....		<u>31,526</u>
7	Total	(Sum of Lines 2 through 6)	<u>                    </u>
8	Total Operating Revenue	(Line 1 minus Line 7)	\$ <u>203,777</u>
<b>Operating Expenses:</b>			
9	Bad Debt .....		\$ <u>12,261</u>
10	Total Salaries, Wages, and Employee-Related Expenses .....	(From: Page 2, Line 19) .....	<u>215,926</u>
11	Professional Services .....		<u>9,907</u>
12	Travel and Entertainment .....		<u>4,309</u>
13	Other General Administrative .....		<u>                    </u>
14	Depreciation .....		<u>-</u>
15	Rent / Leasing .....		<u>-</u>
16	Building / Station .....		<u>-</u>
17	Vehicle Expense .....		<u>2,722</u>
18	Other Operating Expense .....		<u>3,294</u>
19	Cost of Medical Supplies Charged to Patients .....		<u>-</u>
20	Interest .....		<u>6</u>
21	Subscription Service Sales Expense .....		<u>-</u>
22	Total Operating Expense	(Sum of Lines 9 through 21)	<u>255,456</u>
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	\$ <u>(51,679)</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>(51,679)</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>                    </u>

# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

**AMBULANCE SERVICE ENTITY:** Elfrida Fire District

**FOR THE PERIOD** FROM: July 1, 2013 TO: June 30, 2014

**BALANCE SHEET**

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

**ASSETS**

**CURRENT ASSETS**

1	Cash .....	\$		
2	Accounts Receivable .....			
3	Less: Allowance for Doubtful Accounts .....			
4	Inventory .....			
5	Prepaid Expense .....			
6	Other Current Assets .....			
7	<b>TOTAL CURRENT ASSETS</b>			\$

9	PROPERTY & EQUIPMENT .....			
10	Less: Accumulated Depreciation .....			

11	OTHER NON CURRENT ASSETS .....			
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12	TOTAL ASSETS			\$
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**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>			\$

21	NOTES PAYABLE .....			
22	LONG-TERM DEBT, OTHER .....			
23	<b>TOTAL LONG-TERM DEBT</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>			

32	TOTAL LIABILITIES & EQUITY			\$
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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** \_\_\_\_\_

**FOR THE PERIOD**                      **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**STATEMENT OF CASH FLOWS**

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

**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 .....		\$ _____