

June 16, 2014

Arizona Department of Health Services
Bureau of Emergency Medical Services
ATTN: Todd Jaramillo
150 N. 18TH AVE. STE. 540
Phoenix, AZ 85007-3248

Dear Mr. Jaramillo,

Enclosed for review, is the completed Ambulance Revenue and Cost Report for the emergency transportation services provided by the City of Phoenix Fire Department, for the calendar year 2013.

Should additional assistance be needed during the review process, please contact Mike Moreno at our office at 602-256-3385.

Thank you.



Kim Brown
Accountant II
City of Phoenix Fire Department
Fiscal Management

c: K. Leake, Deputy Chief
K. Kalkbrenner, Assistant Fire Chief

attachments

RECEIVED
JUN 19 2014
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT *

GENERAL INFORMATION AND CERTIFICATION

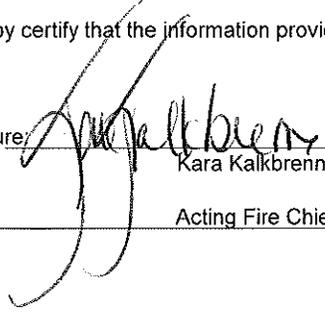
Legal Name of Company: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT CON No: 76
DBA (Doing Business As): CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT Business Phone: 602-261-8414
Financial Records Address: 150 SOUTH 12TH STREET City: PHOENIX Zip Code: 85034
Mailing Address (If Different): SAME AS ABOVE City: SAA Zip Code: SAA
Owner/Manager: Chief Ken Leake
Report Contact Person: Michael Moreno Phone: 602-256-3385
Report Period From: January 1, 2013 To: December 31, 2013
Method of Valuing Inventory: LIFO: () FIFO: () Other (Explain): Average

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

CERTIFICATION

I hereby certify that I have directed the preparation of the Arizona Ambulance Revenue and Cost Report for the facility listed above in accordance with the reporting requirements of the State of Arizona.

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

Authorized Signature: 

Kara Kalkbrenner

Title:

Acting Fire Chief

Date: 6-16-14

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services
150 N. 18th Ave. Ste. 540
Phoenix, AZ 85007
Telephone: (602) 364-3184

* The ARCR is required to be reported on an accrual basis.

RECEIVED
JUN 19 2014
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

FOR THE PERIOD FROM: January 1, 2013 TO: December 31, 2013

STATISTICAL SUPPORT DATA:

Line No.	DESCRIPTION	(1)	(2)	(3)	(4)
		SUBSCRIPTION SERVICE TRANSPORTS	TRANSPORTS UNDER CONTRACT	TRANSPORTS NOT UNDER CONTRACT	TOTALS
01	No. of ALS Billable Runs	N/A	N/A	41,258	41,258
02	No. of BLS Billable Runs	N/A	N/A	26,982	26,982
03	No. of Loaded Billable Miles	N/A	N/A	281,366.7	281,366.7
04	Waiting Time (Hr. & Min.)	N/A	N/A	0	0
05	Totaled Canceled (Non-billable) Runs	N/A	N/A	13,426	13,426 Number
Volunteer Services: (OPTIONAL)					Donated Hours
06	Paramedic and IEMT				N/A
07	Emergency Medical Technician - B				N/A
08	Other Ambulance Attendants				N/A
09	Total Volunteer Hours				N/A

RECEIVED
JUN 19 2014
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD

FROM: _____

TO: _____

STATISTICAL SUPPORT DATA

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

NA

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

RECEIVED
JUN 19 2014
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

FOR THE PERIOD FROM: January 1, 2013 TO: December 31, 2013

STATEMENT OF INCOME

Line No.	DESCRIPTION	From	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue	Pg 3 Ln 10	\$ <u>63,233,025</u>
Less:			
02	AHCCCS Settlement		<u>5,291,588</u>
03	Medicare Settlement		<u>12,305,741</u>
04	Contractual Discounts	Pg 7 Ln 22	<u>0</u>
05	Subscription Service Settlement	Pg 8 Ln 4	<u>0</u>
06	Other (Attach Schedule)		<u>279,238</u>
07	Total		<u>17,876,566</u>
08	Net Revenue from Ambulance Runs		\$ <u>45,356,459</u>
09	Sales of Subscription Service Contracts	Pg 8 Ln 8	<u>0</u>
10	Total Operating Revenue		\$ <u>45,356,459</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		\$ <u>12,217,282</u>
12	Wages, Payroll Taxes and Employee Benefits	Pg 4 Ln 22	<u>23,149,135</u>
13	General And Administrative Expenses	Pg 5 Ln 20	<u>7,054,709</u>
14	Cost of Goods Sold	Pg 3 Ln 15	<u>1,555,755</u>
15	Other Operating Expenses	Pg 6 Ln 28	<u>4,095,579</u>
16	Interest Expense (Attach Schedule IV)	Pg 14 C1 4&5 Ln 15	<u>0</u>
17	Subscription Service Direct Selling	Pg 8 Ln 23	<u>0</u>
18	Total Operating Expenses		<u>48,072,460</u>
19	Ambulance Service Income (Loss) (Line 10 minus Line 18)		\$ <u>(2,716,002)</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and Expenses	Pg 9 Ln 17	\$ <u>0</u>
21	Non-Operating Revenue and Expenses		<u>0</u>
22	Non-Deductible Expenses (Attach Schedule)		<u>0</u>
23	Total Other Revenues/Expenses		<u>0</u>
24	Ambulance Service Income (Loss) - Before Income Taxes		\$ <u>(2,716,002)</u>
Provision for Income Taxes:			
25	Federal Income Tax		\$ <u>0</u>
26	State Income Tax		<u>0</u>
27	Total Income Tax		<u>0</u>
28	Ambulance Service - Net Income (Loss)		\$ <u>(2,716,002)</u>

RECEIVED

JUN 19 2014

BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

FOR THE PERIOD

FROM: January 1, 2013

TO: December 31, 2013

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ 842.19	x No. of Runs	11,559	=	\$ 9,734,874
		Rate	862.40	x No. of Runs	29,699	=	25,612,418
<hr/>							
2	BLS Base Rate Amount	Rate	750.20	x No. of Runs	7,624	=	5,719,525
		Rate	768.20	x No. of Runs	19,358	=	14,870,816
<hr/>							
3	Mileage Rate Amount	Rate	17.46	x No. of Billable Miles	79,417.6	=	1,386,631
		Rate	8.73	x No. of Billable Miles	957.7	=	8,361
		Rate	17.88	x No. of Billable Miles	197,975.6	=	3,539,807
		Rate	8.94	x No. of Billable Miles	3,015.8	=	26,961
<hr/>							
4	Waiting Charge Amount	Rate		x No. of Hours		=	-
		Rate		x No. of Hours		=	-
<hr/>							
5	Medical Supplies (Gross Charges to patients)						2,333,632
6	Nurses Charges						-
7	Total						63,233,025
8	Standby Revenue (Attach Schedule)						-
9	Other Ambulance Service Revenue (Attach Schedule)						-
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ 63,233,025
<hr/>							
Cost of Goods Sold: (Medical Supplies)							
11	Inventory at Beginning of Year						-
12	Plus Purchases						-
13	Plus Other Costs						-
14	Less Inventory at End of Year						-
15	Cost of Goods Sold (To Page 2, Line 14)						\$ 1,555,755

RECEIVED

JUN 19 2014

BEMSTS-CON & RATES

CITY OF PHOENIX FIRE DEPARTMENT
EMERGENCY TRANSPORTATION SERVICES
SUMMARY OF BILLED REVENUE
CALENDAR YEAR 2013

TRANSPORT REVENUE:	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	TOTAL BILLED REVENUE
ALS FULL RATE	3,113,576.43	2,658,793.83	3,050,412.18	3,021,522.17	3,078,768.00	3,035,648.00	3,110,676.80	2,941,646.40	2,838,158.40	2,846,782.40	2,780,377.60	2,870,929.60	35,347,291.81
BLS FULL RATE	1,877,750.60	1,555,914.80	1,756,988.40	1,806,407.60	1,739,973.00	1,838,570.60	1,699,258.40	1,719,231.60	1,688,530.40	1,713,086.00	1,718,463.40	1,696,185.60	20,590,340.40
TOTAL TRANSPORT REVENUE	4,991,327.03	4,214,708.63	4,807,380.58	4,827,929.77	4,818,741.00	4,874,218.60	4,809,935.20	4,660,878.00	4,506,688.80	4,559,868.40	4,498,841.00	4,567,115.20	55,937,632.21
MILEAGE REVENUE													
FULL RATE	447,019.29	381,839.57	429,679.85	425,018.50	428,265.68	400,539.55	415,604.85	401,492.27	386,244.24	408,433.26	401,695.83	400,605.32	4,926,438.21
HALF RATE	2,746.53	2,493.30	2,277.69	2,979.10	3,960.46	2,478.18	3,413.30	3,669.02	3,064.31	2,481.76	2,707.06	3,031.57	35,322.28
TOTAL MILEAGE REVENUE	449,765.82	384,332.87	431,957.54	427,997.60	432,226.14	403,017.73	419,018.15	405,161.29	389,328.55	410,915.02	404,402.89	403,636.89	4,961,760.49
SUPPLIES REVENUE	213,657.20	181,197.80	205,567.03	203,145.05	198,763.08	190,408.16	198,554.70	190,920.13	187,006.53	189,060.69	184,404.87	190,947.06	2,333,632.30
TOTAL REVENUE	5,654,750.05	4,780,239.30	5,444,905.15	5,459,072.42	5,449,730.22	5,267,644.49	5,427,508.05	5,256,959.42	5,083,023.88	5,159,844.11	5,087,648.76	5,161,699.15	63,233,025.00
ADJUSTMENTS													
MEDICARE	(810,456.50)	(1,193,046.41)	(821,783.22)	(1,148,316.45)	(1,210,129.40)	(984,278.50)	(1,060,406.72)	(1,156,804.53)	(1,076,782.88)	(756,581.54)	(969,601.13)	(1,117,553.28)	(12,305,740.56)
OTHER	(15,207.14)	(26,224.80)	(25,888.19)	(31,144.44)	(19,227.30)	(24,429.42)	(27,618.71)	(27,618.71)	(12,519.07)	(7,298.76)	(19,344.90)	(45,594.43)	(279,237.84)
TOTAL MEDICARE & OTHER	(825,663.64)	(1,219,271.21)	(847,671.41)	(1,179,460.94)	(1,229,356.70)	(1,008,707.93)	(1,088,025.43)	(1,184,423.24)	(1,089,301.95)	(763,880.30)	(988,946.03)	(1,163,147.71)	(12,584,978.40)
AHCCCS	(427,040.88)	(482,105.06)	(401,591.11)	(414,750.03)	(399,334.39)	(492,092.55)	(398,744.55)	(609,052.21)	(601,796.47)	(454,490.19)	(324,991.22)	(421,259.41)	(5,291,588.07)
TOTAL ADJUSTMENTS	(1,252,704.52)	(1,671,376.27)	(1,249,262.52)	(1,594,210.97)	(1,622,691.09)	(1,501,111.68)	(1,483,580.69)	(1,793,475.45)	(1,691,098.42)	(1,218,370.49)	(1,313,931.25)	(1,584,407.12)	(17,876,566.47)
ADJUSTED REVENUE	4,402,045.53	3,108,863.03	4,195,302.63	3,864,861.45	3,827,039.13	3,766,532.81	3,943,927.36	3,463,483.97	3,491,925.46	3,941,473.62	3,773,711.51	3,577,292.03	45,356,458.53
AGED ACCOUNT	(923,275.00)	(949,679.00)	(917,166.00)	(661,546.00)	(1,138,382.00)	(1,082,391.00)	(991,534.00)	(1,043,777.00)	(994,866.00)	(1,007,756.00)	(889,536.00)	(893,370.00)	(11,313,277.00)
BAD DEBT	(263,711)	(135,184.86)	(76,534.89)	(22,432.99)	(47,351.13)	(9,145.00)	(189,040.42)	(64,216.79)	(74,157.53)	(88,631.36)	(34,445.79)	(162,800.84)	(904,005.35)
TOTAL UNCOLLECTABLE	(823,538.71)	(1,084,863.86)	(993,500.89)	(683,978.99)	(1,185,733.13)	(1,071,536.00)	(1,180,574.42)	(1,107,993.78)	(1,069,023.53)	(1,096,587.36)	(923,980.79)	(996,170.84)	(12,217,282.35)
NET REVENUE	3,578,506.82	2,023,999.17	3,201,801.74	3,180,882.46	2,641,305.95	2,694,996.81	2,763,352.94	2,355,486.19	2,422,901.93	2,845,086.26	2,849,730.72	2,581,121.19	33,139,176.18

NUMBER OF TRANSPORTS	ALS FULL RATE TRANSPORTS	BLS FULL RATE TRANSPORTS	TOTAL TRANSPORTS
3,697	3,157	3,622	3,529
2,503	2,074	2,342	2,368
6,200	5,231	5,964	5,897
			5,835
			5,853
			5,819
			5,649
			5,463
			5,531
			5,461
			5,537
			41,258
			26,982
			68,240

MILEAGE FULL RATE	MILEAGE HALF RATE	TOTAL
25,602.5	21,869.4	24,609.4
314.6	285.6	260.9
25,917.1	22,155.0	24,870.3
		24,278.4
		23,942.9
		23,952.2
		22,401.5
		22,454.8
		21,602.0
		22,843.0
		22,776
		22,466.2
		22,405.2
		22,744.3
		281,366.70

RECEIVED

JUN 19 2014

BEMSTS-COM & RATES

**CITY OF PHOENIX FIRE DEPARTMENT
EMERGENCY TRANSPORTATION SERVICES
OTHER REVENUE 2013**

DESCRIPTION	REVENUE
Document Fees	0
Total Other Revenue	\$0

Source: Internal Workpapers

RECEIVED
JUN 19 2014
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD

FROM: _____

TO: _____

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients
(1) (2) (3)

Line No.	DESCRIPTION	SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ _____	\$ _____	\$ _____
2	BLS Base Rate	_____	_____	_____
3	Mileage Charge	_____	_____	_____
4	Waiting Charge	_____	_____	_____
5	Medical Supplies (Gross Charges)	_____	_____	_____
6	Nurses' Charges	_____	_____	_____
7	Total	\$ _____	\$ _____	\$ _____
Plus:				
8	Standby Revenue (Attach Schedule)	_____	_____	_____
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	_____
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1)	_____	_____	\$ _____
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ _____	\$ _____
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	_____	_____
13	Subsidy (Post total to Pg 2, Line 6)	_____	xxxxxxx	_____
14	Other (Attach Schedule)	_____	_____	_____
15	Total Settlements (Post to Pg 2, Line 7)	\$ _____	\$ _____	\$ _____

NA

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

RECEIVED
JUN 19 2014
DEMENTS-COM & RATES

AMBULANCE REVENUE AND COST REPORT

RECEIVED
JUN 19 2014
REMSTS-CON & RATES

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

FOR THE PERIOD FROM: January 1, 2013 **TO:** December 31, 2013

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Page 10, Ln 7)		\$ N/A
02	Payroll Taxes		
03	Employee Fringe Benefits		
04	Total		\$ N/A
05	Gross Wages - MANAGEMENT (Attach Schedule II)		\$ 0
06	Payroll Taxes		0
07	Employee Fringe Benefits		0
08	Total		\$ 0
Gross Wages - AMBULANCE PERSONNEL (Attach Schedule II):			
		Casual Labor	Wages
09	Paramedics and IEMT		13,140,713
10	Emergency Medical Technician (EMT)		0
11	Nurses		0
12	Payroll Taxes		202,538
13	Employee Fringe Benefits		7,331,956
14	Total	167.10	\$ 20,675,207
Gross Wages - OTHER PERSONNEL (Attach Schedule II):			
15	Dispatch		\$ 0
16	Mechanics	1.00	59,676
17	Office and Clerical	32.00	1,509,551
18	Other		0
19	Payroll Taxes		113,930
20	Employee Fringe Benefits		790,771
21	Total	33.00	\$ 2,473,928
22	Total F.T.E.'S Wages, Payroll Taxes and Emp. Benefits (To Page 2, Line 12)	200.10	\$ 23,149,135

* 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 for 40 hour per week employees and 2,912 for 56 hour employees.

** Gross wages for Paramedics and EMTs are combined as one line item under Paramedics.

STATEMENT OF INCOME FOR 2013
SUMMARY OF WAGE, TAX, & EMPLOYEE BENEFITS - FOR ALL PERSONNEL

Pers Summary

	I. MANAGEMENT		II. AMBULANCE PERSONNEL					III. OTHER PERSONNEL				ALL PERSONNEL
	PROGRAM MANAGER*	FULL-TIME FIREFIGHTERS 5740200000 112.00	FULL-TIME FIREFIGHTERS 20.00	FULL-TIME FIREFIGHTERS 132.00	PART-TIME MANNING FIREFIGHTERS 5730100000 35.10	TOTAL AMBULANCE PERSONNEL 167.10	MECHANIC A EQUIPMENT REPAIR SPECIALIST 5780100000 1.00	OFFICE & CLERICAL B ETS STAFF 5740700000 32.00	ACCOUNTANT C 5760700000	TOTAL OFF- & D CLERICAL 32.00	OTHER E PERSONNEL 33.00		TOTAL 200.10
Salaries - Fire & General	-	7,886,332.72	1,408,273.69	9,294,606.41	3,846,106.79	13,140,713.20	59,676.00	1,509,550.73	1,509,550.73	1,569,226.73	14,709,939.93	
TOTAL SALARIES	-	7,886,332.72	1,408,273.69	9,294,606.41	3,846,106.79	13,140,713.20	59,676.00	1,509,550.73	1,509,550.73	1,569,226.73	14,709,939.93	
PAYROLL TAXES	-	-	-	-	-	-	-	-	-	-	-	
FICA	-	121,610.62	21,716.18	143,326.80	55,768.55	199,095.35	3,699.91	88,154.72	88,154.72	91,854.63	91,854.63	
Medicare Withholding	-	1,942.37	346.85	2,289.22	1,153.83	3,443.05	885.30	20,516.83	20,516.83	21,482.13	220,577.48	
Unemployment	-	-	-	-	-	-	17.90	575.71	575.71	593.61	4,036.66	
TOTAL PAYROLL TAXES	-	123,552.99	22,063.03	145,616.02	56,922.38	202,538.40	4,583.12	109,347.26	109,347.26	113,930.38	316,468.79	
EMPLOYEE BENEFITS	-	-	-	-	-	-	-	-	-	-	-	
Pension Contribution	-	2,719,078.28	485,549.69	3,204,627.97	1,245,753.99	4,450,381.96	13,450.97	334,027.86	334,027.86	347,476.83	4,797,860.79	
Industrial Insurance	-	206,819.37	36,932.03	243,751.40	116,152.43	359,903.83	1,802.22	35,261.28	35,261.28	37,063.50	396,967.33	
Health Insurance	-	1,171,585.63	209,211.70	1,380,797.23	1,380,797.23	1,380,797.23	10,986.84	265,020.44	265,020.44	275,917.28	1,656,714.51	
Retiree Health	-	232,474.00	41,513.21	273,987.21	-	273,987.21	-	74,568.00	74,568.00	74,568.00	348,555.21	
Firefighters Ever Equip	-	2,644.00	472.14	3,116.14	-	3,116.14	-	-	-	-	3,116.14	
Clothing Allowance	-	69,843.75	12,472.10	82,315.85	-	82,315.85	-	-	-	-	82,315.85	
General Clothing	-	-	-	-	-	-	-	-	-	-	-	
Life Ins	-	10,034.88	1,791.94	11,826.82	-	11,826.82	71.61	2,107.24	2,107.24	2,178.85	14,005.67	
Long Term Disability	-	27,402.59	4,893.32	32,295.91	11,538.32	43,834.23	179.03	4,679.96	4,679.96	4,858.99	48,693.22	
Dental Ins	-	95,985.65	17,140.30	113,125.99	-	113,125.99	924.98	21,521.60	21,521.60	22,446.58	136,572.57	
Cancer Insurance	-	83,230.00	14,862.50	98,092.50	-	98,092.50	-	-	-	-	98,092.50	
Deferred Comp	-	436,608.06	77,965.73	514,573.79	-	514,573.79	1,503.84	24,166.15	24,166.15	25,669.99	540,243.78	
City Industrial Insurance	-	-	-	-	-	-	-	589.13	589.13	589.13	589.13	
Communication Allowance	-	-	-	-	-	-	-	-	-	-	-	
Tuition Reimbursement	-	-	-	-	-	-	-	-	-	-	-	
Executive Trans Allowance	-	-	-	-	-	-	-	-	-	-	-	
Industrial Base Payments	-	-	-	-	-	-	-	-	-	-	-	
TOTAL EMPLOYEE BENEFITS	-	5,055,706.15	902,804.66	5,958,510.81	1,373,444.74	7,331,955.55	28,829.48	761,941.66	761,941.66	790,771.14	8,122,728.69	
TOTAL GROSS WAGES	-	7,886,332.72	1,408,273.69	9,294,606.41	3,846,106.79	13,140,713.20	59,676.00	1,509,550.73	1,509,550.73	1,569,226.73	14,709,939.93	
TOTAL PAYROLL TAXES	-	123,552.99	22,063.03	145,616.02	56,922.38	202,538.40	4,583.12	109,347.26	109,347.26	113,930.38	316,468.78	
TOTAL EMPLOYEE FRINGE BENEFITS	-	5,055,706.15	902,804.66	5,958,510.81	1,373,444.74	7,331,955.55	28,829.48	761,941.66	761,941.66	790,771.14	8,122,728.69	
GRAND TOTAL WAGE, TAX & BEN	-	13,065,591.86	2,333,141.38	15,398,733.24	5,276,473.91	20,675,207.15	93,088.58	2,380,839.65	2,380,839.65	2,473,928.24	23,149,135.39	

Source: Input worksheet for individual employees; Fringe Benefit Rates
* Program Manager Salary is included with the 5740700000 total.
** Accountant II salary included in Department Overhead cost.

Note: Payroll Taxes and Employee Benefits in Sections II D, III A and III C are calculated using the corresponding percentages found on Schedule D-16 applied to total salaries.

RECEIVED
JUN 19 2014

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

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)	_____	_____	_____	_____
2	Payroll Taxes	_____	_____	_____	_____
3	Employee Fringe Benefits	_____	_____	_____	_____
4	Total	_____	_____	_____	_____
AMBULANCE PERSONNEL					
	Gross Wages (Attach Schedule II)				
		** Contractual Labor	Wages		
5	Paramedics and IEMT	_____	\$ _____	_____	_____
6	Emergency Medical Technician (EMT)	_____	_____	_____	_____
7	Nurses	_____	_____	_____	_____
8	Drivers	_____	_____	_____	_____
9	Payroll Taxes	_____	_____	_____	_____
10	Employee Fringe Benefits	_____	_____	_____	_____
11	Total	_____	_____	_____	_____
OTHER PERSONNEL					
	Gross Wages (Attach Schedule II)				
12	Dispatch	_____	_____	_____	_____
13	Mechanics	_____	_____	_____	_____
14	Office and Clerical	_____	_____	_____	_____
15	Other	_____	_____	_____	_____
16	Payroll Taxes	_____	_____	_____	_____
17	Employee Fringe Benefits	_____	_____	_____	_____
18	Total	_____	_____	_____	_____
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS				\$ _____

NA

* 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.

RECEIVED
JUN 19 2014
BEMJ13-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD

FROM: _____

TO: _____

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

**Line
No.**

DESCRIPTION

Basis of Allocations

- 1 Gross Wages - MANAGEMENT
- 2 Payroll Taxes
- 3 Employee Fringe Benefits
- 4 Total

Contractual

Wages

Gross Wages - AMBULANCE PERSONNEL

- 5 Paramedics and IEMT
- 6 Emergency Medical Technician (EMT)
- 7 Nurses
- 8 Drivers
- 9 Payroll Taxes
- 10 Employee Fringe Benefits
- 11 Total

N/A

Gross Wages - OTHER PERSONNEL

- 12 Dispatch
- 13 Mechanics
- 14 Office and Clerical
- 15 Other
- 16 Payroll Taxes
- 17 Employee Fringe Benefits
- 18 Total

RECEIVED
JUN 19 2014
BEMSTS-CON & NOTES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

FOR THE PERIOD FROM: January 1, 2013 TO: December 31, 2013

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
Professional Services:			
01	Legal Fees	\$	0
02	Collection Fees		0
03	Accounting and Auditing		0
04	Data Processing Fees		0
05	Other (Attach Schedule)		339,077
06	Total		\$ 339,077
Travel and Entertainment:			
07	Meals and Entertainment	\$	0
08	Transportation - Other Company Vehicles		0
09	Travel		0
10	Other (Attach Schedule)		0
11	Total		\$ 0
Other General and Administrative:			
12	Office Supplies	\$	0
13	Postage		(1,386)
14	Telephone		0
15	Advertising		0
16	Professional Liability Insurance		0
17	Dues and Subscriptions		0
18	Other (Attach Schedule)		6,717,019
19	Total		\$ 6,715,633
20	Total General and Administrative Expenses (to Page2, Line 13)		\$ 7,054,709

RECEIVED
 JUN 19 2014
 DEMSTB-CUN & RATES

City Of Phoenix Fire Department/ Ambulance Program
INCOME STATEMENT FOR THE CALENDAR YEAR 2013
GENERAL & ADMINISTRATIVE EXPENSES

16-Jun-14

Description	GL Account	Calendar Year 2013	Report Reference
PROFESSIONAL SERVICES:			
Consultants	510025	-	
Banking Services	510055	37,093	
Computer Services	510065	-	
Temp. Employment Services	510115	124,614	
Safety and Environmental	510180	801	
Sub-Comp Access Charges	510205	33,132	
City Clerk Mailroom	902200	141,966	
Printing Services	902205	-	
Real Estate	903508	1,472	
EAS Reprographics	904107	-	
Fire Alarm Services	907005	-	
Total Other Professional Services		339,077	PG5, L5

RECEIVED
JUN 19 2014
BEMSTS-CON & RATES

City Of Phoenix Fire Department/ Ambulance Program
INCOME STATEMENT FOR THE CALENDAR YEAR 2013
GENERAL & ADMINISTRATIVE EXPENSES

16-Jun-14

Description	Calendar Year 2013	Report Reference
OTHER GENERAL AND ADMINISTRATIVE:		
Total Other General & Administrative	69,112	
Staff and Administration -Div Overhead	3,057,824	
Staff and Administration -Dept Overhead	3,590,083	
Total Indirect Costs	0	
Total Other General & Administrative	6,717,019	PG5, L18

RECEIVED
JUN 19 2014
DEMBRU, DON & SATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

FOR THE PERIOD FROM: January 1, 2013 TO: December 31, 2013

RECEIVED
JUN 19 2014
BEMST8-CON & RATES

OTHER OPERATING EXPENSES

Line No.	<u>Other Operating Expenses:</u>		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III, Pg 12, Col I, Ln 20)	\$ 414,422	
02	Amortization	0	
03	Total		\$ 414,422
04	Rent/Lease (Attach Schedule III) Line 20, Col K, Page 12		0
	Building/Station Expense:		
05	Building & Cleaning Supplies	\$ 0	
06	Utilities	12,349	
07	Property Taxes	0	
08	Property Insurance	0	
09	Repairs & Maintenance	75,390	
10	Other (Attach Schedule)	0	
11	Total		\$ 87,739
	Vehicle Expense - Ambulance Units:		
12	Licenses/Registration	\$ 11,882	
13	Fuel	406,756	
14	General Vehicle Service & Maintenance	1,898,530	
15	Major Repairs	0	
16	Insurance - Service Vehicles	52,927	
17	Other (Attach Schedule)	0	
18	Total		\$ 2,370,095
	Other Expenses:		
19	Dispatch	\$ 0	
20	Education/Training	0	
21	Uniforms & Uniform Cleaning	2,575	
22	Meals & Travel for Ambulance Personnel	0	
23	Maintenance Contracts	0	
24	Minor Equipment - Not Capitalized	1,045	
25	Ambulance Supplies - (Nonchargeable)	1,219,703	
26	Other (Attach Schedule)	0	
27	Total		\$ 1,223,323
28	Total Other Operating Expenses (To Page 2, Line 15)		<u>\$ 4,095,579</u>

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD

FROM: _____ TO: _____

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
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)				

RECEIVED
JUN 19 2014
DEWISIO-CON & NOTES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD

FROM: _____ **TO:** _____

**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	_____
	<u>Plus:</u>	
7	Net Revenue from Subscription Service Runs	_____
8	Sales of Subscription Service (Post to Pg 2, Line 9)	_____
9	Other Revenue (attach schedule)	_____
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	_____
	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)	\$ _____

N/A

RECEIVED
JUN 19 2014
OHIO'S GOVERNMENT

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX FIRE DEPARTMENT

FOR THE PERIOD

FROM: January 1, 2013

TO: December 31, 2013

**OTHER OPERATING
REVENUE AND EXPENSE**

Line No.	Account Description		
	Other Operating Revenues:		
01	Supportive Funding - Local (Attach Schedule)	\$0	
02	Grant Funds - State (Attach Schedule)		
03	Grant Funds - Federal (Attach Schedule)		
04	Grant Funds - Other (Attach Schedule)		
05	Patient Finance Charges		
06	Patient Late Payment Charges		
07	Interest Earned - Related Person/Organization		
08	Interest Earned - Other		
09	Gain On Sale of Operating Property		
10	Other: <u>Document Fees</u>	0	
11	.....	
12	Total Other Operating Revenues		\$0
	Other Operating Expenses:		
13	Loss on Sale of Operating Property	\$0	
14	Other:		
15	.....	
16	Total		\$0
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		\$0

RECEIVED

JUN 19 2014

BEMIS-COPIES & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

**Schedule IV
DETAIL OF INTEREST**

(1) (2) (3) (4) (5) (6)

Line No.	Description	Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	Other
1	Service Vehicles & Accessorial Equipment Name of Payee: _____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	Communication Equipment Name of Payee: _____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	Other Property and Equipment Name of Payee: _____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	Working Capital Name of Payee: _____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
14	Other Name of Payee: _____	_____ %	_____	_____	_____	_____
15	TOTAL		\$ _____	\$ _____	\$ _____	\$ _____

NA

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

RECEIVED
JUN 19 2014
HEALTH-COM & RATES

RECEIVED
 JUN 19 2014
 BEHSTIS-CUN & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD **FROM:** _____ **TO:** _____

BALANCE SHEET Current audited financial statements may be submitted in lieu of the Balance Sheet

ASSETS

CURRENT ASSETS

1	Cash	\$ _____	
2	Accounts Receivable	_____	
3	Less: Allowance for Doubtful Accounts	_____	
4	Inventory	_____	
5	Prepaid Expenses	_____	
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		\$ _____

AMBULANCE REVENUE AND COST REPORT

RECEIVED

JUN 19 2014

DEMSTG-CUN & RATES

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD

FROM: _____

TO: _____

STATEMENT OF CASH FLOWS

The Cash Flow Statement in ONLY Required for the Projected Period

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 \$ _____