

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

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

Pinetop Fire District
Reporting Ambulance Service

Address: 1845 S Pine Lake rd

City: Pinetop Zip: 85935

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: *Charlotte Williams* Date: January 20, 2015

Print Name and Title: Charlotte Williams, Administrative Manager

Phone: 928-367-2199

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:

Pinetop 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:			370	370
2	Number of BLS Billable Transports:			112	112
3	Number of Loaded Billable Miles:			4,549	4,549
4	Waiting Time (Hr. & Min.):			-	-
5	Canceled (Non-Billable) Runs:				105

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

6	ALS Base Rate Revenue				\$ 404,843
7	BLS Base Rate Revenue				122,912
8	Mileage Charge Revenue				60,978
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)	\$ 588,734

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SALARY AND WAGE EXPENSE DETAIL

GROSS WAGES:

Line No.	DESCRIPTION	Amount	** No. of FTE's
14	Management	\$ 175,482	4.0
15	Paramedics and IEMTs	\$ 394,948	11.0
16	Emergency Medical Technician (EMT)	\$ 398,865	13.0
17	Other Personnel	\$ 4,260	1.0
18	Payroll Taxes and Fringe Benefits - All Personnel	\$ 453,364	
19	Total Wages, Taxes & Benefits	\$ 1,426,918	

* 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:

Pinetop Fire District

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

SCHEDULE OF REVENUES AND EXPENSES

Line No.	<u>DESCRIPTION</u>		
Operating Revenues:			
1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	\$ <u>588,734</u>
<u>Settlement Amounts:</u>			
2	AHCCCS		<u>115,637</u>
3	Medicare		<u>87,183</u>
4	Subscription Service		<u> </u>
5	Contractual		<u> </u>
6	Other		<u>150,532</u>
7	Total	(Sum of Lines 2 through 6)	<u>353,351</u>
8	Total Operating Revenue	(Line 1 minus Line 7)	\$ <u>235,382</u>
Operating Expenses:			
9	Bad Debt		\$ <u> </u>
10	Total Salaries, Wages, and Employee-Related Expenses	(From: Page 2, Line 19)	<u>1,426,918</u>
11	Professional Services		<u>77,550</u>
12	Travel and Entertainment		<u> </u>
13	Other General Administrative		<u>23,631</u>
14	Depreciation		<u> </u>
15	Rent / Leasing		<u> </u>
16	Building / Station		<u>53,721</u>
17	Vehicle Expense		<u>30,108</u>
18	Other Operating Expense		<u>64,833</u>
19	Cost of Medical Supplies Charged to Patients		<u>23,957</u>
20	Interest		<u>171,641</u>
21	Subscription Service Sales Expense		<u> </u>
22	Total Operating Expense	(Sum of Lines 9 through 21)	<u>1,872,359</u>
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	\$ <u>(1,636,977)</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> </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> </u>

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AMBULANCE REVENUE AND COST REPORT

FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

BALANCE SHEET

Annual Audit Will be Provide upon completion

ASSETS

CURRENT ASSETS

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

9	PROPERTY & EQUIPMENT			
10	Less: Accumulated Depreciation			

11	OTHER NON CURRENT ASSETS			
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12	TOTAL ASSETS			\$ <u> </u>
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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	TOTAL CURRENT LIABILITIES			\$ <u> </u>

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21	NOTES PAYABLE			
22	LONG-TERM DEBT, OTHER			
23	TOTAL LONG-TERM DEBT			

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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			\$ <u> </u>
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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

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

STATEMENT OF CASH FLOWS *Annual Audit Will be Provide upon completion*

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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INSTRUCTIONS - Short Report; AR&CR Fire District & Small Rural Company

AR&CR PAGE 1: COVER

Enter (1) the name of the ambulance service; (2) address; (3) fiscal year time period; (4) print name and title of the ambulance service's authorized representative; (5) phone number we can call if we have questions; (6) signature of authorized representative and date.

AR&CR PAGE 2: STATISTICAL SUPPORT DATA

Enter the name of the ambulance service and the fiscal year reporting period. This is "self-posting" to all worksheets upon entering the information on Page 1, Cover Sheet.

Lines 1 & 2

Enter the number of advanced life support (ALS) and basic life support (BLS) transports for each of the three categories and total all in column 4.

Lines 3 & 4

Enter the number of loaded billable miles and waiting time, for each of the three categories and total all in column 4.

Line 5

Enter the total number of canceled runs in column 4.

Lines 6, 7, 8, and 9.

Enter the total dollar amounts - (line 6) ALS Base Rate Revenues; (line 7) BLS Base Rate Revenues; (line 8) Mileage Charge Revenues, and (line 9) Waiting Time Revenues.

Line 10

Enter the total gross billing of Medical Supplies to patients in column 4.

Line 11

Enter the total gross billing of Nurse Charges to patients in column 4.

Line 12

Enter the total Standby Time Charges in column 4. Please attach schedule identifying sources.

Line 13

Total Lines 6 through Line 12. This figure is posted to Page 3, Line 1.

Line 14

Enter the total dollar salary/wage allocated and paid to Manage the ambulance service. Also identify the management full-time-equivalents (FTE) allocated to the ambulance service (management hours divided by 2,080)

Line 15 and 16

Enter the total dollar salary/wage allocated and paid to (15) Paramedics and Intermediate Emergency Medical Technician (IEMT) and (16) Emergency Medical Technician (EMT). Also identify the Paramedics, IEMT and EMT full-time-equivalents (FTE) allocated to the ambulance service (total hours divided by 2,080).

Line 17

Enter the total dollar salary/wage allocated and paid to Other Personnel involved with the ambulance service. (Examples are: Dispatcher, Mechanics, Office Personnel). Also identify Other Personnel full-time-equivalents (FTE) allocated to the ambulance service (total hours divided by 2,080).

Line 18

Enter the total dollar allocated to Payroll Taxes and Fringe Benefits for employees included in Lines 14 through Lines 17.

Line 19

Total the dollar Lines 14 through Line 18. This figure is posted to Page 3, Line 10.

INSTRUCTIONS - Short Report; AR&CR Fire District & Small Rural Company

AR&CR PAGE 3: SCHEDULE OF REVENUES AND EXPENSES

Enter the name of the ambulance service and the fiscal year reporting period.

Line 1

Enter the Total Routine Operating Revenue figure identified on Page 2, Line 13.

Line 2

Enter Settlement amounts from Arizona Health Care Cost Containment System (AHCCCS) transports. Specifically, AHCCCS Settlement equals Billed Charges, minus Amount Paid. Do not include settlement amounts resulting from a Subscription Service Contract.

Line 3

Enter Settlement amounts from Medicare transports. Specifically, Medicare Settlement equals Billed Charges, minus Allowed Charges. Do not include settlement amounts resulting from a Subscription Service Contract.

Line 4

Enter Settlement amounts from Subscription Service transports. Specifically, Subscription Service Settlement equals Billed Charges, minus Amount Paid.

Line 5

Enter Settlement amounts from Contract transports. Specifically, Contract Discounts equals Billed Charges, minus Amount Paid.

Line 6

Enter Settlement amounts from all other sources.

Line 7

Total Lines 2 through Line 6. Result is Total Settlements

Line 8

Subtract Line 7 from Line 1. Result is Total Operating Revenue

Line 9

Enter either the actual or allocated bad debt expense shared with the Fire Department or other departments.

Line 10

Enter the Total Salaries, Wages, Taxes, and Benefits Expense figure identified on Page 2, Line 19.

Line 11 through Line 21

Enter either the actual or allocated expenses shared with the Fire Department or other departments.

Line 22

Total Lines 9 through 21. Result is Total Operating Expense

Line 23

Subtract Line 22 from Line 8. Result is Total Operating Income or (Loss)

Line 24

Enter the gross amount of dollars received from Subscription Service Contract sales

Line 25

Enter the amount of Other Operating Revenues, such as grant monies, interest earned, patient finance charge revenues.

Line 26

Enter the total amount of Local Support Dollars to the ambulance service, such as tax monies.

Line 27

Enter Other Non-Operating Revenues, such as donations, sales of assets, fund raisers. Please attach schedule.

Line 28

Enter Other Non-Operating Expenses, such as civil fines, penalties, loss on sale of assets. Please attach schedule.

Line 29

Total Lines 23, plus Lines 24 through 27, minus Line 28. Result is Net Income or (loss) Before Income Taxes

Lines 30, 31 and 32

Enter Federal & State Income Taxes and total

Line 33

Subtract Line 32 from Line 29. The result is Ambulance Service Net Income (Loss) After Income Taxes

AR&CR PAGES 4 & 5: BALANCE SHEET & STATEMENT OF CASH FLOWS

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

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