Copy of Preliminary

2013-2014

Gila Bend Ambulance Cost/Revenue Report

AMBULANCE REVENUE and COST REPORT

FIRE DISTRICT and SMALL RURAL COMPANY

Arizona Department of Health Services
Annual Ambulance Financial Report

TOWN OF GILA BEND
Reporting Ambulance Service

Address: **PO Box A**

City: **Gila Bend** Zip: **85337**

Report Fiscal Year

From: **July 1, 2013** (Mo. Day Year) To: **June 30, 2014** (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: Date: 4/6/15

Print Name and Title: Stacey Young - Finance Director

Phone: 928-683-2255

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

06/22/2004 Formula's Excluded

AMBULANCE REVENUE AND COST REPORT

FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: TOWN OF GILA BEND

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:			268	268
2	Number of BLS Billable Transports:			3	3
3	Number of Loaded Billable Miles:			13,085	13,085
4	Waiting Time (Hr. & Min.):				
5	Canceled (Non-Billable) Runs:				

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

6	ALS Base Rate Revenue		$ 394,799
7	BLS Base Rate Revenue		4,419
8	Mileage Charge Revenue		207,142
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)	$ 606,360

SALARY AND WAGE EXPENSE DETAIL

GROSS WAGES:

			** No. of FTE's
14	Management	$ 48,879	0.7
15	Paramedics and IEMTs	$ 162,980	4.8
16	Emergency Medical Technician (EMT)	$ 149,040	4.7
17	Other Personnel	$ 22,945	0.3
18	Payroll Taxes and Fringe Benefits - All Personnel	$ 110,199	
19	Total Wages, Taxes & Benefits (Sum Lines 14 through 18; Post to Page 3, Line 10)	$ 494,043	

* 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: TOWN OF GILA BEND

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

SCHEDULE OF REVENUES AND EXPENSES

Line No.	DESCRIPTION		
	Operating Revenues:		
1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	$ 606,360
	Settlement Amounts:		
2	AHCCCS		46,766
3	Medicare		144,296
4	Subscription Service		
5	Contractual		
6	Other		18,285
7	Total	(Sum of Lines 2 through 6)	209,347
8	Total Operating Revenue	(Line 1 minus Line 7)	$ 397,013
	Operating Expenses:		
9	Bad Debt		$ 206,470
10	Total Salaries, Wages, and Employee-Related Expenses	(From: Page 2, Line 19)	494,043
11	Professional Services		8,088
12	Travel and Entertainment		
13	Other General Administrative		2,565
14	Depreciation		
15	Rent / Leasing		
16	Building / Station		3,627
17	Vehicle Expense		26,303
18	Other Operating Expense		39,348
19	Cost of Medical Supplies Charged to Patients		
20	Interest		
21	Subscription Service Sales Expense		
22	Total Operating Expense	(Sum of Lines 9 through 21)	780,444
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	$ (383,430)
24	Subscription Contract Sales		
25	Other Operating Revenue		
26	Local Supportive Funding		338,156
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)	$ (45,274)
	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)	

Town of Gila Bend

Financial Statement for Fund

10-57- AMBULANCE

For Fiscal Year

2013-2014

TOWN OF GILA BEND
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 12 MONTHS ENDING JUNE 30, 2014

GENERAL FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	AMBULANCE OPERATIONS					
10-57-435	MAINT & REPAIRS OF VEHICLES	11,397.50	11,397.50	4,000.00	(7,397.50)	284.9
10-57-510	AMBULANCE REGISTRATION	800.00	800.00	750.00	(50.00)	106.7
10-57-520	PUBLIC LIAB/INSURANCE/BONDS	1,981.80	1,981.80	400.00	(1,581.80)	495.5
10-57-620	GAS & ELECTRIC	1,645.40	1,645.40	2,200.00	554.60	74.8
10-57-625	FUEL & LUBRICANTS	14,105.24	14,105.24	17,000.00	2,894.76	83.0
10-57-650	OPERATIONAL MATL & SUPP	15,194.52	15,194.52	12,000.00	(3,194.52)	126.6
10-57-690	MISCELLANEOUS EXPENSE	150.00	150.00	500.00	350.00	30.0
10-57-750	OTHER EQUIPMENT	.00	.00	800.00	800.00	.0
10-57-760	CAPITAL EQUIPMENT	.00	.00	24,820.00	24,820.00	.0
10-57-770	RE CHASSIS RESCUE 382	.00	.00	82,500.00	82,500.00	.0
10-57-800	COST OF IGA WITH BVFD	.00	.00	10,000.00	10,000.00	.0
	TOTAL AMBULANCE OPERATIONS	45,274.46	45,274.46	154,970.00	109,695.54	29.2
	TOTAL FUND EXPENDITURES	45,274.46	45,274.46	154,970.00	109,695.54	29.2

Charge Summary Report

FY 2013-2014

Date : 03/17/2015
Time : 11:24:48
History ID : 9504975

Charge Summary

GILA BEND CHARGE

Summary By Charge Code - Report Category/Code ID

ID	Description	QTY	QTY %	Charge Count	Charge Count %	Charges	Total Charges %
Report Category	MILEAGE						
1504	GROUND MILEAGE	156.3	1.17	3	0.55	2474.23	0.41
1505	GROUND MILEAGE	12929.1	96.80	268	49.45	204667.64	33.75
		13085.4		271		207141.87	
Report Category	RESPONSE CHARGE						
1501	BLS EMERGENT	3	0.02	3	0.55	4419.39	0.73
1503	ALS1 EMERGENT	268	2.01	268	49.45	394798.84	65.11
		271		271		399218.23	
Totals For All		**13356.4**		**542**		**606360.10**	

Total Purged **0**

Total Amount Purged:

Total Amount with Purged:

Credit Summary Report

FY 2013-2014

Date : 03/17/2015
Time : 11:27:16
History ID : 9504976

Credit Summary

Summary By Credit Code - Report Category/Code Description

GILA BEND MONTHLY BALANCING

ID	Description	Credits	QTY %	Amount	Amount %
		1		-657.87	
Report Category	WRITE OFF				
506	AHCCCS W/OFF ALS	66	10.56	46107.84	7.66
807	BAD DEBT W/OFF ALS	122	19.52	198804.78	33.01
900	BUCKEYE VALLEY WRITE OFF	2	0.32	3104.44	0.52
404	CHAMPUS W/OFF ALS	4	0.64	5824.18	0.97
CCFEE	CREDIT CARD FEES	7	1.12	-21.00	0.00
805	FEE COLLECTION W/O	12	1.92	852.45	0.14
990	INMATE AHCCCS W/OFF	1	0.16	657.87	0.11
303	MEDICARE INTEREST W/O	5	0.80	-1.99	0.00
304	MEDICARE W/OFF ALS	80	12.80	144297.97	23.96
147	PATIENT DECEASED	4	0.64	4560.92	0.76
604	PRIVATE INS. W/OFF ALS	8	1.28	8665.60	1.44
SEQUEST	SEQUESTRATION WRITE OFF	16	2.56	240.06	0.04
750	VA WRITE OFF	1	0.16	2723.70	0.45
		328		415816.82	
Totals For All		**625**		**602278.26**	

Operating Revenue

ID on Credit Summary	Description from Credit Summary	Amount		Line # of ARCR (page 3)	
506	AHCCCS w/off	46,108			
990	Inmate AHCCCS w/off	658			
			46,766	1	AHCCCS
303	Medicare Interest w/o	(1.99)			
304	Meicare w/off ALS	144,298.00			
			144,296	2	Medicare
404	Champus w/off ALS	5,824.18			
CCFF	Credit Card Fee	(21.00)			
805	Fee Collection w/o	852.45			
604	Private Ins. w/off ALS	8,665.60			
SEQUEST	Sequestration w/o	240.06			
750	VA write off	2,723.70			
			18,285	6	Other

Operating Expenses

ID on Credit Summary	Description from Credit Summary	Amount		Line # of ARCR (page 3)	
807	Bad Debt w/off	198,804.78			
900	Buckeye Valley Bad Debt	3,104.44			
147	Patient Deceased	4,560.92			
			206,470	9	Bad Debt

FY 2013-2014

Buckeye Valley Fire District

ARCR only

(for backup purposes only)

Buckeye Valley only

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Authorized Signature: _____ *Date:* _____

Print Name and Title: _____

Phone: _____

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

06/22/2004 Formula's Excluded

Buckeye Valley only

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31	State Income Tax		
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