

EXHIBIT B
AMBULANCE REVENUE AND COST REPORT
FIRE DISTRICT and SMALL RURAL COMPANY

Arizona Department of Health Services
Annual Ambulance Financial Report

Yuma Mountain Ambulance Service, Inc

Reporting Ambulance Service

Report Fiscal Year

From: 01/01/11 To: 12/31/11

Mo. Day Year Mo. Day Year

CERTIFICATION

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: *[Signature]* Date: 6/27/13

Print Name and Title: GAIL NELSON, ADMIN MANAGER

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services
Ambulance and Regional Services
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007
Telephone: (602) 364-3150
Fax: (602) 364-3567

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: White Mountain Ambulance Service Inc
 FOR THE PERIOD FROM: 01/01/12 TO: 12/31/12

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Transports:			<u>613</u>	<u>613</u>
02	Number of BLS Billable Transports :			<u>172</u>	<u>172</u>
03	Number of Loaded Billable Miles :			<u>13058</u>	<u>13058</u>
04	Waiting Time (Hr. & Min.):				<u>5</u>
05	Canceled (Non-Billable) Runs:				<u>111</u>

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

06	ALS Base Rate Revenue		<u>1105.43</u>	<u>\$6774.28</u>
07	BLS Base Rate Revenue		<u>1105.43</u>	<u>1901.33</u>
08	Mileage Charge Revenue		<u>14.18</u>	<u>18516.2</u>
09	Waiting Charge Revenue			<u>0</u>
10	Medical Supplies Charge Revenue			<u>0</u>
11	Nurses Charge Revenue			<u>0</u>
12	Standby Charge Revenue (Attach Schedule)			
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE			<u>\$1052,923</u>

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SALARY AND WAGE EXPENSE DETAIL

GROSS WAGES:

****No. of F.T.E.s**

14	Management	<u>\$33370</u>	<u>1</u>
15	Paramedics and IEMTs	<u>\$283264</u>	<u>11</u>
16	Emergency Medical Technician (EMT)	<u>\$128234</u>	<u>12</u>
17	Other Personnel	<u>\$12067</u>	<u>1</u>
18	Payroll Taxes and Fringe Benefits - All Personnel	<u>\$39823</u>	<u>25</u>

*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

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

SCHEDULE OF REVENUES AND EXPENSES

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
01	Total Ambulance Service Operating Revenue	Page 2, Line 13	\$1052923
Settlement Amounts:			
02	AHCCCS		1208362
03	Medicare		422646
04	Subscription Service		()
05	Contractual		()
06	Other		(630948)
07	Total (Sum of Lines 02 through 06)		()
08	Total Operating Revenue (Line 01 minus Line 07)		\$ _____
Operating Expenses:			
09	Bad Debt		\$ _____
10	Total Salaries, Wages, and Employee-Related Expenses		555422
11	Professional Services		54356
12	Travel and Entertainment		1571
13	Other General Administrative		3647
14	Depreciation		_____
15	Rent/Leasing		_____
16	Building/Station		_____
17	Vehicle Expense		28962
18	Other Operating Expense		795264
19	Cost of Medical Supplies Charged to Patients		_____
20	Interest		_____
21	Subscription Service Sales Expense		_____
22	Total Operating Expense (Sum of Lines 09 through 21)		839222
23	Total Operating Income or Loss (Line 08 minus Line 22)		<417,247
24	Subscription Contract Sales		_____
25	Other Operating Revenue		_____
26	Local Supportive Funding		102,000
27	Other Non-Operating Income (Attach Schedule)		_____
28	Other Non-Operating Expense (Attach Schedule)		_____
29	NET INCOME/(LOSS) (Line 23 plus Sum of Lines 24 through 28)		<317247>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

BALANCE SHEET

ASSETS

CURRENT ASSETS

01	Cash	\$	<u>102,528</u>	
02	Accounts Receivable		<u>231,191</u>	
03	Less: Allowance for Doubtful Accounts		<u>- 104,036</u>	
04	Inventory		_____	
05	Prepaid Expenses		_____	
06	Other Current Assets		_____	

07 TOTAL CURRENT ASSETS \$ 229,683

PROPERTY & EQUIPMENT

08 Less: Accumulated Depreciation \$ 641,949

09 OTHER NONCURRENT ASSETS \$ _____

10 TOTAL ASSETS \$ 871,632

LIABILITIES AND EQUITY

CURRENT LIABILITIES

11	Accounts Payable	\$	<u>9993</u>	
12	Current Portion of Notes Payable		_____	
13	Current Portion of Long-Term Debt		_____	
14	Deferred Subscription Income		_____	
15	Accrued Expenses and Other		_____	
16	_____		_____	
17	_____		_____	

18 TOTAL CURRENT LIABILITIES \$ 9993

19 NOTES PAYABLE 370,372

20 LONG-TERM DEBT OTHER _____

21 TOTAL LONG-TERM DEBT \$ 370,372

EQUITY AND OTHER CREDITS

Paid-in Capital:

22	Common Stock	\$	_____	
23	Paid-In Capital in Excess of Par Value		_____	
24	Contributed Capital		_____	
25	Retained Earnings		<u>476,280</u>	
26	Fund Balances		<u>14,987</u>	

27 TOTAL EQUITY \$ 491,267

28 TOTAL LIABILITIES & EQUITY \$ 871,632

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WHITE MOUNTAIN AMBULANCE SERVICE, INC.

FACSIMILE TRANSMITTAL SHEET

TO: ADHS BEMS FROM: Gail Nelson
 COMPANY: _____ DATE: 6/27/13
 FAX NUMBER: (602) 364-3567 TOTAL NO. OF PAGES INCLUDING COVER: 5
 PHONE NUMBER: _____ SENDER'S REFERENCE NUMBER: _____
 RE: Annual Cost Report YOUR REFERENCE NUMBER: _____

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Hard copy to follow

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