

SAMPLE LETTER FOR A GENERAL RATE INCREASE

Insert Date

Antonia Gerard, MS
Ambulance Rate Analyst
Bureau of Emergency Medical Services
Arizona Department of Health Services
150 North 18th Avenue, Suite 540
Phoenix, Arizona 85007-3248

Dear Ms. Gerard:

Insert CON Name Here requests an adjustment in general public rates according to Arizona Revised Statute (“A.R.S.”) § 36-2234.

Our ambulance service has not applied for an adjustment in general public rates within 6 months. We are requesting a rate increase for the following reasons: ***(insert reasons for rate increase here)***

Proposed New Rates

We are requesting the following new rates: ***(insert the desired rates below)***

ALS	\$ _____	Standby/Waiting	\$ _____
BLS	\$ _____	Subscription Service	\$ _____
Mileage	\$ _____		

Proposed Disposable Medical Supplies Charges

Our ambulance service: ***(choose the correct statement below)***

- will not charge for disposable medical supplies (cost of supplies is included in proposed rates).
- or
- will charge for disposable medical supplies (cost of supplies is excluded from proposed rates).

Required Supplemental Information ***(attach the following documentation to this cover letter)***

1. Two (2) Long Form Ambulance Revenue and Cost Reports (ARCR)
 - a. Actual ARCR; for most recent Fiscal Year End with current rates.
 - b. Proforma (projected) ARCR; identifying projected revenues, expenditures, etc.
2. Most recent financial statements (annual financial report).
3. List of ground ambulance service purchase/lease agreements exceeding \$5,000, if applicable; acknowledge if not.
4. Identification of any parent company or subsidiary, if applicable; acknowledge if not.
5. Copy of ground ambulance contracts with federal or tribal entities, if applicable; acknowledge if not.

We attest that the information we have provided is correct. We ask that our proposed new rates be effective the date the Decision and Order is signed.

Sincerely,

Insert Applicant Name, Insert Applicant’s Title
Insert CON Name