



January 6, 2022

Taylor Pike  
CON and Ambulance Rates Manager  
Arizona Department of Health Services  
Bureau of Emergency Medical Services and Trauma System  
150 N. 18<sup>th</sup> Avenue, Suite 540  
Phoenix, AZ 85007

Re: Notice of Substantive Review – Control No. 01243

Dear Ms. Pike

Please accept this letter and attached documents as our response to the above referenced Notice of Substantive Review. The notice requests information regarding 23 items in the application. Our response to those items is as follows:

1. Please submit a signed cover letter for the ARCR.

**Signed revised document is attached.**

2. ARCR (Proforma) Page I, Lines 1 through 5, All Columns: Regarding the recorded quantities for ALS transports, BLS transports, billable miles, waiting hours/minutes, and cancelled transports:

a. Please elaborate on the method and data used to project each of the five measurable categories.

**Estimations are primarily based on CON 58 and CON 120 ARCRs and an average of 4.6 average transports per day along with the ALS transports vs BLS transports and Billable Miles. Waiting Hours/Minutes were not estimated.**

3. ARCR (Proforma) Page 2 Lines 2, 3, 4 and 11: Please elaborate on the data and method(s) used to project the settlement amounts and bad debt:

- a. AHCCCS
- b. Medicare
- c. Contractual discounts
- d. Bad Debt

An Envision Healthcare Company  
8465 N. Pima Rd., Scottsdale, AZ 85258

**Received on 01/06/2022  
BEMSTS-CON & RATES**

The estimates for Settlement and Bad Debt are primarily based on CON 58 and CON 120 ARCRs.

4. ARCR (Proforma) Page 3 Lines 1, 2 & 3: Run volume and mileage appear to be provided with decimals. Please round to the nearest whole number or correct the calculation.

#### Adjusted

5. ARCR (Proforma) Page 3 Line 4: Pursuant with R9-25-1107(E), "the Department shall determine the standby waiting rate by dividing the BLS rate by 4." This rate would currently calculate to \$422.26 with the applied for BLS Base Rate of \$1,689.05. and not the \$80.87 listed on this line, unless the BLS Base Rate is modified. Please confirm if a standby waiting rate is being applied for and if so, what the rate is.

The waiting charge is being applied for at the Bureau's corrected rate of \$422.26.

6. ARCR (Proforma) Page 4 Lines 1 through 4: Regarding the absence of Officers/Owners.  
a. Explain the absence of Officers/Owners wages.

The amount is provided for as a part of "Allocated Shared Support Services" Line 21 of "Page 5 attachment".

7. The ARCR appears to lack correct page numbering. There are two different pages submitted for both "page 5" and "page 6". These have been submitted each with different numbers. If these were meant to be used as the attached schedules, please re-submit the documents labeled as such or explain how these pages should be interpreted.

Page numbering is corrected, pages are now numbered: Page 5 attachment and, Page 6 attachment.

8. ARCR (Proforma) Page 5 Line 3: Regarding the absence of Accounting and Auditing expenses:  
a. Explain how Applicant will receive these services.  
b. If these services are recorded elsewhere, identify the page, line, and quantify the amount allocated for these expenses.  
c. If these services are provided by a related party transaction, please provide sufficient detail to in order for it to be considered in the rate analysis.

Accounting and auditing costs are included in "Allocated Shared Support Services" on Line 21 of the Page 5 attachment.

9. ARCR (Proforma) Page 5 Line 8: Transportation - Other Company Vehicles:

- a. Explain the absence of expenses for Other Company vehicles (non-ambulances).
- b. Quantify the expenses for these vehicles separately (maintenance, major repairs, fuel, insurance, etc).

Other vehicles are not expected to be used at this time.

10. ARCR (Proforma) Page 6 Line 8: Regarding the absence of Property Insurance expenses:

- a. If this expense is recorded elsewhere, state the page and line within the ARCR and the amount allocated.
- b. If this expense item is not recorded elsewhere, clarify how Applicant receives this coverage.

The estimated cost of Property Insurance is included in the estimate for General Liability Insurance on Page 5 Line 6.

11. ARCR (Proforma) Page 6 Line 12: Clarify the rate and quantity for each license and registration.

Corrected the proforma to recognize \$1,000.00 = 4 Vehicles X \$250.00.

12. ARCR (Proforma) Page 6 Line 13: Elaborate the data and method and data used to calculate \$39,821 for fuel; for 55,434 billable miles.

As indicated above the amount is based on costs included in CON 85 and CON 58.

13. ARCR (Proforma) Page 6 Line 16: Quantify how much of this entry is related to ambulance vehicle coverage and how much is related to other vehicles.

As in the response for question 9, "Other vehicles are not expected to be used at this time."

14. ARCR (Proforma) Page 10 All Lines: Regarding the absence of responses to Schedule I:

- a. Do you propose to have Officers/Owners? If so,
- b. Record Applicant's Officers/Owners.
- c. Record the applicable compensation, dividends paid, disbursements, etc. paid to these Officers/Owners under the appropriate heading.

See response to Question 6.

15. ARCR (Proforma) Pages 12 and 13 All Lines All Columns: Provide a corrected Schedule III that is itemized with specific responses (resubmitting the entire ARCR is not necessary):

a. Column A

- i. Provide Year, Make and Model for each Ambulance.
- ii. Provide Year, Make, and Model for each vehicle which is not an ambulance.
- iii. Provide the Make, Model, and quantity of all Equipment, furniture, fixtures, hardware, etc.

b. Columns C through J - Provide each for all itemized items that are recorded.

c. Column K

- 1. Itemize the annual lease expenses for the proposed leased location(s) and a copy of the lease agreement(s) if any (including terms for Applicant's leasehold improvements and build-outs).

d. State if replacement or reserve ambulance(s) will be purchased within the next year.

Year and model are provided on the initial application page 2 of 4. There are three LifePaks under Equipment Ambulance. Item three is an estimate of the cost associated with Equipment, furniture, hardware, at this time there is not sufficient information as to the specifics of what will be purchased. The proposed lease locations are only "proposed" there would not be any information as to the specifics until a CON is issued and negotiations can begin for properties. There are three primary ambulance units and the fourth is a reserve.

16. ARCR (Proforma) Page 15 Line 14, 15, 21 & 22: If debt and associated interest expense will not be utilized to provide assets to the business, how will assets be paid for?

The parent company has sufficient cash on hand to finance working capital.

17. Pursuant to A.A.C. R9-25-I 10 I (A)(5), a list of all the purchase agreements or lease agreements for real estate, ground ambulance vehicles, and equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement.

There are no current agreements or lease agreements until a CON is issued and they can be negotiated.

18. Pursuant to A.A.C. R9-25-1101(A)(6), the identification of each of the applicant's affiliations, such as parent company or subsidiary owned or operated by the Applicant.

As identified by the Decision and Order Signed on October 17<sup>th</sup>, 2018 Case number 2019-EMS-T0004-DHS Goble Medical Response, Inc is the holder of "Southwest Ambulance of Tucson".

19. Please provide a summary on each of the following that explains:

- a. The rationale and public need for the application
  - b. How the requested response times were developed
  - c. The ambulance deployment plan being proposed with this application
  - d. The analysis process used to determine the number of anticipated requests (transports) for each type and level of ground ambulance service in the proposed area
  - e. The potential impact to surrounding CON holders if the requested CON were granted
- a. The application was prompted by the closure of Arrowhead Mobile Healthcare dba Show Low EMS which closed unexpectedly and shares owners with Healthcare Innovations.
  - b. The Code 3 response times mirror the Code 3 response times of the current provider as they have years of experience in the area and are therefore, more informed about the ability to meet response times in the area.
  - c. The deployment plan for the application places ambulances in the three population centers included in the proposed service area.
  - d. As indicated in the response in Question 2, the estimates are based on operations in CON 58 and CON 120 with average transports per day of 4.6 along with ALS transports 958 vs BLS transports 722 and Billable Miles 55,434. Waiting Hours/Minutes were not estimated.
  - e. We do not have current data to determine the impact on the current CON holder for the area as the last ARCR posted on the Department's web site for Healthcare Innovations is for the 2018 calendar year.

20. Pursuant to A.A.C. R9-25-903 (8)(3) & (4), please provide information regarding the need for additional convalescent and interfacility transports and whether a certificate holder for the service area has demonstrated substandard performance.

The service is proposed to provide additional service to the area.

21. Pursuant to A.A.C. R9-25-909(A) (1) (b), please provide a current/renewed proof of continuous insurance coverage or a statement of continuing self-insurance, specifically for:

- a. A minimum single occurrence automobile liability insurance coverage of \$500,000 for ground ambulance vehicles; and
- b. A minimum single occurrence malpractice or professional liability insurance

coverage of \$500,000; or be self-insured for the amounts in subsection (A)( I ).

Attached is current insurance coverage under Southwest Ambulance of Tucson, Inc.

22. It appears that the service area description provided is intended to match that of Healthcare Innovations CON 103. We've noticed some typographical errors that do not mirror CON 103 service area description. Please correct these errors OR confirm that it is not your intent to mirror CON 103 service area.

Attached is a corrected service area Description.

23. Pursuant to A.A.C. R9-25-902(B)(I), Please provide a current written contract for ALS Medical Direction for the proposed CON. The contract provided in the application is for operations in Prescott, AZ with Life Line Ambulance and dates back to 2015.

See attached Medical Direction agreement.

If I can be of any additional assistance with this matter, please do not hesitate to contact me at (602) 696-4489 or [James.Roeder@gmr.net](mailto:James.Roeder@gmr.net).

Sincerely



Jim Roeder  
Regulatory Manager

## **12 MONTH PROFORMA**

### **AMBULANCE REVENUE and COST REPORT**

#### **GENERAL INFORMATION and CERTIFICATION**

Legal Name of Company: **Southwest Ambulane of Tucson, Inc.** CON No. \_\_\_\_\_

D.B.A. (Doing Business As): \_\_\_\_\_ Business Phone: **480-257-1351**

Financial Records Address: **6363 S Fiddler's Green Circle, 14th Floor** City: **Greenwood Village** Zip Code: **80111**

Mailing Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner / Manager: **President - Glenn Kasprzyk**

Report Contact Person: **President - Glenn Kasprzyk** Business Phone: **480-257-1351** Ext. \_\_\_\_\_

Report for Period From: From: **Projected First Year** To: \_\_\_\_\_

Method of Valuing Inventory: LIFO: \_\_\_\_\_ FIFO: **(x)** Other (Explain): \_\_\_\_\_

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

American Medical Response, Inc., Envision Healthcare Holdings, Inc.

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:



Howard Gordon

Title:

**Vice President, Finance**

Date: **January 3, 2022**

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

**FOR THE PERIOD** Projected First Year **TO:** \_\_\_\_\_

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:			958	958
2	Number of BLS Billable Transports:			722	722
3	Number of Loaded Billable Miles:			55,434	55,434
4	Waiting Time (Hr. & Min.):				-
5	Canceled (Non-Billable) Runs:				302
					Number

6	Paramedic and IEMT	.....	_____
7	Emergency Medical Technician - B	.....	_____
8	Other Ambulance Attendants	.....	_____
9	Total Volunteer Hours	.....	-

Page 1



**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Tucson, Inc.**FOR THE PERIOD** Projected First Year **TO:** \_\_\_\_\_**STATISTICAL SUPPORT DATA**

		(1)	(2)	(3)
<b>Line</b>				
<b>No.</b>	<b><u>Type of Service</u></b>	<b><u>SUBSIDIZED</u></b>	<b><u>NON-</u></b>	
		<b><u>PATIENTS</u></b>	<b><u>SUBSIDIZED</u></b>	<b><u>TOTALS</u></b>
			<b><u>PATIENTS</u></b>	
1	Number of ALS Billable Transports:	_____	958	958
2	Number of BLS Billable Transports:	_____	722	722
3	Number of Loaded Billable Miles:	_____	55,434	55,434
4	Waiting Time (Hr. & Min.):	_____	-	-
5	Canceled (Non-Billable) Runs:	_____	302	302
				Number

**Volunteer Services: (OPTIONAL)**

			<b>Donated Hours</b>
6	Paramedic and IEMT	.....	_____
7	Emergency Medical Technician - B	.....	_____
8	Other Ambulance Attendants	.....	_____
9	Total Volunteer Hours	.....	-

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

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:****Southwest Ambulane of Tucson, Inc.****FOR THE PERIOD****FROM: Projected First Year****TO:** \_\_\_\_\_**STATEMENT OF INCOME**

Line

**No.****DESCRIPTION****FROM****Operating Revenues:**

1	Ambulance Service Routine Operating Revenue .....	Page 3, Line 10 & Page 3.1, Line 10 .....	\$	3,899,846
<b>Less:</b>				
2	AHCCCS Settlement .....	Page 3.1, Line 11 .....	473,889	
3	Medicare Settlement .....	Page 3.1, Line 12 .....	1,522,860	
4	Contractual Discounts .....	Page 7, Line 32 .....	163,500	
5	Subscription Service Settlement .....	Page 8, Line 4 .....	-	
6	Other (Attach Schedule) .....	Page 3.1, Line 13 .....	-	
7	Total .....	Sum of Lines 2 through 6 .....		2,160,249
8	Net Revenue from Ambulance Runs .....	Line 1, minus Line 7 .....		1,739,597
9	Sales of Subscription Service Contracts .....	Page 8, Line 8 .....		-
10	Total Operating Revenue .....	Line 8, plus Line 9 .....	\$	1,739,597

**Ambulance Operating Expenses:**

11	Bad Debt (Includes Subscription Services Bad Debt) .....		132,238	
12	Wages, Payroll Taxes, and Employee Benefits .....	Page 4, Line 22 .....	820,461	
13	General and Administrative Expenses .....	Page 5, Line 20 .....	85,517	
14	Cost of Goods Sold .....	Page 3, Line 15 .....	39,893	
15	Other Operating Expense .....	Page 6, Line 28 .....	336,484	
16	Interest Expense (Attach Schedule IV) .....	Page 14, Line 15, Column 4 & 5 .....	-	
17	Subscription Service Direct Selling .....	Page 8, Line 23 .....	-	
18	Total Operating Expense .....	Sum of Lines 11 through 17 .....		1,414,593
19	Ambulance Service Income (Loss) .....	Line 10, minus Line 18 .....		325,005

**Other Revenue / Expenses:**

20	Other Operating Revenue and Expense .....	Page 9, Line 17 .....	-	
21	Non-Operating Revenue and Expense .....		-	
22	Non-Deductible Expenses (Attach Schedule) .....		-	
23	Total Other Revenues / Expenses .....	Sum of Lines 20 & 21 .....		-
24	Ambulance Service Income (Loss) - Before Income Taxes .....	Sum of Line 19, plus Line 23 .....		325,005

**Provision for Income Taxes:**

25	Federal Income Tax .....		71,501	
26	State Income Tax .....		34,126	
27	Total Income Tax .....	Lines 25, plus Line 26 .....		105,627
28	<b>Ambulance Service Net Income (Loss)</b> .....	Line 24, minus Line 27 .....		219,378

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD****FROM:** Projected First Year**TO:** \_\_\_\_\_**ROUTINE OPERATING REVENUE****Line  
No.****DESCRIPTION****Ambulance Service Routine Operating Revenue:**

1	ALS Base Rate Amount	Rate	\$ 1,689.05	x No. of Runs	958	=	\$ 1,618,110
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	1,689.05	x No. of Runs	722	=	1,219,494
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	18.60	x No. of Billable Miles	55,434	=	1,031,072
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	422.26	x No. of Hours	-	=	0
		Rate		x No. of Hours		=	
5	Medical Supplies (Gross Charges to patients)						31,170
6	Nurses Charges						0
7	Total						3,899,846
8	Standby Revenue (Attach Schedule)						0
9	Other Ambulance Service Revenue (Attach Schedule)						-
10	<b>Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)</b>						<b>\$ 3,899,846</b>

**Cost of Goods Sold: (Medical Supplies)**

11	Inventory at Beginning of Year				-		
12	Plus Purchases				43,882		
13	Plus Other Costs				-		
14	Less Inventory at End of Year				3,989		
15	<b>Cost of Goods Sold (To Page 2, Line 14)</b>						<b>\$ 39,893</b>

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:**Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD****From :** Projected First Year**TO:** \_\_\_\_\_**ROUTINE OPERATING REVENUE**

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

<b>Line No.</b>	<b>DESCRIPTION</b>	<b>SUBSIDIZED PATIENTS</b>	<b>NON- SUBSIDIZED PATIENTS</b>	<b>TOTALS</b>
<b>AMBULANCE SERVICE OPERATING REVENUE</b>				
1	ALS Base Rate .....	\$ _____	\$ 1,618,110	\$ 1,618,110
2	BLS Base Rate .....	_____	1,219,494	1,219,494
3	Mileage Charge .....	_____	1,031,072	1,031,072
4	Waiting Charge .....	_____	-	-
5	Medical Supplies ..... (Gross Charges) ....	_____	31,170.00	31,170.00
6	Nurses' Charges .....	_____	0	0
7	<b>Total</b>	\$ -	\$ 3,899,846	\$ 3,899,846
Plus:				
8	Standby Revenue ..... (Attach Schedule) .....	_____	_____	0
9	Other Ambulance Service Revenue (Attach Schedule) .....	_____	_____	-
10	<b>Total Ambulance Service Routine Operating Revenue</b> (Post to Pg 2, Line 1) .....	_____	_____	\$ 3,899,846
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2) .....	\$ _____	\$ 473,889	\$ 473,889
12	Medicare Settlement (Post total to Pg 2, Line 3) .....	_____	1,522,860	1,522,860
13	Subsidy (Post total to Pg 2, Line 6) .....	_____	-	-
14	Other (Attach Schedule) .....	_____	201,688	201,688
15	<b>Total Settlements</b> (Post to Pg 2, Line 7) .....	\$ _____	\$ 2,198,437	\$ 2,198,437

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

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD** **FROM:** Projected First Year **TO:** \_\_\_\_\_**WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS**

Line No.	DESCRIPTION		No. of *F.T.E.	AMOUNT
<b>OFFICERS / OWNERS</b> (Attach Schedule 1, Wage Category; Pg 10, Line 7)				
1	Gross Wages	.....	-	\$ -
2	Payroll Taxes	.....		-
3	Employee Fringe Benefits	.....		-
4	Total	.....	-	-
<b>MANAGEMENT</b> (Attach Schedule II, Wage Detail; Pg 11)				
5	Gross Wages	.....	0.5	93,533
6	Payroll Taxes	.....		8,418
7	Employee Fringe Benefits	.....		9,651
8	Total	.....	0.5	111,602
<b>AMBULANCE PERSONNEL</b> (Attach Schedule II, Wage Detail; Pg 11)				
<b>Gross Wages</b>				
9	Paramedics and IEMT	..... \$ -	5.0	341,626
10	Emergency Medical Technician (EMT)	.....	5.0	252,462
11	Nurses	.....	-	-
12	Payroll Taxes	.....		47,527
13	Employee Fringe Benefits	.....		67,244
14	Total	.....	10.0	708,859
<b>OTHER PERSONNEL</b> (Attach Schedule II, Wage Detail; Pg 11)				
<b>Gross Wages</b>				
15	Dispatch	.....	-	-
16	Mechanics	.....	-	-
17	Office and Clerical	.....	-	-
18	Other	.....	-	-
19	Payroll Taxes	.....		-
20	Employee Fringe Benefits	.....		-
21	Total	.....	-	-
22	<b>Total F.T.E., Wages, Payroll Taxes, &amp; Employee Benefits</b>	(Post to Pg 2, line 12) .....	10.5	\$ 820,461

\* 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.

**AMBULANCE REVENUE AND COST REPORT**
**AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.
**FOR THE PERIOD**      **FROM:** Projected First Year      **TO:** \_\_\_\_\_
**ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS**

<u>Line No.</u>	<u>DESCRIPTION</u>		(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
<b>MANAGEMENT</b>						
1	<b>Gross Wages</b> (Attach Schedule II)		0.5	93,533	100%	93,533
2	Payroll Taxes			8,418	100%	8,418
3	Employee Fringe Benefits			9,651	100%	9,651
4	<b>Total</b>		0.5	111,602		111,602
<b>AMBULANCE PERSONNEL</b>						
		** Contractual				
	<b>Gross Wages</b> (Attach Schedule I	Wages Labor				
5	Paramedics and IEMT	\$ _____	5.0	341,626	100%	341,626
6	Emergency Medical Technician (EMT)	_____	5.0	252,462	100%	252,462
7	Nurses	_____	0.0	-	100%	-
8	Drivers	_____	0.0	-	100%	-
9	Payroll Taxes			47,527	100%	47,527
10	Employee Fringe Benefits			67,244	100%	67,244
11	<b>Total</b>		10.0	708,859		708,859
<b>OTHER PERSONNEL</b>						
	<b>Gross Wages</b> (Attach Schedule II)					
12	Dispatch		0.0	-	100%	-
13	Mechanics		0.0	-	100%	-
14	Office and Clerical		0.0	-	100%	-
15	Other		0.0	-	100%	-
16	Payroll Taxes			-	100%	-
17	Employee Fringe Benefits			-	100%	-
18	<b>Total</b>		0.0	-		-
19	<b>TOTAL F.T.E., WAGES, PAYROLL TAXES &amp; EMPLOYEE BENEFITS</b>	(Post to Pg 2, line 12)	10.5	820,461		\$ 820,461

\* 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.

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD** **FROM:** Projected First Year **TO:** \_\_\_\_\_**BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.**

<b>Line No.</b>	<b><u>DESCRIPTION</u></b>	<b><u>Basis of Allocations</u></b>	
1	<b>Gross Wages - MANAGEMENT</b>	<u>All personnel are 100% dedicated to ambulance services.</u>	
2	Payroll Taxes	<u>100% ambulance services</u>	
3	Employee Fringe Benefits	<u>100% ambulance services</u>	
4	Total	<u>100% ambulance services</u>	
		<b>Contractual</b>	<b>Wages</b>
	<b>Gross Wages - AMBULANCE PERSONNEL</b>		
5	Paramedics and IEMT	<u></u>	<u>100% ambulance services</u>
6	Emergency Medical Technician (EMT)	<u></u>	<u>100% ambulance services</u>
7	Nurses	<u></u>	<u>100% ambulance services</u>
8	Drivers	<u></u>	<u>100% ambulance services</u>
9	Payroll Taxes	<u></u>	<u>100% ambulance services</u>
10	Employee Fringe Benefits	<u></u>	<u>100% ambulance services</u>
11	Total	<u></u>	<u>100% ambulance services</u>
	<b>Gross Wages - OTHER PERSONNEL</b>		
12	Dispatch	<u></u>	<u>100% ambulance services</u>
13	Mechanics	<u></u>	<u>100% ambulance services</u>
14	Office and Clerical	<u></u>	<u>100% ambulance services</u>
15	Other	<u></u>	<u>100% ambulance services</u>
16	Payroll Taxes	<u></u>	<u>100% ambulance services</u>
17	Employee Fringe Benefits	<u></u>	<u>100% ambulance services</u>
18	Total	<u></u>	<u>100% ambulance services</u>

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD** **FROM:** Projected First Year **TO:** \_\_\_\_\_**GENERAL and ADMINISTRATIVE EXPENSES**

<b>Line No.</b>	<b><u>DESCRIPTION</u></b>		
<b>Professional Service:</b>			
1	Legal Fees .....	\$	-
2	Collection Fees .....		<u>7,747</u>
3	Accounting and Auditing .....		
4	Data Processing Fees .....		-
5	Other (Attach Schedule) .....		<u>12,000</u>
6	Total .....	\$	<u>19,747</u>
<b>Travel and Entertainment:</b>			
7	Meals and Entertainment .....		<u>1,205</u>
8	Transportation - Other Company Vehicles .....		-
9	Travel .....		<u>1,645</u>
10	Other (Attach Schedule) .....		-
11	Total .....		<u>2,851</u>
<b>Other General and Administrative:</b>			
12	Office Supplies .....		<u>914</u>
13	Postage .....		<u>95</u>
14	Telephone .....		-
15	Advertising .....		<u>52</u>
16	General Liability Insurance .....		<u>7,124</u>
17	Workers Comp .....		<u>20,052</u>
18	Other (Attach Schedule) .....		<u>34,683</u>
19	Total .....		<u>62,920</u>
20	<b>Total General and Administrative Expenses</b> (Post to Page 2, Line 13) .....	\$	<u>85,517</u>



**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:**Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD****FROM:** Projected First Year**TO:** \_\_\_\_\_**GENERAL and ADMINISTRATIVE EXPENSES**

Line

No.**DESCRIPTION****Professional Service:**

1	Consulting	.....	\$	_____	-
2	Medical Director	.....		_____	12,000
3	Temp Staffing	.....		_____	-
4	Other Professional Fees	.....		_____	
5		.....		_____	-
6	Total (Post to Page 5, Line 5)	.....		\$	_____ 12,000

**Travel and Entertainment:**

7		.....		_____	-
8		.....		_____	-
9		.....		_____	-
10		.....		_____	-
11	Total	.....			_____ -

**Other General and Administrative:**

12	Employee Relations & Training	.....		_____	885
13	Lobbying & Political	.....		_____	-
14	Printing	.....		_____	44
15	Software Licenses & Maintenance	.....		_____	-
16	Recruiting	.....		_____	-
17	Sales & Use Tax	.....		_____	-
18	Fines and Penalties	.....		_____	-
19	Misc. G&A	.....		_____	10,234
20	Dues & Subscriptions	.....		_____	-
21	Allocated Shared Support Services	.....		_____	23,520
22	Total (Post to Page 5, Line 18)	.....			_____ 34,683

# AMBULANCE REVENUE AND COST REPORT

(revised January 03, 2022)

AMBULANCE SERVICE ENTITY: Southwest Ambulane of Tucson, Inc.

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

## ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
<b>Professional Service:</b>				
1	Legal Fees .....	\$ -	100%	\$ -
2	Collection Fees .....	7,747	100%	7,747
3	Accounting and Auditing .....	-	100%	-
4	Data Processing Fees .....	-	100%	-
5	Other (Attach Schedule) .....	12,000	100%	12,000
6	Total .....	19,747		19,747
<b>Travel and Entertainment:</b>				
7	Meals and Entertainment .....	1,205	100%	1,205
8	Transportation - Other Company Vehicles .....	-	100%	-
9	Travel .....	1,645	100%	1,645
10	Other (Attach Schedule) .....	-	100%	-
11	Total .....	2,851		2,851
<b>Other General and Administrative:</b>				
12	Office Supplies .....	914	100%	914
13	Postage .....	95	100%	95
14	Telephone .....	-	100%	-
15	Advertising .....	52	100%	52
16	Professional Liability Insurance .....	7,124	100%	7,124
17	Dues and Subscriptions .....	20,052	100%	20,052
18	Other (Attach Schedule) .....	34,683	100%	34,683
19	Total .....	62,920		62,920
20	<b>Total General and Administrative Expenses</b> (Post to Page 2, Line 13)	\$ 85,517		85,517

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.

**FOR THE PERIOD** **FROM:** Projected First Year **TO:** \_\_\_\_\_

**BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES**

<b><u>Line</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>Basis of Allocation</u></b>
<b>Professional Service:</b>		
1	Legal Fees	100% Ambulance Services
2	Collection Fees	100% Ambulance Services
3	Accounting and Auditing	100% Ambulance Services
4	Data Processing Fees	100% Ambulance Services
5	Other (Attach Schedule)	100% Ambulance Services
6	Total	
<b>Travel and Entertainment:</b>		
7	Meals and Entertainment	100% Ambulance Services
8	Transportation - Other Company Vehicles	100% Ambulance Services
9	Travel	100% Ambulance Services
10	Other (Attach Schedule)	100% Ambulance Services
11	Total	
<b>Other General and Administrative:</b>		
12	Office Supplies	100% Ambulance Services
13	Postage	100% Ambulance Services
14	Telephone	100% Ambulance Services
15	Advertising	100% Ambulance Services
16	Professional Liability Insurance	100% Ambulance Services
17	Dues and Subscriptions	100% Ambulance Services
18	Other (Attach Schedule)	100% Ambulance Services
19	Total	

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD** **FROM:** Projected First Year **TO:** \_\_\_\_\_**OTHER OPERATING EXPENSES**

Line

**No.** **DESCRIPTION****Depreciation and Amortization:**

1	Depreciation (Attach Schedule III) .....	(From Pg 13, Line 20, Col I) .....	\$	<u>127,078</u>	
2	Amortization .....			<u>-</u>	
3	Total .....		\$		<u>127,078</u>
4	Rent / Lease (Attach Schedule III) .....	(From Pg 13, Line 20, Col K) .....			<u>36,000</u>

**Building / Station Expense:**

5	Building and Cleaning Supplies .....			<u>3,675</u>	
6	Utilities .....			<u>17,632</u>	
7	Property Taxes .....			<u>5,175</u>	
8	Property Insurance .....			<u>-</u>	
9	Repairs and Maintenance .....			<u>8,550</u>	
10	Other (Attach Schedule) .....			<u>-</u>	
11	Total .....				<u>35,033</u>

**Vehicle Expense - Ambulance Units:**

12	License / Registration .....			<u>1,000</u>	
13	Fuel .....			<u>39,821</u>	
14	General Vehicle & Equip Service and Maint .....			<u>3,117</u>	
15	Major Repairs .....			<u>4,853</u>	
16	Insurance - Service Vehicles .....			<u>22,760</u>	
17	Other (Attach Schedule) .....			<u>3,517</u>	
18	Total .....				<u>75,068</u>

**Other Expenses:**

19	Dispatch .....			<u>56,917</u>	
20	Education / Training .....				
21	Uniforms and Uniform Cleaning .....			<u>5,625</u>	
22	Meals and Travel for Ambulance personnel .....			<u>-</u>	
23	Maintenance Contracts .....			<u>-</u>	
24	Minor Equipment - Not Capitalized .....			<u>-</u>	
25	Ambulance Supplies - Nonchargeable .....			<u>-</u>	
26	Other (Attach Schedule) .....			<u>763</u>	
27	Total .....				<u>63,305</u>
28	<b>Total Other Operating Expenses</b> .....	(Post to Page 2, Line 15) .....	\$		<u>336,484</u>

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD** FROM: Projected First Year TO: \_\_\_\_\_**OTHER OPERATING EXPENSES**

Line  
No.    **DESCRIPTION**

**Building / Station Expense Other:**

1	Other building/station expenses .....	_____	-
2	.....	_____	
3	.....	_____	
4	.....	_____	
5	.....	_____	
6	.....	_____	
7	Total .....	_____	-

**Vehicle Expense - Ambulance Units Other:**

8	Tires .....	_____	-
9	.....	_____	
10	.....	_____	
11	.....	_____	
12	.....	_____	
13	.....	_____	
14	Total .....	_____	-

**Other Expenses:**

15	Other Operating Expense .....	_____	763
16	.....	_____	
17	.....	_____	-
18	.....	_____	
19	.....	_____	
20	.....	_____	
21	.....	_____	
22	.....	_____	
23	Total (Post to Page 6 Line 26) .....	_____	763

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD****FROM:** Projected First Year **TO:** \_\_\_\_\_**ALLOCATION of OTHER OPERATING EXPENSES**

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>(1) Total Expenditure</u>	<u>(2) Allocation Percentage</u>	<u>(3) Ambulance Amount</u>
<b>Depreciation and Amortization:</b>				
1	Depreciation (Attach Schedule III) ..... (From Pg 13, Line 20, Col I)	\$ 127,078	100%	\$ 127,078
2	Amortization .....	0	100%	0
3	Total .....	127,078		127,078
4	Rent / Lease (Attach Schedule III) ..... (From Pg 13, Line 20, Col K) .....	36,000	100%	36,000
<b>Building / Station Expense:</b>				
5	Building and Cleaning Supplies .....	3,675	100%	3,675
6	Utilities .....	17,632	100%	17,632
7	Property Taxes .....	5,175	100%	5,175
8	Property Insurance .....	0	100%	0
9	Repairs and Maintenance .....	8,550	100%	8,550
10	Other (Attach Schedule) .....	0	100%	0
11	Total .....	35,033		35,033
<b>Vehicle Expense - Ambulance Units:</b>				
12	License / Registration .....	1,000	100%	1,000
13	Fuel .....	39,821	100%	39,821
14	General Vehicle Service and Maintenance .....	3,117	100%	3,117
15	Major Repairs .....	4,853	100%	4,853
16	Insurance - Service Vehicles .....	22,760	100%	22,760
17	Other (Attach Schedule) .....	3,517	100%	3,517
18	Total .....	75,068		75,068
<b>Other Expenses:</b>				
19	Dispatch .....	56,917	100%	56,917
20	Education / Training .....	0	100%	0
21	Uniforms and Uniform Cleaning .....	5,625	100%	5,625
22	Meals and Travel - Ambulance Personnel .....	0	100%	0
23	Maintenance Contracts .....	0	100%	0
24	Minor Equipment - Not Capitalized .....	0	100%	0
25	Ambulance Supplies - Nonchargeable .....	0	100%	0
26	Other (Attach Schedule) .....	763	100%	763
27	Total .....	63,305		63,305
28	Total Other Operating Expenses ..... (Post to Page 2, Line 15) ..	\$ 336,484		\$ 336,484

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD****FROM:** Projected First Year**TO:** \_\_\_\_\_**BASIS of ALLOCATION OF OTHER EXPENSES**

<b>Line No.</b>	<b><u>DESCRIPTION</u></b>	<b><u>Basis of Allocation</u></b>
<b>Depreciation and Amortization:</b>		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
<b>Building / Station Expense:</b>		
5	Building and Cleaning Supplies	100% Ambulance Services
6	Utilities	100% Ambulance Services
7	Property Taxes	100% Ambulance Services
8	Property Insurance	100% Ambulance Services
9	Repairs and Maintenance	100% Ambulance Services
10	Other	100% Ambulance Services
11	Total	100% Ambulance Services
<b>Vehicle Expense - Ambulance Units:</b>		
12	License / Registration	100% Ambulance Services
13	Fuel	100% Ambulance Services
14	General Vehicle Service and Maintenance	100% Ambulance Services
15	Major Repairs	100% Ambulance Services
16	Insurance - Service Vehicles	100% Ambulance Services
17	Other	100% Ambulance Services
18	Total	100% Ambulance Services
<b>Other Expenses:</b>		
19	Dispatch	100% Ambulance Services
20	Education / Training	100% Ambulance Services
21	Uniforms and Uniform Cleaning	100% Ambulance Services
22	Meals and Travel for Ambulance personnel	100% Ambulance Services
23	Maintenance Contracts	100% Ambulance Services
24	Minor Equipment - Not Capitalized	100% Ambulance Services
25	Ambulance Supplies - Nonchargeable	100% Ambulance Services
26	Other (Attach Schedule)	100% Ambulance Services
27	Total	100% Ambulance Services

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:**Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD**FROM: Projected First Year TO: \_\_\_\_\_**DETAIL OF CONTRACTUAL ALLOWANCES**

<u>Line No.</u>	<u>Name of Contracting Entity</u>	<u>Total Billable Runs</u>	<u>Gross Billing</u>	<u>Percent Discount</u>	<u>Allowance</u>
1	BCBS of AZ	55	\$ 165,000	10%	\$ 16,500
2	Aetna	25	\$ 75,000	25%	\$ 18,750
3	UHC Community Plan	25	\$ 75,000	30%	\$ 22,500
4	United Healthcare	20	\$ 60,000	25%	\$ 15,000
5	Healthnet Tricare West	55	\$ 165,000	55%	\$ 90,750
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32	(Post Total to Page 2, Line 4)	180	\$ 540,000		\$ 163,500



**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:**Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD****FROM:** Projected First Year **TO:** \_\_\_\_\_**SUBSCRIPTION SERVICE REVENUE AND  
DIRECT SELLING EXPENSES**

Line No.	<u>Description</u>		
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)		_____ -
 <b>Direct Expenses Incurred Selling Subscription Contracts</b>			
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) .....		\$ _____ -

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD** **FROM:** Projected First Year **TO:** \_\_\_\_\_**OTHER OPERATING REVENUES & EXPENSES****Line  
No.****Description****Other Operating Revenues:**

1	Supportive Funding - Local	(attach schedule) .....	\$ _____
2	Grant Funds - State	(attach schedule) .....	_____
3	Grant Funds - Federal	(attach schedule) .....	_____
4	Grant Funds - Other	(attach schedule) .....	_____
5	Patient Finance Charges .....		_____
6	Patient Late Payment Charges .....		_____
7	Interest Earned - Related Person / Organization .....		_____
8	Interest Earned - Other .....		_____
9	Gain on Sale of Operating Property .....		_____
10	Other: _____		-
11	Other: _____		_____
12	Total Other Operating Revenues .....		\$ _____ -

**Other Operating Expenses:**

13	Loss on Sale of Operating Property .....	_____
14	Other: <u>Interest Expense</u> .....	_____
15	Other: _____	_____
16	Total Other Operating Expenses .....	_____ -
17	Net Other Operating Revenues and Expenses ..... (Post to Pg 2, Line 20) .....	\$ _____ -

# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulane of Tucson, Inc.

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

Schedule I  
DETAIL OF SALARIES / WAGES  
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1	_____	_____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7	TOTAL			\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

Post Total  
to Pg 4, Column 2,  
Line 1

Post Total  
to Pg 4, Column 1,  
Line 1

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD** **FROM:** Projected First Year **TO:** \_\_\_\_\_**Schedule II****DETAIL of SALARIES / WAGES****Management, Ambulance Personnel, Other Personnel**

Line

**No. Detail of Salaries / Wages - Other Than Officers / Owners****1 MANAGEMENT:**

Certification and / or Title	Scheduled Shifts ( no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
Operational Managers	20+ week		Varies	

**2 AMBULANCE PERSONNEL:**

CEP/EMT Full time	56 hrs/week	Varies		
Field Supervisor	56 hrs/week	Varies		
EMT Full time	56 hrs/week	Varies		

**3 OTHER PERSONNEL:**


# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulane of Tucson, Inc.

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

Schedule III  
DEPRECIATION and/or RENT / LEASE EXPENSE  
AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Vehicle - Ambulance	Various	472,000	100%	472,000	SL	Various	-	67,429	404,571	
2											
3	Equipment - Ambulance	Various	258,246	100%	258,246	SL	Various	-	51,649	206,597	
4											
5	Equipment Rental										-
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		730,246		730,246				119,078	611,168	-

Post to Pg 13, Line 19,  
Column I

Post to Pg 13, Line 19,  
Column K

\* Complete Description of property, date placed in service, and rent/lease amount only.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulane of Tucson, Inc.

FOR THE PERIOD FROM: Projected First Year TO:

Schedule III  
DEPRECIATION and/or RENT / LEASE EXPENSE  
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Land	Various	-	100%	-	SL	Various	-	-	-	
2	Buildings	Various	-	100%	-	SL	Various	-	-	-	
3	LHI	Various	-	100%	-	SL	Various	-	-	-	
4	Vehicle - Other	Various	-	100%	-	SL	Various	-	-	-	
5	Equipment - Computer	Various	18,000	100%	18,000	SL	Various	-	6,000	12,000	
6	Computer Software	Various	-	100%	-	SL	Various	-	-	-	
7	Office Furn/Equip	Various	10,000	100%	10,000	SL	Various	-	2,000	8,000	
8	Equipment - Fleet Maint	Various	-	100%	-	SL	Various	-	-	-	
9	Rented Real Estate										36,000
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above		28,000		28,000				8,000	20,000	36,000.00
19	SUBTOTAL from Page 12, Line 20		730,246		730,246				119,078	611,168	-
									Post from Pg 12, Line 20 Column I		Post from Pg 12, Line 20 Column K
20	SUM of Line 18 & 19		758,246		758,246				127,078	631,168	36,000.00
									Post to Pg 6, Line 1		Post to Pg 6, Line 4

\* Complete Description of property, date placed in service, and rent/lease amount only.

**AMBULANCE REVENUE AND COST REPORT****AMBULANCE SERVICE ENTITY:**Southwest Ambulane of Tucson, Inc.**FOR THE PERIOD****FROM:**Projected First Year**TO:****Schedule IV  
DETAIL OF INTEREST**

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

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

# **AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY:** Southwest Ambulane of Tucson, Inc.

**FOR THE PERIOD** **FROM:** Projected First Year **TO:** \_\_\_\_\_

## **BALANCE SHEET**

### **ASSETS**

#### **CURRENT ASSETS**

1	Cash	.....	\$	-	
2	Accounts Receivable	.....		487,481	
3	Less: Allowance for Doubtful Accounts	.....		(270,031)	
4	Inventory	.....		3,989	
5	Prepaid Expenses	.....		-	
6	Other Current Assets	.....		-	
7	<b>TOTAL CURRENT ASSETS</b>	.....			\$ 221,439
9	<b>PROPERTY &amp; EQUIPMENT</b>	.....			758,246
10	Less: Accumulated Depreciation	.....			(127,078)
11	<b>OTHER NON CURRENT ASSETS</b>	.....			
12	<b>TOTAL ASSETS</b>	.....			\$ 852,607

### **LIABILITIES & EQUITY**

#### **CURRENT LIABILITIES**

13	Accounts Payable	.....	\$	57,587	
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	<b>TOTAL CURRENT LIABILITIES</b>	.....			\$ 57,587
21	<b>NOTES PAYABLE</b>	.....		-	
22	<b>LONG-TERM DEBT OTHER</b>	.....		-	
23	<b>TOTAL LONG-TERM DEBT</b>	.....			-

#### **EQUITY & OTHER CREDITS**

##### **Paid-In Capital:**

24	Common Stock	.....			
25	Paid-In Capital in Excess of Par Value	.....			
26	Contributed Capital	.....			
27	Retained Earnings	.....		219,378	
28	Intercompany Payable to Parent	.....		575,642	
29		.....			
30	<b>Fund Balance</b>	.....			
31	<b>TOTAL EQUITY</b>	.....			795,020
32	<b>TOTAL LIABILITIES &amp; EQUITY</b>	.....			\$ 852,607



# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Tucson, Inc.

**FOR THE PERIOD** **FROM:** Projected First Year **TO:** \_\_\_\_\_

## STATEMENT OF CASH FLOWS

### OPERATING ACTIVITIES:

1	Net (loss) Income .....	\$	219,378
<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 & Amortization E .....		127,078
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 .....		(217,450)
6	Inventories .....		(3,989)
7	Prepaid Expenses .....		-
<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow			
8	Accounts Payable .....		57,587
9	Accrued Expenses .....		-
10	Deferred Subscription Income .....		-
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$	182,604

### INVESTING ACTIVITIES:

12	Purchases of Property & Equipment .....	(758,246)
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	Net Working capital payments from/(to) Parent .....	575,642
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES	(182,604)

### 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 .....	\$	105,627



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
05/26/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C. No. Ext.):</b> (866) 283-7122	<b>FAX (A/C. No.):</b> (800) 363-0105	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> American Medical Response, Inc. 6363 S. Fiddlers Green Circle 14th Floor Greenwood Village CO 80111 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> ACE American Insurance Company		22667
	<b>INSURER B:</b> Indemnity Insurance Co of North America		43575
	<b>INSURER C:</b> ACE Fire Underwriters Insurance Co.		20702
	<b>INSURER D:</b> Lloyd's Syndicate No. 2623		AA1128623
	<b>INSURER E:</b> Great American Security Ins Co		31135
	<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:** 570087437779**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			XSLG7248194A SIR applies per policy terms & conditions	03/31/2021	03/31/2022	EACH OCCURRENCE	\$2,750,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$100,000	
			MED EXP (Any one person)					
			PERSONAL & ADV INJURY				\$2,750,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,750,000
	OTHER:						SIR/Deductible	\$250,000
A	<b>AUTOMOBILE LIABILITY</b>			ISAH25545138	03/31/2021	03/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person)					
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)					
	<input type="checkbox"/> HIRED AUTOS ONLY		PROPERTY DAMAGE (Per accident)					
E	<input type="checkbox"/> <b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/>	OCCUR	EXC3415145	03/31/2021	03/31/2022	EACH OCCURRENCE	\$10,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>		CLAIMS-MADE				AGGREGATE	\$10,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION							
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WLRC67819299	03/31/2021	03/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	AOS	03/31/2021	03/31/2022	E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			WLRC67819251			E.L. DISEASE-EA EMPLOYEE	\$1,000,000
				CA, MA			E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	<b>E&amp;O-PL-XS</b>			W18173210601	03/31/2021	03/31/2022	Per Claim	\$10,000,000
				Professional Liability			SIR	\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CONTRACT NUMBERS: ADHS17-151123 RURAL METRO CORP, ADHS16-125127 SOUTHWEST AMBULANCE, ADHS17-151110 PMT AMBULANCE GROUND, AND CTR049640 AMERICAN MEDICAL RESPONSE OF MARICOPA. EVIDENCE OF INSURANCE FOR THE FOLLOWING ADDITIONAL NAMED INSURED: RIVER MEDICAL, INC. DBA LIFE LINE AMBULANCE 415 EL CAMINO WAY LAKE HAVASU CITY, AZ 85403 (CON 94) RURAL/METRO CORPORATION (PIMA) 3759 N. COMMERCE DR. TUCSON, AZ 85705 (CON 55) RURAL/METRO CORPORATION (PINAL) DBA TRI-CITY MED DBA LIFE LINE AMBULANCE 3759 N. COMMERCE DR. TUCSON, AZ 85705 (CON 87) RURAL/METRO CORPORATION (YUMA) DBA RURAL/METRO AMBULANCE SERVICE 2029 S ARIZONA AVE, YUMA AZ 85364 (CON 65) SOUTHWEST AMBULANCE OF SOUTHEASTERN ARIZONA, INC. DBA SOUTHWEST AMBULANCE OF SAFFORD DBA LIFE LINE AMBULANCE 3759 N. COMMERCE DR. TUCSON, AZ 85705 (CON 63). ABC Ambulance LLC 3118 E. McDowell Rd. Phoenix, AZ 85008 (CON 139),

**CERTIFICATE HOLDER****CANCELLATION**

Arizona Department of Health Services BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM 150 N 18th Ave, Suite 540 PHOENIX AZ 85007 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services Central, Inc.</i>

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ACORD 25 (2016/03)

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Received on 01/06/2022  
BEMSTS-CON & RATES

Holder Identifier :

Certificate No : 570087437779



# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED American Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570087437779			
CARRIER See Certificate Number: 570087437779	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
C		N/A		SCFC67819330 WI Paid Loss Retro	03/31/2021	03/31/2022		
A		N/A		WCUC67819378 OH-SIR SIR applies per policy terms & conditions	03/31/2021	03/31/2022		

**ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED American Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570087437779			
CARRIER See Certificate Number: 570087437779	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

American Medical Response of Cochise County LLC 4266 Industry Drive, Ste 3, Sierra Vista, AZ 85635 (CON 120).



# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED American Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570087437779			
CARRIER See Certificate Number: 570087437779	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

### Addendum

Professional Medical Transport, Inc. dba Life Line Ambulance dba PMT Ambulance dba ComTrans Ambulance Inc. dba ComTrans Ambulance Service dba Promed Transport dba American ComTrans dba American Medical Response dba AMR 8465 N. Pima Rd. Scottsdale, AZ 85258 (CON 71) American Medical Response of Maricopa, LLC dba American Medical Response dba AMR dba SW General, Inc. dba Southwest Ambulance dba Southwest Ambulance of Casa Grande, Inc. dba Southwest Ambulance and Rescue of Arizona 617 E Main Street Mesa, AZ 85201 (CON 136) Rural/Metro Corporation (Maricopa) dba Rural/Metro Ambulance Service dba Arizona Medical Transport dba AMT 8465 N. Pima Rd. Scottsdale, AZ 85258 (CON 109) Southwest Ambulance of Tucson, Inc. dba Kord's Southwest dba American Medical Response, dba AMR 3759 N. Commerce Dr. Tucson, AZ 85705 (CON 54) Life Line Ambulance, Inc. 1099 W Iron Springs Road Prescott, AZ 85258 (CON 62) R/M Arizona Holdings, Inc. dba Canyon State Ambulance dba Payson Medical Transport dba LifeStar EMS dba Life Line Ambulance 8465 N. Pima Road Scottsdale, AZ 85258 (CON 58) Southwest Ambulance of Casa Grande, Inc. dba Southwest Ambulance of Casa Grande, dba American Medical Response dba AMR 3759 N. Commerce Dr. Tucson, AZ 85705 (CON 85).

### Service Area Description:

Beginning at northwest corner of T12S R19E, then following a straight line due east to the intersection of Greenlee county, Cochise county and the border of Arizona, then due south following the border line of Arizona to the southern boundary of section 35, T16S R32E, then due west approximately 42 miles more or less to the southeast corner of Section 35, T16S R25E, then northwest to southwest corner of section 18, T15S R25E, then west to the southeast corner of Section 17, T15S R24E, then southwest to the southeast corner of Section 10, T16S R23E, then east to the northeast corner of Section 18, T16S R24E, then south to the southeast corner of Section 30, T16S R24E, then west to the southeast corner of Section 25, T16S R23E, then south to the southeast corner of Section 36, T17S R23E, then southeast to the southwest corner of Section 33, T18S R24E, then due east to the northeast corner of Section 2, T19S R24E, then south to the southeast corner of Section 24, T21S R24E, then due west approximately 17.3 miles more or less to the San Pedro River, then follow the river north and west until it intersects with the southern boundary line of T19S R21E, then west to the southwest corner of Section 31, T19S R19E, then north to the point of beginning. From the starting point of the northeast Pima county line seven miles west, then south crossing I10 at the Marsh Station Rd exit, MP 291 down to the northern boundary of the Sonoita-Elgin C.O.N. No. 132 line, then east to the Cochise County line, then north to the beginning point.

## **BASE HOSPITAL SERVICE AGREEMENT**

This Base Hospital Service Agreement, ("Agreement"), made and entered into by and between Northwest Hospital, LLC, d/b/a Northwest Medical Center ("Hospital") and Southwest Ambulance of Tucson, Inc. d/b/a Kord's Southwest d/b/a American Medical Response d/b/a AMR, Rural/Metro Corporation (Pima), Rural/Metro Corporation d/b/a Tri-City Med d/b/a Life Line Ambulance ("Provider") is executed as of the dates below the parties' respective signatures but is effective as of August 1, 2016 (the "Effective Date").

### **WITNESSETH**

**WHEREAS**, the Hospital desires to function as an advanced life support (ALS) base hospital in accordance with the terms and provision of Arizona Revised Statutes (A.R.S.) Section 36-2201, *et seq.*, and the Provider desires to operate a Rescue Unit/Ambulance and utilize State Certified Emergency Medical Care Technicians ("EMCTs")<sup>1</sup> in accordance with the terms and provisions of Arizona Administrative Code (A.A.C.) Section R-9-25-201, *et seq.*

**NOW THEREFORE**, in consideration of the mutual covenants and agreements contained herein, the parties agree as follows:

### **Section I – Duties of Hospital**

- 1) Hospital shall contract with and identify a physician ("Base Hospital Medical Director") who will be responsible for Administrative Medical Direction for EMCTs employed by the Provider pursuant to A.A.C. R9-25-201. The Base Hospital Medical Director will meet the requirements outlined in A.A.C. R9-25-201.
- 2) Hospital shall assist Provider in ensuring that protocols and procedures required by A.A.C. R9-205-201(E)(2) and (3) are established, documented and implemented. Said protocols and procedures shall be reviewed and updated annually by the Base Hospital Medical Director as necessary.
- 3) The Base Hospital Medical Director will also be responsible for providing On-Line Medical Direction<sup>2</sup> pursuant to A.A.C. R9-25-202. Hospital shall ensure that Provider has 24/7 access to a physician qualified to give medical direction under A.A.C. R9-25-202(A)(1).
- 4) Hospital shall meet the requirements as specified in Arizona Revised Statutes and obtain and maintain certification as an ALS Base Hospital. A.A.C. R9-25-201, *et seq.*

### **Section II – Duties of Provider**

- 1) Provider agrees to report to the Hospital all known or alleged instances of incompetence or unprofessional conduct of EMCTs that are assigned to Hospital. Hospital reserves the right to withdraw On-Line or Administrative Medical Direction from any EMCT assigned to the Hospital following consultation with management personnel for the Provider.

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<sup>1</sup> "Emergency Medical Care Technician" means an individual who has been certified by the department of health services as an emergency medical technician, an advanced emergency medical technician, an emergency medical technician I-99 or a paramedic. See A.R.S. 36-2201(15)

<sup>2</sup> "On-Line medical direction" means emergency medical services guidance or information provided to an EMCT by a physician through two-way voice communication. See A.A.C. R9-25-101(35).

- 2) Provider agrees to provide written notice to the Hospital within thirty (30) days of a termination or transfer of an EMCT. Notification shall include the name of the EMCT, the date of employment, certification expiration date, and transfer or termination date.
- 3) Provider shall require that, when skills have been instituted, said Provider's personnel shall remain with the patient until transfer of care to the staff of an emergency receiving facility, emergency center or another comparably staffed and equipped emergency vehicle unit.
- 4) All ALS patient care (including non-transports) will be carried out under on-line medical direction and/or written standing/administrative orders.
- 5) Provider's ALS personnel will meet all requirements of the State as specified in Arizona Revised Statutes, 36-2201, *et. seq.*, and A.A.C. R9-25-401 *et seq.*, to maintain their authorization as a provider of ALS.
- 6) Provider shall follow all applicable policies and protocols approved by Hospital.
- 7) Provider shall only utilize EMCTs with valid certification by the ADHS Bureau of Emergency Medical Services as prescribed A.A.C. R9-25-401, *et. seq.*
- 8) Provider shall verify that only EMCTs with valid certifications or licenses are assigned to the Hospital.
  - a) Provider shall provide Hospital with an accurate list of the names of each EMCT currently assigned to the Hospital.
  - b) Provider shall provide Hospital with a copy of all applicable certifications for each assigned EMCT.
  - c) Said personnel assigned to the Hospital may not be assigned concurrently to another facility for administrative medical direction.
- 9) Provider shall require its EMCTs to meet continuing education requirements for re-certification established by the Arizona Department of Health Services.
- 10) Provider shall ensure that protocols and procedures required by A.A.C. R9-205-201(E)(2) and (3) are established, documented and implemented.

### **Section III – Compensation**

- 1) Provider shall compensate Hospital for the provision of the Base Hospital Services to Provider as follows:

As it relates to expired medications that are exchanged at Provider's request, Provider shall pay Hospital the amounts set forth on the fee schedule attached hereto as Exhibit A.

For Base Hospital Services that are provided by the EMS Coordinator for the Hospital, Provider shall pay Hospital forty dollars (\$40.00) per hour.

For Base Hospital Medical Directorship Services provided by the Base Hospital Medical Director, Provider shall pay Hospital one-hundred and twenty-five dollars (\$125.00) per hour.



For the Base Hospital Services and Base Hospital Medical Directorship Services, Hospital will invoice Provider for its proportionate share of said Services.<sup>3</sup> As it relates to the Base Hospital Services and Base Hospital Medical Directorship Services, Hospital shall invoice the Provider *monthly* the amounts due and owing. Provider shall pay each invoice for Base Hospital and Base Hospital Medical Directorship Services within thirty (30) days after receiving it.

As it relates to the expired medications that are exchanged at Provider's request, Hospital shall submit *quarterly* invoices indicating the amounts due and owing related to those medications. Provider shall pay each invoice for replacement medications within thirty (30) days after receiving it.

#### **Section IV - Term of the Agreement**

1) The Term of this Agreement is one (1) year. The Agreement shall begin on the Effective Date and shall continue until the end of the Term, and thereafter shall be automatically renewed for successive one (1) year periods under identical terms, unless otherwise terminated as provided herein (such initial term and any such renewal terms being herein called the "Term").

2) **Termination without Cause.** Notwithstanding anything contained herein to the contrary, either party may terminate this Agreement without cause upon thirty (30) days prior written notice to the other party, such notice stating the intended date of termination.

3) **Termination for Cause.** Subject to the requirements of this Section, either party may terminate this Agreement at any time in the event the other party engages in an act or omission constituting a material breach of any term or condition of the Agreement. The party electing to terminate the Agreement for material breach shall provide the breaching party seven (7) days written notice specifying the nature of the material breach. The breaching party shall have seven (7) days from the date of the notice in which to remedy the breach and conform its conduct to the Agreement. If such breach is not cured within the time specified, the Agreement shall terminate at the end of the notice period without further notice or demand.

4) **Immediate Termination.** Notwithstanding anything contained herein to the contrary, Hospital may terminate the Agreement immediately upon any of the following events:

a) Upon Provider's loss of certification as a Medicare or Medicaid provider; suspension or exclusion from any federal healthcare program; suspension, exclusion, or debarment by any federal agency; or conviction of any crime relating to health care, or any felony;

b) Upon the sale of all or materially all of Hospital's assets, the sale of Hospital, or the closure of Hospital;

c) Upon Provider's general assignment for the benefit of creditors, Provider's petition for relief in bankruptcy, or under similar laws for the protection of debtors, or upon the initiation of such proceedings against Provider; or

---

<sup>3</sup> Depending on the situation it may be appropriate for costs to be shared between the Hospital and Provider. Furthermore, in certain situations may it be appropriate for the costs to be shared between the Provider and other EMS providers that have a Base Hospital Service Agreement with the Hospital. Lastly, a situation may arise wherein it is appropriate for the costs to be shared between the Hospital, Provider and other EMS providers that have a Base Hospital Service Agreement with the Hospital.

- d) As specified elsewhere in this Agreement.

**5) Termination or Amendment for Law Changes.** Hospital shall have the right to terminate or unilaterally amend this Agreement, without liability, to comply with any legal order issued, or proposed to be issued, by any federal or state agency, or to comply with any provision of law or requirement of accreditation, participation, or licensure which: (1) invalidates or is inconsistent with the provisions of this Agreement; or (ii) in the opinion of Hospital's legal counsel would cause a party hereto to be in violation of the law. Hospital shall provide immediate written notice of any circumstance which will likely require Hospital to terminate or amend this Agreement.

#### **Section V – Insurance and Indemnification**

1) Both parties to the Agreement shall maintain professional and general liability insurance to cover personal injury and property damage cause by the act or omission of their respective personnel in an amount not less than \$1,000,000.00 per occurrence and \$3,000,000.00 in the aggregate with separate limits each for general liability and professional liability.

2) It is understood and agreed by the parties that:

- A) Personnel employed by the Provider are not, and shall not be considered to be, employees or agents of Hospital. The Hospital will not provide accident or Workers' Compensation coverage for the Provider's personnel and assumes no responsibility for injury to Provider's personnel sustained in the normal course of activities while at the Hospital;
- B) Emergency physicians are independent contractors, and are not, and shall not be considered to be, employees or agents of the Hospital;
- C) Personnel employed by Hospital are not, and shall not be considered to be, employees or agents of the Provider.

3) Provider shall protect, indemnify, and hold harmless Hospital, its officers, directors, employees, affiliates, agents, parent, subsidiaries, management company and affiliates, from and defend against any and all claims, demands, actions, settlements, costs, damages, judgments, liability, and expense of any kind arising out of, based on, or resulting from injuries or damages to persons or property in connection with Provider's performance pursuant to the Agreement or based on Provider's breach of this Agreement (collectively "Damages"), to the extent the damages are caused by the negligence, willful misconduct, or intentional acts of the Provider. The indemnification obligation does not apply to that portion of the claim arising from the negligence, willful misconduct, or intentional acts of the Hospital.

4) Hospital shall protect, indemnify, and hold harmless Provider, its officers, directors, employees, affiliates, agents, parent, subsidiaries and affiliates, from and defend against any and all claims, demands, actions, settlements, costs, damages, judgments, liability, and expense of any kind arising out of, based on, or resulting from injuries or damages to persons or property in connection with Hospital's performance pursuant to the Agreement or based on Hospital's breach of this Agreement (collectively "Damages"), to the extent the damages are caused by the negligence, willful misconduct, or intentional acts of the Hospital. The indemnification obligation does not apply to that portion of the claim arising from the negligence, willful misconduct, or intentional acts of the Provider.

#### **Section VI – Miscellaneous**

1) **Review Required/Entire Agreement/Counterparts.** Neither this Agreement, nor any amendment hereto shall be of force or effect unless having been first electronically reviewed and approved by a Division President of Community Health Systems Professional Services Corporation, Hospital's Management Company, and by Hospital's In-House Legal Counsel. The Agreement, including the Face Sheet attached hereto and incorporated herein by reference, contains the entire agreement of the parties and supersedes any and all prior agreements between the parties, written or oral, relating to the subject matter hereof. This Agreement may not be changed or terminated orally, but may only be changed by an agreement in writing signed by the party or parties against whom enforcement of any waiver, change, modification, extension, discharge, or termination is sought. Any change, amendment, or modification to this Agreement must be both executed by the Chief Executive Officer of Hospital or such officer's designee and be electronically reviewed and approved a Division President of Community Health Systems Professional Services Corporation, Hospital's Management Company, and by Hospital's In-House Legal Counsel for such amendment or modification to be binding on Hospital. The Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

2) This Agreement shall be binding on and inure to the benefit of the parties, and their respective successors and assigns.

3) **Assignment.** Provider shall not assign this Agreement or any portion hereof and shall not delegate any duties under this Agreement, without the prior written consent of the Hospital, which consent may be withheld for any reason, or for no reason. Hospital may assign all or any portion of this Agreement to an affiliate of Hospital or other assignee by providing written notice to Provider, which assignment shall forever release Hospital as to any future obligations hereunder.

4) **Governing Law, Venue, and Waiver of Jury Trial.** This Agreement will be governed by, interpreted, and enforced in accordance with the laws of the State of Arizona, without giving effect to the conflict of laws rules that would apply the substantive law of another jurisdiction. Venue for any action concerning this Agreement shall be in the county in which Hospital is located. In the event that such action is brought in or removed to a federal court and no federal court of competent jurisdiction is located within such county, venue for such action shall lie in the nearest county in which a federal court of competent jurisdiction is located. **THE PARTIES KNOWINGLY, UNCONDITIONALLY, AND ABSOLUTELY WAIVE THE RIGHT TO A JURY TRIAL WITH RESPECT TO ANY CLAIMS ARISING FROM THIS AGREEMENT.** This unconditional jury waiver is a material portion of the consideration provided by Provider to Hospital to induce Hospital to enter into this Agreement.

5) All notices, demands and other communications hereunder shall be deemed to have been duly given if delivered by hand or mailed, certified or registered mail, with postage prepaid, at the addresses listed below:

TO HOSPITAL:

TO PROVIDER:

**American Medical Response  
Legal Department  
6200 S. Syracuse Way, Suite 200  
Greenwood Village, CO 80111**

6) **No Sanction.** Neither Provider, nor any of Provider's owners, partners, members, shareholders, directors, employees, contractors, agents or any of its personnel (i) are currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 U.S.C. § 1320a-7b(f) (the "Federal health care programs"), (ii) have been debarred, suspended, or excluded by any federal agency, (iii) have been convicted of a criminal offense related to the provision of health care items or services; or (iv) are under investigation or otherwise aware of any circumstances which may result in Provider, any such person, or any of its personnel providing being excluded from participation in the Federal health care programs, or debarred, suspended, or excluded by an federal agency. This is an ongoing warranty and representation, and Provider must immediately notify Hospital of change hereto. A breach of this provision shall be a material breach of this Agreement.

7) **No Referrals Required/Regulatory Compliance.** The parties expressly agree that nothing contained in the Agreement shall require Provider to refer or admit any patients to, or order any goods or services from Hospital. Notwithstanding any unanticipated effect of any provision of the Agreement, neither party will knowingly or intentionally conduct itself in such a manner as to violate the prohibition against fraud and abuse in connection with the Medicare and Medicaid programs (42 U.S.C. §1320a-7b).

8) **Confidential and Proprietary Information.** As used in this Agreement, (i) the term "Confidential Information" means any and all information (in whatever form, whether written, oral, electronic, or otherwise) of Hospital relating to Hospital or Hospital's medical practice or business including, without limitation, the name and address of any patient of Hospital, patient records, medical records, charts, files, books, records, fee schedules, methods of operation, business plans, strategies, strategic plans, software databases, existing or contemplated managed care or other payor contracts or the terms thereof of other relationships with payors, financial information, trade secrets, or employee matters, and (ii) the term "Proprietary Information" means any and all trademarks, trade names, services marks, and copyrighted or patented materials (including, without limitation, Hospital's names and/or logos associated therewith) acquired by Hospital or used in the medical practice or business of Hospital. Provider agrees: (1) that the Confidential Information and Proprietary Information are vital to the business and financial success of Hospital and that unauthorized disclosure or use of same would seriously and adversely affect the medical practice and business of Hospital; (2) that all Confidential Information and all Proprietary Information are and shall remain the sole property of Hospital and that Provider does not and shall not have any ownership interest therein; (3) that all of the Confidential Information is confidential to, and trade secrets of, Hospital; (4) to maintain the confidentiality of all Confidential Information and not to disclose, divulge, communicate, or otherwise use any Confidential Information or any Proprietary Information except solely as necessary for the performance of Provider's duties under and in accordance with the terms of this Agreement or as otherwise expressly consented to in writing by Hospital; and (5) that if a dispute or controversy arising from or relating to this Agreement is submitted for adjudication to any court or other third party, the preservation of the secrecy of Confidential Information or Proprietary Information may be jeopardized and, accordingly, all pleadings, documents, testimony, and records relating to any such adjudication will be maintained in secrecy and will be available for inspection by Hospital, Provider, and their respective counsel and experts, who will agree, in advance and in writing, to receive and maintain all such information in secrecy, except as may be limited by them in writing.

9) **Confidentiality.** All confidential information shall be treated by Parties as strictly confidential and shall not be disclosed voluntarily or involuntarily, or otherwise made available to a non-party without prior express written permission or unless otherwise authorized or required by law.



10) **HIPAA Compliance.** Provider agrees not to use or disclose any Protected Health Information or Individually Identifiable Health Information (as defined in 45 CFR Part 160) (collectively, the "Protected Health Information") concerning any patient of Hospital other than as expressly permitted by this Agreement, the HIPPA Privacy Rule (45 CFR Part 160, and subparts A and E of Part 164), and Arizona law. Provider shall comply with all applicable federal and state laws and regulations, including those that relate to the privacy and security of patient information. Provider further agrees to comply with all policies, procedures, and directives of Hospital regarding the use and disclosure of Protected Health Information.

11) **Employee information.** Hospital shall not disclose confidential information unless required by law regarding Provider's employees and shall within a reasonable amount of time notify Provider in writing if it receives a request for information, subpoena or other legal request for records or information regarding any Provider employee unless providing said notification is prohibited by law.

12) **Binding Effect; No Third Party Rights.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, legal representatives, successors, and permitted assigns, and nothing in this Agreement, whether express or implied, is intended to confer any right or remedy on any other person or entity.

13) **Waiver.** No waiver of any failure by a party to comply with or perform any provision, covenant, or condition of this Agreement shall be valid unless such waiver is in writing and signed by the other party, nor shall any such waiver be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision, covenant, or condition.

14) **Construction.** The headings set forth in this Agreement are for convenience only and shall have no bearing whatsoever on the interpretation of this Agreement.

15) **Severability.** In case any one or more of the terms or provisions contained in this Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement, and this Agreement shall be construed so as to be enforceable to the maximum extent permissible by law.

16) **Compliance with Laws.** The parties enter into this Agreement with the intent of conducting their relationship in full compliance with all applicable federal, state, and local laws, including, without limitation, the federal Stark Law and regulations, the federal Medicare/Medicaid anti-fraud and abuse statutes and regulations, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the Health Information Technology for Economic and Clinical Health Act ("HITECH"). Notwithstanding any unanticipated effect of any of the provisions of this Agreement, neither party shall intentionally conduct itself under the terms and conditions of this Agreement in a manner that constitutes a violation of any law or regulation or in a manner that would jeopardize either party's participation in any federal or state health care program, including without limitation, Medicare or Medicaid. In the event any state or federal law or regulation, now existing or enacted or promulgated after the Start Date, is interpreted by judicial decision, a regulatory agency, or legal counsel of Hospital, in such a manner as to indicate that the structure of this Agreement is in violation of any such law or regulation Hospital and Provider shall amend this Agreement as necessary to comply with such law or regulation. The parties warrant and represent that the compensation paid to Provider hereunder is consistent with Fair Market Value for the services provided by Provider, and does not take into account the value of referrals or other business generated between the parties

17) **Master Contract List.** This contract is identified on a master list of contracts maintained on an electronic database.

18) LEGAL REVIEW / NEGOTIATED INSTRUMENT. PROVIDER EXPRESSLY ACKNOWLEDGES THAT PROVIDER HAS BEEN ADVISED, AND HAS BEEN GIVEN THE OPPORTUNITY, TO REVIEW THIS AGREEMENT WITH PROVIDER'S OWN LEGAL COUNSEL BEFORE ENTERING INTO THIS AGREEMENT, AND PROVIDER HAS READ, UNDERSTOOD, AND AGREES TO BE BOUND BY THE TERMS OF THIS AGREEMENT. THIS IS A NEGOTIATED INSTRUMENT AND SHALL NOT BE CONSTRUED AGAINST A PARTY AS A RESULT OF A PARTY HAVING DRAFTED THIS FORM.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the Effective Date.

PROVIDER:



Printed Name: Glenn Kasprzyk

Date: 07/29/2016

HOSPITAL:

By:   
Hospital CEO

Date: 8/1/2016