

RESOLUTION NO. 4123

**A RESOLUTION ESTABLISHING AMBULANCE FEES.**

**WHEREAS, the City of Albany operates an ambulance service business within its Fire Department called the City of Albany Ambulance Service; and**

**WHEREAS, the City Council of the City of Albany reviews and authorizes ambulance service fees; and**

**NOW, THEREFORE, BE IT RESOLVED by the Mayor and the City Council of Albany, Oregon, that the fees described in Exhibit "A" be established effective July 1, 1999, for services provided by the City of Albany Ambulance Service; and**

**BE IT FURTHER RESOLVED that the City of Albany Ambulance Service shall offer an ambulance membership program called Albany FireMed which is not insurance, but is prepayment of ambulance service charges in excess of any health insurance or other medical benefits the member may have; and**

**BE IT FURTHER RESOLVED that the City of Albany Ambulance Service shall provide emergency medical care at the Advanced Life Support (ALS) level on all ambulances so long as resources allow; and**

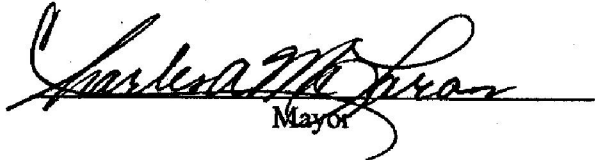
**BE IT FURTHER RESOLVED that the City of Albany Ambulance Service shall reserve the right to accept assignment of payment received from any third-party payer, including the Health Care Financing Administration; and**

**BE IT FURTHER RESOLVED that the City of Albany Ambulance Service shall accept payments received from the Oregon Medical Assistance Program as payment in full for ambulance service, except where other medical benefits may exist. FireMed fees received from Oregon Medical Assistance Program beneficiaries shall constitute a voluntary contribution to the City of Albany Ambulance Service; and**

**BE IT FURTHER RESOLVED that the City of Albany Ambulance Service shall set out-of-district base rates that are thirty percent (30%) higher than the in-district base rate to cover overhead and debt service borne by the City of Albany taxpayers.**

**BE IT FURTHER RESOLVED that Resolution No. 3987 is hereby repealed.**

**DATED THIS 9TH DAY OF JUNE 1999.**

  
\_\_\_\_\_  
Mayor

ATTEST:

  
\_\_\_\_\_  
City Clerk



## Exhibit "A"

### 1. Ambulance fee schedule effective July 1, 1999:

Base Rate (in-district)	\$536.00
Base Rate (out-of-district)	696.00
Extrication/Rescue	255.00
Mileage (per loaded mile)	9.50
Extra EMT (per hour)	46.00
Waiting Time (per hour)	92.00
Aid Call (no transport)	184.00
FireMed Membership (annual)	49.00
Stand-by Coverage (per unit/per hour)	128.00

### 2. Base Rate

The base rate fee covers all medical supplies, equipment, procedures, and services associated with pre-hospital medical care and ambulance transportation. Mileage and other services are billed in excess of the base rate.

One base rate fee is charged for each patient transported. Persons transported for non-medical reasons will not be charged a base rate or mileage.

Only one base rate fee is charged for a round-trip transport from point of origin to destination and back to origin.

### 3. In-District

An in-district base rate fee is charged when the primary residence of the ambulance user is within the city of Albany city limits, Albany Rural Fire Protection District, North Albany Rural Fire Protection District, or Palestine Rural Fire Protection District. This area is hereafter referred to as the Albany Fire District.

### 4. Out-of-District

An out-of-district base rate fee is charged when the primary residence of the ambulance user is outside the Albany Fire District.

### 5. Extrication and Rescue

Extrication and rescue fees are charged for motor vehicle accidents or rescues when an Albany Fire Department fire engine or rescue squad assists the ambulance and performs major extrication, rescue, or fire suppression activities.

### 6. Mileage

A mileage fee is charged for each patient who is transported. Mileage is based on "loaded miles" from the point of patient origin to destination and is computed to the nearest whole mile. Mileage for round trips is computed on total round-trip mileage.

**7. Waiting Time**

Waiting time is charged when a patient is transported to a medical facility for medical treatment and then returned to the originating facility. This usually occurs between a hospital or care facility and another hospital, but may occur in other circumstances.

Waiting time is charged in half-hour increments to the nearest half-hour and is charged only for time spent waiting for the patient. Time spent in transport and patient handling is covered under the base rate and mileage.

**8. Extra EMT**

An extra EMT fee is charged for each extra Albany Fire Department EMT that is medically necessary to assist with patient care or ambulance operation during transport.

**9. Aid Call**

An aid call fee is charged when an ambulance responds to a medical incident and provides medical treatment, but does not transport the patient. The aid call fee depends on circumstances, but is usually only charged when significant medical treatment is provided and the patient or a responsible party requested the ambulance.

**10. FireMed Membership**

The FireMed Membership fee covers the primary member and all dependents regularly living in the household for medically-necessary ambulance transportation during the annual membership period. The member and all covered dependents must live within the boundaries of the Albany Fire Department Ambulance response area. The terms of membership benefits are described in the Albany FireMed membership agreement.

**11. Stand-by Coverage**

The stand-by coverage fee is charged to individuals and organizations that want ambulance and EMT stand-by at public events. A unit consists of an on-site ambulance staffed by two EMTs. The EMTs will provide first response and all necessary first aid. A duty ambulance will handle ambulance transportation, and the patient will be charged for ambulance transportation.