

198
ORDINANCE 2005 - 06

ORDINANCE SETTING EMERGENCY MEDICAL FEES

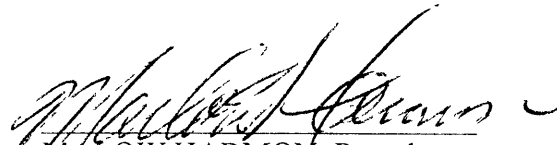
WHEREAS, the Administrator of the LaPorte County Emergency Medical Services has reported to the Board of Commissioners that there is a need to adjust the fees charged by the LaPorte County Emergency Medical Services to reflect current market, and

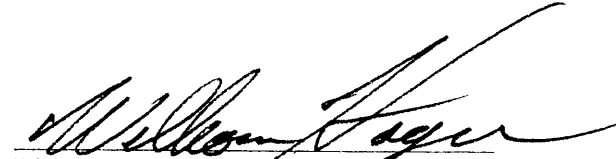
WHEREAS, the Emergency Medical Services Council has approved the change in fees.

NOW THEREFORE, be it ordained by the Board of Commissioners of LaPorte County that

- 1 That the LaPorte County Board of Commissioners adopt the following Emergency Medical Services fees on the effective date as noted. (Exhibit "A")
2. That this ordinance shall take effect after its publication and passage as prescribed by law.
- 3 Any Ordinances or parts of Ordinances not in conflict herewith shall remain in full force and effect.

ADOPTED on this 3rd day of April, 2005


MALOW HARMON, President


BILL HAGER, Vice President


BARBARA HUSTON, Member

ATTEST


TERESA SHUTER, Auditor

2005 Proposed Ambulance Fee Rate Increase effective July 1, 2005

<u>Type of Service</u>	<u>Current</u>	<u>7-1-05</u> <u>30%</u>	<u>1-1-06</u> <u>10%</u>	<u>1-1-07</u> <u>10%</u>	<u>1-1-08</u> <u>10%</u>	<u>1-1-09</u> <u>10%</u>
BLS - (Basic Rate)						
Non – Emerg.	180.00	234.00	257.00	283.00	311.00	342.00
BLS – (Basic + Emergency Fee)						
Emerg.	262.00	341.00	375.00	413.00	454.00	499.00
ALS – (Basic + MIC Charge)						
Non – Emerg.	344.00	447.00	492.00	541.00	595.00	655.00
ALS I – (Basic + MIC + Emerg. + 02)						
Emerg.	451.00	586.00	645.00	710.00	781.00	859.00
ALS II- (ALS I + 1 specified procedure or 3 specified meds)						
	-0-	662.00	728.00	801.00	881.00	969.00
<u>Other Charges:</u>						
Mileage						
(1 st 50 miles)	7.00	8.00	8.00	9.00	9.00	10.00
(51+)	-0-	10.00	10.00	11.25	11.25	12.50
Return Trip	98.00	127.00	140.00	154.00	169.00	186.00
Oxygen	25.00	33.00	36.00	40.00	44.00	48.00
TNT	75.00	99.00	109.00	119.00	130.00	143.00
Lift Assist After 3rd trip	25.00	25.00	25.00	25.00	25.00	25.00
Wait time	197.00	Discontinue				
OB Kit	33.00	Discontinue				
Disaster Pouch	49.00	Discontinue				
Infection Kit	49.00	Discontinue				

The above fee schedule reflects the Type of Service recognized by Medicare since approximately 70 % of our patients fall into this billing category.

In the future, there will be no cost difference between In County and Out of County Calls, the difference will now be made up in the reimbursable mileage charge.

§ 37.50 SCHEDULE OF FEES.

The County Board of Commissioners adopts the following Emergency Medical Services fees.

In-County Calls

Item	Fee
Basic Rate	\$180
MIC Charge	\$164
Emerg. Fee	\$82

Out-of-County Calls

Item	Fee
Base Rate	\$278
MIC Charge	\$246
Emerg. Fee	\$82

Other Charges

<i>Item</i>	Fee
Wait. Time	\$197
Return Trip	\$98
OB Kit	\$33
Disaster Pouch	\$49
Infect. Kit	\$49
Oxygen	\$25
Patient Mileage	\$7

(Ord. 1996-12, passed 7-1-96)