

SAMPLE LETTER FOR AUTOMATIC RATE INCREASE

Insert Date Here

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

Dear Ms. Gerard:

Insert CON Name Here requests an adjustment in general public rates according to Arizona Revised Statute ("A.R.S.") § 36-2239(A) applied to the rates marked below:

- ALS Base Rate
- BLS Base Rate
- Mileage Rate
- Standby/Waiting Rate
- Subscription Service Rate

We are requesting a rate increase equal to the amount determined under Arizona Revised Statute ("A.R.S.") § 36-2234(E) and be effective the date the Decision and Order is signed.

We have not applied for an adjustment in general public rates within six (6) months.

We attest that the information we have provided is correct.

Sincerely,

Jane/John Doe, Title (Fire Chief / EMS Director / Chief Executive Officer / Chief Financial Officer)
Insert CON Name Here