

ACTUAL FINANCIAL DATA
AMBULANCE REVENUE and COST REPORT
GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: Professional Medical Transport, Inc CON No. 71

D.B.A. (Doing Business As): PMT Ambulance Business Phone: 928-445-3814

Financial Records Address: 8465 N Pima Rd City: Scottsdale Zip Code: 85258

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: COO - Glenn Kasprzyk

Report Contact Person: COO - Glenn Kasprzyk Business Phone: 928-445-3814 Ext. _____

Report for Period From: From: January 1, 2015 To: December 31, 2015

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: _____



Title: _____

Regional Operations and Finance Officer

Date: June 30, 2016

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	<u>DESCRIPTION</u>	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	_____	526	44,795	45,321
2	Number of BLS Billable Transports:	_____	478	40,723	41,201
3	Number of Loaded Billable Miles:	_____	8,092	689,288	697,380
4	Waiting Time (Hr. & Min.):	_____	_____	-	0
5	Canceled (Non-Billable) Runs:	_____	_____	27,328	27,328
					Number
					Donated Hours
Volunteer Services: (OPTIONAL)					
6	Paramedic and IEMT	_____	_____	_____	0
7	Emergency Medical Technician - B	_____	_____	_____	0
8	Other Ambulance Attendants	_____	_____	_____	0
9	Total Volunteer Hours	_____	_____	_____	0

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	Type of Service	(1)	(2)	(3)
		SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
1	Number of ALS Billable Transports:	_____	45,321	45,321
2	Number of BLS Billable Transports:	_____	41,201	41,201
3	Number of Loaded Billable Miles:	_____	697,380	697,380
4	Waiting Time (Hr. & Min.):	_____	-	0
5	Canceled (Non-Billable) Runs:	_____	27,328	27,328
				Number
	Volunteer Services: (OPTIONAL)			Donated Hours
6	Paramedic and IEMT			0
7	Emergency Medical Technician - B			0
8	Other Ambulance Attendants			0
9	Total Volunteer Hours			0

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Professional Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF INCOME

Line No.	<u>DESCRIPTION</u>	<u>FROM</u>	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 94,255,498
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	21,679,459
3	Medicare Settlement	Page 3.1, Line 12	15,311,478
4	Contractual Discounts	Page 7, Line 22	241,731
5	Subscription Service Settlement	Page 8, Line 4	0
6	Other (Non-Transport Reserve)	Page 3.1, Line 13	19,214
7	Total	Sum of Lines 2 through 6	37,251,882
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	57,003,616
9	Sales of Subscription Service Contracts	Page 8, Line 8	6,613
10	Total Operating Revenue	Line 8, plus Line 9	\$ 57,010,230
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		15,557,604
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	17,312,731
13	General and Administrative Expenses	Page 5, Line 20	6,793,137
14	Cost of Goods Sold	Page 3, Line 15	2,182,864
15	Other Operating Expense	Page 6, Line 28	8,052,456
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	1,804,702
17	Subscription Service Direct Selling	Page 8, Line 23	0
18	Total Operating Expense	Sum of Lines 11 through 17	51,703,494
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	5,306,736
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	15,544
21	Non-Operating Revenue and Expense		
22	Non-Deductible Expenses (Attach Schedule)		
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	15,544
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	5,322,280
Provision for Income Taxes:			
25	Federal Income Tax		1,862,798
26	State Income Tax		286,114
27	Total Income Tax	Lines 25, plus Line 26	2,128,912
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	3,193,368

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ROUTINE OPERATING REVENUE

Line No.	<u>DESCRIPTION</u>								
Ambulance Service Routine Operating Revenue:									
1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	45,321	=	\$ 44,750,332		
		Rate		x No. of Runs		=	0		
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	41,201	=	34,346,163		
		Rate		x No. of Runs		=	0		
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	697,380	=	13,181,268		
		Rate		x No. of Billable Miles		=	0		
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	-	=	22,227		
		Rate		x No. of Hours		=	0		
5	Medical Supplies (Gross Charges to patients)							1,884,269	
6	Nurses Charges							0	
7	Total							94,184,259	
8	Standby Revenue (Attach Schedule)							71,239	
9	Other Ambulance Service Revenue (Attach Schedule)							0	
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)							\$ 94,255,498	

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year	.....	N/A				
12	Plus Purchases	.....				
13	Plus Other Costs	.....				
14	Less Inventory at End of Year	.....	N/A				
15	Cost of Goods Sold (To Page 2, Line 14)						\$ 2,182,864 *

* The disposable medical supplies are expensed as used and not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Professional Medical Transport, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	<u>DESCRIPTION</u>	<u>SUBSIDIZED PATIENTS</u>	<u>NON-SUBSIDIZED PATIENTS</u>	<u>TOTALS</u>
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ _____	\$ 44,750,332	\$ 44,750,332
2	BLS Base Rate	_____	34,346,163	34,346,163
3	Mileage Charge	_____	13,181,268	13,181,268
4	Waiting Charge	_____	22,227	22,227
5	Medical Supplies (Gross Charges)	_____	1,884,269	1,884,269
6	Nurses' Charges	_____	0	0
7	Total	\$ _____	\$ 94,184,259	\$ 94,184,259
Plus:				
8	Standby Revenue (Attach Schedule)	_____	_____	71,239
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	0
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1)	_____	_____	\$ 94,255,498
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ 21,679,459	\$ 21,679,459
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	15,311,478	15,311,478
13	Subsidy (Post total to Pg 2, Line 6)	_____	_____	0
14	Other: Non-Transport Reserve (Attach Schedule)	_____	19,214	19,214
15	Total Settlements (Post to Pg 2, Line 7)	\$ 0	\$ 37,010,151	\$ 37,010,151

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Professional Medical Transport, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	AMOUNT
OFFICERS / OWNERS (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages	0.0	\$ 0
2	Payroll Taxes		0
3	Employee Fringe Benefits		0
4	Total	0.0	0
MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	23.7	1,226,256
6	Payroll Taxes		97,412
7	Employee Fringe Benefits		209,521
8	Total	23.7	1,533,189
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg ** Casual Labor Wages)			
9	Paramedics and IEMT	104.5	5,398,659
10	Emergency Medical Technician (EMT)	260.1	6,128,426
11	Nurses	13.0	832,616
12	Payroll Taxes		832,468
13	Employee Fringe Benefits		1,790,546
14	Total	377.6	14,982,715
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
15	Dispatch	11.4	368,054
16	Mechanics	4.7	188,657
17	Office and Clerical	0.0	0
18	Other	3.1	80,597
19	Payroll Taxes		50,627
20	Employee Fringe Benefits		108,892
21	Total	19.1	796,827
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits	420.4	\$ 17,312,731

* 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.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount	
MANAGEMENT						
1	Gross Wages (Attach Schedule II)	23.7	1,226,256	100%	1,226,256	
2	Payroll Taxes		97,412	100%	97,412	
3	Employee Fringe Benefits		209,521	100%	209,521	
4	Total	23.7	1,533,189		1,533,189	
AMBULANCE PERSONNEL						
		** Contractual	Wages			
	Gross Wages (Attach Schedule II)	Labor				
5	Paramedics and IEMT	\$	104.5	5,398,659	100%	5,398,659
6	Emergency Medical Technician (EMT)		260.1	6,128,426	100%	6,128,426
7	Nurses		13.0	832,616	100%	832,616
8	Drivers			100%	0	
9	Payroll Taxes			832,468	100%	832,468
10	Employee Fringe Benefits			1,790,546	100%	1,790,546
11	Total		377.6	14,982,715		14,982,715
OTHER PERSONNEL						
	Gross Wages (Attach Schedule II)					
12	Dispatch		11.4	368,054	100%	368,054
13	Mechanics		4.7	188,657	100%	188,657
14	Office and Clerical		-	0	100%	0
15	Other		3.1	80,597	100%	80,597
16	Payroll Taxes			50,627	100%	50,627
17	Employee Fringe Benefits			108,892	100%	108,892
18	Total		19.1	796,827		796,827
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS	(Post to Pg 2, line 12)	420.4	17,312,731		\$ 17,312,731

* 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.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Professional Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015 TO: December 31, 2015

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

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

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AMBULANCE SERVICE ENTITY:

Professional Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>				
Professional Service:					
1	Legal Fees	.....	\$	-
2	Collection Fees	.....		1,794,370	
3	Accounting and Auditing	.....		-
4	Data Processing Fees	.....		-
5	Other (Attach Schedule)	.....		360,965	
6	Total	.....			\$ 2,155,335
Travel and Entertainment:					
7	Meals and Entertainment	.....		187	
8	Transportation - Other Company Vehicles	.....		-
9	Travel	.....		113	
10	Other (Attach Schedule)	.....		21,598	
11	Total	.....			21,898
Other General and Administrative:					
12	Office Supplies	.....		32,939	
13	Postage	.....		3,716	
14	Telephone	.....		193,421	
15	Advertising	.....		-
16	Professional Liability Insurance	.....		(48,348)	
17	Dues and Subscriptions	.....		26,073	
18	Other (Attach Schedule)	.....		4,408,103	
19	Total	.....			4,615,903
20	Total General and Administrative Expenses	(Post to Page 2, Line 13)			\$ 6,793,137

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Professional Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE SUPPORTING DETAIL

Line No.	<u>DESCRIPTION</u>		
Professional Service Other:			
1	Management Consulting	\$	-
2	Medical Director		18,161
3	911 contract administration		224,617
4	Temp Staffing		42,667
5	First Responder Fees		-
6	Other Professional Fees		75,521
7	Total		\$ 360,965
 Travel and Entertainment Other:			
8	Other T&E		21,598
9	.....	
10	.....	
11	.....	
12	Total		21,598
 Other General and Administrative:			
13	Public Relations		61
14	Printing		26,473
15	Contributions		-
16	Bank Charges		13,504
17	Business Licenses & Misc taxes		48,067
18	Misc G&A		166,867
19	Corporate & Regional Overhead Support		4,153,131
20	Total		4,408,103

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>	(1) <u>Total Expenditure</u>	(2) <u>Allocation Percentage</u>	(3) <u>Ambulance Amount</u>
Professional Service:				
1	Legal Fees	\$ 0	100%	\$ 0
2	Collection Fees	1,794,370	100%	1,794,370
3	Accounting and Auditing	0	100%	0
4	Data Processing Fees	0	100%	0
5	Other (Attach Schedule)	360,965	100%	360,965
6	Total	2,155,335		2,155,335
Travel and Entertainment:				
7	Meals and Entertainment	187	100%	187
8	Transportation - Other Company Vehicles	0	100%	0
9	Travel	113	100%	113
10	Other (Attach Schedule)	21,598	100%	21,598
11	Total	21,898		21,898
Other General and Administrative:				
12	Office Supplies	32,939	100%	32,939
13	Postage	3,716	100%	3,716
14	Telephone	193,421	100%	193,421
15	Advertising	0	100%	0
16	Professional Liability Insurance	(48,348)	100%	(48,348)
17	Dues and Subscriptions	26,073	100%	26,073
18	Other (Attach Schedule)	4,408,103	100%	4,408,103
19	Total	4,615,903		4,615,903
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 6,793,137		6,793,137

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
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	
Travel and Entertainment:		
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	
Other General and Administrative:		
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	

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AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 1,004,916	
2	Amortization	0	
3	Total		\$ 1,004,916

4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)		1,289,789
---	---	--	-----------

Building / Station Expense:

5	Building and Cleaning Supplies	23,580	
6	Utilities	273,285	
7	Property Taxes	75,910	
8	Property Insurance	0	
9	Repairs and Maintenance	203,938	
10	Other (Attach Schedule)	0	
11	Total		576,713

Vehicle Expense - Ambulance Units:

12	License / Registration	33,738	
13	Fuel	752,478	
14	General Vehicle Service and Maintenance	660,670	
15	Major Repairs	0	
16	Insurance - Service Vehicles	231,224	
17	Other (Attach Schedule)	70,723	
18	Total		1,748,834

Other Expenses:

19	Dispatch	3,028,516	
20	Education / Training	0	
21	Uniforms and Uniform Cleaning	162,573	
22	Meals and Travel for Ambulance personnel	0	
23	Maintenance Contracts	119,920	
24	Minor Equipment - Not Capitalized	86,009	
25	Ambulance Supplies - Nonchargeable	0	
26	Other (Attach Schedule)	35,188	
27	Total		3,432,205
28	Total Other Operating Expenses (Post to Page 2, Line 15)		\$ 8,052,456

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING EXPENSES SUPPORTING DETAIL

Line
No. DESCRIPTION

Building / Station Expense Other:

1	Other building/station expenses	<u>0</u>	
2	.....	_____
3	.....	_____
4	.....	_____
5	.....	_____
6	.....	_____
7	Total		<u>0</u>

Vehicle Expense - Ambulance Units Other:

8	Tires	<u>70,723</u>	
9	.....	_____
10	.....	_____
11	.....	_____
12	.....	_____
13	.....	_____
14	Total		<u>70,723</u>

Other Expenses:

15	Medical Testing	<u>35,188</u>	
16	_____	
17	_____	
18	_____	
19	_____	
20	_____	
21	_____	
22	_____	
23	Total		<u>35,188</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>	(1) Total <u>Expenditure</u>	(2) Allocation <u>Percentage</u>	(3) Ambulance <u>Amount</u>
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 1,004,916	100%	\$ 1,004,916
2	Amortization	0	100%	0
3	Total	1,004,916		1,004,916
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	1,289,789	100%	1,289,789
Building / Station Expense:				
5	Building and Cleaning Supplies	23,580	100%	23,580
6	Utilities	273,285	100%	273,285
7	Property Taxes	75,910	100%	75,910
8	Property Insurance	0	100%	0
9	Repairs and Maintenance	203,938	100%	203,938
10	Other (Attach Schedule)	0	100%	0
11	Total	576,713		576,713
Vehicle Expense - Ambulance Units:				
12	License / Registration	33,738	100%	33,738
13	Fuel	752,478	100%	752,478
14	General Vehicle Service and Maintenance	660,670	100%	660,670
15	Major Repairs	0	100%	0
16	Insurance - Service Vehicles	231,224	100%	231,224
17	Other (Attach Schedule)	70,723	100%	70,723
18	Total	1,748,834		1,748,834
Other Expenses:				
19	Dispatch	3,028,516	100%	3,028,516
20	Education / Training	0	100%	0
21	Uniforms and Uniform Cleaning	162,573	100%	162,573
22	Meals and Travel - Ambulance Personnel	0	100%	0
23	Maintenance Contracts	119,920	100%	119,920
24	Minor Equipment - Not Capitalized	86,009	100%	86,009
25	Ambulance Supplies - Nonchargeable	0	100%	0
26	Other (Attach Schedule)	35,188	100%	35,188
27	Total	3,432,205		3,432,205
28	Total Other Operating Expenses (Post to Page 2, Line 15) ..	\$ 8,052,456		\$ 8,052,456

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
Building / Station Expense:		
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
Vehicle Expense - Ambulance Units:		
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
Other Expenses:		
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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1	AIR AMBULANCE FORUM DBA ONE CALL MEDICAL TRANSPORT	129	\$ 146,174	30%	\$ 43,852
2	AIR METHODS CORPORATION DBA NATIVE AIR LIFENET	1	\$ 894	30%	\$ 268
3	AIRCARE ONE INTERNATIONAL	9	\$ 10,122	30%	\$ 3,037
4	ARIZONA SPINE AND JOINT HOSPITAL	2	\$ 2,574	30%	\$ 772
5	AZ MEDICARE PART B (J3 - NORIDIAN)	6	\$ 2,192	30%	\$ 658
6	HONORHEALTH	260	\$ 240,112	30%	\$ 72,033
7	HOSPICE OF THE VALLEY	7	\$ 3,672	30%	\$ 1,102
8	IASIS HEALTHCARE HOLDINGS INC DBA ST LUKES MEDICAL CENTER	1	\$ 1,378	30%	\$ 413
9	IASIS HEALTHCARE HOLDINGS INC DBA TEMPE ST LUKE	1	\$ 949	30%	\$ 285
10	MERITUS HEALTH PARTNERS	1	\$ 819	30%	\$ 246
11	PHOENIX VA HEALTH CARE SYSTEM - BENEFICIARY TRAVEL	1	\$ 1,048	30%	\$ 314
12	PHOENIX VA HEALTH CARE SYSTEM - PATIENT TRAVEL	440	\$ 250,920	30%	\$ 75,276
13	PROMISE HOSPITAL OF PHOENIX	35	\$ 43,926	30%	\$ 13,178
14	SELF PAY	1	\$ 880	30%	\$ 264
15	UNITEDHEALTHCARE	1	\$ 1,029	30%	\$ 309
16	ZDNU HONORHEALTH SCOTTSDALE HEALTHCARE	109	\$ 99,079	30%	\$ 29,724
17					
18					
19					
20					
21					
22	(Post Total to Page 2, Line 4)	1,004	\$ 805,768		\$ 241,731

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Professional Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015 **TO:** December 31, 2015

**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	0
	<u>Plus:</u>	
7	Net Revenue from Subscription Service Runs	_____
8	Sales of Subscription Service (Post to Pg 2, Line 9)	<u>6,613</u>
9	Other Revenue (attach schedule)	_____
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	<u>6,613</u>
	 Direct Expenses Incurred Selling Subscription Contracts	
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)	\$ _____ 0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

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 Eamed - Related Person / Organization	_____
8	Interest Eamed - Other	_____
9	Gain on Sale of Operating Property	_____
10	Other: <u>Interest Income & Misc Revenue</u>	<u>4,762</u>
11	Other: _____	_____
12	Total Other Operating Revenues	\$ <u>4,762</u>
Other Operating Expenses:		
13	Loss on Sale of Operating Property	<u>(10,783)</u>
14	Other: _____	<u>0</u>
15	Other: _____	<u>0</u>
16	Total Other Operating Expenses	<u>(10,783)</u>
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$ <u>15,544</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule I
**DETAIL OF SALARIES / WAGES
 Officers / Owners**

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP 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

Part Total to Pg 4, Column 2, Line 1
 Part Total to Pg 4, Column 2, Line 1

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

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
	<u>Various Local Management</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</u>	<u>N/A</u>
	<u>Various Regional Management</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</u>	<u>N/A</u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2	AMBULANCE PERSONNEL:				
	<u>Paramedic</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
	<u>EMT</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
	<u>Nurse</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3	OTHER PERSONNEL:				
	<u>Various Support Staff</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</u>	<u>N/A</u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

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 Rental			100%							
2	Equipment Rental			100%							
3											
4	Ambulances	Various	\$ 2,949,753	100%	\$ 2,949,753	SL	Various		\$ 487,992	2,838,310	
5	Ambulance Equipment	Various	\$ 741,433	100%	\$ 741,433	SL	Various		\$ 275,326	694,562	
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL										\$ 38,878

* Complete Description of property, date placed in service, and rent/lease amount only.
 ** Fixed assets revalued as of October 2015 acquisition

\$ 763,318 Post to Pg 13, Line 19, Column I
 \$ 3,532,872 Post to Pg 13, Line 19, Column K
 \$ 38,878

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

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				\$				\$				\$	0.0
2													
3													
4													
5													
6													
7	TOTAL			\$				\$				\$	0.0

* 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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Professional Medical Transport, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

**Schedule IV
DETAIL OF INTEREST**

(1) (2) (3) (4) (5)

Line No.	Description	Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	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	<u>Various - Consolidated Financials</u>	<u>Various</u>	<u>In Corp Balances</u>			<u>1,804,702</u>
12	_____					
13	_____					
	Other Name of Payee:					
14	_____	_____ %				
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ <u>1,804,702</u>

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash	\$	
2	Accounts Receivable: NET		7,370,146
3	Less: Allowance for Doubtful Accounts		
4	Inventory		352,072
5	Prepaid Expenses and Other		185,028
6	Other Current Assets		
7	TOTAL CURRENT ASSETS		\$ 7,907,246
9	PROPERTY & EQUIPMENT: NET		4,373,230
10	Less: Accumulated Depreciation		
11	OTHER NON CURRENT ASSETS		622,658
12	TOTAL ASSETS		\$ 12,903,134

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$	404,305
14	Current Portion of Notes Payable		
15	Current Portion of Long-Term Debt		
16	Deferred Subscription Income		
17	Accrued Expenses and Other		617,760
18			
19			
20	TOTAL CURRENT LIABILITIES		\$ 1,022,065
21	NOTES PAYABLE		
22	LONG-TERM DEBT OTHER		392,271
23	TOTAL LONG-TERM DEBT		392,271

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock		
25	Paid-In Capital in Excess of Par Value		
26	Contributed Capital		
27	Retained Earnings		
28	Net Investment		11,488,798
29			
30	Fund Balance		
31	TOTAL EQUITY		11,488,798
32	TOTAL LIABILITIES & EQUITY		\$ 12,903,134

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Professional Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:		
1	Net (loss) Income	\$ <u>3,193,368</u>
	<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 Expense	<u>1,004,916</u>
3	Deferred Income Tax	
4	Loss (gain) on Disposal of Property & Equipment	<u>(10,783)</u>
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow	
5	Accounts Receivable	<u>2,045,078</u>
6	Inventories	<u>(116,790)</u>
7	Prepaid Expenses and Other	<u>79,083</u>
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow	
8	Accounts Payable	<u>205,081</u>
9	Accrued Expenses and Other	<u>(334,259)</u>
10	Deferred Subscription Income	
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$ <u>6,065,694</u>
INVESTING ACTIVITIES:		
12	Purchases of Property & Equipment	<u>(294,248)</u>
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	Other	
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES	<u>(294,248)</u>
FINANCING ACTIVITIES:		
	<i>New Borrowings:</i>	
20	Long-Term	
21	Short-Term	
	<i>Debt Reduction:</i>	
22	Long-Term	
23	Short-Term	
24	Net working capital paid to Parent Company	<u>(5,771,446)</u>
25	Dividends Paid	
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES	<u>(5,771,446)</u>
27	NET INCREASE (Decrease) IN CASH	<u>-</u>
28	CASH AT BEGINNING OF YEAR	<u>-</u>
29	CASH AT END OF YEAR	<u>-</u>
SUPPLEMENTAL DISCLOSURES:		
	<i>Non-cash Investing and Financing Transactions:</i>	
30	.....
31	.....
32	.....
33	Interest Paid (Net of Amounts Capitalized)	<u>1,804,702</u>
34	Income Taxes Paid	\$ <u>2,128,912</u>

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