

AMBULANCE REVENUE and COST REPORT
FIRE DISTRICT and SMALL RURAL COMPANY

Arizona Department of Health Services
Annual Ambulance Financial Report

Arrowhead Mobile Healthcare, Inc
Reporting Ambulance Service

Address: PO Box 2588
City: Show Low Zip: 85902-2588

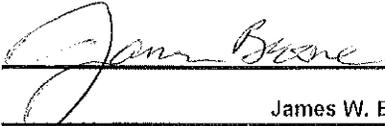
Report Fiscal Year

From: January 1, 2014 To: December 31, 2014
Mo. Day Year Mo. Day Year

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:  Date: May 28, 2015
Print Name and Title: James W. Broome, President / CEO
Phone: 520-586-7617

Mail to:
Arizona Department of Health Services and Trauma System.
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
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AMBULANCE REVENUE AND COST REPORT

FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY:

Arrowhead Mobile Healthcare, Inc

FOR THE PERIOD

FROM: January 1, 2014

TO: December 31, 2014

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:			1,885	1,885
2	Number of BLS Billable Transports:			432	432
3	Number of Loaded Billable Miles:			48,766	48,766
4	Waiting Time (Hrs):			0.0	0.0
5	Canceled (Non-Billable) Runs:				576

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

6	ALS Base Rate Revenue				\$ 2,728,747
7	BLS Base Rate Revenue				625,092
8	Mileage Charge Revenue				746,974
9	Waiting Charge Revenue				0
10	Medical Supplies Charge Revenue				0
11	Nurses Charge Revenue				0
12	Standby Charge Revenue				70
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE			(Post to Page 3, Line 1)	\$ 4,100,883

SALARY AND WAGE EXPENSE DETAIL

GROSS WAGES:

			** No. of FTE's
14	Management and Officers/Owners	\$ 291,552	4 Salary Exempt
15	Paramedics, EMT-Is, and AEMTs	\$ 502,635	13.9
16	Emergency Medical Technician (EMT)	\$ 218,028	10.1
17	Other Personnel	\$ 23,810	1.3
18	Payroll Taxes and Fringe Benefits - All Personnel	\$ 177,410	
19	Total Wages, Taxes & Benefits	\$ 1,213,436	25.3

* This column reports only those runs where a contracted discount rate was applied.

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

AMBULANCE REVENUE AND COST REPORT

FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY:

Arrowhead Mobile Healthcare, Inc

FOR THE PERIOD

FROM: January 1, 2014

TO: December 31, 2014

SCHEDULE OF REVENUES AND EXPENSES

Line No.	<u>DESCRIPTION</u>		
Operating Revenues:			
1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	\$ <u>4,100,883</u>
<u>Settlement Amounts:</u>			
2	AHCCCS		359,574
3	Medicare		1,370,756
4	Subscription Service		0
5	Contractual		0
6	Other (Champus/Private Insurance)		67,192
7	Total	(Sum of Lines 2 through 6)	<u>1,797,522</u>
8	Total Operating Revenue	(Line 1 minus Line 7)	\$ <u>2,303,361</u>
Operating Expenses:			
9	Bad Debt		\$ 346,010
10	Total Salaries, Wages, and Employee-Related Expenses	(From: Page 2, Line 19)	<u>1,213,436</u>
11	Professional Services		<u>345,107</u>
12	Travel and Entertainment		<u>7,818</u>
13	Other General Administrative		<u>77,889</u>
14	Depreciation		<u>56,095</u>
15	Rent / Leasing		<u>63,600</u>
16	Building / Station		<u>38,034</u>
17	Vehicle Expense		<u>97,208</u>
18	Other Operating Expense		<u>18,721</u>
19	Cost of Medical Supplies (Not Charged to Patients)		<u>65,783</u>
20	Interest		<u>35,030</u>
21	Subscription Service Sales Expense		<u>0</u>
22	Total Operating Expense	(Sum of Lines 9 through 21)	<u>2,364,730</u>
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	\$ <u>(61,369)</u>
24	Subscription Contract Sales		<u>0</u>
25	Other Operating Revenue		<u>0</u>
26	Local Supportive Funding		<u>0</u>
27	Other Non-Operating Income (Schedule Attached)		<u>1,088</u>
28	Other Non-Operating Expense (Schedule Attached)		<u>0</u>
29	NET INCOME or (LOSS) Before Income Taxes	(Sum of Lines 23 through 27, minus Line 28)	\$ <u>(60,281)</u>
Provision for Income Taxes:			
30	Federal Income Tax		<u>(19,893)</u>
31	State Income Tax		<u>(3,014)</u>
32	Total Income Tax	(Line 30, plus Line 31)	\$ <u>(22,907)</u>
33	Ambulance Service Net Income (Loss)	(Line 29, minus Line 32)	\$ <u>(37,374)</u>

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AMBULANCE REVENUE AND COST REPORT

FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY:

Arrowhead Mobile Healthcare, Inc

AT:

December 31, 2014

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash and Cash Equivalents	\$	79,998	
2	Accounts Receivable		623,817	
3	Less: Allowance for Doubtful Accounts		(293,194)	
4	Inventory		17,064	
5	Prepaid Expenses		51,275	
6	Other Current Assets		1,468	
7	TOTAL CURRENT ASSETS			\$ 480,427
9	PROPERTY & EQUIPMENT			808,851
10	Less: Accumulated Depreciation			<u>(489,733)</u>
11	OTHER NON CURRENT ASSETS			47,708
12	TOTAL ASSETS			\$ 847,253

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$	28,545	
14	Current Portion of Notes Payable			
15	Current Portion of Long-Term Debt		63,562	
16	Deferred Subscription Income			
17	Accrued Expenses and Other Current Liabilities		48,378	
18	Line of Credit		220,000	
19				
20	TOTAL CURRENT LIABILITIES			\$ 360,486
21	NOTES PAYABLE			\$
22	LONG-TERM DEBT, OTHER		515,462	
23	TOTAL LONG-TERM DEBT			\$ 515,462

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock	\$	22,578	
25	Paid-In Capital in Excess of Par Value			
26	Contributed Capital			
27	Retained Earnings		526,725	
28	Treasury Stock		(577,997)	
29				
30	Fund Balance			
31	TOTAL EQUITY			\$ (28,694)
32	TOTAL LIABILITIES & EQUITY			\$ 847,253

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Arrowhead Mobile Healthcare, Inc

FOR THE PERIOD FROM: January 1, 2014 TO: December 31, 2014

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:		
1	Income (Loss) Before Income Taxes	\$ <u>(60,281)</u>
	<i>Adjustments to Reconcile Net Income to Net Cash</i>	
	<u>Provided by Operating Activities:</u> Note: an increase in these accounts improves cash flow	
2	Depreciation Expense	<u>56,095</u>
3	Deferred Income Tax	<u> </u>
4	Loss (gain) on Disposal of Property & Equipment	<u>0</u>
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow	
5	Accounts Receivable	<u>18,047</u>
6	Inventories and Other Current Assets	<u>6,129</u>
7	Prepaid Expenses	<u>(46,890)</u>
	<i>Increase (Decrease) in:</i> Note: an increase in these accounts improves cash flow	
8	Accounts Payable	<u>16,411</u>
9	Accrued Expenses and Other Current Liabilities	<u>(30,398)</u>
10	Deferred Subscription Income	<u> </u>
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$ <u>(40,887)</u>
 INVESTING ACTIVITIES:		
12	Purchases of Property & Equipment	\$ <u>(5,432)</u>
13	Proceeds from Disposal of Property & Equipment	<u> </u>
14	Purchases of Investments	<u> </u>
15	Proceeds from Disposal of Investments	<u> </u>
16	Loans Made	<u>2,321</u>
17	Collection on Loan	<u> </u>
18	Other	<u> </u>
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES	\$ <u>(3,111)</u>
 FINANCING ACTIVITIES:		
	<u>New Borrowings:</u>	
20	Long-Term	\$ <u>838,051</u>
21	Short-Term	<u> </u>
	<u>Debt Reduction:</u>	
22	Long-Term and Short-Term	<u>(70,831)</u>
23	Short-Term	<u> </u>
24	Purchase of Treasury Stock	<u>(700,000)</u>
25	Distributions	<u>0</u>
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES	\$ <u>67,220</u>
27	NET INCREASE (Decrease) IN CASH	\$ <u>23,222</u>
28	CASH AT BEGINNING OF YEAR	\$ <u>56,777</u>
29	CASH AT END OF YEAR	\$ <u>79,998</u>

SUPPLEMENTAL DISCLOSURES:

	<u>Non-cash Investing and Financing Transactions:</u>	
30	_____	_____
31	_____	_____
32	_____	_____
33	Interest Paid (Net of Amounts Capitalized)	\$ <u>35,030</u>
34	Income Taxes Paid	\$ <u> </u>

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Arrowhead Mobile Healthcare, Inc
January 1, 2014 to December 31, 2014
Other Non-Operating Income Schedule

Medical Records	\$724
Miscellaneous Income	291
Interest Earned - Other	<u>73</u>
Total	\$1,088

Arrowhead Mobile Healthcare, Inc
January 1, 2014 to December 31, 2014
Other Non-Operating Expense Schedule

Total	\$0
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