

**AMBULANCE REVENUE and COST REPORT  
FIRE DISTRICT and SMALL RURAL COMPANY**

**Arizona Department of Health Services  
Annual Ambulance Financial Report**

Heber-Overgaard Fire District  
Reporting Ambulance Service

Address: PO Box 1010

City: Overgaard Zip: 85933

**Report Fiscal Year**

From: July 1, 2012 To: June 30, 2013  
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: January 28, 2014

Print Name and Title: Gabriel Buldra, Finance Director

Phone: 480.422.9777

Mall to:  
Department of Health Services  
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:

Heber-Overgaard Fire District

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

**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:	-	-	397	397
2	Number of BLS Billable Transports:	-	-	47	47
3	Number of Loaded Billable Miles:	-	-	17,135	17,135
4	Waiting Time (Hr. & Min.):				-
5	Canceled (Non-Billable) Runs:				151

**AMBULANCE SERVICE ROUTINE OPERATING REVENUE**

6	ALS Base Rate Revenue			\$	436,815
7	BLS Base Rate Revenue				51,714
8	Mileage Charge Revenue				253,120
9	Waiting Charge Revenue				-
10	Medical Supplies Charge Revenue				-
11	Nurses Charge Revenue				-
12	Standby Charge Revenue (Attach Schedule)				-
13	<b>TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE</b>			(Post to Page 3, Line 1) \$	741,649

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**SALARY AND WAGE EXPENSE DETAIL**

GROSS WAGES:				** No. of FTE's
14	Management		\$ 203,296	3.7
15	Paramedics and IEMTs		\$ 263,149	15.9
16	Emergency Medical Technician (EMT)		\$ 230,256	13.9
17	Other Personnel		\$ 55,622	1.4
18	Payroll Taxes and Fringe Benefits - All Personnel		\$ 280,583	
19	<b>Total Wages, Taxes &amp; Benefits</b>	(Sum Lines 14 through 18; Post to Page 3, Line 10)	\$ 1,032,906	35

\* 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:**

Heber-Overgaard Fire District

**FOR THE PERIOD**

**FROM:**

July 1, 2012

**TO:**

June 30, 2013

**SCHEDULE OF REVENUES AND EXPENSES**

Line

No.

DESCRIPTION

**Operating Revenues:**

1 Total Ambulance Service Operating Revenue (From: Page 2, Line 13) \$ 741,649

**Settlement Amounts:**

2 AHCCCS ..... 37,743

3 Medicare ..... 180,148

4 Subscription Service ..... \_\_\_\_\_

5 Contractual ..... \_\_\_\_\_

6 Other ..... \_\_\_\_\_

7 Total (Sum of Lines 2 through 6) 217,891

8 Total Operating Revenue (Line 1 minus Line 7) \$ 523,758

**Operating Expenses:**

9 Bad Debt ..... \$ 89,046

10 Total Salaries, Wages, and Employee-Related Expenses (From: Page 2, Line 19) 1,032,906

11 Professional Services ..... 10,736

12 Travel and Entertainment ..... 207

13 Other General Administrative ..... 16,248

14 Depreciation ..... 80,675

15 Rent / Leasing ..... \_\_\_\_\_

16 Building / Station ..... 16,259

17 Vehicle Expense ..... 37,903

18 Other Operating Expense ..... 67,171

19 Cost of Medical Supplies Charged to Patients ..... \_\_\_\_\_

20 Interest ..... \_\_\_\_\_

21 Subscription Service Sales Expense ..... \_\_\_\_\_

22 Total Operating Expense (Sum of Lines 9 through 21) 1,351,151

23 Total Operating Income or (Loss) (Line 8 minus Line 22) \$ (827,393)

24 Subscription Contract Sales ..... \_\_\_\_\_

25 Other Operating Revenue ..... \_\_\_\_\_

26 Local Supportive Funding ..... \_\_\_\_\_

27 Other Non-Operating Income (Attach Schedule) ..... \_\_\_\_\_

28 Other Non-Operating Expense (Attach Schedule) ..... \_\_\_\_\_

29 NET INCOME or (LOSS) Before Income Taxes (Sum of Lines 23 through 27, minus Line 28) \$ (827,393)

**Provision for Income Taxes:**

30 Federal Income Tax ..... n/a

31 State Income Tax ..... n/a

32 Total Income Tax (Line 30, plus Line 31) n/a

33 Ambulance Service Net income (Loss) (Line 29, minus Line 32) (827,393)

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## AMBULANCE REVENUE AND COST REPORT

### FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: Heber-Overgaard Fire District

FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

**BALANCE SHEET**

**ASSETS**

**CURRENT ASSETS**

1	Cash .....	\$		
2	Accounts Receivable .....		_____	
3	Less: Allowance for Doubtful Accounts .....		_____	
4	Inventory .....		_____	
5	Prepaid Exper .....		_____	
6	Other Current Assets .....		_____	
7	<b>TOTAL CURRENT ASSETS</b>		_____	<b>\$ _____</b>
9	<b>PROPERTY &amp; EQUIPMENT</b> .....		_____	
10	Less: Accumulated Depreciation .....		_____	
11	<b>OTHER NON CURRENT ASSETS</b> .....		_____	
12	<b>TOTAL ASSETS</b>		_____	<b>\$ _____</b>

**LIABILITIES & EQUITY**

**CURRENT LIABILITIES**

13	Accounts Payable .....	\$		
14	Current Portion of Notes Payable .....		_____	
15	Current Portion of Long-Term Debt .....		_____	
16	Deferred Subscription Income .....		_____	
17	Accrued Expenses and Other .....		_____	
18	_____		_____	
19	_____		_____	
20	<b>TOTAL CURRENT LIABILITIES</b>		_____	<b>\$ _____</b>
21	<b>NOTES PAYABLE</b> .....		_____	
22	<b>LONG-TERM DEBT, OTHER</b> .....		_____	
23	<b>TOTAL LONG-TERM DEBT</b>		_____	_____

**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	_____		_____	
29	_____		_____	
30	Fund Balance .....		_____	
31	<b>TOTAL EQUITY</b>		_____	_____
32	<b>TOTAL LIABILITIES &amp; EQUITY</b>		_____	<b>\$ _____</b>

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Heber-Overgaard Fire District

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

**STATEMENT OF CASH FLOWS**

**OPERATING ACTIVITIES:**

1	Net (loss) Income .....		\$ _____
	<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 .....		_____
3	Deferred Income Tax .....		_____
4	Loss (gain) on Disposal of Property & Equipment .....		_____
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable .....		_____
6	Inventories .....		_____
7	Prepaid Expenses .....		_____
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow		
8	Accounts Payable .....		_____
9	Accrued Expenses .....		_____
10	Deferred Subscription Income .....		_____
11	<b>NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES</b> .....		<b>\$ _____</b>

**INVESTING ACTIVITIES:**

12	Purchases of Property & Equipment .....		_____
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	<b>NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES</b> .....		<b>_____</b>

**FINANCING ACTIVITIES:**

	<i>New Borrowings:</i>		
20	Long-Term .....		_____
21	Short-Term .....		_____
	<i>Debt Reduction:</i>		
22	Long-Term .....		_____
23	Short-Term .....		_____
24	Capital Contributions .....		_____
25	Dividends Paid .....	\$	_____
26	<b>NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES</b> .....		<b>_____</b>
27	<b>NET INCREASE (Decrease) IN CASH</b> .....		<b>_____</b>
28	<b>CASH AT BEGINNING OF YEAR</b> .....		<b>_____</b>
29	<b>CASH AT END OF YEAR</b> .....		<b>_____</b>

**SUPPLEMENTAL DISCLOSURES:**

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

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