



# City of Phoenix

FIRE DEPARTMENT  
FISCAL MANAGEMENT

October 12, 2015

Arizona Department of Health Services  
Bureau of Emergency Medical Services  
ATTN: Todd Jaramillo  
150 N. 18TH AVE. STE. 540  
Phoenix, AZ 85007-3248

Dear Mr. Jaramillo,

Enclosed for review, is the completed Ambulance Revenue and Cost Report for the emergency transportation services provided by the City of Phoenix Fire Department, for the calendar year 2014.

Should additional assistance be needed during the review process, please contact Mike Moreno at our office at 602-256-3385.

Thank you.

A handwritten signature in blue ink that reads "Kim Brown".

Kim Brown  
Accountant II  
City of Phoenix Fire Department  
Fiscal Management

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**BEMSTS/CON & RATES**

c: K. Leake, Deputy Chief  
K. Kalkbrenner, Fire Chief

attachments

150 South 12th Street, Phoenix, Arizona 85034-2301 602-495-5377 FAX: 602-534-2400

Recycled Paper

AMBULANCE REVENUE AND COST REPORT \*

GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT CON No: 76  
DBA ( Doing Business As): CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT Business Phone: 602-261-8414  
Financial Records Address: 150 SOUTH 12TH STREET City: PHOENIX Zip Code: 85034  
Mailing Address ( If Different): SAME AS ABOVE City: SAA Zip Code: SAA  
Owner/Manager: Chief Ken Leake  
Report Contact Person: Michael Moreno Phone: 602-256-3385  
Report Period From: January 1, 2014 To: December 31, 2014  
Method of Valuing Inventory: LIFO: ( ) FIFO: ( ) Other (Explain): Average

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

CERTIFICATION

I hereby certify that I have directed the preparation of the Arizona Ambulance Revenue and Cost Report for the facility listed above in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.

Authorized Signature: \_\_\_\_\_

Kara Kalkbrenner

Title: \_\_\_\_\_

Fire Chief

Date: \_\_\_\_\_

10/7/15

Mail to:

Arizona Department of Health Services  
Bureau of Emergency Medical Services  
150 N. 18th Ave. Ste. 540  
Phoenix, AZ 85007  
Telephone: (602) 364-3184

\* The ARCR is required to be reported on an accrual basis.

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**AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY:** CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

STATISTICAL SUPPORT DATA:

Line No.	DESCRIPTION	(1)	(2)	(3)	(4)
		SUBSCRIPTION SERVICE TRANSPORTS	TRANSPORTS UNDER CONTRACT	TRANSPORTS NOT UNDER CONTRACT	TOTALS
01	No. of ALS Billable Runs	N/A	N/A	38,384	38,384
02	No. of BLS Billable Runs	N/A	N/A	27,975	27,975
03	No. of Loaded Billable Miles	N/A	N/A	269,168.3	269,168.3
04	Waiting Time (Hr. & Min.)	N/A	N/A	0	0
05	Totaled Canceled (Non-billable ) Runs	N/A	N/A	13,899	13,899 Number
Volunteer Services: (OPTIONAL)					Donated Hours
06	Paramedic and IEMT				N/A
07	Emergency Medical Technician - B				N/A
08	Other Ambulance Attendants				N/A
09	Total Volunteer Hours				N/A

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** \_\_\_\_\_

**FOR THE PERIOD**                      **FROM:** \_\_\_\_\_                      **TO:** \_\_\_\_\_

**STATISTICAL SUPPORT DATA**

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

N/A

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: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

## STATEMENT OF INCOME

Line No.	DESCRIPTION	From	
01	Operating Revenue: Ambulance Service Routine Operating Revenue .....	Pg 3 Ln 10	\$ <u>62,112,279</u>
	Less:		
02	AHCCCS Settlement .....		<u>6,511,906</u>
03	Medicare Settlement .....		<u>13,209,672</u>
04	Contractual Discounts .....	Pg 7 Ln 22	<u>0</u>
05	Subscription Service Settlement .....	Pg 8 Ln 4	<u>0</u>
06	Other (Attach Schedule) .....		<u>284,440</u>
07	Total .....		<u>20,006,018</u>
08	Net Revenue from Ambulance Runs .....		\$ <u>42,106,261</u>
09	Sales of Subscription Service Contracts .....	Pg 8 Ln 8	<u>0</u>
10	Total Operating Revenue .....		\$ <u>42,106,261</u>
	Ambulance Operating Expenses:		
11	Bad Debt (Includes Subscription Services Bad Debt) .....		\$ <u>12,971,706</u>
12	Wages, Payroll Taxes and Employee Benefits .....	Pg 4 Ln 22	<u>24,012,385</u>
13	General And Administrative Expenses .....	Pg 5 Ln 20	<u>7,131,272</u>
14	Cost of Goods Sold .....	Pg 3 Ln 15	<u>1,319,311</u>
15	Other Operating Expenses .....	Pg 6 Ln 28	<u>3,419,187</u>
16	Interest Expense (Attach Schedule IV) .....	Pg 14 C1 4&5 Ln 15	<u>0</u>
17	Subscription Service Direct Selling .....	Pg 8 Ln 23	<u>0</u>
18	Total Operating Expenses .....		<u>48,853,861</u>
19	Ambulance Service Income (Loss) (Line 10 minus Line 18) .....		\$ <u>(6,747,600)</u>
	Other Revenues/Expenses:		
20	Other Operating Revenue and Expenses .....	Pg 9 Ln 17	\$ <u>0</u>
21	Non-Operating Revenue and Expenses .....	Pg 16 Ln 26	<u>2,364,883</u>
22	Non-Deductible Expenses (Attach Schedule) .....		<u>0</u>
23	Total Other Revenues/Expenses .....		<u>2,364,883</u>
24	Ambulance Service Income (Loss) - Before Income Taxes .....		\$ <u>(4,382,717)</u>
	Provision for Income Taxes:		
25	Federal Income Tax .....		\$ <u>0</u>
26	State Income Tax .....		<u>0</u>
27	Total Income Tax .....		<u>0</u>
28	Ambulance Service - Net Income (Loss) .....		\$ <u>(4,382,717)</u>

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Printed: 10/12/2015

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

FOR THE PERIOD

FROM: January 1, 2014

TO: December 31, 2014

**ROUTINE OPERATING REVENUE**

Line  
No.

DESCRIPTION

**Ambulance Service Routine Operating Revenue:**

1	ALS Base Rate Amount	Rate	\$ 862.40	x No. of Runs	15,008	=	\$ 12,942,899
		Rate	880.51	x No. of Runs	23,376	=	20,582,802
<hr/>							
2	BLS Base Rate Amount	Rate	768.20	x No. of Runs	10,685	=	8,208,217
		Rate	784.33	x No. of Runs	17,290	=	13,561,066
<hr/>							
3	Mileage Rate Amount	Rate	17.88	x No. of Billable Miles	103,702.8	=	1,854,208
		Rate	8.94	x No. of Billable Miles	1,455.2	=	13,009
		Rate	18.26	x No. of Billable Miles	161,412.5	=	2,947,393
		Rate	9.13	x No. of Billable Miles	2,597.8	=	23,718
<hr/>							
4	Waiting Charge Amount	Rate		x No. of Hours		=	-
		Rate		x No. of Hours		=	-
<hr/>							
5	Medical Supplies (Gross Charges to patients)						1,978,967
6	Nurses Charges						
7	<b>Total</b>						<b>62,112,279</b>
8	Standby Revenue (Attach Schedule)						-
9	Other Ambulance Service Revenue (Attach Schedule)						-
10	<b>Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)</b>						<b>\$ 62,112,279</b>

**Cost of Goods Sold: (Medical Supplies)**

11	Inventory at Beginning of Year						
12	Plus Purchases						
13	Plus Other Costs						
14	Less Inventory at End of Year						
<hr/>							
15	<b>Cost of Goods Sold (To Page 2, Line 14)</b>						<b>\$ 1,319,311</b>

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** \_\_\_\_\_

**FOR THE PERIOD**

**FROM:** \_\_\_\_\_

**TO:** \_\_\_\_\_

**ROUTINE OPERATING REVENUE**

Identified by subsidized and non-subsidized patients

Line No.	DESCRIPTION	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
<b>AMBULANCE SERVICE OPERATING REVENUE</b>				
1	ALS Base Rate .....	\$ _____	\$ _____	\$ _____ 0
2	BLS Base Rate .....	_____	_____	_____ 0
3	Mileage Charge .....	_____	_____	_____ 0
4	Waiting Charge .....	_____	_____	_____ 0
5	Medical Supplies ..... (Gross Charges) ....	_____	_____	_____ 0
6	Nurses' Charges .....	_____	_____	_____ 0
7	<b>Total</b>	\$ _____	\$ _____	\$ _____ 0
Plus:				
8	Standby Revenue ..... (Attach Schedule)	_____	_____	_____
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	_____
10	<b>Total Ambulance Service Routine Operating Revenue</b>	(Post to Pg 2, Line 1) _____	_____	\$ _____ 0
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ _____	\$ _____
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	_____	_____
13	Subsidy (Post total to Pg 2, Line 6)	_____	_____	_____
14	Other (Attach Schedule)	_____	_____	_____
15	<b>Total Settlements</b> (Post to Pg 2, Line 7)	\$ _____ 0	\$ _____ 0	\$ _____ 0

N/A

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

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BEMSTS/CON & RATES

CITY OF PHOENIX FIRE DEPARTMENT  
EMERGENCY TRANSPORTATION SERVICES  
SUMMARY OF BILLED REVENUE  
CALENDAR YEAR 2014

TRANSPORT REVENUE:	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	TOTAL BILLED REVENUE
ALS FULL RATE	2,981,316.80	2,605,310.40	2,758,877.60	2,714,835.20	2,886,400.60	2,833,481.18	2,831,720.16	2,726,058.96	2,925,934.73	2,885,431.27	2,630,063.37	2,746,310.69	33,525,700.96
BLS FULL RATE	1,857,507.60	1,607,842.60	1,812,952.00	1,730,754.60	1,853,291.42	1,733,869.30	1,723,957.34	1,784,350.75	1,901,215.92	1,956,903.35	1,839,253.85	1,967,883.97	21,769,282.70
TOTAL TRANSPORT REVENUE	4,838,824.40	4,213,153.00	4,571,769.60	4,445,589.80	4,739,692.02	4,566,850.48	4,555,677.50	4,510,409.71	4,827,150.65	4,842,334.62	4,469,317.22	4,714,194.66	55,294,983.66
MILEAGE REVENUE													
FULL RATE	422,229.61	370,493.64	405,132.86	386,553.44	414,859.71	386,100.57	385,937.94	386,264.72	415,072.26	420,789.13	394,030.58	414,156.90	4,801,601.36
HALF RATE	4,292.98	2,046.35	2,029.37	2,413.82	3,463.26	3,432.02	3,632.84	2,174.78	3,613.74	4,114.91	2,627.66	4,565.91	36,722.54
TOTAL MILEAGE REVENUE	426,522.59	372,539.99	407,162.23	388,967.26	418,321.97	389,532.59	387,891.78	388,439.50	418,686.00	424,884.04	396,658.24	418,722.81	4,838,328.00
SUPPLIES REVENUE	196,704.38	167,446.28	176,032.24	167,643.87	168,243.50	160,671.69	168,242.57	151,954.89	161,848.78	160,352.92	153,612.59	166,212.83	1,978,966.54
TOTAL REVENUE	5,462,051.37	4,753,139.27	5,154,964.07	5,002,200.93	5,326,257.49	5,117,054.76	5,101,811.85	5,050,804.10	5,407,685.43	5,427,571.58	5,019,608.05	5,289,130.30	62,112,279.20
ADJUSTMENTS													
MEDICARE	(1,054,636.95)	(1,235,218.13)	(1,073,464.81)	(1,220,241.09)	(965,378.53)	(1,031,677.14)	(1,085,927.34)	(1,224,938.75)	(1,018,274.09)	(1,208,347.94)	(953,657.06)	(1,138,911.31)	(13,209,672.14)
OTHER	(33,373.35)	(27,677.52)	(40,118.81)	(21,184.24)	(39,555.45)	(21,349.83)	(22,637.37)	(22,637.37)	(9,808.78)	(24,736.03)	(19,908.94)	(4,046.48)	(284,439.53)
TOTAL MEDICARE & OTHER	(1,088,010.30)	(1,262,895.65)	(1,113,583.62)	(1,241,425.33)	(1,004,933.98)	(1,053,026.97)	(1,105,070.27)	(1,247,576.12)	(1,028,082.87)	(1,233,083.97)	(973,466.00)	(1,142,957.79)	(13,494,111.67)
AHCCS	(341,232.54)	(595,672.35)	(637,299.18)	(400,595.78)	(645,209.50)	(688,198.74)	(568,736.67)	(591,755.70)	(539,677.56)	(638,914.91)	(546,778.72)	(577,834.57)	(6,511,906.22)
TOTAL ADJUSTMENTS	(1,429,242.84)	(1,738,568.00)	(1,650,882.80)	(1,642,021.11)	(1,650,143.48)	(1,641,225.71)	(1,673,806.94)	(1,839,331.82)	(1,567,760.43)	(1,871,998.89)	(1,520,244.72)	(1,720,792.36)	(20,006,017.89)
ADJUSTED REVENUE	4,032,808.53	2,964,571.27	3,504,081.47	3,360,179.82	3,676,114.01	3,475,829.05	3,428,004.91	3,211,472.28	3,839,925.00	3,555,572.70	3,489,363.33	3,568,337.94	42,106,261.31
AGED ACCOUNT	(973,564.00)	(750,254.00)	(966,535.00)	(1,067,380.00)	(1,060,119.00)	(1,065,954.00)	(1,108,125.00)	(1,160,672.00)	(1,088,858.00)	(1,059,691.00)	(994,289.00)	(735,366.00)	(12,031,807.00)
BAD DEBT	(67,143.94)	(123,652.56)	(90,337.75)	(81,108.55)	(130,281.97)	(85,641.42)	(127,552.90)	(24,498.85)	(98,342.25)	(87,073.89)	(18,157.85)	(36,107.07)	(939,899.00)
TOTAL UNCOLLECTABLE	(1,040,707.94)	(873,906.56)	(1,056,872.75)	(1,148,488.55)	(1,190,400.97)	(1,152,595.42)	(1,235,677.90)	(1,185,170.85)	(1,187,200.25)	(1,146,764.89)	(1,012,446.85)	(771,473.07)	(12,971,706.00)
NET REVENUE	2,992,101.59	2,080,664.71	2,447,208.72	2,211,691.27	2,485,713.04	2,323,233.63	2,192,327.01	2,026,301.43	2,652,724.75	2,408,807.81	2,466,916.48	2,796,864.87	29,134,555.31
NUMBER OF TRANSPORTS													
ALS FULL RATE TRANSPORTS	3,457	3,021	3,199	3,148	3,323	3,218	3,216	3,096	3,323	3,277	2,987	3,119	38,384
BLS FULL RATE TRANSPORTS	2,418	2,093	2,360	2,253	2,395	2,210	2,188	2,275	2,424	2,495	2,345	2,509	27,975
TOTAL TRANSPORTS	5,875	5,114	5,559	5,401	5,718	5,428	5,414	5,371	5,747	5,772	5,332	5,628	66,359
MILEAGE FULL RATE	23,614.6	20,721.1	22,658.4	21,619.3	23,093.6	21,144.6	21,135.7	21,153.6	22,731.2	23,043.2	21,578.9	22,681.1	265,115.3
MILEAGE HALF RATE	480.2	228.9	227.0	270.0	384.4	375.9	214.0	238.2	398.8	450.7	287.8	500.1	4,053.0
TOTAL	24,094.8	20,950.0	22,885.4	21,889.3	23,418.0	21,520.5	21,349.7	21,391.8	23,127.0	23,493.9	21,866.7	23,181.2	269,168.3

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**AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY:** CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>No. of *F.T.E.</u>	<u>Amount</u>
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Page 10, Ln 7)		\$ N/A
02	Payroll Taxes		
03	Employee Fringe Benefits		
04	Total		\$ N/A
05	Gross Wages - MANAGEMENT (Attach Schedule II)	-	\$ 0
06	Payroll Taxes		0
07	Employee Fringe Benefits		0
08	Total	-	\$ 0
<b>Gross Wages - AMBULANCE PERSONNEL</b>			
(Attach Schedule II):			
		<u>Casual Labor</u>	<u>Wages</u>
09	Paramedics and IEMT		13,511,574
10	Emergency Medical Technician (EMT)		0
11	Nurses		0
12	Payroll Taxes		207,154
13	Employee Fringe Benefits		7,921,632
14	Total	173.10	\$ 21,640,360
<b>Gross Wages - OTHER PERSONNEL</b>			
(Attach Schedule II):			
15	Dispatch		\$ 0
16	Mechanics	1.00	58,472
17	Office and Clerical	31.00	1,455,781
18	Other		0
19	Payroll Taxes		109,564
20	Employee Fringe Benefits		748,208
21	Total	32.00	\$ 2,372,025
22	Total F.T.E.'S Wages, Payroll Taxes and Emp. Benefits (To Page 2, Line 12)	205.10	\$ 24,012,385

\* 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 for 40 hour per week employees and 2,912 for 56 hour employees.

\*\* Gross wages for Paramedics and EMTs are combined as one line item under Paramedics.

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STATEMENT OF INCOME FOR 2014  
SUMMARY OF WAGE, TAX & EMPLOYEE BENEFITS - FOR ALL PERSONNEL

	I. MANAGEMENT		II. AMBULANCE PERSONNEL				III. OTHER PERSONNEL				ALL PERSONNEL		
	A	PROGRAM MANAGER*	A	B	C	D	E	A	B	C		D	E
Cost Center													
FTE's													
SALARIES													
Salaries - Fire & General													
TOTAL SALARIES													
PAYROLL TAXES													
FICA													
Medicare Withholding													
Unemployment													
TOTAL PAYROLL TAXES													
EMPLOYEE BENEFITS													
Pension Contribution													
Industrial Insurance													
Health Insurance													
Retiree Health													
Firefighters Exer Egmt													
Clothing Allowance													
General Clothing													
Life Ins													
Dental Ins													
Long Term Disability													
Cancer Insurance													
Deferred Comp													
IRC415 Excess Benefit													
City Industrial Insurance													
Communication Allowance													
Tuition Reimbursement													
Executive Trans Allowance													
Industrial Base Payments													
TOTAL EMPLOYEE BENEFITS													
TOTAL GROSS WAGES													
TOTAL PAYROLL TAXES													
TOTAL EMPLOYEE FRINGE BENEFIT													
GRAND TOTAL WAGE, TAX & BEN													

Source: Input worksheet for individual employees; Fringe Benefit Rates  
\* Program Manager Salary is included with the 5740700000 total  
\*\* Accountant II salary included in Department Overhead cost

Note: Payroll Taxes and Employee Benefits in Sections II D, III A and III C are calculated using the corresponding percentages found on Schedule D-16 applied to total salaries.

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**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
<b>MANAGEMENT</b>					
1	Gross Wages (Attach Schedule II)	_____	_____	_____	0
2	Payroll Taxes	_____	_____	_____	0
3	Employee Fringe Benefits	_____	_____	_____	0
4	Total	0	0	_____	0
<b>AMBULANCE PERSONNEL</b>					
		** Contractual	Wages		
	Gross Wages (Attach Schedule I Labor				
5	Paramedics and IEMT	_____	\$ _____	_____	_____
6	Emergency Medical Technician (EMT)	_____	_____	_____	_____
7	Nurses	_____	_____	_____	_____
8	Drivers	_____	_____	_____	_____
9	Payroll Taxes	_____	_____	_____	_____
10	Employee Fringe Benefits	_____	_____	_____	_____
11	Total	0	0	_____	0
<b>OTHER PERSONNEL</b>					
	Gross Wages (Attach Schedule II)				
12	Dispatch	_____	_____	_____	_____
13	Mechanics	_____	_____	_____	_____
14	Office and Clerical	_____	_____	_____	_____
15	Other	_____	_____	_____	_____
16	Payroll Taxes	_____	_____	_____	_____
17	Employee Fringe Benefits	_____	_____	_____	_____
18	Total	0	0	_____	0
19	<b>TOTAL F.T.E., WAGES, PAYROLL TAXES &amp; EMPLOYEE BENEFITS</b>	0	0	_____	\$ 0
			(Post to Pg 2, line 12)		

NA

\* 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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RFMSTS/CON & RATES

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** \_\_\_\_\_

**FOR THE PERIOD**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.**

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

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BEMSTS/CON & RATES

# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

## GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
<b>Professional Services:</b>			
01	Legal Fees	\$	0
02	Collection Fees		0
03	Accounting and Auditing		0
04	Data Processing Fees		0
05	Other (Attach Schedule)		413,805
06	Total		\$ 413,805
<b>Travel and Entertainment:</b>			
07	Meals and Entertainment	\$	0
08	Transportation - Other Company Vehicles		0
09	Travel		0
10	Other (Attach Schedule)		0
11	Total		\$ 0
<b>Other General and Administrative:</b>			
12	Office Supplies	\$	0
13	Postage		3,818
14	Telephone		0
15	Advertising		0
16	Professional Liability Insurance		0
17	Dues and Subscriptions		0
18	Other (Attach Schedule)		6,713,649
19	Total		\$ 6,717,467
20	Total General and Administrative Expenses (to Page2, Line 13)		\$ 7,131,272

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City Of Phoenix Fire Department/ Ambulance Program  
INCOME STATEMENT FOR THE CALENDAR YEAR 2014  
GENERAL & ADMINISTRATIVE EXPENSES

29-Sep-15

Description	GL Account	Calendar Year 2014	Report Reference
PROFESSIONAL SERVICES:			
Consultants	510025	-	
Banking Services	510055-65	43,987	
Computer Services	510065	-	
Temp. Employment Services	510115	162,967	
Safety and Environmental	510180	748	
Sub-Comp Access Charges	510205	45,809	
City Clerk Mailroom	902200	160,229	
Printing Services	902205	64	
Real Estate	903508	-	
EAS Reprographics	904107	-	
Fire Alarm Services	907005	-	
<b>Total Other Professional Services</b>		<b>413,805</b>	<b>PG5, L5</b>

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BEMSTS/CON & RATES

City Of Phoenix Fire Department/ Ambulance Program  
INCOME STATEMENT FOR THE CALENDAR YEAR 2014  
GENERAL & ADMINISTRATIVE EXPENSES

29-Sep-15

Description	Calendar Year 2014	Report Reference
OTHER GENERAL AND ADMINISTRATIVE:		
Total Other General & Administrative	65,742	
Staff and Administration -Div Overhead	3,057,824	
Staff and Administration -Dept Overhead	3,590,083	
Total Indirect Costs	0	
<b>Total Other General &amp; Administrative</b>	<b>6,713,649</b>	<b>PG5, L18</b>

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BEMSTS/CON & RATES

# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

## OTHER OPERATING EXPENSES

Line  
No.

**Other Operating Expenses:**

**Depreciation and Amortization:**

01	Depreciation (Attach Schedule III, Pg 12, Col I, Ln 20)	\$ 309,637	
02	Amortization	0	
03	<b>Total</b>		\$ 309,637
04	Rent/Lease (Attach Schedule III) Line 20, Col K, Page 12		0

**Building/Station Expense:**

05	Building & Cleaning Supplies	\$ 0	
06	Utilities	0	
07	Property Taxes	0	
08	Property Insurance	0	
09	Repairs & Maintenance	10,625	
10	Other (Attach Schedule)	0	
11	<b>Total</b>		\$ 10,625

**Vehicle Expense - Ambulance Units:**

12	Licenses/Registration	\$ 11,277	
13	Fuel	399,976	
14	General Vehicle Service & Maintenance	1,441,429	
15	Major Repairs	0	
16	Insurance - Service Vehicles	59,180	
17	Other (Attach Schedule)	0	
18	<b>Total</b>		\$ 1,911,862

**Other Expenses:**

19	Dispatch	\$ 0	
20	Education/Training	0	
21	Uniforms & Uniform Cleaning	1,615	
22	Meals & Travel for Ambulance Personnel	0	
23	Maintenance Contracts	0	
24	Minor Equipment - Not Capitalized	67	
25	Ambulance Supplies - (Nonchargeable)	1,185,381	
26	Other (Attach Schedule)	0	
27	<b>Total</b>		\$ 1,187,063
28	<b>Total Other Operating Expenses (To Page 2, Line 15)</b>		<b>\$ 3,419,187</b>

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BEMSTS/CON & RATES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD

FROM: \_\_\_\_\_

TO: January 0, 1900

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	(Post Total to Page 2, Line 4)				0

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** \_\_\_\_\_

**FOR THE PERIOD**

**FROM:** \_\_\_\_\_ **TO:** January 0, 1900

**SUBSCRIPTION SERVICE REVENUE AND  
DIRECT SELLING EXPENSES**

Line No.	Description	\$
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	<b>Total</b> .....	<b>0</b>
	<u>Plus:</u>	
7	Net Revenue from Subscription Service Runs .....	_____
8	Sales of Subscription Service ..... (Post to Pg 2, Line 9) .....	_____
9	Other Revenue ..... (attach schedule) .....	_____
10	<b>Total Subscription Service Revenue</b> ..... (total of Lines 7, 8 and 9)	<b>0</b>
<b>Direct Expenses Incurred Selling Subscription Contracts</b>		
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	<b>Total Subscription Service Expenses</b> ..... (Post to Pg 2, Line 17) .....	<b>\$ 0</b>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX FIRE DEPARTMENT

FOR THE PERIOD

FROM: January 1, 2014

TO: December 31, 2014

**OTHER OPERATING  
REVENUE AND EXPENSE**

Line No.	Account Description	
<b>Other Operating Revenues:</b>		
01	Supportive Funding - Local (Attach Schedule) .....	\$0
02	Grant Funds - State (Attach Schedule) .....	
03	Grant Funds - Federal (Attach Schedule) .....	
04	Grant Funds - Other (Attach Schedule) .....	
05	Patient Finance Charges .....	
06	Patient Late Payment Charges .....	
07	Interest Earned - Related Person/Organization .....	
08	Interest Earned - Other .....	
09	Gain On Sale of Operating Property .....	
10	Other: Document Fees .....	0
11	.....	
12	<b>Total Other Operating Revenues .....</b>	<b>\$0</b>
<b>Other Operating Expenses:</b>		
13	Loss on Sale of Operating Property .....	\$0
14	Other: .....	
15	.....	
16	<b>Total .....</b>	<b>\$0</b>
17	<b>Net Other Operating Revenues and Expenses (To Page 2, Line 20) .....</b>	<b>\$0</b>

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printed: 9/29/2015

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**CITY OF PHOENIX FIRE DEPARTMENT  
EMERGENCY TRANSPORTATION SERVICES  
SCHEDULE OF SUPPORTIVE FUNDING  
Calendar Year 2014**

DESCRIPTION	REVENUE	REFERENCE TO:
# of FTE in Fund :		
Salaries of funded firefighters		
Payroll Taxes of funded firefighters		
Fringe Benefits of funded firefighters		
Total Supportive Funding	\$0	

Wages and Benefits of these employees are 100% supported by an additional sales tax fund.

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**AMBULANCE REVENUE AND COST REPORT**

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**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	<b>TOTAL</b>					\$		\$				\$	

\* 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** CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

**OPERATING EXPENSES  
DETAIL OF SALARIES/WAGES  
SCHEDULE II**

Line No.	Detail of Salaries/Wages - Other Than Officers/Owners		METHOD OF COMPENSATION:		
	Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$'s Per Run or Shift
01	<b>Management:</b>				
					To Pg 4 Ln 5
02	<b>AMBULANCE PERSONNEL:</b>				
	Full-Time Firefighter	56 Hours Per Week		9,661,199	To Pg 4 Ln9
	Part-Time Manning Firefighter	On hourly basis as needed	3,850,375		To Pg 4 Ln9
	Roving Firefighter	On hourly basis as needed			To Pg 4 Ln9
03	<b>Other Personnel:</b>				
	Mechanic	40 Hours Per Week		58,472	To Pg 4 Ln16
	Office & Clerical	40 Hours Per Week		1,455,781	To Pg 4 Ln17

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**AMBULANCE REVENUE AND COST REPORT**

AMBULANCE VEHICLES AND  
ACCESSORIAL EQUIPMENT ONLY

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

DEPRECIATION AND/OR  
RENT/LEASE EXPENSE  
SCHEDULE III

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	(G) Recovery Period	(H) Deprec. Prior Years	(I) Current Year Depreciation	(J) Remaining Basis	(K) Rent/Lease Amount*
01	Trans. Equip. Serv Vehicles				4,320,214			(2,271,454)	(309,637)	1,739,123	
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	<b>Subtotal</b>				4,320,214			(2,271,454)	(309,637)	1,739,123	

Complete description of property, date placed in service, and rent/lease amount columns only.

(1) To Pg 13 Ln 19, Col I  
(2) To Pg 13 Ln 19, Col K

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BEMSTS/CON & RATES

**AMBULANCE REVENUE AND COST REPORT**

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Schedule III  
DEPRECIATION and/or RENT / LEASE EXPENSE  
ALL OTHER ITEMS

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											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above										
19	SUBTOTAL from Page 12, Line 20										
20	SUM of Line 18 & 19										

\* Complete Description of property, date placed in service, and rent/lease amount only.

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BEMSTS/CON & RATES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_

TO: \_\_\_\_\_

**Schedule IV  
DETAIL OF INTEREST**

Line No.	Description	(1) Interest Rate	(2) Principal Balance		(5) Interest Expense	
			(2) Beginning of Period	(3) End of Period	(4) Related Persons or Organizations	(5) 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	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
	Other Name of Payee:					
14	_____	_____ %	_____	_____	_____	_____
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0

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

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BEMSTS/CON & RATES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

### BALANCE SHEET

#### ASSETS

##### CURRENT ASSETS

1	Cash	\$	0
2	Accounts Receivable		17,528,994
3	Less: Allowance for Doubtful Accounts		(4,732,828)
4	Inventory		0
5	Prepaid Expenses		0
6	Other Current Assets		0
7	<b>TOTAL CURRENT ASSETS</b>		<b>\$ 12,796,166</b>
9	PROPERTY & EQUIPMENT		4,320,214
10	Less: Accumulated Depreciation		(2,581,091)
11	OTHER NON CURRENT ASSETS		0
12	<b>TOTAL ASSETS</b>		<b>\$ 14,535,289</b>

#### LIABILITIES & EQUITY

##### CURRENT LIABILITIES

13	Accounts Payable	\$	0
14	Current Portion of Notes Payable		0
15	Current Portion of Long-Term Debt		0
16	Deferred Subscription Income		0
17	Accrued Expenses and Other		0
18			0
19			0
20	<b>TOTAL CURRENT LIABILITIES</b>		<b>\$ 0</b>
21	NOTES PAYABLE		0
22	LONG-TERM DEBT OTHER		0
23	<b>TOTAL LONG-TERM DEBT</b>		<b>0</b>

##### EQUITY & OTHER CREDITS

###### Paid-In Capital:

24	Common Stock		0
25	Paid-In Capital in Excess of Par Value		0
26	Contributed Capital		0
27	Retained Earnings		0
28			0
29			0
30	Fund Balance		14,535,289
31	<b>TOTAL EQUITY</b>		<b>14,535,289</b>
32	<b>TOTAL LIABILITIES &amp; EQUITY</b>		<b>\$ 14,535,289</b>

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BEMSTS/CON & RATES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

### STATEMENT OF CASH FLOWS

<b>OPERATING ACTIVITIES:</b>			
1	Net (loss) Income .....	\$	(6,747,600)
	<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 .....		309,637
3	Deferred Income Tax .....		0
4	Loss (gain) on Disposal of Property & Equipment .....		0
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable .....		4,073,080
6	Inventories .....		0
7	Prepaid Expenses .....		0
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow		
8	Accounts Payable .....		0
9	Accrued Expenses .....		0
10	Deferred Subscription Income .....		0
11	<b>NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES</b>	<b>\$</b>	<b>(2,364,883)</b>
<b>INVESTING ACTIVITIES:</b>			
12	Purchases of Property & Equipment .....		0
13	Proceeds from Disposal of Property & Equipment .....		0
14	Purchases of Investments .....		0
15	Proceeds from Disposal of Investments .....		0
16	Loans Made .....		0
17	Collections on Loans .....		0
18	Other .....		0
19	<b>NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES</b>		<b>0</b>
<b>FINANCING ACTIVITIES:</b>			
	<i>New Borrowings:</i>		
20	Long-Term .....		0
21	Short-Term .....		0
	<i>Debt Reduction:</i>		
22	Long-Term .....		0
23	Short-Term .....		0
24	Capital Contributions .....		2,364,883
25	Dividends Paid .....		0
26	<b>NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES</b>		<b>2,364,883</b>
27	<b>NET INCREASE (Decrease) IN CASH</b>		<b>0</b>
28	<b>CASH AT BEGINNING OF YEAR</b>		<b>0</b>
29	<b>CASH AT END OF YEAR</b>		<b>0</b>
<b>SUPPLEMENTAL DISCLOSURES:</b>			
	<i>Non-cash Investing and Financing Transactions:</i>		
30	.....		
31	.....		
32	.....		
33	Interest Paid (Net of Amounts Capitalized)		0
34	Income Taxes Paid		0

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