

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

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

Superior Emergency Medical Services
Reporting Ambulance Service

Address: PO Box 218

City: Superior Zip: 85173

Report Fiscal Year

From: July 1, 2013 To: June 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: June 26, 2014

Print Name and Title: Operations Chief Todd Pryor

Phone: (520) 827-0176

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

AMBULANCE REVENUE AND COST REPORT

FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: Superior Emergency Medical Services

FOR THE PERIOD FROM: July 1, 2012 TO: June 31, 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:			331	331
2	Number of BLS Billable Transports:			59	59
3	Number of Loaded Billable Miles:			10,491	10,491
4	Waiting Time (Hr. & Min.):				-
5	Canceled (Non-Billable) Runs:				

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

6	ALS Base Rate Revenue				\$ 436,261
7	BLS Base Rate Revenue				77,763
8	Mileage Charge Revenue				175,198
9	Waiting Charge Revenue				-
10	Medical Supplies Charge Revenue				-
11	Nurses Charge Revenue				-
12	Standby Charge Revenue (Attach Schedule)				-
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE			(Post to Page 3, Line 1)	\$ 689,222

SALARY AND WAGE EXPENSE DETAIL

GROSS WAGES:			** No. of FTE's
14	Management	\$	
15	Paramedics and IEMTs	\$ 102,414	4.0
16	Emergency Medical Technician (EMT)	\$ 70,321	2.0
17	Other Personnel	\$ 48,191	
18	Payroll Taxes and Fringe Benefits - All Personnel	\$ 50,938	
19	Total Wages, Taxes & Benefits (Sum Lines 14 through 18; Post to Page 3, Line 10)	\$ 271,863	

* 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:

Superior Emergency Medical Services

FOR THE PERIOD

FROM:

July 1, 2012

TO: June 31, 2013

SCHEDULE OF REVENUES AND EXPENSES

Line No.	<u>DESCRIPTION</u>		
Operating Revenues:			
1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	\$ <u>687,904</u>
Settlement Amounts:			
2	AHCCCS		<u>43,430</u>
3	Medicare		<u>204,239</u>
4	Subscription Service		<u> </u>
5	Contractual		<u> </u>
6	Other		<u> </u>
7	Total	(Sum of Lines 2 through 6)	<u>247,670</u>
8	Total Operating Revenue	(Line 1 minus Line 7)	\$ <u>440,234</u>
Operating Expenses:			
9	Bad Debt		\$ <u>106,936</u>
10	Total Salaries, Wages, and Employee-Related Expenses	(From: Page 2, Line 19)	<u>271,863</u>
11	Professional Services		<u>17,465</u>
12	Travel and Entertainment		<u>115</u>
13	Other General Administrative		<u>-</u>
14	Depreciation		<u>-</u>
15	Rent / Leasing		<u>-</u>
16	Building / Station		<u>4,429</u>
17	Vehicle Expense		<u>17,133</u>
18	Other Operating Expense		<u>12,385</u>
19	Cost of Medical Supplies Charged to Patients		<u>-</u>
20	Interest		<u>-</u>
21	Subscription Service Sales Expense		<u>-</u>
22	Total Operating Expense	(Sum of Lines 9 through 21)	<u>430,326</u>
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	\$ <u>9,908</u>
24	Subscription Contract Sales		<u>26,748</u>
25	Other Operating Revenue		<u> </u>
26	Local Supportive Funding		<u> </u>
27	Other Non-Operating Income (Attach Schedule)		<u> </u>
28	Other Non-Operating Expense (Attach Schedule)		<u> </u>
29	NET INCOME or (LOSS) Before Income Taxes	(Sum of Lines 23 through 27, minus Line 28)	\$ <u>36,656</u>
Provision for Income Taxes:			
30	Federal Income Tax		<u> </u>
31	State Income Tax		<u> </u>
32	Total Income Tax	(Line 30, plus Line 31)	<u> </u>
33	Ambulance Service Net Income (Loss)	(Line 29, minus Line 32)	<u>36,656</u>

AMBULANCE REVENUE AND COST REPORT

FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: Superior Emergency Medical Services

FOR THE PERIOD FROM: July 1, 2012 TO: June 31, 2013

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash	\$ -		
2	Accounts Receivable	79,811		
3	Less: Allowance for Doubtful Accounts	25,000		
4	Inventory	-		
5	Prepaid Expense	-		
6	Other Current Assets	-		
7	TOTAL CURRENT ASSETS			\$ 54,811
9	PROPERTY & EQUIPMENT			166,968
10	Less: Accumulated Depreciation			96,007
11	OTHER NON CURRENT ASSETS			0
12	TOTAL ASSETS			\$ 125,772

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$ -		
14	Current Portion of Notes Payable	-		
15	Current Portion of Long-Term Debt	39,450		
16	Deferred Subscription Income	-		
17	Accrued Expenses and Other	-		
18			
19	39,450		
20	TOTAL CURRENT LIABILITIES			\$ 39,450
21	NOTES PAYABLE			
22	LONG-TERM DEBT, OTHER	25,000		
23	TOTAL LONG-TERM DEBT			25,000

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	TOTAL EQUITY			-
32	TOTAL LIABILITIES & EQUITY			\$ 61,322

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Superior Emergency Medical Services

FOR THE PERIOD FROM: July 1, 2012 TO: June 31, 2013

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:			
1	Net (loss) Income	\$	36,656
	<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		6640
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		-3434
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	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$	39,862
 INVESTING ACTIVITIES:			
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	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES		0
 FINANCING ACTIVITIES:			
	<i>New Borrowings:</i>		
20	Long-Term		0
21	Short-Term		0
	<i>Debt Reduction:</i>		
22	Long-Term		39,450
23	Short-Term		0
24	Capital Contributions		0
25	Dividends Paid	\$	0
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES		39,450
27	NET INCREASE (Decrease) IN CASH		39,862
28	CASH AT BEGINNING OF YEAR		0
29	CASH AT END OF YEAR		412
 SUPPLEMENTAL DISCLOSURES:			
	<i>Non-cash Investing and Financing Transactions:</i>		
30	Inter-Fund Transfer from General Fund		0
31		0
32		0
33	Interest Paid (Net of Amounts Capitalized)		0
34	Income Taxes Paid	\$	0

INSTRUCTIONS - Short Report; AR&CR Fire District & Small Rural Company

AR&CR PAGE 1: COVER

Enter (1) the name of the ambulance service; (2) address; (3) fiscal year time period; (4) print name and title of the ambulance service's authorized representative; (5) phone number we can call if we have questions; (6) signature of authorized representative and date.

AR&CR PAGE 2: STATISTICAL SUPPORT DATA

Enter the name of the ambulance service and the fiscal year reporting period. This is "self-posting" to all worksheets upon entering the information on Page 1, Cover Sheet.

Lines 1 & 2

Enter the number of advanced life support (ALS) and basic life support (BLS) transports for each of the three categories and total all in column 4.

Lines 3 & 4

Enter the number of loaded billable miles and waiting time, for each of the three categories and total all in column 4.

Line 5

Enter the total number of canceled runs in column 4.

Lines 6, 7, 8, and 9.

Enter the total dollar amounts - (line 6) ALS Base Rate Revenues; (line 7) BLS Base Rate Revenues; (line 8) Mileage Charge Revenues, and (line 9) Waiting Time Revenues.

Line 10

Enter the total gross billing of Medical Supplies to patients in column 4.

Line 11

Enter the total gross billing of Nurse Charges to patients in column 4.

Line 12

Enter the total Standby Time Charges in column 4. Please attach schedule identifying sources.

Line 13

Total Lines 6 through Line 12. This figure is posted to Page 3, Line 1.

Line 14

Enter the total dollar salary/wage allocated and paid to Manage the ambulance service. Also identify the management full-time-equivalents (FTE) allocated to the ambulance service (management hours divided by 2,080)

Line 15 and 16

Enter the total dollar salary/wage allocated and paid to (15) Paramedics and Intermediate Emergency Medical Technician (IEMT) and (16) Emergency Medical Technician (EMT). Also identify the Paramedics, IEMT and EMT full-time-equivalents (FTE) allocated to the ambulance service (total hours divided by 2,080).

Line 17

Enter the total dollar salary/wage allocated and paid to Other Personnel involved with the ambulance service. (Examples are: Dispatcher, Mechanics, Office Personnel). Also identify Other Personnel full-time-equivalents (FTE) allocated to the ambulance service (total hours divided by 2,080).

Line 18

Enter the total dollar allocated to Payroll Taxes and Fringe Benefits for employees included in Lines 14 through Lines 17.

Line 19

Total the dollar Lines 14 through Line 18. This figure is posted to Page 3, Line 10.

INSTRUCTIONS - Short Report; AR&CR Fire District & Small Rural Company

AR&CR PAGE 3: SCHEDULE OF REVENUES AND EXPENSES

Enter the name of the ambulance service and the fiscal year reporting period.

Line 1

Enter the Total Routine Operating Revenue figure identified on Page 2, Line 13.

Line 2

Enter Settlement amounts from Arizona Health Care Cost Containment System (AHCCCS) transports. Specifically, AHCCCS Settlement equals Billed Charges, minus Amount Paid. Do not include settlement amounts resulting from a Subscription Service Contract.

Line 3

Enter Settlement amounts from Medicare transports. Specifically, Medicare Settlement equals Billed Charges, minus Allowed Charges. Do not include settlement amounts resulting from a Subscription Service Contract.

Line 4

Enter Settlement amounts from Subscription Service transports. Specifically, Subscription Service Settlement equals Billed Charges, minus Amount Paid.

Line 5

Enter Settlement amounts from Contract transports. Specifically, Contract Discounts equals Billed Charges, minus Amount Paid.

Line 6

Enter Settlement amounts from all other sources.

Line 7

Total Lines 2 through Line 6. Result is Total Settlements

Line 8

Subtract Line 7 from Line 1. Result is Total Operating Revenue

Line 9

Enter either the actual or allocated bad debt expense shared with the Fire Department or other departments.

Line 10

Enter the Total Salaries, Wages, Taxes, and Benefits Expense figure identified on Page 2, Line 19.

Line 11 through Line 21

Enter either the actual or allocated expenses shared with the Fire Department or other departments.

Line 22

Total Lines 9 through 21. Result is Total Operating Expense

Line 23

Subtract Line 22 from Line 8. Result is Total Operating Income or (Loss)

Line 24

Enter the gross amount of dollars received from Subscription Service Contract sales

Line 25

Enter the amount of Other Operating Revenues, such as grant monies, interest earned, patient finance charge revenues.

Line 26

Enter the total amount of Local Support Dollars to the ambulance service, such as tax monies.

Line 27

Enter Other Non-Operating Revenues, such as donations, sales of assets, fund raisers. Please attach schedule.

Line 28

Enter Other Non-Operating Expenses, such as civil fines, penalties, loss on sale of assets. Please attach schedule.

Line 29

Total Lines 23, plus Lines 24 through 27, minus Line 28. Result is Net Income or (loss) Before Income Taxes

Lines 30, 31 and 32

Enter Federal & State Income Taxes and total

Line 33

Subtract Line 32 from Line 29. The result is Ambulance Service Net Income (Loss) After Income Taxes

AR&CR PAGES 4 & 5: BALANCE SHEET & STATEMENT OF CASH FLOWS

Current audited financial statements may be submitted in lieu of these pages.