EMERGENCY MEDICAL TRANSPORTATION INTEGRATED DISCLOSURE AND MEDICAID COST REPORT GENERAL INFORMATION

Name of Fire Department / Agency:	OLINLINAL	2. Medicaid #:	3. National Provider Identification (NPI):	
4. Doing Business As (DBA):			5. Facility Business Phone:	
6. Fire District/Agency Street Address:	7. City:		8. Zip Code:	
6. Fire District/Agency Street Address:	7. Oily.		o. Zip Code.	
Mailing Address - Street or P.O. Box (if different):	10. City:		11. Zip Code:	
12. Name of Person Signing and Certifying Report:				
40 Pour d'Outle d'Englis		M. Dhana Mandan		Disease Feet
13. Report Contact Person:		14. Phone Number:		Phone Ext:
15. Mailing Address - Street or P. O. Box:	16. City:		17. State:	18. Zip Code:
The state of the s	,			
19. Previous Name of Fire District/Agency if Changed Since Previous Re	port:			20. Date of Change:
21. Does your organization use another entity to provide EMT services?		22. Date Range of EMT Service Agreement:		
22. Dans varia summination van anather antitu to muscide hilling for FAAT a		24 Are hilling consists and an a Flat Data as a Da		
23. Does your organization use another entity to provide billing for EMT s	ervices?	24. Are billing services paid on a Flat Rate or a Per	rcentage:	
25. Reporting Period Began:	26. Reporting Period E	inded:		
27. Net Cost of Transports				
\$0.00				
For the purpose of this document, "provider" is a Publicly Own	ned or Operated Emergency M	edical Transportation Services provider		
	,	·		
		tor of the Fire Department / Agency		
	attest:			
Public funds for services provided have been expended as ne and 42 C.F.R. § 433.50 et seq. for allowable costs.	cessary for Federal Financial	Participation (FFP), pursuant to the requiren	nents of Section 1903(w) of the So	cial Security Act
,	a alaimad at any athar time t	reseive Federal Funds under Medicaid er e	uni athar nyagyana	
The expenditures claimed have not previously been, nor will be	•			
The provider acknowledges that the information is to be used law.	for claiming Federal funds and	understands that misrepresentation of info	mation constitutes a violation of F	ederal and State
The provider acknowledges that all funds expended are subje	ct to review and audit by the	gency for Health Care Administration		
The provider acknowledges that all funds experited are subjective provider acknowledges and understands that the Agency	•		ad if it is determined that the reper	t is not adequately
supported for purposes of Federal Financial Participation.	IOI Health Care Administratio	Thus delly payments for any claim submit	ed it it is determined that the repor	t is not adequater
That I am the responsible person of the subject Fire Departme	ant / Agency and am duly auth	orized to sign this document and that to the	hest of my knowledge and inform	ation each
statement and amount in the accompanying schedules are to		onzed to sign this document and that, to the	best of my knowledge and inform	auon, each
statement and amount in the accompanying scriedules are to	be true and correct.			
Date of Signature		Name of Fire District/Age	encv	
Date of origination		riame or me Biomicorige		
E-mail the signed PDF electronic version of the completed	Ву:			
cost report to:		(Signature)		
LIPProvidersReports@ahca.myflorida.com	Title:			
	Address:			
	No	OTICE		
Disease has a defined that a charity is a first of the fi			dalaman and dark and	
Please be advised that submission of cost reports for items of	r services wnich were not prov	idea; are not reimbursable under the Medica	nia program or ciaimea in violation	or an agreement
with the State, may result in recoup of payment.				
	CHEC	K FIGURE		
Total Reported Expenses (Before Allocation of Expenses - From Sch 1)			\$-	
Total Reported Expenses (After Allocation of Expenses - From Sch 2 three Variance	u 5)			
variance			φ-	
Mate	rial variances may result in a r	ejection of this Cost Report submission		ļ

PROVIDER COST REPORT			
REIMBURSMENT QUESTIONNAIRE			
	YES	NO	N/A
A. <u>Provider Organization and</u> <u>Operation</u>			
1. Describe the type of organization providing the service (include if nonprofit, public, private, etc.):			
2. Were any of the emergency transportation services subcontracted to another entity? If yes, describe the type of organization (include if nonprofit, public, private, etc.):			
 3. The provider has: a. Changed ownership. If "yes", submit name and address of new owner, date of change, copy of sales agreement, or any similar agreement affecting change of ownership. b. Terminated participation. If "yes", list date of termination, and reason (Voluntary/Involuntary). 			

4. The provider is involved in business transactions, including management contracts and services under arrangements, with individuals or entities (e.g., chain home offices, drug or medical supply companies, etc.) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships.		
If "yes" attach a list of the individuals, the organizations involved, and description of the transactions.		

	ENT QUESTIONNAIR		NO	NT / 4
		YES	NO	N/A
B. <u>Fina</u>	ncial Data and Reports			
1. D	uring this cost reporting			
period	l, the financial statement	ts are		
prepar	red by Certified Public			
Accou	intants or Public			
Accou	untants (submit complete	e		
copy o	or indicate available date	e)		
and ar	e:			
	a. Audited;			
	b. Compiled; and			
	c. Reviewed.			

NOTE: Where there is no affirmative response to the above described financial statements, attach a copy of the financial statements prepared by you and a description of the changes in accounting policies and practices if not mentioned in those statements.

2. Cost report total expenses and total revenues differ from those on the filed financial statement.

If "yes", submit reconciliation.

C. Emergency Transport Data

Provider records only were used to complete the cost report?

If yes, attach detailed documentation of the system used to support the data reported on the cost report. If the detail documentation was previously supplied, submit only necessary updated documentation.

1. Provider use a specific system to report claimed Medicaid emergency transports?

If yes, upon request, provide the Medicaid recipient details of the emergency transports (such as driver manifest, call operator logs, etc.).

SCHEDULE 1 - TOTAL EXPENSE

Fire Department / Agency Name	0	Fiscal Year Ended:	January 0, 1900
National Provider Identification:	0		

			1	2	3	4
Line No.	Cost Center	General Ledger Account Number	Total Expense	MTS Expense	NON-MTS Expense	Administration & General
	Capital Related		Col 2 + Col 3	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
1 00	Depreciation - Buildings and Improvements		\$ -	\$ -		
2.00	Depreciation - Leasehold Improvements		-	-	-	
	Depreciation - Equipment		-	-	-	
	Depreciation and Amortization - Other		-	-	-	
	Leases and Rentals Property Taxes		-	-	-	
7.00	Property Insurance		-	-	-	
	Interest - Property, Plant, and Equipment		-	-	-	
	Other- (Specify)		-	-	-	
10.00	Other- (Specify) Total Capital Related (Lines 1.00 thru 10.00)		<u> </u>	<u>-</u> \$ -	<u>-</u> \$ -	
	Salaries					
11.00 12.00	Administrative Chief		\$ -	\$ -	\$ -	
	Non-MTS Salaries		-	-	-	
14.00	MTS Salaries		-	-	-	
	Other- (Specify)		-	-	-	
	Other- (Specify) Other- (Specify)		-	-	-	
	Other- (Specify)		-	-	-	
10.00	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	
	Subtotal Sularies (Lines 11.55 till 15.55)		<u>*</u>	<u> </u>	<u>*</u>	
	Fringe Benefits					
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		-	-	-	
	Non-MTS Salaries		-	-	-	
	MTS Salaries Other- (Specify)		-	-	-	
24.00	Other- (Specify)		-	-	-	
	Other- (Specify)		-	-	-	
26.00	Other- (Specify)					
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ -	\$ -	\$ -	
	Total Salaries & Fringe Benefits		\$ -	\$ -	\$ -	
	Total Capital Related, Salaries, and Fringe Benefits		\$ -	\$ -	\$ -	
	Administrative and General					
	Administrative		\$ -	\$ -	\$ -	\$ -
28.00			-	-	-	-
	Accounting Advertising		-	-	-	-
	Consulting Expenses		-	-	-	-
32.00	Contracted Labor		-	-	-	-
	Interest - Other Training		-	-	-	-
34.00	General Insurance		-	-	-	-
36.00	Supplies		-	-	-	-
37.00	Bad Debt		-	-	-	-
	Plant Operations and Maintenance Housekeeping		-	-	-	-
	Utilities		-	-	-	-
41.00	Medical Supplies		-	-	-	-
42.00	Minor Medical Equipment		-	-	-	-
	Minor Equipment		-	-	-	-
	Fines and Penalties Fleet Maintenance		-	-	-	-
	Communications		-	-	-	-
47.00	Recruit Academy		-	-	-	-
48.00	Dispatch Service		-	-	-	-
49.00 50.00	Logistics Postage		-	-	-	-
51.00	Dues and Subscriptions		-	-	-	-
52.00	Other - Capital Related Costs		-	-	-	-
53.00	Contracted Services - MTS		-	-	-	-
54.00	Contracted Services - MTS Billing		-	-	-	-

55.00	Other- (Specify)	-	-	-	-
56.00	Other- (Specify)	-	-	-	-
57.00	Other- (Specify)	-			-
	Total Administrative & General	\$ _	\$ -	\$ -	\$ -
	Total Administrative & General	\$ 	<u>\$</u>	\$ -	<u>\$</u>

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name:	0	Fiscal Year Ended:	January 0, 1900
National Provider Identification:	0	-	

			1	2	3	4	5
		General	•	-	ŭ	7	· ·
Line No.	Cost Center	Ledger Account Number	MTS Expense	Allocated Direct Service Cost	Total Reclassifications	Total Adjustments	Total MTS Expense
				Fr Sch 4, Col 5	Fr Sch 6,	Fr Sch 7, Col 1	To Sch 1, Col 2
	Capital Related			·	Cols 4 & 7	•	,
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		-	Ψ - -	ψ - -	· -	Ψ -
3.00	Depreciation - Equipment		-	-	-	-	-
4.00	Depreciation and Amortization - Other		-	-		-	-
5.00	Leases and Rentals		-	-	-	-	-
	Property Taxes		-	-	ı	ı	1
	Property Insurance		-	-	-	-	-
	Interest - Property, Plant, and Equipment		-	-	-	1	-
	Other- (Specify)		-	-	-	-	-
10.00	Other- (Specify)					<u> </u>	
	Total Capital Related (Lines 1.00 thru 10.00)		\$ -	<u>\$</u> _	<u> </u>	<u> </u>	<u> </u>
	Salaries		_				_
	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00			-	-	-	-	-
	Non-MTS Salaries MTS Salaries		-	-	-	-	-
	Other- (Specify)		-	-	-	-	-
	Other- (Specify)			-			
	Other- (Specify)		-	_		-	-
	Other- (Specify)		-	_	-	-	_
10.00	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	\$ -	\$ -
	Oubtotal Galaries (Ellies 11.00 till a 10.00)		<u> </u>	*	<u> </u>	<u>*</u>	<u>*</u>
	Fringe Benefits		_	_	_	_	_
	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00			-	-		-	-
	Non-MTS Salaries MTS Salaries		-	-	-	-	-
22.00	Other- (Specify)		-		-	-	_
	Other- (Specify)		-	-		-	-
	Other- (Specify)		_	_	-	-	_
26.00			-	-		-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
	Total Salaries & Fringe Benefits		<u>a -</u>	3 -	y -	-	<u> </u>
	Total Capital Related, Salaries, and Fringe Benefits		\$ -	\$ -	\$ -	\$ -	\$ -
	Administrative and General						
	Administrative		\$ -		\$ -	\$ -	\$ -
28.00			-		-	-	-
	Accounting		-				
					-	-	-
	Advertising		-		-	•	-
31.00	Advertising Consulting Expenses		-				-
31.00 32.00	Advertising Consulting Expenses Contracted Labor		-		-	-	-
31.00 32.00 33.00	Advertising Consulting Expenses Contracted Labor Interest - Other		-		- -	- -	-
31.00 32.00 33.00 34.00	Advertising Consulting Expenses Contracted Labor		-		- - -	-	-
31.00 32.00 33.00 34.00 35.00 36.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies		-		-	-	-
31.00 32.00 33.00 34.00 35.00 36.00 37.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt		-		- - - - -	- - - -	- - -
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance				-	- - - - - - -	-
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 39.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping		- - -		- - - - - - - -	- - - - - - - -	- - -
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 39.00 40.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities		- - -		- - - - - - - - -	- - - - - - - - -	-
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 39.00 40.00 41.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies		- - -		- - - - - - - - - -	- - - - - - - -	-
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 39.00 40.00 41.00 42.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment		- - - - - - - -		- - - - - - - - - - -	- - - - - - - - - - -	-
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 39.00 40.00 41.00 42.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment Minor Equipment		- - -		- - - - - - - - - - -	- - - - - - - - - - - -	
31.00 32.00 33.00 34.00 35.00 37.00 38.00 39.00 40.00 41.00 42.00 44.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment Minor Equipment Fines and Penalties		- - - - - - - -		-	- - - - - - - - - - - - - - - - - - -	-
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 40.00 41.00 42.00 44.00 45.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment Minor Equipment Fines and Penalties Fleet Maintenance		- - - - - - - -		- - - - - - - - - - -	- - - - - - - - - - - -	-
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 40.00 41.00 42.00 44.00 44.00 45.00 46.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment Minor Equipment Fines and Penalties Fleet Maintenance Communications		- - - - - - - -		-	- - - - - - - - - - - - - - - - - - -	-
31.00 32.00 33.00 34.00 35.00 37.00 38.00 39.00 41.00 42.00 43.00 44.00 45.00 46.00 47.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment Minor Equipment Fines and Penalties Fleet Maintenance		- - - - - - - -		-	- - - - - - - - - - - - - - - - - - -	-
31.00 32.00 33.00 34.00 35.00 37.00 38.00 39.00 41.00 42.00 43.00 44.00 45.00 47.00 48.00 49.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment Minor Equipment Fines and Penalties Fleet Maintenance Communications Recruit Academy Dispatch Service Logistics				- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	-
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 40.00 41.00 42.00 44.00 45.00 46.00 47.00 49.00 50.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment Minor Equipment Fines and Penalties Fleet Maintenance Communications Recruit Academy Dispatch Service Logistics Postage				- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	-
31.00 32.00 33.00 34.00 35.00 36.00 37.00 39.00 41.00 42.00 43.00 44.00 45.00 46.00 47.00 48.00 50.00 51.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment Minor Equipment Fines and Penalties Fleet Maintenance Communications Recruit Academy Dispatch Service Logistics Postage Dues and Subscriptions					- - - - - - - - - - - - - - - - - - -	-
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 41.00 42.00 44.00 45.00 46.00 47.00 48.00 49.00 50.00 51.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment Minor Equipment Fines and Penalties Fleet Maintenance Communications Recruit Academy Dispatch Service Logistics Postage Dues and Subscriptions Other - Capital Related Costs						
31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 41.00 42.00 44.00 45.00 46.00 47.00 48.00 49.00 50.00 51.00 52.00	Advertising Consulting Expenses Contracted Labor Interest - Other Training General Insurance Supplies Bad Debt Plant Operations and Maintenance Housekeeping Utilities Medical Supplies Minor Medical Equipment Minor Equipment Fines and Penalties Fleet Maintenance Communications Recruit Academy Dispatch Service Logistics Postage Dues and Subscriptions						-

55.00	Other- (Specify)	-		-	-	-
56.00	Other- (Specify)	-		-	-	-
57.00	Other- (Specify)					
	Total Administrative & General	\$ -		\$ -	\$ -	\$ -
	Total Fire District / Agency	\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE 3 - NON-MTS EXPENSE

Fire Department / Agency Name:	0	Fiscal Year Ended:	January 0, 1900
National Provider Identification:	0		

			1	2	3	4	5
		General Ledger		Allocated Direct	Total		Total NON-MTS
Line No.	Cost Center	Account	NON-MTS Expense	Service Costs	Reclassifications	Total Adjustments	Expense
		Number			Er Cob 6		
				Fr Sch 4, Col 6	Fr Sch 6, Cols 4 & 7	Fr Sch 7, Col 1	To Sch 1, Col 3
	Capital Related						
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	т	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-
	Depreciation - Equipment Depreciation and Amortization - Other		-	-	-	-	-
	Leases and Rentals		-	-	-	-	-
	Property Taxes		-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-
	Interest - Property, Plant, and Equipment		-	-	-	-	-
	Other- (Specify)		-	-	-	-	-
10.00	Other- (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
	Total Capital Related (Lines 1.00 thru 10.00)		\$ -	-	<u>a -</u>	<u>a -</u>	<u>, </u>
	Salaries						
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00			-	-	-	-	-
	Non-MTS Salaries		-	-	-	-	-
	MTS Salaries		-	-	-	-	-
	Other- (Specify) Other- (Specify)		-	-	-	-	-
	Other- (Specify)					-	-
	Other- (Specify)			-	_		
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	\$ -	\$ -
	, , , , , , , , , , , , , , , , , , , ,				I		
	Fringe Benefits						
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00			-	-	-	-	-
	Non-MTS Salaries		-	-	-	-	-
	MTS Salaries		-	-	-	-	-
	Other- (Specify)		-	-	-	-	-
	Other- (Specify) Other- (Specify)		-	-	-	-	-
	Other- (Specify)		-	-	_	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ -	\$ -	\$ -	\$ -	\$ -
	Total Salaries & Fringe Benefits		\$ -	\$ -	\$ -	\$ -	\$ -
	Total Galaries & Fringe Beliefits			<u> </u>	*	-	-
	Total Capital Related, Salaries, and Fringe Benefits		\$ -	\$ -	\$ -	\$ -	\$ -
						-	<u>.</u>
	Administrative and General						
	Administrative		\$ -		\$ -	\$ -	\$ -
28.00	Legal Accounting		-		-	-	-
30.00	Advertising				-	-	-
	Consulting Expenses		-		-	-	-
	Contracted Labor		-		-	-	-
	Interest - Other		-		-	-	-
	Training Constal Insurance		-		-	-	-
	General Insurance Supplies	-	-		-	-	-
37.00	Bad Debt	 	-		<u> </u>	-	-
38.00	Plant Operations and Maintenance		-			-	-
39.00	Housekeeping		-		-	-	-
40.00	Utilities Madisal Supplies		-		-	-	-
41.00	Medical Supplies Minor Medical Equipment	-	-		-	-	-
42.00	Minor Equipment Minor Equipment		-		-	-	-
44.00	Fines and Penalties		-		-	-	-
45.00	Fleet Maintenance		-		-	-	-
46.00	Communications		-		-	-	-
47.00	Recruit Academy	-	-		-	-	-
48.00 40.00	Dispatch Service Logistics	 	-		-	-	-
50.00	Postage	 	-		-	-	-
51.00	Dues and Subscriptions		-		-	-	-
52.00	Other - Capital Related Costs		-		-	-	-
53.00	Contracted Services - MTS		-		-	-	-
	Contracted Services - MTS Billing		-		-	-	-
					-	_	-
55.00	Other- (Specify)						
55.00 56.00	Other- (Specify) Other- (Specify)		-		-	-	-
55.00 56.00	Other- (Specify) Other- (Specify) Other- (Specify)			\$ -			- - - \$ -
55.00 56.00	Other- (Specify) Other- (Specify)		- - \$ -	\$ -			\$ -

SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS (CRSB) EXPENSE

rire Department / Agency Name:	0	Fiscal Year Ended:	January 0, 1900
	_	-	

Line No.	Cost Center	General Ledger Account Number	1 Expense to be Apportioned	Total Reclassifications (A)	3 Total Adjustments (B)	4 Net Expense to be Apportioned	5 MTS Allocation	6 NON-MTS Allocation
				Fr Sch 6, Cols 4 & 7	Fr Sch 7, Col 1		0.00%	0.00%
	Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-	-
	Depreciation - Equipment		•	-	-	١	-	-
	Depreciation and Amortization - Other		•	-	-	١	-	-
5.00	Leases and Rentals		-	-	-	-	-	-
6.00	Property Taxes		-	-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		-	-	-	-	-	-
9.00	Other- (Specify)		-	-	-	-	-	-
10.00	Other- (Specify)							
	Total Capital Related (Lines 1.00 thru 10.00)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Capital Related Allocation Statistics for Direct Service Cost Allocation					
Description	Square Ft	Factor			
MTS Square Footage	-	0.00%			
Non-MTS Square Footage		0.00%			
Total Square Feet to be Apportioned		<u>0.00</u> %			

Line No.	Cost Center	Account Number	1 Expense to be Apportioned	2 Total Reclassifications Fr Sch 6.	3 Total Adjustments	4 Net Expense to be Apportioned	5 MTS Allocation	6 NON-MTS Allocation
				Cols 4 & 7	Fr Sch 7, Col 1		0.00%	0.00%
	Salaries							
	Administrative Chief		\$ -	\$ -	\$ -	\$	\$ -	\$
12.00			-	-	-	ı	-	1
	Non-MTS Salaries		-	-	-	-	-	-
	MTS Salaries		-	-	-	-	-	-
	Other- (Specify)		-	-	-	-	-	-
	Other- (Specify)		-	-	-	-	-	-
	Other- (Specify)		-	-	-	•	-	-
18.00	Other- (Specify)							
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$	\$ -	\$ -
20.00			-	-	-	'n	-	1
	Non-MTS Salaries		-	-	-	-	-	-
	MTS Salaries		-	-	-	-	-	-
	Other- (Specify)		-	-	-	-	-	-
	Other- (Specify)		-	-	-	-	-	-
	Other- (Specify)		-	-	-	-	-	-
26.00								
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total Salaries & Fringe Benefits		\$ -	\$ -	\$ -	\$	\$ -	\$ -

Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation					
Description	Total Hrs	Factor			
Hours Logged for MTS Duty	-	0.00%			
Hours Logged for NON-MTS Duty		0.00%			
Total Hours to be Apportioned	<u> </u>	0.00%			

⁽A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN (B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

SCHEDULE 5 - ALLOCATION OF ADMINISTRATION & GENERAL

Fire Department / Agency Name:	0	Fiscal Year Ended:	January 0, 1900
Vational Provider Identification:	n		

			1	2	3	4	5	6
Line No.	Cost Center	General Ledger Account Number	Expense to be Apportioned	Total Reclassifications	Total Adjustments	Net Expense to be Apportioned	MTS Allocation	NON-MTS Allocation
			** See Note Below	Fr Sch 6, Cols 4 & 7	Fr Sch 7, Col 1		0.00%	0.00%
	Administrative and General		20.0	0010 7 01 7				
27.00	Administrative		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28.00	Legal			-	-	-	-	-
29.00	Accounting			-	-	-	-	-
	Advertising			-	-	-	-	-
	Consulting Expenses			-	-	-	-	-
32.00	Contracted Labor			-	-	-	-	-
33.00	Interest - Other			-	-	-	-	-
34.00	Training			-	-	-	-	-
35.00	General Insurance			-	-	-	-	-
36.00	Supplies			-	-	-	-	-
37.00	Bad Debt			-	-	-	-	-
38.00	Plant Operations and Maintenance			-	-	-	-	-
39.00	Housekeeping			-	-	-	-	-
40.00	Utilities			-	-	-	-	-
	Medical Supplies			-	-	-	-	-
	Minor Medical Equipment			-	-	-	-	-
	Minor Equipment			-	-	-	-	-
	Fines and Penalties			-	-	-	-	-
	Fleet Maintenance			-	-	-	-	-
46.00	Communications			-	-	-	-	-
47.00	Recruit Academy			-	-	-	-	-
	Dispatch Service			-	-	-	-	-
	Logistics			-	-	-	-	-
	Postage			-	-	-	-	-
	Dues and Subscriptions			-	-	-	-	-
	Other - Capital Related Costs			-	-	-	-	-
	Contracted Services - MTS			-	-	-	-	-
	Contracted Services - MTS Billing			-	-	-	-	-
	Other- (Specify)			-	-	-	-	-
56.00	Other- (Specify)			-	-	-	-	-
57.00	Other- (Specify)							
	Total Administrative & General		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1			1	l .	l .	1	1	l

[&]quot; If an Indirect Cost Factor is being applied on W/S 9, the Administration & General cost allocation will not be applied.

Selection of Allocation Statistic:

Any variation of the allocation statistic must be approved prior to implementation and documentation MUST be readily available for review.

Allocation Statistics for Administration and Ge	neral Expense	
Description	Accumulated Exper	se Factor
Accumulated Cost of MTS Services (from Sch 2, Col 5)	\$	- 0.00%
Accumulated Cost of NON-MTS Services (from Sch 3, Col 5)	\$	<u>-</u> <u>0.00</u> %
Total Accumulated Cost of MTS and NON-MTS Services	\$	<u>-</u> <u>0.00</u> %

⁽A) REMINDER THAT THE AMOUNTS FROM SCH 6, COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

⁽B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency:	0	Fiscal Year Ended:	January 0, 1900
National Provider Identification:	0		

		INCREASE			DECREASE					
ı	EXPLANATION OF ENTRY	Code	Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount
		1	2	3	4	5	6	7	8	9
1.						\$ -				\$ -
2. 3.						-				-
4.						-				
5.						-				-
6.						-				-
7. 8.						-				-
9.						-				
10.						-				-
11.						-				-
12. 13.						-				-
14.						-				-
15.						-				-
16.						-				-
17. 18.						-				-
19.						-				-
20.						-				_
21.						-				-
22. 23.						-				-
24.						-				-
25.						-				-
26.						-				-
27.						-				-
28. 29.						-				-
30.						-				-
31.						-				-
32. 33.						-				-
34.						-				-
35.						-				-
36.						-				-
37.						-				-
38. 39.						-				-
40.						-				_
41.						-				-
42.						-				-
43. 44.						-				-
45.						-				-
46.						-				-
47.						-				-
48. 49.						-				-
50.										-
50. 51.						-				-
52. 53.						- - -				-
53. 54.						-				-
54. 55.						-				-
56.						-				-
57.						-				-
58.						-				-
59. 60.						-				-
	Total Reclassifications (Col.	4 & 7 mi	st equal)			\$ -				\$ -
L	Total Reciassifications (Col.	→ ox / IIIU	or edugi)	l		<u>* </u>				<u>y</u> -

 $\textbf{Column 1: Use sequential lettering system to identify individual reclassifications; i.e.\ A.\ B.\ C...}$

Column 4 and Column 7: Transfer amounts to applicable Worksheets 2, 3, or 4 Column 6 or Worksheet 5, Column 2 on the line nur

SCHEDULE 7 - ADJUSTMENTS TO EXPENSES

Fire Department / Agency:	0	Fiscal Year Ended:	January 0, 1900
National Provider Identification:	0	·	

Description		Description Basis for Amount Increase / or B) 1 2		Cost Center	Schedule 4	C/R Line No.
1		ı	Φ.	3	4	5
1.						
3.			-			
4.			-			
5.			-			
6.			-			
7.			-			
8.			-			
9.			-			
10.			-			
11.			-			
12.						
13.			-			
14.			-			
15.			-			
16.			-			
17.			-			
18.			_			
19.			_			
20.			_			
21.			-			
22.			-			
23.			-			
24.			-			
25.			-			
26.			-			
27.			-			
28.			-			
29.			-			
30.			-			
	Total		\$ -			

Basis for Adjustment

A = Cost (if cost, including applicable overhead, can be determined)

B = Amount received (if cost cannot be determined)

Amount

Transfer to Applicable Worksheets (2, 3 & 4), and applicable Column line number as appropriate.

Cost Center and Line Number

From expense classifications on Worksheet 1 to which the amount is to be added or from which amount is to be deducted.

SCHEDULE 8 - REVENUE / FUNDING SOURCES

Fire Department / Agency:	0	Fiscal Year Ended:	January 0, 1900
Vational Provider Identification:	Δ	·	

Α	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	MEDICAID FEE FOR SERVICE (FFS) REVENUE FROM TRANSPORTS	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	Total
	Medicaid Fee for Service					\$
	Medicaid Fee for Service Other - (Specify) *					
	Medicaid Fee for Service Other - (Specify) *					
	Medicaid Fee for Service Other - (Specify) *					
5.	Medicaid Fee for Service Other - (Specify) *					
6.	Medicaid Fee for Service Other - (Specify) *					
	Total Medicaid FFS Revenue from Transports (To Sch 9, Line 13)	\$ -	\$ -	\$ -	\$ -	\$
В	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	OTHER MEDICAID REVENUE FROM TRANSPORTS	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	Total
7.	Medicaid Managed Care					
8.	Medicaid Managed Care Other - (Specify) **					
9.	Medicaid Managed Care Other - (Specify) **					
	Medicaid Managed Care Other - (Specify) **					
11	Medicaid Managed Care Other - (Specify) **					
	Medicaid Managed Care Other - (Specify) **					
14.	Total Other Revenue from Medicaid Managed Care Transports	\$ -	\$ -	\$ -	\$ -	\$
	Total Other Revenue Iron Medicald Managed Care Transports	φ -	<u>-</u>		φ -	Ψ
_						
С	1			2	3	4
	OTHER REVENUE / FUNDING SOURCES			MTS	NON-MTS	Total
13.						\$
14.						,
15.						
16.						
17.						,
18.						
19.						
20.						
21.						
22.						
.7.4						
23.						
24.						
24. 25.						
24. 25. 26.						
24. 25. 26. 27.						
24. 25. 26. 27. 28.						
24. 25. 26. 27. 28. 29.						
24. 25. 26. 27. 28. 29.						
24. 25. 26. 27. 28. 29. 30. 31.						
24. 25. 26. 27. 28. 29. 30. 31.						
24. 25. 26. 27. 28. 29. 30. 31. 32.						
24. 25. 26. 27. 28. 29. 30. 31. 32. 33.						
24. 25. 26. 27. 28. 29. 30. 31. 32.						
24. 25. 26. 27. 28. 29. 30. 31. 32. 33.						
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35.						
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36.						
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38.						
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38.						
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38.	Total Other Revenue					\$
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.	Total Other Revenue GRAND TOTAL [a+b+c]			\$ -	\$ -	\$

Note: * Line 1 through 6 - Enter payments for FFS transports received from Medicaid. (i.e. Share of Cost, Other Heath Care, Deductibles, etc.)

** Lines 7 through 12 - Enter Medicaid Managed Care revenue from transports Medicaid Managed Care, Medicaid Managed Care other, Other Heath Care, Deductibles, etc.

Lines 13 through 40 - Enter other Revenues received and list the funding sources not identified on lines 1 through 12.

SCHEDULE 9 - FINAL SETTLEMENT CALCULATION

Fire Department / Agency: 0 Fiscal Year Ended: January 0, 1900

National Provider Identification: 0

		Average Cost	per EMT Service				
1. Cost of MTS Services (from Sch 2)					\$	
2. Indirect Cost Factor Ba							
If no, please enter the	total cost to be used for calculating the I	\$	-				
4. Indirect Cost Factor Pe	ercentage (please see notes below)			0.00%	<u>0</u>		
5. Administration & Gen	eral Allocation from Sch 5 (B)					\$ -	
6. Administration & Gen	eral to be included						
7. Grand Total of MTS Ex	pense (Sum lines 1 thru 4)					\$	
						,	
Number of MTS Trans	ports	FL N	/ledicaid	Other			
		Managed Care	Fee for Service				
Qtr 1	July 1 through September 30						
Qtr 2	October 1 through December 31						
Qtr 3	January 1 through March 31						
Qtr 4	April 1 through June 30						
		0		0	0		
		·	·				
Average Cost per MTS	Transports (Line 7/Line 8)					\$	

	Av	verage Cost	per EMT Se	rvice														
	Qtr 1 July 1 through September 30		July 1 through		July 1 through		July 1 through		July 1 through		through October 1 through		January	tr 3 1 through rch 31	April 1	tr 4 through ne 30	Totals	
Total No. of Medicaid Fee for Service EMT Transports		0			0	0		0										
1. Total Cost of Medicaid EMT Transports (Line 9 x Line 10)	\$	- :	\$	-	\$	-	\$	- \$										
2. Less Total Medicaid Revenue from Transports (Fr Sch 8)	\$	-	\$	-	\$	-	\$	- \$										
3. Net Cost of Transports	\$	-	\$		- \$	-	\$	- \$										
4. Non Federal Share Reduction	\$	-	\$	-	\$	-	\$	- \$										
5. Net Federal Participation Amount (FMAP = 60.67%)	\$	-	\$	-	\$	-	\$	- \$		Τ								

⁽A) If the percentage-based indirect cost factor is elected, review SPA 15-014, Section C, Paragraph 1.b. and submit supporting documentation with the cost report submission

⁽B) In most cases, when an Indirect Cost Factor is being applied, there should be no Administration & General cost allocated.

SCHEDULE 10 - NOTES

Fire Department / Agency: National Provider Identification:	_	0 0									Fiscal Year Ended: _				ed:	Ja	nuary	0, 1900	<u> </u>

Please identify all contracting arrangements noted on Schedules 1, 2, and 3.
Contract Arrangements

Sch	Line	Contract Arrangements	Amount

Please identify the statistical basis for allocation on Schedules 4 and 5.

Sch	Line	Allocation Basis	Amount

If any schedules were left blank, please explain why.

Sch	Explanation