

**EMERGENCY MEDICAL TRANSPORTATION
INTEGRATED DISCLOSURE AND MEDICAID COST REPORT
GENERAL INFORMATION**

1. Name of Fire Department / Agency:		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:	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Name of Person Signing and Certifying Report:					
13. Report Contact Person:			14. Phone Number:		Phone Ext:
15. Mailing Address - Street or P. O. Box:		16. City:		17. State:	
				18. Zip Code:	
19. Previous Name of Fire District/Agency if Changed Since Previous Report:					20. Date of Change:
21. Does your organization use another entity to provide EMT services?			22. Date Range of EMT Service Agreement:		
23. Does your organization use another entity to provide billing for EMT services?			24. Are billing services paid on a Flat Rate or a Percentage:		
25. Reporting Period Began:			26. Reporting Period Ended:		
27. Net Cost of Transports					
			\$0.00		

For the purpose of this document, "provider" is a Publicly Owned or Operated Emergency Medical Transportation Services provider.

To Be Executed by Officer or Administrator of the Fire Department / Agency

I, _____ attest:
 Public funds for services provided have been expended as necessary for Federal Financial Participation (FFP), pursuant to the requirements of Section 1903(w) of the Social Security Act and 42 C.F.R. § 433.50 et seq. for allowable costs.
 The expenditures claimed have not previously been, nor will be, claimed at any other time to receive Federal Funds under Medicaid or any other program.
 The provider acknowledges that the information is to be used for claiming Federal funds and understands that misrepresentation of information constitutes a violation of Federal and State law.
 The provider acknowledges that all funds expended are subject to review and audit by the Agency for Health Care Administration.
 The provider acknowledges and understands that the Agency for Health Care Administration must deny payments for any claim submitted if it is determined that the report is not adequately supported for purposes of Federal Financial Participation.
 That I am the responsible person of the subject Fire Department / Agency and am duly authorized to sign this document and that, to the best of my knowledge and information, each statement and amount in the accompanying schedules are to be true and correct.

Date of Signature	Name of Fire District/Agency
E-mail the signed PDF electronic version of the completed cost report to: LIPProvidersReports@ahca.myflorida.com	
By: _____	(Signature)
Title: _____	
Address: _____	

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medicaid program or claimed in violation of an agreement with the State, may result in recoup of payment.

CHECK FIGURE	
Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$-
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	-
Variance	\$-

Material variances may result in a rejection of this Cost Report submission.

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE			
	YES	NO	N/A
<p>A. <u>Provider Organization and Operation</u></p> <p>1. Describe the type of organization providing the service (include if nonprofit, public, private, etc.):</p> <p>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.):</p> <p>3. The provider has:</p> <p style="padding-left: 20px;">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.</p> <p style="padding-left: 20px;">b. Terminated participation. If "yes", list date of termination, and reason (Voluntary/Involuntary).</p>			

<p>4. <i>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.</i></p> <p>If "yes" attach a list of the individuals, the organizations involved, and description of the transactions.</p>			
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PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE			
	YES	NO	N/A
<p>B. <u>Financial Data and Reports</u></p> <p>1. During this cost reporting period, the financial statements are prepared by Certified Public Accountants or Public Accountants (submit complete copy or indicate available date) and are:</p> <ul style="list-style-type: none"> 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
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

Line No.	Cost Center	General Ledger Account Number	1	2	3	4
			Total Expense	MTS Expense	NON-MTS Expense	Administration & General
			Col 2 + Col 3	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
Capital Related						
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -		
2.00	Depreciation - Leasehold Improvements		-	-	-	-
3.00	Depreciation - Equipment		-	-	-	-
4.00	Depreciation and Amortization - Other		-	-	-	-
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)		\$ -	\$ -	\$ -	
Salaries						
11.00	Administrative Chief		\$ -	\$ -	\$ -	-
12.00	Chief		-	-	-	-
13.00	Non-MTS Salaries		-	-	-	-
14.00	MTS Salaries		-	-	-	-
15.00	Other- (Specify)		-	-	-	-
16.00	Other- (Specify)		-	-	-	-
17.00	Other- (Specify)		-	-	-	-
18.00	Other- (Specify)		-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	
Fringe Benefits						
19.00	Administrative Chief		\$ -	\$ -	\$ -	-
20.00	Chief		-	-	-	-
21.00	Non-MTS Salaries		-	-	-	-
22.00	MTS Salaries		-	-	-	-
23.00	Other- (Specify)		-	-	-	-
24.00	Other- (Specify)		-	-	-	-
25.00	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						
27.00	Administrative		\$ -	\$ -	\$ -	\$ -
28.00	Legal		-	-	-	-
29.00	Accounting		-	-	-	-
30.00	Advertising		-	-	-	-
31.00	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		-	-	-	-
41.00	Medical Supplies		-	-	-	-
42.00	Minor Medical Equipment		-	-	-	-
43.00	Minor Equipment		-	-	-	-
44.00	Fines and Penalties		-	-	-	-
45.00	Fleet Maintenance		-	-	-	-
46.00	Communications		-	-	-	-
47.00	Recruit Academy		-	-	-	-
48.00	Dispatch Service		-	-	-	-
49.00	Logistics		-	-	-	-
50.00	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 Fire District / Agency		\$ -	\$ -	\$ -	\$ -

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

Line No.	Cost Center	General Ledger Account Number	1	2	3	4	5
			MTS Expense	Allocated Direct Service Cost <i>Fr Sch 4, Col 5</i>	Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Total MTS Expense <i>To Sch 1, Col 2</i>
Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-
3.00	Depreciation - Equipment		-	-	-	-	-
4.00	Depreciation and Amortization - Other		-	-	-	-	-
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)		\$ -	\$ -	\$ -	\$ -	\$ -
Salaries							
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		-	-	-	-	-
13.00	Non-MTS Salaries		-	-	-	-	-
14.00	MTS Salaries		-	-	-	-	-
15.00	Other- (Specify)		-	-	-	-	-
16.00	Other- (Specify)		-	-	-	-	-
17.00	Other- (Specify)		-	-	-	-	-
18.00	Other- (Specify)		-	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		-	-	-	-	-
21.00	Non-MTS Salaries		-	-	-	-	-
22.00	MTS Salaries		-	-	-	-	-
23.00	Other- (Specify)		-	-	-	-	-
24.00	Other- (Specify)		-	-	-	-	-
25.00	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							
27.00	Administrative		\$ -		\$ -	\$ -	\$ -
28.00	Legal		-		-	-	-
29.00	Accounting		-		-	-	-
30.00	Advertising		-		-	-	-
31.00	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		-		-	-	-
41.00	Medical Supplies		-		-	-	-
42.00	Minor Medical Equipment		-		-	-	-
43.00	Minor Equipment		-		-	-	-
44.00	Fines and Penalties		-		-	-	-
45.00	Fleet Maintenance		-		-	-	-
46.00	Communications		-		-	-	-
47.00	Recruit Academy		-		-	-	-
48.00	Dispatch Service		-		-	-	-
49.00	Logistics		-		-	-	-
50.00	Postage		-		-	-	-
51.00	Dues and Subscriptions		-		-	-	-
52.00	Other - Capital Related Costs		-		-	-	-
53.00	Contracted Services - MTS		-		-	-	-
54.00	Contracted Services - MTS Billing		-		-	-	-

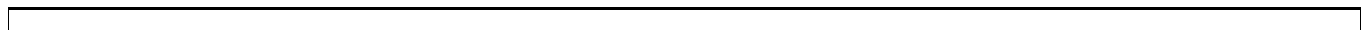
55.00	Other- (Specify)		-		-	-	-
56.00	Other- (Specify)		-		-	-	-
57.00	Other- (Specify)		-		-	-	-
	Total Administrative & General		\$ -		\$ -	\$ -	\$ -
	Total Fire District / Agency		\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE 3 - NON-MTS EXPENSE

Fire Department / Agency Name: _____ 0
National Provider Identification: _____ 0

Fiscal Year Ended: January 0, 1900

Line No.	Cost Center	General Ledger Account Number	1 NON-MTS Expense	2 Allocated Direct Service Costs <i>Fr Sch 4, Col 6</i>	3 Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	4 Total Adjustments <i>Fr Sch 7, Col 1</i>	5 Total NON-MTS Expense <i>To Sch 1, Col 3</i>
Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-
3.00	Depreciation - Equipment		-	-	-	-	-
4.00	Depreciation and Amortization - Other		-	-	-	-	-
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)		\$ -	\$ -	\$ -	\$ -	\$ -
Salaries							
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		-	-	-	-	-
13.00	Non-MTS Salaries		-	-	-	-	-
14.00	MTS Salaries		-	-	-	-	-
15.00	Other- (Specify)		-	-	-	-	-
16.00	Other- (Specify)		-	-	-	-	-
17.00	Other- (Specify)		-	-	-	-	-
18.00	Other- (Specify)		-	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		-	-	-	-	-
21.00	Non-MTS Salaries		-	-	-	-	-
22.00	MTS Salaries		-	-	-	-	-
23.00	Other- (Specify)		-	-	-	-	-
24.00	Other- (Specify)		-	-	-	-	-
25.00	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							
27.00	Administrative		\$ -		\$ -	\$ -	\$ -
28.00	Legal		-		-	-	-
29.00	Accounting		-		-	-	-
30.00	Advertising		-		-	-	-
31.00	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		-		-	-	-
41.00	Medical Supplies		-		-	-	-
42.00	Minor Medical Equipment		-		-	-	-
43.00	Minor Equipment		-		-	-	-
44.00	Fines and Penalties		-		-	-	-
45.00	Fleet Maintenance		-		-	-	-
46.00	Communications		-		-	-	-
47.00	Recruit Academy		-		-	-	-
48.00	Dispatch Service		-		-	-	-
49.00	Logistics		-		-	-	-
50.00	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 Fire District / Agency		\$ -	\$ -	\$ -	\$ -	\$ -



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

Fire Department / Agency Name: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

Line No.	Cost Center	General Ledger Account Number	1 Expense to be Apportioned	2 Total Reclassifications (A) Fr Sch 6, Cols 4 & 7	3 Total Adjustments (B) Fr Sch 7, Col 1	4 Net Expense to be Apportioned	5 MTS Allocation 0.00%	6 NON-MTS Allocation 0.00%
Capital Related								
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-	-
3.00	Depreciation - Equipment		-	-	-	-	-	-
4.00	Depreciation and Amortization - Other		-	-	-	-	-	-
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	-	0.00%

Line No.	Cost Center	Account Number	1 Expense to be Apportioned	2 Total Reclassifications (A) Fr Sch 6, Cols 4 & 7	3 Total Adjustments (B) Fr Sch 7, Col 1	4 Net Expense to be Apportioned	5 MTS Allocation 0.00%	6 NON-MTS Allocation 0.00%
Salaries								
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		-	-	-	-	-	-
13.00	Non-MTS Salaries		-	-	-	-	-	-
14.00	MTS Salaries		-	-	-	-	-	-
15.00	Other- (Specify)		-	-	-	-	-	-
16.00	Other- (Specify)		-	-	-	-	-	-
17.00	Other- (Specify)		-	-	-	-	-	-
18.00	Other- (Specify)		-	-	-	-	-	-
Subtotal Salaries (Lines 11.00 thru 18.00)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits								
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		-	-	-	-	-	-
21.00	Non-MTS Salaries		-	-	-	-	-	-
22.00	MTS Salaries		-	-	-	-	-	-
23.00	Other- (Specify)		-	-	-	-	-	-
24.00	Other- (Specify)		-	-	-	-	-	-
25.00	Other- (Specify)		-	-	-	-	-	-
26.00	Other- (Specify)		-	-	-	-	-	-
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	-	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
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

Line No.	Cost Center	General Ledger Account Number	1 Expense to be Apportioned ** See Note Below	2 Total Reclassifications Fr Sch 6, Cols 4 & 7	3 Total Adjustments Fr Sch 7, Col 1	4 Net Expense to be Apportioned	5 MTS Allocation 0.00%	6 NON-MTS Allocation 0.00%
Administrative and General								
27.00	Administrative		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28.00	Legal		-	-	-	-	-	-
29.00	Accounting		-	-	-	-	-	-
30.00	Advertising		-	-	-	-	-	-
31.00	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		-	-	-	-	-	-
41.00	Medical Supplies		-	-	-	-	-	-
42.00	Minor Medical Equipment		-	-	-	-	-	-
43.00	Minor Equipment		-	-	-	-	-	-
44.00	Fines and Penalties		-	-	-	-	-	-
45.00	Fleet Maintenance		-	-	-	-	-	-
46.00	Communications		-	-	-	-	-	-
47.00	Recruit Academy		-	-	-	-	-	-
48.00	Dispatch Service		-	-	-	-	-	-
49.00	Logistics		-	-	-	-	-	-
50.00	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			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

- (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**

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 General Expense			
Description	Accumulated Expense	Factor	
Accumulated Cost of MTS Services (from Sch 2, Col 5)	\$ -	0.00%	
Accumulated Cost of NON-MTS Services (from Sch 3, Col 5)	\$ -	0.00%	
Total Accumulated Cost of MTS and NON-MTS Services	\$ -	0.00%	

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

EXPLANATION OF ENTRY	Code	INCREASE				DECREASE			
		Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount
		1	2	3	4	5	6	7	8
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.					-				-
51.					-				-
52.					-				-
53.					-				-
54.					-				-
55.					-				-
56.					-				-
57.					-				-
58.					-				-
59.					-				-
60.					-				-
Total Reclassifications (Col. 4 & 7 must equal)					\$ -				\$ -

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 number

SCHEDULE 7 - ADJUSTMENTS TO EXPENSES

Fire Department / Agency: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease)	Cost Center	Schedule	C/R Line No.
	1	2	3	4	5
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.		-			
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
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

A	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
	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
1.	Medicaid Fee for Service					\$ -
2.	Medicaid Fee for Service Other - (Specify) *					-
3.	Medicaid Fee for Service Other - (Specify) *					-
4.	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)	\$ -	\$ -	\$ -	\$ -	\$ -
B	1	2	3	4	5	6
	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) **					-
10.	Medicaid Managed Care Other - (Specify) **					-
11.	Medicaid Managed Care Other - (Specify) **					-
12.	Medicaid Managed Care Other - (Specify) **					-
	Total Other Revenue from Medicaid Managed Care Transports	\$ -	\$ -	\$ -	\$ -	\$ -
C	1	2	3	4		
	OTHER REVENUE / FUNDING SOURCES		MTS	NON-MTS	Total	
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.						-
	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 Health Care, Deductibles, etc.)
 ** Lines 7 through 12 - Enter Medicaid Managed Care revenue from transports Medicaid Managed Care, Medicaid Managed Care other, Other Health 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
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

Average Cost per EMT Service			
1. Cost of MTS Services (from Sch 2)		\$	-
2. Indirect Cost Factor Based on MTS Services? (please use drop-down box to select Yes or No) (A)	No		
3. If no, please enter the total cost to be used for calculating the Indirect Cost	\$ -		
4. Indirect Cost Factor Percentage (please see notes below)	0.00%		0
5. Administration & General Allocation from Sch 5 (B)		\$	-
6. Administration & General to be included			-
7. Grand Total of MTS Expense (Sum lines 1 thru 4)		\$	-
8. Number of MTS Transports			
		FL Medicaid	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
9. Average Cost per MTS Transports (Line 7/Line 8)		\$	-

Average Cost per EMT Service					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals
	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	
10. Total No. of Medicaid Fee for Service EMT Transports	0	0	0	0	0
11. Total Cost of Medicaid EMT Transports (Line 9 x Line 10)	\$ -	\$ -	\$ -	\$ -	\$ -
12. Less Total Medicaid Revenue from Transports (Fr Sch 8)	\$ -	\$ -	\$ -	\$ -	\$ -
13. Net Cost of Transports	\$ -	\$ -	\$ -	\$ -	\$ -
14. Non Federal Share Reduction	\$ -	\$ -	\$ -	\$ -	\$ -
15. Net Federal Participation Amount (FMAP = 60.67%)	\$ -	\$ -	\$ -	\$ -	\$ -

(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.

