

Attachment A - Ambulance Revenue Report

**Provider Name and
Contact Information**

Please fill in below

Provider Name	
Federal Employee ID	
Address1	
Address2	
State	
City	
Zip	
Main Phone Number	
Contact's Extension or	
Fax	
Email	
Contact's Name	
Fiscal Year Ending	

Ambulance Related Revenue		Please fill in below in dollars for Advance Life Support and Basic Life Support. The "Total" column will fill automatically.		
Line	Expense Category	Advanced Life Support	Basic Life Support	Total
1	Self-Pay / Private Pay			
2	Medicare			
3	Medicaid			
4	Commercial (Blue Cross, HMO, Other Third Party)			
5	Contracts (PPS, DRG or Other)			
6	Municipal Subsidy			
7	All Other Payers			
8	TOTAL OPERATING REVENUE (Sum L1 to L7)			

Definitions/Instructions

Total is the sum of revenue from Advance Life Support and Basic Life Support.

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Advanced Life Support (ALS) Services as defined by the Commonwealth of Massachusetts, Department of Public Health, in 105 CMR 170.020.

Basic Life Support (BLS) Services as defined by the Commonwealth of Massachusetts, Department of Public Health, in 105 CMR 170.020.

Line 1: Self-Pay/Private Pay Report revenue earned from patients for services rendered that are not sponsored by any governmental or third party entity.

Line 2: Medicare Report revenue earned from patients insured by Medicare, Railroad Medicare, or Champus/TRICARE.

Line 3: Medicaid Report revenue earned from patients insured by Medicaid (MassHealth or any Medicaid managed care organization).

Line 4: Commercial Insurance Report revenue earned from patients insured by any commercial insurance, HMO plan, and other third party payers.

Line 5: Contracts (PPS, DRG, other) Report revenue earned from facilities (e.g., hospitals or nursing homes) for transport of their patients or residents.

Line 6: Municipal Subsidy Report revenue earned by an ambulance service provider from a city or town for the purpose of ensuring that said ambulance service shall provide services to that city or town.

Line 7: All Other Payers Report revenue earned from any sources not listed above. Include any amounts received from another ambulance service for use of your company's services, if they are not included elsewhere.