Carson City Agenda Report

Date Submitted: November 6, 2015	Agenda Date Requested: November 19, 2015 Time Requested: 5 minutes
To: Mayor and Board of Supervisors	
From: Carson City Fire Department	
amending the Carson City Municipal Code at Chapter 5.18.040—Fees and rates. The ar	roduce, on first reading, Bill No, an ordinance Fitle 5, Public Utility Franchises and Requirements, mendment adds a fee for Non-emergency Basic Life rate of \$295.00 per transfer. (Robert Schreihans,
Staff Summary: With the recent addition of Department, a base rate for service needs to	· · · · · · · · · · · · · · · · · · ·
Type of Action Requested: (check one) () Resolution () Formal Action/Motion	(_X_) Ordinance – First Reading () Other (Specify)
Does This Action Require A Business Imp	pact Statement: () Yes (_X) No
amending the Carson City Municipal Code	ntroduce, on first reading, Bill No, an ordinance Fitle 5, Public Utility Franchises and Requirements, d a fee for Non-emergency Basic Life Support per transfer.
the Carson City Fire Department, a billing p which is being provided. This new service p support emergency response, reducing work delivery system. This service does not affect	tion: Due to the addition of the BLS ambulance at rocess must be established for the transfer service provides facility-to-facility transfer and basic life load on the current advanced life support ambulance at emergency rates of our current billing system. is type of service, Carson City Fire Department must be transfer.
Applicable Statute, Code, Policy, Rule or	Regulation: N/A
Fiscal Impact: None	
Explanation of Impact: N/A	
Funding Source: N/A	
Alternatives: Do not approve the initiation	of a fee.

Supporting Material: Carson City current ambulance fee and rate schedule

Prepared By: Robert Schreihans, Fire Chief

(Vote Recorded By)

CCMC 5.18.040 Proposed Amendments

EXPLANATION – Matter in **bolded italics** is new; matter stricken [omitted material] is material to be omitted.

5.18.040 - Fees and rates.

The fees for ambulance service provided by the city are as follows:

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1. Advanced airway	\$ 115.00
2. ALS 1 base rate	990.00
3. ALS 2 base rate	1,100.00
4. <i>Emergency</i> BLS base rate	990.00
5. Non-emergency BLS base rate	295.00
5 6. SCT base rate	1,210.00
6 7. C-spine immobilization	85.00
7 8. Defibrillation	110.00
8 9. EKG monitor	102.00
9 10. IV administration	85.00
1011. Medication	110.00
11/2. Mileage/per mile	23.00
1213. Nitrous oxide	55.00
1314. Oxygen	66.00
1415. Stand-by time (per 30 minutes)	82.00
1516. Treat at scene	198.00
Description of Charge for Service or Procedure	Rate (in dollars)

 $\begin{array}{l} (Ord.\ 2007-27\ \S\ 1,\ 2007:\ Ord.\ 2006-16\ \S\ 1,\ 2006:\ Ord.\ 2005-13\ \S\ 1,\ 2005:\ Ord.\ 2004-11\ \S\ 1,\ 2004:\ Ord.\ 2003-8\ \S\ 1,\ 2003:\ Ord.\ 2002-24\ \S\ 1,\ 2002:\ Ord.\ 1999-10\ \S\ 1,\ 1999:\ Ord.\ 1998-19\ \S\ 1,\ 1998:\ Ord.\ 1997-37\ \S\ 1,\ 1997:\ Ord.\ 1996-42\ \S\ 2,\ 1996). \end{array}$