

RESOLUTION NO. 2179

WHEREAS, Resolution No. 1442 provides that the City of Albany was granted a franchise by the City Council of the City of Albany for the operation of an ambulance business; and,

WHEREAS, it is necessary to amend the rates charged for various aspects of the City of Albany Ambulance Service; and,

NOW, THEREFORE, BE IT RESOLVED by the Mayor and the City Council of the City of Albany, Oregon, that the rates outlined in Exhibit A be established for ambulance service.

BE IT FURTHER RESOLVED that Resolution No. 2039 is hereby repealed.

DATED THIS 25TH DAY OF JUNE, 1980.

Richard S. Olsen  
Mayor

ATTEST:

W. J. Holliday  
City Recorder

SERVICE RATES - EFFECTIVE 10/1

EXHIBIT A

BASE RATE-----	\$65.00
MILEAGE (PORTAL TO PORTAL)-----	3.00 PER MILE
SERVICE TIME (STANDBY OR WAITING)-----	60.00 PER HOUR
ACCOUNT SERVICE CHARGE-----	10.80
EMERGENCY SERVICE-----	16.20
NIGHT SERVICE (6 P.M. TO 8 A.M.)-----	16.20
REPLACEMENT OF EQUIPMENT-----	CURRENT RETAIL PRICES
EXTENSIVE CLEANING-----	21.60
COMBATIVE PATIENT-----	16.20
*ORTHOPEDIC CARE, SPINAL-----	32.40
LIMBS-----	16.20
*NOTE: WHEN BOTH SPINAL AND LIMB ORTHOPEDIC CARE ARE USED, ONLY THE HIGHER (SPINAL) CHARGE IS MADE.	
ISOLATION (CONTAGIOUS DISEASE)-----	32.40
SUCTION-----	21.60
INTUBATION-----	27.00
PULMONARY RESUSCITATION-----	27.00
*CORONARY CARE:	
(C.P.R., DEFIBRILLATION, SUCTION, INTUBATION, I.V. CARE, MONITORING)-----	81.20
*CRITICAL CARE:	
(PULMONARY RESUSCITATION, SUCTION, INTUBATION, I.V. CARE)-----	64.90
*NOTE: WHEN THREE OR MORE PROCEDURES ARE USED IN EITHER CORONARY OR CRITICAL CARE, ONLY ONE CHARGE WILL BE MADE.	
CARDIAC DEFIBRILLATION-----	64.90
CARDIAC MONITORING-----	27.00
CARDIOPULMONARY RESUSCITATION-----	54.10
INTRAVENOUS CARE-----	21.60
INCUBATOR-----	64.90
OBSTETRICAL CARE-----	64.90



MEDICATIONS (CONTINUED)

IPECAC SYRUP-----	2.00
LASIX (PER AMPULE)-----	2.80
NARCAN (PER AMPULE)-----	7.90
MEDERIDINE-----	11.75
MORPHINE-----	15.65

BANDAGE & DRESSING SUPPLIES

BANDAGES, TRIANGLE-----	2.50 EACH
KERLIX (4" STRETCH)-----	2.00 EACH
KLING (3" STRETCH)-----	1.25
ROLLER GAUZE (2")-----	2.05
ROLLER GAUZE (TUBE)-----	1.00
DRESSINGS, MULTI TRAUMA (30 x 10)-----	4.00
SURGERY PADS (8 x 7 1/2)-----	.50
GAUZE PADS (4 x 4)-----	.50
GAUZE PADS (VASELINE)-----	1.25

SPLINTING & IMMOBILIZATION SUPPLIES

CARDBOARD SPLINTS, ARM OR LEG-----	5.00
CERVICAL COLLAR-----	7.50

MISCELLANEOUS MEDICAL SUPPLIES

MINIMUM CHARGE FOR FIRST-AID SUPPLIES-----	4.50
BITE BLOCK-----	3.00 EACH
EYE SHIELDS-----	3.00 EACH
UNDERPADS-----	1.00 EACH
BURN PACKAGE-----	16.25
FOIL RESCUE BLANKET-----	3.90

MISCELLANEOUS MEDICAL SUPPLIES (CONTINUED)

ICE PACKS-----	4.50 EACH
INSTANT GLUCOSE-----	3.00 PER TUBE
O.B. KIT-----	17.00 EACH
POISON ANTIDOTE KIT-----	27.20 EACH
SNAKE BITE KIT-----	15.20 EACH
TOURNIQUETS-----	10.50 EACH
ELECTRODES-----	2.75 EACH
DEFIB PADS-----	8.40 PAIR
DEXTROSTIX-----	1.35
DISPOSABLE RAZOR-----	1.00
PLASTIC SHEET-----	1.45
6 cc SYRINGE 20g 1 1/2-----	.60
12 cc SYRINGE-----	1.00

MISCELLANEOUS SUPPLIES

FLARES-----	2.00
FIRE EXTINGUISHER-----	15.00
AUXILIARY POWER-----	35.00 PER HR.
RESTRAINTS-----	17.00
M.A.S.T. TROUSERS (ANTI-SHOCK AIR PANTS)-----	25.00

RESCUE SERVICE

BASIC RESCUE-----	20.00
LIGHT RESCUE-----	30.00
MEDIUM RESCUE-----	45.00
HEAVY RESCUE-----	65.00

MULTI-PATIENT RATES

EFFECTIVE 10/1/78

MAIN STRETCHER PATIENT SHALL BE CHARGED ONE FULL BASE RATE, TIME AND MILEAGE, PLUS ANY ADDITIONAL CHARGES FOR SERVICES OR SUPPLIES THEY REQUIRE.

NUMBER ONE AUXILIARY PATIENT SHALL BE CHARGED 75 PERCENT OF THE BASE RATE, TIME AND MILEAGE. FULL CHARGES WILL BE MADE FOR ANY SERVICES OR SUPPLIES REQUIRED.

ANY ADDITIONAL AUXILIARY STRETCHER PATIENTS SHALL BE CHARGED 50 PERCENT OF THE BASE RATE, TIME AND MILEAGE. FULL CHARGES WILL BE MADE FOR ANY SERVICES OR SUPPLIES REQUIRED.

SIT-UP PATIENTS SHALL BE CHARGED 50 PERCENT OF THE BASE RATE, TIME AND MILEAGE, PLUS FULL CHARGE FOR ANY SERVICES OR SUPPLIES REQUIRED.

THERE MUST BE ONE FULL BASE RATE, TIME AND MILEAGE CHARGE PER AMBULANCE TRIP.

MOBILCHAIR RATES - EFFECTIVE 10/1/78

NEW RATES

P/U WITHIN EUGENE OR SPRINGFIELD CITY LIMITS.....	\$ 6.00
RETURN TRIP, SAME PATIENT, SAME DAY.....	3.00
P/U RIVER RD, AREA, FROM RAILROAD BLVD. TO BEACON DR.....	12.00
RETURN TRIP, SAME PATIENT, SAME DAY.....	6.00
P/U CITY OF GOSHEN, L.C.C. AREA.....	12.00
RETURN TRIP, SAME PATIENT, SAME DAY.....	6.00
P/U COUNTY AREA, INCLUDING JUNCTION CITY, ELMIRA, VENETA AND PLEASANT HILL.....	17.00
RETURN TRIP, SAME PATIENT, SAME DAY.....	11.00

ALL AREAS BEYOND THOSE MENTIONED ABOVE, \$17.00 FOR PICKUP AND 80 CENTS PER PATIENT MILE. THE RETURN TRIP IS ALSO FIGURED AT \$17.00, PLUS 80 CENTS PER PATIENT MILE.

THE CHARGE WILL BE \$25.00 PER HOUR FOR EXCLUSIVE USE OF THE MOBIL-CHAIR WITHIN THE EUGENE-SPRINGFIELD CITY LIMITS. THIS WOULD PROVIDE DIRECT, NON-STOP SERVICE.

HOURLY RATE TO GROUPS FOR TOURS, ETC., \$25.00 PER HOUR.

SPECIAL RATE TO NURSING HOMES WITH FOUR WHEELCHAIR PATIENTS AND ONE AMBULATORY OR ATTENDANT, ALL BEING PICKED UP AND RETURNED TO THE SAME LOCATION, \$25.00 ROUND TRIP.

\$3 CHARGE FOR WHEELCHAIR LEFT WITH PATIENT.

TRANSFER AMBULANCE SERVICE RATES

EFFECTIVE 10/1/78

NEW RATE

BASE RATE.....\$65.00

NO BASE RATE WILL BE CHARGED FOR  
SAME-DAY RETURN TRIP SERVICE.

MILEAGE (PICKUP TO DESTINATION ONLY)..... 3.00 PER MILE

SERVICE TIME..... N/C

SERVICE TIME MAY BE CHARGED IN LIEU OF  
CANCELLING THE TRANSFER.

SUPPLIES..... N/C

NORMAL SUPPLIES FOR ROUTINE CARE  
ARE INCLUDED.

PROCEDURE CHARGES..... N/C

ONLY ROUTINE CARE IS ALLOWED. IF  
EMERGENCY CARE IS RENDERED, REGULAR  
AMBULANCE RATES WILL BE CHARGED.

THESE RATES APPLY ONLY TO TRANSFERS TO OR FROM DESTINATION  
WITHIN THE AMBULANCE AREA SERVED BY M.S.I.

OUT-OF-AREA TRANSFER SERVICE RATES

EFFECTIVE 10/1/78

NEW RATE

BASE RATE.....\$65.00  
MILEAGE (PORTAL TO PORTAL)..... 1.50 PER MILE

REGULAR AMBULANCE RATES WILL BE CHARGED FOR SERVICE TIME,  
SUPPLIES AND PROCEDURES.

NEONATAL TRANSPORT

EFFECTIVE 10/1/78

BASE RATE-----\$65.00  
MILEAGE (PORTAL TO PORTAL)----- 1.50 PER MILE  
NEONATAL SERVICE  
    INSIDE 25 MILES----- 50.00  
    OVER 25, MILES-----100.00

(RETURNS FROM SACRED HEART TO ORIGINATING HOSPITAL, SAME  
FEE, MINUS NEONATAL SERVICE CHARGE.)

CHARGE FOR ALL OTHER SERVICES PERFORMED OR SUPPLIED

AIR AMBULANCE RATES

EFFECTIVE 10/1/78

CALL EUGENE AVIATION AND OBTAIN THEIR CHARTER RATES AND FLIGHT TIME FOR BOTH SINGLE AND TWIN ENGINED AIRCRAFT.

COMPUTE TECHNICIAN CHARGES FROM THE TIME THEY REPORT TO THE TIME THEY ARE RELEASED FROM DUTY. THEIR RATE IS \$20 PER HOUR. FIGURE PER DIEM EXPENSES, IF THEY ARE GONE OVERNIGHT, AT \$45 PER DAY.

CHARGE \$45 FOR THE STRETCHER AND BASIC EQUIPMENT.

CHARGE EXTRA FOR ADDITIONAL EQUIPMENT, SUPPLIES, AND SERVICES.

CHARGE \$150 FOR AMBULANCE TRANSPORTATION TO OR FROM THE AIRPORT IN EUGENE.

THERE WILL BE ADDITIONAL CHARGES IF THE PLANE IS GROUNDED DUE TO WEATHER CONDITIONS. MAKE SURE TO EXPLAIN THIS TO THE PARTY CALLING.

AFTER ALL CHARGES ABOVE ARE FIGURED, ADD 20% TO THE TOTAL, AND ROUND OFF TO THE NEXT HIGHEST DOLLAR AMOUNT FOR THE COMPLETE CHARGE.

EXAMPLE:	PLANE & PILOT	_____
	TECHNICIAN	_____
	PER DIEM	_____
	BASIC EQUIPMENT	_____
	ADDITIONAL EQUIPMENT	_____
	AMBULANCE TRANSPORTATION	_____
	MISC. CHARGES	_____
	SUB TOTAL	_____
	+ 20%	_____
	TOTAL	_____

AIR MEDICAL SERVICES RATES

EFFECTIVE 10/1/78

HELICOPTER SERVICE

FLIGHT TIME.....\$450 PER HOUR  
SERVICE TIME..... 60 PER HOUR

STANDARD CHARGES WILL BE MADE  
FOR ALL PATIENT CARE, PROCEDURES  
AND SUPPLIES.

ACCOUNT SERVICE CHARGE.....10.80

MINIMUM CHARGE IS \$450 FOR FLIGHTS LESS THAN 60 MINUTES.  
FIGURE ADDITIONAL TIME AT \$7.50 PER MINUTE OF FLIGHT TIME  
AND \$1 PER MINUTE FOR STANDBY TIME.

WHEN GROUND AMBULANCE IS DISPATCHED IN SUPPORT OF OR FOR  
BACKUP TO THE HELICOPTER, REGULAR AMBULANCE RATES WILL BE  
CHARGED BY THE GROUND AMBULANCE, PLUS REGULAR AIR MEDICAL  
RATES FOR THE HELICOPTER.

SERVICE AND FLIGHT TIME IS FROM THE TIME OF REQUEST FOR  
HELICOPTER SERVICE UNTIL ITS RETURN TO HENDERSON AVIATION.

STANDBY RATES  
EFFECTIVE 10/1/78

AMBULANCE STANDBYS WILL BE COMPUTED AT A RATE OF \$40 PER HOUR AND \$20 PER HALF HOUR.

THIRTY MINUTES OR LONGER WILL BE CONSIDERED AN HOUR. ANYTHING LESS THAN THIRTY MINUTES WILL BE CONSIDERED HALF AN HOUR.

STANDBY TIME WILL BE COMPUTED FROM THE TIME THE AMBULANCE IS DISPATCHED UNTIL THE TIME THE AMBULANCE RETURNS TO QUARTERS.

MILEAGE WILL BE CHARGED, IN ADDITION TO STANDBY TIME, FOR OUT-OF-THE-AREA STANDBYS. MILEAGE WILL NOT BE CHARGED FOR LOCAL STANDBYS.

AID-CAR STANDBY  
EFFECTIVE 10/1/78

THE FEE FOR AN AID-CAR WITH ONE-MAN CREW WILL BE \$20 PER HOUR.

IN ADDITION TO THE HOURLY CHARGE, THE ORGANIZATION THAT ARRANGED THE STANDBY WILL ALSO PAY FOR ANY SUPPLIES USED.

IF AN AMBULANCE IS NECESSARY, THE CHARGE FOR AN AMBULANCE WILL BE MADE, AS USUAL, TO THE PATIENT.