

Town of Pelham  
Ambulance Billing Policy  
October 27, 2015

**I. PURPOSE**

The purpose of this policy is to outline ambulance billing and collection procedures for use of fire department emergency medical services. This policy applies to all users and/or responsible parties and establishes a consistent fee schedule shown and appended to this policy as Schedule “A.”

This policy is adopted pursuant to the authority granted to the Board of Selectmen.

**II. SCOPE**

This policy is applicable to all ambulance users or responsible parties, except as provided below:

1. Town employees injured while in the performance of their assigned duties shall not be responsible for patient co-payments.
2. Employees of communities engaged in providing mutual aid support and subsequently injured in the “line of duty” requiring treatment and/or transport service shall not be responsible for patient co-payments.
3. When mutual aid agreements limit or restrict ambulance billing and collection procedures.

**III. POLICY PROVISIONS**

1. The Board of Selectmen shall establish a fee schedule outlining the associated charges for use of Pelham Fire Department ambulance service(s).
2. The schedule of specific fees is incorporated into this policy by reference and is attached as Schedule “A”.
3. The Selectmen may review and adjust Schedule “A” on an annual basis.
4. Patients treated and/or transported by Pelham Fire Department personnel may be billed for certain ambulance services as included in Schedule “A”
5. Whenever possible, the Town’s ambulance billing service shall obtain insurance information of treated and/or transported patient(s) and shall submit a bill directly to the insurance company.

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6. A patient shall be exempt from payment for ambulance service if he/she certifies to the Town's billing service that his/her family income is equal to or less than the current Hill-Burton income levels.
7. The certification of income shall include an application signed by the responsible party and a copy of their last two years of completed Federal Tax Returns, or unemployment documentation, or an approved hospital free care application.
8. After receiving payment from third-party insurers, the Town's billing service shall bill the patient for the patient co-payment portion of the ambulance fee.
9. Initial, 30, and 60 day bills shall be issued on outstanding balances. This shall be followed by a fourth and final dunning notice at 90 days.
10. After a final dunning notice is issued, accounts with outstanding balances shall be transferred to the Town's contracted collections agency.
11. After 120 days, the Town's contracted collections agency is authorized to report to the Credit Bureau (Equifax and Trans Union) as outlined in the contractor's policies.
12. Credit Bureau reporting may be foregone in lieu of a payment plan that provides repayment of at least \$10.00 per month, every month, until the balance is paid in full.
13. Requests for write-offs or reductions, with all required supporting documentation, shall be submitted to the finance department and then forwarded to the Board of Selectmen for approval. Each request will detail collection efforts and reasons for the write-off request.

**IV. MULTIPLE TRANSPORTS**

1. In the cases of multiple patients transported in the same ambulance, at the same time, each patient shall be billed for services rendered.
2. The mileage charges shall be divided equally by the parties being transported.