



The following fee schedule is posted here to comply with 202 KAR 7:575. Copies may also be found at each of our Kentucky base locations. These are the maximum fees charged by our companies in the Commonwealth of Kentucky. The fees in your market may be lower based on different factors including, the type of medical transportation system, response time standards, staffing, regional adjustments, regulatory requirements and/or governmental subsidies.

The rates do not represent what the vast majority of patients ultimately pay. We are a Medicare provider and a Medicaid provider in many states. For each of these contractual arrangements, the reimbursement is below the rates set below. In addition, any patient responsibility will be determined by the health insurer, if applicable.

HCPCS Code	Description	Amount
A0428	BLS Non Emergency	\$1442.00
A0429	BLS Emergency	\$1903.00
A0426	ALS1 Non Emergency	\$2277.00
A0427	ALS1 Emergency	\$2656.00
A0433	ALS level 2	\$3000.00
A0434	Specialty Care Transport (SCT)	\$3500.00
A0425	Ground Mileage	\$37.00
A0422	Oxygen	\$88.00

Notice of Emergency Ground Ambulance Patient Transport Rates

At the time of emergency transport, we do not ask or know if a patient has insurance coverage for the transport, so we cannot know how much (if any) of our billed rates will be covered by a patient’s insurance.

We are a Medicare provider and a Medicaid provider in many states. For Medicare, our reimbursement is set by CMS. For other contracted payors, our reimbursement is set in our provider agreement and a patient’s out of pocket payment may be substantially less than our charges depending on the applicable benefit plan. The rates shown above are our standard charges for patient transport and related services (“Charges”).By receiving our transport or other services, you (or the person financially responsible for your care) expressly:

- authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided, and request that payment of authorized Medicare, Medicaid, or any other insurance be made on your behalf directly to us as your provider;
- agree to immediately remit to us as your provider any payments that you receive directly from insurance or any source whatsoever meant to cover all or any portion of the services provided to you, and you assign all rights to such payments to us as your provider;
- agree to be financially responsible for the billed Charges for the services provided, regardless of insurance coverage, and in some cases you may be responsible for an amount in addition to that which is paid by your insurance, such as co-pay, co-insurance, deductible, and any remaining balance;



- acknowledge your understanding that the Charges are the usual and regular rate for the services provided and accept and agree to the express Charges as posted; and
- agree the Charges represent the price term for any service provided and are fully incorporated into any authorization to bill, financial responsibility agreement, or any other agreement with us as your provider that covers the services provided.

Unless we have expressly agreed otherwise in writing and in advance of a transport, we expect our patients, their responsible parties and their insurance providers to pay our billed Charges for using the services we provided. After transport, we may agree to discounts based on patient financial hardship, prompt payment, or other factors in our sole discretion.

If you have any questions, you may call our billing office at 812-462-2848.