

CITY COUNCIL MEETING
February 22, 1984

COMMUNICATIONS

CITY CLERK

CC22a
**RATE MODIFICATION
RECEIVED FROM
LODI AMBULANCE
SERVICE**

City Clerk Reimche presented a letter dated February 21, 1984 which had been received from Lodi Ambulance Service notifying the City of a rate modification they plan to implement for their fiscal 1984-85 budget. Council directed that the letter be reviewed by Staff, and that a report be made to Council following the review at the regular Council meeting of March 7, 1984.



Lodi Ambulance Service

1709 S. STOCKTON ST.

RECEIVED
1984 FEB 21 10 14 AM '84

ALICE H. REIMCHE
CITY CLERK
CITY OF LODI
P.O. BOX 5977, LODI, CA 95241 • 209/334-0830

February 21, 1984

Alice Reimche
City Clerk
City of Lodi
221 West Pine Street
Lodi, California 95240

Dear Mrs. Reimche,

This is to notify the City of Lodi of a rate modification we plan to implement for our fiscal 1984-1985 budget.

This adjustment will allow us to cover an approximate \$75,000.00 increase in cost of operation of which approximately \$39,000.00 will go to salary and benefit increases and \$36,000.00 for equipment purchases and replacement.

Enclosed in this packet is the new and old rate schedule, an explanation of actual out of pocket expense to the user for basic and advance care service we would provide.

Any further communication should be directed to my office.

Respectfully Yours,

Michael Nilssen
President

Enclosures

MN:bs



Lodi Ambulance Service 1709 S. STOCKTON ST. • P.O. BOX 597 • LODI, CA 95241 • 209/334-0830

The out of pocket expense to the patient is a concern to both the patient and us, the provider. Even though, many of our patients have their service paid for 100% by private third payor insurance many must pay 20% of their claim out of pocket. Currently the average patient pays \$24.00 out of pocket for every \$120.00 charged. With this rate modification a fee of \$28.60 would be out of pocket expense thus a \$4.60 increase to the patient.

We feel this justifiable as we are eliminating all Orthopedic and Obstetrical service fees as individual charge items. The charges will be expensed out in the new ambulance fees. The necessity behind this is to allow a smoother billing system due to the social reimbursement programs which reimburse us for these services in the Basic Ambulance Rates. We have eliminated three Advances Life Support fees; Suctioning, Oral Airway and Esophageal Intubation. The suction fee will be expensed out in the basic rates. The airway and esophageal intubation are becoming obsolete in use and if used will be expensed out in the ALS Fee of \$55.00 we currently charge.

There will be no increase in ALS fees at the current time and we do not foresee any increase in the current future.

MN:bs



Lodi Ambulance Service

1709 S. STOCKTON ST. • P.O. BOX 597 • LODI, CA 95241 • 209/334-0800

BASIC LIFE SUPPORT CARE

BASE RATE

	<u>1982 SCHEDULE</u>	<u>1984 SCHEDULE</u>
1 Patient	95.00	107.00
2 Patients (each)	80.75	96.30
3 Patients (each)	76.60	90.95
MILEAGE (per mile)	5.00	6.00
NIGHT CALL (7 am to 7 pm)	20.00	28.00
EMERGENCY	20.00	30.00
OXYGEN	25.00	20.00
WAITING TIME (per 15 min.)	14.25	15.00
STAND-BY TIME (per 15 min.)	10.75	10.75

ADVANCE LIFE SUPPORT CARE

ADVANCE LIFE SUPPORT

TELEMETRY	20.00	20.00
EKG	40.00	40.00
HEART/LUNG RESUSCITATOR	40.00	40.00
SUCTION	16.00	omit
RESUSCITATOR	16.00	16.00
ORAL AIRWAY	5.00	omit
ENDO TRACHEAL INTUBATION	40.00	40.00
ESOPHOGEAL INTUBATION	40.00	omit
MED ANTI SHOCK TROUSERS	34.00	34.00
NEEDLE THORACOTOMY	75.00	75.00
NEEDLE CRICOTRACHEOTOMY	75.00	75.00

ORTHOPEDIC CARE

ORTHOPEDIC STRETCHER	25.00	omit
SPINAL BOARD SHORT	16.00	omit
SPINAL BOARD LONG	16.00	omit
SAND BAGS (each)	3.50	omit
LADDER SPLINT	16.00	omit
TRACTION SPLINT	16.00	omit
CARDBOARD SPLINT	12.00	omit
INFLATION SPLINT	12.00	omit

OBSTETRIC CARE

CHILD DELIVERY	40.00	omit
----------------	-------	------