

CITY COUNCIL MEETING

DECEMBER 15, 1982

COMMUNICATIONS

CITY CLERK

City Clerk Reimche presented a letter dated December 6, 1982 and pertinent information that had been received from the Lodi Ambulance regarding Advanced Life Support Medicare

billing. Additional information which had been received following distribution of the Council Packets was presented to each Council Member

Mr. Mike Nilssen, Lodi Ambulance Service appeared before the Council asking that the December 6, 1982 letter be rescinded, and asking that he be allowed to charge \$20.00 for telemetry when it is authorized by a physician.

Council discussion followed with questions being directed to Mr. Nilssen.

FEE BY LODI
AMBULANCE SERVICE
FOR TELEMTRY
AUTHORIZED

RES. NO. 82-143

On motion of Mayor Pro Tempore Murphy, Pinkerton second, Council adopted Resolution No. 82-143 authorizing the Lodi Ambulance Service to charge a fee of \$20.00 for telemetry when such treatment is authorized by a physician.

November 30, 1982

City Council
City Hall
Lodi, California 95240

Council Persons:

Enclosed is a copy of the Medicare guidelines to bill for Advanced Life Support. Read the information as I will answer any question to the billing modification we will adapt for Medicare patients.

My recommendation is to incorporate the average Advanced Life Support billing procedure ~~which take place.~~ We will combine the Base Rate, Emergency, Advanced Life Support, EKG, and Telemetry. The total would be \$230.00 for the Advanced Life Support Care. Currently the standard fee is \$230.00 if those fees listed are charged. *charged.*

We average 56.3 Advanced Life Support calls per month. Of the remaining Advanced Life Support charges that we use on a limited basis the total is \$325.00. These charges could be included in the total accumulative bill of a severely traumatized patient, but maybe 1% of all total patients would need that type of care to be charged \$325.00 more or \$555.00 Advanced Life Support charges *total.*

My proposal for the fee is to charge the \$255.00 Medicare will allow for Advanced Life Support, thus a reimbursement level of 80% = \$204.00 and the balance owing would be \$51.00 for Advanced Life Support to Medicare patients. Currently the Medicare patient pays out of pocket cost for Advanced Life Support \$85.00 therefore a savings of \$34.00 to the Medicare patient exists.

This billing practice would only apply for Medicare and Medicare/Medi-Cal patients until further study could be done to see if all inclusive charging is acceptable to the community.

1339.50	14 Medicares	.28%
1332.50	13 Medicare/Medi-Cals	.26%
.00	3 Medi-Cal	.06%
	<u>20 Privates</u>	<u>.40%</u>
	50	

Evidence shows the following cost is justifiable. Fifty random claims selected from the last three months averaged out to \$228.49 total Advanced Life Support charges. ~~Of the selected claims 40% were private, 06% Medi-Cal, 28% Medicare, and 13% Medicare/Medi-Cal which is about the percentage of our current business in classes of reimbursement levels.~~



Lodi Ambulance

P. O. BOX 597
1709 SOUTH STOCKTON STREET
LODI, CALIFORNIA 95241
(209) 334-0830



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December 6, 1982

City Council
City Hall
221 West Pine Street
Lodi, California 95240

Council Members;

Enclosed is a copy of the Medicare guidelines to bill properly for Advanced Life Support. Please read the information so I may answer any of your questions.

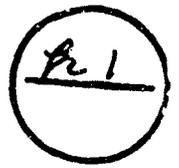
My proposal is to incorporate all private and Medicare billings for Advanced Life Support as a basic format billing procedure. By combining the Ambulance Base Rate, Emergency, and an average basis of now charged Advanced Life Support fees, which average out to \$230.00 per Advanced Life Support call and if the Telemetry charge of \$20.00 would be incorporated we could justify the \$255.00 Medicare will allow as the customary and usual charge. The reimbursement rate of 80% would be \$204.00.

A study of fifty randomly selected Advanced Life Support calls shows that 54% of the Advanced Life Support users are of Medicare age thus having Medicare insurance. Medicare has not reimbursed us or the patient for Advanced Life Support in the past and now with the advent of a profile reimbursement rate the average cost out of pocket to the user will be \$51.00 maximum instead of the current



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\$85.00. Therefore, a savings of \$34.00 will exist for the user. Since the Advanced Life Support will be reimbursed for the Medi-Cal/Medicare patient we can generate an increase in revenue. The 13 claims we used that were Medi-Cal/Medicare could generate \$1332.50 in increased revenue.

The study shows:

14	Medicare Claims	.28%
13	Medi-Cal/Medicare Claims	.26%
3	Medi-Cal Claims	.06%
20	Private Claims	.40%
50	Total Claims	100%

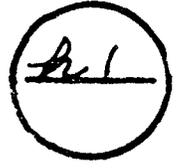
The percentages are about the average patient distribution for the company on a yearly basis. With the approximate number 675 Advanced Life Support calls per year we believe we can generate \$16,000.00 more per year that has been just a write off in the past.

Enclosed are the new billing modifications for the Medicare, Private, and Medi-Cal users. Please note that we used the same type of trauma call on all three billings. We will have to continue to bill Medi-Cal on an itemized basis as they have not consented to the new billing procedure and our Ambulance Association feels that Medi-Cal will not at the current time modify their billing procedures.



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We will monitor this billing practice very closely as we are not sure of the exact financial impact on the company. We will brief the council from time to time on the billing practices and financial situation of this billing modification.

Respectfully,

Michael Nilssen
President

Enclosures

MN:bs

I M P O R T A N T

MEDI-CAL PAYMENTS

The services listed on this form have been personally provided to the patient by the provider or, under his direction, by another person eligible under the Medi-Cal Program to provide such services, and such person(s) are designated on this form. The services were, to the best of the provider's knowledge, medically indicated and necessary to the health of the patient. The provider understands that payment of this claim will be from Federal and/or State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and/or State laws. The provider agrees to keep for a minimum period of three years from the date of service all records which are necessary to disclose fully the extent of services furnished to the patient. The provider agrees to furnish these records and any information regarding payments claimed for providing the services, on request, to California Department of Health Services; Medi-Cal Fraud Unit, California Department of Justice; Medi-Cal Audits Project, Office of State Controller; U.S. Department of Health, Education and Welfare, or their duly authorized representatives.

Medical care services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

MEDICARE PAYMENTS

A patient's signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If the "Other Health Insurance Coverage" block is completed, the patient's signature authorizes release of the information to the insurer or agency shown. In assigned cases, the physician agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and noncovered services. Coinsurance and the deductible are based upon the charge determination of the carrier, if this is less than the charge submitted.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally rendered by me or were rendered incident to my professional service by my employee under immediate personal supervision, except as otherwise expressly permitted by Medicare regulations.

For services to be considered as 'incident to' a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his employee, 2) there was a covered physician's service rendered of which the other services are an integral, although incidental part, 3) they must be of kinds commonly furnished in physicians' offices, and 4) the services of nonphysicians must be included on the physicians' bill.

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable federal laws.



DO NOT STAPLE
IN BAR AREA

1. CLAIM CONTROL NUMBER F.I. USE ONLY

2. MEDICAL PROV. NO.

777497547

3. MEDICARE PROV. NO.

4. ZIP CODE

95240

PROFESSIONAL/SUPPLIER CLAIM FORM

MEDICAL
 MEDICARE

AFFIX LABEL HERE AFFIX LABEL HERE

PROVIDER NAME AND ADDRESS
Lodi Ambulance Service

1709 So. Stockton St.

Lodi, CA

City State Zip PROVIDER PHONE NO.

PLEASE TYPE ALL REQUIRED INFORMATION
Typewriter Alignment

City State Zip

PATIENT'S COMPLETE NAME AND ADDRESS

Doe, Jane
123 Main Street
Anytown, USA 00000

MEDICARE NUMBER DATE OF ONSET TAR CONTROL NUMBER

9 12 13

MEDICAL I.D. NUMBER DATE OF BIRTH PATIENT ACCOUNT NUMBER

14 15 16

SERVICES RELATED TO HOSPITALIZATION FROM TYPE BILLING METHOD ATTACHED DIME CODE MEDICARE STATUS

17 18 19 20 21 22 23 24

NAME & ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (IF OTHER THAN HOME OR OFFICE) FACILITY PROVIDER NO.

25 26

OUTSIDE LAB LABORATORY NAME AND ADDRESS REFERRING PROVIDER NUMBER

27 28 29

NAME OF REFERRING PROVIDER REFERRING PROVIDER NUMBER

30 31

PRIMARY ICD-9-CM SECONDARY DIAGNOSIS DESCRIPTION SECONDARY ICD-9-CM

32 33 34

PRIMARY DIAGNOSIS DESCRIPTION

DESCRIPTION	DELETE	DATE OF SERVICE	PLACE BY	IF DISP	READING PROV AND	PROCEDURE	QTY	SERVICE CHARGE
			RENTS		OF OTHER THAN BILLING PROV	CODE		
Base rate	<input type="checkbox"/>	120682	7			0001	1	9500
Mileage	<input type="checkbox"/>	120682	7			0003	1	500
Emergency	<input type="checkbox"/>	120682	7			0006	1	2000
Oxygen	<input type="checkbox"/>	120682	7			0007	1	2500
Advanced life support	<input type="checkbox"/>	120682	7			0010	1	5500
Telemetry	<input type="checkbox"/>	120682	7			0010	1	2000
Emergency EKG	<input type="checkbox"/>	120682	7			0010	1	4000
Med Anti-Shock Trousers	<input type="checkbox"/>	120682	7			0010	1	3400

REMARKS: EMERGENCY CERTIFICATION STATEMENT

From: Main St. and S.P. Tracks
To: General Hospital
Called by: Police Dept.
Receiving Physician: Dr. Jones
Diagnosis: Auto vs. train. Severe head trauma

BLOOD TEST BLOOD DUCT TOTAL CHARGE

MEDICARE BENEFIT MEDICARE COINSURANCE 29400

MEDICARE BENEFIT PATIENT'S SHARE OF COST 29400

DATE OF BIRTH DATE SERVED 120682 29400

130 131 132 133 134

135 136 137 138 139

140 141 142

SIGNATURE REQUIRED FOR EMERGENCY CERTIFICATION
12/06/82
DATE

PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING)
I authorize the release of any medical information necessary to process this claim and request payments of Medicare Benefits either to myself or to the party who accepts assignment.

This is to certify that the information contained herein is true, accurate, and complete and that the provider has read, understands, and agrees to be bound by and comply with the statements and conditions contained on the back of this form.
12 06 82
Signature of provider or person authorized by provider to bind provider by above signature to statements and conditions contained on this form.

I DO ACCEPT ASSIGNMENT
 DO NOT ACCEPT ASSIGNMENT
jm

DO NOT STAPLE
IN BAR AREA



PROVIDER NAME AND ADDRESS
Lodi Assurance Service
1709 So. Stockton St.
Lodi, CA

1. CLAIM CONTROL NUMBER F I LIBE OMY

2. MEDICAL PROV NO.
22Z49754Z

3. MEDICARE PROV. NO.

4. ZIP CODE
95240

PROFESSIONAL/SUPPLIER
CLAIM FORM

MEDI-CAL
X MED-CARE

AFFIX LABEL HERE

AFFIX LABEL HERE

DATE PRICE () PROVIDER PHONE NO.

PLEASE TYPE ALL REQUIRED INFORMATION
Typewriter Alignment

DATE PRICE ()

PATIENT'S COMPLETE NAME AND ADDRESS

Smith, John
1 First St.
Anytown, USA 00000

PATIENT'S PHONE NUMBER ()

OTHER HEALTH INSURANCE COVERAGE - ENTER NAME OF POLICY HOLDER, PLAN NAME, ADDRESS AND POLICY NUMBER

MEDICARE NUMBER 000000000A M X DATE OF ONSET 120682 TAX CONTROL NUMBER

MEDICAL ID NUMBER 000000 DATE OF BIRTH 22222 PATIENT ACCOUNT NUMBER

SERVICES RELATED TO HOSPITALIZATION FROM THRU

NAME & ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED BY OTHER THAN HOME OR OFFICE FACILITY PROVIDER NO.

LABORATORY NAME AND ADDRESS

NAME OF REFERRING PROVIDER REFERRING PROVIDER NUMBER

PRIMARY ICD-9-CM SECONDARY DIAGNOSIS DESCRIPTION SECONDARY ICD-9-CM

PRIMARY DIAGNOSIS DESCRIPTION

DESCRIPTION	DELETES	DATE OF SERVICE	PLAC OF SERVICE	ICD-9-CM	REFERRING PROV NO OR OTHER THAN BILLING PROV	PROCEDURE CODES	MOL	QUANTITY	SERVICE CHARGES
Advanced life support base rate	1	120682	7			09336		1	25500
Mileage	2	120682	7			0003		1	500
Oxygen	3	120682	7			0007		1	2500
	4								
	5								
	6								
	7								
	8								

REMARKS EMERGENCY CERTIFICATION STATEMENT

From: Main St. and S.P. Tracks
To: General Hospital
Called by: Police Dept.
Receiving Physician: Dr. Jones
Diagnosis: Auto vs. train. Severe head trauma

BLOOD TESTS BLOOD PRODUCT TOTAL CHARGES 28500

MEDICARE CO-INSURANCE MEDICARE PAID

MEDICARE CO-INSURANCE PATIENT'S SHARE OF COST OTHER COVERAGE COLLECTIONS

DATE OF BIRTH 120682 DATE BILLED 28500

TOTAL CHARGES

AMOUNT PAID

ANY UNPAID BALANCE DUE

12/06 82

SIGNATURE REQUIRED FOR EMERGENCY CERTIFICATION

PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING)

This is to certify that the information contained above is true, accurate, and complete and that the provider has read, understands, and agrees to be bound by and comply with the statements and conditions contained on the back of this form.

DO NOT ACCEPT ASSIGNMENT
DO NOT ACCEPT ASSIGNMENT



BLUE SHIELD
of California

MEDICARE

Phone: 415-445-9000



Mail Address: MEDICARE P O Box 2968 San Francisco CA 94120

November 24, 1982

Lodi Ambulance Service, Inc.
P. O. Box 597
Lodi, California 95241

Attention: Owner/Manager

Re: ALS Ambulance Transportation
New Provider Number ZZZ89617.Z

The attached special bulletin explains the conditions of Medicare coverage and billing guidelines for Advanced Life Support (ALS) ambulance transportation. (This bulletin supersedes the information on ALS transportation published in Medicare Bulletin 82-3, September 1982.)

Each qualified supplier has been issued a unique Provider Identification Number that must be used to bill for all Medicare services. Your number is identified above.

This number must be used on both basic and ALS ambulance transportation claims submitted to Blue Shield for Medicare services provided on or after November 1, 1982.

The new provider identification number should also be included on billings provided to your patients, if you do not accept Medicare assignment. This step will help to ensure proper payment to the Medicare beneficiary.

A supply of Medicare claim forms preimprinted with your new number will be issued to you shortly. Until you receive them, please print or type the new provider number given above on any claim form submitted to Blue Shield of California.

Sincerely,

Joyce Herrera

Joyce Herrera
Program Policy Analyst
Medicare Liaison

JH:dr
Attachment



BLUE SHIELD
of California

MEDICARE

Phone (415) 445 9000

Mail Address. MEDICARE, P. O. Box 7968 San Francisco, CA 94120

**NOTICE TO ADVANCED LIFE SUPPORT AMBULANCE
TRANSPORTATION SUPPLIERS IN BLUE SHIELD OF
CALIFORNIA'S MEDICARE JURISDICTIONAL AREA**

November 1982

Until now, Medicare carriers have been allowed to recognize only one level of ambulance service, i.e., basic ambulance transportation.

In accordance with recent Health Care Financing Administration directives, effective with services provided on or after November 1, 1982, Blue Shield will also recognize all-inclusive charges for Advanced Life Support (ALS) ambulance transportation when provided by qualified ALS suppliers.

Coverage for ambulance transportation, whether basic or ALS, is limited to medically necessary transportation to a hospital or a skilled nursing facility when transportation by any other means could endanger the patient's health. When a patient is taken to a facility other than the nearest one that can provide appropriate care, reasonable charge will be based on transportation to the nearest facility.

Definitions:

A. Basic Ambulance

A basic ambulance is one that provides transportation plus the equipment and staff needed for such basic services as control of bleeding, splinting fractures, treatment for shock, delivery of babies, cardio-pulmonary resuscitation (CPR), etc.

B. Advanced Life Support (ALS) Ambulance

An ALS ambulance has complex specialized life sustaining equipment and, ordinarily, equipment for radio-telephone contact with a physician or hospital. Typical of this type of ambulance would be mobile coronary care units and other ambulance vehicles that are appropriately equipped and staffed by personnel trained and authorized to administer IVs (intravenous therapy), provide anti-shock trousers, establish and maintain a patient's



airway, defibrillate the heart, relieve pneumothorax conditions and perform other advanced life support procedures or services such as cardiac (EKG) monitoring.

In addition to the regular Medicare vehicle and crew requirements, ALS ambulance suppliers must also furnish Blue Shield with copies of the applicable county certification that the ambulance supplier has trained and qualified personnel.

Provider Number:

The special unique provider issued to qualified ALS ambulance suppliers must be used for billing ALS and basic ambulance transportation services.

Billing Instructions:

Advanced Life Support Transports

Blue Shield will recognize an all-inclusive base rate charge for ALS transportation. Use procedure code 09336 for this service. (The charge billed under this procedure code should include costs of ALS transport, EKG monitoring, telemetry, emergency and other medically necessary services provided by the vehicle crew.) Separate charges for these additional services will be denied when billed in addition to the all-inclusive ALS base rate charge. Separate charges can be recognized for the following services:

<u>Code</u>	<u>Service</u>
00003	Mileage (indicate number of miles and charge per mile)
00007	Oxygen
00005	Night calls
00010	Disposable supplies/other medically necessary and covered Part B ambulance services. (Itemization must be included)

The claim must also state the nature of the illness or injury which required the ALS ambulance instead of the basic ambulance, as well as the point of pick-up, and destination of the transport.

NOTE: If the claim does not contain sufficient justification for use of the ALS, the claim will be processed and allowed as a basic ambulance transport.

h1

Basic Ambulance Transports

Outlined below is a list of procedure codes under which basic ambulance transports should be billed:

<u>Procedure Code</u>	<u>Description</u>
00001	Base rate (point of pick-up to destination, usually a hospital, SNF, or patient's home)
00002	Base rate - round trip or second trip, same day.
00003	Mileage (per mile)
00004	Mileage (per mile) - Round trip, or second trip, same day.
00005	Night charge
00006	Emergency
00007	Oxygen
00009	Waiting time per 15 minutes. (Complete justification of medical necessity must be provided.)
00010	Unlisted covered services and supplies such as disposable linens. (Itemization must accompany charges.)
09930	Base rate - transportation from hospital to hospital (hospital admission to second hospital).
09333	Base rate - transportation from hospital to hospital for specialized services such as CAT scans or cobalt therapy
09334	Base rate - return trip (specialized services such as CAT scans or cobalt therapy)
93005	EKG monitoring (when ALS transport not required, but EKG performed)
09335	Telemetry (when ALS transport not required, but telemetry performed)

21

The medical necessity, point of pick up, and destination facility must always be shown on the claim form.

- - - - -

Please note, this bulletin supersedes the information on Advanced Life Support Transportation which was published in Medicare Bulletin #82-3, September, 1982.



BLUE SHIELD
of California

ZZZ89617Z is the Blue Shield of California Identification Number assigned to the Name and Location(s) below. To expedite processing of your claims, it is imperative that you show your Identification Number on all claims submitted to the Blue Shield of California Programs for which you are eligible . . .

MEDICARE

DATE: 08/26/82

PROVIDER CLAIM IDENTIFICATION

YOUR PHYSICAL LOCATION

039 09 N LO ZZZ89617Z 44
• LODI AMBULANCE SERVICE INC
P O BOX 597
LODI, CA 95241

LODI AMBULANCE SERVICE INC
1709 SOUTH STOCKTON STREET
LODI, CA 95240

C 68 (11/79)

NOTE: BLUE SHIELD OF CALIFORNIA RETAINS THE RIGHT TO REVIEW AND RECERTIFY PROVIDERS TO ASSURE COMPLIANCE WITH PROGRAM REGULATIONS (SEE INSTRUCTIONS ON REVERSE)



Lodi Ambulance

P. O. BOX 597
1709 SOUTH STOCKTON STREET
LODI, CALIFORNIA 95241
(209) 334-0830

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December 15, 1982

City Council
City Hall
221 West Pine Street
Lodi, California 95240

RE: RATE BILLING MODIFICATION UPDATE

This is an update to advise the council of our original request to modify our Advanced Life Support billing procedures. We initially requested an all inclusive rate of \$255.00 Advanced Life Support Base Rate when any paramedical intervention was provided.

We are not going to provide an all inclusive flat fee. We will continue to provide the same billing requirements on an individual basis although we are going to bill Medicare patients claims and statements the total amount of Advanced Life Support as an all inclusive base rate.

Although, currently Medicare allows for telemetry to be billed and reimbursed, we at Lodi Ambulance do not. We are requesting that telemetry be a billed service by the company at the rate of \$20.00. The telemetry is used only when an EKG is transmitted to a physician for medical consultation. We feel that this is a justifiable charge and necessary to help defer the cost of the paramedics radio, cables, and batteries.



Lodi Ambulance

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LODI, CALIFORNIA 95241
(209) 334-0830

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Billing modification per Health Care Financial Administration directive November 1982.

Example billing procedures:

Mr. Jones uses the ambulance and he needs the Advanced Life Support. His bill is normally itemized as follows:

CURRENT PROCEDURE

BASE RATE	\$95.00
MILEAGE (1)	5.00
EMERGENCY	20.00
OXYGEN	25.00
ALS	55.00
EKG	40.00
SUCTION	16.00
RESUSCITATOR	16.00
E.T. TUBE	<u>40.00</u>
	\$312.00

NEW H.I.C.F.A. PROCEDURE

ALS BASE RATE	\$282.00
MILEAGE (1)	5.00
OXYGEN	<u>25.00</u>
	\$312.00

The new HICFA billing procedure is called an all inclusive billing procedure and must be used to be reimbursed by Medicare.

Respectfully,

Mike Nilssen
Mike Nilssen

MN:bs

F u. 12/15

RESOLUTION NO. 82-143

RESOLUTION AUTHORIZING THE LODI AMBULANCE SERVICE TO CHARGE A FEE OF TWENTY DOLLARS FOR THE USE OF TELEMETRY WHEN IT IS ORDERED BY A PHYSICIAN

RESOLVED, that the City Council of the City of Lodi does hereby authorize the Lodi Ambulance Service to charge a fee of Twenty Dollars for the use of Telemetry when it is ordered by a Physician.

Dated: December 15, 1982

I hereby certify that Resolution No. 82-143 was passed and adopted by the City Council of the City of Lodi in a regular meeting held December 15, 1982 by the following vote:

Ayes: Council Members - Pinkerton, Olson, Snider, Murphy, and Reid (Mayor)

Noes: Council Members - None

Absent: Council Members - None

Alice M. Reimche
Alice M. Reimche
City Clerk

CITY COUNCIL

FRED M REID, Mayor
ROBERT G MURPHY,
Mayor Pro Tempore
EVELYN M OLSON
JAMES W PINKERTON, Jr
JOHN R (Randy) SNIDER

CITY OF LODI

CITY HALL, 221 WEST PINE STREET
POST OFFICE BOX 320
LODI, CALIFORNIA 95241
(209) 334-5634

HENRY A CLAVES, Jr
City Manager

ALICE M REIMCHE
City Clerk

RONALD M STEIN
City Attorney

December 21, 1982

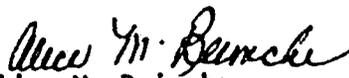
Mr. Mike Nilssen
Lodi Ambulance Service
P. O. Box 597
1709 South Stockton Street
Lodi, CA 95240

Dear Mr. Nilssen:

Enclosed herewith is a certified copy of Resolution No. 82-143 - "A Resolution Authorizing the Lodi Ambulance Service to Charge a Fee of Twenty Dollars for the Use of Telemetry when it is Ordered by a Physician", which resolution was adopted by the Lodi City Council at its regular meeting of December 15, 1982.

Should you have any questions regarding this action, please do not hesitate to call.

Very truly yours,


Alice M. Reimche
City Clerk

AMR:jj
Enc.