One Billing Solutions

YOUR ONE STOP SOLUTION FOR MEDICAL BILLING

RATE CHANGE REQUEST

CLIENT NAME_____

REQUESTORS NAME_____

When determining your billing rates, take into consideration all of your expenses including daily, annual, depreciated and future capital costs. Your service may charge any rate amount appropriate to your service's financial needs. If your current rates are higher than the new rates below, your rates will not be adjusted. You must sign and provide your effective date below before the changes will be made.

HCPCS/DESCRIPTION	INDUSTRY RATE RANGES	NEW RATE
AO425: Ground mileage	$16.84 - $25.82	$ 25.00
AO426: ALS Non -Emergency	$774.66 - $1,555.78	$1,512.00
AO427: ALS Emergency	$839.22 - $1,794.64	$1,706.00
AO428: BLS Non-Emergency	$548.72 - $1,381.49	$1,246.00
AO429: BLS Emergency	$606.82 - $1,519.58	$1,379.00
AO433: ALS 2	$942.51 - $2,349.81	$2,179.00
AO434 SCT	$1,097.44 - $2,453.10	N/A
TNT	$129.11 - $193.67	$185.00
Stand-By	$50.00 - $150.00 (first hour)	N/A
Lift Assist	$50.00 - $85.00	N/A

Are your ambulance rates set by ordinance? Yes X No____ (If Yes, send a copy of the ordinance.)

_____ _____

Signature of Requestor Date