

Sandoval County Board of County Commissioners

Agenda Item Summary

AGENDA ITEM # 10-2-14.6C

1. REQUESTED MOTION

ACTION REQUESTED:

Approve a Professional Services Agreement between Sandoval County and Presbyterian Medical Services for Ambulance Transport Services in the Amount of \$82,500

WHY ACTION IS NECESSARY (Summary):

Sandoval County does not have staffed transport ambulances in the Cuba area and needs to contract with another service to provide ambulance service within a 50 mile radius of the Village of Cuba.

2. REQUESTOR

COMMISSIONER SPONSORED: YES NO

DISTRICT: DISTRICT 1 DISTRICT 4
 DISTRICT 2 DISTRICT 5
 DISTRICT 3

DIRECTOR / ELECTED: James Maxon, Fire Chief

DIVISION: Fire/EMS

ELECTED OFFICE:

ATTACHMENTS: YES NO

3. MEETING DATE

October 2, 2014

4. AGENDA (To be completed by County Manager)

- PROCLAMATION
- PRESENTATION
- CONSENT
- REGULAR
- APPEAL

5. RECOMMENDATIONS

Recommend Board of County Commission approval.

6. FISCAL IMPACT

Ambulance Services for \$82,500 is budgeted in current fiscal year.

7. RECOMMENDED APPROVAL (Initials & Date)

Department Director/Elected Official	Human Resources	Purchasing	Attorney As to Form PFT	Finance Budget CCH	County Manager PPR	Other
JHM 9/22/14	_____	_____	9/25/14	9/24/14	9/25/14	_____

8. COMMISSION ACTION

Approved Denied Deferred Other

PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT is made and entered into by and between the County of Sandoval, Hereinafter referred to as the "County", and Presbyterian Medical Services, hereinafter referred to as the "Contractor".

WHEREAS, the services provided through this agreement are needed to protect the health, safety and welfare of residents in the Cuba area of Sandoval County.

WHEREAS, Contractor is ready willing and able to provide these services.

WHEREAS, this agreement allows the parties to jointly operate a common health care service.

WHEREAS, the County has determined that the arrangement will or is likely to reduce health care costs, improve quality of care or improve access to care for County residents.

IT THEREFORE MUTUALLY AGREED BETWEEN THE PARTIES:

1. SCOPE OF WORK

The Contractor shall render the following services:

- a) Provide Ambulance transport services and related emergency medical care services within a fifty (50) mile radius of the Village of Cuba, New Mexico, but outside the Village limits of Cuba, New Mexico. All services provided by the Contractor pursuant to this contract shall comply with the requirements of Public Regulation Commission and the New Mexico Motor Carriers Act.
- b) The Contractor shall attach a current photocopy to this agreement of the Contractors certificate to operate an ambulance service from the Public Regulation Commission.
- c) A current list of personnel that are employed by the Contractor as Emergency Medical Technicians licensed by the State of New Mexico shall be provided to the County.
- d) The Contractor shall provide data for evaluation which shall include financial needs. Number of calls, number of transports, fee schedules, current tariff rates, administrative costs, operating costs, reimbursements and collections for the past fiscal year.
- e) **No Payment** will be made until receipt by the County of the data. The Contractor will also provide its financial statements within sixty (60) days of the effective date of this agreement.

2. COMPENSATION

a) The County shall pay to the Contractor in full payment for services to be rendered during fiscal year 2013-2014 the sum of \$82,500.00, including gross receipts tax, if applicable. The County shall pay the Contractor as quickly as is reasonably possible after satisfactory receipt of the documentation set forth in items (b), (c), and (d) in Paragraph 1 (SCOPE OF WORK) above and a detailed invoice. Satisfactory documentation shall be determined within the sole discretion of the County. Contractor will provide this documentation no later than sixty (60) days after all parties have approved this Agreement. A one-time

payment, up to \$82,500, shall be made by the County at the beginning of the County Fiscal year after receipt of the invoice and the above-referenced documentation from the Contractor. This payment shall be used by the contractor to assist the contractor in payment of salaries and benefits and such other operational expenses incurred by the contractor in providing this service to the County.

b) Sandoval County will pay the dispatch related fees for Cuba EMS. The fees are estimated to be \$55,000 for fiscal year 2014-2015.

3. TERM

This agreement shall become effective on the date of execution of this Agreement by all parties and shall terminate on June 30, 2015, unless terminated pursuant to Paragraph 4, below. However, this agreement may be renewed for an additional one (1) year upon the execution of a separate written agreement executed by all parties to this agreement pursuant to paragraph 14.

4. TERMINATION

This Agreement may be terminated by either of the parties hereto upon written notice delivered to the other party at least thirty (30) days prior to the intended date of termination. By such termination, neither party may nullify obligations already incurred for performance or failure to perform prior to the date of termination.

5. STATUS OF CONTRACTOR

The Contractor and his agents and employees are independent contractors performing professional services for the County, and are not employees of the County. Notwithstanding that the Contractor enters into and performs under this Agreement, the Contractor and his agents and employees shall not accrue leave, participate in retirement plans, insurance plans, or liability bonding, use County vehicles, or participate in any other benefits afforded to employees of the County.

6. ASSIGNMENT

The Contractor shall not assign or transfer any interest in this Agreement or assign any claims for money due or to become due under this Agreement without the prior written approval of the County.

7. SUBCONTRACTING

The Contractor shall not subcontract any portion of the services to be performed under this Agreement without the prior written approval of the County.

8. LIABILITY AND INSURANCE

It is expressly understood and agreed by and between the parties hereto that the Parties shall hold each other harmless for all losses damages, claims or judgments on account of any suit, judgment, execution, claim, action or demand whatsoever resulting from either Party's actions or inactions under this Agreement.

The Contractor must provide proof of liability insurance in the amounts required under the New Mexico Tort Claims Act, as amended. Such insurance policy shall name the County as an additional insured.

9. RECORDS AND AUDIT

The Contractor shall maintain detailed records of all services identified in the Scope of Work. The County shall have the right to inspect all records and to audit billings both before and after payment; payment under this Agreement shall not foreclose the right of the County to recover excessive or illegal payments.

10. RELEASE

The Contractor, upon final payment of the amount due under this Agreement, releases the County, its officers, agents and employees from all liabilities, claims and obligations whatsoever arising from or under this Agreement. The Contractor agrees not to purport to bind the County to any obligation not agreed to unless the contractor has express written authority from the County to do so, and then only within the strict limitations of that authority.

11. CONFIDENTIALITY

Any confidential information provided to or developed by the Contractor in the performance of this Agreement shall be kept confidential and shall not be made available to any individual or organization by the Contractor without the prior written approval of the County or order of a court of appropriate jurisdiction.

12. PRODUCT OF SERVICES: COPYRIGHT

All materials developed or acquired by the Contractor under this Agreement shall become the property of the County and shall be delivered to the County as provided for in this Agreement, but no later than the termination date of this Agreement. Nothing produced, in whole or in part, by the Contractor under this Agreement shall be the subject of an application for copyright by or on behalf of the Contractor.

13. CONFLICT OF INTEREST

The Contractor warrants that he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required under this Agreement.

14. AMENDMENT

This Agreement shall not be altered, changed or amended except by instrument in writing executed by the parties hereto.

15. ADDITIONAL SERVICES

The parties agree that all tasks set forth in the Scope of Work, Paragraph 1 of this Agreement, shall be completed in full, to the satisfaction of the County, for the amount set forth in Paragraph 2 of this Agreement, and for no other costs, amount, fee, or expense.

If the parties agree that additional services are necessary, those services will be contracted for separately, by a written contract or by amendment to this Agreement.

16. SCOPE OF AGREEMENT

This Agreement incorporates all the agreements, covenants, and understandings between the parties hereto concerning the subject matter hereof, and all such agreements, covenants and understanding have been merged into this written Agreement. No prior agreement, covenant or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

17. COUNTY OBLIGATION

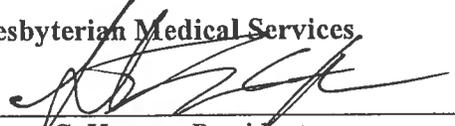
The County shall designate the County Manager or designee to act as liaison between the County the Contractor.

18. APPLICABLE LAW

This Agreement shall be governed by the Ordinances of the County of Sandoval and the laws of the State of New Mexico.

IN WITNESS WHEREOF, the parties have executed this Agreement this _____ day of _____, 2014

Presbyterian Medical Services



Steven C. Hansen, President
Presbyterian Medical Services

85-0206810
Contractor Federal Tax Identification No.

Sandoval County Board of Commissioners

Darryl Madalena
Chairman, Sandoval County Commission

Orlando Lucero
Vice-Chairman

Nora Scherzinger
Member

Don Chapman
Member

Glenn Walters
Member

ATTEST:

Eileen Garbagni, County Clerk

Approved as to legal form:

Patrick Trujillo, County Attorney

CERTIFICATE/PRC NO.13395



NEW MEXICO
PUBLIC REGULATION COMMISSION

Commissioners

District 1 Karen Montoya District 2 Patrick H. Lyons District 3 Valerie L. Espinoza
District 4 Theresa Becenti-Aguilar District 5 Ben L. Hall

*Ambulance
Certificate of Renewal*

PRESBYTERIAN MEDICAL SERVICES
6349 HIGHWAY 550
CUBA, NEW MEXICO 87013

The authority of PRESBYTERIAN MEDICAL SERVICES set forth in the original certificates and any approved endorsements is renewed for an additional three (3) year period. This authority is subjected to all applicable provisions of the motor carrier act, the commission's rule and any requirements or restrictions imposed by the commission.

THIS CERTIFICATE SHALL EXPIRE ON MARCH 31, 2017.
DONE THIS 31ST DAY OF MARCH 2014

Ryan Jerinan, Director
Transportation Division



**CUBA AMBULANCE SERVICE
CURRENT LIST OF EMS PERSONNEL**

NAME	CERT. LEVEL	CERT. #	EXP. DATE	EVOC COURSE DATE
THOMAS MONTOYA	EMT-I	00015089	03/2014	11/2005
STEPHEN CLEGG	EMT-I	07001217	03/2015	09/2012
TERRY LOWERY	EMT-I	00019813	03/2015	11/2005
JOHN ESTRADA	EMT-I	00022542	03/2015	09/2012
MARY LUCERO	EMT-I	00010733	03/2014	11/2005
HOLLY KREHBIEL	EMT-I	09000771	03/2014	06/2012
MYRA SANDE	EMT-I	00021244	03/2015	11/2005
MATTHEW LIVINGSTON	EMT-I	10001566	03/2014	04/2011
SILVESTRE HURTADO	EMT-B	00026383	03/2014	11/2005
GARRETT GRANTHAM- PHILLIPS	EMT-I	09001427	03/2015	08/2011
BENJIE SAM	EMT-I	04001918	03/2014	10/2005
ASHLEY MORALES	EMT-I	09000821	03/2015	
DEBORAH JANSSON	EMT-I	12000328	03/2015	09/2012
DR. TIM GARCIA	MEDICAL DIRECTOR			

BEFORE THE NEW MEXICO PUBLIC REGULATION COMMISSION

IN THE MATTER OF THE APPLICATION OF)
PRESBYTERIAN MEDICAL SERVICES D/B/A)
CUBA HEALTH CENTER FOR A CHANGE IN)
TARIFF)
_____)

Case No. 13-00312-TR-R

FINAL ORDER ADOPTING RECOMMENDED DECISION

THIS MATTER comes before the New Mexico Public Regulation Commission ("Commission") upon the Recommended Decision of the Hearing Examiner ("Recommended Decision") issued by Elizabeth C. Hurst on April 7, 2014, which is incorporated herein by reference as if fully set forth herein. Having considered the Recommended Decision and the record in this case, and being fully informed in the premises,

THE COMMISSION FINDS AND CONCLUDES:

1. No exceptions were filed in this case.
2. The Commission has jurisdiction over the parties and the subject matter of this case.
3. The Statement of the Case, Discussion, and all findings and conclusions contained in the Recommended Decision are hereby incorporated by reference as if fully set forth in this Order, and are ADOPTED, APPROVED, and ACCEPTED as Findings and Conclusions of the Commission.

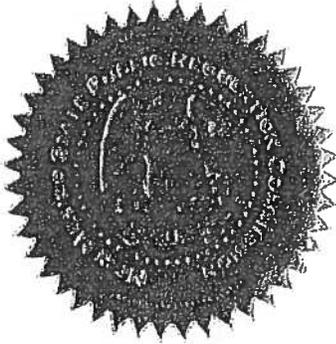
4. The Recommended Decision is well taken and should be adopted, accepted, and approved by the Commission.
5. Due and proper notice of this case has been provided.

IT IS THEREFORE ORDERED:

- A. The Orders contained in the Recommended Decision are ADOPTED, APPROVED, and ACCEPTED as Orders of the Commission.
- B. The Recommended Decision is ADOPTED, APPROVED and ACCEPTED in its entirety.
- C. Copies of this Order shall be e-mailed to all persons listed on the attached Certificate of Service whose e-mail addresses are known. Copies of this Order shall be mailed via regular mail to all other persons listed on the attached Certificate of Service.
- D. This docket is closed.

ISSUED under the Seal of the Commission at Santa Fe, New Mexico, this 14th day of May, 2014.

NEW MEXICO PUBLIC REGULATION COMMISSION



Approved
THERESA BECENTI-AGUILAR, CHAIR

Telephonically Approved
VALERIE ESPINOZA, VICE CHAIR

Karen L. Montoya
KAREN L. MONTOYA, COMMISSIONER

Patrick H. Lyons
PATRICK H. LYONS, COMMISSIONER

Ben L. Hall
BEN L. HALL, COMMISSIONER

BEFORE THE NEW MEXICO PUBLIC REGULATION COMMISSION

IN THE MATTER OF THE APPLICATION OF)
PRESBYTERIAN MEDICAL SERVICES D/B/A CUBA)
HEALTH CENTER FOR A CHANGE IN TARIFF.)
_____)

Case No. 13-00312-TR-R

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the Final Order Adopting *Recommended Decision*, issued May 14, 2014 was emailed on May 15, 2014 to the following:

Via Email:

W. Ann Maggiore	wamaggiore@btblaw.com ;
Major Tim C. LaBier	Tim.Labier@state.nm.us ;
Ryan Jerman-PRC	Ryan.Jerman@state.nm.us ;
Avelino Gutierrez-PRC	Avelino.Gutierrez@state.nm.us ;
Sandra Skogen-PRC	Sandra.Skogen@state.nm.us ;

Presbyterian Medical Services
d/b/a Cuba Health Center
6349 U.S. Highway 550
Cuba, NM 87013

W. Ann Maggiore, Esq.
Butt Thornton & Baehr PC
4101 Indian School Rd., NE
Suite 300
Albuquerque, NM 87111

Major Tim C. LaBier
Dept. of Public Safety
PO Box 1628
Santa Fe, NM 87504

Hand Delivered to:

Avelino Gutierrez, Esq.
Legal Division-PRC
1120 Paseo de Peralta
PO Box 1269
Santa Fe, NM 87501

Hand Delivered to:

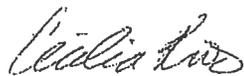
Sandra Skogen
Associate General Counsel
Ofc Gen Counsel-NMPCRC
1120 Paseo de Peralta
PO Box 1269
Santa Fe, NM 87501

Hand Delivered to:

Ryan Jerman, Esq.
Director-Transp Division-PRC
1120 Paseo de Peralta
PO Box 1269
Santa Fe, NM 87501

DATED this 15th day of May, 2014.

NEW MEXICO PUBLIC REGULATION COMMISSION



Cecilia Rios, Law Clerk

ATTACHMENT #4

PURPOSED RATE INFORMATION

PURPOSED RATES

Rates are increased X or decreased _____ by 35% - see explanation below:

ALS - \$540 increased by 35% for 1st mile

BLS - \$472.50 increased by 35% for 1st mile

All Additional miles \$10.50 increased by 75% - PMS will no longer bill separately for the 51st mile and over; and PMS will no longer bill for supplies.

Non-Emergent transport - \$337.50 increased by 35% for 1st mile

All Additional miles \$10.50 increased by 75%

Patient Evaluation - \$149.85 increased by 35% of the State Tariff rate

Annual revenue the proposed increases are expected to generate \$ 158,189.66

Percent of increase in annual revenue is expected to generate 53%

	Current Rate	Proposed Rate	Percent of Increase
ALS - 1 st mile	\$400.00	\$540.00	35%
BLS - 1 st mile	\$350.00	\$472.50	35%
Non-Emergent Transport	\$250.00	\$337.50	35%
Additional 2-50 miles	\$6.00	\$0.00	\$0.00
**Additional 51+ miles	\$4.50	\$0.00	\$0.00
All Additional miles	\$0.00	\$10.50	75%
Patient Evaluation	\$111.00	\$149.85	35%

**PMS will no longer charge separately for mile 51 and over. There will only be the \$10.50 per additional mile over 1 mile.

ATTACHMENT #4

PURPOSED RATE INFORMATION

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Additional 2-50 miles	\$6.00	\$0.00	\$0.00
**Additional 51+ miles	\$4.50	\$0.00	\$0.00
All Additional miles	\$0.00	\$10.50	75%
Patient Evaluation	\$111.00	\$149.85	35%

**PMS will no longer charge separately for mile 51 and over. There will only be the \$10.50 per additional mile over 1 mile.

Ambulance Run Data Report
Cuba Health Center Ambulance Service
 From 07/01/13 To 06/18/14
 Total Number of Runs Based on Search Criteria: 713

Runs by City

City	# of Runs	% of Runs
Albuquerque	1	0.14%
Counselor	15	2.10%
Cuba	652	91.44%
GALLINA	3	0.42%
La Jara	15	2.10%
Lindrith	7	0.98%
NAGEEZI	1	0.14%
REGINA	12	1.68%
RIO RANCHO	1	0.14%
San Luis	2	0.28%
Torreon (Trading Post)	4	0.56%
Unknown	0	0.00%
Total	713	100%

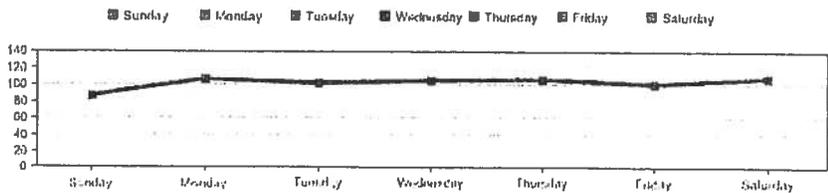
Runs by County

County	# of Runs	% of Runs
Bernalillo	1	0.14%
RIO ARRIBA	10	1.40%
Sandoval	702	98.46%
Unknown	0	0.00%
Total	713	100%

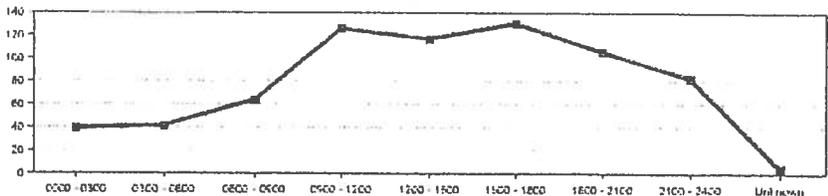
Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	5	4	6	8	4	8	4	39	5.47%
0300 - 0600	8	4	6	4	5	8	8	42	5.89%
0600 - 0900	5	8	5	8	15	9	14	64	8.98%
0900 - 1200	10	22	13	20	21	22	18	126	17.67%
1200 - 1500	12	22	19	21	15	11	17	117	16.41%
1500 - 1800	16	23	20	18	22	16	16	131	18.37%
1800 - 2100	15	14	17	15	13	13	19	106	14.87%
2100 - 2400	15	9	16	11	10	8	13	83	11.64%
Unknown	0	0	0	0	1	3	1	5	0.70%
Total	86	106	102	105	108	100	108	713	100%

Call Volume by Day of Week



Call Volume by Hour of Day



Runs by Provider Impression

Provider Impression	# of Times	% of Times
Abdominal Pain/Problems	58	8.13%
Allergic Reaction	4	0.56%
Altered Level of Consciousness	9	1.26%

Asthma	5	0.70%
Back Pain (Non-Traumatic)	9	1.28%
Behavioral/Psychiatric Disorder	17	2.38%
Burns - Chemical	1	0.14%
Burns - Thermal	5	0.70%
Cardiac Arrest	4	0.56%
Cardiac Rhythm Disturbance	8	0.84%
Chest Pain/Discomfort	40	5.61%
CHF (Congestive Heart Failure)	3	0.42%
Dehydration	2	0.28%
Diabetic Hyperglycemia	2	0.28%
Diabetic Symptoms (Hypoglycemia)	8	1.12%
Electrocution	1	0.14%
Epistaxis (Non-Traumatic)	1	0.14%
ETOH Abuse	45	6.31%
Fever	9	1.26%
General Malaise	4	0.56%
Headache	16	2.24%
Heat Exhaustion/Stroke	1	0.14%
Hypertension	3	0.42%
Hypothermia	1	0.14%
Hypovolemia/Shock	1	0.14%
Nausea/Vomiting (Unknown Etiology)	3	0.42%
No Apparent Illness/Injury	82	11.50%
Not Applicable	65	9.12%
Not Known	2	0.28%
OB/Delivery	5	0.70%
Obvious Death	7	0.98%
Other	34	4.77%
Other Abdominal/GI Problem	2	0.28%
Other Cardiovascular Problem	1	0.14%
Other Endocrine/Metabolic Problem	1	0.14%
Other GU Problems	2	0.28%
Other Illness/Injury	30	4.21%
Other OB/Gyn	3	0.42%
Pain	67	9.40%
Patient Assist Only	3	0.42%
Poisoning/Drug Ingestion	1	0.14%
Pregnancy/OB Delivery	2	0.28%
Respiratory Distress	22	3.09%
Seizure	21	2.95%
Stroke/CVA	5	0.70%
Substance/Drug Abuse	1	0.14%
Syncope/Fainting	5	0.70%
Traumatic Injury	65	9.12%
Unconscious	7	0.98%
Unknown Problem	5	0.70%
Vaginal Hemorrhage	1	0.14%
Weakness	13	1.82%
Unknown	3	0.42%
Total	713	100%

Runs by Response Disposition

Response Disposition	# of Times	% of Times
Cancelled (no patient contact)	71	9.98%
Dead at Scene	11	1.54%
No Patient Found	4	0.56%
No Treatment Required	50	7.01%
Patient Refused Care	67	9.40%
Standby Only - No Patient Contacts	2	0.28%
Treated / Evaluated, Transported by EMS (ALS)	221	31.00%
Treated / Evaluated, Transported by EMS (BLS)	139	19.50%
Treated and Released	58	8.13%
Treated, Transferred Care	26	3.65%
Treated, Transported by Law Enforcement	10	1.40%
Treated, Transported by Private Vehicle	21	2.95%
Unknown	3	0.42%
Total	713	100%

Runs by Response Request

Response Request	# of Times	% of Times
911 Response (Scene)	612	85.83%
Flagdown/Walk-In Emergent	1	0.14%
Flagdown/Walk-In Non-emergent	1	0.14%
Intercept	4	0.56%
Interfacility Transfer (Unscheduled)	1	0.14%
Medical Transport	7	0.98%
Standby	1	0.14%
Unknown	86	12.08%
Total	713	100%

Runs by Dispatch Reason

Dispatch Reason	# of Times	% of Times
Abdominal Pain	52	7.28%
Altered Mental Status	5	0.70%
Anaphylactic Reaction	3	0.42%
Animal Bite	4	0.56%
Assault	42	5.89%
Auto vs. Pedestrian	1	0.14%
Back Pain (Non-Traumatic/Non-Recent Trauma)	7	0.98%
Breathing Problem	51	7.15%
Burns	3	0.42%
Cardiac Arrest	5	0.70%
Chest Pain	59	8.27%
Choking	1	0.14%
Diabetic Problem	11	1.54%
Drowning	1	0.14%
Electrocution	1	0.14%
Eye Problem / Injury	1	0.14%
Fall Victim	39	5.47%
Fire Standby	1	0.14%
Headache	9	1.26%
Heat/Cold Exposure	3	0.42%
Hemorrhage/Laceration	10	1.40%
Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle)	1	0.14%
Ingestion/Poisoning	4	0.56%
Intercept	1	0.14%
Invalid Assist/Lifting Assist	2	0.28%
Machine/Equipment Injury	1	0.14%
Medical Alarm	2	0.28%
Medical Transport	7	0.98%
Not Applicable	37	5.19%
Not Known	2	0.28%
Other	45	6.31%
Overdose	2	0.28%
Pain	20	2.81%
Pregnancy/Childbirth	11	1.54%
Psychiatric Problems	23	3.23%
Seizure/Convulsions	32	4.49%
Sick Person	53	7.43%
Stab/Gunshot Wound	4	0.56%
Stroke/CVA	6	0.84%
Traffic/Transportation Accident	81	11.38%
Traumatic Injury	19	2.66%
Unconscious/Fainting	13	1.82%
Unknown Problem/Man Down	38	5.33%
Unknown	0	0.00%
Total	713	100%

Runs by Cause of Injury

Cause of Injury	# of Runs	% of Runs
Assault	40	5.61%
ATV Rider	2	0.28%
Bicycle Accident	1	0.14%
Bites	3	0.42%
Cut/Pierce	4	0.56%
Drowning	1	0.14%
Electrocution (Non-Lightning)	1	0.14%
Excessive Heat	1	0.14%
Falls	50	7.01%
Fire and Flames	1	0.14%
Firearm Injury (Accidental)	2	0.28%
Hot Object/Substance	1	0.14%
Machinery Accidents	1	0.14%
Motor Vehicle Non-Traffic Accident	8	1.12%
Motor Vehicle Traffic Accident	47	6.59%
Motor Vehicle vs Large Animal	1	0.14%
Motor Vehicle vs Pedestrian Accident	1	0.14%
Motorcycle Accident (E81X.1)	1	0.14%
Not Applicable	415	58.20%
Not Known	11	1.54%
Other Injury	12	1.68%
Stabbing/Cutting Accidental (E965.0)	2	0.28%
Stabbing/Cutting Assault	2	0.28%
Struck by Blunt/Thrown Object (E968.2)	2	0.28%
Struck by or Against	13	1.82%
Unarmed Fight/Brawl	2	0.28%
Unknown	88	12.34%
Total	713	100%

Procedure Administered

Procedure Name	#	%
12 Lead ECG	1	0.14%
Airway-BVM	2	0.28%
Airway-Combitube	2	0.28%
Airway-CPAP	1	0.14%
Airway-Nasopharyngeal	1	0.14%

Airway-Nebulizer Treatment	4	0.58%
Airway-Suctioning	3	0.42%
Assessment-Adult	378	53.02%
Assessment-Pediatric	46	6.45%
Blood Glucose Analysis	227	31.84%
Burn Care	1	0.14%
Cardiac Monitor	49	6.87%
Cervical Spinal Immobilization - Rigid Collar	15	2.10%
Cold Pack	20	2.81%
CPR - Cardiopulmonary Resuscitation	4	0.58%
Defibrillation - Placement for Monitoring/Analysis	3	0.42%
Defibrillation-Automated (AED)	1	0.14%
Extrication	3	0.42%
Hot Pack	11	1.54%
Injections-SQ/IM	2	0.28%
Not Applicable	5	0.70%
Not Available	2	0.28%
Orthostatic Blood Pressure Measurement	6	0.84%
Pain Measurement	27	3.79%
Pulse Oximetry	357	50.07%
Restraints-Physical	3	0.42%
Specialty Center Activation-Adult Trauma	1	0.14%
Spinal Assessment - No Deficits Noted	29	4.07%
Spinal Immobilization	2	0.28%
Spinal Immobilization - K.E.D.	1	0.14%
Spinal Immobilization - Long Back Board	24	3.37%
Splinting	22	3.09%
Splinting-Traction	1	0.14%
Stretcher	189	26.51%
Temperature Measurement	148	20.76%
Venous Access-External Jugular Line	1	0.14%
Venous Access-Extremity	197	27.63%
Venous Access-Internal Jugular Line	1	0.14%
Venous Access-Intraosseous Adult	2	0.28%
Venous Access-Intraosseous Pediatric	1	0.14%
Wound Care	33	4.63%
Wound Care - Burn Care	1	0.14%
Wound Care - Pressure Dressing	4	0.58%
None	220	30.86%

Medication Administered

Medication Name	#	%
Acetaminophen	2	0.28%
Albuterol Sulfate	16	2.24%
Aspirin (ASA)	13	1.82%
Atropine Sulfate	1	0.14%
Atrovent (Ipratropium Bromide)	2	0.28%
D5W (Dextrose 5% In Water)	1	0.14%
D5W w/ 1/2 Normal Saline	2	0.28%
Dextrose 50% (D50)	8	1.12%
Epinephrine 1:10,000	11	1.54%
Epinephrine 1:1000	1	0.14%
Glucagon	2	0.28%
Glucose (Oral)	6	0.84%
Lactated Ringers	12	1.68%
Methylprednisolone (Solu-Medrol)	1	0.14%
Morphine Sulfate	112	15.71%
Naloxone (Narcan)	1	0.14%
Nitroglycerin	38	5.33%
Normal Saline	172	24.12%
Normal Saline (Respiratory Use)	1	0.14%
Not Applicable	7	0.98%
Oxygen	8	1.12%
Oxygen (non-rebreather mask)	16	2.24%
Oxygen by Blow By	6	0.84%
Oxygen by Mask	1	0.14%
Oxygen by Nasal Cannula	161	22.58%
Oxygen by Positive Pressure Device	3	0.42%
Promethazine HCl (Phenergan)	35	4.91%
None	220	30.86%

Past Medical History

Medical History	#	%
Amputee	6	0.84%
Asthma	54	7.57%
Cancer	6	0.84%
Cancer - Bone	2	0.28%
Cancer - Breast	6	0.84%
Cancer - Colon	5	0.70%
Cancer - Kidney	3	0.42%
Cancer - Liver	3	0.42%
Cancer - Lung	3	0.42%
Cancer - Other Cancer Condition	7	0.98%
Cancer - Ovarian/Uterine	2	0.28%
Cardiac	9	1.28%

Cardiac - Angioplasty	5	0.70%
Cardiac - Congestive Heart Failure	9	1.26%
Cardiac - Coronary Artery Disease	6	0.84%
Cardiac - Dysrhythmia/Arrhythmia	4	0.56%
Cardiac - Myocardial Infarction	6	0.84%
Cardiac - Other Cardiac Conditions	10	1.40%
Cardiac - Pacemaker	2	0.28%
Cardiac - Stent	9	1.26%
Chronic Renal Failure/ Dialysis	6	0.84%
Chronic Respiratory (COPD)	22	3.09%
Chronic Respiratory - Emphysema	1	0.14%
Developmental Delay/Mental Retardation	1	0.14%
Diabetes	110	15.43%
Endocrine - Hyperthyroidism	1	0.14%
Endocrine - Hypothyroidism	9	1.26%
Endocrine - Other Endocrine Condition	8	1.12%
GI/GUI - Diverticulitis	1	0.14%
GI/GUI - Gastric Reflux	10	1.40%
GI/GUI - Ostomy	2	0.28%
GI/GUI - Other GI/GUI Condition	8	1.12%
GI/GUI - Pancreatitis	4	0.56%
GI/GUI - Ulcers	6	0.84%
GI/GUI - Urinary Tract Infection (UTI)	1	0.14%
Hepatic - Cirrhosis	8	1.12%
Hepatic - Hepatitis C	9	1.26%
Hepatic - Hepatitis Other	7	0.98%
Hepatic - Liver Failure	5	0.70%
Hepatic - Other Hepatic Condition	1	0.14%
Hypercholesterolemia	9	1.26%
Hypertension	119	16.69%
Hypotension	3	0.42%
Migraine Headaches	2	0.28%
Neurological - Other Neurological Condition	6	0.84%
Neurological - Past Traumatic Brain Injury	12	1.68%
Not Applicable	131	18.37%
Not Available	2	0.28%
Not Known	6	0.84%
Osteoporosis	6	0.70%
Other	8	1.12%
Parent/Guardian Denies PMH	36	5.05%
Patient Denies PMH	89	12.48%
Pregnancy	2	0.28%
Premature Birth	1	0.14%
Psychiatric/Behavioral Problems	20	2.81%
Psychological/Behavioral - Anxiety Disorder (Panic Attacks)	28	3.93%
Psychological/Behavioral - Attention Deficit Disorder	1	0.14%
Psychological/Behavioral - Depression	35	4.91%
Psychological/Behavioral - Manic/Depressive (Bi-Polar)	8	1.12%
Psychological/Behavioral - Schizophrenia	5	0.70%
Seizure Disorder/Failure	51	7.15%
Stroke/CVA	21	2.95%
Substance Abuse (ETOH/Other)	74	10.38%
TIA (Transient Ischemic Attack)	7	0.98%
Tracheostomy	1	0.14%
Unable to Obtain PMH	5	0.70%
None	88	12.34%

Average Run Mileage

To Scene			
Miles	# of Runs	% of Runs	
0 - 5	408	57.22%	
6 - 10	40	5.61%	
11 - 15	40	5.61%	
16 - 20	24	3.37%	
> 20	181	25.38%	
Unknown	20	2.81%	
Total	713	100%	

To Destination			
Miles	# of Runs	% of Runs	
0 - 5	170	23.84%	
6 - 10	7	0.98%	
11 - 15	6	0.84%	
16 - 20	4	0.56%	
> 20	338	47.41%	
Unknown	188	26.37%	
Total	713	100%	

Average Run Mileage		
	To Scene	To Destination
	14	41
Total	55	

Range of Mileage: Lowest = -934 and Highest = 1067

Average Run Times

Enroute (Responding - Unit Notified Dispatched)			Response Time (Arrive Scene - Enroute)		
Minutes	# of Runs	% of Runs	Minutes	# of Runs	% of Runs
0 - 1	311	43.62%	0 - 5	320	44.88%
2 - 3	181	25.39%	6 - 10	78	10.94%
4 - 5	109	15.29%	11 - 15	54	7.57%
> 5	101	14.17%	> 15	217	30.43%
Unknown	11	1.54%	Unknown	44	6.17%
Total	713	100%	Total	713	100%

Scene Time (Depart Scene - Arrive Scene)			Transport Time (Arrive Hospital - Depart Scene)		
Minutes	# of Runs	% of Runs	Minutes	# of Runs	% of Runs
0 - 10	129	18.09%	0 - 5	122	17.11%
11 - 20	241	33.80%	6 - 10	8	1.12%
21 - 30	148	20.76%	11 - 15	3	0.42%
> 30	118	16.55%	> 15	361	50.83%
Unknown	77	10.80%	Unknown	219	30.72%
Total	713	100%	Total	713	100%

Hospital Time (Depart Hospital - Arrive Hospital)			Average Run Times		
Minutes	# of Runs	% of Runs			
0 - 5	126	17.67%	Enroute	00:04:53	
6 - 10	31	4.35%	To Scene	00:12:23	
11 - 15	84	11.78%	At Scene	00:15:51	
> 15	255	35.78%	To Destination	00:51:32	
Unknown	217	30.43%	Back In Service	00:15:50	
Total	713	100%	Total	01:40:29	

Range of Times: Lowest = -1410 and Highest = 283

Runs by Response Urgency

Response Urgency	# of Runs	% of Runs
Immediate	645	90.46%
Non-Immediate	67	9.40%
Not Known	1	0.14%
Unknown	0	0.00%
Total	713	100%

Runs by Vehicle Type

Vehicle Type	# of Times	% of Times
Ambulance	709	99.44%
Not Known	1	0.14%
Unknown	3	0.42%
Total	713	100%

Runs by Primary Role of Unit

Primary Role of Unit	# of Times	% of Times
ALS Ground Transport	621	87.10%
BLS Ground Transport	1	0.14%
Non-Transport	4	0.56%
Roto-Craft Transport	1	0.14%
Unknown	86	12.06%
Total	713	100%

Runs by Primary Symptom

Primary Symptom	# of Runs	% of Runs
Abdominal Pain	51	7.15%
Back Pain	15	2.10%
Bleeding	24	3.37%
Breathing Problem	41	5.75%
CardioRespiratory Arrest	3	0.42%
Change in Responsiveness	16	2.24%
Chest Pain	40	5.61%
Choking	1	0.14%
Cough	5	0.70%
Death	8	1.12%
Diarrhea	1	0.14%
Dizziness	10	1.40%
Drainage/Discharge	1	0.14%
Eye Pain	2	0.28%
Fever	7	0.98%
Headache	13	1.82%
Headache w/ Photophobia	2	0.28%
Malaise	2	0.28%

Mental/Psych	14	1.96%
Nausea	7	0.98%
No Signs or Symptoms	41	5.75%
Not Applicable	93	13.04%
Not Available	1	0.14%
Not Known	1	0.14%
Obstetrics - Contractions	3	0.42%
Other	42	5.89%
Pain	98	13.74%
Paralysis	1	0.14%
Rash/Itching	4	0.56%
Seizure/Convulsions	21	2.95%
Swelling	16	2.24%
Syncope	2	0.28%
Unresponsive/Unconscious	16	2.24%
Vaginal Hemorrhage	3	0.42%
Weakness	10	1.40%
Wound	12	1.68%
Unknown	88	12.34%
Total	713	100%

Runs by Location Type

Location Type	# of Runs	% of Runs
Health Care Facility (clinic, hospital, nursing home)	88	12.34%
Home/Residence	290	40.67%
Other Location	29	4.07%
Place of Recreation or Sport	3	0.42%
Public Building (schools, gov, offices)	35	4.91%
Residential Institution (nursing home, jail/prison)	4	0.56%
Street or Highway	167	23.42%
Trade or Service (Business, bars, restaurants, etc.)	73	10.24%
Unspecified place	4	0.56%
Unknown	0	0.00%
Total	713	100%

Response Mode to Scene

Response Mode to Scene	# of Times	% of Times
Initial Lights and Sirens, Downgraded to No Lights or Sirens	10	1.40%
Initial No Lights or Sirens, Upgraded to Lights and Sirens	2	0.28%
Lights and Sirens	387	54.28%
No Lights and Sirens	310	43.48%
Not Applicable	1	0.14%
Unknown	3	0.42%
Total	713	100%

Transport Mode from Scene

Transport Mode from Scene	# of Times	% of Times
Initial No Lights or Sirens, Upgraded to Lights and Sirens	2	0.28%
Lights and Sirens	33	4.63%
No Lights or Sirens	374	52.45%
Not Applicable	2	0.28%
Unknown	302	42.36%
Total	713	100%

Other Services at Scene

Other Services	# of Runs	% of Runs
EMS Mutual Aid	26	3.65%
Fire	96	13.46%
Hazmat	1	0.14%
Law	175	24.54%
Not Applicable	129	18.09%
Not Available	2	0.28%
Not Known	4	0.56%
Other	1	0.14%
Other Health Care Provider	37	5.19%
Rescue	60	8.42%

Dispatch Delay

Dispatch Delay	#	%
Location (Inability To Obtain)	8	1.12%
Not Known	1	0.14%
Other	1	0.14%
Scene Safety (Not Secure for Ems)	8	1.12%
None	698	97.90%

Response Delay

Response Delay	#	%
Directions	16	2.24%
Distance	49	6.87%
Diversion	1	0.14%
Not Available	1	0.14%
Safety	20	2.81%
Weather	11	1.54%
None	637	89.34%

Barriers to Patient Care

Barriers to Patient Care	#	%
Combative patient	8	1.12%
Developmentally impaired	1	0.14%
Hearing impaired	3	0.42%
Language	14	1.96%
Not Applicable	4	0.56%
Not Available	3	0.42%
Not Known	4	0.56%
Physically Impaired	3	0.42%
Physically Restrained	6	0.84%
Unattended or Unsupervised (Including Minors)	3	0.42%
Unconscious	15	2.10%
Weather	8	0.84%
None	661	92.71%

Scene Delay

Scene Delay	#	%
Distance	1	0.14%
Extrication > 20 Min	6	0.84%
Other	7	0.98%
Patient Access Delay (Lockout/Physical)	2	0.28%
Safety	2	0.28%
Vehicle Crash	2	0.28%
Weather	4	0.56%
None	690	96.77%

Transport Delay

Transport Delay	#	%
Distance	48	6.73%
Not Applicable	2	0.28%
Other	3	0.42%
Safety	1	0.14%
Vehicle Crash	1	0.14%
Vehicle Failure	1	0.14%
Weather	3	0.42%
None	659	92.43%

Runs by Gender

Gender	# of Patients	% of Runs
Female	274	38.43%
Male	347	48.67%
Not Applicable	3	0.42%
Not Known	2	0.28%
Unknown	67	12.20%
Total	713	100%

Runs by Ethnicity

Ethnicity	# of Patients	% of Runs
Hispanic or Latino	160	22.44%
Not Applicable	55	7.71%
Not Available	1	0.14%
Not Hispanic or Latino	172	24.12%
Not Known	238	33.38%
Unknown	67	12.20%
Total	713	100%

Runs by Race

Race	# of Patients	% of Runs
American Indian or Alaska Native	294	41.23%
Black or African American	1	0.14%
Native Hawaiian or Other Pacific Islander	3	0.42%
Not Applicable	2	0.28%
Not Available	2	0.28%
Not Known	62	8.70%
Other Race	58	8.13%
White	204	28.61%
Unknown	87	12.20%
Total	713	100%

Average Patient Age (based on Date of Birth)

Age	# of Runs	% of Runs
Less Than 1	11	1.54%
1 - 4	21	2.95%
5 - 9	13	1.82%
10 - 14	19	2.66%
15 - 19	47	6.59%
20 - 24	47	6.59%
25 - 34	112	15.71%
35 - 44	68	9.54%
45 - 54	73	10.24%
55 - 64	109	15.29%
65 - 74	56	7.85%
75 - 84	34	4.77%
85+	10	1.40%
Unknown	93	13.04%
Total	713	100%

Average Patient Age: 41

Transport Hospital

Destination	# of Runs	% of Runs
Crownpoint Healthcare Facility	36	5.05%
Espanola Hosp.	3	0.42%
Heart Hosp. of NM	9	1.26%
Lovelace Med. Cntr. Downtown	5	0.70%
Lovelace Westside Hosp.	8	1.12%
Lovelace Women's Hosp.	3	0.42%
Morgue	3	0.42%
NM VA Health Care System - Hosp./Clinics	11	1.54%
Not Applicable	36	5.05%
Not Available	1	0.14%
Presbyterian Hosp.	21	2.95%
Presbyterian Kaseman Hosp.	1	0.14%
Presbyterian Rust Medical Center	51	7.15%
San Juan Regional Med. Cntr.	28	3.93%
San Juan Regional Rehab. Hosp.	1	0.14%
St. Vincent Regional Med. Cntr.	1	0.14%
UNM Hospital	64	8.98%
UNM Hosps. Adult Psychiatric Cntr.	1	0.14%
UNM Sandoval Regional Medical Center	125	17.53%
Veterans Administration-Albuquerque	3	0.42%
No Destination	302	42.36%
Total	713	100%

Type of Destination

Destination Type	# of Runs	% of Runs
Hospital	374	52.45%
Medical Office/Clinic	1	0.14%
Morgue	3	0.42%
Not Applicable	5	0.70%
Not Known	2	0.28%
Not Transported	216	30.29%
Other	1	0.14%
Other EMS Responder (Air)	13	1.82%
Other EMS Responder (Ground)	2	0.28%
Police/Jail	10	1.40%
Unknown	66	9.27%
Total	713	100%

Destination Determination

Destination Determination	# of Runs	% of Runs
Closest Facility	228	31.98%
Family Choice	9	1.26%
Insurance Status	18	2.52%

Law Enforcement Choice	4	0.56%
Not Applicable	18	2.52%
Not Available	1	0.14%
Not Known	1	0.14%
On-line Medical Direction	1	0.14%
Other	3	0.42%
Patient Choice	48	6.73%
Patient's Physician's Choice	54	7.57%
Protocol	7	0.98%
Specialty Resource Center	19	2.66%
Unknown	302	42.36%
Total	713	100%

Runs by Insurance Type with Service Level

Type	BLS	%	ALS1	%	ALS2	%	SCT	%	Other	%	Total	%
Insurance	12	1.68%	22	3.09%	0	0.00%	0	0.00%	9	1.26%	43	6.03%
Medicaid	9	1.26%	28	3.93%	0	0.00%	0	0.00%	3	0.42%	38	5.33%
Medicare	10	1.40%	15	2.10%	0	0.00%	0	0.00%	4	0.56%	29	4.07%
Not Billed (for any reason)	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other Government	3	0.42%	16	2.24%	3	0.42%	0	0.00%	5	0.70%	27	3.79%
Self Pay	1	0.14%	4	0.56%	0	0.00%	0	0.00%	2	0.28%	7	0.98%
Workers Compensation	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Not Applicable	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Not Known	28	3.93%	53	7.43%	2	0.28%	0	0.00%	74	10.38%	157	22.02%
Not Available	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unknown	8	1.12%	37	5.19%	0	0.00%	0	0.00%	367	51.47%	412	57.78%
Total	71	9.96%	173	24.26%	5	0.70%	0	0.00%	464	65.08%	713	100%

Note: Category "Other" for Service Level includes calls with any other service levels such as Paramedic Intercept, Fixed Wing etc. and includes Not Applicable, Not Available and Not Known.

Search Criteria	
Dates	From 07/01/2013 To 08/18/2014 (mm/dd/yyyy)
Service	Cuba Health Center Ambulance Service
EMS Shift	All
Staff	All Active
Unit	All
Call Sign	All
Zone/District	All
Type of Service Requested	All
Patient Disposition	All
Provider Impression	All

CUBA AMBULANCE FINANCIALS - July 1, 2013 through June 20, 20140		
		July-June
		2013-2014
ACCOUNT	DESCRIPTION-7	Actual
410100-0000	PATIENT FEES	48,552.00
410600-0000	PATIENT ALLOWANCE	(59,435.00)
410800-0000	PATIENT SLIDING FEE SCALE	14,120.00
411100-0000	PRIVATE INS. FEES	63,571.00
411600-0000	PRIVATE INS. ALLOWANCE	(6,833.00)
411900-0000	PRIVATE INS. ADJUSTMENT	(10,180.00)
412100-0000	IHS FEES	64,796.00
412200-0000	IHS CAPITATED	88,075.00
412900-0000	IHS CONTRACTUAL ADJUSTMENT	(64,796.00)
413100-0000	MEDICARE A FEES	46,878.00
413600-0000	MEDICARE ALLOWANCE	(6,953.00)
413900-0000	MEDICARE A CONTRACTUAL ADJUSTM	(13,598.00)
414100-0000	MEDICAID FEES	54,936.00
414140-0000	MOLINA TRANSPORTATION	3,823.00
414142-0000	MOLINA CONTRACTUAL ADJUSTMEN	(3,658.00)
414143-0000	MOLINA ALLOWANCE	-
414160-0000	PRESBYTERIAN TRANSPORTATION	5,309.00
414162-0000	PRESBYTERIAN CONTRACTUAL ADJUS	(4,558.00)
414163-0000	PRESBYTERIAN ALLOWANCE	1,348.00
414180-0000	AMERIGROUP	4,770.00
414182-0000	AMERIGROUP CONTRACTUAL ADJUSTM	(2,509.00)
414183-0000	AMERIGROUP ALLOWANCE	(139.00)
414184-0000	UHC COMMUNITY PLAN	11,456.00
414188-0000	UHC COMMUNITY PLAN ADJUSTMENT	(4,556.00)
414189-0000	UHC COMMUNITY PLAN ALLOWANCE	(1,751.00)
414190-0000	BLUE SALUD MEDICAL	2,865.00
414192-0000	BLUE SALUD CONTRACTUAL ADJ	(1,348.00)
414193-0000	BLUE SALUD ALLOWANCE	(418.00)
414224-0000	BLUE CENT CARE TRANSPORTATION	7,772.00
414228-0000	BLUE CENT CARE CONT ADJ	(1,097.00)
414229-0000	BLUE CENT CARE ALLOWANCE	(500.00)
414234-0000	MOLINA CENT TRANSPORTATION	3,000.00
414235-0000	MOLINA CENT HC/HO	5,620.00
414239-0000	MOLINA CENT CARE ALLOWANCE	(3,232.00)
414600-0000	MEDICAID ALLOWANCE	(2,529.00)
414900-0000	MEDICAID CONTRACTUAL ADJUSTMNT	(35,600.00)
443100-0000	COUNTY/SANDOVAL	82,500.00

444000-0000	COUNTY INDIGENT	(1,194.00)	
444400-0000	LOCAL GOVERNMENT REVENUE	-	
510000-0000	OTHER REV:INTEREST INCOME	-	
	Total REVENUES	284,507.00	
602100-0000	SALARY	224,171.00	
602600-0000	CE PAY	4,588.00	
602700-0000	OTHER PAY	1,130.00	
603500-0000	LICENSURE STIPEND	2,821.00	
605000-0000	OVERTIME	31,297.00	
610100-0000	BENEFITS	83,601.00	
620100-0000	IN STATE TRAVEL	126.00	
630000-0000	OFFICE SUPPLIES	128.00	
631000-0000	PROGRAM SUPPLIES	916.00	
632100-0000	MEDICAL SUPPLIES	13,317.00	
632700-0000	OXYGEN	369.00	
633100-0000	MAINTENANCE SUPPLIES	1,577.00	
612100-0000	MEDICAL CONTRACT	349.00	
643000-0000	LEGAL	341.00	
645100-0000	OTHER CONTRACT SERVICES	8.00	
647000-0000	I/C BILLING OFFICE	2,145.00	
652000-0000	MALPRACTICE	1,727.00	
654000-0000	AUTO INSURANCE	3,179.00	
670200-0000	COMPUTER HARDWARE	824.00	
670500-0000	I/C COMPUTER SUPPORT	270.00	
671100-0000	LICENSES	110.00	
671400-0000	REFERENCE LIBRARY	72.00	
671800-0000	EMPLOYEE RELATIONS	136.00	
673000-0000	RECRUITMENT	447.00	
674100-0000	EQUIPMENT RENTALS	-	
675000-0000	EQUIP. REPAIR & MAINT.	298.00	
676100-0000	EQUIPMENT DEPRECIATION:PMS	7,470.00	
676300-0000	EQUIPMENT DEPRECIATION:STATE	18,750.00	
678100-0000	GASOLINE	35,279.00	
678200-0000	VEHICLE R & M	7,789.00	
682000-0000	UTILITIES	4,312.00	
681100-0000	BLDG. DEPRECIATION PMS	-	
690000-0000	TELEPHONE	3,386.00	
691000-0000	POSTAGE	12.00	
802000-0000	OTHER ADMIN. COSTS	8,960.00	
807000-0000	PMS INDIRECT	41,361.00	
	Total EXPENSES	501,266.00	
	Total NET INCOME	(216,759.00)	