

# PENINSULA FIRE DISTRICT AMBULANCE TRANSPORT BILLING REPORT

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Patient Name: \_\_\_\_\_ Incident Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_

Reason for Service / Transport \_\_\_\_\_

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|--------------------------|--------------|---|-------------------|
| <input type="checkbox"/> | <b>A0427</b> | Ambulance Service, <b>ALS</b> , Emergency Transport, Specialized ALS Service Rendered, Mileage Billed Separately. Separately Billed.  | <b>\$2,400.00</b> |
| <input type="checkbox"/> | <b>A0426</b> | IFT Ambulance Service, <b>ALS</b> , Non-Emergency Transport, Mileage Separately Billed.   | <b>\$2,400.00</b> |
| <input type="checkbox"/> | <b>A0433</b> | Ambulance Service, <b>ALS</b> , Level 2 Emergency Transport, Specialized Service Rendered, Mileage Billed Separately. <ul style="list-style-type: none"><li>• Defibrillation / Cardioversion</li><li>• Pacing</li><li>• Intubation</li><li>• Chest Decompression</li><li>• Three separate administration of one or more medications by IV or by continuous infusion (excluding crystalloid fluids).</li></ul> | <b>\$2,700.00</b> |
| <input type="checkbox"/> | <b>A0429</b> | Ambulance Service, <b>BLS</b> , Emergency Transport, Mileage Separately Billed.   | <b>\$1,800.00</b> |
| <input type="checkbox"/> | <b>A0428</b> | IFT Ambulance Service, <b>BLS</b> , Non-Emergency Transport, Mileage Separately Billed.   | <b>\$1,800.00</b> |
| <input type="checkbox"/> | <b>A0425</b> | <b>ALS</b> or <b>BLS</b> Mileage (per mile) Number of Miles: _____  | <b>\$45.00</b>    |
| <input type="checkbox"/> | <b>A0420</b> | Ambulance Standby (per 1/2 hour) Number of hours _____  | <b>\$100.00</b>   |
| <input type="checkbox"/> | <b>A0442</b> | Oxygen  | <b>\$50.00</b>    |
| <input type="checkbox"/> | <b>93005</b> | EKG   | <b>\$100.00</b>   |
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Report submitted by: \_\_\_\_\_ Date: \_\_\_\_\_