

ORDINANCE 12-2024

ORDINANCE ESTABLISHING EMERGENCY SERVICE RATES FOR THE VILLAGE OF BRADNER AMBULANCE

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE VILLAGE OF BRADNER, COUNTY OF WOOD, STATE OF OHIO:

SECTION 1: That Village Council authorizes the Emergency Service Rates for the Village of Bradner Ambulance as shown in Exhibit A attached hereto.

SECTION 2: This Ordinance shall take effect as an emergency measure. The reason for the emergency is establishing the Emergency Service Rates for the Village of Bradner is imperative in order to protect the safety, health, and well-being of the citizens of the Village of Bradner.

Passed: 7-18-2024 [Signature]
Date President of Council

Attest: [Signature]
Clerk of Council

Approved: 7-18-24 [Signature]
Date Mayor

REID T. ROTHENBUHLER
VILLAGE OF BRADNER



Medicount

The EMS Billing Experts

Billing Rate Change Request

Date: July 18, 2024

Client Name: Village of Bradner Ambulance

Client Number: 385

Fill out the information below and submit through the Customer Portal using the "Send Files" page and choose "Rate Change Form" as the document type.

Charge Description	HCPCS	Current Rate	New Rate	Non-Resident Any Outside Resident of Montgomery Twp, Wood County, Ohio	Effective Date of Service
BLS Emergent	A0429	\$375.00	\$550.00	\$1100.00	
BLS Non-Emergent	A0428	\$375.00	\$550.00	\$1100.00	
ALS Emergent	A0427	\$450.00	\$750.00	\$1500.00	
ALS Non-Emergent	A0426	\$450.00	\$750.00	\$1500.00	
ALS 2	A0433	\$600.00	\$950.00	\$1900.00	
Mileage	A0425	\$9.00	\$11.00	\$12.00	
Mileage Non-Emergent	A0425	\$9.00	\$11.00	\$12.00	
Treatment in Place (Treat Non-Transport)	A0998	\$50.00	\$250.00	\$400.00	
Life Flight Charge		\$200.00	\$950.00	\$1100.00	

*Rate Change Request must be received 30 days before the effective date of the change.

*If your Department/Agency charges different rates for multiple types of Treatment in Place services, add them below or on a separate sheet with descriptions (i.e., refusals, lift assist, treatment with meds, etc.).

Signature: 

Date: 7/18/24

Medicount Account Representative: _____
(AE Reminder – submit to Medicount operations via email AND on shared drive)