

Understanding Ambulance Service Fees

YOUR COMMUNITY'S
EMS/RESCUE RESOURCE



What other communities assess Ambulance Service Fees?

Many of the surrounding fire departments, as well as the private ambulances have an ambulance service fee in place.

Communities have realized the value of assessing this user fee as a means of defraying the costs of providing the highest quality emergency medical care to you and your family.

**Manteno Community Fire
Protection District
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How is the cost of the Ambulance Service Fee determined?

The total cost of ambulance services rendered will depend on the level of service provided appropriate to the person's needs, as judged necessary by the paramedics on the scene in consulting with the nearby hospital's emergency room physician. Individual fees for materials or services rendered during an ambulance call will be itemized and provided to the insurance company along with the invoice.

Although the ambulance fees assessed to residents do not cover the cost of services provided, the published fee schedule as provided by Medicare and Medicaid is used as a guide in order to minimize the cost to residents who contribute to the fire district through real estate taxes and donations. Real estate tax proceeds only provide a portion of the revenue needed to provide our residents with professional fire, medical and rescue services. We are very fortunate to have these full time professional services in a community our size, especially since we are an average of 15 - 20 minutes from the nearest hospital.

WHAT IF I HAVE ANY QUESTIONS?

CALL
CHIEF SCOTT O'BRIEN
AT
(815) 468-7100



What if I don't have health insurance?

We always encourage residents to call 9-1-1
for emergency help!

Residents who do not benefit from privately held health care insurance, and do not qualify for medicare or medicaid, will be assessed the Ambulance Service Fee as per the ordinance. Please call (815) 468-7100 with insurance concerns or questions about payment if you do not have insurance, medicare or medicaid.

THE FACTS.....

What are the costs and who is affected?

Ordinance 2019-001 was passed establishing a fee of \$ 750.00 for basic life support (BLS) ambulance calls and **\$ 1,351.00 for non-resident BLS calls**. These fees only apply to those who are transported by the Manteno Community Fire Protection District to the nearest hospital.

Advance Life Support (ALS) ambulance service fee calls, those requiring more extensive emergency care, are \$ 750.00 for residents and **\$ 1,351.00+ for non-residents**. Along with the ambulance service (transport) fees, the following itemized expenses may be applied if applicable to the emergency response:

Mileage	\$15.00 per mile
Oxygen	\$20.00

If additional (more extensive) care is needed, the ALS fee is \$ 750.00 for residents and \$ 1,351.00 for non-residents.

These fees will be billed and collected by Andres Medical Billing. Most insurance companies (medicare and non-resident medicare providers) have agreed to pay out benefits on behalf of their customers in order to cover the cost of pre-hospital emergency care (ambulance service).

We provide the following services free of charge to residents:

- Diabetic Emergencies (\$250.00 non-residents)
- Lifting Assistance (up to the 20th call- \$100.00 per assist thereafter)
- Refusal of Treatment
- Good Intent Calls

What does the Ambulance Service Fee mean to me?

After you have received ambulance service, Andres Medical may contact you to obtain specific insurance information.

Your insurance carrier (or Medicare, if applicable) will be invoiced for the ambulance service. You will receive an Explanation of Benefits (E.O.B.) from your insurance company explaining the portion of the ambulance service fee that they will pay. Any portion of the ambulance service fee in excess of the cost paid for by your insurer will be considered a co-payment amount.