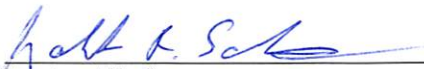
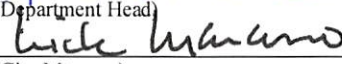
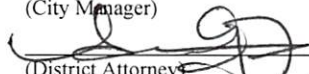





**Supporting Material:** Carson City current ambulance fee and rate schedule

**Prepared By:** Robert Schreihans, Fire Chief

**Reviewed By:**  Date: 11/23/15  
(Department Head)  
 Date: 11/23/15  
(City Manager)  
 Date: 11/23/2015  
(District Attorney)  
 Date: 11/23/15  
(Finance Director)

**Board Action Taken:**

Motion: \_\_\_\_\_ 1) \_\_\_\_\_ Aye/Nay  
2) \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

## CCMC 5.18.040 Proposed Amendments

EXPLANATION – Matter in *bolded italics* is new; matter stricken [~~emitted material~~] is material to be omitted.

### 5.18.040 - Fees and rates.

The fees for ambulance service provided by the city are as follows:

1. Advanced airway	\$ 115.00
2. ALS 1 base rate	990.00
3. ALS 2 base rate	1,100.00
4. <i>Emergency</i> BLS base rate	990.00
5. <i>Non-emergency BLS base rate</i>	<i>295.00</i>
<del>5</del> 6. SCT base rate	1,210.00
<del>6</del> 7. C-spine immobilization	85.00
<del>7</del> 8. Defibrillation	110.00
<del>8</del> 9. EKG monitor	102.00
<del>9</del> 10. IV administration	85.00
<del>10</del> 11. Medication	110.00
<del>11</del> 12. Mileage/per mile	23.00
<del>12</del> 13. Nitrous oxide	55.00
<del>13</del> 14. Oxygen	66.00
<del>14</del> 15. Stand-by time (per 30 minutes)	82.00
<del>15</del> 16. Treat at scene	198.00
Description of Charge for Service or Procedure	Rate (in dollars)

(Ord. 2007-27 § 1, 2007: Ord. 2006-16 § 1, 2006: Ord. 2005-13 § 1, 2005: Ord. 2004-11 § 1, 2004: Ord. 2003-8 § 1, 2003: Ord. 2002-24 § 1, 2002: Ord. 1999-10 § 1, 1999: Ord. 1998-19 § 1, 1998: Ord. 1997-37 § 1, 1997: Ord. 1996-42 § 2, 1996).