



**Marion
County**
FLORIDA

**Application for Certificate of Public
Convenience and Necessity**

By

RG Ambulance Service

Section 1

Application

Instructions

Please complete all entries legibly. If the form does not provide sufficient space, additional pages for this section may be inserted at the end of Section 1.

Application Type

Application Date: 11/03/2023

Application Type (choose one):

- New
 Renewal

Application Type (choose one):

- Level II – Basic Life Support Transport
 Level III – Advanced Life Support Non-Transport
 Level IV – Advanced Life Support Transport
 Level V – Advance Life Support Air Ambulance

Applicant Information

Applicant Name: RG Ambulance Service, Inc. d/b/a American Ambulance

Mailing Address: 2766 NW 62nd Street

City: Miami State: FL Zip Code: 33147

Business Telephone: 407-822-3700

Type of Ownership: Private Government

Manager's Name: Bob Eberhart Manager's Phone Number: 321-436-2232

Manager's Email: Bob.Eberhart@AmericanAmbulanceFL.com

Medical Director Information

Name: Dr. Eric Weipert Phone Number: 407-822-3700

Mailing Address: 4601 North John Young Parkway

City: Orlando State: Florida Zip Code: 32804

Florida License Number: ME 108890

Owner/Operator(s)/Officers/Partners/Directors/Shareholders Information

Name	Business Address	Position
Raymond Gonzalez	2766 NW 62nd Street, Miami, FL 33147	President & CEO
Rene Gonzalez	2766 NW 62nd Street, Miami, FL 33147	Vice President

Experience of Owners/Operators

See Attached.

Application Fees

Fees apply for both new applications and renewal applications. If the purpose of the application is to enhance or decrease the level of service provided, then this application process will be considered as a new application.

- \$500.00 – Basic Life Support Transport
- \$2,000.00 – Advanced Life Support Transport
- \$5,000.00 – Advanced Life Support Air Ambulance
- Exempt – Advanced Life Support Non-Transport
- Exempt – Local Government
- Exempt – Current Automatic Aid/Mutual Aid Agreement

Signatures

I certify that this applicant will meet all valid requirements of the State, Marion County Ordinance No. 21-05, and all Rules and Regulation applicable to same, and that to the best of my knowledge, all statements on this application are true and correct.

Signature: [Handwritten Signature] Printed Name: Bob Eberhart

Date: 11/14/23 Position/Title/Applicant: G.M

State of Florida

County of Orange

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 14th day of November, 20 23, by Bob Eberhart

Stamp/Seal:

Personally Known
OR

Produced Identification Type of Identification Produced:



Heather Stoneburner-Lavides
Notary Public
State of Florida
Comm# HH269005
Expires 5/30/2026

Heather Stoneburner-Lavides
Notary Public (Print Name)
[Handwritten Signature]
Signature of Notary Public

RAY GONZALEZ, CEO

Raymond Gonzalez began his career in transportation in 1989, following in the footsteps of his father, José Gonzalez, who started the family's first transportation company over 42 years ago. The self-owned transportation business started as a small, minority-owned company serving the Miami-Dade County area ... but today, it is one of the largest transportation providers in South Florida. Mr. Gonzalez' business acuity and foresight into the community needs allowed him to respond to market opportunities with quality service and transportation solutions, as evidenced by the rapid growth of MCT Express, Inc. from originally being issued ten (10) ambulances over 17 years ago, to its current fleet which operates one-hundred-ninety-two (192) ambulances statewide. Co-owner and founder of the largest privately owned transportation system in Miami-Dade County and South Florida. This system includes: MCT Express, Inc (trade name Miami-Dade Ambulance Service), American Ambulance, All County Ambulance, United Medical Transportation, Medical Care Transportation, Super Nice STS, Advanced Transportation Solutions, Transportation America, Limousines of South Florida, American Shuttle d/b/a SuperShuttle Miami, Super Nice Cab, Miami-Dade Taxi and Spray Masters. With the most recent addition to this extensive portfolio, Century Ambulance Service, whom provides ambulance transportation to the Northern Region of Florida. Mr. Gonzalez is serves as CEO of RG Ambulance Service, Inc.

RENE GONZALEZ, CFO

Rene Gonzalez brings over 28 years of financial management experience to his role as Chief Financial Officer of RG Ambulance Service, Inc. His daily responsibilities include budgetary management, accounting oversight, billing and reconciliations. He also has an extensive background in maintenance and repair ensuring a high quality of service is maintained on the company's fleet of over 1800 vehicles including all transportation divisions. Mr. Gonzalez also administers the tasks of establishing security protocols and fare reporting procedures to the County in which he serves. Mr. Gonzalez routinely uses his financial acumen and business knowledge to secure financial relationships with some of the largest financial institutions in America.

Section 2

Current State License

Instructions

If your agency holds current Florida licensure for providing emergency medical services, insert a copy of that license behind the Section 2 title page.

If your agency does not hold current Florida licensure for providing emergency medical services, provide a letter outlining the plan for application to obtain Florida licensure. This should be inserted behind the Section 2 title page.



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: RG AMBULANCE SERVICE INC., DBA AMERICAN AMBULANCE Provider Number # 10029
Name of Provider

4601 NORTH JOHN YOUNG PARKWAY ORLANDO, FLORIDA 32804
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

FLAGLER, ORANGE, OSCEOLA, POLK, SEMINOLE
County (s)

A handwritten signature in black ink, appearing to read "M. Hall".

Michael Hall, Section Administrator
Emergency Medical Services
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 01/18/2025

This certificate shall be posted in the above mentioned establishment

Section 3

Service Area

Instructions

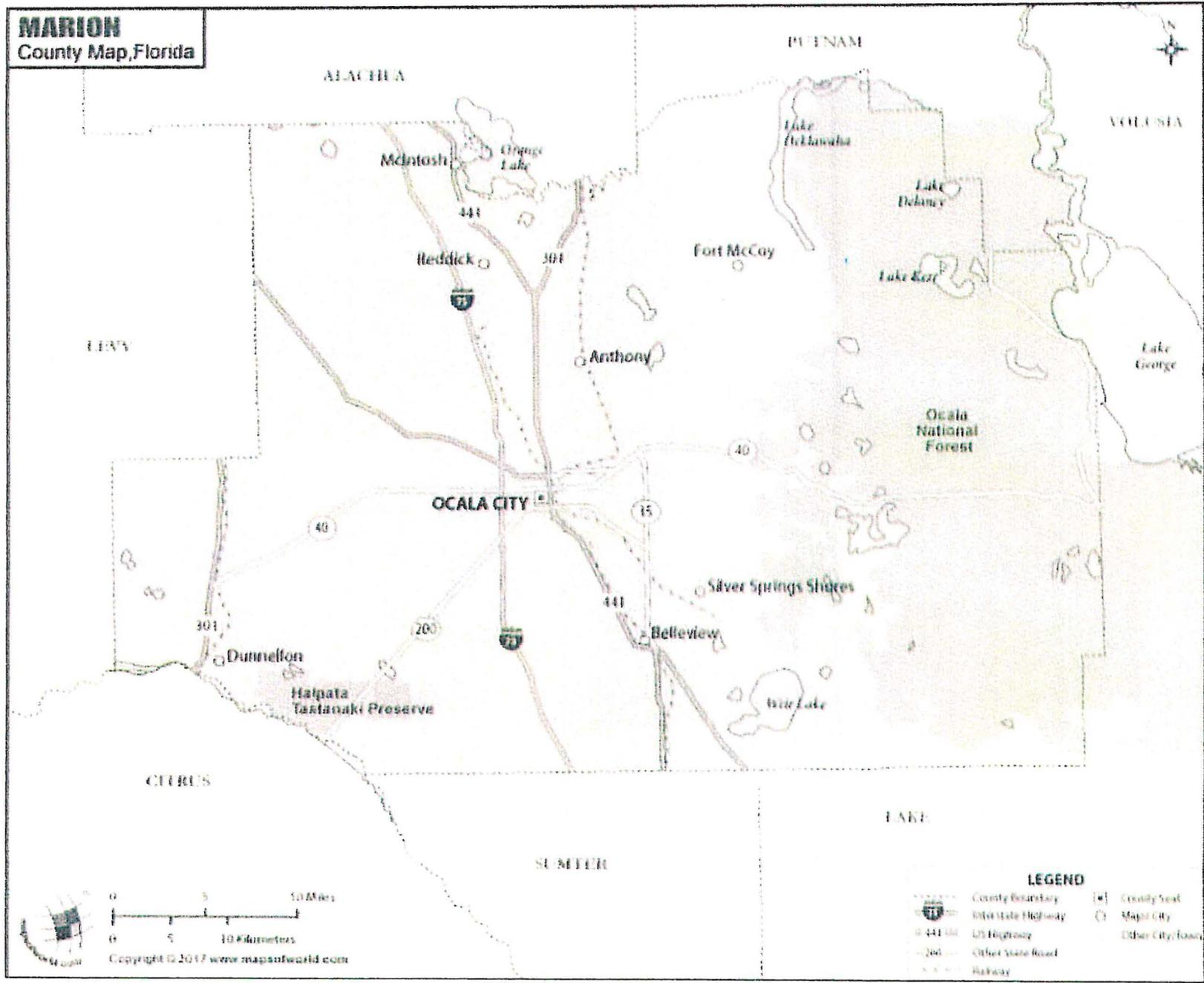
On the following page, provide a detailed description of the area for which your agency wishes to provide service. This description should include any information as it relates to service within unincorporated Marion County as well as the municipalities within Marion County.

At the end of Section 3, insert a map illustrating the proposed service area.

Description of Proposed Service Area

All of Marion County

MARION
County Map, Florida



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LEGEND

	County Boundary		County Seat
	Interstate Highway		Major City
	US Highway		Other City/Town
	Other State Road		
	Railway		

Section 4

Statement of Facts

Instructions

On the following page, provide a detailed statement of facts illustrating the demand or need for the proposed service. Possible key points may include:

- Is adequate service currently provided by the existing agencies?
- What is the potential impact to existing service levels if this application is approved?

If there is not sufficient space, or the applicant wishes to use a different format, the applicant may insert a different document at the end of Section 4 to accomplish this requirement.

Statement of Fact

RG Ambulance Service Inc., d/b/a American Ambulance has entered into a formal agreement for the provision of non-emergency , emergency inter-facility transport services with UF Health. UF Health Ocala Hospital is a new hospital facility not currently being served by any ambulance provider. Will provide service in areas approved by the Board of County Commissioners.

RG Ambulance, d/b/a American Ambulance has entered into an agreement with UF and will pick up patients from any UF facility, UF Freestanding ED as well as any facility where patient is being transported into a UF facility.

10/1-2021

Section 5

Vehicle Records

Instructions

The following page provides a form for entry of required vehicle information. If there is not sufficient space, the applicant may duplicate the page as needed. Or if the applicant wishes to use a different format, the applicant may insert a different document at the end of Section 5 to accomplish this requirement.

The Vehicle for Hire inspection form following the Vehicle Information form must be completed for each vehicle. This page may be duplicated for each vehicle.

The applicant may include copies of Florida vehicle registrations after the Vehicle for Hire inspection forms.

Vehicle Records

Unit Name/Number:		501		Mileage:	227020		
Year:	2017		Make:	Ford		Model:	E-350
VIN:	1FDWE3FS8HDC31217				Registration Number		
Unit Name/Number:		504		Mileage:	30403		
Year:	2017		Make:	Ford		Model:	TRANSIT
VIN:	1FDYR2CMOHKA46698				Registration Number		
Unit Name/Number:		503		Mileage:	549804		
Year:	2011		Make:	FORD		Model:	E-350
VIN:	1FDWE3FS44BDA02055				Registration Number		
Unit Name/Number:				Mileage:			
Year:			Make:			Model:	
VIN:					Registration Number		
Unit Name/Number:				Mileage:			
Year:			Make:			Model:	
VIN:					Registration Number		
Unit Name/Number:				Mileage:			
Year:			Make:			Model:	
VIN:					Registration Number		
Unit Name/Number:				Mileage:			
Year:			Make:			Model:	
VIN:					Registration Number		
Unit Name/Number:				Mileage:			
Year:			Make:			Model:	
VIN:					Registration Number		
Unit Name/Number:				Mileage:			
Year:			Make:			Model:	
VIN:					Registration Number		
Unit Name/Number:				Mileage:			
Year:			Make:			Model:	
VIN:					Registration Number		

Vehicle for Hire Inspection

BUSINESS INFORMATION

INSPECTION CRITERIA

Organization Name:

RG Ambulance Service d/b/a American Ambulance

Address of Organization:

4601 North John Young Parkway

Phone #:

407-822-3700

VEHICLE INFORMATION

Unit #: 501

Tag #: MIV 60Y

Vehicle Year: 2017

Make: Ford

Model: E-350

VIN #: 1FDWE3FS8HDC31217

Vehicle Color: Blue / Orange

INSPECTION INFORMATION

Inspector's Name:

Phone #:

Certification #:

License #:

Type: NACM ASE (Circle One)

Date of Inspection: 1/26/24

INSPECTOR'S SIGNATURE

Shawn Cuty

Date: *Shawn Cuty 1/26/24*

(Circle one for each criteria inspected)

Valid Tag: Yes No Corrected

Tag Visible: Yes No Corrected

Brakes: Yes No Corrected

Lights: Yes No Corrected

Horn: Yes No Corrected

Tires: Yes No Corrected

Windows: Yes No Corrected

Mirrors: Yes No Corrected

Steering: Yes No Corrected

Wipers: Yes No Corrected

Exhaust: Yes No Corrected

Fluids: Yes No Corrected

Seatbelts: Yes No Corrected

Speedometer: Yes No Corrected

AC/Heater: Yes No Corrected

PASS

FAIL

Note: Please use one (1) vehicle inspection report form for each vehicle registered.

Vehicle for Hire Inspection

BUSINESS INFORMATION

INSPECTION CRITERIA

Organization Name:

RG Ambulance Service d/b/a American Ambulance

Address of Organization:

4601 North John Young Parkway

Phone #:

407-822-3700

VEHICLE INFORMATION

Unit #: 503

Tag #: MIV31R

Vehicle Year: 2011

Make: Ford

Model: E-350

VIN #: 1FDWE3FS4BDA02055

Vehicle Color: Blue / Orange

INSPECTION INFORMATION

Inspector's Name:

Phone #:

Certification #:

License #:

Type: NACM ASE (Circle One)

Date of Inspection: 1/26/24

INSPECTOR'S SIGNATURE
Maria Castro

Date: 1/26/24

(Circle one for each criteria inspected)

Valid Tag: Yes No Corrected

Tag Visible: Yes No Corrected

Brakes: Yes No Corrected

Lights: Yes No Corrected

Horn: Yes No Corrected

Tires: Yes No Corrected

Windows: Yes No Corrected

Mirrors: Yes No Corrected

Steering: Yes No Corrected

Wipers: Yes No Corrected

Exhaust: Yes No Corrected

Fluids: Yes No Corrected

Seatbelts: Yes No Corrected

Speedometer: Yes No Corrected

AC/Heater: Yes No Corrected

PASS

FAIL

Note: Please use one (1) vehicle inspection report form for each vehicle registered.

Vehicle for Hire Inspection

BUSINESS INFORMATION

INSPECTION CRITERIA

Organization Name:

RG Ambulance Service d/b/a American Ambulance

Address of Organization:

4601 North John Young Parkway

Phone #:

407-822-3700

VEHICLE INFORMATION

Unit #: 504

Tag #: MIV 61Y

Vehicle Year: 2017

Make: Ford

Model: E-350

VIN #: 1FDYR2CMOHKA46698

Vehicle Color: Blue / Orange

INSPECTION INFORMATION

Inspector's Name:

Phone #:

Certification #:

License #:

Type: NACM ASE (Circle One)

Date of Inspection: 1/26/24

INSPECTOR'S SIGNATURE

Thomas Castro

Date: 1/26/24

(Circle one for each criteria inspected)

Valid Tag: Yes No Corrected

Tag Visible: Yes No Corrected

Brakes: Yes No Corrected

Lights: Yes No Corrected

Horn: Yes No Corrected

Tires: Yes No Corrected

Windows: Yes No Corrected

Mirrors: Yes No Corrected

Steering: Yes No Corrected

Wipers: Yes No Corrected

Exhaust: Yes No Corrected

Fluids: Yes No Corrected

Seatbelts: Yes No Corrected

Speedometer: Yes No Corrected

AC/Heater: Yes No Corrected

PASS

FAIL

Note: Please use one (1) vehicle inspection report form for each vehicle registered.

Section 6

Insurance

Instructions

Provide copies of insurance documents illustrating that the agency meets the following insurance requirements. These documents may be inserted immediately following the Section 6 title page.

Motor Vehicle Liability Insurance

Each vehicle shall have minimum limits of \$1,000,000 combined single limits for bodily injury and property damage.

Medical Professional Liability Insurance

Every Certificate Holder shall have minimum limits of \$1,000,000 per occurrence/\$3,000,000 annual aggregate coverage.

Section 7

Staffing

Instructions

The Staffing Configuration form should be completed to describe the staffing for each unit. Ensure that documentation provided illustrates that staffing will meet all requirements. This may also include in the comments section a narrative that describes the scheduling configuration (trucks/day, hours, etc.).

The Staffing Information form should be completed to document that all staff meet the requirements. Please include expiration dates for certifications such as EMT, Paramedic, CPR, ACLS, etc.

If there is not sufficient space, the applicant may duplicate the page for as needed. Or if the applicant wishes to use a different format, the applicant may insert a different document at the end of Section 7 to accomplish this requirement.

The applicant may provide copies of certifications by inserting them after the Staffing Information form.

Staffing Configuration	
Unit Type:	Advance Life Support
Employee:	EMT
Employee:	Paramedic
Employee:	
Unit Type:	Advance Life Support
Employee:	Paramedic
Employee:	Paramedic
Employee:	
Unit Type:	Basic Life Support
Employee:	Driver
Employee:	EMT
Employee:	
Unit Type:	Basic Life Support
Employee:	EMT
Employee:	EMT
Employee:	

Additional Comments/Description

For the attached employee roster the Central Florida Regional Office location will be used for all team members.

4601 North John Young Parkway
Orlando FL 32804

Please see attached.

Name of Personnel	Date of Employment	Record of Training Yes/No	EMT		Driving Record Verified Yes/No	Valid DL Yes/No Exp Date	EVOC Training Yes/No Date	Alcohol or drug yes/No	Phys or Mental Yes/No	18 YOA Yes/No	First Aid or Personal Safety
			12/1/24/Para. Cert Type and Exp Date	CPR/ACLS Cert Type and Exp Date							Card Yes/No Exp Date
ADAMS, DAVID	2/26/2015	Y	PMD 12/1/24	A 10/31/2024	7/18/2023	3/23/2026	9/30/2013	Y	Y	Y	Y
ALVAREZ, TYLER	10/18/2023	Y	EMT 12/1/24	C 3/31/2025	10/11/2023	10/14/2029	6/10/2023	Y	Y	Y	Y
ANDREWS, EMMA	9/16/2020	Y	EMT 12/1/24	C 2/28/2025	7/18/2023	7/7/2029	1/9/2020	Y	Y	Y	Y
ANDREWS, GERARD	9/16/2020	Y	PMD 12/1/24	A 6/30/2024	7/18/2023	7/27/2029	7/14/2016	Y	Y	Y	Y
APONTE, MALIKA	3/23/2022	Y	EMT 12/1/24	C 3/31/2024	5/25/2023	10/2/2029	5/6/2022	Y	Y	Y	Y
BALLADARES, VICTOR	6/16/2021	Y	PMD 12/1/24	A 4/30/2024	7/18/2023	8/25/2026	6/26/2021	Y	Y	Y	Y
BARNETT, MACAYLA	10/12/2022	Y	EMT 12/1/24	C 2/28/2025	10/14/2022	11/21/2026	4/29/2022	Y	Y	Y	Y
BASTIN, DAVID	1/6/2021	Y	EMT 12/1/24	C 12/31/2023	7/18/2023	11/1/2026	1/8/2021	Y	Y	Y	Y
BEASLEY, THOMAS	3/9/2022	Y	EMT 12/1/24	C 2/28/2025	5/25/2023	5/3/2031	10/20/2002	Y	Y	Y	Y
BECKMAN, ROBERT	6/29/2022	Y	EMT 12/1/24	C 6/30/2024	7/18/2023	8/21/2027	12/23/2020	Y	Y	Y	Y
BELIZAIRE, HANDY	9/16/2020	Y	PMD 12/1/24	A 3/31/2024	7/18/2023	1/9/2027	6/4/2021	Y	Y	Y	Y
BHARATHAN, AKASH	10/18/2023	Y	EMT 12/1/24	C 6/30/2025	10/11/2023	6/22/2032	1/17/2024	Y	Y	Y	Y
BLAINE, KENZIE	8/10/2022	Y	EMT 12/1/24	C 6/30/2025	8/12/2022	10/17/2024	12/2/2018	Y	Y	Y	Y
BODGER, JOHN	11/15/2022	Y	EMT 12/1/24	C 5/31/2025	12/9/2022	7/3/2028	11/17/2022	Y	Y	Y	Y
BOSTICK, JASMINE	9/6/2023	Y	EMT 12/1/24	C 2/28/2024	8/1/2023	8/15/2031	9/10/2023	Y	Y	Y	Y
BOYKIN, MARSHALL	5/10/2023	Y	EMR	C 12/31/2024	4/27/2023	7/13/2028	1/22/2023	Y	Y	Y	Y
BREGITA, FEDNER	9/12/2023	Y	EMT 12/1/24	C 12/31/2024	9/1/2023	10/11/2028	10/14/2023	Y	Y	Y	Y
BRINSON, TAVIS	5/19/2022	Y	EMT 12/1/24	C 1/31/2024	5/25/2023	12/3/2026	3/30/2013	Y	Y	Y	Y
BROWNLEE, BRITTANY	7/27/2022	Y	EMR	C 7/31/2024	8/1/2023	8/24/2030	8/4/2022	Y	Y	Y	Y
BURKHART, JACOB	8/23/2023	Y	EMR	C 8/31/2025	8/7/2023	3/10/2027	9/10/2021	Y	Y	Y	Y
CABRERA, JENIFER	8/9/2023	Y	EMT 12/1/24	C 12/31/2024	6/19/2023	8/26/2026	8/11/2023	Y	Y	Y	Y
CALDERON COLON, ANGEL	10/19/2022	Y	EMR	C 8/31/2024	10/26/2022	5/7/2029	10/24/2022	Y	Y	Y	Y
CAPPS, ETHAN	10/26/2022	Y	EMT 12/1/24	C 6/30/2025	11/16/2022	5/21/2027	5/16/2022	Y	Y	Y	Y
CARRASQUILLO, WILMARIS	7/6/2022	Y	EMT 12/1/24	C 12/31/2023	7/18/2023	4/11/2027	7/15/2022	Y	Y	Y	Y
CASE, AYDEN	2/8/2023	Y	EMT 12/1/24	C 12/31/2023	2/28/2023	7/26/2025	8/5/2021	Y	Y	Y	Y
CISCO, ZANE	10/3/2022	Y	EMR	C 12/31/2023	10/28/2022	7/19/2027	3/23/2023	Y	Y	Y	Y
COLE, ROBERT	9/14/2006	Y	EMT 12/1/24	C 8/31/2024	7/18/2023	9/12/2026	8/20/2006	Y	Y	Y	Y
COLEMAN, OLIVIA	2/22/2023	Y	EMT 12/1/24	C 7/31/2024	2/24/2023	4/30/2029	11/20/2022	Y	Y	Y	Y
Craven, Parker	7/20/2022	Y	EMT 12/1/24	C 12/31/2024	8/1/2023	10/17/2024	7/22/2022	Y	Y	Y	Y
CREAMER, LAUREN	8/31/2022	Y	EMT 12/1/24	C 8/30/2024	9/7/2023	9/7/2027	1/17/2024	Y	Y	Y	Y
CUENCA, ABEL	1/15/2021	Y	EMT 12/1/24	C 4/30/2024	7/18/2023	11/12/2029	10/6/2018	Y	Y	Y	Y
CUNNINGHAM, HUNTER	6/14/2023	Y	EMR	no cert	6/9/2023	11/24/2031	6/21/2023	Y	Y	Y	Y
DAVIS, ALLEN	6/7/2023	Y	EMT 12/1/24	C 3/31/2025	5/18/2023	3/17/2028	NONDRIVER	Y	Y	Y	Y
DE PENNA, AILYN	12/6/2021	Y	EMT 12/1/24	C 6/30/2024	7/19/2023	2/6/2028	1/1/2011	Y	Y	Y	Y
DELEON, HERBERT	3/4/2020	Y	EMT 12/1/24	C 6/30/2024	7/18/2023	11/23/2026	11/16/2019	Y	Y	Y	Y
DIFO, XAVIER	10/4/2023	Y	EMT 12/1/24	C 5/31/2025	9/5/2023	3/6/2028	10/14/2023	Y	Y	Y	Y
DINH, LE	1/11/2023	Y	EMT 12/1/24	C 1/31/2024	1/17/2023	2/17/2026	NONDRIVER	Y	Y	Y	Y

DIXON, ROBERT	10/18/2023	Y	EMT 12/1/24	C 11/30/2024	10/11/2023	7/2/2025	10/25/2023	Y	Y	Y	Y
DOMINGUEZ, BRANDON	9/6/2022	Y	PMD 12/1/24	A 7/31/2023	7/18/2023	2/10/2028	4/16/2023	Y	Y	Y	Y
DOMINIQUE, KEVIN	2/3/2022	Y	EMT 12/1/24	C 12/31/2023	5/25/2023	6/9/2027	NONDRIVER	Y	Y	Y	Y
DOOLEY, JUAN	10/4/2023	Y	EMT 12/1/24	C 4/30/2025	9/26/2023	2/13/2025	NONDRIVER	Y	Y	Y	Y
EDMOND, JASON	3/6/2023	Y	EMR	C 3/31/2025	3/8/2023	6/17/2024	3/9/2023	Y	Y	Y	Y
ELIAS, GONZALO	3/10/2016	Y	PMD 12/1/24	A 6/30/2024	7/18/2023	4/24/2026	5/7/2016	Y	Y	Y	Y
ENRIQUEZ, SHALOM	7/12/2017	Y	EMT 12/1/24	C 2/28/2025	7/18/2023	12/4/2029	8/27/2017	Y	Y	Y	Y
EVERETT ONEILL, SYDNEY	5/4/2022	Y	EMT 12/1/24	C 9/30/2023	5/25/2023	7/24/2029	6/10/2022	Y	Y	Y	Y
FERNANDEZ, DIEGO	5/18/2022	Y	EMT 12/1/24	C 3/31/2024	5/25/2023	2/27/2028	4/23/2022	Y	Y	Y	Y
FORBES, SHAKCORA	9/28/2021	Y	EMT 12/1/24	C 11/30/2023	1/10/2023	9/9/2029	9/30/2021	Y	Y	Y	Y
FREEMAN, SHARON	10/12/2022	Y	EMT 12/1/24	C 3/25/2025	10/17/2022	7/2/2029	NONDRIVER	Y	Y	Y	Y
FUENTES, JORGE	1/20/2021	Y	PMD 12/1/24	A 12/31/2024	7/18/2023	7/17/2026	8/21/2011	Y	Y	Y	Y
GARAY JIMENEZ, BRIAN	6/15/2022	Y	EMT 12/1/24	C 6/30/2024	7/19/2023	6/13/2026	6/25/2022	Y	Y	Y	Y
GARDNER, KENDRICK	2/12/2020	Y	PMD 12/1/24	A 2/28/2024	1/10/2023	12/28/2023	NONDRIVER	Y	Y	Y	Y
GARDNER, VIOLA	7/14/2023	Y	EMT 12/1/24	C 8/31/2024	6/16/2023	12/6/2027	8/23/2023	Y	Y	Y	Y
GARDNER, KAGE	11/11/2022	Y	EMT 12/1/24	C 12/31/2023	11/14/2022	3/24/2024	11/17/2022	Y	Y	Y	Y
GONZALES, JENNIFER	1/9/2023	Y	EMT 12/1/24	C 1/31/2025	5/25/2023	10/29/2025	9/18/2021	Y	Y	Y	Y
GONZALEZ APONTE, JACKYMAR	9/7/2022	Y	EMT 12/1/24	C 3/31/2024	9/7/2023	9/4/2027	9/8/2022	Y	Y	Y	Y
GOODIN, GARRETT	3/12/2022	Y	EMT 12/1/24	C 4/30/2024	7/19/2023	4/11/2031	4/8/2017	Y	Y	Y	Y
GRAY JR, ALLDON	12/28/2022	Y	EMR	C 12/31/2024	1/10/2023	11/8/2029	1/5/2023	Y	Y	Y	Y
GRENIER, VICTORIA	7/26/2023	Y	EMR	C 5/31/2025	7/13/2023	3/19/2028	1/0/1900	Y	Y	Y	Y
GUEVARA, RAUL	4/20/2022	Y	EMT 12/1/24	C 4/30/2025	7/19/2023	10/18/2024	4/22/2022	Y	Y	Y	Y
GUSEWELLE, TIMOTHY	9/12/2023	Y	EMR	C 8/31/205	9/5/2023	10/20/2026	8/20/2023	Y	Y	Y	Y
GUSLER, WILLIAM	6/28/2023	Y	EMT 12/1/24	C 6/30/2024	6/16/2023	3/13/2029	4/16/2022	Y	Y	Y	Y
HAGAN, SUMMER	6/28/2023	Y	EMT 12/1/24	C 4/30/2024	6/15/2023	12/23/2025	6/30/2023	Y	Y	Y	Y
HALL, ROBERT	10/5/2022	Y	EMT 12/1/24	C 3/31/2024	10/10/2022	8/23/2027	11/17/2022	Y	Y	Y	Y
HANSEN, CASEY	10/10/2023	Y	EMR	C 5/31/2025	9/18/2023	5/25/2031	10/13/2023	Y	Y	Y	Y
HEARST, KYLE	9/14/2022	Y	EMT 12/1/24	C 2/28/2023	9/20/2022	1/11/2029	11/30/2018	Y	Y	Y	Y
HERRERA ORTIZ, JOSE	9/6/2023	Y	EMR	C 1/31/2025	8/21/2023	8/2/2030	9/10/2023	Y	Y	Y	Y
HUBLER, JORDAN	2/28/2008	Y	PMD 12/1/24	A 1/31/2024	7/18/2023	6/19/2027	8/17/2008	Y	Y	Y	Y
JOHNSON, MARILYN	1/25/2023	Y	PMD 12/1/24	A 2/28/2025	1/30/2023	5/15/2028	12/7/2012	Y	Y	Y	Y
JONES, ANDREA	5/29/2023	Y	PMD 12/1/24	A 4/30/2025	5/23/2023	10/30/2029	10/23/2018	Y	Y	Y	Y
JONES, XAVIER	8/16/2022	Y	EMR	C 8/30/2024	8/1/2023	1/7/2031	8/16/2022	Y	Y	Y	Y
KEMPER, JOSEPH	10/17/2018	Y	EMT 12/1/24	C 2/28/2024	7/18/2023	3/1/2025	7/14/2018	Y	Y	Y	Y
KEY, STEVEN	8/31/2022	Y	EMT 12/1/24	C 12/31/2023	9/7/2023	6/22/2026	9/8/2022	Y	Y	Y	Y
KIRKPATRICK, CHARLES	1/11/2023	Y	EMT 12/1/24	C 4/30/2024	1/17/2023	9/18/2029	10/22/2022	Y	Y	Y	Y
KNESSI, ALYSSA	7/26/2023	Y	EMT 12/1/24	C 10/31/2024	7/11/2023	12/10/2026	5/13/2023	Y	Y	Y	Y
KRAFT, JOSEPH	2/22/2023	Y	EMT 12/1/24	C 10/31/2023	2/28/2023	1/10/2030	10/29/2016	Y	Y	Y	Y
LAWRENCE, ELIJAH	3/22/2023	Y	EMR	C 9/30/2024	3/31/2023	12/21/2026	3/23/2023	Y	Y	Y	Y
LISBOA, ELY	7/6/2022	Y	EMR	C 6/30/2024	7/18/2023	2/21/2024	8/28/2020	Y	Y	Y	Y
LIU, JENNY	10/19/2022	Y	EMT 12/1/24	C 4/30/2024	1/10/2023	11/14/2025	9/17/2022	Y	Y	Y	Y

LLOYD, AUSTIN	7/27/2022	Y	EMR	C 8/31/2024	8/1/2023	10/20/2025	8/4/2022	Y	Y	Y	Y
LOWRANCE, KIMBERLY	6/26/2019	Y	EMT 12/1/24	C 5/31/2024	1/10/2023	12/21/2025	7/6/2019	Y	Y	Y	Y
MACKEY, KAYLEE	2/22/2023	Y	EMT 12/1/24	C 7/31/2024	2/28/2023	7/6/2029	3/9/2023	Y	Y	Y	Y
MAISONET, JOSE	7/28/2021	Y	EMT 12/1/24	C 5/31/2025	7/19/2023	2/5/2024	1/13/2018	Y	Y	Y	Y
MARKER, STEVEN	6/14/2023	Y	EMT 12/1/24	C 8/31/2024	6/5/2023	11/1/2024	3/26/2023	Y	Y	Y	Y
MARSHALL, JADA	2/17/2021	Y	EMT 12/1/24	C 2/28/2024	6/7/2023	8/5/2026	2/25/2021	Y	Y	Y	Y
MCCAIN, ANGELA	10/4/2017	Y	EMT 12/1/24	C 1/23/2024	7/18/2023	2/10/2029	7/16/2017	Y	Y	Y	Y
MCCARTER, COLE	10/4/2023	Y	EMT 12/1/24	C 4/30/2025	9/14/2023	12/9/2023	NONDRIVER	Y	Y	Y	Y
MEEKS, REYNIYA	6/7/2023	Y	EMR	C 12/31/2023	5/2/2023	4/4/2026	6/9/2023	Y	Y	Y	Y
MELENDEZ, ISONIEL	4/6/2022	Y	EMT 12/1/24	C 9/30/2023	5/25/2023	9/14/2027	3/19/2022	Y	Y	Y	Y
MONTALVO, BILLY	10/4/2023	Y	EMT 12/1/24	C 10/31/2024	9/14/2023	4/24/2028	7/23/2023	Y	Y	Y	Y
MOYER, AMANDA	10/18/2023	Y	EMR	C 3/31/2024	10/3/2023	5/17/2031	1/10/2021	Y	Y	Y	Y
NESTOR, MARA	8/23/2023	Y	EMR	C 7/31/2024	8/11/2023	2/7/2024	9/10/2023	Y	Y	Y	Y
NEW, CLAUDE	7/24/2019	Y	PMD 12/1/24	A 4/30/2025	7/18/2023	11/26/2026	8/4/2019	Y	Y	Y	Y
NICHOLSON, RANDY	9/28/2021	Y	EMT 12/1/24	C 12/31/2024	1/10/2023	5/29/2028	9/30/2021	Y	Y	Y	Y
NORFLEET, SCOTT	8/9/2023	Y	EMT 12/1/24	C 8/31/2025	7/31/2023	1/4/2026	12/2/2018	Y	Y	Y	Y
OLIVER, SAMUEL	10/18/2023	Y	EMT 12/1/24	C 4/30/2025	10/3/2023	2/13/2025	9/24/2023	Y	Y	Y	Y
OWENS, ADEN	11/2/2022	Y	EMT 12/1/24	C 8/31/2023	11/14/2022	12/2/2029	11/17/2022	Y	Y	Y	Y
PACHECO, NICHOLAS	11/30/2022	Y	EMR	C 1/31/2024	12/13/2022	12/9/2027	7/23/2022	Y	Y	Y	Y
PAUTLER, NICHOLAS	5/10/2022	Y	PMD 12/1/24	A 2/28/2024	5/25/2023	9/3/2027	1/29/2021	Y	Y	Y	Y
PEARCE, TABITHA	2/22/2023	Y	EMT 12/1/24	C 9/30/2024	2/24/2023	1/8/2025	3/3/2023	Y	Y	Y	Y
PERALTA, CHLOE	1/25/2023	Y	EMT 12/1/24	C 5/31/2024	1/30/2023	5/14/2025	NONDRIVER	Y	Y	Y	Y
PEREZ, OSVALDO	3/30/2021	Y	PMD 12/1/24	A 12/31/2024	7/18/2023	7/9/2025	8/17/2021	Y	Y	Y	Y
PETERSEN, SARAH	5/18/2022	Y	EMT 12/1/24	C 7/31/2024	10/3/2023	3/10/2026	5/26/2022	Y	Y	Y	Y
PETERSON, GUNNAR	11/30/2022	Y	EMT 12/1/24	C 1/31/2024	12/9/2022	7/30/2026	12/8/2022	Y	Y	Y	Y
PETITTO, RICHARD	3/10/2005	Y	PMD 12/1/24	A 4/30/2025	7/18/2023	5/15/2027	12/18/2004	Y	Y	Y	Y
PIERRE, ROSELINE	2/9/2022	Y	EMT 12/1/24	C 7/31/2025	5/25/2023	11/9/2029	2/11/2022	Y	Y	Y	Y
PIKE, STEVEN	7/19/2022	Y	EMR	C 8/31/2024	8/1/2023	10/17/2025	3/9/2023	Y	Y	Y	Y
PULLIN, IRENE	8/21/2019	Y	EMT 12/1/24	C 11/30/2023	7/18/2023	10/15/2025	8/28/2019	Y	Y	Y	Y
QUEVEDO, MANUEL	8/28/2023	Y	EMR	C 8/31/2025	11/8/2023	12/4/2030	4/9/2022	Y	Y	Y	Y
RAMOS, KAYLA	6/29/2022	Y	PMD 12/1/24	A 2/28/2024	7/18/2023	1/25/2027	6/29/2019	Y	Y	Y	Y
REDLHAMMER, MADISON	8/9/2023	Y	EMT 12/1/24	C 4/30/2024	7/14/2023	6/5/2027	7/24/2022	Y	Y	Y	Y
REID, KENNETH	7/5/2022	Y	EMR	C 4/30/2024	7/18/2023	3/21/2029	7/8/2022	Y	Y	Y	Y
REYNOLDS, PATRICK	7/6/2022	Y	PMD 12/1/24	A 10/31/2023	7/18/2023	6/16/2025	11/17/2019	Y	Y	Y	Y
RIVERA PARRILLA, FELIX	7/6/2022	Y	EMT 12/1/24	C 4/30/2025	7/18/2023	1/29/2026	6/26/2022	Y	Y	Y	Y
ROBERTS, MATTHEW	8/9/2023	Y	EMT 12/1/24	C 7/31/2024	7/26/2023	11/29/2026	11/20/2022	Y	Y	Y	Y
RODRIGUEZ, CYAN	2/4/2021	Y	EMT 12/1/24	C 8/30/2024	7/18/2023	8/3/2026	1/29/2021	Y	Y	Y	Y
RODRIGUEZ, SABRINA	12/15/2022	Y	EMT 12/1/24	C 11/30/2024	1/10/2023	5/14/2030	9/10/2021	Y	Y	Y	Y
ROMAN, DERICK	4/26/2023	Y	EMT 12/1/24	C 1/31/2025	5/1/2023	8/18/2023	8/3/2021	Y	Y	Y	Y
ROSARIO, ANGELINA	8/19/2020	Y	EMT 12/1/24	C 8/30/2024	7/18/2023	2/1/2024	7/11/2020	Y	Y	Y	Y
ROSZKOWIAK, MATTHEW	8/9/2023	Y	EMT 12/1/24	C 12/31/2024	7/12/2023	6/1/2032	8/11/2023	Y	Y	Y	Y

RUIZ, CRYSTAL	11/30/2022	Y	EMR	C 11/30/2024	12/13/2022	11/5/2028	12/8/2022	Y	Y	Y	Y
SEARS, KYNDRA	6/7/2023	Y	EMR	C 6/30/2025	5/24/2023	7/14/2026	4/23/2022	Y	Y	Y	Y
SHORT, HAROLD	6/28/2023	Y	EMT 12/1/24	C 5/31/2025	6/20/2023	1/28/2032	6/30/2023	Y	Y	Y	Y
SINQUEFIELD, KATRINA	6/23/2015	Y	PMD 12/1/24	A 8/30/2024	1/10/2023	4/25/2026	11/15/2014	Y	Y	Y	Y
SMITH, ANJELIKA	7/27/2022	Y	EMT 12/1/24	C 8/31/2024	8/1/2023	3/7/2030	8/5/2022	Y	Y	Y	Y
SOMAIAH, ASHLEY	2/3/2022	Y	PMD 12/1/24	A 1/31/2024	7/18/2023	2/21/2031	5/11/2019	Y	Y	Y	Y
SPEARS, RYAN	10/4/2023	Y	EMT 12/1/24	C 11/30/2024	9/26/2023	11/1/2026	4/23/2023	Y	Y	Y	Y
SPENCE, ROBERT	3/15/2017	Y	EMT 12/1/24	C 6/30/2024	7/18/2023	11/23/2026	3/19/2017	Y	Y	Y	Y
STEWART, TAMMY	8/5/2020	Y	EMT 12/1/24	C 3/31/2024	7/18/2023	7/9/2030	8/8/2020	Y	Y	Y	Y
STUTZMAN, TIMOTHY	3/16/2021	Y	EMT 12/1/24	C 2/28/2025	7/18/2023	9/20/2027	3/18/2021	Y	Y	Y	Y
THOMAS, SPENCER	10/5/2022	Y	EMT 12/1/24	C 2/28/2024	10/3/2023	11/12/2028	9/18/2022	Y	Y	Y	Y
THOMPSON, HANNAH	10/12/2022	Y	EMT 12/1/24	C 12/31/2023	10/3/2023	7/4/2026	11/18/2022	Y	Y	Y	Y
TORRES, CHRISTIAN	8/31/2022	Y	EMT 12/1/24	C 3/31/2024	9/7/2023	9/30/2023	NONDRIVER	Y	Y	Y	Y
TREES, ISAAC	11/30/2022	Y	EMT 12/1/24	C 2/28/2025	12/9/2022	7/6/2024	7/20/2019	Y	Y	Y	Y
TRIPLETT, LACEY	8/31/2022	Y	EMT 12/1/24	C 12/31/2024	9/7/2023	9/24/2025	3/5/2021	Y	Y	Y	Y
VALERIO, THOMAS	6/15/2022	Y	EMR	C 10/31/2024	5/31/2023	6/7/2024	3/26/2021	Y	Y	Y	Y
VEGA OCASIO, IRYA MICHELLE	5/10/2023	Y	EMT 12/1/24	C 7/31/2024	4/27/2023	4/25/2029	11/20/2022	Y	Y	Y	Y
VELEZ, JUAN	10/25/2012	Y	PMD 12/1/24	A 12/31/2023	7/18/2023	12/7/2027	1/14/2012	Y	Y	Y	Y
WASHINGTON, MARCUS	5/10/2023	Y	EMR	C 4/30/2025	4/27/2023	8/4/2028	5/17/2023	Y	Y	Y	Y
WHITLOCK, CIERRA	6/1/2022	Y	EMR	C 12/31/2023	7/19/2023	12/18/2025	5/26/2022	Y	Y	Y	Y
ZALLY, ALYSSA	11/30/2022	Y	EMT 12/1/24	C 5/31/2025	1/10/2023	8/20/2023	NONDRIVER	Y	Y	Y	Y

Section 8

Locations

Instructions

The Locations form should be completed to provide documentation as to the hours of operation and staffing of the main location as well as any proposed substations.

If there is not sufficient space, the applicant may duplicate the page for as needed. Or if the applicant wishes to use a different format, the applicant may insert a different document at the end of Section 8 to accomplish this requirement.

Locations

Name:	American Ambulance	Hours of Operation:	Twenty- Four (24)		
Address:	2022 NW 35 Ave Road				
City:	Ocala	State:	Florida	Zip Code:	34475
Staffing			Description		
One EMT One Paramedic			Flexible deployment- Unit will be posted at UF Health		
Name:	American Ambulance	Hours of Operation:	Twenty Four (24)		
Address:	8527 US Highway 441				
City:	Leesburg	State:	Florida	Zip Code:	34788
Staffing			Description		
Mix of ALS/BLS Fleet serving Sumter and Lake County and supporting Marion through post moves. Driver /EMT EMT / Paramedic			Sub Station for deployment of ambulances		
Name:	American Ambulance	Hours of Operation:	Twenty- Four (24)		
Address:	4601 North John Young Parkway				
City:	Orlando	State:	Florida	Zip Code:	32804
Staffing			Description		
Mix of ALS/BLS Ambulances Driver / EMT EMT / Paramedic			Regional Office for deployment of Ambulances		
Name:		Hours of Operation:			
Address:					
City:		State:		Zip Code:	
Staffing			Description		

Section 9

Dispatch & Communications

Instructions

On the following page provide a detailed description to include the following information:

- Dispatch procedures/processes.
- Recordkeeping related to dispatching.
- Reporting capabilities in relation to system overload and identifying exemption from response time requirements.
- Communications system to include frequency, call numbers, types of mobile/portable radios, range and hospital communication ability.

Dispatch & Communications

RG Ambulance Service, Inc. d/b/a American Ambulance uses the Zoll based CAD system for dispatch, call intake, and billing. We have outlined the capabilities further in the attached documents.

Please see the attached documents.

highland wireless

6894 NW 30th Avenue, Fort Lauderdale, FL 33309
Phone: (954) 376-7400 • Fax: (954) 936-9018

July 17, 2023

Orange County EMS Office of the Medical Director
2002A E. Michigan Street
Orlando, FL 32806

RE: Radio Station Authorization Form

To Whom It May Concern:

This is to advise that the commercial two-way radio network services that Highland Wireless Services, LLC provides to RG Ambulance Service, Inc. d/b/a American Ambulance in the greater Orlando metropolitan area for their ambulance service communications in Orange, Osceola, Lake, Seminole and Polk counties in Florida are licensed by the Federal Communications Commission (FCC) under the following call signs:

WPRJ727
KNLR283
KNLR292
WQZU357
WNNW382
WQWT294

Copies of these licenses are available upon request.

Sincerely yours,
Highland Wireless Services, LLC



David A Terman
President

Copy to: RG Ambulance Service, Inc. d/b/a American Ambulance
Attention: Bob Eberhart

REFERENCE COPY

This is not an official FCC license. It is a record of public information contained in the FCC's licensing database on the date that this reference copy was generated. In cases where FCC rules require the presentation, posting, or display of an FCC license, this document may not be used in place of an official FCC license.



**Federal Communications Commission
Wireless Telecommunications Bureau**

RADIO STATION AUTHORIZATION

LICENSEE: MIKE FISHER: KEVIN HYDE DBA FLORIDA
SMR PARTNERS

MIKE FISHER: KEVIN HYDE DBA FLORIDA SMR PARTNERS
4800 DELLWOOD AVENUE
PO BOX 4800
JACKSONVILLE, FL 32205

Call Sign KNEE956	File Number 0010777751
Radio Service IG - Industrial/Business Pool, Conventional	
Regulatory Status PMRS	
Frequency Coordination Number	

FCC Registration Number (FRN): 0004204236

Grant Date 11-16-2023	Effective Date 11-16-2023	Expiration Date 12-31-2033	Print Date 11-16-2023
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

- Loc. 1 **Address:** .3 MI W SHARPES FERRY RD SR 35 JCTS
City: OCALA **County:** MARION **State:** FL
Lat (NAD83): 29-11-32.9 N **Long (NAD83):** 082-03-31.3 W **ASR No.:** 1032665 **Ground Elev:** 20.0
- Loc. 2 **Area of operation**
Land Mobile Control Station meeting the 6.1 Meter Rule: FL
- Loc. 3 **Area of operation**
Countywide: MARION, FL
- Loc. 4 **Area of operation**
Countywide: MARION, FL
- Loc. 5 **Area of operation**
Operating within a 32.0 km radius around fixed location 1

Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

Licensee Name: MIKE FISHER: KEVIN HYDE DBA FLORIDA

Call Sign: KNEE956

File Number: 001077751

Print Date: 11-16-2023

Antennas

Loc No.	Ant No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meters	Construct Deadline Date
1	1	000461.30000000	FB6	1		11K0F3E	90.000	225.000	123.0	0.0	
1	1	000461.60000000	FB6	1		11K0F3E	90.000	500.000	123.0	0.0	
1	1	000463.37500000	FB6	1		11K0F3E	90.000	500.000	123.0	0.0	
1	1	000463.87500000	FB6	1		11K0F3E	90.000	500.000	123.0	0.0	
1	1	000464.70000000	FB6	1		11K0F3E	90.000	500.000	123.0	0.0	
1	1	000464.85000000	FB6	1		11K0F3E	90.000	500.000	123.0	0.0	
1	2	000461.35000000	FB6	1		11K0F3E	90.000	492.000	123.0	126.0	
1	2	000461.95000000	FB6	1		11K0F3E	90.000	492.000	123.0	126.0	
1	2	000464.62500000	FB6	1		11K0F3E	90.000	492.000	123.0	126.0	
2	1	000466.30000000	FX1	50		11K0F3E	35.000				
2	1	000466.35000000	FX1	50		11K0F3E	35.000				
2	1	000466.60000000	FX1	50		11K0F3E	35.000				
2	1	000466.95000000	FX1	50		11K0F3E	35.000				
2	1	000468.37500000	FX1	50		11K0F3E	35.000				
2	1	000468.87500000	FX1	50		11K0F3E	35.000				
2	1	000469.62500000	FX1	50		11K0F3E	35.000				
2	1	000469.70000000	FX1	50		11K0F3E	35.000				
2	1	000469.85000000	FX1	50		11K0F3E	35.000				
3	1	000461.60000000	MO	100		11K0F3E	40.000				

Licensee Name: MIKE FISHER: KEVIN HYDE DBA FLORIDA

Call Sign: KNEE956

File Number: 001077751

Print Date: 11-16-2023

Antennas

Loc No.	Ant No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meters	Construct Deadline Date
3	1	000463.37500000	MO	100		11K0F3E	40.000				
3	1	000463.87500000	MO	100		11K0F3E	40.000				
3	1	000464.70000000	MO	100		11K0F3E	40.000				
3	1	000464.85000000	MO	100		11K0F3E	40.000				
3	1	000466.60000000	MO	100		11K0F3E	40.000				
3	1	000468.37500000	MO	100		11K0F3E	40.000				
3	1	000468.87500000	MO	100		11K0F3E	40.000				
3	1	000469.70000000	MO	100		11K0F3E	40.000				
3	1	000469.85000000	MO	100		11K0F3E	40.000				
4	1	000461.30000000	MO	100		11K0F3E	40.000				
4	1	000466.30000000	MO	100		11K0F3E	40.000				
5	1	000461.35000000	MO	100		11K0F3E	40.000				
5	1	000461.95000000	MO	100		11K0F3E	40.000				
5	1	000464.62500000	MO	100		11K0F3E	40.000				
5	1	000466.35000000	MO	100		11K0F3E	40.000				
5	1	000466.95000000	MO	100		11K0F3E	40.000				
5	1	000469.62500000	MO	100		11K0F3E	40.000				

Licensee Name: MIKE FISHER: KEVIN HYDE DBA FLORIDA

Call Sign: KNEE956

File Number: 0010777751

Print Date: 11-16-2023

Control Points

Control Pt. No. 1

Address: 9906 NW 43RD TERR

City: OCALA County: State: FL Telephone Number: (904)384-1270

Associated Call Signs

TEST TEST TEST <NA>

Waivers/Conditions:

NONE



Reporting Capabilities

American Ambulance's performance is measured on each ambulance transport and viewed on an hourly, daily, monthly and annual basis thru Zoll CAD reporting. Our goals are pre-established and driven by our contractual relationships with our customers.

The Zoll CAD has many reports available within the system which can be run at anytime or automated to run on a daily or weekly basis. There is also the option to customize reports. All reporting in Zoll CAD is done in Crystal. Crystal is a business intelligence application used to create custom reports. American Ambulance employs a "System Status Manager", Robert Waples who can create Crystal custom reports from any fields within Zoll CAD. We have provided a short list of available reports below but, if there are reports that UF Health would like to see, we can create them.

Key performance indicators

- Trip count by call source
- Trip Count by date
- Daily recap
- Trip Count by destination facility
- Dispatch call taking
- Trip Count by ordering facility
- Dispatch call taking
- Time on task by vehicle
- Dispatch call taking.
- Fractal Response time
- Daily call log
- Average out of chute time
- Unit hour utilization
- Average clearing time
- Clearing by Destination

Patient Care Report Exchange

*Zoll Care Exchange

Zoll Care Exchange enables seamless, near real-time data flow between EMS software from multiple vendors and Hospital EHR's.

Bi-directions data exchange between prehospital ePCR and hospital EHR/EMR system, using discrete data points for matching. A portal is provided for 3rd party ePCR vendors.

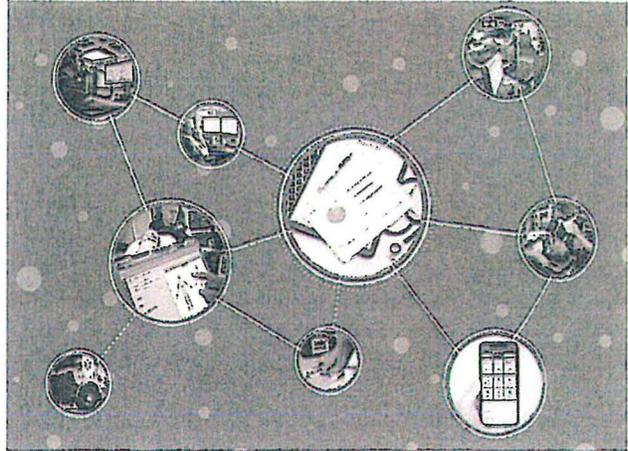
Process includes ;

- **ADT(Admit Discharge Transfer)** – Receive data from hospital, match with the prehospital ePCR and import into the ePCR with the patient hospital MRN.
- **MDM Data (Master Data Management)** – (prehospital ePCR) is sent back to the hospital EMR system including a PDF of the PCR and discrete datapoints.
- **Updates/Outcomes** – Patient demographics and Payor, admit/discharge status, and clinical outcomes update the Care Exchange data repository.

Business Case

- **Safety** – Increase patient safety with clinical visibility in the chart by having prehospital ePCR available in the hospital EMR.
- **Compliance** – Increase compliance by automating manual processes for JCAHO and registry systems.
- **Data Availability** – Report on data to prove efficacies in prehospital therapies

- **Service** – Provide value back to public safety system
- **Reduce Cost** – eliminate the manual work of scanning PCR's into an EMR.
- **Sustainability** – Receive data into the ePCR
- **Compliance** – Improve state/national compliance with ePCR submission
- **Service** – Get back in service faster to serve their communities
- **Crew Satisfaction** – reduce documentation time and increase morale
- **Improve Care** – by performing quality assurance on care rendered
- **Reduce Cost** – eliminate faxing fees



Simple, Safe & Complaint

- Transparency to pre-hospital care
- HIPAA Complaint
- Fulfills JCAHO ePCR compliance requirement

Collaborates with EMS Partners

- Share patient and payor information
- Provide a clinical follow up for quality improvement
- Better data and tools for compliance staff (trauma, stroke and STEMI)

Other solutions include Zoll Web PCR Viewer

WebPCR viewer. This solution offers a hospital system direct access to PCR' that originate or transferred to their Hospital system. A User will have access to electronic view of the PCR and be able to download or print at their discretion.

Exhibit A - Dispatch Algorithm

Marion Dispatch Algorithm

Version 1.0.9- Revised 11.2023

#1

Thank you for choosing UF Health Transfer Center, on a recorded line, how may I help you?

- What facility are you calling from?
- If private residence/business-Refer to 911- Intake limited 911 information and contact Marion County FD
- What unit is the patient located in?

#2

What is the admitting diagnosis/condition of the patient?

- Determine if the patient sounds:
 - Critical/High Potential for decompensation
 - Potentially Unstable
 - Stable
- If Critical, go to Step #3.
- If Potentially Unstable, go to Step #4

#3

****Critical Patients****

- Contact Marion County FD for First Right of Refusal
- Dispatch UF CCT unit and team if Marion FD approved
- *If UF Health CCT unit NOT available, consider American CCT unit & request ETA.*
- Advise Transfer Center Supervisor of UFCCT availability ETA and

#4

****Potentially Unstable****

- Identify patient acuity and equipment necessary
- Dispatch UF Health CCT/ALS unit and team.
- *If UF Health CCT/ALS unit NOT available, consider American CCT/ALS unit & request ETA.*

#5

Pain?

- Does the patient have any pain?
- If so, is the patient on any medication?
- How is it being administered? Orally? Pump?
- If none, skip to next.

Is patient intubated?

- If YES, how recently?
- If NO, skip to next.

Is patient on a ventilator?

- If YES, what are the settings. *Wait to receive them. Politely ask for RT if necessary.*
- If NO, skip to next.

Chest Tubes?

- Does the patient have any chest tubes?
- If YES, how many and what kind?
- If NO, skip to next.

#6

- Dispatch (1) BLS unit.

#7

Level of care?

Oxygen
Dependent?

Isolation
Precautions?

- Is the patient going for higher/specialized care?
- Is the Patient on oxygen? Can it be self administered? How many liters?
- Is the patient on any isolation precautions?
 - What kind?
 - Is it active or is the patient on antibiotics?

#8

What is the
patient's
weight?

- If patient's weight <350 lbs, dispatch 1-2 units
- If patient's weight >350 lbs, dispatch 2+ units
- **If Bariatric stretcher is required, then dispatcher discretion must be utilized on a case by case basis, and bariatric unit availability**

#9

P2- Urgent

- A pick up of the ER requiring a response within 20 minutes
- Critical or Potentially Unstable patients, requiring a response within 20 minutes.
- A pick up out of an UF Health facility requiring a response within 60 minutes.
- ALS or BLS stable patients, requiring a response within 60 minutes

- A scheduled pick up out of an UF Health facility.
- A discharge where the patient is ready but a specific pick up time is scheduled.
- Pre-scheduled diagnostic testing transports.

#10

ALS vs BLS
Response

- Does patient have a change in mental status?
- Are the patient's vitals stable?
- Does the patient have any medications running? What?
- Is the diagnosis involving respiratory, cardiac, or neurological issues?
- If **YES**, send (1) ALS. If **NO**, send (1) BLS

CCT vs ALS
Response

- Is the patient on a vent? Or has recently been vented?
- Is the patient on any drips/medications? What?
- Any blood products being infused?
- Is the patient in active labor?
- If **YES**, Refer back to #3

#11

Bed
Confinement

- Is the patient **UNABLE** to get up from bed without assistance?
- Is the patient **UNABLE** to ambulate?
- Is the patient **UNABLE** to sit in a chair or wheelchair?

#12

Be ADVISED!!!

- If **YES** to ALL THE ABOVE, then Bed Confinement status has been met.
- If **NO**, then the patient is considered non-medical.
- 'Bed rest' or 'non-ambulatory' or 'oxygen dependent' **DOES NOT** necessarily define 'Bed Confined'

#13

Finalizing

- An ETA should be given and a unit sent enroute to the call.
- Make sure to have the name of the call and a contact phone number. Billing information and policy numbers; Prior Authorizations if needed.
- Notate the ETA, payment information, or other vital notes in the call.

Have all accompanying paperwork ready for the crew
i.e. DNRs, Demographics, consents, & medical necessity.

Paperwork

Pertinent Labs & Films

CTs, MRIs, CDs, X-Rays (with paperwork)
Any lab values or ABGs place with paperwork

Family accompanying

Exhibit B - Intake Manual

Call Intake Book

How to input a call:

- USE CAPS LOCK FOR ALL ENTRIES
- Ask for the patient's name; starting *last name, first name*.
- *verify the spelling of the name EVERYTIME; spell it back to the caller*

TAB key

Trip?	Name	SSN	ID	Sex	Date of Birth	Address	City
	DOE, JANE			Female	01/02/2017		
	DOE, JANE			Female	01/01/1975		
	DOE, JANE			Female			
	DOE, JANE			Female			
	DOE, JANE			Female			
	DOE, JANE			Female	01/01/1975		

THIS SCREEN WILL SHOW UP

- If the patient is in the system, the name will appear on the list. Verify the date of birth and ENTER (or OK).
- If the patient is not in the system, select NEW.



WHEN YOU SELECT NEW YOU WILL SEE THE FOLLOWING

Add New Customer

Personal Last Name: <input type="text" value="DOE"/> First Name: <input type="text"/> M.I.: <input type="text"/> Gen.: <input type="text"/> SSN: <input type="text" value="000-00-0000"/> Sex: <input type="text"/> DOB: <input type="text" value="//"/> <input type="checkbox"/> DOB is Approximated Age: <input type="text" value="Approximate Age"/> ID: <input type="text"/> Weight: <input type="text" value="0.0"/> lbs Universal Health ID: <input type="text"/>		Residence <input type="checkbox"/> Facility: <input type="text" value="<None>"/> Address: <input type="text"/> Apt/Ste/Rm: <input type="text"/> City: <input type="text"/> Phone: <input type="text" value="(000) 000-0000 Ext. /"/> Zone: <input type="text"/> E-Mail: <input type="text"/>		<input type="button" value="OK"/> <input type="button" value="Cancel"/>							
Payers: <table border="1"> <thead> <tr> <th>Description</th> <th>Identification</th> <th>Guarantor/Subscriber</th> <th>Group</th> </tr> </thead> <tbody> <tr> <td>BILL PATIENT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>				Description	Identification	Guarantor/Subscriber	Group	BILL PATIENT			
Description	Identification	Guarantor/Subscriber	Group								
BILL PATIENT											
CMS Signatures: <table border="1"> <thead> <tr> <th>Company</th> <th>Relationship</th> <th>Name</th> <th>Source</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>				Company	Relationship	Name	Source				
Company	Relationship	Name	Source								
Employment Status: <input type="text"/> Employer: <input type="text"/> Phone: <input type="text" value="(000) 000-0000 Ext. /"/>		Personal Doctor: <input type="text"/> Phone: <input type="text" value="(000) 000-0000 Ext. /"/> Statement Days: <input type="text" value="30"/> Language: <input type="text" value="English"/>		Last Service: Last Statement: <input type="button" value="Notes"/> <input type="button" value="Alerts"/> <input type="button" value="HIPAA"/> <input type="button" value="Groups"/> <input type="button" value="Permanent"/> <input type="button" value="Legal Rep."/> <input type="button" value="Next of Kin"/> <input type="button" value="Guarantees"/> <input type="button" value="History"/> <input type="button" value="Eligibility"/> <input type="button" value="View PCR"/> <input type="button" value="Confirm PCR"/>							
Student Status: <input type="text" value="No"/> Marital Status: <input type="text"/> Export Code: <input type="text"/>		<input type="checkbox"/> Deceased: <input type="text" value="04/18/2018"/>									
Dispatch Comments: <input type="text"/>											

- Last Name
- First Name
- Sex
- Date of Birth (DOB)
- Phone number or Emergency Contact
- Ask "what insurance does the pt have, please"
- Input the information (re: pg 9)

OK

Once you reach this screen with a patient selected, click ADD TRIP (or space bar).

Call Taking

04/16/2018 DOE, JANE SSN: 000-00-0000

Trip #	Pick-Up	Status	Pick-Up Address	Drop-Off Address
No Trip Selected				

Run Number:
Dispatch Status:
Billing Status:

ENTER THE FOLLOWING, TAB 1- SERVICE: Non-Emergent Transports

Pick up

Facility name (verify address), add room number and tower if applicable, verify phone number if needed.

If pick up is a private residence, Google check address (verify spelling of street name), zip code, and get a phone number. Ask if an apartment number or gate number is needed. Get a home phone number to call if there are any

questions.

Call Taking

04/16/2018 New Name: DOE, JANE SSN: 000-00-0000 Modify Customer

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Trip # Pick-Up Status Pick-Up Address Drop-Off Address

1 - Service 2 - Medical 3 - Billing 4 - Frequency 5 - Alerts 6 - Notes 7 - Supplemental 8 - History

Pick-up Facility: <None> Address: Dept.: Apt/Ste/Rm: City: Zone: Phone: (000) 000-0000 Ext. Discharged:

Drop-off Facility: <None> Address: Dept.: Apt/Ste/Rm: City: Zone: Phone: (000) 000-0000 Ext. Admitted:

Company: Falck SE II Corp d/b/e American Amb * Pick-Up: 00:00 Will call: Incident #:

Nature: Appointment: 01:00 Companions: 0 PCAs: 0

Call type: BLS Requested time: 00:00 Response zone:

Priority: P4 - ASAP Return: 00:00 Dispatch zone:

Transport: P4 - ASAP Return will call:

Comments:

This Leg: -\$372.55 -\$0.00 -\$372.55

All Legs: Pre-billed Do Not Archive Eligibility Status: No Pending Inquiry Check Eligibility

Save Save & Continue Cancel

Drop off

Facility name (verify address), add room number if applicable, verify phone number if needed.

If pick up is a private residence, Google check address (verify spelling of street name), zip code, and get a phone number. Ask if an apartment number or gate number is needed. Get a home phone number to call if there are any questions.

Clicking the button with **Address** in red will bring up all previous addresses associated with the patient.

Call Type

Call type:

BLS	O2, Baker Acts, Fractures (Fx)
ALS	Cardiac Monitor, Various IV Medications, L&D, Abdominal Pain, Cardiac, Respiratory, AMS going to the ER
CCT	Certain IV Medications, Vents- Bipap and Cpap, Running blood, chest tubes, balloon pump

Priority

Priority:

Emergent	P1	20 min response times. CCT, potentially unstable patients refer request for service to MCFD.
Urgent	P2	60 min response times. ALS and BLS patient ready out of an UF Healthfacility.
Non Emergency	P3	Scheduled transports. Patient may be ready, but transport time is scheduled out into the day.
Pre Scheduled	P4	Scheduled diagnostic testing's. May be scheduled from previous days/weeks.

Comments

Appointment: Companions: POAs:
 Nature: Requested time: Response zone:
 Call type: Return: Dispatch zone:
 Priority: Return will call
 Transport:

Comments:

ALL PERTINENT INFORMATION NEEDED BY THE TRANSPORT TEAM WILL BE ADDED HERE TO BE RECEIVED ELECTRONICALLY.

Reason for going to the hospital/Diagnosis (DX)



This is for any transport going into or coming out of a facility ("What is the diagnosis for the patient" "Why was the patient in the hospital?") If the patient is Baker Acted, ask what the Baker Act is for.

Equipment for the patient (EQUIP)

"Is the patient on any equipment for transport?" O2- how is it being delivered and at what amount, Cardiac Monitor, IV Drips- and what kinds, Vent- ask for the ventilator settings

Isolation (ISOL)

"Is the patient on any isolation precautions?" "Are they history of or still receiving treatment for?" "When was their last positive COVID test" Ask what it is and notate.

Large Body Surface (LBS)

"Is the patient over 300lbs?" If they are reference the Bariatric chart to see if the patient would require an LBS stretcher. If it is border line, ask if the patient is on a regular bed or a bariatric bed. Write the weight given.

ENTER THE FOLLOWING, TAB 3- BILLING

1 - Service 2 - Medical **3 - Billing** 4 - Frequency 5 - Alerts 6 - Notes 7 - Supplemental

Payor:

Accept assignment: Prior Auth.: Orig. claim ref #: Action:

Schedule: Override customer's signature info Signature Info:

Event: No signature recorded for this customer or trip.

Next:

Profit center: Trip is in denied status Denials: Capitation applies to

Charge	Unit Price	Qty	Price	Post Da
000: CFA BLS NON EMERGENCY	\$363.00	1.0	\$363.00	04/16/21
000: CFA MILEAGE	\$9.55	1.0	\$9.55	04/16/21

 Currently in collection

 Zone:

 Loaded mileage: Total mileage:

Time payment: Bill as emergency

Don't auto close

Show reversing char

#	Credit	Amount	Post D...	Post Time	Deposit

The Payor section with a drop down will allow you to select the insurance that is set up on the patient's profile. "Who is covering for the transport or who are we billing, please?"

If the selection is the Hospital paying, put in the MRN/Account #.

1 - Service 2 - Medical **3 - Billing** 4 - Frequency 5 - Alerts

Payor:

Accept assignment: Prior Auth.: Orig. claim ref #:

Schedule: Override customer's signature info

Event: No signature recorded for this customer or trip.

Next:

If no insurance exists in the patient's profile, you will enter it in Modify Customer:

ENTER INSURANCE INFORMATION IN MODIFY CUSTOMER

Go to Modify Customer

Call Taking

New Name: DOE, JANE SSN: 000-00-0000

Trip #	Pick-Up	Status	Pick-Up Address	Drop-Off Address

3 - Billing 4 - Frequency 5 - Alerts 6 - Notes 7 - Supplemental 8 - History

Drop-off Source PT Dest

Click on ADD

Edit Customer

Residence
 Facility: <None>
 M.I.: Gen.: Address:
 Sex: Female Apt/Ste/Rm:
 DOB is Approximated City:
 Approximate Age Phone: (000) 000-0000 Ext.
 Weight: 0.0 lbs Zone: E-Mail:
 Health ID:

Description	Identification	Guarantor/Subscriber	Group
NORTH SHORE MEDICAL C			
ILL PATIENT			

Features:	Company	Relationship	Name	Source
< >				

ment Status: Personal Doctor:
 Employer: Phone: (000) 000-0000 Ext.

OK

Cancel

Last Service: 03/03/2016

Last Statement:

Notes

Alerts

HIPAA

Groups

Permanent

Legal Rep.

Type the name of the insurance in the Payor line, TAB

Payor:
 Address:
 Apt/Ste/Rm:
 City:
 Contact:
 Position:
 Phone: (000) 000-0000 Ext.
 Coverage:

Subscriber
 Patient Rel.
 Guarantor/

A list of selections will come up. Match the address and select OK.

Payor: Subscriber
 Address: Patient Relationship to
 Apt/Ste/Rm: Guarantor/Subscriber: Name:

Payors

Description	Address	City
BCBS 8830 DE	PO BOX 8830	WILMINGTON
BCBS CANADA SERVICE UN	PO BOX 45149	JACKSONVILLE
BCBS ECM 1798	PO BOX 1798	JACKSONVILLE
BCBS FEDERAL MA	PO BOX 986020	BOSTON
BCBS FEDERAL ME	PO BOX 105557	ATLANTA
BCBS FEDERAL NH	PO BOX 105557	ATLANTA

Show all Show Inactive

Coverage will be

- Primary
- Supplemental- for secondary insurance
- Contract- for Hospitals

Coverage:	
Source:	
Identification:	Auto Contract Medigap Primary Supplemental
Group:	
Assignment:	

Enter the Policy ID# (or click IDENTIFICATION to have the social entered)

Click OK

Once you have all pertinent information, you will return to TAB 1- SERVICE

Notifying Dispatch/Getting an ETA

Ask the caller "is the patient ready or would you like to schedule the transport?" then, inform the caller that you will get an ETA or verify. Ask Dispatch if you "can have an ETA for BLS/ALS/CCT coming from ____" or if they are "OK with a _(ex 14:30)_ BLS/ALS/CCT from ____" When Dispatch gives you a time, you will inform the caller and add it in the NOTES (TAB 6- NOTES)

WHEN A TIME IS DECIDED UPON

If the call is *not* scheduled, you will click the PICK-UP box to enter the current time.

If the call is scheduled, you will enter the discussed time.

Phone:	(407) 303-6611 Ext. _____	Discharged:		Phone:	(000) 000-0000 E
Company:	Falck SE II Corp d/b/a American Amt	* Pick-Up:	10:28	<input type="checkbox"/>	Will call
Nature:		Appointment:	11:28		
Call type:	BLS	Requested time:	00:00	<input type="checkbox"/>	Response
Priority:	P4 - ASAP	Return:	00:00	<input type="checkbox"/>	Dispatch z
Transport:	P4 - ASAP	<input type="checkbox"/>	Return will call		
Comments:	DX- NAUSEA VOMITING-3 DAYS VITALS STABLE, O2-3 LT, NO ISOL, NO LBS, PT IS				

MAKE SURE TO REVIEW THE INFORMATION WITH THE CALLER

"THANK YOU ANGIE, I HAVE JOHN SMITH BEING PICKED UP FROM _____ AND GOING TO _____ SCHEDULED FOR/ETA OF _____. HE IS ON THE FOLLOWING EQUIPMENT AND WE ARE BILLING _____. THANK YOU AND HAVE A NICE DAY."

YOU CAN THANK THE CALLER, END THE CALL, AND CLICK SAVE&CONTINUE. NOW...

If an ETA is given, go to TAB 6- NOTES

ADD a note (misc, ETA, Customer) and add in the time given by Dispatch.

Customer notes follow the profile of the patient whereas any other only stay with the one transport

If anything needs to stay with the patient, billing information, Bariatric weight and size, ventilator problems/complications, use the Customer selection.

The screenshot shows a software window with a tabbed interface. The tabs are labeled: 1 - Service, 2 - Medical, 3 - Billing, 4 - Frequency, 5 - Alerts, 6 - Notes, 7 - Supplemental, 8 - History. The '6 - Notes' tab is active. Below the tabs is a table with columns: Type, Date, Time, User, and an 'Add' button. An 'Add Note' dialog box is open in the foreground. It contains:

- Type: A dropdown menu with 'ETA' selected.
- Notes: An empty text input field.
- Note: A larger text area containing '45MIN - 1 HR'.
- Buttons: 'OK' and 'Cancel'.

If the call is SCHEDULED and the requested time is not available, whereas Dispatch gives you a different time, you will put the requested time in the Requested Time box and the given pick up time in the Pick Up box.

The screenshot shows a patient profile form with the following fields:

- Phone: (407) 303-6611 Ext. [] Discharged: [] Phone: (200) []
- Company: Felsch SE II Corp d/b/a American Ambulance
- * Pick-Up: 13:30 []
- Appointment: 14:30 []
- Requested time: 13:00 []
- Return: 00:00 []
- Return will call: []

If the SCHEDULED call is for a doctor's appointment, the appointment time will be put into the Appointment box. Try to schedule the pick-up time for a minimum of 1 hour before the appointment time unless otherwise requested by the caller.

Phone: (407) 303-6611 Ext. ____	Discharged: [v]	Phone: (000)
Company: Falck SE II Corp d/b/a American Amb	* Pick-Up: 13:30	<input type="checkbox"/>
Nature: []	Appointment: 14:30	<input checked="" type="checkbox"/>
Unit type: BLS	Requested time: 13:00	<input type="checkbox"/>
Priority: P4 - ASAP	Return: 00:00	<input type="checkbox"/>
Transport: P4 - ASAP	Return will call	<input type="checkbox"/>

If the call needs a return trip (Appointments, testing, etc.), check the Return will call box and a second transport will be automatically set up on Will Call.

Phone: (407) 303-6611 Ext. ____	Discharged: [v]	Phone: (000)
Company: Falck SE II Corp d/b/a American Amb	* Pick-Up: 13:30	<input type="checkbox"/>
Nature: []	Appointment: 14:30	<input checked="" type="checkbox"/>
Unit type: BLS	Requested time: 13:00	<input type="checkbox"/>
Priority: P4 - ASAP	Return: 23:59	<input type="checkbox"/>
Transport: P4 - ASAP	Return will call	<input checked="" type="checkbox"/>

If the caller states they are setting up a transport on Will Call, everything will be the same, except you will not verify a time and a time will not be requested. The Will Call button will be checked at the end of the conversation and the transport will be on hold until someone calls back to set up a time.

Pick-Up: 09:38	<input checked="" type="checkbox"/> Will call
Appointment: 11:38	



If the transport is bariatric (requires the LBS stretcher) or long distance, you will enter it into the NATURE so there is an extra note for the Dispatcher to make adjustments for.

Type and hit TAB (ex. Long TAB), then choose.

Nature	Call Type	Priority	Speed Code
Medical Alarm	<None>	<None>	
No Answer	<None>	<None>	NA
No Other Appropriate Choice	<None>	<None>	
No Phone Number	<None>	<None>	NP
NSMC	<None>	<None>	NSMC
NSMC / Call Back	<None>	<None>	NCB
NSMC / Confirmed	<None>	<None>	NCF
NSMC / Disconnected	<None>	<None>	NDC
NSMC / Language Barrier	<None>	<None>	NLB
NSMC / No Answer	<None>	<None>	NNA
NSMC / No Phone Number	<None>	<None>	NNP

Review all TABs to verify all information is filled in.

Dispatch may ask you to enter a truck number (or notes) into Map Page:

Delaying a call

You will be directed to delay a call by the Dispatcher. "Please call the 17:00 calls and delay them 45mins – 1hr"



This is where the importance of receiving a call back number for whoever set up the transport comes in. Calling the nurse in charge of the patient will help too.

Put in a note for who was spoken to and how long the delay was for.

Add DLY in the Map Page on TAB 1- Service

Medical Necessity for MEDICARE

What is the current condition of the patient that requires ambulance transport?

Needs to be a medical reason beyond needing a ride or a trip on a stretcher.

What is the patient's mental status?

(Is the patient alert & oriented? A flight risk? A danger to self or others?)

Can the patient not be transported safely by any other means.

Is the patient bed confined?

(Is the patient able to sit in a chair or wheelchair? Able to ambulate? Able to get up from bed without assistance?)

Medicare requires the patient to be bed confined.

What are the contributing factors to them being bed confined?

Weakness is not an acceptable reason for bed confinement. Pt must have a medical reason.

Does the patient have a decubitus > stage 2 on buttocks?

Stage 2 decub ulcer will cause extreme pain and will be a reason a pt cannot sit in a chair.

Is the patient on any other equipment?

(Suctioning, halo traction, immobilization, abductor pillow, restraints etc.)

If a patient is on continuous equipment that they cannot manage, this is a reason for them to have a healthcare professional ride with them.

Is the patient being transported to an isolation bed at the destination?

(MRSA, scabies, immune deficiency etc.)

Active isolation qualifies as a reason a patient cannot go via non-medical transport.

Does the patient require continuous oxygen? Can it be self administered?

If oxygen is being used as a qualifier, it must be continuous, not PRN and the patient must not be able to self-admin (confusion, Alzheimer's, unresponsiveness)



COMMON MEDICAL ABBREVIATIONS AND TERMS

AMA	Against Medical Advice
A&O/AAO	Alert and Oriented
BGL	Blood Glucose
BLS	Basic Life Support
BP	Blood Pressure
B52/BA52	Baker Act
BIPAP	Bilevel Positive Airway Pressure, type of ventilator use
CA	Cancer; carcinoma
Cath	Catheter, catheterization
CABG	Coronary Artery Bypass Graft; surgery involving the heart
CC	Chief complaint
CHF	Chronic Heart Failure
CAD	Coronary Artery Disease
CP	Chest Pain
CPAP	Continuous Positive Airway Pressure, type of ventilator use
COPD	Chronic Obstructive Pulmonary Disease
Chemo	Chemotherapy. A type of treatment for cancer
CT	Computed tomography
CVA	Cerebrovascular accident (Stroke)
DC	Discontinue or discharge
DNR	Do not resuscitate. Specific order not to revive a patient artificially
DOB	Date of birth
Dx	Diagnosis
DVT	Deep Vein Thrombosis (blood clot in large vein)
EKG	Electrocardiogram
ECT	Electroconvulsive Therapy. A procedure used to control seizures/convulsions
ETOH	Ethanol, Ethyl Alcohol- intoxicated
FB	Foreign Body
Fx	Fracture
GI	Gastro Intestinal
H&H	Hemoglobin and Hematocrit
Hx	History
HTN	Hypertension
HB, Hgb	Hemoglobin
HR	Heart Rate
ICU	Intensive Care Unit

AMERICAN AMBULANCE

IV	Intravenous
IPPV	Intermittent Positive Pressure Ventilation, vent setting
L	Left
Lac	Laceration
LBP	Low Back Pain
LPM	Litres Per Minute
LR	Lactated Ringers
LOC	Loss of Consciousness
MVA	Motor Vehicle Accident
MVC	Motor Vehicle Collision
MCI	Multiple Casualty Incident
MRI	Magnetic Resonance Imaging
MI	Myocardial Infarction (Heart Attack)
MVP	Mitral Valve Prolapse
NRB	Non-Rebreather, mask
NC	Nasal Cannula
NG tube	NasoGastric tube
N/V	Nausea Vomiting
NS	Normal Saline
O2	Oxygen
OD	Overdose
ORIF	Open Reduction and Internal Fixation. Surgery to fix broken bones
PALP	Palpitation
PCA pump	Patient Controlled Analgesia pump
PCR	Patient Care Report
PE	Pulmonary Embolus or Pleural Effusion
PEEP	Positive End Expiratory Pressure, vent setting
Pt	Patient
PT	Physical Therapy
PEDS	Pediatric
PTSD	Post-Traumatic Stress Disorder
PVD	Peripheral Vascular Disease
R	Right
RBBB	Right Bundle Branch Block

AMERICAN AMBULANCE

RBC	Red Blood Cell
R/O	Rule Out
Room Air	No O2, no need to document
SCI	Spinal Cord Injury
SI	Suicidal Ideation
SOB	Shortness of Breath
S/P	Status Post- following
STAT	Immediately
Sx	Surgery
TIA	Transient Ischemic Attack (Mini stroke)
TPN	Total Parenteral Nutrition (with insulin ALS) (without insulin BLS)
TV	Tidal Volume, vent setting
TX	Transplant, treatment
US	Ultrasound
URI	Upper Respiratory Infection
UTI	Urinary Tract Infection
VS	Vital Signs

Section 10

Rates/Fees/Charges

Instructions

On the following page provide a detailed description/list of rates, fares and charges for services.

Rates, Fares and Charges

Basic Life Support	Non-Emergency	\$339.10
Advance Life Support	Non- Emergency	\$489.80
Specialty Care Transport		\$1009.60
Mileage P/M		\$11.10

Section 11

Drug-Free Workplace

Instructions

Complete the Drug-Free Workplace form. Applicant may also include any policies/procedures as it relates to documenting their drug-free workplace.

Drug-Free Workplace

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify my firm:

- Publishes a written statement notifying the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services under bid or proposal, a copy of the statement specified above.
- Notifies the employees as a condition of working on the commodities or contractual services under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction or pleas of guilty or nolo contendere to, any violation of Chapter 893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the workplace, no later than five (5) days after such conviction, and requires employees to sign copies of such written statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the Drug Free Workplace program.
- "As a person authorized to sign this statement, I certify the above named business, firm or corporation complies fully with the requirements set forth herein".

Signature: _____



Printed Name: Bob Eberhart

Date: November 13, 2023

Company Name: RG Ambulance Service, Inc., d/b/a American

State of Florida

County of Orange

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 14th day of November, 2023, by Bob Eberhart.

Stamp/Seal:



Personally Known

OR



Produced Identification

Type of Identification Produced:



Heather Stoneburner-Lavides
Notary Public
State of Florida
Comm# HH269005
Expires 5/30/2026

Heather Stoneburner-Lavides

Notary Public (Print Name)



Signature of Notary Public

Section 12

Assets and Liabilities

Instructions

Provide a compilation statement showing assets and liabilities that has been signed by a certified public accountant (CPA).
Insert this document following the Section 12 title page.

RG AMBULANCE SERVICE INC.
FINANCIAL STATEMENTS AND INDEPENDENT
ACCOUNTANT'S COMPILATION REPORT
DECEMBER 31, 2022

Agreda & Co., C.P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

8900 Coral Way, Suite 102 | Miami, FL 33165

Tel.: (305)661-4441 • Fax (305)661-9994

Email: aagredacpa@aol.com or yagreda@agredacpa.com

Independent Accountant's Compilation Report

To the Shareholders of
RG Ambulance Service, Inc.
Miami, Florida

We have compiled the accompanying balance sheet of RG Ambulance Service, Inc. as of December 31, 2022, and the related statement of income for the year then ended. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with U.S. generally accepted accounting principles.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared in accordance with U.S. generally accepted accounting principles. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the organization's assets, liabilities, net assets, revenue, and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

Agreda & Co., C.P.A.

March 30, 2023
Miami, Florida

RG Ambulance Service, Inc

Balance Sheet

As of December 31, 2022

	<u>Dec 31, 22</u>
ASSETS	
Current Assets	
Checking/Savings	974,105.33
Accounts Receivable	954,454.92
Other Current Assets	
Deposits	11,819.16
Loans Receivable	4,418,533.69
Other Receivables	49,628.56
Total Other Current Assets	<u>4,479,981.41</u>
Total Current Assets	6,408,541.66
Fixed Assets	
Accumulated Depreciation	-4,497,941.40
Building Improvements	107,620.26
Equipment	1,362,404.78
Exterior Signage	13,837.80
Medical Equipment	52,680.48
Vehicles	4,064,714.30
Total Fixed Assets	<u>1,103,316.22</u>
Other Assets	
Goodwill	987,026.63
Total Other Assets	<u>987,026.63</u>
TOTAL ASSETS	<u><u>8,498,884.51</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	107,339.84
Total Accounts Payable	<u>107,339.84</u>
Other Current Liabilities	
Security Deposit Held	32,100.52
Total Other Current Liabilities	<u>32,100.52</u>
Total Current Liabilities	<u>139,440.36</u>
Total Liabilities	139,440.36
Equity	
Capital Stock	100.00
Paid in Capital	6,322,701.83
Retained Earnings	-315,920.18
Net Income	2,352,562.50
Total Equity	<u>8,359,444.15</u>
TOTAL LIABILITIES & EQUITY	<u><u>8,498,884.51</u></u>

RG Ambulance Service, Inc
Profit & Loss
January through December 2022

	Jan - Dec 22
Ordinary Income/Expense	
Income	16,587,840.10
COGS	1,436,212.22
Gross Profit	15,151,627.88
Expense	
Advertising and Marketing	19,316.91
Automobile Expense	145.76
Bank Service Charges	11,917.70
Business Licenses and Permits	13,993.91
Computer and Internet Expenses	40,042.88
Depreciation Expense	304,814.64
Dues and Subscription	245.88
Employment Verification	15,681.58
Insurance Expense	630,888.02
Landscaping	2,400.00
Management fee expense	300,000.00
Medical Expenses	6,505.71
Medical Supplies	167,222.37
Miscellaneous expense	44.50
Office Expense	98,875.74
Office Supplies	30,140.58
Payroll Expenses	9,916,642.41
Postage	381.42
Professional Fees	370,298.72
Property Damage	14,194.27
Reimbursed Expenses	1,788.75
Rent Expense	537,308.20
Repairs and Maintenance	99,718.91
Security	798.29
Small Tools and Equipment	6,050.52
Taxes - miscellaneous	2,901.40
Telephone Expense	42,545.99
Training and Education	43,479.50
Travel Expenses	539.43
Utilities	81,289.86
Total Expense	12,760,173.85
Net Ordinary Income	2,391,454.03
Other Income/Expense	
Other Expense	
Charitable Contribution	38,891.53
Total Other Expense	38,891.53
Net Other Income	-38,891.53
Net Income	2,352,562.50

RG AMBULANCE SERVICE INC.
FINANCIAL STATEMENTS AND INDEPENDENT
ACCOUNTANT'S COMPILATION REPORT
DECEMBER 31, 2021

Agreda & Co., C.P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

8900 Coral Way, Suite 102 | Miami, FL 33165

Tel.: (305)661-4441 • Fax (305)661-9994

Email: aagredacpa@aol.com or yagreda@agredacpa.com

Independent Accountant's Compilation Report

To the Shareholders of
RG Ambulance Service, Inc.
Miami, Florida

We have compiled the accompanying balance sheet of RG Ambulance Service, Inc. as of December 31, 2021, and the related statement of income for the year then ended. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with U.S. generally accepted accounting principles.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared in accordance with U.S. generally accepted accounting principles. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the organization's assets, liabilities, net assets, revenue, and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

Agreda & Co., C.P.A.

March 10, 2022
Miami, Florida

RG Ambulance Service, Inc
Balance Sheet
As of December 31, 2021

	<u>Dec 31, 21</u>
ASSETS	
Current Assets	
Checking/Savings	366,390.90
Accounts Receivable	601,393.56
Other Current Assets	
Deposits	12,235.50
Loans Receivable	2,908,168.91
Other Receivables	<u>7,500.00</u>
Total Other Current Assets	<u>2,927,904.41</u>
Total Current Assets	<u>3,895,688.87</u>
Fixed Assets	
Accumulated Depreciation	-4,193,126.76
Equipment	1,348,364.78
Exterior Signage	12,631.97
Medical Equipment	50,492.00
Vehicles	<u>4,064,714.30</u>
Total Fixed Assets	<u>1,283,076.29</u>
Other Assets	
Goodwill	<u>987,026.63</u>
Total Other Assets	<u>987,026.63</u>
TOTAL ASSETS	<u><u>6,165,791.79</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	105,481.93
Total Accounts Payable	<u>105,481.93</u>
Other Current Liabilities	
Security Deposit Held	53,428.21
Total Other Current Liabilities	<u>53,428.21</u>
Total Current Liabilities	<u>158,910.14</u>
Total Liabilities	158,910.14
Equity	
Capital Stock	100.00
Paid in Capital	6,322,701.83
Net Income	<u>-315,920.18</u>
Total Equity	<u>6,006,881.65</u>
TOTAL LIABILITIES & EQUITY	<u><u>6,165,791.79</u></u>

RG Ambulance Service, Inc
Profit & Loss
January through December 2021

	Jan - Dec 21
Ordinary Income/Expense	
Income	10,231,521.15
COGS	757,621.47
Gross Profit	9,473,899.68
Expense	
Advertising and Marketing	6,173.03
Bank Service Charges	39,753.99
Business Licenses and Permits	4,064.63
Commission Expense	8,302.41
Computer and Internet Expenses	8,136.84
Depreciation Expense	242,020.91
Dues and Subscription	335.76
Employment Verification	17,237.21
Insurance Expense	438,750.16
Landscaping	400.00
Medical Supplies	155,412.57
Miscellaneous expense	179.71
Office Expense	93,624.41
Office Supplies	19,728.28
Payroll Expenses	7,794,020.24
Postage	1,617.13
Professional Fees	176,822.03
Property Damage	15,232.93
Reimbursed Expenses	2,064.88
Rent Expense	431,870.14
Repairs and Maintenance	37,555.15
Security	505.57
Small Tools and Equipment	8,055.28
Taxes - miscellaneous	2,437.98
Telephone Expense	138,056.35
Training and Education	5,720.02
Utilities	103,502.25
Total Expense	9,751,579.86
Net Ordinary Income	-277,680.18
Other Income/Expense	
Other Expense	
Charitable Contribution	29,000.00
Loan Costs	9,240.00
Total Other Expense	38,240.00
Net Other Income	-38,240.00
Net Income	-315,920.18

Section 13

Equipment & Supplies

Instructions

Provide a list of all equipment and supplies to be carried on each vehicle. This list should include sufficient detail to illustrate that the vehicle meets all requirements for the level of service to be provided. This list should be inserted following the Section 13 title page.

STATE OF FLORIDA
DEPARTMENT OF HEALTH - EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: _____ Inspection Date: ____/____/____ Unit No. _____

Inspection Codes: 1 = Item meets inspection criteria.
1a = Item corrected during inspection to meet criteria.
2 = Items not in compliance with inspection criteria.

Rating Categories:
1 = Lifesaving equipment, medical supplies, drugs, records or procedures
2 = Intermediate support equipment, medical supplies, drugs, records or procedures
3 = Minimal support equipment, medical supplies, records or procedures



LS EQUIPMENT AND MEDICATIONS
(Reference Chapter 64J-1, F.A.C.)

MEDICATIONS	WT/VOL	QTY	MEDICAL EQUIPMENT (Cont.)
1. Atropine Sulfate		4	n. Intraosseous needles 15 or 16 gauge and three way stop-cocks. As allowed by medical director. 1
2. Dextrose, 50 percent	25 gm/50ml	2	o. Syringes from 1 ml. To 20 ml. 2 OF EACH
3. Epinephrine HCL	1:1,000 1 mg/ml	5	p. DC battery powered portable monitor defibrillator capable of delivering energy below 25 watts/sec with adult and pediatric paddles (or pediatric paddle adapters) and EKG printout and spare battery. 1 MONITOR
4. Epinephrine HCL	1: 10,000 1 mg/10cc	4	q. Adult and pediatric monitoring electrodes. 1 PACK
5. Ventricular dysrhythmic		3	r. Pacing electrodes, if monitor or defibrillator requires. 1
7. Naloxone (Narcan)	1 mg/ml 2 mg amp.	3	s. Electronic waveform capnography capable of real-time monitoring and printing record of the intubated patient
8. Nitroglycerin	0.4 mg spray pump	1 BOTTLE	t. Method of blood glucose monitoring approved by medical director. 1
9. Diazepam	5 mg/ml	1 MIDAZOLAM	u. Pediatric length based measurement tape for equipment selection and drug dosage. 1
10. Inhalant, Beta Adrenergic agent with nebulizer apparatus, approved by medical director	In nebulizer apparatus	5	v. Approved sharps container per Chapter 64J-1, F.A.C. 1
IV SOLUTIONS MINIMUM AMMOUNTS			w. Flexible suction catheters size 6-8, 10-12, and 14, French One each
1. Lactated Ringers or Normal Saline	4	In any combination	Other ALS Requirements
Medical Equipment			1. Standing orders – authorized by current medical director within last 24 months
a. Laryngoscope handle with batteries		1	2. Controlled substances stored in a locked drug compartment.
b. Laryngoscope blades, adult, child and infant sizes		1 OF EACH	3. Controlled substance written vehicle log;
c. Pediatric IV arm board or splint appropriate for IV stabilization		3	A. Inventory conducted at beginning and end of shift.
d. Disposable endotracheal tubes; adult, child and infant sizes (Two each within the ranges 2.5mm – 5.0mm shall be uncuffed; range 5. mm – 7.0mm; 7.5mm – 9.0mm)		2 OF EACH	B. Log consecutively, permanently numbered pages.
e. Pediatric and adult endotracheal tube stylets.			C. Log on each vehicle specifics:
f. Pediatric and adult Magill forceps.		1 OF EACH	1. Vehicle unit or number;
g. Device for intratracheal meconium suctioning in newborns		1	2. Name of employee conducting inventory;
h. Tourniquets		5	3. Date and time of inventory;
i. IV cannulae between 14 and 24 gauge		3 OF EACH	4. Name, weight, volume or quantity and expiration date of each controlled substance;
j. Micro drip sets		4	5. Run report no. (if administered);
k. Macro drip sets		4	6. Each amount administered or disposed;
l. IV pressure infuser		1	7. Printed name and signature of administering Paramedic or other authorized licensed professional.
m. Needles between 18 and 25 gauge		2 OF EACH	8. Printed name and signature of person witnessing the disposal of each unused portion.

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: _____ Date: _____

Inspected By: _____ Date: _____

The provider's medical director may determine quantities. Quantities must be sufficient to meet the services protocols.

STATE OF FLORIDA
DEPARTMENT OF HEALTH - EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: _____ Inspection Date: ____/____/____ Phone: (____) ____-____
 County: _____ Type of Inspection: Initial Reinspection Random Complaint Announced Unannounced
 Vehicle Information: Transport Non-Transport Unit# _____ Year/Make _____ Permit Type _____ Permit# _____
 VIN _____ Tag# _____

Inspection Codes: 1 = Item meets inspection criteria. Rating Categories: 1 = Lifesaving equipment, medical supplies, drugs, records or procedures
 1a = Item corrected during inspection to meet criteria. 2 = Intermediate support equipment, medical supplies, drugs, records or procedures
 2 = Items not in compliance with inspection criteria. 3 = Minimal support equipment, medical supplies, records or procedures

Name	EMT/PARA/DRIVER	CERTIFICATE NUMBER	Crew credentials: Section 401.27(1) And 401.281, F.S.
1.			Minimum = One EMT and One Driver
2.			
3.			

I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822)	II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822)
1. Exhaust System	1. Primary stretcher and three straps.
2. Exterior Lights: A. Head lights (high and low beam) B. Turn signals C. Brake Lights D. Tail Lights E. Back-up lights and audible warning device	2. Auxiliary stretcher and two straps.
3. Horn	3. Two ceiling mounted IV holders.
4. Windshield wipers	4. Two no-smoking signs.
5. Tires	5. Overhead grab rail.
6. Vehicle free of rust and dents	6. Squad bench and three sets of seat belts.
7. Two-way radio communication - radio test A. Hospital (cab and patient compartment) B. Dispatch Center C. Other EMS units	7. Interior lights.
8. Emergency Lights	8. Exterior floodlights.
9. Siren	9. Loading lights.
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.	10. Heat and air conditioning with fan.
11. Doors open properly, close securely.	11. Word-"Ambulance" - sides, back and mirror image front.
12. Rear and side view mirrors.	12. Burn sheets.
13. Windows and windshield	13. One flashlight with batteries.
14. Transport Vehicle Requirements (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822)	14. Occlusive dressings.
1. Primary stretcher and three straps.	15. Assorted sizes of oropharyngeal airways. Pediatric and Adult
2. Auxiliary stretcher and two straps.	16. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)
3. Two ceiling mounted IV holders.	17. Sufficient quantity of gloves - suitable to provide barrier protection from biohazards for all crew members.
4. Two no-smoking signs.	18. Sufficient quantity of each for all crewmembers - Face Masks - both surgical and respiratory protective.
5. Overhead grab rail.	19. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.
6. Squad bench and three sets of seat belts.	20. Nasopharyngeal airways, French or mm equivalents (infant , pediatric , and adult
7. Interior lights.	21. One approved biohazardous waste plastic bag or impervious container per Chapter 64J-1, F.A.C.
8. Exterior floodlights.	21a. Pediatric length based measurement device for equipment selection and drug dosage
9. Loading lights.	22. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard.
10. Heat and air conditioning with fan.	23. One bulb syringe separate from obstetrical kit.
11. Word-"Ambulance" - sides, back and mirror image front.	24. One thermal absorbent reflective blanket.
III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)	25. Two multi-trauma dressings.
1. Installed suction. (Transport only) Items 4, 14, 17, 18 and 26 in section II must be tested.	GENERAL SANITATION (Section 401.26(2)(e), F.S.) I. Vehicle and Contents <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822)	
1. Bandaging, dressing and taping supplies: a. Rolls adhesive, silk or plastic tape. b. Sterile gauze pads, any size c. Triangular bandages	

Comments: _____

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by: _____

Person in Charge: _____ Date: _____
 Inspected By: _____ Date: _____

Section 14

Sworn Statement

Instructions

Complete the Declaration of Applicant form.

Declaration of Applicant

Under penalties of perjury, I Bob Eberhart declare that I have examined this application and to the best of my knowledge and belief, that all the information herein is true, correct and complete. I am aware that, in accordance with law, all license applications are public records and subject to public disclosure, which includes this application and all other documents and information filed therewith, and further, that I understand that I am obligated to conform with, and am subject to, all rules and regulations of the Marion County Code of Ordinances. I acknowledge that the County reserves the right to inspect my workplace and/or vehicles for compliance with County or State requirements.

Signature:  Printed Name: Bob Eberhart

Date: November 13 2023 Company Name: RG Ambulance Service, Inc.

State of Florida

County of Orange

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 14th day of November, 2023, by Bob Eberhart.

Stamp/Seal:

Personally Known
OR



Heather Stoneburner-Lavides
Notary Public
State of Florida
Comm# HH269005
Expires 5/30/2026

Heather Stoneburner-Lavides
Notary Public (Print Name)

Signature of Notary Public

Produced Identification Type of Identification Produced:

Section 15

Other

Instructions

If applicant has any additional information for the Board, insert after the Section 16 title page.



**EMERGENCY MEDICAL SERVICES – ADVANCED LIFE SUPPORT
(LEVEL IV – ALS Transport)
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

WHEREAS, Marion County Fire Rescue desires to provide quality emergency Advanced Life Support – Transport medical services to the citizens of Marion County; and

WHEREAS, it has been demonstrated there is a need for this Advanced Life Support – Transport service to operate in this County to provide essential services to the citizens of Marion County; and

WHEREAS, the above Marion County Fire Rescue has indicated that it will comply with all requirements of the Florida Emergency and Non-Emergency Medical Services Act;

NOW, THEREFORE, the Board of County Commissioners of Marion County hereby issues a Certificate of Public Convenience and Necessity for Advanced Life Support – Transport to Marion County Fire Rescue. In issuing this Certificate, it is understood that the above named Marion County Fire Rescue will meet the requirements of Florida Statutes and applicable rules and regulations and provide Advanced Life Support – Transport services as needed for the following area:

PRIMARY AREA: Marion County

SECONDARY AREA: None

TERM: Six Years
April 1st, 2024 Through May 30th 2030

ATTEST:

MARION COUNTY
BOARD OF COUNTY COMMISSIONERS

Gregory C. Harrell, Clerk of Court

BY: _____
Michelle Stone, Chairman

DATED: _____

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
ADVANCE LIFE SUPPORT - TRANSPORT (LEVEL IV)
RG AMBULANCE INC D/B/A AMERICAN AMBULANCE
MODIFIED OPERATIONAL RESTRICTIONS**

In accordance with the Certificate of Public Convenience and Necessity (COPCN) Advanced Life Support - Transport (Level IV) approved on April 2, 2024 RG Ambulance Service Inc, d/b/a American Ambulance has indicated that it will comply with all requirements of the Florida Emergency and Non- Emergency Medical Services Act and the restrictions specified below as set for by the Marion County Board of County Commissioners.

In order to ensure that the current provider of ambulance service is not negatively impacted by approval of another advanced life support transport provider; the following restrictions are required to be placed upon the RG Ambulance Service Inc, d/b/a American Ambulance Advanced Life Support - Level IV COPCN as modified during the April 2, 2024 Board of County Commissioners regularly scheduled meeting:

1. RG Ambulance Service Inc, d/b/a American Ambulance shall be authorized to transport basic life support (BLS) level and advanced life support (ALS) level patients originating from University of Florida Shands hospitals and freestanding emergency departments within Marion County to any University of Florida Shands facility.
2. RG Ambulance Service Inc, d/b/a American Ambulance shall be authorized to transport BLS and ALS level patients being discharged from University of Florida Shands hospitals and freestanding emergency departments within Marion County to the patient's home, skilled nursing facility, assisted living facility, etc.
3. RG Ambulance Service Inc, d/b/a American Ambulance shall not transport critical care (SCT) level patients unless specifically requested by Marion County Fire Rescue.
4. RG Ambulance Service Inc, d/b/a American Ambulance shall neither respond to, nor take patients from, emergency calls for service, unless specifically requested by Marion County Fire Rescue, and shall not be considered an emergency services provider.
5. RG Ambulance Service Inc, d/b/a American Ambulance shall transport 100% of all BLS and ALS patients within the University of Florida Shands network originating within Marion County. To illustrate compliance with this requirement, RG Ambulance Service Inc, d/b/a American Ambulance will submit a quarterly report to the county administrator or designee to include the date, time, originating facility, level of care and destination facility for each patient.
6. Marion County Fire Rescue will assist RG Ambulance Service Inc, d/b/a American Ambulance with any local inter-facility transport deemed an "EMERGENCY TRANSPORT" in the event RG Ambulance Service Inc, d/b/a American Ambulance ambulances are unavailable to undertake the transport. RG Ambulance Service Inc, d/b/a American Ambulance will follow the set established procedure to request this assistance.

7. RG Ambulance Service Inc, d/b/a American Ambulance will make available to the county administrator or designee records for all transports upon written request.
8. In the event of a state of emergency declared by the county administrator, state or federal officials, these restrictions may be suspended as requested by Marion County Fire Rescue.

Attest

By: _____
Gregory C. Harrell, Clerk of Court

Approved as to form and legal

ciency

[Handwritten signature]
For: _____
County Attorney

Marion County Board of County
Commissioners, a political subdivision
of the State of Florida

By: _____
Name: Michelle Stone
Title: Chairman

RG Ambulance Service Inc., d/b/a American Ambulance

2766 NW 62 Street

Miami FL 33147

[Handwritten signature]

RG Ambulance CEO

Date 2/26/24