

Ambulance Agency Assessment Reporting Form
(pursuant to 33 V.S.A. § 1959)

The reporting period is: **July 1, 2020 to June 30, 2021**. This form must be received at DVHA by **November 30, 2021**. Email (preferred) completed form to: ahs.dvhaaccountsreceivable@vermont.gov. or mail to: DVHA 22, 280 State Drive, NOB 1 South, Waterbury, VT 05671-1010, Attn: Ann Noelk

1. Name of Organization	<input style="width:100%;" type="text"/>
2. VT Sept. of Health-issued Service Number	<input style="width:100%;" type="text"/>
3. Contact Person's Name	<input style="width:100%;" type="text"/>
4. Contact Person's Telephone Number	<input style="width:100%;" type="text"/>
5. Email Address	<input style="width:100%;" type="text"/>
6. Mailing Address	<input style="width:100%; height:100%;" type="text"/>

This is a fillable PDF form. If using as a fillable form, please enter amounts in Lines 1, 2 and 3. Lines 4-6 will calculate automatically. If using as a printed form and handwriting information, please enter amounts in ALL Lines.

Line 1 - Total Patient Revenue for All Transports:	<input style="width:100%;" type="text"/>
Line 2 - Patient Revenue for All Transports Not in Vermont: (This includes all revenue for transports that do not both start and end in Vermont)	<input style="width:100%;" type="text"/>
Line 3 - Paramedic Interception Service:	<input style="width:100%;" type="text"/>
Line 4 - addition of line 2 and 3:	<input style="width:100%;" type="text"/>
Line 5 - Net Vermont Patient Revenue (subtract line 4 from line 1):	<input style="width:100%;" type="text"/>
Line 6 - Tax due for Vermont Patient Revenue (3.3% of Line 5):	<input style="width:100%;" type="text"/>

I, (printed name) , as a duly authorized agent or employee of the

above named organization and authorized to submit this form on their behalf, do certify and attest to the information being reported to DVHA on this form as true and accurate to the best of my knowledge or ability. I acknowledge and understand that the State of Vermont or DVHA may audit, inspect, verify, or investigate the information that I have reported. I acknowledge and understand that the State of Vermont or DVHA may request any and all evidence, documents, forms, claims, and records from the organization, and the organization must make them available to the State of Vermont or DVHA. I acknowledge and understand that if any miscalculation, misrepresentation, error, omission, or fraud is found, the organization may be liable for any differences owed and any fines and/or penalties under 33 V.S.A. § 1959 or other state and federal laws.

Authorized Agent's/Employee's Signature on Behalf of the Organization Date

INSTRUCTIONS

All ambulance agencies must complete and submit the reporting form if applicable. Please review and fill in information as indicated. All information provided must be based upon the indicated reporting period on page one. The completed form must be signed and submitted to DVHA by November 30, 2021.

QUESTIONS: If you have any questions about filling out this form, please contact the DVHA Business Office at ahs.dvhaccountsreceivable@vermont.gov.

Definitions

For purposes of the ambulance agency assessment, the following definitions shall apply:

1. "Patient revenue" shall mean the cash revenue received by an ambulance agency during the reporting period for delivering services to patients excluding any revenue from:
 - a. air ambulance services;
 - b. municipal appropriations;
 - c. donations from any source; or
 - d. any other funding unrelated to the delivery of health care services.
2. "Paramedic intercept services revenue" shall mean an ALS services provided by an entity that does not provide the ambulance transport and can be billed under codes like ALS code A0432 or HCPCS code S0208.
3. "Ambulance agency" shall mean an ambulance service licensed by the Vermont Department of Health. This term shall not apply to any ambulance agency conducted, maintained, or operated by the U.S. government.
4. "Patient Revenue from Transports not in Vermont" - cash revenue received for any transport when the transport crosses the Vermont geographic border. If you picked up a transport in Vermont and then went over the Vermont border, these transports count as not in Vermont. If you picked up a transport in Vermont and the destination was outside of Vermont, these transports count as not in Vermont. If you picked up a transport out of Vermont and the destination is in Vermont, these transports count as not in Vermont. It should only count as Vermont transport revenue to be taxed, if you pick up a transport in Vermont stay within the Vermont border and the destination was in Vermont.
5. "Net Vermont Patient Revenue" - revenue received for transports that both began and ended in Vermont. It should only count as Vermont transport revenue to be taxed, if you pick up a transport in Vermont stay within the Vermont border and the destination was in Vermont.