

Ambulance Billing facts

- 1. Q:** Why did a 5 minute trip in the ambulance cost so much? **A:** Billing for our services has nothing to do with time and distance. Our costs are simply based on the actual cost of staffing. I agree, it is a lot of money but in order to provide ambulance service we need to have the ability to pay our staff, and our billing only covers our staffing. Equipment and supplies are paid for by donations, subscriptions and tax dollars which are limited as well.
- 2. Q:** My insurance only paid a small portion of my bill and said it was considered fair, what do I do? **A:** Our experience has shown that initial payments may be based on in network or out of network provider services that do not take into consideration of your incident being an emergency. Therefore it is your responsibility to be sure of what your coverage actually covers and that the insurance provider actually processed the bill as an emergency. The insurance companies do not have the authority or knowledge to determine if our rates are appropriate to our needs in order to provide service.
- 3. Q:** I have insurance but it did not meet my deductible, I don't understand why? **A:** In the recent years we have seen a large amount of "High deductible" insurance plans meaning that the ambulance bill will not likely reach your deductible, leaving you to pay the entire bill out of pocket. But you must remember that the entire amount should be applied towards your deductible and accounted for.
- 4. Q:** Will Medicare/Medical assistance cover my ambulance ride? **A:** Not in every case, there is no simple explanation for this answer, and frankly understanding why or why not is getting more difficult. In order for these services to pay for ambulance service your emergency must meet their criteria for reimbursement.
- 5. Q:** I don't have insurance and I can't afford this high ambulance bill, what do I do? **A:** We do as much as possible to work with our patients on paying their bills. We deal with hundreds of uninsured people every year. Just communicate with our billing company and we generally work out payment plans that can work with your budget to get your bill paid.
- 6. Q:** How can an annual subscription help me? **A:** As a subscriber, if you call 911 in our area and your ambulance bill is only covered partially by your insurance, then you will not be responsible for the balance. One thing we do ask of subscribers from time to time is if your carrier under pays the bill that you contact them and have them reprocess it as an emergency so that a more realistic payment can be received. If you have a high deductible or no insurance coverage at all then your balance will be reduced by 50%. If you do not have a subscription you can call us or print a form from our website. The subscription is mailed out annually in October followed by a reminder in January.
- 7. Q:** What is the difference between BLS and ALS service? **A:** BLS or Basic life support is generally what takes place when the incident is considered minor that does not require ALS or Advanced Life support which would entail intervention such as a Paramedic ALS evaluation to rule out severe distress, a heart monitor, IV fluids, and medications.
- 8. Q:** If I call 911 for an ambulance, will I go to the hospital of my choice? **A:** We will make every effort to take you to the local hospital of choice. There are illnesses/Injuries that may require you to be transported to a specialty facility such as a trauma center out of the best interest in your care and recovery. We do not transport emergency patient's long distance such as Phila.