15-128

## Advanced Life Support Agreement

City of Manitowoc and Kiel Fire Department Ambulance Service desire to demonstrate their commitment to providing the best possible care to their patients by entering into this Advanced Life Support Intercept Agreement.

City of Manitowoc agrees to provide Kiel Ambulance Service with Advanced Life Support (ALS) intercept service when Kiel Ambulance Service requests such service. When such response is requested and provided, the billing procedures outlined within this Agreement will be followed.

- 1. When City of Manitowoc provides ALS care and Kiel Ambulance Service transports the patient in their vehicle:
  - a). Kiel Ambulance Service will be responsible for the billing and collection associated with the ALS service provided by City of Manitowoc as required by CMS regulations.
  - b). Kiel Ambulance Service will pay City of Manitowoc \$200 plus any supplies with regard to ALS transports.
    - c). It is understood that City of Manitowoc Medicare provider number <u>000085412</u> shall only be used when City of Manitowoc is involved in a Kiel Ambulance Service transport.
    - d). Kiel Ambulance Service accepts responsibility to accurately track reimbursements for ALS Intercepts in which they provide transport so as to adhere to the guidelines set forth in this billing agreement.
    - e). City of Manitowoc will provide a copy of their PCR for the call to aid in billing and QA.
  - 2. When City of Manitowoc provides ALS care and transports the patient in City of Manitowoc vehicle:
    - a). City of Manitowoc will be responsible for the billing and collection associated with its service.
    - b). City of Manitowoc will pay Kiel Ambulance Service \$200 plus any supplies with regard to these transports.
    - c). City of Manitowoc accepts responsibility to accurately track reimbursements for ALS intercepts in which they provide transport so as to adhere to the guidelines set forth in this billing agreement.
    - d). Kiel Ambulance Service will provide a copy of their PCR for the call to aid in billing and QA

This agreement will become effective when signatures from both parties have been placed on this Agreement and will remain in effect until either party provides the other party with a thirty (30) day written notice of cancellation or modification.

Signature page follows

City of Manitowoc	City of Kiel	
Signature Justin M. Nickels, Mayor	Signature	
Print Name Jennifer Hudon, City Clen	r Print Name	
Title	Title	
Phone	Phone	
Date	Date	