

**RESOLUTION NO. 158-09**

**BY: THE MAYOR**

**TO AMEND RESOLUTION NO. 4-09, ADOPTED ON JANUARY 5, 2009, WHICH AMENDED EMERGENCY MEDICAL SERVICE USER FEES PREVIOUSLY ESTABLISHED IN RESOLUTION NO. 128-04, ADOPTED OCTOBER 18, 2004 AND AMENDED BY RESOLUTION 162-05 ON NOVEMBER 21, 2005, IN ACCORDANCE WITH SECTION 2.02 OF THE CODE OF GENERAL ORDINANCES**

**WHEREAS**, on September 18, 2000, the Common Council of the City of Kenosha, Wisconsin, adopted Resolution No. 122-00, establishing Emergency Medical User Fees in accordance with Section 2.02 of the Code of General Ordinances for the City of Kenosha, Wisconsin; and,

**WHEREAS**, on October 18, 2004, the Common Council of the City of Kenosha, Wisconsin, adopted Resolution No. 128-04, rescinding the Emergency Medical User Fees established by Resolution No. 122-00, and amended them to reflect the then current costs of services.

**WHEREAS**, on November 21, 2005, the Common Council of the City of Kenosha, Wisconsin, adopted Resolution No. 162-05, rescinding the Emergency Medical User Fees established by Resolution No. 128-04, and amended them to reflect the then current costs of service.

**WHEREAS**, on January 5, 2009 the Common Council of the City of Kenosha, Wisconsin, adopted Resolution No. 04-09, rescinding the Emergency Medical User Fees established by Resolution No. 162-05, and amended them to reflect the then current costs of services.

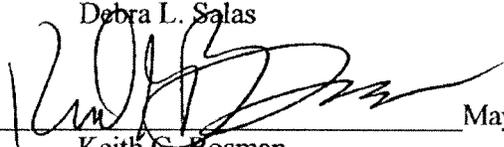
**WHEREAS**, it has been determined that said Emergency Medical User Fees need to be reestablished to reflect current costs of service.

**NOW, THEREFORE, BE IT RESOLVED** by the Common Council of the City

of Kenosha, Wisconsin, that Resolution No. 04-09, adopted January 5, 2009, be and hereby is amended; in accordance with Section 2.02 of the Code of General Ordinances as specified in Attachment "A", which is attached hereto and incorporated herein by reference.

Adopted this 2nd day of December, 2009.

ATTEST:  Deputy City Clerk  
Debra L. Salas

APPROVED:  Mayor  
Keith G. Bosman

Date: December 3, 2009

**ATTACHMENT "A"  
TO RESOLUTION NO. \_\_\_\_\_**

**CITY OF KENOSHA, WISCONSIN  
EMERGENCY MEDICAL SERVICE USER FEES**

**1.0 DEFINITIONS:** The following words and phrases shall have the meanings provided.

**1.1 "Basic Life Support" (BLS)** shall mean emergency life saving procedures that focus on the patient's airway, breathing and circulation. Procedure includes, but is not limited to, splinting, patient assessment, oxygen administration, wound care and CPR.

**1.2 "Advanced Life Support" (ALS)** shall mean the capability of a medical response team to render life support procedures beyond basic life support. This training level allows paramedics to use advanced (invasive) procedures, such as intravenous (IV) therapy, endotracheal intubation, EKG interpretation, and various medications.

**1.3 "Services"** shall mean BLS and/or ALS.

**1.4 "Service Fees"** shall mean user fees for BLS and/or ALS Services.

**1.5 "Dependent"** shall have the meaning provided in the Federal Internal Revenue Code.

**2.0 EMERGENCY MEDICAL SERVICE USER FEES:** Emergency Medical Service User Fees for ALS and BLS shall be as follows:

	ALS		BLS	
	NonResident	Resident	NonResident	Resident
<b>Base Fee</b>	\$600.00	\$550.00	\$500.00	\$450.00
<b>Mileage</b>	\$10.00	\$10.00	\$10.00	\$10.00
<b>Additional Supplies</b>	\$45.00	\$45.00	\$45.00	\$45.00
<b>Oxygen</b>	\$50.00	\$50.00	\$50.00	\$50.00
<b>EKG</b>	\$65.00	\$65.00	\$65.00	\$65.00
<b>IV and Supplies</b>	\$45.00	\$45.00		
<b>Intubation</b>	\$50.00	\$50.00		
<b>Defibrillation</b>	\$50.00	\$50.00		
<b>IV Drugs</b>	\$20.00	\$20.00		
<b>NonTransport</b>	\$400.00	\$350.00	\$125.00	\$75.00

Each patient shall be charged the base fee for the type of Service received (ALS or BLS), plus mileage and additional fees for supplement services received.

**2.1 MEDICARE BILLING AND REIMBURSEMENT POLICY.** Medicare will be billed for services and the City will accept Medicare reimbursement.

**3.0 SERVICE FEE WAIVER POLICY.** Service Fees shall be waived for "very low income", where authorized by the following tables which are attached hereto and incorporated herein by reference:

**3.1** Service Fee Waiver Table 3.1, Resident BLS.

**3.2** Service Fee Waiver Table 3.2, Resident ALS.

**3.3** Service Fee Waiver Table 3.3, NonResident BLS.

**3.4** Service Fee Waiver Table 3.4, NonResident ALS.

**4.0 WRITEOFF POLICY.**

**4.1 City Writeoff.** The City Finance Director is authorized to approve the writeoff of Service Fees, in any amount, where authorized by this Resolution.

**4.2 Billing Services Writeoff.** The City may contract with an independent contractor for billing services. In such event, Service Provider is authorized to act as the City's agent for purposes of writing off Service Fees which are in the amount of One Hundred (\$100.00) Dollars or less, in accordance with the Service Fee Waiver Policy.

**4.3 Petition For Service Fee Waiver.** A service recipient may petition the Fire Chief, or designee of the City Fire Department, for a full or partial waiver of the City Service Fee by submitting an official City form, which is fully completed and legible, to the Fire Department, along with the required proof of Total Family Income and number of dependents.

**4.4 Income Levels For Waiver.** Income levels for waiver may be updated annually by the City Finance Director based upon the "very low income" levels for Kenosha, Wisconsin, published in the Federal Register. The updated income level shall be filed by the City Finance Director and/or City Attorney with the City Clerk/Treasurer and City Fire Department.

**5.0 Special Revenue Fund.** The Finance Director of the City of Kenosha will create a Special Revenue Fund, as recommended by the Governmental Accounting Standards Board, for the purpose of recording proceeds of specific revenue sources related to this service and disbursement of funds associated with the delivery of Public Safety Services.

**SERVICE FEE WAIVER TABLE 3.1**

**RESIDENT BASIC LIFE SUPPORT (BLS)**

Upon proper application and proof of total family income and number of dependents, the Resident BLS Service Fee (base fee, mileage and additional fees) will be subject to full or partial waiver after all insurance coverage is exhausted. Insurance companies and Medicare are not entitled to apply for the Service Fee Waiver.

**Amount Deducted From Bill**

Total Family Income	Number of Dependents			
	1	2	3	4+
\$0 - \$20,000	450	450	450	450
\$20,001 - \$22,500	400	450	450	450
\$22,501 - \$25,000	350	350	400	400
\$25,001 - \$27,250	300	300	350	400
\$27,251 - \$30,000	250	250	300	350
\$30,001 - \$32,500	200	200	250	300
\$32,501 - \$35,000	150	200	250	250
\$35,001 - \$37,500	100	150	150	200
\$37,501 - \$40,000	0	100	150	150
\$40,001 - \$42,500	0	0	100	150
\$42,501 - \$45,000	0	0	50	100
\$45,001 - \$47,500	0	0	0	50

**SERVICE FEE WAIVER TABLE 3.2**

**RESIDENT ADVANCED LIFE SUPPORT (ALS)**

Upon proper application and proof of total family income and number of dependents, the Resident ALS Service Fee (base fee, mileage and additional fees) will be subject to full or partial waiver after all insurance coverage is exhausted. Insurance companies and Medicare are not entitled to apply for the Service Fee Waiver.

**Amount Deducted From Bill**

Total Family Income	Number of Dependents			
	1	2	3	4+
\$0 - \$20,000	550	550	550	550
\$20,001 - \$22,500	500	550	550	550
\$22,501 - \$25,000	450	500	550	550
\$25,001 - \$27,250	400	450	500	550
\$27,251 - \$30,000	350	400	450	500
\$30,001 - \$32,500	300	350	400	450
\$32,501 - \$35,000	250	300	350	400
\$35,001 - \$37,500	200	250	300	350
\$37,501 - \$40,000	150	200	250	300
\$40,001 - \$42,500	100	150	200	250
\$42,501 - \$45,000	50	100	150	200
\$45,001 - \$47,500	50	50	100	150

**SERVICE FEE WAIVER TABLE 3.3**

**NONRESIDENT BASIC LIFE SUPPORT (BLS)**

Upon proper application and proof of total family income and number of dependents, the Non-Resident BLS Service Fee (base fee, mileage and additional fees) will be subject to full or partial waiver after all insurance coverage is exhausted. Insurance companies and Medicare are not entitled to apply for the Service Fee Waiver.

**Amount Deducted From Bill**

Total Family Income	Number of Dependents			
	1	2	3	4
\$0 - \$20,000	500	500	500	500
\$20,001 - \$22,500	450	500	500	500
\$22,501 - \$25,000	400	450	500	500
\$25,001 - \$27,250	350	400	450	500
\$27,251 - \$30,000	300	350	400	450
\$30,001 - \$32,500	250	300	350	400
\$32,501 - \$35,000	200	250	300	350
\$35,001 - \$37,500	150	200	250	300
\$37,501 - \$40,000	100	150	200	250
\$40,001 - \$42,500	50	100	150	200
\$42,501 - \$45,000	50	50	100	150
\$45,001 - \$47,500	50	50	50	100

**SERVICE FEE WAIVER TABLE 3.4**

**NONRESIDENT ADVANCED LIFE SUPPORT (ALS)**

Upon proper application and proof of total family income and number of dependents, the Non-Resident ALS Service Fee (base fee, mileage and additional fees) will be subject to full or partial waiver after all insurance coverage is exhausted. Insurance companies and Medicare are not entitled to apply for the Service Fee Waiver.

**Amount Deducted From Bill**

Total Family Income	Number of Dependents			
	1	2	3	4
\$0 - \$20,000	600	600	600	600
\$20,001 - \$22,500	550	600	600	600
\$22,501 - \$25,000	500	550	600	600
\$25,001 - \$27,250	450	500	550	600
\$27,251 - \$30,000	400	450	500	550
\$30,001 - \$32,500	350	400	450	500
\$32,501 - \$35,000	300	350	400	450
\$35,001 - \$37,500	250	300	350	400
\$37,501 - \$40,000	200	250	300	350
\$40,001 - \$42,500	150	200	250	300
\$42,501 - \$45,000	100	150	200	250
\$45,001 - \$47,500	50	100	150	200