

Air Ambulance Data Report – Providers of Air Ambulance Services

Organization Information

O1	Reporting Period	
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Submitting Entity Information

O2	Entity Name	
O3	FEIN	
O4	Point of Contact: Name	
O5	Point of Contact: E-mail	

Responsible Entity Information

O6	Entity Name	
O7	FEIN	
O8	Point of Contact: Name	
O9	Point of Contact: E-mail	
O10	Address: Street	
O11	Address: City	
O12	Address: State	
O13	Address: Zipcode	
O14	Organization Type	
O15	Parent Company Name	
O16	Parent Company FEIN	
O17	Number of Bases	
O18	NPIs	

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Labor Costs

Base LOCID	From B1
Base Name	From B2

Base-Level Labor Costs	Response Staff				Administrative/Facility Staff						
	Pilots	Physicians	Nurses	Paramedics	Medical Director	Administrative	Management	Dispatch / Call Center	Vehicle Maintenance	Facilities Maintenance	Regional and Corporate
Total Staff Count											
Hours											
Salaries and Wages											
Incentive Compensation											
Benefits											
Workers Compensation											
Payroll Taxes											
Other											

Comments

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Facility Costs

Base LOCID	From B1
Base Name	From B2

Base-Level Facility Costs	Hangars	Landing Pads	Crew Quarters	Control and Radio Towers	Dispatch Centers	Administrative	Other	Regional and Corporate
Annual Lease/Rental Costs, if not owned								
Annual Mortgage, Bond Interest, Other Ownership								
Annual Depreciation								
Insurance								
Maintenance & Improvements								
Utilities								
Taxes								
Computers & Software								
Other (specify)								

Comments

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Vehicle Costs

Base LOCID	From B1
Base Name	From B2

Air Ambulances	Aircraft N- Number from BV3	Aircraft N- Number from BV3	Aircraft N- Number from BV3	Aircraft N- Number from BV3
Aviation Vendor Fees				
Depreciation				
Conversion to Air Ambulance				
Safety enhancements				
Other non-medical equipment (such as radios/communication systems)				
Registration & License				
Interest				
Tax				
Insurance				
Maintenance Equipment & Parts				
Fuel				
Capital Medical Equipment				
Other (specify)				

Other Vehicles	Fire Trucks / Rescue Vehicles	Ground Ambulances	Other Vehicles	Regional and Corporate
Vendor Fees				
Depreciation				
Registration & License				
Tax				
Insurance				
Maintenance Equipment				
Fuel				
Other (specify)				

Comments

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Equipment and Supply Costs

Cost Type	Base LOCID from B1	Base LOCID from B1	Base LOCID from B1	Base LOCID from B1	Regional and Corporate
Capital Non-Medical Equipment					
Uniforms					
Other Non-Medical					
Capital Medical Equipment					
Medications					
Medical Equipment, Supplies, and Consumables					
Other (specify)					

Comments

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Vendor Costs

Cost Type	Base LOCID from B1	Base LOCID from B1	Base LOCID from B1	Base LOCID from B1	Regional and Corporate
Billing Service					
Accounting/Finance					
Vehicle Maintenance/Repair Service					
Dispatch/Call Center					
Facilities Maintenance Services					
IT Support Service					
Response Labor					
Medical Direction/Management					
Aviation Direction/Management					
Other (specify)					

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Overhead Costs

Cost Type	Base LOCID from B1	Base LOCID from B1	Base LOCID from B1	Base LOCID from B1	Regional and Corporate
Medical or Air Ambulance-Related Expenses					
Administrative and General Expenses					
Funds paid to other organizations for services					
Fees, fines, and taxes					
Insurance					
Aircraft Liability					
Aircraft Hull					
Medical Malpractice					
General liability					
Other					
Training					
Non-Medical					
Medical					
Other (specify)					

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Revenue

Revenue Source (Air Ambulance Transports)	Base LOCID from B1	Base LOCID from B1	Base LOCID from B1	Base LOCID from B1	Regional and Corporate
Medicare FFS					
Medicare Advantage					
Medicaid					
Veterans Health Administration (VA)					
TRICARE					
Indian Health Service (IHS)					
Commercial Health Coverage or Insurance					
Workers Compensation					
Patient Cost Sharing					
Patient Self-pay					
Non-direct Payer Contracts					
Other (specify)					

Revenue Source (Other)	Base LOCID from B1	Base LOCID from B1	Base LOCID from B1	Base LOCID from B1	Regional and Corporate
Contracts with facilities (hospitals, nursing homes, prisons, businesses)					
EMS services other than transports (excluding contracts with facilities reported above)					
Sub-contracted ambulance services					
Fees for standby events					
Air medical subscriptions and ambulance or EMS membership programs					
Non-direct contracts (waiver, rental, lease, supplemental arrangements)					
Charitable donations and foundation funding					
Program-related investments					
Local taxes or assessments earmarked for EMS services					
Enterprise funds and utility rates					
Contract revenue from local governments in return for services					
Sales of assets and services					
Bond or debt financing					
State or local donation of vehicles or durable equipment					
Technical assistance (subsidized training)					
Funding grants and time-limited funding from government (federal, state, local, other)					
Other					

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Transport Data

T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12	T13	T14
LOCID	Base Name	Aircraft N-Number	Date of Service	NPI	NPI Street Address	NPI City	NPI State	NPI Zipcode	CPT / HCPCS Code	Loaded Statute Miles	Pick-up Location Zipcode	Drop-off Location Zipcode	Duration of Flight (HH:MM)

T15	T16	T17	T18	T19	T20	T21	T22	T23	T24	T25	T26
Primary Payor	Contracted Payor Name	Non-Direct Contract Type	Emergent Transport	Transport Type	Was Claim Denied?	Denial Reason	Was Claim Denial Appealed?	Was Claim Paid after Appeal?	Submitted Charge – Base Rate	Submitted Charge – Mileage	Submitted Charge – Other

T27	T28	T29	T30	T31	T32	T33	T34	T35	T36
Paid Amount – Base Rate	Paid Amount – Mileage	Paid Amount – Other	Paid Amount – Other Payors	Patient Cost Sharing Amount	Amount Billed to Patient	Was Bill Referred to Collections?	Amount Received from Patient	Other Reimbursement	Type of Other Reimbursement

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