

Air Ambulance Data Report Instructions – Providers of Air Ambulance Services

Background & Purpose

Section 106(a) of the No Surprises Act, which was enacted as part of the Consolidated Appropriations Act, 2021, requires providers of air ambulance services to submit data on air ambulance services to the Secretary of Health and Human Services and the Secretary of Transportation (the Secretaries). The Department of Health and Human Services (HHS) proposed implementing regulations at 45 CFR part 149. The Centers for Medicare and Medicaid Services (CMS) is collecting these air ambulance data on behalf of the Secretaries.

These are the Instructions for the Air Ambulance Data Report (AA Report). The purpose of this document is to provide instructions and definitions for submission of the required air ambulance data to CMS. The required data elements are described in the proposed 45 CFR 149.460. These Instructions provide information on the organizational responsibility for reporting, the deadlines and reference period for the data submission, definitions, instructions for the specific data fields, and the submission process.

Applicability of Reporting Requirements

These reporting requirements apply to all providers of air ambulance services subject to section 106 of the No Surprises Act. A *provider of air ambulance services* means an entity that is licensed under applicable State and Federal law to provide air ambulance services.¹ An *air ambulance service* means a medical transport by a rotary-wing air ambulance, as defined in 42 CFR 414.605, or fixed-wing air ambulance, as defined in 42 CFR 414.605. The responsible entity may engage a third party to submit the air ambulance data on their behalf. We refer to the entity that submits the data to CMS as the submitting entity.

The primary basis for reporting is at the National Provider Identifier (NPI) level. The responsible entity is the organization corresponding to the NPI. For example, if the responsible entity is a not-for-profit health care organization associated with the NPI, and provides air medical staff, supplies, and services but contracts with a separate for-profit organization for air medical transportation services, the health care organization is responsible for the submission of the air ambulance data to CMS.

¹ This includes municipality-sponsored providers, the tribally-operated program in Alaska, and public agency programs that provide on-demand air ambulance services regionally, pursuant to the Federal Aviation Regulation 14 CFR parts 119 and 135.

Deadlines and Reference Period for Data Submission

The AA Report reflecting the data for the 2022 calendar year reporting period must be submitted to CMS by March 31, 2023. The AA Report reflecting the data for the 2023 calendar year reporting period must be submitted to CMS by March 30, 2024. The AA Report must include data relevant to air ambulance services furnished within the reporting period, as well as data relevant to air ambulance services with payment dates that fall within the reporting period.

Submission Process

The data collection system for air ambulance data is under development. CMS will update both the information collection section of the rule and these instructions, as well as provide additional guidance regarding the submission process, once the technical development of the data collection system has been completed.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 147 hours per response, including the time to review instructions, to make IT changes to collect, consolidate and report the required information, in the required format, to HHS. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Organization Information

This section collects identifying information about your organization, the NPIs used by your organization, and the air ambulance bases associated with those NPIs.

Table 1. Air Ambulance Organization Information

Item Number	Data Element	Instructions
O1	Reporting Period	Enter 2022 or 2023, as applicable.
O2	Submitting Entity Name	Enter the name of the entity submitting the data.
O3	Submitting Entity FEIN	Enter the FEIN of the entity submitting the data.
O4	Submitting Entity Point of Contact: Name	Enter the name of the point of contact for the entity submitting the data.
O5	Submitting Entity Point of Contact: E-mail	Enter the email address for the point of contact for the entity submitting the data.
O6	Responsible Entity Name	Enter the name of the responsible entity.
O7	Responsible Entity FEIN	Enter the FEIN of the responsible entity.
O8	Responsible Entity Point of Contact: Name	Enter the name of the point of contact for the responsible entity.
O9	Responsible Entity Point of Contact: E-mail	Enter the email address for the point of contact for the responsible entity.
O10	Address: Street	Enter the street portion of the address for the responsible entity.
O11	Address: City	Enter the city portion of the address for the responsible entity.
O12	Address: State	Enter the state portion of the address for the responsible entity
O13	Address: Zipcode	Enter the zipcode portion of the address for the responsible entity
O14	Organization Type	Select the description of organization type that best fits: <ul style="list-style-type: none"> • For-Profit • Not-for-Profit (excl. government) • Government (federal, state, local (county, city/township, other municipal) • Public-Private Partnership
O15	Parent Company Name	<ul style="list-style-type: none"> • Enter the name of the parent company, owner, other proprietor, or sponsor of the responsible entity. If none, enter “None.”
O16	Parent Company FEIN	Enter the FEIN of the parent company, owner, other proprietor, or sponsor of the responsible entity. If none, enter “None.”
O17	Number of Bases	Enter the total number of air ambulance bases operated by the responsible entity (or by the air carrier used by the responsible entity).
O18	NPIs	List all National Provider Identifiers (NPIs) used by the responsible entity to bill for air ambulance services.

Base Information

This section collects information about each air ambulance base.

Table 2. Air Ambulance Base Information

Item Number	Data Element	Instructions
B1	LOCID	Enter the Location Identifier (LOCID) as provided in Airport Master Record Form 5010. (If no LOCID is available, contact CMS for instructions.)
B2	Base Name	Enter the name of the air ambulance base.
B3	Base City	Enter the city portion of the address for the air ambulance base.
B4	Base State	Enter the state portion of the address for the air ambulance base.
B5	Delivery Model	Select the service delivery model that best fits this base: <ul style="list-style-type: none"> • Independent • Hospital-owned or sponsored • Hospital-Independent Partnership (hybrid) • Municipality-sponsored (include public agency programs) • Tribally-operated Program in Alaska
B6	Number of Payor Contracts	Enter the number of direct contractual relationships with a group health plan or health insurance issuer to furnish air ambulance services associated with this base that existed during the reporting period.
B7	Names of Contracted Payors	List the names of all group health plans and health insurance issuers with which the responsible entity contracted to furnish air ambulance services associated with this base.
B8	Air Medical Subscriptions or Ambulance/EMS Membership Programs	Select Y/N to indicate whether the responsible entity had any air medical subscription or ambulance/EMS membership programs associated with this base during the reporting period.
B9	Non-Direct Payor Contracts	Select Y/N to indicate whether the responsible entity had any non-direct payor contracts associated with this base during the reference period. Include waiver, rental, lease, supplemental agreements, and similar arrangements.
B10	Are Operational Costs Shared with Others	Select Y/N to indicate whether any operational costs of this base, such as building space or personnel, are shared with operations other than the air ambulance services (for example, hospital facilities).
B11	Does the Base Operate Ground Ambulances	Select Y/N to indicate whether ground ambulance services are operated out of this base.

Item Number	Data Element	Instructions
B12	Total Number of Responses	Enter the total number of air ambulance responses provided from this base during the reporting period. Responses include any time the organization arrived at the scene, regardless of whether it was dispatched or whether the response resulted in an air ambulance transport.
B13	Number of Non-Transport Responses	Enter the total number of air ambulance responses that did not result in a scene response patient transport, an inter-facility transport, or an organ/personnel/equipment transport during the reporting period.

Base – Vehicle Information

This section collects information about each aircraft at each base location. Include all aircraft operated out of the base, regardless of the purposes for which the aircraft is used.

Table 3. Air Ambulance Vehicle Information

Item Number	Data Element	Instructions
BV1	LOCID	From B1.
BV2	Base Name	From B2.
BV3	Aircraft N-Number	Enter the N-Number assigned to the aircraft.
BV4	Aircraft Type	Indicate whether the aircraft is <ul style="list-style-type: none">• Fixed-wing• Rotary
BV5	Aircraft Use	Indicate the primary use of this aircraft: <ul style="list-style-type: none">• The aircraft is in active regular use for air medical transports• The aircraft is used for back-up operations• The aircraft is used for other purposes
BV6	Flight Equipment	Select Y/N to indicate whether the aircraft is equipped for Instrument Flight Rules.
BV7	Number of Scene Response Patient Transports	Enter the number of scene response patient transports conducted during the reporting period.
BV8	Number of Inter-Facility Patient Transports	Enter the number of inter-facility patient transports conducted during the reporting period.
BV9	Number of Other Transports	Enter the number of transports of organs, medical personnel, or medical supplies conducted during the reporting period.
BV10	Average Number of Flight Staff	Indicate how many flight staff are used on average per patient transport on this aircraft.
BV11	Average Number of Medical Staff	Indicate how many medical staff are used on average per patient transport on this aircraft.

Labor Costs

This section collects information about the labor costs associated with the air ambulance base, as well as associated with the regional and corporate offices, if any. Please include information related to all NPIs associated with this base.

Response Staff

Report information about Response staff (including full- and part-time) at this base, including:

- Annual compensation for all paid response staff by category
- Total hours worked annually by paid response staff by category, including hours for activities other than air ambulance services

Please review the following instructions:

- If operational costs are shared with another entity, then include only paid response staff who had responsibilities that were either partly or entirely related to the air ambulance base, including frontline staff responding to air ambulance calls.
- If operational costs are shared with another entity, then do not include individuals with only non-air ambulance responsibilities (for example, firefighters who are not EMT or response staff).
- If this base operates a ground ambulance service, then do not include individuals who had only ground ambulance responsibilities.
- Report paid staff with primary *response* responsibilities in the appropriate response category and not in any other category. For example, response staff who had supervisory or administration/facilities responsibilities in the response staff category, and do not also count these staff in the administration/facilities category. In this example, a pilot with vehicle maintenance responsibilities should be included in the pilot category but **not** in the vehicle maintenance category.
- Include medical directors in the administrative/facility category and not in the response physicians category unless they primarily have response responsibilities.
- In the administrative staff category, include clerical, HR, billing, and IT support.
- Benefits include but are not limited to life insurance, vacation and holiday time off, medical and dental coverage, short- and long-term disability, and retirement contributions (such as pension or 401(k)).
- If labor is provided through contracts with third-party vendors, report these costs in the Vendor section or for Aviation contracts under the Vehicle Costs section and provide comments in the Comments section.

For Annual Compensation

- Report labor costs for each of the following cost categories (salaries/wages, incentive compensation, benefits, workers compensation, payroll taxes (FICA), and other costs) for paid staff in each of the response staff categories in the table below.
- If one or more components of compensation costs (e.g., benefits) were paid by another entity with which you had a

business relationship (e.g., a county or municipality that you serve), obtain and include these costs when you report labor costs. If only total costs in a category are available from another entity (e.g., total benefits costs across all staff), allocate to labor categories based on salary or wages across labor categories. For example, if total benefits were \$60,000, one-third of salary and wages was for Paramedic(s) and two-thirds of salary and wages was for Nurse(s), then \$20,000 (\$60,000 multiplied by one-third) would contribute to total compensation for Paramedic(s) and \$40,000 (\$60,000 multiplied by two-thirds) would contribute to total compensation for Nurse(s).

For Total Hours Worked Annually

- Please report **total hours worked** by paid response staff (including full- and part-time staff) in each category **annually**. For example, if your organization has two paid paramedics who both work 2,000 hours annually (i.e., full time at 40 hours a week for 50 weeks), and two paid paramedics who each work 1,250 hours annually (i.e., part time at 25 hours a week for 50 weeks), the reported hours would sum to: $2,000 + 2,000 + 1,250 + 1,250 = 6,500$ hours for paramedics.
- Report **total hours worked**, on air ambulance activities only, by paid staff with some or entirely air ambulance responsibilities. As an example, for a paid firefighter/paramedic who worked 2,000 hours annually (i.e., full time at 40 hours a week for 50 weeks) across fire and air ambulance operations, report the share of hours related to air ambulance services.
- Do **not** include paid or unpaid time off (e.g., vacation, sick leave, etc.) or hours spent on fundraising when reporting total hours worked annually.
- If this base operates a ground ambulance service, do **not** include hours dedicated to ground ambulance activities.
- Include only staff whose roles are with your base. If staff are employed as paramedics with your base and as firefighters for another organization, include only the paramedic hours for your base.

Administration and Facilities Staff

Please review the following instructions before completing the table below.

- Report individuals with any air ambulance response responsibilities in the appropriate response category and not in the administration/facilities category. Please do **not** report costs for response staff in the administration/facilities staff categories even if they sometimes perform administration/facilities duties. For example, a pilot with vehicle maintenance responsibilities would contribute to the appropriate response category but not to the vehicle maintenance category. For administration/facilities staff with multiple roles, assign each individual to a category indicating the individual's primary activity. For example, if an individual performed primarily management duties but also had billing or pre-billing duties, include the individual in the management category.
- For the base level rows, include only paid administration/facilities staff who had responsibilities that were either **partly or entirely related to your air ambulance base**.
 - If operational costs are shared with another entity, then do **not** include individuals with **only** non-air ambulance

- responsibilities (for example, firefighters who do not have air ambulance management responsibilities).
- If this base operates a ground ambulance service, then do **not** include individuals who had **only** ground ambulance responsibilities.
- Costs borne at the regional and corporate levels should be pro-rated across all bases operated by your organization.
- Report Regional and Corporate Level labor costs in this section if accounted for separately; otherwise report in the Overhead Costs section and describe in the Comments section.

Facility Costs

This section collects information about the facilities costs associated with this air ambulance base as well as with the regional and corporate offices.

Please review the following instructions:

- In the base level table, include information related to all NPIs associated with this base.
- In the base level table, report the allocated portion of lease or ownership facilities costs incurred at the level of your parent organization/central or regional office (e.g., corporate or regional buildings, garages or service facilities serving multiple bases) but located at this base location using your organization's approach for allocating annual costs to specific bases. Please describe your approach for allocating these facilities costs across air ambulance bases in the Comments section.
- In the regional and corporate columns, report costs related to facilities used at the regional and corporate levels respectively.
- Include costs paid by another organization or entity on your organization's behalf.
- Include costs for facilities that were partially related to ground ambulance operations, if applicable. Do not include costs for facilities that are solely used for ground ambulance operations.
- Exclude donations or exceptions for which there was no cost.
- Do not report depreciation if your organization does not capitalize facilities for accounting purposes. Please make a note of this in the Comments from Providers section.

Vehicle Costs

This section collects information about the vehicle costs for vehicles located and used at the air ambulance base as well as about the vehicle costs for the regional and corporate offices.

Please review the following instructions:

- Include information related to all NPIs associated with this base.
- For owned vehicles, do not report depreciation if your organization accounts for vehicles on a cash basis.
- If aviation services are outsourced, include costs of outsourcing under Aviation Vendor Fees and provide detailed information in the Comments section on what is covered by the vendor (e.g., all vehicle maintenance, including labor, parts and supplies).
- If your organization calculates depreciation expense for multiple purposes (e.g. depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), report the depreciation expense captured for standard auditing purposes. Please note the method used to calculate depreciation expense in the Comments section.
- To the extent that parts or maintenance is specific to an air ambulance vehicle, report per associated vehicle. Otherwise, provide total cost of maintenance equipment across all vehicles in Total column. Do not include any in-house labor costs already included in the labor section or any outside service or contract costs reported under Aviation Vendor Fees.
- For each piece of capital medical equipment on the air ambulance include total costs including depreciation, maintenance, certification, and service costs.
- Provide a description of the capital medical equipment in the Comments section.
- In the regional/corporate columns, report the allocated portion of non-air ambulance vehicle costs incurred at the level of the parent organization/central or regional office but used and located at this base using your organization's approach for allocating costs to specific bases. Describe the cost allocation method in the Comments section.
 - If you do not allocate non-air ambulance vehicle costs, report in the Regional and Corporate column.

Equipment, Consumable, and Supplies Costs

This section collects information on equipment, consumables, and supply costs.

- Use your organization's guidelines to categorize goods as capital expenses versus operation expenses and report depreciation.
- Do not report depreciation if your organization uses a cash basis for accounting.
- Do not include medical equipment that is installed in the air ambulance and reported under vehicle costs in this section. Include costs of medications, medical equipment, supplies and consumables (such as gauze, gloves, bandages, basins, oxygen, sterile water, stethoscopes, blood pressure cuFee-for-Service, IV supplies, etc.) in the appropriate row.
- Capital medical equipment refers to equipment that can endure repeated use; it includes, but is not limited to, defibrillators, ventilators, monitors, and power lifts.
- For capital expenditures, medical and non-medical equipment, most organizations will amortize costs over the life of the good.
- For capital expenditures (medical and non-medical equipment), report annual depreciation expenses. If your organization calculates depreciation expense for multiple purposes (e.g. depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), report the depreciation expense captured for standard auditing purposes. Describe the method used to calculate depreciation expense in the Comments section.
- For leased capital goods and medical and non-medical equipment, the annual cost is the annual lease expenditures for the piece of equipment.
- For all of the cost categories: if you have an ongoing relationship with an organization that pays this cost for your organization, report the cost here.
- Do not include costs for donated items.
- Do not include costs for equipment, consumables or supplies used on ground ambulances.
- Report the allocated portion of non-medical equipment and supply expenses incurred at the level of the parent organization/central office and used at this base using your organization's approach for allocating costs to specific bases. Describe the cost allocation method in the Comments section.
- Do **not** include any "central office equipment" that serves multiple NPIs, except for where specifically requested. These amounts should be reported in the regional/corporate-level columns.

Vendor Costs

This section collects information about costs for services that are provided through contracts with vendors and that have not been reported in the previous sections. For example, your organization may contract with an outside vendor for dispatch/call center services.

- If any of the service categories are not contracted out, enter “0” (zero).
- If these services are shared or provided by the ownership arrangement (i.e., hybrid model hospital/independent or public/private partnership), obtain the costs from the responsible party.
- Report the allocated portion of these services incurred at the level of the parent organization/central office for this base using your organization’s approach for allocating costs to specific bases, if applicable. Describe the cost allocation method in the Comments section.
- Do **not** include any “central office” vendor costs that serve multiple NPIs, except for where specifically requested. These amounts should be reported in the regional/corporate-level column.

Overhead Costs

This section collects information on the costs for overhead (non-facility) services used at the base and at the regional and corporate levels, that have not been reported in the previous sections.

- If these services are shared or provided by the ownership arrangement (i.e., hybrid model hospital/independent or public/private partnership), obtain the costs from the responsible party and report.
- Training and continuing education costs include but are not limited to costs for materials, travel, training fees, and labor. Do not include any labor costs associated with training that were already covered by standard labor costs in the Labor Costs section.
- Report overhead costs for these services incurred at the level of the parent/organization/central office that are not allocated at the base level in the Regional and Corporate column.
- Report the allocated portion of these services incurred at the level of the parent organization/central office of this base using your organization’s approach for allocating costs to specific bases. Describe the cost allocation method in the Comments section.
- In the base-level column, do **not** include any “central office” overhead non-facility costs that serve multiple NPIs, except for where specifically requested. These amounts should be reported in the regional/corporate-level columns.

Revenue – Air Ambulance Transports

This section collects information on overall revenues from paid air ambulance transports at the base level.

- Include payments for transports from all payors (primary, secondary, etc.).
- Include all payments collected, including cost sharing and ancillary fees for specialty services.
- Include revenues collected during the entire respective reporting period (i.e., calendar year 2022 to be submitted by March 31, 2023 and calendar year 2023 to be submitted by March 30, 2024).

Revenues – Other Sources

This section collects information on revenues from sources other than from paid transports at the base, regional, and corporate levels.

- Include cash or in-kind donations (i.e., donations of vehicles or equipment)
- Include membership/subscription program revenues that are operated as entities that are separate from your organization, but are related.
- Revenue from payors for EMS services other than transports includes transports of organs, medical personnel, supplies, or equipment.
- Funding grants and government funding includes special purpose and matching grants (generally, state), demonstration grants (generally, federal).
- Report the allocated portion of other sources of revenue received at the level of the parent organization/central office for this base using your organization's approach for allocating costs to specific bases, if applicable. Describe the cost allocation method in the Comments section.

Transport Data

This section collects data on each air ambulance transport provided or reimbursed during the reporting period.

- For each transport, provide the line-level detail or header-level detail as required by the data element. For example, there may be several CPT/HCPCS code(s) and modifier(s) per transport. The data collection instrument will be set up to enable reporting of a list of all CPT/HCPCS codes and modifiers related to a transport.

Item Number	Data Element	Instructions
T1	LOCID	From B1.
T2	Base Name	From B2.
T3	Aircraft N-Number	From BV3.
T4	Date of Service	Enter the date of the transport.
T5	NPI	Enter the National Provider Identifier (NPI) used for billing for this transport.
T6	NPI Street Address	Enter the street address for the NPI holder used for billing for this transport.
T7	NPI City	Enter the city for the National Provider Identifier used for billing for this transport.
T8	NPI State	Enter the state for the National Provider Identifier used for billing for this transport.
T9	NPI Zipcode	Enter the zipcode for the National Provider Identifier used for billing for this transport.
T10	CPT/HCPCS Code	List all CPT/HCPCS codes related to this transport. Include CPT/HCPCS modifiers in parentheses next to the respective CPT/HCPCS code.
T11	Loaded Statute Miles	Enter the number of loaded statute miles for this transport.
T12	Pick-up Location Zipcode	Enter the pick-up location zipcode for this transport.
T13	Drop-off Location Zipcode	Enter the drop-off location zipcode for this transport.
T14	Duration of Flight (HH:MM)	Enter the duration of the flight.
T15	Primary Payor	Select the primary payor for this transport: <ul style="list-style-type: none"> Medicare Fee-for-Service Medicare Advantage Medicaid TRICARE Veterans' Health Administration Indian Health Service Group Health Plan Commercial Health Insurance Issuer Federal Employees Health Benefits Plan

Item Number	Data Element	Instructions
		<ul style="list-style-type: none"> • Workers' Compensation • Patient Cost Sharing • Patient Self-Pay <p>Group health plan includes self-funded employers other than those included in the other categories (such as a private employer or a state or local government). Commercial health insurance issuer typically includes insurance companies.</p>
T16	Contracted Payor Name	Enter the name of the group health plan, health insurance issuer, or other payor for this transport with whom the responsible entity had a contract to provide air ambulance services in effect prior to the transport.
T17	Non-Direct Contract Type	<p>Select the type of non-direct contract with the payor:</p> <ul style="list-style-type: none"> • Wrapper • Lease • Rental • Supplemental • Single Case Agreement • Other
T18	Emergent Transport	Select Y/N to indicate whether the transport was deemed emergent or not.
T19	Transport Type	<p>Select the transport type:</p> <ul style="list-style-type: none"> • Scene Response Patient Transport • Inter-Facility Patient Transport • Other
T20	Was Claim Denied?	Select Y/N to indicate whether the claim submitted to the payor was denied.
T21	Denial Reason	Enter the denial reason code.
T22	Was Claim Denial Appealed?	Select Y/N to indicate whether the claim denial was appealed.
T23	Was Claim Paid after Appeal?	Select Y/N to indicate whether the denied claim was paid after appeal.
T24	Submitted Charge – Base Rate	Enter the amount of the submitted base rate charge for this transport.

Item Number	Data Element	Instructions
T25	Submitted Charge – Mileage	Enter the amount of the submitted mileage charge for this transport.
T26	Submitted Charge – Other	Enter the amount of submitted charges not included in the base rate and mileage charges for this transport. Other submitted charges include payments for intervention or ancillary services such as oxygen administration, blood administration, ultrasound, etc. These services would have unique CPT/HCPCS codes (such as A0422 for oxygen administration or 86900 for blood administration).
T27	Paid Amount – Base Rate	Enter the amount paid by the primary payor for the base rate for this transport.
T28	Paid Amount – Mileage	Enter the amount paid by the primary payor for the mileage for this transport.
T29	Paid Amount – Other	Enter the amount paid by the primary payor for other charges.
T30	Paid Amount – Other Payors	Enter the total amount paid by all secondary payors for this transport. Do not include patient cost sharing.
T31	Patient Cost Sharing Amount	Enter the cost sharing amount received from the patient for this transport. Cost sharing is the amount for which the patient is responsible under the group health plan or health insurance coverage agreement. Cost sharing does not include balance-billed amounts. If patient is the sole payor, do not report patient self-pay amount here.
T32	Amount Billed to Patient	Enter the amount of the bill sent to the patient for this transport.
T33	Was Bill Referred to Collections?	Select Y/N to indicate whether the bill sent to the patient was sent or sold to a collector or otherwise referred for collection action, including lawsuits, wage garnishments, or liens.
T34	Amount Received from Patient	Enter the total amount received from the patient for this transport, including through regular bill payment or collections; include cost sharing amounts. Include third-party payments of amounts billed to the patient.
T35	Other Reimbursement	Enter the amount of any other reimbursements received for this transport that have not been reported in other categories.
T36	Type of Other Reimbursement	Describe the type(s) of other reimbursements received for this transport, such as subscription or membership programs.