

RESOLUTION 2013- 03

WHEREAS, the City of Lexington, Nebraska and the Lexington Volunteer Fire Department have by Resolution 03-15, authorized and established a plan to charge and collect fees for the performance of fire and rescue services, and for the use of fire and rescue equipment; and

WHEREAS, it is in the best interest of the City of Lexington, Nebraska and the Lexington Volunteer Fire Department to continue the established plan;

BE IT THEREFORE RESOLVED, by the Mayor and Council of the City of Lexington, Nebraska, that the established plan for charge and collection of fees for fire and rescue services, and for the use of fire and rescue equipment of the Lexington Volunteer Fire Department is hereby authorized to continue for an additional twelve month period.

BE IT FURTHER RESOLVED, that effective February 1, 2013, the fees collected for such service shall be according to the schedule attached hereto.

Passed and approved February 12, 2013.

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John Fagot, Mayor

ATTEST:

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City Clerk



Billing Services, Inc.

## Billing Rate Schedule 2013

### LEXINGTON VOLUNTEER FIRE DEPT

When determining your billing rate schedule, take into consideration all of your expenses including, daily, annual, depreciated and future capital costs. See expense template on back of this page when determining your new

billing rates. Your service may charge any rate amount appropriate to your service's financial needs. If your current rates are higher than the new rates below, your rates will not be adjusted. You must sign and provide your effective date below before the changes will be made.

**Please write in the rates you would like to charge under the "NEW RATES" column.\*\***

SERVICE LEVEL	CURRENT INDUSTRY RANGE OF RATES		NEW RATES
BLS Non-Emergency Base	425.00	1070.00	<u>\$ 600.00</u>
BLS Emergency Base	470.00	1177.00	<u>\$ 700.00</u>
ALS Non-Emergency Base	600.00	1205.00	_____
ALS Emergency Level 1	650.00	1390.00	_____
ALS Emergency Level 2	730.00	1820.00	_____
Specialty Care Transport	850.00	1900.00	_____
Mileage	13.00	20.00	<u>\$ 20.00</u>
Assess and Release, No Transport	100.00	150.00	_____ (Optional)
Are your ambulance rates set by ordinance? ____ Yes <input checked="" type="checkbox"/> No (If yes, send us a copy of the ordinance.)			

### ACCEPT

Your signature here indicates you reviewed and want to charge the "NEW RATES" indicated above.

\_\_\_\_\_  
*Authorized Signature*

2/7/2013  
 \_\_\_\_\_  
*Date*

**EFFECTIVE DATE:** \_\_\_\_\_ (NEW RATES EFFECTIVE AT THE START OF A GIVEN MONTH)

### DECLINE

Your signature here acknowledges the receipt of these proposed rates and indicates you are refusing the rate increase at this time.

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Date*

\*\*As the billing rates increase, the gross collection percentage will appear less, but monies received will increase.