Funding Document For EMS Agencies

Please complete the following information regarding the funding of your agency.

NOTE: Response is mandatory. Failure to complete this form accurately may impact your agency's a patient care.	uthority to collect fees for prehospital
Name of EMS agency	DOH agency code
Does your EMS agency bill (collect fees for prehospital transport/patient care)? Yes No	
If Yes, does your agency process its own billing and filings to Medicare/Medicaid/private insurance for Yes No	or prehospital transport/patient care fees?
If Yes, skip to Funding Sources section below. If No, indicate the name of the "Service Bureau" or contractor that processes the billing for your E	EMS agency
EMS Agency NYS Medicaid provider ID number	
Service Bureau NYS Medicaid ID number	NS agency for its own billing, or your ID this s/submit billing for 3rd party EMS agencies.
The New York State Department of Health will assume that failure to provide a valid ID number for indicates that your service's billing practices and/or contractor services are unlawful and will report Office of Health Insurance Programs.	
Funding Sources	
Identify ALL of the funding sources received by your EMS agency.	
Fire District(s)[NOT fire protection districts]	
(If more than one district, list additional on back of this page. List Fire Protection Districts below)	
Ambulance District [legal name of taxing district](If more than one district, list additional on page 2)	
Municipal Contracts [other than fire districts](List all municipalities your agency holds EMS contracts with including County, City, Town, Village List additional municipalities on page 2)	e, and Fire Protection Districts.
Donations or fund-raisers	
Not-for-profit status 501(c)(3) Other NFP	
Other funding sources not identified above	
(Include agreements/contracts with service fees to provide ALS to other certified services. i.e., ALS	
Service's approximate total annual EMS operating budget	
Is your service an operator for another service that bills?☐ Yes ☐ No	
If Yes, service name	Agency code
Name of person completing this form (print)	
(print) Title of person completing form	Date completed
(print) Signature of person completing this form	Date

Additional Funding Information
Designate type of funding source as defined on page 1.