

ORDINANCE NO. 2000-12-092

AN ORDINANCE AMENDING BELLINGHAM MUNICIPAL CODE ("B.M.C.") SECTION 4.82.060 TO CONFORM TO FEE SCHEDULE PREVIOUSLY AUTHORIZED BY COUNCIL.

WHEREAS, the City Council approved, by motion, a new fee schedule for Whatcom Medic One on November 8, 1999; and

WHEREAS, the City's interlocal agreement with Whatcom County requires that the fee schedule be implemented in the form of an ordinance; and

WHEREAS, B.M.C. Section 4.82.060 should be amended to reflect the current fee schedule,

NOW, THEREFORE, THE CITY OF BELLINGHAM DOES ORDAIN:

Section 1. B.M.C. 4.82.060 shall be amended as follows:

4.82.060 - Ambulance Service Rates

The following rates are established for ambulance service to users of the Whatcom Medic 1 service:

A. Base rates plus those charges described in B, C, D, E, F, and G.

Emergency Medical:

Basic life support (no transport)	\$ 75.00	
Basic life support transport (county)	260.00	<u>320.00</u>
Basic life support transport (out of county)	340.00	<u>370.00</u>
Advanced life support (no transport)	200.00	
Advanced life support transport (county/supplies included)	420.00	<u>540.00</u>
Advanced life support (county/supplies additional)	397.00	<u>517.00</u>
Advanced life support transport (out of county/supplies included)	470.00	<u>590.00</u>
Advanced life support (out of county/supplies additional)	447.00	<u>567.00</u>

Non-Emergency Transfers:


Basic life support (county)	\$210.00	<u>270.00</u>
Basic life support (out of county)	260.00	<u>320.00</u>
Advanced life support transport (county/supplies included)	325.00	<u>385.00</u>

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195


	Advanced life support transport (county/supplies additional)	302.00	<u>362.00</u>
	Advanced life support transport (out of county/supplies included)	370.00	<u>430.00</u>
	Advanced life support transport (out of county/supplies additional)	347.00	<u>407.00</u>
B.	Mileage per mile, from the point at which the patient is accepted to the point of delivery	\$ 7.00	<u>11.00</u>
C.	Standby service (per hour)	\$ 50.00	
D.	Oxygen	\$ 18.00	
E.	Multiple patients in one ambulance: Two or more patients carried by one ambulance, an additional charge of \$75.00 each patient above the first patient shall be added to the base rate. This amount shall then be pro-rated among the patients.	\$ 75.00	
F.	Intravenous set-ups, drugs, and disposable supplies	cost + 10%	
G.	Non-resident and non-owner of real property in Whatcom County user	\$100.00	
H.	Night charge (7:00 p.m. to 7:00 a.m.)	\$ 10.00	

PASSED by Council this 11TH day of DECEMBER, 2000.



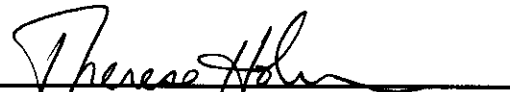
Council President

APPROVED by me this 19th day of December 2000.




Mayor

ATTEST:



Finance Director

APPROVED AS TO FORM:



Office of the City Attorney

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