

RESOLUTION NO. 02-04-55

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, APPROVING AN AMENDMENT TO THE FEE SCHEDULE FOR PROVIDING AMBULANCE SERVICES; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Council of the City of Marathon, Florida (the "CITY") previously approved Resolution No. 02-12-15 dated December 18, 2001, which adopted a Fee Schedule for providing Ambulance Services; and

WHEREAS, the CITY agrees to adopt an amendment raising the current Mileage Fee, provided on Page 1 of 2, Exhibit "A" to Resolution No. 02-12-15, from \$7.50 to \$8.50; and

WHEREAS, said Amendment is hereby attached as Exhibit " A , and copy of Resolution No. 02-12-15 dated December 18, 2001, is hereby attached hereto as Exhibit "B"


NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, AS FOLLOWS:

**Section 1.**     **Recitals.**   The above recitals are true and correct and are incorporated herein by this reference.

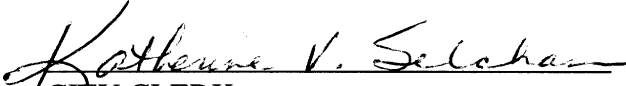
**Section 2.**     Effective April 1, 2002, the City Council hereby adopts the attached Amendment to the Ambulance Fee Schedule (Exhibit "A") for use by the Fire Rescue Department for providing ambulance services.

**Section 3.**     **Effective Date.**   This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED this 30th day of April, 2002.

  
\_\_\_\_\_  
JOHN BARTUS, MAYOR

ATTEST:

  
\_\_\_\_\_  
KATHERINE V. SELCHAN  
CITY CLERK

APPROVED AS TO LEGAL SUFFICIENCY:

  
\_\_\_\_\_  
CITY ATTORNEY

#5415v1.ks

**MARATHON FIRE RESCUE  
AMBULANCE FEE SCHEDULE  
Revised 4130102  
Exhibit "A"**

<u>Items</u>	<u>MFR rates</u>	
	<u>Current Rates</u>	<u>Proposed Rates</u>
Transport Base Fee ALS	\$360.00	
Stand By (Special Events)per/hr	\$120.00	
<b>Mileage</b>	\$7.50	<b>\$8.50</b>
Activated Charcoal	\$9.50	
Adenosine	\$87.50	
Atropine	\$20.00	
Benadryl	\$9.50	
Bretylium	\$54.00	
Calcium Chloride	\$18.50	
Dextrose 50%	\$28.00	
Dopamine 400 mg	\$28.00	
Epinephrine 1 : 10000	\$20.00	
Epinephrine 1 : 1000	\$27.50	
Lasix	\$11.50	
Lidocaine	\$15.50	
Lidocaine Premixed	\$44.00	
Magnesium Sulfate	\$9.50	
Morphine Sulfate	\$9.50	
Narcan	\$48.00	
Nitrox	\$33.00	
NTG 1/150	\$9.50	
Pedi Bicarb	\$9.50	
Pedi D5W	\$9.50	
Sodium Bicarb	\$31.00	
Valium	\$12.00	
Verapamil	\$9.50	
Lactated Ringers	\$30.00	
Normal Saline	\$30.00	
Syrup of Ipecac	\$9.50	
IV Set	\$14.50	
IV Catheter	\$6.00	
Interos Needle	\$65.00	
Backboard-Purchase	\$200.00	
Backboard-Use	\$9.50	
Arm Board Splint	\$12.00	
CPR Thumper (flat charge)	\$60.00	
Cervical Collar	\$30.00	
Extrication (per hr-minimun 1 hr)	\$52.00	
Head Immobilizer	\$20.00	
Air Splint-Purchase	\$25.00	
Air Splint-Use	\$9.50	
Defib/Pacer	\$60.00	
Suction	\$26.00	
Traction Splint-Purchase	\$265.00	
Traction Splint-Use	\$9.50	
Restraints	\$12.00	
Disposable Bag Valve Mask	\$48.00	

**MARATHON FIRE RESCUE  
AMBULANCE FEE SCHEDULE  
Revised 4/30/02  
Exhibit "A"**

	<b>MFR rates</b>	
Body Blanket	\$12.00	
Cold Pack	\$6.00	
Dial A Flow	\$14.50	
Endotrac Holder	\$26.00	
Endotrac Tube	\$8.50	
Emergency Cric	\$259.00	
Lidocaine Jelly	\$9.50	
Major Dressing	\$24.00	
Minor Dressing	\$12.00	
Nasal Airway	\$12.00	
Neosynephrine	\$9.50	
Nebulizer	\$54.00	
OB Kit	\$19.00	
Oral Airway	\$6.00	
NG Tube	\$6.00	
Burn Sheet	\$35.00	
Ventilator	\$100.00	
Quick Combo Pad	\$59.00	
Vacuum Splint-Purchase	\$232.00	
Vacuum Splint-Use	\$9.50	
Combi-Tube	\$105.00	
Glucose Test	\$12.00	
Saline Locks	\$45.00	
Blood Draws	\$20.00	
Non-transport fee	\$52.00	
Lighted Stilet	\$45.00	
CO <sub>2</sub> Detectors	\$28.00	
Short extrication backboard	\$220.00	
Transport Base Fee ALS 2	\$450.00	
Transport Base Fee BLS	\$250.00	

**EXHIBIT "B"**

**RESOLUTION NO. 02-12-15**

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, ADOPTING A FEE SCHEDULE FOR PROVIDING AMBULANCE SERVICES; AND PROVIDING AN EFFECTIVE DATE.**

**WHEREAS**, the City of Marathon, Florida (the "CITY") will provide emergency medical services to the residents and visitors within the boundaries of the CITY starting January 1, 2002; and

**WHEREAS**, the **CITY** desires to charge a fee for those services to offset the associate costs of said services; and

**WHEREAS**, the schedule of fees for said services is attached hereto as Exhibit "A"

**NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, AS FOLLOWS:**

**Section 1. Recitals.** The above recitals are true and correct and are incorporated herein by this reference.

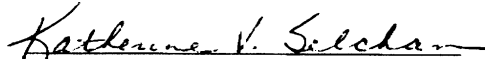
**Section 2.** Effective January 1, 2002, the City Council hereby adopts the attached Fee Schedule (Exhibit "A") for use by the Fire Rescue Department for providing ambulance services.

**Section 3. Effective Date.** This resolution shall take effect immediately upon adoption

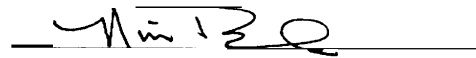
PASSED AND ADOPTED this 18th day of December, 2001.

  
ROBERT MILLER, MAYOR

ATTEST:

  
Katherine V. Silchar  
CITY CLERK

APPROVED AS TO LEGAL SUFFICIENCY:

  
CITY ATTORNEY

#4209v1

**MARATHON FIRE RESCUE  
AMBULANCE FEE SCHEDULE  
Revised 12/4/01  
Exhibit "A"**

	<b>MFR rates</b>
Transport Base Fee ALS	\$360.00
Stand By (Special Events)per/hr	\$120.00
Mileage	\$7.50
Activated Charcoal	\$9.50
Adenosine	\$87.50
Atropine	\$20.00
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