RESOLUTION NO. 2314

WHEREAS, Resolution No. 1442 provides that the City of Albany was granted a franchise by the City Council of the City of Albany for the operation of a ambulance business; and,

WHEREAS, it is necessary to amend the rates charged for various aspects of the City of Albany Ambulance Service; and.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and the City Council of the City of Albany, Oregon, that the rates outlined in Exhibit A be established for ambulance service effective March 1, 1982.

THEREFORE, BE IT FURTHER RESOLVED that the City of Albany reserves the right to accept assignment of payments received from the Medicare Claim Administration.

BE IT FURTHER RESOLVED that Resolution 2262 is hereby repealed.

DATED THIS 24th Day of February, 1982.

Mayor

ATTEST:

City Recorder

AMBULANCE SERVICE RATES

| Base Rate - In District | Service/Supply | Rate | Service/Supply | Rate |
|--|---------------------------------|-----------|---------------------------------------|---------|
| Base Rate - Out of District 150.00 Exam Gloves 1.00 | Base Rate - In District | 75.00 | Multi-trauma Pad | 2.00 |
| Service Time (31+ mins.) 1.50/Min. Surgi Pad Dressing 2.00 Patient Mileage 4.00/Mi. Irrigatin Solution 3.00 Night Rate (6:00 p.m 6:00 a.m.) 15.00 Aminophylline 1.00 Cardiac Monitor 20.00 Atropine 3.00 Mast Pants 25.00 Cal Chloride 4.00 Cardiac Defibrillation 20.00 Valium (Diazapam) 3.00 Oxygen Administration 15.00 Epinephrine 1:1 4.00 Suction 15.00 Epinephrine 1:1 4.00 Suction 15.00 Epinephrine 1:1 4.00 Glucose 6.00 Intravenous Administratin 15.00 Epinephrine 1:1 4.00 Assisted Ventilation 15.00 Epinephrine 1:1 4.00 Assisted Ventilation 15.00 Lidocaine 100 mg. 3.00 Combative Patient 25.00 Lidocaine 100 mg. 3.00 Combative Patient 25.00 Lidocaine 100 mg. 3.00 Combative Patient 25.00 Meperdine (Demoral) 1.00 Additional Technician Required 25.00 Mitrostat 2.00 Orthopedic Care - Ilmb 20.00 Nitrostat 2.00 Orthopedic Care - spine 50.00 Sodium Bicarbonate 6.00 Electrode Set 1.00 Burn Sheet 15.00 Epefibrillator Pads 2.50 Eye Pad 25.00 Surgiser Administration Set 2.50 Eye Pad 25.00 Surgiser Administration Set 2.50 Surgiser Administration Set 2. | | 150.00 | Exam Gloves | |
| Night Rate (6:00 p.m 6:00 a.m.) 15.00 | Service Time (31+ mins.) | 1.50/Min. | Surgi Pad Dressing | |
| Night Rate (6:00 p.m 6:00 a.m.) 15.00 | | 4.00/Mi. | Irrigatin Solution | 3.00 |
| Cardiac Monitor | Night Rate (6:00 p.m 6:00 a.m.) | 15.00 | | 1.00 |
| Cardiac Defibrillation 20.00 Valium (Diazapam) 3.00 Oxygen Administration 15.00 Epinephrine 1:1 4.00 Suction 15.00 Epinephrine 1:10 6.00 Intravenous Administratin 15.00 Glucose 6.00 Intravenous Administratin 15.00 Glucose 1.00 Assisted Ventilation 15.00 Lasix 3.00 Inecac 1.00 Assisted Ventilation 25.00 Lidocaine 100 mg. 3.00 Combative Patient 25.00 Lidocaine 16 8.00 Contaminated Patient 25.00 Meperdine (Demoral) 1.00 Additional Technician Required 25.00 Morphine Sulfate 1.00 Non-antal/Delivery 25.00 Narcan 5.00 Orthopedic Care - Jimb 20.00 Nitrostat 2.00 Orthopedic Care - spine 50.00 Sodium Bicarbonate 6.00 Electrode Set 1.00 Burn Sheet 15.00 Electrode Set 1.00 Burn Sheet 15.00 Defibrillator Pads 2.50 Eye Pad 0.55 | | 20.00 | | |
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