RESOLUTION NO. 2562

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 an 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 August 28, 1985.

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BE IT FURTHER RESOLVED that Resolution 2375 is hereby repealed.

DATED this 28th day of August, 1985.

Recorder

ATTEST:

EXHIBIT "A"

Proposed Ambulance Fee Structure And Rates

Service Rate 130.00 In District 260,00 Out of District Aid Call 44.00 18.00 Night Rate Service Time (+1hr) 1.60/min. Patient Mileage 4.25/mile Procedures Cardiac Monitor 24.00 Cardiac Defib. 24.00 Airway Management 65.00 IV Admin. 20.00 Oxygen Admin. 16.00 Obstectrical Del. 40.00 Orthopedic - Limb 26.00 Orthopedic - Spine 44.00 MAST Application 27.00 Addt'l. Tech. Reg'd.27.00 *Pleural Decomp. 24.00 *Cricothyroidotomy 24.00 *Medication Admin. 24.00 *Heavy Extrication 40.00 Supplies & Medication Aminophylline 4.00 Ammonia Inhalant 1.00 Atropine 6.00 Bretylium 27.00 Calcium Chloride 8.00 Dextrose 50% 10.50 Demerol 2.00 Epinephrine 1:1000 4.00 Epinephrine 1:10,000 8.00 Glucagon 14.00 *Instant Glucose 2.00 Ipecac 2.00 Lasix 3.50 Lidocaine 1% 9.00 Liodcaine 20% 9.00 Morphine 2.00 7.50 Narcan Nitrostat (per admin)2.00 Phenobarbital 4.00

Sodium Bicarb.	12.00
Tetracaine	2.60
Valium	3.50
D5W Solution	8.00
L/R Solution	8.00
Oxygen Mask	2.50
Endotracheal Tube	6.00
Nasogastric Tube	2.00
Suction Catheters	3.00
EKG Electrodes/set	3.50
Cold Pack	4.00
Hot Pack Trauma Supplies Minor Major	4.00 10.00 25.00
Irrigation Sol.	3.00 15.00

*New Items