## **City of Dixon**

## Fire Department Fee Information

- (A) There is hereby established an emergency vehicle ambulance service charge for all residents of the city using emergency vehicle ambulance services from a destination within the city limits to Katherine Shaw Bethea Hospital as follows:
- 1. Four hundred dollars (\$400.00) for basic life support; plus
- 2. Twelve dollars (\$12.00) per loaded mile for each mile the ambulance travels; plus
- 3. Four hundred fifty dollars (\$450.00) for advance life support 1; or
- 4. Six hundred dollars (\$600.00) for advance life support 2. "Advance life support 2" shall mean a situation which requires administration of three (3) medications administered, or defibrillation or intubation; plus
- 5. Fourteen dollars (\$14.00) for oxygen.
- (B) In addition to the charges set forth in subsection (A) of this section, all nonresidents of the city shall pay an additional charge of one hundred fifty dollars (\$150.00). (Ord. 2733, 4-6-2009)

The emergency vehicle ambulance shall be limited to emergency patients requesting transfer to Katherine Shaw Bethea Hospital or to such other hospital as said ambulance may be diverted by Katherine Shaw Bethea Hospital or as may be requested by the person being transported, provided an advance ambulance is not available. (Ord. 2733, 4-6-2009)

## Ambulance Rates

ALS	\$450
BLS	\$400
ALS 2	\$600
Oxygen	\$14
Mileage (per loaded mile)	\$12
ALS (non-resident)	\$600
BLS (non-resident)	\$550
ALS 2 (non-resident)	\$750
ALS Intercept	\$100