

## AGENCY FEE SCHEDULE – Effective July 1, 2019

<u>CERTIFICATION/ACCREDITATION</u>	<u>PROVIDER APPLICATION FEES</u>	<u>FORMS</u>
<p><b>EMR</b></p> <p>Initial and Recertification      30.00</p> <p>Late Fee                                15.00</p> <p><b>EMT</b></p> <p><i>Initial:</i></p> <p>MVEMSA Fee                        50.00</p> <p>State EMS Authority Fee* 75.00</p> <p>Total:                                 125.00</p> <p><i>Recertification:</i></p> <p>MVEMSA Fee                        50.00</p> <p>State EMS Authority Fee* 37.00</p> <p>Total:                                 87.00</p> <p><b>AEMT</b></p> <p><i>Initial:</i></p> <p>MVEMSA Fee                        75.00</p> <p>State EMS Authority Fee* 75.00</p> <p>Total:                                 150.00</p> <p><i>Recertification – Same as EMT</i></p> <p><b>Paramedic</b></p> <p>Initial Accreditation                100.00</p> <p>Expired (Reactivate)                100.00</p> <p><b>MICN</b></p> <p>Initial Authorization                100.00</p> <p>Reauthorization                      50.00</p> <p>Challenge Authorization            50.00</p> <p>Late Fee                                15.00</p> <p>Replacement Cert\Accred\Auth Card                                      20.00</p> <p>*Fees Submitted Directly to the State EMS Authority.</p> <p><b>Late fees charged if application is not received on or before the expiration date of the certification and/or authorization.</b></p> <p><b>ALL CERTIFICATION FEES ARE NON REFUNDABLE</b></p>	<p>Ground Ambulance Service Provider</p> <p>ALS                                        3,500.00</p> <p>Renewal                                 500.00</p> <p>BLS                                        1,000.00</p> <p>Renewal                                 200.00</p> <p>Air Amb Application                 2,500.00</p> <p style="padding-left: 40px;">+ 1000.00 for each addl ship</p> <p><u>TRAUMA CENTER FEES</u></p> <p>Level I Application                  25,000.00</p> <p>Level II Application:                25,000.00</p> <p>Level III Application:               5,000.00</p> <p>Level IV Application:               5,000.00</p> <p><u>STEMI RECEIVING CENTER</u></p> <p>Application                            5,000.00</p> <p><u>PRIMARY STROKE CENTER</u></p> <p>Application                            5,000.00</p> <p style="text-align: center;"><u>ANNUAL FEES</u></p> <p>Air Amb Authorization (in region) 5,000.00</p> <p>Air Amb Auth (out of region)    1,000.00</p> <p><u>TRAUMA CENTER FEES</u></p> <p>Level I Annual Fee:                 100,000.00</p> <p>Level II Annual Fee:                100,000.00</p> <p>Level III Annual Fee:               32,000.00</p> <p>Level IV Annual Fee:                32,000.00</p> <p><u>STEMI RECEIVING CENTER FEES</u></p> <p>Annual Fee:                           32,000.00</p> <p><u>STROKE CENTER FEES</u></p> <p>Annual Fee:                           25,000.00</p> <p style="text-align: center;"><u>TRAINING PROGRAM APPLICATION</u> (4 year approval)</p> <p>Continuing Education Providers    200.00</p> <p>EMR Training Program               200.00</p> <p>EMT Training Program               2,500.00</p> <p>Paramedic Training Program       10,000.00</p> <p>MICN Training Program              750.00</p> <p>CPR/Public Safety First Aid Training Program                      200.00</p>	<p>Inter-Facility - per 100 pkg.      36.00</p> <p>Triage Tag                              1.00</p> <p><b>Postage to be added to the cost of any of the above forms.</b></p> <p><u>PUBLICATIONS</u></p> <p>Large Field Treatment Handbook   10.00</p> <p>Practical Examination Workbook    7.00</p> <p>Policy &amp; Procedure Manual        150.00</p> <p>Documents on CD:                    10.00</p> <p><b>Postage fees added for mailing.</b></p> <p><u>AGENDAS</u></p> <p>Electronic Mailing List Fee</p> <p style="padding-left: 40px;">Board of Directors                    n/c</p> <p style="padding-left: 40px;">Stanislaus Co. EMSC                n/c</p> <p style="padding-left: 40px;">Quality Liaison Comm.              n/c</p> <p><b>Duplication and postage fees will apply to hardcopy and U.S. postage requests.</b></p> <p><u>DUPLICATION</u></p> <p>First Page                              2.00</p> <p>Each Additional Page                0.20</p> <p><u>MISCELLANEOUS</u></p> <p>Admin. Fee for special request                                 35.00/hr</p> <p><b>(Calculated in 30-minute Increments)</b></p> <p>BLS Spec. Event Coverage          175.00/yr</p> <p>ALS Spec. Event Coverage          175.00/yr</p> <p>(\$10 /paramedic temporary Accreditation)</p> <p><u>RETURNED CHECK FEE</u></p> <p>A Charge of \$25 will be assessed for all checks that do not clear the issuer's bank.</p>