

Marion County Board of County Commissioners

Fire Rescue Schedule of Fees and Charges for Services



	Emergency Medical Services – Ambulance Transport		
Fee Cost	Fee Description		
Non-emergency \$550 Emergency \$600	This is the base BLS transport fee that will be charged to each patient requiring transport where no ALS procedures are administered. The patient will also be charged the mileage fee below.		
Non-emergency \$650 Emergency \$700	This is the base ALS I transport fee that will be charged to each patient requiring transport where the patient receives any of the listed procedures. This fee is inclusive of, but not limited to, any of the following procedures: A. Cardiac monitor. B. Vascular access (including catheters, saline locks, administration sets, blood draws and all fluids). C. Obstetrical kits. D. Medications approved by the medical director and administered to patients. The patient will also be charged the mileage fee below.		
Emergency \$850	This is the base ALS II transport fee that will be charged to each patient requiring transport where the patient receives any of the listed procedures. This fee is inclusive of, but not limited to, any of the following procedures: A. Three intravenous administrations or greater of medication (push/bolus/continuous infusion). B. Cardiopulmonary resuscitation. C. Defibrillation or cardioversion. D. Endotracheal or nasotracheal intubation. E. Central venous line. F. Cardiac pacing. G. Chest decompression. H. Surgical airway. I. Intraosseous line. J. Medications approved by the medical director and administered to patients. The patient will also be charged the mileage fee		
	Non-emergency \$550 Emergency \$600 Non-emergency \$650 Emergency \$700		

Emergency Medical Services – Ambulance Transport (continued)		
Fee Type	Fee Cost	Fee Description
Specialty Care/Critical Care (SCT)	\$1,125	This is the base SCT transport fee that will be charged to each patient that is transported by an MCFR Critical Care Transport Unit and receives any of the listed procedures. This fee is inclusive of, but not limited to, any of the following procedures:
		A. Invasive monitoring. a. Arterial lines. b. Swan-Ganz catheters. c. ICP. d. CVP.
		e. Etc. B. Multiple IV medications requiring infusion pump and/or titration.
		C. Adjunct to support circulation.
	440.50	a. Transvenous pacemaker. b. IABP c. LVAD d. BIVAD e. Etc. D. Patients receiving the following drips. a. Vasopressors. b. Phenylephrine. c. Vasoactive compounds. d. Antiarrhythmics. e. Fibrinolytics. f. Tocolytics.
Mileage (Standard Ambulance)	\$12.50 per mile	A minimum of 1 mile will be charged for the transport. This charge begins when transporting the patient or specialized team.
Mileage (Critical Care Unit)	\$13.75 per mile	A minimum of 1 mile will be charged for the transport. This charge begins when transporting the patient or specialized team.

Special Event and Standby				
Fee Type	Fee Cost	Fee Description		
Ambulance	\$125 per hour	Time is calculated from the time of arrival or the requested time of arrival (whichever is later) through the unit available time. Only time increments greater than 7 minutes will be rounded up to the next quarter hour.		
Engine	\$150 per hour	Time is calculated from the time of arrival or the requested time of arrival (whichever is later) through the unit available time. Only time increments greater than 7 minutes will be rounded up to the next quarter hour.		
Tanker		Time is calculated from the time of arrival or the requested time of arrival (whichever is later) through the unit available time. Only time increments greater than 7 minutes will be rounded up to the next quarter hour.		
Grass Truck		Time is calculated from the time of arrival or the requested time of arrival (whichever is later) through the unit available time. Only time increments greater than 7 minutes will be rounded up to the next quarter hour.		
Inspector		Time is calculated from the time of arrival or the requested time of arrival (whichever is later) through the unit available time. Only time increments greater than 7 minutes will be rounded up to the next quarter hour.		

Fire Prevention				
Fee Type	Fee Cost	Fee Description		
Illegal Burn Citation	Second Citation \$50 Subsequent Citation(s) \$130			
False Alarm Response	Residential \$450 Commercial \$575			

Collections			
Fee Type	Fee Cost	Fee Description	
Collection	Amount charged by collection agency.	This is a supplemental fee assessed to accounts placed with a collection agency. The fee will be the current contracted collection agency charge.	