

Ambulance Abatements

It is the policy of the Town of Stratham will consider abatement of an ambulance bill in any one of the following circumstances:

- When the contracted billing service has exhausted their attempts to obtain payment.
- Upon receipt of a completed hardship abatement application
- Upon the request of the Fire Chief

Consideration of Abatement of Ambulance Bill from Residents: The following items are commonly abated for residents of Stratham when an abatement request has been received as above:

- Medicate Co-Pays not covered by secondary insurance
- Medicare Replacement Policy Co-Pays

Consideration of Abatement of Ambulance Bills for non-residents: The following items are commonly abated for those who are neither residents of the Town of Stratham when an abatement request has been received as above.

- Receipt of completed hardship abatement application as approved by the Fire Chief or designee.

Rational:

- Stratham Residence contribute tax monies in support of the ambulance and are entitled to greater forgiveness of ambulance expenses not covered by insurance.
- Non-Residents are expected to pay their bill however, the Chief or designee, will consider abatements for those submitting hardship abatement requests.

Disposition of remaining unpaid bill. Unpaid bills received as per above are not abated or "written off" are forwarded to the town's collection agency for further attempts to collect the unpaid bills.



Ambulance Billing Service

8 Turcotte Memorial Drive, Rowley, MA 01969
Ph: 978-356-3344 FAX: 978-356-2721

**STRATHAM FIRE DEPT
2018 Rate Change Form**

Charges	2018 Medicare	Avg Bundled Comstar Top 50	Current Rates	New Rates
	Fee Schedule Allowed Amounts			Effective On:
BLS EMERGENCY BASE RATE	\$378.33	\$1403.00	\$413.01	885.00
BLS NON-EMERGENCY BASE RATE	\$236.46	\$1403.00	\$258.51	
ALS1 EMERGENCY BASE RATE	\$449.27	\$2234.00	\$490.20	1650.00
ALS1 NON-EMERGENCY BASE RATE	\$283.75	\$2234.00	\$310.01	
ALS2 EMERGENCY BASE RATE	\$650.25	\$3391.00	\$709.14	2500.00
SPECIALTY CARE TRANSPORT	\$768.48	\$3834.00	\$837.89	
MILEAGE	\$7.37	\$35.05	\$10.79	18.00
AIRWAYS	\$0.00	in base rate	\$104.62	
CARDIAC MONITOR	\$0.00	in base rate	\$179.12	
DEFIBRILLATION	\$0.00	in base rate	\$104.62	
IMMOBILIZATION	\$0.00	in base rate	\$50.25	
IV THERAPY	\$0.00	in base rate	\$132.19	
MAST TROUSERS	\$0.00	in base rate	\$73.54	
NON-COVERED MILEAGE	\$0.00	in base rate	\$10.79	
OXYGEN	\$0.00	in base rate	\$57.73	

Note: The above allowed amounts reflect the 2 percent reduction according to the Budget Control Act of 2011.

Signature -- Authorized Signer

Date

Printed Name -- Authorized Signer

Title -- Authorized Signer

**Please scan and email completed Rate Change form to:
ratechange@comstarbilling.com**

2016 AMBULANCE BILLING RATES COMPARISON

BLS Rate	ALS1 Rate	ALS2 Rate	Mileage
\$374.87	\$445.16	\$644.31	\$7.24
\$1,293.00	\$2,099.00	\$3,194.00	\$34.00
\$885.90	\$1,644.92	\$2,598.98	\$16.97 <i>-\$20.00</i>
\$544.77	\$968.99	\$1,591.23	\$10.67
\$500.00	\$810.00	\$900.00	\$10.00
\$473.00	\$562.00	\$562.00	\$10.50
\$650.00	\$1,050.00	\$1,250.00	\$13.00
\$1,205.00	\$1,950.00	\$3,010.00	\$32.00
\$1,144.32	\$1,901.69	\$2,944.54	\$30.11
\$885.90	\$1,644.92	\$2,598.98	\$14.98
\$687.17	\$1,266.22	\$1,896.05	\$16.97
\$413.01	\$490.20	\$769.96	\$10.79
\$660.00	\$1,150.00	\$1,630.00	\$15.00
\$584.60	\$1,055.58	\$1,586.42	\$10.01