ATTACHMENT B

FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH EMERGENCY MEDICAL SERVICES UNCOLLECTIBLES REQUEST FORM

AGENCY:						MONTH OF SERVICE:						
CK	INCIDENT NUMBER	DATE OF SERVICE	LOCATION OF CALL	# OF PTS	DESTINATION	BASE RATE 107.16	MILES	AMOUNT 3.55	NIGHT 9.88	ER 9.88	O2 9.88	TOTAL AMOUNT

*TWO OR MORE \$37.02 **ONE PERSON \$107.16

TOTAL

Agency Authorized Signature:_____ Date:_____