

WOOD RIVER FIRE DEPARTMENT
ALS RESCUE UNIT

WOOD RIVER NEBRASKA

BILLING ADVICE

Date of Call

Patient Information

Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State, ZIP	<input type="text"/>

PICKUP LOCATION:	<input type="text"/>
TRANSPORTED TO:	<input type="text"/>
NARSIS FORM #	<input type="text"/>
REASON FOR THE CALL	<input type="text"/>
CHIEF COMPLAINT	<input type="text"/>
SOCIAL SECURITY NO.	<input type="text"/>

Qty	Item	Description	Cost	Total
	ALS EMERG I	Advanced Life Support-Level 1	\$282.00	
	ALS EMERG II	Advanced Life Support-Level 2	\$408.00	
	BLS EMERG	Basic Life Support-Emergency Rate	\$238.00	
	NON EMG TX	Non Emergency Transportation	\$195.00	
	ALS INTRCPT	ALS Intercept	\$275.00	

ADDITIONAL CHARGES

	EXTRICATE	Extrication Services	\$100.00	
	ALS TXTMT	ALS treatment without Transport	\$80.00	
	DEFIB	Defibrillation /pacing Electrodes	\$100.00	
	ET	Endotracheal Airway	\$30.00	
	COMBI	Combi Tube Airway	\$65.00	
	OXYGEN	Oxygen	\$30.00	
	FRAC	Splinting	\$15.00	
	SPINEBRD	Spinal Immobilization Supplies	\$30.00	
	IV	IV Solutions	\$20.00	
	TRANSPORT	Mileage Charges	\$6.00/mile	

Submit this advice with a Hospital Face Sheet to the
city clerk's office upon return to the fire station

Subtotal	<input type="text"/>
Misc	<input type="text"/>
Bal Due	<input type="text"/>