

AIR AMBULANCE FEE SCHEDULE (RW)

The following fee schedule is posted here to comply with 202 KAR 7:675. However, the rates do not represent what the vast majority of patients ultimately pay. We are a network provider with Blue Cross Blue Shield of Kentucky, Medicare, Medicaid, and other Managed Care Organizations. For each of these contractual arrangements, the reimbursement is below the rates set below. In addition, any patient responsibility will be determined by the applicable health insurer.

We recognize the financial difficulty unexpected medical problems can cause. It is our goal to serve you with compassion, courtesy, respect, and confidentiality. Our Patient Advocates are available to help you obtain medical benefits and answer any questions at 1-877-288-5340.

| HCPSC Code | Description | Amount |
|------------|-------------------------------|------------|
| J0153 | Adenosine 1unit/1mg | \$28.32 |
| J0282 | Amiodarone 1 unit per 30 mg | \$22.64 |
| J0290 | Ampicillin 1unit/500mg | \$34.33 |
| J0690 | Ancef 1unit/500mg | \$11.86 |
| J0360 | Apresoline 1unit/20mg | \$165.06 |
| 36620 | Arterial Monitor Placement | \$771.86 |
| J2060 | Ativan 1unit/2mg | \$45.88 |
| J0461 | Atropine - 1unit/0.01mg | \$0.42 |
| J3420 | B12 1unit/1000mcg | \$11.04 |
| J1200 | Benadryl 1unit/50mg | \$23.26 |
| 36430 | Blood Administration | \$798.28 |
| 36440 | Blood Admin IV Push (< 2 yrs) | \$1,012.55 |
| J3490 | Calcium Chloride 1unit/100mg | \$56.57 |
| J0610 | Calcium Gluconate 1unit/10 ml | \$48.00 |
| J3490 | Cardene 1 unit / infusion | \$41.78 |
| J3490 | Cardizem 1unit/5mg | \$46.55 |
| Q2009 | Cerebyx 1unit/50mg | \$106.57 |
| J3490 | Clevidipine 1unit/1mg | \$200.63 |
| J3490 | Clindamycin 1unit/300mg | \$62.67 |
| J0780 | Compazine 1unit/10mg | \$30.00 |

NOTICE: AIR AMBULANCE CHARGE SCHEDULE (RW)

Ancillary Charges

| HCPSC Code | Description | Amount |
|------------|--------------------------------|------------|
| 92950 | Chest Compression / CPR | \$1,148.61 |
| 31605 | Needle & Surgical Cricothyroto | \$3,392.23 |
| J0840 | Crofab 1unit/1gm | \$9,577.99 |
| 32551 | Chest Tube Insertion | \$1,430.12 |
| J7070 | D5W 1unit/1000cc | \$152.36 |
| J7060 | D5W 1unit/500cc | \$76.18 |
| J1100 | Decadron 1unit/1mg | \$4.25 |
| A0392 | Defibrillation Supplies | \$222.51 |
| J1170 | Dilaudid 1unit/4mg | \$74.22 |
| J1165 | Dilantin 1unit/50mg | \$10.00 |
| J3490 | Diprivan 1unit/10mg | \$221.92 |
| A0398 | ALS disposable Supplies | \$309.44 |
| A0382 | BLS Disposable Supplies | \$232.08 |
| J1250 | Dobutamine 1unit/infusion | \$101.39 |
| J1265 | Dopamine 1unit/infusion | \$110.25 |
| J1790 | Droperidol 1unit/5mg | \$397.32 |
| J1364 | Erythromycin (EES) 1unit/500mg | \$300.92 |
| 93041 | EKG Monitoring 3 Leads | \$125.61 |
| 93005 | EKG Tracing 12 Leads | \$107.65 |
| J0171 | Epi (1:1000) 1unit/0.1mg | \$6.72 |
| J0171 | Epi (1:10000) 1unit/0.1mg | \$2.65 |
| J3490 | Esmolol 1unit/10mg | \$91.72 |
| J3490 | Etomidate 1unit/2mg | \$172.94 |
| J3010 | Fentanyl Citrate 1unit/0.1mg | \$39.76 |
| 82962 | Dextrostix - Blood Glucose | \$43.86 |
| J1610 | Glucagon 1unit/1mg | \$1,507.24 |
| J1630 | Haldol 1unit/5mg | \$117.64 |
| J1644 | Heparin 1unit/1000unit dose | \$80.79 |
| 33999 | Intra Aortic Ballon Pump | \$895.46 |
| 96372 | Sub-Q or IM Injection | \$190.32 |

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Ancillary Charges

| HCP Code | Description | Amount |
|----------|--------------------------------|------------|
| J1800 | Inderal 1unit/1mg | \$52.02 |
| J1815 | Insulin 1unit/5units | \$9.62 |
| 31500 | Intubation Procedure | \$1,007.55 |
| 36680 | EZ-IO Intraosseous Insertion | \$821.74 |
| 96374 | IV Push | \$253.76 |
| 96375 | IV Push (New drug) | \$253.76 |
| 96379 | IV Push Same Drug 2nd push | \$253.76 |
| A0394 | IV Drug Therapy Supplies | \$633.69 |
| J3480 | Potassium Chlor 1unit/2meq | \$16.67 |
| J3490 | Ketamine 1unit/100mg | \$36.54 |
| J3490 | Labetalol | \$2.60 |
| J1940 | Lasix 1unit/20mg | \$25.87 |
| J3490 | Levophed 1unit/infusion | \$56.90 |
| J2001 | Lidocaine 1unit/10mg | \$8.50 |
| J3490 | Lopressor 1unit/1mg | \$11.06 |
| J1650 | Lovenox 1unit/10mg | \$141.41 |
| J7120 | Lactated Ringers 1unit/1000cc | \$39.30 |
| J3475 | Magnesium Sulfate 1unit/unfusi | \$40.82 |
| J2150 | Mannitol PreMix 1unit/infusion | \$184.96 |
| J2210 | Methergine 1unit/0.2mg | \$154.99 |
| J2270 | Morphine Sulfate 1unit/10mg | \$44.29 |
| J2300 | Nalbuphine 1unit/10mg | \$14.55 |
| J2310 | Narcan 1unit/1mg | \$147.77 |
| A0800 | Night Call - Air | \$398.10 |
| 94640 | Nebulizer Inhltn Therapy <1 hr | \$214.41 |
| 94644 | Nebulizer Inhltn Therapy >1 hr | \$214.41 |
| J3490 | Nipride 1unit/infusion | \$1,955.10 |
| J3490 | Norcuron 1unit/1mg | \$16.98 |
| J7030 | NS IV Solution 1unit/1000cc | \$31.22 |
| J7040 | NS IV Solution 1unit/500cc | \$38.26 |

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Ancillary Charges

| HCPSC Code | Description | Amount |
|------------|--------------------------------|------------|
| J3490 | Nitroglycerin IV 1unit/infusio | \$169.53 |
| 59410 | OB Delivery and Post Care | \$4,917.93 |
| J3490 | Ofirmev 1g/100ml | \$151.83 |
| A0422 | Oxygen and Oxygen Supplies | \$872.54 |
| 92953 | External Transcutaneous Pacing | \$287.49 |
| S0028 | Pepcid 1unit/20mg | \$21.23 |
| 33010 | Pericardiocentesis | \$963.27 |
| J2550 | Phenergan 1unit/50mg | \$66.46 |
| J2560 | Phenobarbital 1unit/120mg | \$45.33 |
| J2590 | Pitocin 1unit/10mg | \$67.27 |
| J2730 | Pralidoxime 1unit/1gm | \$754.23 |
| J2690 | Procainamide 1unit/1gm | \$194.18 |
| J2760 | Regitine 1unit/5mg | \$548.95 |
| J2765 | Reglan 1unit/10mg | \$27.80 |
| J0696 | Rocephin 1unit/250mg | \$70.43 |
| J3490 | Rocuronium 1unit/10mg dose | \$22.30 |
| J3490 | Romazicon 1unit/0.1mg | \$36.05 |
| J2354 | Sandostatin 1unit/25mcg | \$27.15 |
| J2930 | Solu-Medrol 1unit/125mg | \$95.79 |
| J0330 | Succinylcholine 1unit/20mg | \$16.99 |
| J3105 | Terbutaline 1unit/1mg | \$200.25 |
| J3411 | Thiamine 1unit/100mg | \$88.91 |
| J3490 | Tranexamic 1unit/1gm | \$159.85 |
| 36510 | UVC Placement | \$683.11 |
| J3360 | Valium 1unit/5mg | \$15.49 |
| J3370 | Vancomycin 1unit/500mg | \$117.95 |
| J3490 | Vasopressin 1unit/20unit dose | \$104.38 |
| J3490 | Vasotec 1unit/1.25mg | \$60.88 |
| 94002 | Ventilator Use / Monitoring | \$557.44 |
| J2250 | Versed 1unit/1mg | \$20.47 |

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| HCPCS Code | Description | Amount |
|------------|---|----------|
| A0420 | Wait Time Air | \$120.38 |
| J3486 | Ziprasidone 1unit/10mg | \$126.44 |
| J2405 | Zofran 1unit/1mg | \$30.55 |
| J2543 | Zosyn 1unit/gm | \$51.86 |
| A0431 | Ambulance Service, conventional air services, transport, one way, rotor wing (RW) | \$31,570 |
| A0436 | Air mileage; (RW) | \$322 |
| A0430 | Ambulance Service, conventional air services, transport, one way, rotor wing (FW) | \$28,260 |
| A0435 | Air mileage (FW) | \$137 |

Notice of Emergency Air Ambulance Patient Transport Rates

We are a federally-regulated air carrier that transports medically necessary, emergency patients regardless of a patient's ability to pay. At the time of emergency transport, we do not ask or know if a patient has insurance coverage for the transport, so we cannot know how much (if any) of our billed rates will be covered by a patient's insurance.

We are a Medicare provider, a Medicaid provider in many states, and an in-network provider for some commercial insurance companies and other payors. For Medicare, our rates are set by CMS. For other payors with whom we are an in-network provider, our rates are set in our provider agreement. For all other patients, the rates (Charges) shown above are our charges for patient transport and related services.

By receiving our transport or other services, you (or the person financially responsible for your care) expressly:

- authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided, and request that payment of authorized Medicare, Medicaid, or any other insurance be made on your behalf directly to us as your provider;
- agree to immediately remit to us as your provider any payments that you receive directly from insurance or any source whatsoever meant to cover all or any portion of the services provided to you, and you assign all rights to such payments to us as your provider;
- agree to be financially responsible for the billed Charges for the services provided, regardless of insurance coverage, and in some cases you may be responsible for an amount in addition to that which is paid by your insurance, such as co-pay, co-insurance, deductible, and any remaining balance;
- acknowledge your understanding that the Charges are the usual and regular rate for the services provided and accept and agree to the express Charges as posted; and
- agree the Charges represent the price term for any service provided and are fully incorporated into any authorization to bill, financial responsibility agreement, or any other agreement with us as your provider that covers the services provided.