



FEASIBILITY ANALYSIS FOR AMBULANCE MEMBERSHIP REVENUE PROGRAMS

PO Box 22008
Eugene, OR 97402

- phone: 541-687-1214
- toll free: 1-800-543-9062
- fax: 541-484-1007
- jp.dusseault@firemed.com

Public & Private Program Development

A. Current System Revenue Profile

1. Total dollars billed annually
2. Total dollars collected annually
3. Patients transported annually
4. Average billing per patient
5. Average collection percentage
6. Percentage of revenue paid by insurance
7. Percentage of revenue paid by Medicare

B. Current System Demographics

8. Total population in your service area
 - a. Age profiles by percentage supplied by client
 - § Over 65 _____% of population
 - § 55 - 64 _____% of population
 - § 45 - 54 _____% of population
 - § 35 - 44 _____% of population
 - § 25 - 34 _____% of population
 - § 20 - 24 _____% of population
 - § 0 - 19 _____% of population
 - b. Urban / Rural Ratios:
 - § Urban _____% of population
 - § Rural _____% of population
 - c. Income Profiles:
 - § Under \$15K _____% of population
 - § \$15 - \$25K _____% of population
 - § \$25K + _____% of population
9. Average Household Size

C. Basic Feasibility Study \$1,250

Approval Signature & Date

D. 5-Year Projection (\$1500 additional)

Approval Signature & Date

©All Rights Reserved

Form 849138



■ SERVING FIRE/EMS SYSTEMS SINCE 1986

MEMBER



FEASIBILITY ANALYSIS FOR AMBULANCE MEMBERSHIP REVENUE PROGRAMS

E. Initial Information that MUST be Provided in Order to Evaluate Effective Strategies.

10. Zip codes for your service area:

11. And/ASA Household addresses
Total number of households served

12. Access to existing photography, or name of person to doordinate new photography specific to your personnel, equipment, etc. (Please review our specification sheets for photographic style, content and composition.)

13. Contact information to be used (phone, fax, email and web address)
Name of membership system _____
Business office address _____

Name of Fire Chief _____
Phone _____ Fax _____ Email _____

Name of FireMed Director _____
Phone _____ Fax _____ Email _____

Dedicated membership access: _____
Phone _____
Fax _____
Email _____
Website _____

14. Enrollment dates for your existing program:
Current enrollment total: _____
Current yearly membership fee _____

15. Your emergency air provider, if any _____
a. Do you partner in reaching new members? _____
b. What is their membership fee? _____
c. Will they participate in a cooperative membership campaign like *FireMed Plus*? _____
