

PARAMEDIC INTERCEPT AGREEMENT

This Agreement, entered into this 4th day of April, 2005, by the following emergency medical providers, covers the terms of those requests and conditions for reimbursement for intercept services provided between such emergency medical providers.

The parties hereto agree and contract as follows:

1. That any party requested (hereinafter referred to as the "responding agency") to provide Advance Life Support (ALS) intercept services at the request of, and on behalf of, any other party when the requesting party's (hereinafter referred to as the "requesting agency") ALS providers are unavailable to provide medically necessary services to a patient, shall provide such services.
2. The responding agency shall only be entitled to payment when ALS services are actually provided to a patient. The responding agency shall not be entitled to payment when the request for its ALS services is cancelled before treatment of a patient has occurred.
3. The requesting agency will transport all patients in its ambulance and be responsible for submitting all insurance claims for services, including ALS intercept services provided by the responding agency, as well as all direct patient billing for services rendered.
4. Responding agencies may submit requests for reimbursement to each requesting agency for services provided by the responding agencies on a monthly basis.
5. Requesting agencies agree to pay responding agencies twenty-five (25%) percent of the payment for each event for which ALS intercept services were provided by the responding agency. The responding agency shall use what equipment is available at its discretion, regardless of whether such equipment belongs to it or to the requesting agency. All items removed from the responding agency's "drug box" for patient treatment shall be billed to the requesting agency.
6. This Agreement shall be for a term of five years beginning from the date stated above.
7. Disputes between the parties hereto concerning the interpretation or application of this Agreement shall be submitted to the Fire and Rescue Board of Allegany County, Maryland, for resolution and the parties hereto agree to be bound by the Fire and Rescue Board's decisions.

IN WITNESS WHEREOF, the parties hereto have caused this Paramedic Intercept Agreement to be signed by their authorized officers and their respective seals to be affixed hereto.

District 16 UFD Amb. Serv.
Department Name

Date: 2/21/05

Thomas Hamilton
Signature

Title: Captain

LAVALE RESCUE SQUAD
Department Name

Date: 2/21/05

Mary [Signature]
Signature

Title: CAPTAIN

Corriganville Vol. Fire Dept
Department Name

Date: 2/21/05

Gary Carpenter
Signature

Title: Captain

ELLERSLIE AMBULANCE
Department Name

Date: 2-21-05

Richard Jameson
Signature

Title: PRES.

Oldtown Vol. Fire Dept
Department Name

Date: 2-21-05

Angela Acosta
Signature

Title: Amb Captain

CRESAP TOWN VOL. FIRE DEPT.
Department Name

Date: 2/21/05

Stew J. Kiser
Signature

Title: DEPUTY CHIEF

Mt. Savage Vol. Fire Dept
Department Name

Date: Feb 22, 2005

[Signature]
Signature

Title: Deputy Chief

FROSTBURG AREA AMBULANCE
Department Name

Date: 02/22/05

[Signature]
Signature

Title: Captain

Flintstone Vol Fire Co.
Department Name

Date: 2-22-05

[Signature]
Signature

Title: CPT

GEORGE'S CREEK AMB. SER.
Department Name

Date: 2-23-05

[Signature]
Signature

Title: Captain

Tri Towns EMS
Department Name

Date: 2-25-05

[Signature]
Signature

Title: President

CITY OF CUMBERLAND FIRE DEPT.
Department Name

Date: 3-9-05

[Signature]
Signature

Title: FIRE CHIEF

Bowman's Addition
Department Name

Date: 4-23-05

[Signature]
Signature

Title: President