Emergency Medical Services
Intergovernmental Agreement
Mutual Aid

THIS AGREEMENT, is made and entered into and between **High Country Emergency Medical Services District** and **Ute Pass Regional Ambulance District** (Mutually referred to as the "Contracting Agencies" or singularly as "Agency").

WHEREAS, the contracting agencies provide emergency medical services utilizing paid and/or volunteer personnel; and

WHEREAS, more than one medical emergency may arise contemporaneously in one or the other of the jurisdictions of the Contracting Agencies resulting in greater demands than the manpower and/or equipment of that Agency can handle; or an emergency may arise that is of such magnitude that it cannot be handled solely by the equipment and staffing of the Agency in whose jurisdiction the emergency occurs; or an emergency may arise which transcends jurisdictional boundaries; and

WHEREAS, non-emergency or scheduled requests for medical transportation may arise that cannot be performed with the manpower of the Agency in whose jurisdiction the non-emergency occurs; or a non-emergency may arise which transcends jurisdictional boundaries; and

WHEREAS, combined non-emergency and/or emergencies calls may exhaust available Agency resources and one Agency may need to obtain backup coverage for its jurisdiction from another agency;

NOW, THEREFORE, in consideration of the mutual covenants, performances and agreements hereafter set forth, it is mutually understood and agreed between the Contracting Agencies as follows:

1.0 Mutual Assistance and Aid

1.1 Subject to the exception stated below, the Contracting Agencies agree to respond when possible to requests for emergency medical services assistance ("aid") within the jurisdictional boundaries of the other Contracting Agency upon request of the Requesting Agency, provided that the extent of any response, including the choice of personnel and equipment, shall be entirely within the discretion of the Answering Agency. Included in the Answering Agency's discretion shall be a determination of whether or not such a request for assistance may be answered without jeopardizing the safety and protection of the citizens and property of the Answering Agency. Any decision not to respond to a request for aid shall be promptly communicated to the Requesting Agency.

1.2 An authorized official representing a Requesting Agency shall make all requests for aid. Each requests for aid is subject to approval by an official of the Answering Agency, without charge to the Requesting Agency, and with the understanding that personnel and equipment of the Answering Agency shall be subject only to the liability, workers' compensation, and/or other insurance of that Answering Agency. The equipment and personnel of the Answering Agency shall at all times be under the supervision and control of the official(s) of that Answering Agency.

2.0 Additional Provisions:

2.1 Any request for assistance hereunder should include a statement of the desired amount and type of equipment and personnel, and shall specify the location to which the equipment and response personnel are to be dispatched. However, an official of the Answering Agency shall determine the actual type and quantity of equipment and personnel to be furnished.

2.2 When emergency medical services are requested, the Answering Agency shall have its personnel report to the incident Commander ("IC") at the location to which the equipment and personnel are dispatched. All activities shall be coordinated though the IC however, the equipment and personnel of the Answering Agency shall be under the ultimate supervision of the designated staff member of the Answering Agency. The Answering Agency shall coordinate its efforts with the IC. At no time shall the Answering Agency be expected to operate contrary to its standing orders of its physician advisor or policies of its service, except that destination policies may be modified as necessary.

2.3 Answering Agency shall be released from service by the Requesting Agency/Incident Commander when the services of the Answering Agency are no longer required, or when the Answering Agency determines that its services are needed in another jurisdiction.

2.4 The personnel of each Agency, while engaged in performing any mutual aid service, activity, or undertaking under provisions of this Agreement, shall have and retain all rights, privileges and immunity notwithstanding that mutual aid service is being performed in or for the other Agency. Additionally, the Answering Agency's physician advisor and appropriate medical protocols and policies and procedures shall govern the Answering Agency's actions.

2.5 The Answering Agency shall have the right to bill patients for whom it provided aid in accordance with its billing practices.

2.6 If at any time the Answering Agency responds to a mutual aid call where the Requesting Agency is not at the scene, the Answering Agency will follow the treatment protocols and procedures of its physician advisor or other medical control. Furthermore, the Answering Agency may, at its discretion, coordinate with IC for any additional resources it determines necessary to mitigate the emergency.

2.7 It is agreed that the Requesting Agency shall not be liable for payment of any salary, wages, or other compensation for any of the Answering Agency's personnel performing services under this Agreement. Each party covenants and agrees to pay all damages for personal injuries and for damages to real or personal property of its volunteers, servants, agents, or employees in connection with its operations pursuant to this Agreement. Each party further covenants and agrees to indemnify, save and keep the other party harmless against all liabilities, judgments, costs, damages, and expense, including court costs and attorney's fees, of and from any and all claims of any kind or nature whatsoever which may in anyway arise against the other party for or on account of personal injuries and damages to real or personal property or the loss of any property caused or claimed to have been caused as a result of any act or deed or any failure to act of any volunteer, servant, agent, or employee of the party in connection with this Agreement. Nothing contained in this paragraph shall be construed as a waiver of the Colorado Governmental Immunity Act or any provision of it, and the parties reserve all of their rights under said Act.

2.8 Except as provided in paragraph 3.7 above, each party will assume full responsibility and liability for any and all damages caused by or to its equipment that occur during the course of mutual aid assistance.

2.9 Except as provided in paragraph 3.7 above, each party will assume full responsibility and liability for any and all injuries caused by or to its members that occur during the course of mutual aid assistance.

2.10 This Agreement shall become effective upon the approval and signature by the authorized representatives of both Contracting Agencies. This Agreement is terminated at will upon fifteen (15) days advance written notice by either Agency to the other Agency. Furthermore, this Agreement shall self renew every year hereafter upon each anniversary of the initial effective date unless terminated upon fifteen (15) days advance written notice by either Agency to the other Agency.

2.11 This Agreement may be supplemented by written amendment signed by the respective Contracting Agencies with various exhibits to be numerically designated in chronological order of adoption. These exhibits may, in part, set forth specific areas of first response, additional protocols, and other communication and procedural matters. It is agreed that the Answering Agency shall not be responsible for any response time compliance or penalties under this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement this:

_____ Day of _____, 2004

For:

Ute Pass Regional Ambulance District
P.O. Box 149
785 Red Feather Lane
Woodland Park, Colorado 80866

_____	_____	_____	_____
Printed Name	Signature	Position	Date

And for:

High Country Emergency Medical Services District
39145 U.S. Highway 24
Lake George, Colorado 80827

_____	_____	_____	_____
Printed Name	Signature	Position	Date

Emergency Medical Services
Intergovernmental Agreement
Mutual Aid

THIS AGREEMENT, is made and entered into and between **South Park Ambulance District** and **Ute Pass Regional Ambulance District** (Mutually referred to as the "Contracting Agencies" or singularly as "Agency").

WHEREAS, the contracting agencies provide emergency medical services utilizing paid and/or volunteer personnel; and

WHEREAS, more than one medical emergency may arise contemporaneously in one or the other of the jurisdictions of the Contracting Agencies resulting in greater demands than the manpower and/or equipment of that Agency can handle; or an emergency may arise that is of such magnitude that it cannot be handled solely by the equipment and staffing of the Agency in whose jurisdiction the emergency occurs; or an emergency may arise which transcends jurisdictional boundaries; and

WHEREAS, non-emergency or scheduled requests for medical transportation may arise that cannot be performed with the manpower of the Agency in whose jurisdiction the non-emergency occurs; or a non-emergency may arise which transcends jurisdictional boundaries; and

WHEREAS, combined non-emergency and/or emergencies calls may exhaust available Agency resources and one Agency may need to obtain backup coverage for its jurisdiction from another agency;

NOW, THEREFORE, in consideration of the mutual covenants, performances and agreements hereafter set forth, it is mutually understood and agreed between the Contracting Agencies as follows:

1.0 Mutual Assistance and Aid

1.1 Subject to the exception stated below, the Contracting Agencies agree to respond when possible to requests for emergency medical services assistance ("aid") within the jurisdictional boundaries of the other Contracting Agency upon request of the Requesting Agency, provided that the extent of any response, including the choice of personnel and equipment, shall be entirely within the discretion of the Answering Agency. Included in the Answering Agency's discretion shall be a determination of whether or not such a request for assistance may be answered without jeopardizing the safety and protection of the citizens and property of the Answering Agency. Any decision not to respond to a request for aid shall be promptly communicated to the Requesting Agency.

1.2 An authorized official representing a Requesting Agency shall make all requests for aid. Each requests for aid is subject to approval by an official of the Answering Agency, without charge to the Requesting Agency, and with the understanding that personnel and equipment of the Answering Agency shall be subject only to the liability, workers' compensation, and/or other insurance of that Answering Agency. The equipment and personnel of the Answering Agency shall at all times be under the supervision and control of the official(s) of that Answering Agency.

2.0 Additional Provisions:

2.1 Any request for assistance hereunder should include a statement of the desired amount and type of equipment and personnel, and shall specify the location to which the equipment and response personnel are to be dispatched. However, an official of the Answering Agency shall determine the actual type and quantity of equipment and personnel to be furnished.

2.2 When emergency medical services are requested, the Answering Agency shall have its personnel report to the incident Commander ("IC") at the location to which the equipment and personnel are dispatched. All activities shall be coordinated though the IC however, the equipment and personnel of the Answering Agency shall be under the ultimate supervision of the designated staff member of the Answering Agency. The Answering Agency shall coordinate its efforts with the IC. At no time shall the Answering Agency be expected to operate contrary to its standing orders of its physician advisor or policies of its service, except that destination policies may be modified as necessary.

2.3 Answering Agency shall be released from service by the Requesting Agency/Incident Commander when the services of the Answering Agency are no longer required, or when the Answering Agency determines that its services are needed in another jurisdiction.

2.4 The personnel of each Agency, while engaged in performing any mutual aid service, activity, or undertaking under provisions of this Agreement, shall have and retain all rights, privileges and immunity notwithstanding that mutual aid service is being performed in or for the other Agency. Additionally, the Answering Agency's physician advisor and appropriate medical protocols and policies and procedures shall govern the Answering Agency's actions.

2.5 The Answering Agency shall have the right to bill patients for whom it provided aid in accordance with its billing practices.

2.6 If at any time the Answering Agency responds to a mutual aid call where the Requesting Agency is not at the scene, the Answering Agency will follow the treatment protocols and procedures of its physician advisor or other medical control. Furthermore, the Answering Agency may, at its discretion, coordinate with IC for any additional resources it determines necessary to mitigate the emergency.

2.7 It is agreed that the Requesting Agency shall not be liable for payment of any salary, wages, or other compensation for any of the Answering Agency's personnel performing services under this Agreement. Each party covenants and agrees to pay all damages for personal injuries and for damages to real or personal property of its volunteers, servants, agents, or employees in connection with its operations pursuant to this Agreement. Each party further covenants and agrees to indemnify, save and keep the other party harmless against all liabilities, judgments, costs, damages, and expense, including court costs and attorney's fees, of and from any and all claims of any kind or nature whatsoever which may in anyway arise against the other party for or on account of personal injuries and damages to real or personal property or the loss of any property caused or claimed to have been caused as a result of any act or deed or any failure to act of any volunteer, servant, agent, or employee of the party in connection with this Agreement. Nothing contained in this paragraph shall be construed as a waiver of the Colorado Governmental Immunity Act or any provision of it, and the parties reserve all of their rights under said Act.

2.8 Except as provided in paragraph 3.7 above, each party will assume full responsibility and liability for any and all damages caused by or to its equipment that occur during the course of mutual aid assistance.

2.9 Except as provided in paragraph 3.7 above, each party will assume full responsibility and liability for any and all injuries caused by or to its members that occur during the course of mutual aid assistance.

2.10 This Agreement shall become effective upon the approval and signature by the authorized representatives of both Contracting Agencies. This Agreement is terminated at will upon fifteen (15) days advance written notice by either Agency to the other Agency. Furthermore, this Agreement shall self renew every year hereafter upon each anniversary of the initial effective date unless terminated upon fifteen (15) days advance written notice by either Agency to the other Agency.

2.11 This Agreement may be supplemented by written amendment signed by the respective Contracting Agencies with various exhibits to be numerically designated in chronological order of adoption. These exhibits may, in part, set forth specific areas of first response, additional protocols, and other communication and procedural matters. It is agreed that the Answering Agency shall not be responsible for any response time compliance or penalties under this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement this:

_____ Day of _____, 2004

For:

Ute Pass Regional Ambulance District
P.O. Box 149
785 Red Feather Lane
Woodland Park, Colorado 80866

_____	_____	_____	_____
Printed Name	Signature	Position	Date

And for:

South Park Ambulance District
P.O. Box 417
Fairplay, Colorado 80440

_____	_____	_____	_____
Printed Name	Signature	Position	Date

Emergency Medical Services
Intergovernmental Agreement
Mutual Aid

THIS AGREEMENT, is made and entered into and between **Southwest Teller County Emergency Medical Service** and **Ute Pass Regional Ambulance District** (Mutually referred to as the "Contracting Agencies" or singularly as "Agency").

WHEREAS, the contracting agencies provide emergency medical services utilizing paid and/or volunteer personnel; and

WHEREAS, more than one medical emergency may arise contemporaneously in one or the other of the jurisdictions of the Contracting Agencies resulting in greater demands than the manpower and/or equipment of that Agency can handle; or an emergency may arise that is of such magnitude that it cannot be handled solely by the equipment and staffing of the Agency in whose jurisdiction the emergency occurs; or an emergency may arise which transcends jurisdictional boundaries; and

WHEREAS, non-emergency or scheduled requests for medical transportation may arise that cannot be performed with the manpower of the Agency in whose jurisdiction the non-emergency occurs; or a non-emergency may arise which transcends jurisdictional boundaries; and

WHEREAS, combined non-emergency and/or emergencies calls may exhaust available Agency resources and one Agency may need to obtain backup coverage for its jurisdiction from another agency;

NOW, THEREFORE, in consideration of the mutual covenants, performances and agreements hereafter set forth, it is mutually understood and agreed between the Contracting Agencies as follows:

1.0 Mutual Assistance and Aid

1.1 Subject to the exception stated below, the Contracting Agencies agree to respond when possible to requests for emergency medical services assistance ("aid") within the jurisdictional boundaries of the other Contracting Agency upon request of the Requesting Agency, provided that the extent of any response, including the choice of personnel and equipment, shall be entirely within the discretion of the Answering Agency. Included in the Answering Agency's discretion shall be a determination of whether or not such a request for assistance may be answered without jeopardizing the safety and protection of the citizens and property of the Answering Agency. Any decision not to respond to a request for aid shall be promptly communicated to the Requesting Agency.

1.2 An authorized official representing a Requesting Agency shall make all requests for aid. Each requests for aid is subject to approval by an official of the Answering Agency, without charge to the Requesting Agency, and with the understanding that personnel and equipment of the Answering Agency shall be subject only to the liability, workers' compensation, and/or other insurance of that Answering Agency. The equipment and personnel of the Answering Agency shall at all times be under the supervision and control of the official(s) of that Answering Agency.

2.0 Additional Provisions:

2.1 Any request for assistance hereunder should include a statement of the desired amount and type of equipment and personnel, and shall specify the location to which the equipment and response personnel are to be dispatched. However, an official of the Answering Agency shall determine the actual type and quantity of equipment and personnel to be furnished.

2.2 When emergency medical services are requested, the Answering Agency shall have its personnel report to the incident Commander ("IC") at the location to which the equipment and personnel are dispatched. All activities shall be coordinated though the IC however, the equipment and personnel of the Answering Agency shall be under the ultimate supervision of the designated staff member of the Answering Agency. The Answering Agency shall coordinate its efforts with the IC. At no time shall the Answering Agency be expected to operate contrary to its standing orders of its physician advisor or policies of its service, except that destination policies may be modified as necessary.

2.3 Answering Agency shall be released from service by the Requesting Agency/Incident Commander when the services of the Answering Agency are no longer required, or when the Answering Agency determines that its services are needed in another jurisdiction.

2.4 The personnel of each Agency, while engaged in performing any mutual aid service, activity, or undertaking under provisions of this Agreement, shall have and retain all rights, privileges and immunity notwithstanding that mutual aid service is being performed in or for the other Agency. Additionally, the Answering Agency's physician advisor and appropriate medical protocols and policies and procedures shall govern the Answering Agency's actions.

2.5 The Answering Agency shall have the right to bill patients for whom it provided aid in accordance with its billing practices.

2.6 If at any time the Answering Agency responds to a mutual aid call where the Requesting Agency is not at the scene, the Answering Agency will follow the treatment protocols and procedures of its physician advisor or other medical control. Furthermore, the Answering Agency may, at its discretion, coordinate with IC for any additional resources it determines necessary to mitigate the emergency.

2.7 It is agreed that the Requesting Agency shall not be liable for payment of any salary, wages, or other compensation for any of the Answering Agency's personnel performing services under this Agreement. Each party covenants and agrees to pay all damages for personal injuries and for damages to real or personal property of its volunteers, servants, agents, or employees in connection with its operations pursuant to this Agreement. Each party further covenants and agrees to indemnify, save and keep the other party harmless against all liabilities, judgments, costs, damages, and expense, including court costs and attorney's fees, of and from any and all claims of any kind or nature whatsoever which may in anyway arise against the other party for or on account of personal injuries and damages to real or personal property or the loss of any property caused or claimed to have been caused as a result of any act or deed or any failure to act of any volunteer, servant, agent, or employee of the party in connection with this Agreement. Nothing contained in this paragraph shall be construed as a waiver of the Colorado Governmental Immunity Act or any provision of it, and the parties reserve all of their rights under said Act.

2.8 Except as provided in paragraph 3.7 above, each party will assume full responsibility and liability for any and all damages caused by or to its equipment that occur during the course of mutual aid assistance.

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement this:

_____ Day of _____, 2004

For:

Ute Pass Regional Ambulance District
P.O. Box 149
785 Red Feather Lane
Woodland Park, Colorado 80866

_____	_____	_____	_____
Printed Name	Signature	Position	Date

And for:

Southwest Teller County Emergency Medical Service
P.O. Box 430
Cripple Creek, Colorado 80813

_____	_____	_____	_____
Printed Name	Signature	Position	Date

Emergency Medical Services
Mutual Aid Agreement

THIS AGREEMENT, is made and entered into and between **American Medical Response, El Paso County** and **Ute Pass Regional Ambulance District** (Mutually referred to as the "Contracting Agencies" or singularly as "Agency").

WHEREAS, the contracting agencies provide emergency medical services utilizing paid and/or volunteer personnel; and

WHEREAS, more than one medical emergency may arise contemporaneously in one or the other of the jurisdictions of the Contracting Agencies resulting in greater demands than the manpower and/or equipment of that Agency can handle; or an emergency may arise that is of such magnitude that it cannot be handled solely by the equipment and staffing of the Agency in whose jurisdiction the emergency occurs; or an emergency may arise which transcends jurisdictional boundaries; and

WHEREAS, non-emergency or scheduled requests for medical transportation may arise that cannot be performed with the manpower of the Agency in whose jurisdiction the non-emergency occurs; or a non-emergency may arise which transcends jurisdictional boundaries; and

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NOW, THEREFORE, in consideration of the mutual covenants, performances and agreements hereafter set forth, it is mutually understood and agreed between the Contracting Agencies as follows:

1.0 Mutual Assistance and Aid

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2.4 The personnel of each Agency, while engaged in performing any mutual aid service, activity, or undertaking under provisions of this Agreement, shall have and retain all rights, privileges and immunity notwithstanding that mutual aid service is being performed in or for the other Agency. Additionally, the Answering Agency's physician advisor and appropriate medical protocols and policies and procedures shall govern the Answering Agency's actions.

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement this:

_____ Day of _____, 2004

For:

Ute Pass Regional Ambulance District
P.O. Box 149
785 Red Feather Lane
Woodland Park, Colorado 80866

_____	_____	_____	_____
Printed Name	Signature	Position	Date

And for:

American Medical Response, El Paso County
2370 N. Powers Blvd.
Colorado Springs, Colorado 80915

_____	_____	_____	_____
Printed Name	Signature	Position	Date

Emergency Medical Services
Mutual Aid Agreement

THIS AGREEMENT, is made and entered into and between **Four Mile Emergency Services, Inc.** and **Ute Pass Regional Ambulance District** (Mutually referred to as the "Contracting Agencies" or singularly as "Agency").

WHEREAS, the contracting agencies provide emergency medical services utilizing paid and/or volunteer personnel; and

WHEREAS, more than one medical emergency may arise contemporaneously in one or the other of the jurisdictions of the Contracting Agencies resulting in greater demands than the manpower and/or equipment of that Agency can handle; or an emergency may arise that is of such magnitude that it cannot be handled solely by the equipment and staffing of the Agency in whose jurisdiction the emergency occurs; or an emergency may arise which transcends jurisdictional boundaries; and

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2.9 Except as provided in paragraph 3.7 above, each party will assume full responsibility and liability for any and all injuries caused by or to its members that occur during the course of mutual aid assistance.

2.10 This Agreement shall become effective upon the approval and signature by the authorized representatives of both Contracting Agencies. This Agreement is terminated at will upon fifteen (15) days advance written notice by either Agency to the other Agency. Furthermore, this Agreement shall self renew every year hereafter upon each anniversary of the initial effective date unless terminated upon fifteen (15) days advance written notice by either Agency to the other Agency.

2.11 This Agreement may be supplemented by written amendment signed by the respective Contracting Agencies with various exhibits to be numerically designated in chronological order of adoption. These exhibits may, in part, set forth specific areas of first response, additional protocols, and other communication and procedural matters. It is agreed that the Answering Agency shall not be responsible for any response time compliance or penalties under this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement this:

_____ Day of _____, 2004

For:

Ute Pass Regional Ambulance District
P.O. Box 149
785 Red Feather Lane
Woodland Park, Colorado 80866

_____	_____	_____	_____
Printed Name	Signature	Position	Date

And for:

Four Mile Emergency Services, Inc.
8937 Teller Road 11
Florissant, Colorado 80816-8609

_____	_____	_____	_____
Printed Name	Signature	Position	Date



Assets and Liabilities to be Transferred — Exhibit 5

Woodland Park Ambulance Service, Inc.
Estimated Assets and Liabilities as of December 31, 2004
To Be Transferred to Ute Pass Regional Ambulance District

ASSETS			
CURRENT ASSETS			
Cash & Investments			
Cash in Bank - Operating Funds	$ 67,000		
Cash in Bank - Teller EMS Training Funds	3,000		
Investments	64,000		
Total Cash & Investments		$ 134,000	
Accounts Receivable - Patient/Insurance Billings		211,000	
Total Current Assets			$345,000
PROPERTY AND EQUIPMENT			
Land (785 Red Feather Lane, Woodland Park)		15,000	
Building (785 Red Feather Lane, Woodland Park)		146,300	
Furniture & Fixtures		72,100	
Equipment		171,900	
Vehicles			
Medic 10 - Ambulance (Purchased 2002)	85,200		
Medic 11 - Ambulance (Purchased 2003)	89,100		
Medic 12 - Ambulance (Purchased 2002)	85,200		
Medic 14 - Ambulance (Purchased 1999)	66,000		
ALS-One - Quick Response Vehicle (Purchased used 2001)	20,500		
Total Vehicles		346,000	
Less: Accumulated Depreciation		(303,000)	
Net Property and Equipment			448,300
OTHER ASSETS			
Court-Mandated Restitution		102,000	
Total Other Assets			102,000
TOTAL ASSETS			$895,300
LIABILITIES			
CURRENT LIABILITIES			
Accounts Payable (Current operations)		$ 9,300	
Teller EMS Training Funds		3,000	
Vacation Payable		22,000	
Total Current Liabilities			$ 34,300
LONG-TERM LIABILITIES			
Vehicle Loans		77,393	
Total Long-Term Liabilities			77,393
TOTAL LIABILITIES			$111,693

Note: In addition to the Assets & Liabilities listed above, WPAS intends to transfer to the District its entire inventory of consumable medical supplies. The estimated replacement value of these supplies is $45,000.

Initial Indebtedness: Exhibit 5

This exhibit contains information regarding the vehicle purchase loan that the District will assume from WPAS.
It is for the purchase of 2, 2002, Ford F350, Type I ambulances.

Loan Details	
Compound Period	Monthly
Normal Annual Rate:	5.750%
Effective Annual Rate:	5.904%
Periodic Rate:	0.4792%
Daily Rate:	0.01575%

WPAS Loan Payment History		
Purchase Price	Ambulance 1	85,169.00
	Ambulance 2	85,169.00
	Total	170,338.00
Down Payment by WPAS		34,068.00
Initial Loan Balance		136,270.00
Payment by WPAS through 12/31/2004		58,877.17
Balance to be Assumed by the District		77,392.83

Cash Flow Data					
Event	Start Date	Amount	Number	Period	End Date
1 Loan	6/2/2004	90695.6	1		
2 Payment	7/2/2004	2625.3	18	Monthly	12/2/2005
3 Payment	1/2/2006	4264.47	12	Monthly	12/2/2006

AMORTIZATION SCHEDULE - Normal Amortization					
	Date	Payment	Interest	Principal	Balance
Loan	12/31/2004				77,392.83
1	1/2/2005	2,625.30	370.84	2,254.46	75,138.37
2	2/2/2005	2,625.30	360.04	2,265.26	72,873.11
3	3/2/2005	2,625.30	349.18	2,276.12	70,596.99
4	4/2/2005	2,625.30	338.28	2,287.02	68,309.97
5	5/2/2005	2,625.30	327.32	2,297.98	66,011.99
6	6/2/2005	2,625.30	316.31	2,308.99	63,703.00
7	7/2/2005	2,625.30	305.24	2,320.06	61,382.94
8	8/2/2005	2,625.30	294.13	2,331.17	59,051.77
9	9/2/2005	2,625.30	282.96	2,342.34	56,709.43
10	10/2/2005	2,625.30	271.73	2,353.57	54,355.86
11	11/2/2005	2,625.30	260.46	2,364.84	51,991.02
12	12/2/2005	2,625.30	249.12	2,376.18	49,614.84
2005 Totals		31,503.60	3,725.61	27,777.99	
13	1/2/2006	4,264.47	237.74	4,026.73	45,588.11
14	2/2/2006	4,264.47	218.44	4,046.03	41,542.08
15	3/2/2006	4,264.47	199.06	4,065.41	37,476.67
16	4/2/2006	4,264.47	179.58	4,084.89	33,391.78
17	5/2/2006	4,264.47	160.00	4,104.47	29,287.31
18	6/2/2006	4,264.47	140.34	4,124.13	25,163.18
19	7/2/2006	4,264.47	120.57	4,143.90	21,019.28
20	8/2/2006	4,264.47	100.72	4,163.75	16,855.53
21	9/2/2006	4,264.47	80.77	4,183.70	12,671.83
22	10/2/2006	4,264.47	60.72	4,203.75	8,468.08
23	11/2/2006	4,264.47	40.58	4,223.89	4,244.19
24	12/2/2006	4,264.47	20.28	4,244.19	0.00
2006 Totals		51,173.64	1,558.80	49,614.84	
Grand Totals		98,429.04	7,733.44	90,695.60	

Last interest amount decreased by 0.06 due to rounding
Amortization Schedule presented is for WPAS loan through Vectra Bank in Woodland Park.
Loan will be converted to a lease purchase when assumed by the District.
The District will seek the lowest possible interest rates and best terms on all future indebtedness, if any.

Data source: Chulick & Kozleski, LLC, Woodland Park, Colorado.

Budget Summary

Exhibit 5

	Year									
	WPAS			Ute Pass Regional Ambulance District						
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Beginning Cash Available										
Operations Bank Account	67,720	25,116	22,628	22,662	24,889	26,371	26,656	28,017	29,136	29,417
Emergency Reserve Account	54,834	39,064	36,576	36,610	38,837	40,318	40,603	41,965	43,085	43,366
Total Beginning Cash Available	122,554	64,180	59,204	59,272	63,726	66,689	67,259	69,982	72,221	72,783
Revenues										
Property Taxes				693,087	698,000	746,860	781,330	825,573	833,557	850,846
Patient Billing	790,396	876,328	980,652	824,432	790,083	808,121	828,348	849,242	879,862	914,944
Specific Ownership Taxes				41,585	41,880	44,812	46,880	49,534	50,013	51,051
Bond Proceeds										
Interest & Miscellaneous Income	16,775	2,149	1,463	1,464	1,553	1,613	1,624	1,679	1,723	1,735
Douglas County - Deckers Area Contract		12,000	12,000							
Donations/Grants	84,976	55,300	500	500	500	500	500	500	500	500
Court Mandated Restitution	2,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000
Total Annual Income	894,147	951,777	1,000,615	1,567,068	1,538,016	1,607,906	1,664,682	1,732,528	1,771,655	1,825,076
Expenses										
Operating Expenses	816,149	901,001	967,769	1,326,935	1,353,856	1,434,830	1,503,530	1,570,675	1,611,266	1,650,893
WPAS Ambulance Debt Payment	25,518	25,752	27,778	49,615						
Reserve Account, Vehicles				70,000	70,000	60,000	60,000	60,000	60,000	60,000
Reserve Account, Facilities				50,000	50,000	50,000	50,000	50,000	50,000	50,000
Reserve Account, Medical Equipment				30,000	30,000	30,000	15,000	15,000	15,000	25,000
Reserve Account, Office Furniture & Equipment				7,500	7,500	7,500	7,500	7,500	7,500	7,500
Reserve Account, Communications				10,000	5,000	5,000	5,000	5,000	5,000	5,000
County Tax Collection Fee-Teller (2.7%), Douglas (1.5%)				18,565	18,697	20,006	20,929	22,114	22,328	22,791
Purchase Ambulance in 2003	89,079									
District Election & Formation Costs	5,000	30,000	5,000							
Total Annual Expenses	935,746	956,753	1,000,547	1,562,615	1,535,053	1,607,336	1,661,959	1,730,289	1,771,094	1,821,184
Net Income (Expense)	**(41,599)**	**(4,976)**	**68**	**4,454**	**2,963**	**570**	**2,723**	**2,239**	**562**	**3,892**
Net Income Added To Operations Bank Account	(25,829)	(2,488)	34	2,227	1,482	285	1,361	1,119	281	1,946
Net Income Added To Emergency Reserves	(15,770)	(2,488)	34	2,227	1,481	285	1,362	1,120	281	1,946
Ending Cash Available										
Operations Bank Account	25,116	22,628	22,662	24,889	26,371	26,656	28,017	29,136	29,417	31,363
Emergency Reserve	39,064	36,576	36,610	38,837	40,318	40,603	41,965	43,085	43,366	45,312
Total Ending Cash	64,180	59,204	59,272	63,726	66,689	67,259	69,982	72,221	72,783	76,675
Mill Levy **Based on Projected Need For Following Year ----------->**			$0.00395	$0.00390	$0.00390	$0.00400	$0.00395	$0.00391	$0.00373	$0.00380
Mill rate of 4.5 is equivalent to $0.0045										
Assessed Valuation from Assessor's Offices:										
Assessed Value - Teller County	157,907,060	161,065,201	172,339,765	175,786,560	188,091,619	191,853,451	205,283,193	209,388,857	224,046,077	228,526,999
Assessed Value - Douglas County	2,863,498	2,920,768	3,125,222	3,187,726	3,410,867	3,479,084	3,722,620	3,797,072	4,062,867	4,144,124
Total Assessed Valuation	160,770,558	163,985,969	175,464,987	178,974,286	191,502,486	195,332,535	209,005,813	213,185,929	228,108,944	232,671,123
Annual Escalation Factors		2% increase	7% Increase	2% Increase	7% Increase	2% Increase	7% Increase	2% Increase	7% Increase	2% Increase

Summary budget is intended to be an estimate only. Actual amounts and mill levies may vary based on call volume, payer mix, and collection experience.

Income Premise Sheet

Exhibit 5

Premise Categories	Input Columns									
	Base-2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number - Total Calls	1,728	---	---	---	---	---	---	---	---	---
CHANGE in Number of Calls	---	69	72	75	78	81	84	87	91	95
CHANGE in Transport Percentage	50%	3.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ANNUAL % of Transports - Insurance	52.0%	51.0%	50.0%	48.0%	46.0%	44.0%	42.0%	40.0%	40.0%	40.0%
ANNUAL % of Transports - Medicare, etc.	37.0%	38.0%	39.0%	40.0%	41.0%	42.0%	43.0%	44.0%	44.0%	44.0%
ANNUAL % of Transports - Private Pay	11.0%	11.0%	11.0%	12.0%	13.0%	14.0%	15.0%	16.0%	16.0%	16.0%
ANNUAL % of Transports by ALS	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
ANNUAL % of Transports by BLS	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%
ALS Ambulance Charges Per Trip (1)	---	---	---	---	---	---	---	---	---	---
Base	950	975	1,050	1,050	1,050	1,050	1,050	1,050	1,050	1,050
Average Mileage	400	440	484	249	256	264	272	280	288	297
Supplies	98	108	119	123	127	131	135	139	143	147
Monitor	111	122	134	138	142	146	150	155	160	165
I.V. Start	76	84	92	95	98	101	104	107	110	113
Normal Saline	10	11	12	12	12	12	12	12	12	12
Oxygen by Cannula	63	69	76	78	80	82	84	87	90	93
Total ALS Charge	1,708	1,809	1,967	1,745	1,765	1,786	1,807	1,830	1,853	1,877
BLS Ambulance Charges Per Trip (1)	---	---	---	---	---	---	---	---	---	---
Base	850	875	900	900	900	900	900	900	900	900
Average Mileage	400	440	484	249	256	264	272	280	288	297
Supplies	98	108	119	123	127	131	135	139	143	147
Monitor	0	0	0	0	0	0	0	0	0	0
I.V. Start	76	84	92	95	98	101	104	107	110	113
Normal Saline	10	11	12	12	12	12	12	12	12	12
Oxygen by Cannula	63	69	76	78	80	82	84	87	90	93
Total BLS Charge	1,497	1,587	1,683	1,457	1,473	1,490	1,507	1,525	1,543	1,562
% - In-District Transports	0.0%	0.0%	0.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%
% - Out Of-District Transports	100.0%	100.0%	100.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%
Write-Off % - District Patient Discount	**0.0%**	**0.0%**	**0.0%**	**50.0%**	**50.0%**	**50.0%**	**50.0%**	**50.0%**	**50.0%**	**50.0%**
Write-Off % - District Insurance	0.0%	0.0%	0.0%	10.0%	11.0%	12.0%	13.0%	14.0%	15.0%	16.0%
Write-Off % - District Medicare, etc.	0.0%	0.0%	0.0%	49.0%	50.0%	51.0%	52.0%	53.0%	54.0%	55.0%
Write-Off % - District Private Pay	0.0%	0.0%	0.0%	26.0%	27.0%	28.0%	29.0%	30.0%	31.0%	32.0%
Write-Off % - Non-District Insurance	17.0%	20.0%	20.0%	20.0%	21.0%	22.0%	23.0%	24.0%	25.0%	26.0%
Write-Off % - Non-District Medicare, etc.	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
Write-Off % - Non-District Private Pay	50.0%	51.0%	52.0%	53.0%	54.0%	55.0%	56.0%	57.0%	58.0%	59.0%
Fee-Non-District Patients	$0	$0	$0	$150	$155	$159	$164	$169	$174	$179
Timing of Revenue Collection	---	---	---	---	---	---	---	---	---	---
% Of Revenue Collected in Year Billed	$616,501	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%
% Of Revenue Collected in Year After Billing	$168,763	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%
% Of Revenue Collected in 2nd Year After Billing	$5,132	$1,800	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Timing of Revenue Collection	---	---	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

(1) Sample charges represent usual and customary charges for each level of care provided, (ALS or BLS). Charges for other procedures and medications will apply.
(2) Rates and charges are estimates only and, are subject to change.

District Income

Exhibit 5

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Calls	1,728	1,797	1,869	1,944	2,022	2,103	2,187	2,274	2,365	2,460
Transport %	50%	53%	53%	53%	53%	53%	53%	53%	53%	53%
Total Transports	870	952	991	1,030	1,072	1,115	1,159	1,205	1,253	1,304
Transports By Payee										
Insurance	452	485	496	494	493	491	487	482	502	521
Medicare, etc	322	362	386	412	440	468	498	530	551	574
Private Pay	96	105	109	124	139	156	174	193	200	209
Total Transports	870	952	991	1,030	1,072	1,115	1,159	1,205	1,253	1,304
Transports By Type										
ALS	696	762	793	824	858	892	927	964	1,002	1,043
BLS	174	190	198	206	214	223	232	241	251	261
Total Transports	870	952	991	1,030	1,072	1,115	1,159	1,205	1,253	1,304
Transport Cost By Type	---	---	---	---	---	---	---	---	---	---
ALS	1,708	1,809	1,967	1,745	1,765	1,786	1,807	1,830	1,853	1,877
BLS	1,497	1,587	1,683	1,457	1,473	1,490	1,507	1,525	1,543	1,562
Billable Revenue By Transport Type	---	---	---	---	---	---	---	---	---	---
ALS	1,188,768	1,378,458	1,559,831	1,437,880	1,514,370	1,593,112	1,675,089	1,764,120	1,856,706	1,957,711
BLS	260,478	301,454	333,246	300,142	315,222	332,270	349,624	367,525	387,293	407,682
Plus Non-District Patient Fee	0	0	0	61,800	66,250	70,914	76,030	81,458	87,209	93,366
Less District Patient **Discounts**	0	0	0	(521,407)	(548,878)	(577,615)	(607,414)	(639,494)	(673,200)	(709,618)
Net Billable By Transport Type	1,449,246	1,679,912	1,893,077	1,278,415	1,346,964	1,418,681	1,493,329	1,573,609	1,658,008	1,749,141
Billable Revenue By District	---	---	---	---	---	---	---	---	---	---
In-District	0	0	0	1,042,813	1,097,755	1,155,229	1,214,828	1,278,987	1,346,399	1,419,236
Less District Patient **Discounts**	0	0	0	(521,407)	(548,878)	(577,615)	(607,414)	(639,494)	(673,200)	(709,618)
Out-Of-District	1,449,246	1,679,912	1,893,077	695,209	731,837	770,153	809,885	852,658	897,600	946,157
Plus Non-District Patient Fee	0	0	0	61,800	66,250	70,914	76,030	81,458	87,209	93,366
Net Billable By District	1,449,246	1,679,912	1,893,077	1,278,415	1,346,964	1,418,681	1,493,329	1,573,609	1,658,008	1,749,141
Billable Revenue By Payee	---	---	---	---	---	---	---	---	---	---
Insurance	753,608	856,755	946,539	834,250	841,612	847,169	850,379	852,658	897,600	946,157
Medicare, etc	536,221	638,367	738,300	695,209	750,133	808,660	870,627	937,924	987,359	1,040,773
Private Pay	159,417	184,790	208,238	208,563	237,847	269,553	303,707	341,063	359,040	378,463
Less District Patient **Discounts**	0	0	0	(521,407)	(548,878)	(577,615)	(607,414)	(639,494)	(673,200)	(709,618)
Plus Non-District Patient Fee	0	0	0	61,800	66,250	70,914	76,030	81,458	87,209	93,366
Net Billable By Payee	1,449,246	1,679,912	1,893,077	1,278,415	1,346,964	1,418,681	1,493,329	1,573,609	1,658,008	1,749,141
Billable Revenue In-District	---	---	---	---	---	---	---	---	---	---
Insurance	0	0	0	500,550	504,967	508,301	510,227	511,595	538,560	567,694
Medicare, etc	0	0	0	417,125	450,080	485,196	522,376	562,754	592,415	624,464
Private Pay	0	0	0	125,138	142,708	161,732	182,224	204,638	215,424	227,078
Less District Patient **Discounts**	0	0	0	(521,407)	(548,878)	(577,615)	(607,414)	(639,494)	(673,200)	(709,618)
Net Billable In-District	0	0	0	521,406	548,877	577,614	607,413	639,493	673,199	709,618
Billable Revenue Out-Of-District	---	---	---	---	---	---	---	---	---	---
Insurance	753,608	856,755	946,539	333,700	336,645	338,868	340,152	341,063	359,040	378,463
Medicare, etc	536,221	638,367	738,300	278,084	300,053	323,464	348,251	375,170	394,944	416,309
Private Pay	159,417	184,790	208,238	83,425	95,139	107,821	121,483	136,425	143,616	151,385
Plus Non-District Patient Fee	0	0	0	61,800	66,250	70,914	76,030	81,458	87,209	93,366
Billable Out-Of-District	1,449,246	1,679,912	1,893,077	757,009	798,087	841,067	885,916	934,116	984,809	1,039,523

District Income Continued

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Write-Offs By Payee - District (Excl Discount)	---	---	---	---	---	---	---	---	---	---
Insurance	0	0	0	25,028	27,773	30,498	33,165	35,812	40,392	45,416
Medicare, etc	0	0	0	102,196	112,520	123,725	135,818	149,130	159,952	171,728
Private Pay	0	0	0	16,268	19,266	22,642	26,422	30,696	33,391	36,332
Write-Offs By Payee-District (Excl Disc)	0	0	0	143,492	159,559	176,865	195,405	215,638	233,735	253,476
Write-Offs By Payee - Non-District	---	---	---	---	---	---	---	---	---	---
Insurance	128,113	171,351	189,308	72,680	77,087	81,407	85,590	89,683	98,504	108,081
Medicare, etc	428,977	510,694	590,640	242,267	261,796	282,558	304,710	328,798	346,579	365,983
Private Pay	79,709	94,243	108,284	48,190	56,047	64,723	74,459	85,180	91,371	98,188
Write-Offs By Payee - Non-District	636,799	776,288	888,232	363,137	394,930	428,688	464,759	503,661	536,454	572,252
Write-Offs By Payee - Total	---	---	---	---	---	---	---	---	---	---
Insurance	128,113	171,351	189,308	97,708	104,860	111,905	118,755	125,495	138,896	153,497
Medicare, etc	428,977	510,694	590,640	344,463	374,316	406,283	440,528	477,928	506,531	537,711
Private Pay	79,709	94,243	108,284	64,458	75,313	87,365	100,881	115,876	124,762	134,520
Write-Offs By Payee - Total	636,799	776,288	888,232	506,629	554,489	605,553	660,164	719,299	770,189	825,728
Revenue To Be Collected	---	---	---	---	---	---	---	---	---	---
Insurance	625,495	685,404	757,231	515,920	514,729	512,327	508,465	503,957	524,372	546,099
Medicare, etc	107,244	127,673	147,660	166,928	177,969	189,519	201,554	214,447	222,914	231,986
Private Pay	79,708	90,547	99,954	89,008	99,804	111,208	123,164	135,896	140,486	145,410
Revenue To Be Collected	812,447	903,624	1,004,845	771,856	792,502	813,054	833,183	854,300	887,772	923,495
Current Revenue Collections										
From Prior to 2002	5,132	---	---	---	---	---	---	---	---	---
From 2002	168,763	1,800	---	---	---	---	---	---	---	---
From 2003	616,501	178,738	8,124	---	---	---	---	---	---	---
From 2004	---	695,790	198,797	9,037	---	---	---	---	---	---
From 2005	---	---	773,731	221,066	10,048	---	---	---	---	---
From 2006	---	---	---	594,329	169,808	7,719	---	---	---	---
From 2007	---	---	---	---	610,227	174,350	7,925	---	---	---
From 2008	---	---	---	---	---	626,052	178,872	8,131	---	---
From 2009	---	---	---	---	---	---	641,551	183,300	8,332	---
From 2010	---	---	---	---	---	---	---	657,811	187,946	8,543
From 2011	---	---	---	---	---	---	---	---	683,584	195,310
From 2012	---	---	---	---	---	---	---	---	---	711,091
Current Revenue Collections	790,396	876,328	980,652	824,432	790,083	808,121	828,348	849,242	879,862	914,944
Accounts Receivable - Year End										
From Prior to 2002	5,486	---	---	---	---	---	---	---	---	---
From 2002	80,602	78,802	---	---	---	---	---	---	---	---
From 2003	195,946	17,208	9,084	---	---	---	---	---	---	---
From 2004	---	207,834	9,037	0	---	---	---	---	---	---
From 2005	---	---	231,114	10,048	0	---	---	---	---	---
From 2006	---	---	---	177,527	7,719	0	---	---	---	---
From 2007	---	---	---	---	182,275	7,925	0	---	---	---
From 2008	---	---	---	---	---	187,002	8,130	(1)	---	---
From 2009	---	---	---	---	---	---	191,632	8,332	0	---
From 2010	---	---	---	---	---	---	---	196,489	8,543	0
From 2011	---	---	---	---	---	---	---	---	204,188	8,878
From 2012	---	---	---	---	---	---	---	---	---	212,404
Accounts Receivable - Year End	282,034	303,844	249,235	187,575	189,994	194,927	199,762	204,820	212,731	221,282

(1) Income estimates for 2004-2012 can vary significantly depending upon on call volume, number of transports, and payer mix (e.g. insurance, Medicare/Medicaid, private pay).

(2) All collection percentages and transport percentages variables remain constant for 2009 - 2012 based upon 2008 projections.



Operating Expenses

Exhibit 5

	Year									
Item	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Business and Accounting	13,513	15,900	15,325	35,364	30,918	31,804	32,623	33,476	34,365	35,291
Ambulance Expense	16,692	19,500	21,840	24,461	20,000	21,000	21,000	21,000	22,000	22,000
Training & Education	8,111	6,500	5,500	23,500	25,815	26,152	26,512	26,899	27,313	27,754
Crew Expense	10,794	14,350	13,110	25,810	28,224	24,717	26,750	27,869	29,082	30,398
Collection Expense	42,347	62,965	68,646	57,710	55,306	56,568	57,984	59,447	61,590	64,046
Communication Services	9,039	10,600	11,342	12,136	12,985	13,894	14,867	15,907	17,020	18,211
Drugs & Medical Supplies	37,524	37,000	38,110	39,253	43,179	47,497	52,247	57,472	63,219	69,541
Buildings, Grounds, & Utilities	19,697	26,185	28,628	31,322	34,295	37,579	41,210	45,227	49,678	54,611
Insurance	104,617	129,160	145,620	215,276	219,023	226,035	231,848	237,575	241,298	244,957
Legal	18,118	2,000	2,140	5,000	5,350	5,725	6,126	6,555	7,014	7,505
Salaries	482,512	524,074	560,806	782,148	800,919	859,907	903,332	945,090	961,172	975,620
Supplies	17,604	12,000	13,200	14,520	15,972	17,569	19,326	21,259	23,385	25,724
Taxes Payable	35,581	40,767	43,502	60,434	61,870	66,383	69,705	72,899	74,130	75,235
Total Expenditures	**816,149**	**901,001**	**967,769**	**1,326,935**	**1,353,856**	**1,434,830**	**1,503,530**	**1,570,675**	**1,611,266**	**1,650,893**

Business and Accounting includes expenses associated with accounting and audits, bank fees, Board of Directors expense, and interest expense.

Ambulance Expense includes repairs, maintance and fuel.

Training and Education includes staff development, medical education, travel expense, community classes, and public relations.

Crew Expense includes medical testing, uniforms, and professional services such as the employee assistance program.

Collection Expense includes fees for patient billing and collection.

Communication Services includes paging, cell phones, telephone services, internet, and repair/maintance of radio equipment.

Drugs & Medical Supplies includes the cost of stocking the ambulances with consumable medical supplies.

Buildings, Grounds, & Utilities includes the cost of utilities and all expenses associated with repairs and maintance of the building and grounds.

Insurance includes medical malpractice, auto, building, professional liability, health, dental, and workers compensation insurance.

Legal includes the cost of legal advice and representation on various matters.

Salaries includes all wages, vacation pay, and sick pay for fulltime and parttime employees of the District.



Reserve Accounts — Exhibit 5

RESERVE ACCOUNT - VEHICLES	Year									
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Beginning Balance	0	0	0	0	70,140	40,140	100,140	115,140	62,140	42,140
Additions to Reserve Account				70,000	70,000	60,000	60,000	60,000	60,000	60,000
Purchases from Reserve Account					-100,000		-45,000	-113,000	-80,000	
Sub-Total				70,000	40,140	100,140	115,140	62,140	42,140	102,140
Interest @ Savings .20% (.002)				140	80	200	230	124	84	204
Ending Balance	0	0	0	70,140	40,140	100,140	115,140	62,140	42,140	102,140

Following salaries, insurance, and the cost of write-offs, the replacement and addition of ambulances and other quick response type vehicles is the next most expensive and ongoing financial component of the District budget. Considering the long distances traveled by these vehicles, it is not unusual to put 35-40,000 miles per year on each primary ambulance. Therefore, over a five year lifespan, each ambulance can be expected to travel 150-200,000 miles. The District must plan for the ongoing cost of replacing these absolutely essential vehicles and has done so through the establishment and funding of this reserve account.

This account allows the District to save funds to replace older vehicles and acquire additional ones without raising taxes or user fees. This account will be targeted at $150,000.

Projected vehicle purchases are only estimates. Actual expenditures will be determined by the District's future needs and available resources.

RESERVE ACCOUNT - FACILITIES	Year									
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Beginning Balance	0	0	0	0	50,745	102,246	154,515	207,562	261,400	316,039
Additions to Reserve Account				50,000	50,000	50,000	50,000	50,000	50,000	50,000
Purchases from Reserve Account										
Sub-Total				50,000	100,745	152,246	204,515	257,562	311,400	366,039
Interest @ 1 yr CD 1.49% (.0149)				745	1,501	2,268	3,047	3,838	4,640	5,454
Ending Balance	0	0	0	50,745	102,246	154,515	207,562	261,400	316,039	371,493

This account allows the District to save funds for the remodeling and/or expansion of the existing building and/or the construction of a new expanded facility without raising taxes or user fees.

RESERVE ACCOUNT - MEDICAL EQUIPMENT	Year									
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Beginning Balance	0	0	0	0	10,020	20	30,080	16,112	9,130	4,139
Additions to Reserve Account				30,000	30,000	30,000	15,000	15,000	15,000	25,000
Purchases from Reserve Account				-20,000	-40,000		-29,000	-22,000	-20,000	-20,000
Sub-Total				10,000	20	30,020	16,080	9,112	4,130	9,139
Interest @ Savings .20% (.002)				20	0	60	32	18	8	18
Ending Balance	0	0	0	10,020	20	30,080	16,112	9,130	4,139	9,157

This account allows the District to save funds to replace older medical equipment and acquire additional equipment as technology changes without raising taxes or user fees.

Examples of equipment that might be funded by this account include: Cardiac Monitor ($24,000); Medication Infusion Pump ($4,000); Portable Automatic Ventilator ($5,000).

This account will be targeted at $30,000. Projected equipment purchases are only estimates. Actual expenditures will be determined by the District's future needs and available resources.

RESERVE ACCOUNT - OFFICE FURNITURE & EQUIPMENT	Year									
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Beginning Balance	0	0	0	0	0	7,515	5,025	7,540	5,050	7,565
Additions to Reserve Account				7,500	7,500	7,500	7,500	7,500	7,500	7,500
Purchases from Reserve Account				-7,500		-10,000	-5,000	-10,000	-5,000	-10,000
Sub-Total				0	7,500	5,015	7,525	5,040	7,550	5,065
Interest @ Savings .20% (.002)				0	15	10	15	10	15	10
Ending Balance	0	0	0	0	7,515	5,025	7,540	5,050	7,565	5,075

Living quarters must be provided because Paramedics & EMTs are on duty 24 hours a day. (E.g. Kitchen appliances, beds, living furniture, desks, television, etc.) Equipment is also required for medical skills training and organizational meetings. Office equipment must include computers and network equipment in order to meet patient confidentiality and electronic reporting requirements.

This account allows the District to save funds to replace older furniture & equipment and acquire additional equipment without raising taxes or user fees.

This account will be targeted at $20,000. Projected equipment purchases are only estimates. Actual expenditures will be determined by the District's future needs and available resources.

RESERVE ACCOUNT - COMMUNICATIONS	Year									
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Beginning Balance	0	0	0	0	5,010	2,014	14	515	516	1,519
Additions to Reserve Account				10,000	5,000	5,000	5,000	5,000	5,000	5,000
Purchases from Reserve Account				-5,000	-8,000	-7,000	-4,500	-5,000	-4,000	-6,000
Sub-Total				5,000	2,010	14	514	515	1,516	519
Interest @ Savings .20% (.002)				10	4	0	1	1	3	1
Ending Balance	0	0	0	5,010	2,014	14	515	516	1,519	520

This account allows the District to save funds to replace older radio equipment and acquire additional equipment and communication services without raising taxes or user fees. The District will acquire its own radio frequency and build a communication system, including related radio repeater sites. Handheld, base station, and ambulance radios must also be obtained.

This account will be targeted at $20,000. Projected equipment purchases are only estimates. Actual expenditures will be determined by the District's future needs and available resources.



Court-Mandated Restitution Payable to
Woodland Park Ambulance Service, Inc. Exhibit 5

A former employee of WPAS has been convicted of Class 4 Felony Theft and ordered by the court to pay restitution totaling $110,000 to WPAS. Payments were ordered to be "at least $500/month". WPAS received the first payment of $500 in September 2003.

The ex-employee has deposited approximately $60,000 with the Office of the District Attorney with the intent that the payment be applied toward the required restitution. However, the defendant and his wife have filed for Chapter 7 Bankruptcy. As a result, the deposited amount has been "frozen" until such time as the Bankruptcy Court determines the portion to be seized and applied to the bankruptcy estate for distribution among the validated creditors, one of which is WPAS. As of March 1st, 2004 WPAS does not know how much of this deposit will be received for restitution nor when the decision will be made by the Bankruptcy Court.

The full amount of the court-mandated restitution ($110,000) was recorded as an Accounts Receivable in October 2003 and then reduced by the amounts received to date. The outstanding amount of this asset will be transferred to the District when it is formed.

Sample Ambulance Invoices and Payments If District IS and IS NOT Created
Amounts to Be Paid By Patients Based Upon Estimated Charges for 2006 — Exhibit 5

Patient Who **Does Not Have Private Insurance** for Ambulance		No District		After District Is Formed	
		All Patients		District Patient	Non-District Patient
Ambulance Invoice		$2,408		$1,745	$1,745
Non-District Patient Fee				**N/A**	150
Total Ambulance Invoice		2,408		$1,745	1,895
District Patient Discount (2)	**50%**	N/A		-873	**N/A**
Net Billing After District Patient Discount		2,408		872	1,895
Insurance Payment		0		0	0
Balance Due from Patient		$2,408		$872	$1,895

Patient Who **Does Have Private Insurance** for Ambulance		No District		After District Is Formed	
		All Patients		District Patient	Non-District Patient
Ambulance Invoice		$2,408		$1,745	$1,745
Non-District Patient Fee		**N/A**		**N/A**	150
Total Ambulance Invoice		2,408		$1,745	1,895
District Patient Discount (2)	**50%**	**N/A**		-873	**N/A**
Net Billing After District Patient Discount		2,408		872	1,895
Insurance Payment (1)		-1,686		-610	-1,137
Balance Due from Patient		$722		$262	$758

Patient Who **Does Have Medicare** Insurance		No District		After District Is Formed	
		All Patients		District Patient	Non-District Patient
Ambulance Invoice		$2,408		$1,745	$1,745
Non-District Patient Fee		**N/A**		**N/A**	150
Total Ambulance Invoice		2,408		1,745	1,895
District Patient Discount (2)	**50%**	**N/A**		-873	**N/A**
Net Billing After District Patient Discount		2,408		872	1,895
Medicare & Supplemental Payment		-450		-450	-450
Ambulance Write-Off (3)		-1,958		-422	-1,445
Balance Due from Patient		$0		$0	$0

(1) Insurance payment of 70% is assumed for this example. Actual amounts paid by insurance companies vary. Some policies pay the majority of ambulance charges while others pay very little.

(2) This discount amount is a benefit provided only to District Patients. Without the District, all patients will be required to pay all applicable insurance deductibles and co-payments.

(3) By law, the Ambulance Service is prohibited from pursuing collection of this amount. Therefore, it will be written off. Ultimately, amounts written off will result in overall increases in charges for ambulance services.

Note: Rates and programs are subject to change. However it is always the intent to provide services to District Patients with as little "out-of-pocket" cost as possible.

RESOLUTION NO. R-004-128

THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF DOUGLAS, COLORADO

A RESOLUTION DENYING REQUESTS FOR EXCLUSION OF PROPERTY AND APPROVING THE SERVICE PLAN FOR UTE PASS REGIONAL AMBULANCE DISTRICT

WHEREAS, the Board of County Commissioners of the County of Douglas, State of Colorado ("Board"), is vested with administering the affairs of Douglas County, Colorado, pursuant to State statutes; and

WHEREAS, pursuant to the provisions of the "Special District Control Act", Part 2 of Article 1, Title 32, C.R.S., the petitioners of the proposed Ute Pass Regional Ambulance District ("District") filed a service plan for the District ("Service Plan") in Douglas County, Colorado on June 14, 2004; and

WHEREAS, the Douglas County Planning Commission ("Commission") considered the Service Plan at its meeting on July 12, 2004, at which time said Commission recommended approval of the Service Plan without conditions, which recommendation was subsequently presented to the Board, as required by § 32-1-204(2), C.R.S.; and

WHEREAS, pursuant to the provisions of §§ 32-1-202(1) and 32-1-204(1), C.R.S., the Board scheduled a public hearing on the Service Plan to be held at 1:00 p.m. on August 11, 2004; and

WHEREAS, notice of the date, time, location and purpose of said hearing was duly published in the *Douglas County News-Press*, a newspaper of general circulation, on July 21, 2004; notice was provided to the Division of Local Government of the name and type of the District; and notice of the date, time and location of the said hearing was provided to: (1) the petitioners; (2) the governing body of each municipality and of each special district which had levied an ad valorem tax within the preceding tax year and which had boundaries within a radius of three (3) miles of the District; (3) the Division of Local Government, as required by §§ 32-1-202(1) and 32-1-204(1), C.R.S.; and (4) the property owners within the District boundaries, pursuant to § 32-1-204(1.5), C.R.S.; and

WHEREAS, on August 11, 2004, the Board conducted a public hearing on this matter, taking evidence establishing the jurisdiction of the Board to hear this matter, and further taking evidence regarding the substantive issues set forth in § 32-1-203, C.R.S., at which hearing all interested parties were afforded an opportunity to be heard; and

WHEREAS, the Board has considered the Service Plan and all testimony and other evidence presented to it in this matter relating to the Service Plan, including the favorable recommendation of the Commission; now, therefore,

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF DOUGLAS, STATE OF COLORADO:

Section 1. All of the jurisdictional and other requirements of §§ 32-1-202 and 32-1-204, C.R.S., have been fulfilled, including those relating to the filing and form of the Service Plan, the form and publication of the public notice of the hearing on the Service Plan and the type of public hearing held herein.

Section 2. The petitioners of the District have proven that the exclusion of the properties whose owners have requested exclusion pursuant to § 32-1-203(3.5), C.R.S., is not in the best interest of the District, and all such requests are denied.

Section 3. Based upon the information contained within the Service Plan and evidence presented to the Board at the hearing:

A. There is sufficient existing and projected need for organized services of the nature proposed in the Service Plan in the area to be serviced by the District;

B. The existing services in the area to be served by the District are inadequate for present and projected needs;

C. The District is capable of providing economical and sufficient services to the area within its proposed boundaries;

D. The area to be included within the District will have the financial ability to discharge the proposed indebtedness on a reasonable basis;

E. Adequate services are not and will not be available to the area through Douglas County, or other governmental organization, including special districts, within a reasonable time and on a comparable basis;

F. The facilities and service standards of the District are or will be compatible with the facilities and service standards of Douglas County;

G. The Service Plan is in substantial compliance with the Douglas County Master Plan; and

H. The creation of the District will be in the best interest of the area proposed to be served.

Section 4. The legal description of the District shall be as provided in **Exhibit 1**, attached hereto and incorporated herein.

Section 5. The Service Plan of the District is hereby approved.

Section 6. The Clerk to the Board shall advise the petitioners in writing of this action and provide a certified copy of this resolution for the purpose of filing the same with the District Court of Teller County.

Section 7. All resolutions, or parts thereof, in conflict with the provisions hereof, are hereby repealed to the extent of such conflict only.

PASSED AND ADOPTED this 11th day of August, 2004, in Castle Rock, Douglas County, Colorado.

THE BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF DOUGLAS, COLORADO

BY: _____
JAMES R. SULLIVAN, Acting Chair

ATTEST:

_____
MARY A. NIBLACK, Deputy Clerk

DOUGLAS COUNTY, COLORADO SEAL EST. 1874

570369 08/25/2004 09:55AM Page 1 of 2
Patricia Crowson, Clerk & Recorder, Teller County, CO

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF TELLER COUNTY, COLORADO

RESOLUTION NO. 08-25-04 [58]

A RESOLUTION APPROVING THE SERVICE PLAN OF THE UTE PASS REGIONAL AMBULANCE DISTRICT

WHEREAS, on June 2, 2004 a Service Plan for the proposed Ute Pass Regional Ambulance District was filed for recording with the Teller County Clerk and Recorder pursuant to the requirements of CRS 32-1-101 *et seq.*; and

WHEREAS, the Teller County Planning Commission at its hearing on June 8, 2004 did recommend, with conditions, that the Teller County Board of County Commissioners approve the Service Plan for the proposed Ute Pass Regional Ambulance District; and

WHEREAS all but one of the conditions placed by the Planning Commission were fulfilled, that unfulfilled condition being approval by the Board of County Commissioners of Douglas County, Colorado, of the identical Service Plan; and

WHEREAS, the Board of County Commissioners of Teller County on July 8, 2004 did consider and conditionally approve the Service Plan for the Ute Pass Regional Ambulance District under Resolution No. 07-08-04 (43) recorded at Reception Number 568066 in the public records of Teller County; and

WHEREAS, the Douglas County Planning Commission at its hearing on July 12, 2004 did recommend unconditional approval of the Service Plan to the Douglas County Board of County Commissioners; and

WHEREAS, the Douglas County Board of County Commissioners at its hearing of August 11, 2004 did approve Resolution No. R-004-128 recorded at Reception No. 2004083791 in the public records of Douglas County denying requests for exclusion of property and approving the Service Plan for the Ute Pass Regional Ambulance District without conditions; and

WHEREAS, all conditions placed by the Teller County Board of County Commissioners are fulfilled; and

WHEREAS, the Board of County Commissioners of Teller County hereby incorporates here by reference its findings and approvals in its Resolution 07-08-04 (43); and

WHEREAS, the Board of County Commissioners of Teller County hereby finds, determines and declares that adoption of this Resolution is necessary for the preservation and protection of the public health, safety and welfare of the inhabitants of Teller County, Colorado;

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Teller County that the Service Plan for the Ute Pass Regional Ambulance District is approved, subject to the following:

1. All of the foregoing notwithstanding, the following general matters shall apply for so long as the District shall exist:

   a. In its particulars, the Teller County Land Use Regulations, and any amendments thereto, shall govern and control development of that portion of the proposed Service District within Teller County.

   b. Teller County shall not be obligated to accept any dedication of proposed lands, facilities, or other improvements within the Teller County portion of the Service District except as may otherwise be accepted by separate resolution of its Board of County Commissioners.

   c. All material representations of Applicant in its written submittals and in public hearing shall be binding.

THE FOREGOING RESOLUTION IS ADOPTED AT A REGULAR MEETING OF THE BOARD OF COUNTY COMMISSIONERS OF TELLER COUNTY, COLORADO HELD THE 25TH DAY OF AUGUST, 2004, AT CRIPPLE CREEK, COLORADO.

THE BOARD OF COUNTY COMMISSIONERS,
OF TELLER COUNTY, COLORADO

BY _____
CHAIR

ATTEST:

_____
COUNTY CLERK

Divide
Fire Protection District

P.O. Box 941 Divide, CO 80814 (719) 687-8773

RECEIVED JUN 2 2 2004

June 17, 2004

Ms. Jean Garren
Teller County Planning Department
P.O. Box 1886
Woodland Park, CO 80866

Re: Resolution approving overlapping district

Dear Ms. Garren:

At its June 1st, 2004 Board meeting, the Divide Fire Protection District approved the following resolution allowing UPRAD's proposed overlapping ambulance district to go before the Divide voters in November:

> Resolution – "Be it resolved that the Divide Fire Protection District Board hereby grants 'consent' for an overlapping district based upon the parameters described in the UPRAD Service Plan dated May 31, 2004. Said consent shall be specific to the November 2004 general election only."

If you have any questions or need additional information, please let me know.

Respectfully submitted,

Gregory P. David
President, DFPD

MOUNTAIN COMMUNITIES FIRE PROTECTION DISTRICT
PO Box 6396
Woodland Park, CO 80866-6396

Phone: (303) 647-2361
Fax (719) 687-3909

April 2, 2004

Woodland Park Ambulance
Attn: Timothy J. Dienst
PO Box 149
785 Red Feather Ln.
Woodland Park, CO 80866

Dear Mr. Dienst:

This correspondence is to serve as a letter of support and consent to the formation of a new special district that will provide ambulance services and finance such services in the area covered by the proposed Ute Pass Regional Ambulance District (UPRAD). The Board of Directors of Mountain Community Fire Department voted to support the formation of the UPRAD.

Mountain Communities Volunteer Fire District recognizes the need for quick response and quality service that Woodland Park Ambulance has provided since its formation. The continuance of this quality service and enhanced response time would be at jeopardy without the formation of UPRAD. MCVFD was shocked to hear that your write-offs for unpaid bills was so high. Woodland Park Ambulance Service, which is a nonprofit corporation, would clearly be at jeopardy financially without the help of tax revenues, which would be generated with the creation of the new district.

The 4.5 mill levy supplement, which is proposed for the district tax payers, would equate to a very reasonable property tax increase. The service plan booklet that you prepared is very complete and we appreciate the examples presented (i.e.: a $200,000 property would have an increase in property tax of approximately $71.64 per year). MCVFD recognizes that any tax increase is a hard sell to the property owners of the proposed district and we will help in any way possible to educate the residents in our protection district.

District residents will continue to receive the same superior service in the future with the formation of UPRAD. According to your proposal, District residents without applicable insurance will be provided with discounts on already reduced charges on their total ambulance bill. This fact alone should help the cause of convincing lower income residents to vote for your initiative in the November, 2004 election.

In closing, we support the UPRAD creation and will encourage our volunteer force to help educate our district residents of the need for the UPRAD. The alternative of not having a superior ambulance service is unthinkable. The residents in every area of the country take emergency services for granted. Mountain Communities Fire Protection District understands the need for tax revenues to support the services that we all provide.

Sincerely,

Steven S. Brown
Acting Chairperson
Mountain Communities Volunteer Fire Department

cc: Jean Garren, Senior Planner, Teller County
Bruce Lennox, Staff Planner, Douglas County

NORTHEAST TELLER COUNTY FIRE PROTECTION DISTRICT
1010 Evergreen Heights Dr. • Woodland Park, Colorado 80863-2392 • (719) 687-1866 • Fax: (719) 687-1885

April 8, 2004

Tim Dienst
Woodland Park Ambulance Service
PO Box 149
785 Red Feather Lane
Woodland Park, CO 80866

Dear Mr. Dienst,

The Northeast Teller County Fire Protection District would like to convey our support and consent to the formation of the proposed Ute Pass Regional Ambulance Service that will provide and finance ambulance service in our district and surrounding areas. Our Board of Directors voted unanimously to support the formation of the UPRAD in our monthly board meeting April 7, 2004.

We realize that the formation of UPRAD is crucial to the continuance of the quality of service Woodland Park Ambulance Service, a non-profit organization, has provided our community. The tax revenues that would be generated by the formation of this new district are essential to keeping this service in operation. We feel their request is very reasonable and the minimal tax increase will ultimately benefit the residents within the new district by discounting their ambulance service bills.

We support the creation of UPRAD and will do our best to help educate our district's residents of the need for this new district.

Sincerely,

Bruce Hamilton

Bruce Hamilton
Chairman, Board of Directors

American Medical Response – Colorado Springs

2370 North Powers Boulevard
Colorado Springs, CO 80915
Phone: (719) 597-1277
Fax: (719)597-9703

April 23, 2004

To Whom It May Concern:

Dear Sir or Madam:

As the Director of Operations for American Medical Response in El Paso County, Woodland Park Ambulance Services (WPAS) eastern neighbor and one of the few other private non-governmental based ambulance services in the area; I can attest to several issues identified in WPAS's Service Plan dated March 16, 2004. In particular I can attest to the inconsistencies in demand, the lack of reliability of payers, and the ever increasing costs related to the industry. Because of these factors, we support WPAS's efforts to establish the Ute Pass Regional Ambulance District (UPRAD).

American Medical Response El Paso County (AMR) has experience similar inconsistencies in demand not only year to year (currently AMR is 158 transports behind last year in an area that typically has shown a 3% increase over past years) as WPAS describes in their Service Plan, but also day to day. The industry has always faced challenges from somewhat predictable increases in demand such as bad weather conditions, large community celebrations, and popular events such as the Pikes Peak Race to the Clouds and USAFA Football. Today we see are seeing large variances day to day aside from these understandable causes, for example, it's not unusual for AMR in Colorado Springs to see an 80% increase or more in transport volume from one day to the next. The only responsible way an ambulance service can prepare for these dramatic changes in demand is to staff for the highest possible demand, which is what both AMR and WPAS have continued to do. These inconsistencies make it very difficult to manage staffing and to produce accurate budgets from one year to the next. Along with inconsistencies in demand, we are now seeing a dramatic reduction in the number of reliable payers.

Through the years EMS has always been able to count on Medicare and a handful of private insurance companies to consistently pay their bills. Today ambulance services face ever diminishing reimbursement from Medicare through the recently implemented Medicare fee schedule which has dramatically changed the way ambulance services are paid. On top of that, many private insurance carriers have followed Medicare's lead and are decreasing what they are willing to pay for services to cover their clients as well. Not only are today's ambulance providers challenged with inconsistent demands on their services and unreliable reimbursement rates from Medicare and private insurance companies, they are also faced with rising costs as well

Some of the largest costs in the ambulance industry are labor, fuel, and new vehicle purchases. Dedicated quality oriented services such as AMR and WPAS find themselves in an ever tightening labor market often competing for the limited number of quality paramedics available. Currently there are less than 3,000 paramedics available within the entire state, most of who reside and work in the Denver metro area. WPAS should be applauded for the extent to which they've gone to provide the highest quality service to the citizens they cover. I also don't think I have to tell anyone about ever increasing fuel costs. Ambulances are large commercial vehicles which have not been known to do well in fuel efficiencies; in fact a typical ambulance may only get 8 – 10 mpg in city driving and not much better on the highways. Finally a new ambulance goes for around $100,000 for just the vehicle and this price does not include any of the equipment carried inside of it. There truly are no areas of cost that are either remaining the same or decreasing.

In closing, the inconsistencies in demand, the lack of reliable payers, and the ever increasing costs found in providing quality ambulance services justifies WPAS's need to increase their revenues. Depending on several various demographics unique to each ambulance service, they look to different methods to help pay for these services that the communities have grown to expect. Do to AMRs size and call volume, some of these cost increases may be compensated through efficiencies in AMR's economy of scale, WPAS has determined they need to look toward the taxpayers for assistance. It is truly a difficult and trying time for ambulance services and I applaud and support WPAS's attempt to improve their financial situation and hence improve the reliability of ambulance services to the communities and citizens who have become dependant on them for their medical care.

Please feel free to contact me if you have any other questions regarding this matter.

Sincerely,

Ted Sayer
Director of Operations
American Medical Response
El Paso County

Larry A. Moore,MD
290 Crystal Park Road
Manitou Springs, CO 80829

Larry A. Moore, MD

May 3, 2004

Woodland Park Ambulance Service
Board of Directors
P.O. Box 149
785 Red Feather Lane
Woodland Park, CO 80866

Dear Board,

I am writing this letter to express my support for the creation of the Ute Pass Regional Ambulance District. This is a concept which I believe must be promoted in a positive and expeditious fashion. There is no doubt in my mind that the benefits of such a District will be well worth the level of taxation required. I see an enhanced level of pre-hospital care available by virtue of an increased number of ambulance vehicles staffed by EMT and Paramedic personnel. Placing these ambulances outside of Woodland will improve response times and allow a higher level of care to be provided more rapidly.

What is currently needed to assure this level of care is a stable source of funding, and the District would provide this. In addition, there would likely be a reduction in the average ambulance charge due to the enhanced public funding. The actual cost is little, the enhancement in medical care would be significant, and I wholeheartedly support and promote the formation of this Ambulance District.

Sincerely,

Larry A. Moore, MD
Physician Adviser, Woodland Park Ambulance Service

Plains to Peaks
Emergency Medical & Trauma Service Region

Kim E. Schallenberger, Regional Coordinator, Box 303, Kit Carson, CO 80825
Phone: 719-962-3200 Fax: 719-962-3388 Cell: 719-342-5562

May 1, 2004

To Whom It May Concern:

The Plains to Peaks Regional Emergency Medical and Trauma Advisory Council would like to express our support for the development of the Ute Pass Regional Ambulance District.

Woodland Park Ambulance Service has demonstrated the ability to provide excellent service to the citizens of Teller County above what might be expected in a rural setting. They have accomplished this without direct tax payer support to date but with the expanding population and tourism traffic in Teller, El Paso, Park, and Douglas Counties, the need to expand their operations is quite evident. They have demonstrated the ability to be fiscally responsible as a private entity and it is our belief they will continue this if they are successful in the special district election. Providing superior patient care is integral to their operations now and we believe for the current level of service to continue, the formation of this special district is essential.

Please feel free to contact us for any other information you desire.

Sincerely;

Ted Foth,
Council Chair

Kim E Schallenberger,
Regional Coordinator

A cooperative partnership of the providers serving Cheyenne, El Paso, Kit Carson, Lincoln, and Teller Counties

To: The Citizens of Teller County

As Teller County continues to grow the residents are asking themselves "what if", What if our home prices and property taxes continue to increase? What if our medical costs continue to increase? What if the costs to send our kids to school continue to increase? What if …….

These questions are a reality right now; costs are increasing each and every year and we must balance that with growth, and planning that will allow the costs to keep pace while at the same time provide the residents of Teller County with services that are cost effective, and allow for expansion as needed.

The Ute Pass Ambulance District will do just that. Medical costs are skyrocketing each an every year and medical transport services are a large part of that equation. Medical providers and hospital services are a necessity that everyone will one day need, and that is a fact. Ambulance services are the first step in saving your life should you ever develop a serious medical emergency.

Right now in Teller County, if an ambulance needs to get you or a loved one to a Trauma Center, we depend on a private ambulance service, which must depend on Insurance companies to do the right thing and pay your bill if you have medical coverage, or you must pay the entire costs yourself. These costs are currently in the thousands, and given current trends will continue increasing.

The citizen of Teller County deserve to have an affordable, professional ambulance service which will be there when needed and not at the mercy of insurance companies or big business. The Ute Pass Ambulance District, will be controlled by the people of Teller County, will be funded by the people of Teller County and will have powers and abilities the same as local government, and will be answerable to the people of Teller County and not to insurance companies or others.

The costs associated with this process and operation will be miniscule compared to the cost of not having this service available, and the benefits will increase exponentially as more and more people call Teller County home. This service coupled with the planned Pikes Peak Regional Medical Center, will enhance property values in Teller County and ensure continued increases in those values for many years to come. It is the next logical step for the citizens to take.

The costs of not having these services are something that most people do not want to contemplate or experience. There are three things needed for safety and security in a community, Fire Protection, Law Enforcement, and Medical Services. All else becomes secondary if you need any one of these. Think about this as you decide which one you can do without, you will come to realize that the answer is "None".

All three must be present for a community to grow and thrive, Teller County currently has Fire Protection, and Law Enforcement at the professional level, both controlled by the citizens of this county. What we are missing is the third part, Medical services that are also controlled by the citizens. The formation of the Ute Pass Ambulance District would give us that missing part as the next step in the process.

This is something that we the citizens of Teller County can not afford to pass up, your life will someday depend on it.

Respectfully,

Skip Billings
Business Manager
Arabian Acres Property Owners Association

SOUTH PARK AMBULANCE DISTRICT

P.O. BOX 417 FAIRPLAY, COLORADO 80440 (719) 836-2055

Teller County Planning Commission
P.O. Box 1886
Woodland Park, CO 80866

Dear Commissioners:

The Board of Directors of the South Park Ambulance District supports the formation of the Ute Pass Regional Ambulance District. Formation of the District will ensure a continuation of high quality Emergency Medical Services for the residents and visitors to the area covered.

We will be unable to send a representative to the public hearing. If you should require additional information concerning our support please contact our Administrator, Paul Mattson at the above telephone number.

Sincerely,

J.A. Powell
President, Board of Directors