

**PARKER/SOUTH METRO  
01-02-09**

Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Name: \_\_\_\_\_

Payor Self/Insurance: \_\_\_\_\_ Accident: NO JOB AUTO OTHER

Modifier: SH EH RH PH SI Pickup Location: \_\_\_\_\_  
Scene Residence Other

Loc Code: \_\_\_\_\_  
(City, State, Zip) Address

DX: \_\_\_\_\_ Transport Distance: \_\_\_\_\_ Charge Comment: INS 1, SELF 2, MCR 3, TRI 4

**ALS**

**BLS**

A0427 A0429 Ambulance service, **emergency** transport \$675.00

A0433 Advanced life support, level 2 (ALS 2) 3 drugs and/or one or more of \$675.00  
the following: Manual Defibrillation/Cardioversion/Cardiac pacing (**Add \$60.00**)  
Endotracheal intubation (**Add \$35.00**), Central venous line, Chest decompression,  
Surgical airway, Intraosseous line (**IO add \$30.00 / EZ-IO add \$100.00**)

A0425 A0425 Mileage \$12.00 x \_\_\_\_\_ \$ \_\_\_\_\_

Misc. Items

\$	Glucometer	\$ 15.00
	CPAP	\$ 100.00
\$	Ortho Splinting	\$ 20.00
\$	Pulse Oximetry	\$ 25.00
	Blood Draw	

A0398 A0382 Disposable supplies \$  
Capnography \$ 25.00  
Spinal Splint \$ 60.00  
OB \$ 25.00

93005 EKG - 4 Lead \$ 20.00  
EKG - 12 Lead \$ 50.00

A0394 IV \$ 50.00

A0422 A0422 Oxygen - Mask \$ 50.00  
**Advanced Respiratory** \$ 75.00

J Nebulized Drugs \$ 25.00  
J Aspirin Nitro, Dextrose, etc. \$

J \$  
J \$

**TOTAL** \$ \_\_\_\_\_