WHEREAS the Common Council of the City of Lebanon did, on May 16, 1967, pass Ordinance No. 1257, providing for the regulating of ambulance service and providing that the official tariff rates and charges should be established by Resolution of the Common Council, and

WHEREAS new rates have been proposed as shown in the rate schedule set forth below and good reason shown therefore; NOW THEREFORE,

BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF LEBANON AS FOLLOWS:

Section 1: Effective July 1, 1980, the official tariff rates and charges governing City of Lebanon ambulances are as follows:

1)	Inside	city and within Lebanon Rural Fire District:								
	Base R	ate: Emergency								
	Base R	ate: Transfer								
	Plus: Mileage rates computed as follows: \$2.25 per mile round trip from Fire Station to point of pickup to destination and return to station.									
	Plus:	Any additional charges for special services as set forth below.								
2)) Outside boundaries of Lebanon Rural Fire District:									
Base Rate: Emergency										
	Base Rate: Transfer 67.0									
	Mileage rates computed as follows: \$2.25 per mile round trip from Fire Station to point of pickup to destination and return to station.									
	Plus: 50% of Base Rate and Mileage total.									
	Plus:	Any additional charges for special services as set forth below.								
3)	Refuse	d Service								
	Plus:	Mileage rates computed as above.								

4) Multi-Patient trips:									
a) There must be one full charge per ambulance trip.	a) There must be one full charge per ambulance trip.								
b) Each stretcher patient shall be charged:									
(1) Base Rate (2) Mileage Rate									
b) Each sit-up patient shall be charged:									
(1) One-Half base rate(2) Mileage rate									
Additional charges for special services. (This is in addition to the above fixed charges and rates).	e								
IV Therapy									
Medications and Injections									
Heart Monitor									
First Aid Supplies 6.00									
Fracture Care: Cardboard and Ladder (each)									
Respiratory Therapy: 0xygen (Minimum charge for first 1/2 hour). 10.00 0xygen (Each additional 1/2 hour or part thereof) 9.00 0xygen Accessories 6.00 Aspiration 10.00 Resuscitation 11.00									
Airway Management: Endotracheal Tube									
Service Time (After 30 minutes) each hour or fraction thereof 34.00									
Special Care									
Anti-Shock Air Pants									

	Sect	ion 2.	This	Resolution	supersedes	and	replaces	Resolution	No.	33
for	1979,	passed	July	11, 1979.						

Passed by the Council by a vote of _____ for and ____ against and approved by the Mayor this 11th day of June, 1980.

May

ATTEST:

Recorder