

Aero Methow Rescue
Request for Ambulance Standby

Name of Event:

Sponsoring Agency:

Address:

Phone #

Email:

Contact Name:

Date ambulance requested:

Where do you want the ambulance located? (Please be specific)

Start time:

End time:

Request (please check)

Rate

- | | | |
|--------------------------|--|-------------|
| <input type="checkbox"/> | Ambulance with 2 EMTs | \$125.00/hr |
| <input type="checkbox"/> | First Response Aid Vehicle with 1 EMT
& 1 Paramedic Non-transport | \$100.00/hr |
| <input type="checkbox"/> | First Response Aid Vehicle with 2 EMTs
Non-transport | \$85.00hr |
| <input type="checkbox"/> | Individual EMT with kit & radio | \$35.00/hr |
| <input type="checkbox"/> | Snowmobile/Trail Bike & 1 Operator | \$100.00/hr |

The ambulance or person is dedicated to the event; an ambulance will be dispatched to transport the patient to the hospital.

If an ambulance is not available to transport the patient to the hospital, the ambulance on standby may have to transport. In that event every effort will be made to dispatch an aid unit to the standby. The time the ambulance is away from the standby will be discounted from the fee. If an aid vehicle replaces the ambulance the fee will be adjusted. The patient is responsible for the ambulance transport fee which is separate from the standby charge.

Name of person requesting ambulance:

Signature:

Date:

Crew assigned

Aero Methow Rescue Service, PO Box 66, Twisp, WA. 98856

Phone -509-997-4013 fax 509-997-4005

Contact: Becky Taylor

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