

**CITY OF NAPERVILLE**  
**2022 Ambulance User Fee Survey**

Department: \_\_\_\_\_ Fire Chief: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

County: Cook          DuPage          Kane          Lake          Will          Other

MABAS Division: \_\_\_\_\_

**Agency Characteristics**

***Agency Type:***

Fire Department          Fire Protection          Other

***Ambulance services provided by:***

Fire Department          Private Ambulance          Contract Service  
Municipal Third Service          Other

***Primary level of EMS delivered by your department (check one):***

ALS transport           ILS transport           BLS transport  
 ALS first response           ILS first response           BLS first response

***Population served:***

0 – 5000                      5001 – 15,000                      15,001 – 25,000  
25,001 – 50,000                      50,001 – 100,000                      Over 100,000

***Square miles served:***

***Number of stations:***

For the past 12 months, what is the total number of EMS calls received? Including lift assists: \_\_\_\_\_

For the past 12 months, what is the total number of patients transported by your agency to a hospital?: \_\_\_\_\_

**Transport Fees**

Resident			Non-Resident		
BLS	\$	Mileage \$ per mile	BLS	\$	Mileage \$ per mile
ALS-1	\$	Mileage \$ per mile	ALS-1	\$	Mileage \$ per mile
ALS-2	\$		ALS-2	\$	

**Date of last fee update:**

**Other Service Charges**

***Types of user fees charged (check all that apply):***

None	Treatment	Non-Transport	Citizen Assist
Special Service	Non-Emergency Transport	MVA/Extrication	Other

Additional Comments: \_\_\_\_\_

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**Ambulance Fee Collections**

***For the following, please list applicable charges in the comment section or in an attachment:***

**Agency responsible for fee collection (check one):**

Provider Agency                      Other Municipal Agency                      Contract

**If using a billing service, please provide the company name:**

**If using a billing service, what fee or percentage do you pay?**

***Are you billing for non-medical responses to a motor vehicle accident or vehicle fire?***

***Yes or no:*** \_\_\_\_\_

***If you answered yes, what is your extrication fee?:*** \_\_\_\_\_

***What is your vehicle fire fee?:*** \_\_\_\_\_

**Agency responsible for fee collections (check one):**

Provider Agency                      Other Municipal Agency                      Contract

***If using a billing service, please provide the company name:*** \_\_\_\_\_

***If using a billing service, what fee or percentage do you pay?*** \_\_\_\_\_