

CHAPTER XV - AMBULANCE FEE SCHEDULE

SECTION I PURPOSE

This fee schedule is adopted pursuant to the authority granted to the Town Council by the Town Meeting on March 12, 1996. This fee schedule applies to all transported users or responsible parties charged at a consistent rate as currently in effect per the Ambulance Fee Schedule as adopted by the Town Council pursuant to RSA 420-J:8.

SECTION II SCOPE

This policy is applicable to all users or responsible parties, regardless of the existence of third-party insurance coverage, except as provided below:

- A. Town employees injured while in the performance of their regularly assigned duties.
- B. Mutual aid community Fire Department employees injured in the line of duty.

SECTION III PROCEDURES

- A. All patients that are transported by the Londonderry Fire Department ambulance shall be billed for the service at a rate of 3.25 times the Medicare rate in effect on the date of service.
- B. Whenever possible, the Town's ambulance billing service and/or Fire Department staff shall obtain insurance information from the patient and shall submit a bill directly to the insurance company.
- C. The Town shall accept assignment of all balances due from the insurance companies.
- D. The Town shall accept assignment from Medicare and Medicaid as full payment for services rendered.
- E. After receiving payment from third-party insurers, the Town's billing service shall bill the patient for any copayment, coinsurance, deductible, and other cost sharing amounts that the carrier requires the covered individual to pay subject to RSA 420-J:21, IV and V.
- F. If a patient is financially unable to pay their ambulance bill, they may submit a hardship request through the Town's Finance Department. The Finance Department shall have a standard process to evaluate requests that are approved by the Town Manager. The evaluation will include a review of the family income and expenses. The evaluation will conclude with one of the following recommendations: the

patient can financially pay the bill, the patient can financially pay a reduced bill, or that the patient cannot financially afford to pay the bill, and it should be written off. If the recommendation is to fully or partially write off an account balance the Finance Department shall submit a write-off request to the Town Manager. If approved by the Town Manager, the Finance Department shall inform the Town's billing company. Accounts that are written off for financial hardships shall be written off completely and not forwarded to a Collection Agency. A patient may appeal the findings to the Town Council.

- G. At 180 days past due, an account will be evaluated for transfer to a collection agency at the discretion and direction of the Finance Department.
- H. Payment plans may be established to pay off the balance in an acceptable amount of time at any point, as determined by the Town Manager, or designee.

~~End of Chapter~~

REVISED	DATE
Resolution 2001-01	02/26/2001
Ordinance 2007-09	10/15/2007
Ordinance 2013-04	07/15/2013
Ordinance 2025-09	09/15/2025
Ordinance 2026-08	01/19/2026