



MEMORIAL HOSPITAL

91 HOSPITAL DRIVE, TOWANDA, PA 18848 • 570-265-2191

Your Independent Not-For-Profit Community Hospital

March 30, 2015

PA Public Utility Commission
Rosemary Chiavetta, Secretary
PO Box 3265
Harrisburg, PA 17105-3265

RECEIVED

APR 01 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

RE: Rate Increase Request for Memorial Hospital, Inc., of Towanda, A-00117028

Ms. Chiavetta:

Submitted for your consideration is TARIFF PARATRANSIT PA. P.U.C. NO.2 and accompanying support for the purpose of requesting an increase to our paratransit rates. We would like the proposed tariff to become effective on 30 days from date being submitted.

Rates have not been increases since we received our authority. Since that time, costs have risen significantly. Fuel costs, the costs for vehicle parts and repairs, and insurance premiums have all increased.

The increased costs have greatly eroded what little profit margin there is. Additional revenues will cover the loss in profits and decrease the operating ratio.

Our desire is to continue serving the public and to do so in a safe and efficient manner, as prescribed by the PA PUC. In order to do this, and increase is necessary. Thank you for your consideration in this matter.

Respectfully Submitted,

Bill Rohrbach, COO/CFO
Memorial Hospital, Inc.
91 Hospital Drive
Towanda, PA 18848
570-268-2207

The
Quality
Healthcare
Center

www.memorialhospital.org

**Certificate No A-00117028 PARATRANSIT PA PUC NO.2
CANCELS PARATRANSIT PA PUC NO. 1**

**MEMORIAL HOSPITAL INC.,
OF TOWANDA, PENNSYLVANIA**

RECEIVED

PARATRANSIT TARIFF NAMING
RATES, RULES AND REGULATIONS
GOVERNING THE TRANSPORTATION
OF PERSONS IN PARATRANSIT SERVICES
BETWEEN POINTS IN PA

APR 01 2015
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

TO TRANSPORT AS A COMMON CARRIER
PERSONS IN PARATRANSIT SERVICE, BETWEEN POINTS
IN THE COUNTIES OF BRADFORD, SULLIVAN, AND WYOMING AND
FROM POINTS IN SAID COUNTY TO
POINTS IN PENNSYLVANIA, AND RETURN.

ISSUED: DECEMBER 22, 2010 EFFECTIVE: March 25, 2015

ISSUED BY:
William Rohrbach, Issuing Officer
91 Hospital Drive
Towanda, PA 18848
570-265-2191

LIST OF CHANGES MADE BY THIS TARIFF:

PAGE #	CHANGES IN TARIFF
1.	Issued by changed from Jon Kingsley to William Rohrbach, CEO
2.	Delete oxygen charges
5.	Holidays charge from carrier will not observe any holidays which would result in additional charges to; A holiday transport fee of \$25.00 will be assessed on the following holidays, New Years Day, Memorial Day, 4 th of July, Labor Day, Thanksgiving Day and Christmas Day
6.	Wheelchair Van-changed from wheelchair van equipment will be operated by a qualified "Emergency Medical Technician" to operated by a "Carrier trained in CPR and First Aid"
6.	Stretcher Van-SAME
6.	Ambulatory Rider-SAME
8.	Transportation of passengers in paratransit services; Section 505 BETWEEN: Points in Bradford County to; Points in Bradford, Sullivan, and Wyoming County FROM: Points in Bradford County to; Points in Bradford, Sullivan, and Wyoming County
8.	Wheelchair Van: Mileage from \$1.50 to \$2.00 Subject to minimum from \$25.00 to \$30.00 Contact fee every 15 minutes of \$3.50
8.	Stretcher Van: Mileage from \$1.50 to \$2.00 Subject to a minimum from \$45.00 to \$55.00 Contact fee every 15 minutes of \$7.00
8.	Ambulatory Van: Mileage from \$1.50 to \$2.00 Subject to a minimum from \$10.00 to \$20.00
8.	Add-Extra Attendant Fee of \$35.00 Utilized for times when another attendant is needed to assist with patient transport for long distance and for trips over 60 miles one way.

SECTION 1

RULE	RULES AND REGULATIONS
100	<p data-bbox="769 548 1024 579" style="text-align: center;"><u>MILEAGE RATES</u></p> <p data-bbox="378 621 1406 653">Mileage shall be calculated by the odometer of the vehicle used based on loaded miles.</p>
110	<p data-bbox="691 856 1097 888" style="text-align: center;"><u>ADVANCE RESERVATIONS</u></p> <p data-bbox="378 930 1341 993">Advanced reservations must be made no later than the calendar day prior to when service is to be rendered.</p>
150	<p data-bbox="711 1171 1078 1203" style="text-align: center;"><u>ADDITIONAL EXPENSES</u></p> <p data-bbox="378 1245 1411 1381">Additional expenses incurred at the request of the party making the reservation, or necessitated by the request of the party making the reservation, which expenses shall be added to the rates herein. Such additional expenses include, but are not limited to, highway tolls, parking, or other fees incidental to the services provided.</p>

SECTION 1

RULE	RULES AND REGULATIONS
170	<p style="text-align: center;"><u>PAYMENT</u></p> <p>Services will be billed to the customer upon completion of services on a net basis. <i>Visa and Master Card will also be accepted.</i></p>
180	<p style="text-align: center;"><u>LIABILITY</u></p> <p>Carrier will not be liable for delays caused by an act of God, public enemies, authority of law, quarantine, perils of navigation, riots, strikes, the hazards or dangers incident to state of war, accidents, breakdowns, bad conditions of the road, storms and other conditions beyond its control, and does not guarantee to arrive or depart from any point at a specific time.</p>
190	<p style="text-align: center;"><u>LIMITS OF SERVICE</u></p> <p>Nothing in this tariff shall be construed as requiring Carrier to furnish a service for which he/she does not have sufficient equipment available. Carrier will provide service with reasonable dispatch.</p>
200	<p style="text-align: center;"><u>CANCELLATION BY THE CARRIER</u></p> <p>The Carrier may, at his/her discretion, cancel a scheduled service due to weather which</p>

SECTION 1

RULE	RULES AND REGULATIONS
	<p>could damage the vehicle or cause possible injury to all persons in the vehicle. If the cancellation is made by the Carrier, the customer may reschedule the service or receive a refund of the full amount paid. Carrier reserves the right to determine when it is advisable to operate any particular vehicle for any reason without liability to passengers.</p>
210	<p style="text-align: center;"><u>HOLIDAYS</u></p> <p>An additional holiday transport fee of \$25.00 will be assessed on the following holidays, New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day</p>
230	<p style="text-align: center;"><u>OVERNIGHT STOPOVER</u></p> <p>When, upon the request of a customer, an overnight stop is made en route, or at destination, there shall be no charge for the time the vehicle and driver is off duty. However, the customer shall be charged an additional fee equal to the actual expense incurred for the driver's evening meal. Overnight lodging. Breakfast. And any other out-of-pocket expenses not exceed \$150.00 per night. The driver shall have at least eight hours off duty time, and vehicle charge of \$50.00 shall be paid by the customer for the overnight stay in addition to the regular fare.</p> <p>An overnight stay will constitute a sixteen hour day and will be charged according to the rate named herein.</p>

SECTION 1

RULE	RULES AND REGULATIONS
260	<p data-bbox="748 499 1040 533" style="text-align: center;"><u>WHEELCHAIR VAN</u></p> <p data-bbox="354 573 1382 709">Any vehicle described as a Wheelchair Van has a passenger window van body and be equipped with a wheelchair lift at a side or back door and be equipped with wheelchair securement devices within the vehicle. Wheelchair Van equipment will be operated by a qualified driver trained in CPR and First Aid.</p>
270	<p data-bbox="760 779 1029 812" style="text-align: center;"><u>STRETCHER VAN</u></p> <p data-bbox="354 852 1360 989">Any vehicle described as a Stretcher Van has a passenger window can body and be equipped with a stretcher entrance at the back door and be equipped with stretcher securement devices within the vehicle. Stretcher Van equipment will be operated and staffed by two (2) qualified drivers trained in CPR and First Aid.</p>
280	<p data-bbox="737 1024 1045 1058" style="text-align: center;"><u>AMBULATORY VAN</u></p> <p data-bbox="354 1098 1403 1194">Any vehicle described as an Ambulatory Van has a passenger window van body and be equipped with one or more passenger seats. Ambulatory Van equipment will be operated by a qualified driver trained in CPR and First Aid.</p>

SECTION 1

RULE	RULES AND REGULATIONS
290	<p data-bbox="724 499 1049 533" style="text-align: center;"><u>STOPOFF IN TRANSIT</u></p> <p data-bbox="358 573 1409 741">In the event Carrier is requested to stop off in transit to pick up or deliver passengers between Carrier's facility and the final destination, other than the original pickup or final destination, carrier will assess a stopoff charge of \$10.00. All stopoff charges shall be paid by the party who contracted for the transportation services prior to transportation. Carrier will not honor service fees being paid by two different parties.</p>

SECTION 2

ITEM	RATES AND CHARGES
505	<p style="text-align: center;">TRANSPORTATION OF PASSENGERS IN PARTNERSHIP SERVICES</p> <p>BETWEEN: Points in Bradford County FROM: Points in Bradford County TO: Points in Pennsylvania and return</p>
	<p><u>TYPE OF SERVICE:</u> <u>CHARGE</u></p>
	<p><u>WHEELCHAIR VAN(S)</u></p>
	<p>(A) Mileage rate per loaded mile: \$2.00</p>
	<p>(A) Subject to a minimum of ten (10) loaded miles: \$30.00</p>
	<p>(C) Contact fee every 15 minutes: \$3.50</p>
	<p><u>STRETCHER VAN(S)</u></p>
	<p>(A) Mileage rate per loaded mile: \$2.00</p>
	<p>(A) Subject to a minimum of ten (10) loaded miles: \$55.00</p>
	<p>(C) Contact fee every 15 minutes: \$7.00</p>
<p><u>AMBULATORY VAN(S)</u></p>	
<p>(A) Mileage rate per loaded mile: \$2.00</p>	
<p>(A) Subject to a minimum of ten (10) loaded mile: \$20.00</p>	
<p>(C) Contact fee every 15 minutes: \$3.50</p>	
<p><u>EXTRA ATTENDANT FEE</u></p>	
<p>(C) Utilized for times when another person is needed to assist with patient transport. \$35.00</p>	

(A) Indicates increase in rates

(C) Indicates change or addition

DATA FOR INCREASE AS REQUIRED BY 52 PA CODE §§ 23.63 AND 23.64

1. As per 52 PA CODE §29.314 rate will no longer be determined by the odometer, but by taximeter. The proposed changes in rates are as follows.

ITEM CHANGED	CURRENT	PROPOSED
Wheelchair Van Transport	\$25.00	\$30.00
Loaded Mileage	\$1.50	\$2.00
Wheelchair Van ¼ hour wait time	\$2.75	\$3.50
Ambulatory Rider	\$10.50	\$20.00
Ambulatory Rider Mileage	\$1.00	\$2.00
Stretcher Van ¼ Hour Contact Time	\$5.50	\$7.00
Stretcher Van	\$45.00	\$55.00

2. The reasons for the need of an increase in rates are as follows:

- Rates for Memorial Hospital have not been increased since we received our authority in January of 2001.

- Since that time, costs have increased significantly in the following:

1. Increase in the vehicle repairs and maintenance (attachment C vs D,E,F,G,H)
2. Increase in transporters salaries (attachment C vs D,E,F,G,H)
3. Increase in customer contact time (attachment D vs E)
4. Increase in fuel costs (attachment C vs D,E,F,G,H,J)

3. What was the total number of miles which were traveled in the past year for the purpose of transporting passengers from point-to-point in Pennsylvania?

- Approximately 68,878 miles were traveled in 2014.

4. What was the total number of trips which were made in the past year for the purpose of transporting passengers from point-to-point in Pennsylvania?

- A total of 977 trips were made in the past year.

5. Revenue will be affected as follows:

- See attached *Estimated Revenue Due to Rate Change Spread sheet* (attachment A)

In the event of any proceedings before the Commission with respect to the proposed rates it is agreed that the tariff and the financial data submitted therewith will be offered in evidence by the utility respondent as an exhibit.


(Signature)

03/31/2015
(Date)

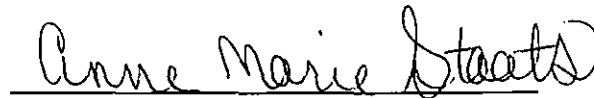
Bill Rohrbach
(Name-printed or typed)

COO/CFO
(Title or position)

Verification of Statements

This statement regarding the documents submitted may be sworn/affirmed before a notary public or contain the following verification without appearing before a notary public:

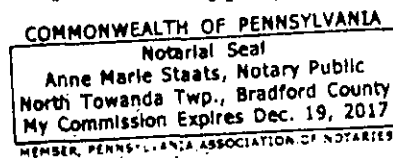
The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 PA C.S Section 4904 relating to unsworn falsification to authorities.


(Signature)

3-31-2015
(Date)

Anne Marie Staats
(Name-printed or typed)

Notary Public
(Title or position)



6. The list of vehicles devoted to taxicab passenger transportation:

Vehicle Make	Year	Purchase Price	Year Purchased	Depreciation
Ford	2010	\$30,699.50	2010	\$3,198.00
Chevrolet	2002	\$20,380.00	2011	\$15,284.99
Chevrolet	2009	\$10,425.00	2012	\$5,988.87

7. The company's officers, their salaries, and their duties are as follows:

- See attached listing of uncompensated Board of Directors (attachment B)

8. By initialing following this statement, it is being signified that interstate transportation is not provided and the sections regarding interstate transportation, 52 PA CODE §§23.64 (9-15), are not applicable to this carrier.


(Initial here)

STATEMENT REQUIRED AS PER 52 PA. CODE §23.64

MEMORIAL HOSPITAL, INC. 2014
ESTIMATED REVENUE DUE TO RATE CHANGE
Attachment A

	Current Rate	Proposed Rate	Rate Change	Number of Charges	Estimated Revenue with Rate Change
Wheelchair Van Transport	\$25.00	\$30.00	\$5.00	548	\$2,740.00
Loaded Mileage	\$1.50	\$2.00	\$0.50	37319	\$18,659.50
Wheelchair Van 1/4 Hr. Contact Time	\$2.75	\$3.25	\$0.50	2406	\$1,203.00
Ambulatory Rider	\$10.50	\$20.00	\$9.50	141	\$1,339.50
Stretcher Van 1/4 Hr. Contact Time	\$5.50	\$6.25	\$0.75	1315	\$986.25
Stretcher Van	\$45.00	\$55.00	\$10.00	324	\$3,240.00
Total Revenue					\$28,168.25

(A)

MEMORIAL HOSPITAL, INC.
Towanda, PA
November 1, 2013

Revised 4/01/14

Initials Appt	TERM	TRUSTEE	MAILING ADDRESS	FAX NUMBER	HOME PHONE	WORK	OCCUPA TION	Alternate Address
2013	2016	Marianne Addison	E. I. DuPont 192 Patterson Blvd. Towanda, PA 18848 Cell 804-338-7637 marianne.r.addison@dupont.com	570-268-3941		570-268-3777	E.I Dupont Manager	
1989	10-16	Donald Brennan	Northern Tier Counseling, 24727 Route 6, Suite 2 Towanda, cdb@epix.net dbrennan@northerntiercounseling.com	570-265-8741	570-265-2532	570-265-0100	Financial Dir.	648 Old Mill Road Towanda PA 18848
1989	10-16	Peter Broderick,	1952 Burlington Tpke. Towanda PA 18848 broderic@epix.net cell - 607-857-8335	-----	570-265-2607	-----	Retired	Same
2009	12-15	Joseph Cama, MD	Caribou Medical, 520 Main St., Towanda, PA 18848 kama@epix.net	570-268-2111	570-265-6913	570-265-7000	Physician	
2011	12-15	Lisa Ceraolo, MD	Community Health Associates LLC, 91 Hospital Drive, Towanda, PA doclisa@doctor.com cell - 570-637-6826	570-268-0670	570-637-6826	570-268-2635	Physician	
991	12-15	Ray DePaola	101 Main St., Towanda PA 18848 laurie@gddj-law.com cell - 570-637-9844	2570-65-9718	570-637-9844	570-265-2175	Attorney	50 Reel Street Sayre, PA 18840
2009	12-15	Hank Dunn	317 Main St., Towanda PA 18848 hank@henrydunninc.com	570-265-2033 570-265-5735	570-265-5391	570-265-1354	Insurance	591 Wesauking Dr. Towanda, PA 18848
006	12-15	Brian Emick	1252 Rte. 706 Cargill, Wyalusing PA 18853 brian_emick@cargill.com	570-746-6342	570-247-2663	570-746-3000 x-7360	Controller Cargill Regional Beef	1387 Main St. Rome, PA 18837
985	11-14	Robert Ferrario Secretary	212 Golden Mile Road, Ferrario Chevrolet, Towanda PA 18848 3163 Boca Ciega Dr, Naples, FL 34112 bob@ferrario.com	570-268-1020	570-265-2585 Fla-239-774- 3778	570-265-6111 x-1680	Auto Dealer	385 Lanning Creek Rd Towanda, PA 18848
2008	11-14	Mark Gannon	24 Main St., Towanda PA 18848 markgannon@gannonassociates.com	570-265-4174	570-265-3535	570-265-3197	Insurance	828 Cloverack Road Wysox PA 18854
2011	11-14	Stacy L. Garrity,	GTP, 1 Hawes St., Towanda, PA 18848 Stacy.garrity@globaltungsten.com	570-268-5113		570-268-5175	Dir of Sales & Marketing, GTP	
2012	12-15	Steve Gobble	175 Route 467 Wysox, PA 18854 sgobble@tsd.k12.pa.us	570-268-2069	570-247-7770	570-265-9894	Towanda High School Superintendent	Same
1984	12-15	Lewis Hope	192 Carpenter Street Dushore, PA 18614 lhope@epix.net	570-888-5307	570-928-9202	-----	Retired	Same
2012	12-15	Larry Huber	532 Church Hill Drive, Towanda, PA 18848 lhuber@williamsol.com cell - 637-0743	570-265-7760	570-265-7586	570-265-6673	CFO, Williams Oil	Same
1989	10-16	Marjory Krelscher	3054 Bridge Street Hill Road, Towanda PA 18848 margekre@epix.net	-----	570-265-3173	-----	Dental Hygienist	Same
1986	11-14	Leo Lambert	213 Academy Terrace, Dushore, PA 18614 leo@fitzandlambert.com cell - 772-0924	570-928-9589	570-928-9650	570-928-8184	Auto Dealer	Same
2013	13-14	Martin Mikaya, MD	2031 ORANGE HILL ROAD ATHENS PA 18810 martin@clarityconnect.com	570-268-2244	570-268-2274	570-8884299	Physician	Same
2010	11-14	David Packard, Treasurer	38 Packard Lane, Towanda PA 18848 dspack@epix.net cell - 529-0248	570-265-8237	570-265-9668	570-265-8237	Retired	Same
2003	12-15	Jim Parks, Vice- Chairman	3003 Hornbrook Rd., Towanda, PA 18848 ironmi@frontiernet.net cell 250-1029		570-265-4823	570-250-1029 cell	Retired	Same
98	10-16	Jody Place	1 Plaza Drive, Towanda, PA 18848 jplace@firstenergycorp.com cell 607-738-6634	570-265-1258	570-265-4577	570-265-1222	Penelec - Area Manager	983 Wesauking Dr. Towanda, PA 18848
2002	11-14	William Rohrbach, Assistant Secretary	Memorial Hospital, Inc. One Hospital Drive Towanda, PA 18848 william.rohrbach@memorialhospital.org	570-265-4797	570-312-0243	570-268-2207	VP Fiscal Affairs	
11	11-14	Eric R Rowe	GTP, 1 Hawes St., Towanda, PA 18848 Eric.rowe@globaltungsten.com Cell 978-764-4436	570-268-5113		570-268-5101	GTP Finance Dir. Towanda Controller	
2002	11-14	John L. Schoonover III, Chairman	132 Sandra Avenue, Sayre, PA 18840 schoonoj@gmail.com cell 607-857-0711		570-888-7460	607-857-0711 cell	Retired Director of Quality, GTP	Same
2004	10-16	Gerald E. Shaffer	431 State St, Towanda PA 18848 gshaffer@hotmail.com	570-265-9087	570-265-8457	-----	Retired	Same
1988	11-14	Marguerite Shaner, Auxiliary President	627 Covered Bridge Rd., Towanda, PA 18848 mtshaner@epix.net cell 637-1827	-----	570-265-5960	-----	Retired Educator	Same
1999	12-15	Tom Thompson	PO Box 271, Towanda, PA 18848 thomcpa@epix.net tmco916@aol.com	570-265-8057	570-268-0509	570-265-8829	Accountant	
1988	10-16	Barbara Yanak, OD	16 Mix Avenue, Towanda, PA 18848 towandaevedr@epix.net	570-268-8990	570-265-7763	570-265-8135	Optometrist	2577 Burlington Tpke Towanda PA 18848

elections are held in October of each year. Questions? Contact: Debbie Fairchild at debra.fairchild@memorialhospital.org 268-2333 or Nancy Lamphere at cv.lamphere@memorialhospital.org 265-6052

attachment (B)

MEMORIAL HOSPITAL, INC. OF TORANDA, PA
 BUDGET WORKSHEET
 TRANSPORT
 FOR PERIOD ENDING JUN 2016

	JUN 2014 ACTUAL YTD	JAN 2015 ACTUAL YTD	JUN 2016 BUDGET YTD	MANAGER'S ADJUSTMENTS
IP COUNTS	1	0	0	
OP COUNTS	839	652	1,152	
TOTAL STATS	840	652	1,152	
REVENUES:				
INPATIENT	\$ 72	\$ 0	\$ 0	
OUTPATIENT	\$ 94,346	\$ 61,710	\$ 114,432	
TOTAL REVENUE	\$ 94,418	\$ 61,710	\$ 114,432	
REVENUE PER STAT	\$ 112.40		\$ 94.65	\$ 99.33
EXPENSES:				
TECH & SPECIALISTS	\$ 0	\$ 60	\$ 0	
AIDES	\$ 40,570	\$ 25,496	\$ 43,784	
PUBLIC RELATIONS	\$ 58	\$ 482	\$ 1,003	
POSTAGE	\$ 4	\$ 0	\$ 0	
REPAIR & MAINT	\$ 4,376	\$ 4,414	\$ 3,195	
CONTRACTED SERV	\$ 256	\$ 124	\$ 184	
AUTO FUEL	\$ 13,291	\$ 9,587	\$ 27,578	
OTHER EXPENSE	\$ 330	\$ 180	\$ 315	
TOTAL EXPENSES	\$ 58,884	\$ 40,343	\$ 66,059	
EXPENSE PER STAT	\$ 70.10		\$ 61.88	\$ 57.34
GROSS CONTRIBUTION	\$ 35,534	\$ 21,367	\$ 48,373	
GROSS CONTRIBUTION PER STAT	\$ 42.30		\$ 32.17	\$ 41.99
MARGIN %	37.64%	34.63%	42.27%	

(C)

MEMORIAL HOSPITAL, INC.
ANALYSIS OF WHEELCHAIR VAN PURCHASE

WHLCHAIR.123

ASSUMPTIONS:	MONTH	YEAR	EST. LOADED MILES	MILEAGE EXTENSION	LOADED TIME	TIME EXTENSION
1) ESTIMATED NUMBER OF TRANSPORTS:						
HIGHLANDS	12	144	28	4,032	0.75	108
SMITHS PCH	1	12	15	180	0.50	6
WYALUSING PCH	2	24	25	600	0.75	18
MEMORIAL HOSPITAL PCH	5	60	5	300	0.50	30
MEMORIAL HOSPITAL ER	10	120	10	1,200	0.50	60
TYLER ER	3	36	15	540	0.75	27
MEMORIAL HOSPITAL MED/SURG	15	180	10	1,800	0.50	90
NORTHERN TIER COUNSELING	4	48	25	1,200	0.75	36
TOTAL	52	624		9,852		375
		96		X 2		X 2
			ACT. MILES	19,704	ACT. TIME	750
				1,080		54
				X 2		X 2
				2,160		108

2) ALL ACTIVITY WILL BE PRIVATE PAY.

3) RATES / INCOME:

BASE RATE	\$25.00
MILEAGE RATE (PER MILE)	1.50

4) MILES PER GALLON:

10

5) GAS COST PER GALLON:

\$1.45

6) PURCHASE PRICE

VEHICLE	\$14,000.00
CONDITIONING	2,000.00
TOTAL	\$16,000.00

7) USEFUL LIFE (DEPRECIATION) YEARS

4

8) AVERAGE HOURLY RATE PER EMT

\$7.50

9) AVERAGE TIME PER VAN RUN:

1.20 HOURS

10) AVERAGE MILES PER VAN RUN:

31.58 ROUND TRIP

11) ADJUSTED FIGURES REMOVE THE "BOLDDED" RUNS ABOVE:

12) THE WHEELCHAIR VAN RUNS WILL NOT TAKE AWAY FROM CURRENT, REIMBURSED VOLUME

	PER RUN	PROPOSED	ADJUSTED	PER RUN	225 RUNS BREAKEVEN	
REVENUES:						
BASE RATE INCOME		\$15,600.00	\$2,400.00		\$5,625.00	
MILEAGE INCOME		14,778.00	1,620.00		3,796.88	
TOTAL ESTIMATED INCOME	\$48.68	\$30,378.00	\$4,020.00	\$41.88	\$9,421.88	\$41.88
EXPENSES:						
LABOR COST		\$5,625.00	\$810.00		\$1,898.44	
FRINGE BENEFITS		956.25	137.70		322.73	
INSURANCE		400.00	400.00		400.00	
GAS		2,857.08	313.20		734.06	
MAINTENANCE / REPAIRS		1,000.00	1,000.00		1,000.00	
OTHER		1,000.00	1,000.00		1,000.00	
DEPRECIATION		4,000.00	4,000.00		4,000.00	
TOTAL ESTIMATED EXPENSES	25.38	\$15,838.33	\$7,660.90	79.80	\$9,355.23	41.58
GAIN / (LOSS) FROM OPERATION	\$23.30	\$14,539.67	(\$3,640.90)	(\$37.93)	\$66.64	\$0.30

ASSUMPTIONS ABOVE ARE AGREED TO AND ACCEPTED

AGREED TO:  DATE: 4-13-2003
JOHN KINGSLEY

(D)

Wendy use for budget

DATE: 04/29/11 @ 1133
USER: LEEH

Memorial Hospital GL *LIVE*
RUN: BUDGET RPT: BUDGET

PAGE 1

MEMORIAL HOSPITAL, INC. OF TOWANDA, PA
BUDGET WORKSHEET
TRANSPORT
FOR PERIOD ENDING JUN 2012

	JUN 2010 ACTUAL YTD	MAR 2011 ACTUAL YTD	JUN 2012 BUDGET YTD	MANAGER'S ADJUSTMENTS
OP MC COUNTS	0	4	0	
OP MA COUNTS	7	94	0	
OP OTH COUNTS	920	666	1,008	
TOTAL STATS	927	764	1,008	
REVENUES:				
OUTPATIENT	\$ 79,255	\$ 80,349	\$ 102,060	
TOTAL REVENUE	\$ 79,255	\$ 80,349	\$ 102,060	
REVENUE PER STAT	\$ 85.50	\$ 105.17	\$ 101.25	
EXPENSES:				
TECH & SPECIALISTS	\$ 394	\$ 2,347	\$ 4,012	
AIDES	\$ 36,295	\$ 35,010	\$ 44,421	
OTHER SUPP	\$ 27	\$ 0	\$ 0	
OFFICE SUPP	\$ 41	\$ 0	\$ 0	
PUBLIC RELATIONS	\$ 357	\$ 176	\$ 225	
POSTAGE	\$ 2	\$ 0	\$ 0	
REPAIR & MAINT	\$ 5,980	\$ 2,795	\$ 3,440	
CONTRACTED SERV	\$ 500	\$ 0	\$ 0	
AUTO FUEL	\$ 9,359	\$ 9,935	\$ 11,130	
OTHER EXPENSE	\$ 600	\$ 903	\$ 1,878	
TOTAL EXPENSES	\$ 53,554	\$ 51,165	\$ 65,110	
EXPENSE PER STAT	\$ 57.77	\$ 66.97	\$ 64.59	
GROSS CONTRIBUTION	\$ 25,701	\$ 29,184	\$ 36,950	
GROSS CONTRIBUTION PER STAT	\$ 27.72	\$ 38.20	\$ 36.66	
MARGIN %	32.43%	36.32%	36.20%	

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(E)

GROSS MARGIN ANALYSIS

YTD ENDING 12/31/07

(1) (2) (3) (4) (5) (6) (7) (8)

DEPARTMENT: WHEELCHAIR/TRANSPORT
ACCOUNT # 7000

	FISCAL 2006 ACTUAL YTD	1,127	FISCAL 2007 ACTUAL YTD	77.23	FISCAL 2008 ACTUAL YTD	884	FISCAL 2008 BUDGETED YTD	517	483	VARIANCE	% VARIANCE
REVENUES:											
OUTPATIENT	70,332		68,275		40,193		39,688			505	1.27%
AMBULANCE BILLING FEES	0		0		0		0			0	#DIV/0!
TOTAL REVENUE	70,332	62.41	68,275	77.23	40,193	77.74	39,688	82.17	505	1.27%	
EXPENSES:											
SALARY & WAGES	29,800	0.00	31,605	35.75	15,974	30.90	15,192	31.45	782	5.15%	
POSTAGE	0	0.00	57	0.00	28	0.05	0	0.00	28	#DIV/0!	
OTHER SUPPLIES	29	0.03	134	0.15	98	0.19	156	0.32	-58	-37.05%	
PUBLIC RELATIONS	374	0.33	0	0.00	108	0.21	0	0.00	108	#DIV/0!	
TRANSPORT OTHER EXPENSES	0	0.00	315	0.00	813	1.57	0	0.00	813	#DIV/0!	
REPAIRS & MAINTENANCE	5	0.00	4,571	5.17	1,455	2.81	2,261	4.68	-806	-35.65%	
UNIT FUEL	9,789	8.69	9,214	10.42	5,133	9.93	4,558	9.44	575	12.62%	
TOTAL EXPENSES:	39,997	35.49	45,896	51.92	23,609	45.67	22,167	45.89	1,442	6.51%	
GROSS CONTRIBUTION	30,335	26.92	22,379	25.32	16,584	32.08	17,521	36.28	-937	-5.35%	
GROSS CONTRIBUTION MARGIN %	43.13%		32.78%		41.26%		44.15%		-2.89%	-6.54%	

F

MEMORIAL HOSPITAL, INC.
WHEELCHAIR AND STRETCHER VAN ANALYSIS
FISCAL 2005, 2006 AND 2007 (7 MONTHS)

	Actual 12 MONTHS FISCAL		Actual 10 MONTHS FISCAL		Actual 12 MONTHS FISCAL		Actual 5 MONTHS FISCAL		Actual 7 MONTHS FISCAL	
	2005	PER TRIP	2006	PER TRIP	2006	PER TRIP	2007	PER TRIP	2007	PER TRIP
NUMBER OF TRIPS	1,662		937		1,127		376		517	
GROSS REVENUE:										
WHEELCHAIR VAN TRIPS	\$53,963 762	\$70.82	\$29,889 438	\$68.24	\$39,057 561	\$69.62	\$16,580 226	\$73.36	\$23,407 316	\$74.07
STRETCHER VAN TRIPS	23,063 230	\$100.27	21,398 181	\$118.22	27,173 226	\$120.23	12,610 98	\$128.67	17,019 134	\$127.01
AMBULATORY RIDER TRIPS	14,931 670	\$22.29	6,915 318	\$21.75	8,031 340	\$23.62	1,865 52	\$35.87	2,509 67	\$37.45
TOTAL GROSS REVENUE	\$91,957	\$55.33	\$58,202	\$62.12	\$74,261	\$65.89	\$31,055	\$82.59	\$42,935	\$83.05
NET REVENUE	\$87,031	\$52.91	\$51,480	\$54.94	\$64,785	\$57.45	\$27,715	\$73.79	\$37,892	\$72.93
	94.65%		88.45%		87.24%		89.35%		87.09%	
EXPENSES:										
SALARIES	\$31,481		\$23,580		\$29,800		\$13,765		\$18,450	
BENEFITS	3,298	10.5%	2,942	12.5%	3,701	12.4%	1,861	13.5%	2,473	13.4%
SUPPLIES/OTHER	110		209		408		304		389	
FUEL	9,341		7,585		9,789		4,063		5,378	
VEHICLE MAINT.	5,073		0		0		3,232		3,488	
INSURANCE	3,214		3,293		3,952		1,670		2,338	
DEPRECIATION	9,989		4,393		4,937		1,360		1,904	
TOTAL DIRECT EXPENSE	\$62,506	\$37.61	\$42,001	\$44.83	\$52,586	\$46.66	\$28,254	\$69.83	\$34,421	\$66.58
ALLOCATED OVERHEAD	13,121	20.99%	8,817	20.99%	11,038	20.99%	5,511	20.99%	7,225	20.99%
TOTAL EXPENSES	\$75,626	\$45.50	\$50,818	\$54.23	\$63,624	\$56.45	\$31,766	\$84.48	\$41,646	\$80.55
NET MARGIN	\$11,406	\$6.83	\$6,662	\$7.18	\$11,086	\$9.74	\$10,197	\$26.81	\$7,241	\$14.06
NET MARGIN PER TRIP	\$6.83		\$7.18		\$9.74		\$26.81		\$14.06	

1998 FORD - FULLY DEPRECIATED 7/31/05
1997 FORD - FULLY DEPRECIATED 1/31/06
1998 DODGE - DEPRECIATE UNTIL 3/31/07

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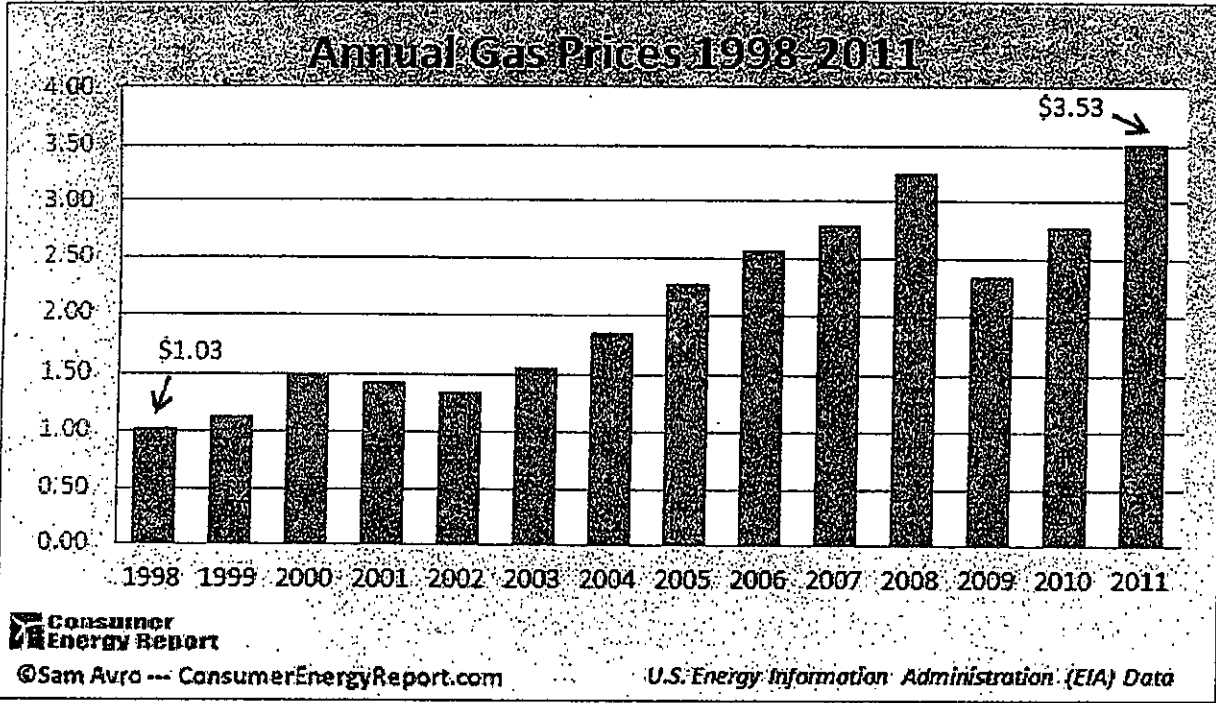
MEMORIAL HOSPITAL, INC.
WHEELCHAIR AND STRETCHER VAN ANALYSIS
FISCAL 2004 AND 2005

	Actual (4 MONTHS) FISCAL 2004		Actual (7 MONTHS) FISCAL 2004		Actual (10 MONTHS) FISCAL 2004		Actual (3 MONTHS) FISCAL 2005	
NUMBER OF TRIPS	530		986		1,321		376	
GROSS REVENUE:								
WHEELCHAIR VAN	\$21,175		\$32,436		\$40,620		\$11,972	
TRIPS	336		587		701		157	
STRETCHER VAN	13,562		19,839		24,191		7,265	
TRIPS	133		183		226		64	
AMBULATORY RIDER	3,982		7,387		11,704		3,680	
TRIPS	61		216		394		155	
TOTAL GROSS REVENUE	\$38,719	\$73.05	\$59,662	\$60.51	\$76,515	\$57.92	\$22,917	\$60.95
NET REVENUE	\$34,448	\$65.00	\$52,004	\$52.74	\$70,931	\$53.69	\$26,943	\$71.06
	88.97%		87.16%		92.70%		117.57%	
EXPENSES:								
SALARIES	\$15,395		\$23,102		\$29,542		\$7,210	
BENEFITS	1,594	10.4%	2,428	10.5%	3,184	10.8%	891	12.4%
SUPPLIES	0		0		60		0	
FUEL	2,330		3,532		6,160		1,963	
VEHICLE MAINT.	0		0		0		2,540	
INSURANCE	1,072	\$67/VAN	1,876	\$67/VAN	2,680	\$67/VAN	871	
DEPRECIATION	4,600		8,051		11,501		2,497	
TOTAL DIRECT EXPENSE	\$24,992	\$47.15	\$38,989	\$39.54	\$53,127	\$40.22	\$15,972	\$42.48
ALLOCATED OVERHEAD	6,730	26.93%	11,174	28.66%	15,226	28.66%	4,956	31.03%
TOTAL EXPENSES	\$31,722	\$59.85	\$50,162	\$50.87	\$68,353	\$51.74	\$20,929	\$55.66
NET MARGIN	\$2,726		\$1,841		\$2,578		\$6,014	
NET MARGIN PER TRIP	\$5.14		\$1.87		\$1.95		\$15.99	

(H)

Average time per shift

	Assigned Shifts	Assigned Hours	Average time per shift	Variances 2013 - 2014 (of assigned hours)		Assigned Shifts	Assigned Hours	Average time per shift
Jan-13	110	388.46	3.53	8.43	Jan-14	117	396.89	3.39
Feb-13	92	353.67	3.84	23.16	Feb-14	109	376.83	3.46
Mar-13	113	468.16	4.14	-73.42	Mar-14	103	394.74	3.83
Apr-13	95	312.61	3.29	163.36	Apr-14	120	475.97	3.97
May-13	85	288.75	3.40	109.67	May-14	104	398.42	3.83
Jun-13	85	313.00	3.68	73.26	Jun-14	106	386.26	3.64
Jul-13	117	467.63	4.00	-30.98	Jul-14	125	436.65	3.49
Aug-13	109	444.23	4.08	15.29	Aug-14	144	459.52	3.19
Sep-13	84	366.37	4.36	90.53	Sep-14	127	456.90	3.60
Oct-13	114	586.74	5.15	-177.31	Oct-14	109	409.43	3.76
Nov-13	90	421.68	4.69	-69.07	Nov-14	149	352.61	2.37
Dec-13	125	432.29	3.46	48.07	Dec-14	173	480.36	2.78
Totals 2013	1219	4843.59	3.97	180.99	Totals 2014	1486	5024.58	3.38

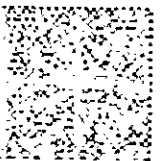


J

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