

HARTSVILLE/TROUSDALE COUNTY METROPOLITAN GOVERNMENT

EMERGENCY SERVICES COMMITTEE

Lesley Overman, Chair
David Thomas, Vice Chair

Brian Crook, Secretary
Richard Johnson

David Nollner
Amber Russell

Ex-Officio members by position, non voting

Matt Batey, EMA/EMS
_____ , Rescue

Mark Beeler Vol Fire
Ray Russell, Sheriff

Wayland Cothron, Chief Deputy
Dr. J. Ray Pinkston, MD Med Ex

AUGUST 9, 2023 | 6:00PM | TC COMMUNITY CENTER

Agenda

1. Call to Order
2. Review Minutes from June 7, 2023
3. Discussion Items
 - A. Department Reviews
 - 1) EMA
 - 2) EMS
 - Monthly Reports
 - 3) Fire
 - Monthly reports
 - 4) Rescue
 - Monthly reports
 - B. EMT Education / Resolution 2022-20-764
 - C. Other Discussion
4. Public Comments
5. Adjourn

Hartsville/Trousdale Emergency Services Committee

Meeting Minutes

June 7th, 2023 | 6pm | Trousdale Community Center, 301 E Main street

Members Present: Lesley Overman, David Nollner, Amber Russell, Brian Crook, David Thomas

Others Present: Mayor Jack McCall, EMS Director Matt Batey, Rescue Chief Daniel Harris, Fire Chief Mark Beeler, Jay Woodard

Absent: Richard Johnson

Chairman Lesley Overman called the meeting to order at 6pm.

Review of Minutes from last meeting

Brian Crook made a motion to approve the minutes as presented. Seconded by David Thomas

MOTION CARRIED

DISCUSSION TOPIC EMS REVIEW, presented by Chief Matt Batey

- Budget
- Insurance reimbursement/ adjustment to rate of ambulance fee
 - Request for rate comparison from Chief Batey to present at August meeting
- New ambulance harness is on hold
- EMS does have visiting hours in place
- EMS collections at 74% *without contractual insurance write offs*
 - Bad debt write off: With the new Write Off policy, "bad debt" have increased while "other" write offs have become nonexistent
 - 7% of collections are collected thru Fox Collections
- Applications/staffing/Overtime
 - May need overtime budget amendment to finish out the fiscal year
 - Recruiting programs / Possible grant programs to pay for EMT/paramedic certifications
 - PRN positions are allowed and could be used to alleviate overtime expense
 - Commission Crook questioned the hiring process with the Mayor/Dept Heads; this matter is referred to the Personnel Committee

DISCUSSION TOPIC FIRE DEPT REVIEW, presented by Chief Mark Beeler

- Equipment purchasing and future needs
- Update on brush truck (commitment letter)
- Call activity

DISCUSSION TOPIC RESCUE DEPT REVIEW, presented by Chief Daniel Harris

- Reading of Medical First Responder
- Training
 - Extrication Certifications/ new EVOK and VKF instructors/"lost person" training/ swift water
- Vehicles in / out of service, new Tahoe purchased
- Calls
- Grant update for uniforms
- New Dispatch app

OTHER BUSINESS

- Chairman Lesley Overman brought the topic of merging all emergency service departments
 - Open to discussion. Need legal opinion for process
- Next meeting set for first Wednesday of the month at 7pm

PUBLIC COMMENTS

- None

ADJOURN

- Motion made by Amber Russell to adjourn. Seconded by David Nollner

Hartsville-Trousdale Co Government
 Statement of Expenditures Summary by Obj by Fund
 July 2023

Fund : 101 General

Account Number	Account Description	Budget Amount	Budget Amendments	Amended Budget	Month-to-Date Expenditures	Year-to-Date Expenditures	Outstanding Encumbrances	Unencumbered Balance	% Of Budget Exp
50000	General Government								
54000	Public Safety								
54490	Other Emergency Management								
105	Supervisor/Director	(76,940.00)	0.00	(76,940.00)	2,959.08	2,959.08	0.00	(73,980.92)	3.85%
201	Social Security	(4,771.00)	0.00	(4,771.00)	175.15	175.15	0.00	(4,595.85)	3.67%
204	State Retirement	(4,617.00)	0.00	(4,617.00)	175.77	175.77	0.00	(4,441.23)	3.81%
212	Employer Medicare	(1,116.00)	0.00	(1,116.00)	40.97	40.97	0.00	(1,075.03)	3.67%
307	Communication	(1,000.00)	0.00	(1,000.00)	0.00	0.00	0.00	(1,000.00)	0.00%
355	Travel	(500.00)	0.00	(500.00)	0.00	0.00	0.00	(500.00)	0.00%
413	Drugs And Medical Supplies	(1,500.00)	0.00	(1,500.00)	0.00	0.00	0.00	(1,500.00)	0.00%
451	Uniforms	(500.00)	0.00	(500.00)	0.00	0.00	0.00	(500.00)	0.00%
499	Other Supplies And Materials	(500.00)	0.00	(500.00)	0.00	0.00	0.00	(500.00)	0.00%
524	In Service/Staff Development	(500.00)	0.00	(500.00)	0.00	0.00	0.00	(500.00)	0.00%
708	Communication Equipment	(1,000.00)	0.00	(1,000.00)	0.00	0.00	0.00	(1,000.00)	0.00%
790	Other Equipment	(5,000.00)	0.00	(5,000.00)	0.00	0.00	0.00	(5,000.00)	0.00%
Total 54490	Other Emergency Management	(97,944.00)	0.00	(97,944.00)	3,350.97	3,350.97	0.00	(94,593.03)	3.42%
Total 54000	Public Safety	(97,944.00)	0.00	(97,944.00)	3,350.97	3,350.97	0.00	(94,593.03)	3.42%

Hartsville-Trousdale Co Government
 Statement of Expenditures Summary by Obj by Fund
 July 2023

Fund : 118 Ambulance Service

Account Number	Account Description	Budget Amount	Budget Amendments	Amended Budget	Month-to-Date Expenditures	Year-to-Date Expenditures	Outstanding Encumbrances	Unencumbered Balance	% Of Budget Exp
50000	General Government								
55000	Public Health And Welfare								
55130	Ambulance/Emergency Medical Services								
131	Medical Personnel	(548,000.00)	0.00	(548,000.00)	16,681.60	16,681.60	0.00	(531,318.40)	3.04%
162	Clerical Personnel	(38,310.00)	0.00	(38,310.00)	1,473.60	1,473.60	0.00	(36,836.40)	3.85%
187	Overtime Pay	(340,000.00)	0.00	(340,000.00)	18,851.04	18,851.04	0.00	(321,148.96)	5.54%
201	Social Security	(57,431.00)	0.00	(57,431.00)	2,215.40	2,215.40	0.00	(55,215.60)	3.86%
204	State Retirement	(54,467.00)	0.00	(54,467.00)	1,978.91	1,978.91	0.00	(52,488.09)	3.63%
207	Medical Insurance	(84,672.00)	0.00	(84,672.00)	8,820.00	8,820.00	0.00	(75,852.00)	10.42%
212	Employer Medicare	(13,431.00)	0.00	(13,431.00)	518.10	518.10	0.00	(12,912.90)	3.86%
306	Bank Charges	(800.00)	0.00	(800.00)	65.89	65.89	0.00	(734.11)	8.24%
307	Communication	(7,000.00)	0.00	(7,000.00)	130.30	130.30	0.00	(6,869.70)	1.86%
312	Contracts With Private Agencies	(18,000.00)	0.00	(18,000.00)	160.50	160.50	0.00	(17,839.50)	0.89%
317	Data Processing Services	(800.00)	0.00	(800.00)	66.00	66.00	0.00	(734.00)	8.25%
320	Dues And Memberships	(500.00)	0.00	(500.00)	335.00	335.00	0.00	(165.00)	67.00%
322	Evaluation And Testing	(1,000.00)	0.00	(1,000.00)	0.00	0.00	0.00	(1,000.00)	0.00%
332	Legal Notices, Recording And Court Cost	(200.00)	0.00	(200.00)	0.00	0.00	0.00	(200.00)	0.00%
333	Licenses	(3,000.00)	0.00	(3,000.00)	0.00	0.00	0.00	(3,000.00)	0.00%
335	Maintenance And Repair Services-Buildir	(30,000.00)	0.00	(30,000.00)	0.00	0.00	437.50	(29,562.50)	1.46%
336	Maintenance And Repair Services-Equipr	(2,500.00)	0.00	(2,500.00)	0.00	0.00	0.00	(2,500.00)	0.00%
337	Maintenance And Repair Services-Office	(500.00)	0.00	(500.00)	0.00	0.00	0.00	(500.00)	0.00%
338	Maintenance And Repair Services-Vehicl	(20,000.00)	0.00	(20,000.00)	0.00	0.00	386.29	(19,613.71)	1.93%
347	Pest Control	(480.00)	0.00	(480.00)	0.00	0.00	0.00	(480.00)	0.00%
348	Postal Charges	(750.00)	0.00	(750.00)	0.00	0.00	0.00	(750.00)	0.00%
349	Printing, Stationery And Forms	(700.00)	0.00	(700.00)	0.00	0.00	0.00	(700.00)	0.00%
351	Rentals	(3,500.00)	0.00	(3,500.00)	0.00	0.00	0.00	(3,500.00)	0.00%
353	Towing Services	(100.00)	0.00	(100.00)	0.00	0.00	0.00	(100.00)	0.00%
355	Travel	(1,000.00)	0.00	(1,000.00)	0.00	0.00	0.00	(1,000.00)	0.00%
399	Other Contracted Services	(1,500.00)	0.00	(1,500.00)	75.40	75.40	0.00	(1,424.60)	5.03%
410	Custodial Supplies	(2,000.00)	0.00	(2,000.00)	0.00	0.00	65.42	(1,934.58)	3.27%
413	Drugs And Medical Supplies	(38,000.00)	0.00	(38,000.00)	2,763.48	2,763.48	10,331.43	(24,905.09)	34.46%
415	Electricity	(6,500.00)	0.00	(6,500.00)	0.00	0.00	0.00	(6,500.00)	0.00%
425	Gasoline	(25,000.00)	0.00	(25,000.00)	0.00	0.00	0.00	(25,000.00)	0.00%
434	Natural Gas	(5,000.00)	0.00	(5,000.00)	0.00	0.00	0.00	(5,000.00)	0.00%
435	Office Supplies	(1,500.00)	0.00	(1,500.00)	0.00	0.00	0.00	(1,500.00)	0.00%
451	Uniforms	(7,500.00)	0.00	(7,500.00)	0.00	0.00	262.50	(7,237.50)	3.50%

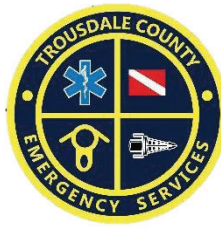
Template Name: Matt: EMA | EMS
 Created by: LGC

Hartsville-Trousdale Co Government
 Statement of Expenditures Summary by Obj by Fund
 July 2023

User: Amy Thomas
 Date/Time: 8/8/2023 3:51 PM
 Page 4 of 4

Fund : 118 Ambulance Service

Account Number	Account Description	Budget Amount	Budget Amendments	Amended Budget	Month-to-Date Expenditures	Year-to-Date Expenditures	Outstanding Encumbrances	Unencumbered Balance	% Of Budget Exp
50000	General Government								
55000	Public Health And Welfare								
55130	Ambulance/Emergency Medical Services								
454	Water And Sewer	(2,500.00)	0.00	(2,500.00)	0.00	0.00	0.00	(2,500.00)	0.00%
499	Other Supplies And Materials	(500.00)	0.00	(500.00)	0.00	0.00	95.75	(404.25)	19.15%
506	Liability Insurance	(17,000.00)	0.00	(17,000.00)	0.00	0.00	0.00	(17,000.00)	0.00%
510	Trustee's Commission	(35,000.00)	0.00	(35,000.00)	529.66	529.66	0.00	(34,470.34)	1.51%
513	Workman's Compensation Insurance	(33,000.00)	0.00	(33,000.00)	0.00	0.00	0.00	(33,000.00)	0.00%
524	In Service/Staff Development	(5,000.00)	0.00	(5,000.00)	2,345.79	2,345.79	0.00	(2,654.21)	46.92%
530	Fines, Assessments, And Penalties	(15,200.00)	0.00	(15,200.00)	0.00	0.00	0.00	(15,200.00)	0.00%
599	Other Charges	(2,000.00)	0.00	(2,000.00)	0.00	0.00	0.00	(2,000.00)	0.00%
711	Furniture And Fixtures	(12,000.00)	0.00	(12,000.00)	0.00	0.00	0.00	(12,000.00)	0.00%
Total 55130	Ambulance/Emergency	(1,436,341.00)	0.00	(1,436,341.00)	57,010.67	57,010.67	11,578.89	(1,367,751.44)	4.78%
Total 55000	Public Health And Welfare	(1,436,341.00)	0.00	(1,436,341.00)	57,010.67	57,010.67	11,578.89	(1,367,751.44)	4.78%
Total 50000	General Government	(1,436,341.00)	0.00	(1,436,341.00)	57,010.67	57,010.67	11,578.89	(1,367,751.44)	4.78%
Total For Fund:	118	(1,436,341.00)	0.00	(1,436,341.00)	57,010.67	57,010.67	11,578.89	(1,367,751.44)	4.78%



TROUSDALE COUNTY EMERGENCY SERVICES

95 RIVER VALLEY DR | HARTSVILLE, TN 37074

615-374-9503 | 615-374-4383

Matthew L Batey, Director / Chief

matthew.batey@trousdalecountyttn.gov

Date: July 4, 2023

EMS MONTHLY REPORT FOR: JUNE 2023

NUMBER OF CALLS FOR THE MONTH: 134

NUMBER OF PERSONS TRANSPORTED: 97

AVERAGE RESPONSE TIME: 6.9

TRANSPORTED TO TROUSDALE MEDICAL: 24

TRANSPORTED FROM TROUSDALE MEDICAL: 30

TRANSFERRED TO OTHER FACILITIES: 106.00

PATIENT REVENUE BILLED: 82,196.81

PATIENT REVENUE COLLECTED: 49,679.23

TOTAL FISCAL YEAR REVENUE: 550,163.24

PAYMENTS RECEIVED BY INSURANCE TYPES

MEDICARE: 3,308.05

AMERICHOICE: 2,710.45

AMERIGROUP: 2,310.19

BLUECARE: 2,223.72

BCBS: 6,705.20

PRISON: 15,739.71

SELF PAY: 1,994.80

OTHER MISC: 14687.11

AMBULANCES STAFFED EACH DAY: 2.00

CALLS BY TYPE

911 EMERGENCIES: 106

NON-EMERGENCIES: 24

DIALYSIS TRANSPORTS: 0

RESCUE ASSIST: _____

TROUSDALE COUNTY EMS

July 05, 2023 8:56:39 AM

Operations Report

Page 2 of 3

Period 12 (23-12)

June 2023(Status:Not Closed)

Cash

	This Fiscal Year		Last Fiscal Year	
	Month	Year To Date	Month	Year To Date
Total Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total Non-Transports	0	0	0	0
Total Transports	97	1188	96	1167
Total Cash	\$49,679.23	\$550,163.24	\$53,161.78	\$517,278.43
Cash - Adjusted YTD	\$0.00	\$0.00	\$0.00	\$0.00
Total Cash Adjusted	\$0.00	\$0.00	\$0.00	\$0.00
Total Disc. And W/O	\$32,427.10	\$541,017.54	\$35,806.80	\$519,598.19
Disc. And W/O Adjusted YTD	\$0.00	(\$300.00)	\$0.00	\$0.00
Total Disc. W/O Adjusted	\$0.00	(\$3,015.60)	\$0.00	(\$3,400.60)
Total Charges	\$82,196.81	\$1,033,573.47	\$84,723.10	\$1,001,988.44
Charges - Adjusted YTD	\$0.00	\$0.00	\$0.00	\$18.09
Total Charges Adjusted	\$0.00	\$0.00	\$0.00	(\$501.30)
A/R Balance	\$90.48	(\$67,222.67)	(\$4,245.48)	(\$12,630.96)
Cash Per Transport	\$512.16	\$463.10	\$553.77	\$443.25
Cost Per Call	\$0.00	\$0.00	\$0.00	\$0.00
Collection Rate	60%	53%	63%	52%

Discounts and WriteOffs

	This Fiscal Year		Last Fiscal Year	
	Month	Year To Date	Month	Year To Date
Discount	\$0.00	\$0.00	\$0.00	\$0.00
Refund - Interest	\$0.00	\$0.00	\$0.00	\$0.00
WriteOff - Auto Insurance	\$0.00	\$0.00	\$0.00	\$0.00
WriteOff - Bad Debt	\$9,322.92	\$146,704.76	\$8,580.58	\$101,397.49
WriteOff - Charity	\$0.00	\$3,530.60	\$607.00	\$10,292.80
WriteOff - Contract	\$0.00	\$257.71	\$0.00	\$0.00
Contractual - Insurance	\$17,509.96	\$265,384.46	\$19,166.44	\$232,773.66
Contractual - Medicaid	\$2,049.10	\$21,573.29	\$676.12	\$23,218.48
Contractual - Medicare	\$3,545.12	\$86,225.27	\$3,639.90	\$114,577.73
WriteOff - Other	\$0.00	\$15,896.14	\$2,298.76	\$31,220.35
WriteOff - Self Pay	\$0.00	\$0.00	\$0.00	\$285.00
WriteOff - Timely Filing	\$0.00	\$0.00	\$0.00	\$0.00
WriteOff - Workers Comp	\$0.00	\$1,145.31	\$0.00	\$3,117.08
Total - (Minus Discount)	\$32,427.10	\$540,717.54	\$34,968.80	\$516,882.59
Adj. Collection Rate	84.07%	83.31%	86.81%	81.92%



Matthew Batey <matthew.batey@trousdalecountytn.gov>

Fee Scale

Alecia Kempf <akempf@maconems.com>

Wed, Jun 14, 2023 at 12:36 PM

To: "matthew.batey@trousdalecountytn.gov" <matthew.batey@trousdalecountytn.gov>

Cc: Alecia Kempf <akempf@maconems.com>

A0428	\$277.00
A0426	\$333.00
A0429	\$444.00
A0427	\$527.00
A0433	\$762.00
A0434	\$900.00
A0425	\$12.86

From: EMS Director <emsdirector@maconems.com>

Sent: Wednesday, June 14, 2023 11:41 AM

To: Alecia Kempf <akempf@maconems.com>

Subject: FW: Fee Scale

Joshua Perrigo, Director

Macon County EMS

30 Weldon Drive

Lafayette, TN 37083

(615)-666-2323

[Quoted text hidden]

WEMA EMS Billing Rates

EFFECTIVE 6-1-2021

A0426 (ALS -NE)	A0427 (ALS-E)	A0433 (ALS-2)	A0428 (BLS NE)	A0429 (BLS-E)	A0425 (Mileage)
\$550.00	\$770.00	\$880.00	\$450.00	\$650.00	\$14.50

Effective 6-1-22

	Disposable Supply Fee	Speciality Care
BLS	\$75.00	\$950.00
ALS	\$125.00	

A0428 BLS-NON \$230.34
A0429 BLS-E \$368.54
A0426 ALS-NON \$276.41
A0427 ALS-E \$437.64
A0433 ALS2 \$633.43
A0434 SCT \$748.60
A0425 MILEAGE \$8.02/MILE

John Michael Poss

Interim Chief
Sumner County EMS
255 Airport Road
Gallatin, TN 37066
(615)451-0429 ext.123

[Quoted text hidden]

TROUSDALE COUNTY EMS

WriteOff Detail

Period 01 (23-01)

July 2023(Status:Not Closed)

August 01, 2023 9:38:24 AM

Patient	Payment Date	DOS	Invoice	Description	Write Off
<u>WriteOff - Bad Debt</u> *					
	01/17/2023		55123T70071	Other	\$300.00
	01/28/2023		55123T80111	Other	\$607.50
	02/02/2023		55123T20130T	Other	\$1,300.00
	02/05/2023		55223T50139T	Other	\$838.00
	02/08/2023		55223T80153	Other	\$466.00
	03/01/2023		55123T10242	Other	\$716.80
	03/13/2023		55123T30301WC	Other	\$908.00
	04/10/2023		55223T100436	Other	\$607.00
	05/07/2023		55223T80561	Other	\$608.40
	05/08/2023		55123180558	Other	\$614.00
	05/20/2023		ab5ee324	Other	\$751.20
WriteOff - Bad Debt Totals:					\$7,716.90

* These are accounts that were turned over to Fox Collection.

This is not a debt forgiveness writeoff

WriteOff - Insurance Contr

07/05/2023	04/29/2023		55223T90515T	Private Insurance	\$0.00
07/05/2023	06/24/2023		55223T40744	Private Insurance	\$385.10
07/06/2023	05/29/2023		55223T90641	Private Insurance	\$11.22
07/06/2023	06/17/2023		55123T70718	Private Insurance	\$738.02
07/06/2023	06/19/2023		552T90726	Private Insurance	\$282.87
07/06/2023	06/20/2023		55123T200732	Private Insurance	\$288.34
07/06/2023	06/20/2023		55223T20736T	Private Insurance	\$0.00
07/06/2023	06/24/2023		55123T40749T	Private Insurance	\$0.00
07/06/2023	06/25/2023		55223T50757	Private Insurance	\$459.11
07/06/2023	06/28/2023		55123T80773	Private Insurance	\$309.46
07/07/2023	06/07/2023		55123T70670	Private Insurance	\$249.72
07/07/2023	06/24/2023		55223T40748	Private Insurance	\$330.80
07/07/2023	06/25/2023		55123T60758T	Private Insurance	\$481.94
07/07/2023	06/25/2023		55223T50756E	Private Insurance	\$248.15
07/07/2023	06/26/2023		55223T60763T	Private Insurance	\$711.36
07/07/2023	06/29/2023		55123T90777	Private Insurance	\$457.71

TROUSDALE COUNTY EMS

WriteOff Detail

August 01, 2023 9:38:24 AM

Period 01 (23-01)

Page 3 of 6

July 2023(Status:Not Closed)

Patient	Payment Date	DOS	Invoice	Description	Write Off
	07/10/2023	07/01/2023	55123T10789	Private Insurance	\$209.01
	07/11/2023	06/11/2023	55223T10699	Private Insurance	\$256.78
	07/11/2023	06/26/2023	55223T60760	Private Insurance	\$393.02
	07/12/2023	06/17/2023	55123T70721	Private Insurance	\$320.24
	07/12/2023	06/20/2023	55223T200730	Private Insurance	\$290.99
	07/12/2023	06/24/2023	55223T40743	Private Insurance	\$5.89
	07/12/2023	06/24/2023	55223T40745	Private Insurance	\$283.93
	07/12/2023	06/27/2023	55123T70766	Private Insurance	\$0.00
	07/13/2023	06/30/2023	55123T10781	Private Insurance	\$329.18
	07/13/2023	06/30/2023	55223T300778	Private Insurance	\$362.78
	07/13/2023	07/04/2023	55123T40800	Private Insurance	\$211.73
	07/14/2023	01/13/2021	55121T30062	Private Insurance	\$833.80
	07/14/2023	06/09/2023	55223T90682	Private Insurance	\$121.58
	07/14/2023	06/10/2023	55223T100688	Private Insurance	\$82.74
	07/14/2023	07/01/2023	55123T10782	Private Insurance	\$482.60
	07/14/2023	07/04/2023	55123T40797	Private Insurance	\$574.54
	07/17/2023	06/15/2023	55123T50715T	Private Insurance	\$808.74
	07/19/2023	06/13/2023	55223T30708	Private Insurance	\$263.96
	07/19/2023	07/09/2023	55123T90819	Private Insurance	\$584.98
	07/20/2023	06/27/2023	55123T70770	Private Insurance	\$298.05
	07/20/2023	07/04/2023	55223T40795	Private Insurance	\$298.58
	07/20/2023	07/08/2023	55223T80814	Private Insurance	\$612.25
	07/20/2023	07/08/2023	55123T80812	Private Insurance	\$172.58
	07/20/2023	07/09/2023	55223T90816	Private Insurance	\$334.86
	07/20/2023	07/11/2023	55223T10828	Private Insurance	\$386.02
	07/20/2023	07/11/2023	55123T10826	Private Insurance	\$456.31
	07/20/2023	07/11/2023	55223T10830T	Private Insurance	\$681.46
	07/21/2023	06/19/2023	55123T90725DC	Private Insurance	\$621.00
	07/21/2023	06/24/2023	55123T40746T	Private Insurance	\$321.43
	07/21/2023	07/10/2023	55123T100825	Private Insurance	\$363.77
	07/24/2023	06/23/2023	55123T30738T	Private Insurance	\$554.78

TROUSDALE COUNTY EMS

WriteOff Detail

August 01, 2023 9:38:24 AM

Period 01 (23-01)

Page 4 of 6

July 2023(Status:Not Closed)

Patient	Payment Date	DOS	Invoice	Description	Write Off
	07/24/2023	07/10/2023	55123T100822T	Private Insurance	\$353.00
	07/25/2023	07/15/2023	55223T50846	Private Insurance	\$414.15
	07/26/2023	06/23/2023	55123T30742T	Private Insurance	\$243.00
	07/26/2023	07/01/2023	55223T10785	Private Insurance	\$202.20
	07/26/2023	07/10/2023	55223T100823	Private Insurance	\$616.73
	07/26/2023	07/12/2023	55223T20832	Private Insurance	\$497.17
	07/26/2023	07/14/2023	55123T40843	Private Insurance	\$84.25
	07/26/2023	07/17/2023	55223T70860	Private Insurance	\$380.82
	07/26/2023	07/17/2023	55123T70854T	Private Insurance	\$602.86
	07/27/2023	07/14/2023	55123T40838	Private Insurance	\$583.34
	07/27/2023	07/17/2023	55123T70856	Private Insurance	\$286.65
	07/27/2023	07/19/2023	55223T200872	Private Insurance	\$280.68
	07/27/2023	07/20/2023	55223T200871T	Private Insurance	\$343.10
	07/28/2023	06/17/2023	55123T70722T	Private Insurance	\$823.31
	07/28/2023	06/27/2023	55223T70769	Private Insurance	\$109.24
	07/28/2023	06/28/2023	55223T80772	Private Insurance	\$109.24
	07/28/2023	07/01/2023	55223T10787DC	Private Insurance	\$504.94
	07/31/2023	07/24/2023	55123T40891T	Private Insurance	\$450.99
WriteOff - Insurance Contr Totals:					\$23,357.05

WriteOff - Medicaid Contr

	07/07/2023	06/16/2023	55223T60716	Medicaid	\$83.38
	07/14/2023	06/02/2023	55223T30656	Medicaid	\$92.60
	07/14/2023	06/02/2023	55123T20654	Medicaid	\$330.00
	07/14/2023	06/11/2023	55223T10699	Medicaid	\$96.79
	07/14/2023	06/20/2023	55123T200731T	Medicaid	\$78.02
	07/14/2023	06/25/2023	55223T50755T	Medicaid	\$142.48
	07/14/2023	06/28/2023	55123T80773	Medicaid	\$113.69
	07/14/2023	07/01/2023	55123T10789	Medicaid	\$81.46
	07/21/2023	12/13/2022	55222T31476	Medicaid	\$105.63
	07/21/2023	01/05/2023	55123T50018T	Medicaid	\$215.00

TROUSDALE COUNTY EMS

WriteOff Detail

August 01, 2023 9:38:25 AM

Period 01 (23-01)

Page 5 of 6

July 2023(Status:Not Closed)

Patient	Payment Date	DOS	Invoice	Description	Write Off
	07/21/2023	06/17/2023	55123T70721	Medicaid	\$123.86
	07/21/2023	06/20/2023	55223T200730	Medicaid	\$107.76
	07/21/2023	06/24/2023	55223T40745	Medicaid	\$105.50
	07/21/2023	06/26/2023	55223T60759DC	Medicaid	\$52.76
	07/21/2023	06/29/2023	55223T90775	Medicaid	\$117.17
	07/21/2023	07/04/2023	55123T40800	Medicaid	\$82.33
	07/28/2023	12/25/2022	55122T51537T	Medicaid	\$73.34
	07/28/2023	01/05/2023	55123T50020	Medicaid	\$166.68
	07/28/2023	01/07/2023	55123T70026	Medicaid	\$340.00
	07/28/2023	07/05/2023	55223T50804	Medicaid	\$194.12
WriteOff - Medicaid Contr Totals:					\$2,702.57

WriteOff - Medicare Contr

	07/07/2023	06/27/2023	55123T70767	Medicare	\$0.00
	07/10/2023	06/18/2023	55223T80723	Medicare	\$365.29
	07/10/2023	06/19/2023	55223T200728	Medicare	\$434.61
	07/10/2023	06/20/2023	55123T200729	Medicare	\$335.51
	07/10/2023	06/20/2023	55123T200731T	Medicare	\$440.13
	07/10/2023	06/21/2023	55123T10734	Medicare	\$329.54
	07/10/2023	06/22/2023	55223T20735	Medicare	\$319.77
	07/10/2023	06/24/2023	55123T40747	Medicare	\$390.87
	07/10/2023	06/25/2023	55223T50755T	Medicare	\$641.02
	07/11/2023	06/26/2023	55123T60762T	Medicare	\$518.40
	07/11/2023	06/26/2023	55223T60759DC	Medicare	\$361.40
	07/13/2023	06/28/2023	55223T80774T	Medicare	\$443.38
	07/13/2023	06/29/2023	55223T90775	Medicare	\$320.31
	07/19/2023	07/02/2023	55223T20791	Medicare	\$292.08
	07/19/2023	07/05/2023	55123T50801	Medicare	\$0.00
	07/20/2023	07/05/2023	55223T50804	Medicare	\$299.32
	07/24/2023	07/07/2023	55223T70810T	Medicare	\$641.02
	07/24/2023	07/09/2023	55123T90820T	Medicare	\$453.79

TROUSDALE COUNTY EMS

WriteOff Detail

Period 01 (23-01)

July 2023(Status:Not Closed)

August 01, 2023 9:38:25 AM

Patient

Payment Date	DOS	Invoice	Description	Write Off
07/24/2023	07/09/2023	55123T90817E	Medicare	\$207.92
07/24/2023	07/09/2023	55223T90818	Medicare	\$324.66
07/26/2023	07/11/2023	55223T10831T	Medicare	\$445.35
07/26/2023	07/11/2023	55123T10829	Medicare	\$302.94
07/31/2023	07/15/2023	55223T50849	Medicare	\$285.02
07/31/2023	07/15/2023	55123T50848	Medicare	\$246.93
WriteOff - Medicare Contr Totals:				\$8,399.26

WriteOff - Workers Comp

07/12/2023	06/04/2023	55123T40664WC	Workers Comp	\$50.58
WriteOff - Workers Comp Totals:				\$50.58

TROUSDALE COUNTY EMS
95 RIVER VALLEY DR
HARTSVILLE, TN 37074-1747
6153742242
Federal Tax ID: 620881000
National Provider Id: 1932385135

Homeless _____
Patient:

CARE OF NASHVILLE RESCUE MISSION ~~X~~
639 LAFAYETTE ST
NASHVILLE TN 37203

Amount Enclosed: \$

Please return top portion with payment

07/05/2023 **Statement** Page 1

Patient:
Patient Code:

Date	Invoice	Description	Charges	Payments	Balance
05/22/2023	55223120612	Charges	\$770.80	\$0.00	\$770.80
Invoice Total:					\$770.80

OUR RECORDS SHOW THAT YOU DO NOT HAVE MEDICARE, MEDICAID OR INSURANCE. IF YOU ARE COVERED CALL OUR OFFICE 6153742242 SO THAT WE MAY FILE A CLAIM FOR YOU. IF NOT PLEASE PAY THIS BILL TODAY OR CALL TO SET UP PAYMENTS.

\$770.80 Currently Due

\$770.80 Total Balance Due

\$0.00 Less amount awaiting payment from Medicare or Insurance

\$770.80 Total Balance Due From You

FOR BILLING QUESTIONS OR TO PAY YOUR BILL WITH YOUR MASTERCARD OR VISA CREDIT OR DEBIT CARD CALL OUR BILLING OFFICE AT 6153742242

Trousdale Medical has address listed as - "No address available"

statement came back in return mail - rescue mission sent it back - NO phone -

TROUSDALE COUNTY EMS
 95 RIVER VALLEY DR
 HARTSVILLE, TN 37074-1747
 6153742242
 Federal Tax ID: 620881000
 National Provider Id: 1932385135

[REDACTED]

Patient: [REDACTED]

Amount Enclosed: \$

Please return top portion with payment

06/02/2023

Statement

Page 1

Patient: [REDACTED]

Patient Code: [REDACTED]

Date	Invoice	Description	Charges	Payments	Balance
05/19/2023	[REDACTED]	Charges	\$994.00	\$0.00	\$994.00
				Invoice Total:	\$994.00

OUR RECORDS SHOW THAT YOU DO NOT HAVE MEDICARE, MEDICAID OR INSURANCE. IF YOU ARE COVERED CALL OUR OFFICE 6153742242 SO THAT WE MAY FILE A CLAIM FOR YOU. IF NOT PLEASE PAY THIS BILL TODAY OR CALL TO SET UP PAYMENTS.

\$994.00 Currently Due

\$994.00 Total Balance Due

\$0.00 Less amount awaiting payment from Medicare or Insurance

\$994.00 Total Balance Due From You

FOR BILLING QUESTIONS OR TO PAY YOUR BILL WITH YOUR MASTERCARD OR VISA CREDIT OR DEBIT CARD CALL OUR BILLING OFFICE AT 6153742242 .

FINANCIAL ASSISTANCE APPLICATION

Applicant's Name: [REDACTED] Spouse/Partner: N/A

Social Security #: [REDACTED] Birthdate: [REDACTED]

Address: [REDACTED]

Daytime phone #: N/A other #: [REDACTED]

Employer: N/A how long employed: N/A

Spouse Employer: N/A how long employed: N/A

Names of other individuals under the age of 18 living in the household:

WAGES: Annual Salary \$ 0 Monthly Salary \$ 0
Hourly Rate \$ 0 Avg. Hours per Week 0 *see Notes*

Income Verification: Please provide proof of income on anyone who is working in the household.

- Tax Return - with W-2's
- Paycheck stub
- Disability income
- Proof of government assistance program such as food stamp.
- Social Security
- Unemployment income

*** Proof of Healthcare exchange online enrollment (if this is not provided you will not be considered for charity) ***

*** If you are not working please provide a written explanation as to your situation and if you are living with someone provide a statement from that person. ***

Do you own or have Mo. Mortgage Yes I LIVE IN MY GRANDMOTHERS HOUSE no Amt. owed \$ _____ Mo. Payment \$ _____

Do you rent your home? _____ Yes _____ no If yes, monthly payment \$ _____

Do you own an automobile? Yes 2014 JEEP CHEROKEE no If yes, monthly payment \$ PAID OFF

Monthly household expenses including utilities, loans, insurance, credit cards, etc. (please provide copies of each household expense)

Total monthly expenses \$ 0 Total owed to other medical providers \$ IN THE THOUSANDS

Checking account balance: \$ 499.73 saving account balance: \$ 0

I certify that the information given on this application is true and correct to the best of my knowledge. I authorize SRHS to obtain information from external reporting agencies.

Signature of Applicant/Guarantor: [REDACTED] Date: JUNE 29, 2023

TO WHOM IT CONCERNS,

JUNE 29, 2023

I CAN BE REACHED AT 615 4183348

I HAVE A RARE AUTO IMMUNE DISEASE
CALLED RUMINATION SYNDROME, AND

CYCLIC VOMITING SYNDROME, DIABETES,
DEGENERATIVE DISC DISORDER L4, L5, S1,

I GO TO VANDERBILT AND SAINT THOMAS

FOR MY CARE ON MY ISSUES. I GO TO COURT

WITH MY ATTORNEY ON JULY 19, 2023 FOR

MY SSDI IN NASHVILLE. I AM DECLARED

BY MY PRIMARY DOCTOR. IF I APPROVED ON

MY SSDI I WILL BE SENT TO MAYO CLINIC

IN ROCHESTER, MINNESOTA. MY GI TEAM

SAID FOR ME TO GO TO MAYO, OR JOHN HOPKINS,

I WILL BE GOING FOR A RESEARCH PURPOSE TO FIND

A CURE FOR ME AND OTHERS,



TROUSDALE COUNTY EMS

Operations Report

Period 12 (23-12)

June 2023(Status:Not Closed)

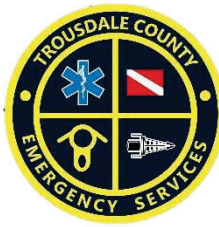
Cash

	This Fiscal Year		Last Fiscal Year	
	Month	Year To Date	Month	Year To Date
Total Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total Non-Transports	0	0	0	0
Total Transports	95	1186	96	1167
Total Cash	\$49,679.23	\$550,163.24	\$53,161.78	\$517,278.43
Cash - Adjusted YTD	\$0.00	\$0.00	\$0.00	\$0.00
Total Cash Adjusted	\$0.00	\$0.00	\$0.00	\$0.00
Total Disc. And W/O	\$32,427.10	\$541,017.54	\$35,806.80	\$519,598.19
Disc. And W/O Adjusted YTD	\$0.00	(\$300.00)	\$0.00	\$0.00
Total Disc. W/O Adjusted	\$0.00	(\$3,015.60)	\$0.00	(\$3,400.60)
Total Charges	\$80,928.21	\$1,032,304.87	\$84,723.10	\$1,001,988.44
Charges - Adjusted YTD	\$0.00	\$0.00	\$0.00	\$18.09
Total Charges Adjusted	\$0.00	\$0.00	\$0.00	(\$501.30)
A/R Balance	(\$1,178.12)	(\$68,491.27)	(\$4,245.48)	(\$12,630.96)
Cash Per Transport	\$522.94	\$463.88	\$553.77	\$443.25
Cost Per Call	\$0.00	\$0.00	\$0.00	\$0.00
Collection Rate	61%	53%	63%	52%

32,884.81

Discounts and WriteOffs

	This Fiscal Year		Last Fiscal Year	
	Month	Year To Date	Month	Year To Date
Discount	\$0.00	\$0.00	\$0.00	\$0.00
Refund - Interest	\$0.00	\$0.00	\$0.00	\$0.00
WriteOff - Auto Insurance	\$0.00	\$0.00	\$0.00	\$0.00
WriteOff - Bad Debt	\$9,322.92	\$146,704.76	\$8,580.58	\$101,397.49
WriteOff - Charity	\$0.00	\$3,530.60	\$607.00	\$10,292.80
WriteOff - Contract	\$0.00	\$257.71	\$0.00	\$0.00
Contractual - Insurance	\$17,509.96	\$265,384.46	\$19,166.44	\$232,773.66
Contractual - Medicaid	\$2,049.10	\$21,573.29	\$676.12	\$23,218.48
Contractual - Medicare	\$3,545.12	\$86,225.27	\$3,639.90	\$114,577.73
WriteOff - Other	\$0.00	\$15,896.14	\$2,298.76	\$31,220.35
WriteOff - Self Pay	\$0.00	\$0.00	\$0.00	\$285.00
WriteOff - Timely Filing	\$0.00	\$0.00	\$0.00	\$0.00
WriteOff - Workers Comp	\$0.00	\$1,145.31	\$0.00	\$3,117.08
Total - (Minus Discount)	\$32,427.10	\$540,717.54	\$34,968.80	\$516,882.59
Adj. Collection Rate	85.91%	83.47%	86.81%	81.92%



TROUSDALE COUNTY EMERGENCY SERVICES

95 RIVER VALLEY DR | HARTSVILLE, TN 37074

615-374-9503 | 615-374-4383

Matthew L Batey, Director / Chief

matthew.batey@trousdalecountyttn.gov

Date: August 3, 2023

EMS MONTHLY REPORT FOR: JULY 2023

NUMBER OF CALLS FOR THE MONTH: 136

NUMBER OF PERSONS TRANSPORTED: 101

AVERAGE RESPONSE TIME: 7.1

TRANSPORTED TO TROUSDALE MEDICAL: 18

TRANSPORTED FROM TROUSDALE MEDICAL: 32

TRANSFERRED TO OTHER FACILITIES: 118.00

PATIENT REVENUE BILLED: 84,606.11

PATIENT REVENUE COLLECTED: 40,155.92

TOTAL FISCAL YEAR REVENUE: 40,155.92

PAYMENTS RECEIVED BY INSURANCE TYPES

MEDICARE: 9,623.64

AMERICHOICE: 3,393.83

AMERIGROUP: 4,806.81

BLUECARE: 562.64

BCBS: 3,056.50

PRISON: 3,341.20

SELF PAY: 2,476.58

OTHER MISC: 12894.72

AMBULANCES STAFFED EACH DAY: 2.00

CALLS BY TYPE

911 EMERGENCIES: 118

NON-EMERGENCIES: 32

DIALYSIS TRANSPORTS: 0

RESCUE ASSIST: _____

TROUSDALE COUNTY EMS

August 01, 2023 9:30:10 AM

Operations Report

Page 2 of 3

Period 01 (23-01)

July 2023(Status:Not Closed)

Cash

	This Fiscal Year		Last Fiscal Year	
	Month	Year To Date	Month	Year To Date
Total Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total Non-Transports	0	0	0	0
Total Transports	101	101	103	103
Total Cash	\$40,155.92	\$40,155.92	\$35,946.71	\$35,946.71
<hr/>				
Cash - Adjusted YTD	\$0.00	\$0.00	\$0.00	\$0.00
Total Cash Adjusted	\$0.00	\$0.00	\$0.00	\$0.00
<hr/>				
Total Disc. And W/O	\$42,226.36	\$42,226.36	\$48,722.05	\$48,722.05
Disc. And W/O Adjusted YTD	\$0.00	\$0.00	\$0.00	\$0.00
Total Disc. W/O Adjusted	\$0.00	\$0.00	(\$838.00)	(\$838.00)
Total Charges	\$84,606.11	\$84,606.11	\$92,377.70	\$92,377.70
Charges - Adjusted YTD	\$0.00	\$0.00	\$0.00	\$0.00
Total Charges Adjusted	(\$12.60)	(\$12.60)	\$0.00	\$0.00
A/R Balance	\$2,211.23	(\$65,011.44)	\$7,708.94	(\$4,084.02)
<hr/>				
Cash Per Transport	\$397.58	\$397.58	\$349.00	\$349.00
Cost Per Call	\$0.00	\$0.00	\$0.00	\$0.00
Collection Rate	47%	47%	39%	39%

Discounts and WriteOffs

	This Fiscal Year		Last Fiscal Year	
	Month	Year To Date	Month	Year To Date
Discount	\$0.00	\$0.00	\$0.00	\$0.00
Refund - Interest	\$0.00	\$0.00	\$0.00	\$0.00
WriteOff - Auto Insurance	\$0.00	\$0.00	\$0.00	\$0.00
WriteOff - Bad Debt	\$7,716.90	\$7,716.90	\$13,471.24	\$13,471.24
WriteOff - Charity	\$0.00	\$0.00	\$1,438.00	\$1,438.00
WriteOff - Contract	\$0.00	\$0.00	\$0.00	\$0.00
Contractual - Insurance	\$23,357.05	\$23,357.05	\$22,972.43	\$22,972.43
Contractual - Medicaid	\$2,702.57	\$2,702.57	\$2,651.36	\$2,651.36
Contractual - Medicare	\$8,399.26	\$8,399.26	\$4,310.16	\$4,310.16
WriteOff - Other	\$0.00	\$0.00	\$3,878.86	\$3,878.86
WriteOff - Self Pay	\$0.00	\$0.00	\$0.00	\$0.00
WriteOff - Timely Filing	\$0.00	\$0.00	\$0.00	\$0.00
WriteOff - Workers Comp	\$50.58	\$50.58	\$0.00	\$0.00
<hr/>				
Total - (Minus Discount)	\$42,226.36	\$42,226.36	\$48,722.05	\$48,722.05
Adj. Collection Rate	80.08%	80.08%	57.57%	57.57%

Hartsville-Trousdale Co Government
 Statement of Expenditures Summary by Obj by Fund
 July 2023

Fund : 101 General

Account Number	Account Description	Budget Amount	Budget Amendments	Amended Budget	Month-to-Date Expenditures	Year-to-Date Expenditures	Outstanding Encumbrances	Unencumbered Balance	% Of Budget Exp
50000	General Government								
54000	Public Safety								
54310	Fire Prevention And Control								
189	Other Salaries & Wages	(500.00)	0.00	(500.00)	0.00	0.00	0.00	(500.00)	0.00%
201	Social Security	(31.00)	0.00	(31.00)	0.00	0.00	0.00	(31.00)	0.00%
204	State Retirement	(30.00)	0.00	(30.00)	0.00	0.00	0.00	(30.00)	0.00%
212	Employer Medicare	(8.00)	0.00	(8.00)	0.00	0.00	0.00	(8.00)	0.00%
316	Contributions	(51,000.00)	0.00	(51,000.00)	0.00	0.00	0.00	(51,000.00)	0.00%
320	Dues And Memberships	(200.00)	0.00	(200.00)	0.00	0.00	0.00	(200.00)	0.00%
322	Evaluation And Testing	(2,000.00)	0.00	(2,000.00)	0.00	0.00	0.00	(2,000.00)	0.00%
332	Legal Notices, Recording And Court Cost	(250.00)	0.00	(250.00)	0.00	0.00	0.00	(250.00)	0.00%
335	Maintenance And Repair Services-Buildir	(5,000.00)	0.00	(5,000.00)	0.00	0.00	0.00	(5,000.00)	0.00%
336	Maintenance And Repair Services-Equipr	(6,000.00)	0.00	(6,000.00)	0.00	0.00	0.00	(6,000.00)	0.00%
338	Maintenance And Repair Services-Vehick	(20,000.00)	0.00	(20,000.00)	0.00	0.00	0.00	(20,000.00)	0.00%
347	Pest Control	(360.00)	0.00	(360.00)	0.00	0.00	0.00	(360.00)	0.00%
353	Towing Services	(1,000.00)	0.00	(1,000.00)	0.00	0.00	0.00	(1,000.00)	0.00%
355	Travel	(2,000.00)	0.00	(2,000.00)	0.00	0.00	0.00	(2,000.00)	0.00%
410	Custodial Supplies	(750.00)	0.00	(750.00)	0.00	0.00	0.00	(750.00)	0.00%
415	Electricity	(2,700.00)	0.00	(2,700.00)	0.00	0.00	0.00	(2,700.00)	0.00%
425	Gasoline	(3,000.00)	0.00	(3,000.00)	262.03	262.03	0.00	(2,737.97)	8.73%
434	Natural Gas	(3,500.00)	0.00	(3,500.00)	0.00	0.00	0.00	(3,500.00)	0.00%
435	Office Supplies	(500.00)	0.00	(500.00)	0.00	0.00	0.00	(500.00)	0.00%
451	Uniforms	(2,500.00)	0.00	(2,500.00)	0.00	0.00	0.00	(2,500.00)	0.00%
454	Water And Sewer	(1,000.00)	0.00	(1,000.00)	0.00	0.00	0.00	(1,000.00)	0.00%
499	Other Supplies And Materials	(500.00)	0.00	(500.00)	0.00	0.00	0.00	(500.00)	0.00%
513	Workman's Compensation Insurance	(3,000.00)	0.00	(3,000.00)	0.00	0.00	0.00	(3,000.00)	0.00%
524	In Service/Staff Developement	(5,000.00)	0.00	(5,000.00)	0.00	0.00	800.00	(4,200.00)	16.00%
599	Other Charges	(1,000.00)	0.00	(1,000.00)	0.00	0.00	0.00	(1,000.00)	0.00%
708	Communication Equipment	(5,000.00)	0.00	(5,000.00)	0.00	0.00	0.00	(5,000.00)	0.00%
790	Other Equipment	(30,000.00)	0.00	(30,000.00)	0.00	0.00	0.00	(30,000.00)	0.00%
Total 54310	Fire Prevention And Control	(146,829.00)	0.00	(146,829.00)	262.03	262.03	800.00	(145,766.97)	0.72%
Total 54000	Public Safety	(146,829.00)	0.00	(146,829.00)	262.03	262.03	800.00	(145,766.97)	0.72%
Total 50000	General Government	(146,829.00)	0.00	(146,829.00)	262.03	262.03	800.00	(145,766.97)	0.72%
Total For Fund:	101	(146,829.00)	0.00	(146,829.00)	262.03	262.03	800.00	(145,766.97)	0.72%

Template Name: FIRE: 54310
 Created by: LGC

Hartsville-Trousdale Co Government
 Statement of Expenditures Summary by Obj by Fund
 July 2023

User: Amy Thomas
 Date/Time: 8/8/2023 3:47 PM
 Page 2 of 2

Fund : 111 Urban Services

Account Number	Account Description	Budget Amount	Budget Amendments	Amended Budget	Month-to-Date Expenditures	Year-to-Date Expenditures	Outstanding Encumbrances	Unencumbered Balance	% Of Budget Exp
50000	General Government								
54000	Public Safety								
54310	Fire Prevention And Control								
425	Gasoline	(5,000.00)	0.00	(5,000.00)	0.00	0.00	0.00	(5,000.00)	0.00%
499	Other Supplies And Materials	(1,500.00)	0.00	(1,500.00)	0.00	0.00	0.00	(1,500.00)	0.00%
790	Other Equipment	(3,000.00)	0.00	(3,000.00)	0.00	0.00	0.00	(3,000.00)	0.00%
Total 54310	Fire Prevention And Control	(9,500.00)	0.00	(9,500.00)	0.00	0.00	0.00	(9,500.00)	0.00%
Total 54000	Public Safety	(9,500.00)	0.00	(9,500.00)	0.00	0.00	0.00	(9,500.00)	0.00%
Total 50000	General Government	(9,500.00)	0.00	(9,500.00)	0.00	0.00	0.00	(9,500.00)	0.00%
Total For Fund:	111	(9,500.00)	0.00	(9,500.00)	0.00	0.00	0.00	(9,500.00)	0.00%

Emergency Services Committee

H/TC VFD

August 9, 2023

Membership – 20 Active, 1 On Leave 5 Auxiliary
Officers: 2 Asst Chiefs 1 Captain 3 Lieutenants

CPR Training – Adult, Child, Infant, AED (16 trained/certified)
2 AEDs received; 3 AEDs gifted from TC Schools (recertification)
1 Palet of hydration water donated from Anheuser Busch /
Eastern Star

Equipment Purchases Update

10 Streamlight lightbox LED lanterns – **Delivered**
30 Streamlight Helmet LED lights – **Delivered**
20 Carins Helmet Front Leather Patch - **Delivered**
6 SCBA air cylinders – **Delivered** SFMO Grant
3 Thermal Image Cameras – **Ordered** SFMO Grant
Hose: 10 Sections 1.75", 4 Sections 2", 4 Sections 3" -
Delivered

Equipment Needed

Vent Master Roof Chainsaw - \$3,500
1 – 24' Extension Ladders 1 – 12' Roof Ladder - \$2,000
10 sets of Turnout Gear - \$30,000 –
Applied for Enbridge Grant \$12,000

New Brush Truck – Commitment Letter/Quote - \$238,535
Delivery December 2023, PO Issued

Wrecked Brush Truck – Repair at Blankenship Body Shop – PO
Issued

2023 Annual HTC VFD Call Summary

Jan 1 - Jul 31, 2023

Structure Fires	8	11.12%
Vehicle Fires	5	6.94%
Grass, Brush, Woodland, Controlled Burn	14	19.44%
Medical	0	0.00%
Hazardous Condition, Service Calls	11	15.28%
False Calls, Good Intention Calls	33	45.83%
Rescue	1	1.39%
Total Calls	72	100.00%

Mutual Aid

Received	1
Given	20

Total Fire Dollar Loss \$415,750

Civilian Fire Casualty	0
Fire Service Injuries	0
Civilian Fire Injuries	0
Total Manhours	596.3
Avg Personnel per call	7.48
Avg Trucks per call	3
Avg Rresponse time minutes (all calls)	7.65

Hartsville/Trousdale County Volunteer Fire Department
 Mark Beeler
 Interim Fire Chief

Summary By Incident Type

All Selected Fire Departments

Report Period: From 01/01/2023 to 07/31/2023

Calls By Incident Type

	Frequency	Percent Of Total Calls	Mutual Aid None	Mutual Aid Given	Mutual Aid Received	Other Aid Given	Invalid Aid Flag	Exposures	Total Incidents
FIRES									
Structure Fires (110-118, 120-123)	8	11.11 %	8	1	0	0	0	0	9
Vehicle Fires (130-138)	5	6.94 %	5	1	0	0	0	0	6
Other Fires (100, 140-173)	14	19.44 %	13	3	1	0	0	0	17
Total Fires	27	37.50 %	26	5	1	0	0	0	32
Pressure Ruptures, Explosion, Overheat (200-251)	0	0.00 %	0	0	0	0	0	0	0
RESCUE CALLS									
Emergency Medical Treatment (300-)	1	1.39 %	1	8	0	0	0	0	9
All Others (331-381)	0	0.00 %	0	0	0	0	0	0	0
Total Rescue Calls	1	1.39 %	1	8	0	0	0	0	9
Hazardous Condition Calls (400-482)	10	13.89 %	10	0	0	0	0	0	10
Service Calls (500-571)	1	1.39 %	1	0	0	0	0	0	1
Good Intent Calls (600-671)	19	26.39 %	19	6	0	0	0	0	25
Severe Weather or Natural Disaster Calls (800-815)	0	0.00 %	0	1	0	0	0	0	1
Special Incident Calls (900-911)	0	0.00 %	0	0	0	0	0	0	0
Unknown Incident Type (UUU)	0	0.00 %	0	0	0	0	0	0	0
FALSE CALLS									
Malicious Calls (710-715, 751)	0	0.00 %	0	0	0	0	0	0	0
Other False Calls (700, 721-746)	14	19.44 %	14	0	0	0	0	0	14
Total False Calls	14	19.44 %	14	0	0	0	0	0	14
TOTAL CALLS	72	100.00 %	71	20	1	0	0	0	92

Total Incidents With Exposure Fires 0 **Total Fire Dollar Loss** \$ 415,750.00

Total Exposure Fires 0 **Total Dollar Loss** \$ 415,750.00

Casualty Summary	Civilian	Fire Service
Fire Related Injuries	0	0
Non-Fire Injuries	0	0
Fire Related Deaths	0	0
Non-Fire Deaths	0	0

Hartsville-Trousdale Co Government
 Statement of Expenditures Summary by Obj by Fund
 July 2023

Fund : 101 General

Account Number	Account Description	Budget Amount	Budget Amendments	Amended Budget	Month-to-Date Expenditures	Year-to-Date Expenditures	Outstanding Encumbrances	Unencumbered Balance	% Of Budget Exp
50000	General Government								
54000	Public Safety								
54420	Rescue Squad								
189	Other Salaries & Wages	(550.00)	0.00	(550.00)	0.00	0.00	0.00	(550.00)	0.00%
201	Social Security	(34.00)	0.00	(34.00)	0.00	0.00	0.00	(34.00)	0.00%
204	State Retirement	(33.00)	0.00	(33.00)	0.00	0.00	0.00	(33.00)	0.00%
212	Employer Medicare	(8.00)	0.00	(8.00)	0.00	0.00	0.00	(8.00)	0.00%
307	Communication	(1,600.00)	0.00	(1,600.00)	1,572.00	1,572.00	0.00	(28.00)	98.25%
316	Contributions	(15,500.00)	0.00	(15,500.00)	0.00	0.00	0.00	(15,500.00)	0.00%
322	Evaluation And Testing	(1,500.00)	0.00	(1,500.00)	0.00	0.00	0.00	(1,500.00)	0.00%
335	Maintenance And Repair Services-Building	(1,000.00)	0.00	(1,000.00)	0.00	0.00	0.00	(1,000.00)	0.00%
338	Maintenance And Repair Services-Vehicle	(3,000.00)	0.00	(3,000.00)	0.00	0.00	0.00	(3,000.00)	0.00%
353	Towing Services	(500.00)	0.00	(500.00)	0.00	0.00	0.00	(500.00)	0.00%
355	Travel	(500.00)	0.00	(500.00)	0.00	0.00	0.00	(500.00)	0.00%
415	Electricity	(2,000.00)	0.00	(2,000.00)	0.00	0.00	0.00	(2,000.00)	0.00%
425	Gasoline	(2,000.00)	0.00	(2,000.00)	50.26	50.26	0.00	(1,949.74)	2.51%
434	Natural Gas	(3,500.00)	0.00	(3,500.00)	0.00	0.00	0.00	(3,500.00)	0.00%
451	Uniforms	(2,500.00)	0.00	(2,500.00)	0.00	0.00	0.00	(2,500.00)	0.00%
524	In Service/Staff Development	(2,500.00)	0.00	(2,500.00)	0.00	0.00	0.00	(2,500.00)	0.00%
599	Other Charges	(1,000.00)	0.00	(1,000.00)	0.00	0.00	0.00	(1,000.00)	0.00%
708	Communication Equipment	(7,500.00)	0.00	(7,500.00)	0.00	0.00	0.00	(7,500.00)	0.00%
711	Furniture And Fixtures	(1,000.00)	0.00	(1,000.00)	0.00	0.00	0.00	(1,000.00)	0.00%
719	Office Equipment	(1,500.00)	0.00	(1,500.00)	0.00	0.00	0.00	(1,500.00)	0.00%
790	Other Equipment	(20,000.00)	0.00	(20,000.00)	0.00	0.00	0.00	(20,000.00)	0.00%
Total 54420	Rescue Squad	(67,725.00)	0.00	(67,725.00)	1,622.26	1,622.26	0.00	(66,102.74)	2.40%
Total 54000	Public Safety	(67,725.00)	0.00	(67,725.00)	1,622.26	1,622.26	0.00	(66,102.74)	2.40%
Total 50000	General Government	(67,725.00)	0.00	(67,725.00)	1,622.26	1,622.26	0.00	(66,102.74)	2.40%
Total For Fund:	101	(67,725.00)	0.00	(67,725.00)	1,622.26	1,622.26	0.00	(66,102.74)	2.40%

HARTSVILLE/TROUSDALE COUNTY METROPOLITAN GOVERNMENT

RESOLUTION # 2022-20-764

**A RESOLUTION AMENDING THE MEMORANDUM OF UNDERSTANDING FOR EDUCATIONAL ASSISTANCE
BETWEEN HARTSVILLE/TROUSDALE COUNTY METROPOLITAN GOVERNMENT AND
AMBULANCE SERVICE EMPLOYEES**

WHEREAS, the Hartsville/Trousdale County Metropolitan Government operates a county-wide Ambulance Service for the benefit of the county residents and others needing emergency medical treatment and transportation; and

WHEREAS, it is in the best interest for Hartsville/Trousdale County Ambulance Service to have the most highly trained and qualified personnel available; and

WHEREAS, Hartsville/Trousdale County Metropolitan Government amends a Memorandum Of Understanding between Ambulance Service Employees and HTCG to provide financial assistance for employees desiring to attend EMT, AEMT and Paramedic school. *(See attached Memorandum of Agreement)*; and

WHEREAS, in return for financial assistance for said school assistance the employee shall continue to work for Hartsville/Trousdale County Ambulance Service for a minimum of three (3) years in full time status following the completion of the classes.

NOW, THEREFORE BE IT RESOLVED by the Hartsville/Trousdale County Commission that the attached Memorandum of Understanding shall be amended by adding the EMT and AEMT as employees that are eligible for school assistance.

ATTACHMENT: HTC EMS Memorandum of Agreement

Motion to approve: Amber Russell

Electronic Voting

Second motion: Rachel Jones

YES 16 NO 3 ABSENT 1

RESOLVED AND APPROVED ON JULY 25, 2022 IN REGULAR SESSION

APPROVED:

ATTEST:


Dwight Jewell
Commission Chair


Rita Crowder
County Clerk

HARTSVILLE/TROUSDALE COUNTY EMS
MEMORANDUM OF AGREEMENT

THIS AGREEMENT made and entered into this the _____ day of _____, 20____, by and between Hartsville/Trousdale County, Tennessee, hereinafter referred to as "Trousdale County", a political subdivision of the State of Tennessee, and _____ of _____, Tennessee, hereinafter referred to as the "Employee":

W I T N E S S E T H :

WHEREAS, Trousdale County operates an ambulance service in Trousdale County, Tennessee, Trousdale County desires that a certain percentage of employees of its ambulance service be paramedics, hereinafter referred to as "Paramedics", with the remainder of the employees being emergency medical technicians, hereinafter referred to as "EMTs", and advanced medical technicians, hereinafter referred to as "AEMTs"; and

WHEREAS, the State of Tennessee regulates and licenses Paramedics, AEMTs and EMTs, the state regulators require that all applicants for licensing of Paramedics, AEMTs and EMTs and successfully complete certain course work and testing procedures. This course work, testing, and licensing is done by the State of Tennessee.

THEREFORE, Trousdale County and the Employee covenant and agree as follows:

I. TERMS

The term of this agreement shall begin upon the date the employee is licensed as a Paramedic, AEMT or EMT and shall extend thereafter until employee has completed three (3) calendar years in full time status work for the Trousdale County Emergency Medical Services. For such, Trousdale County agrees to cover the cost of tuition, books and liability insurance as long as the student maintains an 80 average for that semester. Trousdale County will compensate the employee eight (8) hours for classroom attendance on an on-duty day.

II. REPAYMENT BY EMPLOYEE

Employee is aware that Trousdale County shall expend sums of money training and licensing him/her. Employee promises, covenants, and contracts that should his/her employment terminate either voluntarily or by termination during the term of the foregoing contract, then employee shall repay to Trousdale County the prorated amount expended by Trousdale County for certification of the Employee as a Paramedic, based upon the time worked after the licensing of the Paramedic. Should employee drop out of the certification program or fail to finish for any reason, then and in that event, Employee shall repay to Trousdale County the entire amount expended by Trousdale County for certification of the Employee, and shall surrender all textbooks and materials acquired up to that point in his/her training.

Should the employee be disciplined in such a fashion as his/her skills are restricted to the EMT level by the Medical Director for Trousdale County EMS, the employee shall repay all funds paid by the County to that point.

III. COSTS OF COLLECTION

Employee hereby agrees to pay all expenses of collection as set out above, including but not limited to all costs, legal fees and court costs.

IV. AMENDMENTS

No amendment or modification shall be effective to amend or modify this contract unless same is reduced to writing and signed by both parties. Employee will be licensed by the State of Tennessee as a Paramedic no later than the _____ day of _____, 20____.

V. VENUE

The venue of any disputes whatsoever arising out of this contract shall lie only in the General Sessions Court or Circuit Court of Trousdale County, Tennessee, and shall be tried without a jury

VI. NOTICES

Any notices required to be sent herein shall be sent U.S. Mail to the following addresses:

Hartsville/Trousdale County EMS _____
95 River Valley Drive _____
Hartsville, TN 37074 _____

VII. MISCELLANEOUS

It is understood and agreed between the parties that the foregoing agreement is not a contract for employment, but rather an agreement to reimburse expenses should the Employee's employment terminate either voluntarily or by termination during the term of the foregoing contract.

Executed this _____ day of _____, 20____.

HARTSVILLE/TROUSDALE COUNTY

EMPLOYEE

Signature

Signature

Print Name

Print Name

Title

Title

STATE OF TENNESSEE
COUNTY OF TROUSDALE

Before me, the undersigned authority, a Notary Public in and for said state and county, personally appeared __, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who upon oath acknowledged himself/herself to be __ of Trousdale County, Tennessee.

Witness my hand and official seal at office in Hartsville, Tennessee, on this the _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

REVISED 2023

HARTSVILLE/TROUSDALE COUNTY METROPOLITAN GOVERNMENT

RESOLUTION # _____

**A RESOLUTION AMENDING THE MEMORANDUM OF AGREEMENT FOR EDUCATIONAL ASSISTANCE BETWEEN
HARTSVILLE/TROUSDALE COUNTY METROPOLITAN GOVERNMENT AND
HARTSVILLE/TROUSDALE COUNTY EMS EMPLOYEES,
FIRE DEPARTMENT VOLUNTEERS, AND RESCUE VOLUNTEERS**

WHEREAS, the Hartsville/Trousdale County Metropolitan Government (HTCG) operates a county-wide Ambulance Service for the benefit of the county residents and others needing emergency medical treatment and transportation; and

WHEREAS, it is in the best interest for Hartsville/Trousdale County Ambulance Service to have the most highly trained and qualified personnel available; and

WHEREAS, there is a critical shortage of available and trained medical personnel to staff the Hartsville/Trousdale County Ambulance Service; and

WHEREAS, Hartsville/Trousdale County Metropolitan Government amends a Memorandum Of Agreement between Hartsville/Trousdale County Ambulance Service Employees and HTCG to provide financial assistance for employees or volunteers desiring to attend EMT, AEMT and Paramedic classes. *(See attached Memorandum of Agreement)*; and

WHEREAS, in return for financial assistance for said education assistance the employee or volunteer shall commit to employment with HTC Ambulance Service for a period of one (1) year in regular full time status or PRN status following the completion of the medical program, and the EMS Director shall sign a letter of agreement prior to the start of the classes to hire those persons receiving the educational assistance from HTCG if they are not a current employee, subject to the application and hiring process of the County.

NOW, THEREFORE BE IT RESOLVED by the Hartsville/Trousdale County Commission that the attached Memorandum of Agreement shall be amended by adding the volunteers of the HTC Fire Department and the HTC Rescue Squad as being eligible for the educational assistance.

ATTACHMENT: HTC EMS Memorandum of Agreement

REVISED 2023
HARTSVILLE/TROUSDALE COUNTY MEDICAL EDUCATION ASSISTANCE
MEMORANDUM OF AGREEMENT

THIS AGREEMENT made and entered into this the _____ day of _____, 20____, by and between Hartsville/Trousdale County, Tennessee, hereinafter referred to as "Trousdale County", a political subdivision of the State of Tennessee, and _____ of _____, Tennessee, hereinafter referred to as the "Employee/Volunteer":

W I T N E S S E T H :

WHEREAS, Trousdale County operates an ambulance service in Trousdale County, Tennessee, Trousdale County desires that a certain percentage of employees of its ambulance service be paramedics, hereinafter referred to as "Paramedics", with the remainder of the employees being emergency medical technicians, hereinafter referred to as "EMTs", and advanced medical technicians, hereinafter referred to as "AEMTs"; and

WHEREAS, the State of Tennessee regulates and licenses Paramedics, AEMTs and EMTs, the state regulators require that all applicants for licensing of Paramedics, AEMTs and EMTs and successfully complete certain course work and testing procedures. This course work, testing, and licensing is done by the State of Tennessee.

THEREFORE, Trousdale County and the Employee/Volunteer covenant and agree as follows:

I. TERMS

The term of this agreement shall begin upon the date the Employee/Volunteer is licensed as a Paramedic, AEMT or EMT and shall extend thereafter until Employee/Volunteer has completed three (3) calendar years as a licensed Paramedic or one (1) calendar year as a licensed AEMT or EMT in full time status work or PRN status for the Trousdale County Emergency Medical Services. Current Trousdale County employees holding an EMT or AEMT license shall qualify for Paramedic classes. Other current Trousdale County EMS employees, Fire Department volunteers or Rescue Volunteers may qualify for AEMT or EMT classes. For such, Trousdale County agrees to cover the cost of tuition and books to the agency conducting the class as long as the employee/volunteer maintains an 80 average or above for that semester.

II. REPAYMENT BY EMPLOYEE/VOLUNTEER

Employee/Volunteer is aware that Trousdale County shall expend sums of money training and licensing him/her. Should the employee/volunteer drop out of the certification program or fail to finish for any reason, then and in that event, Employee/Volunteer shall repay to Trousdale County the entire amount expended by Trousdale County for certification of the Employee/Volunteer and shall surrender all textbooks and materials acquired up to that point in his/her training.

Should the Employee/Volunteer be disciplined in such a fashion as his/her skills are restricted to the EMT level by the Medical Director for Trousdale County EMS, the Employee/Volunteer shall repay all funds paid by the County to that point.

Should the Employee/Volunteer fail the class and/or fail the licensing test, the Employee/Volunteer shall repay all funds paid by Trousdale County.

III. COSTS OF COLLECTION

Employee/Volunteer hereby agrees to pay all expenses of collection as set out above, including but not limited to all costs, legal fees, and court costs.

IV. AMENDMENTS

No amendment or modification shall be effective to amend or modify this contract unless same

is reduced to writing and signed by both parties. Employee/Volunteer will be licensed by the State of Tennessee as a Paramedic, AEMT, or EMT no later than the _____ day of _____, 20____.

V. VENUE

The venue of any disputes whatsoever arising out of this contract shall lie only in the General Sessions Court or Circuit Court of Trousdale County, Tennessee, and shall be tried without a jury.

VI. NOTICES

Any notices required to be sent herein shall be sent U.S. Mail to the following addresses:

Hartsville/Trousdale County EMS _____
95 River Valley Drive _____
Hartsville, TN 37074 _____

VII. MISCELLANEOUS

It is understood and agreed between the parties that the foregoing agreement is not a contract for employment, but rather an agreement to reimburse expenses should the Employee/Volunteer’s employment terminate either voluntarily or by termination during the term of the foregoing contract.

Executed this _____ day of _____, 20____.

HARTSVILLE/TROUSDALE COUNTY

EMPLOYEE/VOLUNTEER

Signature

Signature

Print Name

Print Name

Title

Title

STATE OF TENNESSEE
COUNTY OF TROUSDALE

Before me, the undersigned authority, a Notary Public in and for said state and county, the above Employee/Volunteer, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, appeared and signed the agreement.

Witness my hand and official seal at office in Hartsville, Tennessee, on this the _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:
