



John Dorsey & Associates

January 11, 2016

VIA UPS AND EMAIL

Lisa Milletics, Compliance Specialist
Pennsylvania Utilities Commission
Bureau of Technical Utility Services

P.O. Box ~~3265~~ *Commonwealth Keystone Bldg 3rd floor*
Harrisburg, PA 17100-3265 *200 North Street*

RE: Application of Preferred Medical Transport, Inc., A-2015-2468549; A-6415763

Dear Ms. Milletics:

Please find attached, the verified business plan, supporting Exhibits A-E, and supporting statements from Point to Point, Fresenius Medical, and an Affidavit of Val McMillion regarding St. Joseph's Hospital demand. These are submitted for the above referenced application. I am submitting on behalf of the Application, Preferred Medical Transport, Inc., in accordance with the 45-day extension granted for the applicant filing. The 45-day extension was granted until January 9, 2016. Because today, January 9, 2016, is a Saturday, I will be sending to you on Monday via email and regular mail.

If you have any further questions, please contact me at 888-491-0333 x2. Thank you for your time and consideration.

Very truly yours,


John Dorsey

John J. Dorsey, Jr.

RECEIVED

JAN 14 2016

MD
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

TECHNICAL UTILITY SERVICES
2016 JAN 13 PM 2:27

cc: Preferred Medical Transport, Inc

Philadelphia
400 Greenwood Avenue, lower level
Wyncote, PA 19095

Boston
50 Franklin Street, Suite 3A
Boston, MA 02210

PREFERRED MEDICAL TRANSPORT VERIFIED STATEMENT

EXHIBIT A

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

A-2015-2468549

PUC Application Docket No.
Preferred Medical Transport, Inc.

Legal Name of Applicant

Trade Name, if any

151 Discovery Drive, Suite 115 Colmar, PA 18915

Street Address (principal place of business)	City or Municipality	State	Zip Code
--	----------------------	-------	----------

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

Robert McMillion, shareholder and officer

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

None

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

See, Exhibit A

4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

PMT has a yard and offices at 151 Discovery Drive, Colmar, PA from which it operates its ambulance services that will now be supplement with the paratransit service sought in this application. The yard provides adequate parking for its fleet of ambulances and the two wheelchair paratransit vans purchased for providing this service. The office is approximately 1000sq. ft. for admin, supply storage, comm/dispatch staff space, and employee mgmt/training.

5. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and continuous communication with drivers.

Customer requests are communicated via telephone and email in advance of the trip. These requests if received and assigned at the beginning of a shift are dispatched via radio contact with drivers and back up cellphone communications. PMT has communications open 24 hours seven days a week.

6. Please explain. See attached Exhibit B for response to 6(a) to 6(f)

- a. Your hiring standards for drivers;
- b. Your system to ensure prospective drivers will be subject to a criminal background check;
- c. Your driver training program;
- d. Your system for ensuring that your drivers are properly licensed at all times;
- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
- f. Your policies regarding alcohol and drug use by your drivers.
-

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

Please See Exhibit C

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
-------------	-------------	--------------	-----------------------------	---------------------

Please See Exhibit C for information on the two PMT owned wheelchair vans.

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan:

Please See Exhibit C for the response to 8(a) and 8(b)

- Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards:
 - If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age: n/a
 - If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards. n/a
9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

Please See Exhibit D

10. Criminal Record. Has the applicant been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?
- YES ___ NO X

**If applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.*

- 11 **Financial Data.** In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

PLEASE NOTE: COMMISSION REGULATIONS REQUIRE THAT PARTNERSHIPS, LIMITED PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, LIMITED LIABILITY COMPANIES, AND CORPORATIONS MUST FILE A CURRENT INCOME STATEMENT.

PLEASE SEE EXHIBIT E

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets

Cash _____

Other Current Assets (specify) _____

Other Assets

Motor Vehicle Equipment _____

Building and Structures _____

Office Equipment _____

Investments and Funds (specify) _____

TOTAL ASSETS _____

LIABILITIES

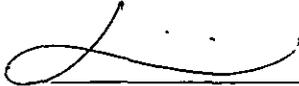
Current Liabilities (Accounts Payable, etc.) _____
 Long-Term Liabilities (Mortgages, etc.) _____

TOTAL LIABILITIES _____

Net Worth (Total Assets minus Total Liabilities) _____

Verification of Statement

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)

11/20/2015
(Date)

Robert McMillion

(Name and Title, printed or typed)

**PLEASE SIGN
& DATE**

**INSTRUCTIONS FOR OBTAINING
SUPPORTING STATEMENTS FOR THE APPLICATION**

In accordance with 52 Pa. Code §41.14(a) "An applicant seeking motor common carrier authority has a burden of demonstrating that approval of the application will serve a useful public purpose, responsive to a public demand or need."

Accordingly, *verified witness statements* provide a means for demonstrating such a public demand or need. The attached form is for documenting witness statements demonstrating the need for the proposed service. This form may be duplicated as needed for use by supporting witnesses.

Earlier Decisions by the Commission require that:

- (1) the supporting witnesses must give evidence which proves there is a need for the service.
- (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must fall within the operating territory specified in the application.
- (3) there must be a sufficient number of supporters for the proposed operating territory.

The following form may be used to obtain witness statements in support of your application. Failure to demonstrate a public need will result in dismissal of your application. Failure to obtain supporting statements from those in all parts of the proposed area may result in the Commission granting limited authority consistent with the need demonstrated by the applicant.

QUESTION 3 RESPONSE.

Preferred Medical Transport, Inc. is an established ambulance and basic life support company licensed by the Department of Public Health. While PMT was established in 2012 as a basic life support service, PMT's owners have 15 years of experience in the hospital/ medical transport field. To address the existing need and demand for paratransit, the talents and skills needed to successfully operate an ambulance company will be applied in offering paratransit service.

The ambulance service has demonstrated PMT's familiarity with and ability to maintain a fleet of vehicles, service the demand of a fragile population, and ensure the proper training of employees handling that population. Mr. McMillion's certification is attached to this narrative.

Robert McMillion, the co-owner and president of PMT, manages all the field operations. He is a trained and certified emergency medical technician and paramedic with 15 years of experience. Val McMillion handles the back office administration, and the work flow for requests. Val has a background in financial and administrative matters. She has education and experience in electronic health records, and financial management. Her resume is attached.

PMT also has a staff and vendors already in place for handling payroll, communications, finances, fleet maintenance and training. These will all be transitive to its paratransit service.

CERTIFICATE OF LICENSURE



Preferred Medical Transport
151 Discovery Drive, Suite:115
Colmar, PA 18915

Pursuant to the Act of July 3, 1985, P.L. 164, No. 45, the Emergency Medical Services Act, and duly promulgated rules and regulations, as amended, the Pennsylvania Department of Health hereby issues a license to the above organization to operate in the Commonwealth of Pennsylvania.

License Number: 12052
Operate As: A Basic Life Support Ambulance Service
Issued On: December 07, 2012
Expires On: January 01, 2016
Region(s): Montgomery County Emergency Medical Services

Types of ALS Ambulances: None
Station Locations: 151 Discovery Drive, Suite: 115, Colmar, PA 18915

This LICENSE shall expire on the above date unless, for good cause, suspended or revoked sooner.

Handwritten signature of Joseph W. Schmider.

Joseph W. Schmider
Director of EMS

Handwritten signature of Michael Wolf.

Michael Wolf
Acting Secretary of Health

PMT-5

Valeria S. McMillion

109 Wintergreen Ave – Sicklerville, NJ 08081
valhow18@aol.com

Home: (609) 561.2817
Cell: (856) 842.9802

Profile: Exceptional experience in sales/customer service.

- Well organized with a track record that demonstrates self-motivation, creativity, and initiative to achieve both personal and corporate goals. Extensive experience in customer service, sales, marketing and new business development.
- Customer focused and performance driven for million-dollar revenue streams and high-profit accounts.
- Leads by example for a professional work environment with team leadership, communication, and motivation.
- Proven success leading business development efforts, expanding customer base, and increasing revenue potential.

Professional Experience:

White Cedars Association

Property Management

Review client's information to ensure HOA dues are current. Extensive phone and customer contact, i.e., collection of overdue payments, making appointments, and filing property liens. Obtain and review maintenance bids/contracts. Preparing tax information and cash disbursements for tax preparation.

CitiBank (CitiGroup), Mt. Laurel, NJ

Account Executive – West Coast Region

Maintained a territory for a multimillion dollar vendor partner. Process application through various sales stages towards final finance approval. Complied information to quantify customer for potential finance needs to determine the appropriate product. Create sales proposals and pricing. Provided direct service/coaching and training to major vendor to promote finance options for their sales force and customers. Reported monthly sales volume forecast, pipeline and quota in territory. Ensure the acceptable outcome from pricing, profitability, liability, operational for healthcare accounts.

Account Executive – Hospital Accounts

Recruited by sales director to help jumpstart new initiative into hospital financing. Opened completely unman territory, surpassing all sales forecasted in spite of challenges associated with new product promotion. Extensive travel to trade shows and hospital meetings for sales presentation promoting vendor financing. Assisted with new vendor signing as partner, to promote financing for their sales force and customers. Build relationship with vendor sales force to increase visibility and sales.

Senior Collection Representative – Hospital Accounts

Evaluate accounts to resolve past due payment accounts. Explained best option available to ensure debtor can meet obligation. Follow-up to ensure agreement are fulfilled. Research and reconcile to make corrective actions of any misapplied payments. Made adjustments for any penalty or credits. Maintained detailed documentation of events, i.e., conversation, contact information, and or discrepancies in customer data base. Recommended and prepared

account for litigation and or charge off. Worked with agencies to assist in recovery of equipment.

Customer Service Representative

Primary person for customer complaints, quick responses, follow-up on all inquiries regarding contracts and financing. Educate customers on fees that appear on their invoices (taxes, late charges, insurance.) Prepare correspondence to answer customer questions via fax or mail. Scheduled meeting with internal departments to evaluate issues of our customers, to maintain a level of performance and efficiency.

Education:

Camden County College

September 2007 - Present

65 Credits – One Class Remain to Obtain Associates Degree

Gloucester County College –Gloucester, New Jersey - Health Information Technology

One of ten states to develop professionals to assist hospitals, and medical practices transitioning from paper to electronic health records (EHR).

Certificate Program – Completion November, 2011

License: Notary Public

Volunteer Experience:

Food Bank of South Jersey, Pennsauken, NJ

Feed the Hungry – Continual

Hungry Stock – October 2011

Jersey Cares, Newark, NJ

Soup Kitchen - Continual

Cooking Creations - Continual

PREFERRED MEDICAL TRANSPORT, INC VERIFIED STATEMENT

EXHIBIT B

Responses to 6(a) to (f)

Importantly, EMT has the highly trained personnel that it can use as drivers. PMT employes approximately seven (7) EMTs. For all employees, including paratransit drivers, PMT performs an initial background check that includes verification of a valid driver's license. This initial screening also the driver's fitness under the physical qualifications required under 52 Pa. Code. § 29.508.

PMT, through its insurance company, also annually verifies that each driving employee has a valid driver's license. PMT also works with its insurance company for any drug test and criminal background checks as needed.

Upon hiring, PMT employees receive training on protocols for operating an ambulance and eventually, paratransit vans. These include the rules and obligations applicable to Drivers in the time immediately before their shift as well as during the shift operation. These rules and obligations include drug and alcohol use, as well as many other concerns such as sleep, limiting hours worked and restricting unauthorized passengers. These are based upon PUC, PENDOT and USDOT requirements for operating a commercial vehicle. Exhibit B provides excerpts from the PMT handbook now in production for PMT polices applicable to drivers.

Additionally, Robert McMillion, as a certified EMT and paramedic, is evaluating the possibility of offering classes in CPR and basic first aid to paratransit employees who are not EMTs.

PMT employees are also subject to drug and alcohol use testing. Such testing is mandatory even after employment commences for cause shown. PMT also uses a customer satisfaction survey to provide a means for customers to communicate with PMT about conduct and performance in the field.

PREFERRED MEDICAL TRANSPORTATION, INC.

PMT-13

PICTURE OF FLEET

**POLICIES AND PROCEDURES
HANDBOOK**

Page 1 of 1
Crew Work Cycles

All Ambulance Personnel of Preferred Medical Transport, Inc.

AFFILIATE#: 46075

151 Discovery Road, Suite: 108
Colmar Pa. 18915

Purpose:
Identify work hours within a 24 hour period.

Requirements:
All employees and volunteers are required to strictly adhere to this policy.

Ambulance crewmembers at this service are not permitted to work longer than 24 hours without at least an 8 hour rest period.

This rest period is required even if the member/employee worked the previous 24 hours for another employer.

All members/employees must notify their immediate supervisor for this service as soon as possible when they know they will be working 24 hours without an 8 hour rest period.

It will be the responsibility of their supervisor to secure a replacement for this member/employee.

If member/employee fails to notify his supervisor that he/she has not had at least an 8 hour rest period after working 24 hours disciplinary actions will be taken.

Signature of Principal Official

Printed Name of Principal Official

Date

Page 1 of 1
Substance Abuse in the Work Place

All ambulance personnel of Preferred Medical Transport, Inc

AFFILIATE#: 46075

151 Discovery Road, Suite: 108
Colmar (State) Pa. (Zip) 18915

Purpose:
Substance abuse in the work place.

Requirements:
All employees and volunteers are required to strictly adhere to this policy.

The following definition will be used to define substance abuse.

Using a drug, medication or substance not prescribed by a physician that will alter the mind or physical motion/ability of the user.

Substance abuse by a member/employee of this organization will not be tolerated in any form on or off the premises of this organization. This organization must demonstrate a positive & professional image in our community.

The following prohibited substances include but are not limited to the following.

1. Alcohol
2. Amphetamines
3. Barbiturates
4. Cocaine/Crack
5. Heroin
6. Marijuana

No member/employee may respond on an ambulance call while taking any prescribed medication that may prohibit them from performing all of their required functions as a driver or patient attendant.

Any member/employee violating any of the above will be disciplined up to and including being dismissed permanently from the organization.

Signature of Principal Official

Printed Name of Principal Official

Date

Page 1 of 1
Patient Management

All Ambulance Personnel of Preferred Medical Transport, Inc.

AFFILIATE#: 46075

151 Discovery Road, Suite: 108
Colmar Pa. 18915

Purpose:
Patient Care.

Requirements:
All employees and volunteers are required to strictly adhere to this policy.

Shall agree to the following scene policies and procedures:

Control of all aspects of patient care at an emergency scene shall be the responsibility of the individual that is affiliated or dispatched with a service whose response area includes the incident scene.

The pre-hospital practitioner that has the highest level of EMS certification/recognition necessary to care for the patient will manage all aspects of the patients care. This is to be based upon the condition of the patient.

Signature of Principal Official

Printed Name of Principal Official

Date

Page 1 of 1
Weapons and Explosives Policy

All ambulance personnel of Preferred Medical Transport, Inc.

AFFILIATE#: 46075

151 Discovery Road, Suite: 108
Colmar Pa. 18915

Personal shall not wear, nor carry aboard any ambulance, firearms, weapons or explosives.
This policy does not apply to law enforcement personnel who are serving in an authorized law enforcement capacity.

Signature of Principal Official

Printed Name of Principal Official

Date

Page 1 of 2

BACKWARD TRAVEL

All ambulance personnel of Preferred Medical Transport, Inc.

AFFILIATE#: 46075

151 Discovery Road, Suite: 108
Colmar Pa. 18915

TRY AND PERFORM ANY BACKING PROCEDURES PRIOR TO PATIENT CONTACT.

General rules:

- a. If you can avoid backing, don't back.
- b. Never be in a hurry when backing.
- c. Do not start to back when unsure of the area.
- d. Do not put the unit into reverse gear before coming to a complete stop.
- e. Roll the window down completely
- f. Make visual and verbal contact with spotter.

No spotter available:

- a. Reconsider backing up
- b. Make a reasonable attempt to get someone to act as a spotter.
- c. If a spotter cannot be obtained get out of the ambulance and walk around it, completely and survey the backing area.
- d. Be sure to check overhead clearance.
- e. If both crewmembers are present, but the patient requires constant care, the operator can proceed with backing the unit only if the above procedures are taken.

Operator Responsibilities:

- a. Bring the unit to a complete stop.
- b. If weather permits roll down the window to listen to the spotter.
- c. Make verbal communication with spotter. If you can't hear the spotter, do not back up.
- d. A spotter should be in place eight (8) to ten (10) feet at the left (driver's side) rear of the ambulance.
- e. You must be able to see the spotter if you cannot see the spotter **DO NOT BACK UP.**
- f. The driver and the spotter must establish and continue eye contact in the left

Page 1 of 1
SEAT BELTS

All ambulance personnel of Preferred Medical Transport, Inc.

AFFILIATE#: 46075

151 Discovery Road, Suite: 115
Colmar Pa. 18915

In the front compartment of the ambulance, seatbelts are to be worn by each Preferred Medical Transportation, Inc. Employee and/or additional passengers when driving or riding in the ambulance at all times

In the patient compartment of the ambulance employees, patient(s), or any additional passengers must be appropriately restrained with a seatbelt or the three-ambulance cot straps. If patient care is in any way compromised by doing so, only then, it may be disregarded.

Signature of Principal Official

Printed Name of Principal Official

Date

Page 1 of 1
REPORTING TRAFFIC ACCIDENTS/CITATIONS

All ambulance personnel of Preferred Medical Transport, Inc.

AFFILIATE#: 46075

151 Discovery Road, Suite: 108
Colmar Pa. 18915

Any accident/incident occurring while operating a Preferred Medical Transportation, Inc. vehicle will be reported immediately to the Director of Operations.

An incident report is to be completed within twenty-four (24) hours of the incident. All traffic citations will be the personal responsibility of the driver involved. Accidents involving a Preferred Medical Transportation, Inc. vehicle and a private vehicle or public or private property must be reported to a law enforcement agency immediately, with a complete report made for insurance purposes.

NO EXCEPTIONS.

This must comply with the Pennsylvania DOT driver manual regarding the reporting of accidents to law enforcement.

For the protection of the employee and Preferred Medical Transportation, Inc. reserves the right to require any employee to undergo a blood or urine screen to determine the presence of alcohol and/or drugs immediately after any accident involving a Plymouth Ambulance Service, Inc. vehicle.

Any and all employee's involved with a Preferred Medical Transportation, Inc. vehicle accident or damage shall fill properly fill out an incident form if physically able to do so before returning to their home. The report is to be forwarded to the Director of Operations.

Signature of Principal Official

Printed Name of Principal Official

Date

Page 1 of 1
SERVICE/TRAINING MEETINGS

All ambulance personnel of Preferred Medical Transport, Inc.

AFFILIATE#:46075

151 Discovery Road, Suite: 108
Colmar Pa. 18915

It shall be the responsibility of the Director of Operations to call and conduct meetings with all staff. The purpose of these meetings being:

- a. Solve problems
- b. Seek information
- c. Coordinate ambulance service operations

There will be eleven (11) scheduled meetings through-out the year, January through November. The meetings will be held on the second (2nd) Sunday of each month at 8:30 a.m., unless otherwise informed by management. For people who are unable to attend, there will be meeting minutes available the next day. It is very important to attend these meetings to maintain your skills, if we want to go to the next level. Every attempt will be made to keep meetings no longer than two (2) hours long.

These meetings are mandatory.

Each employee must attend nine (9) of the eleven (11) meetings. Each employee will receive \$25.00 for attending. All absences must be excused. If you know that you will be unable to attend, contact the office.

Just as important is maintaining the standard of care. To maintain the standard of care you must do the following. Stay up to date and proficient with the skills that may not be used on a regular basis. Another reason to maintain the standard of care is to protect the service and yourself in a negligence suit.

Make-up Training: There will be alternative training that may be available to substitute for the in service meetings that shall be set-up with the Director of Operations.

Page 1 of 1

RIDERS

All ambulance personnel of Preferred Medical Transport, Inc.

AFFILIATE# : 46075

151 Discovery Road, Suite: 108
Colmar Pa. 18915

All employees of Preferred Medical Transportation, Inc.

Existing circumstances shall dictate whether Preferred Medical Transportation, Inc. shall allow riders.

In the case of a life-threatening emergency, where a "rider" would be a detriment to the life support of the patient, and a hindrance to the work of the EMT "riders" should be discouraged

The Parent or legal guardian of a minor child will be allowed to "ride" as consent to treat and transport will be needed by both the ambulance service and medical facility, as circumstances dictate.

If a patient needs to be in a child safety restraint seat, we will utilize either the patient restraint seat or the child restraint device that is carried on Preferred Medical Transportation, Inc.

Unless the parent or guardian needs to be in the back of the ambulance to keep the patient calm or to translate for you, all riders should be put in the front of the ambulance with their seatbelt in place prior to moving.

Signature of Principal Official

Printed Name of Principal Official

Date

Page 1 of 1
VEHICLE MAINTENANCE

All ambulance personnel of Preferred Medical Transport, Inc.

AFFILIATE#: 46075

151 Discovery Road, Suite: 108
Colmar Pa. 18915

Purpose: To keep the vehicle in good working order and to prevent any major problems.

All employees of Preferred Medical Transportation, Inc

Each employee while doing their rig checks will do regular vehicle inspections looking at the following items:

- a. Warning equipment including lights and siren
- b. Tires
- c. Pressure
- d. Wear of the tire
- e. Check the water levels in the batteries, and radiator
- f. All exterior lights, including headlights, directional signals, and back up lights
- g. Fuel, and oil.
- h. Check to make sure all latches and doors work freely

If you find any malfunctions of the above listed items or any other problems, document the problem on your rig check off sheet and then contact the Director of Operations so that the problem can be fixed.

Signature of Principal Official

Printed Name of Principal Official

Date

Responses to Question 7

PMT plans to provide approximately 25-30 runs per day. PMT is a 24/7 operation. Therefore, PMT can run multiple shifts per day. All paratransit runs will originate within the City of Philadelphia, and end within the 5 county Delaware Valley Region, but primarily terminating in Philadelphia. The two PMT vans each hold approximately 9 passengers, and three wheelchair passengers. PMT can carry multiple passengers from each originating destination. Accordingly, PMT, with an estimated average run of 90 minutes or less, assuming transport of least two passengers per run from same origination point, can handle the anticipated demand with two vans. Vans are also in contact with the dispatch center via radio, or cell phone.

Title certificates for the two 9 seated passenger and three wheelchair passenger paratransit vans are attached as Exhibit C. Each van is equipped with air-conditioning/climate control, wheelchair lifts, first aid kits, and safety belts. PMT is now exploring the possibility of equipping the two vans with AED devices. The vans also have the approximate external lights required by the Pa Code.

PREFERRED MEDICAL TRANSPORT, INC VERIFIED STATEMENT

EXHIBIT C

Responses to 8(a) and (b)

As with its ambulance fleet, PMT will have a proper maintenance plan in place. PMT's care and maintenance of the paratransit fleet will ensure compliance with 52 Pa.Code § 29.403 and 29.402. PMT is familiar with and able to comply with this regulatory requirement.

Specifically, PMT already has an existing checklist that drivers must use daily to ensure vehicles are compliant and serviceable. See Exhibit C (pp. 3-5). The PMT checklist requires the driver to ensure the vehicles are properly equipped at the beginning of each shift. The checklist also itemizes inspection criteria for a 'circle' check of the vehicles interior and exterior conditions. The inspection forms will allow a driver to note the body condition as well as functionality of the lights, and other equipment used on the van during each shift. The standard PMT checklists now in use for the ambulances, and that will be used for paratransit vans, are attached. The employee handbook now in production (See, Ex. B) also provides for protocols for use in shift inspections.

PMT also has in place a regular maintenance program for its fleet. A private third party service garage services each vehicle in the PMT fleet each, and if necessary, repaired as needed.

elope
a second time -
ipient.

400 NORTH ST
HARRISBURG PA 17120 - 1008

P: SILVER S: BBLUE I: B52
54B - RDL

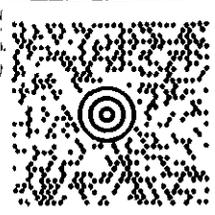
1Z9WX087037736 9676

OP07CLD PHARI42 JAN 12 06:58:11 2016
US 1711 HIP 16.9.3 ZP4508

JOHN DORSEY
(215) 459-4688
213 GREENWOOD AVE
JUNICOTE PA 19095

1 LBS 1 OF 1
SHP WT: 1 LBS
DATE: 11 JAN 2016

SHIP LISA MILLETICS-COMPLIANCE SPC
TO: PA UTILITIES COMMISSION
BUREAU OF TECHNICAL UTILITY SVC
COMMONWEALTH KEYSTONE BLDG, FL 3
400 NORTH ST
HARRISBURG PA 17120-0200

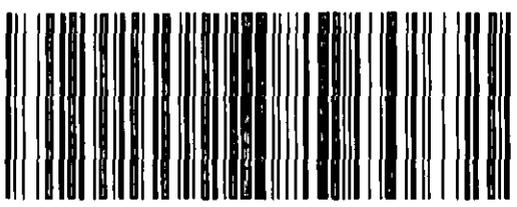


PA 171 9-20



UPS GROUND

TRACKING #: 1Z9WX 087 03 7736 9676



P/P

ISH 13.00N E2844 69.5V 10/2015

SEE NOTICE ON REVERSE regarding UPS terms, and notice of limitation of liability. Where allowed by law, shipper authorizes UPS to act as forwarding agent for export content and customs purposes. If exported from the US, shipper certifies that the commodities, technology or software were exported from the US in accordance with the Export Administration Regulations. Diversion contrary to law is prohibited. © 2009 1215

This envelope is for use with the following services:
UPS Next Day Air®
UPS Worldwide Express®
UPS®

PULL TAB TO OPEN

