



Lehigh Ambulance Association, Inc.

**Basic and Advanced Life Support Service
P.O. Box 82 ~ 516 Iron Street
Lehigh, PA 18235-0082**

April 3rd, 2021

PA PUBLIC UTILITY COMMISSION
ATTN SECRETARY CHIAVETTA
400 NORTH STREET
HARRISBURG PA 17120

**RE: Lehigh Ambulance Association, INC., (6422451) - Request for
Rate Increase**

Secretary Chiavetta:

Submitted for your consideration is Lehigh Ambulance Association, INC. T/A Lehigh Ambulance Certificate No. A-6422451 Paratransit PA PUC No. 3 and accompanying support for the purpose of requesting an increase to our paratransit rates. We would like the proposed tariff to become effective on May 10th, 2021.

Our company has never had an increase in rates since receiving this authority. Since that time our 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 was into a loss position. We are in need of additional revenues to cover the loss in profits and decrease our operating ratio.

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

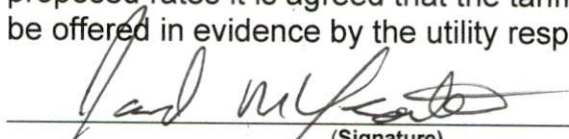
Sincerely,

A handwritten signature in black ink that reads "Jarad Yeasted".

Jarad M. Yeasted
Patient Services Manager
Lehigh Ambulance

STATEMENT REQUIRED AS PER 52 PA. CODE §23.64(7)

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)

4-3-21

(Date)

Jarad M Yeastedt

(Name – printed or typed)

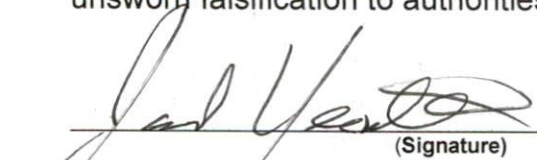
Patient Services
Manager

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)

4-3-21

(Date)

Jarad M Yeastedt

(Name – printed or typed)

Patient Services
Manager

Title or position)



Lehigh County Ambulance Association, Inc.

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The total gross annual intrastate revenue for the fiscal year 2020 was: \$118,408.00

We are adding a third paratransit vehicle to help with demand for service. Based off the current figures, I estimate the vehicles to gain approximately \$10,000 per vehicle for a total increase of \$30,000. With the addition of this third vehicle, the total projected revenue would be approximately \$231,000.00 with the total projected operating expense being around \$212,000.00. The third vehicle is already ordered and would be here about mid April and we already started to hire staffing.

These proposed rate increases would allow us to continue to effectively provide service to our community. We have already incurred the costs to provide the service and retain the employees and are depending on the projected revenue from the requested rate increase.

Thank you for your consideration in this matter.

A handwritten signature in black ink, appearing to read "Jarad M Yeasted".

Jarad M Yeasted

Patient Services Manager

Lehigh County Ambulance

484-629-4026

Certificate No. A-6422451
Docket No. A-2019-3011884

Paratransit Pa PUC No. 3
Replaces Paratransit PA PUC No. 2

LEHIGHTON AMBULANCE ASSOCIATION, INC. T/A LEHIGHTON AMBULANCE

Tariff Naming Rates, and Rules and Regulations Governing the
Transportation of Persons in Paratransit Service Between Points in Pennsylvania

To transport, as a common carrier, by motor vehicles, persons in paratransit service, between points in the County of Carbon, the Boroughs of Coaldale and Tamaqua, and the Townships of Rush and West Penn, all located in Schuylkill County, Pennsylvania.

Issued: April 3rd, 2021

Effective: May 10th, 2021

Issued Under authority of 52 PA Code Section 23.42

Lehighon Ambulance Association, Inc.
T/A Lehighon Ambulance
PO BOX 82
LEHIGHTON PA 18235
610-377-5155

RULES & REGULATIONS

1. Advance reservations must be made 1 day prior to service being rendered.
2. Rates for mileage are determined by the odometer of the vehicle in use and begin when the vehicle leaves the passenger's premises. The final mileage reading is determined upon drop-off of the passenger.
3. Additional expenses necessitated by or incurred at the request of the passengers, including but not limited to, highway tolls, bridge tolls, entrance fees and parking, shall be added to the charge of the trip.
4. If any trip requires the vehicle and driver to remain at destination overnight, or at any point en route to destination overnight, the patron will be responsible for providing carrier's driver with accommodations at overnight facility (motel, hotel) being utilized by patron and all meals required by the carrier's driver. Expenses for driver's lodging and meals while on trips out of town which are in excess of 10 hours will be added to the basic charge.
5. Trips on the following Holidays are subject to Flat Rate fees as listed in RATES:
 - New Year's Eve and New Year's Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day and Black Friday (Day after Thanksgiving)
 - Christmas Eve and Christmas Day
6. Carrier requires a deposit of not more than 20% of the quoted charter price. Forfeiture of deposits are within the following limitations:
 - (1) Forfeiture of not more than 50% of the deposit if the charter is cancelled by the customer more than 15 but less than 30 days prior to the date the transportation was to depart, and
 - (2) Forfeiture of not more than the total amount of the deposit if the cancellation occurs within 15 days prior to the date the transportation was to depart.
7. **CONTRACT SERVICES**

Contract services will be for a term of not less than 30 days for pre-qualified persons under a federal, state, county or municipal government agency contract. Rates for the services will be specified in the respective contracts, copies of which, including any amendments thereto, are to be filed with the Commission as executed to become effective on one day's notice.

SCHEDULE OF RATES
(Coverage for 24 hours a day)
(Per Person)

Flat Rates – For all loaded miles from the point of pickup to point of drop-off (one way)

Stretcher/Ambulette Van:	\$115.00
Standard Wheelchair Van:	\$ 60.00
Medcar Van:	\$ 25.00

Holidays

Stretcher/Ambulette Van:	\$130.00
Standard Wheelchair Van:	\$ 70.00
Medcar Van:	\$ 35.00

Mileage rates:

Stretcher/Ambulette: \$6.00 per mile, or any fraction thereof, applies in addition to the Flat Rate stated above on all loaded miles, for a standard wheelchair van, from the point of pick-up to the final destination.

Standard: \$5.00 per mile, or any fraction thereof, applies in addition to the Flat Rate stated above on all loaded miles, for a standard wheelchair van, from the point of pick-up to the final destination.

Medcar: \$3.00 per mile, or any fraction thereof, applies in addition to the Flat Rate stated above on all loaded miles, for an ambulatory wheelchair van aka "Medcar", from the point of pick-up to the final destination.

Waiting Time At Origin: After the first twenty (20) minutes of free time the passenger will be charged at the rate of \$7.50 for every fifteen (15) minute increment, or any fraction thereof.

Waiting Time During Trip: If the driver is requested to wait for a customer at the destination or during a trip, there will be an additional waiting time charge of \$7.50 for every fifteen (15) minute increment, or any fraction thereof.

Extra Attendant: An extra attendant shall be provided by reservation in those instances where necessary, according to the passenger's needs or condition. The charge for the extra attendant is \$50.00 per trip and an additional \$10.00 per half hour, or any fraction thereof, after the first two (2) hours from Pick up time.