



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF TRANSPORTATION AND SAFETY
400 NORTH STREET, HARRISBURG, PA 17120

IN REPLY PLEASE
REFER TO OUR FILE

February 28th, 2023

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

RE: Lehighton Ambulance Association, INC. , Certificate No A-6422451 -
Request for **Rate Increase**

Secretary Chiavetta:

Submitted for your consideration is Lehighton Ambulance Association INC Paratransit tariff (no.4) and accompanying support for the purpose of requesting an increase to our paratransit rates. We would like the proposed tariff to become effective on April 3rd, 2023.

Our company has had a minor 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 and we are in need of additional revenues to cover the loss in profits and decrease our operating ratio. We are requesting to add the ability to person secure psychiatric transports via a secure car. This additional revenue would assist with our profitability.

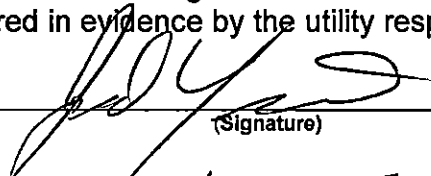
Our company has a desire to continue serving the public in our authorized territory, and we want to do so in a safe and efficient manner, as prescribed by the PA PUC. In order to do this, we feeling this additional service is necessary. Thank you for your consideration in this matter.

Sincerely,

Jarad Yeasted
Patient Services Manager

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.



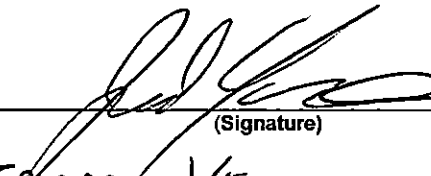
(Signature)
JARAD YEASTBOJ
(Name – printed or typed)

2-28-23
(Date)
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)
JARAD YEASTBOJ
(Name – printed or typed)

2-28-23
(Date)
MANAGER
Title or position)

The addition of the Secure Behavioral Transport service is projected to bring in an additional \$35,000 to \$45,00.00 to the Service. In reporting year 2022, the service made \$556,717.00 in income. Expenses are estimated at \$575,000.00 for operating year 2022 (NOTE: I am still waiting for finalized numbers from the accountant to close out the year.) With the addition of this service, we are projecting the yearly profits to bring us closer to the \$600,000.00 mark. We are projecting little increases in expenses by using existing staff and equipment.

A handwritten signature in black ink, appearing to be 'R. J. ...', located in the lower right quadrant of the page.

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

Paratransit Pa PUC No. 4
Replaces Paratransit PA PUC No. 3

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: March 30th, 2023

Effective: March 31st, 2023

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

LIST OF CHANGES MADE BY THIS TARIFF

- 1) Established a flat rate charge for Secure Behavioral Transport for both standard days and published holidays.
- 2) Established a loaded mileage charge for Secure Behavioral Transport
- 3) Noted advanced reservations change from 1 day to 1 hour

RULES & REGULATIONS

1. Advance reservations must be made 1 hour 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 drive 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 Flate 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
Secure Behavioral Transport:	\$115.00

Holidays

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

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.

Secure Behavioral Transport: \$5.00 per mile, or any fraction thereof, applies in addition to the Flat Rate stated above on all loaded miles, for a standard passenger vehicle, 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.



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120

2022 ASSESSMENT REPORT - MOTOR CARRIERS

TRADE OR CORPORATE NAME OF UTILITY (UTILITY CODE):

LEHIGHTON AMBULANCE ASSOCIATION INC (6422451)

CONTACT NAME:

JARAD YEASTEDT

EMAIL:

jaradyeastedt@lehighonambulance.org

ADDRESS:

PO BOX 82, LEHIGHTON PA 18235

PHONE:

484-629-4026 (Cell Phone), 6103775155 ext 201 (Office Phone), 6103794699 (Fax)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	All other passenger transportation
PA GROSS INTRASTATE OPERATING REVENUE	\$0	\$0	\$0	\$556,717
PA EXEMPT INTRASTATE REVENUE				
TOTAL Exempt Revenue				
PA NET INTRASTATE OPERATING REVENUE	\$0	\$0	\$0	\$556,717

UCR REGISTRATION INFORMATION

For 2023, I affirm that LEHIGHTON AMBULANCE ASSOCIATION INC is NOT registered with UCR.

NOTARIZATION

When filing your assessment report through the portal, notarization is not required.

AFFIDAVIT

I hereby state that the information reported herein is complete, true and correct, I expect to be able to prove the same as necessary, and I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

I further agree that I have authority to and do consent to the release of all tax records filed or compiled with regard to the listed utility and/or individual to the Public Utility Commission, if requested, as a means to verify the accuracy of the financial information supplied, in accordance with Sections 505 and 506 of the Public Utility Code.

SUBMISSION/AUTHORIZATION

Name Jarad Yeastedt

Email Address jaradyeastedt@lehighonambulance.org

For your records only. Do not mail to the Commission

Phone Number	4846294026
Date of Submission	Thursday, February 9, 2023 9:31 AM
SUPPORTING DOCUMENTATION	
Document Type	Name