



McNees Wallace & Nurick LLC  
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April 10, 2026

**VIA ELECTRONIC FILING**

Matthew Homsher, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street, 2nd Floor  
Harrisburg, PA 17120

**RE: Wellspan EMS, LLC Motor Carrier Paratransit Application  
A-2026-**

Dear Secretary Homsher:

Enclosed for filing with the Pennsylvania Public Utility Commission is WellSpan EMS, LLC's Application for Motor Common Carrier of Persons in Paratransit Service.

If you have any questions regarding the attached documents, please contact me.

Sincerely,

A handwritten signature in black ink that reads 'Victoria A. Geddis'.

Victoria Geddis  
Kenneth R. Stark  
MCNEES WALLACE & NURICK LLC

Cc. Angela O. Boeteng, Senior Associate General Counsel, Wellspan Health

Secretary PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

## Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

WellSpan EMS, LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

N/A

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?**   x   NO **Previous Authority?**   x   NO

**If YES, at PUC No. A-** \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?**   Yes  

If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number**   7519956  

(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

WellSpan Health Care Services (PA ID 905143) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

45 Monument Rd.  
Street Address

York, PA 17403 \_\_\_\_\_ York \_\_\_\_\_  
City, State and Zip Code County

570-522-4739 \_\_\_\_\_ jbastian2@wellspan.org \_\_\_\_\_  
Telephone Number E-mail Address

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.*

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

905 Indian Rock Dam Rd.  
Street Address

York, PA 17403 \_\_\_\_\_ York \_\_\_\_\_  
City, State and Zip Code County

\_\_\_\_\_  
Telephone Number E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Kenneth R. Stark - (717) 237-5378 and Victoria Geddis - (223) 225-4640  
Attorney's Name & Telephone Number for this Filing

100 Pine St. Harrisburg, PA 17101 \_\_\_\_\_ KStark@mcneeslaw.com and VGeddis@mcneeslaw.com \_\_\_\_\_  
Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

       No        x Yes, at No. 411992

10. **Describe the service area proposed by this application.**  
(Use the space below or attach additional sheet if space provided is not sufficient).
- 

To transport people in wheelchair vans from points in Adams, Franklin, Lancaster, Lebanon, Northumberland, Snyder, Union, and York Counties to points in Pennsylvania, and return.

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*Examples:*

- To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.
- To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.
- To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.
- To transport people between points in Northumberland County.

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

## Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Keith Noll - SVP - Corporate Shared Services

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(Print Name)

Signed by:  
  
437BB5FA13A1449...

4/9/2026 | 14:45 CDT

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(Signature)

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

## VERIFIED STATEMENT OF APPLICANT

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.

<b>WellSpan EMS, LLC</b>			
Legal Name of Applicant			
<b>N/A</b>			
Trade Name, if any			
<b>45 Monument Rd.</b>	<b>York</b>	<b>PA</b>	<b>17403</b>
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

**Keith D. Noll**  
**Sr. Vice President, Corporate Shared Services**  
**knoll2@wellspan.org**  
**45 Monument Rd., Suite 200, York, PA 17403**

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. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

**WellSpan EMS, LLC currently operates a large emergency medical services enterprise. The service maintains stations in six counties in Pennsylvania and handles over 30,000 calls for emergency and non-emergency medical transport services annually with a team of almost 300 employees.**

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. 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 how you will maintain continuous communication with your drivers.

**WellSpan EMS, LLC operates in numerous secure office and garage spaces leased or owned by WellSpan Health. The office space consists of a climate-controlled environment where all necessary computers, peripherals, and radios are maintained. All records are managed and stored digitally at off-site data centers. Requests for service will be received through direct phone communication or electronic submission to a dispatch center. Vehicles will be dispatched through the communication link between the dispatch center and driver. Continuous communication will be achieved through the use of Motorola WAVE Two-Way Radios.**

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
  - a. Your hiring standards for drivers;
  - b. Your system for conducting criminal background checks;
  - c. Your driver training program;
  - d. Your system for conducting driver license checks;
  - e. Your policies regarding alcohol and drug use by your drivers.

**Please refer to page 10 for a full response to this question.**

6. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2016	Dodge	Caravan	3	MT2	126,471
2010	Dodge	Caravan	3	MT5	47,607
2009	Freightliner	Sprinter	3	MT1	166,369

\*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

- 7. Describe your vehicle safety program. Please include the following in your explanation:
  - a. Your periodic vehicle maintenance plan
  - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

**Vehicle maintenance is managed by WellSpan Health's Fleet Department, which is staffed with Automotive Service Excellence certified technicians. All vehicles complete preventative maintenance on a schedule that meets or exceeds the manufacturer's recommendations. Proactive maintenance is performed using advanced analytics to identify potential mechanical failures before they occur. Daily vehicle inspections are documented in fleet management software to ensure continuous compliance with 67 Pa. Code, Chapter 175.**

- 8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

**WellSpan Health has confirmed its ability to obtain and maintain required commercial automotive liability, general liability, and professional liability insurance coverage and to pay all associated premiums. WellSpan Health maintains a robust commercial automotive liability insurance program through Safety National, which currently covers its owned and operated vehicles. Wheelchair vans are eligible for coverage under the existing policy, subject to endorsement and premium adjustment. WellSpan Health has evaluated the incremental premium impact and confirmed that sufficient budgeted funds are available, with insurance costs managed through established risk management and finance processes to ensure ongoing compliance with Public Utility Commission requirements.**

- 9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ YES      X   NO

- 10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

**Please see the attached consolidated balance sheet of Wellspan Health and the balance sheet of Wellspan EMS, LLC.**

### 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.

Signed by: Keith Noll 4/9/2026 | 14:45 CDT  
 (Signature) (Date)  
 Keith Noll - SVP - Corporate Shared Services  
 (Name and Title, printed or typed)

Continued from page 8.

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
  - a. Your hiring standards for drivers;
  - b. Your system for conducting criminal background checks;
  - c. Your driver training program;
  - d. Your system for conducting driver license checks;
  - e. Your policies regarding alcohol and drug use by your drivers.

**WellSpan EMS, LLC will use a complement of eight full-time drivers with additional Per Diem drivers as needed. Upon receiving an offer of employment, the candidate will undergo a pre-employment background investigation conducted by WellSpan Health which includes a work history review, National Sex Offender Search, State Police Criminal Record Check, Pennsylvania Child Abuse History Clearance, and FBI Criminal Background Check. Driving records are obtained prior to a new hire start date and checked intermittently as needed, but not less than every three years. All drivers are required to complete Emergency Medical Services Vehicle Operator training, have a current driver's license, and provide proof of current automobile insurance coverage. An FBI Criminal Background Check, Pennsylvania Child Abuse History Clearance, and State Police Criminal Record Check are required every five years.**

**All employees attest to the Drug-Free Workplace Policy which is summarized as follows: Employees may not consume alcohol, illegal drugs, or controlled substances on or off WellSpan EMS, LLC property during working hours, employees may not report to work under the influence of alcohol, illegal drugs, or controlled substances and may not be under the influence of alcohol, illegal drugs, or controlled substances during working hours. Under the influence is defined as an employee affected by alcohol, illegal drugs, or controlled substances in any detectable manner through a professional opinion, scientifically valid test, or observation of impairment of physical or mental ability.**

**The driver training program consists of ten hours of on the road training with a designated driver trainer. The training will consist of real-world experiences under a variety of operating conditions in both rural and urban settings including poor visibility, adverse weather, unfamiliar areas, and areas of traffic congestion.**

**Balance Sheet**  
**1504-WellSpan EMS LLC**  
**For Period Ended December 2025**

	Dec-25	Nov-25	Dec-24	Jun-25
<b>Assets</b>				
<b><u>Current Assets</u></b>				
<b>Cash &amp; Investments:</b>				
Cash and Cash Equivalents	1,403,636	750,640	2,373,980	72,273
Investments - Short Term	-	-	-	-
Outpatient Revenue	-	-	-	-
Donor Restricted Funds - Short Term	-	-	-	-
Board Designated Funds - Short Term	-	-	-	-
<b>Receivables:</b>				
Net Patient Receivables	1,462,357	1,579,145	2,705,467	1,969,313
Other Accounts Receivable	210,509	221,661	245,541	114,972
Inventories	-	-	-	-
Prepaid Expenses and Other Current Assets	56,250	62,499	41,114	58,729
<b>Current Assets</b>	<b>3,132,752</b>	<b>2,613,945</b>	<b>5,366,102</b>	<b>2,215,287</b>
<b><u>Long-Term Assets</u></b>				
Assets Whose Use is Limited:				
Board Designated Funds - Long Term	-	-	-	-
Self Insurance and Trustee Held Funds - Long Term	-	-	-	-
Donor Restricted Funds - Long Term	-	-	-	-
<b>Property and Equipment:</b>				
Property, Plant and Equipment	5,127,073	4,585,873	2,619,812	3,198,458
Accumulated Depreciation	(2,214,003)	(2,129,570)	(1,462,513)	(1,679,717)
Construction in Process	1,019,185	1,559,565	35,007	19,396
<b>Other Long-Term Assets:</b>				
Long-Term Investments	-	-	-	-
Investments in Unconsolidated Organizations	-	-	-	-
Long Term Notes Receivable	-	-	-	-
Goodwill and Intangible Assets	-	-	-	-
Right of Use Assets	-	-	-	-
Other Long-Term Assets, Net	-	-	-	-
<b>Long-Term Assets</b>	<b>3,932,255</b>	<b>4,015,868</b>	<b>1,192,306</b>	<b>1,538,137</b>
<b>Total Assets</b>	<b>7,065,007</b>	<b>6,629,814</b>	<b>6,558,407</b>	<b>3,753,424</b>
<b>Liabilities and Net Assets</b>				
<b><u>Current Liabilities</u></b>				
Accounts Payable	-	-	-	-
Current Portion of Long-Term Debt	-	-	-	-
Accrued Salaries, Wages and Benefits	685,454	649,868	332,741	399,270
Current Portion of Operating Lease Liabilities	-	-	-	-
Other Accrued Expenses	99,553	76,064	174,666	51,638
<b>Current Liabilities</b>	<b>785,006</b>	<b>725,932</b>	<b>507,408</b>	<b>450,908</b>
<b><u>Long-Term Liabilities:</u></b>				
Long-Term Debt, less Current Portion	20,515,286	18,744,400	15,823,249	10,346,824
Self-Insurance Liabilities	-	-	-	-
Operating Lease Liabilities	-	-	-	-
Other Long-Term Liabilities	-	-	-	-
<b>Long-Term Liabilities</b>	<b>20,515,286</b>	<b>18,744,400</b>	<b>15,823,249</b>	<b>10,346,824</b>
<b>Total Liabilities</b>	<b>21,300,292</b>	<b>19,470,332</b>	<b>16,330,656</b>	<b>10,797,732</b>
<b><u>Net Assets:</u></b>				
Temporarily Restricted Net Assets	-	-	-	-
<b>Net Assets without Donor Restriction:</b>				
Retained Earnings	(14,235,285)	(12,840,518)	(9,772,249)	(7,044,308)
Common Stock & Dividends	-	-	-	-
Unrestricted, Controlling Interest	-	-	-	-
Unrestricted, Noncontrolling Interest	-	-	-	-
Unrestricted, Board Designated	-	-	-	-
Permanently Restricted Net Assets	-	-	-	-
<b>Total Net Assets</b>	<b>(14,235,285)</b>	<b>(12,840,518)</b>	<b>(9,772,249)</b>	<b>(7,044,308)</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>7,065,007</b>	<b>6,629,814</b>	<b>6,558,407</b>	<b>3,753,424</b>



**Balance Sheet**  
**WellSpan Health Consolidated**  
 For Period Ended Dec FY26  
 (US Dollars in Thousands)

	Dec FY26	Nov FY26	Jun FY25
<b>Assets</b>			
<b>Current Assets:</b>			
Cash and cash equivalents	233,341	393,341	340,147
Assets limited as to use	10,508	10,507	16,344
Patient accounts receivable, net	534,175	555,076	543,448
Other receivables	64,684	67,924	69,097
Inventories	49,622	48,005	47,376
Prepaid expenses	80,096	74,731	71,636
<b>Total Current Assets</b>	<b>972,426</b>	<b>1,149,584</b>	<b>1,088,048</b>
<b>Investments Limited as to Use:</b>			
Board-designated	3,140,540	2,995,767	2,795,485
Self-insurance trust	77,179	70,950	57,655
Donor-restricted investments	38,116	38,402	26,540
Beneficial interest in perpetual trusts	55,381	55,353	52,295
Under bond indenture	302,327	301,209	-
<b>Total Investments Limited as to Use</b>	<b>3,613,543</b>	<b>3,461,680</b>	<b>2,931,975</b>
Property and equipment, net	1,615,200	1,593,981	1,523,311
Right-of-use assets	77,428	77,409	83,236
Investments in unconsolidated organizations	67,235	60,958	57,186
Notes receivable	2,197	2,253	2,540
Capitalized software costs, net	32,029	29,565	24,559
Goodwill and intangible assets, net	38,687	38,761	38,721
Estimated insurance recoveries	35,386	35,386	35,386
Other assets	73,854	68,110	39,995
<b>Total Assets</b>	<b>6,527,986</b>	<b>6,517,687</b>	<b>5,824,957</b>

	Dec FY26	Nov FY26	Jun FY25
<b>Liabilities &amp; Net Assets</b>			
<b>Current Liabilities:</b>			
Accounts payable	168,611	207,873	156,498
Current portion of long-term debt	25,728	26,054	173,331
Lines of credit	0	0	0
Accrued salaries and wages	245,750	246,531	295,693
Advances from third-party payors	68,973	67,698	3,052
Current portion of self-insurance reserves	63,757	68,241	60,565
Third-party payor settlements	50,475	39,165	7,724
Current portion of lease obligations	17,024	17,024	17,552
<b>Total Current Liabilities</b>	<b>640,317</b>	<b>672,586</b>	<b>714,415</b>
Self-insurance reserves, less current portion	125,264	124,009	111,220
Long-term debt, less current portion	1,449,381	1,449,936	1,027,103
Lease obligations, less current portion	65,581	65,597	70,815
Accrued retirement benefits	118,194	117,175	116,733
Interest rate swap agreements	0	0	0
Other noncurrent liabilities	2,341	2,289	2,281
<b>Total Liabilities</b>	<b>2,401,079</b>	<b>2,431,591</b>	<b>2,042,566</b>
<b>Net Assets:</b>			
Net assets without donor restrictions	3,996,401	3,962,257	3,669,107
Net assets with donor restrictions	120,189	113,297	107,715
WellSpan Health net assets	4,116,591	4,075,554	3,776,822
Non-controlling interests	10,380	10,480	5,569
<b>Total Net Assets</b>	<b>4,126,907</b>	<b>4,086,096</b>	<b>3,782,391</b>
<b>Total Liabilities and Net Assets</b>	<b>(6,527,986)</b>	<b>(6,517,687)</b>	<b>(5,824,957)</b>