CITY OF CHICAGO
RULES

AMBULANCE FEES

BY

CITY OF CHICAGO
DEPARTMENT OF
FINANCE

AUTHORITY VESTED IN THE COMMISSIONER OF THE DEPARTMENT OF FINANCE PURSUANT TO SECTION

Mayor Lori E. Lightfoot
Comptroller Reshma Soni
4-68-130 OF THE MUNICIPAL CODE OF CHICAGO, THE FOLLOWING RULES REGARDING AMBULANCE
FEES ARE HEREBY ADOPTED.

By Order of the Commissioner:

Signed: _______________________________  Date: _12/21/2020_________
Comptroller, Reshma Soni

Published:  _________

Effective:  _________
Department of Finance Ambulance Rules

The following rules are issued pursuant to the authority expressed in Sections 4-68-130 and 2-32-096 of the Municipal Code of Chicago (“Code”). Section 4-68-130 confers the City of Chicago (“City”) with the authority to levy reasonable fees, as determined by the Comptroller, for ambulance services rendered by public ambulances. Section 2-32-096 authorizes the Comptroller to issue rules to administer any of the powers granted the Comptroller in the Code.

1. **Fees for Ambulance Services**
   The fees for ambulance services rendered by public ambulances shall be as follows:
   - Basic Life Support: $2,343
   - Advanced Life Support: $2,703
   - Ambulance transport: $19 per mile
   - Oxygen service: $28

2. **No Balance Billing**
   When a patient’s insurance pays the City for less than the total cost of services charged, the patient will not be billed for the difference between the total cost of services charged and the amount the insurance paid.

3. **Financial Hardship Eligibility**
   If an uninsured patient does not participate in any of the programs or does not have the status of being in one of the categories listed in Section 4-68-130(d)(3) of the Code, but does, at the time of service, have income near Federal Poverty Level (FPL) based on 30-day lookback or annualized income, then the following discount shall apply to their bill for services:

<table>
<thead>
<tr>
<th>UNINSURED SLIDING SCALE</th>
<th>DISCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALIFY UNDER ELIGIBILITY</td>
<td>100%</td>
</tr>
<tr>
<td>200% BELOW FPL</td>
<td>100%</td>
</tr>
<tr>
<td>201% - 300% BELOW FPL</td>
<td>75%</td>
</tr>
<tr>
<td>301% - 400% BELOW FPL</td>
<td>50%</td>
</tr>
</tbody>
</table>

4. **Installment Payment Plans**

   *Eligibility:* A patient who is unable to pay a balance in full may participate in a payment plan of up to 24 months.

   *Down Payment:* To enter into a payment plan, a minimum $25 shall be paid as a down payment.

   *Minimum Monthly Payment:* The down payment shall constitute the payment for the first month of the payment plan. The monthly payment shall be the total owed minus the down payment divided by the remaining months of the plan.

   *Default:* If a patient defaults on a payment plan, the debt may be referred out for additional collection efforts and may include additional costs and fees.