

**Cosumnes Community Services District  
2018 Ordinance No. 7 Fee Schedule (Effective 01-1-2018)**

Task Code	Task Name	Description	Unit	Base Rate or Minimum	Additional Cost
<b>Emergency Medical Services (EMS) Response</b>					
	Ambulance Transport			\$ 1,543	
	Ambulance Transport (Hospital to Hospital)			\$ 1,543	
	Medical Assessment - No Transport			\$ 156	
	Medical Treatment - No Transport			\$ 156	
	Medical Treatment - No Transport (Declaration of Death)			\$ 1,543	
	Supplies (ALS 1)			\$ 66	
	Supplies (ALS 2)			\$ 109	
	BLS (Supplies)			\$ 46	
	Oxygen			\$ 71	
	EKG Monitoring			\$ 36	
	Night Call			\$ 61	
	Cervical Spine Immobilization			\$ 91	
	Cricothyrotomy Kit			\$ 76	
	Continuous Positive Airway Pressure			\$ 166	
	Decontamination (Medic Unit)			\$ 100	
	EZ-IO (Intraseous Infusion)			\$ 157	
	King Tube			\$ 65	
	Intubation (Direct Larangoscopy)			\$ 79	
	King Vision (Video Larangoscopy)			\$ 100	
	Thoroacostomy Kit			\$ 134	
	Mileage			\$ 26	per mile

<b>First Responder Fee</b>					
	First Responder Fee (fee for service)			\$ 156	per patient

<b>Lift Assist/Invalid Fee</b>					
	Lift Assist - Invalid Fee			Actual Hourly Rate	3 or more in a calendar year

**Fee for Responding to an Excessive Number of Lift Assists**

The fee shall be paid by the party, facility, or patient requesting the lift assist when the third lift assist is requested in a given 12-month period