



Maddy Emergency Medical Services (EMS) Fund Report

REPORTING ENTITY	
County: _____	
Fiscal Year Reported: _____	Date Submitted: _____

A. FINES AND FORFEITURES COLLECTED (Note: As reported to County by State operated courts)

1. Enter total amount of fines and forfeitures collected by County during the fiscal year being reported.	_____																					
2. Enter total amount of penalty assessments collected by County and penalty assessments deposited into the Maddy EMS Fund, by individual statute, during the fiscal year being reported.	_____																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left; padding: 2px;">Statute</th> <th style="width: 20%; text-align: center; padding: 2px;">Collected</th> <th style="width: 20%; text-align: center; padding: 2px;">Deposited</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">a. Government Code Section 76000</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">b. Government Code Section 76000.5</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">c. Government Code Section 76000.5 for purposes of subdivision (e) of Health and Safety Code Section 1797.98a</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">d. Government Code Section 76104</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">e. Vehicle Code Section 42007 (e)</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">f. Totals</td> <td></td> <td></td> </tr> </tbody> </table>	Statute	Collected	Deposited	a. Government Code Section 76000	_____	_____	b. Government Code Section 76000.5	_____	_____	c. Government Code Section 76000.5 for purposes of subdivision (e) of Health and Safety Code Section 1797.98a	_____	_____	d. Government Code Section 76104	_____	_____	e. Vehicle Code Section 42007 (e)	_____	_____	f. Totals			
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e. Vehicle Code Section 42007 (e)	_____	_____																				
f. Totals																						
3. Total penalty assessments deposited into Maddy EMS Fund during fiscal year being reported.* * If no monies were deposited during the fiscal year being reported, please attach the reason(s) to this report.	_____																					
4. Enter contact information of individual or entity responsible for collection of fines, forfeitures, and penalties. Entity: _____ Contact: _____ Telephone: _____ Title: _____ Email: _____																						
5. Enter contact information of individual or entity responsible for distribution of penalty assessments into the EMS Fund. Entity: _____ Contact: _____ Telephone: _____ Title: _____ Email: _____																						

B. MADDY EMS FUND

1. Enter Maddy EMS Fund balance as of first day of fiscal year being reported. (Note: Include interest earned)	_____														
2. Penalty assessments deposited into Maddy EMS fund during fiscal year being reported. (Note: Data from A3)	_____														
3. Total Maddy EMS Funds available for disbursement. (Note: B1 + B2)	_____														
4. For each category listed enter disbursements during the fiscal year being reported.															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left; padding: 2px;">Category</th> <th style="width: 40%; text-align: center; padding: 2px;">Disbursements</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">a. Administration</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">b. Other Emergency Medical Services*</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">c. Hospitals</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">d. Physicians/Surgeons</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">e. Reserve</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">f. Totals</td> <td></td> </tr> </tbody> </table>	Category	Disbursements	a. Administration	_____	b. Other Emergency Medical Services*	_____	c. Hospitals	_____	d. Physicians/Surgeons	_____	e. Reserve	_____	f. Totals		
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a. Administration	_____														
b. Other Emergency Medical Services*	_____														
c. Hospitals	_____														
d. Physicians/Surgeons	_____														
e. Reserve	_____														
f. Totals															
5. Maddy EMS Fund disbursements during fiscal year being reported. (Note: Data from B4f)	_____														
6. Maddy EMS Fund balance on last day of the fiscal year being reported. (Note: B3 - B5) * If funds were disbursed for other emergency medical services, pursuant to subparagraph (C) of paragraph (5) of subdivision (b) of Section 1797.98a, please attach a description of each of those services to this report.	_____														



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C. RICHIE's FUND	
1. Has the reporting entity established a Richie Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, what date was the fund established?	_____

D. REIMBURSEMENT TO PHYSICIANS/SURGEONS			
1. Enter available funding to be disbursed to physicians and surgeons during the fiscal year being reported. _____			
2. Enter data on claims submitted and paid during the fiscal year being reported.			
	Physicians/Surgeons Claims	Number	Amount
	% Claims		
a. Claims Submitted	_____	_____	_____
b. Allowable Claims Submitted	_____	_____	_____
c. Allowable Claims Reimbursed	_____	_____	_____
3. Please confirm the following required documents are attached to this report:			
<input type="checkbox"/> Descriptions of the physician and surgeon claim payment methodologies			
<input type="checkbox"/> Statement of the policies, procedures, and regulatory action taken to implement and administer the fund			
<input type="checkbox"/> Name(s) of physician and hospital administrator organizations, or names of specific physicians/surgeons and hospital administrators, the county contacted to review claims payment methodologies			
<input type="checkbox"/> Description of the process used to solicit input from physicians and surgeons and hospitals to review payment distribution methodology as described in subdivision (a) of Section 1797.98e			
<input type="checkbox"/> Identification of the fee schedule used by the county pursuant to subdivision (e) of Section 1797.98c			
4. Enter information of individual or entity responsible for distribution of funding to physicians/surgeons.			
Entity: _____		Telephone: _____	
Contact: _____		Email: _____	
Title: _____			

E. REIMBURSEMENT TO HOSPITALS			
1. Enter available funding to be disbursed during the fiscal year being reported. _____			
2. Are funds disbursed to hospitals on a claims basis? (Note: If no, go to E4.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Enter data on claims submitted and reimbursements during the fiscal year being reported.			
	Hospital Claims	Number	Amount
	% Claims		
a. Claims Submitted	_____	_____	_____
b. Allowable Claims Submitted	_____	_____	_____
c. Allowable Claims Reimbursed	_____	_____	_____
4. Please attach a description of the methodology used to disburse moneys to hospitals pursuant to subparagraph (B) of paragraph (5) of subdivision (b) of Section 1797.98a to this report.			
5. Enter contact information individual or entity responsible for distribution of Maddy EMS Funds to hospitals.			
Entity: _____		Telephone: _____	
Contact: _____		Email: _____	
Title: _____			