## Cole Camp Ambulance District

## **EMS Dedicated Standby Agreement**

| THIS AGREEMENT, entered into this                            | day of               | , 20                  | _ by and between |
|--|----------------------|-----------------------|------------------|
| Cole Camp Ambulance District, (EMS) and $\_$ (SERVICE USER). |                      |                       |                  |
| WHEREAS, SERVICE USER is requesting dedi                     | icated standby servi | ces; and              |                  |
| WHEREAS, EMS is willing to provide such se                   | ervices under the te | rms set forth herein; |                  |
| NOW, THEREFORE, it is agreed as follows:                     |                      |                       |                  |

- 1. EMS Agrees to provide dedicated EMS standby service(s) to the SERVICE USER named above. Standby service, meaning an emergency vehicle with two medical technicians (2 EMT's or 1 EMT and 1 Paramedic), will locate themselves at a function or event and will remain dedicated to that event unless an emergency occurs and their services are required elsewhere. Such vehicle will be equipped to provide a minimum care in an Basic Life Support capacity. Dedicated standbys are subject to the availability of EMS crews and resources.
- 2. EMS Agrees to provide dedicated EMS standby service(s) to the SERVICE USER named above for the dates, times, and locations specified in the STANDBY AND USER INFORMATION SECTION.
- 3. Due to the call volume of EMS, dedicated standby services are subject to the availability of off-duty crews and spare emergency vehicles. In addition, even if a SERVICE USER requests and agrees to the conditions of dedicated standby services, certain extreme, catastrophic, or immediate life-threat emergencies may still require EMS to utilize the technicians/ambulance assigned to the dedicated standby. If this occurs during a scheduled dedicated standby (with this AGREEMENT in place), and a lapse of on-site EMS coverage occurs, another ambulance/crew will be routed to the event upon availability,
- 4. The fee for dedicated standby service is \$75.00 (seventy-five dollars) per hour. The hourly charge for this service begins from the time the crew arrives at the designated standby until it is released from the event, with a two hour minimum charge per dedicated standby service.
- 5. Upon completion of dedicated standby services, EMS will bill SERVICE USER for all costs associated with this agreement and SERVICE USER agrees to pay all fees within 30 days of invoice receipt.
- 6. EMS reserves the right to refuse any Dedicated Standby Agreement submitted by SERVICE USER less than seven (7) days s prior to the start time of requested dedicated standby services event.
- 7. This agreement may be canceled by either party by giving 24-hours advanced notice.
- 8. Nothing herein shall be construed to create a higher standard of care on the part of EMS than generally recognized under the laws of the State of Missouri for EMS services.

9. The charges provided for herein reflect only those charges associated with making EMS more readily available to the SERVICE USER. The normal charges for the care and transportation of patients will be the responsibility of the patient. STANDBY AND SERVICE USER INFORMATION The following SERVICE USER information will be used by EMS for scheduling and billing for services.

| Name/Title of Event:                                     |                            |                            |
|--|----------------------------|----------------------------|
| EVENT OCCURRENCE 1 Date:                                 | Start Time:                | End Time:                  |
| Location:  |                            |                            |
| EVENT OCCURRENCE 2 (if applicable) Date:                 | <del> </del>               |                            |
| Start Time: End Time:                                    |                            |                            |
| Location: more than 2 event occurrences attach additiona |                            | (If request is for         |
| Organization Name:                                       |                            |                            |
| Primary Contact Person's Name:                           |                            |                            |
| Mailing Address (for billing):                           |                            |                            |
| City: State:   | Zip Code:                  | _                          |
| Phone #: Phone # day of eve                              | ent (if different):        |                            |
| Email Address (if available):                            |                            |                            |
| Printed Name Printed Name                                |                            |                            |
| IN WITNESS WHEREOF, the parties hereto have              | executed this agreement on | the date first noted above |
| SERVICE USER   | Cole Camp Ambulance Distri | ct                         |
| Printed Name   | Printed Name               | _                          |