

**RESOLUTION NO. 09-12**

**RESOLUTION OF THE BOARD OF DIRECTORS OF  
RUNNING SPRINGS WATER DISTRICT APPROVING A  
POLICY FOR WRITING OFF UNCOLLECTIBLE  
CHARGES FOR AMBULANCE SERVICE**


**WHEREAS**, the Fire Department of Running Springs Water District provides ambulance service and imposes charges for such service; and

**WHEREAS**, in a variety of circumstances the charges imposed for ambulance service cannot be recovered, in whole or in part, or it becomes apparent that continued efforts to recover such charges will not be successful or worthy of the effort; and

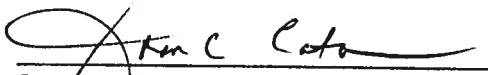
**WHEREAS**, it is in the best interest of the District to provide a policy to guide District staff in their decisions to halt or limit collection efforts;

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Directors of the Running Springs Water District does hereby adopt the "Ambulance Charge Write-Off Policy" attached hereto as Exhibit "A" to guide District staff in halting or limiting continued efforts to collect delinquent bills for ambulance service provided by the District.

**ADOPTED** this 16th day of May, 2012.

  
\_\_\_\_\_  
President of the Board of Directors  
Running Springs Water District

ATTEST:

  
\_\_\_\_\_  
Secretary of the Board of Directors  
Running Springs Water District

## **Ambulance Charge Write-Off Policy**

Claims in bankruptcy - All collection efforts on claims against someone who has filed for bankruptcy protection must cease immediately per Section 362 of the United States Code. When bankruptcy is officially declared, any amount not recovered from the bankruptcy proceedings must be written off.

Medicaid (Medi-Cal) claims – We must accept mandatory assignment on these claims per State mandate. Once payments are received on the account, the balance must be written off after any appeal efforts. Once we accept a valid Medicaid card, the patient no longer has any financial responsibility whether it is paid or not.

Medicare claims – We must accept mandatory assignment on these claims per federal mandate in Section 4531 of the Balanced Budget Act of 1977. After payment is made, we can charge for their 20% co-pay and then must write off the balance. If the charges are denied due to non-coverage at the time of service, the patient is responsible for the total amount billed.

Workers Compensation claims – These claims are paid at the Medicare fee schedule rates and the balance must be written off per federal mandate as required by Labor Code Section 5307.1.

All claims requiring mandatory assignment will be logged and must require 2 signatures.

Any outstanding charges of \$30 or less can be written off without further approval by the Board.

Accounts that have been dormant (with no payment activity) after 7 years will be presented to the Board to be written off. They will be presented to the Board by account number and last date of activity annually for write off. Accounts can be re-activated if payments commence.