



# FAQ's

## Ambulance and Emergency Medical Services in Sheridan Fire District

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- **When did the fire district begin providing ambulance services?**

Sheridan began providing ambulance services in 1980. This was just shortly after the district was formed from Sheridan Fire Department and expanded to include the communities of Ballston and Buell.

- **How is the ambulance service coordinated?**

The ambulance service district covers more than 101.2 square miles within the ambulance service area. These ambulance service areas are designated by the represented county, Polk or Yamhill. The fire district boundaries are smaller than the ambulance service boundaries.

- **Is the ambulance and emergency medical services funded by my tax dollars?**

No, the fire districts are formed for fire protection under ORS 478. The tax dollars we receive are dedicated to fire protection services. Fire protection services include mainly fire related activities or those services that do not require use of our staff's medical license.

- **How are ambulance and emergency medical services funded?**

They are funded by user fees and cost recovery fees. Ambulance user fees are based on actual operational expenses and industry standards. Our fees are competitive but lower than most agencies within the area. Cost recovery fees are charged when fire resources are used for non-fire incidents such as motor vehicle crashes, medical calls and code compliance services.

- **Why am I receiving a bill when I was not transported by the ambulance?**

Much like trade industry service calls, when our services are requested and we perform skills under our employee license, the fire district charges a \$500 treatment, non-transport fee. The purpose of this fee is to cover the costs associated with use of our resources, supplies and personnel. This was previously approved by the Board of Directors of both districts in 2013 and 2014. The fee was initially approved many years ago and was increased by \$50 as of January 1, 2020.

- **What is FireMed?**

The Sheridan Fire District host a FireMed membership program. This program works by the fire district billing any insurance the member may have, then FireMed covers the remaining portion of the bill of emergent ambulance transportation costs. For more information on FireMed and what the membership covers, please see our website.

<https://www.sheridanfd.org/firemed-information>

- **Will my insurance/Medicare cover treatment, non-transport incidents?**

No, currently most insurances and the Centers for Medicare & Medicaid Services have rules against covering these types of incidents.

- **Why is my bill coming from a non-local address?**

With the regulations around and the dynamic environment involved in billing ambulance user or cost recovery fees, both fire districts have decided to use a third-party billing company. Using a third-party saves personnel costs that would be associated with performing billing services internally. System Design West, Inc is the billing company the districts chose, and their contact information is:

PO Box 3510  
Silverdale, WA 98383-3510  
(800) 238-9398

- **If I cannot afford to pay my bill, what are my options?**

The Sheridan Fire District offers financial assistance and accept payment plans. To be considered for these options, contact the number on your bill for more information. There is an initial application process for both options.

- **What is the level of service on the ambulances in our area?**

The ambulances responding from Sheridan Fire District are mostly staffed with a combination of Emergency Medical Technicians and Paramedics. The district does this to provide, high level, Advanced Life Support services while keeping costs as low as possible. During extreme circumstances, the districts may use a Basic Life Support ambulance; this happens very rarely.

- **How does an ambulance crew determine which hospital to take patients?**

Most insurance companies will not cover ambulance transportation past the closest appropriate hospital. Some area hospitals have specialty capabilities, like cardiac or stroke centers. Crews pair the patients' needs with the appropriate hospital.