

**ALACHUA COUNTY
APPLICATION FOR CERTIFICATE OF
PUBLIC CONVENIENCE AND NECESSITY AS
REQUIRED BY ORDINANCE 93-9**

**Name of Applicant:
(9.a)**

Dixon Marlow
4908 Golden Parkway
STE 100
Buford, GA 30518

Name of Business: Amerimed Emergency Medical Services, LLC

**Business Address:
(9.b)**

5012 Bristol Industrial Way
Buford, GA 30518

**Names and addresses
of all officers,
directors and
shareholders:
(9.c)**

Dixon Marlow, CEO, 4908 Golden Parkway, Buford, GA 30518
Reginald P. James III, President, 4908 Golden Parkway, Buford, GA 30518

Registered Agent

A. Dixon Marlow Jr. 5012 Bristol Industrial Highway STE 110 Buford, GA 30518

**Territory which the
applicant desires
to serve:
(9.d)**

The county of Alachua County, FL, specifically pick ups at Behavioral Health
Facilities

**Application for Alachua County
Certificate of Public
Convenience and Necessity**

**Type of service
the applicant wishes
to provide. (Check
appropriate boxes):
(9.e)**

- Primary Pre-hospital Care Provider
- Secondary Pre-hospital Care Provider
- Air Ambulance Provider
- Neonatal Ambulance Provider
- First Responder
- Basic Life Support
- EMT-D
- Non-emergency Transport Provider

9.f

Location of each operation site which Applicant’s service is intended to operate: (9.f)

We anticipate providing ambulance service pick-ups at our contracted behavioral health crisis facilities located in Alachua County.

Vehicle(s) Description: (9.g)

| Make | Model | Year | Mileage | VIN# | State Registration | Gross Weight | Graphic |
|------|---------|------|---------|-------------------|-----------------------|-----------------|---------|
| Ford | Transit | 2019 | 238,553 | 1FDYR2CMXKKB60909 | 26133/7433 | 9,000 | SEE PIC |
| Ford | Transit | 2018 | 231,811 | 1FDYR2CMUJKA69630 | 24220/6720 | 9,000 | SEE PIC |
| Ford | E350 | 2022 | 155,092 | 1FDWE3FN8NDC35743 | 24728/6858 | 10,500 | SEE PIC |
| Ford | E350 | 2022 | 193,075 | 1FDWE3FN9PDD11974 | 24729/6859 | 10,500 | SEE PIC |
| Ford | E450 | 2019 | 188,543 | 1FDXE4FSXKDC02674 | 25163/6996 | 10,500 | SEE PIC |
| Ford | G3500 | 2023 | 72,342 | 1HA3GRC79PN000173 | 25794/7295 | 10,500 | SEE PIC |
| Ford | Transit | 2023 | 39,169 | 1FDBR1CG9PKA87937 | 25909/7347 | 10,500 | SEE PIC |

**Application for Alachua County
Certificate of Public
Convenience and Necessity**

References:

Three (3) County Residents

(Names & Addresses): (9.h)

Name: Ashley Tozier, LMHC, Vice President of Acute Care Operations – Meridian

Address: 1541 SW Williston RD, Gainesville, FL 32608

Name: Tim Bedford, Group Director & CEO, Emerald Coast Behavioral Health

Address: 1940 Harrison Ave, Panama City, FL 32405

Name: Sheila Carr, LCSW CEO – Wekiva Springs Center

Address: 3947 Salisbury Rd. Jacksonville, FL 32216

Attachments:

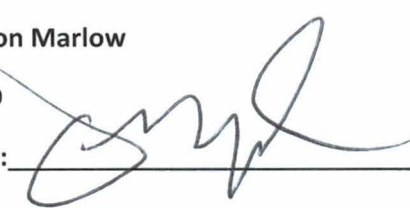
- (9.i) Copy of public liability, property damage and malpractice insurance
- (9.j) Copy of Standard Operating Procedures/Medical Care Protocols
SOP's and Medical Protocols are located at www.amerimed.net/sop/
- (9.k) Copy of Rate Schedule for services
- (9.l) I hereby certify that this service will provide continuous service on a twenty-four (24) hour, seven (7) day per week basis (except non-emergency transport providers).

To the best of my knowledge, all statements on this application are true and correct.


NAME: Dixon Marlow

TITLE: CEO

SIGNATURE: _____



Sworn to and subscribed before me
This 25th day of November, 2024



Notary Public, State of
Florida at Large *Georgia*

Commission Expiration Stamp:



God Bless America

72

Amerimed
Compassionate Professionals



AMBULANCE

AMBULANCE

EMERGENCY MEDICAL TEAM



Hope. Recovery. Wellne

January 5, 2023

BOARD OF DIRECTORS

Christina Seifert
Chairperson
Columbia

Jeff Feller
Vice Chairperson
Alachua

Stephanie McClendon
Secretary
Suwannee

BOARD OF ASSOCIATES

Natasha Allen
Dixie

Denise Bennett
At Large

Jason Cason
Levy

Kindall Crummey
Baker

Patricia Knight
Gilchrist

Paul Metts
Alachua

Bob Milner
Bradford

Irma Phillips-Maxwell
Alachua

Becky Sharpe
Lafayette

Amanda Thomas
Union County

To Whom It May Concern:

I present this correspondence to provide my highest recommendation for the vital transport services of Amerimed EMS.

In December 2022, Meridian began utilizing Amerimed EMS at our Colombia County Crisis Stabilization Unit (CSU). This much-needed transportation service has been used to carry out all of our diversion transport needs. Since that time, we have used Amerimed's services on countless occasions, which has proven to be extremely beneficial to the efficiency of our overall operations.

For clarity on our utilization of Amerimed EMS, Meridian attempts to divert clients who have insurance we do not accept such as Medicare. Unfortunately, the accepting facilities are out of area (some 50-plus miles one way), and the most frequently used location is Wekiva Springs in Jacksonville, FL.

When Meridian has to carry out the transportation for the client by diverting to another treatment facility, it requires two staff members to be removed from our floor operations. Additionally, in situations where the person is diverted out of area, which is most often the case, the two staff members may be out of the facility for 4+ hours, specifically in the case of transportation to Jacksonville, FL. This shortage of staff causes major disruptions to our operations.

It would be more than valuable for Meridian to have access to use Amerimed EMS services at our Alachua CSU location. Again, I highly recommend this vital client transport service.

Please contact me with any further questions.

Sincerely,

Ashley Tozier, LMHC

Vice President of Acute Care Operations – Gainesville and Lake City
1541 SW Williston Rd
Gainesville, FL 32608
Office: (352) 374-5600 Ext 8216



Admin Office: 1565 SW Williston Rd, Gainesville, FL 32608
352.374.5600 | 800.330.5615
TTY Area 800.955.8771 | TTY Local 800.955.8771
mbhci.org

PROGRESS
HEALTH SYSTEM
AN AFFILIATE OF





Emerald Coast Behavioral Hospital

Providing Comfort in Crisis

MEMORANDUM

To: Whom It May Concern

From: Tim Bedford, Group Director, CEO

Date: August 16, 2022

Re: Amerimed EMS

Emerald Coast Behavioral Hospital located at 1940 Harrison Ave Panama City, FL would like to partner with Amerimed EMS. The partnership would include transportation of Baker Act patients to the facility and for patients to be transported to the ER for medical complications

Emerald Coast Behavioral Hospital is having significant issues with response times with current transports. We are looking forward to working with Amerimed EMS.

Should you have any questions you may contact me at (850) 532-6460 or email Tim.Bedford@uhsinc.com



Wekiva Springs Center

Memorandum

To: Whom It May Concern
From: Sheila Carr, LCSW Chief Executive Officer *SCarr*
Date: September 24, 2020
Re: Amerimed EMS

Wekiva Springs Center located at 3947 Salisbury Road Jacksonville, FL plans to partner with Amerimed EMS. The partnership would include transportation of Baker Act patients to the facility and for patients to be transported to the ER for medical complications.

Wekiva Springs is having significant issues with response times with current transports. We are looking forward to working with Amerimed EMS.

Should you have any questions you may contact me at (904) 296-3533 or by email sheila.carr@uhsinc.com.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|--|------------------------|
| PRODUCER Louie, Parker & Smith Insurance Services 364 Green Street NE; #2412 Gainesville GA 30503 | CONTACT NAME: Certificates PHONE (A/C, No, Ext): 888-587-3569 E-MAIL ADDRESS: certs@lps-ins.com | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Amerimed Medical Solutions LLC 4908 Golden Pkwy Ste 800 Buford GA 30518-9080 AMERMED-01 | INSURER A : RLI Insurance Company | NAIC # 13056 |
| | INSURER B : General Star Indemnity Company | 37362 |
| | INSURER c : Lexington Insurance Company | 19437 |
| | INSURER D : Bridgefield Casualty Insurance Company | 10335 |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES

CERTIFICATE NUMBER: 1466571644

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|---------------|-------------------------|-------------------------|---|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | IJG760441 | 9/16/2024 | 9/16/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 2,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | CAP9510721 | 6/1/2024 | 6/1/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$ 2,500 |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | 6798794 | 9/16/2024 | 9/16/2025 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input checked="" type="checkbox"/> Y N / A | | 0196-61021 | 6/1/2024 | 6/1/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| B | Professional Liability | | IJG760441 | 9/16/2024 | 9/16/2025 | Each Claim Limit \$1,000,000 Aggregate Limit \$3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Florida Department of Health
 4052 Bald Cypress Way
 Tallahassee FL 32399
 United States

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

| FY 2024 - Medicare Allowable Rates | | | | | | | | | | |
|------------------------------------|----------|-------|------|-------|------------|---------------------------------|---------------------------------|-----------------------------------|--------------------------|---------------------------|
| CONTRACTOR/CARRIER | LOCALITY | HCPCS | RVU | GPCI | BASE RATE | URBAN BASE RATE / URBAN MILEAGE | RURAL BASE RATE / RURAL MILEAGE | RURAL BASE RATE / LOWEST QUARTILE | RURAL GROUND MILES 1-17* | |
| 9102 | 4 | A0425 | 1 | 1.027 | \$8.76 | \$8.94 | \$9.02 | n/a | \$13.53 | Mileage |
| 9102 | 4 | A0426 | 1.2 | 1.027 | \$272.44 | \$339.77 | \$343.10 | \$420.64 | n/a | ALS 1 Non-emergent |
| 9102 | 4 | A0427 | 1.9 | 1.027 | \$272.44 | \$537.97 | \$543.24 | \$666.01 | n/a | Als 1 Emergent |
| 9102 | 4 | A0428 | 1 | 1.027 | \$272.44 | \$283.14 | \$285.92 | \$350.54 | n/a | BLS Non-emergent |
| 9102 | 4 | A0429 | 1.6 | 1.027 | \$272.44 | \$453.03 | \$457.47 | \$560.86 | n/a | BLS Emergent |
| 9102 | 4 | A0430 | 1 | 1.027 | \$3,697.17 | \$3,747.08 | \$5,620.62 | n/a | \$5,620.62 | Fixed wing air transport |
| 9102 | 4 | A0431 | 1 | 1.027 | \$4,298.52 | \$4,356.55 | \$6,534.83 | n/a | \$6,534.83 | Rotary wing air transport |
| 9102 | 4 | A0432 | 1.75 | 1.027 | \$272.44 | \$495.50 | \$500.35 | n/a | n/a | Pi Volunteer ambulance |
| 9102 | 4 | A0433 | 2.75 | 1.027 | \$272.44 | \$778.64 | \$786.27 | \$963.97 | n/a | ALS 2 Emergent |
| 9102 | 4 | A0434 | 3.25 | 1.027 | \$272.44 | \$920.21 | \$929.23 | \$1,139.24 | n/a | Speciality Care |

We are currently evaluating the usual and customary charges for the North Florida Area for FY 2024



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: AMERIMED EMERGENCY MEDICAL SERVICES, LLC. **Provider Number # 10043**
Name of Provider

850504 HIGHWAY 17 YULEE, FL 32097
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

ALACHUA(NE), BAY, BRADFORD, COLUMBIA, NASSAU, PUTNAM, ST. JOHNS, SUWANEE(NE), UNION
County (s)

A handwritten signature in black ink, appearing to read "M Hall".

Michael Hall, Section Administrator
Emergency Medical Services
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 03/02/2026

This certificate shall be posted in the above mentioned establishment