

WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
GENERAL TARIFF COVER

For Commission Use Only

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MAR - 9 2004

Filing Fee Paid \$ _____

Date Filed plus 60 days _____

General Tariff No. GT- 3
Cancels General Tariff No. GT- 2
Date Filed at WMATC 3-9-04
Date Effective MAR 17 2004

1. WMATC Certificate of Authority No. 206
2. Carrier Name on Certificate of Authority: PARA-MED MEDICAL TRANSPORTATION INC
T/A PARA-MED
Address 23230 RIDGE ROAD
GERMANTOWN, Md. 20876
Telephone Number 301-253-0030
3. Person authorized to file tariff on behalf of Carrier
Name TEJA SAFAI
Title DIRECTOR OF OPERATIONS
Telephone Number 301-253-0030
4. Date this tariff actually filed with WMATC 3-9-04
5. Date seven (7) calendar days after date on Line 4. 3-16-04
6. Effective Date of this tariff (not earlier than date on line 5). 3-17-04
7. Signature of Person named on Line 3. 

NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (202) 331-1671.

PARA-MED Medical Transportation Inc.

General Tariff and Rate Schedule (Private Pay)

Wheelchair Van & Ambulatory Service

County	Roundtrip 0-20 Miles	One-Way 0- 10 Miles	Extra Miles	Extra Tech. R/T	Extra Tech. O/W	Waiting Time Per Hour	Holiday Surcharge	
District of Columbia	\$119.00	\$73.00	\$2.50	\$35.00	\$25.00	\$30.00	\$35.00	
Prince Georges'	\$119.00	\$73.00	\$2.50	\$35.00	\$25.00	\$30.00	\$35.00	
Montgomery	\$98.00	\$65.00	\$2.50	\$35.00	\$25.00	\$30.00	\$35.00	
Northern Virginia	\$98.00	\$65.00	\$2.50	\$35.00	\$25.00	\$30.00	\$35.00	
							\$35.00	
Same day Appoint.	\$125.00	\$75.00	\$2.50	\$35.00	\$25.00	\$30.00	\$35.00	

Further Clarifications:

The above rates apply to transports within the WMATC area of jurisdiction.

Same day appointments refer to urgent transports for the same day such as Hospital Discharges and Patient transfers from one facility to another.

The above rates do not reflect the District of Columbia medical assistance rates. The D.C. Medicaid rates are enclosed on the pages that follow, showing the Ambulatory Individual and Group rates as well as Wheelchair Van rates.

1 March, 2004

Para-Med

Medical Transportation

23230 Ridge Road, Germantown, Md. 20876

1 March, 2004

**Re: D.C. Medical Assistance Rates
WMATC Carrier # 206**

PARA-MED Medical transportation respectfully requests the inclusion of the following documents into their General Tariff to reflect the rates and charges pertaining to operations under the Medical Assistance programme of the District of Columbia.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



Senior Deputy Director
for Health Care Finance

Medical Assistance Program
Transmittal No: 03-24

TO: D.C. Medicaid Transportation Providers

FROM:  Wanda R. Tucker
Interim Senior Deputy Director
Medical Assistance Administration

DATE: JUL - 3 2003

SUBJECT: Ambulatory Transportation Fee Scale of a Single (1) Individual

Effective July 1, 2003, the reimbursement rates for ambulatory transportation of a single (1) individual are as follows:

<u>Code</u>	<u>Service Description</u>	<u>Payment</u>
A0120	Ambulatory van, one-way inside Capital Beltway.	\$ 16.50
A0121	Ambulatory van, roundtrip inside Capital Beltway.	\$ 27.50
A0122	Ambulatory van, one way inside Capital Beltway with extra assistance.	\$ 22.00
A0123	Ambulatory van, roundtrip inside Capital Beltway with extra assistant.	\$ 33.00
A0124	Ambulatory van, one way outside Capital Beltway.	\$ 27.50 +.75 per loaded mile
A0125	Ambulatory van, roundtrip outside Capital Beltway.	\$44.00 + .75 per loaded mile

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A0126	Ambulatory van, one way outside Capital Beltway with extra assistant.	\$ 33.00 + .75 per loaded mile
A0127	Ambulatory van, roundtrip outside Capital Beltway with extra assistant.	\$ 49.50 + .75 per loaded mile
A0128	Trip cancellation, if the provider goes to the destination and trip is cancelled upon arrival.	\$ 8.25

Note: The mileage calculation for trips outside the Capital Beltway begins once the recipient is picked up to transport.

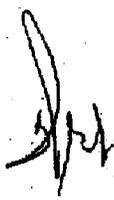
If you have any questions or need additional information, please contact Andre Taylor, Program Analyst, Office of Program Operations, MAA, on (202) 698-2026.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



Senior Deputy Director
for Health Care Finance

Medical Assistance Program
Transmittal No: 03-25

TO: D.C. Medicaid Transportation Providers
FROM:  Wanda R. Tucker
Interim Senior Deputy Director
Medical Assistance Administration
DATE: JUL - 3 2003
SUBJECT: Group Ambulatory Transportation Fee Scale

Effective July 1, 2003, the reimbursement rates for group ambulatory transportation are as follows:

Note: A group is defined as 2 or more individuals requiring medically necessary transportation services. Reimbursement rates will apply for pick-up at same location and drop-off at same location.

<u>Code</u>	<u>Service Description</u>	<u>Payment</u>
A0120G	Group ambulatory van, one way inside Capital Beltway.	\$ 38.50
A0121G	Group ambulatory van, roundtrip inside Capital Beltway.	\$ 71.50
A0122G	Group ambulatory van, one way inside Capital Beltway with extra assistant.	\$ 41.25
A0123G	Group ambulatory van, roundtrip inside Capital Beltway.	\$ 77.00

A0124G	Group ambulatory van, one way outside Capital Beltway.	\$ 49.50 + .75 per loaded mile
A0125G	Group ambulatory van, roundtrip outside Capital Beltway.	\$ 82.50 + .75 per loaded mile
A0126G	Group ambulatory van, one way inside Capital Beltway with extra assistant.	\$ 52.25 + .75 per loaded mile
A0127G	Group ambulatory van, roundtrip outside Capital Beltway with extra assistant.	\$ 88.00 + .75 per loaded mile
A0128G	Trip cancellation, if the provider goes to the destination and the trip is cancelled upon arrival.	\$ 8.25

Note: The mileage calculation for trips outside the Capital Beltway begins once the recipient is picked up to transport.

If you have any questions or need additional information, please contact Andre Taylor, Office of Program Operations, MAA, on (202) 698-2026.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

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Senior Deputy Director
for Health Care Finance

Medical Assistance Program
Transmittal No: 03-27

TO: D.C. Medicaid Transportation Providers
FROM:  Wanda R. Tucker
Interim Senior Deputy Director
Medical Assistance Administration
DATE: JUL - 3 2003
SUBJECT: Wheelchair Van Transportation Fee Scale

Effective July 1, 2003, the reimbursement rates for wheelchair van transportation are as follows:

<u>Code</u>	<u>Service Description</u>	<u>Payment</u>
A0130	Wheelchair van, one way inside Capital Beltway.	\$ 24.75
A0130-Z1	Wheelchair van, roundtrip inside Capital Beltway.	\$ 35.75
A0130-Z3	Wheelchair van, one way inside Capital Beltway with extra assistant.	\$ 30.25
A0130-Z5	Wheelchair van, roundtrip inside Capital Beltway with extra assistant.	\$ 41.25
A0130-Z0	Wheelchair van, one way outside Capital Beltway.	\$ 33.00 + .75 per loaded mile
A0130-Z2	Wheelchair van, roundtrip outside Capital Beltway.	\$ 49.50 + .75 per loaded mile
A0130-Z4	Wheelchair van, one way outside Capital Beltway with extra assistant.	\$ 38.50 + .75 per loaded mile
A0130-Z6	Wheelchair van, roundtrip outside Capital Beltway with extra assistant.	\$ 55.00 + .75 per loaded mile

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A0130-Z7	Trip cancellation, if the provider goes to the destination and the trip is cancelled upon arrival.	\$ 8.25
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Note: The mileage calculation for trips outside the Capital Beltway begins once the recipient is picked up to transport.

If you have any questions or need additional information, please contact Andre Taylor, Program Analyst, Office of Program Operations, MAA, on (202) 698-2026.