WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION

GENERAL TARIFF COVER

For Commission Use Only

RECEIVED

NOV 27 2007

WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION

Filing Fee Paid $ _____

Date Effective plus 60 days _____

General Tariff No. GT- 3

Cancels General Tariff No. GT- 2

Date Filed at WMATC 11-27-07

Date Effective 12-04-07

1. WMATC Certificate of Authority No. 399
2. Carrier Name on Certificate of Authority: LAMONT AND WADE ASSOCIATES

   Address 1917 "U" PLACE S.E.
   WASHINGTON, D C 20020

   Telephone Number (202) 889-0104
3. Person authorized to file tariff on behalf of Carrier

   Name ZENOBIA WADE

   Title

   Telephone Number (301) 297-8546
4. Date this tariff actually filed with WMATC 11-27-07
5. Date seven (7) calendar days after date on Line 4. 12-04-07
6. Effective Date of this tariff (not earlier than date on line 5). 12-04-07
7. Signature of Person named on Line 3. Zenobia Wade

SEE ATTACHMENT I - GENERAL TARIFF

SEE ATTACHMENT II - MEDICAL TRANSPORTATION MANAGEMENT AMBULATORY TRANSPORTATION FEE SCALE

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.

ATTACHMENT I

LAMONT and WADE ASSOCIATES

WMATC GENERAL TARIFF

PRIVATE PAY

SERVICE DESCRIPTION	PAYMENT
Ambulatory Van, one way inside Capital Beltway	$25.00
Ambulatory Van, round trip inside Capital Beltway	$40.00
Ambulatory Van, one way inside Capital Beltway with extra assistant	$30.00
Ambulatory Van, round trip inside Capital Beltway with extra assistant	$45.00
Ambulatory Van, one way outside Capital Beltway	$35.00 + 2.00 mile
Ambulatory Van, round trip outside Capital Beltway	$40.00 + 2.00 mile
Ambulatory Van, one way outside Capital Beltway with extra assistant	$40.00 + 2.00 mile
Ambulatory Van, round trip outside Capital Beltway with extra assistant	$45.00 + 2.00 mile
Cancellation trip, if the provider goes to the destination and the trip is cancelled upon arrival	$7.50

LAMONT and WADE ASSOCIATES

PRIVATE PAY GROUP RATE

SERVICE DESCRIPTION	PAYMENT
Group ambulatory van, round trip outside Beltway	$150.00 for 3 hours $[illegible].00 an hour after first 3 hours.

LAMONT AND WADE ASSOCIATES

Attachment II

MEDICAL TRANSPORTATION MANAGEMENT (MTM)

AMBULATORY TRANSPORTATION FEE SCALE

Zone 1 Only (20001 thru 20032)	One Way Transports 16.00		No Show