

WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
GENERAL TARIFF COVER

For Commission Use Only

RECEIVED

NOV 30 2007

WASHINGTON METROPOLITAN
AREA TRANSIT COMMISSION

Filing Fee Paid \$ _____

Date Filed plus 60 days _____

General Tariff No. GT- 2
Cancels General Tariff No. GT- 1
Date Filed at WMATC 11-30-07
Date Effective 12-07-07

1. WMATC Certificate of Authority No. 485
2. Carrier Name on Certificate of Authority: American Cave Transit Company, Inc
Address 4921 Seminary RD #1420
Alex, VA 22311
Telephone Number 202 369 1667 - 703 201 5900
3. Person authorized to file tariff on behalf of Carrier
Name Mohammed H. A. Ahmed
Title President
Telephone Number 703 201 5900 - 202 369 1667
4. Date this tariff actually filed with WMATC 11-30-07
5. Date seven (7) calendar days after date on Line 4. 12-7-07
6. Effective Date of this tariff (not earlier than date on line 5). 12-8-07
7. Signature of Person named on Line 3. [Signature]

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.

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

III. Rates - Individual Passenger - Private Patients

	<u>Individual</u>
a) Van, One Way Inside Capital Beltway	\$ 30.00
b) Van, Round-Trip Inside Beltway	\$ 45.00
c) Van, One Way Inside Beltway With Extra Assistant	\$ 40.00
d) Van, Round Trip Inside Beltway With Extra Assistant	\$ 55.00
e) Van, One Way Outside Beltway	\$ 30.00+ 1.00/mile [Loaded]
f) Van, Round Trip Outside Beltway	\$ 45.00+ 1.00/mile [Loaded]
g) Van, One Way Outside Beltway With Extra Assistant	\$ 40.00+ 1.00/mile [Loaded]
h) Van, Round Trip Outside Beltway With extra Assistant	\$ 65.00+ 1.00/mile [Loaded]
Cancellation on Arrival	\$ 12.50
Airport Service - Reagan National Airport	\$ 60.00+ 1.50/mile over 10 miles
- Dulles International Airport	\$ 70.00+ 1.50/mile over 10 miles

Parking Fees and Tolls Charged to Client

Waiting Time - First 15 Minutes Free,
Then \$10.00/Quarter Hour

Hourly Rate - \$65.00/Hour (Minimum of Three Hours)

Medical Transportation Services Agreement
 Schedule A
 Between
MEDICAL TRANSPORTATION MANAGEMENT, INC.
 and
AMERICAN CARE TRANSIT COMPANY, INC.
 Effective Date: October 19, 2007

Zip Code Listings

Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
All zip codes located within the Capital Beltway	N/A	N/A	22031 22032 22079 22313 22314	20606 20735 20762 20773 20774

Ambulatory

	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
Zone 1	\$13.50	\$16.50	X	23.75	\$23.75
Zone 2	\$16.50	\$16.50	X	\$23.75	\$23.75
Zone 3	X	X	X	X	X
Zone 4	\$23.75	\$23.75	X	\$23.75	\$23.75
Zone 5	\$23.75	\$23.75	X	\$23.75	\$23.75

Paralift

	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
Zone 1	\$25.00	\$25.00	X	X	X
Zone 2	\$25.00	\$25.00	X	X	X
Zone 3	X	X	X	X	X
Zone 4	X	X	X	X	X
Zone 5	X	X	X	X	X

Stretcher

	Zone 1
Zone 1	N/A

MEDICAL TRANSPORTATION MANAGEMENT, INC.

Signature: _____

Title: _____

Date: _____

AMERICAN CARE TRANSIT COMPANY, INC.

Signature: Melt

Title: President

Date: 09-26-07

Federal Tax ID # or SSN #: 20-4340141

