
CITY OF CHICAGO

RULES



AMBULANCE FEES



CITY OF CHICAGO

DEPARTMENT OF


FINANCE

Mayor Lori E. Lightfoot

Comptroller Reshma Soni

BY AUTHORITY VESTED IN THE COMPTROLLER OF THE DEPARTMENT OF FINANCE PURSUANT TO SECTIONS 2-32-096 AND 4-68-130 OF THE MUNICIPAL CODE OF CHICAGO, THE FOREGOING AMBULANCE RULES ARE HEREBY ADOPTED AND SUPERSEDE ALL PRIOR RULES.

By Order of the Comptroller:

Signed: 

Comptroller, Reshma Soni

Date: 12/14/2022

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Effective: 1/1/2023

Department of Finance Ambulance Rules

The following rules are issued pursuant to the authority expressed in Sections 4-68-130 and 2-32-096 of the Municipal Code of Chicago. Section 4-68-130 confers the City of Chicago with the authority to levy reasonable fees, as determined by the Comptroller, for ambulance services rendered by public ambulances. Section 2-32-096 authorizes the Comptroller to issue rules to administer any of the powers granted to the Comptroller.

1. **Fees for Ambulance Services**

The fees for ambulance services rendered by public ambulances shall be as follows:

- Basic Life Support: \$2,870
- Advanced Life Support: \$3,140
- Ambulance transport: \$19 per mile
- Oxygen service: \$28

2. **No Balance Billing**

When a patient's insurance pays the City for less than the total cost of services charged, the patient will not be billed for the difference between the total cost of services charged and the amount the insurance paid. However, the patient will be required to pay any amounts required by the insurance company, such as a co-pay.

3. **Financial Hardship Eligibility**

If an uninsured patient does not participate in any of the programs listed in Section 4-68-130(d)(3) or does not have the status of being in one of the categories listed in Section 4-68-130(d)(3), but does, at the time of service, have income near the Federal Poverty Level (FPL) based on a 30-day lookback or annualized income, then the following discount shall apply to their bill for services:

UNINSURED SLIDING SCALE	DISCOUNT
QUALIFY UNDER ELIGIBILITY	100%
200% BELOW FPL	100%
201% - 300% BELOW FPL	75%
301% - 400% BELOW FPL	50%

4. **Installment Payment Plans**

Eligibility: A patient who is unable to pay a balance in full may participate in a payment plan of up to 24 months.

Down Payment: To enter into a payment plan, a minimum \$25 shall be paid as a down payment.

Minimum Monthly Payment: The down payment shall constitute the payment for the first month of the payment plan. The monthly payment shall be the total owed minus the down payment divided by the remaining months of the plan.

Default: If a patient defaults on a payment plan, the debt may be referred out for additional collection efforts and may include additional costs and fees.