



Pettis County Ambulance District  
EMS Dedicated Standby Services Agreement

The Pettis County Ambulance District (PCAD) understands the importance of providing EMS during special events or community programs. The enclosed *Dedicated EMS Standby Agreement* must be utilized in order to arrange any special EMS coverage.

In order for any organization or governmental entity to request special standby services from PCAD, the enclosed agreement must be requested, completed, signed and returned to PCAD at least seven (7) days prior to start of any single occurring special event.

Although PCAD will make every effort to provide the level of service requested, no specific coverage can be guaranteed due to the nature of EMS and the fact that the first priority of EMS is to respond to 911 calls. Please read the enclosed agreement carefully for details.

To complete the process of requesting dedicated standby services from Pettis County Ambulance District, please accurately complete the enclosed agreement and submit it to PCAD before applicable deadlines.

You may return completed and signed agreements to:

Fax:  
660.829.0668  
Pettis County Ambulance District  
Attn: Scheduling

Mail:  
Pettis County Ambulance District  
encl: Dedicated Standby Agreement  
P.O. Box 1383  
Sedalia, MO 65302

**Pettis County Ambulance District Dedicated EMS Standby Agreement**

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between Pettis County Ambulance District (PCAD) and \_\_\_\_\_ (SERVICE USER).

WHEREAS, SERVICE USER is requesting dedicated standby services; and

WHEREAS, PCAD is willing to provide such services under the terms set forth herein;

NOW, THEREFORE, it is agreed as follows:

1. Pettis County Ambulance District agrees to provide dedicated EMS standby service(s) to the SERVICE USER named above. Standby service, meaning an emergency vehicle staffed with two medical technicians, will locate themselves at a function or event and will remain dedicated to that event unless an emergency occurs and their services are required elsewhere. Such vehicle will be equipped to provide care in either an Advanced Life Support or Basic Life Support capacity as required by the SERVICE USER. Pursuant to #3 below, dedicated standbys are subject to the availability of EMS crews and resources.



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2. PCAD agrees to provide dedicated ALS or BLS standby emergency medical service(s) to the SERVICE USER named above for the dates, times, and locations specified in the *STANDBY AND USER INFORMATION* section.
3. Due to the call volume of EMS, dedicated standby services are subject to the availability of off-duty crews and spare emergency vehicles. In addition, even if a SERVICE USER requests and agrees to the conditions of dedicated standby services, certain extreme, catastrophic, or immediate life-threat emergencies may still require Pettis County Ambulance District to utilize the technicians/ambulance assigned to the dedicated standby. If this occurs during a scheduled dedicated standby (with this AGREEMENT in place), and a lapse of on-site EMS coverage occurs, another ambulance/crew will be routed to the event upon availability,
4. Hourly charges for this service begin from the time the crew arrives at the designated standby until it is released from the event, with a *two-hour minimum charge per dedicated standby service*. PCAD reserves the right and will typically waive fees for school-sponsored sporting events (e.g. varsity football games). Dedicated standby service fees are as follows:
  - a. One hundred seventy-five per hour (\$175/hr) for each Advanced Life Support (ALS) unit. ALS units are staffed with two persons, at least one of which is an ALS provider (Paramedic).
  - b. One hundred fifty per hour (\$150/hr) for each Basic Life Support (BLS) unit. A BLS unit is staffed by two Emergency Medical Technicians.
  - c. Seventy-Five per hour (\$75/hr) for a PCAD Quick Response Vehicle and Paramedic (ALS)
  - d. Fifty per hour (\$50/hr) for a PCAD Quick Response Vehicle and EMT (BLS)
5. Upon completion of dedicated standby services, Pettis County Ambulance District will bill SERVICE USER for all costs associated with this agreement and SERVICE USER agrees to pay all fees within 30 days of invoice receipt.
6. PCAD reserves the right to refuse any Dedicated Standby Agreement submitted by SERVICE USER less than seven (7) days prior to the start time of requested dedicated standby services event.
7. This agreement may be canceled by either party by giving 24-hours advance notice.
8. Nothing herein shall be construed to create a higher standard of care on the part of EMS than generally recognized under the laws of the State of Missouri Bureau of EMS. PCAD crews may only operate under written protocols and procedures specifically approved by the PCAD Service Medical Director.
9. The charges provided for herein reflect only those charges associated with making EMS more readily available to the SERVICE USER. The normal charges for the care and transportation of patients will be the responsibility of the patient.



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**STANDBY AND SERVICE USER INFORMATION**

**ATTACH PROOF OF EVENT OR ORGANIZATIONAL INSURANCE WHEN SUBMITTING THIS FORM**

The following SERVICE USER information will be used by Pettis County Ambulance District for scheduling and billing for EMS dedicated standby services.

Name/Title of Event: \_\_\_\_\_

**EVENT OCCURRENCE 1**

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: \_\_\_\_\_

**EVENT OCCURRENCE 2 (if applicable)**

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: \_\_\_\_\_

(If request is for more than 2 event occurrences attach additional details to agreement)

Organization Name: \_\_\_\_\_

Primary Contact Person's Name (print): \_\_\_\_\_

Mailing Address (for billing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone # day of event (if different): \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

IN WITNESS WHEREOF, the parties hereto have executed this agreement on the date first noted above.

SERVICE USER

Pettis County Ambulance District

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

| Inc. #       | Event 1 | Event 2 |
|--------------|---------|---------|
| Time Arrived |         |         |
| Time Cleared |         |         |
| Total Hours  |         |         |
| Total Charge |         | \$      |