



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Margaret T. Donnelly
 Director



Jeremiah W. (Jay) Nixon
 Governor

Pursuant to 19 CSR 30-40.375 Uniform Data Collection System and Ambulance Reporting Requirements for Ambulance Services number (3):

Please complete the following and return to the Unit of Emergency Medical Services no later than **April 15, 2013**.

Send only one copy of this form for the entire year. No other form will be accepted. You may return this form by mail or by fax at (573)751-6348.

You will also find copies of the Change of Manager and Change of Medical Director form on our website, www.dhss.mo.gov/ems . Please complete and return if appropriate.

**Number of Ambulance Calls During Calendar Year 2012
 (January 1, 2012 to December 31, 2012)**

Name of Ambulance Service: _____

Ambulance Service License Number _____

Type of Run to the Scene	Type of Run from the Scene	Number of Runs
Emergency Response	Life Threatening	
	Urgent	
	Dry Run (no transport)	
	Subtotal	
Non-Emergency	Life Threatening	
	Urgent	
	Routine	
	Dry Run (no transport)	
	Subtotal	
Grand Total		

www.dhss.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

