



State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
**Vehicle Service Provider
Letter of Commitment**

Resource Hospital Name Decatur Memorial Hospital

Mailing Address 2300 N Edward St

City Decatur

State IL

ZIP Code 62526

Vehicle Service Provider Name Mission Care of Illinois llc, dba Abbott EMS

Provider Number 4879/5879

EMS System Name Decatur Memorial EMS 0653

Emergency Contact Name and Title Brian Gerth

Cell Phone 618-219-5418

E-mail Address brian.gerth@gmr.net

This letter shall serve as a commitment by Mission Care of Illinois llc, dba Abbott EMS as a participating EMS Provider in Decatur Memorial EMS 0653.



Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

As outlined in Section 515.810 and 515.8130 of the EMS Rules and Regulations, the following information is attached:

- List of all vehicles, including year, model, make, VIN number, license plate number, department license number, base location, and level of service.
- Description of each vehicle's role in providing pre-hospital care and patient transport services.
- Definition of primary, secondary, and outlining areas of response for each EMS vehicle.
- Map (s) indicating the base locations of each EMS vehicle, the population base of each service area, and square mileage of the service area.
- Copies of mutual aid agreements with other providers and/or a description of own back-up system that details adequate coverage when an EMS vehicle is responding to a call and a simultaneous call is received for service within that vehicle's coverage area.
- Copy of current FCC license.
- List of all personnel providing pre-hospital care and level of licensure (only copy of highest level of licensure), license numbers, and expiration dates.

I /we commit to the following:

- Not operate any of our ambulance(s) at a level exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless the vehicle is operated pursuant to an EMS system approved in-field service level upgrade or ambulance service upgrades – rural population.
- Provide 24-hour, seven-day-a-week coverage at our highest level of care. (Check all that apply)

☒ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ CCT

I/we commit to following the operational requirements for staffing alterations authorized by the EMS system and submitted to IDPH.
(Check all that apply)

- ☐ Alternate Rural Staffing
- ☒ Alternate Response
- ☐ Alternate Response-Secondary Response Vehicle
- ☐ Alternate Staffing for Private Ambulance Providers
- ☐ Rural Population Staffing Credentialing Exemption
- ☐ Critical Care Transport (CCT)
- ☐ Each CCT ambulance during the provision of Tier II and/or Tier III services shall be staffed with the minimum requirements

I/we agree to:

- Promptly and completely document an appropriate run report and submit data according to the most current version of NEMSIS (i.e., NEMSIS 3 for each emergency call, as required by the EMS System and IDPH).
- Emergency services, which an EMS vehicle is authorized to provide, shall not be denied on the basis of patient's ethnicity, gender, creed, nationality, religious beliefs, sexual preference, or ability to pay for such services.



Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

Mission Care of Illinois llc, dba Abbott EMS

- Continuously carry and maintain the required equipment in working order at all times, and to carry and properly store medications and equipment required by the EMS system.
- Notify the EMS medical director of any changes in personnel providing pre-hospital care in the EMS system in accordance with the EMS manual policies.
- Continuously follow the approved EMS policies and protocols of the EMS system.
- Maintain the optimum response times up to six minutes in primary coverage areas, 6 to 15 minutes in secondary coverage areas, and 15 to 20 minutes in outlying coverage areas.

As outlined in Section 515.400 General Communications d), I/we commit to:

- Have continuous two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
- Comply with the resource hospital's communication plan.

As outlined in Section 515.350 Data Collection and Submission a) 1 and 2), I/we commit to:

- Completing a run report for every emergency pre-hospital or inter-hospital transport and for refusal of care.
- Leaving one copy, paper or electronic, with the receiving hospital emergency department, trauma center, or health care facility before leaving the facility.

Transport provider who also has alternate response vehicle(s)

I/we agree to staff, to equip, and to operate the following (check all that apply) according to the Section 515.835 and provide documentation of medical care provided to the EMS system within 24 hours.

- ☐ Ambulance assistance vehicles, which are dispatched simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance (ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this section are not available).
- ☒ Non-transport vehicles, which are dispatched prior to dispatch of a transporting ambulance and include ambulances and fire engines that contain the staff and equipment by this section.

By signing below, the ambulance provider commits to complying with all applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Brian Gerth

Vehicle Service Provider Director (Print/Type Name)

Brian Gerth

Digitally signed by Brian Gerth
Date: 2023.10.25 11:47:48 -05'00'

Vehicle Service Provider Director Signature

10-25-2023

Date



Emergency Medical Services (EMS) Systems
**Vehicle Service Provider
Letter of Commitment**

Resource Hospital Name Decatur Memorial Hospital

Mailing Address 2300 N. Edward St.

City Decatur State IL ZIP Code 62526

Vehicle Service Provider Name Bethany Fire Protection District

Provider Number 6739 EMS System Name Decatur Memorial EMS 0653

Emergency Contact Name and Title Michael Jennings - Fire Chief

Cell Phone 217-853-3750 E-mail Address michael.jennings@bethany-fire.com

This letter shall serve as a commitment by Bethany Fire Protection District as a participating EMS Provider in Decatur Memorial EMS 0653.



Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

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- Copy of current FCC license.
- List of all personnel providing pre-hospital care and level of licensure (only copy of highest level of licensure), license numbers, and expiration dates.

I /we commit to the following:

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- Provide 24-hour, seven-day-a-week coverage at our highest level of care. (Check all that apply)
☐ ALS ☐ ILS ☐ AEMT ☒ BLS ☐ CCT

I/we commit to following the operational requirements for staffing alterations authorized by the EMS system and submitted to IDPH.
(Check all that apply)

- ☒ Alternate Rural Staffing
- ☐ Alternate Response
- ☐ Alternate Response-Secondary Response Vehicle
- ☐ Alternate Staffing for Private Ambulance Providers
- ☒ Rural Population Staffing Credentialing Exemption
- ☐ Critical Care Transport (CCT)
- ☐ Each CCT ambulance during the provision of Tier II and/or Tier III services shall be staffed with the minimum requirements

I/we agree to:

- Promptly and completely document an appropriate run report and submit data according to the most current version of NEMSIS (i.e., NEMSIS 3 for each emergency call, as required by the EMS System and IDPH).
- Emergency services, which an EMS vehicle is authorized to provide, shall not be denied on the basis of patient's ethnicity, gender, creed, nationality, religious beliefs, sexual preference, or ability to pay for such services.



Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

Bethany Fire Protection District

- Continuously carry and maintain the required equipment in working order at all times, and to carry and properly store medications and equipment required by the EMS system.
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- Continuously follow the approved EMS policies and protocols of the EMS system.
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- Comply with the resource hospital's communication plan.

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- Completing a run report for every emergency pre-hospital or inter-hospital transport and for refusal of care.
- Leaving one copy, paper or electronic, with the receiving hospital emergency department, trauma center, or health care facility before leaving the facility.

Transport provider who also has alternate response vehicle(s)

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- ☐ Non-transport vehicles, which are dispatched prior to dispatch of a transporting ambulance and include ambulances and fire engines that contain the staff and equipment by this section.

By signing below, the ambulance provider commits to complying with all applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Michael Jennings

Vehicle Service Provider Director (Print/Type Name)

Michael Jennings

Digitally signed by Michael Jennings
Date: 2023.10.05 08:36:44 -05'00'

Vehicle Service Provider Director Signature

10/5/2023

Date



Emergency Medical Services (EMS) Systems
**Vehicle Service Provider
Letter of Commitment**

Resource Hospital Name Decatur Memorial Hospital

Mailing Address 2300 N Edward Street

City Decatur State IL ZIP Code 62526

Vehicle Service Provider Name _____

Provider Number 06 6750 EMS System Name Decatur Memorial Hospital #0653

Emergency Contact Name and Title Shawne Martz EMS Coordinator

Cell Phone 217-264-2969 E-mail Address findlayems@gmail.com

This letter shall serve as a commitment by as a participating EMS Provider in .

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- Provide 24-hour, seven-day-a-week coverage at our highest level of care. (Check all that apply)

☒ ALS ☒ ILS ☐ AEMT ☒ BLS ☐ CCT

I/we commit to following the operational requirements for staffing alterations authorized by the EMS system and submitted to IDPH.
(Check all that apply)

☒ Alternate Rural Staffing

☐ Alternate Response

☐ Alternate Response-Secondary Response Vehicle

☐ Alternate Staffing for Private Ambulance Providers

☐ Rural Population Staffing Credentialing Exemption

☐ Critical Care Transport (CCT)

☐ Each CCT ambulance during the provision of Tier II and/or Tier III services shall be staffed with the minimum requirements

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Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

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Transport provider who also has alternate response vehicle(s)

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By signing below, the ambulance provider commits to complying with all applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Shawne Martz

Vehicle Service Provider Director (Print/Type Name)

Shawne E Martz

11/1/2023

Vehicle Service Provider Director Signature

Date



Emergency Medical Services (EMS) Systems
**Vehicle Service Provider
Letter of Commitment**

Resource Hospital Name Decatur Memorial Hospital

Mailing Address 2300 N. Edward St.

City Decatur State IL ZIP Code 62526

Vehicle Service Provider Name Hickory Point Fire Protection District

Provider Number 6424 EMS System Name Decatur Memorial EMS 0653

Emergency Contact Name and Title Josh Trendler - Fire Chief

Cell Phone 217-433-4897 E-mail Address station@hpfpd.org

This letter shall serve as a commitment by Hickory Point Fire Protection District as a participating EMS Provider in Decatur Memorial EMS 0653.



Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

As outlined in Section 515.810 and 515.8130 of the EMS Rules and Regulations, the following information is attached:

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- Provide 24-hour, seven-day-a-week coverage at our highest level of care. (Check all that apply)
☒ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ CCT

I/we commit to following the operational requirements for staffing alterations authorized by the EMS system and submitted to IDPH.
(Check all that apply)

- ☐ Alternate Rural Staffing
- ☐ Alternate Response
- ☐ Alternate Response-Secondary Response Vehicle
- ☐ Alternate Staffing for Private Ambulance Providers
- ☐ Rural Population Staffing Credentialing Exemption
- ☐ Critical Care Transport (CCT)
- ☐ Each CCT ambulance during the provision of Tier II and/or Tier III services shall be staffed with the minimum requirements

I/we agree to:

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Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

Hickory Point Fire Protection District

- Continuously carry and maintain the required equipment in working order at all times, and to carry and properly store medications and equipment required by the EMS system.
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Transport provider who also has alternate response vehicle(s)

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By signing below, the ambulance provider commits to complying with all applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Josh Trendler

Vehicle Service Provider Director (Print/Type Name)

Josh Trendler

Digitally signed by Josh Trendler
Date: 2023.11.01 21:40:33 -05'00'

Vehicle Service Provider Director Signature

11/1/2023

Date



State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
Vehicle Service Provider
Letter of Commitment

Resource Hospital Name Decatur Memorial Hospital
Mailing Address 2300 N. Edward Street
City Decatur State FL ZIP Code 62526
Vehicle Service Provider Name Lovington Com. Ambulance
Provider Number 6756 EMS System Name Decatur Memorial 62526
Emergency Contact Name and Title Steve Fleming EMT-E, Chairman of board
Cell Phone 217-460-9928 E-mail Address mrsmguy@gmail.com / Lovambone-eleven.net
This letter shall serve as a commitment by as a participating EMS Provider in.

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- ☐ ALS ☒ ILS ☐ AEMT ☒ BLS ☐ CCT

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- ☐ Alternate Rural Staffing
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State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

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Steven M Fleming

Vehicle Service Provider Director (Print/Type Name)

Steven M Fleming

Vehicle Service Provider Director Signature

10-2-23

Date



Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

Resource Hospital Name Decatur Memorial Hospital

Mailing Address 2300 N. Edward

City Decatur

State Illinois

ZIP Code _____

Vehicle Service Provider Name RuralMed, LLC

Provider Number 5123

EMS System Name Decatur Memorial Hospital 0653

Emergency Contact Name and Title Ethan Bouser, CEO

Cell Phone 618-267-9823

E-mail Address Ethan.Bouser@ruralmedems.com

This letter shall serve as a commitment by _____ as a participating EMS Provider in.

As outlined in Section 515.810 and 515.8130 of the EMS Rules and Regulations, the following information is attached:

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Emergency Medical Services (EMS) Systems
**Vehicle Service Provider
Letter of Commitment**

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E. Map Bousier

Vehicle Service Provider Director (Print/Type Name)

Vehicle Service Provider Director Signature

Date