

Resource Hospital Name Decatur M	emorial Hospital	
Mailing Address 2300 N Edward St		
City Decatur	State IL	ZIP Code 62526
Vehicle Service Provider Name Miss	ion Care of Illinois Ilc, dba Abbott EMS	
Provider Number 4879/5879	EMS System Name Decatur Memorial EMS	5 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 semmitme	ont by Missian Casa of Illianis IIa dha Abbatt CMS as a godisian	Nine FMC Described in Description

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



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-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.



Mission Care of Illinois Ilc, 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.

Digitally signed by Brian Gerth

 Leaving one copy, paper or electronic, with the receiving hospital emergency department, trauma center, or health care facility before leaving the facility.

Tr

Transport provider who also has alternate response vehicle(s)
/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)

Date: 2023.10.25 11:47:48 -05'00' Vehicle Service Provider Director Signature

Brian Gerth

10-25-2023 Date



Resource Hospital Name Decatur Memor	ial Hospital		
Mailing Address 2300 N. Edward St.			
City Decatur		State <u>IL</u>	ZIP Code 62526
Vehicle Service Provider Name Bethany F	ire Protection District		
Provider Number 6739	EMS System Name	Decatur Memorial El	MS 0653
Emergency Contact Name and Title Micha	ael Jennings - Fire Chief		
Cell Phone 217-853-3750	E-mail Address michael.jennir	gs@bethany-fire.cor	n
and the same of th	The second second second	2000 000 2002	,

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

Page 1 of 4 10Cl 24-28 (BC)



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.
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- 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.

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

IOCI 24-28 UBCD



Vehicle 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.
- 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.

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- · 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)

	to operate the following (check all that applorovided to the EMS system within 24 hours.	ly) according to the Section 515.835 and provide	
	ambulance assistance vehicles shall not fun	with an ambulance and assist with patient care prior to th ction as assist vehicles if staff and equipment required by	
	hich are dispatched prior to dispatch of a tr taff and equipment by this section.	ansporting ambulance and include ambulances and fire	
	provider commits to complying with all appinay be amended from time to time.	licable requirements of the EMS Act, EMS Code, and the	
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'	10/5/2023	
Vehicle Service Provider Director S	Signature	Date	



Resource Hospita	Name Decatur Mem	orial Hospital				
Mailing Address	2300 N Edward Stree	t				
City Decatur				State IL.	ZIP Cod	de <u>62526</u>
Vehicle Service P	rovider Name					
Provider Number	06 6750	EMS	S System Name	Decatur Memorial Ho	spital #0653	
Emergency Conta	ct Name and Title Sh	awne Martz EMS Coo	rdinator			
Cell Phone 217-	264-2969	E-mail Address	findlayems@g	gmail.com		
This letter shall se	erve as a commitment	by as a participating	EMS Provider in	1.		
	tion 515.810 and 515 ehicles, including year vice.			2545) (1944) 2400 (2500) 2500 (2500) 2500 (2500)		
 Description 	n of each vehicle's role	in providing pre-hosp	pital care and pa	tient transport servic	es.	
	of primary, secondary					en en takke en en til
 Map (s) income service are 	licating the base locat a.	ions of each EMS vehi	icle, the populat	ion base of each serv	ice area, and square	e mileage of the
when an E	nutual aid agreements MS vehicle is respond					
100 March 100 Ma	rrent FCC license.				. 97 999 11 0	2 12 6
List of all p expiration	ersonnel providing pro dates.	e-hospital care and lev	vel of licensure (only copy of highest l	level of licensure), li	cense numbers, and
I /we commit to t	he following:					
support, a	e any of our ambulan dvanced life support), nce service upgrades -	unless the vehicle is o				
 Provide 24 	-hour, seven-day-a-we	ek coverage at our hi	ghest level of ca	re. (Check all that ap	ply)	
⊗als (⊗ILS □ AEMT	⊗BLS □ CCT				
I/we commit to fo (Check all that ap	ollowing the operation ply)	al requirements for s	taffing alteration	ns authorized by the I	EMS system and sub	omitted to IDPH.
⊗ Alternate	Rural Staffing					
☐ Alternate	Response					
☐ Alternate	Response-Secondary	Response Vehicle				
☐ Alternate	Staffing for Private An	bulance Providers				
☐ Rural Pop	ulation Staffing Crede	ntialing Exemption				
☐ Critical Ca	re Transport (CCT)					
☐ Each CCT	ambulance during the	provision of Tier II an	d/or Tier III serv	rices shall be staffed v	with the minimum re	equirements

I/we agree to:

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

Vehicle Service Provider Director Signature

documentation of me	dical care provided to	the EMS system withi	n 24 hours.		
Ambulance as	sistance vehicles, which	ch are dispatched simu	ultaneously with an	ambulance and assist wit	h patient care prior to t

I/we agree to staff, to equip, and to operate the following (check all that apply) according to the Section 515.835 and provide

<u> </u>	neously with an ambulance and assist with patient care prior to the not function as assist vehicles if staff and equipment required by					
Non-transport vehicles, which are dispatched prior to dispatch of a transporting ambulance and include ambulances and engines that contain the staff and equipment by this section.						
By signing below, the ambulance provider commits to complying with EMS System Program Plan, as all may be amended from time to time.						
Shawne Martz						
Vehicle Service Provider Director (Print/Type Name)						
Shawne & Martz	11/1/2023					

Date

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Resource Hospital Name Decatur	Memorial Hospital		
Mailing Address 2300 N. Edward S	t.		
City Decatur		tate <u>IL</u>	ZIP Code 62526
Vehicle Service Provider Name Hic	kory Point Fire Protection District		
Provider Number 6424	EMS System Name [ecatur Memorial E	:MS 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 commitm 0653.	nent by Hickory Point Fire Protection Distri	ct as a participatin	g EMS Provider in Decatur Memorial EMS

Page 1 of 4 10Cl 24-28 VECD



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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:

111	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
	commit to following the operational requirements for staffing alterations authorized by the EMS system and submitted to IDPH. ck 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 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.

Page 2 of 4 IOCI 24-28 UECD



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.
- 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.
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- 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.

Josh Trendler			
Vehicle Service Provider Direct	or (Print/Type Name)		
Josh Trendler	Digitally signed by Josh Trendler Date: 2023.11.01 21:40:33 -05'00'	11/1/2023	
Vehicle Service Provider Direct	or Signature	Date	

Page 3 of 4 IOCI 24-28 VBCI



Resource Hospital Name Decatur Nevnurial Hospital
Malling Address 2300 N. Edward Street
City Decatur State F/ ZIP Code 62526
Vehicle Service Provider Name Louington Com. Am bulance
Provider Number 6756 EMS System Name Decetur Negrorial 62524
Emergency Contact Name and Title Steve Flewing Ent-I, Chairman of board
Cell Phone 217-460-9928 E-mail Address mranguy Pymailicen / Lovan b Pone-eleven.
This letter shall serve as a commitment by as a participating EMS Provider in .
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☐ ALS 🔀 ILS ☐ AEMT 🔀 BLS ☐ CCT
/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 services, which an EMS vehicle is authorized to provide, shall not be denied on the basis of patient's ethnicity, gender,

Page 1 of

KOCI 24-28 4850

creed, nationality, religious beliefs, sexual preference, or ability to pay for such services.



- · 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
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Transport provider who also has alternate response vehicle(s) Uhun mass to seem to

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documentation of medical care provided to the EMS system within 24 because	ording to the Section 515 835 and provide
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to the time system within 24 hours.	

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ш	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.

Steven in Fleming	
Vehicle Service Provider Director (Print/Type Name)	
. // ^^	3. 8 3
Vehicle Service Provider Director Signature	
remote service Provider Director Signature	Date

Page 2 of

IOCI 24-28 400CD



Resource Hospital Name Decatur Memo	orial Hospital		
Malling Address 2300 N. Edward			
City Decatur		State Illinois	ZIP Code
Vehicle Service Provider Name RuralMe	ed, LLC		
Provider Number 5123		EMS System Name Decatur Memorial Hospital 0	0653
Emergency Contact Name and Title Eth	an Bouser, CEO		
Cell Phone 618-267-9823	E-mail Ad	dress Ethan.Bouser@ruralmedems.com	
This letter shall serve as a commitment	by as a particip	pating EMS Provider in.	
As outlined in Section 515.810 and 515.	.8130 of the EM:	S Rules and Regulations, the following information	on is attached:
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Copies of mutual aid agreements when an EMS vehicle is reconstituted.	with other prov	riders and/or a description of own back-up system	m that details adequate coverage
Copy of current FCC license.	ng to a call and a	a simultaneous call is received for service within	that vehicle's coverage area.
	-hospital care a	nd level of licensure (only copy of highest level o	•••
- P I alica		indicate of incensure (only copy of nignest level of	r licensure), license numbers, and
/we commit to the following:			
or ambulance service upgrades –	rural population		fe support, intermediate life ed in-field service level upgrade
Provide 24-hour, seven-day-a-wee	ek coverage at o	ur highest level of care. (Check all that apply)	
ALS 🗌 ILS 🗌 AEMT		сст	
/we commit to following the operationa Check all that apply)	I requirements t	for staffing alterations authorized by the EMS sys	stem and submitted to IDPH.
☐ Alternate Rural Staffing			
☐ Alternate Response			
☐ Alternate Response-Secondary Re	esponse Vehicle		
☐ Alternate Staffing for Private Amb			
Rural Population Staffing Credent			
☐ Critical Care Transport (CCT)	0 , r.		
10 00 00 00 00 00 00 00 00 00 00 00 00 0	rovision of Tier I	l and/or Tier III services shall be staffed with the	12.00
we agree to:		staffed with the	minimum requirements

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Transport provider who also has alternate response vehicle(s)

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Elhap Buser	
Vehicle Service Provider Director (Print/Type Name)	
Vehicle Service Provider Director Signature	Date