

POLICY NO: 12-02  
ADOPTED: March 6, 2012  
REVISED: August 16, 2016

CITY OF SOUTH MILWAUKEE  
EMERGENCY MEDICAL SERVICES (EMS)  
FEE DISPUTE RESOLUTION POLICY

The purpose of this policy is to provide a process for recipients of emergency medical services provided by fire department personnel to dispute the charges that are billed as a result of the services rendered.

Dispute Resolution Process

- 1) Persons disputing their EMS charges shall be instructed to contact the billing agency responsible for this service for the City of South Milwaukee. The dispute must be filed within 60 days of the issuance of the original bill.
- 2) Upon being contacted by the disputant, the billing agency will determine if the disputed charges were billed appropriately. If discrepancies are found in the accuracy of the billing, the billing agency will amend said charges and re-issue the bill. If the billing agency determines that the charges were billed appropriately, the disputed information will be forwarded to the Fire Chief (or appropriate department representative) with a written statement confirming such findings.
- 3) Upon receiving the above information from the billing agency, the Fire Chief (or appropriate department representative) will review the facts surrounding the disputed charges by examining the Patient Care Report (PCR) and determine if the charges were appropriate. If the charges are determined to be levied in error or inaccurate, the Fire Chief (or appropriate department representative) will issue a written statement to the billing agency indicating such and requesting that the charges be voided. If the determination is such that the charges are justified, the Fire Chief (or appropriate department representative) will issue a written statement to the City Administrator indicating same. Both this statement and the one received from the billing agency will be forwarded along with the original information to the City Administrator for final determination as to the disposition of the charges.
- 4) Upon receipt of the documentation from the billing agency and Fire Chief (or appropriate department representative), the City Administrator will determine the final disposition of the charges and notify the disputant of those results. Record of the dispute shall be maintained at the fire department.

CITY OF SOUTH MILWAUKEE  
EMERGENCY MEDICAL SERVICES (EMS)  
FEE DISPUTE RESOLUTION INFORMATION  
(Please print legibly & complete in ink)

Date dispute was filed: \_\_\_\_\_

Person filing dispute: \_\_\_\_\_

Address of person filing dispute: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to person for whom services were provided: \_\_\_\_\_

Date services were provided: \_\_\_\_\_

Location where services were provided: \_\_\_\_\_

Case / Run Number from Patient Care Report (PCR): \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Reason / Justification for dispute: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Reviewed by billing agency – Date: \_\_\_\_\_  
Disposition:    Justified                    Received by FD – Date \_\_\_\_\_  
                   Amended / Voided (Reason): \_\_\_\_\_

Reviewed by Fire Chief / Dept. Representative – Date: \_\_\_\_\_  
Disposition:    Justified                    Forwarded to City Administrator  
                   Voided (Reason): \_\_\_\_\_  
                   Written statement forwarded to billing agency  
Reviewed By: \_\_\_\_\_

Reviewed by City Administrator – Date: \_\_\_\_\_  
Disposition:    Justified  
                   Voided (Reason): \_\_\_\_\_  
                   Notification made to disputant

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
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