

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
AMBULANCE SERVICE FUND**

Requesting Department: Ambulance
 Signature of Department Head: *J. Mike Newby*
 Date Requested: 17-Jan-14
 Approved By: _____
 Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
118-43120 Patient Charges	\$ 6,480,000	\$ 6,480,000	\$ 2,948,790	\$ 20,000		\$ 6,500,000
118-55130-509 Refunds	\$ 40,000	\$ 40,000	\$ 38,136	\$ 20,000		\$ 60,000
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EXPLANATION FOR ABOVE AMENDMENT REQUEST

We are requesting to transfer funds from Patient Charges to our Refunds account to cover overpayments from insurance companies and patients. We have experienced a huge increase in overpayments in the last two months.

Finance Department Use Only

Date Posted: _____
 Posted By: _____