

Annual Maddy Fund Report to the Legislature  
Emergency Medical Services Fund

**Please type or print responses clearly**

County Reporting \_\_\_\_\_

Maddy Fund Administrator \_\_\_\_\_

	Name	Title
Telephone _____	_____	_____

E-mail \_\_\_\_\_

Court Contact \_\_\_\_\_

	Name	Title
Telephone _____	_____	_____

Email \_\_\_\_\_

Date Report Submitted \_\_\_\_\_

Fiscal Year Reporting Period \_\_\_\_\_

\*1. Total amount of fines and forfeitures collected. \$ \_\_\_\_\_

\*2. Total amount penalty assessments collected. \$ \_\_\_\_\_

3. Total amount deposited into the EMS Fund. \$ \_\_\_\_\_

4. Total amount of all allowable physician claims submitted. \$ \_\_\_\_\_

5. Number of physician claims paid. \_\_\_\_\_

6. Based on the County's uniform fee schedule, at what percentage were physician claims paid in the "initial" payment? \_\_\_\_\_%

7. Based on the County's uniform fee schedule, at what percentage were physician claims paid in a second payment (if a second payment was made in accordance with H&S Code Section 1797.98a.(d)? \_\_\_\_\_%

8. If your payment methodology requires the submission of claims by hospitals, what was the amount of those claims? \$ \_\_\_\_\_

Percentage of claims paid \_\_\_\_\_%

Does not apply – hospital funds not distributed on a claims basis. Please refer to attached policy & procedures.

Account	Beginning Fund Balance	Deposits	Disbursements	Remaining Fund Balance
Physician (58%)				
Hospitals (25%)				
EMS Purposes (17%)				
Administration	0			0
TOTAL				

Attach 1) copies of all policies, procedures, and any regulatory actions your county uses to administer the fund, 2) a description of the county's methodology for paying physicians and hospitals from the fund, and 3) the name(s) of physician and hospital administrator organizations, or the name(s) of specific physicians and hospital administrators, the county contacted to review the county's claims payment methodologies.

\*Note: As reported to counties by state operated courts