

RESOLUTION 91-87

WHEREAS the Department of Emergency Services received monies for reimbursement of equipment not returned by patients.

WHEREAS these revenues were not anticipated in the 1990/91 budget for the General Fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the 10th day of June, 1991, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

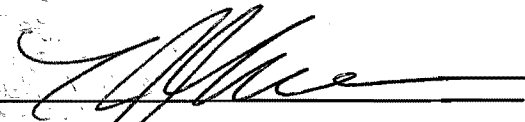
001-342-600-101 Fees-Ambulance Service \$ 1,700.00

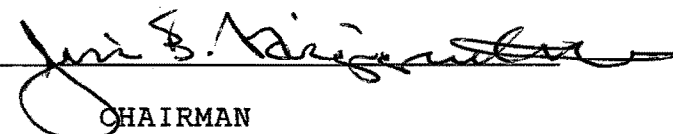
APROPRIATION

001-161-64-101 Equipment \$ 1,700.00

ADOPTED this 10th day of June, 1991.

ATTEST:

  
EX-OFFICIO CLERK

  
CHAIRMAN



91-87

NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS  
DEPARTMENT OF EMERGENCY SERVICES

NASSAU COUNTY OFFICE ANNEX  
11 North 14th Street, Box 12  
Fernandina Beach, Florida 32034-0494



ARMON C. SUMMERALL  
Director

- DIVISIONS
- Civil Defense
  - Communications
  - Emergency Medical Services
  - Fire
  - Fuel Allocation
  - Water Safety

M E M O R A N D U M

TO: CATHY LEWIS, FINANCE DIRECTOR

FROM: ARMON C. SUMMERALL, DIRECTOR *AS*

RE: MONEY COLLECTED FOR EQUIPMENT

DATE: MAY 16, 1991

(904) 261-6612  
 (904) 879-3300  
 Suncom 821-5227  
 Emergency Dial 911  
 (904) 261-5962

004	<del>1,500.00</del> *
	250.00 +
	200.00 +
	250.00 +
	800.00 +
	200.00 +
005	1,700.00 *

\*\*\*\*\*

THE FOLLOWING MONEY WAS RECEIVED BY THE DEPARTMENT OF EMERGENCY SERVICES FOR SPINAL IMMOBILIZATION EQUIPMENT NOT RETURNED BY AREA HOSPITALS.

PATIENT'S INSURANCE COMPANY: U.S. TREASURY-NAVY

CHECK DATED APRIL 15, 1991 CHECK AMT \$400.00

AMOUNT COLLECTED: \$250.00

DEPOSIT WAS MADE BY THE DEPARTMENT OF EMERGENCY SERVICES ON MAY 2, 1991

PLEASE PLACE THESE FUNDS IN ACCOUNT #001-161-64-101

FINANCE DEPT.

MAY 91 3 11



United States Treasury 15-51 000



Pay to the order of

NASSAU COUNTY EMERGENCY SERVIC  
BOX 12  
FERNANDINA BEACH FL 32034

NAVY

5232-31244933

Check No.

APR 15 1991

\*\*\*\*\*400.00

\*\*\*\*\*400DOLLARS00CENTS

VOID AFTER ONE YEAR



52327

000000518 312449335

<b>'ADVICE OF PAYMENT'</b>		PAID BY		NAVY REGIONAL FINANCE CENTER GREAT LAKES, ILLINOIS 60088			
CONTRACTOR NAME NASSAU COUNTY EMERGENCY SERVIC			CHECK NUMBER 31244933		DATE 04 15 91		
			CONTRACT NUMBER LNASSAUCOUNTY				
INVOICE NUMBER	PAYMENT REF. NUMBER	* BILLED AMOUNT	ADJUSTMENTS	NET AMOUNT			
0260170260 *FULLER WILLIE	17873	912281 40000				40000	
	***TOTAL CHECK***	***				40000	

(SEE REVERSE SIDE)



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TO: CATHY LEWIS, FINANCE DIRECTOR  
 FROM: ARMON C. SUMMERALL, DIRECTOR *AMS*  
 RE: MONEY COLLECTED FOR EQUIPMENT  
 DATE: MAY 16, 1991

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THE FOLLOWING MONEY WAS RECEIVED BY THE DEPARTMENT OF EMERGENCY SERVICES FOR SPINAL IMMOBILIZATION EQUIPMENT NOT RETURNED BY AREA HOSPITALS.

PATIENT'S INSURANCE COMPANY: GOLDEN RULE INSURANCE  
 CHECK DATED APRIL 24, 1991 CHECK AMT \$402.40  
 AMOUNT COLLECTED: \$200.00

DEPOSIT WAS MADE BY THE DEPARTMENT OF EMERGENCY SERVICES ON MAY 2, 1991

PLEASE PLACE THESE FUNDS IN ACCOUNT #001-161-64-101

FINANCE DEPT.

20 MAY 91 3:16

DEPT OF PUBLIC SAFETY
11 NORTH 14TH STREET
BOX 12
FERNANDINE BCH FL 32034

If you have any questions about this claim or additional information you wish us to review please contact:

Golden Rule Building
7440 Woodland Drive
Indianapolis, Indiana 46278-1719
Telephone (317) 297-4189

PLEASE RETAIN THIS WORKSHEET FOR YOUR TAX PURPOSES.

Table with columns: INSURED, NAME, ID. NO., PATIENT, NAME, CONTROL NO., ACCOUNT NO., SERVICE DATES, ACCOUNT SUMMARY (TOTAL CHARGED, PAYMENT AMOUNT). Includes data for Robert Crews and Karen Crews, and a summary row for Total Benefit Payable.

IF YOU HAVE ASSIGNED MORE THAN ONE ACCOUNT NUMBER PER PATIENT, WE HAVE SHOWN THE EARLIEST ONE. PLEASE CROSS-REFERENCE YOUR RECORDS TO ENSURE ALL ACCOUNTS ARE PROPERLY CREDITED.

TOTAL BENEFIT PAYABLE 402.40

PLEASE TEAR ALONG DOTTED LINE

Golden Rule

Golden Rule Insurance Company
Home Office
Golden Rule Building
Lawrenceville, Illinois 62439
Telephone (618) 943-8000

20-5
740

NUMBER
2742246
CLAIMS DRAFT

NOT NEGOTIABLE AFTER 90 DAYS

DATE APRIL 24, 1991

AT SIGHT WHEN APPROVED TO THE ORDER OF

DEPT OF PUBLIC SAFETY

FOUR HUNDRED TWO AND 40/100

FOR TIN 591863042-00

PAYABLE THROUGH INDIANA NATIONAL BANK
INDIANAPOLIS, INDIANA 46266

\*\*\*\*\*402.40\*\*\*\*\*

PAY John M. Whelan
Theresa [Signature]

2742246 074000052 70000 433



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(904) 261-5962

TO: CATHY LEWIS, FINANCE DIRECTOR

FROM: ARMON C. SUMMERALL, DIRECTOR *ACS*

RE: MONEY COLLECTED FOR EQUIPMENT

DATE: MAY 13, 1991

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THE FOLLOWING MONEY WAS RECEIVED BY THE DEPARTMENT OF EMERGENCY SERVICES FOR SPINAL IMMOBILIZATION EQUIPMENT NOT RETURNED BY AREA HOSPITALS.

PATIENT'S INSURANCE COMPANY: PROGRESSIVE COMPANIES

CHECK DATE: 5/8/91 CHECK NUMBER: 400985475

AMOUNT COLLECTED: \$250.00

DEPOSIT WAS MADE BY THE DEPARTMENT OF EMERGENCY SERVICES ON MAY 13, 1991

PLEASE PLACE THESE FUNDS IN ACCOUNT #001-161-64-101

FINANCE DEPT.

14 MAY 91 2 15

VOID IF NOT PRESENTED WITHIN 6 MONTHS AFTER DATE OF ISSUE

56-389

412

Policy # 00961168-000	Insured RODGER, IRENE R	Date Issued 5/ 8/1991	Area Code 819	Draft Number 400985475
Claim # 910286887	Claimant CROFT MELINDA	Date of Loss 2/26/1991	State Code FL	Office Issued At FL-FLPIP-BRN-

Dollars \$\*\*\*\*\*425.00\*\*

PAY FOUR HUNDRED TWENTY FIVE AND 00/100

In Payment Of  
MED BENE AT 80% MD PY AT 20% DTE OF SERV. 2/26/91

CDS  
CODE 02PCL

Payable through *First National Bank of Ashland*  
An affiliate of *National City Bank*  
P.O. Box 6041, Cleveland, OHIO 44101

*progressive companies*

Pay  
To NASSAU COUNTY EMERGENCY SERVICES\*\*\*\*\*  
11 NORTH 14TH ST. BOX 12  
FERNANDINA BCH. FL 32034

- 07 PNIC \_\_\_\_\_ 02 PAIC \_\_\_\_\_ 04 PSEIC \_\_\_\_\_
- 01 PCIC \_\_\_\_\_ 03 PSIC X 09 PATIC-NY \_\_\_\_\_
- 08 PCMIC \_\_\_\_\_ 05 PNIC \_\_\_\_\_
- Other \_\_\_\_\_ 06 PPIC \_\_\_\_\_ 12 TEXAS PASP \_\_\_\_\_

BY *Laurel Willard*  
AUTHORIZED SIGNATURE

⑈400985475⑈ ⑆041203895⑆ 7701870⑈



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DATE: MAY 13, 1991

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THE FOLLOWING MONEY WAS RECEIVED BY THE DEPARTMENT OF EMERGENCY SERVICES FOR SPINAL IMMOBILIZATION EQUIPMENT AND MAST SUIT NOT RETURNED BY AREA HOSPITALS.

PATIENT'S INSURANCE COMPANY: AETNA

AMOUNT COLLECTED: \$800.00

DEPOSIT WAS MADE BY THE DEPARTMENT OF EMERGENCY SERVICES ON MAY 13, 1991

PLEASE PLACE THESE FUNDS IN ACCOUNT #001-161-64-101

FINANCE DEPT.

14 MAY 91 2:15





NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS  
**DEPARTMENT OF EMERGENCY SERVICES**

NASSAU COUNTY OFFICE ANNEX  
11 North 14th Street, Box 12  
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**ARMON C. SUMMERALL**  
Director

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M E M O R A N D U M

TO: CATHY LEWIS, FINANCE DIRECTOR

FROM: ARMON C. SUMMERALL, DIRECTOR *ACS*

RE: MONEY COLLECTED FOR EQUIPMENT

DATE: MAY 13, 1991

(904) 261-6612  
(904) 879-3300  
Suncom 821-5227  
Emergency Dial 911  
(904) 261-5962

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THE FOLLOWING MONEY WAS RECEIVED BY THE DEPARTMENT OF EMERGENCY SERVICES FOR SPINAL IMMOBILIZATION EQUIPMENT NOT RETURNED BY AREA HOSPITALS.

PATIENT'S INSURANCE COMPANY: COLONIAL INSURANCE

CHECK DATE: 5/1/91 CHECK NUMBER: 0300023210

AMOUNT COLLECTED: \$200.00

DEPOSIT WAS MADE BY THE DEPARTMENT OF EMERGENCY

SERVICES ON MAY 13, 1991

PLEASE PLACE THESE FUNDS IN ACCOUNT #001-161-64-101

FINANCE DEPT.

14 MAY 91 2:15

Colonial Insurance Company of California  
2390 East Oranewood Avenue - P.O. Box 4347 - Anaheim, Ca 92803-4347

Security Pacific National Bank 0300023210 16-4  
2880 N. Main St.  
Santa Ana, Ca 92701 1220

INSURED \*SWINK, LEROY  
CLMANT# 002 COV 160 TRAN 41

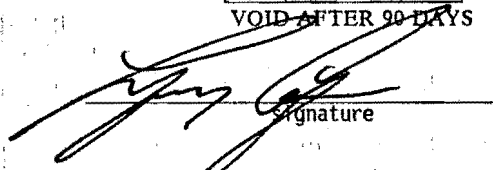
LOSS # 0900026404 LOSS DATE 02/07/1991  
ADJUSTOR 06E POLICY # 090166154  
IRS# 591863042 DATE 05/01/1991

FOR PIP BENEFITS PAID AT 80%. DATE OF SERVICE  
2/7/91. PATIENT #910325

PAY \$Four Hundred Seventy-Six and NO/100 Dollars

\$476.00  
VOID AFTER 90 DAYS

\*\*\*\*\*  
TO THE ORDER OF NASSAU COUNTY EMERGENCY SERVICES  
11 NORTH 14TH STREET  
FERNENDIA BEACH FL 32034

  
signature  
signature

⑈0300023210⑈ ⑆122000043⑆928⑈966313⑈