

# Trip Details

Date of Service: 2/7/2015

Customer SSN: 000-00-0000

Responded From: A--LR -- POST 41

Call Type: ALS

Nature of Call: Sick Person

Primary Complaint:

Complaint #2: <None>

Primary Payor: BILL PATIENT

At Scene Odometer:

Total Loaded Miles

At Dest Odometer:

Run Number: 9,372

Trip Number: 0088-A

Vehicle: 235

Pick Up Time: 11:02:06

Call Started: 11:00:57 02/07/15

## RUN TIMES

Call Taken: 11:02:06 02/07/15

Dispatched: 11:02:40

Enroute: 11:04:51

At Scene: 11:12:00

Transporting: 11:25:13

At Destination: 11:34:41

Partially Available: 11:54:26

Available: 11:54:26

Dispatch Comment:

## PICK-UP AND DESTINATION INFORMATION

### Pick Up Information

LITTLE ROCK FAMILY PLANNING SERVICES - side door  
LITTLE ROCK, AR 72211

Initial Priority: 762 MEDICAL EMERGENCY

Phone: (501) 225-3836 Ext.

### Drop Off Information

H.UAMS  
LITTLE ROCK, AR 72205

Transport Priority: 762 MEDICAL EMERGENCY

Phone: (501) 526-2047 Ext.

## TRIP NOTES

<u>Date</u>	<u>Time</u>	<u>Rv</u>	<u>Description</u>
2/7/2015	4:31:34PM		on scene time 1112 per crew

Call Taking

02/07/2015

SSN: 000-00-0000

Modify Customer

Add Trip

February 2015						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Trip #	Pick-Up	Status	Pick-Up Address	Drop-Off Address
0088-A	11:02:06	Billed	4 OFFICE PARK DR	4301 W MARKHAM ST

Run Number:  
00009372

Dispatch Status:  
Complete

Billing Status:  
Billed

- 1 · Service
- 2 · Medical
- 3 · Billing
- 4 · Frequency
- 5 · Alerts
- 6 · Notes
- 7 · Supplemental
- 8 · History

<p><b>Pick-up</b></p> <p>Facility: LITTLE ROCK FAMILY PLANNING SERVICES</p> <p>Address: 4 OFFICE PARK DR</p> <p>Dept:</p> <p>Apt/Ste/Rm: side door</p> <p>City: LITTLE ROCK AR 72211</p> <p>Zone: LITTLE ROCK Map page:</p> <p>Phone: (501) 225-3836 Ext. _____ Discharged:</p>	<p><input checked="" type="radio"/> Drop-off <input type="radio"/> Source</p> <p>Facility: H.UAMS</p> <p>Address: 4301 W MARKHAM ST</p> <p>Dept:</p> <p>Apt/Ste/Rm:</p> <p>City: LITTLE ROCK AR 72205</p> <p>Zone: LITTLE ROCK Map page: LEVEL 1</p> <p>Phone: (501) 526-2047 Ext. _____ Admitted:</p>
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Company: Metropolitan EMS	Pick-up: 11:02	Will call	Incident #:
Nature: Sick Person	Appointment: 11:09	00:07	Companions: 0 PCAs: 0
Call type: ALS	Requested time: 11:02	<input checked="" type="checkbox"/> Response zone: LITTLE ROCK	
Priority: 762 MEDICAL EMERGENCY C2		<input checked="" type="checkbox"/> Dispatch zone: LITTLE ROCK	
Transport: 762 MEDICAL EMERGENCY C2			

Comments: p

Do Not Archive  
 ProQA  
 Save  
 Save & Continue

# Trip Details

Date of Service: 3/11/2015

Run Number: 17,633

Trip Number: 0103-A

Vehicle: 604

Pick Up Time: 11:48:14

Responded From: A--LR -- POST 41

Call Started: 11:46:33 03/11/15

Call Type: ALS

### RUN TIMES

Nature of Call:

Call Taken: 11:48:15 03/11/15

Primary Complaint:

Dispatched: 11:48:29

Complaint #2: <None>

Enroute: 11:53:28

Primary Payor: BILL PATIENT

At Scene: 11:58:25

Transporting: 12:09:45

At Scene Odometer:

Total Loaded Miles

At Destination: 12:25:19

At Dest Odometer:

Partially Available: 12:42:06

Available: 12:42:06

Dispatch Comments:

### PICK-UP AND DESTINATION INFORMATION

#### Pick Up Information

LITTLE ROCK FAMILY PLANNING SERVICES - OR Room  
LITTLE ROCK, AR 72211

Initial Priority:

Phone: (501) 225-3836 Ext.

#### Drop Off Information

H.UAMS  
LITTLE ROCK, AR 72205

Transport Priority:

Phone: (501) 526-2047 Ext.

### TRIP NOTES

Note:

In the audio recording for this response you will hear reference to an earlier call that was quickly cancelled while still on the phone. No run number was generated thus no "screen shot" that call was received at 11:45:23



03/11/2015
New Name
Modify Customer

March 2015						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Trip #	Pick-Up	Status	Pick-Up Address	Drop-Off Address
0103-A	11:48:14	Billed	4 OFFICE PARK DR	4301 W MARKHAM ST

Run Number:  
00017633

Dispatch Status:  
Complete

Billing Status:  
Billed

1 - Service
2 - Medical
3 - Billing
4 - Frequency
5 - Alerts
6 - Notes
7 - Supplemental
8 - History

<p><b>Pick-up</b></p> <p>Facility: LITTLE ROCK FAMILY PLANNING SERVICES</p> <p>Address: 4 OFFICE PARK DR</p> <p>Dept.:</p> <p>Apt/Ste/Rm: DR Room</p> <p>City: LITTLE ROCK AR 72211</p> <p>Zone: LITTLE ROCK Map page:</p> <p>Phone: (501) 225-3836 Ext. _____ Discharged:</p>	<p><input checked="" type="radio"/> Drop-off <input type="radio"/> Source</p> <p>Facility: H.UAMS</p> <p>Address: 4301 W MARKHAM ST</p> <p>Dept.:</p> <p>Apt/Ste/Rm:</p> <p>City: LITTLE ROCK AR 72205</p> <p>Zone: LITTLE ROCK Map page: LEVEL 1</p> <p>Phone: (501) 526-2047 Ext. _____ Admitted:</p>
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Company: Metropolitan EMS	Pick-up: 11:48	<input type="checkbox"/> Will call	Incident #:
Nature: Hemorrhage/Lacerations	Appointment: 11:55	00:07	Companions: 0 PCAs: 0
Call type: ALS	Requested time: 11:48	<input checked="" type="checkbox"/> Response zone: LITTLE ROCK	
Priority: 752 HEMORRHAGE C2		<input checked="" type="checkbox"/> Dispatch zone: LITTLE ROCK	
Transport: 752 HEMORRHAGE C2			

Comments:

Do Not Archive

ProQA

Save

Save & Continue

Cancel