



GROUND AMBULANCE PROVIDER MONTHLY RETURN

FOR DEPARTMENT USE ONLY		
082-02	/	/
Tax	Mo.	Yr.

Name and Address of Ground Ambulance Provider:		Account Number: _____
		Report for the Month: _____, 20____

Ground Ambulance Provider Assessment Fee Calculation

- | | |
|--|--|
| 1. Monthly Net Emergency Services Collections (see instructions on page 2) | _____ |
| 2. Tax Rate | 5.5% |
| 3. Ground Ambulance Provider Assessment Amount (Line 1 multiplied by Line 2) | 082-02 _____ |

IMPORTANT NOTICE

Make check(s) payable to: **Kentucky State Treasurer**
Return to: **Kentucky Department of Revenue, Frankfort, Kentucky 40619**

I, the undersigned, a principal officer of the above-named licensee, certify that I have examined this report and it is, to the best of my knowledge and belief, a true, correct and complete report.

Signature Title

E-Mail Telephone Number Date

INSTRUCTIONS FOR
GROUND AMBULANCE PROVIDER
MONTHLY RETURN

General Information

Form 73A065—Ground Ambulance Provider Monthly Returns shall be filed monthly by Kentucky Ambulance Emergency Medical Services.

Payment Information

Payment of the Ground Ambulance Provider Tax is due with the return. Make your check payable to Kentucky State Treasurer. Mail return and payment to **Kentucky Department of Revenue, Frankfort, KY 40619.**

Payments may also be made online at <https://epayment.ky.gov/EPAY>

When to File

Form 73A065 and the tax payment are due on or before the 20th of the month following the reporting monthly period. If the 20th falls on a weekend or holiday, the due date is the following business day.

Instructions

Please include the following:

- Business name and address
- Account number (same as your Medicaid ID)
- Reporting period (month and year) not the month of the due date

Data needed to complete the return is found on the Kentucky Ambulance Emergency Medical Services: Ambulance Provider Assessment Program Survey for the current calendar year (CY), under Provider Tax Assessment Reporting. This survey is provided by the Cabinet for Health and Family Services.

For periods July 2021 through December 2021, use the Ambulance Provider Assessment Program survey for CY 2021 for revenues received 7/1/2018 – 6/30/2019 to file Ground Ambulance Provider Monthly return, Form 73A065 (2021).

For periods for January 2022 and thereafter, use the Ambulance Provider Assessment Program survey for CY 2022 or current thereafter, to file the Ground Ambulance Provider Monthly return, Form 73A065 (Current, 2022).

For all inquiries related to this survey, please contact one of the following:

Bradford Johnson – bjohnson@msic.com
Adam Patton – apatton@msic.com

Lines 1 through 3:

Line 1: Monthly Net Emergency Services Collections (Based on current calendar year (CY) Survey) – This amount is the Monthly Net Emergency Services Collections per the Provider Tax Assessment.

Line 2: Tax Rate – 5.5%

Line 3: Ground Ambulance Provider Assessment Amount (Line 1 multiplied by Line 2) – This is the same amount as the Monthly Ground Ambulance Provider Assessment Amount on the survey.

Additional Information

Additional information is available on the Department of Revenue website at revenue.ky.gov.

If you need assistance, you may call (502) 564-6823.