No supplement to this tariff will be issued
Except for the purpose of canceling the tariff
unless specifically authorized by the Authority.

Additions to, changes in and eliminations from
this tariff will be in loose-leaf form.

GMTCARE, LLC

CPCN: 1115, Sub 1

TARIFF NO. 1
naming
RATES, RULES AND REGULATIONS
GOVERNING THE TRANSPORTATION

Non-emergency medical transportation of passengers at a per capita rate between points and places within Clark and Nye County, Nevada on the one hand and points and Places within the State of Nevada on the other.

Issued: Effective:

Issued by:

GMTCare, LLC
4340 S Valley View Blvd, Suite #216
Las Vegas, NV 89103

ACCEPTED
AUG 28 2014
Nevada Transportation Authority
Las Vegas, Nevada

ORIGINAL PAGE ONE CPCN No. 1115

GMTCARE, LLC

Checking Sheet For Tariff

Upon receipt of new or revised pages, a check mark must be placed opposite the □Correction Number□ (shown below) corresponding to number shown in lower left-hand corner of the new or changed page. If correction numbers are properly checked as received, check marks will appear in consecutive order without omission. However, if check marks indicate that a new or revised page has not yet been received, request should at once be made to the issuing carrier for a copy of the new or revised page.

Correction Numbers

1	7	13	19	25
2	8	14	20	26
3	9	15	21	27
4	10	16	22	28
5	11	17	23	29
6	12	18	24	30

Explanation of Abbreviations and Other Reference Marks

dba ..... doing business as
NV ..... Nevada
No. ..... Number
Nos. ..... Numbers
NTA.....Nevada Transportation Authority

N ..... New
C ..... change, neither increase nor reduction
I ..... Increase
R ..... Reduction

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GMTCARE, LLC

RULE NO.	RULES AND REGULATIONS
5	GENERAL APPLICATION These rules, regulations and rates are to be used by GMTCare, in the operation of service for which GMTCare is Certified.
10	HOURS OF SERVICE Normal business hours will be 8:00AM to 5:00PM Monday through Friday, not including holidays. Patient transports will normally take place during normal business hours. Transports outside normal business hours will be available by appointment only.
15	AVAILABILITY OF TARIFF Copies of this tariff shall be available in each office where orders for service are taken and in each vehicle used to provide services.
20	TIME SCHEDULE FOR SERVICE GMTCare shall endeavor to arrive and depart at prior agreed upon times to and from points of departure and arrival within its service area. However, GMTCare will not be liable for delay caused by accident; breakdown; roadway conditions; weather; or other causes beyond its control. Furthermore, GMTCare does not guarantee arrival or departure from any point at a specified time.
25	ANIMALS OR PETS Dogs, cats or other animals will not be carried in vehicles with passengers with the exception of service animals individually trained to assist people with disabilities.

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RULE NO.	RULES AND REGULATIONS
30	FIREARMS Passengers will not be permitted to board vehicles while carrying firearms.
35	RESERVATION OF RIGHTS A. GMTCare reserves the right to refuse transportation to any individual having in their possession explosives or inflammable material; substances; or articles; or articles of an objectionable nature; or individuals under the influence of alcohol and/or drugs; or whose conduct and behavior is objectionable to other passengers; prospective passengers; or drivers; or medical personnel. B. GMTCare reserves its right to control seating, including the right to change such seating at any time during the transportation. C. GMTCare reserves the right, whenever the need arises, to transfer passengers from one transport vehicle to another. D. Immediate transportation is not guaranteed but is subject to limitations of available vehicles; equipment; and personnel. Should any of the above occur GMTCare reserves the right to transport passengers at the next available opportunity.
40	COMPLIANCE WITH LOCAL LAW GMTCare shall comply with all local laws, rules, and regulations within its area of service.

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RULE NO.	RULES AND REGULATIONS
	SERVICE ZONES
45	The proposed service area shall be divided into four zones:
(C)	Zone 1: shall include all areas within the City of Las Vegas and North Las Vegas Zone 2: shall include the City of Henderson, Nevada
(C)	Zone 3: shall be the areas within Clark County, Nevada not specifically designated in Zones 1 and 2. This area shall be designated as "Rural Clark County." Zone 4: shall be all other areas in the State of Nevada not included in the above zones.
	MULTIPLE PASSENGER RATES
50	If two wheelchair passengers from the same origination require transportation to the same destination at the same time, the rate charged each passenger shall be 75% of the applicable tariff rate for his or her transportation. All other patients transported during multiple passenger transports will be at 100% of the applicable tariff. There shall be no charge for passengers not requiring special transportation; and who are accompanying a passenger who requires special transportation.
	DISCOUNTED RATES
55	If any person or entity completes five or more transports within a single calendar day, the rate charged will be the "Discounted Rates" defined in Section 70 of this Tariff.
	MILEAGE
60	Mileage is computed as the total driving distance between origination and destination address according to "Google Maps" online service, rounded up to the nearest mile.

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RULE NO.	RULES AND REGULATIONS
65	STANDARD RATES PER ONE WAY TRANSPORTATION PER PERSON (Less than 5 transports per calendar day) ZONE 1: Greater Las Vegas Metropolitan Area/ North Las Vegas (C) Ambulatory Patient: $35.00 (R) Wheelchair Service: $75.00 (R) Stretcher Service: $120.00 ZONE 2: Henderson Ambulatory Patient: $50.00 Wheelchair Service: $100.00 (R) Stretcher Service: $145.00 (R) ZONE 3: Rural Clark County Ambulatory Patients: i. a base rate of $50.00; plus ii. $3.50 per mile. Wheelchair Service: iii. a base rate of $115.00; plus iv. $3.50 per mile. Stretcher Service: i. a base rate of $175.00; plus ii. $3.50 per mile. Zone 4: Nye County and other areas in the State of Nevada Ambulatory Patient: i. a base rate of $80.00; plus ii. 3.75 per mile. Wheelchair Service: i. a base rate of $160.00; plus ii. $3.75 per mile. Stretcher Service: i. a base rate of $185.00; plus ii. $3.75 per mile.

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RULE NO.	RULES AND REGULATIONS
70	DISCOUNTED RATES PER ONE WAY TRANSPORTATION PER PERSON
	ZONE 1: Greater Las Vegas Metropolitan Area & North Las Vegas (C)
	Ambulatory Patient: $35.00
(R)	Wheelchair Service: $70.00
(R)	Stretcher Service: $110.00
	ZONE 2: Henderson
(R)	Ambulatory Patient: $50.00
(R)	Wheelchair Service: $95.00
	Stretcher Service: $139.00
	ZONE 3: Rural Clark County
	Ambulatory Patients: i. a base rate of $50.00; plus ii. $3.50 per mile. Wheelchair Service: i. a base rate of $100.00; plus ii. $3.50 per mile. Stretcher Service: i. a base rate of $150.00; plus ii. $3.50 per mile.
	Zone 4: Nye County and other areas in the State of Nevada
	Ambulatory Patient: i. a base rate of $80.00; plus ii. 3.75 per mile. Wheelchair Service: i. a base rate of $160.00; plus ii. $3.75 per mile. Stretcher Service: i. a base rate of $185.00; plus ii. $3.75 per mile.
	NOTE: The services of medical professionals, if necessary, will be provided by independent contractors who will charge their normal fees.

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