

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

April 24, 2012

To: All NYS EMS Course Sponsors
Re: Voucher Submissions for Reimbursements

To Whom It May Concern:

The New York State Office of the State Comptroller has issued a new Claim For Payment voucher, AC3253-S, which replaces the previous form, AC92. Effective as of the date of this letter, all Claims For Payment must be submitted using AC3253-S.

Course Sponsors are eligible to submit to the Bureau of EMS for reimbursement under the guidelines of BEMS Policy 09-06. Please make sure you follow Policy 09-06 and any future updates to this policy.

Form AC3253-S is a fill-in-able Adobe PDF document, which can be filled out on your computer, printed, then submitted to BEMS. We encourage you to take advantage of this format instead of printing the form and then filling it out so the form is legible and accurate. Following are the instructions to fill out the form:

A maximum of one course can be on a single voucher. If you have more than one course, you must submit additional vouchers. A copy of the examination results from our testing contractor, must accompany the voucher with all names highlighted for whom you are seeking reimbursement. A copy of the Final PSE Summary Sheet must also be included with the appropriate names highlighted.

Sponsor Code	Your BEMS 4 digit Course Sponsor code.
Vendor Name	Course Sponsor's name BEMS has on-file.
Address, City, State, Zip Code	Course Sponsor's official mailing address.
Vendor Identification Number	Course Sponsor's vendor ID number as assigned by the Office of the State Comptroller. If you have not received your vendor ID, please go to: http://www.sfs.ny.gov/ and follow the information for "Vendor Support".
Invoice Number	Leave Blank
Course Level	The level of the course you are seeking reimbursement. i.e. CFR, EMT, Intermediate, Critical Care, or Paramedic
Course Number	Course number you were assigned by BEMS.
Original, Refresher, CME	Check the box that is appropriate for the course the provider took to become certified. Only one box may be checked.
Course Start Date	The date the course was approved to begin.
Written Exam Date	The date of the State Written Certification Exam that was scheduled by BEMS.
Number Passed State Written Exam	Total number of students who passed the State Written Certification Exam and who are listed on the exam results documentation, which must be submitted with this voucher.

Reimbursement Rate per Student	The reimbursement rate that corresponds to the course level and if it was original, refresher or CME. Please make sure you are using the current rate as listed in Policy 0-06.
Number of Students for the State Final Practical Skills Exam.	The total number of students who took the Final PSE.
Reimbursement Rate per Student	The reimbursement rate that corresponds to the course level and if it was original, refresher or CME for the Final PSE. Please make sure you are using the current rate as listed in Policy 0-06.
Amount	This will automatically calculate for you.
Total	This will automatically calculate for you.
Discount %	Leave blank.
Net	This will automatically calculate for you.
Vendor's Signature	Must be signed in ink after the form is printed.
Title	Title of person signing this voucher.
Date	Date of signature.
Name of Company	Leave blank.

The AC3253-S and other information can be found on our web site at: <http://www.health.ny.gov/nysdoh/ems/main.htm>. If you have questions regarding submission of vouchers, please contact our Funding Unit at (518) 402-0996 ext. 1, #4.

Sincerely,

Andrew G. Johnson, BS, AEMT-P, CIC
 Director of Education and Certification
 Bureau of Emergency Medical Services

