



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 18, 2015

To: All NYS EMS Agencies
Re: Voucher Submissions for
Training 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.

Agencies are eligible to submit to the Bureau of EMS for reimbursement for those members and/or employees of their agency, who have become certified through a NYS BEMS Certification Course. BEMS Policy 09-06 outlines all eligibility and submission requirements. 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 6 providers can be on a single voucher. If you have more than 6 providers, you must submit additional vouchers. Only one certification level can be submitted on one voucher. For example, if you have 2 providers (1 EMT and 1 Paramedic) you are submitting for reimbursement, you need to complete 2 separate vouchers.

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| Agency Code | Your BEMS 4 digit agency code. |
| Vendor Name | Agency name. |
| Address, City, State, Zip Code | Agency's official mailing address. |
| Vendor Identification Number | Agency'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 <i>Updated 9/18/2015</i> | EMS – Agency Code – Course Number – Date of invoice For Example: EMS-4519-125076-09/18/15 For CME Program: CME-4519-125000-09/18/15 |
| Course Level | The level of the certified provider(s) you are seeking reimbursement. |
| Course Number | Course number the provider attended to become certified. If this is a CME recertification, no course number is required for agencies. |
| Original, Refresher, CME | Check the box that is appropriate for the course the provider took to become certified. Only one box may be checked. |
| Cert. Number | Certified provider's BEMS certification number. |

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| Provider's Name | Certified provider's name you are submitting for reimbursement. |
| Number Passed State Written Exam | Total number of certified providers you are listing on this voucher. |
| Reimbursement Rate | 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. |
| 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 once 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.

Sincerely,

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

