# INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICANT NAME: Coastal Care Corporation DBA Cleveland Clinic Advanced Medical Transport DATE: 12/20/2023

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APPLICATION FEE: \$100.00 APPLIES TO INITIAL If payment applicable, make check payable to INDIAN RIV	
<ul> <li>□ This is a new application; fee is attached.</li> <li>■ This is a renewal of our present COPCN.</li> <li>□ This is a renewal of our present COPCN with ownership</li> </ul>	ip or classification changes.
I. CLASSIFICATION OF CERTIFICATE REQUESTE Please check applicable boxes and options.	<u>D</u>
Class ABLSALS Governmental entities that use advanced life support hospital EMS ALS/BLS service.	ort vehicles to conduct a pre-
Class B <u>VBLS VALS</u> Agencies that provide non-emergency ambulance at the ALS/BLS level.	inter-facility medical transport
Class CBLSALS Agencies that provide non-emergency ambulance which require special clinical capabilities and require	
Class DBLSALS Agencies that provide non-emergency ambulance out of county transfers	medical transports limited to

II.	. cc	DMPANY DETAILS	
	1. NA	ME OF AGENCY:Coastal Care Corporation DBA Cleveland Clinic Advance	ed Medical Transport
	MA	AILING ADDRESS: P.O. Box 9010	
		CITY Stuart COUNTY Martin	
		ZIP CODE: 34995 BUSINESS PHONE: 772-223-5945	ext. 17028
	2. TY etc	factors and the same control of the same contr	artnership,
		Not-for-Profit Hospital	***************************************
	3.	MANAGER'S NAME: Brittany Heaton	
		ADDRESS: P.O. Box 9010, Stuart, FL 34	995
		PHONE #: 954-299-1432	
	4.	PROVIDE NAME OF OWNER(s) OR LIST ALL OFFICERS, DIRECTORS, AND SHAREHOLDERS, IF A CORPORATION separate sheet if necessary):	
	NAME	<u>ADDRESS</u>	POSITION
See attach	ned she	eet	
	5.	PROVIDE NAMES AND ADDRESSES OF AT LEAST THRE REFERENCES	E (3) LOCAL
	NAME	ADDRESS	PHONE #
Chris Kammel,	EMS Ch	ief 800 SE Monterey Rd. Stuart, FL 34994	772-215-4495
Brian Gonzale:	z, Divisio	n Chief 5160 NW Milner Dr. Port St. Lucie, FL 34983	772-621-3447
Ionathan Hun	eycut, Ba	attalion Chief 800 Martin Luther King jr. Blvd. Stuart,FL 34994	772-288-5361

6.	FUNDING SOURCE: Trans	port Revenue
7.	RATE SCHEDULE ATTACHED	O? YES 🗹 NO 🗆 N/A 🗆
8.	LIST THE ADDRESS OF YOU	R BASE AND ALL SUB-STATIONS:
2100 SE S	alerno Rd. Suite 10	8, Stuart, FL 34997
10000 SW	Innovation Way Po	rt St. Lucie, FL 34987
1000 36t	h St. Vero Beac	ch, FL 32960
1095 St. Lu	ucie West Blvd. Port	t St. Lucie,FL 34986
T	COMMUNICATIONS INFORM	ATION:
		ATION.
	RADIOS/EQUIPMENT: ), CM300d, PM1500, and TL	K-150 Two Way Mobile Radios
	ADIO FREQUENCY (ies)	2. RADIO CALL NUMBER(s)
UHF 450-470mhs	and TLK-150 LTE	Base-N/A Statewide Commercial Radio System
VIANT SAMPLES		Mobiles- 627, 628, 629, 630,631,632,633,
		634, 636, 637, 638, 639, 640, and 641.
	ST ALL HOSPITALS AND OTHE HICH YOU HAVE DIRECT RADI	R EMERGENCY AGENCIES WITH O COMMUNICATIONS:
	FROM AMBULANCE	FROM BASE STATION
All Licensed	Emergency Departments	None
via EMS N	Med 8	

### IV. ADDITIONAL INFORMATION REQUIRED TO BE SUBMITTED WITH THIS APPLICATION:

#### RENEWAL APPLICANTS NEED ONLY #'s 4 - 9

- Factual Statement indicating the public need and services, including studies supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services, and any other pertinent data you wish to be considered.
- 2. Factual statement of the proposed services to be provided, including type of service, hours and days of operation, market to be served, geographic areas to be serviced, and any other pertinent data you wish to be considered.
- 3. Factual Statement indicating the ability of the applicant to manage and provide the proposed services, including the management plan, maintenance facilities, insurance program, accounting system, system for handling complaints, system for handling accidents and injuries, system for providing the county monthly operating reports and any other pertinent data you wish to be considered.
- 4. Copy of Standard Operating Procedures.
- 5. Copy of Medical Protocols.
- 6. Copy of your insurance policy must show coverage limits –
- 7. Vehicle Information. For each vehicle provide the following:
  - a. Make, Model, Year, Manufacturer
  - b. Mileage
  - c. VIN#
  - d. Tag Number
  - e. Passenger capacity (E/E1 classification)
  - f. Indicate ALS/BLS (A-D classification)
- 8. Personnel Roster. For each employee provide the following:
  - a. Name Last, First and Middle Initial
  - b. Driver's License # (if commercial, specify class) & Expiration Date ADDITIONAL INFO REQUIRED FOR A-D classifications
  - c. Emergency Medical Service Certification and # (EMT or Paramedic)
  - d. Expiration date of Certification
  - e. Whether or not has an Emergency Vehicle Operation Certificate.
- 9. Fee Schedule Incl: Service Type, Base Rate, Mileage, Waiting & Special Charges

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٠.	Rish	i Singh	M.D., Vi	ce Pr	esident	(CMO	, th	ie repre	esenta	tive of			
,		Appl	icant Name					•					
Coa	astal Care	Corporation	DBA Cleveland	Clinic Ac	dvanced Medi	cal Transpo	rt	. do he	reby a	ttest tl	hat		
***************************************		Busii	ness Name of S	ervice				.,	3				
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APPLICANTS  I further acknowledge that disciperiod of the Certificate of Publithis service and its authorized repenalty provided in the reference knowledge, all statements on the eyshe executed the above instrument edge of the purpose thereof. Sworn and the said eyshe executed the above instrument edge of the purpose thereof.	Rishi Singh M.D., Vice Presidents  Applicant Name  Coastal Care Corporation DBA Cleveland Clinic Advanced Medi  Business Name of Service  bove named service will provide continue basis. I do hereby attest that the above rements for operation of an ambulance sided in Chapter 401, Part III, Florida Status inistrative Code, and that I agree to complife Support Services.  APPLICANTS  I further acknowledge that discrepancies period of the Certificate of Public Convethis service and its authorized represent penalty provided in the referenced authorized knowledge, all statements on this application.  APPLICATE  The personally appeared the said Referenced authorized representation of the convenience of the purpose thereof. Sworn and subscriptions are personally appeared the said Referenced authorized representations.	Rishi Singh M.D., Vice President/CMO  Applicant Name  Coastal Care Corporation DBA Cleveland Clinic Advanced Medical Transpo  Business Name of Service  bove named service will provide continuous service is basis. I do hereby attest that the above named rements for operation of an ambulance service is ded in Chapter 401, Part III, Florida Statutes, Chainstrative Code, and that I agree to comply with a support Services.  APPLICANTS  I further acknowledge that discrepancies discomperiod of the Certificate of Public Convenience this service and its authorized representatives to penalty provided in the referenced authority and knowledge, all statements on this application as APPLICANT SIGNAL APPLICA	I, Rishi Singh M.D., Vice President/CMO Applicant Name  Coastal Care Corporation DBA Cleveland Clinic Advanced Medical Transport  Business Name of Service  bove named service will provide continuous service of basis. I do hereby attest that the above named service rements for operation of an ambulance service in the ded in Chapter 401, Part III, Florida Statutes, Chapter inistrative Code, and that I agree to comply with all the Life Support Services.  APPLICANTS  I further acknowledge that discrepancies discovered period of the Certificate of Public Convenience and Notice and its authorized representatives to corpenalty provided in the referenced authority and that knowledge, all statements on this application are true.  APPLICANT SIGNAT  A	I, Rishi Singh M.D., Vice President/CMO Applicant Name  Coastal Care Corporation DBA Cleveland Clinic Advanced Medical Transport Business Name of Service  bove named service will provide continuous service on a 24-basis. I do hereby attest that the above named service meet rements for operation of an ambulance service in the State of ded in Chapter 401, Part III, Florida Statutes, Chapter 64E-2, inistrative Code, and that I agree to comply with all the provisitife Support Services.  APPLICANTS  I further acknowledge that discrepancies discovered during period of the Certificate of Public Convenience and Necessithis service and its authorized representatives to corrective penalty provided in the referenced authority and that to the knowledge, all statements on this application are true and certificate of the purpose thereof. Sworn and subscribed in my presence the certificate of the purpose thereof. Sworn and subscribed in my presence the certificate of the purpose thereof. Sworn and subscribed in my presence the certificate of the purpose thereof. Sworn and subscribed in my presence the certificate of the purpose thereof. Sworn and subscribed in my presence the certificate of the purpose thereof. Sworn and subscribed in my presence the certificate of the purpose thereof. Sworn and subscribed in my presence the certificate of the purpose thereof. Sworn and subscribed in my presence the certificate of the purpose thereof. 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Sworn and subscribed in my presence this 32D day of NOVARY PUBLIC  JENNIFERA MACK  My commission expires: Albert 18	I, Rishi Singh M.D., Vice President/CMO Applicant Name  Coastal Care Corporation DBA Cleveland Clinic Advanced Medical Transport  Business Name of Service  bove named service will provide continuous service on a 24-hour, 7-day basis. I do hereby attest that the above named service meets all the rements for operation of an ambulance service in the State of Florida as ded in Chapter 401, Part III, Florida Statutes, Chapter 64E-2, Florida mistrative Code, and that I agree to comply with all the provisions of Chapter Life Support Services.  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## COASTAL CARE CORPORATION BOARD OF DIRECTORS

Glass, Steven C.	Cleveland Clinic	216-444-0692
(Chief Financial Officer)	9500 Euclid Avenue, NA4	210-444-0002
TREASURER	Cleveland, OH 44195	
Director/Officer	Cleveland, OTT 44100	
	PO Box 9010	223-5945
Lord, Robert L. Jr. (President)	Stuart, FL 34995	Ext. 13014
PRESIDENT	Stuart, FL 34995	EXt. 13014
Ex-Officio		
Director/Officer		
	PO Box 9010	223-5945
Petry, Fernando DO	· ·	1
(Chief Medical Officer)	Stuart, FL 34995	Ext. 13010
SECRETARY		
Director/Officer	DO D 0040	202 5045
Vickers, Jean MD	PO Box 9010	223-5945 Ext. 13013
(Chief of Staff)	Stuart, FL 34995	EXI. 13013
Director	DO D 0040	000 5045
Clark, Susan	PO Box 9010	223-5945
CNO	Stuart, FL 34995	Ext. 13008
VICE PRESIDENT		
Director/Officer		000 =0.1=
Moehring, Michael	PO Box 9010	223-5945
Assistant Treasurer	Stuart, FL 34995	Ext. 13008
Officer		
del Castillo, Barbara	Cleveland Clinic	954/689-5057
Assistant Secretary	Law Department	
Officer	2950 Cleveland Clinic Blvd.	
	Weston, FL 33331	
Oblander, Jason	Cleveland Clinic	216/448-0148
Assistant Secretary	Governance & Finance Legal Practice	
Officer	Group Law Department	
	3050 Science Park Drive - AC321	
	Beachwood, OH 44122	
Longville, Timothy	Cleveland Clinic	216 /636-7416
(Chief Accounting Officer and	6801 Brecksville Road Suite 20 / RK1-45	
Controller)	Independence, OH 44131	
Officer		

a/o 01/01/20