



## **Brown EMS Division Medical Control Physicians Memorandum of Understanding**

This document creates a memorandum of understanding between \_\_\_\_\_ (Service) and UEMF / Brown EMS Division Physicians (EMS Physicians) where EMS Physicians will provide the indicated services in exchange for the indicated payment. At no time will EMS Physicians be responsible for the following excluded services: human resources issues, non-clinical staff supervision or system oversight, hire/fire/discipline decisions, payment/salary decisions, employee health/fitness evaluation, or related activities.

The term of this agreement is from \_\_\_\_\_ to \_\_\_\_\_

The geographic area covered by this agreement is limited to the State of Rhode Island and bordering towns and cities in Massachusetts and Connecticut unless otherwise specified, during mutual aid, or during disaster response.

Billing terms: Monthly amount of \$ \_\_\_\_\_ due to:

UEMF  
125 Whipple St. Third Floor  
Providence, RI 02908  
attn: EMS Division

### **Training and Education**

[ ] Training and education of Service personnel at a site specified by Service in Rhode Island at a mutually agreed time and schedule

\_\_\_\_\_ hours / month at a rate of \$200/hour.

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**Quality Assurance**

[ ] Chart review, meeting and other services related to quality assurance activities  
\_\_\_\_\_ hours / month at a rate of \$200/hour.

**Off-Line Medical Control**

[ ] Consultation regarding care, review of care, prescription services (excluding controlled substances), and other clinical activities.  
\_\_\_\_\_ hours / month at a rate of \$200/hour.

**On-Line Medical Control**

[ ] \$0.20 x Service annual call volume for 24/7 medical control availability.

**Field Response**

\$200/hour for standby at events (scope of practice and equipment to be mutually agreed), field response (Service to provide vehicle, scope of practice and equipment to be mutually agreed) etc.

\_\_\_\_\_ hours/month at a rate of \$200/hour, or as invoiced monthly at the same rate

\_\_\_\_\_  
Signature

Kenneth A. Williams, MD, FACEP, FAEMS

\_\_\_\_\_  
Name

Director, Division of EMS

\_\_\_\_\_  
Title

UEMF/Brown EMS Physicians

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Service Date

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