



**APPLICATION FOR A CERTIFICATE OF
PUBLIC CONVENIENCE AND NECESSITY FOR
AMBULANCE AND FIRE/RESCUE SERVICES**

RECEIVED

DATE: 01-29-2025

DATE: 2/25/2025
INITIALS: [Signature]

PROPOSED DATE OPERATIONS WILL BEGIN: 07-01-2025

SECTION I

1. NAME OF SERVICE: Rite Way BLS Services, Inc.

2. ADDRESS OF OWNER (INCLUDE COUNTY): 1655 E Hwy 50 Suite 312 Clermont FL 34711

3. ADDRESS OF OPERATOR (IF DIFFERENT THAN ABOVE):

4. CONTACT INFORMATION:

BUSINESS PHONE 352-989-6622

MOBILE PHONE 352-552-5718

EMAIL ritewaybls@yahoo.com

5. OWNERSHIP TYPE:

☒

PRIVATE CORPORATION

☐

GOVERNMENT AGENCY

☐

OTHER

6. LEVEL OF SERVICE REQUESTED (MAY REQUEST MULTIPLE):

☐

BLS NON-TRANSPORT

BLS Non-Transport (level 2)- On-the-scene assistance to the patient requiring emergency medical care. Provider does not transport.

☐

BLS TRANSPORT

BLS Transport (level 3) - Rendering BLS medical services and routine transport of patients. Rendering on scene assistance to patients prior to transport.

☐

ALS NON-TRANSPORT

ALS Non-Transport (level 4) - Capability of rendering ALS services, but not routinely transporting patients.

☐

ALS TRANSPORT

ALS Transport (level 5) - Rendering ALS medical services and routine transport of patients to a medical facility. Certified providers who respond to requests for transportation will respond with an ALS vehicle.

☒

INTERFACILITY TRANSPORT (ALS AND BLS)

Interfacility Transport (ALS and BLS) (level 7)- Any publicly or privately-owned service which operates an ALS or BLS transport service to provide interfacility transport to and from health care facilities. These services must comply with F.S. ch. 401.

☐

PREHOSPITAL AIR AMBULANCE

Prehospital Air Ambulance (level 6) - Any publicly or privately owned service which operates rotary-winged aircraft in conjunction with the county's emergency medical services system.

7. CORPORATE OFFICERS, CONTROLLING SHAREHOLDERS, AND DIRECTORS:

NAME	ADDRESS	POSITION
Nadia Samsingh	1655 E Hwy 50 Suite 312 Clermont FL 34711	Director
Reinier Samsingh	SAME AS ABOVE	Director

8. DESCRIBE THE PROPOSED GEOGRAPHIC AREA OR AREAS TO BE COVERED BY YOUR SERVICE:

☐

CHECK IF SUBMITTED AS AN ATTACHMENT

Orange County.

Established in Osceola and Lake Counties with COPCN.

9. PROVIDE A STATEMENT DESCRIBING HOW THE PROPOSED SERVICE WILL BENEFIT THE POPULATION OF THE PROPOSED GEOGRAPHIC AREA TO BE SERVED:

☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

Rite Way BLS has been operating in Lake County with a restricted COPCN for the hospice communities since 2023. We recently received our COPCN in Osceola County in 2024, which is not restricted.

Our logo states one team, one mission which amplifies our standard of care to the counties most vulnerable clients.

We strive to provide unparalleled care to our hospice patients and most of them are on a limited amount of oxygen (2 to 3 ltrs.) for comfort care and reassurance purposes, which makes their transfer from pickup to drop off easier for the patient in the time of need.

With this COPCN we will provide care in a timely manner when requested by a hospice liaison with patient satisfaction being our main priority.

10. PROVIDE A STATEMENT SHOWING HOW THE APPLICANT PLANS TO STAFF THE PROPOSED SERVICE (NUMBER AND TYPES OF UNITS, STATION LOCATION, ETC.):

☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

Station is located at:
1655 E Hwy 50 Suite 312 Clermont FL 34711

Units:
1 Ford T250 2020 BLS Ambulance.

11. ATTACH A VEHICLE ROSTER WITH THE NUMBER OF VEHICLES IN OPERATION, MAKE, MODEL, MILEAGE, VIN, PERMIT NUMBER, AND REGISTRATION NUMBER OF EACH VEHICLE.

12. PROVIDE YOUR PROPOSED RESPONSE TIMES (IN MIN) FOR URGENT AND NON-URGENT CALLS. DESCRIBE HOW THE INTERVAL WILL BE CALCULATED AND WHY THIS BENCHMARK WAS CHOSEN:

The timeframes vary according to the patients status. A discharge occurs when a hospice leasion calls to set up a transfer either from the hospital, patients home, nursing facility, or a inpatient hospice unit. The estimated response time is anywhere from 2 to 4 hours. If a patient is in distress, meaning needing pain management and/ or end of life care we are asked to transfer with our soonest availablilty which is usually less than 1 hour.

13. PROVIDE A DESCRIPTION OF YOUR COMPLAINT PROCESS FOR COMPLAINTS AND ACCIDENTS. INCLUDE A PROCESS FOR BOTH INTERNAL COMPLAINTS, FACILITIES, AND THE PUBLIC:

☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

When a complaint comes in, we establish a timeline. The person(s) involved, the reason for complaint, and best possible solution of outcome. Most complaints are dealt within our office within that same day. If a vehicle accident occurs we then get documation which consists of a incident report from all parties involved and notify appropriate personal.

14. PROVIDE A DESCRIPTION OF YOUR QUALITY ASSURANCE PLAN☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

Our medical director, Dr. James Tanis will be maintaining quality control. Continuous quality improvement (CQI) reviews and audits with Rite Way's BLS EMS system. Refresher training or continuing education is important and minimizing errors is our ultimate goal. We also have established protocols/ standing orders for patient assessments, treatments, and transportations to and from facilities.

15. PLEASE SUPPLY A CURRENT FINANCIAL STATEMENT (Current letter from the bank verifying business account status and a balance sheet, Medicare audits, audited financial statements and verified lines of credit, etc.)

16. PROVIDE A STATEMENT SIGNED BY THE APPLICANT AND ITS MEDICAL DIRECTOR ATTESTING THAT ALL EMTs AND PARAMEDICS UTILIZED HAVE AND WILL MAINTAIN CURRENT STATE CERTIFICATION.

17. EMPLOYEE ROSTER (please attach extra sheets as needed):

NAME	CERTIFICATION LEVEL	CURRENT CPR CARD
Nadia Samsingh	PMD/ EMT-B	AHA w/ expiry of 02/2027
Nicholas Charan	EMT-B	AHA w/ expiry of
Kumar Ramdass	BLS	AHA w/ expiry of 12/2025
Oriana Silva	BLS	AHA w/ expiry of 12/2026
Miadolys Palacios	BLS	AHA w/ expiry of 12/2026

18. LIST THE ADDRESS AND DESCRIPTION OF EACH OF THE LOCATIONS YOU WILL OPERATE FROM. INCLUDE THE HOURS OF OPERATION AND STAFFING AT EACH PROPOSED LOCATION:

1655 E. HWY 50
Suite 312
Clermont, FL 34711

Hours of operation 0800-2000, 7 days a week

Shifts are consisted of 12 hrs, 0800-2000

If needed, staff is called in earlier or stays later.

19. COMMUNICATIONS EQUIPMENT:☒ TELEPHONE☐ RADIO☐ OTHER**NUMBER OF VEHICLES EQUIPPED WITH RADIOS:**

N/A

FREQUENCY(S):

N/A

NUMBER OF VEHICLES EQUIPPED WITH MOBILE PHONES:

1

20. APPROXIMATE DATE FCC LICENSE WILL BE EFFECTIVE (ATTACH IF CURRENT):

N/A

21. LIST ALL HOSPITALS, SUPERVISING PHYSICIANS, AND OTHER EMERGENCY AGENCIES (POLICE, FIRE, ETC.) THAT YOU WILL HAVE DIRECT RADIO CONTACT WITH:

We currently have communication via cell phone to surrounding emergency rooms in case of an emergency or need of deferment from receiving facility.

22. PROVIDE EXECUTED COPIES OF ALL BUSINESS AGREEMENTS BETWEEN THE APPLICANT AND A HEALTH CARE FACILITY(S) OR GOVERNMENTAL ENTITY(S) LOCATED IN ORANGE COUNTY, FLORIDA FOR THE PROVISION OF BLS OR ALS SERVICES, WHICH MAY INCLUDE INTERFACILITY TRANSPORT.

23. IF THIS IS A MODIFICATION OF A CURRENT COPCN, EXPLAIN WHAT MODIFICATIONS ARE BEING REQUESTED.

N/A

24. PROVIDE CERTIFICATES OF INSURANCE IN ACCORDANCE WITH SECTION 20-96(e) OF THE ORANGE COUNTY CODE:

"PROOF OF INSURANCE, IN THE FOLLOWING AMOUNTS, MUST BE SUBMITTED TO THE COUNTY PRIOR TO ANY APPLICANT RECEIVING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY, IN ORDER TO PROTECT THE PUBLIC FROM ANY PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF THE APPLICANT'S OPERATIONS:

COMMERCIAL LIABILITY WITH A LIMIT OF NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER OCCURRENCE. ORANGE COUNTY TO BE NAMED AS AN ADDITIONAL INSURED.

COMMERCIAL AUTOMOBILE LIABILITY WITH A LIMIT OF NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER OCCURRENCE OR COMBINED SINGLE LIMIT. PROFESSIONAL LIABILITY WITH A LIMIT OF NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER INCIDENT.

NON-GOVERNMENTAL PROVIDERS MUST NAME ORANGE COUNTY AS AN ADDITIONAL INSURED. NOTWITHSTANDING THE INSURANCE REQUIREMENTS CONTAINED IN THIS SECTION, GOVERNMENTAL ENTITIES SHALL PROVIDE A CERTIFICATE OF INSURANCE EVIDENCING ITS INSURANCE OR SELF-INSURANCE WITHIN THE LIMITS OF LIABILITY SET FORTH IN F.S. 768.28."

SECTION II**a. PROVIDE CURRENT STATE OF FLORIDA LICENSED AMBULANCE SERVICE****NUMBER:**

9006

**b. PROVIDE THE FOLLOWING INFORMATION FOR YOUR MEDICAL DIRECTOR.
ADDITIONALLY, ATTACH PROOF OF EMPLOYMENT WITH YOUR AGENCY OR A
CONTRACT FOR SERVICE.****NAME:**

James F. Tanis MD

ADDRESS:

19806 EAGLE RUN GROVELAND, FL 34736

PHONE NUMBER:

407-714-8490

FLORIDA MEDICAL LICENSE NUMBER:

ME137079

c. DESCRIBE THE STAFFING PATTERNS FOR EMTS, DRIVERS, AND PARAMEDICS:☐**CHECK IF SUPPLIED AS AN ATTACHMENT**

Schedule consists of two to three 12 hr. shifts. 7 days a week from 0800-2000. If needed, staff comes in earlier or stays later.

**d. PROVIDE A STATEMENT SIGNED BY THE AGENCY AND THE MEDICAL DIRECTOR
ATTESTING THAT ALL UTILIZED PARAMEDICS ARE CERTIFIED AND AUTHORIZED
BY THE MEDICAL DIRECTOR TO PERFORM ADVANCED LIFE SUPPORT IN THE
STATE OF FLORIDA**

- e. **PROVIDE A LIST OF ALL EQUIPMENT AND MEDICATIONS CARRIED IN ADDITION TO THE MINIMUM EQUIPMENT SPECIFIED IN FLORIDA ADMINISTRATIVE CODE 64J-1.002-.003.**

☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

- f. **PROVIDE A PROPOSED SCHEDULE OF RATES, FARES, AND CHARGES**

☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

We charge based on Medicare allowable rates for that fiscal year.

- g. **PROVIDE INFORMATION ON YOUR MANAGEMENT AND MAINTENANCE PLAN**

☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

F 250 ambulance gets preventative maintenance every 5,000 miles.

REQUIRED SUPPLEMENTARY DOCUMENTATION:

- 1. LIST PREVIOUS BUSINESS EXPERIENCES OR WORK REFERENCES FOR THE LAST 5 YEARS. SUBMISSION OF AT LEAST ONE LETTER OF SUPPORT FROM THE LIST PROVIDED IS REQUIRED.**

NAME	ADDRESS	PHONE NUMBER	EMAIL
Lee Vixama	1116 Hacienda Cir Kissimmee FL 34741	407-222-0323	lvixama@yahoo.com
James Tanis	19806 Eagle Run Groveland FL 34736	407-714-8490	james.tanis@gmail.com
Berta Serrano	5655 S Orange Ave Orlando FL 32806	407-970-3538	bserrano@chaptershospice.org
Patti Carrasquillo	1645 E Hwy 50 Suite 302 Clermont FL 34711	352-636-9351	hazelpatriciadavis.c@aol.com
Jennifer Rogers	2445 Ln Pk Rd Tavares FL 32778	352-255-0074	jamorous@aol.com

- 2. LIST FIVE CREDIT REFERENCES, SUBMISSION OF A LETTER OF SUPPORT FROM ONE CREDIT REFERENCE LISTED BELOW IS REQUIRED.**

NAME	ADDRESS	PHONE NUMBER	EMAIL
Jamie Greene/ Henry Schein	135 Duryea Rd Melville NY 11747	561-644-0366	jamie.greene@henryschein.com
Ted Piper / Stryker	3600 Holly Ln N Suite 40 Plymouth MN 55447	813-545-3532	ted.piper@stryker.com
Felipe Furman/ One Global Prosperity	960 N Federal Hwy Suite 300 Hallandale Beach FL 33009	786-364-4500	felipef@oneglobalpm.com
Chris Pratt/ Verizon Wireless	1415 E Hwy 50 Clermont FL 34711	407-408-6165	christopher.pratt@vzm.com
Matt Baumann/ Prosperity Financial Services	146 E Broad St Groveland FL 34736	352-429-1133	prosperity.tax

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I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all the requirements for the operation of ambulance or fire/rescue service in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 2, Section 20-101, certificates obtained by an application in which any material fact was intentionally omitted or falsely states are subject to suspension or revocation.

SIGNATURE OF APPLICANT OR REPRESENTATIVE



DATE

February 25th 2025

NOTARY SEAL

