

Healthcare Ride Solutions, LLC, DBA SURGE Non-Emergency Medical Transport

1015 2nd St. NE, Suite 202

Hickory, NC 28601

Application for a Franchise to operate an Ambulance Service in Caldwell County

(A) Legal Name

Healthcare Ride Solutions, LLC, DBA SURGE Non-Emergency Medical Transport

1015 2nd St. NE, Suite 202

Hickory, NC 28601

Phone: 918-701-9178 828-850-0619

Email: surgemedicaltransports@gmail.com

(B) Trade or Fictitious Names:

None

(C) Training and medical care of patients:

All personnel who provide patient care are licensed by the State of North Carolina OEMS as an EMT or higher and are registered with OEMS. Training Requirements Attached.

(D) Ambulance Certification:
Attached.

(E) Operation Location:
1015 2nd St. NE, Suite 202
Hickory, NC 28601

(F) Attached Business License

(G) Level of Service:
BLS Convelescent Ambulance service is to assist Caldwell EMS, UNC Caldwell Healthcare, and Nursing Facilities as needed for services such as Hospital discharges, Hospital transfers, Hospice transport, and Skilled Nursing Facility Appointments.

(H) Other Information:

SURGE Convalescent Ambulance services are intended to provide services within the boundaries of Caldwell County. SURGE was licensed as a NCOEMS Ambulance Provider in July 2025, License # 3075. Dr. Seth Hawkins serves as the Medical Director for SURGE Medical Transport. SURGE will operate under the Caldwell County EMS System Plan to provide non-emergency convalescent medical transport within Caldwell County Transporting people that are in stable condition with the need to remain in a laying or reclined position during such transportation. SURGE provides non-emergency stretcher transport service scheduled during the hours of operation. Services will be available outside of regular business hours as approved and scheduled in advance.

SURGE currently provides wheelchair and ambulatory services within the areas of Caldwell County, Catawba County, Burke County, Watauga County and Wilkes County. The vast majority of current SURGE transports are within the boundaries of Caldwell County. Current clients within the county include Caldwell County Department of Social Services as well as The Shaire Center.

Attachments

Exhibit A-Proof of Insurance

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Kristi Shoup
Clay Anders Insurance Services 521 Harper Ave SW Lenoir, NC 28645	PHONE (A/C, No, Ext): (828)758-5551 FAX (A/C, No): (828)348-1474 E-MAIL ADDRESS: kristishoup@clayandersinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Stonewood Insurance Co	11828M
INSURER B : Appalachian Underwriters	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Healthcare Ride Solutions, LLC
DBA: SURGE Non-Emergency Medical Transport
941 W I 35 Frontage Rd Ste 116 PMB 127
Edmond, OK 73034-7375

COVERAGES CERTIFICATE NUMBER: 00070747-0 REVISION NUMBER: 16

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
A	AUTOMOBILE LIABILITY			JSA100281001	09/25/2025	09/25/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,500,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ 100,000/30
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ 50,000
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		WC-08295-2024	09/25/2025	09/25/2026	[X] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Y] (Mandatory in NH)						E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THE EXCLUDED MEMBER IS RYAN GRAFF-OWNER

CERTIFICATE HOLDER

Caldwell County Emergency Services
P.O. Box 2200
Lenoir, NC 28645

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(KES)

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Exhibit B- Training, Recruitment, & Staffing Plan.

Staff Credentialing and Recruitment Plan

For SURGE Non-Emergency Medical Transportation
Service Type: Convalescent Ambulance Operations
Location: Hickory, North Carolina

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1. Purpose

The purpose of this plan is to establish a clear process by which **SURGE Non-Emergency Medical Transportation (SURGE NEMT)** will recruit, credential, and maintain qualified personnel for the safe and compliant operation of **Convalescent Ambulance services** in Caldwell County, North Carolina. This plan ensures compliance with all **North Carolina Office of EMS (NCOEMS)** regulations, local ordinances, and healthcare safety standards.

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2. Staffing Requirements

SURGE NEMT will maintain appropriate staffing levels to meet operational needs, ensure passenger safety, and maintain compliance with state and federal requirements for convalescent-level transport.

Each ambulance will be staffed with:

- **At least one EMT-Basic** (credentialed by the NC Office of EMS).
- **One Certified Driver** (EMR or EMT)

Additional staff may include:

- **Manager of Supervisors or Training Coordinators** to oversee credentialing and quality assurance.

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3. Recruitment Strategy

3.1 Local and Regional Outreach

- Partner with **local community colleges** and **technical institutes** such as **Catawba Valley Community College** and **Western Piedmont Community College**, which offer EMT and paramedic programs.
- Attend **EMS career fairs**, **job expos**, and **veteran employment events** in the Hickory and surrounding areas.

- Post job openings on:
    - **NCWorks** (North Carolina's official job network)

    - **Indeed and EMS1.com**
    - **SURGE's official website and social media platforms**

3.2 Internal Referrals

- Implement an **employee referral incentive program** to encourage existing staff to recommend qualified EMTs or drivers.

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4. Credentialing and Verification Process

All candidates will be required to provide verifiable documentation before employment. The **Credentialing Coordinator** will ensure completion of all background, license, and compliance checks.

4.1 Required Credentials

- **Valid North Carolina EMT or Paramedic certification** (as issued by NCOEMS).
- **Valid North Carolina driver's license** with clean driving record.
- **CPR and BLS certification** through the **American Heart Association** or **Red Cross**.
- **Drug and alcohol screening** (pre-employment and random testing).
- **Criminal background check** (local, state, and national).
- **Verification of education and EMS training program completion.**

4.2 Credential Tracking

- SURGE will maintain an **electronic record of credentials.**
- The system will track **expiration dates**, issue **renewal reminders**, and store **digital copies** of all licenses and certifications.

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5. Orientation and Training

5.1 New Hire Orientation

All new staff will complete a structured **orientation program** covering:

- Company policies
- HIPAA and passenger privacy compliance
- Vehicle operation and safety procedures
- Emergency communications and dispatch training
- Proper passenger transfer and stretcher handling

5.2 Field Training

Each employee will undergo **supervised field training** with an experienced EMT before independent assignment.

- A **minimum of three passenger transports (observation and evaluations)** will be required.
- Completion will be documented on a **Training Verification Form** signed by the FTO.

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6. Continuing Education and Recertification

SURGE NEMT will ensure staff maintain active certification status through ongoing education.

- Provide **paid continuing education** opportunities via local EMS programs.
- Track **CE hours and license renewals** in the HR system.

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7. Quality Assurance & Compliance Oversight

- **Quarterly audits** will review documentation, license validity, and performance evaluations.
- Any staff member found out of compliance will be **temporarily removed from duty** until credentials are renewed or verified.

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8. Timeline for Implementation

Phase	Description	Target Completion
Phase 1	Finalize hiring criteria and post job openings	Week 1
Phase 2	Begin candidate screening and interviews	Weeks 2–3
Phase 3	Verify credentials and complete background checks	Weeks 3–4
Phase 4	Conduct orientation and field training	Weeks 5–6
Phase 5	Launch credential tracking system and ongoing audits	Week 7 and ongoing

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9. Summary

SURGE Non-Emergency Medical Transportation is committed to maintaining **a fully credentialed, professional, and compliant EMS workforce**.
By establishing a structured recruitment, verification, and training process, the organization ensures safe, reliable, and high-quality convalescent ambulance care for every passenger served.

Exhibit C- Provider & Ambulance License

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Service Regulation

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 31, 2025
2017 N. Center St
Hickory, NC 28601
Surge Non-Emergency Medical Transport

Dear Ryan Graff,

Your application to operate as a licensed emergency medical service provider has been approved. According to our record, Surge Non-Emergency Medical Transport is affiliated with the Caldwell County EMS System. Please review the enclosed license to ensure that the information is correct. Your license should be permanently displayed at the primary provider base; photocopies of the license are acceptable to be displayed in satellite and/or other locations.

Thank you for your continued support, and feel free to call upon us if we can assist you in any way.
Sincerely,

Tom Mitchell, Chief
Office of Emergency Medical Services

Cc: Tom Mitchell, Chief NCOEMS
Chuck Lewis, Assistant Chief NCOEMS
James Caldwell, System Specialist NCOEMS

State of North Carolina

Office of Emergency Medical Services

Medical Care Commission

Department of Health and Human Services

Division of Health Service Regulation

Having met the requirements of North Carolina General Statute 131E-155.1 and the rules of the North Carolina Medical Care Commission for the licensing of EMS Agencies.

SURGE Non-Emergency Transport

is hereby issued an EMS Agency License

This License, Number 3075, expires the last day of July, 2031

Division of Heath Service Regulation

Office of Emergency Medical Services

VIN	Model Year	Unit Name	Permit	Expiration	Permit Type	Level	Status
1FBAX2C80MKA30661	2021	S1	NC007635	01/31/2028	Permanent	Convalescent	In Service

LIMITED LIABILITY COMPANY ANNUAL REPORT

1/6/2022

NAME OF LIMITED LIABILITY COMPANY: Healthcare Ride Solutions, LLC

SECRETARY OF STATE ID NUMBER: 2873474 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2025

Filing Office Use Only
E - Filed Annual Report
2873474
CA20250670229?
3/8/2025 09:33

☐ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Ryan Steven Graff

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS **& COUNTY**

2017 N Center St Ste C
Hickory, NC 28601-1861 Catawba County

4. REGISTERED AGENT OFFICE MAILING ADDRESS

2017 N Center St Ste C
Hickory, NC 28601-1861

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Non-Emergency Medical Transportation

2. PRINCIPAL OFFICE PHONE NUMBER: (918) 701-9178 **3. PRINCIPAL OFFICE EMAIL:** Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS

2017 N. Center St., Suite C
Hickory, NC 28601

5. PRINCIPAL OFFICE MAILING ADDRESS

2017 N. Center St., Suite C
Hickory, NC 28601

6. Select one of the following if applicable. (Optional see instructions)

☐ The company is a veteran-owned small business

☐ The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: Ryan Steven Graff	NAME:	NAME:
TITLE: Authorized Signatory	TITLE:	TITLE:
ADDRESS:	ADDRESS:	ADDRESS:
2017 N. Center St., Suite C		
Hickory, NC 28601		

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Ryan Steven Graff
SIGNATURE

3/8/2025
DATE

Form must be signed by a Company Official listed under Section C of This form.

Ryan Steven Graff
Print or Type Name of Company Official

Authorized Signatory
Print or Type Title of Company Official

This Annual Report has been filed electronically.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525