

FIRST AMENDMENT FOR EMERGENCY SERVICES TRANSPORT BILLING SERVICES AGREEMENT

This First Amendment to the Emergency Services Transport Billing Services Agreement (“First Amendment”) is effective _____ (“Effective Date”) by and between the City of North Las Vegas, a Nevada municipal corporation (“City”), and Wittman Enterprises, LLC a California limited liability company (“Provider”).

RECITALS

WHEREAS, on August 6, 2020, the City and Provider entered into the Emergency Services Transport Billing Services Agreement (“Original Agreement”), a copy of which is attached hereto as Exhibit A;

WHEREAS, the City wishes to exercise its first option to renew the Agreement for an additional one-year term. This renewal option will authorize the performance of the Agreement from August 7, 2023 to August 6, 2024;

WHEREAS, the City wishes to amend the not to exceed value of the agreement from Six Hundred Thousand Dollars and 00/100 (\$600,000) to One Million Three Hundred Sixty Thousand Dollars and 00/100 (\$1,360,000.00) for the remainder of the term;

WHEREAS, the Agreement shall be amended as described herein.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which the Parties acknowledge, the Parties agree as follows:

AGREEMENT

1. The City hereby exercises its first option to renew the Agreement for an additional one-year term effective August 7, 2023.

2. Section 3 of the original agreement is amended as follows:

“Provider will provide the Services at the rates in Provider’s response to the RFP per “Section 4 Pricing –Fee Proposal Option #1”. The City shall pay the Provider for the Services in an amount not to exceed One Hundred Twenty Thousand Dollars and 00/100 (\$120,000.00) for each fiscal year (August 6 2020 to August 6, 2023) in which this Agreement is in place and in effect. For the period of August 7, 2023 August 6, 2024 and remaining renewal periods, the City shall pay the Provider for the Services in an amount not to exceed Five Hundred Thousand Dollars and 00/100 per fiscal year performance of the services described in Exhibit A to the Supplier Contract and Exhibit B to this Agreement the per fiscal year, which includes all fees for time and labor, overhead materials, equipment, insurance, licenses, and any other costs. Periodic progress billings will be due and payable within 30 days of presentation of invoice, provided that each invoice is complete, correct, and undisputed by the City. The total not to exceed amount of this Agreement should both extensions be authorized is One Million Three Hundred Sixty Thousand Dollars and 00/100 (\$1,360,000.00).

TERM	AMOUNT
August 6, 2020-August 6, 2021	\$ 120,000.00
August 7, 2021-August 6, 2022	\$ 120,000.00
August 7, 2022-August 6, 2023	\$ 120,000.00
August 7, 2023-August 6, 2024 (1 st Renewal)	\$ 500,000.00
August 7, 2024-August 6, 2025 (2 nd Renewal)	\$ 500,000.00
TOTAL	\$1,360,000.00

3. In all other respects, the parties confirm and re-affirm the terms and provisions of the Original Agreement.

IN WITNESS WHEREOF, the Provider and the City have caused this First Amendment to be executed as of the day and year indicated above.

City of North Las Vegas,
a Nevada municipal corporation

Wittman Enterprises LLC,
an California limited liability company

By: _____
Pamela A. Goynes-Brown, Mayor

By: Corianne Wittman-Wing
Name: Corianne Wittman-Wing
Title: CEO

Attest:

By: _____
Jackie Rodgers, City Clerk

Approved as to Form:

By: _____
Micaela Rustia Moore, City Attorney

EXHIBIT A

Original Agreement

Please see attached page(s).

EMERGENCY SERVICES TRANSPORT BILLING SERVICES AGREEMENT

This Emergency Services Transport Billing Services Agreement (the “Agreement”) is made and entered into as of 08/06/2020 16:52:49 GMT (the “Effective Date”) by and between the City of North Las Vegas, a political subdivision of the State of Nevada (the “City”) and Wittman Enterprises, LLC, a California limited liability company (“Provider”).

WITNESSETH:

WHEREAS, the City requires an emergency transport billing service contract as described in the Emergency Services Transport Billing Request for Proposal, RFP 2019-003 (the “RFP”), attached hereto as Exhibit A and incorporated herein by reference (the “Services”); and

WHEREAS, Services Provider represents that it has the credentials, knowledge, experience and skill to provide the Services in accordance with the RFP and this agreement; and

NOW THEREFORE, in consideration of the above recitals, mutual covenants, and terms and conditions contained herein, the parties hereby covenant and agree to the following:

1. Scope of Services

Provider shall perform the Services in accordance with the RFP terms, incorporated herein and attached as Exhibit A, Provider’s response to the RFP, incorporated herein and attached as Exhibit B, and the terms, conditions, and covenants set forth in this Agreement. Provider shall at its own expense comply at all times with all municipal, county, state and federal laws, regulations, rules, codes, ordinances, and other applicable legal requirements.

2. Term

This Agreement shall commence on the Effective Date and continue for a three-year period with two (2) one-year extensions at the sole discretion of the City Manager (the “Term”), unless earlier terminated in accordance with the terms herein.

3. Compensation

Provider will provide the Services at the rates in Provider’s response to the RFP per “Section 4 Pricing –Fee Proposal Option #1”. The City shall pay the Provider for the Services in an amount not to exceed One Hundred Twenty Thousand Dollars and 00/100 (\$120,000.00) per fiscal year, which includes all fees for time and labor, overhead materials, equipment, insurance, licenses, and any other costs. Periodic progress billings will be due and payable within 30 days of presentation of invoice, provided that each invoice is complete, correct, and undisputed by the City. The total not to exceed amount of this Agreement should both extensions be authorized is Six Hundred Thousand Dollars and 00/100 (\$600,000.00).

4. **Termination or Suspension of Services**

4.1 This Agreement may be terminated, in whole or in part, with or without cause, by the City upon thirty (30) days written notice to the Provider. In the event of termination, Provider shall be paid compensation for Services properly performed pursuant to the terms of the Agreement up to and including the termination date. The Provider shall submit a written request for incurred costs for services performed through the termination date, including all substantiating documentation requested by the City, within thirty (30) days of the date of termination. The City agrees to pay the Provider within thirty (30) days after receipt of a correct, adequately documented written request. The City's sole liability is for payment of the costs for the Services requested by the City and actually performed by Provider. The City shall not be liable for anticipated profits based upon Services not yet performed.

4.2 The City may suspend performance by Provider under this Agreement for such period of time as the City, in its sole discretion, may prescribe by providing written notice to the Provider at least ten (10) days prior to the date on which the City will suspend performance. The Provider shall not perform further work under this Agreement after the effective date of the suspension until receipt of written notice from the City to resume performance, and the time period for Provider's performance of the Services shall be extended by the amount of time such performance was suspended.

5. **Provider Representations and Warranties**

5.1 The Provider hereby represents and warrants for the benefit of the City, the following:

5.1.1 Provider is a duly formed validly existing limited liability company and is in good standing pursuant to the laws of the State of Nevada. The Provider is financially solvent, able to pay its debts when due, and possesses sufficient working capital to provide the Services pursuant to this Agreement.

5.1.2 The person executing this Agreement on Provider's behalf has the right, power, and authority to enter into this Agreement and such execution is binding on the Provider.

5.1.3 All Services performed, including deliverables supplied, shall conform to the specifications, drawings, and other descriptions set forth in this Agreement, and shall be performed in a manner consistent with the level of care and skill ordinarily exercised by members of Provider's profession and in accordance with generally accepted industry standards prevailing at the time the Services are performed, and do not infringe the intellectual property of a third party. The foregoing representations and warranties are not intended as a limitation, but are in addition to all other terms set forth in this Agreement and such other warranties as are implied by law, custom, and usage of the trade.

6. **Indemnification**

Provider shall defend, indemnify, and hold harmless the City, and its officers, agents, and employees from any liabilities, claims, damages, losses, expenses, proceedings, actions, judgments, reasonable attorneys' fees, and court costs which the City suffers or its officers, agents or employees suffer, as a result of, or arising out of, the negligent or intentional acts or omissions of Provider, its subcontractors, agents, and employees, in performance of this Agreement until such time as the applicable statutes of limitation expire. This section survives default, expiration, or termination of this Agreement or excuse of performance.

7. **Independent Contractor**

Provider, its employees, subcontractors, and agents are independent contractors and not employees of the City. No approval by City shall be construed as making the City responsible for the manner in which Provider performs the Services or for any negligence, errors, or omissions of Provider, its employees, subcontractors, or agents. All City approvals are intended only to provide the City the right to satisfy itself with the quality of the Services performed by Provider. The City acknowledges and agrees that Provider retains the right to contract with other persons in the course and operation of Provider's business and this Agreement does not restrict Provider's ability to so contract.

8. **Confidentiality**

8.1 Provider shall treat all information relating to the Services and all information supplied to Provider by the City as confidential and proprietary information of the City and shall not permit its release by Provider's employees, agents, or subcontractors to other parties or make any public announcement or release thereof without the City's prior written consent.

9. **Insurance**

9.1 Provider shall procure and maintain at all times during the performance of the Services, at its own expense, the following insurances:

9.1.1 Workers' Compensation Insurance as required by the applicable legal requirements, covering all persons employed in connection with the matters contemplated hereunder and with respect to whom death or injury claims could be asserted against the City or Provider.

9.1.2 Commercial General Liability (bodily injury and property damage) insurance in a policy limit of not less than \$1,000,000 for combined single limit per occurrence. Such General Liability insurance policy shall be endorsed as to include the City as an additional insured.

9.1.3 Professional Liability (errors and omissions) insurance to include coverage for the Services contemplated in this Agreement and any errors or omissions of Provider and its professional staff in connection with this Agreement. The following amounts are minimum limits for the requisite Professional Liability insurance and could be increased to be commensurate with the Services:

Each Claim:	\$1,000,000.00
Annual Aggregate:	\$2,000,000.00

9.2 Provider shall deliver certificates of insurance indicating that such insurance is in effect to the City before commencement of the Services under this Agreement. If Provider is underwritten on a claims-made basis, the retroactive date shall be prior to or coincident with the Effective Date of this Agreement, and the certificate of insurance shall state that coverage is claims-made and the retroactive date. Provider shall provide the City with 30-day advance written notice of policy cancellation of any insurance policy required to be maintained by Provider pursuant to this Agreement.

9.3 All insurance policies required hereunder, and all renewals, shall be provided by a company or companies authorized to do business in Nevada and shall expressly:

9.3.1 Waive subrogation against the City, its officers, agents, servants and employees;

9.3.2 Provide that they are primary and noncontributing with any insurance which the City may carry;

9.3.3 Include or be endorsed to cover Provider's contractual liability to the City; and

9.3.4 Disclose all deductible and self-insured retentions in the Certificate of Insurance. No deductible or self-insured retention may exceed \$250,000 without the written approval of the City.

10. **Notices**

Any notice requiring or permitted to be given under this Agreement shall be deemed to have been given when received by the party to whom it is directed by personal service, hand delivery or United States mail at the following addresses:

To City:	City of North Las Vegas
	Attention: Joy Yoshida
	2250 Las Vegas Blvd., North Ste. 710
	North Las Vegas, Nevada 89030
	Phone: 702-633-1745

To Provider: Wittman Enterprises, LLC
Attention: Russ Harms
11093 Sun Center Drive
Rancho Cordova, CA 95670
Phone: 916-669-4628

Either party may, at any time and from time to time, change its address by written notice to the other.

11. **Entire Agreement**

This Agreement, together with any attachment, contains the entire Agreement between Provider and City relating to rights granted and obligations assumed by the parties hereto. Any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of this Agreement not expressly set forth in this Agreement are of no force or effect.

12. **Miscellaneous**

12.1 **Governing Law and Venue.** The laws of the State of Nevada and the North Las Vegas Municipal Code govern the validity, construction, performance and effect of this Agreement, without regard to conflicts of law. All actions shall be initiated in the courts of Clark County, Nevada or the federal district court with jurisdiction over Clark County, Nevada.

12.2 **Assignment.** Any attempt to assign this Agreement by Provider without the prior written consent of the City shall be void.

12.3 **Amendment.** This Agreement may be amended or modified only by a writing executed by the City and Provider.

12.4 **Controlling Document.** To the extent any of the terms or provisions in Exhibit A conflict with this Agreement, the terms and provisions of this Agreement shall govern and control. Any additional, different or conflicting terms or provisions contained in Exhibit A or any other written or oral communication from Provider shall not be binding in any way on the City whether or not such terms would materially alter this Agreement, and the City hereby objects thereto.

12.5 **Time of the Essence.** Time is of the essence in the performance of this Agreement and all of its terms, provisions, covenants and conditions.

12.6 **Waiver.** No consent or waiver, express or implied, by the Provider or the City of any breach or default by the other in performance of any obligation under the Agreement shall be deemed or construed to be a consent or waiver to or of any other breach or default by such party.

12.7 Waiver of Consequential Damages. The City shall not be liable to Provider, its agents, or any third party for any consequential, indirect, exemplary or incidental damages, including, without limitation, damages based on delay, loss of use, lost revenues or lost profits. This section survives default, expiration, or termination of this Agreement.

12.8 Severability. If any provision of this Agreement shall be held to be invalid or unenforceable, the remaining provisions of this Agreement shall remain valid and binding on the parties hereto.

12.9 No Fiduciary or Joint Venture. This Agreement is not intended to create, and shall not be deemed to create, any relationship between the parties hereto other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement. Neither of the parties hereto shall be construed to be the agent, employer, representative, fiduciary, or joint venturer of the other and neither party shall have the power to bind the other by virtue of this Agreement.

12.10 Effect of Termination. In the event this Agreement is terminated, all rights and obligations of the parties hereunder shall cease, other than indemnity obligations and matters that by their terms survive the termination.

12.11 Ownership of Documents. Provider shall treat all information related to this Agreement, all information supplied to Provider by the City, and all documents, reconciliations and reports produced pursuant to this Agreement as confidential and proprietary information of the City and shall not use, share, or release such information to any third-party without the City's prior written permission. This section shall survive the termination or expiration of this Agreement.

12.12 Fiscal Funding Out. The City reasonably believes that sufficient funds can be obtained to make all payments during the Term of this Agreement. Pursuant to NRS Chapter 354, if the City does not allocate funds to continue the function performed by Provider under this Agreement, the Agreement will be terminated when appropriate funds expire.

12.13 Public Record. Pursuant to NRS 293.010 and other applicable legal authority, each and every document provided to the City may be a "Public Record" open to inspection and copying by any person, except for those documents otherwise declared by law to be confidential. The City shall not be liable in any way to Provider for the disclosure of any public record including, but not limited to, documents provided to the City by Provider. In the event the City is required to defend an action with regard to a public records request for documents submitted by Provider, Provider agrees to indemnify, hold harmless, and defend the City from all damages, costs, and expenses, including court costs and reasonable attorneys' fees related to such public records request. This section shall survive the expiration or early termination of the Agreement.

12.14 Interpretation. The language of this Agreement has been agreed to by both parties to express their mutual intent. The headings contained in this Agreement are for reference

purposes only and shall not affect in any way the meaning or interpretation of this Agreement. Preparation of this Agreement has been a joint effort by the City and Provider and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the other.


12.15 Electronic Signatures. The use of facsimile, email, or other electronic medium shall have the same force and effect as original signatures.

12.16 Counterparts. This Agreement may be executed in counterparts and all of such counterparts, taken together, shall be deemed part of one instrument.

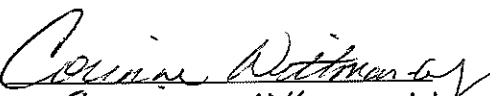
12.17 Federal Funding. Supplier certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, in receipt of a notice of proposed debarment or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to the regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67, § 67.510, as published as pt. VII of the May 26, 1988, Federal Register (pp. 19160-19211), and any relevant program specific regulations. This provision shall be required of every subcontractor receiving any payment in whole or in part from federal funds.

IN WITNESS WHEREOF, the City and Provider have executed this Agreement as of the Effective Date.

City of North Las Vegas
a Nevada municipal corporation

By: 
John J. Lee, Mayor

Wittman Enterprises, LLC
a California limited liability company

By: 
Name: Corinne Wittman-Wojcik
Title: CEO

ATTEST:

By: 
Catherine A. Raynor, MMC, City Clerk

Approved as to form:

By: 
Micaela Rustia Moore, City Attorney

EXHIBIT A

RFP 2019-003

Please see attached page(s).

Mayor
John J. Lee

City Manager
Ryann Juden

Council Members
Isaac E. Barron
Pamela A. Goynes-Brown
Scott Black
Richard J. Cherchio



Finance Department
2250 Las Vegas Boulevard, North · Suite #708 ·
North Las Vegas, Nevada 89030
Telephone: (702) 633-2440 · Fax: (702) 669-3328 · TDD: (800) 326-6868
www.cityofnorthlasvegas.com

January 2, 2020

City of North Las Vegas
Request for Proposal ("RFP")
RFP 2019-003 Emergency Services Transport Billing

Proposals will be received electronically only through the Nevada Gov eMarketplace (NGEM) System at www.ngemnv.com until **February 11, 2020 at 10:00 A.M.** (the "Proposal Due Date"), and all proposals will be publicly opened and read shortly thereafter in Conference Room 703 inside City Hall at the above listed address.

An optional Pre-Proposal Meeting will be conducted at **1:00 P.M., January 09, 2020**, in Conference Room 703 inside City Hall at the above listed address.

Questions and/or concerns regarding this Proposal should be submitted in NGEM or sent to Marie Leake by e-mail to leakem@cityofnorthlasvegas.com prior to the deadline for questions of **January 21, 2020 at 12:00 P.M.** local time. All questions and concerns must be received by the question deadline.

Proposal documents may be accessed at www.ngemnv.com, at the City of North Las Vegas website at www.cityofnorthlasvegas.com at the Purchasing Bid Advertisements Page, or in person at the Purchasing Office, Monday through Thursday, 8:00 a.m. – 4:45 p.m. at City Hall, 2250 Las Vegas Boulevard North, Suite 708, North Las Vegas, NV 89030. The City reserves the right to reject any and all Proposals, waive any informality or technicality, or to otherwise accept Proposals deemed in the best interest of the City.


Marie E. Purcell, CMC
Acting City Clerk

Published Las Vegas Review Journal January 2, 2020

**City of North Las Vegas
Request for Proposal ("RFP")
RFP 2019-003 Emergency Services Transport Billing**

1. PUBLIC RECORDS:

The RFP documents and all Proposals submitted in response thereto are public records. You are cautioned not to put any material into the Proposal that is proprietary in nature. The City is a public agency as defined by state law. As such, it is subject to the Nevada Public Records Law (Chapter 239 of the Nevada Revised Statutes). The City's records are public records, which are subject to inspection and copying by any person, unless declared by law to be confidential.

2. PERFORMANCE OF WORK:

The successful Respondent shall perform all the work described in this RFP as may be necessary to complete the contract in a satisfactory and acceptable manner according to the terms set forth herein and in any contract entered into with the City.

3. FORM OF CONTRACT:

Execution of the Contract by all named parties will authorize delivery of goods or services obtained under this RFP.

4. ELECTRONIC RESPONSE THROUGH NGEM SYSTEM:

Proposals must be submitted online through the Nevada Government eMarketplace (NGEM). The NGEM System is an electronic bidding system used by a consortium of local government entities in Nevada for supplier registration and the submission of electronic bids and proposals. The NGEM System is available at www.ngemnva.com. There is no cost for any Respondent to use the NGEM System, however, all Respondents must register prior to gaining access to see the details of any solicitation and to submit a bid or proposal online. All Proposals must be submitted on the NGEM System no later than the Proposal Due Date and time. Per the Terms of Use of the NGEM System, Proposals may not be submitted after the Proposal Due Date, and the server clock will govern.

5. EXPLANATION TO RESPONDENT:

Any explanations desired by Respondent regarding the meaning or interpretation of specifications must be requested in writing and with sufficient time allowed for a reply to reach Respondent before submission of its Proposal. Oral explanations given before the award of the Contract will not be binding. Any written interpretation made will be furnished to all Respondents, and its receipt by the Respondent will be acknowledged. Interpretation of the meaning of the plans, specifications or other pre-Proposal documents will not be binding if presented to any Respondent orally. Every request for such interpretation should be in writing addressed to

Marie Leake by email at leakem@cityofnorthlasvegas.com or by mail at ATTN: Marie Leake, Buyer, City of North Las Vegas, 2250 Las Vegas Blvd, North, Suite 708, North Las Vegas, NV 89030. Any and all such interpretations and any supplemental instructions deemed necessary will be in the form of a written addendum to the specifications which, if issued, will be mailed or e-mailed to all known prospective Respondents. Failure of any Respondent to receive any such addendum or interpretation shall not relieve such Respondent from any obligation under the Proposal documents as submitted. All addenda issued shall become part of the Proposal documents.

6. METHOD OF EVALUATION AND AWARD OPTIONS:

The evaluation of the Proposals will be conducted by City personnel. The City will award this Request for Proposal based on the Respondent who submits the most responsive, responsible Proposal deemed to be in the City's best interest according to the evaluation criteria set forth within this RFP. Please prepare your Proposal according to the appropriate sections and your Proposal will be evaluated accordingly. The City reserves the right to reject all Proposals. Pursuant to NRS 332.065(3), the City shall not enter into a contract with a Respondent to this Proposal unless the contract includes the written certification that the company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel.

7. ASSIGNMENT OF CONTRACTUAL RIGHTS:

It is agreed that the Contract must not be assigned, transferred, conveyed, or otherwise disposed of by either party in any manner, unless approved in writing by the other party or unless otherwise allowed pursuant to NRS 332.095(2). The Respondent will be an independent contractor for all purposes and no agency, either expressed or implied, exists.

8. CONDITIONS OF PROPOSAL SUBMITTAL:

- (a) The Proposal must be signed by a duly authorized official of the proposing firm or company submitting its Proposal.
- (b) No Proposal will be accepted from any person, firm, or corporation that is in arrears for any obligation to the City, or that otherwise may be deemed irresponsible or unresponsive by City staff or City Council.
- (c) No Proposal will be accepted from any person, firm, or corporation if that person, firm, or corporation or any of its principals are debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions with any federal or state department or agency. By signing and

submitting a Proposal to the City, the Respondent certifies that no current suspension or debarment exists.

- (d) All Proposals shall be prepared in a comprehensive manner as to content, but no necessity exists for expensive binders or promotional material. Respondents must submit one original and two copies of its Proposal.

9. PROTESTS:

The City will publish the Recommendation of Award Notification on the City's website (www.cityofnorthlasvegas.com). Any Respondent may file a notice of protest regarding the proposed award of the Contract by the North Las Vegas City Council. Respondents will have five (5) business days from the date the Recommendation of Award is published to submit the written protest to the City Clerk. The written protest must include a statement setting forth, with specificity, the reasons the person filing the protest believes that applicable provisions of the Contract documents or law were violated. At the time a notice of protest is filed, the person filing such notice of protest shall post a bond with a good and solvent surety authorized to do business in the State of Nevada, and supply it to the City Clerk. The bond posted must be in an amount equal to the lesser of (i) twenty-five percent (25%) of the total value of the Proposal submitted by the person filing the notice of protest; or (ii) two hundred fifty thousand dollars (\$250,000).

A notice of protest filed in accordance with this section shall operate as a stay of action in relation to the award of the Contract until a determination is made by the North Las Vegas City Council. A person who makes an unsuccessful proposal may not seek any type of judicial intervention until after the North Las Vegas City Council has made a determination on the notice of protest and awarded the Contract. Neither the City nor any authorized representative of the City is liable for any costs, expenses, attorney's fees, loss of income or other damages sustained by a person who submits a Proposal, whether or not the person files a notice of protest pursuant to this section.

If a protest is upheld, the bond posted and submitted with the notice of protest will be returned to the person who posted the bond. If the protest is rejected, a claim may be made against the bond by the City in an amount equal to the expenses incurred by the City because of the unsuccessful protest.

10. LICENSES:

All Respondents must provide a copy of all appropriate licenses in accordance with the laws of the State of Nevada, prior to submission of Proposals for this project. Upon award, the successful Respondent will be required to obtain a North Las Vegas Business License.

11. PUBLIC OPENING:

Proposals received will be opened and the name of the Respondent's company will be read publicly at the time and place indicated in the Request for Proposal documents. Respondents, their authorized agents and the public are invited to be present. No responsibility will attach to any City official or employee for the pre-opening of, or the failure to open, a Proposal not properly addressed or identified.

12. TERM OF THE CONTRACT:

The Contract shall have a term of three (3) years with two (2), one (1) year extensions, or as otherwise stated in the Contract.

13. INSURANCE:

Prior to the commencement of the Contract, the successful Respondent must provide properly executed Certificates of Insurance to the City, which shall clearly evidence all insurance required by the City, including a policy or certificate of comprehensive general liability insurance in which the City, its public officials, officers, employees, agents, and volunteers shall be the named insured or be named as an additional insured. In compliance with this provision, the Respondent may file with the City a satisfactory policy providing a minimum \$1,000,000 "blanket coverage" policy or certificate of insurance. Such insurance will (i) waive subrogation against the City, its officers, agents, servants, and employees; (ii) will be primary and any insurance or self-insurance maintained by the City will apply in excess of, and not contribute with, the insurance required; (iii) will include or be endorsed to cover the Respondent's contractual liability to the City; and (iv) disclose all deductibles and self-insured retentions in the Certificate of Insurance. No deductible or self-insured retention may exceed \$250,000.00 without the City's written approval. Required insurance shall not be canceled, allowed to expire or be materially reduced in coverage until after 30 days' written notice has been given to, and approved in writing by, the City Attorney or the City Risk Manager.

The policy shall provide the following minimum limits:

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000 each occurrence/accident
Products/Completed Operations	\$2,000,000 aggregate
Property Damage	\$1,000,000
Personal/Advertising Injury	\$1,000,000
COMBINED SINGLE LIMIT OF	\$1,000,000
Aggregate of	\$2,000,000

PROFESSIONAL LIABILITY*

Claim or Loss	\$1,000,000
General Aggregate	\$2,000,000

Coverage must include professional misconduct or lack of ordinary skill for those positions defined in the scope of work for this Proposal.

Such insurance shall include the specific coverage set out herein and be written for NOT LESS THAN the limits of liability and coverage provided in the "Insurance Service Office", or required by law and other governing agencies, whichever is greater. The cost of this insurance shall be deemed included in the Proposal prices and no additional compensation will be made.

In addition, the Respondent shall furnish evidence of a commitment by the insurance company to notify the City by registered mail of the expiration or cancellation of the insurance policies required not less than 30 days before the expiration or cancellation is effective.

WORKER'S COMPENSATION INSURANCE:

Each successful Respondent shall secure, maintain in full force and effect, and bear the cost of complete Worker's Compensation Insurance in accordance with the Nevada Industrial Insurance Act - Nevada Revised Statutes, Chapter 616A-616D, inclusive, for the duration of the Contract and shall furnish the City, prior to the execution of the Contract, a Certificate of Insurance which meets the requirements of the Nevada Industrial Insurance Act. The City, or any of its officers or employees, will not be responsible for any claims or suits in law or equity occasioned by the failure of the successful Respondent to comply with the provisions of this paragraph. If the successful Respondent has no employees, then Exhibit D- Affidavit of Rejection of Coverage for Workers' Compensation must be completed and submitted with response to this Proposal.

14. INDEMNITY:

The successful Respondent agrees to defend, indemnify, and hold the City, its officers, agents, and employees, harmless from any and all liabilities, causes of action, claims, damages, losses, expenses, proceedings, actions, judgments, reasonable attorneys' fees, and court costs which the City suffers or its officers, agents, or employees suffer, as a result of, or arising out of, the negligent or intentional acts or omissions of Respondent, its subcontractors, agents, and employees, in the fulfillment or performance of the work described herein until such time as the applicable statutes of limitation expire.

15. PROVISIONS PROVIDED BY LAW:

Each and every provision and clause required by law to be inserted in the Contract shall be read and enforced as though it were included herein, and if through mistake or otherwise any such provision is not inserted, or is not correctly inserted, then upon the application of either party the Contract forthwith shall be physically amended to make such insertion or correction. The Respondent's attention is directed to the fact that all applicable City, County, State and Federal laws, and the rules and regulations of all authorities having jurisdiction over the project shall apply to the Contract throughout its duration, and they will be deemed to be included in the Contract the same as though herein written out in full.

16. ADDENDA INTERPRETATIONS:

If it becomes necessary to revise any part of this Request for Proposal, a written addendum will be provided publicly. The City is not bound by any oral clarifications changing the scope of work for this project. The addendum must be acknowledged and returned in the Proposal submission.

17. CANCELLATION OF CONTRACT:

The City reserves the right to cancel the award or execution of any contract at any time before the Contract has been approved by the City Council without any liability or claims thereof against the City.

18. TERMINATION FOR CONVENIENCE:

The City shall have the right at any time to terminate further performance of the Contract, in whole or in part, for any reason whatsoever (including no reason). Such termination shall be effected by written notice from the City to the Respondent, specifying the extent and effective date of the termination. On the effective date of the termination, the successful Respondent shall terminate all work and take all reasonable actions to mitigate expenses. The successful Respondent shall submit a written request for incurred costs for services performed through the date of termination within 30 days of the date of termination. All requests for reimbursement of incurred costs shall include substantiating documentation requested by the City. In the event of such termination, the City agrees to pay the successful Respondent within thirty days after receipt of a correct, adequately documented written request. The City's sole liability under this Paragraph is for payment of the costs for the services requested by the City and actually performed by the successful Respondent.

19. TAXES:

The City is exempt from State, Retail, and Federal Excise Taxes. The Proposal price must be net, exclusive of taxes.

20. EXCEPTIONS:

Each Respondent must list on a separate sheet of paper any exceptions to the Request for Proposal specifications and attach it to its Proposal. Exceptions, deviations, or contingencies requested in Respondent's Proposal, while possibly necessary in the view of the Respondent, may result in lower scoring or disqualification of the Proposal.

21. FISCAL FUNDING OUT:

In the event the City fails to appropriate funds for the performance of this contract, the Contract will terminate once the existing funds have been exhausted.

22. LIMITATION OF FUNDING:

The City reserves the right to reduce estimated or actual quantities, in whatever amount necessary, without prejudice or liability to the City, if funding is not available or if legal restrictions are placed upon the expenditure of monies for the services required under the Contract.

23. ESCALATION:

Prices may not be increased. The price submitted in your Proposal must remain firm throughout this project.

24. AUDIT OF RECORDS:

- (a) The successful Respondent agrees to maintain financial records pertaining to all matters relative to this Proposal in accordance with standard accounting principles and procedures and to retain all records and supporting documentation applicable to this Proposal for a period of three (3) years after completion of this Proposal and any subsequent extensions thereof. All records subject to audit findings shall be retained for three (3) years after such findings have been resolved. In the event the successful Respondent goes out of existence, the successful Respondent shall turn over to the City all of its records relating to this Proposal. The successful Respondent agrees to give the City access to records immediately upon request.
- (b) The successful Respondent agrees to permit the City or the City's designated representative(s) to inspect and audit its records and books relative to this Proposal at any time during normal business hours and under reasonable circumstances and to copy and/or transcribe any information that the City desires concerning successful Respondent's operation hereunder at the City's discretion. The successful Respondent further understands and agrees that said inspection and audit would be exercised upon written notice. If the successful Respondent or its records and books

are not located within Clark County, Nevada, and in the event of an inspection and audit, successful Respondent agrees to deliver the records and books or have the records and books delivered to the City or the City's designated representative(s) at an address within the City as designated by the City. If the City or the City's designated representative(s) find that the records and books delivered by the successful Respondent are incomplete, the successful Respondent agrees to pay the City or the City's representative(s)' costs to travel (including travel, lodging, meals, and other related expenses) to the successful Respondent's offices to inspect, audit, retrieve, copy and/or transcribe the complete records and books. The successful Respondent further agrees to permit the City or the City's designated representatives to inspect and audit, as deemed necessary, all records of this project relating to finances, as well as other records including performance records that may be required by relevant directives of funding sources of the City.

- (c) If, at any time during the term of this Proposal, or at any time after the expiration or termination of the Proposal, the City or the City's designated representative(s) finds the dollar liability is less than payments made by the City to the successful Respondent, the successful Respondent agrees that the difference shall be either: (a) repaid immediately by the successful Respondent to the City or (b) at the City's option, credited against any future billings due the successful respondent.
- (d) The successful Respondent must assert its right to an adjustment under this clause within 30 days from the date of receipt of the written order; however, if the City decides that the facts justify, the City may receive and act upon an invoice submitted before final payment of the Proposal.
- (e) The successful Respondent shall provide current, complete, and accurate documentation to the City in support of any equitable adjustment. Failure to provide adequate documentation, within a reasonable time after a request from the City will be deemed a waiver of the successful Respondent's right to dispute.

25. INDEPENDENT CONTRACTOR:

In the performance of services under the Contract, the successful Respondent and any other persons employed by it shall be deemed to be an independent contractor and not an agent or employee of the City. The City shall hold the successful Respondent as the sole responsible party for the performance of this Contract. The successful Respondent shall maintain complete control over its employees. Nothing contained in the RFP, Contract or award by the City shall create a partnership, joint venture or agency. Neither party shall have the right to obligate or bind the other party in any manner to any third party.

26. COMPANY PERSONNEL:

The successful Respondent is solely responsible for the supervision and control of its staff performing work under this contract; however, the City reserves the right to request removal from its premises the successful Respondent's "on site" staff personnel for just cause, and the successful Respondent shall take reasonable action to comply with the request. Upon award of the Contract a listing of all personnel authorized to participate in the awarded program shall be submitted and included as part of the executed agreement.

27. KEY PERSONNEL:

For the City of North Las Vegas:

Marie Leake, Buyer. She is responsible for the administration and audit of the Contract and any changes. She can be reached at (702) 633-12440, Monday through Thursday, 6:00 a.m. to 4:00 p.m.

Joseph D. Calhoun, Fire Chief. He or his designee is responsible for monitoring the project and is responsible for any requested changes by the Respondent. He can be reached at (702) 633-1106, Monday through Thursday, 7:00 a.m. to 5:00 p.m.

The cutoff time for any questions regarding this Request for Proposal is Tuesday, January 21, 2020 at 12:00 p.m. Local time. Any questions submitted beyond this cutoff time will not be answered.

City of North Las Vegas
Request for Proposal (“RFP”)
RFP 2019-003 Emergency Services Transport Billing

Definitions

Certificates of Insurance – a document issued by an insurance company/broker that is used to verify the existence of insurance coverage under specific conditions granted to listed individuals. This document should list the effective date of the policy, the type of insurance coverage provided, the type and dollar amount of applicable liability, and shall list the City of North Las Vegas , its public officials, officers, employees, agents, and volunteers, as an additional insured.

City - the City of North Las Vegas.

City Attorney – the lawyer employed by the City of North Las Vegas, who is legally appointed as legal counsel to transact business on behalf of the City of North Las Vegas.

City Clerk - a public officer charged with recording the official proceedings and vital statistics of the City of North Las Vegas.

City Council - the legislative body that governs the City of North Las Vegas.

City Manager - a person not publicly elected but appointed by the City Council to manage the City of North Las Vegas.

City Records - information, minutes, files, accounts or other records which the City of North Las Vegas is required to maintain, and which must be accessible to review by the public.

City Staff - any person currently employed by the City of North Las Vegas.

Contract – the written agreement between the City and the Respondent selected by the City as having the best Proposal, as approved by City Council and fully executed by the parties.

Key Personnel - defined City employees listed in Paragraph 27.

Pre-Proposal Meeting – a meeting that Respondent may attend to have the project requirements defined. This allows the Respondent to ask questions necessary to enable Respondent to provide a Proposal.

Nevada Public Records Law – as defined in NRS Chapter 239.

Proposal - document submitted in NGEM by Respondent to the City of North Las Vegas offering the product or service that meets the requested specifications. Respondent will fill out the Proposal documents with their price offering and complete all required documents.

Purchasing Department – The City of North Las Vegas Department that reviews the Proposals for compliance to specifications, reviews the pricing, and awards the Contract to the most responsive and responsible Respondent.

Recommendation of Award Notification – notification to the general public that the City has recommended a Respondent who has been selected based on having the best Proposal by meeting the criteria listed in the Proposal documents. This Recommendation of Award goes to the City Council and upon City Council approval will be selected to fulfill the requirements as outlined in the Request for Proposal.

Representative – person who represents a company and compiles questions to enable the company to submit a proposal that accurately identifies the City's requirements.

Request for Proposals – the official legal published advertisement of the Proposal requirements.

Respondent(s) or Proposer(s) – Vendor who offers the requested service or product to the City on the official Request for Proposal.

Subcontractor - a person who, or business that, contracts to provide some service or material necessary for the performance of another's contract.

Warranty - a guarantee on purchased goods that they are of the quality represented and will be replaced or repaired if found to be faulty.

CITY OF NORTH LAS VEGAS
RFP 2019-003 Emergency Services Transport Billing
SCOPE OF WORK

1. Introduction:

The City of North Las Vegas (City), with a current population of approximately 245,000 was incorporated in 1946 and operates using a council-manager form of government. The City's Emergency Medical Services (EMS) provides the same level of treatment and care to residents and visitors alike. The North Las Vegas Fire Department (NLVFD) is owned and operated by the City of North Las Vegas. NLVFD covers just over 100 square miles of service area and provides and receives automatic aid from Las Vegas Fire and Clark County Fire.

NLVFD is permitted by the Southern Nevada Health District to provide pre-hospital care. NLVFD currently provides EMS Basic Life Support (BLS), Intermediate Life Support (ILS), and Advance Life Support (ALS) levels, including transport, as well as medically-directed rescue services. All transport vehicles are staffed at ALS level.

EMS transports are performed and managed through a combination of 4 full-time NLVFD Rescues (ambulances) and private ambulance companies. Through automatic aid agreements with neighboring jurisdictions, NLVFD Rescues may also be the transporting unit, and the City will also charge for transports that originate outside of the City limits.

All NLVFD personnel staffing fire and/or EMS response units are certified at the EMT, AEMT, or Paramedic level. Current staffing level is 180 full-time positions including administration, operations, and support staff. NLVFD responded to over 34020 calls for service (Fire and EMS combined) in FY 2018 of which about 28465 were for EMS including 3422 patient transports completed by NLVFD Rescues. Of those, approximately 53% resulted in ALS-1 transports, 1% in ALS-2 transports, and 46% BLS-Emergency transports.

Dispatch for NLVFD, Clark County Fire Department, and the City of Las Vegas Fire Rescue is provided by the Fire Alarm Office, a combined communications center governed by a Board of Directors made up of the Chiefs of each participating fire department. Calls are received through the 911 system and are prioritized using the Medical Priority Dispatch System ("MPDS") or Fire Protocol system.

Additional background information on NLVFD is available at:
www.cityofnorthlasvegas.com/departments/fire.

2. EMS Billing Process:

The City is seeking Proposals from qualified Respondents for an award for the

Emergency Transport Billing Service Contract. The City bills third party payers and individuals requiring transport by NLVFD through contracted billing services. All transports are treated equally, with no distinction between residents and visitors, and with no discounts for any particular group. The City reserves the right to adjust billing practices as may be allowed by federal, state, or local regulations. Currently, the City does not bill for services to patients treated but not transported.

Currently, the City of North Las Vegas billing practice is to bill the patient or their legal guardian for EMS transport charges along with any identified third party insurance provider, should insurance information be available indicating that a portion of the charges would be covered by a third party provider. Other than required Medicare and Medicaid write downs, no other write downs or write offs are typically required. The City does not hold contracts with any insurance companies for EMS billing. Lockbox services are provided by Wells Fargo. General fund revenues collected through EMS billing funds the operation.

The City of North Las Vegas Municipal Code 8.08 governs ambulance services within the City and establishes that the municipal code does not prevent the Fire Department (NLVFD) from furnishing ambulance service with City Council approval. The City of North Las Vegas charges the maximum service rate but retains the authority to adjust rates, providing the rates do not exceed the maximum allowed by ordinance.

The City of North Las Vegas currently does not use outside agencies for delinquent account collections; however, that is subject to change during the life of the contract.

The City of North Las Vegas expects any contracted billing company to submit electronic claims with Medicare and Medicaid. Currently, the City has no direct agreements with any insurance providers or managed care organizations for set fees for service.

NLVFD uses electronic patient care records (ePCR). The current software provider is Imagetrend; however, this may be subject to change during the life of the EMS collections contract. The City currently uses National EMS Information System (NEMSIS) Version 3, on a combination of Panasonic Toughbooks and iPads. Computer Aided Dispatch Software is provided by Trittech Systems.

Mobile Electrocardiogram (EKG) equipment is primarily through Zoll X Series cardiac monitors at this time.

EMS scheduling is accomplished using Telestaff software. Tracking of EMS personnel training is by Target Solutions software.

Payer mix, accurate to the best of NLVFD's knowledge and information, as of 2019:

- Medicaid: 42%; \$231.01 per transport
- Medicare: 29%; \$378 per transport
- Private Insurance: 13%; \$706.53 per transport
- Self-Pay: 15%; \$39.59 per transport

Item Rate*

- ALS and BLS Loaded Mileage: \$30.31
- ALS1 Emergency Base Rate: \$1,071.71
- ALS2 Emergency Base Rate: \$1,173.25
- BLS Emergency Base Rate: \$1,018.52
- ALS Non-Emergency Base Rate: \$955.66
- BLS Non-Emergency Base Rate: \$912.18
- CCT Emergency Base Rate: \$1,273.16

*Base Charges, effective February 1, 2019; City ordinance provides for the adjustment of rates in February of each year.

Transport Details for past three (3) calendar years: Year	Number of Transports	Total Transport Charges	Annual Receipts
2016	1,721	\$1,969,740.47	\$636,044.19
2017	1,781	\$2,084,947.61	\$579,333.86
2018	3,422	\$4,109,857.72	\$1,055,402.52

STATEMENT OF WORK

City of North Las Vegas Responsibilities

1. Maintain a data collection system for Electronic Patient Care Reports (ePCR), including replacement of related hardware due to obsolescence or failure.
2. Establish guidelines for data collection by City personnel, in consultation with the selected Respondent (the "Company"), and monitor compliance.
3. Allow electronic access to City ePCRs and CAD data downloads.
4. Establish charges for services provided by City.
5. Establish and maintain a lockbox at a financial institution for deposit of all fees collected through the Company's efforts. The lockbox will provide the Company with all documentation accompanying payments or received at the lockbox. The City will be responsible for all lockbox fees.
6. Provide a City billing contract administrator.
7. Establish criteria for when delinquent accounts:

- (a) Can be held beyond ninety (90) days by the Company;
- (b) Are to be referred to a collection agency; and
- (c) Are to be referred to the City billing contract administrator for a decision on further action.

8. Issue checks for refunds, overpayments, or payments received in error after appropriate requests are submitted by the Company.

9. Process payment within thirty (30) days of receipt of the Company's invoice based on the prior month's collection.

10. Reimburse patients when Company determines an ambulance transport refund is warranted. Circumstances when a refund is warranted include, but are not limited to, overpayment or an incorrect payer/payee.

Company Responsibilities

1. Assume management of existing open billing accounts effective as of the earlier of either of these dates: the one (1) year anniversary from date of Contract award; or, date of discontinuance of billing services by the prior Company.

2. Assume management of all aspects of the EMS billing process (with the exception of those aspects specifically mentioned above as City of North Las Vegas/NLVFD responsibilities) for all patients cared for by NLVFD EMS effective from date of Contract award for 5 years, and through the exercise of any renewal option(s) to this contract, if any.

3. Comply with all federal, state and local laws and regulations and insurance company requirements with respect to billing and collection of ambulance fees.

4. Implement and comply with a Compliance Program consistent with the intent and activities included in the U.S. Office of Inspector General (OIG) Compliance Program Guidance for Third Party Medical Billing Companies, 63 F.R. 70138 of December 18, 1998.

5. Ensure compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations.

6. Arrange to accept ePCR electronically transferred via ImageTrend platform.

7. Vendor must have knowledge in the Ground Emergency Medical Transport (GEMT) and Medicare Managed Care Organization (MCO) programs for local government Medicaid reimbursement and assist with providing records in a timely fashion to help the City and Fire Department apply for reimbursements as needed.

8. Maintain all billing records in electronic form for a period of seven (7) years, or in accordance with Federal, State, and Municipal record retention schedules, whichever is longer.

9. Maintain all data and billing records in an industry standard, non-proprietary electronic format permitting easy transfer or import to a new Company within thirty (30) days.

10. Deploy and maintain “mirror databases” locally. This means that the Successful Respondent must provide a redundant copy of the database of information, to ensure continuous data availability and minimize or avoid downtime which might otherwise result from data corruption or loss or during a system update or upgrade, or from a situation when the operation of a network is partially compromised. A synchronous or asynchronous operation may be proposed, and the data should reside on at least two different server instances.

11. Interoperability with the FirstWatch visual informatics reporting tool is a desired feature.

12. Allow the City twenty-four (24) hour, “read-only” online access to the billing databases and standard reports.

13. Maintain an easy interface for the City to search by patient name, address, date of service, etc. and to view the current status of patient accounts.

14. Allow exporting of billing databases to Microsoft Excel or Microsoft Access for generation of ad hoc queries and reports by the City.

15. Generate, at a minimum, the following reports on a monthly, quarterly, and yearly basis. Differentiate between resident, non-resident, and combined totals. Variations to individual reports, or additions to the list, may occur through discussion between the Company and the City:

- Acknowledgement Report for transport patients by date of service Collection Statistics – transports, gross charges, adjustments, net charges, receipts, balance, gross %, net %, and % paying patients
- Insurance Report – receipts and A/R by carrier and payer categories.
- Collection Statistics – collections per month and % of total billed
- Activity summary by transport type (BLS, ALS 1, ALS 2, etc)
- Activity Report by zip code, listing payer and charges and receipts
- System Financial Summary – including listing of adjustment totals Patients-to-Date (PTD) and Year-to-Date (YTD)
- Adjustment Detail Report – account number, name, date of service, adjustment, type, and amount adjusted
- Refund Listing – patient number, name, address, service date, charges, payment, payment date, refund, and reason for refund
- Credit Balance Report – account number, name, and credit balance
- Number of Accounts by Carrier Category (Medicare, Medicaid, Commercial, HMO, Self Pay, Collection Agency)

- Including posting month, total ePCRs, total per month, total paid Medicare and Medicaid Claim Reports with ICN numbers included.
- Compliance Report for Paramedics/EMTs – including, but not limited to, number of patient signatures, employee identifier, and date of service
- Copies of all Medicare and Medicaid Explanation of Benefits (EOBs) posted for the month.
- Develop and maintain an “electronic dashboard,” accessible daily by the City’s Contract Administrator that provides a one screen synopsis of the current state of the EMS billing operation.
- Forward an invoice and Notice of Privacy Policy to each patient within three (3) business days of receipt of a completed ePCR.
- Submit all insurance claims for reimbursement, if applicable, within three (3) business days of receipt of adequate information to file a claim.
- Forward statements to insured patients on a regular cycle not to exceed thirty (30) days between mailings from the initial invoice/request for information until the account is appropriately closed in accordance with agreed upon procedures.
- Respond to requests from patients and payers within two (2) business days when additional information or documentation is requested to process a claim.
- Obtain approval from the City for the content of all correspondence sent to patients.
- All written communication with patients must, at minimum, include: patient name, date of transport, amount of charges, form to request/authorize billing of insurance carrier, and patient identification/policy numbers or name and address of carrier billed and identification/policy numbers used, contact information for questions, and a return envelope.
- The following procedure for gathering information or obtaining payment from patients/payers is subject to negotiation with the City. Changes may be made based on feedback from customer satisfaction surveys and complaints received. The City has the final say on the guidelines to be implemented throughout the duration of the contract.
 - written notice;
 - telephone contact after thirty (30) days without response to the written notice; and
 - continued telephone and written contact to include – a cycle of five (5) attempted contacts by phone, including at least one (1) attempt after 5:00 PM, one (1) attempt on a weekend, and one (1) attempt before 2:00 PM and a cycle of five (5) letters/demands for information/payment mailed to the home address provided.
 - When efforts to obtain payment/information from the patient prove unsuccessful, a line-by-line accounting of the efforts made on each account shall be submitted to the City for review. Each review item must include the following: patient name, date of service, current balance, detailed notes as to the efforts taken, and results obtained.

- Upon prior written approval from the City, account history forms shall be compiled and uncollectable balances shall be referred to a third-party collector. Any contract or agreement between the Company and a third-party collector must receive prior written approval by the City. The City reserves the right to accept or deny any such arrangement, in its sole discretion, or assume the collections function itself.
- Write off accounts submitted to a collection agency if City chooses to utilize, then post reimbursement as bad debt recovery.
- Provide detailed billing capabilities for all levels of ambulance transport to include itemized charges on patient invoices.
- Substantiate any and all information that may be required to complete a claim, including required signatures.
- Provide documentation of certification of medical necessity, patient's release of medical information, and payment of benefits.
- Provide local or toll-free telephone access for patients to contact the Company with billing questions, Monday through Friday (excluding national holidays), with a starting time not later than 9:00 AM and an ending time not earlier than 5:00 PM Pacific Time. Although the telephone access number may be initially answered by an automatic attendant or call distributor system, a live person working within the United States must be available to personally converse with the caller within ten (10) minutes of call inception. Alternatively, the call system may contain a "call back" function whereby the caller may input a number at which to receive a return call, which must be returned within thirty (30) minutes of the initial call inception.
- Provide an email address for email inquiries by patients, which shall be referenced in all correspondence, and to which all replies shall be made by the company within three (3) business days. The Company shall retain all inquiries and responses to and from this email address for review by the City at any time for the duration of the Contract, and for one (1) year after the termination of the Contract.
- Post payments made to the Lockbox to patient accounts within twenty four (24) hours.
- Provide error adjustment and on-demand rebilling capabilities.
- Provide verification of billing and insurance information for patients with multiple transports.
- Document and retain a record of patient contacts, both written and verbal, including letters sent, claims sent, responses received, denials, claims pending, emails, phone conversations, payments, and requests for information.
- Analyze denials received and file appropriate appeals to Medicaid, Medicare, and others according to regulations and processes (including judicial orders/instructions). Company shall be responsible for filing appeals to denied claims or partially denied claims when an internal review shows justification for

reimbursement of the claims. This shall occur within twenty (20) business days of notification of denial. The Company shall also be responsible for all costs of appeals and hearings unless the City agrees in a prior writing to pay a portion of the cost.

- Maintain the total days in accounts receivable at less than ninety (90) days or provide justification to the City which validates any delay(s) due to specific payer or processing issues.
- Reasonably assist patients with appeals to denials from third party insurers.
- Maintain documentation of patient's release of medical information and assignment of benefits.
- Initiate no telephone inquiries to patients at their residence on any day after 8:00 pm in the time zone in which the patient is located. During all telephone conversations, Company shall at all times identify and refer to itself as "City of North Las Vegas EMS Billing."
- Implement customer satisfaction surveys for the billing function and shall work with the City to develop, distribute, and report on a similar customer satisfaction survey regarding the patient's care and interaction with the City. Surveys may be distributed either in hard copy or electronically, with reports being provided to the City electronically, with or without hard copy backup.
- Maintain all patient data on a secure network, safeguarding all data in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009.
- Provide, at its own expense, an annual audit of its billing and collection operation by an independent company selected by the City.
- If a bill is denied due to failure to bill in a timely fashion, Company shall accept all financial responsibility for administrative costs concerning the patient's account. Company shall be responsible for all North Las Vegas EMS billing mail and correspondence returned or rejected by the United States Postal Service. Company shall provide all administrative mailing and handling costs at their expense.
- At the end of the contract term, Company shall be allowed to exercise collection efforts on any existing accounts in Company's possession. Company shall bring to conclusion all patient accounts in their possession in accordance with procedures outlined in the contract. This will be done in an expedient manner, and shall not exceed six (6) months after the termination date. Accounts in possession of Company at the end of the six (6) month time frame will be deemed uncollectable and returned to the City for further action at its discretion.
- In the event the Contract is terminated for any reason, Company shall immediately turn over to the City all patient account information and billing information. This shall include, but is not limited to all active, inactive, or resolved patient accounts.

- Supply all equipment, space, tools, labor and materials needed to provide the aforementioned services.

- 2. Additional Documents required for your Proposal:** The following information is mandatory and should be separately identified. Failure to complete and submit any section may be grounds for rejection. These documents are attached as exhibits to this Scope of Work:

EXHIBIT A OFFER STATEMENT AND BUSINESS FORM - Provide the name and address of Respondent for purpose of notice or other communication relating to the Proposal. Proposals must be signed by a business entity official who has been authorized to make such commitments.

EXHIBIT B CERTIFICATE-DISCLOSURE OR OWNERSHIP/PRINCIPALS - This form must be notarized.

EXHIBIT C QUALIFICATIONS AND EXPERIENCE - References - Provide three (3) governmental agencies or private businesses with which you have conducted business transactions during the past three (3) years. At least two (2) of the references named are to have knowledge of your debt payment history.

EXHIBIT D AFFIDAVIT OF REJECTION OF WORKER'S COMPENSATION - Please fill this form out in its entirety. This form must be notarized.

EXHIBIT E NON-COLLUSION AFFIDAVIT - This form must be notarized.

EXHIBIT F Written Certification Required by NRS 332.065(3) for contracts with an estimated annual amount required for performance that is in excess of \$100,000.00.

- 3. RFP Requirements:** Proposals will be evaluated by a selection committee. The evaluation process is composed of the following steps:

Respondents shall upload as a Response Attachment a Proposal document containing the information in Sections 1-5 below. Upload all sections as one discrete file. The document must be provided in pdf or Microsoft Office compatible format, and must not be protected to the extent that printing, assembling and separating sections of the document are prohibited. ***Proposals should not exceed 35 pages.***

Section 1 – Cover Page & Business Information Include the following information:

- (a) Respondent's legal name, including DBA if applicable, and address for legal notices.
- (b) Name, title, phone number(s) and email address of an individual authorized to bind the Respondent.

- (c) Name title, phone number(s) and email address of the representative authorized to negotiate on behalf of the Respondent and answer questions regarding the Proposal.
- (d) Copies of all Respondent held national, state and local licenses, registrations and certifications applicable to performance of the subject work. If applicable, include sub-contractor licenses, registrations and certifications.

Section 2 –Qualifications and Experience Include the following information:

- (a) Respondent's Experience. Describe Respondent's experience in providing EMS billing services, including information and examples which substantiate successful and reliable past performance in providing services for a public or private ambulance service performing in excess of thirty five hundred (3,500) transports annually. Provide a brief description of the Respondent's business history and number of years in operation. Provide historical statistical information on system failures or downtime.
- (b) Software Platforms. Identify all subject software platforms to be used in conjunction with the Respondent's Contract performance, including version numbers, length of use, and Respondent's experience with using the software platforms with other similar Contracts.
- (c) Joint Venture. If work is to be accomplished through an affiliation or joint venture of two (2) or more firms, the names and addresses of those firms must be furnished, including roles and responsibilities for each. Additionally, for each affiliated firm or joint venture participant, information regarding experience and qualifications described in Above, must be provided.
- (d) Key Personnel Experience. Designate the key person who would be assigned as Company Representative and any key project staff. Include current resumes. Identify particular experience and/or skills that would be applicable to the services required.
- (e) Workload Accomplishment. Indicate the present workload of project staff to demonstrate their ability to devote sufficient time to meet the proposed schedule. Estimate the percentage and kinds of work to be accomplished by the Respondent's with staff presently residing locally.
- (f) References. Provide names, phone numbers, email addresses and contact person(s) for at least three references for which similar services have been provided. Ensure these references have given permission to be contacted by the City. Alternatively, the Respondent shall describe their organizational and staff experience providing similar goods or services, as described in the RFP, in sufficient detail to demonstrate the ability to perform the requirements.

Section 3 – Work Plan In this section, the Respondent is to provide a proposed approach to satisfy the requirements set forth in attached Statement of Work. As part of the work plan, Offer should address the following items:

- (a) Training, at rollout and ongoing, including detailed content and curriculum and periodic in-service training
- (b) Deployment, including transition plan, conversion, and takeover/cutover from current vendor, if applicable
- (c) Monitoring and Quality Assurance
- (d) Reporting, including both canned reports and ad-hoc types
- (e) Disaster Database Recovery
- (f) Experience with electronic data input systems
- (g) Internal controls with respect to HIPAA compliance and related auditing program(s) or processes
- (h) Live operator assistance capabilities
- (i) Alternative language capabilities
- (j) Length of time to produce billing statement after receipt of completed patient care report.
- (k) Process and length of time for payment posting
- (l) Capability for online payment acceptance, including the use of PayPal or other third parties
- (m) Refund process
- (n) Process for contacting hospitals to obtain missing information in order to perform billing services
- (o) Process for handling customer inquiries and disputes

Provide samples of documents that will be used in the course of EMS Billing services. **These samples should be uploaded as separate files, as indicated on the Response Attachments Tab.**

Section 4 – Pricing Provide cost and pricing information in sufficient detail for the City to fully understand the cost of each element being proposed. Pricing must be "all inclusive" for the following service areas: billing, financial reporting, and accounts receivable management. "All inclusive" means that the pricing must include incidental expenses such as equipment, consumables, forms, envelopes, credit card transaction and processing fees, phone fees, and postage. Pricing for EMS billing services should be expressed as a percentage of net collections for all transports, where net collections is the total cash collections less refunds and adjustments, for the current month. Fees for any billing category are based on a fixed amount, that amount may be expressed as a dollar amount per occurrence. Pricing for any optional or non-required services may be expressed in any format, but must be listed separately, and those services must be fully described.

Section 5 – Exceptions to the RFP Describe any exceptions taken to the RFP or the Contract provided under the Attachments Tab. Such exceptions will be taken into

consideration during evaluation and may impact evaluation results. If no exceptions are included with the Proposal, the terms and conditions will not be subject to negotiation and shall be deemed accepted by the Successful Respondent.

4. Evaluation Process: Proposals will be evaluated by a selection committee. The evaluation process will be comprised of the steps detailed below. The City reserves the right to accept a Proposal other than the lowest total expense offered. The following factors will be considered in the evaluation of individual Proposals. The City's Selection Committee will score each Proposal on a 100-point scale. The purpose of scoring the Proposals is to establish a prioritized order in which to continue further discussions. The following are the criteria and points associated for each that the committee will be using:

A. Completeness of the Proposal (30 points total)

- Response to RFP provisions (5 points)
- Respondent's references (20 points)
- Respondent's presentation (5 points)

B. Management Qualifications (70 points total)

- Respondent's plan (60 points)
- Value-added Proposals within the submittal (10 points)

5. Award of Contract: The recommendation by the selection committee to the City Council to award the Contract will be based upon the Proposal which is most advantageous to the City. All Proposals shall remain firm for ninety (90) calendar days after the Proposal opening. Refer to the Evaluation Process and Evaluation factors sections within this document.

6. Modifications: The City may institute changes or modifications to the Work and will notify all participants in a timely manner by an addendum to this RFP.

7. Rejection of Proposals: The City reserves the right to reject any and all Proposals received in response to this solicitation if determined not to be in the best interest of the City. Once received, the Proposals shall become the property of the City and are subject to public disclosure under the Nevada Public Records Act. Respondents are not entitled to recover any Request for Proposal preparation costs or other damages should the City not make an award or fail to successfully negotiate the Contract.

8. Incorporation of Proposal into the Contract: The contents of the RFP and the selected Respondent's Proposal shall be incorporated, in total, into the Contract. In the event there is a conflict between the RFP and the Contract, the terms of the Contract will prevail.

**City of North Las Vegas
Request for Proposal ("RFP")
RFP 2019-003 Emergency Services Transport Billing**

**EXHIBIT "A"
PROPOSAL SUBMITTAL PAGE**

This Proposal is submitted in response to **RFP 2019-003 Emergency Services Transport Billing** and constitutes an offer by this company to enter into a contract as described herein.

AUTHORIZED SIGNATURE NAME (TYPE OR PRINT) LEGAL NAME OF FIRM

AUTHORIZED SIGNATURE DATE

TITLE TELEPHONE NUMBER FAX NUMBER

ADDRESS OF FIRM

CITY STATE ZIP CODE

E-MAIL ADDRESS: _____

CNLV-BUSINESS LICENSE NO: _____

_____ A COPY OF MY CNLV BUSINESS LICENSE IS ATTACHED

FOR INFORMATIONAL PURPOSES ONLY

Is this firm a ESB, Minority, Women or Disabled Veteran Business Enterprise?

___ No ___ Yes If YES specify ___ MBE ___ WBE ___ DVBE ___ ESB

Has this firm been certified as a ESB, Minority, Women or Disabled Veteran Business Enterprise?

___ No ___ Yes If YES specify Certifying Agency _____

Please attach a copy of your certification.

EXHIBIT "B"

FORM A CERTIFICATE – DISCLOSURE OR OWNERSHIP/PRINCIPALS

1. DEFINITIONS

"City" means the City of North Las Vegas.

"City Council" means the governing body of the City of North Las Vegas.

"Contracting Entity" means the individual, partnership, or corporation seeking to enter into a contract or agreement with the City of North Las Vegas.

"Principal" means, for each type of business organization the following: (a) sole proprietorship – the City of the business; (b) corporation – the directors and officers of the corporation; but not any branch managers of offices which are a part of the corporation; (c) partnership – the general partner and limited partners; (d) limited liability company – the managing member as well as all the other members; (e) trust – the trustee and beneficiaries.

2. INSTRUCTIONS

The Contracting Entity shall complete Block 1, Block 2, and Block 3. The Contracting entity shall complete either Block 4 or its alternate in Block 5. Specific information, which must be provided, is highlighted. An Officer or other official authorized to contractually bind the Contracting Entity shall sign and date the Certificate, and such signing shall be notarized.

3. INCORPORATION

This Certificate shall be incorporated into the resulting Contract or agreement, if any, between the City and the Contracting entity. Upon execution of such Contract or agreement, the Contracting Entity is under a continuing obligation to notify the City in writing of any material changes to the information in this Certificate. This notification shall be made within fifteen (15) days of the change. Failure to notify the City of any material change may result, at the option of the City, in a default termination (in whole or in part) of the Contract or agreement, and/or a withholding of payments due the Contracting Entity.

Block 1 Contracting Entity	Block 2 Description
Name	RFP 2019-003 EMS Transport Billing
Address	
Telephone	
EIN or DUNS	

BLOCK 3	TYPE OF BUSINESS
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other:	

EXHIBIT "C"
(CONTINUED)
FORM B
CERTIFICATE – DISCLOSURE OR OWNERSHIP/PRINCIPALS

BLOCK 4 DISCLOSURE OF OWNERSHIP AND PRINCIPALS

In the space below, the Contracting Entity must disclose all principals (including partners) of the Contracting Entity, as well as persons or entities holding more than one-percent (1%) ownership interest in the Contracting Entity.

CERTIFICATE-DISCLOSURE OR OWNERSHIP/PRINCIPALS (Continued)

	FULL NAME/TITLE	BUSINESS ADDRESS	BUSINESS PHONE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

The Contracting Entity, or its principals or partners, are required to provide disclosure (of persons or entities holding an ownership interest) under federal law (such as disclosure required by the Securities and Exchange Commission or the Employee Retirement Income Act), a copy of such disclosure may be attached to this Certificate in lieu of providing the information set forth in Block 5 above. A description of such disclosure documents must be included below.

BLOCK 5 DISCLOSURE OF OWNERSHIP AND PRINCIPALS – ALTERNATE

If the Contracting Entity, or its principals or partners, are required to provide disclosure (of persons or entities holding an ownership interest) under federal law (such as disclosure required by the Securities and Exchange Commission or the Employee Retirement Income Act), a copy of such disclosure may be attached to this Certificate in lieu of providing the information set forth in Block 4 above. A description of such disclosure documents must be included below.

I certify under penalty of perjury, that all the information provided in this Certificate is current, complete and accurate. I further certify that I am an individual authorized to contractually bind the above named Contracting Entity.

Name

Date

Subscribed and sworn to before me this _____ day of _____, 2018

Notary Public

EXHIBIT "C"

QUALIFICATIONS AND EXPERIENCE RESPONDENT

Name: _____

1. Respondent shall provide a brief description of the Responder's qualifications, certifications, experience, and number of years in operation.

2. Provide three (3) examples of contracts similar in size and scope that have been completed in the past five (5) years. The City reserves the right to verify references for the companies identified. Ensure references have given permission to be contacted by the City.

Example Contract 1:

Company Name: _____

Company Address: _____

Point of Contact: _____ Phone Number: _____

E-Mail Address: _____

Brief Description of Contract Scope:

Term of Contract (Base plus Option Years):

Year of Base Contract Award: _____ Year Contract Completed:

Base Contract Amount: \$ _____ Total Contract Amount (including all option years) \$ _____

Did the contract contain a liquidated damages clause? ☐ YES ☐ NO

If yes, were damages assessed? ☐ YES ☐ NO If yes, what was the amount assessed? \$ _____

EXHIBIT "C"
QUALIFICATIONS AND EXPERIENCE RESPONDENT
(CONTINUED)

Example Contract 2:

Company Name: _____
Company Address: _____
Point of Contact: _____ Phone Number: _____
E-Mail Address: _____

Brief Description of Contract Scope:

Term of Contract (Base plus Option Years): _____

Year of Base Contract Award: _____ Year Contract Completed: _____

Base Contract Amount: \$ _____ Total Contract Amount (including all option years) \$ _____

Did the contract contain a liquidated damages clause? ☐ YES ☐ NO

If yes, were damages assessed? ☐ YES ☐ NO If yes, what was the amount assessed? \$ _____

Example Contract 3:

Company Name: _____
Company Address: _____
Point of Contact: _____ Phone Number: _____
E-Mail Address: _____

Brief Description of Contract Scope:

Term of Contract (Base plus Option Years): _____

Year of Base Contract Award: _____ Year Contract Completed: _____

Base Contract Amount: \$ _____ Total Contract Amount (including all option years) \$ _____

Did the contract contain a liquidated damages clause? ☐ YES ☐ NO

If yes, were damages assessed? ☐ YES ☐ NO If yes, what was the amount assessed? \$ _____

EXHIBIT "D"

**AFFIDAVIT OF REJECTION OF COVERAGE
FOR WORKERS' COMPENSATION UNDER NRS 616B.627 AND NRS 617.210**

In the State of Nevada, County of Clark, _____, being duly sworn,
deposes and says:

1. I make the following assertions pursuant to NRS 616B.627 and NRS 617.210.
2. I am a sole proprietor who will not use the services of any employees in the performance of this Contract with the City of North Las Vegas.
3. In accordance with the provisions of NRS 616B.659, I have not elected to be included within the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS, relating thereto.
4. I am otherwise in compliance with the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS.
5. In accordance with the provisions of NRS 617.225, I have not elected to be included within the terms, conditions and provisions of chapter 617 of NRS.
6. I am otherwise in compliance with the terms, conditions and provisions of chapter 617 of NRS.
7. I acknowledge that the City of North Las Vegas will not be considered to be my employer or the employer of my employees, if any; and that the City of North Las Vegas is not liable as a principal contractor to me or my employees, if any, for any compensation or other damages as a result of an industrial injury or occupational disease incurred in the performance of this Contract.

I, _____, do here swear under penalty of perjury that the assertions of this affidavit are true.

Signed this _____ day of _____, 20_____

Signature _____

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20_____,
by _____ (name of person making statement).

Notary Signature

EXHIBIT "E"
NON-COLLUSION AFFIDAVIT



Your Community of Choice

CITY OF NORTH LAS VEGAS

Non-Collusion Affidavit

State of _____ County of _____
_____ being first duly sworn deposes that:

- (1) He/She is the _____ of _____, the Firm that has submitted the attached Proposal;
- (2) He/She is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
- (3) Such Proposal is genuine and is not a collusive or sham Proposal;
- (4) Neither the said Firm nor any of its officers, partners, City, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other vendor, firm, or person to submit a collusive or sham proposal in connection with the contract or agreement for which the attached Proposal has been submitted or to refrain from making a proposal in connection with such contract or agreement, or collusion or communication or conference with any other firm, or, to fix any overhead, profit, or cost element of the proposal price or the proposal price of any other firm, or to secure through collusion, conspiracy, connivance, or unlawful agreement any advantage against the City of North Las Vegas or any person interested in the proposed Contract or agreement; and
- (5) The Proposal of service outlined in the Proposal is fair and proper and is not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the Firm/team or any of its agents, representatives, City, employees, or parties including this affiant.

(Signed): _____
Title: _____

Subscribed and sworn to before me this _____ day of _____ 201__

Notary Public

My Commission expires: _____

EXHIBIT "F"
WRITTEN CERTIFICATION



CITY OF NORTH LAS VEGAS

WRITTEN CERTIFICATION PURSUANT TO NRS 332.065(3)

Pursuant to NRS 332.065(3), a governing body or its authorized representative shall not enter into a contract with an estimated value in excess of \$100,000 with a company unless the contract includes a written certification that the company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel.

By signing below, the Respondent agrees and certifies that it does not currently boycott Israel and will not boycott Israel during any time in which it is entering into, or while in contract, with the City. If at any time after the signing of this certification, the Respondent decides to engage in a boycott of Israel, the Respondent must notify the City in writing.

_____	_____	_____	_____
AUTHORIZED SIGNATURE NAME (TYPE OR PRINT)	LEGAL	NAME	OF
RESPONDENT			

AUTHORIZED SIGNATURE

DATE

TITLE

Mayor
John J. Lee

City Manager
Ryann Juden

Council Members
Scott Black
Pamela A. Goynes-Brown
Richard Cherchio
Isaac E. Barron



FINANCE DEPARTMENT
2250 Las Vegas Boulevard, North • Suite 710 • North Las Vegas, Nevada 89030
Telephone: (702) 633-2438 • Fax: (702) 669-3328 • TDD: (800) 326-6868
www.cityofnorthlasvegas.com

January 14, 2020

**City of North Las Vegas
RFP 2019-003 – EMS Transport Billing Services
Addendum No. 1**

This addendum is written to publish the North Las Vegas Fire Department Transport Summary for 2019.

NLVFD Transport Summary – 2019

Total	Calls/Day	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
4618	12.7	369	329	380	391	389	401	393	406	385	395	375	405

Marie Leake
Buyer
Purchasing Department

Mayor
John J. Lee

City Manager
Ryann Juden

Council Members
Scott Black
Pamela A. Goynes-Brown
Richard Cherchio
Isaac E. Barron



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2250 Las Vegas Boulevard, North · Suite 710 · North Las Vegas, Nevada 89030
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www.cityofnorthlasvegas.com

January 23, 2020

City of North Las Vegas
RFP 2019-003 Emergency Services Transport Billing
Addendum No. 2

The deadline for questions for this proposal was 12:00 p.m., Tuesday January 21, 2020. The following are the questions that were received along with the answers to those questions.

Question 1. Please reconfirm the due date for this procurement by providing it in response to answers to questions.

Answer: The due date for the RFP will remain February 11, 2020 at 10:00 A.M.

Question 2. Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.

Answer: Generally satisfied with the service received

Question 3. Has the current contract gone full term?

Answer: Yes

Question 4. Have all options to extend the current contract been exercised?

Answer: Yes

Question 5. Who is the incumbent, and how long has the incumbent been providing the requested services?

Answer: Wittman Enterprises

Question 6. How are fees currently being billed by any incumbent(s), by category, and at what rates?

Answer: Flat rate of 5% of all received payments

Question 7. What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?

Answer: \$71,545.97 – estimated based on 1/22/20 collection amount

Question 8. What were your annual gross charges last year or for the last 12 months?

Answer: \$5,712,421.85 was last calendar year gross charges as reported on 1/22/20

Question 9.What were your annual total adjustments for last year or for the last 12 months?

Answer: \$1,958.53 was last calendar year gross charges as reported on 1/22/20

Question 10.What were your annual contractual allowance write offs for last year or for the last 12 months?

Answer: \$338,692.04 was last calendar year gross charges as reported on 1/22/20

Question 11.What were your annual gross collections last year or for the last 12 months?

Answer: \$1,430,919.34 was last calendar year gross charges as reported on 1/22/20

Question 12.What were your annual billable transports last year or for the last 12 months?

Answer: 4613 in 2019

Question 13.What are your per-mile ground transport charges?

Answer: will be \$31.38 as of 2/1/20

Question 14.What are your advanced life support charges?

*Answer: ALS 1 - \$1,109.65 as of 2/1/20
 ALS 2 - \$1,214.78 as of 2/1/20*

Question 15.What are your advanced life support emergency level 1 charges?

Answer: \$1,109.65 as of 2/1/20

Question 16.What are your advanced life support emergency level 2 charges?

Answer: \$1,214.78 as of 2/1/20

Question 17.What are your basic life support charges?

Answer: \$1,054.58 as of 2/1/20

Question 18.What are your basic life support emergency charges?

Answer: \$1,054.58 as of 2/1/20

Question 19.What are your specialty care transport charges?

Answer: \$1,318.23 as of 2/1/20

Question 20.What are your treatment without transport charges?

Answer: None

Question 21.What is your average per-trip charge?

Answer: \$716.75 in 2019

Question 22.When were the last changes to your transport rates, and are you considering raising any of the rates currently charged?

Answer: Rate change will occur on 2/1/20 with annual changes occurring based on the CPI Rate

Question 23.Are there any other charges you assess not otherwise covered by our questions?

Answer: No

Question 24.What percentage of your patients are residents versus non-residents, and do you charge the two groups differently?

Answer: No charge difference based on the patient's residency

Question 25.Do you operate any shared services agreements with any other municipal or county governments in the region and, if so, with whom?

Answer: We operate an automatic aid agreement with Las Vegas Fire and Clark County Fire Department for the handling of responses to our respective jurisdiction.

Question 26.What were your transports per year for life support for last year or for the last 12 months?

*Answer: 2019 ALS 1 - 2316
ALS 2 - 46
BLS - 2251*

Question 27.What were your transports per year for advanced life support emergency level 1 for last year or for the last 12 months?

Answer: 2316 in 2019

Question 28. What were your transports per year for advanced life support emergency level 2 for last year or for the last 12 months?

Answer: 46 in 2019

Question 29.What were your transports per year for basic life support for last year or for the last 12 months?

Answer: 2251 basic life support emergency transports in 2019

Question 30.What were your transports per year for basic life support emergency for last year or for the last 12 months?

Answer: 2251 in 2019

Question 31.What were your transports per year for specialty care transport for last year or for the last 12 months?

Answer: None

Question 32.What were your transports per year for treatment without transport for last year or for the last 12 months?

Answer: None

Question 32.What is your payer mix expressed as percentages of 100% billed?

*Answer: Insurance – 13.31%
Medicare – 30.72%
Medi-Cal/Medicaid – 38.07%
Private – 17.91%*

Question 33.What is your payer remit mix expressed as percentages of 100% of what you typically receive?

*Answer: Insurance – 22.96%
Medicare – 34.51%
Medi-Cal/Medicaid – 41.52%
Private – 1.01%*

Question 34. How many total transport vehicles do you now operate?

Answer: Currently 5

Question 35.What is your average loaded miles per trip?

Answer: 6.4 miles in 2019

Question 36.What is your average revenue per call?

Answer: \$310.19 as of 1/22/20

Question 37.Do you have a lockbox provider and, if so, which provider?

Answer: No

Question 38. If you have a lockbox provider, will that provider remain in place as a result of this procurement?

Answer: N/A

Question 39. Do you have an EPCR provider and, if so, which provider?

Answer: Yes, ImageTrend

Question 40. Do you have a collection agency provider and, if so, which provider?

Answer: No

Question 41. Which local hospitals or care facilities typically receive most of your patients?

Answer:

NLVFD

Transport Destination 2019	% of Total Tx
North Vista Hospital	28.09%
Centennial Hills Hospital	23.39%
Mountain View Hospital	20.33%
University Medical Center	16.52%
Valley Hospital	8.49%
Sunrise Hospital	1.08%
Summerlin Hospital	1.02%
Desert Springs Hospital	0.09%
Mike O'Callaghan Hospital	0.04%
Spring Valley Hospital	0.04%
Southern Hills Hospital	0.04%
St. Rose - Siena Hospital	0.02%
Dignity Health-North Las Vegas	0.45%
ER at Aliante	0.28%
Henderson Hospital	0.02%
Montevista	0.04%
Desert Canyon Rehabilitation	0.02%
Westcare	0.02%

Question 42. What is your Average Loaded Miles for Transport?

Answer: 6.4 miles in 2019

Question 43. What are your current Not Medically Necessary rates for Medicare and Medicaid?

Answer: N/A

Question 44. Do you currently need any hardware such as Panasonic Toughbooks or Getac V110 computers? We can supply new hardware devices for the City included into the fee.

Answer: No

Question 45. Do you currently need any software? Is the City seeking a new electronic patient care system (ePCR) such as ESO Solutions? We can also supply new software included into the fee.

Answer: No

Question 46. What are you looking for in a new billing vendor?

Answer: Refer to the Statement of Work, under Company responsibilities, in the RFP

Question 47. Who is your current billing vendor and what is your current rate/fee for billing?

Answer: Wittman Enterprises, Flat rate of 5% of all received payments

Question 48. What is the schedule or date for the evaluation of submitted proposals and when the contract will be awarded?

Answer: Proposals will be evaluated after the RFP Opening date but we currently do not have a date of when the contract will be awarded. There will be a recommendation of award uploaded to NGEM once committee members have reached a decision.

Question 49. When will the new contract begin?

Answer: After the

Question 50. On page 4, #8 Conditions of Proposal Submittal, (d) refers to "must submit one original and two copies of the Proposal". Is this a requirement in addition to the electronic submission?

Answer: No. You can submit electronically through NGEM or if you chose to submit via hard copy to the City Clerk's Office then two copies of the Proposals are required.

Question 51. On page 4 under #10 Licenses, the RFP states to provide a copy of all licenses prior to submission of proposals. What licenses are expected and how do we submit them?

Answer: Certificate of Insurance. RFP awarded vendor will be required to apply and receive a City of North Las Vegas Business License

Question 52. On page 22, #2 Exhibit C states that "at least two (2) of the references named are to have knowledge of your debt payment history". We do not have client relationships that involve debt payment by AMB. Could this requirement be altered?

Answer: The City will not alter the requirements of the RFP. The respondent should respond to the RFP and the respondent can provide additional information as necessary related to their references.

Question 53. Included in the statement of work, #1. States; Maintain a data collection system for Electronic Care Reports (ePCR) including replacement of related hardware due to obsolescence or failure. Is it intended for the chosen vendor to provide hardware for ePCR data collection? If yes, please provide hardware specifications required.

Answer: The statement of work, #1. States; Maintain a data collection system for Electronic Care Reports (ePCR) including replacement of related hardware due to obsolescence or failure is under the City of North Las Vegas Responsibilities.

Question 54. Included in the Company Responsibilities section, #10 states; Deploy and maintain "mirror databases" locally... Is it intended for the chosen vendor to provide database backups to be hosted locally at North Las Vegas?

Answer: The RFP awarded vendor will be required to maintain a "mirror databases" at their locality.

Question 55. Included in the Company Responsibilities section, #11 states; Interoperability with FirstWatch visual informatics reporting tool is a desired feature. Is it intended for the chosen vendor to send billing related data to FirstWatch? If yes, are you able to provide the data fields requested to be sent and in what format?

Answer: The RFP awarded vendor must have the capabilities to connect to FirstWatch. No data fields are available at this time.

Question 56. Can the RFP response be double sided?

Answer: The RFP is to be no more than 35 pages.

Question 57. Who is your agency's current billing vendor?

Answer: Wittman Enterprises

Question 58. What is the current commission rate for your billing vendor?

Answer: A public records request will need to be submitted to the City Clerk's Office to release that information.

Question 59. The RFP indicates a 35-page maximum AND additional attachment(s) as part of the electronic submission of our RFP response. To clarify, does the RFP response attachment #1 max out at 35 pages IN ADDITION to the other attachment(s) for: Required Documentation (Exhibits: A, B, C, D, E); Sample Correspondence; and Sample Reporting?

Answer: The RFP should be 35 pages which includes the Exhibits.

Question 60. To confirm, a single electronic copy of the RFP response is to be done by uploading to NGEMNV: 1) RFP Response; and 2) Supplemental RFP Requirements. There are no other submission requirements.

Answer: Correct. You can submit electronically through NGEM or if you chose to submit via hard copy to the City Clerk's Office then two copies of the Proposals are required.

Question 61. Can you please provide the fees utilized prior to February 1, 2019?

*Answer: Fees prior to 2/1/2019:
ALS 1 - \$1,048.95
ALS 2 - \$1,148.33
BLS Emerg- \$996.89
Loaded mileage charge - \$29.67*

Question 62. Please complete the attached request for EMS billing performance spanning the prior 3 fiscal or calendar years (please specify which is provided and ideally include 2019 information). Please specify if these reports are based on Date of Service or Post Date.

Answer: Please see the attached completed spreadsheet. The City's responses are in blue. Reports are based on Post Date

Question 63. How long does your current contract require your billing company to work the open accounts after the termination of the contract?

Answer: There is no specific language, in current contract, concerning working open accounts after the termination of the contract; however, the new contract will need to specify how aggressive the billing process shall be in general.

Question 64. Please clarify if "locally" means that data is replicated and stored in two distinct locations. Also please validate that "locally" does not mean the data is all kept in North Las Vegas.

Answer: The RFP awarded vendor will be required to maintain a "mirror databases" at their locality.

Question 65. Please clarify if this page limit applies to the body of the response and excludes required

attachments (Exhibits A-F) and other attachments such as sample reports.

Answer: All responses should be a total of 35 pages which includes exhibits

Question 66. Please provide the following for each call type (annual volume/run mix):

Answer: All responses should be a total of 35 pages which includes exhibits

Answer:

Call Type	Fee	Call Volume
ALS Emergency (A0427)	\$1,071.71	1,813
ALS Non-Emergency (A0426)	\$955.66	
BLS Emergency (A0429)	\$1,018.52	1,574
BLS Non-Emergency (A0428)	\$912.18	
ALS 2 (A0433)	\$1,173.25	34
SCT (A0434)	\$1,273.16	
Treatment No Transport (A0998)		
Mileage (A0425)	\$30.31	TOTAL: 3,422

Question 67. Are you doing CCT transports? How many in the last year?

Answer: None

Question 68. What is your average loaded mileage?

Answer: 6.4 miles in 2019

Question 69. Please provide the following for each payor category (most recent fiscal year):

Answer:

Payor Category	Gross Charges	Net Charges	Net Collections
Medicare	\$1,784,327.29	\$746,863.51	\$493,775.47
Medicaid	\$2,135,993.56	\$805,655.78	\$594,128.10
Commercial	\$785,085.33	\$749,810.56	\$328,569.19
Self-Pay	\$1,007,015.67	\$1,004,054.33	\$14,446.58
Total	\$5,712,421.85	\$3,306,384.18	\$1,430,919.34

Question 70. Is it important to the City that your billing vendor perform the services in this RFP within the United States?

Answer: Yes

Question 71. What is the currently contracted fee for these services?

Answer: Flat rate of 5% of all received payments


Marie Leake
Buyer
Purchasing Department

	2019 Number of Calls Billed	2018 Number of Calls Billed	2017 Number of Calls Billed
Annual Transport Mix:			
BLS	2251	1581	673
BLS - Non Emergency (NE)			
ALS	2316	1825	1085
ALS - NE			
ALS 2	46	16	23
ALS 2 - NE			
CTC			
Treatment W/O Transport			
First Responder			
Total Number of Runs Billed	4,613	3,422	1,781
Total Annual Loaded Miles (or avg. mile per transport)	Avg 6.4 Miles		
Charge Mix: (List in \$'s)	(Gross Charges)	Gross Charges	Gross Charges
Medicare	29% (\$1,784,327.29)	30% (\$1,239,051.44)	28% (\$589,223.27)
Medi-Cal	42% (\$2,135,993.56)	42% (\$1,719,494.35)	40% (\$834,949.37)
Commercial	13% (\$785,085.33)	13% (\$530,520.03)	15% (\$302,458.30)
Self-Pay	15% (\$1,007,015.67)	15% (\$620,790.90)	17% (\$358,316.67)
Total Charges Billed %	99.0%	100%	100%
Total Charges Billed \$'s	\$5,712,421.85	\$ 4,109,858	\$ 2,084,948
Reipts Mix: (List in \$'s)			
Medicare	\$493,775.47	\$392,795.05	\$189,438.92
Medi-Cal	\$594,128.10	\$373,596.59	\$167,753.86
Commercial	\$328,569.19	\$341,347.76	\$206,868.08
Self-Pay	\$14,446.58	\$21,243.57	\$18,025.92
Total Receipts	\$1,430,919.34	\$1,128,982.97	\$582,086.78

EXHIBIT B

Services Provider's Response to RFP

Please see attached page(s).



RFP 2019-003 Addendum 2

Wittman Enterprises, LLC

Supplier Response

Event Information

Number: RFP 2019-003 Addendum 2
Title: Emergency Services Transport Billing
Type: Request for Proposal
Issue Date: 1/2/2020
Deadline: 2/11/2020 10:00 AM (PT)
Notes: This is a request for proposal from the City of North Las Vegas to supply Emergency Transport Billing Services

Contact Information

Contact: Marie Leake
Address: 2250 Las Vegas Blvd. Suite 710
North Las Vegas, NV 89030
Phone: 1 (702) 6332440
Email: leakem@cityofnorthlasvegas.com

Wittman Enterprises, LLC Information

Address: 11093 Sun Center Drive
Rancho Cordova, CA 95670
Phone: (916) 669-4628

By submitting your response, you certify that you are authorized to represent and bind your company.

Russ Harms

Signature

Submitted at 2/7/2020 11:46:38 AM

rharms@webillems.com

Email

Requested Attachments

Required Documents

Wittman_North Las Vegas_RFP 2019-003 Response.pdf

Required Documents Exhibits A, B, C, D, E and F must be submitted as part of your response.

Response Attachments

Wittman_North Las Vegas_RFP 2019-003 Appendices.pdf

RFP Response Appendices: Sample Reports and GEMT Reports; Sample Correspondence Documents

Bid Attributes

1 Acknowledgment of Addendum No 1

I acknowledge Addendum No. 1

Acknowledgment of Addendum No 1

2 Acknowledgment of Addendum No 2

I acknowledge Addendum No. 2

Acknowledgment of Addendum No 2

February 11, 2020

CITY OF NORTH LAS VEGAS

RFP 2019-003 Emergency Services Transport Billing



Setting the Standard for EMS Billing

Wittman Enterprises, LLC
11093 Sun Center Drive
Rancho Cordova, California 95670
www.webillems.com

RFP Contact: Russ Harms
Executive Director Of Business
Development
(916) 669-4628 Direct Line
rharms@webillems.com

TABLE OF CONTENTS

Section 1 – Cover Page & Business Information

Letter from our CEO	1
Required Documentation	2

Section 2 – Qualifications and Experience

(a) Respondent's Experience	9
(b) Software Platforms	11
(c) Joint Venture.....	12
(d) Key Personnel Experience.....	12
(e) Workload Accomplishment	16
(f) References (<i>Proprietary and Confidential</i>).....	16

Section 3 – Work Plan

RFP Statement of Work.....	17
RFP Company Responsibilities ("CR") Acknowledged and Agreed to	17
(a) Training	18
(b) Deployment	20
(c) Monitoring and Quality Assurance	20
(d) Reporting.....	22
(e) Disaster Database Recovery	24
(f) ePCR Experience	25
(g) Internal Controls.....	26
(h) Live Operator Assistance	27
(i) Alternative Language Capabilities	28
(j) Billing Statement	28
(k) Payment Posting	30
(l) Credit Card Payments	31
(m) Refund Process.....	31
(n) Hospital Face Sheets.....	31
(o) Customer Inquiries and Disputes.....	32
Sample Documents	32

Section 4 – Pricing

Section 5 – Exceptions and Clarifications

APPENDICES *(submitted as separate electronic file)*

Appendix 1: Sample Reporting and GEMT Reporting

Appendix 2: Sample Documents

Section 1

Cover Page & Business Information

Letter from our CEO

February 11, 2020

Thank you for this opportunity to reintroduce our qualifications and our team to you and provide the City of North Las Vegas our RFP response for Emergency Services Transport Billing. Since 1991 **(and since 2013 for the City of North Las Vegas)**, Wittman Enterprises, LLC has provided our clients complete ambulance and fire billing services in compliance with current local, state, and federal laws and statutes. We follow and exceed currently accepted standards for accurate, consistent, and best EMS billing practices while maximizing revenue recovery, honoring your collections philosophy, and treating each of your patients, citizens, and visitors as our own. **We service 129 EMS/Fire clients in the West**--and are the largest California-based billing company with the client base, patient database, and experience with Western-state fire departments and payers: for the most effective EMS billing and cost recovery program possible.

As an extension of your EMS program, Wittman Enterprises maintains a strong customer service platform that provides your team with direct phone numbers and real access to all management staff, starting with me. Staff are assigned to your team so that the City has direct access to the person(s) on our team who can most help with whatever situation may arise. Our entire Client Liaison Team is always available to help identify key resources you may use to get the results you need. We use all the resources necessary to provide the best in customer service and collect for our clients: (on average) **10-20% more in net revenue than our competitors**.

As your current billing partner, we recognize the extraordinary depth of your EMS program as described in your RFP and based on our more than 29 years' experience and we look forward to continuing to provide solutions for you moving forward. The most qualified and experienced EMS biller in the West, Wittman wants to assure the City that our ultimate focus is on, and has always been based on, the best patient and client service, billing results (accurate and legal billing and most legal, reimbursable revenue), and transparency (Client Portal, Reporting, Month-End-Reporting, KPIs, etc.).

I am gratified for the work we have done together since 2013, and could not be prouder of the tremendous working relationship we have enjoyed with our EMS Partners over the last 29 years. We have worked together on multiple changes in our industry, on GEMT rollouts and implementations, on ICD-10 conversions, and on many other CMS and industry programs. We look forward to providing a full response to the evolving needs of your program and our enthusiastic support of it. I am authorized to negotiate on behalf of Wittman Enterprises, LLC, and offer this proposal in full compliance with all requirements and conditions as set forth in the RFP.

My best,



Corinne Wittman-Wong, CEO
Wittman Enterprises, LLC (established 1991)

11093 Sun Center Drive | Rancho Cordova, CA 95670

(916) 669-4608 direct line | (855) 611-0056 toll-free | cwittmanwong@webillems.com

Exhibit A: OFFER STATEMENT AND BUSINESS FORM

**City of North Las Vegas
Request for Proposal ("RFP")
RFP 2019-003 Emergency Services Transport Billing**

**EXHIBIT "A"
PROPOSAL SUBMITTAL PAGE**

This Proposal is submitted in response to **RFP 2019-003 Emergency Services Transport Billing** and constitutes an offer by this company to enter into a contract as described herein.

Corinne Wittman-Wong
AUTHORIZED SIGNATURE NAME (TYPE OR PRINT)

Wittman Enterprises, LLC
LEGAL NAME OF FIRM


AUTHORIZED SIGNATURE

February 11, 2020
DATE

CEO (916) 669-4608
TITLE TELEPHONE NUMBER FAX NUMBER

11093 Sun Center Drive
ADDRESS OF FIRM

Rancho Cordova CA 95670
CITY STATE ZIP CODE

E-MAIL ADDRESS: cwittmanwong@webillems.com

CNLV-BUSINESS LICENSE NO: Pending award of contract

☐ A COPY OF MY CNLV BUSINESS LICENSE IS ATTACHED

FOR INFORMATIONAL PURPOSES ONLY

Is this firm a ESB, Minority, Women or Disabled Veteran Business Enterprise?
☐ No ☐ Yes If YES specify ☐ MBE ☐ WBE ☐ DVBE ☐ ESB

Has this firm been certified as a ESB, Minority, Women or Disabled Veteran Business Enterprise?
☐ No ☐ Yes If YES specify Certifying Agency _____
Please attach a copy of your certification.

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EXHIBIT "C"
(CONTINUED)
FORM B

CERTIFICATE – DISCLOSURE OR OWNERSHIP/PRINCIPALS

BLOCK 4 DISCLOSURE OF OWNERSHIP AND PRINCIPALS

In the space below, the Contracting Entity must disclose all principals (including partners) of the Contracting Entity, as well as persons or entities holding more than one-percent (1%) ownership interest in the Contracting Entity.

CERTIFICATE-DISCLOSURE OR OWNERSHIP/PRINCIPALS (Continued)

	FULL NAME/TITLE	BUSINESS ADDRESS	BUSINESS PHONE
1.	Corinne Wittman-Wong, CEO	11093 Sun Center Drive Rancho Cordova, CA 95670	(916) 669-4608
2.	Walter Imboden, President/CFO	11093 Sun Center Drive Rancho Cordova, CA 95670	(916) 669-4602
3.	Kathryn Garcia, Vice President	11093 Sun Center Drive Rancho Cordova, CA 95670	(916) 669-4606
4.	David Wittman, COO	11093 Sun Center Drive Rancho Cordova, CA 95670	(916) 669-4601
5.			
6.			
7.			
8.			
9.			
10.			

The Contracting Entity, or its principals or partners, are required to provide disclosure (of persons or entities holding an ownership interest) under federal law (such as disclosure required by the Securities and Exchange Commission or the Employee Retirement Income Act), a copy of such disclosure may be attached to this Certificate in lieu of providing the information set forth in Block 5 above. A description of such disclosure documents must be included below.

BLOCK 5 DISCLOSURE OF OWNERSHIP AND PRINCIPALS – ALTERNATE

If the Contracting Entity, or its principals or partners, are required to provide disclosure (of persons or entities holding an ownership interest) under federal law (such as disclosure required by the Securities and Exchange Commission or the Employee Retirement Income Act), a copy of such disclosure may be attached to this Certificate in lieu of providing the information set forth in Block 4 above. A description of such disclosure documents must be included below.

I certify under penalty of perjury, that all the information provided in this Certificate is current, complete and accurate. I further certify that I am an individual authorized to contractually bind the above named Contracting Entity.


Name: Corinne Wittman-Wong

February 4, 2020
Date

Subscribed and sworn to before me this _____ day of _____, 2018

NOTARY CERTIFICATION ON NEXT PAGE

Notary Public

#OFVDB7MV0D3B5Jv1

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SACRAMENTO

Subscribed and sworn to (or affirmed) before me

on this 4TH day of FEBRUARY, 2020,
 by _____ Date _____ Month _____ Year _____

(1) CORINNE WITTMAN WOOD

(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Stephanie L. Cooper-Noe
 Signature of Notary Public



Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: DISCLOSURE OF OWNERSHIP

Document Date: 2/4/2020 Number of Pages: 2

Signer(s) Other Than Named Above: _____

EXHIBIT “B”**FORM A****CERTIFICATE – DISCLOSURE OR OWNERSHIP/PRINCIPALS****1. DEFINITIONS**

“City” means the City of North Las Vegas.

“City Council” means the governing body of the City of North Las Vegas.

“Contracting Entity” means the individual, partnership, or corporation seeking to enter into a contract or agreement with the City of North Las Vegas.

“Principal” means, for each type of business organization the following: (a) sole proprietorship – the City of the business; (b) corporation – the directors and officers of the corporation; but not any branch managers of offices which are a part of the corporation; (c) partnership – the general partner and limited partners; (d) limited liability company – the managing member as well as all the other members; (e) trust – the trustee and beneficiaries.

2. INSTRUCTIONS

The Contracting Entity shall complete Block 1, Block 2, and Block 3. The Contracting entity shall complete either Block 4 or its alternate in Block 5. Specific information, which must be provided, is highlighted. An Officer or other official authorized to contractually bind the Contracting Entity shall sign and date the Certificate, and such signing shall be notarized.

3. INCORPORATION

This Certificate shall be incorporated into the resulting Contract or agreement, if any, between the City and the Contracting entity. Upon execution of such Contract or agreement, the Contracting Entity is under a continuing obligation to notify the City in writing of any material changes to the information in this Certificate. This notification shall be made within fifteen (15) days of the change. Failure to notify the City of any material change may result, at the option of the City, in a default termination (in whole or in part) of the Contract or agreement, and/or a withholding of payments due the Contracting Entity.

Block 1 Contracting Entity	Block 2 Description
Wittman Enterprises, LLC	
Name Corinne Wittman-Wong, CEO	RFP 2019-003 EMS Transport Billing
Address 11093 Sun Center Drive Rancho Cordova, CA 95670	
Telephone (916) 669-4608	
EIN or DUNS 68-0456021	

BLOCK 3	TYPE OF BUSINESS
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other:	

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EXHIBIT "C"

QUALIFICATIONS AND EXPERIENCE RESPONDENT

Name: Wittman Enterprises, LLC

1. Respondent shall provide a brief description of the Responder's qualifications, certifications, experience, and number of years in operation.

Wittman Enterprises, LLC has customized service innovations to our partners in the EMS transport industry since 1991. We serve 129 clients in the Western United States and are the largest West Coast-based EMS billing company with the client base, patient database and experience with multiple fire departments and multiple payers, essential in providing the most effective EMS billing and cost recovery possible. Wittman Enterprises was founded 29 years ago with the promise of providing expert and personal attention to our EMS partners and their EMS billing programs. This will never change.

2. Provide three (3) examples of contracts similar in size and scope that have been completed in the past five (5) years. The City reserves the right to verify references for the companies identified. Ensure references have given permission to be contacted by the City.

NOTE: Please see "References" for complete list

Example Contract 1:

Company Name: NOTE: Please see "References" Section of RFP

Company Address: _____

Point of Contact: _____ Phone Number: _____

E-Mail Address: _____

Brief Description of Contract Scope:

Term of Contract (Base plus Option Years):

Year of Base Contract Award: _____ Year Contract Completed: _____

Base Contract Amount: \$ _____ Total Contract Amount (including all option years) \$ _____

Did the contract contain a liquidated damages clause? ☐ YES ☐ NO

If yes, were damages assessed? ☐ YES ☐ NO If yes, what was the amount assessed? \$ _____

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EXHIBIT "D"

**AFFIDAVIT OF REJECTION OF COVERAGE
FOR WORKERS' COMPENSATION UNDER NRS 616B.627 AND NRS 617.210**

In the State of California, County of Sacramento, Corinne Wittman-Wong, being duly sworn, deposes and says

1. I make the following assertions pursuant to NRS 616B.627 and NRS 617.210.
2. ~~I am a sole proprietor who will not use the services of any employees in the performance of this Contract with the City of North Las Vegas.~~
3. In accordance with the provisions of NRS 616B.659, I have not elected to be included within the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS, relating thereto.
4. I am otherwise in compliance with the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS.
5. In accordance with the provisions of NRS 617.225, I have not elected to be included within the terms, conditions and provisions of chapter 617 of NRS.
6. I am otherwise in compliance with the terms, conditions and provisions of chapter 617 of NRS.
7. I acknowledge that the City of North Las Vegas will not be considered to be my employer or the employer of my employees, if any; and that the City of North Las Vegas is not liable as a principal contractor to me or my employees, if any, for any compensation or other damages as a result of an industrial injury or occupational disease incurred in the performance of this Contract.

I, Corinne Wittman-Wong, do here swear under penalty of perjury that the assertions of this affidavit are true.

Signed this 4 day of February, 2020

Signature Corinne Wittman-Wong

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____,

by _____ (name of person making statement).

Notary Signature

NOTARY CERTIFICATION ON NEXT PAGE

#OFVDB7MV0D3B5Jv1

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SACRAMENTO

Subscribed and sworn to (or affirmed) before me

on this 4th day of FEBRUARY, 2020,
 by _____ Date _____ Month _____ Year _____

(1) COLINNE WITMAN WOOD

(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Stephanie L. Cooper-Noe
 Signature of Notary Public



Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AFFIDAVIT OF RETENTION COVERAGE

Document Date: 2/4/2020 Number of Pages: 1

Signer(s) Other Than Named Above: _____

**EXHIBIT "E"
NON-COLLUSION AFFIDAVIT**



CITY OF NORTH LAS VEGAS

Non-Collusion Affidavit

State of California County of Sacramento
Corinne Wittman-Wong being first duly sworn deposes that:

- (1) He/She is the CEO of Wittman Enterprises, LLC, the Firm that has submitted the attached Proposal;
- (2) He/She is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
- (3) Such Proposal is genuine and is not a collusive or sham Proposal;
- (4) Neither the said Firm nor any of its officers, partners, City, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other vendor, firm, or person to submit a collusive or sham proposal in connection with the contract or agreement for which the attached Proposal has been submitted or to refrain from making a proposal in connection with such contract or agreement, or collusion or communication or conference with any other firm, or, to fix any overhead, profit, or cost element of the proposal price or the proposal price of any other firm, or to secure through collusion, conspiracy, connivance, or unlawful agreement any advantage against the City of North Las Vegas or any person interested in the proposed Contract or agreement; and
- (5) The Proposal of service outlined in the Proposal is fair and proper and is not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the Firm/team or any of its agents, representatives, City, employees, or parties including this affiant.

(Signed): Corinne Wittman-Wong
 Title: Corinne Wittman-Wong

Subscribed and sworn to before me this _____ day of _____ 201__

NOTARY CERTIFICATION ON NEXT PAGE

Notary Public

My Commission expires: _____

#OFVDB7MV0D3B5Jv1

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

☒ See Attached Document (Notary to cross out lines 1–6 below)

☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

1
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Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SACRAMENTO



Place Notary Seal and/or Stamp Above

Subscribed and sworn to (or affirmed) before me

on this 4TH day of FEBRUARY, 20 20,
by Date Month Year

(1) COLEMAN WITTMAN WONG

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Stephanie L. Cooper-Noe
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: NON-COLLUSION AFFIDAVIT

Document Date: 2/4/2020 Number of Pages: 1

Signer(s) Other Than Named Above: _____



CITY OF NORTH LAS VEGAS

WRITTEN CERTIFICATION PURSUANT TO NRS 332.065(3)

Pursuant to NRS 332.065(3), a governing body or its authorized representative shall not enter into a contract with an estimated value in excess of \$100,000 with a company unless the contract includes a written certification that the company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel.

By signing below, the Respondent agrees and certifies that it does not currently boycott Israel and will not boycott Israel during any time in which it is entering into, or while in contract, with the City. If at any time after the signing of this certification, the Respondent decides to engage in a boycott of Israel, the Respondent must notify the City in writing.

Corinne Wittman-Wong	Wittman Enterprises, LLC
AUTHORIZED SIGNATURE NAME (TYPE OR PRINT)	LEGAL NAME OF
RESPONDENT	

Corinne Wittman-Wong
AUTHORIZED SIGNATURE

February 11, 2020
DATE

CEO
TITLE

#OFVDB7MV0D3B5Jv1

Section 2

Qualifications and Experience

Section 2 – Qualifications and Experience

(a) Respondent's Experience

About Us

Wittman Enterprises has extensive experience and specializes in the invoicing, categorizing, recording, monitoring, supervising, and managing of ambulance billing and EMS cost recovery systems/services. We bring 29 years of EMS/Fire billing experience. *We help each of our individual partners reach and exceed their individual and customized program objectives.* Wittman is pleased that our high standards of performance exceed North Las Vegas demands for the following fundamental objectives and minimum services required as listed in your RFP.

- (Since 1991) Wittman Enterprises provides our clients complete ambulance billing services and solutions, accounts receivable management services, and collection services for BLS, ALS, and non-transport services in compliance with current local, state, and federal laws and statutes, in accordance with HIPAA regulations.
- We are dedicated exclusively to the EMS industry and choose to be expert in the EMS billing and collection industry rather than diversify into any other medical billing fields.
- We efficiently and effectively file claims with governmental programs such as Centers for Medicare and Medicaid ("CMS") and the VA, as well as commercial health insurance.
- We follow and exceed currently accepted standards for accurate, consistent, and best EMS billing practices. We are licensed, insured, bondable, and HIPAA compliant for the State of Nevada.
- **Wittman Enterprises provides EMS billing and collection services to more than 125 public departments in the West from our single Sacramento-area location.**
- We maximize revenue for the City while honoring your collections philosophy and treating each of your patients, citizens, and visitors as our own.

Solutions

For 29 years, Wittman Enterprises has provided products and services specifically designed to assure that EMSTransport, First Responder, and Fire Service providers like the City of North Las Vegas are reimbursed in a timely manner for services they provide. **Wittman coordinates all services from our single location in Sacramento, CA.**

Solutions include:

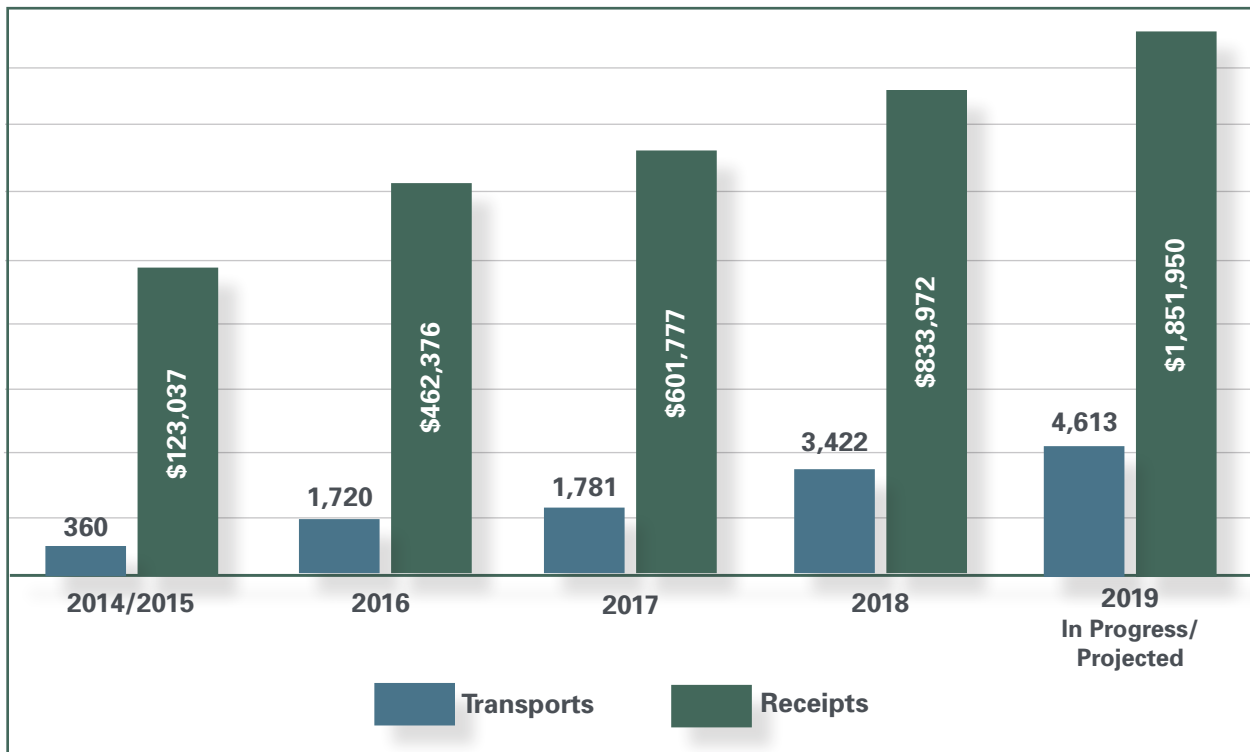
- Ambulance Transport Billing and Fire Service Fee Recovery
- ePCR Integration
- First Responder Billing and Collection
- Treat-no-Transport Billing and Collection (Assessments)
- Membership Program Support
- Patient Survey Program Support

Client Performance History Comparison *(Proprietary and Confidential)*

Through streamlined efficiency, talented staff, selective automation, and continuous improvement, Wittman has as long record of strong collection returns for our clients on billed charges. Wittman Enterprises generally outperforms our competitors by 10-20% in collections for our EMS partners. Substantial successful and reliable performance in providing our services for public ambulance departments can be seen in all of our client histories; however, please consider the examples of Gross Collected Revenue in the following performance chart.

CLIENT	AVERAGE ANNUAL			
	RUNS	REVENUE PER TRANSPORT	GROSS CHARGES	GROSS COLLECTED REVENUE
Sacramento Metropolitan Fire District, CA <i>(EMS Billing Partners since 2001)</i>	52,365	\$737	\$141,899,499	\$38,608,189
Newport Beach, CA <i>(EMS Billing Partners since 1996)</i>	5,943	\$649	\$9,332,751	\$3,839,697
Carson City, NV <i>(EMS Billing Partners since 2012)</i>	7,263	\$527	\$9,141,506	\$3,829,758
North Las Vegas, NV <i>(EMS Billing Partners since 2013)</i>	4,423	\$412	\$5,405,354	\$1,823,786
Anchorage, AK <i>(EMS Billing Partners since 2012)</i>	19,536	\$469	\$18,899,447	\$8,643,415
Durango, CO <i>(EMS Billing Partners since 2016)</i>	2,635	\$598	\$4,060,650	\$1,576,012

North Las Vegas Performance History *(Proprietary and Confidential)*



29 Years EMS Billing Experience

We provide industry-leading services to our EMS partners to help you continue providing cost-effective programs and responsive services enhancing the quality of life in the City of North Las Vegas, while balancing the financial accountability needs of your citizens. With a proven commitment to customer and patient service Wittman Enterprises conducts your business as if your patients were our own. This starts with valuing customer service with everything we have done as a company *since 1991 (living up to our Dedicated Response Time Commitment; providing Ongoing and Comprehensive Staff Training; maintaining well-qualified Bilingual Staff; meeting regularly with our partners quarterly, etc.).*

- Our excellent reputation is gained from professional relationships with providers and third-party payers, as well as from our sensitive yet collection-oriented communications with patients and their representatives.
- We have a long and successful history of meeting and exceeding client expectations and service deadlines.
- From the beginning of your project, we anticipate and manage for you issues such as Medicare compliance and revalidation, reconciliation of payments from legacy billing accounts, responses to legal and other requests, and customization of a reporting program surpassing your specific needs.
- Since our only business is EMS/Fire billing, our specialized staff is dedicated and expertly trained in this field.

(b) Software Platforms

Billing System

Wittman Enterprises has used ZOLL for our billing software since 2003. While we regularly evaluate the effectiveness of our billing software and of others on the market, there are currently no plans to make changes to our billing system. By utilizing third-party software, we receive the benefit of their full staff of programmers and IT staff to address issues when they arise. In addition, major changes such as the implementation of ICD-10 and ANSI 5010 do not create a strain on our internal resources as ZOLL effectively tests and implements similar changes in advance of the requirement. **We provide extensive mapping of NEMSIS 2 and NEMSIS 3 information with most ePCR systems to ensure that they correctly import automatically to and correspond with our billing system.**

Computer Operating Systems



All employee computers run Windows 10 and our network is run through Windows 2016 and 2019 servers, Windows 2016 and 2019 R2, and our 2014 SQL server. We currently have no plans to modify our network except for following our regular maintenance and equipment replacement schedules. Wittman Enterprises utilizes dual layer protection for both software and hardware.

Selected tools include:

- **AVG Antivirus Business Edition software**
 - AVG Firewall Security blocks hackers attempting to access data stored on your endpoints and business network. Stops malware taking over your computers or laptops. Works on wired and wireless networks.
 - Keeps our identity safe from the Spyware and Adware that tracks personal information

- Detects and removes dangerous rootkits that hide malicious software that attempts to take control of the computer.
 - Protects from malware and helps stops anything that is already infected.
 - Virus Definition Updates are performed hourly.
 - Computer Scans are completely regularly throughout the day on all computers.
- **Barracuda Spam Virus Firewall Appliance**
 - Manages all inbound and outbound email traffic to protect organizations from email-borne threats and data leaks.
 - With the Barracuda Spam Firewall, protecting against inbound malware, spam, phishing, and Denial of Service attacks ensures that business productivity isn't impacted by attacks through the email system.
 - Customizable policies enable further enforcement of detailed requirements that govern inbound email messages.
 - Virus Definition Updates are performed hourly.

(c) Joint Venture

Wittman Enterprises, LLC is proposing on this RFP individually, without affiliation or joint venture with any other firms.

Subcontracting Partners

InfoSend (Anaheim, CA):

Invoicing and mailings exchanged through a secured and HIPAA-compliant method and fully-executed Business Associate Agreement.

Apexon Health(Southfield, MI):

Pre-billing and pre-cash receipt posting data processing exchanged through a secured and HIPAA-compliant method and full-executed Business Associate Agreement.

Change Health (Nashville, TN):

HIPAA-compliant electronic insurance eligibility checker (formerly Emdeon, Capario).

(d) Key Personnel Experience

Maintaining our Dynamic Workforce

As we discussed in "Workload Accomplishment" (*page 16*), Wittman Enterprises maintains the lowest claims-per-employee ratio in the industry. **By maintaining our 4,000 to 5,000 claims-per-staff-ratio, we are able to take on significant new growth without necessarily hiring any staff.** Should that ratio approach and/or exceed our standard range, we hire and train staff proactively to ensure we are never operating outside of our expected customer satisfaction standards and collected revenue expectations.

Company Representative



Stephanie Cooper-Noe (CMC, CACO, CAPO, CADS), Client Liaison

11093 Sun Center Drive
Rancho Cordova, CA 95670
(916) 669-4607 direct line
scooper-noe@webillems.com

Staffing Chart

Contract Management Team		
Corinne Wittman-Wong, CEO	(916) 669-4608	cwittmanwong@webillems.com
Walter Imboden, President/CFO	(916) 669-4602	wimboden@webillems.com
Kathryn Garcia, Vice President	(916) 669-4606	kwolf@webillems.com
David Wittman, COO	(916) 669-4601	dwittman@webillems.com
Russ Harms, Executive Director of Business Development	(916) 669-4628	rharms@webillems.com
Joe Balkema, Executive IT Director	(916) 669-4620	jbalkema@webillems.com
Management Team		
Jennifer Bump, Division Manager: Insurance Services (916) 669-4612 jbump@webillems.com	Stephanie Cooper-Noe (CMC, CACO, CAPO, CADS), Client Liaison: GEMT (916) 669-4607 scooper-noe@webillems.com	
Heather Montano, Division Manager: Patient Services (916) 669-4627 hmontano@webillems.com	Jennifer Gentry (CAC, CADS), Client Liaison: ePCR (916) 669-4621 jgentry@webillems.com	
Nicole Powers, Division Manager: Administrative, Billing, and Cash Services (916) 669-4624 npowers@webillems.com	Judy Vang (CAC, CADS), Client Liaison: Insurance (916) 669-4613 jvang@webillems.com	
Operations Team/Experience		
Jessica Ceccato, Insurance Team Lead	12 years	
Maya Ruiz, Insurance Team Lead.....	9 years	
Cicely Vera, New Client Insurance Transition Specialist	5 years	
Rachel Troche, Patient Services Team Supervisor	14 years	
Elayne Huff, Lead Patient Services Team Lead	19 years	
Celena Posh, Patient Services Team Lead.....	5 years	
Austin Boyd (CAC), Billing Team Lead.....	4 years	
Chia Chang (CAC), Billing Team Lead.....	3 years	
Angelas Thao (CAC), Billing Team Lead.....	14 years	
Sheng Cha, Administrative Services Team Lead	13 years	
Pakou Vang, Cash Receipts Team Lead	11 years	
Renee Wittman, Cash Receipts Team Lead.....	24 years	

Nevada Insurance Team Specialists

Our team of insurance specialists are trained and experienced with their assigned client payors so that they can manage all aspects of submission, payments, and appeals. For our Nevada partners the following specialists provide the practical experience necessary to get you your highest legal reimbursement possible:

Brittany Bump

Nevada commercial and government accounts specialist (VA, Blue Cross/Blue Shield of Nevada, Sierra Life and Health, Health Plan of Nevada, Hometown Health, Silver Summit, etc.)

LaDona Finister

Department of Corrections

Theresa Brown

Medicaid and Medicaid HMO accounts specialist

Pricilla Javar

Nevada Medicare, Hospice, and DRF accounts specialist

Key Personnel

Corinne Wittman-Wong, Chief Executive Officer

Corinne has been with Wittman Enterprises, LLC for more than 24 years. As CEO she is responsible for the strategic planning and vision of the company. Her strong knowledge of the industry integrates completely with her experience of working in all departments of the company and provides her with a unique perspective on our company's philosophy and goals. She administers the supervision of our clients' accounts, and the adherence of policies and procedures set forth by the company, while facilitating and encouraging leadership qualities, innovativeness, and direction of our employees.

Walter Imboden, President/CFO

For 29 years Walter has worked in the EMS billing industry. He oversees all aspects of the day-to-day production and operations of the company, monitoring both production and personnel. He directs the billing and collection processes ensuring adherence to our clients' contract requirements. He develops office procedures that are designed to enhance and expedite workflow. Over the years while working in every department at Wittman Enterprises, LLC Walter has developed strategic, tactical, and short-term operations that enable him to provide invaluable guidance and training to our department managers.

Kathryn Garcia, Vice President

In her 24 years with Wittman, Kathryn has worked and managed all departments. This provides her the perspective and experience to help the City with any special requests or circumstances. Kathryn oversees the billing team and the cash receipts team. She provides the City with special reports to aid the balancing process for trips, refunds, and deposits. She also creates, reviews and distributes all client month-end reports.

Joe Balkema, Executive Director, IT

Joe brings 25 years of programming experience with C#, VB, ASP, JavaScript, and BBX, along with more than 16 years of SQL knowledge and reporting design. He has installed more than 30 billing systems nationwide. At Wittman he designs multiple client-focused programs and reporting mechanisms, and streamlined our working environment by designing a document management system to go paperless: scanning over 3,000 documents daily.

Stephanie Cooper-Noe, Client Liaison

For more than 21 years Stephanie has provided ambulance billing leadership and customer service to our clients. She develops our Compliance and Documentation Webinars, trains employees and monitors their compliance with the company's HIPAA program, designs client-specific reports, oversees Medicare Revalidations, and provides the conduit between client finance departments, fire departments, and Wittman Enterprises, LLC. Certifications: Certified Medicaid Billing Associate.

Russ Harms, Director of Business Development

Russ brings 26 years of management leadership, direction of progressive operations, and the building of strong client partnerships to Wittman Enterprises and our clients. He specializes in organizational development and management, strategic planning, performance management, continuous improvement, business development, leadership development, and change management. Education: Master of Arts, English; Bachelor of Arts, English.

Jennifer Gentry, Client Liaison (ePCR Interface)

Jennifer has been with Wittman Enterprises for over 20 years. She facilitates the integration of ePCR systems with our ZOLL billing system. Jennifer works with each client to ensure that we have the most effective information import possible through a customized mapping process. Jennifer is also the co-moderator of our Medicare Compliance Committee and works on our Medicare documentation training program for staff and clients. Certifications: Certified Ambulance Coder.

Jennifer Bump, Division Manager (Customer Service/Training Coordination)

For more than 14 years Jennifer has been with Wittman Enterprises. She began in Customer Service, working on private insurance accounts as a specialist, working incoming and outgoing calls, and ultimately as the lead over the revenue assurance team. Later she took over as manager of our Customer Service Division. Currently she is a division manager for Customer Service, directing the specialist team working on all governmental payers. She oversees the Quality Assurance Department over cash receipts and all of the Customer Service Department, and coordinates the company training programs.

Heather Montano, Division Manager (Customer Service/Phone Services)

Starting 14 years ago, Heather began as a Customer Service Representative for Wittman Enterprises, working private pay accounts, private insurance accounts, incoming correspondence and incoming calls. Next, she was promoted to Customer Service Department Lead and then Department Supervisor where she handled client concerns and patient billing anomalies and issues. She has extensive knowledge of our Billing Program and Reporting systems. Currently Heather is the Division Manager of the Patient Services Department, overseeing inbound and outbound calls, private correspondence, auditing, and quality assurance for all calls.

Nicole Powers, Division Manager (Support Services/Electronic Billing)

Nicole has been with Wittman for over 16 years. She oversees the receiving and importing of all Patient Care Reports (PCRs), document scanning, and claim submissions (electronic billing) via paper and electronic means to all payers. Nicole continuously streamlines electronic processes and updates automation to ensure appropriate timelines are met to ensure the most timely and efficient reimbursement for our clients.

(e) Workload Accomplishment

Workload Accomplishment

Our EMS billing and collection success is tied directly to the ratio of PCRs to the number of quality people assigned to your project. We believe that people are the key to our success. Wittman innovates by fully embracing automated and technological advances while wholly recognizing that our quality service is reliant upon our talented people providing you the best level of service. **Our approach provides the lowest claims-per-employee-ratio, generally resulting in 10-20% higher**



collection rates than our competitors. Wittman Enterprises works from our single location in the Sacramento, California area at 11093 Sun Center Drive, Rancho Cordova, California. All departments are dedicated to the personal attention of our clients and their patients' needs. Our staff is divided into teams to efficiently address workflow processes and are further divided based upon your location. Wittman maintains our industry-leading lowest claims-per-staff-ratio (generally 30% lower than our competitors) based on upholding the standard of practice our clients expect. Through training, forecasting, hiring, and expansion of our EMS partner base, we constantly maintain that staffing ratio of approximately 4,000 claims per staff (compared to approximately 8,000-12,000 or more claims per staff for most of our competitors).

(f) References

(Proprietary and Confidential)

As a single location leader in EMS billing, we encourage you to contact any of our references, including any of our clients that may not be listed for this proposal. We know that hearing about their experiences with Wittman Enterprises will differentiate us from our competition. Wittman Enterprises is eager to begin providing top-notch service to the City of North Las Vegas and nurture a strong working partnership. We are happy to provide client and financial letters of recommendation, available to the City of North Las Vegas upon request.

City of Carson City

(EMS Billing Partners since 2012)

Eric Bero, Battalion Chief

(775) 283-7150

ebero@carson.org

North Tahoe Fire Protection District

(EMS Billing Partners since 2008)

Steve McNamara, Division Chief

(530) 583-6911, ext. 624

mcnamara@ntfire.net

City of Sacramento

(EMS Billing Partners since 2018)

Chad Augustin, Deputy Chief Fire Ops/EMS

(916) 808-1603

caugustin@sfd.cityofsacramento.org

City of Berkeley

(EMS Billing Partners since 2019)

David Sprague, Assistant Chief

(510) 517-5934

dsprague@cityofberkeley.info

Sacramento Metro Fire District

(EMS Billing Partners since 2001)

Barbara Law, Assistant Chief/Director of EMS

(916) 859-4135

law.barbara@metrofire.ca.gov

City of Oceanside

(EMS Billing Partners since 2012)

Peter Lawrence, Division Chief

(760) 435-4100

plawrence@oceansideca.org

City of Anaheim

(EMS Billing Partners since 2019)

Dave Barry, EMS Captain and Administrator

(714) 765-4035

dbarry@anaheim.net

Banner Bank

(EMS Banking Partners since 2002)

Kash Gill, Senior Vice President

(530) 751-9028

Section 3

Work Plan

RFP Statement of Work

Unless otherwise noted in “Exceptions” (page 35), submittal of our proposal is prima facie evidence that we have full knowledge of the requested scope, nature, quality, and quantity of the work to be performed and detailed requirements and conditions under which the work is to be performed.

RFP Company Responsibilities (“CR”) Acknowledged and Agreed to

The following sections from the RFP’s “Statement of Work” have been reviewed, acknowledged, and agreed to: **CR 1-3; CR 6-11; CR 13-14.**

CR 4 – Compliance Program: Acknowledged and Agreed to.

For more information, please see “OIG Compliance Program Guidance” (page 26)

CR 5 – HIPAA Rules and Regulations: Acknowledged and Agreed to.

Please see “Internal Controls” (page 26)

CR 12 – Billing Databases and Standard Reports: Acknowledged and Agreed to.

Client Portal and Electronic Dashboard – Wittman Enterprises offers secured Internet access to our billing system via our Client Portal, 24 hours a day. No additional software is required for the City of North Las Vegas to access the information through our secured server. It is accessed with a secured login that is password protected. Information accessed from the Portal is in real time, allowing authorized City and Fire personnel to view each claim wherever it is in the billing and collection process.

Access to the Client Portal is granted only to pre-authorized City and Fire personnel with permission to view such information and is strictly limited to the City of North Las Vegas’s information. All patients may be referenced by name, date of service, incident, and run number. Your staff can print invoices for patients and run reports for their own use. Additionally, the City’s specialized reports can be made available through this site. Our billing software system is Microsoft Windows-based which enables data export by authorized staff for easy manipulation (Excel, PDF, Crystal, etc.). It also allows for a clear and traceable audit trail for initial client verification, billing notification, and phone contact. Moreover, our software automatically updates each individual account detailing date, change, or billing function. All history and noted entries become a permanent record and all charges are maintained for a complete payment history. Finally, the Portal provides an **“electronic dashboard,”** accessible 24 hours a day that provides a one-screen synopsis of the current state of the EMS billing operation, based on the preferences selected by each Client Portal authorized user.

CR 15 – Clear and Concise Reporting: Acknowledged and Agreed to.

For more reporting information and samples, please see “Reporting” (page 22) and “Appendix 1: Sample Reporting and GEMT Reporting” (uploaded to submission at NGEMNV.com as a separate attachment).

Industry Trends and Regulations

Through our regular association with Page, Wolfberg & Wirth, nationally recognized legal experts in EMS legal consulting, the American Ambulance Association, and regular conferences, correspondence, and training opportunities with Medicare and Medicaid (among multiple other payers): we are current on all industry issues and changes, remaining proactive with our clients and continually updating them on changes, opportunities, and news that affect their programs.

Training and Continuous Education

We participate in a training partnership with the State of California (ET17-0248) that mandates significant training hours and topics to improve skills, accuracy and customer service. Approved topics include Class/Lab/E-learning Hours as follows:

Business Skills

- Business Communication
- Business Fundamentals
- Customer Service
- Data Entry
- Standard Operating Procedures

Commercial Skills

- Anatomy
- Medical Terminology
- ICD-10
- New Client Transition
- First Responder Clients
- Errors and Exceptions Reporting
- HIPPA
- Medical Billing
- Medicare/ Medicaid
- Ambulance Billing
- Industry Specific Terminology
- Certified Ambulance Coder

Computer Skills

- Zoll
- Docuware
- Noridian
- Novitas

Management Skills (Managers/Supervisors Only)

- Team Building
- Leadership
- Effective Meetings for Leaders
- Decision Making

Wittman Enterprises Training Program: *New Hires*

Our comprehensive and ongoing training program allows us to continuously improve the way we conduct our clients' business and get you your maximum legal reimbursement available.

Initial Training

Employees begin with a minimum of four weeks training on general concepts required of their position including: our computerized billing system, office and position procedures, ambulance billing rules and regulations, identifying key payers, medical billing best practices, HIPAA, industry standards, customer service, billing Medicare, Medicaid, and private insurance. Trainees are not advanced in the training program until they have shown competence in all required areas. If they are unable to show the required competence our clients expect from us, employees are provided extra training opportunities and/or dismissed if necessary.

100% Auditing and Training

After successfully completing the first eight weeks of training, staff operates independently under direct supervision. During this time, new employees and their work product are 100% audited until the employee exceeds a minimum of 90% error-free performance consistently. Regular one-on-one meetings and training sessions are conducted as needed to assure the minimum amount of human error. After this, our auditing team routinely and randomly audits between 10% and 20% of our staff and their work on a weekly basis.

Specialist Program

We develop our long-term and talented staff by expending considerable resources on training and continuous improvement of our employees. Experienced staff demonstrating aptitude toward specialty areas of our work are identified and placed in multiple-function-training to prepare them to work on several teams and continuously expand their knowledge and experience base

Certified Ambulance Coders

In addition to our internal training program, Wittman Enterprises is proud to offer staff members which have been certified by the National Academy of Ambulance Coding, a nationally recognized leader in Certified Ambulance Coding Training. Wittman Enterprises employs and provides regular training for Certified Ambulance Coders (“CACs”). Wittman staff are continually trained under the same exacting standards emphasized in the Coding Certifications. We budget funds annually to certify additional coders to ensure that we constantly have ample certified individuals available to assist with all accounts.

Wittman Enterprises Training Program: *Continuous Improvement*

Team Training

Each of our teams meet weekly to go over and document training topics, industry and job-specific updates, staff questions, and SOP reviews. Teams are required to provide an agenda for each meeting and take attendance to verify staff team training and participation for each team meeting. Agenda items typically include but are not limited to the following:

Secondary Training

The next phase of training runs for at least four weeks, emphasizing the practical portion of the employee’s job and preparing them to conduct their position under direct supervision. At this point in the training the employees “shadow” senior staff as they apply what they have learned in their first four weeks of training. More specialized concepts such as “ALS” and “BLS” are introduced and mastered along with workflow management (organizing and prioritizing), ambulance coding, data entry, translating common industry abbreviations, and working with first responder companies. There is significantly more hands-on training in this section than in the initial training period.

- | | |
|--|-----------------------------------|
| • Case Studies/Best Practices Training | • CMS Updates Updates |
| • New Client Transition | • Noridian, Novitas Updates |
| • First Responder Clients | • Coding/ICD-10 Training |
| • Industry/Job Training and Updates | • Errors and Exceptions Reporting |

Continuous Education

Wittman Enterprises requires employees to not only stay current on industry and individual job requirements, but to continue to push their learning curve through continuing education and bring our clients the best qualified staff in our industry. For in-house training, attendance is taken and individual HR files are updated to maintain a list of continuing education projects each employee has undertaken. Additionally, outside-house training is documented via program participation and/or CEU certification.

In-House Continuous Education Examples:

- Telephone Doctor: Continuous Customer Service Training
- Business Communications
- The 7 Habits of Highly Effective Managers

Outside Continuous Education Examples:

- Certified Ambulance Coders (CAC) Continuing Education
- New Manager Training
- Project Manager Training
- HIPAA Officer Training
- Medicare and Medicaid Billing

(b) Deployment

If we are fortunate enough to renew our contract with the City of North Las Vegas, a contract transition will be unnecessary. Medicare, Medicaid, and private insurance information will not need to be updated. Required insurance coverage is already in place. ***No loss or delay in revenues will be experienced by the City as a result of contracting with an unknown, untested, inexperienced, or less-effective vendor.*** The high levels and collection performance North Las Vegas has experienced with Wittman for these several years will remain the continuously-improving standard under which we have operated for 29 years as a company.

(c) Monitoring and Quality Assurance

Continuous Improvement

We view quality assurance as our opportunity to verify that our services regularly meet and exceed our EMS partner expectations. Our internal program follows the Shewhart Cycle's five steps: Observe, Plan, Do, Check, and Act, to ensure that our professional excellence is inherent in every part of our billing process for our clients. Monitoring KPIs, conducting multiple audits, providing ongoing staff training, and holding regular training meetings (with case studies and more formal training opportunities) helps each of our teams continuously improve the way we conduct our clients' business.

Quality Assurance

We ensure compliance with local, state, and federal laws by continually educating ourselves on any changes or differences that may apply between jurisdictions. As a matter of policy, Wittman Enterprises, LLC stays current with any program updates to Medicare and Medicaid. Therefore, we pledge to remain responsible and knowledgeable regarding any program updates to Medicare and Medicaid for the duration of the contract period. Furthermore, we will inform the City and the public of any significant changes to policies and procedure through emails, newsletters, conference calls, etc.

Key Performance Indicators

Tracking and examining accounts receivable, and *Payment Average* (revenue) are useful tools helping us judge how “quickly” and efficiently we are getting our clients their maximum and legal reimbursements. This doesn’t work as well as a snapshot in time but rather as a comparison tool from period to period. Additionally, A/R Days are monitored regularly to ensure the most consistent and effective results possible, analyzing how long it takes from the billing date to when we receive payment on your behalf. In this example, the account’s *A/R Days* are calculated by:

- Getting the Average Charge per Day: last 3 months charges divided by the number of days in those 3 months;
- and Dividing the A/R Balance by the Average Daily Charge, giving us how many days of charges are outstanding.

February	March	April	Total Charges for the 3 Months	# of Days in this 3 Month Period
\$486,938	\$529,350	\$490,601	\$1,506,889	92

When the work is being managed appropriately your outstanding A/R should not usually be more than three months of charges. Much of this key information will be provided in your Year-to-Date Revenue Report along with several other Key Performance Indicators (KPIs).

Average Charge per Day	A/R Balance	A/R Days
\$16,379.23	\$1,022,531	62

Additionally, our operations director uses department KPIs to analyze trends, performance, and to address any anomalies before they become issues.

Billing Department

- Trending of Transports
- Month-End Report Comparisons and Reconciliations

Cash Receipts Department

- Payments monitored for timeliness and unusual trends
- Refunds Trending

Customer Service Department Workflow Timeliness

- Hospital Data Exchange
- Mail Returns
- Private Mail
- Medicare Signatures
- Missing or incorrect phone numbers

Auditing

In addition to continuous training and quality control protocols, we perform audits continuously with seven independent auditors and a supervisor located in our office. They perform audits including pre-billed claims, submitted claims, denied claims, etc. Wittman's internal auditing program scrutinizes all of our work to ensure records are not missing, minimum content criteria is preset, fee schedules are accurate and applied correctly, billing codes are appropriate and itemized charges are captured. Our auditors review thoroughly a minimum 10% of the work each employee completes during the week. Auditors select accounts for audit based on production reports from the previous week. Our meticulous efforts are designed to ensure compliance (whether we are billing Medicare, Medicaid, private insurance, or patients) focusing on every step from initial billing, account follow up, and the posting of payments. Additionally, we audit charges, credits, level of service, schedules, payers, customer service quality and thoroughness, and provide key feedback to customer service representatives and management staff. Each Wittman Enterprises department is evaluated from their own specific auditing form in regards to job functions and their effectiveness at meeting quality, compliance and productivity standards. If any anomalies are identified through our auditing efforts, we devote necessary resources to pinpoint areas for improvement and revise protocols, retrain staff, and test solutions to avoid future refrains. Finally, all new hire staff are continually audited until their audits regularly reach a consistent 95% success rate. Positive audit results are linked directly to our strong procedures and processes, training, and form our rigorous internal auditing program. In our 29 years in business Wittman Enterprises, LLC has never received a negative external audit. We keep accurate and up-to-date records of all bills, payments, and correspondence related to billing functions to ensure a positive outcome to any audit and encourage the City, Fire Department, and its authorized agents to inspect and audit all data and records relating to our performance under the contract. Wittman Enterprises is always at your disposal during any audit procedure, ensuring immediate compliance with request for information.

(d) Reporting

Clear and Concise Reporting

Our robust reporting is customized to meet your reporting needs and provide complete accountability and transparency for the work we do on your behalf. We have hundreds of reports available for your metrics and reporting needs. There is no extra fee for reporting or for Ad Hoc reports designed for your exclusive use. Reports are available from your assigned Division Manager and Client Liaison at any time AND many of them come hard coded in your Client Portal for live and electronic access based on pre-populated fields. Other reports from your program can also be hard coded into your Portal access and be made available via our Client Portal. *Please see "Appendix I: Sample Reporting and GEMT Reporting" uploaded to submission at NGEMNV.com as a separate attachment.*

Standard Reporting

North Las Vegas has access to our Client Portal and client reporting system allowing authorized City and EMS/Fire personnel to obtain invoices, account balances, billing reports, and other hands-on account management tools. Daily, monthly, quarterly, annual, and special reporting can be provided in PDF and Excel format. Our reporting system allows interface with Crystal reporting software. For example, North Las Vegas's customized reporting program might include specific details such as:

- | | |
|---|---------------------------------|
| ✓ Number of Reports Received | ✓ Number Billed and Bill Type |
| ✓ Calls Not Billed | ✓ Gross Charges |
| ✓ Contributions Allowed or Write Down | ✓ Net Charges |
| ✓ Adjustments | ✓ Payments |
| ✓ Refunds | ✓ Balance Owed |
| ✓ Number of Bills and Amounts Sent to Collections | ✓ Pending Claims at Collections |
| ✓ Write Offs | ✓ Aging Reports |

Reporting Library

This is a small sample of our extensive reporting library. In fact, we have well over 200 system-generated reports as well as hundreds of customized reports to meet the reporting needs of all of our clients. Utilizing our in-house programmers, we are able to design reporting programs to fit all of our clients' needs.

- | | |
|--|----------------------------------|
| ✓ Management Summary | ✓ Ticket Survey Summary by Payer |
| ✓ Incident Survey Summary by Trip Date | ✓ Year-To-Date Revenue |
| ✓ Aging: Current Payer (aging data) | ✓ Cash Receipts Summary |
| ✓ Credit Summary | ✓ Activity Summary by Vehicle |
| ✓ Activity Summary by Payer | ✓ Refund Report |

Monthly Reporting Requirements

Our month-end correspondence with you includes Cash Receipt Reports that reconcile all deposits, receivables, billings, patient accounts, adjustments, dishonest checks, and refunds. All other processes and functions at Wittman Enterprises, LLC are ongoing. Financial and performance reports are detailed and easy to read. On-Demand (ad hoc) reports are our specialty and are provided at a moment's notice at no additional charge. These reports provide detailed accounting for account adjustments of any type and track revenue by period. Our reports are **Accurate and Easy to Read. Robust and Individualized. Accessible.**

- **A/R Aging Report:** This report can be either a detail or summary report based on trip date (date of service), patient, or payer. It can be customized to track a specific payer or payers and date ranges and lists how many ambulance claims are still outstanding for any given time period.
- **Ticket Survey Report:** Detail or Summary can be run by date of service, payer or patient or combination thereof. Ticket Surveys are used to provide the number of accounts input into the system in a given month and under the payer mix category. This information provides revenue projection information and can be used to verify that all tickets sent have been received.
- **Year-to-Date Revenue Report:** This report provides a snapshot of the last twelve months at any time. It offers totals in all categories including Medicare and Medicaid write-downs, monthly amount of delinquent accounts and refund amounts. It is a very effective performance analysis tool in monitoring our performance as it reflects our ongoing collection rate, both gross and net, for a twelve-month period.
- **Management Summary Report:** The report is run by fiscal year. It provides an accounting by financial class of total trips and dollars billed each month, with a cumulative year-to-date tracking. It also provides an accounting of the dollars received each month by financial class with a cumulative year-to-date tracking.
- **Ad Hoc Reports:** On-demand reports are our specialty and are provided at no additional charge. Our billing software collects and tracks numerous data elements whether input manually or electronically downloaded. From the large data field our ad hoc reports are available and on-line for North Las Vegas review and can contain month-end and real-time information as required.

Your monthly reports can be emailed, dropped to your FTP mailbox, or sent to you via U.S. Mail – depending on the City's preferences.

GEMT Reporting

Wittman Enterprises has supported our clients in multiple states (NV, CA, WA, OR, CO, AK, etc.) with the rollout of their prospective GEMT-type reimbursement programs for Medicaid. For North Las Vegas and Carson City, we customized multiple versions of reporting to stay current with State and program reporting requirements for the GEMT reimbursements:

- Version 1: “date of service”, “patient name”, “primary insurance”, “dollars billed”, “dollars collected”, “nature of the call”
- Version 2: added “current payer”, “contractual write-offs”, “other write-offs”, and “call type”
- Version 3 (current version): added “ICN” (Medicaid internal control number) for each claim

(e) Disaster Database Recovery

Our Business Continuity Plan allows Wittman to continue conducting our clients’ business until recovery from an unforeseen disaster or emergency is accomplished. It identifies how we would stay in touch with our clients and with each other, continuing to do our work. The plan 1) documents key personnel and backups, 2) identifies those who can telecommute, 3) documents critical equipment and appropriate off-site backups, 4) identifies critical documents, and 5) identifies contingency equipment options and locations. Utilizing Veritas Backup Exec software, our electronic computing and storage capabilities are backed up redundantly by a Dell Power Vault 124T with 24 terabytes of storage capacity. Wittman’s network consists of a redundant RaidTen Array Network Attached Storage, running on two Dell R720 Dual Processor eight core servers on Windows 2012 Server in an active/passive cluster mode. Wittman uses Rescue Net Billing by ZOLL Data Systems. In the event of a catastrophic event, the software is readily available for us to replace. As an added precaution, all backup and system programs are kept offsite. To minimize any potential down time Wittman contracts with Dell Computers for a maximum 4-hour service response time on all of our billing servers. In case of an interruption in North Las Vegas (or Wittman’s) ability to transmit or receive ePCRs electronically we maintain the ability to receive information through our secured FTP site. Our IpSwitch Secure FTP server is the industry-leader in FTP security. Highlights of this system include:

- Security: Encrypted transfer over SSH/SFTP, SSL/FTPS, and HTTP/HTTPS protocols
- Powerful management administrative control and enforcement
- Automation: Server events can generate alerts and launch workflows
- Compliance: Exceeds stringent security and privacy requirements for secure file transfer
- Ad hoc and schedule interaction: Supports impromptu as well as predefined transfers by people, systems, and processes
- An \$800,000 line of credit is available to us for the purchase of necessary equipment, software, and supplies.

ePCR Interface and Upload

Wittman provides extensive mapping of information and interface with all ePCR programs (including: **ImageTrend; ESO; HealthEMS; ZOLL; WATER On-Scene; Fire House**). There are no requirements or added cost for an electronic interface with Wittman Enterprises, LLC. We encourage you to contact our other clients to discuss not only the seamless ePCR interface; but, also to discuss our high levels of service as an EMS/Fire billing company.

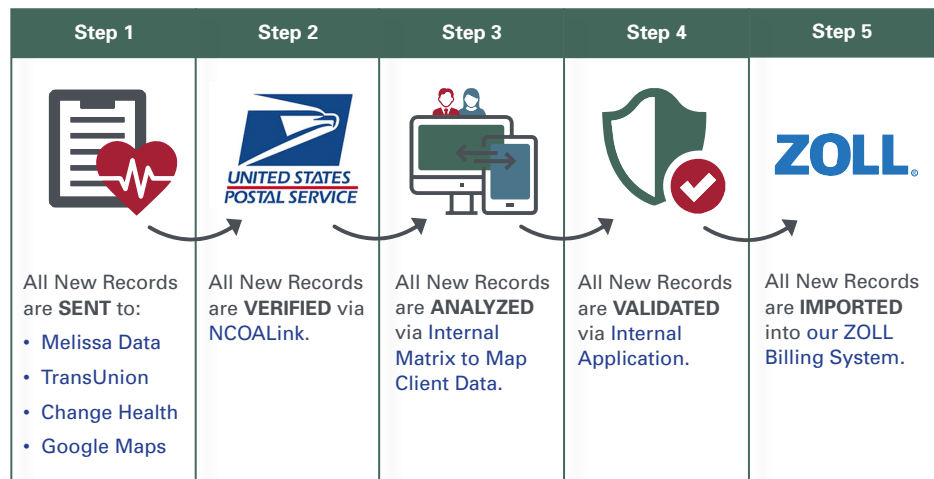
We work with each individual client to determine the most effective way to transfer the care reports from ePCR programs to our ZOLL billing system. The process generally requires minimal input from individual EMS organizations. Our Electronic Billing Team reconciles the NEMSIS file with the batch listed on the ePCR system to detect any inconsistencies. Files are then uploaded to our billing system workflows and processed. Our IT team has worked extensively with ZOLL to ensure that all aspects of our processes operate efficiently with any ePCR system currently in operation. Our time-tested process allows seamless integration with ImageTrend or any ePCR program used by the City.

ePCR Import Data Scrubber

Using our proprietary pre-billing program, we automatically scrub every ePCR ticket that is sent to us. Through that process we are often able to fill in missing demographics information such as address, insurance coverage and social security information, missing phone numbers, name spelling, changes of address, and mileage checker. Some of the tools we incorporate in our scrub include:

- Melissa Data (address verification to ensure accuracy of patient addresses)
- TransUnion (checks all incidents that do not come with insurance/SSN information. Searches for SSN, address, phone, DOB, double checks spelling of name, etc.)
- Change Health (for incidents that have a SSN, system searches for insurance coverage information)
- Internal Matrix App (proprietary program written to analyze imported data and standardizing data sets to make sure it imports properly into our billing system)
- Internal Validation App (proprietary program written to validate data via logic hooks prior to importing into our billing system)

- Google Maps (Mileage checker)
- NCOALink (checks for patients who may have moved and changed their address with USPS. Any discovered changes are automatically updated to the file before it enters our system)



Privacy And Security Compliance

With the recent national news that a national ambulance billing company experienced a breach of their security protocols, resulting in the unauthorized attainment and alleged disclosure of HIPAA-protected personal patient information, Wittman Enterprises would like to reassure our valued EMS partners that as a matter of practice we exceed current HIPAA regulation requirements and take every possible precaution to maintain the integrity of private health information.

Exceeding HIPAA Safeguard Requirements

Wittman Enterprises, LLC has developed a fraud and abuse compliance program to be a comprehensive statement of the responsibilities and obligations of all employees regarding submissions for reimbursement to Medicare, Medicaid, and other government payers for services rendered by clients of Wittman Enterprises, LLC. We have established, and regularly maintain, control standards and procedures to ensure that private information remains secure. Wittman Enterprises, LLC maintains compliance with all statutes of the California Privacy Protection Act, or the Federal Privacy Requirements, whichever are most stringent. More specifically the following:

- **Medical Information, Collection for Direct Marketing Purposes - Civil Code section 1798.91**
- **Medical Information Confidentiality - Civil Code sections 56-56.37**
- **Patient Access to Health Records - Health & Safety Code section 123110**

OIG Compliance Program Guidance

The OIG's Compliance Program Guidance for Third-Party Medical Billing Companies is a voluntary set of guidelines intended to help "in developing effective internal controls that promote adherence to applicable federal and state law, and the program requirements of federal, state and private health plans." Wittman Enterprises, LLC carefully follows applicable recommendations from the report to ensure comprehensive compliance with all appropriate statutes and standards of practice as they pertain to Medicare, Medicaid, and HIPAA.

Seven Key Elements

1. We maintain written standards of conduct developed for and continually updated to reflect clear compliance rules, expectations, training, monitoring, and address potential fraud.
2. Stephanie Cooper-Noe (Client Liaison) and Corinne Wittman-Wong (CEO) are our compliance officers, meeting at least quarterly to address any changes in policies and standards of practice.
3. New employees are trained in a detailed HIPAA and privacy training program. All employees receive regular training updates.
4. Wittman follows the "Red Flag Rules" which require "whistleblower" protections, encouraging the submissions of appropriate complaints and observations.
5. Compliance officers and HR Manager respond immediately to any allegations of improper/illegal activities and enforce appropriate disciplinary action against employees who have violated compliance policies.
6. Wittman's comprehensive auditing program monitors employee compliance and Wittman control policy compliance
7. Investigations are conducted by Stephanie Cooper-Noe (Client Liaison), Corinne Wittman-Wong (CEO), and Ingrid Jana (HR Manager)

Wittman Enterprises Standards of Conduct

Our written policies span over hundreds of pages in length to address the myriad of procedures and compliance issues that must be identified, regulated, and enforced. Employees receive annual training and are required to sign a new confidentiality statement at the beginning of each calendar year.

Policies include:

- Wittman Enterprises, LLC Compliance Policies
 - Corporate Compliance Standards
 - Management and Organization Policy
 - Employee Education Policy
 - Employee/Vendor Screening Policy
 - Enforcement and Discipline Policy
 - Monitoring and Auditing Policy
 - Policy on Reporting, Investigating, and Correcting Compliance Problems
- Wittman Enterprises, LLC Medicare and Medicaid Billing Compliance Procedures
 - Billing Compliance Audits
 - New Employee Billing Compliance Audits
- Syllabus for Compliance Training
- HIPAA Business Associate Agreement

(h) Live Operator Assistance

Patient Service Representatives are responsible for the follow-up on private insurance, private pay, and balance-billed accounts. They are responsible for over 10,000 calls weekly to and from patients while processing patient insurance information and working through any patient concerns, needs, or disputes. Our Customer Service Representatives are available Monday through Friday from 8:00 AM to 4:30 PM PST to serve your patient needs. Our toll-free number has multiple lines available for patients, clients, insurance companies, attorneys, and third parties to call for information or to discuss account status. Our system accepts voice mail messages and routes calls to appropriate person and/or voicemail box 24 hours per day. Our phone system was recently upgraded, and our Verizon router replaced and system updated ensuring the most effective solution and intuitive routing of calls for both the City and your patients.

(i) Alternative Language Capabilities

Wittman Enterprises employs several Spanish, Chinese, and Vietnamese-speaking Customer Service Representatives in management and non-management positions. Such valuable resources provide your patients with the highest quality of service possible. On rare occasions, if a patient speaks a language we are not staffed to service, we utilize *Language Line Services* to assist those customers effectively. Currently, Wittman employs 16 bilingual staff members that are available to assist with calls.

(j) Billing Statement

Billing to Payment Cycle



Self-Pay Bill Schedule

Wittman Enterprises customizes your private bill schedule to reflect the City's needs. These schedules work in conjunction with our billing program, tracking accounts receivable and assigning them to customer service representatives for making follow-up calls. Following are two examples of customized bill schedules:

No Insurance Information Provided – Example Schedule

Action	Time Line
Information Request Letter	Immediately
Phone call to patient	Within 3-5 Business Days
Hospital Request for Information	Within 5-10 Business Days
Send Second Notice	At 30 Days
Phone call to patient	At 30 Days
Hospital Request for Information	Sent At 40 Days
Send Past Due Notice	At 45 Days
Phone call to the Patient	At 55 Days
Send Final Demand	At 70 Days

Patient Signature Required – Example Schedule

Action	Time Line
Medicare Signature Required: Letter	Immediately
Phone call to patient	Within 3-5 Business Days
Patient signature required	Invoice At 35 Days
Patient signature required	Past Due Notice At 55 Days
Phone call to patient	At 60 Days
Patient Signature required Final Notice	At 70 Days

(k) Payment Posting

Many of our EMS billing partners prefer and we recommend the Live Cash method of processing payments. Payments are sent directly to us, processed and posted to the account, and deposited into the City's bank account. Due to our meticulous auditing, balancing, and reconciliation processes, monthly reports will balance with bank statements (or be worked until they do). Great care is taken from the opening of correspondence and payment envelopes by a specific group of staff (minimum double custody treatment and handling protocols). Patient accounts are updated and verified for accuracy before any checks are prepared for deposit. In all cases, double-custody procedures are followed so that payments are always within at least two cash receipt staff hands. Finally, we limit processing of payments and remote deposit logins (if mobile deposits are chosen by the client) to a maximum of two people to control deposits completely. For the City of North Las Vegas' current program, payments made by check are deposited at a local Wells Fargo Bank, directly into the City's designated bank account. Deposits are made every Monday, Wednesday, and Friday—and on the last business day of the month if it falls on a Tuesday or Thursday—with deposit slip reconciliations emailed to clients usually the same day, but no later than the day after each deposit to the City's bank account. Cash payments are handled directly by the president of the company. For Electronic Funds Transfers ("EFT") required by federal insurance providers such as Medicare, we post Electronic Remittance Advices ("ERA") to patient accounts immediately upon receipt. Since requirements vary greatly from agency to agency regarding payments and funds received, Wittman Enterprises works closely with each client to optimize these functions during the life of our work together.

Monthly closes (and subsequent monthly reporting) occur at a predetermined time agreed upon by our clients (whether from a hard close or a soft close, to reflect as many payments as possible prior to closing). All month-end procedures are customized to meet the City's accounting needs. Please see the summary chart below for examples of month-end deliverables we currently work on between our teams and the City of North Las Vegas' teams:

Report/Process	From	To	Due	Comment(s)
Month-End-Closing Reports	Kathryn Garcia (Wittman)	F. Simone J. Megallon S. Connolly Y. Chan (North Las Vegas)	Varies	After reconciliation/match/close
GEMT Reports	Stephanie Cooper-Noe (Wittman)	Chief Anderson F. Simone (North Las Vegas)	Quarterly Oct. (annually)	
EFT Payments	J. Megallon (North Las Vegas)	Kristine Martinez (Wittman)	Varies	Received by fax between middle/end of each month
ERA Payments	Juan Pierdant (Wittman)	J. Megallon (North Las Vegas)	Daily	Copy of ERA sent as received/downloaded
Bank Deposits	Juan Pierdant (Wittman)	S. Connolly J. Megallon (North Las Vegas)	Mon./Tues./Fri.	Deposit backup sent as received
Bank Statement	A. Chan (North Las Vegas)	Pakou Vang Kristine Martinez (Wittman)	Varies	Received by the 2nd week of the month (previous month statement)
Missing Payment/EFT	Kristine Martinez (Wittman)	J. Megallon (North Las Vegas)	Varies	Any payment missing from bank statement
Bank Statement Reconcile	Kristine Martinez (Wittman)	A. Chan J. Megallon (North Las Vegas)	Varies	Dependent on when missing EFT information received
Credit Card Payment Information	Kristine Martinez Juan Pierdant Rene Wittman (Wittman)	S. Connolly J. Megallon (North Las Vegas)	Varies	Received information sent as received
Processes Credit Cards Reconciliation	S. Connolly (North Las Vegas)	Kristine Martinez Juan Pierdant Rene Wittman (Wittman)	Varies	Processed backup sent as received

(l) Credit Card Payments

Patient Payment Options

Wittman Enterprises effects positive collections for the City's financial requirements while providing compassionate service to your patients—doing everything possible to attain reimbursement for your claims. With that goal, we try to provide as many payment options as possible so that patients have choices of how best to make payments to their accounts. Whether they mail their check payment or credit card billing information, provide their credit card information over the phone, set up a limited installment payment plan, or prefer to access our Credit Card Payment Portal, we make it as simple as possible for patients to submit their payments.

Credit Card Portal

Based on your preferences, we provide credit card payment options for your patients who wish to have bill payments processed this way. Patients are informed through our correspondence and our customer service staff how they can make credit card payments to their accounts. Limited Wittman staff is authorized to accept credit card information over the phone and our automated Credit Card Portal allows patients to securely pay their bills using our online reporting module. Additionally, our IT team can provide seamless links so that patients may also connect to the Credit Card Portal through the City of North Las Vegas website. Alternatively, several clients provide virtual merchant terminals to us so that we can deposit credit card payments directly into their existing system. Like all of our services, this can be customized to fit the needs of your City and your program.

(m) Refund Process

Under your current billing program, refunds are processed when there is an overpayment on an account for a variety of reasons. At that point, a Coordination of Benefits Letter is mailed to insurance companies as well as to the patient, to enlist their participation to determine who is the primary payer. Wittman processes any refunds once a month for any pending accounts, pulling checks and EOBs to process the refunds. We process the refund adjustment, notating the account about to who and for how much we refunded. Our cash receipts team runs a Refund Report (attaching each refund, including copy(ies) of checks and EOBs, for reference. The completed Refund Batch is emailed to Jessica Magallon, Debbie Barton, and Annie Chang.

(n) Hospital Face Sheets

Creating a mutually beneficial partnership with your destination hospitals is a key part of the work we do on your behalf. Initially, most hospitals elect to exchange data through a fax solution where Wittman submits an information request on a regular basis. Once the information is retrieved, the face sheets are faxed back to Wittman for processing. We also work with HIPAA compliance and IT teams at each hospital to attempt to establish a more efficient mode of information transfer. Typically, faxed requests take a minimum of two working days before we can expect to receive the requested information from the hospitals.

As your current billing partner, we are already working with your receiving hospitals to implement the most effective, streamlined process(es). Besides fax request processing, we employ other options such as direct VPN access or scheduled FTP "data dumps." Both methods ensure a more regular exchange of information and the retrieval of hospital face sheets in the most expedient way allowed. North Las Vegas incident face sheets are currently retrieved as follows:

- Centennial Hills Hospital: VPN access
- University Medical Center: VPN access
- North Vista Hospital: Faxed requests/fax returns
- Mountain View Hospital: Faxed requests/fax returns

Patient Portal

For many years Wittman has provided your patients with Portal access. Each invoice, statement, and letter mailed to patients provide a website link for them to access, login, provide insurance information, make a payment, or simply inquire about their bill. This site is available 24 hours a day, 7 days a week. We respond to patient inquiries within one business day.

Installment Payments

For patients unable to pay their full balance owed, Wittman follows your policies in regards to self-pay accounts. This could include minimum payments accepted and the duration of the private pay contract. Based on our experience, we have found that limiting payback duration to one year usually provides the best results for our clients. Patients have the option of making their monthly payments by check or credit card. They may also set up an AutoPay agreement with a signed authorization where payment is automatically withdrawn from their credit card each month.

Hardships, Discounts, and Reductions

In the course of providing our services, Wittman follows the City's policies. For example, you may waive the ambulance fee if it is found that a patient does not have the financial resources to pay. We notify your department in the case of any situation requiring modification of account balances, pay schedule, referral to collections, or account write off. No adjustment is ever made without prior authorization from you. All adjustments are clearly documented and identified in our regular reporting and documentation. We customize policies at your direction regarding discounts and reductions to meet the City's requirements. Some of these may include hardships, attorney requests, City employees, or small balance write-offs. In all cases, no discounting decisions or write offs are made without your advanced approval.

Dispute Resolution

We recognize that most patients are citizens of your community so our goal is to function as an extension of the City of North Las Vegas. We provide extensive training and look for individuals with the ability to be compassionate and empathetic while efficiently resolving calls. There are managers and directors available at all times to assist if customer issues cannot be resolved to the patient's expectations by our customer service department. All customer service staff is located in our single Rancho Cordova office. If any complaint received by our patient service department involves care-related concerns, Wittman will contact the City/Fire Department directly for resolution. We manage resolution of any unlikely disputes in accordance with City and HIPAA guidelines. Over the years as an EMS billing partner, Wittman has developed strong rapport with client staff and work closely with them to find quick and equitable resolutions to any patient disputes. We generally dispel any patient concerns or disputes without involving City/Fire personnel.

Sample Documents

Please see "Appendix 2: Sample Correspondence" (uploaded to submission at NGEMNV.com as a separate attachment) for examples of our letters, invoices, statements, etc.

Section 4

Pricing

Section 4 – Pricing

Cost Statement *(Proprietary and Confidential)*

Please keep in mind that we are committed to competitive fees for our clients; however, we are not typically the cheapest. As part of our business model, we have chosen to charge our clients a fair market rate that allows us to maintain a superior level of service with a staffing level that provides both **exceptional collection results and unmatched customer service**. Reducing fees to “beat” the competition would mean that we cannot provide the level of customer service and performance on which our company is built. Wittman Enterprises generally outperforms our competitors by 10-20% in net collections to our clients’ bottom line. We will collect more for you than our competitors using our 29-year commitment to putting the right people to the task, doing the job thoroughly and doing it the right way, and at the same time providing the best in client and patient services. Other agencies *may* bid at a lower fee; however, we ask that you also evaluate the net revenue received by the City and consider that Wittman’s personal attention to your program considerably increases net revenue to you.

Competitor Transition Performance Data

The charts below show two long-term clients who contracted with a national competitor, leaving Wittman Enterprises (for a “lower fee”) and experiencing not only a significant drop in their expected level of response and service but a substantial decrease in net revenue collected. We are gratified to report that Client #2 recognized the significant drop off in their revenue and customer support, and recently returned to Wittman Enterprises as their EMS billing partner.

CLIENT 1 (YEAR 1)	Wittman Enterprises	National Competitor
Rate Charged to Client	\$17.25 per ticket	\$12.75 per ticket
Revenue Collected	\$37,030,484	\$34,056,482
Cost in Fees to Client	\$1,242,000	\$882,000
Net Revenue to Client	\$35,788,484	\$33,174,482 (7.8% revenue drop)

CLIENT 2 (YEAR 1)	Wittman Enterprises	National Competitor
Rate Charged to Client	5.9% of net collections	5% of net collections
Revenue Collected	\$1,963,296	\$1,794,717
Cost in Fees to Client	\$115,834	\$89,735
Net Revenue to Client	\$1,847,462	\$1,704,982 (8.3% revenue drop)

Fee Proposal

Wittman Enterprises, LLC is pleased to offer the City of North Las Vegas all billing, collections, financial reporting, and accounts receivable management described in our proposal based on the following fee schedule options. Proposals are valid for 180 days following submission.

Note: Wittman Enterprises, LLC provides complementary annual revenue enhancement training for EMS and financial staff. This includes four (4) hours of teleconference, webinar or ZOOM (Skype)-facilitated training, for North Las Vegas general staff, and six (6) hours for EMS/EMS Management. Additional and/or onsite training as requested by the City of North Las Vegas will be at a contracted rate of \$100 per hour (personnel rate) plus associated travel expenses.

Proposed fees are based on North Las Vegas current payor mix and payor reimbursement rates. A 1% increase to charged fees may be applied if any insurance reimbursement rate is reduced at any time during our contract term. Please see "Clarifications and Exceptions" (page 35) for exceptions to, or exclusions from, proposal: pending clarification and contract negotiations.

Proposed Services	Proposed Fee
<p>Option 1: Ambulance Billing and Collection Services <i>(current contract scope of services)</i></p> <p>Customer Satisfaction Surveys (10% of calls, by payer mix, all-inclusive coordination and mailing services)</p>	<p>3.99% of net collections</p> <p>No additional fees</p>
<p>Option 2: Ambulance Billing and Collection Services <i>(current contract scope of services)</i></p> <p>OPTIONAL SERVICE: Customer Satisfaction Surveys <i>(100% of calls, by payer mix, all-inclusive coordination, postage, reporting, and mailing services)</i></p> <p>OPTIONAL SERVICE: Notice of Privacy Practices</p>	<p>3.99% of net collections</p> <p>~\$1.25 per survey: pass-through cost, no mark-up</p> <p>~\$0.60 per mailing: pass-through cost, no mark-up</p>
<p>Option 3: Ambulance Billing and Collection Services <i>(all-inclusive)</i></p> <p>Customer Satisfaction Surveys</p> <p>Notice of Privacy Practices</p>	<p>5.0% of net collections</p> <p>No additional fees</p> <p>No additional fees</p>

Section 5
**Clarifications
and Exceptions**

Section 5 – Clarifications and Exceptions

Lockbox Preference

As always, Wittman Enterprises will continue to work closely with the City of North Las Vegas to customize deposit, correspondence, and other procedural preferences. However, generally we do not recommend lockbox programs. As our current partnership with the City does not include use of a lockbox, we want to clarify that you are interested in changing their program to a lockbox-based-system. We have a small percentage of clients who employ similar systems; but, the majority of our clients have found lockbox programs to be an unnecessary and costly expense for a fairly inefficient correspondence method. Besides the posting of payments, the lockbox service must distribute in a timely manner the regular flow of correspondence which often includes requests from government programs such as Medicare, for refund requests for overpayment or request for Revalidation which are extremely time sensitive.

Bill Denial Language

Our insurance appeals team is very aggressive with denied claims, providing experts who call, email, and mail payors to make sure we are able to successfully bill for and collect on as many claims as possible. In that regard, we provide all available resources for administering any concerns regarding payment accounts. During contract negotiations, we request respectfully that the RFP language on this (p. 20) be part of our discussions if we are your successful bidder.

Contract Indemnification Language

We believe that all parties are allowed the privilege of reasonable indemnification and feel that this section of the draft contract may not provide Wittman Enterprises, LLC similar protections. We believe this is an area where constructive discussion and negotiation may be a reasonable request for both parties during contract negotiations.

Notices of Privacy Practices and Customer Satisfaction Surveys

We have provided the City of North Las Vegas with three pricing proposals in our RFP response. In balancing cost versus added value, each option may or may not provide NPPs and Customer Satisfaction Surveys as part of the initial offer. All options are negotiable, and all programs customizable during contract discussions.

Annual Audit

This element of the RFP was not included in our price proposals because the full scope, City's preferred auditor, and estimated cost of services were not available at the time of submission. With further information during transition, we will gladly revisit this request and adjust any of our proposal accordingly.

Credit Card Fees

Because there are multiple ways for credit card payments to be received, transmitted, deposited, etc., we did not include unknown credit card costs (unknown fees included) at this time. Fees are of course less if we are allowed to deposit the credit card payments directly into the City's merchant account. Fees are more if the City prefers we incorporate a third-party vendor (we partner with Payline) to process and deposit credit card payments. We request additional discussions on this once the scope and procedure are fully realized.

Appendices

Sample Reporting and GEMT Reporting Sample Documents

TABLE OF CONTENTS

Appendix 1: Sample Reporting and GEMT Reporting

(Proprietary and Confidential)

Incident Scrubbing Analytics	I
Monthly Ticket Survey	II
Daily Cash Receipts Journal.....	V
Daily Deposits	VII
Monthly Receivables Aging Report by Payor Mix.....	X
Monthly Status of all Accounts by Payor Mix (Aging Date)	XII
Monthly Status of all Accounts by Payor Mix (Trip Date)	XV
Revenue Report by Payor Mix.....	XVIII
Change Summary by Type and Service/Supply Category Provided	XIX
Year-to-Date Revenue Report	XXIV
GEMT-Nevada Report (with ICN)	XXV
Client Portal – Main Dashboard	XXVI
Client Portal – Reporting	XXVII

Appendix 2: Sample Documents

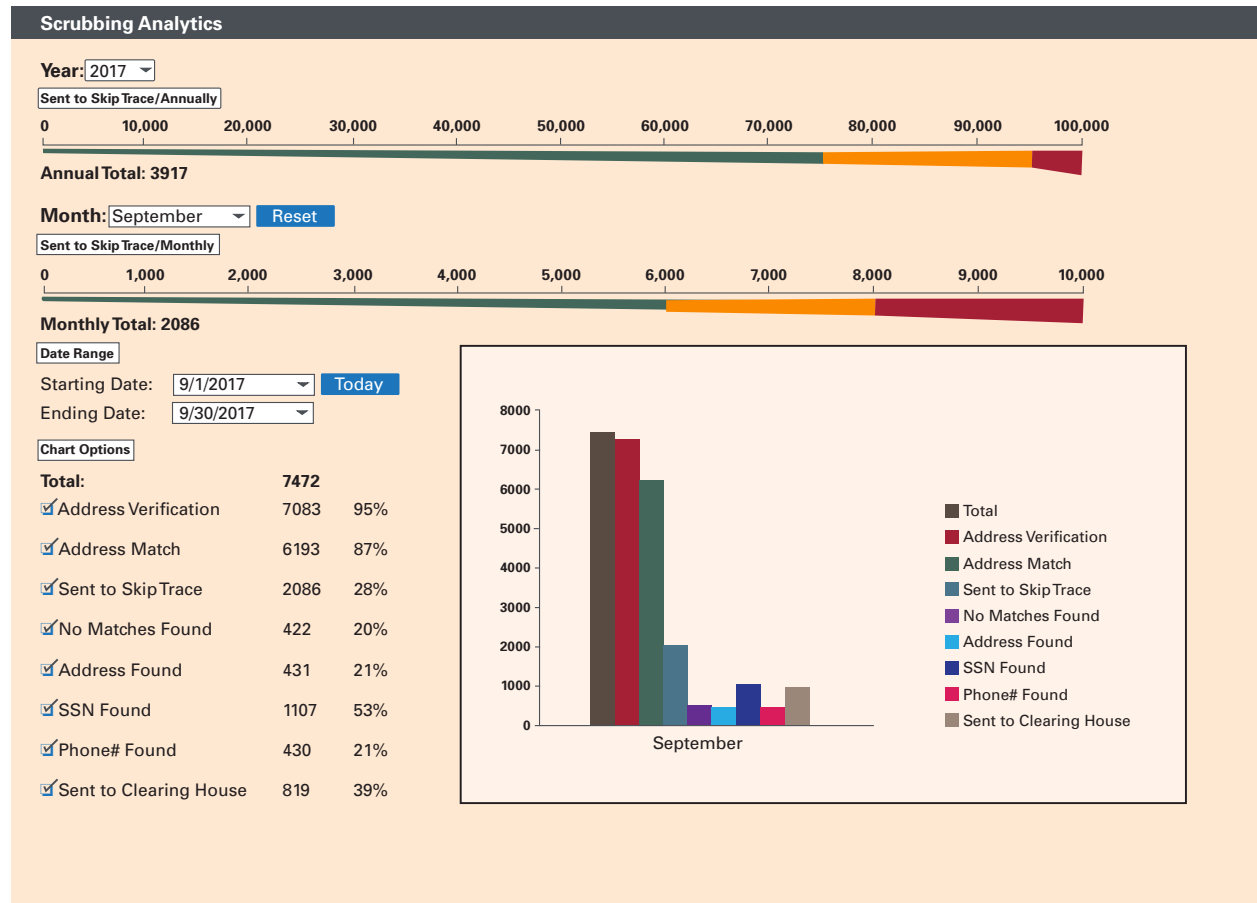
(Proprietary and Confidential)

Insurance Information Request	XXVIII
Invoice.....	XXIX
Past Due.....	XXXII
Final Notice.....	XXXIII

Appendix 1: Sample Reporting and GEMT Reporting

(Proprietary and Confidential)

Incident Scrubbing Analytics



Monthly Ticket Survey

Ticket Survey Detail Report (Trip Date)

Trip Date IS BETWEEN 01/01/2019 AND 01/31/2019; AND Company IS [REDACTED] Paramedic Service; AND Status IS Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Date of Service	Incident #	Customer Name	From:	To:	Charges
01/01/19			20622 REEF LN	Hoag Memorial Hospital	\$ 1,366.91
01/01/19			21640 PCH	Hoag Memorial Hospital	\$ 1,615.25
01/01/19			18351 GUM TREE LN	Hoag Memorial Hospital	\$ 1,239.14
01/01/19			625 LAKE ST	Childrens Hospital-Orange	\$ 1,445.89
01/01/19			5412 HENDRICKSEN DR	Hoag Memorial Hospital	\$ 1,520.65
01/01/19			6102 THOR DR	Huntington Beach Hospital	\$ 1,209.44
01/01/19			2410 FLORIDA ST	Hoag Memorial Hospital	\$ 1,356.33
01/01/19			9191 FIVE HARBORS DR	Hoag Memorial Hospital	\$ 1,424.48
01/01/19			18765 FLORIDA ST 503	Hoag Memorial Hospital	\$ 1,463.99
01/01/19			19490 BEACH BLVD	Huntington Beach Hospital	\$ 1,257.13
01/01/19			8933 MODESTO CI 1213A	Hoag Memorial Hospital	\$ 1,212.75
01/01/19			7502 VANTAGE DR	Huntington Beach Hospital	\$ 1,270.17
01/01/19			Sea Cliff Healthcare-SNF	Huntington Beach Hospital	\$ 1,248.94
01/01/19			16671 GRAHAM ST	Hoag Memorial Hospital	\$ 1,442.34
01/01/19			7221 MISSION GLEN CT 210	Huntington Beach Hospital	\$ 1,356.71
01/01/19			5181 STALLION CI	Huntington Beach Hospital	\$ 1,389.79
01/01/19			16812 ROSS LN	Orange Coast Memorial Medical Center	\$ 1,272.71
01/01/19			Huntington Beach Police Department	Huntington Beach Hospital	\$ 1,722.71
01/01/19			18131 JOLLY LN 202	Orange Coast Memorial Medical Center	\$ 1,476.83
01/01/19			17232 OAK LN 8	Orange Coast Memorial Medical Center	\$ 1,274.71
01/01/19			316 GOLDEN WEST ST	Hoag Memorial Hospital	\$ 1,423.29
01/01/19			6031 PALO ALTO DR	Hoag Memorial Hospital	\$ 1,394.41
01/01/19			16862 BOLERO LN	Hoag Memorial Hospital	\$ 1,519.99
01/01/19			16321 BIRDIE LN	Kaiser Hospital-Irvine	\$ 1,407.58
01/01/19			4262 LAHAINA DR	Kaiser Hospital-Irvine	\$ 1,598.81
01/01/19			6012 EDINGER AVE	Huntington Beach Hospital	\$ 1,737.25
01/01/19			17171 BOLSA CHICA ST 21	Orange Coast Memorial Medical Center	\$ 1,428.87
01/01/19			10170 ASCOT CI	Hoag Memorial Hospital	\$ 1,324.33
01/01/19			19682 OCCIDENTAL LN	Orange Coast Memorial Medical Center	\$ 1,326.71
01/01/19			21182 KROLL LN	Hoag Memorial Hospital	\$ 1,385.79
01/01/19			8777 CORAL SPRINGS CT 10C	Hoag Memorial Hospital	\$ 1,435.79
01/01/19			20701 BEACH BL 182	Orange Coast Memorial Medical Center	\$ 1,382.33
01/01/19			16092 JEREVA CI	Fountain Valley Regional Medical Center	\$ 1,398.33
01/01/19			18945 CADDINGTON CI	Orange Coast Memorial Medical Center	\$ 1,181.79
01/01/19			16851 BLANTON LN B	Hoag Memorial Hospital	\$ 1,430.34

Ticket Survey Detail Report (Trip Date)

Trip Date IS BETWEEN 01/01/2019 AND 01/31/2019; AND Company IS [REDACTED] Paramedic Service; AND Status IS Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Bille...

Date of Service	Incident #	Customer Name	From:	To:	Charges
Total ticket count for 01/01/19					35
Total charges for 01/01/19					\$ 48,942.48
01/02/19		21391 LEMONTREE LN		Hoag Memorial Hospital	\$ 1,207.79
01/02/19		7521 EDINGER AVE APT 3404		Huntington Beach Hospital	\$ 1,156.17
01/02/19		2615 FLORIDA ST		Hoag Memorial Hospital	\$ 1,404.87
01/02/19		Sunrise of Huntington Beach		Hoag Memorial Hospital	\$ 1,304.87
01/02/19		21500 PACIFIC COAST HWY		<Als Medical Aid at Scene>	\$ 450.00
01/02/19		7100 WARNER AVE		Huntington Beach Hospital	\$ 1,146.17
01/02/19		200 MAIN ST 101		Hoag Memorial Hospital	\$ 1,197.79
01/02/19		6502 BOLSA AV APT 105		Huntington Beach Hospital	\$ 1,172.71
01/02/19		19870 LEIGHTON LN		Orange Coast Memorial Medical Center	\$ 1,350.17
01/02/19		9122 ADAMS AVE		Orange Coast Memorial Medical Center	\$ 1,725.25
01/02/19		7887 CENTER AVE		Fountain Valley Regional Medical Center	\$ 1,819.25
01/02/19		Huntington Terrace		Hoag Memorial Hospital	\$ 1,242.52
01/02/19		8381 DAREN CI		Hoag Memorial Hospital	\$ 1,303.79
01/02/19		17822 BEACH BL 430		Fountain Valley Regional Medical Center	\$ 1,761.79
01/02/19		16881 SAYBROOK LN		Orange Coast Memorial Medical Center	\$ 1,242.87
01/02/19		314 18TH ST J		Hoag Memorial Hospital	\$ 1,250.87
01/02/19		4951 MAUI CIR		Orange Coast Memorial Medical Center	\$ 1,447.07
01/02/19		Huntington Terrace		Hoag Memorial Hospital	\$ 1,225.56
01/02/19		16202 CULPEPPER CI		Hoag Memorial Hospital	\$ 1,511.46
01/02/19		7831 RONALD DR		Orange Coast Memorial Medical Center	\$ 1,393.56
01/02/19		17191 NORTHFIELD LN		Hoag Memorial Hospital	\$ 1,290.84
01/02/19		21000 OCEANFRONT		Hoag Memorial Hospital	\$ 1,674.33
01/02/19		18255 BEACH BLVD		Hoag Memorial Hospital	\$ 1,596.17
01/02/19		8932 YOLO CI 1302B		Hoag Memorial Hospital	\$ 1,404.33
01/02/19		6600 WARNER AV 218		Hoag Memorial Hospital	\$ 1,294.49
01/02/19		4412 LAHAINA DR		Kaiser Hospital-Irvine	\$ 1,407.50
01/02/19		7562 CENTER AVE		Huntington Beach Hospital	\$ 1,174.71
01/02/19		5822 LOURDES DR		Orange Coast Memorial Medical Center	\$ 1,410.02
01/02/19		18080 BEACH BL 103		Huntington Beach Hospital	\$ 1,215.63
01/02/19		7850 SLATER AVE APT 18		Orange Coast Memorial Medical Center	\$ 1,451.68
01/02/19		PACIFIC COAST HWY X BROO		Hoag Memorial Hospital	\$ 1,622.71
01/02/19		4832 TIARA DR 102		Hoag Memorial Hospital	\$ 1,323.30

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Page 2

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Ticket Survey Detail Report (Trip Date)

Trip Date IS BETWEEN 01/01/2019 AND 01/31/2019; AND Company IS [REDACTED] Paramedic Service; AND
 Status IS Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC
 Will Call OR Not Billed...

Date of Service	Incident #	Customer Name	From:	To:	Charges
01/02/19			22061 JONESPORT LN	Hoag Memorial Hospital	\$ 1,181.25
01/02/19			119 MAIN ST	Hoag Memorial Hospital	\$ 1,833.79
01/02/19			N SPRINGFIELD ST X HUNTINGTON	Hoag Memorial Hospital	\$ 1,230.87
01/02/19			19871 CARMANIA LN	Hoag Memorial Hospital	\$ 1,207.79
01/02/19			HOAG MEMORIAL HOSPITAL	Hoag Memorial Hospital	\$ 1,791.41
01/02/19			4861 KONA DR B	Hoag Memorial Hospital	\$ 1,338.11
01/02/19			Merrill Gardens at Huntington Beach	Orange Coast Memorial Medical Center	\$ 1,752.29
01/02/19			16385 S PACIFIC AVE	Hoag Memorial Hospital	\$ 1,295.03
01/02/19			18561 FLORIDA ST APT 2047	Hoag Memorial Hospital	\$ 1,414.87
Total ticket count for 01/02/19					41
Total charges for 01/02/19					\$ 56,225.65
01/03/19			4411 WAIMEA DR	Los Alamitos Medical Center	\$ 1,559.61
01/03/19			827 FRANKFORT AVE	Hoag Memorial Hospital	\$ 1,408.87
01/03/19			20631 HORIZON LN	Hoag Memorial Hospital	\$ 1,673.79
01/03/19			Sea Cliff Healthcare-Assisted Living	Fountain Valley Regional Medical Center	\$ 1,325.44
01/03/19			15922 PACIFIC COAST HWY	Hoag Memorial Hospital	\$ 1,411.57
01/03/19			19582 BEACH BL 180	Hoag Memorial Hospital	\$ 1,943.45
01/03/19			8892 CORAL CI	Hoag Memorial Hospital	\$ 1,317.71
01/03/19			7887 CENTER AVE	Hoag Memorial Hospital	\$ 1,940.88
01/03/19			19621 SURFBREAKER LN	Hoag Memorial Hospital	\$ 1,228.87
01/03/19			10182 EDYE DR	Hoag Memorial Hospital	\$ 1,201.87
01/03/19			2408 ENGLAND ST	Fountain Valley Regional Medical Center	\$ 1,414.33
01/03/19			6501 CRISTA PALMA DR	Huntington Beach Hospital	\$ 1,174.71
01/03/19			17232 BLUE FOX CI	<Als Medical Aid at Scene>	\$ 450.00
01/03/19			19361 BROOKHURST ST 7	Hoag Memorial Hospital	\$ 1,396.06
01/03/19			7881 EDINGER AV 102	<Als Medical Aid at Scene>	\$ 450.00
01/03/19			18330 BEACH BLVD	Huntington Beach Hospital	\$ 1,577.63
01/03/19			16922 LAKEFRONT CI 63	Orange Coast Memorial Medical Center	\$ 1,191.25
01/03/19			80 HUNTINGTON ST 646	Hoag Memorial Hospital	\$ 1,420.91
01/03/19			15922 PACIFIC COAST HWY	Los Alamitos Medical Center	\$ 2,482.87
01/03/19			6301 WARNER AV 75	Orange Coast Memorial Medical Center	\$ 1,298.56
01/03/19			9051 ATLANTA AVE	Hoag Memorial Hospital	\$ 1,420.91
01/03/19			7208 HARBOR GLEN DR 301	Orange Coast Memorial Medical Center	\$ 1,356.29
01/03/19			CARMEL LN X ATLANTA AVE	UCI Medical Center-Orange	\$ 1,409.73
01/03/19			8877 LAUDERDALE CT 213B	Hoag Memorial Hospital	\$ 1,227.64

Daily Cash Receipts Journal

Monthly Cash Receipts Journal (Detail)

Deposit Date IS BETWEEN 01/04/2019 AND 01/04/2019; AND Company IS [REDACTED] Paramedic Service

Deposit Date	Customer Name	Payer	Date of Service	Payments	Contractual Allowance	Write-Offs	Refunds	Revenue Adjustments
01/04/19		United Health Care/30555	10/25/18	1,118.33	0.00	0.00	0.00	0.00
01/04/19		McCare HMO Monarch Health	03/29/18	65.73	93.91	0.00	0.00	0.00
01/04/19		McCare HMO Monarch Health	03/24/18	64.28	18.35	0.00	0.00	0.00
01/04/19		McCare HMO Kaiser EMI/85	01/04/19	0.00	779.30	0.00	0.00	0.00
01/04/19		Alaska Natl Ins Co Work Cc	10/10/18	1,711.95	0.00	0.00	0.00	0.00
01/04/19		Bill Patient	07/15/18	270.71	0.00	0.00	0.00	0.00
01/04/19		United Health Care/30555	10/24/18	107.33	0.00	0.00	0.00	0.00
01/04/19		Continental General Ins/300	09/15/18	89.37	0.00	0.00	0.00	0.00
01/04/19		Bill Patient	07/16/18	150.00	0.00	0.00	0.00	0.00
01/04/19		BS of CA/272540	09/17/18	1,154.71	-6.15	0.00	0.00	0.00
01/04/19		McCare HMO Secure Horizor	11/05/18	426.61	150.00	0.00	0.00	0.00
01/04/19		Membership Huntington Bet	11/05/18	0.00	0.00	0.00	0.00	0.00
01/04/19		Aetna/14079	10/22/18	1,690.87	0.00	0.00	0.00	0.00
01/04/19		Kaiser Claims EMI/853915	10/05/18	1,584.81	0.00	0.00	0.00	0.00
01/04/19		McCare HMO Memorial Care	01/04/19	0.00	814.76	0.00	0.00	0.00
01/04/19		McCare HMO Secure Horizor	01/04/19	0.00	0.00	0.00	0.00	0.00
01/04/19		Bill Patient	10/22/17	108.00	0.00	0.00	0.00	0.00
01/04/19		Mcal HMO Monarch Health	10/30/18	139.50	-13.98	0.00	0.00	0.00
01/04/19		Mcal HMO Prospect Medice	09/21/18	367.40	-218.80	0.00	0.00	0.00
01/04/19		McCare HMO Scan Ins/22698	08/09/18	349.32	-3.71	0.00	0.00	0.00
01/04/19		Membership Huntington Bet	08/09/18	0.00	100.00	0.00	0.00	0.00
01/04/19		McCare Southern CA	01/04/19	0.00	43.35	0.00	0.00	0.00
01/04/19		McCare Southern CA	01/04/19	0.00	910.66	0.00	0.00	0.00
01/04/19		McCare HMO Aetna/14079	11/27/18	523.06	81.31	0.00	0.00	0.00
01/04/19		United Health Care/30555	09/08/18	103.08	0.00	0.00	0.00	0.00
01/04/19		McCare HMO Secure Horizor	01/04/19	0.00	767.57	0.00	0.00	0.00
01/04/19		McCare HMO Monarch Health	03/30/18	37.56	16.15	0.00	0.00	0.00
01/04/19		Bill Patient	08/27/18	717.22	0.00	0.00	0.00	0.00
01/04/19		Mcal HMO Monarch Health	10/30/18	135.95	-13.62	0.00	0.00	0.00
01/04/19		McCare Railroad	01/04/19	0.00	792.04	0.00	0.00	0.00
01/04/19		Bill Patient	10/30/18	175.00	0.00	0.00	0.00	0.00
01/04/19		McCare Southern CA	01/04/19	0.00	810.00	0.00	0.00	0.00
01/04/19		Bill Patient	08/21/18	54.00	0.00	0.00	0.00	0.00
01/04/19		McCare Southern CA	08/21/18	0.00	-0.41	0.00	0.00	0.00
01/04/19		Bill Patient	12/09/17	50.00	0.00	0.00	0.00	0.00
01/04/19		McCare HMO Secure Horizor	11/07/18	476.21	-2.48	0.00	0.00	0.00
01/04/19		Web TPA/535309	10/29/18	92.32	0.00	0.00	0.00	0.00
01/04/19		United Health Care/30555	08/25/18	673.61	0.00	0.00	0.00	0.00
01/04/19		BS of CA/272540	11/10/18	1,179.25	0.00	0.00	0.00	0.00
01/04/19		Humana Ins/14601	09/02/18	115.59	0.00	0.00	0.00	0.00

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Page 1

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Monthly Cash Receipts Journal (Detail)

Deposit Date IS BETWEEN 01/04/2019 AND 01/04/2019, AND Company IS Paramedic Service

Deposit Date	Customer Name	Payer	Date of Service	Payments	Contractual Allowance	Write-Offs	Refunds	Revenue Adjustments
01/04/19		Meare HMO Scan Ins/22698	09/03/18	356.54	-3.90	0.00	0.00	0.00
01/04/19		Meal HMO Cap Management	01/04/19	0.00	1,576.21	0.00	0.00	0.00
01/04/19		Bill Patient	06/01/18	50.00	0.00	0.00	0.00	0.00
01/04/19		Kaiser Claims EMU/853915	08/30/18	1,483.19	0.00	0.00	0.00	0.00
01/04/19		Bill Patient	07/17/18	50.00	0.00	0.00	0.00	0.00
01/04/19		Meare HMO Scan Ins/22698	10/29/18	440.09	-1.51	0.00	0.00	0.00
01/04/19		Medicare Southern CA	01/04/19	0.00	750.82	0.00	0.00	0.00
01/04/19		BC of CA/60007	09/26/18	1,155.16	0.00	0.00	0.00	0.00
01/04/19		Membership Huntington Bet	09/26/18	0.00	288.79	0.00	0.00	0.00
01/04/19		Medicare Southern CA	01/04/19	0.00	748.55	0.00	0.00	0.00
01/04/19		BC of CA/60007	05/28/17	1,582.85	0.00	0.00	0.00	0.00
01/04/19		Group Health Incorporated I	10/15/18	98.16	0.00	0.00	0.00	0.00
01/04/19		Membership Huntington Bet	10/15/18	0.00	11.68	0.00	0.00	0.00
01/04/19		Membership Huntington Bet	10/26/18	0.00	150.00	0.00	0.00	0.00
01/04/19		BS of CA/272540	11/01/18	105.29	0.00	0.00	0.00	0.00
01/04/19		Meal HMO Caloptima/1103	01/04/19	0.00	1,043.41	0.00	0.00	0.00
01/04/19		BC of CA/60007	10/18/18	1,225.87	0.00	0.00	0.00	0.00
01/04/19		Meare HMO Secure Horizon	11/10/18	270.83	-6.61	0.00	0.00	0.00
01/04/19		Membership Huntington Bet	11/10/18	0.00	250.00	0.00	0.00	0.00
01/04/19		Meare HMO Scan Ins/22698	10/15/18	334.87	-3.32	0.00	0.00	0.00
01/04/19		Membership Huntington Bet	10/15/18	0.00	100.00	0.00	0.00	0.00
01/04/19		BS of CA/272540	11/03/18	89.22	0.00	0.00	0.00	0.00
01/04/19		BC of CA/60007	11/02/18	105.27	0.00	0.00	0.00	0.00
01/04/19		Bill Patient	10/17/18	200.00	0.00	0.00	0.00	0.00
01/04/19		Bill Patient	08/11/18	50.00	0.00	0.00	0.00	0.00
01/04/19		Meare HMO Secure Horizon	11/07/18	306.95	-7.58	0.00	0.00	0.00
01/04/19		Membership Huntington Bet	11/07/18	0.00	250.00	0.00	0.00	0.00
01/04/19		Meare HMO Secure Horizon	11/09/18	537.51	48.15	0.00	0.00	0.00
01/04/19		Meal HMO Prospect Medice	09/13/18	360.63	-162.23	0.00	0.00	0.00
01/04/19		BS of CA/272540	08/15/18	261.92	0.00	0.00	0.00	0.00
01/04/19		Meal HMO Caloptima/1103	11/09/18	0.00	325.00	0.00	0.00	0.00
01/04/19		Meare HMO BC of CA/6000	10/16/18	204.56	72.81	0.00	0.00	0.00
01/04/19		Meare HMO Edinger Medice	10/16/18	425.65	-1.13	0.00	0.00	0.00
01/04/19		BS of CA/272540	10/13/18	1,481.57	0.00	0.00	0.00	0.00
01/04/19		Bill Patient	09/03/18	1,783.02	0.00	0.00	0.00	0.00
01/04/19		Bill Patient	08/13/18	15.00	0.00	0.00	0.00	0.00
01/04/19		Meare HMO Secure Horizon	10/05/18	383.28	-5.00	0.00	0.00	0.00
01/04/19		Meal HMO Monarch Health	09/19/18	135.95	-13.62	0.00	0.00	0.00
01/04/19		Membership Huntington Bet	10/06/18	0.00	325.00	0.00	0.00	0.00
01/04/19		Membership Huntington Bet	03/03/18	0.00	50.00	0.00	0.00	0.00

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Page 2

\\W2K12\EM21\RESCUENET\REPORTS\32\MANAGEMENT\MONTH END REPORTS\CREDIT TYPE DETAIL BY PRIMARY PAYER\1.RPT

Daily Deposits

Deposit Slip

Deposit Date IS BETWEEN 01/02/2019 AND 01/02/2019; AND Company IS [REDACTED] Paramedic Service

[REDACTED] Paramedic Service

<u>Deposit Date</u>	<u>Check #</u>	<u>Amount</u>
2019-01-02		510.48
2019-01-02		-1,649.25
2019-01-02		1,649.25
2019-01-02		239.59
2019-01-02		1,097.54
2019-01-02		-1,338.33
2019-01-02		1,338.33
2019-01-02		1,323.79
2019-01-02		-890.34
2019-01-02		890.34
2019-01-02		208.48
2019-01-02		250.00
2019-01-02		230.00
2019-01-02		105.00
2019-01-02		1,195.79
2019-01-02		1,197.79
2019-01-02		1,143.63
2019-01-02		1,624.71
2019-01-02		1,301.63
2019-01-02		40.00
2019-01-02		-220.00
2019-01-02		220.00
2019-01-02		92.04
2019-01-02		-100.00
2019-01-02		100.00
2019-01-02		1,713.41
2019-01-02		1,315.79
2019-01-02		-1,162.71
2019-01-02		1,162.71
2019-01-02		1,420.87
2019-01-02		1,369.25
2019-01-02		1,398.75

<u>Deposit Date</u>	<u>Check #</u>	<u>Amount</u>
2019-01-02		510.48
2019-01-02		-1,649.25
2019-01-02		1,649.25
2019-01-02		239.59
2019-01-02		1,097.54
2019-01-02		-1,338.33
2019-01-02		1,338.33
2019-01-02		1,323.79
2019-01-02		-890.34
2019-01-02		890.34
2019-01-02		208.48
2019-01-02		250.00
2019-01-02		230.00
2019-01-02		105.00
2019-01-02		1,195.79
2019-01-02		1,197.79
2019-01-02		1,143.63
2019-01-02		1,624.71
2019-01-02		1,301.63
2019-01-02		40.00
2019-01-02		-220.00
2019-01-02		220.00
2019-01-02		92.04
2019-01-02		-100.00
2019-01-02		100.00
2019-01-02		1,713.41
2019-01-02		1,315.79
2019-01-02		-1,162.71
2019-01-02		1,162.71
2019-01-02		1,420.87
2019-01-02		1,369.25
2019-01-02		1,398.75

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Page 1

\\W2K12MEM21\RESCUENET\REPORTS32\ZOLL\BILLING\CREDITS\DEPOSIT SLIP.RPT

Deposit Slip

Deposit Date IS BETWEEN 01/02/2019 AND 01/02/2019; AND Company IS [REDACTED] Paramedic Service

Paramedic Service

<u>Deposit Date</u>	<u>Check #</u>	<u>Amount</u>
2019-01-02		-19.65
2019-01-02		19.65
2019-01-02		200.00
2019-01-02		-1,464.49
2019-01-02		1,464.49
2019-01-02		1,681.63
2019-01-02		1,146.17
2019-01-02		250.00
2019-01-02		892.21
2019-01-02		1,627.25
2019-01-02		1,500.30
2019-01-02		50.00
2019-01-02		1,193.25
2019-01-02		93.20
2019-01-02		1,226.17
2019-01-02		-1,179.25
2019-01-02		1,179.25
2019-01-02		1,589.63
2019-01-02		100.00
2019-01-02		1,639.25
2019-01-02		1,639.25
2019-01-02		89.81
2019-01-02		1,296.17
2019-01-02		150.13
2019-01-02		200.00
2019-01-02		-938.17
2019-01-02		938.17
2019-01-02		1,351.79
2019-01-02		957.80
2019-01-02		1,870.65
2019-01-02		98.87
2019-01-02		225.68

<u>Deposit Date</u>	<u>Check #</u>	<u>Amount</u>
2019-01-02		-19.65
2019-01-02		19.65
2019-01-02		200.00
2019-01-02		-1,464.49
2019-01-02		1,464.49
2019-01-02		1,681.63
2019-01-02		1,146.17
2019-01-02		250.00
2019-01-02		892.21
2019-01-02		1,627.25
2019-01-02		1,500.30
2019-01-02		50.00
2019-01-02		1,193.25
2019-01-02		93.20
2019-01-02		1,226.17
2019-01-02		-1,179.25
2019-01-02		1,179.25
2019-01-02		1,589.63
2019-01-02		100.00
2019-01-02		1,639.25
2019-01-02		1,639.25
2019-01-02		89.81
2019-01-02		1,296.17
2019-01-02		150.13
2019-01-02		200.00
2019-01-02		-938.17
2019-01-02		938.17
2019-01-02		1,351.79
2019-01-02		957.80
2019-01-02		1,870.65
2019-01-02		98.87
2019-01-02		225.68

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Page 2

\\W2K12MEM21\RESCUENET\REPORTS32\ZOLL\BILLING\CREDITS\DEPOSIT SLIP.RPT

Deposit Slip

Deposit Date IS BETWEEN 01/02/2019 AND 01/02/2019; AND Company IS [REDACTED] Paramedic Service

Paramedic Service

<u>Deposit Date</u>	<u>Check #</u>	<u>Amount</u>
2019-01-02		-650.00
2019-01-02		650.00
2019-01-02		200.00
2019-01-02		1,139.63
2019-01-02		1,250.17
2019-01-02		0.00
2019-01-02		0.00
2019-01-02		1,351.25
2019-01-02		629.25
2019-01-02		-1,600.17
2019-01-02		1,600.17
2019-01-02		1,342.30
2019-01-02		1,035.77
2019-01-02		1,633.25
2019-01-02		1,666.33
2019-01-02		-1,249.63
2019-01-02		1,249.63
2019-01-02		1,788.11
2019-01-02		250.00
2019-01-02		1,596.17
2019-01-02		1,721.25
2019-01-02		150.00
2019-01-02		225.00
2019-01-02		-18.56
2019-01-02		18.56
2019-01-02		1,160.71
2019-01-02		1,780.11
2019-01-02		1,770.49
2019-01-02		1,174.71
2019-01-02		89.85
2019-01-02		1,141.63
2019-01-02		1,288.17

<u>Deposit Date</u>	<u>Check #</u>	<u>Amount</u>
2019-01-02		-650.00
2019-01-02		650.00
2019-01-02		200.00
2019-01-02		1,139.63
2019-01-02		1,250.17
2019-01-02		0.00
2019-01-02		0.00
2019-01-02		1,351.25
2019-01-02		629.25
2019-01-02		-1,600.17
2019-01-02		1,600.17
2019-01-02		1,342.30
2019-01-02		1,035.77
2019-01-02		1,633.25
2019-01-02		1,666.33
2019-01-02		-1,249.63
2019-01-02		1,249.63
2019-01-02		1,788.11
2019-01-02		250.00
2019-01-02		1,596.17
2019-01-02		1,721.25
2019-01-02		150.00
2019-01-02		225.00
2019-01-02		-18.56
2019-01-02		18.56
2019-01-02		1,160.71
2019-01-02		1,780.11
2019-01-02		1,770.49
2019-01-02		1,174.71
2019-01-02		89.85
2019-01-02		1,141.63
2019-01-02		1,288.17

RescueNet™

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Page 3

\\W2K12MEM21\RESCUENET\REPORTS32\ZOLL\BILLING\CREDITS\DEPOSIT SLIP.RPT

Monthly Receivables Aging Report by Payor Mix

Activity Summary

Tip date IS BETWEEN 01/01/2019 AND 01/31/2019, AND Company IS [REDACTED] Paramedic Service, AND Status IS Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Payor	# of Bills	Gross Charges	Cont Allow	Net Charges	Rev Adj	Payments	Write-Offs	Refunds	Balance	Average
Paramedic Service										
Medicare	576	774,643.07	510,856.44	263,786.63	-41.69	246,342.08	0.00	1,386.37	18,872.81	457.96
Meare HMO AARP Medicare Complete Choice	1	1,292.49	971.83	320.66	0.00	320.66	0.00	0.00	0.00	320.66
PCO31362										
Meare HMO Aetna/14079	7	9,474.55	6,464.95	3,009.60	0.00	3,009.60	0.00	0.00	0.00	429.94
Meare HMO Affiliated Doctors Orange/12966	1	1,181.79	492.61	689.18	-15.66	485.52	0.00	0.00	219.32	689.18
Euclid										
Meare HMO Alignment Health/14010	2	2,493.42	954.26	1,539.16	0.00	390.45	0.00	0.00	1,148.71	769.58
Meare HMO BC of CA/60007	10	14,673.82	10,377.82	4,296.00	0.00	4,246.00	0.00	0.00	50.00	429.60
Meare HMO BS of CA 65+2/2840	23	30,634.85	21,116.67	9,516.18	-7.50	8,625.68	0.00	0.00	900.00	413.83
Meare HMO BS of CA Promise Health Plan /601	6	7,367.12	4,675.09	2,692.03	0.00	0.00	0.00	0.00	2,692.03	446.67
Potomac Grande										
Meare HMO Care More/366	4	6,589.78	4,434.48	2,155.30	0.00	1,086.44	0.00	0.00	1,068.86	539.83
Meare HMO Edinger Medical Group/6270	12	15,156.26	10,379.50	4,776.76	0.00	3,574.84	0.00	0.00	1,203.92	399.23
Meare HMO Health Choice of Arizona/410 N 44th	1	1,832.49	1,395.50	436.99	0.00	436.99	0.00	0.00	0.00	436.99
Meare HMO Health Net Inc/9030	1	1,338.17	1,023.72	314.45	0.00	314.45	0.00	0.00	0.00	314.45
Meare HMO Healthcare Partners Med Grp/6099	14	18,427.58	12,230.82	6,196.76	0.00	5,008.45	0.00	0.00	1,188.31	442.63
Meare HMO Hoag Memorial Hospital/6270	2	2,620.28	1,916.04	704.24	0.00	704.24	0.00	0.00	0.00	352.12
Meare HMO Humana Ins/14601	5	6,628.99	4,252.97	2,376.02	0.00	2,051.02	0.00	0.00	325.00	475.20
Meare HMO Kaiser EMI/853915	62	84,616.45	54,770.69	29,845.76	-10.03	29,095.77	0.00	0.00	760.02	481.38
Meare HMO Memorial Care Medical Group/2742	16	21,008.28	13,856.41	7,151.87	0.00	6,207.35	0.00	0.00	944.52	446.99
Dow Ave										
Meare HMO Monarch Healthcare/1 Technology DR	11	15,487.89	10,785.46	4,702.43	0.00	4,356.68	0.00	0.00	345.75	427.49
Meare HMO One Care/11065	10	13,949.78	9,712.98	4,236.80	0.00	3,750.70	0.00	0.00	486.10	423.68
Meare HMO Orange Coast Mem Hosp/9920	1	1,214.33	918.37	295.96	0.00	295.96	0.00	0.00	0.00	295.96
Tabbert Ave										
Meare HMO Prospect Medical Group/11466	3	3,529.21	2,369.24	1,159.97	0.00	719.04	0.00	0.00	440.93	386.66
Meare HMO Scan Ins/22698	34	47,379.12	32,761.64	14,617.48	0.00	13,485.77	0.00	0.00	1,131.71	429.93
Meare HMO Secure Horizons Direct UHC/31362	4	5,248.56	3,381.72	1,866.84	-8.50	1,875.34	0.00	0.00	0.00	466.71
Meare HMO Secure Horizons/30968	45	60,646.31	40,950.09	19,696.22	0.00	17,819.32	0.00	0.00	1,878.90	437.74
Meare HMO St Joseph Affiliated Physicians/70014	19	26,206.89	17,655.12	8,551.77	0.00	6,516.75	0.00	0.00	2,035.02	450.09
Meare HMO Tabert Medical Grp/6099	2	2,565.80	1,758.10	807.70	0.00	807.70	0.00	0.00	0.00	403.85
Meare HMO Tufts Health Plan/9183	1	450.00	0.00	450.00	0.00	450.00	0.00	0.00	0.00	450.00
Meare HMO United Health Care General	1	1,674.33	1,211.66	462.67	0.00	462.67	0.00	0.00	0.00	462.67
Medicare Railroad	1	1,251.49	781.56	469.93	0.00	469.93	0.00	0.00	0.00	469.93
Medicare Southern CA	277	369,699.04	239,257.14	130,441.90	0.00	129,774.76	0.00	1,386.37	2,053.51	470.91
Medicaid	167	233,208.26	194,530.69	48,677.57	0.00	46,201.45	0.00	135.95	2,612.07	291.48

RescueNet™ Reporting

Activity Summary

Tip date is BETWEEN 01/01/2019 AND 01/31/2019: AND Company XXXXXXXXXX Paramedic Service: AND Status is Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Payor	# of Tips	Gross Charges	Cont Allow	Net Charges	Rev Adj	Payments	Write-Offs	Refunds	Balance	Average
Paramedic Service										
Mcal HMO CA Health and Wellness/4080	1	450.00	0.00	450.00	0.00	0.00	0.00	0.00	450.00	450.00
Mcal HMO Caloptima/11037	87	120,135.34	90,175.49	29,959.85	0.00	29,975.60	0.00	0.00	-15.75	344.37
Mcal HMO Cap Management Systems/251040	12	17,370.38	14,575.08	2,795.30	0.00	2,819.43	0.00	0.00	-24.13	232.94
Mcal HMO Health Net/9020	2	2,576.50	1,940.73	635.77	0.00	635.77	0.00	0.00	0.00	317.89
Mcal HMO Kaiser EMI/853915	10	15,291.68	11,482.43	3,809.25	0.00	3,809.25	0.00	0.00	0.00	380.93
Mcal HMO LA Care/11580	1	1,668.33	1,530.25	138.08	0.00	138.08	0.00	0.00	0.00	138.08
Mcal HMO Logistic Solutions/2552 W Erie	1	1,828.69	0.00	1,828.69	0.00	0.00	0.00	0.00	1,828.69	1,828.69
Mcal HMO Molina Healthcare/22702	1	1,606.17	1,482.12	124.05	0.00	124.05	0.00	0.00	0.00	124.05
Mcal HMO Monarch Healthcare/7 Technology Dr	19	27,181.68	24,695.46	2,486.22	0.00	2,719.99	0.00	135.95	-97.82	130.85
Mcal HMO Prospect Medical Group/11466	8	12,019.90	9,153.38	2,866.52	0.00	2,866.52	0.00	0.00	0.00	358.32
Mcal HMO Rady Child Hosp of San Diego/1598	4	4,983.86	4,427.41	556.45	0.00	554.45	0.00	0.00	2.00	138.11
Mcal HMO Regal Medical Group/371330	1	1,139.63	1,017.88	121.75	0.00	121.75	0.00	0.00	0.00	121.75
Medical California	20	26,956.10	24,050.46	2,905.64	0.00	2,436.56	0.00	0.00	469.08	145.28
Insurance	225	319,692.45	21,907.79	297,784.66	-162.11	218,910.22	0.00	0.00	79,036.55	1,323.49
AAA Auto Ins/24523	2	3,384.28	0.00	3,384.28	0.00	1,991.32	0.00	0.00	1,392.96	1,692.14
Aetna/14079	13	18,297.79	2,714.83	15,582.96	-37.53	12,489.67	0.00	0.00	3,130.82	1,198.69
AIMS Work Comp/802108	1	1,453.61	762.09	691.52	0.00	691.52	0.00	0.00	0.00	691.52
Allstate Auto Ins/660636	1	1,830.27	0.00	1,830.27	0.00	0.00	0.00	0.00	1,830.27	1,830.27
Amtrust North American Work Comp/89404	1	1,892.11	1,173.40	718.71	0.00	718.71	0.00	0.00	0.00	718.71
BC of CA/60007	30	43,024.74	1,538.67	41,486.07	-29.07	33,077.71	0.00	0.00	8,437.43	1,382.87
BCBS California Out of State Rebutl/1505	14	19,427.04	272.87	19,154.17	-18.73	13,018.34	0.00	0.00	6,154.56	1,368.16
BCBS Federal of California/272510	5	7,705.19	200.00	7,505.19	0.00	7,405.19	0.00	0.00	100.00	1,501.04
Benelli and Risk Management Services/2140	2	2,477.39	0.00	2,477.39	0.00	2,477.39	0.00	0.00	0.00	1,238.70
Berkshire Hathaway Home State Co Work Comp/881716	1	1,951.19	1,309.25	641.94	0.00	641.94	0.00	0.00	0.00	641.94
BS of CA/272540	27	36,357.05	3,273.26	33,083.79	0.00	27,439.96	0.00	0.00	5,643.83	1,225.33
CaroChocoes Hospice/5	1	1,338.11	997.36	340.75	0.00	835.57	0.00	0.00	-494.82	340.75
Chubb Auto/42065	1	1,778.87	0.00	1,778.87	0.00	1,778.87	0.00	0.00	0.00	1,778.87
Cigna/12047	1	1,174.71	373.10	801.61	0.00	801.61	0.00	0.00	0.00	801.61
Cigna/182223	15	21,695.06	537.87	21,157.19	-51.38	17,739.70	0.00	0.00	3,468.87	1,410.48
Gallagher Bassett Services Inc/2940	1	1,831.79	0.00	1,831.79	0.00	1,781.79	0.00	0.00	50.00	1,831.79
Health Comp Administrators/45018	1	1,390.75	0.00	1,390.75	0.00	1,112.60	0.00	0.00	278.15	1,390.75

RescueNet™ Reporting

Monthly Status of all Accounts by Payor Mix (Aging Date)

Aging by Current Payor (Trip Date)

Trip Date IS BETWEEN 07/01/2018 AND 06/30/2019 AND Company IS XXXXXXXXXX Paramedic Service AND Status IS Assigned OR Billed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR No Billed OR On Hold...

Paramedic Service	Count of Trips	Current	Aging						Balance
			31-60	61-90	91-120	121-150	151-180	180+	
AAA Auto Ins/24523	3	0.00	0.00	0.00	0.00	0.00	0.00	3,858.70	3,858.70
AAA Auto Ins/25001	1	0.00	0.00	1,478.65	0.00	0.00	0.00	0.00	1,478.65
AARP/740819	14	0.00	298.58	407.34	91.59	206.08	92.19	1,172.95	2,268.73
Adminsure Workers Comp/3380	1	0.00	0.00	1,146.17	0.00	0.00	0.00	0.00	1,146.17
Aetna/14079	24	0.00	535.40	3,943.33	1,389.79	2,325.96	1,396.17	12,894.90	24,105.88
Affiliated Doctors of Orange County Med Gp/371000	2	0.00	0.00	0.00	1,228.87	0.00	0.00	1,888.87	3,117.74
AIMS Work Comp/269120	1	0.00	0.00	0.00	1,311.79	0.00	0.00	0.00	1,311.79
AIMS Work Comp/802108	1	0.00	0.00	0.00	1,262.17	0.00	0.00	0.00	1,262.17
Altera Health Care/16818	1	0.00	0.00	0.00	0.00	0.00	0.00	1,323.57	1,323.57
Alliantz Global Assistance/71987	1	0.00	0.00	0.00	0.00	0.00	0.00	1,614.71	1,614.71
Allied Benefits/909786-60690	1	0.00	0.00	0.00	978.13	0.00	0.00	0.00	978.13
Alstate Auto Ins/660636	1	0.00	0.00	0.00	0.00	0.00	0.00	1,830.27	1,830.27
American Medical Securities/31375	1	0.00	0.00	1,329.25	0.00	0.00	0.00	0.00	1,329.25
Ameriprise Auto Ins/3500 Packerlan	1	0.00	0.00	0.00	0.00	0.00	1,152.17	0.00	1,152.17
APWU Health Plan/1358	1	0.00	0.00	0.00	0.00	350.00	0.00	0.00	350.00
Aspen Healthcare Hospice/630	1	0.00	0.00	0.00	0.00	0.00	0.00	1,205.79	1,205.79
Aspire Auto Insurance/3226	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,885.03
BC of CA/60007	148	0.00	26,897.42	23,813.45	10,792.82	12,154.62	8,277.24	41,757.72	123,693.27
BCBS California Out of State Redbluff/1505	25	0.00	2,023.46	4,309.03	6,620.25	3,766.11	1,866.11	10,994.64	29,579.60
BCBS Federal of California/272510	3	0.00	0.00	0.00	2,006.49	0.00	170.00	0.00	2,176.49
Benelect Insurance/7809	1	0.00	0.00	492.35	0.00	0.00	0.00	0.00	492.35
Berkshire Hathaway Home State Co Work Comp/881716	1	0.00	0.00	0.00	1,729.41	0.00	0.00	0.00	1,729.41
Bill Patient	1804	0.00	165,525.65	320,988.94	223,936.63	219,018.95	182,995.90	762,765.29	1,886,808.15
BS of CA/272520	6	0.00	1,595.46	4,312.55	0.00	0.00	0.00	1,641.25	7,549.26
BS of CA/272540	63	0.00	12,948.30	11,695.07	8,462.52	6,986.12	6,172.39	21,327.52	67,571.92
CareChoices Hospice/5	1	0.00	0.00	0.00	0.00	0.00	0.00	1,398.87	1,398.87
CCS of Los Angeles County/9320 Teistar Ave	2	0.00	0.00	0.00	0.00	0.00	0.00	1,835.19	1,835.19
Champ VA/469064	4	0.00	0.00	0.00	629.25	0.00	0.00	-100.28	528.97
Christian Health Care Ministries/127	1	0.00	0.00	0.00	1,383.79	0.00	0.00	0.00	1,383.79
Cigna/182223	18	0.00	1,471.45	4,875.35	1,376.91	-645.92	2,586.06	7,888.26	17,552.11
Cigna/188061	1	0.00	0.00	1,377.79	0.00	0.00	0.00	0.00	1,377.79
Combined Insurance of America/16380	1	0.00	0.00	0.00	0.00	117.52	0.00	0.00	117.52
Compasses Hospice/2401	1	0.00	0.00	0.00	0.00	0.00	0.00	1,302.71	1,302.71
Coresource/105	1	0.00	0.00	0.00	0.00	0.00	0.00	1,319.79	1,319.79
Coresource/2920	3	0.00	0.00	0.00	0.00	0.00	0.00	3,490.43	3,490.43

Aging by Current Payor (Trip Date)

Trip Date IS BETWEEN 07/01/2018 AND 06/30/2019, AND Company IS [REDACTED] Paramedic Service; AND Status IS Assigned OR Billed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed OR On Hold...

	Count of Trips	Current	31-60	61-90	91-120	121-150	151-180	180+	Balance
Edinger Medical Group/6270	1	0.00	0.00	0.00	0.00	0.00	0.00	450.00	450.00
Farmers Auto Ins/268983	2	0.00	1,903.03	0.00	0.00	0.00	0.00	1,212.33	3,115.36
Farmers Auto Ins/268994	3	0.00	2,365.55	0.00	0.00	0.00	0.00	3,035.74	5,401.29
First Health/5190	1	0.00	0.00	0.00	0.00	0.00	0.00	1,230.87	1,230.87
Fountain Valley Hospital/17100 Euclid St	1	0.00	0.00	0.00	0.00	1,279.25	0.00	0.00	1,279.25
Gallagher Bassett Benefit Administrators /6900	1	0.00	0.00	0.00	1,181.79	0.00	0.00	0.00	1,181.79
Gallagher Bassett Services Inc/2840	2	0.00	0.00	0.00	0.00	0.00	0.00	1,695.79	1,695.79
Gallagher Bassett Work Comp/2934	1	0.00	1,649.79	0.00	0.00	0.00	0.00	0.00	1,649.79
GEHA- ASA/981707	1	0.00	0.00	0.00	0.00	0.00	0.00	450.00	450.00
GEICO Auto Insurance/509090	1	0.00	0.00	1,983.77	0.00	0.00	0.00	0.00	1,983.77
GEICO Auto Insurance/509119	1	0.00	0.00	0.00	1,610.71	0.00	0.00	0.00	1,610.71
Global Excel Management/10	1	0.00	0.00	0.00	0.00	0.00	0.00	1,371.79	1,371.79
Group Health Incorporated Ins/2832	1	0.00	94.61	0.00	0.00	0.00	0.00	0.00	94.61
Group Health Incorporated Ins/3000	1	0.00	91.59	0.00	0.00	0.00	0.00	0.00	91.59
Hartford Auto Ins/14266	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Net Ins/9040	35	0.00	6,309.57	7,518.37	4,057.23	6,485.36	5,022.82	7,608.49	37,001.84
Health Partners Medical Insurance/1289	1	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Health Scope Benefits/16203	2	0.00	0.00	0.00	0.00	215.10	0.00	0.00	215.10
Healthcare Partners M/G/6099	10	0.00	0.00	0.00	1,307.25	1,963.35	1,408.81	10,649.61	15,529.02
Hoag Memorial Hospital DRG/1 Hoag DR PO Box 6100	2	0.00	0.00	0.00	0.00	0.00	0.00	2,964.98	2,964.98
Hometown Health/981703	1	0.00	0.00	1,716.71	0.00	0.00	0.00	0.00	1,716.71
Hospice Touch/3070	1	0.00	0.00	0.00	0.00	0.00	0.00	1,443.83	1,443.83
Humana Ins/14601	3	0.00	0.00	0.00	94.61	0.00	0.00	970.39	1,065.00
Huntington Beach Hospital DRG Claims/17772 Beach	2	0.00	0.00	0.00	0.00	0.00	0.00	3,367.04	3,367.04
Huntington Valley Healthcare/8382	1	0.00	0.00	0.00	0.00	1,699.63	0.00	0.00	1,699.63
IL WU-PMA Coastwise/429101	2	0.00	0.00	0.00	1,252.37	0.00	0.00	1,238.33	2,490.70
Infinity Auto Insurance Company/830807	2	0.00	0.00	0.00	0.00	0.00	0.00	1,218.39	1,218.39
Kaiser Claims EMI/853915	61	0.00	12,040.62	14,713.33	10,737.69	11,028.52	2,758.35	30,043.56	82,953.32
Keenan and Associates/2744	1	0.00	0.00	0.00	0.00	0.00	0.00	1,258.17	1,258.17
Kemper Auto Ins/2833	1	0.00	0.00	0.00	0.00	0.00	0.00	811.47	811.47
Lifesield Ins/15953	1	0.00	0.00	0.00	0.00	0.00	0.00	1,720.45	1,720.45
Lineco Construction Benefit Fund/2000	1	0.00	0.00	0.00	0.00	0.00	0.00	541.09	541.09
Springer Dr	1	0.00	0.00	0.00	0.00	0.00	0.00	1,345.79	1,345.79
Manulife Financial Insurance/1653	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mcal HMO Accountable HP/2525 Cherry Ave Ste 225	1	0.00	0.00	0.00	0.00	10.64	0.00	0.00	10.64
Mcal HMO Adventist Health Behav/16237	1	0.00	0.00	0.00	0.00	125.30	0.00	0.00	125.30

RescueNet™ Reporting

Printed on 8/15/2019, 4:05:20PM

Page 2

Aging by Current Payor (Trip Date)

Trip Date IS BETWEEN 07/01/2018 AND 06/30/2019 /AND Company IS XXXXXXXXXX Paramedic Service, AND Status IS Assigned OR Billed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed OR On Hold...

	<u>Count of Trips</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-150</u>	<u>151-180</u>	<u>180+</u>	<u>Balance</u>
Mcal HMO Alameda Alliance for Health/2460	1	0.00	0.00	0.00	16.20	0.00	0.00	0.00	16.20
Mcal HMO Blue Cross/60007	1	0.00	0.00	0.00	0.00	0.00	221.36	0.00	221.36
Mcal HMO BS Promise Health Plan /601	5	0.00	0.00	0.00	0.00	257.70	124.13	250.33	632.16
Potrero Grande									
Mcal HMO CA Health and Wellness/4080	1	0.00	0.00	0.00	0.00	0.00	0.00	450.00	450.00
Mcal HMO Caloptima/11037	78	0.00	1,273.24	2,100.71	1,405.97	992.72	1,638.19	-1,232.91	6,177.92
Mcal HMO Cap Management Systems/261040	72	0.00	754.18	248.04	193.07	222.75	30.76	-370.07	1,066.55
Mcal HMO Central CA Alliance For Health/660015	1	0.00	0.00	0.00	0.00	0.00	0.00	-221.98	-221.98
Mcal HMO Community Health Group/1237	1	0.00	0.00	0.00	0.00	0.00	0.00	-220.80	-220.80
Mcal HMO Gold Coast Health Plan/8152	1	0.00	0.00	0.00	122.33	0.00	0.00	0.00	122.33
Mcal HMO Health Care LA IPA/570590	1	0.00	0.00	0.00	0.00	0.00	128.85	0.00	128.85
Mcal HMO Health Net/9020	3	0.00	119.14	0.00	137.09	128.71	0.00	0.00	384.94
Mcal HMO Health Smart/6301	1	0.00	0.00	0.00	0.00	0.00	171.45	0.00	171.45
Mcal HMO Health Source /100 N. Stoneman	4	0.00	0.00	0.00	157.25	0.00	0.00	1,449.09	1,745.84
Mcal HMO IEPH Inland Empire Health Plan/4349	9	0.00	123.51	127.52	242.99	126.13	0.00	0.00	620.15
Mcal HMO Kaiser EMI/863915	5	0.00	697.95	348.57	0.00	0.00	0.00	128.71	1,175.23
Mcal HMO LA Care/811580	11	0.00	379.37	109.57	-36.40	-13.45	0.00	102.83	541.92
Mcal HMO Logisticare Solutions/2552 W Erie	4	0.00	0.00	0.00	1,380.91	0.00	1,751.57	3,478.48	6,610.96
Mcal HMO Molina Healthcare/22702	2	0.00	0.00	-12.26	-11.94	0.00	0.00	0.00	-24.20
Mcal HMO Monarch Healthcare/7 Technology Dr	186	0.00	1,213.98	5,923.75	1,459.09	188.94	143.20	153.23	9,024.39
Mcal HMO Network Medical Management/1680	1	0.00	0.00	0.00	0.00	0.00	0.00	1,430.89	1,430.89
Mcal HMO Partnership Health Plan/1368	1	0.00	0.00	0.00	0.00	0.00	17.75	0.00	17.75
Mcal HMO Prospect Medical Group/11466	21	0.00	3,264.53	1,999.96	4,351.32	6,852.35	1,485.99	24.70	17,978.85
Mcal HMO Rady Child Hosp of San Diego/1598	15	0.00	295.20	487.63	179.78	138.50	302.30	-164.78	1,239.63
Mcal HMO Regal Medical Group/371330	13	0.00	0.00	0.00	1,570.39	3,130.13	254.15	2,125.56	7,080.23
Meare HMO Aetna Better Health/64205	1	0.00	0.00	0.00	0.00	1,823.79	0.00	0.00	1,823.79
Meare HMO Aetna/14079	6	0.00	0.00	400.00	424.52	905.28	461.67	0.00	2,191.47
Meare HMO Affiliated Doctors Orange/12966 Euclid	2	0.00	0.00	0.00	0.00	1,042.25	0.00	0.00	1,042.25
Meare HMO Alignment Health/14010	10	0.00	0.00	5,250.56	4,358.65	0.00	1,331.25	2,529.08	13,469.54
Meare HMO BC of CA/60007	11	0.00	989.95	0.00	556.40	2,007.81	1,412.47	452.64	5,419.27
Meare HMO BCBS 65+ Out of State/1505	1	0.00	0.00	0.00	563.43	0.00	0.00	0.00	563.43
Meare HMO Brand New Day/794	6	0.00	0.00	477.73	1,904.26	0.00	0.00	0.00	2,801.48
Meare HMO Bravo Health Inc/981706	1	0.00	0.00	0.00	0.00	0.00	0.00	656.89	656.89
Meare HMO BS of CA 65+/272640	28	0.00	3,252.49	3,108.55	2,923.36	2,028.90	581.28	2,756.12	14,650.70

Monthly Status of all Accounts by Payor Mix (Trip Date)

Aging Summary Report by Current Payor (Aging Date)

Aging as of 8/15/2019, and
 Trip Date IS BETWEEN 07/01/2018 AND 06/30/2019: AND Company IS [REDACTED] Paramedic Service: AND Status IS Assigned OR
 Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Paramedic Service										
Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total			
<None>	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
AAA Auto Ins/24523	1,392.96	0.00	0.00	0.00	1,210.33	1,255.41	3,858.70			
AAA Auto Ins/25001	1,478.65	0.00	0.00	0.00	0.00	0.00	1,478.65			
AAA Auto Ins/2601 South Figueroa	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
AARP/740819	1,078.25	0.00	105.28	1,181.79	0.00	-96.59	2,268.73			
Acceptance Auto Ins/150769	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Adminsure Workers Comp/3380	0.00	1,146.17	0.00	0.00	0.00	0.00	1,146.17			
Aetna Global/30259	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Aetna/14079	2,839.57	8,728.11	1,115.63	2,548.27	5,358.36	3,515.94	24,105.88			
Affiliated Doctors of Orange County	1,228.87	0.00	0.00	1,888.87	0.00	0.00	3,117.74			
AIMS Work Comp/269120	0.00	1,262.17	1,311.79	0.00	0.00	0.00	1,311.79			
AIMS Work Comp/802108	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
AK Alaska National Work Comp	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Alaska Ntrl Ins Co Work Comp/	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Altera Health Care/16818	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
All Savers Insurance/31375	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Allianz Global Assistance/71987	0.00	0.00	0.00	0.00	1,614.71	0.00	1,614.71			
Allstate Auto Ins/660636	0.00	978.13	0.00	0.00	0.00	0.00	978.13			
AMA Insurance/804238	0.00	1,830.27	0.00	0.00	0.00	0.00	1,830.27			
Ambetter Health/5010	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
American Claims Management V	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
American Family Ins/6000 Amer	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
American Medical Securities/31:	0.00	1,329.25	0.00	0.00	0.00	0.00	1,329.25			
Ameriprise Auto Ins/3500 Packe	0.00	0.00	1,152.17	0.00	0.00	0.00	1,152.17			
Amtrust North American Work C	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Applied Underwriters Workers C	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
APWU Health Plan/1358	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Aspen Healthcare Hospice/630	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Aspire Auto Insurance/3226	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Bankers Life and Casualty/1902	0.00	0.00	1,885.03	0.00	0.00	0.00	1,885.03			
Bankers Life and Casualty/1935	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
BC of CA/60007	53,021.09	24,288.30	12,919.57	8,611.29	13,121.64	11,731.38	123,693.27			
BCBS California Out of State Re	11,524.85	8,321.16	-92.34	2,413.42	4,086.39	3,326.12	29,579.60			
BCBS Federal of California/2725	2,006.49	170.00	0.00	0.00	0.00	0.00	2,176.49			
Benefit and Risk Management S	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Benelect Insurance/7809	492.35	0.00	0.00	0.00	0.00	0.00	492.35			
Berkshire Hathaway Home State	1,729.41	0.00	0.00	0.00	0.00	0.00	1,729.41			

Aging Summary Report by Current Payor (Aging Date)

Aging as of 8/15/2019; and

Trip Date IS BETWEEN 07/01/2018 AND 06/30/2019; AND Company IS [REDACTED]

Paramedic Service; AND Status IS Assigned OR

Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Paramedic Service

Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total
Bill Patient	386,604.81	415,841.70	342,215.64	147,489.41	198,150.58	396,506.01	1,886,808.15
BS of CA/272520	5,908.01	0.00	0.00	1,641.25	0.00	0.00	7,549.26
BS of CA/272540	41,257.06	9,912.99	3,095.77	1,773.79	4,034.62	7,497.69	67,571.92
BS of CA/272550	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BS of CA/272570	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CareChoices Hospice/5	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CCS of Los Angeles County/932	1,668.84	0.00	0.00	0.00	0.00	1,398.87	1,398.87
Champ VA/469064	179.25	450.00	-100.28	0.00	0.00	0.00	1,835.19
Choice Benefits/10048	0.00	0.00	0.00	0.00	0.00	0.00	528.97
Christian Health Care Ministries	0.00	1,383.79	0.00	0.00	0.00	0.00	0.00
Chubb Auto/42065	0.00	0.00	0.00	0.00	0.00	0.00	1,383.79
Cigna Health and Life/30010	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cigna Insurance/12018	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cigna/12047	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cigna/182223	1,471.45	7,109.53	3,102.82	0.00	0.00	3,544.66	17,552.11
Cigna/188061	1,377.79	0.00	0.00	2,323.65	0.00	0.00	1,377.79
Colonial Penn Franklin Ins/1818	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Combined Insurance of America	117.52	0.00	0.00	0.00	0.00	0.00	117.52
Compasses Hospice/2401	0.00	1,302.71	0.00	0.00	0.00	0.00	1,302.71
Connecticare/546	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Constitution Life Insurance Co/	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Continental General Ins/30010	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Coresource/105	0.00	1,319.79	0.00	0.00	0.00	0.00	1,319.79
Coresource/2920	976.77	0.00	650.91	0.00	1,862.75	0.00	3,490.43
Desjardins/1497	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Edinger Medical Group/6270	0.00	0.00	0.00	0.00	450.00	0.00	450.00
Empire BCBS/5068	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Euro Center USA/65 W 36th	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Farmers Auto Ins/268993	1,903.03	0.00	0.00	0.00	0.00	1,212.33	3,115.36
Farmers Auto Ins/268994	2,365.55	0.00	1,829.95	0.00	0.00	1,205.79	5,401.29
First Health/5190	0.00	0.00	0.00	0.00	1,230.87	0.00	1,230.87
Fountain Valley Hospital/17100 I	0.00	0.00	1,279.25	0.00	0.00	0.00	1,279.25
Gallagher Bassett WC General P	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Gallagher Bassett Benefit Admini	0.00	0.00	1,181.79	0.00	0.00	0.00	1,181.79
Gallagher Bassett Services Inc/	0.00	50.00	0.00	0.00	1,645.79	0.00	1,695.79
Gallagher Bassett Work Comp/2	1,649.79	0.00	0.00	0.00	0.00	0.00	1,649.79
GEHA - ASA/981707	0.00	450.00	0.00	0.00	0.00	0.00	450.00
GEHA/21542	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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Page 2

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Aging Summary Report by Current Payor (Aging Date)

Aging as of 8/15/2019; and

Trip Date IS BETWEEN 07/01/2018 AND 06/30/2019; AND Company IS [REDACTED]

Paramedic Service; AND Status IS Assigned OR

Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Paramedic Service

Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total
GEICO Auto Insurance/509090	1,983.77	0.00	0.00	0.00	0.00	0.00	1,983.77
GEICO Auto Insurance/509119	1,610.71	0.00	0.00	0.00	0.00	0.00	1,610.71
Global Excel Management/10	0.00	0.00	1,371.79	0.00	0.00	0.00	1,371.79
Global Excel/777	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Global Medical Management/88	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Group Health Incorporated Ins/2	94.61	0.00	0.00	0.00	0.00	0.00	94.61
Group Health Incorporated Ins/3	0.00	91.59	0.00	0.00	0.00	0.00	91.59
Hartford Auto Ins/14266	0.00	0.00	1,263.41	0.00	0.00	0.00	1,263.41
Hartford Ins/14269	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Net Ins/9040	13,101.19	10,581.61	6,506.51	3,973.79	255.00	2,583.74	37,001.84
Health Partners Medical Insuran	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Health Scope Benefits/16203	0.00	215.10	0.00	0.00	0.00	0.00	215.10
Healthcare Partners MG/6099	7,853.91	1,217.79	0.00	0.00	1,581.63	4,875.69	15,529.02
HealthScope Benefits/2720	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hoag Memorial Hospital DRG/11	0.00	0.00	0.00	0.00	0.00	2,964.98	2,964.98
Hometown Health/981703	0.00	1,716.71	0.00	0.00	0.00	0.00	1,716.71
Hospice Touch/3070	0.00	0.00	1,443.83	0.00	0.00	0.00	1,443.83
Humana Ins/14601	94.61	0.00	867.77	0.00	0.00	102.62	1,065.00
Humana Ins/14609	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Huntington Beach Hospital DRG	0.00	0.00	0.00	0.00	0.00	3,367.04	3,367.04
Huntington Valley Healthcare/83	0.00	1,699.63	0.00	0.00	0.00	0.00	1,699.63
ILWU-PMA Coastwise/429101	2,490.70	0.00	0.00	0.00	0.00	0.00	2,490.70
Infinity Auto Insurance Compan	0.00	1,181.25	0.00	0.00	37.14	0.00	1,218.39
Interinsurance exchange of the	0.00	0.00	0.00	0.00	0.00	0.00	0.00
International Benefits Administr	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Kaiser Claims EMI/853915	43,839.35	8,335.93	7,827.57	4,624.99	10,219.73	8,105.75	82,953.32
Keenan and Associates/2744	0.00	0.00	0.00	0.00	1,258.17	0.00	1,258.17
Kemper Auto Ins/2833	0.00	0.00	811.47	0.00	0.00	0.00	811.47
Kemper Auto Ins/2845	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Liberty Mutual Work Comp Ins/7	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Lifesield Ins/15953	0.00	0.00	1,720.45	0.00	0.00	0.00	1,720.45
Lineco Construction Benefit Fur	0.00	541.09	0.00	0.00	0.00	0.00	541.09
Manulife Financial Insurance/16	1,345.79	0.00	0.00	0.00	0.00	0.00	1,345.79
Matrix Absence Management W/	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mcal HMO Accountable HP/2525	10.64	0.00	0.00	0.00	0.00	0.00	10.64
Mcal HMO Adventist Health Beh	125.30	0.00	0.00	0.00	0.00	0.00	125.30
Mcal HMO Alameda Alliance for	16.20	0.00	0.00	0.00	0.00	0.00	16.20
Mcal HMO Blue Cross/60007	0.00	221.36	0.00	0.00	0.00	0.00	221.36

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Page 3

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Revenue Report by Payor Mix

Management Summary Report
Monthly and Fiscal Year to Date
June 2019

Financial Class	Number of Accounts	Percent of Total	Year to Date Total Accts.	Percent of Total YTD	Charges	Percent of Total	Year to Date Total Charges	Percent of Total YTD	Payments	Percent of Total	Year to Date Payments	Percent of Total YTD
Medicare	204	20.56%	2565	20.66%	\$275,422.51	19.84%	\$3,423,607.64	19.93%	\$114,717.64	20.19%	\$1,121,385.53	19.02%
Medicare HMO	207	20.87%	2536	20.43%	\$279,406.93	20.10%	\$3,401,054.81	19.79%	\$131,924.34	23.22%	\$1,122,867.79	19.05%
Medi-Cal	21	2.12%	187	1.51%	\$31,822.59	2.29%	\$283,280.94	1.65%	\$3,455.50	0.61%	\$45,351.79	0.77%
Medi-Cal HMO	134	13.51%	1544	12.44%	\$187,328.34	13.47%	\$2,143,838.16	12.48%	\$46,753.92	8.23%	\$313,584.89	5.32%
Insurance	145	14.62%	1132	9.12%	\$209,444.23	15.06%	\$1,569,078.74	9.13%	\$231,172.02	40.68%	\$2,677,609.08	45.43%
Private Pay	245	24.70%	3611	29.09%	\$360,570.06	25.93%	\$5,253,087.43	30.57%	\$40,212.74	7.08%	\$613,602.41	10.41%
Kaiser	0	0.00%	0	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
Other	36	3.63%	838	6.75%	\$47,300.02	3.40%	\$1,085,581.12	6.32%	\$0.00	0.00%	\$0.00	0.00%
Prior Sales					-\$925.13	-0.07%	\$21,886.19	0.13%				
Sub Total	992	100.00%	12413	100.00%	\$1,390,369.55	100.00%	\$17,181,415.03	100.00%	\$568,236.16	100.00%	\$5,894,401.49	100.00%
Dry Runs	0	0.00%	0	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
Total	992	100.00%	12413	100.00%	\$1,390,369.55	100.00%	\$17,181,415.03	100.00%	\$568,236.16	100.00%	\$5,894,401.49	100.00%

Charge Summary by Type of Service/Supply Category Provided

Charge Type by Billing Zone

Trip Date IS BETWEEN 01/01/2019 AND 06/30/2019; AND Company IS [REDACTED] Paramedic Service; AND Status IS Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Paramedic Service

Non Resident

<u>Charge Type</u>	<u>Count</u>	<u>Dollars</u>
Base Rate		
ALS1 Non Resident	556	\$916,894.04
ALS1 Resident	2	\$2,398.18
ALS2 Non Resident	8	\$13,192.72
ALS2 Resident	0	\$0.00
ALSM	15	\$6,750.00
BLSD Deceased PT	1	\$450.00
BLSE1 Non Resident	778	\$1,205,192.02
BLSE1 Resident	0	\$0.00
BLSM	4	\$1,400.00
Mileage		
MILE1	7,583	\$125,421.17
Misc. Supplies		
Bedding Pack-Disposable	69	\$138.00
Blanket -Fabric	50	\$500.00
Blanket-Disposable	5	\$40.00
Cold Pack	8	\$16.00
Defibrillation/Pacing Pads	1	\$50.00
Gloves (Pair)	6,742	\$13,484.00
Glucose Test Strips	499	\$1,996.00
MADD	3	\$18.00
Pillow	5	\$40.00
Sharps Tube Container	3	\$30.00
Soft Restraints Set	3	\$24.00
Spinal Immobilization	76	\$1,520.00
Spit Hood Sock	3	\$24.00
Splint Hip	3	\$174.00
Splint Large	1	\$60.00
Splint Medium	4	\$168.00
Splint Small	19	\$646.00
Suction Kit	5	\$60.00
EKG Monitoring Supplies		
12 Lead ECG/Acquisition	156	\$9,360.00
3 Lead ECG	459	\$918.00

Charge Type by Billing Zone

Trip Date IS BETWEEN 01/01/2019 AND 06/30/2019; AND Company IS [REDACTED] Paramedic Service; AND Status IS Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Oxygen		
Oxygen-Cannula	91	\$7,381.92
Oxygen-NRB Mask	20	\$1,622.40
IV Supplies		
EZ IO Kit Adult/Ped	4	\$872.00
EZ IO LD Needle	1	\$252.00
IV Solutions	57	\$456.00
IV Start Pack	261	\$4,176.00
Saline Lock	21	\$84.00
Medication		
Adenosine 12mg	1	\$180.00
Albuterol and Nebulizer	44	\$176.00
Aspirin 81mg	107	\$214.00
Benadryl	8	\$32.00
D50/Dextrose	4	\$48.00
EPI 1:10,000-10cc SYR	24	\$144.00
EPI 1:1000-30cc Vial	4	\$16.00
Glucagon	2	\$540.00
Glucose Oral	8	\$32.00
Narcan/Naloxone	27	\$1,080.00
Nitroglycerine Spray	79	\$316.00
Normal Saline Pillow and Nebul	28	\$112.00
Sodium Bicarb-50 mEq	2	\$12.00
Versed/Midazolam	11	\$44.00
Zofran	21	\$42.00
Misc. Services		
Additional Personnel	2	\$252.00
Airway-Combitube	2	\$340.00
Capnography	14	\$336.00
Defibrillation	3	\$165.00
Airway Supplies		
Airway- Nasal NP	3	\$18.00
Airway-ET Kit	2	\$256.00
Airway-Oral	4	\$16.00
BVM	12	\$264.00
Mask Set CPAP	1	\$100.00
Total for Non Resident	17,929	\$ 2,320,543.45

Charge Type by Billing Zone

Trip Date IS BETWEEN 01/01/2019 AND 06/30/2019; AND Company IS [REDACTED] Paramedic Service; AND Status IS Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Resident

<u>Charge Type</u>	<u>Count</u>	<u>Dollars</u>
Base Rate		
ALS1 Non Resident	0	\$0.00
ALS1 Resident	2,329	\$2,792,680.61
ALS2 Resident	37	\$44,366.33
ALSM	60	\$27,000.00
BLS1 Deceased PT	12	\$5,400.00
BLSE1 Non Resident	1	\$1,549.09
BLSE1 Resident	2,461	\$2,704,860.49
BLSM	2	\$700.00
Mileage		
MILE1	32,517	\$537,834.49
Misc. Supplies		
Bandaging Large	1	\$18.00
Bandaging Medium Triangular	2	\$12.00
Bandaging Small	11	\$22.00
Bedding Pack-Disposable	292	\$584.00
Blanket -Fabric	243	\$2,430.00
Blanket-Disposable	21	\$168.00
Cold Pack	17	\$34.00
Defibrillation/Pacing Pads	3	\$150.00
Gloves (Pair)	23,933	\$47,866.00
Glucose Test Strips	1,857	\$7,428.00
MADD	2	\$12.00
OB Kit	1	\$16.00
Pillow	24	\$192.00
Sharps Tube Container	5	\$50.00
Soft Restraints Set	4	\$32.00
Spinal Immobilization	121	\$2,420.00
Spit Hood Sock	1	\$8.00
Splint Hip	5	\$290.00
Splint Small	41	\$1,394.00
Suction Kit	12	\$144.00
Tourniquet	1	\$80.00
EKG Monitoring Supplies		
12 Lead ECG/Acquisition	922	\$55,320.00
3 Lead ECG	1,857	\$3,714.00

Charge Type by Billing Zone

Trip Date IS BETWEEN 01/01/2019 AND 06/30/2019; AND Company IS [REDACTED] Paramedic Service; AND Status IS Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Oxygen

Oxygen-Cannula	587	\$47,617.44
Oxygen-NRB Mask	128	\$10,383.36

IV Supplies

EZ IO Kit Adult/Ped	14	\$3,052.00
EZ IO LD Needle	6	\$1,512.00
IV Solutions	286	\$2,288.00
IV Start Pack	1,042	\$16,672.00
Saline Lock	102	\$408.00

Medication

Adenosine 12mg	12	\$2,160.00
Albuterol and Nebulizer	249	\$996.00
Amiodarone	7	\$42.00
Aspirin 81mg	490	\$980.00
Benadryl	4	\$16.00
D50/Dextrose	38	\$456.00
EPI 1:10,000-10cc SYR	104	\$624.00
EPI 1:1000-30cc Vial	4	\$16.00
Glucagon	14	\$3,780.00
Glucose Oral	17	\$68.00
Lidocaine-100mg	7	\$42.00
Narcan/Naloxone	47	\$1,880.00
Nitroglycerine Spray	429	\$1,716.00
Normal Saline Pillow and Nebul	107	\$428.00
Sodium Bicarb-50 mEq	12	\$72.00
Versed/Midazolam	34	\$136.00
Zofran	81	\$162.00

Airway Supplies

Airway- Nasal NP	19	\$114.00
Airway-ET Kit	10	\$1,280.00
Airway-Oral	12	\$48.00
BVM	53	\$1,166.00
Mask Aerosol	4	\$16.00
Mask Set CPAP	26	\$2,600.00

Misc. Services

Additional Personnel	3	\$378.00
Airway-Combitube	5	\$850.00
Capnography	37	\$888.00
Defibrillation	15	\$825.00

Charge Type by Billing Zone

Trip Date IS BETWEEN 01/01/2019 AND 06/30/2019; AND Company IS [REDACTED] Paramedic Service; AND Status IS Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed...

Medication Supplies		
Mask N95	3	\$12.00
Total for Resident	70,803	\$ 6,340,458.81
<hr/>		
Grand Total for [REDACTED] Paramedic Service		
	88,732	\$ 8,661,002.25

Year-to-Date Revenue Report

City of
Year to Date
Revenue Report

	CHARGES BILLED	MCARE WRITE DOWNS	MCAL WRITE DOWNS	MEMBERSHIP WRITE DOWNS	OTHER CONTRACTUAL WRITE DOWNS	NET CHARGES BILLED	PAYMENTS	REFUNDS	NET RECEIPTS	BAD DEBT W/O'S	W/O'S	ADJ	NEW A/R BALANCE
JULY '18	\$ 1,557,589.01	\$ 384,373.56	\$ 254,798.73	\$ 36,253.22	\$ 7,322.00	\$ 874,841.50	\$ 470,997.74	\$ 7,517.37	\$ 463,480.37	\$ 125,324.84	\$ (1,843.86)	\$ 180.49	\$ 4,416,303.48
AUGUST '18	\$ 1,469,570.78	\$ 440,528.72	\$ 276,233.40	\$ 33,688.40	\$ 9,303.16	\$ 709,817.10	\$ 468,289.98	\$ 4,737.24	\$ 463,552.74	\$ 115,140.52	\$ 3,040.97	\$ 694.42	\$ 4,545,080.77
SEPTEMBER '18	\$ 1,310,986.04	\$ 414,344.50	\$ 248,572.65	\$ 28,328.49	\$ 6,183.87	\$ 613,556.53	\$ 457,517.83	\$ -	\$ 457,517.83	\$ 92,154.07	\$ 1,620.37	\$ 375.47	\$ 4,607,720.50
OCTOBER '18	\$ 1,388,788.46	\$ 460,142.29	\$ 297,493.96	\$ 46,115.01	\$ 7,123.97	\$ 577,913.23	\$ 679,209.22	\$ 9,478.29	\$ 669,730.93	\$ 107,290.11	\$ 390.37	\$ 1,560.87	\$ 4,409,783.19
NOVEMBER '18	\$ 1,333,491.33	\$ 421,349.56	\$ 220,733.12	\$ 28,038.28	\$ 7,362.10	\$ 537,577.87	\$ 515,820.37	\$ -	\$ 444,885.36	\$ 93,192.22	\$ 44.54	\$ 586.14	\$ 4,457,320.47
DECEMBER '18	\$ 1,451,159.57	\$ 516,512.61	\$ 401,676.62	\$ 21,115.24	\$ 9,361.07	\$ 718,959.92	\$ 424,191.74	\$ -	\$ 336,859.51	\$ 141,362.99	\$ 183.18	\$ 2,206.56	\$ 4,396,283.15
JANUARY '19	\$ 1,468,241.70	\$ 463,695.85	\$ 265,813.73	\$ 30,467.30	\$ 10,894.60	\$ 697,370.22	\$ 483,114.25	\$ 14,534.33	\$ 468,579.92	\$ 113,932.94	\$ 1,827.04	\$ 639.72	\$ 4,509,953.19
FEBRUARY '19	\$ 1,333,832.28	\$ 453,747.79	\$ 308,130.96	\$ 23,501.33	\$ 3,660.24	\$ 544,791.96	\$ 360,690.06	\$ 2,470.35	\$ 358,219.71	\$ 148,991.93	\$ 4,656.60	\$ 605.69	\$ 4,543,482.60
MARCH '19	\$ 1,526,585.38	\$ 369,953.68	\$ 199,149.83	\$ 36,333.03	\$ 10,376.80	\$ 910,772.04	\$ 471,513.57	\$ 2,330.56	\$ 469,183.01	\$ 73,337.07	\$ 1,782.71	\$ 1,558.74	\$ 4,911,310.59
APRIL '19	\$ 1,403,190.25	\$ 469,301.03	\$ 245,116.28	\$ 28,830.81	\$ 16,417.91	\$ 643,524.22	\$ 536,015.97	\$ -	\$ 536,015.97	\$ 153,498.80	\$ 7,004.68	\$ 6,950.15	\$ 4,865,465.51
MAY '19	\$ 1,547,610.68	\$ 529,028.81	\$ 329,120.78	\$ 23,001.26	\$ 10,233.27	\$ 656,226.56	\$ 458,712.26	\$ -	\$ 458,712.26	\$ 254,852.58	\$ 10,404.40	\$ 1,024.72	\$ 4,798,747.55
JUNE '19	\$ 1,390,369.55	\$ 391,218.46	\$ 234,637.98	\$ 43,529.90	\$ 9,870.90	\$ 711,112.31	\$ 568,236.15	\$ 8,567.66	\$ 559,668.49	\$ 132,260.67	\$ 8,382.80	\$ 2,655.99	\$ 4,812,203.89
YEAR TO DATE TOTALS	\$ 17,181,415.03	\$ 5,314,196.86	\$ 3,281,478.04	\$ 379,202.27	\$ 108,109.89	\$ 8,196,463.46	\$ 5,894,309.14	\$ 49,635.80	\$ 5,686,406.10	\$ 1,551,338.74	\$ 37,493.80	\$ 19,038.96	
YTD PERCENTAGE OF REVENUE		30.93%	19.10%	2.21%	0.63%	47.71%	34.31%	0.29%	33.10%	9.03%	0.71%	0.11%	
YTD PERCENTAGE OF NET REVENUE									69.38%				

GEMT-Nevada Report (with ICN)

GEMT-Nevada with ICN

Trip Date IS BETWEEN 07/01/2018 AND 06/30/2019, AND Company IS North Las Vegas Fire Department; AND Status IS Assigned OR Billed OR Closed OR Complete OR MCC New Call OR MCC New Will Call OR MCC Review OR MCC Will Call OR Not Billed OR On Hold...

North Las Vegas Fire Department

Trip Date	Customer	Primary Payor	Gross Charges	Contractual Allowances	Net Charges	Revenue Adjustments	Payments	Write-Offs	Current Payor	Call Type	Nature/Type of Call	ICN
2018-07-01		Medicaid Nevada	\$1,145.24	\$1,008.19	\$137.05	\$0.00	\$137.05	\$0.00	Medicaid Nevada	BLSE Code 3	Disorder-Behavior	
2018-07-01		Medicaid HMO Health	\$1,228.97	\$951.53	\$275.44	\$0.00	\$275.44	\$0.00	Medicaid HMO Health Plan of Nevada/ALST Code 3		Injury-Unspecified Injury	
2018-07-01		Bill Patient	\$1,078.62	\$0.00	\$1,078.62	\$0.00	\$0.00	\$1,078.62	Bill Patient	ALST Code 3	Shortness of Breath	
2018-07-01		Bill Patient	\$1,056.23	\$0.00	\$1,056.23	\$0.00	\$0.00	\$1,056.23	Bill Patient	BLSE Code 3	Nausea-Alone	
2018-07-01		Medicare Nevada	\$1,204.58	\$788.62	\$415.96	\$0.00	\$415.96	\$0.00	Bill Patient	BLSE Code 3	Hemorrhage-Unspecified	
2018-07-01		Medicare Nevada	\$1,137.96	\$775.09	\$362.87	\$0.00	\$362.87	\$0.00	Medicare Nevada	ALST Code 3	Pain-Backache Unspecified	
2018-07-01		Medicaid HMO Health	\$1,056.23	\$859.17	\$197.06	\$0.00	\$197.06	\$0.00	Medicaid HMO Health Plan of Nevada/BLSE Code 3		Injury-Knee Right	
2018-07-01		Medicaid Nevada	\$1,375.32	\$1,181.27	\$194.05	\$0.00	\$194.05	\$0.00	Medicaid Nevada	ALST Code 3	Syncope And Collapse	
2018-07-01		Medicaid Nevada	\$1,228.97	\$1,045.87	\$181.10	\$0.00	\$181.10	\$0.00	Medicaid Nevada	ALST Code 3	Vomiting-With Nausea	
2018-07-01		Medicaid HMO	\$1,263.92	\$1,033.88	\$230.24	\$0.00	\$230.24	\$0.00	Medicaid HMO Amerigroup Nevada	BLSE Code 3	Poisoning-Unspcd	
2018-07-01		Medicare Nevada	\$1,382.60	\$923.12	\$459.48	\$0.00	\$459.48	\$0.00	BCBS of Nevada/5747	BLSE Code 3	Disorder-Behavioral/Conduct U	
2018-07-01		Medicaid HMO Health	\$1,268.31	\$1,001.39	\$264.92	\$0.00	\$264.92	\$0.00	Medicaid HMO Health Plan of Nevada/ALST Code 3		Pain-Back/Low	
2018-07-01		Medicaid Nevada	\$1,530.95	\$1,351.52	\$179.43	\$0.00	\$179.43	\$0.00	Medicaid Nevada	BLSE Code 3	Suicidal Ideations	
2018-07-01		Medicaid Nevada	\$1,228.97	\$1,045.87	\$181.10	\$0.00	\$181.10	\$0.00	Medicaid Nevada	ALST Code 3	Poisoning-Oxycodone/Intentional	
2018-07-02		Medicaid HMO	\$1,352.93	\$1,108.47	\$244.46	\$0.00	\$244.46	\$0.00	Medicaid HMO Amerigroup Nevada	BLSE Code 3	Pain-Leg Right/lower	
2018-07-02		Medicaid Nevada	\$1,056.23	\$932.90	\$123.33	\$0.00	\$123.33	\$0.00	Medicaid Nevada	BLSE Code 3	Pain-Facial	
2018-07-02		Medicaid HMO	\$1,228.97	\$748.11	\$478.86	-\$0.03	\$298.89	\$180.00	Bill Patient	ALST Code 3	Hypertension-Unspcd	

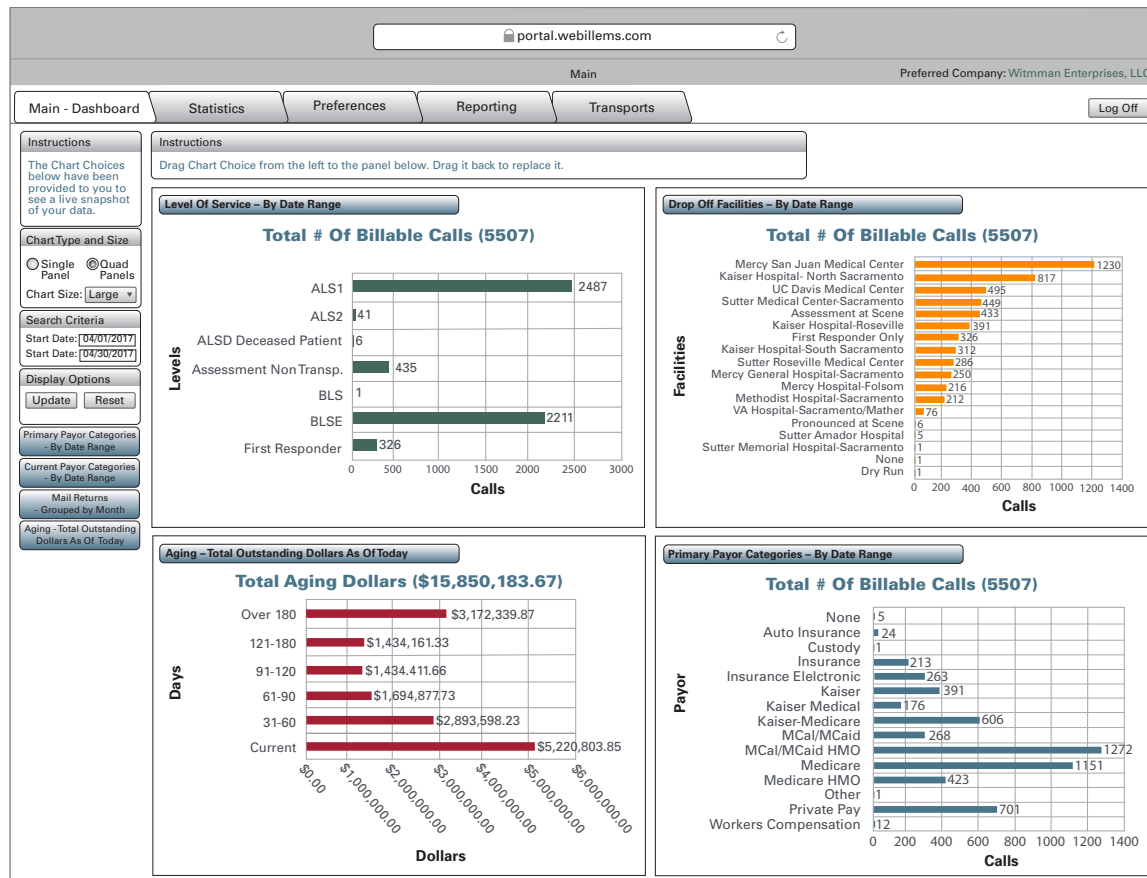
RescueNet™

Printed On: 11/13/2019 at 4:48:41PM

\\ZOLL\CENTRAL\SHARE\RESCUENET\REPORTS\32\CLIENT LIAISON\GEMT\NV\CALLDET\27111.RPT

Page 1

Client Portal – Main Dashboard



Client Portal – Reporting

portal.witbillem.com

Main
Preferred Company: Witman Enterprises, LLC

Main - Dashboard
Statistics
Preferences
Reporting
Transports
Log Off

Instructions
Select a report to view below and then choose your options and then click Display Report.

Report Selector
Activity Summary by Payor Category
Activity Summary by Vehicle
Activity Summary Grouped by Vehicle
Aging Detail by Current Payor
Call Type Count by Patient Age
Cash Receipts Journal by Date Posted
Cash Receipts Journal SubReport
Charge List
Charge Type Detail
Chief Complaint Count by Client Age
Closing Balance Summary
Credit Type Detail
Dry Run Report
Month End Sales Journal Detail
Patients under 18
Ticket Survey by Payor Category
Ticket Survey Detail by Trip Date
Ticket Survey Summary by Trip Date

Report Description
This trip date-based accounting report, which is grouped by primary payor, displays all charges and credits, as well as balance and average totals.

Search Criteria
Start Date: 04/01/2017 *Required
Start Date: 04/30/2017 *Required

Display Options
Display Report
Start Over

Report Viewer

Report Run On: 6/29/17 at 3:17:05 PM

Sample Company Name
Activity Summary Payor Category: (Date From: 04/01/2017–04/30/2017)

Profit Center: [none]

Payor Category	# of Trips	Gross Charge	Contr. Allow	Net Charges	Rev. Adj.	Payments	Write-Offs	Refunds	Balance	Average
Insurance	903	1,621,707.06	30,122.52	1,591,584.54	0.00	996,686.20	275.58	5,008.92	599,631.68	1,762.55
Medicare	2,180	4,430,100.50	3,481,092.99	949,007.51	1,002.97	846,496.07	1,102.32	415.43	100,821.58	435.32
Medi-Cal/Medicaid	1,716	3,064,905.84	2,805,268.64	259,637.20	-0.89	178,183.58	23,009.93	145.67	58,590.25	151.30
Private	707	845,906.94	0.00	845,906.94	2,161.53	27,640.02	46,531.35	0.00	769,574.04	1,196.47
Custody	1	1,735.91	1,337.77	398.14	0.00	398.14	0.00	0.00	0.00	398.14
Sub-Totals for: [none]	5,507	\$9,964,356.25	\$6,317,821.92	\$3,646,534.33	\$3,163.61	\$2,049,404.01	\$70,919.18	\$5,570.02	\$0.00	\$398.14

Report Courtesy of Witman Enterprises, LLC
Page 1 of 3

Appendix 2: Sample Documents

(Proprietary and Confidential)

Insurance Information Request

CITY FIRE DEPARTMENT
PO BOX 269110
SACRAMENTO, CA 95826-9110



TELEPHONE NUMBER: (800) 906-6552
Pacific Standard Time - 8:00am to 4:30pm

INCIDENT NUMBER: 11-23456

RUN NUMBER: 11-098765

WMN0517A AUTO SCH 3-DIGIT 926
7000000940 01.0005.0106 940/1



ROSE MARTIN
123 ANY STREET
ANY WHERE, USA 12345-1234



CITY FIRE DEPARTMENT
PO BOX 269110
SACRAMENTO, CA 95826-9110

RE: Incident Number 11-23456
Date of Service: 04/01/2011
Balance Due: \$1400.00

Por favor llame a nuestra oficina con la
informacion de su aseguransa.

Dear Rose Martin,

In order to bill for your recent Emergency Medical Service, please fill out the form below and return it to our office as soon as possible. Please include a front and back copy of your insurance card if possible. We will not be able to bill your Medicare, Medi-Cal/Medicaid, or Health Insurance until we receive this information. Ultimately, you will be held responsible for all charges.

Health Insurance:

Insurance Name: _____ Phone #: () _____

ID# or Member #: _____ Group #: _____

Subscriber: _____ Subscriber Date of Birth: ____/____/____

Auto Insurance (if applicable):

Auto Insurance Name: _____

Policy #: _____ Claim #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: () _____

Attorney or 3rd party(ie) Work Comp (if applicable):

Attorney Name/Insurance Name: _____ ID# or Claim #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: () _____ Contact: _____

Employers Name (Work Comp): _____

Authorization for release of Medical Information:

I authorize any holder of Medical information about me to release to Medicare, Medicaid and any insurance, as well as the provider of this service, any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, whether in the past, now or in the future.







Signature of Patient, Parent or Guardian

Date

Print Name

FOR BILLING INQUIRIES CALL 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm.
You may also submit insurance information at <http://WWW.WEBILLEMS.COM/SECURE>

Invoice

MAKE CHECKS PAYABLE TO:		CREDIT CARD CHOICES									
CITY FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95826-9110 		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> VISA  </div> <div style="text-align: center;"> <input type="checkbox"/> MasterCard  </div> </div>									
FOR BILLING INQUIRIES CALL: 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CARD NUMBER</td> <td style="width: 50%;">* SECURITY CODE</td> <td style="width: 50%;">AMOUNT</td> </tr> <tr> <td colspan="2">SIGNATURE</td> <td>EXP. DATE</td> </tr> </table>		CARD NUMBER	* SECURITY CODE	AMOUNT	SIGNATURE		EXP. DATE		
CARD NUMBER	* SECURITY CODE	AMOUNT									
SIGNATURE		EXP. DATE									
RUN NO: 12-12345 INCIDENT NO: 12345678 DATE OF SERVICE: 03/10/2011		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">RUN NUMBER</th> <th style="width: 25%;">STATEMENT DATE</th> <th style="width: 25%;">DUE DATE</th> <th style="width: 25%;">AMOUNT DUE</th> </tr> <tr> <td>12-12345</td> <td>07/05/2011</td> <td>08/01/2011</td> <td>75.25</td> </tr> </table>		RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE	12-12345	07/05/2011	08/01/2011	75.25
RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE								
12-12345	07/05/2011	08/01/2011	75.25								
ADDRESSEE: WMN0705A AUTO MIXED AADC 926 7000001234 01.0005.0284 1234/1 		PLEASE REMIT TO:  CITY FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95826-9110									
 JANE DOE 123 STREET ANY WHERE, USA 12345-1234		* LAST THREE DIGITS ON BACK OF CREDIT CARD. \$									

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

INVOICE

INCIDENT NO. 12345678
 RUN NO. 12-12345

Page 1 of 1
 DATE OF SERVICE: 03/10/2011

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Payment-Check	198765432			07/01/2011	-12.62
Payment-Check	198765432			07/01/2011	-288.38
Basic Ambulance Service		1	1,300.00		1,300.00
Mileage		3	18.00		41.40
Cervical Collar		1	24.00		24.00
Body Substance Isolation		1	20.00		20.00
Pulse Ox		1	15.00		15.00
Contractual Allowance					-1,024.15
					TOTAL AMOUNT DUE
					75.25

PICKUP LOCATION:
 123 ANY STREET ANY WHERE, USA 12345-1234







DROPOFF LOCATION:
 HOSPITAL




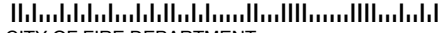
Your insurance has paid their portion of these charges. The balance is your responsibility. If you have supplemental insurance which covers this amount, or wish to setup payment arrangements, please contact our billing office. Thank you

CITY FIRE DEPARTMENT
 PO BOX 269110
 SACRAMENTO, CA 95826-9110

PATIENT: JANE DOE

FOR BILLING INQUIRIES CALL 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm.
 You may also submit insurance information at <http://WWW.WEBILLEMS.COM/SECURE>

MAKE CHECKS PAYABLE TO:		CREDIT CARD CHOICES																																					
CITY FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95826-9110  FOR BILLING INQUIRIES CALL: 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm RUN NO: 12-12345 INCIDENT NO: 12345678 DATE OF SERVICE: 03/10/2011		<div style="display: flex; justify-content: space-around;"><div></div><div></div></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">CARD NUMBER</td><td style="width: 20%;">SECURITY CODE</td><td style="width: 20%;">AMOUNT</td></tr><tr><td colspan="2">SIGNATURE</td><td>EXP. DATE</td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;">RUN NUMBER</td><td style="width: 25%;">STATEMENT DATE</td><td style="width: 25%;">DUE DATE</td><td style="width: 25%;">AMOUNT DUE</td></tr><tr><td>12-12345</td><td>07/05/2011</td><td>08/01/2011</td><td></td></tr></table> <div style="text-align: right;">AMOUNT PAID \$ 1400.40</div> <p style="font-size: small;">* LAST THREE DIGITS ON BACK OF CREDIT CARD.</p>		CARD NUMBER	SECURITY CODE	AMOUNT	SIGNATURE		EXP. DATE	RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE	12-12345	07/05/2011	08/01/2011																							
CARD NUMBER	SECURITY CODE	AMOUNT																																					
SIGNATURE		EXP. DATE																																					
RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE																																				
12-12345	07/05/2011	08/01/2011																																					
ADDRESSEE:		PLEASE REMIT TO:																																					
WMN0705A AUTO MIXED AADC 926 7000001234 01.0005.0284 1234/1   JANE DOE 123 STREET ANY WHERE, USA 12345-1234		 CITY FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95826-9110																																					
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT		SEE REVERSE SIDE FOR ADDITIONAL INFORMATION																																					
<h2 style="margin: 0;">INVOICE</h2>																																							
INCIDENT NO. 12345678		Page 1 of 1																																					
RUN NO. 12-12345		DATE OF SERVICE: 03/10/2011																																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 45%;">DESCRIPTION</th><th style="width: 10%;">CHECK #</th><th style="width: 10%;">QUANTITY</th><th style="width: 15%;">COST PER UNIT</th><th style="width: 10%;">DATE</th><th style="width: 10%;">TOTAL CHARGE</th></tr></thead><tbody><tr><td>Basic Ambulance Service</td><td></td><td>1</td><td>1,300.00</td><td></td><td>1,300.00</td></tr><tr><td>Mileage</td><td></td><td>3</td><td>18.00</td><td></td><td>41.40</td></tr><tr><td>Cervical Collar</td><td></td><td>1</td><td>24.00</td><td></td><td>24.00</td></tr><tr><td>Body Substance Isolation</td><td></td><td>1</td><td>20.00</td><td></td><td>20.00</td></tr><tr><td>Pulse Ox</td><td></td><td>1</td><td>15.00</td><td></td><td>15.00</td></tr></tbody></table>		DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE	Basic Ambulance Service		1	1,300.00		1,300.00	Mileage		3	18.00		41.40	Cervical Collar		1	24.00		24.00	Body Substance Isolation		1	20.00		20.00	Pulse Ox		1	15.00		15.00		
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Pulse Ox		1	15.00		15.00																																		
PICKUP LOCATION: 123 ANY STREET ANY WHERE, USA		DROPOFF LOCATION: HOSPITAL																																					
		TOTAL AMOUNT DUE 1400.40																																					
This bill is separate from your hospital bill. Please inform us of any Insurance, Medicare, Medicaid/Medi-Cal. Please contact our billing office at 800-906-6552.																																							
CITY FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95826-9110		PATIENT: JANE DOE																																					
FOR BILLING INQUIRIES CALL 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm. You may also submit insurance information at http://WWW.WEBILLEMS.COM/SECURE																																							

MAKE CHECKS PAYABLE TO:		CREDIT CARD CHOICES	
CITY OF FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95628-9110 		<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
FOR BILLING INQUIRIES CALL: 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm		CARD NUMBER _____	* SECURITY CODE _____
RUN NO: 12-33333 INCIDENT NO: 15544554 DATE OF SERVICE: 03/10/2011		AMOUNT _____	
ADDRESSEE:		PLEASE REMIT TO:	
WMN0705A AUTO SCH 3-DIGIT 956 7000000020 01.0001.0027 27/1   JOHN DOE 123 STREET ANY WHERE, USA 12345-1234		 CITY OF FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95628-9110	
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT		SEE REVERSE SIDE FOR ADDITIONAL INFORMATION	

PAST DUE

INCIDENT NO. 15544554
 RUN NO. 12-33333

Page 1 of 1
 DATE OF SERVICE: 03/10/2011

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Payment-Check				06/13/2011	-787.85
Advanced Ambulance Service		1	1,140.00		1,140.00
Mileage		16	22.00		352.00
Oxygen		1	60.00		60.00
EKG Monitoring		1	30.00		30.00
King Tube		1	54.00		54.00
Supply Charge ALS2		1	92.00		92.00
Contractual Allowance					-920.15
					TOTAL AMOUNT DUE
					20.00

PICKUP LOCATION:
 123 ANY STREET ANY WHERE USA

DROPOFF LOCATION:
 HOSPITAL







This balance is now past due and requires your attention. If you have questions about this balance or need to set up a payment plan, contact our billing office immediately. Para preguntas de facturación en español llame al 1(800)906-6552 y oprima 1.

CITY OF FIRE DEPARTMENT
 PO BOX 269110
 SACRAMENTO, CA 95628-9110

PATIENT: JOHN DOE

FOR BILLING INQUIRIES CALL 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm.
You may also submit insurance information at <http://WWW.WEBILLEMS.COM/SECURE>

Past Due

MAKE CHECKS PAYABLE TO:		CREDIT CARD CHOICES															
CITY OF FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95628-9110  FOR BILLING INQUIRIES CALL: 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm RUN NO: 12-33333 INCIDENT NO: 15544554 DATE OF SERVICE: 03/10/2011		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> VISA  </div> <div style="text-align: center;"> <input type="checkbox"/> MasterCard  </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CARD NUMBER</td> <td style="width: 20%;">SECURITY CODE</td> <td style="width: 20%;">AMOUNT</td> </tr> <tr> <td colspan="2">SIGNATURE</td> <td>EXP. DATE</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">RUN NUMBER</th> <th style="width: 25%;">STATEMENT DATE</th> <th style="width: 25%;">DUE DATE</th> <th style="width: 25%;">AMOUNT DUE</th> </tr> <tr> <td>12-33333</td> <td>07/05/2011</td> <td>08/01/2011</td> <td>20.00</td> </tr> </table> <p style="font-size: small;">* LAST THREE DIGITS ON BACK OF CREDIT CARD.</p> <div style="text-align: right;"> AMOUNT PAID \$ </div>		CARD NUMBER	SECURITY CODE	AMOUNT	SIGNATURE		EXP. DATE	RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE	12-33333	07/05/2011	08/01/2011	20.00
CARD NUMBER	SECURITY CODE	AMOUNT															
SIGNATURE		EXP. DATE															
RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE														
12-33333	07/05/2011	08/01/2011	20.00														
ADDRESSEE:		PLEASE REMIT TO:															
WMN0705A AUTO SCH 3-DIGIT 956 7000000020 01.0001.0027 27/1   JOHN DOE 123 STREET ANY WHERE, USA 12345-1234		 CITY OF FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95628-9110															

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PAST DUE

INCIDENT NO. 15544554
 RUN NO. 12-33333

Page 1 of 1
 DATE OF SERVICE: 03/10/2011

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Payment-Check				06/13/2011	-787.85
Advanced Ambulance Service		1	1,140.00		1,140.00
Mileage		16	22.00		352.00
Oxygen		1	60.00		60.00
EKG Monitoring		1	30.00		30.00
King Tube		1	54.00		54.00
Supply Charge ALS2		1	92.00		92.00
Contractual Allowance					-920.15
					TOTAL AMOUNT DUE
					20.00

PICKUP LOCATION:
 123 ANY STREET ANY WHERE USA

DROPOFF LOCATION:
 HOSPITAL





This balance is now past due and requires your attention. If you have questions about this balance or need to set up a payment plan, contact our billing office immediately. Para preguntas de facturación en español llame al 1(800)906-6552 y oprima 1.

CITY OF FIRE DEPARTMENT
 PO BOX 269110
 SACRAMENTO, CA 95628-9110

PATIENT: JOHN DOE

FOR BILLING INQUIRIES CALL 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm.
 You may also submit insurance information at <http://WWW.WEBILLEMS.COM/SECURE>

Final Notice

MAKE CHECKS PAYABLE TO:	
CITY FIRE DEPARTMENT PO BOX 269110 SACRAMENTO CA 95826-9110	
	
FOR BILLING INQUIRIES CALL: 1(800) 906-6552 PST - 8:00am to 4:30pm	
RUN NUMBER: 13-123456 INCIDENT NO: 1234567 DATE OF SERVICE: 09/03/2013	
NAME: [REDACTED]	
WMN0112A 3000000021 00.0000.0018 21/1 	
 JANNIE DOE 123 ANY STREET ANY WHERE, CA 12345	
PLEASE REMIT TO:	
 CITY FIRE DEPARTMENT PO BOX 269110 SACRAMENTO CA 95826-9110	
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT	
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION	

FINAL NOTICE

INCIDENT NO: 1234567
RUN NUMBER: 13-123456

DATE OF SERVICE: 09/03/2013

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Advanced Ambulance Transport		1	1,148.90		1,148.90
Mileage		23	22.62		520.26
Oxygen		1	128.10		128.10

PICKUP LOCATION	DROPOFF LOCATION:	TOTAL AMOUNT DUE
123 ANY STREET ANY WHERE, CA 12345	HOSPITAL	1,797.26

This balance is seriously past due. Payment in full or acceptable payment arrangements must be made immediately. Contact our billing company within 14 days or further action may be taken. Para preguntas de facturación en español llame a nuestra oficina.

CITY FIRE DEPARTMENT
PO BOX 269110
SACRAMENTO, CA 95826-9110

PATIENT: JANNIE DOE

FOR BILLING INQUIRIES CALL 1(800) 906-6552 PST - 8:00am to 4:30pm.
You may also submit insurance information at www.webillems.com/secure



WITTENT-01

JROTH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/23/2020

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 Western Elite Insurance Solutions 130 Diamond Creek Place, Suite 2 Roseville, CA 95747	CONTACT NAME: PHONE (A/C, No, Ext): (916) 259-6900 FAX (A/C, No): (866) 206-8646 E-MAIL ADDRESS: certificates@westerneliteins.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Continental Casualty Company	
INSURER B : Continental Insurance Company	
INSURER C : Employers Preferred Insurance Company	
INSURER D : AXIS Surplus Insurance Company	
INSURER E : Travelers Casualty Insurance Co of Amer	
INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			B6020067350	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EPLI FIDUCIARY \$ 10,000
	OTHER:						
B	AUTOMOBILE LIABILITY			BUA6020067395	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			B6020067431	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						Agg \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EIG4533164 00	7/1/2020	7/1/2021	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Cyber Liability			P00100004271102	11/7/2019	11/7/2020	Aggregate/Limit \$ 2,000,000
E	E&O / Professional L			107019103	1/1/2020	1/1/2021	Each Claim/Agg \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of North Las Vegas
2250 Las Vegas Boulevard North
North Las Vegas, NV 89030

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