

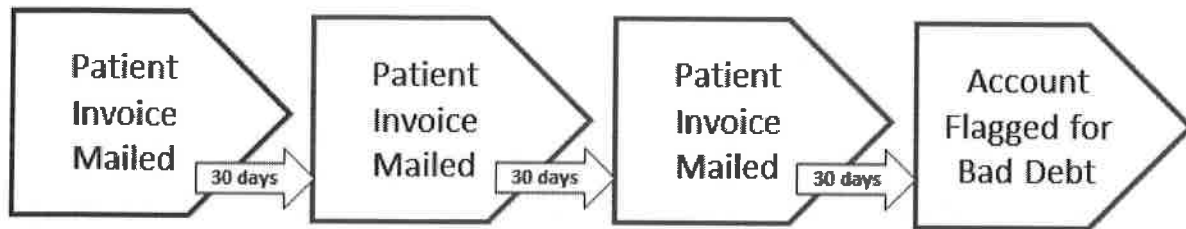
activity. Claims identified as not pending payment, along with the status and explanation, will be shared with LFD.

We take care in addressing each patient as if they were our own family member. Taking the time to explain the bill to the patient, why they are receiving it and the options they have are what we specialize in. While our goal is to collect maximum revenue for your service, these are your neighbors and community members, and we want to enhance their experience. Our approach has resulted in a self-pay collection rate of 8-10%, while the industry standard is 3-4%.

Patient Invoices

Patient Invoices or Statements

Invoices are mailed throughout the billing process and copies of the invoices are available 24/7 in AMB's system to authorized employees.



Patient statements will be sent every 30 days, or according to LFD's guidelines. If no payment is made upon completion of the statement process, AMB will pursue a collection agency process or bad debt write off as instructed by LFD. AMB can work to ensure the process for transferring collection accounts. In addition, AMB can work with any collection agency that LFD may choose or upon award of the contract, AMB can assist with the assignment of a collection agency and establish the processes to be implemented.

We will work together with LFD to discuss the format of the invoices as well as documentation and distribution of the billing process to patients. The patient invoices can be customized with LFD logo; this and other details will be discussed during implementation.

A sample of our easy-to-read and understand patient invoice is included below. The effective use of invoices is critical in the collection of patient payments and insurance information. Our clear and well-designed statements are proven to be extremely successful in attracting patient response. Envelopes are included with each invoice mailed.

All patient invoices are in accordance with Medicare, Medicaid, and other applicable laws and regulations including the Fair Debt Collection Practices Act (although this Act primarily applies to past-due debt, which is handled by a bad debt collection agency).

Sample Patient Invoice – First & Second Statement, Front

Your logo here


 Provider
 12345 Main Street
 Anywhere KY 40245

 This is a bill for Ambulance
 Transportation Services

Patient JOHN DOE

Account # 123456789

Statement Date 2/22/22

Here is what you owe for these services

 All Insurance has been filed.
 The remaining balance is
 your responsibility.
3 Ways To Pay
 @ Online
RECOMMENDED
<http://www.ambmarspayment.com>


USA: 844-889-7701

 Calling Outside the USA: 270-744-9500
 Office Hours: 7:30AM - 4:00PM CST


Detach coupon & Mail Payment

Charges
 \$436.00

**Payments &
Adjustments**
 -\$358.90

**Your
Balance**
 \$77.10

*Include your customized message

 Si usted habla español y tienen dificultades interpreting su cuenta, por favor
 comuníquese con nuestra oficina al 844-889-7701 para una aclaración.

Please return BOTTOM portion with payment in supplied envelope


 Provider
 PO Box 9150
 Paducah, KY 42002-9150
 RETURN SERVICE REQUESTED

 Please call 844-889-7701 to pay by Credit Card or
 pay online at <https://www.credit-bureau.com/amb/pay>
PAYMENT COUPON
 Statement Date: 2/22/22
 Account Number: 123456789
 Patient Name: John Doe

AMOUNT DUE
\$77.10

Amount Enclosed

 \$
☐ Please check box if address is incorrect or if insurance information has
 changed. Please make corrections on the reverse side.

Stmnt ID#: 1132402479

 JOHN DOE
 12345 MAIN STREET
 ANYWHERE, KY 40245

Please make checks payable and mail to the address below:

 Provider
 PO Box 9150
 Paducah, KY 42002-9150

First & Second Statement, Back**Here is a breakdown of your charges.****Important Message**

Questions or concerns regarding your bill: Please call patient services at 844-889-7701 or email at questions@marsbilling.com

Please note the following regarding this statement ...

This statement has been sent to you by Ambulance Medical Billing (AMB). AMB is the authorized billing agent for Provider. Please contact AMB directly for all billing related matters.

If we received your insurance information, we have filed to your insurance. You are receiving this statement as a result of one of the following:

1. The balance showing due is an amount not covered by your insurance carrier or we have no insurance on file.
2. Your claim has been denied by your carrier due to an error. It is very important that you contact us as soon as possible so that we can re-file your claim with the correct information.
3. We have filed your claim on at least three occasions with your carrier and they have failed to respond.

If you believe that your insurance carrier should have paid the balance shown due, please contact us as soon as possible to discuss the matter.

ABC-123456-1111-00:1

12/28/21	A0427 - ADVANCED LIFE SUPPORT EMER	JOHN	400.00
12/28/21	A0425 - GROUND MILEAGE (ALS)	JOHN	36.00

Please contact AMB Patient Services to obtain an itemized list of payments and adjustments

IF WE DO NOT HAVE YOUR INFORMATION, OR IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

PATIENT INFORMATION

Your Name (Last, First, Middle Initial)		Date of Birth
Address		
City	State	Zip
Telephone		
Social Security #		
Employer's Name		Telephone
Employer's Address		
City	State	Zip
Please Indicate if Applicable:		Date of Injury
<input type="checkbox"/> AUTO ACCIDENT <input type="checkbox"/> WORKER'S COMPENSATION		

INSURANCE INFORMATION

Your PRIMARY Insurance Company's Name		
Primary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	
Your SECONDARY Insurance Company's Name		
Secondary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	

Third Statement, Front

Your logo here



Provider
12345 Main Street
Anywhere KY 40245

THIRD NOTICE - FINAL NOTICE



This is a bill for Ambulance
Transportation Services

Patient JANE DOE

Account # 987654321

Statement Date 2/22/22

All Insurance has been filed.
The remaining balance is
your responsibility.

3 Ways To Pay

@ Online

RECOMMENDED

<http://www.ambmarspayment.com>



USA: 844-889-7701

Calling Outside the USA: 270-744-9600
Office Hours: 7:30AM - 4:00PM CST



Detach coupon & Mail Payment

Here is what you owe for these services



Charges

\$652.00



Payments &
Adjustments

-\$587.86



Your
Balance

\$64.14

**Include your customized message*

Si usted habla español y tienen dificultades interpreting su cuenta, por favor comuníquese con nuestra oficiana al 844-889-7701 para una aclaracion.

Please return BOTTOM portion with payment in supplied envelope



Provider
PO Box 9150
Paducah, KY 42002-9150
RETURN SERVICE REQUESTED



Please call 844-889-7701 to pay by Credit Card or
pay online at <https://www.credit-bureau.com/amb/pay>

PAYMENT COUPON

Statement Date: 2/22/22
Account Number: 987654321
Patient Name : JANE DOE

AMOUNT DUE
\$64.14

Amount Enclosed \$

☐ Please check box if address is incorrect or if insurance information has changed. Please make corrections on the reverse side.

Stmt ID#: 1132402480

JANE DOE
12345 EAST MAIN STREET
ANYWHERE, KY 40245

Please make checks payable and mail to the address below:

Provider
PO Box 1050
Paducah, KY 42002-9150

Third Statement, Back**Here is a breakdown of your charges.****Important Message**

Questions or concerns regarding your bill: Please call patient services at 844-889-7701 or email at questions@marsbilling.com

Please note the following regarding this statement ...

This statement has been sent to you by Ambulance Medical Billing (AMB). AMB is the authorized billing agent for Provider. Please contact AMB directly for all billing related matters.

If we received your insurance information, we have filed to your insurance. You are receiving this statement as a result of one of the following:

1. The balance showing due is an amount not covered by your insurance carrier or we have no insurance on file.
2. Your claim has been denied by your carrier due to an error. It is very important that you contact us as soon as possible so that we can re-file your claim with the correct information.
3. We have filed your claim on at least three occasions with your carrier and they have failed to respond.

If you believe that your insurance carrier should have paid the balance shown due, please contact us as soon as possible to discuss the matter.

ABC-123456-1122-00:1

12/28/21	A0427 - ADVANCED LIFE SUPPORT EMER	JANE	400.00
12/28/21	A0425 - GROUND MILEAGE (ALS)	JANE	252.00

Please contact AMB Patient Services to obtain an itemized list of payments and adjustments

IF WE DO NOT HAVE YOUR INFORMATION, OR IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

PATIENT INFORMATION

Your Name (Last, First, Middle Initial)		Date of Birth
Address		
City	State	Zip
Telephone		
Social Security #		
Employer's Name		Telephone
Employer's Address		
City	State	Zip
Please Indicate if Applicable:		Date of Injury
<input type="checkbox"/> AUTO ACCIDENT		
<input type="checkbox"/> WORKER'S COMPENSATION		

INSURANCE INFORMATION

Your PRIMARY Insurance Company's Name		
Primary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	
Your SECONDARY Insurance Company's Name		
Secondary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	

CUSTOMER SERVICE

Our number one area of satisfaction is customer service. I can't remember any vendors during my tenure here that provided, or came close to what AMB has, in customer service.

- Chris L., EMS Director

The level of professionalism maintained by our Patient Service Representatives as well as our Account Receivables Representatives is unparalleled, whether working with you, your patients, patient representatives, providers or insurance company representatives.

AMB's U.S.-based Service Center is state-of-the-art. LFD's staff, its patients, and insurance companies are provided with a toll-free phone number for direct access to AMB's service team, Monday through Friday (excluding major holidays) 8:30 am to 6:00 pm Eastern Standard Time. All calls are promptly answered in-person by our live Specialists, not an automated attendant. Should the need arise during high call volume times or after hours, a message can be taken through our voicemail system which will initiate a returned call from an LFD-dedicated representative. All calls are returned by the next business morning.

Patients and patient representatives are treated with courtesy and respect. We understand that our interactions are a reflection of LFD. Every patient is treated like family...with compassion and care. Our professional Patient Services Specialists are prepared to handle any questions, complaints or concerns presented to them, and can easily manage requests from English or non-English speaking patients. AMB utilizes a translation service that is available within minutes of need for non-English speaking patients.

A convenient feature offered by AMB is our online patient portal. Patients can view their account through our website where they can perform updates to their insurance information, make online payments, and ask questions. This is a safe and secure way for patients and patient representatives to contact us 24/7.

Patients can make payments online through the portal at any time or by contacting our Patient Services Department. We take all major credit cards and ACH payments.



PERFORMANCE STANDARDS

In order to meet performance goals, AMB has performance measures to ensure the timely delivery of LFD's ambulance billing services. Please see the table below for details.

AMB Performance Measures

Billing Function	Key Quality Indicator / Turnaround
PAYMENT HANDLING	
100% Accuracy	
Mail Credit Card Lockbox	1-2 business days
ACCOUNTS RECEIVABLE	
Correspondence (Non-Cash EOBs)	100 % Accuracy Two business days
Monthly Net Collection Percentage	100% or Greater Gross Charge - Contractuals = Net Rev/Cash Collection
Days Outstanding	65 days or less
Outstanding Insurance Aging	10% or less of total A/R 120 days or Greater
Appeals	100% Accuracy Two business days
EDI / BILLING / STATEMENTS	
Claim Release	100% Day One - Claim Eligible for Release
Claim Submission	Daily; Recon/Audit - One business day; Rejected Claims - One business day
Secondary Claims	Two business days from Primary Payment
CREDIT BALANCES	
Refund Processing	To Client at Month End
Refund Amounts	According to Payer Guidelines
MONTH END	
Month End Close	Hard Close Last Day of the Month
Month End Reports	Ten business days from Month Close
CHARGE ENTRY	
Charge Entry	100% of Complete Charges entered One business day
Charge Entry Accuracy	99% or Greater
STAFF AUDITS	
Audits	Review Performed on Coding, Data Entry staff, A/R Reps and Payment Posting Clerks Quarterly Results to Client

PROJECT SUCCESS

Evidence of Experience and Success

From the beginning, key AMB managers meet with each client to learn and understand their concerns and goals for the future. From there, an outline of the issues and attainable benchmarks are established. This partnership of open communication sets the groundwork for transparency and client satisfaction.

In an effort to increase and maintain steady revenue, AMB employs a process to ensure not only timeliness in filing claims, but also accuracy of claim submission the first time. If claims are submitted quickly but ultimately deny, this could add 60 days or more to your revenue timeline.

Our current clean claim rate, after our claims process through the edits in our clearinghouse, is **99.4%**. This leaves a small fraction of AMB claims that result in a denial from the insurance carrier. An extra day or two in the beginning of a claim's lifecycle is tantamount to increasing both revenue and timeliness of the payment. A denial not only delays revenue but increases the risk that the claim will never achieve full adjudication resulting in the loss of revenue all together.

Key Claims Metrics

Clearinghouse Rejections	Payer Rejections	Perfect Pass Claims	Clean After Waystar
5.3%	0.5%	94.1%	99.4%

AMB's high clean claim rate is attributed to our attention to detail in the following areas:

- **Narrow Submission Window** - Claims are filed to insurance within 48 hours of receiving all information necessary to bill the account. This expedites reimbursement, allows for denied claim appeals and eliminates timely filing write offs.
- **Provider Enrollment Audits** - Ensure each payor has the correct client information in their system, the appropriate network participation status of the provider, and whether participation is a benefit in maximizing the clients' revenue.
- **Clearinghouse Audits** - We examine the submission patterns of all client claims for proper routing through the clearinghouse and update any edits that may prematurely deny claims. Taking a proactive approach to fix the underlying problem by looking at the big picture will create a large financial impact.



- **Short Pays** – A thorough review of accounts to ensure full and proper payment was received. If the payment was determined to be short, our team will follow up and fight for the additional entitled reimbursement.
- **Insurance Scrubs** – Insurance scrubs are performed several times throughout the billing process. This allows AMB to quickly capture complete patient information and eliminate accounts lacking insurance or incorrect patient information for prompt payment.

Additionally, AMB focuses on areas we know make a direct impact on client revenue. We have developed specialized teams to support our clients and their revenue.

- **Documentation Review Team** - Focused on quality of documentation over quantity. We provide options such as DRATT or CHART for documentation techniques, but also provide subtle, yet simple, tips or changes perfected by AMB that make a significant difference between claim payment or claim denial.
- **Pre-Authorization Team** - Our specially-tasked Authorization Teams help identify runs that require pre-authorizations as well as provide education on how to best obtain them.
- **Patient Balance Team** - Works directly with patients to collect out-of-pocket balances as well as gather or correct insurance information. The Patient Balance Team approaches each account with understanding and empathy. We realize that we represent LFD, so when your patients have already endured a medical trauma, we do not wish to further their experience with a financial trauma.

TRAINING

AMB has a robust proprietary training program provided to our clients as part of our contracted partnership. Our program details ePCR documentation focusing on documenting smarter, not longer.

In relation to the City's requirement for initial training, will provide the City with training on AMB reports, dashboard, as well as documentation and health care requirements as they relate to billing. However, we reserve the right to hold these trainings in a remote atmosphere due to ongoing COVID concerns.

We want to reduce the workload of ambulance providers, not add to it. We tie this directly to reimbursement and the effects on the overall budget so providers can see how their documentation impacts the overall financial health of the agency

and ultimately their paycheck. AMB will provide specialized training that will fully prepare LFD staff for migration to our AMB Billing system.

In addition, education will be provided to staff members on the overall system in order to review accounts and obtain data and run reports. Custom reports can be set up during this time as well as specific billing processes as stipulated by LFD staff.

Topics for training may include:

- Understanding Financial Reports
- Customizing Reports
- Billing Best Practices
- ePCR specific training
- ADRS Dashboard
- AMB Portal & AMB Billing System
- HIPAA
- Documentation Training
- Medical Necessity and Reasonableness
- CMS & Red Flags Rule Compliance
- BLS, ALS1, ALS2 Determination
- Emergency vs Nonemergency
- PCS forms and accurate completion
- AOB Signature validity



AMB prides itself on open communication and dialogue with our customers. We want to assure that you have all of the training and tools needed to achieve success. Our team will take the time to show you all aspects of our system, initiate new processes and customize our approach to you. It is important to take the time from the very beginning to make it right.

AMB is able to provide the training that is most conducive to LFD with the consideration of the health and safety of LFD and AMB staff. We will discuss the details upon contract award. We will routinely review training protocols and identify potential areas of deficiency based on any billing issues. AMB utilizes both in house staff experts on coding, billing and documentation, and contracted trainers who are current and retired EMS service directors. Our clinical providers are able to relate to your EMS providers and share their expertise in documentation, QA processes, insurance payer guidelines and develop best practices.

BILLING AND COLLECTION REPORTS

It is nice to know that there are real people monitoring our account on a daily basis and are only a phone call away.
- Chris L., EMS Chief

We want our processes and your financial information to be transparent. As such, we provide a large packet of reports each month. However, if you are needing additional information, we will create any report for you. Whether this is a once-in-a-while report or a weekly report, we are happy to oblige. If you have a report which you currently utilize and don't want to change, we can mimic that report and continue providing it; all we need is a sample. We will design an exact copy of the report and automate it going forward. There's no need to change a report that already works.

Our reporting department is second to none:

- Comprehensive user-friendly and easy-to-understand reports at the end of each month
- Accessible through a secure web portal to authorized personnel
- Supplement with additional reports
- Keep any reports that you currently utilize
- Let us share ideas from other services similar to LFD
- No long delays in receiving your reports made exclusively for LFD
 - Quick turnaround
 - 9 out of 10 are developed and delivered to you within 24 hours of request

We adapt to you. Use any reports you like. No extra fees. No problem!

AMB can accommodate any format that LFD requires for uploading reports. Most standard AMB reports are typically generated using Adobe Portable Document Format (PDF) to retain the integrity of the original data. However, AMB will accommodate any request from LFD regarding specific formats such as Microsoft Excel, CSV, txt format, Word, or otherwise.


We encourage LFD to develop specifically designed reports that are tailored to LFD's specifications. The reporting provided to you needs to be easy-to-understand and useful in your operations, and our team is here to help with building the report in Excel or any format that is most suitable for LFD.

Dashboard, Reporting, and Samples

AMB exclusively provides real-time data dashboards accessible 24/7 through a secure web portal. There is a free “AMB Client Dashboard” app downloadable from the Apple App Store. AMB developed this proprietary Ambulance Dashboard Revenue System or “ADRS” tool that allows your staff to view multiple data points of interest in easy-to-read charts and graphs on a smart device. The real-time information means that LFD will see every dollar as it is posted throughout the day.

Samples of the standard monthly and dashboard reports are provided on the following pages.

Sample Monthly Financial Summary – Standard Packet

 SAMPLE CLIENT (PARTIAL REPORT) Financial Summary							
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Totals
Beginning A/R	\$3,368,445.90	\$3,172,540.71	\$3,406,288.50	\$3,468,859.74	\$3,333,471.05	\$2,831,416.90	\$4,633,200.17
Charges	\$1,710,678.02	\$2,103,110.03	\$1,772,769.96	\$2,056,324.44	\$1,228,333.08	\$2,365,096.74	\$21,467,611.42
Contractual Adjustments	(\$969,541.81)	(\$934,670.11)	(\$1,003,051.00)	(\$1,094,814.30)	(\$682,350.69)	(\$990,294.01)	(\$11,846,511.31)
Gross Net Charges	\$741,136.21	\$1,168,439.92	\$769,718.96	\$961,510.14	\$345,982.39	\$1,374,802.73	\$9,621,100.11
Courtesy Discounts	(\$985.49)	(\$661.67)	(\$2,470.27)	(\$975.88)	(\$838.02)	(\$1,149.74)	(\$13,130.80)
Bad Debt Write Off	(\$303,021.33)	(\$266,951.35)	\$91.20	(\$419,573.11)	(\$202,591.37)	(\$105,337.58)	(\$2,333,394.63)
Bankruptcy	\$0.00	(\$345.45)	\$0.00	\$0.00	(\$1,292.46)	(\$3,836.71)	(\$15,209.37)
Misc Adjustments	(\$13,706.33)	(\$10,684.15)	(\$30,902.26)	(\$23,366.10)	(\$18,643.59)	(\$41,045.29)	(\$533,935.02)
Adjusted Charges	\$423,423.06	\$889,797.30	\$736,437.63	\$517,595.05	\$122,616.95	\$1,223,433.41	\$6,725,430.29
Insurance Refunds	\$17,518.40	\$0.00	\$437.02	\$6,848.12	\$0.00	\$2,550.04	\$51,879.72
Patient Refunds	\$34,573.15	\$0.00	\$2,677.16	\$4,023.58	\$0.00	\$4,808.73	\$76,779.67
Returned Checks	\$25.00	\$50.00	\$25.00	\$25.00	\$0.00	\$0.00	\$175.00
Total Refunds	\$52,116.55	\$50.00	\$3,139.18	\$10,896.70	\$0.00	\$7,358.77	\$128,834.39
Insurance Payments	(\$534,472.78)	(\$523,881.41)	(\$534,581.43)	(\$520,470.26)	(\$531,758.12)	(\$463,752.67)	(\$6,275,618.47)
Patient Payments	(\$136,972.02)	(\$132,218.10)	(\$142,424.14)	(\$143,410.18)	(\$92,912.98)	(\$150,093.44)	(\$1,763,483.41)
Bad Debt Recovery	(\$142.69)	(\$1,051.85)	(\$546.62)	(\$3,270.97)	(\$2,328.01)	(\$4,176.07)	(\$18,117.91)
Total Payments	(\$671,587.49)	(\$657,151.36)	(\$677,552.19)	(\$667,151.41)	(\$626,999.11)	(\$618,022.18)	(\$8,057,219.79)
Net Payments	(\$671,444.80)	(\$656,099.51)	(\$677,005.57)	(\$663,880.44)	(\$624,671.10)	(\$613,846.11)	(\$8,039,101.88)
Ending A/R	\$3,172,540.71	\$3,406,288.50	\$3,468,859.74	\$3,333,471.05	\$2,831,416.90	\$3,448,362.97	\$3,448,362.97
COLLECTION ACCOUNTS ACTIVITY							
PRIOR ACCTS IN COLL	\$4,091,877.66	\$4,394,481.30	\$4,660,380.80	\$4,659,742.98	\$5,076,045.12	\$5,276,308.48	\$3,066,456.14
ACCOUNTS SENT TO COLL	\$305,763.24	\$273,992.80	\$1,988.04	\$427,000.83	\$206,040.98	\$128,368.38	\$2,423,005.22
ADJUSTMENTS	(\$3,016.91)	(\$7,041.45)	(\$2,079.24)	(\$7,427.72)	(\$3,449.61)	(\$23,030.80)	(\$93,873.46)
BAD DEBT RECOVERY	(\$142.69)	(\$1,051.85)	(\$546.62)	(\$3,270.97)	(\$2,328.01)	(\$4,176.07)	(\$18,117.91)
ENDING ACCTNS IN COLL	\$4,394,481.30	\$4,660,380.80	\$4,659,742.98	\$5,076,045.12	\$5,276,308.48	\$5,377,469.99	\$5,377,469.99
MONTHLY OPERATING RATIOS							
Primary Claims (Total # of CLAIMS filed)	1,733	2,040	1,587	1,856	1,314	1,783	21,479
Total # of LINES filed on all claims	3,426	4,040	3,137	3,666	2,599	3,524	42,490
Runs	1,314	1,616	1,363	1,574	947	1,824	16,491
Denials (# of Runs)	256	245	325	377	256	302	3,707
Gross Days in AR	52.95	55.97	56.88	50.57	50.39	54.93	
Avg Mileage/Transport	5.01	4.76	4.80	5.19	4.60	4.63	4.90
Avg Charge/Transport	\$1,301.89	\$1,301.43	\$1,300.64	\$1,306.43	\$1,297.08	\$1,296.65	\$1,301.78
Avg Revenue/Transport	\$511.10	\$406.65	\$497.10	\$423.86	\$662.09	\$338.83	\$488.58
A0100-NON MEDICAL WAIVER	1	-	-	-	1	-	2
A0425 - Ground Mileage (ALS)	5,241.80	6,398.10	5,072.80	6,329.40	3,181.70	6,693.30	66,981.50
A0425 - Ground Mileage (BLS)	1,343.70	1,295.60	1,464.90	1,833.30	1,175.90	1,743.20	13,767.80
A0426 - Advanced Life Support	-	-	-	-	-	-	-
A0427 - Advanced Life Support Emergent	961	1,246	980	1,107	654	1,358	12,762
A0428 - Basic Life Support	-	-	-	-	-	-	(1)
A0429 - Basic Life Support Emergent	325	337	352	433	274	436	3,400
A0433 - ALS LVL2	25	35	30	31	18	28	310
A0998 - AMB RESP TX, NO TRANS ALS	-	-	-	-	-	-	-
A0999 - Pronounced Dead by EMS	-	-	-	-	-	-	-
A0998 - AMB RESPONSE FEE	2	(2)	1	3	-	2	18

SAMPLE CLIENT

Financial Summary Explanation

- **Beginning AR** – Total money outstanding to be paid for client on patient accounts at the beginning of transaction month.
- **Charges** – Charges billed out for that transaction month.
- **Contractual Adjustments** – Any adjustment made as a contractual obligation.
- **Courtesy Discounts** – Adjustments applied to patient accounts per the client.
- **Bad Debt Write Off** – Accounts sent to collections, soft collections (532) and hard collections (534) as well as adjustment reversals for collection accounts.
- **Bankruptcy** – Adjustments made on patient accounts approved by the client whom have had Chapter 7 or Chapter 11 bankruptcy.
- **Miscellaneous Adjustments** – All other adjustments.
- **Insurance Refunds** – Refunds made to insurance companies (601).
- **Patient Refunds** – Refunds made to patients (602).
- **Returned Checks** – Returned checks by stop pay or insufficient funds (703) fee that gets applied to the patient account.
- **Insurance Payments** – Payments made by insurance companies.
- **Patient Payments** – Payments made by patients.
- **Bad Debt Recovery** – Payments made by both patient and insurance on accounts that have been turned over to collections.
- **Ending AR** – Total money outstanding to be paid on patient accounts at the end of the transaction month.
- **Beginning Collections** – Current outstanding accounts in collections at the beginning of the transaction month.
- **Accounts Sent to Collections** – Amount of accounts put in collections for that transaction month.
- **Adjustments** – Any adjustment made on a collection account.
- **Bad Debt Recovery** – Collection payments.
- **Ending Collections** – Current outstanding accounts in Collections.
- **Total # of Claims Filed** – The volume of claims billed.
- **Total Lines** – Includes the number of all lines on claims (base, mileage, & supplies).
- **Runs** – Number of runs billed out for current transaction month.
- **Denials** – Number of denials placed on runs.
- **Gross Days in A/R** – Average number of days for a balance to remain on a claim prior to adjudication (Ending A/R / Charges (1, 2, or 3 months) / (30, 60, 90 days).
- **Average Mileage Per Transport** – Average mileage for each run.
- **Average Charge Per Transport** – Average charge for each run.
- **Average Revenue Per Transport** – Average payment for run.

The bottom section is itemized to identify the amount of mileage and each base code billed for the current transaction month. This does not include billed supplies.

Sample Monthly Age Trial Balance By Insurance (ATB) – Standard Packet**ATB by Insurance**

Report Date: 08/03/20

Group	Group Code	Company		Equal		SAMPLE CLIENT			Total
		Cut Off Date		Less Than Or Equal		5/31/2020			
		Remaining Amount		Not Equal		0			
NOT SET		Cur	31-60	\$1-90	\$1-120	121-150	151-180	> 180	
		\$4,360.30	\$8,570.03	\$13,677.93	\$0.00	\$0.00	\$0.00	\$0.00	\$28,608.26
		16 %	32 %	0 %	0 %	0 %	0 %	0 %	
AARP	CI	\$131.39	\$140.93	\$273.63	\$0.00	\$0.00	\$0.00	\$0.00	\$745.92
		18 %	46 %	0 %	0 %	0 %	0 %	0 %	
AETNA	CI	\$0.00	\$1,499.98	\$4,800.26	\$0.00	\$0.00	\$0.00	\$0.00	\$6,100.24
		0 %	25 %	0 %	0 %	0 %	0 %	0 %	
AETNA MEDICARE PFFS	MA	\$0.00	\$0.00	\$1,962.66	\$0.00	\$0.00	\$0.00	\$0.00	\$1,962.66
		0 %	0 %	0 %	0 %	0 %	0 %	0 %	
AHCCCS-MERCY CARE	MCO	\$0.00	\$0.00	\$981.33	\$0.00	\$0.00	\$0.00	\$0.00	\$981.33
		0 %	0 %	0 %	0 %	0 %	0 %	0 %	
ALLWELL MEDICARE	MA	\$7,917.56	\$1,990.12	\$7,058.36	\$0.00	\$0.00	\$0.00	\$0.00	\$16,972.04
		47 %	12 %	0 %	0 %	0 %	0 %	0 %	
AMERICAN INDIAN HEALTH S	CI	\$981.33	\$0.00	\$1,996.12	\$0.00	\$0.00	\$0.00	\$0.00	\$2,977.45
		33 %	0 %	0 %	0 %	0 %	0 %	0 %	
APIPA	MCO	\$3,211.67	\$0.00	\$2,291.53	\$0.00	\$0.00	\$0.00	\$0.00	\$5,503.50
		58 %	0 %	0 %	0 %	0 %	0 %	0 %	
ARIZONA COMPLETE HEALTH	MCO	\$5,220.66	\$3,111.29	\$18,720.47	\$0.00	\$0.00	\$0.00	\$0.00	\$27,062.41
		19 %	12 %	0 %	0 %	0 %	0 %	0 %	
AVERA HEALTH PLANS	CI	\$0.00	\$0.00	\$1,131.90	\$0.00	\$0.00	\$0.00	\$0.00	\$1,131.90
		0 %	0 %	0 %	0 %	0 %	0 %	0 %	
BANNER UNIVERSITY LTC	MCO	\$10,047.52	\$12,966.93	\$7,109.86	\$0.00	\$0.00	\$0.00	\$0.00	\$30,124.31
		33 %	43 %	0 %	0 %	0 %	0 %	0 %	
BAS BENEFITS	CI	\$0.00	\$0.00	\$1,061.71	\$0.00	\$0.00	\$0.00	\$0.00	\$1,061.71
		0 %	0 %	0 %	0 %	0 %	0 %	0 %	

Billing and Collection Services for Emergency Medical Transportation Services



BCBS FEDERAL	BC	\$0.00 0 %	\$0.00 0 %	\$1,284.64 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$1,284.64
BCBS of AZ	BC	\$0.00 0 %	\$1,131.90 0 %	\$10,956.88 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$12,087.98
CHAMPVA	CI	\$0.00 0 %	\$0.00 0 %	\$98.10 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$98.10
County Jail	FN	\$0.00 0 %	\$1,962.66 67 %	\$981.33 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$2,943.99
Crossover for MA18	CI	\$0.00 0 %	\$111.95 100 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$111.95
HEALTH NET COMMUNITY	CI	\$0.00 0 %	\$0.00 0 %	\$964.60 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$964.60
HUMANA	CI	\$3,362.24 44 %	\$0.00 0 %	\$4,310.11 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$7,672.35
LTC DD DES	MCO	\$133.49 100 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$133.49
Border Patrol Station	FN	\$1,064.98 25 %	\$1,048.25 25 %	\$2,163.42 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$4,276.55
NORIDIAN JF PART B	MC	\$6,021.82 57 %	\$4,611.25 43 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$10,633.07
PHOENIX VA	VA	\$1,299.20 38 %	\$1,031.52 31 %	\$1,048.25 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$3,378.97
RAILROAD MEDICARE	MC	\$0.00 0 %	\$0.00 0 %	\$964.60 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$964.60
SELF PAY	PP	\$1,688.13 5 %	\$6,472.23 20 %	\$23,819.04 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$31,979.40
TRICARE for Life	VA	\$0.00 0 %	\$220.46 30 %	\$514.96 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$735.44
UHC DUAL COMPLETE	MA	\$1,048.25 100 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$0.00 0 %	\$1,048.25

UNIVERSITY CARE ADV.	MA	\$9,216.76	\$2,952.36	\$998.06	\$0.00	\$0.00	\$0.00	\$0.00	\$13,167.18
		70 %	22 %	0 %	0 %	0 %	0 %	0 %	
US DEPT OF LABOR	WC	\$1,131.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,131.90
		100 %	0 %	0 %	0 %	0 %	0 %	0 %	
WPS-VACAA	VA	\$1,349.39	\$0.00	\$1,031.52	\$0.00	\$0.00	\$0.00	\$0.00	\$2,380.91
		57 %	0 %	0 %	0 %	0 %	0 %	0 %	
Grand Totals		\$58,186.55	\$48,028.18	\$110,020.47	\$0.00	\$0.00	\$0.00	\$0.00	\$216,235.20
		27 %	22 %	51 %	0 %	0 %	0 %	0 %	

ATB by Insurance Explanation

The Age Trial Balance by Insurance is grouped by current Payor. Each Payor also identifies the Payor group as the same Payor could process for multiple Payor groups. The Payor lists the amount of outstanding A/R by the aging date range with a percentage for each aging category. The total column is the total amount outstanding for that Payor. The Payor group titled "NOT SET" are claims that have been coded with a charge but have not been assigned to a Payor.

At the bottom of the report is a Grand Totals section that includes the total amount remaining for each aging category, as well as the percentage. The last total is the total remaining amount which will balance to the Financial Summary's Ending A/R.

Sample Monthly Deficiency Runs – Standard Packet



Deficiency Runs

Company	InList	
Date Of Service	GreaterThanOrEqualTo	4/1/2020
Date Of Service	LessThanOrEqualTo	4/30/2020
Custom Data:Deficiency Code 1	IsNotNull	

Fire Department

Run: AMBXXXXXXXXXX:1 | 4/9/2020 | \$0.00

• Missing PT Demographics

Run: AMBXXXXXXXXXX:1 | 4/10/2020 | \$691.60

• Mileage Missing

NEED MILEAGE

Run: AMBXXXXXXXXXX:1 | 4/16/2020 | \$657.80

• Missing PT Demographics

NO SSN #

Run: AMBXXXXXXXXXX:1 | 4/13/2020 | \$702.00

• Missing PT Demographics

NO SSN PROVIDED

Run: AMBXXXXXXXXXX:1 | 4/15/2020 | \$828.10

• Missing PT Demographics

NO SSN #

Run: AMBXXXXXXXXXX:1 | 4/4/2020 | \$0.00

• Other

clarification on duplicate

Run: AMBXXXXXXXXXX:1 | 4/4/2020 | \$681.20

• Other

possible duplicate

Run: AMBXXXXXXXXXX:1 | 4/17/2020 | \$696.80

• Missing PT Demographics

NO SSN #

Run: AMBXXXXXXXXXX:1 | 4/16/2020 | \$704.60

• No Signature

NEED SIGS

Run: AMBXXXXXXXXXX:1 | 4/4/2020 | \$793.00

• Mileage Missing

NEED MILEAGE

Run: AMBXXXXXXXXXX:1 | 4/1/2020 | \$834.60

• Missing PT Demographics

PLZ STATE WHO SIGNED FOR PT. THANKS

Run: FMBXXXXXXXXXX:1 | 4/15/2020 | \$689.00

• Missing PT Demographics

NO SSN #

Run: AMBXXXXXXXXXX:1 | 4/17/2020 | \$747.50

• Missing PT Demographics

NO PT SSN #

Run: AMBXXXXXXXXXX:1 | 4/16/2020 | \$754.00

• Missing PT Demographics

NO SSN #

Run: AMBXXXXXXXXXX:1 | 4/16/2020 | \$679.90

• Missing PT Demographics

NO SSN #

Run: FMBXXXXXXXXXX:1 | 4/21/2020 | \$851.50

• Missing PT Demographics

NO SSN #

Summary of Deficiency Codes - Runs: 16 - Charges: \$10,311.60

2 - Mileage Missing

11 - Missing PT Demographics

1 - No Signature

2 - Other

Total Deficiencies: 16

Deficiency Run Explanation

This report will identify any deficiency that prevented AMB from billing out the claim without additional review or information. There is a summary at the end of the report that counts the total number of runs and summarizes the deficiency codes. The report is run by the reporting month's dates of service. For example, April's Month End Reports will list deficiencies with a date of service in April. If you do not receive this report as part of your month end package, it means there were no discrepancies.

Sample Monthly Key Performance Indicators (KPIs) Report and Explanation – Standard Packet

KPI report is based on Date of Service and is pulled for a rolling 12-month period. It shows Payor mix percentages for charges and payments in addition to the average percent. Fully adjudicated runs are claims that no longer have a remaining balance due to payments, adjustments, or a combination of both. There is a key at the bottom of the report that provides the definition for each abbreviation.

To explain the section labeled “ALS”: the top line is the number of runs for that charge code. The percentage is the number of runs for that Payor group divided by the total number of runs for the Payor group. The charges are the total amount of charges. Revenue is the total amount of revenue for both Payor class and charge code. The average charge is the total charges for that Payor class / charge code, divided by the number of runs for that Payor class / charge code. The average revenue is the total revenue for that Payor class / charge code divided by the number of runs for that Payor class / charge code.

All Runs					
SAMPLE CLIENT	TOTAL	Medicare	Medicaid MCO	Private Pay	VA
Payer Mix %	100.00%	44.36 %	17.32 %	10.61 %	0.60 %
Charges	\$4,641,289.04	\$2,058,664.55	\$804,013.41	\$492,622.49	\$27,901.49
Payments	(\$1,684,082.32)	(\$944,093.66)	(\$126,358.55)	(\$154,601.06)	(\$6,325.62)
Current AR Balance	\$463,987.53	\$83,962.41	\$43,276.33	\$78,860.69	\$20,550.10
Gross Collection %	36.28 %	45.86 %	15.72 %	31.38 %	22.67 %
ALS	124	57	13	15	4
% of ALS	2.19 %	2.19 %	1.41 %	2.31 %	20.00 %
Total ALS Charges	\$193,419.70	\$88,482.01	\$18,054.20	\$24,423.79	\$8,730.43
Total ALS Revenue	(\$66,802.10)	(\$35,022.13)	(\$2,211.40)	(\$6,107.63)	(\$2,603.00)
Avg ALS Charge	\$1,559.84	\$1,552.32	\$1,388.78	\$1,628.25	\$2,182.61
Avg ALS Revenue	(\$538.73)	(\$614.42)	(\$170.11)	(\$407.18)	(\$650.75)
ALS2	63	31	-	7	3
% of ALS2	1.11 %	1.19 %	-	1.08 %	15.00 %
Total ALS2 Charges	\$69,633.27	\$33,580.12	-	\$8,039.63	\$3,525.91
Total ALS2 Revenue	(\$29,568.16)	(\$16,934.98)	-	(\$2,619.78)	-
Avg ALS2 Charge	\$1,105.29	\$1,083.23	-	\$1,148.52	\$1,175.30
Avg ALS2 Revenue	(\$469.34)	(\$546.29)	-	(\$374.25)	-
ALSE	2,252	904	452	250	9
% of ALSE	39.69 %	34.76 %	48.86 %	38.52 %	45.00 %
Total ALSE Charges	\$2,144,147.73	\$837,729.92	\$441,635.71	\$222,443.82	\$11,051.65
Total ALSE Revenue	(\$780,804.74)	(\$405,988.83)	(\$75,322.73)	(\$69,863.15)	(\$3,103.89)
Avg ALSE Charge	\$952.11	\$926.69	\$977.07	\$889.78	\$1,227.96
Avg ALSE Revenue	(\$346.72)	(\$449.10)	(\$166.64)	(\$279.45)	(\$344.88)
BLS	1,798	1,105	117	154	1
% of BLS	31.69 %	42.48 %	12.65 %	23.73 %	5.00 %
Total BLS Charges	\$1,245,107.09	\$755,288.50	\$93,918.50	\$107,876.50	\$419.00
Total BLS Revenue	(\$455,435.08)	(\$316,663.90)	(\$11,778.28)	(\$34,661.55)	-
Avg BLS Charge	\$692.50	\$683.52	\$802.72	\$700.50	\$419.00
Avg BLS Revenue	(\$253.30)	(\$286.57)	(\$100.67)	(\$225.08)	-
BLSE	1,286	475	316	166	3
% of BLSE	22.66 %	18.26 %	34.16 %	25.58 %	15.00 %
Total BLSE Charges	\$967,101.50	\$339,525.00	\$246,248.50	\$121,127.50	\$4,174.50
Total BLSE Revenue	(\$348,918.00)	(\$168,907.48)	(\$37,046.14)	(\$39,977.95)	(\$618.73)
Avg BLSE Charge	\$752.02	\$714.79	\$779.27	\$729.68	\$1,391.50
Avg BLSE Revenue	(\$271.32)	(\$355.59)	(\$117.23)	(\$240.83)	(\$206.24)
TNT	138	25	26	55	-
% of TNT	2.43 %	0.96 %	2.81 %	8.47 %	-
Total TNT Charges	\$21,879.75	\$4,059.00	\$4,156.50	\$8,711.25	-
Total TNT Revenue	(\$2,554.24)	(\$576.34)	-	(\$1,371.00)	-
Avg TNT Charge	\$158.55	\$162.36	\$159.87	\$158.39	-
Avg TNT Revenue	(\$18.51)	(\$23.05)	-	(\$24.93)	-
TOTAL # OF RUNS	5,674	2,601	925	649	20
Avg # of Miles per Run	15.57	14.73	15.96	12.82	45.62
Avg Charge per Run	\$817.99	\$791.49	\$869.20	\$759.05	\$1,395.07
Avg Revenue per Run	\$296.81	\$362.97	\$136.60	\$238.21	\$316.28

*This report has been abbreviated for sample purposes

Fully Adjudicated Runs*					
SAMPLE CLIENT	TOTAL	Medicare	Medicaid MCO	Private Pay	VA
Payer Mix %	100.00%	47.91 %	20.77 %	10.07 %	0.18 %
Charges	\$3,599,196.64	\$1,724,373.05	\$747,469.93	\$362,292.65	\$6,597.89
Payments	(\$1,481,514.25)	(\$830,398.46)	(\$124,773.15)	(\$153,638.02)	(\$6,074.50)
Current AR Balance	(\$3,622.34)	(\$1,456.69)	(\$106.50)	(\$841.50)	-
Gross Collection %	41.16 %	48.16 %	16.69 %	42.41 %	92.07 %
ALS	93	44	11	13	1
% of ALS	2.14 %	2.01 %	1.31 %	2.85 %	16.67 %
Total ALS Charges	\$142,536.00	\$67,274.98	\$15,888.74	\$20,384.69	\$2,603.00
Total ALS Revenue	(\$55,714.66)	(\$28,087.10)	(\$2,156.40)	(\$6,107.63)	(\$2,603.00)
Avg ALS Charge	\$1,532.65	\$1,528.98	\$1,444.43	\$1,568.05	\$2,603.00
Avg ALS Revenue	(\$599.08)	(\$638.34)	(\$196.04)	(\$469.82)	(\$2,603.00)
ALS2	37	20	-	5	-
% of ALS2	0.85 %	0.92 %	-	1.10 %	-
Total ALS2 Charges	\$38,372.04	\$21,017.13	-	\$4,701.53	-
Total ALS2 Revenue	(\$21,698.31)	(\$11,607.78)	-	(\$2,619.78)	-
Avg ALS2 Charge	\$1,037.08	\$1,050.86	-	\$940.31	-
Avg ALS2 Revenue	(\$586.44)	(\$580.39)	-	(\$523.96)	-
ALSE	1,745	755	434	180	4
% of ALSE	40.12 %	34.55 %	51.73 %	39.47 %	66.67 %
Total ALSE Charges	\$1,645,171.96	\$692,585.44	\$419,319.69	\$158,207.43	\$3,103.89
Total ALSE Revenue	(\$668,643.97)	(\$348,139.75)	(\$74,577.93)	(\$69,589.58)	(\$3,103.89)
Avg ALSE Charge	\$942.79	\$917.33	\$966.17	\$878.93	\$775.97
Avg ALSE Revenue	(\$383.18)	(\$461.11)	(\$171.84)	(\$386.61)	(\$775.97)
BLS	1,433	951	98	133	-
% of BLS	32.95 %	43.52 %	11.68 %	29.17 %	-
Total BLS Charges	\$1,001,905.89	\$649,811.00	\$80,665.00	\$92,756.50	-
Total BLS Revenue	(\$417,199.86)	(\$291,948.81)	(\$11,541.68)	(\$34,400.09)	-
Avg BLS Charge	\$699.17	\$683.29	\$823.11	\$697.42	-
Avg BLS Revenue	(\$291.14)	(\$306.99)	(\$117.77)	(\$258.65)	-
BLSE	1,025	412	296	116	1
% of BLSE	23.57 %	18.86 %	35.28 %	25.44 %	16.67 %
Total BLSE Charges	\$768,769.50	\$293,180.50	\$231,596.50	\$84,871.50	\$891.00
Total BLSE Revenue	(\$315,842.75)	(\$150,111.02)	(\$36,497.14)	(\$39,549.94)	(\$367.61)
Avg BLSE Charge	\$750.02	\$711.60	\$782.42	\$731.65	\$891.00
Avg BLSE Revenue	(\$308.14)	(\$364.35)	(\$123.30)	(\$340.95)	(\$367.61)
TNT	16	3	-	9	-
% of TNT	0.37 %	0.14 %	-	1.97 %	-
Total TNT Charges	\$2,441.25	\$504.00	-	\$1,371.00	-
Total TNT Revenue	(\$2,414.70)	(\$504.00)	-	(\$1,371.00)	-
Avg TNT Charge	\$152.58	\$168.00	-	\$152.33	-
Avg TNT Revenue	(\$150.92)	(\$168.00)	-	(\$152.33)	-
TOTAL # OF RUNS	4,349	2,185	839	456	6
Avg # of Miles per Run	15.87	14.59	16.23	13.88	29.20
Avg Charge per Run	\$827.59	\$789.19	\$890.91	\$794.50	\$1,099.65
Avg Revenue per Run	\$340.66	\$380.05	\$148.72	\$336.93	\$1,012.42

*This report has been abbreviated for sample purposes



Sample Monthly Practice Analysis (PA) By Payor Group Report and Explanation - Standard Packet

This report is grouped by only the primary Payor group and it does not reflect secondary payments or adjustments. It shows the number of runs billed, charges, payments, adjustments, and remaining outstanding for the **current transaction month**. The remaining balance is the difference between the beginning and ending A/R.

The top line is month to date, and the second line is for the year to date. We currently extract one month at a time, so the month to date and year to date will match.



Practice Analysis By Company and Payer Group

	Company Code	InList	Sample Client
	Transaction Date	Greater Than Or Equal	
	Transaction Date	Less Than Or Equal	

	Totals	Payments Payments	Adjustments Adjustments	Runs Runs	Charges Charges	Payments Payments	Adjustments Adjustments	Total Total
Blue Cross		1,260	887	571	\$413,501.40	(\$318,889.00)	(\$96,442.56)	(\$1,830.16)
		1,260	887	571	\$413,501.40	(\$318,889.00)	(\$96,442.56)	(\$1,830.16)
Champus/Ticare		25	29	28	\$19,940.70	(\$7,401.04)	(\$257.47)	\$12,282.19
		25	29	28	\$19,940.70	(\$7,401.04)	(\$257.47)	\$12,282.19
Commercial Insurance		1,344	1,308	604	\$435,567.61	(\$373,016.36)	(\$409,370.92)	(\$346,819.67)
		1,344	1,308	604	\$435,567.61	(\$373,016.36)	(\$409,370.92)	(\$346,819.67)
Contracted Facilities		0	0	0	(\$1,165.19)	\$0.00	\$0.00	(\$1,165.19)
		0	0	0	(\$1,165.19)	\$0.00	\$0.00	(\$1,165.19)
Facilities		20	20	28	\$20,437.30	(\$6,973.39)	(\$8,590.61)	\$4,873.30
		20	20	28	\$20,437.30	(\$6,973.39)	(\$8,590.61)	\$4,873.30
HMO/PPO Plans		0	0	2	\$1,446.90	\$0.00	\$0.00	\$1,446.90
		0	0	2	\$1,446.90	\$0.00	\$0.00	\$1,446.90
Medicaid MCO		3	2	8	\$5,534.10	(\$801.90)	\$82.70	\$4,814.90
		3	2	8	\$5,534.10	(\$801.90)	\$82.70	\$4,814.90
Tennessee Medicaid		4	8	8	\$5,662.80	(\$1,126.93)	\$1,211.60	\$5,747.47
		4	8	8	\$5,662.80	(\$1,126.93)	\$1,211.60	\$5,747.47
Medicaid MCO		637	720	761	\$546,963.30	(\$121,466.38)	(\$344,318.01)	\$81,178.91
		637	720	761	\$546,963.30	(\$121,466.38)	(\$344,318.01)	\$81,178.91
Medicare		1,820	1,724	947	\$685,926.80	(\$367,356.03)	(\$367,454.97)	(\$48,884.20)
		1,820	1,724	947	\$685,926.80	(\$367,356.03)	(\$367,454.97)	(\$48,884.20)
Medicare/Advantage		1,407	1,673	755	\$544,762.40	(\$261,463.41)	(\$288,984.62)	(\$5,685.63)
		1,407	1,673	755	\$544,762.40	(\$261,463.41)	(\$288,984.62)	(\$5,685.63)
Private Pay		842	2,418	1,368	\$969,573.80	(\$161,042.28)	(\$881,684.97)	(\$73,153.45)
		842	2,418	1,368	\$969,573.80	(\$161,042.28)	(\$881,684.97)	(\$73,153.45)
TennCare Products		312	354	393	\$283,266.10	(\$37,914.69)	(\$192,707.48)	\$52,643.93
		312	354	393	\$283,266.10	(\$37,914.69)	(\$192,707.48)	\$52,643.93
Veterans Admin		159	214	111	\$81,876.60	(\$51,451.28)	(\$105,073.08)	(\$74,647.76)
		159	214	111	\$81,876.60	(\$51,451.28)	(\$105,073.08)	(\$74,647.76)
Workers Comp		26	24	5	\$3,619.20	(\$11,160.28)	\$2,144.34	(\$5,396.74)
		26	24	5	\$3,619.20	(\$11,160.28)	\$2,144.34	(\$5,396.74)
Report Totals		7,859	9,381	5,589	\$4,016,913.82	(\$1,720,062.97)	(\$2,691,446.05)	(\$394,595.20)
		7,859	9,381	5,589	\$4,016,913.82	(\$1,720,062.97)	(\$2,691,446.05)	(\$394,595.20)

Sample Monthly Practice Analysis By Procedure Code Report and Explanation - Standard Packet

This report itemizes the transactions based on the procedure code. The total count of runs in the summary includes both mileage and base runs. The charges, payments, adjustments, and remaining amount will balance back to the Financial Summary report.



PA by Procedure Code

Company Code	Equal
Transaction Date	Greater Than Or Equal
Transaction Date	Less Than Or Equal

Code	Procedure	Total	Count Count	Charges Charges	Payments Payments	Adjustments Adjustments	Remaining Remaining
OTHER	Other		0.00	\$0.00	\$79.18	\$185,359.09	(\$185,438.27)
			0.00	\$0.00	\$79.18	\$185,359.09	(\$185,438.27)
ALS	A0426 A0426 - Advanced Life Support		9.00	\$6,975.00	\$2,546.10	\$4,875.37	(\$446.47)
			9.00	\$6,975.00	\$2,546.10	\$4,875.37	(\$446.47)
MILE	A0425 A0425 - Ground Mileage (ALS)		6,660.80	\$93,192.51	\$60,912.02	\$51,907.03	(\$19,626.54)
			6,660.80	\$93,192.51	\$60,912.02	\$51,907.03	(\$19,626.54)
BLSE	A0429 A0429 - Basic Life Support Emergent		682.00	\$460,436.03	\$201,325.13	\$201,453.69	\$57,657.21
			682.00	\$460,436.03	\$201,325.13	\$201,453.69	\$57,657.21
MILEB	A0425 A0425 - Ground Mileage (BLS)		4,231.90	\$59,284.23	\$29,483.87	\$26,366.35	\$3,434.01
			4,231.90	\$59,284.23	\$29,483.87	\$26,366.35	\$3,434.01
ALSE	A0427 A0427 - Advanced Life Support Emergent		904.00	\$699,879.38	\$340,227.94	\$317,648.42	\$42,003.02
			904.00	\$699,879.38	\$340,227.94	\$317,648.42	\$42,003.02
ALS2	A0433 A0433 - ALS LVL2		28.00	\$24,500.00	\$18,390.95	\$10,817.20	(\$4,708.15)
			28.00	\$24,500.00	\$18,390.95	\$10,817.20	(\$4,708.15)
BLS	A0428 A0428 - Basic Life Support		11.00	\$7,425.00	\$801.85	\$2,418.22	\$4,204.93
			11.00	\$7,425.00	\$801.85	\$2,418.22	\$4,204.93
SCT	A0434 A0434 - SPECIALTY CARE TSPT		3.00	\$2,850.00	\$675.59	\$1,062.54	\$1,081.87
			3.00	\$2,850.00	\$675.59	\$1,062.54	\$1,081.87
96374	96374 96374 - IV PUSH		0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00	\$0.00	\$0.00	\$0.00	\$0.00
999	99999 Balance Forward		0.00	\$0.00	\$984.38	\$637.50	(\$1,621.88)
			0.00	\$0.00	\$984.38	\$637.50	(\$1,621.88)
Report Totals			12,529.70	\$1,364,542.15	\$655,427.01	\$802,565.41	(\$103,450.27)
			12,529.70	\$1,364,542.15	\$655,427.01	\$802,565.41	(\$103,450.27)



Sample Monthly Batch Listing and Explanation – Standard Packet

This report provides a list of all payments posted to any patient account during the reported month. This report includes the batch number, the user, the batch description, transaction date, and the amount posted.

The total payments at the bottom of the report will balance back to the total payments on the Financial Summary (including the Bad Debt Payments) for the transaction month.

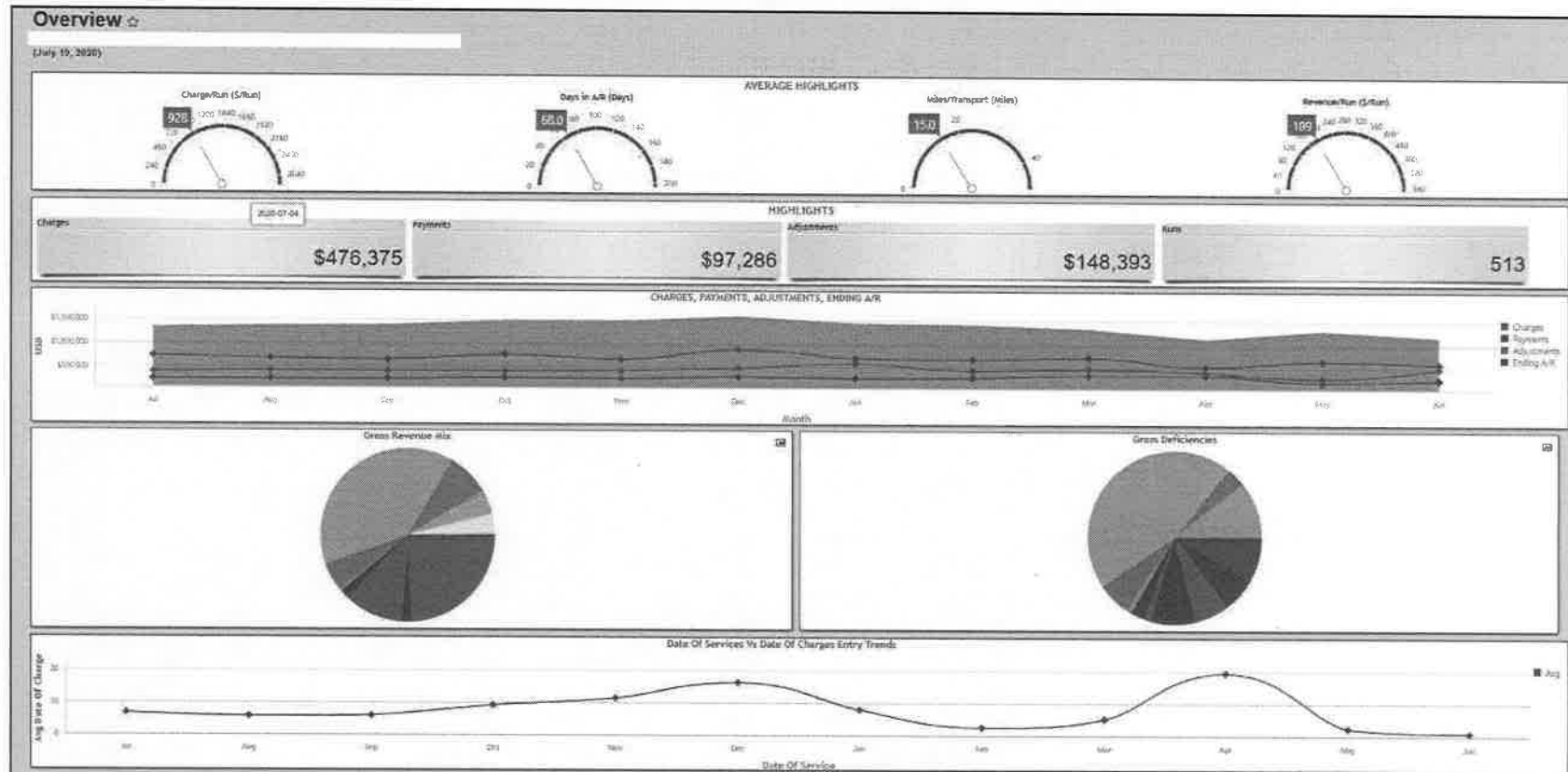
The description dictates the type of payment and how AMB received the money. If the description contains AMB, money was received in house. If the description contains EFT, this is an insurance company that is set up to send electronic funds transfer. If the description contains FC, this is information received from the client who received and forwarded the information to AMB. If the description contains NP, this will be a remit(s) typically of denials that need to be posted (\$0.00 payment).


**SAMPLE CLIENT
Batch Listing**

<u>Company</u>	<u>Batch #</u>	<u>User</u>	<u>Descr</u>	<u>Transaction Date</u>	<u>Amount</u>
Sample Client	1456486	CREDIT-BUREAUjweekes	NP 5-1-2020 A2020042907325501 MEDICAID ARIZONA	5/1/2020	\$0.00
Sample Client	1456487	CREDIT-BUREAUjweekes	NP 5-1-2020 301777458 MEDICARE B ARIZONA	5/1/2020	\$0.00
Sample Client	1457279	CREDIT-BUREAUjweekes	EFT 2351.38 4-30-2020 MEDICARE B ARIZONA	5/4/2020	(\$2,351.38)
Sample Client	1457871	CREDIT-BUREAUjscott	ANSI CODES	5/6/2020	\$0.00
Sample Client	1459073	CREDIT-BUREAUjscott	NP 4/29/2020 0939...29073845 UNIVERSITY PHYSICIAN	5/7/2020	\$0.00
Sample Client	1459174	CREDIT-BUREAUjmwade	AMB \$ 0.00 05-05-2020	5/7/2020	\$0.00
Sample Client	1462032	CREDIT-BUREAUjhjones	FC - FTP CLIENT DEPOSIT 04282020 366.49	5/12/2020	(\$366.49)
Sample Client	1462037	CREDIT-BUREAUjhjones	FC - FTP CLIENT DEPOSIT 04282020 95.80	5/12/2020	(\$95.80)
Sample Client	1462040	CREDIT-BUREAUjhjones	FC - FTP CLIENT DEPOSIT 04282020 117.51	5/12/2020	(\$117.51)
Sample Client	1462041	CREDIT-BUREAUjhjones	FC - FTP CLIENT DEPOSIT 04282020 338.72	5/12/2020	(\$338.72)
Sample Client	1462335	CREDIT-BUREAUjcharding	EFT \$872.37 MCR B 5/7/2020	5/12/2020	(\$872.37)
Sample Client	1462339	CREDIT-BUREAUjcharding	NP 1TR57787174 UHC 5/7/2020	5/12/2020	\$0.00
Sample Client	1463117	CREDIT-BUREAUjcharding	EFT \$443.53 MCR B 5/8/2020	5/13/2020	(\$443.53)
Sample Client	1463121	CREDIT-BUREAUjmgibson	AMB \$ 0.00 05-11-2020	5/13/2020	\$0.00
Sample Client	1463732	CREDIT-BUREAUjcharding	EFT \$509.01 UHC 5/11/2020	5/13/2020	(\$509.01)
Sample Client	1463735	CREDIT-BUREAUjcharding	EFT \$167.15 AZ PHYSICIANS 5/11/2020	5/13/2020	(\$167.15)
Sample Client	1464410	CREDIT-BUREAUjarafterty	EFT 2836.66 5-14-2020 MEDICARE	5/14/2020	(\$2,836.66)
Sample Client	1464417	CREDIT-BUREAUjarafterty	NP 301793069 5-14-2020 MEDICARE	5/14/2020	\$0.00
Sample Client	1465297	CREDIT-BUREAUjcharding	FC - EMAIL 04302020 9909.70	5/15/2020	(\$8,755.71)
Sample Client	1465874	CREDIT-BUREAUjweekes	EFT 464.08 5-13-2020 MEDICARE B ARIZONA	5/15/2020	(\$464.08)
Sample Client	1466799	CREDIT-BUREAUjscott	ANSI CODES	5/18/2020	\$0.00
Sample Client	1466848	CREDIT-BUREAUjareynolds	NP 5/15/2020 301799968 MEDICARE	5/18/2020	\$0.00
Sample Client	1468746	CREDIT-BUREAUjkbelt	EFT 514.92 5/19/20 MEDICARE	5/20/2020	(\$514.92)
Sample Client	1468990	CREDIT-BUREAUjcharding	AMB \$ 0.00 05-15-2020	5/20/2020	\$0.00
Sample Client	1469786	CREDIT-BUREAUjkperce	EFT .91 4/23/2020 UHC	5/21/2020	(\$458.11)
Sample Client	1469860	CREDIT-BUREAUjmgibson	AMB 112.90 05-19-2020	5/21/2020	(\$112.90)
Sample Client	1470236	CREDIT-BUREAUjweekes	EFT 1335.24 5-19-2020 MEDICARE B ARIZONA	5/21/2020	(\$1,335.24)
Sample Client	1470758	CREDIT-BUREAUjweekes	EFT 486.21 5-20/2020 UHC RIVER VALLEY	5/21/2020	(\$486.21)
Sample Client	1470761	CREDIT-BUREAUjweekes	EFT 425.44 5-20-2020 MEDICARE B ARIZONA	5/21/2020	(\$425.44)
Sample Client	1470764	CREDIT-BUREAUjweekes	NP 5-20-2020 301810344 MEDICARE B ARIZONA	5/21/2020	\$0.00
Sample Client	1472991	CREDIT-BUREAUjareynolds	EFT 102.72 5/26/2020 UHC	5/26/2020	(\$102.72)
Sample Client	1473799	CREDIT-BUREAUjweekes	EFT 170.71 5-26-2020 UHC RIVER VALLEY	5/27/2020	(\$170.71)
Sample Client	1473801	CREDIT-BUREAUjweekes	NP 5-26-2020 0939320200522080005 UNIVERSITY PHYSICIAN	5/27/2020	\$0.00
Sample Client	1476185	CREDIT-BUREAUjcharding	FC - EMAIL CLIENT DEPOSIT 05262020 15781.33	5/28/2020	(\$15,355.89)
Sample Client	1476190	CREDIT-BUREAUjthelm	AMB \$ 0.00 05-27-2020	5/28/2020	\$0.00
Sample Client	1477331	CREDIT-BUREAUjcharding	FC - EMAIL CLIENT DEPOSIT 05012020 15255.56	5/29/2020	(\$15,255.56)
Report Total					(\$51,536.11)

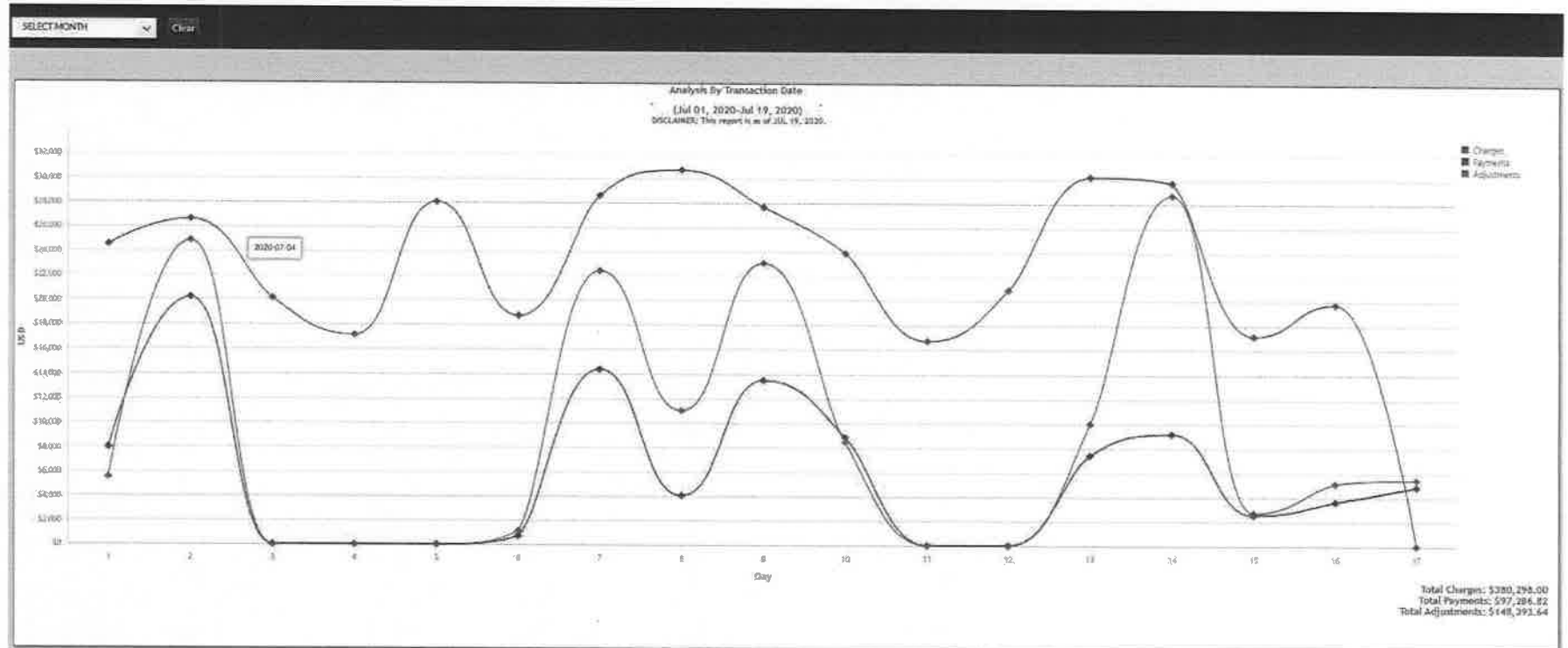
Dashboard Report Samples

Dashboard Overview



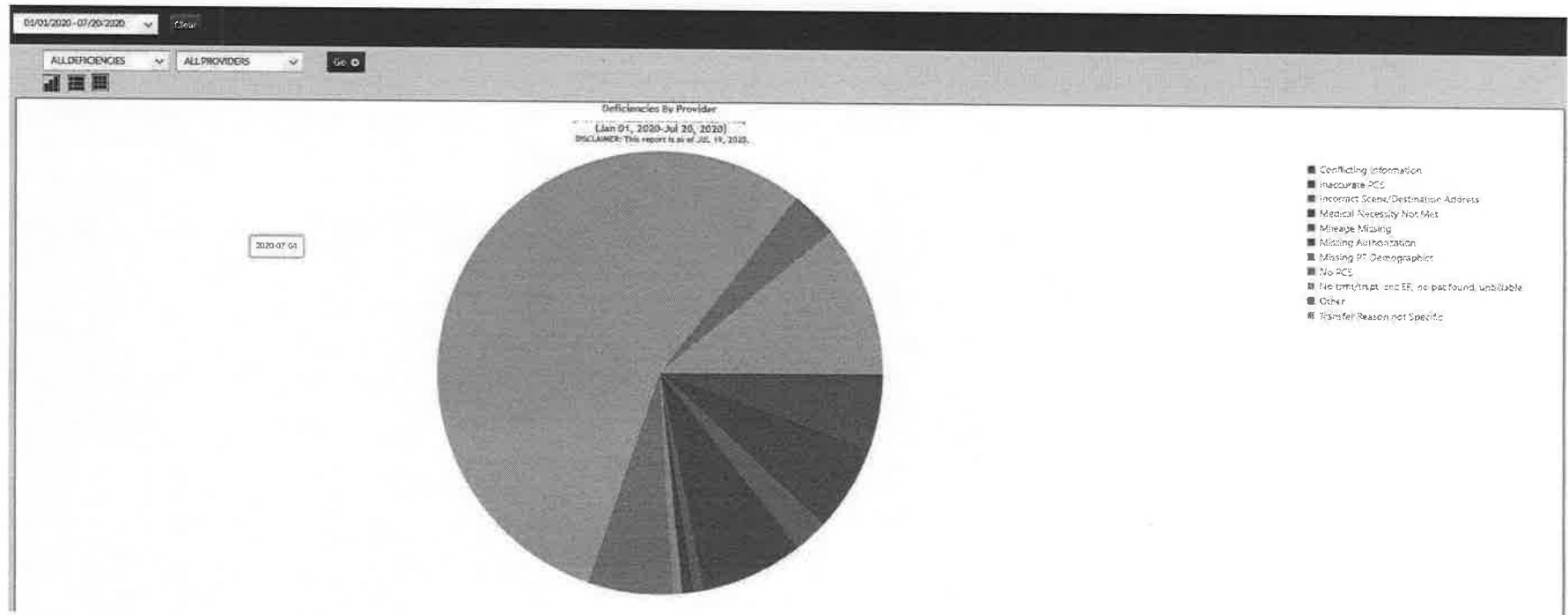
Analysis by Transaction Date

The Analysis by Transaction Date will display the monthly day to day progression on the number of charges, payments, and adjustments that have occurred on the account.



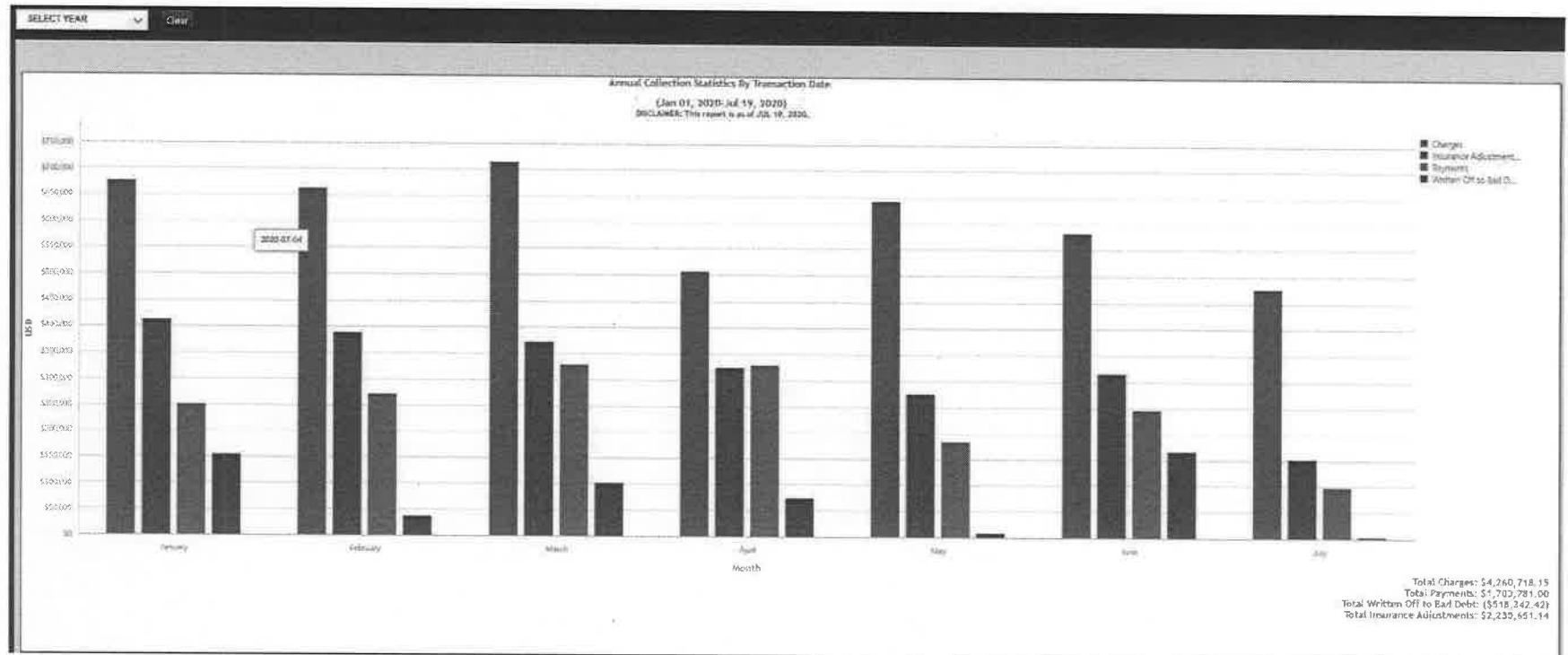
Deficiencies by Provider

This report displays the detail of what AMB has deemed as a deficiency. This report provides the ability to drill down to determine the particular crew members that may need further training.



Annual Collection Statistics by Transaction Date

The Annual Collections Statistics provide the charges, payments, write-offs, and insurance adjustments that have occurred each month.



IMPLEMENTATION & TRANSITION

My company has been working with AMB for several years...It was such an easy transition we hardly noticed. We have seen an increase in reimbursements and the personal touch that AMB has is wonderful. – Sue B., EMS Billing Manager

The initial setup of the City of Lockport account is important to minimize any gaps in the transition. We understand the impact of transitioning to a new billing vendor which is why we have worked to condense our onboarding timeline. Our Implementation Team will work with you from the moment that the contract is awarded to ensure a smooth transition. Our plan of implementation is one of the shortest in the industry.

Up and Running within 30-45 days

Once the contract is fully executed, Stacy will provide LFD with an introductory email; officially welcoming you to the team, and providing the list of requested documents. A Team Kick Off Call will be scheduled within a week of signed contract return to review how your agency and AMB will successfully work together. We prefer this meeting to occur through a virtual call so we can meet you from the very beginning.

During the initial Implementation meetings, LFD policies will be discussed and documented including hardships, collections/bad debt, and how LFD employee bills are handled. Should LFD team require certain guidelines to be followed, we will implement them. For instance, if LFD would prefer that the coders view your ePCR system directly to ensure the EKG tracing and reading is within the ePCR, our coding team will fulfill this by noting each account of their review and findings. We don't mind taking extra steps to improve compliance and revenue for our clients.

Upon completion of the Kick Off Call meeting, AMB will begin the implementation process of claims clearinghouse set up, EDI enrollments, billing system build out, import definitions to allow runs from ESO into our billing system, and ERA (electronic remittance advice) set up for payments. During this time, we will provide training on the AMB Billing system web portal where you can access current run, financial and reporting information.



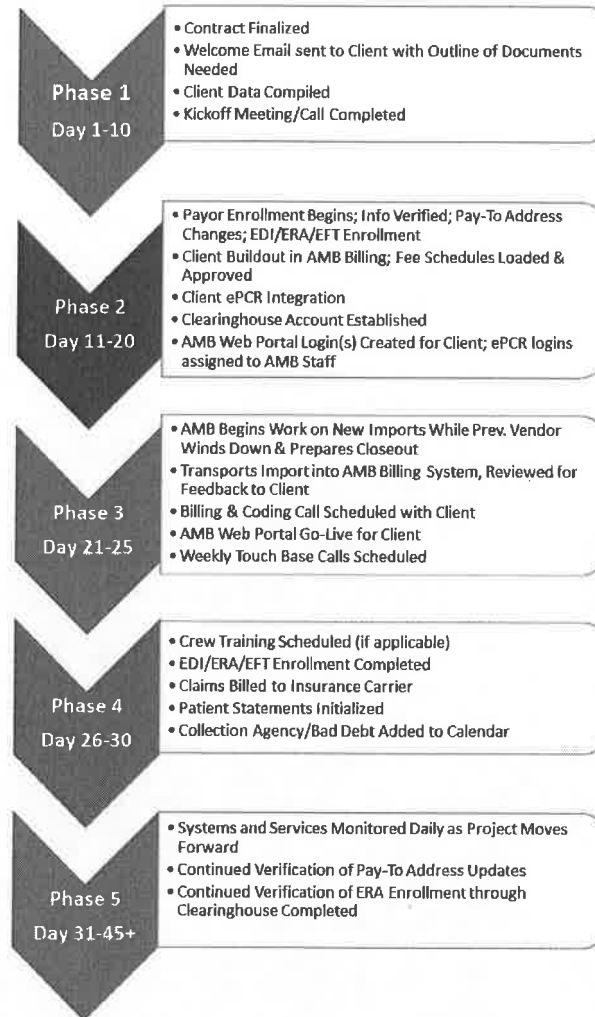
Once we receive an adequate sampling of runs for audit, our AMB team will host a Billing and Coding video conference. During this call, we will provide feedback on documentation, demographics and supporting data. We will closely monitor LFD's progress as trip tickets import into the software; verifying that all required data elements have been provided. We will monitor the progress of imported transports as they become claims, claims are filed, and payments are received in the expected timely manner.

Bi-weekly Touch Base calls will be arranged to keep you updated on the progress of implementation and discussion of agency specific needs. The Touch Base calls will continue through the length of your contract and can be scheduled in weekly or monthly intervals; it is your preference. Our Provider Enrollment Department will assist LFD in setting up payers including Medicare and Medicaid, updating and maintaining any agreements, forms and required documentation with healthcare payors (governmental and commercial) on a regular basis. While the enrollment process with Medicare typically takes 30-35 days, the project can launch immediately after contract award.

Based on the success of past implementations, AMB will make recommendations to ensure a smooth transition, improved results and better compliance with regulations. We will keep you informed with changing insurance payor guidelines in order to ensure maximum reimbursement.

We have included a timeline of implementation phases that marks each significant task throughout the transition. The dates will be finalized once you choose AMB as your billing partner, and timing is dependent on award notification.

Sample City of Lockport Implementation



COMPLIANCE

It is the policy of AMB to obey the law and to follow ethical business practices. AMB has an ongoing commitment to ensuring that its affairs are conducted in accordance with applicable law, and sound and ethical business practices including but not limited to the OIG Compliance Program Guidance for Third Party Medical Billing, CMS, and HIPAA rules and regulations. AMB is compliant with the requirements of all appropriate HIPAA Rules, including but not limited to the Privacy Rule, Red Flags Rule (identity theft policy), HITECH and FACTA regulations.

HIPAA and patient privacy compliance is a priority to AMB. All employees are trained on HIPAA and patient privacy from their first day on the job, and on an annual basis thereafter, at minimum. A Business Associate Agreement (BAA) will be executed along with the billing contract for LFD.

AMB can provide a copy of our comprehensive Compliance Plan upon request. The Compliance Program applies to all AMB employees, board members, and clients. The effectiveness of the Program is predicated on our corporate culture and the implementation of our values. AMB's mission statement is the underpinning of our commitment to doing the right thing for our clients, ourselves, each other, and our community, and personifying honesty and integrity.



Record Retention

AMB complies with all federal, state, and EMS record retention requirements and will work with any requirements of LFD. Regardless of the medium of storage, all documents and records shall be indexed, searchable, and retrievable.

System Backup and Recovery

AMB has taken every safeguard to make sure that your data will be more than adequately protected. We have both a backup and a Disaster Recovery Site for all data, including SQL. The data is backed up daily and replicated with a 24-hour Response Time Objective (RTO) to our offsite Disaster Recovery Center. We have a Recovery Point Objective (RPO) of 24 hours. The systems use the latest Cisco and IBM hardware and run on a VMware software infrastructure. The Data Center is in an environmentally and access-controlled room with a natural gas-powered generator as a backup power source.

AMB has a comprehensive Disaster Recovery Plan in the event of an event. Our Disaster Recovery Plan is designed to mitigate any possible threat to the security of our business-critical data and the data of our clients. A copy of the complete Disaster Recovery Plan is available upon request.

AMB's Chief Information Officer is responsible for ensuring that all software purchased and used by the company complies with current HIPAA Security Laws as well as software copyrights. AMB maintains and monitors computer systems to ensure that patient and provider information is protected. System access is limited to persons authorized and levels of security are limited according to the user's role.

To ensure and maintain the accuracy and integrity of electronic data systems used for claims submission, collections, credit balances, provider information and other relevant information, AMB ensures that:

- All data is backed up on a regular basis.
- Regularly scheduled virus checks are performed on all systems.
- Data is protected against unauthorized access or disclosure by limiting access to data system.

INSURANCE COVERAGE

AMB will supply all of the necessary insurance coverage for the LFD. AMB agrees to hold the City of Lockport harmless from liability incurred in the performance of the contract, if any, resulting from failure of AMB. Additionally, AMB agrees to comply with all laws as applicable for work with LFD.

Upon execution of a contract, AMB will add LFD as an additional insured party to our policy and for the following at acceptable coverage levels.

- Worker's Compensation
- Business Automobile Liability
- Commercial General Insurance
- Professional Liability
- Errors and Omissions

Please find a sample of the Certificate of Insurance on the following pages.

***AMB will meet all City of Lockport requirements
for insurance coverages.***

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
6/13/2022

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 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 Peel & Holland, Inc. P.O. Box 427 1120 Main Street Benton KY 42025-0427		CONTACT NAME: Cindy Davis PHONE (A/C No, Ext): 270-527-8621 FAX (A/C No): 270-538-9158 E-MAIL ADDRESS: cdavis@peelholand.com	
INSURED Credit Bureau Systems, Inc. PO Box 9200 Paducah KY 42002		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
CREDITOR		NAIC # 10677	

COVERAGES

CERTIFICATE NUMBER: 731206409


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 INSR	QUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			EPP0554868	10/10/2021	10/10/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			EPP0554868	10/10/2021	10/10/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. \$ RETENTION \$			EPP0554868	10/10/2021	10/10/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EPP0554868	10/10/2021	10/10/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CANCELLATION

SAMPLE	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 

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A CORD 05 0

The ACORD name and logo are registered marks of ACORD

E: Price Proposal**PRICING PROPOSAL**

AMB has prepared an exclusive offer for the City of Lockport, based on your estimated financials including volume, patient mix, charge mix, etc.

AMB offers the proposed services for a percentage of net cash collected for the *entire term of the contract*. Net collections are defined as revenue collected and posted for a given month. We propose two options (*due to interpretation of NY Sate billing regulations; Medicaid claims must have a flat-fee charge):

EXCLUSIVE AMB OFFERING	
Option #1	
EMS Billing Services	
7.0%	
\$10 per Medicaid claim	
Seven Percent	
Ten Dollars per Medicaid Claim	
Option #2	
\$19.50 per claim	
Nineteen Dollars and Fifty Cents per Claim for all Claims	

***The City of Lockport will never see any additional charges for
AMB's services***

All of the features below are included in the pricing for services:

- All insurance forms, patient invoices, envelopes, supplies and postage
- All services as required in the RFP and described in this Proposal
- Dynamic, interactive dashboards accessible via computer/smartphone/devices
- Custom Reports designed by AMB Reporting and Analytics Specialists
- Insurance Verification Services
- HIPAA and Regulatory Compliance, Complete Data Security
- Training as needed on topics such as documentation and more
- Excellent Patient & Customer Service, including on-site visits and virtual

E: Compliance Services

AMB partners with many ambulance consultant services including Medical Compliance Services (MCS). Listed below are some of the standard services MCS offers. The City may contract with MCS directly based on their needs, or if selected as the winning contractor, AMB can offer consulting solutions rolled into a billing fee, again based on your exact needs.

Policies / Procedures	If the Proposal is accepted, the Client would retain Consultant to assist in the development of a customized Compliance Program, policies/procedures, and to perform services in accordance with the terms of a written Agreement. The Consultant will review all current process (dispatch, documentation/ride time, QA/QI/QM etc.) and advise on best practices. All travel and other expenses are included in the yearly fee. Reviews and/or revisions are done to the eBinder upon payment for yearly renewal of services.
Audit Process	The Audit Process consists of a random audit for 25 Medicare PAID runs. This includes documentation with regard to compliance with Medicare rules and regulations. Such auditing of run documentation shall take into account the Code of Federal Regulations and the Medicare Benefit Policy Manual Chapter 10 as well as the Claims Processing Manual Chapter 15. Signature and documentation relative to Medical Necessity Certification (CMN) for non-emergency transports are included in the yearly audit.
Training Process	Includes, but is not limited to in person administrative training of staff and in person compliance training for all employees the first year. For future years either online or in person training will be provided depending upon the error percentage of the audit. MCS provides training and consultation regarding compliance issues, the pitfalls and areas of concern for EMS employees regarding run and related documentation.
On-going Services	MCS remains current on ambulance run documentation related to compliance and billing issues and updates client by email of such issues. MCS are members of Provider Outreach and Education Medicare advisory groups. MCS also participates in the CMS Compliance Focus Group.
SMARTDOC QUICK-ASSESS	Includes, the SMARTDOC LLC's Medical Necessity Application (SMARTDOC QUICK-ASSESS). The application makes Medical Necessity documentation easier. SmartDoc Quick-Assess helps the crew to paint a picture of why patients require transport by ambulance - making it easier than ever for proper documentation.

F: References

Roughly one third of AMB's clients are located on the East coast. Our expert billing staff is skilled in all billing rules and regulations for the State of New York. This includes our provider enrollment staff, coders, and billing specialists. Maintaining a deep understanding of the specific guidelines required for billing Medicare, Medicaid and other insurance payers in New York is critical to optimizing revenue while performing all billing tasks in the most efficient manner possible.

We have included a list of references for clients who perform services similar to LFD.

CONFIDENTIAL and PROPRIETARY

AMB encourages the City of Lockport to contact *any* AMB client regarding the results and service that we deliver. We have provided five references that represent similar engagements to LFD. Please let us know if you would like additional contacts.

Town of Houlton Ambulance Service
99 Military Street, Houlton, Maine 04730
Milton Cone, Fire Chief
207-532-1315
chiefmjcone@houlton-maine.com
1,500 Annual Transports



Lancaster Volunteer Ambulance Corps
40 Embury Place, Lancaster, NY 14086
Rob Sank, Chief of Compliance
207-716-3282
rsank@lancasterambulance.com
6,000 Annual Transports





Southern Berkshire Volunteer Ambulance

31 Lewis Avenue, Great Barrington, MA 02130

Caleb Stone, Director of EMS

413-528-3632

cstone@sbvas.com

3,000 Annual Transports



Franklin County Public Safety

1255 Franklin Street, Rocky Mount, VA 24151

William "Billy" Ferguson, Fire Chief

540-483-3091

william.ferguson@franklincountyva.gov

4,500 Annual Transports



Bristol Life Saving Crew

1601 Euclid Avenue, Bristol, VA 24201

Catrina Christi, Office Manager

276-669-5441

crew@bvu.net

2,500 Annual Transports



I could not ask for anything better and highly recommend AMB to any company looking to increase their revenue and eliminate worry and hassle. – Chris L., EMS Director

Client Testimonials

CONFIDENTIAL and PROPRIETARY

We transitioned to AMB from another vendor beginning 1/1/2018 because we felt collections could be higher. After the first full year, we had collected \$115,000.00 more than what was projected in our budgeted revenue. By using this additional revenue and the revenue that had been collected thru the first 6 months of 2019, we were able to give long overdue raises to our employees because of the confidence we had in AMB.

- Chris W. Lea, Director, Haywood County EMS

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I am typing this letter to say thank you for your excellent service and the awesome job that you guys at AMB do for us. I especially want to give a shout out to you, Dana Evans, and our sales rep for all of your help with our County commission meetings along with the hours they spent traveling down here to Cannon County for our benefit.

Thank you very much for the email, I really do appreciate this. Honestly though, we are all in this together. The excellent job you guys do on the business side is what keeps us going. Every time I reach out to you guys, especially our client rep, your hospitality and professionalism are outstanding. I can't brag on all of you guys enough with how pleased I am with your services and I want to say from the bottom of my heart thank you very much for all that you guys do as well. Again, we are all in this together and we certainly could not do what we do without your help.

- Dek Sissom, Cannon County EMS

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We are EXTREMELY impressed with our numbers! Our cash was way up and AR days are way down! We will be sharing this with our Council. We know this has been a hard year and being able to produce numbers like this is something that should not go unnoticed. Please let your entire team know how much we appreciate everything they do for us!

- Mike Rogers, Boyle County EMS

Dougherty County EMS joined with Ambulance Medical Billing Service in June 01, 2015 which proved to be an excellent billing service decision. The transition was very well coordinated and AMB provided excellent communication during the switchover. The staff were extremely helpful to our department and they provided detailed billing training to our department.

Revenue collection has been at its highest since we moved over to AMB service. They monitor our accounts daily and provide up to the minute reports. If we have any questions, they are resolved in a short amount of time with good recommendations by the AMB staff. Our cash collections have increased significantly and payments are received in the shortest amount of time ever. We have been assigned a single point of contact and our client rep is excellent!

If you are not satisfied with your current vendor, I highly recommend Ambulance Billing Service. They have met every expectation and provided our department with information to help us collect every dollar possible. Customer Service is their Game!

- Sam Allen, Dougherty County EMS

Evidence of Project Success

We are proud to have a strong network of EMS agencies going strong since 2005. That amounts to hundreds of satisfied clients receiving increased revenues for 17 years

G: Sample Agreement and Business Associate Agreement

AMB SERVICE AGREEMENT

THIS AMB SERVICE AGREEMENT (the "Agreement") is made and entered into on this the 1st day of February, 2023, by and between City of Lockport, of 1 Locks Paza, Lockport, NY 14094 ("CLIENT"), and Credit Bureau Systems, Inc. d/b/a Ambulance Medical Billing, of 100 Fulton Court, Paducah, Kentucky 42001-9004 (hereafter "AMB"), pursuant to the terms and conditions set forth herein. For the consideration stated herein, the parties do hereby agree as follows:

1. **Description of Services.** AMB is a national ambulance and EMS full-service billing and revenue cycle management firm, specializing in billing and obtaining payment for services provided by ambulance services, and CLIENT is in the business of providing ambulance services to patients in its geographical location. For the term of this Agreement, as defined herein, AMB shall use commercially reasonable efforts to bill for and obtain reimbursement for CLIENT for the services rendered by the CLIENT to patients, on or after the Effective Date, by billing patients and third-party payers, including applicable governmental programs and entities (hereafter the "Services"). Any additional services which AMB agrees to provide, other than those set forth in this Agreement, will be explicitly set forth in an Addenda hereto which, if applicable, is incorporated herein by reference and explicitly made a part of and included in the Services. All provisions in this Agreement apply to any Addenda unless explicitly stated otherwise.

CLIENT agrees that AMB will be the sole and exclusive provider of the Services during the terms of this Agreement, and CLIENT will not utilize any other party or entity, or its own personnel, to bill for services rendered by CLIENT during the term of this Agreement.

2. **Effective Date.** This Agreement shall be effective for all Services rendered by CLIENT on and after February 1, 2023, during the term of this Agreement, as defined herein. AMB shall have no obligation or responsibility with respect to any services rendered by CLIENT prior to the Effective Date, or accounts receivables already existing as of the Effective Date, unless a separate written agreement is entered into by the parties with respect to said prior accounts receivable (hereafter "Legacy Claims").

3. **Term.** The initial term of this Agreement shall be for Three (3) years from the Effective Date (hereafter the "Initial Term"). The Initial Term shall automatically renew for an additional one (1) year term (hereafter the "Additional Term") unless the Agreement is terminated in the time and manner set forth herein.

4. **Fees.** Beginning as of the Effective Date, CLIENT shall pay AMB a fee of Click or tap here to enter text.% per month of net collections received during the Initial Term and any Additional Term (the "Base Fee"), including any wind down period as defined herein. Net collections shall be defined as the total sum of all money collected and/or received by AMB and/or CLIENT, for the services rendered by CLIENT after the Effective Date, during the Initial Term or any Additional Term of this Agreement. It is specifically agreed that net collections are calculated based on gross dollars received, without regard to whether CLIENT has been required to refund any money collected to any third-party payers, including applicable governmental programs and entities. The parties acknowledge that some direct payments will be made to CLIENT during the term of this Agreement (hereafter "Direct Payments") and CLIENT acknowledges that AMB is entitled to be paid its fee, as described herein, with respect to any such Direct Payments. CLIENT shall report all such Direct Payments to AMB within 72 hours of receiving said payment.

5. **Computer Hardware, Software, and Training.** To implement the Services, CLIENT has requested, and AMB has agreed to provide, the following necessary computer hardware, software, whether cloud based or otherwise, equipment, and training (hereafter collectively the "Equipment") for the following agreed upon prices:

- a. Software - N/A
- b. Hardware - N/A

Total Charge for Equipment: \$N/A

By executing this Agreement, CLIENT acknowledges that the CLIENT has received and is using or can use the Equipment, including all training, contemplated hereunder, unless CLIENT provides written notice, as required herein, to AMB within sixty (60) days of the Effective Date. Absent written notice, CLIENT waives any claim that it did not receive the Equipment, is not using the Equipment, or that the Equipment does not work.

CLIENT further acknowledges that it, rather than AMB, has independently chosen all Equipment and made such investigation into the quality, reliability and need for the Equipment as it deems necessary. CLIENT agrees that AMB is not vouching for or warranting the Equipment, or the specific version of Equipment, and CLIENT agrees that

AMB will have no liability or responsibility for any problems, malfunctions, or glitches with the Equipment. CLIENT agrees and acknowledges that its sole remedy with respect to any problems with any Equipment shall be as against the vendor or manufacturer and AMB's only obligation is to assist CLIENT in finding the appropriate solution so as to provide the Services.

CLIENT and AMB agree and acknowledge that Equipment shall become the property of the CLIENT, and title shall pass to the CLIENT, upon delivery and/or installation by AMB.

If this Agreement is terminated by CLIENT or AMB, for any reason, prior to the completion of the Initial Term, CLIENT shall immediately pay AMB the pro-rata portion of the Total Charge for Equipment that represents the pro-rata portion of the Initial Term that is not completed due to termination (hereafter the "Pro Rata Charge for Equipment"). By way of example, if CLIENT terminates this Agreement, for whatever reason, after 19 of 36 months, CLIENT shall owe and shall pay AMB the Pro Rata Charge for Equipment which shall be equal to 17/36ths of the Total Charge for Equipment, immediately upon termination. CLIENT specifically acknowledges that it shall have no right to return the Equipment or any portion of the Equipment to AMB for a full or partial credit towards the Total Charge for Equipment owed by CLIENT to AMB.

If CLIENT fulfills its obligations as described herein, including its obligation to pay for all Base Fees as described herein, and the Agreement is not terminated prior to the expiration of the Initial Term, CLIENT shall owe no additional amount to AMB for the Equipment.

6. **Remit To Address.** It is mutually agreed that all payer "remit to" addresses and patient payments shall be directed to the office of AMB. CLIENT acknowledges that it is a material breach of this Agreement to change the "remit to" address for any payer or third-party payers, including applicable governmental programs and entities.

7. **Payment of Fees to AMB.** AMB shall send an invoice to CLIENT for all Base Fees, any Pro Rata Charge for Equipment due and owing, and any other charges, as provided for herein, on or about the 10th day of each month following the close of business for the prior month (hereafter "Invoice"). Payment is due, and CLIENT shall pay, the Invoice upon receipt. Any Invoice, or part of any Invoice, that is not paid by CLIENT within thirty (30) days of the Invoice date, shall be subject to, and CLIENT shall pay, interest at the rate of 1.5% per month until paid.

CLIENT agrees to carefully review each Invoice upon receipt, and CLIENT shall notify AMB in writing with respect to any charges that are disputed within thirty (30) days of the Invoice date. All charges on any Invoice that are not disputed in writing by CLIENT within thirty (30) days of the Invoice date, along with all accrued interest charges, shall be deemed correct, final and non-modifiable by the parties.

CLIENT agrees to, and hereby does, grant AMB a lien and right of offset on all money received and to be received on behalf of CLIENT pursuant to this Agreement, as a result of the Services provided by AMB, up to the amount of all outstanding Invoices.

Should CLIENT fail to pay AMB within thirty (30) days of the date of any Invoice, Client hereby authorizes and directs AMB to access, withhold, retain and apply sufficient sums for payment to AMB of all outstanding Invoices from money paid to and on behalf of CLIENT from payment transactions on patient accounts, whether from insurance companies, governmental payers, or patients. AMB shall have the right, but not the obligation, to take such steps as allowed herein, and AMB does not waive the right to take any steps it is allowed to take hereby by refraining from immediately taking such steps. All balances due and owing to AMB after any offset shall remain due and owing pursuant to the terms set forth herein. Without limiting the foregoing, CLIENT specifically authorizes and directs AMB to change all "remit to" addresses in connection with all billing to direct all patient and/or third-party payments to AMB, rather than CLIENT. AMB shall provide a full and complete accounting to CLIENT of all payments remitted to AMB on behalf of CLIENT, and AMB shall promptly remit to CLIENT all money remitted to AMB, net of any money retained and applied towards amounts owed to AMB. If CLIENT fails to pay any outstanding Invoice within 90 days of the Invoice date, AMB reserves the right to terminate the Agreement immediately with the wind down period being voided and AMB having no further obligations hereunder. AMB's lien, and right of offset, as set forth herein, shall survive the termination of this Agreement.

8. **Bank Account and Treasury Process.** A bank account or lockbox account will be set up and maintained in the name of CLIENT for the purpose of receiving remittances from AMB (hereafter the "Bank Account"). CLIENT shall be responsible for all bank charges, and AMB shall have no responsibility or liability for any bank error or omissions. Except as provided for in Section 7 of this Agreement, AMB shall remit all amounts collected on a daily basis to the CLIENT's Bank Account via ACH Electronic Funds Transfer.

9. **Operating Procedures.** CLIENT agrees and acknowledges that in order for AMB to provide the Services contemplated hereby, CLIENT must provide, or cause facilities, hospitals, or other third-party sites at which CLIENT provides services, to provide to AMB accurate and complete demographic information required by AMB, at no cost to AMB (hereafter the "Demographic Information"). CLIENT acknowledges that AMB will necessarily rely on the Demographic Information in providing the Services contemplated herein, and that the timing and amount of reimbursements and ultimately Net Collections generated by AMB and received by CLIENT is directly related to the completeness, timeliness and accuracy of the Demographic Information and other variables, some of which are beyond the control of AMB. CLIENT agrees, therefore, to provide sufficient employees, and training and oversight of its employees, so that complete and accurate Demographic Information is captured.

AMB will bill and attempt to collect CLIENT charges in a commercially reasonable manner and in accordance with all applicable Federal, State, and Local laws and regulations.

a) **Responsibilities of AMB:**

(1) Provide coding of all encounters generated by CLIENT, as required by third-party payers, inclusive of, but not limited to HCPCS, and the appropriate ICD coding schemes, including but not limited to ICD-9 CM or ICD-10 coding schemes, and such other coding schemes as may be adopted and/or used.

(2) Issue bills to individuals for all self-pay patients with a minimum of 2 statements and 1 script letter (Collection Notice). CLIENT will be given limited discretion regarding the wording to appear on bills and letters.

(3) As necessary, develop and maintain electronic data interfaces directly with CLIENT's hospital service sites (where such sites allow) for the collection of patient demographic data. CLIENT agrees to apply its best efforts to assist AMB in achieving these interfaces, including, but not limited to interacting with hospital Information Systems staff, Administration, and others.

(4) Issue initial billing to patients and/or third parties no more than three (3) business days after receiving all required information.

(5) Submit claims electronically to all third-party payers capable of accepting claims in electronic format.

(6) Prepare and deliver month-end reports of the billing performance and practice statistics no later than the tenth (10th) business day of the next month. This duty may be fulfilled by electronic and/or paper reports.

(7) Produce monthly credit balance reports and advise the CLIENT of refunds due to both patients and third parties.

(8) Provide toll free phone lines for patient inquiries and adequate phone inquiry staff to effectively respond to patients in a reasonable amount of time.

(9) Use reasonable efforts to advise CLIENT of any material change in third-party rules and regulations which are made known to providers and third-party billing agents or otherwise known to AMB.

b) **Responsibilities of CLIENT:**

(1) Identify one administrative and one clinical representative to whom AMB may, respectively, address all matters related to Services under this Agreement. If AMB or its selected vendor performs coding for CLIENT, CLIENT will also appoint a coding representative. All CLIENT representatives will have the power to agree, on behalf of CLIENT, to mutually agreed resolutions to any issues arising in their respective areas, and upon AMB's request, receive confirmatory memoranda or letters, which will thereupon be incorporated into this Agreement by reference. These individuals appointed by CLIENT will provide timely response to all reasonable requests by AMB.

(2) CLIENT warrants that AMB may rely on the existence of patient signatures on assignment of benefits, medical information releases and Advance Beneficiary Notices, and physician signatures on charts and other medical documents, as required for submission of claims on behalf of CLIENT.

(3) CLIENT will assist AMB in working with and/or resolving problems related to work performed by personnel employed by hospitals, labs and other institutions in order to achieve the goals of this Agreement and the provision of Services by AMB in an efficient and cost-effective manner.

(4) CLIENT will provide AMB with timely notice at least sixty (60) days prior to the expected addition or reduction of services so that AMB has adequate time to perform its duties under the Agreement. AMB will not be responsible for losses or delays in payment resulting from untimely notice.

(5) It is the mutual goal of CLIENT and AMB to conduct all billing in a compliant manner. CLIENT will establish and enforce and AMB will follow written billing policies and procedures for the practice that will serve as the foundation of a practice Compliance Program for CLIENT and AMB. These billing policies and procedures will be developed and amended, as needed, in concert with AMB's Compliance Staff and AMB's Compliance Plan, as described in the Agreement, and shall be consistent with AMB's Compliance Plan.

(6) CLIENT will respond, within five (5) business days, to any documentation requests, made by payers and/or AMB, and forwarded from AMB.

(7) Upon receipt of the requisite research and worksheets from AMB, CLIENT will timely issue refunds of overpayments to patients and payers and shall be responsible for reconciliation of the refund checking account to assure that all refund checks have been cashed. CLIENT shall promptly notify AMB of the receipt of cancelled checks upon which AMB shall rely to remove credit balances from CLIENT's accounts receivable files. CLIENT shall be solely responsible for monitoring and surrendering unclaimed funds to the Treasurer of the State having escheat jurisdiction over any unclaimed payments.

(8) CLIENT shall be responsible for assuring that all information required for CLIENT enrollment, if performed by AMB, is provided timely, accurately and completely. AMB shall not be responsible for delays in provider enrollment and subsequent billing and payment delays or losses related to delayed response by CLIENT.

(9) CLIENT shall give AMB timely advance notice of any new payment contracts, HMO or PPO relationships and other contracts or market changes so that AMB may accommodate these changes, as necessary.

(10) CLIENT shall give AMB a 30-day notice of any fee schedule changes to update the billing software.

10. **Cash Flow Ramp Up.** AMB acknowledges that maintaining adequate cash flow for CLIENT is an important part of the relationship between CLIENT and AMB, and AMB will use its good-faith, best efforts to maximize CLIENT's cash flow. CLIENT acknowledges that its cash flow is affected by many things, including its run volume, which is out of AMB's control. CLIENT agrees and acknowledges that AMB has explained that it will diligently begin billing, re-billing, and following up on CLIENT's claims as of the Effective Date. CLIENT further acknowledges that it understands that, unless a separate written agreement is entered into, AMB has not agreed to provide Services with respect

to CLIENT's Legacy Claims, and it is vitally important to CLIENT's cash flow that CLIENT or some other third party continue to re-bill and follow up with respect to its Legacy Claims in a commercially reasonable manner. CLIENT acknowledges that in order for cash flow to remain at levels comparable to that which existed pre-Effective Date, CLIENT must continue to diligently bill, re-bill, and follow up with all Legacy Claims with the same effort, timeliness, and manpower as before the Effective Date. CLIENT acknowledges that if it fails to diligently bill, re-bill, and follow up with all Legacy Claims with the same effort, timeliness, and manpower as before the Effective Date, CLIENT's cash flow will be negatively affected, and that such decrease in cash flow is beyond the control of AMB.

11. **Confidentiality**. AMB agrees not to disclose to anyone other than CLIENT any information about CLIENT's business, fee structure, internal compensation, operating practices and procedures, methods, managed care or facility contracting strategies, or similar business information that would commonly be understood to be confidential or any confidential medical information regarding CLIENT's patients received in the course of performing the Services (CLIENT's "Confidential Information"), except as required to bill charges, as legally required, or as otherwise provided herein.

CLIENT agrees that it will not disclose to third parties' information about AMB's business, fee structure, strategies, internal compensation, operating practices, procedures, protocols, methods, vendors, computer hardware and any proprietary software utilized, and resulting or related processes employed by AMB to provide the Services (AMB's "Confidential Information").

Each party's Confidential Information shall remain the property of that party, during and after this Agreement. Both parties shall, at all times, have in force a signed Confidentiality Agreement executed by each full time and part time employee, independent contractor, consultant and vendor that requires CLIENT's Confidential Information and AMB's Confidential Information to be maintained and protected as set forth herein, which said Confidentiality Agreement(s) shall survive the expiration or termination of this Agreement. Both parties shall comply with, and assist the other with compliance with applicable state or federal confidentiality requirements as to individual patient information. Notwithstanding the foregoing, CLIENT agrees that AMB may use CLIENT information for research and statistical compilation purposes so long as CLIENT and patient identifying information is kept confidential in accordance with applicable law.

12. **Software, Proprietary Information, and CLIENT Data.** AMB will at all times during the term of this Agreement, have a valid and current copy of and license for use of any third-party billing software used to provide the Services required hereunder, and CLIENT will be given timely notice of any changes in third-party software vendors or systems to the extent those changes would materially affect the Services. The parties agree that AMB may store Demographic Information, back-up documentation, statements, explanations of benefits, payer inquiries and other information it receives in connection with the Services ("CLIENT Information") in electronic form through optical scanning or other technologies selected by AMB and that AMB is not obligated to maintain paper copies. CLIENT represents that it shall maintain a current and complete copy of all CLIENT Information for such time as it deems advisable or is required by law. During the term of this Agreement, AMB will at all times maintain a current and complete copy of all CLIENT Information in a secure, off-site location. At the expiration of the Initial Term or, if applicable, any Additional term, AMB shall provide CLIENT with a disc or by such other means, of all CLIENT Data which includes a complete list of the existing accounts receivable (all debit and credit balances in an industry standard electronic format, including data layout and/or translation tables (hereafter "Close Out Disk"), if CLIENT has paid all fees due and owing to AMB hereunder. CLIENT agrees and acknowledges that once AMB provides the Close Out Disk, it shall have no further obligation to store CLIENT's data, except as may be required by law. CLIENT further agrees and acknowledges that if CLIENT terminates this Agreement before the expiration of the Initial Term or, if applicable, any Additional term, or if CLIENT fails to pay AMB all fees due and owing hereunder, AMB shall have no further obligation to store CLIENT's data, or provide the Close Out Disc, unless otherwise required by law.

It is specifically acknowledged that all CLIENT Data is the property of CLIENT but that AMB may maintain a copy for documentation of Services and for other purposes relating to this Agreement during and after the term of this Agreement.

13. **Termination.** This Agreement can be terminated by CLIENT at any time with 90 (ninety) days written notice, as defined herein, for any reason. CLIENT acknowledges that any termination without written notice, as defined herein, is of no effect. In the event this Agreement is terminated, for whatever reason, or expires, the parties agree as follows:

a) AMB shall continue to perform Services, and be entitled to the Base Fees set forth herein, for a period of one hundred twenty (120) days after the effective date of termination (hereafter "Wind Down Period") for all of CLIENT's charges for services rendered prior to the termination date (hereafter "Wind Down Fees").



b) CLIENT expressly agrees to cooperate and assist AMB with its performance during the Wind Down Period and will timely report, or cause to be reported, all payment received during the Wind Down Period.

c) AMB shall discontinue performing Services for CLIENT at the end of the Wind Down Period. CLIENT shall have no right to require the discontinuation of Services before the completion of the Wind Down Period.

d) CLIENT shall pay AMB the Pro Rata Charge for Equipment if the Agreement is terminated by the CLIENT prior to the end of the Initial Term and, if applicable, any Additional Term.

e) AMB shall deliver to CLIENT, conditioned upon full payment to AMB of all Invoices owed to AMB, a Close Out Disk of all accounts in AMB's billing software.

14. **Non-Employment.** During the term of this Agreement and for a one-year period commencing with the termination of this Agreement, both parties agree not to employ, directly or indirectly, or through any third-party rendering services on behalf of such party, any employees of the other or its parent, affiliates or subsidiaries, without written consent of the other party. Both parties agree that the other party does not have an adequate remedy at law to protect its rights under this section and agree that the non-defaulting party will have the right to injunctive relief from any violation or threatened violation of this section.

15. **Notice.** All notices required hereunder must be in writing and shall be deemed to have been given upon receipt if delivered by overnight courier service, or seven (7) days after mailing (any such mailing to be by certified or registered mail with first-class postage prepaid), sent to the following:

If to AMB:

If to CLIENT:

Ambulance Medical Billing

City of Lockport

Attn: Lloyd Ledet

Attn:

P.O. Box 9150

Address:

Paducah, Kentucky 42001-9400

City, State, Zip

16. **Governing Law and Jurisdiction.** This Agreement, and any addendums to it, shall be interpreted and governed by the laws of the Commonwealth of Kentucky. In the event of any dispute or disagreement between CLIENT and AMB, arising under this Agreement or otherwise, the sole and exclusive venue and jurisdiction shall be in the McCracken Circuit Court, McCracken County, Kentucky. In the event the CLIENT files any legal proceeding in any other venue, CLIENT shall be obligated to pay all costs and attorney's fees incurred by AMB until such time as the action is pending in McCracken County, Kentucky.

17. **Indemnification.** AMB will indemnify, defend (including providing a legal defense and paying all reasonable attorney's fees and reasonable litigation expenses) and hold harmless, CLIENT, its officers, directors, shareholders, employees and contractors, against any claims, damages, or liability (including but not limited to any claims, judgments, causes of action, fines, penalties, attorneys' fees, litigation costs and/or damages) arising out of AMB's errors, omissions, or acts which cause damage to CLIENT, in connection with claims by third-party payers, including applicable governmental programs and entities, subject to the limitation of liability set forth herein..

It is mutually understood and agreed that AMB shall use commercially reasonable efforts in the performance of its duties. Collection performance or CLIENT's cash flow concerns, however, shall not be deemed an error, omission, act, or basis for a claim under this Agreement.

CLIENT will indemnify, defend (including providing a legal defense and paying all reasonable attorney's fees and reasonable litigation expenses) and hold harmless, AMB, its officers, directors, shareholders, employees and contractors, against any claims, damages, or liability (including but not limited to any claims, judgments, causes of action, fines, penalties, attorneys' fees, litigation costs and/or damages) arising out of CLIENT's errors, omissions, or acts which cause damage to AMB.

18. **Compliance.** Both parties agree to, and have represented to each other that they do, perform their respective business activities in a manner consistent with all federal, state, and local laws and regulations. As part of the inducement, each to the other, to enter into this Agreement, both parties have represented that they do, and will continue to operate consistent with and fully comply with their respective Corporate Compliance Plans, to the extent that such plans have been adopted. To the extent that no such Plan has been adopted, both parties agree to the following:

a) Each party will conduct its own periodic risk assessment and advise the other party to this Agreement of any findings that may affect that other party's compliance or performance under this Agreement.

b) Both parties agree that the other party hereto may review its Compliance Program upon request.

c) Both parties agree to conduct appropriate background checks on all employees, prospective employees, contractors, agents and vendors to assure that all services are provided by individuals who have not been excluded by any governmental authority or should be excluded by any governmental authority.

d) Both parties agree to maintain appropriate compliance records and assure the completeness and security of said records.

e) Both parties agree to comply with the rules and regulations related to the following areas of widely known compliance risk:

- (1) Improper waiver of charges, deductibles and copayments;
- (2) Up-coding, unbundling, serial reporting and other coding violations;
- (3) Misuse of a provider number or misrepresenting the identity of a provider of services;
- (4) Failure to repay overpayments or failure to timely refund overpayments;
- (5) Seeking duplicate payment for the same service and/or from the same source;
- (6) Failure to maintain proper records of current and prior billing;
- (7) Failure to protect the confidentiality of patient information;

f) Both parties agree that, in the event that they become aware of a compliance concern that appears to be related to the other party's conduct,

they will promptly communicate that concern to the other party in writing. The party receiving notice will take prompt action to investigate the concern and will timely (within 30 days) report back to the other party, in writing, their response to the reported concern.

g) Both parties specifically agree that they will defer reporting any such concern to any payer, governmental agency or agent, or law enforcement organization until they have complied with the above paragraph and remain concerned that the other party's response is inappropriate or more than thirty (30) days has elapsed without any response. Both parties agree that only in cases where a party has firm, credible evidence of deliberate, willful or criminal misconduct will they immediately report concerns to anyone other than the other party.

h) Nothing herein shall be construed to infer or imply a duty or expectation that any party will knowingly conceal or participate in any misconduct or allow any misconduct to continue.

i) It is expressly agreed that AMB has the right and duty to suspend and refuse submission of any and all claims that AMB reasonably believes are, or may be, improper and would subject CLIENT or AMB to compliance violations. AMB has the duty to provide reasonable and timely notice to CLIENT of such suspension and to make reasonable and timely efforts to resolve the issue or concern leading to the suspension of claim submission. In the event that investigation is required to resolve the suspension, each party agrees to cooperate in such investigation.

j) Each party agrees to be separately responsible for their respective compliance-related legal and consulting expenses.

19. **Independent Contractors**. The parties to this Agreement are independent contractors and nothing herein shall be construed to create an employment relationship between either party or its members.

20. **Insurance.** AMB affirms that at all times during the term(s) of this Agreement, it shall have in force valid Worker's Compensation insurance covering all of its employees, as well as General Liability Insurance with a policy limit of no less than \$500,000, and Errors and Omissions insurance coverage with a policy limit of no less than \$3,000,000. AMB shall provide CLIENT proof of required coverage upon request.

21. **Inspection.** CLIENT, its agents and representatives, shall at all times during the term of this Agreement have reasonable access, during regular business hours, to review and inspect the location(s) where the services are performed upon seven (7) days advance written notice to AMB. Any inspection performed shall be subject to the confidentiality provisions of this Agreement and shall be conducted so as not to disrupt AMB's staff or business. AMB shall not unreasonably deny, restrict or delay access for any requested inspection. In the event that CLIENT engages the services of an outside party to conduct or assist in any inspection, CLIENT shall ensure that all other parties are bound by a Confidentiality Agreement identical to the one applicable to the parties to this Agreement.

22. **Force Majeure.** Time is of the essence in the performance of the duties required by each party hereunder. However, performance of duties hereunder may be impeded by occurrences beyond the control of one or both parties. Events such as flood, earthquake, hurricane, tornado, blizzard, fire, riot, war, insurrection, or civil disturbance, strikes by common carriers, disruption of business operations by lawful governmental order due to a pandemic, extended loss (more than 48 hours) of utilities (except for non-payment), and similar events shall excuse the affected party from performance of services impeded by such event(s). Nevertheless, each party has a duty to use reasonable efforts to prevent or mitigate such impediments. In the event that any catastrophe shall prevent the timely billing of CLIENT's services by AMB for more than fifteen (15) working days, CLIENT shall have the right to secure, without penalty, substitute services until AMB can restore services, at which time AMB's responsibilities and rights under this Agreement shall be reinstated. For its protection, CLIENT shall, at its own expense, purchase and maintain business interruption and/or accounts receivable insurance coverage to cover any such catastrophic event, as stated above. CLIENT agrees that under no circumstance shall AMB be liable to CLIENT for any losses associated with a business interruption, no matter the reason.

23. **Waiver.** The waiver by either party of any breach of any term, covenant or condition contained herein shall not be deemed to be a waiver of any subsequent breach of the same or any other term, covenant or condition contained herein.

24. **Severability.** In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect so long as the purposes for which the parties entered into this Agreement are not substantially frustrated thereby.

25. **Limitation of Liability.** AMB shall not be liable to CLIENT for any damages, whether direct or indirect, consequential or incidental, including, without limitation, loss of profits, arising out of or relating to uncollected or uncollectible accounts receivable or unpaid ambulance runs. The parties expressly agree that AMB makes no express warranty, nor shall any warranty be implied under this Agreement in respect of any service provided pursuant hereto, including but not limited to any warranty as to the ability to collect any customer/patient account from any patient, insurance company or other third-party payer.

AMB's aggregate liability relating to any of the Services and/or arising under this Agreement shall be limited in all cases to the amount of fees actually paid by CLIENT for the Services during the twelve (12) months preceding the date of any claim made by CLIENT against AMB.

26. **Miscellaneous.**

a) This Agreement contains the entire agreement between the parties relative to the Services to be provided to CLIENT and no amendments, representations, inducements, promises or agreements, oral or otherwise, between the parties not embodied in the Agreement will be of any force or effect, unless in writing and signed by both parties.

b) This Agreement specifically supersedes any prior written or oral representations or agreements between the parties relating to the provisions of the Services, and any amendments or changes to this Agreement must be in writing, and



signed by both CLIENT and AMB to be effective. CLIENT acknowledges that all prior representations and/or projections by AMB regarding potential recoveries of CLIENT prior to the Effective Date are not guarantees or warranties of results, and are merged into, and do not survive this Agreement, unless explicitly stated herein. CLIENT acknowledges that AMB has made no performance guarantee.

c) This Agreement is binding upon, and inures to the benefit of and is enforceable by AMB, CLIENT and their respective legal representatives, assigns and successors in interest, subject to Section 26 (d) below.

d) Neither party may assign this Agreement without the prior written consent of the other party, provided that this Agreement will be deemed assigned to, and will be binding upon, the survivor in any merger or business combination involving a party or the purchaser of all or substantially all of the assets of a party.

e) In the event CLIENT fails to comply with the terms of this Agreement, including but not limited to CLIENT's failure to pay AMB's fees when due, CLIENT shall pay all costs of collection including court costs, attorney fees, and collection agency contingency percentages of not less than 35% to be added to the principal balance as a collection charge immediately upon default and referral of the account to the collection agency of AMB's choice.

f) AMB and CLIENT acknowledge that they are duly authorized by appropriate corporate action to enter into this Agreement and that this Agreement is being signed by duly authorized agents authorized to act on their respective behalf.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed.

CLIENT:

Signature: _____

Print Name: _____

Title: _____

Date: _____

AMB:

Signature _____

Print Name: Lloyd Ledet

Title: President and CEO

Date: _____



City of Lockport
Business Associate Agreement
Between
City of Lockport and Ambulance Medical Billing

This Business Associate Agreement ("Agreement") between City of Lockport and Ambulance Medical Billing is executed to ensure that Ambulance Medical Billing will appropriately safeguard protected health information ("PHI") that is created, received, maintained, or transmitted on behalf of City of Lockport in compliance with the applicable provisions of Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, *et seq.*, as amended ("HIPAA"), and with Public Law 111-5 of February 17, 2009, known as the American Recovery and Reinvestment Act of 2009, Title XII, Subtitle D – Privacy, Sections 13400, *et seq.*, the Health Information Technology and Clinical Health Act, as amended (the "HITECH Act").

A. General Provisions

1. **Meaning of Terms.** The terms used in this Agreement shall have the same meaning as those terms defined in HIPAA.
2. **Regulatory References.** Any reference in this Agreement to a regulatory section means the section currently in effect or as amended.
3. **Interpretation.** Any ambiguity in this Agreement shall be interpreted to permit compliance with HIPAA.

B. Obligations of Business Associate

Ambulance Medical Billing agrees that it will:

1. Not use or further disclose PHI other than as permitted or required by this Agreement or as required by law;
2. Use appropriate safeguards and comply, where applicable, with the HIPAA Security Rule with respect to electronic protected health information ("e-PHI") and implement appropriate physical, technical and administrative safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement;
3. Report to City of Lockport any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including any security incident (as defined in the HIPAA Security Rule) and any breaches of unsecured PHI as required by 45 CFR §164.410. Breaches of unsecured PHI shall be reported to City of Lockport without unreasonable delay but in no case later than 60 days after discovery of the breach;
4. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of Ambulance Medical Billing agree to the same restrictions, conditions, and requirements that apply to Ambulance Medical Billing with respect to such information;
5. Make PHI in a designated record set available to City of Lockport and to an individual who has a right of access in a manner that satisfies City of Lockport's obligations to provide access to PHI in accordance with 45 CFR §164.524 within 30 days of a request;
6. Make any amendment(s) to PHI in a designated record set as directed by City of Lockport, or take other measures necessary to satisfy City of Lockport's obligations under 45 CFR §164.526;
7. Maintain and make available information required to provide an accounting of disclosures to City of Lockport or an individual who has a right to an accounting within 60 days and as necessary to satisfy City of Lockport obligations under 45 CFR §164.528;

8. To the extent that Ambulance Medical Billing is to carry out any of City of Lockport's obligations under the HIPAA Privacy Rule, Ambulance Medical Billing shall comply with the requirements of the Privacy Rule that apply to City of Lockport when it carries out that obligation;
9. Make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Ambulance Medical Billing on behalf of City of Lockport, available to the Secretary of the Department of Health and Human Services for purposes of determining Ambulance Medical Billing and City of Lockport's compliance with HIPAA and the HITECH Act;
10. Restrict the use or disclosure of PHI if City of Lockport notifies Ambulance Medical Billing of any restriction on the use or disclosure of PHI that City of Lockport has agreed to or is required to abide by under 45 CFR §164.522; and
11. If City of Lockport is subject to the Red Flags Rule (found at 16 CFR §681.1 *et seq.*), Ambulance Medical Billing agrees to assist City of Lockport in complying with its Red Flags Rule obligations by: (a) implementing policies and procedures to detect relevant Red Flags (as defined under 16 C.F.R. §681.2); (b) taking all steps necessary to comply with the policies and procedures of City of Lockport's Identity Theft Prevention Program; (c) ensuring that any agent or third party who performs services on its behalf in connection with covered accounts of City of Lockport agrees to implement reasonable policies and procedures designed to detect, prevent, and mitigate the risk of identity theft; and (d) alerting City of Lockport of any Red Flags incident (as defined by the Red Flags Rules) of which it becomes aware, the steps it has taken to mitigate any potential harm that may have occurred, and provide a report to City of Lockport of any threat of identity theft as a result of the incident.

C. Permitted Uses and Disclosures by Business Associate

The specific uses and disclosures of PHI that may be made by Ambulance Medical Billing on behalf of City of Lockport include:

1. The preparation of invoices to patients, carriers, insurers and others responsible for payment or reimbursement of the services provided by City of Lockport to its patients;
2. Preparation of reminder notices and documents pertaining to collections of overdue accounts;
3. The submission of supporting documentation to carriers, insurers and other payers to substantiate the healthcare services provided by City of Lockport to its patients or to appeal denials of payment for the same; and
4. Other uses or disclosures of PHI as permitted by HIPAA necessary to perform the services that Ambulance Medical Billing has been engaged to perform on behalf of City of Lockport.

D. Termination

1. City of Lockport may terminate this Agreement if City of Lockport determines that Ambulance Medical Billing has violated a material term of the Agreement.
2. If either party knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of the other party's obligations under this Agreement, that party shall take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are unsuccessful, terminate the Agreement if feasible.



3. Upon termination of this Agreement for any reason, Ambulance Medical Billing shall return to City of Lockport or destroy all PHI received from City of Lockport , or created, maintained, or received by Ambulance Medical Billing on behalf of City of Lockport that Ambulance Medical Billing still maintains in any form. Ambulance Medical Billing shall retain no copies of the PHI. If return or destruction is infeasible, the protections of this Agreement will extend to such PHI.

Agreed to this day February of, 2023.

City of Lockport

Ambulance Medical Billing

Signature: _____

Signature: _____

Print Name: _____

Print Name: Lloyd Ledet

Title: _____

Title: President and CEO

Date: _____

Date: _____



Our goal is for City of Lockport to become our client and long-time partner. Let's work together to achieve maximized revenue through AMB's expertise and superior service.



END OF PROPOSAL



RFP for EMS Billing
City of Lockport
One Locks Plaza
Lockport, NY 14094

Submitted By:
Wendy L. Mancuso; CEO
MedEx Billing, Inc.
8020 E Maim Rd.
Le Roy, NY 14482

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January 13, 2023

City of Lockport and
Lockport Fire Dept.

Thank you for the opportunity to present to you our process and bid for EMS billing. MedEx Billing Inc. has a longstanding reputation for Client service and financial performance in the EMS billing industry, over 32 years to be exact. Our prices include any training, mailings, phone calls and information gathering (insurance, signature, medical necessities, etc.) necessary to get your claim processed and billed, along with several standard reports. We do a fair amount of custom reporting for our Clients. If it is straightforward, which most are, there is no additional charge for these services.

I have highlighted some of our key features, as well, continued service offerings that have proved quite popular among our Clients. We continue to add new features to our Clients and include them in our fee structure.

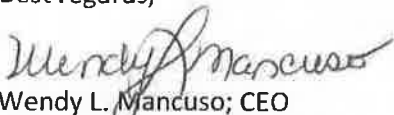
Key Features:

- 1) All the billers at MedEx are NAAC certified.
- 2) Direct automated data import is live with NEMSIS data from emsCharts, Image Trend, ESO and CloudPCR. Additionally, we have programmed several audits and checks to verify what has been downloaded and that we ensure all valid records are loaded into our system.
- 3) We retain 3 paid patient search services for the purpose of obtaining insurance, demographic, and propensity to pay. We also have access to multiple free services to search patients. Our system maintains prior insurance information and signatures.
- 4) Online credit card payments are accepted via our website once you sign up with our credit card processing partner. Patients can log in and see what is owed and even set up payment plans via this portal. It will work with HSA's, debt cards and credit cards.
- 5) Our standard monthly reports are quite extensive and provide several ways to view your data, right down to the claim level. We are flexible and offer several additional custom reports and exports, as well.
- 6) Bots are fast becoming a way to deploy reports. The capability now exists at MedEx for bots to be set up to email you whatever reports you would like, however often

you would like them, even at a specific time of day. No need to take the time to log into a system, set up a report and download it. We are all too busy for that.

- 7) We have expanded our insurance coverage to protect our Clients and MedEx Billing. We have added a Cyber policy and a crime coverage policy. With increasing threats in the Health Care industry, this protection is vital.
- 8) A Web portal interface for our Clients gives them access to minute detail regarding every claim. You can see billing dates and detailed progress notes on each claim. On average we touch a given billing record 10 times to get it paid, each touch is visible to you in progress notes.
- 9) Interface billing (interagency) can be difficult for many billing companies, but not at MedEx. We have customized our software to make this a well-maintained process. We have been set up in our billing system to perform this process for many years. We obtain the matching PCR from the interface agency for you. We assist in setting up your interface agreements.
- 10) Hardship policy management has been in place and managed by our accounts receivable department. We can guide you with general recommendations on what to include in your policy, then let us do the rest, we follow your directives.
- 11) Revalidations can be time consuming and confusing. We manage your Medicare and Medicaid revalidations. Yes, you will have to do some work, but we provide user friendly instructions and do our best to keep you on time with your filing of these applications.
- 12) The concept of issuing demand letters has become more popular and necessary among our Clients. It must be on your letterhead and your envelopes, but once we have the letter, we program it into our system and manage it for you. Think of this as a pre-collection letter.
- 13) We can add inserts to patient bills, which may include a public relations letter or a privacy notice, should the provider be unable to present it to the patient at the time of treatment.
- 14) We can assist you with your billing rate set up and provide samples of current rates with averages, minimums, and maximums. Our system flexibility enables you to change your rates at any time.
- 15) Our customer service is second to none. We are diligent with listening to your requests. A third of our Clients have tried other billing companies or have billed on their own, we have successfully retained them with our improved financial results, user-friendly reports, and our responsiveness.

Thank you again for considering MedEx Billing, Inc. as a candidate for your EMS Billing.
Best regards,



Wendy L. Mancuso; CEO

Ofc: 1-800-716-8015; ext. 320

Email: wendy.mancuso@medexbilling.com

MedEx Billing, Inc.

8020 E. Main Rd.

Le Roy, NY 14482



Executive Summary

MedEx Billing, Inc. is an S-Corp which has been performing third party ambulance billing for over 32 years. It is located at 8020 E. Main Rd., Le Roy, NY 14482. All our staff is located at this office. MedEx bills for municipalities, commercial and private non-profit basic and advanced emergency level services.

All billing specialists are NAAC certified and we maintain a Certified Compliance Officer on staff.

MedEx has passed 100% of its Medicare and Medicaid audits over the course of our 32 years in business. In some cases, we have corrected these entities.

Wendy L. Mancuso, the Chief Executive Officer, is the authorized person to bind bids. Her email is wendy.mancuso@medexbilling.com and phone number is 1-800-716-8015, ext. 320.

Lynette Duckworth is the Chief Operations Officer, and her email is lynette.duckworth@medexbilling.com. Lynette's phone number is 1-800-716-8015, ext. 315.

Francine Johnson is the Compliance Officer, and her email is fjohnson@medexbilling.com. Francine's phone number is 1-800-716-8015, ext. 331.

Ann Mundion is the Lead Billing Specialist, managing Medicare and Medicaid applications and revalidations. Her email is amundion@medexbilling.com and her phone number is 1-800-716-8015, ext 325.

MedEx works with the vast majority of ePCR solutions available. Currently we work with emsCharts, Image Trend, Cloud PCR, ESO, Ambu Pro and iPCR. NEMSIS data importing is live on emsCharts, ESO, Image Trend and Cloud PCR.

Our billing software is a proprietary, custom developed solution. It has the ability to download data in multiple formats, Excel being the most requested. It enables us to respond to Clients requests and changes more rapidly and to their specifications. It is fully compatible with NEMSIS data importing.

MedEx currently performs third party billing services for several municipalities and non-profit agencies within New York State and out of state. We are very familiar with the various regulations in New York, that differ from that of other states. We provide Documentation and PCR training as it relates to billing, to our Clients in the past and continue to offer this training.

We work with 2 primary Collection agencies on behalf of our Clients, but are flexible to work with the majority.

A third of our Clients have either billed on their own or have switched to MedEx from another billing service. We have retained each of these Clients.

Capabilities and Process

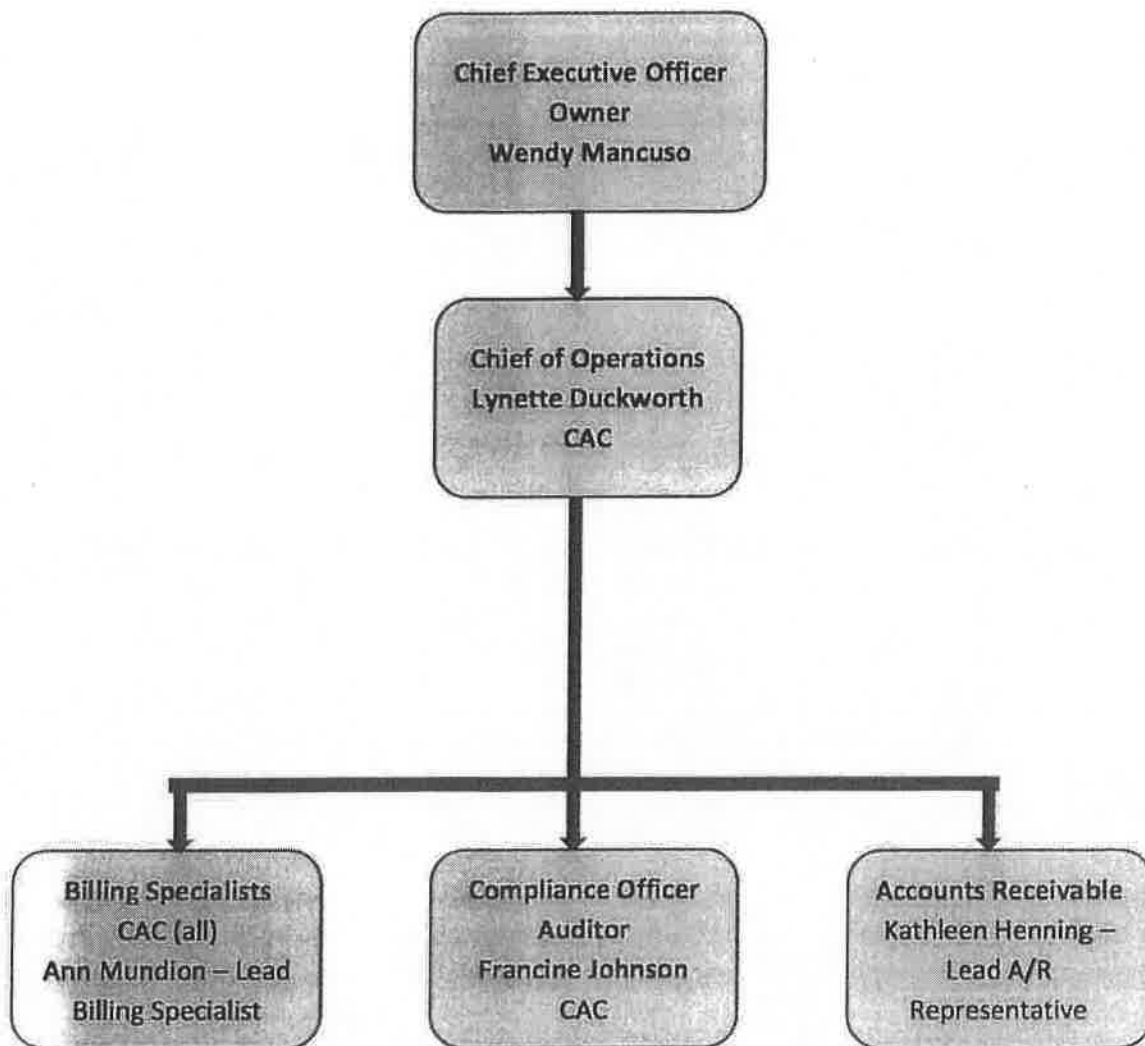
- 1) MedEx Experience – As stated in the introductory letter and in the Executive Summary, MedEx has over 32 years of experience in Emergency Medical Services/Ambulance Billing. Our billing staff is 100% NAAC certified. We have experience in many types of Clients to include municipalities (Cities, Villages, Counties) and not for profit agencies.
- 2) Client References have been included in this package.
- 3) Our fee structure is either a percentage of the revenue or a fixed fee per claim.
- 4) The Client will be invoiced monthly.
- 5) All EMS billing funds will be requested payable to the Client/Provider. We will deposit the funds per the Client's requirements. We have several solutions to fit your specific requirements.
- 6) A sample contract has been included in this package
- 7) Sample reports have been included in this package.
- 8) Custom reports and forms are our specialty. Several are programmed but not included in the package due to the volume of options.
- 9) MedEx is primarily MacIntosh based. All billing is done on this platform. We employ the use of a Dell server for email and document storage. We have a military grade storage system which is used to store any paper we receive. For example, signatures, insurance forms, EOB's (explanation of benefits). Client emails are set up on our server to exchange patient information.
- 10) To maximize reimbursement, we have developed a billing dashboard which all billers must work to keep accounts flowing in accordance with the thresholds we set. It may be 10 days for some insurance carriers, 30 or 45 days for others, etc. Follow-up must be done as these claims show up on the dashboard as due.
- 11) Fidelity insurance, aka our Crime policy, has been secured along with a Cyber Security policy and the certificate detail is included in this package.
- 12) We maintain an onsite Compliance Officer. We routinely send difficult claims to our attorneys for review. As well, we perform self-audits.
- 13) We offer our Clients complete transparency to our data, with web access to all their claims. Clients can see the progress notes and bills for every claim. We have engaged in audits with our Clients when they have had independent audits performed either by NY State or their own accounting firms, to include Bonadio, and all have been satisfied with the data we provide.
- 14) We have routinely programmed and captured additional data elements per the Client's request. If the data is already a NEMSIS element, it is straightforward. If it isn't, then we will review the ePCR to obtain the data and enter it.
- 15) Overdue accounts are issued a late notice and final notice. If the Client requests, we then forward to collections. We offer an interim step called a demand letter which is done on the Clients letter head and the Clients envelope. It is done just prior to

collections. MedEx appeals all denials unless the denial is valid and necessary to bill a secondary insurer. Many times, appeals are done more than once and sometimes, when warranted, it is sent for review.

- 16) Samples of patient bills and questionnaires have been included.
- 17) Collection procedures are stipulated by the Client. We recommend at least 3 bills be sent to a patient, up to and including a final notice. From that point on, the Client advises who shall go to collections (all patients or just those who have kept their checks, etc.). We then work with your collection agency to provide the data they need at a given frequency.
- 18) MedEx maintains electronic access to multiple insurance carriers to include Medicare, Medicaid, Aetna, Blue Cross of WNY, Blue Cross of Northeastern, CDPHP, ChampVA, Cigna, Empire Blue Cross, Excellus, Fidelis, Humana, MVP, TriCare, United Health Care, Univera, Wellcare, VA and others.
- 19) Should a refund or adjustment be necessary, you will receive a refund request from MedEx, specifying the reason, the amount, and the payee. Once you issue the check and mail it to us, we reprocess the claim by returning the funds to the originator. The claim is then billed again. This may happen as the result of the insurance carrier paying the wrong claim or wrong amount, wrong date of service, etc.
- 20) MedEx can provide raw data in Excel on a routine basis, or any other standard report or custom report as requested. As mentioned in the introductory letter, we have been employing the use of bots (aka software robots) that run and perform certain functions. If requested, we would implement a bot to send a given report at a specified time. Provided it is not HIPAA data, it can be sent to your personal email. If it is HIPAA data, we set you up with a secure email on our server to obtain these types of reports.
- 21) We are fully HIPAA compliant and keep up with current changes by attending webinars and conferences held by PWW (Page, Wolfberg and Wirth), NAAC, Medicare, and the American Ambulance Association. We audit our systems procedures routinely and our billing software is encrypted, as well as our backups. Our training program was obtained through PWW, as was our Compliance Manual.
- 22) Records are retained for close to 10 yrs., except for any records pertaining to a minor. In this case, the records are retained until the minor is an adult.
- 23) MedEx offers a high level of customer service, it is what our Clients are so ecstatic about. Your account will be assigned to one of our teams. Their role is primarily to enter and bill your claims. It will be a team of 3-4 people, so there is always backup on your account. You are always encouraged to contact our Chief of Operations, or the Chief Executive Officer with any concerns. You may also contact one of our Senior Billing Specialists.



MedEx Organizational Chart



Wendy L. Mancuso

CEO/President/Owner - MedEx Billing, Inc. Office: 800-716-8015 Ext 320

8020 East Main Rd Le Roy, NY 14482

Profile

I am an experienced leader with a proven track record in business and personnel management. In all of the positions I've held, my results were performance driven. My leadership skills have been valued, not only in the workplace, but in my Volunteer work, as well. I served with Le Roy Volunteer Ambulance as a medic and on the Board of Directors. Positions held, over a period of 25yrs, include multiple years as President, Vice President and Treasurer. Additionally, I volunteered with the American Red Cross from 2005-2010. Positions on the Board of Directors at the Red Cross include Chairperson, Vice Chair and Treasurer.

Experience

CEO/Owner, MedEx Billing, Inc., Le Roy, NY 1990-2000 Part Time; 2000-Present Full Time
Leadership and Management of all aspects of the business to include - Client Satisfaction and Customized Solutions, Business development and growth, Information Technology strategy and programming, Marketing and Advertising creation and management, Operations and Personnel Management, Direct HIPAA, Medicare and Federal regulation alignment.

Information Technology Manager for Worldwide Capital Equipment, Eastman Kodak, Rochester, NY 1997-2000

Leadership of technical staff and contracted resources to manage Engineering Systems and Documentation to serve multiple Worldwide sites. Lead strategies and solutions to provide instant Worldwide access to critical engineering drawings employing state of the art document management systems.

Liaison to Kodak Electronic Products and Camera Assembly Plants; Rochester, NY and Shanghai, China 1993-1997

Lead the successful transition of technology transfer and factory set up from Rochester, NY to Shanghai, China. Responsible for areas of technology, equipment, supply chain and culture differences. Lead Electronics and Camera manufacturing factories to the successful achievement of Class A MRPII certification. Resulted in streamlined process, procedure, supply chain/inventory management.

Eastman Kodak - Elm Grove Division, Rochester, NY 1981-1993

Multiple Leadership and Management positions held at the Elm Grove Plant Division. Positions included **Operations and Supply Chain Manager** for 3 departments - Electronic Subassembly, Solid State Relay Assembly and Motor Winding and Assembly; **Business Systems Manager**- managed a team of IT professionals; **MRPII Class A and ISO 9k Leadership, Program Manager** - Lead all aspects and Client interfaces of several Kodak product families. **Process Engineer for Hybrid, Surface Mount and Traditional Electronic Assembly**. Managed a Military product with stringent technical requirements. Technical Safety Engineer - OSHA compliance.

Education

Purdue University - Krannert Executive Management School, W. LaFayette, IN - Master of Science in Management; '92

Rochester Institute of Technology - Rochester, NY - Bachelor of Technology in Mechanical Engineering; '84

Mohawk Valley Community College - Utica, NY - Associate of Applied Science in Mechanical Engineering Technology; '79

Skills

Leadership, Business Management; Performance driven results and management, Strategic Planning, Project Management, Process Improvement, Information Technology, Emergency Management, Personnel Management and Team Building, MultiCultural Experience.

Cell 585-781-0899

Fax 855-671-0939 or 585-768-7323

Email wendy.mancuso@medexbilling.com

Lynette Duckworth
Office: 800-716-8015, ext. 315
Cell: 585-943-9513
Fax: 855-671-0939 or 585-768-7323
lynette.duckworth@medexbilling.com

Professional Summary

Dedicated Chief Operations Officer with 30 years of experience, combining management and customer service expertise in a large billing company.

Skills

- | | |
|--------------------------------|----------------------|
| ➤ Judgment and Decision Making | ➤ Client Reports |
| ➤ Monitoring Daily Operations | ➤ Employee Relations |
| ➤ Leadership of Personnel | ➤ Client Relations |
| ➤ Troubleshooting | ➤ Human Resources |
| ➤ Accounts Receivable | ➤ EMS Billing |
-

Experience

1/1/92 to Present;

Chief Operations Officer

MedEx Billing, Inc.

- Prior Positions include Operations Manager and Billing Specialist
 - Employee Education
 - Perform payroll functions, such as maintaining timekeeping information, processing and submitting payroll.
 - Oversee the daily billing operations
 - Client Relations to include special reporting, insurance research, claim review and financial matters.
 - Compliance review and management
 - Employee performance evaluations
 - Manage Electronic Document Storage processes
 - Routinely Audit Incoming Patient Care Report process flow
-

Education

06/1988

High School Diploma

Caledonia-Mumford Central School District – Caledonia, NY

Ambulance Coding and Compliance

National Academy of Ambulance Coding Certificate



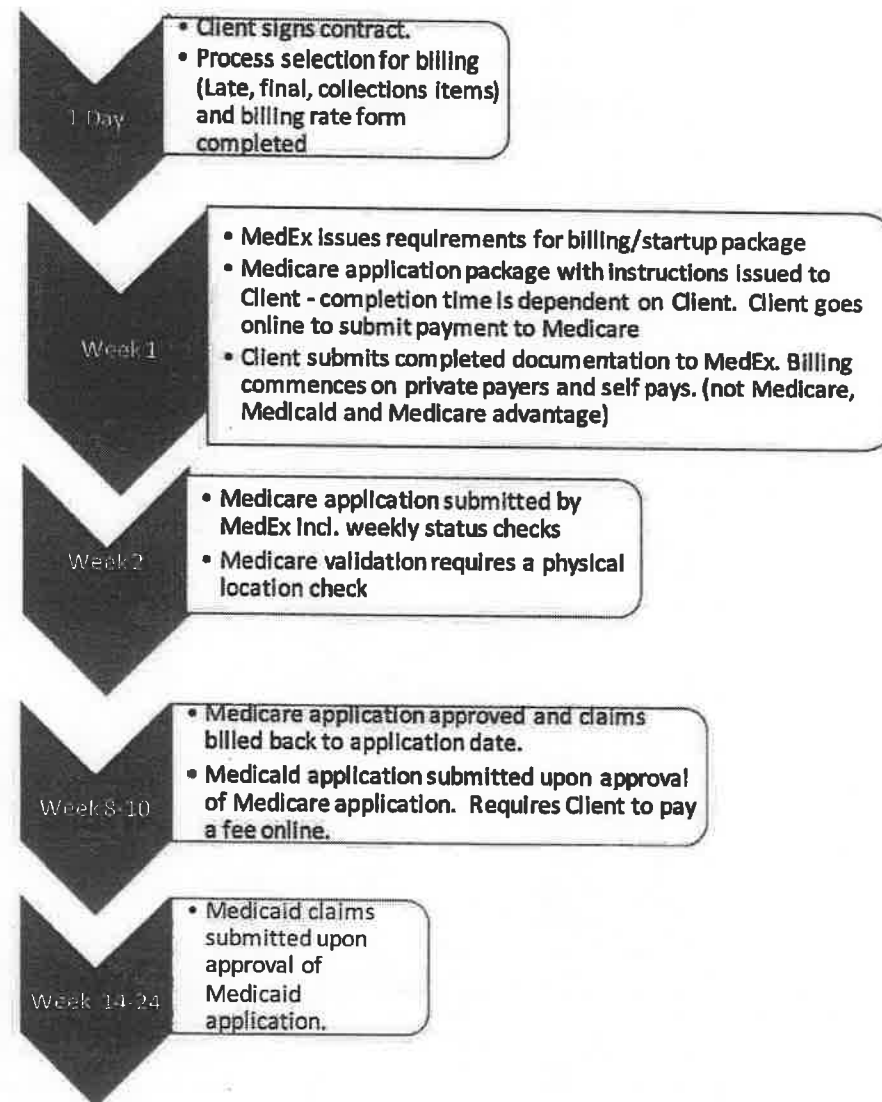
Client References

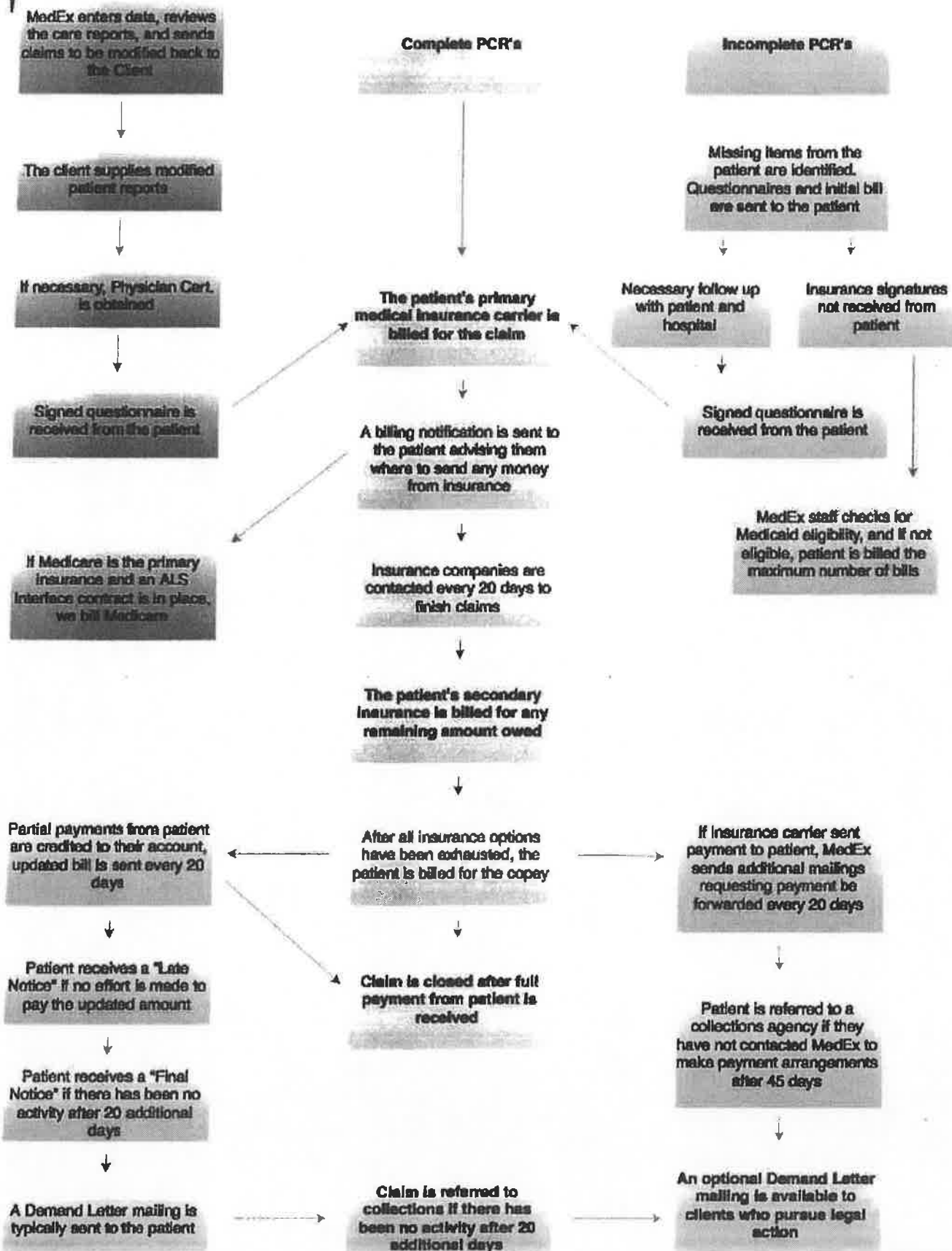
Agency	Contact Person	Phone Number
Delmar Volunteer Ambulance Service 145 Adams St., Delmar, NY 12054	Jim Kerr Agency Start – 10/1/2008	Cell: 518-376-7351
Livingston County EMS 3360 Gypsy Lane Mt. Morris, NY 14510	Karen Dewar Agency Start – 8/1/2004	Office: 585-243-7596
South Jefferson Rescue Squad 38 Main St. Adams, NY 13605	Debbie Singleton Agency Start – 1/1/2005	Work (preferred): 315-232-2624 Cell: 315-783-2694
City of Utica Fire Dept. Ambulance 1217 Park Ave. Utica, NY 13504	Captain Phil Taurisano Agency Start – 1/1/2006	Phone: 315-731-2028



AuSable Ambulance Service 26 School Lane Au Sable Forks, NY 12912	Cory Crahan Agency Start – 11/1/2013	Phone: 518-593-0570 Email – corycrahan@gmail.com Phone: 518-593-0570
Maine Emergency Squad, Inc. 2658 Rt. 26 Maine, NY 13802	Chris Dyer Agency Start – 1/11/2003	Base Phone: 607-862-3615
Village of Dannemora 40 Emmons St. Dannemora, NY 12929	Donna Taylor – Clerk/Treasurer Agency Start – 10/1/2006	Phone: 518-492-7000 Email: dtaylor@villageofdannemora.net
Tupper Lake Volunteer Ambulance 169 Main St. Tupper Lake, NY 12986	John Miller Agency Start – 1/1/2001	Phone: 518-637-2145 Email: <u>jmillier45282@gmail.com</u>
Village of Medina Fire Dept. Ambulance 600 Main St. Medina, NY 14103	Chief Matt Jackson Agency Start – 1/1/2005	Phone: 585-798-1661 Email: mjackson@villagemedina.org

Billing Startup Timeline





City of Fire Department Ambulance

Please return this completed form within seven (7) days to:

Phone: 1-800-716-8015

Med Ex Billing, Inc.
8020 East Main Rd.
LeRoy, NY 14482

Jane Doe
1 Main Rd
Utica, 13502

Date: 10/7/2018

While processing your invoice for Ambulance service, it has come to our attention that this service was necessitated as a result of a motor vehicle accident. Please complete this form and the invoice will be submitted directly to the insurance carrier.

Patient Number: 9588684

Date of Service: 10/4/18

1) Were you a: Pedestrian struck or in a motor vehicle accident? (Circle One)

2) Name of Motor Vehicle
Insurance Company

Address:

Phone:

Name of Insured Individual:

Insured's address:

Insurance File Number:

Claim Number assigned:

In consideration of services rendered or to be rendered to the above named patient. I hereby authorize payment directly to the above named hospital, physician or other provider of health services for any and all first party no-fault automobile insurance benefits to which I may otherwise be entitled for services rendered by the provider, not to exceed the provider's regular charges for such services.

In the event the provider's charges are outstanding and I fail to file an application for benefits under the New York State No-Fault Insurance law, I hereby authorize the provider to file such claim in my behalf so that the provider may realize payment of its charges. I understand that, if the provider does not receive payment from the insurer, I am personally responsible for the payment of the provider's charges.

I authorize any holder of medical information or documentation about me to release to the Insurance carrier and its agents, as well as to the City of Fire Department Ambulance and its agents, any information or documentation needed to determine these benefits payable for related services or any services provided to me by the City of Fire Department Ambulance past, present, or future. I also acknowledge receipt of City of Fire Department Ambulance's privacy policy.

(Patient Date of Birth)

(Patient Signature or Patient Representative)

Relationship to Patient - Parent/ Guardian/POA/
Nurse/Physician, etc.

CITY OF

FIRE DEPARTMENT AMBULANCE

Federal ID Number: 15-6000418

INVOICE DATE: 10/7/2018

PATIENT INVOICE

**Jane Doe
1 Main Rd
Utica, 13502**

INSURED INDIVIDUAL (PARENT):

SERVICE INFORMATION

ACCOUNT NUMBER	9588684
SERVICE DATE	10/4/2018
TRANSPORT FROM	
TRANSPORT TO	

* Paramedic Service Charges can include: administering medication, IV placement, cardiac monitoring, assessments and other procedures as may be required.

SUMMARY OF CHARGES

SERVICE CHARGES	UNITS	CHARGE
AMBULANCE SERVICES		\$911.00
MILEAGE	5	\$97.50
PARAMEDIC*		
SUBTOTAL		\$1008.50

ADJUSTMENTS

AMOUNT

**CONTRACTUAL ADJUSTMENTS
BY INSURER(S)**

-

INTEREST RECEIVED FROM INSURER(S)

-

PAYMENTS TO DATE

-

AMOUNT DUE

\$0.00

**Questions?
Please call MedEx Billing, Inc. at:
1-800-716-8015**

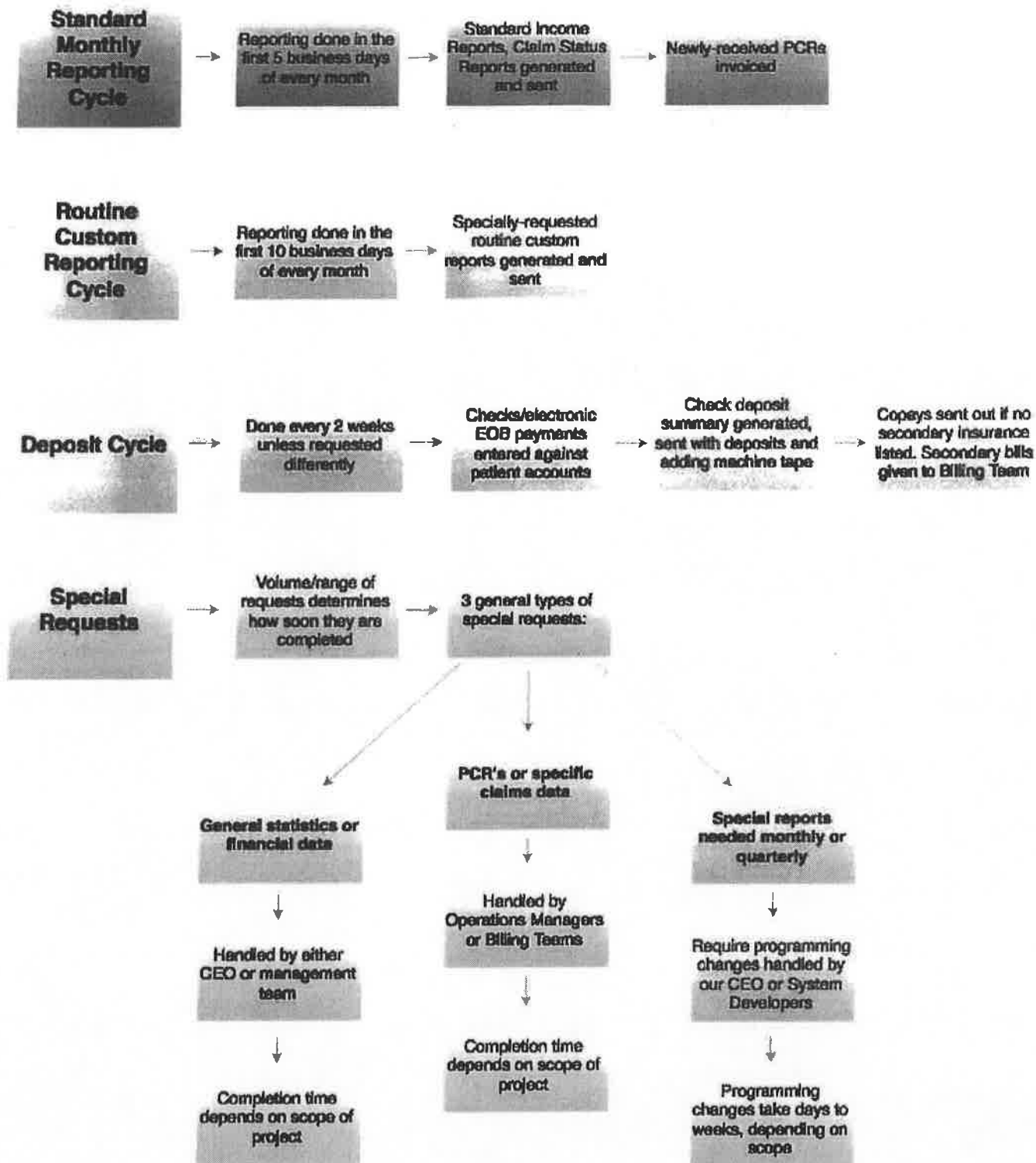
**TO PAY BY CHECK/MONEY ORDER
(MAKE PAYABLE TO):**

**CITY OF FIRE
DEPARTMENT AMBULANCE**

Amount Enclosed:
Please indicate "Account # 9588684"
on your check/money order.

INTERNAL patient name verification:
Jane Doe

**PLEASE MAIL YOUR PAYMENT WITH THE
BOTTOM PORTION OF THIS INVOICE TO:** **MedEx Billing, Inc.
8020 East Main Rd.
LeRoy, NY 14482**



County EMS

Summary of Income Status

Date Prepared: 9/7/2022

January 01, 2021 through December 31, 2021

Charge Description	Total Charge Amount	Number of Claims
Treat with No Transport Total		
BLS Non-emergency Total	\$148,800.00	248
BLS Emergency Total	\$468,645.00	597
ALS Level 1 Total	\$228,200.00	280
ALS Level 1 Emergency Total	\$1,281,000.00	1220
ALS Level 2 Emergency Total	\$33,210.00	27
Paramedic Intercept Total	\$1,206,575.00	1445
Specialty Care Transport Total	\$45,825.00	39
Mileage Charges Total (1 claims)	\$1,729,577.50	Total Miles 69,374 Average Transport Miles 24.6
Fixed Wing Ambulance Total		
Rotary Wing Ambulance Total		
Gross Total Service Charges	\$5,141,832.50	3,856 Claims w/ Charges - incl. ALS T&R
Total Number of Calls 3,860		
Total Number of Calls Billed 3,856 99.9%		
Total Number of Calls Paid 3,511 91.1%		
Total Number of Claims w/NO Signature/Insurance	114 3.0%	Total Number of Claims w/BOTH Signature/Insurance 2,694 69.8%
Total Number of Claims w/Signature Only	234 6.1%	Total Number of Claims w/Insurance Only 818 21.2%

County EMS

Summary of Income Status

Date Prepared: 9/7/2022

Analysis of Charges, Uncollectible Amounts and Receivables

January 01, 2021 through December 31, 2021

Description	Amount	Other
Gross Total Service Charges	\$5,141,832.50	Number of Calls 3,860
Contractual Adjustments		Contracted Claims 2,923
Medicare Contractual Difference	\$518,196.25	% Claims Contracted 75.7%
Medicaid Contractual Difference	\$839,368.06	Contractual Adjustments as a Percent of Total Service Charges 50.6%
Medicare Advantage Contractual Difference	\$759,558.40	
Other Contractual Difference	\$482,357.54	
Collections Fee Difference	\$2,114.79	
Total Contractual Adjustments	\$2,601,595.04	
Net Billable Charges	\$2,540,237.46	
Revenue		
Total Receipts (incl. Adjust. and Interest)	\$2,059,488.20	(ie - Lump Sum Medicaid Reimbursements)
Additional Miscellaneous Revenue		
Total Revenue	\$2,059,488.20	
Net Receivable Less Adjust. & Interest	\$480,841.47	
Receivables (Open Accounts)		
Claims Receivables		Number of Claims
Claims with Self Pay Receivables	\$194,716.97	166
Claims with Insur/CoPay Receivables	\$4,540.59	24
Total Receivables	\$199,257.56	7.8%
		Receivables as a % of Net Billable Charges
Claims In Collections (Incl. in Receivables)	\$112,154.47	104
All Accounts		
Open Accounts	\$199,257.56	190
Closed Accounts	\$281,583.91	3,670
Total Accounts	\$480,841.47	81.1% MedEx Return Rate

County EMSSummary of Income Status

Date Prepared: 9/7/2022

Insurance Carrier Analysis

January 01, 2021 through December 31, 2021

Carrier Type	Revenue	Number of Claims as Primary
Medicare	\$289,326.41	856
Medicaid	\$226,430.82	745
Medicare Advantage	\$354,580.75	757
Government	\$8,809.85	29
Worker's Compensation	\$36,394.75	26
Property Casualty & Auto	\$101,714.27	72
Other / Private	\$596,345.16	571
Patient	Self Pay \$340,017.39 CoPay \$105,868.80 <hr/> Total \$445,886.19	Self Pay 634 CoPay 3,226 <hr/> Total 3,860
Total for Claims Billed to Date	\$2,059,488.20	3,856

County EMS

Summary of Income Status

Date Prepared: 9/7/2022

Receivables Aging Analysis (Open Accounts)

January 01, 2021 through December 31, 2021

Aged Categories	Outstanding Balance	Number of Accounts Open
0 to 30 Days		0
31 to 90 Days	\$0.00	2
91 to 120 days		0
121 to 180 Days		0
181 to 240 Days		0
241 to 360 Days	\$92,512.47	85
Greater than 360 Days	\$106,745.09	103
Totals for Open Accounts	\$199,257.56	190

**County EMS
Detailed Claim Status Report**

Prepared By: Med-Ex Billing, Inc.

Date of Service	Patient Number	Run #	ePCR Number	Patient Last Name	Residence Status	Total Charges	Rec'd Amount	Contract Difference	Balance Due	Medicare Medicaid	Signature & Insurance Mailings	Account Status - Reason for Outstanding Balance
8/6/22	9744689	223614	77368705			\$0.00			\$0.00	MCare	Yes	Waiting for Signature on Mutual Aid PCR
8/6/22	9744693	223615	77369717			\$0.00			\$0.00	Other	Yes	Interface Billing in Process
8/6/22	9744694	223618	77372135			\$1632.50	\$574.94	\$910.89	\$146.67	MCare	Yes	2 Payment Pending; Insur. Carrier billed
8/6/22	9744698	223619	77370591			\$0.00			\$0.00	MCare	Yes	Interface Billing in Process
8/6/22	9744700	223622	77373652			\$1430.00	\$523.50	\$772.95	\$133.55	Other	Yes	2 Payment Pending; Insur. Carrier billed
8/6/22	9744702	223623	77374268			\$1580.00			\$1580.00	Other	No	1 Payment Pending; Insur. Carrier billed
8/6/22	9744705	223626	77376637			\$835.00			\$835.00	Other	Yes	2 Self Pay - Patient Billed and/or Making Payments
8/6/22	9744709	223631	77379296			\$1557.50		\$1287.79	\$269.71	MCaid	Yes	1 Payment Pending; Insur. Carrier billed
8/6/22	9744710	223632	77379728			\$1722.50			\$1722.50		No	2 Self Pay - Patient Billed and/or Making Payments
8/6/22	9744712	223634	77381401			\$1255.00	\$479.05	\$653.74	\$122.21	MCare	Yes	2 Payment Pending; Insur. Carrier billed
8/6/22	9744714	223635	77383185			\$1007.50			\$1007.50	Other	Yes	1 Payment Pending; Insur. Carrier billed
8/7/22	9744718	223636	77384347			\$1790.00		\$1499.83	\$290.17	MCaid	Yes	1 Payment Pending; Insur. Carrier billed
8/7/22	9744721	223637	77388896			\$1050.00			\$1050.00	Other	Yes	1 Payment Pending; Insur. Carrier billed
8/7/22	9744724	223638	77388977			\$1320.00	\$482.10	\$667.90	\$150.00	Other	Yes	2 Insurance Paid; CoPay Billed
8/7/22	9744735	223640	77390538			\$1565.00			\$1565.00	MCare	Yes	1 Payment Pending; Insur. Carrier billed
8/7/22	9744738	223641	77390653			\$1822.50		\$1620.67	\$301.83	MCaid	Yes	1 Payment Pending; Insur. Carrier billed
8/7/22	9744741	223645	77393903			\$1492.50			\$1492.50	Other	Yes	2 Payment Pending; Insur. Carrier billed
8/7/22	9744744	223646	77394982			\$835.00			\$835.00	Other	Yes	1 Payment Pending; Insur. Carrier billed
8/7/22	9744746	223649	77396868			\$835.00		\$745.00	\$90.00	MCaid	Yes	1 Payment Pending; Insur. Carrier billed
8/7/22	9744775	223651	77398502			\$1537.50			\$1537.50		Yes	2 Self Pay - Patient Billed and/or Making Payments
8/7/22	9744852	223653	77399028			\$1308.75			\$1308.75	Other	No	2 Self Pay - Patient Billed and/or Making Payments
8/7/22	9744855	223653A	77399064			\$1308.75			\$1308.75	Other	No	2 Self Pay - Patient Billed and/or Making Payments
8/7/22	9744857	223653C	77399318			\$1302.50			\$1302.50	Other	No	2 Self Pay - Patient Billed and/or Making Payments
8/7/22	9744859	223655	77398953			\$0.00			\$0.00	MCare	Yes	Interface Billing in Process

24

\$27,287.50	\$2,059.59	\$8,178.77	\$17,049.14
Charges	Receipts	Uncollectible	Receivable

Jan PCRs	Feb PCRs	Mar PCRs	Apr PCRs	May PCRs	Jun PCRs
Jul PCRs	24 Aug PCRs	Sep PCRs	Oct PCRs	Nov PCRs	Dec PCRs

Activity Analysis (6/1/2015 - 5/31/2016)

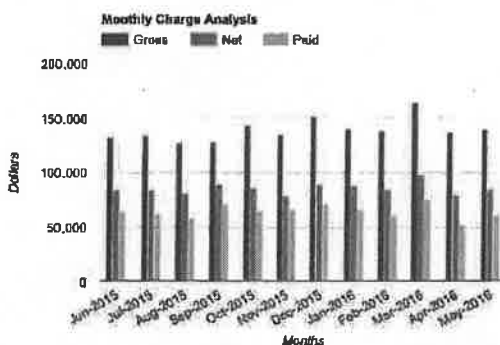
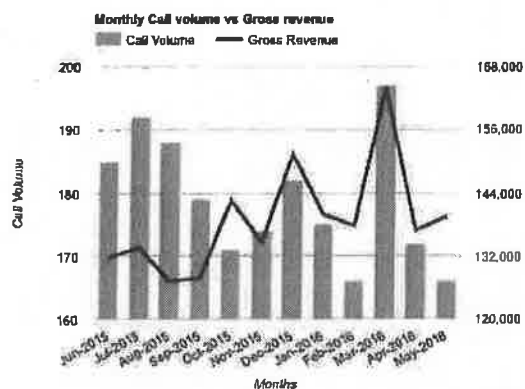
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Service Types Summary

Service Type	Claims Submitted	Claims Billed	Claims Paid	Gross Charges	Total Adjustments	Net Charges	Total Receipts	Submitted per Claim	Billed per Claim	Paid Per Claim	Sig & Insure	Sig Only	Insure Only
Treat & Release	362	362	126	\$54,300	\$133	\$54,167	\$17,406	\$150.00	\$149.63	\$48.08	33.4%	30.9%	14.1%
ALS Claims	444	444	431	\$450,071	\$232,437	\$217,634	\$175,542	\$1013.67	\$490.17	\$395.37	55.0%	9.0%	28.6%
BLS Claims	1340	1340	1213	\$1,162,312	\$409,877	\$752,436	\$580,269	\$867.40	\$561.52	\$433.06	53.4%	14.0%	23.5%
Specialty Care													
	2146	2146	1770	\$1,666,684	\$642,447	\$1,024,237	\$773,247	\$776.65	\$477.28	\$360.32	50.4%	15.8%	23.0%

Service Types Details

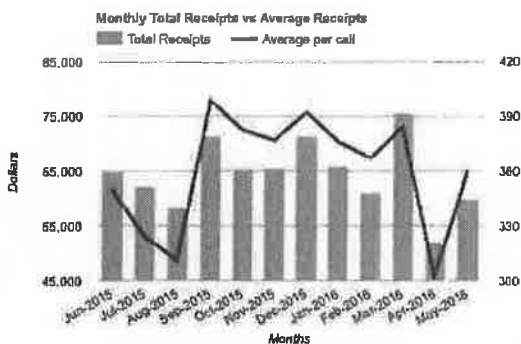
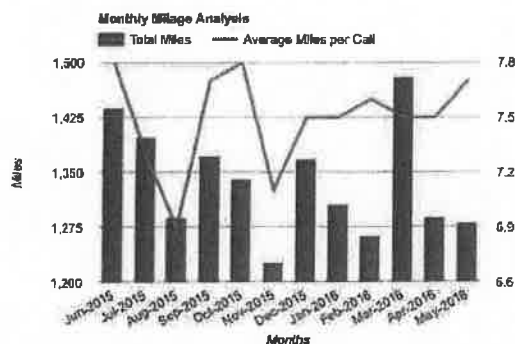
Service Type	Claims Submitted	Claims Billed	Claims Paid	Gross Charges	Total Adjustments	Net Charges	Total Receipts	Submitted per Claim	Billed per Claim	Paid Per Claim	Sig & Insure	Sig Only	Insure Only
ALS 1 Non-emergency													
ALS 1 Emergency	430	430	418	\$434,831	\$227,120	\$207,711	\$168,868	\$1011.23	\$483.05	\$392.72	55.3%	8.6%	28.6%
ALS 2	14	14	13	\$15,241	\$5,317	\$9,924	\$6,674	\$1088.61	\$708.83	\$476.73	42.9%	21.4%	28.6%
ALS Intercept													
BLS Non-emergency	12	12	8	\$6,900	\$3,620	\$3,280	\$1,324	\$575.00	\$273.34	\$110.32			50.0%
BLS Emergency	1328	1328	1205	\$1,155,412	\$406,257	\$749,155	\$578,975	\$870.04	\$564.12	\$435.97	53.9%	14.2%	23.3%
Specialty Care													
Fixed Wing Ambulance													
Rotary Wing Ambulance													
Treat with No Transport	362	362	126	\$54,300	\$133	\$54,167	\$17,406	\$150.00	\$149.63	\$48.08	33.4%	30.9%	14.1%



All charts on this page
6/1/2015 - 5/31/2016

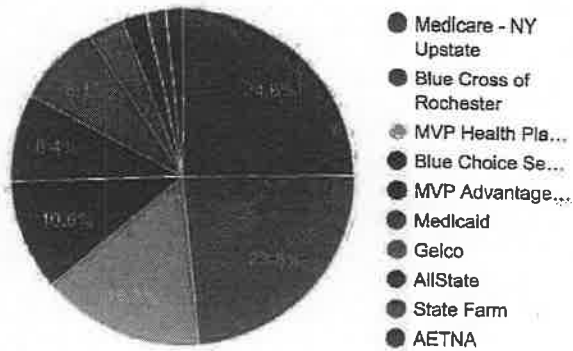
Claims Billed: 99.8%
Claims Paid: 92.9%

Financial Return (recept/adjs/pled): 84.6%

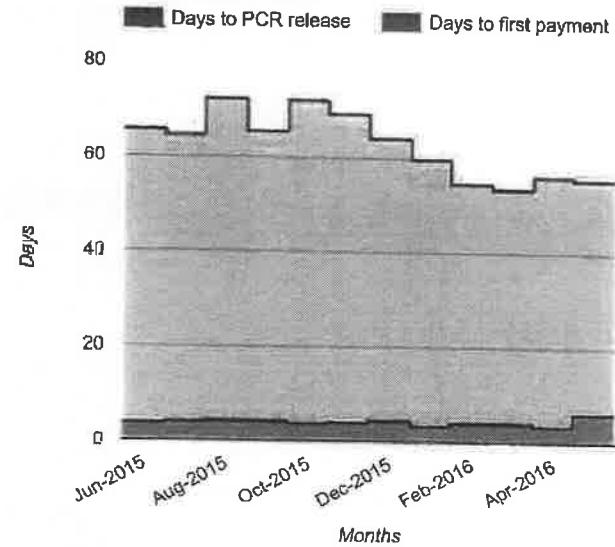


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Payor Analysis



Turnaround analysis



Payor Analysis (6/1/2015...5/31/2016)

	Time Payments	Claims Paid
1 Medicare - NY Upstate	\$123,739	367
2 Blue Cross of Rochester	\$119,620	252
3 MVP Health Plan of NY	\$76,935	219
4 Blue Choice Senior (VYU, VYM)	\$53,274	194
5 MVP Advantage Plan	\$42,402	129
6 Medicaid	\$40,595	236
7 Geico	\$17,366	28
8 AllState	\$11,972	21
9 State Farm	\$8,899	19
10 AETNA	\$8,372	55
11 Independent Living for Seniors	\$8,143	18
12 United Health Care	\$7,140	26
13 AARP	\$6,950	78
14 Progressive	\$4,530	8
15 United Health Medicare	\$4,278	19
16 Travelers	\$3,970	8
17 PMA Insurance	\$3,790	5
18 Child Health Plus	\$3,645	5

Average days from DOS to PCR released to Medex: 4.1
Average days from PCR receipt to first payment: 48.4

Insurance Payor Analysis for

4/2/2019
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2018					
January	# of calls	revenue	% of January	avg/call revenue	avg days to pay
AARP	14	\$929	3.8%	\$66	42
Blue Cross of Western NY	1	\$467	1.9%	\$467	30
Blue Shield New York - Rochester Area	4	\$1,622	6.7%	\$405	15
Champ VA	1	\$150	0.6%	\$150	25
Encompass 65	1	\$48	0.2%	\$48	31
Independent Health	2	\$848	3.5%	\$424	32
Medicaid	30	\$4,560	18.8%	\$152	28
Medicare - NY Upstate	39	\$9,302	38.3%	\$239	23
Medicare - Patient's Co-Pay	1	\$136	0.6%	\$136	14
MVP Health Plan of NY	3	\$1,263	5.2%	\$421	23
Preferred Mutual	1	\$1,286	5.3%	\$1,286	16
Progressive	1	\$230	0.9%	\$230	92
United Health Care	2	\$653	2.7%	\$327	44
United Health Medicare	3	\$928	3.8%	\$309	38
Univera	4	\$1,549	6.4%	\$387	29
VAMC	1	\$304	1.3%	\$304	207
January subtotals:	108	\$24,276		\$225	31.3

February	# of calls	revenue	% of February	avg/call revenue	avg days to pay
AARP	7	\$524	1.6%	\$75	39
AETNA	2	\$1,044	3.1%	\$522	28
Blue Cross of Western NY	2	\$2,100	6.3%	\$1,050	46
Blue Shield New York - Rochester Area	10	\$7,904	23.7%	\$790	27
Chesterfield Resources	1	\$1,382	4.1%	\$1,382	49
Independent Health	1	\$247	0.7%	\$247	36
Medicaid	24	\$4,282	12.8%	\$178	28
Medicare - NY Upstate	25	\$10,163	30.5%	\$407	21
Medicare - Patient's Co-Pay	2	\$266	0.8%	\$133	72
MVP Health Plan of NY	6	\$2,497	7.5%	\$416	29
Preferred Mutual	1	\$200	0.6%	\$200	
Progressive	1	\$1,214	3.6%	\$1,214	37
'Todays Options'	6	\$665	2.0%	\$111	38
United Health Care	2	\$646	1.9%	\$323	43
Utica National Insurance	1	\$230	0.7%	\$230	
February subtotals:	91	\$33,362		\$367	29.6



3360 County EMS
Lane
, NY

Subject: Check Deposit Report

Deposit Process Date - 11/18/19

Dear County EMS,

The enclosed deposit has been processed and is summarized below. Adjustments by Insurance Carriers and Collections Bureaus are itemized. The actual net deposit amount is the resultant deposit, after adjustments. Please contact our office directly with any questions. Thank you for your valued business.

Total Check/Cash Credits -	\$26,676.98
Medicare/Medicaid/Other EFT -	\$9,808.91
Credit Card Payments -	\$1,319.21
<u>Less Adjustments:</u>	
Credit Bureau Commission -	
Medicare/Medicaid/Other EFT Adjustment -	
Medicaid Adjustment -	
MVP Adjustment -	
Other Adjustment(s) -	
Adjustment Description -	
<hr/>	
Total Net Deposit	\$26,676.98
Medicare/Medicaid/Other EFT Net	\$11,128.12
<hr/>	
Total Recorded Deposit	\$37,805.10

Best regards,
Lynette Duckworth; Chief Operations Officer
1-800-716-8015 Ext 315

Enc.

Volunteer Ambulance Service

Check Summary

prepared by: **Med-Ex Billing, Inc.**

Date: 9/20/2021

<u>Date of Service</u>	<u>Run Number</u>	<u>Patient Number/ Last Name</u>	<u>Check Number</u>
9/12/2021	2100002838	9705613	<u>Date Received</u>
NonResident			<u>Check Amount</u>
0151			<u>EFT Amount</u>
<u>Call Location Code</u>	<u>Sub Code</u>		<u>Insurer/Payor</u> ...CDPHP.....
Patient's Total Deposits for Current Report Date =			

<u>Date of Service</u>	<u>Run Number</u>	<u>Patient Number/ Last Name</u>	<u>Check Number</u>
9/12/2021	2100002844	9705616	<u>Date Received</u>
Resident			<u>Check Amount</u>
0151			<u>EFT Amount</u>
<u>Call Location Code</u>	<u>Sub Code</u>		<u>Insurer/Payor</u> ...United Health Care.....
Patient's Total Deposits for Current Report Date =			

Date of Service Year	Total Paper Check Receipts (Incl. Interest)	Total EFT Check Receipts (Incl. Interest)	Total Deposits (Incl. Interest)
TOTALS			
2021			
2020			
2019			
2018			
2017			
2016			
2015			
2014			
2013			
2012			
2011			
2010			
2009			

Resident: \$ / Non-resident: \$ / Other \$



PCR Example

PCR Reports **RESIDENT**

5/23/16 9/7/2016
Print Date Date Modified

Run Profile 6/16/2016
41020614
PRG Number 23:16
Agency Code 0806
Run Number 296204
Ground Loaded Miles 23.4
CMT in storage ☐ not provided
PATIENT PROFILE (IN-PAULT) MAJOR DISCHARGED ☒

Patient Profile ☒ Resident ☐ Non-Resident
PATIENT NUMBER 8480636
PATIENT FIRST NAME MI [REDACTED] PATIENT LAST NAME [REDACTED]
PATIENT ADDRESS STREET [REDACTED] Apt. Suite 585 PATIENT PHONE # [REDACTED]
City Lakeland NY 14480
STATE NY ZIP 14480
DATE OF BIRTH XXX-XX-XXXX Social Security Number [REDACTED]

Financial Summary
Total Service Charge \$1,397.25
Total Amount Received to Date
Total Gross Receivable \$1,397.25
Medicare Difference
Medicaid Difference
Other Differences \$551.51
Collections For Difference
Net Outstanding Receivable \$515.74
Total Inpatient
9/7/16 81
Last Billing Date Billing Days Off

PCR Data Billing Date Insurance Self Pay Final Bill Progress

Call Billing Map by Address

INSURED INDIVIDUAL (Patient, PARENT or Spouse)
CALL LOCATION and Street City
Call Location Zip 14480
Call Location 2557
HOSPITAL or Other Highland
Ambulance Co. Provider Signature Yes Ambulance Co. Provider Signature Yes
Ambulance Co. Provider Insurance Yes
PATIENT SIGNATURE ON FILE YES
Signature Location where is sig. on file? On This PCR
Who Signed? Patient
Reason for No Signature on File
Patient is a Minor Yes No
In or Out Patient
Was this Claim Dispatched as Emergency?
Is this Claim Medically Necessary?
Was this Claim Returned to Client For Compliance Reasons?
Date Returned to Client
Ready to Submit PCR Bill Code exported
Code (See Code was Exported) 6/23/16

Final Notice Sent: Patient Kept Check
Payment Status
Account Pending Payment
Recent Billing Events
9/7/16 First Notice Kept Check
8/27/16 WORKING REPORT, BENDING THE PT A Final ADT CHECK
8/18/16 Last Notice Kept Check
8/18/16 WORKING REPORT, BENDING LITE BILL ADT CHECK
7/28/16 ADJUSTED BILL TO REFLECT ALL DTC PT BILL, ONE WEEK THE CORREX
7/14/16 Patient Payment / Bill
7/14/16 WORKING REPORT, CHECKED BENDING WEBSITE FOR CLAIM STATUS AND THE CLAIM PROCESSED AND ALLOWED
6/23/16 Billing Statement Sent to Patient
In or Out Patient
Med. Exp. Billing Code
Date Billing Code
Number of Bills Sent to Date 5



AGREEMENT

Made this first day of February, 2023, by and between the City of Lockport organized and existing under, and by virtue of, the laws of the State of New York, having its principal place of business at One Locks Plaza, Lockport, NY 14094, hereinafter referred to as the CITY OF LOCKPORT and MedEx Billing, Inc., having principal place of business at 8020 East Main Road, LeRoy, New York, 14482, hereinafter referred to as MedEx.

WHEREAS, the CITY OF LOCKPORT desires to obtain the services of MedEx to institute the management of third party billings on its behalf for services rendered by it; and

WHEREAS, MedEx is willing to provide third party billing services to the CITY OF LOCKPORT upon the terms and conditions more particularly set forth below;

NOW, THEREFORE, in consideration of such premises, and the mutual covenants hereinafter set forth, it is hereby agreed between the CITY OF LOCKPORT and MedEx as follows:

1. **Term of Contract:** This contract shall be effective between the parties, and govern their obligations and responsibilities to each other, for a period of three years and such additional period as shall be necessary to make this agreement binding upon the parties through the end of the calendar month three years after the date of the execution thereof, together with any succeeding renewal periods as may hereafter occur in accordance with the terms of this agreement.
2. **Responsibilities and authority of billing agent:** For so long as this agreement, and any renewals thereof, shall remain in effect, MedEx shall serve as the sole and exclusive third party billing agent for the CITY OF LOCKPORT. MedEx shall devote sufficient time and attention to the affairs of the CITY OF LOCKPORT to properly and responsibly fulfill duties as its billing agent. MedEx shall have the responsibility to prepare and send all bills to be rendered by the CITY OF LOCKPORT to third parties for services rendered by it, except for services rendered by the CITY OF LOCKPORT under separate contracts, which provide for compensation to the CITY OF LOCKPORT for the services called for therein. MedEx shall prepare such bills based upon the complete patient care documentation and other records submitted by the CITY OF LOCKPORT and the CITY OF LOCKPORT shall be responsible for ensuring the completeness and accuracy of such documents and for all representations made therein. MedEx agrees to maintain confidentiality of all patient care reports as required by applicable laws and regulations as described more particularly herein. MedEx shall also be responsible for the collection of fees due to the CITY OF LOCKPORT, as set forth in such bills and, in connection therewith, shall render follow-up statements of account, prepare and properly submit insurance claim forms, or otherwise prepare any documents or provide any information that may be necessary in order to

secure payment of fees due to the CITY OF LOCKPORT as billed by MedEx. MedEx shall not be authorized to negotiate Medicare checks on behalf of the City of Lockport

MedEx will forward all collected fees to the CITY OF LOCKPORT or directly deposit such fees in the City of Lockport' account. MedEx is not obligated to institute any legal proceedings to collect such sums.

MedEx shall, on the City of Lockport's behalf, undertake "reasonable collection efforts," as that term is defined by the Centers for Medicare and Medicaid Services (CMS), for the collection of co-payments and deductibles owed by Medicare beneficiaries for such accounts forwarded by the CITY OF LOCKPORT to MedEx. The only exceptions are in cases where the beneficiary is determined by the CITY OF LOCKPORT to be indigent and where the CITY OF LOCKPORT so notifies MedEx.

MedEx shall deliver to the CITY OF LOCKPORT President, Director or designee, in a timely fashion, but not less frequently than once each month, such sums as shall have been collected by it on behalf of the City of Lockport. MedEx shall also furnish to the President, Director or designee, a report of billing and collection activities for the preceding month, which shall be in the form as agreed between the CITY OF LOCKPORT and MedEx. MedEx **shall** be authorized to make deposits, **shall not** be authorized to make payments or issue checks on behalf of the City of Lockport, but shall be authorized, upon consultation with the President, Director or designee of the City of Lockport, to compromise disputed billings.

3. Payment for services rendered by billing agent:

Note: All financial considerations are based on a calendar year. The CITY OF LOCKPORT will pay to MedEx a Base Fee, see Addendum, Section A. No additional payment shall be due for any follow-up efforts that may be required beyond the initial billing in order to effectuate collection of any account. Payments shall be made to MedEx upon receipt of invoice each month. The obligations of the parties concerning any accounts placed with MedEx prior to the expiration of the term of this agreement, and which may be collected after the termination hereof, shall be the same as provided for in this agreement and the parties shall be bound by the terms hereof as if said agreement had not terminated or expired.

4. Litigation: In the event MedEx or the CITY OF LOCKPORT commences litigation against the other party for a breach of this contract, the prevailing party in any litigation shall be entitled to recover its cost of litigation, including, but not limited to reasonable attorney's fees and filing fee.

5. Independent Contractor Status: MedEx represents and acknowledges that it is an independent contractor and is not, nor is it, nor any of its agents, to be construed as, an employee of the City of Lockport. As such, MedEx understands that the CITY OF LOCKPORT will not withhold any federal or state income taxes from, nor pay or deduct any F.I.C.A. contributions for payments due to MedEx under the terms of this agreement.

MedEx also acknowledges that neither it, nor any of its agents, will be covered under the terms and provisions of any unemployment, disability, worker's compensation or other policies of insurance that may be maintained by the CITY OF LOCKPORT or which are otherwise required to be maintained by an employer under applicable statutes and regulations. MedEx agrees to provide the CITY OF LOCKPORT with a duly executed, completed W-9 form, or such other forms as may be required by applicable statutes, and acknowledges that

the CITY OF LOCKPORT will file a 1099 form, or other such form, with the federal and state tax authorities reporting payments made to MedEx on a calendar year basis.

MedEx, for its part, agrees not to represent itself to be, nor otherwise hold itself, nor any of its agents, out as an employee of the CITY OF LOCKPORT and shall be solely responsible for making all payments that may be due to federal, state or other taxing authorities on account of the payments received by it under this agreement including, but not limited to, estimated tax payments, self-employment tax, income tax and any other payments that may be provided for by statute or regulation.

6. **Termination of services:** This agreement may be terminated by MedEx upon written notice stating its intention to terminate its relationship with the City of Lockport, which notice must be given to the CITY OF LOCKPORT at least ninety (90) days prior to the effective date specified therein which date shall be the last day of a calendar month. The CITY OF LOCKPORT may terminate the services of MedEx by written notice directed to it, signed by the Mayor/President/Director or designee of the City of Lockport, signed at least ninety (90) days prior to the date specified.

7. **Requirement of Performance:** The failure of either party to insist upon strict performance of any of the provisions of this Agreement shall not be construed as a waiver of any subsequent default of the same or similar matter.

8. **Severability:** If any provision of this Agreement shall be declared invalid by any court of competent jurisdiction, all other provisions of this Agreement shall remain valid and in full force and effect.

9. **Interpretation:** This agreement shall be interpreted under the laws of the State of New York. All actions relating to this agreement shall be brought exclusively in a court of competent jurisdiction in Genesee County, New York.

10. **Automatic Renewal:** Unless otherwise terminated in accordance with the provisions set forth above or unless either party notifies the other, in writing, at least 90 days prior to the expiration date hereof, of its intention not to renew this agreement, this agreement shall automatically be renewed for successive, additional one year periods, upon the same terms and conditions set forth herein, and the parties shall continue to be bound thereby.

11. **Complete Agreement:** This agreement contains the entire understanding of the parties regarding its subject matter, and there are no other, further or different understandings, undertakings, agreements, representations, or warranties, express or implied, in any way limiting, extending, defining or relating to any provisions of this Agreement, or to any of the subject matter and things to which this Agreement relates.

12. **Amendments:** No agreement altering, modifying or releasing the terms of this Agreement shall be valid unless the same is in writing and executed with the same formality as this Agreement

13. **Compliance:** Each party is responsible for monitoring and ensuring its own compliance with all applicable state and federal laws and regulations pertaining to billing and reimbursement for its services. However, either party which becomes aware of a violation of any such state or federal laws or regulations or of a questionable claim or claim practice agrees to notify the other party in writing within thirty (30) days so the other party may address the matter. The parties

shall provide copies of their compliance policies or guidelines to the other party upon reasonable written request.

14. **Qualifications:**

a. The CITY OF LOCKPORT represents and warrants the following, both presently and during the term of this Agreement: (1) The CITY OF LOCKPORT currently possesses all required licenses, certification and permits necessary to do business and will continue to maintain them during the term of this Agreement; (2) The CITY OF LOCKPORT possesses a valid Medicare provider number; (3) The CITY OF LOCKPORT is in good standing with all state and federal agencies and is not currently the subject of any investigations or actions; (4) The CITY OF LOCKPORT is not excluded or subject to exclusion from any state and/or federal health care program; and (5) The CITY OF LOCKPORT complies with all applicable state and federal laws and regulations pertaining to billing for its services and will at all times continue to do so.

b. MedEx represents and warrants that it is not the subject of any actions or investigations pertaining to its participation in any state or federal health care program, that it is not excluded or subject to exclusion from any state or federal health care program, and that it is in good standing with all state and federal agencies pertaining to the services it provides, and that MedEx will remain in good standing with such agencies during the term of this Agreement.

c. MedEx represents, warrants and agrees that it is and will continue to be compliant with all regulations of the Office of the Inspector General (OIG) and the New York State Office of the Medicaid Inspector General (OMIG).

d. Each party warrants to the other that it will check the Office of the Inspector General's List of Excluded Individuals/Entities (LEIE) prior to making a decision to employ an individual or contract with an entity to provide items or services directly or indirectly payable by a federal health care program, will check the LEIE periodically to determine whether any of its personnel or contractors have been excluded from a federal health care program, will terminate any excluded person or contractor from performing work that it is directly or indirectly payable by a federal health care program, and will immediately disclose to the other party any excluded person or contractor who has performed work for it under this contract during the period of the exclusion that was billed or would otherwise be billable to a federal health care program.

e. Notwithstanding any other provisions of this agreement, either party may terminate this agreement immediately upon the exclusion of the other party from any federal health care program.

15. **Indemnification:** The CITY OF LOCKPORT shall hold harmless, indemnify and defend MedEx against any and all claims, causes of action, and damages including, but not limited to, overpayment or false claims liability to any government agency, third party payer, financially responsible party, carrier or insurer, to the extent caused by any act or omission, including but not limited to supplying inaccurate, false or fraudulent information, on the part of the CITY OF LOCKPORT or its agents, contractors or employees. This provision shall include all costs and disbursements, including without limitation court costs and reasonable attorneys' fees. MedEx shall hold harmless, indemnify and defend the CITY OF LOCKPORT against all claims, causes of action and damages to the extent that the same are caused by any act or omission on the part of MedEx or its agents, contractors or employees.

16. **Records:** Upon written request and reasonable advance notice, the CITY OF LOCKPORT shall have the right, during regular business hours, at a time and location designated by MedEx, to review financial and related information in MedEx' possession that directly relate to the CITY OF LOCKPORT's account and to MedEx' services on behalf of the CITY OF LOCKPORT. All information, documentation papers and reports relative to the CITY OF LOCKPORT's account in the possession of MedEx are the joint property of MedEx Billing, Inc. and the CITY OF LOCKPORT. CITY OF LOCKPORT may elect to use a third party to audit (i.e. view, review, copy and access) said records; however, said third party may not be an individual, entity, or employee/contractor of an entity that is a competitor of MedEx, in the sole determination of MedEx.

17. **Regulatory Changes:** The parties recognize that this Agreement is, always, subject to applicable state, local, and federal laws and shall be construed accordingly. The parties further recognize that this Agreement may become subject to or be affected by amendments in such laws and regulations or to new legislation or regulations. Any provisions of law that invalidate, or are otherwise inconsistent with, the material terms and conditions of this Agreement, or that would cause one or both of the parties hereto to be in violation of law, shall be deemed to have superseded the terms of this Agreement and, in such event, the parties agree to utilize their best efforts to modify the terms and conditions of this Agreement to be consistent with the requirements of such law(s) in order to effectuate the purposes and intent of this Agreement. If any such laws or regulations affecting this Agreement are enacted, amended or promulgated, either party may propose to the other a written amendment to this Agreement to be consistent with the provisions of such laws or regulations. If the parties do not agree on such written amendments within ninety (90) days of receipt of the proposed written amendments, then either party may terminate this Agreement without further notice, unless this Agreement would expire earlier by its terms. If any laws or regulations would make such amendment impossible or futile and render performance by either party illegal or impossible for any reason, either party may terminate the Agreement as of the effective date of such laws or regulations.

18. **Termination of Prior Contracts:** All contracts between the parties previously executed are hereby terminated as of the effective date of this Agreement.

19. **Business Associate Assurances:** MedEx Billing, Inc. will appropriately safeguard protected health information ("PHI") that is created, received, maintained, or transmitted on behalf of the City of Lockport in compliance with the applicable provisions of Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, *et seq.*, as amended ("HIPAA"), and with Public Law 111-5 of February 17, 2009, known as the American Recovery and Reinvestment Act of 2009, Title XII, Subtitle D – Privacy, Sections 13400, *et seq.*, the Health Information Technology and Clinical Health Act, as amended (the "HITECH Act").

a. **General Provisions**

1. **Meaning of Terms.** The terms used in this Agreement shall have the same meaning as those terms defined in HIPAA.

2. **Regulatory References.** Any reference in this Agreement to a regulatory section means the section currently in effect or as amended.

3. Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with HIPAA.

b. Obligations of Business Associate

MedEx Billing, Inc. agrees that it will:

1. Not use or further disclose PHI other than as permitted or required by this Agreement or as required by law;
2. Use appropriate safeguards and comply, where applicable, with the HIPAA Security Rule with respect to electronic protected health information ("e-PHI") and implement appropriate physical, technical and administrative safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement;
3. Report to the City of Lockport any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including any security incident (as defined in the HIPAA Security Rule) and any breaches of unsecured PHI as required by 45 CFR §164.410. Breaches of unsecured PHI shall be reported to the City of Lockport without unreasonable delay but in no case later than 60 days after discovery of the breach;
4. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of MedEx Billing, Inc. agree to the same restrictions, conditions, and requirements that apply to MedEx Billing, Inc. with respect to such information;
5. Make PHI in a designated record set available to the City of Lockport And to an individual who has a right of access in a manner that satisfies the City of Lockport's obligations to provide access to PHI in accordance with 45 CFR §164.524 within 30 days of a request;
6. Make any amendment(s) to PHI in a designated record set as directed by the City of Lockport or take other measures necessary to satisfy the City of Lockport' obligations under 45 CFR §164.526;
7. Maintain and make available information required to provide an accounting of disclosures to the City of Lockport or an individual who has a right to an accounting within 60 days and as necessary to satisfy the City of Lockport' obligations under 45 CFR §164.528;
8. To the extent that MedEx Billing, Inc. is to carry out any of the City of Lockport' obligations under the HIPAA Privacy Rule, MedEx Billing, Inc. shall comply with the requirements of the Privacy Rule that apply to the City of Lockport when it carries out that obligation;
9. Make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by MedEx Billing, Inc. on behalf of the City of Lockport available to the Secretary of the Department of Health and Human Services for purposes of determining MedEx Billing, Inc. and the City of Lockport' compliance with HIPAA and the HITECH Act;

10. Restrict the use or disclosure of PHI if the City of Lockport notifies MedEx Billing, Inc. of any restriction on the use or disclosure of PHI that The City of Lockport has agreed to or is required to abide by under 45 CFR §164.522; and
11. If the City of Lockport is subject to the Red Flags Rule (found at 16 CFR §681.1 *et seq.*), MedEx Billing, Inc. agrees to assist the City of Lockport in complying with its Red Flags Rule obligations by: (a) implementing policies and procedures to detect relevant Red Flags (as defined under 16 C.F.R. §681.2); (b) taking all steps necessary to comply with the policies and procedures of the City of Lockport's Identity Theft Prevention Program; (c) ensuring that any agent or third party who performs services on its behalf in connection with covered accounts of the City of Lockport agrees to implement reasonable policies and procedures designed to detect, prevent, and mitigate the risk of identity theft; and (d) alerting the City of Lockport of any Red Flag incident (as defined by the Red Flag Rules) of which it becomes aware, the steps it has taken to mitigate any potential harm that may have occurred, and provide a report to the City of Lockport of any threat of identity theft as a result of the incident.

c. Permitted Uses and Disclosures by Business Associate

The specific uses and disclosures of PHI that may be made by MedEx Billing, Inc. on behalf of the City of Lockport include:

1. The preparation of invoices to patients, carriers, insurers and others responsible for payment or reimbursement of the services provided by the City of Lockport to its patients;
2. Preparation of reminder notices and documents pertaining to collections of overdue accounts;
3. The submission of supporting documentation to carriers, insurers and other payers to substantiate the healthcare services provided by the City of Lockport to its patients or to appeal denials of payment for the same; and
4. Other uses or disclosures of PHI as permitted by HIPAA necessary to perform the services that MedEx Billing, Inc. has been engaged to perform on behalf of the City of Lockport

d. Termination

1. The City of Lockport may terminate this Agreement if the City of Lockport determines that MedEx Billing, Inc. has violated a material term of the Agreement.
2. If either party knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of the other party's obligations under this Agreement, that party shall take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are unsuccessful, terminate the Agreement if feasible.
3. Upon termination of this Agreement for any reason, MedEx Billing, Inc. shall return to the City of Lockport or destroy all PHI received from the City of Lockport, or created, maintained, or received by MedEx Billing, Inc. on behalf of the City of Lockport that MedEx Billing, Inc. still maintains in any form. MedEx Billing, Inc. shall retain no copies of the PHI. If return or destruction is infeasible, the protections of this Agreement will extend to such PHI.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the above date.

City of Lockport

By - _____ Witness - _____

Date: _____ Date: _____

TITLE: President/Director/Mayor/Chairperson/Chief

MedEx Billing, Inc.

By - _____ Witness - _____

Wendy L. Mancuso
CEO/CIO

Date: _____ Date: _____



ADDENDUM

SECTION A

The CITY OF LOCKPORT will pay to MedEx a Base Fee of Seven percent (6.8%) of revenue for the calendar year 2023 and for 1 year(s) hence of the date of this contract. For NY Clients, Medicaid claims are billed at a fixed fee of \$15/claim, in accordance with NY laws.
IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the above date.

CITY OF LOCKPORT

By - _____

TITLE - _____ Director/Mayor/Chief/President

Date: _____

MedEx Billing, Inc.

By - _____ Wendy L. Mancuso

CEO/CIO

Date: _____

Witness - _____

Date: _____

Witness - _____

Date: _____

ESO Cost

The cost of ESO software to include the following modules (estimated at 2500 claims):

ESO EHR	\$4990.00
EHR Cardiac Monitor Integration -	\$795.00
EHR CAD Integration	\$995.00
EHR Billing Interface	\$395.00
EHR Fax	\$225.00
Total Recurring Fee	\$7,400.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/06/2022

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

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

PRODUCER	CONTACT NAME: Ann VanCott
Tompkins Insurance Agencies, Inc	PHONE (A/C, No, Ext): (888) 261-2688 FAX (A/C, No): (888) 339-8337
90 Main Street	E-MAIL ADDRESS: avancott@tompkinsfinancial.com
Batavia NY 14020	INSURER(S) AFFORDING COVERAGE
	INSURER A: Trumbull Insurance Co. NAIC # 27120
INSURED	INSURER B: Progressive Casualty Ins Co 24260
Med Ex Billing Inc &	INSURER C: AmWins Brokerage of New York 0042
8020 E. Main Rd.	INSURER D:
Le Roy NY 14482	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 22-23 Master

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	01SBARE1410	01/16/2022	01/16/2023	EACH OCCURRENCE \$ 2,000,000 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 PRODUCTS - COMP/OP AGG \$ 4,000,000 Employee Benefits \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			02609261-1	09/13/2021	09/13/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Drive other car \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			01SBARE1410	01/16/2022	01/16/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Errors & Omissions			MPL2136013,21	01/01/2022	01/01/2023	Limit 2,000,000 Retention 25,000

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

The County of Wayne and its officers, employees, and agents would be additional insured on a primary and non-contributory basis, if required by written contract per endorsement SS0008, to the extent provided therein. Waiver of Subrogation applies.

CERTIFICATE HOLDER

CANCELLATION

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

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Additional Named Insureds

Other Named Insureds

Geo-Vista Properties LLC

Additional Insured



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/09/2022

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 PAYCHEX INSURANCE AGENCY INC 225 KENNETH DR ROCHESTER, NY 14623 (877) 362-6785	CONTACT NAME: PHONE (A/C, No, Ext): (877) 362-6785 FAX (A/C, No): (877) 677-0447 E-MAIL ADDRESS: paychex@travelers.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : THE PHOENIX INSURANCE COMPANY INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED MED EX BILLING INC 8020 E MAIN ROAD LEROY, NY 14482	NAIC #	

COVERAGES

CERTIFICATE NUMBER: 776370417221252

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	UB-9K844474-22	01/01/2022	01/01/2023	X PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

AS RESPECTS TO WORKERS COMPENSATION COVERAGE, WC 00 03 13 00 AND WAIVER OF OUR RIGHTS TO RECOVER FROM OTHERS HAS BEEN ATTACHED TO THE POLICY.

CERTIFICATE HOLDER**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Michael J. Sullivan

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/07/2022

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PRODUCER Tompkins Insurance Agencies, Inc 90 Main Street Batavia NY 14020		CONTACT NAME: Ann VanCott PHONE (A/C, No, Ext): (888) 261-2688 FAX (A/C, No): (888) 339-8337 E-MAIL ADDRESS: avancott@tompkinsfinancial.com	
INSURED MEDEX BILLING INC & GEO-VISTA PROPERTIES LLC, DBA: Wendy 8020 East Main Road LeRoy NY 14482		INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 2022 Cyber**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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cyber Risk Single Loss Retention \$2,500			MPL4853252.22	05/28/2022	05/28/2023	Privacy/Security Liability 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Daniel S. Byce

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CONTRACT - PROPOSAL

& Specifications

Essence of Time

6672 East Canal Road

Lockport, New York 14094

716-625-8578

40 Years Experience in Tower & Street Clock

Restoration & Preservation

Clockdoc6672@verizon.net

visit our web site – USTowerClock.com

DECEMBER 19, 2022

City of Lockport

One Lock Plaza

Lockport NY 14094

Mayor – Michelle Roman –

Contact Person - Steve Pump 716-998-0996

CLOCK LOCATION: Main and Pine Street
Lockport, NY 14094

GENERAL ANALYSIS AND HISTORY

The 4- dial O. B. McClintock street or post clock was made around the turn of the century. It has milk glass dials with brown stain glass surrounds on the dials. The clock was totally restored and installed in January 2020.

In September 2022 the head of the clock was damaged by being hit with an excavator while repairing the sidewalk.

SCOPE OF WORK TO BE COMPLETED

This proposal is for the repair and restoration of the four dial O.B.

McClintock street-post clock, located on Main St. Lockport,

We will remove the top section of the clock from its existing location, this includes removing the hands and dials to reduce damage. We will disassemble the clock head

All electrical components will be disassembled.

We will remove the clock head, load it on our truck/trailer and take it to our shop in Lockport NY. We would then completely disassemble the street clock head with all its component parts.

We will restore all original housing components including the damaged head components.

The street clock would be assembled in our shop with new or restored fabricated parts, including any usable housings parts. We will use all stainless-steel hardware and fasteners for assembly.

The street clock head and all its component parts would be brought back to the original location. The restored street clock will be assembled and installed back in its original location on Main and Pine St.

OWNERS RESPONSIBILITY

Any regional lifting equipment, scaffolding, and ladders needed to remove or install all clock hands, movements, and component parts. Any electrical hookups will be completed by city electricians or licensed electricians. Our company will advise as to wire size and style.

The Purchaser must provide internal and /or external access where equipment is installed, including safe ladders. We estimate that you will have to supply a lift and scaffolding for a one-day period for removal plus two days again for installation.

WARRANTY

The described clock is warranted for three years from the date of installation against original defects in workmanship and materials, providing it is cared for according to instructions furnished.

DELIVERY

Upon receipt of the order, down payment in accordance with the terms outlined below, the above listed equipment shall be shipped within a period of not more than 4 months. The purchase price includes pick-up and delivery from our shop and installation.

TAXES

In addition to the purchase price, purchaser agrees to pay all sales, use excise or similar taxes in effect that may be applicable to the sale or installation. If purchaser has a Tax Exemption certificate, the number must be given with order.

PAYMENT TERMS

50% with placement of order

Balance upon shipment to job site and completion of project

After 15 days 5 % will be added to the Invoice and 5% per month thereafter.

PRICE

\$ 31,000.00

This contract is valid for 90 days from date listed above.

SUBMITTED
Essence of Time

ACCEPTED

Charles Roeser

DATE ACCEPTED: _____