



EMS BILLING AND COLLECTION SERVICES

(Version 11-7-2024)

This AGREEMENT (“Agreement”) is entered by and between **Wittman Enterprises, LLC** (“Contractor”), located at **11093 Sun Center Dr., Rancho Cordova, CA 95670-6110** and the **City of League City** (“City”), a home-rule municipality, located at 300 W. Walker St., League City, Texas 77573 on the date set forth below.

Terms:

1. **Scope of Services:** Contractor will perform the services and/or provide the products as set forth in **Exhibit A**, which is attached and incorporated herein, and which can be generally described as **EMS Billing and Collections**. If there is a conflict between the terms of this Agreement and Exhibit A, the terms of this Agreement will prevail.
2. **Term and Termination:** This Agreement shall commence on **October 1, 2024** and shall expire on **September 30, 2027**. The period from commencement to expiration is the Contract Term. City reserves the right to terminate this Agreement for convenience upon ninety (90) days written notice to Contractor. Upon such termination, City shall pay Contractor, at the rate set out in **Exhibit A**, for services satisfactorily performed or products satisfactorily provided up through the date of termination. Notwithstanding any provision in this Agreement to the contrary, City will not be required to pay or reimburse Contractor for any services performed or for expenses incurred by Contractor after the date of the termination notice that could have been avoided or mitigated by Contractor.
3. **Compensation:** Contractor shall be paid for the services/products as set forth in **Exhibit A**. In no event shall the total compensation exceed **\$495,000.00** during the term of this Agreement. City shall tender payment (including progress/partial payments) for services/goods only after such services are completed or goods are delivered and are deemed to be acceptable under this Agreement, in the sole reasonable discretion of City. Contractor must submit to City invoices for all goods delivered and services provided, which invoices must include details and dates of service or delivery. Payment by City shall be made within thirty (30) days of receipt of an invoice, except for any portion of the invoiced amount that City disapproves as not compliant under this Agreement, in the sole reasonable discretion of City. If City disapproves any amount submitted for payment by Contractor, City shall give Contractor specific reasons for disapproval in writing.
4. **Insurance:** Contractor **is not** required during the Contract Term to maintain insurance as follows: (a) Comprehensive General Commercial Liability insurance covering bodily injury and property damage, with minimum coverage limits—exclusive of defense costs—of \$1,000,000 per occurrence and \$2,000,000 aggregate; (b) If Contractor will provide City “professional services,” as that term is used in Chapter 252 of the Texas Local Government Code, Professional Liability (errors and omissions/malpractice) insurance with minimum coverage limits—exclusive of defense costs—of \$2,000,000 per occurrence; and (c) If at any point during the Contract Term it is foreseeable that Contractor will enter upon City premises: (i) Worker’s Compensation coverage with statutory limits for the State of Texas, and (ii) Commercial Automobile Liability coverage with minimum coverage limits—exclusive of defense costs—of \$1,000,000 per occurrence and

\$2,000,000 aggregate. All policies must contain a waiver of subrogation against City. Comprehensive General Liability and Commercial Automobile Liability policies must name the City as Additional Insured. Contractor shall pay all insurance deductibles and deductibles must not exceed \$10,000 unless approved in advance by City. Contractor shall provide City Certificates of Insurance evidencing these insurance requirements prior to the start of work.

5. **Liquidated Damages:** Liquidated damages **are not** applicable to this transaction. Contractor acknowledges that time is of the essence in performing this Agreement. City and Contractor (collectively, the “Parties”) agree that if Contractor is late in performing any obligation of this Agreement, City will suffer loss, damages, or other harm from Contractor’s delay. The Parties agree that the amount of loss, damages, or harm likely to be incurred is incapable or difficult to precisely estimate, and therefore Contractor agrees to pay City liquidated damages for delay at a daily rate equal to the total compensation allowed under the Agreement divided by the number of days in the Contract Term. The Parties further agree that: (i) the liquidated damages specified herein are not a penalty but rather bear a reasonable relationship to, and is not plainly or grossly disproportionate to, the probable loss likely to be incurred by City as a result of Contractor’s delay; (ii) one of the reasons for City and Contractor to agree to such amounts is the uncertainty and cost of litigation regarding the question of actual damages; and (iii) City and Contractor are sophisticated business parties and negotiated this Agreement at arm’s length.

6. **EMS Billing Disputes:** It shall be Wittman Enterprises, LLC’s responsibility to meet or exceed the scope of work defined in the respective contract. Wittman Enterprises, LLC. shall investigate all complaints and respond to special requests for services within three (3) business days of the complaint. Any complaint which cannot be corrected during the three (3) days or which cannot be dealt with for reasons beyond Wittman Enterprises, LLC’s control shall be specifically reported to the League City Assistant Fire Chief – EMS by the third day. The City of League City expects there to be managers and directors available during normal business hours to assist if a customer’s issue cannot be resolved to the customer’s expectations by Wittman Enterprises, LLC’s customer service department. Wittman Enterprises, LLC shall comply with any formal vendor complaint terms and deadlines. It shall be Wittman Enterprises, LLC’s responsibility to document all received complaints concerning EMS billing and collection accounts specifically for the City of League City. The Wittman Enterprises, LLC customer service representative shall notify the League City Assistant Fire Chief – EMS via email of complaints received, including the outcome if resolved, within three (3) business days of the complaint. The League City Assistant Fire Chief – EMS will review the complaint for thoroughness of investigation, and determine if the outcome is appropriate, or if additional follow-up is needed. The League City Assistant Fire Chief – EMS will also follow up with the designated Client Liaison within three (3) business days to discuss if further action is needed by Wittman Enterprises, LLC. If any complaint is received by Wittman Enterprises, LLC’s customer service department that involves care-related concerns, Wittman will contact the City and/or Fire Department directly as quickly as possible, for resolution.

7. **Independent Contractor:** Contractor is an independent contractor and is not an employee, partner, joint venture, or agent of City. Contractor understands and agrees that he/she will not be entitled to any benefits generally available to City employees. Contractor shall be responsible for all expenses necessary to carry out the services under this Agreement and shall not be reimbursed by City for such expenses except as otherwise provided in this Agreement.

8. **Intellectual Property:** This Agreement shall be an Agreement for services and the parties intend and consider any work created as a result of this Agreement, including any and all documentation, images, products or results, to be a work (the “Work”) for hire under federal copyright law.

Ownership of the Work shall belong to and remain the exclusive property of City. The Work may be edited at any time within City's discretion. If the Work would not be considered a work-for-hire under applicable law, Contractor hereby assigns, transfers, and conveys any and all rights, title and interest to City, including without limitation all copyrights, patents, rights of reproduction, rights to ownership, and right to secure registrations, renewals, reissues and extensions thereof. As the sole copyright holder of the Work, City maintains and asserts the rights to use, reproduce, make derivative works from, and/or edit the Work in any form of medium, expression or technology now known or hereafter developed, at any time within City's discretion. Contractor shall not sell, disclose or obtain any other compensation for the services provided herein or the Work. If the Work is one to which the provisions of 17 U.S.C. § 106A apply, Contractor hereby waives and appoints City to assert on Contractor's behalf Contractor's moral rights or any equivalent rights regarding the form or extent of any alteration to the Work (including, without limitation, removal or destruction) or the making of any derivative works based on the Work, including, without limitation, photographs, drawings or other visual reproductions of the work, in any medium, for City's purposes.

9. **Confidentiality:** During the course of the services to be provided under this Agreement, Contractor may become privy to confidential information of City. Contractor agrees to treat as confidential the information or knowledge that becomes known to Contractor during performance of this Agreement and to not use, copy, or disclose such information to any third party unless authorized in writing by City. This provision does not restrict the disclosure of any information that is required to be disclosed under applicable law. Contractor shall promptly notify City of any misuse or unauthorized disclosure of City's confidential information and upon expiration of this Agreement shall return to City all confidential information in Contractor's possession or control. Contractor shall further comply with all information security policies of City that may apply and shall not make any press releases, public statements or advertisement referring to the services provided under this Agreement or the engagement of Contractor without the prior written approval of City.
10. **Warranties and Representations:** Contractor warrants and agrees that Contractor shall perform its services and conduct all operations in conformity with all applicable federal, state, and local laws, rules, regulations, and ordinances. For any service performed on premises owned or controlled by City, Contractor warrants and agrees that Contractor will perform said services in compliance with all City rules, including but not limited to, prohibitions related to tobacco use, alcohol, and other drugs.
11. **Licenses/Certifications:** Contractor represents and warrants that it will obtain and maintain in effect, and pay the cost of, all licenses, permits or certifications that may be necessary for Contractor's performance of this Agreement. If Contractor is a business entity, Contractor warrants, represents, covenants, and agrees that it is duly organized, validly existing and in good standing under the laws of the state of its formation; and is duly authorized and in good standing to conduct business in the State of Texas, that it has all necessary power and has received all necessary approvals to execute and deliver the Agreement and is authorized to execute this Agreement according to its terms on behalf of Contractor.
12. **Performance/Qualifications:** Contractor agrees and represents that Contractor has the personnel, experience, and knowledge necessary to qualify Contractor for the particular duties to be performed under this Agreement. Contractor warrants that all services performed under this Agreement shall be performed consistent with generally prevailing professional or industry standards.

13. **Conflict of Interest:** Contractor warrants, represents, and agrees that Contractor presently has no interest and shall not acquire any interest, direct or indirect, that would conflict in any manner or degree with Contractor's performance of the services hereunder. Contractor further warrants and affirms that no relationship or affiliation exists between Contractor and City that could be construed as a conflict of interest with regard to this Agreement.
14. **INDEMNIFICATION: CONTRACTOR SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS CITY , AND EACH OF ITS OFFICIALS, OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, ACTIONS, SUITS, DEMANDS, PROCEEDINGS, COSTS, DAMAGES AND LIABILITIES, INCLUDING WITHOUT LIMITATION ATTORNEYS' FEES AND REASONABLE LITIGATION COSTS, ARISING OUT OF, CONNECTED WITH, OR RESULTING FROM ANY ACTS OR OMISSIONS OF CONTRACTOR OR ANY AGENT, EMPLOYEE, SUBCONTRACTOR, OR SUPPLIER OF CONTRACTOR IN THE EXECUTION OR PERFORMANCE OF THIS CONTRACT, TO THE EXTENT THE CLAIM ARISES FROM NEGLIGENCE, WILLFUL ACT, BREACH OF CONTRACT OR VIOLATION OF LAW.**
15. **Force Majeure:** Neither City nor Contractor shall be liable for any delay in the performance of this Agreement, nor for any other breach, nor for any loss or damage arising solely from uncontrollable forces such as fire, theft, storm, war, or any other force majeure that could not have been reasonably avoided by the exercise of due diligence.
16. **Notices:** Any notice given under this Agreement by either party to the other may be affected either by personal delivery in writing or by mail, registered or certified postage prepaid with return receipt requested. Mailed notices shall be addressed to the addresses of the Parties as they appear in the contract. Notices delivered personally shall be deemed communicated at the time of actual receipt. Mailed notices shall be deemed communicated three (3) days after mailing.
17. **Texas Family Code Child Support Certification:** Pursuant to Section 231.006 of the Texas Family Code, Contractor certifies that it is not ineligible to receive the award of or payments under the Agreement and acknowledges that the Agreement may be terminated, and payment may be withheld if this certification is inaccurate.
18. **State and/or City Auditor:** Contractor understands that acceptance of funds under the Agreement constitutes acceptance of the authority of the Texas State Auditor's Office, or any successor agency or the City's internal auditor (collectively, the "Auditor"), to conduct an audit or investigation in connection with those funds. Contractor agrees to cooperate with the Auditor in the conduct of the audit or investigation, including without limitation providing all records requested. Contractor will include this provision in all contracts with permitted subcontractors.
19. **Jurisdiction:** Any disputes under this Agreement shall be brought in a court of competent jurisdiction in Galveston, Texas and governed by Texas law.

20. **Alternative Dispute Resolution:** To the extent that Chapter 2260, Texas Government Code, is applicable to this Contract and is not preempted by other applicable law, the dispute resolution process provided for in Chapter 2260 and the related rules adopted by the Texas Attorney General Pursuant to Chapter 2260, shall be used by City and Contractor to attempt to resolve any claim for breach of contract made by Contractor that cannot be resolved in the ordinary course of business. The Director of Finance of City shall examine Contractor's claim and any counterclaim and negotiate with Contractor in an effort to resolve such claims. This provision shall not be construed as a waiver by City of its right to seek redress in the courts.
21. **Entire Agreement:** This Agreement contains the entire understanding between the Parties and supersedes all prior agreements, arrangements, and understanding, oral or written between the Parties relating to this Agreement. This Agreement may not be modified except by mutual written agreement of the Parties executed subsequent to this Agreement.
22. **Eligibility to Receive Payment:** Contractor certifies that, as a matter of state law, it is not ineligible to receive the Agreement and payments pursuant to the Agreement and acknowledges that the Agreement may be terminated, and payment withheld if this representation is inaccurate.
23. **Payment of Debt/Delinquency to State:** Contractor certifies that it is not indebted to the City of League City and is current on all taxes owed to the City of League City. Contractor agrees that any payments owing to Contractor under the Agreement may be applied directly toward any debt or delinquency that Contractor owes the City of League City regardless of when it arises, until such debt or delinquency is paid in full.
24. **Products and Materials Produced in Texas:** If Contractor will provide services under the Agreement, Contractor covenants and agrees that in performing its duties and obligations under the Agreement, it will purchase products and materials produced in Texas when such products and materials are available at a price and delivery time comparable to products and materials produced outside of Texas.
25. **Risk of Loss:** If applicable, all work performed by Contractor pursuant to the Agreement will be at Contractor's exclusive risk until final and complete acceptance of the work by City. In the case of any loss or damage to the work prior to City's acceptance, bearing such loss or damage will be Contractor's responsibility.
26. **Publicity:** Contractor shall not use City's name, logo or likeness in any press release, marketing materials or other public announcement without receiving City's prior written approval.
27. **Legal Construction/Severability:** In the event that any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision, and this Agreement shall be construed as if such invalid, illegal or unenforceable provisions had never been contained in it. To this end, the provisions of this Agreement are declared to be severable. The Parties may mutually agree to renegotiate the Agreement to cure such illegality/invalidity or unconstitutionality if such may be reasonably accomplished.
28. **Limitations:** The Parties are aware that there are constitutional and statutory limitations on the authority of City to enter into certain terms and conditions of the Agreement, including, but not limited to, those terms and conditions relating to liens on City's property; disclaimers and limitations of warranties; disclaimers and limitations of liability for damages; waivers, disclaimers

and limitations of legal rights, remedies, requirements and processes; limitations of periods to bring legal action; granting control of litigation or settlement to another party; liability for acts or omissions of third parties; payment of attorneys' fees; dispute resolution; indemnities; and confidentiality (collectively, the "Limitations"). Any terms and conditions related to the Limitations will not be binding on City except to the extent authorized by the laws and Constitution of the State of Texas.

29. **Sovereign Immunity:** The Parties agree that neither the execution of the Agreement by City nor any other conduct, action or inaction of any City representative relating to the Agreement constitutes a waiver of sovereign immunity by City. The Parties also agree that this Agreement constitutes a governmental function and is not a proprietary function.
30. **Authority:** The Parties stipulate that in entering into this Agreement, the City is performing a solely governmental function and not a proprietary function. Contractor warrants and represents that Contractor has full power and authority to enter into and perform this Agreement and to make the grant of rights contained herein. The person signing on behalf of City represents that he/she has authority to sign this Agreement on behalf of City.
31. **Non-Waiver:** The Parties specifically agree that neither the occurrence of an event giving rise to a breach of contract claim nor the pendency of a claim constitute grounds for the suspension of performance by Contractor. No covenant or condition of this Agreement may be waived except by written consent of the waiving party. Forbearance or indulgence by one party in any regard whatsoever shall not constitute a waiver of the covenant or condition to be performed by the other party.
32. **Prohibitions Pursuant to Texas Government Code:** By executing this Agreement Contractor verifies that Contractor (1) does not boycott Israel and will not during the term of this Agreement per Section 2274.002; (2) is not engaged in business with Iran, Sudan, or any company on the list referenced in Section 2252.152; (3) does not boycott energy companies and will not during the term of this Agreement per 2274.002; and (4) does not have a practice, policy, guidance, or directive of this Agreement against a firearm entity or firearm trade association and will not during the term of this Agreement per 2274.002.

(signature block on next page)

Executed on _____ . *(date to be filled in by City Secretary)*

WITTMAN ENTERPRISES, LLC - "Contractor"

DocuSigned by:

FFAFD11C38A844F...

Corinne Wittman-Wong, CEO

CITY OF LEAGUE CITY - "City"

John Baumgartner, City Manager

Attest:

Diana Stapp, City Secretary

Approved as to Form:

Office of the City Attorney

Exhibit A

Scope of Services/Description of Products/Payment Schedule

(There are 74 pages for Exhibit A, including this page)

RFP 24-043 Wittman Submission

August 27, 2024

CITY OF LEAGUE CITY

RFP 24-043 EMS Billing and Collection



Setting the Standard for EMS Billing

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

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

RFP 24-043
Primary EMS Billing and Collections

Proposal Cover Sheet
Due Date: August 13, 2024 at 10am

Wittman Enterprises, LLC

Name of Firm/Company

Corinne Wittman-Wong

CEO

Agent's Name (Please Print)

Agent's Title

11093 Sun Center Drive | Rancho Cordova, CA 95670

Mailing Address

City

State

Zip

(916) 669-4608

cwittmanwong@webillems.com

Telephone Number

Email Address



8/27/2024

Authorized Signature

Date

Proposal Submission Checklist

Proposal submission package shall consist of the following:

- Proposal Cover Sheet
- Proposal (If hard copy submitted: one marked original, one marked copy and a flash drive)
- Proposal Cost Sheet
- Proposal Certification and Addenda Acknowledgement
- Public Information Act Form
- Conflict of Interest Questionnaire
- HB 89 Form

Proposal Certification and Addenda Acknowledgement

Proposer must initial next to each addendum received to verify receipt:

Addendum #1 CWW Addendum #2 CWW Addendum #3

Addendum #4 Addendum #5 Addendum #6

Addendum Number One (1)
August 6, 2024

Bids for: **RFP #24-043 Primary EMS Billing and Collections**

Is there a required number of years of experience or references required?

The following clarifications, amendments, deletions, additions, revision and/or modifications are made a part of the contract documents and change the original documents only in the manner and to the extent hereinafter stated and shall be incorporated in the contract documents.

Provisions of this addendum shall take precedence over requirements of the original contract documents and all **BIDDERS ARE REQUESTED TO ACKNOWLEDGE SAID PROVISIONS IN THEIR SUBMISSION.**

Addendum as follows:

Below are questions that were received, and the answers to these questions are in blue.

Question 1: Is there a required number of years of experience or references required?
Answer: None required

Question 2: When is the anticipated award date?
Answer: Approximately 08/10/2024

Question 3: To what extent will the location of the bidder's proposed location or headquarters have a bearing on any award?
Answer: We have always preferred within the United States, and even Texas.

Question 4: What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?
Answer: This can be an open records request.

Question 5: What is your average revenue per call?
Answer: Information not available

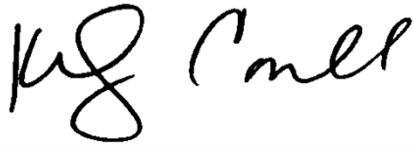
Question 6: Do you have a collection agency provider and, if so, which provider?
Answer: Yes, Lifequest

End of Addendum

Addendum Number One (1)
August 6, 2024

If you have any questions, please contact Purchasing Department at purchasing@leaguecitytx.gov.

NOTE: ADDENDA MUST BE ACKNOWLEDGED ON THE BID COVERS SHEET.



Kimberly Corell
Interim Purchasing Manager

Addendum Number Two (2)
August 12, 2024

Qualifications for: **RFQ #24-043 EMS Primary Billing and Collections**

The following clarifications, amendments, deletions, additions, revision and/or modifications are made a part of the contract documents and change the original documents only in the manner and to the extent hereinafter stated and shall be incorporated in the contract documents.

Provisions of this addendum shall take precedence over requirements of the original contract documents and all **QUALIFIERS ARE REQUESTED TO ACKNOWLEDGE SAID PROVISIONS IN THEIR SUBMISSION.**

Addendum as follows:

We are extending the opening date to Tuesday, August 27, 2024.

End of Addendum

If you have any questions, please contact Purchasing Department at purchasing@leaguecitytx.gov.

NOTE: ADDENDA MUST BE ACKNOWLEDGED ON THE QUALIFICATION COVER SHEET.



Kimberly Corell
Interim Purchasing Manager



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TAB A - Experience and Qualifications

a) Wittman Enterprises and EMS|MC Introductions

Letter from our CEO

August 13, 2024

Thanks for allowing me to re-introduce our qualifications and team to you and provide League City our RFP response for *Primary EMS Billing & Collections*. Since 1991 (*and since 2014 for League City*), Wittman Enterprises, LLC has provided our clients complete ambulance billing services in compliance with current local, state, and federal laws and statutes.

As a new part of the EMS|MC group, your same Wittman Enterprises team now has direct access to a huge suite of new human and technology resources to supplement the quality product you have come to expect from us, including: enhanced billing and reporting software; more comprehensive client and patient portal systems; quarterly in-person visits from your Client Liaison; and direct access to our new consulting division, PWW Advisory Group (PWW|AG). Our combined team brings a deep understanding of the industry and its complexities because we've been in it with you for decades.

We proudly serve more than 140 EMS clients and we once again assure the City that our ultimate focus remains on, and has always been based on, the best patient and client service, billing results (accurate and legal billing and most legal, reimbursable revenue), and transparency (Client Portal, Reporting, Month-End-Reporting, KPIs, etc.). We use all resources necessary, now augmented richly with EMS|MC, to provide the best in customer service and *collections for our clients: (on average) 10-20% more in net revenue than our competitors*.

I am proud of the tremendous working relationship we have enjoyed with League City as our Partner for the last ten years. We have worked together on multiple changes in our industry including ICD-10, NEMESIS, TASPP, ET3, Charity Care Program, Medicaid Fee for Service ACR Program, and the recent roll-out of Texas SB 2476. We look forward to renewing our Partnership during this exciting program update.

Jennifer Gentry and Russ Harms shared about the great visit you all enjoyed during your recent Board Meeting, regarding the adjustment in ambulance fees and the absolute compliance with the SB 2476 program. That is a perfect example of the very positive relationship we so value with our EMS Partners. As CEO of Wittman Enterprises, LLC I am authorized to bind our company into contract and negotiate on our behalf.

My best,

A handwritten signature in blue ink that reads "Corinne Wittman-Wong".

Corinne Wittman-Wong, CEO
Wittman Enterprises, LLC (established 1991)
11093 Sun Center Drive | Rancho Cordova, CA 95670
(916) 669-4608 direct | (855) 611-0056 toll-free | cwittmanwong@webillems.com



General Identification

Wittman Enterprises, LLC coordinates all of your work from our original location in the Sacramento, CA area: 11093 Sun Center Drive, Rancho Cordova, CA. Our business was established in 1991.

Company Governance and Organization

We are a limited liability company with approximately 148 employees, including 4 board members and 12 managers.

- Corinne Wittman-Wong, CEO
- Walter Imboden, President/CFO
- Kathryn Garcia, Vice President
- David Wittman, COO

Our staff is divided among specialized departments including: Customer Service Representatives (75); Data Input/Billing (25); Insurance Specialists (10); Cash Receipts (20); Support Services/Electronic Billing (12).

League City's EMS Billing Client Liaison



Jennifer Gentry (CAC, CADS), Client Liaison
 11093 Sun Center Drive | Rancho Cordova, CA
 (916) 669-4607 direct | jgentry@webillems.com

Workload Accomplishment

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



collection rates than our competitors. All departments are dedicated to the personal attention of our clients and their patients' needs. Through training, forecasting, hiring, and expansion of our EMS Partner base, we constantly maintain that staffing ratio of approximately 4,000 claims per staff (compared to approximately 8,000 to 12,000 or more claims per staff for most of our competitors).



Staffing Chart

Contract Management Team

| | | |
|--|----------------|----------------------------|
| Corinne Wittman-Wong, CEO | (916) 669-4608 | cwittmanwong@webillems.com |
| Walter Imboden, President/CFO | (916) 669-4602 | wimboden@webillems.com |
| Kathryn Garcia, Vice President | (916) 669-4606 | kwolf@webillems.com |
| David Wittman, COO | (916) 669-4601 | dwittman@webillems.com |
| Russ Harms, Director of Customer Success | (916) 669-4628 | rharms@webillems.com |
| Joe Balkema, Director of Information Technology | (916) 669-4620 | jbalkema@webillems.com |

Management Team

| | |
|---|---|
| Jennifer Bump, Division Manager: Insurance Services (916) 669-4612 jbump@webillems.com | Stephanie Cooper-Noe (CMC, CACO, CAPO CADS), Client Liaison (916) 669-4607 scooper-noe@webillems.com |
| Heather Montano, Division Manager: Patient Services (916) 669-4627 hmontano@webillems.com | Jennifer Gentry (CAC, CADS) Client Liaison (916) 669-4621 jgentry@webillems.com |
| Nicole Powers, Division Manager: Electronic Billing/Cash Receipts (916) 669-4624 npowers@webillems.com | Judy Vang (CAC, CADS) Client Liaison (916) 669-4613 jvang@webillems.com |

Operations Team/Experience

| | |
|---|----------|
| Jessica Ceccato, Division Supervisor: Insurance/Auditing | 14 years |
| Elayne Huff, Senior Lead: Insurance | 24 years |
| Angelas Thao (CAC), Senior Lead: Billing | 20 years |
| Karen Cotton, Lead: Insurance | 7 years |
| Mayra Ruiz, Lead: Billing | 14 years |
| Rachel Troche, Division Supervisor: Patient Services | 19 years |
| Savannah Cotton, Division Supervisor: Incoming Calls Team | 6 years |
| Edgar Aguilar, Lead: Patient Services | 6 years |
| Stephanie Canas, Lead: Incoming Calls Team | 10 years |
| Sheng Cha, Division Supervisor: Administration/Electronic Billing | 18 years |
| Rene Wittman, Senior Lead: Cash Receipts | 30 years |
| Maria Delgado, Lead: Electronic Billing | 4 years |
| Por Vue, Lead: Cash Receipts | 3 years |



b) Experience

34 Years EMS Billing Experience

We were founded 34 years ago with the promise of providing expert and personal attention to our EMS Partners and their billing programs. This will never change. We provide industry-leading services to our Partners, and will continue to help League City provide cost-effective programs and responsive services enhancing the quality of life in the City, while balancing the financial accountability needs of your citizens. This starts with valuing customer service with everything we have done as a company since our beginning in 1991 (living up to our Dedicated Response Time Commitment; providing Ongoing and Comprehensive Staff Training; maintaining well-qualified Bilingual staff, valuing each of our clients and especially their patients: key parts of our continued business focus).

- EMS Industry Dedicated
- Effective and Efficient Billing/Collecting: Medicare, Medicaid, VA, Private Insurance
- Excellent Payer and Client Reputation
- EMS/Fire Billing: Specialized Staff
- Exceeding Client Expectations/Needs

Customized Solutions

We provide products and services specifically designed to ensure that EMS Transport providers like League City are reimbursed in a timely manner for the services they provide.

- Ambulance Transport Billing
- Treat-no-Transport Billing
- ePCR Integration
- Membership Program Support
- First Responder Billing
- Patient Survey Program Support

Statement of Qualifications

Wittman Enterprises has customized service innovations to our partners in the EMS transport industry since 1991. We have extensive experience and specialize in the invoicing, categorizing, recording, monitoring, supervising, and managing of ambulance billing and EMS cost recovery systems and services. We bill approximately 800,000 claims annually, collecting more than \$485,000,000 Each year for our clients.

Together We Achieve the Extraordinary: *Performance History*

Through streamlined efficiency, talented staff, selective automation, and continuous improvement, Wittman has a long record of strong collection returns for our clients on billed EMS charges. Substantial successful and reliable performance in providing our services for public ambulance departments can be seen in all of our 140 client histories; however, please consider the following representative examples to League City’s program (average/annual):

| CLIENT | COUNT | AVG. PAYMENT/TRANSPORT |
|--------------------------|--------|------------------------|
| League City, TX | 5,016 | \$431.17 |
| North Richland Hills, TX | 5,770 | \$410.12 |
| Idaho Falls, ID | 6,983 | \$509.74 |
| North Metro, CO | 7,085 | \$474.65 |
| North Las Vegas, NV | 13,457 | \$606.62 |



References

We encourage you to contact any of our references including any that may not be listed for this proposal. We know that hearing about their experiences with Wittman Enterprises will differentiate from our competition. We are eager to continue providing top-notch service to League City and continue nurturing our strong working partnership. Please contact our references directly to hear about their performance satisfaction with Wittman Enterprises. A recent email from the EMS Coordinator at the City of Rialto spells out the differences in what we bring to our EMS Partners: *“It is a pleasure working with everyone over at Wittman. We have used the revenue you fine folks have worked very hard to get for us to save lives in this city. We have one of the highest ROSC rates in the world and it takes money to make that happen. Everyone over there should be proud of what you do.”*

City of League City, TX

(EMS Billing Partners since 2014)

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City of North Las Vegas, NV

(EMS Billing Partners since 2013)

Frank Simone, EMS Chief

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(EMS Billing Partners since 2011)

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c) Staff Training

Training and Continuous Education

We participate in a training partnership with the State of California (ET17-0248) that mandates significant training hours and topics to improve skills, accuracy and customer service. Approved topics include Class/Lab/E-Learning hours including Business Skills (Business Communication, Customer Service, Data Entry); Commercial Skills (Anatomy, Medical Terminology, ICD-10, Errors and Exceptions, HIPAA, Billing, Medicare/Medicaid); Computer Skills (ZOLL, DocuWare, Noridian, Novitas); Management Skills (Team Building, Leadership, Decision Making).

Wittman Enterprises Training Program: *New Hires*

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

Initial Training: Employees begin with a minimum of four weeks training on general concepts required of their position including: our billing software system, office and position procedures, ambulance billing rules and regulations, identifying key payers, ambulance billing best practices,



HIPAA, industry standards, customer service, billing, Medicare, Medicaid, and Private Insurances. Trainees are not advanced in the program until they have demonstrated competence in all required areas. If they are unable to show the required competence, employees are provided extra training opportunities and/or dismissed if necessary.

Secondary Training: The next phase of training runs for another four weeks, emphasizing the practical portion of the employee's job and preparing them to conduct their position under direct supervision. At this point the employees "shadow" senior staff, applying what they have learned so far. More specialized concepts such as "ALS" and "BLS" are introduced and mastered along with workflow management (organizing and prioritizing), ambulance coding, data entry, common industry abbreviations. There is significantly more hands-on training in this section than in the initial period.

100% Auditing and Training: After successfully completing the first eight weeks of training, staff operates independently under direct supervision. During this time, new employees and their work product are 100% audited until the employee exceeds a minimum of 90% error-free performance consistently. Regular one-on-one's and training sessions are conducted to ensure the minimum amount of human error. Later, our auditing team routinely and randomly audits between 10% and 20% of staff and their work each week.

Certified Ambulance Coders: As part of the EMS|MC family of companies, including Paige, Wolfberg, and Worth (PWW) and NAAC Ambulance Coding, all Wittman Enterprises and EMS|MC billing and coding staff are NAAC-certified professionals, maintaining their competency by completing their annual continuing education requirements. We demand all of our staff observe in practice all the requirements to comply with applicable federal, state, and local laws/regulations as they apply to the services being provided: including maintaining confidentiality for all medical and patient information in accordance with HIPAA rules.

Wittman Enterprises Training Program: *Continuous Improvement*

Team Training: Each of our teams meet weekly to go over ad document training topics, industry and job-specific updates, staff questions, and SOP reviews. Agenda items typically include: Case Studies/Best Practices; Industry/Job Training and Updates; CMS Updates Coding/ICD-10 Training; Medical Necessity; Errors and Exception Reporting.

Continuing Education: Wittman employees are required to not only stay current on industry and individual job requirements, but to push their learning curve through continuing education and to bring our clients the best qualified staff in the industry. In-House Program includes topics like: Telephone Doctor; Continuous Customer Service Training; Business Communications; The 7 Habits of Highly Effective Managers; NAAC certification programs.

d) Conflict of Interest Statement

As the City's Billing Partner since 2014, neither Wittman Enterprises, LLC, nor any of its employees, officers, or directors, or any immediate family member of the preceding, has served as an elected official, employee, or board of commission member of the City, who influences the making of the contract or has direct or indirect interest in the contract. No person associated with Wittman Enterprises has a potential or actual conflict of interest.



e) Independence Statement

Wittman Enterprises is a wholly independent contractor. Neither the City nor any of its officers, employees, agents, or volunteers have control over the conduct of Wittman or any of our officers, employees, or agents.

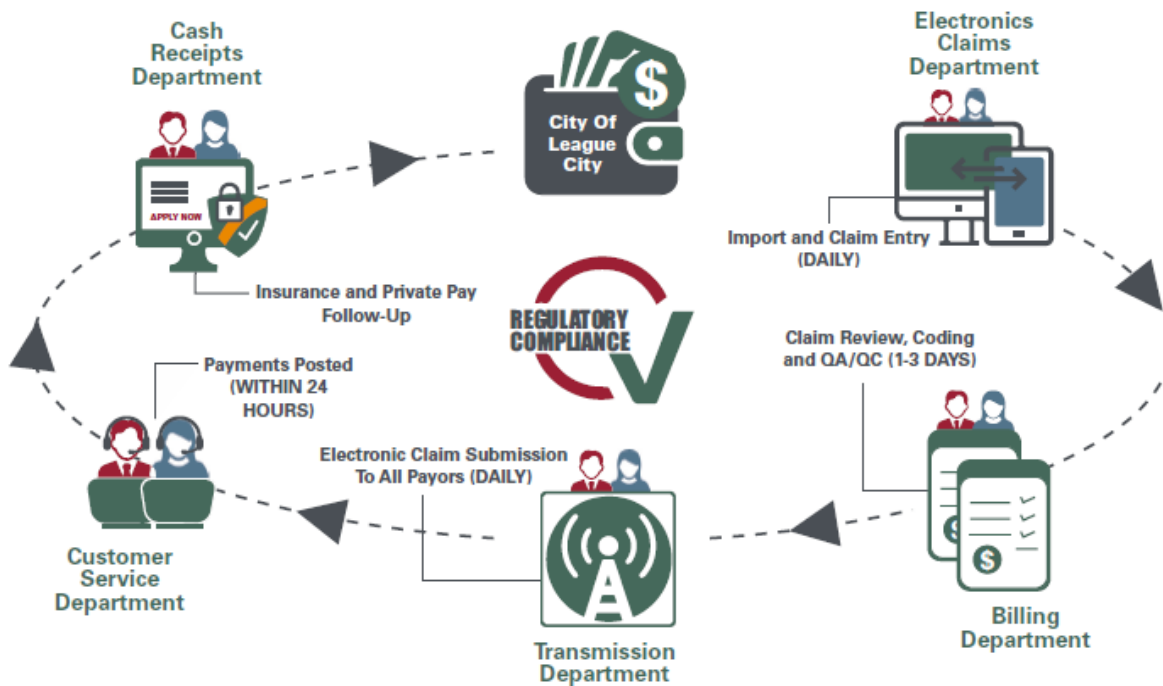
f) HIPAA and Privacy Statement

With recent news that a competitor experienced a breach of their security protocols, resulting in the unauthorized attainment and alleged disclosure of HIPAA-protected personal patient information, Wittman Enterprises wants to reassure our EMS Partners that as a matter of practice we exceed current HIPAA regulation requirements and take every possible precaution to maintain the integrity of private health information. We comply with all federal, state, and local statutes and regulations regarding protected health information. Finally, we comply with all CMS regulations and applicable Federal Medicare and State Medicaid regulations regarding claim submittal and processing.

TAB B – Firm’s General Overview and Scope of Service

a) Billing Processes

Billing to Payment Cycle

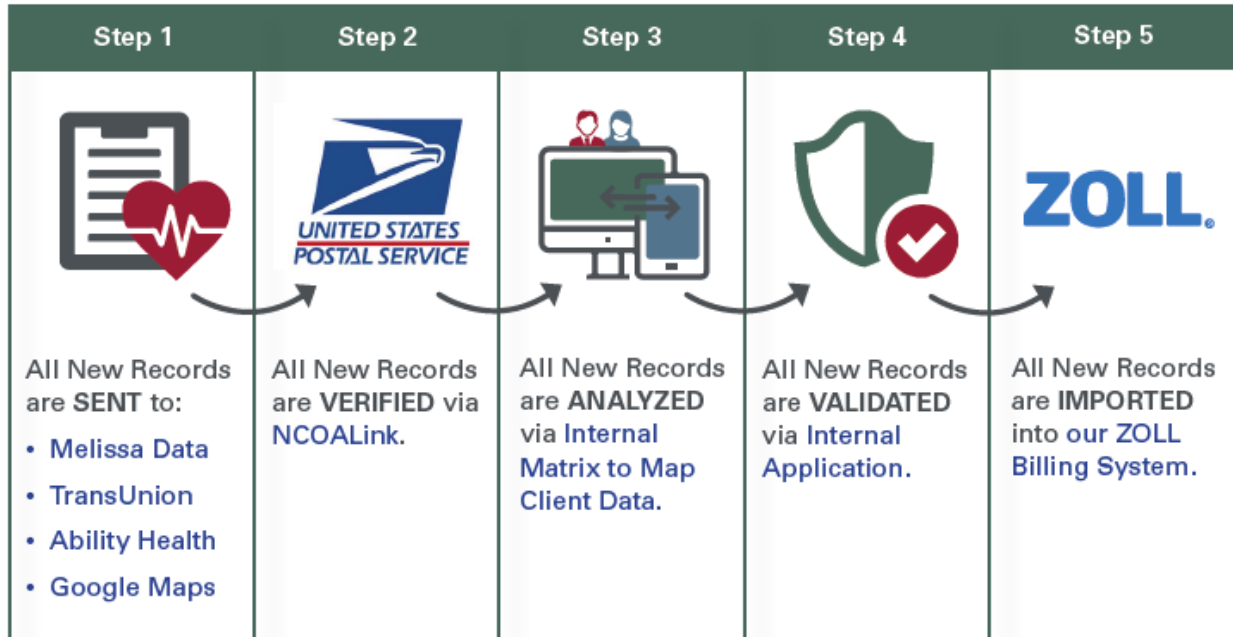


ePCR Import Data Scrubber

Using our proprietary pre-billing program, we automatically scrub every PCR sent to us. Through that process we are often able to fill in missing demographic information such as



address, insurance coverage and social security information, missing phone numbers, name spelling, changes of address, and mileage checker.



Identification of Payment Sources

All PCRS are thoroughly reviewed for medical necessity, treatments and treatment codes, ICD-10 codes, appropriateness of charges for services based on service rendered, and overall completeness. Coding with the appropriate payer, patient condition, and charges normally occur with 48-72 hours of receipt. PCRs with incomplete information may be referred back to the transporting agency for missing or incomplete information, if and when hospital face sheets are not available. Patient accounts with private insurance, Medicare, and Medicaid information are billed immediately. If insurance information is not available on the initial call report, additional research is conducted to locate available payer information. Only when no payer is identified will the patient’s account be converted for private billing.

Locating and Verifying Insurance

All insurance and third-party payer information provided is verified online or by phone. By identifying the correct payer for a patient’s claim before it is ever billed, we consistently keep our percentage of incorrect billings very low. In the event that the incorrect insurance is billed, our customer service team contacts the patient or receiving hospitals for the correct insurance information.

Follow-Up Protocols

Our comprehensive collection services include working with your receiving hospitals to obtain patient demographics to ensure the highest level of collection possible. We also gather information via secured email, VPN, fax, and phone calls to the financial offices of the hospitals. We engage in a variety of other processes in the course of following up on accounts with inadequate billing information including:



- Use of Zip Code/Street Directories for obtaining missing/incomplete addresses in addition to our own proprietary address checker program and MelissaData.com.
- Use of Accurint for tracing mail returns
- Contacting the EMS Division to locate missing information from PCRs
- Contacting the patient or family members for billing or insurance information
- Mailing inquiry forms to the patient

Assignment Authorization

Based on our extensive EMS billing experience, we find that the most efficient billing and collection programs are a direct result of a strong partnership between us and our client. That concept is particularly important when discussing patient signature authorizations. Agencies are not permitted to file claims to Medicare without the signature of the patient, designated guardian, or witnessed declaration that the patient is not able to sign. Recognizing that there are times when obtaining these signatures is not feasible, Wittman partners with you to address missing and invalid signatures. This includes education and direct patient contact to obtain required information. Patient signature authorizations can significantly impact revenue when not diligently pursued in a timely manner.

Patient Database

For 34 years we have compiled our extensive Patient Database containing thousands of patient records and demographics with patient historical data. Our Texas data has increased greatly since our first client in 2012 and has continued to grow as we have added additional Texas EMS Partners to our team. With the recent joining of forces with EMS|MC, our Texas data has grown exponentially with the new collaboration and safe exchange of demographic information. This allows us to cross-reference accounts and streamline the billing process in an efficient and thorough manner. All compilation and use is done under the strictest HIPAA compliance regulations to ensure proper patient confidentiality.

Identification of Payment Sources

When insurance information is incorrect or incomplete, our Customer Service Representatives work with hospitals and the patient to obtain current and accurate information. After initial patient contact is made, insurance eligibility is verified with the patient still on the phone. This prevents billing delays and allows customer service reps to inform patients when there are any problems with provided insurance information. Wittman electronically bills all Medicare, Medicaid, qualified primary and secondary insurance sources, workers compensation, health maintenance organizations, third-party liability, benefit programs, and self-insurance programs. Those who don't accept electronic claims are billed via generated paper statements mailed directly to them.

Medicare Billing

For incidents where no Medicare insurance information was noted by the paramedic, Wittman Enterprises requests insurance information and an authorization signature from the patient. Once a patient responds to our request(s) for Medicare information, and/or if our electronic scrubber identifies patient Medicare insurance, we complete the following steps:



Step 1: Our billing team determines the level of service on every PCR and then adds any applicable charges and evaluates the incident for medical necessity per Medicare guidelines

Step 2: Our billing team electronically confirms Medicare eligibility and updates all newly-provided information to our billing system. We always check eligibility when the patient is over the age of 65 and we have been provided a Social Security Number or Medicare ID. We also check for eligibility information on the PCR or hospital face sheet when the patient has been identified as a Medicare patient.

Step 3: Patient signature is added to their account once we have received it from them or if it is provided with the initial incident report.

Step 4: All available transport information is either uploaded automatically to the billing system or the biller manually enters/verifies transport information from the PCR.

Step 5: The primary Payer is updated in our billing system and Medicare is billed electronically.

Medicaid Billing

The detailed steps for billing Medicaid are mostly the same as those for billing Medicare. There is an additional step taken: We check eligibility whenever we are provided the patient's Social Security Number or Medicaid ID. Our billers determine the level of service and add any applicable charges. Once we have received eligibility we clarify whether it is a straight Medicaid Plan, or a Medicaid HMO plan, and update the payer in our billing system to submit the claim to the proper Medicaid payer.

Private Insurance Billing

After a patient responds to our request(s) for insurance information, and/or if our electronic scrubber identifies patient private insurance information we complete the following steps:

Step 1:

- Billing team updates all newly-provided information into our billing system
- Billing team electronically reconfirms eligibility of insurance
- Billing team calls insurance directly when necessary to verify patient eligibility

Step 2: If a patient is confirmed eligible we add the payer to the patient's account along with their coverage and insurance identification information.

Step 3: The billing department notates the account and changes the primary payer from self-pay to insurance.

Step 4: After double-checking the primary payer, billing team submits claim via keystroke to the correct paying insurance (electronically for those companies providing that method submission, or through the mail for others).

Hospital Patient Records

Creating a mutually beneficial partnership with your destination hospitals was a key part of transition schedule with you in 2014 when we started our work together. We have established a reliable relationship with each of them to ensure the timeliest and most accurate face sheet batching possible. This includes; Clear Lake Regional; UTMB League City Campus; UTMB Health Clear Lake Campus; Houston Methodist St. John.



Patient Payment Options

Wittman effects positive collections for the City’s financial requirements while providing compassionate service to your patients—doing everything possible to attain reimbursement from your claims. With that goal we try to provide as many payment options as possible so patient have choices of how best to make payments to their account: whether they mail their check, pay by credit card, or set up a limited installment payment plan.

Credit Card Portal: Based on our preferences, we provide credit card payment options for your patients. They are informed through our correspondence and our customer service staff how to make credit card payments. Our Patient Portal redirects patients to the City’s Virtual Merchant Terminals where they complete their payments. Like all of our services this can be customized to fit the needs of your City and program.

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

Hardships, Discounts, and Reductions

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

b) Billing and Collection Averages

Average Billing and Collection Cycle

Medicare

- 5 Days* - Average time to Claim Submission
- 14 Days* - Average time to Payment (from Claim Submission Date)

Medicaid

- 5 Days* – Average time to Claim Submission
- 14 Days* - Average time to Payment (from Claim Submission Date)

Private Insurance

- 5 Days* - Average time to Claim Submission
- 60 Days* - Average time to Payment (from Claim Submission Date)

** These averages are greatly affected by the completeness of demographic documentation provided with the imported PCR.*



c) Insurance Denials

Denied or Disallowed Claims

Wittman Enterprises pursues every claim and follows through with every denial so that all legitimate revenue is collected on behalf of our clients. Denials are not accepted; in fact, as a policy we appeal all claims where the denial has appeals rights and we determine that an appeal is warranted. Additionally, Wittman demands payment with the appropriate interest from non-compliant insurance companies. We have a significant number of SOPs covering multiple scenarios for processing denials for Medicare, Medicaid, and Private Insurance. Our SOPs are available for your review upon request.

Medicare Denials: Medicare may deny claims for any number of reasons such as a patient without Part B coverage on the date of service, incorrect patient information on claim, Medicare is a secondary payer, the patient has a Medicare Advantage plan, and many others. Wittman Enterprises actively appeals and processes all denials, making sure our clients get their maximum legal reimbursements. Our thorough process starts with reviewing the denial code and includes:

- Identifying the course of action based on the denial code
- Further researching Medicare eligibility
- Verifying payer primacy between patient insurance and Medicare coverage
- Reviewing modifiers and codes for accuracy
- Checking EOBs for reported non-covered services or for no Part B coverage
- Billing secondary payers such as insurance and Medicaid as necessary
- Correcting information requested on denial and resubmission to Medicare, supplemental insurance, Medicaid, and the patient to reflect all necessary changes
- Scheduling a call-back date to follow up on resubmission
- Notating the account so that it reflects up-to-the-minute status of every claim

Medicaid Denials: Not all Medicaid denials are provided to us in the same way. Most are received in traditional EOB format, where codes are given and definitions are provided. Others are returned in letter format without codes or any clear reason for the denial. Our procedures for processing Medicaid denials include:

- Reviewing EOB/letter to verify if payment was issued, and to identify the explanation for the listed code. This primary step is key for determining the type of denial received and what course of action to take for ultimate payment
- Further investigating patient's Medicaid eligibility and modify claim data if necessary
- Identifying hierarchy of payers. Assuming Medicaid is the primary: add appropriate denial code along with any other necessary changes.
- Resubmitting claim to Medicaid
- Scheduling a call-back date to follow up on resubmission
- Notating the account so that it reflects up-to-the-minute status of every claim.

Insurance Denials: Health Plans and Medical Groups issue denials when all or parts of a claim are not paid. There are several types of denials. Some are issued correctly according to the patient's insurance policy and/or billing guidelines, while others are incorrect due to an error by the health plan when processing the claim. Our standard operating procedures include:



- Verifying whether the denial is based on “not a covered benefit”, “not eligible”, “unable to identify as a Member”, or, “primary insurance paid more than allowed”, for example.
- If there is another billable insurance on file, sending a claim to that insurance and attaching the denial received
- If there is no other billable insurance on file, contacting the patient to inform them of the denial and request any other insurance information
- When corrected information is received from the patient, updating the payer information and send a claim and a copy of the PCR to that insurance with the denial received attached
- When there is no viable insurance policy to bill, no Member or Resident program, converting the claim to private pay and billing directly to the patient.

d) Bill Schedule

Self-Pay Bill Schedule

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

No Insurance Information Provided - Example Schedule

| Action | Time Line |
|----------------------------------|------------------|
| Information Request Letter | Immediately |
| 1st Phone Call to Patient | 15 business days |
| 2nd Notice Letter | 30 business days |
| Hospital Request for Information | 35 business days |
| Past Due Notice Letter | 45 business days |
| 2nd Phone Call to Patient | 50 business days |
| Final Notice Letter | 60 business days |

Patient Signature Required - Example Schedule

| Action | Time Line |
|-----------------------------------|------------------|
| Medicare Signature Request Letter | Immediately |
| 1st Phone Call to Patient | 20 business days |
| Patient Signature Required Letter | 25 business days |
| 2nd Phone Call to Patient | 45 business days |
| Past Due Notice Letter | 50 business days |
| Hospital Request for Information | 50 business days |
| Final Notice Letter | 60 business days |



e) Accurate Patient Insurance Information

Insurance Information Verification

In order to create and maintain the most efficient and effective billing system Partnership between League City and Wittman Enterprises, current standards of best practice for ambulance transport provider include: submitting necessary transport information, including pay source information and patient condition, to Wittman Enterprises for billing purposes; forwarding to Wittman Enterprises all necessary information relating to patient transport services, payments and patient eligibility; obtaining signature of patient or guarding; and, providing the patient's Social Security Number. However, we recognize the urgent nature of EMS responses and realize that this standard isn't always possible in emergency situations, and therefore strive to provide the highest level of service possible and minimizing your time commitments in the process.

As part of our support of your billing program, we use proprietary upfront automated scrubbers that search for and verify discoverable patient insurance information based on demographic information gleaned from the PCR. Next, our billing department reviews each PCR and/or hospital face sheet for insurance eligibility information or for demographic details that will allow them to conduct an additional search for insurance coverage. When there is not enough information available or insurance coverage information provided, we send out a Request for Information Letter to the patient asking for policy information we use to submit claims to their insurer. Finally, as part of our front-end and back-end automated an manual scrubbing and staff research:

- Patients will have been cross-referenced by name, Social Security Number, incident pickup or residence address, and date(s) of service through a variety of resources including our extensive Patient Database.
- We will have conducted all appropriate follow-up calls and mailers.
- We have identified all available alternate patient contacts
- We will have completed and redone our skip-tracing processes to locate correct address and telephone information with tools such as Accurint.com, The Haines Directory, MelissaData.com, etc.
- Receiving hospitals will have been contacted for most accurate and current patient demographic information.
- A second verification of Medicare, Medicaid, and Private Insurance eligibility will have been performed.
- In short, all possible efforts will have been exhausted to try and insure we have the most current, correct, and complete insurance information for the patient.

f) Collection Rate Suggestions

League City's bill schedule and processes are customized whenever possible to maximize collection rates. This includes special language on invoices reminding League City patients that Texas insurers have 90-day filing limits, before the entire balance becomes the patient's responsibility (notwithstanding the new SB 2476). Since we started our work with you, we implemented a secondary and automated Medicaid eligibility check into our bill schedule at fifty-one days if we haven't received a patient response. From a revenue perspective, we



attended and participated recently at a City Council Meeting where they approved your first rate increase since at least 2016. Estimates indicated that the increase would affect approximately 41% of League City's payer mix and provide more revenue recovery for the City. In any event, we do not believe that any other billing company will be able to collect what we have for League City as demonstrated by our successful partnership over the last 11 years.

g) Patient Response Improvement

Surveys from the American Collectors Association indicate that patients are more motivated to make payment from a telephone call than from repeated collection notices. By combining both we further increase this effectiveness. We find this to be true through the personal attention given to our clients and their patients. Small improvement can be had with consistent and accurate documentation of address and other demographic gathering.

h) ePCR Processes

ePCR Interface and Upload

Wittman provides extensive information mapping with most ePCR systems to ensure they correctly correspond to our ZOLL RescueNet billing system. There are no special requirements or added costs for an electronic interface with Wittman Enterprises. We work with each individual client to determine the most effective way to transfer the care reports from their ePCR to our billing system, and the process generally requires minimal input from individual EMS organizations. Including with League City, our system interfaces with 16 clients using the ESO ePCR. Our Electronic Billing Team reconciles the NEMESIS file with the batch listed on the ePCR system to detect any inconsistencies. Files are then uploaded to our billing system workflows and processed.

i) Mail Returns

Mail Returns

Correspondence from us to your patients may be returned for various indicated reasons including: no such street; no such number; undeliverable as addressed; attempted not known (address is valid, but the patient doesn't live there); insufficient address (possibly missing apartment number, suite number, etc.). We complete the following steps to ensure every account is being worked appropriately:

Step 1: Compare Address

- Double check the address on the correspondence against the current address listed in the modify customer screen of the billing system

Step 2: Review the Account

- Review the account for other possible dates of service
- Review notes to verify where in the billing process the account site
- Re-check Medicare/Medicaid for additional demographic information

Step 3: Call patient to verify contact information



[Step 4: White Pages reversal of phone number](#)

[Step 5: Review possible alternative addresses](#)

[Step 6: Accurint Check](#)

[Step 7: Review PCR for Pick-up Address/Patient Address](#)

[Step 8: Cross-check hospital face sheet](#)

[Step 9: Final patient contact](#)

j) Billing System

ZOLL's RescueNet software has long been recognized as one of the industry's powerful and comprehensive electronic patient care billing and reporting solutions. Wittman has used RescueNet as our billing software since 2003. While we regularly evaluate the effectiveness of our billing software and of others on the market, there are currently no plans to make changes to this system for League City. Our online Client Portal System (please see *Client Portal: TAB C, Section k*) provides a direct window into our billing system for informational purposes, audit trail, notes, run information, etc.

k) Timely Billing

Timely Billing Practices

Because we operate with the lowest claims-to-staff-ratio in the industry, our staff is organized in the most efficient manner to allow us to consistently meet and exceed client-specific productivity and accuracy goals. Each of our team pods work from an electronic workflow that continually readjusts itself to allow senior staff to prioritize and shift resources as needed. As such, Wittman Enterprises remains immensely confident that PCRs submitted to us will continue to be billed in a timely manner. As your EMS billing Partner, we succeed only because you succeed.

l) Billing Corrections

Standing Behind Our Work

We operate our business and your business with industry specific and industry-qualified people; however, there can be the chance that human error may occasionally occur. However, our error rate is statistically insignificant when compared against the number of transports we process and bill on a daily basis. In the unlikely event that errors occur, we address them on an individual basis to affect a positive outcome for League City. We stand behind the work we do on your behalf and work closely with all our clients, making sure they remain completely satisfied with our performance.

m) Insurance Carriers

Tracking All Insurance Carriers

Our ZOLL billing system stores data on all insurance carriers (primary, secondary, tertiary, etc.) including data on old insurance providers for which the patient is no longer eligible. Our system



and SOPs allow billing and customer service staff to properly track transports through all possible payers before turning to the patient for help with insurance information and/or self-pay installments.

n) Patient Database

As previously indicated in *Patient Database, TAB B: Section a*, our billing system cross checks with our expansive Patient Database and pulls up any prior customer data that allows our teams to compare current and prior insurance and other payer information.

o) Insurance Write-Downs

Medicare and Other Contracted Write-Downs

We apply automatically and up front write-downs for VA, Tricare, Medicare, Medicaid, HIS, SB 2746, and any other payers that have a contractual allowable fee schedule. Doing so provides the best reflection of what net collection performance you are getting from your billing company as opposed to calculating in dollars what must be written down (later) according to contractual allowances.

p) Collection Referrals/Collections Practices

General Collections Evaluation SOP

On average, we send less than 12% of all accounts billed for additional collection efforts. Wittman provides current reports identifying any non-collectable accounts to be released to your collection agency. As part of our process, we work with your agency and provide them necessary documentation regarding each account. However, before an account is even considered for referral to collections the following exhaustive procedures will have been performed:

- Patients will have been cross-referenced by name, Social Security Number, incident pickup or resident address, and date(s) of service through a variety of resources including our extensive Patient Database.
- The entire regular invoicing cycle will have been completed.
- We will have conducted all appropriate follow-up calls and letters.
- We will have identified all available alternate patient contacts.
- We will have completed our skip-tracing process to locate correct address and telephone information with tools such as Accurint.com, The Haines Directory, MelissaData.com, etc.
- Receiving hospitals will have been contacted for most accurate and current patient demographic information.
- A second verification of Medicare, Medicaid, and Private Insurance eligibility is performed

Final Review: *Delinquent Accounts*

Once an account has gone through the billing cycle, an account representative will review the account one final time before placing on collection review. At that point a customer service lead will perform a final review of the entire account to ensure all SOPs were followed throughout the billing cycle. If all efforts have been made and process followed correctly, a write-off report will



be submitted to the client contact and, if approved, electronically submitted to the City’s contracted collection agency.

Collections Portal

As part of our Portal System, we have a Collections Portal for the most commonly requested items from collection agencies based on input from our clients. This portal provides the commonly requested collection agency information, but limits access to only these items for security and HIPAA purposes. From the portal a collection agency can:

- Review accounts electronically
- Print invoices
- Print PCRs
- Print 1500 billing forms

This connection is secure and available only with your authorization. Your agency only has access to those accounts sent to them for approved collection work.

q) Managing Denials

Please see *Insurance Denials, Tab B, Section c)*

**r) Success Rates: 1st Pass
s) Success Rates: Appeals**

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

Kristine Martinez

Texas commercial and government accounts Specialist (VA, Blue Shield/Blue Cross Texas, Secure Horizons, Select Care, Wellcare, U.S. Family Health, Texas Mutual Workers Comp, Texas Farm Bureau Auto Insurance, etc.

Rayna Hernandez

Texas Medicare accounts specialist

LaDonna Finister

Texas Medicaid accounts specialist (Medicaid Texas, Medicaid HMO Cook Children’s Health Plan, Medicaid HMO Texas Children’s Health Plan, Medicaid HMO UHC Community Plan, Medicaid MO Community Health Choice, Medicaid HMO Aetna Better Health, Medicaid HMO Molina Healthcare, Medicaid HMO UHC, etc.

Approximate Success Rates – 1st Pass

Denials/Rejections – 1st Pass: *less than 8% (includes deductibles and coinsurance denials)*

Approximate Success Rates – 1st Pass: *more than 90%*

Approximate Success Rates – Appeals

Approximate Success Rates – Appeals: *95% and above (includes Medicare appeals)*



t) Additional Information

No additional information for *TAB B: Firm's General Overview and Scope of Service*

TAB C – Patient Portal, Client Portal, Reporting

a) Standard Reports

Clear and Concise Reporting

Our robust reporting system is customized to meet your reporting needs and provide complete accountability and transparency for the work we do on your behalf. We have hundreds of reports available for your metrics and reporting needs. There is no extra cost for reporting or for Ad Hoc reports designed for your exclusive use. Reports are available from your Client Liaison at any time AND many of them can be hard coded to your Client Portal for live and electronic access based on pre-populated fields. League City currently accesses our Client Portal and client reporting system, allowing authorized City and EMS personnel to obtain invoices, account balances, billing reports, and other hands-on account management tools. Daily, monthly, quarterly, annual, and special reporting can be provided in PDF and Excel format. Our reporting system allows interface with Crystal reporting software. For example, League City's customized reporting program includes specific details such as:

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

Reporting Library

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

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

Monthly Reporting Requirements

Our month-end correspondence with you includes Cash Receipt Reports that reconcile deposits, receivables, billings, patient accounts, adjustments, dishonest checks, and refunds. Financial and performance reports are detailed and easy to read. These reports provide detailed accounting for account adjustments of any type, and track revenue by period. Our reports are Accurate and Easy



to Read. Robust and Individualized. Accessible. Your monthly reports can be emailed, dropped to an FTP mailbox, or sent to you via U.S. Mail, depending on your preferences.

- A/R Aging Report: Detail or Summary based on trip date, patient, or payer. It can be customized to track a specific payer or payers and date ranges, and lists how many ambulance transport claims are still outstanding for any given time period.
- Ticket Survey Report: Detail or Summary can be run by date of service, payer or patient (or combination). This report provides the number of accounts imported into our billing system in a given month and under the payer mix category.
- Year-to-Date Revenue Report: Provides a snapshot of the last twelve months and offers totals in all categories including Medicare and Medicaid write-downs, monthly amount of delinquent accounts and refund amounts.
- Management Summary Report: This report run by fiscal year provides an accounting by financial class of total trips and dollars billed each month, with a cumulative year-to-date tracking.
- Ad Hoc Reports: Our billing software collects and tracks numerous data elements whether input manually or downloaded electronically.

b) Custom Reports

Custom Reporting

On-demand reports are our specialty and provided to you at no additional charge. Our billing software tracks numerous data elements from PCRs we receive from you. From the large data field our ad hoc reports are available and online for League City review and can contain month-end and real time information as needed.

c) Sample Reporting: *Monthly, Quarterly, Yearly*

Please see *Sample Reporting: Appendix 1*

d) Statistical Information

With the most recent NEMSI ePCR standards, our billing system imports and track whatever information has been properly included in the Patient Care Record exported to our system. Our IT philosophy is simple: if our system imports the information, we can track it. Statistical information options are limited only by the data that is originally submitted. Our team works regularly with statistical data from your transports to help with analyzing trends, conforming to government payer and other requirements, and with analyzing the costs of your EMS program. We recently worked together closely identifying what new reimbursement rates the City should charge, forecasting possible revenue changes associated.

e) Reporting Formats

Our comprehensive billing software system is Windows based, enabling data export by authorized staff for easy manipulation: PDF; DOC; CSV; MWE; XLS; RTF; XML.



f) EOM Reporting - Excel

Most reports we provide you (“canned” or customized) can be downloaded and/or provided to your team in Excel format for reporting manipulation. We have literally hundreds of reports from which to choose from, and most of them can be downloaded in PDF and Excel file formats.

g) Annual Projections

Jennifer Gentry (your Client Liaison) currently works directly with Walter Imboden (our President/CFO), providing Chief Smith and the League City Team updated projections annually, and in the case of special projects throughout a year that are best served with possible updated projections. Annual projections provide period comparisons on key indicators like transports, treat-no-transports, billed and paid amounts, broken down by ALS and BLSE categories and by payer mix. We are changing our business model to have in-person meetings with each of our clients like League City to provide increased dialogue and a more accurate picture of how the City’s EMS program is performing and how Wittman is doing conducting your work.

h) Rejected Claims

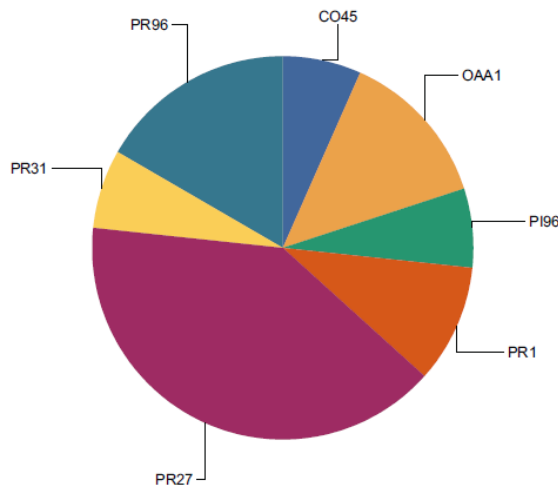
As part of our internal processes, we track and evaluate all rejected claims to reduce their frequency and to identify potential areas of improvement in either client documentation or Wittman procedures (or both). As Wittman Enterprises policy, no denials are accepted and all rejected claims are appealed by our Appeals Team until we have received correct client restitution and satisfaction. When justified and required, we pursue interest payments from insurers who incorrectly denied claims and withheld payment to legitimate providers like League City. One of the tools we use is the following report: Denial Reason Codes w/Percentages:



Denial Reason Codes w/Percentages

Company IS City of League City; AND Tip Date IS BETWEEN 07/01/2020 AND 06/30/2021; AND Status IS Assigned OR Billed OR Closed OR Complete OR MCC N

| | <u>Total Denials in this Record Set</u> | <u>% of Record Set</u> |
|---|---|------------------------|
| Expenses incurred after coverage terminated. | 12 | 31.58% |
| Code: PR27 | PR27 | |
| Non-covered charge(s). This change to be effective 4/1/2007: At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.) | 7 | 18.42% |
| Code: PI96 | PI96 | |
| Code: PR96 | PR96 | |
| Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code). | 4 | 10.53% |
| Code: OAA1 | OAA1 | |
| Deductible Amount | 3 | 7.89% |
| Code: PR1 | PR1 | |
| Charges exceed your contracted/ legislated fee arrangement. This change to be effective 6/1/07: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability). | 2 | 5.26% |
| Code: CO45 | CO45 | |
| Claim denied as patient cannot be identified as our insured. | 2 | 5.26% |
| Code: PR31 | PR31 | |
| Total | 38 | |





i) Electronic Access to Records

Complete Portal Solutions

Wittman offers secured Internet access to our billing system via our Portal System, 24/7. The system includes:

Client Portal/Electronic Dashboard

- No additional software is required for the City and Fire Department to access Portal/Dashboard information through our secured server.
- A password protected, secure login is required for access.
- Information is in near-real time, allowing authorized City and Fire personnel to view claims wherever they are in the billing and collection process.
- Please see *Client Portal, Tab C, Section k*), for Portal screen grab examples.

Patient Portal

- Provides patients with portal access for their account(s)
- Each invoice, statement, and letter to patients provide the website link for them to access, login, provide insurance information, leave an email and/or simply inquire about their bill

Credit Card Payments

- We provide credit card payment options for your patients wishing to pay their bills in this way.
- Patients are informed through our correspondences and our customer service staff how to make credit card payments on their accounts. Our automated Credit Card Portal allows patients to securely pay their bills by following the secure and informational link from the Portal directly to the City's Merchant Account or third-party vendor Merchant Account.
- Like most of our services for you, this is customizable to fit the needs of your City and your program.

Collections Portal

- Provides the most commonly requested items from third-party collection agencies (based on client approval)
- Allows for reviewing accounts electronically, printing invoices, printing PCRs, and printing 1500 billing forms.

j) Patient Portal

Wittman Enterprises provides your patients with direct Portal access 24 hours a day. All correspondence mailed to patients provide the web link to the Patient Portal where they can provide signatures, ask questions, enter insurance information, and inquire about their bill. We respond to patient inquiries within one business day.

k) Client Portal

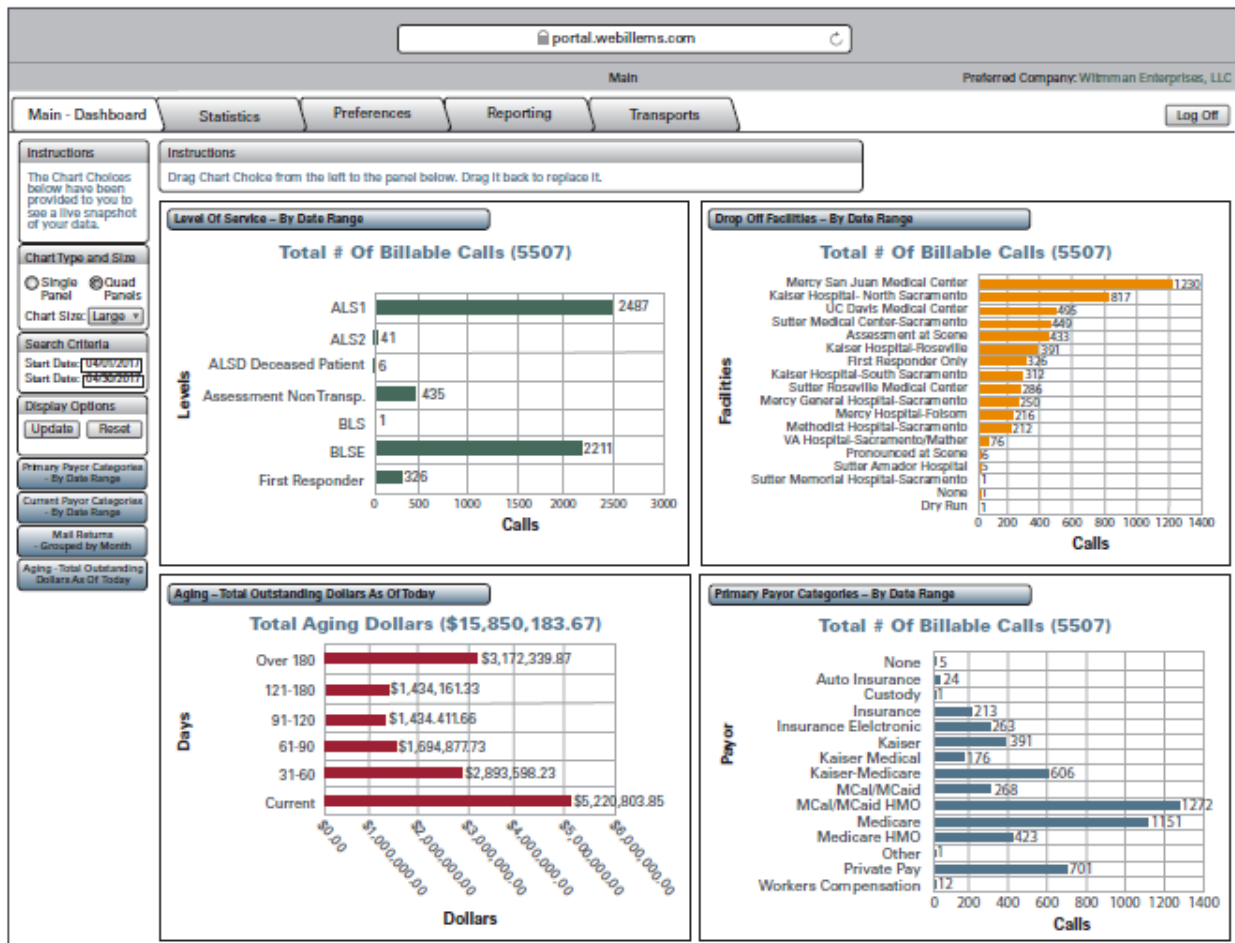
Client Portal and Electronic Dashboard

Wittman Enterprises offers secured Internet access to our billing system via our Client Portal, 24/7. Access to the client Portal is granted only to pre-authorized City and Fire personnel with



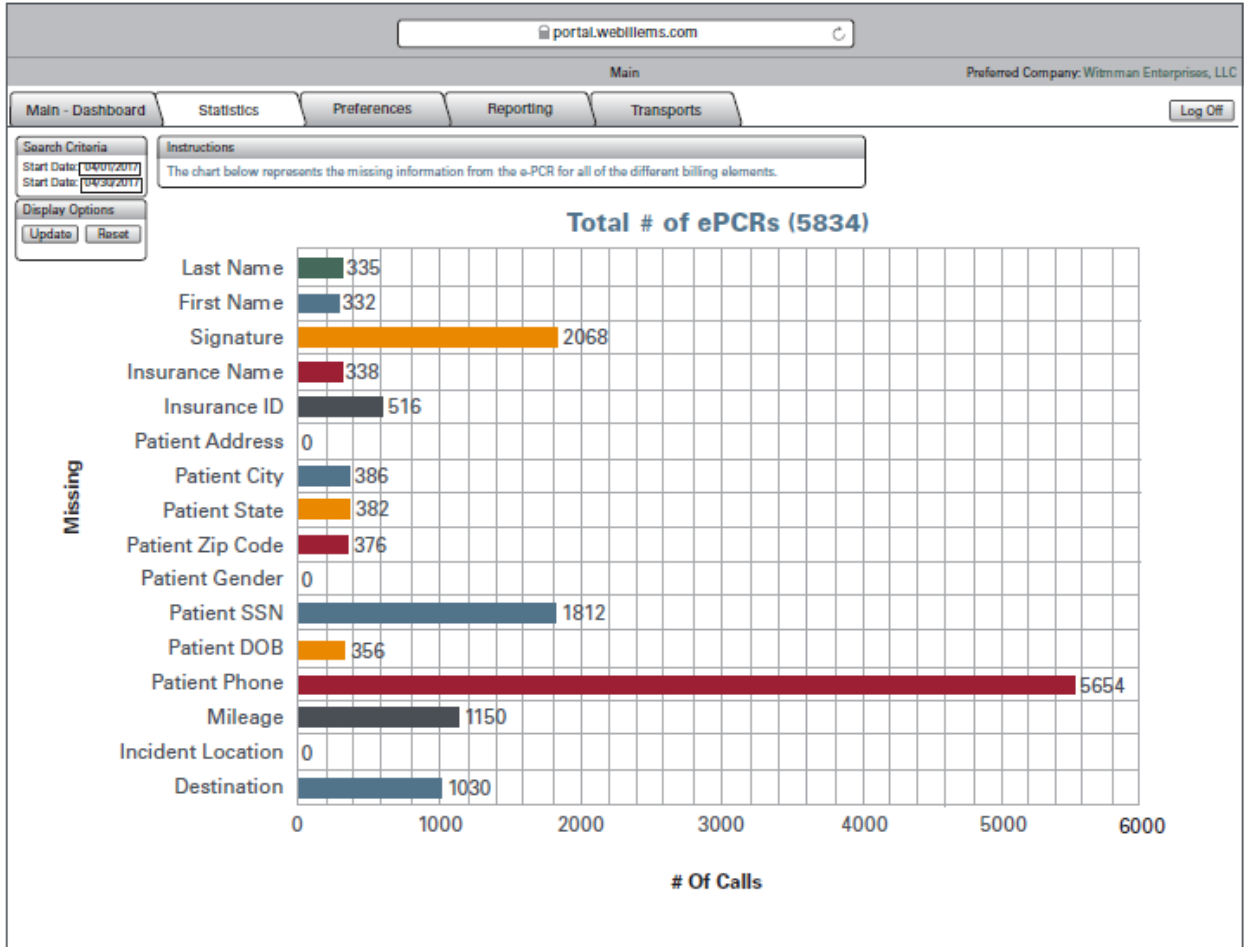
permission to view such information, and is strictly limited to the City’s patient information. All patients may be referenced by name, date of service, incident, and run number. League City staff can print invoices for patients and run reports for their own use. Additionally, many of the City’s specialized reports can be made available through this Portal. All history and noted entries become a permanent record and all charges are maintained for a complete payment history. Finally, the Portal provides an “electronic dashboard” that provides a one-screen synopsis of the current state of the EMS billing operation, based on widget preferences selected by each Client Portal authorized user.

Client Portal: Main Dashboard





Client Portal: Statistics





Client Portal: Preferences

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|----------------------------|---------------------------------------|--------------------------------------|----------------------------------|--|--------------------------------------|---------------------------------|--|----------------------------|---------------------------------|--|--------------------------------|--------------------------------|--|------------------------------------|-------------------------------|--|--------------------------------------|--|
| portal.webillems.com | | | | | | | | | | | | | | | | | | | | | | | |
| Preferences | | Preferred Company: Wittman Enterprises, LLC | | | | | | | | | | | | | | | | | | | | | |
| Main - Dashboard | Statistics | Preferences | | | | | | | | | | | | | | | | | | | | | |
| Reporting | | Transports | | | | | | | | | | | | | | | | | | | | | |
| Log Off | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Instructions</p> <p>Click the Change Button, then enter your changes and then click on the "SAVE" button. To cancel your changes, click the "CANCEL" button.</p> | <p>Instructions</p> <p>If you have more than one company, click on the name that you want as your preferred company.</p> | <p>Instructions</p> <p>Please select up to 10 charts to display on the Main - Dashboard and click the update button.</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Customer Information</p> <p>Note Name: <input type="text"/></p> <p>Email-Login ID: <input type="text"/> Change</p> <p>Password: <input type="text"/> Change Show</p> <p>Default Tab: Main - Dashboard Update</p> <p>Default Ticket Search: Date Of Service Update</p> | <p>Assigned Companies</p> <p>Wittman Enterprises, LLC</p> | <p>Chart Choices</p> <p><input checked="" type="checkbox"/> Primary Payor Categories - By Date Range</p> <p><input checked="" type="checkbox"/> Ticket Status - By Date Range</p> <p><input checked="" type="checkbox"/> Current Payor Categories - By Date Range</p> <p><input checked="" type="checkbox"/> Level Of Service - By Date Range</p> <p><input checked="" type="checkbox"/> Drop Off Facilities - By Date Range</p> <p><input checked="" type="checkbox"/> Mail Returns - Grouped By Type</p> <p><input checked="" type="checkbox"/> Aging - Total Outstanding Dollars As Of Today</p> <p><input type="checkbox"/> Payment Average - From First Bill To First Payment By Date Range For All Payors</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>System Information</p> <p>Wittman Go Live: 5/12/2017 Account Created: 5/12/2017</p> <p>Last Login: 6/27/2017 Last Password Reset: 6/27/2017</p> <p>Users Guide: Click Here...</p> | <p>Contact Names/Email Links</p> <p>Account Representative: Heather Montano</p> <p>Cash Representative: Pakou Vang</p> <p>Billing Representative: Sharon Haney</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Access Levels</p> <table border="0"> <tr> <td>Customer Information: Yes</td> <td>View/Print Statement: Yes</td> <td>Main Tab: Yes</td> </tr> <tr> <td>Billing Information: Yes</td> <td>View/Print Invoice: Yes</td> <td>Statistics Tab: Yes</td> </tr> <tr> <td>Trip Notes Information: Yes</td> <td>View/Print Receipt: Yes</td> <td>Reporting Tab: Yes</td> </tr> <tr> <td>Customer History Information: Yes</td> <td>View PCR: Yes</td> <td>Transport Tab: Yes</td> </tr> <tr> <td>Services Information: Yes</td> <td>View PCR Only: No</td> <td>Month End Tab: No</td> </tr> <tr> <td>Diagnosis & Alerts Information: Yes</td> <td>Collection Agency: No</td> <td>Download Tab: No</td> </tr> <tr> <td>Trip History Information: Yes</td> <td>Profit Centers Only: No</td> <td></td> </tr> </table> | | | Customer Information: Yes | View/Print Statement: Yes | Main Tab: Yes | Billing Information: Yes | View/Print Invoice: Yes | Statistics Tab: Yes | Trip Notes Information: Yes | View/Print Receipt: Yes | Reporting Tab: Yes | Customer History Information: Yes | View PCR: Yes | Transport Tab: Yes | Services Information: Yes | View PCR Only: No | Month End Tab: No | Diagnosis & Alerts Information: Yes | Collection Agency: No | Download Tab: No | Trip History Information: Yes | Profit Centers Only: No | |
| Customer Information: Yes | View/Print Statement: Yes | Main Tab: Yes | | | | | | | | | | | | | | | | | | | | | |
| Billing Information: Yes | View/Print Invoice: Yes | Statistics Tab: Yes | | | | | | | | | | | | | | | | | | | | | |
| Trip Notes Information: Yes | View/Print Receipt: Yes | Reporting Tab: Yes | | | | | | | | | | | | | | | | | | | | | |
| Customer History Information: Yes | View PCR: Yes | Transport Tab: Yes | | | | | | | | | | | | | | | | | | | | | |
| Services Information: Yes | View PCR Only: No | Month End Tab: No | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis & Alerts Information: Yes | Collection Agency: No | Download Tab: No | | | | | | | | | | | | | | | | | | | | | |
| Trip History Information: Yes | Profit Centers Only: No | | | | | | | | | | | | | | | | | | | | | | |



Client Portal: Reporting

portal.webillems.com

Main Preferred Company: Wittman Enterprises, LLC

Main - Dashboard | Statistics | Preferences | Reporting | Transports
Log Off

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

Report Selector

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

Report Description

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

Search Criteria

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

Display Options

Report Viewer

Report Run On: 6/29/17 at 2:17:05 PM

Sample Company Name

Activity Summary Payor Category: (Date From: 04/01/2017-04/30/2017)

Profit Center: [none]

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

Report Courtesy of Wittman Enterprises, LLC Page 1 of 3



Client Portal: Transports

portal.webillems.com

Main Preferred Company: Wittman Enterprises, LLC

Main - Dashboard Statistics Preferences Reporting **Transports** Log Off

Search Options

- Date Of Service
- Customer Name
- Incident Number
- Run Number
- Social Security Number
- Date Of Birth

Search Criteria

- Partial (Slower Result Time)
- Exact (Faster Result Time)

First Name:

Last Name:

Display Options

- Show Zero Balance Calls
- Cancelled Calls Only
- Show Ticket Continuously

Display Calls Reset

Search Results

Page 1 of 2

| Job | Profit Center | Date of Service | Run Number | Incident Number | Customer Name (Last, First) | Date of Birth | Balance Due |
|--------|---------------|-----------------|------------|-----------------|-----------------------------|---------------|-------------|
| 0001-A | | 2015-10-26 | 293236 | 12314567 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-16 | 293236 | 12314568 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-09 | 293236 | 12314565 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-13 | 293236 | 12314564 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-23 | 303236 | 12314563 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-16 | 303236 | 12314562 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-30 | 313236 | 12314561 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-12 | 313236 | 12314560 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-04 | 323236 | 12314569 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-11 | 323236 | 12314568 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-29 | 323236 | 12314576 | POWERS, NICOLE | 1982-01-22 | \$0.00 |
| 0001-A | | 2015-10-19 | 332236 | 12314588 | POWERS, NICOLE | 1982-01-22 | \$0.00 |

Client Portal: Transport Detail

portal.webillems.com

Main Preferred Company: Wittman Enterprises, LLC

Main - Dashboard Statistics Preferences Reporting Transports **Transport Detail** Log Off

Customer Information

Company Name: Service Date:

Customer Name: Incident Number:

Address: Run Number:

City, State & Zip: Last 4 of SSN:

Phone: Transporting Age:

Date of Birth:

Services Billing Diagnosis & Alerts Trip Notes Trip History Customer History

Pick-Up Facility

Facility:
 Address:
 City, State & Zip:
 Phone:

Drop-Off Facility

Facility:
 Address:
 City, State & Zip:
 Phone:

Zones

Response Zone:
 Dispatch Zone:

Profit Center

Profit Center:

Run Information

Call Type:
 Priority:
 Transport:

Dispatch Comments:



TAB D - Proposed Fee and Expenses

a) Proposed Fee Schedule

Cost Statement

Please keep in mind that we are committed to competitive fees for our clients; however, we are not typically the cheapest. As part of our business model, we have chosen to charge our clients a fair market rate that allows us to maintain a superior level of service with staffing levels that provide both exceptional collection results and unmatched customer service. Reducing fees to “beat” the competition would mean that we cannot provide the level of customer service and performance on which our company is built. We will collect more for you than our competitors using our 34-year commitment to putting the right people to the task, doing the job thoroughly and doing it the right way and, at the same time, providing the best in client and patient service.

Competitor Transition Performance Data (*Proprietary and Confidential*)

Our rates are fair in the market while still (most importantly) allowing us to maintain a superior level of service with staffing levels that provide both exceptional collection results and unmatched customer service. As an example, please see the charts below showing two long-term clients who contracted with a different vendor, leaving Wittman Enterprises (for a “lower” fee) and experiencing not only a significant drop in their expected level of client response and service, but a substantial decrease in net revenue collected. Consider, **Client #1 lost approximately \$30,440,896 in revenue during their contracted time with their current biller (Digitech/R1/Intermedix). Client #2 recently asked Wittman Enterprises to return as their EMS billing Partner for similar reasons.**

| CLIENT 1 (YEAR 1) | Wittman Enterprises | Digitech/R1/Intermedix |
|------------------------------|----------------------------|---|
| Rate Charged to Client | \$17.25 per ticket | \$12.75 per ticket |
| Revenue Collected | \$37,030,484 | \$34,056,482 |
| Cost in Fees to Client | \$1,242,000 | \$882,000 |
| Net Revenue to Client | \$35,788,484 | \$33,174,482 (7.8% revenue drop) |

| CLIENT 2 (YEAR 1) | Wittman Enterprises | Digitech/R1/Intermedix |
|------------------------------|----------------------------|--|
| Rate Charged to Client | 5.9% of net collections | 5% of net collections |
| Revenue Collected | \$1,963,296 | \$1,794,717 |
| Cost in Fees to Client | \$115,834 | \$89,735 |
| Net Revenue to Client | \$1,847,462 | \$1,704,982 (8.3% revenue drop) |



Cost Proposal

Wittman Enterprises, LLC is pleased to offer the City of League City all billing, collections, financial reporting, and accounts receivable management described in our proposal based on the following schedule. A minimal increase to our charged fees may be applied if any insurance reimbursement rate is reduced at any time during our contract term and/or if the City and RFP-provided assumptions change in any way. Proposals are valid for 120 days following submission.

| Services | Proposed Fee | |
|-------------------------------------|--------------|------------------|
| EMS Billing and Collection Services | Year 1 and 2 | \$22.50/incident |
| | Year 3 | \$23.00/incident |
| | Year 4 and 5 | \$24.50/incident |

Note: Wittman Enterprises, LLC provides complementary annual revenue enhancement training for EMS and financial staff as requested. This includes (4) hours of teleconference, webinar, or Zoom-facilitated training for League City general staff, and (6) hours for EMS and EMS Management. Additional and/or onsite training as requested by the City of League City will be at the contracted rate of \$125 per hour (personnel rate) plus associated travel expenses.

b) Billing Software

ZOLL’s RescueNet software has long been recognized as one of the industry’s powerful and comprehensive ePCR billing and reporting solutions. We have used ZOLL for our clients since 2003. While we regularly evaluate the effectiveness of our billing software and of others on the market, there are currently no plans to make changes to our billing system. By utilizing third-party software, we receive the benefit of their full staff of programmers and IT staff to address issues if the arise. In addition, major changes such as the implementation of ICD-10 and ANSI 5010 did not create a strain on our internal resources, as ZOLL effectively tests and implements similar changes in advance of such requirements. We provide extensive aping of the Gold Standard NEMSIS information with most ePCR system on the market, ensuring that they correctly import to and correspond with our billing system.

c/d/e) Sample Correspondence

Please see *Sample Correspondence, Appendix 2*



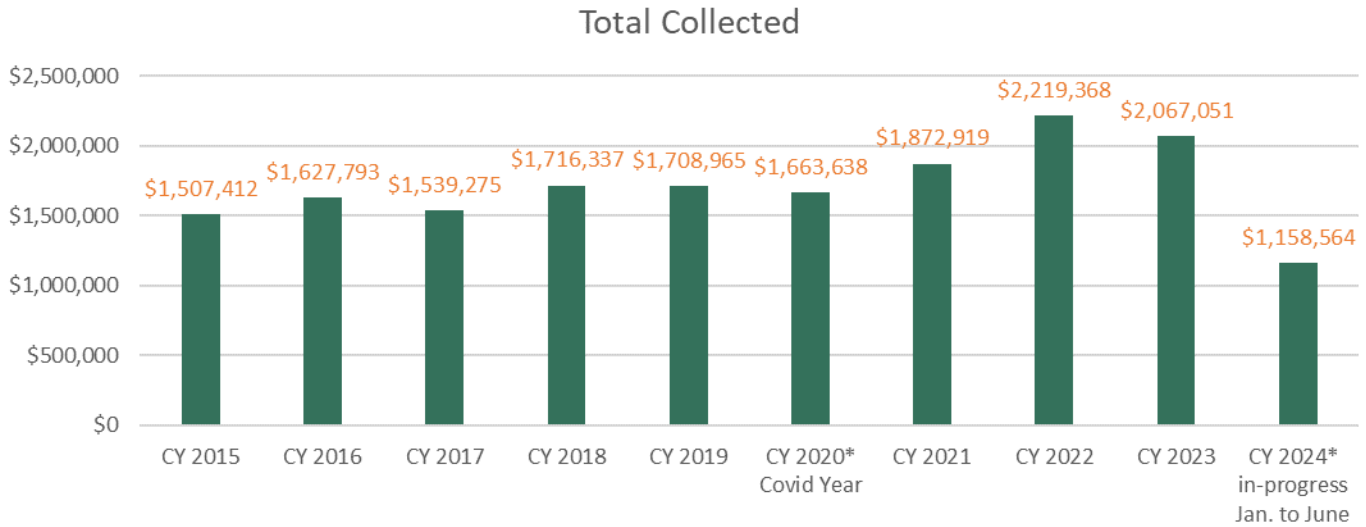
TAB E – Implementation Schedule

a) Implementation Timeline

Partnership Continuation Statement

If we are fortunate enough to renew our contract with the City of League City a contract transition/implementation with plan and schedule will be unnecessary. Medicare, Medicaid, and private insurance information will not need to be updated. Required insurance coverage is already in place. *No loss or delay in revenues will be experienced at all by the City, as would result with contracting with an unknown, untested, or inexperienced vendor.* The service levels and collection performance League City has come to expect and rely on since 2014 will remain the continuously improving standard under which we have operated for more than 34 years as a company.

Historical Collection Performance Since 2014



FORMS



Texas Public Information Act

Steps to Assert that Information is Confidential or Proprietary

All proposals, data, and information submitted to the City of League City are subject to release under the Texas Public Information Act (“Act”) unless exempt from release under the Act. You are not encouraged to submit data and/or information that you consider to be confidential or proprietary unless it is absolutely required to understand and evaluate your submission.

On each page where confidential or proprietary information appears, you must label the confidential or proprietary information. Do not label every page of your submission as confidential as there are pages (such as the certification forms and bid sheet with pricing) that are not confidential. It is recommended that each page that contains either confidential or proprietary information be printed on colored paper (such as yellow or pink paper). At a minimum, the pages where the confidential information appears should be labeled and the information you consider confidential or proprietary clearly marked.


Failure to label the actual pages on which information considered confidential appears will be considered as a waiver of confidential or proprietary rights in the information.

In the event a request for public information is filed with the City which involves your submission, you will be notified by the City of the request so that you have an opportunity to present your reasons for claims of confidentiality to the Texas Attorney General.

In signing this form, I acknowledge that I have read the above and further state (Please check one):

- The proposal/bid submitted to the City **contains NO confidential information** and may be released to the public if required under the Texas Public Information Act.
- The proposal/bid submitted **contains confidential information** which is labeled and which may be found on the following pages: Page 36 and Appendices
and any information contained on page number not listed above may be released to the public if required under the Texas Public Information Act.

Vendor/Proposer Submitting: Wittman Enterprises, LLC

Signature:  Date: 8/27/2024

Print Name: Corinne Wittman-Wong Print Title: CEO

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

Wittman Enterprises, LLC

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

n/a

 Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

n/a

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 

 Signature of vendor doing business with the governmental entity

8/27/2024

 Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:
 - (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
 - (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or
- (2) the date the vendor becomes aware:
 - (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
 - (B) that the vendor has given one or more gifts described by Subsection (a); or
 - (C) of a family relationship with a local government officer.

House Bill 89 Verification Form

Prohibition on Contracts with Companies Boycotting Israel

The 85th Texas Legislature approved new legislation, effective September 1, 2017, which amends Texas Local Government Code Section 1. Subtitle F, Title 10, Government Code by adding Chapter 2270 which states that a governmental entity may not enter into a contract with a company for goods or services unless the contract contains a written verification from the company that it:

- 1) does not boycott Israel; and
- 2) will not boycott Israel during the term of the contract

Pursuant to Section 2270.001, Texas Government Code:

- 1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and
- 2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.

=====

I, (authorized official) Corinne Wittman-Wong, do hereby verify the truthfulness of the contents of the statements submitted on this certification under the provisions of Subtitle F, Title 10, Government Code Chapter 2270 and that the company named below:

- 1) does not boycott Israel currently; and
- 2) will not boycott Israel during the term of the contract; and
- 3) is not currently listed on the State of Texas Comptroller's Companies that Boycott Israel List located at <https://comptroller.texas.gov/purchasing/publications/divestment.php>

Wittman Enterprises, LLC

Company Name



Signature of Authorized Official

CEO

Title of Authorized Official

8/27/2024

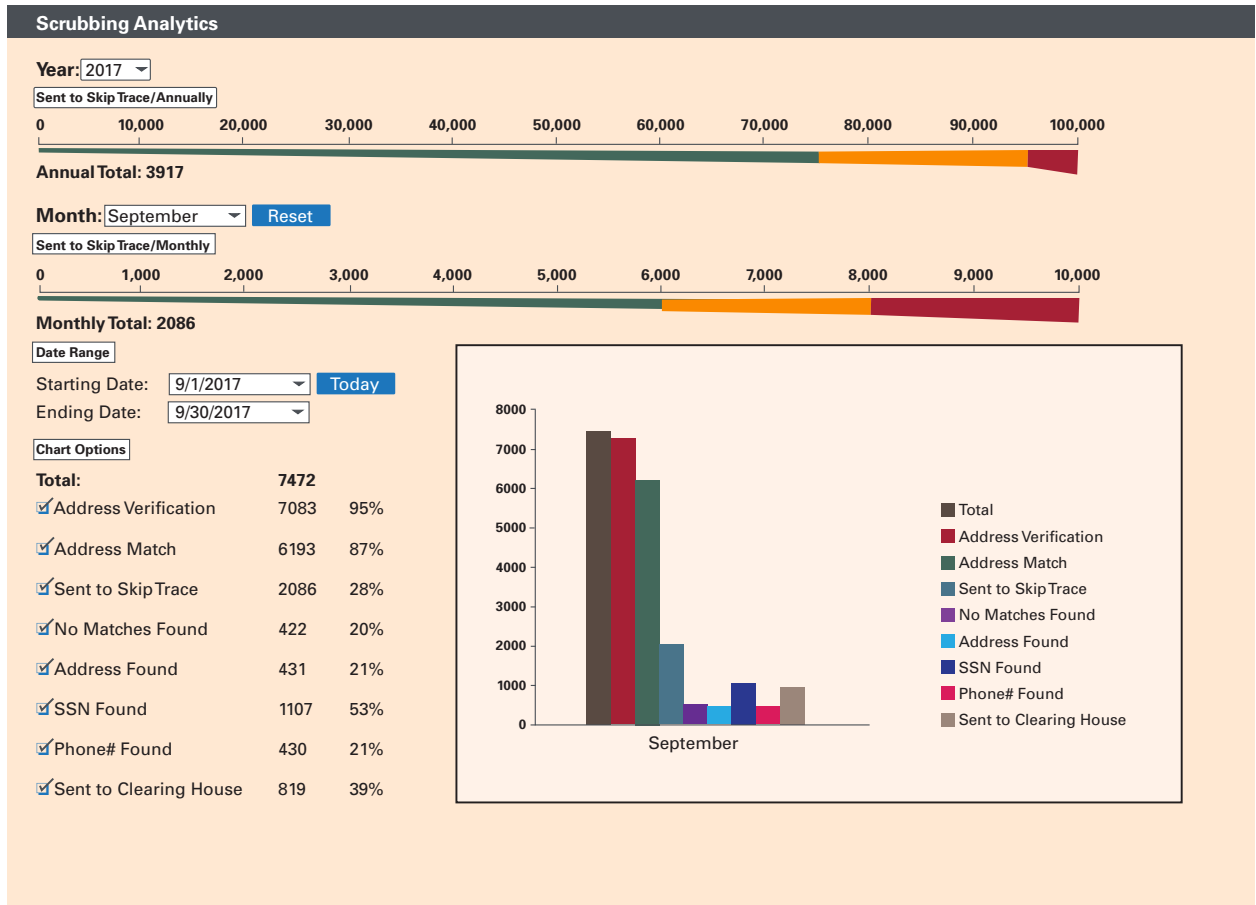
Date

APPENDICES

APPENDICES

(Proprietary and Confidential)

Appendix 1: Sample Reporting by Period



Cash Receipts Journal (Detail): MONTHLY

Monthly Cash Receipts Journal (Detail)

| Deposit Date | Customer Name | Payor | Date of Service | Payments | Contractual Allowance | Write-Offs | Refunds | Revenue Adjustments |
|-----------------------------|---------------|---------------------------|-----------------|----------|-----------------------|------------|---------|---------------------|
| 01/01/16 | Smith, John | Meare HMO Secure Horizon | 01/01/16 | 0.00 | 470.32 | 0.00 | 0.00 | 0.00 |
| Total Dollars for: 01/01/16 | | | | 0.00 | 470.32 | 0.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 06/23/15 | 0.00 | 0.00 | 1,159.65 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/08/15 | 0.00 | 0.00 | 883.75 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/28/15 | 0.00 | 0.00 | 355.77 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 06/01/15 | 0.00 | 0.00 | 730.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/10/15 | 0.00 | 0.00 | 845.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 02/25/14 | 0.00 | 0.00 | 785.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 04/04/15 | 0.00 | 0.00 | 300.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/05/15 | 0.00 | 0.00 | 885.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 06/20/15 | 0.00 | 0.00 | 195.49 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 06/06/15 | 0.00 | 0.00 | 818.25 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 06/29/15 | 0.00 | 0.00 | 1,033.43 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/14/15 | 0.00 | 0.00 | 993.13 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/30/15 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 06/12/14 | 0.00 | 0.00 | 147.78 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 02/12/15 | 0.00 | 0.00 | 173.25 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 08/01/15 | 0.00 | 0.00 | 825.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/17/15 | 0.00 | 0.00 | 895.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 08/02/15 | 0.00 | 0.00 | 950.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Meare HMO Secure Horizon | 01/02/16 | 0.00 | 387.35 | 0.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 03/11/15 | 0.00 | 0.00 | 1,715.36 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/30/15 | 0.00 | 0.00 | 1,006.75 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/12/15 | 0.00 | 0.00 | 898.13 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 08/06/15 | 0.00 | 0.00 | 883.13 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/29/15 | 0.00 | 0.00 | 343.94 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Champ VA/469064 | 08/17/15 | 94.03 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Tricare for Life Ins/7890 | 06/23/15 | 90.25 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | BCBS OF Texas/660044 | 01/19/13 | -143.32 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 06/20/13 | 0.00 | 0.00 | 1,018.13 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/22/15 | 0.00 | 0.00 | 740.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 04/07/15 | 0.00 | 0.00 | 1,188.13 | 0.00 | 0.00 |

Monthly Cash Receipts Journal (Detail)

| Deposit Date | Customer Name | Payor | Date of Service | Payments | Contractual Allowance | Write-Offs | Refunds | Revenue Adjustments |
|---------------------------|---------------|---------------------------|-----------------|--------------|-----------------------|------------------|-------------|---------------------|
| 01/02/16 | Smith, John | Bill Patient | 07/17/15 | 0.00 | 0.00 | 1,277.86 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | BCBS OF Texas/660044 | 09/30/12 | 143.32 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 05/06/15 | 0.00 | 0.00 | 100.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 04/20/15 | 0.00 | 0.00 | 789.20 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 02/05/15 | 0.00 | 0.00 | 795.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Tricare for Life Ins/7890 | 01/01/13 | -90.25 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 07/16/15 | 0.00 | 0.00 | 820.00 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 05/19/15 | 0.00 | 0.00 | 222.97 | 0.00 | 0.00 |
| 01/02/16 | Smith, John | Bill Patient | 06/29/15 | 0.00 | 0.00 | 950.00 | 0.00 | 0.00 |
| Total Dollars for: | | | | 94.03 | 387.35 | 24,724.10 | 0.00 | 0.00 |
| Total Dollars for: | | | | 0.00 | 1,477.62 | 0.00 | 0.00 | 0.00 |
| 01/03/16 | Smith, John | Medicaid Texas | 01/03/16 | 0.00 | 548.00 | 0.00 | 0.00 | 0.00 |
| 01/03/16 | Smith, John | Medicare Texas | 01/03/16 | 0.00 | 380.67 | 0.00 | 0.00 | 0.00 |
| 01/03/16 | Smith, John | Medicare Texas | 01/03/16 | 0.00 | 548.95 | 0.00 | 0.00 | 0.00 |
| Total Dollars for: | | | | 0.00 | 1,477.62 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Bill Patient | 03/30/15 | 0.00 | 0.00 | 0.00 | 0.00 | 100.58 |
| 01/04/16 | Smith, John | McCare HMO Secure Horizon | 01/04/16 | 0.00 | 403.44 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/10/15 | 363.50 | -12.24 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Bill Patient | 04/27/15 | 0.00 | 0.00 | 0.00 | 0.00 | 91.42 |
| 01/04/16 | Smith, John | Medicare Texas | 10/17/15 | 360.65 | -12.19 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/11/15 | 354.95 | -12.06 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 09/19/15 | 333.86 | -10.90 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 01/04/16 | 0.00 | 385.23 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/02/15 | 591.35 | -20.14 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Bill Patient | 03/15/14 | 0.00 | 0.00 | 0.00 | 0.00 | 610.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/04/15 | 357.80 | -12.12 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/06/15 | 365.21 | 22.72 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Bill Patient | 07/23/15 | 0.00 | 0.00 | 0.00 | 0.00 | 102.47 |
| 01/04/16 | Smith, John | Medicare Texas | 10/05/15 | 362.36 | -12.22 | 0.00 | 0.00 | 0.00 |

Monthly Cash Receipts Journal (Detail)

| Deposit Date | Customer Name | Payor | Date of Service | Payments | Contractual Allowance | Write-Offs | Refunds | Revenue Adjustments |
|--------------------|---------------|-----------------------------|-----------------|----------|-----------------------|------------|---------|---------------------|
| 01/04/16 | Smith, John | Medicare Texas | 10/18/15 | 313.35 | -10.46 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicaid Texas | 06/15/15 | 0.00 | 325.56 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 01/04/16 | 0.00 | 452.10 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicaid HMO Aetna Better H | 01/30/15 | 0.00 | 146.88 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/11/15 | 350.96 | -11.98 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Veterans Admin Dallas Fee | 11/24/14 | 0.00 | 0.00 | 0.00 | 0.00 | 944.43 |
| 01/04/16 | Smith, John | Medicare Texas | 01/04/16 | 0.00 | 363.74 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Bill Patient | 01/14/15 | 0.00 | 0.00 | 0.00 | 0.00 | 953.00 |
| 01/04/16 | Smith, John | Medicare Texas | 01/04/16 | 0.00 | 504.05 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/06/15 | 367.49 | -12.33 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/06/15 | 396.56 | -12.97 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/16/15 | 412.52 | -13.31 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/09/15 | 357.23 | -12.12 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 10/10/15 | 305.36 | -10.28 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Bill Patient | 03/15/15 | 0.00 | 0.00 | 0.00 | 0.00 | 931.60 |
| 01/04/16 | Smith, John | Medicare Texas | 10/11/15 | 357.80 | -12.12 | 0.00 | 0.00 | 0.00 |
| 01/04/16 | Smith, John | Medicare Texas | 01/04/16 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dollars for: | | | | 5950.95 | 2416.28 | 0.00 | 0.00 | 3,733.50 |
| 01/05/16 | Smith, John | Medicaid HMO Amerigroup Te | 01/05/16 | 0.00 | 540.67 | 0.00 | 0.00 | 0.00 |
| 01/05/16 | Smith, John | Medicare Texas | 01/05/16 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/05/16 | Smith, John | Meare HMO Amerigroup Te | 01/05/16 | 0.00 | 367.35 | 0.00 | 0.00 | 0.00 |
| 01/05/16 | Smith, John | Medicare Texas | 01/05/16 | 0.00 | 472.99 | 0.00 | 0.00 | 0.00 |
| 01/05/16 | Smith, John | Medicare Texas | 01/05/16 | 0.00 | 406.71 | 0.00 | 0.00 | 0.00 |
| 01/05/16 | Smith, John | Medicare Texas | 01/05/16 | 0.00 | 581.45 | 0.00 | 0.00 | 0.00 |
| 01/05/16 | Smith, John | Medicare Texas | 03/16/14 | 0.00 | 447.49 | 0.00 | 0.00 | 0.00 |
| Total Dollars for: | | | | 0.00 | 2,816.66 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 01/06/15 | 0.00 | 0.00 | 1,051.25 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/13/15 | 0.00 | 0.00 | 805.00 | 0.00 | 0.00 |

Monthly Cash Receipts Journal (Detail)

| Deposit Date | Customer Name | Payer | Date of Service | Payments | Contractual Allowance | Write-Offs | Refunds | Revenue Adjustments |
|--------------|---------------|--------------------------|-----------------|----------|-----------------------|------------|---------|---------------------|
| 01/06/16 | Smith, John | Meacd HMO Amerigroup Tc | 10/21/15 | 284.44 | 109.08 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 01/22/15 | 0.00 | 0.00 | 1,090.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Medicare Texas | 01/06/16 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 08/20/15 | 50.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 08/09/15 | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/21/15 | 0.00 | 0.00 | 915.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 09/16/15 | 0.00 | 0.00 | 1,635.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Meacd HMO Wellmed Medi | 09/22/15 | 181.83 | 479.42 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 05/03/15 | 0.00 | 0.00 | 300.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | BCBS of Texas FEP/660044 | 09/15/15 | 364.65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/05/15 | 0.00 | 0.00 | 953.75 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 12/03/13 | 10.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/28/15 | 0.00 | 0.00 | 780.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 05/15/14 | 10.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Meacd HMO Amerigroup Tc | 01/06/16 | 0.00 | 424.42 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/07/12 | 25.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/17/15 | 0.00 | 0.00 | 11.79 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/22/15 | 0.00 | 0.00 | 835.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/15/15 | 0.00 | 0.00 | 318.16 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/14/14 | 0.00 | 0.00 | 780.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/25/15 | 0.00 | 0.00 | 1,005.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Meacd HMO Amerigroup Tc | 10/03/15 | 237.17 | 25.89 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 09/26/15 | 0.00 | 0.00 | 790.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 08/07/15 | 0.00 | 0.00 | 963.04 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 09/16/15 | 0.00 | 0.00 | 760.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 08/02/15 | 0.00 | 0.00 | 805.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/07/15 | 0.00 | 0.00 | 103.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 09/24/15 | 0.00 | 0.00 | 889.38 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/05/15 | 0.00 | 0.00 | 805.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Meacd HMO Secure Horizor | 01/06/16 | 0.00 | 390.32 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/24/15 | 0.00 | 0.00 | 206.09 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/07/15 | 0.00 | 0.00 | 840.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 10/05/14 | 0.00 | 0.00 | 420.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/08/15 | 0.00 | 0.00 | 948.22 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 09/29/15 | 0.00 | 0.00 | 1,015.00 | 0.00 | 0.00 |

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Monthly Cash Receipts Journal (Detail)

| Deposit Date | Customer Name | Payor | Date of Service | Payments | Contractual Allowance | Write-Offs | Refunds | Revenue Adjustments |
|--------------|---------------|----------------------------|-----------------|----------|-----------------------|------------|---------|---------------------|
| 01/06/16 | Smith, John | Bill Patient | 07/06/15 | 0.00 | 0.00 | 1,101.25 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/11/15 | 0.00 | 0.00 | 925.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 11/20/13 | 0.00 | 0.00 | 780.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 04/24/15 | 0.00 | 0.00 | 942.99 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 04/25/15 | 0.00 | 0.00 | 875.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 08/07/14 | 0.00 | 0.00 | 899.29 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/13/15 | 0.00 | 0.00 | 883.04 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 10/21/14 | 0.00 | 0.00 | 971.25 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | United Health Care West/30 | 05/23/15 | 980.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/22/15 | 0.00 | 0.00 | 750.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/05/15 | 0.00 | 0.00 | 915.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 09/18/15 | 0.00 | 0.00 | 935.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/11/15 | 0.00 | 0.00 | 815.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 09/21/15 | 0.00 | 0.00 | 1,036.25 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 08/04/15 | 0.00 | 0.00 | 913.76 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 01/07/15 | 35.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/26/15 | 0.00 | 0.00 | 877.50 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | BCBS of Texas FEP/660044 | 09/18/15 | 715.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 03/31/15 | 0.00 | 0.00 | 830.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/05/15 | 0.00 | 0.00 | 885.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/13/14 | 0.00 | 0.00 | 905.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 02/17/15 | 0.00 | 0.00 | 925.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Medicare Texas | 01/06/16 | 0.00 | 371.95 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 06/23/15 | 0.00 | 0.00 | 1,070.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/03/15 | 0.00 | 0.00 | 885.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | BCBS Of Texas/660044 | 09/18/15 | 812.50 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 12/19/14 | 0.00 | 0.00 | 250.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 09/25/15 | 0.00 | 0.00 | 1,622.50 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Medicare Texas | 01/06/16 | 0.00 | 383.49 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/02/15 | 0.00 | 0.00 | 866.25 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 11/29/14 | 0.00 | 0.00 | 182.04 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/31/15 | 0.00 | 0.00 | 815.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/13/15 | 0.00 | 0.00 | 960.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 05/12/15 | 0.00 | 0.00 | 887.50 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 11/26/14 | 0.00 | 0.00 | 875.00 | 0.00 | 0.00 |

Monthly Cash Receipts Journal (Detail)

| Deposit Date | Customer Name | Payer | Date of Service | Payments | Contractual Allowance | Write-Offs | Refunds | Revenue Adjustments |
|---------------------------|---------------|--------------------------|-----------------|-----------------|-----------------------|------------------|-------------|---------------------|
| 01/06/16 | Smith, John | Bill Patient | 07/10/15 | 50.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/11/15 | 0.00 | 0.00 | 770.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Mcaid HMO Amerigroup Te | 10/05/15 | 275.49 | 30.09 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/10/15 | 0.00 | 0.00 | 905.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 08/31/15 | 0.00 | 0.00 | 870.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Mcaid HMO Amerigroup Te | 10/29/15 | 284.44 | 31.06 | 0.00 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/23/15 | 0.00 | 0.00 | 870.09 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/14/15 | 0.00 | 0.00 | 820.49 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | Bill Patient | 07/20/15 | 0.00 | 0.00 | 1,058.61 | 0.00 | 0.00 |
| 01/06/16 | Smith, John | BCBS Of Texas/660044 | 07/26/15 | 960.09 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dollars for: | | | | 5,275.61 | 2,245.72 | 50,397.49 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Mcaid HMO Aetna/4079 | 08/17/15 | 388.84 | 61.18 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Medicaid Texas | 01/07/16 | 0.00 | 451.29 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Medicaid Texas | 01/07/16 | 0.00 | 571.29 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Bill Patient | 12/07/14 | 20.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Medicaid Texas | 08/27/15 | 92.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Bill Patient | 05/15/15 | 20.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Bill Patient | 09/16/15 | 178.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Mcaid HMO Secure Horizon | 01/07/16 | 0.00 | 377.35 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Bill Patient | 06/03/15 | 75.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Bill Patient | 08/25/15 | 20.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Bill Patient | 01/06/15 | 25.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Bill Patient | 06/10/15 | 207.16 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Mcaid HMO Secure Horizon | 01/07/16 | 0.00 | 438.29 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Medicare Texas | 10/04/15 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Mcaid HMO Secure Horizon | 01/07/16 | 0.00 | 404.04 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Mcaid HMO Amerigroup Te | 07/24/15 | 92.58 | 0.00 | 0.00 | 0.00 | 0.00 |
| 01/07/16 | Smith, John | Bill Patient | 09/11/15 | 18.60 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dollars for: | | | | 1,137.18 | 2,303.44 | 0.00 | 0.00 | 0.00 |

Monthly Cash Receipts Journal (Detail)

| <u>Deposit Date</u> | <u>Customer Name</u> | <u>Payor</u> | <u>Date of Service</u> | <u>Payments</u> | <u>Contractual Allowance</u> | <u>Write-Offs</u> | <u>Refunds</u> | <u>Revenue Adjustments</u> |
|----------------------|----------------------|--------------|------------------------|--------------------|------------------------------|--------------------|----------------|----------------------------|
| Grand Totals: | | | | \$12,457.77 | \$12,117.39 | \$75,121.59 | \$0.00 | \$3,733.50 |

Monthly Summary Report: MONTHLY

Management Summary Report
Monthly and Fiscal Year to Date
Fire Department
June 2016

| Financial Class | Number of Accounts | Percent of Total | Year to Date Total Accs. | Percent of Total YTD | Charges | Percent of Total | Year to Date Total Charges | Percent of Total YTD | Payments | Percent of Total | Year to Date Payments | Percent of Total YTD |
|-----------------|--------------------|------------------|--------------------------|----------------------|---------------------|------------------|----------------------------|----------------------|--------------------|------------------|-----------------------|----------------------|
| Medicare | 52 | 24.53% | 424 | 19.04% | \$44,974.39 | 24.63% | \$364,767.50 | 18.45% | \$21,569.96 | 26.26% | \$194,517.21 | 24.76% |
| Medicare HMO | 43 | 20.28% | 426 | 19.13% | \$34,843.92 | 19.08% | \$363,256.66 | 18.37% | \$15,170.75 | 18.47% | \$155,405.91 | 19.78% |
| Medi-Caid | 2 | 0.94% | 36 | 1.62% | \$1,547.00 | 0.85% | \$30,574.67 | 1.55% | \$1,993.03 | 2.43% | \$19,280.57 | 2.45% |
| Medi-Caid HMO | 11 | 5.19% | 97 | 4.36% | \$10,116.96 | 5.54% | \$79,921.43 | 4.04% | \$3,967.83 | 4.83% | \$35,703.40 | 4.54% |
| Insurance | 17 | 8.02% | 126 | 5.66% | \$14,324.37 | 7.84% | \$107,957.08 | 5.46% | \$27,199.01 | 33.11% | \$267,271.76 | 34.02% |
| Private Pay | 86 | 40.57% | 1108 | 49.75% | \$75,935.91 | 41.58% | \$960,825.45 | 48.60% | \$12,248.22 | 14.91% | \$113,487.81 | 14.44% |
| Kaiser | 0 | 0.00% | 0 | 0.00% | \$0.00 | 0.00% | \$0.00 | 0.00% | \$0.00 | 0.00% | \$0.00 | 0.00% |
| Membership | 1 | 0.47% | 10 | 0.45% | \$920.63 | 0.50% | \$9,104.38 | 0.46% | \$0.00 | 0.00% | \$0.00 | 0.00% |
| Prior Sales | | | | | -\$28.00 | -0.02% | \$60,691.08 | 3.07% | \$0.00 | 0.00% | \$0.00 | 0.00% |
| Sub Total | 212 | 100.00% | 2227 | 100.00% | \$182,635.18 | 100.00% | \$1,977,098.25 | 100.00% | \$82,148.80 | 100.00% | \$785,666.66 | 100.00% |
| Dry Runs | 0 | 0.00% | 0 | 0.00% | \$0.00 | 0.00% | \$0.00 | 0.00% | \$0.00 | 0.00% | \$0.00 | 0.00% |
| Total | 212 | 100.00% | 2227 | 100.00% | \$182,635.18 | 100.00% | \$1,977,098.25 | 100.00% | \$82,148.80 | 100.00% | \$785,666.66 | 100.00% |

Ticket Survey Detail: MONTHLY

Ticket Survey Detail Report (Trip Date)

Trip Date IS BETWEEN 01/01/2016 AND 01/07/2016;

| Date of Service | Incident # | Customer Name | From: | To: | Charges | |
|-----------------|------------|---------------|-------|--|-----------------|--------------------|
| 1/1/2016 | | | | Harris Methodist HEB | \$ 780.93 | |
| 1/1/2016 | | | | North Hills Hospital | \$ 840.00 | |
| 1/1/2016 | | | | Harris Methodist HEB | \$ 760.00 | |
| 1/1/2016 | | | | Harris Methodist HEB | \$ 915.00 | |
| 1/1/2016 | | | | <None> | \$ 1.00 | |
| 1/1/2016 | | | | Harris Methodist HEB | \$ 840.00 | |
| 1/1/2016 | | | | John Peter Smith Hospital | \$ 938.13 | |
| | | | | Total ticket count for | 1/1/2016 | 7 |
| | | | | Total charges for | 1/1/2016 | \$ 5,075.06 |
| <hr/> | | | | | | |
| 1/2/2016 | | | | North Hills Hospital | \$ 825.00 | |
| 1/2/2016 | | | | Harris Methodist Hospital-Fort Worth | \$ 948.56 | |
| 1/2/2016 | | | | John Peter Smith Hospital | \$ 1,001.61 | |
| | | | | Total ticket count for | 1/2/2016 | 3 |
| | | | | Total charges for | 1/2/2016 | \$ 2,775.17 |
| <hr/> | | | | | | |
| 1/3/2016 | | | | North Hills Hospital | \$ 760.00 | |
| 1/3/2016 | | | | PT North Hills Hospital | \$ 730.00 | |
| 1/3/2016 | | | | Cook Childrens Medical Center | \$ 916.00 | |
| 1/3/2016 | | | | Baylor Regional Medical Center-Grapevine | \$ 786.00 | |
| 1/3/2016 | | | | Harris Methodist HEB | \$ 790.00 | |
| 1/3/2016 | | | | Baylor Regional Medical Center-Grapevine | \$ 1,015.42 | |
| | | | | Total ticket count for | 1/3/2016 | 6 |
| | | | | Total charges for | 1/3/2016 | \$ 4,997.42 |
| <hr/> | | | | | | |
| 1/4/2016 | | | | North Hills Hospital | \$ 820.00 | |
| 1/4/2016 | | | | North Hills Hospital | \$ 830.00 | |
| 1/4/2016 | | | | Harris Methodist HEB | \$ 754.00 | |
| 1/4/2016 | | | | Harris Methodist HEB | \$ 901.00 | |
| 1/4/2016 | | | | Harris Methodist HEB | \$ 729.00 | |
| 1/4/2016 | | | | Harris Methodist HEB | \$ 952.25 | |
| 1/4/2016 | | | | North Hills Hospital | \$ 850.00 | |
| | | | | Total ticket count for | 1/4/2016 | 7 |

Ticket Survey Detail Report (Trip Date)

Trip Date IS BETWEEN 01/01/2016 AND 01/07/2016;

| Date of Service | Incident # | Customer Name | From: | To: | Charges | |
|---------------------------------|------------|---------------|-------|---|---------------------|--------------------|
| | | | | Total charges for | 1/4/2016 | \$ 5,836.25 |
| <hr/> | | | | | | |
| 1/5/2016 | | | | Harris Methodist HEB | \$ 944.11 | |
| 1/5/2016 | | | | Harris Methodist HEB | \$ 770.00 | |
| 1/5/2016 | | | | North Hills Hospital | \$ 805.00 | |
| 1/5/2016 | | | | Harris Methodist HEB | \$ 924.00 | |
| 1/5/2016 | | | | Harris Methodist HEB | \$ 779.00 | |
| 1/5/2016 | | | | Harris Methodist HEB | \$ 970.00 | |
| | | | | Total ticket count for | 1/5/2016 | 6 |
| | | | | Total charges for | 1/5/2016 | \$ 5,192.11 |
| <hr/> | | | | | | |
| 1/6/2016 | | | | North Hills Hospital | \$ 780.00 | |
| 1/6/2016 | | | | Harris Methodist HEB | \$ 730.00 | |
| 1/6/2016 | | | | Harris Methodist HEB | \$ 835.00 | |
| 1/6/2016 | | | | North Hills Hospital | \$ 780.00 | |
| 1/6/2016 | | | | Harris Methodist HEB | \$ 829.50 | |
| 1/6/2016 | | | | North Hills Hospital | \$ 812.00 | |
| | | | | Total ticket count for | 1/6/2016 | 6 |
| | | | | Total charges for | 1/6/2016 | \$ 4,766.50 |
| <hr/> | | | | | | |
| 1/7/2016 | | | | Harris Methodist Hospital-Fort Worth | \$ 883.00 | |
| 1/7/2016 | | | | Harris Methodist Hospital-Fort Worth | \$ 958.00 | |
| 1/7/2016 | | | | Harris Methodist HEB | \$ 815.00 | |
| 1/7/2016 | | | | Harris Methodist HEB | \$ 890.00 | |
| 1/7/2016 | | | | Harris Methodist HEB | \$ 770.00 | |
| | | | | Total ticket count for | 1/7/2016 | 5 |
| | | | | Total charges for | 1/7/2016 | \$ 4,316.00 |
| <hr/> | | | | | | |
| Grand Total Ticket Count | | | | | 40 | |
| Grand Total Charges | | | | | \$ 32,958.51 | |

Year-to-Date: MONTHLY

Year to Date Revenue Report
Fire Department

| | CHARGES BILLED | MCARE WRITE DOWNS | MC AID WRITE DOWNS | MEMBERSHIP WRITE DOWNS | OTHER CONTRACTUAL WRITE DOWNS | NET CHARGES BILLED | PAYMENTS | REFUNDS | NET RECEIPTS | BAD DEBT W/O/S | W/O/S | ADJ | NEW A/R BALANCE |
|-------------------------------|-----------------|-------------------|--------------------|------------------------|-------------------------------|--------------------|---------------|-------------|---------------|----------------|-------------|-------------|-----------------|
| AUGUST '15 | \$ 131,042.55 | \$ 31,997.47 | \$ 1,265.69 | \$ 2,478.45 | \$ - | \$ 95,300.94 | \$ 51,772.68 | \$ - | \$ 51,772.68 | \$ 56,287.22 | \$ 1,095.00 | \$ (183.00) | \$ 550,549.44 |
| SEPTEMBER '15 | \$ 165,671.92 | \$ 31,009.83 | \$ 10,343.97 | \$ 1,368.51 | \$ 3,519.68 | \$ 119,429.93 | \$ 56,839.35 | \$ - | \$ 56,839.35 | \$ 42,676.39 | \$ - | \$ 1.63 | \$ 570,465.26 |
| OCTOBER '15 | \$ 154,750.09 | \$ 32,532.12 | \$ 9,463.75 | \$ 2,457.47 | \$ 2,471.72 | \$ 107,825.03 | \$ 66,520.91 | \$ 1,798.08 | \$ 64,722.83 | \$ 6,104.78 | \$ 2,325.73 | \$ 106.62 | \$ 605,243.57 |
| NOVEMBER '15 | \$ 151,378.72 | \$ 33,617.29 | \$ 7,236.48 | \$ 1,385.00 | \$ (885.00) | \$ 110,024.95 | \$ 60,406.10 | \$ - | \$ 60,406.10 | \$ 30,267.99 | \$ 475.90 | \$ 0.18 | \$ 624,118.71 |
| DECEMBER '15 | \$ 178,143.25 | \$ 45,643.60 | \$ 9,249.12 | \$ 3,887.88 | \$ 2,555.58 | \$ 117,107.07 | \$ 49,381.49 | \$ 3,352.99 | \$ 46,028.50 | \$ (185.67) | \$ 860.00 | \$ 0.03 | \$ 694,522.98 |
| JANUARY '16 | \$ 140,241.46 | \$ 42,792.72 | \$ 2,832.51 | \$ 2,106.53 | \$ 3,897.15 | \$ 88,612.55 | \$ 51,715.12 | \$ - | \$ 51,715.12 | \$ 74,734.58 | \$ 1,452.81 | \$ - | \$ 655,233.02 |
| FEBRUARY '16 | \$ 202,581.92 | \$ 54,294.55 | \$ 10,456.68 | \$ 6,026.59 | \$ 3,926.01 | \$ 129,935.21 | \$ 72,075.85 | \$ - | \$ 72,075.85 | \$ 46,187.31 | \$ 98.81 | \$ 2.00 | \$ 666,808.26 |
| MARCH '16 | \$ 170,095.04 | \$ 37,715.49 | \$ 12,200.34 | \$ 3,926.01 | \$ 2,048.78 | \$ 114,204.42 | \$ 79,068.42 | \$ 1,101.28 | \$ 77,967.14 | \$ (2,130.00) | \$ 8.00 | \$ 856.82 | \$ 706,024.36 |
| APRIL '16 | \$ 186,284.23 | \$ 45,972.70 | \$ 9,091.71 | \$ 7,073.56 | \$ 4,553.18 | \$ 119,593.08 | \$ 80,673.92 | \$ - | \$ 80,673.92 | \$ 44,582.26 | \$ (10.00) | \$ 4.52 | \$ 700,575.78 |
| MAY '16 | \$ 156,459.77 | \$ 45,456.48 | \$ 9,766.83 | \$ 8,167.63 | \$ 3,887.89 | \$ 89,480.94 | \$ 85,781.63 | \$ - | \$ 85,781.63 | \$ 28,193.27 | \$ (0.01) | \$ 1.35 | \$ 676,083.18 |
| JUNE '16 | \$ 182,635.18 | \$ 42,063.06 | \$ 11,840.12 | \$ 4,479.31 | \$ 2,123.93 | \$ 122,128.76 | \$ 82,148.80 | \$ - | \$ 82,148.80 | \$ 23,803.98 | \$ 1,380.65 | \$ 67.13 | \$ 690,945.64 |
| JULY '16 | \$ 143,241.45 | \$ 39,000.15 | \$ 1,445.86 | \$ 3,589.01 | \$ 604.61 | \$ 98,601.82 | \$ 65,620.85 | \$ - | \$ 65,620.85 | \$ (1,512.74) | \$ 948.01 | \$ 42.56 | \$ 724,533.90 |
| YEAR TO DATE TOTALS | \$ 1,962,525.58 | \$ 482,095.46 | \$ 95,193.06 | \$ 46,645.95 | \$ 26,346.41 | \$ 1,312,244.70 | \$ 802,005.12 | \$ 6,252.35 | \$ 795,752.77 | \$ 348,809.37 | \$ 8,634.90 | \$ 899.84 | |
| YTD PERCENTAGE OF REVENUE | | 24.57% | 4.85% | 2.38% | 1.34% | 66.87% | 40.87% | 0.32% | 40.55% | 17.77% | 1.79% | 0.05% | |
| YTD PERCENTAGE OF NET REVENUE | | | | | | | | | 60.64% | | | | |

Aging by Payor and Payor Category: QUARTERLY

Aging Summary Report by Payor, Payor Category, and Aging Date
 Trip Date IS BETWEEN 07/01/2016 AND 07/31/2016

Fire Department

| Auto Insurance | | | | | | | | | |
|-----------------------------------|--------------|---------|-------|-------|--------|---------|----------|--------|--|
| Payor | Ticket Total | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total | |
| Liberty Mutual Auto Insr/1052 | 1 | 770.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 770.00 | |
| Totals For: Auto Insurance | | 770.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 770.00 | |

| Insurance | | | | | | | | | |
|--------------------------------------|--------------|----------|-------|-------|--------|---------|----------|----------|--|
| Payor | Ticket Total | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total | |
| BCBS of Texas FEP/660044 | 1 | 971.25 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 971.25 | |
| BCBS of Texas/660044 | 2 | 893.99 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 893.99 | |
| Cigna/188061 | 1 | 958.13 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 958.13 | |
| Molina Marketplace/22702 | 1 | 962.99 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 962.99 | |
| Mutual Of Omaha/Mutual of Omaha Plaz | 1 | 90.76 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 90.76 | |
| Totals For: Insurance | | 3,877.12 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,877.12 | |

| Insurance Electronic | | | | | | | | | |
|---|--------------|----------|-------|-------|--------|---------|----------|----------|--|
| Payor | Ticket Total | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total | |
| Aetna/14079 | 1 | 750.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 750.00 | |
| Aetna/981107 | 1 | 86.85 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 86.85 | |
| Cigna/182223 | 1 | 930.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 930.00 | |
| GEHA/4655 | 1 | 805.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 805.00 | |
| United Health Care West/30968 | 1 | 91.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 91.05 | |
| United Health Care/30555 | 1 | 880.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 880.00 | |
| Totals For: Insurance Electronic | | 3,542.90 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,542.90 | |

| Mcail/Mcaid | | | | | | | | | |
|--------------------------------|--------------|---------|-------|-------|--------|---------|----------|--------|--|
| Payor | Ticket Total | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total | |
| Medicaid/Texas | 3 | 507.39 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 507.39 | |
| Totals For: Mcail/Mcaid | | 507.39 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 507.39 | |

| Mcail/Mcaid HMO | | | | | | | | | |
|------------------------------------|--------------|---------|--------|-------|--------|---------|----------|--------|--|
| Payor | Ticket Total | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total | |
| Mcail HMO Aetna Better Health/6038 | 1 | 310.54 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 310.54 | |
| Mcail HMO Amerigroup Texas | 2 | 91.05 | 428.19 | 0.00 | 0.00 | 0.00 | 0.00 | 519.24 | |

RescueNet™ Printed On: 9/2/2016 at 3:14:05PM
 \\WZK12MEN21\RESCUENET\REPORTS\CUSTOM\AGING\SUMMARY BY CURRENT P

Aging Summary Report by Payor, Payor Category, and Aging Date

Trip Date IS BETWEEN 07/01/2016 AND 07/31/2016:

Fire Department

Totals For: Meal/Miscald HMO 401.59 428.19 0.00 0.00 0.00 0.00 0.00 0.00 829.78

| Payor | Ticket Total | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|----------------|--------------|----------|----------|-------|--------|---------|----------|----------|
| Medicare Texas | 13 | 3,949.42 | 1,352.31 | 0.00 | 0.00 | 0.00 | 0.00 | 5,301.73 |

Totals For: Medicare 3,949.42 1,352.31 0.00 0.00 0.00 0.00 0.00 5,301.73

Medicare HMO

| Payor | Ticket Total | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|--|--------------|----------|----------|--------|--------|---------|----------|----------|
| Mcicare HMO AARP Medicare Complete C | 1 | 387.95 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 387.95 |
| Mcicare HMO Amerigroup Texas | 1 | 455.26 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 455.26 |
| Mcicare HMO BCBS of Texas/680044 | 1 | 750.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 750.00 |
| Mcicare HMO Care Improvement Plus/804: | 1 | 0.00 | 852.50 | 0.00 | 0.00 | 0.00 | 0.00 | 852.50 |
| Mcicare HMO Humana Ins/14601 | 1 | 549.83 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 549.83 |
| Mcicare HMO Scot and White Health Plan | 1 | 0.00 | 908.13 | 0.00 | 0.00 | 0.00 | 0.00 | 908.13 |
| Mcicare HMO Secure Horizons of Texas | 14 | 4,535.49 | 1,768.21 | 0.00 | 0.00 | 0.00 | 0.00 | 6,304.70 |
| Mcicare HMO Secure Horizons/30968 | 2 | 653.21 | 0.00 | 815.00 | 0.00 | 0.00 | 0.00 | 1,468.21 |

Totals For: Medicare HMO 7,332.74 3,528.84 815.00 0.00 0.00 0.00 0.00 11,676.58

Private Pay

| Payor | Ticket Total | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|--------------|--------------|-----------|-----------|-------|--------|---------|----------|-----------|
| Bill Patient | 68 | 19,425.28 | 31,190.32 | 0.00 | 0.00 | 0.00 | 0.00 | 50,615.60 |

Totals For: Private Pay 19,425.28 31,190.32 0.00 0.00 0.00 0.00 0.00 50,615.60

| | | | | | | | | | | |
|----------------------|---------------|-----------|-----------------|------------------|------------------|---------------|-------------|-------------|-------------|------------------|
| Grand Totals: | Payors | 25 | Balances | 39,806.44 | 36,499.66 | 815.00 | 0.00 | 0.00 | 0.00 | 77,121.10 |
|----------------------|---------------|-----------|-----------------|------------------|------------------|---------------|-------------|-------------|-------------|------------------|

Aging Detail Report: QUARTERLY

Aging Detail Report (Patient/Aging Date)

Aging as of 9/2/2016; and
 Trip Date IS BETWEEN 07/01/2015 AND 06/30

| Fire Department | | SSN | DOB | Phone | |
|--------------------------------|--------------|-----|-----|-------|------------------------|
| <u>Trip Date</u> 2015-10-25 | <u>Run #</u> | | | | 650.00 |
| | | | | | <u>650.00</u> |
| <u>Trip Date</u> 2015-09-18 | <u>Run #</u> | SSN | DOB | Phone | 3,504.92 |
| | | | | | <u>3,504.92</u> |
| <u>Trip Date</u> 2015-11-01 | <u>Run #</u> | SSN | DOB | Phone | 373.28 |
| | | | | | <u>373.28</u> |
| <u>Trip Date</u> 2015-11-20 | <u>Run #</u> | SSN | DOB | Phone | 650.00 |
| | | | | | <u>650.00</u> |
| | | | | | Total: 5,178.20 |

Aging Summary by Date of Service (Trip Date): YEARLY

Aging Summary by Date of Service (Trip Date)

Aging as of 9/2/2016, and
Trip Date IS BETWEEN 07/01/2015 AND 06/30/2016:

| Fire Department | Patient Name | Date of Service | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|-----------------|--------------|-----------------|---------|-------|-------|--------|---------|----------|-------|
| | | 07/02/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/02/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/03/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/04/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/05/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/06/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/09/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/10/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/10/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/10/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/10/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/12/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/12/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/12/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/16/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/17/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/18/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/18/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/19/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/19/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/21/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/21/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/22/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/23/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/24/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/24/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/24/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/24/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/25/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/25/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/26/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/26/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/27/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/27/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/30/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/30/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 07/31/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Aging Summary by Date of Service (Trip Date)

Aging as of 9/2/2016; and
 Trip Date IS BETWEEN 07/01/2015 AND 06/30/2016;

Fire Department

| Patent Name | Date of Service | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|-------------|-----------------|---------|-------|-------|--------|---------|----------|--------|
| | 08/01/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/01/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/02/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/03/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/04/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/05/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/06/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/06/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/08/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/08/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/09/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/09/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/10/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/12/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/12/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/12/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/13/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/14/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/15/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/15/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/17/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/19/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/21/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/24/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 650.00 | 650.00 |
| | 08/24/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/27/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/29/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/29/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/30/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/30/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 08/31/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 09/05/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 09/06/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 09/06/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 09/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 09/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 09/08/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 09/09/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 09/09/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 09/10/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Aging Summary by Date of Service (Trip Date)

Aging as of 9/22/2016, and
Trip Date IS BETWEEN 07/01/2015 AND 06/30/2016:

| Fire Department | Patient Name | Date of Service | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|-----------------|--------------|-----------------|---------|-------|-------|--------|---------|----------|-------|
| | | 09/10/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/10/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/12/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/13/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/13/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/13/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/13/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/15/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/17/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/18/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/18/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/18/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/19/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/21/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/22/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/22/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 09/27/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/02/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/03/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/04/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/08/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/09/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/09/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/13/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/13/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/14/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/15/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/17/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/19/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/19/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/19/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/20/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/21/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/22/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/24/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/24/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/25/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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I\W2K12\EM21\RESCUENET\REPORTS\CUSTOMAGING SUMMARY BY SCHED EVE

Aging Summary by Date of Service (Trip Date)

Aging as of 9/22/2016, and
Trip Date IS BETWEEN 07/01/2015 AND 06/30/2016:

| Fire Department | Patient Name | Date of Service | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|-----------------|--------------|-----------------|---------|-------|-------|--------|---------|----------|----------|
| | | 10/25/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/25/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 650.00 | 650.00 |
| | | 10/25/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 39.00 | 39.00 |
| | | 10/26/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/27/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/28/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/30/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/31/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 10/31/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 650.00 | 650.00 |
| | | 11/01/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/01/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/01/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 373.28 | 373.28 |
| | | 11/02/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/03/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/05/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,815.26 | 1,815.26 |
| | | 11/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/08/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/13/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/13/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/14/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/14/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/19/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 650.00 | 650.00 |
| | | 11/20/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 650.00 | 650.00 |
| | | 11/21/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/22/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/23/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/26/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/26/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/27/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/29/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 11/30/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 12/04/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 12/05/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 12/05/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 600.00 | 600.00 |

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\\WPK12\MEN2\1\RESCUENET\REPORTS\32\CUSTOMAGING SUMMARY BY SCHED EVE

Aging Summary by Date of Service (Trip Date)

Aging as of 9/2/2016, and
Trip Date IS BETWEEN 07/01/2015 AND 06/30/2016:

Fire Department

| Patient Name | Date of Service | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|--------------|-----------------|---------|-------|-------|--------|---------|-----------|-----------|
| | 12/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 12/07/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 12/09/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 12/09/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 12/11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 12/12/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 12/18/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 12/18/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 12/20/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 12/22/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 12/29/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -2,655.60 | -2,655.60 |
| | 01/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/02/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/02/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/05/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,686.00 | 3,686.00 |
| | 01/06/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/06/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/06/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/06/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/07/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/08/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/10/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/13/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/22/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 650.00 | 650.00 |
| | 01/25/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/29/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/30/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 01/30/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 02/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 02/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,728.00 | 2,728.00 |
| | 02/02/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,899.00 | 2,899.00 |
| | 02/04/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 758.96 | 758.96 |
| | 02/04/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 02/05/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 02/07/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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I:\W\K12\MEN\21\RESCUENET\REPORTS\32\CUSTOMAGING SUMMARY BY SCHED EVE

Aging Summary by Date of Service (Trip Date)

Aging as of 9/2/2016, and
Trip Date IS BETWEEN 07/01/2015 AND 06/30/2016:

Fire Department

| Patient Name | Date of Service | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|--------------|-----------------|---------|-------|-------|--------|----------|----------|----------|
| | 04/03/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/03/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 650.00 |
| | 04/04/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/05/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/05/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/05/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/07/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/07/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/09/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/09/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/09/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/10/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/10/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 3,431.80 | 0.00 | 3,431.80 |
| | 04/10/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 1,593.05 | 0.00 | 1,593.05 |
| | 04/16/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/16/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/17/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/17/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/18/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/19/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/21/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/22/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/23/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 2,802.00 | 0.00 | 2,802.00 |
| | 04/23/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/23/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/23/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 650.00 |
| | 04/23/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/23/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/24/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/25/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 850.00 | 0.00 | 850.00 |
| | 04/27/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/28/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/28/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/29/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 04/30/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 124.99 | 0.00 | 124.99 |
| | 05/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 05/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 650.00 |
| | 05/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 850.00 | 0.00 | 850.00 |
| | 05/01/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 850.00 | 0.00 | 850.00 |
| | 05/03/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 05/03/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 650.00 |

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\\WPK12\ME\21\RESCUENET\REPORTS\32\CUSTOMAGING SUMMARY BY SCHED EVE

Aging Summary by Date of Service (Trip Date)

Aging as of 9/2/2016, and
Trip Date IS BETWEEN 07/01/2015 AND 06/30/2016:

Fire Department

| Patient Name | Date of Service | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|--------------|-----------------|---------|-------|-------|----------|----------|----------|----------|
| | 06/03/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 3,587.00 | 0.00 | 3,587.00 |
| | 06/04/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/04/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/07/2016 | 0.00 | 0.00 | 0.00 | 850.00 | 0.00 | 0.00 | 850.00 |
| | 06/07/2016 | 0.00 | 0.00 | 0.00 | 3,268.84 | 0.00 | 0.00 | 3,268.84 |
| | 06/07/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/09/2016 | 0.00 | 0.00 | 0.00 | 2,773.09 | 0.00 | 0.00 | 2,773.09 |
| | 06/09/2016 | 0.00 | 0.00 | 0.00 | 2,625.00 | 0.00 | 0.00 | 2,625.00 |
| | 06/09/2016 | 0.00 | 0.00 | 0.00 | 200.00 | 0.00 | 0.00 | 200.00 |
| | 06/09/2016 | 0.00 | 0.00 | 0.00 | 200.00 | 0.00 | 0.00 | 200.00 |
| | 06/09/2016 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 650.00 |
| | 06/09/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/09/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/10/2016 | 0.00 | 0.00 | 0.00 | 3,068.92 | 0.00 | 0.00 | 3,068.92 |
| | 06/14/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/14/2016 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 650.00 |
| | 06/15/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/16/2016 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 650.00 |
| | 06/17/2016 | 0.00 | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 500.00 |
| | 06/17/2016 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 650.00 |
| | 06/18/2016 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 650.00 |
| | 06/19/2016 | 0.00 | 0.00 | 0.00 | 3,328.84 | 0.00 | 0.00 | 3,328.84 |
| | 06/20/2016 | 0.00 | 0.00 | 0.00 | 2,979.87 | 0.00 | 0.00 | 2,979.87 |
| | 06/20/2016 | 0.00 | 0.00 | 0.00 | 3,773.84 | 0.00 | 0.00 | 3,773.84 |
| | 06/21/2016 | 0.00 | 0.00 | 0.00 | 2,889.87 | 0.00 | 0.00 | 2,889.87 |
| | 06/22/2016 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 650.00 |
| | 06/23/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/26/2016 | 0.00 | 0.00 | 0.00 | 122.68 | 0.00 | 0.00 | 122.68 |
| | 06/26/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/26/2016 | 0.00 | 0.00 | 0.00 | 250.00 | 0.00 | 0.00 | 250.00 |
| | 06/28/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/29/2016 | 0.00 | 0.00 | 0.00 | 3,489.00 | 0.00 | 0.00 | 3,489.00 |
| | 06/29/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/29/2016 | 0.00 | 0.00 | 0.00 | 125.28 | 0.00 | 0.00 | 125.28 |
| | 06/30/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/30/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 06/30/2016 | 0.00 | 0.00 | 0.00 | 344.60 | 0.00 | 0.00 | 344.60 |
| | 06/02/2016 | 0.00 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 650.00 |
| | 06/02/2016 | 0.00 | 0.00 | 0.00 | 850.00 | 0.00 | 0.00 | 850.00 |
| | 06/03/2016 | 0.00 | 0.00 | 0.00 | 3,958.95 | 0.00 | 0.00 | 3,958.95 |

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\\W2K12\MEN\21\RESQUNET\REPORTS\32\CUSTOMAGING SUMMARY BY SCHED EVE

Aging Summary by Date of Service (Trip Date)

Aging as of 9/2/2016, and
Trip Date IS BETWEEN 07/01/2015 AND 06/30/2016:

| Fire Department | Patient Name | Date of Service | Current | 31-60 | 61-90 | 91-120 | 121-180 | Over 180 | Total |
|-----------------|--------------|-----------------|-------------|-------------|------------------|------------------|------------------|------------------|-------------------|
| | | 06/03/2016 | 0.00 | 0.00 | 0.00 | 100.00 | 0.00 | 0.00 | 100.00 |
| | | 06/04/2016 | 0.00 | 0.00 | 3,705.00 | 0.00 | 0.00 | 0.00 | 3,705.00 |
| | | 06/04/2016 | 0.00 | 0.00 | 3,459.00 | 0.00 | 0.00 | 0.00 | 3,459.00 |
| | | 06/06/2016 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 0.00 | 650.00 |
| | | 06/06/2016 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 0.00 | 650.00 |
| | | 06/06/2016 | 0.00 | 0.00 | 106.38 | 0.00 | 0.00 | 0.00 | 106.38 |
| | | 06/07/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 06/08/2016 | 0.00 | 0.00 | 557.74 | 0.00 | 0.00 | 0.00 | 557.74 |
| | | 06/10/2016 | 0.00 | 0.00 | 1,371.14 | 0.00 | 0.00 | 0.00 | 1,371.14 |
| | | 06/10/2016 | 0.00 | 0.00 | 3,044.00 | 0.00 | 0.00 | 0.00 | 3,044.00 |
| | | 06/11/2016 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 0.00 | 650.00 |
| | | 06/13/2016 | 0.00 | 0.00 | 575.16 | 0.00 | 0.00 | 0.00 | 575.16 |
| | | 06/14/2016 | 0.00 | 0.00 | 2,313.00 | 0.00 | 0.00 | 0.00 | 2,313.00 |
| | | 06/14/2016 | 0.00 | 0.00 | 2,364.00 | 0.00 | 0.00 | 0.00 | 2,364.00 |
| | | 06/16/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 06/16/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 06/18/2016 | 0.00 | 0.00 | 2,759.00 | 0.00 | 0.00 | 0.00 | 2,759.00 |
| | | 06/20/2016 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 0.00 | 650.00 |
| | | 06/20/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 06/20/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 06/23/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 06/23/2016 | 0.00 | 0.00 | 200.00 | 0.00 | 0.00 | 0.00 | 200.00 |
| | | 06/23/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 06/24/2016 | 0.00 | 0.00 | 2,861.84 | 0.00 | 0.00 | 0.00 | 2,861.84 |
| | | 06/24/2016 | 0.00 | 0.00 | 2,928.00 | 0.00 | 0.00 | 0.00 | 2,928.00 |
| | | 06/25/2016 | 0.00 | 0.00 | 3,396.00 | 0.00 | 0.00 | 0.00 | 3,396.00 |
| | | 06/26/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 06/28/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 06/29/2016 | 0.00 | 0.00 | 2,799.00 | 0.00 | 0.00 | 0.00 | 2,799.00 |
| | | 06/29/2016 | 0.00 | 0.00 | 3,010.70 | 0.00 | 0.00 | 0.00 | 3,010.70 |
| | | 06/29/2016 | 0.00 | 0.00 | 100.00 | 0.00 | 0.00 | 0.00 | 100.00 |
| | | 06/30/2016 | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 0.00 | 650.00 |
| | | | 0.00 | 0.00 | 38,799.96 | 40,248.78 | 22,025.89 | 23,299.74 | 124,374.37 |

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\\WZK12\MEN2\1\RESQUNET\REPORTS\32\CUSTOMAGING\SUMMARY BY SCHED EVE

Ambulance Revenue Report: YEARLY

Ambulance Revenue for FY

Trip date IS BETWEEN 07/01/2015 AND 06/30/2016:

Fire Department

Revenue Received

| Date of Service | 9/2015 | 10/2015 | 11/2015 | 12/2015 | 1/2016 | 2/2016 | 3/2016 | 4/2016 | 5/2016 | 6/2016 | 7/2016 | 8/2016 | 9/2016 | Total |
|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------|-------------------|
| 7/2015 | 22,017.50 | 14,041.95 | 8,714.83 | 3,948.14 | 1,913.58 | 3,460.22 | 1,961.74 | 1,790.31 | 2,810.58 | 449.40 | 1,073.13 | 120.25 | 0.00 | 62,301.63 |
| 8/2015 | 3,245.59 | 14,813.75 | 12,578.58 | 12,296.83 | 3,568.89 | 2,371.30 | 1,117.42 | 82.00 | 1,174.74 | 1,007.92 | 0.00 | 0.00 | 0.00 | 52,257.02 |
| 9/2015 | 0.00 | 5,408.79 | 15,675.53 | 19,535.10 | 4,039.58 | 5,690.50 | 3,332.08 | 4,060.18 | 4,605.87 | 1,420.96 | 83.60 | 527.64 | 0.00 | 64,379.83 |
| 10/2015 | 0.00 | 0.00 | 0.00 | 2,875.62 | 22,775.68 | 12,775.20 | 6,845.21 | 2,918.02 | 3,154.54 | 2,339.98 | 1,060.16 | 518.58 | 0.00 | 55,262.99 |
| 11/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 2,895.48 | 22,466.50 | 10,039.02 | 6,432.47 | 5,984.73 | 4,072.53 | 1,935.28 | 1,927.03 | 0.00 | 55,753.04 |
| 12/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 626.12 | 22,334.44 | 15,289.87 | 8,450.07 | 7,781.64 | 5,349.80 | 1,911.85 | 2,125.02 | 0.00 | 63,868.81 |
| 1/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,343.80 | 17,206.71 | 15,624.05 | 11,949.32 | 6,184.24 | 3,966.26 | 4,876.09 | 0.00 | 67,150.47 |
| 2/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,538.74 | 13,601.65 | 17,276.21 | 9,025.89 | 7,633.00 | 4,366.83 | 2,855.00 | 0.00 | 56,297.32 |
| 3/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 943.33 | 18,246.62 | 14,576.15 | 14,647.63 | 5,945.46 | 3,027.56 | 0.00 | 57,386.75 |
| 4/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,140.34 | 14,322.43 | 25,573.58 | 6,223.42 | 9,347.55 | 79.76 | 56,687.08 |
| 5/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,751.05 | 19,835.33 | 16,319.95 | 13,341.62 | 1,689.37 | 52,937.32 |
| 6/2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,989.88 | 15,320.58 | 23,699.01 | 951.52 | 41,960.99 |
| Total | 25,263.09 | 34,264.49 | 36,968.94 | 38,655.69 | 35,819.33 | 77,980.70 | 70,337.03 | 76,020.27 | 77,136.94 | 90,504.25 | 58,206.52 | 62,365.35 | 2,720.65 | 686,243.25 |

Appendix 2: Sample Correspondence

(Proprietary and Confidential)

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



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

INCIDENT NUMBER: 11-23456
RUN NUMBER: 11-098765

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



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



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

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

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

Dear Rose Martin,

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

Health Insurance:

Insurance Name: _____ Phone #: () _____

ID# or Member #: _____ Group #: _____

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

Auto Insurance (if applicable):

Auto Insurance Name: _____

Policy #: _____ Claim #: _____

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

Phone #: () _____

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

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

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

Phone #: () _____ Contact: _____

Employers Name (Work Comp): _____

Authorization for release of Medical Information:

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

Signature of Patient, Parent or Guardian

Date

Print Name

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

MAKE CHECKS PAYABLE TO:

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




FOR BILLING INQUIRIES CALL: 1(800) 906-6552
 Pacific Standard Time - 8:00am to 4:30pm

RUN NO: 12-12345
INCIDENT NO: 12345678
DATE OF SERVICE: 03/10/2011

ADDRESSEE:

WMN0705A AUTO MIXED AADC 926
 7000001234 01.0005.0284 1234/1



 JANE DOE
 123 STREET
 ANY WHERE, USA 12345-1234

| | | |
|---------------------|-------------------------------|-------------------------------------|
| CREDIT CARD CHOICES | <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD |
| CARD NUMBER | * SECURITY CODE | AMOUNT |
| SIGNATURE | | EXP. DATE |

| RUN NUMBER | STATEMENT DATE | DUE DATE | AMOUNT DUE |
|------------|----------------|------------|------------|
| 12-12345 | 07/05/2011 | 08/01/2011 | 75.25 |

* LAST THREE DIGITS ON BACK OF CREDIT CARD. **AMOUNT PAID** \$

PLEASE REMIT TO:



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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

INVOICE

INCIDENT NO. 12345678
 RUN NO. 12-12345

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

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

TOTAL AMOUNT DUE
75.25

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

DROPOFF LOCATION:
 HOSPITAL

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

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

PATIENT: JANE DOE

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

MAKE CHECKS PAYABLE TO:

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




FOR BILLING INQUIRIES CALL: 1(800) 906-6552
 Pacific Standard Time - 8:00am to 4:30pm

RUN NO: 12-12345
INCIDENT NO: 12345678
DATE OF SERVICE: 03/10/2011

ADDRESSEE:

WMN0705A AUTO MIXED AADC 926
 7000001234 01.0005.0284 1234/1



 JANE DOE
 123 STREET
 ANY WHERE, USA 12345-1234

| | | | |
|---------------------|-----------------|-------------------------------|-------------------------------------|
| CREDIT CARD CHOICES | | <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD |
| CARD NUMBER | * SECURITY CODE | AMOUNT | |
| SIGNATURE | | | EXP. DATE |

| RUN NUMBER | STATEMENT DATE | DUE DATE | AMOUNT DUE |
|------------|----------------|------------|------------|
| 12-12345 | 07/05/2011 | 08/01/2011 | |

* LAST THREE DIGITS ON BACK OF CREDIT CARD. **AMOUNT PAID**
 \$ 1400.40

PLEASE REMIT TO:

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

INVOICE

INCIDENT NO. 12345678
 RUN NO. 12-12345

DATE OF SERVICE: 03/10/2011

Page 1 of 1

| DESCRIPTION | CHECK # | QUANTITY | COST PER UNIT | DATE | TOTAL CHARGE |
|--------------------------|---------|----------|---------------|------|--------------|
| Basic Ambulance Service | | 1 | 1,300.00 | | 1,300.00 |
| Mileage | | 3 | 18.00 | | 41.40 |
| Cervical Collar | | 1 | 24.00 | | 24.00 |
| Body Substance Isolation | | 1 | 20.00 | | 20.00 |
| Pulse Ox | | 1 | 15.00 | | 15.00 |

PICKUP LOCATION:
 123 ANY STREET ANY WHERE, USA

DROPOFF LOCATION:
 HOSPITAL

| |
|-------------------------|
| TOTAL AMOUNT DUE |
| 1400.40 |

This bill is separate from your hospital bill. Please inform us of any Insurance, Medicare, Medicaid/Medi-Cal. Please contact our billing office at 800-906-6552.

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

PATIENT: JANE DOE

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

MAKE CHECKS PAYABLE TO:

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




FOR BILLING INQUIRIES CALL: 1(800) 906-6552
 Pacific Standard Time - 8:00am to 4:30pm

RUN NO: 12-33333
INCIDENT NO: 15544554
DATE OF SERVICE: 03/10/2011

ADDRESSEE:

WMN0705A AUTO SCH 3-DIGIT 956
 7000000020 01.0001.0027 27/1




 JOHN DOE
 123 STREET
 ANY WHERE, USA 12345-1234

| | | | |
|---------------------|-----------------|-------------------------------|-------------------------------------|
| CREDIT CARD CHOICES | | <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD |
| CARD NUMBER | * SECURITY CODE | | AMOUNT |
| SIGNATURE | | | EXP. DATE |

| RUN NUMBER | STATEMENT DATE | DUE DATE | AMOUNT DUE |
|------------|----------------|------------|------------|
| 12-33333 | 07/05/2011 | 08/01/2011 | 20.00 |

* LAST THREE DIGITS ON BACK OF CREDIT CARD. **AMOUNT PAID** \$

PLEASE REMIT TO:


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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PAST DUE

INCIDENT NO. 15544554
 RUN NO. 12-33333

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

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

PICKUP LOCATION:
 123 ANY STREET ANY WHERE USA

DROPOFF LOCATION:
 HOSPITAL

| |
|-------------------------|
| TOTAL AMOUNT DUE |
| 20.00 |

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

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

PATIENT: JOHN DOE

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

MAKE CHECKS PAYABLE TO:

CITY FIRE DEPARTMENT
 PO BOX 269110
 SACRAMENTO CA 95826-9110



FOR BILLING INQUIRIES CALL: 1(800) 906-6552
 PST - 8:00am to 4:30pm

| RUN NUMBER | STATEMENT DATE | DUE DATE | AMOUNT DUE |
|------------|----------------|------------|------------|
| 13-123456 | 01/12/2014 | 02/10/2014 | 1,797.26 |

RUN NUMBER: 13-123456
INCIDENT NO: 1234567
DATE OF SERVICE: 09/03/2013

AMOUNT PAID
 \$

NAME:

PLEASE REMIT TO:

WMN0112A
 3000000021 00.0000.0018 21/1



JANNIE DOE
 123 ANY STREET
 ANY WHERE, CA 12345

CITY FIRE DEPARTMENT
 PO BOX 269110
 SACRAMENTO CA 95826-9110

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



FINAL NOTICE

INCIDENT NO: 1234567
 RUN NUMBER: 13-123456

DATE OF SERVICE: 09/03/2013

Page 1 of 1

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

PICKUP LOCATION
 123 ANY STREET ANY WHERE, CA 12345

DROPOFF LOCATION:
 HOSPITAL

TOTAL AMOUNT DUE
1,797.26

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

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

PATIENT: JANNIE DOE

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