

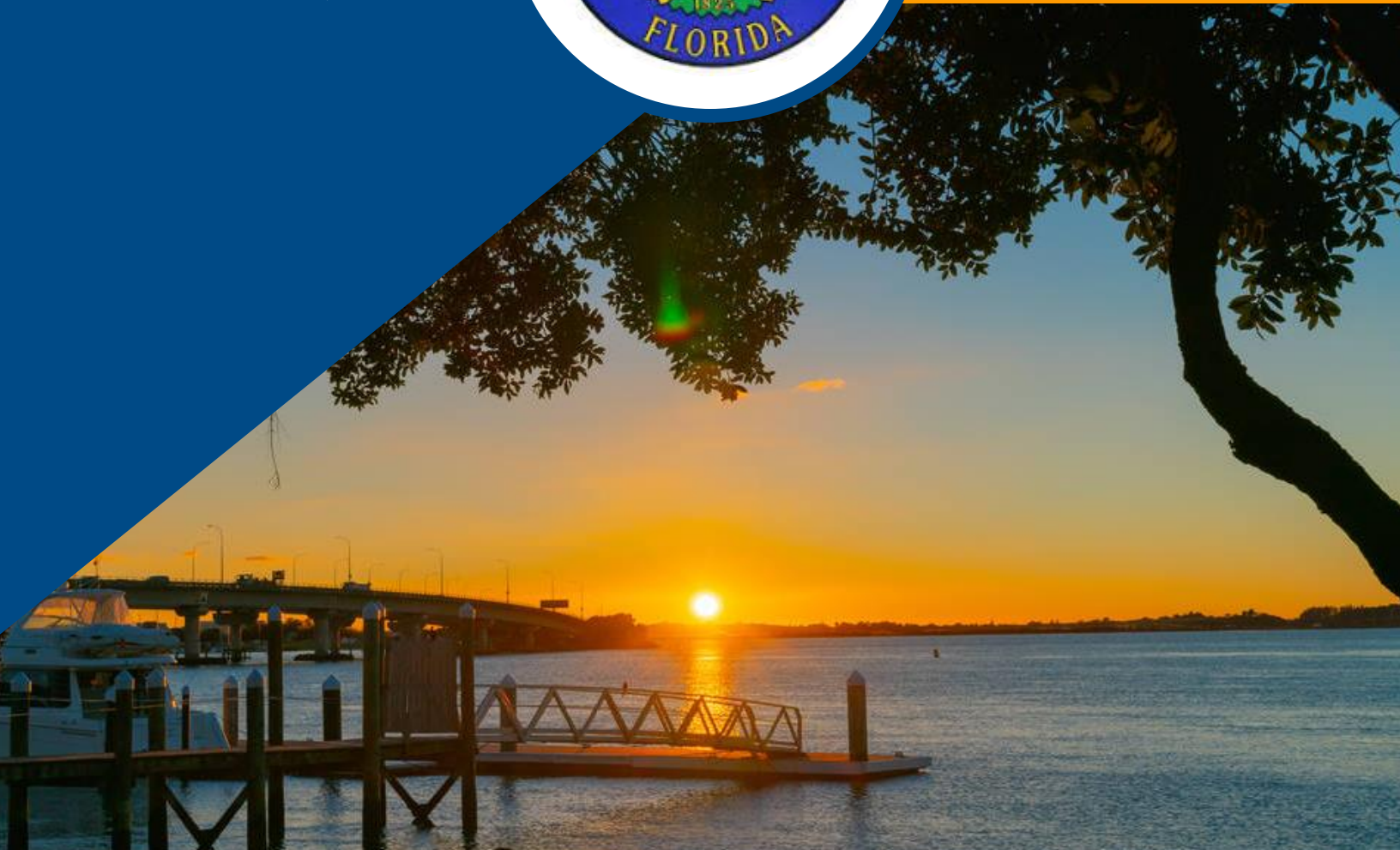


Digitech Computer LLC
480 North Bedford Road
Building 600, Second Floor
Chappaqua, New York 10514
(914) 741-1919
digitechcomputer.com

Proposal

RFP 24-07 Emergency
Transport Services
Billing, Third Party
Billing Services

Fernandina Beach, FL
November 14th, 2024



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APPENDICES

Appendix A
Appendix B

Reporting Suite
Résumés of Key Personnel

ATTACHMENTS

Attachment 1
Attachment 2

Withum SOC Letter
Sample COIs and W9

ADDENDA

Addendum 1


October 30, 2024

COVER LETTER

Digitech is pleased to submit this proposal in response to the City of Fernandina Beach (COFB)'s Request for Proposals Emergency Transport Services Billing, Third Party Billing Services. We have carefully reviewed the requirements of the RFP and are confident that we understand the Scope of Services and will meet and exceed COFB's expectations should we be awarded this contract.

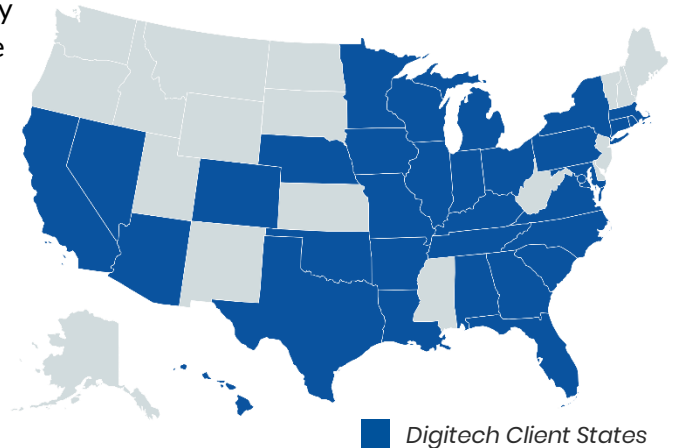
Our response details a comprehensive plan that will achieve your financial, technological, and reporting goals while meeting all requirements. We will deliver all contract requirements to the highest standards of performance, transparency, and integrity. COFB will be provided with state-of-the-art technology, flexible reporting capabilities, improved collection results, and complete project management.

We believe we are the only ambulance billing firm in the U.S. who offer you this combination of benefits:

- + **State and local experience.** We have been billing for EMS transports in the State of Florida for decades. **Today we partner with over 50 Florida agencies and process more than 1 million billable incidents in Florida annually.** Through our long-term partnerships, we have become familiar with the hospital systems, demographic trends, and the EMS landscape of the state. That said, we believe that every client is unique. We will customize our solution to the unique needs of the City. 
- + **Reliable revenue growth.** We consistently increase collections over our clients' previous solution. Because of our fast, efficient, and accurate billing process, we often start increasing cash flow immediately when we bring you on board. We go after every dollar of every claim. Your money won't be left on the table.
- + **Innovative proprietary technology.** We own the Ambulance Commander platform 100% and use it to power our billing operations end-to-end. It will bring unique value to you because we've been building and improving based on client feedback for over 30 years.
- + **Customization.** Owning our technology means we can develop new features and processes tailored to exactly what you need – something we love doing for our clients.
- + **True transparency.** You get 24/7 real-time access to Ambulance Commander. This lets you know exactly what's going on with your claims, money, and data at any moment.
- + **Breadth of experience.** We've been at this for more than 40 years, gaining insight into local and regional landscapes across the country, developing resources to respond to continuously emerging needs, and expanding the scope of services we offer, such as cost recovery program consultation.
- + **Trust, security, and peace of mind.** Our business is built on our relationships with clients, and we conduct our partnerships with integrity. We prioritize data security and compliance practices. *It is our goal to make you feel like our only client.*

Digitech Computer LLC is a privately held limited liability company. Since our inception in 1984, we have specialized in ambulance billing and currently process more than 5,500,000 ambulance claims annually for private, municipal, and hospital-based ambulance service providers in 33 states and the District of Columbia. Our contact information follows:

480 Bedford Road
Building 600, 2nd Floor
Chappaqua, NY 10514
Phone: (914) 741-1919
Email: sales@digitechcomputer.com



Your contact for this proposal is:



Scot Metcalf
Regional Sales Manager
Phone: (407) 242-8120
smetcalf@digitechcomputer.com

Your back up contact for this proposal is:



Darryl Hartung
Vice President, Client Relations
Phone: (954) 770-7997
dhartung@digitechcomputer.com

We thank you for the opportunity to bid on this contract and look forward to further communications with you. The undersigned further represents and warrants that this bid is a firm and irrevocable offer for a period of 180 days and that he has full and complete authority to submit this proposal to COFB on behalf of the bidder and enter into contract if this proposal is accepted. The signature represented is authorized to bind the offeror to contract with COFB.



Sincerely,



Mark Schiowitz
President & CEO

Partnering with Digitech means you'll work with real people who understand EMS and understand your agency. We're big enough to handle the largest clients, but small enough to know each one personally.

EXECUTIVE SUMMARY

Digitech is 100% dedicated to providing ambulance billing services of the highest quality. It's what we dedicate ourselves to every day. We state with confidence that we can fulfill your requirements and exceed your expectations by implementing our fully HIPAA-compliant, high-performance billing solution.

OUR MISSION

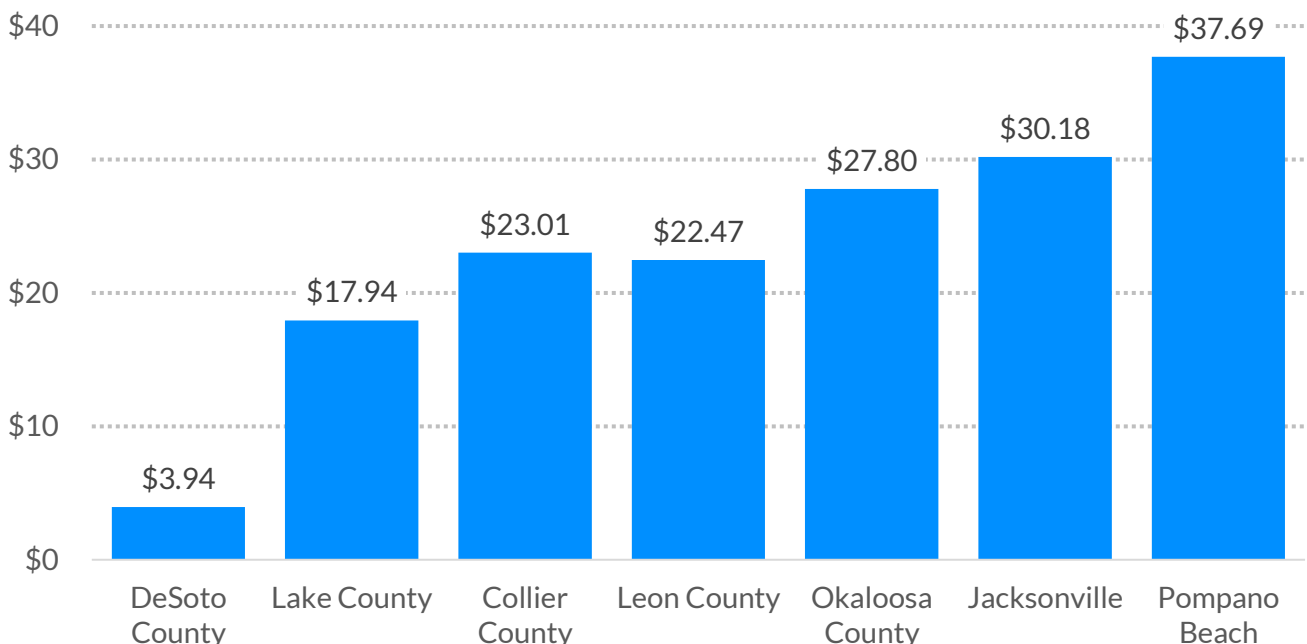
We admire the Fernandina Beach Fire Department's mission of commitment to providing the highest quality of public safety for the community through a well-equipped, highly trained, and motivated force of professional rescue personnel. We admire and share your values of professional excellence, integrity, communication, diversity and respect, health and safety, teamwork and leadership, community, and innovation.



Your EMS providers take risks every day. Our mission is to support your public servants by ensuring that your revenue stream keeps flowing. It is our responsibility to COFB to utilize all our resources to collect every dollar possible to maximize collections.

We developed our billing platform, Ambulance Commander, to maximize revenues, and it has allowed us to consistently increase collections over our clients' previous solution. (See our Billing Process section for more information.) This track record includes improvements in major services such as Dallas Fire-Rescue, Memphis Fire, Grady EMS in Atlanta, and Gwinnett County Fire and Emergency Services. In every instance Digitech was able to significantly increase collections in the first year. The chart below illustrates the improvements in collections per trip that we achieved for several Florida clients.

Cash per Trip Increases for Digitech Florida Clients



THE DIGITECH DIFFERENCE

Detailed below are the aspects of our business that make us unique, the reasons we succeed where others do not, why our clients provide quality references, and the source of our confidence that we will succeed with Fernandina.

- + **Advanced billing platform.** Digitech created and continually refines our award-winning proprietary billing software platform, Ambulance Commander. This technology will provide a new level of transparency into your data and result in performance improvements. For example, PCR Lens is a unique tool we developed for EMS providers that helps QI administrators see, measure, compare, and improve the quality of demographic and insurance data collection in the field.
- + **Proprietary technology.** Ownership of the Ambulance Commander platform has many benefits. Significantly, we can customize processes based on COFB's requirements. We are also able to provide all our clients 24/7 real-time access to the system.
- + **Comprehensive reporting.** Digitech's powerful and comprehensive reporting system provides flexibility, ease of use, real-time graphical data, transparency, and the ability to customize to meet any reporting or analysis need. Please see **Appendix A, Reporting Suite**, for an overview of the reports Digitech can supply.
- + **Active industry memberships.** Digitech participates in industry trade organizations, attends regional and national ambulance associations and conferences, and consults regularly with authorities on ambulance industry law. We continuously monitor industry trends and track updates to federal, state, and local rules and regulations to keep our clients informed.
- + **Commitment to serving the EMS community.** Digitech is committed to providing educational and actionable information to our clients and to the entire EMS community. We offer regular publications covering EMS topics, send regulatory updates, and host webinars and discussions about best practices. Digitech also sponsors major tradeshow and conferences, where we always make sure to connect with clients who are in attendance.
- + **Exceptional account management.** Our Account Managers will provide guidance and leadership to COFB throughout a comprehensive implementation period and beyond. They will help you leverage our innovative technology and dedicated staff of EMS billing experts. Our technology and our people work together to create a uniquely powerful system that puts a premium on compliance and customer service.
- + **Qualified staff.** Digitech's centralized, one-team, one-system approach offers a senior management group with hundreds of years of combined ambulance billing experience and an IT team whose only function is to develop, upgrade, and maintain Ambulance Commander. Many staff members are EMS experts, EMTs, former EMS directors, billing specialists, editors, and professional ambulance coders. Digitech's Quality Assurance team is made up of staff members who have backgrounds as EMTs, paramedics, nurses, or EMS billing professionals.

- + **Dedicated compliance program.** Digitech's compliance program incorporates many regulatory safeguards, including random daily and monthly claims audits, independent third-party audits, and an annual SOC 1 Type 2 audit. Each Medicare and Medicaid claim is reviewed and approved by our Quality Assurance specialists before being released to the carrier for payment.
- + **Established data security plan.** We offer a state-of-the-art IT framework that includes hosting, complete redundancy, and a fully implemented disaster recovery plan. Redundancy, a Tier 3 data center, mirrored databases, server virtualization, and a secondary data center make up the infrastructure that has yielded 99.999% uptime over the last five years. Our plans prepare assets required to recover from catastrophes quickly, so that COFB will not experience data loss or cash flow interruption.
- + **Cost recovery program support.** Digitech has a decade of deep experience assisting clients with the collection and collation of required data for cost recovery programs. We have partnered with clients of all shapes and sizes to handle every aspect of their supplemental payment programs. Our staff have been involved in the design and development of statewide initiatives to production of customized billing reports, the preparation of cost reports for dozens of clients, and the provision of comprehensive desk review and audit support. Those solutions have helped our clients optimize revenue while maintaining compliance with all federal and state regulations. We have supported supplemental payment programs for more than 100 clients in nearly a dozen states. Through that support, our clients have recovered more than \$700M in supplemental payments. In Florida, we have recovered more than \$213 million to date for our clients from the Public Emergency Medical Transport (PEMT) Reimbursement Program.
- + **GADCS Support.** Digitech has been prepared to support our clients through required data collection and reporting for the Medicare Ground Ambulance Data Reporting System since CMS announced the program. Early on, we released a dedicated utility that guides clients through step-by-step collection and collation of all costs related to Medicare transports that are stored in the Ambulance Commander system, reducing the burden on agency finance teams. As GADCS approaches the end of the reporting periods, we are actively preparing cost reports for any of our clients who need assistance. For clients and non-clients alike who want more support, we offer an end-to-end service to handle the entire process. We recently hosted a public forum in collaboration with Pinnacle and Fitch & Associates to walk agencies through the requirements of the program and help them get organized for successful completion and delivery of their Medicare cost report to CMS.

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1. QUALIFICATIONS/EXPERIENCE OF FIRM

Please attach the following evaluation information:

1.1 Legal form and ownership, firm name or Joint Venture, business address and office location, telephone numbers, Federal Identification Tax Number or Social Security Number.

Digitech LLC is a limited liability corporation governed by a board of directors. Majority ownership is held by Sarnova, the leading U.S. specialty distributor of healthcare products for the emergency preparedness and acute care markets.

Headquarters Address:

480 Bedford Road, Bldg. 600, 2nd floor

Chappaqua, NY 10514

Phone: (914) 741-1919

Fax: (914) 741-2818

Email: sales@digitechcomputer.com

Federal ID: 11-2693136

Website URL: digitechcomputer.com

Digitech also maintains office locations in Florida, including Miami Lakes and Tampa.

Present size of organization including the number of employees, nature of services offered and breakdown of staff by discipline.

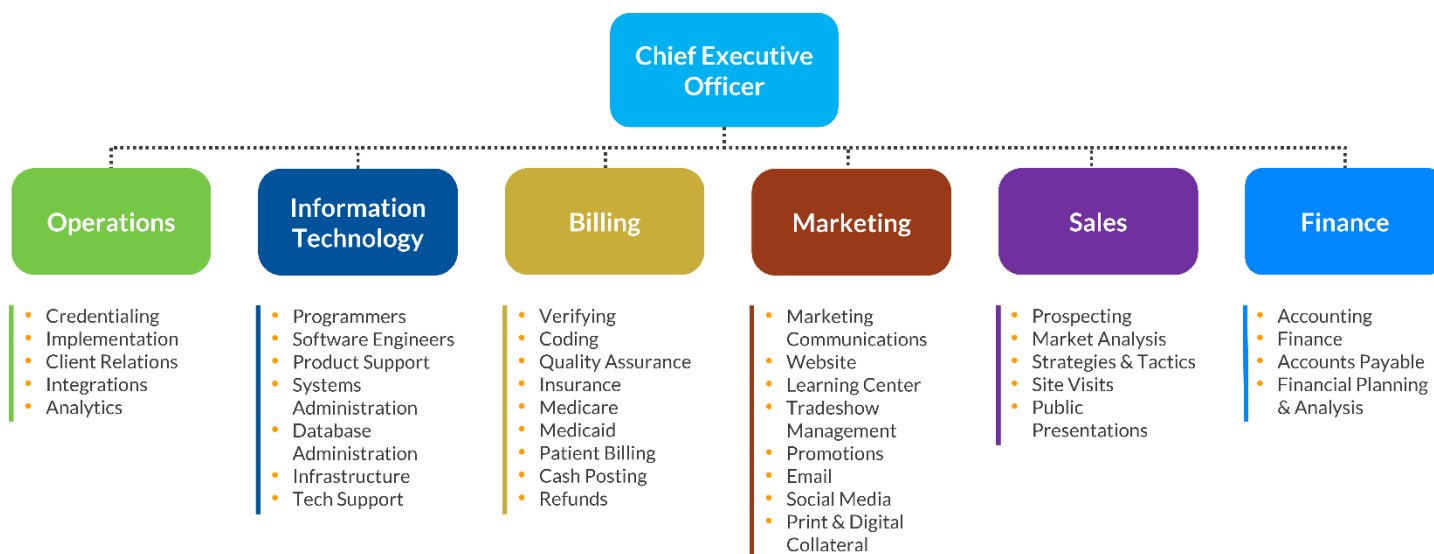
Digitech is a U.S.-based, nationwide EMS billing company with approximately 500 employees. With geographically dispersed offices and employees across the country, we provide stability and ensure no interruptions to claims processing. Our clients range from more than 600,000 transports annually to fewer than 200 calls per year. We cover the full range of clients between these two organizations and many agencies of your size and scope.

Digitech's mission is to support EMS providers by building and delivering EMS billing services that focus on compliance, reporting, and maximizing collections. We support our clients in upholding the health and safety of their communities through compassionate, timely emergency care. By managing and improving the revenue cycle for our clients, we allow emergency and non-emergency ambulance services to focus on what they do best: serving patients. We advise and support service provider teams, advocate for patients and providers, and vow to provide our clients with honest, trustworthy, and transparent support.

Digitech is 100% dedicated to the highly specialized niche of EMS billing and has been since our founder chose the medical transport market as our sole vertical in 1987. The following presents our corporate structure:

Organizational Chart

This chart depicts lines of responsibility in the organization



1.3 Provide the total number of professionals in your organization and the estimated number of professionals to be assigned to this project. Include the key persons to be assigned to the project including but, not limited to:

- Name and title
- Job assignment for this project
- Number of years with this firm
- Number of years with other firm providing similar services
- Experience and Education
- Active registrations, memberships or certifications
- Other experience and qualifications relevant to this project

Digitech has approximately 500 employees. Digitech will assign a Client Relations Manager to manage the account. Please see **Appendix B** for key personnel who will also support the account.

1.4 Provide a description and history of the firm focusing on previous governmental experience. The firm shall have at least five years of experience in Ambulance Billing and Collections with at least two years in government accounts billing and collections and provide evidence of such experience.

Digitech has been committed to providing solutions for the municipal marketplace for more than 40 years. Public sector entities make up most of our client base.

A BRIEF HISTORY OF DIGITECH



Digitech was started as a consulting firm specializing in software for business analytics. In 1987, founder and CEO Mark Schiowitz decided to focus Digitech on technology for the medical transportation market, an industry which he had learned in the family-owned ambulance company. Mark wrote the initial versions of Ambulance Commander, Digitech's proprietary ambulance billing and dispatch platform. Within a few years, much of the New York ambulance industry was using Ambulance Commander. Digitech successfully assisted over 70 companies to set up in-house billing departments. Several are still clients.

This early experience showed us that we could dramatically improve the billing and collections process for our clients, but we needed to invest in technology and leave behind the traditional software sales model. We began to offer a full third-party billing service that would handle all aspects of claims processing for clients. In 1994, Joyce Kerulo joined Digitech to build our billing services division, and she is now Chief Revenue Officer. Walt Pickett began his role at Digitech that year in customer service and programming, and he is now Chief Operating Officer.

Following our early success, we were contracted by several New York hospitals. In every case we showed increases in collections over the previous solution and soon built a reputation for maximized collections, cutting-edge technology, efficient processes, and in-depth reporting. We entered the municipal market by contracting with Burnsville Fire in MN, Orem Fire in UT, and several New York and New Jersey clients. We continued to show significant collections improvements and earned high praise for technology, process, and reporting capabilities that clients found revolutionary.

We continued to grow through partnerships with municipal clients like Memphis Fire, Baltimore City Fire, Gwinnett County Fire and Emergency Services in GA, Dallas Fire-Rescue, Grady Health System EMS in Atlanta, and Houston Fire Department. For Houston, we increased collections from \$28MM to \$68MM in our first year of service, and we introduced a new revenue stream through the Texas Ambulance Supplemental Payment Program that to date has contributed more than \$175M to the City's coffers. In Florida, we have recovered more than \$213 million to date for our clients from the Public Emergency Medical Transport Reimbursement Program.

Today our staff is made up of engineers, developers, EMS experts, EMTs, former EMS directors, billing specialists, and professional ambulance coders. To date, we have increased collections every time we have been contracted while maintaining an impeccable compliance record.



1.5 List at least five references, with a minimum of two from governmental entity experience. For which the firm has performed similar work including the contact name, address, telephone number and date of the contract.

The table below provides references for whom Digitech provides EMS billing services. We are confident their testimonies will support our success.

| Current Client | Contact Information | Scope of Contract | Start of Service |
|--|--|---|------------------|
| Davie Fire Department 6901 Orange Drive Davie, FL 33314 | Jorge Gonzalez Fire Chief (954) 797-1092 Cell: (954) 995-4994 jgonzalez@davie-fl.gov | Annual Transports: 7,100 EMS Billing Services ESO ePCR Integration | 09/2021 |
| City of Riviera Beach Fire Dept 1920 N. Blue Heron Blvd Riviera Beach FL 33404 | John M. Curd Fire Chief (561) 845-4104 jcurd@rivierabeach.org | Annual Transports: 5,700 EMS Billing Services Metro PCR ePCR Integration | 11/2004 |
| Walton County 752 Triple G Road Defuniak Springs, FL 32433 | Bruce Minette CFO (850) 468-0677 MBruce@waltonso.org | Annual Transports: 5,000 EMS Billing Services ESO ePCR Integration | 12/2021 |
| DeSoto County EMS 1985 SE Carlstrom Field Rd Arcadia, FL 34266 | Chad Jorgensen Fire Chief (863)993-4842 c.jorgensen@desotobocc.com | Annual Transports: 3,000 EMS Billing Services ImageTrend ePCR Integration | 06/2016 |
| Winter Garden Fire Rescue 1 East Cypress Street Winter Garden, FL 34787 | José P. Gainza, Jr. Fire Chief (407) 877-5175 ext. 2293 Cell: (407) 202-2419 jgainza@cwgdn.com | Annual Transports: 3,600 EMS Billing Services ESO ePCR Integration | 12/2021 |

1.6 Proposer must show proof of three (3) existing contracts with a minimum of 10,000 emergency 9-1-1 ambulance transports per year (please note this only includes 9-1-1 scene response and transports to medical facilities). Please provide the point of contact, address and phone number of whom the contracts are with.

Please see the below where we've provided three existing contracts with a minimum of 10,000 runs per year. Point of contact, address, and phone number are provided.

| Current Client | Contact Information | Scope of Contract | Start of Service |
|--|--|--|------------------|
| Collier County EMS 8075 Lely Cultural Parkway Naples, FL 34113-9005 | Cindy Long Supervisor (239) 252-3742 cindy.long@colliercountyfl.gov | Annual Transports: 30,100 EMS Billing Services ImageTrend ePCR integration | 10/2017 |
| Broward Sheriff's Office Fire Rescue 2601 West Broward Blvd. Fort Lauderdale, FL 33312 | Heath E. Clark Assistant Chief of Administrative Services (954) 831-8254 heathclark@sheriff.org | Annual Transports: 27,000 EMS Billing Services PEMT/MCO Services ESO ePCR Integration | 01/2003 |
| Pompano Beach Fire Rescue 120 SW 3rd Street Pompano Beach, FL 33060 | Mathew Whitton EMS Chief Office: (954) 786-4564 mathewwhitton@copbfl.com | Annual Transports: 15,500 EMS Billing Services Fire Inspection Billing Services | 01/1994 |

1.7 Proposer must have operational billing software that has a capability to interface with an Electronic Patient Care Reporting Software (ePCR).

We have extensive experience with the integration of third-party software systems which can include ePCR, dispatch systems, bank lockbox accounts for timely payment, receiving hospital patient systems, etc. These critical integrations allow for the seamless transmission of data and are supported 24/7 by our in-house team of programmers and systems engineers.

Digitech's Ambulance Commander is fully integrated with your ePCR system, ESO. We have built, tested, certified, and deployed many times over what is now our standard ESO ePCR interface. The approach used by our teams for customization, installation, and training has been tested and proven extensively. We are confident of our ability to provide seamless integration. Digitech is a platinum partner of ESO, and we process 1.5 million claims annually through ESO.

Digitech is a platinum partner of ESO, processing 1.5 million ESO claims per year



1.8 Proposer should have a current SAS 70 Certification. Which is an independent service auditor's report on controls placed in operations.

SSAE 18 (SOC 1 TYPE 2) AUDIT



Digitech uses Withum (formerly WithumSmith+Brown) to perform an in-depth audit on the controls and related processes we use to manage financial reporting. The results of our SSAE 18 (SOC 1 Type 2) audits, as well as the previous types of audits that the SSAE 18 replaced, have all been favorable. Withum has confirmed that Digitech meets the recognized national standards for safeguards for hosting or processing our clients' data.

We have included as **Attachment 1** a letter from Withum confirming the scope and results of our most recent SSAE 18 audit. This letter also points out that "AICPA standards restrict the distribution and use of the report to Digitech and user entities (customers) and the independent auditors of such user entities of Digitech's services." We would be happy to share our complete audit results with you confidentially at shortlist if it is required and if we are favored with an invitation for further consideration.



1.9 Provide a list of all litigation within the last 10 years involving Proposer related to services similar to those that are the subject of this RFP. Include a brief statement of the issues and the resolution of the litigation, if applicable.

As of 11/8/24, no lawsuits related to services similar to those that are the subject of this RFP are in effect.

2. PROJECT TECHNICAL APPROACH

Please attach the following evaluation information

2.1 The Proposer must describe how they will approach the design of this project and outline the specific services that it intends to provide to the COFB. Confirm the firm's agreement to meet the minimum requirements of this request for proposal.

Digitech confirms that we are able to meet the minimum requirements of this request for proposal.

We point in particular to:

- + Item 2.6, which details our billing process and technology
- + 2.12, which outlines training
- + 2.13, which shows our implementation approach, and
- + 2.15, showing the team that will carry out your services.

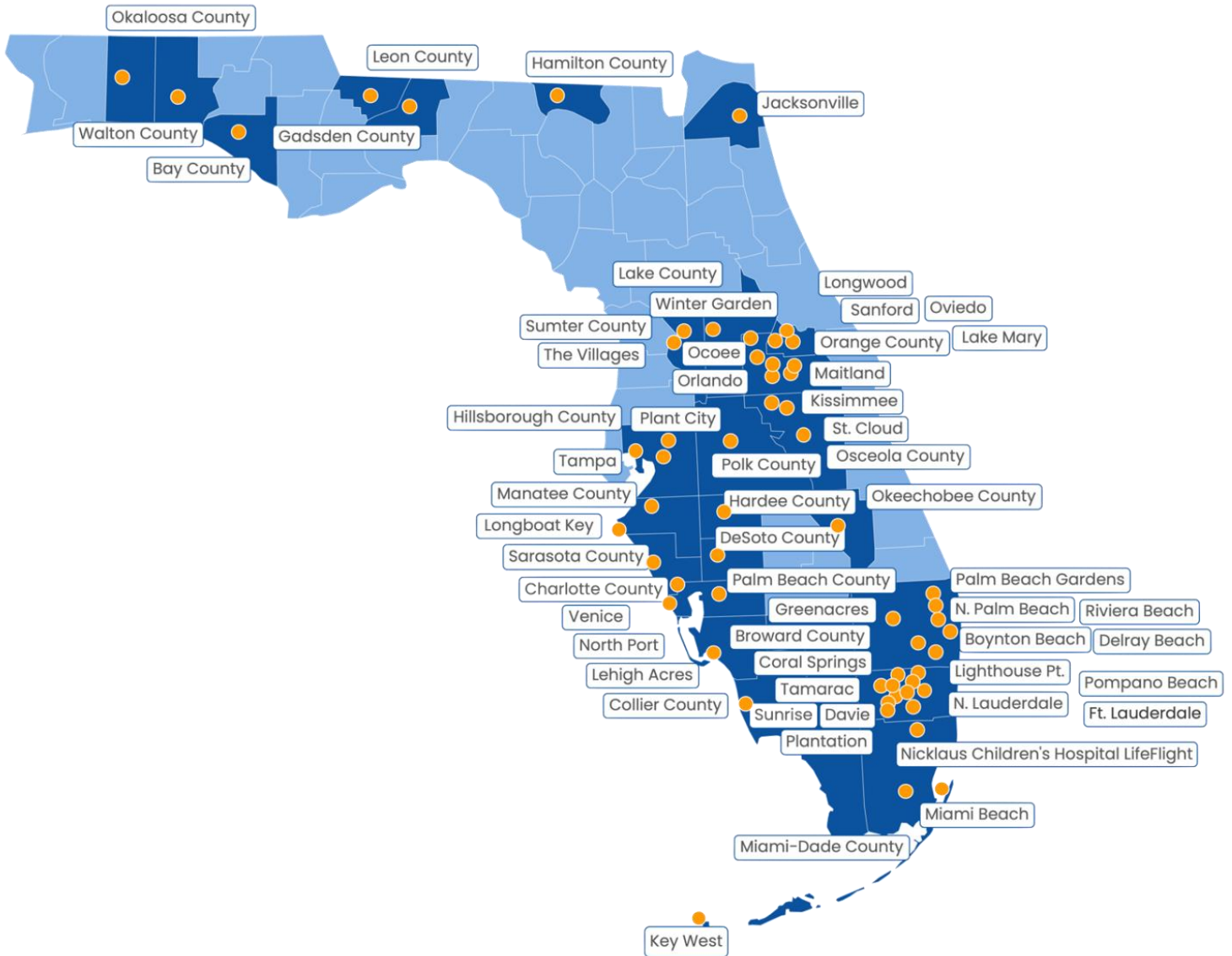
2.2 Discuss the extent of knowledge of Medicare, Florida Medicaid, and private insurance policies and procedures as related to patient billing, reimbursement, assignment of claims, itemized claims processing, duplicate payment processing and account refunds.

Digitech has a strong history with Florida clients, and we believe our story makes Digitech the most successful billing partner in the state. Our experience will translate to similar outstanding results for COFB.

The map on the following page shows our current clients in Florida.

This unrivaled Florida experience provides significant advantages to Fernandina Beach, including:

- + 50+ Florida agencies where we handle transport billing services gives us a powerful voice for advocacy both in the industry and on a legislative level.
- + Established long-term hospital relationships across Florida allow Digitech to locate more comprehensive insurance information on Fernandina Beach's transported patients, resulting in increased collections.
- + Extensive experience with specific Florida payers with unique processing requirements allows us the ability to resolve payer issues more timely for our 50+ Florida clients.
- + Our Florida commitment is evident with three office locations in the state – Tampa, Miami Lakes, and Fort Lauderdale – and we employ a number of Florida residents.



Digitech's Clients in Florida

We look forward to working in the State of Florida through a relationship with COFB.

FERNANDINA AND DIGITECH PARTNERSHIP

By partnering with Digitech, you will receive the highest quality EMS billing service centered on innovative technology, responsive customer support, real-time reporting, and integration expertise. We take a long-term consultative approach to ambulance billing projects. Our experience has shown us that every client is different and needs a unique combination of services. Customizing our approach is always beneficial.

ONGOING CONSULTATION

As part of our consultative style, we consider it our responsibility to keep you up to date on important changes to regulations in the EMS industry in Florida and across the country. We integrate compliance within all our business activities and will serve as informed advisors for COFB officials through our:

- + Active membership in industry trade organizations
- + Participation in regional and national ambulance associations and conferences
- + Consultation with authorities on ambulance industry law
- + Continuous monitoring of industry trends, regulatory changes, and updates to federal, state, and local rules and regulations
- + Observation of industry best practices

You will receive ongoing consultation related to all aspects of billing and collections for ambulance service. We consider it our responsibility to stay informed and guide you in any new and revised interpretations of relevant laws and policies. We watch closely any developments in the changing landscape of Medicare and Medicaid reimbursements that may affect your collections, and we will keep you informed of any changes to processes or policies.

Through our partnership, you will be provided with a deep pool of resources and experience to be called upon however you need. These resources include our innovative technology offerings as well as our dedicated staff of EMS billing experts. Our technology and our people work together to create a powerful system.

2.3 Describe how the organizational structure will ensure orderly communications, distribution of information, effective coordination of activities and accountability.

The Digitech Client Relations Department is solely tasked with building long-term relationships with our clients through dedicated account management processes. To ensure excellent communication with COFB staff, our Client Relations team acts as the primary point of contact on all matters.

Besides talking to appropriate COFB staff on a regular basis throughout the week, we'll have a formal monthly status call to ensure we stay on a regular cadence and to discuss any new or outstanding items. This communication strategy allows for the regular exchange of information and allows for frequent feedback in the pursuit of providing the best services possible.

Ongoing consultation related to all aspects of billing and collections for ambulance charges will be provided to COFB throughout the course of the contract.

We will also schedule periodic management business review sessions to discuss trends and changes both related to COFB's EMS program along with what is going on industry wide. We typically include benchmark data on fee schedules as well as changes in requirements related to Federal, State, and Commercial payers.

2.4 Describe how the team will implement control systems for time, budget and quality for this project.

Pedestal is the tool we built in-house to guide our implementation process. Our Account Managers use Pedestal to generate checklists and implementation plans and to carefully detail and track all tasks along the way. When a task requires client participation, Pedestal keeps all stakeholders informed about any activity associated with that task, from start to finish.




2.5 Disclose any relevant information that the organization believes demonstrates its qualifications for the project and/or distinguishes the organization's proposal from other proposals.

Our proposal offers a comprehensive overview of the services we offer, our qualifications, and what distinguishes Digitech from other proposals. Here we present a bit more detail about our client focus.

What do our clients and patients need? That's our foremost priority when we're developing new technology and processes. We offer a variety of solutions and tools that will empower COFB personnel and your patients to achieve your goals throughout the entire revenue cycle.


DOCUMENT MANAGEMENT SOLUTION - SECUREDOKS

SecureDocs  SecureDocs is Digitech's document storage and management solution that will bring efficiency to our partnership. Together, we use SecureDocs to easily store, organize, and retrieve documents related to your transports and claims. This includes letters, legal materials, or any other important documentation.

SecureDocs replaces paper filing systems by providing one-click access to documentation. Using Optical Character Recognition and barcode recognition technologies, SecureDocs offers full text search capability for all scanned images, simplifying the process of locating, viewing, printing, or emailing important documentation. It's safe and compliant, meeting all HIPAA standards and secured by 256-bit Secure Socket Layer encoding and barcode technologies. All images are stored and backed up on servers maintained by Digitech.



KPI MONITORING SOLUTION - SENTINEL

Sentinel  Sentinel is Ambulance Commander's automated account watchdog. The solution provides continuous monitoring of your service's key performance indicators. These parameters, which you will work with Digitech Account Managers to define, will be unique to your organization, incorporating standard operating procedures and normal industry standards.

Sentinel monitors workflow and sends alerts when the defined parameters aren't met. Digitech and COFB teams then work together to resolve the issue. Sentinel produces a series of charts which we use daily and in our monthly Sentinel meetings to identify any processing aberrations.

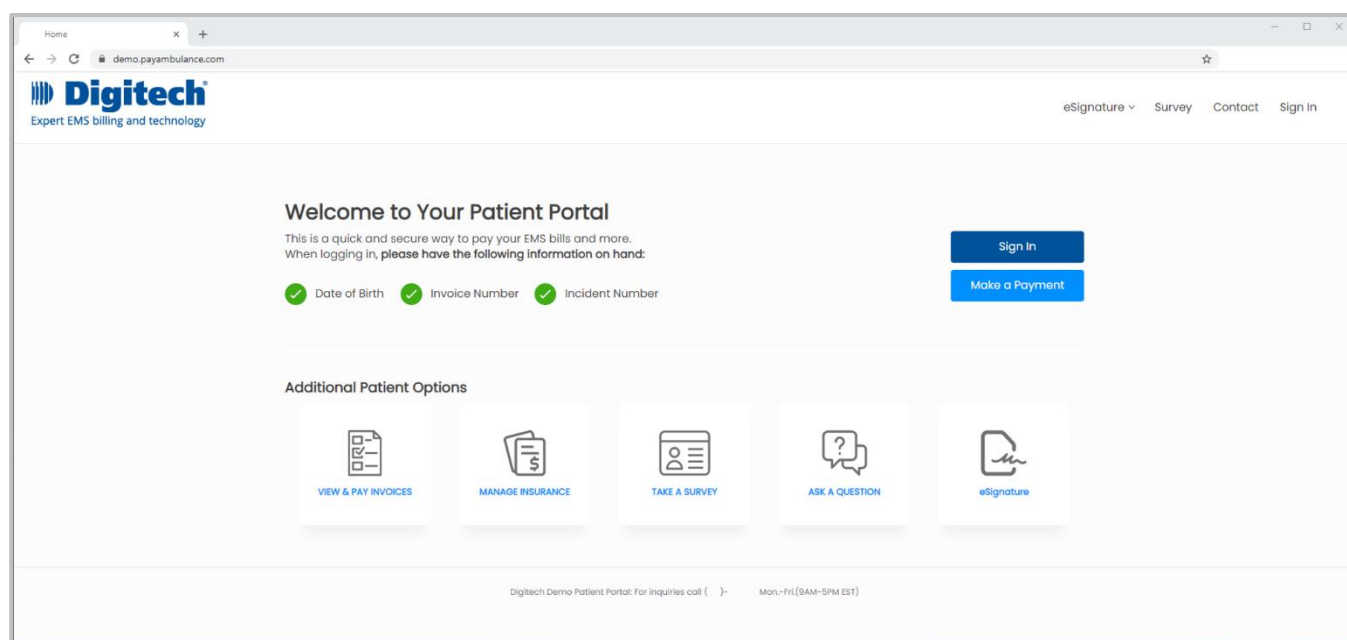


PATIENT ACCOUNT ACCESS SOLUTION - PORTAL

Portal offers your patients secure and convenient online access to their accounts. Through Portal, patients can update their demographic information, provide insurance information, and review the status of their accounts.

Portal also offers a self-service payment interface for patients to make credit and debit card payments.

Transactions processed through Portal are handled in compliance with Payment Card Industry Data Security Standard regulations.



Digitech's Patient Portal

CMS COST DATA COLLECTION INSTRUMENT

Our CMS Cost Data Collection Instrument was designed for our clients to reduce the burden of required cost reporting as part of the Medicare Ground Ambulance Data Collection System.

When the Center for Medicare and Medicaid Services (CMS) announced the program in 2018, Digitech realized that this would impose significant reporting requirements on our clients. Even before the first-year participants were announced, we began to develop a series of specialized reporting components that would ease that burden and streamline the process of aggregating and collating the required financial and operational data and reporting it to CMS. The result is a specialized, proprietary module that is available only through Digitech's software and is exclusive to Digitech clients, placing them at a distinct advantage over other program participants in the amount of time and resources necessary to successfully complete the cost data reporting requirements.

As with all regulatory changes, we keep our finger on the pulse of CMS Data Collection developments and pass the insights along to our clients. For example, we recently co-hosted a workshop with American Ambulance Association, exclusively for our clients, that provided actionable information about program and a Q&A with experienced AAA faculty.

AWARD-WINNING SYMPTOM MAP

Digitech's Symptom Map is an interactive heat map that allows EMS agencies to geospatially track call locations and responding crews. Symptom Map users can track any diagnosis code or provider impression, map the concentration of EMS responses to specific symptoms, and drill into individual claims to see all account details, including the complete patient care report.

The development of Digitech's Symptom Map was driven by the COVID-19 crisis. In early March 2020, it became clear that COVID-19 was going to have a significant impact on EMS operations everywhere, and Digitech drew upon its history of rapidly delivering solutions in response to evolving needs. A client approached Mitch Holder and Digitech's Analytics team with a request to help them understand how and where the virus was spreading within their constituency. Working together with senior developer Garrett Anger, the team delivered a prototype of the heatmap within a few short days. With just a few refinements, the solution was made available to all clients before the end of March 2020, just two weeks after COVID-19 was declared a Public Health Emergency. Digitech's Symptom Map was a winner of Digitech's second EMS World Innovations Award.



2.6 The Proposer must describe how it will manage the EMS accounts receivable for the FBFD. At a minimum, the Proposer should describe its policies, procedures and time frames between actions (if applicable) for the following activities:

- a) Receipt of ePCR and related information from the FBFD
- b) Verification of ePCR and related information
- c) Validation of patient's insurance status
- d) HCPCS and ICD-9 (10) coding procedures
- e) Data entry
- f) Claims processing
- g) Invoice and statement generation
- h) Claims submission
- i) Payment posting
- j) Account follow-up, including Medicare and Medicaid claims
- k) Appeal processing
- l) Co-insurance and supplemental insurance processing
- m) Private pay account processing and follow-up
- n) Establishment of payment plans

2.7 Process used to identify:

- a) Accounts for write-offs

- b) Financial hardship adjustments
- c) Accounts to be turned over to collections agency
- d) Process for identifying and effectuating refunds and credit balances

Our comprehensive billing process, powered by our proprietary software, Ambulance Commander, covers the requirements here in items 2.6 and 2.7.

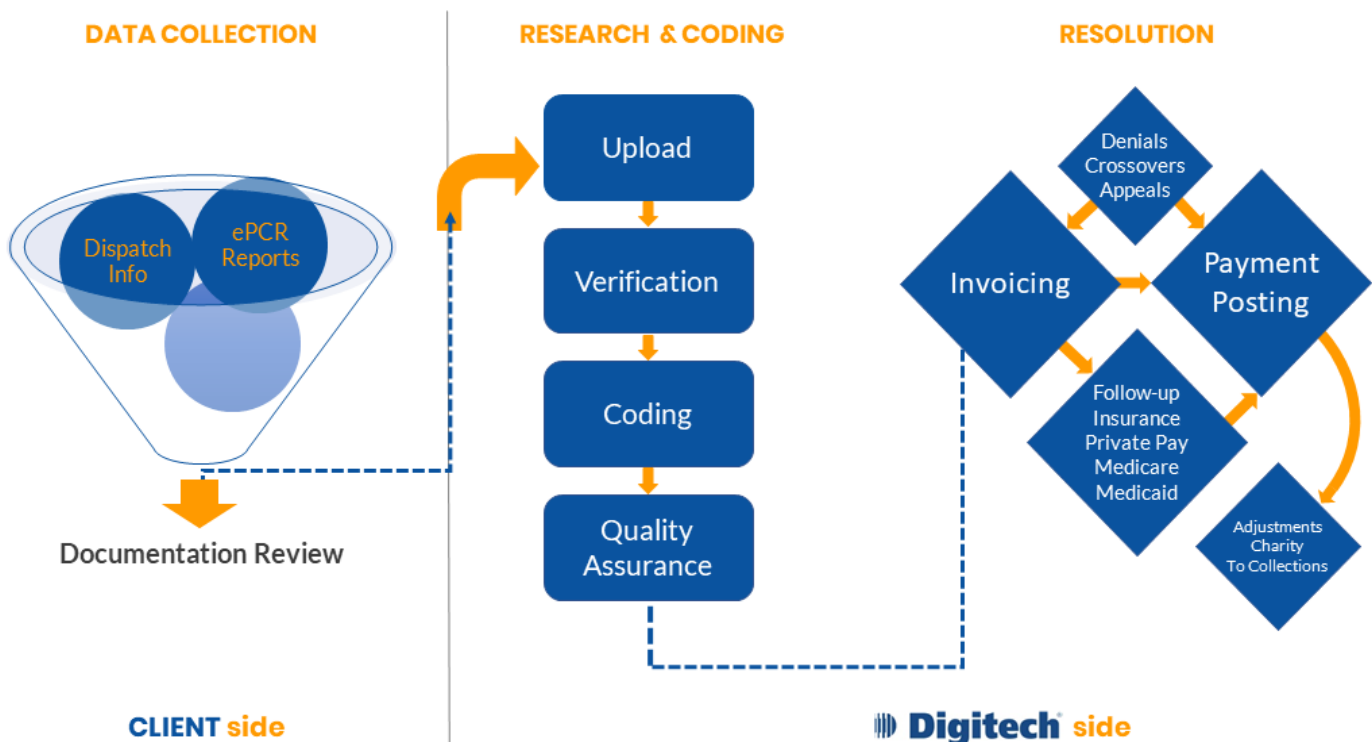
BILLING PROCESS

Digitech achieves exceptional results for every client, every time. This is true whether the service is large or small, converting from billing in-house, or using a third-party billing service. According to our clients, they see improvements in level of service, technology, and reporting capabilities. This is not by accident – it's by design. Our business model merges advanced technology solutions with a highly experienced and knowledgeable team that manages every detail of each account.

Digitech's process for creating and billing claims can be broken down into three stages:

- + Data Collection
- + Research and Coding
- + Resolution

The diagram on the next page provides a visual representation of these steps, which we explain in more detail in the following sections.



DATA COLLECTION

The first stage of our billing process occurs primarily on your side, from dispatch of the transport to the creation of the patient care record in the ESO ePCR application. We require minimal assistance from you to perform billing services on your behalf. What we do require is within the scope of normal provision of EMS billing services:

- + Data collection, enhanced by the PCR Lens solution we offer you to monitor the quality and quantity of the patient demographics and billable information that your medics collect in the field.
- + Reasonably accurate PCRs with narrative descriptions of treatments provided and drugs administered, delivered in a timely fashion.
- + Review by your Quality Assurance team to ensure that run records are complete and clinically accurate before marking them as “Ready to Bill” and preparing them for transfer to Digitech. This step is not required, but we highly recommend it.

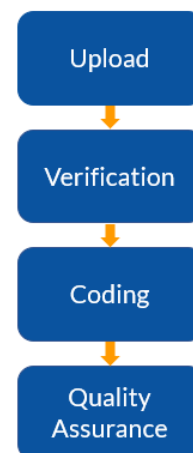


RESEARCH & CODING

In this phase, our Ambulance Commander interface obtains your billing and dispatch information from the ESO’s servers once it is ready to bill, usually after a review by your QA personnel.

Digitech will provide training to your medics to support the creation of compliant PCRs with narratives that accurately document all treatments provided and support their medical necessity. In addition, we offer PCR Lens, a unique tool to help your providers see, measure, and improve the quality of demographic and insurance data collection in the field.

Once Digitech pulls the billing and dispatch information from the ePCR host servers, the next stage of the process begins.



DATA UPLOAD

Pre-hospital Patient Care Reports and all associated transport data are uploaded into Digitech’s system via Secure File Transfer Protocol. This process is typically completed within two to three hours each morning via an import routine written by Digitech for specific ePCR systems.

Our routines are unique in that we import *all* the information from the PCR system.

Digitech has import routines for every major ePCR system on the market. Our routines are unique in that we import all the information from the PCR system, not just the information required for billing. This greatly increases our ability to provide reporting and analytics that directly relate your finances to your patient care. Incident numbers, transport numbers, and individual record numbers (when multiple vehicles respond to the same incident) are all recorded and associated with the claim number we assign.

On a regular basis, we perform a reconciliation to make sure that all patient care records have been imported into Ambulance Commander, our billing platform. This process, along with your own reconciliation process of matching an ePCR to each run, ensures that all billable transports dispatched have been transferred.

Once the PCR data has been reconciled, our billers can see all critical transport data, including the dispatch data, the crew data, the unit data, and so on. They can also see the PCR itself which contains the details of the patient assessment, the treatments and interventions provided, and the narrative entered by the responding medic. With this information, they begin the next step in the billing process – Verification.

We reconcile all transport records to PCRs. You will never lose a claim.

VERIFICATION

We define verification as the process of finding missing billing and demographic information and confirming the accuracy of the current data. Our verifiers do the following:

- + Access multiple public and private databases to locate missing patient information.
- + Contact patients by phone to get insurance information when necessary.
- + Contact admitting hospitals to get patient information that we then use to find insurance information with our demographic search tools. When possible, we build electronic bridges to hospitals and directly query databases or transfer patient demographic and insurance data.
- + Use clearinghouses to find or verify insurance and demographic information.
- + Provide invoicing forms with a simple insurance information section and return envelope, which makes it easy for patients to return demographic and insurance information to Digitech by mail.
- + Provide web portals for each client where patients can check the status of their accounts, make payments, update demographic profiles, provide signatures, and input insurance information.

USING PUBLIC AND PRIVATE DATABASES

Digitech uses our proprietary Sleuth search solution to connect to multiple large databases. Its search algorithms use any available data to locate additional demographic information. Our goal is to find the patient's social security number, which we then submit to other databases to find insurance information.

USING CLEARINGHOUSES

Using the demographic information available, verifiers use our automated tools to search large clearinghouse databases to find or verify available insurance information and determine eligibility. This process also allows us to identify secondary insurance that field personnel will almost never obtain, and that even the receiving hospitals may not be able to provide. We validate Medicare, Medicaid, and all insurances daily for all the claims that we receive.

In addition to verification of insurance information on file, we validate patient insurance status by feeding the verified social security number into our insurance polling system which queries insurance companies in search of a policy number associated with that social security number. Digitech uses Experian and other such databases for this process. We typically complete this validation of patient insurance status in a matter of hours on the same day the trip information was downloaded.

The key to effective automation is knowing when NOT to automate. Digitech's coding process is not automated. Our coders review every claim after reading the entire PCR to determine the correct level of service and proper coding.

CODING

Coding is the intensive process by which we review each claim manually and determine level of service, medical necessity compliance, signature compliance, and mileage. As part of the coding process, Digitech's coders review the content of the ePCR, evaluate the narrative, decide whether the claim is billable, and if so, how the claim should be billed. It's important to get it right.

Once the coding process is complete, claims are procedure coded and scheduled for invoicing. Any accompanying paperwork is verified and attached to the claim using Digitech's SecureDocs document imaging interface. We typically complete coding for all claims within 24 business hours of receipt of ePCR data.

RESOLVING MISSING INFORMATION AND DISCREPANCIES

When required for Medicare and Medicaid claims, Digitech contacts patients to obtain signatures. If we have exhausted all possible avenues of recovering missing information, our coders compile a list of claims that cannot be coded and therefore cannot be submitted, such as claims that are missing clinical information, trip origin or destination, or other critical transport details. Typically, this list represents a very small portion of the claims we receive. We will notify your team of these discrepancies within 48 business hours of receipt of ePCR data. We will ask your representatives to review and supply us with the requested information if possible, and we will update each claim accordingly.

Ambulance Commander provides an audit trail of every action undertaken, so each time a claim is touched in any way, the system creates a time-stamped record. Digitech will report all open issues for the month to you. Most issues are resolved prior to closing the month's transactions.

QUALITY ASSURANCE – THE HUMAN ELEMENT

Digitech's Quality Assurance (QA) team is made up of experienced staff members, all of whom have backgrounds as EMTs, paramedics, nurses, or EMS billing professionals. The QA staff manually reviews 100% of Medicare, Medicaid, and Railroad claims. All Medicare claims are checked for medical necessity, mileage, and signatures. All Medicaid claims are similarly verified for medical necessity.

Our QA department frequently works directly with clients to ensure that they are trained in filling out paperwork with as much accuracy as possible. If QA finds that the paperwork conflicts with the level of service listed in the claim, or if the narrative is not sufficiently informative, they reach out for more information. This could involve contacting the care facility or the patient for clarification.

RESOLUTION

Resolution of claims involves invoicing, posting, and short-pay follow-up. There is a circular dynamic between these steps, as the remittance processing phase often results in claims returning to invoicing for re-billing to secondary and tertiary payers, for denied claims to be corrected and resubmitted, for appeals processing, or for balances to be invoiced directly to patients.

In more detail, the processing layer includes the following:

INVOICING CLAIMS

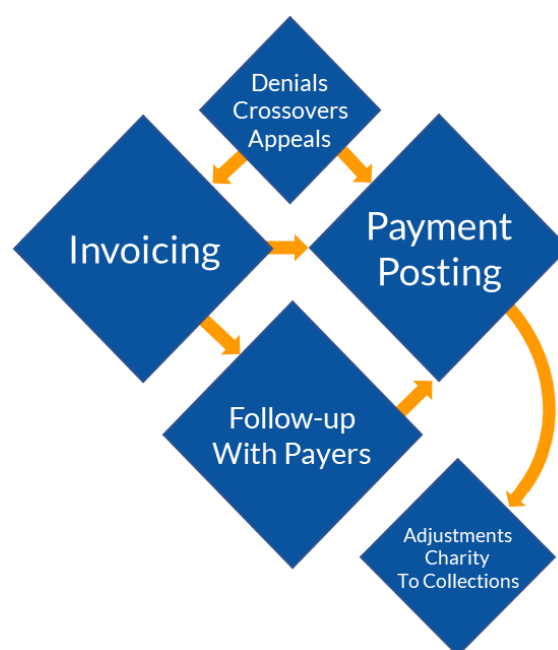
Approximately 97% of the compliant claims completed by our clients make it through a Data Upload, Verification, and Coding processes so that they are invoiced within 48 business hours of being received. On average, 95% of all available revenue will be collected in the first 90 days.

INVOICING COMMERCIAL CARRIERS

This step includes submitting electronic files to carriers that accept them or sending paper claims to those who do not. Where possible, Digitech files directly with the carrier, but alternatively will file claims using intermediaries and clearinghouses. We prefer direct billing as it speeds the process, and faster processing typically results in better collections. When the commercial carrier does not pay in full, Digitech will appeal the claim. Our automated Appeal-IT system sends appeals to carriers within 24 hours of a short-paid claim being posted. We follow up on all commercial claims on a regular basis (typically every 20 days) until they are resolved.

INVOICING MEDICARE OR MEDICAID

Digitech is focused on compliance. Depending on applicable laws and regulations, before sending claims to Medicare or Medicaid we will verify that the:



- + Level of service is correct
- + Correct modifiers have been applied
- + Signatures have been obtained
- + Supporting Physician Certification Statements for non-emergency transports are attached
- + Medical necessity of the transport is correctly documented
- + Mileage is correct

Digitech will file directly and electronically with both Medicare and Medicaid.

PATIENT INVOICING – THREE INVOICE CYCLE

Our patient invoicing typically follows a three-invoice cycle. We use mailers specially designed to make it easy for patients to return valid insurance information. Our patient invoicing process is as follows:

- + Once we have exhausted all efforts to locate and verify insurance coverage for a patient, an initial invoice is sent, usually within 48 hours of our receipt of the ePCR data.
- + A statement of account is generated and mailed to the patient's responsible party 30 calendar days after the original invoice and followed up with a phone call.
- + When a patient account is not paid after 60 days, Digitech sends a pre-collection notice in accordance with mutually agreed policies and again follows up with a telephone call.
- + Patient accounts that remain unpaid after 120 calendar days are sent to collections or adjusted in accordance with your policies.

We employ a positive customer service approach in dealing with overdue accounts and do not engage in any form of debtor harassment, improper language, or unreasonable conduct at any point.



The new system provides for greater teamwork with the capabilities to enter the information obtained into the patient's chart.

ANONYMOUS
Jacksonville Fire and Rescue Department, FL

REMITTANCE PROCESSING

Remittances are received and processed through a bank lockbox¹. A lockbox facilitates the payment process in the following ways:

- + All payments will be immediately credited to your account. Digitech will never have control over your cash.
- + All payments will be immediately credited to the patient's account.
- + The bank will image all documentation so that both parties can view payment details at any time.
- + The lockbox simplifies the process of reconciling deposits. Once a payment is received, often in the form of an Explanation of Benefits, funds are immediately posted to your account. Cash is reconciled every day. We never have unapplied accounts.



The City of Houston was profoundly pleased to discover that Digitech does not carry an unapplied funds account. We rest easy knowing that every dollar is correctly allocated.

LATOYA JASPER

Former Deputy Assistant Director, Finance
City of Houston, TX

PREFERRED METHOD FOR CREDIT CARD PROCESSING

Our preferred payment method for credit card payments is to connect our payment portal to the clients' credit card merchant processor. Patients access their account information through our secure and convenient online interface. Through our portal, patients can provide insurance or demographic information and review the status of their account. Credit and debit card payments, including payments via health saving account and flexible savings cards, can also be made through Portal's 256-bit SSL self-service payment interface. All credit card transactions processed for you will be handled in compliance with Payment Card Industry Data Security Standard regulations.

*Patient card
transactions are
PCI DSS compliant*



¹ Digitech requires the establishment of a bank lockbox to receive and process payments. Fees for the lockbox will be covered in our comprehensive price.

Patient invoices also provide a mailing address for those clients who wish to pay by check.

PAYMENT VIA PAPER CHECK

- + Paper checks are received in a PDF format with the scanned check followed by the EOB.
- + Each paid claim is pulled into Digitech's general posting function using the invoice number included with the payment.
- + The payment is posted by procedure code for insurance.
- + If the insurance carrier provides 835 Electronic Remittance Advice files, the payment is posted using the 835.
- + If there is no 835-remittance available, the payment is posted in general posting.
- + Any remaining balance after receipt of payment from insurance providers will be appealed or crossed over to the next payer, depending on the contract the City may have with the payer or the specific type of insurance plan.

PAYMENT VIA ELECTRONIC FUNDS TRANSFER

- + Electronic funds transfer payments are sent to Digitech by the client or made available to us via login to your lockbox.
- + All electronic funds transfer payments are posted via 835 ERA files.
- + Each deposit date is balanced using a spreadsheet listing out the totals for the lockbox deposit and each carrier that pays via electronic funds transfer.
- + Any amount that is not posted by Digitech is shown on the remittance spreadsheet as Non-Digitech Cash.
- + Each day's report will show total amounts for both Digitech and Non-Digitech payments arranged by payment source (lockbox or electronic funds transfer).

PARTIALLY PAID CLAIMS AND DENIALS

If the claim is partially paid, one of the following will occur:

- + The claim will be crossed over to the next payer if the original payer paid all that was legally due.
- + The balance will be transferred to the patient if no additional insurance is available.

Only a tiny percentage of claims we submit are denied because our platform traps claims for correction before they are submitted, speeding the collection process. The small number of denied claims will be corrected and re-invoiced. If they are paid, no action is required. If the claims are denied, we begin the appeal process:

- + We request additional documentation from the receiving hospital when applicable.
- + Occasionally we will contact a family member to provide documentation to support the claim.

We then file the first level appeal. If there is a favorable decision, then no further action is needed. If we receive an unfavorable decision, and we have cause, we appeal to the second level. For Medicare, the second level appeal is handled by a Qualified Independent Contractor.

If we receive a favorable decision, no further action is required. If we receive an unfavorable decision, our usual practice is to file an appeal to the Administrative Law Judge where applicable.

At times, the claim (or a portion of the claim) is not paid, and we are reasonably sure it will never be paid. In those situations, claims will be sent to collections or adjusted according to your protocols.

REFUNDS AND OVERPAYMENTS

Digitech's established method of processing refunds is as follows:

1. We submit a refund request to the client.
2. The client writes the refund check and notifies Digitech.
3. Digitech makes the financial adjustment to the account.

PATIENT INVOICING CUSTOMER SERVICE

When we're dealing with your patients, we want to speak to them as you would. All Digitech staff who interact with patients are comprehensively trained in best practices guided by HIPAA; OIG Waste, Fraud, and Abuse rules; the HITECH Breach Notification rules; Red Flag Identity Theft rules; local, state, and federal laws and regulations; and compassionate care principles for patient privacy and patient rights.

Our calling campaigns include provisions for patients to set up payment plans or carry out charity plans as defined by your agency.

INVOICE FORMAT

All notices, invoices, and letters will be delivered in a format you approve and in compliance with the provisions of the Fair Debt Collection Act and all other applicable laws and regulations.

WE APPEAL ALL SHORT-PAY CLAIMS

Digitech does not leave your money on the table. Here again, we use the power of automation to manage denials, appeals, and short-paid claims. Appeal-IT, another distinguishing automated feature of Ambulance Commander, systematically appeals the short-paid claim until we have successfully recovered the complete balance. Where a manual appeal process may become expensive and tiresome, our automated process is both affordable and unrelenting.

RECEIVING AND PROCESSING PATIENT RECORD REQUESTS

Digitech uses ChartSwap as a repository for attorneys to request invoices, medical records, etc. for the clients they represent. The attorney's request typically consists of a letter detailing the nature of their request and a HIPAA form signed by the patient. After Digitech reviews the request, the attorney will be charged a fee based on the number of pages to be included in the document. The fee is inclusive of searching, handling, copying, and mailing costs.

SEGREGATION OF DUTIES

Digitech is committed to maintaining security. To ensure that you are protected from loss, the same individual on Digitech's staff will not be able to enter billing information, adjust billings, post payments, or deposit funds.

SPEED OF PROCESSING IMPACTS COLLECTIONS

Our experience has shown that getting invoices out within a day or two of receipt of PCR data positively affects the outcome of the collections process, not only by avoiding timely filing issues, but also by enabling the follow-up on denials, partial payments, short-pay claims, and appeals to begin that much sooner.

Typically, within one business day of receipt of transport data, Digitech billing personnel begin all automated batch claim processing tasks including:

- + Electronic invoicing and filing
- + Paper invoicing, printing, and mailing when appropriate
- + Self-pay invoicing
- + Facility invoicing (if applicable)

Faster processing speed typically results in better collections. That's why we submit 98% of compliant claims within 24 hours.

FINAL CLAIM RESOLUTION PROCESS

During onboarding, we will work together to understand your requirements so that we can customize our final claim resolution process for you. Generally, claims that go through the process and remain unpaid either go to collections or are adjusted according to the contract requirements. These amounts include:

- + Adjustments
- + Charity programs
- + Discounts
- + Claims sent to collections or written off in accordance with your policy

When we have not been able to make any contact or retrieve any kind of insurance information for a patient, Digitech will adjust claims according to your policies. We will prepare and transmit a file containing the claim data to your designated debt collection agency in a format and on a schedule determined jointly between Digitech, the collections agency, and Ferdinanda Beach. Digitech has experience with collection agencies across the nation and while we prefer to keep our relationships with collection services at arm's length to avoid any appearance of conflict of interest, we would be happy to recommend services that we have found to be reputable.

FINAL ACCURACY CHECKS

Permeating every aspect of Digitech's billing process is a series of Quality Assurance and Auditing functions that ensure all other processes, either manual or automated, deliver proper and accurate results.

In addition to automated functions that examine every link in the chain to verify that claims or data are not falling through the cracks, getting misdirected, or remaining unprocessed for any reason, we employ a team of QA personnel whose sole job is to check batches of claims manually every day to verify that both systems and people are processing all data with the high level of accuracy that we demand.

Further oversight and analysis of our automated processes includes continuous random claim auditing by our quality assurance department; a monthly Financial Reporting Review done by our dedicated client account managers before monthly reports are sent out; biennial audits conducted by one of the premier firms serving the EMS marketplace; and an annual SOC 1 audit conducted by Withum, one of the nation's most respected accounting firms. Our final accuracy check is our cash posting process, which enables our specially trained cash posters to pick up anything missed by the other safety measures.



In my experience, it is a true rarity to find a company whose services and software align so completely with the business needs of a customer. I'm sure you would agree that businesses, teams, and groups do not achieve this level of performance by accident. It takes vision, skill, determination, and a commitment to service excellence. Digitech has managed to do this and we are proud to have you as a partner in supporting the provision of outstanding EMS services in our community.

ANDREW BAXTER
Former Fire Chief
Charlottesville Fire Department, VA

AMBULANCE COMMANDER

Ambulance Commander is the platform that powers our high-quality billing process. It's 100% created and owned by Digitech; we've refined and perfected the technology over the course of 30+ years. We use Ambulance Commander to process your claims, and you will use the platform to run reports, monitor KPIs, manage documents, and provide account access to your patients.

**Ambulance[®]
Commander** 

Whenever we can automate a piece of the billing process carefully and compliantly, we do so in Ambulance Commander. The platform reveals the 30,000-foot view of your organization, allows you to zoom in to view the smallest detail of an individual claim, and shows everything in between.

Many other EMS billing companies state that they use a proprietary billing platform but rely on third-party software vendors who may take weeks or months to make programming changes if they can make changes at all. At Digitech, we have an in-house development team that can customize the platform in response to client needs.

Ambulance Commander can be accessed by authorized City personnel from any computer with a browser and reasonably fast internet connection. It's completely secure and compliant.

With Ambulance Commander, you get:

- + Full transparency into all claim details
- + No dependence on third-party software vendors
- + Customization to your unique requirements
- + 24/7 real-time access
- + An in-house development team that incorporates changes in regulations or client feedback into the platform
- + Efficiency through careful automation of difficult processes
- + Integration with other systems such as ePCR software, dispatch tools, and receiving hospital patient systems
- + On-demand training
- + Total data security and regulatory compliance, so you have peace of mind

2.8 Explain your ability to provide Customer service. Including communicating with non-English speaking customers and the process for establishing third party payer relationships

While performing services on your behalf, Digitech commits to the highest level of professionalism in patient interactions. We provide clients a toll-free telephone number for customer service and patient inquiries. We have bilingual (English and Spanish) staff onsite in customer service positions during our normal business hours of 8am – 5pm ET and utilize translation services for other languages as necessary.

After-hours calls are directed to our user-friendly voicemail service that allows patients to leave information for follow-up by our Customer Service Representatives. Calls are returned to patients the next business day. On weekends and holidays, patient voicemail and email communications are checked at least once per day.

In customer service as in all our operations, Digitech is committed to the highest ethical standards. Our CSRs are experts at dealing with patient issues and are well trained and knowledgeable in EMS billing practices and procedures. Your calls will be answered with a custom greeting and patients are counseled through every step of the payment process. Patients in need will be guided to alternative financial resources that may be available. We believe it is important to provide this personalized attention to help your patients identify their options.

Digitech personnel will ensure that all patient interactions are professional and friendly. Sensitivity to your organization's reputation is our foremost consideration. We pride ourselves on our exceptional customer service. We invite you to contact any of our clients to ask how they feel about the way we handle their patients.



I want you to know that I believe Digitech's staff to be one the best organizations I have worked with – friendly, professional, and very timely with our requests.

KRISTI GARLAND
Treasury Accountant
City of Des Moines, IA

2.9 Indicate Proposer's willingness to establish a conference call with the FBFD personnel to review and discuss issues associated with billing.

Digitech agrees. We will meet regularly with COFB staff with a conference call on a frequency that suits your needs.

2.10 Proposer must have a Documented Compliance Program in place and operational. A copy of the Compliance Program must be provided with the proposal. The Compliance Program should be a self-assessment on billing, documentation, medical necessity, etc.

Digitech has a documented Compliance Program in place. This includes full compliance with Fair Debt Collection Practices Act, Fair and Accurate Credit Transactions Act, Fair Credit Reporting Act, Gramm-Leach-Bliley Act, Family Educational Rights and Privacy Acts and Children's On-Line Privacy Protection Act. Digitech is committed to the highest ethical standards.

Please see the Compliance section, Criteria #4 – Compliance, Item 4.1, for more information on Digitech's Compliance Program.

2.11 The Proposer must include with the proposal a sample bill, forms and the messages that will be used on each successive bill mailed, as a part of the response.

A sample bill and sample patient communications are supplied as **Appendix B** and **Appendix C**.

2.12 The Proposer must describe in detail the training it will provide to the FBFD. The method of delivery, topic, outline, and length of the training should be detailed. Indicate whether this training process has been used for other clients and proposer's assessment of its effectiveness. Identify other clients that have used the proposed training program.

Training is an important part of our partnership. Every client receives training on the Ambulance Commander system. Training also covers various parts of the revenue cycle management process to ensure our mutual success.

TRAINING DURING IMPLEMENTATION

Initially, we will provide system training during onboarding. Once all Ambulance Commander components have been installed and configured, we begin a testing and acceptance phase to ensure everything meets your contract requirements. During this time, we also conduct user training, so we have qualified testers from your side. We develop a joint test plan that we will use to guide and evaluate results.

AMBULANCE COMMANDER TRAINING

Digitech provides comprehensive training for your administrators on the Ambulance Commander processing platform. We offer ongoing remote training to ensure that you can access and use Ambulance Commander efficiently and easily. Training will be provided in a Train the Trainer format so you can train other staff on the platform as needed.



Once training has been completed, you may identify a systems administrator who will have access to set up new employees with the appropriate permissions and security or change any user's level of security at any time. This level of system control will enhance your data security because you can control the specific level of access needed for individual employees.

Training on the Ambulance Commander platform includes learning how to access and create reports, (for evaluation and forecasting) and research individual claims, and review and audit collections activity. While we provide you detailed reports regularly, it's also critical to us to make sure you know that you can see anything that happens on any claim at any time, and that you're able to track the status of collections at any point in the process.

We provide a comprehensive combination of remote and online training to ensure efficient access and use of the Ambulance Commander platform.

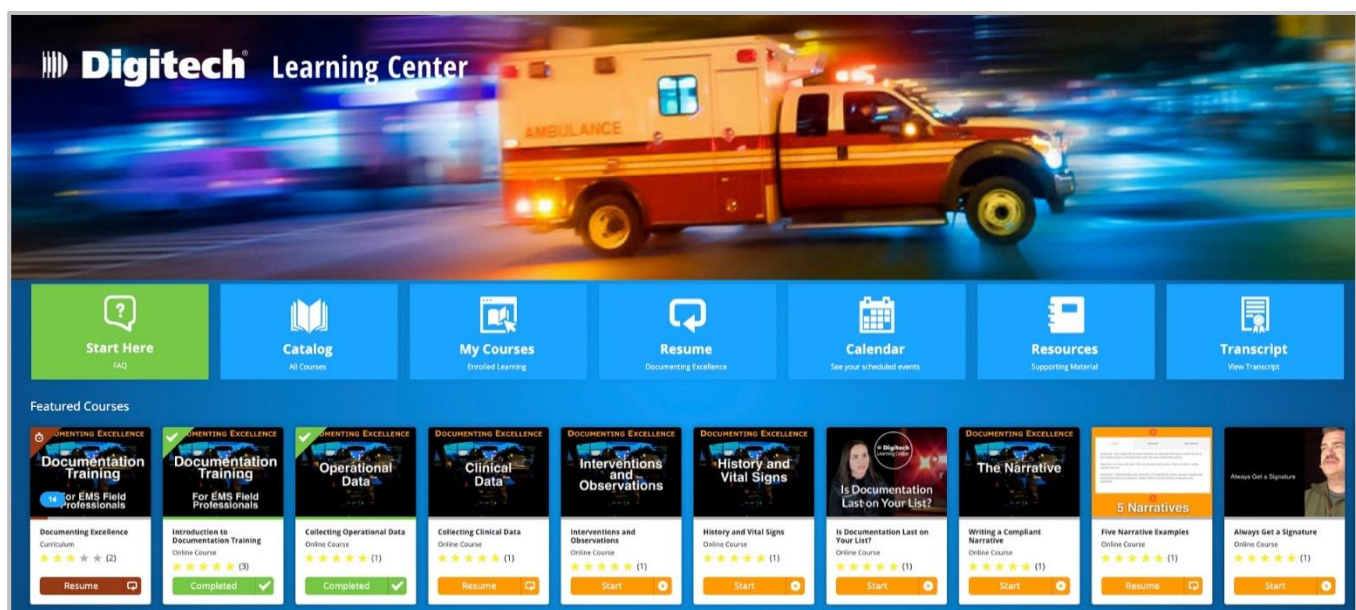
DOCUMENTATION TRAINING

More than 80 Digitech clients have taken advantage of our Documenting Excellence training program, including more than 20 in the State of Florida. Digitech provides comprehensive documentation training to help your medics improve their documentation and understand the importance of creating complete and compliant patient care reports. These skills are important and valuable as they affect the billing cycle, but also because EMS is becoming more integrated into the larger healthcare sphere.

We will provide online documentation training to all your medics on a mutually determined schedule.

DIGITECH LEARNING CENTER

To deliver documentation training, we offer a powerful resource in the form of the Digitech Learning Center (DLC). The documentation compliance course covers all aspects of data collection and documentation of pre-hospital patient care, including operational data, clinical data, history and vital signs, interventions and observations, billing data, and writing complete and compliant narratives.



Home page of the Digitech Learning Center

The DLC's programs are designed for busy EMTs, firefighters, and paramedics who can do the work at their convenience—on the job, in a coffee shop, at home, or wherever there's a free moment and good Wi-Fi. Mobile devices and desktop systems all work equally well to consume the training. The coursework is supplemented by an array of resources and references participants can use to further advance their documentation skills. Onscreen instructors include EMTs and paramedics from Digitech's staff, and material for the courses was developed in conjunction with our seasoned ambulance coders and Quality Assurance experts along with seasoned Emergency Medical Services professionals at Digitech who understand the components and the value of clean, compliant patient care reports.

2.13 The Proposer must provide a detailed implementation and cut-over plan within this section. This plan should include, but not limited to:

- a) The timeline and details on how the Proposer will assure a smooth transition and start-up of billing services when the contract commences.
- b) The necessary activities to ensure that the Proposer will initiate billing services on the agreed start date of the Contract.

Digitech's time-tested implementation plan is the foundation for an efficient transition and our successful partnership. We use our technology to ensure a well-organized, speedy rollout of services with no interruption in cash flow to your organization.

At the outset of the project, we establish communications between Digitech project leaders and your project leaders. This includes meetings via web conference, detailed implementation plan updates, email exchanges, and phone calls. Your active participation and cooperation is required to provide crucial information for registrations and in authorizing Digitech to sign registration forms to meet the timeline.

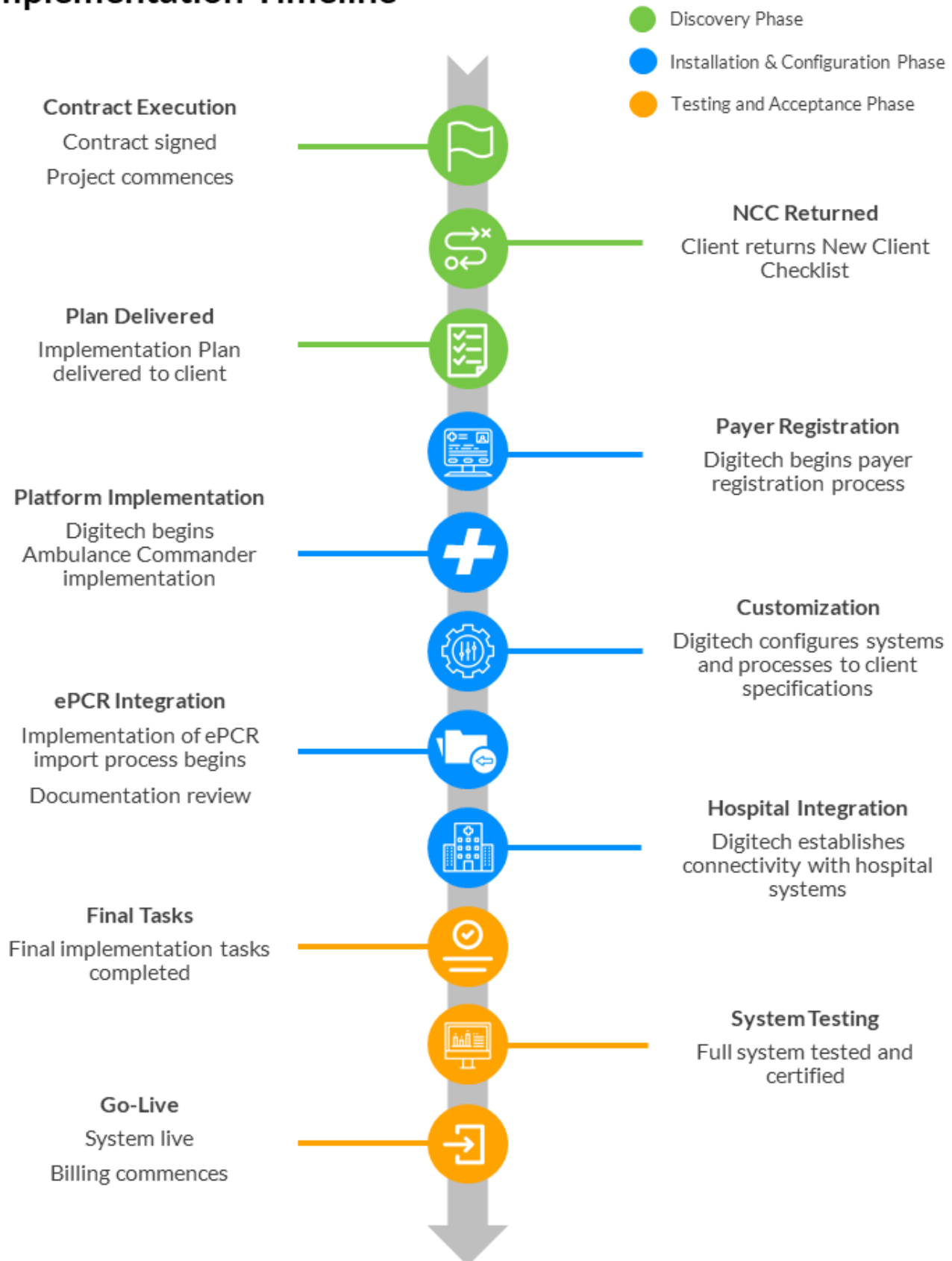
The figure on the following page shows the key elements of implementation. Details of each phase follow. All three phases– Discovery, Installation and Configuration, and Testing and Acceptance – can be completed in 60 days or less.

1. Implementation begins at contract execution with the Discovery phase, guided by our New Client Checklist.
2. During the Installation and Configuration phase, we set up key components of the system and establish relationships with your stakeholders to ensure successful operations.
3. During Testing and Acceptance, we train your users and test all aspects of the Ambulance Commander setup to make sure it is working according to your requirements. Once the Testing and Acceptance phase is complete, we reach the Go-Live milestone, and Digitech will begin billing and collection activities on your behalf.

DISCOVERY PHASE

Digitech's implementation process begins with the Discovery Phase, where we will work with you to complete our New Client Checklist (NCC). The NCC is a complete list of all the data we require to enroll your agency with processors, as well as identify and document business rules, rates, and special processes of your organization. We will provide all credentialing services necessary to ensure successful enrollment with all government and commercial payers.

Implementation Timeline



Using this information gathered during the Discovery Phase, we complete a detailed written implementation plan to cover all the activities of the later phases, begin to set up the billing system, and enable our billing department to review the information required to establish the proper procedures to begin billing for you. We work closely with you to complete the NCC document quickly.



New Client Checklist

This form must be completed and signed by authorized personnel of your agency only.
Place the cursor in the text field (Enter text) and type information. The box will automatically expand to accommodate your text. Click on a checkbox ☐ to insert/uninsert an X.

| Department's Demographic Data | | | |
|---|--|--------------------------|-------------------------------------|
| Department's full legal name: <i>As reported to IRS</i> | <u>Enter text</u> | | |
| DBA: <i>If applicable</i> | <u>Enter text</u> | | |
| Physical/practice address of main department: <i>On file with Medicare/CMS</i> | Street: <u>Enter text</u> | | |
| | City: <u>Enter text</u> | State: <u>Enter text</u> | ZIP code: <u>Enter text</u> |
| Current correspondence & remit / lockbox / pay to address of department: <i>*Address to be used on patient mail</i> | PO Box or Street: <u>Enter text</u> | | |
| | City: <u>Enter text</u> | State: <u>Enter text</u> | ZIP code (Zip+4): <u>Enter text</u> |
| | Is this remit address used just for the ambulance department? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Does this address accept BOTH correspondence and deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Is this a lockbox? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| NEW correspondence & remit / lockbox / pay to address of department: <i>*Address to be used on patient mail, only required if changing address</i> | PO Box or Street: <u>Enter text</u> | | |
| | City: <u>Enter text</u> | State: <u>Enter text</u> | ZIP code (Zip+4): <u>Enter text</u> |
| | Is this remit address used just for the ambulance department? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Does this address accept BOTH correspondence and deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Is this a lockbox? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Department's Main Telephone Number: <i>On file with Medicare/CMS</i> | <u>Enter text</u> | | |
| Department Fax Number: <i>On file with Medicare/CMS</i> | <u>Enter text</u> | | |

| Contact Details | | |
|---|---|-----------------------------------|
| Primary contact person: <i>Person that we will refer to for all procedural questions</i> | Name: <u>Enter text</u> | Phone: <u>Enter text</u> |
| | Title: <u>Enter text</u> | Cell phone: <u>Enter text</u> |
| | Email address: <u>Enter text</u> | |
| | Address: <u>Enter text</u> | City/State/Zip: |
| | End of Month (EOM) report recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| IT Department contact info: | Name: <u>Enter text</u> | Phone: <u>Enter text</u> |
| | Email address: <u>Enter text</u> | Cell phone: <u>Enter text</u> |
| | Address: <u>Enter text</u> | City/State/Zip: <u>Enter text</u> |

Updated 5/2021

Page 1 of 9

Sample Page of Digitech's New Client Checklist

INSTALLATION AND CONFIGURATION PHASE

Installation and Configuration begins with the installation of the Ambulance Commander platform and any customizations identified as a result of the NCC research. The process of tailoring, customizing, and refining our service is iterative and collaborative because we want to make sure that all elements will meet your needs. For example, we will work directly with your team to ensure that information systems, reporting formats, and information exchange processes are fully aligned with the requirements of the contract. The design of the solution and specifications for integration of billing services, communications, and ePCR functions will be well documented prior to System Testing to support review and approval.

During this phase we complete initial setup tasks with external stakeholders, including processor registrations, hospital interfaces, and your systems. We also prepare customized patient correspondence.

The process is managed using our detailed implementation plan which lists every task, the task owner, the current status of the task, and the estimated completion date. Weekly conference calls based around the implementation plan ensure that every task required for Go-Live is completed.

| I. New Client Startup Tasks | | | | | | |
|--|------------|-----------------|-------|--------|-----|-----------|
| Task | Dependents | Owners | Start | Status | ETA | Completed |
| 1. Sign contract | | Digitech Client | | Open | | |
| 2. Send welcome package – New Client Checklist, Digitech Roster | I.1 | Digitech | | Open | | |
| 3. Complete and return New Client Checklist | I.2 | Client | | Open | | |
| 4. Complete Internal Billing Service Checklist | I.3 | Digitech | | Open | | |
| 5. Update Pedestal Client Master with basic agency and contact information | I.3 | Digitech | | Open | | |
| 6. Update Pedestal with Client Vendors, Billing IDs, and Processors | I.3 | Digitech | | Open | | |
| 7. Send initial Implementation Plan | I.4 | Digitech | | Open | | |
| 8. Update version control board | I.3 | Digitech | | Open | | |
| 9. Update SOC1, 3.12 Business to Business Transmission Document | I.4 | Digitech | | Open | | |
| 10. Hospital Access | I.4 | Digitech | | Open | | |

Sample Page of Digitech's Client Implementation Plan, which drives the agenda of weekly conference calls

TESTING AND ACCEPTANCE PHASE

When all system components have been installed, tailored, and configured, we begin Testing and Acceptance. In this phase, we test all components and connections to ensure that they meet contract requirements and the data standards required by all stakeholders. During this time, we also conduct user training so that your team will have qualified testers to implement the final Acceptance Test. Digitech will develop a Test Plan jointly with you to ensure all contract requirements are met. We will use that plan during Acceptance Testing to guide testing and to evaluate results. We will work closely with you to manage any discrepancies uncovered in Acceptance Testing, correcting and retesting as needed. Upon successful completion of Acceptance Testing, we will achieve the Go-Live milestone, transitioning to live operations and full responsibility for your billing and collection from that point.

Digitech will provide you with training as needed to ensure efficient access and use of the Ambulance Commander platform. Training will be provided in a “Train-the-Trainer” format allowing you to instruct other staff on the system as needed. Once the training has been completed, you may identify a systems administrator who will have access to set up new employees with the appropriate permissions and security or change any employee’s level of security at any time. This level of system control will enhance your data security by providing the specific level of access needed by employees who are utilizing the system.

Because all systems will be tested by Digitech and certified by your team prior to the Go-Live date, you can be confident you will enjoy error-free billing and collections from the beginning of the project.

Once Digitech has assumed responsibility for all aspects of the billing and collection process, we will begin the final implementation phase. While all systems will be fully tested and all processes thoroughly vetted prior to the Go-Live date, there can be unanticipated issues that crop up, or opportunities to improve business processes that could not be foreseen without some actual experience with the system. Therefore, we use the period following Go-Live until the first full month’s reporting is completed to monitor the system closely and jointly with you. Further system monitoring and process improvements will continue throughout the term of the contract.



The implementation was a methodical and well thought out process. Digitech made what could be a difficult transition a smooth one by handling all the payer enrollments, integrations, and system setup. Their implementation plan clearly laid out all the required tasks and who was responsible for each task with ETAs, and it was updated weekly so we could watch the progress.

TAMARA NILMEIER

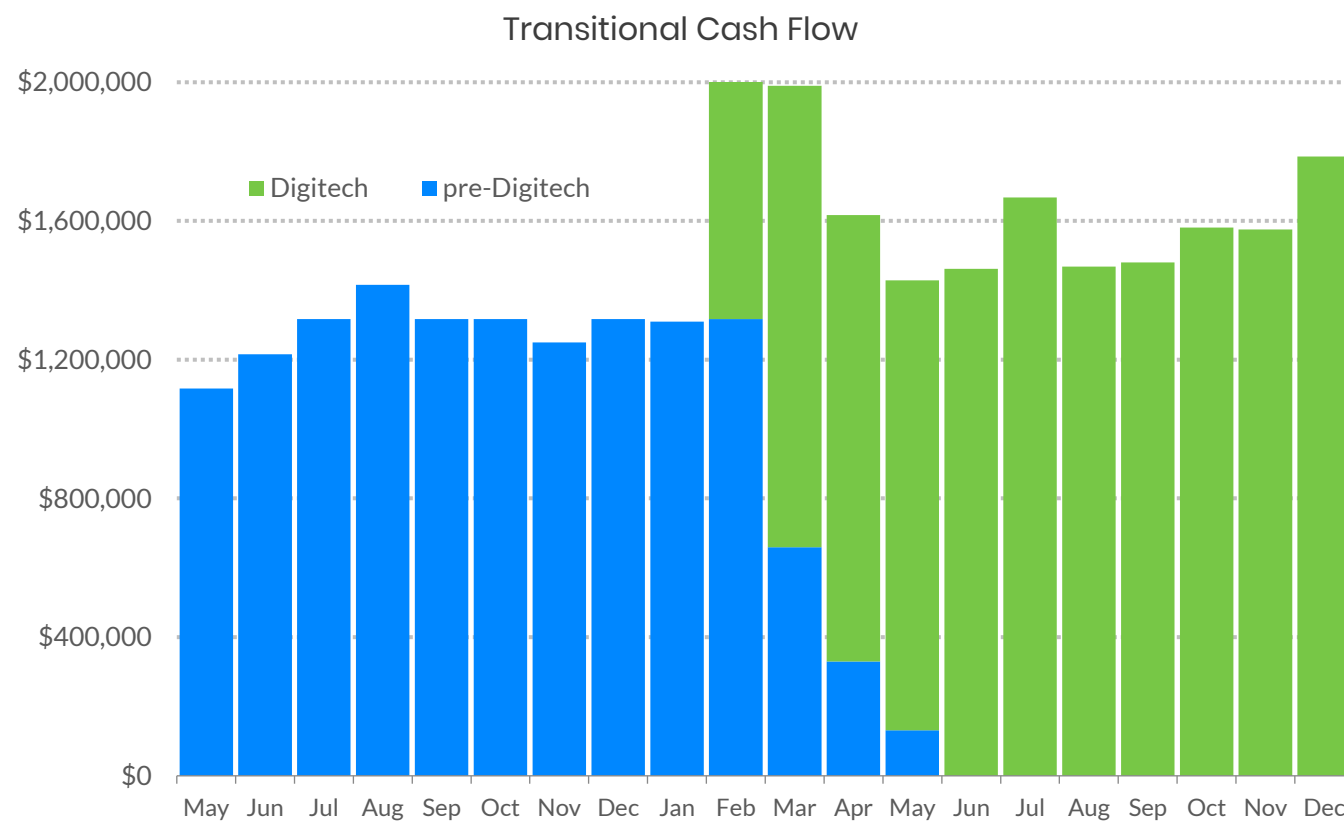
Former Director of EMS and Physician Revenue Cycle
Grady Health System – Atlanta, GA

Our solution allows Digitech to file 97% of claims within 48 hours of receipt of trip information, allowing you to realize maximum cash flow early in the collection cycle. We will deliver professional customer service while we maintain, support, and continually improve the overall processing service in accordance with your objectives and obtain the maximum financial results on your behalf. Working jointly, we can identify any bottlenecks and work together to reduce or eliminate them, achieving the levels of service and collection sought.

NO CASH FLOW INTERRUPTION DURING IMPLEMENTATION

Our goals during the implementation process are to minimize interruptions of your normal processes, minimize your resources required, and avoid any disruption to your cash flow. With careful planning, attention to detail, and clear communication, we will achieve these goals together. Beyond normal operating expenses, you will have no other known costs associated with implementation.

Cash flow often increases during the critical early months of our service to you. For example, during our implementation with Memphis Fire Rescue, cash flow increased during the first months of the contract because Digitech was processing claims in one to two days, while the prior vendor was taking up to 30 days to get claims out. With more cash flow, you can focus your resources on patient care and other operational priorities.

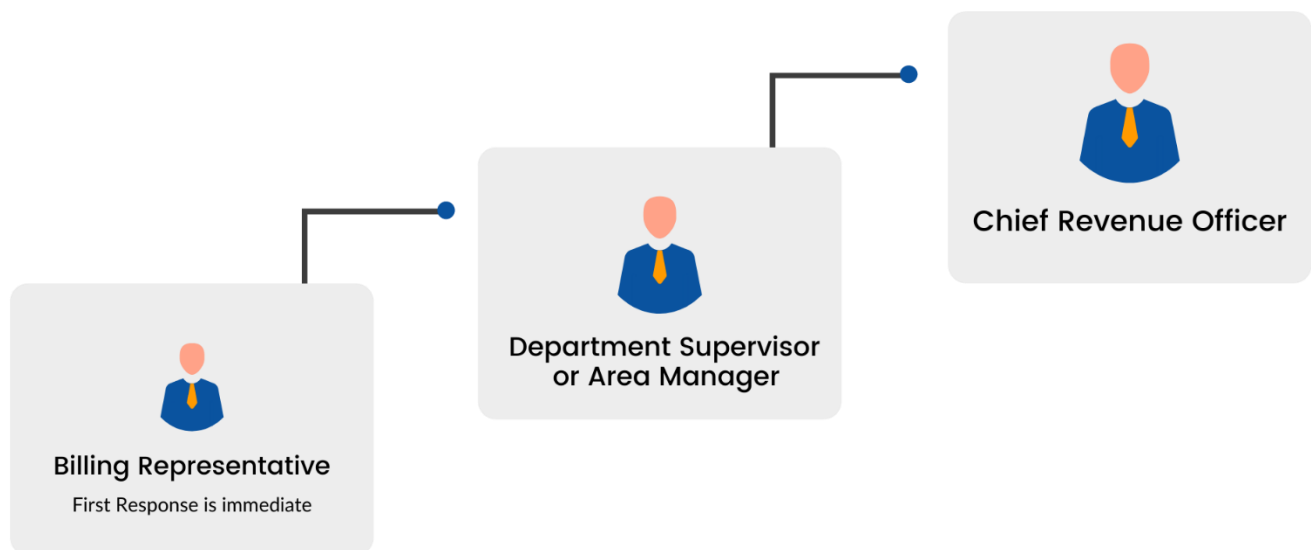


Cash flow when Digitech implemented in Memphis. Collections often jump as we begin processing claims.

2.14 Complaint Resolution Process: The Proposer must describe its complaint resolution process including but not limited to how complaints are investigated and resolved; and how information regarding complaints will be communicated with the COFB.

Digitech's Service Escalation Tracking System will log any service issue that requires escalation and enable your administrators to track these issues through to resolution. Digitech will make every attempt to immediately resolve client or patient questions, issues, and queries during the initial phone call or interaction with your clients and patients. All questions received by telephone are logged to the patient record, which includes details of all conversations, issues, and proposed resolutions.

Digitech strives to resolve issues and verify resolutions in writing within one business day whenever possible, based on the nature of the problem, and will make all associated records available to you. Concerns regarding the actions of Digitech staff are also logged to the employee's personnel file, addressed through training where possible, and through disciplinary action when necessary.



The escalation path for service issues is from the collection or billing specialist through the Department Area Supervisor to the Chief Revenue Officer. Issues and comments received by Digitech will be brought to the attention of your senior executives through your Digitech account manager or through the Chief Revenue Officer of Billing Services when they are of a degree of urgency that requires the involvement of senior management.

All actions, notes, and contacts will be entered into the complaint tracking system.

SUPPORT AVAILABLE TO YOU

Because emergency service providers are always on the job, Digitech's support team is on call around the clock for you. During our normal business hours of 8am – 5pm ET, Monday through Friday, our support team is available to respond to any questions that you may have.

Outside of business hours, you can reach the Digitech team by phone to handle any urgent technical needs. Senior Management provides direct contact information to our clients, including personal mobile numbers, to enable the escalation of any issue to the highest levels of attention that may be required. s

2.15 Identify the member or members of management team in place that will service the COFB's account. Identify the number of accounts this management team services and where those accounts are located.

The following team serves clients across the country, with a large support staff that makes it easy to scale to accommodate new clients and new processes. We have approximately 260 clients nationwide.

MEET YOUR TEAM

As part of your partnership with Digitech, you will have access to our entire team of EMS billing experts. Our staff of more than 500 employees focuses exclusively on EMS billing. This is one of the greatest resources we offer you.

You will have the mobile numbers of senior officers to ensure that you have emergency access 24/7. Technical Support is available around the clock at (914) 741-1919 ext. 1. A select group will be trained on your specific requirements. Only those billers will work your claims. Additional billers will be cross trained to account for any vacations, unforeseen absences, or temporary reassignment.

Let us introduce you to some key members of your team:



Walt Pickett, Chief Operating Officer

Walt oversees the implementation and execution of all contracts. He heads the teams that manage integrations, credentialing, and support, and he works closely with the Client Services teams to ensure that all client requirements are met. Walt will be a senior level point of contact for COFB.



Joyce Kerulo, Chief Revenue Officer

Joyce will oversee the setup of Digitech's billing process for you and will be your senior-level point of contact during the term of the contract. Her team will handle all aspects of your billing.



Ben Lambert, Chief Information Officer

Ben manages the technical aspects of implementation. His team of programmers and analysts will ensure all your technological needs are met.



Nancy Spence, Director of Finance

Nancy is responsible for the monthly reporting package, including variances, and for creating the annual operating plan and ongoing forecasts for Digitech's business. She functions as a liaison between the client and the company for finance matters.



Darryl Hartung, Sr. Vice President of Client Relations & Sales

Leveraging over 20 years of experience in EMS billing, Darryl manages partnerships and an experienced Client Relations team that works closely with clients. He oversees clients' service delivery to ensure that expectations are being met and exceeded. In addition, Darryl oversees Sales operations for Digitech and is based in Florida.



Fran Cuzzo, Vice President of Billing Services

Fran will supervise all aspects of patient collections, process electronic and paper billing, and support the IT department with testing new processes on Digitech's platform.



Cathy Tenzyk, Vice President of Billing Services

Cathy will run regular random audits of your claims to guarantee compliance with all applicable rules.



Maxine D'Agostino, Vice President of Billing Services

Maxine will ensure that your implementations for Medicare and Medicaid are handled in compliance with Florida and U.S. regulations.



Mitchel Holder, Executive Vice President of Analytics

Mitch will be a day-to-day resource for you. He will guide you in maximizing the financial and operational insights available through the reporting suite and in analyzing, understanding, and responding to the challenges that your organization faces in the ever-changing EMS marketplace.



Max Dekle, Senior Software Developer and Data Analyst

Max will create any custom reports that you need and enroll you in Digitech's award-winning PCR Lens solution.



David Mead, Director of Cost Recovery Solutions

David will help you optimize your reimbursement through participation in a Medicaid cost recovery program. He provides technical support for program implementation and manages Digitech's cost reporting services.



Mary DelFranco, Director of Client Relations

Mary will lead the teams who will implement Digitech's services and oversee training and coaching your team on system functionality. You will be able to contact Mary and her team 24/7 with any questions.



Anthony Santos, Director of Client Relations

Anthony is one of our Senior Directors and will manage the onboarding process and configuration of COFB as an EMS billing service provider on Ambulance Commander.



Amanda Mihalick, Compliance Officer

Amanda will provide you with compliance plan development support and consultation on fee schedules.



Amanda Stark, Risk Manager

An attorney with deep experience in the EMS industry, Amanda's responsibilities include reviewing and auditing clients' claims to ensure they are billed in compliance with each payer's rules.

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3. QUALITY AND COMPLETENESS OF RESPONSE

Please attach the following evaluation information

3.1 Each proposal should comprehensively describe the Proposer's current practices and proposed activities for the services delineated in this Request for Proposals and the final Agreement. The proposals should be concise, contain a Table of Contents and follow the format and as delineated herein.

Digitech has complied with this requirement.



We couldn't be happier with Digitech. Completely aside from the increase in collections, the people at Digitech have been very responsive whenever any type of issue has arisen, and have implemented custom features and specialized reports whenever we asked for them. There's no question that the partnership has led to better care for our patients and better standards of care across our department.

GARY LUDWIG
Former Deputy Chief
Memphis Fire Department, TN

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4. COMPLIANCE

Please attach the following evaluation information

4.1 The proposer must provide a summary of the compliance activities of the Proposer to include training, policies and procedures.

a) Discuss the Proposer's compliance program and how the program meets or exceeds the requirements of the Centers for Medicare & Medicaid Services (CMS) and Health Insurance Portability Accountability Act (HIPAA).

Digitech prioritizes staying ahead of regulatory requirements and changes, as well as maintaining the resources we need to integrate compliance within our billing and collection activities, training, and quality management programs.

HIPAA COMPLIANCE

Digitech is responsible for ensuring the privacy and security of all patient information we receive or use under both the Privacy Rule and the Security Rule of the Health Insurance Portability and Accountability Act of 1996.

We are committed to ensuring that our privacy and security policies, procedures, and training are up to date and effective in safeguarding the confidentiality, integrity, and availability of all protected health information received, maintained, and transmitted by our company. We will adjust our policies and procedures accordingly based on periodic reviews and evaluations of our privacy protection systems.



Digitech is fully compliant with all applicable HIPAA requirements. We have implemented a comprehensive HIPAA compliance program that incorporates:

- + Membership in organizations that provide research and updates on current legal and best practice guidelines.
- + Incorporation of detailed compliance awareness and procedures within all training systems and at all levels. Training covers regulatory requirements as well as procedures and processes developed by Digitech, including electronic configurations, business rules, and communication rules to ensure compliance with all regulatory, privacy, and security requirements.
- + Automated tracking and monitoring systems including automated fraud indicator flags, compliance tracking, and intrusion detection and prevention.
- + Quality assurance programs that focus on daily compliance management and verification.
- + Comprehensive personnel screening and monitoring.
- + Comprehensive binding terms and conditions within contracts between Digitech and suppliers.

- + Outreach security and compliance assistance and training for both suppliers and customers.
- + Legal and compliance advisory services.

b) Discuss the importance of compliance within the organization and adhering to Medicare, Medicaid, state and federal regulations and requirements. And include a listing of past/present penalties/findings (if any) from Medicare or Medicaid audit and their resolution; if there are none, affirmatively indicate this fact.

Digitech considers compliance to be a company policy of extreme importance and foundational to our entire business model. Our compliance plans and collections policies adhere fully to all local, state, and federal laws and regulations regarding collections, financial transactions, privacy, and “standards of reasonable care” for information handling, management, and destruction.

Digitech has never had any past or present penalties or findings from a Medicare or Medicaid audit.

4.2 Please provide detailed information on the designated compliance officer and their qualifications, training and education. The Proposer should provide a copy of its HIPAA policy and regulatory compliance plan for adhering to federal and state healthcare program rules and regulations.

Digitech’s Compliance Officer Amanda Mihalick is responsible for compliance at Digitech. She handles compliance training, ensures Digitech maintains its SOC 1 Type 2 audits, and oversees the comprehensive program for compliance, employee training, and Red Flag monitoring and response. She is responsible for the day-to-day development, management, and enforcement of the Compliance Plan and reports to a body of employees who are higher up the chain of command.

The Compliance Officer’s responsibilities include:

- + Training new employees for the first time and existing employees on a rolling basis. It also includes annual employee re-certification and annual review of the Compliance Plan.
- + Setting up and responding to an anonymous tip hotline as well documenting and investigating all complaints.
- + Keeping updated on changes in compliance rules, laws, and regulations in the industry and implementing these changes into our policies and procedures.
- + Logging any reported breaches and following HIPAA breach notification rules to inform you, and at your discretion, inform patients of any PHI leaks.

4.3 The Proposer must furnish evidence that the company and each of its employees have not been excluded from participation in state or federal healthcare programs.

Not applicable. No Digitech employee has been excluded from participation in state or federal healthcare programs.

The Office of the Inspector General retains the authority to exclude individuals who have engaged in fraudulent activities for billing federally funded healthcare programs. Digitech checks the Medicare and Medicaid exclusions lists to ensure that none of our employees have taken part in such fraudulent activities and that all staff are eligible to file claims with government entities. New employees are checked before being hired and existing employees are checked on an annual basis.

4.4 The Proposer must provide a copy of a current Type II Statement on Auditing Standards No. 70 (Type 11, SAS 70) certification from an independent auditor.

We have included as **Attachment 1** a letter from Withum confirming the scope and results of our most recent SSAE 18 audit. This letter also points out that “AICPA standards restrict the distribution and use of the report to Digitech and user entities (customers) and the independent auditors of such user entities of Digitech’s services.” We would be happy to share our complete audit results with you confidentially at shortlist if it is required and if we are favored with an invitation for further consideration.



Digitech’s technological approach to EMS billing was key for us. We realized we needed a billing solution that was both efficient and scalable, and we’re confident in Digitech’s ability to cover our needs now and into the future. Their advanced billing systems will take a load off of the Department’s shoulders and ultimately enable us to put more resources into training and equipment.

ALEXANDER J. PERRICONE
Deputy Chief, EMS, Retired
Baltimore City Fire

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5. CONTINUITY OF OPERATIONS

Please attach the following evaluation information

5.1 The proposal must provide a summary of the methods that the Proposer intends to use for the storage of records and the related security and disaster recovery plans; and how it plans to ensure continuity of operations to operate in the event of a disaster or similar event that results in an interruption of the normal operating conditions of the Proposer's primary place of business providing services to the COFB or any of the support or technical aspects of that office. Include details about how the plan is exercised to assure the plan produces the intended results.

Nothing is more critical to the success of our client partnerships, or more essential to the security and privacy of the Protected Health Information that we handle every day, than our Data Security Plan. Digitech has committed significant resources to provide our clients the highest quality hardware, software, security, and backup systems.

DATA CENTER STORAGE AND SECURITY

We employ security measures and controls including network security, virus protection software, and monitoring systems, as well as comprehensive procedures for information chain of custody management.

Digitech partners with Evocative, a leading provider of carrier-neutral colocation services, to provide unparalleled performance, continuous uptime, and stringent security at our primary data center.



Evocative maintains the 38,000-sf data center facility in a subterranean location. Here and at all Digitech facilities we employ comprehensive security measures to monitor and safeguard client data, including annual SOC 1 Type 2 audits. The data center is Soc 2 Type 2 certified and consistently delivers 99.999% uptime.

Redundancy, a tier 3 data center, server virtualization, and a secondary data center make up the infrastructure that has yielded 99.999% uptime over the last five years.

DATA CENTER SECURITY FEATURES

Physical security features include:

- + Biometric access
- + Man traps
- + Sign-in processes
- + Quarterly access reviews
- + Termination processes

Logical security features include:

- + Network access security - access rights granted in accordance with job-related needs
- + All users are assigned both a unique network user ID and password
- + Quarterly access reviews are scheduled to ensure proper access for all employees
- + Termination processes ensure all accounts are disabled after the departure of staff
- + Password reset procedures prevent common “phishing” schemes
- + Annual network vulnerability scanning identifies security breaches or attempted breaches

BUSINESS CONTINUITY AND DISASTER RECOVERY

Our Disaster Recovery Plan provides a means to operate if we lose one, or any combination, of our core components for a period of greater than five business days. The worst-case scenario is a permanent loss of the Primary Processing Center. Processing interruptions such as power outages or inclement weather will usually not trigger implementation of the complete Disaster Recovery Plan. Such interruptions will not significantly affect our work schedule, as our remote work capability and backup generators make it possible for operations to continue in the event of a minor incident.

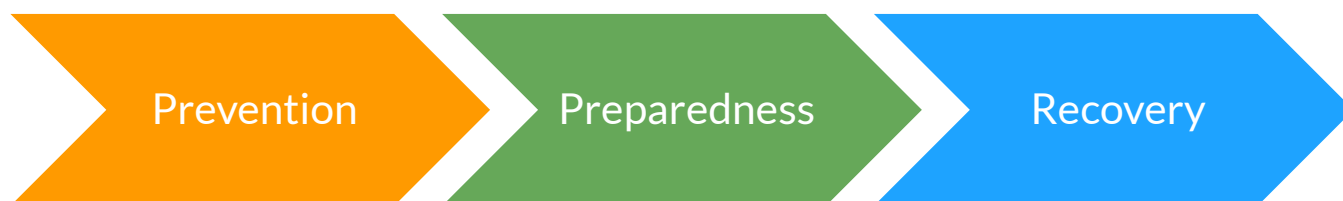
We have structural features that provide redundancy that allows for a flexible response to short-term interruptions as well as a more robust response in the event of a long-term or large-scale interruption. We have built redundancy into these critical areas:

- + Redundant Data Centers. including power considerations, air conditioning, fire suppression, and security
- + Redundant Processing Centers. facilities where billing personnel work
- + Failsafe Application Servers and Storage Systems. computers for data processing and storage
- + Data Backup Systems
- + Duplicate Communications Servers. necessary for outside users to access clients’ data
- + Redundant internet connectivity and phone systems

Our Disaster Recovery Plan prepares assets required to recover from catastrophes quickly, so that clients experience no data loss or cash flow interruption. To meet that goal, we have implemented the following:

- + A Tier III facility as our Primary Data Center which guarantees 99.999% environmental uptime
- + A Secondary Data Center in the event the Primary Data Center is destroyed
- + Maintenance of both processing centers to ensure continuity in the event the Primary Processing Center is either destroyed or unreachable for extended periods of time

- + Purchase of top-quality hardware and software components from Dell, Cisco, Citrix, etc.
- + An IT department staffed with IT veterans with years of experience designing and maintaining complex infrastructure systems
- + Established redundancy in our phone system



Disaster Recovery Planning

TESTING, STAFFING, AND INVOKING THE DISASTER RECOVERY PLAN

With assets in place, the plan then focuses on the procedures to invoke the plan, defining both the list of personnel that will implement the plan and their individual responsibilities. We then certify the plan by testing the redundancy built into the system by identifying specific disaster scenarios and reviewing our recovery strategies.

PRIMARY DATA CENTER RECOVERY

Digitech's Primary Data Center is equipped with the redundancy necessary to provide 99.999% uptime. This includes four independent internet connections, back-up power generators, a redundant cooling system, advanced fire suppression systems, and much more.

SECONDARY DATA CENTER RECOVERY

The Secondary Data Center is hosted at the Las Vegas Core Campus of Switch, home to their Tier 5® Platinum rated multi-tenant data centers. With capacity of approximately 2 million square feet of data center space and up to 315 MW of power, it is the most advanced and most efficient data center campus in the world.



To ensure the integrity of our backup system, our IT staff performs daily backup log review and monthly data restore tests. Daily backup log documentation and monthly restore tests are documented and validated as part of our SOC 1 Type 2 auditing process. As a result, you can have the confidence that your data is completely protected and easily recoverable in the event of data loss or disaster.

PROCESSING CENTER REDUNDANCY

Processing centers are the physical locations where the servers and applicable hardware are located. Digitech's processing center features the following:

- + A diesel generator hook-up capable of accepting a mobile diesel generator in the event of a long-term power outage
- + Ample POTS (Plain Old Telephone Service) lines in case the fiber phone or VOIP system goes down
- + Redundant internet connectivity: the main internet connection is a T2 broadband through Lightpath, and the secondary connection is through cable

PROCESSING RESILIENCE

Because Digitech was already prepared to support remote workers prior to the pandemic, we were able to shift to a fully remote workforce in 2020 with no diminution of capability and no interruption to service or cash flow for any of our clients. The shift has also enabled us to take advantage of a much wider pool of qualified candidates to staff our service lines. Working from home, our billers process claims, make outgoing phone calls to insurance companies and other payers, post cash, and handle incoming calls from patients.

Home-based employees are pre-certified to work from home, and their home office have been confirmed by Digitech to have the required resources. These resources include a:

- + Home computer with a secure connection to Digitech's network
- + Reliable internet connection
- + Printer
- + Phone line that can be dedicated for work during business hours



Processing Center Redundancy

PHONE SYSTEM REDUNDANCY

Digitech's phone systems are built on a VoIP structure, enabling complete portability. All phone system functions can easily be ported to a secondary location. Phone system redundancy requires that phone communications will be available in several different adverse circumstances. This may include periodic interruption of service as can sometimes be seen when repairers accidentally cut cables or permanent interruption of service which might result if a terrorist attack devastates the telecommunications infrastructure. To deal with these possibilities, Digitech has instituted the measures that follow.

The Primary Processing Center is equipped with a T1 based VoIP phone system through one of the major carriers. The Primary Processing Center is equipped with at least ten POTS lines. The system is designed so that lines can easily be forwarded to a phone system in the Secondary Processing Center. All equipment necessary to accept call forwarded lines from the Primary Processing Center will be available at the Secondary Processing Center, and ample cellular telephones will always be available if cellular is the only means of communications.

DATA BACKUP AND ARCHIVE

Digitech's backup system is a hard disk-based solution designed to protect both applications and data. Our system provides for fast backups, easy data retrieval, and high availability assurance to meet our clients' expected recovery time objectives. Our strategy ensures that at least two copies exist at any one time.

The backup system runs continuously, taking snapshots and copying only changed blocks to backup servers. Compressed and de-duplicated data is stored as a point-in-time image that includes the operating system and system state plus applications and data. This makes the restore process much easier and allows our administrators to seamlessly restore single files or entire servers in minutes rather than hours as seen with legacy systems. All servers, applications, and data are continuously replicated between data centers.

MONITORING AND MAINTENANCE

A critical piece of our proactive system security and network maintenance approach is our NOC (Network Operating Center) which offers sophisticated monitoring tools that scan all servers and report issues via automated email alerts. Our IT staff is available 24/7 and, as part of their day-to-day activities, they maintain our centralized virus protection system, perform necessary server and workstation patching, respond to automated alerts provided by the NOC, and provide help desk support to monitor and test the back-up system. Tasks we perform on a regular basis (annually or quarterly depending upon tasks) as part of our preventive maintenance program include the following:

- + Annual vulnerability scans
- + Complete network access review
- + Firewall review
- + CRAC maintenance
- + Fire suppression preventive maintenance and testing
- + Fire alarm systems maintenance and testing
- + UPS battery backups preventive maintenance and testing
- + HVAC air conditioning preventive maintenance and testing

5.2 The Proposer should furnish a copy of the organization's continuity of operations and disaster recovery plan.

Digitech has complied with this request. Please see the above response to item 5.1.

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6. REPORTS

Please attach the following evaluation information

6.1 The Proposer must describe in detail the monthly reports to be provided to the COFB and provide model monthly reports under this section of the proposal.

Provide a sample of each of the following required monthly reports per the scope of services:

- a) Schedule of Transport Charges & Mileage
- b) Collections Monthly Billing and Balance Due
- c) Collections Summary Insurance Receivable Report
- d) Payment Report
- e) New Billing Report
- f) Responding Unit Report
- g) Collection by Financial Class
- h) Report of Accounts Receivable
- i) Report of Accounts Receivable Removed from AIR (sent to collections)
- j) Billing Adjustment Report (write offs/reversals)
- k) Audit Report of Accounts Changed (ALS to ALS2 or BLS to ALS, etc.)

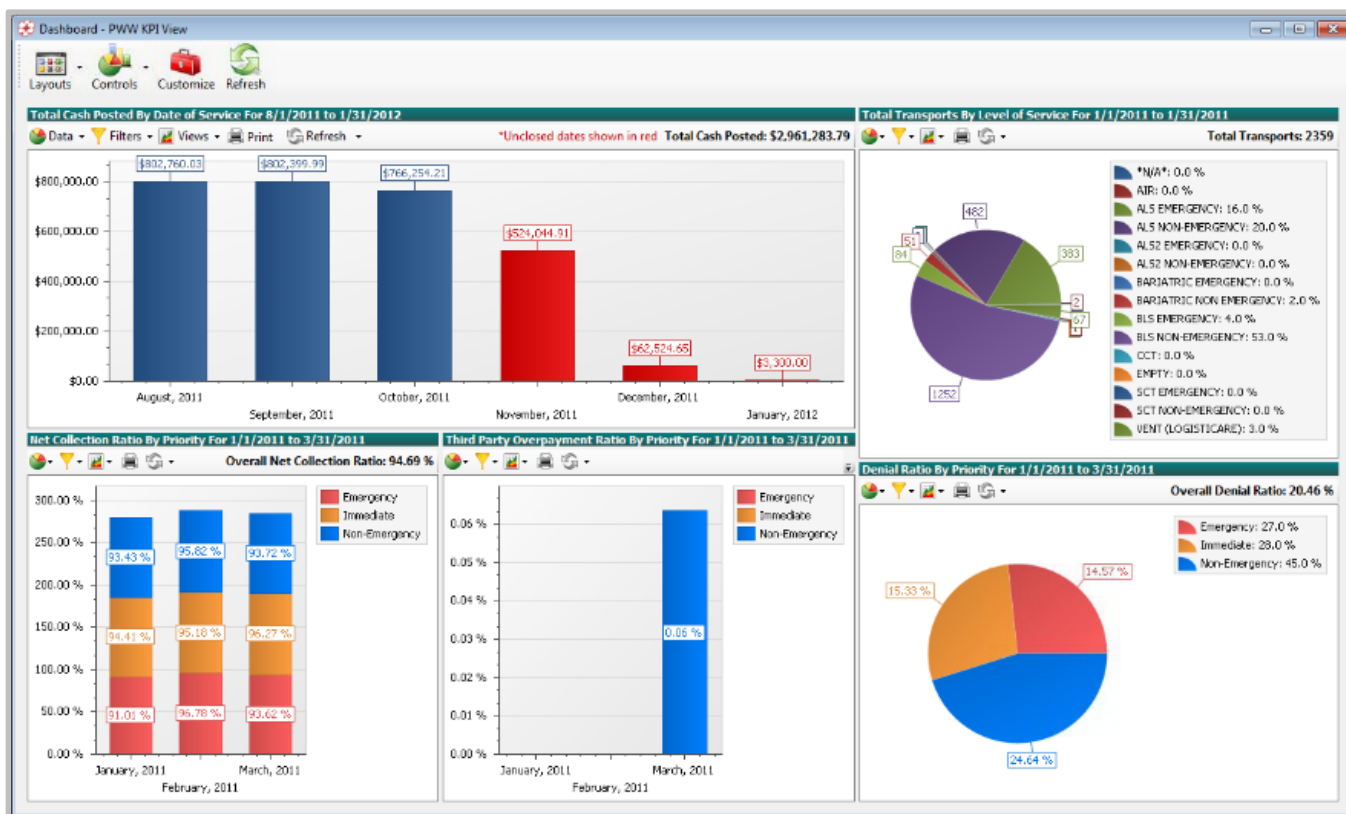
Digitech will provide the reports you need. We know that your reporting requirements are crucial to this project, and we commit to exceeding your expectations. We believe that the best claims processing software would be inadequate without powerful reporting, and that's why we've integrated our powerful reporting suite across our entire Ambulance Commander platform.

You'll find reporting tools in all our solutions. Report generators let you sort, filter, and run reports that you create based on tens of thousands of possible combinations of fields and criteria. This functionality gives you the ability to print virtually any report imaginable.

We will also provide all the reports you request. During implementation and throughout our partnership, we will discuss the parameters of each report with you so that we understand exactly what you need. All reports can be printed or downloaded in a variety of formats, including Excel, Word, XML, or PDF.

If you have specialized reporting requirements that are not already provided or cannot be created through our report generators, we will customize a reasonable number of reports needed at no cost, often within 24 hours of your request. You will have access to the reporting experts on our staff, including Max Dekle, our Data Analytics Specialist, and Mitch Holder, our Vice President of Analytics. We will make sure you have all the reporting tools necessary to effectively monitor and analyze your data.

In addition to the monthly operational and financial reporting packages we provide, you will be armed with our Dashboard and PCR Lens solutions, giving you powerful self-service reporting capability.



Digitech's Dashboard

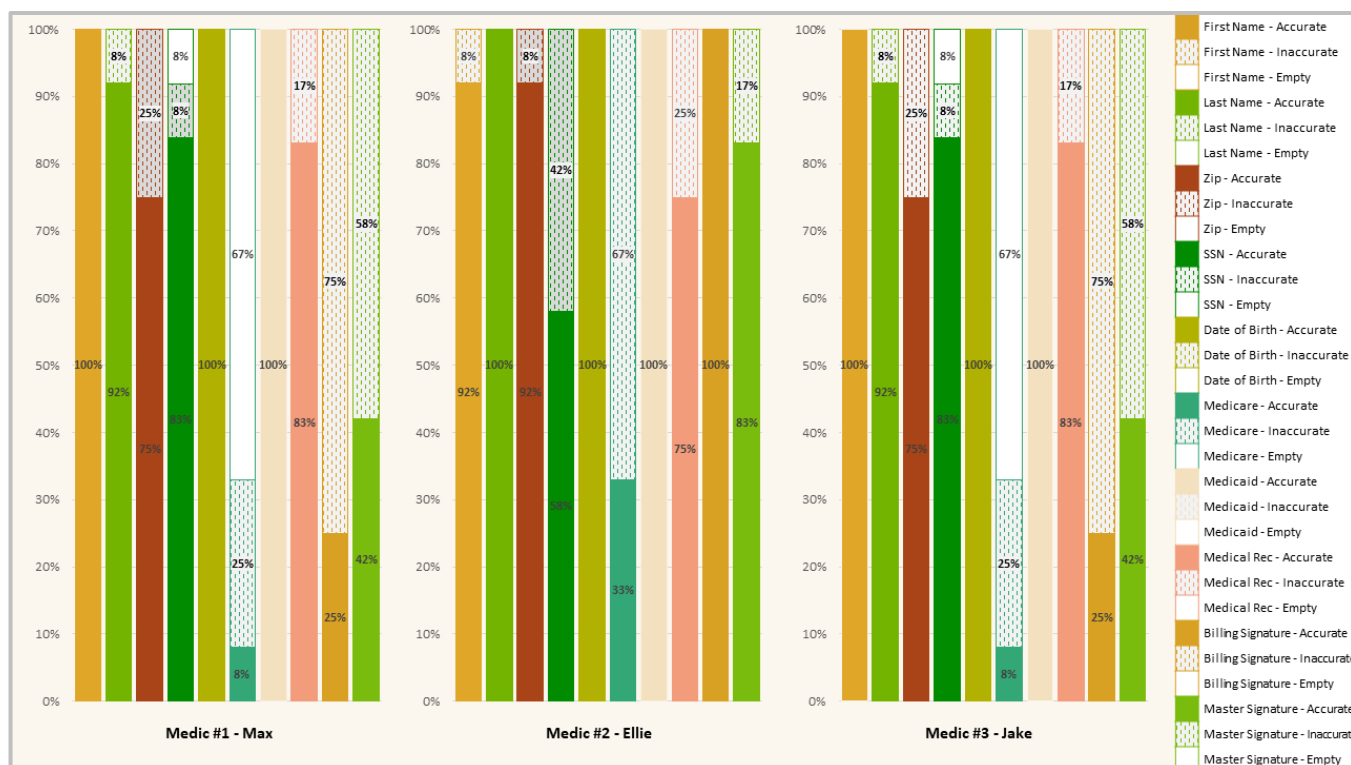
OPERATIONAL & FINANCIAL REPORTING & ANALYSIS SOLUTION

Digitech's Dashboard brings your operational and financial data into an easy-to-use interface that will enable your managers, administrators, and business analysts to get a real-time picture of any aspect of your operations. Dashboard's intuitive user interface provides a set of advanced reporting and analysis tools that will help your organization stay on top of the game and ahead of the curve.

The basic setup of Dashboard contains several pre-defined views and layouts displaying critical operational metrics, including a set of Key Performance Indicators validated the premier EMS law firm. In addition to these default options, Dashboard is also highly customizable, allowing users to configure and save personal views, so you'll see exactly what you need to know when you need to know it.

FIELD DATA QUALITY MONITORING & REPORTING SOLUTION

PCR Lens is our data quality reporting solution. It aggregates the pre-hospital data from your agency's EMS responses as they come to Digitech as Patient Care Reports. PCR Lens then displays the data in an interactive user interface. Here, you're able to create your own views and filters, making it easy to pinpoint problems, push training and re-education where it's needed, and identify high-performing individuals and crews.



Digitech's PCR Lens

With PCR Lens, you can also compare your agency's pre-hospital data as it comes to us through the ePCR with that same data after we've run it through Ambulance Commander. We perform error-scrubbing and match information against national demographic databases. Then our certified ambulance coders review and edit data during the creation of the claim.

The initial data collected in the field can be compared with the same data after these Digitech processes take place. Chiefs, EMS Directors, and QA/QI Administrators can quickly and accurately analyze the data collected by your medics and compare their efforts to peers, other shifts, other stations, and even other EMS organizations.

PCR Lens helps you make sense of the mountains of data collected by your medics and push improvements in efficiency, better patient care and outcomes, and increased revenue for the department.



Their reporting system, combined with the Dashboard, provides access to all of our data on a real-time basis which enhances the decision-making process.

NEIL J. DEPASCAL, JR., CPA
Deputy Assistant Director, CFO
Houston Fire Department, TX

OTHER REPORTS AND PACKAGES

In addition to Dashboard and PCR Lens, we provide you pre-configured reports, including a monthly reporting package. Two of our most popular canned reports are the Financial Scorecard and the Analytical Scorecard.

FINANCIAL SCORECARD

The Financial Scorecard allows you to follow the money at any point in your revenue cycle. The report tracks every dollar of your charges until payment is complete, allowing you to instantly review all receivables and view a breakdown by payer, facilities, or patients for any date range.

ANALYTICAL SCORECARD

The Analytical Scorecard gives you a complete picture of your critical data. The report analyzes claim costs and charges on a per-carrier basis. You may define one or more options for Top Priority, Financial Groups, Service Level, Trip Class, and Company data to include in a report.

MONTHLY REPORTING AND FINANCIAL PACKAGES

Digitech's standard monthly reporting package includes both detailed and graphical representations of critical financial data including sales, cash receipts, adjustments, accounts receivable, days sales outstanding, collection percentages, collections per transport, and more.

We deliver this package to your specifications on a mutually agreed upon schedule. Whenever needed, authorized stakeholders from your organization can also produce these reports on demand.

At the end of each month, Digitech performs a hard close of all books and records, which ensures all accounting numbers related to sales, cash receipts, adjustments, and receivables for that month will never change. This makes it easy for anyone to review performance and identify specific topics to explore.

Digitech sends each client a monthly package of Transport and Accounting reports. All reports can be saved to a variety of file formats including Microsoft Word, Excel, Access, Crystal Reports, and Adobe PDF.

The following reports are included in the package:

- + Accounting Roll Forward - Monthly Financial Summary
- + Accounting Roll Forward - Monthly Claim Volume Summary
- + Accounting Roll Forward - Fiscal Year Financial Summary
- + Accounting Roll Forward - Fiscal Year Claim Volume Summary
- + Sales Original Report - Financial Group & Carrier Summary
- + Sales Original Report - Procedure Code Summary by Type
- + Sales Payer Reclassification Report - Financial Group & Carrier Summary

- + Adjustment Report - Adjustment Category Summary
- + Adjustment Report - Financial Group & Adjustment Category Summary
- + Adjustment Report - Adjustment Code Summary
- + Cash Receipts Report - Financial Group Summary
- + Cash Receipts Report - Deposit Date Summary
- + Receivables Report - Financial Group Summary - Aged from Date of Service

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7. REFERENCES

Please attach the following evaluation information

7.1 Demonstrated Performance: The proposal must include a description of the Proposer's business volume and clients. A complete list and brief description of each EMS billing service contract currently in progress or completed within the last five years. Include a description of the services rendered, length of contract, and annual number of claims billed. The Proposer must be able to demonstrate experience in billing for a municipal EMS service.

To protect the privacy of our clients, we do not include complete lists of clients in proposals which become part of the public record. We would be happy to share this information with the COFB in a confidential setting. In addition to the demonstrated experience we have included throughout this proposal, we invite you to contact any of our clients to verify our successes.

7.2 The Proposer must be based in the United States and have an established reputation of permanency and reliability in the field of EMS accounts receivable services. Each proposer must furnish satisfactory evidence of its ability to provide the services described in this proposal.

Digitech is based in the United States and has been performing EMS accounts receivable services for 40 years.

7.3 References: The Proposer should provide the names and contact persons for at least five (5) EMS clients as references to verify its performance as a patient account receivable service. The references should include a description of the organization, the name, address, and phone number of the Proposer's primary contact at the organization. References should include a municipal based organization; and demonstrate an ability to utilize billing software to interface with an ePCR program.

Digitech has complied. Please see the References Section, located in the corresponding Item 1.5.

This page has been left blank intentionally.

8. COST

Please attach the following evaluation information

8.1 The Proposer must provide a cost proposal for the extent of this contract covered under the Agreement.

- a) The cost proposal requires that the Proposer estimate the net revenue for each year based on the information provided in this Request for Proposals and project the cost for services to the COFB.
- b) Provide a total proposed fee as a percent of revenues collected related to the performance of these services, exclusive of Medicaid accounts. In accordance with Florida Statutes, provide a flat rate fee for each account paid by Medicaid.

Digitech has complied.

8.2 All fees and costs must be included in the total pricing.

- a) This includes the cost of any software, hardware, forms, printing, phone charges, postage, etc.
- b) During the evaluation, the total net collections used to quantify the Proposer's fees will be estimated by the COFB. This will be done to ensure equitable comparison of all Proposals.

Digitech has complied.

PRICE PROPOSAL

We are offering a fee of 4.95% of Net Collected Revenue for EMS billing services, excluding Medicaid claim processing, with a minimum monthly fee of \$5,000. The Medicaid flat fee per claim will be \$10.00. HIPAA notice amount is \$2.00 per transport. Please see **Exhibit A-1**.

4.95%

We have prepared this proposal under several basic assumptions, including the following:

- + All billing, collection, and transport data provided by the City in its RFP is accurate and it is understood by both parties that Digitech has relied on the City's data for pricing purposes. If services are added or changed, Digitech reserves the right to renegotiate contracted fees.
- + The City will provide reasonably complete demographic information as part of your Patient Care Reports, and it is understood that crews will make best efforts to provide insurance information, social security numbers, and other demographic information.

- + The City will provide any remittance information received through a different account from the EMS lockbox² in a timely manner, including a listing of the ACH deposits by deposit date, referencing the carrier.
- + After the contract award, good faith negotiations will take place during which both the City and Digitech can discuss and negotiate specific requirements of the RFP.
- + The City will review claims and mark them as “ready for billing” within 30 days of the date of service.

SUMMARY OF FEATURES INCLUDED IN DIGITECH’S PRICE

- + All hardware and software required by Digitech personnel to perform medical transport billing and collection accurately and efficiently
- + All mailing forms and envelopes necessary to perform all billing functions
- + All fees related to mailing NPPs to each patient
- + Any postage necessary to mail billing or other information to patients, insurance companies, third parties, and attorneys
- + Availability of a national toll free 800 number for patients, City personnel, insurance companies, attorneys, and third parties to call for information or discussion of account status
- + All fees related to our national database searches for patient demographic information
- + All fees related to the electronic submission of claims
- + All fees related to credit cards
- + All fees and expenses associated with the hosting of our application
- + All lockbox fees
- + An electronic interface to the City’s ePCR system or to any future ePCR system chosen by the City during the term of the contract
- + Ongoing review of ePCR documentation by qualified Digitech staff
- + Ongoing review and analysis of rates, policies, and procedures with City officials
- + Documentation compliance training for City medics through the Digitech Learning Center
- + Regular meetings for review of performance on a mutually agreed upon schedule

² Digitech requires the establishment of a bank lockbox to receive and process payments. Fees for the lockbox are covered in our comprehensive price.

9. PRESENTATION

Please attach the following evaluation information

While this presentation should include and build on your responses to the other criteria in this proposal, it should also explain how and why your firm is the right one to advance the COFB's current level of service to the next level in terms of a comprehensive package that goes beyond price. It should illustrate and explain specifically how your firm would use their expertise in each of these areas - as well as others that may not be listed herein to accomplish this objective. Finally, it should discuss how the results of this effort will be quantified and measured. It will be expected that the following questions/topics/concerns be addressed in your presentation:

- 9.1 What is the procedure when the billing company receives denials on claims? Please provide a sample of your monthly billing statement.
- 9.2 The FBFD would like to be given access to billing company's system - is there a problem with this? Is there a dedicated team assigned to handling only FBFD claims and customer service calls?
- 9.3 How does the billing company obtain the PIP insurance on the auto liability claims?
- 9.4 Only FBFD has the authority to write off or make adjustments on accounts. How would you propose to implement a write-off or adjustment policy?
- 9.5 Where will patients be calling for questions regarding a bill? (Call center? Located where?)
- 9.6 How is insurance information obtained and/or confirmed? (Electronically? Calling patients?) Do you partner with other health care providers or clearinghouse companies to capture insurance information when it is not provided?
- 9.7 How are compliance issues and audits handled?
- 9.8 Does the billing company employ certified coders to code and submit claims, or is a billing clearinghouse used? What percentage of claims are denied for untimely filing?
- 9.9 Do you have experience working with ESO ePCR software? Are there any modifications or special programming necessary to be compatible with your system?

The COFB of Fernandina Beach shall be the judge of its own best interest regarding the evaluation of the submittals. Selection of the firm(s) may be made to the most responsive and responsible firm's submittal determined to be the most advantageous to the COFB.

The COFB reserves the right to consider information and fact, whether gained from the firm's submittal, question and answer conferences, references, and/or other sources in the evaluation process.

Digitech understands. We look forward to addressing Items 9.1 through 9.9 in a future presentation or shortlist meeting.

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EXHIBITS

EXHIBIT “A” CONTACT SHEET

EXHIBIT “A-1” PRICE SUBMITTAL FORM

EXHIBIT “B” PUBLIC ENTITY CRIMES

EXHIBIT “C” DRUG-FREE WORKPLACE CERTIFICATION

EXHIBIT “D” E-VERIFY STATEMENT

EXHIBIT “E” PROPOSER ACKNOWLEDGEMENTS AND AGREEMENTS

EXHIBIT “F” CONFLICT OF INTEREST

EXHIBIT “G” NON-COLLUSION AFFIDAVIT

EXHIBIT “H” DISPUTES DISCLOSURE

COFB OF FERNANDINA BEACH
REQUEST FOR PROPOSAL 24-07
THIRD PARTY AMBULANCE/EMS BILLING SERVICES

EXHIBIT "A"
CONTACT SHEET

Name: Digitech Computer LLC

Federal Taxpayer ID: EIN 11-2693136

Mailing Address: 480 Bedford Road, Building 600, 2nd Floor

COFB, State, & Zip Code: Chappaqua, NY, 10514

Telephone: 914-741-1919 Fax: 914-741-2818

Email: sales@digitechcomputer.com

Submitted By: Mark Schiowitz

Title: President and CEO

Accounting Contact:

Name: Accounts Receivable Title: Finance Department

Email Address: AccountsReceivable@digitechcomputer.com Phone: 914-741-1919

THIS FORM MUST BE INCLUDED WITH BID/PROPOSAL

COFB OF FERNANDINA BEACH
REQUEST FOR PROPOSAL 24-07
THIRD PARTY AMBULANCE/EMS BILLING SERVICES

EXHIBIT "A-1"

PRICE SUBMITTAL FORM


The undersigned, having carefully examined and being familiar with the obstacles and conditions that will be encountered during the execution of the Contract, hereby offers and agrees to furnish all labor, supervision and materials necessary to the perform the Contract Services in accordance with the proposed contract documents, without exception for the following:

It is agreed by the undersigned offer or that the signature and submission of this proposal represents the PROPOSER'S acceptance of all terms, conditions, and requirements of specifications and, if awarded, the proposal will become part of the contract agreement between the parties.

Overall Contract Fee or percentage for EMS Billing Services as outlined in the attached Scope of Services for all billings:

| | |
|---|------------------------------|
| Vendor Fee % per Claim (Excluding Medicaid): | % <u>4.95</u> |
| Medicaid Flat Fee Amount per Claim: | \$ <u>10.00</u> |
| Optional HIPAA Alternate Amount: | \$ <u>2.00 per transport</u> |
| Is there a minimum monthly fee? <u>Yes</u> If so: | \$ <u>\$5,000</u> |

Name (typed or printed): Mark Schiowitz

Signature 

Title: President and CEO

(CORPORATE SEAL)

Attest Joyce Kerulo, CFO

Date of Qualification to do business in Florida is 03 / 14 / 24.

State Contractor License No. DOCUMENT# M21000012041

THIS FORM MUST BE INCLUDED WITH BID/PROPOSAL

COFB OF FERNANDINA BEACH
REQUEST FOR PROPOSAL 24-07
THIRD PARTY AMBULANCE/EMS BILLING SERVICES

executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

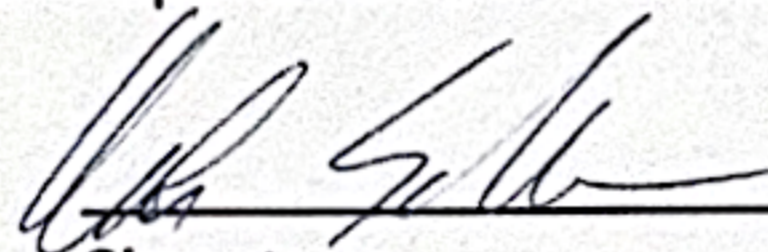
8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. (Please attach a copy of the final order.)

☐ The person or affiliate was placed on the convicted COMPANY list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in public interest to remove the person or affiliate from the convicted COMPANY list. (Please attach a copy of the final order.)

☐ The person or affiliate has not been placed on the convicted COMPANY list. (Please describe any action taken by, or pending with, the Department of General Services.)


Signature

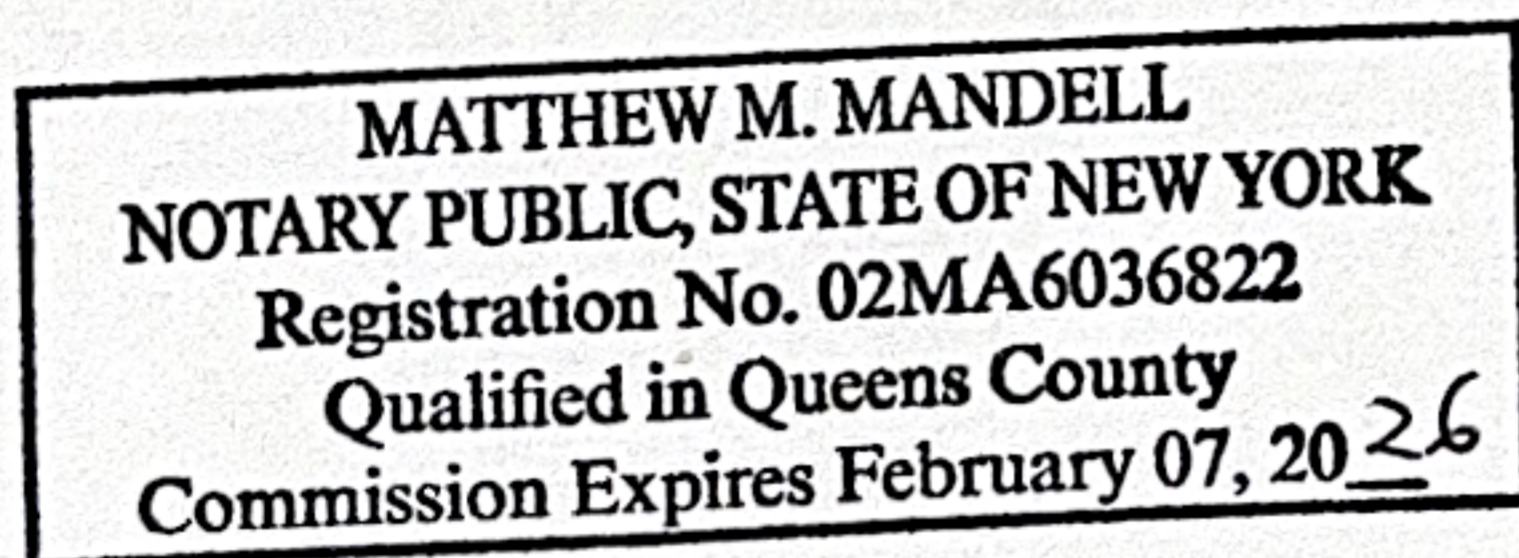
November 11, 2024

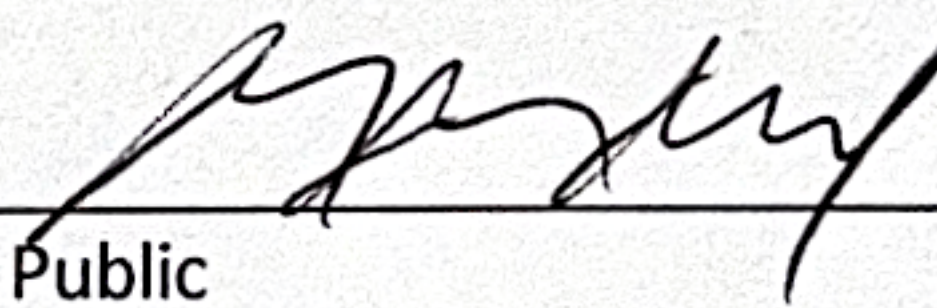
Date:

STATE OF ~~FLORIDA~~ New York
COUNTY OF Westchester

Mark Schowitz

PERSONALLY, APPEARED BEFORE ME, the undersigned authority, who, after first being sworn by me, affixed his/her signature at the space provided above on this 11 day of November, 2024 and is personally known to me, or has provided drivers license as identification.




Notary Public

My Commission expires: 2/7/26

THIS FORM MUST BE INCLUDED WITH BID/PROPOSAL

COFB OF FERNANDINA BEACH
REQUEST FOR PROPOSAL 24-07
THIRD PARTY AMBULANCE/EMS BILLING SERVICES

EXHIBIT "C"

DRUG-FREE WORKPLACE CERTIFICATION

The below-signed INDIVIDUAL/COMPANY certifies that it has implemented a drug-free workplace program. In order to have a drug-free workplace prepare, a business must:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or services a copy of the statement specified in paragraph 1.
4. In the statement in paragraph 1., notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of nolo contendere to, any violation occurring in the workplace no later than five (5) working days after such conviction.
5. Impose a sanction on or require fine satisfactory participation in drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I Certify that this COMPANY complies fully with the above drug-free workplace requirements.

COMPANY/CONTRACTOR: Digitech Computer LLC

COFB: Chappaqua STATE: NY ZIP CODE: 10514

SIGNATURE:  PHONE: 914-741-1919

NAME (TYPED OR PRINTED): Mark Schiowitz TITLE: President and CEO

THIS FORM MUST BE INCLUDED WITH BID/PROPOSAL

COFB OF FERNANDINA BEACH
REQUEST FOR PROPOSAL 24-07
THIRD PARTY AMBULANCE/EMS BILLING SERVICES

EXHIBIT "D"

E-VERIFY STATEMENT

Bid/Proposal Number: RFP# 24-07

Project Description: Third Party Ambulance/EMS Billing Services

I/COMPANY acknowledges and agrees to the following:

I/COMPANY will utilize the U.S. Department of Homeland Security's E-Verify system, in accordance with the terms governing use of the system, to COMPANY the employment eligibility of:

1. All persons employed by the COMPANY during the term of the Contract to perform employment duties within Florida; and
2. All persons assigned by the COMPANY to perform work pursuant to the contract with the Department.

Individual/Company/Contractor: Digitech Computer LLC

Authorized Signature: _____

Title: President and CEO

Date: November 11, 2024

THIS FORM MUST BE INCLUDED WITH BID/PROPOSAL

COFB OF FERNANDINA BEACH
REQUEST FOR PROPOSAL 24-07
THIRD PARTY AMBULANCE/EMS BILLING SERVICES

EXHIBIT "E"

PROPOSER ACKNOWLEDGEMENTS AND AGREEMENTS

The undersigned, as an employee or agent of the Proposer, having the authority to sign a binding agreement on behalf of the corporation, /Contractor, or COMPANY presenting this submittal, confirms understanding and/or agreement and/or takes exception with any statement in the following sections of this RFP document.

1. INTRODUCTION AND GENERAL INFORMATION
Understands and agrees to all terms.
2. PROPOSAL INSTRUCTIONS, TERMS AND CONDITIONS
Understands and agrees to all terms.
3. EVALUATION AND CONTRACT OVERVIEW
Understands and agrees to all terms.
4. PROPOSER'S RESPONSE: SUBMITTAL INFORMATION
Understands and agrees to all terms.
5. PROPOSER'S RESPONSE: PROPOSED TEAM
Understands and agrees to all terms.
6. PROPOSER'S RESPONSE: PROPOSED COMPENSATION
Understands and agrees to all terms.

Name: Mark Schiowitz Title: President and CEO

Signature:  Date: November 11, 2024

THIS FORM MUST BE INCLUDED WITH BID/PROPOSAL

COFB OF FERNANDINA BEACH
REQUEST FOR PROPOSAL 24-07
THIRD PARTY AMBULANCE/EMS BILLING SERVICES

EXHIBIT "F"

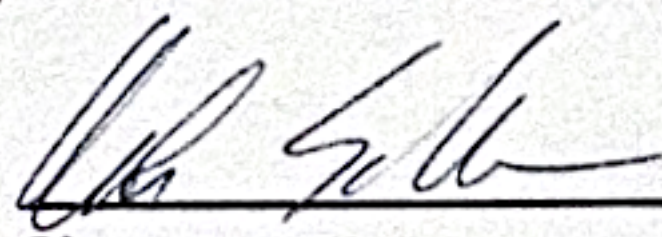
CONFLICT OF INTEREST STATEMENT

This sworn statement is submitted with Bid, Proposal or Contract for Third Party Ambulance/EMS Billing Services

This sworn statement is submitted by (entity) Digitech Computer LLC whose business address is 480 Bedford Road, Chappaqua NY, 10514 and (if applicable) Federal Employer Identification Number (FEIN) is EIN 11-2693136 (If a Sole Proprietor and you have no FEIN, include the last four (4) digits of your Social Security Number: N/A.)

My name is Mark Schiowitz and my relationship to the entity named above is President and CEO.

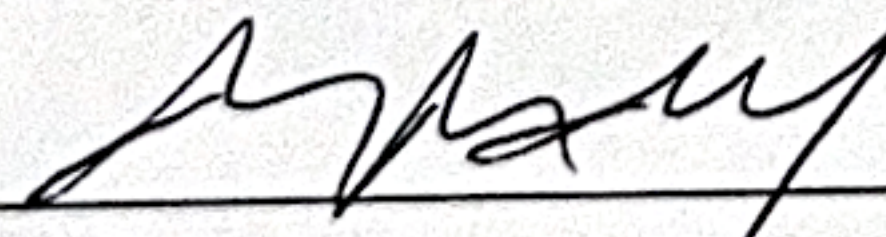
1. The above-named entity is submitting a Proposal for the COFB of Fernandina Beach.
2. The Affiant has made a diligent inquiry and provides the information contained in the Affidavit based upon his/her own knowledge.
3. The Affiant states that only one submittal for the above proposal is being submitted and that the above-named entity has no financial interest in other entities submitting proposals for the same project.
4. Neither the Affiant nor the above-named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity's submittal for the above proposal. This statement restricts the discussion of pricing data until the completion of negotiations if necessary and execution of the Contract for this project.
5. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise ineligible from participation in contract letting by any local, State, or Federal Agency.
6. Neither the entity nor its affiliates, nor anyone associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
7. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the COFB of Fernandina Beach.
8. I certify that no member of the entity's ownership or management, or staff has a vested interest in any aspect of the COFB of Fernandina Beach.
9. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above-named entity, will immediately notify the COFB of Fernandina Beach.


Signature

November 11, 2024
Date:

STATE OF ~~FLORIDA~~ NY
COUNTY OF Westchester

Mark Schiowitz
PERSONALLY, APPEARED BEFORE ME, the undersigned authority, who, after first being sworn by me, affixed his/her signature at the space provided above on this 11 day of November, 2024 and is personally known to me, or has provided driver's license as identification.


Notary Signature

My Commission expires: 2/7/26

MATTHEW M. MANDELL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02MA6036822
Qualified in Queens County
Commission Expires February 07, 2026

THIS FORM MUST BE INCLUDED WITH BID/PROPOSAL

COFB OF FERNANDINA BEACH
REQUEST FOR PROPOSAL 24-07
THIRD PARTY AMBULANCE/EMS BILLING SERVICES

EXHIBIT "G"

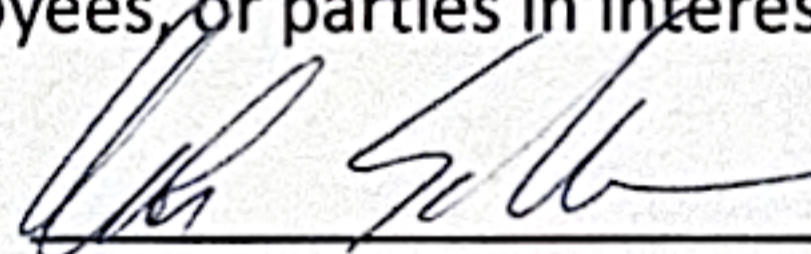
NON-COLLUSION AFFIDAVIT

This sworn statement is submitted with Bid, Proposal or Contract for Third Party Ambulance/EMS Billing Services

This sworn statement is submitted by (entity) Digitech Computer LLC whose business address is 480 Bedford Road, Chappaqua NY, 10514 and (if applicable) Federal Employer Identification Number (FEIN) is EIN 11-2693136 (If a Sole Proprietor and you have no FEIN, include the last four (4) digits of your Social Security Number: N/A.)

My name is Mark Schiowitz and my relationship to the entity named above is President and CEO.

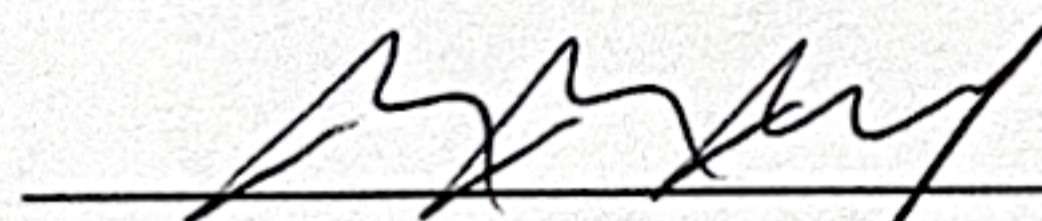
1. The above named is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;
2. Such Proposal is genuine and is not a collusive or sham proposal;
3. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, connived, or agreed, directly or indirectly, with any other Responder, COMPANY or person to submit a collusive or sham Proposal in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Responder, COMPANY, or person to fix the price or prices in the attached proposal or any other Responder, or to fix any overhead, profit or cost element of the proposal price or the proposal price of any other Responder, or to secure through any collusion, connivance, or unlawful agreement any advantage against the COFB of Fernandina Beach, Florida or any person interested in the proposed Contract; and
4. The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Responder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.


Signature

November 11, 2024
Date:

STATE OF ~~FLORIDA~~ NY
COUNTY OF Westchester

Mark Schiowitz
PERSONALLY, APPEARED BEFORE ME, the undersigned authority, who, after first being sworn by me, affixed his/her signature at the space provided above on this 11 day of November, 2024 and is personally known to me, or has provided driver's license as identification.


Notary Signature

My Commission expires: 2/7/26

MATTHEW M. MANDELL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02MA6036822
Qualified in Queens County
Commission Expires February 07, 2026

THIS FORM MUST BE INCLUDED WITH BID/PROPOSAL

COFB OF FERNANDINA BEACH
REQUEST FOR PROPOSAL 24-07
THIRD PARTY AMBULANCE/EMS BILLING SERVICES

EXHIBIT "H"

DISPUTES DISCLOSURE FORM

Answer the following questions by placing an "X" after "YES" or "NO". If you answer "YES", please explain in the space provided, or via attachment.

Has your COMPANY or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulations or any other regulatory agency or professional association within the last five (5) years?

YES _____ NO ✓

Has your COMPANY, or any member of your COMPANY, been declared in default, terminated or removed from a contract or job related to the services your COMPANY provides in the regular course of business within the last five (5) years?

YES _____ NO ✓

Has your COMPANY had against it or filed any request for equitable adjustment, contract claims, bid protest, or litigation in the past five (5) years that is related to the services your COMPANY provides in the regular course of business?

YES _____ NO ✓

If yes, state the nature of the request for equitable adjustment, contract claim, litigation, or protest, and state a brief description of the case, the outcome or status of the suit and the monetary amounts or extended contract time involved.

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts must be cause for forfeiture of rights for further consideration of this proposal for the COFB of Fernandina Beach.

Digitech Computer LLC

11/11/24

COMPANY

Date



Mark Schiowitz, President and CEO

Authorized Signature

Printed or Typed Name and Title

THIS FORM MUST BE INCLUDED WITH BID/PROPOSAL

APPENDICES



Digitech[®]

Expert EMS billing and technology

Reporting Suite

Digitech Computer LLC
480 Bedford Rd
Chappaqua, NY 10514
digitechcomputer.com

914.741.1919 (main)
914.741.2818 (fax)

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COMPREHENSIVE REPORTING SUITE

We know that your reporting requirements are crucial to this project, and we commit to exceeding your expectations. We believe that the best claims processing software would be inadequate without powerful reporting, and that's why we've integrated our powerful reporting suite across our entire Ambulance Commander platform.

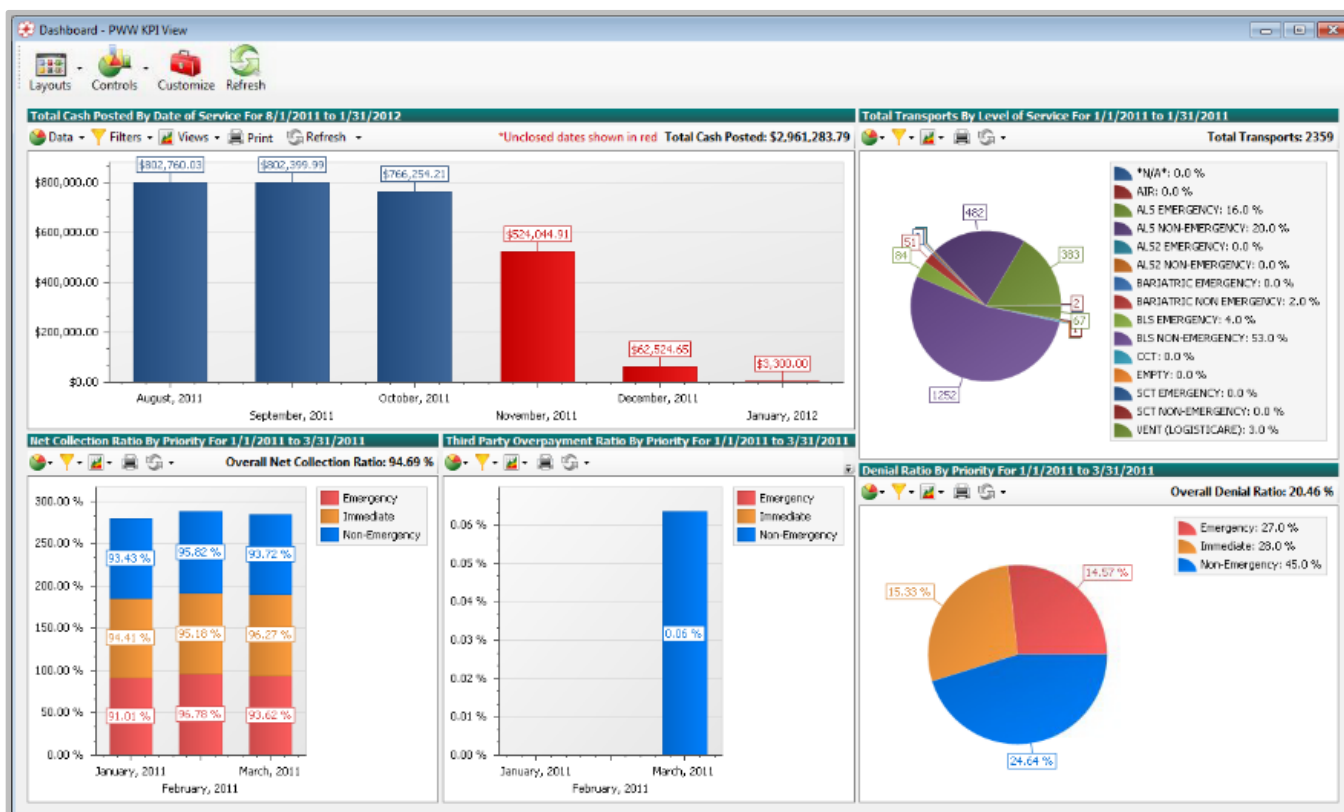
You'll find reporting tools in all our solutions. Report generators let you sort, filter, and run reports that you create based on tens of thousands of possible combinations of fields and criteria. This functionality gives you the ability to print virtually any report imaginable.

We will also provide all the reports you request. During implementation and throughout our partnership, we will discuss the parameters of each report with you so that we understand exactly what you need. All reports can be printed or downloaded in a variety of formats, including Excel, Word, XML, or PDF.

If you have specialized reporting requirements that are not already provided or cannot be created through our report generators, we will customize a reasonable number of reports needed at no cost, often within 24 hours of your request. You will have access to the reporting experts on our staff, including Max Dekle, our Data Analytics Specialist, and Mitch Holder, our Vice President of Analytics. We will make sure you have all the reporting tools necessary to effectively monitor and analyze your data.

In addition to the monthly operational and financial reporting packages we provide, you will be armed with our Dashboard and PCR Lens solutions, giving you powerful self-service reporting capability.

CONFIDENTIAL



Digitech's Dashboard

OPERATIONAL & FINANCIAL REPORTING & ANALYSIS SOLUTION

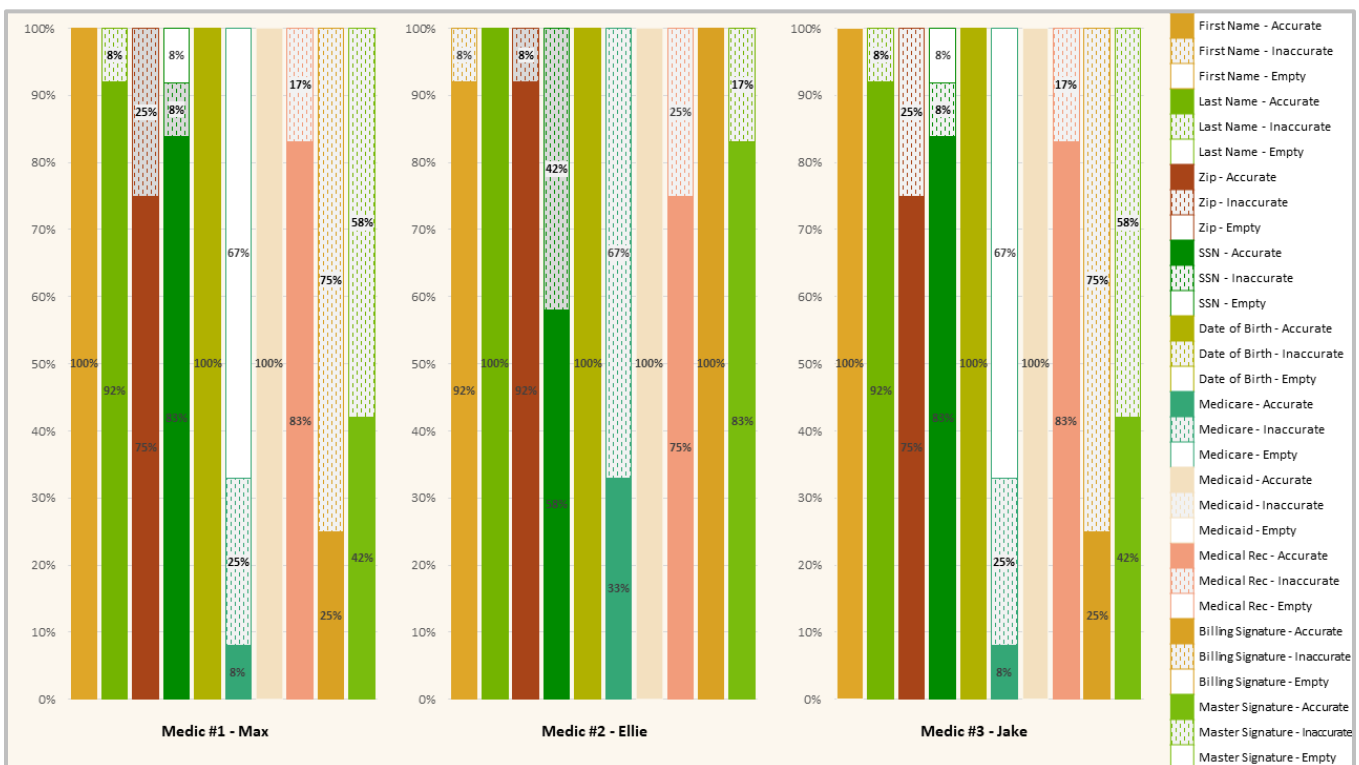
Digitech's Dashboard brings your operational and financial data into an easy-to-use interface that will enable your managers, administrators, and business analysts to get a real-time picture of any aspect of your operations. Dashboard's intuitive user interface provides a set of advanced reporting and analysis tools that will help your organization stay on top of the game and ahead of the curve.

The basic setup of Dashboard contains several pre-defined views and layouts displaying critical operational metrics, including a set of Key Performance Indicators validated the premier EMS law firm. In addition to these default options, Dashboard is also highly customizable, allowing users to configure and save personal views, so you'll see exactly what you need to know when you need to know it.

FIELD DATA QUALITY MONITORING & REPORTING SOLUTION

PCR Lens is our data quality reporting solution. It aggregates the pre-hospital data from your agency's EMS responses as they come to Digitech as Patient Care Reports. PCR Lens then displays the data in an interactive user interface. Here, you're able to create your own views and filters, making it easy to pinpoint problems, push training and re-education where it's needed, and identify high-performing individuals and crews.

With PCR Lens, you can also compare your agency's pre-hospital data as it comes to us through the ePCR with that same data after we've run it through Ambulance Commander. We perform error-scrubbing and match information against national demographic databases. Then our certified ambulance coders review and edit data during the creation of the claim.



The initial data collected in the field can be compared with the same data after these Digitech processes take place. Chiefs, EMS Directors, and QA/QI Administrators can quickly and accurately analyze the data collected by your medics and compare their efforts to peers, other shifts, other stations, and even other EMS organizations.

PCR Lens helps you make sense of the mountains of data collected by your medics and push improvements in efficiency, better patient care and outcomes, and increased revenue for the department.



Their reporting system, combined with the Dashboard, provides access to all of our data on a real-time basis which enhances the decision-making process.

NEIL J. DEPASCAL, JR., CPA
Deputy Assistant Director, CFO
Houston Fire Department, TX

OTHER REPORTS AND PACKAGES

In addition to Dashboard and PCR Lens, we provide you pre-configured reports, including a monthly reporting package. Two of our most popular canned reports are the Financial Scorecard and the Analytical Scorecard.

FINANCIAL SCORECARD

The Financial Scorecard allows you to follow the money at any point in your revenue cycle. The report tracks every dollar of your charges until payment is complete, allowing you to instantly review all receivables and view a breakdown by payer, facilities, or patients for any date range.

ANALYTICAL SCORECARD

The Analytical Scorecard gives you a complete picture of your critical data. The report analyzes claim costs and charges on a per-carrier basis. You may define one or more options for Top Priority, Financial Groups, Service Level, Trip Class, and Company data to include in a report.

MONTHLY REPORTING AND FINANCIAL PACKAGES

Digitech's standard monthly reporting package includes both detailed and graphical representations of critical financial data including sales, cash receipts, adjustments, accounts receivable, days sales outstanding, collection percentages, collections per transport, and more.

We deliver this package to your specifications on a mutually agreed upon schedule. Whenever needed, authorized stakeholders from your organization can also produce these reports on demand.

At the end of each month, Digitech performs a hard close of all books and records, which ensures all accounting numbers related to sales, cash receipts, adjustments, and receivables for that month will never change. This makes it easy for anyone to review performance and identify specific topics to explore.

Digitech sends each client a monthly package of Transport and Accounting reports. All reports can be saved to a variety of file formats including Microsoft Word, Excel, Access, Crystal Reports, and Adobe PDF.

The following reports are included in the package:

- + Accounting Roll Forward - Monthly Financial Summary
- + Accounting Roll Forward - Monthly Claim Volume Summary
- + Accounting Roll Forward - Fiscal Year Financial Summary
- + Accounting Roll Forward - Fiscal Year Claim Volume Summary
- + Sales Original Report - Financial Group & Carrier Summary
- + Sales Original Report - Procedure Code Summary by Type
- + Sales Payer Reclassification Report - Financial Group & Carrier Summary
- + Adjustment Report - Adjustment Category Summary
- + Adjustment Report - Financial Group & Adjustment Category Summary
- + Adjustment Report - Adjustment Code Summary
- + Cash Receipts Report - Financial Group Summary
- + Cash Receipts Report - Deposit Date Summary
- + Receivables Report - Financial Group Summary - Aged from Date of Service

Please see the following pages for samples of our standard monthly reports.

REPORT SAMPLES AND SCREENSHOTS ARE CONFIDENTIAL TRADE SECRETS.

Accounting Roll Forward - Monthly Financial Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

| Mo End | Beginning AR | A (+) Sales Original | B (+) Sales Payer Reclass | C (-) Sales Adjustments | D (-) Bad Debt Adjustments | E (-) Contractual Adjustments | F (-) Cash Receipts | Ending AR | G Net Sales | H DSO |
|----------|--------------|----------------------------|---------------------------------|-------------------------------|----------------------------------|-------------------------------------|---------------------------|--------------|----------------|----------|
| Jul 2019 | 0.00 | 589,476.90 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 589,476.90 | 589,476.90 | 31 |
| Aug 2019 | 589,476.90 | 588,309.00 | 0.00 | 0.00 | 0.00 | 794.78 | 0.00 | 1,176,991.12 | 587,514.22 | 62 |
| Sep 2019 | 1,176,991.12 | 600,261.00 | 770.00 | 670.00 | 0.00 | 1,339.71 | 0.00 | 1,776,012.41 | 599,021.29 | 92 |
| Oct 2019 | 1,776,012.41 | 601,497.00 | 637,194.90 | 636,035.63 | 0.00 | 69,961.14 | 97,593.07 | 2,211,114.47 | 532,695.13 | 114 |
| Nov 2019 | 2,211,114.47 | 539,900.00 | 627,069.89 | 626,392.11 | 0.00 | 116,723.14 | 335,866.78 | 2,299,102.33 | 423,854.64 | 120 |
| Dec 2019 | 2,299,102.33 | 574,462.00 | 588,624.63 | 586,902.89 | 5,750.00 | 201,645.07 | 488,945.62 | 2,178,945.38 | 374,538.67 | 115 |
| Jan 2020 | 2,178,945.38 | 609,082.00 | 506,897.04 | 461,374.16 | 0.00 | 173,572.88 | 370,113.43 | 2,289,863.95 | 481,032.00 | 120 |
| Feb 2020 | 2,289,863.95 | 557,735.00 | 570,451.22 | 473,234.86 | 11,021.15 | 138,741.14 | 264,075.06 | 2,530,977.96 | 516,210.22 | 133 |
| Mar 2020 | 2,530,977.96 | 598,931.00 | 344,719.59 | 477,745.85 | 311,915.00 | 117,286.58 | 367,793.98 | 2,199,887.14 | 348,618.16 | 115 |
| Apr 2020 | 2,199,887.14 | 556,844.00 | 423,437.02 | 427,092.99 | 211,783.77 | 117,241.99 | 328,921.00 | 2,095,128.41 | 435,946.04 | 110 |
| May 2020 | 2,095,128.41 | 594,409.00 | 424,251.92 | 414,914.82 | 83,282.70 | 117,115.32 | 323,205.80 | 2,175,270.69 | 486,630.78 | 114 |
| Jun 2020 | 2,175,270.69 | 562,476.00 | 371,180.91 | 373,892.06 | 161,881.40 | 109,038.38 | 307,245.63 | 2,156,870.13 | 450,726.47 | 113 |
| Jul 2020 | 2,156,870.13 | 586,159.00 | 355,406.56 | 358,463.15 | 112,779.68 | 114,022.43 | 288,715.69 | 2,224,454.74 | 469,079.98 | 117 |
| Aug 2020 | 2,224,454.74 | 609,237.00 | 459,199.07 | 467,748.01 | 64,004.64 | 131,192.43 | 301,549.43 | 2,328,396.30 | 469,495.63 | 122 |
| Sep 2020 | 2,328,396.30 | 619,686.00 | 336,267.41 | 323,828.27 | 117,989.16 | 108,257.50 | 270,799.87 | 2,463,474.91 | 523,867.64 | 129 |
| Oct 2020 | 2,463,474.91 | 627,016.00 | 430,603.76 | 432,379.70 | 136,410.30 | 138,419.46 | 378,192.47 | 2,435,692.74 | 486,820.60 | 127 |
| Nov 2020 | 2,435,692.74 | 581,896.00 | 310,402.34 | 307,573.15 | 77,055.95 | 166,146.14 | 287,533.90 | 2,489,681.94 | 418,579.05 | 129 |
| Dec 2020 | 2,489,681.94 | 648,338.00 | 334,942.02 | 332,550.43 | 64,506.30 | 121,077.40 | 265,268.36 | 2,689,559.47 | 529,652.19 | 138 |
| Jan 2021 | 2,689,559.47 | 621,916.00 | 371,610.28 | 371,669.32 | 60,415.74 | 139,842.25 | 329,432.47 | 2,781,725.97 | 482,014.71 | 142 |
| Feb 2021 | 2,781,725.97 | 503,713.84 | 284,983.93 | 283,409.39 | 195,865.37 | 100,574.15 | 243,714.53 | 2,746,860.30 | 404,714.23 | 141 |
| Mar 2021 | 2,746,860.30 | 601,740.00 | 392,901.58 | 389,097.20 | 162,603.70 | 129,371.34 | 377,339.34 | 2,683,090.30 | 476,173.04 | 138 |
| Apr 2021 | 2,683,090.30 | 584,722.00 | 316,694.87 | 316,405.97 | 178,919.15 | 105,811.96 | 370,013.05 | 2,613,357.04 | 479,198.94 | 134 |
| May 2021 | 2,613,357.04 | 632,005.00 | 341,532.43 | 338,599.12 | 164,005.01 | 120,182.13 | 300,635.34 | 2,663,472.87 | 514,756.18 | 135 |
| Jun 2021 | 2,663,472.87 | 574,617.00 | 271,630.23 | 267,568.97 | 264,777.90 | 99,115.91 | 298,379.03 | 2,579,878.29 | 479,562.35 | 131 |

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

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Ambulance Commander[®] 

Accounting Roll Forward - Monthly Claim Volume Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

| Mo End | I A0427 ALS E | J A0429 BLS E | K A0429QL RT | L A0433 ALS 2 | M A0998 A0998 | Total |
|----------|---------------------|---------------------|--------------------|---------------------|---------------------|-------|
| Jul 2019 | 499 | 334 | 0 | 18 | 0 | 851 |
| Aug 2019 | 521 | 303 | 0 | 21 | 0 | 845 |
| Sep 2019 | 544 | 318 | 0 | 7 | 0 | 869 |
| Oct 2019 | 529 | 326 | 0 | 14 | 0 | 869 |
| Nov 2019 | 469 | 299 | 0 | 17 | 0 | 785 |
| Dec 2019 | 497 | 318 | 0 | 14 | 0 | 829 |
| Jan 2020 | 524 | 337 | 0 | 16 | 0 | 877 |
| Feb 2020 | 440 | 344 | 0 | 19 | 0 | 803 |
| Mar 2020 | 496 | 351 | 0 | 21 | 0 | 868 |
| Apr 2020 | 430 | 353 | 0 | 23 | 0 | 806 |
| May 2020 | 478 | 363 | 0 | 20 | 0 | 861 |
| Jun 2020 | 459 | 332 | 0 | 21 | 0 | 812 |
| Jul 2020 | 475 | 352 | 0 | 19 | 0 | 846 |
| Aug 2020 | 532 | 331 | 0 | 18 | 0 | 881 |
| Sep 2020 | 514 | 356 | 0 | 28 | 0 | 898 |
| Oct 2020 | 530 | 365 | 0 | 18 | 0 | 913 |
| Nov 2020 | 493 | 336 | 0 | 18 | 0 | 847 |
| Dec 2020 | 508 | 405 | 0 | 29 | 0 | 942 |
| Jan 2021 | 526 | 354 | 0 | 32 | 0 | 912 |
| Feb 2021 | 419 | 295 | 0 | 21 | 0 | 735 |
| Mar 2021 | 468 | 392 | 0 | 23 | 0 | 883 |
| Apr 2021 | 501 | 325 | 0 | 28 | 0 | 854 |
| May 2021 | 527 | 383 | 0 | 19 | 0 | 929 |
| Jun 2021 | 489 | 326 | 1 | 19 | 0 | 835 |

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

CONFIDENTIAL

Ambulance Commander[®] 

Accounting Roll Forward - Fiscal Year Financial Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

| Mo End | Beginning AR | A (+) Sales Original | B (+) Sales Payer Reclass | C (-) Sales Adjustments | D (-) Bad Debt Adjustments | E (-) Contractual Adjustments | F (-) Cash Receipts | Ending AR | G Net Sales | H DSO |
|---------------|--------------|----------------------------|---------------------------------|-------------------------------|----------------------------------|-------------------------------------|---------------------------|--------------|----------------|----------|
| FYE 09/19* | 0.00 | 1,778,046.90 | 770.00 | 670.00 | 0.00 | 2,134.49 | 0.00 | 1,776,012.41 | 1,776,012.41 | 92 |
| FYE 09/20 | 1,776,012.41 | 7,010,418.00 | 5,644,700.16 | 5,627,624.80 | 1,080,407.50 | 1,514,798.00 | 3,744,825.36 | 2,463,474.91 | 5,512,695.36 | 129 |
| FYE 09/21 YTD | 2,463,474.91 | 5,375,963.84 | 3,055,301.44 | 3,039,253.25 | 1,304,559.42 | 1,120,540.74 | 2,850,508.49 | 2,579,878.29 | 4,271,471.29 | 131 |

* - Denotes short fiscal year. Digitech billing commenced with January 01, 1975 dates of service.

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

CONFIDENTIAL

Ambulance Commander[®] 

Accounting Roll Forward - Fiscal Year Claim Volume Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

| Fiscal Yr. End | I A0427 ALS E | J A0429 BLS E | K A0429QL RT | L A0433 ALS 2 | M A0998 A0998 | Total |
|----------------|---------------------|---------------------|--------------------|---------------------|---------------------|--------|
| FYE 09/19* | 1,564 | 955 | 0 | 46 | 0 | 2,565 |
| FYE 09/20 | 5,843 | 4,062 | 0 | 230 | 0 | 10,135 |
| FYE 09/21 YTD | 4,461 | 3,181 | 1 | 207 | 0 | 7,850 |

* - Denotes short fiscal year. Digitech billing commenced with January 01, 1975 dates of service.

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

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Ambulance Commander[®] 

Sales Original Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

| Financial Group / Carrier | Sale |
|---------------------------|------|
|---------------------------|------|

INSURANCE

| | |
|-----------------------------------|------------------|
| AETNA US HEALTHCARE (AETNA) | 16,091.00 |
| BCBS OF TX (BCBS) | 18,500.00 |
| BCBS OF TX FED (BCBS FED) | 630.00 |
| CHAMPVA (CHAMPVA) | 830.00 |
| CIGNA (CIGNA) | 6,720.00 |
| FIRST HEALTH NETWORK (FIRSTHEALT) | 730.00 |
| HUMANA CHOICECARE (HUMANA CHO) | 630.00 |
| MEDICA PLANS (MEDICA) | 640.00 |
| NALC (PRIMARY) (NALC WEB) | 1,410.00 |
| PCIP (PCIP) | 730.00 |
| TRICARE SOUTH (TRI SOUTH) | 770.00 |
| UNITED (UNITED) | 25,490.00 |
| Total for INSURANCE | 73,171.00 |

MEDICAID

| | |
|--|-----------------|
| MEDICAID Medicaid Insurance Program (MEDICAID) | 6,002.00 |
| Total for MEDICAID | 6,002.00 |

MEDICAID HMO

| | |
|-----------------------------------|------------------|
| AMERIGROUP (CAID HMO) (AMERIGRP) | 7,500.00 |
| MOLINA HP (CAID HMO) (MOLINA) | 2,740.00 |
| PARKLAND (CAID HMO) (PARKLAND) | 4,930.00 |
| SUPERIOR HP (CAID HMO) (SUPERIOR) | 4,280.00 |
| Total for MEDICAID HMO | 19,450.00 |

MEDICARE

| | |
|--|-------------------|
| MEDICARE Medicare Insurance Program (MEDICARE) | 137,516.00 |
| Total for MEDICARE | 137,516.00 |

MEDICARE HMO

| | |
|-------------------------------|----------|
| AETNA (MCR HMO) (AETNAMC) | 5,440.00 |
| BCBS OF TX (MCR HMO) (BCBSMC) | 680.00 |

Sales Original Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

| Financial Group / Carrier | Sale |
|---|------------------|
| BRAVO HEALTH (BRAVOMC) | 670.00 |
| CARE IMPROVEMENT PLUS OF TEXAS (CAREIMP) | 1,450.00 |
| HEALTHSPRING LIFE & HEALTH (MC HMO) (HEALTHSMC) | 2,850.00 |
| HUMANA (CARE HMO) (HUMANAMC) | 4,780.00 |
| SELECT CARE OF TX (SELECTMC) | 1,408.00 |
| UNITED (MCR HMO) (UNITED MC) | 11,780.00 |
| Total for MEDICARE HMO | 29,058.00 |

| | |
|---------------------------------------|-------------------|
| PATIENT | |
| HOMELESS (HOMELESS) | 11,840.00 |
| PATIENT PRIVATE PAY PATIENT (PATIENT) | 297,580.00 |
| Total for PATIENT | 309,420.00 |

| | |
|---------------------|-------------------|
| Grand Total: | 574,617.00 |
|---------------------|-------------------|

| Filter Criteria | |
|-----------------|------------|
| Sale Date From: | 06/01/2021 |
| Sale Date To: | 06/30/2021 |

Sales Original Report - Procedure Code Summary by Type

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

| Procedure Code by Type | Units | Sale |
|---------------------------------|-----------------|-------------------|
| Base | | |
| A0427 | 489.00 | 298,200.00 |
| A0429 | 326.00 | 197,350.00 |
| A0429QL | 1.00 | 600.00 |
| A0433 | 19.00 | 11,500.00 |
| Subtotal Base | 835.00 | 507,650.00 |
| Mileage | | |
| A0425 | 4,116.70 | 41,167.00 |
| Subtotal Mileage | 4,116.70 | 41,167.00 |
| Surgical Supply | | |
| MEDFEE | 136.00 | 6,800.00 |
| NONRES | 190.00 | 19,000.00 |
| Subtotal Surgical Supply | 326.00 | 25,800.00 |
| Grand Total | 5,277.70 | 574,617.00 |

Filter Criteria

Sale Date From: 06/01/2021

Sale Date To: 06/30/2021

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

Financial Group / Carrier

Sale

ATTORNEY

| | |
|---|------------------|
| ATTORNEY (ATTORNEY) | 6,411.68 |
| JIM ADLER & ASSOCIATES (JIMADLER) | 720.00 |
| LAW OFFICES LYON, GORSKY, HARING, GILBERT & LIVING (LYON) | 810.00 |
| LAW OFFICES OF MARIO DAVILA (MARIO) | 1,340.00 |
| REGIS MULLEN & SHANE MULLEN (REGIS) | 750.00 |
| THE BARBER LAW FIRM (BARBERLAW) | 6,400.00 |
| Total for ATTORNEY | 16,431.68 |

FACILITY

| | |
|--|-----------------|
| HOSPICE PLUS - CENTRAL DALLAS (HOSPICEPLU) | 770.00 |
| VA FEE DEPT. BONHAN (VA HOSP) | 512.00 |
| Total for FACILITY | 1,282.00 |

INSURANCE

| | |
|---|-----------|
| AARP (AARP) | 4,489.67 |
| AETNA PAPER (AETNA (PAP) | 289.07 |
| AETNA SIGNATURE ADMIN (AETNASIGN) | 760.00 |
| AETNA US HEALTHCARE (AETNA) | 16,250.11 |
| AFLAC (AFLAC) | 74.27 |
| AMALGAMATED LIFE (AMALGAMATE) | 70.76 |
| APWU (APWU) | 1,450.00 |
| ASSURANT HEALTH (ASSURANT) | 710.00 |
| BANKERS (BANKERS) | 83.17 |
| BCBS OF TX (BCBS) | 29,605.95 |
| BCBS OF TX (PAPER) (BCBSTX) | 4,087.54 |
| BCBS OF TX FED (BCBS FED) | 680.00 |
| BLUE CROSS BLUE SHIELD OF MICHIGAN (BCBSMI) | 140.53 |
| CELTIC INSURANCE COMPANY (CELTIC) | 88.41 |
| CENTRAL INSURANCE (CENTRALINS) | 710.00 |
| CHAMPVA (CHAMPVA) | 71.61 |
| CHCS SERVICES, INC (CHCS) | 321.75 |
| CHRISTIAN FIDELITY (CHRISTIAN) | 288.07 |

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

| Financial Group / Carrier | Sale |
|---|-------------------|
| CIGNA (CIGNA) | 9,321.58 |
| CONTINENTAL LIFE INSURANCE (CONTINENTA) | 85.58 |
| COVENTRY HEALTHCARE (COVENTRY) | 791.04 |
| CRIME VICTIMS SERVICES (CRIME) | 819.67 |
| EQUITABLE LIFE & CASUALTY INSURANCE COMPANY (EQUITABLE) | 86.85 |
| FOREIGN SERVICE BENEFIT PLAN (FOREIGN) | 780.00 |
| GEHA (GEHA) | 704.88 |
| GHI (GHI) | 144.63 |
| GOLDEN RULE (GOLD) | 81.04 |
| GOLDEN RULE 2 (GOLDEN) | 69.91 |
| GPA (GPA) | 650.00 |
| GROUP RESOURCES (GROUPRES) | 730.00 |
| HUMANA CH PAPER (HUMANA CH) | 620.00 |
| HUMANA CHOICECARE (HUMANA CHO) | 790.00 |
| HUMANA ONE (HUMANA ONE) | 1,990.00 |
| INTERGOVERNMENTAL EMPLOYEE (TML) | 720.00 |
| LOYAL AMERICAN LIFE INSURANCE CO (LOYAL) | 270.95 |
| MONUMENTAL LIFE INS CO (MONUMENT) | 238.59 |
| MUTUAL OF OMAHA PLAZA (MUTUAL) | 725.74 |
| POMCO GROUP (POMCO) | 88.56 |
| PRINCIPAL LIFE INS CO (PRINCIPAL) | 79.62 |
| PURITAN LIFE INSURANCE COMPANY OF AMERICA (PURITAN LI) | 75.01 |
| STERLING LIFE INSURANCE COMPANY (STERLING) | 83.59 |
| TRICARE FOR LIFE (TRICAREFOR) | 3,090.84 |
| TRICARE SOUTH (TRI SOUTH) | 770.00 |
| UMR (UMR) | 3,147.74 |
| UNICARE (UNICARE) | 70.19 |
| UNITED (UNITED) | 18,638.38 |
| UNITED HEALTHCARE (UNITED2) | 2,710.00 |
| US HEALTH AND LIFE (USHEALTH) | 680.00 |
| USAA LIFE INS (USAA) | 879.50 |
| Total for INSURANCE | 110,104.80 |

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

Financial Group / Carrier

Sale

MEDICAID

| | |
|--|-----------|
| MEDICAID Medicaid Insurance Program (MEDICAID) | 10,537.13 |
|--|-----------|

| | |
|---------------------------|------------------|
| Total for MEDICAID | 10,537.13 |
|---------------------------|------------------|

MEDICAID HMO

| | |
|----------------------------------|----------|
| AMERIGROUP (CAID HMO) (AMERIGRP) | 2,110.00 |
|----------------------------------|----------|

| | |
|-------------------------------|--------|
| MOLINA HP (CAID HMO) (MOLINA) | 822.74 |
|-------------------------------|--------|

| | |
|--------------------------------|----------|
| PARKLAND (CAID HMO) (PARKLAND) | 1,340.00 |
|--------------------------------|----------|

| | |
|-----------------------------------|--------|
| SUPERIOR HP (CAID HMO) (SUPERIOR) | 650.00 |
|-----------------------------------|--------|

| | |
|-------------------------------|-----------------|
| Total for MEDICAID HMO | 4,922.74 |
|-------------------------------|-----------------|

MEDICARE

| | |
|--|-----------|
| MEDICARE Medicare Insurance Program (MEDICARE) | 16,453.27 |
|--|-----------|

| | |
|-------------------------------|--------|
| MEDICARE SECONDARY (MEDICAR2) | 335.67 |
|-------------------------------|--------|

| | |
|---------------------------|------------------|
| Total for MEDICARE | 16,788.94 |
|---------------------------|------------------|

MEDICARE HMO

| | |
|---------------------------|----------|
| AETNA (MCR HMO) (AETNAMC) | 1,420.00 |
|---------------------------|----------|

| | |
|---------------------------|--------|
| CIGNA (MCR HMO) (CIGNAMC) | 690.00 |
|---------------------------|--------|

| | |
|---|--------|
| HEALTHSPRING LIFE & HEALTH (MC HMO) (HEALTHSMC) | 650.00 |
|---|--------|

| | |
|------------------------------|--------|
| HUMANA (CARE HMO) (HUMANAMC) | 630.00 |
|------------------------------|--------|

| | |
|------------------------------|----------|
| UNITED (MCR HMO) (UNITED MC) | 1,330.00 |
|------------------------------|----------|

| | |
|-------------------------------|-----------------|
| Total for MEDICARE HMO | 4,720.00 |
|-------------------------------|-----------------|

NF

| | |
|--|----------|
| CONSUMERS COUNTY MUTUAL INS. CO. (CONSUMERS) | 1,340.00 |
|--|----------|

| | |
|--------------------------------|--------|
| FARMERS INSURANCE (FARMERSMVA) | 620.00 |
|--------------------------------|--------|

| | |
|-------------------------|----------|
| GEICO (NOFAULT) (GEICO) | 2,060.00 |
|-------------------------|----------|

| | |
|--------------------|----------|
| NO FAULT (NOFAULT) | 9,265.00 |
|--------------------|----------|

| | |
|---------------------------|--------|
| SAFECO INSURANCE (SAFECO) | 730.00 |
|---------------------------|--------|

| | |
|--------------------------------|--------|
| STATE FARM INS(NF) (STATEFARM) | 223.97 |
|--------------------------------|--------|

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

| Financial Group / Carrier | Sale |
|-------------------------------------|------------------|
| TEXAS MUTUAL INSURANCE (TEXAS WC) | 620.00 |
| THE GUERRERO LAW OFFICES (GUERRERO) | 1,460.00 |
| TRAVELERS INSURANCE (TRAVELERS1) | 610.00 |
| WORKERS COMP (W/COMP) | 2,090.00 |
| Total for NF | 19,018.97 |

| | |
|---------------------------------------|------------------|
| PATIENT | |
| BANKRUPTCY (BANKRUPTCY) | 1,518.00 |
| PATIENT PRIVATE PAY PATIENT (PATIENT) | 86,305.97 |
| Total for PATIENT | 87,823.97 |

| | |
|---------------------|-------------------|
| Grand Total: | 271,630.23 |
|---------------------|-------------------|

Filter Criteria

Sale Date From: 06/01/2021
Sale Date To: 06/30/2021

Adjustment Report - Adjustment Category Summary

Demo System - Demonstration

Adjustment Dates: From: 6/1/2021, To: 6/30/2021

| Adjustment Category | Adjusted Amount |
|---------------------|-------------------|
| Bad Debt | 264,777.90 |
| Contractual | 99,115.91 |
| Sales | 267,568.97 |
| Grand Total: | 631,462.78 |

Filter Criteria

Adjustment Date From: 06/01/2021
Adjustment Date To: 06/30/2021

Adjustment Report - Financial Group & Adj Category Summary

Demo System - Demonstration

Adjustment Dates: From: 6/1/2021, To: 6/30/2021

| Financial Group/Adjustment Category | Adjusted Amount |
|-------------------------------------|------------------|
| ATTORNEY | |
| Contractual | 0.02 |
| Sales | 2,820.00 |
| Total For: ATTORNEY | 2,820.02 |
| FACILITY | |
| Contractual | 339.89 |
| Total For: FACILITY | 339.89 |
| INSURANCE | |
| Bad Debt | 1,430.00 |
| Contractual | 1,837.47 |
| Sales | 67,498.98 |
| Total For: INSURANCE | 70,766.45 |
| MEDICAID | |
| Bad Debt | 1,508.57 |
| Contractual | 4,537.60 |
| Sales | 6,076.67 |
| Total For: MEDICAID | 12,122.84 |
| MEDICAID HMO | |
| Contractual | 21,853.26 |
| Sales | 2,329.49 |
| Total For: MEDICAID HMO | 24,182.75 |
| MEDICARE | |
| Contractual | 57,722.75 |
| Sales | 31,521.87 |
| Total For: MEDICARE | 89,244.62 |
| MEDICARE HMO | |
| Contractual | 12,615.14 |
| Sales | 9,558.92 |

Adjustment Report - Financial Group & Adj Category Summary

Demo System - Demonstration

Adjustment Dates: From: 6/1/2021, To: 6/30/2021

| Financial Group/Adjustment Category | Adjusted Amount |
|-------------------------------------|-----------------|
| Total For: MEDICARE HMO | 22,174.06 |

NF

| | |
|---------------|----------|
| Contractual | 208.54 |
| Sales | 3,048.67 |
| Total For: NF | 3,257.21 |

PATIENT

| | |
|--------------------|------------|
| Bad Debt | 261,839.33 |
| Contractual | 1.24 |
| Sales | 144,714.37 |
| Total For: PATIENT | 406,554.94 |

| | |
|--------------|------------|
| Grand Total: | 631,462.78 |
|--------------|------------|

Filter Criteria

| | |
|-----------------------|------------|
| Adjustment Date From: | 06/01/2021 |
| Adjustment Date To: | 06/30/2021 |

Adjustment Report - Adjustment Code Summary

Demo System - Demonstration

Adjustment Dates: From: 6/1/2021, To: 6/30/2021

| Adjustment Code | Adjustment Code Description | Category | Adjusted Amount |
|-----------------|-----------------------------------|-------------|-----------------|
| CA | CONTRACTUAL ALLOWANCE | Contractual | 99,107.44 |
| DEDUCTIBLE | DEDUCTIBLE AMOUNT | Sales | 3,574.23 |
| IN | INTEREST | Contractual | 8.47 |
| RC | CARRIER/PROC RECLASSIFICATION | Sales | 215,632.74 |
| UN | SENT TO COLLECTIONS | Bad Debt | 2,938.57 |
| UP | UNPAID PAYMENT PLAN | Bad Debt | 261,839.33 |
| UT | UNCOLLECTIBLE SENT TO COLLECTIONS | Bad Debt | 0.00 |
| XO | CROSSOVER | Sales | 48,362.00 |

| | |
|--------------|------------|
| Grand Total: | 631,462.78 |
|--------------|------------|

Filter Criteria

Adjustment Date From: 06/01/2021
Adjustment Date To: 06/30/2021

Cash Receipts Report - Financial Group Summary

Demo System - Demonstration

Deposit Dates: From: 06/01/2021, To: 06/30/2021

Financial Group Summary

Paid

| | |
|-------------------------|------------|
| ATTORNEY (INSURANCE) | 2,339.66 |
| FACILITY (INSURANCE) | 920.11 |
| INSURANCE (INSURANCE) | 126,454.30 |
| MEDICAID (MEDICAID) | 6,865.13 |
| MEDICAID HMO (MEDICAID) | 14,007.64 |
| MEDICARE (MEDICARE) | 77,284.39 |
| MEDICARE HMO (MEDICARE) | 16,065.65 |
| NF (INSURANCE) | 14,603.64 |
| PATIENT (PATIENT) | 39,838.51 |

Grand Total

298,379.03

Filter Criteria

Deposit Date From: 06/01/2021
Deposit Date To: 06/30/2021

Cash Receipts Report - Deposit Date Summary

Demo System - Demonstration

Deposit Dates: From: 06/01/2021, To: 06/30/2021

| Deposit Date | Paid |
|--------------|-----------|
| 06/01/2021 | -5,011.17 |
| 06/03/2021 | 20,647.54 |
| 06/04/2021 | 30,927.86 |
| 06/05/2021 | 4,647.01 |
| 06/06/2021 | 9,812.96 |
| 06/07/2021 | 11,069.72 |
| 06/10/2021 | 18,531.88 |
| 06/11/2021 | 11,621.64 |
| 06/12/2021 | 15,950.51 |
| 06/13/2021 | 18,883.58 |
| 06/14/2021 | 5,577.71 |
| 06/17/2021 | 42,484.50 |
| 06/18/2021 | 19,887.62 |
| 06/19/2021 | 7,100.09 |
| 06/20/2021 | 6,267.34 |
| 06/21/2021 | 10,409.91 |
| 06/22/2021 | -154.00 |
| 06/24/2021 | 34,583.27 |
| 06/25/2021 | 10,981.58 |
| 06/26/2021 | 6,493.68 |
| 06/27/2021 | 11,699.30 |
| 06/28/2021 | 5,966.50 |

| | |
|-------------|------------|
| Grand Total | 298,379.03 |
|-------------|------------|

Filter Criteria

Deposit Date From: 06/01/2021

Deposit Date To: 06/30/2021

Receivables Report - Financial Group Summary - Aged From Date of Service

Demo System - Demonstration

AR Dates: Sales Through: 06/30/2021, As Of: 06/30/2021
 Additional filter criteria listed on last page of report

| Financial Group | No Aging (Unbilled) | 0-30 | 31-60 | 61-90 | 91-120 | 121-180 | 181-270 | 271-365 | 366-730 | Over 730 | Totals |
|-----------------|------------------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|-----------|
| ATTORNEY | | 750 | 4,340 | 670 | 6,230 | 4,280 | 14,580 | 6,342 | 19,152 | | 56,344 |
| FACILITY | | | | | 1,962 | 820 | 670 | 1,460 | 2,618 | | 7,530 |
| INSURANCE | | 86,296 | 65,340 | 37,868 | 20,226 | 16,404 | 9,600 | 4,021 | 1,034 | | 240,789 |
| MEDICAID | | 5,067 | 360 | 1,608 | 1,463 | 1,985 | 3,042 | 705 | -1,279 | | 12,951 |
| MEDICAID HMO | | 7,620 | 1,343 | 620 | 1,420 | 1,139 | 3,180 | 1,327 | 2,868 | | 19,517 |
| MEDICARE | | 64,430 | 10,671 | 2,087 | 63 | 1,054 | | 790 | -236 | | 78,860 |
| MEDICARE HMO | | 12,936 | 2,631 | 2,393 | 603 | 2,453 | 574 | 920 | -318 | | 22,192 |
| NF | | 1,440 | 2,760 | 7,519 | 4,063 | 8,139 | 17,653 | 6,534 | 11,254 | | 59,363 |
| PATIENT | | 301,095 | 231,692 | 192,991 | 170,272 | 264,609 | 115,447 | 239,892 | 566,335 | | 2,082,333 |
| Grand Totals | | 479,634 | 319,136 | 245,756 | 206,304 | 300,883 | 164,746 | 261,991 | 601,428 | | 2,579,878 |

Filter Criteria

Sales Through: 06/30/2021
 As Of: 06/30/2021
 Include Primary Claims: True
 Include Coinsurance Claims: True

CONFIDENTIAL

Ambulance Commander[®]  [®]



Digitech[®]

Expert EMS billing and technology

Résumés of Key Personnel

Digitech Computer LLC
480 Bedford Rd
Chappaqua, NY 10514
digitechcomputer.com

914.741.1919 (main)
914.741.2818 (fax)

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MARK SCHIOWITZ
PRESIDENT AND CHIEF
EXECUTIVE OFFICER

EDUCATION

Bachelor's Degree in Economics
Bucknell University, 1979

AFFILIATIONS

- American Ambulance Association
- Commission on Accreditation of Ambulance Services
- Healthcare Financial Management Association
- International Association of Fire Chiefs

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY
1984 - Present

Founded business and wrote first version of Ambulance Commander billing platform. Successfully directed the firm's growth to become the only ambulance billing company that has created and regularly updates its own award-winning technology for multiple Tier One clients. Remains actively involved in all aspects of the company's business and oversees the execution of all contracts.

GERALD METALS, INC.

STAMFORD, CT
1982 - 1984

Began a trading desk that focused on new financial products offered at COMEX and MERC, including Options on Bond Futures and Options on Gold Futures. Reworked the Black and Scholes Options Volatility Pricing Models for new futures markets and traded these instruments.

LOMBARD WALL, INC.

NEW YORK, NY
1981 - 1982

Money Market Trading Firm. Worked in the research area developing computer trading systems that defined the buy and sell points based on trending algorithms. Later moved to the trading desks to trade short-term government securities for the firm's portfolio.

E.F. HUTTON, INC.

NEW YORK, NY
1979-1981

Graduated from Management Training Program. Managed back office operations. Moved to Corporate Bond desk and became a junior fixed income trader.



JOYCE KERULO

CHIEF REVENUE OFFICER

EDUCATION

Bachelor's Degree in Accounting
Manhattan College, 1982

CERTIFICATIONS

- Certified Ambulance Coder certificate

AFFILIATIONS

- New Castle Parks & Recreation Commissioner
- New Castle Girls Soccer Coach
- Chair of the New Family Outreach Committee

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

1994 - Present

Oversees the processing of more than 4.7 million ambulance claims annually. Manages a staff of over 100 billing specialists.

Key Achievements:

- Built the company's billing service division from the ground up
- Supervises all aspects of billing service
- Manages department budget

EDWARD EHRBAR, INC.

PELHAM, NY

Assistant Controller, 1986 – 1993

Oversaw all aspects of Accounting Department including AP, AR, and Payroll. Provided financial reporting. Managed a staff of 15 employees.

MEDICAB, INC.

NEW YORK, NY

Assistant Controller

Provided direct support to billing staff. Managed a team of 8 employees. Supervised all aspects of the Accounting Department, including AP, AR, and Payroll. Provided financial reporting.



WALTER C. PICKETT II

CHIEF OPERATING OFFICER

EDUCATION

Bachelor's Degree in Mathematics
Susquehanna University, 1994

AFFILIATIONS

- New York Ambulette Coalition

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY
1994 - Present

Chief Operating Officer, 2018 – Present

Senior Vice President of Deployment and Support, 1999 – 2018

Manages team of software trainers, technical support staff, and software developers. Directly oversees all aspects of new client implementation. Works closely with new clients to ensure that any system customizations, including custom reporting requirements, are implemented before Go-Live date.

Customer Service Representative and Programmer, 1994 – 1999

Responsible for all customer support issues. Made required and customized program modifications. Setup and maintained hardware and networks for Digitech and clients.

CELLULAR ONE

PARAMUS, NJ
1994 - 1994

Directly involved with resolving customer service issues; managed overdue payment desk.



**BENJAMIN
LAMBERT**
**CHIEF INFORMATION
OFFICER**

EDUCATION

Executive MBA

Pace University, 2009

Valedictorian

Bachelor's Degree in Information
Technologies

University of Phoenix, 2007

Bachelor's Degree in Music Theory
Studies

Temple University, 2001

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2002 - Present

Vice President of Technology, 2012 – 2020

Oversees Development and IT teams. Focuses on process analysis, automation, and innovation. Manages resource allocation for IT and Development. Provides strategy and direction. Key

Achievements:

- Uses Agile/Scrum and Object-Oriented Programming (OOPS) methodologies to develop C# in the .Net framework (Visual Studio) connecting to MS SQL databases
- Conception and design of advanced billing technologies
- Led the migration to a virtualized infrastructure

Senior Software Engineer, 2002 – 2012

Designed and implemented an import engine to integrate with third-party ePCR vendors using XML over ASP.NET web services. Introduced real-time insurance eligibility. Revolutionized claim editing and coding process. Key Achievements:

- Team leader for the redesign of Ambulance Commander using a Microsoft .NET/SQL Server framework
- Introduced aggregated processing and reporting across all agency databases
- Conceptualized and oversaw development of an automated alert system to seek out issues and inefficiencies by comparing historical and real-time data
- Lead developer and PM for SecureDocs system, which provides web-based access to millions of EMS documents

ACCESS TECHNOLOGIES GROUP

PLYMOUTH MEETING, PA

ColdFusion Programmer, 2001 – 2002

MEIXLER TECHNOLOGIES

DREXEL, PA

Virtual Basic Development Consultant, 2001 – 2002



BRAD STUART

VICE PRESIDENT OF BILLING SOFTWARE

EDUCATION

Associate's Degree in Computer Programming
College of Westchester, 2000

Bachelor's Degree in Computer Science
Pace University, 1997

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY
2002 - Present

Initially hired as a Software Developer and promoted twice into roles of increasing technical and professional responsibility. Directs a staff of four software developers, overseeing new development and maintenance of medical billing, remittance posting, claim eligibility, patient portal, and file sending and receiving automation.

Key Achievements:

- Uses Agile/Scrum and Object-Oriented Programming (OOPS) methodologies to develop C# in the .Net framework (Visual Studio) connecting to MS SQL databases
- Directly administers or manages MS SQL database administrator functions, Windows Server, and IIS administration
- Implements the OnTime project management tool, increasing organizational efficiencies and individual/team accountabilities
- Facilitates requirements gathering and developing detailed specifications to generate high levels of client satisfaction
- Mitigates downtime with a dedicated server cluster, deployed SolarWinds for performance monitoring
- Maintains compliance with all applicable regulations, including HIPAA and SOC-1

Significant Projects:

- Architecture reviews with individual clients for PCI compliance
- Automated file sending and receiving functions, reducing labor by approx. 6,000 hours annually
- Developed and deployed the 835 remittance feature, significantly reducing time required for postings
- Designed file conversion feature for converting printed bills to PDF format for email
- Teamed with clients in providing MS SQL replications, reducing potential downtime and data loss

FRONTLINE COMMUNICATIONS, PEARL RIVER, NY

Network Administrator / Web Developer, 1998 – 2002

Designed, developed, and monitored e-commerce websites. Managed customer and corporate websites of Frontline Communications' live sites and company clients' websites.



FRAN CUZZO

VICE PRESIDENT OF BILLING SERVICES

CERTIFICATIONS

- Front Office Medicare
- National Association of Ambulance Coders

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2000 - Present

- Maintain staff of 40+ employees
- Oversee all aspects of patient collections and process electronic and paper billing
- Process electronic and paper billing
- Act as liaison for ambulance clients located around the country
- Support IT department with testing billing software

TRANSWORLD

JACKSONVILLE, FL

1999 - 2000

Managed Care / Medicare / Commercial Billing Manager

CARLSON WAGONLIT TRAVEL

PHOENIX, AZ

1997 - 1998

Travel Expense Manager

TRANSCARE NY (AA AMBULANCE CO.)

LONG ISLAND CITY, NY

1988 - 1997

Accounts Receivable Supervisor

EMPRESS AMBULANCE

YONKERS, NY

1988 - 1997

Dispatcher / Accounts Receivable Clerk



**MAXINE
D'AGOSTINO**
**VICE PRESIDENT OF
BILLING SERVICES**

EDUCATION

Bachelor's Degree in Health
Science
State University of New York
College at Cortland, 2010

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2012 – Present

Vice President of Billing Services, 2018 – Present

Billing Manager, 2012 – 2018

- Began tenure as Billing Representative and held positions as Medicare Manager and QA Manager
- Oversees the Medicare and QA departments
- Focuses on Digitech's adherence to Medicare's rules, regulations, and compliance standards



CATHY TENZYK
VICE PRESIDENT OF
BILLING SERVICES

CERTIFICATIONS

- CMS Certified in Coding and Medical Necessity
- National Association of Ambulance Coders

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2002 – Present

Supervises Compliance Auditing personnel. Works closely with Digitech's staff of claim editor and QA personnel as well as clients and outside auditors. Ensures that Digitech's billing and collection practices comply with all federal and state regulations. Advises clients on any changes to Medicare policies. Leads team in random audits of clients claims to ensure optimum compliance. Makes continuing recommendations to clients regarding all aspects of compliance and documentation.

Medicare Collection Manager, 2002 – 2012

Began as a Billing and Collection representative training on Ambulance Commander software in the Medicare Billing Department. Promoted after one year to Manager of Medicare Department. Gained knowledge about the use of OMNI PRO and other Medicare online systems and web-based insurance sites for the purpose of checking eligibility, claim status, and performing actual online claim adjustments.

Key Achievements:

- Trained and supervised team in Medicare ambulance billing and collections
- Oversaw and participated in the day-to-day responsibilities of billing and collecting Medicare claims
- Created and led the QA team, implemented to ensure compliant Medicare and Medicaid billing practices
- Keeps up to date on current Medicare and Medicaid regulations and guidelines to keep clients advised on changes in policies

JOHN A. GALENO, M.D.

WHITE PLAINS, NY

Medical Secretary, 1999 – 2002

ABBAY RICHMOND AMBULANCE SERVICE

WHITE PLAINS, NY

Billing and Collections Clerk, 1986 – 1999



DARRYL HARTUNG
SENIOR VICE PRESIDENT
OF CLIENT RELATIONS
AND SALES

EDUCATION

Associate's Degree in Business
Management
Broward Community College

Bachelor's Degree in Business
Administration and Management
Florida Atlantic University

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY
2000 – Present

Vice President, 2020 – Present

Vice President, Intermedix, 2000 – 2020

Responsible for the overall management of the client services for the southeast United States. Specific responsibilities included client management and account services.

MORTGAGE.COM

Mortgage Consultant/Manager, 1998 – 2000

Responsible for selling various custom loan programs for residential properties. Worked with executive management to establish goals and objectives for the sales department.

AMERICAN GENERAL FINANCE

Lending and Collections Administrator, 1998

SIRS, INC.

Proposal Coordinator, 1997 – 1998

ACOSTA SALES CO., INC.

Assistant Network Administrator, 1994 – 1997



MITCHEL HOLDER
EXECUTIVE VICE
PRESIDENT
OF ANALYTICS

EDUCATION

Level 1 and Level 2 Certificates in
local government finance officer
program

University of Georgia, Carl Vinson
Institute of Government

Business Management Coursework
Liberty University

Instructor Licenses for:

- ACLS
- PHTLS
- PALS
- CPR
- BTLs

Medical Supervisor, 2006 – 2009

- Served as extension of EMS Medical Director to ensure continuous quality improvement and provide medical-level risk management. Developed initiatives that led to better patient care and outcomes.
- Facilitated committees with the fire department's medical director, ER physicians, surgeons and anesthesiologists in order to foster positive working relationships between the fire services and hospital professionals.
- Established KPIs for paramedics and emergency room staff to measure performance. Established quality management programs for field paramedics.
- Investigated and completed reports on EMS related incidents and unusual occurrences in an effort to maintain integrity of proactive and aggressive Medical Operations and Standing Medical Orders.

Firefighter / Paramedic, Driver Engineer, Lieutenant, Captain, 1990-2005

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2017 - Present

Works with clients on reporting and data analytics, helping to create custom reports and to address any other needs that may arise. Develops and delivers training on the Ambulance Commander platform.

GWINNETT COUNTY FIRE & EMS

LAWRENCEVILLE, GA

1990 – 2017

Battalion Chief, Business Services, 2010 – 2017

- Developed and coordinated a \$100,000,000 Operating, Capital, and IT budget for the fire department. Managed EMS billing that resulted in improved revenue from \$9,000,000 in 2009 to \$16,000,000 in 2016.
- Approved and facilitated purchases of capital assets including facilities, apparatuses, and equipment. Wrote and managed contracts, Business Service Agreements, and Requests for Proposals.
- Wrote the fire department's HIPAA compliance plan.
- Served on the County's Sole Standardization committee to provide oversight of sole provider services. Served on the State EMS committee to negotiate healthcare reimbursement with Georgia Medicaid.



SCOT METCALF

REGIONAL SALES MANAGER

EDUCATION

Bachelor's Degree in Business
Management
University of Central Florida, 1996

CERTIFICATIONS

- State of Florida Certified Fire Officer
- State of Florida Certified Instructor III
- State of Florida Certified Rescue Specialist
- State of Florida Certified Firefighter
- National Registered EMT

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY
2020 - Present

Safety and sales professional with 9 years of public safety, 9 years of management, and 5 years of sales experience. Skilled at developing and cultivating relationships that positively impact business growth.

ESO SOLUTIONS

AUSTIN, TX

Regional Account Manager, 2016 – 2019

- Identified prospects, created new opportunities and revenue while selling ESO Fire/EMS SaaS to target accounts
- Contributed to sales growth of assigned region
- Attended tradeshow, built RFP responses, delivered presentations of ESO products to decision makers and end users

HCA HEALTHCARE

GREATER ORLANDO, FL

Regional EMS Coordinator, 2014 – 2016

- Built and sustained relationships with region's Fire/EMS administration staff and 50+ affiliated stations
- Served as primary liaison between facility O-Suites and Fire/EMS providers
- Facilitated/conducted training courses for Fire/EMS providers
- Member of HCA Sepsis, Stroke, STEMI and Trauma Committees charged with isolating Fire/EMS/Facility patient treatment and transfer opportunities

HEART UTILITIES, WINTER PARK, FL & SOUTHEAST U.S.

Groundman, 2013 – 2014

CITY OF OVEIDO FIRE RESCUE, OVEIDO, FL

Firefighter / Emergency Medical Technician (EMT), 2003 – 2012

Performed both firefighting and EMT responsibilities for a population of 33K. Gained expertise in wide array of local, state and federal safety regulations. Procured supplies and equipment from vendors. Conducted training, fire prevention assessments, and community outreach services. Elected by peer team as Firefighter of the Year, 2007.



MARY DELFRANCO
DIRECTOR OF ACCOUNT
MANAGEMENT

EDUCATION

Bachelor's Degree in Computer
Science, 1983

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2010 - Present

- Provide client training and maintain relationships with all clients
- Coordinate and test systems implementation for new clients
- Enroll clients in all aspects of claims billing and ensure clients maintain provider credentials
- Provide remote access support for system issue resolution & user inquiries
- Work with third-party vendors for requirements of systems integration with our software
- Train Account Managers on setup of client systems and providing system support

PROGRESSIVE PRODUCTS

RYE BROOK, NY

2007 - 2010

Administrative Sales Assistant

MEDICAL ARTS CENTER HOSPITAL

NEW YORK, NY

2005 – 2009

Project Assistant

COMPUTER SERVICES CONSULTING

BREWSTER, NY

1997 - 2002

Support Services Consultant

STAMFORD HOSPITAL

STAMFORD, CT

1987 - 1997

IT Clinical Applications Supervisor



DAVID MEAD

DIRECTOR OF COST RECOVERY SOLUTIONS

EDUCATION

Master of Business Administration
Oklahoma State University, 2012

Bachelor's Degree of Science
Oklahoma State University, 2001

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2022 - Present

- Responsible for planning, procurement, and execution of cost reporting projects
- Developing marketing materials and other cost reporting tools, templates, and forms
- Forecasting and planning business unit performance for C-level executives
- Monitoring market dynamics and regulations and developing solutions to adapt to changes

PUBLIC CONSULTING GROUP

BOSTON, MA

Senior Consultant, 2018 - 2022

- Led a diverse team of nine, including business analysts, consultants, and senior program staff
- Managed a portfolio of >\$3.5 million annually while averaging >10% year over year growth
- Drafted State Plan Amendment and CMS preprints
- Integrated business process improvements to achieve more efficient results.

AUSTIN, TX

Consultant, 2013 - 2018

- Developed and implemented innovative Medicaid financing solutions for EMS providers
- Defined, documented, and improved business processes for Medicaid cost reporting
- Led face-to-face and webinar sales calls, trainings, and conference presentations
- Hired, trained, and supervised a team of business analysts.



AMANDA STARK
RISK MANAGER

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2021 - Present

- Conduct internal billing and compliance audits.
- Perform documentation reviews.
- Advise company and clients on billing compliance.
- Train staff on federal requirements for billing and compliance.

EDUCATION

Juris Doctor

University of Illinois College of Law
2005

Bachelor of Science, Marketing
Millikin University, 2002

BAR ADMISSION AND CERTIFICATIONS

- Licensed to practice in California Certified in Healthcare Compliance (CHC)
- Dispatching/Call Taking

PAGE, WOLFBERG & WIRTH, LLC/ NATIONAL ACADEMY OF AMBULANCE COMPLIANCE

MECHANICSBURG, PA

Senior Associate/Executive Director, 2014 - 2020

- Developed and provided primary instruction for the National Academy of Ambulance Compliance's Certified Ambulance Compliance Officer course.
- Co-authored an Ambulance Compliance Program Toolkit.
- Prepared and presented compliance education for national conferences.
- Advised clients regarding compliance and regulatory matters.
- Drafted and reviewed compliance policies for clients and assisted with compliance program implementation.
- Assisted clients with compliance risk assessments and the creation of corrective action plans.
- Conducted compliance training for clients.

SUPERIOR AIR-GROUND AMBULANCE SERVICE, INC./ PARAMEDIC BILLING SERVICES, INC.

ELMHURST, IL

Corporate Attorney and Compliance Officer, 2012 – 2014

- Monitored changes in laws and regulations and analyzed effect on company and industry.
- Provided legal and compliance counsel for all areas of the company including accounts receivable, risk management, human resources, and operations.
- Acted as primary resource to accounts receivable and wholly owned billing company for all regulatory and compliance questions regarding billing and reimbursement.



NANCY SPENCE

DIRECTOR OF FINANCE

EDUCATION

Bachelor of Business
Administration in Finance
University of Kentucky, 2002-2006

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2023 - Present

- Responsible for creating annual operating plan and ongoing forecasts for \$100 million net revenue business
- Produce monthly reporting package and provide variance commentary in monthly close meetings
- Partner with executive team and assist in creating goals and objectives for long term plan
- Develop and maintain cost metrics for management teams
- Prepare monthly board meeting package and present sections covering financials and KPIs
- Manage a team of 4 responsible for monthly close process

DIGITECH

CHAPPAQUA, NY

Financial Planning & Analysis Manager, 2020 - 2023

- Researched and provided variance commentary in monthly close meetings
- Created and maintained monthly dashboard showing labor costs and headcount trends, informing executives of projected staffing levels based on ambulance transport volume targets
- Managed a 4-day monthly close process
- Calculated detailed revenue accruals for 250+ customers
- Assisted in establishment of new processing center
- Stepped into a more significant leadership role when CFO resigned and was not replaced

R1 RCM, INC.

CHICAGO, IL

Finance Analyst, FP&A Manager, 2008 - 2020

- Prepared and communicated monthly financial results to leadership team for 8 cost centers within the Shared Service unit
- Generated annual budgets and determined cost allocations for client sites utilizing Shared Service centers

ADDITIONAL PERSONNEL



ANTHONY SANTOS
CLIENT RELATIONS
DIRECTOR

DIGITECH, 2015 - Present

Education: University of Connecticut, Manhattanville College

Responsible for onboarding new clients, directing system implementations and upgrades, training, and troubleshooting client systems issues. Provides client training and maintains relationships with all clients. Lead advisor and mentor for department team building, addressing day-to-day issues on systems, training, and management of client relations.



MAX DEKLE
SOFTWARE DEVELOPER,
DATA ANALYTICS

DIGITECH, 2010 - PRESENT

Education: Rochester Institute of Technology

Heads the Reporting Analytics team, which ensures that all clients' reporting needs are met. Integral to the development of numerous custom reports and customizing Digitech's Dashboard and PCR Lens as needed.



KIM CARRA
VERIFYING MANAGER

DIGITECH, 2011 - PRESENT

Education: State University of New York at New Paltz

Manages a department of Verifying Specialists who utilize our proprietary technology to find demographic information vital for successful billing. Orchestrator of Sleuth, Digitech's proprietary technology for demographic research.



MARIE ELLINGHAM
MEDICAID MANAGER

DIGITECH, 2011 - PRESENT

Education: Westchester Community College

Manages the Medicaid department, a team dedicated to Medicaid-related tasks and claims processing. Keeps up with all rules and compliance requirements unique to state programs across the country.



ROSE WARNER

CASH POSTING
MANAGER

DIGITECH, 2015 - PRESENT

Education: Cornell University, Fordham University

Manages a team that handles cash posting for clients. Leads integration of new client accounts to Digitech's cash posting process, reconciles cash monthly, and works with clients to resolve cash reconciliation issues.



AMANDA MIHALICK

COMPLIANCE OFFICER

DIGITECH, 2017- PRESENT

Education: Southern New Hampshire University

Amanda provides support in the areas of compliance training, compliance plan development support, and consultation on fee schedules. She is a Certified Ambulance Compliance Officer by NAAC and a Notary Public for the State of New York.

ATTACHMENTS

October 7, 2024

Ms. Amanda Mihalick
Compliance Officer
Digitech Computer LLC

Dear Ms. Mihalick:

This letter is to confirm that Digitech Computer LLC (Digitech), Chappaqua, NY, has undergone a SOC 1 Type II examination by our firm of its Description of controls Applicable to Claims Processing, Billing and Related Operations throughout the period July 1, 2023 to June 30, 2024 and the suitability of the design and operating effectiveness of controls to achieve the related Control Objectives stated in the description.

As you are aware, AICPA standards restrict the distribution and use of the report to Digitech and user entities (customers) and the independent auditors of such user entities of Digitech's services during some or all of the period July 1, 2023 to June 30, 2024. Our independent Service Auditors report addressed 11 Control Objectives and 41 individual business processes and IT Control Activities. During our examination, we applied 75 individual audit tests to these Control Activities. Our detailed audit testing of these control objectives and control activities were without exception and no control deficiencies were detected.

The control objectives addressed in our report are summarized below:

1. Contract and client setup
2. Claims creation
3. Procedure coding and quality reviews
4. Insurance verification
5. Invoicing
6. Collection activities
7. Cash applications
8. Reconciliation and reporting
9. Physical security and environmental controls
10. Logical security
11. Data backup and retention

Our Independent Service Auditors' report, which was issued on October 3, 2024, is unqualified and without modification.

Sincerely,



WithumSmith+Brown, PC



SARNINC-01

ZWALSH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2021

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

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

| | |
|--|--|
| PRODUCER Thompson Flanagan Executive Liability Group 626 W. Jackson Blvd. 5th Floor Chicago, IL 60661 | CONTACT NAME: Daniel R. Gunter PHONE (A/C, No, Ext): (312) 239-2890 FAX (A/C, No): (312) 263-1551 E-MAIL ADDRESS: dgunter@thompsonflanagan.com |
| INSURER(S) AFFORDING COVERAGE | |
| INSURER A : Travelers Property Casualty Co. of America | |
| NAIC # 25674 | |
| INSURED | |
| Digitech Computer LLC 480 Bedford Road, Bldg. 600, 2nd floor Chappaqua, NY 10514 | |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N | N / A | UB 3P279151 | 12/1/2020 | 12/1/2021 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

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



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/24/2020

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

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

| | | |
|---|---|---------------------------------------|
| PRODUCER Aon Risk Services Northeast, Inc. Columbus OH Office 445 Hutchinson Avenue Suite 900 Columbus OH 43235 USA | CONTACT NAME: | |
| | PHONE (A/C. No. Ext): (866) 283-7122 | FAX (A/C. No.): (800) 363-0105 |
| INSURED Digitech Computer LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | NAIC # | |
| | INSURER A: Columbia Casualty Company | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| INSURER E: | | |
| INSURER F: | | |

Holder Identifier :

COVERAGES**CERTIFICATE NUMBER:** 570085021810**REVISION NUMBER:**

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

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|----------|--|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) |
| | | | | | | | MED EXP (Any one person) |
| | | | | | | | PERSONAL & ADV INJURY |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG |
| | OTHER: | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) |
| | | | | | | | PROPERTY DAMAGE (Per accident) |
| | | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y <input type="checkbox"/> N | N / A | | | | E.L. EACH ACCIDENT |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-EA EMPLOYEE |
| | | | | | | | E.L. DISEASE-POLICY LIMIT |
| A | Cyber Liability | | | 652283973 SIR applies per policy terms & conditions | 10/30/2020 | 12/01/2021 | Media Limit SIR |
| | | | | | | | \$5,000,000 \$100,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Digitech Computer LLC 480 Bedford Road Building 600, 2nd Floor Chappaqua NY 10514 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i> |

Certificate No : 570085021810



THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

[illegible]



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/24/2020

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

| | | | | |
|---|--|---|--|---------------|
| PRODUCER Aon Risk Services Northeast, Inc. Columbus OH Office 445 Hutchinson Avenue Suite 900 Columbus OH 43235 USA | | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000037575 | | |
| INSURED Digitech Computer LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA | | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A: Travelers Casualty&Surety Co of America | | 31194 |
| | | INSURER B: | | |
| | | INSURER C: | | |
| | | INSURER D: | | |
| | | INSURER E: | | |
| | | INSURER F: | | |

COVERAGES**CERTIFICATE NUMBER:** 570085022054**REVISION NUMBER:**

LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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

| INSR LTR | TYPE OF INSURANCE | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS | | |
|----------|-----------------------------------|---|---|------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------|--|
| | <input type="checkbox"/> | PROPERTY | | | | <input type="checkbox"/> | BUILDING | | |
| | CAUSES OF LOSS | | | | | DEDUCTIBLES | <input type="checkbox"/> | PERSONAL PROPERTY | |
| | <input type="checkbox"/> | BASIC | | | | BUILDING | <input type="checkbox"/> | BUSINESS INCOME | |
| | <input type="checkbox"/> | BROAD | | | | CONTENTS | <input type="checkbox"/> | EXTRA EXPENSE | |
| | <input type="checkbox"/> | SPECIAL | | | | | <input type="checkbox"/> | RENTAL VALUE | |
| | <input type="checkbox"/> | EARTHQUAKE | | | | | <input type="checkbox"/> | BLANKET BUILDING | |
| | <input type="checkbox"/> | WIND | | | | | <input type="checkbox"/> | BLANKET PERS PROP | |
| | <input type="checkbox"/> | FLOOD | | | | | <input type="checkbox"/> | BLANKET BLDG & PP | |
| | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | INLAND MARINE | TYPE OF POLICY | | | <input type="checkbox"/> | | | |
| | CAUSES OF LOSS | | POLICY NUMBER | | | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | NAMED PERILS | | | | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | |
| A | X | CRIME | 106863858 | 12/01/2020 | 12/01/2021 | X | Blanket Limit | \$5,000,000 | |
| | TYPE OF POLICY Crime - Primary | | SIR applies per policy terms & conditions | | | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | | | |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Digitech Computer LLC
480 Bedford Road
Building 600, 2nd Floor
Chappaqua NY 10514 USA

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

570085022054

CERTIFICATE NUMBER:





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/24/2020

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

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| | | |
|---|---|---------------------------------------|
| PRODUCER Aon Risk Services Northeast, Inc. Columbus OH Office 445 Hutchinson Avenue Suite 900 Columbus OH 43235 USA | CONTACT NAME: | |
| | PHONE (A/C. No. Ext): (866) 283-7122 | FAX (A/C. No.): (800) 363-0105 |
| INSURED Digitech Computer LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | NAIC # | |
| | INSURER A: Noetic Specialty Insurance Co | 17400 |
| | INSURER B: Hartford Fire Insurance Co. | 19682 |
| | INSURER C: Sentinel Insurance Company, Ltd | 11000 |
| | INSURER D: Hartford Casualty Insurance Co | 29424 |
| INSURER E: | | |
| INSURER F: | | |

Holder Identifier :

COVERAGES**CERTIFICATE NUMBER:** 570085022091**REVISION NUMBER:**

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

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 33UUNVG3435 | 12/01/2020 | 12/01/2021 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG Excluded |
| C | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 33 UUN VG3435 | 12/01/2020 | 12/01/2021 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| D | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000 | | | 33RHUVG1892 | 12/01/2020 | 12/01/2021 | EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT |
| A | Products Liab | | | N20OH380024 | 12/01/2020 | 12/01/2021 | Aggregate Limit \$10,000,000 Agg Deductible \$150,000 Per Occ Limit \$10,000,000 |

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

Proof of Insurance

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Digitech Computer LLC 480 Bedford Road Building 600, 2nd Floor Chappaqua NY 10514 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i> |

Certificate No : 570085022091



THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

| | |
|----------------------------|--|
| ADDITIONAL POLICIES | If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits. |
|----------------------------|--|

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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | | |
|--|---|--|--|
| Print or type. See Specific Instructions on page 3. | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Digitech Computer LLC | | |
| | 2 Business name/disregarded entity name, if different from above. | | |
| | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.) | |
| | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | | |
| | 5 Address (number, street, and apt. or suite no.). See instructions. 480 Bedford Road, Building 600 2nd Floor | Requester's name and address (optional) | |
| 6 City, state, and ZIP code Chappaqua NY 10514 | | | |
| 7 List account number(s) here (optional) | | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | - | | | | - | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 1 | 1 | - | 2 | 6 | 9 | 3 | 1 | 3 | 6 |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | |
|------------------|--|
| Sign Here | Signature of U.S. person  |
|------------------|--|

Date September 3, 2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

ADDENDA

**CITY OF FERNANDINA BEACH, FLORIDA
ADDENDUM NO. 1
THIRD PARTY AMBULANCE/EMS BILLING SERVICES**

City of Fernandina Beach
204 Ash Street
Fernandina Beach, FL 32034

ADDENDUM No. 1

The following changes are applicable to the original documents and specifications of **RFP 24-07**. This Addendum No.1 now becomes part of the original Invitation to Bid and shall be acknowledged by attaching a copy of this Addendum, signed by an authorized representative of the person or firm submitting the bid. Failure to do so may disqualify the bid submittal.

Submitters shall thoroughly familiarize themselves with the contents of this Addendum before submitting the bid.

NAME: Mark Schiowitz **TITLE:** President and CEO

ADDRESS: 480 Bedford Road, Bldg 600 2nd Floor

CITY: Chappaqua **STATE:** NY

AUTHORIZED SIGNATURE:  **DATE:** 11/11/24

CITY OF FERNANDINA BEACH, FLORIDA
ADDENDUM NO. 1
THIRD PARTY AMBULANCE/EMS BILLING SERVICES

1. In the two most recent fiscal or calendar years, what was the actual number of billable accounts by your agency? Please separate the amounts in years (i.e., total for 2022, total for 2023).

| 2022 | | 2023 | |
|-----------|-----|-----------|-----|
| January | 159 | January | 162 |
| February | 159 | February | 144 |
| March | 149 | March | 191 |
| April | 163 | April | 162 |
| May | 149 | May | 154 |
| June | 175 | June | 183 |
| July | 184 | July | 187 |
| August | 151 | August | 184 |
| September | 159 | September | 183 |
| October | 187 | October | 184 |
| November | 167 | November | 156 |
| December | 163 | December | 179 |

2. In the two most recent fiscal or calendar years, what was the total amount of cash posted by your agency for ambulance services? Please separate the amounts in years (i.e., total for 2022, total for 2023).

See Admin & Finance Officer Summary 2022 and 2023 attached with this addendum.

3. In the two most recent fiscal or calendar years, what was the total amount of gross charges generated by your agency? Please separate the amounts in years (i.e., total for 2022, total for 2023).

| 2022 | 2023 |
|----------------|----------------|
| \$1,250,886.00 | \$1,220,274.00 |

4. Please provide the number of billable incidents broken down by service level in the last fiscal year:

| | | |
|--|------------|------------|
| a) ALS1 Emergency | 2022: 1806 | 2023: 1899 |
| b) ALS1 Non-Emergency | | |
| c) BLS Emergency | 2022: 159 | 2023: 170 |
| d) BLS Non-Emergency | | |
| e) ALS 2 | | |
| f) Specialty Care | | |
| g) Treatment No Transport | | |
| h) Any other billable dispositions broken out by each disposition (lift assists, etc.) | | |

5. Please provide your current rates for each of the following service levels:

| | |
|---|--------------|
| a) Mileage | \$11.00/Mile |
| b) ALS Emergency | \$700.00 |
| c) ALS Non-Emergency | |
| d) BLS Emergency | \$550.00 |
| e) BLS Non-Emergency | |
| f) ALS 2 | |
| g) Specialty Care Transport | |
| h) Paramedic Intercept | |
| i) Treatment No Transport | |
| j) Lift Assists | |
| k) Any other billable dispositions broken out by each disposition | |

CITY OF FERNANDINA BEACH, FLORIDA
ADDENDUM NO. 1
THIRD PARTY AMBULANC/EMS BILLING SERVICES

6. If you indicated above that you perform non-emergency transports, can you please provide further feedback on the types of non-emergency transports that you perform (dialysis, hospital procedures, hospital or nursing home discharge, physical therapy, etc.)?
N/A
7. Does your agency charge for any supplemental fees, such as oxygen, backboards, etc.? If so, please provide the list and associated rates. **NO**
8. Please provide the payer mix, i.e., the total percentage of charges that were billed to the following four main payer groups in the two most recent years (can be fiscal or calendar based):
- | | | |
|----|--------------|--------|
| a) | SELF PAY | 66.2% |
| b) | MEDICARE | 16.4% |
| c) | COMMERCIAL | 15.3% |
| d) | MEDICAID | 7.8% |
| e) | BCBS | 5.8% |
| f) | TRICARE | 1.5% |
| g) | WORKERS COMP | 0.9% |
| h) | AUTO INS | 0.4% |
| i) | Unassigned | -14.3% |
9. What is your average loaded mileage?
2.91
10. Does your agency participate in any supplemental payment programs?
YES - PEMT
11. Annual Transport Volume?
2022 - 1,335
2023 - 2,069
12. Current Reimbursement per Transport?
\$658.18
13. Can you please provide the net charges for your most recent complete fiscal year?
14. Can you please provide the total collections for your most recent complete fiscal year?
Gross Receipts
2022: \$800,124.00
2023: \$677,795.00 (Missing December 2023 report from change)
15. Can you please provide the average revenue collected per transport for your most recent complete fiscal year?
\$360.15
16. Can you please provide a breakdown of your most recent complete fiscal year transports by primary payor for the following categories?
- | | | |
|----|------------|-------|
| a) | SELF PAY | 66.2% |
| b) | MEDICARE | 16.4% |
| c) | COMMERCIAL | 15.3% |
| d) | MEDICAID | 7.8% |

CITY OF FERNANDINA BEACH, FLORIDA
ADDENDUM NO. 1
THIRD PARTY AMBULANC/EMS BILLING SERVICES

| | | |
|----|--------------|--------|
| e) | BCBS | 5.8% |
| f) | TRICARE | 1.5% |
| g) | WORKERS COMP | 0.9% |
| h) | AUTO INS | 0.4% |
| i) | Unassigned | -14.3% |

17. Can you please provide the average loaded mileage per transport?

2.91

18. Can you please confirm how many invoices do you require and at what interval? The billing was done through Change Healthcare.

19. Can you please provide the number of transports for each call type for your most recent complete fiscal year?

- a) ALS Emergency
- b) ALS Non-Emergency
- c) BLS Emergency
- d) BLS Non-Emergency
- e) ALS 2
- f) SCT

See #4

20. Can you please provide the current charges for each level of service?

- a) ALS Emergency (A0427)
- b) ALS Non-Emergency (A0426)
- c) BLS Emergency (A0429)
- d) BLS Non-Emergency (A0428)
- e) ALS 2 (A0433)
- f) SCT (A0434)
- g) Mileage (A0425)
- h) Treatment No Transport (A0998)

See #5

21. Please provide your Treatment No Transport policy.

Attached: 1-5 Consent/Competency/Refusal of Care

22. Please describe your current practice for managing Notice of Privacy Practice (NPP). Will the successful vendor be responsible for mailing NPP's?

Yes

23. What is the average number of annual credit card transactions with your current vendor?

Credit card transactions were handled through Change Healthcare.



1.0 INFORMED CONSENT

- 1.1 **A MENTALLY COMPETENT PATIENT IS CONSIDERED TO GIVE INFORMED CONSENT WHEN ANY OF THE FOLLOWING OCCUR:**
 - 1.1.1 Patient gives verbal permission to treat.
 - 1.1.2 Patient gives written permission to treat.
 - 1.1.3 Patient does not object as you begin assessment.
- 1.2 **IN ORDER TO GIVE INFORMED CONSENT, A PATIENT MUST BE LEGALLY ALLOWED TO ACT AS AN ADULT. THIS MEANS THAT THE PATIENT MUST BE:**
 - 1.2.1 At least 18 years of age.
 - 1.2.2 Emancipated.
 - 1.2.3 Less than 18 and married or legally released from custody of parent or guardian.
- 1.3 **EXCEPTIONS**
 - 1.3.1 An unmarried pregnant minor may consent to or refuse treatment for medical problems related to her pregnancy only.
 - 1.3.2 An unmarried minor mother may consent to or refuse treatment for her child.

2.0 MEDICAL POWER OF ATTORNEY OR HEALTH CARE SURROGATE

- 2.1 If a patient is incapacitated or otherwise not mentally competent, decisions regarding the patient's medical treatment can be made by an agent with durable medical power of attorney or health care surrogate. The agent must be a person who is 18 years of age or older, who must present the FBFD with a notarized power of attorney document, signed by the patient and two witnesses. The document must specifically state that the agent's power of attorney
 - 2.1.1 Includes all health care decisions on behalf of the patient; and
 - 2.1.2 Is intended to be exercisable if the patient is incapacitated.
- 2.2 An agent with medical power of attorney or health care surrogate may verbally revoke a Do Not Resuscitate Order (DNRO) and request that FBFD initiate or continue CPR on the patient, even if a DNRO exists. However, an agent with power of attorney may not verbally withhold consent for CPR in the absence of a DNRO. Resuscitation may only be withheld or withdrawn upon presentation of a valid DNRO as described in FBFD Resuscitation Guideline.
- 2.3 If there is any doubt as to the authenticity of a power of attorney document or health care surrogate, the FBFD members should provide examination and treatment of the incapacitated or incompetent patient in accordance with this SOP and Florida Statute 401.445.
- 2.4 Any unusual circumstances, contact the Shift Captain for guidance.

3.0 MINOR CONSENT

- 3.1 In the case of children under the care of a parent or legal guardian, consent must be obtained from the parent or legal guardian. If consent cannot be obtained, follow Florida Statute 743.064.
- 3.2 **Florida Statute 743.064:** Emergency medical care or treatment to minors without parental consent
 - 3.2.1 (1) Emergency medical care or treatment may also be rendered in the pre-hospital setting by paramedics, emergency medical technicians, and other emergency medical services personnel, provided such care is rendered consistent with the provisions of chapter 401. These persons shall follow the general guidelines and notification provisions of this section.
 - 3.2.2 (2) This section shall apply only when parental consent cannot be immediately obtained for one of the following reasons:
 - 3.2.2.1 (a) The minor's condition has rendered him or her unable to reveal the identity of his or her parents, guardian, or legal custodian, and such information is unknown to any person who accompanied the minor to the hospital.
 - 3.2.2.2 (b) The parents, guardian, or legal custodian cannot be immediately located by telephone at their place of residence or business.
 - 3.2.3 (3) Notification shall be accomplished as soon as possible after the emergency medical care or treatment is administered. The hospital records shall reflect the reason such consent was not initially obtained and shall contain a statement by the attending physician



that immediate emergency medical care or treatment was necessary for the patient's health or physical wellbeing. The hospital records shall be open for inspection by the person legally responsible for the minor.

- 3.2.4 (4) No person as delineated in subsection (1), hospital, or college health service shall incur civil liability by reason of having rendered emergency medical care or treatment pursuant to this section, provided such treatment or care was rendered in accordance with acceptable standards of medical practice.

4.0 WITHHOLDING CONSENT FOR TREATMENT

- 4.1 A mentally competent adult patient may withhold consent to treat. A mentally competent parent may withhold consent to treat their child. This shall be documented in the patient care report. Personnel shall obtain the patient/parent signature on the refusal form.
- 4.2 If the patient/parent refuses to sign, have a witness of the refusal sign the refusal form and select "patient/parent refused to sign".
- 4.2.1 Mentally Competent
- 4.2.2 Awake, alert, and fully oriented to person, place, time and event
- 4.2.3 No significant mental impairment (e.g., alcohol, drugs, head injury or significant illness)
- 4.2.4 Not at risk for self-harm, suicide or homicide
- 4.3 If medical personnel are concerned for the safety of a minor and the parent or legal guardian refuses treatment and transport, contact the Shift Captain and law enforcement for assistance with transport.

5.0 EMERGENCY EXAMINATION AND TREATMENT OF INCAPACITATED PERSONS

- 5.1 FLORIDA STATUTE 401.445
- 5.1.1 (1) No recovery shall be allowed in any court in this state against any emergency medical technician, paramedic, or physician as defined in this chapter, any advanced registered nurse practitioner certified under s. 464.012, or any physician assistant licensed under s. 458.347 or s. 459.022, or any person acting under the direct medical supervision of a physician, in an action brought for examining or treating a patient without his or her informed consent if:
- 5.1.1.1 (a) The patient at the time of examination or treatment is intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent as provided in s. 766.103;
- 5.1.1.2 (b) The patient at the time of examination or treatment is experiencing an emergency medical condition; and
- 5.1.1.3 (c) The patient would reasonably, under all the surrounding circumstances, undergo such examination, treatment, or procedure if he or she were advised by the emergency medical technician, paramedic, physician, advanced registered nurse practitioner, or physician assistant in accordance with s. 766.103(3). Examination and treatment provided under this subsection shall be limited to reasonable examination of the patient to determine the medical condition of the patient and treatment reasonably necessary to alleviate the emergency medical condition or to stabilize the patient.
- 5.1.2 (2) In examining and treating a person who is apparently intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent, the emergency medical technician, paramedic, physician, advanced registered nurse practitioner, or physician assistant, or any person acting under the direct medical supervision of a physician, shall proceed wherever possible with the consent of the person. If the person reasonably appears to be incapacitated and refuses his or her consent, the person may be examined, treated, or taken to a hospital or other appropriate treatment resource if he or she is in need of emergency attention, without his or her consent, but unreasonable force shall not be used.
- 5.1.3 (3) This section does not limit medical treatment provided pursuant to court order or treatment provided in accordance with chapter 394 or chapter 397.



6.0 PATIENTS AND PATIENT ENCOUNTERS

- 6.1 A patient shall be defined as: a person who presents with subjective and/or objective signs and/or symptoms or a complaint which results in evaluation and/or treatment.
 - 6.1.1 Someone who arrives at a fire station requesting a medical evaluation, and also verbalizes a medical complaint will be considered a patient (including all abnormal findings). A full patient care report must be completed.
 - 6.1.2 Routine blood pressure checks with normal parameters will not be considered a patient.
- 6.2 A patient encounter is dependent on neither treatment nor transport nor cooperation from the patient. If the FBFD Paramedic perceives a medical problem that requires evaluation, a patient encounter has been made and a full patient care report must be completed.
- 6.3 If FBFD units arrive at a crash scene and those involved indicate they are "ok" and the Paramedic sees no signs or symptoms that would warrant evaluation or treatment, no patient encounter has been made.

7.0 BAKER ACT

- 7.1 Baker Act is an involuntary mental health commitment by law enforcement if the patient meets any of the following criteria:
 - 7.1.1 Mentally incompetent, danger to self or others
 - 7.1.2 Suicidal
 - 7.1.3 Homicidal
 - 7.1.4 If FBFD members feel that a Baker Act is warranted, law enforcement must be contacted
 - 7.1.5 A Baker Act will not be used as a pretext to provide medical treatment/transportation to an individual who refuses treatment
 - 7.1.6 FBFD members are not legally authorized to execute a Baker Act

8.0 FLORIDA MARCHMAN ACT

- 8.1 The Marchman Act (Chapter 397) concerns the detention and treatment of persons found incapacitated and impaired in public places. Impaired or substance abuse impaired means a condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and causes socially dysfunctional behavior.
- 8.2 **Special Note:** The information presented in this section of the protocol is selected information from Florida Statutes, Chapter 397. Any additional questions to legal reference(s) made in your management of patient care should be through On-Line Medical Control. (397.675)
- 8.3 **CRITERIA FOR INVOLUNTARY ADMISSIONS**, including protective custody, emergency admission, and other involuntary assessment, involuntary treatment, and alternative involuntary assessment for minors, for purpose of assessment and stabilization, and for involuntary treatment. A person meets the criteria for involuntary admission if there is good faith reason to believe the person is substance abuse impaired and because of such impairment:
 - 8.3.1 Has lost the power of self-control with respect to substance use; and either:
 - 8.3.2 Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another.
 - 8.3.3 Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for services and of making a rational decision in regard thereto: however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services.

9.0 PROCEDURE FOR SAFETY AND RESOURCES FOR USE IN INVOLUNTARY TRANSPORTS

- 9.1 A fundamental principle in EMS is that the safety of field crews comes first. Law enforcement assistance should be summoned for protection of both the crew and the patient. With their specific



training and expertise in restraint techniques, law enforcement is well prepared to deal with such issues.

- 9.2 In the event that law enforcement summons EMS to assist them in determining the best course of action for the patient following an EMS evaluation, the following guidelines should be followed:
 - 9.2.1 Evaluate the patient per appropriate protocol, to include a full set of vital signs and blood glucose reading.
 - 9.2.2 Determine if the patient has any medical complaints that would require on-going care in transit to the hospital. These could include, but are not limited to:
 - 9.2.1 Vomiting
 - 9.2.2 Overdose of medications
 - 9.2.3 AMS
 - 9.2.4 Potential for airway compromise
 - 9.2.5 Traumatic injury requiring further evaluation.
- 9.3 Any patient with a medical complaint should be transported to the closest hospital by EMS and treated according to the appropriate protocol. Attempts should be made to have Law Enforcement accompany the patient to the hospital in the rescue, unless the crew determines the transport can be completed safely with Law Enforcement following the ambulance to the hospital.
- 9.4 Patients who have been physically restrained prior to the arrival of EMS personnel shall remain restrained throughout evaluation, treatment, and transport unless such restraint immediately poses a threat to the patient's health.
- 9.5 A law enforcement officer shall accompany EMS personnel during transport of any patient that is violent, is known to have been violent toward law enforcement officers, EMS, or firefighters in the past, or who could potentially become violent.
- 9.6 For subjects lacking an apparent medical complaint, particularly those under a Baker or Marchman Act, it is most appropriate for law enforcement to transport the subject to the nearest appropriate facility.
- 9.7 If Law Enforcement is not comfortable transporting the subject, EMS will transport the subject to the closest appropriate hospital, however, Law Enforcement will still be required to accompany the subject to the hospital as outlined above.
- 9.8 EMS personnel should not accept any Baker Act or Marchman Act paperwork from law enforcement to transport the subject to the hospital without them. Law enforcement must handle all Baker Act and Marchman Act paperwork with the receiving facility.
- 9.9 Any law enforcement officer who takes a patient into custody under the Baker Act and requests that the patient be transported via ambulance shall provide EMS personnel engaged in transporting the patient with a completed Baker Act Form. This completed form shall be given to the receiving facility staff upon patient transfer. In the case of a combative patient, personnel shall have a law enforcement officer prepare the patient for transport and the law enforcement officer if capable shall ride in the rescue during patient transport to ensure personnel safety is maintained.

10.0 REFUSAL OF CARE PROCEDURE

- 10.1 **COMPETENT PATIENT:** For our purposes, a competent patient shall be defined as one whom:
 - 10.1.1 Is over 18 years of age, or is an emancipated minor (a pregnant woman, a woman who has given birth, or a married person of either gender) and;
 - 10.1.2 Is awake, alert, and fully oriented to time, person, place, and situation and;
 - 10.1.3 Has no alterations in vital signs, mental status, or level of consciousness and;
 - 10.1.4 Has no signs of acute injury or illness, and has no signs of chronic illness, either of which may influence the ability to make an informed decision and;
 - 10.1.5 Is not intoxicated by alcohol, drugs, (licit or illicit) and;
 - 10.1.6 Has no history of mental illness that affects their decision-making ability.
- 10.2 If the patient (or parent or guardian) is judged competent to refuse transport emphasize the need for care, the risks of refusal of care (including death), and our wish to transport the patient. This should be documented in the PCR along with a GCS. Thank patient, parent, or guardian for signing the release. Emphasize that our EMS system WILL RETURN should the patient, parent, or guardian



- change his or her mind.
- 10.3 If the patient, parent, or guardian declines care, and the EMS personnel do not feel transport by EMS to the hospital is required, the patient, parent, or guardian must sign the appropriate written release form in front of two witnesses.
- 10.4 The patient, parent, or guardian who is judged competent, declines care, and then refuses to sign the waiver will prompt the EMS crew to reassess the competency of the individual.
- 10.5 If still considered competent to decline care, a verbal statement **MUST** be documented on the run report then follow the "Refusal Signature Requirements" section.
- 10.6 No refusal of care will occur in the patient who, after evaluation by rescue personnel, is judged to be at risk of or suffering from serious illness or injury. On-line medical direction must be involved in these cases.
- 10.7 **REFUSAL OF CARE PROCEDURE – NON-COMPETENT:** If the patient (or parent or guardian) is judged not competent to refuse transport:
- 10.7.1 Explain to the patient (or parent/guardian) the need for transport; reassure the patient that no harm will result from transport but certain complications, up to and including death, may result from a delay in treatment.
- 10.7.2 If patient, parent, or guardian continues to refuse care, enlist the Medical Control Physician, or law enforcement personnel to secure patient for transport.
- 10.8 **REFUSAL OF CARE PROCEDURE – MINORS**
- 10.8.1 Although care may be refused by a responsible parent or legal guardian if said parent or guardian making the decision qualifies as competent as defined above in section 10, every effort will be made to transport minors exhibiting any findings consistent with injury, alteration in mental status, or intoxication.
- 10.8.1.1 If the parents or guardian are not on scene, they may make the refusal over the telephone.
- 10.8.1.2 Two witnesses will confirm the telephone conversation by signing the Waiver form.
- 10.8.1.3 Where there are historical or physical findings of injury or illness, intoxication, and/or alterations in mental status, level of consciousness, or vital signs, and no parent or guardian is available, the minor will be transported.
- 10.8.1.4 If patient, parent, or guardian refuses care, and EMS personnel feel transport to the hospital is required, the patient, parent, or guardian must sign the appropriate written release form in front of two witnesses.
- 10.9 **REFUSAL SIGNATURE REQUIREMENTS**
- 10.9.1 Obtain signature of patient (or parent/legal guardian or medical power of attorney if applicable)
- 10.9.2 No one else can sign for a legally competent adult patient (e.g., spouses, relatives, and friends, etc.)
- 10.9.3 If patient refuses to sign, the Refusal of Assessment, Treatment and Transport shall be signed by a competent witness. Printed name, signature, and phone number of the competent witness shall be obtained.
- 10.9.4 Appropriate witnesses (in order of preference) - Spouses, relatives, law enforcement, friends, other fire/rescue personnel.
- 10.9.5 The documented refusal is only valid with an appropriate witness signature.
- 10.9.6 The FBFD officer who is documenting and executing the legal refusal **CANNOT** sign as the witness.
- 10.10 **COMPETENT PATIENTS IN POLICE CUSTODY**
- 10.10.1 This patient can still make decisions about their medical treatment and sign an AMA Refusal or Non-Emergency/Non-Transport Waiver if allowed by law enforcement. If Law enforcement refuses to remove the handcuffs to allow the patient to sign, document in the Narrative section of the PCR that the patient verbalized a refusal of treatment.



10.10.2 Select patient unable to sign in the refusal signature box where the patient would normally sign and have the law enforcement officer sign the Witness signature in the PCR. Also include the officer's ID number.

10.11 ALL SIGNATURES SHALL BE ACQUIRED ON THE LAPTOP

10.11.1 Any circumstance in which the laptop is unavailable or not functioning, the Officer-in-Charge will document Laptop Technical Issue as the reason for not obtaining a signature. If a laptop technical issue occurs:

10.11.1.1 Ensure signature on the form is in appropriate area (AMA refusal or non-emergency non-transport).

10.11.1.2 Include an explanation of the technical issue in the narrative.

10.11.1.3 Witness name, signature, and phone number.

10.11.1.4 Signed refusals on the Signature forms will be scanned into EMS report.



0001P Fernandina Executive Summary Reports (ESR) - EMS

CITY OF FERNANDINA BEACH, FLORIDA

September 2022

Client ID(s) Selected: COF46265

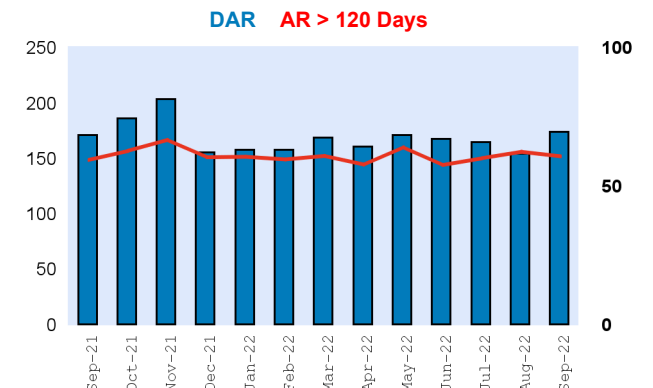
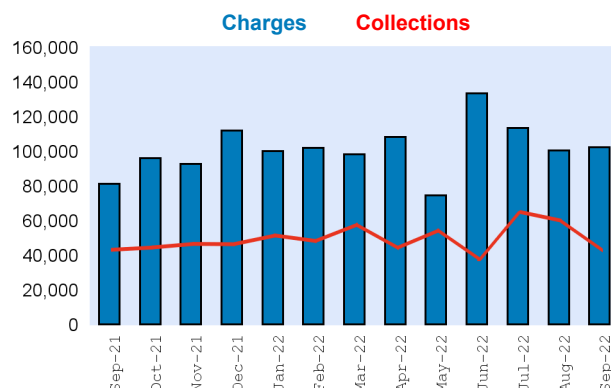
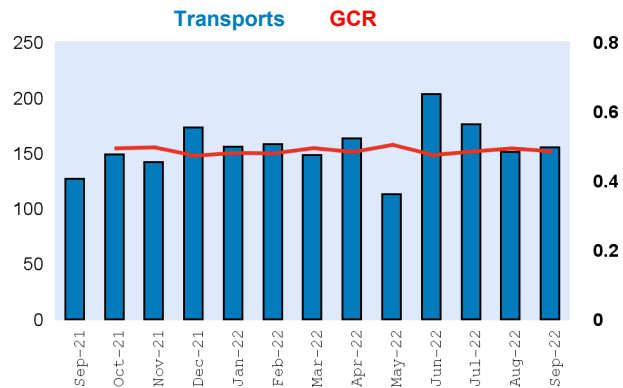
Include Misc Debit/Credit in Net Charges: Yes

The 0001P Fernandina Executive Summary Reports (ESR) - EMS presents a comprehensive monthly view of the practice through a series of 7 reports. View major production measures and performance metrics. Track month to month over 12 months and compare metrics year to year.

| | Transport Volume | | | Charges | | | Collections | | | Collection Rates | | | Accounts Receivable | | | | Net Bad Debt | |
|--------------------|------------------|--------|---------|-----------|-------------|-----------|-------------|-------------|-----------|------------------|-------|-----------------------------------|---------------------|------------|----------|----------------|--------------|-------|
| Account Period | Total | ALS | BLS | Gross | Adjustments | Net | Gross | Adjustments | Net | GCR* | NCR* | Gross Collection Per Transport ** | Ending AR | Days in AR | %AR >120 | Credit Balance | Amount | % * |
| Sep-21 | 127 | 108 | 19 | 81,161 | (21,392) | 59,769 | (43,155) | 88 | (43,067) | 46.8% | 57.7% | \$299 | 577,624 | 170.9 | 59.4% | (130) | (9,189) | 14.8% |
| Oct-21 | 149 | 132 | 17 | 96,026 | (18,543) | 77,483 | (44,494) | 276 | (44,218) | 46.2% | 56.8% | \$296 | 601,566 | 185.8 | 62.7% | 0 | (9,324) | 12.8% |
| Nov-21 | 142 | 127 | 15 | 92,614 | (21,839) | 70,775 | (46,584) | 0 | (46,584) | 45.7% | 56.0% | \$294 | 602,942 | 203.4 | 66.7% | (244) | (22,816) | 14.5% |
| Dec-21 | 173 | 148 | 25 | 112,019 | (21,538) | 90,481 | (46,392) | 0 | (46,392) | 44.9% | 54.8% | \$289 | 513,274 | 155.4 | 60.4% | (562) | (133,757) | 34.7% |
| Jan-22 | 156 | 132 | 24 | 100,018 | (15,608) | 84,410 | (51,468) | 617 | (50,851) | 46.8% | 57.2% | \$301 | 527,259 | 157.5 | 60.6% | (347) | (19,574) | 36.1% |
| Feb-22 | 158 | 143 | 15 | 102,050 | (17,527) | 84,523 | (48,208) | 0 | (48,208) | 45.3% | 54.8% | \$292 | 542,722 | 157.2 | 59.6% | (1,665) | (20,853) | 36.9% |
| Mar-22 | 148 | 140 | 8 | 98,150 | (18,617) | 79,533 | (57,717) | 1,608 | (56,108) | 45.8% | 55.2% | \$296 | 555,114 | 168.3 | 60.9% | (315) | (11,033) | 36.2% |
| Apr-22 | 163 | 156 | 7 | 108,030 | (16,512) | 91,518 | (44,222) | 437 | (43,785) | 45.3% | 54.5% | \$293 | 542,710 | 160.2 | 57.7% | (92) | (60,138) | 43.8% |
| May-22 | 113 | 107 | 6 | 74,250 | (23,699) | 50,551 | (54,430) | 305 | (54,125) | 48.3% | 59.1% | \$314 | 526,876 | 171.0 | 64.1% | (274) | (12,260) | 43.3% |
| Jun-22 | 203 | 184 | 19 | 133,449 | (15,359) | 118,090 | (37,554) | 460 | (37,094) | 46.3% | 56.2% | \$301 | 580,187 | 167.2 | 57.6% | (370) | (27,685) | 24.6% |
| Jul-22 | 176 | 159 | 17 | 113,438 | (25,603) | 87,835 | (65,078) | 873 | (64,205) | 47.8% | 58.6% | \$310 | 579,427 | 164.2 | 60.1% | (190) | (24,390) | 24.8% |
| Aug-22 | 151 | 139 | 12 | 100,232 | (28,049) | 72,183 | (59,973) | 340 | (59,633) | 49.5% | 61.4% | \$322 | 587,141 | 153.9 | 62.4% | (1,017) | (4,836) | 22.4% |
| Sep-22 | 155 | 148 | 7 | 102,096 | (13,502) | 88,594 | (42,858) | 839 | (42,018) | 48.6% | 59.6% | \$317 | 602,097 | 173.5 | 60.7% | (259) | (31,620) | 25.5% |
| 13 Mth Total | 2,014 | 1,823 | 191 | 1,313,533 | (257,787) | 1,055,746 | (642,131) | 5,844 | (636,287) | - | - | - | - | - | - | - | (387,474) | 28.4% |
| Current FYTD | 1,887 | 1,715 | 172 | 1,232,372 | (236,394) | 995,978 | (598,975) | 5,756 | (593,219) | - | - | - | - | - | - | - | (378,285) | 29.5% |
| Previous FYTD | 1,714 | 1,440 | 274 | 1,095,036 | (217,763) | 877,273 | (512,180) | 5,799 | (506,381) | - | - | - | - | - | - | - | (181,973) | 18.0% |
| Current 12 Mth Avg | 157 | 143 | 14 | 102,698 | (19,700) | 82,998 | (49,915) | 480 | (49,435) | 48.6% | 59.6% | \$317 | 563,443 | 167.5 | 61.2% | (445) | (31,524) | 29.5% |
| Prev 12 Mth Avg | 143 | 120 | 23 | 91,253 | (18,147) | 73,106 | (42,682) | 483 | (42,198) | 46.8% | 57.7% | \$299 | 461,541 | 155.7 | 58.3% | (674) | (15,164) | 18.0% |
| Variance% | 10.1% | 19.10% | -37.23% | 12.5% | 8.6% | 13.5% | 16.9% | (0.7%) | 17.1% | 3.9% | 3.2% | 6.2% | 22.1% | 7.6% | 4.9% | (34.0%) | 107.9% | 63.8% |

* GCR (Gross Collections / Gross Charges) and NCR (Net Collections / Net Charges) calculations are based on a maximum of 12 months of data. The Net GCR Lag (Net Collections / Gross Charges) is based on a maximum of 3 months of data with a 1 month Gross Charge Lag. Net Bad Debt % is based on a 6 month average.

** Gross Collection Per Transport is based on 12 month rolling period.

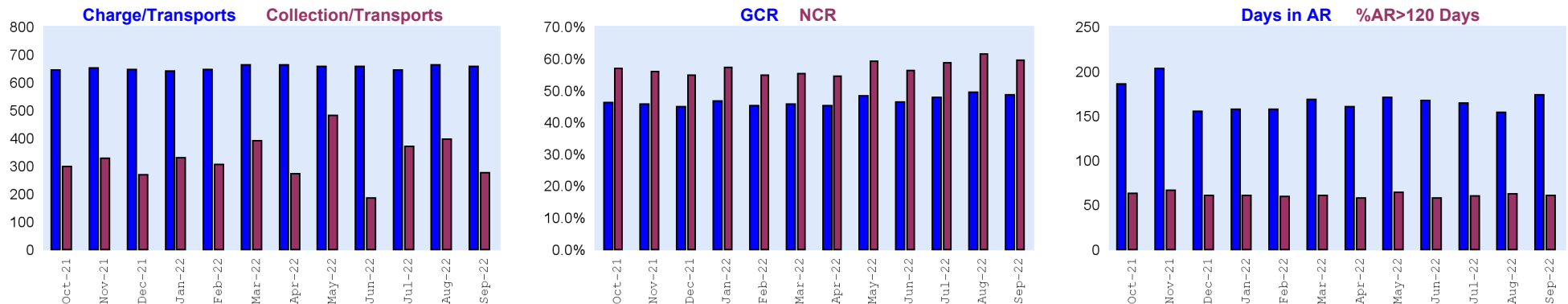


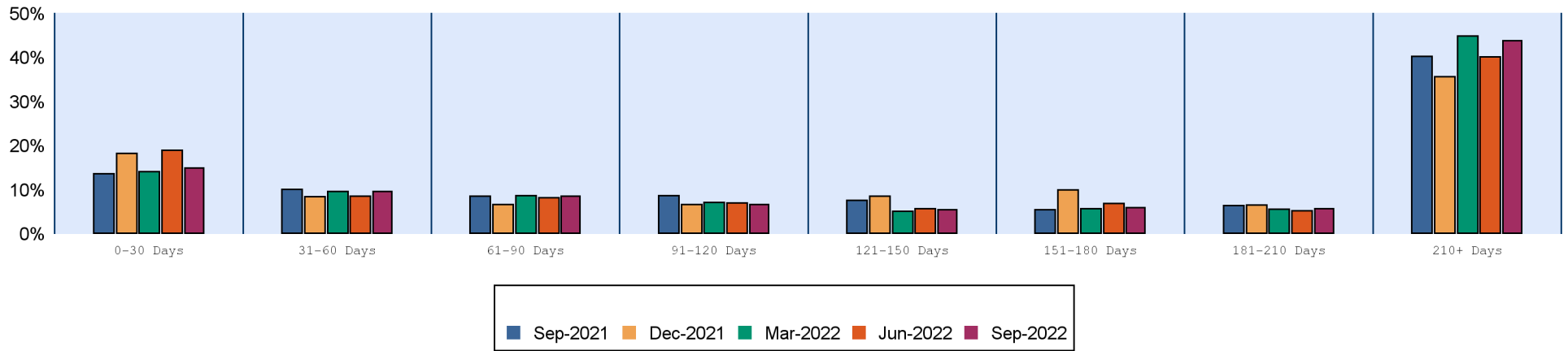


| | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Curr 12 Mth Avg | Prev 12 Mth Avg |
|--------------------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------------|-----------------|
| Gross Charges | 96,026 | 92,614 | 112,019 | 100,018 | 102,050 | 98,150 | 108,030 | 74,250 | 133,449 | 113,438 | 100,232 | 102,096 | 102,698 | 91,253 |
| Charge Adjustments | (18,543) | (21,839) | (21,538) | (15,608) | (17,527) | (18,617) | (16,512) | (23,699) | (15,359) | (25,603) | (28,049) | (13,502) | (19,700) | (18,147) |
| Gross Collections | (44,494) | (46,584) | (46,392) | (51,468) | (48,208) | (57,717) | (44,222) | (54,430) | (37,554) | (65,078) | (59,973) | (42,858) | (49,915) | (42,682) |
| Net Bad Debt | (9,324) | (22,816) | (133,757) | (19,574) | (20,853) | (11,033) | (60,138) | (12,260) | (27,685) | (24,390) | (4,836) | (31,620) | (31,524) | (15,164) |

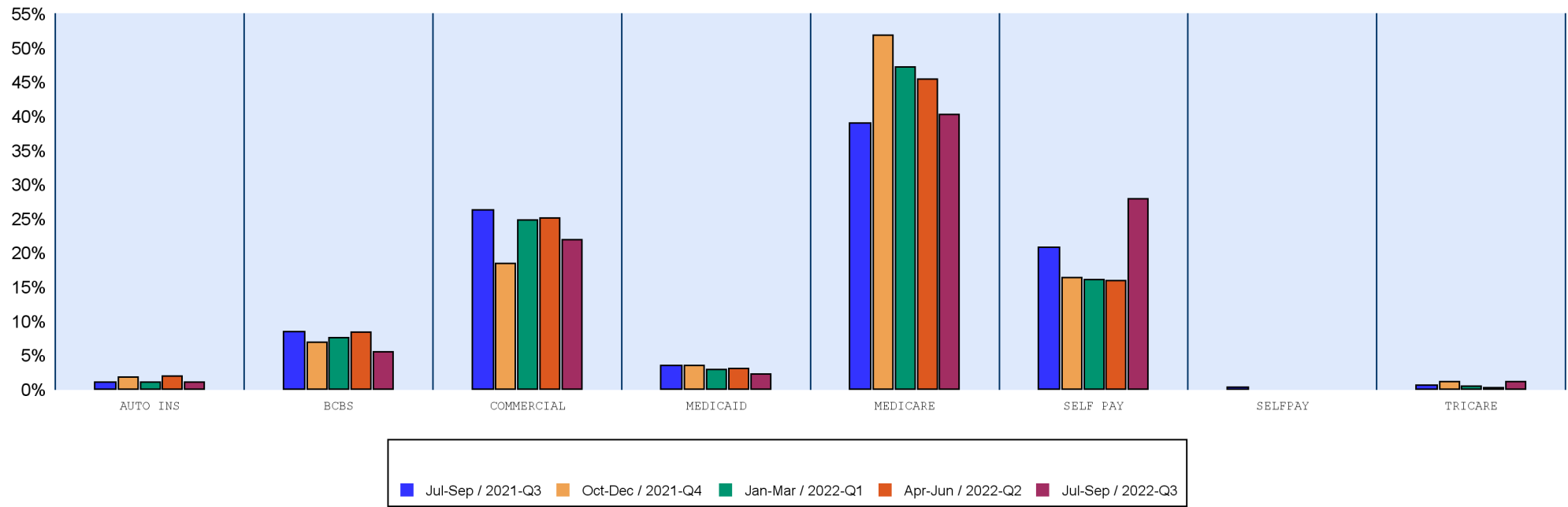
| | Current Month | | | Comparative Rolling Qtr | | | | | FYTD | | | Fiscal Year over Year | | | Fiscal Year | |
|--------------------------------|---------------|-----------------|---------|-------------------------|------------------|------------------|-------------------------|--------------------|------------------|-----------|--------|-----------------------|------------------|---------|-------------|--------------------------|
| Key Performance Measurements | Sep-2022 | 6 month Average | % var | Prev Year | Previous | Current | % Var Curr vs Prev Year | % Var Curr vs Prev | Previous | Current | % Var | Oct-19 to Sep-20 | Oct-20 to Sep-21 | % Var | Run Rate | % Var un Rate vs Prev FY |
| | | | | Jul-21 to Sep-21 | Apr-22 to Jun-22 | Jul-22 to Sep-22 | Oct-20 to Sep-21 | Oct-21 to Sep-22 | Oct-21 to Sep-22 | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Transports | 155 | 160 | (3.2%) | 478 | 479 | 482 | 0.8% | 0.6% | 1,714 | 1,887 | 10.1% | 1,560 | 1,714 | 9.9% | 1,887 | 10.1% |
| Gross Charges | 102,096 | 105,249 | (3.0%) | 307,598 | 315,729 | 315,766 | 2.7% | 0.0% | 1,095,036 | 1,232,372 | 12.5% | 982,939 | 1,095,036 | 11.4% | 1,232,372 | 12.5% |
| Gross Charges per Transport | 659 | 657 | 0.2% | 644 | 659 | 655 | 1.8% | (0.6%) | 639 | 653 | 2.2% | 630 | 639 | 1.4% | 653 | 2.2% |
| Gross Collections | (42,858) | (50,686) | (15.4%) | (135,515) | (136,206) | (167,909) | 23.9% | 23.3% | (512,180) | (598,975) | 16.9% | (530,829) | (512,180) | (3.5%) | (598,975) | 16.9% |
| Gross Collection per Transport | (277) | (316) | (12.6%) | (284) | (284) | (348) | 22.9% | 22.5% | (299) | (317) | 6.2% | (340) | (299) | (12.2%) | (317) | 6.2% |
| Net Collections | (42,018) | (50,143) | (16.2%) | (134,005) | (135,004) | (165,856) | 23.8% | 22.9% | (506,381) | (593,219) | 17.1% | (524,821) | (506,381) | (3.5%) | (593,219) | 17.1% |
| Net Collection per Transport | (271) | (313) | (13.4%) | (280) | (282) | (344) | 22.7% | 22.1% | (295) | (314) | 6.4% | (336) | (295) | (12.2%) | (314) | 6.4% |
| GCR* | 48.6% | 48.2% | 0.9% | 44.1% | 43.1% | 53.2% | 20.7% | 23.3% | 46.8% | 48.6% | 3.9% | 54.0% | 46.8% | (13.4%) | 48.6% | 3.9% |
| NCR* | 59.6% | 59.1% | 0.7% | 53.5% | 51.9% | 66.7% | 24.8% | 28.6% | 57.7% | 59.6% | 3.2% | 70.8% | 57.7% | (18.5%) | 59.6% | 3.2% |
| Contractual Adjustments | (13,502) | (20,454) | (34.0%) | (56,970) | (55,570) | (67,154) | 17.9% | 20.8% | (217,763) | (236,394) | 8.6% | (241,514) | (217,763) | (9.8%) | (236,394) | 8.6% |
| Net Bad Debt | (31,620) | (26,821) | 17.9% | (45,466) | (100,082) | (60,846) | 33.8% | (39.2%) | (181,973) | (378,285) | 107.9% | (189,550) | (181,973) | (4.0%) | (378,285) | 107.9% |
| Days in AR | 173.5 | 164.7 | 5.3% | 170.9 | 167.2 | 173.5 | 1.5% | 3.8% | 170.9 | 173.5 | 1.5% | 139.1 | 170.9 | 22.9% | 173.5 | 1.5% |
| % AR > 120 Days | 60.7% | 60.4% | 0.5% | 59.4% | 57.6% | 60.7% | 2.2% | 5.5% | 59.4% | 60.7% | 2.2% | 56.2% | 59.4% | 5.8% | 60.7% | 2.2% |

* GCR and NCR calculations are based on a maximum of 12 months of data unless otherwise specified by the time period defined in the column.





| | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | 12 Mth Avg | % Var Sep-22 to Jun-22 |
|--------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|------------|------------------------|
| 0-30 Days | 75,671 | 79,151 | 93,158 | 93,448 | 96,873 | 77,600 | 104,005 | 58,164 | 109,806 | 101,617 | 87,135 | 89,115 | 88,812 | (18.8%) |
| 31-60 Days | 50,137 | 38,515 | 42,511 | 50,325 | 51,295 | 53,145 | 44,487 | 54,758 | 49,405 | 54,552 | 55,768 | 57,017 | 50,160 | 15.4% |
| 61-90 Days | 47,930 | 37,683 | 33,854 | 31,136 | 41,789 | 47,374 | 40,995 | 43,563 | 46,821 | 39,115 | 44,315 | 50,768 | 42,112 | 8.4% |
| 91-120 Days | 50,430 | 45,297 | 33,633 | 32,835 | 29,172 | 38,846 | 39,888 | 32,879 | 39,997 | 36,159 | 33,485 | 39,463 | 37,674 | (1.3%) |
| 121-150 Days | 44,294 | 50,426 | 43,684 | 31,205 | 29,272 | 27,782 | 33,121 | 39,277 | 32,322 | 36,249 | 36,992 | 32,736 | 36,447 | 1.3% |
| 151-180 Days | 43,236 | 42,301 | 50,630 | 43,901 | 31,790 | 31,334 | 24,361 | 30,034 | 39,277 | 32,236 | 34,127 | 35,565 | 36,566 | (9.5%) |
| 181-210 Days | 31,321 | 43,426 | 33,237 | 47,857 | 43,087 | 30,249 | 28,073 | 24,485 | 29,884 | 41,597 | 34,492 | 33,605 | 35,109 | 12.5% |
| 210+ Days | 258,547 | 266,142 | 182,567 | 196,552 | 219,446 | 248,784 | 227,779 | 243,716 | 232,676 | 237,902 | 260,828 | 263,829 | 236,564 | 13.4% |
| Total | 601,566 | 602,942 | 513,274 | 527,259 | 542,722 | 555,114 | 542,710 | 526,876 | 580,187 | 579,427 | 587,141 | 602,097 | 563,443 | 3.8% |
| Days in AR | 185.8 | 203.4 | 155.4 | 157.5 | 157.2 | 168.3 | 160.2 | 171.0 | 167.2 | 164.2 | 153.9 | 173.5 | 167.5 | 3.8% |
| % AR > 120 | 62.7% | 66.7% | 60.4% | 60.6% | 59.6% | 60.9% | 57.7% | 64.1% | 57.6% | 60.1% | 62.4% | 60.7% | 61.2% | 5.5% |
| \$ AR > 120 | 377,398 | 402,295 | 310,118 | 319,516 | 323,594 | 338,150 | 313,334 | 337,511 | 334,158 | 347,984 | 366,438 | 365,734 | 344,686 | 9.4% |

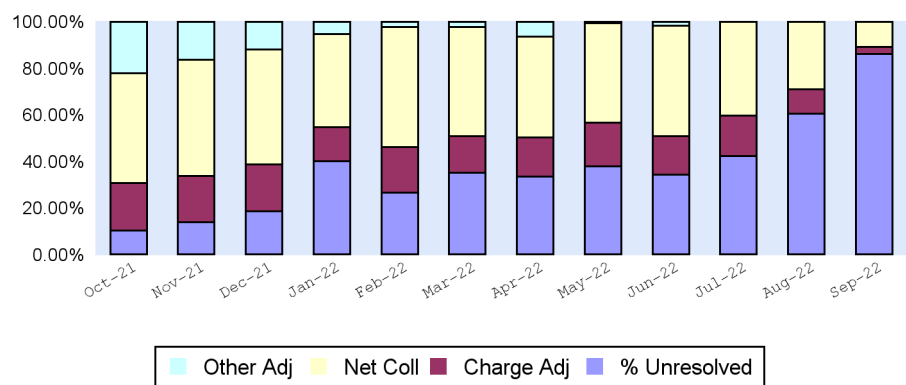


| Payor Group | Jul-Sep2021 | Oct-Dec2021 | Jan-Mar2022 | Apr-Jun2022 | Jul-Sep2022 |
|-------------|-------------|-------------|-------------|-------------|-------------|
| AUTO INS | 1% | 2% | 1% | 2% | 1% |
| BCBS | 8% | 7% | 8% | 8% | 5% |
| COMMERCIAL | 26% | 18% | 25% | 25% | 22% |
| MEDICAID | 3% | 3% | 3% | 3% | 2% |
| MEDICARE | 39% | 52% | 47% | 45% | 40% |
| SELF PAY | 21% | 16% | 16% | 16% | 28% |
| SELPAY | 0% | 0% | 0% | 0% | 0% |
| TRICARE | 1% | 1% | 0% | 0% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% |

| | | Charges | | | Collections | | | | | | % of Gross Charges | | | |
|---------------|------------|-----------|-----------------|-------------|-------------|-----------------|-------------|-------------------|------------|------------------|--------------------|------------|----------|-----------|
| Charge Month | Transports | Gross (a) | Adjustments (b) | Net (c=a+b) | Gross (d) | Adjustments (e) | Net (f=d+e) | Other Adjustments | AR Balance | Coll/ Transports | % Unresolved | Charge Adj | Net Coll | Other Adj |
| Prior 12 Mths | 1,714 | 1,095,036 | (207,163) | 887,873 | (520,736) | 5,575 | (515,160) | (274,387) | 98,325 | 300.56 | 8.98% | 18.92% | 47.05% | 25.06% |
| Oct-21 | 149 | 96,026 | (19,661) | 76,365 | (46,008) | 515 | (45,494) | (21,195) | 9,676 | 305.33 | 10.08% | 20.47% | 47.38% | 22.07% |
| Nov-21 | 142 | 92,614 | (18,465) | 74,149 | (46,718) | 427 | (46,291) | (15,199) | 12,659 | 325.99 | 13.67% | 19.94% | 49.98% | 16.41% |
| Dec-21 | 173 | 112,019 | (22,740) | 89,279 | (55,260) | 175 | (55,085) | (13,596) | 20,598 | 318.41 | 18.39% | 20.30% | 49.17% | 12.14% |
| Jan-22 | 156 | 100,018 | (14,651) | 85,367 | (40,208) | 184 | (40,023) | (5,276) | 40,067 | 256.56 | 40.06% | 14.65% | 40.02% | 5.28% |
| Feb-22 | 158 | 102,050 | (20,082) | 81,968 | (53,173) | 527 | (52,646) | (2,303) | 27,019 | 333.20 | 26.48% | 19.68% | 51.59% | 2.26% |
| Mar-22 | 148 | 98,150 | (15,267) | 82,883 | (46,458) | 370 | (46,088) | (2,286) | 34,509 | 311.41 | 35.16% | 15.55% | 46.96% | 2.33% |
| Apr-22 | 163 | 108,030 | (18,091) | 89,939 | (47,348) | 455 | (46,893) | (6,902) | 36,144 | 287.69 | 33.46% | 16.75% | 43.41% | 6.39% |
| May-22 | 113 | 74,250 | (13,951) | 60,299 | (31,830) | 0 | (31,830) | (487) | 27,982 | 281.68 | 37.69% | 18.79% | 42.87% | 0.66% |
| Jun-22 | 203 | 133,449 | (22,118) | 111,331 | (63,545) | 184 | (63,360) | (2,253) | 45,718 | 312.12 | 34.26% | 16.57% | 47.48% | 1.69% |
| Jul-22 | 176 | 113,438 | (19,641) | 93,797 | (46,429) | 619 | (45,809) | 0 | 47,987 | 260.28 | 42.30% | 17.31% | 40.38% | 0.00% |
| Aug-22 | 151 | 100,232 | (10,271) | 89,961 | (29,485) | 196 | (29,288) | 0 | 60,673 | 193.96 | 60.53% | 10.25% | 29.22% | 0.00% |
| Sep-22 | 155 | 102,096 | (3,039) | 99,057 | (11,234) | 0 | (11,234) | 0 | 87,823 | 72.48 | 86.02% | 2.98% | 11.00% | 0.00% |
| 24 Mth Total | 3,601 | 2,327,408 | (405,139) | 1,922,269 | (1,038,432) | 9,229 | (1,029,202) | (343,887) | 549,180 | 285.81 | 23.60% | 17.41% | 44.22% | 14.78% |

* All activity has been summarized at the encounter accounting period level. Amounts displayed in each column may not reconcile to deliverables generated using posting period. The 24 Mth Total row is the sum of data represented on this report which is a maximum of 24 months. The total amount displayed in the AR Balance column may or may not equal the client's ending AR balance depending on how many months of data are available. The Charge Adjustments on tab are not impacted by "Select: Include Misc Debit/Credit in Net Charges?" prompt.

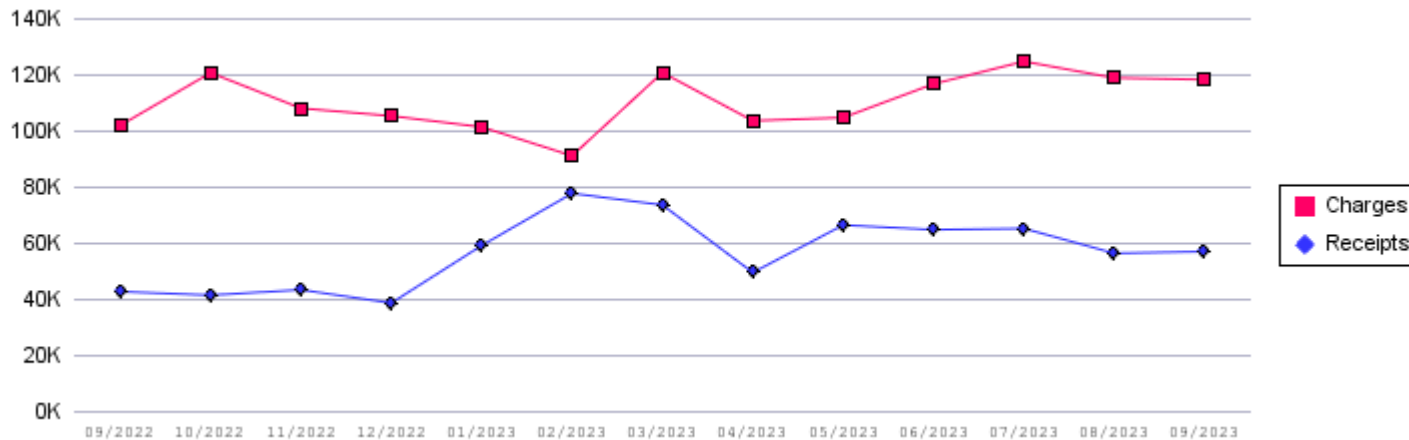
% of Gross Charges



September 2023

Client Summary

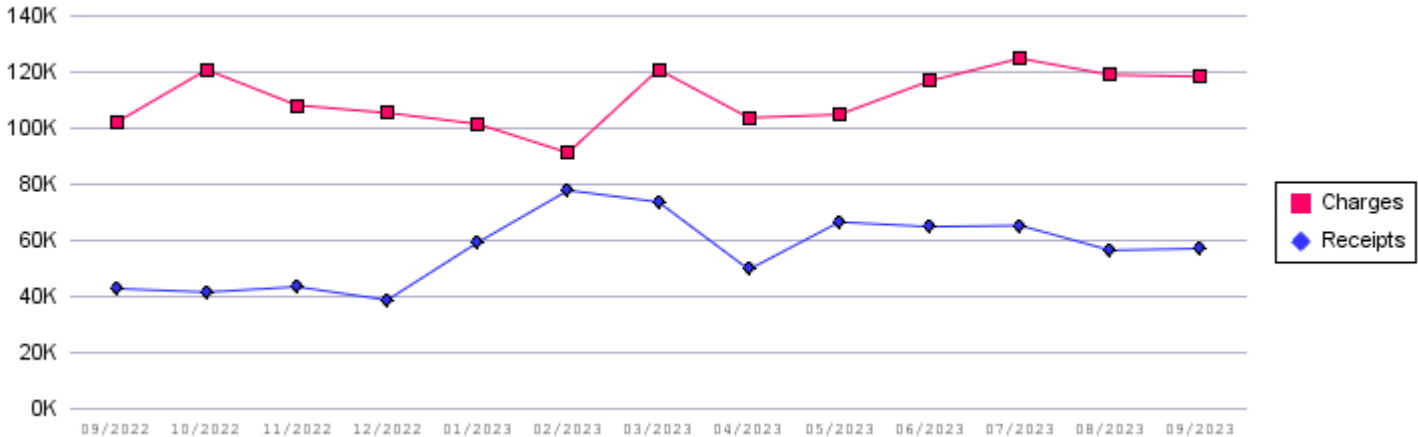
| Post Month | Gross Charges | Gross Receipts | Transports | BLS | | ALS | | ALS2 | |
|------------------------|--------------------|------------------|--------------|------------|-------|--------------|-------|-----------|------|
| September 2022 | \$102,096 | \$42,858 | 155 | 7 | 4.5% | 147 | 94.8% | 1 | 0.6% |
| October 2022 | \$120,852 | \$41,588 | 185 | 15 | 8.1% | 167 | 90.3% | 3 | 1.6% |
| November 2022 | \$108,208 | \$43,498 | 166 | 11 | 6.6% | 152 | 91.6% | 3 | 1.8% |
| December 2022 | \$105,472 | \$38,797 | 161 | 18 | 11.2% | 138 | 85.7% | 5 | 3.1% |
| January 2023 | \$101,535 | \$59,299 | 157 | 16 | 10.2% | 137 | 87.3% | 4 | 2.5% |
| February 2023 | \$91,267 | \$77,886 | 140 | 13 | 9.3% | 127 | 90.7% | | |
| March 2023 | \$120,918 | \$73,721 | 184 | 15 | 8.2% | 164 | 89.1% | 5 | 2.7% |
| April 2023 | \$103,762 | \$49,669 | 157 | 13 | 8.3% | 138 | 87.9% | 6 | 3.8% |
| May 2023 | \$104,881 | \$66,572 | 157 | 12 | 7.6% | 141 | 89.8% | 4 | 2.5% |
| June 2023 | \$116,875 | \$64,928 | 177 | 10 | 5.6% | 162 | 91.5% | 5 | 2.8% |
| July 2023 | \$124,892 | \$65,356 | 188 | 12 | 6.4% | 169 | 89.9% | 7 | 3.7% |
| August 2023 | \$119,034 | \$56,524 | 180 | 11 | 6.1% | 161 | 89.4% | 8 | 4.4% |
| September 2023 | \$118,418 | \$57,129 | 180 | 17 | 9.4% | 156 | 86.7% | 7 | 3.9% |
| Total | \$1,336,114 | \$694,970 | 2,187 | 170 | | 1,959 | | 58 | |
| Avg / Month | \$111,343 | \$57,914 | | | | | | | |
| Avg / Transport | \$657.54 | \$342.01 | | | | | | | |



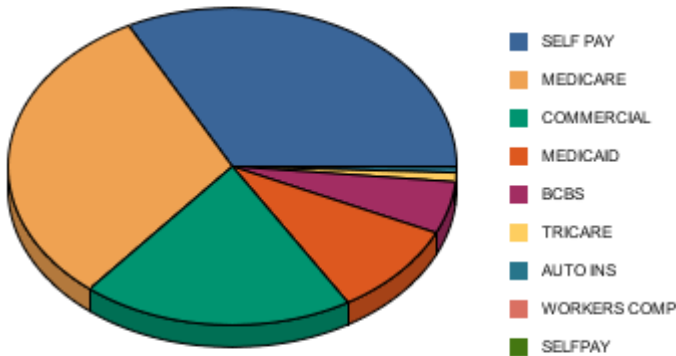
September 2023

Client Summary

| Post Month | Gross Charges | Gross Receipts | Collection Adjustments | Net Receipts | Adjustments/ Write-Offs | Aging Balance | Transports |
|-----------------|----------------|----------------|------------------------|--------------|-------------------------|---------------|------------|
| September 2022 | \$102,096.00 | \$42,857.53 | (\$839.19) | \$42,018.34 | \$45,121.44 | \$602,097.26 | 155 |
| October 2022 | \$120,852.00 | \$41,588.12 | \$0.00 | \$41,588.12 | \$32,714.63 | \$648,646.51 | 185 |
| November 2022 | \$108,208.00 | \$43,498.44 | (\$436.32) | \$43,062.12 | \$42,586.32 | \$671,206.07 | 166 |
| December 2022 | \$105,472.00 | \$38,797.42 | \$0.00 | \$38,797.42 | \$26,294.33 | \$711,586.32 | 161 |
| January 2023 | \$101,535.00 | \$59,299.29 | (\$532.74) | \$58,766.55 | \$58,356.41 | \$695,998.36 | 157 |
| February 2023 | \$91,267.00 | \$77,886.25 | (\$2,438.33) | \$75,447.92 | \$63,147.53 | \$648,669.91 | 140 |
| March 2023 | \$120,918.00 | \$73,720.63 | \$0.00 | \$73,720.63 | \$40,418.14 | \$655,449.14 | 184 |
| April 2023 | \$103,762.00 | \$49,669.38 | (\$2,869.28) | \$46,800.10 | \$27,463.66 | \$684,947.38 | 157 |
| May 2023 | \$104,881.00 | \$66,572.00 | (\$1,410.15) | \$65,161.85 | \$44,464.07 | \$680,202.46 | 157 |
| June 2023 | \$116,875.00 | \$64,928.25 | \$0.00 | \$64,928.25 | \$52,146.06 | \$680,003.15 | 177 |
| July 2023 | \$124,892.00 | \$65,356.32 | (\$1,100.35) | \$64,255.97 | \$45,805.35 | \$694,833.83 | 188 |
| August 2023 | \$119,034.00 | \$56,524.22 | \$0.00 | \$56,524.22 | \$41,622.80 | \$715,720.81 | 180 |
| September 2023 | \$118,418.00 | \$57,129.36 | \$0.00 | \$57,129.36 | \$41,996.00 | \$735,013.45 | 180 |
| Total | \$1,336,114.00 | \$694,969.68 | (\$8,787.17) | \$686,182.51 | \$517,015.30 | | 2,032 |
| Avg / Month | \$111,342.83 | \$57,914.14 | (\$732.26) | | | | |
| Avg / Transport | \$657.54 | \$342.01 | | | | | |



Top 10 Insurance Payers



| ENCOUNTER TYPE | CHARGES | | | | GROSS RECEIPTS | | | |
|----------------|---------------|---------|---------------------|---------|----------------|---------|---------------------|---------|
| | MONTH TO DATE | | FISCAL YEAR TO DATE | | MONTH TO DATE | | FISCAL YEAR TO DATE | |
| | Total | Percent | Total | Percent | Total | Percent | Total | Percent |
| SELF PAY | \$32,779 | 27.7% | \$435,621 | 32.6% | \$4,566 | 8.0% | \$40,014 | 5.8% |
| MEDICARE | \$39,227 | 33.1% | \$414,109 | 31.0% | \$25,959 | 45.4% | \$297,870 | 42.9% |
| COMMERCIAL | \$25,897 | 21.9% | \$260,526 | 19.5% | \$16,631 | 29.1% | \$236,710 | 34.1% |
| MEDICAID | \$8,321 | 7.0% | \$132,856 | 9.9% | \$2,868 | 5.0% | \$35,168 | 5.1% |
| BCBS | \$8,328 | 7.0% | \$71,250 | 5.3% | \$5,617 | 9.8% | \$65,084 | 9.4% |
| TRICARE | \$3,866 | 3.3% | \$12,692 | 0.9% | \$1,489 | 2.6% | \$14,485 | 2.1% |
| AUTO INS | \$0 | 0.0% | \$8,407 | 0.6% | \$0 | 0.0% | \$4,993 | 0.7% |
| WORKERS COMP | \$0 | 0.0% | \$653 | 0.0% | \$0 | 0.0% | \$645 | 0.1% |
| SELFPAY | \$0 | 0.0% | \$0 | 0.0% | \$0 | 0.0% | \$0 | 0.0% |
| Others | \$0 | 0.0% | \$0 | 0.0% | \$0 | 0.0% | \$0 | 0.0% |
| Total | \$118,418 | | \$1,336,114 | | \$57,129 | | \$694,970 | |

September 2023

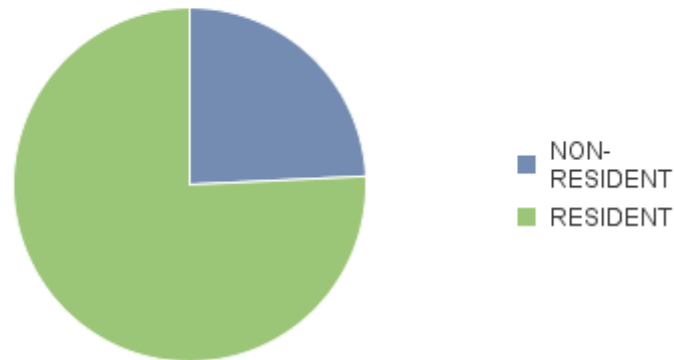
6 Month Charge/Receipt Summary by Payer

| C H A R G E S | | | | | | | G R O S S R E C E I P T S | | | | | | |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------------------------|----------|----------|----------|----------|----------|----------|
| Apr | May | Jun | Jul | Aug | Sep | Average | Apr | May | Jun | Jul | Aug | Sep | Average |
| AUTO INS | | | | | | | A | | | | | | |
| \$1,307 | \$1,612 | \$0 | \$1,129 | \$647 | \$0 | \$783 | | \$611 | \$1,280 | \$0 | \$0 | \$0 | \$315 |
| BCBS | | | | | | | C | | | | | | |
| \$5,903 | \$7,302 | \$7,845 | \$9,197 | \$11,188 | \$8,328 | \$8,294 | | \$3,607 | \$7,791 | \$5,709 | \$8,553 | \$7,760 | \$6,506 |
| COMMERCIAL | | | | | | | C | | | | | | |
| \$18,786 | \$22,055 | \$26,196 | \$26,794 | \$25,659 | \$25,897 | \$24,231 | | \$21,769 | \$18,313 | \$17,938 | \$20,488 | \$19,757 | \$19,149 |
| MEDICAID | | | | | | | N | | | | | | |
| \$15,050 | \$7,320 | \$6,852 | \$13,140 | \$12,988 | \$8,321 | \$10,612 | | \$1,045 | \$2,156 | \$6,859 | \$3,648 | \$1,778 | \$3,059 |
| MEDICARE | | | | | | | N | | | | | | |
| \$35,656 | \$46,287 | \$47,475 | \$41,755 | \$37,559 | \$39,227 | \$41,327 | | \$18,471 | \$28,401 | \$30,110 | \$27,736 | \$23,070 | \$25,624 |
| SELF PAY | | | | | | | S | | | | | | |
| \$23,806 | \$19,281 | \$27,870 | \$32,219 | \$30,346 | \$32,779 | \$27,717 | | \$2,434 | \$6,540 | \$3,252 | \$2,740 | \$2,866 | \$3,733 |
| SELPAY | | | | | | | S | | | | | | |
| \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| TRICARE | | | | | | | V | | | | | | |
| \$2,601 | \$1,024 | \$637 | \$658 | \$647 | \$3,866 | \$1,572 | | \$1,733 | \$2,091 | \$1,061 | \$2,192 | \$1,293 | \$1,643 |
| WORKERS COMP | | | | | | | V | | | | | | |
| \$653 | \$0 | \$0 | \$0 | \$0 | \$0 | \$109 | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total | \$104,881 | | \$124,892 | | \$118,418 | | | | | | | | |
| \$103,762 | | \$116,875 | | \$119,034 | | \$114,644 | \$49,669 | \$66,572 | \$64,928 | \$65,356 | \$56,524 | \$57,129 | \$60,030 |

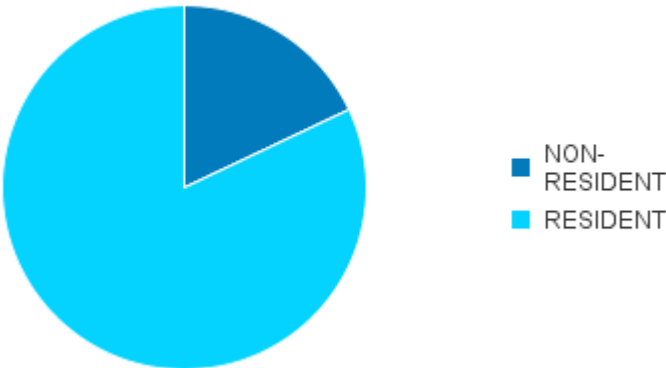


TOTAL CHARGES AND RECEIPTS BY RESIDENCY

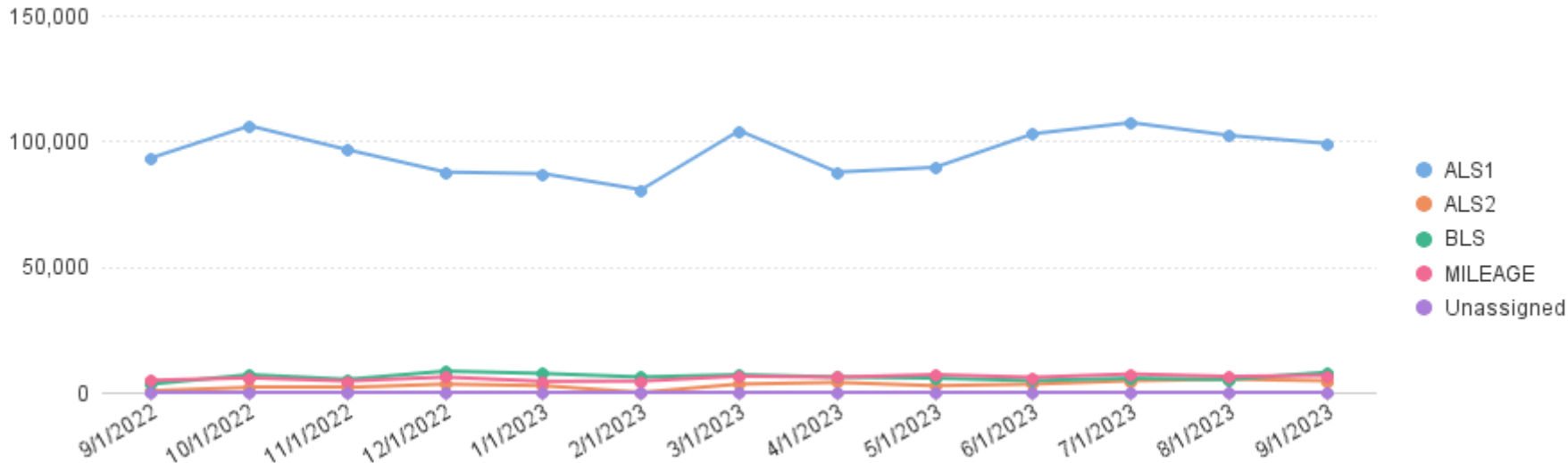
Charges by Residency



Collections by Residency



CHARGES BY ALS/BLS



September 2023

| <u>Residency</u> | | <u>MTD RUNS/ MILEAGE</u> | <u>MTD CHARGES</u> | <u>MTD RECEIPTS</u> | <u>FYTD RUNS/ MILEAGE</u> | <u>FYTD CHARGES</u> | <u>FYTD RECEIPTS</u> |
|-------------------------|---------|----------------------------------|------------------------|-------------------------|-----------------------------------|---------------------|--------------------------|
| (10) Resident | ALS1 | 110 | \$69,850.00 | \$36,942.51 | 1,383 | \$36,942.51 | \$490,199.29 |
| | ALS2 | 5 | \$3,300.00 | \$1,552.32 | 37 | \$1,552.32 | \$15,819.07 |
| | BLS | 9 | \$4,230.00 | \$1,882.91 | 120 | \$1,882.91 | \$27,108.78 |
| | MILEAGE | 419 | \$4,193.00 | \$2,101.54 | 4,746 | \$2,101.54 | \$29,865.64 |
| (10) Resident Subtotal: | | | \$81,573.00 | \$42,479.28 | | \$1,006,486.00 | \$562,992.78 |

| <u>Residency</u> | | <u>MTD RUNS/ MILEAGE</u> | <u>MTD CHARGES</u> | <u>MTD RECEIPTS</u> | <u>FYTD RUNS/ MILEAGE</u> | <u>FYTD CHARGES</u> | <u>FYTD RECEIPTS</u> |
|-----------------------------|---------|----------------------------------|------------------------|-------------------------|-----------------------------------|---------------------|--------------------------|
| (20) Non-Resident | ALS1 | 46 | \$29,210.00 | \$7,884.18 | 429 | \$7,884.18 | \$111,309.40 |
| | ALS2 | 2 | \$1,320.00 | \$1,154.40 | 20 | \$1,154.40 | \$5,492.96 |
| | BLS | 8 | \$3,760.00 | \$704.67 | 43 | \$704.67 | \$6,077.97 |
| | MILEAGE | 256 | \$2,555.00 | \$658.00 | 2,380 | \$658.00 | \$9,050.17 |
| (20) Non-Resident Subtotal: | | | \$36,845.00 | \$10,401.25 | | \$329,628.00 | \$131,930.50 |

| <u>Residency</u> | | <u>MTD RUNS/ MILEAGE</u> | <u>MTD CHARGES</u> | <u>MTD RECEIPTS</u> | <u>FYTD RUNS/ MILEAGE</u> | <u>FYTD CHARGES</u> | <u>FYTD RECEIPTS</u> |
|----------------------|------------|----------------------------------|------------------------|-------------------------|-----------------------------------|---------------------|--------------------------|
| Unassigned | BLS | | | | | | \$72.17 |
| | MILEAGE | | | | | | \$3.84 |
| | Unassigned | | \$0.00 | \$4,248.83 | | \$4,248.83 | (\$29.61) |
| | ALS1 | | | | | | \$0.00 |
| Unassigned Subtotal: | | | \$0.00 | \$4,248.83 | | \$0.00 | \$46.40 |

| | | | | | | |
|---------------|--|--------------|-------------|--|----------------|--------------|
| GRAND TOTALS: | | \$118,418.00 | \$57,129.36 | | \$1,336,114.00 | \$694,969.68 |
|---------------|--|--------------|-------------|--|----------------|--------------|

September 2023

Mileage Charges and Receipts Summary

| Charges | Description | MTD | FYTD |
|---------|-------------------------|---------------------|-----------------------|
| ALS1 | UNASSIGNED | \$99,060.00 | \$1,150,620.00 |
| ALS2 | ADVANCED LIFE SUPPORT 2 | \$4,620.00 | \$37,620.00 |
| BLS | BASIC LIFE SUPPORT | \$7,990.00 | \$76,610.00 |
| Other | Other | \$6,748.00 | \$71,264.00 |
| | | \$118,418.00 | \$1,336,114.00 |

| Receipts | Description | MTD | FYTD |
|----------|-------------------------|--------------------|---------------------|
| ALS1 | UNASSIGNED | \$44,826.69 | \$601,508.69 |
| ALS2 | ADVANCED LIFE SUPPORT 2 | \$2,706.72 | \$21,312.03 |
| BLS | BASIC LIFE SUPPORT | \$2,587.58 | \$33,258.92 |
| Other | Other | \$7,008.37 | \$38,890.04 |
| | | \$57,129.36 | \$694,969.68 |

Summary of Bad Debts/Collection/Contractual Adjustments

| Adjustment Code | Description | MTD | FYTD |
|-----------------|---------------------------------|---------------------|----------------------|
| Bad Debt | | | |
| 7300 | SMALL BALANCE WRITEOFF - CREDIT | -\$7.67 | -\$30.94 |
| 7400 | BAD ADDRESS WRITEOFF - CREDIT | -\$2,934.00 | -\$35,863.33 |
| 7700 | BAD DEBT W/O | -\$18,259.37 | -\$217,513.90 |
| 9300 | SMALL BALANCE WRITEOFF - DEBIT | \$0.00 | \$2.35 |
| 9400 | BAD ADDRESS WRITEOFF - DEBIT | \$0.00 | \$1,133.00 |
| 9700 | BAD DEBT CORRECTION | \$660.00 | \$5,640.66 |
| | | -\$20,541.04 | -\$246,632.16 |

| Adjustment Code | Description | MTD | FYTD |
|-------------------------------|------------------|--------|------------|
| Collection Adjustments | | | |
| 0170 | REFUND TO PT | \$0.00 | \$5,650.27 |
| 0171 | REFUND TO INS CO | \$0.00 | \$269.59 |
| 0172 | REFUND FREE FORM | \$0.00 | \$2,867.31 |

September 2023

| | | \$0.00 | \$8,787.17 |
|--------------------------------|-----------------------------|---------------------|----------------------|
| Adjustment Code | Description | MTD | FYTD |
| Contractual Adjustments | | | |
| 0123 | REVERSE INTEREST PMT ADJT | \$0.00 | \$5.01 |
| 0155 | CR TRANSFER ADJT | \$0.00 | -\$3,021.79 |
| 0156 | DEBIT TRANSFER ADJT | \$0.00 | \$2,675.06 |
| 0398 | REVERSE B/S LOA | \$0.00 | \$361.44 |
| 0399 | B/S LOA | -\$1,070.45 | -\$13,239.96 |
| 0498 | REVERSE COMMERCIAL LOA | \$0.00 | \$91.69 |
| 0499 | LIMIT OF ALLOWANCE WRITEOFF | \$0.00 | -\$1,293.60 |
| 1186 | MC SEQUESTRATION REDUCTION | -\$579.40 | -\$6,702.64 |
| 1199 | MEDICARE LOA | -\$7,873.45 | -\$105,556.55 |
| 1599 | MEDICAID LOA | -\$3,025.18 | -\$50,396.94 |
| 2299 | CHAMPUS LOA | \$0.00 | -\$177.84 |
| 4099 | LIMIT OF ALLOWANCE WRITEOFF | -\$286.66 | -\$2,178.34 |
| 4198 | REVERSE INS LOA | \$0.00 | \$10.92 |
| 4199 | INSURANCE LOA | -\$280.72 | -\$19,640.18 |
| 4299 | INSURANCE LOA | \$0.00 | -\$201.12 |
| 4399 | LIMIT OF ALLOWANCE WRITEOFF | \$0.00 | -\$651.97 |
| 4598 | LIMIT OF ALLOWANCE DEBIT | \$0.00 | \$726.03 |
| 4599 | LIMIT OF ALLOWANCE WRITEOFF | -\$1,525.88 | -\$33,674.50 |
| 4998 | LIMIT OF ALLOWANCE DEBIT | \$0.00 | \$19.60 |
| 4999 | LIMIT OF ALLOWANCE WRITEOFF | -\$822.96 | -\$20,850.03 |
| 5978 | UNCOLLECTIBLE AR CREDIT | -\$5,990.26 | -\$16,687.43 |
| 9099 | LIMIT OF ALLOWANCE WRITEOFF | \$0.00 | \$0.00 |
| | | -\$21,454.96 | -\$270,383.14 |

| CPT | DESCRIPTION | MONTH TO DATE | | | | FISCAL YEAR TO DATE | | | |
|---|-------------------------|---------------|--------|--------------|--------|---------------------|--------|----------------|--------|
| | | MILEAGE | % | CHARGES | % | MILEAGE | % | CHARGES | % |
| MILEAGE | | | | | | | | | |
| A0425 | MILEAGE | | | | | | | \$0.00 | 0.0% |
| A0425 | MILEAGE ALS | 643 | 95.3% | \$6,430.00 | 95.3% | 6,795 | 95.4% | \$67,952.00 | 95.4% |
| A0425 | MILEAGE BLS | 32 | 4.7% | \$318.00 | 4.7% | 331 | 4.6% | \$3,312.00 | 4.6% |
| MILEAGE TOTALS: | | 675 | 100.0% | \$6,748.00 | 100.0% | 7,126.4 | 100.0% | \$71,264.00 | 100.0% |
| OTHER SERVICES | | | | | | | | | |
| | Unassigned | 0 | 0.0% | \$0.00 | 0.0% | 0 | 0.0% | \$0.00 | 0.0% |
| OTHER SERVICES TOTALS: | | 0 | 100.0% | \$0.00 | 100.0% | 0 | 100.0% | \$0.00 | 100.0% |
| Summary of Bad Debts/Collection/Contractual Adjustments | | | | | | | | | |
| TRANSPORTATION SERVICES | | | | | | | | | |
| A0427 | ALS-1 | 156 | 86.7% | \$99,060.00 | 88.7% | 1,812 | 89.2% | \$1,150,620.00 | 91.0% |
| A0429 | BLS EMERGENCY TRANSPORT | 17 | 9.4% | \$7,990.00 | 7.2% | 163 | 8.0% | \$76,610.00 | 6.1% |
| A0433 | ALS-2 | 7 | 3.9% | \$4,620.00 | 4.1% | 57 | 2.8% | \$37,620.00 | 3.0% |
| TRANSPORTATION SERVICES TOTALS: | | 180 | 100.0% | \$111,670.00 | 100.0% | 2,032 | 100.0% | \$1,264,850.00 | 100.0% |
| REPORT TOALS: | | | | \$118,418.00 | | \$1,336,114.00 | | | |

| DROP OFF LOCATION | MONTH TO DATE | | FISCAL YEAR TO DATE | |
|--------------------------|---------------|-------|---------------------|-------|
| | TRANSPORTS | % | TRANSPORTS | % |
| BAPTIST MED CTR NASSAU | 168 | 93.3% | 1,901 | 93.9% |
| BAPTIST MED JACKSONVILLE | 3 | 1.7% | 44 | 2.2% |
| LANDING ZONE | | | 14 | 0.6% |
| SHANDS JACKSONVILLE MED | 8 | 4.4% | 51 | 2.5% |
| ST VINCENTS MED CTR | | | 1 | 0.0% |
| UF HEALTH NORTH | | | 16 | 0.7% |
| WOLFSON CHILDRENS HOSP | 1 | 0.6% | 5 | 0.1% |
| | 180 | | 2,032 | |

Aging Summary

| | 0-30 | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181+ | Totals |
|---------------|--------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|
| AUTO INS | \$0.00 | \$647.00 | \$0.00 | \$0.00 | \$964.00 | \$1,955.00 | \$1,781.00 | \$5,347.00 |
| BCBS | \$7,249.14 | \$2,246.77 | \$2,026.17 | \$3,312.00 | \$1,308.00 | \$655.00 | \$52,182.65 | \$68,979.73 |
| COMMERCIAL | \$26,997.11 | \$15,325.24 | \$12,022.40 | \$5,386.94 | \$6,114.77 | \$5,897.00 | \$37,442.59 | \$109,186.05 |
| INDIGENT CARE | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| MEDICAID | \$8,524.20 | \$7,661.44 | \$8,773.00 | \$2,242.67 | \$720.80 | \$1,952.74 | \$38,281.56 | \$68,156.41 |
| MEDICARE | \$31,013.00 | \$5,445.00 | \$7,809.00 | \$2,421.77 | \$6,306.00 | \$4,295.00 | \$45,669.63 | \$102,959.40 |
| SELF PAY | \$29,500.45 | \$29,815.00 | \$27,351.81 | \$25,134.44 | \$12,362.57 | \$18,108.92 | \$220,808.56 | \$363,081.75 |
| SELPAY | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,658.00 | \$1,658.00 |
| TRICARE | \$3,334.77 | \$647.00 | \$0.00 | \$1,458.00 | \$1,679.00 | \$658.00 | \$4,285.34 | \$12,062.11 |
| WORKERS COMP | \$0.00 | \$976.00 | \$0.00 | \$0.00 | \$645.00 | \$653.00 | \$1,309.00 | \$3,583.00 |
| Total: | \$106,618.67 | \$62,763.45 | \$57,982.38 | \$39,955.82 | \$30,100.14 | \$34,174.66 | \$403,418.33 | \$735,013.45 |