

PROPOSAL FOR
RFP NO. 20260190
EMERGENCY MEDICAL TRANSPORT BILLING SERVICES - ANNUAL CONTRACT
PRESENTED TO
Charlotte County



April 16, 2026
EMS | MC



April 16, 2026

Charlotte County, Purchasing Division
18500 Murdock Circle, Suite 344
Port Charlotte, Florida 33948-1094

RE: RFP NO. 20260190- Emergency Transport Billing Services – Annual Contract

Dear County Evaluation Team Members,

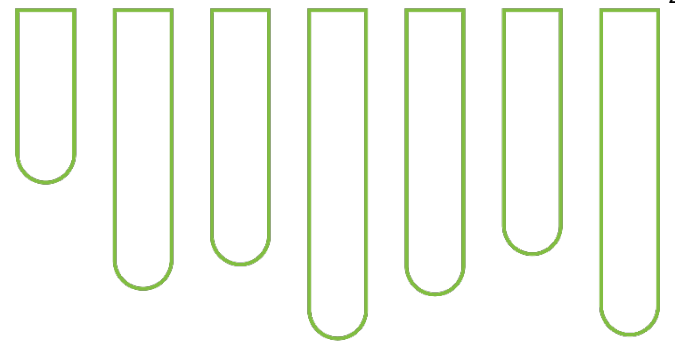
EMS Management & Consultants, Inc. (EMS|MC) appreciates the opportunity to submit our proposal to support **Charlotte County** ambulance billing and revenue cycle management needs. As a long-standing partner to public EMS agencies across Florida, we combine deep regulatory expertise, proven operational scale, and a service model intentionally designed to simplify administration, protect compliance, and enhance both staff and patient experience.

Florida represents one of EMS|MC's most established markets. We currently support **more than 30 public-sector EMS organizations statewide**, managing billing operations for **over 414,000 annual transports in Florida alone**. This depth of experience provides direct insight into Florida-specific payer behavior, Medicaid and MMA requirements, Medicare reimbursement nuances, and local government reporting expectations. Our teams work daily within these frameworks, allowing us to proactively adapt to regulatory change, identify revenue opportunities, and maintain audit-ready compliance—all while minimizing disruption to agency operations.

Our service philosophy is grounded in clarity, accountability, and partnership. Charlotte County would be supported through EMS|MC's **Point-of-Delivery (POD) service model**, which assigns a **single, designated point of contact** supported by a dedicated, cross-functional team. This structure eliminates the inefficiencies of fragmented communication and ensures continuity across daily operations, issue resolution, and strategic planning. Your POD functions as a direct extension of your organization—deeply familiar with your operational priorities, leadership goals, and community expectations.

This model is supported by **Florida-based leadership and compliance oversight**, providing localized expertise and hands-on engagement. EMS|MC's Florida team ensures billing accuracy, audit readiness, and regulatory compliance while delivering responsive, relationship-driven service. We recognize that public EMS agencies require more than transactional support; success depends on trust, transparency, and consistency over time.

EMS|MC places significant emphasis on clear, actionable reporting. Our monthly financial and operational reports are designed to be concise, consistent, and decision-ready—presenting stable metrics that leadership can trust from month to month. Through our **EMSight™** reporting platform, agencies have access to standard and ad-hoc reports, intuitive dashboards, and real-time performance insight



without navigating unnecessary complexity. Our goal is to reduce administrative burden while improving visibility into trends, risks, and opportunities.

Equally important is the experience of the patients and community you serve. EMS|MC's patient communication approach is structured to reduce confusion, streamline inquiries, and protect agency staff from unnecessary call volume. Patient invoices clearly direct billing-related questions to EMS|MC's dedicated support team, allowing the County to remain focused on mission-critical operations. Our patient support staff is trained specifically in public-sector EMS billing, ensuring accurate, professional, and timely response to patient inquiries.

We understand that transitioning billing partners carries inherent risk to revenue stability, internal workflows, and public perception. EMS|MC's implementation methodology is designed to **protect cash flow, maintain continuity, and minimize disruption** from day one. Our Florida teams have successfully onboarded county and municipal EMS agencies of similar size and complexity, applying proven transition controls tailored specifically to the Florida EMS environment.

Underpinning every aspect of our service delivery is a strong commitment to data security, operational continuity, and regulatory discipline. EMS|MC maintains **SOC 2 Type II certification**, adheres to rigorous internal compliance standards, and conducts regular performance and quality assurance reviews. These safeguards ensure sustained accuracy, transparency, and accountability throughout the life of the partnership.

Most importantly, EMS|MC views this relationship as a **long-term partnership**, not a vendor arrangement. Our success is measured by our ability to reduce administrative friction, provide leadership with confidence in their data, improve patient experience, and safeguard the financial health of the EMS operation. Charlotte County deserves a billing partner that understands Florida, understands public EMS, and delivers consistent, high-touch service supported by proven systems and experienced professionals.

We appreciate the opportunity to be considered as Charlotte County's ambulance billing and revenue cycle management partner and welcome further discussion regarding how EMS|MC's Florida experience, dedicated service model, and technology-enabled reporting can support your organization now and into the future.

Thank you,

Lauren Elam, Business Development Manager, EMS|MC

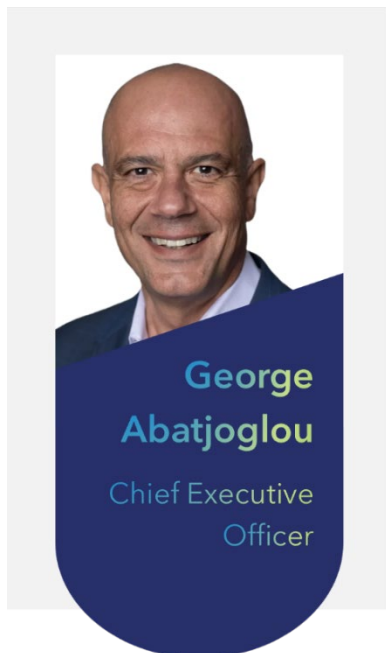
2540 Empire Drive; Suite 100 | Winston-Salem, NC 27103

Mobile 423-956-5277 | Email lauren.elam@emsmc.com

Notice

This proposal, including our management fee, is all-inclusive and valid for 120 days from April 16, 2026.

Furthermore, George Abatjoglou, Chief Executive Officer, is authorized to make representations and act as a signatory on behalf of EMS Management & Consultants, Inc. (EMS|MC).



A handwritten signature in black ink, appearing to be 'G. Abatjoglou', written in a fluid, cursive style.

George Abatjoglou, Chief Executive Officer

2540 Empire Drive; Suite 100 | Winston-Salem, NC 27103

Phone 336-701-0981 | Email george.abatjoglou@emsmc.com

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rganizational Description

www.emsmc.com

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.

LEGAL NAME - EMS Management & Consultants, Inc.

2540 Empire Drive, Suite 100

Winston-Salem, NC 27103

P (781) 710 3602

F (336) 347 9705

FIN (FEDERAL ID NUMBER): 56-1969494

2. Age of the firm including years of experience, brief history, and average number of employees over the past five (5) years. Present size of organization including the number of employees, nature of services offered and breakdown of staff by discipline.

Before the mid-1990s, EMS agencies heavily relied on paper-based reports and communications. By the mid-1990s, ePCR (Electronic Patient Care Reporting) was a relatively new concept in the industry. For any agency that could afford to onboard an ePCR system, it led to significant improvements in patient care. Unfortunately, after dozens of conversations with EMS agencies, our founder quickly recognized that most agencies didn't have the funds to access such a game-changing tool. These agencies were struggling with obtaining reimbursements and were instead reliant on taxpayer funds.

Armed with this knowledge, our founder made it his mission to help EMS agencies **Answer the Call** by increasing reimbursements. Thus, EMS|MC was born in 1996 to provide revenue cycle management (RCM) services to EMS agencies.

By streamlining billing and increasing reimbursements, our clients have larger budgets to provide the following for their teams and the communities they serve:

- New ambulances with updated safety features
- Innovative technologies that enhance patient safety and care
- Larger headcount to reduce employee burnout and overtime costs
- Best-in-class training that keeps EMS staff at the top of their game while increasing employee satisfaction
- Presence at local public service events to build strong community ties

Approach Summary: EMS|MC Experience & Capabilities

Organizational Overview & Operational Capabilities

EMS Management & Consultants, Inc. (EMS|MC), founded in 1996, is one of the nation's largest EMS-focused revenue-cycle partners, serving more than 1,500 agencies nationwide and over 411,000 annual claims within Florida. Our continued growth reflects strategic investment in technology innovation, compliance advancement, documentation improvement, and financial transparency.



Corporate Structure & Account Support

EMS|MC operates as a corporation headquartered in Winston-Salem, North Carolina, supported by a Compliance Officer and dedicated compliance leadership team. For the County, your assigned Client Success Executive, **Dawn Word**, will lead a POD-based operational team including a Client Success Representative, Operational Performance Analyst, and Accounts Receivable Specialist.



Employee Breakdown

EMS|MC is a nationally scaled emergency medical services revenue cycle management organization supporting more than 1,500 EMS agencies across the United States. The organization employs specialized teams across all aspects of the EMS revenue cycle, including billing and coding, accounts receivable, reconciliation, compliance, reporting, customer service, technology, and client success. EMS|MC employs more than **710 full-time and 13 part-time professionals**, including certified coders, billing specialists, client success executives, compliance officers, analysts, and deployment managers. Our distributed workforce allows us to provide nationwide support while maintaining localized, relationship-based service.



EMS|MC maintains a **dedicated patient customer service operation with access to 93 trained customer service representatives** operating across multiple shifts to ensure coverage, responsiveness, and service continuity. The organization's workforce is supported by low attrition relative to industry averages and reinforced through cross-training, documented workflows, and redundancy to maintain service quality during staff transitions.

EMS|MC's services include full end-to-end EMS revenue cycle management, such as ePCR intake, coding and billing, insurance discovery, claims submission, denial management, appeals, patient billing, collections oversight, reconciliation, reporting, audit support, and compliance management. Staff are organized by discipline, including Client Success and POD-based account management, NAAC-certified billing and coding specialists, Accounts Receivable and denial management teams, Patient Customer Service representatives, Compliance and Quality Assurance professionals, Technology and analytics staff, and Executive and operational leadership. This multidisciplinary structure ensures each function is supported by subject-matter experts while maintaining clear accountability and coordinated service delivery across the organization.

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

a. Name and title

b. Job assignment for this project

c. Number of years with this firm

d. Number of years with other firms providing similar services

e. Experience and education

f. Active registrations, memberships or certifications

g. Other experience and qualifications relevant to this project

EMS|MC currently employs **710 full-time and 13 part-time professionals**. The project will be supported by a multidisciplinary team of experienced professionals spanning client success, deployment, compliance, operations, and executive leadership. Day-to-day oversight and program management will be led by a dedicated Client Success Executive, Dawn Word, supported by a Client Success Representative and Client Success Director to ensure responsive communication and sustained performance.

Deployment and implementation activities will be managed by seasoned EMS billing professionals who specialize in onboarding public-sector EMS agencies and coordinating smooth transitions with minimal disruption. Compliance oversight will be provided by senior compliance leaders with deep expertise in HIPAA, Medicare, Medicaid, and EMS-specific regulatory requirements, supported by internal audit and training resources. This team is further reinforced by executive leadership in finance, technology, operations, customer experience, and advocacy, providing strategic guidance, escalation support, and long-term partnership continuity throughout the life of the contract.

Brief resumes are included on the below pages.

Local Support Backed by Our National Network of EMS Billing Experts

EMS|MC is dedicated to supporting your needs in Charlotte County, Florida. With EMS experts in your area, we have gained a deep understanding of your community, as well as the local laws and regulations surrounding EMS billing.

Our local team is backed by EMS billing experts who support over 1,500 clients across the US through five regional offices, including our headquarters in Winston-Salem, North Carolina. We processed over 6 million claims across the country for public, private, and hospital-based agencies. Our trusted Account Team aligns with Charlotte County's Needs.

We understand that we are the face of Charlotte County when one of your patients has a question about their EMS bill. As such, we act as an extension of your team. With so many of our internal team members being former paramedics or patient-facing healthcare professionals, we also understand that patients are people who deserve to be treated with dignity, professionalism, and courtesy.

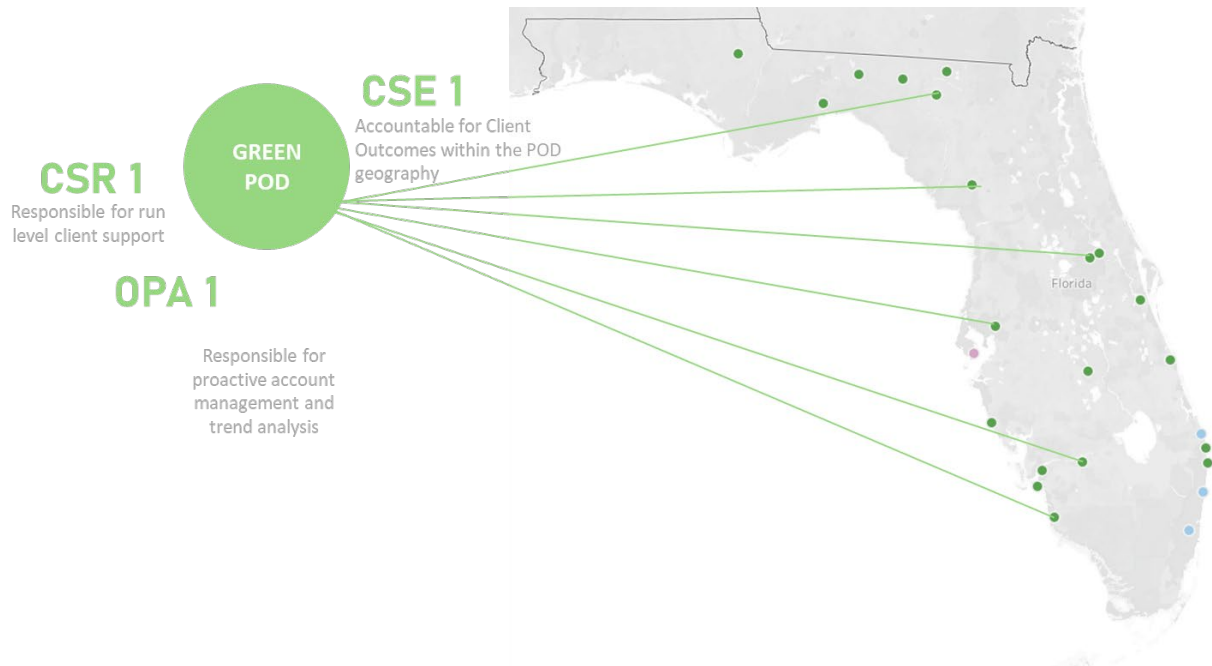


After a meticulous selection process, we made the decision to bring on EMS|MC as our exclusive billing partner. [They] are extremely easy to work with and very diligent in both the deployment phase, as well as the week-to-week information sharing. Their dedication to EMS compliance and the level of support they offer in this regard has proved to be a priceless benefit.

- Long-term Client of EMS|MC -

POD-Based Client Success Model

To ensure responsiveness and accountability, EMS|MC employs a POD structure within our Client Success department. Each POD functions as a dedicated, cross-functional team responsible for a defined group of clients.



- Each POD is led by a Client Success Director (CSD), who oversees the overall relationship, contract performance, and strategic objectives.
- The Client Success Executive (CSE) serves as the primary day-to-day contact, facilitating communication, reporting, and service requests.
- The Deployments Team manages onboarding through our EMStart™ program, providing structured implementation, system configuration, and client training.
- Behind each POD, specialized teams—including Compliance and Audit, Payment Posting, Reporting & Analytics, and Patient Account Services—support operational accuracy and client success.

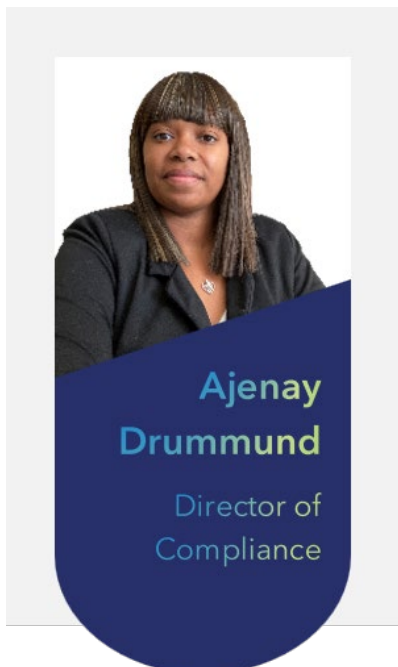
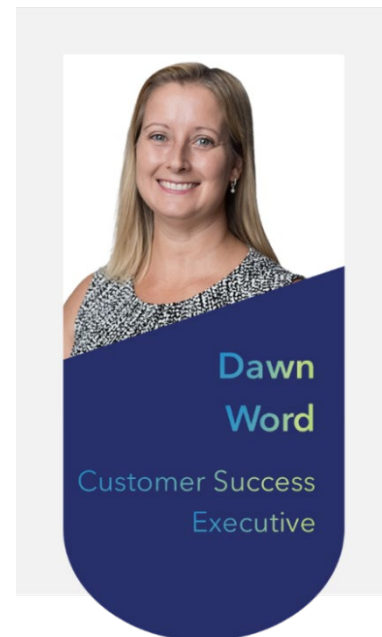
This POD model ensures each client receives proactive engagement, continuity of support, and performance accountability aligned with EMS|MC's commitment to transparency and partnership.

Client Success Team Committed to Ongoing Success

Upon receiving the award, the County can expect to work directly with **Dawn Word, Client Success Executive (CSE)**, throughout the life of our partnership, including deployment and post-launch activities. She is proud to serve as your **Program Manager** and face of our team as we launch your program and throughout your partnership with EMS|MC.

Based in Pensacola, Florida, Dawn joined EMS|MC in 2016, bringing fifteen years of management experience in healthcare billing expertise.

Dawn is passionate about building and nurturing long-term relationships with her clients, and she is directly responsible for successfully managing the RCM process for clients like the County. This includes increasing collections and bank deposits while reducing outstanding A/R. She collaborates with her clients to define metrics for success and tracks and analyzes our numbers to verify that we are meeting our goals. Dawn regularly meets with her clients' key stakeholders to present metrics, celebrate wins, and address opportunities for success. She understands that to be effective in this role, and to assist her clients in clear, consistent communication is crucial.



Ajenay Drummund, Director of Compliance, joined EMS|MC in 2007, bringing four years of healthcare experience to our team. As the director of compliance, she leads the development and enforcement of internal and external protocols so that our programs comply with local, state, and federal EMS billing regulations. Ajenay collaborates with our executive leadership team to drive strategic compliance initiatives, while also monitoring our organizational adherence to HIPAA guidelines, as well as federal and state regulations from the Centers for Medicare & Medicaid Services (CMS) and industry standards. She also oversees internal audits, as well as manages incident response processes, SOC 1, SOC 2, and the Compliance Group's auditing processes.

Motivated by collaboration and engagement with her clients, Ajenay excels in her role by leveraging her knowledge and relationships to create and maintain training materials and programs for our internal teams. As evidence of Ajenay's expertise and dedication, she received EMS|MC's Impact Award both in 2021 and 2023. **She is also located in Jupiter, Florida.**

Being based in Florida means Ajenay is an expert with first-hand knowledge of the intricacies of the state's Medicaid program, as well as the differences between localities. She is deeply aware of the importance of patient satisfaction as it is considered a continuation of excellent patient care. As evidence of her expertise, Ajenay was recently a guest speaker at ImageTrend Training Academy's 2025 ImageTrend Wave Conference. ImageTrend Training Academy offers focused training sessions customized to meet the needs of providers using ImageTrend software and data solutions projects for EMS agencies and fire departments. Ajenay has also attended dozens of educational conferences and has led and participated in EMS|MC educational webinars, providing ongoing education to EMS providers and industry leaders.

Two key teams support Dawn and Ajenay: Deployment and Client Success. Please see below for details on those team members and how they impact your daily operations moving forward.

Deployment Team Dedicated to Launching a Successful Program for Charlotte County

Amy Young, Deployment Manager, manages the deployment of your program. In her role, Amy excels at helping our clients enjoy a program that runs smoothly and is effectively tailored to their needs. Her goal is to eliminate any worries they may have had before partnering with EMS|MC, so that they can focus on **Answering the Call** for the communities they serve. Amy holds weekly meetings with our internal team to track progress and meets with new clients every week to share updates. Before a program launches, she verifies that all systems are correctly set up and ready by the agreed-upon go-live date. Once the program goes live, she remains active to monitor claim submission and payment processing, confirming that the system is working accurately.

Amy joined EMS|MC in 2023, previously holding the role of Medical Staff Coordinator, before accepting the role of Deployments Manager. Amy received both Masters and Bachelor's degrees in Educational Media, Technology, and Communication at East Tennessee State University.



Teri Johnson, Director of Client Implementation, is happy to provide executive oversight and guidance, as needed. Teri joined EMS|MC in 2024, bringing over thirty years of expertise and experience in EMS billing services. Before joining our team, she served as vice president, overseeing operations, client services, compliance, and credentialing in EMS billing services. She also previously served as a compliance officer, privacy officer, director of client services, and operations manager. In her role, Teri emphasizes the importance of collaboration. She oversees all EMS|MC's Deployment Team functions while fostering a positive environment for the team to learn and grow. She also helps bridge communication and operational alignment across our Deployment, OPA, and Payer Relations Teams.

Teri focused her education on business and healthcare policy at the University of Michigan in Dearborn, as well as at Henry Ford Community College. She is also a CACO (Certified Ambulance Compliance Officer) and CAPO (Certified Ambulance Privacy Officer).



**Teri
Johnson**

Director of Client
Implementation



**Jared
Everhart**

Customer Success
Director

Furthermore, **Jared Everhart, Client Success**

Director (CSD), is pleased to provide executive oversight and guidance, as needed. Jared joined EMS|MC in 2014, bringing three years of experience in ICD coding. With over ten years of experience supporting EMS agencies, Jared possesses profound knowledge of EMS guidelines, payer nuances, and more. He also has a strong command of pricing structures, as well as billing protocols for Medicare, Medicaid, and commercial insurance.

Jared provides our CSEs with guidance and support during onsite client meetings, EMS conferences, extensive employee training and development, and more. With them, he is proud to meet with our clients in person, and he aims to raise the bar for their RCM needs. Based in Winston-Salem, North Carolina, Jared earned his master's in business administration from High Point University and his double major in business and marketing from Catawba College.

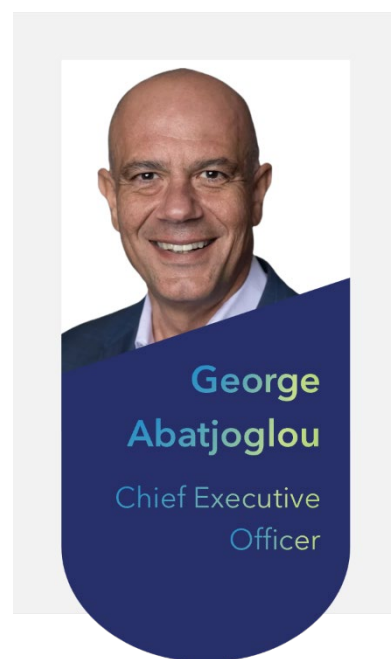
Executive Leadership Provides Additional Oversight and Guidance

Beyond our Deployment and Client Success teams, our executive leadership team provides additional oversight and best-in-class guidance for the daily operations of your program.

George Abatjoglou, Chief Executive Officer, joined EMS|MC at the start of 2023, bringing twenty-two years of healthcare experience with him. Before joining EMS|MC, George served as the chief executive officer for several revenue cycle-focused organizations that supported hospitals and health systems.

As our chief executive officer, George's visionary financial and operational skills empower our team to **Raise the Bar** for ourselves and our clients. His reputation across the EMS billing and healthcare industries has empowered George to build high-performing executive teams, attract top talent, invest in next-gen technologies, refine operations, and lend credibility to emerging ventures. He designs and leads our growth strategy, empowering a cohesive and scalable structure nationwide.

George firmly believes in our company values, including that **We're Better Together**. To that end, he prides himself on being ready to jump in wherever he's needed to make sure we are achieving our goals. Through his leadership approach, George excels at getting his team and our clients excited about EMS|MC's solutions that help clients like Charlotte County **Answer the Call** for the communities they support. George graduated from Miami University with a Bachelor of Science in accounting.



Our collection rate has increased, communication is timely, and if there are any issues, EMS|MC will assist with correcting any problems.

- LuWayne Ransom, EMS Coordinator, Seminole County Fire Department -

Jay Gyure, Chief Financial Officer, joined EMS|MC in 2017, bringing twenty-five years of financial expertise to our organization. In his role, Jay provides executive-level leadership and expertise to our company's approach to financial management, planning, analysis, risk management, and accounting.

Before joining EMS|MC, Jay was a leading force for several companies. He specialized in integrating financial operations following over a dozen mergers and acquisitions, and he also oversaw the implementation of ERP (Enterprise Resource Planning) systems across the United States.

As evidence of his dedication to being a true leader in the financial needs of EMS and healthcare providers, Jay became a member of the Healthcare Financial Management Association in 2017.

A certified public accountant (CPA), Jay has been a member of AICPA since 1993 and the Financial Executives Institute since 2007. He graduated from Indiana University's Kelly School of Business with a Bachelor of Science in accounting with a minor in psychology.



Bill Sweeney, Chief Technology Officer, joined EMS|MC in 2024, bringing twenty-five years of healthcare technology expertise and over twenty years of revenue cycle expertise to our team. As a seasoned leader, he is passionate about introducing new products to the EMS billing services and healthcare markets, specifically those that provide our clients and internal team with the tools to streamline the revenue cycle.

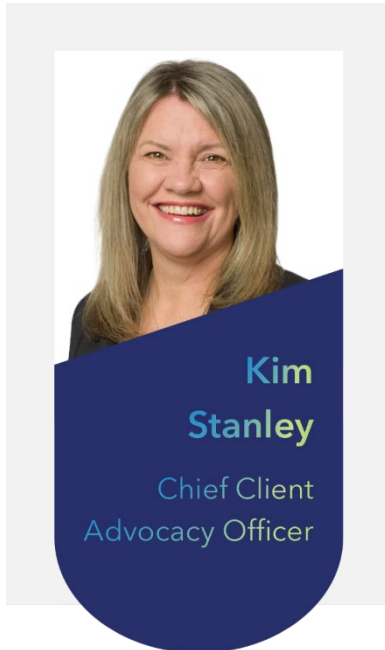
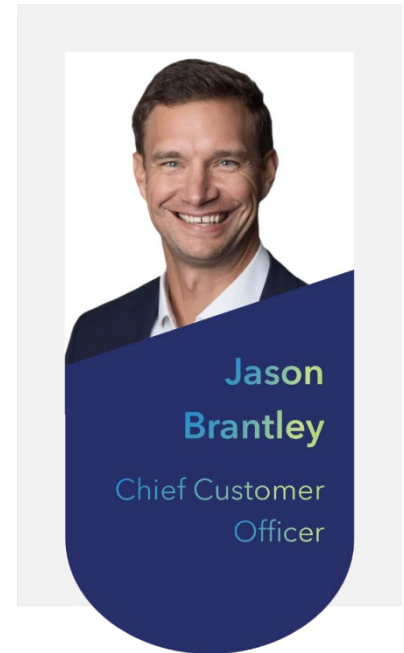
By establishing their strategic technology direction, Bill has empowered companies like EMS|MC to grow and thrive. His mission is to lead the development and expansion of the EMSolutions platform, making it the most engaging and impactful platform in the US.

Bill is Cisco and Microsoft certified. He graduated from the University of Massachusetts Amherst with a Bachelor of Arts in Social Thought and Political Economy (STPEC).

Jason Brantley, Chief Customer Officer, joined EMS|MC in 2023, bringing eighteen years of healthcare RCM experience to our organization. In his role, Jason is responsible for our winning go-to-market strategy. He also leads all facets of the customer journey, including strategic planning, sales, marketing, customer success, deploying new programs, and beyond. Additionally, his experience championing healthcare RCM organizations through transformational change has been crucial to our ability to provide top-notch value to our clients.

Having worked in healthcare since 2005, Jason has witnessed many organizations distance themselves from patient care. As such, he's proud to be part of EMS|MC's mission that empowers EMS providers to focus on patient care. His alignment with our mission to help clients like Charlotte County **Answer the Call** has earned him the respect of his EMS|MC colleagues and our clients.

Jason graduated magna cum laude from Auburn University with a Bachelor of Science in business administration.



Kim Stanley, Chief Client Advocacy Officer, joined EMS|MC in 2003, bringing over ten years of EMS billing experience to our organization. Before joining our team, Kim began her career in healthcare and EMS service as a public relations representative and ambulance liaison for the Medicare Administrative Contractor (MAC). In her role, Kim advocates for our clients across the US by supporting legislative and regulatory efforts, as well as providing best practices through conferences and webinars.

As your advocate, Kim serves on many reimbursement committees and contractor advisory groups at the state and national levels. She's developed key reimbursement policies at both the carrier and federal levels.

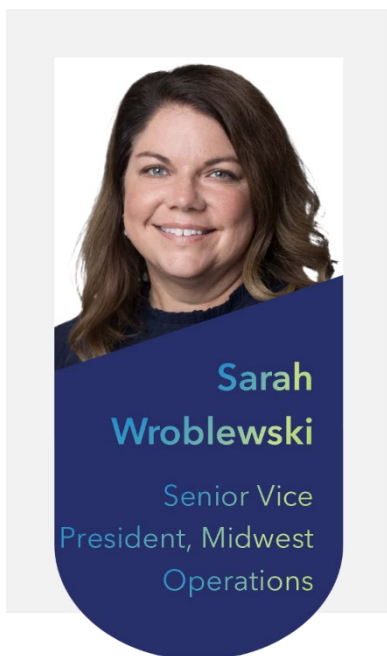
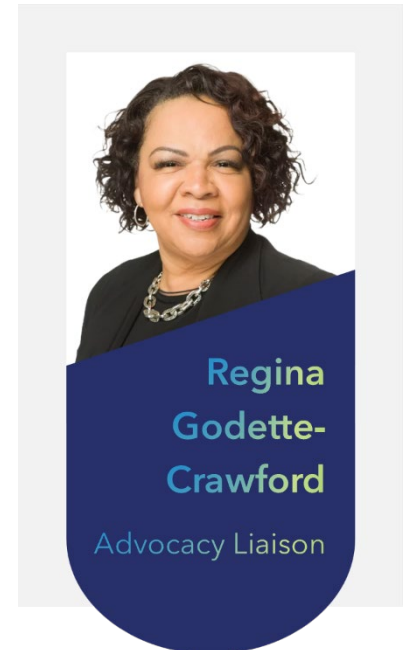
Kim is a CAC and is well-versed in presenting the course for NAAC certifications.

Regina Godette-Crawford, Advocacy Liaison, joined EMS|MC in 2016, bringing over twenty-three years of experience in and advocating for EMS and healthcare solutions to our team. Passionate and determined, she is a recognized leader in lobbying and advocating for large statewide disaster preparedness and EMS programs.

Most recently, due to her tenure and director-level leadership with the North Carolina Office of Emergency Medical Services, Regina sat on the Biden-Harris Administration Senate Advisory Committee for Ground Ambulance and Patient Billing. She also served as an advocate for EMS providers in the General Assembly, advocating for grant funding for community paramedicine programs and other important legislative issues affecting EMS.

At EMS|MC, Regina continues to serve as a strong advocate for EMS agencies nationwide, collaborating with other state EMS agencies on reimbursement matters and related topics. She is highly effective at leveraging critical partnerships, resources, and diverse teams to advocate and lobby for impactful legislative change. She routinely develops and successfully delivers policies that support EMS agencies and ensure regulatory compliance.

Regina graduated with a Bachelor of Science in consumer management, economics, and business administration from East Carolina University. She attended the University of North Carolina at Greensboro for her graduate studies in public administration.



Sarah Wroblewski, Senior Vice President, Midwest Operations, joined EMS|MC in 2001. Before joining our team, Sarah served as the operations manager for a private ambulance service, where she led their RCM Team.

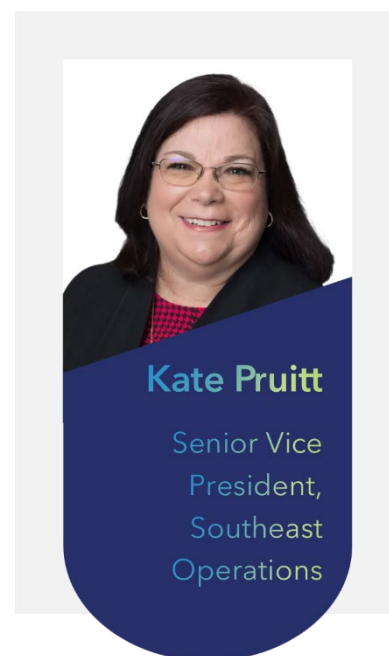
In her role, Sarah is responsible for operational leadership, including managing our internal teams and performance. She contributes to our strong relationships with clients while also supporting regulatory compliance, risk management, and technology enablement.

Seeing what our clients accomplish with larger budgets is a key motivator for Sarah. Knowing that EMS|MC drives positive change through initiatives such as new stations, equipment, and rigs, and more, by increasing revenue collections, is her favorite part of each day.

Kate Pruitt, Senior Vice President of Southeast Operations, joined EMS|MC in 2005, bringing over ten years of experience in telecommunications to our team. In her role, Kate is responsible for developing and implementing the overall strategy and growth for our patient contact center and call center methodologies. She is also accountable for RCM and is vital to the continuous improvement of our processes.

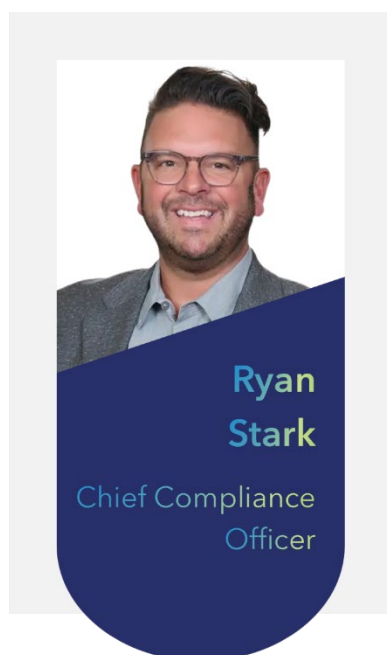
Kate is passionate about her leadership position, as it empowers her to help our internal team members grow and develop in their careers while working closely with our clients to ensure we're maximizing collections for them.

Kate is a CAC. She earned her Bachelor of Science in accounting from Troy University.



Kate Pruitt

Senior Vice
President,
Southeast
Operations



**Ryan
Stark**

Chief Compliance
Officer

Ryan Stark, Chief Compliance Officer, is a managing partner with Page, Wolfberg & Wirth. As an attorney and adjunct professor specializing in the EMS industry, he advises clients on labor relations, privacy, security, reimbursement, and other compliance matters affecting the ambulance industry.

Ryan developed and is the primary instructor for the nation's first and only HIPAA certification for the ambulance industry, the CAPO. He co-authored PWW's widely used Ambulance Service Guide to HIPAA Compliance.

Ryan is a CADS (Certified Ambulance Documentation Specialist), CACO, CAPO, and CAC. He earned his Juris Doctor in Law from Widener University after graduating from Indiana University of Pennsylvania with a Bachelor of Arts in psychology and political science.

4. If a joint venture, list participating firms and outline specific areas of responsibility, including administrative, technical, and financial of each firm. Has this joint venture previously worked together? If yes, what projects? A copy of the joint venture agreement shall be provided.

EMS|MC is not a joint venture and solely submits this proposal.

5. If the firm is not a joint venture, list outside consultants anticipated to be used on this project, if any. When listing consultants, give the respective specialty of the firm.

No outside consultants will be used for this project.



illing Services

www.emsmc.com

1. Describe clearly and concisely the tasks and activities that will be performed. Include a time/task schedule and develop a chart illustrating the overall sequence of events and time frame for each aspect of this project. In this section demonstrate an understanding of and solutions to the description of services. 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.

EMS|MC manages the full revenue cycle beginning with secure import of Patient Care Reports (PCRs) from the County's ImageTrend ePCR system, supported by confirmation reporting, PCR-level tracking, and audit-ready reconciliation. Each claim undergoes both automated rules-based review through **EMSmart™**, our proprietary intelligent billing platform, and a comprehensive manual review by NAAC-certified billing specialists to validate ICD-10 coding, medical necessity, level of service, mileage, signatures, and full compliance with local, state, federal, and payer-specific requirements.

Incomplete PCRs are routed to a dedicated workflow, where missing demographics, insurance, signatures, or documentation are resolved through coordinated patient outreach, hospital integrations, National Change of Address verification, proprietary insurance discovery tools, and daily County visibility dashboards in **EMSight™**. Once verified, clean claims are submitted to Medicare, Medicaid, and commercial insurers within 24-72 hours, tracked through adjudication and posted within one to three business days (all visible to the County in **EMSight™ Payment Summary**), with continuous monitoring of denials, returned claims, aging balances, and appeals through all levels as needed.

Patient billing is handled through County-approved invoices, multiple statement cycles, secure self-service payment options, payment plans, and multilingual customer support, while duplicate payments and credit balances are identified through daily reconciliation and refunds are prepared with full documentation within three business days in strict accordance with County and payer policies.

Step	Task	Responsible Party	Typical Timeframe
1	PCR Import & Reconciliation	EMS MC	Day 0
2	Automated & Manual Claim Review	EMS MC	Day 0-1 (on average)
3	Missing Information Resolution	EMS MC & County (as needed)	Day 1-5 (as needed)
4	Claim Submission	EMS MC	Within 24-72 hours
5	Payer Adjudication	Payer	14-45 days (payer-dependent)
6	Payment Posting	EMS MC	1-3 business days
7	Denial/Appeal Resolution	EMS MC	Ongoing until resolved
8	Patient Billing (if applicable)	EMS MC	Post-adjudication
9	Refund/Duplicate Payment Processing	EMS MC & County	Within 3 business days of verification

Knowledge of Medicare, Florida Medicaid, and Private Insurance Billing

EMS|MC demonstrates deep and current knowledge of **Medicare, Florida Medicaid, and commercial insurance policies and procedures** as they relate to ambulance billing and reimbursement.

Medicare

- Applies CMS coverage guidelines for emergency and non-emergency transports.
- Ensures medical necessity documentation meets Medicare standards.
- Submits compliant itemized claims and manages appeals through all levels, including ALJ hearings.
- Prevents duplicate billing and promptly processes overpayments and refunds.

Florida Medicaid

- Demonstrated Florida Medicaid Scale and Experience: EMS|MC supports more than 30 EMS clients in Florida and over 1,500 agencies nationwide, delivering proven expertise in high-volume Florida Medicaid ambulance billing and collections.
- Comprehensive Knowledge of Florida Medicaid Programs: EMS|MC has extensive hands-on experience with Florida Medicaid fee-for-service, the Medicaid Managed Care (MMA) program, the 1115 Waiver, and FCSO Local Coverage Determinations (LCDs) to ensure accurate, compliant claim submission.
- Advanced Reimbursement and Regulatory Expertise: EMS|MC assists eligible agencies with the Florida Medicaid CPE cost reporting program and leverages in-state regulatory leadership and advocacy expertise to proactively navigate policy changes and maximize compliant reimbursement.

Private Insurance

- Verifies primary and secondary coverage using insurance discovery tools.
- Adheres to payer-specific authorization, pricing, and adjudication requirements.
- Manages Explanation of Benefits (EOBs), open balances, and patient responsibility accurately.
- Identifies and resolves duplicate or incorrect payments efficiently.

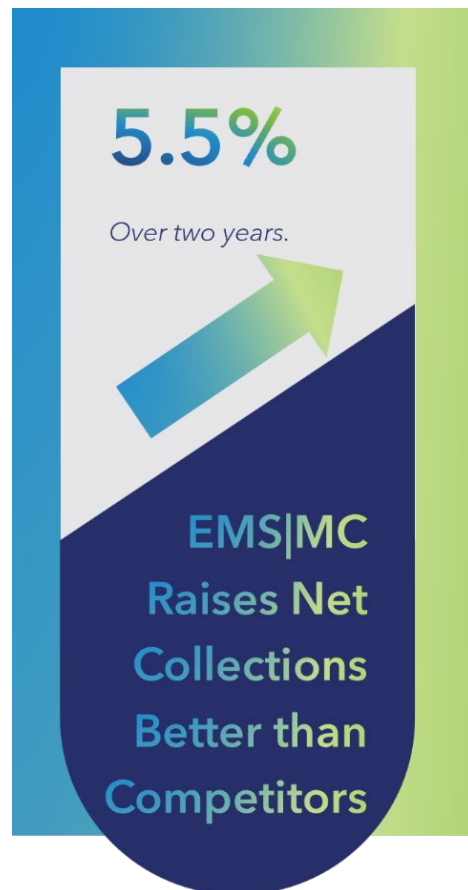
EMSmart™ Improves Collections for Charlotte County

With expertise in EMS billing services dating back to 1996, and more than 1,500 clients who trusted us to bill over 6 million claims in 2025, we are confident that our comprehensive claims management process combines the best technology and automation with the human touch to increase approved claims for clients like Charlotte County.

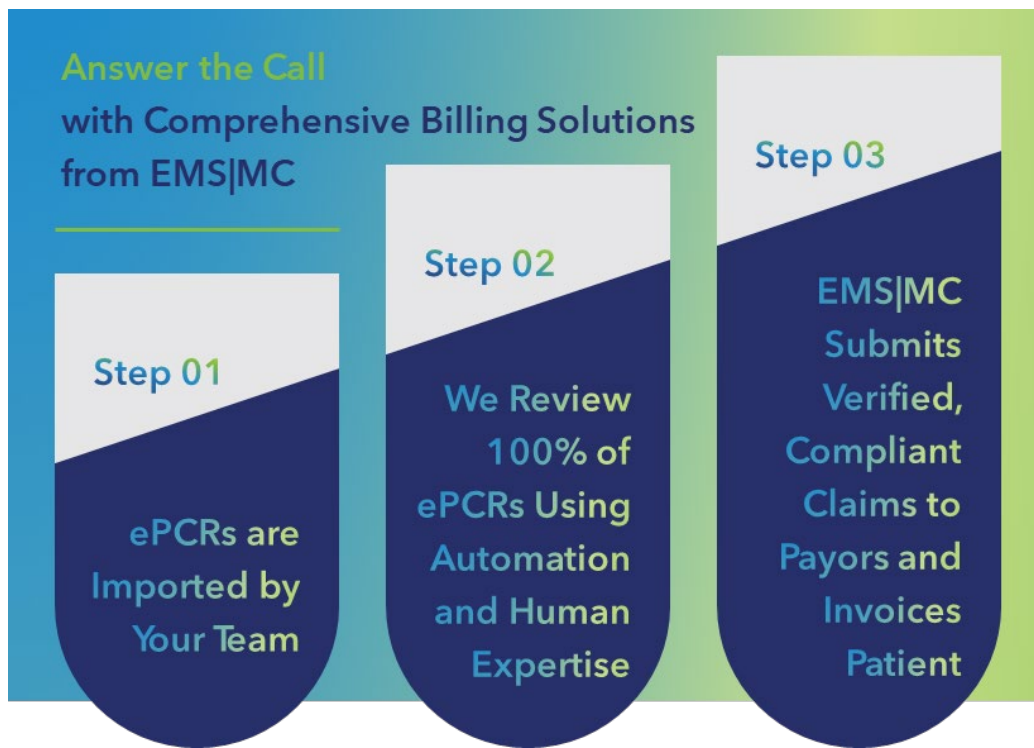
EMSmart™, our proprietary intelligent billing platform, is a rules-based processing engine that combines the best of human expertise with automation to provide EMS agencies like Charlotte County with unmatched claim rates and cash-per-trip results. When partnering with EMS|MC, our clients see an increased This means our clients are better positioned to **Answer the Call** for the communities they serve.

EMS|MC is the industry leader in providing HIPAA-compliant RCM that delivers optimized collections to our clients nationwide. In fact, we've increased collections for mature trips by an average of 5.5 percent compared to our competitors.

While we aim to verify all PCRs and submit claims to the payor within seventy-two hours, we're proud to share with Charlotte County that, on average, we submit claims within twenty-four hours!



EMS|MC's Three-step Billing Process



Step 1 | PCRs are Imported via ImageTrend

Our claims coding and billing process for all payors begins by importing PCRs. To provide reconciliation for Charlotte County, and for accurate reporting with reduced human error and denied claims, our Data Management Team partners with all ePCR tools, including ImageTrend, a recognized leader in ePCR software and a top-tier partner to EMS|MC. We also provide Charlotte County with an import confirmation report to verify we've received your PCR.



As of April 2026, we processed over 2.4 million claims for 669 clients through ImageTrend!

Step 2 | Automation and the Human Experience Verify Each PCR

Reducing denials and rejections due to billing errors is crucial for increasing reimbursements in Charlotte County. As such, once a claim is imported into **EMS^{mart}™**, our tool completes an automated assessment customized to meet Charlotte County's specific agency requirements (including local and state laws and regulations) and all federal laws. At the same time, our certified coders and billing specialists review every claim to verify accuracy and obtain any missing information across many areas of the billing process, including ICD-10 (International Classification of Diseases) coding compliance, medical necessity determination, level of service determination, priority determination, and more.



Our Billing and Coding Experts are NAAC-certified

EMS|MC's consulting division, PWW|AG, has elevated our billing processes by vetting our New Hire Training and External Client Documentation Education programs - both of which are NAAC-certified! Additionally, our internal billing and coding experts are all certified through NAAC, and they maintain their certifications through annual, ongoing education requirements.

NAAC represents the industry's Gold Standard of Excellence in compliance, ethics, and integrity in all facets of ambulance compliance. They provide premier training and education to ambulance billing, coding, and compliance professionals, as well as field providers, through five certifications: CAC, CADS, CACO, Certified Ambulance Financial Officer (CAFO), and CAPO.

NAAC's industry-specific training provides a solid foundation of critical knowledge that is vital for our billing and coding experts to make decisions that comply with all local, state, and federal laws and regulations, as well as patient confidentiality and HIPAA requirements.

At EMS|MC, we believe it is in Charlotte County's best interest to combine technology, automation, and human expertise to make informed coding decisions and obtain missing information, rather than relying solely on technology.

Obtaining Missing Information from PCR's

We understand that obtaining critical patient information during a call isn't always possible for your paramedics. As such, our team works diligently to obtain any missing information in the PCR's you upload.

Collecting missing information is crucial for increasing reimbursement and improving cash per trip. For example, if a PCR has an EKG (electrocardiogram) missing the interpretation, EMS|MC can only bill for BLS services. However, when the interpretation is included, it can be billed as ALS services, thereby increasing reimbursement for Charlotte County!

Suppose information is missing from Charlotte County's PCR's. In that case, the trip is placed on a dedicated schedule called ACR-RTP (Ambulance Call Report Return to the Provider). Trips on ACR-RTP are immediately flagged to our internal team and available for Charlotte County to view in **EMSight™**, our proprietary, client-facing business intelligence portal.

Placing a trip on ACR-RTP empowers our internal team, as well as Charlotte County's team, to obtain any missing information and proceed with our billing process.

Data Points Commonly Missing from PCR's

EMC|MC locates:

- Pickup or drop-off locations
- Patient demographics (e.g., name, address, phone number, etc.)
- Non-covered transports with a destination of the scene
- Poorly documented or unclear medical necessity
- Missing or non-compliant PCR forms

Specific items only Charlotte County can provide:

- EKG interpretations
- Unspecified chief complaint or condition for transport
- EMS agency-specific information (e.g., patient membership)

As Charlotte County's team addresses any missing items that only they can provide, EMS|MC's internal team is doing the same. We use multiple tools to verify a patient's contact information, including:

- Running all patients across our **Existing Database of Patients**
- Partnering with our Trusted Hospital Connections in Florida, including remote access with Ascension Sacred Heart Pensacola; automated feeds with Johns Hopkins All Children's Hospital and Memorial Healthcare System; and facsimile connections with AdventHealth for Children in Orlando, AdventHealth East Orlando, AdventHealth New Smyrna Beach, Ascension Sacred Heart Bay in Panama City, Ascension Sacred Heart Emerald Coast in Miramar Beach, Ascension Sacred Heart Gulf in Port St. Joe, Ascension Sacred Heart Pensacola, BayCare's St. Joseph's Hospital in Tampa, Cape Canaveral Hospital in Cocoa Beach, Cleveland Clinic's Indian River Hospital in Vero Beach, HCA Florida Capital Regional Hospital in Tallahassee, HCA Florida Charlotte Monroe Hospital in Sanford, HealthFirst's Orlando Health System, HealthFirst's Palm Bay Hospital, HealthFirst's Viera Hospital in Melbourne, Holmes Regional Medical Center in Melbourne, Tampa General Hospital, and USA Health's Providence Hospital in Mobile (Alabama).
- Verifying patient contact information through the **National Change of Address (NCOA) Database** to reduce returned mail when sending the patient a Request for Insurance Statement

Verifying this information empowers EMS|MC to collect the following information:

- **Missing Signatures** - When a signature is missing, our signature wizard, **EMSign**, empowers patients or their legal representatives to submit a digital signature online easily. This convenient tool maximizes collections in Charlotte County by streamlining the approval process, allowing us to proceed with billing promptly.

Our customer care team attempts to call the patient to walk them through this process, whether it is done electronically through **EMSign** or through physical paper invoices that are returned with a signature in ink. Once signed, the document is automatically converted into a PDF file and saved to EMS|MC's document management system.

EMS|MC has Trusted Hospital Connections in Your Region

Ascension Sacred Heart Pensacola; automated feeds with Johns Hopkins All Children's Hospital and Memorial Healthcare System; and facsimile connections with AdventHealth for Children in Orlando, AdventHealth East Orlando, AdventHealth New Smyrna Beach, Ascension Sacred Joe, Ascension Sacred Heart Pensacola, BayCare's St. Joseph's Hospital in Tampa, Cape Canaveral Hospital in Cocoa Beach, Cleveland Clinic's Indian River Hospital in Vero Beach, Tampa General Hospital and more!

- **Missing Insurance Information** - We also understand that insurance information may not be available during service. To increase reimbursements for our clients, we've invested heavily in insurance discovery with our proprietary tool, **EMSSurance**. This tool verifies patients' primary and secondary (if applicable) insurance information and transitions them from a self-pay account to an insurance account. Ways we use this tool include:
 - Mailing a Request for Insurance Statement to the patient
 - Calling the patient to verify insurance

To increase visibility and initiate action from Charlotte County on any critical missing items only your team can provide, we provide daily email alerts on ACR-RTPs. This means your team can provide that information promptly, allowing EMS|MC to proceed with the billing process.

Once we obtain all missing information, we audit the claim before submitting it to the payor.

Crew Analysis® | Empowering Charlotte County to Improve Internal Processes

While EMS|MC is prepared to obtain any missing information from PCR, as an added benefit to Charlotte County, we offer **Crew Analysis®**, our proprietary tool that provides you with insight into how your crew members are documenting specific data points on their PCRs, including patient signatures, phone numbers, insurance information, social security numbers, and more. **Together, we speed up the billing process and maximize collections!**

By using **Crew Analysis's** Crew Member Trend Chart, you can identify opportunities for ongoing education. By empowering your teams with knowledge of what is required in PCRs, PCRs are more likely to be complete when uploaded into the system, which means our team can proceed with billing by moving through the PCR verification process more quickly and efficiently.

Step 3 | EMS|MC Submits Claims to the Payer and Invoices the Patient

Our goal is to submit your claims as quickly and accurately as possible to ensure prompt revenue recovery from the appropriate payers. On average, this is done in twenty-four hours or less from the time of the PCR import.

Once a claim is submitted to insurance, we expect a timely payment and track that claim until the payment is posted. **Once insurance remits the payment to EMS|MC, we post the payment for Charlotte County within three business days with an overall goal of one business day.**

On average,
EMS|MC submits
claims to
payors in
less than

24
Hours

Managing Returned Claims

If a payor denies or returns a claim with a request for more information, our team assigns an internal reason code promptly. This coding system empowers us to track internal metrics and identify trends with specific payors, while filling in missing information and preparing for the appeals process.

Appealing and Managing Denied, Rejected, or Open-balance Claims

EMSmart™, our proprietary billing tool, automatically flags any denied or rejected claims, as well as any claims with an open balance that have gone beyond the number of days the payor is required to process the claim. This reporting empowers our team to stay informed and make the necessary adjustments to our processes, avoiding duplication while maintaining exceptional collection performance for Charlotte County.

If a claim is denied or rejected, EMS|MC's appeal process includes a thorough review by one of our highly trained revenue cycle specialists to determine the reason, correct the claim (if possible), and then resubmit the claim to the appropriate payer. As experts in EMS billing, we stand behind our coding decisions and, if necessary, are prepared to defend them to the ALJ. We use all our tools to make sure that money isn't uncollected or unnecessarily written off as bad debt.

If an insurer does not cover a claim, we submit the invoice to the patient according to Charlotte County's collections specifications. At the same time, the patient receives a denial letter explaining benefits directly from their insurance carrier(s).

Invoice and Statement Generation

Once payer adjudication is complete, any remaining patient responsibility is invoiced according to County-approved billing policies. Statements are generated in clear, plain-language formats and are branded per client requirements. Multiple statement cycles and pre-collection notices are used to encourage early resolution.

Insurance may sometimes deny, return, or reject the claim. Charlotte County can rest assured that EMS|MC's comprehensive approach to managing these scenarios means increased collections for you. We are happy to provide sample invoices to Charlotte County upon request.

Private Pay Account Processing and Follow-Up

Self-pay accounts follow defined statement cycles with early patient engagement, multiple contact options, and clear explanation of balances. Patients are offered flexible payment options and assistance before accounts are considered for collections.

Establishment of Payment Plans, Write-Offs, and Financial Hardship Adjustments

EMS|MC offers standardized payment plans, with a minimum payment threshold, accessible through a secure patient portal or customer service support. Write-offs and hardship

adjustments are applied only in accordance with County-approved policies and are documented for transparency and auditability.

Referral of Delinquent Accounts to Collections

Accounts are referred to collections only after all billing, insurance discovery, patient outreach, and pre-collection criteria are exhausted. Collection placement occurs only after County review and approval, and disputed or active accounts are excluded from referral. Placement activity is tracked and reported through secure file exchange and reporting tools.

Identification and Processing of Refunds, Credit Balances, and Lockbox Receipts

Refunds and credit balances are identified through **daily negative balance reporting** and reconciliation controls. Refund packets with full supporting documentation are prepared for County review and approval, typically within **three business days** of verification. Refund activity, aging, and status are tracked and reported through the **EMSight™** client portal and month-end reporting. Lockbox and deposit receipts are reconciled daily to posted payments.

Secure Payments Available to Charlotte County's Patients through **EMSecurePay**

EMS|MC offers our secure, online patient portal, **EMSecurePay**, where patients can make payments on their account. Our tool is automated to calculate payment options for patients by Charlotte County's agreed-upon payment terms, including any prompt payment discounts. An amortization schedule will then be displayed to the patient based on their selected payment plan. **EMSecurePay** processes over \$5 million in patient payments each month!

Through **EMSecurePay**, your patients can create an account to access their payment history and invoices, as well as review the status of their account, provide additional insurance information, or make a credit card payment using our secure HIPAA-compliant web server. Additionally, our patient-focused Customer Service team is a phone call away to provide step-by-step guidance, as needed.

To make a payment, the patient enters a few key pieces of information from their invoice to **EMSecurePay**. The balance is retrieved in real-time from our billing system and displayed to the patient. The rest of the payment process uses an online checkout wizard where the patient selects to pay one, a few, or all outstanding invoices. They can also set up payment plans and enter their credit card or bank information to pay the invoice. Payments can be made via credit card, ACH, PayPal, or Venmo. Patient inquiries are handled through a dedicated, branded customer service line supported by trained representatives. Calls are monitored against defined SLAs for wait times, abandonment, and first-call resolution. Escalation paths exist for unresolved issues, with Tier 2 resolution ownership and proactive outbound follow-up. Interpreter services and translated communications are utilized to support non-English-speaking customers as needed.

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

EMS|MC's organizational structure is built around a **POD-based service delivery model** that ensures clear ownership, orderly communication, and effective coordination across all operational, financial, and customer service functions. Each client is supported by a dedicated **Client Success Executive (CSE)** who serves as the single point of accountability and is empowered to prioritize work, coordinate cross-functional resources, and escalate issues through operational and executive leadership as needed.

The CSE is supported by a defined POD team—including a Client Success Representative, Accounts Receivable Specialist, and Operational Performance Analyst—providing role-based responsibility while minimizing handoffs and communication gaps. This structure is reinforced through centralized inquiry tracking, documented escalation pathways, and formal response standards, including guaranteed acknowledgment of all agency inquiries within 48 hours and defined resolution timelines. Regular monthly performance meetings, quarterly executive reviews, and ad-hoc working sessions ensure timely information sharing, proactive issue resolution, and continuous alignment with agency goals, creating a transparent and accountable partnership model.

The County would be provided transparent access to performance metrics through **EMSignight™** and structured review meetings. Client-facing KPIs include (but are not limited to):

Financial & Volume Metrics

- Billable trips
- Gross charges billed
- Net collections and net collection percentage
- Accounts receivable (A/R) days
- Cash per trip
- Aging by current payer
- Payer mix and run mix

Operational & Documentation Metrics

- **CrewAnalytics®** (e.g., patient signatures, demographic capture, ACR return-to-provider metrics)
- Documentation quality trends and improvement indicators

Customer Service

- Metrics associated with the County's **branded customer service line**, including call volume and responsiveness

These KPIs are reviewed during **monthly performance meetings** using a standard agenda led by the Client Success Executive, ensuring consistency, clarity, and action-oriented discussion.

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

EMS|MC implements robust control systems for **time, budget, and quality** through a structured governance model that is enforced from project initiation through steady-state operations. Project timelines are managed using milestone-driven implementation plans led by a dedicated Deployment Manager and reinforced through regular status meetings, defined deliverables, and escalation protocols that ensure issues are resolved without schedule drift.

Budget control is maintained through transparent financial governance, including daily payment reconciliation, hard month-end closes, segregation of duties, and clearly documented prior-period adjustment controls, ensuring all financial activity is accurate, auditable, and aligned with contractual terms.

Quality is monitored continuously through multi-layered internal controls, including daily pre-bill audits, real-time validation rules, standardized KPIs, and supervisory review with documented corrective actions when performance thresholds are not met. These controls are supported by monthly and quarterly performance reviews, centralized issue tracking, and executive oversight, ensuring accountability, predictability, and continuous improvement throughout the life of the project.

Together, these integrated control systems ensure the project remains on schedule, within budget, and consistently meets defined quality and compliance standards while providing the client full transparency and confidence in execution.

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

For nearly three decades, EMS|MC has been committed to helping EMS agencies **"Answer the Call"** by maximizing reimbursements, strengthening operational performance, and enabling agencies to reinvest directly into the communities they serve. Founded in 1996 to address the financial barriers preventing EMS providers from adopting early ePCR technologies, EMS|MC has grown into a trusted partner for more than 1,500 clients nationwide.

Unmatched Data Security and Compliance

Data protection is a core pillar of EMS|MC operations. Our security framework includes MFA, encrypted data transfers, continuous vulnerability assessments, and adherence to HIPAA, HITECH, and NIST 800-53 standards. EMS|MC also maintains **SOC 2 Type 2 certification**, demonstrating rigorous internal controls and annual third-party verification.

To reinforce business continuity, we use **multiple clearinghouses**, ensuring uninterrupted claim submission even in the event of a system outage or cybersecurity event.

Compliance Expertise You Can Trust

Our compliance-first billing approach ensures accuracy, audit readiness, and maximum reimbursement. EMS|MC supports field crews by identifying and correcting missing report elements. Additionally, our proprietary **Crew Analysis®** tool provides documentation insights for paramedics, improving data capture and overall reimbursement outcomes.

Advanced Technology & Insightful Reporting

Through **EMSight™**, the County will gain real-time visibility into collections, payments, adjustments, and key revenue metrics. Our reporting platform supports informed decision-making and proactive financial management.

Strategic Acquisitions Add Value to Charlotte County

EMS|MC's consulting division, **PWW|AG**, has elevated our billing processes by developing our New Hire Training and External Client Documentation Education programs - both of which are certified through the National Assessment and Accreditation Council (NAAC)!

Additionally, our internal billing and coding experts are all certified through NAAC, and they maintain their certifications through annual, ongoing education requirements.

PWW|AG

As an added benefit to Charlotte County, we are excited to offer a Post-implementation RCM Analysis through PWW|AG that focuses on:

- **Claims Audits** – PWW|AG audits thirty random claims to provide a foundation for billing and coding.
- **Documentation Assessments** – PWW|AG identifies strengths and weaknesses of documentation practices.
- **Call Intake Assessments** – PWW|AG evaluates the call intake process to identify areas for improvement.

Our consulting division is prepared to boost performance for Charlotte County through this post-implementation analysis.

We Commit to Continuous Improvement through Tracked Metrics

We strive to provide clients like Charlotte County with top-notch EMS billing services. We are experts in what we do, and we are confident that the program we put in place for the County will achieve your goals. And, still, we strive for continuous improvement in all our programs.

As your partner, we hold ourselves accountable to high performance standards. With nearly thirty years of EMS billing experience for more than 1,500 clients, we've identified several standard service level agreements (SLAs) that we recommend putting into place for Charlotte County, including, and not limited to:

- **Accounts Receivable (A/R) Aging** – Defined as the balance due from all payers measured from the date of transport, we target 30 percent or less of total A/R over ninety days from the date of transport.
- **Controllable Claims Denial Rate** – Defined as the percentage of claims denied upon initial submission due to controllable issues (e.g., billing errors, missing documentation, provider information, or timely filing), EMS|MC targets that 15 percent or less of the total claims submitted result in a controllable denial.
- **Billing Turnaround Time** – Defined as the time from receipt of a completed transport (one that includes all necessary billing documentation, such as a signed ePCR and primary payer details) to submitting the claim to the primary payer. We aim to have this done within three business days of receipt of a completed transport.

It is important to note that EMS|MC looks forward to collaborating with Charlotte County to determine SLAs for your specific goals. Additionally, suppose there is a material change in applicable laws, billing processes, the scope of services, or patient demographic assumptions outlined in the agreement. In that case, the SLA targets may be renegotiated and amended by mutual consent.

Our team tracks all performance metrics to ensure that our key performance indicators (KPIs) meet our mutually agreed-upon SLAs. If we are not meeting the SLA, we thoroughly examine the data to understand the reasons, empowering us to determine the most effective course of action for improvement.

We recommend meeting with Charlotte County monthly to review our performance and discuss any improvement plans.

Guarantee

As evidence of our excitement for a partnership with Charlotte County, EMS|MC is prepared to discuss performance guarantees with your team. We look forward to learning more about your specific needs and incorporating the most suitable SLAs and guarantees with you.

5. The respondent must describe how it will manage the EMS accounts receivable of the County. 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 County**
- b. Verification of ePCR and related information**
- c. Validation of patient's insurance status**
- d. HCPCS and ICD-10 coding procedures**
- e. Data entry**
- f. Claims processing**
- g. Invoice/statement generation**
- h. Claims submission**
- i. Payment posting**
- j. Account follow-up including Medicare and Medicaid claims**
- k. Appeal processing**
- l. Co-insurance/supplemental insurance processing**
- m. Private pay account processing and follow-up**
- n. Establishment of payment plans**

EMS Accounts Receivable Management

- **Receipt of ePCR and Related Information:** ePCRs are securely imported from the County's ePCR system through a daily intake process with confirmation reporting to ensure complete reconciliation.
- **Verification of ePCR and Documentation:** All ePCRs undergo automated system validation and manual review to confirm documentation completeness, medical necessity indicators, signatures, mileage, and payer-specific requirements; incomplete records are routed to a structured Return-to-Provider (RTP) workflow for prompt resolution.
- **Insurance Validation:** Insurance eligibility is verified at initial billing and re-verified prior to patient billing or collections using payer portals, hospital data exchange, proprietary insurance discovery tools, and direct patient outreach to identify primary, secondary, and supplemental coverage.
- **HCPCS and ICD-10 Coding:** Claims are coded by NAAC-certified specialists following CMS, Medicaid, and commercial payer guidelines, with daily pre-submission audits to validate ICD-10 diagnoses, HCPCS codes, modifiers, and level of service.
- **Data Entry:** Data transfer from the County's ImageTrend ePCR to the billing system is automated where possible and supported by system validation rules, exception queues, and segregation of duties to reduce error risk.
- **Claims Processing:** Clean claims are prepared following documentation and coding validation, while exceptions are held and corrected prior to submission to prevent avoidable denials.

- **Invoice and Statement Generation:** Patient statements are generated only after insurance adjudication, using County-approved formats, defined billing cycles, and pre-collection notices to encourage early resolution.
- **Claims Submission:** Claims are submitted electronically to Medicare, Medicaid, and commercial payers within **24-72 hours** of documentation completion, with continuous tracking through adjudication.
- **Payment Posting:** Payments are posted within **one to three business days** of receipt (target one day), using ERA/835 automation, manual exception review, and daily reconciliation to bank deposits and lockbox activity.
- **Account Follow-Up:** Dedicated A/R specialists follow Medicare, Medicaid, and commercial claims based on payer-specific timelines, with aging thresholds prompting escalation and documented follow-up.
- **Appeals Processing:** Denied or rejected claims are researched, corrected, and re-submitted promptly; formal appeals are prepared and escalated through all levels, including Administrative Law Judge (ALJ), when appropriate.
- **Co-Insurance and Supplemental Billing:** Secondary and tertiary claims are billed automatically upon receipt of primary EOBs, ensuring coordination of benefits before patient billing occurs.
- **Private Pay Accounts:** Self-pay accounts follow defined billing cycles with continued insurance discovery, patient outreach, and quality review; accounts are not sent to collections until all billing efforts are exhausted and County approval is received.
- **Payment Plans:** Payment plans are offered through a secure patient portal or customer service support, with defined minimum payment thresholds, documented arrangements, and ongoing monitoring.

7. Provide sample bills, forms and the messages of communication that will be utilized on each statement mailed.

EMS|MC utilizes clear, standardized, and client-approved billing documents designed to promote patient understanding, reduce inquiries, and support timely payment. Patient invoices are generated only after insurance determination and clearly display trip details, dates of service, charges, insurance activity, payments received, adjustments, and the remaining patient responsibility.

Statements are written in plain language and include agency branding, a dedicated toll-free customer service number, and clear instructions for payment by mail, phone, or through EMS|MC's secure online patient portal, **EMSSecurePay**. Sample patient invoices and statements, including pre-collection notices, are maintained as standardized templates and are provided in the proposal appendix upon request.

EMS|MC also utilizes several patient-facing authorization and communication forms to support compliant billing and reimbursement. These include the Ambulance Signature/Claim Submission Authorization Form, which may be completed electronically through **EMSsign** or returned by mail, and written payment plan acknowledgments outlining agreed-upon installment terms. Statement messages progress predictably through defined billing cycles, beginning with an initial informational notice following insurance determination, followed by reminder statements that clearly explain the balance due, available resolution options, and how to contact customer service for questions or assistance.

Pre-collection notices explicitly notify patients of the potential next steps while encouraging resolution through payment plans or insurance verification before any collection activity occurs. Sample forms, statements, and correspondence used throughout these billing cycles are available for review and are configurable to align with County-approved policies and communication standards.

Sample invoices are provided in the appendix.

6. Process used to identify:

a. Accounts for write-offs

b. Financial hardship adjustments

c. Accounts to be turned over to collections agency

EMS|MC identifies accounts for write-off through defined review and approval processes aligned with County-approved policies and payer requirements. Write-offs are applied only after all insurance discovery, billing, appeal, and patient outreach efforts are exhausted, and each write-off is documented, categorized, and reported for transparency and auditability.

Financial hardship adjustments are identified through patient communication and review of hardship criteria established and approved by the County; any adjustment requires documented justification and is applied consistently in accordance with those approved guidelines.

Accounts considered for referral to a collections agency must meet strict pre-collection criteria, including completion of the full statement cycle, minimum aging thresholds, no active disputes or pending insurance activity, and confirmation that all internal resolution efforts have been completed. Prior to placement, accounts are submitted to the County for review and approval, ensuring collections activity is controlled, transparent, and consistent with community standards and County policy.

7. Process for identifying and effectuating refunds and credit balances

Refunds are initiated only after a thorough review confirms that an overpayment, duplicate payment, or payer adjustment has occurred. Potential refund items are first identified by our Cash Posting or Quality Assurance teams during daily reconciliation. Each item is reviewed by a Refunds Specialist to validate the overpayment and confirm that supporting documentation meets payer and regulatory requirements.

Because EMS|MC has deposit-only access to the County's bank account, we do not directly process refunds. Instead, we prepare detailed Refund Packets that include all supporting documentation, payment details, and refund justification for County review and approval. This safeguard ensures that the County maintains full control over outgoing funds while benefiting from EMS|MC's audit and compliance oversight.

All refund recommendations and approvals are tracked in **EMSight™**, providing the County with full visibility into every transaction. This approach ensures accuracy, accountability, and compliance with all applicable federal and state regulations.

8. Customer service:

- a. Handling patient concerns/complaints**
- b. Communicating with non-English speaking patients**
- c. Customer service training for employees**
- d. Reactive approach for customer service - dealing with customer service issues as they arise**
- e. Proactive approach for customer service - anticipating customer service issues before they arise**

As a valued client, we are pleased to offer Charlotte County a branded, dedicated, toll-free number. This empowers your patients to contact your EMS|MC team, who serve as the primary point of contact for Charlotte County's EMS billing, handling over 740,000 calls annually.

As experts in the EMS billing space, we understand that time is of the essence for your patients – when they have questions, we're prepared to answer them. Furthermore, we act as an extension of Charlotte County, when one of your patients has a question about their EMS bill. As such, we aim to treat all patients with dignity, professionalism, and courtesy while improving collections. In fact, we are prepared to work with Charlotte County to develop scripts and documents that communicate your specific policies and processes, making sure our team accurately represents Charlotte County when working directly with your patients.

We've found that many patients are unaware of their coordination of benefits. As such, our Patient-focused Customer Service Team is trained to collect as much information as possible to verify that the details are carefully documented.

Furthermore, all calls are automatically recorded, thereby providing a trail for our team to review the **History of the Trip** for any additional inquiries or audits. The trip history may include:

- When the trip was imported into **EMS^{mart}™**
- When the claim was filed
- When the client provided information
- When a payor or schedule was changed
- When and how a claim was sent out
- Credits and denials posted
- When an invoice has been sent out
- When the trip has been moved to collections

When Charlotte County partners with EMS|MC, we make it easy for your patients to connect with us and get answers to their billing questions.

9. Process for establishing third party payer relationships

EMS|MC establishes and manages third-party payer relationships through a structured provider enrollment and payer connectivity process that is integrated into implementation and ongoing operations. During onboarding, EMS|MC coordinates all required payer enrollments, revalidations, and updates with Medicare, Medicaid, and commercial insurers, including completion, submission, and tracking of payer-specific forms and supporting documentation.

Claims connectivity is established through primary and secondary clearinghouses, providing redundancy and uninterrupted access to payer networks for electronic submission and remittance processing. Once relationships are active, EMS|MC maintains them through continuous monitoring of payer rules, updates to enrollment status, and proactive response to payer changes or requests. This controlled, centralized approach ensures payer relationships remain current, compliant, and fully operational, supporting timely claim submission and reimbursement.

10. Identify the member or members of management team in place that will serve the County's account. Identify the number of accounts this management team services and where these accounts are located.

EMS|MC will support the County through a **dedicated POD-based management structure** led by a **Client Success Executive (CSE)** who serves as the primary day-to-day point of contact and single point of accountability. The CSE is supported by a defined management team that includes a Client Success Representative, Accounts Receivable Specialist, and Operational Performance Analyst, each with clearly delineated responsibilities for operations, financial performance, and issue resolution. This POD model limits the number of accounts assigned to each team, ensuring focused attention, continuity, and a deep understanding of County-specific policies and workflows, while serving clients located throughout Florida. Oversight of workload balance, performance standards, and escalation is provided through operational leadership to ensure consistent service delivery.

Beyond the POD, EMS|MC's **executive leadership team provides additional oversight, strategic guidance, and subject-matter expertise** that strengthens accountability and long-term program stability. Executive leaders—including the Chief Executive Officer, Chief Financial Officer, Chief Technology Officer, Chief Customer Officer, Chief Client Advocacy Officer, Chief Compliance Officer, and senior operational vice presidents—support the County's account through technology investment, financial governance, regulatory compliance, advocacy, and operational excellence. This leadership structure ensures that the County benefits not only from a dedicated management team, but also from enterprise-level expertise drawn from decades of experience in EMS, healthcare revenue cycle management, compliance, and reimbursement policy. Executive involvement reinforces best practices, rapid issue escalation, and continuous improvement, providing the County with confidence that its EMS revenue program is supported at both operational and strategic levels.



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Our Approach to Quality Assurance

Compliance means peace of mind for our clients. By outsourcing your EMS billing needs to EMS|MC, Charlotte County will have that peace of mind. As EMS billing experts, our team is well-versed in the nuances that affect EMS billing in Florida, as well as the US. **Our detailed Compliance Plan and SOC 1 Type II and SOC 2 Type II audits are included in the appendix.**

Our expertise empowers us to:

- Follow all local and federal laws and regulations
- Protect your financial stability by avoiding fines, penalties, and other legal consequences
- Minimize risk of fraud and abuse
- Maintain the integrity of complex healthcare systems
- Reduce claim denials
- Boost timely payments
- Increase reimbursements so EMS agencies can invest in their teams and communities

How do we achieve all of this for our clients?

- We aim to uncover potential compliance issues before submitting a claim. As such, our dedicated Compliance Team conducts pre-billing audits proactively each day.
- We require that all new internal employees be audited for 100 percent of their claims until our clients are satisfied.
- We audit all new clients for 100 percent of their claims for at least the first two weeks of deployment, or until the 96 percent threshold is met. From there, 50 percent of claims are audited for at least another two weeks, or until the 96 percent threshold is met.
- All new employees must pass our internal privacy and security regulations training.

Additionally, we conduct multiple audits throughout the year, including:

- EMS|MC is **SOC 2 Type 2 Certified** - a rarity in our industry. In fact, to the best of our knowledge, we are the only EMS billing provider to be SOC 2 Type 2 certified. This means we undergo annual SOC 2 Type 2 attestations. System and Organization Controls (SOC) for Service Organizations are internal control reports created by the American Institute of Certified Public Accountants (AICPA), intended to assess the risk to our clients associated with our services. SOC 2 Type 2 attestation is performed under:
 - SSAE No. 18, Attestation Standards: Clarification and Recodification, which includes AT-C section 105, *Concepts Common to All Attestation Engagements*, and AT-C section 205, *Examination Engagements* (AICPA, Professional Standards).
 - SOC 2 Reporting on an Examination of Controls at a Service Organization Relevant to Security, Availability, Processing Integrity, Confidentiality, or Privacy (AICPA Guide).
 - TSP section 100, 2017 Trust Services Criteria for Security, Availability, Processing Integrity, Confidentiality, and Privacy (AICPA, 2017 Trust Services Criteria).

EMS|MC pursued our SOC 2 Type 2 certification to establish trust with clients like Charlotte County. This rigorous process reinforces our commitment to data protection and process integrity.

We are happy to provide our SOC reports to Charlotte County upon request.

- For **Government Payor Audits**, EMS|MC is responsible for submitting comprehensive, accurate documentation when requested. If the audit results in a claims denial, we contest the denial at the highest level of appeal. Further, we represent our clients in Administrative Law Judge (ALJ) and administrative hearings when the claims have been incorrectly denied.
- To verify that our employees can legally provide services on Charlotte County's behalf, we monitor all employees against the **OIG Exclusion Database**. We complete this before onboarding a new employee, as well as each month they are employed with EMS|MC.
- Each year, to verify that our billing systems, accounting records, document management policies, and disaster recovery systems comply with governmental and commercial payors, as well as industry regulations, we participate in **Third-party Compliance Audits** by PWW, a national EMS industry law firm. These audits confirm our compliance with HIPAA, HITECH (Health Information Technology for Economic and Clinical Health Act), and more.
- To verify that Charlotte County's patients are treated with dignity, professionalism, and courtesy while complying with PCI (Payment Card Industry) protocols, we **Randomly Audit 10 Percent of Our Calls** each week. If a mistake is discovered, we will immediately report it to you and develop a plan to correct the error.

Our approach to quality assurance for Charlotte County doesn't stop with audits. EMS|MC also:

- Partners with **ChartSwap** to quickly and effectively process records requests from attorneys and courts. This HIPAA-compliant universal platform provides visibility to requests for legal representatives and providers.
- Overturns millions of dollars in unwarranted denials from Medicare and Medicaid, we maintain retainer agreements with several law firms to solicit their assistance related to **OIG (Office of Inspector General) Compliance, Ambulance Regulations, HIPAA (Health Insurance Portability and Accountability Act)**, and **Red Flags Alert**.

Comprehensive Compliance Program

EMS|MC maintains a formal, written **Corporate Compliance Plan** based on the OIG's Compliance Program Guidance and regularly validated through external audits and legal review. Our compliance program is led by dedicated professionals with decades of EMS billing, legal, and audit experience:

Ryan Stark, Esq. - Chief Compliance Officer

Oversees EMS|MC's compliance program and ensure it conforms to industry requirements. Counsels clients nationwide on EMS reimbursement, HIPAA, and labor issues; co-author of *The Ambulance Service Guide to HIPAA Compliance* and developer of the industry's first Certified Ambulance Privacy Officer (CAPO) program.

Eric McClain, CAC, NCEMT-B - Director of Continuous Improvement

11 years' experience in ambulance billing operations; NAAC-certified and North Carolina EMT; serves as legal liaison and leverages results of QA and internal audit programs to suggest and design continuous improvements focused on addressing identified trends.

Ajenay Drummond - Director of Compliance

14 years' EMS billing experience; manages internal audits, education, and implementation of federal and state regulatory updates.

Together, this team conducts ongoing internal monitoring, staff training, policy development, and risk mitigation across every business unit.

Program Highlights

EMS|MC's compliance framework integrates multiple layers of protection, including:

- **Written Policies and Procedures** - Reviewed and updated regularly as regulations evolve.
- **Dedicated Compliance Leadership** - Chief Compliance Officer, Director of Compliance, and IT Security Officer oversee all compliance-related activity.
- **Mandatory Training** - Annual compliance, HIPAA, and privacy/security training for all staff with signed acknowledgements.
- **Certification and Education** - All billing and coding personnel are **NAAC-certified**, maintaining credentials through continuing education in compliance and documentation accuracy.
- **Employee Vetting** - Background checks and **monthly OIG Exclusion Database** monitoring for all employees.

- **Open Communication Channels** – Multiple confidential reporting options and a strict non-retaliation policy for good-faith concerns.
- **Daily QA and Scorecards** – Each employee receives ongoing quality audits with documented performance metrics.
- **Third-Party Audits** –
 - **Annual Regulatory Audit** by **PWW Advisory Group (PWW|AG)**
- **Security & Data Protection** – SSAE 18 SOC 2 Type II and SSAE 18 SOC 1 Type II certifications, encrypted network and email systems, secure FTP transfer, offsite HIPAA-compliant data backup, and strict data destruction and access-control policies.
- **HIPAA & HITECH Compliance** – Fully compliant with all DHHS, OCR, and OIG security and privacy safeguards, including breach notification and PCI credit-card protections.

Auditing and Quality Assurance

EMS|MC's internal **Auditing and Quality Assurance Department** performs daily pre-billing audits to verify coding, documentation, and compliance prior to claim submission.

- New employees are audited at **100 percent** until a quality score of **≥ 96 percent** is achieved.
- New client implementations undergo **100 percent audit** for the first two weeks, tapering to 50 percent once compliance thresholds are met.
- **Random post-billing audits** identify trends, inform retraining, and continuously refine processes.

In addition, EMS|MC represents clients during **government payer audits**, preparing complete documentation packages and contesting improper denials through all appeal levels, including **Administrative Law Judge (ALJ)** hearings. Our advocacy has recovered **millions of dollars** in overturned denials for Medicare and Medicaid claims.

Certified Training and Continuing Education

EMS|MC's **in-house NAAC-Certified Ambulance Coding Specialist (CACS)** program exceeds national standards. Every new billing employee completes certification through a structured training, auditing, and feedback process that ensures 100 percent coding accuracy before independent production. In addition to the CAC program, staff have the opportunity, at no cost to them, to maintain ongoing certification in:

- Certified Ambulance Compliance Officer (CACO)
- Certified Ambulance Privacy Officer (CAPO)
- Certified Ambulance Documentation Specialist (CADS)
- Certified Ambulance Financial Officer (CAFO)

This continuous education model ensures every employee stays current with the evolving regulatory environment and serves as a knowledgeable extension of each client's compliance program.

Additionally, each year, to verify that our billing systems, accounting records, document management policies, and disaster recovery systems comply with governmental and commercial payors, as well as industry regulations, we participate in Third-party Compliance Audits by PWW, a national EMS industry law firm. These audits confirm our compliance with HIPAA, HITECH (Health Information Technology for Economic and Clinical Health Act), and more.

EMS|MC also carries the following certifications and maintains the following compliance standards to ensure HIPAA compliance:

- Security & Data Protection - SSAE 18 SOC 2 Type II and SSAE 18 SOC 1 Type II certifications, encrypted network and email systems, secure FTP transfer, offsite HIPAA-compliant data backup, and strict data destruction and access-control policies.
- HIPAA & HITECH Compliance - Fully compliant with all DHHS, OCR, and OIG security and privacy safeguards, including breach notification and PCI credit-card protections.

Summary

EMS|MC's compliance program is one of the most comprehensive in the EMS billing industry—integrating **governance, education, auditing, and transparency** to protect our clients from regulatory risk. By embedding compliance into every step of the revenue cycle, we ensure that each claim submitted on behalf of the County meets the highest standards of accuracy, integrity, and accountability.

EMS|MC's written Compliance Plan is attached in the appendix for reference.



Continuity of Operations

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Our Approach to Data Security

Protecting Charlotte County's data and patient information is crucial to earning and maintaining your trust while also adhering to all local, state, and federal laws and regulations. As such, our in-depth approach includes availability, physical security, data security, backups, disaster recovery, monitoring, and more. We use the following tools:

- Quarterly **PCI DSS** (Payment Card Industry Data Security Standard), a global standard aimed at reducing fraud and protecting cardholders' information, to attest to our compliance
- Annual **SSAE-18 Audits** to verify our business processes
- Annual **HIPAA Compliance Validation** from a third-party auditor

Additional elements of our comprehensive approach to data security include:

- **Availability and Fault Tolerance** – Our system is prepared to withstand failures, maintain service availability, and minimize the impact of disruptions to our users. Our system features dual-redundant firewalls and internet service providers, private cloud and public cloud environments built for high-availability and fault tolerance, RAID (Redundant Array of Independent Disks), redundant power infrastructure for critical information systems and redundant multi-pathed Uninterruptible Power Supplies (UPS), quarterly generated tests to simulate partial and complete building power failures, and more.
- **Security Systems and Mitigations** – Our system includes:
 - Microsoft Windows servers use a suite of security software to protect against malware and other malicious activity
 - Microsoft Windows endpoints (e.g., desktops, laptops) use BitLocker, a full disk encryption feature that protects data by encrypting entire volumes of content; Windows Intune, a cloud-based unified end point management (UEM) service that helps EMS|MC manage and secure devices, apps, and data across different platforms; and other third-party tools for endpoint security and patch management
 - Linux servers use application control to enforce mandatory access controls on applications, as well as antivirus software to prevent attacks
 - Regular server patching, with emergency patching or hotfixes possible within hours across our entire infrastructure
 - Email encryption for secure transport of ePHI (Electronic Protected Health Information)
 - Secure email gateways and mail flow policies that mitigate risks of email-borne malware, as well as social engineering attacks (i.e., phishing)
 - Network segmentation between business departments and device types

- Cisco VPNs (Virtual Private Networks) over IPSec, a secure VPN connection that uses the IPsec protocol suite to encrypt and authenticate communications between datacenters and EMS|MC's strategic partners
- VPNs with MFA (Multi-factor Authentication) that are required for remote users to connect to the office
- MFA is required for all SSO (Single Sign-on) applications (e.g., GitHub, Slack, AWS [Amazon Web Services], GitHub, Office 365, etc.)
- Firewalls that perform stateful packet inspection to identify and block malicious traffic and intrusion attempts at the network edge
- Complete user audits are conducted quarterly
- Scanning our network for vulnerabilities weekly
- Scanning our website source code for vulnerabilities
- Third-party penetration testing of our internal and external systems
- Scanning websites for PCI compliance quarterly
- **Disaster Recovery** - Our disaster recovery plan features:
 - Critical servers that are continuously synced to the public cloud infrastructure for backup
 - Periodic failover tests that are performed to validate backups
 - Shadow volume copies that are performed every twelve hours
 - Voicemail and file-level backups that are performed nightly and retained for thirty days
 - Critical database backups that are performed every five minutes
 - Phone systems and ADP (Automatic Data Processing) that are hosted offsite and can be used remotely
- **Datacenter Controls** - Maintaining a safe environment for critical IT resources is accomplished in three distinct ways:
 - Fire protection
 - Environmental controls (e.g., temperature and humidity)
 - Access control
- **Physical Security** - Our approach to physical security at our offices includes:
 - Radio-frequency Identification (RFID) uses radio waves to identify and track objects, animals, or people, and provides our employees with access to our buildings and high security areas
 - Visitors are required to have an escort while in an EMS|MC building, and some areas are restricted from visitors altogether
 - Video surveillance records each entrance, along with select high-security areas
 - Monitored alarm system that automatically dispatches the police or fire department when incidents occur

- **Threat Protection** - EMS|MC uses a variety of tools to safeguard the safety and integrity of the data left in our care, including
 - Block IPs of known attack sites or geographical regions
 - Certified security personnel on staff with current training requirements
 - Regular security reviews
 - Regular patching schedule for all servers and network equipment
 - Industry-leading Antivirus and Anti-Malware on all servers, laptops, and PCs
 - Employee policy for the proper care of data
 - 24/7 security monitoring of all systems and network infrastructure
 - Periodic phishing simulations
 - Regular security and compliance training for all staff
- **Device Security** - Our approach to data security on the devices we use includes:
 - **Laptops and Workstations**
 - Full disk encryption means that outside parties cannot use lost or compromised resources
 - Policy-driven rules lock systems when inactive
 - Policy-driven, strong password requirements
 - Portable data devices are disabled (USB drives, iPhones, etc.)
 - Limited number of password attempts before lockout
 - The latest software patches and releases help maintain the integrity of our laptops and workstations
 - **Application, File, and Web Servers**
 - Direct access is restricted to a limited user set
 - Changes to OS (Operating System) or applications deployed in the test environment before going live
 - Implemented end-user password management systems with notification of compromised or duplicate passwords
 - **Smart Phones**
 - Remote wiping is enabled on all phones
 - Allows EMS|MC to completely wipe mobile devices if an issue is detected
 - **Hard Copied Items (i.e., fax, printout, etc.)**
 - Employees are prohibited from removing hard copy items from EMS|MC's buildings
 - Secured Shred boxes are located throughout our facilities, and regular shredding occurs onsite
- **Monitoring** - EMS|MC currently monitors internal VPN connections, applications, servers, and services, including but not limited to SQL (Structured Query Language) database services. We also monitor our internet connections, websites, and select third-party websites. If alerts are triggered, technical support is notified.



Report and Communication

www.emsmc.com

EMSight™ Provides Charlotte County with Insight into Your Program with EMS|MC

EMS|MC is fully prepared to meet all reporting requirements outlined in the Scope of Services in the County's RFP.

EMSight™, our proprietary client analytics and reporting platform, was built based on real client feedback and is designed to provide transparency, accuracy, and ease of access for every level of your operation. The County will have real-time access to standard reports, ad-hoc queries, dashboards, workflow tools, and payment posting insights—with the flexibility to generate additional reports at no cost.

Below is a summary of how **EMSight™**, and our Client Success Team will fulfill each of the County's specific reporting requirements:

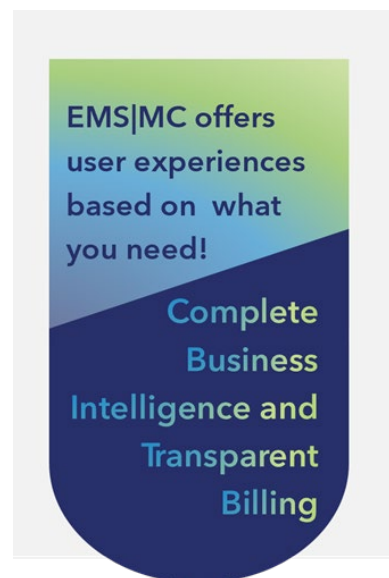
- *Monthly accounts receivable reconciliation that includes:*
 - o *beginning A/R balance* - Provided in the **Standard Monthly Report** sample located in the appendix.
 - o *total charges for the prior month* - Provided in the **Standard Monthly Report** sample located in the appendix.
 - o *total credits by patient and major payer categories including:*
 - o *payments*
 - o *discounts*
 - o *write-offs*
 - o *contractual allowances*
 - o *amounts turned over to collections agencies*
 - o *adjustments*
 - o *accounts receivable aging status by payer category*
 - We have provided a sample **Payment Credits by Payor** sample report located in the appendix.
 - o *ending A/R balance* - This is provided in our **Sample Monthly Report** package located in the appendix.
 - o *a running average of daily charges* - This is provided in the **EMSight™ dashboard**
 - o *total days in accounts receivable* - This is provided in the **EMSight™ dashboard**
- *Total charges for the month by patient and major payer categories:*
 - o *Medicare*
 - o *Medicaid*
 - o *Insurance*
 - o *Self-pay* - This is provided in our **Stand Monthly Report** sample located in the appendix.
- *Non-billed accounts awaiting County actions.* - We have included an **ACR RTP** sample report in the appendix.

- *Statistical indicator reports*- Please see the **Standard Monthly Report** sample package that is included in the appendix.
- *Total refunds processed* - We provided an **Overpayment Report and a Refund Request Report** sample in the appendix.
- *Accounts filed for probate* - We have provided an **Accounts Filed for Probate** report sample in the appendix.
- *Audit summary report with accounts that have changed (i.e. level of service)* - Please see the **Audit Log Sample** report located in the appendix.
- *Monthly report in a graphic format (i.e. dashboard) of key performance indicators* - Please see the **EMSight™ Dashboard** sample provided in the appendix.
- *Customer satisfaction survey results* - Our Customer Service department will work with the County to develop a specific patient satisfaction survey report. EMS|MC regularly measures customer satisfaction through post-interaction surveys tied to patient customer service engagements, with results tracked and reviewed as part of ongoing service governance.
- *Reports must be submitted by the second week of the month for the preceding month* - EMS|MC meets this requirement by delivering the complete month-end reconciliation and reporting package by the fifth day of each month, ensuring all reports for the preceding month are submitted well within the second week of the reporting period.

Our portal gives the County insight into your program through customized dashboards, real-time data, collaboration and workflow tools, and a robust payment posting module. It also features EMS|MC's standard daily, weekly, and monthly reports and allows the County to run ad-hoc reports in easy-to-read formats. If ad-hoc reports are needed beyond what Mountain View Fire Rescue can run in **EMSight™**, your dedicated Client Success Team is prepared to run those reports upon request. **There is no added cost for ad-hoc report requests.**

Furthermore, **EMSight™** is customizable to meet Charlotte County's specific needs, and we are prepared to include additional specifications based on the positions and functions of each person on your team who accesses the tool.

To view our sample reports, please refer to the appendix.



Payment Summary | Providing Charlotte County with Information on Daily Deposits

When partnering with EMS|MC, Charlotte County gains access to our proprietary **Payment Summary** dashboards in **EMSight™**, which include daily deposits, credit card payments, direct-to-client payments, EFT payments, patient ACH (Automated Clearing House) payments, and more, including posted payments, prior period adjustments, refunds, and net collections.



The payment summary is probably my favorite thing. That we're able to see everything live - there's no waiting to find out what you've collected.

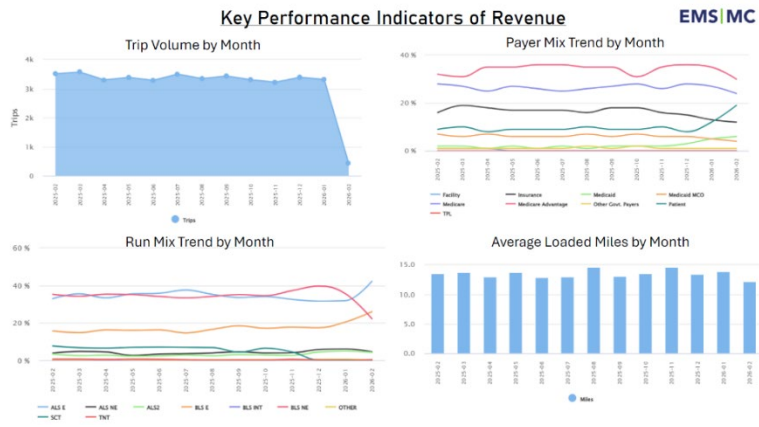
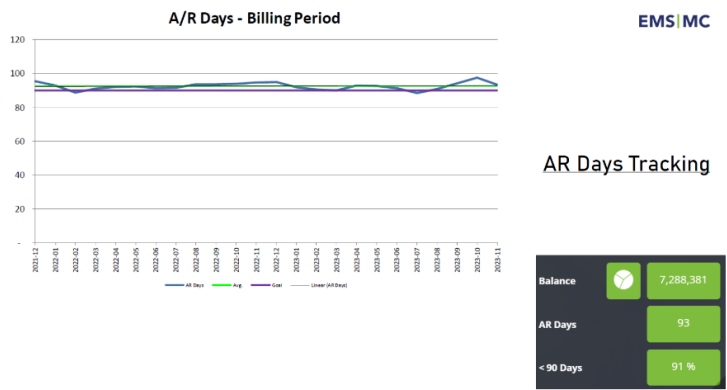
- EMS Agency Serving Wakulla County -

EMS|MC provides the County with **real-time, drill-down visibility** into every major revenue-cycle KPI through **EMSight™** our secure analytics and client portal that delivers customizable dashboards, ad-hoc reporting, and facility/unit-level segmentation. Monthly operational reviews and quarterly executive sessions use these dashboards to track trends, validate improvements, and surface insights tied to payer behavior, documentation quality, and workflow performance.

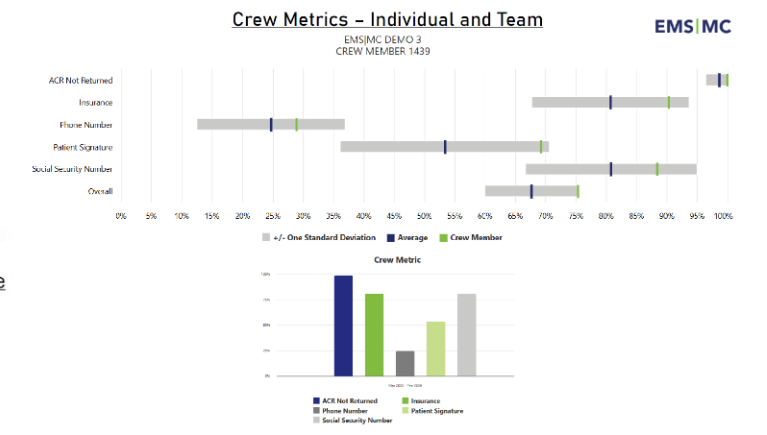
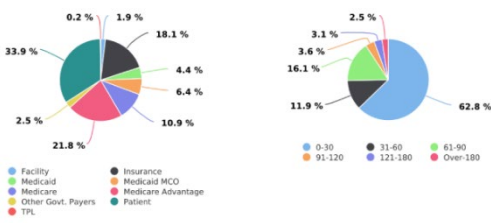


Within **EMSight™** the County has had the ability to monitor **net collection rate, revenue per transport (cash per trip), days in A/R, clean claim acceptance, and denial recovery rates**—each supported by drillable reporting, payment summary reconciliation, and rules-based validation controls. Integrated reporting also connects directly with your ePCR system, using automated mapping and ACR Return to Provider workflows to highlight documentation gaps, track crew performance metrics, and accelerate billing readiness.

For Charlotte County, these tools collectively ensure that every KPI can be viewed in real time, trended over time, segmented by payer/call type/facility/unit, and governed through mutually defined thresholds and corrective action triggers established at contract execution.



Current Payer	Current	31-60	61-90	91-120	121-180	Over 180	Total
Facility	25,144.88	5,863.18	14,324.12	33,962.92	50,889.42	11,059.79	143,844.39
Insurance	585,869.62	271,506.47	295,195.51	138,295.56	41,015.20	5,097.36	1,336,780.72
Medicaid	238,046.87	39,405.65	35,150.98	6,014.25	-1,025.34	8,165.79	325,764.20
Medicaid MCO	307,353.11	93,236.24	81,572.28	1,876.40	6,844.98	-281.31	470,451.70
Medicare	687,856.00	25,675.90	32,063.72	11,421.03	29,847.88	17,645.72	803,819.25
Medicare Advantage	934,233.44	361,890.59	181,275.13	60,258.45	49,711.81	20,094.26	1,616,463.68
Other Govt. Payers	62,047.62	18,490.98	16,940.40	5,442.04	15,266.74	48,268.36	186,463.14
Patient	1,817,180.42	48,129.99	541,749.17	7,439.46	29,266.43	64,590.11	2,508,355.58
TPL	10,651.39	1,055.37	236.95	0.00	1,472.98	440.87	13,857.56
Total	4,888,283.45	865,254.35	1,178,524.26	264,710.11	221,899.10	184,078.95	7,402,741.22



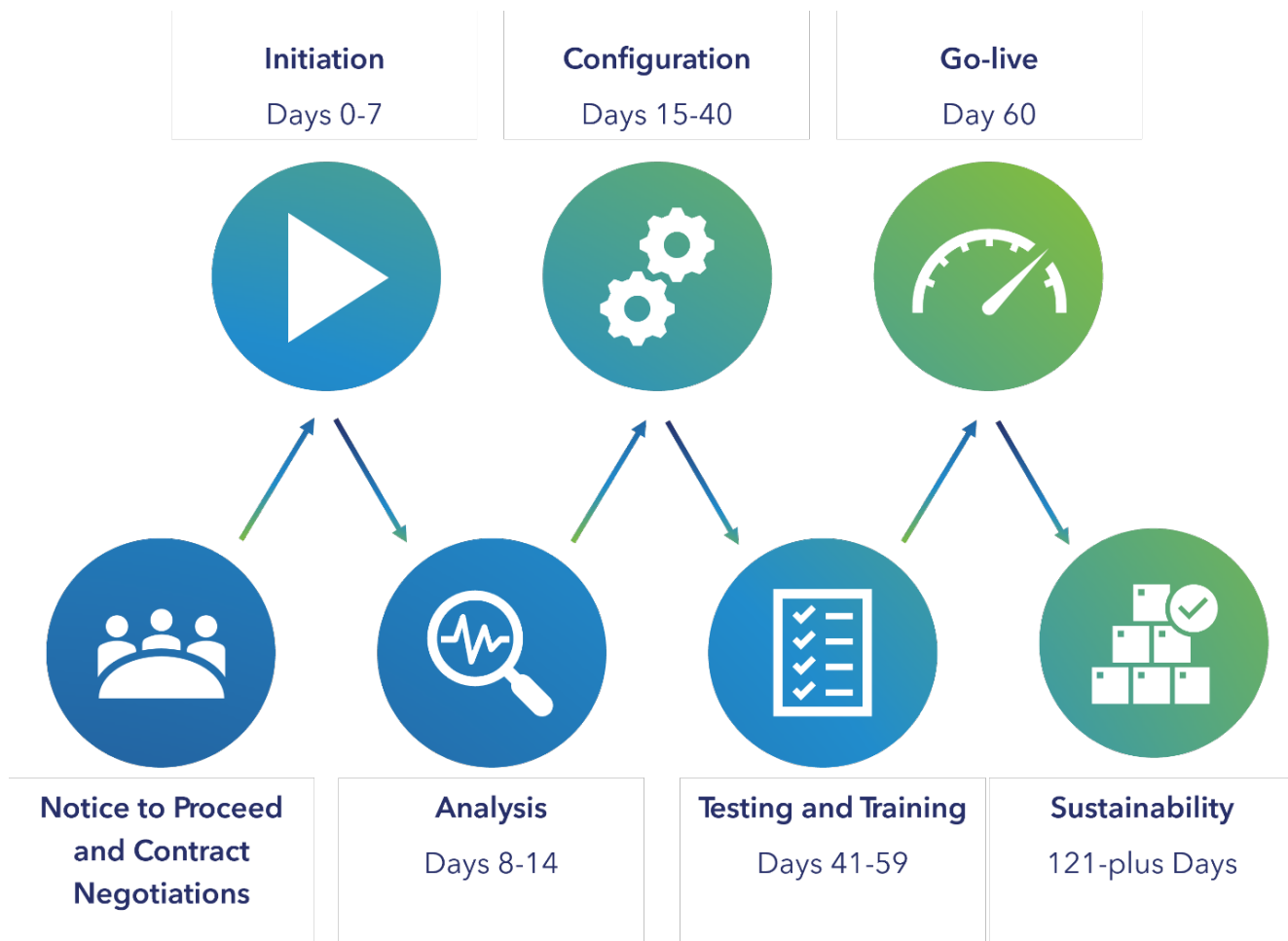
Real Time
Accounts
Receivable
Aging



Training and Implementation

www.emsmc.com

Upon notice to proceed, EMS|MC expects to collaborate with Charlotte County to define a mutually beneficial contract for our new partnership. Once the contract is signed, we follow a comprehensive, six-step process to implement your new EMS billing program.



Please see the following page for details on what happens within each step.

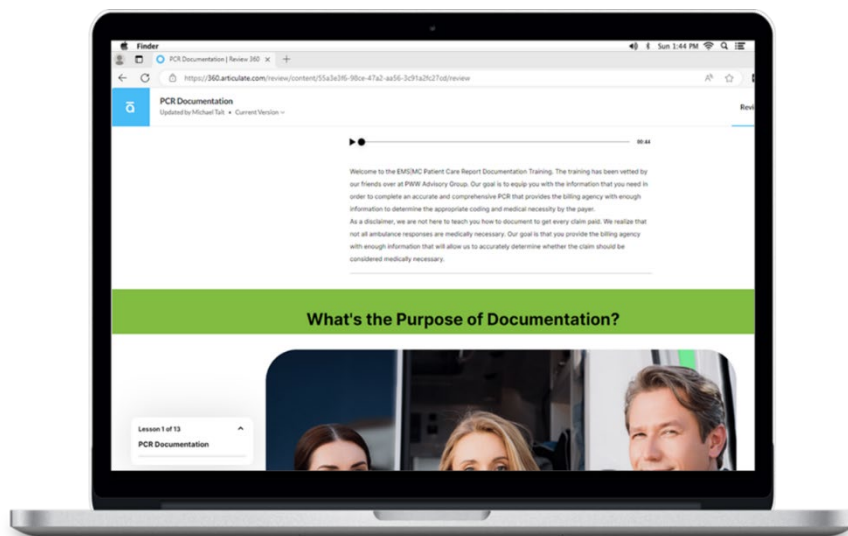
- **Step 1 | Initiation | Days 0-7**
 - Kick-off meeting occurs between Charlotte County and EMS|MC
 - Charlotte County completes our new customer questionnaire
 - We walk through our new customer checklist
 - We review the project plan
 - We finalize the communication plan
- **Step 2 | Analysis | Days 8-14**
 - EMS|MC reviews the customer questionnaire and Charlotte County's documentation
- **Step 3 | Configuration | Days 15-40**
 - ImageTrend access and configuration occur
 - EMS|MC sets up the IT and billing systems
 - We complete payor enrollments
 - We walk through Charlotte County's specifications
 - We complete the deposit methods
 - EMS|MC finalizes collections, wage garnishment, reconciliation, and reporting requirements
- **Step 4 | Testing and Training | Days 41-59**
 - EMScholar
 - ImageTrend import tests
 - We conduct internal training on Charlotte County's specifications
- **Step 5 | Go-live | Day 60**
 - KPIs and metric assurance occur
- **Step 6 | Sustainability | 121-plus Days**
 - EMS|MC hands the program off to our Customer Success Team
 - We provide ongoing support and training
 - We conduct regular business reviews
 - We offer ongoing support for EMScholar

Our Approach to Client Training

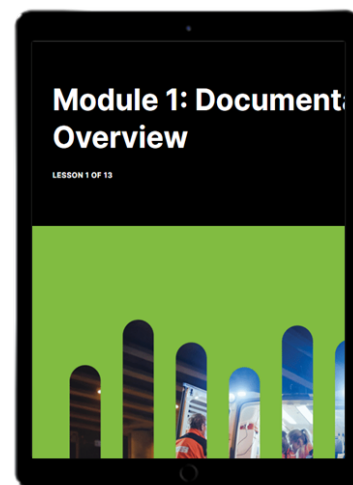
EMStart anticipates your agency & training needs of your staff and crew. While our team proactively addresses technical matters, we focus heavily on training & education during the **EMStart** deployment process and throughout our partnership. In-depth training will be provided on all of our interactive applications, **EMSight™**, & our secure FTP. **We are more than willing to also offer CADS training to the County through PWW|AG!** This training, along with all training mentioned within our response, comes at no additional cost to the County.



EMSCholar™ is an interactive education portal that provides up-to-date content vetted by industry experts at PWW|AG. **EMSCholar™** offers onsite & online training with 24/7 mobile app access to courses anywhere an Internet connection is available. Our micro-learning courses are taught by knowledgeable instructors who average 20 years of experience &/or education. Once our six-module course is completed, a certificate of completion is provided. Below are some screenshots taken from the training courses.



EMSCholar™
powered by **VAIRKKO**



Chief Compliance Officer, Ryan Stark, & our Learning & Development team annually audit & update EMS|MC's PCR documentation course. Ryan and his team provide additional compliance training & updates on an as-needed basis, as new compliance regulations are put into place. EMS|MC's Customer Success Department is solely tasked with building long-term partnerships with our clients through dedicated account management processes. The Client Success Executive and/or our Training Team will provide onsite training during the deployment phase of our partnership & at increments deemed necessary by Charlotte County.

EMS**Scholar**™ & Crew Analysis®

Client training is a critical milestone of the EMS|MC onboarding process & once the engagement begins, EMS|MC will connect your team to **EMS**Scholar****™, our education platform. EMS|MC understands flexibility is vital in the world of EMS - our online format gives you the opportunity to further your knowledge while fulfilling your other responsibilities by allowing you to choose when & where you learn.

During the onboarding process, the County will send “test trips” to EMS|MC. This allows our data management team to ensure all data points are being imported appropriately, offering assurance that the County experiences a smooth transition. After reviewing these trips, we will provide the County with directional feedback for compliant billing, providing resources to achieve it through **EMS**Scholar****™, our educational portal.

Designed to create consistency & operational efficiencies, **EMS**Scholar****™ is comprehensive, all-encompassing, & convenient for all users. **EMS**Scholar****™ creates an audit trail that directly correlates to crew member performance, giving administrators data analytics to improve continuum of care. These courses specifically focus & educate staff on.

The **EMS**Scholar****™ platform is included in your management fee and allows flexibility for your agency as you determine how to roll-out the training—all at once or in individual modules. **EMS**Scholar****™ dovetails nicely with **Crew Analysis**®, our performance management tool built for your medics. This platform is designed to capture the areas we can control & that play a key role in maximizing revenue.

Using **Crew Analysis**® for training purposes allows the County to identify crew member deficiencies & in turn, enroll that crew member in the appropriate **EMS**Scholar****™ module for re-training. Once completed, staff will receive a certificate of completion.



www.emsmc.com

We are Experts in Understanding Florida's EMS Requirements

EMS|MC has more than 1,500 clients spanning the EMS billing and collection services sphere. Our clients range from small municipalities with less than 1,000 transports, to our largest client that has over 140,000 transports annually. Last year, we collected more than 1B in revenue for this client, assuring EMS|MC is more than capable of bringing in 30M for clients.

Serving **30 satisfied clients in Florida**, we have tremendous depth in the EMS marketplace, coupled with a deep knowledge of the payers, Medicare administrative contractors and the statewide Medicaid Managed Care program. EMS|MC has extensive experience working with the Centers for Medicare and Medicaid Services (CMS), as well as commercial insurance payers.

Specifically, with Florida governmental payers, EMS|MC has vast experience with First Coast Service Options, Inc., JN-FCSO-the Medicare Administrative Contractor (MAC) for Florida Medicare, as well as Florida Medicaid and the Florida Medicaid MMA programs. This level of experience allows us to specialize in Local Coverage (determinations) (LCD), ensuring that claims are submitted in the most efficient and compliant manner. EMS|MC has remained extensively involved in the Florida Medicaid 1115 Waiver process throughout the implementation of the Managed Medical Assistance (MMA) process. As one of our many services, EMS|MC can assist with the Florida Medicaid CPE Cost report program for additional Medicaid reimbursement. EMS|MC provided FL Medicaid Fact Sheets to our clients notifying them of the changes to the program and how these changes would specifically affect them.

In 2016, **Regina Godette-Crawford, Advocacy Liaison**, joined EMS|MC as an expert and leading voice in advocating for the needs of EMS agencies across Florida. Since joining our firm, Regina has collaborated with **Darrell Donatto, Former President of the Florida Fire Chiefs' Association and Former Fire Chief and Director of Emergency Management at the Town of Palm Beach Fire Rescue Department**, on several statewide initiatives in Florida. In her former role as the Director of the State Office of Emergency Medical Services, she partnered with **Steve McCoy, EMS Administrator for the Florida Department of Health**.

As a representative of EMS|MC, she recently attended and served as a panelist for the Mobile Integrated Healthcare Sustainability Workshop for the First There First Care Gathering of Eagles Conference in Hollywood, Florida. This event was hosted by the Fire Chiefs' Association of Broward County, Florida.

By partnering with EMS|MC, Charlotte County gains a true advocate and partner who supports your ability to Answer the Call for the communities you serve.



In addition to the four Floridian references, we are pleased to share the following success story of our partnership with Seminole County.

Before 2022, Seminole County's Fire Department (Seminole County) in Florida was working with Charlotte County's current provider for their EMS billing needs. As their contract was nearing completion, they initiated a competitive process to explore potential improvements. In 2022, Seminole County awarded EMS|MC the new three-year contract with two options for one-year renewals. Our services include RCM, PWW|AG, documentation training, and bad debt.

By Partnering with EMS|MC, Seminole County Achieved: **21% Increase in Cash-per-Trip | 35% Increase in Revenue** **Compared to Their Previous Provider!**

We went live with Seminole County's program in October 2022. According to the data that Seminole County provided us with, we're proud to share that:

- In our first full year of supporting Seminole County, we managed over 25,700 calls, with that number increasing to more than 26,100 in 2024
- Seminole County saw its cash-per-trip increase from \$350 with revenue of \$8,153,950 (with their former provider) to \$411 with revenue of \$10,573,840 in 2023 by partnering with EMS|MC.
- They saw another increase in 2024, with cash-per-trip rising to \$423.69 with revenue of \$11,074,290.

That's a 21 percent increase in cash-per-trip and a 35 percent increase in revenue in their first two years with EMS|MC compared to the end of their contract with their former provider!

This success led to Seminole County's decision to renew with us in June 2025. The key stakeholders at Seminole County have become true champions for EMS|MC. Since our partnership began in 2022, they've referred several other clients to us.

Upon notice to proceed, EMS|MC expects to collaborate with Charlotte County to define a mutually beneficial contract for our new partnership. Once the contract is signed, we follow a comprehensive, six-step process to implement your new EMS billing program.

EMS|MC is proud to partner with more than 30 clients statewide, processing over 411,000 transports annually in Florida. We are also pleased to provide the following Florida references and encourage Charlotte County to contact each.

Lee County EMS
(since September 2024)

Contact Person: Paul DiCicco
Title: Deputy Chief
Email: pdicicco@leegov.com
Telephone: 239.533.3911



Seminole County Fire Department
(since October 2022)

Contact Person: LuWayne Ransom
Title: EMS Coordinator
Email: lransom@seminolecountyfl.gov
Telephone: 407.665.5038



Sarasota County Fire Department
(since January 2026)

Contact Person: Brian Nadler
Title: Assistant Chief
Email: bnadler@scgov.net
Telephone: 941.415.4176





General and Supplemental Information Requirements

www.emsmc.com

ESCALATION POLICY

All inbound and outbound calls are recorded and can be reviewed upon request. Our phone system tracks all calls from the moment the caller hears the recorded message until the completion of the call. We are able to observe how many seconds they were on the line before selecting a phone tree option, how long they held before speaking to a representative, how long they may or may not have been placed on hold during the call & if the call was transferred. At EMS|MC we understand how important patient satisfaction is, and we don't take it lightly that we represent our clients when patients call. We understand that making this call may not be something patients look forward to since an emergency or life changing event has occurred, but we strive to make this a positive experience, guided by our Customer Service Policy, located in the appendix to our response.

Our main objective is to provide clear communication, consistently informing patients of what we are doing so they don't feel as if their time is being wasted. We understand that every call has different time tolerances, and we get a temperature check with the patient if we believe the call to be lengthy, offering the option to call back at their convenience. At the end of every call we reiterate the reason they called and thank them for doing so.

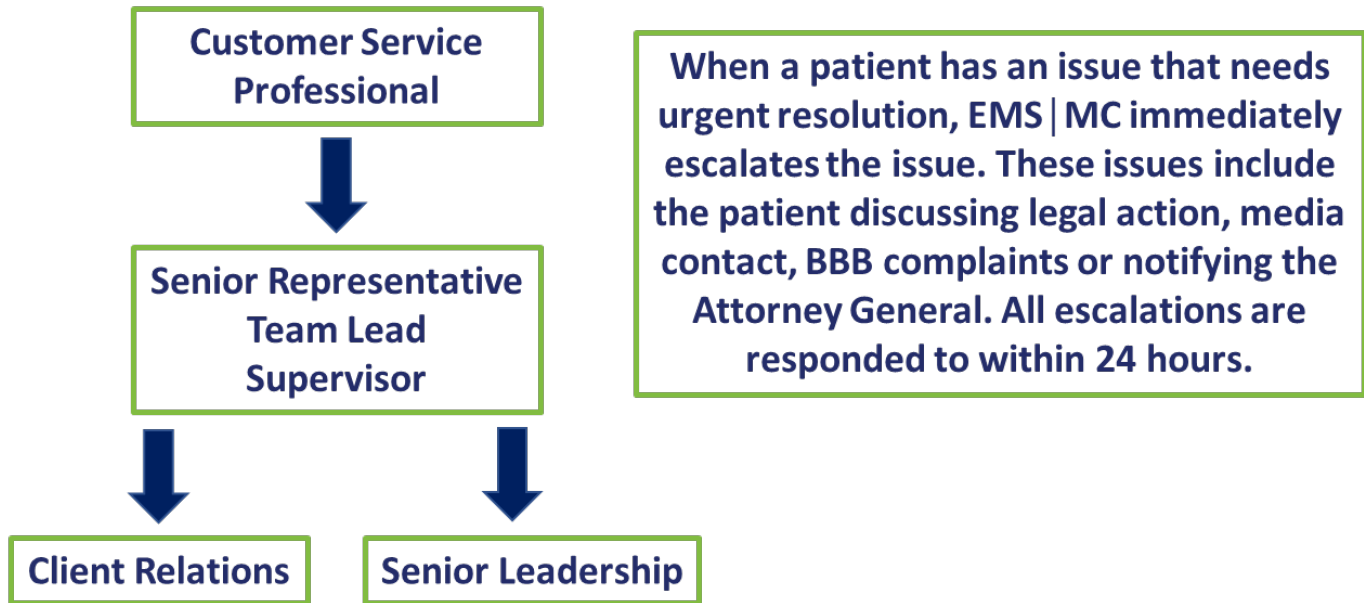
In addition to clear communication, we have trained our employees to manage the patient's reaction to the trip total bill, even if the amount is correct but the patient is still upset, by explaining all the necessary details. We have found that most patients do not know how trips are billed. Politely explaining the cost associated with emergency responses typically procures a deeper understanding and overall outlook towards the bill.

We also cover best-in-class practices for collecting payments from the patient. We encourage the patient to pay in accordance with your payment terms that we have discussed in your "Client Specifications Document". Depending on the financial situation of the patient, we can also accept "special" payments that they can afford. We never lead the conversation by offering to take the lowest payment approved by you but train our employees to find a compromise that makes both the patient and client satisfied.

In addition to handling every call politely, professionally and expertly, we train our employees to be thorough and accurate. For example, when adding any information given by the patient, we use a "Military Alphabet" repeat back method to ensure we have captured the information with the utmost precision. We train our employees to never assume the information we have on file is the most up-to-date, and that the best time to update a patient's information is when we have them on the phone to verify that it is correct. On every call, we verify that the address is correct and that we have a current contact number for the patient.

We also prepare our employees on a variety of scenarios that could potentially arise so that they feel prepared and empowered to handle the call to your documented preferences. Over the past 25 years we have learned how to make the patient's experience positive and effective for each customer, this is something we are passionate about.

Customer service and account resolution is our number one priority. We offer a graphic of our escalation procedure for patient complaints if a customer is dissatisfied.



As a part of EMS|MC's ongoing commitment to excellent customer satisfaction, we are dedicated to enhancing our current level of customer service, company-wide, by developing and delivering a formal comprehensive **Customer Service educational program**. **Customer satisfaction is a principle that has guided our company since the beginning, and over two decades later it remains a top priority.**

Course content is updated by our Learning & Development Team continuously that focuses on the complete customer service experience: Applying customer service as a business differentiator, managing and resolving customer's issues, anticipating customer's needs while being prepared to deliver on those needs, demonstrating positive attitudes through verbal and non-verbal communication, understanding differences in communication styles, enhancing active listening skills and strengthening prompt follow-up skills for all EMS|MC employees.

Pricing

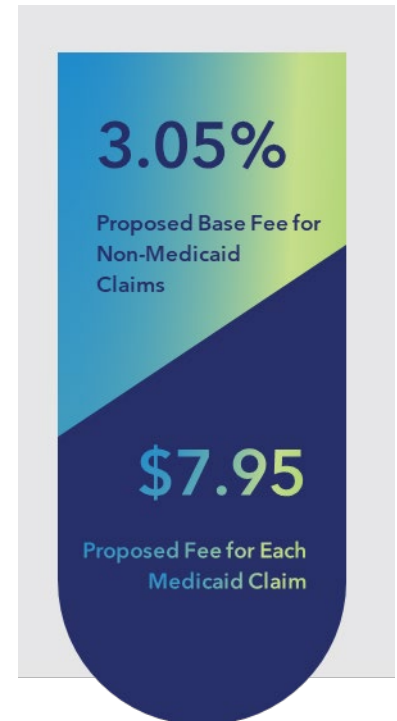
www.emsmc.com

EMS|MC's Proposed Base Fee

EMS|MC is confident in our ability to increase collections for Charlotte County. For billing service pricing, we offer a base fee of 3.05 percent of the net collected revenue, and \$7.95 for each Medicaid claim.

This includes, and is not limited to:

- Post Implementation PWW|AG Audit
- All hardware and software required by EMS|MC's personnel to accurately and efficiently perform EMS billing and collection services
- All mailing, billing, and insurance forms, including envelopes to perform billing functions
- Any postage required to mail billing or other vital information to patients, insurance companies, third parties, and attorneys
- A dedicated, toll-free number for your patients to contact your EMS|MC team, who act as the point of contact for Charlotte County's EMS billing and collections functions
- All fees related to our national consumer database searches for patient demographic information
- All fees related to electronically submitted claims
- All fees and expenses related to EMS|MC hosting our application
- An electronic interface of Charlotte County's ImageTrend system, or any future ePCR system Charlotte County chooses to use during the term of our contract
- Ongoing reviews of ImageTrend documentation by EMS|MC
- Ongoing reviews and analyses of rates, policies, and procedures
- Comprehensive, ongoing documentation compliance training for Charlotte County
- Ongoing monthly business reviews



Our fee is based on several standard assumptions, including:

- All billing, collections, and transport data provided by Charlotte County in this RFP are accurate.
- Charlotte County will provide reasonably complete demographic data as part of your PCR reports.
- It is understood that Charlotte County's crews will act in good faith to provide all required information (e.g., patient names, insurance information, social security numbers, etc.) in their PCR reports.
- Charlotte County will provide remittance information within twenty-four hours of receipt.

Guarantee

As evidence of our excitement for a partnership with Charlotte County, EMS|MC is prepared to discuss performance guarantees with your team. We look forward to learning more about your specific needs and incorporating the most suitable SLAs and guarantees with you.



A

ppendix

www.emsmc.com



PART IV - SUBMITTAL FORMS
PROPOSAL SUBMITTAL SIGNATURE FORM

The undersigned attests to his/her authority to submit this proposal and to bind the firm herein named to perform as per contract, if the firm is awarded the Contract by the County. The undersigned further certifies that he/she has read the Request for Proposal, Terms and Conditions, Insurance Requirements and any other documentation relating to this request and this proposal is submitted with full knowledge and understanding of the requirements and time constraints noted herein.

By signing this form, the Proposer hereby declares that this proposal is made without collusion with any other person or entity submitting a proposal pursuant to this RFP.

In accordance with section 287.135, Florida Statutes, the undersigned certifies that the company is not on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and does not have business operations in Cuba or Syria (if applicable) or the Scrutinized Companies that Boycott Israel List, or is not participating in a boycott of Israel.

As Addenda are considered binding as if contained in the original specifications, it is critical that the Consultant acknowledge receipt of same. The submittal may be considered void if receipt of an addendum is not acknowledged.

Addendum No. 1 Dated 4/1/2026 Addendum No. Dated Addendum No. Dated
 Addendum No. 2 Dated 4/10/2026 Addendum No. Dated Addendum No. Dated

Type of Organization (please check one):	INDIVIDUAL CORPORATION	☐	PARTNERSHIP JOINT VENTURE	☐	☒	☐
EMS Management & Consultants, Inc			336.397.3975			
Firm Name			Telephone			
<u>EMS MC</u>			56-1969494			
Fictitious or d/b/a Name			Federal Employer Identification Number (FEIN)			
2540 Empire Drive Suite 100						
Home Office Address						
Winston-Salem, NC 27103			30			
City, State, Zip			Number of Years in Business			
2540 Empire Drive Suite 100, Winston-Salem, NC 27103						
Address: Office Servicing Charlotte County, other than above						
Lauren Elam, Business Development Manager			423.956.5277			
Name/Title of your Charlotte County Rep.			Telephone			
George Abatjoglou, CEO						
Name/Title of Individual Binding Firm (Please Print)						
			April 14, 2026			
Signature of Individual Binding Firm			Date			
george.abatjoglou@emsmc.com						
Email Address						

(This form must be completed & returned)

DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that EMS Management & Consultants, Inc
does: (name of business)

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 violations 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 contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so 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 the statement, I certify that this firm complies fully with the above requirements.



Proposer's Signature

April 14, 2026

Date

NAME OF FIRM EMS Management & Consultants, Inc

(This form must be completed and returned)

**HUMAN TRAFFICKING AFFIDAVIT
for Nongovernmental Entities Pursuant To FS. §787.06**

Charlotte County Contract #20260190

The undersigned on behalf of the entity listed below, (the "Nongovernmental Entity"), hereby attests under penalty of perjury as follows:

1. I am over the age of 18 and I have personal knowledge of the matters set forth except as otherwise set forth herein.
2. I am an officer or representative of the Nongovernmental Entity and authorized to provide this affidavit on the Company's behalf.
3. Nongovernmental Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes.
4. This declaration is made pursuant to Section 92.525, Florida Statutes. I understand that making a false statement in this declaration may subject me to criminal penalties.

Under penalties of perjury, I declare that I have read the foregoing Human Trafficking Affidavit and that the facts stated in it are true.

Further Affiant sayeth naught.



Signature

George Abatjoglou

Printed Name

CEO

Title

EMS Management & Consultants, Inc

Nongovernmental Entity

April 14, 2026

Date

END OF PART IV

NAME OF FIRM EMS Management & Consultants, Inc

(This form must be completed and returned)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/22/2025

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

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

PRODUCER The Baldwin Group Mid-Atlantic LLC 20 South King Street Leesburg VA 20175	CONTACT NAME: Amanda Boothby PHONE (A/C, No, Ext): E-MAIL ADDRESS: Amanda.Boothby@baldwin.com FAX (A/C, No):														
INSURED BV EMS Holdings, L.P. 2540 Empire Dr. Suite 100 Winston Salem NC 27103	INSURER(S) AFFORDING COVERAGE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Chubb National Insurance Compa</td> <td>10052</td> </tr> <tr> <td>INSURER B : Great Northern Insurance Compa</td> <td>20303</td> </tr> <tr> <td>INSURER C : Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER	NAIC #	INSURER A : Chubb National Insurance Compa	10052	INSURER B : Great Northern Insurance Compa	20303	INSURER C : Federal Insurance Company	20281	INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

 License#: CA#0658748
 BVEMSHO-01

COVERAGES
CERTIFICATE NUMBER: 24135014
REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☒ LOC OTHER:			D03266102	8/23/2025	8/23/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			73653971	8/23/2025	8/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0			56730744	8/23/2025	8/23/2026	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	Y / N	N / A				☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER
CANCELLATION

Evidence of Insurance

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

 AUTHORIZED REPRESENTATIVE
 

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Scope of Work Acknowledgement

EMS|MC will meet and exceed the Charlotte County Scope of Service requirements by reinforcing operational stability, strengthening revenue performance, and proactively addressing any current challenges. Our best practice, technology-driven approach is tailored to your agency's needs and delivered at an all-inclusive rate, ensuring dependable service and continuous improvement. With EMS|MC as your partner, your team can confidently focus on delivering lifesaving care while we protect and advance your revenue cycle.

Scope of Service Requirement	EMS MC Complies
A. Billing Services - The Contractor will be responsible for collecting all applicable and appropriate fees for EMS from federal and state healthcare programs; other third-party payers; and patients. The Contractor is to utilize generally accepted EMS collection methods as proposed by the Contractor and approved by the County.	Yes - EMS MC provides full end-to-end EMS billing and collections for federal and state programs, commercial payers, and patients using industry-standard EMS revenue cycle workflows. These methods are consistently applied and governed through documented billing, follow-up, and reconciliation controls to ensure compliance with County-approved practices. <i>Please review the Billing Services and EMSmart™ Improves Collections sections for more details.</i>
The County intends that the Contractor will follow appropriate procedures to collect fees generated from EMS services. This will include the filing of insurance claims to third party payers and submitting invoices and statements to patients. The County will establish all fees and charges for services provided by the EMS Division.	Yes - EMS MC files claims to all applicable payers and issues patient invoices strictly in accordance with County-established fee schedules and billing policies. EMS MC does not alter charges and applies County-approved procedures throughout adjudication and patient billing cycles. <i>More information can be found in our Invoice and Statement Generation; Private Pay Account Processing; Establishment of Payment Plans narratives.</i>
At a minimum, the Contractor shall file insurance claims electronically to the Medicare Carrier and State Medicaid program for reimbursement. The Contractor will use best efforts to submit insurance claims electronically to other major insurers of	Yes - EMS MC submits Medicare, Florida Medicaid, and commercial claims electronically using primary and secondary clearing-houses. Secondary and tertiary insurance claims are submitted following primary ad-

the serviced patients. The Contractor shall implement processes to collect all applicable co-insurance and deductibles from the patient or their secondary insurers.	judication, and patient responsibility (deductibles and coinsurance) is accurately invoiced and collected. <i>Please review our Claims Submission Workflow; EMSmart™ Billing Platform; Claims Follow-Up process descriptions.</i>
The County will establish and maintain a lockbox at a financial institution for deposit of fees collected by the Contractor. The lockbox will provide the Contractor with all documentation accompanying payments or received at the lockbox.	Yes - EMS MC reconciles all lockbox receipts daily against bank deposits, remittances, and posted payments. Lockbox documentation is indexed and retained to support reconciliation, audit verification, and payment transparency. <i>More details are provided in the Payment Summary Overview; Deposit Reconciliation; Account Reconciliation sections.</i>
The Contractor is responsible for the billing, processing, and collection of EMS fees. The Contractor's services will include, but will not be limited to, data processing; management information reporting; electronic storage of records; electronic and paper billing, claims filing and invoicing; responding to all billing/insurance related inquiries; postage; printing; forms; stationary; envelopes; mailings; communications costs; and required computer hardware and software necessary to effectively provide services.	Yes - EMS MC provides all billing services, systems, software, postage, printing, hardware, communications, and reporting required to perform EMS billing services at no additional cost to the County beyond the management fee. <i>Please see our Proposed Base Fee and Billing Services Overview narratives for more information.</i>
The Contractor shall: • Provide billing services for County EMS services, as required using a billing system that conforms to Generally Accepted Accounting Principles (GAAP). This includes maintaining appropriate accounting procedures that provide for reconciling all payments; bank deposits; receivables; billings; patient accounts; adjustments; and refunds between the Contractor's billing system and County records.	Yes - EMS MC operates a GAAP-compliant accounting environment with daily reconciliation, segregation of duties, and documented audit trails that reconcile deposits, receivables, refunds, and adjustments between EMS MC systems and County records. <i>More details are provided in the following narratives: Payment Posting Controls; Month-End Close Process; Account Reconciliation.</i>
• Maintain updated and current technology that will continuously provide the highest level of reimbursement and patient service possible. Contractor's system must have the ability to customize billing forms; follow-up letters; statements; invoices; and notices per County requirements.	Yes - EMS MC continually updates its billing and reporting platforms and customizes billing statements, invoices, notices, and follow-up letters to meet County requirements and branding standards. <i>Please review the EMSight™ Overview; Invoice and Statement Generation sections.</i>

• Ensure that all required documentation, provider registration and agreements with payers (e.g. Medicare, Florida Medicaid) are filed and maintained, and that the County is apprised of important changes to industry regulations and requirements.	Yes - EMS MC maintains all Medicare, Florida Medicaid, and commercial payer enrollments and actively monitors regulatory and reimbursement changes. The County is notified of changes with explanations of operational and patient impact. <i>Please see: Compliance Program Overview; Florida Medicare/Medicaid Expertise sections.</i>
• Have the ability to receive and translate electronic Patient Care Records (ePCR) and related documentation from the County's ePCR system into collectible accounts, using a Contractor supplied mechanism. The County currently utilizes Image Trend software for field data collection and ePCR creation. The Contractor must be capable of receiving and translating this information from any EMS data collection system used by the County in the future. Additionally, the Contractor shall have the ability to access payment and other necessary patient information from the County electronically.	Yes - EMS MC receives and translates ImageTrend ePCRs and supports all major EMS ePCR platforms through configurable interfaces. Data elements are mapped into collectible accounts with secure electronic access to required County information. <i>Please see the ePCR Integration; Data Management & Imports sections for more details.</i>
• Agree to bear any costs associated with incompatibility due to future upgrades and changes in the County's ePCR vendor	Yes - EMS MC assumes responsibility for system upgrades and compatibility costs related to County ePCR platform changes to ensure uninterrupted billing operations. <i>Please see our Technology Infrastructure; Implementation & Configuration sections.</i>
• Forward an invoice and County Notice of Privacy Policy (NPP) in the first mailing within seven (7) business days to each patient transported by the County upon receipt transport information from the County.	Yes - EMS MC issues the initial invoice and includes the County Notice of Privacy Policy within seven business days of receiving transport data, ensuring timely patient notification and HIPAA compliance. <i>Please see the Invoice and Statement Generation; and HIPAA Compliance sections.</i>
• Forward a patient satisfaction survey at a minimum of 10% of patient accounts. Shall have the ability to provide an online solution with a hyperlink to that survey provided on each invoice. Patient satisfaction survey results shall be provided to the County on a quarterly basis.	Yes - EMS MC will distribute satisfaction surveys to at least ten percent of patient accounts and includes a survey hyperlink on patient invoices. Aggregate results are compiled and provided to the County quarterly. <i>Please see our Customer Service & Patient Experience; EMSight™ & KPIs sections for further details.</i>

Forward statements to insured patients (except Medicaid recipients) on a regular cycle not to exceed forty-five (45) days between mailings from the initial invoice until the account is appropriately closed in accordance with agreed upon procedures.	Yes - EMS MC follows County-approved statement cycles, ensuring insured patients receive regular statements not exceeding forty-five days between mailings until account resolution. <i>Please review our Patient Billing Cycle and Pre-Collections Procedures narratives.</i>
The Contractor shall have the ability to be fully integrated with County facility hospitals to receive updated patient insurance and patient demographics for patients transported by the County.	Yes - EMS MC integrates with area hospitals and data sources to obtain updated insurance and demographic information for transported patients, improving billing accuracy and reimbursement outcomes. <i>The Hospital Data Exchange; Missing Insurance narratives explain our experience and processes further.</i>
Establish a process to validate patient information provided by County; identify insurance eligibility; gather information in addition to that provided by County which is necessary for processing a claim; and handle returned mail/incorrect addresses. This includes establishing a working relationship with hospitals and insurance carriers in the area to obtain/verify patient insurance and contact information.	Yes - EMS MC validates patient information using insurance discovery tools, hospital interfaces, NCOA updates, and demographic verification processes while actively revolving returned mail and incorrect addresses. Please see Insurance Discovery (EMSurance™) and ACR Return-to-Provider sections for more information.
Research accounts provided to Contractor by County with inadequate billing information by reviewing current databases; utilizing services such as skip-tracing; contacting the receiving hospital to obtain admitting/registration information; and telephoning patients or responsible parties to obtain needed information.	Yes - EMS MC researches accounts using internal databases, skip-tracing services, hospital registration outreach, and direct patient contact to obtain missing billing information. <i>Please see our Missing Insurance & Demographics; Account Research Work-flow sections for more details.</i>
Obtain patient or guardian signatures and authorizations when such signatures are required and not transmitted to the Contractor by the County with the ePCR.	Yes - EMS MC obtains missing signatures and authorizations through EMSign, allowing electronic or mailed signature capture when not transmitted with the ePCR. <i>Please see the EMSign Digital Authorization narrative for more details.</i>
Promptly submit all Medicare, Medicaid and insurance company claims for reimbursement upon receipt of adequate insurance information necessary to file a claim and shall keep logs confirming all electronic submissions. Secondary insurance provider claims shall be submitted after the primary insurance provider has	Yes - EMS MC submits claims promptly upon receipt of complete information and maintains logs confirming electronic submissions. Secondary and tertiary claims are submitted electronically as required.

acted on the claim. Submit claims electronically to insurance companies that require electronic submission to expedite payment. Shall have the ability to submit secondary and tertiary claims electronically.	<i>Please see our Claims Submission Workflow and Claims Follow-Up sections for further details.</i>
Post payments received on account within three (3) business days	Yes - EMS MC posts payments received within three business days, with a performance objective of one business day, ensuring timely reconciliation and reporting. <i>See the Payment Posting Controls narrative for more details.</i>
Post contractual adjustments on patient accounts within 10 business days after primary insurance provider has paid.	Yes - EMS MC applies contractual adjustments promptly following payer adjudication and documents them within the patient account for audit integrity.
The Contractor shall have the ability to process credit card payments through a toll-free exchange and a secure web site. The Contractor shall maintain a separate merchant number to collect credit card payments made by patients on behalf of the County.	Yes - EMS MC processes patient credit card payments through a dedicated toll-free line and secure EMSecurePay portal using a separate merchant account established for County transactions. EMSecurePay and <i>Credit Card Processing</i> sections provide further details.
Payments processed and collected by credit card shall be remitted to the County within one (1) business day via direct deposit into account generated by the County.	Yes - EMS MC agrees that all payments, including EFTs and counter deposits, will be processed within one (1) business day. Patient credit card transactions are processed through the EMS MC merchant account and are posted to the patient's account within one (1) business day of receipt. These funds are remitted to the County usually on a weekly basis in accordance with EMS MC's established procedures. EMS MC remains flexible and looks forward to collaborating with the County during deployment to establish a process that best meets its needs.
Provide appeal support to the County for Medicaid and Medicare audits. The Contractor shall document and keep the County notified during each phase of the audit process.	Yes - EMS MC supports County audits by preparing documentation, managing audit correspondence, tracking status, and communicating progress during all phases of Medicare and Medicaid audits. <i>See the details we provided on Government Audit Support and within our Compliance Program.</i>

• Agree to maintain audit trail on all changes made on accounts, HIPAA requests and all communications.	Yes - EMS MC maintains comprehensive audit trails across billing systems capturing account changes, communications, HIPAA requests, and workflow activity. <i>Please see details within our compliance and quality assurance sections on Audit Trails & System Controls.</i>
• Respond to requests and inquiries from patients and payers within two (2) business days when additional information, records or documentation is requested. All written, electronic and verbal patient communications shall be documented in patient accounts for tracking purposes and creation of an audit trail.	Yes - EMS MC responds to inquiries within required timeframes and documents all written, verbal, and electronic communications within patient accounts to support tracking and audits. <i>Please review our Customer Service Model and Communication Documentation sections.</i>
• Notify the County of billing errors and customer complaints within two (2) business days.	Yes - EMS MC will notify the County within 2 business days of our awareness of the error. We track corrective actions through Client Success governance. <i>See our Quality Assurance and Client Success Governance narratives for further details.</i>
• Be responsible for filing all appeals for denied claims or partially denied claims when an internal review shows justification for reimbursement of the claim. This shall occur within 20 business days of notification of denial. The Contractor shall be responsible for all costs of appeals, fair hearings, or administrative law judge hearings unless County agrees in advance to pay a portion of the costs. Notify the County of appeal determination in a timely manner.	Yes - EMS MC files justified appeals within required timelines and manages appeal costs unless otherwise agreed. Appeal outcomes are communicated to the County promptly. <i>Please see details on our Appeals Management and Compliance Operations.</i>
• File probate and monitor bankruptcy cases for County accounts and submit information to the County. The Contractor shall respond to County requests and post payments/adjustments related to probate and bankruptcy proceedings made by the County.	Yes - EMS MC tracks probate and bankruptcy cases, responds to County inquiries, and posts related payments and adjustments accurately. <i>Please see details within the Collections & Legal and Account Adjustments narratives.</i>
• Provide sufficient customer service representatives to assist patients and third-party payers with billing inquiries and requests. Communications between parties shall be documented.	Yes - EMS MC staffs a dedicated patient service operation with documented call handling, issue tracking, and communication logs. <i>Our Customer Service Operations descriptions provide further details.</i>
• Contractor shall provide a designated liaison for patient/payer concerns.	Yes - EMS MC assigns a Client Success Executive as the designated liaison for patient and payer concerns, supported by a

	POD-based team. <i>Our POD-Based Client Success Model description provides more information.</i>
Provide a toll-free exchange for customer service and patient inquiries, answered as designated by the County. Multilingual (at minimum English and Spanish) customer service agents must be available to assist callers Monday through Friday between the hours of 8:00 am and 5:00 pm Eastern Standard Time.	Yes - EMS MC goes above and beyond the County's required customer services hours by providing a toll-free customer service line with English and Spanish support between 8 a.m. – 8 p.m. EST.
Provide patient access to billing information through a secure web site to allow patients to review their billing information, submit insurance information, make payments, and request corrections.	Yes - EMS MC provides patients secure online access to invoices, balances, insurance submissions, payments, and correction requests via EMSecurePay . <i>Please review the Patient Portal Access narrative for more information.</i>
Provide the County with access to all County accounts, data and information maintained in the automated system of the Contractor. This can be done through web or other comparable access to ad hoc reports, patient invoices, and related billing documents and information. Contractor shall be responsible for providing any necessary software to effectuate this access.	Yes - EMS MC provides the County real-time, secure access to all billing data, invoices, reports, and account documentation through EMSight™ . <i>The EMSight™ Overview; Reporting & Dashboards sections provide further details.</i>
Provide the County with secure access to all statements, insurance information, payment history and notes made on patient accounts	Yes - EMSight™ delivers role-based access to statements, insurance data, payment history, and detailed account notes for County users. EMSight™ Access Controls narratives provide further details.
Negotiate and arrange modified payment schedules for individuals unable to pay full amount when billed. The Contractor will not lower any billed amount without the prior written approval of the County.	Yes - EMS MC negotiates payment plans consistent with County policy and does not reduce balances without written County approval. <i>Please see further details under Payment Plans within our proposal.</i>
If the patient/debtor makes monthly payments, the Contractor shall send out monthly statements, showing the balance outstanding on account.	Yes - EMS MC issues monthly statements reflecting remaining balances for all accounts enrolled in payment plans. <i>The Payment Plan Communications narrative provides further details on this subject.</i>
Provide the County or designated collection agency with all unpaid invoices along with the complete processing history once accounts are eligible under the County's delinquent account policy.	Yes - EMS MC forwards unpaid accounts and full processing histories to the County-approved collection agencies once eligible. <i>Please see details on our Delinquent Account Processing.</i>

• Shall have the ability to forward collection accounts electronically to the County collection agency on a monthly basis.	Yes - EMS MC securely transmits collection placements electronically to the County's designated agency on a monthly basis. <i>Please see the Collections & Legal narrative for further details.</i>																					
• Immediately forward accounts with errors to the County's collections agency when the Contractor is unable to resolve errors to a credible address.	Yes - EMS MC forwards accounts with unresolved address or data errors to the County's collections agency when resolution efforts are exhausted, in accordance with County policy.																					
• Forward all correspondences received by Contractor on behalf of County to the County within 30 business days for appropriate handling.	Yes - EMS MC forwards all correspondence received on the County's behalf within thirty business days for appropriate handling. <i>Details are provided in our narratives around Correspondence Management.</i>																					
• Process and forward refund requests electronically to the County within 30 business days in order for the County to issue a check to resolve overpayments, credit balances, or payments received in error. Contractor must provide County with copies of supporting documentation for refunds to be made.	Yes - EMS MC identifies overpayments through daily reconciliation, prepares refund packets with full documentation, and transmits them electronically to the County within required timelines. <i>See details within our Refund Processing & Reporting section.</i>																					
• Facilitate monthly meetings between key Contractor staff and County staff to review performance; discuss problems; identify special needs; and assure an open dialog to support cooperation between the Contractor and County. Meetings can be conducted electronically or in person.	Yes- EMS MC conducts monthly performance meetings through our POD service model with County staff to review metrics, address issues, and coordinate improvements. <i>Please see further details within the Client Success Meetings section.</i>																					
• Have a minimum standard of 68% collection of revenue on net billable ground transports. If unable to perform in revenue collections, barring any unforeseen circumstances (i.e. economy), the County will have the right to terminate contract.	Yes - EMS MC delivers strong, industry-leading collection performance across all payer classes, with demonstrated results that exceed national benchmarks: <table><tr><th>Net Collection Percentage</th><th>Benchmark</th><th>EMSMC Performance</th></tr><tr><td>Medicare:</td><td>80-85%</td><td>91.9%</td></tr><tr><td>Medicare Adv:</td><td>70-75%</td><td>82.4%</td></tr><tr><td>Medicaid</td><td>90-95%</td><td>91.0%</td></tr><tr><td>Medicaid MCO</td><td>90-95%</td><td>84.6%</td></tr><tr><td>Commercial</td><td>40-50%</td><td>75.4%</td></tr><tr><td>Gov Payors</td><td>80-85%</td><td>79.6%</td></tr></table>	Net Collection Percentage	Benchmark	EMSMC Performance	Medicare:	80-85%	91.9%	Medicare Adv:	70-75%	82.4%	Medicaid	90-95%	91.0%	Medicaid MCO	90-95%	84.6%	Commercial	40-50%	75.4%	Gov Payors	80-85%	79.6%
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• B. HIPAA Compliance - Contractor shall have a designated HIPAA Compliance Officer appointed to oversee Contractor's compliance with HIPAA requirements.	Yes - EMS MC maintains a designated HIPAA Compliance Officer responsible for oversight of all privacy and security obligations, workforce training, audits, and breach response. This role provides enterprise-wide governance to ensure adherence to HIPAA and related federal and state requirements. <i>Please see details under narratives for Compliance - HIPAA; Corporate Compliance Leadership.</i>
• Contractor shall execute a Business Associate Agreement providing satisfactory assurances under the provisions of the HIPAA privacy and security regulations agreeing that Contractor shall safeguard County's protected health information in accordance with the standards set forth in the privacy, security and other associated rules.	Yes - EMS MC executes a HIPAA compliant Business Associate Agreement with the County, providing assurances that all protected health information is safeguarded in accordance with HIPAA privacy and security rules. <i>Please review our narratives on Compliance - HIPAA and Business Associate Obligations.</i>
• The Contractor will implement a system where all records (paper and/or electronic) will be maintained in an electronic format that is readily accessible to County personnel and that meets all federal and state requirements for maintaining and storing such patient medical information. The Contractor shall be responsible for proper security of confidential information and data in all forms and shall provide an appropriate shredding and data destruction method which meets the requirements of the regulations. Record retention policies of the Contractor must be in compliance with Florida record retention requirements.	Yes - EMS MC maintains all EMS billing and patient records in secure electronic systems that are accessible to authorized County personnel. Data security, controlled access, secure shredding, and documented destruction processes are in place, with record retention aligned to Florida requirements. <i>Please see details within the Data Security & Infrastructure and Records Management narratives.</i>
• Contractor shall have in place a comprehensive HIPAA compliance plan for adhering to federal and state privacy and security requirements. Contractor shall comply with other provisions of HIPAA including the transaction set requirements, security provisions and the Health Information Technology for Economic and Clinical Health Act of 2009.	Yes - EMS MC maintains a comprehensive HIPAA and HITECH compliance program covering transaction standards, administrative safeguards, physical security, and technical protections. Policies are reviewed, updated, and audited regularly. <i>Please see the Compliance Plan; HIPAA & HITECH Compliance sections for further details.</i>
• Contractor shall forward County Notice of Privacy Policy (NPP) to each patient transported by the County with the first mailing to the patient.	Yes - EMS MC includes the County approved Notice of Privacy Policy with the initial invoice mailed to each transported patient, ensuring transparency and HIPAA

	compliance. <i>See the sections on Invoice and Statement Generation and HIPAA Compliance for further information.</i>
C. Compliance Plan - Contractor shall have a designated Compliance Officer appointed to oversee Contractor's compliance with applicable federal, state and local requirements.	Yes - EMS MC maintains a designated Compliance Officer, Ryan Stark, responsible for oversight of federal, state, and local regulatory compliance across billing, coding, privacy, and payer requirements. <i>See our Compliance Program Overview for further details.</i>
Contractor shall have in place a Compliance Plan consistent with the intent and activities included in the U.S. Office of Inspector General (OIG) Compliance Program Guidance for Third Party Medical Billing Companies and any successor publications.	Yes - EMS MC's Compliance Plan is structured around OIG Compliance Program Guidance for Third-Party Medical Billing Companies and successor publications, incorporating auditing, corrective action, training, and governance. <i>Please see our narratives on the Compliance Plan and OIG Compliance Framework for more details.</i>
Contractor shall have in place a compliance plan consistent with the intent and activities included in the Fair and Accurate Credit Transactions Act and related "Red Flag Rules" as enacted by the Federal Trade Commission.	Yes - EMS MC maintains written policies and controls aligned with the Fair and Accurate Credit Transactions Act and Red Flag Rules to prevent identity theft and protect patient information. <i>Our Compliance Plan; Identity Theft Prevention narratives provide details on this requirement.</i>
Contractor shall use up-to-date knowledge and information regarding coding procedures, assigning diagnostic codes and proper preparation of electronic and paper insurance filings to ensure compliance. Contractor shall monitor all billing and regulatory changes impacting EMS reimbursement and adjust systems to ensure regulatory compliance; and update the County of any such changes with an explanation of how it will affect the County and/or patients of the County.	Yes - EMS MC employs certified billing and coding professionals and monitors Medicare, Medicaid, and commercial payer updates. Regulatory changes are implemented in systems and communicated to the County with impact explanations. <i>Please see details in Coding Compliance; and Regulatory Monitoring narratives.</i>
Contractor shall insure appropriate controls are in place including a segregation of duties, whereby the same individual must not be able to enter billing, adjust billing, post payments, nor deposit funds; and maintain the necessary levels of security in their automated billing system to protect the County from loss.	Yes - EMS MC enforces strict segregation of duties to ensure no single individual can enter charges, adjust accounts, post payments, and deposit funds. Automated system security controls protect County revenue and data. <i>Please see sections on our Internal Controls and Financial Safeguards.</i>

Contractor shall demonstrate that appropriate controls are in place and complied with through maintaining a current Type II Statement on Auditing Standards No. 70 (Type II, SAS 70 or SSAE16) certification from an independent auditor.	Yes - EMS MC maintains current Type II SOC certifications issued by independent auditors, demonstrating effective internal controls, data protection, and process integrity. <i>Please review our SOC Certification and Third-Party Audit sections for more details.</i>
An annual billing compliance audit will be conducted by a reputable third-party vendor that is experienced in Emergency Medical Services billing, compliance and auditing. This compliance auditor will be selected and paid for by the Contractor and approved by the County prior to services being rendered.	Yes - EMS MC funds and participates in annual EMS-specific billing compliance audits conducted by PWW, with results available to the County. <i>Please see our narratives on Compliance Audits and Quality Assurance for more information.</i>
D. Continuity of Operations - Contractor shall have in place a written Continuity of Operations Plan. This plan shall provide for how the Contractor plans to operate in the event of a disaster or similar event which results in an interruption of the normal operating conditions of the Contractor's primary place of business providing services to the County or any of the support or technical aspects of that office. Contractor shall provide a system that will ensure complete and uninterrupted flow of services via back-up systems and a data recovery related plan or system should a disaster occur.	Yes - EMS MC maintains a written Continuity of Operations Plan describing procedures to sustain operations during disasters, system failures, or facility disruptions, supported by redundant systems and recovery workflows. <i>Please see the Continuity of Operations and Disaster Recovery/Data Security sections for further details.</i>
A plan for the redundant storage and prevention of loss of County's data shall be developed which ensures that County's data and Contractor's data and systems are backed-up in such a manner that an event that causes disruption to the primary data and systems does not affect the back-up data and systems.	Yes - EMS MC employs redundant data storage, off-site backups, and failover infrastructure so County data remains protected and accessible even if primary systems are disrupted. <i>The Data Backup & Redundancy narratives within our Disaster Recovery/Data Security section provides further details.</i>
E. Training and Implementation - Contractor shall provide on-site training on agency set-up, data collection procedures and the use of any mechanisms or equipment provided by the Contractor. Contractor to provide training programs for County use in on-going and new employee training. Contractor shall provide annual continuing education module for use with field and office personnel on data collection and patient care documentation. Continuing education may be accomplished either on site or through a web enabled distance learning system or similar technology.	Yes - EMS MC provides on-site and virtual training during implementation, supports ongoing and new-hire training, and delivers annual continuing education modules for field and office staff via web-enabled platforms. <i>Please see details within our Training & Education and EMScholar™ narratives.</i>
Contractor shall commence implementation of services in such a manner as to be prepared to begin processing County claims in January 2027 and shall also coordinate with the existing service	EMS MC's EMStart™ implementation methodology ensures readiness to process

provider a transition of services with minimal disruption of services.	County claims by January 2027 while coordinating with the incumbent provider to minimize disruption. <i>Please review our Implementation Timeline and EMStart™ Program sections for further details.</i>
F. Report Requirements - Provide the County with timely comprehensive reports facilitating all required aspects of monitoring, evaluating, auditing and managing the services provided at least monthly and upon request of the County. These reports include accounting, fiscal, financial, statistical, and quality control reports and may include any or all aspects of data collected by Contractor.	Yes - EMS MC provides comprehensive accounting, operational, financial, statistical, and quality control reports monthly and upon request. <i>Our Reporting & Communications and EMSight™ sections provide details on this approach.</i>
The Contractor shall submit monthly reports to the County in an electronic format containing the following information: • Transports performed by the County. Contractor shall contact the County to report any discrepancies. • Monthly accounts receivable reconciliation that includes: ○ beginning A/R balance, ○ total charges for the prior month, ○ total credits by patient and major payer categories including: • payments • discounts • write-offs • contractual allowances • amounts turned over to collections agencies • adjustments • accounts receivable aging status by payer category ○ ending A/R balance ○ a running average of daily charges ○ total days in accounts receivable • Total charges for the month by patient and major payer categories: ○ Medicare ○ Medicaid ○ Insurance ○ Self-pay • Non-billed accounts awaiting County actions. • Statistical indicator reports • Total refunds processed • Accounts filed for probate • Audit summary report with accounts that have changed (i.e. level of service) • Monthly report in a graphic format (i.e. dashboard) of key performance indicators	Yes - EMS MC delivers complete electronic monthly report packages—including A/R reconciliation, payer mix, aging, refunds, probate filings, audit summaries, dashboards, and patient survey results—by the second week of each month. We have reviewed each reporting requirement within the County's Scope of Services and have provided a one to one description of how we will approach each. Sample reports are provided in the Appendix. <i>Please review the Standard Monthly Reports and EMSight™ Dashboards sections for further explanations on our reporting capabilities.</i>

• Customer satisfaction survey results • Reports must be submitted by the second week of the month for the preceding month	
G. Audits, Records, And Records Retention - The Contractor shall agree: 1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the County under this contract.	Yes - EMS MC maintains books and records in accordance with GAAP, accurately reflecting all County revenues and expenditures. <i>Details are provided within the Financial Controls and Accounting Practices sections.</i>
2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.	Yes - EMS MC retains all records for the required retention period and extends retention as necessary for audits or litigation. <i>Please see details on our Records Retention Policy with the proposal response.</i>
3. Upon completion or termination of the contract and at the request of the County, the Contractor will cooperate with the County to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in paragraph 1 above.	Yes - EMS MC cooperates fully with record duplication and transfer at contract completion or termination.
4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the County.	Yes - EMS MC provides full access to records for County, state, and federal auditors as authorized.
5. Persons duly authorized by the County and Federal auditors, pursuant to 45 CFR, Part 92.36(l)(10), shall have full access and rights to examine any of the provider's contract and/or related records and documents, regardless of the form in which kept, at all reasonable times for as long as the records are retained.	Yes - EMS MC accommodates federal audit access requirements throughout record retention periods.
6. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.	EMS MC flows audit and recordkeeping requirements into all applicable subcontract relationships.
7. Each Quarter, perform a sampling audit of at least three percent (3%) to verify, at a minimum: level of service, condition code, claim processing errors, and not medically necessary accounts to maintain compliance. An audit summary report with findings shall be provided to the County.	EMS MC performs quarterly sampling audits meeting or exceeding 3% thresholds and provides audit findings to the County. <i>Please see further details within the Quality Assurance and Internal Audits sections.</i>
H. Monitoring - To permit persons duly authorized by the County to inspect any records, papers, documents, facilities, goods, and services of the provider which are relevant to this contract, and to	Yes - EMS MC permits County inspection of all relevant records, systems, and personnel to verify performance and compliance.

interview any clients and/or employees of the provider to assure the County of satisfactory performance of the terms and conditions of this contract.	
Following such evaluation, the County will deliver to the provider a written report of its findings which will include written recommendations regarding the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the County within the specified period set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the County, result in any one or more of the following actions: 1) the provider being deemed in breach or default of this contract; 2) the withholding of payments to the provider by the County; and 3) the termination of this contract for cause.	Yes - EMS MC acknowledges County oversight authority, promptly corrects deficiencies within prescribed timeframes, and supports all contractual remedies related to performance accountability.

EMS | MC Sample Report Package

Provider

Contractual Allow

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Payor	Credit Type	Charge Description	HCPCS Code	Gross Charges	Credit Amount
LAST NAME, FIRST NAME	10/28/2025	92	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Contractual Allow	Mileage - Ground	A0425	\$ 1,244.65	\$ 6.77
LAST NAME, FIRST NAME	10/28/2025	92	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Contractual Allow	ALS Emerg Transport	A0427	\$ 1,244.65	\$ 245.56
LAST NAME, FIRST NAME	09/06/2025	51	25-E3	123	2025-11-14	UNITED HEALTHCARE (MCR)	Contractual Allow	Mileage - Ground	A0425	\$ 969.07	\$ 2,107.26
LAST NAME, FIRST NAME	11/14/2025	56	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Contractual Allow	BLS Emerg Transport	A0429	\$ 991.04	\$ 2.77
LAST NAME, FIRST NAME	11/14/2025	56	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Contractual Allow	BLS Emerg Transport	A0429	\$ 991.04	\$ 206.79
LAST NAME, FIRST NAME	11/04/2025	18	25-E3	123	2026-01-21	UHC COMMUNITY PLAN (MCD)	Contractual Allow	ALS Emerg Transport	A0427	\$ 1,107.35	\$ 245.56
LAST NAME, FIRST NAME	11/13/2025	49	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Contractual Allow	Mileage - Ground	A0425	\$ 1,018.50	\$ 132.82
Credit Subtotal:										\$ 2,947.53	

Contractual Allow-MCAID

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Payor	Credit Type	Charge Description	HCPCS Code	Gross Charges	Credit Amount
LAST NAME, FIRST NAME	12/24/2025	12	25-E5	123	2026-01-21	MEDICAID	Contractual Allow-MCAID	Mileage - Ground	A0425	\$ 1,234.12	\$ 391.44
LAST NAME, FIRST NAME	12/21/2025	1	25-E5	123	2026-01-21	MEDICAID	Contractual Allow-MCAID	Mileage - Ground	A0425	\$ 922.39	\$ 153.78
LAST NAME, FIRST NAME	12/21/2025	1	25-E5	123	2026-01-21	MEDICAID	Contractual Allow-MCAID	BLS Emerg Transport	A0429	\$ 922.39	\$ 450.33
LAST NAME, FIRST NAME	12/02/2025	26	25-E4	123	2026-01-07	MEDICAID	Contractual Allow-MCAID	BLS Emerg Transport	A0429	\$ 1,032.23	\$ 74.44
LAST NAME, FIRST NAME	12/30/2025	30	25-E5	123	2026-01-21	MEDICAID	Contractual Allow-MCAID	Mileage - Ground	A0425	\$ 1,004.77	\$ 195.72
LAST NAME, FIRST NAME	12/30/2025	30	25-E5	123	2026-01-21	MEDICAID	Contractual Allow-MCAID	BLS Emerg Transport	A0429	\$ 1,004.77	\$ 450.33
Credit Subtotal:										\$ 1,716.04	

Contractual Allow-MCARE

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Payor	Credit Type	Charge Description	HCPCS Code	Gross Charges	Credit Amount
LAST NAME, FIRST NAME	12/04/2025	29	25-E5	123	2026-01-08	MEDICARE	Contractual Allow-MCARE	Mileage - Ground	A0425	\$ 1,004.77	\$ 128.24
LAST NAME, FIRST NAME	12/04/2025	29	25-E5	123	2026-01-08	MEDICARE	Contractual Allow-MCARE	BLS Emerg Transport	A0429	\$ 1,004.77	\$ 206.79
LAST NAME, FIRST NAME	12/24/2025	11	25-E5	123	2026-01-20	MEDICARE	Contractual Allow-MCARE	Mileage - Ground	A0425	\$ 1,107.35	\$ 123.66
LAST NAME, FIRST NAME	11/20/2025	80	25-E3	123	2026-01-07	MEDICARE	Contractual Allow-MCARE	BLS Emerg Transport	A0429	\$ 1,004.77	\$ 6.62
LAST NAME, FIRST NAME	12/05/2025	31	25-E5	123	2026-01-09	MEDICARE	Contractual Allow-MCARE	ALS Emerg Transport	A0427	\$ 1,327.03	\$ 7.86
LAST NAME, FIRST NAME	12/05/2025	31	25-E5	123	2026-01-09	MEDICARE	Contractual Allow-MCARE	ALS Emerg Transport	A0427	\$ 1,327.03	\$ 245.56
LAST NAME, FIRST NAME	12/05/2025	31	25-E5	123	2026-01-09	MEDICARE	Contractual Allow-MCARE	Mileage - Ground	A0425	\$ 1,327.03	\$ 196.94
LAST NAME, FIRST NAME	12/05/2025	31	25-E5	123	2026-01-09	MEDICARE	Contractual Allow-MCARE	Mileage - Ground	A0425	\$ 1,327.03	\$ 6.30
Credit Subtotal:										\$ 921.97	

Interest Payment (+)

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Payor	Credit Type	Charge Description	HCPCS Code	Gross Charges	Credit Amount
LAST NAME, FIRST NAME	06/06/2025	41	25-E3	123	2025-12-29	MEDICARE	Interest Payment (+)	Mileage - Ground	A0425	\$ 1,327.03	\$ 11.97
Credit Subtotal:										\$ 11.97	

Payment - Check

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Payor	Credit Type	Charge Description	HCPCS Code	Gross Charges	Credit Amount
LAST NAME, FIRST NAME	07/05/2025	50	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Payment - Check	BLS Emerg Transport	A0429	\$ 894.93	\$ 324.21
LAST NAME, FIRST NAME	07/05/2025	50	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Payment - Check	Mileage - Ground	A0425	\$ 894.93	\$ 143.47
Credit Subtotal:										\$ 467.68	

Payment - Credit Card

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Payor	Credit Type	Charge Description	HCPCS Code	Gross Charges	Credit Amount
LAST NAME, FIRST NAME	08/14/2025	38	25-E3	123	2026-01-14	BILL PATIENT	Payment - Credit Card	ALS Emerg Transport	A0427	\$ 1,368.22	\$ 145.37
LAST NAME, FIRST NAME	08/14/2025	38	25-E3	123	2026-01-14	BILL PATIENT	Payment - Credit Card	Mileage - Ground	A0425	\$ 1,368.22	\$ 124.63
LAST NAME, FIRST NAME	09/13/2025	88	25-E3	123	2026-01-08	BILL PATIENT	Payment - Credit Card	ALS Emerg Transport	A0427	\$ 1,208.95	\$ 30.47

LAST NAME, FIRST NAME	09/13/2025	88	25-E3	123	2026-01-08	BILL PATIENT	Payment - Credit Card	Mileage - Ground	A0425	\$ 1,208.95	\$ 19.53
LAST NAME, FIRST NAME	11/01/2025	3	25-E3	123	2026-01-06	BILL PATIENT	Payment - Credit Card	Mileage - Ground	A0425	\$ 1,340.76	\$ 72.48
LAST NAME, FIRST NAME	11/01/2025	3	25-E3	123	2026-01-06	BILL PATIENT	Payment - Credit Card	ALS Emerg Transport	A0427	\$ 1,340.76	\$ 88.38
Credit Subtotal:										\$ 480.86	
Payment - Direct to Client											
Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Payor	Credit Type	Charge Description	HCPCS Code	Gross Charges	Credit Amount
LAST NAME, FIRST NAME	10/28/2025	92	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Payment - Direct to Client	Mileage - Ground	A0425	\$ 1,244.65	\$ 331.78
LAST NAME, FIRST NAME	10/28/2025	92	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Payment - Direct to Client	ALS Emerg Transport	A0427	\$ 1,244.65	\$ 197.06
LAST NAME, FIRST NAME	11/14/2025	56	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Payment - Direct to Client	BLS Emerg Transport	A0429	\$ 991.04	\$ 135.77
LAST NAME, FIRST NAME	11/19/2025	76	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Payment - Direct to Client	BLS NonEmerg Transport	A0428	\$ 772.15	\$ 0.00
LAST NAME, FIRST NAME	11/14/2025	56	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Payment - Direct to Client	Mileage - Ground	A0425	\$ 991.04	\$ 242.11
LAST NAME, FIRST NAME	11/19/2025	76	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Payment - Direct to Client	Mileage - Ground	A0425	\$ 772.15	\$ 251.08
LAST NAME, FIRST NAME	11/04/2025	18	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Payment - Direct to Client	Mileage - Ground	A0425	\$ 1,107.35	\$ 49.41
LAST NAME, FIRST NAME	10/23/2025	64	25-E3	123	2026-01-21	UNITED HEALTHCARE (MCR)	Payment - Direct to Client	BLS Emerg Transport	A0429	\$ 1,004.77	-\$ 36.52
LAST NAME, FIRST NAME	11/11/2025	39	25-E3	123	2026-01-21	UNITED HEALTHCARE - 1	Payment - Direct to Client	Mileage - Ground	A0425	\$ 1,121.08	\$ 46.12
Credit Subtotal:										\$ 1,216.81	
Payment - EFT											
Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Payor	Credit Type	Charge Description	HCPCS Code	Gross Charges	Credit Amount
LAST NAME, FIRST NAME	12/04/2025	29	25-E5	123	2026-01-14	TRICARE FOR LIFE (MCR PRIMARY)	Payment - EFT	Mileage - Ground	A0425	\$ 1,004.77	\$ 51.24
LAST NAME, FIRST NAME	12/04/2025	29	25-E5	123	2026-01-08	MEDICARE	Payment - EFT	BLS Emerg Transport	A0429	\$ 1,004.77	\$ 324.21
LAST NAME, FIRST NAME	12/04/2025	29	25-E5	123	2026-01-08	MEDICARE	Payment - EFT	Mileage - Ground	A0425	\$ 1,004.77	\$ 200.86
LAST NAME, FIRST NAME	12/04/2025	29	25-E5	123	2026-01-14	TRICARE FOR LIFE (MCR PRIMARY)	Payment - EFT	BLS Emerg Transport	A0429	\$ 1,004.77	\$ 82.71
LAST NAME, FIRST NAME	09/06/2025	51	25-E3	123	2026-01-16	UNITED HEALTHCARE (MCR)	Payment - EFT	BLS Emerg Transport	A0429	\$ 969.07	\$ 95.67
LAST NAME, FIRST NAME	12/30/2025	30	25-E5	123	2026-01-21	MEDICAID	Payment - EFT	Mileage - Ground	A0425	\$ 1,004.77	\$ 188.72
Credit Subtotal:										\$ 943.41	
Payment - EFT - Coll Agency											
Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Payor	Credit Type	Charge Description	HCPCS Code	Gross Charges	Credit Amount
LAST NAME, FIRST NAME	06/27/2023	62	23-E3	123	2026-01-20	BILL PATIENT	Payment - EFT - Coll Agency	ALS Emerg Transport	A0427	\$ 862.00	\$ 107.75
LAST NAME, FIRST NAME	08/18/2023	8	23-E3	123	2026-01-20	BILL PATIENT	Payment - EFT - Coll Agency	ALS Emerg Transport	A0427	\$ 886.00	\$ 30.00
Credit Subtotal:										\$ 137.75	
Company Subtotal:										\$ 8,844.02	
Reporting Division Subtotal:										\$ 8,844.02	
Total Credit Amount:										\$ 8,844.02	
Page: 1											

**BILLABLE TRIPS**

(Date of Service Based)

1

**GROSS CHARGES**

(Billing Period Based)



MTD



526

YTD
(Fiscal)

11,922

12M



17,643

MTD



825,605

YTD
(Fiscal)

13,174,455

12M

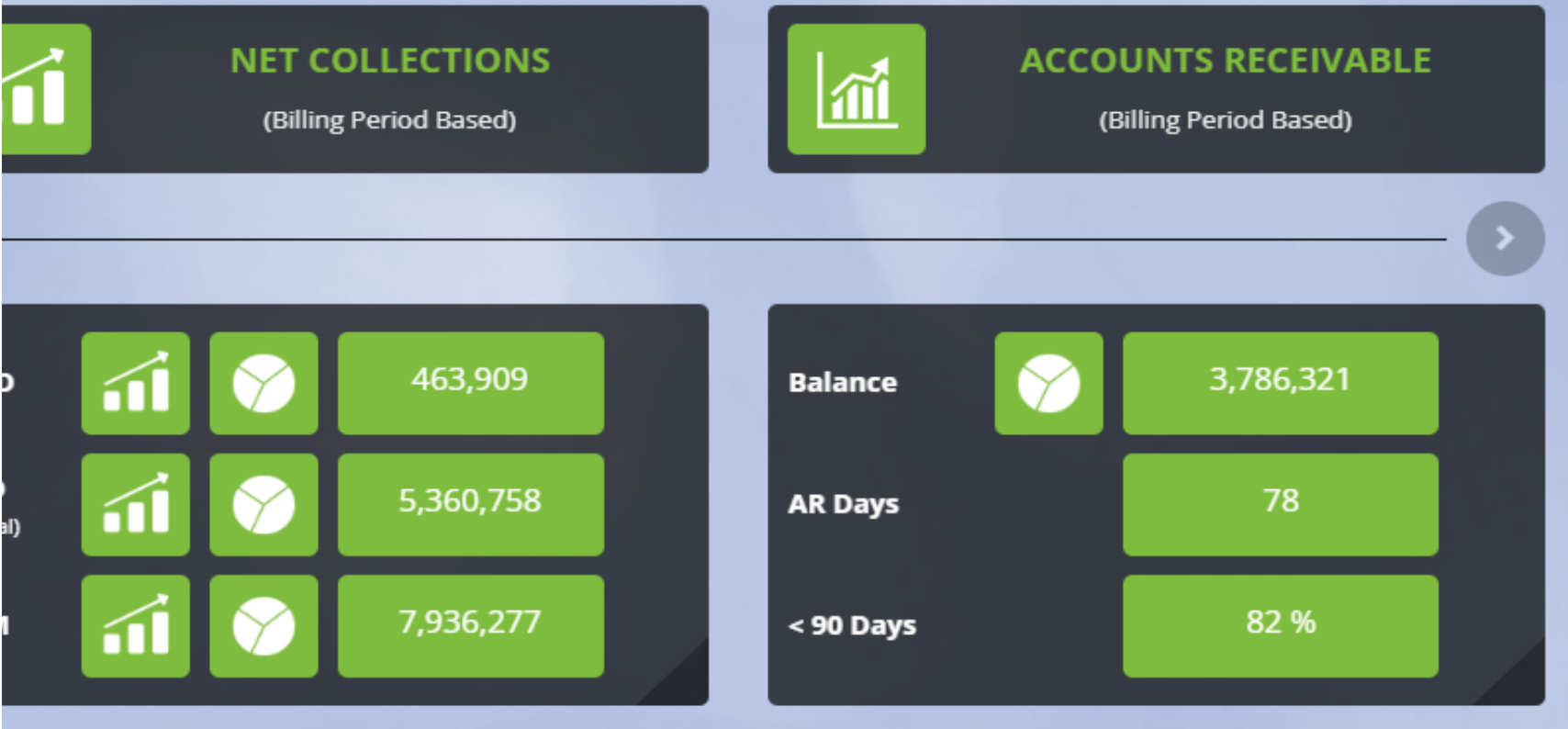


19,254,284

MTD

YTD
(Fiscal)

12M



DOS	Date Placed on ACR RTP	Run #	Incident #	Patient Name	DOB	Primary Payer	Note	Net Charge	Reporting Division	Drop-Off Location	Attendant	Action
1/1/2026	1/3/2026	26-E1	744	Last Name, First Name	10/07/1928	UNITED HEALTHCARE (MCR)	PLEASE CONFIRM LEVEL OF SERVICE , AS PER ACR 12 LEAD DONE FOR THE PATIENT EKG INTERPRETATION ONLY OBTAIN IN STRIPS	150.00	Reporting Division 1	Residence	Paramedic 1	Requested
1/1/2026	1/3/2026	26-E1	728	Last Name, First Name	06/13/1970	UNITED HEALTHCARE (MCR)	PLEASE CONFIRM LEVEL OF SERVICE , AS PER ACR 12 LEAD DONE FOR THE PATIENT EKG INTERPRETATION ONLY OBTAIN IN STRIPS	150.00	Reporting Division 2	Scene	Paramedic 2	Requested
1/2/2026	1/4/2026	26-E1	705	Last Name, First Name	06/17/2004	BILL PATIENT	MISSING PATIENT ADDRESS	1,265.03	Reporting Division 1	HOSPITAL	Paramedic 3	Requested
1/3/2026	1/5/2026	26-E2	791	Last Name, First Name	05/26/1945	BILL PATIENT	MISSING PATIENT ADDRESS, CHECKED ESO ADDRESS NOT FOUND	150.00	Reporting Division 2	Scene	Paramedic 1	Requested
1/5/2026	1/7/2026	26-E2	851	Last Name, First Name	07/06/1959	UNITED HEALTHCARE (MCR)	PLEASE CONFIRM LEVEL OF SERVICE , AS PER ACR 12 LEAD DONE FOR THE PATIENT EKG INTERPRETATION ONLY OBTAIN IN STRIPS	1,055.59	Reporting Division 1	HOSPITAL	Paramedic 2	Requested
1/6/2026	1/8/2026	26-E2	840	Last Name, First Name	05/01/1959	UNITED HEALTHCARE (MCR)	PLEASE CONFIRM LEVEL OF SERVICE , AS PER ACR 12 LEAD DONE FOR THE PATIENT EKG INTERPRETATION ONLY OBTAIN IN STRIPS	997.03	Reporting Division 2	HOSPITAL	Paramedic 3	Requested
1/6/2026	1/8/2026	26-E5	247	Last Name, First Name	12/10/1989	BILL PATIENT	PLEASE PROVIDE EKG INTERPRETATION	150.00	Reporting Division 1	Residence	Paramedic 1	Requested
1/7/2026	1/9/2026	26-E5	383	Last Name, First Name	02/14/1977	BCBS	PLEASE CONFIRM LEVEL OF SERVICE , AS PER ACR 12 LEAD DONE FOR THE PATIENT EKG INTERPRETATION ONLY OBTAIN IN STRIPS	150.00	Reporting Division 2	Residence	Paramedic 2	Requested
1/8/2026	1/10/2026	26-E7	294	Last Name, First Name	06/22/1941	BILL PATIENT	MISSING PATIENT ADDRESS	1,374.83	Reporting Division 1	HOSPITAL	Paramedic 3	Requested
1/9/2026	1/11/2026	26-E7	381	Last Name, First Name	11/15/1948	BILL PATIENT	PLEASE PROVIDE PATIENT NAME AND OTHER DEMOGRAPHIC INFO.	1,338.23	Reporting Division 2	HOSPITAL	Paramedic 1	Requested
1/10/2026	1/12/2026	26-E7	475	Last Name, First Name	10/5/1952	BILL PATIENT	MISSING PATIENT ADDRESS	150.00	Reporting Division 1	Scene	Paramedic 2	Requested
1/10/2026	1/12/2026	26-E1	952	Last Name, First Name	09/26/1983	BILL PATIENT	PLEASE CONFIRM PATIENT ADDRESS.	1,109.48	Reporting Division 2	HOSPITAL	Paramedic 3	Requested

Provider	DOS	Encounter #	Incident #	Patient Name	Primary Payor	Primary Payor Class	Current Payor	Current Payor Class	Balance
Provider A	1/1/2025	25-E3	56	Patient	MEDICARE	Medicare	NASSAU LIFE INSURANCE COMPANY	Insurance	-\$ 107.97
Provider A	1/1/2025	25-E3	38	Patient	MEDICARE	Medicare	CIGNA MEDICARE SUPPLEMENT	Insurance	-\$ 111.63
Provider A	1/1/2025	25-E3	18	Patient	MEDICARE	Medicare	BILL PATIENT	Patient	-\$ 115.84
Provider A	1/1/2025	25-E3	16	Patient	MEDICARE	Medicare	BILL PATIENT	Patient	-\$ 109.44
Provider A	1/1/2025	25-E3	7	Patient	MEDICARE	Medicare	BILL PATIENT	Patient	-\$ 98.98
Provider A	1/1/2025	25-E3	54	Patient	MEDICARE	Medicare	BANKERS LIFE & CASUALTY MCR SUPPLEMENT	Insurance	-\$ 107.97
Provider A	1/1/2025	25-E3	30	Patient	NATIONAL GENERAL INSURANCE - NC	TPL	BILL PATIENT	Patient	-\$ 99.92
Provider A	1/1/2025	24-E3	10	Patient	MEDICARE	Medicare	MO MEDICAID	Medicaid	-\$ 108.82
Provider A	1/1/2025	24-E3	24	Patient	BCBS (MCR)	Medicare Advantage	BCBS (MCR)	Medicare Advantage	-\$ 318.44
Provider A	1/1/2025	25-E3	88	Patient	MEDICARE	Medicare	BILL PATIENT	Patient	-\$ 109.26
Provider A	1/1/2025	25-E3	5	Patient	MEDICARE	Medicare	BILL PATIENT	Patient	-\$ 228.26
Provider A	1/1/2025	25-E3	97	Patient	MEDICARE	Medicare	AETNA SENIOR SUPPLEMENTAL	Insurance	-\$ 115.11
Provider A	1/1/2025	25-E3	44	Patient	AETNA (MCR)	Medicare Advantage	BILL PATIENT	Patient	-\$ 26.12

Process Refund Request
EMS Management and Consultants, Inc.

Provider:	Date: 2/13/2026
Patient Name:	Your Trip #: 25-01
Social Security:	Our Trip #: 25-E3
Member ID Number: AAA11111	Date of Service: 3/24/2025
Primary Payor: KS MEDICARE	Ordering Facility:
Phone Number:	

Account Statement

<u>Post Date</u>	<u>Description</u>	<u>Amount</u>	<u>Running Balance</u>	<u>Payor</u>	<u>Check #</u>
2025-03-31	Charge	758.25	758.25		
2025-03-31	Charge	160.52	918.77		
2025-09-18	Payment - Medicare	-395.99	522.78	KS MEDICARE	5
2025-09-18	Manual C/A - Medicare	-253.16	269.62	KS MEDICARE	5
2025-09-18	Mandated Contractual (CO253)	-8.08	261.54	KS MEDICARE	5
2025-09-18	Payment - Medicare	-83.94	177.60	KS MEDICARE	5
2025-09-18	Manual C/A - Medicare	-53.46	124.14	KS MEDICARE	5
2025-09-18	Mandated Contractual (CO253)	-1.71	122.43	KS MEDICARE	5
2025-10-23	Payment - Check	-101.02	21.41	AETNA SENIOR	1
2025-10-23	Payment - Check	-21.41	0.00	AETNA SENIOR	1
2025-12-30	Payment - Check	-135.59	-135.59	HEALTHY BLUE KS MEDICAID	8
2025-12-30	Payment - Check	-28.71	-164.30	HEALTHY BLUE KS MEDICAID	8

Refund Details

Refund Amount: \$164.30

Notes: Overpayment

Please make check payable to: BCBS
123 ROAD
CITY,ST 1111

Provider	DOS	DOS YM	Encounter#	Incident#	Patient	Primary Payor	Current Payor	Track	Step	Gross Charges
Provider	01-02-2025	2025-01	25-E4	60	Last Name, First Name	HUMANA GOLD (MCR)	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 889.87
Provider	01-06-2025	2025-01	25-E4	05	Last Name, First Name	UNITED HEALTHCARE (MCR HMO)	No Invoice - Estates	Estates	Write off Deceased	\$ 1,047.77
Provider	01-08-2025	2025-01	25-E4	13	Last Name, First Name	MEDICARE	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 1,022.18
Provider	01-08-2025	2025-01	25-E4	69	Last Name, First Name	UNITED HEALTHCARE (MCR HMO)	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 1,117.50
Provider	01-10-2025	2025-01	25-E4	68	Last Name, First Name	No Invoice - Estates	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 445.00
Provider	01-10-2025	2025-01	25-E4	06	Last Name, First Name	MEDICARE	No Invoice - Estates	Estates	Write off Deceased	\$ 445.00
Provider	01-10-2025	2025-01	25-E4	62	Last Name, First Name	AMERIHEALTH CARITAS (NC MCD)	No Invoice - Estates	Estates Information Review	No Bill Sent	\$ 445.00
Provider	01-10-2025	2025-01	25-E4	14	Last Name, First Name	MEDICARE	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 445.00
Provider	01-11-2025	2025-01	25-E4	06	Last Name, First Name	HUMANA GOLD (MCR)	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 1,106.77
Provider	01-15-2025	2025-01	25-E4	32	Last Name, First Name	HEALTH TEAM ADVANTAGE (MCR HMO)	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 1,121.08
Provider	01-16-2025	2025-01	25-E4	06	Last Name, First Name	No Invoice - Estates	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 445.00
Provider	01-16-2025	2025-01	25-E4	61	Last Name, First Name	HUMANA GOLD (MCR)	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 1,047.77
Provider	01-18-2025	2025-01	25-E4	79	Last Name, First Name	HUMANA GOLD (MCR)	No Invoice - Estates	Estates	Pending Estate Filing	\$ 1,149.68
Provider	01-18-2025	2025-01	25-E4	99	Last Name, First Name	MEDICARE	No Invoice - Estates	Estates Information Review	No Bill Sent	\$ 1,165.22
Provider	01-19-2025	2025-01	25-E4	18	Last Name, First Name	HUMANA GOLD (MCR)	No Invoice - Estates	Estates Information Review	No Bill Sent	\$ 1,028.10
Provider	01-20-2025	2025-01	25-E4	01	Last Name, First Name	No Invoice - Estates	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 1,047.77
Provider	01-22-2025	2025-01	25-E4	79	Last Name, First Name	HUMANA GOLD (MCR)	No Invoice - Estates	Estates Information Review	No Bill Sent	\$ 1,028.10
Provider	01-26-2025	2025-01	25-E4	65	Last Name, First Name	No Invoice - Estates	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 891.66
Provider	01-27-2025	2025-01	25-E4	76	Last Name, First Name	UNITED HEALTHCARE (MCR)	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 1,328.48
Provider	01-27-2025	2025-01	25-E4	61	Last Name, First Name	BILL PATIENT	No Invoice - Estates	Estates Information Review	Sent to Waystar	\$ 445.00
Provider	01-27-2025	2025-01	25-E4	14	Last Name, First Name	AETNA (MCR)	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 445.00
Provider	01-27-2025	2025-01	25-E4	65	Last Name, First Name	HUMANA GOLD (MCR)	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 1,110.35
Provider	01-27-2025	2025-01	25-E4	54	Last Name, First Name	UNITED HEALTHCARE (MCR)	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 1,117.50
Provider	01-28-2025	2025-01	25-E4	10	Last Name, First Name	MEDICAID	No Invoice - Estates	Estates Information Review	No Bill Sent	\$ 445.00
Provider	01-30-2025	2025-01	25-E4	66	Last Name, First Name	No Invoice - Estates	No Invoice - Estates	Estates Information Review	Sent Letter	\$ 445.00

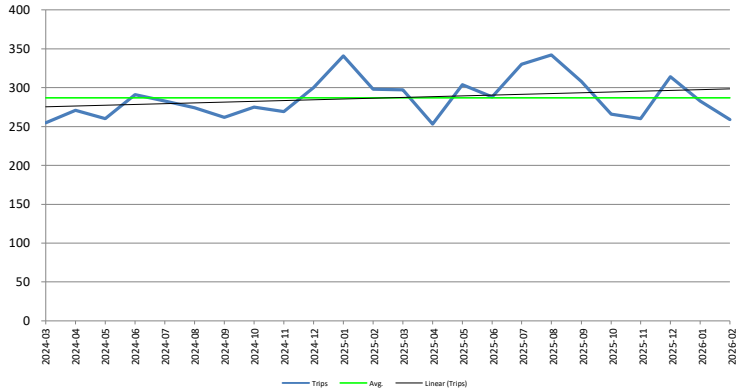
Cont Allow	Net Charges	Rev Adj	Payments	GEMT	Write Offs	Refunds	Balance Due	Level of Service	Response Types
\$ 437.18	\$ 452.69	\$ 0.00	\$ 137.69	\$ 0.00	\$ 0.00	\$ 0.00	\$ 315.00	BLS	Emergency
\$ 516.54	\$ 531.23	\$ 0.00	\$ 256.23	\$ 0.00	\$ 275.00	\$ 0.00	\$ 0.00	ALS	Emergency
\$ 505.81	\$ 516.37	\$ 0.00	\$ 335.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 180.87	BLS	Emergency
\$ 551.29	\$ 566.21	\$ 0.00	\$ 291.21	\$ 0.00	\$ 0.00	\$ 0.00	\$ 275.00	ALS	Emergency
\$ 0.00	\$ 445.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 445.00	BLS	Emergency
\$ 17.22	\$ 427.78	\$ 0.00	\$ 241.86	\$ 0.00	\$ 185.92	\$ 0.00	\$ 0.00	ALS	Treatment/No Transport
\$ 0.00	\$ 445.00	\$ 0.00	\$ 445.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	ALS2	Emergency
\$ 16.09	\$ 428.91	\$ 0.00	\$ 136.97	\$ 0.00	\$ 0.00	\$ 0.00	\$ 291.94	BLS	Emergency
\$ 545.15	\$ 561.62	\$ 0.00	\$ 246.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 315.00	ALS	Emergency
\$ 553.59	\$ 567.49	\$ 0.00	\$ 317.49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 250.00	ALS	Emergency
\$ 0.00	\$ 445.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 445.00	BLS	Emergency
\$ 515.75	\$ 532.02	\$ 0.00	\$ 217.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 315.00	ALS	Emergency
\$ 566.54	\$ 583.14	\$ 0.00	\$ 268.14	\$ 0.00	\$ 315.00	\$ 0.00	\$ 0.00	ALS	Emergency
\$ 495.32	\$ 669.90	\$ 0.00	\$ 669.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	BLS	Emergency
\$ 512.23	\$ 515.87	\$ 0.00	\$ 515.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	ALS	Emergency
\$ 0.00	\$ 1,047.77	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,047.77	ALS	Emergency
\$ 512.23	\$ 515.87	\$ 0.00	\$ 515.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	ALS	Emergency
\$ 0.00	\$ 891.66	\$ 0.00	\$ 891.66	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	BLS	Emergency
\$ 656.46	\$ 672.02	\$ 0.00	\$ 397.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 275.00	ALS	Emergency
\$ 0.00	\$ 445.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 445.00	BLS	Emergency
\$ 16.42	\$ 428.58	\$ 0.00	\$ 153.58	\$ 0.00	\$ 0.00	\$ 0.00	\$ 275.00	BLS	Emergency
\$ 546.94	\$ 563.41	\$ 0.00	\$ 248.41	\$ 0.00	\$ 0.00	\$ 0.00	\$ 315.00	ALS	Emergency
\$ 551.29	\$ 566.21	\$ 0.00	\$ 291.21	\$ 0.00	\$ 0.00	\$ 0.00	\$ 275.00	ALS	Emergency
\$ 374.25	\$ 70.75	\$ 0.00	\$ 70.75	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	BLS	Emergency
\$ 0.00	\$ 445.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 445.00	BLS	Emergency

Provider	DOS	Enc #	Field Changed	Change Details	Change Date
Provider	12/1/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS	12/9/2025
Provider	12/1/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/11/2025
Provider	12/1/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/9/2025
Provider	12/2/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/9/2025
Provider	12/3/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/10/2025
Provider	12/3/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/10/2025
Provider	12/3/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS2 to ALS	12/10/2025
Provider	12/3/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS2	12/10/2025
Provider	12/4/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/12/2025
Provider	12/5/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS	12/15/2025
Provider	12/6/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS	12/13/2025
Provider	12/6/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/13/2025
Provider	12/6/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS	12/15/2025
Provider	12/6/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS	12/15/2025
Provider	12/7/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/16/2025
Provider	12/7/2025	25-E4	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS	12/16/2025
Provider	12/9/2025	25-E5	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/16/2025
Provider	12/10/2025	25-E5	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS	12/22/2025
Provider	12/10/2025	25-E5	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS	12/18/2025
Provider	12/11/2025	25-E5	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/17/2025
Provider	12/11/2025	25-E5	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/22/2025
Provider	12/12/2025	25-E5	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS	12/19/2025
Provider	12/12/2025	25-E5	Levels Of Service	Updated Encounter. Changed: Levels Of Service from BLS to ALS	12/19/2025
Provider	12/15/2025	25-E5	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/29/2025
Provider	12/15/2025	25-E5	Levels Of Service	Updated Encounter. Changed: Levels Of Service from ALS to BLS	12/26/2025

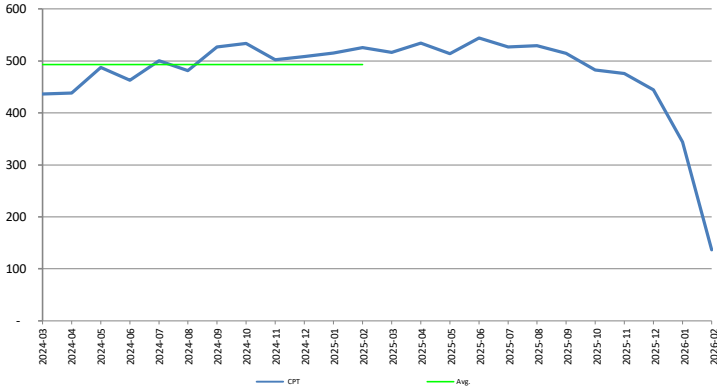
	Trips	Net Coll.	GEMT	CPT	AR Days
Average	287	147,436	-	493	87
Max	342	246,385	-	544	101

Month	Trips	Net Coll.	GEMT	CPT	AR Days
2024-03	255	123,451	0	436	80
2024-04	271	135,597	0	438	82
2024-05	260	147,182	0	488	87
2024-06	291	121,919	0	463	86
2024-07	283	122,658	0	501	82
2024-08	274	118,334	0	481	85
2024-09	262	120,887	0	527	86
2024-10	275	117,510	0	534	94
2024-11	269	110,734	0	502	99
2024-12	300	127,404	0	508	97
2025-01	341	150,382	0	515	96
2025-02	298	146,882	0	526	95
2025-03	297	229,243	0	517	87
2025-04	253	168,158	0	534	98
2025-05	304	158,274	0	514	101
2025-06	288	138,864	0	544	99
2025-07	330	142,702	0	527	92
2025-08	342	246,385	0	529	75
2025-09	308	163,520	0	514	70
2025-10	266	194,644	0	482	70
2025-11	260	170,214	0	476	70
2025-12	314	138,755	0	444	79
2026-01	283	107,499	0	344	85
2026-02	259	137,278	0	137	84

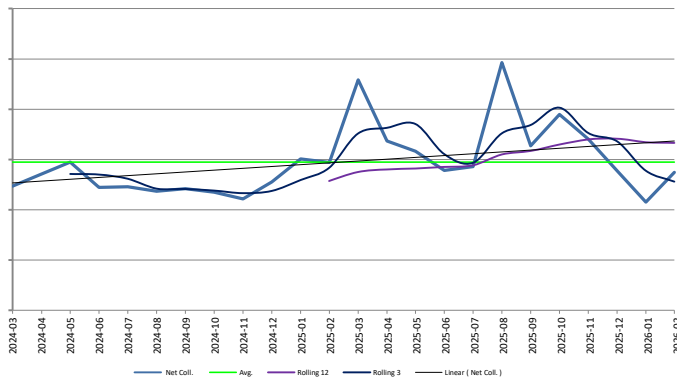
Trips by Month - DOS



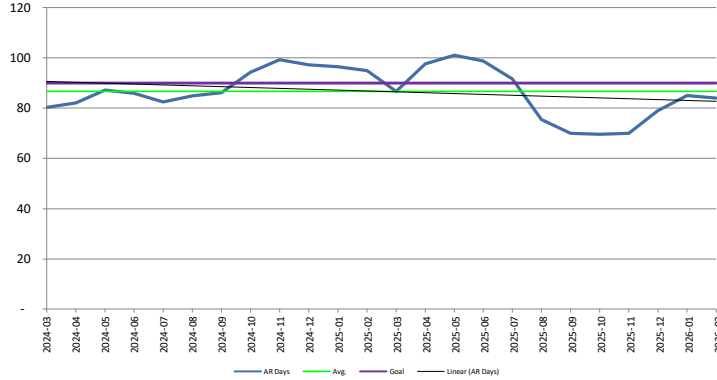
Net Collections per Trip by Month - DOS



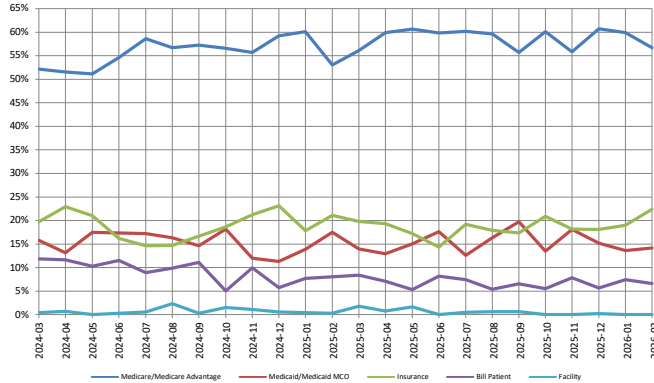
Net Collections by Month - Billing Period



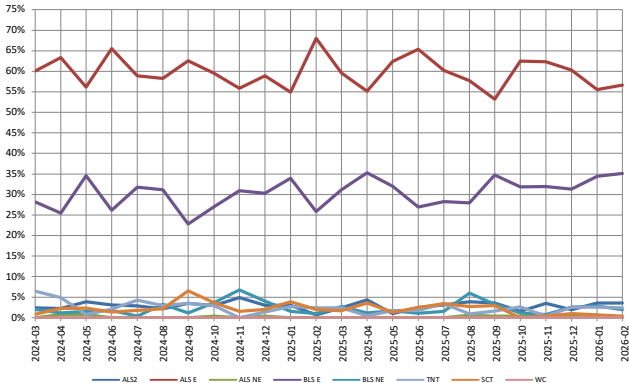
A/R Days - Billing Period



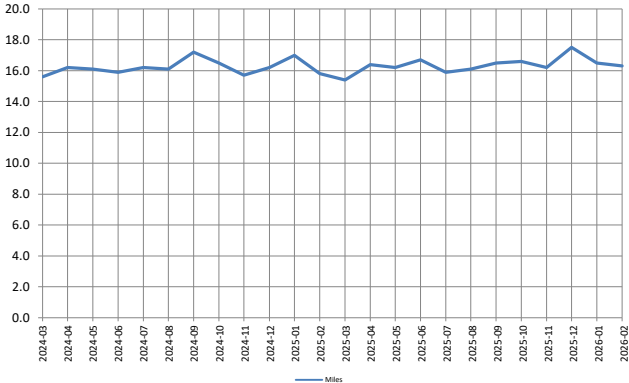
Payor Mix (Gross Charges) - DOS



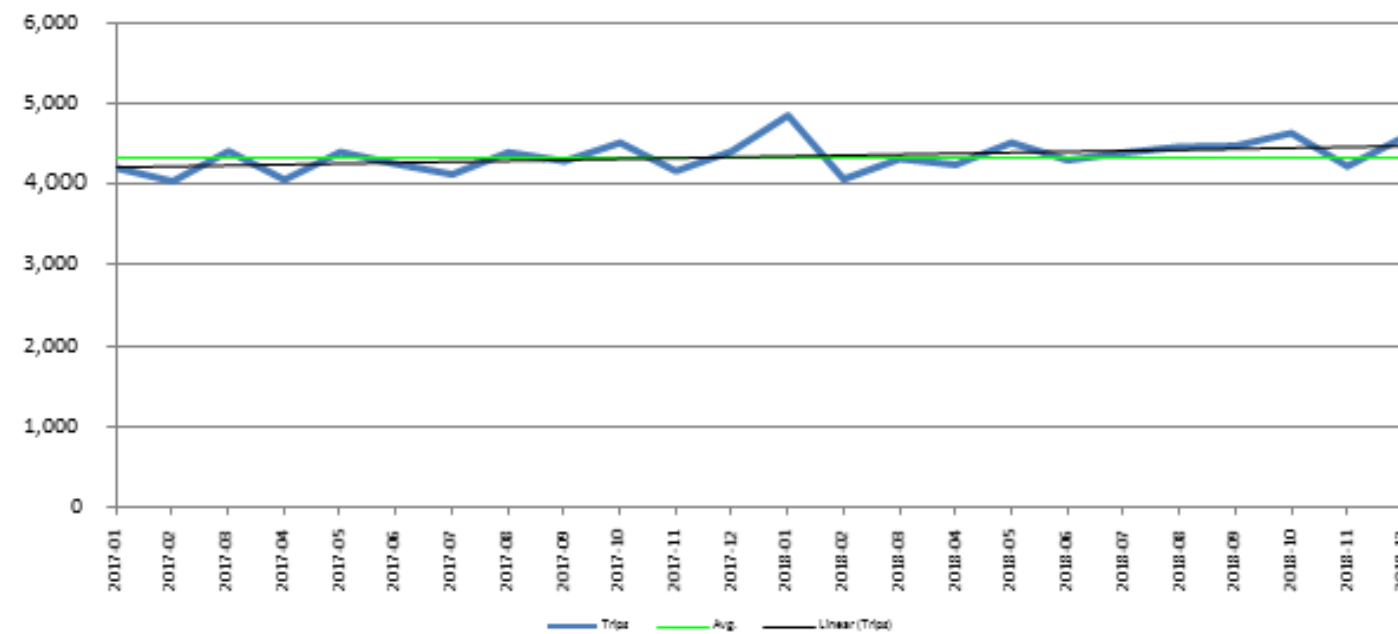
Run Mix - DOS



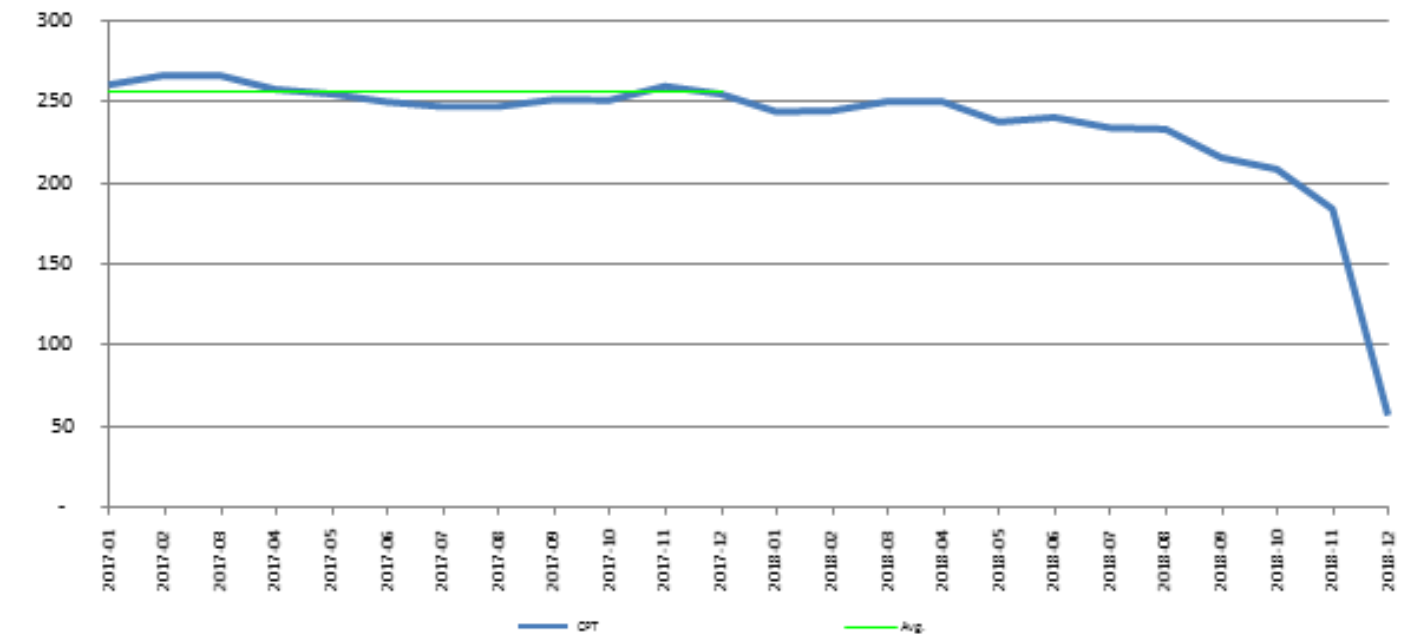
Average Loaded Miles per Trip - DOS



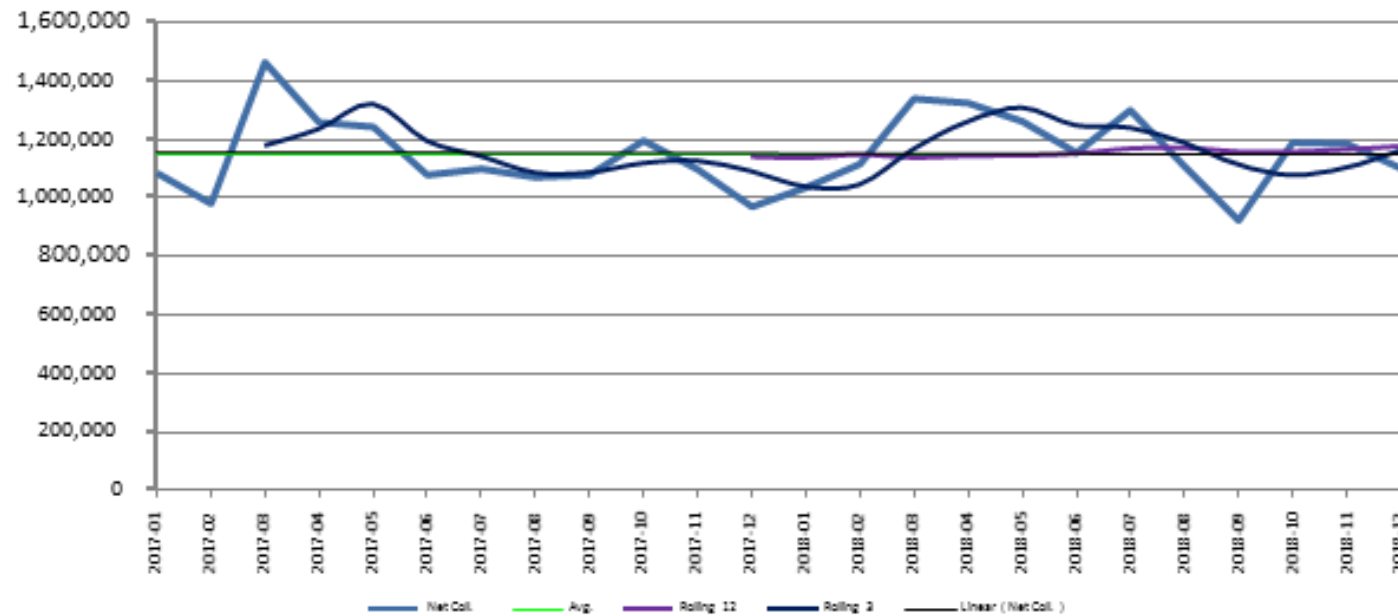
Trips by Month - DOS



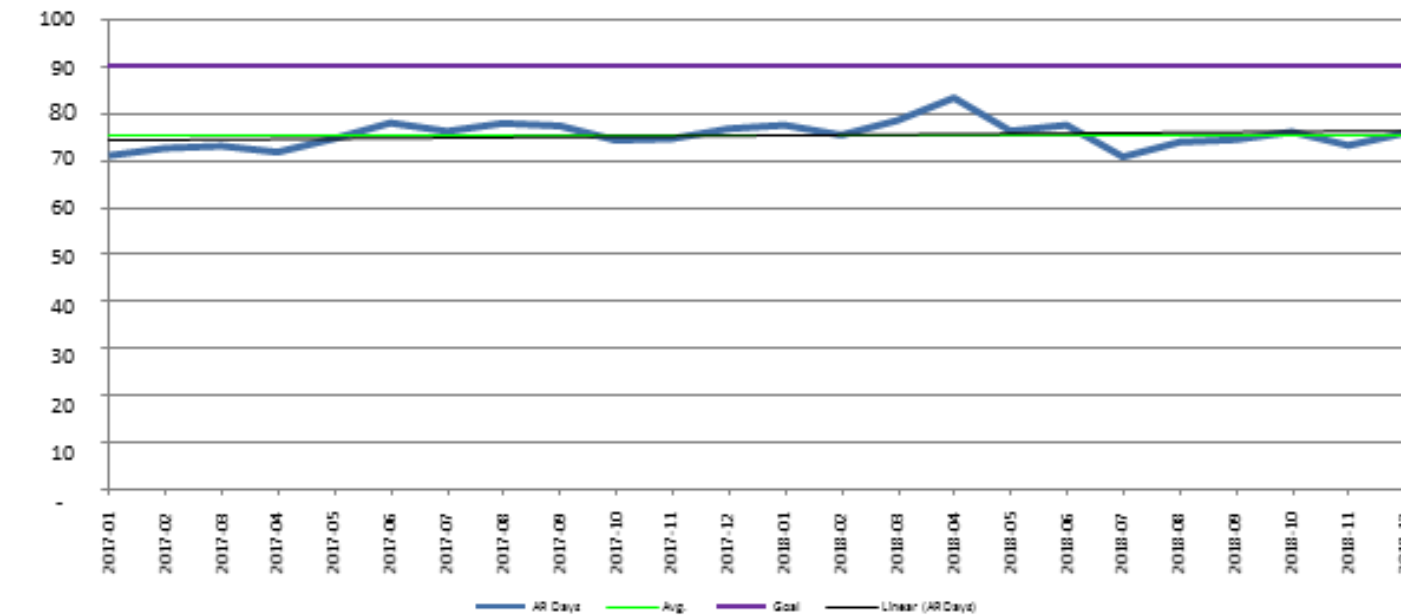
Net Collections per Trip by Month - DOS



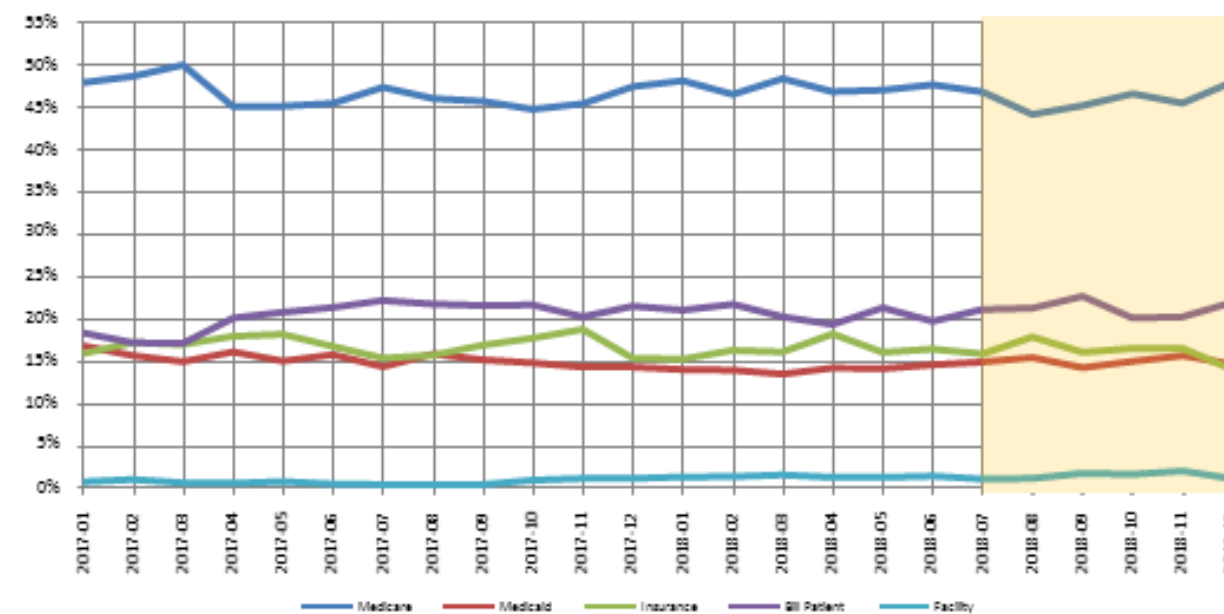
Net Collections by Month - Billing Period



A/R Days - Billing Period



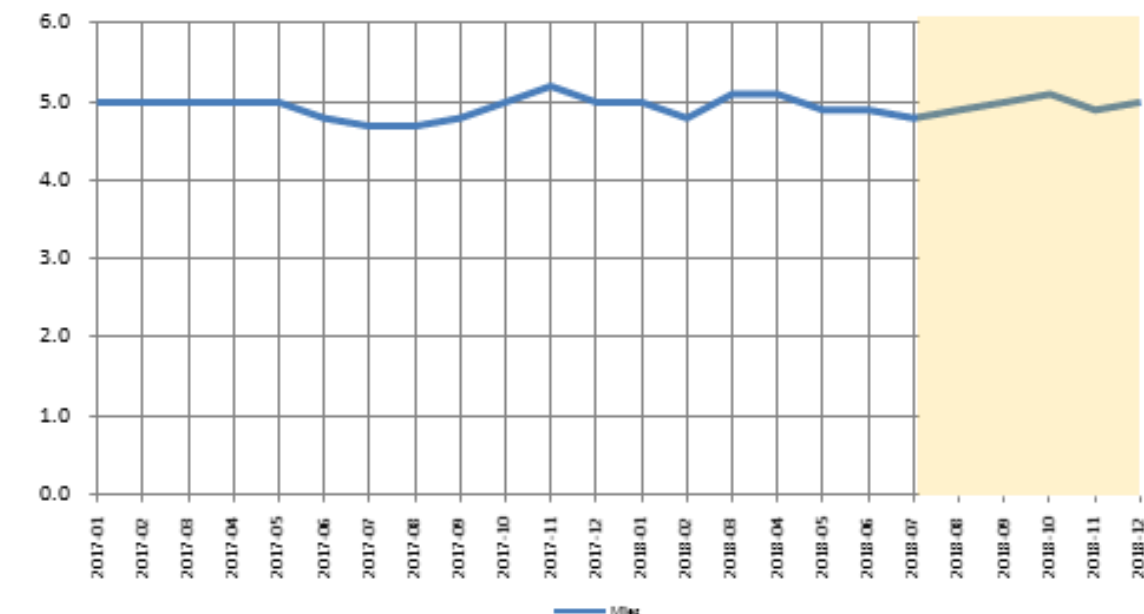
Payor Mix (Gross Charges) - DOS



Run Mix - DOS



Average Loaded Miles per Trip - DOS



	Trips	Net Coll.	CPT	AR Days
Average	4,341	1,152,004	256	76
Max	4841	1,460,759	267	83

Month	Trips	Net Coll.	CPT	AR Days
2017-01	4,196	1,085,447	261	71
2017-02	4,034	981,284	267	73
2017-03	4,405	1,460,759	267	73
2017-04	4,055	1,257,072	258	72
2017-05	4,394	1,241,931	255	75
2017-06	4,248	1,078,167	250	78
2017-07	4,122	1,098,765	247	76
2017-08	4,387	1,070,873	247	78
2017-09	4,282	1,078,596	252	77
2017-10	4,508	1,195,288	251	74
2017-11	4,161	1,096,751	260	75
2017-12	4,406	970,768	255	77
2018-01	4,841	1,036,368	244	78
2018-02	4,061	1,115,622	245	75
2018-03	4,311	1,337,945	251	79
2018-04	4,239	1,323,027	250	83
2018-05	4,508	1,260,854	238	76
2018-06	4,294	1,153,868	241	78
2018-07	4,383	1,298,461	234	71
2018-08	4,455	1,108,476	234	74
2018-09	4,466	924,013	216	74
2018-10	4,627	1,188,093	209	76
2018-11	4,219	1,184,724	184	73
2018-12	4,571	1,100,935	56	76

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MONTH END SUMMARY

NOVEMBER 2020

PREPARED FOR CLIENT

By:

EMS | MC

EMS MANAGEMENT & CONSULTANTS

RESULTS | SERVICE | COMMUNITY

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NOVEMBER 2020

12 MONTH DATE OF SERVICE ANALYSIS

Primary Payor Mix

6-12 Month Mature Average

Primary Payor	% of Trips
Medicare	20%
Medicare Advantage	25%
Insurance	14%
Medicaid	17%
Medicaid MCO	0%
Patient	21%
Facility	1%
Other Govt. Payers	1%
TPL	1%

Net Collection Percentages

6-12 Month Mature Average

Primary Payor	Coll %
Medicare	94%
Medicare Advantage	85%
Insurance	73%
Medicaid	98%
Medicaid MCO	71%
Patient	4%
Facility	43%
Other Govt. Payers	52%
TPL	69%

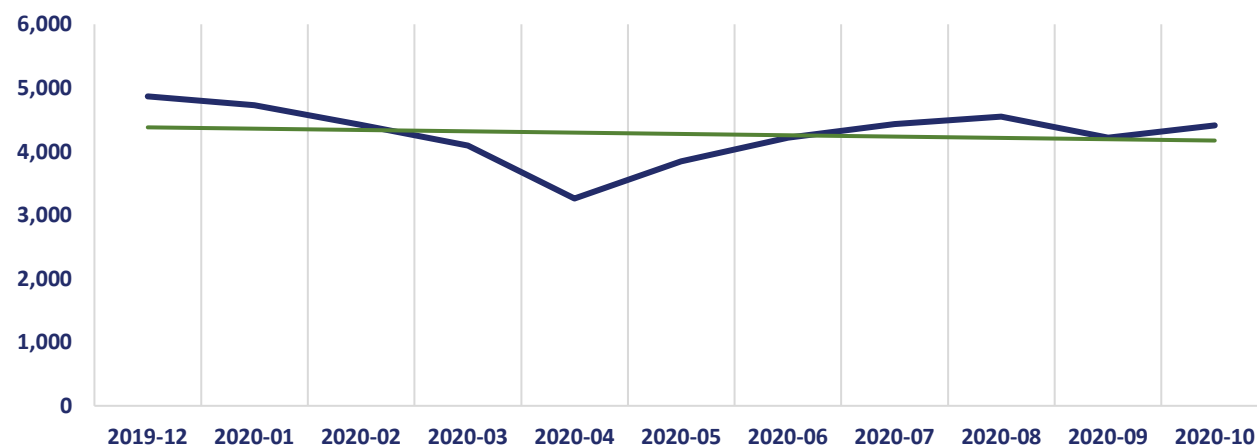
Cash Per Trip

6-12 Month Mature Average

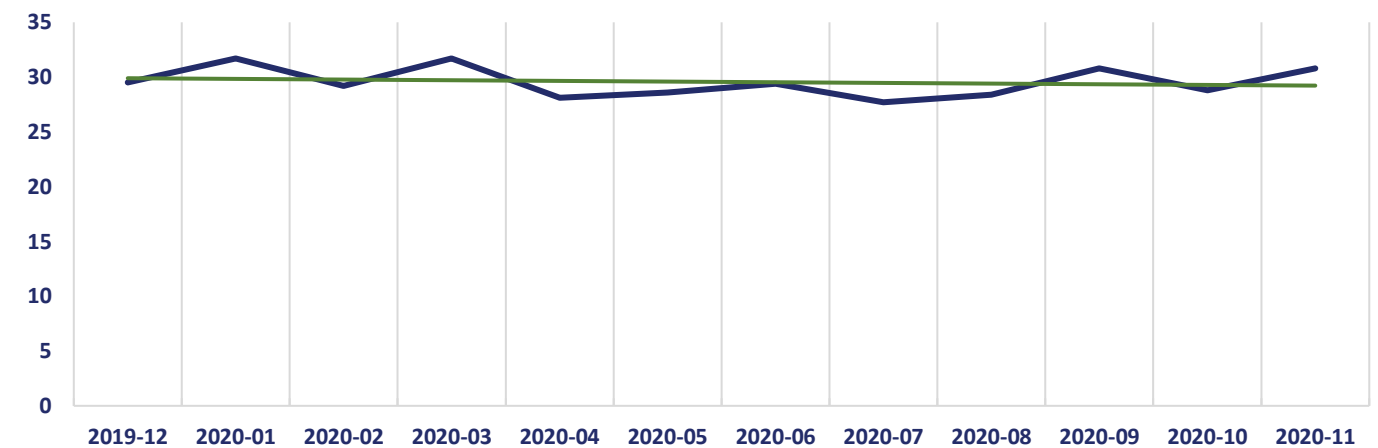
Primary Payor	CPT
Medicare	\$ 389.90
Medicare Advantage	\$ 358.26
Insurance	\$ 439.25
Medicaid	\$ 110.30
Medicaid MCO	\$ 279.43
Patient	\$ 31.12
Facility	\$ 28.61
Other Govt. Payers	\$ 403.98
TPL	\$ 572.48

DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	4,866	4,137,359.70	1,851,488.67	2,285,871.03	5,498.48	1,339,613.74	863,270.49	5,815.65	83,303.97	850.26	469.76	274.11	58.3%
2020-01	4,725	4,083,756.17	1,808,773.44	2,274,982.73	4,032.42	1,242,326.25	913,972.73	3,781.89	118,433.22	864.29	481.48	262.13	54.4%
2020-02	4,419	3,791,240.62	1,709,114.80	2,082,125.82	2,878.92	1,181,700.48	782,088.87	6,133.16	121,590.71	857.94	471.18	266.03	56.5%
2020-03	4,092	3,508,925.57	1,530,283.10	1,978,642.47	3,133.08	1,100,155.71	750,810.53	6,101.63	130,644.78	857.51	483.54	267.36	55.3%
2020-04	3,260	2,745,498.37	1,170,040.35	1,575,458.02	707.01	805,184.88	613,136.07	4,521.21	160,951.27	842.18	483.27	245.60	50.8%
2020-05	3,841	3,254,668.31	1,350,100.01	1,904,568.30	774.67	971,949.42	690,207.18	4,507.76	246,144.79	847.35	495.85	251.87	50.8%
2020-06	4,217	3,603,331.67	1,502,450.34	2,100,881.33	722.24	1,060,513.44	666,224.07	1,164.63	374,586.21	854.48	498.19	251.21	50.4%
2020-07	4,431	3,800,815.26	1,571,314.17	2,229,501.09	48.43	1,069,975.88	452,635.35	1,204.19	708,045.62	857.78	503.16	241.20	47.9%
2020-08	4,550	3,921,189.39	1,580,782.51	2,340,406.88	10.29	1,084,006.56	106,894.73	1,048.32	1,150,543.62	861.80	514.38	238.01	46.3%
2020-09	4,218	3,640,884.13	1,367,718.42	2,273,165.71	5.44	945,200.66	56,762.82	1,430.47	1,272,627.26	863.18	538.92	223.75	41.5%
2020-10	4,409	3,797,140.39	1,270,084.84	2,527,055.55	8.91	786,740.69	23,542.32	-	1,716,763.63	861.22	573.16	178.44	31.1%
2020-11	3,775	3,244,042.84	221,993.13	3,022,049.71	-	108,081.05	-	-	2,913,968.66	859.35	800.54	28.63	3.6%
Totals	50,803	43,528,852.42	16,934,143.78	26,594,708.64	17,819.89	11,695,448.76	5,919,545.16	35,708.91	8,997,603.74	856.82	523.49	229.51	43.8%

Trip Count Trend - Excluding Current Month



Average Loaded Miles



CLIENT

NOVEMBER 2020

12 MONTH DATE OF SERVICE ANALYSIS BY PRIMARY PAYOR CATEGORY

MEDICARE													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	1,095	971,854.58	521,359.65	450,494.93	328.43	430,670.91	18,367.78	549.29	1,677.10	887.54	411.41	392.81	95.5%
2020-01	937	851,232.84	463,348.22	387,884.62	194.94	362,446.52	19,695.26	1,032.61	6,580.51	908.47	413.96	385.71	93.2%
2020-02	858	773,125.81	415,374.19	357,751.62	159.02	338,612.89	19,191.59	2,196.05	1,984.17	901.08	416.96	392.09	94.0%
2020-03	826	740,467.03	399,320.88	341,146.15	181.75	321,983.19	14,398.79	1,519.85	6,102.27	896.45	413.01	387.97	93.9%
2020-04	614	546,867.09	292,777.28	254,089.81	55.17	239,396.62	7,969.42	1,410.71	8,079.31	890.66	413.83	387.60	93.7%
2020-05	702	624,379.89	330,520.14	293,859.75	114.91	275,687.79	10,904.31	95.42	7,248.16	889.43	418.60	392.58	93.8%
2020-06	808	719,570.79	378,724.01	340,846.78	116.00	322,493.70	11,555.71	882.14	7,563.51	890.56	421.84	398.03	94.4%
2020-07	840	750,536.03	390,413.72	360,122.31	18.08	328,160.16	8,174.60	120.08	23,889.55	893.50	428.72	390.52	91.1%
2020-08	842	755,350.54	388,448.77	366,901.77	2.28	325,900.41	3,247.58	-	37,751.50	897.09	435.75	387.06	88.8%
2020-09	786	710,049.03	350,951.17	359,097.86	0.01	294,517.86	3,896.55	191.72	60,875.16	903.37	456.87	374.46	82.0%
2020-10	843	765,041.81	348,991.50	416,050.31	-	291,933.43	-	-	124,116.88	907.52	493.54	346.30	70.2%
2020-11	714	651,669.67	67,352.02	584,317.65	-	53,813.24	-	-	530,504.41	912.70	818.37	75.37	9.2%
Totals	9,865	8,860,145.11	4,347,581.55	4,512,563.56	1,170.59	3,585,616.72	117,401.59	7,997.87	816,372.53	898.14	457.43	362.66	79.3%
MEDICARE ADVANTAGE													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	1,196	1,073,438.43	567,583.73	505,854.70	840.74	440,494.95	56,224.93	605.66	8,899.74	897.52	422.96	367.80	87.0%
2020-01	1,236	1,126,816.11	608,712.27	518,103.84	1,223.95	442,932.62	63,782.77	1,776.59	11,941.09	911.66	419.18	356.92	85.1%
2020-02	1,188	1,075,011.38	578,138.99	496,872.39	834.75	416,238.26	65,131.45	2,039.68	16,707.61	904.89	418.24	348.65	83.4%
2020-03	981	881,648.89	465,315.32	416,333.57	505.21	349,975.29	54,741.80	1,325.97	12,437.24	898.72	424.40	355.40	83.7%
2020-04	745	665,228.13	348,379.57	316,848.56	215.98	266,941.50	40,794.53	2,238.65	11,135.20	892.92	425.30	355.31	83.5%
2020-05	943	842,587.94	431,885.11	410,702.83	95.28	345,966.05	48,920.28	1,482.15	17,203.37	893.52	435.53	365.31	83.9%
2020-06	1,052	939,283.69	484,711.38	454,572.31	160.20	375,731.85	52,040.94	135.00	26,774.32	892.86	432.10	357.03	82.6%
2020-07	1,086	979,568.87	505,089.67	474,479.20	9.38	383,349.88	41,702.77	646.02	50,063.19	902.00	436.91	352.40	80.7%
2020-08	1,223	1,098,684.76	562,394.48	536,290.28	(0.15)	426,858.41	1,713.02	953.44	108,672.44	898.35	438.50	348.25	79.4%
2020-09	1,132	1,025,732.43	510,376.99	515,355.44	2.96	380,676.83	96.18	988.75	135,568.22	906.12	455.26	335.41	73.7%
2020-10	1,162	1,049,801.30	441,862.07	607,939.23	0.41	313,718.75	-	-	294,220.07	903.44	523.18	269.98	51.6%
2020-11	1,039	953,760.68	58,811.10	894,949.58	-	35,958.82	-	-	858,990.76	917.96	861.36	34.61	4.0%
Totals	12,983	11,711,562.61	5,563,260.68	6,148,301.93	3,888.71	4,178,843.21	425,148.67	12,191.91	1,552,613.25	902.07	473.57	320.93	67.8%
INSURANCE													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	625	540,272.32	161,079.51	379,192.81	1,704.43	291,313.73	67,055.06	2,738.61	21,858.20	864.44	606.71	461.72	76.1%
2020-01	624	555,465.42	155,041.15	400,424.27	1,085.44	283,072.20	84,120.47	768.65	32,914.81	890.17	641.71	452.41	70.5%
2020-02	635	551,607.44	166,349.01	385,258.43	819.20	282,955.62	72,579.21	1,817.43	30,721.83	868.67	606.71	442.74	73.0%
2020-03	598	532,155.71	169,875.59	362,280.12	969.35	271,249.19	65,842.38	1,991.56	26,210.76	889.89	605.82	450.26	74.3%
2020-04	477	412,880.22	141,845.86	271,034.36	236.18	195,323.27	40,166.17	871.85	36,180.59	865.58	568.21	407.65	71.7%
2020-05	547	483,774.57	157,950.87	325,823.70	282.20	226,300.23	47,959.23	1,998.89	53,280.93	884.41	595.66	410.06	68.8%
2020-06	577	509,911.44	157,792.79	352,118.65	0.20	234,668.25	34,923.38	141.39	82,668.21	883.73	610.26	406.46	66.6%
2020-07	593	529,283.03	171,238.35	358,044.68	20.97	231,003.61	16,496.24	438.09	110,961.95	892.55	603.79	388.81	64.4%
2020-08	606	543,660.01	151,699.25	391,960.76	8.16	214,164.62	1,186.87	94.88	176,695.99	897.13	646.80	353.25	54.6%
2020-09	640	568,588.89	105,418.62	463,170.27	2.47	172,266.67	164.45	-	290,736.68	888.42	723.70	269.17	37.2%
2020-10	616	552,939.84	64,118.18	488,821.66	8.50	104,660.12	-	-	384,153.04	897.63	793.54	169.90	21.4%
2020-11	530	459,292.16	3,174.76	456,117.40	-	2,928.70	-	-	453,188.70	866.59	860.60	5.53	0.6%
Totals	7,068	6,239,831.05	1,605,583.94	4,634,247.11	5,137.10	2,509,906.21	430,493.46	10,861.35	1,699,571.69	882.83	655.67	353.57	53.9%

CLIENT

NOVEMBER 2020

12 MONTH DATE OF SERVICE ANALYSIS BY PRIMARY PAYOR CATEGORY

MEDICAID													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	814	632,152.80	544,722.95	87,429.85	202.96	86,378.81	-	-	848.08	776.60	107.41	106.12	98.8%
2020-01	787	617,756.39	532,759.43	84,996.96	86.03	84,805.61	-	-	105.32	784.95	108.00	107.76	99.8%
2020-02	749	588,932.76	506,623.41	82,309.35	47.38	81,596.65	-	-	665.32	786.29	109.89	108.94	99.1%
2020-03	695	539,473.30	458,914.96	80,558.34	24.87	79,063.39	-	-	1,470.08	776.22	115.91	113.76	98.1%
2020-04	556	424,204.00	359,326.51	64,877.49	2.49	62,805.72	-	-	2,069.28	762.96	116.69	112.96	96.8%
2020-05	620	476,975.78	401,393.57	75,582.21	-	70,941.73	-	-	4,640.48	769.32	121.91	114.42	93.9%
2020-06	686	533,950.48	450,274.98	83,675.50	-	76,114.62	-	-	7,560.88	778.35	121.98	110.95	91.0%
2020-07	744	575,098.88	472,894.28	102,204.60	-	81,289.64	-	-	20,914.96	772.98	137.37	109.26	79.5%
2020-08	747	583,065.79	451,456.15	131,609.64	-	80,451.29	-	-	51,158.35	780.54	176.18	107.70	61.1%
2020-09	658	514,699.12	380,832.77	133,866.35	-	67,521.48	-	-	66,344.87	782.22	203.44	102.62	50.4%
2020-10	715	553,124.89	398,891.51	154,233.38	-	68,331.29	-	-	85,902.09	773.60	215.71	95.57	44.3%
2020-11	583	456,638.22	92,160.64	364,477.58	-	14,885.69	-	-	349,591.89	783.26	625.18	25.53	4.1%
Totals	8,354	6,496,072.41	5,050,251.16	1,445,821.25	363.73	854,185.92	-	-	591,271.60	777.60	173.07	102.25	59.1%
MEDICAID MCO													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	2	1,907.56	463.92	1,443.64	-	1,443.64	-	-	-	953.78	721.82	721.82	100.0%
2020-01	1	900.82	450.41	450.41	-	450.41	-	-	-	900.82	450.41	450.41	100.0%
2020-02	1	885.58	-	885.58	-	174.00	-	-	711.58	885.58	885.58	174.00	19.6%
2020-03	3	2,449.82	1,267.06	1,182.76	-	534.58	-	-	648.18	816.61	394.25	178.19	45.2%
2020-04	3	2,841.76	2,429.51	412.25	-	412.25	-	-	-	947.25	137.42	137.42	100.0%
2020-05	2	1,819.02	1,480.70	338.32	-	338.32	-	-	-	909.51	169.16	169.16	100.0%
2020-06	3	2,582.68	1,833.25	749.43	-	749.43	-	-	-	860.89	249.81	249.81	100.0%
2020-07	3	2,974.36	1,081.27	1,893.09	-	247.81	-	-	1,645.28	991.45	631.03	82.60	13.1%
2020-08	6	4,695.90	442.49	4,253.41	-	1,103.54	-	-	3,149.87	782.65	708.90	183.92	25.9%
2020-09	3	3,237.40	770.24	2,467.16	-	2,467.16	-	-	-	1,079.13	822.39	822.39	100.0%
2020-10	6	3,363.16	-	3,363.16	-	-	-	-	3,363.16	560.53	560.53	-	0.0%
2020-11	1	981.59	-	981.59	-	-	-	-	981.59	981.59	981.59	-	0.0%
Totals	34	28,639.65	10,218.85	18,420.80	-	7,921.14	-	-	10,499.66	842.34	541.79	232.97	43.0%
PATIENT													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	972	785,513.86	1,801.91	783,711.95	2,186.57	38,461.39	708,984.79	-	34,079.20	808.14	806.29	39.57	4.9%
2020-01	983	804,557.92	3,531.15	801,026.77	1,349.02	25,645.94	730,560.22	1.00	43,472.59	818.47	814.88	26.09	3.2%
2020-02	863	702,083.97	2,758.73	699,325.24	753.26	25,046.56	621,005.50	80.00	52,599.92	813.54	810.34	28.93	3.6%
2020-03	874	716,325.46	6,457.55	709,867.91	1,408.23	36,616.85	611,533.44	1,264.25	61,573.64	819.59	812.21	40.45	5.0%
2020-04	797	638,452.82	6,886.76	631,566.06	191.09	21,399.33	522,085.21	-	87,890.43	801.07	792.43	26.85	3.4%
2020-05	925	740,407.58	5,689.30	734,718.28	282.28	22,634.43	579,288.36	-	132,513.21	800.44	794.29	24.47	3.1%
2020-06	978	805,600.21	3,552.02	802,048.19	444.32	22,872.02	567,493.10	-	211,238.75	823.72	820.09	23.39	2.9%
2020-07	1,053	866,981.07	6,904.99	860,076.08	-	21,324.73	384,202.06	-	454,549.29	823.34	816.79	20.25	2.5%
2020-08	1,026	853,940.26	5,426.30	848,513.96	-	14,394.69	100,747.26	-	733,372.01	832.30	827.01	14.03	1.7%
2020-09	901	735,597.49	2,371.64	733,225.85	-	11,458.54	52,605.64	250.00	669,411.67	816.42	813.79	12.44	1.5%
2020-10	968	785,921.03	402.71	785,518.32	-	2,612.86	23,542.32	-	759,363.14	811.90	811.49	2.70	0.3%
2020-11	805	632,789.61	-	632,789.61	-	-	-	-	632,789.61	786.07	786.07	-	0.0%
Totals	11,145	9,068,171.28	45,783.06	9,022,388.22	6,614.77	242,467.34	4,902,047.90	1,595.25	3,872,853.46	813.65	809.55	21.61	2.7%

CLIENT

NOVEMBER 2020

12 MONTH DATE OF SERVICE ANALYSIS BY PRIMARY PAYOR CATEGORY

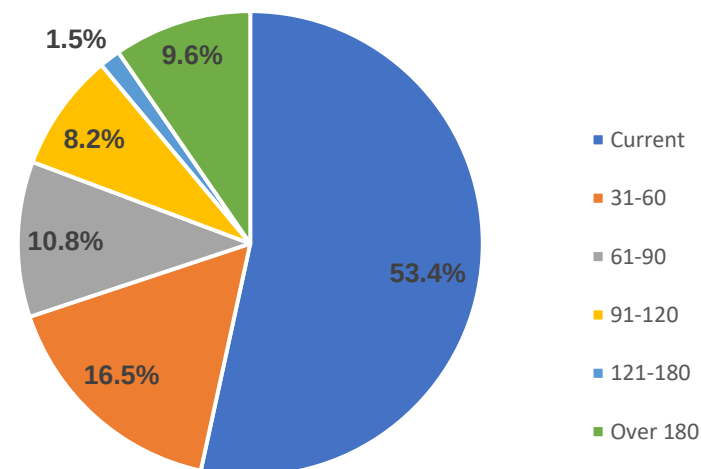
FACILITY													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	69	46,051.30	40,625.18	5,426.12	-	1,491.42	-	-	3,934.70	667.41	78.64	21.61	27.5%
2020-01	65	42,458.78	39,605.12	2,853.66	-	963.92	-	-	1,889.74	653.21	43.90	14.83	33.8%
2020-02	53	33,944.48	30,415.84	3,528.64	-	2,032.98	-	-	1,495.66	640.46	66.58	38.36	57.6%
2020-03	37	24,418.22	19,672.68	4,745.54	-	2,852.46	-	-	1,893.08	659.95	128.26	77.09	60.1%
2020-04	21	12,573.52	11,289.80	1,283.72	-	413.38	870.34	-	-	598.74	61.13	19.68	32.2%
2020-05	26	16,317.34	16,317.34	-	-	-	-	-	-	627.59	-	-	0.0%
2020-06	38	24,385.55	21,787.65	2,597.90	-	(77.72)	-	-	2,675.62	641.73	68.37	(2.05)	-3.0%
2020-07	28	17,987.28	16,200.16	1,787.12	-	668.14	-	-	1,118.98	642.40	63.83	23.86	37.4%
2020-08	31	18,926.40	16,970.92	1,955.48	-	-	-	-	1,955.48	610.53	63.08	-	0.0%
2020-09	23	15,142.70	12,355.70	2,787.00	-	1,094.68	-	-	1,692.32	658.38	121.17	47.59	39.3%
2020-10	17	12,185.95	10,825.31	1,360.64	-	-	-	-	1,360.64	716.82	80.04	-	0.0%
2020-11	31	21,891.20	-	21,891.20	-	-	-	-	21,891.20	706.17	706.17	-	0.0%
Totals	439	286,282.72	236,065.70	50,217.02	-	9,439.26	870.34	-	39,907.42	652.12	114.39	21.50	18.8%
OTHER GOVT. PAYERS													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	54	50,333.11	10,435.42	39,897.69	(13.54)	27,077.63	7,116.28	1,220.35	6,937.67	932.09	738.85	478.84	64.8%
2020-01	54	50,524.93	4,544.49	45,980.44	89.92	23,253.31	4,311.81	-	18,325.40	935.65	851.49	430.62	50.6%
2020-02	40	37,166.12	7,814.57	29,351.55	88.19	14,067.56	3,265.06	-	11,930.74	929.15	733.79	351.69	47.9%
2020-03	50	46,601.66	6,759.90	39,841.76	34.53	19,345.16	1,250.04	-	19,212.03	932.03	796.84	386.90	48.6%
2020-04	33	29,753.14	5,657.64	24,095.50	-	10,795.04	151.46	-	13,149.00	901.61	730.17	327.12	44.8%
2020-05	50	45,484.68	3,087.44	42,397.24	-	16,092.79	-	931.30	27,235.75	909.69	847.94	303.23	35.8%
2020-06	52	47,048.72	2,473.71	44,575.01	-	17,576.12	210.94	-	26,787.95	904.78	857.21	338.00	39.4%
2020-07	54	49,998.64	7,014.09	42,984.55	-	13,676.83	253.76	-	29,053.96	925.90	796.01	253.27	31.8%
2020-08	46	41,254.94	3,542.34	37,712.60	-	16,611.32	-	-	21,101.28	896.85	819.84	361.12	44.0%
2020-09	53	48,004.40	3,825.19	44,179.21	-	9,172.53	-	-	35,006.68	905.74	833.57	173.07	20.8%
2020-10	59	56,255.51	4,993.56	51,261.95	-	4,583.42	-	-	46,678.53	953.48	868.85	77.69	8.9%
2020-11	42	38,669.99	494.61	38,175.38	-	494.60	-	-	37,680.78	920.71	908.94	11.78	1.3%
Totals	587	541,095.84	60,642.96	480,452.88	199.10	172,746.31	16,559.35	2,151.65	293,099.77	921.80	818.49	290.62	35.5%
TPL													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	39	35,835.74	3,416.40	32,419.34	248.89	22,281.26	5,521.65	701.74	5,069.28	918.87	831.27	553.32	66.6%
2020-01	38	34,042.96	781.20	33,261.76	3.12	18,755.72	11,502.20	203.04	3,203.76	895.87	875.31	488.23	55.8%
2020-02	32	28,483.08	1,640.06	26,843.02	177.12	20,975.96	916.06	-	4,773.88	890.10	838.84	655.50	78.1%
2020-03	28	25,385.48	2,699.16	22,686.32	9.14	18,535.60	3,044.08	-	1,097.50	906.62	810.23	661.99	81.7%
2020-04	14	12,697.69	1,447.42	11,250.27	6.10	7,697.77	1,098.94	-	2,447.46	906.98	803.59	549.84	68.4%
2020-05	26	22,921.51	1,775.54	21,145.97	-	13,988.08	3,135.00	-	4,022.89	881.60	813.31	538.00	66.2%
2020-06	23	20,998.11	1,300.55	19,697.56	1.52	10,385.17	-	6.10	9,316.97	912.96	856.42	451.26	52.7%
2020-07	30	28,387.10	477.64	27,909.46	-	10,255.08	1,805.92	-	15,848.46	946.24	930.32	341.84	36.7%
2020-08	23	21,610.79	401.81	21,208.98	-	4,522.28	-	-	16,686.70	939.60	922.13	196.62	21.3%
2020-09	22	19,832.67	816.10	19,016.57	-	6,024.91	-	-	12,991.66	901.49	864.39	273.86	31.7%
2020-10	23	18,506.90	-	18,506.90	-	900.82	-	-	17,606.08	804.65	804.65	39.17	4.9%
2020-11	23	22,130.30	-	22,130.30	-	-	-	-	22,130.30	962.19	962.19	-	0.0%
Totals	321	290,832.33	14,755.88	276,076.45	445.89	134,322.65	27,023.85	910.88	115,194.94	906.02	860.05	415.61	48.3%

OUTSTANDING AR AGING BY PAYOR CATEGORY

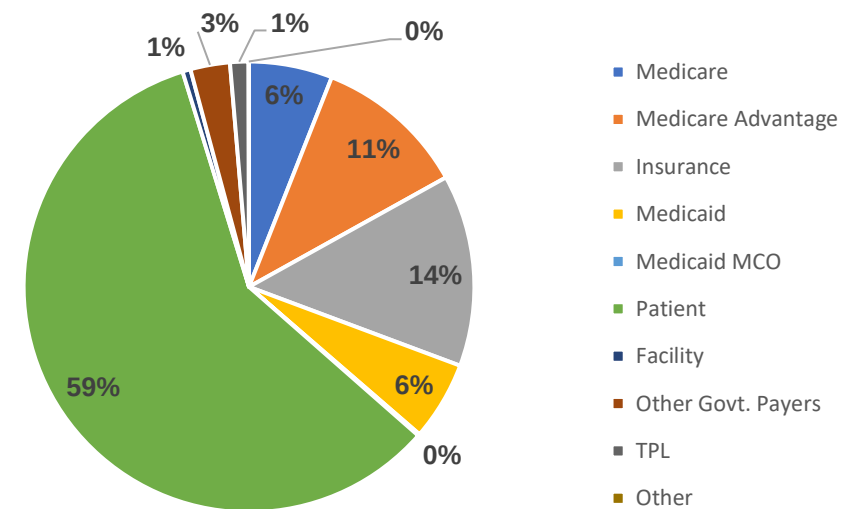
AGING BY AGING DATE & CURRENT PAYOR

Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total
Medicare	583,593.07	9,432.88	6,967.38	5,231.92	608.31	2,883.94	608,717.50
Medicare Advantage	939,116.23	114,729.08	27,510.71	9,345.13	6,992.37	14,548.07	1,112,241.59
Insurance	958,757.43	296,375.86	99,302.88	37,728.87	(833.72)	7,903.11	1,399,234.43
Medicaid	387,036.42	97,855.15	48,605.53	29,908.11	6,236.80	5,761.88	575,403.89
Medicaid MCO	5,320.66	4,131.10	2,582.34	1,076.76	-	-	13,110.86
Patient	2,239,334.06	1,073,442.67	867,341.37	738,055.24	129,397.12	926,208.72	5,973,779.18
Facility	24,804.38	3,782.95	5,225.00	2,917.26	4,808.45	17,153.05	58,691.09
Other Govt. Payers	185,004.40	55,146.85	37,492.22	9,037.01	(1,172.64)	2,716.18	288,224.02
TPL	107,653.17	19,416.58	3,277.21	2,951.76	1,749.82	(975.23)	134,073.31
Other	(3,267.69)	-	-	-	-	-	(3,267.69)
Total	5,427,352.13	1,674,313.12	1,098,304.64	836,252.06	147,786.51	976,199.72	10,160,208.18

AR Aging Percent



AR by Payor Category



ACCOUNTS RECEIVABLE RECONCILIATION REPORT**For Account Period Ending: November 30, 2020**

Month	Beginning A/R	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Ending A/R
2020-01	10,194,366.17	3,927,941.46	1,900,926.66	2,027,014.80	14,941.31	1,313,853.46	930,203.40	(3,594.60)	9,965,977.40
2020-02	9,965,977.40	3,938,512.10	1,751,167.66	2,187,344.44	11,548.77	1,224,081.19	879,431.38	(8,981.30)	10,047,241.80
2020-03	10,047,241.80	3,270,352.38	1,777,132.96	1,493,219.42	11,588.98	1,517,481.16	418,946.92	(4,014.21)	9,596,458.37
2020-04	9,596,458.37	2,917,117.96	1,512,767.03	1,404,350.93	10,709.82	1,247,019.39	604,836.91	(9,246.93)	9,147,490.11
2020-05	9,147,490.11	3,204,673.70	1,292,727.88	1,911,945.82	13,761.39	1,051,295.84	835,751.98	(9,614.82)	9,168,241.54
2020-06	9,168,241.54	3,429,246.53	1,440,703.34	1,988,543.19	13,775.13	1,207,008.94	816,904.08	(14,787.73)	9,133,884.31
2020-07	9,133,884.31	4,003,533.45	1,714,859.15	2,288,674.30	12,954.40	1,313,061.31	604,659.01	(12,575.88)	9,504,459.77
2020-08	9,504,459.77	3,713,369.30	1,436,891.14	2,276,478.16	14,962.52	1,207,315.33	814,557.81	(11,131.77)	9,755,234.04
2020-09	9,755,234.04	3,814,419.88	1,648,131.11	2,166,288.77	15,353.60	1,236,119.17	721,198.65	(12,158.04)	9,961,009.43
2020-10	9,961,009.43	3,669,435.07	1,529,566.30	2,139,868.77	14,581.59	1,206,889.12	778,095.37	(5,226.22)	10,106,538.34
2020-11	10,106,538.34	3,510,325.86	1,513,847.17	1,996,478.69	7,249.42	1,183,501.35	757,928.98	(5,870.90)	10,160,208.18
FY Total	10,194,366.17	39,398,927.69	17,518,720.40	21,880,207.29	141,426.93	13,707,626.26	8,162,514.49	(97,202.40)	10,160,208.18

Invoice Samples



EMS|MC
EMS MANAGEMENT & CONSULTANTS



EMS MANAGEMENT & CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

TIME PAYMENT REQUIRED

FEDERAL TAX ID:

Account Details

Statement Date: 10/02/2020
Date of Service: 01/17/2020
Run Number: 20-109808

Bill To: MICKEY M MOUSE
Patient Name: MICKEY M MOUSE
Origin: 123 TEST ST MORGANTON NC
27023
Destination: CAROLINAS HEALTHCARE
SYSTEM-BLUE RIDGE

You have agreed to make a payment, due every 30 days, of \$50.00 on the balance listed.

Please make your payment of \$50.00 within 30 days to avoid further action. You may submit your payment using any of the contact options listed in the "Need to provide insurance or make a payment?" section.

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

BY MAIL: Complete the reverse side of this statement and return or send check/money order and include the lower portion. An enclosed envelope has been provided for your convenience.

BY PHONE: Call 1(800) 814-5339 Monday through Friday 8 am to 6 pm EST.

Para asistencia en español, por favor llame a servicio al cliente al 1(800) 814-5339.

Account Activity

Description	Quantity	Total
BLS Emergency Transport	1	\$415.00
Mileage	2.8	\$29.40
Total Charges:		\$444.40
Amount Due Upon Receipt:		\$50.00
Outstanding Balance:		\$444.40

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT. A8

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

STATEMENT DATE:	10/02/2020
DATE OF SERVICE:	01/17/2020
RUN NUMBER:	20-109808
AMOUNT DUE:	\$50.00
AMOUNT ENCLOSED:	\$ _____

We accept the following for payment (see reverse side):



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:



EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

ELECTRONIC SERVICE REQUESTED



MICKEY M MOUSE
2540 EMPIRE DR
WINSTON SALEM NC 27103-6796

EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

Federal Tax ID:
Incident Number:



EMS MANAGEMENT & CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

ACTION REQUIRED

FEDERAL TAX ID:

Account Details

Statement Date: 10/02/2020
Date of Service: 01/17/2020
Run Number: 20-1098903

Bill To: MICKEY M MOUSE
Patient Name: MICKEY M MOUSE
Origin: 123 TEST ST MORGANTON NC
27023
Destination: CAROLINAS HEALTHCARE
SYSTEM-BLUE RIDGE

WE DO NOT HAVE YOUR INSURANCE ON FILE

Please provide your insurance using any of the contact options listed in the "Need to provide insurance or make a payment?" section. If you do not have insurance, you are responsible for the amount due.

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

BY MAIL: Complete the reverse side of this statement and return or send check/money order and include the lower portion. An enclosed envelope has been provided for your convenience.

BY PHONE: Call 1(800) 814-5339 Monday through Friday 8 am to 6 pm EST.

Para asistencia en español, por favor llame a servicio al cliente al 1(800) 814-5339.

Account Activity

Description	Quantity	Total
BLS Emergency Transport	1	\$415.00
Mileage	2.8	\$29.40
Total Charges:		\$444.40
Amount Due Before Insurance:		\$444.40

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT. A3

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

STATEMENT DATE:	10/02/2020
DATE OF SERVICE:	01/17/2020
RUN NUMBER:	20-1098903
AMOUNT DUE:	\$444.40
AMOUNT ENCLOSED:	\$ _____

We accept the following for payment (see reverse side):



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:



EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

ELECTRONIC SERVICE REQUESTED



MICKEY M MOUSE
2540 EMPIRE DR
WINSTON SALEM NC 27103-6796

EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

Federal Tax ID:
Incident Number:



EMS MANAGEMENT & CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

PAST DUE TIME PAYMENT

FEDERAL TAX ID:

Account Details

Statement Date: 10/02/2020
Date of Service: 01/17/2020
Run Number: 20-109809

Bill To: MICKEY M MOUSE
Patient Name: MICKEY M MOUSE
Origin: 123 TEST ST MORGANTON NC 27023
Destination: CAROLINAS HEALTHCARE SYSTEM-BLUE RIDGE

We have not received your agreed upon payment of \$50.00 on the balance due for this claim within the allotted 30 day period. We request that you pay the full balance to avoid further collection proceedings which could adversely affect your credit rating.

If we do not receive any response within 15 days of the statement date of this letter, we will consider further action. You may submit your payment using any of the contact options listed in the "Need to provide insurance or make a payment?" section.

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

BY MAIL: Complete the reverse side of this statement and return or send check/money order and include the lower portion. An enclosed envelope has been provided for your convenience.

BY PHONE: Call 1(800) 814-5339 Monday through Friday 8 am to 6 pm EST.

Para asistencia en español, por favor llame a servicio al cliente al 1(800) 814-5339.

Account Activity

Description	Quantity	Total
BLS Emergency Transport	1	\$415.00
Mileage	2.8	\$29.40
Total Charges:		\$444.40
Amount Due Upon Receipt:		\$50.00
Outstanding Balance:		\$444.40

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT. A9

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

STATEMENT DATE:	10/02/2020
DATE OF SERVICE:	01/17/2020
RUN NUMBER:	20-109809
PAST DUE AMOUNT:	\$50.00
AMOUNT ENCLOSED:	\$ _____

We accept the following for payment (see reverse side):



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:



EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

ELECTRONIC SERVICE REQUESTED



MICKEY M MOUSE
2540 EMPIRE DR
WINSTON SALEM NC 27103-6796

EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

Federal Tax ID:
Incident Number:



EMS MANAGEMENT & CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

PAYMENT REQUIRED
30 DAYS PAST DUE

FEDERAL TAX ID:

The balance listed is past due. You are responsible for the remaining balance unless you have additional insurance.

Your ambulance services claim has been processed or is not covered by your insurance company leaving the outstanding balance listed below. The balance remaining is a result of one of the following reasons from your insurance company:

- charges not covered by your plan
- co-pay, deductible or denial
- payment was made directly to you

Please contact your insurance company directly if you have any questions regarding how your claim was processed. If you would like to provide additional insurance information or make a payment, you may do so using any of the contact options listed in the "Need to provide insurance or make a payment?" section.

Account Details

Statement Date: 10/02/2020
Date of Service: 01/17/2020
Run Number: 20-109814

Bill To: MICKEY M MOUSE
Patient Name: MICKEY M MOUSE
Origin: 123 TEST ST MORGANTON NC 27023
Destination: CAROLINAS HEALTHCARE SYSTEM-BLUE RIDGE

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

BY MAIL: Complete the reverse side of this statement and return or send check/money order and include the lower portion. An enclosed envelope has been provided for your convenience.

BY PHONE: Call 1(800) 814-5339 Monday through Friday 8 am to 6 pm EST.

Para asistencia en español, por favor llame a servicio al cliente al 1(800) 814-5339.

Account Activity

Description	Quantity	Total
BLS Emergency Transport	1	\$415.00
Mileage	2.8	\$29.40
Total Charges:		\$444.40
Amount Due Upon Receipt:		\$444.40

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT. A14

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

STATEMENT DATE:	10/02/2020
DATE OF SERVICE:	01/17/2020
RUN NUMBER:	20-109814
PAST DUE AMOUNT:	\$444.40
AMOUNT ENCLOSED:	\$ _____

We accept the following for payment (see reverse side):



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:



EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

ELECTRONIC SERVICE REQUESTED



MICKEY M MOUSE
2540 EMPIRE DR
WINSTON SALEM NC 27103-6796

EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

Federal Tax ID:
Incident Number:



EMS MANAGEMENT & CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

Immediate Action Required

FEDERAL TAX ID:

Account Details

Statement Date: 10/02/2020
Date of Service: 01/17/2020
Run Number: 20-1098902

Bill To: MICKEY M MOUSE
Patient Name: MICKEY M MOUSE
Origin: 123 TEST ST MORGANTON NC 27023
Destination: CAROLINAS HEALTHCARE SYSTEM-BLUE RIDGE

This notice is being sent to you regarding your overdue amount for ambulance services. According to our records, we have filed all appropriate claims with your insurance company (if applicable). The balance shown is now past due and is your responsibility. We request that you pay this amount in full to avoid further collection proceedings which could adversely affect your credit rating. If you have recently paid this bill, please disregard this notice.

If you are unable to pay the remaining balance, you may be eligible for a reasonable payment plan if you contact us immediately.

If we do not receive any response from you within 15 days of the statement date on this letter, we will consider further action that may impact your credit rating. Such collection actions may include collection fees, liens, judgments, and garnishments. Fees may be applied to recover the costs associated with collection towards delinquent accounts. Where applicable, unpaid invoices may be submitted to the state's Tax Garnishment Program to recover delinquent debts. Once your account has been submitted for additional collection efforts, we are unable to stop the collection proceedings. Please pay now to avoid a negative impact on your credit rating, as well as fees, penalties and interest. Thank you for your prompt attention to this important matter.

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

BY MAIL: Complete the reverse side of this statement and return or send check/money order and include the lower portion. An enclosed envelope has been provided for your convenience.

BY PHONE: Call 1(800) 814-5339 Monday through Friday 8 am to 6 pm EST.

Para asistencia en español, por favor llame a servicio al cliente al 1(800) 814-5339.

Account Activity

Description	Quantity	Total
BLS Emergency Transport	1	\$415.00
Mileage	2.8	\$29.40
Total Charges:		\$444.40
Amount Due Upon Receipt:		\$444.40

**PAYMENT DUE
FINAL NOTICE**

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT. A2

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

STATEMENT DATE:	10/02/2020
DATE OF SERVICE:	01/17/2020
RUN NUMBER:	20-1098902
PAST DUE AMOUNT:	\$444.40
AMOUNT ENCLOSED:	\$ _____

We accept the following for payment (see reverse side):



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:



EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

ELECTRONIC SERVICE REQUESTED



MICKEY M MOUSE
2540 EMPIRE DR
WINSTON SALEM NC 27103-6796

EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

Federal Tax ID:
Incident Number:



EMS MANAGEMENT & CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

SIGNATURE REQUEST FORM

Account Details

Statement Date: 10/02/2020
Date of Service: 01/17/2020
Run Number: 20-109872

NEED TO CONTACT US:

ONLINE: www.emsbilling.com/patient

BY MAIL: Complete the below form and return in the enclosed envelope.

BY PHONE: Call us at 1(800) 814-5339 for questions regarding your account Monday through Friday 8 am to 6 pm EST.

Para asistencia en español, por favor llame a servicio al cliente al 1(800) 814-5339.

FEDERAL TAX ID:

Dear MICKEY M MOUSE:

On the date of service listed, ambulance services were provided to you. We must have your signature in order to submit a claim on your behalf. If you are unable to sign, a representative such as a family member, guardian or other person who arranges for your care, or handles your affairs may sign. The request for authorization to submit a claim in no way represents a guarantee of claim submission or payment by your insurer.

For your convenience, visit www.emsbilling.com/patient to provide your signature electronically.

SIGNATURE REQUIRED IN ORDER TO FILE AMBULANCE CLAIM

PATIENT SIGNATURE STATEMENT

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me in the past, present or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me, regardless of my insurance coverage and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments. I authorize the agency to appeal payment denials or other adverse decisions on my behalf. I authorize and direct any holder of medical, insurance billing or other relevant information about me to release such information and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me, now, in the past, or in the future. I also authorize to obtain medical insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

PATIENT SIGNATURE

DATE

OR

PATIENT REPRESENTATIVE

If the patient is unable to sign, please complete the section below. **If the reason the patient is unable to sign is not listed below, the patient will remain responsible for the full balance.** Please note, the Patient Representative is not financially liable for services rendered to the patient.

Unable to sign because (REQUIRED):

I am signing on behalf of the patient to authorize submission of the claim. By signing below, I acknowledge that I am one of the authorized signers listed below.

- | | |
|--|---|
| ☐ Patient Legal Guardian | ☐ Person who arranges for patient's treatment or exercises other responsibilities for their affairs |
| ☐ Person receiving governmental benefits on behalf of patient | ☐ Representative of a medical facility that provides other care, services or assistance to the patient |

REPRESENTATIVE NAME

REPRESENTATIVE SIGNATURE

DATE

B72



EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

ELECTRONIC SERVICE REQUESTED



MICKEY M MOUSE
2540 EMPIRE DR
WINSTON SALEM NC 27103-6796

EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

Federal Tax ID:
Incident Number:

In order to file health insurance on your behalf, your signature is REQUIRED.

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to the EMS provider for any services provided to me now, in the past, or in the future. I understand that I am financially responsible for the services provided to me regardless of my insurance coverage and in some cases, may be for an amount in addition to that which was paid by my insurance. I agree to immediately remit any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the EMS provider. I authorize the EMS provider to appeal payment denials or other adverse decisions on my behalf without further authorizations. I authorize and direct any holder of medical information or documentation about me to release such information to the EMS provider, and its billing agents, and/or the Centers for Medicare & Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me now or in the future. A copy of this form is as valid as an original.

Please visit us online at www.emsbilling.com/patient to sign electronically.

Patient signature: _____ Date: _____

Patient Representative: If the patient is unable to sign, please complete the section below. **If the reason the patient is unable to sign is not listed below, the patient will remain responsible for the full balance.** Please note, the Patient Representative is not financially liable for services rendered to the patient.

Unable to sign because (REQUIRED): _____

I am signing on behalf of the patient to authorize submission of the claim. By signing below, I acknowledge that I am one of the authorized signers listed below.

- ☐ Patient Legal Guardian ☐ Person receiving governmental benefits on behalf of patient
- ☐ Person who arranges for patient's treatment or exercises other responsibilities for their affairs
- ☐ Representative of a medical facility that provides other care, services or assistance to the patient

Representative Name _____ Representative Signature _____

Contact Phone # _____ Date _____

INSURANCE INFORMATION

TYPE: ☐ MEDICARE ☐ MEDICAID ☐ INSURANCE

NAME _____

NAME OF INSURED/GUARANTOR _____

POLICY HOLDER _____

POLICY HOLDER'S _____

SOCIAL SECURITY # _____

INSURANCE POLICY # _____

GROUP # _____

ANY ADDITIONAL INSURANCE

TYPE: ☐ MEDICARE ☐ MEDICAID ☐ INSURANCE

NAME _____

NAME OF INSURED/GUARANTOR _____

POLICY HOLDER _____

POLICY HOLDER'S _____

SOCIAL SECURITY # _____

INSURANCE POLICY # _____

GROUP # _____

THIRD PARTY LIABILITY INSURANCE

IF ACCIDENT RELATED, WHAT TYPE OF INSURANCE ARE YOU PROVIDING ?

☐ WORKERS COMPENSATION ☐ AUTO ☐ OTHER INSURANCE

NAME OF INSURED/ POLICY HOLDER _____

CASE/CLAIM NUMBER # _____

EMPLOYER'S NAME AND ADDRESS _____

CLAIM MAILING ADDRESS _____

POLICY HOLDER'S DATE OF BIRTH _____

POLICY HOLDER'S EMPLOYER (IF APPLICABLE) _____

EMPLOYER'S TELEPHONE # _____

INSURANCE CO. TELEPHONE # _____

Need to make a payment?

Credit card or check (ACH) payments can be made at www.emsbilling.com/patient or by calling 1 (800) 814-5339. Payments made via our website will provide a confirmation number and option to receive the confirmation by email. Credit card payments returned by mail will not be processed.

There is a flat \$5.00 convenience fee applied to each credit card transaction. To avoid this fee, please pay by check (online/mailed) or money order.



EMS MANAGEMENT & CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

SIGNATURE AND INSURANCE REQUEST FORM

FEDERAL TAX ID:

Account Details

Statement Date: 10/02/2020
Date of Service: 01/17/2020
Run Number: 20-1098910

Bill To: MICKEY M MOUSE
Patient Name: MICKEY M MOUSE
Origin: 123 TEST ST MORGANTON NC 27023
Destination: CAROLINAS HEALTHCARE SYSTEM-BLUE RIDGE

Our records indicate that the ambulance services provided were the result of an accident and may be covered by a third party such as workers' compensation, automobile or some other type of liability insurance.

In these cases, third party liability insurance is considered the primary payer and therefore will be filed first.

Please provide the associated third-party liability/motor vehicle insurance as well as your health insurance. In order to file to your insurance, we will need your signature. Please see the "Need to provide insurance or make a payment?" section for how you can provide us this information by mail or online at our patient portal.

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

BY MAIL: Complete the reverse side of this statement and return or send check/money order and include the lower portion. An enclosed envelope has been provided for your convenience.

BY PHONE: Call 1(800) 814-5339 Monday through Friday 8 am to 6 pm EST.

Para asistencia en español, por favor llame a servicio al cliente al 1(800) 814-5339.

Account Activity

Description	Quantity	Total
BLS Emergency Transport	1	\$415.00
Mileage	2.8	\$29.40
Total Charges:		\$444.40
Amount Due Before Insurance:		\$444.40

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT. A10

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

STATEMENT DATE:	10/02/2020
DATE OF SERVICE:	01/17/2020
RUN NUMBER:	20-1098910
AMOUNT DUE:	\$444.40
AMOUNT ENCLOSED:	\$ _____

We accept the following for payment (see reverse side):



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:



EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

ELECTRONIC SERVICE REQUESTED



MICKEY M MOUSE
2540 EMPIRE DR
WINSTON SALEM NC 27103-6796

EMS MANAGEMENT AND CONSULTANTS
PO BOX 863
LEWISVILLE NC 27023-0309

Federal Tax ID:
Incident Number:



System and Organization Controls (SOC) for Service Organizations SOC 2[®] Type 2

**Report on EMS Management & Consultants, Inc.'s Description of
its Revenue Cycle Management Services System and the
Suitability of the Design and Operating Effectiveness of Controls
Relevant to Security and Confidentiality**

For the Period July 1, 2024 to December 31, 2024





INDEPENDENT SERVICE AUDITOR'S REPORT ON A SOC 2 EXAMINATION

Independent Service Auditor's Report on EMS Management & Consultants, Inc.'s Description of its Revenue Cycle Management System and the Suitability of the Design and Operating Effectiveness of Controls Relevant to Security and Confidentiality

To: EMS Management & Consultants, Inc.

Scope

We have examined EMS Management & Consultants, Inc. ("EMS | MC" or the "Company") accompanying description of its Recovery Services system titled "EMS Management & Consultants, inc.'s Description of Its Specialized Revenue Cycle Management Services System" throughout the period July 1, 2024 to December 31, 2024 (description) based on the criteria for a description of a service organization's system in DC section 200, *2018 Description Criteria for a Description of a Service Organization's System in a SOC 2® Report (With Revised Implementation Guidance—2022)*, in *AICPA Description Criteria*, (description criteria) and the suitability of the design and operating effectiveness of controls stated in the description throughout the period July 1, 2024 to December 31, 2024, to provide reasonable assurance that EMS | MC's service commitments and system requirements were achieved based on the trust services criteria relevant to security and confidentiality (applicable trust services criteria) set forth in TSP section 100, *2017 Trust Services Criteria for Security, Availability, Processing Integrity, Confidentiality, and Privacy (With Revised Points of Focus—2022)*, in *AICPA Trust Services Criteria*.

EMS | MC uses a subservice organization to provide data center hosting services. The description indicates that complementary subservice organization controls that are suitably designed and operating effectively are necessary, along with controls at EMS | MC, to achieve EMS | MC's service commitments and system requirements based on the applicable trust services criteria. The description presents EMS | MC's controls, the applicable trust services criteria, and the types of complementary subservice organization controls assumed in the design of EMS | MC's controls. The description does not disclose the actual controls at the subservice organization. Our examination did not include the services provided by the subservice organization, and we have not evaluated the suitability of the design or operating effectiveness of such complementary subservice organization controls.

The description indicates that certain complementary user entity controls that are suitably designed and operating effectively are necessary, along with controls at EMS | MC, to achieve EMS | MC's service commitments and system requirements based on the applicable trust



services criteria. The description presents EMS | MC's controls, the applicable trust services criteria, and the complementary user entity controls assumed in the design of EMS | MC's controls. Our examination did not include such complementary user entity controls and we have not evaluated the suitability of the design or operating effectiveness of such controls.

Service Organization's Responsibilities

EMS | MC is responsible for its service commitments and system requirements and for designing, implementing, and operating effective controls within the system to provide reasonable assurance that EMS | MC's service commitments and system requirements were achieved. EMS | MC has provided the accompanying assertion titled "Assertion of the Management of EMS | MC Technology, LLC" (assertion) about the description and the suitability of design and operating effectiveness of controls stated therein. EMS | MC is also responsible for preparing the description and assertion, including the completeness, accuracy, and method of presentation of the description and assertion; providing the services covered by the description; selecting the applicable trust services criteria and stating the related controls in the description; and identifying the risks that threaten the achievement of the service organization's service commitments and system requirements.

Service Auditors' Responsibilities

Our responsibility is to express an opinion on the description and on the suitability of design and operating effectiveness of controls stated in the description based on our examination. Our examination was conducted in accordance with attestation standards established by the AICPA. Those standards require that we plan and perform our examination to obtain reasonable assurance about whether, in all material respects, the description is presented in accordance with the description criteria and the controls stated therein were suitably designed and operated effectively to provide reasonable assurance that the service organization's service commitments and system requirements were achieved based on the applicable trust services criteria. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

An examination of a description of a service organization's system and the suitability of the design and operating effectiveness of the controls involves the following—

- obtaining an understanding of the system and the service organization's service commitments and system requirements.

- assessing the risks that the description is not presented in accordance with the description criteria and that controls were not suitably designed or did not operate effectively.
- performing procedures to obtain evidence about whether the description is fairly presented based on the description criteria.
- performing procedures to obtain evidence about whether controls stated in the description were suitably designed to provide reasonable assurance that the service organization achieved its service commitments and system requirements based on the applicable trust services criteria.
- testing the operating effectiveness of controls stated in the description to provide reasonable assurance that the service organization achieved its service commitments and system requirements based on the applicable trust services criteria.
- evaluating the overall presentation of the description.

Our examination also included performing such other procedures as we considered necessary in the circumstances.

Inherent Limitations

The description is prepared to meet the common needs of a broad range of report users and may not, therefore, include every aspect of the system that individual report users may consider important to meet their informational needs.

There are inherent limitations in any system of internal control, including the possibility of human error and the circumvention of controls.

Because of their nature, controls may not always operate effectively to provide reasonable assurance that the service organization's service commitments and system requirements are achieved based on the applicable trust services criteria. Also, the projection to the future of any conclusions about the suitability of the design or operating effectiveness of controls is subject to the risk that controls may become inadequate because of changes in conditions or that the degree of compliance with the policies or procedures may deteriorate.

Description of Tests of Controls

The specific controls we tested and the nature, timing, and results of those tests are listed in Section 4 of this report.

Opinion

In our opinion, in all material respects —

- a. the description presents EMS | MC's system that was designed and implemented throughout the period July 1, 2024 to December 31, 2024 in accordance with the description criteria.
- b. the controls stated in the description were suitably designed throughout the period July 1, 2024 to December 31, 2024 to provide reasonable assurance that EMS | MC's service commitments and system requirements would be achieved based on the applicable trust services criteria, if its controls operated effectively throughout that period and if the subservice organization and user entities applied the complementary controls assumed in the design of EMS | MC's controls throughout that period.
- c. the controls stated in the description operated effectively throughout the period July 1, 2024 to December 31, 2024 to provide reasonable assurance that that EMS | MC's service commitments and system requirements would be achieved based on the applicable trust services criteria, if complementary subservice organization controls and complementary user entity controls assumed in the design of EMS | MC's controls operated effectively throughout that period.

Restricted Use

This report, including the description of tests of controls and results thereof in Section 4, is intended solely for the information and use of EMS | MC, user entities of EMS | MC's Recovery Services system during some or all of the period July 1, 2024 to December 31, 2024, business partners of EMS | MC subject to risks arising from interactions with the system, practitioners providing services to such user entities and business partners, prospective user entities and business partners, and regulators who have sufficient knowledge and understanding of the following:

- The nature of the service provided by the service organization.
- How the service organization's system interacts with user entities and other parties.
- Internal control and its limitations.
- User entity responsibilities and how they may affect the user entity's ability to effectively use the service organization's services.
- Complementary user entity controls and complementary subservice organization controls and how those controls interact with the controls at the service organization to achieve the service organization's service commitments and system requirements.
- User entity responsibilities and how they may affect the user entity's ability to effectively use the service organization's services.
- The applicable trust services criteria.
- The risks that may threaten the achievement of the applicable trust services criteria and how controls address those risks.

This report is not intended to be, and should not be, used by anyone other than these specified parties.

Carr, Riggs & Ingram, L.L.C.

Enterprise, Alabama

March 31, 2025



7676 Forsyth Blvd
Suite 2100
St. Louis, MO 63105

T: 314.290.3300
E: info@rubinbrown.com
www.RubinBrown.com

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Section 1. Independent Service Auditor's Report

Management
EMS Management & Consultants, Inc.
Winston-Salem, North Carolina

Scope

We have examined EMS Management & Consultants, Inc.'s (EMS | MC) description of its Revenue Cycle Management Services System entitled "EMS Management & Consultants, Inc.'s Description Of Its Revenue Cycle Management Services System" for providing revenue cycle management services throughout the period July 1, 2023 to June 30, 2024 (description) and the suitability of the design and operating effectiveness of the controls included in the description to achieve the related control objectives stated in the description, based on the criteria identified in "EMS Management & Consultants, Inc.'s Assertion" (assertion). The controls and control objectives included in the description are those that management of EMS | MC believes are likely to be relevant to user entities' internal control over financial reporting, and the description does not include those aspects of the Revenue Cycle Management Services System that are not likely to be relevant to user entities' internal control over financial reporting.

EMS | MC uses subservice organizations to provide the following services:

- Amazon Web Services: platform as a service provider for the in-scope EMSolutions applications, EMSafe, EMSmart, EMSecurePay and EMSight.
- Output Services Group, Inc. dba EverView: electronic and print customer communication services (through November 30, 2023).
- Waystar, Inc.: electronic and print customer communication services (beginning October 16, 2023).
- PayPal and Braintree by PayPal: merchant service providers.

The description includes only the control objectives and related controls of EMS | MC and excludes the control objectives and related controls of the subservice organizations. The description also indicates that certain control objectives specified by EMS | MC can be achieved only if complementary subservice organization controls assumed in the design of EMS | MC's controls are suitably designed and operating effectively, along with the related controls at EMS | MC. Our examination did not extend to controls of the subservice organizations and we have not evaluated the suitability of the design or operating effectiveness of such complementary subservice organization controls.

The description indicates that certain control objectives specified in the description can be achieved only if complementary user entity controls assumed in the design of EMS | MC's controls are suitably designed and operating effectively, along with related controls at the service organization. Our examination did not extend to such complementary user entity controls and we have not evaluated the suitability of the design or operating effectiveness of such complementary user entity controls.

The information included in Section 5, "Other Information Provided by EMS Management & Consultants, Inc.," is presented by management of EMS | MC to provide additional information and is not a part of EMS | MC's description of its Revenue Cycle Management Services System made available to user entities during the period July 1, 2023 to June 30, 2024. Information about EMS | MC's Management Responses To Exceptions has not been subjected to the procedures applied in the examination of the description of the Revenue Cycle Management Services System and of the suitability of the design and operating effectiveness of controls to achieve the related control objectives stated in the description of the Revenue Cycle Management Services System and accordingly, we express no opinion on it.

Service Organization's Responsibilities

In Section 2, EMS | MC has provided an assertion about the fairness of the presentation of the description and suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description. EMS | MC is responsible for preparing the description and assertion, including the completeness, accuracy, and method of presentation of the description and assertion, providing the services covered by the description, specifying the control objectives and stating them in the description, identifying the risks that threaten the achievement of the control objectives, selecting the criteria stated in the assertion, and designing, implementing, and documenting controls that are suitably designed and operating effectively to achieve the related control objectives stated in the description.

Service Auditor's Responsibilities

Our responsibility is to express an opinion on the fairness of the presentation of the description and on the suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description, based on our examination.

Our examination was conducted in accordance with attestation standards established by the AICPA. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether, in all material respects, based on the criteria in management's assertion, the description is fairly presented and the controls were suitably designed and operating effectively to achieve the related control objectives stated in the description throughout the period July 1, 2023 to June 30, 2024. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

An examination of a description of a service organization's system and the suitability of the design and operating effectiveness of controls involves—

- Performing procedures to obtain evidence about the fairness of the presentation of the description and the suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description, based on the criteria in management's assertion.
- Assessing the risks that the description is not fairly presented and that the controls were not suitably designed or operating effectively to achieve the related control objectives stated in the description.

- Testing the operating effectiveness of those controls that management considers necessary to provide reasonable assurance that the related control objectives stated in the description were achieved.
- Evaluating the overall presentation of the description, suitability of the control objectives stated in the description, and suitability of the criteria specified by the service organization in its assertion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements related to the examination engagement.

Inherent Limitations

The description is prepared to meet the common needs of a broad range of user entities and their auditors who audit and report on user entities' financial statements and may not, therefore, include every aspect of the system that each individual user entity may consider important in its own particular environment. Because of their nature, controls at a service organization may not prevent, or detect and correct, all misstatements in providing revenue cycle management services. Also, the projection to the future of any evaluation of the fairness of the presentation of the description, or conclusions about the suitability of the design or operating effectiveness of the controls to achieve the related control objectives, is subject to the risk that controls at a service organization may become ineffective.

Description Of Tests Of Controls

The specific controls tested and the nature, timing, and results of those tests are listed in Section 4.

Opinion

In our opinion, in all material respects, based on the criteria described in EMS | MC's assertion—

- a. The description fairly presents the Revenue Cycle Management Services System that was designed and implemented throughout the period July 1, 2023 to June 30, 2024.
- b. The controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the control objectives would be achieved if the controls operated effectively throughout the period July 1, 2023 to June 30, 2024, and subservice organizations and user entities applied the complementary controls assumed in the design of EMS | MC's controls throughout the period July 1, 2023 to June 30, 2024.
- c. The controls operated effectively to provide reasonable assurance that the control objectives stated in the description were achieved throughout the period July 1, 2023 to June 30, 2024 if complementary subservice organization and user entity controls assumed in the design of EMS | MC's controls operated effectively throughout the period July 1, 2023 to June 30, 2024.

Management
EMS Management & Consultants, Inc.

Restricted Use

This report, including the description of tests of controls and results thereof in Section 4, is intended solely for the information and use of EMS|MC; user entities of EMS|MC's Revenue Cycle Management Services System during some or all of the period July 1, 2023 to June 30, 2024; and their auditors who audit and report on such user entities' financial statements or internal control over financial reporting and have a sufficient understanding to consider it, along with other information, including information about controls implemented by user entities themselves, when assessing the risks of material misstatement of user entities' financial statements. This report is not intended to be, and should not be, used by anyone other than these specified parties.

RubinBrown LLP

August 30, 2024



EMS|MC Compliance Program

Quality Control – EMS|MC's Commitment to Compliance

CONFIDENTIAL

Our dedication to Compliance sets EMS|MC apart in the industry. EMS|MC has developed a culture of Compliance throughout our organization. Beyond the annual training & quality assurance process, EMS|MC has embedded compliance into our daily workflows that set the foundation & expectations across our organization. **EMS|MC goes beyond the minimum requirements set forth by the OIG & has created a compliance program that is the best in the EMS billing industry.**

EMS|MC's compliance expertise keeps our clients safeguarded from the legal exposure that may potentially arise with EMS billing. With the ever-changing healthcare marketplace & the political environment, we will be by your side when you may not have the resources to do it alone.

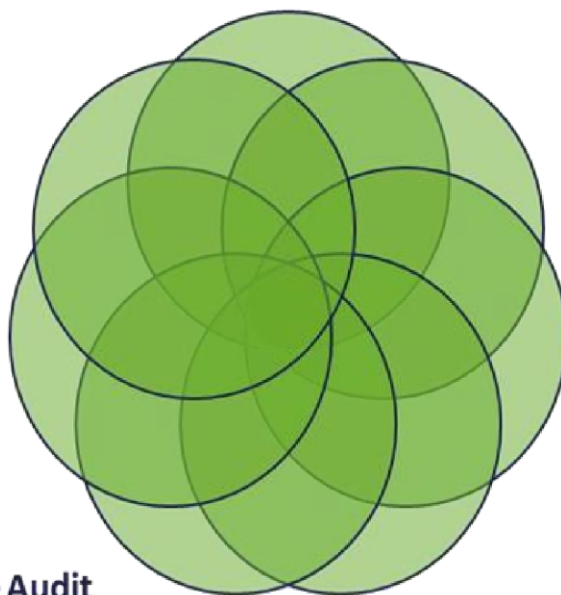
**Dedicated,
Well-trained
Compliance Team**

**Compliance
Consulting Support
for Providers**

**Monitoring of EMS
Law, Regulation
Changes, and Updates**

**Regular and
Consistent Internal
Auditing Programs**

**Full Portfolio of
Training Tools to
Educate Field
Personnel**



**Comprehensive Audit
Support including
Documentation and
Communications
Management**

**Focus Areas such as
Medical Necessity,
State Regulations,
ICD-10**

Your Compliance Team

Our Corporate Compliance team is one of the most integral parts of our company. The team is responsible for conducting quality assurance audits on all aspects of our business process. With more than four decades of experience, our compliance team helps to mitigate risk associated with ambulance billing by applying comprehensive & timely knowledge of EMS law & regulations, protecting our clients & company.

CONFIDENTIAL

Ryan Stark, – Chief Compliance Officer

Ryan is a managing partner with Page, Wolfberg & Wirth. As an attorney and adjunct professor specializing in the EMS industry, he advises clients on labor relations, privacy, security, reimbursement, and other compliance matters affecting the ambulance industry. Ryan developed and is the primary instructor for the nation's first and only HIPAA certification for the ambulance industry, the CAPO. He coauthored PWW's widely used Ambulance Service Guide to HIPAA Compliance. Ryan is a CADS (Certified Ambulance Documentation Specialist), CACO, CAPO, and CAC.



Kim Stanley, CAC – Chief Client Advocacy Officer

Kim has been with EMS|MC since 2003 & was the prior Chief Compliance Officer. For more than a decade, Kim was employed with Medicare as the EMS Policy Liaison. Working in conjunction with CMS & various State committees, she developed many key reimbursement policies at both the carrier & federal levels. As an advocate for EMS Providers, she continues to serve on various reimbursement committees & contract advisory groups at the state & national level. Kim is a frequent presenter at EMS conferences & a nationally recognized expert on EMS billing practices, compliance, & Medicare policy.



Eric McClain, CAC, NCEMT-B – Director of Continuous Improvement

Eric has been with EMS|MC since 2016 & serves as our Director of Continuous Improvement. Eric has a combined 11 years of EMS clinical & administrative experience. He has been a certified NC-EMT since 2007 & maintained his NAAC, CAC certification since 2015. In addition to his compliance duties, Eric also served as a Legal Liaison & is currently a part of EMS|MC's Project Management team.

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Ajenay Drummond, CACO, CAPO – Director of Compliance

Ajenay has been with EMS|MC intermittently since 2007 & serves as our Director of Compliance. She has an extensive ambulance billing operational background. She maintains her NAAC, CACO and CAPO certifications and served successfully in various leadership roles throughout her tenure. Revenue cycle management of billing & backend processes for multiple providers in various states, operations management of our previous Georgia location & assisting with the continuous improvement of both newly hired & previously hired employees are the areas where she has spent most of her career. Ajenay is instrumental in ensuring that company policies & procedures are compliant with federal & state guidelines.

EMS|MC Partners



EMS|MC partners with Page, Wolfberg, and Wirth, LLC, a nationally recognized law firm with special emphasis in billing & compliance issues for the EMS industry. PWW conducts an annual regulatory compliance audit for EMS|MC & provides valuable consultation in establishing our billing policies & procedures. In addition, PWW has successfully vetted both our New Hire Training Program & our External Client Documentation Education programs. As a client of EMS|MC, you will directly benefit from our partnership with PWW through access to their legal & compliance consultations.

EMS|MC partners with Akerman, LLP, a leading healthcare law firm with special emphasis in Healthcare & Government Affairs. William J. Spratt, Jr., Partner, has been a long-term liaison with the EMS|MC Compliance team to assist in regulatory healthcare operations & governmental payors. As a former healthcare administrator, Mr. Spratt has extensive experience in complex state & federal laws & regulations, with a special emphasis on HIPAA.



EMS|MC partners with BSA Healthcare, a Florida based physician-owned healthcare consulting firm that provides quality assurance audits on a monthly basis to ensure 100% compliant billing practices. BSA Healthcare helps hospitals, academic medical centers, private medical practices, & outpatient facilities improve quality, financial performance, operations, organizational structure, & strategic direction.

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EMS|MC's Compliance Program

Based on the Office of Inspector General's (OIG) Guidance for Ambulance Services & for Third Party Billing Agencies, EMS|MC maintains an active & comprehensive Compliance Program. **EMS|MC goes beyond the minimum requirements set forth by the OIG & has created a compliance program that is the best in the EMS billing industry.**

Our compliance program highlights:

- Designation of Chief Compliance Officer, Compliance Manager, Compliance Analyst, Information Technology Security Officer, & attorney oversight who oversee all compliance related activities
- Development of written Compliance policies & procedures that are reviewed & updated regularly as regulatory changes are made
- Open lines of communication between all employees & the Compliance Team with the expressed intent of non-retaliation for reporting issues in good faith. EMS|MC provides multiple mechanisms for reporting compliance related concerns to include anonymous reporting options
- Annual Mandatory Compliance Training & Education Programs with signed acknowledgement of understanding & commitment for all employees
- Signed Employee Confidentiality Agreement, Confidentiality & Dissemination of Confidentiality Attestation Statement, & Compliance Code of Conduct
- Employment Background Checks, Criminal History Checks, & OIG Exclusion Database Verifications for all employees
- Daily quality assurance program in which all employees are provided with scorecards of their quality assessments
- Annual SSAE No. 18 SOC I Type II Certification
- Data Disaster Recovery Plan & Data Backup Policies
- Secure FTP for sharing files with clients & external partners
- Secure Network & Email Encryption with Virus & Firewall Protection

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- Secure Work Environment with key fob entry system, building security alarm system, & locked offices, storage areas & other areas in which PHI may be stored
- Data Destruction Policies for all sources of PHI to include paper, electronic, &/or hardware devices
- Prohibited printing capabilities from VPN, Citrix & Telecommuting Systems
- Breach Notification Policy to immediately notify patients when their data may have been compromised
- PCI Compliance to ensure credit card information is not stored after the transaction has been completed
- Red Flag Policies & Identify Theft safeguards to ensure that the patient's data has not been compromised

Compliance Training

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EMS|MC's Certified Ambulance Coding Specialist (CACS)

Excellence in ambulance billing & coding is what drives our business &, in turn, your revenue. EMS|MC's Learning & Development team has designed & implemented an in-house coding certification course that meets national standards in ambulance coding excellence.

The Certified Ambulance Coding Specialist (CACS) course enables our employees to successfully code trips with an in-depth auditing & feedback process for 100% of trips – ensuring accuracy throughout our training process. This allows our team to gain actionable insight into each employee's understanding of billing concepts, driving future course development & continuing education opportunities.

Our business is your revenue, & we understand that the healthcare landscape, rules, & regulations of our industry are ever changing. As a result, our fluid & dynamic training practices challenge our billers to be more than just coders, but to become an extension of your business.

EMS|MC & HIPAA

We take seriously the responsibility to protect patient information. Our team is committed to assuring all our employees, agents, providers, & business partners conduct themselves ethically & in conformance with all applicable laws & regulations.

Our Compliance Program is designed to safeguard the provider from unintentional billing practices that violate Federal law.

Overseeing this program is our Chief Compliance Officer, Ryan Stark, who has over **X** years' experience in billing, reimbursement & compliance. To date, our billing systems, accounting records, document management & disaster recovery systems, along with operational policies, meet or exceed the requirements set forth by the Department of Health & Human Services (DHHS), Office for Civil Rights (OCR), & the Office of the Inspector General (OIG) for safeguards, security, & recoverability.

Our systems are incrementally backed up daily & fully backed up each week through syncing to a HIPAA compliant, offsite data center. This information is replicated to offsite locations which are regionally positioned to ensure integrity & high availability.

Our billing platform & ePCR software vendors are in compliance with the National EMS Information System, & they maintain their own compliance with NEMSIS.

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Quality Assurance

Auditing Process

EMS|MC has an internal auditing quality assurance department, led by our dedicated compliance team, who performs daily pre-billing audits. Our audits are designed to uncover potential compliance issues before we submit claims, preventing potential declined claims.

EMS|MC has extensive policies & procedures to adhere to Privacy & Security Regulations guidelines. Employees are given direct feedback in the form of quality scorecards to manage their performance. These scorecards are used for employee development as well as to identify the need for additional training by our Learning & Development department.

After our extensive internal new hiring training certification program, all new employees are audited at 100% until they reach a satisfactory score of 96% or higher. All new clients are audited at 100% for the first two weeks of deployment, or until the compliance thresholds are met. The number of claims audited are reduced to 50% for an additional two weeks or until they meet the satisfactory quality assurance scores.

Government Payor Audits

EMS|MC takes on the responsibility of submitting a comprehensive & accurate package of documentation upon the initial submission of the request. If the audit determination results in a denial of claims, the audit results are contested to the highest level of appeal applicable. EMS|MC represents our clients in Administrative Law Judge (ALJ) & Administrative Hearings when the claims have been denied inappropriately.

EMS|MC maintains a retainer agreement with several law firms across your area to solicit their assistance related to OIG compliance, Ambulance Regulations, HIPAA, & Red Flag Alerts. Our assistance in this area has overturned millions of dollars in unwarranted denials from Medicare & Medicaid related to medical necessity & level of service downcoding.

Legal Requests

Outsourcing your EMS billing includes the value-add of EMS|MC handling the fulfillment of all attorney requests for reports.

ChartSwap is a cloud-based electronic record exchange that facilitates online requests for medical records.

ChartSwap is secure and HIPAA-compliant.

Attorneys use ChartSwap to order and purchase medical records and bills for their clients.

ChartSwap is widely recognized and accepted in the EMS industry and was implemented by EMS|MC in September 2014.

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We partner with **ChartSwap** to process requests for records from a lawyer or court. This HIPAA compliant universal platform provides attorneys with fast, efficient fulfillment & provides visibility into what has been requested & received.

OIG Exclusions

All employees of EMS|MC are monitored against the OIG Exclusion Database to ensure the employees are eligible to provide services on your behalf. This process is completed prior to hiring the employee & monitored monthly thereafter for the length of their employment.

SSAE No. 18 SOC I, Type 2 Certified

EMS|MC completes a SSAE No. 18 SOC I, Type II audit each year to ensure quality, confidence & consistency in our processes. As a result of this audit, many reconciliation points throughout our processes are well documented & are properly executed.

EMS|MC Key Audit Controls



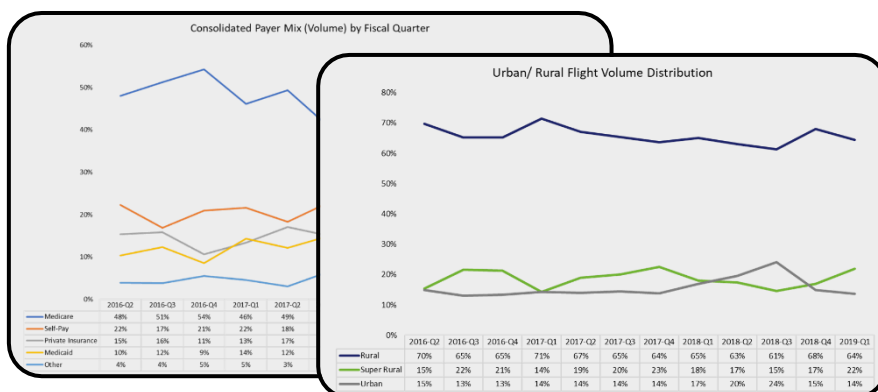
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Annual Third-Party Regulatory Audit

EMS|MC also participates in a third-party compliance audit conducted by Page, Wolfberg & Wirth (www.pwwemslaw.com) on an annual basis. The purpose of this audit is to verify our billing practices are compliant with governmental & commercial payors, as well as industry regulation. This audit provides an additional layer of compliance in our billing methodologies & provides our clients with the peace-of-mind that outsourcing to EMS|MC helps to minimize risk. We will always comply with HIPAA rules & regulations. Our billing systems, accounting records, document management & disaster recovery systems, along with operational policies, meet or exceed the requirements of HIPAA for safeguards, security & recoverability. EMS|MC is in compliance with the Health Information Technology for Economic & Clinical Health Act of 2009 (HITECH).

Key Performance Indicators

EMS|MC knows the value of defining Key Performance Indicators (KPI) during the deployment process. Once established, your Account Manager is tasked with monitoring your performance, communicating the success of the below KPI's through the deployment phase weekly calls & throughout the life of the contract.



Revenue collected per trip/Revenue Opportunities	Net collection rate by financial class
Level of Service & Payor Mix	AR Days & Trip Reconciliation
Average loaded miles & Transport Volume	Benchmarking of Similar Clients
Urban/rural/ & super rural distribution	Gross charge matrix

Your Account Manager will act as the designated liaison for your account. The AM ensures optimal performance, offers industry best practices & consults on compliance for his clients. They work closely with all the departments within EMS|MC to help you maximize revenue recovery & ensure they have all the necessary documentation & resources for daily, weekly & monthly reconciliation. The AM will monitor your performance including trip imports, collections, A/R Days, cash per trip, run mix, & payor mix. They will also provide regular business reviews with your staff to review data, trends & best practices.

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Compliance & Industry Updates

EMS|MC is committed to keeping all our clients up-to date on all compliance & industry updates. Ryan Stark, Chief Compliance Officer, Kim Stanley, Chief Client Advocacy Officer & Regina Crawford, Advocacy Liaison, send quarterly updates on topics that can impact your community. These updates include but are not limited to:

- New Medicare Cards & How to Prepare Ground Ambulance Providers & Suppliers: Data Collection System
- Medicaid Updates
- Emergency Triage, Treatment & Transport to Alternative Destination Updates (ET3)
- Ambulance Cost Data Collection
- COVID-19 Resources
- Provider Stimulus Checks
- 1135 State Specific Waivers
- CARES Act - Reporting Requirements
- HSS Stimulus Funding Opportunities & others



EMSight™

Empowering Business
Intelligence and Reporting



EMSight™ is EMS|MC's secure online business intelligence dashboard designed to enhance reporting and data analysis for healthcare providers. With real-time patient search functionality, collaboration tools, and robust payment posting modules, **EMSight™** offers comprehensive insights into billing and collections through daily, weekly, and monthly reports, all presented in an easy-to-interpret format.

Comprehensive Reporting Tools

- Users can access detailed reports on billing and collections, including summary-level and detail-level data.
- Each user is granted individual access to a particular feature or portal based on **job function and preferences**, ensuring relevant and secure data viewing.
- There are no limits for the number of client employees accessing **EMSight™**, making it a scalable solution for any organization.

Intuitive Dashboard

- Clients are presented with a detailed dashboard categorized into **Billable Trips, Gross Charges, Net Collections, and Account Receivables**.
- Each metric displayed is drillable, allowing users to view second or third-level reports for deeper insights.

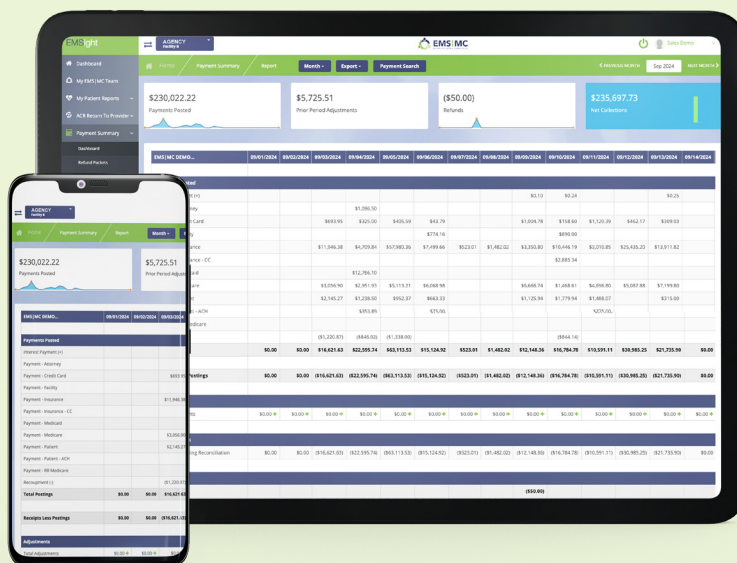
Customization and Flexibility

- Reports can be filtered by various criteria, enabling tailored analysis to meet specific client needs.
- Export options are available for reports in both Excel and PDF formats, enabling easy sharing and archiving.

Payment Summary

Insightful Financial Reporting

The Payment Summary feature is designed to deliver comprehensive access to financial dashboards and reports. This tool equips users with valuable insights into key financial metrics for any given month, including posted payments, prior period adjustments, refunds, and net collections.



Comprehensive Financial Metrics

- Drillable dashboards provide an overview of vital financial data, allowing users to access detailed information quickly.
- The Payments Received section breaks down daily amounts for various payment types, including Bank Deposits, Credit Card payments, Direct to Client payments, EFT payments, and Patient ACH payments, showcasing performance trends.

Detailed Payment Insights

- Each daily amount in the Payments Received section is drillable, offering complete visibility into payment details.
- The Payment Posted section categorizes payments into 14 subcategories with daily totals, facilitating easy analysis and understanding of inflows.

Efficient Reconciliation Processes

- Dedicated sections for Reconciliations and Refunds streamline financial oversight, ensuring accurate reporting and management of financial transactions.



The Payment Summary is probably my favorite thing. That we're able to see everything live — there's no waiting to find out what you've collected.



Nanette W.
Wakulla County EMS

