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RFP No. 20260190

Emergency Medical
Transport Billing
Services Annual
Contract for Charlotte
County

April 16, 2026



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A. LETTER OF TRANSMITTAL AND EXECUTIVE SUMMARY

April 16, 2026

Charlotte County Administration Center
Purchasing Division
18500 Murdock Circle
Port Charlotte, FL 33948-1094

Dear Purchasing Division:

Digitech is pleased to submit this proposal in response to Charlotte County's RFP for Emergency Medical Transport Billing Services. It has been a privilege to serve as Charlotte County's trusted partner over the years, and we deeply value the strong working relationship we've built together. We are excited for the opportunity to continue delivering the high level of service and performance you've come to expect, and to support Charlotte County in achieving even greater success moving forward.

Since 2002, we have worked with Charlotte County's Leadership to implement new processes and enhancements to your EMS billing program. Our collaborative approach to billing services has resulted in consistent revenue collection for the County and, most importantly, compliance with local, state, and federal policies and regulations.

A significant part of our shared success stems from the strong partnership we've built together. For several years, Gina Auguste has been dedicated to supporting Charlotte County, bringing deep institutional knowledge and continuity that directly benefits your operations. Her long-standing involvement means your billing program is not only well understood but proactively managed with care and precision. As your Senior Client Relations Manager, Gina remains your consistent, single point of contact, someone who knows your history, your needs, and how to deliver results.

This proposal meets all RFP requirements while delivering additional value beyond the scope. We hope it's clear that this isn't a standard package; we've built this proposal around your needs, not ours, and tailored our approach to align with your goals, your operational style, and your community's expectations.

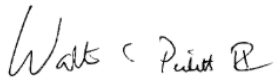
By continuing to work together, you won't face a learning curve or transition risk. Instead, you'll benefit from uninterrupted service, deeper optimization of your workflows, and ongoing revenue growth/protection from a partner who knows the agency inside and out. We're honored to submit this proposal and look forward to building on the results we've already achieved together.

With this letter, we confirm that:

- Our proposal is a firm offer for a period of 120 days; and
- Digitech will comply with the terms of the RFP; and
- Digitech will not use any subcontractors for this contract; and
- We take no exceptions to the RFP requirements; and that
- Walt Pickett, II, is legally authorized to bind Digitech's offer and this offer is made without collusion with any other person or entity submitting a proposal pursuant to this RFP.

Gina Auguste will be your contact for this proposal, available at (786) 440-0671 and gauguste@digitechcomputer.com. We appreciate the opportunity to submit this proposal and look forward to the opportunity to support Charlotte County and the community you serve.

Sincerely,



Walt Pickett, II
Chief Executive Officer

Executive Summary

If honored with a new contract, Digitech will remain committed to delivering the highest quality billing services to Charlotte County. We can state with confidence that we will continue to fulfill your requirements and exceed your expectations. As a current client, you are familiar with Digitech's methodology and approach. The proposal response that follows will not only describe the services you currently receive and will continue to receive but will underscore our commitment to innovation.

Charlotte County and Digitech Partnership

For more than 20 years, Digitech has proudly partnered with Charlotte County to optimize EMS collections and streamline billing operations. Over the course of this long-standing relationship, both Digitech and the County have successfully navigated significant industry, regulatory, and reimbursement changes. Through it all, one constant has remained: consistent, compliant, and record-setting financial performance.

Through this partnership, we have also delivered strategic enhancements that support financial performance and operational efficiency. Digitech has provided expert guidance on fee schedules, revenue projections, and quality reporting to support Charlotte County's operational and financial needs. Our long-term partnership with Charlotte County demonstrates our commitment to delivering customized, high-performance EMS billing services tailored to your unique needs.

By continuing its partnership with Digitech, Charlotte County avoids the operational risk, revenue disruption, and implementation costs associated with transitioning to a new vendor. Instead, the County benefits from a proven, compliant solution delivered by a trusted partner with deep institutional knowledge of County operations and payer environments.

Projected Collections

	Year 1	Year 2	Year 3
Projected Collections	\$12,349,249	\$12,596,234	\$12,848,159
Estimated Total Fees	\$365,834	\$373,120	\$380,552
Estimated Net to County	\$11,983,415	\$12,223,114	\$12,467,607

The County can be confident that Digitech will continue to meet—and exceed—expectations across all areas of service delivery. Our partnership is built on performance, transparency, and trust. We look forward to continuing to support Charlotte County, its residents, and its visitors with industry-leading EMS billing services well into the future.

B. PART ONE: ORGANIZATIONAL DESCRIPTION

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

Digitech Computer LLC is a limited liability company owned by Sarnova Inc.

Company Headquarters
480 Bedford Road, Suite C-202
Chappaqua, NY 10514
(914) 741-1919

Tax ID Number: 11-2693136

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.

Digitech has specialized exclusively in ambulance billing since 1984. Today, we process more than 7.4 million ambulance claims annually for municipal, private, and hospital-based EMS agencies across 47 states. This singular focus—paired with proprietary, purpose-built technology and proven industry leadership—positions Digitech to effectively support Charlotte County's EMS billing needs.

With Digitech, Charlotte County has a billing partner built for EMS, proven in performance, and committed to long-term success. We don't just meet expectations—we exceed them.



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

Digitech has a team of more than 1,160 EMS revenue cycle management experts – 100% dedicated to providing excellent EMS billing services for our clients.

As your long-standing EMS billing partner, our team is deeply familiar with your operations, having built 24 years of shared knowledge and collaboration—particularly through our close work with Gina Auguste and Anthony Santos. Detailed biographies for these team members, along with additional Digitech personnel supporting this engagement, are included below.

PROPOSAL CONTACTS



Anthony Santos, Vice President of Client Relations and Project Management

Anthony leads onboarding and client service teams and plays a hands-on role in ensuring smooth, compliant implementations. Known for his expertise with the *Ambulance Commander* platform and a client-focused approach, Anthony helps agencies optimize performance, stay ahead of regulatory changes, and build lasting partnerships.



Gina Auguste, Senior Client Relations Manager

Gina combines hands-on support with strategic insight, serving as your primary day-to-day contact. From guiding your team through *Ambulance Commander* to helping with reporting, she ensures you have a trusted partner every step of the way. Gina brings extensive experience in EMS revenue cycle management, partnering with agencies to improve financial performance, strengthen relationships, and deliver measurable results.

LEADERSHIP TEAM



Walt Pickett, Chief Executive Officer

Walt was named CEO of Digitech in 2025. Joining the company in its earliest days, he played an instrumental role in building the business from the ground up, working closely with the founders to shape its strategy, operations, and long-term growth. Over the course of his more than 30 years with Digitech, Walt developed deep, hands-on experience across every aspect of EMS billing, gaining a uniquely comprehensive understanding of both the technical and operational sides of the business.

Known for his approachable leadership style and strong commitment to service, Walt remains closely engaged with clients and leads Digitech's expert teams with insight grounded in decades of firsthand experience.



Matt Rusch, Chief Operating Officer

Matt brings more than 25 years of healthcare experience with a focus on revenue cycle management and technology. Matt oversees operations across Digitech, ensuring seamless integration of client onboarding, billing, and coordination among operational teams. He leads corporate initiatives, manages recruitment and hiring, oversees budgeting and planning, and monitors key performance indicators to achieve company goals efficiently.



Joyce Kerulo, Chief Revenue Officer

Joyce has been the driving force of Digitech's EMS billing services from the start, building the operation from the ground up and guiding its growth for decades. With unmatched knowledge and hands-on leadership, Joyce remains deeply involved with clients and ensures every aspect of their billing runs smoothly and compliantly.



Andrew Sheils, Chief Client Officer

Andrew brings deep public sector finance experience to his leadership role, helping clients navigate billing challenges with clarity and confidence. He's known for his practical guidance, sharp analysis, and commitment to making complex issues easier to manage.



Ben Lambert, Chief Information Officer

With over 20 years at Digitech, Ben leads the company's technology strategy and oversees all aspects of system performance, integration, and data security. A cybersecurity expert and hands-on leader, Ben ensures that client systems are secure, compliant, and seamlessly connected to support high-performing billing operations.



Darryl Hartung, Senior Vice President of Client Relations & Sales

Darryl has 25 years of EMS billing experience and leads Client Relations and Sales teams, building strong partnerships across the Southeast and nationwide. His deep understanding of the business and client needs ensures agencies receive steady leadership and support aimed at long-term success.



Mary DelFranco, Vice President of Credentialing and Integrations

Mary is Vice President of Credentialing and Integrations, overseeing payer enrollments, provider revalidations, and the system interfaces that power smooth, compliant billing operations. She brings deep process knowledge and a meticulous approach that ensures clients are fully supported from credentialing through data integration.

COMPLIANCE



Amanda Stark, Head of Compliance

Amanda leads Digitech's compliance program with deep legal and EMS industry expertise. An ambulance compliance professional and attorney, she advises agencies nationwide on Medicare billing, regulatory risk, and program design. She develops tailored compliance plans, leads industry-recognized training, and ensures Digitech and its clients stay ahead of evolving requirements.

FINANCIAL/ANALYTICS



Mitchel Holder, Senior Vice President of Analytics

With over 30 years of Fire and EMS experience, Mitchel brings frontline insight and leadership to his role guiding analytics at Digitech. A former Battalion Chief, Mitch helps agencies translate complex data into practical strategies that support budget planning, operational performance, and high-functioning EMS agencies.

ADDITIONAL SUPPORT



Maxine D'Agostino, Senior Vice President of Billing Services

Maxine leverages over 13 years of experience to optimize the revenue cycle for clients through technology improvements, automation, and standardized workflows that improve accuracy, efficiency, and cash flow. She also oversees key teams and tests ePCR implementations and changes, ensuring seamless integration and full compliance with state and federal regulations.



Fran Cuzzo, Vice President of Billing Services

Fran oversees a team of 60+ employees responsible for patient collections, billing, and client support. With over two decades at the company, she plays a key role in onboarding, system updates, and ensuring that patient interactions reflect the professionalism and priorities of the EMS agencies we serve.



Cathy Tenzyk, Vice President of Billing Services

Cathy leads the Compliance Auditing team and oversees internal reviews to ensure billing accuracy and regulatory adherence across all clients. With decades of EMS billing experience and a deep understanding of Medicare and Medicaid requirements, she helps clients navigate audits and maintain strong compliance practices.



Nancy Spence, Director of Finance

Nancy oversees financial reporting, forecasting, and planning. With over 15 years of experience in financial operations and healthcare revenue cycle, she ensures clients receive accurate, timely reports aligned with their billing activity and goals.

Resumes are included in [Attachment 1](#).

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.

Digitech is not a joint venture.

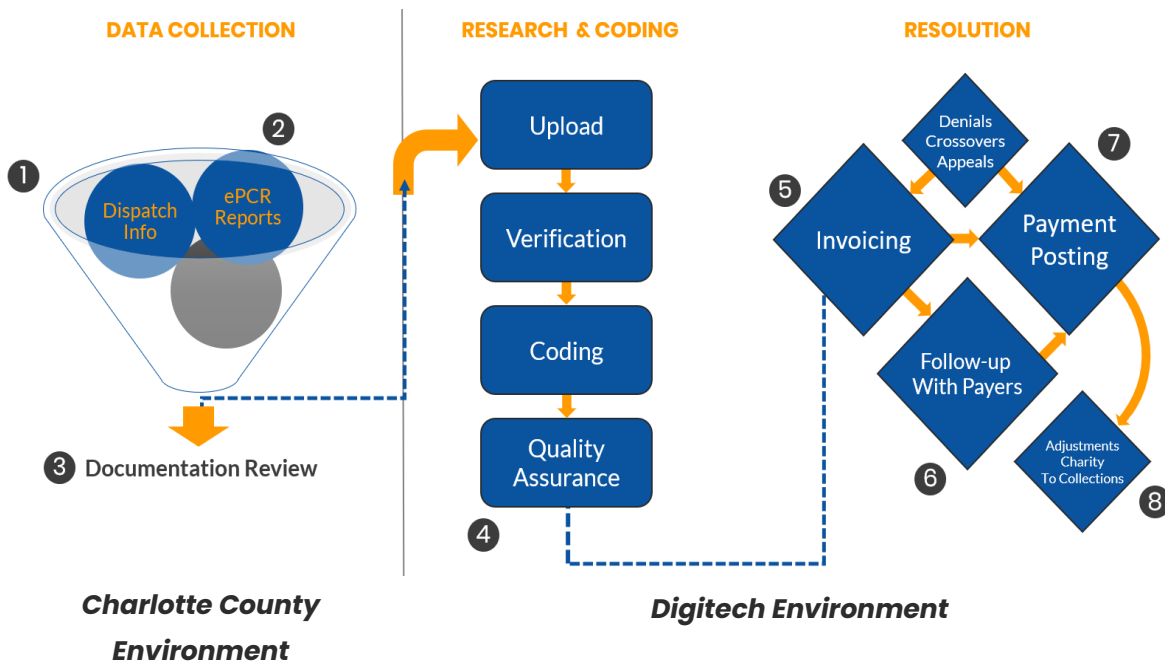
5. If the firm is not a joint venture, list outside consultants anticipated to be used on this project, if any. When listing consultants, give the respective specialty of the firm.

Digitech will wholly provide the services described within this proposal without the use of subcontractors.

C. PART TWO: BILLING SERVICES

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.

Digitech's claims creation and billing workflow is organized into three distinct stages—Data Collection, Research and Coding, and Resolution—designed to ensure accuracy, compliance, and timely reimbursement. The following outlines the steps within each phase.



Digitech EMS Billing Process Map

In this section demonstrate an understanding of and solutions to the description of services.

To ensure that we are thoroughly addressing each requirement outlined in your Scope of Work, we have added **Section K. Part Ten: Scope of Work**, where we provide detailed responses to each item.

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

Digitech maintains comprehensive knowledge of Medicare and Medicaid regulations governing medical patient expense reimbursement and has more than four decades of experience navigating federal and state-specific requirements. Our compliance-focused approach ensures accurate claim submission, proper reimbursement, and full adherence to CMS and state Medicaid agency guidelines.

Medicare and Medicaid Reimbursement Policies

We maintain detailed expertise in:

- CMS reimbursement methodologies, including the Ambulance Fee Schedule and locality adjustments
- Medical necessity requirements and documentation standards
- Coverage limitations, non-covered services, and Advance Beneficiary Notice (ABN) requirements
- State-specific Medicaid billing rules, modifiers, and prior authorization requirements
- Coordination of Benefits (COB) and crossover claim processing

Our billing teams receive ongoing training and regulatory updates to ensure compliance with evolving CMS transmittals, MLN guidance, and state Medicaid bulletins.

Assignment of Claims

Digitech understands Medicare's mandatory assignment requirements for ambulance providers and applicable Medicaid assignment provisions. We ensure:

- Proper acceptance of assignment in accordance with federal and state rules
- Accurate beneficiary liability calculations (deductibles, coinsurance, copayments)
- Compliance with balance billing restrictions and waiver policies

Itemized Claims Processing

Our processes ensure all claims are accurately itemized in accordance with payer requirements, including:

- Correct HCPCS Level II ambulance codes (e.g., A0428–A0436)
- Appropriate origin/destination modifiers
- Accurate mileage reporting
- ICD-10-CM diagnosis coding consistent with documentation

- Required condition codes and additional data elements for state Medicaid programs

Pre-submission validation edits and compliance reviews reduce denials and ensure adherence to CMS and Medicaid billing standards.

Duplicate Payment Prevention and Resolution

We employ automated system controls and reconciliation procedures to identify and prevent duplicate submissions and payments. These include:

- Claim scrubber edits prior to submission
- Automated remittance posting and cross-checking against expected reimbursement
- Coordination of Benefits validation
- Identification of overlapping claim dates or repeated transport billing

If a duplicate payment is identified, we promptly initiate corrective action in accordance with payer guidelines.

Refund Processing and Overpayment Compliance

Digitech maintains formal refund and overpayment procedures aligned with the Affordable Care Act's 60-day overpayment rule and applicable state Medicaid recoupment policies. Our process includes:

- Identification and documentation of overpayments
- Timely notification to the payer, when required
- Issuance of refunds within mandated timeframes
- Audit tracking and internal reporting
- Documentation retention consistent with CMS requirements

Audit Preparedness and Regulatory Compliance

We are experienced in responding to:

- Medicare Administrative Contractor (MAC) audits
- Medicaid integrity reviews
- RAC, ZPIC/UPIC, and other program integrity audits

Our internal compliance oversight, routine quality assurance reviews, and policy updates ensure continued alignment with federal and state regulations.

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

For more than 20 years, Digitech has had the privilege of serving the County, developing a deep understanding of its EMS operations, priorities, and expectations. Over that time, we have built an organizational structure and set of processes specifically designed to support clear communication, strong coordination, and accountability. As we submit this proposal to continue our partnership, our focus remains on maintaining—and strengthening—the high level of service the County has come to expect.

Digitech's Client Relations team serves as the primary point of contact for all contract-related matters, ensuring consistency and continuity in day-to-day communication. Gina Auguste, Senior Client Relations Manager, and Anthony Santos, Vice President of Client Relations and Project Management, will continue to work directly with County staff, meeting in person and/or virtually on a schedule that aligns with the County's needs. In addition to frequent touchpoints with County staff throughout the week, Digitech makes ourselves fully available for monthly status calls as needed. Given our long-standing and mature relationship with the County, regular monthly meetings are not always necessary; however, we remain readily available to meet at the County's request to review open items, discuss priorities, or address any emerging needs. This established cadence has proven effective in promoting transparency, responsiveness, and timely issue resolution.

In addition, Digitech regularly facilitates management-level business review sessions with County leadership to discuss trends affecting the County's EMS program and broader industry developments. These conversations often include benchmarking data related to fee schedules, payer behavior, and evolving federal, state, and commercial requirements. Throughout the contract, Digitech also provides ongoing consultation on all aspects of ambulance billing and collections. We consider it our responsibility—as a long-term partner—to stay ahead of regulatory and reimbursement changes, particularly those related to Medicare and Medicaid, and to proactively advise the County on any updates that may require adjustments to policies or processes. Our goal is to ensure continuity, compliance, and financial stability while continuing the collaborative relationship that has defined our partnership with the County for more than two decades.

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

Digitech's approach to implementing effective control systems for time, budget, and quality is grounded in our long-standing relationship with the County and our deep familiarity with its operational environment. As the incumbent vendor, Digitech has already embedded the County's processes, policies, and system integrations into our daily operations. This includes established electronic integrations with County hospitals, existing ePCR connectivity, and fully operational billing policies and procedures. Because these critical components are already in place, Digitech does not need to spend time re-establishing infrastructure or workflows.

Instead, efforts under the new contract can focus immediately on maintaining continuity and maximizing compliant collections—delivering both time and cost efficiencies for the County.

From a time control standpoint, our embedded systems and institutional knowledge significantly reduce transition risk and eliminate delays typically associated with onboarding a new vendor. Clear roles, established workflows, and experienced project leadership allow us to move directly into execution without disruption to ongoing operations. Budget control is achieved by leveraging existing technology, staff expertise, and proven processes, avoiding unnecessary costs related to system reconfiguration or retraining. This continuity ensures that resources remain focused on performance outcomes rather than reimplementation activities.

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.

Digitech is honored to have served Charlotte County Fire & EMS as its trusted EMS billing partner since 2002. Over the years, our relationship has been built on collaboration, transparency, and a shared commitment to supporting the County's mission of delivering high-quality emergency medical services to the community. We value the trust Charlotte County has placed in our team and take great pride in the role we play behind the scenes—protecting revenue, maintaining compliance, and supporting the operational and financial stability that enables lifesaving services every day.

As we look to the future, Digitech is excited to continue building on this strong partnership. With proven processes, experienced staff, and systems already fully integrated into County operations, we are well positioned to provide consistent, reliable support without disruption. We remain committed to working closely with Charlotte County Fire & EMS, adapting alongside your needs, and sustaining the high level of service you have come to expect. Digitech looks forward to continuing this partnership in the years ahead, supporting the County's success and its ongoing service to the community.

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

1 Dispatch and ePCR Capture

The initial stage of the billing process occurs primarily on your side—from dispatch of the transport to the creation of the patient care record in your ImageTrend ePCR application. Digitech requires minimal assistance from Charlotte County to perform billing services on your behalf, limited to activities within the scope of normal EMS billing operations, including:

- **Data Collection**, enhanced through our *PCR Lens* solution, enables real-time monitoring of the quality and completeness of patient demographic, insurance, and billable information captured by field personnel.
- **Timely and Accurate PCRs** with clinically sound narratives documenting treatments provided and drugs administered.

2 PCR Completion

Patient Care Reports are created by your responding providers on scene, during transport, at the destination, or as soon as possible following the call.

3 County Review and Release

The County's quality assurance team reviews run records for completeness and clinical accuracy prior to marking records as "Ready to Bill" and releasing them to Digitech. While not required, this step is the best practice and helps support accurate, compliant billing and reduced rework. This review typically happens as soon as possible after the call.

Steps 1 through 3 are performed by the County.

4

Daily Import, Verification, and Coding

Data Import

Once a PCR is designated “Ready to Bill”—following QA review—Digitech’s *Ambulance Commander* interface securely retrieves the associated billing and dispatch information from ImageTrend’s servers.

Pre-hospital Patient Care Reports and all associated transport data are uploaded into Digitech’s system via Secure File Transfer Protocol (SFTP).

Unlike basic billing interfaces, we capture the full PCR dataset—**not just a subset of billing fields**—unlocking deeper analytics that directly link financial performance to patient care and operational decision-making.

Each imported record includes incident numbers, transport numbers, and individual unit record identifiers when multiple vehicles respond to the same incident, all of which are associated with the claim number assigned by Digitech.

To ensure complete data, we perform reconciliations confirming that all patient care records have been successfully imported into *Ambulance Commander*. This process, combined with the County’s own reconciliation of dispatched runs to PCRs, ensures that all billable transports are accounted for and transferred.

Once reconciliation is complete, Digitech billers have full visibility into critical transport details, including dispatch data, crew assignments, unit data, and the completed PCR. This also includes a copy of the PCR itself complete with patient assessment, treatments and interventions provided, and the narrative documentation entered by field personnel—ensuring accurate, compliant coding and claim submission.

Verification

The verification process identifies missing billing and demographic information and confirms the accuracy of the existing data.

During this phase, Digitech's verification team performs the following activities:

- Accesses multiple public and private databases to locate missing or incomplete patient information.

Public and Private Databases

Digitech leverages our proprietary Sleuth search solution to connect to multiple large public and private databases. Advanced search algorithms identify additional demographic information—most importantly, the patient's Social Security Number.

Clearinghouses

Digitech's tools search large clearinghouse databases to locate and validate available insurance coverage and determine eligibility—frequently finding secondary insurance. We also validate Medicare, Medicaid, and all commercial insurance coverage daily for every claim received.

- Contacts patients by phone when necessary to obtain insurance details.
- Communicates with admitting hospitals to obtain patient demographic information, which is then used to identify insurance coverage through advanced demographic search tools.
Digitech has electronic connections in place with all the County's receiving facilities.
- Utilizes clearinghouses to locate, verify, and validate insurance and demographic information.
- Provides patient invoicing forms that include a simple insurance information section and return envelope, which makes it easy for patients to submit updated demographic and insurance information by mail.
- Offers secure client-specific web portals that allow patients to check account status, make payments, update demographic profiles, provide required signatures, and enter insurance information.

In addition to verifying insurance information already on file, we validate patient insurance status by submitting verified Social Security numbers (SSNs) into our insurance polling system, which queries insurance carriers to identify associated policy numbers. This process leverages Experian and other trusted databases and is typically completed within hours.

Coding

The coding process is a detailed, manual review during which each claim is evaluated to determine the appropriate level of service, medical necessity compliance, signature validity, and mileage accuracy. As part of this process, Digitech's certified coders review the full ePCR record, assess the clinical narrative, confirm whether the claim is billable, and determine the correct billing methodology. Accuracy at this stage is critical to obtaining compliant reimbursement.

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

5 Invoice Preparation and Billing Workflow

Once verified and coded, claims are prepared for invoicing. The billing process is a continuous workflow, as remittance activity may require rebilling to secondary or tertiary payers, correction and resubmission denied claims, appeals processing, or patient billing. Approximately 98% of the compliant claims are invoiced within 24 business hours of receipt. Invoicing schedules and timelines (i.e.: 30-, 60-, and 90-day billing cycles) will be established in accordance with County policy.

6 Claim Submission and Follow-Up

Commercial payers, Medicare, and Medicaid are billed electronically within 24 hours of completion of verification and coding. For private pay accounts, an initial invoice is issued within three business days once all insurance discovery efforts have been exhausted. Commercial claims are actively followed up at regular intervals, typically every 20 days, until resolution.

7 Payment Processing, Denials, and Appeals

Remittances are processed immediately upon receipt, with claims crossed over to secondary and tertiary payers when applicable. Denials and appeals are processed within 24 hours of remittance posting.

Digitech's end-to-end revenue cycle process is designed to move clean claims quickly, aggressively pursue underpayments, and resolve every account in accordance with County policy.

Payment Processing

All remittances are received and processed through the County's bank lockbox. This structure ensures that all payments are deposited directly into the County's account, and Digitech never takes custody or control of County funds. Payments are promptly credited to the appropriate patient accounts, and the bank images all checks and remittance documentation so both the County and Digitech can view payment details at any time.

The lockbox also simplifies daily reconciliation. Once payments are received, funds are immediately posted to the County's account and reconciled each business day, ensuring accurate cash reporting with no unapplied payments.

- **Timeliness & Collections Performance.** Approximately 97% of compliant claims are successfully uploaded, verified, coded, and invoiced within 48 business hours of receipt.

On average, 95% of collectible revenue is realized within the first 90 days. Payments are re-categorized upon receipt, and Medicare and Medicaid denials are processed in accordance with agreed-upon timelines.

- **Claim Notes & Communication.** Authorized users may add notes or updates directly to claim records at any time. Updates are transmitted to Digitech billers in real time and permanently stored in the claim file to ensure immediate visibility and continuity of follow-up.

Partial Payments & Denials Management

Partially paid claims are either crossed over to the next payer when appropriate or transferred to patient responsibility if no additional coverage exists. Denials are minimized through pre-submission edits and are promptly corrected and resubmitted. When required, Digitech obtains supporting documentation, files timely appeals, and escalates through all applicable appeal levels.

Automated Short-Pay Appeals

All short-paid claims are appealed using Digitech's automated Appeal-IT workflow, which continuously pursues underpayments until the maximum allowable reimbursement is recovered.

8

Final Resolution and Adjustments

An account will only be considered eligible for write-off or further collections after all reasonable efforts to pursue payment within the primary billing cycle have been fully exhausted. This approach ensures that all reasonable avenues for payment are pursued before account transition into the write-off or collections phase.

Prior to transition, Digitech performs a final pre-write-off review, which includes checks for:

- Retroactive Medicaid eligibility
- Correct insurance billing
- Proper patient statement delivery
- Any other applicable considerations

Final write-off and collections decisions are executed in accordance with Client-specific policies and procedures, including:

- County Ambulance Fee Waiver Program
- Small balance write-offs

Once reclassified as a collections account, the data is securely transferred to your collections agency. From that point, the account is no longer billed under the County's name and is managed by the collections vendor within regulatory guidelines.

Surrounding and overseeing all claims processing and collection activities is Digitech's active compliance program, which includes ongoing internal and external audits and daily oversight by our dedicated Quality Assurance team.

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

Please see [Attachment 2](#) for sample patient statements and communications.

6. Process used to identify:

- a. Accounts for write-offs
- b. Financial hardship adjustments
- c. Accounts to be turned over to collections agency

All "special" cases, such as hardship or write-off policies will be addressed per County guidelines in accordance with the County's policies. We already have the County's Ambulance Fee Waiver Program embedded into our hardship process and refer patients to the County to see if they qualify. Our specialists are trained in client guidelines that include these special cases.

Our solutions focus on obtaining payment from payers. Accounts with remaining balances after final invoicing of the patient become eligible for further collection activity by the County's designated collection agency and per the County's designated guidelines. We currently work directly with the County's collection agency and provide monthly files containing patient accounts that meet advanced collection placement criteria for processing.

7. Process for identifying and effectuating refunds and credit balances

We have worked with the County over the years on an appropriate refund schedule and, currently, we provide monthly refund packages monthly. We can certainly accommodate alternative schedules for delivery of our refund package.

Digitech's *Ambulance Commander* system includes a built-in overpayment utility designed to proactively identify and manage potential overpayments. This utility locates and displays claims where the reimbursement received exceeds the amount billed, allowing overpayments to be quickly flagged and addressed. Overpayments may occur for a variety of reasons, including duplicate payments by an insurance carrier, payments received from both the carrier and the responsible party, retroactive determinations of ineligibility, or other payer-driven adjustments.

Once identified, these claims are reviewed by experienced Digitech billing specialists to determine the cause of the overpayment and whether a refund is required. When a refund is necessary, the system generates a detailed refund form containing all pertinent information, including the patient's name, date of service, policy and claim numbers, Ambulance Commander ID, refund amount, designated payee, and mailing address. This structured process ensures accuracy, documentation, and full transparency.

For carriers that permit refunds to be handled through future payment recoupments, Digitech prepares and submits secure files listing all applicable claims along with the required supporting details. When refunds must be issued directly—to patients, responsible parties, or carriers that do not allow recoupment—the refund forms are compiled into client-specific spreadsheets and reviewed by Digitech management. Upon approval, the files are transmitted securely to the client for processing. As refunds are completed, the client notifies Digitech so the associated patient accounts can be promptly reconciled, ensuring records remain accurate and fully aligned.



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

LATOYA JASPER

Former Deputy Assistant Director, Finance
City of Houston, TX

8. Customer service:

a. Handling patient concerns/complaints

Digitech takes great pride in how patient concerns and complaints are handled, an approach refined through many years of close partnership with the County. We recognize that every patient interaction reflects directly on the County, and we work diligently to ensure concerns are addressed promptly, professionally, and with empathy. Digitech clearly distinguishes between billing-related concerns and EMS service-related complaints. Any complaints involving EMS response or field services are immediately forwarded to the County-designated contact to ensure timely and appropriate handling.

Billing-related concerns are managed directly by Digitech through a structured escalation process designed to resolve issues efficiently. Upon receipt, each concern is immediately documented and addressed whenever possible during the initial interaction. If additional review is needed, the issue is escalated to the Patient Experience Manager, followed by the Patient Experience Director if necessary. Should further review be required, the concern is escalated to the County's assigned Senior Client Relations Manager, Gina Auguste, who works directly with the designated County liaison to ensure appropriate resolution. All complaint activity is tracked in Digitech's Patient Experience System to document concerns, resolutions, and trends to support transparency and continuous improvement.

b. Communicating with non-English speaking patients

All Digitech Call Center Specialists (CCS) are fluent in English, with many also fluent in Spanish. In addition, representatives have access to a HIPAA-compliant translation service that supports more than 200 languages. This service allows CCSs to connect callers with professional interpreters through live conference translation, ensuring accurate communication and equitable access to assistance for all patients, regardless of language.

c. Customer service training for employees

Digitech's Call Center Specialists, billing staff, and all employees who interact with patients receive comprehensive training. Training includes instruction and testing on HIPAA security, OIG Waste, Fraud and Abuse rules, HITECH Breach Notification, Red Flag identity theft requirements, and applicable local, state, and federal regulations. Employees are also trained on patient rights, patient privacy, and the importance of compassionate care.

Training is delivered through the Digitech Learning Center and overseen by the Head of Compliance. All employees must achieve a score of 100 percent before certification and complete an annual refresher course covering regulatory updates and changes in healthcare billing and compliance. Ongoing training modules focus on listening skills, tone and communication, de-escalation techniques, and problem-solving.

In addition, Digitech's Quality Improvement department randomly reviews calls throughout the month using a standardized quality form. Supervisors also conduct routine call reviews—approximately 50 percent remote and 50 percent side-by-side—and all reviewed calls are discussed with employees to provide timely, constructive feedback.

d. Reactive approach for customer service - dealing with customer service issues as they arise

Digitech's Call Center Specialists (CCS) are trained using real-world patient call scenarios, allowing them to respond effectively to issues as they arise. Our goal is to handle every call professionally, minimize wait times, and resolve concerns efficiently. Patients reach our representatives through the County's designated toll-free number and are supported by technologically advanced call-center software that enables account self-service, callback requests without losing queue position, intelligent call routing, and access to County-specific billing guidelines during each call.

Additional capabilities include silent call monitoring for quality assurance, detailed documentation of call activity on patient accounts, and flexible campaign configuration for call timing and frequency. When a call is answered, the system automatically connects the caller to an appropriate CCS, opens the patient account on one monitor, and displays County guidelines on a second monitor—allowing representatives to respond accurately and efficiently in real time.

Digitech's CSRs answer **94% of calls within 90 seconds**, ensuring patients are quickly connected to a real person.

e. Proactive approach for customer service – anticipating customer service issues before they arise

Digitech takes a proactive approach to customer service by leveraging extensive CCS training and comprehensive call tracking. All inbound and outbound calls are logged and available for reporting and analysis. Call center reports are routinely reviewed to identify trends, anticipate recurring issues, and implement improvements before concerns escalate. This data-driven approach supports continuous service enhancements and helps reduce future patient issues while improving overall satisfaction.

9. Process for establishing third party payer relationships

Digitech's national presence, scale, and long-standing industry advocacy have enabled us to establish and maintain strong working relationships with third-party payers nationwide. Because of the significant volume of claims we process each year, Digitech frequently works directly with payer representatives and maintains established points of contact with many carriers. These relationships allow us to leverage our size and experience on behalf of the County to resolve payer issues efficiently and minimize delays in reimbursement.

This advantage is especially meaningful in Florida, where Digitech has served government-based EMS providers for more than 40 years. Through this work, we have developed strong, established relationships with key state and federal payer entities, including First Coast Service Options, Florida's Medicare Administrative Contractor, and Florida Medicaid, administered through the Agency for Health Care Administration (AHCA). These relationships support effective communication, faster issue resolution, and consistent compliance with payer requirements.

In addition to our work with government payers, Digitech maintains billing relationships with more than 9,500 commercial, private, and governmental payers nationwide. When a new third-party payer is identified as responsible for a patient's bill, Digitech's billing specialists promptly contact the payer to determine any required enrollment or setup documentation. Wherever possible, billing relationships are established electronically to streamline processing, with paper enrollment completed when electronic options are not available. Digitech submits claims electronically to 100 percent of payers that accept electronic billing, including Medicare, Medicaid, Blue Cross/Blue Shield plans, Railroad Medicare, TRICARE, Aetna, Cigna, and UnitedHealthcare. This comprehensive, proactive approach ensures timely claim submission, maximizes reimbursement opportunities, and supports consistent cash flow for the County.

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.

As the County knows, we are organized using a regional "client-team" approach whereby each client is assigned a dedicated Client Relations Team that is committed to the County.

Our client relations team assigns a client relations manager to serve as a direct point of contact to provide personal service to the County. Anthony Santos Vice President of Client Relations and Project Management, oversees Gina Auguste, Senior Client Relations Manager for the County, who manages the day-to-day activities of your account to ensure all your needs are met. Gina oversees approximately 18 municipal clients, 13 of which are in South Florida.

Key functions Gina provides include:

- Education and training coordination
- End of month reporting
- Performance management reporting
- HIPAA updates as well as compliance with local and state regulations
- Results and formulating plans to increase revenue throughout the life of the contract
- Revenue and performance monitoring
- Identifying trends
- ePCR reconciliations
- Resolution of issues identified by the County, our Client Support and Operations Teams
- Coordination with Professional Services project managers to implement new services, fee schedules, integrations, etc.
- Ensuring communication of changes to County policy

Client Support Services Team

Digitech's Client Support Services Team provides a dedicated, client-only support line that County staff can access directly for timely assistance and issue resolution. This team is specifically trained in the County's policies, workflows, and systems, allowing staff to receive prompt, knowledgeable support without navigating general customer service channels. County staff may contact the Client Support Services Team for questions or assistance related to billing, internal processes, account inquiries, adding or updating medic information, and collections. This direct access helps streamline communication, reduce administrative burden, and ensure County staff receive accurate and consistent support when needed.

D. PART THREE: COMPLIANCE

The Proposer shall provide a summary of the compliance activities of the Proposer to include training, policies, and procedures. Discuss the Proposer's compliance program and how the program meets or exceeds the requirements of the Center for Medicare Services and HIPAA. Discuss the importance of compliance within the organization and adhering to Medicare, Medicaid, State and Federal regulations and requirements.

Our compliance plans and collections policies adhere to all local, state, and federal laws and regulations regarding collections, financial transactions, privacy, and "standards of reasonable care" for information handling, management, and destruction. This includes full compliance with Fair Debt Collection Practices Act, Fair and Accurate Credit Transactions Act, Fair Credit Reporting Act, Gramm-Leach-Bliley Act, Family Educational Rights and Privacy Acts and Children's On-Line Privacy Protection Act.

Digitech is committed to the highest ethical standards. We prioritize staying ahead of regulatory requirements and changes, as well as maintaining the resources we need to integrate compliance within our billing and collection activities, training, and quality management programs. Compliance within an organization is not just a regulatory obligation at Digitech; it is a foundational component of operational integrity, financial stability, and public trust. Adhering to Medicare, Medicaid, and applicable state and federal regulations ensures that services are delivered ethically, accurately, and in alignment with established legal standards.

HIPAA Compliance

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

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

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

- Membership in organizations that provide research and updates on current legal and best practice guidelines.
- Incorporation of detailed compliance awareness and procedures within all training systems and at all levels.

Training covers regulatory requirements as well as procedures and processes developed by Digitech, including electronic configurations, business rules, and communication rules to ensure compliance with all regulatory, privacy, and security requirements.

- Automated tracking and monitoring systems include automated fraud indicator flags, compliance tracking, and intrusion detection and prevention.
- Quality assurance programs that focus on daily compliance management and verification.
- Comprehensive personnel screening and monitoring.
- Comprehensive binding terms and conditions within contracts between Digitech and suppliers.
- Outreach security and compliance assistance and training for both suppliers and customers.
- Legal and compliance advisory services.

Code Of Conduct

Digitech's documented Code of Conduct details policies and procedures relating to standards of business activities and relationships. The Code is based on the laws, rules, and regulations that apply to Digitech's work in the medical transportation industry. All officers and employees of Digitech must adhere to and comply fully with the Code, including the requirement to report violations of which they become aware.

Internal Compliance Training and Education

At Digitech, training consists of a combination of courses, employee study guides, and periodic testing to ensure that employees understand the material. All employees are required to complete Digitech's training program. The program includes material on HIPAA; HITECH; Red Flags; and Waste, Fraud and Abuse. This is a comprehensive course given by our Compliance Officer with an overview of rules, laws, and regulations. All employees must score 100% before they are considered certified. Annually, employees are required to complete a refresher course that covers recent changes in healthcare billing and HIPAA issues.

Include a listing of past/present penalties/findings (if any) from Medicare or Medicaid and their resolution.

Digitech has not received any penalties or findings from Medicare or Medicaid.

Please provide detailed information on the designated compliance officer and their qualifications, training, and education. The Proposer shall provide a copy of its HIPAA policy and regulatory compliance plan for adhering to Federal and State healthcare program rules and regulations, including the “Red Flag Rules.”

Digitech’s compliance program is led by experienced healthcare attorney Amanda Stark, Head of Compliance, who is responsible for the day-to-day administration, enforcement, and continuous improvement of the Compliance Plan.

Her responsibilities include oversight of compliance training, SOC audit maintenance, Red Flag monitoring, and incident response. She reports to senior leadership to ensure independence and appropriate escalation authority. She also provides:

- Initial and ongoing compliance training for all employees, including annual re-certification and annual review of the Compliance Plan
- Administration of an anonymous compliance reporting hotline and investigation of all reported concerns
- Monitoring changes in laws, regulations, and industry guidance and incorporating updates into policies and procedures
- Logging, managing, and responding to reported security or privacy incidents, including compliance with HIPAA breach notification requirements and timely notification to clients

Amanda’s resume is offered in [Attachment 1](#). Our Compliance program and Red Flag rules are provided as [Attachment 3](#) and [Attachment 4](#).

The Proposer shall furnish evidence that the Contractor and each of its employees have not been excluded from participation in State or Federal healthcare programs.

Digitech places a strong emphasis on integrity, accountability, and compliance across our organization, and we take seriously our responsibility to participate only in authorized State and Federal healthcare programs. We can affirm that no Digitech employee has been excluded from participation in any State or Federal healthcare program. This standard is reinforced through a comprehensive hiring and compliance process that has been built into our operations over many years.

From the outset of employment, Digitech conducts thorough reference checks and State and Federal criminal background screenings to ensure that every team member meets our expectations for professionalism and ethical conduct. These steps are part of a broader commitment to protecting our clients, the patients they serve, and the integrity of the healthcare programs in which we operate.

In addition, Digitech maintains ongoing screening practices to ensure continued compliance. All employees are verified through the E-Verify national database and are systematically screened against key exclusion and monitoring lists, including the Office of Inspector General List of Excluded Individuals and Entities, and the Excluded Parties List System. By embedding these safeguards into our employment and monitoring processes, Digitech ensures a workforce that remains eligible, compliant, and aligned with the County's standards throughout the life of the contract.

The Proposer shall provide a copy of a current Type II Statement on Auditing Standards No. 70 (Type II, SAS 70 or SSAE16) certification from an independent auditor.

Digitech undergoes annual SOC audits, and while our SOC 1 Type II report is proprietary and confidential, all audit results to date have been favorable. Independent auditor Withum has confirmed that Digitech meets nationally recognized standards for safeguarding hosted and processed client data. Due to the confidential nature of the report, the full SOC 1 Type II documentation is not included in public proposal materials; however, in keeping with our commitment to transparency and security, Digitech will make the current report, along with any applicable gap letters, available for your review in a secure and confidential setting. Please see [Attachment 5](#) for a copy of the Letter of Opinion from our most recent audit.

E. PART FOUR: CONTINUITY OF OPERATIONS

The proposal shall provide a summary of the methods that the Proposer intends to use for the storage of records and the related security and disaster recovery plans; and how it plans to ensure continuity of operations to operate in the event of a disaster or similar event 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. Include details about how the plan is exercised to assure the plan produces the intended results.

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

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

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

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

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

Digitech's Disaster Recovery plan is offered as [Attachment 6](#).

F. PART FIVE: REPORT AND COMMUNICATIONS

The Proposer shall describe in detail the monthly reports to be provided to County and provide model monthly reports under this section of the proposal. Sample reports shall include, at a minimum, new billing account reports, and any applicable Financial Reports.

As you know, we offer a library of reports that have been developed specifically for EMS agencies to gain meaningful insight into the effectiveness of their billing program. Our standard library of EMS reports includes various financial data reports as well as medic statistics and key performance indicators. Samples of the types of monthly reports that Charlotte County receives are provided in [Attachment 7](#).

Standard Monthly Reporting

Digitech's standard monthly reporting package provides both detailed and graphical views of critical financial and operational metrics, including sales, cash receipts, adjustments, accounts receivable, days sales outstanding, collection percentages, collections per transport, and other key performance indicators.

Digitech performs a formal hard close of all billing the month and accounting records. This process ensures that all figures related to sales, cash receipts, adjustments, and receivables for the reporting period are finalized and will not change, providing Charlotte County with a consistent and reliable basis for performance review and financial analysis.

Each month, the County receives a comprehensive package of Transport and Accounting reports. All reports may be saved or exported in multiple formats, including Microsoft Word, Excel, Access, Crystal Reports, and Adobe PDF.

The standard monthly reporting package includes the following reports:

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

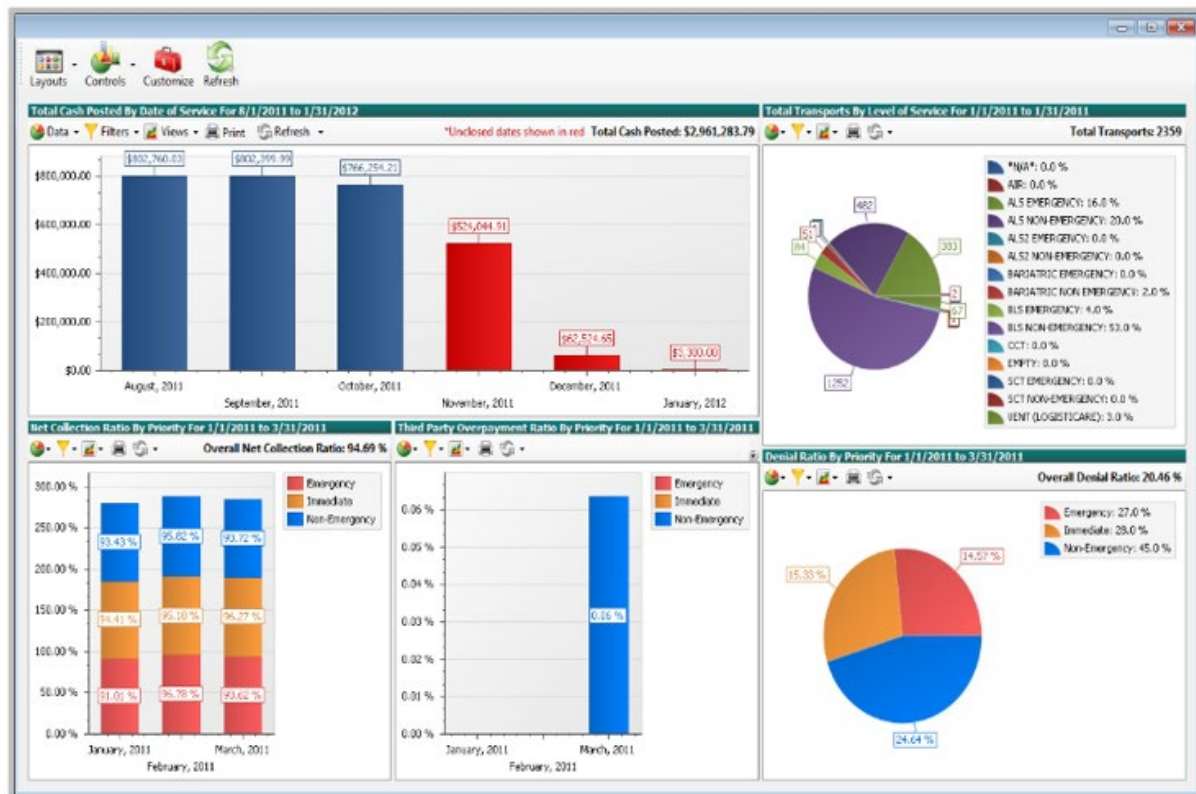
- Adjustment Report - Adjustment Code Summary
- Cash Receipts Report - Financial Group Summary
- Cash Receipts Report - Deposit Date Summary
- Receivables Report - Financial Group Summary - Aged from Date of Service

Real-Time Dashboard Access

We believe even the most advanced claims processing software falls short without equally powerful reporting. Real-time visibility allows Charlotte County to identify trends, monitor performance, and address issues without waiting for end-of-month reports—supporting proactive management and stronger financial outcomes year after year.

Ambulance Commander includes two powerful analytics tools, Dashboard and PCR Lens:

Dashboard. Digitech's Dashboard consolidates your operational and financial data into a clear, intuitive interface that gives managers, administrators, and analysts real-time visibility into every aspect of your EMS operation. With a powerful yet easy-to-use design, Dashboard delivers advanced reporting and analytical tools that support informed decision-making and keep leadership ahead of emerging trends.

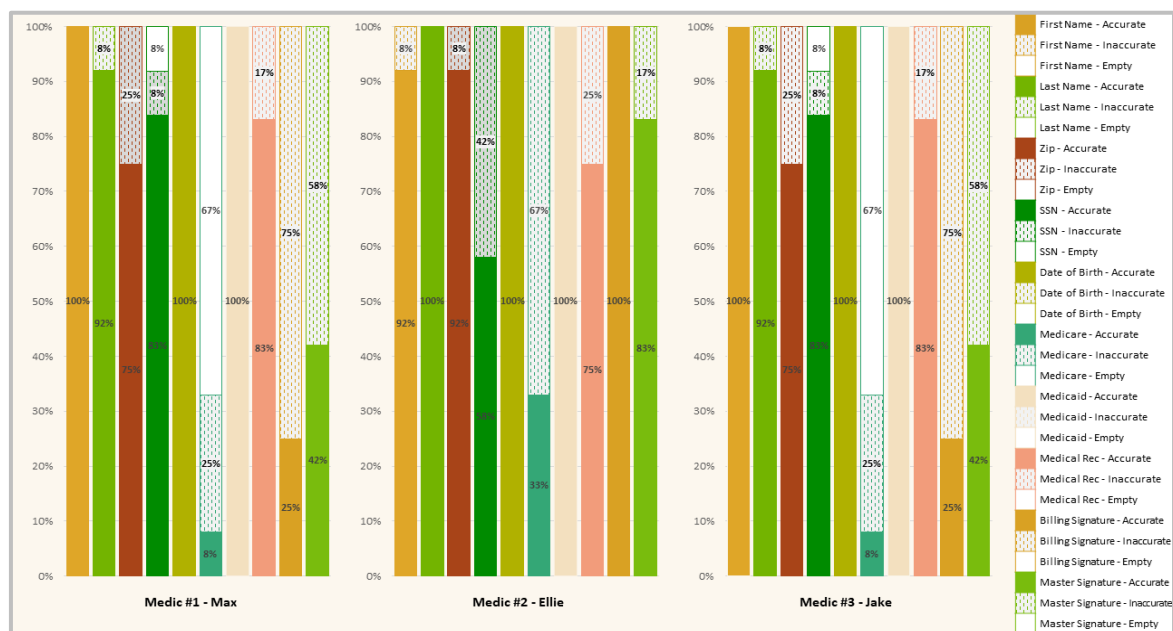


Digitech's Dashboard

The standard Dashboard configuration includes multiple pre-built views highlighting critical operational metrics, including Key Performance Indicators validated by a leading EMS law firm. Beyond these core views, Dashboard is highly customizable—allowing users to create, save, and revisit personalized layouts—so each user sees the information most relevant to their role, exactly when they need it.

PCR Lens. PCR Lens is Digitech's data quality and performance reporting solution that transforms ePCR data into clear, actionable insight. As Patient Care Reports are received, PCR Lens aggregates pre-hospital data into an interactive interface where users can create custom views to identify documentation issues, target training, and recognize high-performing crews.

PCR Lens also enables side-by-side comparison of field-entered ePCR data with the same data after Digitech's validation, error-scrubbing, and certified coding processes in *Ambulance Commander*. This allows Chiefs, EMS Directors, and QA/QI leaders to quickly assess documentation quality, compare performance across crews and stations, and understand how field documentation impacts compliance, patient care, and revenue.



Digitech's PCR Lens

Reporting tools are available throughout all *Ambulance Commander* solutions. Our flexible report generators allow you to sort, filter, and build reports using tens of thousands of possible field and criteria combinations, giving you the ability to produce virtually any report your organization may need—without waiting or relying on static templates.

All reports may be printed or downloaded in Excel, Word, XML, or PDF formats.

Custom Reports and Analytics

We will provide all requested reports and collaborate with your team to define parameters that align with your operational and financial goals.

If you have specialized reporting needs that are not already available—or cannot be created through our report generators—Digitech will customize a reasonable number of reports at no additional cost, often within 24 hours of request. You will have direct access to our reporting and analytics experts, including Mitch Holder, Sr. Vice President of Analytics, ensuring timely support and meaningful insight.

Sample Reports are provided in [Attachment 7](#) for your review.

G. PART SIX: TRAINING AND IMPLEMENTATION

The Proposer shall describe in detail the training it will provide to the County. The method of delivery, topic, outline, and length of the training shall be detailed.

Training is an important part of our partnership. We will continue to offer Charlotte County onsite or remote training on various parts of the revenue cycle management process to ensure our mutual success.

Field Documentation Training

Digitech provides comprehensive documentation training for EMS field personnel to reinforce the importance of complete, accurate, and compliant patient care reporting. This training focuses on real-world documentation practices that directly impact billing compliance, audit readiness, and reimbursement, while also supporting EMS's growing integration within the broader healthcare system. Training is delivered online on a mutually agreed-upon schedule to accommodate shift-based operations and varying staffing models.

Documentation education is provided through the Digitech Learning Center (DLC), an on-demand, mobile-friendly platform designed specifically for EMTs, firefighters, and paramedics. Courses cover all aspects of prehospital documentation, including operational and clinical data, patient history and vital signs, interventions, narratives, and billing-related data elements. Course content is developed by experienced EMS professionals, ambulance coders, and Quality Assurance experts and can be completed at the learner's convenience on mobile devices or desktop systems.



Home page of the Digitech Learning Center

Administrative and Platform Training

Digitech provides comprehensive training for designated administrators on the *Ambulance Commander* platform using a Train-the-Trainer model, with ongoing remote training available as needed. Administrative training includes managing user access and security permissions, running reports, researching individual claims, and reviewing collections activity. While Digitech provides regular performance reporting, administrators also have real-time visibility into claim status and billing activity at any point in the revenue cycle.

Ongoing Education and Regulatory Guidance

As part of our consultative partnership, Digitech provides ongoing education and guidance related to regulatory changes, documentation standards, and reimbursement trends at the state and national level. Through active participation in EMS associations, industry conferences, and consultation with compliance and legal experts, we help ensure field staff and leadership remain informed of changes affecting Medicare, Medicaid, and other payer programs.

Through this partnership, the County benefits from Digitech's EMS-specific training resources, experienced professionals, and purpose-built technology—working together to support compliant documentation, operational transparency, and long-term financial stability.

The Proposer shall provide a detailed implementation and cut-over plan within this section. This plan shall include a timeline and details on how the Proposer will assure a smooth transition and start-up of billing services when the contract commences. The plan shall include the necessary activities to ensure that the Contractor will initiate billing services on the agreed start date of the Contract, anticipated to be January 2027.

As Charlotte County's current EMS billing provider, no implementation or transition process is required to begin services under the new contract. All systems, staff, and workflows are already in place and fully operational, allowing billing services to continue seamlessly on the agreed-upon contract start date. This continuity ensures the County receives the same high-quality, reliable billing services it has depended on since 2002—without disruption, risk, or learning curve.

H. PART SEVEN: EXPERIENCE

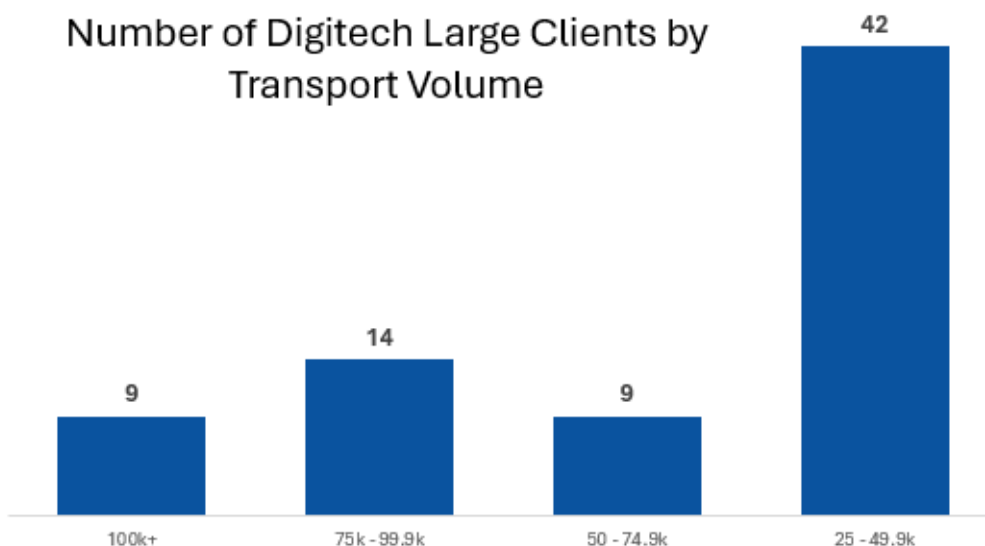
Demonstrated Performance: The proposal shall include a description of the Contractor's business volume and clients focusing on previous governmental experience.

A complete list and brief description of each EMS billing service contract currently in progress or completed within the last five (5) years in ambulance billing and collections with at least two (2) years in government accounts. Include a description of the services rendered, length of contract, and annual number of claims billed.

The Proposer must be able to demonstrate that it currently has gross billings for clients in excess of \$10 million; has experience in billing for a Florida based municipal EMS service; and EMS systems of similar size and complexity as County. Must show proof of three (3) existing contracts with a minimum of \$30,000 emergency 911 transactions per year; including non-emergency inter facility.

Digitech serves more than 700 EMS transport providers across 47 states, billing over 7.4 million ambulance transports annually. In Florida alone, we support 68 EMS clients, collectively representing more than 1.28 million transports each year - far exceeding \$10 million in gross billings. This scale demonstrates both the depth of our operational capacity and our extensive experience serving EMS agencies of varying size and complexity. Out of respect for our clients' privacy and to protect confidential information, we do not include a full list of EMS billing contracts in public proposals; however, we would be pleased to provide a complete and detailed client list to the County in a confidential setting.

The following chart shows the number of Digitech clients that do at least 25k transports.



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

We are a US-based company with Florida offices in Miami Lakes, Fort Lauderdale, and Tampa. Digitech is the strongest EMS billing provider in the State of Florida, with over 68 Florida municipal based agencies in the State. Near Charlotte County, we also serve Collier County, DeSoto County, Hardee County, City of North Port, and Hillsborough County.



Over the past 24 years, Digitech has developed and maintained direct electronic integrations with every hospital to which the County transports patients. Across the State of Florida alone, we have successfully integrated more than 400 hospitals into our billing platform. Nationally, Digitech supports more than 700 EMS agencies, representing thousands of hospital connections across the country.

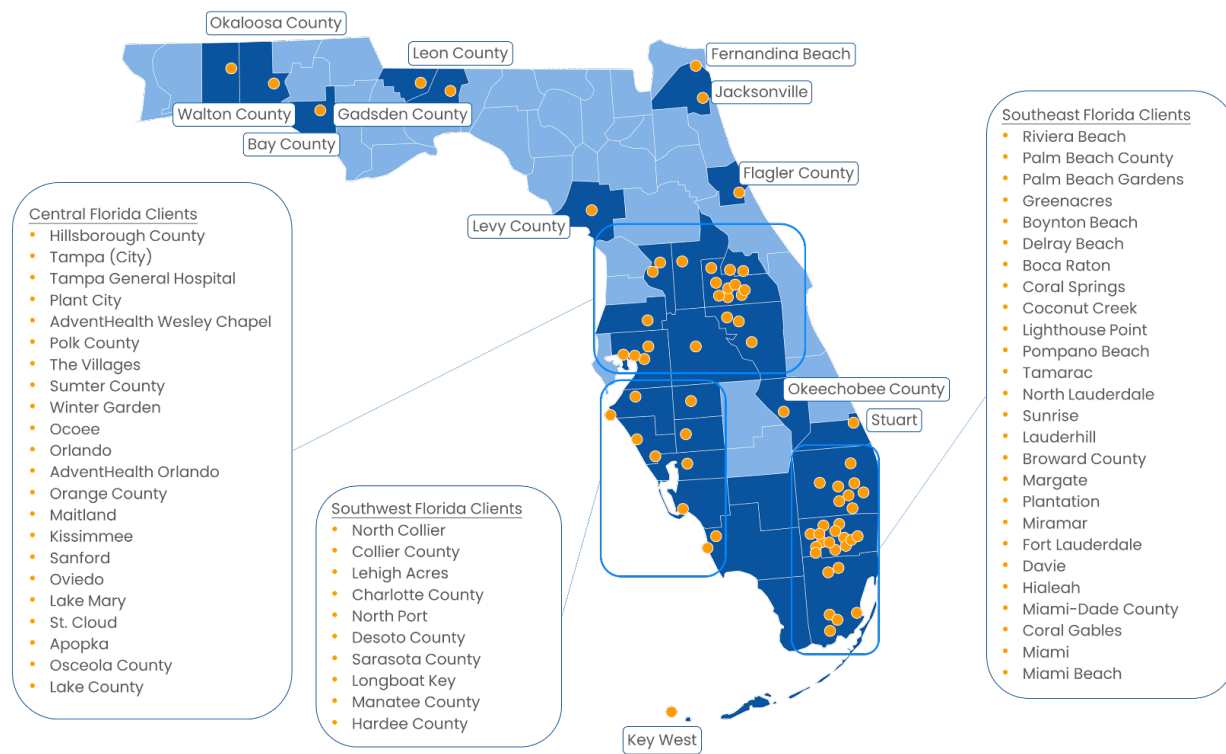
This extensive network allows Digitech to offer Charlotte County access to an unmatched patient database, populated with verified patient information from communities nationwide. This capability is particularly valuable in Florida, where seasonal residents and tourists account for a significant portion of ambulance transports. By leveraging this breadth of data, Digitech is able to more efficiently identify patient demographics, validate coverage, and capture billing information that might otherwise be difficult to obtain—helping the County maximize compliant collections while reducing administrative burden.

Florida Experience

As mentioned above, we currently support over 68 clients in Florida. The list includes 18 agencies transporting over 25,000 patients annually and have similar size and scope as the County. In addition to some of the agencies listed above, others include the City of Jacksonville, Osceola County, Orange County, Orlando, Tampa, and Miami-Dade County. In addition to the extensive patient insurance database this depth provides, all of these Florida clients provide a much larger, combined voice for our clients. This unrivaled Florida experience provides significant advantages including:

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

We look forward to working in the State of Florida through a continuing relationship with Charlotte County.



References: The Proposer shall provide the names and contact persons for at least three (3) EMS clients with a minimum of 30,000 emergency 911 transactions per year as references to verify its performance as a patient accounts receivable service. The references shall include a description of the organization, date of contract, point of contact, address, and phone number of the Contractor's primary contact at the organization. References should include Florida based municipal organizations of similar size and complexity as County and one (1) reference of a client that utilizes Firehouse software, FH Medic software.

Digitech is proud to serve a diverse portfolio of EMS providers across the country, including 68 in the State of Florida. The following references reflect our commitment to exceptional service, compliance, and revenue cycle performance for clients of similar scope to Charlotte County. Each has annual transports of more than 30,000.

Client Name	Scope of Services	Contract Term
Orange County Fire Rescue Alex Morales Division Manager, Fiscal & Operational Support 407-836-9015 alex.morales@ocfl.net 6590 Amory Ct Winter Park, FL 32792	Annual Transports FY25: 106,800 Revenue Cycle Management ESO ePCR Integration	1999 - Current
Palm Beach County Fire Rescue Lauren Magierowski Director of Finance 561-616-7021 lmagierowski@pbcgov.org 405 Pike Rd. West Palm Beach, FL 33411	Annual Transports FY25: 83,500 Revenue Cycle Management MetroPCR ePCR Integration	1998 - Current
Collier County Corporate Financial & Management Service Cindy Long Accountant II, Financial Services 239-252-3742 cindy.long@colliercountyfl.gov 3299 Tamiami Trail E Suite 103 Naples, FL 34113	Annual Transports: 34,600 Revenue Cycle Management ImageTrend ePCR Integration	2007 - Current

Client Name	Scope of Services	Contract Term
City of Tampa Fire Rescue Barbara Tripp Fire Chief, Fire Rescue 813-310-1711 barbara.tripp@tampagov.net 808 E Zack St Tampa, FL 33602	Annual Transports: 30,670 Revenue Cycle Management DocuMed ePCR Integration	1995 - Current
City of Jacksonville Fire Rescue Christel Burgos Admin. & Finance Asst. Manager 904-255-3264 cburgos@coj.net 515 N Julie St Jacksonville, FL 32202	Annual Transports: 90,055 Revenue Cycle Management DocuMed ePCR Integration	2004 - Current

We invite you to contact these partners to learn more about their experience working with Digitech and the results we've helped them achieve.

I. PART EIGHT: GENERAL AND SUPPLEMENTAL INFORMATION REQUIREMENTS

Complaint Resolution Process: The Proposer shall describe its complaint resolution process and how complaints are investigated and resolved. Include how information regarding complaints will be communicated with County.

When problems are identified through any channel, the appropriate process owner is engaged, and the issue is researched and documented. We log issues so that the various individuals involved have visibility into exactly what the issue is, what needs to be done, and who is currently assigned to that work.

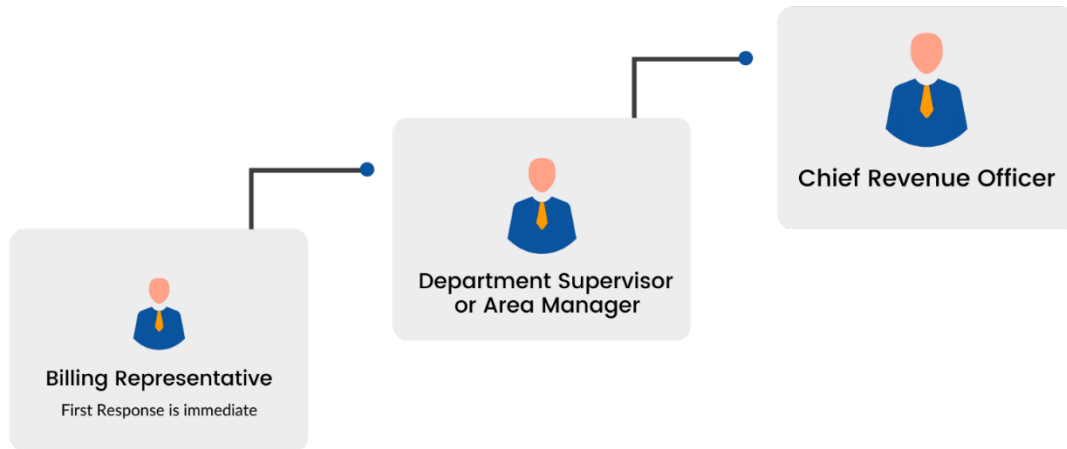
If an issue originates directly from the County, our Senior Client Relations Manager, Gina Auguste will document the issue and begin to engage the appropriate groups in understanding and resolving the issue. If an issue originates from a patient, it will initially escalate through our standard call center escalation process. If the call center associate is unable to resolve the issue, the incident will transfer the patient to an escalation team.

Call Center Escalation

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

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

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



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

J. PART NINE: PRICING

The Proposer shall provide a cost proposal for the full three (3) years covered under the Agreement. The cost proposal requires that the Proposer estimate the net revenue for each of the three (3) years based on the information provided in this RFP and project the cost for services to the County. Provide a total proposed fee as a percent of revenues collected related to the performance of these services, exclusive of Medicaid accounts. In accordance with Florida Statutes, provide a flat fee for each account identified and processed to Medicaid.

All fees and costs shall be included in the total pricing. This will include the cost of any software, hardware, forms, printing, phone charges, postage, and such. During the evaluation, the total net collections used to quantify the Contractor's fees will be estimated by the County. This will be done to ensure that all Proposals are equitably compared.

We are offering the following fees for our services outlined in this proposal:

Base Fee Billing & Collection fee for non-Medicaid collections	<u>2.95%</u> of net collections
Base Fee Processing of Medicaid accounts	<u>\$8.50</u> per Medicaid account

Included in Digitech's Price

- All hardware and software required by Digitech personnel to perform the County's medical transport billing and collection accurately and efficiently
- All mailing forms and envelopes necessary to perform all billing functions
- All fees related to sending NPPs to patients
- All fees associated with sending surveys to patients
- Any postage necessary to mail billing or other information to patients, insurance companies, third parties, and attorneys
- Availability of a national toll free 800 number for patients, County personnel, insurance companies, attorneys, and third parties to call for information or discussion of account status
- All fees related to our national database searches for patient demographic information
- All fees related to the electronic submission of claims
- All fees and expenses associated with the hosting of our application

- An electronic interface to the County's ePCR system, currently ImageTrend, or to any future ePCR system chosen during the term of the contract
- Ongoing review of ePCR documentation by qualified Digitech staff
- Onsite documentation training
- Ongoing review and analysis of rates, policies, and procedures with County officials
- Documentation compliance training for County's medics through the Digitech Learning Center
- Regular meetings for review of performance on a mutually agreed upon schedule
- Independent audit

Key Assumptions

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

- All billing, collection, and transport data provided by the County in its RFP is accurate and it is understood by both parties that Digitech has relied on the County's data for pricing purposes. If services are added or changed, Digitech reserves the right to renegotiate contracted fees.
- The County will provide reasonably complete demographic information as part of your Patient Care Reports, and it is understood that crews will make best efforts to provide insurance information, social security numbers, and other demographic information.
- The County will provide any remittance information received through a different account from the EMS lockbox¹ in a timely manner, including a listing of the ACH deposits by deposit date, referencing the carrier.
- The County will review claims and mark them as "ready for billing" within 10 days of the date of service.
- After the contract award, good faith negotiations will take place during which both the County and Digitech can discuss and negotiate specific requirements of the RFP.

¹ Digitech requires the establishment of a bank lockbox to receive and process payments.

Three Year Projection

Three-year projections of revenue as requested in the RFP are as follows:

	Year 1	Year 2	Year 3
Projected Collections	\$12,349,249	\$12,596,234	\$12,848,159
Estimated Total Fees	\$365,834	\$373,120	\$380,552
Estimated Net to County	\$11,983,415	\$12,223,114	\$12,467,607

K. PART TEN: SCOPE OF WORK

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.

Our process of collecting all applicable and appropriate fees for EMS from federal and state healthcare programs, other third-party payers, and patients, utilizing generally accepted EMS collection methods, was described in response to **Item 1 in Section C. Part Two: Billing Services.**

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.

Digitech will continue to follow appropriate procedures to collect fees generated from EMS services. It is understood that the County establishes all fees and charges for services provided by the EMS Division.

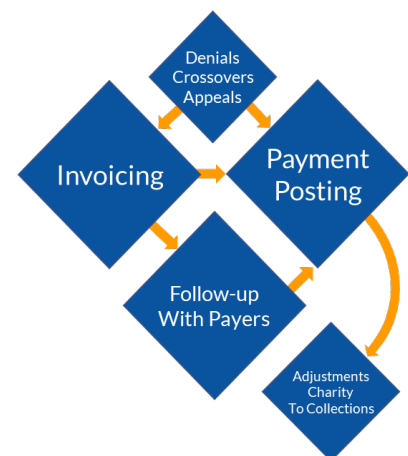
Additional details about our processes appear in response to requirements below.

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 the serviced patients. The Contractor shall implement processes to collect all applicable co-insurance and deductibles from the patient or their secondary insurers.

Digitech will file directly and electronically with both Medicare, Medicaid, and major insurers of the serviced patients. This takes place during the Resolution phase of our billing process.

Resolution of Claims

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



In more detail, the processing layer includes the following:

Invoicing Claims

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

Invoicing Commercial Carriers

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

Invoicing Medicare or Medicaid

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

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

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.

All remittances are received and processed through the County's bank lockbox. This structure ensures that all payments are deposited directly into the County's account, and Digitech never takes custody or control of County funds. Payments are promptly credited to the appropriate patient accounts, and the bank images all checks and remittance documentation so both the County and Digitech can view payment details at any time. The lockbox also simplifies daily reconciliation. Once payments are received, funds are immediately posted to the County's account and reconciled each business day, ensuring accurate cash reporting with no unapplied payments.

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.

Digitech assumes full responsibility for the billing, processing, and collection of all EMS fees on the County's behalf, delivering a complete, end-to-end solution. Our services encompass every aspect of the revenue cycle, including data processing, management and performance reporting, secure electronic record storage, electronic and paper billing, claims submission, and invoicing. Digitech also manages all billing- and insurance-related inquiries, ensuring timely and accurate responses for patients, payers, and County staff.

To support these services, Digitech provides and maintains all necessary operational infrastructure, including postage, printing, forms, stationery, envelopes, mailings, communication costs, and the required computer hardware and software. By managing these functions in-house, Digitech removes administrative burden from the County while ensuring consistent service delivery, regulatory compliance, and efficient revenue performance throughout the term of the contract.

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.

Digitech provides billing services for County EMS operations using Ambulance Commander, a robust billing platform that fully conforms to Generally Accepted Accounting Principles (GAAP) and associated accounting standards. The system supports comprehensive accounting procedures that ensure accurate reconciliation between Digitech records and County records, including payments, bank deposits, receivables, billings, patient accounts, adjustments, and refunds. These controls are embedded into daily operations to support transparency, accuracy, and audit readiness.

Ambulance Commander serves as the foundation of Digitech's EMS billing operations while also providing the County with direct system access. Through this shared platform, Digitech processes claims and manages the full revenue cycle, while the County can access reports, monitor key performance indicators, manage documents, and review patient account information as needed. This integrated approach ensures consistent financial oversight, timely reconciliation, and a high level of confidence in the accuracy and integrity of EMS billing activity.

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.

Ambulance Commander meets these requirements.

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.

Digitech provides comprehensive credentialing services to support successful enrollment and participation with all applicable government and commercial payers. These services are fully integrated into our revenue cycle operations, ensuring that provider enrollment, payer requirements, and billing activity remain aligned at all times.

As the incumbent vendor, Digitech will continue to manage credentialing activities on the County's behalf, including any required updates, changes, or payer revalidations. By proactively monitoring payer requirements and enrollment timelines, we help prevent billing disruptions, reduce administrative burden, and ensure uninterrupted reimbursement for EMS services.

Ongoing Consultation

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

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

You will continue to receive ongoing consultation related to all aspects of billing and collections for ambulance service. We consider it our responsibility to stay informed and guide you in any new and revised interpretations of relevant laws and policies. We watch closely any developments in the changing landscape of Medicare and Medicaid reimbursements that may affect your collections, and we will keep you informed of any changes to processes or policies. Through our partnership, you will continue to be provided with a deep pool of resources and experience to be called upon however you need.

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 ImageTrend 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.

Digitech will continue to maintain these processes for the County. Our *Ambulance Commander* system is seamlessly integrated with Charlotte County's instance of your ImageTrend ePCR solution.

Data Upload Process

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

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

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

Once the PCR data has been reconciled, our billers can see all critical transport data, including the dispatch data, the crew data, the unit data, and so on. They can also see the PCR itself which contains the details of the patient assessment, the treatments and interventions provided, and the narrative entered by the responding medic.

Agree to bear any costs associated with incompatibility due to future upgrades and changes in the County's ePCR vendor.

Digitech agrees to bear the costs if an incompatibility occurs. If the County chooses to change ePCR vendors, Digitech can assist with the conversion.

Digitech's clients use a wide range of ePCR systems, and our proprietary Ambulance Commander platform is compatible with all of them. We have built, tested, certified, and deployed integrations with ImageTrend many times over. The approach used by our teams for customization, installation, and training has been tested and proven extensively.

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.

Digitech will send an invoice and County Notice of Privacy Practices to each patient within seven days upon receipt or discovery of adequate information necessary to mail.

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.

A process is currently in place whereby the County generates a list of patients from Ambulance Commander, selects 10% of those patients, and distributes surveys accordingly. If desired, Digitech can assume responsibility for managing this process and assist the County in implementing an alternative methodology.

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.

Digitech will continue to send statements to patients on a regular schedule. We use mailers specially designed to make it easy for patients to return valid insurance information. Our patient invoicing process typically proceeds as follows.

Patient Invoicing – Three Invoice Cycle

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

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

The 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.

Digitech already maintains direct communication and integration with the County's receiving hospitals to support seamless information exchange. We are fully integrated with all major patient records management systems allowing us to securely access patient demographic and insurance information in real time. These existing integrations are a critical component of our billing success and support timely, accurate claims processing.

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.

Digitech will continue to use our established Verification process to validate patient information provided by the County, identify insurance eligibility, and gather information in addition to that provided by the County which is necessary for processing a claim.

We also handle returned mail and bad addresses.

Verification Process

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

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

Using Public and Private Databases

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

Using Clearinghouses

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

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

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

Returned Mail

Before we mail an invoice, Digitech uses the following tools and resources to verify that the claim contains a valid and current mailing address:

- Ambulance Commander's geocoding algorithm standardizes each address upon import from the ePCR.
- Address information is uncovered during the Research and Verification phases of Digitech's billing process.
- Hospital data is obtained and cross-referenced where possible.
- Insurance eligibility information is checked through several database interchanges.
- Calls are made to patients to collect and verify address information.

Despite all efforts to obtain and verify accurate addresses, mail is sometimes returned. All returned mail is processed daily, and Digitech takes responsibility for additional research and corrective actions.

The following steps are taken when mail is returned:

- Returned invoices are processed for another round of skip-tracing and address verification.
- New invoices are generated and mailed whenever new information is obtained.

When an accurate address cannot be located, accounts are marked as uncollectible and prepared to be turned over to you or your collection agency in accordance with your protocols.

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.

These processes – reviewing databases, utilizing skip tracing services, contacting receiving hospitals, and contacting patients or responsible parties – take place during the Verification stage, described in response to the previous requirement.

Obtain patient or guardian signatures and authorizations when such signatures are required and not transmitted to the Contractor by the County with the ePCR.

All claims are reviewed for signature compliance. When required, Digitech contacts patients to obtain signatures with targeted phone calls. Patients are also encouraged to provide signatures on to the Digitech patient portal.

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 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.

Digitech will continue promptly submitting claims via the billing process described previously in this proposal.

Speed of Processing Impacts Collections

Our experience has shown that getting invoices out within a day or two of receipt of PCR data positively affects the outcome of the collections process, not only by avoiding timely filing issues, but also by enabling the follow-up on denials, partial payments, short-pay claims, and appeals to begin that much sooner. We also monitor our time to correct carrier rate, making sure that secondary or tertiary payers are invoiced swiftly, and every dollar is sourced to the responsible payer.

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

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

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

Audit Trail in Ambulance Commander

Auditing is baked into every solution, feature, and process in Ambulance Commander. All data change details and system events are tracked by our platform's audit trail, including data entry, record modification, and billing events. Integrity of this audit trail is vital to the platform for support, research, and compliance purposes. Ambulance Commander users can in no way manufacture or edit audit trail records from within the platform and can only access audit trail data through read-only interfaces.

Post payments received on account within three (3) business days.

Digitech is currently posting payments within three business days.

Post contractual adjustments on patient accounts within 10 business days after primary insurance provider has paid.

Digitech is currently posting adjustments on patient accounts within 10 business days after the primary insurance provider has paid.

The Contractor shall have the ability to process credit card payments through a toll-free exchange and a secure website. The Contractor shall maintain a separate merchant number to collect credit card payments made by patients on behalf of the County.

This process is already fully in place for Charlotte County. Digitech's secure online payment portal is seamlessly connected to the County's designated credit card merchant processor, allowing payments to be routed directly to the County. Patients can view their account information through a secure, user-friendly online interface and may submit credit or debit card payments using the portal's 256-bit SSL self-service payment system. All credit card transactions are processed in full compliance with Payment Card Industry Data Security Standard (PCI DSS) requirements, ensuring the highest level of payment security and data protection.

The County currently maintains its own separate merchant number, preserving full financial control while allowing Digitech to support payment processing through a secure, integrated platform that is convenient for patients and efficient for County operations.

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.

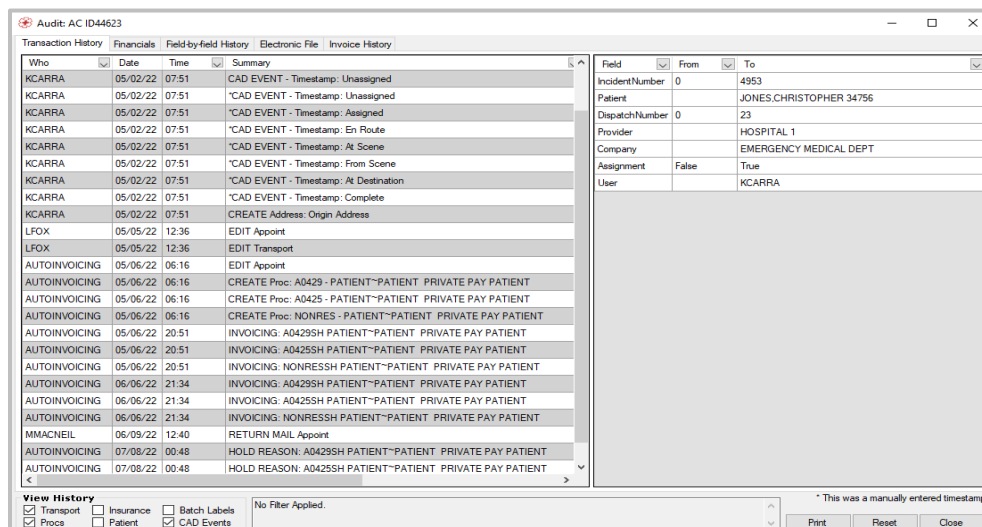
Credit card payments are remitted to the County within one business day of processing.

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.

Digitech provides comprehensive appeal support for Medicaid and Medicare audits, working closely with the County throughout the entire audit and appeal process. Our experienced compliance and reimbursement teams assist with preparing documentation, researching claim history, analyzing findings, and developing responses that align with applicable payer rules and regulations. Throughout each phase of an audit or appeal, Digitech maintains clear and consistent communication with the County. We document all actions taken, track key milestones, and proactively keep the County informed of audit status, deadlines, outcomes, and next steps. This transparent, collaborative approach ensures the County is fully supported, well-informed, and positioned for timely and effective resolution of audit matters.

Agree to maintain audit trail on all changes made on accounts, HIPAA requests and all communications.

Auditing is baked into every solution, feature, and process in Ambulance Commander. All data change details and system events are tracked by our platform's audit trail, including data entry, record modification, and billing events. Integrity of this audit trail is vital to the platform for support, research, and compliance purposes. Ambulance Commander users can in no way manufacture or edit audit trail records from within the platform and can only access audit trail data through read-only interfaces.



Audit: AC ID44623

Who	Date	Time	Summary
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: Unassigned
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: Unassigned
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: Assigned
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: En Route
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: At Scene
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: From Scene
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: At Destination
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: Complete
KCARRA	05/02/22	07:51	CREATE Address: Origin Address
LFOX	05/05/22	12:36	EDIT Appt
LFOX	05/05/22	12:36	EDIT Transport
AUTOINVOICING	05/06/22	06:16	EDIT Appt
AUTOINVOICING	05/06/22	06:16	CREATE Proc: A0429 - PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	06:16	CREATE Proc: A0425 - PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	06:16	CREATE Proc: NONRES - PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	20:51	INVOICING: A0425SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	20:51	INVOICING: A0425SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	20:51	INVOICING: NONRES SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	21:34	INVOICING: A0425SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	21:34	INVOICING: A0425SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	21:34	INVOICING: NONRES SH PATIENT~PATIENT PRIVATE PAY PATIENT
MMACNEIL	06/09/22	12:40	RETURN MAIL Appt
AUTOINVOICING	07/08/22	00:48	HOLD REASON: A0425SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	07/08/22	00:48	HOLD REASON: A0425SH PATIENT~PATIENT PRIVATE PAY PATIENT

Field	From	To
IncidentNumber	0	4953
Patient		JONES,CHRISTOPHER 34756
DispatchNumber	0	23
Provider		HOSPITAL 1
Company		EMERGENCY MEDICAL DEPT
Assignment	False	True
User		KCARRA

View History
☒ Transport ☐ Insurance ☐ Batch Labels ☐ No Filter Applied.
☒ Proc ☐ Patient ☒ CAD Events

* This was a manually entered timestamp

Print Reset Close

Forward statements to insured patients (except Medicaid recipients) on a regular cycle not to exceed 45 days between mailings from initial invoice until the account is appropriately closed in accordance with agreed upon procedures.

Digitech will continue to send patient statements on a regular, established schedule using mailers designed to clearly explain charges and encourage the return of valid insurance information. After all insurance verification efforts are exhausted, an initial invoice is issued shortly after receipt of ePCR data, followed by scheduled reminder statements and courteous follow-up calls. If an account remains unpaid, Digitech issues a pre-collection notice in accordance with County-approved policies and, when appropriate, refers the account to collections or applies adjustments after 120 days. Throughout the process, Digitech maintains a positive, respectful customer service approach and does not engage in debtor harassment or unreasonable conduct.

We don't leave your money on the table. Our platform systematically appeals short-paid claims until we recover the complete balance.

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.

Digitech will continue to respond to patients and payers within two days when additional information is needed. All written, electronic and verbal patient communications are documented in patient accounts for tracking purposes and creation of an audit trail.

Notify the County of billing errors and customer complaints within two (2) business days.

This process is currently in place for Charlotte County.

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.

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.

Digitech will file all appeals or short pays within 20 business days. The billing process is a continuous workflow, as remittance activity may require rebilling to secondary or tertiary payers, correction and resubmission of denied claims, appeals processing, or patient billing.

Appeal-IT – Automated Appeals and Short-Pay Recovery

All short-paid claims are automatically appealed through Digitech's Appeal-IT system, ensuring underpayments are pursued through all appropriate appeal levels without the delays and cost of manual processes.

Digitech will respond to County requests and post payments/adjustments related to probate and bankruptcy proceedings.

Provide sufficient customer service representatives to assist patients and third-party payers with billing inquiries and requests. Communications between parties shall be documented.

Digitech's Patient Support Center is fully staffed to manage patient call volume for the County. All written, electronic, and verbal communications with patients are consistently documented within each patient's account to ensure accuracy, continuity, and complete visibility of all interactions.

Contractor shall provide a designated liaison for patient/payer concerns.

Charlotte County has the support of the Client Support Services team for any patient or payer concerns. The Client Support Services Team is a client-only support line that County staff can directly access with questions about:

- Billing
- Process
- Account inquiries
- Adding a medic
- Collections

Provide a toll-free exchange for customer service and patient inquiries, answered as designated by the County. Multi-lingual (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.

We provide Charlotte County Fire & EMS' patients a toll-free telephone number for customer service and patient inquiries. We have bilingual (English and Spanish) staff onsite in customer service positions during our normal business hours of 8am – 5pm ET and utilize translation services for other languages as necessary.

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

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.

Digitech currently provides a web portal where patients can check the status of their accounts, make payments, update demographic profiles, provide signatures, and input insurance information.

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.

All authorized County personnel have 24/7 real-time access to the *Ambulance Commander* billing platform. Real-time reporting features will enable you to keep an up-to-date picture of financial and operational statistics. You can track the big picture with summarized totals or drill down to the individual patient, claim, or transaction level whenever desired.

Provide the County with secure access to all statements, insurance information, payment history and notes made on patient accounts.

The County currently has access to all statements, insurance information, payment history and notes made on patient accounts through the *Ambulance Commander* billing system.

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.

We offer flexible, patient-friendly payment plan options designed to balance compassionate community service with responsible revenue recovery. Payment plans are available to patients who need extended payment arrangements and are administered in accordance with County-approved policies.

If the patient/debtor makes monthly payments, the Contractor shall send out monthly statements, showing the balance outstanding on account.

Patients who are on a payment plan receive a monthly statement showing their outstanding balance and requesting their monthly payment amount.

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.

Digitech currently submits a list of patient accounts eligible for additional collection agency activity to the County for review and approval prior to transmitting those accounts electronically to the County's approved collection provider.

Shall have the ability to forward collection accounts electronically to the County collection agency on a monthly basis.

We currently submit collections accounts to your vendor via a monthly export.

Immediately forward accounts with errors to the County's collections agency when the Contractor is unable to resolve errors to a credible address.

This process is currently in place for Charlotte County.

Forward all correspondences received by Contractor on behalf of County to the County within 30 business days for appropriate handling.

Digitech will promptly forward any correspondence received on the County's behalf to the County within 30 business days to ensure appropriate and timely handling.

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.

We process customer refunds by generating a monthly overpayment report that includes all required documentation, such as remittance records and EOBs. The County then issues refund checks while retaining all supporting materials. Digitech processes and forwards refund requests electronically to the County on a monthly basis.

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.

Digitech facilitates monthly performance review meetings between key Digitech staff and County staff to evaluate results, address issues, identify special needs, and maintain open communication. These meetings may be conducted in person or electronically and are coordinated by Senior Client Support Manager Gina Auguste, who is actively involved in your account. Typical agenda items include review of monthly reports, billing activity, and any service concerns, with the goal of highlighting successes and identifying opportunities for continued improvement.

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.

Digitech performs well above the minimum standard set by the County. Digitech typically maintains a 92 -100% average of collection of revenue on net billable ground transports for Medicare, Medicaid and Commercial payers.

B. HIPAA COMPLIANCE

Contractor shall have a designated HIPAA Compliance Officer appointed to oversee Contractor's compliance with HIPAA requirements.

Digitech's compliance program is led by experienced healthcare Attorney Amanda Stark, Head of Compliance, who is responsible for the day-to-day administration, enforcement, and continuous improvement of the Compliance Plan. Her responsibilities include oversight of compliance training, SOC audit maintenance, Red Flag monitoring, and incident response. She reports to senior leadership to ensure independence and appropriate escalation authority. Amanda also handles:

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

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.

A Business Associate Agreement is currently in place between Digitech and Charlotte County that safeguards the County's protected health information.

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.

All records, both physical and digital, are retained in accordance with legal, regulatory, and client-specific requirements. All authorized personnel will have 24/7 real-time access to the Ambulance Commander billing platform, which houses all records. Digitech scans all paper documentation for secure digital storage and destroys the original paper records using a NAID-certified document destruction process. Digital records are retained for the duration of the contract and for no less than seven years following its conclusion, in accordance with the County's legal requirements.

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.

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

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

Contractor shall forward County Notice of Privacy Policy (NPP) to each patient transported by the County with the first mailing to the patient.

Digitech will continue to send Charlotte County's patients a copy of your Notice of Privacy Policy with the first mailing.

C. COMPLIANCE PLAN

Contractor shall have a designated Compliance Officer appointed to oversee Contractor's compliance with applicable federal, state and local requirements.

Our Head of Compliance, Amanda Stark is appointed to oversee Digitech's compliance with applicable federal, state, and local requirements.

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.

Our compliance plans and collections policies adhere fully to all local, state, and federal laws and regulations regarding collections, financial transactions, privacy, and “standards of reasonable care” for information handling, management, and destruction. This includes full compliance with Fair Debt Collection Practices Act, Fair and Accurate Credit Transactions Act, Fair Credit Reporting Act, Gramm-Leach-Bliley Act, Family Educational Rights and Privacy Acts and Children’s On-Line Privacy Protection Act. Digitech is committed to the highest ethical standards. We prioritize staying ahead of regulatory requirements and changes, as well as maintaining the resources we need to integrate compliance within our billing and collection activities, training, and quality management programs.

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.

Digitech’s compliance plan is consistent with the intent and activities of the Fair and Accurate Credit Transactions Act and related “Red Flag Rules”.

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.

Digitech dedicates substantial resources to ensuring compliance with governmental payers. This includes a secondary review of coding for all governmental claims and specialized teams that monitor Medicare and Medicaid policy changes to ensure billing practices remain compliant with applicable regulations.

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.

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

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.

Digitech undergoes annual SOC audits, and while our SOC 1 Type II report is proprietary and confidential, all audit results to date have been favorable. Independent auditor Withum has confirmed that Digitech meets nationally recognized standards for safeguarding hosted and processed client data. Due to the confidential nature of the report, the full SOC 1 Type II documentation is not included in public proposal materials; however, in keeping with our commitment to transparency and security, Digitech will make the current report, along with any applicable gap letters, available for your review in a secure and confidential setting. Please see [Attachment 5](#) for a copy of the Letter of Opinion from our most recent audit.

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.

Digitech agrees to continue providing independent audit support for Charlotte County, utilizing a third-party auditor as we do today to ensure objective review and compliance.

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.

Digitech has a documented Continuity of Operations Plan ([Attachment 6](#)). The plan outlines how Digitech plans to operate in the event of a disaster where normal business operations are interrupted. Digitech's plan provides a system that ensures complete and uninterrupted flow of services.

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.

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

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

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.

Digitech will continue to provide both onsite and web-based distance learning to the County as described in **Section G: Part Six: Training and Implementation.**

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 provider a transition of services with minimal disruption of services.

Digitech is already processing claims for the County and therefore will be fully prepared to continue processing County claims in January 2027, with no transition required and no disruption to services.

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.

Digitech will continue to provide comprehensive reporting to the County, including the ability to fulfill ad hoc reporting requests as needed. Digitech understands that the reports include accounting, fiscal, financial, statistical, and quality control reports.

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:

- o beginning A/R balance,
- o total charges for the prior month,
- o 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

- o ending A/R balance

- o a running average of daily charges

- o total days in accounts receivable

Total charges for the month by patient and major payer categories:

- o Medicare

- o Medicaid

- o Insurance

- o 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

Customer satisfaction survey results

These reports are currently being provided to the County ([Attachment 7](#)).

Reports must be submitted by the second week of the month for the preceding month

Digitech will continue to submit reports 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.

Digitech agrees to establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices.

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.

All records, both physical and digital, are retained in accordance with legal, regulatory, and client-specific requirements. All authorized personnel will have 24/7 real-time access to the Ambulance Commander billing platform, which houses all records. Digitech scans all paper documentation for secure digital storage and destroys the original paper records using a NAID-certified document destruction process. Digital records are retained for the duration of the contract and for no less than seven years following its conclusion, in accordance with the County's legal requirements.

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.

Upon termination of the contract, Digitech will provide the transfer of the County's data in a mutually agreed upon format.

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.

Authorized County users may access your records 24/7 throughout our contract.

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.

As above, Digitech will provide the County with access to your data at any time throughout the contract period.

6. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

Digitech agrees to this requirement.

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.

Digitech agrees to perform a sampling audit of at least three percent to verify level of service, condition codes, claim processing accuracy, and identification of non-medically-necessary accounts in support of ongoing compliance. These audits are embedded into Digitech's existing quality controls and are conducted by our internal editing team on a monthly basis. In addition, 100 percent of Medicare and Medicaid claims are subject to daily review, Digitech performs a monthly audit of claims billed in the prior month across all service levels and payer types.

Audit findings are reviewed internally and routed to management for corrective action when needed. Digitech addresses identified issues through targeted retraining and process improvement to prevent recurrence. This approach ensures strong compliance oversight, continuous improvement, and accurate billing while minimizing administrative burden for the County.

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 interview any clients and/or employees of the provider to assure the County of satisfactory performance of the terms and conditions of this contract.

Authorized County users will have access to inspect your records through our 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.

Digitech agrees to this requirement.

Forms

**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 4-1-26 Addendum No. 2 Dated 4-10-26 Addendum No. Dated
Addendum No. Dated Addendum No. Dated Addendum No. Dated

Type of Organization (please check one): INDIVIDUAL () PARTNERSHIP ()
 CORPORATION (X) JOINT VENTURE ()

Digitech Computer LLC 914-741-1919
Firm Name Telephone

Digitech 11-2693136
Fictitious or d/b/a Name Federal Employer Identification Number (FEIN)

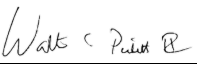
480 N. Bedford, STE C-202
Home Office Address

Chappaqua, NY, 10514 41
City, State, Zip Number of Years in Business

Address: Office Servicing Charlotte County, other than above

Gina Auguste Sr. Client Relations Manager 786-440-0671
Name/Title of your Charlotte County Rep. Telephone

Walter Pickett II CEO
Name/Title of Individual Binding Firm (Please Print)

 April 16, 2026
Signature of Individual Binding Firm Date

wpickett@digitechcomputer.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 Digitech Computer LLC
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.

Walter Pickett II

Proposer's Signature

April 16, 2026

Date

NAME OF FIRM Digitech Computer LLC

(This form must be completed and returned)

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

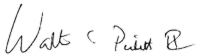
Charlotte County Contract #20260190

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

Walter Pickett II

Printed Name

CEO

Title

Digitech Computer LLC

Nongovernmental Entity

April 16, 2026

Date

END OF PART IV

NAME OF FIRM Digitech Computer LLC

(This form must be completed and returned)



Digitech[®]

Expert EMS billing and technology

Attachment 1 Resumes

Digitech Computer LLC

480 Bedford Rd
Chappaqua, NY 10514
digitechcomputer.com

914.741.1919 **(main)**
914.741.2818 **(fax)**



WALT PICKETT II

CHIEF EXECUTIVE OFFICER

EDUCATION

Bachelor's Degree
Mathematics
Susquehanna University

AFFILIATIONS

New York Ambulette
Coalition

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

Chief Executive Officer 2025 – Present

- Provides strategic leadership and overall direction for the organization, aligning operational execution with long-term vision and growth objectives.
- Builds and maintains strong relationships with clients, partners, and stakeholders, serving as a trusted representative of the company.
- Oversees financial performance, operational effectiveness, and risk management to ensure sustainable growth and organizational stability.
- Leads and develops senior leadership teams, fostering a culture of accountability, collaboration, and continuous improvement.
- Guides innovation and change initiatives to adapt to evolving market conditions, regulatory requirements, and customer needs.

Chief Operating Officer 2018 – 2025

As Chief Operating Officer, Walt was responsible for overseeing day-to-day operations and ensuring the organization executed effectively against its strategic goals. He focused on aligning people, processes, and technology to drive efficiency, consistency, and scalable growth, while supporting teams with clear direction and accountability. His role emphasized operational excellence, cross-functional collaboration, and continuous improvement to ensure the organization delivered high-quality outcomes for clients.

SVP, Development and Support 1999 – 2018

Walt managed a cross-functional team of software trainers, technical support staff, and software developers, while directly overseeing all aspects of new client implementations. He worked closely with clients throughout the onboarding process to ensure system configurations and custom reporting requirements were fully developed and implemented in advance of each go-live, supporting a seamless and successful transition.

Customer Service Representative & Programmer 1994 – 1999

Walt was responsible for all customer support operations, including resolving technical issues and implementing required and customized software modifications. He also set up and maintained hardware and network environments for both Digitech and its clients, ensuring reliable system performance.



**JOYCE
KERULO**

**CHIEF REVENUE
OFFICER**

EDUCATION

Bachelor's Degree
Accounting
Manhattan College

Certified Ambulance Coder
Certificate

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

Chief Revenue Officer 1994 – Present

- Leads enterprise-wide revenue strategy for EMS revenue cycle management, overseeing the processing of more than 7.4 million ambulance claims annually and ensuring consistent, compliant financial performance.
- Built the company's billing services division from the ground up, establishing scalable processes, performance standards, and infrastructure to support national growth.
- Oversees all aspects of EMS billing operations, including coding, compliance, collections, payer strategy, and reimbursement optimization.
- Manages and mentors a team of 100+ billing professionals, driving accountability, quality, and operational excellence across the revenue organization.
- Develops and manages departmental budgets, aligning staffing, technology, and operational investments with revenue and performance goals.

EDWARD EHRBAR INC

PELHAM, NY

Assistant Controller 1986 – 1993

In this role, Joyce oversaw all functions of the Accounting Department, including accounts payable, accounts receivable, payroll, and financial reporting. She managed a staff of 15 employees and ensured accurate, timely, and compliant financial operations that supported the organization's overall business objectives.

MEDICAB INC

NEW YORK, NY

Assistant Controller

Joyce provided direct, hands-on support to billing staff while managing a team of eight employees. She also supervised all functions of the Accounting Department, including accounts payable, accounts receivable, payroll, and financial reporting, ensuring accurate and efficient financial operations across the organization.



MATT RUSCH

CHIEF OPERATING OFFICER

EDUCATION

Master's Business
Administration
Baldwin Wallace University

Bachelor's Degree
Business Management
Baldwin Wallace University

CERTIFICATIONS

Executive of Healthcare
Revenue Cycle (EHRC)
Healthcare Financial
Management Association

Fellow of the Healthcare
Financial Management
Association (FHFMA)
Healthcare Financial
Management Association

AFFILIATIONS

Board Member
Northeast Ohio HFMA

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

Chief Operating Officer 2026 – Present

- Oversees enterprise-wide operations, ensuring seamless coordination across client onboarding, billing, and operational teams
- Leads corporate initiatives to improve efficiency, scalability, and cross-functional alignment
- Directs recruitment, hiring, and workforce planning to support organizational growth and operational needs
- Oversees budgeting, forecasting, and operational planning to align resources with strategic priorities
- Establishes and monitors key performance indicators to track operational effectiveness and drive continuous improvement

AKRON CHILDREN'S HOSPITAL

AKRON, OH

VP, Finance & Revenue Cycle 2024 - 2026

In this role Matt was responsible for overseeing all financial and revenue cycle operations to support the organization's clinical mission and long-term financial stability. He led teams across billing, collections, and financial reporting, focused on improving reimbursement performance, ensuring regulatory compliance, and aligning revenue cycle processes with high-quality pediatric care. His work emphasized operational efficiency, cross-department collaboration, and the responsible stewardship of resources in a complex healthcare environment.

VP, Revenue Cycle 2020 – 2024

Matt had primary responsibility for accounts receivable performance, focusing on cash flow optimization, aging reduction, and denial management. He led AR strategy across payer classes, implemented process improvements to accelerate collections, and partnered with operational and clinical teams to resolve root causes of delays—driving measurable improvements in days in AR and overall financial performance.

HENRY FORD HEALTH SYSTEM

DETROIT, MI

VP, Revenue Cycle 2018 – 2020

Matt served as Vice President of Finance & Revenue Cycle, with responsibility for overseeing financial operations and end-to-end revenue cycle performance. In this role, he focused on strengthening reimbursement outcomes, improving operational efficiency, and aligning financial strategies with the system's clinical and organizational goals.

314e CORPORATION

PLEASANTON, CA

VP, Revenue Cycle Services 2015 – 2018

Matt served as Vice President of Revenue Cycle Services at 314e, where he led revenue cycle operations while supporting hospitals and health systems with AI-powered solutions designed to improve interoperability, user efficiency, and the overall patient experience. In this role, he focused on aligning revenue cycle strategy with advanced technology to streamline workflows, enhance performance, and support high-quality, data-driven care delivery.

CLEVELAND CLINIC

CLEVELAND, OH

Senior Program Director EPIC Revenue Cycle 2014 – 2015

Matt served as Senior Program Director for Epic Revenue Cycle, providing strategic leadership for large-scale Epic implementations and optimization efforts to improve revenue cycle performance, interoperability, and operational efficiency.

Director, RCM Application & EPIC Support 2010 – 2014

In this role, Matt provided leadership and oversight for revenue cycle applications and Epic support functions, ensuring system stability, optimization, and effective support for end users across the organization.



ANDREW SHEILS

CHIEF CLIENT OFFICER

EDUCATION

Master's Business
Administration
Northwestern University
Kellogg School of
Management

Master's Degree
Public Administration
University of Illinois

Bachelor's Degree
English
University of Illinois

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

Chief Client Officer 2025 – Present

- Leads strategic retention initiatives and navigates complex client relationships to strengthen long-term partnerships
- Applies a forward-thinking, client-first approach to deepen and sustain high-value, long-standing relationships
- Drives growth through tailored, client-focused solutions
- Advises major municipal clients, leveraging deep public sector expertise
- Partners with clients to solve unique operational and business challenges

SVP, Client Services 2020 – 2025

As Senior Vice President of Client Services, Andy provided executive leadership over client relationships and service delivery, ensuring a consistent, high-quality experience across the organization.

INTERMEDIX/R1

FORT LAUDERDALE, FL

SVP, Client Services 2013 – 2020

Andy led the organization's client engagement and service delivery strategy, with a strong emphasis on consistency and relationship strength. He focused on aligning teams around client needs, fostering open communication, and continuously improving service delivery to support long-term partnerships and client confidence.

CITY OF CHICAGO DEPARTMENT OF FINANCE

CHICAGO, IL

First Deputy Comptroller/Acting City Comptroller 2010 – 2013

He served on the City's executive financial management team alongside the Mayor's Office and the Office of Budget and Management, helping lead citywide initiatives related to revenue enhancement, cost reduction, debt refinancing, and budget planning. In this capacity, he advised senior leadership on fiscal policy, legislative strategy, and long-term financial planning, while also leading the Department as chief executive, overseeing a staff of 550 and managing financial operations and services across 37 city departments.



BEN LAMBERT

CHIEF INFORMATION OFFICER

EDUCATION

Executive Master's of
Business Administration
Pace University
Valedictorian

Bachelor's Degree
Information Technologies
University of Phoenix

Bachelor's Degree
Music Theory Studies
Temple University

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

Chief Information Officer 2020 – Present

- Provides strategic leadership for enterprise technology, aligning IT initiatives with organizational goals and business priorities
- Oversees information systems, infrastructure, cybersecurity, and data governance to ensure reliability, security, and regulatory compliance
- Guides technology modernization, digital transformation, and innovation efforts to improve efficiency and user experience
- Partners with executive leadership and stakeholders to identify technology solutions that support growth, scalability, and operational excellence
- Leads and develops IT teams, vendors, and budgets while driving accountability, performance metrics, and continuous improvement

VP, Technology 2012 – 2020

In this role, Ben oversaw both the Development and IT teams, providing strategic direction while focusing on process analysis, automation, and innovation. He managed resource allocation across technology functions and drove the conception and design of advanced billing technologies, leveraging Agile/Scrum and object-oriented programming methodologies to support C# development within the .NET framework connected to MS SQL databases. He also led major infrastructure initiatives, including the successful migration to a virtualized environment, strengthening scalability and operational efficiency.

Senior Software Engineer 2002 – 2012

Ben designed and implemented a robust import engine to integrate with third-party ePCR vendors using XML-based ASP.NET web services, introducing real-time insurance eligibility and transforming the claim editing and coding process. As team leader for the redesign of Ambulance Commander, he guided the platform's migration to a Microsoft .NET and SQL Server architecture, enabled aggregated processing and reporting across all client databases, and conceptualized an automated alert system to identify issues and inefficiencies through real-time and historical data analysis. He also served as lead developer and project manager for the SecureDocs system, delivering secure, web-based access to millions of EMS documents.



AMANDA STARK

HEAD OF COMPLIANCE

EDUCATION

Juris Doctor
University of Illinois
College of Law

Bachelor's Degree
Marketing
Millikin University

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

Head of Compliance 2021 – Present

- Leads and conducts comprehensive internal billing and compliance audits to assess adherence to federal, state, and payer-specific regulatory requirements and to identify risk areas and improvement opportunities
- Performs detailed reviews of clinical and billing documentation to validate accuracy, medical necessity, coding integrity, and compliance with applicable laws, regulations, and payer guidance
- Serves as a trusted advisor to executive leadership, operational teams, and clients on billing, reimbursement, and compliance matters, providing practical guidance and risk-mitigation strategies
- Develops and delivers training programs for staff on federal billing requirements, regulatory updates, and compliance best practices, ensuring ongoing awareness, consistency, and accountability across the organization

PAGE, WOLFBERG & WIRTH LLC

NATIONAL ACADEMY OF AMBULANCE COMPLIANCE

MECHANICSBURG, PA

Senior Associate/Executive Director 2014 – 2020

Amanda developed and served as the primary instructor for the National Academy of Ambulance Compliance's Certified Ambulance Compliance Officer course and coauthored an Ambulance Compliance Program Toolkit.

She prepared and delivered compliance education at national conferences, advised clients on regulatory and compliance matters, drafted and reviewed compliance policies, and supported compliance program implementation. In addition, she assisted clients with compliance risk assessments, corrective action planning, and delivered ongoing compliance training to reinforce best practices.



DARRYL HARTUNG

SVP, CLIENT RELATIONS AND SALES

EDUCATION

Bachelor's Degree
Business Administration &
Management
Florida Atlantic University

Associate's Degree
Business Management
Broward Community College

PROFESSIONAL EXPERIENCE

DIGITECH

MIAMI, FL

SVP, Client Relations and Sales, 2020 – Present

- Provides executive leadership and mentorship for the Client Relations Managers (CRMs), Project Managers (PMs), and Sales team, ensuring client satisfaction, operational excellence, and revenue growth
- Oversees onboarding strategy, implementation processes, and system deployments, ensuring consistent execution and a positive client experience from contract through go-live
- Leads client relationship strategy, working alongside CRMs to prepare and deliver client business and performance reviews
- Drives sales strategy and growth by guiding the Sales team, supporting prospect engagement, presenting and demonstrating Digitech products and services, and assisting in converting opportunities into long-term client relationships
- Represents Digitech at conferences, trade shows, and industry events to strengthen relationships, expand market presence, and support business development efforts
- Provides executive oversight for client contracts, amendments, renewals, and commercial terms, ensuring consistency, compliance, and alignment with organizational goals

INTERMEDIX/R1

MIAMI, FL

Vice President, Client Services 2000 – 2020

As VP of Client Services, Darryl was deeply focused on cultivating strong, long-term customer relationships. In that role, he worked closely with clients and internal teams to ensure consistent service delivery, clear communication, and a high level of trust and confidence in the partnership.

MORTGAGE.COM

MIAMI, FL

Mortgage Consultant/Manager 1998 – 2000

Responsible for originating and managing custom residential loan programs while working closely with executive leadership to set and align sales goals and objectives. The role focused on building client relationships, identifying tailored financing solutions, and contributing to overall departmental strategy and performance.



MITCH HOLDER

SVP, ANALYTICS

EDUCATION

Level 1 & Level 2 Certificates
Local Government Financial
Officer Program
University of Georgia
Carl Vinson Institute of
Government

Business Management
Coursework
Liberty University

Instructor Licenses:

- ACLS
- PHTLS
- PALS
- CPR
- BTLIS

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

SVP, Analytics, 2017 – Present

- Partners with clients to analyze data and develop custom reports that support operational insight and decision-making
- Provides ongoing support for reporting and analytics needs, addressing ad hoc requests as they arise
- Designs and delivers client training sessions on the Ambulance Commander platform to support effective system use and adoption
- Plays a key role in developing and maintaining training content within the Digitech Learning Center, with a focus on medic education and system best practices
- Serves as a subject-matter resource for clients and internal teams, helping translate data and system capabilities into practical, usable insights

GWINNETT COUNTY FIRE & EMS

LAWRENCEVILLE, GA

Battalion Chief, Business Services 2010 – 2017

In this role, Mitch developed and coordinated a \$100 million operating, capital, and IT budget for the fire department while overseeing EMS billing operations that improved revenue from \$9 million in 2009 to \$16 million in 2016. He approved and facilitated major capital purchases, including facilities, apparatus, and equipment, and was responsible for drafting and managing contracts, Business Service Agreements, and Requests for Proposals. He also authored the department's HIPAA compliance plan and served on both the County's Sole Standardization Committee, overseeing sole-provider services, and the State EMS Committee, where he helped negotiate healthcare reimbursement with Georgia Medicaid.

Medical Supervisor 2006 – 2009

Mitch supported the EMS Medical Director by leading quality improvement efforts, managing medical-level risk, and strengthening collaboration between field providers and hospital partners. He also established performance measures and quality programs for EMS staff and oversaw investigations of EMS incidents to ensure compliance with medical standards and protocols.



**NANCY
SPENCE**

**DIRECTOR OF
FINANCE**

EDUCATION

Bachelor's Degree
Business Administration in
Finance
University of Kentucky

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

Director of Finance 2023 – Present

- Develops and manages the annual operating plan and rolling forecasts for a \$100 million net-revenue business, supporting strategic and operational decision-making
- Produces monthly reporting packages and delivers variance analysis during close meetings to provide clear insight into financial performance
- Partners with the executive team to establish goals, objectives, and long-term financial plans
- Designs and maintains cost and performance metrics used by management teams to monitor efficiency and profitability
- Prepares monthly board-level reporting packages and presented financial results and key performance indicators
- Manages a team of four responsible for executing the monthly financial close process accurately and on schedule

Financial Planning and Analysis Manager 2018 – 2022

In this role, Nancy researched financial results and provided detailed variance analysis during monthly close meetings, while developing and maintaining a dashboard that tracked labor costs and headcount trends to help executives forecast staffing needs based on ambulance transport volumes. She managed a four-day monthly close process, calculated revenue accruals for more than 250 customers, and supported the establishment of a new processing center.

R1 RCM

CHICAGO, IL

Consultant 2018 – 2022

Nancy prepared and communicated monthly financial results to the leadership team across eight cost centers within the Shared Services unit, providing clear visibility into performance. She also developed annual budgets and determined cost allocations for client sites supported by the Shared Services model, ensuring accurate planning and equitable distribution of shared costs.



EDWARD MARASCO

EVP, EXTERNAL AFFAIRS

EDUCATION

Master's of Project
Management
Health Systems
Administration
Carnegie Mellon University
Heinz College of Information
Systems and Public Policy

Bachelor's Degree
Secondary Education
University of Pittsburgh

AFFILIATIONS

Retired Flight Paramedic

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

EVP, External Affairs 2026 – Present

- Leads the organization's external relations, business development efforts, and consulting services supporting medical transportation providers nationwide
- Brings more than 40 years of healthcare and air medical industry experience, with deep expertise in reimbursement strategy, regulatory advocacy, and EMS leadership
- Serves as a trusted advisor to EMS and air medical organizations on complex reimbursement and regulatory challenges
- Actively engaged in national industry organizations, including long-standing service on multiple committees within the Association of Air Medical Services (AAMS)
- Leverages extensive industry relationships and advocacy experience to advance best practices and support sustainable success for medical transportation providers

QUICK MED CLAIMS

PITTSBURGH, PA

EVP, Client Services 2009 - 2025

Ed Marasco oversaw the organization's external relationships, consulting services, and growth initiatives for medical transportation providers nationwide. Drawing on more than four decades of experience in healthcare and air medical services, he provided leadership in reimbursement strategy, regulatory engagement, and industry advocacy, including long-standing involvement with national organizations such as the Association of Air Medical Services.

UNIVERSITY OF PITTSBURGH SCHOOL OF HEALTH & REHABILITATION SCIENCES

PITTSBURGH, PA

Adjunct Instructor of Emergency Medicine 2010 – Present

Ed is active as a faculty member, serving as the primary instructor for a Finance and Accounting course and guest lecturing across additional undergraduate-level courses, contributing practical, real-world insight to the academic curriculum.



MAXINE D'AGOSTINO

SVP BILLING SERVICES

EDUCATION

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

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

SVP, Billing Services 2025 – Present

- Provides executive leadership over EMS billing operations, ensuring accurate, compliant, and timely processing across all service lines and payer types
- Oversees large-scale billing operations, including coding, claims submission, collections, denials management, and reimbursement optimization
- Leads and develops billing leadership and staff, establishing performance standards, accountability, and continuous improvement practices
- Partners closely with clients, payers, and internal teams to resolve complex billing issues and maximize compliant revenue
- Drives operational strategy, process improvement, and technology alignment to support scalable growth and consistent financial performance

VP, Billing Services 2018 – 2025

In her previous role as Vice President of Billing Services, Maxine led EMS billing operations with responsibility for performance, compliance, and service delivery across client agencies. He focused on strengthening billing workflows, supporting operational teams, and partnering with clients to improve reimbursement outcomes while ensuring accurate, compliant, and consistent billing practices.

Billing Manager 2012 – 2018

Maxine began his tenure as a Billing Representative and progressed into roles as Medicare Manager and Quality Assurance Manager, building deep expertise in regulatory and operational compliance. She oversaw the Medicare and Quality Assurance departments, with a strong focus on ensuring Digitech's adherence to Medicare rules, regulations, and compliance standards.



**FRAN
CUZZO**

VP, BILLING SERVICES

EDUCATION

Front Office Medicare

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

VP, Billing Services 2002 – Present

- Leads and manages a staff of 40+ billing professionals, ensuring consistent performance, accuracy, and compliance across operations
- Oversees all aspects of patient collections, including high-volume electronic and paper billing processes
- Provides executive oversight of end-to-end billing workflows to support timely reimbursement and optimized collections
- Serves as the primary liaison for ambulance service clients nationwide, supporting relationships and issue resolution
- Collaborates closely with the IT department to support testing, validation, and enhancements of billing software systems

TRANSWORLD

JACKSONVILLE, FL

Billing Manager 1999 – 2000

In the role at Transworld, Fran oversaw billing operations across multiple payer categories, ensuring accurate claims submission, compliance with payer requirements, and effective issue resolution.

TRANSCARE NY/AA AMBULANCE CO

LONG ISLAND CITY, NY

Director of Advisory Services 1988 – 1997

Fran oversaw daily AR operations, ensuring timely collections, accurate posting, and effective resolution of outstanding balances.

TRANSCARE NY/AA AMBULANCE CO

LONG ISLAND CITY, NY

Director of Advisory Services 1988 – 1997

Fran focused on improving accounts receivable performance, helping organizations reduce aging, strengthen cash flow, and resolve reimbursement challenges.

EMPRESS AMBULANCE

YONKERS, NY

Dispatcher/Accounts Receivable Clerk 1988 – 1997

Fran oversaw daily accounts receivable operations while also serving as a dispatcher, bringing a strong understanding of both financial workflows and frontline operations to her role.



**CATHY
TENZYK**

VP, BILLING SERVICES

EDUCATION

Certificate in Coding and
Medical Necessity

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

VP, Billing Services 2018 – Present

- Supervises compliance auditing staff and collaborates closely with coding teams, quality assurance staff, clients, and external auditors to ensure consistent compliance practices
- Ensures adherence to federal and state billing regulations while proactively advising clients on Medicare policy updates and regulatory changes
- Leads random compliance audits and provides ongoing guidance on documentation standards, coding accuracy, and regulatory compliance

Medicare Collections Manager 2002 – 2012

Cathy began her career as a Billing and Collections Representative, where she was trained on the Ambulance Commander system. In this role, she developed deep expertise in OMNI PRO and other Medicare online systems to verify eligibility, monitor claim status, and perform online claim adjustments. She trained and supervised a team focused on Medicare ambulance billing and collections, oversaw daily Medicare billing operations, and established and led a Quality Assurance team to ensure compliant Medicare and Medicaid billing practices. She also stayed current on evolving Medicare and Medicaid regulations, proactively advising clients on policy changes and compliance requirements.

JOHN A. GALENO, MD

WHITE PLAINS, NY

Medical Secretary

Served as a medical secretary in a physician's office, supporting daily administrative operations, scheduling appointments, and coordinating patient communications.

ABBAY RICHMOND AMBULANCE SERVICE

WHITE PLAINS, NY

Billing and Collections Clerk 1986 - 1999

Served as a billing and collections clerk for a private ambulance service, supporting claims processing, patient billing, and collection activities to ensure timely and accurate reimbursement.



ANTHONY SANTOS

VP, CLIENT RELATIONS AND PROJECT MANAGEMENT

EDUCATION

Master's Degree
Manhattanville College, NY

Bachelor's Degree
University of Connecticut

AFFILIATIONS

Sigma Alpha Theta
Storrs, CT
Chief Financial Organizer,
Fundraising Chair

Kappa Sigma Fraternity
Storrs, CT
Philanthropy Chair

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

VP, Client Relations and Project Management 2025 – Present

- Manages and mentors team of Client Relations Managers (CRM) and Project Managers (PM) to ensure employee and client success
- Lead advisor for all CRMs on Digitech's Ambulance Commander proprietary, our client system training program, day-to-day issues, and team building
- Lead advisor for all PMs for onboarding systems and processes
- Prepares and presents client business reviews with CRMs
- Presents and demonstrates products and services to support new business relationships
- Engages with internal and external stakeholders as a trusted advisor to ensure the success of each project
- Oversees end-of-the-month financial review and close process ensuring timely, accurate reporting with requested key performance indicators
- Manages client contracts, amendments, and renewals

Director, Client Relations 2023 – 2025

Anthony focused on strengthening relationships, helping teams work together effectively, and creating clarity and consistency in how work was done.

Account Manager 2015 – 2023

Anthony served as a dedicated account manager for an assigned portfolio of clients, acting as a consistent, trusted point of contact and advocate. He focused on understanding each client's priorities, maintaining strong relationships, and ensuring clear communication, responsiveness, and confidence in the day-to-day partnership.

ST. JOHN'S HOSPITAL

YONKERS, NY

Administrative Intern 2014 –2015

Anthony gained broad exposure to the administrative, financial, marketing, and insurance functions of the organization through hands-on experience and regular cross-department collaboration. He also contributed to corporate improvement initiatives and supported auditing efforts by creating and managing analytical tools for reviewing off-site physician practices.



MARY DELFRANCO

VP, CREDENTIALING AND INTEGRATIONS

EDUCATION

Bachelor's Degree
Computer Science
Stony Brook University

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

VP, Credentialing and Integrations 2025 – Present

- Provides oversight of client credentialing and system integrations, ensuring seamless onboarding and sustained compliance across all payer and provider requirements
- Leads and coordinates end-to-end system implementation efforts for new clients, including planning, testing, validation, and go-live readiness
- Oversees provider enrollment and credentialing processes across all billing environments, ensuring clients maintain active, accurate credentials to support uninterrupted claims processing
- Serves as an escalation point for complex system issues and integration challenges, providing strategic direction and remote support to ensure timely resolution
- Partners with third-party vendors to define, test, and maintain technical integration requirements between external systems and Digitech's platforms
- Develops and delivers training for Account Managers and client-facing teams on system configuration, credentialing workflows, and ongoing system support best practices

Director, Account Management 2010 – 2025

In this role, Mary supported client credentialing and system integrations by coordinating new client implementations, provider enrollments, and ongoing credential maintenance

MEDICAL ARTS CENTER HOSPITAL

NEW YORK, NY

Project Assistant 2005 – 2009

Mary assisted with key projects to support hospital technology systems.

STAMFORD HOSPITAL

STAMFORD, CT

IT Clinical Applications Supervisor 1987 – 1997

Mary oversaw clinical application systems for a hospital, ensuring reliable functionality, user support, and alignment with clinical workflows while supervising staff responsible for system maintenance and optimization.



**GINA
AUGUSTE**

**SENIOR CLIENT
RELATIONS MANAGER**

EDUCATION

Associate's Degree
Health Services Management
Miami Dade College

Certificate of Medical Billing
and Coding
Technical Career Institute
Miami, FL

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

Senior Client Relations Manager 2020 – Present

- Manages relationships with 15+ high-value clients, ensuring optimal financial health and account performance
- Oversees financial analysis and reporting for client accounts, identifying growth opportunities
- Conducts regular meetings with clients to review performance metrics and develop strategies for improvement
- Builds trust among customers by providing timely responses to inquiries and requests

R1 RCM INC

CHICAGO, IL

Client Relations Director 2017 – 2020

In this role, Gina developed and implemented client relations strategies focused on improving customer satisfaction and long-term engagement, while establishing key performance indicators to measure the success of those initiatives. He regularly reviewed monthly financial results with partners to identify opportunities for increased profitability, maintained strong relationships through responsive, high-quality service, and analyzed client feedback to drive continuous improvements in service delivery.

INTERMEDIX

FORT LAUDERDALE, FL

Client Support Services Manager 2015 – 2017

Operations Manager 2009 – 2015

Special Projects Manager 2002 – 2009

Specialist 2000 – 2002



**DAVID
MEAD**

**DIRECTOR, COST
RECOVERY SOLUTIONS**

EDUCATION

Master's of Business

Administration

Oklahoma State University

Bachelor's Degree

Science

Oklahoma State University

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

Director, Cost Recovery Solutions 2022 – Present

- Plans, procures, and executes cost reporting projects, ensuring accuracy, compliance, and timely delivery
- Develops marketing materials and cost reporting tools, including standardized templates and forms
- Forecasts and plans business unit financial performance, providing insights and recommendations to leadership
- Monitors market conditions and regulatory changes, developing strategies and solutions to adapt to evolving requirements

PUBLIC CONSULTING GROUP

BOSTON, MA

Senior Consultant 2018 – 2022

David led a multidisciplinary team of nine professionals, including business analysts, consultants, and senior program staff, while managing a portfolio exceeding \$3.5 million annually and achieving average year-over-year growth of more than 10 percent. In this role, he drafted State Plan Amendments and CMS preprints and implemented business process improvements that drove greater efficiency and measurable operational results.

CONSULTANT

AUSTIN, TX

Consultant 2018 – 2022

In this role, David developed and implemented innovative Medicaid financing solutions tailored specifically for EMS providers, while defining, documenting, and improving business processes related to Medicaid cost reporting. He led in-person and virtual sales calls, trainings, and conference presentations, and hired, trained, and supervised a team of business analysts to support program execution and client success.



Digitech®

Expert EMS billing and technology

Attachment 2

Sample Patient Statements

Digitech Computer LLC

480 Bedford Rd
Chappaqua, NY 10514
digitechcomputer.com

914.741.1919 **(main)**
914.741.2818 **(fax)**



Expert EMS billing and technology

Sample Patient Statements

- A. Patient Invoice Samples – Notice 1,2, and 3
- B. Patient Payment Plan Notes
- C. Patient Receipt
- D. Patient Statement



CITY OF SAMPLE
DIGITECH COMPUTER, INC.
BILLING ON BEHALF OF SAMPLE FIRE DEPT
480 BEDFORD ROAD, BLDG 600 - 2nd FL
CHAPPAQUA, NY 10514
RETURN SERVICE REQUESTED

TO PAY ONLINE: BY CREDIT CARD OR PROVIDE
INSURANCE INFORMATION PLEASE VISIT
CITYNAME.PAYAMBULANCE.COM

STATEMENT DATE 11/18/14	PAY THIS AMOUNT \$1,090.00	INVOICE # DCITY00
SHOW AMOUNT PAID HERE: \$		

CITY-43 000000001



JOHN TESTPATIENT
1 NE MAIN ST
SAMPLE XY 12345-1111

▼ Payment Address ▼

CITY OF SAMPLE
PO BOX 12345
SAMPLE, XY 12345-1111

☐ Please check box if address is incorrect or insurance information
has changed and indicate change(s) on the reverse side.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

TAX ID: 70-0000000
CITY OF SAMPLE

INVOICE

N #: 1

PATIENT NAME		INVOICE #	INCIDENT #	INVOICE DATE	
JOHN TESTPATIENT		DCITY00	14000000	12/20/17	
ORIGIN:			DESTINATION:		
PATIENT RESIDENCE 1 NE MAIN ST SAMPLE, XY 12345			TEST HOSPITAL 1 TEST ST SAMPLE, XY 12345		
DATE	DESCRIPTION OF SERVICES PERFORMED		QTY	RATE	AMOUNT
12/12/17	A0427 ALS EMERGENCY		1.0	\$1,075.00	\$1,075.00
	A0425 MILEAGE		1.0	\$15.00	\$15.00
			CREDITS:		\$0.00
			BALANCE DUE UPON RECEIPT OF THIS INVOICE:		\$1,090.00

PLEASE FORWARD YOUR INSURANCE INFORMATION OR REMIT PAYMENT IN FULL UPON RECEIPT OF THIS INVOICE.

FOR INQUIRIES CALL 888-000-0000 MON-FRI (8AM-6PM EST) OR EMAIL XXXX@DIGITECHCOMPUTER.COM

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

TELEPHONE

()

MARITAL STATUS

☐ Single

☐ Separated

☐ Married

☐ Divorced

☐ Widowed

EMPLOYER'S NAME

EMPLOYER'S TELEPHONE

()

EMPLOYER'S ADDRESS

CITY STATE ZIP

ABOUT YOUR INSURANCE:

SOCIAL SECURITY NUMBER

YOUR PRIMARY INSURANCE CO. NAME EFFECTIVE DATE

PRIMARY INSURANCE CO. ADDRESS TELEPHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE CO. NAME EFFECTIVE DATE

SECONDARY INSURANCE CO. ADDRESS TELEPHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER



CITY OF SAMPLE
DIGITECH COMPUTER, INC.
BILLING ON BEHALF OF SAMPLE FIRE DEPT
490 BEDFORD ROAD, BLDG 600 - 2nd FL
CHAPPAQUA, NY 10514
RETURN SERVICE REQUESTED

TO PAY ONLINE: BY CREDIT CARD OR PROVIDE
INSURANCE INFORMATION PLEASE VISIT
CITYNAME.PAYAMBULANCE.COM

STATEMENT DATE 12/20/17	PAY THIS AMOUNT \$1,004.00	INVOICE # DCITY00
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SHOW AMOUNT PAID HERE: \$

▼ Payment Address ▼

CITY OF SAMPLE
P.O. BOX 95104
SAMPLE, XY 12345-1111

☐ Please check box if address is incorrect or insurance information
has changed and indicate change(s) on the reverse side.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

TAX ID: 75-6000546
CITY OF SAMPLE

INVOICE

N #: 2

PATIENT NAME		INVOICE #	INCIDENT #	INVOICE DATE	
JOHN TESTPATIENT		DCITY00	13-00011112	12/20/17	
ORIGIN:			DESTINATION:		
PICK UP FROM SCENE 200 BOYD DR SAMPLE, XY 12345-1111			SAMPLE MEDICAL CENTER 1650 W COLLEGE ST SAMPLE, XY 12345-1111		
DATE	DESCRIPTION OF SERVICES PERFORMED		QTY	RATE	AMOUNT
12/12/17	A0427 ALS EMERGENCY		1	\$855.00	\$855.00
	A0425 MILEAGE		2	\$15.00	\$30.00
	A0422 OXYGEN BY BLOW BY		1	\$119.00	\$119.00
			CREDITS:		\$0.00
			BALANCE DUE UPON RECEIPT OF THIS INVOICE:		\$1,004.00

THIS IS YOUR SECOND NOTICE, PLEASE REMIT PAYMENT IN FULL OR CALL OUR OFFICE TO ARRANGE A
PAYMENT PLAN. IF YOU HAVE VALID INSURANCE FOR THIS DATE OF SERVICE, PLEASE FORWARD IT TO
US.

FOR INQUIRIES CALL 1-877-659-0519 MON-FRI 8AM - 4PM CST OR EMAIL SAMP@DIGITECHCOMPUTER.COM

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

TELEPHONE

()

MARITAL STATUS

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

EMPLOYER'S NAME

EMPLOYER'S TELEPHONE

()

EMPLOYER'S ADDRESS

CITY STATE ZIP

ABOUT YOUR INSURANCE:

SOCIAL SECURITY NUMBER

YOUR PRIMARY INSURANCE CO. NAME EFFECTIVE DATE

PRIMARY INSURANCE CO. ADDRESS TELEPHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE CO. NAME EFFECTIVE DATE

SECONDARY INSURANCE CO. ADDRESS TELEPHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER



CITY OF SAMPLE
DIGITECH COMPUTER, INC.
BILLING ON BEHALF OF SAMPLE FIRE DEPT
480 BEDFORD ROAD, BLDG 600 - 2nd FL
CHAPPAQUA, NY 10514
RETURN SERVICE REQUESTED

TO PAY ONLINE: BY CREDIT CARD OR PROVIDE
INSURANCE INFORMATION PLEASE VISIT
CITYNAME.PAYAMBULANCE.COM

STATEMENT DATE
12/20/17

PAY THIS AMOUNT
\$1,019.00

INVOICE #
DCITY00

SHOW AMOUNT PAID HERE: \$

CITY OF SAMPLE
P.O. BOX 95104
SAMPLE, XY 12345-1111

☐ Please check box if address is incorrect or insurance information
has changed and indicate change(s) on the reverse side.

▼ Payment Address ▼

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

TAX ID: 75-6000546
CITY OF SAMPLE

INVOICE

N #: 3

PATIENT NAME		INVOICE #	INCIDENT #	INVOICE DATE	
JOHN TESTPATIENT		DSAMP0000000005	13-00011113	12/20/17	
ORIGIN:			DESTINATION:		
PICK UP FROM SCENE 300 BOYD DR SAMPLE, XY 12345-1111			SAMPLE MEDICAL CENTER 1650 W COLLEGE ST SAMPLE, XY 12345-1111		
DATE	DESCRIPTION OF SERVICES PERFORMED		QTY	RATE	AMOUNT
12/13/17	A0427 ALS EMERGENCY		1	\$855.00	\$855.00
	A0425 MILEAGE		3	\$15.00	\$45.00
	A0422 OXYGEN BY BLOW BY		1	\$119.00	\$119.00
			CREDITS:		\$0.00
			BALANCE DUE UPON RECEIPT OF THIS INVOICE:		\$1,019.00

THIS IS YOUR THIRD NOTICE, PLEASE RESPOND IMMEDIATELY TO AVOID FURTHER COLLECTION ACTIVITY.

FOR INQUIRIES CALL 1-877-659-0519 MON-FRI 8AM - 4PM CST OR EMAIL SAMP@DIGITECHCOMPUTER.COM

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

TELEPHONE () MARITAL STATUS
■ Single ■ Married
■ Separated ■ Divorced
■ Widowed

EMPLOYER'S NAME

EMPLOYER'S TELEPHONE
()

EMPLOYER'S ADDRESS

CITY STATE ZIP

ABOUT YOUR INSURANCE:

SOCIAL SECURITY NUMBER

YOUR PRIMARY INSURANCE CO. NAME EFFECTIVE DATE

PRIMARY INSURANCE CO. ADDRESS TELEPHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE CO. NAME EFFECTIVE DATE

SECONDARY INSURANCE CO. ADDRESS TELEPHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER



Expert EMS billing and technology

Patient Payment Plan Notes

Payment Made in the Last 30 Days:

THANK YOU FOR YOUR PAYMENT. PLEASE CONTINUE TO MAKE YOUR MONTHLY PAYMENTS.

30 Days Since Last Payment:

YOU HAVE AN OPEN BALANCE THAT IS PAST DUE. PLEASE MAKE YOUR PAYMENT IN FULL.

60 Days Since Last Payment (WHEN CLIENT REQUIRES FOUR NOTICES):

YOU HAVE AN OPEN BALANCE THAT IS PAST DUE. PLEASE MAKE YOUR PAYMENT IN FULL.

90 Days Since Last Payment (60 DAY NOTICE WHEN CLIENT REQUIRES THREE NOTICES):

THIS IS YOUR FINAL NOTICE. YOU HAVE A PAST DUE BALANCE. PLEASE MAKE YOUR PAYMENT IN FULL



CITY OF SAMPLE
DIGITECH COMPUTER, INC.
BILLING ON BEHALF OF SAMPLE FIRE DEPT
480 BEDFORD ROAD, BLDG 600 - 2nd FL
CHAPPAQUA, NY 10514
RETURN SERVICE REQUESTED

Receipt

DATE: 02/25/2018

PAGE 1 of 1

TEST PATIENT
1 MAIN ST
SAMPLE, XY 12345-1111

Patient Name TEST PATIENT		Date Of Service 01/04/2018	Confirmation # 55
Origin Address PICK UP FROM SCENE 1 MAIN ST SAMPLE, XY 12345-1111		Destination Address SAMPLE MEDICAL CENTER 1650 W COLLEGE ST SAMPLE, XY 12345-1111	
P	Procedure Code - Description	Transaction	Amount
BCBS OF XY FED	A0427SH-ALS EMERGENCY	Charges	\$1,195.39
BCBS OF XY FED	A0425SH-MILEAGE	Charges	\$30.00
BCBS OF XY FED		Payment	\$1,125.39
PATIENT PRIVATE PAY PATIENT		Payment	\$100.00
		Total Charges	\$1,225.39
		Total Adjustments	
		Total Payments	\$1,225.39
		Balance Due	0.00
The balance due is an estimate based on the information provided and is subject to change.			



CITY OF SAMPLE
DIGITECH COMPUTER, INC.
BILLING ON BEHALF OF SAMPLE FIRE DEPT
480 BEDFORD ROAD, BLDG 600 - 2nd FL
CHAPPAQUA, NY 10514
RETURN SERVICE REQUESTED

Statement
DATE: 02/25/2018

PAGE 1 of 1

TEST PATIENT
1 MAIN ST
SAMPLE, XY 12345-1111

Patient Name TEST PATIENT		Date Of Service 01/04/2018	Confirmation # 55
Origin Address PICK UP FROM SCENE 1 MAIN ST SAMPLE, XY 12345-1111		Destination Address SAMPLE MEDICAL CENTER 1650 W COLLEGE ST SAMPLE, XY 12345-1111	
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BCBS OF XY FED		Payment	\$1,125.39
PATIENT PRIVATE PAY PATIENT		Payment	\$100.00
		Total Charges	\$1,225.39
		Total Adjustments	
		Total Payments	\$1,225.39
		Balance Due	0.00
The balance due is an estimate based on the information provided and is subject to change.			



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Attachment 3

Red Flag

Policy

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

914.741.1919 (main)

RED FLAG RULES POLICY

Digitech's Red Flag Rules Policy follows.

POLICY FOR IDENTITY THEFT PREVENTION, DETECTION, AND MITIGATION PROGRAM

I. PURPOSE AND OVERVIEW

The purpose of this Policy is to assure that Digitech Computer LLC (Digitech) maintains compliance with the requirements regarding the prevention, detection and mitigation of Identity Theft as set forth in the federal regulations known as the Red Flag Rules. "Identity Theft" means a fraud committed or attempted using the identifying information of another person without authority. This includes "Medical Identity Theft," i.e., Identity Theft committed for the purpose of obtaining medical services, such as the use of another person's insurance card or number. Although Medical Identity Theft may occur without the knowledge of the individual whose medical identity is stolen, in some cases the use of an individual's medical identity may occur with the knowledge and complicity of that individual. Examples of "Identifying information" include any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, including any Name, Social Security number, date of birth, official State or government issued identification number such as a Medicaid or Medicare number, credit card information, and insurance claim information.

This Policy sets forth the steps Digitech will take in implementing a program for detecting, preventing, and mitigating Identity Theft (the "Program") in connection with Covered Accounts, as required by the Red Flag Rules. "Covered Account" means:

Patient accounts consisting of transportation claim billing and payments for which there is a reasonably foreseeable risk of identity theft.

Section II of this Policy describes the risk assessment Digitech shall conduct on an annual basis. Section III sets forth the "Red Flags" (i.e., warning signs) that may alert Digitech personnel to the possible existence of Identity Theft in the course of Digitech's day to day operations. Section IV sets forth the procedures Digitech will follow in attempting to detect those Red Flags. Section V sets forth the procedures Digitech will follow in responding appropriately to Red Flags that are detected, in order to prevent and mitigate Identity Theft. Section VI sets forth the procedures Digitech will take in responding to a claim by an individual that he has been a victim of Identity Theft. Section VII describes how Digitech will administer the Program. Section VIII describes the annual updating of the Program.

Questions regarding this Policy or the Program shall be directed to the Program Compliance Officer designated pursuant to Section VII.

II. RISK ASSESSMENT

Upon initial implementation of the Program, and annually thereafter as a part of the annual update described in Section VIII of this Policy, Digitech shall determine whether it maintains Covered Accounts.

As part of that determination, Digitech shall conduct a risk assessment to determine whether it offers or maintains Covered Accounts that carry a reasonably foreseeable risk of identity theft, including financial, operational, compliance, reputation, or litigation risks. The risk assessment shall take into consideration:

- + The methods Digitech provides to open its accounts;
- + The methods it provides to access its accounts; and
- + Its previous experiences with identity theft.

III. IDENTIFICATION OF RED FLAGS

A “Red Flag” is a pattern, practice or specific activity that indicates the possible existence of Identity Theft. In other words, a Red Flag is a warning sign regarding the possibility of Identity Theft. In identifying Red Flags relevant to its operations, Digitech has:

- + Reviewed the examples of Red Flags found in the Red Flag Rules;
- + Considered the factors specified in Section II above; and
- + Incorporated Red Flags from sources such as changes in identity theft risks of which Digitech becomes aware and applicable regulatory guidance.

Based on the process specified in the above, Digitech has identified the following situations as Red Flags that should alert Digitech personnel to the possibility of Identity Theft:

- + Information submitted by a patient or entered on the Patient Care Report (“PCR”) is inconsistent with information obtained from a consumer credit data base;
- + Personal identifying information given by a patient is not consistent with personal identifying information in Digitech’s records, or with information provided by an insurance company;
- + A patient contacts Digitech and indicates that he or she has received an invoice, explanation of benefits, or other document reflecting a transport that the patient claims was never received;
- + Digitech receives a warning, alert, or notification from a credit reporting agency, law enforcement, or other credible source regarding a patient or a patient’s insurance information;
- + Digitech has suffered a security breach, loss of unprotected data, or unauthorized access to patient information;
- + A discrepancy exists between medical or demographic information obtained by Digitech from the patient and the information found through other means; and
- + Attempts to access an account by persons who cannot provide authenticating information.

Digitech shall update the foregoing list of Red Flags as part of its annual update of the Program. All Digitech personnel have an affirmative obligation to be vigilant for any evidence of a Red Flag and to notify their immediate supervisor, or the Program Compliance Officer, to report the Red Flag.

IV. PROCEDURES FOR IDENTIFYING RED FLAGS

Digitech personnel will follow the following procedures in order to detect the Red Flags indicated above, which indicate the possibility of Identity Theft.

Billing personnel, in the course of creating and processing claims, and verifying patient information, shall be alert for the existence of any of the Red Flags listed in Section III above.

Before providing information regarding an account or making any change to an address or other information associated with an account, the requester shall be required to provide the last four digits of the social security number, full name, date of birth and address of the patient.

In the event billing personnel encounter a Red Flag, the existence of the Red Flag shall be brought to the prompt attention of the individual's supervisor or the Program Compliance Officer so that it can be investigated and addressed, as appropriate, in accordance with the procedures set forth in Section V below.

All employees shall be trained in specific procedures for identifying Red Flags tailored to their specific employment-related duties.

V. RESPONDING TO RED FLAGS

When a Red Flag is detected, Digitech personnel shall alert their manager who shall alert the Program Compliance Officer of the detection of a "Red Flag."

Digitech's Compliance Officer shall alert Digitech's client via email of the claim where identity theft is suspected.

In the event of a report of identity theft and after Digitech has notified its client, Digitech will await client's instruction on what course of action to take.

VI. INVESTIGATION OF REPORT BY A PATIENT OF IDENTITY THEFT

If an individual contacts Digitech personnel and claims to have been a victim of Identity Theft (e.g., the individual claims to have received a bill for a transport he did not receive), the staff member so informed shall inform his or her manager who shall inform the Program Compliance Officer. The Program Compliance Officer shall then inform the client via email.

VII. ADMINISTRATION OF THE PROGRAM

The Program, and all material changes thereto, shall be approved by Digitech's board of directors, other governing body or an individual at the level of senior management (the "Oversight Body").

A designated employee at the level of senior management shall be designated by the Oversight Body as the Compliance Officer and shall be responsible for the oversight, development, and implementation of the Program.

Digitech shall train staff, as needed, to effectively implement the Program. The following categories of personnel shall be trained in the implementation of the Program:

- + All billing office personnel;
- + All IT and development personnel; and
- + All management personnel.

Newly hired personnel shall be trained in the implementation of the Program as part of their standard compliance and HIPAA training. “Refresher” training shall be included in the annual compliance and HIPAA training given to Digitech personnel and may be given to specific employees from time to time on an “as needed” basis.

The Program Compliance Officer shall report to the Oversight Body on an annual basis, on compliance with the Program. The report shall address material matters related to the Program and evaluate issues such as:

- + The effectiveness of the Program in addressing the risk of Identity Theft;
- + Significant incidents involving Identity Theft and Digitech’s response;

VIII. ANNUAL UPDATE OF THE PROGRAM

The Program will be reviewed, revised, and updated on an annual basis. In performing such update, Digitech shall consider:

- + Digitech’s experiences with Identity Theft over the period since the last revision of the Program;
- + Changes in methods of Identity Theft, or in methods to detect, prevent and mitigate Identity Theft;
- + Changes in Digitech’s technology and operations, including any new electronic health record or financial software programs implemented by Digitech; and
- + Changes in business arrangements



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Attachment 4

Compliance

Plan

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

914.741.1919 (main)

COMPLIANCE PLAN AND POLICIES

Our compliance plans and collections policies adhere fully to all local, state, and Federal laws and regulations regarding collections, financial transactions, privacy, and “standards of reasonable care” for information handling, management, and destruction. This includes full compliance with FDCPA (Fair Debt Collection Practices Act), FACTA (Fair and Accurate Credit Transactions Act), FCRA (Fair Credit Reporting Act), GLB (Gramm-Leach-Bliley Act), FERPA (Family Educational Rights and Privacy Acts) and COPPA (Children’s On-Line Privacy Protection Act).

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

DIGITECH IS COMMITTED TO COMPLIANCE

Digitech’s active compliance program incorporates many regulatory safeguards including random claims audits and independent third-party audits — including an annual SOC 1 Type 2 audit.

Our impeccable compliance record attests to our commitment. We maintain this record in the following ways:

- + We have a Certified Ambulance Compliance Officer on staff who manages the program.
- + We support continuing education for our employees and encourage them to obtain industry certifications.
- + We have a dedicated QA team that continuously conducts random claims audits.
- + We regularly submit ourselves to voluntary external audits by industry experts.
- + Our compliance staff works closely with nationally recognized law firms specializing in billing and compliance issues for the EMS industry.

HIPAA COMPLIANCE

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

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



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

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



Digitech's experience and reputation were important factors in our decision to partner with them.

PHIL ONOFRIO
Former EMS Director
Stratford EMS, CT

DIGITECH'S STAFF COMPLIANCE OFFICER

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

The Compliance Officer's responsibilities include:

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

INTERNAL COMPLIANCE TRAINING AND EDUCATION

At Digitech, training consists of a combination of courses, employee study guides, and periodic testing to ensure that employees understand the material. All employees are required to complete Digitech's training program. The program includes material on HIPAA; HITECH; Red Flags; and Waste, Fraud and Abuse. This is a comprehensive course given by Digitech's Compliance Officer with an overview of rules, laws, and regulations. All employees must score 100% before they are considered certified. Annually, employees are required to complete a refresher course that covers recent changes in healthcare billing and HIPAA issues.

ESTABLISHING OPEN LINES OF COMMUNICATION

Digitech's Compliance Tip Hotline is available to our employees 24/7, enabling them to voice concerns anonymously. All employees are aware of this hotline through the display of posters with contact information throughout the office. We will publish the name and title of our Compliance Officer for the benefit of your citizens, and our toll-free compliance hotline will be available to your representatives.

The Compliance Officer maintains a documented record of all calls to the Compliance Tip Hotline, actions taken in response to reported incidents, and the resolutions to the concerns raised.

Digitech will establish a toll-free HIPAA Compliance Hotline for use by your officials.

CODE OF CONDUCT

Digitech's documented Code of Conduct details policies and procedures relating to standards of business activities and relationships. The Code is based on the laws, rules, and regulations that apply to Digitech's work in the medical transportation industry. All officers and employees of Digitech must adhere to and comply fully with the Code, including the requirement to report violations of which they become aware.

DISCIPLINARY POLICIES

Digitech expects that the conduct of its directors and employees be held to the highest ethical standards, good judgment, and consideration of others.

Acts that are subject to immediate disciplinary action include, but are not limited to:

- + Violating laws, regulations, or Digitech's Code of Conduct
- + Directing or encouraging others to violate laws, regulations, or our Code of Conduct
- + Failing to report known or suspected violations of laws, regulations, or our Code of Conduct
- + Interfering with others or being uncooperative during an internal or external investigation
- + Retaliation for reporting a concern or violation

IDENTIFICATION OF RISK AREAS AND NON-COMPLIANCE

We ensure that we can identify compliance risk areas and areas of non-compliance so that they can be mitigated quickly. Audits are the primary tool we use to identify compliance issues. Internal audits involve reviewing claims on a daily and monthly basis to meet requirements. External audits are performed by independent firms with expertise in laws relating to EMS billing.

The Office of the Inspector General retains the authority to exclude individuals who have engaged in fraudulent activities from billing federally funded health care programs. We check the Medicare and Medicaid exclusions lists ensures that none of Digitech's employees have taken part in such fraudulent activities and that all staff are eligible to file claims with government entities. New and existing employees are checked on a monthly basis.

RESPONDING TO COMPLIANCE ISSUES

In order to make sure that we respond appropriately to any compliance issues that may arise, our billing managers perform random claim audits. As a result, management is involved with the process from beginning to end. If any compliance issues are found, billing managers will meet with the editor of that specific claim, explain the issue, and re-train the employee on how to avoid the issue in the future. Any issues are then corrected so that claims can be billed appropriately.

A POLICY OF NON-INTIMIDATION AND NON-RETALIATION

Retaliation for reporting a federal offense is illegal under federal law and Digitech prohibits retaliation against any employee for good faith reporting of a possible violation of the Code of Conduct or of a law, rule, or regulation. Therefore, any acts of retaliation are not tolerated and can result in immediate suspension or dismissal from the company.



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Expert EMS billing and technology

Attachment 5 SOC Audit Letter of Opinion

Digitech Computer LLC

480 Bedford Rd
Chappaqua, NY 10514
digitechcomputer.com

914.741.1919 **(main)**
914.741.2818 **(fax)**

October 1, 2025

Mr. Walt Pickett
Chief Executive Officer
Digitech Computer LLC

Dear Mr. Pickett:

This letter is to confirm that Digitech Computer LLC (Digitech), Chappaqua, NY, has undergone a SOC 1 Type II examination by our firm of its Description of controls Applicable to Claims Processing, Billing and Related Operations throughout the period July 1, 2024 to June 30, 2025 and the suitability of the design and operating effectiveness of controls to achieve the related Control Objectives stated in the description.

As you are aware, AICPA standards restrict the distribution and use of the report to Digitech and user entities (customers) and the independent auditors of such user entities of Digitech's services during some or all of the period July 1, 2024 to June 30, 2025. Our independent Service Auditors report addressed 11 Control Objectives and 41 individual business processes and IT Control Activities. During our examination, we applied 73 individual audit tests to these Control Activities. Our detailed audit testing of these control objectives and control activities were without exception and no control deficiencies were detected.

The control objectives addressed in our report are summarized below:

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

Our Independent Service Auditors' report, which was issued on October 1, 2025, is unqualified and without modification.

Sincerely,



WithumSmith+Brown, PC



Digitech®

Expert EMS billing and technology

Attachment 6

Data Security & Disaster Recovery

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

914.741.1919 (main)

DATA SECURITY OVERVIEW

EMS agencies rely on us to safeguard the privacy and integrity of patient information that flows through every transport and every claim. At Digitech, data security is a core commitment. Our Data Security Plan is designed to protect your data and strengthen our partnership, giving you the assurance that your operations and your patients are fully supported.

A SECURITY-FIRST PHILOSOPHY

We approach every client relationship with a security-first mindset. Our infrastructure includes modern hardware, resilient software systems, and reliable backups, all designed to enable uptime, compliance, and operational continuity.

We regularly review and enhance our technology stack to stay current with evolving threats and to improve system performance. This ongoing investment supports your organization's ability to operate without disruption or risk.

INDEPENDENT VERIFICATION AND OVERSIGHT

To give clients confidence, we engage in third-party audits and maintain certifications across multiple frameworks:

- + Regular audits for Digitech and/or our datacenters across SOC 1 Type II, SOC 2 Type II, SOC 2 + HITRUST, GLBA, HIPAA, PCI-DSS, ISO 27001, and NIST SP 800-53
- + Full alignment with the broader NIST Cybersecurity Framework, enabling continuous risk management and resilience
- + Annual review and acknowledgment of security policies by all staff
- + These credentials reflect a fully documented and tested security program.

A CULTURE OF ACCOUNTABILITY

Security at Digitech is built into every role and every process. All employees receive annual training and must review and sign off on our corporate security policies. These policies define expectations around access control, breach response, and chain of custody, creating a clear structure for accountability.

Our clients can be confident that every team member understands their responsibilities and is equipped to meet them.

The following document outlines the full scope of Digitech's Data Security Plan. You'll find detailed information on our infrastructure, policies, certifications, and processes, all designed to protect your data and support your mission.

DEFENSE IN DEPTH

Layered Safeguards to Prevent Breaches

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

Digitech partners with TierPoint, a nationally recognized provider of secure, compliant data centers, to provide unmatched performance, continuous uptime, and rigorous security standards at our primary data center. The facility, located less than ten miles from our headquarters, spans more than 46,000 square feet and is built for resiliency and compliance.

Comprehensive security measures are in place to monitor and protect client data at all times. The facility undergoes annual audits and holds the following certifications:



- | | | |
|-------------------|-----------|--|
| ✓ SOC 1 Type II | ✓ HIPAA | ✓ NIST SP 800-53 |
| ✓ SOC 2 Type II | ✓ PCI-DSS | ✓ ISO 27001 |
| ✓ SOC 2 + HITRUST | ✓ GLBA | ✓ ITAR and Data Privacy Framework registration |

This Tier III facility consistently delivers 99.999% uptime.

PRIMARY DATA CENTER SECURITY AND COMPLIANCE FEATURES

These TierPoint features ensure your data is secure and systems stay online. Your EMS agency can rely on uninterrupted, compliant service.

- + 24/7/365 security personnel and electronic monitoring
- + Biometric two-factor authentication
- + CCTV surveillance with a minimum 90-day retention
- + A-side and B-side 2N power distribution
- + Redundant generators (three 1,000kW and two 2,000kW units with 48+ hours runtime)
- + Multi-path connectivity and carrier diversity
- + Fire detection and suppression across all zones
- + Scheduled predictive maintenance and proactive system upgrades
- + A Network Operations Center (NOC) used to monitor all elements of the environment, including power, temperature, and security.

Digitech's secondary data center is hosted at the Las Vegas Core Campus of Switch, home to the world's most advanced Tier 5® Platinum-rated multi-tenant data centers. This campus spans approximately 2 million square feet and offers up to 315 megawatts of power, supporting enterprise-grade resilience and scalability.



The facility provides hosting services for clients such as Google, Amazon, eBay, and multiple federal and state government agencies. It is situated on a separate power grid from Digitech's primary facility to provide geographic and infrastructural redundancy.

SECONDARY DATA CENTER SECURITY AND COMPLIANCE FEATURES

- + 24/7/365 security personnel and electronic surveillance
- + Biometric two-factor authentication and mantrap access
- + CCTV surveillance with a 90+ day retention policy
- + Quarterly access reviews and secure termination protocols for staff and vendors
- + Redundant infrastructure and isolated power grid

All servers, applications, and data are continuously replicated between data centers.

NETWORK SECURITY AND RESILIENCE

At Digitech, we design our network architecture to eliminate single points of failure. By duplicating critical system components, we reduce the risk of downtime due to equipment malfunction. For example, core routing switches include redundant physical elements such as N+1 power supplies, hot-swappable cards, and fan trays.

SECURE DATA TRANSMISSION

To address threats like identity theft and data breaches, we've implemented strict protocols to protect sensitive information during transmission. Digitech's security measures and controls include robust safeguards and comprehensive security for PHI such as virus protection software, monitoring systems, and comprehensive procedures for information chain of custody management.

REAL-TIME NETWORK MONITORING

Digitech uses industry-standard monitoring packages to continuously monitor application servers, storage systems, backup systems, and all other IT elements. Rules are defined by workload and include bandwidth utilization, disk usage, intrusion detection, prohibited application signatures, CPU and memory usage, and database response time. Alerts are delivered via text message, email, and large screen monitors, depending on severity. Response procedures are documented in our corporate Information Security policies and reviewed as part of our regular auditing schedule.

FIREWALLS

Firewalls are used to segregate trusted and non-trusted Digitech network segments and connections across the environment. Network traffic is analyzed by stateful inspection firewalls. Firewall configuration settings are used to help ensure that Digitech network internal addresses are not available on the internet. Firewalls are configured to deny all traffic unless it is explicitly allowed.

- + Firewall appliances are required at each internet connection point
- + All internet firewall appliances use IP masquerading techniques such as NAT or PAT to restrict broadcast of IP addresses from the internal network to the internet
- + Firewall configuration standards are reviewed on a quarterly basis
- + Direct inbound access is not allowed through the firewall unless it is explicitly allowed
- + Digitech's firewalls are reviewed on a quarterly basis by network engineers and technology executives.

CENTRALIZED ANTIMALWARE SYSTEM

Antimalware software is installed on all production servers and workstations on all Digitech networks to protect against virus threats. The virus definition file updates occur automatically, and the software has been configured to perform real time protection. Digitech uses a centralized anti-virus software product with key features that include:

- + Antimalware software installed and enabled on all production workstations and development servers; SentinelOne EDR/XDR platform deployed on all production servers for autonomous threat detection and automated remediation.
- + Domain servers receiving updates from an antivirus centralized server
- + Antivirus software checking each virus scanning engine for engine and virus signature updates every 60 minutes and automatically applying updates
- + Auto-Protect feature enabled on the centralized server to prevent users from reconfiguring the anti-virus software from the client

LOGICAL / USER SECURITY

Logical security mechanisms supply the system administrator with the tools necessary to implement the information security access policy. These mechanisms consist of user authentication, password controls, access privileges, and operating system controls. These measures enable our IT department to defend critical systems against integrity attacks and protect information from accidental or unauthorized modification, disclosure, or destruction, and alert the system administrator to the possibility of such activity. Specific examples of logical security measures at Digitech include the following:

- + Access rights to Digitech's networks and applications are granted in accordance with job-related needs and follow documented processes
- + Digitech employees and vendors are assigned a unique network user ID and password
- + Biannual access reviews are scheduled to support proper access for all employees and vendors
- + Termination processes ensure all accounts are disabled after departure of employees and vendors
- + Password reset procedures prevent common "phishing" schemes
- + Monthly network vulnerability scanning identifies security breaches or attempted breaches
- + Security awareness training every 3 weeks and phishing simulations every 4 weeks, delivered via KnowBe4, our external training partner

BILLING SYSTEM ACCESS CONTROLS

Access to all functions of our billing platform, Ambulance Commander, is governed by role-based access controls (RBAC), using a tiered system of defined user access levels. Permissions are assigned based on job function so that users can only access the information and features necessary for their responsibilities.

DATA HANDLING AND CHAIN OF CUSTODY

The central data repository is a SAN (Storage Area Network) which acts as a central repository for all data. The SAN provides scalability and redundancy of data by using hot-swappable drives configured with the latest RAID technologies. Besides high availability and reliability, SANs also provide higher performance by using multidisc arrays which increase the total IOPS (I/O per second).

SECURE REMOTE ACCESS VIA CITRIX

To support secure access from any location, Digitech uses Citrix technology to provide a centralized, controlled gateway to core applications. The Citrix environment is designed for high availability and supports load balancing, role-based access, and session encryption. Authentication and communication protocols are aligned with industry standards for protecting PHI and other sensitive data.



Our Citrix environment provides your team with encrypted, role-based access, so PHI stays protected

The Citrix server is a secure portal presented as a webpage which offers accessibility from any location. The secure portal is then used to access the applications servers that run all applications. Secure authentication and communication are encrypted to protect data from unauthorized access.

EXTERNAL EXPERT REVIEWS

Digitech engages outside experts to continuously validate and improve the performance and security of our systems. This includes specialized reviews of our Citrix XenApp environment by certified Citrix engineers, who help optimize system architecture, performance, and session integrity.

We also retain the auditing firm Withum to independently assess our security and backup controls as part of our annual SOC 1 Type II audit. These third-party evaluations validate that our policies, procedures, and infrastructure remain aligned with current best practices and regulatory requirements.

HIGH AVAILABILITY AND RESILIENCE

Supporting Operations That Always Run

Reliable system uptime is essential to the agencies we serve. Every decision related to our infrastructure—from network design and hardware selection to disaster recovery planning—is made with availability in mind. We continuously evaluate new technologies to strengthen resiliency, improve performance, and maintain these critical services without interruption.

99.999% uptime over the last five years through Tier 3 data centers, server virtualization, and a secondary failover site: reliability that keeps you moving.

APPLICATIONS SERVER ARCHITECTURE

Digitech's application servers host the internal systems that support our infrastructure and the client-facing tools used daily by agency personnel. All servers are virtualized and configured for scalability, allowing capacity to grow with system demand.

Applications are load-balanced across servers based on resource availability to support high performance at all times. Server images are stored both locally and remotely, enabling rapid deployment if a rebuild or failover is required. This design supports fast recovery and seamless service continuity.

TESTED BACKUP AND RECOVERY PROCEDURES

Planning and testing backup and recovery procedures from various possible scenarios is important to identify weakness in disaster recovery plans. At Digitech we test scenarios on a regular basis to make sure our plans meet the requirements of real-life situations. Response procedures are detailed within our internal corporate Information Security policies, reviewed, and signed off annually by everyone involved as part of our SOC 1 compliance process.

SIMPLIFIED NETWORK DESIGN

Digitech follows industry-standard methods and components, with each element assigned a clear role and responsibility. Overly complex network configurations can hinder resilience and make troubleshooting difficult. Our design philosophy emphasizes simplicity, striking the right balance between robust functionality and ease of recovery.

DISASTER RECOVERY PLANNING

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

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

- + Redundant data centers, including power considerations, air conditioning, fire suppression, and security
- + Redundant processing centers: facilities where billing personnel work
- + Failsafe application servers and storage systems: computers for data processing and storage
- + Data backup systems
- + Duplicate communications servers, necessary for outside users to access clients' data
- + Redundant internet connectivity and phone systems

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

- + A Tier III facility as our Primary Data Center which guarantees 99.999% environmental uptime
- + A Secondary Data Center in the event the Primary Data Center is destroyed
- + Maintenance of both processing centers to ensure continuity in the event the Primary Processing Center is either destroyed or unreachable for extended periods of time
- + Purchase of high-quality hardware and software components from Dell, Cisco, Citrix, etc.
- + An IT department staffed with IT veterans with years of experience designing and maintaining complex infrastructure systems

TESTING, STAFFING, AND INVOKING THE DISASTER RECOVERY PLAN

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

DATA CENTER RECOVERY

Digitech's disaster recovery strategy is anchored by our dual data centers, which provide full redundancy and geographic diversity. The Primary Data Center delivers 99.999% uptime through redundant internet connections, backup power, and environmental safeguards. The Secondary Data Center at Switch's Tier 5® Platinum campus provides additional resiliency and the ability to maintain operations even in the event of a large-scale disruption.

To validate this redundancy, our IT staff conducts daily backup log reviews and monthly restore tests. These activities are documented and verified as part of our SOC 1 Type II audit process, so that client data is protected and recoverable in the event of a disaster.

CONTINUOUS BACKUP AND TESTED RECOVERY

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

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

CONTINUOUS OVERSIGHT

Real-Time Monitoring and Maintenance

PROACTIVE MAINTENANCE PROGRAM

A critical piece of our proactive system security and network maintenance approach are the NOC's sophisticated monitoring tools that scan all servers and report issues via automated email alerts. Our IT staff is available 24/7 and, as part of their day-to-day activities, they maintain our centralized virus protection system, perform necessary server and workstation patching, respond to automated alerts provided by the NOC, and provide help desk support to monitor and test the back-up system.

Tasks we perform on a regular basis (annually or quarterly depending upon tasks) as part of our preventive maintenance program include:

- + Monthly, sometimes daily vulnerability scans
- + Complete network access review
- + Firewall review

COMPLIANCE AND ACCOUNTABILITY

To maintain the highest standards of data security and operational continuity, we combine real-time oversight with rigorous, regularly scheduled maintenance and compliance protocols.

- + SOC 1 Type II (Digitech and datacenters) and SOC 2 + HITRUST (datacenters) audits
- + Facilities certified to GLBA, PCI-DSS, HIPAA, and ISO 27001 standards
- + All employees sign corporate security policies annually
- + Policies cover responsibilities, chain of custody, and breach response
- + Quarterly access reviews
- + Documented daily backup logs and monthly restore tests
- + Documented disaster recovery drills

WHAT SETS US APART

Why Our Security Policies and Practices Make Digitech a Safe Choice

At Digitech, protecting EMS and patient data is a core responsibility. Security is embedded at every level of our operations, supported by independent audits, expert reviews, and ongoing policy validation. Our fully redundant, modern infrastructure keep your systems online and your data safe, even in the face of unexpected disruptions. Daily backups and tested restores provide assurance that patient information is always protected and recoverable. With a proven record of 99.999% uptime, zero breaches, and zero data loss, you can trust that your agency's data is secure and your crews are supported in delivering care to your community.



Digitech[®]

Expert EMS billing and technology

Attachment 7

Sample Reports

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

914.741.1919 (main)

COMPREHENSIVE REPORTING SUITE

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

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

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

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

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



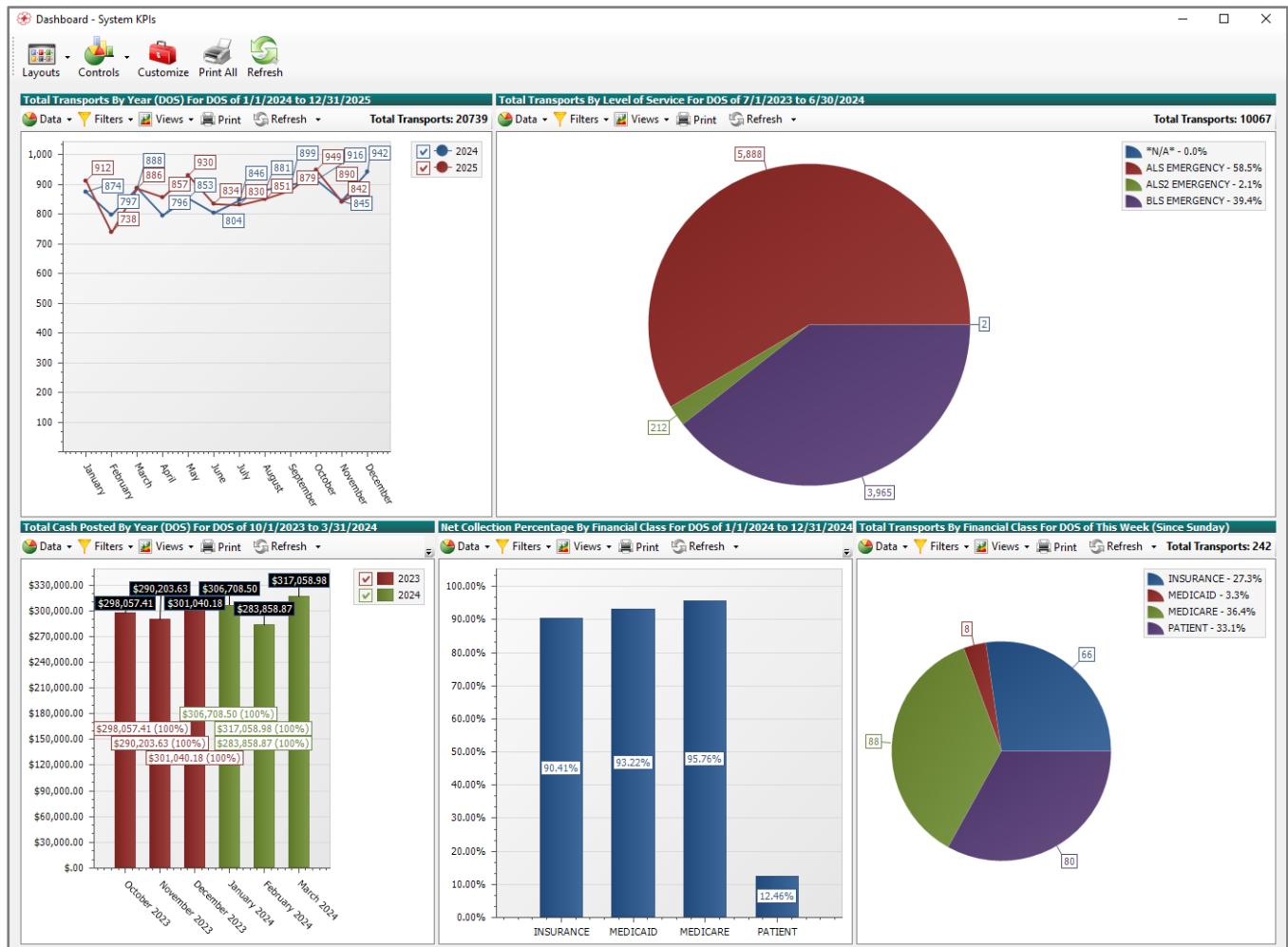
Their reporting system, combined with the Dashboard, provides access to all of our data on a real-time basis which enhances the decision-making process.

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

OPERATIONAL & FINANCIAL REPORTING & ANALYSIS SOLUTION

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

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



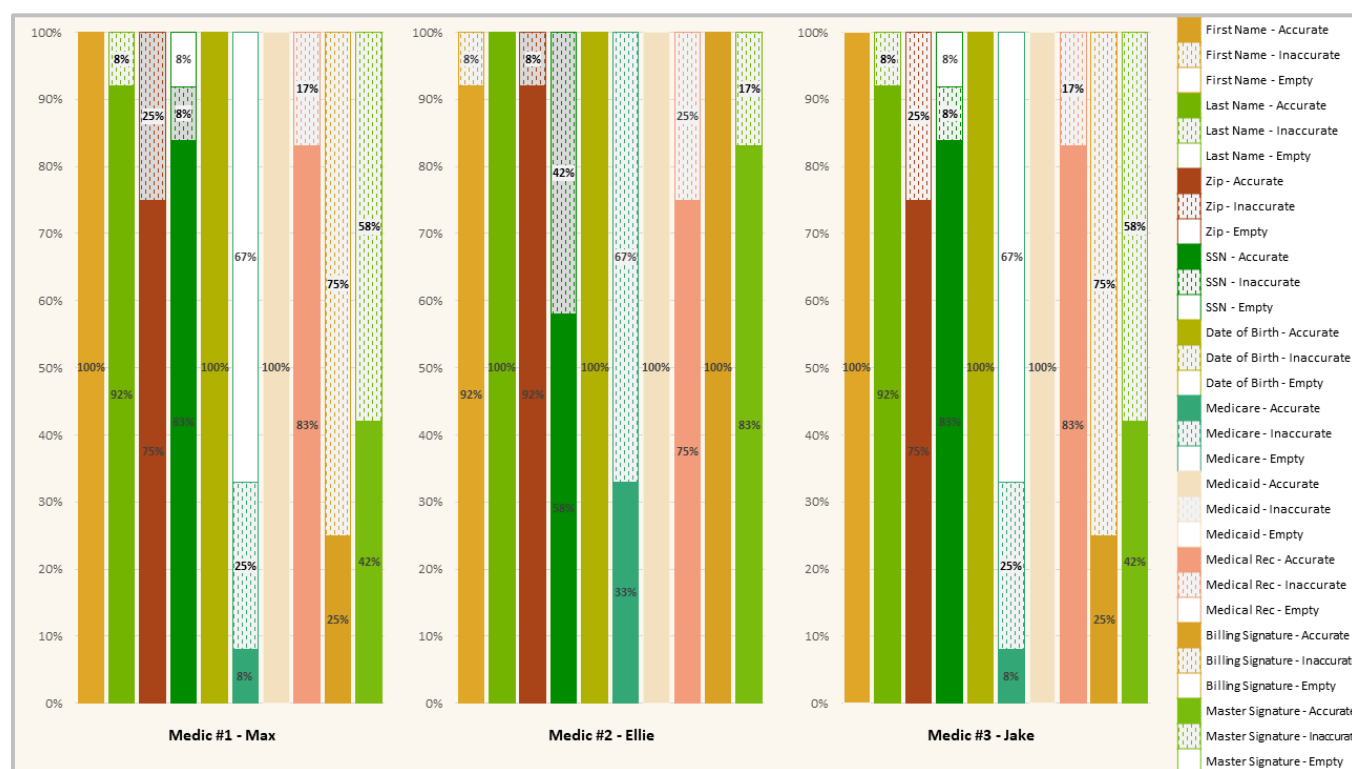
Digitech's Dashboard

FIELD DATA QUALITY MONITORING & REPORTING SOLUTION

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

With PCR Lens, you can also compare your agency's pre-hospital data as it comes to us through the ePCR with that same data after we've run it through Ambulance Commander. We perform error-scrubbing and match information against national demographic databases. Then our certified ambulance coders review and edit data during the creation of the claim. The initial data collected in the field can be compared with the same data after these Digitech processes take place. Chiefs, EMS Directors, and QA/QI Administrators can quickly and accurately analyze the data collected by your medics and compare their efforts to peers, other shifts, other stations, and even other EMS organizations.

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



Digitech's PCR Lens

OTHER REPORTS AND PACKAGES

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

FINANCIAL SCORECARD

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

ANALYTICAL SCORECARD

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

MONTHLY REPORTING AND FINANCIAL PACKAGES

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

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

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

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

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

REPORT SAMPLES AND SCREENSHOTS ARE CONFIDENTIAL TRADE SECRETS.

Accounting Roll Forward - Monthly Financial Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

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

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

CONFIDENTIAL

Ambulance Commander[®] 

Accounting Roll Forward - Monthly Claim Volume Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

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

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

CONFIDENTIAL

Ambulance Commander[®] 

Accounting Roll Forward - Fiscal Year Financial Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

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

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

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

CONFIDENTIAL

Ambulance Commander[®] 

Accounting Roll Forward - Fiscal Year Claim Volume Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

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

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

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

CONFIDENTIAL

Ambulance Commander[®] 

Sales Original Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

Financial Group / Carrier

Sale

INSURANCE

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

MEDICAID

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

MEDICAID HMO

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

MEDICARE

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

MEDICARE HMO

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

Sales Original Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

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

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

Grand Total:	574,617.00
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Filter Criteria	
Sale Date From:	06/01/2021
Sale Date To:	06/30/2021

Sales Original Report - Procedure Code Summary by Type

Demo System - Demonstration

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

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

Filter Criteria

Sale Date From: 06/01/2021

Sale Date To: 06/30/2021

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

Financial Group / Carrier

Sale

ATTORNEY

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

FACILITY

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

INSURANCE

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

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

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

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

Financial Group / Carrier

Sale

MEDICAID

MEDICAID Medicaid Insurance Program (MEDICAID)	10,537.13
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Total for MEDICAID	10,537.13
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MEDICAID HMO

AMERIGROUP (CAID HMO) (AMERIGRP)	2,110.00
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MOLINA HP (CAID HMO) (MOLINA)	822.74
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PARKLAND (CAID HMO) (PARKLAND)	1,340.00
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SUPERIOR HP (CAID HMO) (SUPERIOR)	650.00
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Total for MEDICAID HMO	4,922.74
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MEDICARE

MEDICARE Medicare Insurance Program (MEDICARE)	16,453.27
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MEDICARE SECONDARY (MEDICAR2)	335.67
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Total for MEDICARE	16,788.94
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MEDICARE HMO

AETNA (MCR HMO) (AETNAMC)	1,420.00
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CIGNA (MCR HMO) (CIGNAMC)	690.00
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HEALTHSPRING LIFE & HEALTH (MC HMO) (HEALTHSMC)	650.00
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HUMANA (CARE HMO) (HUMANAMC)	630.00
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UNITED (MCR HMO) (UNITED MC)	1,330.00
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Total for MEDICARE HMO	4,720.00
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NF

CONSUMERS COUNTY MUTUAL INS. CO. (CONSUMERS)	1,340.00
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FARMERS INSURANCE (FARMERSMVA)	620.00
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GEICO (NOFAULT) (GEICO)	2,060.00
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NO FAULT (NOFAULT)	9,265.00
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SAFECO INSURANCE (SAFECO)	730.00
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STATE FARM INS(NF) (STATEFARM)	223.97
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Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

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

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

Grand Total:	271,630.23
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Filter Criteria

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

Adjustment Report - Adjustment Category Summary

Demo System - Demonstration

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

Adjustment Category	Adjusted Amount
Bad Debt	264,777.90
Contractual	99,115.91
Sales	267,568.97

Grand Total:	631,462.78
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Filter Criteria

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

Adjustment Report - Financial Group & Adj Category Summary

Demo System - Demonstration

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

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

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Adjustment Report - Financial Group & Adj Category Summary

Demo System - Demonstration

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

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

NF

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

PATIENT

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

Grand Total:	631,462.78
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Filter Criteria

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

Adjustment Report - Adjustment Code Summary

Demo System - Demonstration

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

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

Grand Total:	631,462.78
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Filter Criteria

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

Cash Receipts Report - Financial Group Summary

Demo System - Demonstration

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

Financial Group Summary

Paid

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

Grand Total

298,379.03

Filter Criteria

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

Cash Receipts Report - Deposit Date Summary

Demo System - Demonstration

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

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

Grand Total	298,379.03
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Filter Criteria

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

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

Demo System - Demonstration

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

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

Filter Criteria

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

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