

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING EXECUTION OF A CONTRACT
BETWEEN THE VILLAGE OF DOWNERS GROVE
AND ANDRES MEDICAL BILLING, LTD.**

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the form and substance of a certain Agreement (the “Agreement”), between the Village of Downers Grove (the “Village”) and Andres Medical Billing, Ltd. (“Andres Medical Billing, Ltd.”), for medical billing professional services and collection of fees for ambulance services, as set forth in the form of the agreement submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Agreement, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Agreement.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:



Attest: _____
Village Clerk

Village of Downers Grove

IV. PROPOSAL/CONTRACT FORM

*****THIS PROPOSAL, WHEN ACCEPTS AND SIGNED BY AN AUTHORIZED SIGNATORY OF THE VILLAGE OF DOWNERS GROVE, SHALL BECOME A CONTRACT BINDING UPON BOTH PARTIES.**

Entire Block Must Be Completed When A Submitted Bid Is To Be Considered For Award

PROPOSER	
<u>Andres Medical Billing, Ltd.</u> Company Name	Date: <u>10/12/09</u>
<u>3343 North Ridge Avenue</u> Street Address of Company	<u>sbetz@andresmedical.com</u> Email Address
<u>Arlington Heights, Illinois 60004</u> City, State, Zip	<u>Shana Betz</u> Contact Name (Print)
<u>(847)577-8811</u> Business Phone	<u>(847)507-6645</u> 24-Hour Phone
<u>(847)577-9515</u> Fax	 Signature of Officer, Partner or Sole Proprietor
ATTEST: If a Corporation  Signature of Corporation Secretary	<u>Shana Betz, C.O.O.</u>

VILLAGE OF DOWNERS GROVE

Authorized Signature

Title

Date

ATTEST:

Signature of Village Clerk

Date

In compliance with the specifications, the above-signed offers and agrees, if this Proposal is accepted within 90 calendar days from the date of opening, to furnish any or all of the services upon which parties are quoted, at the price set opposite each item, delivered at the designated point within the time specified above.