

**VILLAGE OF DOWNERS GROVE**  
**Report for the Village**  
**9/14/2021**

<b>SUBJECT:</b>	<b>SUBMITTED BY:</b>
Fire Department Medical Billing Contract	Scott Spinazola Fire Chief

**SYNOPSIS**

A motion is requested to approve a three-year contract for medical billing services to Andres Medical Billing Ltd. of Arlington Heights, Illinois, for an amount equal to 3.25% of the revenue collected by the Village for ambulance services.

**STRATEGIC PLAN ALIGNMENT**

The goals for 2019-2021 include *Exceptional Municipal Services*.

**FISCAL IMPACT**

Based on the current activity level, staff expects to pay Andres Medical Billing approximately \$55,000 per year. The proposed FY22 budget is consistent with this amount.

**RECOMMENDATION**

Approval on the September 14, 2021 Consent Agenda.

**BACKGROUND**

For the past several years the Village has contracted with a firm (Andres Medical Billing) to provide services for the collection of fees for ambulance services rendered by the Village. Currently, Andres' fees equal 4.0% of the revenue collected by the Village. Payment for the ambulance services are paid primarily by the patient's Medicare, Medicaid, private insurance and/or self-payment. On July 20, 2021, the Village initiated an RFP process to supply Medical Billing Services to the Village. The Village received five proposals from various vendors. A summary of the five proposals is provided below:

Company	Location	Meets Minimum Specifications?	Fee	Commision / Additional Fee?
Andres Medical Billing	Arlington Heights, IL	Yes	3.25%	No
EMS Management & Consultants	Winston-Salem, NC	Yes	3.40%	No
Life Line Billing Systems	Wautoma, WI	Yes	3.50%	No
Paramedic Billing Services	Elmhurst, IL	Yes	3.25%	No
Paramedic Services of Illinois	Itasca, IL	Yes	3.50%	No

As the chart above indicates, three of the vendors who responded to the RFP were located within the State of Illinois and two were out of state vendors located in North Carolina and Wisconsin.

Staff recommends that the contract be awarded to Andres Medical Billing for the following reasons:

- Andres has provided these services to the Village since 2001. Their performance has exceeded Village expectations.
- As the current provider of Medical Billing for the Village, there is no implementation process. All other providers require 30-45 days for full implementation.
- The proposed rate of 3.25% is lower than the current 4.0% rate.

## **ATTACHMENTS**

Contract

## Village of Downers Grove



## REQUEST FOR PROPOSAL (Professional Services)

Name of Proposing Company: Andres Medical Billing, LTD

Project Name: Ambulance Billing Services  
Proposal No.: RFP-7202021-0-2021/JD  
Proposal Due: 4:00pm Tuesday, August 3, 2021

**Required of Awarded Contractor:**

Certificate of Insurance: No

Legal Advertisement Published: July 20, 2021

Date Issued: July 20, 2021

This document consists of 23 pages.

Return **original** and **two duplicate copies** of proposal in a **sealed envelope** marked with the Proposal Number as noted above to:

JOSHUA K. DAUSENER  
MANAGEMENT FELLOW  
VILLAGE OF DOWNERS GROVE  
801 BURLINGTON AVENUE  
DOWNERS GROVE, IL 60515  
PHONE: 630-434-5490  
[www.downers.us](http://www.downers.us)

**COPY**

Village of Downers Grove

The VILLAGE OF DOWNERS GROVE will receive proposals Monday thru Friday, 8:00 A.M. to 5:00 P.M. at the Village Hall, 801 Burlington Avenue, Downers Grove, IL 60515.

**SPECIFICATIONS MUST BE MET AT THE TIME THE PROPOSAL IS DUE.**

The Village Council reserves the right to accept or reject any and all proposals, to waive technicalities and to accept or reject any item of any proposal.

The documents constituting component parts of this Contract are the following:

- I. REQUEST FOR PROPOSALS
- II. TERMS & CONDITIONS
- III. DETAILED SPECIFICATIONS
- IV. PROPOSER'S RESPONSE TO RFP (Professional Services)
- V. PROPOSAL/CONTRACT FORM

**DO NOT DETACH ANY PORTION OF THIS DOCUMENT. INVALIDATION COULD RESULT.** Proposers MUST submit an original, and 2 additional paper copies of the total proposal. Upon formal award of the proposal this RFP document shall become the Contract, the successful Proposer will receive a copy of the executed Contract.

## Village of Downers Grove

**I. REQUEST FOR PROPOSALS****1. GENERAL**

- 1.1 Notice is hereby given that the Village of Downers Grove will receive sealed Proposals up to **THE TIME AND DATE SET FORTH ON THE COVER PAGE OF THIS CALL FOR BIDS.**
- 1.2 Proposals must be received at the Village of Downers Grove by the time and date specified. Proposals received after the specified time and date will not be accepted and will be returned unopened to the Proposer.
- 1.3 Proposal forms shall be sent to the Village of Downers Grove, ATTN: JOSHUA K. DAUSENER, in a sealed envelope marked "SEALED PROPOSAL". The envelope shall be marked with the name of the project, date, and time set for receipt of Proposals.
- 1.4 All Proposals must be submitted on the forms supplied by the Village and signed by a proper official of the company submitting the Proposal. Telephone, email and fax Proposals will not be accepted.
- 1.5 By submitting this Proposal, the Proposer certifies under penalty of perjury that they have not acted in collusion with any other Proposer or potential Proposer.

**2. PREPARATION OF PROPOSAL**

- 2.1 It is the responsibility of the Proposer to carefully examine the specifications and proposal documents and to be familiar with all of the requirements, stipulations, provisions, and conditions surrounding the proposed services. **DO NOT SUBMIT A PROPOSED CONTRACT. UPON ACCEPTANCE BY THE VILLAGE, THIS RFP DOCUMENT SHALL BECOME A BINDING CONTRACT.**
- 2.2 No oral or telephone interpretations of specifications shall be binding upon the Village. All requests for interpretations or clarifications shall be made in writing and received by the Village at least five (5) business days prior to the date set for receipt of Proposals. All changes or interpretations of the specifications shall be made by the Village in a written addendum to the Village's proposers of record.
- 2.3 In case of error in the extension of prices in the Proposal, the hourly rate or unit price will govern. In case of discrepancy in the price between the written and numerical amounts, the written amount will govern.
- 2.4 All costs incurred in the preparation, submission, and/or presentation of any Proposal including any Proposer's travel or personal expenses shall be the sole responsibility of the Proposer and will not be reimbursed by the Village.
- 2.5 The Proposer hereby affirms and states that the prices quoted herein constitute the total cost to the Village for all work involved in the respective items and that this cost also includes all insurance, bonds, royalties, transportation charges, use of all tools and equipment, superintendence, overhead expense, all profits and all other work, services and conditions necessarily involved in the work to be done and materials to be furnished

## Village of Downers Grove

in accordance with the requirements of the Contract Documents considered severally and collectively.

**3. MODIFICATION OR WITHDRAWAL OF PROPOSALS**

- 3.1 A Proposal that is in the possession of the Village may be altered by a letter bearing the signature of the person authorized for submitting a Proposal, provided that it is received prior to the time and date set for the Proposal opening. Telephone, email or verbal alterations of a Proposal will not be accepted.
- 3.2 A Proposal that is in the possession of the Village may be withdrawn by the Proposer, up to the time set for the Proposal opening, by a letter bearing the signature of the person authorized for submitting Proposals. Proposals may not be withdrawn after the Proposal opening and shall remain valid for a period of ninety (90) days from the date set for the Proposal opening, unless otherwise specified.

**4. RESERVED RIGHTS**

- 4.1 The Village reserves the exclusive right to waive sections, technicalities, irregularities and informalities and to accept or reject any and all Proposals and to disapprove of any and all subcontractors as may be in the best interest of the Village. Time and date requirements for receipt of Proposals will not be waived.

**II. TERMS AND CONDITIONS****5. VILLAGE ORDINANCES**

- 5.1 The successful Proposer will strictly comply with all ordinances of the Village of Downers Grove and laws of the State of Illinois.

**6. USE OF VILLAGE'S NAME**

- 6.1 The Proposer is specifically denied the right of using in any form or medium the name of the Village for public advertising unless express permission is granted by the Village.

**7. INDEMNITY AND HOLD HARMLESS AGREEMENT**

- 7.1 To the fullest extent permitted by law, the Proposer shall indemnify, keep and save harmless the Village and its agents, officers, and employees, against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, costs and expenses, which may arise directly or indirectly from any negligence or from the reckless or willful misconduct of the Proposer, its employees, or its subcontractors, and the Proposer shall at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising therefrom or incurred in connection therewith, and, if any judgment shall be rendered against the Village in any such action, the Proposer shall, at its own expense, satisfy and discharge the same. This agreement shall not be construed as requiring the Proposer to indemnify the Village for its own negligence. The Proposer shall indemnify, keep and save harmless the Village only where a loss was caused by the negligent, willful or reckless acts or omissions of the Proposer, its employees, or its subcontractors.

**8. NONDISCRIMINATION**

- 8.1 Proposer shall, as a party to a public contract:

## Village of Downers Grove

- (a) Refrain from unlawful discrimination in employment and undertake affirmative action to assure equality of employment opportunity and eliminate the effects of past discrimination;
- (b) By submission of this Proposal, the Proposer certifies that it is an "equal opportunity employer" as defined by Section 2000(e) of Chapter 21, Title 42, U.S. Code Annotated and Executive Orders #11136 and #11375, which are incorporated herein by reference. The Equal Opportunity clause, Section 6.1 of the Rules and Regulations of the Department of Human Rights of the State of Illinois, is a material part of any contract awarded on the basis of this Proposal.

8.2 It is unlawful to discriminate on the basis of race, color, religion, sex, marital status, national origin or ancestry, age, physical or mental disability unrelated to ability, military status, order of protection status, sexual orientation, sexual identity, or an unfavorable discharge from military service. Proposer shall comply with standards set forth in Title VII of the Civil Rights Act of 1964, 42 U.S.C. Sec. 2000 et seq., The Human Rights Act of the State of Illinois, 775 ILCS 5/1-101 et. seq., and The Americans With Disabilities Act, 42 U.S.C. Sec. 12101 et. seq.

### 9. **SEXUAL HARASSMENT POLICY**

9.1 The Proposer, as a party to a public contract, shall have a written sexual harassment policy that:

- 9.1.1 Notes the illegality of sexual harassment;
- 9.1.2 Sets forth the State law definition of sexual harassment;
- 9.1.3 Describes sexual harassment utilizing examples;
- 9.1.4 Describes the Proposer's internal complaint process including penalties;
- 9.1.5 Describes the legal recourse, investigative and complaint process available through the Illinois Department of Human Rights and the Human Rights Commission and how to contact these entities; and
- 9.1.6 Describes the protection against retaliation afforded under the Illinois Human Rights Act.

### 10. **EQUAL EMPLOYMENT OPPORTUNITY**

10.1 In the event of the Proposer's non-compliance with the provisions of this Equal Employment Opportunity Clause, the Illinois Human Rights Act or the Rules and Regulations of the Illinois Department of Human Rights ("Department"), the Proposer may be declared ineligible for future contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations, and the Contract may be canceled or voided in whole or in part, and such other sanctions or penalties may be imposed or remedies invoked as provided by statute or regulation. During the performance of this Contract, the Proposer agrees as follows:

- 10.1.1 That it will not discriminate against any employee or applicant for employment because of race, color, religion, sex, marital status, national origin or ancestry, age, physical or mental disability unrelated to ability, order of protection status, military status, sexual orientation, sexual identity or an unfavorable discharge

## Village of Downers Grove

from military service; and further that it will examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization.

- 10.1.2 That, if it hires additional employees in order to perform this Contract or any portion thereof, it will determine the availability (in accordance with the Department's Rules and Regulations) of minorities and women in the area(s) from which it may reasonably recruit and it will hire for each job classification for which employees are hired in such a way that minorities and women are not underutilized.
- 10.1.3 That, in all solicitations or advertisements for employees placed by it or on its behalf, it will state that all applicants will be afforded equal opportunity without discrimination because of race, color, religion, sex, marital status, national origin or ancestry, age, physical or mental disability unrelated to ability, order of protection status, military status, sexual orientation, or an unfavorable discharge from military services.
- 10.1.4 That it will send to each labor organization or representative of workers with which it has or is bound by a collective bargaining or other agreement or understanding, a notice advising such labor organization or representative of the Proposer's obligations under the Illinois Human Rights Act and the Department's Rules and Regulations. If any such labor organization or representative fails or refuses to cooperate with the Proposer in its efforts to comply with such Act and Rules and Regulations, the Proposer will promptly so notify the Department and the contracting agency and will recruit employees from other sources when necessary to fulfill its obligations thereunder.
- 10.1.5 That it will submit reports as required by the Department's Rules and Regulations, furnish all relevant information as may from time to time be requested by the Department or the contracting agency, and in all respects comply with the Illinois Human Rights Act and the Department's Rules and Regulations.
- 10.1.6 That it will permit access to all relevant books, records, accounts and work sites by personnel of the contracting agency and the Department for purpose of investigation to ascertain compliance with the Illinois Human Rights Act and the Department's Rules and Regulations.
- 10.1.7 That it will include verbatim or by reference the provisions of this clause in every subcontract it awards under which any portion of the contract obligations are undertaken or assumed, so that such provisions will be binding upon such subcontractor. In the same manner as with other provisions of this Contract, the Proposer will be liable for compliance with applicable provisions of this clause by such subcontractors; and further it will promptly notify the contracting agency and the Department in the event any subcontractor fails or refuses to comply therewith. In addition, the Proposer will not utilize any subcontractor declared by the Illinois Human Rights Commission to be ineligible for contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations.

## Village of Downers Grove

**11. DRUG FREE WORK PLACE**

Proposer, as a party to a public contract, certifies and agrees that it will provide a drug free workplace by:

- 11.1 Publishing a statement: (1) Notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, including cannabis, is prohibited in the Village's or Proposer's workplace. (2) Specifying the actions that will be taken against employees for violations of such prohibition. (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will: (A) abide by the terms of the statement; and (B) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- 11.2 Establishing a drug free awareness program to inform employees about: (1) the dangers of drug abuse in the workplace; (2) the Village's or Proposer's policy of maintaining a drug free workplace; (3) any available drug counseling, rehabilitation and employee assistance programs; (4) the penalties that may be imposed upon employees for drug violations.
- 11.3 Providing a copy of the statement required above to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.
- 11.4 Notifying the contracting or granting agency within ten (10) days after receiving notice of any criminal drug statute conviction for a violation occurring in the workplace from an employee or otherwise receiving actual notice of such conviction.
- 11.5 Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted as required by section 5 of the Drug Free Workplace Act.
- 11.6 Assisting employees in selecting a course of action in the event drug counseling, treatment and rehabilitation is required and indicating that a trained referral team is in place.
- 11.7 Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act.

**12. PATRIOT ACT COMPLIANCE**

- 12.1 The Proposer represents and warrants to the Village that neither it nor any of its principals, shareholders, members, partners, or affiliates, as applicable, is a person or entity named as a Specially Designated National and Blocked Person (as defined in Presidential Executive Order 13224) and that it is not acting, directly or indirectly, for or on behalf of a Specially Designated National and Blocked Person. The Proposer further represents and warrants to the Village that the Proposer and its principals, shareholders, members, partners, or affiliates, as applicable are not, directly or indirectly, engaged in, and are not facilitating, the transactions contemplated by this Contract on behalf of any

## Village of Downers Grove

person or entity named as a Specially Designated National and Blocked Person. The Proposer hereby agrees to defend, indemnify and hold harmless the Village, and its elected or appointed officers, employees, agents, representatives, engineers and attorneys, from and against any and all claims, damages, losses, risks, liabilities and expenses (including reasonable attorney's fees and costs) arising from or related to any breach of the foregoing representations and warranties.

**13. INSURANCE REQUIREMENTS**

- 13.1 The Proposer shall be required to obtain, from a company or companies lawfully authorized to do business in the jurisdiction in which the project is located, such general liability insurance which, at a minimum, will protect the Proposer from the types of claims set forth below which may arise out of or result from the Proposer's operations under this Contract and for which the Proposer may legally liable:
- 13.1.1 Claims under workers compensation, disability benefit and other similar employee benefit acts which are applicable to the operation to be performed;
  - 13.1.2 Claims for damages resulting from bodily injury, occupational sickness or disease, or death of the Proposer's employees;
  - 13.1.3 Claims for damages resulting from bodily injury, sickness or disease, or death of any person other than the Proposer's employees;
  - 13.1.4 Claims for damages insured by the usual personal injury liability coverage which are sustained: (1) by a person as a result of an offense directly or indirectly related to employment of such person by the Proposer, or (2) by another person;
  - 13.1.5 Claims for damages, other than to the work itself, because of injury to or destruction of tangible property, including loss of use resulting therefrom;
  - 13.1.6 Claims for damages because of bodily injury, death of a person or property damage arising out of ownership, maintenance or use of a motor vehicle;
  - 13.1.7 Claims for damages as a result of professional or any other type of negligent action by the Proposer or failure to properly perform services under the scope of the agreement between the Proposer and the Village.
- 13.2 The Proposer shall demonstrate having insurance coverage for a minimum of \$2 million for professional liability (errors and omissions).
- 13.3 As evidence of said coverages, Proposer shall provide the Village with certificates of insurance naming the Village of Downers Grove as an additional insured and include a provision for cancellation only upon at least 30 days prior notice to the Village.

**14. CAMPAIGN DISCLOSURE**

- 14.1 Any contractor, proposer, bidder or vendor who responds by submitting a bid or proposal to the Village shall be required to submit with its submission, an executed Campaign

## Village of Downers Grove

Disclosure Certificate, attached hereto.

- 14.2 The Campaign Disclosure Certificate is required pursuant to the Village of Downers Grove Council Policy on Ethical Standards and is applicable to those campaign contributions made to any member of the Village Council.
- 14.3 Said Campaign Disclosure Certificate requires any individual or entity bidding to disclose campaign contributions, as defined in Section 9-1.4 of the Election Code (10 ILCS 5/9-1.4), made to current members of the Village Council within the five (5) year period preceding the date of the bid or proposal release.
- 14.4 By signing the bid or proposal documents, contractor/proposer/bidder/vendor agrees to refrain from making any campaign contributions as defined in Section 9-1.4 of the Election Code (10 ILCS 5/9-1.4) to any Village Council member and any challengers seeking to serve as a member of the Downers Grove Village Council.

**15. SUBLETTING OF CONTRACT**

- 15.1 No contract awarded by the Village shall be assigned or any part subcontracted without the written consent of the Village Manager. In no case shall such consent relieve the Proposer from its obligation or change the terms of the Contract.

All approved subcontracts shall contain language which incorporates the terms and conditions of this Contract.

**16. TERM OF CONTRACT**

- 16.1 The term of this Contract shall be as set forth in the Detail Specifications set forth in Section III below. This Contract is subject to the Village purchasing policy with regard to any extensions hereof.

**17. TERMINATION OF CONTRACT**

- 17.1 In the event of the Proposer's nonperformance, breach of the terms of the Contract, or for any other reason, and/or that sufficient funds to complete the Contract are not appropriated by the Village, the Contract may be canceled, in whole or in part, upon the Village's written notice to the Proposer. The Village will pay the Proposer's costs actually incurred as of the date of receipt of notice of default. Upon termination, the Proposer will deliver all documents and products of whatever kind, and their reproducible originals related to the project, which have been produced to the date of the notice of termination.

**18. BILLING & PAYMENT PROCEDURES**

- 18.1 Payment will be made upon receipt of an invoice referencing Village purchase order number. Once an invoice and receipt of materials or service have been verified, the invoice will be processed for payment in accordance with the Village payment schedule. The Village will comply with the Local Government Prompt Payment Act, 50 ILCS 505/1 et seq., in that any bill approved for payment must be paid or the payment issued to the Proposer within 60 days of receipt of a proper bill or invoice. If payment is not issued to the Proposer within this 60 day period, an interest penalty of 1.0% of any amount approved and unpaid shall be added for each month or fraction thereof after the

## Village of Downers Grove

end of this 60 day period, until final payment is made.

18.2 The Village shall review in a timely manner each bill or invoice after its receipt. If the Village determines that the bill or invoice contains a defect making it unable to process the payment request, the Village shall notify the Proposer requesting payment as soon as possible after discovering the defect pursuant to rules promulgated under 50 ILCS 505/1 et seq. The notice shall identify the defect and any additional information necessary to correct the defect.

18.3 Please send all invoices to the attention of Village of Downers Grove, Accounts Payable, 801 Burlington, Downers Grove, IL 60515.

**19. RELATIONSHIP BETWEEN THE PROPOSER AND THE VILLAGE**

19.1 The relationship between the Village and the Proposer is that of a buyer and seller of professional services and it is understood that the parties have not entered into any joint venture or partnership with the other.

**20. STANDARD OF CARE**

20.1. Services performed by Proposer under this Contract will be conducted in a manner consistent with that level of care and skill ordinarily exercised by members of the profession currently practicing in the same locality under similar conditions. No other representations express or implied, and no warranty or guarantee is included or intended in this Contract, or in any report, opinions, and documents or otherwise.

20.2 If the Proposer fails to meet the foregoing standard, Proposer will perform at its own cost, and without reimbursement from the Village, the professional services necessary to correct errors and omissions caused by Proposer's failure to comply with the above standard and reported to Proposer within one (1) year from the completion of Proposer's services for the Project.

20.3 For Professional Service Agreements: Project site visits by Proposer during construction or equipment installation or the furnishing of Project representatives shall not make Proposer responsible for: (i) constructions means, methods, techniques, sequences or procedures; (ii) for construction safety precautions or programs; or (iii) for any construction contractor(s') failure to perform its work in accordance with contract documents.

**21. GOVERNING LAW AND VENUE**

21.1 This Contract will be governed by and construed in accordance with the laws of the State of Illinois without regard for the conflict of laws provisions. Venue is proper only in the County of DuPage and the Northern District of Illinois.

**22. SUCCESSORS AND ASSIGNS**

22.1 The terms of this Contract will be binding upon and inure to the benefit of the parties and their respective successors and assigns; provided, however, that neither party will assign this Contract in whole or in part without the prior written approval of the other. The Proposer will provide a list of key staff, titles, responsibilities, and contact information to include all expected subcontractors.

## Village of Downers Grove

**23. WAIVER OF CONTRACT BREACH**

23.1 The waiver by one party of any breach of this Contract or the failure of one party to enforce at any time, or for any period of time, any of the provisions hereof will be limited to the particular instance and will not operate or be deemed to waive any future breaches of this Contract and will not be construed to be a waiver of any provision except for the particular instance.

**24. AMENDMENT**

24.1 This Contract will not be subject to amendment unless made in writing and signed by all parties.

**25. NOT TO EXCEED CONTRACT**

25.1 The contract price is a "not-to-exceed" cost. At any time additional work is necessary or requested, and the not-to-exceed price is increased thereby, any change, addition or price increase must be agreed to in writing by all parties who have executed the Contract.

**26. SEVERABILITY OF INVALID PROVISIONS**

26.1 If any provisions of this Contract are held to contravene or be invalid under the laws of any state, country or jurisdiction, contravention will not invalidate the entire Contract, but it will be construed as if not containing the invalid provision and the rights or obligations of the parties will be construed and enforced accordingly.

**27. NOTICE**

27.1 Any notice will be in writing and will be deemed to be effectively served when deposited in the mail with sufficient first class postage affixed, and addressed to the party at the party's place of business. Notices shall be addressed to the Village as follows:

**Village Manager  
Village of Downers Grove  
801 Burlington Ave.  
Downers Grove, IL 60515**

And to the Proposer as designated in the Contract Form.

**28. COOPERATION WITH FOIA COMPLIANCE**

28.1 Contractor acknowledges that the Freedom of Information Act does apply to public records in possession of the Contractor or a subcontractor. Contractor and all of its subcontractors shall cooperate with the Village in its efforts to comply with the Freedom of Information Act. (5 ILCS 140/1 et seq.)

**29. COPYRIGHT or PATENT INFRINGEMENT**

29.1 The Proposer agrees to indemnify, defend, and hold harmless the Village against any suit, claim, or proceeding brought against the Village for alleged use of any equipment, systems, or services provided by the Proposer that constitutes a misuse of any proprietary or trade secret information or an infringement of any patent or copyright.

## Village of Downers Grove

**III. DETAIL SPECIFICATIONS**

The Village of Downers Grove Fire Department is looking for an outside billing service to collect monies for ambulance services rendered by the Downers Grove Fire Department for Advanced Life Support ("ALS") and Basic Life Support ("BLS") calls.

The Village of Downers Grove maintains four fire stations which serve 50,000 residents within its (15) square mile corporate boundaries. Each year Village emergency personnel transport approximately 3,500 patients. The Village charges (\$1,900-ALS I, \$1,900-ALS II, \$1,900-BLS, plus \$17.50 per mile) per trip for residents and (\$1,900-ALS I, \$1,900-ALS II, \$1,900-BLS plus \$17.50 per mile) per trip for non-residents for each transport. Payment for these services is paid primarily by Medicare, Medicaid, private insurance and self-payment. Yearly Revenue for FY 2020 was \$1,497,863.46

The initial term of the contract will be from the Village's award date to October 1, 2024.

Listed below are the minimum requirements the Village is specifying for this service.

- 1.0 Provide all personnel, materials, and services needed to perform and accomplish all requirements for this proposal.
- 2.0 Provide a full-time program manager for the duration of the contract
- 3.0 Ensure all required documentation and agreements with payers are properly filed and maintained on behalf of the Village.
- 4.0 Obtain pre-approval from the Village of all forms used in the execution of this contract.
- 5.0 Upon receipt of the ambulance report data; review, prepare and mail invoices to the patient within seven (7) business days. This mailing shall include all necessary forms for payment processing, along with a return envelope.
- 6.0 Upon receipt of patient claim information, if required, electronically submit Medicare, Medicaid, and insurance claims within three (3) business days. Manual submission of claims is acceptable only if electronic submission is not available.
- 7.0 Utilize current diagnostic coding to ensure compliance with federal, state, and local regulations.
- 8.0 Ensure proper security and confidentiality of patient information and records, including, but not limited to a business associate agreement as required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
- 9.0 Resubmit or resolve denied or disallowed claims.
- 10.0 Accept responsibility for patient billing inquires and complaints during regular business hours.

## Village of Downers Grove

- 11.0 Provide the tracking of submitted claims to ensure timely payments.
- 12.0 Provide monthly statements to allow patients to be aware of outstanding balances.
- 13.0 Maintain generally accepted accounting procedures for the reconciling of all financial transactions.
- 14.0 Provide access to Village Staff to monitor, change or correct billing activities accounts receivable for all accounts under this contract.
- 15.0 All monies received by Provider on behalf of the Village will be posted to the patients' accounts on a weekly basis and sent to the Village via an ACH transfer on a weekly basis. All checks will be made payable to the Village.
- 16.0 Refund requests submitted must include the patient's payment information along with a detailed explanation of why the refund is requested and all information necessary to submit refund.
- 17.0 Reports shall clearly differentiate between resident and non-resident patients.
- 18.0 Prepare a report providing a record of all transactions that affected the General Ledger. This report shall be available in either detail or summary form.
- 19.0 Provide prompt, accurate monthly reporting which shall include the gross charges billed for the month minus contractual allowances, write-offs (abatement, dismissals, bankruptcies and settlements), refunds, payments and indigence cost of care rolling up to the net ending accounts receivable balance due. Include on this report the number of trips per month, number of patients per month, gross charges per trip, cash collected per trip and net collection percentage per trip. This report to be submitted by the 10<sup>th</sup> day of each subsequent month.
- 20.0 Prepare a financial summary showing "period to date" and "year to date" totals for charges, receipts, adjustment, net accounts receivable, total accounts, receivable and collection percentage, and aging reports.
- 21.0 Pursue non-payment by non-resident ambulance users with Village-approved collection agency.
- 22.0 Forward monthly reports, including account status, to a collection agency.
- 23.0 Utilize Billing and data systems compatible with or which complements the Downers Grove Fire Department Patient Collection software, Image Trend.
- 24.0 Insure that all data collection, reporting, and billing methods comply with all current State and Federal Regulations.
- 25.0 Provide a sample implementation plan with projected activities and timelines, including

## Village of Downers Grove

all scheduled milestones. Identify the most critical issues that must be satisfactorily addressed to assure this contract will be successfully implemented.

- 26.0 Provide a separate and complete Accounts Receivable program within Provider's computer billing system for the exclusive purpose of collections for the Village.
- 27.0 Enter into said computer billing system any and all ambulance trips received from the Village. Abstract from the documentation provided by the Village all diagnosis and procedure information necessary to determine the level and type of service provided, any billable diagnostic and therapeutic procedures performed, any billable supplies and ancillary service rendered, and the appropriate diagnosis codes to be billed for all ambulance run information provided by the Village for that purpose.
- 28.0 Recognize and comply with the right of authorized Village representatives to review any and all payment records pursuant to claims and/or collection procedures conducted herein. The Village shall have the right to audit such reports at reasonable times.

Village of Downers Grove

**IV. PROPOSER'S RESPONSE TO RFP (Professional Services)**

**(Proposer must insert response to RFP here. DO NOT insert a form contract, the RFP document including detail specs and Proposer's response will become the Contract with the Village.)**



## Emergency Ambulance Billing Services

**Patrick J. Mannix**  
*Owner/CEO*

Andres Medical Billing, LTD  
3223 N. Wilke Road  
Arlington Heights, IL 60004

email: [pmannix@andresmedical.com](mailto:pmannix@andresmedical.com)  
office: 847.577.8811  
cell: 847.507.6645

**Bid Proposal**

**Village of Downers Grove**  
Joshua K. Dausener  
Management Fellow  
801 Burlington Avenue  
Downers Grove, IL 60515  
Phone: 630-434-5490







Village of Downers Grove  
Joshua K. Dausener  
Management Fellow  
801 Burlington Avenue  
Downers Grove, IL 60515  
Phone: 630-434-5490

Joshua K. Dausener,

As you review the attached information, we hope you agree Andres Medical Billing (AMB) is a well matched partner. AMB has many years of experience partnering with some of the nation's leading Fire and EMS agencies completing nearly **500,000 trips annually**. we are excited for the opportunity to continue to work with the Village of Downers Grove!

Any further details can be provided upon request. We meet and/or exceed all requirements laid out in your RFP. All information contained within is complete and accurate. This proposal is valid for one hundred twenty (120) days after the due date. We are committed to fulfilling the services outlined in the proposal and providing a billing platform to drive results. Thank you for your consideration!

Sincerely,

**Patrick J. Mannix**  
Owner/CEO  
Fire Recovery EMS, LLC  
3223 N. Wilke Rd.  
**Arlington Heights, IL 60004**

EMS Billing Service Proposal

# Table of Contents

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<b>Organizational Overview</b> .....	6
<b>Services</b> .....	18
<b>Sample Invoices</b> .....	33
<b>Compliance</b> .....	38
<b>Sample Reporting</b> .....	42
<b>Additional Services</b> .....	60
<b>Implementation</b> .....	62
<b>Cost Proposal</b> .....	63

## 6 EMS Billing Service Proposal

# Organizational Overview

Over the last 25 years, we have built a reputation on our client focused strategies and practical solutions to improve billing efficiencies and claim processing. Our customer focused philosophy ensures strong relationships with clients and unparalleled customer service to the patients they transport. All facets of the billing process are executed in our corporate office. AMB has continued to see consistent growth in an increasingly competitive market. We encourage you to contact any of our clients for verification of our service and performance.

AMB's priority is to maximize your revenue through customized billing solutions. We use efficient systems and innovative technology to acquire necessary patient information. Our unmatched data capturing abilities and strict compliance allow AMB to collect more than 250 million dollars annually for our billing partners. The table below displays our most recent achievements.

EMS Billing	Dollars Collected Per Trip
Homer Township Fire Protection District	\$778.47
Plainfield Fire Protection District	\$721.45
Frankfort Fire Protection District	\$715.68
Tri-Lakes Monument Fire Protection District	\$704.01
Troy Fire Protection District	\$694.31
Naperville Fire Department	\$678.30
Channahon Fire Protection District	\$638.03
Lisle-Woodridge Fire Protection District	\$600.75
Lockport Township Fire Protection District	\$507.56

Andres Medical Billing (AMB) is composed of 120 dedicated employees. Our management team consists of nine people and oversees the direction of the company. We have chosen to have a separation of duties by splitting our company into four departments. The four departments at AMB are Data Entry, Customer Service, Account Representatives, and Cash Receipts. While some departments are more "client facing" than others, each department strives to perform unmatched work for our clients and the patients they transport. This allows for specialization and increased proficiency, but also means our clients' financial interests are better protected. We also have numerous people working on a variety of administrative functions including sales, documentation, mail, pre-billing verification, compliance, controls, and quality assurance.

## Data Entry

The AMB billing process begins with data entry, which is performed in-house by our certified ambulance coders. Our data entry team complies with all CMS guidelines to use appropriate and correct ICD-10 codes. All patient care reports are reviewed by our certified ambulance coders. Management closely monitors the production of data entry, and work is audited on a monthly basis for quality assurance. We can provide copies of CAC Certifications as needed.

## Customer Service

Customer Service Representatives are the foundation of AMB, as we pride ourselves on being customer focused. We strive to provide world-class customer service to each client and their patients by having compassion for medical emergencies while maintaining a professional disposition. The privacy and respect of your patients' health and financial data is of utmost importance. Protective measures are taken to verify the identity of the patient and ensure compliance.

Our multilingual staff is pleased to assist English, Spanish, and Polish speaking patients. AMB's Customer Service team is based in-house, offers a toll-free telephone number for patients to call with questions or to acquire information, and an answering system to receive messages after hours. Our phone lines are staffed Monday – Friday from 8:30am to 7:30pm CST. Patients' average wait time is 18 seconds. We utilize the Mitel MiVoice Office 250 communications system. This system allows for call recording for quality control, recording pause options for PCI compliance, live call monitoring for training, messaging tools, multiple call centers, and advanced reporting of call volume and activity for performance reviews.



## 8 EMS Billing Service Proposal

### Account Representatives

Account Representatives are integral team members at AMB. Account Reps directly contact designated personnel with regard to patient affairs or client questions, as needed. One priority is to guarantee that claims are being paid in a timely manner. Account Reps contact insurance providers as necessary to check on a claim's status, resubmit a claim, or to dispute a denial.

Our goal is to maximize revenue; therefore, AMB will not accept initial denials. Employees will take all necessary steps in the denial process including, but not limited to, examining denial codes, verifying primary payer and eligibility, examining coverage, resubmitting claims with corrections (as necessary), and billing secondary or tertiary insurance providers as applicable. If a claim is denied our staff is knowledgeable and experienced at handling appeals and will continue after the first appeal stage to aggressively pursue payments on claims. The patient is notified of any problems that we encounter with their insurance carrier so we may work together to successfully settle the claim. As many patients are unfamiliar with the insurance industry, we feel it is important to assist them in each stage of the appeal process. We find it to be beneficial to our clients to take a claim further than one appeal.

If the claim cannot be approved due to lack of coverage, Account Reps will contact the patient to obtain a method of payment or schedule installment payments. These accounts are then audited monthly to ensure patients are paying the amount arranged. All attorney and bill requests can be managed by your Account Representative.

### Cash Receipts

Our cash receipts team files check stubs, bank receipts, and batches on a daily basis. This allows them to prepare daily cash journals according to each department's guidelines and prepare the appropriate deposits. After payments are posted, a deposit slip and cash receipts journal are created and reviewed for accuracy. All payments are made payable to our clients and sent to the address of their choosing. Most clients wish to have their payments automatically deposited, via Automated Clearing House, in the bank of their choice, but some have deposits mailed directly. Our cash receipts team is happy to comply with whatever system the client desires.

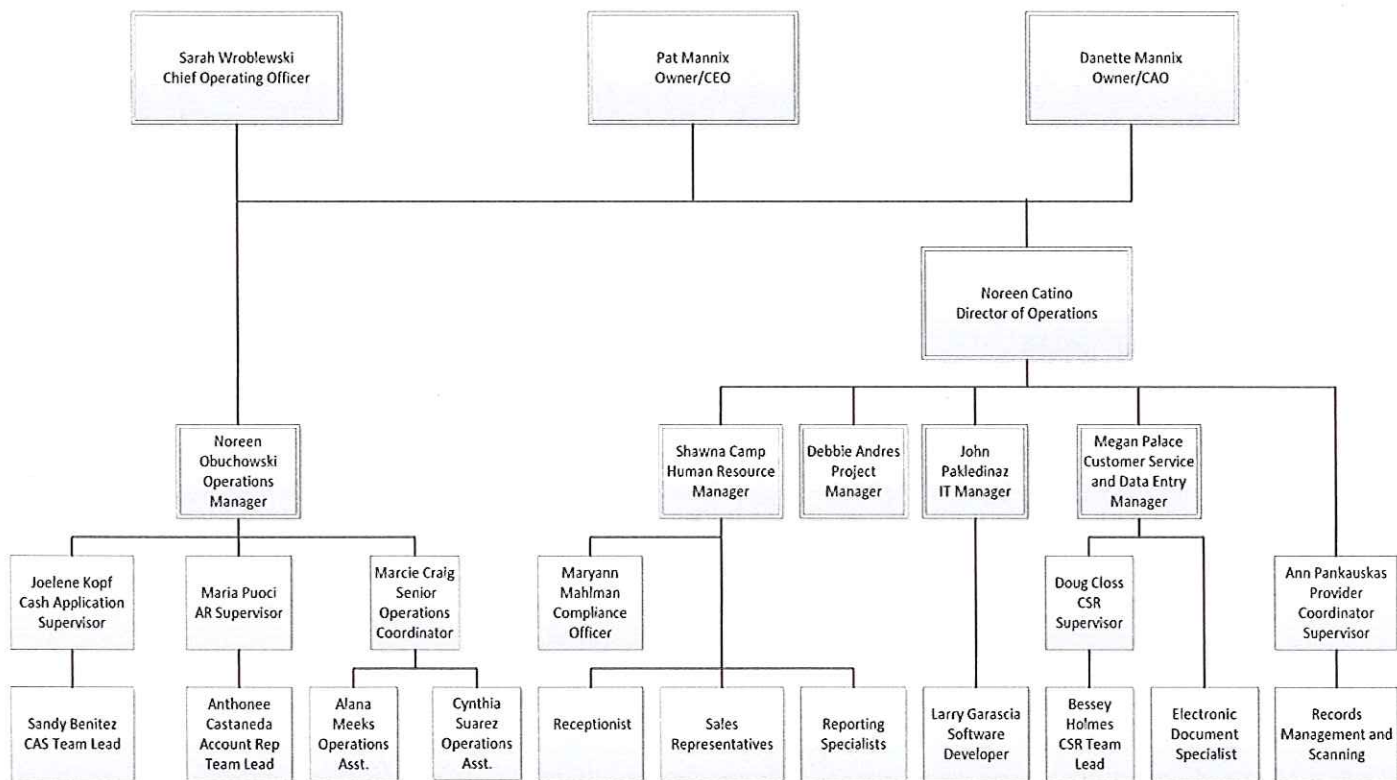
The four distinct departments at AMB collaborate to ensure efficiency and customer satisfaction. We are experienced in wide ranging call volumes and scopes of service. AMB partners with a variety of EMS providers from large municipal fire departments to rural fire departments, small fire districts, and private ambulance services.

## Company Organizational Chart

All of our EMS billing services are performed from our corporate office:

**Andres Medical Billing**  
**3223 North Wilke Road**  
**Arlington Heights, IL 60004**

### The AMB Organization



## 10 EMS Billing Service Proposal

**PatrickMannix**  
*Owner/CEO*

**Contact:**  
pmannix@andresmedical.com  
(847) 507-6645 - Direct

### **Owner/CEO**

#### **Andres Medical Billing**

1995 – Present

Since its inception, Pat has been instrumental in the growth of AMB. After successfully partnering with more than 200 fire departments, his primary role today is customer relations. He solidifies existing relationships by remaining accessible to each client and present in day-to-day operations. He performs a quarterly analytical review of rates, payer mix, and revenue to generate projections and monitor productivity. Ultimately, Pat is the primary contact for administrative personnel to tackle challenges and maximize opportunity. Pat is an active member in many professional organizations, helping to expand his network, maximize trade knowledge, and increase opportunities for AMB's clients.

**DanetteMannix**  
*Chief Administrative Officer*

**Contact:**  
dmannix@andresmedical.com  
(847) 507-6646 - Direct

### **Owner/CAO**

#### **Andres Medical Billing**

1996 – Present

As AMB expanded and the need for a personnel manager presented itself, Danette joined forces with her husband, Pat. Danette oversees workforce planning and recruitment, and drives employee development and engagement. She also manages employee benefits, compensation, and payroll. Danette has over 25 years of experience in Human Resources to lend reliable guidance and leadership to the management team at AMB.

### **Director of Human Resources**

#### **American Medical Response (AMR)**

1994 – 1996

When AMR acquired Rescue Eight, Danette continued overseeing employee needs and management development. Her primary focus was recruitment, employee benefits, auditing personnel files, and training and development.

### **Dispatch, Officer Manager, Director of Personnel**

#### **Rescue Eight Paramedic Services**

1984 – 1994

Danette began working for her parent's private ambulance service at a very young age. Initially she assisted with general office work, but proved to have the calm demeanor necessary to be a successful ambulance dispatcher. Later, she moved to Manager of Billing Office Operations and was ultimately promoted to Director of Personnel. This was Danette's first experience with recruitment, training, payroll, and employee benefits.



## 12 EMS Billing Service Proposal

**Sarah Wroblewski**  
*Chief Operations Officer*

**Contact:**

sarah@andresmedical.com  
(847) 791-0685 - Direct

### Chief Operations Officer

#### 2004 – Present

Growing up with family ties to the fire service industry, Sarah started her passion for EMS at a young age. Sarah began her career in EMS as an EMT-B at a private ambulance service, but soon discovered her strengths were outside of the ambulance. Early on in her career she demonstrated the key components for leadership. This experience taught Sarah how to connect with employees and clients, while simultaneously learning the technicalities of the EMS billing industry.

Sarah works closely with AMB's executive team on high level operations, while remaining hands on in daily operations. With over twenty years in ambulance billing services she has developed a well-rounded knowledge to assist with any departments needs or requirements, and continues to utilize these skills with all departments on a day to day basis.

Moreover, she oversees the implementation of new accounts, and ensures a seamless transition for both AMB and their clients. She works with administrative personnel to personalize their billing portfolio to maximize efficiency. She continues to stay involved with accounts, reviewing trends to ensure processes stay current and are handled properly.

She is a Certified Ambulance Coder (CAC) through certification from the National Academy of Ambulance Compliance (NAAC). Sarah ensures she is current with her education in industry standards, and frequently attends conferences to further establish relationships nationally. Sarah is an active member of several EMS associations, including the American Ambulance Association and the Wisconsin EMS Association.

**NoreenCatino**  
*Director of Operations*

**Contact:**  
ncatino@andresmedical.com  
(224) 345-7982 -Direct

## Director of Operations

### 2002 - Present

Noreen started her career in the EMS billing industry as an EMS Data Entry Specialist. In this position, her primary duty was to review patient care reports and code and bill claims. In 2008, Noreen accepted the position of Office Supervisor, tasked with managing both the EMS Data Entry Specialist and Customer Service Departments. She became a Certified Ambulance Coder (CAC) in 2010 through certification from the National Academy of Ambulance Compliance (NAAC). Noreen transitioned to Regional Operations Manager in 2011 and was directly responsible for managing accounts for all regional clients. Noreen was promoted to Director of Operations in 2018, and as such, ensures day-to-day operations are performed in accordance with all state and federal regulations. As an active member of the American Ambulance Association, Noreen stays current with industry trends.

## Education

1989 Bachelor of Arts from Northeastern Illinois University, Chicago, IL

## 14 EMS Billing Service Proposal

**Justin Powell**  
*VP, Director of Sales*

**Contact:**  
jpowell@firerecoveryems.com  
(916) 297-0205 – Direct

### **VP, Director of Sales**

#### **Andres Medical Billing**

March 2013 – Present

In March of 2013, Justin made the transition to join the Executive Management team at Andres Medical Billing. As market demand grows and the need for service and technology unfolds, strong leadership and in-depth knowledge of the industry is vital. As part of the Executive Management team, Justin is responsible for providing direction on company decisions and investments of capital and resource. Justin is also responsible for leading the sales and marketing team with an intense focus on product and service delivery. Justin is committed to listening to clients' needs and delivering solutions.

### **National Sales Manager**

#### **FIREHOUSE Software**

September 2007 – March 2013

Justin led the growth of market-leading Fire Records Management Software both domestically and internationally, while managing an independent external sales staff of four and an internal staff of three. He was also responsible for leading all advertising and marketing campaigns using print and web media. In addition, he was involved in market research, product development and R&D of industry leading products. Furthermore, he advised software development for both .net conversion and application development for iPad and Android platforms.

### **Firefighter/EMT**

#### **City of Clive**

August 2006 – November 2011

Clive, IA

- Engine company Lieutenant
- Primary EMS care on ambulance and engine company response
- Structural fire suppression.
- Life safety fire inspections and prevention & public education
- FFI, FFII, HazMat Operations, Driver Operator, EMT

**JohnPakledinaz**  
*Information Technologies Manager*

**Contact:**

jpakledinaz@andresmedical.com  
(847) 899-8471

**Information Technologies Manager****Andres Medical Billing**

2008 – Present

John manages ambulance billing data systems, communication systems, and security systems. He collaborates with website and application developers to protect the strength and integrity of our technological operations. John works directly with clients, facilities, and hospitals to resolve technical issues as quickly as possible.

**IT Manager****Christiana Industries**

2002 – 2008 (6+ years)

John operated online portals and security systems designed specifically to protect the automotive parts supplier. He worked with web developers, clients, and employees to troubleshoot any technology issues that occurred. John mastered continuous improvement programs, and uses those skills to date.

**MaryannMahlman**  
*Compliance/Security Officer*

**Contact:**

mmahlman@andresmedical.com  
(847) 305-5232 - Direct

**Compliance/Security Officer****Andres Medical Billing**

2011 – Present

Maryann is a Certified HIPAA Privacy & Security Expert and a Certified Ambulance Compliance Officer. She has a vast understanding of the intricacies of laws and regulations which govern the EMS industry. These include, but are not limited to, the Health Insurance Portability & Accountability Act (HIPAA), breach notification and enforcement, the Federal Trade Commission's Red Flag Rules for Identity Theft, the Office of Inspector General's compliance programs for ambulance suppliers and third-party medical billing companies, and Payment Card Industry (PCI) Data Security Standard 3.0 (DDS).

She developed and implemented the company's ongoing employee compliance training program. Maryann also monitors employee behavior as it relates to the security of patient information. She provides the necessary training, follow-up, and discipline as necessary. She is also a CACO, CAPO, and CAC.



**16** EMS Billing Service Proposal

**Larry Garascia**  
*Software Developer*

**Contact:**

lgarascia@andresmedical.com

(800) 244-2345 x293

**Software Developer****Andres Medical Billing**

2015 – Present

Larry creates applications for the company that both enhance and improve the functionality of existing software. When management approaches him with a desire for an improvement, Larry diligently works on a solution to reform processes. He created a proprietary tool that scrubs thousands of patient care records looking to link duplicate patients. This allows matching records to merge, and ensures adequate information to complete the billing process.

**Contracted Web Developer****Advanced Data Processing**

2014 – 2015

Larry worked to develop the insurance and benefits self-service online portal for ADP. He worked as part of a team to accomplish their contracted goal within the negotiated timeframe.

**Application Developer****Quest Software**

2007 – 2014

Quest Software, a subsidiary of Dell, hired Larry to create a variety of applications. His applications bettered Dell's capabilities in systems management and security. Larry was able to work both individually and on a team to develop necessary solutions.

# Services

## Billing Platform


AMB partnered with **ESO Billing Solutions as the primary billing platform.** ESO's differentiating factor is its ability to configure the software to support your core needs. ESO allows unlimited agencies and users in the system, and has the capability to import any NEMIS based patient care report. ESO helps improve the billing process with quick data retrieval, automatic import of data, and customization of the workflow. ESO's payer-specific proprietary audit process ensures that claims contain critical billing information prior to claim submission. Our system allows 24 hour customer access to report patient data. We have a long history of working with ESO and a substantial mutual client base. This relationship will make the billing process seamless, and we are happy to provide client recommendations upon request.

**BILLING**

Whether you're billing for one agency or 100, ESO Billing helps you recover every dollar you're entitled to, quickly and efficiently.



eso  
Healthcare Connected



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**IMPROVE PROCESSES. MINIMIZE COSTS.**  
The advantage of ESO Billing is simple: By streamlining the billing process and minimizing the cost for each claim processed, it brings you greater efficiencies, improved transparency and more revenue.

**LIBERATE YOUR BILLING STAFF.**  
Automate your workflow and integrations — and put an end to the repetitive manual work associated with revenue-cycle management. ESO Billing frees your team to focus on what they do best.

**EXPERIENCE THE ULTIMATE IN SPEED.**  
In today's reimbursement world, efficiency counts. ESO Billing was built to save you time at every possible point in the billing process. Even its interface has been freshly redesigned for speed and ease of use.

**LOWER YOUR REJECTION RATE.**  
A payer-specific proprietary audit process ensures that each claim contains all critical billing information prior to claim submission. The result? The lowest clearinghouse and payer rejection rate in the industry.

**GET BILLING DATA DIRECT FROM HOSPITALS.**  
What if you could get insurance information, demographics and other patient billing data right from the hospital? Now you can: Pair Billing with ESO Health Data Exchange (HDE) and ESO Payer Insights to tap into hospital-generated billing information with one click.



Learn more about Billing at [esosolutions.com](http://esosolutions.com) or call us today at 865-765-9471.

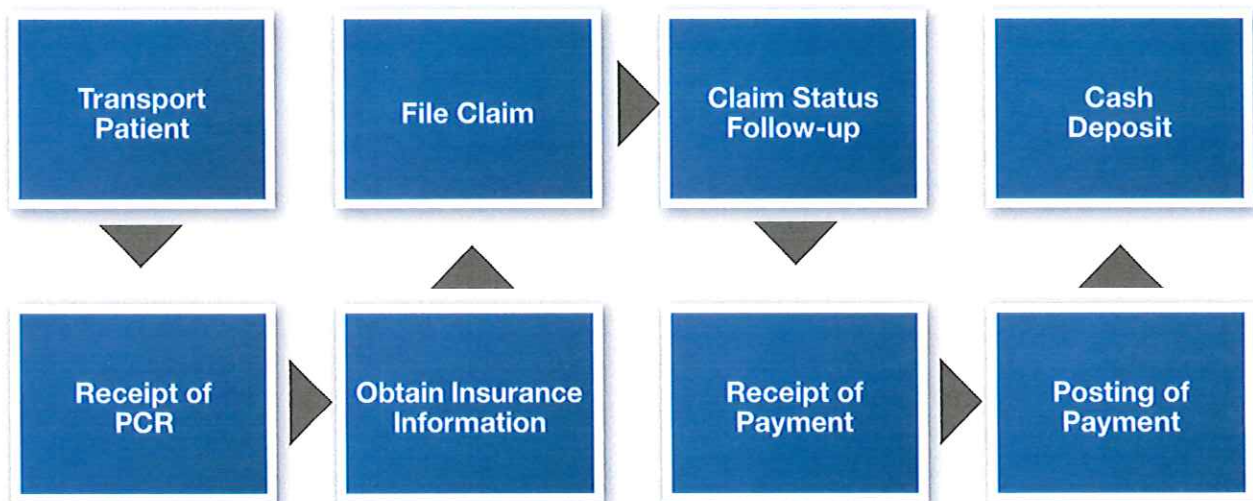


## 18 EMS Billing Service Proposal

# The Billing Process

Before beginning the billing process, AMB will work with you to customize any aspect of the billing process. We understand the need for unique bill schedules, for example, many accounts utilize "soft" billing for residents versus non-residents, and we are happy to comply. Not to mention, your department logo can be added to all bills, statements, and invoices for personalization. The following bill schedule chart is a template that can be altered to meet any specification you desire.

<p><b>Step 1 – Receipt of Data</b></p>	<p>Receive PCR information into our billing software and code the trip</p>
<p><b>Step 2 – Insurance Discovery</b></p>	<p>Enter insurance info or look up patient in LexisNexis and LocatePLUS and/or Hospital Database, also pass through Payor Logic if hospital face sheet has no information</p>
<p><b>Step 3 – Submit Invoice</b> (within 72 hours of Step 1)</p>	<p>Electronically submit claim to insurance provider or send patient insurance request letter if no insurance has been discovered</p>
<p><b>Step 4 – Send Informational Letter and Call</b> (30 days later)</p>	<p>Mail and call patient to inform them we still do not have insurance information</p>
<p><b>Step 5 – Send Second Invoice</b> (30 days later)</p>	<p>Mail patient indicating balance due</p>
<p><b>Step 6 – Send Past Due Letter</b> (30 days later)</p>	<p>Mail patient indicating balance is past due</p>
<p><b>Step 7 – Send Final Notice Letter</b> (30 days later)</p>	<p>Mail patient final notice</p>
<p><b>Step 8 – Collections Review</b></p>	<p>Send the balance to collection agency or write-off the balance based on department guidelines</p>



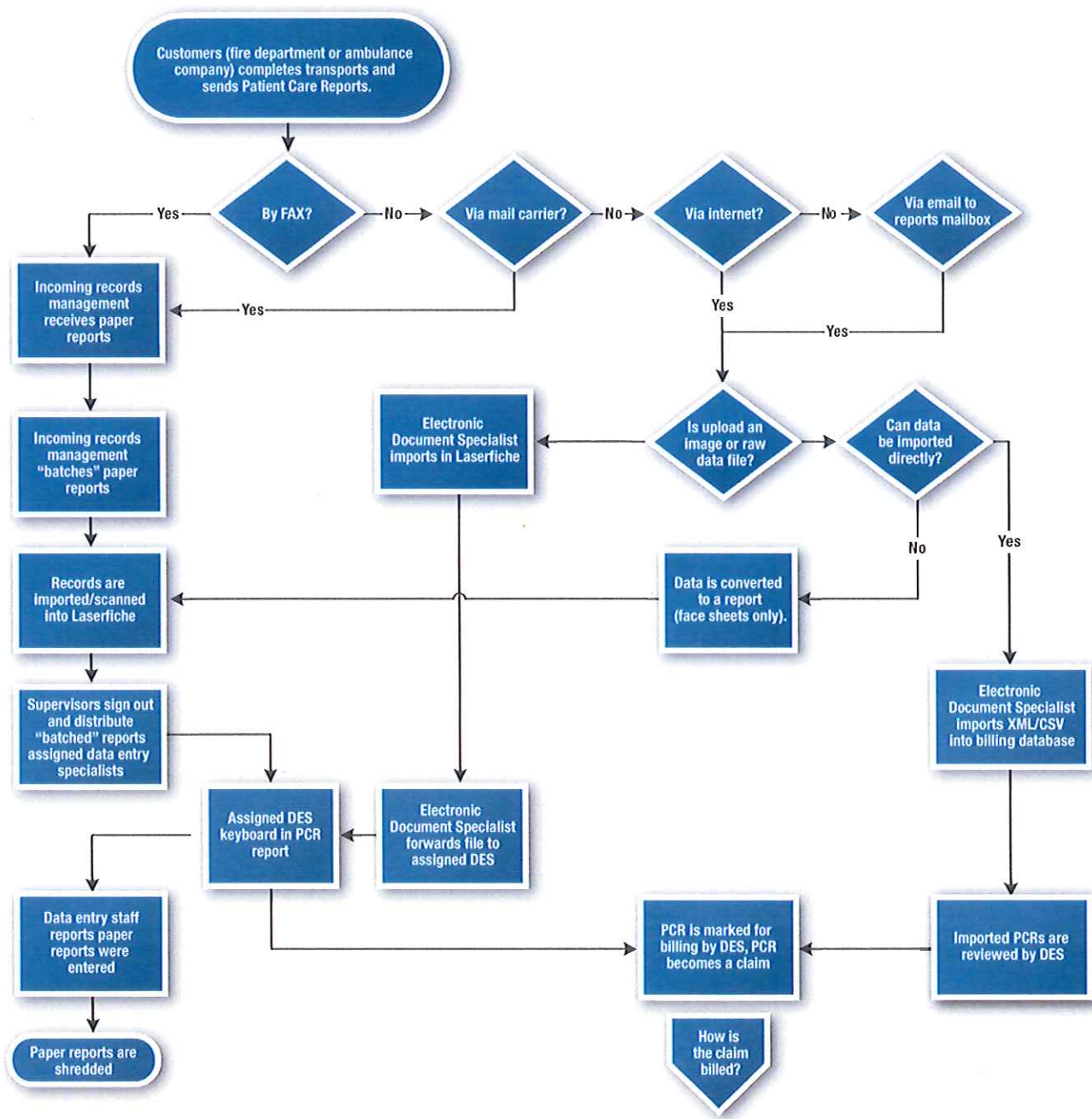
### Data Exchange

AMB currently supports data exchange of Protected Health Information (PHI) electronically through a secure website by XML and/or PDF file, fax, encrypted email, US mail, or UPS delivery. Data exchange is done at your discretion. We are able to seamlessly integrate all NEMSIS compliant patient care reporting systems, including but not limited to:



20 EMS Billing Service Proposal

PCR PROCESS



## Insurance Discovery

It is an industry challenge to collect adequate patient information during the time of service. Sometimes the patient name, date of birth, Social Security Number, etc., are incorrect or unavailable, causing inaccurate billing and inability to match records with hospital face sheets. With that in mind, our development team built an application to combat the problem. It is a data management tool that scans the data base for matching patient information. It is a more efficient process and one of the many innovative solutions that makes AMB a premier billing service.

## Hospital Information

We have relationships with many hospitals wherein we are allowed to access or receive patient billing information. The ability to obtain face sheets from receiving hospitals is invaluable. It enables us to bill insurance carriers immediately, or identify uninsured patients and contact them to establish a payment plan. In addition, it helps us to be timely in filing claims, while increasing payments and decreasing denial rate. Lastly, we obtain a lifetime signature from patients, therefore, there is no need to re-contact them if they are transported in the future.

## Payor Logic

There are occasionally challenges in checking deductibles, proving medical necessity, and obtaining prior authorizations. Not to mention, insufficient information leads to delayed payment for claims and an escalating number of receivables. When one of these instances occurs or the patient does not provide insurance information, we can utilize Payor Logic.

Payor Logic improves collections of self-pay receivables through data mining and proven actionable analytics. From verifying demographics to scrubbing self-pay and finding active insurance coverage, Payor Logic delivers adequate data and workflows to increase cash, maximize reimbursement, and resolve patient balances, including self-pay. Through Payor Logic our customers have seen up to a 12% increase in revenue, fewer write-offs, less returned mail, lower costs, and an overall more streamlined process.

EMS companies write off millions of trips annually because they lack adequate information and can't afford to chase down difficult payers. Payor Logic plugs cash flow leaks by gathering more complete and accurate demographic and insurance information for every trip, resulting in a 6:1 return on investment and fewer write-offs. Payor Logic finds millions of dollars for EMS providers.



## 22 EMS Billing Service Proposal

### REAL-TIME INSURANCE DISCOVERY



**5 unique ways our clients find 29% more billable coverage**



**Demographic Information**

- Ensure effective processes for initial capture
- Confirm 9 key elements on front-end



**Coverage Found—Unique, Primary, Tertiary**

- Rank Coverages
- Differentiate managed care and advantage plans
- List relevant plan types (HMO, PPO, etc.)



**Expanded Search for Payors**

- Search an average of 13 transactions per patient
- Find up to double the number of payors compared to other services



**Active Geographical Payor Search**

- Examine nationally - all 50 states and US territories
- Interrogate the most relevant payors with proprietary matching algorithm



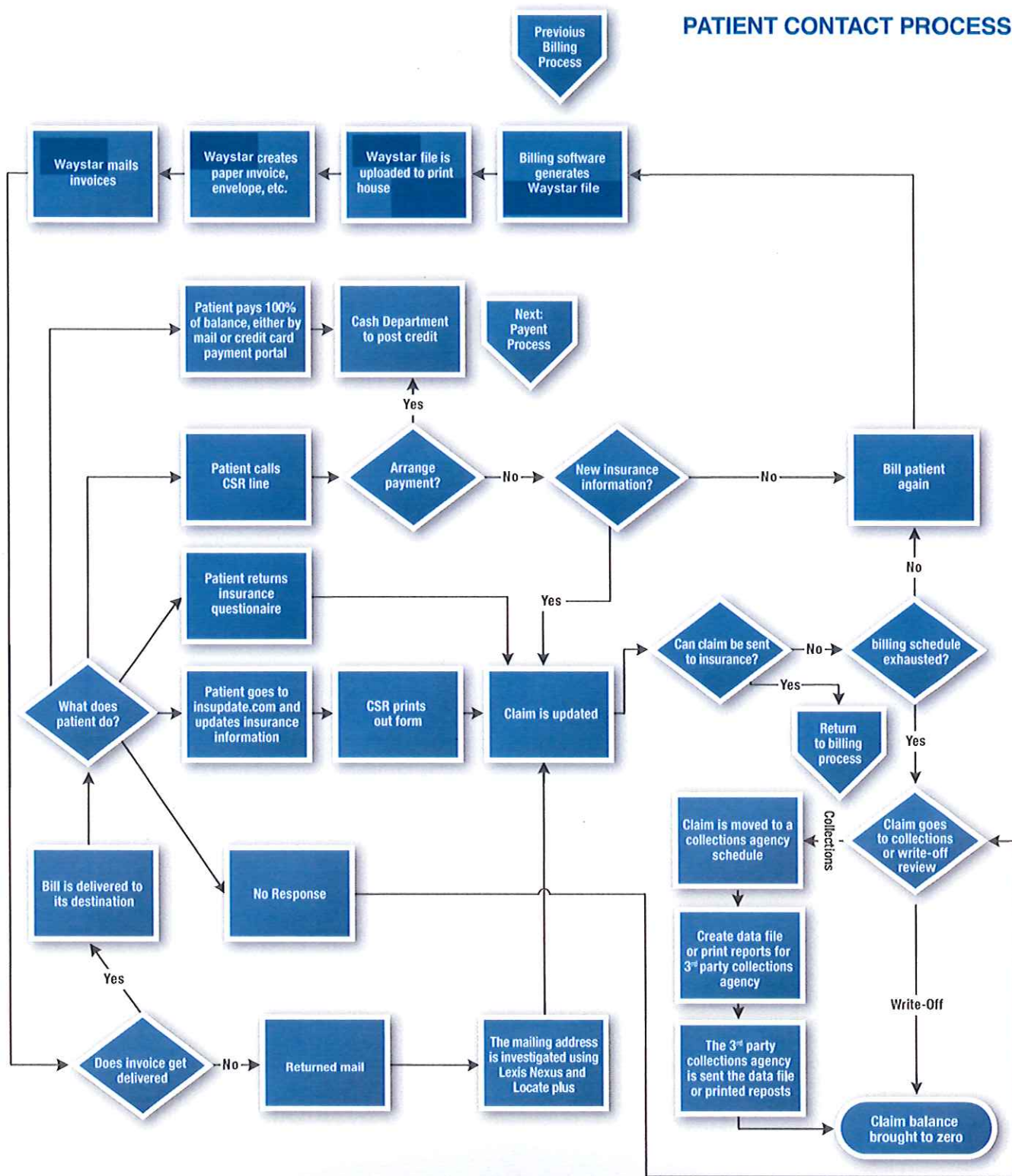
**Customizable Workflow**

- Build exclusions to eliminate false coverages
- Create rules based on facility, patient, state and payor

### Benefits for EMS:

- Obtain complete and correct patient demographic and insurance information for every trip without manual intervention
- Send claims to the correct responsible party the first time, every time, and within a few days of transport
- Confirm prior authorization and check deductibles to reduce manual workloads and expedite clean claims processing—even for the most difficult payors and self-pay patients
- Determine a patients propensity to pay-high likelihood accounts are worked internally and others are outsources
- Reduce write-offs to increase revenue and improve cash flow
- Identify which self-pay patients fall within FPL guidelines to correctly offer hardship discounts and payment plans

### PATIENT CONTACT PROCESS



## 24 EMS Billing Service Proposal

### Claim Submission

Prior to submission, ESO Billing scans all electronic claims to ensure that pertinent information is not missing or invalid. This audit system enables us to review claims for duplication and/or accuracy before they are submitted, thus reducing the denial rate and increasing cash flow. We submit all Medicare and Medicaid claims electronically in ANSI (American National Standard Institute), HIPAA compliant, and encrypted format. Private insurance claims are also encrypted and submitted electronically on a daily basis through Waystar, which is a clearinghouse for all private insurance claims.

We check eligibility and claim status using many web based insurance research tools: Waystar, NEBO Systems (eCare), Connex, OptumHealth, Availity, Forward Health, and others.



**Waystar** enables us to check the status of private insurance and Railroad Medicare claims. Within two days, we know if a claim is being denied or paid. Also, if an insurance company does not accept electronic claims, we can download a HCFA form from Waystar and mail the claim directly to the insurance carrier. **With Waystar our clean claims percentage is 97.18%.**



**NEBO Systems, Inc.**, eCare Online enables us to check private insurance and public aid eligibility and verification, and claim status.



**Connex** - A portal used to verify Medicare insurance.



**OptumHealth** - By transforming infrastructure and digitizing health care, OH improves connectivity to enable smoother transactions among providers, health plans and consumers



**Availity** integrates and manages the clinical, administrative, and financial data our customers need to fuel real-time coordination and collaboration amongst providers, health plans, and patients in a growing value-based care environment. These tools help decrease the turn-around time for claims. Within days, claims can be reviewed to determine whether they will be paid or denied.



The **OneSource** platform is industry leading billing services and Preference Management technology. It provides our clients with a single billing system solution that consolidates all of the consumer communications needs of large service providers into one platform.



**NaviNet** is America's leading healthcare collaboration network connecting over 40 health plans and 60% of the nation's physicians, which represents 450,000 clinical and administrative healthcare professionals.



**TriCare** is used to Enhance the Department of Defense and our nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care.



**Advocate Physicians** is the largest health system in Illinois. Our faith based, not-for-profit health system is based in Downers Grove, Illinois.



**Security Health Plan of Wisconsin, Inc.** is a physician-sponsored health maintenance organization located in Marshfield, WI and serves more than 180,000 members in a 32-county service area of Wisconsin. Because Security Health Plan is sponsored by Marshfield Clinic, and is led by physicians, we are committed to keeping members' best interests at heart.



**Unity Health Plans Insurance Corporation (Unity)** is an affiliate of UW Health and Gundersen Health System. Unity offers community-based managed care products and services and direct access to UW Health. UW Health is the academic medical center and health system for the University of Wisconsin. UW Health includes UW Hospital, the American Family Children's Hospital, the Paul P. Carbone Comprehensive Cancer Center and UW Medical Foundation.



**The ForwardHealth Portal** serves as the interface to ForwardHealth interChange, the new Medicaid Management Information System for the state of Wisconsin. Through this portal, providers, managed care organizations, partners, and trading partners can electronically and securely submit, manage, and maintain health records for members under their care. This Portal also provides users with access to the current health care information available.

## Send Initial Request for Payment or Insurance Information

We utilize Waystar for all patient correspondance delivery services. Invoices are completely customized to meet your expectations. We can add any information to an invoice that you'd request (view Invoice section of proposal for more details). If we are unable to obtain third party billing information for the patient, we initiate the private pay billing process. Prior to the mailing of the invoice, all addresses are electronically reviewed for accuracy. Non-standard addresses are returned automatically with the USPS return code, and we would follow up with the hospital and/or hospital face sheet to verify and resend the bill. For any "forwardable" address changes, USPS will provide the changes electronically. Lastly, outgoing mail goes through a National Change of Address link, which locates change of address and identifies "moved left no forwarding address" and that new information is returned to us electronically, as well.



## 26 EMS Billing Service Proposal

If we do not receive positive results, we utilize the following outside agencies to obtain proper billing information:

LocatePLUS is a web-based investigative search option that utilizes far more avenues than the typical billing company is willing to explore. Their skip tracing software contains billions of current and historical, cross-referenced public records to ensure your search is done right the first time. LocatePLUS serves investigators, legal, process servers, bail bondsmen, recovery, collections, finance, security, government and law enforcement to ensure they can locate anyone, anywhere.

LocatePLUS is a SaaS-based investigative solution that uses cloud computing and proprietary search algorithms to deliver the most complete searches and comprehensive investigative reports in the industry. Investigators and skip trace professionals have instant access to billions of online public records to conduct person, phone, address, email, social security, civil records, criminal background, and motor vehicle searches. This information can be used to locate individuals, assets and witnesses; verify identities; and check court records. LocatePLUS provides public and non-public information to those entities who qualify to receive this information under governing laws and acts, including the Gramm-Leach-Bliley Act, and IRSG Principals.



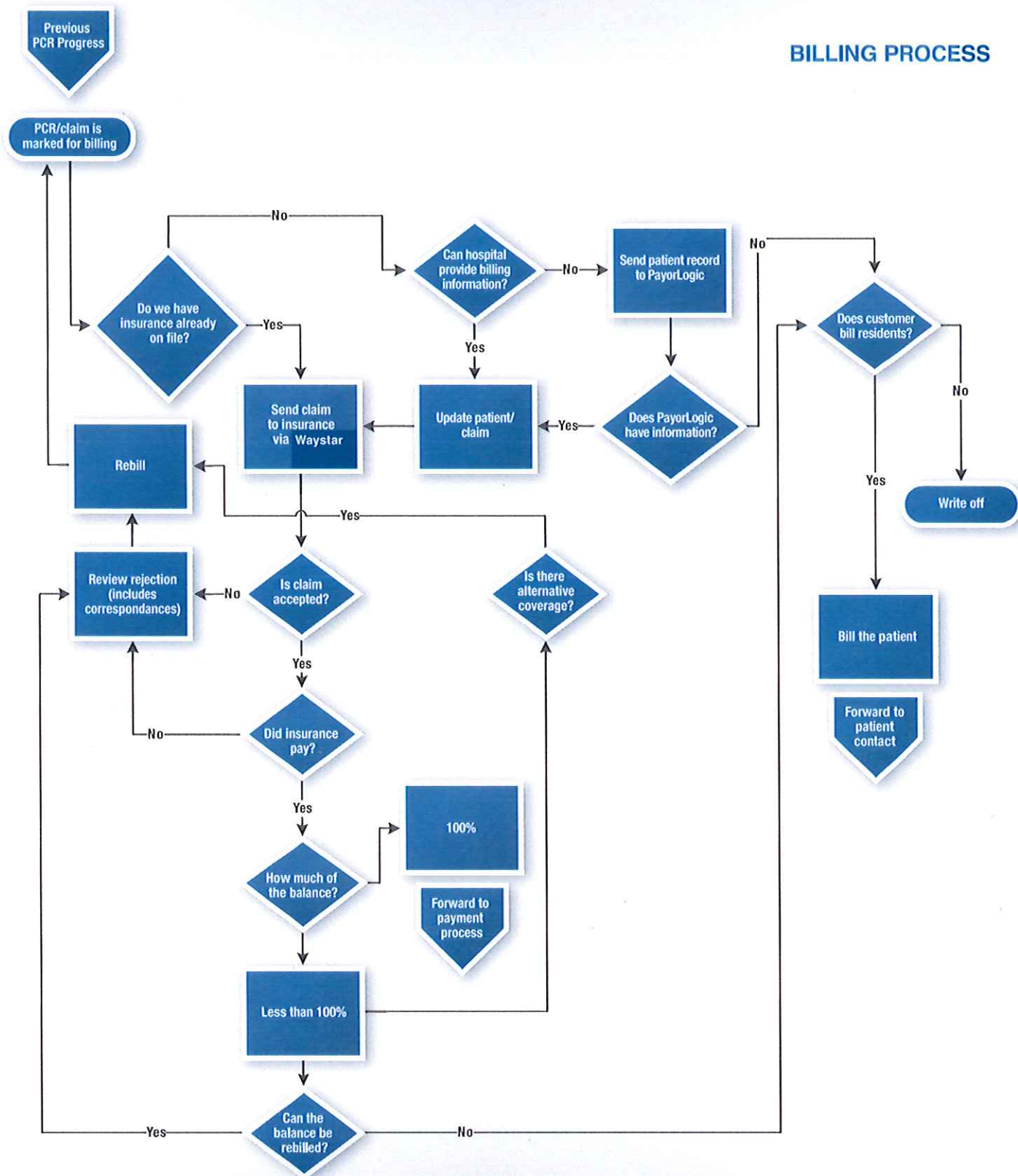
LexisNexis is the foremost authority on providing legal research, business research, and risk management to government authorities and businesses. LexisNexis has the world's largest electronic database for legal and public-relations related information.



### Collection Agency

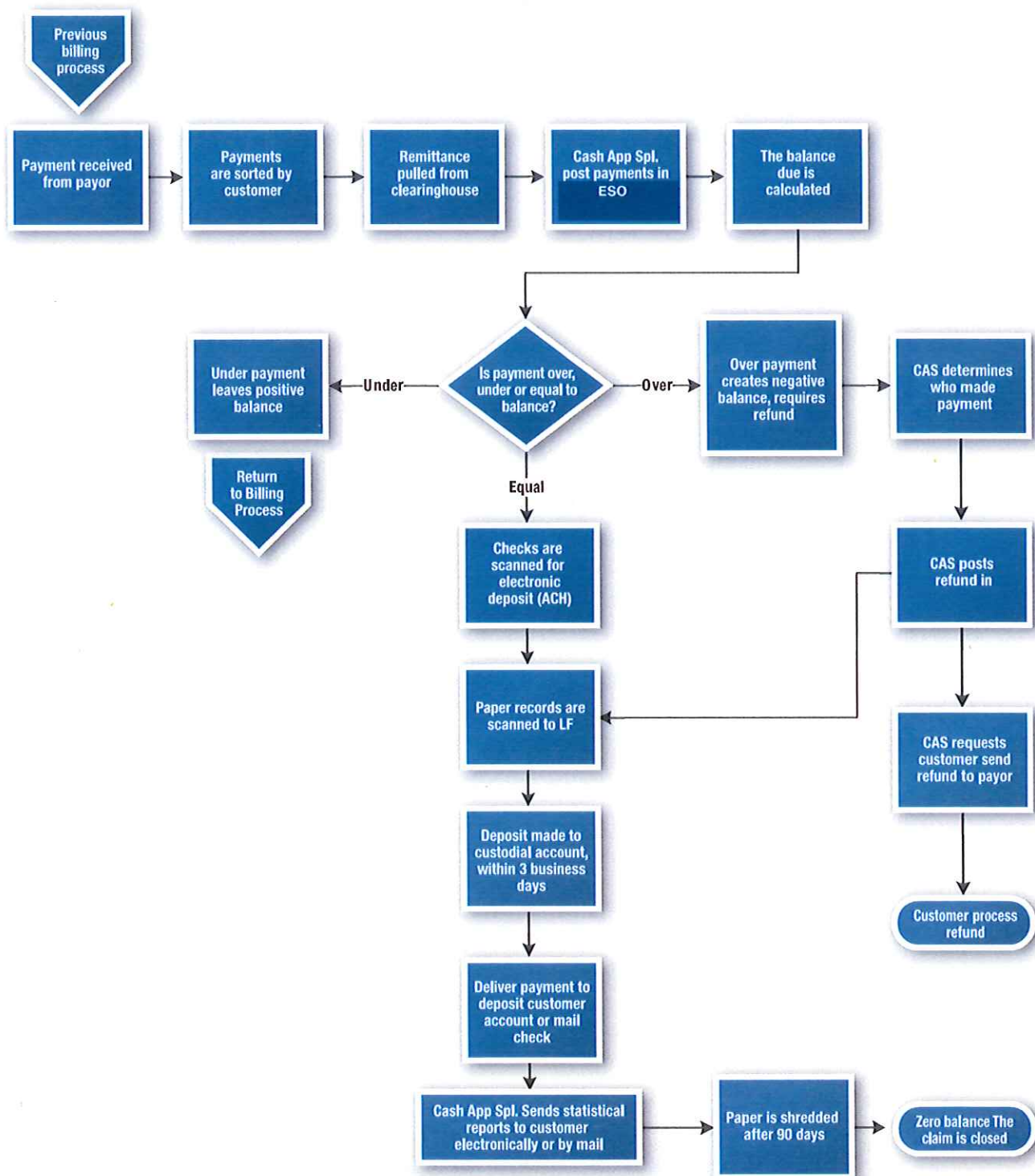
After 120 days, all accounts are reviewed to ensure that all efforts to collect on the debt have been exhausted. Accounts are then turned over to the collection agency of your choosing. All account data is sent electronically to the appropriate collection agency. If you choose, we will monitor and post all collection agency payments, so all EMS billing information is in one unified financial report.

BILLING PROCESS



28 EMS Billing Service Proposal

PAYMENT PROCESS



Collection percentages and collection success is monitored closely by upper management for all of our accounts. We view current progress by tracking the wealth of quality data which resides in our software. That data is compared to all known historical data from previous years and/or previous billing companies, when applicable. Collection data is broken down in many ways, but one of them is by payor type. We have increased revenue for every billing customer we have obtained. This is true for accounts that we took over from internal billing programs and from other outsourced companies. AMB has a long history of proven success, which is why we always carefully monitor collection data and compare it to known benchmarks. We want to continue that same success for many years to come and will use every tool at our disposal to make it come to fruition.

On a monthly basis, AMB monitors all third party collection agency activities to identify any anomalies. On a monthly basis, AMB will monitor the performance and benchmarks of all billing claims. At the end of the month, clients will receive one check for all credit card payments processed within the month. Clients are not charged any processing fees.

All payments are made to the provider and sent to the bank account and/or address of their choice. We recommend sending payments to our PO Box to be processed and deposited electronically into a custodial account. We currently support deposits via ACH (Automated Clearing House). Within three business days, we send an electronic ACH to the bank account of your choice for the total dollars deposited/posted. This process eliminates the need to send checks through the mail and/or UPS, decreasing the likelihood of payments being lost in transit and increases timely deposits. This deposit/transfer would be done at your discretion. You would receive cash receipts/deposit reports to verify monies deposited and how the payments were applied. All payments and EFT's are posted on a weekly basis. ACH deposits are made on the 15th and last day of the month. At month end, each account is reconciled to ensure all monies deposited have been posted. If this process is unsatisfactory, AMB can work with you to establish a cash receipts process that meets your needs. Our credit card portal is WCAG 2.0 Compliant at the AA level.

### Refund Process


Should it be determined that a refund is due, we review the payment history of the account and pull pertinent explanation of benefits and payments. Refunds will appear on the weekly and/or monthly cash receipts reports that the Department will receive. AMB will forward a Refund Request, with supporting documentation to the Department, who will, in turn, issue the refund check. If this process is unacceptable, a customized refund procedure will be implemented.



30

EMS Billing Service Proposal

Below is our online Portal for Patients to provide Insurance Information. Patients can also share third party billing information via our convenient patient portal. Direct address is provided in each invoice.



English ▾

### Insurance Billing Information for Ambulance Transport

To make an online credit card payment go to <https://usapayx.com/insupdate>

<b>STEP 1</b> PATIENT INFORMATION	<b>STEP 2</b> INSURANCE INFORMATION	<b>STEP 3</b> CONFIRM YOUR INFORMATION
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Safe & Secure

If you would like to pay with a credit card or set up a payment plan, please call (800) 244-2345 between 8:30 AM - 7:30 PM CST Monday through Friday.

Information with \* is required

RUN NUMBER *	<input style="width: 100%;" type="text"/>	(ex. 12-3456789)
DATE OF SERVICE *	<input style="width: 100%;" type="text"/>	(ex. 01/01/2013)

Your Run Number and Date of service can be found on your invoice.

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#### PATIENT INFORMATION

FIRST NAME *	<input style="width: 100%;" type="text"/>
LAST NAME *	<input style="width: 100%;" type="text"/>
ADDRESS 1 *	<input style="width: 100%;" type="text"/>
ADDRESS 2	<input style="width: 100%;" type="text"/>
CITY *	<input style="width: 100%;" type="text"/>
STATE *	<input style="width: 100%;" type="text"/> (IL)
ZIP CODE *	<input style="width: 100%;" type="text"/> (ex. 60101)
PRIMARY PHONE NUMBER *	<input style="width: 100%;" type="text"/> (ex. 630-555-1212)

Insurance Billing Portal

AMB accepts all industry standard payment options or your patients.

## CREDIT CARD PROCESSING

Patients are also able to contact us through our website ([www.insupdate.com](http://www.insupdate.com)). Patients can send us their insurance information or contact us with any questions. All major credit cards are accepted over the phone or through our online portal. Patients can always choose to pay via check as well.

### Patient Logs In to Credit Card Portal

1. To pay by credit card the patient would visit <https://www.insupdate.com/> and message will appear: To make an online credit card payment go to <https://usapayx.com/insupdate/>  
Website [www.insupdate.com](http://www.insupdate.com) appears on insurance request forms. Patient clicks on credit card portal site.
2. Patient enters run number, zip code and last name of patient. Continue.
3. Account balance will appear. Patient has the option to pay full amount or partial payment. Several fields need to be populated (credit card number, expiration date, security code, cardholder address, etc.)
4. Once all is completed – next screen to confirm payment and then submit. A receipt will appear with confirmation number or a message card did not process (decline).
5. Following business day, all credit card payments are retrieved from credit card portal and posted to patient accounts.
6. No credit card numbers are stored in the credit card portal.

### Patient Contacts Billing Office

1. Customer service opens account through billing software. Confirms account balance after verifying HIPAA requirements.
2. Credit card portal is opened and representative enters run number, zip code and patient last name in credit card portal.
3. Amount to be paid is verified. Option to have receipt emailed can be populated. Credit card information is entered and remaining fields are completed.
4. Next screen confirms the payment amount. Representative confirms amount and submits for payment.
5. Confirmation of payment and/or decline will appear. Confirmation number appears and receipt can be mailed to patient if requested.
6. Following business day, all credit card payments are retrieved from credit card portal and posted to patients accounts
7. No credit card numbers are stored in the credit card portal and/or by billing office.



**32** EMS Billing Service Proposal

**GURNEE**  
COMMUNITY OF OPPORTUNITY  
VILLAGE OF GURNEE  
PO BOX 457  
Wheeling IL 60090-0457  
877-618-0943

153297 - 8



000014

Priscilla James  
123 Park Rd. Gurnee, IL 60090

<b>Patient Name:</b>	
Priscilla James	
<b>Run Number:</b>	<b>Date of Service/Time:</b>
AMB-123:0001	10/11/2019
<b>Primary Payor:</b>	
HUMANA	
<b>Secondary Payor:</b>	
<b>From:</b>	
123 Park Rd.	
<b>To:</b>	
APPLEWEST CARE	

You have agreed to make a payment on this balance due every 30 days. If you are going to be sending your payment late, you must contact our office. If you would like to pay by credit card please visit our website at: <https://usapayx.com/insupdate> Thank you!

Description	Qty.	Price	Contractual Allowance	Amount
A0427 GURNEE ALS	1.00	1321.36		1321.36
A0425 GURNEE ALS MILEAGE	5.50	13.89		76.40

Please refer to your run number on all correspondence.  
\*\*Please see reverse side for important information\*\*

**BALANCE: \$1,199.15**

\*\*\*TO ENSURE PROPER CREDIT OF YOUR ACCOUNT PLEASE DETACH LOWER PORTION AND RETURN WITH YOUR PAYMENT. THANK YOU\*\*\*

<b>PATIENT NAME:</b>	<b>BALANCE</b>
Priscilla James	\$1,199.15
<b>RUN NUMBER:</b>	
AMB-123:0001	
<b>DATE OF SERVICE:</b>	<b>STATEMENT DATE:</b>
10/11/2019	07/24/2020

**RETURN TO:**  
VILLAGE OF GURNEE  
PO BOX 457  
WHEELING IL 60090-0457  
153297-8-12976377



153297-8-12976377

Sample Invoice

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Provider ("Provider") is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. The Provider is also required to abide by the terms of the version of this Notice currently in effect.

**Uses and Disclosures of PHI:** The Provider may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

**For treatment:** This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

**For payment:** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

**For health care operations:** This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

**Fundraising:** If you receive notices or phone calls from us regarding fundraising, and do not wish to receive such information, you may contact our Privacy Officer to opt out of these communications.

**Use and Disclosure of PHI Without Your Authorization.** The Provider is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

**Patent Rights:** As a patient, you have a number of rights with respect to your PHI, including:

**The right to access, copy or inspect your PHI.** This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in electronic format. We will mail, or will electronically transmit a copy of your PHI directly to another address and/or person if you request that we do so in writing and signed. If you wish to inspect and copy your medical information, you should contact our Privacy Officer.

**The right to amend your PHI.** You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend medical information that we have about you, contact our Privacy Officer.

**The right to request an accounting.** You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our Privacy Officer.

**The right to request that we restrict the uses and disclosures of your PHI.** You have the right to request that we restrict how we use and disclose your medical information that we have about you. The Provider is required to agree to any restrictions you request, including not submitting information to your insurance provider, if you, or someone on your behalf, pays your ambulance service in full for transport. However, if the information you ask us to restrict is needed to provide you with emergency treatment, then we may disclose the PHI to a health care provider to provide you with emergency treatment.

**The right to notice of a breach of unsecured protected health information.** If there is a breach of unsecured PHI, we will notify you by first class mail sent to the most recent address we have on file. If you prefer to be notified about breaches by electronic mail, please contact the Privacy Officer. You may also withdraw your agreement to receive notice by e-mail at any time by contacting the Privacy Officer.

**Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Please make any such request in writing specifying how or where you wish to be contacted. We will accommodate reasonable requests. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

**Revisions to the Notice:** The Provider reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our Privacy Officer.

**Your Legal Rights and Complaints:** You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints, you may direct all inquiries to our Privacy Officer.

**Privacy Officer Contact Information:**  
Contact the Privacy Officer through the EMS Provider.

**Effective Date of the Notice:** April 14, 2003 — Revised September 23, 2013

**34 EMS Billing Service Proposal**

**REQUEST FOR INSURANCE INFORMATION FOR AMBULANCE TRANSPORT**

BARABOO DISTRICT AMUBLANCE SERVICE

The hospital does not furnish us with this information.

Billing Department, P. O. Box 457, Wheeling, IL 60090

(800) 244-2345

Hours: Mon.-Fri. 8:30a.m.-7:30p.m. CST

Run #: BDWI-19-123	Date of Service: 02/25/2019
Name: ZACHARY SMITH	Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>
Note: If your address on the invoice is incorrect, check this box <input type="checkbox"/> and print correct address on back of this form.	
Date of Birth (required): <input type="text"/> / <input type="text"/> / <input type="text"/>	Phone #: ( <input type="text"/> ) <input type="text"/> - <input type="text"/> - <input type="text"/>
Type of Claim: (Check one) <input type="checkbox"/> Illness <input type="checkbox"/> Auto Accident <input type="checkbox"/> Workman's Compensation	

**IF THIS WAS AN AUTO ACCIDENT OR WORKMAN'S COMPENSATION  
PLEASE PROVIDE LIABILITY INSURANCE**

To submit your insurance information online go to [www.insupdate.com](http://www.insupdate.com)  
Or complete this form and return it to us at PO Box 45Z, Wheeling IL 60090

<input type="checkbox"/> I have MEDICARE (check one) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary Health Insurance
Medicare #: _____

<input type="checkbox"/> I have MEDICAID (check one) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary Health Insurance
Medicaid #: _____

<input type="checkbox"/> I have PRIVATE INSURANCE (check one) <input type="checkbox"/> Primary Health <input type="checkbox"/> Secondary Health <input type="checkbox"/> Auto <input type="checkbox"/> Workman's Comp
Insurance Co.: _____ Address: _____
City/State/Zip: _____ Insurance Co. Phone #: ( <input type="text"/> ) _____
ID #: _____ Group #: _____ Policyholder Name: _____
Patient relationship to policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Policyholder Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
Claim # (if an auto accident or workman's compensation): _____
Adjuster: _____ Phone #: _____

If you would like to pay by credit card please visit our website at:  
<https://usapayx.com/insupdate>

We accept VISA, MasterCard, Discover Card and American Express.

**SIGNATURE AUTHORIZATION** We must have your signature and date on file to bill the above insurance(s) for you.  
I request that payment of authorized benefits be made on my behalf to the MEDICAL SERVICE PROVIDER for any ambulance services and supplies furnished to me. I understand that I am financially responsible for the services and supplies provided to me, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to MEDICAL SERVICE PROVIDER. I authorize MEDICAL SERVICE PROVIDER to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to MEDICAL SERVICE PROVIDER and its billing agents, the Centers for Medicare and Medicaid Services and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by MEDICAL SERVICE PROVIDER, now, in the past, or in the future. I also authorize MEDICAL SERVICE PROVIDER to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

Date: \_\_\_\_\_ Signature of Insured (required): \_\_\_\_\_

Signature of authorized representative only if patient is physically or mentally incapable of signing:  
Please explain why patient is unable to sign: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Authorized Representative: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

**All information is kept confidential**

156172-2-12561104

**Return Form**

EMS Billing Service Proposal **35**



BARBOO DISTRICT AMBULANCE SERVICE  
 PO BOX 457  
 WHEELING IL 60090-0457  
 877-618-0943

<b>Patient Name:</b> ZACHARY SMITH	
<b>Run Number:</b> BDWI-19-123	<b>Date of Service/Time:</b> 02/25/2019
<b>Primary Payor:</b> BILL PATIENT	
<b>Secondary Payor:</b>	
<b>From:</b> 600 HIGHLAND AVE, MADISON, WI 53792	
<b>To:</b> UNIVERSITY OF WISCONSIN HOSPITAL	

ZACHARY SMITH  
 3223 NORTH WILKE RD  
 ARLINGTON HTS IL 60004

156172 - 2

**FINAL NOTICE** Your payment must be received within the next 10 days to prevent further collections proceedings! If you cannot make payment in full please contact our office to make payment arrangements. If you would like to pay by credit card please visit our website at: <https://usapayx.com/insupdate>

Description	Qty.	Price	Contractual Allowance	Amount
A0427 ALS BASE RATE	1	1000.00		1000.00
A0425 MILEAGE	1	13.00		13.00

Please refer to your run number on all correspondence.  
 \*\*Please see reverse side for important information\*\*

**BALANCE:** **\$1,013.00**

\*\*\*TO ENSURE PROPER CREDIT OF YOUR ACCOUNT PLEASE DETACH LOWER PORTION AND RETURN WITH YOUR PAYMENT. THANK YOU\*\*\*

<b>PATIENT NAME:</b> ZACHARY SMITH	<b>BALANCE</b> \$1,013.00
<b>RUN NUMBER:</b> BDWI-19-123	
<b>DATE OF SERVICE:</b> 02/25/2019	<b>STATEMENT DATE:</b> 04/29/2020
<b>AMOUNT ENCLOSED:</b> \$	

REMIT TO:  
 BARBOO DISTRICT AMBULANCE SERVICE  
 PO BOX 457  
 WHEELING IL 60090-0457

156172-2-12561104

**Final Notice**



# 36 EMS Billing Service Proposal



EAST PEORIA FIRE DEPARTMENT  
P.O. BOX 457  
Wheeling IL 60090-0457  
877-618-0943

Date: 04/30/2020  
Run Number: AMB-20-00001:1  
Patient Name: GASTON MILLER  
Date of Service: 01/23/2020  
Destination: MILLER MEDICAL CENTER

153418 - 1



000001

GASTON MILLER  
345 BELLE RD.  
WHEELING, IL 60090

**THIS IS NOT A BILL! PLEASE DO NOT PAY!**

The above named patient was transported via ambulance. We have Medicare information on file. However, we were unable to obtain patient's signature at the time of service authorizing our office to bill Medicare directly on the patient's behalf. Please provide us with the patient's signature below and return this letter in the enclosed envelope.

*I request that payment of authorized Medicare, Medicaid, or any other insurance benefits to be made on my behalf to EMS Provider for any services provided to me by EMS Provider now or in the future. I agree to immediately remit to EMS Provider any payments that I receive directly from Insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to EMS Provider. I authorize EMS Provider to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to EMS Provider and its billing agents, and/or the Centers for Medicare and Medicaid services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by EMS Provider, now or in the future. A copy of this form is as valid as an original.*

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Representative only if patient is physically or mentally incapable of signing. Please explain why patient is unable to sign.

\_\_\_\_\_

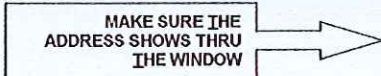
Date: \_\_\_\_\_ Signature of Authorized Representative: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

*Please refer to your run number on all correspondence.  
\*\*Please see reverse side for important information\*\**

RETURN TO:

EAST PEORIA FIRE DEPARTMENT  
P.O. BOX 457  
Wheeling IL 60090-0457



153418-1-12600632

Medical Signature Letter

# Compliance

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AMB strives for perfection with all facets of compliance. By partnering with the American Ambulance Association, Page, Wolfberg, & Wirth, and many other State Fire and EMS organizations, AMB remains current with industry standards and legal issues regarding EMS billing. We have partnered with nationally acclaimed accounting firm, Sikich, to oversee system security, the key card and video recording systems, and log on records. They also provide SOC I Type II penetration testing. AMB employs a full time compliance officer to monitor employees and management and ensure all procedures are satisfactory.

We are fully staffed to absorb the volume which this contract requires. Our quality assurance processes involve complex systems, involving both regular (internal and external) auditing and the fundamentally superior design of our billing software to make it so a claim is never "able to fall through the cracks." **Every department is audited on a monthly basis for quality control.** We hold our customer service representatives, data entry staff, and cash receipts department professionals to the highest of standards. Audits are reviewed, with our employees, so that we may cultivate an environment that allows us to immediately share feedback, guidance, and praise. Externally, we are audited with routine frequency by many of our clients (or their agents) and Sikich LLP, an independent accounting and advisory firm.

It is of utmost importance to AMB to comply with the following and more:

- **SOC I Type II – Annual Report Available Upon Request**
- **HIPAA/Red Flag Rules**
- **BAA**
- **Medicare**
- **Medicaid**
- **PCI**
- **Identity Theft Prevention**
- **Record Confidentiality**
- **Fair Credit Reporting Act**
- **Fair and Accurate Credit Transactions Act**
- **508 compliance**
- **WCAG 2.0 Compliant at the AA level**
- **Generally Accepted Accounting Principles**



## 38 EMS Billing Service Proposal

In compliance with HIPAA Privacy Rule 164.530(c)(1), we will comply with all state, local and federal regulations for the implementation of security measures. Our HIPAA Compliance Officer maintains our internal educational and compliance training programs, ensuring all compliance measures are met. All employees sign a verification of our initial training sessions and these forms become part of our internal employee files. Confidentiality of all ambulance reports and subsequent invoices are of critical importance. Our policy manual states this in an explicit manner. All new employees are informed of this in detail. We release no information without HIPAA authorization executed by the patient.

There are many independent audits in place to verify that all practices are sufficient. Employees receive rigorous training and continued education, and processes are well defined for utmost compliance. Copies of any of these policies are available upon request.

AMB employs proficient and efficient individuals. Once a prospective employee is identified, they are screened through the E-Verify system to establish and document their legal work status. Each candidate is subject to several interviews with management personnel, and must pass a series of tests AMB has developed to examine computer competence, language skills, and customer service. Upon hiring, new team members are paired with experienced staff members for intensive side-by-side training.

Our employee handbook is available upon request. New employees are subject to the following screenings prior to employment:

- Drug Screening
- E-Verify
- National Criminal Index Search
- Social Security Number Tracing
- Educational Background
- Current Employer Check
- Criminal Report
- Employment History
- Contact of Two or More References

## Records Management & Document Destruction

AMB uses a document and records management, and document imaging software program called Laserfiche. Rather than using paper copies and physical file cabinets, this digital storage system allows for a cleaner and simpler way of maintaining files. Laserfiche allows us to scan all insurance request forms, EOB's, ambulance reports, patient signature forms, correspondence, and payments network, which creates less chance of human error, and simplifies the exchange process between us and you. Not only can we respond to all client inquiries the day they are requested, but also this method of records management allows us to keep records beyond the required minimum length of time. Laserfiche optimizes time and cost, and improves quality of work.



**Laserfiche**  
Run Smarter

In compliance with HIPAA regulations, we employ Shred-it to carefully dispose of all of our paper refuse. Shred-it is one of the leading document destruction companies and is certified by the National Association for Information Destruction. With tamper proof containers on site, and regularly scheduled disposals, all patient information that arrives via paper means is securely destroyed by the best in the business.



**40** EMS Billing Service Proposal**ANDRES MEDICAL BILLING, LTD.  
AKA FIRE RECOVERY EMS****REPORT ON THE DESCRIPTION OF SYSTEM,  
SUITABILITY OF DESIGN, AND OPERATING  
EFFECTIVENESS OF CONTROLS**

Throughout the Period January 1, 2019 to December 31, 2019



# Reporting

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Andres Medical Billing uses an award-winning custom report design application. There are many accounting and service oriented reports that can be generated for you. There are numerous variations of reports with different methods of sorting (e.g. **response time**, payer types, number of invoices produced, etc.). These can be produced for any time period specified. We can provide other specialized reports upon request. The following are typical reports that would be sent to you each month:

## Aging Reports

An aging report is run on a monthly basis. This report details the status of all outstanding claims/accounts, including private pay, Medicare, Medicaid, and private insurance.

## Credit Reports

Credit reports detail the total amount of monies collected, refunds processed, adjustments, and write-offs for the month. It also details the total amount collected from Medicare, Medicaid, private insurance, and private pay. Multiple parameters can be chosen to separate data required for the City.

## Trip Detail Reports

A trip details all transports billed for the time frame requested. This can be sorted by date of service, pay source and patient. A ticket survey can be done in detailed or summary format.

These reports are sent to the client via our secure email system. Contractual allowances can be displayed separately from regular write-offs. We also have the capability of supplying these reports in xls, txt, and pdf format. Additional reports will be sent upon request. All required reports shall be provided on the schedule that is desired. The client is free to change its mind about which reports are wanted in the future as well. Reports can be added, altered, or removed without issue.



# 42 EMS Billing Service Proposal

## Trip Detail By Date Of Service

ABC FIRE DEPARTMENT						
<u>Trip Date</u>	<u>Incident #</u>	<u>Patient</u>	<u>Current Payer</u>	<u>From</u>	<u>To</u>	<u>Gross Charges</u>
9/15/2014	DEMO-14-2289.1	LUCKY, SHORA, S	PRIVATE PAY GO TO COLLECTIONS	3223 N WILKE ROAD	NORTHWEST COMMUNITY HOSPITAL	\$570.00
9/15/2014	DEMO-14-2272.1	WETS, BETTY	PRIVATE PAY GO TO COLLECTIONS	BUFFALO GROVE RD AND DUNDEE RD	NORTHWEST COMMUNITY HOSPITAL	\$860.00
<b>2</b>	<b>Incidents For</b>	<b>9/15/2014</b>				<b>\$1,430.00</b>
<u>Trip Date</u>	<u>Incident #</u>	<u>Patient</u>	<u>Current Payer</u>	<u>From</u>	<u>To</u>	<u>Gross Charges</u>
9/16/2014	DEMO-14-2226.1	BUMP, SHELLEY	PRIVATE PAY GO TO COLLECTIONS	221 Jake St	NO TRANSPORT	\$250.00
9/16/2014	DEMO-14-2261.1	RING, BIZZIE S	PRIVF-CARE ACT WRITE OFF	896 CEDER POINT St	NORTHWEST COMMUNITY HOSPITAL	\$1,002.50
9/16/2014	DEMO-14-2228.1	WELLS, MACK	PRIVATE PAY GO TO COLLECTIONS	374 GRAVES STATION RD	NORTHWEST COMMUNITY HOSPITAL	\$100.00
9/16/2014	DEMO-14-2225.1	CHOPINSTICK, SAVAHANA	PRIVATE PAY NO BILL WRITE OFF	638 FORRESTER DR	NORTHWEST COMMUNITY HOSPITAL	\$675.00
9/16/2014	DEMO-14-2211.1	MCREE, NANNY	BLUE CROSS BLUE SHIELD ILLINOIS	70 Crawfish AVE	NORTHWEST COMMUNITY HOSPITAL	\$940.00
9/16/2014	DEMO-14-2251.1	LAGUNA, BIFF	PRIVATE PAY GO TO COLLECTIONS	123 Peach St. N.E.	NORTHWEST COMMUNITY HOSPITAL	\$1,010.00
<b>6</b>	<b>Incidents For</b>	<b>9/16/2014</b>				<b>\$3,977.50</b>
<b>8</b>	<b># of Trips</b>	<b>Totals Andres Billing - Demo</b>				<b>\$5,407.50</b>

**Trip Detail By Date Of Service And Charge Zone**

**ABC FIRE DEPARTMENT**

Trip Date	Incident #	Patient	Current Payer	From	To	Gross Charges
9/16/2014	DEMO-14-2228:1	WELLS, MACK	PRIVATE PAY GO TO COLLECTIONS	374 GRAVES STATION RD	NORTHWEST COMMUNITY HOSPITAL	\$100.00
<b>1</b>	<b>Incidents For</b>	<b>9/16/2014</b>				<b>\$100.00</b>
<b>1</b>	<b># of Trips</b>	<b>Totals</b>				<b>\$100.00</b>

**MUTUAL AID**

Trip Date	Incident #	Patient	Current Payer	From	To	Gross Charges
9/16/2014	DEMO-14-2226:1	BUMP, SHELLEY	PRIVATE PAY GO TO COLLECTIONS	221 Jake St	NO TRANSPORT	\$250.00
9/16/2014	DEMO-14-2251:1	LAGUNA, BIFF	PRIVATE PAY GO TO COLLECTIONS	123 Peach St. N.E.	NORTHWEST COMMUNITY HOSPITAL	\$1,010.00
<b>2</b>	<b>Incidents For</b>	<b>9/16/2014</b>				<b>\$1,260.00</b>
<b>2</b>	<b># of Trips</b>	<b>Totals MUTUAL AID</b>				<b>\$1,260.00</b>

**NON RESIDENT**

Trip Date	Incident #	Patient	Current Payer	From	To	Gross Charges
9/15/2014	DEMO-14-2289:1	LUCKY, SHORA, S	PRIVATE PAY GO TO COLLECTIONS	3223 N WILKE ROAD	NORTHWEST COMMUNITY HOSPITAL	\$570.00
<b>1</b>	<b>Incidents For</b>	<b>9/15/2014</b>				<b>\$570.00</b>
<b>1</b>	<b># of Trips</b>	<b>Totals NON RESIDENT</b>				<b>\$570.00</b>

**RESIDENT**

Trip Date	Incident #	Patient	Current Payer	From	To	Gross Charges
9/15/2014	DEMO-14-2272:1	WETS, BETTY	PRIVATE PAY GO TO COLLECTIONS	BUFFALO GROVE RD AND DUNDEE RD	NORTHWEST COMMUNITY HOSPITAL	\$860.00
<b>1</b>	<b>Incidents For</b>	<b>9/15/2014</b>				<b>\$860.00</b>
9/16/2014	DEMO-14-2261:1	RING, BIZZIE S	PRIV-CARE ACT WRITE OFF	896 CEDER POINT St	NORTHWEST COMMUNITY HOSPITAL	\$1,002.50
9/16/2014	DEMO-14-2225:1	CHOPINSTICK, SAVAHANA	PRIVATE PAY NO BILL WRITE OFF	638 FORRESTER DR	NORTHWEST COMMUNITY HOSPITAL	\$675.00
9/16/2014	DEMO-14-2211:1	MCREE, NANNY	BLUE CROSS BLUE SHIELD ILLINOIS	70 Crawfish AVE	NORTHWEST COMMUNITY HOSPITAL	\$940.00
<b>3</b>	<b>Incidents For</b>	<b>9/16/2014</b>				<b>\$2,617.50</b>
<b>4</b>	<b># of Trips</b>	<b>Totals RESIDENT</b>				<b>\$3,477.50</b>
<b>8</b>	<b># of Trips</b>	<b>Totals Andres Billing - Demo</b>				<b>\$5,407.50</b>

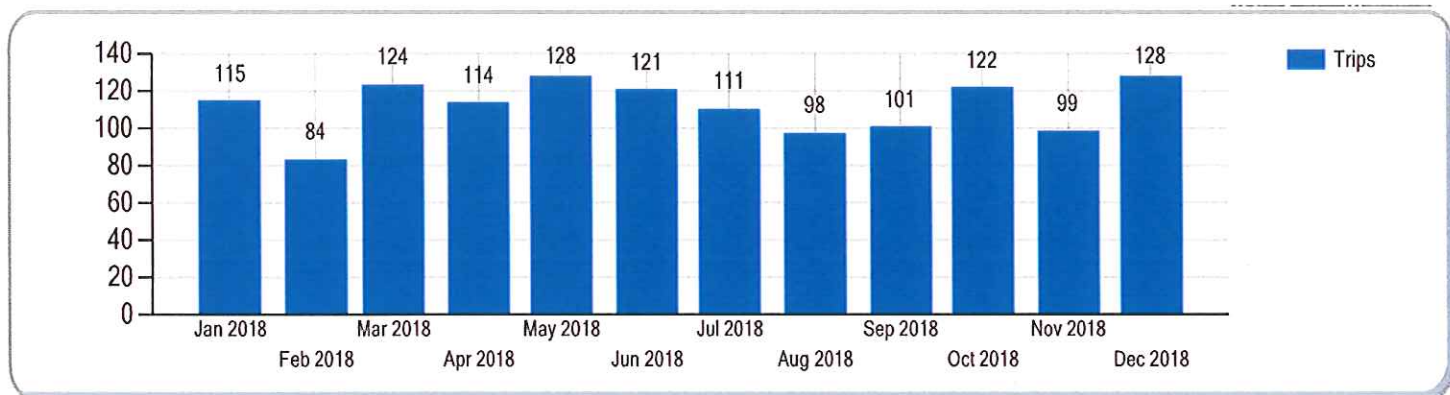


**44** EMS Billing Service Proposal

**Trip Count By Month With Graph**

**ABC FIRE DEPARTMENT**

01/2018	02/2018	03/2018	04/2018	05/2018	06/2018	07/2018	08/2018	09/2018	10/2018	11/2018	12/2018	Total
115	84	124	114	128	121	111	98	101	122	99	128	1345



**Deposit Slip By Check Number And Check Date With Date Totals**

Deposit Date	Check Date	Payor	Type	Check #	Amount
5/17/2017	5/9/2017	Medicare B Illinois	4 - PAYMENT EFT	493583867	\$0.00
5/17/2017	5/9/2017	Aetna	4 - PAYMENT EFT	817124500001129	(\$491.25)
5/17/2017	5/17/2017	Medicare B Illinois	4 - PAYMENT EFT	892056190	(\$6,309.11)
5/17/2017	5/18/2017	Medicare B Illinois	4 - PAYMENT EFT	892060682	(\$343.69)
5/17/2017	5/10/2017	United HealthCare	4 - PAYMENT EFT	QK74436049	\$0.00
<b>Totals For Deposit Date 5/17/2017</b>					<b>(\$7,144.05)</b>
5/18/2017	4/30/2017	HUMANA-MEDICARE	3 - PAYMENT CHECK		(\$808.54)
5/18/2017	5/9/2017	Aetna Better Health - IL Medicaid	3 - PAYMENT CHECK	1038310	(\$209.66)
5/18/2017	5/3/2017	United HealthCare	3 - PAYMENT CHECK	21116933	(\$12.50)
5/18/2017	5/1/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK	C17121794863510	(\$536.00)
5/18/2017	5/15/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK	C17135795928360	(\$1,800.00)
<b>Totals For Deposit Date 5/18/2017</b>					<b>(\$3,366.70)</b>
5/30/2017	5/8/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK		\$0.00
5/30/2017	5/15/2017	BLUE CROSS BLUE SHIELD COMMUNITY OPTIONS MEDICAID	3 - PAYMENT CHECK	10551440	(\$149.21)
5/30/2017	5/15/2017	Patient	3 - PAYMENT CHECK	375579	(\$1,020.68)
5/30/2017	5/25/2017	CIGNA 2	3 - PAYMENT CHECK	385271529	(\$88.11)
5/30/2017	5/22/2017	HUMANA (MEDICAID)	3 - PAYMENT CHECK	7667201	(\$502.90)
5/30/2017	5/8/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK	79539631	(\$1,985.00)
<b>Totals For Deposit Date 5/30/2017</b>					<b>(\$3,745.90)</b>
5/31/2017	5/31/2017	Medicare B Illinois	4 - PAYMENT EFT	892098798	(\$296.44)
<b>Totals For Deposit Date 5/31/2017</b>					<b>(\$296.44)</b>
<b>Total</b>					<b>(\$14,553.09)</b>

Company Code	Equal	
Transaction Date	GreaterThanOrEqualTo	5/1/2017
Transaction Date	LessThanOrEqualTo	5/31/2017
System Transaction Type	Equal	Payment



# 46 EMS Billing Service Proposal

## Deposit Slip By Check Number And Check Date With Date Totals

Deposit Date	Check Date	Payor	Type	Check #	Amount
5/17/2017	5/9/2017	Medicare B Illinois	4 - PAYMENT EFT	493583867	\$0.00
5/17/2017	5/9/2017	Aetna	4 - PAYMENT EFT	817124500001129	(\$491.25)
5/17/2017	5/17/2017	Medicare B Illinois	4 - PAYMENT EFT	892056190	(\$6,309.11)
5/17/2017	5/18/2017	Medicare B Illinois	4 - PAYMENT EFT	892060682	(\$343.69)
5/17/2017	5/10/2017	United HealthCare	4 - PAYMENT EFT	QK74436049	\$0.00
<b>Totals For Deposit Date 5/17/2017</b>					<b>(\$7,144.05)</b>
5/18/2017	4/30/2017	HUMANA-MEDICARE	3 - PAYMENT CHECK		(\$808.54)
5/18/2017	5/9/2017	Aetna Better Health - IL Medicaid	3 - PAYMENT CHECK	1038310	(\$209.66)
5/18/2017	5/3/2017	United HealthCare	3 - PAYMENT CHECK	21116933	(\$12.50)
5/18/2017	5/1/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK	C17121794863510	(\$536.00)
5/18/2017	5/15/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK	C17135795928360	(\$1,800.00)
<b>Totals For Deposit Date 5/18/2017</b>					<b>(\$3,366.70)</b>
5/30/2017	5/8/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK		\$0.00
5/30/2017	5/15/2017	BLUE CROSS BLUE SHIELD COMMUNITY OPTIONS MEDICAID	3 - PAYMENT CHECK	10551440	(\$149.21)
5/30/2017	5/15/2017	Patient	3 - PAYMENT CHECK	375579	(\$1,020.68)
5/30/2017	5/25/2017	CIGNA 2	3 - PAYMENT CHECK	385271529	(\$88.11)
5/30/2017	5/22/2017	HUMANA (MEDICAID)	3 - PAYMENT CHECK	7667201	(\$502.90)
5/30/2017	5/8/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK	79539631	(\$1,985.00)
<b>Totals For Deposit Date 5/30/2017</b>					<b>(\$3,745.90)</b>
5/31/2017	5/31/2017	Medicare B Illinois	4 - PAYMENT EFT	892098798	(\$296.44)
<b>Totals For Deposit Date 5/31/2017</b>					<b>(\$296.44)</b>
<b>Total</b>					<b>(\$14,553.09)</b>

Company Code	Equal	
Transaction Date	GreaterThanOrEqualTo	5/1/2017
Transaction Date	LessThanOrEqualTo	5/31/2017
System Transaction Type	Equal	Payment

EMS Billing Service Proposal **47**

**Deposit Slip By Check Number And Check Date With Date Totals**

Deposit Date	Check Date	Payor	Type	Check #	Amount
5/17/2017	5/9/2017	Medicare B Illinois	4 - PAYMENT EFT	493583867	\$0.00
5/17/2017	5/9/2017	Aetna	4 - PAYMENT EFT	817124500001129	(\$491.25)
5/17/2017	5/17/2017	Medicare B Illinois	4 - PAYMENT EFT	892056190	(\$6,309.11)
5/17/2017	5/18/2017	Medicare B Illinois	4 - PAYMENT EFT	892060682	(\$343.69)
5/17/2017	5/10/2017	United HealthCare	4 - PAYMENT EFT	QK74436049	\$0.00
<b>Totals For Deposit Date 5/17/2017</b>					<b>(\$7,144.05)</b>
5/18/2017	4/30/2017	HUMANA-MEDICARE	3 - PAYMENT CHECK		(\$808.54)
5/18/2017	5/9/2017	Aetna Better Health - IL Medicaid	3 - PAYMENT CHECK	1038310	(\$209.66)
5/18/2017	5/3/2017	United HealthCare	3 - PAYMENT CHECK	21116933	(\$12.50)
5/18/2017	5/1/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK	C17121794863510	(\$536.00)
5/18/2017	5/15/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK	C17135795928360	(\$1,800.00)
<b>Totals For Deposit Date 5/18/2017</b>					<b>(\$3,366.70)</b>
5/30/2017	5/8/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK		\$0.00
5/30/2017	5/15/2017	BLUE CROSS BLUE SHIELD COMMUNITY OPTIONS MEDICAID	3 - PAYMENT CHECK	10551440	(\$149.21)
5/30/2017	5/15/2017	Patient	3 - PAYMENT CHECK	375579	(\$1,020.68)
5/30/2017	5/25/2017	CIGNA 2	3 - PAYMENT CHECK	385271529	(\$88.11)
5/30/2017	5/22/2017	HUMANA (MEDICAID)	3 - PAYMENT CHECK	7667201	(\$502.90)
5/30/2017	5/8/2017	BLUE CROSS BLUE SHIELD ILLINOIS	3 - PAYMENT CHECK	79539631	(\$1,985.00)
<b>Totals For Deposit Date 5/30/2017</b>					<b>(\$3,745.90)</b>
5/31/2017	5/31/2017	Medicare B Illinois	4 - PAYMENT EFT	892098798	(\$296.44)
<b>Totals For Deposit Date 5/31/2017</b>					<b>(\$296.44)</b>
<b>Total</b>					<b>(\$14,553.09)</b>

Company Code	Equal	
Transaction Date	Greater Than Or Equal	5/1/2017
Transaction Date	Less Than Or Equal	5/31/2017
System Transaction Type	Equal	Payment



**48 EMS Billing Service Proposal**

**ABC FIRE DEPARTMENT Collection Statistics**

Month	Trip Count	Charges	Payments	WD's	WO's	Refunds	Rev Adj	ChargeAdj	Total	Ending AR	Avg Pay
Previous										\$123,903.77	
Jan 18	116	\$61,172.50	(\$21,693.22)	(\$4,873.30)	\$0.00	\$0.00	\$0.00	(\$945.00)	\$33,660.98	\$157,564.75	(\$255.21)
Feb 18	83	\$43,392.50	(\$40,084.55)	(\$11,547.67)	(\$557.50)	\$0.00	\$0.00	(\$580.00)	(\$9,377.22)	\$148,187.53	(\$265.46)
Mar 18	120	\$63,240.00	(\$45,809.21)	(\$10,021.72)	\$0.00	\$508.50	\$0.00	(\$105.00)	\$7,812.57	\$156,000.10	(\$232.53)
Apr 18	105	\$56,185.00	(\$33,243.41)	(\$6,777.46)	\$0.00	\$0.00	\$0.00	\$3,037.50	\$19,201.63	\$175,201.73	(\$235.77)
May 18	126	\$66,504.30	(\$32,601.81)	(\$5,759.94)	\$0.00	\$372.50	\$0.00	\$2,491.50	\$31,006.55	\$206,208.28	(\$168.92)
Jun 18	121	\$62,861.00	(\$41,533.94)	(\$9,664.58)	\$0.75	\$572.50	(\$10,895.66)	\$1,323.75	\$2,663.82	\$208,872.10	(\$271.46)
Jul 18	111	\$58,785.00	(\$47,475.94)	(\$13,262.37)	(\$0.30)	\$946.75	\$472.50	\$358.00	(\$176.36)	\$208,695.74	(\$214.82)
Aug 18	98	\$51,159.00	(\$45,388.13)	(\$10,129.50)	\$0.00	\$92.28	\$265.90	(\$54.00)	(\$4,054.45)	\$204,641.29	(\$242.72)
Sep 18	101	\$53,153.25	(\$35,979.49)	(\$6,895.40)	\$0.00	\$527.65	(\$25,511.71)	(\$42.75)	(\$14,748.45)	\$189,892.84	(\$241.47)
Oct 18	122	\$63,697.01	(\$69,000.66)	(\$16,791.79)	(\$718.19)	\$68.45	\$11,104.60	(\$9.75)	(\$11,650.33)	\$178,242.51	(\$245.55)
Nov 18	99	\$51,133.50	(\$42,215.29)	(\$11,881.67)	(\$565.94)	\$0.00	(\$7,058.78)	(\$9.00)	(\$10,597.18)	\$167,645.33	(\$224.55)
Dec 18	128	\$67,647.00	(\$35,680.90)	(\$9,112.31)	\$0.00	\$468.48	\$0.00	\$1.50	\$23,323.77	\$190,969.10	(\$218.90)
<b>Total</b>	<b>1,330</b>	<b>\$698,930.06</b>	<b>(\$490,706.55)</b>	<b>(\$116,717.71)</b>	<b>(\$1,841.18)</b>	<b>\$3,557.11</b>	<b>(\$31,623.15)</b>	<b>\$5,466.75</b>	<b>\$67,065.33</b>		<b>(\$232.67)</b>

**Cash Receipts And Adjustments Recap by Charge Zone**

<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Provider Totals:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
<b>MUTUAL AID</b>					
Aetna Better Health - IL Medicaid	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Better Health - IL Medicaid	(\$350.00)	\$0.00	\$0.00	\$0.00	\$0.00
American Postal Workers Union (APWU)	(\$150.00)	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$100.00	\$0.00	(\$660.00)	\$0.00
<b>Provider Totals:</b>	<b>(\$500.00)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
<b>NON RESIDENT</b>					
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Provider Totals:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
<b>RESIDENT</b>					
Medicaid Illinois	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medicaid Illinois	(\$199.78)	\$0.00	\$0.00	\$0.00	\$720.22
Patient	\$0.00	\$0.00	\$0.00	(\$580.00)	\$0.00
<b>Provider Totals:</b>	<b>(\$199.78)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$720.22)</b>
<b>Grand Totals</b>	<b>(\$699.78)</b>	<b>(\$100.00)</b>	<b>\$0.00</b>	<b>(\$1,240.00)</b>	<b>(\$720.22)</b>
Company Code	Equal				
Transaction Date	GreaterThanOrEqualTo		9/15/2014		
Transaction Date	LessThanOrEqualTo		4/11/2018		

Printed On:  
Printed By:

Wednesday, April 11, 2018  
AMB\sarah

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Page 1



# 50 EMS Billing Service Proposal

## Collections Statistics ABC FIRE DEPARTMENT - By Charge Zone

ABC FIRE DEPARTMENT										
Month	Trip Count	Charges	Payments	WD's	WO's	Refunds	Rev Adj	ChargeAdj	Total	Ending AR
									\$123,903.77	
										<b>Avg Pay</b>
<b>NON RESIDENT--NON</b>										
Previous:									\$21,595.00	
Jan 18	21	\$10,607.50	(\$1,283.11)	(\$121.81)	\$0.00	\$0.00	\$0.00	\$0.00	\$9,202.58	\$30,797.58 (\$320.78)
Feb 18	19	\$10,210.00	(\$4,131.96)	(\$1,050.33)	(\$557.50)	\$0.00	\$0.00	(\$580.00)	\$3,890.21	\$34,687.79 (\$317.84)
Mar 18	23	\$11,777.50	(\$5,262.19)	(\$774.91)	\$0.00	\$0.00	\$0.00	(\$105.00)	\$5,635.40	\$40,323.19 (\$375.87)
Apr 18	15	\$8,827.50	(\$3,780.58)	(\$631.64)	\$0.00	\$0.00	\$0.00	\$1,495.00	\$5,910.28	\$46,233.47 (\$270.04)
May 18	28	\$14,671.75	(\$5,504.55)	(\$950.65)	\$0.00	\$372.50	\$0.00	(\$67.75)	\$8,521.30	\$54,754.77 (\$262.12)
Jun 18	35	\$17,641.75	(\$8,622.40)	(\$1,736.14)	\$0.00	\$0.00	(\$6,155.00)	(\$28.50)	\$1,099.71	\$55,854.48 (\$287.41)
Jul 18	31	\$15,923.25	(\$9,895.44)	(\$3,589.80)	\$0.00	\$0.00	\$0.00	\$446.25	\$2,884.26	\$58,738.74 (\$224.90)
Aug 18	26	\$13,298.25	(\$10,048.90)	(\$1,404.28)	\$0.00	\$0.00	\$312.69	(\$6.75)	\$2,151.01	\$60,889.75 (\$334.96)
Sep 18	25	\$13,470.00	(\$5,951.74)	(\$862.73)	\$0.00	\$0.00	(\$8,884.87)	(\$17.25)	(\$2,246.59)	\$58,643.16 (\$228.91)
Oct 18	8	\$4,272.50	(\$13,744.56)	(\$3,915.38)	\$0.00	\$0.00	\$2,671.50	\$0.00	(\$10,715.94)	\$47,927.22 (\$280.50)
Nov 18	19	\$9,672.25	(\$7,833.77)	(\$3,285.76)	\$0.00	\$0.00	(\$4,013.55)	\$0.00	(\$5,460.83)	\$42,466.39 (\$217.60)
Dec 18	19	\$9,681.50	(\$4,432.20)	(\$1,298.81)	\$0.00	\$0.00	\$0.00	\$0.00	\$3,950.49	\$46,416.88 (\$233.27)
		\$140,053.75	(\$80,491.40)	(\$19,622.24)	(\$557.50)	\$372.50	(\$16,069.23)	\$1,136.00	\$24,821.88	\$46,416.88 (\$268.30)
<b>RESIDENT--RES</b>										
Previous:									\$102,308.77	
Jan 18	95	\$50,565.00	(\$20,410.11)	(\$4,751.49)	\$0.00	\$0.00	\$0.00	(\$945.00)	\$24,458.40	\$126,767.17 (\$251.98)
Feb 18	64	\$33,182.50	(\$35,952.59)	(\$10,497.34)	\$0.00	\$0.00	\$0.00	\$0.00	(\$13,267.43)	\$113,499.74 (\$260.53)
Mar 18	97	\$51,462.50	(\$40,547.02)	(\$9,246.81)	\$0.00	\$508.50	\$0.00	\$0.00	\$2,177.17	\$115,676.91 (\$221.57)
Apr 18	90	\$47,357.50	(\$29,462.83)	(\$6,145.82)	\$0.00	\$0.00	\$0.00	\$1,542.50	\$13,291.35	\$128,968.26 (\$231.99)
May 18	98	\$51,832.55	(\$27,097.26)	(\$4,809.29)	\$0.00	\$0.00	\$0.00	\$2,559.25	\$22,485.25	\$151,453.51 (\$157.54)
Jun 18	86	\$45,219.25	(\$32,911.54)	(\$7,928.44)	\$0.75	\$572.50	(\$4,740.66)	\$1,352.25	\$1,564.11	\$153,017.62 (\$267.57)
Jul 18	80	\$42,861.75	(\$37,580.50)	(\$9,672.57)	(\$0.30)	\$946.75	\$472.50	(\$88.25)	(\$3,060.62)	\$149,957.00 (\$212.32)
Aug 18	72	\$37,860.75	(\$35,339.23)	(\$8,725.22)	\$0.00	\$92.28	(\$46.79)	(\$47.25)	(\$6,205.46)	\$143,751.54 (\$225.09)
Sep 18	76	\$39,683.25	(\$30,027.75)	(\$6,032.67)	\$0.00	\$527.65	(\$16,626.84)	(\$25.50)	(\$12,501.86)	\$131,249.68 (\$244.13)
Oct 18	114	\$59,424.51	(\$55,256.10)	(\$12,876.41)	(\$718.19)	\$68.45	\$8,433.10	(\$9.75)	(\$934.39)	\$130,315.29 (\$238.17)
Nov 18	80	\$41,461.25	(\$34,381.52)	(\$8,595.91)	(\$565.94)	\$0.00	(\$3,045.23)	(\$9.00)	(\$5,136.35)	\$125,178.94 (\$226.19)
Dec 18	109	\$57,965.50	(\$31,248.70)	(\$7,813.50)	\$0.00	\$468.48	\$0.00	\$1.50	\$19,373.28	\$144,552.22 (\$217.00)
		\$558,876.31	(\$410,215.15)	(\$97,095.47)	(\$1,283.68)	\$3,184.61	(\$15,553.92)	\$4,330.75	\$42,243.45	\$144,552.22 (\$226.76)

**Cash Receipts And Adjustments Recap by Charge Zone**

<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Provider Totals:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
<b>MUTUAL AID</b>					
Aetna Better Health - IL Medicaid	(\$350.00)	\$0.00	\$0.00	\$0.00	\$0.00
American Postal Workers Union (APWU)	(\$150.00)	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$100.00	\$0.00	(\$660.00)	\$0.00
<b>Provider Totals:</b>	<b>(\$500.00)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
<b>NON RESIDENT</b>					
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Provider Totals:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
<b>RESIDENT</b>					
Medicaid Illinois	(\$199.78)	\$0.00	\$0.00	\$0.00	\$720.22
Patient	\$0.00	\$0.00	\$0.00	(\$580.00)	\$0.00
<b>Provider Totals:</b>	<b>(\$199.78)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$720.22)</b>
<b>Grand Totals</b>	<b>(\$699.78)</b>	<b>(\$100.00)</b>	<b>\$0.00</b>	<b>(\$1,240.00)</b>	<b>(\$720.22)</b>
Company Code	Equal				
Transaction Date	GreaterThanOrEqualTo	9/15/2014			
Transaction Date	LessThanOrEqualTo	4/11/2018			

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Wednesday, April 11, 2018  
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Page 1



**52 EMS Billing Service Proposal**

**Cash Receipts And Adjustments Recap by Charge Zone**

<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Provider Totals:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
<b>MUTUAL AID</b>					
Aetna Better Health - IL Medicaid	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Better Health - IL Medicaid	(\$350.00)	\$0.00	\$0.00	\$0.00	\$0.00
American Postal Workers Union (APWU)	(\$150.00)	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$100.00	\$0.00	(\$660.00)	\$0.00
<b>Provider Totals:</b>	<b>(\$500.00)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
<b>NON RESIDENT</b>					
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Provider Totals:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<u>Pay Source</u>	<u>Payments</u>	<u>Write Offs</u>	<u>Refunds</u>	<u>Rev Adjustments</u>	<u>Contractuals</u>
<b>RESIDENT</b>					
Medicaid Illinois	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medicaid Illinois	(\$199.78)	\$0.00	\$0.00	\$0.00	\$720.22
Patient	\$0.00	\$0.00	\$0.00	(\$580.00)	\$0.00
<b>Provider Totals:</b>	<b>(\$199.78)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$720.22)</b>
<b>Grand Totals</b>	<b>(\$699.78)</b>	<b>(\$100.00)</b>	<b>\$0.00</b>	<b>(\$1,240.00)</b>	<b>(\$720.22)</b>
Company Code	Equal				
Transaction Date	GreaterThanOrEqualTo	9/15/2014			
Transaction Date	LessThanOrEqualTo	4/11/2018			

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Page 1

**Aging Summary By Current Payer - Net**

**ABC FIRE DEPARTMENT**

Current Payer	Cur	31-60	61-90	91-120	121+ Days	Balance	Expected Contractuals	Expected Payments
AARP	\$0.00	\$91.83	\$0.00	\$0.00	\$0.00	\$91.83	\$0.00	\$91.83
Aetna	\$1,133.75	\$639.90	\$574.00	\$947.25	\$491.25	\$3,786.15	(\$188.14)	\$3,598.01
AETNA MEDICARE	\$751.00	\$0.00	\$0.00	\$0.00	\$0.00	\$751.00	(\$117.00)	\$634.00
BLUE CROSS BLUE SHIELD COMMUNITY OPTIONS MEDICARE	\$0.00	\$0.00	\$565.00	\$0.00	\$0.00	\$565.00	(\$203.85)	\$361.15
BLUE CROSS BLUE SHIELD ILLINOIS	\$6,964.87	\$1,875.96	\$661.21	\$468.75	\$104.55	\$10,075.34	(\$776.17)	\$9,299.17
BLUE CROSS MEDICARE ADVANTAGE	\$465.00	\$0.00	\$0.00	\$0.00	\$565.00	\$1,030.00	(\$77.56)	\$952.44
CIGNA	\$1,201.41	\$0.00	\$78.93	\$0.00	\$0.00	\$1,280.34	(\$559.00)	\$721.34
CIGNA GREAT WEST	\$0.00	\$0.00	\$0.00	\$0.00	\$460.50	\$460.50	\$0.00	\$460.50
GUARDIAN HEALTH AND HOSPICE LLC	\$0.00	\$564.25	\$0.00	\$0.00	\$0.00	\$564.25	(\$564.25)	\$0.00
HUMANA	\$457.50	\$0.00	\$0.00	\$0.00	\$478.50	\$936.00	(\$81.52)	\$854.48
ILLINICARE	\$915.00	\$82.70	\$0.00	\$0.00	\$85.88	\$1,083.58	(\$618.54)	\$465.04
ILLINICARE MEDICARE	\$0.00	\$0.00	\$0.00	\$0.00	\$1,022.50	\$1,022.50	(\$645.76)	\$376.74
International Medical Group	\$562.00	\$0.00	\$0.00	\$0.00	\$0.00	\$562.00	(\$562.00)	\$0.00
Medicaid Illinois	\$0.00	\$571.75	\$633.94	\$0.00	\$0.00	\$1,205.69	(\$890.89)	\$314.80
MEDICARE B ILLINOIS	\$27,753.75	\$1,027.75	\$0.00	\$0.00	\$0.00	\$28,781.50	(\$5,587.25)	\$23,194.25
MERIDIAN (MEDICARE HMO)	\$0.00	\$0.00	\$0.00	\$0.00	\$565.00	\$565.00	(\$116.79)	\$448.21
Meridian Health Plan (MCAID HMO)	\$1,614.50	\$0.00	\$0.00	\$0.00	\$0.00	\$1,614.50	(\$847.93)	\$766.57
MERITAIN HEALTH INSURANCE	\$0.00	\$564.25	\$0.00	\$0.00	\$0.00	\$564.25	\$0.00	\$564.25
MOLINA IL MD REPLACEMENT	\$0.00	\$463.50	\$0.00	\$0.00	\$0.00	\$463.50	(\$463.50)	\$0.00
PRIVATE PAY GO TO COLLECTIONS	\$69,324.78	\$11,920.38	\$5,461.13	\$10,916.30	\$30,502.35	\$128,124.94	(\$10,862.31)	\$117,262.63
STATE FARM- AUTO ONLY	\$570.25	\$0.00	\$0.00	\$0.00	\$0.00	\$570.25	\$0.00	\$570.25
SUNRISE ADVANTAGE PLAN	\$0.00	\$0.00	\$468.00	\$0.00	\$0.00	\$468.00	(\$82.51)	\$385.49
THE HANOVER	\$0.00	\$0.00	\$0.00	\$0.00	\$471.75	\$471.75	\$0.00	\$471.75
TRAVEL GLOBAL EXCEL MANAGEMENT	\$0.00	\$561.25	\$0.00	\$0.00	\$0.00	\$561.25	\$0.00	\$561.25
TRAVELERS WC	\$0.00	\$0.00	\$0.00	\$0.00	\$463.50	\$463.50	(\$149.66)	\$313.84
Tricare for Life	\$0.00	\$77.75	\$0.00	\$0.00	\$0.00	\$77.75	\$0.00	\$77.75
Trustmark	\$172.39	\$0.00	\$0.00	\$0.00	\$0.00	\$172.39	\$0.00	\$172.39
United HealthCare	\$1,137.60	\$262.59	\$168.40	\$0.00	\$0.00	\$1,568.59	\$0.00	\$1,568.59



# 54 EMS Billing Service Proposal

## Aging Summary By Charge Zone and Current Payer - Net

ABC FIRE DEPARTMENT								
Current Payer	Cur	31-60	61-90	91-120	121+ Days	Balance	Expected Contractuals	Expected Payments
<b>NON RESIDENT</b>								
BLUE CROSS BLUE SHIELD ILLINOIS	\$2,452.00	\$465.00	\$0.00	\$0.00	(\$367.20)	\$2,549.80	(\$576.81)	\$1,972.99
CIGNA GREAT WEST	\$0.00	\$0.00	\$0.00	\$0.00	\$460.50	\$460.50	\$0.00	\$460.50
HUMANA	\$0.00	\$0.00	\$0.00	\$0.00	\$478.50	\$478.50	\$0.00	\$478.50
ILLINICARE	\$915.00	\$0.00	\$0.00	\$0.00	\$0.00	\$915.00	(\$618.54)	\$296.46
Medicaid Illinois	\$0.00	\$0.00	\$75.69	\$0.00	\$0.00	\$75.69	\$0.00	\$75.69
MEDICARE B ILLINOIS	\$1,048.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,048.00	(\$193.32)	\$854.68
Meridian Health Plan (MCAID HMO)	\$558.25	\$0.00	\$0.00	\$0.00	\$0.00	\$558.25	(\$329.78)	\$228.47
MOLINA IL MD REPLACEMENT	\$0.00	\$463.50	\$0.00	\$0.00	\$0.00	\$463.50	(\$463.50)	\$0.00
PRIVATE PAY GO TO COLLECTIONS	\$14,492.40	\$1,241.06	\$1,624.25	\$5,759.66	\$14,205.02	\$37,322.39	(\$1,970.33)	\$35,352.06
STATE FARM- AUTO ONLY	\$570.25	\$0.00	\$0.00	\$0.00	\$0.00	\$570.25	\$0.00	\$570.25
THE HANOVER	\$0.00	\$0.00	\$0.00	\$0.00	\$471.75	\$471.75	\$0.00	\$471.75
TRAVELERS WC	\$0.00	\$0.00	\$0.00	\$0.00	\$463.50	\$463.50	(\$149.66)	\$313.84
UNITED HEALTHCARE-MEDICARE	\$1,039.75	\$0.00	\$0.00	\$0.00	\$0.00	\$1,039.75	(\$194.28)	\$845.47
	<b>\$21,075.65</b>	<b>\$2,169.56</b>	<b>\$1,699.94</b>	<b>\$5,759.66</b>	<b>\$15,712.07</b>	<b>\$46,416.88</b>	<b>(\$4,496.22)</b>	<b>\$41,920.66</b>
<b>RESIDENT</b>								
AARP	\$0.00	\$91.83	\$0.00	\$0.00	\$0.00	\$91.83	\$0.00	\$91.83
Aetna	\$1,133.75	\$639.90	\$574.00	\$947.25	\$491.25	\$3,786.15	(\$188.14)	\$3,598.01
AETNA MEDICARE	\$751.00	\$0.00	\$0.00	\$0.00	\$0.00	\$751.00	(\$117.00)	\$634.00
BLUE CROSS BLUE SHIELD COMMUNITY OPTIONS MEDICARE	\$0.00	\$0.00	\$565.00	\$0.00	\$0.00	\$565.00	(\$203.85)	\$361.15
BLUE CROSS BLUE SHIELD ILLINOIS	\$4,512.87	\$1,410.96	\$661.21	\$468.75	\$471.75	\$7,525.54	(\$199.36)	\$7,326.18
BLUE CROSS MEDICARE ADVANTAGE	\$465.00	\$0.00	\$0.00	\$0.00	\$565.00	\$1,030.00	(\$77.56)	\$952.44
CIGNA	\$1,201.41	\$0.00	\$78.93	\$0.00	\$0.00	\$1,280.34	(\$559.00)	\$721.34
GUARDIAN HEALTH AND HOSPICE LLC	\$0.00	\$564.25	\$0.00	\$0.00	\$0.00	\$564.25	(\$564.25)	\$0.00
HUMANA	\$457.50	\$0.00	\$0.00	\$0.00	\$0.00	\$457.50	(\$81.52)	\$375.98
ILLINICARE	\$0.00	\$82.70	\$0.00	\$0.00	\$85.88	\$168.58	\$0.00	\$168.58
ILLINICARE MEDICARE	\$0.00	\$0.00	\$0.00	\$0.00	\$1,022.50	\$1,022.50	(\$645.76)	\$376.74
International Medical Group	\$562.00	\$0.00	\$0.00	\$0.00	\$0.00	\$562.00	(\$562.00)	\$0.00

**Aging Summary By Charge Zone and Current Payer - Net**

<b>ABC FIRE DEPARTMENT</b>								
<u>Current Payer</u>	<u>Cur</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121+ Days</u>	<u>Balance</u>	<u>Expected Contractuals</u>	<u>Expected Payments</u>
Medicaid Illinois	\$0.00	\$571.75	\$558.25	\$0.00	\$0.00	\$1,130.00	(\$890.89)	\$239.11
MEDICARE B ILLINOIS	\$26,705.75	\$1,027.75	\$0.00	\$0.00	\$0.00	\$27,733.50	(\$5,393.93)	\$22,339.57
MERIDIAN (MEDICARE HMO)	\$0.00	\$0.00	\$0.00	\$0.00	\$565.00	\$565.00	(\$116.79)	\$448.21
Meridian Health Plan (MCAID HMO)	\$1,056.25	\$0.00	\$0.00	\$0.00	\$0.00	\$1,056.25	(\$518.15)	\$538.10
MERITAIN HEALTH INSURANCE	\$0.00	\$564.25	\$0.00	\$0.00	\$0.00	\$564.25	\$0.00	\$564.25
PRIVATE PAY GO TO COLLECTIONS	\$54,832.38	\$10,679.32	\$3,836.88	\$5,156.64	\$16,297.33	\$90,802.55	(\$8,891.98)	\$81,910.57
SUNRISE ADVANTAGE PLAN	\$0.00	\$0.00	\$468.00	\$0.00	\$0.00	\$468.00	(\$82.51)	\$385.49
TRAVEL GLOBAL EXCEL MANAGEMENT	\$0.00	\$561.25	\$0.00	\$0.00	\$0.00	\$561.25	\$0.00	\$561.25
Tricare for Life	\$0.00	\$77.75	\$0.00	\$0.00	\$0.00	\$77.75	\$0.00	\$77.75
Trustmark	\$172.39	\$0.00	\$0.00	\$0.00	\$0.00	\$172.39	\$0.00	\$172.39
United HealthCare	\$1,137.60	\$262.59	\$168.40	\$0.00	\$0.00	\$1,568.59	\$0.00	\$1,568.59
UNITED HEALTHCARE-MEDICARE	\$2,048.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,048.00	(\$382.40)	\$1,665.60
	<b>\$95,035.90</b>	<b>\$16,534.30</b>	<b>\$6,910.67</b>	<b>\$6,572.64</b>	<b>\$19,498.71</b>	<b>\$144,552.22</b>	<b>(\$19,475.09)</b>	<b>\$125,077.13</b>
<b>Total AR Due:</b>	<b>\$116,111.55</b>	<b>\$18,703.86</b>	<b>\$8,610.61</b>	<b>\$12,332.30</b>	<b>\$35,210.78</b>	<b>\$190,969.10</b>	<b>(\$23,971.31)</b>	<b>\$166,997.79</b>
	61 %	10 %	5 %	6 %	18 %			



# 56 EMS Billing Service Proposal

## Activity Summary Monthly With Averages

Month	# of Trips	Gross Charges	WO's	Net Charges	Rev Adj	Payments	WO's	Refunds	Balance	Gross Chg/Trip	Net Chg/Trip	Cash Coll/Trip	Net Coll %
Mar 2017	48	36,808.50	-14,323.22	22,485.28	-2,490.79	-16,010.95	-1,661.49	0.00	2,322.05	766.84	468.44	-333.56	71.21 %
Apr 2017	46	32,490.00	-10,855.75	21,634.25	-1,285.00	-16,280.25	-2,299.00	0.00	1,770.00	706.30	470.31	-353.92	75.25 %
May 2017	55	34,033.59	-12,969.84	21,064.66	-1,592.04	-13,934.55	-2,530.59	0.00	3,097.48	618.79	382.99	-253.36	66.15 %
Jun 2017	47	35,589.00	-13,766.95	21,813.05	-2,410.00	-11,831.27	-2,146.00	0.00	5,375.78	757.02	484.11	-252.79	54.47 %
Jul 2017	52	39,595.00	-12,464.81	27,130.19	-4,954.58	-17,641.68	-1,233.95	0.00	3,300.00	761.44	521.73	-339.26	65.03 %
	248	178,507.00	-64,379.57	114,127.43	-12,732.3	-75,748.70	-9,871.03	0.00	15,775.31	719.79	460.19	-305.44	66.37 %

Company	Equal
Date Of Service	GreaterThanOrEqual 3/1/2017
Date Of Service	LessThanOrEqual 7/31/2017

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Page 1

**ABC FIRE DEPARTMENT**  
**Activity Summary By Charge Zone**

Payor	% of Trips	# of Trips	Gross Charges	Write Downs	Net Charges	Rev Adj	Payments	WO's	Refunds	Balance	Average Collected
<b>NON RESIDENT</b>											
Auto Insurance	6.23%	17	\$8,294.25	\$0.00	\$8,294.25	(\$200.00)	(\$8,094.25)	\$0.00	\$0.00	\$0.00	-476.13
Medicaid	3.30%	9	\$4,556.25	(\$3,345.37)	\$1,210.88	\$0.00	(\$1,210.88)	\$0.00	\$0.00	\$0.00	-134.54
Medicaid HMO	8.42%	23	\$11,609.25	(\$7,718.54)	\$3,890.71	\$0.00	(\$3,890.71)	\$0.00	\$0.00	\$0.00	-169.16
Medicare	21.25%	58	\$30,508.25	(\$6,147.95)	\$24,360.30	(\$710.62)	(\$23,742.99)	\$0.00	\$93.31	\$0.00	-409.36
Medicare HMO	6.23%	17	\$8,693.00	(\$1,547.19)	\$7,145.81	(\$767.70)	(\$6,378.11)	\$0.00	\$0.00	\$0.00	-375.18
Patient	27.11%	74	\$39,149.00	\$0.00	\$39,149.00	(\$32,557.50)	(\$6,591.50)	\$0.00	\$0.00	\$0.00	-89.07
Private Insurance	27.47%	75	\$38,868.00	(\$721.36)	\$38,146.64	(\$3,694.50)	(\$34,380.40)	\$0.00	\$412.01	\$483.75	-458.41
<b>NON RESIDENT</b>	<b>20.30%</b>	<b>273</b>	<b>\$141,678.00</b>	<b>(\$19,480.41)</b>	<b>\$122,197.59</b>	<b>(\$37,930.32)</b>	<b>(\$84,288.84)</b>	<b>\$0.00</b>	<b>\$505.32</b>	<b>\$483.75</b>	<b>-308.75</b>
<b>RESIDENT</b>											
Auto Insurance	0.84%	9	\$4,378.25	\$0.00	\$4,378.25	\$0.00	(\$4,378.25)	\$0.00	\$0.00	\$0.00	-486.47
Medicaid	0.28%	3	\$1,593.50	(\$914.76)	\$678.74	(\$470.25)	(\$208.49)	\$0.00	\$0.00	\$0.00	-69.50
Medicaid HMO	3.82%	41	\$21,703.50	(\$12,774.34)	\$8,929.16	\$0.00	(\$8,929.16)	\$0.00	\$0.00	\$0.00	-217.78
Medicare	57.84%	620	\$326,929.55	(\$66,453.71)	\$260,475.84	(\$3,964.67)	(\$262,867.10)	(\$1.05)	\$6,356.98	\$0.00	-423.98
Medicare HMO	10.54%	113	\$59,450.50	(\$11,812.02)	\$47,638.48	(\$2,823.53)	(\$44,346.95)	\$0.00	\$0.00	\$468.00	-392.45
Patient	8.86%	95	\$49,619.01	(\$162.05)	\$49,456.96	(\$33,735.76)	(\$14,535.20)	(\$1,189.00)	\$3.00	\$0.00	-153.00
Private Insurance	17.82%	191	\$100,037.50	(\$3,036.27)	\$97,001.23	(\$3,569.42)	(\$93,147.05)	(\$785.61)	\$1,199.10	\$698.25	-487.68
<b>RESIDENT</b>	<b>79.70%</b>	<b>1,072</b>	<b>\$563,711.81</b>	<b>(\$95,153.15)</b>	<b>\$468,558.66</b>	<b>(\$44,563.63)</b>	<b>(\$428,412.20)</b>	<b>(\$1,975.66)</b>	<b>\$7,559.08</b>	<b>\$1,166.25</b>	<b>-399.64</b>



## 58 EMS Billing Service Proposal

### Activity Summary

#### ABC FIRE DEPARTMENT

Payor	# of Trips	% Trips	% Coll	Gross Charges	Write Downs	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance	Average Collected
Auto Insurance	26	1.93%	98.42 %	12,672.50	0.00	12,672.50	-200.00	-12,472.50	0.00	0.00	0.00	-479.71
Medicaid	12	0.89%	75.11 %	6,149.75	-4,260.13	1,889.62	-470.25	-1,419.37	0.00	0.00	0.00	-118.28
Medicaid HMO	64	4.76%	100.00 %	33,312.75	-20,492.88	12,819.87	0.00	-12,819.87	0.00	0.00	0.00	-200.31
Medicare	678	50.41%	98.39 %	357,437.80	-72,601.66	284,836.14	-4,675.29	-286,610.09	-1.05	6,450.29	0.00	-422.73
Medicare HMO	130	9.67%	92.59 %	68,143.50	-13,359.21	54,784.29	-3,591.23	-50,725.06	0.00	0.00	468.00	-390.19
Patient	169	12.57%	23.84 %	88,768.01	-162.05	88,605.96	-66,293.26	-21,126.70	-1,189.00	3.00	0.00	-125.01
Private Insurance	266	19.78%	93.25 %	138,905.50	-3,757.63	135,147.87	-7,263.92	-127,527.45	-785.61	1,611.11	1,182.00	-479.43
	<b>1,345</b>			<b>705,389.81</b>	<b>-114,633.56</b>	<b>590,756.25</b>	<b>-82,493.95</b>	<b>-512,701.04</b>	<b>-1,975.66</b>	<b>8,064.40</b>	<b>1,650.00</b>	<b>-381.19</b>

# Additional Services

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AMB participates in numerous local, state, and national EMS organizations. A full list can be provided upon request. AMB solely focuses on EMS transportation billing. Our sister company, **Fire Recovery USA**, specializes in other emergency services that our customer base provides, including:

- motor vehicle accidents
- hazmat spills
- pipeline incidents
- vehicle fires
- structure fires
- fire investigation
- water incidents
- special rescue
- false alarms
- fire inspections

## Education

We will provide training to your EMS staff on documentation, Medicare signatures, and medical necessity. We can also supply HIPAA training to your personnel, EMS staff, or any other individuals you feel would benefit from such training. Our Compliance Officer or other members of management would be available to supply this training upon request at no additional charge to you. We are always agreeable to all training and analytical requirements from a client.



**Tailored to the client's needs**

- GEMT
- Medicare cost data collection
- ET3 Pilot Program
- HIPA A Privacy and Security Rule
- Applying security/security awareness and the Privacy Rule in the field, at the station
- Notice of Privacy Practices
- Identification of potential security issues (Phishing, Vishing, Social Engineering) including reporting
- Malware, ransomware, etc.
- Social Media
- Breach identification, reporting, and prevention
- HIPA A and working with Law Enforcement
- Documentation
- Patient signature

**New Employees: Compliance Program Bootcamp—this includes education and training regarding:**

- HIPA A Privacy and Security Rule
- Patient Rights and application at AMB
- Applying security/security awareness and the Privacy Rule at AMB
- Identification of potential security issues (Phishing, Vishing, Social Engineering) including reporting
- Malware, ransomware, etc.
- Breach identification, reporting, and prevention
- Customer Service and social engineering—precautions at AMB
- Customer Service--Taking phone calls
- Identity Theft prevention, identification, and reporting
- Payment Card Industry Data Security Standards (PCI DSS)—high-level overview and our portal
- Office of Inspector General/Medicare Compliance Program—Anti Kickback Statute, False Claims Act, Code of Conduct
- AMB Policies/Procedures
- Documentation

# Implementation

---

## Phase 1 (15 Days)

Execute Contract/BAA

Obtain Information

- Sign Contract and Business Associate Agreement
- Meet to fill out New Client Setup Packet
- Add client's info into billing software
- Update insurance providers with your new billing info

## Phase 2 (15 Days)

Data Transfer Setup

- Obtain login information to client's ePCR
- Verify data flows correctly from client to us
- Involve ePCR vendor or hardware vendor (as necessary)
- Setup PGP encrypted messaging system

## Phase 3 (15 Days)

Finalization Process

"Go-Live Date"

- Verify Medicare/Medicaid updated billing information
- Verify direct deposits setup correctly (if applicable)
- Test interface with ePCR one last time
- Receive live data from client's system
- Submit claims electronically to providers



## 62 EMS Billing Service Proposal

### Phase 4 (Ongoing)

Benchmarking

Monitoring

Communication

- Track progress against available historical data
- Cultivate open line of two-way communication
- Address any concerns or issues early after noticing
- Offer HIPAA/compliance/documentation training

Upon acceptance of our proposal Steps 1-3 would not be necessary as we currently bill on behalf of the Village. There will be no time delay, we will continue to bill for the Village based on all the specifications currently in place as outlined in this RFP.



AMB offers:

All services detailed in this proposal at a fee of ~~3.95%~~  
3.25% of all dollars collected.

AMB will assess a fee of 0% on any and all GEMT payments made to the Client (an estimated savings of at least \$10,500).

We appreciate the opportunity to provide this proposal. Please feel free to contact us with any questions or concerns.

SW

SW 8-31-2021



# Emergency Ambulance Billing Services

**Patrick J. Mannix**  
*Owner/CEO*

Andres Medical Billing, LTD  
3223 N. Wilke Road  
Arlington Heights, IL 60004

email: [pmannix@andresmedical.com](mailto:pmannix@andresmedical.com)  
office: 847.577.8811  
cell: 847.507.6645

**Bid Proposal**

**Village of Downers Grove**  
Joshua K. Dausener  
Management Fellow  
801 Burlington Avenue  
Downers Grove, IL 60515  
Phone: 630-434-5490

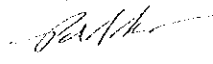


Village of Downers Grove

**V. PROPOSAL/CONTRACT FORM**

**\*\*\*THIS PROPOSAL, WHEN ACCEPTED 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 Proposal Is To Be Considered For Award**

<b>PROPOSER:</b>	
Andres Medical Billing, LTD Company Name	Date: 7/30/21
3223 N. Wilke Road Street Address of Company	pmannix@andresmedical.com Email Address
Arlington Heights, IL 60004 City, State, Zip	Pat Mannix Contact Name (Print)
office: 847.577.8811 Business Phone	cell: 847.507.6645 13-Hour Telephone
FAX- 800-244-2345 Fax	 Signature of Officer, Partner or Sole Proprietor
ATTEST: If a Corporation	Pat Mannix Owner/CEO Print Name & Title
Signature of Corporation Secretary	

**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 prices are quoted, at the price set opposite each item, delivered at the designated point within the time specified above.

Village of Downers Grove



VENDOR W-9 REQUEST FORM

The law requires that we maintain accurate taxpayer identification numbers for all individuals and partnerships to whom we make payments, because we are required to report to the I.R.S all payments of \$600 or more annually. We also follow the I.R.S. recommendation that this information be maintained for all payees including corporations.

Please complete the following substitute W-9 letter to assist us in meeting our I.R.S. reporting requirements. The information below will be used to determine whether we are required to send you a Form 1099. Please respond as soon as possible, as failure to do so will delay our payments.

BUSINESS (PLEASE PRINT OR TYPE):

Andres Medical Biling

NAME: \_\_\_\_\_

ADDRESS: 3223 N. Wilke Road \_\_\_\_\_

CITY: Arlington Heights \_\_\_\_\_

STATE: Illinois \_\_\_\_\_

ZIP: 60004 \_\_\_\_\_

PHONE: 847.577.8811 \_\_\_\_\_ FAX: 800-244-2345 \_\_\_\_\_

TAX ID #(TIN): Tax ID (EIN)-36-4039987

(If you are supplying a social security number, please give your full name.)

REMIT TO ADDRESS (IF DIFFERENT FROM ABOVE):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPE OF ENTITY (CIRCLE ONE):

Individual  Limited Liability Company – Member-Managed

Sole Proprietor  Limited Liability Company ~~Manager-Managed~~

Partnership  Medical

Corporation

Charitable/Nonprofit  Government Agency

SIGNATURE: [Signature] \_\_\_\_\_

DATE: 7/30/21 \_\_\_\_\_

Village of Downers Grove

**PROPOSER'S CERTIFICATION (page 1 of 3)**

With regard to RFP-7202021-0-2021/JD, Proposer Andres Medical Billing hereby certifies  
(Name of Project) (Name of Proposer)  
the following:

1. Proposer is not barred from bidding this Contract as a result of violations of Section 720 ILCS 5/33E-3 (Bid Rigging) or 720 ILCS 5/33E-4 (Bid-Rotating);
2. Proposer certifies that it has a written sexual harassment policy in place and is in full compliance with 775 ILCS 5/2-105(A)(4);
3. Proposer certifies that it is in full compliance with the Federal Highway Administrative Rules on Controlled Substances and Alcohol Use and Testing, 49 C. F.R. Parts 40 and 382 and that all employee drivers are currently participating in a drug and alcohol testing program pursuant to the Rules.
4. Proposer further certifies that it is not delinquent in the payment of any tax administered by the Department of Revenue, or that Proposer is contesting its liability for the tax delinquency or the amount of a tax delinquency in accordance with the procedures established by the appropriate Revenue Act. Proposer further certifies that if it owes any tax payment(s) to the Department of Revenue, Proposer has entered into an agreement with the Department of Revenue for the payment of all such taxes that are due, and Proposer is in compliance with the agreement.

BY: Pat Mannix Owner/CEO  
Proposer's Authorized Agent

3	6	-	4	0	3	9	9	8	7
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**FEDERAL TAXPAYER IDENTIFICATION NUMBER**

or \_\_\_\_\_  
Social Security Number



Subscribed and sworn to before me  
this 2 day of August, 2021  
Melinda Flood  
Notary Public

Village of Downers Grove

**PROPOSER'S CERTIFICATION (page 2 of 3)**

(Fill Out Applicable Paragraph Below)

**(a) Corporation**

The Proposer is a corporation organized and existing under the laws of the State of Illinois, which operates under the Legal name of Andres Medical Billing, LTD, and the full names of its Officers are as follows:

President: Pat Mannix

Secretary: Sarah Wroblewski

Treasurer: Danette Mannix

and it does have a corporate seal. (In the event that this Proposal is executed by other than the President, attach hereto a certified copy of that section of Corporate By-Laws or other authorization by the Corporation which permits the person to execute the offer for the corporation.)

**(b) Limited Liability Company (LLC)**

The Bidder is a LLC organized and existing under the laws of the State of \_\_\_\_\_, which operates under the legal name of \_\_\_\_\_, and the full names of its managers or members are as follows:

Manager or Member: \_\_\_\_\_

Manager or Member: \_\_\_\_\_

Manager or Member: \_\_\_\_\_

Manager or Member: \_\_\_\_\_

**(c) Partnership**

Names and Addresses of All Members of Partnership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The partnership does business under the legal name of: \_\_\_\_\_  
which name is registered with the office of \_\_\_\_\_ in the State of \_\_\_\_\_.

**PROPOSER'S CERTIFICATION (page 3 of 3)**

Village of Downers Grove

(d) **Sole Proprietor**

The Proposer is a Sole Proprietor whose full name is: \_\_\_\_\_

and if operating under a trade name, said trade name is: \_\_\_\_\_

which name is registered with the office of \_\_\_\_\_ in the State of \_\_\_\_\_.

5. Are you willing to comply with the Village's preceding insurance requirements within 13 days of the award of the contract? **YES** NO (circle one)

Insurer's Name CNA Insurance Co, Pekin Insurance Co, Continental Insurance Co, Landmark American Insurance Co

Agent BGS Insurance Agency Inc, Brian Burda

Street Address 40 Landover Parkway Suite 1

City, State, Zip Code Hawthorn Woods, IL 60047

Telephone Number 847-670-8700

**I/We affirm that the above certifications are true and accurate and that I/we have read and understand them.**

Print Name of Company: Andres Medical Billing, LTD

Print Name and Title of Authorizing Signature: Pat Mannix Owner/CEO

Signature: 

Date: 7/30/21

## Village of Downers Grove

<b>Suspension or Debarment Certificate</b>
--

Non-Federal entities are prohibited from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement for goods or services equal to or in excess of \$100,000.00. Contractors receiving individual awards for \$100,000.00 or more and all sub-recipients must certify that the organization and its principals are not suspended or debarred.

By submitting this offer and signing this certificate, the Proposer certifies to the best of its knowledge and belief, that the company and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal, state or local governmental entity, department or agency;
2. Have not within a three-year period preceding this Proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction, or convicted of or had a civil judgment against them for a violation of Federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/proposal/contract had one or more public transactions (Federal, State or local) terminated for cause or default.

If the Proposer is unable to certify to any of the statements in this certification, Proposer shall attach an explanation to this certification.

Company Name: Andres Medical Biling

Address: 3223 N. Wilke Road

City: Arlington Heights, Illinois Zip Code: 60004

Telephone: ( 847 ) 577.8811 Fax Number: ( 800 ) 244.2345

E-mail Address: pmannix@andresmedical.com

Authorized Company Signature: 

(Print )Name: Pat Mannix Title of Official: Owner/CEO

Date: 7/30/21

Village of Downers Grove

**Campaign Disclosure Certificate**

Any contractor, proposer, bidder or vendor who responds by submitting a bid or proposal to the Village of Downers Grove shall be required to submit with its bid submission, an executed Campaign Disclosure Certificate.

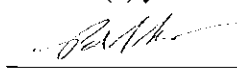
The Campaign Disclosure Certificate is required pursuant to the Village of Downers Grove Council Policy on Ethical Standards and is applicable to those campaign contributions made to any member of the Village Council.

Said Campaign Disclosure Certificate requires any individual or entity bidding to disclose campaign contributions, as defined in Section 9-1.4 of the Election Code (10 ILCS 5/9-1.4), made to current members of the Village Council within the five (5) year period preceding the date of the bid or proposal release.

By signing the bid or proposal documents, contractor/proposer/bidder/vendor agrees to refrain from making any campaign contributions as defined in Section 9-1.4 of the Election Code (10 ILCS 5/9-1.4) to any Village Council member and any challengers seeking to serve as a member of the Downers Grove Village Council.

Under penalty of perjury, I declare:

Proposer/vendor has not contributed to any elected Village position within the last five (5) years.

  
\_\_\_\_\_  
Signature

Pat Mannix  
\_\_\_\_\_  
Print Name

Proposer/vendor has contributed a campaign contribution to a current member of the Village Council within the last five (5) years.

Print the following information:

Name of Contributor: \_\_\_\_\_  
(company or individual)

To whom contribution was made: \_\_\_\_\_

Year contribution made: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name