

**Addendum No. 1 - RFP 02-015
EMS Billing Service Questions
Key West Fire Department**

To all Bidders:

The following information is provided in accordance with RFP 02-015 EMS, Billing Service as fully and as completely as if the same were fully set forth therein:

1. What are your estimated annual numbers of transports? What geographical area does your department provide EMS transports for?
 - The City of Key West Fire Dept. does not currently provide EMS transports. The KWFD will begin its EMS operations starting April 1, 2015.
 - The City of Key West Fire Dept. serves the City of Key West which is approx. 7.4 square miles.
 - Care Ambulance reported 5,603 responses with 4,420 transports in 2013 for the City of Key West.
2. What is your average loaded mileage distance?
 - The City of Key West Fire Dept. does not currently provide EMS transports at this time.
 - US 1 Mile Marker 0 is located in downtown Key West while the closest receiving ER (Lower Keys Medical Center) is located at approx. Mile Marker 5.
3. What are your current or proposed charges for:
 - a. ALS1
 - b. ALS2
 - c. BLS
 - d. mileage
 - The City of Key West Fire Dept. does not currently provide EMS transports.
 - Transport fee schedule is to be determined.
4. In calendar year 2013, how many transports were coded BLS? ALS1? ALS2?
 - The City of Key West Fire Dept. does not currently provide EMS transports.
5. Are or will any accounts sent to collections?
 - Yes, it is preferred that delinquent accounts be managed by the billing agency through collections.
6. What are your primary transport hospitals? Approximately what percentage of all transports will be going to each hospital?

- Lower Keys Medical Center will receive 100 % of transports due to geographic location.
7. Does the RFP require the successful billing vendor to provide any field hardware units? If so, what is the Department's preference as to make/model? If so, how many units does the department require?
- Not required, but preferred. All proposals will be evaluated.
8. The RFP seems to provide the billing vendor the option to provide a new ePCR solution for the Department. If that is the case, does the Department have a particular system(s) that it prefers? Would you accept multiple ePCR solution options in an RFP?
- No preference at this time. All proposals will be evaluated.
9. Does the City's current EMS billing vendor provide EMS delinquent account collection services? If so, what is the current cost of these services in dollars and percent?
- The City of Key West Fire Dept. does not currently provide EMS transports.
10. If your vendor does not provide EMS delinquent account collection services, is the City interested in considering bidders to provide these services?
- The City of Key West Fire Dept. does not currently provide EMS transports.
 - It is preferred that delinquent accounts be managed by the billing agency through collections
11. Why is the City currently going out to bid at this time?
- The City of Key West Fire Dept. does not currently provide EMS transports.
 - The KWFD will begin its EMS operations starting April 1, 2015.
12. What is the City's current method of PCR data collection? Paper or electronic?
- The City of Key West Fire Dept. does not currently provide EMS transports.
13. If electronic, who is the City's current ePCR vendor?
- The City of Key West Fire Dept. does not currently provide EMS transports.
14. The RFP states that the City is looking for new ePCR software solution? What is your preferred solution and how many licenses will you need?
- No software preference at this time, a minimum of 8 licenses is preferred.
15. Is the City looking for new hardware? If so, what is the City's preferred solution and how many toughbooks (tablets etc.) will the City need?
- 8 tough books or tablets is preferred, No software preference at this time.

- All proposals will be evaluated.
16. Will the successful vendor assume responsibility for any backlog of unbilled and/or previously billed accounts?
- The City of Key West Fire Dept. does not currently provide EMS transports.
17. What is your total number of responses per year?
- Care Ambulance reported 5,603 total responses with 4,420 transports for 2013 in the City of Key West.
 - The City of Key West Fire Dept. does not currently provide EMS transports.
18. How many of those responses are billable?
- 4,420 reported transports per Care Ambulance.
19. What is the City's anticipated growth or decline in the number of transports for the next few years?
- Growth is unknown
 - The City of Key West Fire Dept. does not currently provide EMS transports
20. What are the City's charges for the following services?
- a. BLS \$
 - b. ALS1 \$
 - c. ALS2 \$
 - d. SCT \$
 - e. BLS Non Emergency \$
 - f. ALS Non Emergency \$
 - g. Mileage \$
 - h. Air Transport \$
 - i. No Transport/At Scene\$
 - The City of Key West Fire Dept. does not currently provide EMS transports
 - Transport fee schedule is to be determined.
21. What is the average number of loaded miles per transport?
- The City of Key West Fire Dept. does not currently provide EMS transports.
 - US 1 Mile Marker 0 is located in downtown Key West while the closest receiving ER Lower Keys Medical Center is located at approx. US 1 Mile Marker 5.
22. Does the City bill for no transports?
- The City of Key West Fire Dept. does not currently provide EMS transports.
 - Fee schedule is to be determined.

23. Does the City charge for a base rate mileage only?

- The City of Key West Fire Dept. does not currently provide EMS transports
- Fee schedule is to be determined.

24. Does the City's EMS service itemize other charges?

- The City of Key West Fire Dept. does not currently provide EMS transports.
- Fee schedule is to be determined.

25. What is your 2013 payer mix?

- The City of Key West Fire Dept. does not currently provide EMS transports.

26. The following financial information we are requesting will be for the previous full year to date:

- a. What are the City's total charges?
 - b. What is the City's total cash revenue?
 - c. What is the City's total adjustments in dollars?
 - d. What is the City's total mandatory adjustments in dollars? (Mandatory adjustments include Medicare, Medicaid, Work's Compensation, VA, bankruptcy, intercept, Gunderson, Alliance, Blue Cross/Blue Shield, HIRSP, WEA trust, Not Medically Necessary, Medical Associates, Tri-Care, and interest offset.)
- The City of Key West Fire Dept. does not currently provide EMS transports.

27. Would it be acceptable to submit a redacted copy of our proposal (confidential information already blacked out) for Open Records requests?

- The City of Key West Fire Dept. prefers the proposal be submitted following the guidelines stated in the RFP.
- Indicate any exceptions to the general terms and conditions of the RFP requirements in Tab VII, Acceptance of Conditions.

28. The RFP requests financial information that is confidential and subject to being disclosed during an open records request. Would it be permissible to provide the financial information at the interview, if selected for an interview? If not, would it be permissible to provide the financials on a password-protected CD only? If not, would it be permissible to provide the financials via a letter from a bank?

- The City of Key West Fire Dept. prefers the proposal be submitted following the guidelines stated in the RFP.


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- Indicate any exceptions to the general terms and conditions of the RFP requirements in Tab VII, Acceptance of Conditions.
29. Can you provide a list of the City's receiving hospitals?
- Lower Keys Medical Center will receive 100% of patients transported by KWFD.
30. We will be conducting our annual on-site training for our existing Florida Keys clients the week of October 6-10th which happens to coincide with the due date of the response to the RFP. Since we will actually be in the Keys during that time the response is due I will have to mail it our prior to our departure from Georgia on October 3, 2014. To the best of your knowledge will all amendments and answers to questions be published by that date?
- Yes
31. Has Key West adopted a proposed fee schedule to utilize in our cost approach calculations? I did not see anything in the RFP that indicated what the base fees would be.
- Fee schedule has not been adopted.
32. Can the hospital data interface be a hospital bridge where the City can access PDF ePCR's? Or is the City looking for a direct integration into the hospital's emergency room system?
- KWFD prefers direct integration into the hospital's emergency room.
33. Can you provide the average loaded mileage per transport?
- The City of Key West Fire Dept. does not currently provide EMS transports.
 - US 1 Mile Marker 0 is located in downtown Key West while the closest receiving ER Lower Keys Medical Center is located at approx. Mile Marker 5.
34. Please provide the number of transports for each call type (run mix) for fiscal year 2012 and 2013?
- a. ALS Emergency
 - b. ALS Non-Emergency
 - c. BLS Emergency
 - d. BLS Non-Emergency
 - e. ALS 2
 - f. SCT
- Care Ambulance reported 5,603 total responses with 4,420 transports for 2013 in the City of Key West.
 - The City of Key West Fire Dept. does not currently provide EMS transports.
35. Can you provide your payer mix by primary payer as listed below? If your current billing vendor uses an "other" category in addition to list provided below, can you provide clarification on what items are contained in "other?"
- a. Medicare
 - b. Medicaid
 - c. Commercial Insurance

d. Patient Pay

- The City of Key West Fire Dept. does not currently provide EMS transports.
36. Please describe how you would like you NPP's managed. Will your facility be handling these mailings or would the preference be that your billing provider handle NPP?
- We prefer that the billing provider handle all aspects of the collections process.
37. Can you please provide the number and specification on the hardware required
- No hardware preference at this time, a minimum of 8 units is preferred.
38. Who is your preferred wireless provider?
- No preference at this time.
39. Can you provide the name of the hospitals you transport to?
- Lower Keys Medical Center will receive 100% of patients transported by KWFD.
40. If your facility has not decided on hardware vendor or product, could you provide a budget dollar amount to be factored in per unit.
- No budget amount provided, all proposals will be evaluated.
 - No hardware or software products have been selected

All Bidders shall acknowledge receipt and acquaintance of this Addendum No. 1 by acknowledging Addendum in their proposal or by submitting the addendum with the bid package. Bids submitted without acknowledgement or without this Addendum may be considered non-responsive.

 Patrick J. Mannix

Signature

Fire Recovery Ems

Name of Business

Tab 9

ELECTRONIC PATIENT CARE REPORTING SOFTWARE (ePCR)

Submitted October 2, 2014



ESO Solutions

9020 N. Capital of Texas Highway, II-300

Austin TX 78759



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October 2, 2014

Dear Brandon,

ESO Solutions is pleased to respond to the RFP solicitation for information on an electronic patient care reporting (ePCR) software program for Key West Fire.

Our software is a modern, hosted ePCR solution that is simple and intuitive, accurate, and secure. ESO's best in breed software, built by medics, for medics, represents our awareness of the need for a user-friendly software that prioritizes patient care while improving agency and end user productivity. By developing a software solution focused on patient care and ease of use for medics, agency end users perform better, individual and agency performance improves, and an enhanced continuum of care results. We have transitioned more than 1200 agencies across 44 states from paper to digital and our client retention rate is 97 percent. Key to our exceptional client retention rate is:

- Seamless integration and use of use.
- Exceptional customer support available 24/7, every day of the year to include holidays.
- Transparent costs.
- QuickSpeak, a language translation tool that enables EMS providers in the field to communicate with non-English speaking patients.
- Customizable Quick Treat lists for cardiac arrest, medications, and other functions, plus immediate time stamping of vital signs and treatment events within the documentation flow and an instant note-taking surface.
- Receiving hospitals and other authorized users have electronic access to patient care charts through ESO's Hospital LinkUp and Agency LinkUp.

ESO also offers an exceptional, new product: **ESO HDE** (Health Data Exchange). HDE represents ESO's most recent step in our continued commitment to provide solutions that address evolving EMS needs and trends as well as the role of EMS in the continuum of care. ESO HDE is a revolutionary platform as a service (PaaS) communication method redefining the way EMS and hospitals collaborate on patient care – with ESO HDE, any EMS or hospital system connecting to the HDE platform can instantly collaborate with any other agency or hospital worldwide that uses ESO HDE with no additional setup required.

Should you require additional assistance, the appropriate contacts are:

Binding, Negotiation, Price

Chris Dillie, Chief Executive Officer
(866) 766-9471 ext. 1022

Contract Issues

Michael Sias, Esq.
(866) 766-9471 ext. 1253

Technical Approach and Information

Andrea Lesh, Vice President of Sales

Tammy Bourassa, Regional Account

**ePCR SOFTWARE
ESO SOLUTIONS**

(866) 766-9471 ext. 1192

Manager
727-940-3686

ESO Solutions looks forward to working with you during this process; please let us know if we can be additional assistance.

Sincerely,

Elaine Gordon
Chief Financial Officer
(866) 766-9471 ext. 4216

About ESO Solutions

ESO Solutions (ESO), founded in 2004, currently serves more than 1200 agencies and 55,000-plus end users across 44 states. Our customers are EMS and Fire/EMS departments, large and small, urban and rural, and government agencies, volunteer departments, and private agencies.

ESO's best in breed ePCR software is the easiest to use on the market with an intuitive user process that saves the latest version of the record as the end user tabs through the record. We believe that *happy medics are productive medics* and by providing software that does not slow down a medic, agency performance improves. ESO designed the software with the agency and end user in mind with a flexible workflow, sleek and modern design, and user-friendly features. Administrators are able to view records in progress, securely communicate to end users for corrections, and develop management reports to evaluate performance. The software is NEMSIS Gold compliant and agencies have peace of mind knowing that data complies with state and national standards.

ESO's hosted, ePCR SaaS solution enables agencies to run the ePCR system from any computer with an internet connection as well as from a mobile component for data entry at the patient's side regardless of internet connectivity. With ESO ePCR Mobile, in the event there is no internet connection available, end users may still run ESO ePCR Mobile, storing and then batch-synching PCRs to the web when end users have internet access. This "AutoSync" feature, in addition to providing a data update every 15 minutes, allows administrators to monitor incidents on mobile computers as well as acting as a backup recovery system in the event of a hard drive failure on the mobile computer.

The hosted model makes ESO's solution fast and easy to implement, with no upfront agency investment for server hardware. Further, ESO customers rest assured that data hosting facilities meet rigorous requirements to protect customer data at all times through high availability standards, unsurpassed physical security, reliability and backup, and a disaster recovery plan.

ESO's Software Suite is a "digital hub" that builds the foundation for a system in which information is easily and securely stored, analyzed, and shared. Because the software suite is integrated, there is no need for redundant data entry and further, moving from one product to the other is easy. All of your information is in one place and always available at your fingertips. The suite includes:

- ESO's electronic patient care reporting – **ePCR** – is fast and easy to implement, and hosted with free upgrades so that agencies are always using the latest and greatest software.
- ESO's industry-leading **Quality Management (QM)** module enables administrators to manage operations like never before, allowing them to oversee operational,

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clinical, and financial processes in parallel from one easy to use application that improves the quality of care, provides end-to-end review management, and a better bottom line. ESO's QM is included with the agency subscription, and includes **ESO Reporting** and **ESO Analytics**.

Building on ESO Reporting's foundation of canned and ad hoc reports, ESO recently unveiled **ESO Analytics**, a performance tool that aggregates data from ESO's already superior **ESO Reporting** tool. ESO Analytics gathers all data and seamlessly weaves it into an easy to understand story of agency performance. In this way, agencies measure performance while also benchmarking against internal data as well as other state and national data. At ESO, we believe it is not just the data that is important, it's also what an agency can learn from the data.

- ESO's **QuickSpeak** module is a translation tool that enables EMS providers in the field to communicate with non-English speaking patients. ESO implemented QuickSpeak in 2010, enabling field communication with non-English speaking patients to learn about their medical history and quickly determine the nature of the call. In 2011, EMS World presented ESO with one of EMS World's 20 top innovation awards in recognition of ESO's QuickSpeak translation software. *The only product of its kind on the market*, and designed specifically for use in the EMS industry, the number of languages is at seven and growing (Spanish, French, Vietnamese, Indian, Italian, Chinese, German).
- ESO's **Personnel Management** (PM) module completely integrates with ESO ePCR to help agencies manage personnel, training courses, and education from one, easy-to-use application. This module is optional.

ESO's subscription also includes **Hospital LinkUp**, a feature that enables hospitals to log in, view, and print real-time data for transported patients. This data includes the patient care record as well as all cardiac monitor strips and other attachments to the call. ESO Hospital Linkup eliminates the need for faxing and provides hospitals with timely information about the pre-hospital care provided to patients transported to their facility by any agencies using ESO.

Innovation

ESO is always in a state of innovation, monitoring best practices, and evaluating feedback from agencies in order to enhance the product. A priority focus for ESO is to allow the software to run on multiple platforms, to include Android and iOS.

ESO's solution is NEMSIS Gold compliant and we are making a significant investment in moving toward **NEMSIS 3.0** certification and following closely each state's mandate.

ESO also offers an exceptional, new product: **ESO HDE** (Hospital Data Exchange). HDE represents the most recent step in ESO's continued commitment to provide

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solutions that address the evolving needs, trends, and role of EMS in the continuum of care. ESO HDE is a revolutionary platform as a service (PaaS) communication method that is redefining the way EMS and hospitals collaborate on patient care. With ESO HDE, any EMS or hospital system connecting to the HDE platform can instantly collaborate with any other agency or hospital worldwide that uses ESO HDE with no additional setup required. Using the NEMSIS data standard, ESO HDE is able to take data from any ePCR platform. Likewise, ESO HDE can send and receive data to and from the hospital EMR in a range of industry standard formats such as NEMSIS XML and HL7. As a result, hospitals have access to the raw EMS data they need to report to registries (trauma, STEMI, stroke, etc.), trend patient populations, and develop metrics. For EMS, they now have access to valuable outcome information and patient demographic data. With the ability to quantify the quality of care on 100 percent of their patients, EMS agencies can finally institute comprehensive quality management programs based on clinical outcomes. What's more, ESO HDE greatly increases billing performance by leveraging hospitals' efficient billing processes and detailed billing information.

Security

As a **HIPAA and PHI compliant software**, protecting sensitive patient data and providing coverage to our clients is a critical component of our system. We work diligently to ensure that all required physical, network, and process security measures are in place and followed, and have several safeguards in place. We outline our commitment to protecting your agency data in a *Business Associate Agreement* executed with each new client as part of our HIPAA compliance program.

ESO employs strict data encryption, operating system security, two-factor authentication, and database security measures at its data hosting facilities. All HIPAA-sensitive data stored on the field device, as well as any data transmitted over HTTPS protocol to the central database, is encrypted.

At the end-user level, additional safeguards ensure information is not inadvertently shared with unauthorized individuals:

- E-mail addresses and/or fax numbers are assigned to specific incident locations so that if a user wishes to e-mail or fax a record, that record can be sent only to the address or fax number associated with that facility.
- Hospital administrators assigned login access using Hospital LinkUp will be able to access only the records for patients transferred to their particular hospital.
- A robust application security model prevents one ESO Solutions client from accessing another's data without agency authorization. This is reapplied with every request and enforced for the entire duration of a user session.

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ESO employs the strongest encryption products to protect client data and communications, including 256-bit SSL Certification and 1024-bit RSA public keys – the lock icon in the browser indicates that data is fully shielded from access while in transit.

1.0 Product with Specifications

Administrator Access

During the implementation phase, ESO's team will train administrators on system access and how to configure fields to the agency's benefit and consistent with policy.

The software's drop down data fields, check boxes, and radio buttons are what makes ESO's software the easiest to use on the market. Many of the drop-down menus are configurable by administrators in order to display only items relevant to the end user. For example, a disposition of "Disregarded Enroute" may not be relevant; the administrator may disable items so that a user would never mistakenly select that option. For other fields, like shift, units, vehicles, etc., the lists are customizable and created with selections strictly defined by ACC-RI.

Administrators are able to view records in progress, securely communicate corrections to end users, and develop management reports to evaluate performance. Through our Quality Management (QM) module, administrators may use ePCR data to evaluate staff activity through canned and ad hoc reports as well as ESO Analytics. The module allows for a paperless audit of reports for both clinical and/or operational purposes and enables designated QM administrators to approve, evaluate, and rate a documented record electronically via a confidential messaging system. The module makes the auditing process truly paperless by giving users the ability to message internally and allowing system administrators to provide feedback to crews without the need to print reports.

Email Software Support

ESO takes great pride in having a knowledgeable, responsive, and responsible staff that makes friendly and efficient customer service a priority. ESO's Client Services Team provides unlimited customer assistance, at no charge, to clients 24 hours per day, 7 days per week, to include holidays. Our support includes email requests as well as chat and toll free calls.

User Friendly Software

ESO provides best in breed ePCR software, written and supported *by medics for medics*. We designed our software with the agency and end user in mind with a flexible workflow; sleek, modern design, and user-friendly features. Hands' down, our software is the easiest to use on the market with an intuitive user process that saves the latest version of the record as the end user tabs through the record. Administrators are able to view records in progress, securely communicate to end users for corrections, and develop management reports to evaluate performance.

Reporting

ESO's Reporting module offers canned reports that enable administrators to retrieve a variety of reports quickly and easily. These reports cover operational data, such as call times and analysis, and clinical data, such as airway reports and medication reports.

Of the operational standard reports, virtually all provide statistical information to include:

- **Call Time Analysis**
 - Turnaround time
 - Chute time
 - Scene time
 - Transport time
 - Total call time
 - Response time
 - Hospital response time analysis
- **Call Analysis**
 - Destination location breakdown
 - Destination type breakdown
 - Disposition type breakdown
 - No transport by time and day
 - Patient age breakdown
 - Location type breakdown
 - Response priority breakdown
 - Incident zip code breakdown
 - Zone breakdown
 - Call volume report
 - Call volume by time and date
 - Patient care transferred breakdown

For patient reports, in the clinical element, virtually all are statistical:

- **Airway**
 - ETI Overall Success
 - Airway Percentage Report
 - Pleural Decompression
- **Interventions**
 - CPR Interventions
 - Cardiac Patients with Aspirin
- **Medication / Intravenous Therapy**
 - IV Success Rates
 - Medication Breakdown
 - Medication PTA Breakdown
- **Clinical Impression**
 - CVA Breakdown
 - Clinical Impression Breakdown
 - Medical History Breakdown
 - Refusal Reason Breakdown
 - Primary Injury Breakdown

Beyond the ESO Reporting module, ESO recently introduced **ESO Analytics**, a robust reporting tool that highlights important data points and allows for versatile filtering and manipulation of statistical data. Users are able to quickly navigate through real-time

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reporting using both agency-defined reports and standard ePCR reports (canned and ad hoc) that allow "period-in-time" analysis that compares averages as well as true quantitative data in order to evaluate trends in clinical and operational data. Like ESO Reporting, ESO Analytics is included within the agency's subscription at no additional cost.

Technical Requirements

ESO's hosted model makes our solution fast and easy to implement, and there is no upfront investment for server hardware. The software is NEMESIS Gold compliant and we are making a significant investment in moving toward **NEMESIS 3.0** certification, following closely each state's mandate.

Our data hosting facilities are Tier IV, SAS 70, Type II, PCI compliant and meet a number of rigorous requirements that help ensure the security of customer data at all times. Specifically, ESO schedules off-site, automatic client data backups nightly, up to the last committed transaction. As far as disaster recovery, our measures include built-in redundancy for each component of the hardware infrastructure, including multiple database servers with a Raid-5 configuration. Our production equipment is housed at a state-of-the-art data facility equipped with redundant electrical generators, effective environment controls and cooling systems, and other backup equipment designed to keep servers continuously.

ESO Solution's electronic patient care reporting (ePCR) software solution is a hosted, software as a service (SaaS) model that enables agencies to utilize the software from any computer with an internet connection, as well as from a mobile component for data entry at the patient's side.

ESO minimizes risk and establishes access controls based on HIPAA. The ESO Suite is a secure, HIPAA- and PHI-compliant solution. ESO employs strict data encryption, operating system security, two-factor authentication and database security measures at its data hosting facilities:

- All HIPAA-sensitive data stored on the field device is encrypted.
- Any data that is transmitted over HTTPS protocol to the central database is encrypted.

Additional safeguards ensure that information is not inadvertently shared with unauthorized individuals on an end user level:

- Email addresses and/or fax numbers are assigned to specific incident locations so that if a user wishes to email or fax a record, that record can be sent only to the address or fax number associated with that facility.
- Hospital administrators who are assigned login access using Hospital LinkUp will be able to access only the records for patients transferred to their particular

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hospital.

A robust application security model prevents one ESO Solutions client from accessing another's data – this is reapplied with every request and enforced for the entire duration of a user session.

As a HIPAA-compliant software, protecting sensitive patient data and providing coverage to our clients is a critical component of our system. We work diligently to ensure that all required physical, network, and process security measures are in place and followed, and have several safeguards in place. Our commitment to protecting your agency data is outlined in a *Business Associate Agreement*, which we execute with each new client as part of our HIPAA compliance program.

ESO's robust suite of administrative features include – but are not limited to – administrative controls, access to provider-specific data for reviewing and analysis, and ad hoc reporting. Administrators may view and print reports, securely send questions and reports back to users for editing or addendums, and perform quality management.

We provide organizations with invaluable measurement tools for producing required performance data and managing data more effectively, allowing organizations to eliminate paper processes while assisting administrators with their quality assurance process.

The **ESO Quality Management (QM)** module captures data from the ePCR records in order to evaluate staff activity through canned and ad hoc reports. The module allows for a paperless audit of reports for both clinical and/or operational purposes and enables designated QM administrators to approve, evaluate, and rate a documented record electronically via a confidential messaging system. The module makes the auditing process truly paperless by giving users the ability to message internally and allowing system administrators to provide feedback to crews without the need to print reports.

The **ESO Reporting** module provides administrators with canned and ad hoc reporting tools for analytical and graphical reporting, drill-down and export capabilities and report scheduling. Both are included in the annual subscription fee for ESO ePCR. The reporting functionality includes real-time reporting tools for the easy creation of both canned and ad hoc reports, including report production on everything from ALS, BLS, CCT, and Detox events, to individual employees, to departmental statistics, to patient data. Reports can be e-mailed, faxed, and/or exported into Word, Excel, and PDF formats, and then printed. Designated providers and non-providers alike can access reports using a unique login ID and password; the level of security they have been assigned will determine how much and what type of data they may access once they have logged in. ESO Reporting tools are user-intuitive and eliminate the need for reporting expertise or extensive training.

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ESO recently introduced **ESO Analytics**, a robust reporting tool that highlights important data points and allows for versatile filtering and data manipulation. Users are able to quickly navigate through real-time reporting using both agency-defined reports and standard ePCR reports (canned and ad hoc) that allow "period-in-time" analysis that compares averages as well as true quantitative data in order to evaluate trends in clinical and operational data. Analytical capabilities are included within the agency's subscription at no additional cost.

Implementation and Training

ESO has provided training, as part of the overall implementation plan, to more than 750 agencies. We are skilled at helping agency end users and administrators through a streamlined process that assures agency go-live in the most expedient manner possible. Our proposal assumes four, consecutive days of onsite initial user and administrator training. Our implementation plan is not only four days – we start implementation almost immediately, providing remote "training" to administrative and administration users.

ESO's typical implementation process lasts from 45 to 60 days depending on client size and schedule. Like many agency implementation engagements, if we can help a client implement and train a full complement of staff sooner, we will. But, ESO recognizes effectiveness, and we are not so efficient that the training is not effective.

ESO can traditionally start the project the week after contract execution and we work closely with agencies to establish a more defined project work plan based on agency needs.

With more than 850 engagements to our credit, ESO's implementation team is exceptionally qualified to guide end users and management through a successful implementation. Our users regard our implementation process highly, and we believe our 97 percent retention rate is, in large part, due to the emphasis we place on our process. Further, our implementation specialists are experienced field end users themselves.

ESO's project team is more than implementation – our executive and management teams, senior staff, and your regional account manager, are deeply involved in your success from day one and every day following, and have extensive experience in the pre-hospital environment.

Our implementation specialists are ESO-certified software trainers and have extensive experience in the pre-hospital environment. ESO staff members have served as EMTs, fire chiefs, medics, and nurses, and relate quickly and easily to our clients. With a 97 percent client retention rate, we know that our people make the difference – and we are well known in the industry for character, integrity, reputation, and judgment. Our clients

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can contact ESO, speak to almost anyone, and receive assistance on both the clinical and operational aspects.

Directly, one of two ESO implementation specialists will lead implementation, supported by other implementation specialists:

- ❖ *Pat Piper*, Implementation Specialist, has been a licensed paramedic since 1996. She joined ESO in fall 2008. Prior to joining ESO, she held positions as EMS supervisor, clinical manager and education coordinator in various EMS agencies in Texas, including Montgomery City Hospital District.
- ❖ *Ryan Fouts* has worked as a paramedic and EMT for nearly 18 years in the public and private sector, including both ground and aeromedical. This experience also includes providing training for new and experienced EMS providers as it relates to various EMS topics including CPR, WMD/Hazmat, and the use of technology in the practice of prehospital medicine.
- ❖ *Sandy Jones*, Client Services Administrator, has more than nine years' experience in customer service relations. She has held a variety of roles in customer service, marketing/sales, membership services, and management. She is responsible for assisting the ESO Implementation Specialists with new customer software implementations, and has been with ESO one year.

The client services team also includes technical specialists:

- ❖ *David Bulloch*, Support Manager, came to ESO with more than 18 years' experience in EMS in various capacities. He began his career as a volunteer firefighter, eventually became an EMT-I, working for hospital-based and private agencies, and finally held various positions in EMS administration. In his last role prior to joining ESO, he was the Communications Manager of the MetroCare – Abilene office. There, David led numerous CAD installations as well as several billing interfaces to their successful completion and also was responsible for the company's network administration. David is responsible for all new CAD and billing interfaces for the ESO customer base and also manages the ESO Support team that provides technical support on an ongoing basis as needed after system go-live. David joined ESO in May 2010.
- ❖ *Erica Edgerly*, Technical Product Manager, Extracts, has been with ESO since 2005 (eight years). She spent several years in ESO's former EMS billing department, where she was the product manager of the billing software. During that time, she was responsible for the addition of new software features and functionality that enhanced usability and productivity among billers and end users. She now coordinates the company's billing and state extract process.

Overview of Phases and Milestones

A typical ePCR implementation is comprised of the milestones and deliverables displayed in the table immediately below. There is overlap between certain milestones; for example, interface implementation and testing can happen concurrently with online administrative training on the admin console.

ACC-RI SAMPLE IMPLEMENTATION PLAN

Milestone		Deliverable	Target Week
1	Project Kickoff	Introductory Kickoff Conference Call Agency Key Players Worksheet ESO Considerations Formal Kickoff Conference Call Vendor Contacts Meeting Notes & Timeline Project Management Expectations	1
2	Information Gathering and System Setup	Agency Account and Build Out in ESO Suite Agency Setup Preparation	2
3	Online Administrative Training (admin/overview)	Online Training	3
4	Mobile Software Testing	Software Testing	3
5	Online Administrative Training (QM/reporting)	Online Training	4
6	Onsite End User Training	Onsite training	5
7	Regulatory Compliance/Data Reporting	Reporting Testing	6
8	System Testing	Agency Sign Off	6
11	System Go-live and Post-implementation Support	Live System Ongoing Support Ongoing Training	6

ePCR SOFTWARE ESO SOLUTIONS

Upgrades and Support

ESO is dedicated to making frequent, substantial upgrades to its software applications. As a SAAS model, upgrades and enhancements occur within the system, and are available to users on login. Historically, ESO upgrades the system two to three times per year.

Most importantly, upgrades and updates are included within the subscription agreement and available AT NO COST.

**ePCR SOFTWARE
ESO SOLUTIONS**

2.0 CAGE Code & DUNS Number

CAGE Code: 5NVB3

DUNS Number: 193232647

SBA Small Business Certified: Yes

Representations and Certifications: ESO Solutions' "representations and certifications" are complete within SAM.

Federal "Past Performance" Clients

Entity	Term	Description
Fort Campbell	Customer since 2011 and under renewal	ePCR subscription agreement
Fort Jackson	Customer since 2010 and under renewal	ePCR subscription agreement
Dept. of Homeland Security	Customer since 2010	Operation & Maintenance (O&M) of the electronic Patient Care Record (ePCR) system in support of Department of Homeland Security (DHS) Office of Health Affairs (OHA)

References

The majority of ESO's 1200-plus clients are agencies with 1,500 to 5,000 records. We understand the needs and implementation requirements of agencies the size of FBCH and provide the following references. These references reflect our *direct* military hospital clients; ESO is pleased to provide additional references.

Entity	Contact	Contact Information
Fort Campbell Customer since 2011	Marc Rogers	2206 Charles Town Road Clarksville, Tennessee 37043 Marc.rogers@amedd.army.mil 270-412-8533
Fort Jackson Customer since 2010	Richard Fritts	4500 Stuart Street Fort Jackson, South Carolina 29207 Richard.a.fritts@us.army.mil 803-751-6148

**ePCR SOFTWARE
ESO SOLUTIONS**

3.0 Contact Information

Binding, Negotiation, Price

Chris Dillie, Chief Executive Officer
(866) 766-9471 ext. 1022

Contract Issues

Michael Sias, Esq.
(866) 766-9471 ext. 1253

Technical Approach and Information

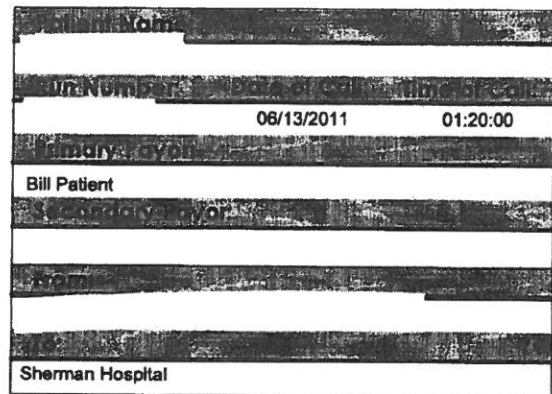
Andrea Lesh, Vice President of Sales
(866) 766-9471 ext. 1192

Tammy Bourassa, Regional Account Manager
727-940-3686

Tab 10



Forwarding Service Requested



44PPANDR01PP

**REQUEST FOR INSURANCE INFORMATION FOR AMBULANCE TRANSPORT
WAUCONDA FIRE PROTECTION DISTRICT**

The hospital does not furnish us with this information. Do not pay this invoice at this time. Please complete this form and we will file for you. A return envelope is enclosed or to submit this form online go to www.insupdate.com.

Billing Department, P. O. Box 457, Wheeling, IL 60090 (800) 244-2345 Hours: Mon.- Fri. 8:30 a.m. - 4:30 p.m.

PATIENT INFORMATION *Please print legibly - Thank You! All information is kept confidential.*

Run #	Incident #	Date of Service 10/09/2010
Patient Name _____		Social Security #: _____
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) ____/____/____ <div style="display:flex; justify-content:space-around; font-size:small;">Month Day Year</div>		Phone #: (____) _____ <div style="display:flex; justify-content:space-around; font-size:small;">Area Code</div>
Type of Claim: (Check one) <input type="checkbox"/> Illness <input type="checkbox"/> Auto Accident <input type="checkbox"/> Workman's Compensation		

INSURANCE INFORMATION *Please check all that apply. Please print legibly - Thank You!*

<input type="checkbox"/> I have MEDICARE as my (check one) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary Health Insurance
My Medicare # is _____ This is <u>at least</u> a 9 digit number and begins or ends with one or more letters.
Note: If you have a Medicare <u>HMO</u> please provide a copy of front & back of your HMO Insurance Card. Thank You!

<input type="checkbox"/> I have MEDICAID / PUBLIC AID as my (check one) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary Health Insurance
My Medicaid # is _____

<input type="checkbox"/> I have PRIVATE INSURANCE as my (check one) <input type="checkbox"/> Primary Health <input type="checkbox"/> Secondary Health <input type="checkbox"/> Auto <input type="checkbox"/> Workman's Comp
If possible, please provide a copy of the front & back of your Insurance Card. Thank You!
If this claim is related to an Auto Accident or Workman's Comp claim please provide Auto or Comp Insurance Information!
Insurance Co.: _____ Address: _____
City/State/Zip: _____ Insurance Co. Phone # (____) _____ <div style="display:flex; justify-content:space-around; font-size:small;">Area Code</div>
ID # _____ Group # _____ Policyholder Name: _____
Policyholder Soc. Sec. # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Policyholder Date of Birth ____/____/____ <div style="display:flex; justify-content:space-around; font-size:small;">Month Day Year</div>
Patient Relationship to the Policyholder is: check one <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____
Claim # (if an auto accident or workman's compensation) _____

<input type="checkbox"/> I would like to pay by (check one) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER CARD
Credit Card # _____ Expiration Date: _____ V-Code (on Back) _____
Card Holder Name: _____ Billing Address: _____
Signature of Card Holder: (required) _____

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 authorize any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its agents, carriers as well as to the MEDICAL SERVICE PROVIDER. Also, release any information or documentation needed to determine those benefits payable for related services or any services provided me by the MEDICAL SERVICE PROVIDER, now or in the future.

Date: _____ Signature of Insured (required): _____

PLEASE COMPLETE THIS FORM AND RETURN WITH REMITTANCE STUB PROVIDED ON FIRST PAGE

Insurance Request Form



**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 EMS 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 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.

Reminders for Scheduled Transports and Information on Other Services: We may also contact you to provide information about other services we provide.

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 anytime, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient 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 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 will 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 record you have asked us to amend is complete and accurate. If you wish to request that we amend the medical information that we have about you, you should 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 not required to agree to any restrictions you request, but any restrictions agreed to by us in writing are binding.

Internet, Electronic Mail and the Right to Obtain Copy if Paper Notice on Request: If we maintain a web site, we will prominently post a copy of this Notice.

If you allow us, we may 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 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

HIPAA Notice



CITY OF ELGIN
P.O. BOX 457
WHEELING, IL 60090-0457
(847) 577-8811

Date: July 19, 2012

1 SP manifest key line

99999

Forwarding Service Requested

Seq# 099999



Run Number:

Patient Name:

Date of Service:

Destination: Sherman Hospital



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. This is a lifetime authorization.

Patient Signature _____ *Date* _____

Legally authorized representative signature _____ *Date* _____

Print name, title & address _____

Reason patient physically or mentally incapable of signing _____

Please refer to your run number on all correspondence.

Please see reverse side for important information

Medicare Signature

CITY OF ELGIN		
\$545.75		
05/15/2012 07/19/2012		

REMIT TO:

CITY OF ELGIN
P.O. BOX 457
WHEELING, IL 60090-0457



Page 1 of 1

IPPANDR01MDSIG

**MUNDELEIN FIRE DEPARTMENT**

PO BOX 457
WHEELING, IL 60090-0457
(847) 577-8811

Date: October 31, 2011

1 SP manifest key line 99999 Forwarding Service Requested

Seq# 099999



Run Number:

Patient Name:

Date of Service:

Destination: Condell Medical Center

Amount Due: \$358.25



The above named patient was transported via ambulance.

We were unable to obtain billing information at the time of service. It is very important we receive this information. Please complete the enclosed form and mail it to the address on the form.

If you do not have insurance please call the phone number above so that other arrangements may be discussed.

Sincerely,

Billing Department

Please refer to your run number on all correspondence.

****Please see reverse side for important information****

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

No Pay Letter

AMOUNT DUE	
\$358.25	
AMOUNT ENCLOSED	
10/31/2011	\$

REMIT TO:
MUNDELEIN FIRE DEPARTMENT
PO BOX 457
WHEELING, IL 60090-0457



44PPANDR01NOPAY

**WAUCONDA FIRE PROTECTION DISTRICT**

PO BOX 457
WHEELING, IL 60090-0457
(847) 577-8811

1 SP manifest key line

99999

Forwarding Service Requested

Seq# 099999



Number	
10/09/2010	18:01:40
Blue Cross Blue Shield	
Good Shepherd Hosp	

This balance is now past due and needs your attention.
If you have questions, please contact our office immediately.

Description		Qty.	Price	Contractual Allowance	Amount
A0429	BLS BASE RATE	1	500.00	0.00	500.00
A0425	MILEAGE	9	90.00	0.00	90.00
Payor: DEPT OF LABOR - CHICAGO OFFICE		Deposit Date : 02/15/2011		\$490.00	

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

BALANCE DUE:

\$100.00

IN ORDER TO ENSURE PROPER CREDIT OF YOUR ACCOUNT PLEASE DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Second Invoice

\$100.00			
10/09/2010	10/27/2011	\$	

REMIT TO:
WAUCONDA FIRE PROTECTION DISTRICT
PO BOX 457
WHEELING, IL 60090-0457



WPPANDR012I

**VILLAGE OF ARLINGTON HEIGHTS**

PO BOX 95349
PALATINE, IL 60095-0349
(847) 577-8811

1 SP manifest key line

99999

Forwarding Service Requested

Seq# 099999

302



Patient Name	
Date of Bill	
03/31/2010	10:30:00
Patient ID	
WPS Medicare	
Secondary Payer	
Blue Cross Blue Shield	
From	
To	
Northwest Community Hosp	

FINAL NOTICE !

Your payment must be received within the next 10 days
to prevent further collection proceedings.

Description	Qty.	Price	Contractual Allowance	Amount
A0427 ALS BASE RATE	1	600.00	172.63	427.37
Total Revenue Adjustments :				\$16.83
Payor : Blue Cross Blue Shield	Deposit Date : 05/13/2011			\$343.24
Payor: WPS Medicare	Deposit Date : 05/13/2011			\$53.76
BALANCE DUE:				\$13.54

Please refer to your run number on all correspondence.

Please see reverse side for important information

IN ORDER TO ENSURE PROPER CREDIT OF YOUR ACCOUNT PLEASE DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Final Notice

DUE DATE		
\$13.54		
03/31/2010	10/31/2011	\$

REMIT TO:

VILLAGE OF ARLINGTON HEIGHTS
PO BOX 95349
PALATINE, IL 60095-0349



IPPANDR01INV4



VILLAGE OF HINSDALE
PO BOX 457
WHEELING, IL 60090-0457
(847) 577-8811

1 SP manifest key line

99999

Forwarding Service Requested

Seq# 099999



11/22/2010 07:28:00	
Bill Patient	
Good Samaritan Hospital Downers Grove	

**Your insurance company has paid you directly.
Please remit payment.**

Description		Qty.	Price	Contractual Allowance	Amount
A0429	BLS BASE RATE	1	800.00	0.00	800.00
A0425	MILEAGE	5	125.00	0.00	125.00

Please refer to your run number on all correspondence.

Please see reverse side for important information

BALANCE DUE:

\$925.00

IN ORDER TO ENSURE PROPER CREDIT OF YOUR ACCOUNT PLEASE DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Patient Paid Directly Letter

MOUNTED			
\$925.00			
11/22/2010 10/31/2011 \$			

REMIT TO:
VILLAGE OF HINSDALE
PO BOX 457
WHEELING, IL 60090-0457

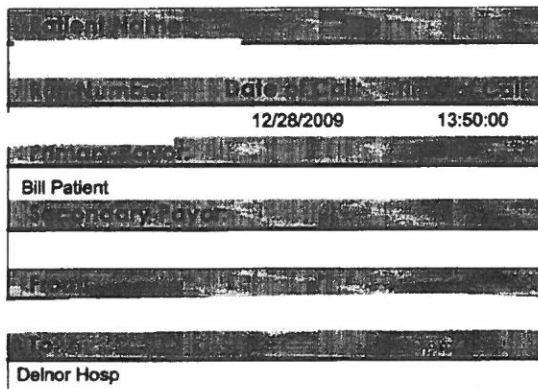


WPPANDR01IPPD



1 SP manifest key line	99999	Forwarding Service Requested
------------------------	-------	------------------------------

Seq# 099999



**Your primary insurance/Medicare has paid their portion of this invoice.
The balance is your responsibility. Please remit!**

****Please see reverse side for important information****

IN ORDER TO ENSURE PROPER CREDIT OF YOUR ACCOUNT PLEASE DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Balance Due

PAID BY		AMOUNT DUE	
		\$262.00	
DATE OF SERVICE	DATE OF SERVICE	TOTAL AMOUNT DUE	
12/28/2009	10/31/2011	\$	

REMIT TO:
TRI CITY AMBULANCE
P O BOX 457
WHEELING, IL 60090-0457

WPPANDR01IP

**RESCUE EIGHT PARAMEDIC SERV**

P O BOX 457
WHEELING, IL 60090-0457
(847) 577-8811

1 SP manifest key line

99999

Forwarding Service Requested

Seq# 099999



[Redacted]	
[Redacted]	
[Redacted]	
05/26/2011	12:10:00
[Redacted]	
Bill Patient	
[Redacted]	
[Redacted]	
[Redacted]	
<Doctor Office>	
[Redacted]	
Rosewood - Inverness	

The claim we filed with your insurance is denied or they are unable to identify you.
The balance is your responsibility. Please contact our billing office if you have any questions
Thank you !

Description		Qty.	Price	Contractual Allowance	Amount
A0428	BLS BASE RATE	1	500.00	0.00	500.00
A0425	MILEAGE	26.6	399.00	0.00	399.00

Please refer to your run number on all correspondence.

Please see reverse side for important information

BALANCE DUE:**\$899.00**

IN ORDER TO ENSURE PROPER CREDIT OF YOUR ACCOUNT PLEASE DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Insurance Denial

\$899.00			
[Redacted]			
05/26/2011	10/18/2011	\$	

REMIT TO:

RESCUE EIGHT PARAMEDIC SERV
P O BOX 457
WHEELING, IL 60090-0457



WPPANDR01ID

**RESCUE EIGHT PARAMEDIC SERV**

P O BOX 457
WHEELING, IL 60090-0457
(847) 577-8811

1 SP manifest key line

99999

Forwarding Service Requested

Seq# 099999



05/26/2011 09:09:00	
Bill Patient	
Rosewood - Inverness	
<Doctor Office>	

Medicare has denied this claim. They sent you an Explanation of Benefits stating specifically why it was denied. If you have other insurance please provide us with that so a claim may be filed on your behalf.

Description		Qty.	Price	Contractual Allowance	Amount
A0428	BLS BASE RATE	1	500.00	0.00	500.00
A0425	MILEAGE	26.6	399.00	0.00	399.00

Please refer to your run number on all correspondence.

Please see reverse side for important information

BALANCE DUE:**\$899.00**

IN ORDER TO ENSURE PROPER CREDIT OF YOUR ACCOUNT PLEASE DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Medicare Denial

\$899.00			
05/26/2011	10/18/2011	\$	

REMIT TO:

RESCUE EIGHT PARAMEDIC SERV
P O BOX 457
WHEELING, IL 60090-0457



WPPANDR01MCRD



VILLAGE OF ROMEOVILLE
18 MONTROSE DRIVE
ROMEOVILLE, IL 60446-1370
(800) 244-2345

1 SP manifest key line 99999 Forwarding Service Requested

11 Seq# 099999



02/05/2008 09:54:00	
Bill Patient	
Adventist Bolingbrook Hospital	

Please continue to make payments as promised!

Description		Qty.	Price	Contractual Allowance	Amount
A0427	ALS BASE RATE	1	450.00	0.00	450.00
A0425	MILEAGE	6	30.00	0.00	30.00
Total Write-Offs :					\$200.00
Payor : Bill Patient		Deposit Date : 09/30/2008			\$40.00
Payor: Bill Patient		Deposit Date : 09/30/2008			\$60.00
Please refer to your run number on all correspondence. **Please see reverse side for important information**					
BALANCE DUE:					\$180.00

IN ORDER TO ENSURE PROPER CREDIT OF YOUR ACCOUNT PLEASE DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Installment Invoice

\$180.00			
02/05/2008	10/31/2011	\$	

REMIT TO:
VILLAGE OF ROMEOVILLE
18 MONTROSE DRIVE
ROMEOVILLE, IL 60446-1370



WPPANDR01LTP

**VILLAGE OF MARYVILLE**

P O BOX 457
WHEELING, IL 60090-0457
(847) 577-8811

1 SP manifest key line 99999 Forwarding Service Requested

Seq# 099999



06/03/2011 22:49:00	
Bill Patient	
STATE ROUTE 159, MARYVILLE, IL 62062	
No Transport	

Medicare and Medicaid do not cover this service.

Description		Qty.	Price	Contractual Allowance	Amount
A0999	NO TRANSPORT	1	100.00	0.00	100.00

Please refer to your run number on all correspondence.

Please see reverse side for important information

BALANCE DUE:

\$100.00

IN ORDER TO ENSURE PROPER CREDIT OF YOUR ACCOUNT PLEASE DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

No Transport

\$100.00	
DATE	10/31/2011
SERVICE	\$

REMIT TO:

VILLAGE OF MARYVILLE
P O BOX 457
WHEELING, IL 60090-0457



WPPANDR01NT



FRUSA EMS

AGING REPORTS

Aging Detail by (Patient/Aging Date/Bill Schedule/Profit Center)

Aging as of 12/12/2012; and

Trip Date IS BETWEEN 01/01/2012 AND 06/13/2012; AND Company IS BEECHER FIRE PROTECTION DISTRICT

BEECHER FIRE PROTECTION DISTRICT

Profit Center - FIRE

Patient	DOS	Incident #	Current Pavor	Bill Schedule	Current	31-60	61-90	91-120	121-180	Over 180	Balance Due
	2012-01-31		COMMONWEALTH (Facility Invoice Single)		8,080.00						8,080.00
			Totals for - COMMONWEALTH, EDISON		8,080.00						8,080.00

Profit Center - NON

Patient	DOS	Incident #	Current Pavor	Bill Schedule	Current	31-60	61-90	91-120	121-180	Over 180	Balance Due
	2012-01-31		Medicaid-Illinois	Medicaid Electronic IL An							
			Totals for - AFFRONTI, DARRIN								
	2012-05-31		Bill Patient	PRIV Balance Due	208.20						208.20
			Totals for - VOWELL, GEORGE		208.20						208.20
	2012-06-30		Bill Patient	PRIV (self pay)				1,140.00			1,140.00
			Totals for - WHITE, NADINE					1,140.00			1,140.00

Profit Center - RES

Patient	DOS	Incident #	Current Pavor	Bill Schedule	Current	31-60	61-90	91-120	121-180	Over 180	Balance Due
	2012-05-30	3	Blue Cross Blue Shie Zirmed Electronic		719.00						719.00
			Totals for - ALCOTT, JAKE		719.00						719.00
	2012-05-12	1	Bill Patient	PRIV Installments	311.00						311.00
			Totals for - AMES, JEREMY		311.00						311.00
	2012-04-22	5	Bill Patient	HOLD-Pending COB							
			Totals for - BANASIAK, JOHN								
	2012-02-19	5	Medicaid-Illinois	Medicaid Electronic IL An							
			Totals for - BRADFORD, EMILY								
	2012-02-17	4	Medicaid-Illinois	Medicaid Electronic IL An							
			Totals for - BRANDT, CHERI								
	2012-05-21	0	Bill Patient	HOLD-Credit Card	143.00						143.00
			Totals for - DUNLOP, CHRISTOPHER		143.00						143.00

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\\RN64\RESCUENET\REPORTS32\NORMAL\AGING DETAIL BY PATIENT_AGING DATE WITH BILL SCHEDULE.RPT

Aging Detail by (Patient/Aging Date/Bill Schedule/Profit Center)

Aging as of 12/12/2012; and

Trip Date IS BETWEEN 01/01/2012 AND 06/13/2012; AND Company IS BEECHER FIRE PROTECTION DISTRICT

BEECHER FIRE PROTECTION DISTRICT (cont.)

Profit Center - RES

Patient	DOS	Incident #	Current Payer	BILL Schedule	Current	31-60	61-90	91-120	121-180	Over 180	Balance Due
	2012-04-05		CIGNA PA 1	HOLD-Payment Pending		102.50					102.50
			Totals for - FINES, DOROTHY			102.50					102.50
	2012-05-08		Medicare-IL-AMBUL	Medicare Appeals		482.80					482.80
			Totals for - HERLITZ, ROGER			482.80					482.80
	2012-04-02		Bill Patient	Cash Adjustments							
			Totals for - LEDFORD, JOSEPH								
	2012-02-24		Medicaid-Illinois	Medicaid Electronic IL An							
			Totals for - ROYJOZA, ENRIQUE						435.91		435.91
	2012-05-10		LOCAL 731 HEALTH PINS	1500 (In House)			774.00				774.00
			Totals for - SMITH, HANNAH				774.00				774.00
	2012-04-19		Blue Cross Blue Shie	PRIVR Ins No Response		112.91					112.91
			Totals for - TUCKER, VIOLET			112.91					112.91

Aging by Current Schedule with % (Trip Date)

Company IS CITY OF NAPERVILLE; AND Trip Date IS BETWEEN 07/01/2012 AND 12/05/2012

CITY OF NAPERVILLE

Billing Schedule	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	Over Days	Total Balance	% of Total
Zirmed Electronic	\$78,853.96	\$41,832.60	\$15,200.53	\$6,679.17	\$5,773.61	\$0.00	\$148,339.87	22.32%
PRIVX-Self pay confirmed	\$13,540.28	\$19,285.84	\$24,168.34	\$19,805.67	\$20,097.42	\$0.00	\$96,897.55	14.58%
Medicare Electronic IL Ambulan	\$58,125.37	\$11,772.88	\$3,494.81	\$11,823.52	\$2,393.82	\$0.00	\$87,610.40	13.18%
PRIV Hospital Ins Verification	\$42,982.87	\$17,057.21	\$917.69	\$0.00	\$0.00	\$0.00	\$60,957.77	9.17%
PINS 1500 (In House)	\$2,977.38	\$4,822.59	\$13,759.25	\$5,839.53	\$7,015.70	\$0.00	\$34,414.45	5.18%
PRIVX-MVA Hospital verified	\$18,358.35	\$7,630.97	\$2,289.33	\$908.59	\$0.00	\$0.00	\$29,187.24	4.39%
PRIV Ins Denied	\$648.67	\$2,980.62	\$8,161.34	\$7,215.56	\$9,784.83	\$0.00	\$28,781.02	4.33%
PRIV Balance Due	\$189.71	\$7,844.33	\$8,316.49	\$7,256.08	\$4,746.25	\$0.00	\$28,352.86	4.27%
PRIV (self pay)	\$0.00	\$5,498.57	\$10,645.53	\$6,658.75	\$1,317.78	\$0.00	\$24,120.63	3.63%
Collections-CBCS	\$0.00	\$1,287.48	\$870.69	\$605.47	\$15,327.83	\$0.00	\$18,091.47	2.72%
Medicaid Electronic IL Ambulan	\$3,193.25	\$4,819.17	\$3,629.91	\$4,323.01	\$1,713.00	\$0.00	\$17,678.34	2.66%
PRIV Installments	\$0.00	\$1,215.51	\$3,208.01	\$4,078.97	\$4,287.84	\$0.00	\$12,790.33	1.92%
PINS-Automatic Crossover	\$0.00	\$5,308.79	\$2,142.96	\$641.47	\$1,044.27	\$0.00	\$9,137.49	1.37%
HOLD-Payment Pending	\$0.00	\$0.00	\$2,401.82	\$0.00	\$6,632.67	\$0.00	\$9,034.49	1.36%
PRIV-MVA	\$0.00	\$0.00	\$4,847.59	\$3,121.35	\$0.00	\$0.00	\$7,968.94	1.20%
PAP	\$1,861.16	\$557.75	\$887.37	\$2,642.46	\$1,295.07	\$0.00	\$7,243.81	1.09%
PRIV Ins No Response	\$0.00	\$0.00	\$789.62	\$2,413.55	\$2,553.78	\$0.00	\$5,756.95	0.87%
PRIV-No transport	\$1,914.54	\$2,393.62	\$1,014.54	\$300.00	\$0.00	\$0.00	\$5,622.70	0.85%
PRIV Hospital Ins Verify MVA	\$4,270.17	\$0.00	\$0.00	\$0.00	\$904.05	\$0.00	\$5,174.22	0.78%
PINS Need Attachment	\$1,365.56	\$100.00	\$0.00	\$869.91	\$2,172.57	\$0.00	\$4,508.04	0.68%
HOLD-Credit Card	\$0.00	\$0.00	\$1,155.14	\$129.06	\$3,049.61	\$0.00	\$4,333.81	0.65%
PRIV Medicaid Denied	\$0.00	\$0.00	\$671.41	\$1,984.67	\$902.53	\$0.00	\$3,558.61	0.54%
Return Mail	\$100.00	\$687.30	\$769.15	\$652.46	\$609.13	\$0.00	\$2,818.04	0.42%
PINS-Secondary Insurance 1500	\$0.00	\$179.28	\$641.53	\$170.97	\$1,042.91	\$0.00	\$2,034.69	0.31%
Litigation	\$0.00	\$814.63	\$880.55	\$0.00	\$130.33	\$0.00	\$1,825.51	0.27%
PRIVY-MVA Hospital verified	\$924.51	\$524.39	\$0.00	\$0.00	\$0.00	\$0.00	\$1,448.90	0.22%
PRIV Medicare Denied	\$0.00	\$0.00	\$50.00	\$529.70	\$848.67	\$0.00	\$1,428.37	0.21%
PINS 1500 (w origin and dest)	\$0.00	\$0.00	\$0.00	\$882.82	\$0.00	\$0.00	\$882.82	0.13%
Facility Invoice Single	\$0.00	\$0.00	\$0.00	\$869.94	\$0.00	\$0.00	\$869.94	0.13%
Medicaid Paper IL (2209)	\$0.00	\$0.00	\$0.00	\$661.56	\$0.00	\$0.00	\$661.56	0.10%

RescueNet™ Reporting

\\RN64\RESCUENET\REPORTS\32\BILLING\TRENDS\AGING\BYSCHEDULE_TRIPDATE.DESCRPT

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Aging by Current Schedule with % (Trip Date)

Company IS CITY OF NAPERVILLE; AND Trip Date IS BETWEEN 07/01/2012 AND 12/05/2012

CITY OF NAPERVILLE

Billing Schedule	0-30 Days	31-60 Days	61-90 Days	91-120 Days	121-180 Days	Over Days	Total Balance	% of Total
Account Rep Review Needed	\$652.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$652.46	0.10%
HOLD-FT/llinicare Pending	\$0.00	\$0.00	\$650.95	\$0.00	\$0.00	\$0.00	\$650.95	0.10%
Return Mail-Lexis Nexis	\$0.00	\$648.67	\$0.00	\$0.00	\$0.00	\$0.00	\$648.67	0.10%
PRIV-Ins Paid Patient Directly	\$0.00	\$0.00	\$0.00	\$0.00	\$647.92	\$0.00	\$647.92	0.10%
Medicare Appeals	\$0.00	\$0.00	\$0.00	\$0.00	\$367.66	\$0.00	\$367.66	0.06%
HOLD-Naperville	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	0.01%
<None>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Medicaid Automatic Crossover	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
W/O	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

\$229,958.24	\$137,312.20	\$111,564.55	\$91,064.24	\$94,659.25	\$0.00	\$664,558.48
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RescueNet™ Reporting

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Printed On: 12/12/2012 at 12:58:35PM

Activity Summary with Collection Percentage

Trip date IS BETWEEN 01/01/2012 AND 06/30/2012; AND Company IS VILLAGE OF ARLINGTON HEIGHTS

VILLAGE OF ARLINGTON HEIGHTS Collection Percentage 76.72%

PAYOR	% of Trips	# of Trips	Gross Charges	WD's	Net Charges	Rev Adj	Payments	WO's	Refunds	Balance	Average
	19.14%	633									
<None>	0.15%	5		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicare	41.25%	1,364	563,936.75	55,436.34	508,500.41	4,833.41	502,244.80	316.04	3,453.78	4,559.94	372.80
Medicaid	5.65%	187	87,225.18	39,736.57	47,488.61	10,047.60	15,361.33	0.00	0.00	22,079.88	253.95
Insurance	20.77%	685	320,805.00	7,684.03	313,120.97	28,465.01	270,735.33	1,038.49	2,816.88	15,699.02	457.11
Facility Contract	0.06%	2	800.00	0.00	800.00	0.00	0.00	800.00	0.00	0.00	400.00
Bill Patient	13.03%	431	166,150.93	481.13	165,669.80	138,206.35	12,809.00	5,171.55	400.00	9,882.90	384.38
Company Totals -		3,307	1,138,917.86	103,336.07	1,035,579.79	181,552.37	801,150.46	7,328.08	6,870.66	52,221.54	313.15

Payor Aging, Current Payor for 201209

VILLAGE OF MOUNT PROSPECT, MUT AID DES PLAINES

<u>Current Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	<u>Total</u>
Profit Center - MUT AID DES PLAINES							60.00

Payor Aging, Current Payor for 201209

VILLAGE OF MOUNT PROSPECT, MUT AID NON PROS HTS

<u>Current Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	<u>Total</u>
Profit Center - MUT AID NON PROS HTS	00.00	00.00	00.00	00.00	00.00	00.00	00.00

Payor Aging, Current Payor for 201209

VILLAGE OF MOUNT PROSPECT, MUT AID RES PROS HTS

<u>Current Payor</u>	<u>Current</u>	<u>21-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	<u>Total</u>
Profit Center - MUT AID RES PROS HTS	000.00	000.00	000.00	000.00	000.00	000.00

Payor Aging, Current Payor for 201209

VILLAGE OF MOUNT PROSPECT, NON

Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total
AETNA 1	\$555.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$555.16
ALLSTATE	\$560.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$560.85
ALLSTATE 1	\$581.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$581.34
ALLSTATE Georgia	\$557.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$557.90
AMERICAN FAMILY	\$543.48	\$0.00	\$548.54	\$0.00	\$0.00	\$0.00	\$1,099.02
ARIZONA FOUNDATION	\$0.00	\$558.59	\$0.00	\$0.00	\$0.00	\$0.00	\$558.59
Bill Patient	\$42,724.82	\$17,473.31	\$7,889.36	\$5,940.43	\$2,650.80	\$3,118.77	\$79,807.29
Blue Cross Blue Shield of IL	\$4,951.33	\$558.59	\$0.00	\$91.05	\$0.00	\$0.00	\$5,600.97
CHG HEALTH SERVICES, INC.	\$0.00	\$404.59	\$0.00	\$0.00	\$0.00	\$0.00	\$404.59
CHICAGO DIST CNCL OF CARPNTR	\$182.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$182.83
DFEC CENTRAL MAILROOM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$481.92	\$481.92
HUMANA	\$551.03	\$660.83	\$0.00	\$0.00	\$0.00	\$0.00	\$1,211.86
LIBERTY MUTUAL AUTO PA	\$502.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$502.53
Medicaid-Illinois	\$831.17	\$2,263.08	\$389.57	\$0.00	\$0.00	\$495.66	\$3,979.48
Medicare-IL-AMBULANCE	\$3,070.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,070.47
PATRIOS SERVICES	\$477.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$477.11
PROGRESSIVE CLAIMS OFFICE	\$0.00	\$560.65	\$0.00	\$0.00	\$0.00	\$0.00	\$560.65
SAFECO	\$502.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$502.53
STATE FARM	\$557.22	\$482.61	\$0.00	\$0.00	\$0.00	\$0.00	\$1,039.83
UNITED HEALTH CARE 1	\$111.44	\$0.00	\$78.78	\$0.00	\$0.00	\$0.00	\$190.22

Payor Aging, Current Payor for 201209

VILLAGE OF MOUNT PROSPECT, NON

Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total
Profit Center - NON							

Payor Aging, Current Payor for 201209

VILLAGE OF MOUNT PROSPECT, RES

Current Payor	Current	31-90	91-90	91-120	121-180	Over 180	Total
AARP	\$90.31	\$181.44	\$0.00	\$0.00	\$0.00	\$0.00	\$271.75
AETNA - PA	\$0.00	\$79.19	\$0.00	\$0.00	\$0.00	\$0.00	\$79.19
AETNA 1	\$1,453.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,453.64
Aetna Better Health 2	\$939.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$939.88
ANTHEM BCBS	\$0.00	\$90.99	\$0.00	\$0.00	\$0.00	\$0.00	\$90.99
ARCHDIOCESE OF CHICAGO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$67.85)	(\$67.85)
ASSURANT HEALTH 4	\$0.00	(\$180.27)	\$0.00	\$0.00	\$0.00	\$0.00	(\$180.27)
BANKERS LIFE & CASUALTY CO	\$91.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$91.99
Bankers Life and Casualty 2	\$92.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$92.68
BANKERS LIFE AND CASUALTY COMPANY	\$92.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$92.68
Bill Patient	\$85,877.39	\$18,763.99	\$636.21	\$0.00	\$382.81	\$2,557.23	\$88,517.43
Blue Cross Blue Shield of IL	\$7,150.13	\$2,268.14	\$92.63	\$0.00	\$0.00	\$0.00	\$8,510.90
CARE FIRST	\$0.00	\$0.00	\$0.00	\$455.84	\$0.00	\$0.00	\$455.84
Cigna Health Plan of IL	\$0.00	\$90.18	\$0.00	\$0.00	\$0.00	\$0.00	\$90.18
CIGNA PPO	\$383.29	\$181.79	\$0.00	\$92.63	\$0.00	\$821.98	\$1,479.67
Cigna PPO Plus	\$0.00	\$91.88	\$91.81	\$0.00	\$0.00	\$0.00	\$183.49
Family Life Ins Co	\$0.00	\$90.48	\$0.00	\$0.00	\$0.00	\$0.00	\$90.48
FREEDOM HEALTH	\$450.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$450.35
GREAT WEST HEALTHCARE	\$0.00	\$351.17	\$0.00	\$0.00	\$0.00	\$0.00	\$351.17
HINES VA	\$386.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$386.73

Payor Aging, Current Payor for 201209

VILLAGE OF MOUNT PROSPECT, RES

Current Payor	Current	11-60	61-90	91-120	121-180	Over 180	Total
Hines VA Hoap	\$0.00	\$0.00	\$0.00	\$0.00	\$465.46	\$0.00	\$465.46
HUMANA	\$1,314.22	\$549.67	\$0.00	\$0.00	\$0.00	\$0.00	\$1,863.89
LABORERS HEALTH, PENSION & WELFARE	\$91.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$91.72
MAILHANDLERS BENEFIT 1	\$453.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$453.10
Medicaid-Illinois	\$2,563.25	\$6,942.81	\$433.30	\$752.56	\$0.00	\$0.00	\$10,691.92
Medicare Railroad	\$446.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$446.91
Medicare-IL-AMBULANCE	\$38,463.93	\$3,158.39	\$0.00	\$0.00	\$0.00	\$458.50	\$42,110.82
MERIDIAN HEALTH PLAN	\$377.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$377.80
MUTUAL OF OMAHA	\$96.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$96.04
PROFESSIONAL BENEFITS ADMIN	\$0.00	\$394.29	\$0.00	\$0.00	\$0.00	\$0.00	\$394.29
Rainbow Hospice and Palliative Care	\$0.00	\$444.85	\$0.00	\$0.00	\$0.00	\$0.00	\$444.85
SHEET METAL WORKERS 73	\$182.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$182.75
STATE FARM	\$0.00	\$784.45	\$0.00	\$0.00	\$0.00	\$759.72	\$1,544.17
STUDENT RESOURCES	\$0.00	\$0.00	\$0.00	\$387.42	\$0.00	\$0.00	\$387.42
TRAVELERS INSURANCE 5	\$388.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$388.10
TRICARE NORTH REGION	\$453.06	\$89.66	\$0.00	\$0.00	\$0.00	\$0.00	\$542.72
UMR ONALASKA	\$0.00	\$451.03	\$0.00	\$0.00	\$0.00	\$0.00	\$451.03
UNITED HEALTH CARE 1	\$1,232.53	\$0.00	\$550.34	\$0.00	\$0.00	\$0.00	\$1,782.87
United Health Care 2	\$88.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88.97

Payor Aging, Current Payor for 201209

VILLAGE OF MOUNT PROSPECT, RES

Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total
UNITED HEALTH CARE Georgia 1	\$459.28	\$97.00	\$0.00	\$0.00	\$0.00	\$0.00	\$556.28
UNITED WORLD LIFE	\$76.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$76.52
US HEALTH GROUP	\$0.00	\$452.41	\$0.00	\$0.00	\$0.00	\$0.00	\$452.41
Profit Center - RES	\$535.80	\$549.41	\$0.00	\$0.00	\$0.00	\$0.00	\$1,085.21
Company - VILLAGE OF MOUNT PROSPECT	\$535.80	\$549.41	\$0.00	\$0.00	\$0.00	\$0.00	\$1,085.21

Payor Aging, Current Payor for 201209

VILLAGE OF MOUNT PROSPECT, RES							
Current Payor	Current	21-90	91-180	181-360	361-540	Over 180	Total
Grand Totals:							

Aging Detail by (Patient/Aging Date)

Aging as of 12/12/2012; and

Trip Date IS BETWEEN 01/01/2012 AND 12/06/2012; AND Company IS CAROL STREAM FIRE PROTECTION

CAROL STREAM FIRE PROTECTION

Patient	DOS	Current Pavor	Bill Schedule	Event	Current	31-60	61-90	91-120	121-180	Over 180	Balance Due
	4/7/2012	Medicaid-Illinois	Medicaid Electronic IL An	Account Review			734.00		535.00		535.00
	Totals for -						734.00		535.00		535.00
	7/20/2012	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica							734.00
	Totals for -										748.00
	7/21/2012	HINES VA	PINS Need Attachment	Account Review				748.00			748.00
	Totals for -							748.00			748.00
	7/25/2012	Bill Patient	PRIVX-Self pay confirmer	Telephone call		723.00					723.00
	Totals for -				723.00						723.00
	10/6/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica	400.70						723.00
	Totals for -				400.70						400.70
	7/3/2012	Bill Patient	PRIVX-Self pay confirmer	Collections or V							538.00
	Totals for -										538.00
	3/20/2012	Bill Patient	Collections-Harvard	No Bill Sent				538.00			538.00
	Totals for -							538.00			538.00
	11/19/2012	Bill Patient	PRIVF-Hospital Ins Verifi	Hospital Ins Fo	744.00						744.00
	Totals for -				744.00						744.00
	7/12/2012	Bill Patient	PRIV Installments	Sent 1st Invoic	147.40						147.40
	Totals for -				147.40						147.40
	11/1/2012	Blue Cross Blue Shield Zirmed Electronic	Sent to ZirMed		563.00						563.00
	Totals for -				563.00						563.00
	9/4/2012	Bill Patient	PRIVX-Self pay confirmer	Sent 2nd Invoic		547.00					547.00
	Totals for -				547.00						547.00
	10/29/2012	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica	190.46						190.46
	Totals for -				190.46						190.46
	9/19/2012	Bill Patient	PRIV Balance Due	Sent 1st Invoic	109.80						109.80
	Totals for -				109.80						109.80
	9/23/2012	Multiplan	PINS 1500 (In House)	Sent to Insuran	739.00						739.00
	Totals for -				739.00						739.00
	10/11/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica	474.55						474.55
	Totals for -				474.55						474.55
	10/3/2012	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica		190.65					190.65
	Totals for -					190.65					190.65
	5/29/2012	Bill Patient	Collections-Harvard	No Bill Sent							735.00
	Totals for -										735.00
	10/26/2012	Blue Cross Blue Shield Zirmed Electronic	Sent to ZirMed		528.00						528.00
	Totals for -				528.00						528.00

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VRN64\RESCUENET\REPORTS32\CUSTOMAGING DETAIL BY PATIENT_AGING DATE WITH BILL SCHEDULE & EVENT.RPT

Aging Detail by (Patient/Aging Date)

Aging as of 12/12/2012; and

Trip Date IS BETWEEN 01/01/2012 AND 12/06/2012; AND Company IS CAROL STREAM FIRE PROTECTION

CAROL STREAM FIRE PROTECTION

Patient	DOS	Current Pavor	Bill Schedule	Event	Current	31-60	61-90	91-120	121-180	Over 180	Balance Due
	7/3/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica	464.01						464.01
	Totals for -				464.01						464.01
	11/19/2012	Bill Patient	PRIVF-Hospital Ins Verifi	Hospital Ins Fo	744.00						744.00
	Totals for -				744.00						744.00
	6/20/2012	Bill Patient	Collections-Harvard	No Bill Sent					740.00		740.00
	Totals for -								740.00		740.00
	11/5/2012	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica	189.34						189.34
	Totals for -				189.34						189.34
	9/18/2012	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica		547.00					547.00
	Totals for -					547.00					547.00
	11/12/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica	458.38						458.38
	Totals for -				458.38						458.38
	11/16/2012	Bill Patient	PRIVF-Hospital Ins Verifi	Hospital Ins Fo	736.00						736.00
	Totals for -				736.00						736.00
	3/21/2012	THE HARTFORD INS	PINS 1500 (In House)	Account Review					550.00		550.00
	Totals for -								550.00		550.00
	3/21/2012	THE HARTFORD INS	PINS 1500 (In House)	Account Review					550.00		550.00
	Totals for -								550.00		550.00
	5/9/2012	PEOPLE 1ST HEALTH	PINS Need Attachment	Account Review					550.00		550.00
	Totals for -								550.00		550.00
	5/10/2012	UHC	PINS-Automatic Crossow	Sent to Insuran	79.44						79.44
	7/12/2012	UHC	PINS-Automatic Crossow	Sent to Insuran	92.80						92.80
	8/2/2012	UHC	PINS-Automatic Crossow	Sent to Insuran	93.08						93.08
	10/3/2012	UHC	PINS-Automatic Crossow	No Bill Sent	92.24						92.24
	Totals for -				357.56						357.56
	10/7/2012	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica	189.34						189.34
	Totals for -				189.34						189.34
	11/14/2012	Bill Patient	PRIVF-Hospital Ins Verifi	Hospital Ins Fo	542.00						542.00
	Totals for -				542.00						542.00
	10/12/2012	UNITED HEALTH CAR	Zirmed Electronic	Sent to ZirMed	538.00						538.00
	Totals for -				538.00						538.00
	10/5/2012	HUMANVA	Zirmed Electronic	Sent to ZirMed		746.00					746.00
	Totals for -					746.00					746.00
	10/22/2012	Bill Patient	PRIVX-MVA Hospital veri	Telephone call	759.00						759.00
	Totals for -				759.00						759.00
	11/13/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica	404.22						404.22

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WRN64/RESCUENETREPORTS32/CUSTOMAGING DETAIL BY PATIENT_AGING DATE WITH BILL SCHEDULE & EVENT.RPT

Aging Detail by (Patient/Aging Date)

Aging as of 12/12/2012; and

Trip Date IS BETWEEN 01/01/2012 AND 12/06/2012; AND Company IS CAROL STREAM FIRE PROTECTION

CAROL STREAM FIRE PROTECTION

Patient	DOS	Current Pavor	Bill Schedule	Event	Current	31-60	61-90	91-120	121-180	Over 180	Balance Due
FAN	11/19/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica	409.84						409.84
	Totals for				814.06			748.00			814.06
	8/8/2012	SENTRY INS	PINS 1500 (In House)	Account Review				748.00			748.00
	Totals for							748.00			748.00
	11/14/2012	Bill Patient	PRIVF-Hospital Ins Verifi	Hospital Ins Fo	538.00						538.00
	Totals for				538.00						538.00
	7/16/2012	Bill Patient	PRIV Installments	Sent 1st Invoice	680.00						680.00
	Totals for				680.00						680.00
	7/24/2012	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
	Totals for										
E	1/2/2012	Cigna PPO Plus	HOLD-Payment Pending	Account Review							
	4/10/2012	Cigna PPO Plus	HOLD-Payment Pending	Account Review							
	Totals for										
	10/19/2012	AETNA CHICAGO	PINS-Automatic Crossow	No Bill Sent		93.23					93.23
	10/22/2012	AETNA CHICAGO	PINS-Automatic Crossow	No Bill Sent		93.23					93.23
	Totals for					186.46					186.46
	7/29/2012	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica							
	Totals for										
	10/12/2012	Bill Patient	PRIVX-MVA Hospital veri	Sent MVA Invo	530.00						530.00
	Totals for				530.00						530.00
E	7/17/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica							
	Totals for										
	8/23/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica	400.00						400.00
	Totals for				400.00						400.00
	10/22/2012	UNIVERSAL HEALTH	Zimed Electronic	Sent to ZimMed	538.00						538.00
	Totals for				538.00						538.00
	10/13/2012	UNIVERSAL HEALTH	PINS-Automatic Crossow	No Bill Sent							
	Totals for										
	9/30/2012	UNITED HEALTH CAR	PINS-Automatic Crossow	No Bill Sent							
	Totals for										
E	11/15/2012	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica	711.66						711.66
	Totals for				711.66						711.66
	6/15/2012	Bill Patient	HOLD-Payment Pending	Account Review							
	Totals for										
	5/4/2012	Medicaid-Illinois	HOLD-Payment Pending	Account Review							
	Totals for										
	10/13/2012	UNIVERSAL HEALTH	PINS-Automatic Crossow	No Bill Sent							
	Totals for										
	9/30/2012	UNITED HEALTH CAR	PINS-Automatic Crossow	No Bill Sent							
	Totals for										
E	11/15/2012	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica	711.66						711.66
	Totals for				711.66						711.66
	6/15/2012	Bill Patient	HOLD-Payment Pending	Account Review							
	Totals for										
	5/4/2012	Medicaid-Illinois	HOLD-Payment Pending	Account Review							
	Totals for										
	10/13/2012	UNIVERSAL HEALTH	PINS-Automatic Crossow	No Bill Sent							
	Totals for										
	9/30/2012	UNITED HEALTH CAR	PINS-Automatic Crossow	No Bill Sent							
	Totals for										

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WRN64RESCUENETREPORTS32ICUSTOMAGING DETAIL BY PATIENT_AGING DATE WITH BILL SCHEDULE & EVENT RPT

Aging Detail by (Patient/Aging Date)

Aging as of 12/12/2012; and

Trip Date IS BETWEEN 01/01/2012 AND 12/06/2012; AND Company IS CAROL STREAM FIRE PROTECTION

CAROL STREAM FIRE PROTECTION

Patient	DOS	Current Payer	Bill Schedule	Event	Current	31-60	61-90	91-120	121-180	Over 180	Balance Due
[REDACTED]	10/27/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica	473.85						473.85
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica	473.85						473.85
[REDACTED]	4/20/2012	Medicaid-Illinois	HOLD-Payment Pending	Account Review		543.00					543.00
	Totals for -	Medicaid-Illinois	HOLD-Payment Pending	Account Review		543.00					543.00
[REDACTED]	6/14/2012	Medicaid-Illinois	PINS-Automatic Crossover	No Bill Sent							
	Totals for -	Medicaid-Illinois	PINS-Automatic Crossover	No Bill Sent							
[REDACTED]	10/28/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica	405.62						405.62
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review	405.62						405.62
[REDACTED]	10/15/2012	Bill Patient	PINS 1500 (In House)	Sent to Insuran		92.80					92.80
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review		92.80					92.80
[REDACTED]	10/1/2012	Blue Cross Blue Shield	Zirmed Electronic	Sent to Zirmed		547.00					547.00
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review		547.00					547.00
[REDACTED]	6/8/2012	Medicaid-Illinois	PINS 1500 (In House)	Sent to Insuran							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
[REDACTED]	10/12/2012	TRAVELERS AUTO IN PINS	1500 (In House)	Sent to Insuran							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
[REDACTED]	8/4/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Account Review	530.00						530.00
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review	530.00						530.00
[REDACTED]	10/3/2012	Blue Cross Blue Shield	PINS-Automatic Crossover	No Bill Sent							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
[REDACTED]	11/16/2012	Medicare-IL-AMBULAN	Medicare Electronic IL An	Sent to Medica	464.01						464.01
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review	464.01						464.01
[REDACTED]	5/14/2012	Bill Patient	Collections-Harvard	No Bill Sent							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
[REDACTED]	9/12/2012	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Sent to Medica							
[REDACTED]	10/18/2012	FARMER NATIONAL C	PINS 1500 (In House)	Sent to Insuran							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
[REDACTED]	11/7/2012	Bill Patient	PRIVX-MVA Hospital veri	Sent MVA Invo							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
[REDACTED]	10/9/2012	UHC	Zirmed Electronic	Sent to Zirmed							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
[REDACTED]	7/1/2012	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
[REDACTED]	10/19/2012	STATE FARM	PINS 1500 (In House)	Sent to Insuran							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							
[REDACTED]	3/24/2012	Bill Patient	PRIV Installments	Sent 2nd Invoic							
	Totals for -	Medicaid-Illinois	Medicaid Electronic IL An	Account Review							

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TRIP DETAIL REPORTS

TS Summary by DOS

Trip Date IS BETWEEN 01/01/2012 AND 01/31/2012; AND Company IS ADDISON FIRE PROTECTION DISTRICT 1

ADDISON FIRE PROTECTION DISTRICT 1

<u>Date of Service</u>	<u>Gross Charges</u>	<u>Incidents</u>
1/1/2012	\$5,645.20	6
1/2/2012	\$9,488.40	9
1/3/2012	\$5,214.40	5
1/4/2012	\$4,762.20	5
1/5/2012	\$4,928.10	5
1/6/2012	\$6,714.80	6
1/7/2012	\$7,467.60	7
1/8/2012	\$2,356.80	2
1/9/2012	\$6,321.40	6
1/10/2012	\$6,355.00	6
1/11/2012	\$4,600.60	4
1/12/2012	\$5,965.80	6
1/13/2012	\$7,876.40	7
1/14/2012	\$4,353.80	4
1/15/2012	\$4,685.60	4
1/16/2012	\$9,186.90	9
1/17/2012	\$8,764.60	9
1/18/2012	\$10,983.20	10
1/19/2012	\$838.20	1
1/20/2012	\$4,279.60	4
1/21/2012	\$10,756.40	11
1/22/2012	\$9,462.20	9
1/23/2012	\$3,628.60	4
1/24/2012	\$5,152.80	5
1/25/2012	\$12,854.60	11
1/26/2012	\$5,221.40	5
1/27/2012	\$4,849.00	5
1/28/2012	\$7,007.80	6
1/29/2012	\$5,196.20	5
1/30/2012	\$821.40	1
1/31/2012	\$3,780.60	3
Totals -	\$189,519.60	180

TS Summary by Profit Center

Trip Date IS BETWEEN 02/01/2012 AND 02/28/2012; AND Company IS BOURBONNAIS FIRE DEPARTMENT

BOURBONNAIS FIRE DEPARTMENT

<u>Profit Center</u>	<u>Number of Trips</u>	<u>Gross Charges</u>
RES	76	\$31,259.92
NON	21	\$11,102.00
FIRE	1	\$920.00
Totals -		

TS Summary by Profit Center

Trip Date IS BETWEEN 02/01/2012 AND 02/28/2012; AND Company IS VILLAGE OF ARLINGTON HEIGHTS

VILLAGE OF ARLINGTON HEIGHTS

<u>Profit Center</u>	<u>Number of Trips</u>	<u>Gross Charges</u>
RES	284	\$113,850.00
NON	74	\$44,000.00
MUT AID PALATINE NON	2	\$1,200.30
MUT AID PALATINE RES	6	\$3,212.80
MUT AID ROL MEAD NON	4	\$1,727.70
MUT AID ROL MEAD RES	1	\$471.70
MUT AID BUF GRV NON	2	\$1,247.50
MUT AID BUF GRV RES	2	\$1,000.00
Totals -		

TS Detail by DOS + Run Number

Trip Date IS BETWEEN 01/01/2012 AND 01/31/2012; AND Company IS HOMETOWN FIRE PROTECTION DIST

HOMETOWN FIRE PROTECTION DIST

D.O.S	Incident #	Run #	Patient	Current Pavor	From	To	Gross Charges
1/1/2012				Medicaid-Illinois		Advocate Christ Medical Center	\$712.00
1/1/2012				Bill Patient		<No Transport>	\$150.00
1/1/2012				UNITED HEALTH CARE Georgia 1		Little Company of Mary	\$836.00
1/1/2012				UNITED HEALTH CARE Georgia 1			\$0.00
1/2/2012				Bill Patient		Advocate Christ Medical Center	\$762.00
1/3/2012				Medicaid-Illinois		Advocate Christ Medical Center	\$815.60
1/3/2012				Bill Patient		Advocate Christ Medical Center	\$816.80
1/4/2012				Bill Patient		Advocate Christ Medical Center	\$719.20
1/6/2012				Medicaid-Illinois		<No Transport>	\$0.00
1/6/2012				HUMANA		Advocate Christ Medical Center	\$813.20
1/7/2012				Bill Patient		Advocate Christ Medical Center	\$915.60
1/8/2012				Bill Patient		Advocate Christ Medical Center	\$764.40
1/9/2012				Blue Cross Blue Shield of IL		Advocate Christ Medical Center	\$762.00
1/9/2012				Bill Patient		Advocate Christ Medical Center	\$862.00
1/10/2012				Bill Patient		Advocate Christ Medical Center	\$812.00
1/12/2012				Bill Patient		Advocate Christ Medical Center	\$712.00
1/13/2012				Bill Patient		Advocate Christ Medical Center	\$682.00
1/14/2012				Blue Cross Blue Shield of IL		Advocate Christ Medical Center	\$812.00
1/14/2012				HUMANA		Advocate Christ Medical Center	\$862.00
1/16/2012				Bill Patient		Advocate Christ Medical Center	\$712.00
1/16/2012				Bill Patient		Advocate Christ Medical Center	\$766.80
1/16/2012				Bill Patient		Advocate Christ Medical Center	\$762.00
1/16/2012				Blue Cross Blue Shield of IL		Advocate Christ Medical Center	\$712.00

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\\RN64\RESCUENET\REPORTS32\NORMAL\TS DETAIL BY DOS_RUN_NUMBER.RPT

TS Detail by DOS + Run Number

Trip Date IS BETWEEN 01/01/2012 AND 01/31/2012; AND Company IS HOMETOWN FIRE PROTECTION DIST

HOMETOWN FIRE PROTECTION DIST

D.O.S	Incident #	Run #	Patient	Current Payer	From	To	Gross Charges
1/17/2012			Incidents for [REDACTED]	Combined Ins Co of America - WA	8732 CORCORAN RD	Advocate Christ Medical Center	\$814.40
1/18/2012			Incidents for [REDACTED]	Bill Patient		Advocate Christ Medical Center	\$912.00
1/21/2012			Incidents for [REDACTED]	Bill Patient		Advocate Christ Medical Center	\$662.00
1/21/2012			Incidents for [REDACTED]	Bill Patient		Little Company of Mary	\$662.00
1/22/2012			Incidents for [REDACTED]	Bill Patient		Advocate Christ Medical Center	\$662.00
1/23/2012			Incidents for [REDACTED]	Bill Patient		Advocate Christ Medical Center	\$662.00
1/23/2012			Incidents for [REDACTED]	Medicaid-Illinois		Advocate Christ Medical Center	\$662.00
1/24/2012			Incidents for [REDACTED]	Bill Patient		Advocate Christ Medical Center	\$712.00
1/24/2012			Incidents for [REDACTED]	Bill Patient		Advocate Christ Medical Center	\$662.00
1/24/2012			Incidents for [REDACTED]	Bill Patient		Advocate Christ Medical Center	\$662.00
1/26/2012			Incidents for [REDACTED]	Blue Cross Blue Shield of IL		Advocate Christ Medical Center	\$662.00
1/26/2012			Incidents for [REDACTED]	AARP		Little Company of Mary	\$662.00
1/27/2012			Incidents for [REDACTED]	Medicaid-Illinois		Advocate Christ Medical Center	\$712.00
1/30/2012			Incidents for [REDACTED]	Blue Cross Blue Shield of IL		Advocate Christ Medical Center	\$662.00
1/30/2012			Incidents for [REDACTED]	Blue Cross Blue Shield of IL		Little Company of Mary	\$686.00

TS Detail by DOS + Run Number

Trip Date IS BETWEEN 01/01/2012 AND 01/31/2012; AND Company IS HOMETOWN FIRE PROTECTION DIST

HOMETOWN FIRE PROTECTION DIST

<u>D.O.S</u>	<u>Incident #</u>	<u>Run #</u>	<u>Patient</u>	<u>Current Pavor</u>	<u>From</u>	<u>Incidents</u>	<u>To</u>	<u>Gross Charges</u>
Grand Totals								

TS Summary by Dropoff Facility

Trip Date IS BETWEEN 01/01/2012 AND 01/31/2012; AND Company IS CITY OF JOLIET

CITY OF JOLIET

Incidents for	<No Transport>	Total -	2400.00
Incidents for	Silver Cross Hospital	Total -	203.50
Incidents for	St Joseph Hosp - Joliet	Total -	203.50

TS Summary by Dropoff Facility

Trip Date IS BETWEEN 01/01/2012 AND 01/31/2012; AND Company IS CITY OF JOLIET

Grand Totals

Incidents - [REDACTED]

Gross Charges - [REDACTED]

Charge Summary for Period 201209

RescueNet™

VILLAGE OF MOUNT PROSPECT: NON

<u>Charge Type/Charge Description</u>	<u>Quantity</u>	<u>Amount</u>
Base Rate		
ALS2 NON MOUNT PROSPECT	1	\$721.00
ALS NON MOUNT PROSPECT	31	\$16,400.55
BLS NON MOUNT PROSPECT	18	\$8,303.58
ALS RES MOUNT PROSPECT	1	\$429.05
Totals for Base Rate:	51	\$25,854.18
Mileage		
MILEAGE RES MOUNT PROSPECT	5	\$30.92
MILEAGE NON MOUNT PROSPECT	201	\$1,383.63
Totals for Mileage:	206	\$1,414.55
Totals for NON:		\$27,268.73

Charge Summary for Period 201209

RescueNet™

VILLAGE OF MOUNT PROSPECT: RES

<u>Charge Type/Charge Description</u>	<u>Quantity</u>	<u>Amount</u>
Base Rate		
ALS2 RES MOUNT PROSPECT	1	\$621.00
ALS RES MOUNT PROSPECT	132	\$56,634.60
BLS RES MOUNT PROSPECT	55	\$19,872.05
Totals for Base Rate:	188	\$77,127.65
Mileage		
MILEAGE RES MOUNT PROSPECT	784	\$5,386.88
Totals for Mileage:	784	\$5,386.88
Totals for RES:		\$82,514.53

Charge Summary for Period 201209

RescueNet™

VILLAGE OF MOUNT PROSPECT: RES

Charge Type/Charge Description

Quantity

Amount

Totals for VILLAGE OF MOUNT PROSPECT

Base Rate \$102,981.83

Mileage \$6,801.43

Total **\$109,783.26**

Total Overall Charges **\$109,783.26**

Charge Adjustments Summary for Period 201209

RescueNet™

VILLAGE OF MOUNT PROSPECT

<u>Charge Type/Charge Description</u>	<u>Quantity</u>	<u>Amount</u>
None	0	\$ 0.00



FRUSA EMS

CREDIT REPORTS

Deposit Slip by Check Number

Deposit Date IS BETWEEN 09/05/2012 AND 09/05/2012; AND Exclude reversed credits; AND Company IS VILLAGE OF MOUNT PROSPECT

VILLAGE OF MOUNT PROSPECT

Deposit Date	Payer	Type	Check #	Amount
2012-09-05	AARP	RC	1144315084	\$911.14
2012-09-05	Medicare-IL-AMBULANCE	RC	117756480	\$366.32
2012-09-05	Medicare-IL-AMBULANCE	RC	117756948	\$1,781.27
2012-09-05	Medicare-IL-AMBULANCE	RC	117757280	\$2,884.10
2012-09-05	Collections	RC	117757280*	\$363.07
2012-09-05	Medicare-IL-AMBULANCE	RC	117757629	\$3,202.27
2012-09-05	Medicare-IL-AMBULANCE	RC	117758090	\$363.02
2012-09-05	TEAMSTERS LOCAL UNION 727	RC	122649	\$285.41
2012-09-05	Blue Cross Blue Shield of IL	RC	148582427	\$76.24
2012-09-05	AUTO MECHANICS LOCAL 701	RC	15010591	\$323.12
2012-09-05	Bill Patient	RC	212470346	\$20.00
2012-09-05	UNITED FOOD COMMERCIAL WR	RC	2420288	\$313.79
2012-09-05	Aetna Better Health 2	RC	83481	\$693.69
2012-09-05	HUMANA DEPERE	RC	6434274	\$365.52
2012-09-05	Bill Patient	RC	8513	\$100.00
2012-09-05	Bill Patient	RC	8525	\$100.00
2012-09-05	Bill Patient	RC	9154617896	\$20.00
Number of checks			17	
Total				\$12,168.96

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12,168.96 *
 363.02 +
 3,202.27 +
 3,247.17 +
 1,781.27 +
 366.32 +
 365.52 +
 76.24 +
 323.12 +
 693.69 +
 285.41 +
 313.79 +
 911.14 +
 100.00 +
 100.00 +
 20.00 +
 20.00 +
 20.00 +

Cash Receipts Journal

Deposit Date IS BETWEEN 09/05/2012 AND 09/05/2012; AND Company IS VILLAGE OF MOUNT PROSPECT

VILLAGE OF MOUNT PROSPECT

Profit Center: NON

Credit Type: Contractual Allowance

Trip Date	Run #	Incident #	Customer Name	Payor	Check #	Deposit Date	Credit Amount	Balance Due
3/10/2012				Medicare-IL-AMBULANCE		9/5/2012	\$98.57	\$90.77
3/10/2012				Medicare-IL-AMBULANCE		9/5/2012	\$100.00	
3/10/2012				HUMANA DEPERE		9/5/2012	\$98.57	

Contractual Allowance Credit: \$297.14

Credit Type: Payment

Trip Date	Run #	Incident #	Customer Name	Payor	Check #	Deposit Date	Credit Amount	Balance Due
3/10/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	\$344.38	\$90.77
3/10/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	\$18.69	\$90.77
3/10/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	-\$344.38	\$90.77
3/10/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	-\$18.69	\$90.77
3/10/2012				Collections	117757280*	9/5/2012	\$363.07	\$90.77
5/4/2010				Bill Patient	212470348	9/5/2012	\$20.00	\$219.66
3/10/2012				HUMANA DEPERE	6434274	9/5/2012	\$365.52	
9/14/2011				Bill Patient	8513	9/5/2012	\$100.00	\$111.34
9/14/2011				Bill Patient	8525	9/5/2012	\$100.00	\$111.34
2/18/2012				Bill Patient	9154817896	9/5/2012	\$20.00	\$512.41

Payment Credit: \$968.59

Profit Center: RES

Credit Type: Contractual Allowance

Trip Date	Run #	Incident #	Customer Name	Payor	Check #	Deposit Date	Credit Amount	Balance Due
2/29/2012				Medicare-IL-AMBULANCE		9/5/2012	\$78.44	
6/17/2012				Medicaid-Illinois	117756480	9/5/2012	\$91.58	
7/14/2012				Medicaid-Illinois	117757280	9/5/2012	\$92.13	
6/16/2012				Medicaid-Illinois	117757629	9/5/2012	\$78.38	
7/7/2012				Aetna Better Health 2	63481	9/5/2012	\$324.86	
7/18/2012				Aetna Better Health 2	63481	9/5/2012	\$319.08	
7/6/2012				Aetna Better Health 2	63481	9/5/2012	\$328.70	
7/19/2012				Aetna Better Health 2	63481	9/5/2012	\$317.16	
7/14/2012				Aetna Better Health 2	63481	9/5/2012	\$328.70	

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Cash Receipts Journal

Deposit Date IS BETWEEN 09/05/2012 AND 09/05/2012; AND Company IS VILLAGE OF MOUNT PROSPECT

VILLAGE OF MOUNT PROSPECT

Contractual Allowance Credit: \$1,959.03

Credit Type: Payment

Trip Date	Run #	Incident #	Customer Name	Payor	Check #	Deposit Date	Credit Amount	Balance Due
6/19/2012				AARP	1144315084	9/5/2012	\$89.93	
7/10/2012				AARP	1144315084	9/5/2012	\$91.44	
5/14/2012				AARP	1144315084	9/5/2012	\$90.48	
7/23/2012				AARP	1144315084	9/5/2012	\$91.03	
6/30/2012				AARP	1144315084	9/5/2012	\$91.86	
6/12/2012				AARP	1144315084	9/5/2012	\$89.25	
6/22/2012				AARP	1144315084	9/5/2012	\$91.17	
6/15/2012				AARP	1144315084	9/5/2012	\$92.54	
7/1/2012				AARP	1144315084	9/5/2012	\$91.17	
6/21/2012				AARP	1144315084	9/5/2012	\$92.27	
6/17/2012				Medicare-IL-AMBULANCE	117756480	9/5/2012	\$343.24	
6/17/2012				Medicare-IL-AMBULANCE	117756480	9/5/2012	\$23.08	
7/21/2012				Medicare-IL-AMBULANCE	117756948	9/5/2012	\$343.24	\$90.76
7/21/2012				Medicare-IL-AMBULANCE	117756948	9/5/2012	\$19.78	\$90.76
7/21/2012				Medicare-IL-AMBULANCE	117756948	9/5/2012	\$343.24	\$91.44
7/21/2012				Medicare-IL-AMBULANCE	117756948	9/5/2012	\$22.54	\$91.44
8/12/2012				Medicare-IL-AMBULANCE	117756948	9/5/2012	\$343.24	\$92.95
8/12/2012				Medicare-IL-AMBULANCE	117756948	9/5/2012	\$28.58	\$92.95
5/23/2012				Medicare-IL-AMBULANCE	117756948	9/5/2012	\$289.05	\$78.58
5/23/2012				Medicare-IL-AMBULANCE	117756948	9/5/2012	\$25.28	\$78.58
8/10/2012				Medicare-IL-AMBULANCE	117756948	9/5/2012	\$343.24	\$91.58
8/10/2012				Medicare-IL-AMBULANCE	117756948	9/5/2012	\$23.08	\$91.58
7/14/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	\$343.24	
7/14/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	\$25.28	
7/20/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	\$343.24	
7/20/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	\$22.54	
7/1/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	\$343.24	
7/1/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	\$20.34	
8/2/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	\$343.24	\$90.76
8/2/2012				Medicare-IL-AMBULANCE	117757280	9/5/2012	\$19.78	\$90.76

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Deposit Date IS BETWEEN 09/05/2012 AND 09/05/2012; AND Company IS VILLAGE OF MOUNT PROSPECT

VILLAGE OF MOUNT PROSPECT

8/8/2012	Medicare-IL-AMBULANCE	117757280	9/5/2012	\$343.24	\$91.44
8/9/2012	Medicare-IL-AMBULANCE	117757280	9/5/2012	\$22.54	\$91.44
8/7/2012	Medicare-IL-AMBULANCE	117757280	9/5/2012	\$343.24	\$91.17
8/7/2012	Medicare-IL-AMBULANCE	117757280	9/5/2012	\$21.43	\$91.17
8/1/2012	Medicare-IL-AMBULANCE	117757280	9/5/2012	\$289.05	
8/1/2012	Medicare-IL-AMBULANCE	117757280	9/5/2012	\$28.58	
8/12/2012	Medicare-IL-AMBULANCE	117757280	9/5/2012	\$343.24	
8/12/2012	Medicare-IL-AMBULANCE	117757280	9/5/2012	\$31.88	
6/28/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$343.24	\$91.44
6/28/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$22.54	\$91.44
6/26/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$343.24	\$91.99
6/26/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$24.74	\$91.99
5/8/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$343.24	\$93.72
5/8/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$31.88	\$93.72
6/26/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$343.24	\$92.95
6/26/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$28.58	\$92.95
6/20/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$343.24	\$94.95
6/20/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$38.82	\$94.95
5/22/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$289.05	\$78.03
5/22/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$23.08	\$78.03
6/27/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$343.24	\$89.36
6/27/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$14.29	\$89.36
6/11/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$343.24	\$90.73
6/11/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$19.78	\$90.73
6/16/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$289.05	
6/16/2012	Medicare-IL-AMBULANCE	117757629	9/5/2012	\$19.78	
8/8/2012	Medicare-IL-AMBULANCE	117758090	9/5/2012	\$343.24	
8/8/2012	Medicare-IL-AMBULANCE	117758090	9/5/2012	\$19.78	
6/8/2012	TEAMSTERS LOCAL UNION 7:	122849	9/5/2012	\$285.41	
7/15/2012	Blue Cross Blue Shield of IL	148582427	9/5/2012	\$76.24	
8/11/2012	AUTO MECHANICS LOCAL 70	16010591	9/5/2012	\$323.12	
2/29/2012	UNITED FOOD COMMERCIAL	2420288	9/5/2012	\$313.79	
7/7/2012	Aetna Better Health 2	63481	9/5/2012	\$139.23	

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Cash Receipts Journal

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VILLAGE OF MOUNT PROSPECT

7/18/2012		Aetna Better Health 2	63481	9/5/2012	\$136.78
7/19/2012		Aetna Better Health 2	63481	9/5/2012	\$136.94
7/8/2012		Aetna Better Health 2	63481	9/5/2012	\$140.88
7/14/2012		Aetna Better Health 2	63481	9/5/2012	\$140.88

Payment Credit: **\$11,200.37**

Credit Type: **Write-off**

Trip Date	Run #	Incident #	Customer Name	Payor	Check #	Deposit Date	Credit Amount	Balance Due
6/8/2012				Bill Patient		9/5/2012	\$95.14	
8/11/2012				Bill Patient		9/5/2012	\$80.78	
8/8/2012				Bill Patient	117758090	9/5/2012	\$90.73	

Write-off Credit: **\$266.65**

RescueNet™ Reporting

Cash Receipts and Adj Recap by Profit Center

Deposit Date IS BETWEEN 09/05/2012 AND 09/05/2012; AND Company IS VILLAGE OF MOUNT PROSPECT

VILLAGE OF MOUNT PROSPECT

Pay Source	Payments	W/O	W/D	Refunds	Revenue Adjustments	Contractual Allow	Manual Contr.
Profit Center - NON							
Bill Patient	\$240.00						
Collections	\$363.07						
HUMANA DEPERE	\$365.52		\$98.57				98.57
Medicare-IL-AMBULANCE			\$198.57				198.57
Provider Totals:	\$968.60		\$297.14				\$297.14
Profit Center - RES							
AARP	\$911.14						
Aetna Better Health 2	\$693.69		\$1,618.50				1,618.50
AUTO MECHANICS LOCAL 701	\$323.12						
Bill Patient		\$268.65					
Blue Cross Blue Shield of IL	\$76.24						
Medicaid-Illinois							
Medicare-IL-AMBULANCE	\$8,598.96		\$262.09				262.09
TEAMSTERS LOCAL UNION 727	\$285.41		\$78.44				78.44
UNITED FOOD COMMERCIAL WRKRS	\$313.79						
Provider Totals:	\$11,200.37	\$268.65	\$1,959.03				\$1,959.03
Grand Totals	\$12,168.96	\$268.65	\$2,256.17				\$2,256.17

Payor Adjustments Summary for Period 201209

RescueNet™ Reporting

VILLAGE OF MOUNT PROSPECT, NON

Payor Type/Primary Payor	Trips	Gross Charges	Contr Allow	Net Charges	Write-offs	Rev Adj	Refunds	Payments	Balance
Medicare									
Medicare-IL-AMBULANCE	8	\$0.00	\$400.60	(\$400.60)	\$0.00	\$0.00	\$0.00	\$0.00	(\$400.60)
Totals for: Medicare	8	\$0.00	\$400.60	(\$400.60)	\$0.00	\$0.00	\$0.00	\$0.00	(\$400.60)
Medicaid									
Medicaid-Illinois	2	\$0.00	\$727.69	(\$727.69)	\$0.00	\$0.00	\$0.00	\$0.00	(\$727.69)
Totals for: Medicaid	2	\$0.00	\$727.69	(\$727.69)	\$0.00	\$0.00	\$0.00	\$0.00	(\$727.69)
Insurance									
Blue Cross Blue Shield of IL	2	\$0.00	\$0.00	\$0.00	\$0.00	(\$833.16)	\$0.00	\$0.00	\$833.16
Aetna El Paso	1	\$0.00	\$0.00	\$0.00	\$0.00	(\$567.22)	\$0.00	\$0.00	\$567.22
Totals for: Insurance	3	\$0.00	\$0.00	\$0.00	\$0.00	(\$1,390.38)	\$0.00	\$0.00	\$1,390.38
Totals for NON	13	\$0.00	\$1,128.29	(\$1,128.29)	\$0.00	(\$1,390.38)	\$0.00	\$0.00	\$262.09

Payor Adjustments Summary for Period 201209

RescueNet™ Reporting

VILLAGE OF MOUNT PROSPECT, RES

Payor Type/Primary Payor	Trips	Gross Charges	Contr Allow	Net Charges	Write-offs	Rev Adj	Refunds	Payments	Balance
Medicare									
Medicare-IL-AMBULANCE	76	\$0.00	\$7.85	(\$7.85)	(\$588.71)	\$0.00	\$0.00	\$0.00	\$588.86
Totals for: Medicare	76	\$0.00	\$7.85	(\$7.85)	(\$588.71)	\$0.00	\$0.00	\$0.00	\$588.86
Medicaid									
Medicaid-Illinois	8	\$0.00	\$1,061.62	(\$1,061.62)	\$0.00	\$0.00	\$0.00	\$0.00	(\$1,061.62)
Totals for: Medicaid	8	\$0.00	\$1,061.62	(\$1,061.62)	\$0.00	\$0.00	\$0.00	\$0.00	(\$1,061.62)
Insurance									
HINES VA	1	\$0.00	\$0.00	\$0.00	(\$451.03)	\$0.00	\$0.00	\$0.00	\$451.03
Totals for: Insurance	1	\$0.00	\$0.00	\$0.00	(\$451.03)	\$0.00	\$0.00	\$0.00	\$451.03
Bill Patient									
Bill Patient	2	\$0.00	\$0.00	\$0.00	(\$453.78)	\$0.00	\$0.00	\$0.00	\$453.78
Totals for: Bill Patient	2	\$0.00	\$0.00	\$0.00	(\$453.78)	\$0.00	\$0.00	\$0.00	\$453.78
Totals for RES	84	\$0.00	\$1,069.47	(\$1,069.47)	(\$1,093.52)	\$0.00	\$0.00	\$0.00	\$432.05
Totals for VILLAGE OF MOUNT PROSPECT	84	\$0.00	\$1,069.47	(\$1,069.47)	(\$1,093.52)	\$0.00	\$0.00	\$0.00	\$584.14
Overall Totals	84	\$0.00	\$1,069.47	(\$1,069.47)	(\$1,093.52)	\$0.00	\$0.00	\$0.00	\$584.14

Payor Summary for Period 201209

RescueNet™ Reporting

VILLAGE OF MOUNT PROSPECT, NON

Payor Type/Primary Payor	Trips	Gross Charges	Contr Allow	Net Charges	Write-offs	Rev Adj	Refunds	Payments	Balance
Medicare									
Medicare-IL-AMBULANCE	9	\$566.84	\$197.20	\$369.64	\$0.00	\$0.00	\$0.00	\$2,558.55	(\$2,188.91)
Totals for: Medicare	9	\$566.84	\$197.20	\$369.64	\$0.00	\$0.00	\$0.00	\$2,558.55	(\$2,188.91)
Medicaid									
ILLINI CARE HEALTH PLAN	1	\$0.00	\$435.10	(\$435.10)	\$0.00	\$0.00	\$0.00	\$123.49	(\$558.59)
AETNA BETTER HEALTH	2	\$0.00	\$737.01	(\$737.01)	\$0.00	\$0.00	\$0.00	\$315.87	(\$1,052.88)
Totals for: Medicaid	3	\$0.00	\$1,172.11	(\$1,172.11)	\$0.00	\$0.00	\$0.00	\$439.36	(\$1,611.47)
Insurance									
Blue Cross Blue Shield of IL	13	\$2,719.02	\$0.00	\$2,719.02	\$0.00	\$533.16	\$0.00	\$1,449.35	\$736.51
AETNA 1	3	\$555.16	\$197.14	\$358.02	\$0.00	\$0.00	\$0.00	\$806.24	(\$450.22)
ALLIED BENEFITS SYSTEMS	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	(\$200.00)
CIGNA PPO	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$552.41	(\$552.41)
HUMANA	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	(\$100.00)
STATE FARM	1	\$0.00	\$0.00	\$0.00	\$0.00	(\$489.48)	\$0.00	\$489.48	\$0.00
UNITED HEALTH CARE 1	3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$157.27	(\$157.27)
HUMANA DEPERE	1	\$0.00	\$198.57	(\$198.57)	\$0.00	\$0.00	\$0.00	\$365.52	(\$564.09)
Aetna El Paso	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$557.22	(\$557.22)
LIBERTY MUTUAL AUTO PA	2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.44	(\$15.44)
Totals for: Insurance	27	\$3,274.18	\$395.71	\$2,878.47	\$0.00	\$43.68	\$0.00	\$4,694.93	(\$1,880.14)
Bill Patient									
Bill Patient	45	\$23,427.71	\$0.00	\$23,427.71	\$0.00	\$0.00	\$0.00	\$105.47	\$23,322.24

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Payor Summary for Period 201209

RescueNet™ Reporting

VILLAGE OF MOUNT PROSPECT, NON

Payor Type/Primary Payor	Trips	Gross Charges	Confr Allow	Net Charges	Write-offs	Rev Adj	Refunds	Payments	Balance
Totals for: Bill Patient	45	\$23,427.71	\$0.00	\$23,427.71	\$0.00	\$0.00	\$0.00	\$105.47	\$23,322.24
Totals for NON		\$23,427.71	\$0.00	\$23,427.71	\$0.00	\$0.00	\$0.00	\$105.47	\$23,322.24

Payor Summary for Period 201209

RescueNet™ Reporting

VILLAGE OF MOUNT PROSPECT, RES

Payor Type/Primary Payor	Trips	Gross Charges	Contr Allow	Net Charges	Write-offs	Rev Adj	Refunds	Payments	Balance
Medicare									
Medicare-IL-AMBULANCE	169	\$25,680.10	\$1,137.05	\$24,543.05	\$657.92	\$0.00	\$0.00	\$36,958.54	(\$13,073.41)
Totals for: Medicare	169	\$25,680.10	\$1,137.05	\$24,543.05	\$657.92	\$0.00	\$0.00	\$36,958.54	(\$13,073.41)
Medicaid									
Medicaid-Illinois	4	\$843.26	\$733.96	\$109.30	\$0.00	\$0.00	\$0.00	\$188.97	(\$79.67)
ILLINI CARE HEALTH PLAN	1	\$0.00	\$302.57	(\$302.57)	\$0.00	\$0.00	\$0.00	\$120.79	(\$423.36)
Aetna Better Health 2	8	\$839.86	\$1,832.30	(\$992.44)	\$0.00	\$0.00	\$0.00	\$828.18	(\$1,820.62)
Totals for: Medicaid	13	\$1,783.12	\$2,968.83	(\$1,185.71)	\$0.00	\$0.00	\$0.00	\$1,137.94	(\$2,323.65)
Insurance									
MERIDIAN HEALTH PLAN	1	\$377.80	\$0.00	\$377.80	\$0.00	\$0.00	\$0.00	\$0.00	\$377.80
Blue Cross Blue Shield of IL	31	\$3,798.26	\$482.77	\$3,315.48	\$2,700.33	\$0.00	\$0.00	\$6,876.20	(\$6,261.05)
AETNA 1	5	\$1,359.29	\$0.00	\$1,359.29	\$45.04	\$0.00	\$0.00	\$1,237.58	\$76.67
AULTCARE	1	\$0.00	\$0.00	\$0.00	\$208.12	\$0.00	\$0.00	\$180.36	(\$389.48)
CIGNA PPO	3	\$363.29	\$0.00	\$363.29	\$91.44	\$0.00	\$0.00	\$823.00	(\$531.15)
GREAT WEST HEALTHCARE	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$466.84	(\$466.84)
HINES VA	2	\$0.00	\$139.19	(\$139.19)	\$394.29	\$0.00	\$0.00	\$311.84	(\$845.32)
HUMANA	6	\$1,771.44	\$0.00	\$1,771.44	\$0.00	\$0.00	\$0.00	\$1,305.32	\$466.12
MIDWEST OPERATING ENGINEERS	1	\$0.00	\$0.00	\$0.00	\$87.35	\$0.00	\$0.00	\$389.41	(\$486.76)
PERSONAL CARE Kentucky	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$451.72	(\$451.72)
UNITED HEALTH CARE 1	1	\$0.00	\$0.00	\$0.00	\$355.33	\$0.00	\$0.00	\$97.08	(\$452.41)
ALLSTATE	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$390.16	(\$390.16)

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Payor Summary for Period 201209

RescueNet™ Reporting

VILLAGE OF MOUNT PROSPECT, RES

Payor Type/Primary Payor	Trips	Gross Charges	Contr Allow	Net Charges	Write-offs	Rev Adj	Refunds	Payments	Balance
BENEFITS MANAGEMENT GROUP	1	\$0.00	\$0.00	\$0.00	\$254.57	\$0.00	\$0.00	\$127.35	(\$381.92)
NATIONAL ELEVATOR INDUSTRIES	1	\$0.00	\$0.00	\$0.00	\$469.58	\$0.00	\$0.00	\$0.00	(\$469.58)
Secure Horizons 5	1	\$0.00	\$3.84	(\$3.84)	\$200.00	\$0.00	\$0.00	\$250.14	(\$453.78)
Totals for: Insurance	57	\$7,690.07	\$625.80	\$7,064.47	\$4,817.05	\$0.00	\$0.00	\$12,907.00	(\$10,659.58)
Bill Patient									
Bill Patient	137	\$47,381.24	\$0.00	\$47,381.24	\$11,445.77	\$0.00	\$0.00	\$0.00	\$35,915.47
Totals for: Bill Patient	137	\$47,381.24	\$0.00	\$47,381.24	\$11,445.77	\$0.00	\$0.00	\$0.00	\$35,915.47
Totals for RES									
Totals for VILLAGE OF MOUNT PROSPECT	445	\$10,785.24	\$1,485.80	\$9,299.44	\$16,120.74	\$43.88	\$0.00	\$59,801.79	\$27,520.66
Overall Totals	445	\$10,785.24	\$1,485.80	\$9,299.44	\$16,120.74	\$43.88	\$0.00	\$59,801.79	\$27,520.66

Credit Summary for Period 201209

RescueNet™

VILLAGE OF MOUNT PROSPECT: NON

<u>Payer Type/Credit Description</u>	<u>Quantity</u>	<u>Amount</u>
NON		
Medicare		
1-Medicare Write Down	2	\$198.57
Contractual Allow-Medicare	2	\$98.63
Total for Contractual Allowance:	4	\$297.20
3-Payment-Check	10	\$1,659.92
Total for Payment:	10	\$1,659.92
Total for Medicare:	14	\$1,957.12
Medicaid		
6-Medicaid Write Down	3	\$1,172.11
Total for Contractual Allowance:	3	\$1,172.11
3-Payment-Check	3	\$439.36
Total for Payment:	3	\$439.36
Total for Medicaid:	6	\$1,611.47
Insurance		
7-PINS Write Down	3	\$295.71
Total for Contractual Allowance:	3	\$295.71
3-Payment-Check	3	\$997.30
4-Payment-EFT	8	\$2,140.73
Total for Payment:	11	\$3,138.03
Total for Insurance:	14	\$3,433.74
Bill Patient		
3-Payment-Check	13	\$760.46
Total for Payment:	13	\$760.46
8-Collection Adjustment	5	\$43.68
Total for Collections Adjustment:	5	\$43.68
Total for Bill Patient:	18	\$804.14
Private Pay		
3-Payment-Check	7	\$1,800.54
Total for Payment:	7	\$1,800.54
Total for Private Pay:	7	\$1,800.54
Total for NON:	58	\$11,607.93

Credit Summary for Period 201209

RescueNet™

VILLAGE OF MOUNT PROSPECT: RES

<u>Payer Type/Credit Description</u>	<u>Quantity</u>	<u>Amount</u>
RES		
Medicare		
1-Medicare Write Down	2	\$78.45
6-Medicaid Write Down	2	\$183.76
Contractual Allow-Medicare	61	(\$8.65)
Total for Contractual Allowance:	65	\$253.56
3-Payment-Check	184	\$32,873.55
Total for Payment:	184	\$32,873.55
2-Write Off	1	\$93.04
Total for Write-off:	1	\$93.04
Total for Medicare:	250	\$33,220.15
Medicaid		
6-Medicaid Write Down	21	\$3,720.53
Contractual Allow-Medicaid	4	\$530.21
Total for Contractual Allowance:	25	\$4,250.74
3-Payment-Check	7	\$948.97
Total for Payment:	7	\$948.97
Total for Medicaid:	32	\$5,199.71
Insurance		
7-PINS Write Down	2	\$142.83
Interest Write Down	1	(\$7.50)
Total for Contractual Allowance:	3	\$135.33
3-Payment-Check	43	\$7,106.62
4-Payment-EFT	42	\$10,066.84
Interest Payment	1	\$7.50
Total for Payment:	86	\$17,180.96
2-Write Off	1	\$390.69
Total for Write-off:	1	\$390.69
Total for Insurance:	90	\$17,706.98
Bill Patient		
6-Medicaid Write Down	1	\$91.85
Total for Contractual Allowance:	1	\$91.85
2-Write Off	52	\$16,437.01
Total for Write-off:	52	\$16,437.01
Total for Bill Patient:	53	\$16,528.86
Total for RES:	373	\$63,555.70

Credit Summary for Period 201209

RescueNet™

VILLAGE OF MOUNT PROSPECT: RES

Payer Type/Credit Description

Quantity

Amount

Totals by Credit for VILLAGE OF MOUNT PROSPECT

	Bill Patient	Insurance	Medicaid	Medicare	Private Pay	Total
1-Medicare Write Down	\$0.00	\$0.00	\$0.00	\$277.02	\$0.00	\$277.02
2-Write Off	\$16,437.01	\$390.69	\$0.00	\$93.04	\$0.00	\$16,920.74
3-Payment-Check	\$780.46	\$8,103.92	\$1,388.33	\$34,533.47	\$1,800.54	\$46,586.72
4-Payment-EFT	\$0.00	\$12,207.57	\$0.00	\$0.00	\$0.00	\$12,207.57
6-Medicaid Write Down	\$91.85	\$0.00	\$4,892.64	\$183.78	\$0.00	\$5,168.25
7-PINS Write Down	\$0.00	\$438.54	\$0.00	\$0.00	\$0.00	\$438.54
8-Collection Adjustment	\$43.68	\$0.00	\$0.00	\$0.00	\$0.00	\$43.68
Contractual Allow-Medicaid	\$0.00	\$0.00	\$530.21	\$0.00	\$0.00	\$530.21
Contractual Allow-Medicare	\$0.00	\$0.00	\$0.00	\$89.98	\$0.00	\$89.98
Interest Payment	\$0.00	\$7.50	\$0.00	\$0.00	\$0.00	\$7.50
Interest Write Down	\$0.00	(\$7.50)	\$0.00	\$0.00	\$0.00	(\$7.50)
Total	\$17,333.00	\$21,140.72	\$6,811.18	\$35,177.27	\$1,800.54	\$82,262.71

Totals by Credit Type for VILLAGE OF MOUNT PROSPECT

	Bill Patient	Insurance	Medicaid	Medicare	Private Pay	Total
Contr Allow	\$0.00	\$0.00	\$530.21	\$89.98	\$0.00	\$620.19
Manual Contractual	\$91.85	\$431.04	\$4,892.64	\$460.78	\$0.00	\$5,876.31
Payment	\$780.46	\$20,318.99	\$1,388.33	\$34,533.47	\$1,800.54	\$58,801.79
Rev Adj	\$43.68	\$0.00	\$0.00	\$0.00	\$0.00	\$43.68
Write-Off	\$16,437.01	\$390.69	\$0.00	\$93.04	\$0.00	\$16,920.74
Total	\$17,333.00	\$21,140.72	\$6,811.18	\$35,177.27	\$1,800.54	\$82,262.71

Total for VILLAGE OF MOUNT PROSPECT

\$17,333.00

\$82,262.71

Grand Total (for all Companies)

\$17,333.00

\$82,262.71

Closing Balance Summary for Period 201209

RescueNet™ Reporting

VILLAGE OF MOUNT PROSPECT

<None>

Previous Balance Forward	\$0.00
Charges in Period	\$0.00
Credits in Period	\$0.00
Charge Adjustments	\$0.00
Credit Adjustments	\$0.00
Misc Adjustments	\$0.00
Balance Forward for <None>	\$0.00

MUT AID DES PLAINES

Previous Balance Forward	\$0.00
Charges in Period	\$0.00
Credits in Period	\$0.00
Charge Adjustments	\$0.00
Credit Adjustments	\$0.00
Misc Adjustments	\$0.00
Balance Forward for MUT AID DES PLAINES	\$0.00

MUT AID NON PROS HTS

Previous Balance Forward	\$0.00
Charges in Period	\$0.00
Credits in Period	\$0.00
Charge Adjustments	\$0.00
Credit Adjustments	\$0.00
Misc Adjustments	\$0.00
Balance Forward for MUT AID NON PROS HTS	\$0.00

MUT AID RES PROS HTS

Previous Balance Forward	\$0.00
Charges in Period	\$0.00
Credits in Period	\$0.00
Charge Adjustments	\$0.00
Credit Adjustments	\$0.00
Misc Adjustments	\$0.00
Balance Forward for MUT AID RES PROS HTS	\$0.00

Closing Balance Summary for Period 201209

RescueNet™ Reporting

VILLAGE OF MOUNT PROSPECT

NON

Previous Balance Forward	\$83,971.13
Charges in Period	\$27,268.73
Credits in Period	\$9,807.01
Charge Adjustments	\$0.00
Credit Adjustments	(\$262.09)
Misc Adjustments	\$0.00
Balance Forward for NON	\$101,894.94

RES

Previous Balance Forward	\$158,000.06
Charges in Period	\$82,514.53
Credits in Period	\$72,655.70
Charge Adjustments	\$0.00
Credit Adjustments	(\$432.05)
Misc Adjustments	\$0.00
Balance Forward for RES	\$168,290.94

Totals for VILLAGE OF MOUNT PROSPECT:

Previous Balance Forward	\$241,971.19
Charges in Period	\$109,783.26
Credits in Period	\$82,262.71
Charge Adjustments	\$0.00
Credit Adjustments	(\$694.14)
Misc Adjustments	\$0.00
Total Balance Forward	\$270,185.88

Credit Adjustments Summary for Period 201209

RescueNet™

VILLAGE OF MOUNT PROSPECT: NON

<u>Payer Type/Credit Description</u>	<u>Quantity</u>	<u>Amount</u>
NON		
Medicare		
Contractual Allow-Medicare	3	\$400.60
Total for Contractual Allowance:	3	\$400.60
Total for Medicare:	3	\$400.60
Medicaid		
Contractual Allow-Medicaid	4	\$727.69
Total for Contractual Allowance:	4	\$727.69
Total for Medicaid:	4	\$727.69
Bill Patient		
8-Collection Adjustment	3	(\$1,390.38)
Total for Collections Adjustment:	3	(\$1,390.38)
Total for Bill Patient:	3	(\$1,390.38)
Total for NON:	10	(\$282.39)

Credit Adjustments Summary for Period 201209

RescueNet™

VILLAGE OF MOUNT PROSPECT: RES

<u>Payer Type/Credit Description</u>	<u>Quantity</u>	<u>Amount</u>
RES		
Medicare		
Contractual Allow-Medicare	13	\$7.85
Total for Contractual Allowance:	13	\$7.85
Total for Medicare:	13	\$7.85
Medicaid		
6-Medicaid Write Down	1	(\$269.50)
Contractual Allow-Medicaid	10	\$1,331.12
Total for Contractual Allowance:	11	\$1,061.62
Total for Medicaid:	11	\$1,061.62
Bill Patient		
2-Write Off	5	(\$1,501.52)
Total for Write-off:	5	(\$1,501.52)
Total for Bill Patient:	5	(\$1,501.52)
Total for RES:		

Credit Adjustments Summary for Period 201209

RescueNet™

VILLAGE OF MOUNT PROSPECT: RES

Payer Type/Credit Description

Quantity

Amount

Totals by Credit for VILLAGE OF MOUNT PROSPECT

	Bill Patient	Medicaid	Medicare	Total
2-Write Off	(\$1,501.52)	\$0.00	\$0.00	(\$1,501.52)
6-Medicaid Write Down	\$0.00	(\$269.50)	\$0.00	(\$269.50)
8-Collection Adjustment	(\$1,390.38)	\$0.00	\$0.00	(\$1,390.38)
Contractual Allow-Medicaid	\$0.00	\$2,058.81	\$0.00	\$2,058.81
Contractual Allow-Medicare	\$0.00	\$0.00	\$408.45	\$408.45
Total	(\$2,891.90)	\$1,789.31	\$408.45	(\$694.14)

Totals by Credit Type for VILLAGE OF MOUNT PROSPECT

	Bill Patient	Medicaid	Medicare	Total
Contr Allow	\$0.00	\$2,058.81	\$408.45	\$2,467.26
Manual Contractual	\$0.00	(\$269.50)	\$0.00	(\$269.50)
Rev Adj	(\$1,390.38)	\$0.00	\$0.00	(\$1,390.38)
Write-Off	(\$1,501.52)	\$0.00	\$0.00	(\$1,501.52)
Total	(\$2,891.90)	\$1,789.31	\$408.45	(\$694.14)

Total for VILLAGE OF MOUNT PROSPECT

Grand Total (for all Companies)

Cash Receipts and Adj Recap by Profit Center

Deposit Date IS BETWEEN 05/01/2012 AND 05/31/2012; AND Company IS VILLAGE OF MOUNT PROSPECT

VILLAGE OF MOUNT PROSPECT

Pay Source	Payments	W/O	W/D	Refunds	Revenue Adjustments	Contractual Allow	Manual Contr.
Profit Center - MUT AID NON PROS HTS							
Medicare-IL-AMBULANCE			\$134.67			134.67	
Provider Totals:			\$134.67			\$134.67	
Profit Center - MUT AID RES PROS HTS							
Medicare-IL-AMBULANCE			\$35.26			35.26	
Provider Totals:			\$35.26			\$35.26	
Profit Center - NON							
AARP	\$90.36						
ALLSTATE	\$501.16						
Bill Patient	\$1,199.21	\$501.31					
Blue Cross Blue Shield of IL	\$1,107.18				\$6,987.77		
COUNTRY FINANCIAL ROLLING MEADOWS	\$483.29						-7.00
GALLAGHER BASSETT	\$555.16						
GEICO	\$482.61						
HARTFORD INS.	\$376.90						
Medicaid-Illinois			\$181.69				181.69
Medicare-IL-AMBULANCE	\$3,909.71		\$731.85			731.85	
MUTUAL OF OMAHA	\$89.26		\$493.20			493.34	-0.14
PEKIN INSURANCE	\$225.60						
STATE FARM CLM CENTRAL - SUB SERVICE	\$483.29						
UNITED HEALTH CARE 1	\$559.28						
Provider Totals:	\$10,063.01	\$501.31	\$1,399.74		\$6,987.77	\$1,225.19	\$174.55
Profit Center - RES							
AARP	\$826.96						
AETNA 1	\$630.27	\$81.47					
ARM GROUP BOLINGBROOK	\$360.28						
Bill Patient	\$37.88	\$13,999.34					
Blue Cross Blue Shield of IL	\$10,726.34	\$1,488.76					
CEMENT MASONS LOCAL	\$519.34	\$129.83					-0.04
Cigna Healthcare	\$90.21						
CIGNA PPO	\$762.25						
COUNTRY LIFE INSURANCE COMP	\$93.78						-7.28
RescueNet™							

Cash Receipts and Adj Recap by Profit Center

Deposit Date IS BETWEEN 05/01/2012 AND 05/31/2012; AND Company IS VILLAGE OF MOUNT PROSPECT

VILLAGE OF MOUNT PROSPECT

Pay Source	Payments	W/O	W/D	Refunds	Revenue Adjustments	Contractual Allow	Manual Contr.
Family Life Ins Co	\$94.47						
HUMANA	\$1,523.09						
Medicaid-Illinois	\$810.52		\$2,178.63			1,319.05	859.58
Medicare Railroad	\$921.24						
Medicare-IL-AMBULANCE	\$21,491.70	\$470.21	\$211.49				188.60
Meridian Health Plan 2	\$122.95					22.89	
MUTUAL OF OMAHA	\$181.24						
TRICARE NORTH REGION	\$91.44						
UNITED AMERICAN INS.	\$76.11						
UNITED AMERICAN INSURANCE 1	\$89.93		-\$0.03				-0.03
UNITED HEALTH CARE 1	\$1,515.87		\$0.89				0.89
United Health Care 2	\$381.92						
UNITED HEALTH CARE Georgia 1	\$371.82						
Provider Totals:	\$41,719.61	\$16,169.61	\$2,383.66			\$1,341.94	\$1,041.72
Grand Totals	\$51,782.62	\$16,670.92	\$3,963.33		\$6,987.77	\$2,737.06	\$1,216.27

Deposit Slip by Deposit Date

Deposit Date IS BETWEEN 11/01/2012 AND 11/30/2012; AND Company IS BENSENVILLE FIRE PROTECTION DISTRICT

BENSENVILLE FIRE PROTECTION DISTRICT

<u>Deposit Date</u>	<u>Payments</u>	<u>W/O</u>	<u>W/D</u>	<u>Refunds</u>
11/1/2012	0.00	0.00	1,274.02	0.00
11/2/2012	0.00	335.00	753.11	0.00
11/3/2012	0.00	1,232.80	737.86	0.00
11/5/2012	0.00	4,643.82	0.00	0.00
11/6/2012	0.00	2,425.60	1,444.33	0.00
11/8/2012	12,812.31	2,380.80	4,394.99	0.00
11/9/2012	0.00	0.00	857.79	0.00
11/10/2012	0.00	1,472.60	0.00	0.00
11/11/2012	0.00	0.00	1,683.77	0.00
11/12/2012	0.00	946.00	2,194.76	0.00
11/13/2012	15,309.11	0.00	3,301.48	0.00
11/14/2012	0.00	947.60	561.28	0.00
11/15/2012	0.00	82.95	723.51	0.00
11/19/2012	7,380.01	1,191.20	400.61	0.00
11/20/2012	13,394.22	0.00	5,232.95	0.00
11/21/2012	0.00	1,821.60	0.00	0.00
11/22/2012	0.00	0.00	848.48	0.00
11/23/2012	0.00	100.00	550.51	0.00
11/25/2012	0.00	0.00	1,447.01	0.00
11/26/2012	0.00	0.00	719.02	0.00
11/27/2012	0.00	4,549.28	2,684.86	0.00
11/28/2012	0.00	4,537.20	0.00	0.00
11/29/2012	11,500.91	2,209.20	0.00	0.00
11/30/2012	11,774.46	0.00	2,652.16	-812.48
Company Totals:	\$72,171.02	\$28,875.65	\$32,462.50	-\$612.48

Deposit Slip by Profit Center

Deposit Date IS BETWEEN 10/01/2012 AND 10/31/2012; AND Company IS WINNETKA FIRE DEPARTMENT

WINNETKA FIRE DEPARTMENT

<u>Deposit Date</u>	<u>Payer</u>	<u>Type</u>	<u>Check #</u>	<u>Amount</u>
KENILWORTH RES				
10/25/2012	Medicare-IL-AMBULANCE	EFT	886649971	\$290.01
10/30/2012	Medicare-IL-AMBULANCE	EFT	886669600	\$290.01
NON				
10/17/2012	Bill Patient	RC	1007	\$25.00
10/05/2012	Bill Patient	RC	13708	\$130.00
10/17/2012	Blue Cross Blue Shield of IL	RC	2420807	\$520.00
10/17/2012	MUTUAL OF OMAHA	RC	246118	\$86.10
10/17/2012	Bill Patient	RC	27124	\$650.00
10/04/2012	Blue Cross Blue Shield of IL	EFT	27477510	\$650.00
10/04/2012	Blue Cross Blue Shield of IL	EFT	27507120	\$650.00
10/16/2012	Blue Cross Blue Shield of IL	EFT	27634120	\$120.00
10/30/2012	Blue Cross Blue Shield of IL	EFT	28095990	\$500.00
10/16/2012	Medicare-IL-AMBULANCE	EFT	886599568	\$344.38
10/30/2012	Medicare-IL-AMBULANCE	EFT	886674196	\$290.01
RES				
10/26/2012	CIGNA PPO			\$0.00
10/16/2012	AARP	EFT	107345149	\$86.10
10/30/2012	AARP	EFT	1074594451	\$86.10
10/17/2012	HARVARD PILGRIM HEALTH	RC	1085053	\$86.10
10/17/2012	Bill Patient	RC	1122	\$17.22
10/17/2012	Bill Patient	RC	13987	\$86.10
10/17/2012	MUTUAL OF OMAHA	RC	209121	\$86.10
10/04/2012	Blue Cross Blue Shield of IL	EFT	27446890	\$86.10
10/04/2012	Blue Cross Blue Shield of IL	EFT	27477510	\$500.00
10/04/2012	Blue Cross Blue Shield of IL	EFT	27572990	\$68.88
10/16/2012	Blue Cross Blue Shield of IL	EFT	27663610	\$650.00
10/25/2012	Blue Cross Blue Shield of IL	EFT	27818210	\$86.10
10/25/2012	Blue Cross Blue Shield of IL	EFT	27877030	\$542.33
10/25/2012	Blue Cross Blue Shield of IL	EFT	27938780	\$520.00
10/30/2012	Blue Cross Blue Shield of IL	EFT	28066020	\$86.10
10/31/2012	Bill Patient	RC	28095990	\$650.00
10/31/2012	Bill Patient	RC	3072	\$65.00
10/05/2012	Bill Patient	RC	3618	\$195.00
10/05/2012	Bill Patient	RC	4019	\$100.00
10/26/2012	Cigna Healthcare	RC	5544	\$124.61
10/26/2012	Cigna Healthcare	RC	614809996	\$84.70
10/26/2012	CIGNA PPO	RC	614821256	\$6.97
10/26/2012	CIGNA PPO	RC	614971509	\$71.33
10/05/2012	Bill Patient	RC	614979814	\$5.90
10/04/2012	UNITED HEALTH CARE Georgia I	EFT	7323	\$162.50
10/31/2012	Blue Cross Blue Shield of IL	RC	81155310	\$455.00
10/04/2012	Medicare-IL-AMBULANCE	EFT	8126991	\$4.55
10/16/2012	Medicare-IL-AMBULANCE	EFT	886581808	\$344.38
10/16/2012	Medicare-IL-AMBULANCE	EFT	886599568	\$344.38
10/16/2012	Medicare-IL-AMBULANCE	EFT	886611672	\$344.38
10/25/2012	Medicare-IL-AMBULANCE	EFT	886619295	\$344.38
10/30/2012	Medicare-IL-AMBULANCE	EFT	886649971	\$344.38
		EFT	886669600	\$290.01

Deposit Slip by Profit Center

Deposit Date IS BETWEEN 10/01/2012 AND 10/31/2012; AND Company IS WINNETKA FIRE DEPARTMENT

WINNETKA FIRE DEPARTMENT

<u>Deposit Date</u>	<u>Payer</u>	<u>Type</u>	<u>Check #</u>	<u>Amount</u>
10/30/2012	Medicare-IL-AMBULANCE	EFT	886674196	\$978.77

Number of checks 40

Grand Total -

Deposit Slip with Check Date by Deposit Date

Deposit Date IS BETWEEN 09/01/2012 AND 09/30/2012, AND Exclude reversed credits, AND Company IS BUFFALO GROVE FIRE DEPT

BUFFALO GROVE FIRE DEPT

Deposit Date	Check Date	Payer	Type	Check #	Amount
9/12/2012	9/14/2012	AETNA 1	EFT	812254550001520	\$439.67
9/12/2012	9/5/2012	Medicare-IL-AMBULANCE	EFT	886504797	\$5,752.09
9/12/2012	9/7/2012	Medicare-IL-AMBULANCE	EFT	886513071	\$1,105.16
9/12/2012	9/11/2012	Medicare-IL-AMBULANCE	EFT	886522184	\$2,389.76
9/12/2012	9/10/2012	Medicare Railroad	EFT	887337367	\$405.51
Totals for Deposit Date of - 9/12/2012					\$10,092.19
9/13/2012	8/31/2012	STATE FARM	RC	101887722	\$400.00
9/13/2012	9/4/2012	STATE FARM	RC	101891674	\$400.00
9/13/2012	9/7/2012	STATE FARM	RC	101899457	\$629.75
9/13/2012	7/13/2012	Bill Patient	RC	1125	\$102.75
9/13/2012	9/7/2012	Bill Patient	RC	1407	\$100.00
9/13/2012	9/7/2012	Blue Cross Blue Shield of IL	RC	148861674	\$48.65
9/13/2012	9/4/2012	Bill Patient	RC	26810	\$25.00
9/13/2012	9/6/2012	Blue Cross Blue Shield of IL	RC	357108	\$19.91
9/13/2012	8/27/2012	UNITED HEALTH CARE 1	RC	36630188	\$298.41
9/13/2012	8/27/2012	UNITED HEALTH CARE Georgia 1	RC	36847563	\$1,463.25
9/13/2012	8/30/2012	UNITED HEALTH CARE Georgia 1	RC	36882314	\$615.23
9/13/2012	8/12/2012	Bill Patient	RC	3791	\$150.00
9/13/2012	9/8/2012	Bill Patient	RC	3830	\$20.00
9/13/2012	8/27/2012	UNITED HEALTH CARE 1	RC	4373657	\$80.00
9/13/2012	9/4/2012	MUTUAL OF OMAHA	RC	457182	\$97.44
9/13/2012	8/27/2012	UNITED HEALTH CARE 1	RC	4632729	\$1,053.04
9/13/2012	8/30/2012	UNITED HEALTH CARE 1	RC	4665749	\$290.14
9/13/2012	8/31/2012	UNITED HEALTH CARE 1	RC	4691611	\$589.33
9/13/2012	9/8/2012	Bill Patient	RC	5793	\$150.00
9/13/2012	8/29/2012	Blue Cross Blue Shield of IL	RC	62347113	\$5,135.44
9/13/2012	9/5/2012	Blue Cross Blue Shield of IL	RC	62421397	\$1,427.14
9/13/2012	9/4/2012	BANKERS LIFE CHICAGO	RC	88138480	\$98.99
9/13/2012	9/11/2012	Bill Patient	RC	946	\$19.74
Totals for Deposit Date of - 9/13/2012					\$13,214.21

Written by: Robert Betz

Printed On: 12/12/2012 at 12:56:40PM

\\RN64\RESCUENET\REPORTS32\CASH\DEPOSIT SLIP WITH CHECK DATE1.RPT

Deposit Slip with Check Date by Deposit Date

Deposit Date IS BETWEEN 09/01/2012 AND 09/30/2012; AND Exclude reversed credits; AND Company IS BUFFALO GROVE FIRE DEPT

BUFFALO GROVE FIRE DEPT

Deposit Date	Check Date	Payer	Type	Check #	Amount
9/19/2012	9/19/2012	Medicare-IL-AMBULANCE	EFT	886544998	\$1,966.25
9/19/2012	9/20/2012	Medicare-IL-AMBULANCE	EFT	886549330	\$737.32
9/19/2012	9/21/2012	Medicare-IL-AMBULANCE	EFT	886553583	\$1,802.52
Totals for Deposit Date of - 9/19/2012					\$4,506.09
9/20/2012	9/13/2012	HARMONY HEALTH PLAN	RC	1000619939	\$198.37
9/20/2012	9/10/2012	Blue Cross Blue Shield of IL	RC	10636076	\$541.00
9/20/2012	9/12/2012	Bill Patient	RC	1093	\$20.00
9/20/2012	9/10/2012	AARP	RC	1144469181	\$889.16
9/20/2012	9/15/2012	Bill Patient	RC	1504	\$25.00
9/20/2012	9/10/2012	Bill Patient	RC	1836	\$50.00
9/20/2012	9/13/2012	Bill Patient	RC	1926	\$156.39
9/20/2012	9/13/2012	MIDWEST ENGINEER INSURANCE	RC	2293339	\$96.32
9/20/2012	9/15/2012	Bill Patient	RC	350	\$50.00
9/20/2012	9/10/2012	UNITED HEALTH CARE 1	RC	36981398	\$1,102.06
9/20/2012	9/10/2012	UNITED HEALTH CARE 1	RC	4460117	\$527.90
9/20/2012	9/6/2012	UNITED AMERICAN INS.	RC	58388584	\$99.27
9/20/2012	9/12/2012	Blue Cross Blue Shield of IL	RC	62518958	\$2,594.06
9/20/2012	9/15/2012	Bill Patient	RC	727	\$96.88
9/20/2012	9/10/2012	Blue Cross Blue Shield of IL	RC	743683	\$91.16
9/20/2012	9/5/2012	Bill Patient	RC	8992	\$50.00
Totals for Deposit Date of - 9/20/2012					\$6,587.57
9/26/2012	9/18/2012	HUMANA	EFT	1290013352596	\$399.86
9/26/2012	9/24/2012	Medicare-IL-AMBULANCE	EFT	886558464	\$389.20
9/26/2012	9/25/2012	Medicare-IL-AMBULANCE	EFT	886563175	\$429.13
Totals for Deposit Date of - 9/26/2012					\$1,218.19
9/27/2012	9/11/2012	Bill Patient	RC	109	\$150.00
9/27/2012	9/15/2012	HARTFORD-CENTRAL WORK COMP	RC	1189071525	\$416.68
9/27/2012	9/21/2012	Bill Patient	RC	217132798	\$25.00
9/27/2012	9/17/2012	CIGNA PPO	RC	249357918	\$405.88

Written by: Robert Betz

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Deposit Slip with Check Date by Deposit Date

Deposit Date IS BETWEEN 09/01/2012 AND 09/30/2012; AND Exclude reversed credits; AND Company IS BUFFALO GROVE FIRE DEPT

BUFFALO GROVE FIRE DEPT

<u>Deposit Date</u>	<u>Check Date</u>	<u>Payer</u>	<u>Type</u>	<u>Check #</u>	<u>Amount</u>
9/27/2012	9/17/2012	UNITED HEALTH CARE 1	RC	37049109	\$685.99
9/27/2012	9/17/2012	UNITED HEALTH CARE 1	RC	42093721	\$79.08
9/27/2012	9/17/2012	United Healthcare Indemnity	RC	4509253	\$101.38
9/27/2012	9/17/2012	UNITED HEALTH CARE 1	RC	4812916	\$68.54
9/27/2012	9/21/2012	Bill Patient	RC	4905	\$79.72
9/27/2012	9/19/2012	Blue Cross Blue Shield of IL	RC	62610050	\$2,537.86
9/27/2012	9/24/2012	Bill Patient	RC	6436	\$100.00
9/27/2012	9/18/2012	Aetna Better Health 2	RC	66064	\$203.28
Totals for Deposit Date of - 9/27/2012					Amount - \$4,853.41
Grand Totals for - BUFFALO GROVE FIRE DEPT					Amount - \$40,471.66

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