

June 30, 2023

City of Key West
Attn: City Clerk
1300 White Street
Key West, FL 33040

Re: RFP# 002-23-EMS Billing Services

Dear City of Key West Evaluation Team Members,

EMS Management & Consultants (EMS|MC) is very pleased to submit our response to the City of Key West for EMS Billing Services. Now in our 27th year, EMS|MC knows the EMS billing industry like no other, processing over 3.3 million claims annually across 41 states - including over 226,000 claims in Florida. We are uniquely positioned to bring the best medical billing and collection services to the City of Key West, and we look forward to earning your partnership.

With 16 existing clients and many years of experience in Florida, EMS|MC deeply understands the existing regulatory environment and where it is headed for the state. Our efforts surrounding Medicaid Cost Reporting/Reform, PEMT programs, ET3 and Mobile Integrated Healthcare Programs are just a few examples of how we help our clients prepare for, adapt, and remain current with the constantly changing regulatory environments around them.

We act as a true partner – not just a vendor.

EMS|MC's customized approach has increased compliant collections for all of the agencies who have transitioned to us. To ensure all transition risks are minimized, your deployment project manager will lead a methodical & thorough onboarding process. In the last 5 years alone, over 90 new agencies have entrusted EMS|MC with their EMS billing needs, many of these transitions were from your current provider. As a result of these transitions, compliant collections increased over 5% on average for every agency transitioning to EMS|MC.

Our **EMSstart** onboarding process will establish written billing and collection policies, and review contracts with payors and facilities. In this response, we will detail what makes us unique from our competitors and the Gold Standard in EMS billing, including the following highlights:

- **The Next Generation EMS Solution** – EMS|MC along with PWW Advisory Group and VAIRKKO have combined to invest in the next generation solution for EMS and mobile healthcare organizations nationally. The combined offering will enable us to offer a comprehensive set of reimbursement, human capital and advisory solutions while driving the industry forward with advocacy and innovation.
- **Cutting-edge Technology** – EMS|MC's proprietary claims processing platform, **EMSsmart™**, brings the best of human judgement and automation together to ensure the highest clean-claim rate and cash-per-trip results in the industry. **Crew Analysis®** is an unmatched performance management tool for your medics, focused on key billing documentation needed for maximum collections.

- **Onboarding** – EMS|MC's proven project management driven onboarding process, **EMStart**, ensures that the City will not see a disruption in cash flow during the transition to EMS|MC.
- **Customer Success** – Your dedicated Customer Success team will include an **Customer Success Executive**, Steve King, and a **Project Manager**, Shena Holliday, who are focused on delivering awesome for your agency, providing on-site interaction & feedback, and tailoring our solution to fit the needs of your organization & community.
- **Compliance** – EMS|MC's compliance team is dedicated to ensuring the unmatched awareness & adherence to the unique regulatory environment of Florida, representing your agency fully in the case of an audit.
- **Advocacy** – Headed by our Advocacy Liaison, Regina Godette-Crawford (formerly the chief of NCOEMS), EMS|MC ensures our clients are at the forefront of awareness & participation in the most important issues facing our industry – including ET3 & Ambulance Cost Data Collection. **Regina has also recently been appointed as a member on the Ground Ambulance Balance Billing Senate Committee.**

EMS|MC's success is based on innovation, advocacy, and compliance which leads to natural growth through referrals from existing clients. The City of Key West will find us to be trustworthy, dedicated, and tireless in the relationship we develop with your team to deliver the industry's best cost-to-value ratio. **EMS|MC is dedicated to continuous improvement as we customize our solution to fit the City's unique needs.** We look forward to the next steps and hope to earn the right to be your future EMS billing partner.

Sincerely,



Greg Carnes
Chief Executive Officer
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Greg.Carnes@emsbilling.com

As Chief Executive Officer for EMS|MC, I am authorized to make representations on behalf of EMS Management & Consultants, Inc. Our management fee stated in this proposal is all inclusive and is valid for 120 days. Further, EMS|MC does not have any ethical conflicts that would interfere with a contractual obligation with the City of Key West.

EMS|MC – Who We Are & What We Do

Founded in 1996 by a Paramedic, EMS Management & Consultants has assembled a team of industry-leading experts who are dedicated to maximizing EMS reimbursements. We deliver unparalleled service designed to bring value to your citizens.

Headquartered in Winston-Salem, North Carolina, EMS|MC serves communities, like yours, across the United States, and processes more than 3.3 million claims annually.

EMS|MC sets the industry standard with our expertise, innovation, and patient-centric approach. We understand that no two agencies are alike, yet each of our clients benefits from the benchmarking and trending information from neighboring localities or municipalities of similar size. We have tremendous depth in the EMS marketplace and are well-versed in legislation and compliance issues that matter to our clients across the nation.

EMS|MC strives every day to build strong, long-term partnerships that are built on trust and dependability. A partnership with EMS|MC offers compliant methodologies, consultative decision-making, innovative technology solutions, and a patient-centric process designed to maximize your revenue.

We understand the demographics, patient outcomes, cultural billing practices, industry developments and what is important to your patient community. EMS revenue cycle management requires a deep level of expertise, given the ever-changing regulatory environment and requirements from payors. EMS|MC has developed a system of compliance, billing expertise and sensible automation designed to maximize recovery.

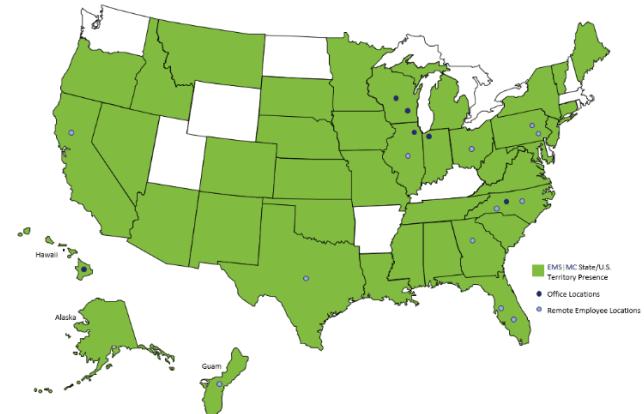
A Partner You Can Trust

EMS|MC is the industry leader in providing HIPAA-compliant revenue cycle management that delivers optimized collections to our clients in every state and across the nation. EMS|MC realizes the importance of your mission to compassionately provide critical medical care to its citizens, and our solution described in the response will detail how we will be a partner you can trust to support that mission. EMS|MC is unique in the industry. While experiencing steady growth in our 27-year history, beginning in North Carolina, and expanding across the nation, we have gained significant momentum in the last three years. Our increased investments in technology-driven innovation and human talent within our team has allowed us to build the most effective and scalable solution for agencies looking for an EMS billing partner.

EMS Revenue Cycle Leader

EMS|MC is the largest EMS billing agency in the United States

EMS|MC's National Footprint

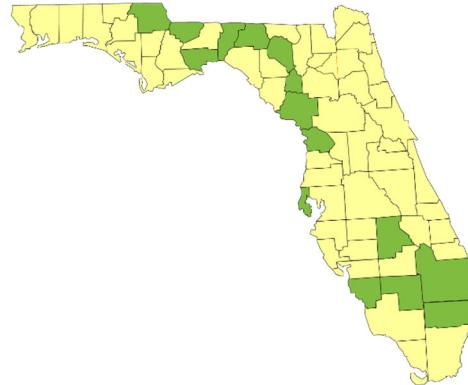
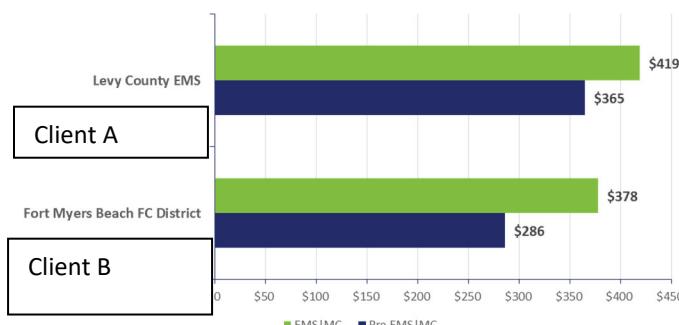


EMS MC's National Footprint	41 states
Number of Industry Trained Staff	430
Years in Business	27
Number of EMS Claims Processed	3.3M annually
Claims Processed in FL Annually	226,000+

Florida Experience

Serving 16 satisfied clients in Florida, we have tremendous depth in the EMS marketplace, coupled with a deep knowledge of the payers, Medicare administrative contactors and the statewide Medicaid Managed Care program.

Florida Counties and Municipalities



EMS|MC has extensive experience working with the Centers for Medicare and Medicaid Services (CMS), as well as commercial insurance payers. The process begins with our dedicated Payor Relations team, who handles all registrations, credentialing, and administration to ensure accurate and timely claim submissions the first time. We possess strong relationships with key personnel with the governmental and private payers.

Our unique position enables us to stay connected to industry matters and timely regulation changes that are relevant to our clients and to compliance. The EMS|MC Payor Relations, Operations and Compliance departments work together closely to integrate the latest process improvements and milestones for our electronic claims' submissions.

Specifically, with Florida governmental payers, EMS|MC has vast experience with First Coast Service Options, Inc., JN-FCSO-the Medicare Administrative Contractor (MAC) for Florida Medicare, as well as Florida Medicaid and the Florida Medicaid MMA programs. This level of experience allows us to specialize in Local Coverage (determinations) (LCD), ensuring that claims are submitted in the most efficient and compliant manner.

EMS|MC has remained extensively involved in the Florida Medicaid 1115 Waiver process throughout the implementation of the Managed Medical Assistance (MMA) process. As one of our many services, EMS|MC can assist with the Florida Medicaid CPE Cost report program for additional Medicaid reimbursement. EMS|MC provided FL Medicaid Fact Sheets to our clients notifying them of the changes to the program and how these changes would specifically affect them.

Cost Recovery Programs for EMS Providers –

EMS|MC understands the integral role State Supplemental Payment Program participation offers for our partners. EMS|MC contracts with certified vendors who are registered as Trained Preparers for supplemental payment programs & will facilitate contract negotiations to ensure that Key West collects every dollar received through the future state PEMT program. When and if Key West decides to participate in the PEMT program, we will facilitate next steps and additional cost.

Fire & EMS agencies play a critical role in providing much needed emergency medical & fire safety services to their communities. EMS|MC has partnered with a vendor who are experts in & is committed to developing practical solutions to help fire & EMS providers improve operational and financial performance, achieve, and maintain compliance, & deliver high quality services. This firms' experience providing revenue optimization, cost reporting, consulting, & assessment services to EMS providers across the country, sets them apart from other firms. They understand the unique needs and challenges faced by fire & EMS providers & have built an unparalleled level of program knowledge, financial acumen, operational expertise, & technical capability.

EMS|MC's scheduled based invoicing begins as claims are submitted. After ePCR intake and initial coding and claim submission to appropriate payors (within 24-48 hours), EMS|MC will send out the appropriate invoice and/or call of information (insurance, signature, etc.). **Once a claim is researched & is fully determined to be non-covered, an invoice is submitted directly to the patient in accordance with Key West's collections specifications/procedures. The patient will also receive a denial letter with an explanation of benefits directly from their insurance carrier.**

Invoices are sent on a 30-day basis, unless otherwise required by Key West.

When no additional information or payment has been received after the last agreed upon invoicing interval, EMS|MC will provide you or your selected Collections Agency with a batch file containing all necessary information. This is only after all internal & external resources have been exhausted by EMS|MC. EMS|MC will work with Key West to decide the best time for a final notice to be sent. This can be customized to meet Key West's needs and preferences. If a patient account falls into the delinquent collection category after so much time without payment, EMS|MC can work with your chosen debt collection service to transfer these files. Further, EMS|MC has working relationships with various collection agencies across the country, and we will work with any company chosen by Key West.

The Key Elements of EMS|MC's Billing Solution Include:

Collections Maximization

EMS|MC's claims management methodology is a multi-step process built around EMS|MC's processing platform, **EMSmart™**. This platform delivers the industry's best rule-based process automation while retaining human judgement at the appropriate points in the billing cycle to maximize your reimbursements.

EMSsmart™ is the backbone of our billing process. During the **EMSstart** onboarding process we create a client specification based on your responses to our detailed questionnaire, we then input your rules into our pre-processor. **These details enact guard rails that provide protection as they are built around pre-existing state guidelines and idiosyncrasies specific to your agency.**

EMS|MC collects more for our clients through our eligibility process, a compliant billing and coding process and exhausted denial and claim management process that is HIPAA compliant. **As the largest, sole EMS billing agency, our team of industry leading experts are dedicated to maximizing your revenue.**



Compliance

EMS|MC has a dedicated internal compliance staff that is committed to ethical, well-documented process of compliance, risk management and professional billing practices.

EMS|MC is dedicated to maintaining a deep knowledge of our clients' payors and EMS legislation on both the state and national levels. EMS|MC not only has monthly internal and external audit programs in place for our staff and our client base, but our experienced compliance staff will also defend clients in the event of a Medicare or Medicaid CMS audit. **EMS|MC has saved millions & counting in repayments for clients due to proving inaccurate audits.**

SSAE No. 18 SOC I, Type 2 Audit

EMS|MC completes a SSAE No. 18 SOC I, Type 2 audit each year to ensure quality, confidence, and consistency in our processes. As a result of this audit, many reconciliation points throughout our processes are well documented and are properly executed.

Patient Services

EMS|MC will provide you with a **toll-free patient service telephone**. Your patients will be provided with the best Customer Success in the industry. EMS|MC encourages our patient representatives to help the patient resolve all questions until they are fully satisfied. EMS|MC's patient portal, **EMSSecurePay** is set up to receive patient payments, missing insurance information, and patient survey results.

Continuous Innovation

EMS|MC's investments will continue in technology-driven process improvement. Your service can count on staying at the forefront of the industry as a partner with EMS|MC. **Crew Analysis**, is unique in the industry, providing measurable quantitative data on crew member documentation practices to drive crew accountability and future training.

Seamless transition

EMS|MC creates customized seamless transition plans for new clients, including 90 agencies in just the past 5 years – that is project management driven process and structured so that your revenue won't drop during the onboarding process.



For over 26 years, EMS|MC has been committed to providing innovative billing solutions to clients across the nation. We understand that no two agencies are alike, yet each of our clients benefits from the benchmarking and trending information from neighboring localities or municipalities of similar size. We have tremendous depth in the EMS marketplace and are well-versed in legislation and compliance issues that matter to our clients across the nation.

The EMS|MC Commitment

Our firm commitments to implementing the very latest in secure, automated technology and client/patient friendly processes ensure collections maximization. We will establish a record of consistent performance enhancement; offer proven **value-added Customer Success**s and develop a relationship built upon **trust, dependability, and full accountability**. Our experience, knowledge, and leadership have helped set the standard in professional EMS billing practices. With over 27 years of proven experience, EMS|MC is committed to continually providing this same value-added service to you.

The EMS|MC Full Revenue Cycle Management Solution

Dedicated Account Management & Onboarding:

The City of Key West will have a Customer Success Executive and a Project Manager who will be focused on your business providing on-site interaction & feedback, tailoring our solution to fit the needs of your organization & community. EMS|MC's proven project management driven onboarding process, **EMStart** ensures that your service will not see a disruption in cash flow during the transition to EMS|MC.



Collections Maximization
Innovative Technology
Attentive Client Care
A True Partnership

Client training is a critical milestone of the EMS|MC onboarding process and once the engagement begins, EMS|MC will connect your team to **EMScholar™**, our education platform. **Our EMScholar™ education portal provides up-to-date content verified by industry experts at Page, Wolfberg & Wirth.** **EMScholar™** offers onsite and online training with 24/7 access to courses anywhere an Internet connection is available.

Proprietary Technology:

EMSsmart™ is our proprietary claims processing engine, which has resulted in claim quality over 99%, driving reduced denials & faster collections. We believe it strikes the perfect balance of leading-edge automation for the elements of the billing process most prone to human error, while retaining human judgement in key parts of the billing process.

EMS|MC utilizes several resources/eligibility databases to find missing & incomplete insurance information. **EMSurance**, one of our innovative billing technologies, provides an automated process to collect patient information by aggregating multiple channels into one process.

- Internal Search Engine – EMS|MC runs all new patients across our existing patient & client database to see if the patient is already in the system
- Outgoing Telephone Calls – Our staff can place outgoing courtesy calls to the patient for the purposes of obtaining insurance information
- Request for Insurance Statement – EMS|MC mails a “Request for Insurance Statement” to the responsible party. Patient addresses are verified against the National Change of Address (NCOA) database to obtain current address information & reduce returned mail
- Hospital Data Connections

EMS|MC is constantly fine-tuning our processes, typically using technology enhancements, to further specialize and optimize each part of the revenue cycle. Process improvement and technology innovation are in our DNA as a company, & you should expect that we will improve consistently from our current starting point in the relationship.

EMS|MC's client portal, **EMSight™**, provides real-time data about your agency's performance in a user-friendly platform 24/7 offering:



- **Reporting** – Provides financial ad-hoc reporting packages that can be downloaded in Microsoft Excel & Adobe PDF file formats
- **Crew Analysis** – Provides measurable quantitative data on crew member documentation practices to drive crew accountability & future training. Clients have found significant improvement in their Crew's performance seeing, on average, a **19%** increase in capturing SSN's & a **35%** increase in capturing Phone Numbers
- **Patient Notes** – Encourages users to add notes, including supporting documentation, to specific patient accounts driving transports to a new billing schedule
- **Payment Summary** – An interactive dashboard with one click access to powerful, transaction level detail with supporting documentation
- **Ambulance Care Report Return to Provider** – An interactive tool that allows you to review trips with insufficient information to bill
- **Surveys** – A valuable-added tool designed for you to gain insights from your patients

Collections Maximization:

EMS|MC has several processes in place that have proven to generate increased collections, including but not limited to our firm's separation of operations, ePCR partnerships, proprietary technologies & interactive tools, client transparency, reporting, bank reconciliation process, auditing, rigorous claim follow-up, strict adherence to compliance rules & regulations, industry knowledge & EMS advocacy efforts.

- **EMS|MC & ePCR:** EMS|MC's well-established ePCR vendor partnerships utilize automated methodologies. This ensures minimal manual intervention by clients & EMS|MC's team, reducing the opportunities for human error. As a partner with EMS|MC you will be provided with efficient & accountable imports of the electronic Patient Care Records (PCR), & EMS|MC will provide written verification that each transport was imported with an Import Confirmation Report.
- **Claim Coding & Billing Process:** Imported patient records require a billing specialist to review & make the coding decisions-based information contained in the ePCR. The patient narrative is a critical element in these coding decisions & is imported into the billing system.
- **Comprehensive Verification of Insurance Eligibility:** EMS|MC employs several resources/eligibility databases to find missing & incomplete insurance information. Our proprietary technology, **EMSurance**, provides an automated process to collect patient information by aggregating multiple channels into one process.

- **Proven Management of Call Reports Lacking Sufficient Information:** EMS|MC staff reviews each portion of the transport including attachments & narratives to determine if any information required for billing is missing. If so, the transport is placed on a dedicated schedule, called the “ACR Return to Provider” (ACR RTP). Trips on this schedule are then made available for immediate & actionable feedback, via the **EMSight™** client portal.
- **Electronic Claim Submission:** EMS|MC utilizes electronic claim submission in every case possible. Medicare, Medicaid & most commercial insurance carriers currently accept electronic claims. The faster that claims are batched & submitted to payors, the faster they will be paid to the provider. Our model has been proven over time & is designed to provide efficiency. The result is maximized cash flow & accuracy in claims.
- **Clean Claim Rate:** At EMS|MC, we are very committed to maintaining the highest clean claim rate possible. Clean claims mean faster reimbursement for our clients. EMS|MC maintains a high clean claim percentage by ensuring that every claim is verified using a proprietary automated quality validation system. This validation system uses complex logic that can identify many potential errors that could lead to claim rejections or denials.
- **Exhaustive Account Follow-up for all Denied or Open Balance Claims:** Account follow-up is conducted for all denied claims, or those claims with an open balance status beyond the normal time frame in which insurers are required to process claims. Our billing system automatically flags these accounts based on the specific payor & age of the account so that timely account research may be conducted.
- **Tracking Denials for Increased Effectiveness:** Our billing system can track denial codes & reason codes for internal quality assurance analysis. Denial reports are routinely reviewed by the billing operations manager for payor denial trends & potential coding issues. This report allows our team to stay informed & make the necessary adjustments to our processes to avoid duplication & maintain exceptional collection performance.
- **Appeal Process for Denied or Rejected Claims Increases Revenue:** Denied claims are always reviewed by a Revenue Cycle Specialist to determine the specific reason. Most appeals begin with a telephone review with the specific carrier to clarify the reason for denial. This assures that the claim was not mistakenly denied. In some cases, it can be corrected & paid via a telephone conversation. Once the claim is researched & it is fully determined to be non-covered, the invoice is submitted directly to the patient.
- **Patient Pay Account Processing & Follow-Up:** Private pay accounts are handled through initial invoicing & are followed up with monthly statements reflecting all payments & credits. EMSSecurePay, our patient payment portal, offers patients a secure & convenient option for resolving their account in full, or setting up a payment plan.



- **Refund Validation: Policies, Procedures & Identifying Credit Balances:** Our refund team thoroughly researches over-paid accounts or accounts with credit balances & will provide you with the proper documentation to assure that all refunds are processed.
- **Legal Requests:** Our solution includes the value add of EMS|MC handling the fulfilment of all attorney request for reports. We partner with ChartSwap to process requests for records from a lawyer or by a court. This HIPAA-compliant universal platform provides attorneys with fast, efficient fulfillment & provides visibility into what has been requested & received.
- **EMS|MC Lockbox:** EMS|MC can act as a lockbox for our clients, ensuring logical organization of documents pertaining to the EMS revenue cycle – maximizing efficiency. All payments, collateral & documentation are handled using our thorough process, complete with technology enablement. EMS|MC images all documents & securely manages workflow, facilitating fast time to payment, posting & viewing.

In addition, we will offer multiple payment options to patients, fine tuning our processes where necessary & communicating any opportunities/concerns.

- **EMSSign Signature Wizard:** If signatures are not acquired at the time of service, EMS|MC offers **EMSSign**, a signature wizard, whereby authorized parties can submit a digital signature online. This feature helps keep transports off the Ambulance Call Report – Return to Provider (ACR RTP) & moving through the EMS|MC billing process. We also utilize mailed letters to obtain missing signatures.
- **EMSSecurePay Our User-Friendly, Online Patient Portal:** **EMSSecurePay** is our user-friendly, online patient portal which is accessible through & is linked prominently from our website. Patients can review the status of their account, provide additional insurance information, or make a credit card payment using a secure HIPAA-compliant web server.

Dedication to the EMS Industry:

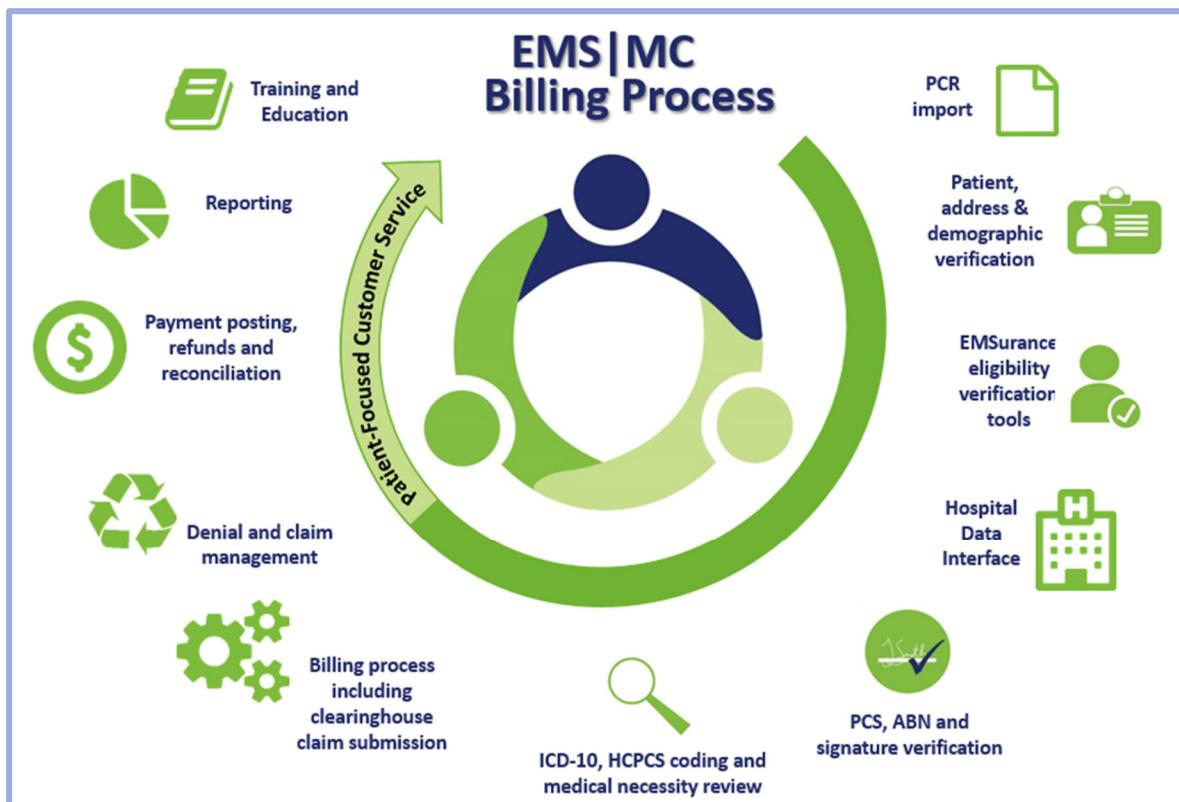
- **Compliance:** Headed by Chief Compliance Officer, Kim Stanley, EMS|MC's compliance team is dedicated to ensuring the unmatched awareness & adherence to the unique regulatory environment, representing your agency fully in the case of an audit.
- **Advocacy:** Headed by our Advocacy Liaison, Regina Godette-Crawford (formerly the chief of NCOEMS) & working closely with Kim Stanley & her team, EMS|MC ensures our clients are at the forefront of awareness & participation in the most important issues facing our industry – including ET3 & Ambulance Cost Data Collection.

EMS|MC's success is based on innovation, advocacy, & compliance which leads to natural growth through referrals from existing clients rather than through acquisition activity.

Program Approach – EMS|MC Efficient & Compliant Billing Process

As your future partner for EMS billing, EMS|MC is committed to providing you with the most efficient EMS billing practices, and we have no limitations that would impact our ability to perform the services covered in the City's RFP. We agree to comply with the City's Scope of Work requirements for RFP #002-23 for EMS Billing Services.

At EMS|MC, our claims management process is a multi-step methodology. We detail our claims management with a focus on minimizing “touch points” and increases improved claims. We have teams in every category of the billing process providing diligence around persistent follow up, ensuring separation of operations. The graph below is a high-level outline of our process:



EMS|MC is a long-term partner and as such are not governed by short term perspective. We make long-term investments in technology, our team, our partners & the EMS Industry as a whole. Our Billing system, **EMSmart™**, has over 26 years of billing knowledge as its foundation and consistently makes sophisticated coding decisions while maintaining the human element so that key touch points are appropriately made. The result our clients see is a significant reduction in the down-stream effect that come from incorrect claims.

At EMS|MC we consider **EMSmart™** to be a living platform, designed to create and maintain architectural paths in sync with each of our clients billing policies – In line with our “best practice approach,” we will do the same for each and every client.

EMSight™ - Meaningful & Measurable Data

EMSight™ is EMS|MC's secure online business intelligence dashboard and reporting solution with real-time patient search functionality, collaboration/workflow tools, & robust payment posting module. **EMSight™** offers daily, weekly, and monthly reports with detailed accounting of billing & collections, including both summary & detail-level data in an easy-to-interpret format.

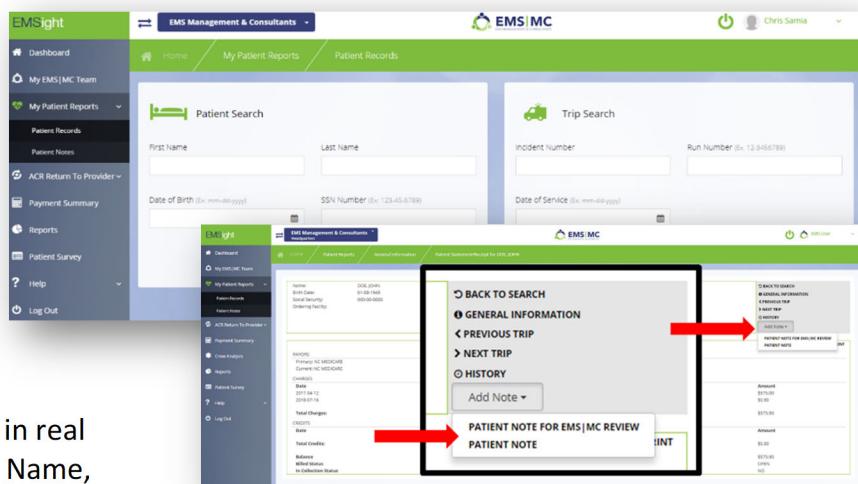
Your services' designated personnel have their own login ID and password for our secure client online portal website. **Individual access is granted to a particular feature/portal and is based on your preferences and job function.**



There is no limit on number of licenses or client employees accessing **EMSight™**. After logging in to the portal, clients are presented with a drillable dashboard divided into four subject areas: Billable Trips, Gross Charges, Net Collections, and Account Receivables. Each icon or number displayed on the dashboard is drillable and will promptly display second or third level reports. Reports can be filtered by various criteria and exported to an Excel or PDF format.

My Patient Reports

Besides drillable dashboards, clients have access to different modules using the left navigational menu. The following is the list of the most frequently used functionalities:



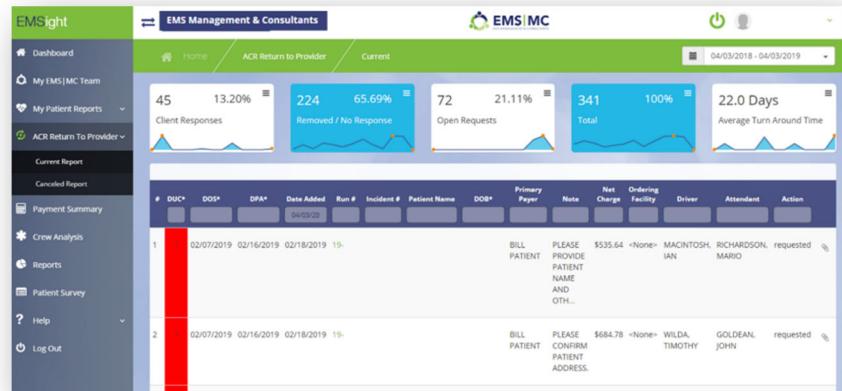
Patient Records – This area allows searching of our billing system records in real time using various search criteria: First Name, Last Name, DOB, SSN, Incident Number, Run Number, and Date of Service. Search results can be drilled down to a detailed report that can be printed.

Patient Notes – Patient Notes encourages users to add notes to specific patient accounts to drive transports to a new billing schedule. Users will be able to immediately note individual patient accounts, and specific transports, of any updates that might be related to that account.

ACR Return to Provider | (ACR RTP)

ACR RTP is workflow functionality that allows EMS|MC billing staff to return the trip back to the client as the trip is being worked in our billing system real time. Some of the reasons for returning trips back to clients are missing PCS form, incorrect information listed on the PCS form, missing patient address, Missing EKG, etc.

Your service can access all the information under their fingertips, upload a missing file or correct the information on the portal. This interactive tool will allow us to collaborate with you in real time, identify trends & execute any disruption in cash flow.

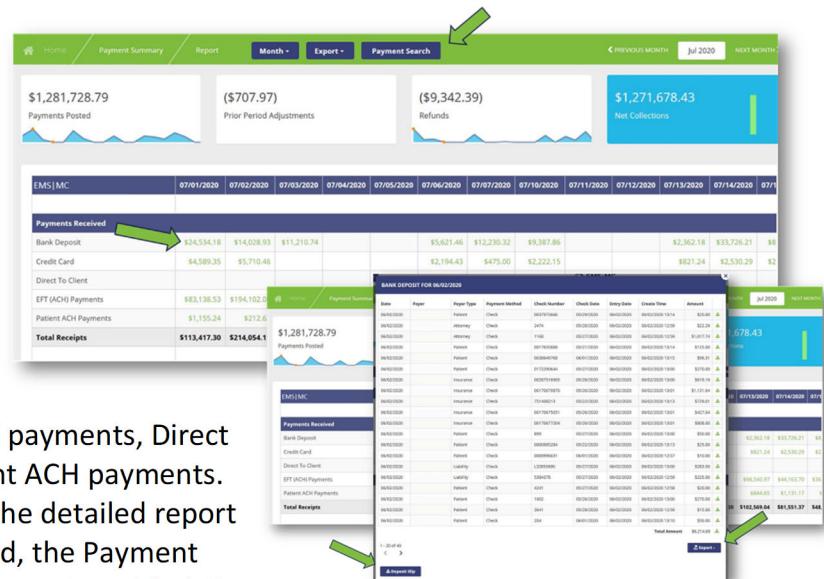


Reports

Beyond the standard EMS|MC month-end reporting package that your service will receive, **EMSight™** provides reliable ad-hoc reporting. EMS|MC realizes that unique reports often need to be created to offer invaluable organizational insight. EMS|MC has consistently been able to develop & provide these reports. **There is no additional charge for customized reporting.**

Payment Summary

Payment Summary provides access to financial dashboards and reports. Drillable dashboards show several financial metrics for any given month - the amount of posted payments, prior period adjustments, refunds, and net collections.



The Payments Received section shows daily amounts for Bank Deposits, Credit Card payments, Direct to Client payments, EFT payments and Patient ACH payments. Each daily amount is drillable and will show the detailed report of all payments. Similar to Payments Received, the Payment Posted section is broken down into 14 subcategories with daily totals, followed by Reconciliation and Refunds sections.

Crew Analysis

Crew Analysis provides the ability to quantify how often crew members are documenting specific data points on their PCR's: Patient signature, Phone number, Insurance with policy number, Social Security Number & whether the trip was returned on the ACR RTP report. **This tool will also allow you to review your documentation scores & averages in comparison to the EMS|MC National Average.** You can also utilize the "Crew Member Trend Chart" to depict documentation trends for crew members over the last 12 months, or within a specific date range if desired. Client's that utilize the ordering facility functionality can view trips by ordering facility in Crew Analysis.

This information is available in a report form that can be downloaded & printed. You will have the ability to print multiple crew member scorecards at one time from the Crew Analysis Metrics Crew List. This report is to aid in crew level performance review & training resulting in providing information needed to maximize revenue collection.



EMScholar™ & Crew Analysis

Client training is a critical milestone of the EMS|MC onboarding process and once the engagement begins, EMS|MC will connect your team to **EMScholar™**, our education platform. **Our EMScholar™ education portal provides up-to-date content verified by industry experts at Page, Wolfberg & Wirth.** **EMScholar™** offers onsite and online training with 24/7 access to courses anywhere an Internet connection is available. Our courses are taught by knowledgeable instructors who average 20 years of experience and/or education.

Designed to create consistency & operational efficiencies, **EMScholar™** is comprehensive, all-encompassing, & convenient for all users. **EMScholar™** creates an audit trail that directly correlates to crew member performance, giving administrators data analytics to improve continuum of care. These courses specifically focus & educate staff on: Narrative Writing, Patient Signatures, Medical Necessity and Physician Certification Statements.

The **EMScholar™** platform is included in your management fee and allows flexibility for your agency as you determine how to roll-out the training—all at once or in individual modules. **EMScholar™** dovetails nicely with **Crew Analysis**, our performance management tool built for your medics. This platform is designed to capture the areas that we can control & that play a key role in maximizing revenue. Using **Crew Analysis** for training purposes allows you to identify crew member deficiencies and in-turn enroll that crew member in the appropriate **EMScholar™** module for retraining. Once completed, staff will receive a certificate of completion.

Customer Success – Delivering Awesome

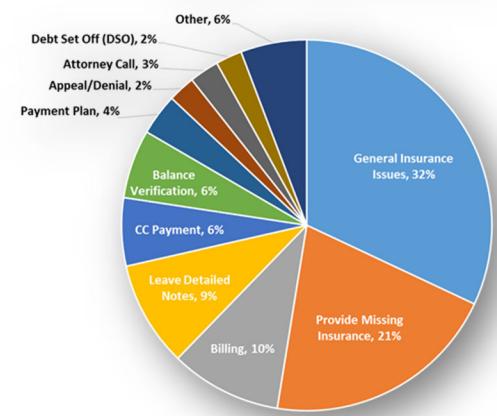
EMS|MC understands the importance of patient satisfaction and will always handle calls and questions regarding EMS billing as you would, acting as an extension of you. Telephone conversations are handled politely, professionally, and with full knowledge that we are representing your service and community.

While some EMS billing vendors measure performance of their patient service representatives by the length of the call, EMS|MC encourages our representatives to help the patient resolve all questions until they are fully satisfied. Each member of our patient service team has received rigorous training on patient management, in all aspects of troubleshooting concerns and EMS billing practices. EMS|MC records all incoming and outbound calls, therefore providing metrics for the variety of questions and requests from patients, clients and all others. With this reporting, EMS|MC can provide insight on what topics are driving calls.

At EMS|MC we communicate heavily with our clients & transparency leads every interaction. Our Customer Success team provides a free **Customer Success Hotline** where you can be assured that their issues will be resolved by a Level II Customer Success Executive in a timely manner. We also don't sit on bad news - if we were to make a mistake, we admit it & structurally fix it. **Your service can be guaranteed 100% transparency ensuring the identification & discussion of open issues related to the services should they arise.** Our mission is to lead the industry by delivering unrivaled Customer Service. All Patient & Client Communication are handled at the EMS|MC Corporate Office in Winston-Salem, NC. We are pleased to provide you with the following Customer Service value proposition:

Customer Success	EMS MC Style
Patient Service Standards	EMS MC provides our clients with customizable invoicing solutions & will acclimate to your specific needs.
Specialized Language Services	We employ bilingual - English/Spanish - staff members to speak with Spanish speaking customers directly
Interpreter Services	We utilize interpreter services through Language Line Services & have access to translators for over 200 languages
Toll-Free Number	EMS MC has a toll-free number in place specifically for customer inquiries between 8 AM & 8 PM EST Monday – Friday
Outbound Insurance & Missing Information Discovery	EMS MC will also place outbound Customer Success calls to collect missing insurance information, assuring that claims are placed on the proper billing schedule

Top Reasons for Customer Service Calls

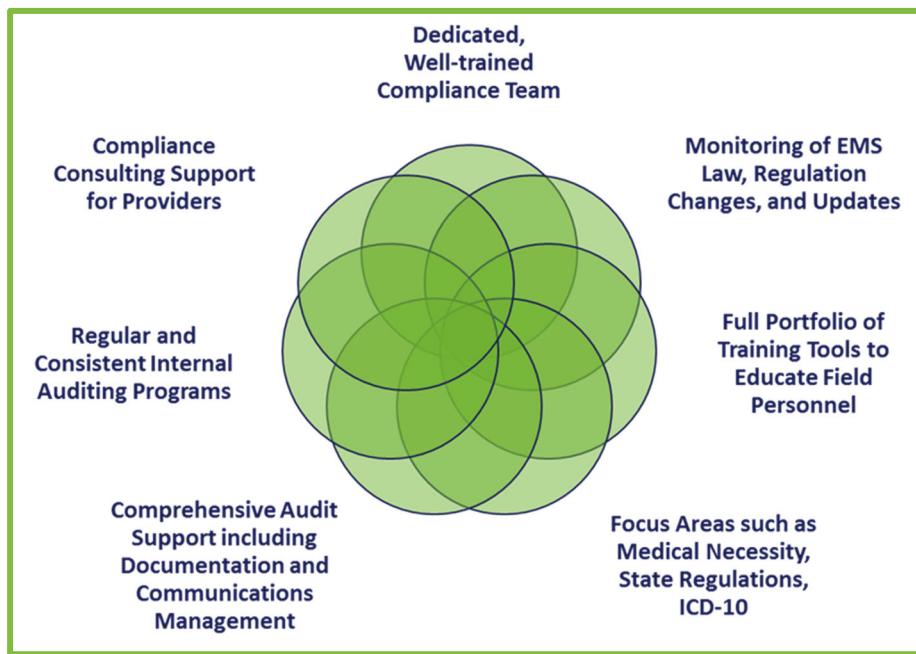


EMS|MC – A Culture of Compliance

Our Corporate Compliance team is one of the most robust and integral parts of our company. EMS|MC delivers compliant EMS revenue cycle management services by fulfilling HIPAA, CMS and other healthcare laws as a covered entity and as a business associate. Kim Stanley, Chief Compliance Officer leads our compliance efforts. The team is responsible for conducting quality assurance audits on all aspects of our business processes.

With more than four decades of experience, our compliance officers help mitigate risk associated with ambulance billing by applying comprehensive and timely knowledge of national EMS law and regulations, protecting our clients and company.

EMS|MC has an internal auditing quality assurance department, led by our compliance team, who performs daily pre-billing audits. These audits check for compliance issues before we submit claims to prevent any issues for our clients.



EMS|MC's Expertise

EMS|MC's Learning & Development team has designed and implemented an in-house coding certification course that meets national standards in ambulance coding excellence. The Certified Ambulance Coding Specialist (CACS) course enables our employees to successfully code trips with an in-depth auditing and feedback process for 100% of trips – ensuring accuracy throughout our training process. This allows our team to gain actionable insight into each employee's understanding of billing concepts, driving future course development, & continuing education opportunities.

Compliance

In compliance with these Privacy and Security Regulations, EMS|MC has extensive policies and procedures to adhere to these guidelines. EMS|MC maintains a comprehensive Compliance Program that includes:

- SSAE No. 18 SOC I Type 2 Certified.
- Data Disaster Recovery Plan and Data Backup policies.
- Secure FTP for sharing files with clients and external partners.
- Secure Network and Email Encryption with Virus and Firewall Protection.
- Secure work environment with key fob entry system, building security alarm system, and locked offices, storage areas and other areas in which PHI may be stored.
- Signed employee Confidentiality Agreement, Confidentiality and Dissemination of Confidentiality Attestation Statement, and Compliance Code of Conduct.
- Reoccurring quality scorecards for our employees

In keeping with our commitment and maintaining our longstanding reputation for honesty and integrity, EMS|MC's compliance program is based on the Compliance Guidance for Ambulances, as published by the Office of Inspector General (OIG), and as required by the OIG. **EMS|MC goes beyond the minimum requirements set forth by the OIG & has created a compliance program that is the best in the EMS billing industry - our program includes:**

- Designated Chief Compliance Officer, Compliance Manager, Compliance Analyst, and IT Security Officer who oversee all compliance related activities.
- Employment Background Checks, Criminal History Checks, and OIG Exclusion Database Verifications for all employees.
- Annual Mandatory Compliance Training and Education Programs with signed acknowledgement of understanding and commitment for all employees.
- Data Destruction policies for all sources of PHI to include paper, electronic, and/or hardware devices.
- Prohibited printing capabilities from VPN, Citrix and Telecommuting Systems.
- Breach Notification Policy to immediately notify patients when their data may have been compromised.
- PCI Compliance to ensure that credit card information is not stored after the transaction has been completed.
- Red Flag Policy.
- Ongoing monitoring of account access.

EMS|MC also participates in an annual third-party audit conducted by Page, Wolfberg, and Wirth (PWW) that solidifies our ongoing commitment to compliance.

Methodology to Determine Adequate Work Force

We have designed our Revenue Cycle Management program to be scalable & manage our staff-to-claim ratio to ensure that we are adequately staffed to handle the increases in volume to meet the KPIs set by Key West & EMS|MC during the deployment phase.

Key West will be provided with an Customer Success Executive – Steve King and a Project Manager (PM) – Shena Holliday.

Key West's Dedicated Account Management Team

The Customer Success Executive is the primary contact & serves as the client advocate, ensuring maximum account performance & full client satisfaction. They will be Key West's day-to-day contact, ensuring revenue cycles are managed optimally. The Project Manager, along with EMS|MC's Credentialing Team, lead the onboarding process. **All current employees have been vetted through E-Verify and are monitored against the OIG Exclusion Database monthly.**

Steve King, Customer Success Executive | Steve.King@EMSBilling.com | 336.347.9749

Steve will monitor Key West's account performance including trip imports, collections, A/R Days, cash per trip, run mix, & payor mix. He acts as the key operational point of contact for day-to-day needs & is accountable for successful management of the revenue cycle process. He is your contact for questions about your ambulance trips, billing & coding, denials & areas in between. He will also provide regular business reviews with Key West's staff to review data, trends & best practices. Steve joined EMS|MC in 2018 and is the AM for all Florida clients. Steve holds a bachelor's degree in Accounting from East Carolina University and is located in Tampa, Florida. Throughout his career, he has served in various financial and operational roles within the revenue cycle and physician practice management industries.

Shena Holliday, Project Manager | Shena.Holiday@emsbilling.com | 336.397.3763

Shena will be the Onboarding Project Manager. She is responsible for achieving critical milestones throughout the **EMStart** onboarding process & will ensure that all tasks are met prior to go-live for Key West. Her Project management style pairs an encompassing project oversight with intentional internal conversation. Shena joined EMS|MC in 2016 and has over 7 years of combined experience and an associate degree in Business Administration from GTCC and a bachelor's degree in Elementary Education from Liberty University

EMS|MC Credentialing Team

EMS|MC's Credentialing Team ensures the filing of required forms to obtain NPI's, Medicare, state Medicaid, provider enrollment applications, on-going revalidations, as well as any other licensure needs of Key West.

Greg Carnes, Chief Executive Officer**Greg.Carnes@emsbilling.com** **336.714.9085**

Greg Carnes joined EMS|MC in October 2015, bringing more than 28 years of experience in the healthcare & government sectors. Prior to joining EMS|MC, Greg was Executive Vice President at SourceHOV. He has a vast background in operations, finance, business development, & consulting across a number of industries, with a particular focus on healthcare.

Kim Stanley, CAC - Chief Compliance Officer**Kim.Stanley@emsbilling.com** **336.714.9091**

Kim Stanley was employed with Medicare as the EMS Liaison for more than a decade. Working in conjunction with CMS & various State committees, Kim developed many key reimbursement policies at both the carrier & federal levels. Kim has been with EMS|MC since 2003 & serves as the Chief Compliance Officer.

Jay Gyure, Chief Financial Officer**Jay.Gyure@emsbilling.com** **336.575.7079**

Jay joined EMS|MC in July 2017, bringing more than 25 years of financial management, project management & public accounting experience. Prior to joining EMS|MC, Jay was the Corporate Controller at Remington Outdoor Company where he was responsible for the company's accounting & specialized in the financial operations integration of over a dozen mergers & acquisitions.

Kate Pruitt, Sr. VP of Southeast Region**Kate.Pruitt@emsbilling.com** **336.245.6036**

Kate is responsible for the Customer Success Team & revenue cycle management. Kate oversees process efficiencies, organizational structure, call center methodology & operations management. In addition, Kate's strong leadership provides our clients with strategic oversight to onboarding & account management. She joined EMS|MC in 2005 as Operations Manager for the West Point, GA, office, formerly Ambulance Billing Consultants, Inc.

Jake Vizner, Chief Information Officer**Jake.Vizner@emsbilling.com** **336.714.9080**

Jake joined EMS|MC in September 2014 with 20 years of experience providing technology solutions for start-ups, Fortune 500 companies, & multi-billion-dollar organizations in the healthcare & financial industries. At EMS|MC, Jake provides strategic IT analysis & vision for improving technology processes that increase internal efficiencies & the performance of clients.

Regina Godette-Crawford, Advocacy Liaison**Regina.Crawford@emsbilling.com** **336.397.3747**

Regina joined EMS MC in January 2016 bringing over 33 years of experience in EMS regulatory oversight & administration. Regina worked for the Office of EMS for over 22 years before retiring. She held position of Regional Specialist, which included inspections, regional exams & technical assistance to EMS providers; Regina served as an advocate for EMS providers in the General Assembly to include grant funding for community paramedicine programs & other important legislative issues affecting EMS.

Why EMS|MC?

EMS|MC is a technology-driven company that strives to provide the reporting and analytics needed to match the growth of our clients. We are focused on maximizing revenue with a strict adherence to regulatory compliance and risk mitigation. As a seamless extension of your team, we are here to ensure that your EMS billing is productive, compliant, and accurate. Our sincere desire is to build a trusted partnership, eliminate any transition risk, and enhance the most innovative and highest performance in the industry for revenue collections for years to come. We strive to make every encounter meet or exceed your expectations. We would be very pleased to begin our partnership with you for your revenue cycle management program.

References

EMS|MC has over two decades of experience helping EMS systems navigate complex business needs related to EMS billing, revenue & growth, all the while maintaining focus on the importance of the communities they serve. EMS|MC serves communities across the United States, processing more than 3.3 million claims annually.

Company	Contact	Contact Information
Pinellas County 12490 Ulmerton Road Largo, FL 33774	Melissa Hiles Billing Services Manager	727.582.2452 mhiles@co.pinellas.fl.us
Citrus County 1520 N. Meadowcrest Blvd. Crystal River, FL 34429	Tammy Strazzulla Medical Billing Specialist	352.527.5409 Tammy.strazzulla@citruscountyfire.com
Suwannee County Fire Rescue 13530 80 th Terrace Live Oak, FL 32060	Eddie Hand Chief	386.364.3404 eddieh@suwcountyfl.gov

Full Revenue Cycle Management Pricing:

The EMS MC Full Revenue Cycle Management Solution	4.25% of Net Collections* & \$8.50 per Medicaid Claim
The EMS MC Full Revenue Cycle Management Solution pricing is an all-inclusive price including but not limited to: <ul style="list-style-type: none"> • Full revenue cycle management services • Customizable ad-hoc reporting • Consulting & Advocacy • EMScholar™ 	<i>* Net collections is the sum of all payments less refunds applied during the same period(s).</i>

If Sole Proprietor or Partnership

IN WITNESS hereto the undersigned has set his (its) hand this 30 day of June 2023.

If Corporation

IN WITNESS WHEREOF the undersigned corporation has caused this instrument to be executed and its seal affixed by its duly authorized officer this day of 06/30/2023
(SEAL)

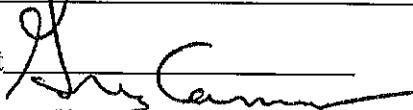
EMS Management & Consultants, Inc.

Name of Corporation

By Greg Carnes

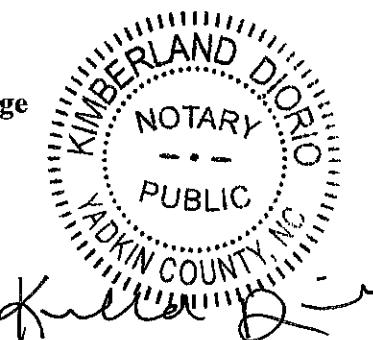
Title CEO

Attest



Sworn and subscribed before this 30 day of June , 2023

NOTARY PUBLIC, State of North Carolina, at Large
My Commission Expires: 9/14/27

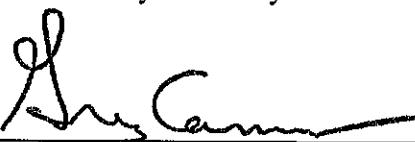
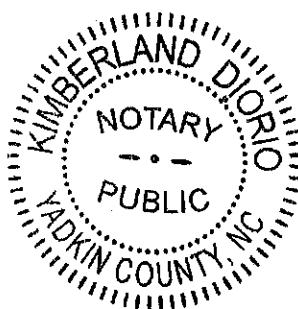


ANTI-KICKBACK AFFIDAVITSTATE OF North Carolina)

: SS

COUNTY OF Yadkin)

I, the undersigned hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By: Greg Carnes, CEOSworn and subscribed before me this 30 day of June 2023NOTARY PUBLIC, State of North Carolina at Large
My Commission Expires: 9/14/27

* * * * *

convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

There has been a proceeding concerning the conviction before a hearing of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

The person or affiliate has not been put on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)


 (Signature) 
 Greg Carnes

06/30/2023

(Date)

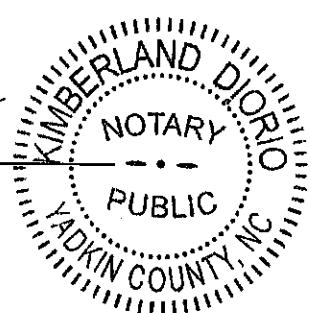
STATE OF North Carolina
 COUNTY OF Yadkin

PERSONALLY, APPEARED BEFORE ME, the undersigned authority,

Greg Carnes who, after first being sworn by me, affixed his/her
 (Name of individual signing)
 signature in the space provided above on this 30 day of June, a2023.

My commission expires: 9/14/27

Kimberly Di
 NOTARY PUBLIC



CITY OF KEY WEST INDEMNIFICATION FORM

To the fullest extent permitted by law, the CONSULTANT expressly agrees to indemnify and hold harmless the City of Key West, their officers, directors, agents and employees (herein called the "indemnitees") from any and all liability for damages, including, if allowed by law, reasonable attorney's fees and court costs, such legal expenses to include costs incurred in establishing the indemnification and other rights agreed to in this Paragraph, to persons or property, caused in whole or in part by any act, omission, or default by CONSULTANT or its subcontractors, material men, or agents of any tier or their employees, arising out of this agreement or its performance, including such damages caused in whole or in part by any act, omission or default of any indemnitee, but specifically excluding any claims of, or damages against an indemnitee resulting from such indemnitee's gross negligence, or the willful, wanton or intentional misconduct of such indemnitee or for statutory violation or punitive damages except and to the extent the statutory violation or punitive damages are caused by or result from the acts or omissions of the CONSULTANT or its subcontractors, material men or agents of any tier or their respective employees.

Indemnification by CONSULTANT for Professional Acts. CONSULTANT hereby agrees to indemnify the City of Key West and each of its parent and subsidiary companies and the directors, officers and employees of each of them (collectively, the "indemnitees"), and hold each of the indemnitees harmless, against all losses, liabilities, penalties (civil or criminal), fines and expenses (including reasonable attorneys' fees and expenses) (collectively, "Claims") to the extent resulting from the performance of CONSULTANT'S negligent acts, errors or omissions, or intentional acts in the performance of CONSULTANT'S services, or any of their respective affiliates, under this Agreement. If claims, losses, damages, and judgments are found to be caused by the joint or concurrent negligence of the City of Key West and CONSULTANT, they shall be borne by each party in proportion to its negligence.

The indemnification obligations under the Contract shall not be restricted in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the CONSULTANT under Workers' Compensation acts, disability benefits acts, or other employee benefits acts, and shall extend to and include any actions brought by or in the name of any employee of the CONSULTANT or of any third party to whom CONSULTANT may subcontract a part or all of the Work. This indemnification shall continue beyond the date of completion of the work.

CONSULTANT: EMS Management & Consultants, Inc.

SEAL:

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

Address

Signature
Greg Carnes

Print Name

Chief Executive Officer

DATE: Title
06/30/2023

EQUAL BENEFITS FOR DOMESTIC PARTNERS AFFIDAVIT

STATE OF North Carolina)
: SS
COUNTY OF Yadkin)

I, the undersigned hereby duly sworn, depose and say that the firm of EMS Management & Consultants, Inc.

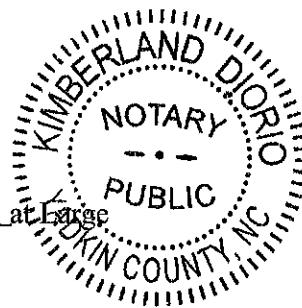
provides benefits to domestic partners of its employees on the same basis as it provides benefits to employees' spouses, per City of Key West Code of Ordinances Sec. 2-799.

By: Greg Carnes, CEO

Sworn and subscribed before me this 30 day of June ,a2023 .

Kinder D

NOTARY PUBLIC, State of North Carolina at Exeter



My Commission Expires: 9/14/27

* * * * *

CONE OF SILENCE AFFIDAVITSTATE OF North Carolina)

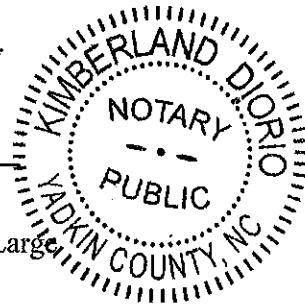
:

SS COUNTY OF Yadkin)

I, the undersigned hereby duly sworn, depose and say that all owner(s), partners, officers, directors, employees and agents representing the firm of EMS Management & Consultants, Inc have read and understand the limitations and procedures regarding communications concerning City of Key West issued competitive solicitations pursuant to City of Key West Ordinance Section 2-773 Cone of Silence.

By: Greg Carnes, CEO

Sworn and subscribed before me this

30 day of June 20 23Kimber DNOTARY PUBLIC, State of North Carolina at LargeMy Commission Expires: 9/14/27

* * * * *

City of Key West
RFP 002-23 EMS Billing Services Questions
Addendum #1
06/23/2023

1. Do you currently outsource EMS Billing? If so, can you provide the name of the vendor and the fee you are being charged?
Yes, we currently use Digitech EMS Billing and Technology. The city is currently paying 4.3% on amount collected and \$9.00 flat rate for Medicaid.
2. Are you currently using an electronic patient care (ePCR) reporting system? If so, which system are you currently using? Are you interested in different ePCR options?
Yes, we use triptix ePCR reporting system but are open to all options.
3. Will the vendor be financially responsible for the cost of your ePCR software and hardware? If so, please provide all specifications.
The city will consider and evaluate all proposals received that are deemed responsive. The city encourages vendors to provide proposals that offer options of hardware and ePCR software.
4. Can you please provide the net charges for your most recent complete fiscal year?
\$2,377,660.39
5. Can you please provide the total collections for your most recent complete fiscal year?
\$1,167,512.18
6. Can you please provide the average revenue collected per transport for your most recent complete fiscal year?
\$290.07
7. Can you please provide a breakdown of your most recent complete fiscal year transports by primary payor for the following categories?
 - a. Medicare - **1529**
 - b. Medicaid - **298**
 - c. Commercial Insurance - **783**
 - d. Patient Pay - **1343**
8. Can you please provide the average loaded mileage per transport?
Average loaded miles transport distance is 3.5 miles.
9. Can you please confirm how many invoices do you require and at what interval to patients?
We are open to any/all options that vendors have to offer.

10. Can you please provide the number of transports for each call type for your most recent complete fiscal year?

- a. ALS Emergency - 2325
- b. ALS Non-Emergency - 2
- c. BLS Emergency - 1333
- d. BLS Non-Emergency - 289
- e. ALS 2 - 76
- f. SCT - 0

11. Can you please provide the current charges for each level of service?

- a. ALS Emergency (A0427) - \$750.00
- b. ALS Non-Emergency (A0426) \$750.00
- c. BLS Emergency (A0429) \$650.00
- d. BLS Non-Emergency (A0428) \$650.00
- e. ALS 2 (A0433) \$950.00
- f. SCT (A0434) N/A
- g. Mileage (A0425) \$14.50
- h. Treatment No Transport (A0998) \$0

12. Please describe your current practice for managing Notice of Privacy Practice (NPP). Will the successful vendor be responsible for mailing NPP's?

The city requires the vendor responsible for mailing NPP's.

13. Do you currently use a lockbox for all payments and correspondence? If so, who will be responsible for the cost of the lockbox?

The city currently does not maintain a lockbox for the EMS program. The city currently has no plans of opening or maintaining a lock box for the EMS program. The city will consider and evaluate all proposals received that are deemed responsive.

14. Please provide clarification for the following requirement on page 4 of the RFP:

- a. "Coordinate with City staff the assimilation and compilation of information and data required to put forth a concise and complete grant application, prepare the grant application, respond to questions and/or requests from the grant making organization and monitor on behalf of the City of Key West the progression of the submitted application until such time the application is awarded or denied."

The city staff applies for multiple grants throughout the year. The assistance of compiling data and information from the billing company is a vital part of the process.

15. Is the City of Key West interested in proposers submitting optional pricing for assisting the City with the PEMT and MCO program?

Yes, the city is open to all proposals.

16. As indicated on page 32 of the RFP, Item J., is the city interested in being supplied with any specific ePCR software solution?

The city is open to all options including hardware and software support.

17. Will the vendor be responsible for sending HIPAA notices to all transported patients?

Yes, the vendor will be responsible for sending HIPAA notices.

18. Confirming that the city would like ePCR software to be included as part of the proposal.

Yes, the city will require the ePCR software to be included.

19. Does the City want field hardware, such as Panasonics, as part of the proposal? (If so, details would be needed, specs, quantity).

The city is open to all options including hardware and software support.

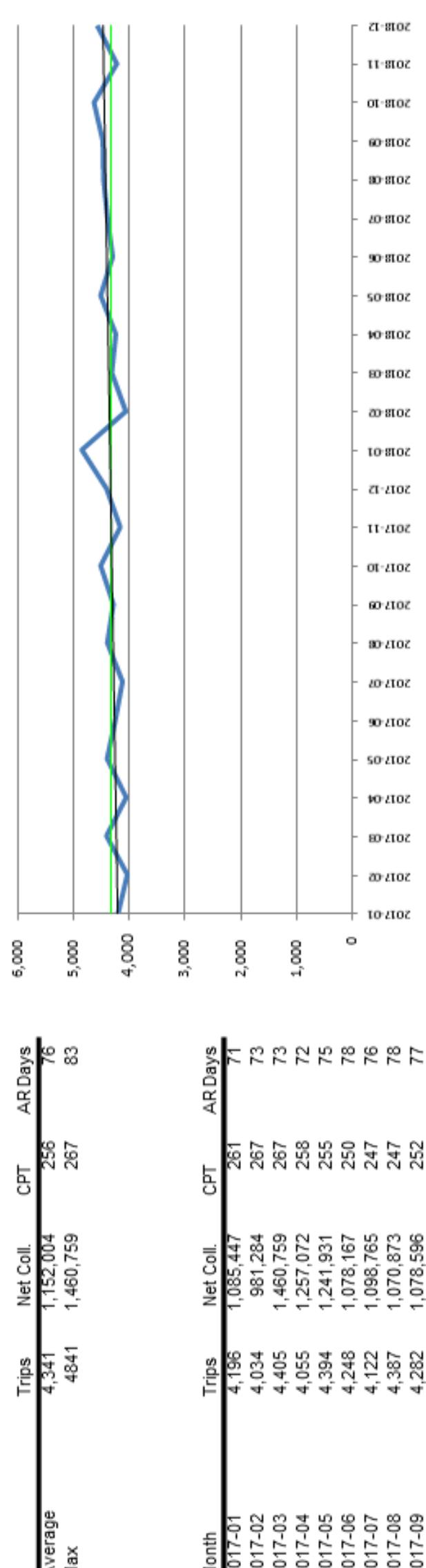
EMS|MC confirms it has received the addendum for Key West, FL.



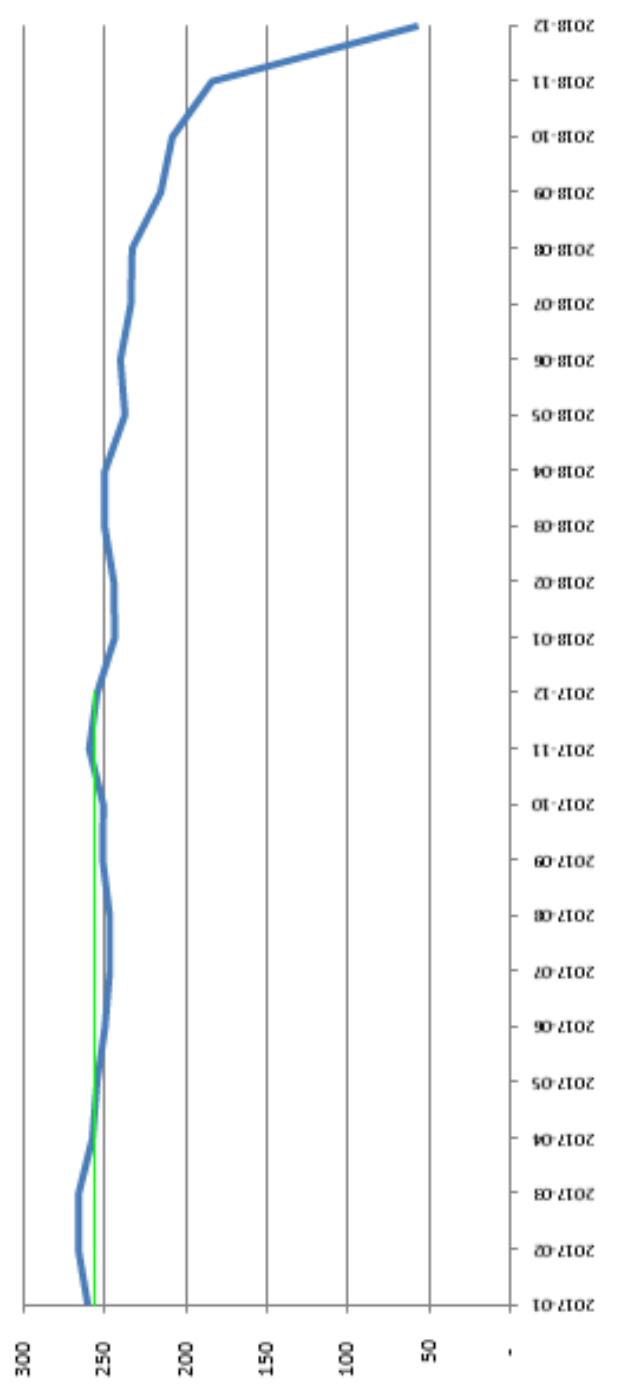
Greg Carnes, CEO

EMS | MC Sample Report Package

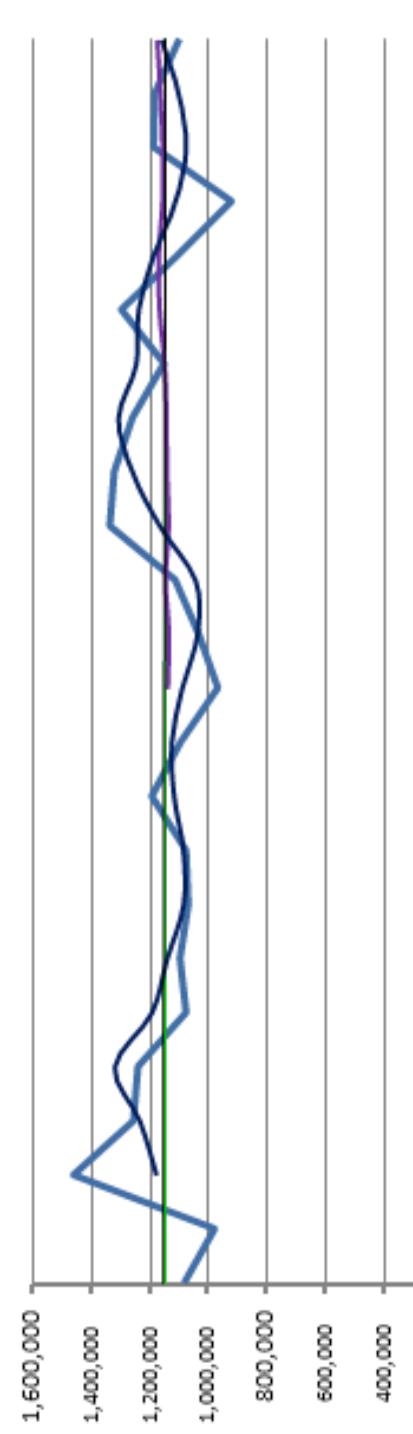
Trips by Month - DOS



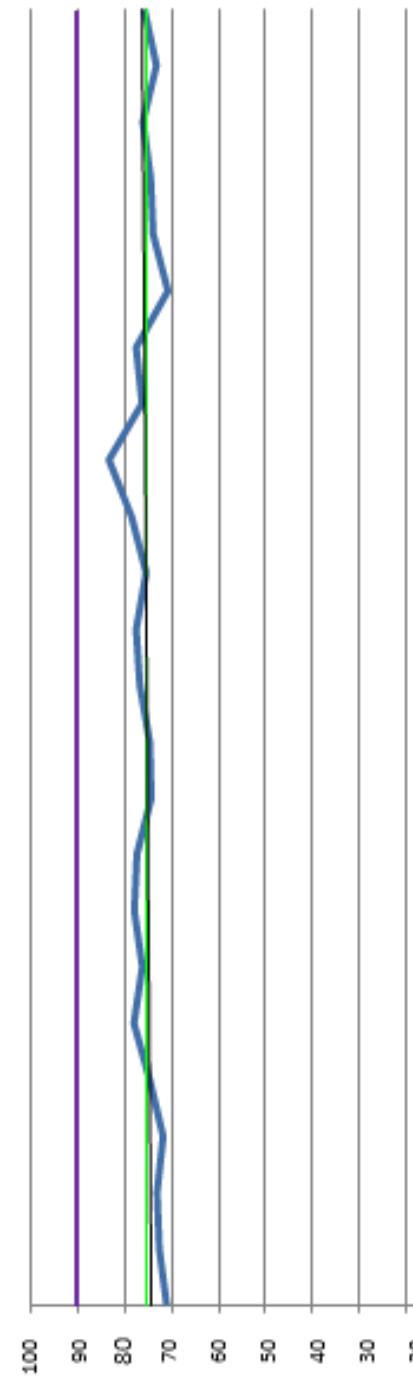
Net Collections per Trip by Month - DOS



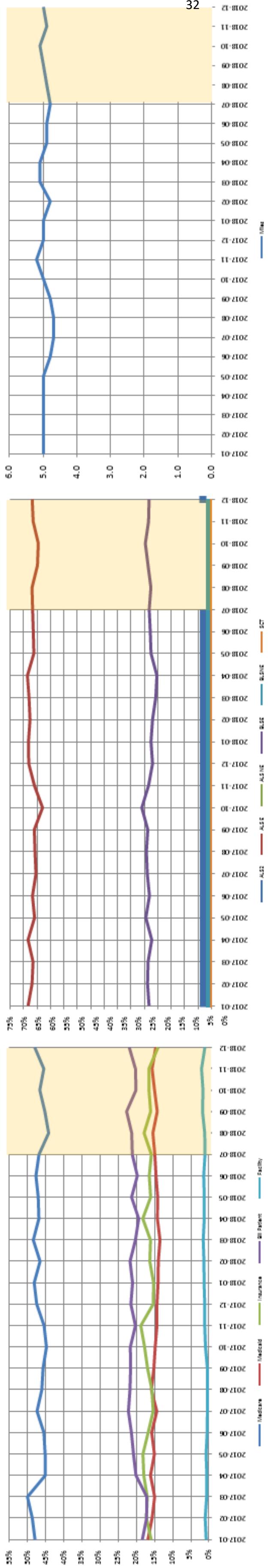
Net Collections by Month - Billing Period



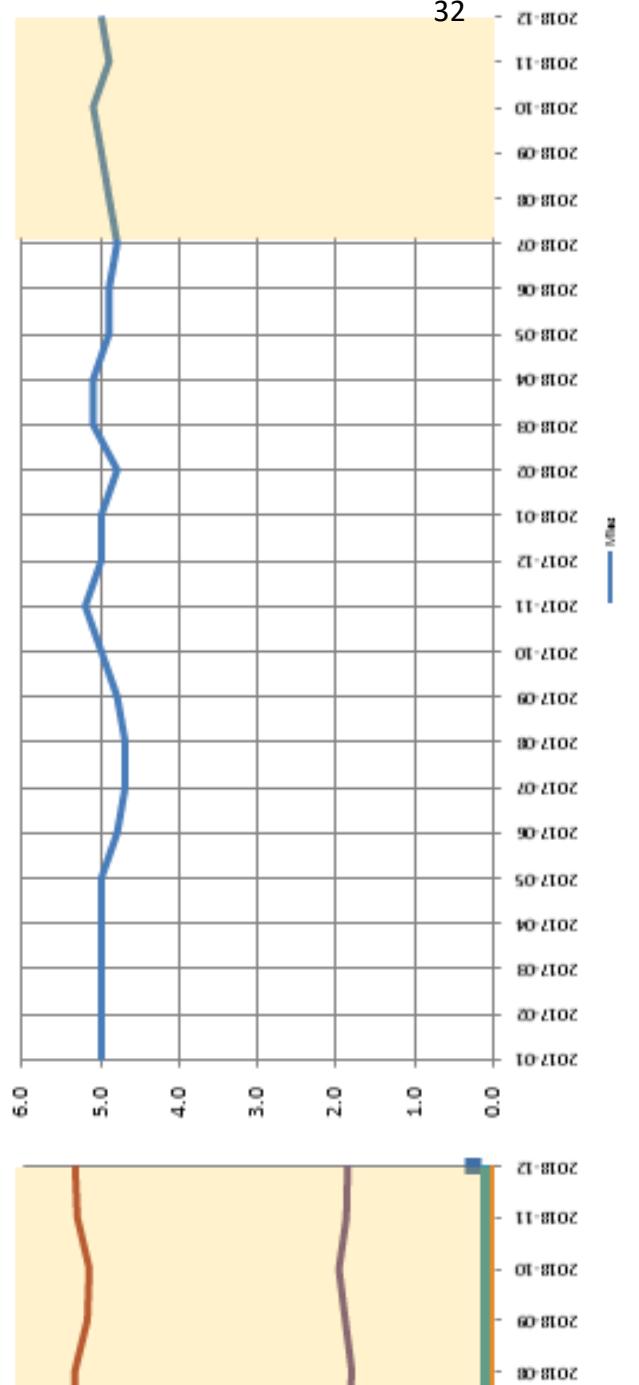
A/R Days - Billing Period



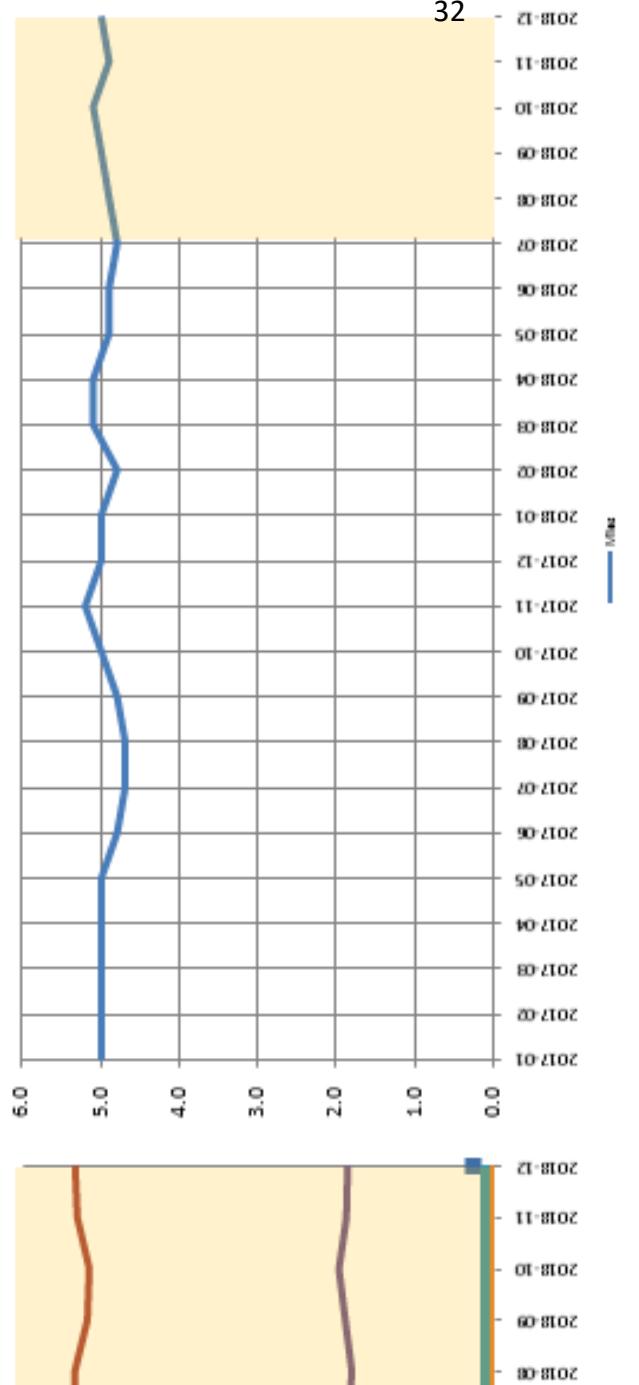
Payor Mix (Gross Charges) - DOS



Average Loaded Miles per Trip - DOS



Run Mix - DOS



Credit As Type Summary Report (Deposit Date)

Credit Type/Credit Code	Transactions	Dollars
Payments		
Payment - Credit Card	1	94.09
Payment - Insurance	15	1,754.81
Payment - Medicare	3	0.00
Payment - Patient	7	810.88
Totals For Type	26	\$2,659.78

Company Totals

\$ 2,659.78

Payment Credits by Payor (Deposit Date)

Payment-Credit Card		Date of Service	Trip #	Run #	Check #	Deposit Date	Credit Amount
Customer Name				56252	CC	2019-03-05	\$94.09
Payment-Insurance							94.09
Customer Name	Date of Service	Trip #		Run #	Check #	Deposit Date	Credit Amount
				115125	0005553747	2019-03-05	\$88.63
				124755	0014733972	2019-03-05	\$96.14
				191225	0012900425252022	2019-03-05	\$139.10
				191225	0012900425252022	2019-03-05	\$155.86
				131529	1415870493	2019-03-05	\$170.56
				131529	1415870493	2019-03-05	\$156.86
				1507225	819059000335845	2019-03-05	\$290.16
				1507225	819059000335845	2019-03-05	\$77.38
				228954	3370549	2019-03-05	\$0.00
				118858	1415870493	2019-03-05	\$170.56
				118858	1415870493	2019-03-05	\$142.81
				56234	1415870493	2019-03-05	\$170.56
				56234	1415870493	2019-03-05	\$96.19
							1,754.81
Payment-Patient							
Customer Name	Date of Service	Trip #		Run #	Check #	Deposit Date	Credit Amount
				640405	160575118	2019-03-05	\$20.00
				1663792	4254	2019-03-05	\$50.00
				1518637	369	2019-03-05	\$20.00
				746291	1757	2019-03-05	\$10.00
				1462560	0085012168	2019-03-05	\$335.88
				1678635	58863	2019-03-05	\$125.00
				154433	1202	2019-03-05	\$250.00
							810.88
Company Subtotal:							
Total Credit Amount:							
							\$2,659.78
							\$2,659.78

PREPARED FOR CLIENT

By:

EMS|MC

EMS MANAGEMENT & CONSULTANTS

RESULTS | SERVICE | COMMUNITY

12 MONTH DATE OF SERVICE ANALYSIS

Primary Payor Mix 6-12 Month Mature Average

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

Net Collection Percentages 6-12 Month Mature Average

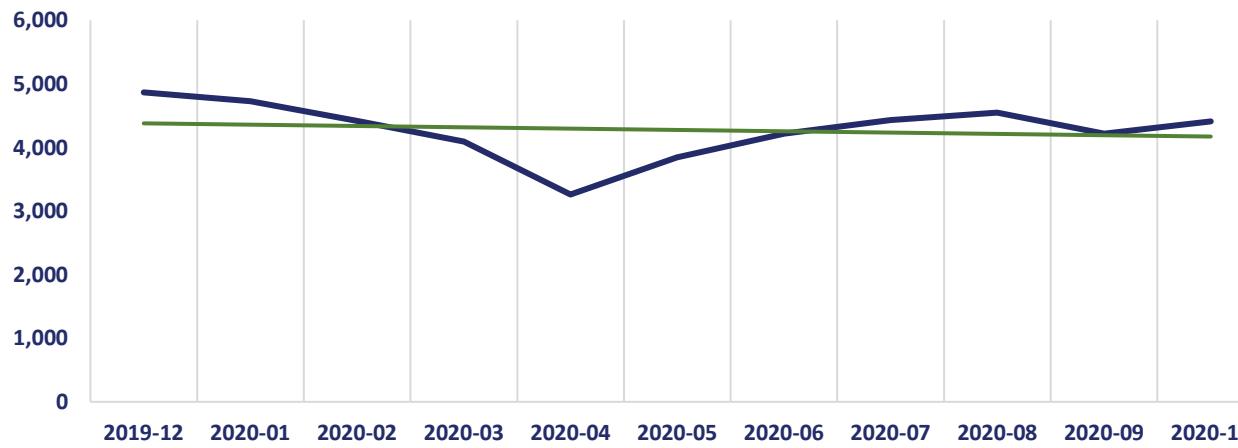
Primary Payor	Coll %
Medicare	94%
Medicare Advantage	85%
Insurance	73%
Medicaid	98%
Medicaid MCO	71%
Patient	4%
Facility	43%
Other Govt. Payers	52%
TPL	69%

Cash Per Trip 6-12 Month Mature Average

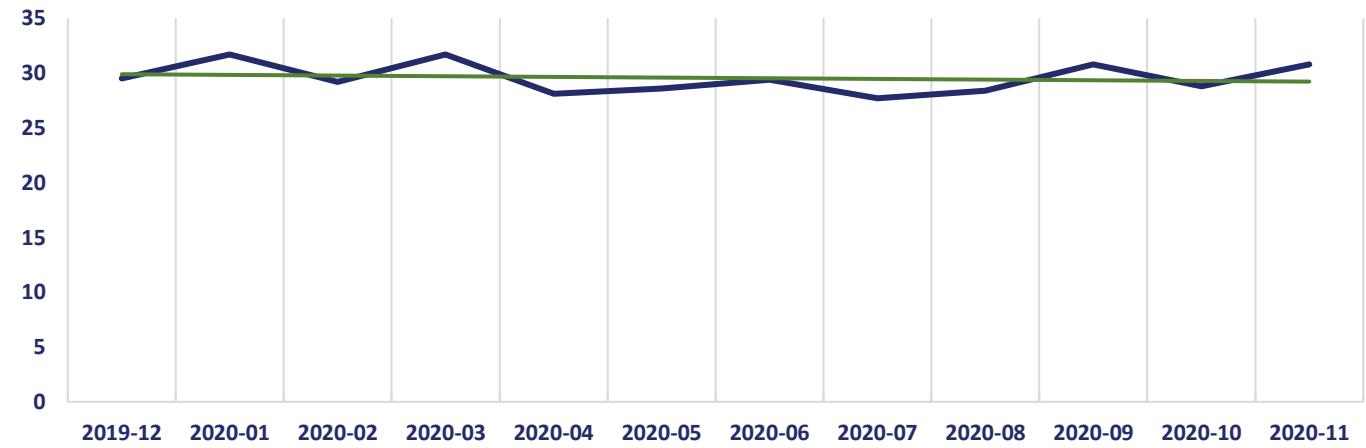
Primary Payor	CPT
Medicare	\$ 389.90
Medicare Advantage	\$ 358.26
Insurance	\$ 439.25
Medicaid	\$ 110.30
Medicaid MCO	\$ 279.43
Patient	\$ 31.12
Facility	\$ 28.61
Other Govt. Payers	\$ 403.98
TPL	\$ 572.48

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

Trip Count Trend - Excluding Current Month



Average Loaded Miles



12 MONTH DATE OF SERVICE ANALYSIS BY PRIMARY PAYOR CATEGORY

MEDICARE													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	1,095	971,854.58	521,359.65	450,494.93	328.43	430,670.91	18,367.78	549.29	1,677.10	887.54	411.41	392.81	95.5%
2020-01	937	851,232.84	463,348.22	387,884.62	194.94	362,446.52	19,695.26	1,032.61	6,580.51	908.47	413.96	385.71	93.2%
2020-02	858	773,125.81	415,374.19	357,751.62	159.02	338,612.89	19,191.59	2,196.05	1,984.17	901.08	416.96	392.09	94.0%
2020-03	826	740,467.03	399,320.88	341,146.15	181.75	321,983.19	14,398.79	1,519.85	6,102.27	896.45	413.01	387.97	93.9%
2020-04	614	546,867.09	292,777.28	254,089.81	55.17	239,396.62	7,969.42	1,410.71	8,079.31	890.66	413.83	387.60	93.7%
2020-05	702	624,379.89	330,520.14	293,859.75	114.91	275,687.79	10,904.31	95.42	7,248.16	889.43	418.60	392.58	93.8%
2020-06	808	719,570.79	378,724.01	340,846.78	116.00	322,493.70	11,555.71	882.14	7,563.51	890.56	421.84	398.03	94.4%
2020-07	840	750,536.03	390,413.72	360,122.31	18.08	328,160.16	8,174.60	120.08	23,889.55	893.50	428.72	390.52	91.1%
2020-08	842	755,350.54	388,448.77	366,901.77	2.28	325,900.41	3,247.58	-	37,751.50	897.09	435.75	387.06	88.8%
2020-09	786	710,049.03	350,951.17	359,097.86	0.01	294,517.86	3,896.55	191.72	60,875.16	903.37	456.87	374.46	82.0%
2020-10	843	765,041.81	348,991.50	416,050.31	-	291,933.43	-	-	124,116.88	907.52	493.54	346.30	70.2%
2020-11	714	651,669.67	67,352.02	584,317.65	-	53,813.24	-	-	530,504.41	912.70	818.37	75.37	9.2%
Totals	9,865	8,860,145.11	4,347,581.55	4,512,563.56	1,170.59	3,585,616.72	117,401.59	7,997.87	816,372.53	898.14	457.43	362.66	79.3%
MEDICARE ADVANTAGE													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	1,196	1,073,438.43	567,583.73	505,854.70	840.74	440,494.95	56,249.93	605.66	8,899.74	897.52	422.96	367.80	87.0%
2020-01	1,236	1,126,816.11	608,712.27	578,103.84	1,223.95	442,932.62	63,782.77	1,776.59	11,941.09	911.66	419.18	356.92	85.1%
2020-02	1,188	1,075,011.38	578,138.99	496,872.39	834.75	416,238.26	65,131.45	2,039.68	16,707.61	904.89	418.24	348.65	83.4%
2020-03	981	881,648.89	465,315.32	416,333.57	505.21	349,975.29	54,741.80	1,325.97	12,437.24	898.72	424.40	355.40	83.7%
2020-04	745	665,228.13	348,379.57	316,848.56	215.98	266,941.50	40,794.53	2,238.65	11,135.20	892.92	425.30	355.31	83.5%
2020-05	943	842,587.94	431,885.11	410,702.83	95.28	345,966.05	48,920.28	1,482.15	17,203.37	893.52	435.53	365.31	83.9%
2020-06	1,052	939,283.69	484,711.38	454,572.31	160.20	375,731.85	52,040.94	135.00	26,774.32	892.86	432.10	357.03	82.6%
2020-07	1,086	979,568.87	505,089.67	474,479.20	9.38	383,349.88	41,702.77	646.02	50,063.19	902.00	436.91	352.40	80.7%
2020-08	1,223	1,098,684.76	562,394.48	536,290.28	(0.15)	426,858.41	1,713.02	953.44	108,672.44	898.35	438.50	348.25	79.4%
2020-09	1,132	1,025,732.43	510,376.99	515,355.44	2.96	380,676.83	96.18	988.75	135,568.22	906.12	455.26	335.41	73.7%
2020-10	1,162	1,049,801.30	441,862.07	607,939.23	0.41	313,718.75	-	-	294,220.07	903.44	523.18	269.98	51.6%
2020-11	1,039	953,760.68	58,811.10	894,949.58	-	35,958.82	-	-	858,990.76	917.96	861.36	34.61	4.0%
Totals	12,983	11,711,562.61	5,563,260.68	6,148,301.93	3,888.71	4,178,843.21	425,148.67	12,191.91	1,552,613.25	902.07	473.57	320.93	67.8%
INSURANCE													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2019-12	625	540,272.32	161,079.51	379,192.81	1,704.43	291,313.73	67,055.06	2,738.61	21,858.20	864.44	606.71	461.72	76.1%
2020-01	624	555,465.42	155,041.15	400,424.27	1,085.44	283,072.20	84,120.47	768.65	32,914.81	890.17	641.71	452.41	70.5%
2020-02	635	551,607.44	166,349.01	385,258.43	819.20	282,955.62	72,579.21	1,817.43	30,721.83	868.67	606.71	442.74	73.0%
2020-03	598	532,155.71	169,875.59	362,280.12	969.35	271,249.19	65,842.38	1,991.56	26,210.76	889.89	605.82	450.26	74.3%
2020-04	477	412,80.22	141,845.86	271,034.36	236.18	195,323.27	40,166.17	871.85	36,180.59	865.58	568.21	407.65	71.7%
2020-05	547	483,774.57	157,950.87	325,823.70	282.20	226,300.23	47,959.23	1,998.89	53,280.93	884.41	595.66	410.06	68.8%
2020-06	577	509,911.44	157,792.79	352,118.65	0.20	234,668.25	34,923.38	141.39	82,668.21	883.73	610.26	406.46	66.6%
2020-07	593	529,283.03	171,238.35	358,044.68	20.97	231,003.61	16,496.24	438.09	110,961.95	892.55	603.79	388.81	64.4%
2020-08	606	543,660.01	151,699.25	391,960.76	8.16	214,164.62	1,186.87	94.88	176,695.99	897.13	646.80	353.25	54.6%
2020-09	640	568,588.89	105,418.62	463,170.27	2.47	172,266.67	164.45	-	290,736.68	888.42	723.70	269.17	37.2%
2020-10	616	552,939.84	64,118.18	488,821.66	8.50	104,660.12	-	-	384,153.04	897.63	793.54	169.90	21.4%
2020-11	530	45											

12 MONTH DATE OF SERVICE ANALYSIS BY PRIMARY PAYOR CATEGORY

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

12 MONTH DATE OF SERVICE ANALYSIS BY PRIMARY PAYOR CATEGORY

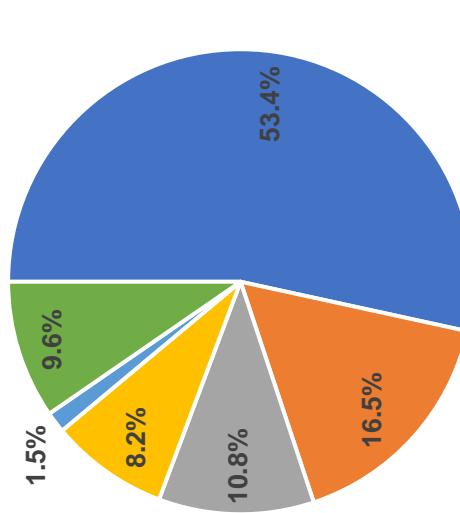
FACILITY												
DOs	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Cash/Trip	Net Coll %
2019-12	69	46,051.30	40,625.18	5,426.12	-	1,491.42	-	-	3,934.70	667.41	78.64	21.61
2020-01	65	42,458.78	39,605.12	2,853.66	-	963.92	-	-	1,889.74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

OUTSTANDING AR AGING BY PAYOR CATEGORY

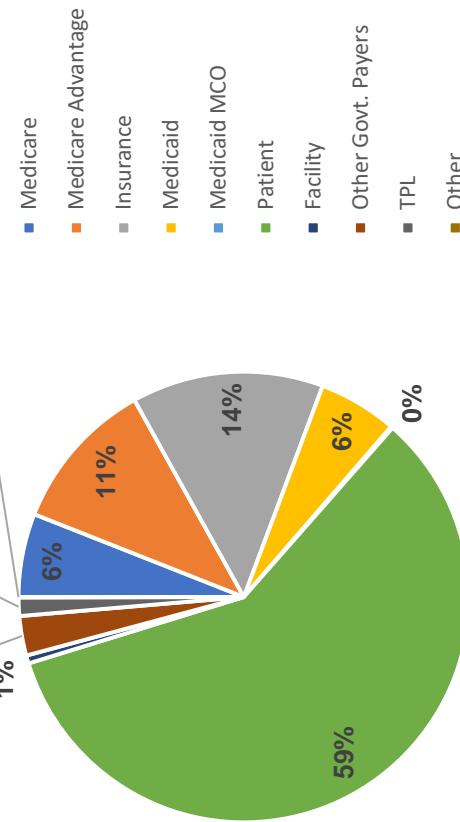
AGING BY AGING DATE & CURRENT PAYOR

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

AR Aging Percent



AR by Payor Category



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

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

Invoice Samples



EMSI MC
EMS MANAGEMENT & CONSULTANTS



FEDERAL TAX ID:

Account Details

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

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

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

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

**NEED TO PROVIDE INSURANCE
OR MAKE A PAYMENT?**

ONLINE: www.emsbilling.com/patient

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

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

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

Account Activity

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

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT.

A8

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

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

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



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

ELECTRONIC SERVICE REQUESTED



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

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



FEDERAL TAX ID:

Account Details

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

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

WE DO NOT HAVE YOUR INSURANCE ON FILE

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

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

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

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

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

Account Activity

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

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

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

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

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



ELECTRONIC SERVICE REQUESTED



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

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



FEDERAL TAX ID:

Account Details

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

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

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

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

**NEED TO PROVIDE INSURANCE
OR MAKE A PAYMENT?**

ONLINE: www.emsbilling.com/patient

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

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

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

Account Activity

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

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT.

A9

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

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

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



ELECTRONIC SERVICE REQUESTED



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

Federal Tax ID:
Incident Number:

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



FEDERAL TAX ID:

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

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

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

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

Account Details

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

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

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

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

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

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

Account Activity

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

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

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

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

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



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

ELECTRONIC SERVICE REQUESTED



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

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



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

Account Details

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

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

Immediate Action Required

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FEDERAL TAX ID:

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

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

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

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

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

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

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

Account Activity

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

PAYMENT DUE FINAL NOTICE



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

ELECTRONIC SERVICE REQUESTED



PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT.

A2

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

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

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



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

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

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

Federal Tax ID:
Incident Number:



FEDERAL TAX ID:

Dear MICKEY M MOUSE:

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

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

**SIGNATURE REQUIRED IN ORDER
TO FILE AMBULANCE CLAIM**

Account Details

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

NEED TO CONTACT US:

ONLINE: www.emsbilling.com/patient

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

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

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

PATIENT SIGNATURE STATEMENT

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

PATIENT SIGNATURE

DATE

OR

PATIENT REPRESENTATIVE

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

Unable to sign because (REQUIRED):

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

Patient Legal Guardian

Person who arranges for patient's treatment or exercises other responsibilities for their affairs

Person receiving governmental benefits on behalf of patient

Representative of a medical facility that provides other care, services or assistance to the patient

REPRESENTATIVE NAME

REPRESENTATIVE SIGNATURE

DATE

B72



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

ELECTRONIC SERVICE REQUESTED



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

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

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

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to the EMS provider for any services provided to me now, in the past, or in the future. I understand that I am financially responsible for the services provided to me regardless of my insurance coverage and in some cases, may be for an amount in addition to that which was paid by my insurance. I agree to immediately remit any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the EMS provider. I authorize

the EMS provider to appeal payment denials or other adverse decisions on my behalf without further authorizations. I authorize and direct any holder of medical information or documentation about me to release such information to the EMS provider, and its billing agents, and/or the Centers for Medicare & Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me now or in the future. A copy of this form is as valid as an original.

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

Patient signature: _____ Date: _____

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

Unable to sign because (REQUIRED): _____

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

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

Representative Name _____ Representative Signature _____

Contact Phone # _____ Date _____

INSURANCE INFORMATION

TYPE: MEDICARE MEDICAID INSURANCE

NAME _____

NAME OF INSURED/GUARANTOR

POLICY HOLDER _____

POLICY HOLDER'S

SOCIAL SECURITY # _____

INSURANCE POLICY # _____

GROUP # _____

ANY ADDITIONAL INSURANCE

TYPE: MEDICARE MEDICAID INSURANCE

NAME _____

NAME OF INSURED/GUARANTOR

POLICY HOLDER _____

POLICY HOLDER'S

SOCIAL SECURITY # _____

INSURANCE POLICY # _____

GROUP # _____

THIRD PARTY LIABILITY INSURANCE**IF ACCIDENT RELATED, WHAT TYPE OF INSURANCE ARE YOU PROVIDING ?**

WORKERS COMPENSATION AUTO OTHER INSURANCE

NAME OF INSURED/ POLICY HOLDER _____

POLICY HOLDER'S DATE OF BIRTH _____

CASE/CLAIM NUMBER # _____

POLICY HOLDER'S EMPLOYER (IF APPLICABLE) _____

EMPLOYER'S NAME AND ADDRESS _____

EMPLOYER'S TELEPHONE # _____

CLAIM MAILING ADDRESS _____

INSURANCE CO. TELEPHONE # _____

Need to make a payment?

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

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



FEDERAL TAX ID:

Account Details

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

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

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

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

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

**NEED TO PROVIDE INSURANCE
OR MAKE A PAYMENT?**

ONLINE: www.emsbilling.com/patient

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

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

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

Account Activity

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

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

PATIENT / GUARANTOR NAME: MICKEY M MOUSE

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

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



PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:



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

ELECTRONIC SERVICE REQUESTED



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

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

Federal Tax ID:
Incident Number:



CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)
08/31/2022

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

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

PRODUCER	CONTACT NAME: Willis Towers Watson Certificate Center	
	PHONE (A/C, No, Ext): 1-877-945-7378	FAX (A/C, No): 1-888-467-2378
INSURED	E-MAIL: certificates@willis.com	
	ADDRESS: 1000 Peachtree Street, NE, Atlanta, GA 30309	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Citizens Insurance Company of America		31534
INSURER B: The Hanover American Insurance Company		36064
INSURER C: Federal Insurance Company		20281
INSURER D: Endurance American Specialty Insurance Com		41718
INSURER E:		
INSURER F:		

COVERAGEs

CERTIFICATE NUMBER: W25765720

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		OD6-D673317	08/23/2022	08/23/2023	EACH OCCURRENCE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 1,000,000		
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		AW6-H950401-01	08/23/2022	08/23/2023	PERSONAL & ADV INJURY	\$ 2,000,000	
	GENERAL AGGREGATE	\$ 4,000,000						
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		UH6-J131275-08	08/23/2022	08/23/2023	PRODUCTS - COMP/OP AGG	\$ 4,000,000	
	DED <input type="checkbox"/> RETENTION \$							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WH6-D673252-05	08/23/2022	08/23/2023	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	E.L. EACH ACCIDENT					\$ 1,000,000		
C	CRIME - Employee Theft/ERISA		8262-5717	04/30/2022	04/30/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

SEE ATTACHED

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED EMS Management & Consultants, Inc. 2540 Empire Drive Suite 100 Winston Salem, NC 27103
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Endurance American Specialty Insurance Company NAIC#: 41718
POLICY NUMBER: PRO30001099003 EFF DATE: 08/26/2022 EXP DATE: 04/30/2023

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:
Professional/Tech/Media Liab Limit \$5,000,000

INSURER AFFORDING COVERAGE: Endurance American Specialty Insurance Company NAIC#: 41718
POLICY NUMBER: PRO30001099003 EFF DATE: 08/26/2022 EXP DATE: 04/30/2023

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:
Network Security & Privacy Liab Limit \$5,000,000