



Digitech Computer LLC
480 North Bedford Road
Building 600, Second Floor
Chappaqua, New York 10514
(914) 741-1919
digitechcomputer.com

Proposal

RFP 002-23 EMS Billing
Services
Key West, FL
July 6th, 2023



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COVER LETTER

It is with great pleasure that we submit our proposal to continue to provide EMS billing services to the City of Key West. Partnering for the past five years has been a privilege and a great fit, and we look forward to continuing our relationship and service to you. From a technical perspective, we have carefully reviewed the requirements of the RFP, and we are confident that we understand the full scope of Request for Proposal 002-23 EMS Billing Services. We will meet and exceed the City's expectations should we be awarded this contract.

Our response details a comprehensive plan that will achieve your financial, technological, and reporting goals while meeting all requirements. We will continue to deliver all contract requirements to the highest standards of performance, transparency, and integrity. The City will be provided with state-of-the-art technology, flexible reporting capabilities, improved collection results, and complete project management.

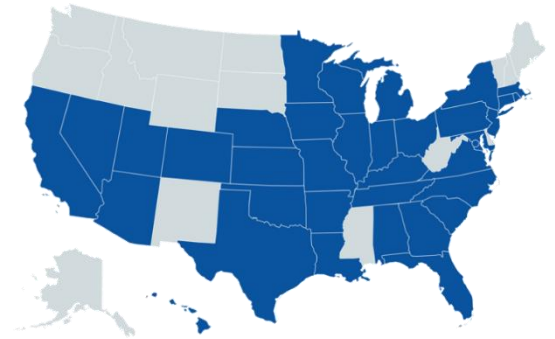
We believe we are the only ambulance billing firm in the U.S. who offer you this combination of benefits:

- + **State and local experience.** We have been billing for EMS transports in the State of Florida for decades. Through our long-term partnerships, we have become familiar with the hospital systems, demographic trends, and the EMS landscape of the state. That said, we believe that every client is unique. We have customized our solution to the unique needs of the City and look forward to continuing to work together. 
- + **Existing relationship with the City.** Because of the excellent partnership we already have in place, continuing with Digitech ensures no interruption in your billing services. With Digitech, the City would also avoid potentially lengthy implementation processes, disruption in cash flow, and training a new vendor on City policies and procedures. We already have your processes embedded into our billing platform, custom integration built with TripTix ePCR, established relationships with the City's hospitals, and staff in place with City-specific experience.
- + **Reliable revenue growth.** We consistently increase collections over our clients' previous solution. Because of our fast, efficient, and accurate billing process, we often start increasing cash flow immediately. We go after every dollar of every claim, not just the low-hanging fruit. Your money won't be left on the table.
- + **Innovative proprietary technology.** With a new contract, Key West has the opportunity to upgrade to the Ambulance Commander billing platform. We own Ambulance Commander 100% and use it to power billing operations end-to-end. It will bring unique value to you because we've been building and improving the system based on client feedback for over 30 years.
- + **Customization.** Owning our technology means we can develop new features and processes tailored to exactly what you need – something we love doing for our clients.
- + **True transparency.** Clients get 24/7 real-time access to Ambulance Commander. This lets you know exactly what's going on with your claims, money, and data at any moment.

- + **Breadth of experience.** We've been at this for more than 39 years, gaining insight into local and regional landscapes across the country, developing resources to respond to continuously emerging needs, and expanding the scope of services we offer, such as cost recovery program consultation.
- + **Trust, security, and peace of mind.** Our business is built on our relationships with clients, and we conduct our partnerships with integrity. We prioritize data security and compliance practices. *It is our goal to make you feel like our only client.*

For the benefit of members of the evaluation committee who may not be directly familiar with our work on behalf of the City, we offer some introductory information. Digitech Computer LLC is a privately held limited liability company. Since our inception in 1984, we have specialized in ambulance billing and currently process more than 5,000,000 ambulance claims annually for private, municipal, and hospital-based ambulance service providers in 36 states and the District of Columbia. Our contact information follows:

480 Bedford Road
 Building 600, 2nd Floor
 Chappaqua, NY 10514
 Phone: (914) 741-1919
 Email: sales@digitechcomputer.com



 Digitech Client States

Your contact for this proposal is:



Scot Metcalf
 Regional Sales Manager
 Phone: (407) 242-8120
smetcalf@digitechcomputer.com

Your back up contact for this proposal is:



Darryl Hartung
 Vice President, Client Relations
 Phone: (954) 770-7997
dhartung@digitechcomputer.com

The undersigned further represents and warrants that this bid is a firm and irrevocable offer for a period of 180 days and that he has full and complete authority to submit this proposal to the City on behalf of the bidder and enter into contract if this proposal is accepted. The signature represented is authorized to bind the offeror to contract with the City.

We thank you for the opportunity to bid on this contract and look forward to further communications with you.



Sincerely,



Mark Schiowitz
 President & CEO

BILLING PLATFORM UPGRADE

Because the services currently in place at Key West would remain in place at the outset of a new contract with the City, this proposal highlights our vision for solutions that will be integrated under a new contract. Here we describe the features and benefits of Digitech's Ambulance Commander platform so that City officials understand our commitment to upgrading the current billing system once a new contract is in place.

AMBULANCE COMMANDER

Ambulance Commander is the platform that powers our high-quality billing process. It's 100% created and owned by Digitech; we've refined and perfected the technology over the course of 30+ years.

**Ambulance[®]
Commander** 

We will use Ambulance Commander to process your claims, and you will use the platform to run reports, monitor KPIs, manage documents, and provide account access to your patients. Whenever we can automate a piece of the billing process carefully and compliantly, we do so in Ambulance Commander. The platform reveals the 30,000-foot view of your organization, allows you to zoom in to view the smallest detail of an individual claim, and shows everything in between.

Many other EMS billing companies state that they use a proprietary billing platform but rely on third-party software vendors who may take weeks or months to make programming changes if they can make changes at all. At Digitech, we have an in-house development team that can customize the platform in response to client needs.

Ambulance Commander can be accessed by authorized City personnel from any computer with a browser and reasonably fast internet connection. It's completely secure and compliant. With Ambulance Commander, you get:

- + Full transparency into all claim details
- + No dependence on third-party software vendors
- + Customization to your unique requirements
- + 24/7 real-time access
- + An in-house development team that incorporates changes in regulations or client feedback into the platform
- + Efficiency through careful automation of difficult processes
- + Integration with other systems such as ePCR software, dispatch tools, and receiving hospital patient systems
- + On-demand training
- + Total data security and regulatory compliance, so you have peace of mind

PROPOSAL RESPONSE

- Organization chart, number of employees, company information (founding and history, service areas, and awards or other forms of recognition), financial information (filed for bankruptcy in the past, is currently in bankruptcy or has bankruptcy action pending), litigation (list project name and nature of litigation of any past, pending or present litigation, arbitration or dispute relating to the services described herein, that you or your firm has been involved in within the last five (5) years), summary of current workload

Digitech is a U.S.-based, nationwide EMS billing company, founded 39 years ago. With geographically dispersed offices and employees across the country, we provide stability and ensure no interruptions to claims processing. Our clients range from more than 600,000 transports annually to fewer than 200 calls per year. We cover the full range of clients between these two organizations and many agencies of your size and scope. We currently employ close to 700 employees.

Digitech's mission is to support EMS providers by building and delivering EMS billing services that focus on compliance, reporting, and maximizing collections. We support our clients in upholding the health and safety of their communities through compassionate, timely emergency care. By managing and improving the revenue cycle for our clients, we allow emergency and non-emergency ambulance services to focus on what they do best: serving patients. We advise and support service provider teams, advocate for patients and providers, and vow to provide our clients with honest, trustworthy, and transparent support.

Digitech is 100% dedicated to the highly specialized niche of EMS billing and has been since our founder chose the medical transport market as our sole vertical in 1987.

The following presents our corporate structure:

Organizational Chart

This chart depicts lines of responsibility in the organization



FINANCIAL STRENGTH AND LITIGATION INFORMATION

Digitech is a limited liability corporation governed by a board of directors. Majority ownership is held by Sarnova, the leading U.S. specialty distributor of healthcare products for the emergency preparedness and acute care markets.

Our board supports management's philosophy of making long-term decisions that benefit our clients and employees rather than looking for speedy return on investment. That discriminate focus has bolstered our financial stability, allowing Digitech to outperform our competitors in collections. It also enables us to deliver all contract requirements to the highest standards of performance, transparency, and integrity.

Digitech has never filed for bankruptcy in the 39-year history of our company. Our financial strength and viability is an important factor in managing any possible future risks. Having financial strength allows us to continuously make investments in our technology, Ambulance Commander.

Digitech has never filed for bankruptcy in the past, is not currently in bankruptcy, and has no bankruptcy action pending. Digitech is involved in no litigation and has not been a part of any past or pending litigation, arbitration, or dispute relating to the services described herein within the last five years.

SUMMARY OF CURRENT WORKLOAD

Smart, quick scaling to accommodate shifting workloads has been one of the keys to Digitech's success. We have deep experience in this area. There are no on-going jobs that would impact the success of this project.

As your incumbent vendor, we already have the staff, technology, and overall capability to handle your workload. While we have a number of ongoing client implementations and migrations, they will not affect our capability to continue to meet the City's needs without interruptions.

- Qualifications: Please provide documentation of the professional qualifications of the key personnel to be employed. Such documentation shall include, but not be limited to:

1. Resumes of academic training and employment in the area of EMS Billing

As part of your partnership with Digitech, you will continue to have access to our entire team of EMS billing experts. Our staff of nearly 700 employees focuses exclusively on EMS billing. This is one of the greatest resources we offer you.

You will have the mobile numbers of senior officers to ensure that you have emergency access 24/7. Technical Support is available around the clock at (914) 741-1919 ext. 1. A select group will be trained on your specific requirements. Only those billers will work your claims. Additional billers will be cross trained to account for any vacations, unforeseen absences, or temporary reassignment.

Let us introduce you to some key members of your team:



Walt Pickett, Chief Operating Officer

Walt oversees the implementation and execution of all contracts. He heads the teams that manage integrations, credentialing, and support, and he works closely with the Account Management and Client Services teams to ensure that all client requirements are met. Walt will continue to be a senior level point of contact for the City.



Joyce Kerulo, Chief Revenue Officer

Joyce will continue to oversee the setup of Digitech's billing process for you and will be your senior-level point of contact during the term of the contract. Her team will handle all aspects of your billing.



Ben Lambert, Chief Technology Officer

Ben manages the technical aspects of implementation and services. His team of programmers and analysts will continue to ensure all your technological needs are met.



Nancy Spence, Director of Finance

Nancy is responsible for the monthly reporting package, including variances, and for creating the annual operating plan and ongoing forecasts for Digitech's business. She will continue to function as a liaison between the City and the company for finance matters.



Darryl Hartung, Vice President, Client Relations

Leveraging over 20 years of experience in EMS billing, Darryl manages partnerships and an experienced Client Relations team that works closely with clients. He will continue to oversee the City's service delivery to ensure that expectations are being met and exceeded.



Fran Cuzzo, Vice President of Billing Services

Fran will continue to supervise all aspects of patient collections, process electronic and paper billing, and support the IT department with testing new processes on Digitech's platform.



Cathy Tenzyk, Vice President of Billing Services

Cathy will continue to run regular random audits of your claims to guarantee compliance with all applicable rules.



Maxine D'Agostino, Vice President of Billing Services

Maxine will continue to ensure that your implementations for Medicare and Medicaid are handled in compliance with Florida and U.S. regulations.



Mitchel Holder, Executive Director of Analytics

Mitch will continue to be a day-to-day resource for you. He will guide you in maximizing the financial and operational insights available through the reporting suite and in analyzing, understanding, and responding to the challenges that your organization faces in the ever-changing EMS marketplace.



Max Dekle, Senior Software Developer and Data Analyst

Max will create any custom reports that you need and enroll you in Digitech's award-winning PCR Lens solution.



David Mead, Director of Cost Recovery Solutions

David will help you optimize your reimbursement through participation in a Medicaid cost recovery program. He provides technical support for program implementation and manages Digitech's cost reporting services.



Mary DelFranco, Director - Account Management

Mary will continue to lead the teams who will implement Digitech's services and oversee training and coaching your team on system functionality. You will be able to contact Mary and her team 24/7 with any questions.



Anthony Santos, Director - Client Relations

Anthony is one of our experienced Client Relations Directors and will manage the transition process to Ambulance Commander.



Amanda Mihalick, Certified Ambulance Compliance Officer

Amanda will continue to provide you with compliance plan development support and consultation on fee schedules.



Amanda Stark, Risk Manager

Amanda's responsibilities include reviewing and auditing clients' claims to ensure they are billed in compliance with each payer's rules.

See **Appendix B** for résumés of the team presented above.

ORGANIZATIONAL STRUCTURE AND STAFFING

Digitech employs a flexible staffing model through which each payer group is handled by a team of Digitech staffers specializing in that area. For instance, Medicare claims from multiple clients are managed and processed by our team of Medicare specialists. Under this model, experienced staff works alongside newer staff members, so that all clients have the benefit of our most experienced coders and billers working their claims.

This approach ensures claims processing will proceed without interruption due to vacations or unforeseen absences. All billing staff are cross trained to enable employees to be temporarily reassigned should a particular processing group require additional resources to manage a spike in volume.

2. Include three (3) examples of EMS Billing including pricing methodology used.

Three examples are below. For each of these clients, Digitech's pricing methodology was to offer a fee as a percentage of net collected revenue (defined as total collected revenue less refunds divided by total collected revenue).

SHELBY COUNTY FIRE DEPARTMENT



Digitech handled a startup operation in Shelby County, Tennessee. Shelby County's ambulance transports had been served by a private ambulance service, and when the private service asked for a \$2.8MM increase in their contract, County officials concluded that both service levels and revenue might improve, and patients could be better served by the County taking over ambulance transports directly. They began an immediate search for equipment and personnel as well as a billing service to handle claims and revenue recovery and reached out to Memphis Fire Rescue for recommendations. Memphis referred Shelby County to Digitech, and we were favored with a contract. Digitech managed all enrollments and registrations for Shelby, providing guidance and support at every step along the way. We were able to begin billing commercial claims for Shelby within 30 days of beginning the implementation process, and even though the Medicare and Medicaid registrations took a little longer, no claims were denied because of untimely filing.

NORFOLK FIRE-RESCUE



Norfolk needed a speedy implementation and decided to stop sending claims to the former vendor before the contract was awarded. The last claims Norfolk sent to the prior vendor were dated 12/31/14. To accommodate Norfolk, we began the implementation process after the award notification and before contract signing. We received notification of award on 1/12/15 and delivered our New Client Check list on 1/15. We completed all we could complete before contract signing. Items like enrolling as Norfolk's billing service with payers could not be done until the contract was signed. The contract was signed on 3/3 and we completed the implementation and began invoicing on 4/4 – less than one month from contract signing. While staying current, we began billing back claims with dates of service beginning 1/1/2015. We were eventually able to bill all back claims successfully with no adjustments for timely filing.

PLANO FIRE RESCUE



Prior to choosing Digitech, Plano's previous vendor had been billing most claims as Advanced Life Support transports. Even though we billed far fewer claims at the ALS level of service, Digitech increased collections by 11.9% in the first year of our contract. Revenue to date has grown nearly 30% since we began our relationship with Plano. Further, as part of that contract, Plano required Digitech to undergo periodic external audits which sharpened our focus on compliance – a focus that we carry over to every client with whom we interact.

- **Program Approach and Price:** Please submit a program approach for the completion of the scope of services requested above and price for a three (3) year period. The approach and price, at a minimum, shall include the following:
 1. From a technical perspective, explain why your organization should be selected for performing the services covered under this Request for Proposals and how you can add value to the goals and objectives of the City. Include examples of your success in performing such services with other entities.

Continuing our partnership with Digitech as your billing vendor means that we will work for you to increase your reimbursements, minimize denials, and maximize revenue. We have tremendous depth in the EMS marketplace and are well-versed in legislation and compliance issues that matter to the City. We develop relationships throughout the EMS industry keeping us abreast of what's going on in today's EMS landscape.

Appendix C is an overview of our billing process that describes our methodology for meeting our clients' needs. We believe that our billing process, combined with our technical acumen, supports the reason we should be selected to continue to perform the services covered under this RFP. We will continue to add value to the goals and objectives of the City. An example of our success in performing such services is below.

SUCCESS STORY - BALTIMORE CITY FIRE



For the Baltimore implementation, the project included deployment of EMS Billing, Imaging, and Hosting services, full integration with the ImageTrend ePCR system, a hardware refresh of their Panasonic Toughbooks, and deployment of mobile hotspots for all emergency rescue vehicles. It also required reorganization of the Department's inventory and hardware replacement systems and the establishment of an Emergency Revenue Enhancement Committee consisting of City officials, Baltimore Fire officials, and Digitech senior staff to recommend and implement process and procedure changes to maximize revenue from EMS billing, establish connectivity to the City's hospitals, and

hire two local staff members.

When we began processing claims for Baltimore City Fire, we noticed a large increase in the volume of claims that were being created compared to the volume before we took over the City contract. Nearly 25,000 claims annually had been lost between the Department's ePCR system and the prior vendor's billing system. Our extensive and effective process of claims reconciliation immediately picked up the missing claims and ensured that a claim was created for each transport.

This and the other improvements we brought to Baltimore City's EMS claims processing resulted in the 64% increase in aggregate collections noted above:

- + Continuous support through the initial integration with ImageTrend and the upgrade to Elite
- + Procurement and support of field equipment and wireless services, including IT Support
- + Two major refreshes of hardware
- + Printers, toner, and support for all receiving facilities
- + Two refreshes of administrative group computers

- + Consultation and projections on rates, including identifying rates below Medicare approved amount
- + Customized and deployed a monthly dump of vital EMS statistics to the City program
- + CARES Act guidance and support
- + Symptom Heat Map for tracking COVID-19 cases and other types of incidents
- + Continuous revenue improvement

2. From a logistics perspective, explain how your organization intends to interact and interface with the City in the performance of the Services covered under the Request for Proposals.

Digitech relies on a regular degree of communication throughout our contract. Good communication is an important part of a successful collaboration between Digitech and the City.

Rita Fuentes, Digitech's Client Relations Manager for the City of Key West, will continue to be directly involved with the City and the Fire Department. She will schedule meetings to review monthly reports and billing activity and address any service issues or questions you may have. These meetings are designed to offer a review of the success and potential areas of improvement Digitech can provide. These meetings can also keep the City informed regarding legislation or regulatory changes affecting EMS in general, and Key West in particular.

ONGOING CONSULTATION

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

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

You will continue to receive ongoing consultation related to all aspects of billing and collections for ambulance service. We consider it our responsibility to stay informed and guide you in any new and revised interpretations of relevant laws and policies. We watch closely any developments in the changing landscape of Medicare and Medicaid reimbursements that may affect your collections, and we will keep you informed of any changes to processes or policies.

Through our partnership, you will be provided with a deep pool of resources and experience to be called upon however you need. These resources include our innovative technology offerings as well as our dedicated staff of EMS billing experts. Our technology and our people work together to create a powerful system.



Digitech has met and exceeded our expectations in all areas. They are friendly, courteous, prompt, and professional. They are knowledgeable and up to date on all things CMS. They are quick to respond not only to us, but also to our patients. They are extremely good at what they do, and I believe that is because they take the job of EMS billing very seriously. They are everything we want in a billing company – and more.

SONORA COPLING

Former Senior Administrative Assistant, EMS Division
Plano Fire-Rescue, TX

3. Specify address of Firm's designated office where the majority of work on this project will be performed, call center location. Indicate percentage total overall of the Services to be performed by the Firm's office specified above. Specify address of Firm's other office(s) where any part of the work for these Services will be performed, if applicable.

Most of the work will be conducted at our headquarters located in Chappaqua, NY.

480 Bedford Road
Building 600, 2nd Floor
Chappaqua, NY 10514

FLORIDA OFFICES

Rita Fuentes, the City's assigned Client Relations Manager, works from our Tampa office location. Additionally, we have an office in Miami Lakes where meetings can take place. Darryl Hartung, Digitech's VP of Client Relations, works out of the Miami Lakes office.

Tampa, FL
1103 Marbella Plaza
Tampa, FL 33619

Miami, FL
7900 NW 154 Street, Suite 201
Miami Lakes, FL 33016

4. Describe any limitations that may exist that would impact your organization's ability to perform the services covered under this RFP.

We have no concerns and foresee no obstacles that will need to be overcome in order to have a successful billing and collections service.

5. Proposed price for EMS Billing Services as specified in the Scope of Services.

PRICE PROPOSAL

We are offering a fee of **5.30%** of Net Collected Revenue¹ for EMS billing services.

EMS Billing Services	5.30% of Net Collected Revenue \$10.00 per Medicaid claim
NPP Mailing Fee	\$1.00 per mailed notice

SOFTWARE OPTIONS

We can offer multiple ePCR options at an additional rate of:

eso Solutions	1.55% of Net Collected Revenue
EPR Systems	1.20% of Net Collected Revenue
MetroPCR	1.30% of Net Collected Revenue
TripTix	1.25% of Net Collected Revenue

HARDWARE OPTIONS

We can offer multiple hardware options at an additional rate of:

Panasonic G2 Devices	0.14% of Net Collected Revenue per device
Zebra Android Devices <i>Works with Android-based ePCR products; required to be used if the City chooses MetroPCR</i>	0.07% of Net Collected Revenue per device

Please see **Attachment 3** for detailed specifications on each hardware option.

Should we be selected for this opportunity, we will work together during contracting to determine the best hardware options to be used with the City's ePCR of choice.

OPTIONAL PRICING

Annual Third-Party Audit	\$8,000 per audit
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¹ Net Collected Revenue is defined as total collected revenue less refunds.

PRICING AND PROPOSAL ASSUMPTIONS

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

- + All billing, collection, and transport data provided by the City in its RFP is accurate and it is understood by both parties that Digitech has relied on the City's data for pricing purposes. If services are added or changed, Digitech reserves the right to renegotiate contracted fees.
- + The City will provide reasonably complete demographic information as part of your Patient Care Reports, and it is understood that crews will make best efforts to provide insurance information, social security numbers, and other demographic information.
- + The City will provide any remittance information received through a different account from the EMS lockbox² in a timely manner, including a listing of the ACH deposits by deposit date, referencing the carrier.
- + After the contract award, good faith negotiations will take place during which both the City and Digitech can discuss and negotiate specific requirements of the RFP.
- + The City will review claims and mark them as "ready for billing" within 30 days of the date of service.

SUMMARY OF FEATURES INCLUDED IN DIGITECH'S PRICE

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

² Digitech requires the establishment of a bank lockbox to receive and process payments. We will assist in setting up and management of a lockbox account. The cost for a banking lockbox is included in our fee for service.

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

6. Any other material as may be helpful to establish that the respondent has the necessary facilities, ability, and financial resources to furnish the required services in a satisfactory manner.

Please see **Appendix A** for additional material to help establish that we meet and exceed all the necessary requirements of this RFP.

By continuing to partner with Digitech, you will receive the highest quality EMS billing service centered on innovative technology, responsive customer support, and real-time reporting. We state with confidence that we can fulfill your requirements and exceed your expectations by implementing our fully HIPAA-compliant, high-performance billing solution.

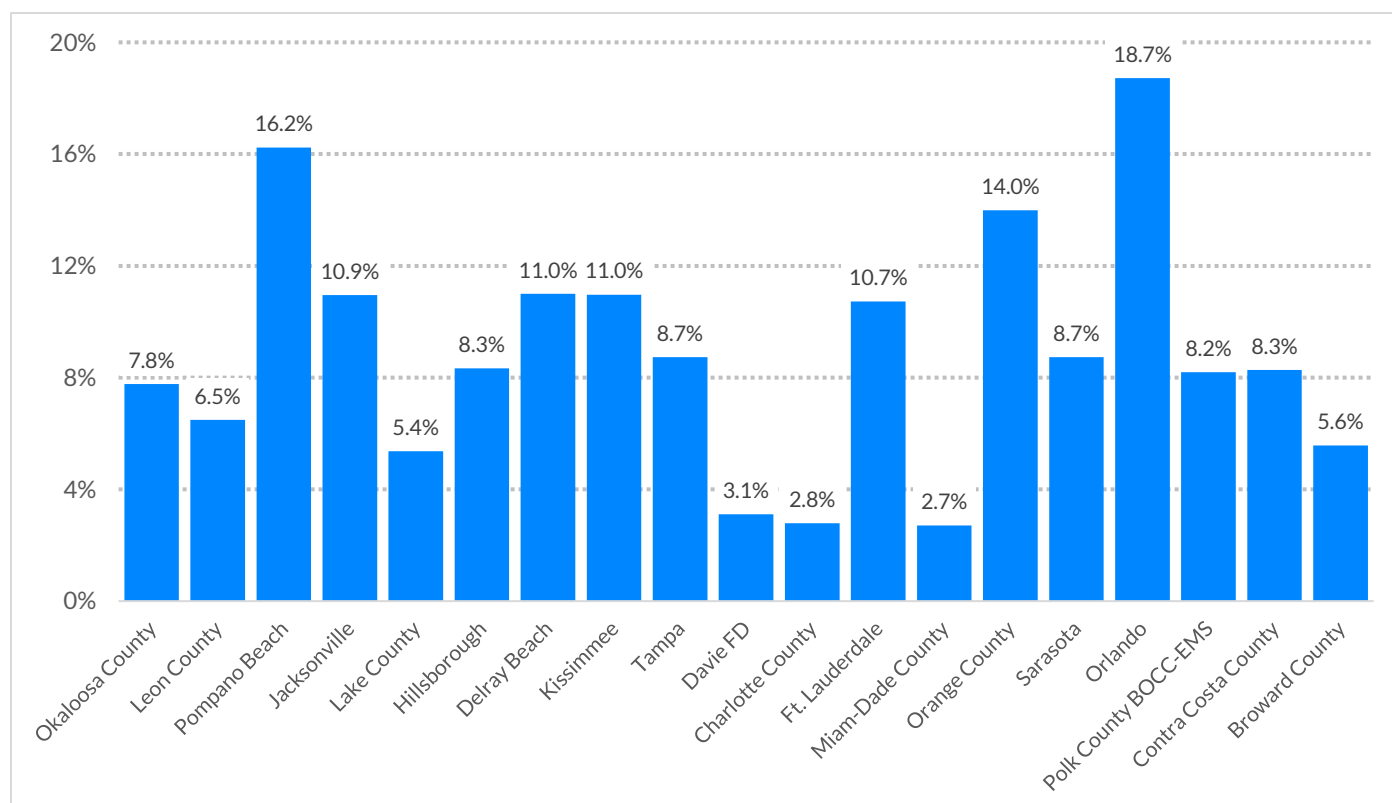
- + **Advanced billing platform.** Digitech created and continually refines our award-winning proprietary billing software platform, Ambulance Commander. This technology will provide a new level of transparency into your data and result in performance improvements.
- + **Proprietary technology.** Ownership of the Ambulance Commander platform has many benefits. Significantly, we can customize processes based on the City's requirements. We are also able to provide all our clients 24/7 real-time access to the system.
- + **Comprehensive reporting.** Digitech's powerful and comprehensive reporting system provides flexibility, ease of use, real-time graphical data, transparency, and the ability to customize to meet any reporting or analysis need. Please see **Appendix D, Reporting Suite**, for an overview of the reports Digitech can supply.
- + **Exceptional account management.** Our Account Managers will provide guidance and leadership to the City throughout a comprehensive implementation period and beyond. They will help you leverage our innovative technology and dedicated staff of EMS billing experts. Our technology and our people work together to create a uniquely powerful system that puts a premium on compliance and customer service.
- + **Qualified staff.** Digitech's centralized, one-team, one-system approach offers a senior management group with hundreds of years of combined ambulance billing experience and an IT team whose only function is to develop, upgrade, and maintain Ambulance Commander. Many staff members are EMS experts, EMTs, former EMS directors, billing specialists, editors, and certified ambulance coders. Digitech's Quality Assurance team is made up of staff members who have backgrounds as EMTs, paramedics, nurses, or EMS billing professionals.

- + **Dedicated compliance program.** Digitech's compliance program incorporates many regulatory safeguards, including random daily and monthly claims audits, independent third-party audits, and an annual SOC 1 Type 2 audit. Each Medicare and Medicaid claim is reviewed and approved by our Quality Assurance specialists before being released to the carrier for payment.
- + **Established data security plan.** We offer a state-of-the-art IT framework that includes hosting, complete redundancy, and a fully implemented disaster recovery plan. Redundancy, a Tier 3 data center, mirrored databases, server virtualization, and a secondary data center make up the infrastructure that has yielded 99.999% uptime over the last five years. Our plans prepare assets required to recover from catastrophes quickly, so that the City will not experience data loss or cash flow interruption.

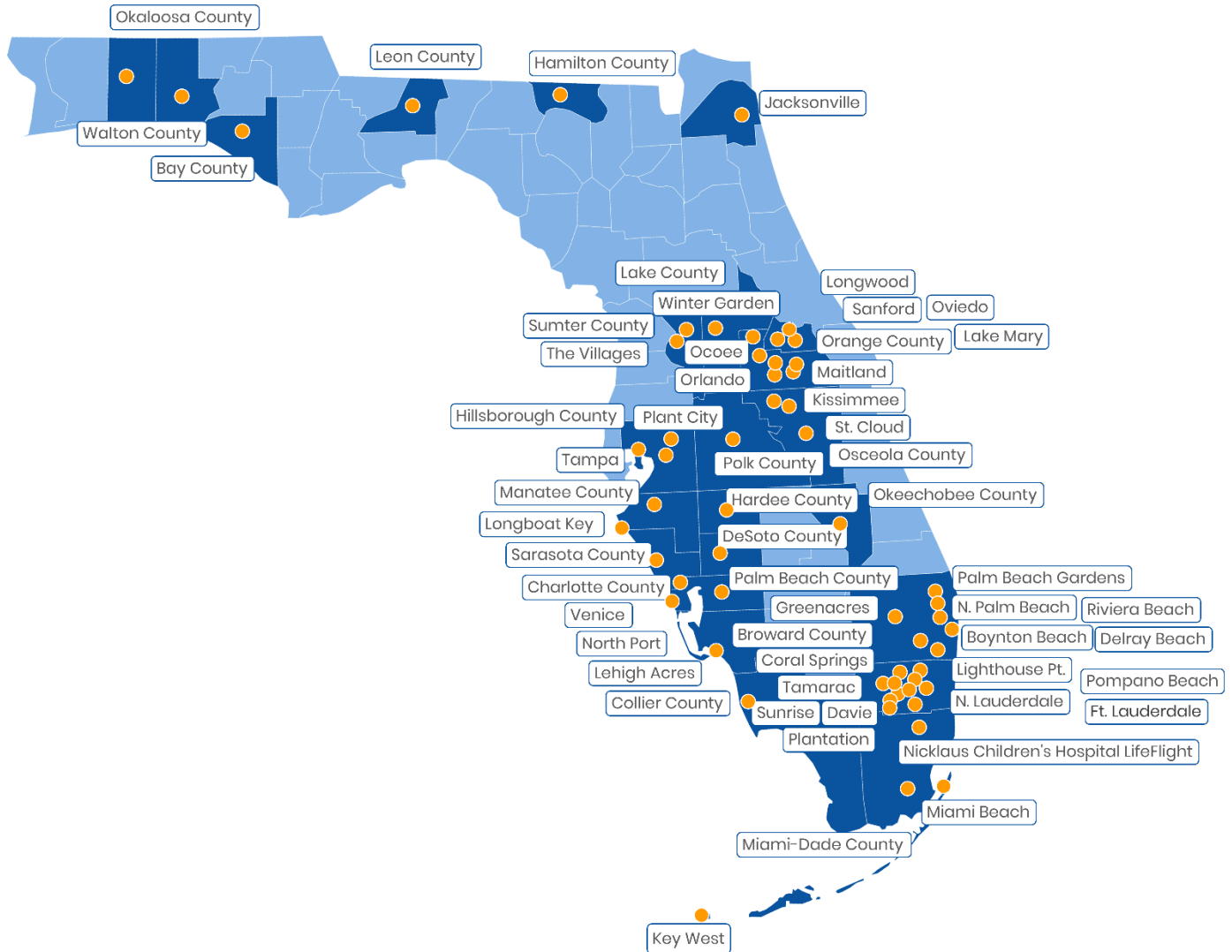
- Familiarity with Florida and the Florida Keys: Describe experience with EMS billing in Florida and, particularly, the Florida Keys.

Our long history of successful billing engagements in Florida has been enhanced by the relationship we have built with Key West since earning your business in 2018. Our history in Florida includes improvements for both small and large services from DeSoto County to Miami Dade County Fire Rescue and many of these agencies already have been migrated to the Ambulance Commander platform. In every instance Digitech has significantly increased collections over the previous solution. The chart below illustrates the improvements in collections per trip that we achieved for several of these clients.

% CPT Increase for Digitech Florida Clients Migrated to Ambulance Commander



We're no strangers to your region. Digitech has a strong history with Florida clients, and we believe our story makes Digitech the most successful billing service partner in the state. Our experience will translate to continuing outstanding results for the City. See below for a map of Digitech's clients in Florida.



We look forward to continuing our work in your state through the extension of our relationship with the City of Key West.

- Client References: Please provide a minimum of three (3) client references for which you have provided a similar service within the past five years of the scope and nature required by this RFP along with contact name, phone number, and email for the references.

The table below provides references for whom Digitech provides EMS billing services. We are confident their testimonies will support our success.

Current Client	Contact Information	Scope of Contract	Start of Service
Miami-Dade County Fire Rescue 111 NW First St, Suite 710 Miami, FL 33128-1984	Eric Rodriguez EMT-P/BHSA Lieutenant EMS/ET3 Data Analyst (305)-753-7273 eric.rodriguez@miamidade.gov	Annual Transports: 75,000 EMS Billing Services SafetyPad ePCR Integration	2003
Pompano Beach Fire Rescue 120 SW 3rd Street Pompano Beach, FL 33060	Mathew Whitton EMS Chief (954) 786-4564 mathewwhitton@copbfl.com	Annual Transports: 15,000 EMS Billing Services SafetyPad ePCR Integration	1998
City of Riviera Beach Fire Rescue 1920 W. Blue Heron Blvd. Riviera Beach, FL 33404	John M. Curd Fire Chief (561) 845-4104 jcurd@rivierabeach.org	Annual Transports: 7,500 EMS Billing Services MetroPCR Integration	2004

BID PROPOSAL FORM

To: The City of Key West
Address: 1300 White Street, Key West, Florida 33040
Project Title: EMS Billing Services

Bidder's contact person for additional information on this Proposal:

Company Name: _ Digitech Computer LLC

Contact Name & Telephone #: _ Scot Metcalf, Regional Sales Manager, (407) 242-8120

Email Address: sales@digitechcomputer.com

BIDDER'S DECLARATION AND UNDERSTANDING

The undersigned, hereinafter called the Bidder, declares that the only persons or parties interested in this Proposal are those named herein, that this Proposal is, in all respects, fair and without fraud, that it is made without collusion with any official of the Owner, and that the Proposal is made without any connection or collusion with any person submitting another Proposal on this Contract.

The Bidder further declares that he has carefully examined the Contract Documents for the construction of the project, that he has personally inspected the site, that he has satisfied himself as to the quantities involved, including materials and equipment, and conditions of work involved, including the fact that the description of the quantities of work and materials, as included herein, is brief and is intended only to indicate the general nature of the work and to identify the said quantities with the detailed requirements of the Contract Documents, and that this Proposal is made according to the provisions and under the terms of the Contract Documents, which Documents are hereby made a part of this Proposal.

CONTRACT EXECUTION AND BONDS

The Bidder agrees that if this Proposal is accepted, he will, within 10 days, not including Saturdays and legal holidays, after Notice of Award, sign the Contract in the form annexed hereto and will provide evidence of holding required licenses and certificates as indicated in the Contract Documents.

CERTIFICATES OF INSURANCE

SURETY

_____ Digitech Computer LLC _____ whose address is
 480 Bedford Road, Building 600, 2nd Floor, Chappaqua NY, 10514

 Street City State Zip

BIDDER

The name of the Bidder submitting this Proposal is _____ Digitech Computer LLC _____

_____ doing business at

480 Bedford Road, Building 600, 2nd Floor, Chappaqua NY, 10514

 Street City State Zip

which is the address to which all communications concerned with this Proposal and with the Contract shall be sent.

The names of the principal officers of the corporation submitting this Proposal, or of the partnership, or of all persons interested in this Proposal as principals are as follows:

Mark Schiowitz	President and Chief Executive Officer
_____	_____

Joyce Kerulo	Treasurer, Chief Revenue Officer
_____	_____

Walter C. Pickett	Chief Operating Officer
_____	_____

_____	_____
-------	-------

_____	_____
-------	-------

If Sole Proprietor or Partnership

Digitech is a Limited Liability Corporation.

IN WITNESS hereto the undersigned has set his (its) hand this _____ day of _____ 2017.

Signature of Bidder

Title

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 _____

(SEAL)

Name of Corporation

By _____

Title _____

Attest _____

Sworn and subscribed before this _____ day of _____, 20____

NOTARY PUBLIC, State of _____, at Large

My Commission Expires: _____

ANTI-KICKBACK AFFIDAVIT

STATE OF New York)

: SS

COUNTY OF Westchester)

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.

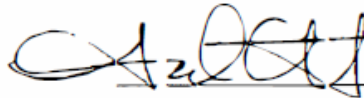
By: Mark Schiowitz, President and CEO

Sworn and subscribed before me this 29th day of June 2023.

NOTARY PUBLIC, State of New York at Large

My Commission Expires:

AMANDA COMPTON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CO6382673
Qualified in Westchester County
My Commission Expires 10-29-2026



* * * * *

SWORN STATEMENT UNDER SECTION 287.133(3)(A)
FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

**THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR
OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted with Bid or Proposal for _____
EMS Billing Services for the City of Key West

2. This sworn statement is submitted by Digitech Computer LLC
(Name of entity submitting sworn statement)

whose business address is 480 Bedford Road, Building 600, 2nd Floor,
Chappaqua NY, 10514

and (if applicable) its Federal Employer Identification Number (FEIN) is _____
EIN 11-2693136

(If the entity has no FEIN, include the Social Security Number of the individual

signing this sworn statement N/A

3. My name is Mark Schiowitz signing)(Please

and my relationship to the entity named above is President and CEO

4. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g),
Florida Statutes, means a violation of any state or federal law by a person with respect
to and directly related to the transaction of business with any public entity or with an
agency or political subdivision of any other state or with the United States, including
but not limited

to, any bid or contract for goods or services to be provided to any public or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, material misrepresentation.

5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication guilt, in any federal or state trial court of record relating to charges brought by indictment information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes, means
 - a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a “person” as defined in Paragraph 287.133(1)(8), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies).

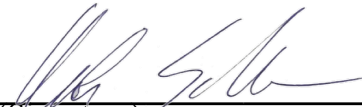
Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and

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)

June 29, 2023
(Date)

STATE OF New York
COUNTY OF Westchester

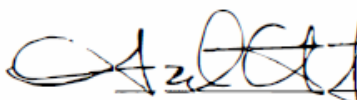
PERSONALLY, APPEARED BEFORE ME, the undersigned authority,

Mark Schiowitz who, after first being sworn by me, affixed his/her
(Name of individual signing)

signature in the space provided above on this 29th day of June, 2023.

My commission expires:

AMANDA COMPTON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CO6382673
Qualified in Westchester County
My Commission Expires 10-29-2026


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: Digitech Computer LLC

SEAL:

480 Bedford Road, Building 600, 2nd Floor

Address



Signature

Mark Schiowitz

Print Name

President and CEO

DATE: Title June 29, 2023



**LOCAL VENDOR CERTIFICATION PURSUANT TO
CITY OF KEY WEST ORDINANCE 09-22 SECTION 2-798**

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

- a. Principle address as registered with the FL Department of State located within 30 miles of the boundaries of the city, listed with the chief licensing official as having a business tax receipt with its principle address within 30 miles of the boundaries of the city for at least one year immediately prior to the issuance of the solicitation
- b. Maintains a workforce of at least 50 percent of its employees from the city or within 30 miles of its boundaries.
- c. Having paid all current license taxes and any other fees due the city at least 24 hours prior to the publication of the call for bids or request for proposals.
 - Not a local vendor pursuant to Ordinance 09-22 Section 2-798
 - Qualifies as a local vendor pursuant to Ordinance 09-22 Section 2-798

If you qualify, please complete the following in support of the self-certification & submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name _____ Phone: _____

Current Local Address: _____ Fax: _____

(P.O Box numbers may not be used to establish status)

Length of time at this address: _____ Date: _____

Signature of Authorized Representative

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me _____ day of _____ this 2023.

By _____, of _____

(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)

or has produced identification _____ as identification
(Type of identification)

Signature of Notary _____

**Digitech does not meet the definition of a Local Vendor
Form is not applicable**

Return completed form with Supporting documents to: City of Key West Purchasing

Print, Type or Stamp Name of Notary

Title or Rank

Digitech does not meet the definition of a Local Vendor
Form is not applicable

EQUAL BENEFITS FOR DOMESTIC PARTNERS AFFIDAVIT

STATE OF New York)

: SS

COUNTY OF Westchester)

I, the undersigned hereby duly sworn, depose and say that the firm of Digitech Computer LLC

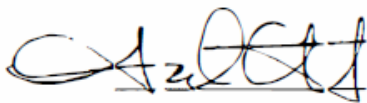
provides benefits to domestic partners of its employees on the same basis as it provides benefits to employees' spouses, per City of Key West Code of Ordinances Sec. 2-799.

By:  Mark Schiowitz

Sworn and subscribed before me this 29th day of June, 2023

NOTARY PUBLIC, State of New York at Large

My Commission Expires:



AMANDA COMPTON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CO6382673
Qualified in Westchester County
My Commission Expires 10-29-2026

* * * * *

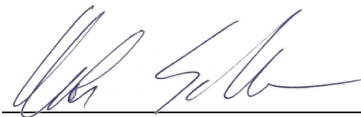
CONE OF SILENCE AFFIDAVIT

STATE OF New York)

:

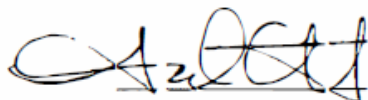
SS COUNTY OF Westchester)

I, the undersigned hereby duly sworn, depose and say that all owner(s), partners, officers, directors, employees and agents representing the firm of Digitech Computer LLC 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:  Mark Schiowitz

Sworn and subscribed before me this

29th day of June 2023.

Amanda Compton 

NOTARY PUBLIC, State of New York at Large

My Commission Expires:

AMANDA COMPTON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CO6382673
Qualified in Westchester County
My Commission Expires 10-29-2026

* * * * *

8. ALL REQUIREMENTS LISTED IN PROPOSAL SUBMITTAL REQUIREMENTS

Digitech has complied. Please see our proposal response and appendices.

9. ALL REQUIRED INSURANCE FORMS OR INDICATION OF ABILITY TO COMPLY WITH REQUIREMENTS UPON REWARD OF CONTRACT

Digitech has complied. Please see **Attachment 2**.

10. SIGNED ADDENDA

Digitech confirms receipt of the addendum dated 6/26/23. We have included it in the following pages.

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.

Acknowledged by Digitech

A handwritten signature in blue ink, consisting of a stylized first name and a last name, written in a cursive script.

APPENDICES

APPENDIX A: DETAILED SCOPE OF WORK

The KWFD is seeking professional service agencies, companies, corporations, partnerships, individual's organizations and/or other legal entities organized under the laws of the State of Florida to provide billing services for emergency medical services transport. The KWFD is looking for accounts receivable management as well as options of an ePCR solution.

Digitech arranged our proposal according to the requirements of Proposal Submittal Requirements. To demonstrate that we are committed to our offering of the City's requested services and to provide additional information, we provide the following table to confirm our compliance.

Requirement	Response
A. Provide billing and accounts receivable management services -The successful Proposer shall provide billing and accounts receivable management services to the CITY for emergency medical transportation services rendered by the CITY. The Contractor shall file required documentation and agreements with all payers (e.g. Medicare, Medicaid, and private insurance companies).	Digitech will comply. We will continue to provide billing and management services, including filing required documentation agreements for all payers. Our response to the items listed in Proposal Submittal Requirements and this document will serve as proof of our capabilities.
B. The contractor must have a minimum of 5 clients that exceed 3,000 transports or medical claims processed last fiscal year.	Digitech exceeds this requirement. We currently process claims for over 200 agencies and approximately 5 million transport annually across the country. In addition, we are the Florida leader with over 50 clients processing over 1 million transports annually. We have provided 3 FL agency references in our proposal above.
C. The contractor must have a full-time compliance officer.	Digitech employs a full-time compliance officer. Digitech's Certified Ambulance Compliance Officer, Amanda Mihalick, is responsible for compliance at Digitech. She handles compliance training, ensures Digitech maintains its SOC 1 Type 2 audits, and oversees the comprehensive program for compliance, employee training, and Red Flag monitoring and response. She is responsible for the day-to-day development, management, and enforcement of the Compliance Plan and

Requirement	Response
	reports to a body of employees who are higher up the chain of command.
D. The contractor must absorb all credit card and debit card fees incurred for processing.	Digitech agrees with this requirement.
E. The contractor will scan images and all patient documents and attach this information to each trip.	Digitech will comply.
F. The contractor must work to establish relationships with all the CITY receiving hospitals and skilled nursing facilities.	Digitech will comply. Facility relationships are already in place.
G. The contractor must have demonstrated success interfacing ePCR technology to their billing system.	Digitech will comply. We currently have hundreds of ePCR integrations in place with clients across the country.
H. The contractor must allow 24/7 web access to the billing system to access detailed patient billing processes to see all transactions on any account at any time.	Digitech's billing system is accessible 24/7.
I. The contractor must provide both canned and custom reporting daily, weekly, monthly via a secure method.	Digitech will comply. See Appendix D for samples of reports.
J. The contractor may supply an ePCR solution with Health Data Exchange model.	Digitech will comply. The ePCR platform has been included in our price proposal.
K. The contractor will confirm every patient transported by KWFD insurance verification across Medicare if 65+, across Medicaid at the time of processing and retroactively.	Digitech will comply.
L. The customer service center must have call times from 8 am to 8 pm eastern standard time.	Our support centers are open from 8:00am to 8:00pm, Monday through Friday.
M. The contractor must record all inbound and outbound patient calls and be able to provide a recording of the call to the KWFD.	All calls between a patient and Digitech's Customer Service Representatives are recorded.

Requirement	Response
N. The contractor must be able to accept NEMSIS (National EMS Information System) EMS exports to the billing system to comply with Florida reporting standards.	Digitech will comply.
O. The contractor 's reports must combine complete clinical data with financial data.	Digitech will comply. For more information, please see Appendix D, Reporting Suite.
<p>P. The contractor must provide a patient web portal which includes:</p> <p>Updates on insurance information</p> <p>Credit Card/ Debit Card/e-Check processing without extra charge to the patient</p> <p>Re-occurring payment plans</p>	<p>For patients, our Portal solution provides secure and convenient online access to their accounts. Your patients will access Portal through a custom URL specifically for your agency which will be printed on every invoice.</p> <p>Payment Plans</p> <p>Portal allows payments to update insurance information, process credit and debit card payments without an extra charge and make payments on re-occurring payment plans.</p>
Q. The contractors call center must support diverse languages on staff and have resources available for translation services when necessary.	Digitech has bilingual (English and Spanish) staff onsite in customer service positions during our normal business hours of 8am – 8pm ET and utilize translation services for other languages as necessary.
R. The contractor must provide a dedicated Client Service Representative to oversee all primary issues between the CITY and contractor.	Digitech will continue to commit to providing a dedicated Client Relations Manager to manage the City's account. Our Client Relations Managers provide guidance and leadership to clients throughout a comprehensive implementation period and beyond. The Client Relations Manager will be an escalation point of contact. They help clients leverage our innovative technology and dedicated staff of EMS billing experts.
S. The contractor must ensure a segregation of duties, whereby the same individual must not be able to enter billing, adjust billing, post payments, nor deposit funds; and maintain the necessary levels of security in	Digitech currently has segregation of duties controls in place.

Requirement	Response
their automated billing system to protect the CITY from loss.	
T. All patient account numbers must be cross referenced with the KWFD incident number.	Digitech will comply.
U. Ensure that all required documentation and agreements with payers (e.g. Medicare, Medicaid, Tri-Care, etc.) are filed and maintained, and that the CITY is notified of important changes to industry regulations.	Digitech will comply and ensure that all required documentation and agreements are filed appropriately. You will receive ongoing consultation related to all aspects of billing and collections for ambulance service. We consider it our responsibility to stay informed and guide you in any new and revised interpretations of relevant laws and policies. We watch closely any developments in the changing landscape of Medicare and Medicaid reimbursements that may affect your collections, and we will keep you informed of any changes to processes or policies.
V. Provide periodic training to CITY Emergency Medical Services personnel as requested regarding the gathering of necessary information and proper completion of Patient Care Reports (PCRs).	Digitech provides documentation training to help your medics improve their documentation and understand the importance of creating complete and compliant patient care reports. These skills are important and valuable as they affect the billing cycle, but also because EMS is becoming more integrated into the larger healthcare sphere. We will provide online documentation training to all your medics on a mutually determined schedule.
W. Download PCRs from the CITY EMS data collection system or any EMS data collection system used by the CITY. Firm must accept electronic data from CITY via a secure network supplied by the firm. The secure data transfer will be electronic in XML, ASCII or any other acceptable electronic data transfer format.	Digitech will comply. Appendix C provides a detailed description of this process.

Requirement	Response
<p>X. Provide prompt submission of Medicare, Medicaid and Insurance claims after receiving PCRs, which will be the contractor's notice to commence the billing/collection process, including keeping logs confirming all electronic submissions. Secondary insurance provider claims will be submitted after the primary insurance provider has paid. The CITY will monitor for probate and bankruptcy cases for KWFD EMS patients and on receiving Bankruptcy and Probate notice, will submit information with appropriate detail to contractor for filing. The contractor will respond to KWFD requests and post payments/adjustments related to probate and bankruptcy proceedings.</p>	<p>Digitech will continue to provide these services to the City. Please see Appendix C where the billing process is discussed in detail.</p> <p>Probate and Bankruptcy</p> <p>Digitech will monitor for probate and bankruptcy cases. We will respond to the City and post payments or adjustments related to probate and bankruptcy proceedings.</p>
<p>Y. Use up-to-date knowledge and information regarding coding procedures, assigning diagnostic codes and proper preparation of electronic and paper insurance filings to ensure compliance with Federal, State and local regulations.</p>	<p>Coding is the intensive process by which we review each claim manually and determine level of service, medical necessity compliance, signature compliance, and mileage. As part of the coding process, Digitech's certified coders review the content of the ePCR, evaluate the narrative, decide whether the claim is billable, and if so, how the claim should be billed. It's important to get it right.</p> <p>Once the coding process is complete, claims are procedure coded and scheduled for invoicing. Any accompanying paperwork is verified and attached to the claim using Digitech's SecureDocs document imaging interface. We typically complete coding for all claims within 24 business hours of receipt of ePCR data.</p>
<p>Z. Guarantee claim follow up and re-bill and work with the insurance companies when applicable. Re-bill indicates that all charges applicable to the service be retrievable in billing type format and/or detailed statement.</p>	<p>Digitech agrees and will continue to follow up and re-bill insurance companies as needed.</p>
<p>AA. Provide a reconciliation of the number of transports (PCRs) collected with those transmitted to the contractor, and contact the CITY to report any discrepancies.</p>	<p>Digitech agrees to provide a report that will show a reconciliation of the number of transports.</p>

Requirement	Response
<p>BB. Download payment information electronically and provide web access to the CITY for access to ad hoc reports on billing performance.</p>	<p>Pre-hospital Patient Care Reports and all associated transport data are uploaded into Digitech's system via Secure File Transfer Protocol. This process is typically completed within two to three hours each morning via an import routine written by Digitech for specific ePCR systems.</p> <p>Ad hoc reports and system access are available to the City at any time they are needed.</p>
<p>CC. Establish a skip tracing process s to validate patient information (correct spelling of name, social security #'s, Date of Birth, and mailing address to also include unit/condo #'s), and returned mail/bad addresses.</p>	<p>Digitech agrees to use our established skip tracing process to find missing information.</p>
<p>DD. Employ extensive internal and external insurance eligibility and demographic sweeps to identify patients in a timely manner to support billing practices.</p>	<p>Digitech will continue to provide verification services to the City. During this process of finding missing billing and demographic information and confirming the accuracy of the current data, our verifiers do the following:</p> <ul style="list-style-type: none"> • Access multiple public and private databases to locate missing patient information. • Contact patients by phone to get insurance information when necessary. • Contact admitting hospitals to get patient information that we then use to find insurance information with our demographic search tools. When possible, we build electronic bridges to hospitals and directly query databases or transfer patient demographic and insurance data. • Use clearinghouses to find or verify insurance and demographic information. • Provide invoicing forms with a simple insurance information section and return envelope, which makes it easy for patients to

Requirement	Response
	<p>return demographic and insurance information to Digitech by mail.</p> <ul style="list-style-type: none"> • Provide web portals for each client where patients can check the status of their accounts, make payments, update demographic profiles, provide signatures, and input insurance information. <p>Using Public and Private Databases</p> <p>Digitech uses our proprietary Sleuth search solution to connect to multiple large databases. Its search algorithms use any available data to locate additional demographic information. Our goal is to find the patient's social security number, which we then submit to other databases to find insurance information.</p> <p>Using Clearinghouses</p> <p>Using the demographic information available, verifiers use our automated tools to search large clearinghouse databases to find or verify available insurance information and determine eligibility. This process also allows us to identify secondary insurance that field personnel will almost never obtain, and that even the receiving hospitals may not be able to provide. We validate Medicare, Medicaid, and all insurances daily for all the claims that we receive.</p> <p>In addition to verification of insurance information on file, we validate patient insurance status by feeding the verified social security number into our insurance polling system which queries insurance companies in search of a policy number associated with that social security number. Digitech uses Experian and other such databases for this process. We typically complete this validation of patient insurance status in a matter of hours on the same day the trip information was downloaded.</p>

Requirement	Response
EE. Provide a designated, responsive and professional liaison for patient/payer concerns. Accept responsibility resolution and communication of all EMS consumer complaints and compliments.	Your assigned Client Relations Manager will be an escalation point of contact for your patients. The Client Relations Manager will accept responsibility and resolution of all EMS complaints and compliments.
FF. Provide a means for patients to provide billing information, preferably through a secure web site, to allow patients to review their billing information, add insurance information and request corrections to expedite recovery.	Digitech's Portal will serve as a website to allow patients to review information.
GG. Provide a toll-free phone number to respond to inquiries concerning patient account information.	The City will have its own toll-free phone number for patients and City inquiries.
HH. Provide all customer-related inquiry services and prepare additional third-party claims or patient payment agreements in accordance with CITY policies. Document interaction between parties.	Digitech will continue to provide this service.
II. Provide proper security of confidential information and proper shredding of all disposed materials containing confidential information. Retain appropriate records in accordance with state records retention requirements	Digitech will continue to provide proper security of all confidential information. We retain both physical and digital records per legal and client requirements. Physical records are scanned and added to the patient's record.
JJ. Establish working relationships with hospitals to obtain/verify patient insurance and contact information, preferably through electronic, VPN or faxback programs.	Digitech will comply. When possible, we build electronic bridges to hospitals and directly query databases or transfer patient demographic and insurance data.
KK. Respond promptly (within one business day) to the CITY, patients, and patient representatives on request for information.	Digitech will continue to respond within one business day during standard working hours of 8am—8pm ET.
LL. Participate in face-to-face meeting between CITY personnel and your appropriate personnel on a semi-annual basis (at minimum) to discuss current legislation, trends, hot topics and better business practices.	Digitech agrees to meet with the City on a semi-annual basis. You will have the support of a Client Relations Manager.

Requirement	Response
MM. Maintain appropriate accounting procedures and provide for reconciling all payments, bank deposits, receivables, billings, patient accounts, adjustments and refunds between the contractor's billing system and CITY records.	Digitech agrees. Our financial reporting package is accrual-based and adheres to Generally Accepted Accounting Principles.
NN. Provide options for payment processing and receipt (i.e.: bank lockbox, other alternatives, etc.)	<p>Remittances are received and processed through a bank lockbox. A lockbox facilitates the payment process in the following ways:</p> <ul style="list-style-type: none"> • All payments will be immediately credited to your account. Digitech will never have control over your cash. • All payments will be immediately credited to the patient's account. • The bank will image all documentation so that both parties can view payment details at any time. • The lockbox simplifies the process of reconciling deposits. Once a payment is received, often in the form of an Explanation of Benefits, funds are immediately posted to your account. Cash is reconciled every day. We never have unapplied accounts.
OO. Provide the CITY with copies of supporting documentation after refunds have been paid by Contractor.	Digitech agrees.
PP. Provide timely comprehensive reports facilitating all required aspects of monitoring, evaluating, auditing and managing the services monthly. Reports are to include detailed revenue analysis and forecasts on an as needed basis.	Digitech agrees to continue to provide these reports. Examples of the reports we can provide are offered in Appendix D .
QQ. Provide pre-collection activities on accounts to significantly reduce accounts being turned to an outside collection agency.	Digitech agrees to continue to provide these services. Our experience has shown that getting invoices out within a day or two of receipt of PCR data positively affects the outcome of the collections process, not only by

Requirement	Response
	<p>avoiding timely filing issues, but also by enabling the follow-up on denials, partial payments, short-pay claims, and appeals to begin that much sooner.</p> <p>Typically, within one business day of receipt of transport data, Digitech billing personnel begin all automated batch claim processing tasks including:</p> <ul style="list-style-type: none"> • Electronic invoicing and filing • Paper invoicing, printing, and mailing when appropriate • Self-pay invoicing • Facility invoicing (if applicable) <p>We have heard that outside collection agencies don't like to work with Digitech – because our collection process is so efficient, we don't give them much business!</p>
<p>RR. Provide the KWFD or designated collection agency with all unpaid invoices along with the complete processing history once accounts are past due by 180 days or more, or once firm 's collection efforts have been exhausted.</p>	<p>Digitech agrees.</p>
<p>SS. Contractor must participate in FL debt set off program on behalf of the CITY. Follow in accordance to the CITY policy on wage garnishment.</p>	<p>Digitech will continue working with the City to recover funds from any eligible Florida program.</p>
<p>TT. Negotiate and arrange modified payment schedules for individuals unable to pay full amount when billed in accordance with CITY procedures. The contractor will not lower any billed amount without the prior approval of the CITY.</p>	<p>Digitech agrees to continue offering payment plans to the City's patients. Our experience over the years has shown us that those who can pay usually do. We follow compassionate billing practices and treat every patient with kindness and respect with an eye toward helping the patient meet their financial obligation. This includes suggesting community and state-based organizations to help the patient pay,</p>

Requirement	Response
	establishing payment plans if acceptable to the City, and managing charity programs.
<p>UU. Provide the CITY with access to all CITY accounts, data and information maintained in the automated system of the contractor including any hardware, software or connection services required and provide initial and then as needed on-site training for EMS administrative staff on the software utilized.</p>	<p>Authorized users will have access to patient accounts which show all activity, including hyperlinks to related documents including insurance EOBs, patient statements and patient correspondence. This makes training relatively easy and also creates a high level of accountability since the City sees the same flow that our billing specialists are seeing while working on your accounts. Our level of transparency and visibility into accounts and processes is unmatched in the industry.</p>
<p>VV. Develop disaster safeguards and a data recovery plan with innate system and functional redundancy to include processing and patient services.</p>	<p>Our Disaster Recovery Plan provides a means to operate if we lose one, or any combination, of our core components for a period of greater than five business days. The worst-case scenario is a permanent loss of the Primary Processing Center. Processing interruptions such as power outages or inclement weather will usually not trigger implementation of the complete Disaster Recovery Plan. Such interruptions will not significantly affect our work schedule, as our remote work capability and backup generators make it possible for operations to continue in the event of a minor incident.</p> <p>We have structural features that provide redundancy that allows for a flexible response to short-term interruptions as well as a more robust response in the event of a long-term or large-scale interruption. We have built redundancy into these critical areas:</p> <ul style="list-style-type: none"> • Redundant Data Centers – including power considerations, air conditioning, fire suppression, and security

Requirement	Response
	<ul style="list-style-type: none"> • Redundant Processing Centers – facilities where billing personnel work • Failsafe Application Servers and Storage Systems – computers for data processing and storage • Data Backup Systems • Duplicate Communications Servers – necessary for outside users to access clients' data • Redundant internet connectivity and phone systems
WW. Develop a plan for receiving mail, depositing payments, and providing the CITY with payment information for accounts prior to the Contract period.	This plan is currently in place with the City.
XX. Provide copies of all user manuals, system overviews, technical manuals, reports on controls such as internal / external audits or regulatory authority reports when requested to do so by the CITY.	Digitech will provide the City with documentation, if requested.
YY. Contractor must provide an independent third-party audit annually.	<p>Digitech agrees. Digitech uses Withum (formerly WithumSmith+Brown) to perform an in-depth audit on the controls and related processes we use to manage financial reporting. The results of our SSAE 18 (SOC 1 Type 2) audits, as well as the previous types of audits that the SSAE 18 replaced, have all been favorable. Withum has confirmed that Digitech meets the recognized national standards for safeguards for hosting or processing our clients' data.</p> <p>We have included as Attachment 1 a letter from Withum confirming the scope and results of our most recent SSAE 18 audit. This letter also points out that "AICPA standards restrict the distribution and use of the report to Digitech and user entities (customers) and the</p>

Requirement	Response
	independent auditors of such user entities of Digitech's services." We would be happy to share our complete audit results with you confidentially at shortlist if it is required and if we are favored with an invitation for further consideration.
ZZ. Comply with all applicable federal, state and local regulations. The proposal should describe recent and planned efforts for compliance with privacy requirements and data transmission. Recent audits by Medicare, Medicaid, or other agencies may be used to document compliance. Please provide experience with CMS audits and results for the last five years.	<p>Our compliance plans and collections policies adhere fully to all local, state, and federal laws and regulations regarding collections, financial transactions, privacy, and "standards of reasonable care" for information handling, management, and destruction. This includes full compliance with Fair Debt Collection Practices Act, Fair and Accurate Credit Transactions Act, Fair Credit Reporting Act, Gramm-Leach-Bliley Act, Family Educational Rights and Privacy Acts and Children's On-Line Privacy Protection Act. Digitech is committed to the highest ethical standards. We prioritize staying ahead of regulatory requirements and changes, as well as maintaining the resources we need to integrate compliance within our billing and collection activities, training, and quality management programs.</p> <p>Digitech has a 100% success rate with passing CMS audits for EMS providers such as ZPIC, UPIC, RAC, TPE, etc. over the last five years.</p>
AAA. Compliance with SSAE 16 type 2 is required. Please attach the current SSAE 16 type 2 audit report to the proposal.	Please see item YY and Attachment 1 .
BBB. Completion of HIPAA-HITECH Audit is required. Please attach HIPAA-HJTECH Audit documentation to the proposal.	Digitech is in compliance with the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). Please see item YY and Attachment 1 .
CCC. For monthly reconciliation and payment of invoice by the CITY, provide e the following:	Digitech agrees to provide items 1 through 3 to the City. We also agree to provide the reports

Requirement	Response
<p>1. Copies for the previous months Explanation of Benefits (EOBs) for Medicare payments and adjustments processed. Notify KWFD of adjustments made by Medicare and accounts affected</p> <p>2. Payments and return items are to be posted same date as bank deposit posting date. All posting should be current and all items reconciled by end of business month. Any irreconcilable items are to be reported timely to the CITY for direction and resolution. All postings should be reconciled with the CITY on a weekly basis</p> <p>3. Provide monthly reports specific to CITY requirements</p> <p>4. Monthly reports are to be received by the CITY no later than the 15th business day of the following month.</p>	<p>needed by the 15th business day of the following month.</p>
<p>DDD. The successful proposer shall be responsible for the invoicing, collection, generation of any and all insurance forms and filings, record maintenance reports and postage for the mailing of all said invoices, and forms. The successful proposer shall provide patients with a comprehensive statement/invoice, HIPPA form and a courtesy return payment envelope. The front of the statement shall describe all charges and payments. The reverse side of the statement shall have clearly marked entry blocks for information needed to file insurance claims.</p>	<p>Digitech agrees and will continue to be responsible for invoicing, collection, generation of insurance forms and filings, record maintenance, and postage.</p> <p>An invoice and HIPAA form will be mailed with a return envelope.</p> <p>Please see Appendix E for sample invoices and statements.</p>
<p>EEE. The contractor must handle all refunds due to patients, insurances, vendors.</p>	<p>Digitech agrees. Our established method of processing refunds is as follows:</p> <ol style="list-style-type: none"> 1. We submit a refund request to the client. 2. The client writes the refund check and notifies Digitech. 3. Digitech makes the financial adjustment to the account.



Digitech[®]

Expert EMS billing and technology

Résumés of Key Personnel

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

914.741.1919 (main)
914.741.2818 (fax)



MARK SCHIOWITZ
PRESIDENT AND CHIEF
EXECUTIVE OFFICER

EDUCATION

Bachelor's Degree in Economics
Bucknell University, 1979

AFFILIATIONS

- American Ambulance Association
- Commission on Accreditation of Ambulance Services
- Healthcare Financial Management Association
- International Association of Fire Chiefs

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY
1984 - Present

Founded business and wrote first version of Ambulance Commander billing platform. Successfully directed the firm's growth to become the only ambulance billing company that has created and regularly updates its own award-winning technology for multiple Tier One clients. Remains actively involved in all aspects of the company's business and oversees the execution of all contracts.

GERALD METALS, INC.

STAMFORD, CT
1982 - 1984

Began a trading desk that focused on new financial products offered at COMEX and MERC, including Options on Bond Futures and Options on Gold Futures. Reworked the Black and Scholes Options Volatility Pricing Models for new futures markets and traded these instruments.

LOMBARD WALL, INC.

NEW YORK, NY
1981 - 1982

Money Market Trading Firm. Worked in the research area developing computer trading systems that defined the buy and sell points based on trending algorithms. Later moved to the trading desks to trade short-term government securities for the firm's portfolio.

E.F. HUTTON, INC.

NEW YORK, NY
1979-1981

Graduated from Management Training Program. Managed back office operations. Moved to Corporate Bond desk and became a junior fixed income trader.



JOYCE KERULO

CHIEF REVENUE OFFICER

EDUCATION

Bachelor's Degree in Accounting
Manhattan College, 1982

CERTIFICATIONS

- Certified Ambulance Coder certificate



AFFILIATIONS

- New Castle Parks & Recreation Commissioner
- New Castle Girls Soccer Coach
- Chair of the New Family Outreach Committee

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

1994 - Present

Oversees the processing of more than 4.7 million ambulance claims annually. Manages a staff of over 100 billing specialists.

Key Achievements:

- Built the company's billing service division from the ground up
- Supervises all aspects of billing service
- Manages department budget

EDWARD EHRBAR, INC.

PELHAM, NY

Assistant Controller, 1986 – 1993

Oversaw all aspects of Accounting Department including AP, AR, and Payroll. Provided financial reporting. Managed a staff of 15 employees.

MEDICAB, INC.

NEW YORK, NY

Assistant Controller

Provided direct support to billing staff. Managed a team of 8 employees. Supervised all aspects of the Accounting Department, including AP, AR, and Payroll. Provided financial reporting.



WALTER C. PICKETT II

CHIEF OPERATING OFFICER

EDUCATION

Bachelor's Degree in Mathematics
Susquehanna University, 1994

AFFILIATIONS

- New York Ambulette Coalition

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

1994 - Present

Chief Operating Officer, 2018 – Present

Senior Vice President of Deployment and Support, 1999 – 2018

Manages team of software trainers, technical support staff, and software developers. Directly oversees all aspects of new client implementation. Works closely with new clients to ensure that any system customizations, including custom reporting requirements, are implemented before Go-Live date.

Customer Service Representative and Programmer, 1994 – 1999

Responsible for all customer support issues. Made required and customized program modifications. Setup and maintained hardware and networks for Digitech and clients.

CELLULAR ONE

PARAMUS, NJ

1994 - 1994

Directly involved with resolving customer service issues; managed overdue payment desk.



**BENJAMIN
LAMBERT**
**CHIEF INFORMATION
OFFICER**

EDUCATION

Executive MBA
Pace University, 2009
Valedictorian

Bachelor's Degree in Information
Technologies
University of Phoenix, 2007

Bachelor's Degree in Music Theory
Studies
Temple University, 2001

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY
2002 - Present

Vice President of Technology, 2012 – 2020

Oversees Development and IT teams. Focuses on process analysis, automation, and innovation. Manages resource allocation for IT and Development. Provides strategy and direction. Key

Achievements:

- Uses Agile/Scrum and Object-Oriented Programming (OOPS) methodologies to develop C# in the .Net framework (Visual Studio) connecting to MS SQL databases
- Conception and design of advanced billing technologies
- Led the migration to a virtualized infrastructure

Senior Software Engineer, 2002 – 2012

Designed and implemented an import engine to integrate with third-party ePCR vendors using XML over ASP.NET web services. Introduced real-time insurance eligibility. Revolutionized claim editing and coding process. Key Achievements:

- Team leader for the redesign of Ambulance Commander using a Microsoft .NET/SQL Server framework
- Introduced aggregated processing and reporting across all agency databases
- Conceptualized and oversaw development of an automated alert system to seek out issues and inefficiencies by comparing historical and real-time data
- Lead developer and PM for SecureDocs system, which provides web-based access to millions of EMS documents

ACCESS TECHNOLOGIES GROUP

PLYMOUTH MEETING, PA
ColdFusion Programmer, 2001 – 2002

MEIXLER TECHNOLOGIES

DREXEL, PA

Virtual Basic Development Consultant, 2001 – 2002



BRAD STUART

VICE PRESIDENT OF BILLING SOFTWARE

EDUCATION

Associate's Degree in Computer
Programming
College of Westchester, 2000

Bachelor's Degree in Computer
Science
Pace University, 1997

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2002 - Present

Initially hired as a Software Developer and promoted twice into roles of increasing technical and professional responsibility. Directs a staff of four software developers, overseeing new development and maintenance of medical billing, remittance posting, claim eligibility, patient portal, and file sending and receiving automation.

Key Achievements:

- Uses Agile/Scrum and Object-Oriented Programming (OOPS) methodologies to develop C# in the .Net framework (Visual Studio) connecting to MS SQL databases
- Directly administers or manages MS SQL database administrator functions, Windows Server, and IIS administration
- Implements the OnTime project management tool, increasing organizational efficiencies and individual/team accountabilities
- Facilitates requirements gathering and developing detailed specifications to generate high levels of client satisfaction
- Mitigates downtime with a dedicated server cluster, deployed SolarWinds for performance monitoring
- Maintains compliance with all applicable regulations, including HIPAA and SOC-1

Significant Projects:

- Architecture reviews with individual clients for PCI compliance
- Automated file sending and receiving functions, reducing labor by approx. 6,000 hours annually
- Developed and deployed the 835 remittance feature, significantly reducing time required for postings
- Designed file conversion feature for converting printed bills to PDF format for email
- Teamed with clients in providing MS SQL replications, reducing potential downtime and data loss

FRONTLINE COMMUNICATIONS, PEARL RIVER, NY

Network Administrator / Web Developer, 1998 – 2002

Designed, developed, and monitored e-commerce websites. Managed customer and corporate websites of Frontline Communications' live sites and company clients' websites.



FRAN CUZZO

VICE PRESIDENT OF BILLING SERVICES

CERTIFICATIONS

- Front Office Medicare
- National Association of Ambulance Coders



PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2000 - Present

- Maintain staff of 40+ employees
- Oversee all aspects of patient collections and process electronic and paper billing
- Process electronic and paper billing
- Act as liaison for ambulance clients located around the country
- Support IT department with testing billing software

TRANSWORLD

JACKSONVILLE, FL

1999 - 2000

Managed Care / Medicare / Commercial Billing Manager

CARLSON WAGONLIT TRAVEL

PHOENIX, AZ

1997 - 1998

Travel Expense Manager

TRANSCARE NY (AA AMBULANCE CO.)

LONG ISLAND CITY, NY

1988 - 1997

Accounts Receivable Supervisor

EMPRESS AMBULANCE

YONKERS, NY

1988 - 1997

Dispatcher / Accounts Receivable Clerk



**MAXINE
D'AGOSTINO**
**VICE PRESIDENT OF
BILLING SERVICES**

EDUCATION

Bachelor's Degree in Health
Science
State University of New York
College at Cortland, 2010

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2012 – Present

Vice President of Billing Services, 2018 – Present

Billing Manager, 2012 – 2018

- Began tenure as Billing Representative and held positions as Medicare Manager and QA Manager
- Oversees the Medicare and QA departments
- Focuses on Digitech's adherence to Medicare's rules, regulations, and compliance standards



CATHY TENZYK
VICE PRESIDENT OF
BILLING SERVICES

CERTIFICATIONS

- CMS Certified in Coding and Medical Necessity
- National Association of Ambulance Coders



PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2002 – Present

Supervises Compliance Auditing personnel. Works closely with Digitech's staff of claim editor and QA personnel as well as clients and outside auditors. Ensures that Digitech's billing and collection practices comply with all federal and state regulations. Advises clients on any changes to Medicare policies. Leads team in random audits of clients claims to ensure optimum compliance. Makes continuing recommendations to clients regarding all aspects of compliance and documentation.

Medicare Collection Manager, 2002 – 2012

Began as a Billing and Collection representative training on Ambulance Commander software in the Medicare Billing Department. Promoted after one year to Manager of Medicare Department. Gained knowledge about the use of OMNI PRO and other Medicare online systems and web-based insurance sites for the purpose of checking eligibility, claim status, and performing actual online claim adjustments.

Key Achievements:

- Trained and supervised team in Medicare ambulance billing and collections
- Oversaw and participated in the day-to-day responsibilities of billing and collecting Medicare claims
- Created and led the QA team, implemented to ensure compliant Medicare and Medicaid billing practices
- Keeps up to date on current Medicare and Medicaid regulations and guidelines to keep clients advised on changes in policies

JOHN A. GALENO, M.D.

WHITE PLAINS, NY

Medical Secretary, 1999 – 2002

ABBEY RICHMOND AMBULANCE SERVICE

WHITE PLAINS, NY

Billing and Collections Clerk, 1986 – 1999



DARRYL HARTUNG

VICE PRESIDENT

EDUCATION

Associate's Degree in Business
Management
Broward Community College

Bachelor's Degree in Business
Administration and Management
Florida Atlantic University

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY
2000 – Present

Vice President, 2020 – Present

Vice President, Intermedix, 2000 – 2020

Responsible for the overall management of the client services for the southeast United States. Specific responsibilities included client management and account services.

MORTGAGE.COM

Mortgage Consultant/Manager, 1998 – 2000

Responsible for selling various custom loan programs for residential properties. Worked with executive management to establish goals and objectives for the sales department.

AMERICAN GENERAL FINANCE

Lending and Collections Administrator, 1998

SIRS, INC.

Proposal Coordinator, 1997 – 1998

ACOSTA SALES CO., INC.

Assistant Network Administrator, 1994 – 1997



MITCHEL HOLDER

EXECUTIVE DIRECTOR OF ANALYTICS

EDUCATION

Level 1 and Level 2 Certificates in
local government finance officer
program

University of Georgia, Carl Vinson
Institute of Government

Business Management Coursework
Liberty University

Instructor Licenses for:

- ACLS
- PHTLS
- PALS
- CPR
- BTLs

Medical Supervisor, 2006 – 2009

- Served as extension of EMS Medical Director to ensure continuous quality improvement and provide medical-level risk management. Developed initiatives that led to better patient care and outcomes.
- Facilitated committees with the fire department's medical director, ER physicians, surgeons and anesthesiologists in order to foster positive working relationships between the fire services and hospital professionals.
- Established KPIs for paramedics and emergency room staff to measure performance. Established quality management programs for field paramedics.
- Investigated and completed reports on EMS related incidents and unusual occurrences in an effort to maintain integrity of proactive and aggressive Medical Operations and Standing Medical Orders.

Firefighter / Paramedic, Driver Engineer, Lieutenant, Captain, 1990-2005

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2017 - Present

Works with clients on reporting and data analytics, helping to create custom reports and to address any other needs that may arise. Develops and delivers training on the Ambulance Commander platform.

GWINNETT COUNTY FIRE & EMS

LAWRENCEVILLE, GA

1990 – 2017

Battalion Chief, Business Services, 2010 – 2017

- Developed and coordinated a \$100,000,000 Operating, Capital, and IT budget for the fire department. Managed EMS billing that resulted in improved revenue from \$9,000,000 in 2009 to \$16,000,000 in 2016.
- Approved and facilitated purchases of capital assets including facilities, apparatuses, and equipment. Wrote and managed contracts, Business Service Agreements, and Requests for Proposals.
- Wrote the fire department's HIPAA compliance plan.
- Served on the County's Sole Standardization committee to provide oversight of sole provider services. Served on the State EMS committee to negotiate healthcare reimbursement with Georgia Medicaid.



SCOT METCALF

REGIONAL SALES MANAGER

EDUCATION

Bachelor's Degree in Business
Management
University of Central Florida, 1996

CERTIFICATIONS

- State of Florida Certified Fire Officer
- State of Florida Certified Instructor III
- State of Florida Certified Rescue Specialist
- State of Florida Certified Firefighter
- National Registered EMT

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY
2020 - Present

Safety and sales professional with 9 years of public safety, 9 years of management, and 5 years of sales experience. Skilled at developing and cultivating relationships that positively impact business growth.

ESO SOLUTIONS

AUSTIN, TX

Regional Account Manager, 2016 – 2019

- Identified prospects, created new opportunities and revenue while selling ESO Fire/EMS SaaS to target accounts
- Contributed to sales growth of assigned region
- Attended tradeshow, built RFP responses, delivered presentations of ESO products to decision makers and end users

HCA HEALTHCARE

GREATER ORLANDO, FL

Regional EMS Coordinator, 2014 – 2016

- Built and sustained relationships with region's Fire/EMS administration staff and 50+ affiliated stations
- Served as primary liaison between facility O-Suites and Fire/EMS providers
- Facilitated/conducted training courses for Fire/EMS providers
- Member of HCA Sepsis, Stroke, STEMI and Trauma Committees charged with isolating Fire/EMS/Facility patient treatment and transfer opportunities

HEART UTILITIES, WINTER PARK, FL & SOUTHEAST U.S.

Groundman, 2013 – 2014

CITY OF OVEIDO FIRE RESCUE, OVEIDO, FL

Firefighter / Emergency Medical Technician (EMT), 2003 – 2012

Performed both firefighting and EMT responsibilities for a population of 33K. Gained expertise in wide array of local, state and federal safety regulations. Procured supplies and equipment from vendors. Conducted training, fire prevention assessments, and community outreach services. Elected by peer team as Firefighter of the Year, 2007.



MARY DELFRANCO

DIRECTOR OF ACCOUNT MANAGEMENT

EDUCATION

Bachelor's Degree in Computer
Science, 1983

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2010 - Present

- Provide client training and maintain relationships with all clients
- Coordinate and test systems implementation for new clients
- Enroll clients in all aspects of claims billing and ensure clients maintain provider credentials
- Provide remote access support for system issue resolution & user inquiries
- Work with third-party vendors for requirements of systems integration with our software
- Train Account Managers on setup of client systems and providing system support

PROGRESSIVE PRODUCTS

RYE BROOK, NY

2007 - 2010

Administrative Sales Assistant

MEDICAL ARTS CENTER HOSPITAL

NEW YORK, NY

2005 – 2009

Project Assistant

COMPUTER SERVICES CONSULTING

BREWSTER, NY

1997 - 2002

Support Services Consultant

STAMFORD HOSPITAL

STAMFORD, CT

1987 - 1997

IT Clinical Applications Supervisor



DAVID MEAD

DIRECTOR OF COST RECOVERY SOLUTIONS

EDUCATION

Master of Business Administration
Oklahoma State University, 2012

Bachelor's Degree of Science
Oklahoma State University, 2001

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY
2022 - Present

- Responsible for planning, procurement, and execution of cost reporting projects
- Developing marketing materials and other cost reporting tools, templates, and forms
- Forecasting and planning business unit performance for C-level executives
- Monitoring market dynamics and regulations and developing solutions to adapt to changes

PUBLIC CONSULTING GROUP

BOSTON, MA
Senior Consultant, 2018 - 2022

- Led a diverse team of nine, including business analysts, consultants, and senior program staff
- Managed a portfolio of >\$3.5 million annually while averaging >10% year over year growth
- Drafted State Plan Amendment and CMS preprints
- Integrated business process improvements to achieve more efficient results.

AUSTIN, TX

Consultant, 2013 - 2018

- Developed and implemented innovative Medicaid financing solutions for EMS providers
- Defined, documented, and improved business processes for Medicaid cost reporting
- Led face-to-face and webinar sales calls, trainings, and conference presentations
- Hired, trained, and supervised a team of business analysts.



NANCY SPENCE

DIRECTOR OF FINANCE

EDUCATION

Bachelor of Business
Administration in Finance
University of Kentucky, 2002-2006

PROFESSIONAL EXPERIENCE

DIGITECH

CHAPPAQUA, NY

2023 - Present

- Responsible for creating annual operating plan and ongoing forecasts for \$100 million net revenue business
- Produce monthly reporting package and provide variance commentary in monthly close meetings
- Partner with executive team and assist in creating goals and objectives for long term plan
- Develop and maintain cost metrics for management teams
- Prepare monthly board meeting package and present sections covering financials and KPIs
- Manage a team of 4 responsible for monthly close process

DIGITECH

CHAPPAQUA, NY

Financial Planning & Analysis Manager, 2020 - 2023

- Researched and provided variance commentary in monthly close meetings
- Created and maintained monthly dashboard showing labor costs and headcount trends, informing executives of projected staffing levels based on ambulance transport volume targets
- Managed a 4-day monthly close process
- Calculated detailed revenue accruals for 250+ customers
- Assisted in establishment of new processing center
- Stepped into a more significant leadership role when CFO resigned and was not replaced

R1 RCM, INC.

CHICAGO, IL

Finance Analyst, FP&A Manager, 2008 - 2020

- Prepared and communicated monthly financial results to leadership team for 8 cost centers within the Shared Service unit
- Generated annual budgets and determined cost allocations for client sites utilizing Shared Service centers

ADDITIONAL PERSONNEL



ANTHONY SANTOS
CLIENT RELATIONS
DIRECTOR

DIGITECH, 2015 - Present

Education: University of Connecticut, Manhattanville College

Responsible for onboarding new clients, directing system implementations and upgrades, training, and troubleshooting client systems issues. Provides client training and maintains relationships with all clients. Lead advisor and mentor for department team building, addressing day-to-day issues on systems, training, and management of client relations.



MAX DEKLE
SOFTWARE DEVELOPER,
DATA ANALYTICS

DIGITECH, 2010 - PRESENT

Education: Rochester Institute of Technology

Heads the Reporting Analytics team, which ensures that all clients' reporting needs are met. Integral to the development of numerous custom reports and customizing Digitech's Dashboard and PCR Lens as needed.



KIM CARRA
VERIFYING MANAGER

DIGITECH, 2011 - PRESENT

Education: State University of New York at New Paltz

Manages a department of Verifying Specialists who utilize our proprietary technology to find demographic information vital for successful billing. Orchestrator of Sleuth, Digitech's proprietary technology for demographic research.



MARIE ELLINGHAM
MEDICAID MANAGER

DIGITECH, 2011 - PRESENT

Education: Westchester Community College

Manages the Medicaid department, a team dedicated to Medicaid-related tasks and claims processing. Keeps up with all rules and compliance requirements unique to state programs across the country.



DANIEL WARNER

**CASH POSTING
MANAGER**

DIGITECH, 2015 - PRESENT

Education: Cornell University, Fordham University

Manages a team that handles cash posting for clients. Leads integration of new client accounts to Digitech's cash posting process, reconciles cash monthly, and works with clients to resolve cash reconciliation issues.



AMANDA MIHALICK

COMPLIANCE OFFICER

DIGITECH, 2017- PRESENT

Education: Southern New Hampshire University

Amanda provides support in the areas of compliance training, compliance plan development support, and consultation on fee schedules. She is a Certified Ambulance Compliance Officer by NAAC and a Notary Public for the State of New York.



AMANDA STARK

RISK MANAGER

DIGITECH, 2021- PRESENT

Education: Millikin University, University of Illinois College of Law

Amanda's responsibilities include reviewing and auditing clients' claims to ensure they are billed in compliance with each payer's rules. She has taught courses on ambulance compliance and worked with clients across the country to create and improve their compliance programs.



Digitech[®]

Expert EMS billing and technology

Billing Process

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

914.741.1919 (main)
914.741.2818 (fax)

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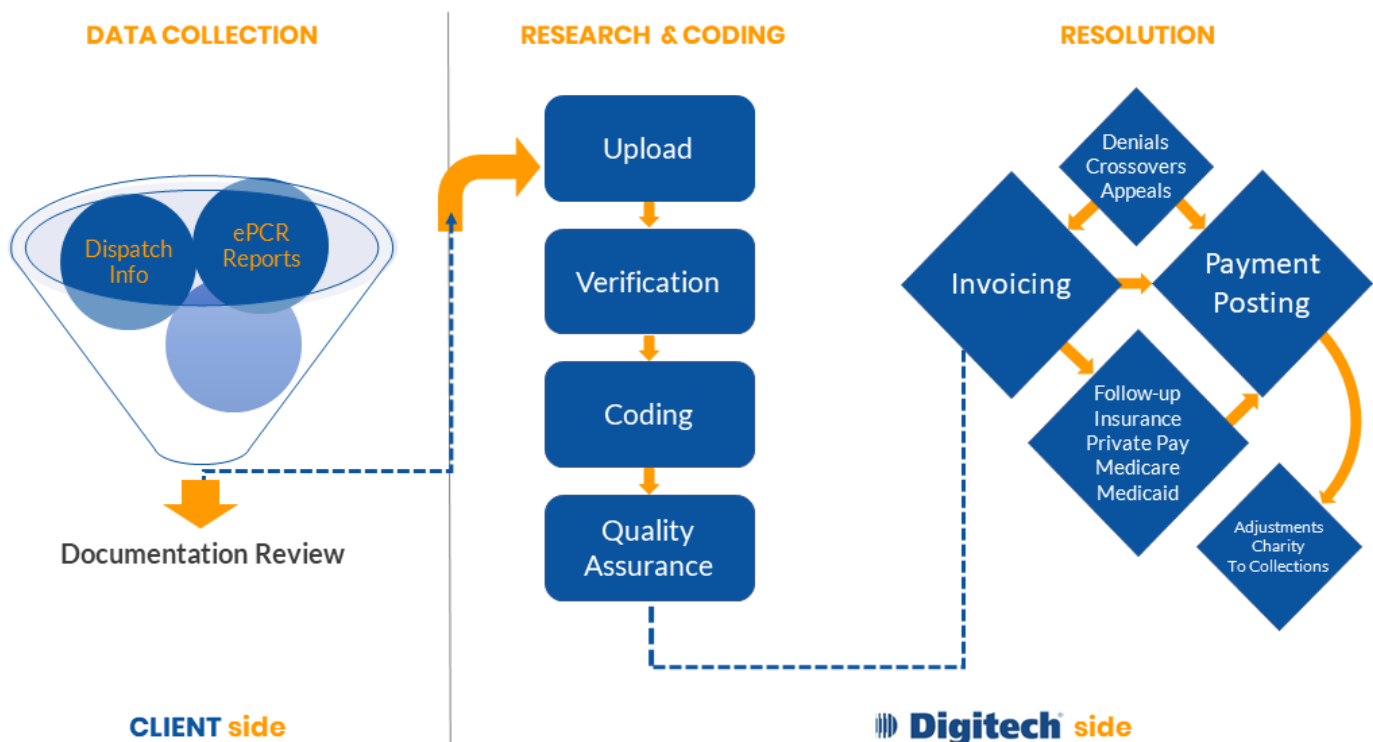
DIGITECH'S BILLING PROCESS

Digitech achieves exceptional results for every client, every time. This is true whether the service is large or small, converting from billing in-house, or using a third-party billing service. According to our clients, they see improvements in level of service, technology, and reporting capabilities. This is not by accident – it's by design. Our business model merges advanced technology solutions with a highly experienced and knowledgeable team that manages every detail of each account.

Digitech's process for creating and billing claims can be broken down into three stages:

- + Data Collection
- + Research and Coding
- + Resolution

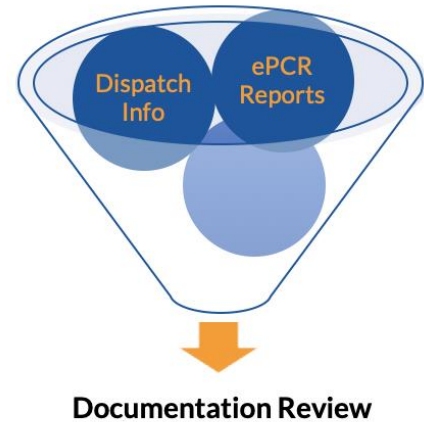
The diagram below provides a visual representation of these steps, which we explain in more detail in the following sections.



DATA COLLECTION

The first stage of our billing process occurs primarily on your side, from dispatch of the transport to the creation of the patient care record in the ePCR application. We require minimal assistance from you to perform billing services on your behalf. What we do require is within the scope of normal provision of EMS billing services:

- + Data collection, enhanced by the PCR Lens solution we offer you to monitor the quality and quantity of the patient demographics and billable information that your medics collect in the field.
- + Reasonably accurate PCRs with narrative descriptions of treatments provided and drugs administered, delivered in a timely fashion.
- + Review by your Quality Assurance team to ensure that run records are complete and clinically accurate before marking them as “Ready to Bill” and preparing them for transfer to Digitech. This step is not required, but we highly recommend it.

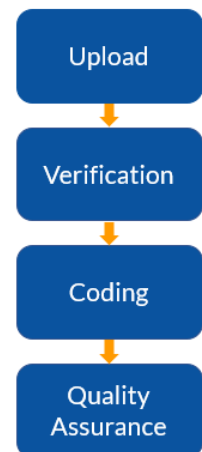


RESEARCH & CODING

In this phase, our Ambulance Commander interface obtains your billing and dispatch information from the ePCR provider’s servers once it is ready to bill, usually after a review by your QA personnel.

Digitech will provide training to your medics to support the creation of compliant PCRs with narratives that accurately document all treatments provided and support their medical necessity. In addition, we offer PCR Lens, a unique tool to help your providers see, measure, and improve the quality of demographic and insurance data collection in the field.

Once Digitech pulls the billing and dispatch information from the ePCR host servers, the next stage of the process begins.



DATA UPLOAD

Pre-hospital Patient Care Reports and all associated transport data are uploaded into Digitech’s system via Secure File Transfer Protocol. This process is typically completed within two to three hours each morning via an import routine written by Digitech for specific ePCR systems.

Our routines are unique in that we import *all* the information from the PCR system.

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

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

Once the PCR data has been reconciled, our billers can see all critical transport data, including the dispatch data, the crew data, the unit data, and so on. They can also see the PCR itself which contains the details of the patient assessment, the treatments and interventions provided, and the narrative entered by the responding medic. With this information, they begin the next step in the billing process – Verification.

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

VERIFICATION

Verification is the process of finding missing billing and demographic information and confirming the data that is currently available. We complete this process within one business day of receipt of PCR data. Our verifiers do the following:

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

USING PUBLIC AND PRIVATE DATABASES

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



USING CLEARINGHOUSES

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

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

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

CODING

Coding is the intensive process by which we review each claim manually and determine level of service, medical necessity compliance, signature compliance, and mileage. As part of the editing process, Digitech's certified coders review the content of the ePCR, evaluate the narrative, decide whether the claim is billable, and if so, how the claim should be billed. It's important to get it right.

Once the editing process is complete, claims are procedure coded and scheduled for invoicing. Any accompanying paperwork is verified and attached to the claim using Digitech's SecureDocs document imaging interface. We typically complete coding for all claims within 24 business hours of receipt of ePCR data

All coders are required
to be certified.



RESOLVING MISSING INFORMATION AND DISCREPANCIES

When required for Medicare and Medicaid claims, Digitech contacts patients to obtain signatures.

If we have exhausted all possible avenues of recovering missing information, our editors compile a list of claims that cannot be edited or coded and therefore cannot be submitted, such as claims that are missing clinical information, trip origin or destination, or other critical transport details. Typically, this list represents a very small portion of the claims we receive. We will notify your team of these discrepancies within 48 business hours of receipt of ePCR data. We will ask your representatives to review and supply us with the requested information if possible, and we will update each claim accordingly.

Ambulance Commander provides an audit trail of every action undertaken, so each time a claim is touched in any way, the system creates a time-stamped record. Digitech will report all open issues for the month to you. Most issues are resolved prior to closing the month's transactions.

QUALITY ASSURANCE (QA) – THE HUMAN ELEMENT

Digitech's Quality Assurance team, headed by a NAAC- and CMS-certified coder, is made up of experienced staff members, all of whom have backgrounds as EMTs, paramedics, nurses, or EMS billing professionals. The QA staff manually reviews 100% of Medicare, Medicaid, and Railroad claims. All Medicare claims are checked for medical necessity, mileage, and signatures. All Medicaid claims are similarly verified for medical necessity.

Our QA department frequently works directly with clients to ensure that they are trained on filling out paperwork with as much accuracy as possible. If QA finds that the paperwork conflicts with the level of service listed in the claim, or if the narrative is not sufficiently informative, they reach out for more information. This could involve contacting the care facility or the patient for clarification.

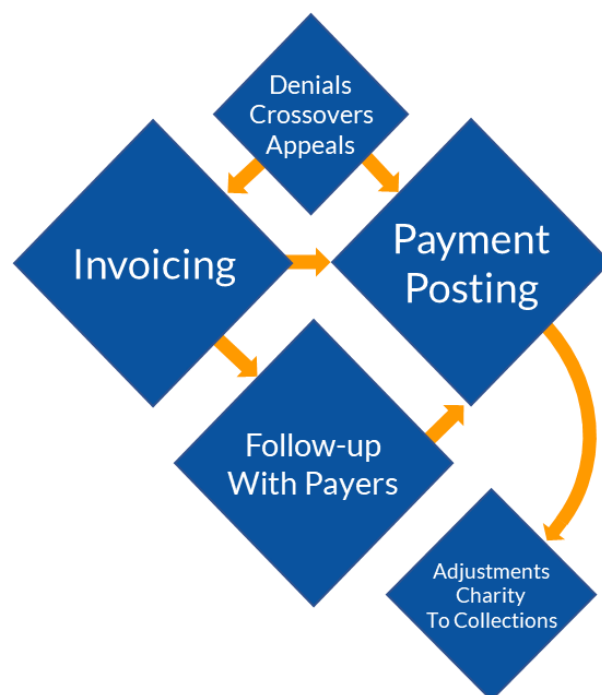
RESOLUTION

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

In more detail, the processing layer includes the following:

INVOICING CLAIMS

Approximately 98% of the compliant claims completed by our clients make it through the Data Upload, Verification, and Editing processes so that they are invoiced within 24 business hours of being received. Digitech will prepare invoices according to the rates and timelines you establish.



INVOICING COMMERCIAL CARRIERS

This step includes submitting electronic files to carriers that accept them or sending paper claims to those who do not. Where possible, Digitech files directly with the carrier, but alternatively will file claims using intermediaries and clearinghouses. We prefer direct billing as it speeds the process, and faster processing typically results in better collections.

When the commercial carrier does not pay in full, Digitech will appeal the claim. Our automated Appeal IT system sends appeals to carriers within 24 hours of a short-paid claim being posted. We follow up on all commercial claims on a regular basis (typically every 20 days) until they are resolved.

INVOICING MEDICARE OR MEDICAID

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

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

Digitech will file directly and electronically with both Medicare and Medicaid.

PATIENT INVOICING – THREE INVOICE CYCLE

Our patient invoicing typically follows a three-invoice cycle, which can be customized within reason. We use mailers specially designed to make it easy for patients to return valid insurance information. Our standard patient invoicing process is as follows:

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

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

COLLECTION NOTES

If new information regarding a claim or a patient comes to the attention of your billing staff, or if there is a need to revise or update existing information in a patient file, authorized users of our billing platform can add notes to the claim record at any time. When doing so, a prompt opens that enables the information to be passed on to Digitech staff in real-time via a secure email message. This functionality not only ensures the availability of immediate communication with Digitech billers, but also locks that record or update into place in the claim file where the information needs to be accessed.

REMITTANCE PROCESSING

Remittances are received and processed through a bank lockbox¹. A lockbox facilitates the payment process in the following ways:

- + All payments will be immediately credited to your account. Digitech will never have control over your cash.
- + All payments will be immediately credited to the patient's account.
- + The bank will image all documentation so that both parties can view payment details at any time.
- + The lockbox simplifies the process of reconciling deposits. Once a payment is received, often in the form of an Explanation of Benefits, funds are immediately posted to your account. Cash is reconciled every day. We never have unapplied accounts.



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

LATOYA JASPER
Former Deputy Assistant Director, Finance
City of Houston, TX

¹ Digitech requires the establishment of a bank lockbox to receive and process payments. We can assist in setting up a lockbox account.

PAYMENT VIA PAPER CHECK

- + Paper checks are received in a PDF format with the scanned check followed by the EOB.
- + Each paid claim is pulled into Digitech's general posting function using the invoice number included with the payment.
- + The payment is posted by procedure code for insurance.
- + If the insurance carrier provides 835 Electronic Remittance Advice files, the payment is posted using the 835.
- + If there is no 835-remittance available, the payment is posted in general posting.
- + Any remaining balance after receipt of payment from insurance providers will be appealed or crossed over to the next payer, depending on the contract you may have with the payer or the specific type of insurance plan.

Patient invoices also provide a mailing address for those clients who wish to pay by check.

PAYMENT VIA ELECTRONIC FUNDS TRANSFER

- + Electronic funds transfer payments are sent to Digitech by the client or made available to us via login to your lockbox.
- + All electronic funds transfer payments are posted via 835 ERA files.
- + Each deposit date is balanced using a spreadsheet listing out the totals for the lockbox deposit and each carrier that pays via electronic funds transfer.
- + Any amount that is not posted by Digitech is shown on the remittance spreadsheet as Non-Digitech Cash.
- + Each day's report will show total amounts for both Digitech and Non-Digitech payments arranged by payment source (lockbox or electronic funds transfer).

PREFERRED METHOD FOR CREDIT CARD PROCESSING

Our preferred payment method for credit card payments is to connect our payment portal to the clients' credit card merchant processor. Patients access their account information through our secure and convenient online interface. Through our portal, patients can provide insurance or demographic information and review the status of their account. Credit and debit card payments, including payments via health saving account and flexible savings cards, can also be made through Portal's 256-bit SSL self-service payment interface. All credit card transactions processed for you will be handled in compliance with Payment Card Industry Data Security Standard regulations.

Patient card
transactions are
PCI DSS compliant



PARTIALLY PAID CLAIMS AND DENIALS

If the claim is partially paid, one of the following will occur:

- + The claim will be crossed over to the next payer if the original payer paid all that was legally due.
- + The balance will be transferred to the patient if no additional insurance is available.

Only a tiny percentage of claims we submit are denied because our platform traps claims for correction before they are submitted, speeding the collection process. The small number of denied claims will be corrected and re-invoiced. If they are paid, no action is required. If the claims are denied, we begin the appeal process:

- + We request additional documentation from the receiving hospital when applicable.
- + Occasionally we will contact a family member to provide documentation to support the claim.

We then file the first level appeal. If there is a favorable decision, then no further action is needed. If we receive an unfavorable decision, and we have cause, we appeal to the second level. For Medicare, the second level appeal is handled by a Qualified Independent Contractor.

If we receive a favorable decision, no further action is required. If we receive an unfavorable decision, our usual practice is to file an appeal to the Administrative Law Judge where applicable.

At times, the claim (or a portion of the claim) is not paid, and we are reasonably sure it will never be paid. In those situations, claims will be sent to collections or adjusted according to your protocols.

REFUNDS AND OVERPAYMENTS

Digitech's established method of processing refunds is as follows:

1. We submit a refund request to the client.
2. The client writes the refund check and notifies Digitech.
3. Digitech makes the financial adjustment to the account.



Digitech provides us with all the information necessary to approve refunds in a clean and easy-to-review refund package. In addition, the staff is always available and extremely helpful if a question arises regarding a refund claim.

BETHANY ACKERET
Former Management Analyst, Finance
City of Houston, TX

RETURNED MAIL

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

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

Despite all efforts to obtain and verify accurate addresses, mail is sometimes returned. All returned mail is processed daily, and Digitech takes responsibility for additional research and corrective actions. The following steps are taken when mail is returned:

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

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

WE APPEAL ALL SHORT-PAY CLAIMS

Digitech does not leave your money on the table. Here again, we use the power of automation to manage denials, appeals, and short-paid claims. Appeal-IT, another distinguishing automated feature of Ambulance Commander, systematically appeals the short-paid claim until we have successfully recovered the complete balance. Where a manual appeal process may become expensive and tiresome, our automated process is both affordable and unrelenting.



RECEIVING AND PROCESSING PATIENT RECORD REQUESTS

Digitech uses ChartSwap as a repository for attorneys to request invoices, medical records, etc. for the clients they represent. The attorney's request typically consists of a letter detailing the nature of their request and a HIPAA form signed by the patient. After Digitech reviews the request, the attorney will be charged a fee based on the number of pages to be included in the document. The fee is inclusive of searching, handling, copying, and mailing costs.

INVOICE FORMAT

All notices, invoices, and letters will be delivered in a format you approve and in compliance with the provisions of the Fair Debt Collection Act and all other applicable laws and regulations.

PATIENT INVOICING CUSTOMER SERVICE

When we're dealing with your patients, we want to speak to them as you would. All Digitech staff who interact with patients are comprehensively trained in best practices guided by HIPAA; OIG Waste, Fraud, and Abuse rules; the HITECH Breach Notification rules; Red Flag Identity Theft rules; local, state, and federal laws and regulations; and compassionate care principles for patient privacy and patient rights.

SEGREGATION OF DUTIES

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

SPEED OF PROCESSING IMPACTS COLLECTIONS

Our experience has shown that getting invoices out within a day or two of receipt of PCR data positively affects the outcome of the collections process, not only by avoiding timely filing issues, but also by enabling the follow-up on denials, partial payments, short-pay claims, and appeals to begin that much sooner.

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

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

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

FINAL CLAIM RESOLUTION PROCESS

During onboarding, we will work together to understand your requirements so that we can customize our final claim resolution process for you.

Generally, claims that go through the process and remain unpaid either go to collections or are adjusted according to the contract requirements. These amounts include:

- + Adjustments
- + Charity programs
- + Discounts
- + Claims sent to collections or written off in accordance with your policy

When we have not been able to make any contact or retrieve any kind of insurance information for a patient, Digitech will adjust claims according to your policies. We will prepare and transmit a file containing the claim data to your designated debt collection agency in a format and on a schedule determined jointly between Digitech, the collections agency, and the EMS agency. Digitech has experience with collection agencies across the nation and while we prefer to keep our relationships with collection services at arm's length to avoid any appearance of conflict of interest, we would be happy to recommend services that we have found to be reputable.

FINAL ACCURACY CHECKS

Permeating every aspect of Digitech's billing process is a series of Quality Assurance and Auditing functions that ensure all other processes, either manual or automated, deliver proper and accurate results.

In addition to automated functions that examine every link in the chain to verify that claims or data are not falling through the cracks, getting misdirected, or remaining unprocessed for any reason, we employ a team of QA personnel whose sole job is to check batches of claims manually every day to verify that both systems and people are processing all data with the high level of accuracy that we demand.

Further oversight and analysis of our automated processes includes continuous random claim auditing by our quality assurance department; a monthly Financial Reporting Review done by our dedicated client account managers before monthly reports are sent out; biennial audits conducted by one of the premier firms serving the EMS marketplace; and an annual SOC 1 audit conducted by Withum, one of the nation's most respected accounting firms. Our final accuracy check is our cash posting process, which enables our specially trained cash posters to pick up anything missed by the other safety measures.



In my experience, it is a true rarity to find a company whose services and software align so completely with the business needs of a customer. I'm sure you would agree that businesses, teams, and groups do not achieve this level of performance by accident. It takes vision, skill, determination, and a commitment to service excellence. Digitech has managed to do this and we are proud to have you as a partner in supporting the provision of outstanding EMS services in our community.

ANDREW BAXTER
Former Fire Chief
Charlottesville Fire Department, VA



Digitech[®]

Expert EMS billing and technology

Reporting Suite

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

914.741.1919 (main)
914.741.2818 (fax)

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COMPREHENSIVE REPORTING SUITE

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

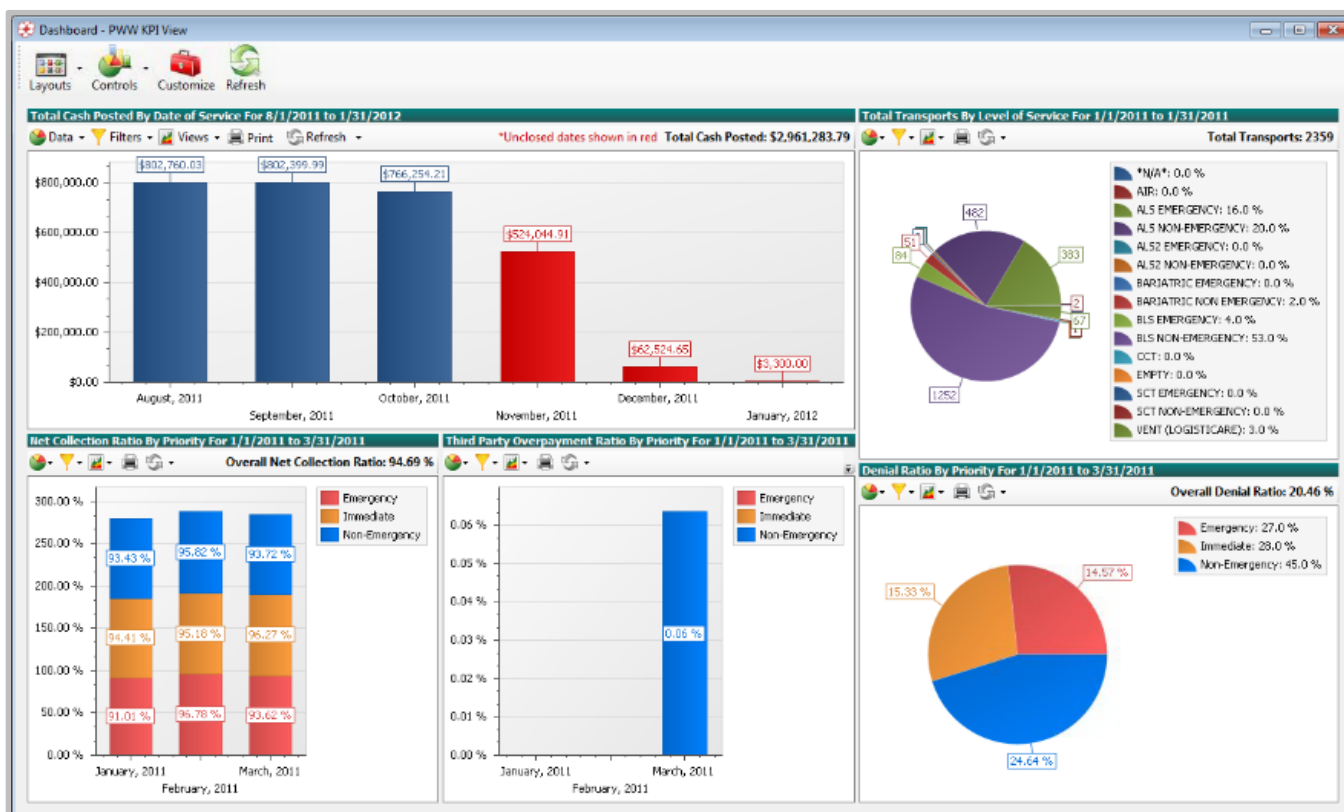
You'll find reporting tools in all our solutions. Report generators let you sort, filter, and run reports that you create based on tens of thousands of possible combinations of fields and criteria. This functionality gives you the ability to print virtually any report imaginable.

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

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

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

CONFIDENTIAL



Digitech's Dashboard

OPERATIONAL & FINANCIAL REPORTING & ANALYSIS SOLUTION

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

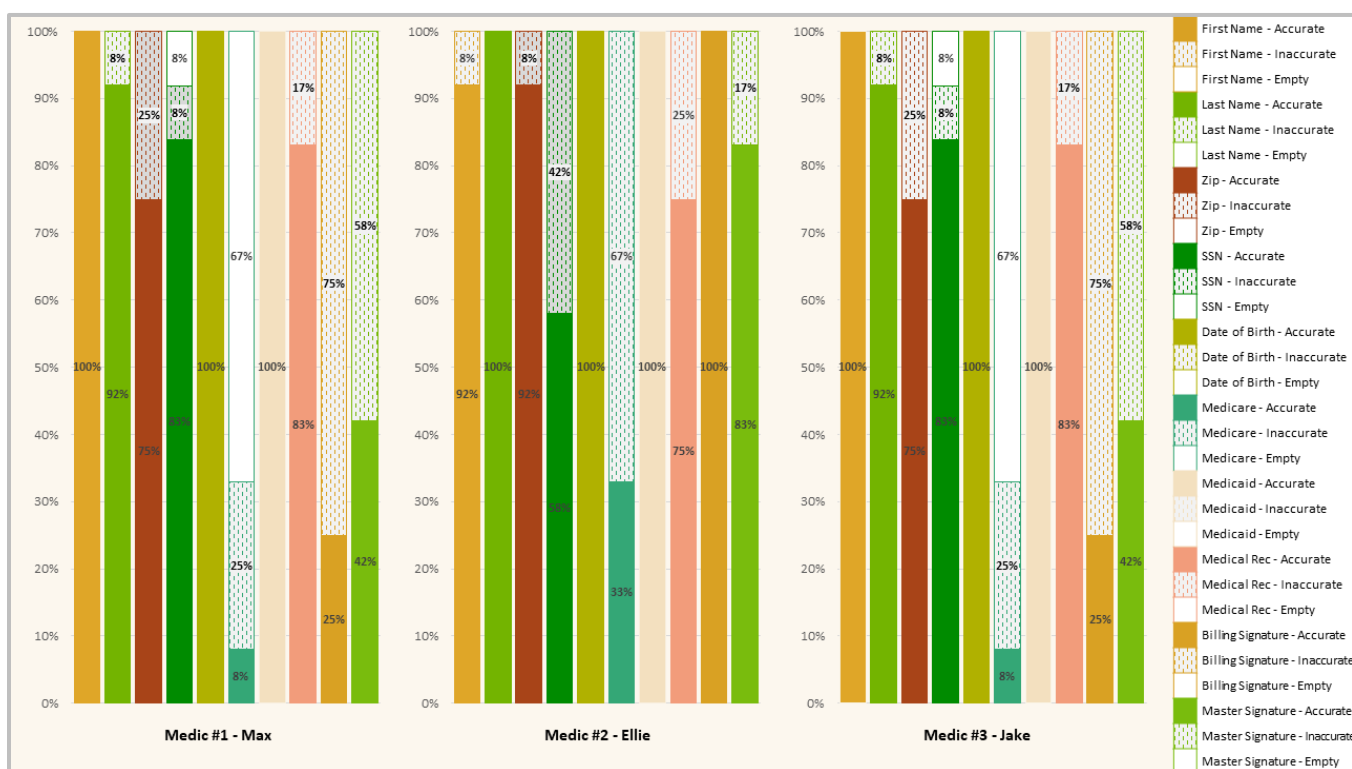
The basic setup of Dashboard contains several pre-defined views and layouts displaying critical operational metrics, including a set of Key Performance Indicators validated by Page, Wolfberg & Wirth, the premier EMS law firm. In addition to these default options, Dashboard is also highly customizable,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

FIELD DATA QUALITY MONITORING & REPORTING SOLUTION

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

With PCR Lens, you can also compare your agency's pre-hospital data as it comes to us through the ePCR with that same data after we've run it through Ambulance Commander. We perform error-scrubbing and match information against national demographic databases. Then our certified ambulance coders review and edit data during the creation of the claim.

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Digitech's PCR Lens

The initial data collected in the field can be compared with the same data after these Digitech processes take place. Chiefs, EMS Directors, and QA/QI Administrators can quickly and accurately analyze the data collected by your medics and compare their efforts to peers, other shifts, other stations, and even other EMS organizations.

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



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

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

OTHER REPORTS AND PACKAGES

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

FINANCIAL SCORECARD

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

ANALYTICAL SCORECARD

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

MONTHLY REPORTING AND FINANCIAL PACKAGES

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

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

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

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

The following reports are included in the package:

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

Please see the following pages for samples of our standard monthly reports.

REPORT SAMPLES ARE CONFIDENTIAL.

Accounting Roll Forward - Monthly Financial Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

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

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

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Ambulance Commander[®] 

Accounting Roll Forward - Monthly Claim Volume Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

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

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

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Ambulance Commander[®] 

Accounting Roll Forward - Fiscal Year Financial Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

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

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

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

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Ambulance Commander[®] 

Accounting Roll Forward - Fiscal Year Claim Volume Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

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

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

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

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Ambulance Commander[®] 

Sales Original Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

Financial Group / Carrier

Sale

INSURANCE

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

MEDICAID

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

MEDICAID HMO

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

MEDICARE

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

MEDICARE HMO

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

Sales Original Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

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

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

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

Sales Original Report - Procedure Code Summary by Type

Demo System - Demonstration

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

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

Filter Criteria

Sale Date From: 06/01/2021

Sale Date To: 06/30/2021

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

Financial Group / Carrier

Sale

ATTORNEY

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

FACILITY

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

INSURANCE

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

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

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

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

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

Financial Group / Carrier

Sale

MEDICAID

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

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

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

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

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

Demo System - Demonstration

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

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

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

Grand Total:	271,630.23
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Filter Criteria

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

Adjustment Report - Adjustment Category Summary

Demo System - Demonstration

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

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

Grand Total:	631,462.78
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Filter Criteria

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

Adjustment Report - Financial Group & Adj Category Summary

Demo System - Demonstration

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

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

Adjustment Report - Financial Group & Adj Category Summary

Demo System - Demonstration

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

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

NF

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

PATIENT

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

Grand Total:	631,462.78
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Filter Criteria

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

Adjustment Report - Adjustment Code Summary

Demo System - Demonstration

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

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

Grand Total:	631,462.78
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Filter Criteria

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

Cash Receipts Report - Financial Group Summary

Demo System - Demonstration

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

Financial Group Summary

Paid

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

Grand Total

298,379.03

Filter Criteria

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

Cash Receipts Report - Deposit Date Summary

Demo System - Demonstration

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

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

Grand Total	298,379.03
-------------	------------

Filter Criteria

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

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

Demo System - Demonstration

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

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

Filter Criteria

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

CONFIDENTIAL

Ambulance Commander[®]  [®]



Digitech[®]

Expert EMS billing and technology

Sample Patient Statements

Digitech Computer LLC

480 Bedford Rd
Chappaqua, NY 10514
digitechcomputer.com

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

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Expert EMS billing and technology

Sample Patient Statements

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



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

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

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

CITY-43 000000001



JOHN TESTPATIENT
1 NE MAIN ST
SAMPLE XY 12345-1111

▼ Payment Address ▼

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

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

TAX ID: 70-0000000
CITY OF SAMPLE

INVOICE

N #: 1

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

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

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

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

TELEPHONE

()

MARITAL STATUS

☐ Single
☐ Separated

☐ Married
☐ Divorced
☐ Widowed

EMPLOYER'S NAME

EMPLOYER'S TELEPHONE

()

EMPLOYER'S ADDRESS

CITY STATE ZIP

ABOUT YOUR INSURANCE:

SOCIAL SECURITY NUMBER

YOUR PRIMARY INSURANCE CO. NAME EFFECTIVE DATE

PRIMARY INSURANCE CO. ADDRESS TELEPHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE CO. NAME EFFECTIVE DATE

SECONDARY INSURANCE CO. ADDRESS TELEPHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER



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

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

STATEMENT DATE 12/20/17	PAY THIS AMOUNT \$1,004.00	INVOICE # DCITY00
----------------------------	-------------------------------	----------------------

SHOW AMOUNT PAID HERE: \$

▼ Payment Address ▼

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

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

TAX ID: 75-6000546
CITY OF SAMPLE

INVOICE

N #: 2

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

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

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

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY

STATE

ZIP

TELEPHONE

()

MARITAL STATUS

■ Single

■ Separated

■ Married

■ Divorced

■ Widowed

EMPLOYER'S NAME

EMPLOYER'S TELEPHONE

()

EMPLOYER'S ADDRESS

CITY

STATE

ZIP

ABOUT YOUR INSURANCE:

SOCIAL SECURITY NUMBER

YOUR PRIMARY INSURANCE CO. NAME

EFFECTIVE DATE

PRIMARY INSURANCE CO. ADDRESS

TELEPHONE

CITY

STATE

ZIP

POLICYHOLDER'S ID NUMBER

GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE CO. NAME

EFFECTIVE DATE

SECONDARY INSURANCE CO. ADDRESS

TELEPHONE

CITY

STATE

ZIP

POLICYHOLDER'S ID NUMBER

GROUP PLAN NUMBER



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

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

STATEMENT DATE 12/20/17	PAY THIS AMOUNT \$1,019.00	INVOICE # DCITY00
----------------------------	-------------------------------	----------------------

SHOW AMOUNT PAID HERE: \$

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

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

▼ Payment Address ▼

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

TAX ID: 75-6000546
CITY OF SAMPLE

INVOICE

N #: 3

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

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

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

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

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

EMPLOYER'S NAME

EMPLOYER'S TELEPHONE
()

EMPLOYER'S ADDRESS

CITY STATE ZIP

ABOUT YOUR INSURANCE:

SOCIAL SECURITY NUMBER

YOUR PRIMARY INSURANCE CO. NAME EFFECTIVE DATE

PRIMARY INSURANCE CO. ADDRESS TELEPHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE CO. NAME EFFECTIVE DATE

SECONDARY INSURANCE CO. ADDRESS TELEPHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER



Expert EMS billing and technology

Patient Payment Plan Notes

Payment Made in the Last 30 Days:

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

30 Days Since Last Payment:

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

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

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

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

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



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

Receipt

DATE: 02/25/2018

PAGE 1 of 1

TEST PATIENT
1 MAIN ST
SAMPLE, XY 12345-1111

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



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

Statement
DATE: 02/25/2018

PAGE 1 of 1

TEST PATIENT
1 MAIN ST
SAMPLE, XY 12345-1111

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

ATTACHMENTS

October 28, 2022

Ms. Amanda Mihalick
Compliance Officer
Digitech Computer LLC

Dear Ms. Mihalick:

This letter is to confirm that Digitech Computer, LLC (Digitech), Chappaqua, NY, has undergone a SOC 1 Type II examination by our firm of its Description of controls Applicable to the Claims Processing, Billing and Related Operations throughout the period July 1, 2021 to June 30, 2022 and the suitability of the design and operating effectiveness of controls to achieve the related Control Objectives stated in the description.

As you are aware, AICPA standards restrict the distribution and use of the report to Digitech and user entities (customers) and the independent auditors of such user entities of Digitech's services during some or all of the period July 1, 2021 to June 30, 2022. Our independent Service Auditors report addressed 11 Control Objectives and 41 individual business process and IT Control Activities. During our examination, we applied 72 individual audit tests to these Control Activities. Our detailed audit testing of these control objectives and control activities resulted in no exceptions and no control deficiencies were detected.

The control objectives addressed in our report are summarized below:

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

Our Independent Service Auditors' report, which was issued on September 30, 2022, is unqualified and without modification.

Sincerely,



WithumSmith+Brown, PC



SARNINC-01

ZWALSH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2021

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 Thompson Flanagan Executive Liability Group 626 W. Jackson Blvd. 5th Floor Chicago, IL 60661	CONTACT NAME: Daniel R. Gunter PHONE (A/C, No, Ext): (312) 239-2890 FAX (A/C, No): (312) 263-1551 E-MAIL ADDRESS: dgunter@thompsonflanagan.com
INSURED Digitech Computer LLC 480 Bedford Road, Bldg. 600, 2nd floor Chappaqua, NY 10514	INSURER(S) AFFORDING COVERAGE INSURER A : Travelers Property Casualty Co. of America INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
	NAIC # 25674

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A		UB 3P279151	12/1/2020	12/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Proof of Coverage	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



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/24/2020

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 Aon Risk Services Northeast, Inc. Columbus OH Office 445 Hutchinson Avenue Suite 900 Columbus OH 43235 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
INSURED Digitech Computer LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Columbia Casualty Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

Holder Identifier :

COVERAGES**CERTIFICATE NUMBER:** 570085021810**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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE
							DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
							GENERAL AGGREGATE
							PRODUCTS - COMP/OP AGG
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							E.L. DISEASE-EA EMPLOYEE
							E.L. DISEASE-POLICY LIMIT
A	Cyber Liability			652283973 SIR applies per policy terms & conditions	10/30/2020	12/01/2021	Media Limit SIR
							\$5,000,000 \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate No : 570085021810

CERTIFICATE HOLDER**CANCELLATION**

Digitech Computer LLC 480 Bedford Road Building 600, 2nd Floor Chappaqua NY 10514 USA	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 <i>Aon Risk Services Northeast, Inc.</i>



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Digitech Computer LLC	
POLICY NUMBER See Certificate Number: 570085021810			
CARRIER See Certificate Number: 570085021810	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
A	E&O-Technology			652283973	10/30/2020	12/01/2021	Limit	\$3,000,000
				SIR applies per policy terms & conditions			SIR	\$100,000



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/24/2020

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.

PRODUCER Aon Risk Services Northeast, Inc. Columbus OH Office 445 Hutchinson Avenue Suite 900 Columbus OH 43235 USA		CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS: PRODUCER CUSTOMER ID#: 570000037575	
INSURED Digitech Computer LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casualty&Surety Co of America INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 31194	

COVERAGES**CERTIFICATE NUMBER:** 570085022054**REVISION NUMBER:**

LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/>	PROPERTY				<input type="checkbox"/>	BUILDING
	<input type="checkbox"/>	CAUSES OF LOSS				<input type="checkbox"/>	PERSONAL PROPERTY
	<input type="checkbox"/>	DEDUCTIBLES				<input type="checkbox"/>	BUSINESS INCOME
	<input type="checkbox"/>	BASIC				<input type="checkbox"/>	EXTRA EXPENSE
	<input type="checkbox"/>	BROAD				<input type="checkbox"/>	RENTAL VALUE
	<input type="checkbox"/>	SPECIAL				<input type="checkbox"/>	BLANKET BUILDING
	<input type="checkbox"/>	EARTHQUAKE				<input type="checkbox"/>	BLANKET PERS PROP
	<input type="checkbox"/>	WIND				<input type="checkbox"/>	BLANKET BLDG & PP
	<input type="checkbox"/>	FLOOD				<input type="checkbox"/>	
	<input type="checkbox"/>						
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				
	<input type="checkbox"/>	CAUSES OF LOSS	POLICY NUMBER				
	<input type="checkbox"/>	NAMED PERILS					
A	X	CRIME	106863858	12/01/2020	12/01/2021	X Blanket Limit	\$5,000,000
		TYPE OF POLICY	SIR applies per policy terms & conditions				
		Crime - Primary					
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Digitech Computer LLC
480 Bedford Road
Building 600, 2nd Floor
Chappaqua NY 10514 USA

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

CERTIFICATE NUMBER: 570085022054





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/24/2020

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 Aon Risk Services Northeast, Inc. Columbus OH Office 445 Hutchinson Avenue Suite 900 Columbus OH 43235 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
INSURED Digitech Computer LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Noetic Specialty Insurance Co	17400
	INSURER B: Hartford Fire Insurance Co.	19682
	INSURER C: Sentinel Insurance Company, Ltd	11000
INSURER D: Hartford Casualty Insurance Co	29424	
INSURER E:		
INSURER F:		

Holder Identifier :

COVERAGES**CERTIFICATE NUMBER:** 570085022091**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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			33UUNVG3435	12/01/2020	12/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG Excluded
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			33 UUN VG3435	12/01/2020	12/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			33RHUVG1892	12/01/2020	12/01/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	Products Liab			N20OH380024	12/01/2020	12/01/2021	Aggregate Limit \$10,000,000 Agg Deductible \$150,000 Per Occ Limit \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

Certificate No : 570085022091

CERTIFICATE HOLDER**CANCELLATION**

Digitech Computer LLC 480 Bedford Road Building 600, 2nd Floor Chappaqua NY 10514 USA	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 <i>Aon Risk Services Northeast, Inc.</i>



AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Digitech Computer LLC
POLICY NUMBER See Certificate Number: 570085022091		
CARRIER See Certificate Number: 570085022091	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

[illegible]

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Digitech Computer LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

480 Bedford Road, Building 600, 2nd Floor

6 City, state, and ZIP code

Chappaqua, NY 10514

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

1 1 - 2 6 9 3 1 3 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

ATTACHMENT 3: HARDWARE SPECIFICATIONS

Panasonic FZ-G2s

Item Code	Details
FZ-G2AZ005KM	Win10 Pro (Win11 DG), Intel Core i5-10310U 1.7GHz vPro (4.4GHz), AMT, 10.1 WUXGA Gloved Multi Touch +Digitizer, 16GB, 512GB OPAL SSD (quick-release), Intel Wi-Fi 6, Bluetooth, 4G LTE Band 14 (EM7511), Dual Pass (Ch1:WWAN/Ch2:WWAN-GPS), Infrared Webcam, 8MP Rear Camera, Standard Battery, TPM 2.0
FZ-VEKG21LM	Keyboard for FZ-G2. Emissive Color-selectable Backlit (4 levels). Handle/kickstand. USB-A, USB-C, Kensington Lock.
FZ-VBRG211U	Barcode xPAK for FZ-G2 Mk1 Top Expansion Area
FZ-SVCTPNF3YR	PROTECTION PLUS WARRANTY - CF-33, FZ-G1, FZG2, FZ-M1, TABLET PC (YEARS 1, 2 and3)
CF-SVCBATSW3Y	3 YEAR SMART BATTERY WARRANTY WITH SMART SERVICE MONITORING SOFTWARE FOR WINDOWS TOUGHBOOKS PRIMARY BATTERY. ELIGIBLE MODELS INCLUDE FZ-55, FZ-40, FZ-G2; AND REQUIRES INSTALLATION OF SMART BATTERY MONITORING SOFTWARE. NOTE: FOR DUAL BATTERY SYSTEMS (CF-33 OR OTHER) USE THE APPROPRIATE DUAL SMART BATTERY WARRANTY SKU

Zebra Android

Item Code	Details
ET45BB-101D2B0-NA	Rugged Tablet, ET45, 10.1" WUXGA Display, 5G, WiFi 6, SE4710 Scanner BCR, QC 6375, 8GB RAM, 128GB Flash, 5MP/13MP Cameras, NFC, IP65, Android GMS, 1Yr Std Wrnty, (Power supply and country specific cables sold separately) - NA Only SKU
Z1BE-ET4XXX-3C00	3 yr Z1C Essential ET4XXX, 3 day TAT, purchased after 30 days, comprehensive <ul style="list-style-type: none"> • Comprehensive coverage offers accidental damage, plus normal wear and tear. • 8x5 local time live-agent priority support. • 3-day repair turnaround time. • Access to OS Software and LifeGuard™ Android security updates. • Insight into contracts, repair reports and more with cloud-based VisibilityIQ™ OneCare™ (Zebra mobile computers and scanners)
PWR-WUA5V12W0US	Zebra AC Adapter - 1 Pack - 120 V AC, 230 V AC Input – 5 V DC/2.50 A Output
CBL-TC5X-USBC2A-01	Zebra USB/USB-C Data Transfer Cable - 3.28 ft USB/USB-C Data Transfer Cable for Mobile Computer – First End: 1 x 24-pin USB Type C - Male - Second End: 1 x USB Type A - Male - Black - 1
DS-ZEB-301	Havis: Docking Station for Zebra 8" and 10" ET4X Tablets with Standard Port Replication and Internal Nonisolated Power Supply - Supports Zebra's ET4x Series in Material Handling, Retail and Hospitality, Utility Services, Waste Management and other demanding environments -Unique height-adjustable design is compatible with both 8" and 10" devices with rugged boots
7160-1789-00	Zebra ET40/45 10" 2in1 Keyboard