



Captivate Billing

Revenue Management and Consulting

RFP #002-23

EMS Billing Services City of Key West

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Table of Contents

Cover Letter:	2
Response to the RFP	3
Expert EMS Billing and Consulting Services from Captivate Billing.....	3
Elevating EMS Billing with Specially Trained Staff	3
Your Captivate Billing Team	3
EMS Billing Examples	4
Program Approach	5
Reporting	5
Streamline Your Billing Process with Captivate	6
Project Management & Approach	7
Understanding Our Billing Processes	10
Captivate Billing Cybersecurity Protocols	13
Our Office.....	14
Limitations.....	14
Price	15
Familiarity with Florida and the Florida Keys	15
References	16
Appendix	17

Cover Letter:

Hello,

It is our pleasure to respond to RFP #002-23 EMS Billing Services. All specifications of this RFP are understood and acknowledged by Captivate Billing. We do not foresee any difficulty adhering to the scope of services that you provided.

Our team has decades of collective experience and is dedicated to providing you with maximum returns on every claim filed. We encourage you to check with our references and learn more about the Captivate Way, which has earned us a reputation for excellence in the industry.

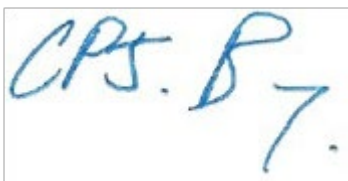
At Captivate Billing, we specialize in offering EMS billing services to both emergency and non-emergency markets across the United States. Our solid processes, automation, and customer communication strategies ensure that we maximize all opportunities for revenue on every claim. Our detailed technical knowledge of the ESO billing system and our proprietary functionality guarantee clean claim rates of over 99%. Since 2015, we have been solely dedicated to EMS billing and consulting, enabling you to focus on what you do best.

As part of our onboarding process, we comprehensively analyze your current revenue and identify strategies to increase your revenue immediately. This comes at no additional cost to you, underscoring our commitment to delivering exceptional value to our clients.

We sincerely hope you will consider Captivate Billing to provide your organization with a comprehensive revenue management and consulting solution. We are confident that we can meet all your billing needs and exceed your expectations.

Thank you for your time, and we look forward to serving your billing needs.

Sincerely,

A handwritten signature in blue ink, reading "Chris Berg" in a stylized, cursive script.

Chris Berg, CEO Captivate Billing (Authorized to negotiate and sign)
Office: (720) 900-0103
Cell: (512) 415-7890
cberg@captivatebilling.com

Response to the RFP

Expert EMS Billing and Consulting Services from Captivate Billing

Captivate Billing was founded by Chris Berg in 2016 after a distinguished career in EMS software at ZOLL and ESO. Drawing on his deep industry knowledge and experience, Chris recognized the need for an EMS billing company that focuses on client needs and delivers custom-tailored billing, reporting, and consulting services that go above and beyond the competition. Captivate Billing is a financially sound LLC, partnership owned by Chris Berg and Russ Steele. We have never filed for bankruptcy, nor do we have any bankruptcy action pending. We do not have any current litigation, arbitration, or disputes pending nor have we been involved in any litigation, arbitration, or disputes in the past. We currently have 11 employees mainly working out of the office in Longmont, Colorado. Last year we handled more than 50,000 claims for 13 customers. Today, Captivate Billing provides EMS billing services to emergency and non-emergency markets in 7 states. Our staff has decades of combined EMS billing experience and detailed technical knowledge of our ESO billing system. With a focus on maximizing revenue for every claim, we offer solid process automation and customer communication, ensuring that you can focus on what you do best.

Elevating EMS Billing with Specially Trained Staff

At Captivate Billing, we believe that staying updated with industry trends and regulations is crucial to providing exceptional EMS billing services. That's why all our billing staff undergo mandatory training at the National Academy of Ambulance Compliance (NAAC), where they obtain their Certified Ambulance Coder (CAC) certification from Page Wolfberg & Wirth (PWW). Our staff also holds CADS (Certified Ambulance Documentation Specialist) certification, focusing on improving patient care, reducing provider liability, and ensuring EMS agency compliance.

In addition, we have Certified Ambulance Compliance Officers (CACO) on staff to ensure that all services we provide comply with federal, state, and local laws and regulations, including HIPAA and HITECH. We will also sign an Associate Business Agreement to maintain medical and patient information confidentiality.

Your Captivate Billing Team

Captivate Billing is proud to introduce our project management team, who will be your organization's primary contact throughout your engagement with us.

Chris Berg (EE/MBA/CAC/CCO) | CEO | 720-900-0103

Chris Berg will be the main point of contact and authorized to negotiate with your organization. Chris has over 25 years of industry experience building EMS-specific ePCR, Dispatch, and Billing products. Prior to joining Captivate Billing, Chris served as the VP of Billing and Dispatch at ESO and the Director of R&D at ZOLL.

Joni Marquis (CAC/CACO) | Billing Manager | 720-900-0105

Joni Marquis, our experienced Billing Manager, will manage the internal team for your implementation. Ms. Marquis has over 20 years of EMS billing and administration experience and is a certified Ambulance Coder (CAC) and Ambulance Compliance Officer (CACO).

Kallie Healey (CAC) | Project Manager | 720-900-0106

Kallie Healey, our experienced Project Manager, will manage special projects for your implementation such as payer enrollments, direct deposits, revalidation efforts, and other special projects. Ms. Healey has nine years of EMS billing and administration experience and is a certified Ambulance Coder (CAC).

Russ Steele | VP Of Sales | 325-374-3540

Russ Steele, our VP of Sales, has 5 years of EMS experience as a Nationally Certified EMT-A and another 7 years of serving EMS professionals at ESO. He helped to prove out their HDE program bringing on some of the first EMS agencies and connecting for the first time Hospital and EMS data digitally and bi-directionally. He went on to pilot and prove out the inside sales team and then managed that team before moving on to Regional Account Manager working with EMS, Fire, and Hospital professionals to improve their workflow through software. He brings extensive experience and industry knowledge to our team, ensuring our clients receive the highest service and expertise.

EMS Billing Examples

Ada County, Idaho – In 2022, we were awarded the contract RFP 23009 for Ada County Emergency Medical Services District Billing Services. Ada County, Idaho operates out of 14 stations, has 140 field providers and services a population of over 500,000. In 2021 their internal billing team generated over 24,000 invoices and collected over \$10MM. They have already committed to a contract extension at the end of this fiscal year for at least another year. They have wonderful things to say about Captivate Billing and are included as a reference. All Captivate Billing clients are invoiced monthly for a percentage of collected revenue.

MedicOne Medical Response – Private ambulance service with volume in excess of 30K billable calls a year. Billing for emergency and non-emergency transports in the states of Texas, Tennessee, Northern Mississippi and Illinois. The diverse geographic distribution of transports introduced state and local specific billing challenges that strengthened our ability to bill in any situation. Our reference Stuart Mitts

(CFO MedicOne) can speak to our ability to efficiently bill in a high-volume environment and provide customized reports to satisfy their operational and financial requirements. We have also engaged in many research projects and “what if” scenarios to help drive strategic direction for MedicOne. All Captivate Billing clients are invoiced monthly for a percentage of collected revenue.

Liberty Ambulance – a hospital-based EMS system with volumes of over 7k transports/year. This project provides both hospital based (Part A) and EMS based (Part B) billing. We provide extensive reporting and analysis services to Liberty to help guide their strategic operations and hospital financial

systems. Transports include emergency, non-emergent, CCT, and TELE-HEALTH visits. This was a unique two-year project to enable Liberty staff to ramp their internal billing team and is a great example of how Captivate Billing can adapt and take on custom projects when they arise. All Captivate Billing clients are invoiced monthly for a percentage of collected revenue.

We also have a number of city/government agencies in the state of Colorado (West Custer County Ambulance District, South Park Ambulance District, Conejos County Ambulance District) where Captivate Billing provides mostly emergency transport billing services. Paul Mattson, and Barry Keene (below) can discuss our approach to billing with a focus on thoroughness, reporting, and above all transparent communication with all of our clients (both large and small). Our pricing methodology is always a percentage of gross collected revenue. Having a billing partnership with Captivate Billing ensures that you will get solid billing and revenue collection and a relationship to help drive data-based decisions to guide your strategic direction!

Program Approach

Reporting

At Captivate Billing, we understand that comprehensive reporting is the cornerstone of efficient revenue cycle management. With our robust technical infrastructure and in-depth knowledge of the billing database, we are uniquely positioned to provide you with customized reporting services that cater to your specific needs.

We allow you to track every detail of your revenue cycle in real time. Our team of experts works closely with you to identify the reports you need and sets them up in an automated fashion, so you receive them as per your required schedule.

Our clients rely on us to deliver reports in any format they require, and we work with them to build ad hoc reports for their specific needs. We can supply standard and customizable reports in Excel, PDF, text/email, or any other industry standard format, ensuring that you have access to the information you need whenever you need it.

We understand that report writing can be daunting, especially if you are unfamiliar with the process. That's why we offer custom report writing services to our clients, so you can focus on what you do best - managing your business. Our reports are typically delivered via email or shared folder in an automated way, making it easy for you to stay informed about your revenue cycle.

At Captivate Billing, we are committed to providing you with the highest quality reporting services possible. Our team of experts loves working with pivot tables and can create custom reports for your specific needs. Whether you require standard or customizable reports, we guarantee to deliver them to you on schedule and in the format you need.

Best of all, there is no charge for any reports we provide. Our standard reports include the following, but we readily build custom reports for all of your billing and revenue management needs:



Streamline Your Billing Process with Captivate

At Captivate Billing, we understand that your organization needs an efficient and streamlined billing process. That's why we offer a comprehensive approach to billing that includes the following:

- Automated import of ESO EHR records or any EPCR vendor that provides NEMIS 3.X, XML files, ePCR PDF, and other attachments. This ensures a fast and efficient start to the billing process.
- Electronic billing options for Medicare, State Medicaid, Private Insurance, Auto Insurance, Worker's Compensation, Veterans Administration, and any other insurance. When electronic billing is unavailable, we use correct and current paper forms (1500s, etc.). We also offer customized invoices, statements, and letters to meet your unique needs.
- Prompt delivery of patient statements mailed immediately once billing is complete, and every 42 days thereafter until the account is sent to collections. We work with you to define your specific patient billing and collection policy.
- Extensive pre-billing insurance verification and demographics confirmation. We have access to several systems to perform patient insurance eligibility checks. We can send a patient letter requesting insurance if no insurance is found.
- Timely processing of initial invoices, which are typically processed within two business days of importing to the billing system, provided there are no EPCR deficiencies, missing paperwork, or

demographic/insurance issues determined during the billing process. We aim to complete the billing process for all inbound EPCR tickets daily so that electronic billing can occur immediately.

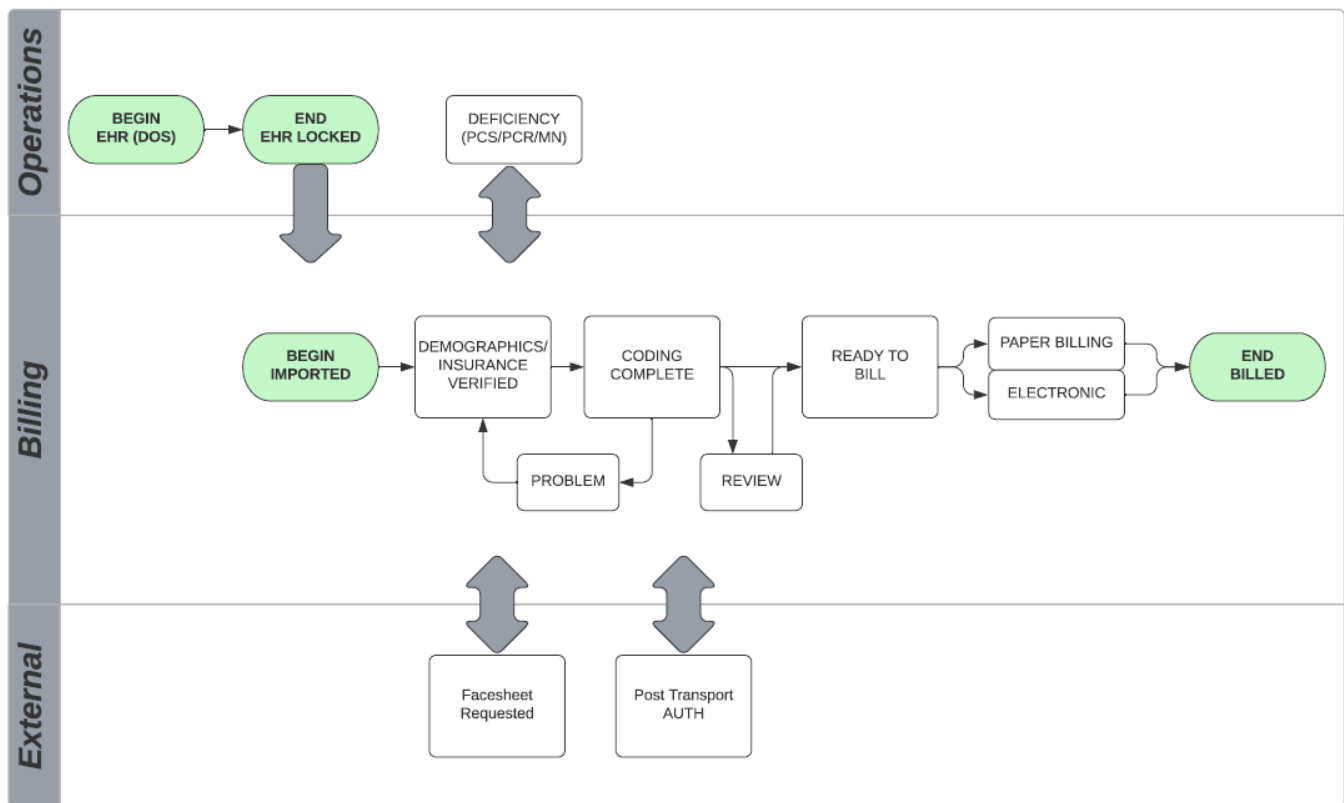
- Extensive automation is in place for claims review, processing, and billing activities so that you can be confident in the accuracy of your billing.
- A follow-up/denials team that works all problematic claims on the back end, submitting appeals and documentation as requested by payers (or as part of an audit) in a timely manner.
- Cash posting team that handles payments (checks, direct deposits, cash), write-offs, and adjustments. Detailed reports are available to provide insight into this activity.
- Deductible Management System (DMS) feature that ensures Medicare deductibles have been satisfied before billing claims. Deductibles are checked before claim submission, and when not satisfied, the claim is held with weekly deductible checks thereafter.
- Automated Claims Examiner (ACE) product that electronically scrubs all claims before submission. All problems found in follow-ups or denials are an opportunity to create another rule in ACE so that the issue will never be encountered again. With our ACE scrubbing tool and clearing house, **we provide a 99.1% clean claim submission rate.**
- Our customer support team is available in Louisville, CO, at 720-900-0101, between 8 am and 6:00 pm CST to help with any billing questions or concerns.

Project Management & Approach

At Captivate Billing, we take project management seriously to ensure smooth and efficient billing processes for our clients. Our project management approach involves a collaborative effort between our team and yours as we work together to achieve our shared goals. We would recommend that City of Key West move to ESO's EHR software for electronic patient care reporting which is included in our pricing model below. This software will meet all the city's requirements as specified in the Scope of Services and has a seamless integration with the ESO billing software that we utilize. EHR will also interface with HDE (Health Data Exchange) creating a bi-directional flow of information between the City and any participating facility. HDE provides valuable clinical outcomes for the City's EMS care providers and billing information that can help to streamline the billing process.

Your Role in the Billing Process

Your operations staff plays a critical role in our billing process. Your team completes and secures the ePCR record to initiate the billing process. Additionally, they collaborate with our Captivate staff to review claims requiring further analysis, such as those with missing documentation, insufficient medical necessity, or absent signatures. To ensure seamless coordination, we recommend weekly project status and milestone discussions. These meetings will enable all stakeholders to align objectives and discuss pertinent issues. We understand that collaboration is essential for success, so we will continue to hold these meetings well beyond the implementation date. If necessary, in-person quarterly meetings are also available upon request.



Teams to Support Your Needs

Credentialing and Verification Team

Our credentialing team will work with insurance payers to ensure your organization is properly enrolled and receives direct deposit payments to your bank account. Where possible, we will work with payers to ensure that we submit claims electronically and receive EOB remittance files electronically through our clearinghouse.

Our comprehensive billing process starts as soon as the ePCR (EHR) record is imported. We have a specialized verification team responsible for confirming the accuracy of patient demographics and insurance coverage information. Our team utilizes a variety of portals to obtain up-to-date patient demographic and insurance information. Additionally, we gather all necessary supporting documentation for each claim, including PCS forms and face sheets.

Medical Coding Team

At Captivate Billing, our expert coding team reviews all associated documents to ensure accurate medical coding and appropriate billing levels. We follow a comprehensive process to ensure adherence to industry-standard coding practices. In close collaboration with your operations team, we identify any trips that require attention for missing documentation, signatures, PCS forms, face sheets, and more.

We generate reports that detail these issues and track primary, secondary, and tertiary payers for each trip to ensure the maintenance of patient information for future billing. Our team also ensures that insurance verification is double-checked on subsequent trips to ensure continued coverage and adjusts payer line-ups as needed when patients change or take on supplemental insurance.

Quality Assurance Team

At Captivate Billing, we prioritize accuracy and precision in our work. To ensure the highest level of quality, we have an experienced internal audit team dedicated to reviewing a percentage of claims processed by each biller prior to submission. Our new billers have every claim thoroughly reviewed by our internal audit team, and they gradually progress to lower review rates as they gain experience and expertise.

Even our most experienced billers are subject to a small percentage of claims reviews to ensure an additional layer of oversight. This approach allows us to flag particular types of trips that warrant a special review of each claim, such as all ALS2 trips, trips to/from a particular location, or trips where a specific crew member is a lead. Our internal audit team focuses on identifying and correcting errors and providing guidance and feedback to the billers to improve the quality of our work continually.

Print and Mail Team

The Print and Mail Team prepares and dispatches all paper-based claims. This includes handling returned mail and other forms of correspondence. Patient statements are typically sent out when the claim is ready to be submitted. We print appropriate patient statements nightly for all clients, which ensures that individual patient statements are sent out every 42 days. During the onboarding process, we can determine the criteria for sending patients to collections, but typically, we wait for at least 120-180 days before doing so.

Payment Posting Team

Our team of payment posting experts is responsible for accurately posting electronic EOBs daily as soon as they are received from our clearinghouse. We work closely with your payers to ensure that payments are directly deposited into your bank account through EFT or ACH methods, thus avoiding any potential delays. However, in cases where payers send payer checks and paper remits to your organization directly, we request that you promptly deposit the check and scan the EOB to a secure, shared folder on Microsoft OneDrive that we will set up. Our posting team will then post these transactions promptly and accurately.

Customer Support Team

Our company is committed to providing exceptional customer service to all of our valued clients. To this end, we maintain a toll-free number for our customer service department, which is staffed by knowledgeable and courteous professionals from 8 am to 6 pm CST. We aim to ensure that all our clients receive prompt and attentive assistance whenever needed.

Follow-Up Team

The Follow-Up Team is responsible for conducting a thorough review of claims that have exceeded follow-up time limits as established by our internal systems. They carefully analyze outstanding claims that have not been paid or denied and actively communicate with payers to resolve these issues. Our experienced team members have the expertise necessary to initiate appeals and escalate non-payment issues as needed. Additionally, they collaborate closely with our technical team to enhance our system rules and prevent future issues. The Follow-Up Team is committed to identifying opportunities to improve our claims management process and ensure maximum revenue recovery for our clients.

Appeals Team

In cases where claims are erroneously denied, we have a dedicated appeals team that handles the appeals process meticulously. Our team initiates direct communication with the payer to perform the appeal, providing necessary explanations and clarifications to prompt a reconsideration of the claim. We also undertake the formal appeals process with the payer to ensure a favorable outcome if required.

Understanding Our Billing Processes

Captivate Billing Key Performance Indicators (KPIs)

At Captivate Billing, we take data-driven decision-making seriously. Our team regularly monitors and reports our internal KPIs to continuously improve our billing efficiency and enhance the services we provide to our clients. We can provide detailed statistical reports on any topic related to our data in the billing system.

For instance, we can offer insights into our billing efficiency stats, such as how many days it takes to be "ready to bill," verify, code, print, and more. In addition, we can provide comprehensive payer efficiency stats, including days to payment, days to obtain prior authorization and the percentage of denials by payer. We also monitor outside entities' performance, such as the number of days it takes to obtain face sheet and PCS by facility. Our KPIs are designed to help us continuously improve our processes and help our clients maximize their revenue potential.

Insurance Refusal Avoidance

At Captivate Billing, we understand the importance of time and efficiency when it comes to avoiding insurance refusals. Through collaboration with your operations team, we will work diligently to minimize disruptions to claims flowing through the billing system. This will involve ensuring that all claims have the necessary documentation, signatures, PCS forms, face sheets (when available), and more. We will closely monitor and share our performance KPIs with you to ensure that claims are being processed as efficiently as possible, focusing on timely submission to all payers. To this end, we will leverage our ACE product to ensure clean claims are submitted promptly to the primary payer, reducing the likelihood of rejections or denials. Our team will also track average payment intervals by payer

groups, allowing us to identify any potential issues with timely payments and create a "hot list" of payers requiring closer attention. Trust Captivate Billing to provide you with a streamlined and efficient billing process that ensures maximum returns on every claim filed.

Self-Pay Invoicing and Payment Pursuit Process

At Captivate Billing, we understand the importance of timely invoicing and effective payment pursuit. During our onboarding process, we will work collaboratively with your team to establish an agreed-upon process for self-pay invoicing. Our statement-style report ensures a clear and concise patient billing statement, listing all open transports and amounts owed, with portions paid by insurance or the patient clearly indicated. Patient statements are sent as soon as the claim is ready to go out, with nightly printing across all our customers, followed by a 42-day individual schedule for each patient.

We are committed to ensuring a streamlined payment process, including our pursuit of timely and effective patient payment. During onboarding, we will work with your team to determine criteria for sending patients to collections, typically waiting at least 120-180 days before taking any action.

Insurance Verification Process

At Captivate Billing, we prioritize accurate and complete insurance information to ensure seamless billing processes. Our team utilizes advanced insurance verification portals to meticulously search and confirm patient insurance information. We also leverage face sheets provided by facilities on each trip and have access to historical insurance information from prior transports of the individual patient. Additionally, we can deploy "insurance needed" letters to patients in situations where all verification steps have been exhausted. Our procedures are designed to ensure that we have the most up-to-date and comprehensive insurance information to optimize our billing operations.

Clean Claim Submission

Ensuring clean claim submission is crucial to maximizing collection rates. At Captivate Billing, we utilize our ACE product to scrub every claim before submission, ensuring that it meets all requirements and minimizing the chances of claim denials. We also continuously improve our ACE product by adding additional rules to prevent future denials based on previous denial patterns. In addition, we work closely with Payers to resolve any "stuck" claims and appeal when necessary to increase collection rates. Accurate patient demographic and address information is vital to ensure the timely delivery of statements. Patients are also provided with the convenience of paying via phone or a self-service credit card portal to streamline the payment process and improve collection rates.

Submitting Patient Run Reports Electronically to Captivate Billing

We offer seamless integration with any ePCR platform currently in the market. Our automated export tool, tailored to your ePCR software, enables us to import EHR records into the billing system. Typically, this occurs upon EHR LOCK or QM Approval. The run report (PDF) is imported along with any attachments or pictures taken in the field and the complete NEMSIS 3.x file provided by the ePCR software. We meticulously sift through the NEMSIS 3.x file to gather additional data supporting billing

and reporting activities. This includes information such as the lead crew member's name and credentials, spot ALS procedures, key phrases in the narrative, signatures, etc. This helps to identify problematic EHR records that may result in deficiencies. Deficient trips are reported back to operations and the lead crew member, indicating billing issues found on the EHR record (missing signatures, missing PCS, lacking medical necessity, etc.).

Accessing the Captivate Billing System

Captivate Billing utilizes ESO's billing system to provide clients with a comprehensive view of their billing data. We offer custom reports in any desired format to help clients easily track and analyze their information. We often provide detailed claim information in Excel format to make it simple for clients to find specific details about any claim in the system. While clients have the option to access our system directly to view trips and create reports using ESO's billing reporting system, this service incurs an additional charge. However, most clients prefer our specialized reporting services. Our team of experts can provide any data required in virtually any format. We understand that report writing can be a tedious task, so we aim to make it easy for our clients to access the data they need without the hassle. Just let us know what you need, and we will be happy to assist you.

Developing a Master Fee Schedule

We offer consulting and custom reporting services to assist your organization in developing a Master Fee Schedule by analyzing your payor mix. Our expertise includes analyzing call volumes and payor mixes when considering expansion into other areas and ensuring an appropriate fee schedule. We categorize payers at a high level, such as Medicare, Medicaid, Commercial, Self, Facility Contract, and VA, and further break them down into logical subcategories that support a Master Fee Schedule. This allows for analysis and predictive collection rates by payor grouping, which helps with budgets and projections.

Our services also include recommending starting pricing for all your services and assisting in the decision to bill for additional items such as oxygen, cardiac monitoring, or disposable items. We will share reports with you that closely monitor the performance of your Master Fee Schedule and hone the fee schedule over time. Additionally, we can consult on hospital or facility contracts and pricing that you may wish to pursue with facilities that generate high volumes of transports, such as hospital discharges and doctor appointments.

Repeat Patient Recognition

Captivate Billing has a robust data tracking system through ESO Billing that allows for extensive primary, secondary, and tertiary payer information to be recorded for each trip. This information can be maintained at the patient level to provide future trips with the knowledge of the patient's payers. However, we understand that patient information can change over time, so we always verify insurance information on subsequent trips to ensure that the patient is still enrolled. In the event of a change in a patient's insurance coverage, we can vary the payer lineup on subsequent trips to accommodate the

change. This ensures we accurately bill the correct insurance carriers for each trip and avoid billing errors.

Contractual Allowances & Write-Offs

During onboarding, we will work with you to determine the appropriate write-off categories required for your organization. We offer various categories of write-offs in our system, including contractual allowances to remove the difference between the gross billed amount and the allowed amount. Contractual allowance is typically presented as a separate category in financial reports. It is the second line of a financial statement, preceded by Gross Charges and followed by Net Charges (gross - contractals). Our other write-off categories, such as bad debt write-offs, patient discounts and hardships, subscription discounts, and Medicaid secondary write-offs, can be very specific. Our team will ensure that the appropriate set of write-off categories is in place to meet your requirements.

CMS Renewal

We have ample experience guiding our clients through the CMS revalidation process. We highly recommend using the PECOS online revalidation portal, which enables our team to access your records and provide necessary assistance. We have successfully assisted several clients in the past with this process.

Payment Processing Solutions

We suggest utilizing a lockbox or a similar process to deposit payments directly into your organization's account. If your organization opts not to utilize a lockbox service, we require any checks or correspondence to be scanned and shared with Captivate Billing in PDF format before deposit. We recommend using Microsoft OneDrive, a reliable file storage and sharing platform for secure file sharing. Using a lockbox or shared file storage ensures the timely receipt and processing of payments.

Captivate Billing Cybersecurity Protocols

At Captivate Billing, we prioritize the security of our client's data. Our staff receives extensive training in HIPAA policies and procedures. Our billing database is hosted in a highly secure and well-backed-up environment provided by VLI Technologies, which has undergone a SOC audit (available upon request). Our staff securely remotes into this environment to carry out billing on your behalf.

Access to the remote system uses VM Ware Horizon Client, utilizing VMware Blast H.264 protocols, which include advanced encryption standards, security certificates, SHA-256 signatures, dual IPv4/IPv6 support, FIPS support, Common Criteria, and port sharing.

We strictly enforce password policies with requirements for specific characters, and passwords are forced to change regularly. Please see the appendix for the VLI Backup strategy that shows where and how often the system is backed up across multiple data centers and in the AWS cloud.

Our Office

Captivate Billing's only office is located at 2919 W 17th Ave, Suite 217, Longmont, CO 80503. Most of the work is done from this location, but we also have employees working remotely from their home offices in Colorado and around the country including Florida!

Limitations

We do not foresee any limitations that would impact our ability to perform the services covered in this RFP.

Price

Captivate Billing will provide all services as outlined for 5% of all funds collected by Captivate Billing on behalf of your organization. We arrived at this number by calculating that 1% of funds collected will be required to cover the cost of the EHR subscription with associated interfaces that the City will require. We understand that this is more than the City is currently paying but your EMS crews will be using what many consider the best ePCR available and your communications with your billing partner and your ability to access your data will also improve.

Hardware to support the EHR subscription is not included in this bid, but we are happy to make recommendations for appropriate hardware vendors.

Collected funds shall include all monies paid on individual accounts from persons, insurance carriers, Medicare, Medicaid or similar payers. Collected funds shall also include supplemental payments from offsets or other programs, except third party post-billing cycle collections services, intended to reimburse your organization for any portion of a claim billed by Captivate Billing. Refunds, overpayments, recoupments, etc. reduce net collections.

Option: If you choose to use the credit card transaction system with self-service portal and payments directly to your bank account at no additional charge.

Option: Onsite training outside of training agreed upon in the onboarding process, will incur a \$500/day training charge plus applicable travel expenses.

Migration Cost = \$0

Implementation Cost = \$0

Consulting Fee = \$250/hour for consulting activities unrelated to the normal scope of billing as defined in this response.

Training Cost = specific to the training requested. Pricing varies but beats our competitors!

Travel-related costs = varies. Will be submitted for approval prior to traveling.

Familiarity with Florida and the Florida Keys

Chris Berg, the CEO of Captivate Billing considers Florida to be a second home. He and his family travel to Fort Myers several times a year to visit family and spend time on North Captiva Island (note the connection to our name Captivate Billing). Chris also worked with (and traveled to) a number of Florida fire departments in the past working at ZOLL and ESO. While we do not currently have clients in Florida, we feel well prepared to bill EMS claims in Florida and have people on staff that have billed Florida claims while at other billing companies. Our rigorous process and attention to detail ensure that all claims are thoroughly worked and any state specific intricacies are handled through our technical capabilities or through process workflows. Please contact our references Stuart Mitts and Linda Rosenwinkle as they are all examples of Captivate Billing's first clients in a new state.

References

We know that in our industry, reputation matters above all else. We welcome you to connect with our references to inquire about our service and quality and familiarize yourself with our unique approach to billing management, also known as the Captivate Way.

Agency	Name	Role	Phone	Email
MedicOne, Medical Reponse (TX, TN, MS, IL)	Stuart Mitts	CFO	214-796-3475	smitts@mediconeresponse.com
Ada County Paramedics (ID)	Linda Rosenwinkel	Billing Manager	(208) 287-2951	lrosenwinkel@adacounty.id.gov
South Park Ambulance District (CO)	Paul Mattson	Chief	719-836-2055	chief@southparkambulance.com
Custer County EMS (CO)	Barry Keene	Board Treasurer	719- 783-0466	treasurer@westcustercountyhospitaldistrict.com
Advantage Care EMS (TN)	Larry Dorsey	CEO	404-915-5651	ldorsey@ace-transit.com

Appendix

- Bid Proposal Form
- Anti-Kickback Affidavit
- Sworn Statement Under Section 287.133(3)(A)
- City of Key West Indemnification Form
- Equal Benefits For Domestic Partners Affidavit
- Cone Of Silence Affidavit
- Insurance COI documents
 - Professional Liability with Fidelity Bond and Cyber Insurance
 - General Liability with Auto Liability
- Certificate of Good Standing
- Sample Reports
- VLITech hosting system and backup strategy

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: _ **Captivate Billing**

Contact Name & Telephone #: _ **Chris Berg 720-900-0103 or cell 512-415-7890**

Email Address: **cberg@captivatebilling.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

_____ whose address is

_____, _____, _____, _____
Street City State Zip

BIDDER

The name of the Bidder submitting this Proposal is Captivate Billing

_____ doing business at

2919 17th Ave - Suite 217, Longmont, CO, 80503
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:

<u>Chris Berg</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____

If Sole Proprietor or Partnership

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~~ 30th day of June, 2023
(SEAL)

Captive Billing
Name of Corporation

By Chris Berg

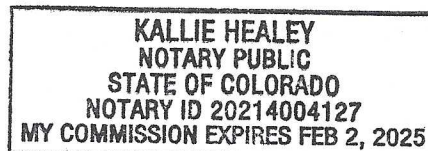
Title CEO

Attest CPS. B.

Sworn and subscribed before this 30th day of June, 2023

Kallie Healey
NOTARY PUBLIC, State of Colorado, at Large

My Commission Expires: Feb 2, 2025

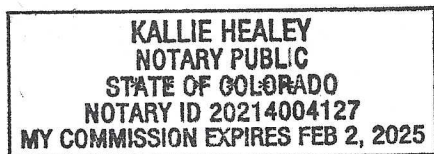


ANTI-KICKBACK AFFIDAVITSTATE OF Colorado)

: SS

COUNTY OF Boulder)

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: Chris Berg (CEO)CP5. B7.Sworn and subscribed before me this 30th day of June 2023Kallie HealeyNOTARY PUBLIC, State of Colorado at LargeMy Commission Expires: Feb 2, 2025

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 FRP 23-002
EMS Billing Services - City of Key West

2. This sworn statement is submitted by Captivate Billing
(Name of entity submitting sworn statement)

whose business address is 2919 W 17th Ave - Suite 217
Longmont, CO 80503

and (if applicable) its Federal Employer Identification Number (FEIN) is _____
81-1265685

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

signing this sworn statement _____

3. My name is Chris Berg _____ signing)(Please

and my relationship to the entity named above is 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 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.)

CP5. B7
(Signature)

6/30/2023
(Date)

STATE OF Colorado
COUNTY OF Boulder

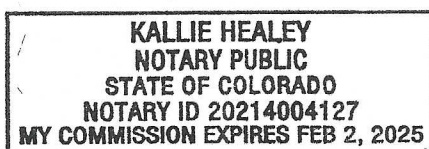
PERSONALLY, APPEARED BEFORE ME, the undersigned authority,

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

signature in the space provided above on this 30th day of June, 2023.

My commission expires: Feb 2, 2025

Kallie Healey
NOTARY PUBLIC



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 part or all of the Work. This indemnification shall continue beyond the date of completion of the work.

CONSULTANT: Captivate Billing

SEAL:

2919 17th Ave - Suite 217 Longmont, CO 80503

Address

Signature

Chris Berg

Print Name

CEO

DATE: Title 6/30/2023

EQUAL BENEFITS FOR DOMESTIC PARTNERS AFFIDAVIT

STATE OF Colorado)
) : SS
 COUNTY OF Boulder)

I, the undersigned hereby duly sworn, depose and say that the firm of Captivate Billing

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: Chris Berg (CEO) *CP5. B7.*

Sworn and subscribed before me this 30th day of June, 2023

Kallie Healey
 NOTARY PUBLIC, State of Colorado at Large

My Commission Expires: Feb 2, 2025

KALLIE HEALEY
 NOTARY PUBLIC
 STATE OF COLORADO
 NOTARY ID 20214004127
 MY COMMISSION EXPIRES FEB 2, 2025

CONE OF SILENCE AFFIDAVITSTATE OF Colorado)

:

SS COUNTY OF Boulder)

I, the undersigned hereby duly sworn, depose and say that all owner(s), partners, officers, directors, employees and agents representing the firm of **Captivate Billing** 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: Chris Berg (CEO)CPS. B.

Sworn and subscribed before me this

30th day of June 20 23.Kallie HealeyNOTARY PUBLIC, State of Colorado at LargeMy Commission Expires: Feb 2, 2025

<p>KALLIE HEALEY * NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20214004127 MY COMMISSION EXPIRES FEB 2, 2025</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2023

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 The Insurance Loft 518 17th St. Ste. 1450 Denver CO 80202		CONTACT NAME: Brenda Barlow PHONE (A/C, No, Ext): (303) 872-9017 E-MAIL: Brenda@TheInsuranceLoft.com ADDRESS: Brenda@TheInsuranceLoft.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: UNITED STATES LIAB INS CO	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			SP1576866	01/30/2023	01/30/2024	Each Occurrence 2,000,000 General Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\$1M Fidelity Bond with Travelers Casualty Ins Co eff 4/7/2022-23 (Bond # 107615449)
\$2M per occurrence / \$2M aggregate Cyber Liability Insurance with Trisura Insurance Co eff 1/25/2023-24 (Policy # ATB-6662776-01)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Brenda M Barlow

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2023

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 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 THE WOODS INSURANCE GROUP 100 E CHESTER ST LAFAYETTE CO 80026		CONTACT NAME: JAMIE MANN PHONE (A/C, No, Ext): 303.443.2882 E-MAIL ADDRESS: JAMIEMANN@ALLSTATE.COM FAX (A/C, No): 303.443.2383	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: ALLSTATE INSURANCE COMPANY	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		648788931 06	05/25/2023	05/25/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y		987730727	05/25/2023	05/25/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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 N / A					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

*30 DAYS NOTICE OF CANCELLATION

EQUIPMENT BREAKDOWN, PROFESSIONAL OFFICE SHIELD ENHANCEMENT, BLANKET
ADDITIONAL INSURED

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Captivate Billing, LLC

is a

Limited Liability Company

formed or registered on 05/05/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171354888 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/29/2023 that have been posted, and by documents delivered to this office electronically through 01/30/2023 @ 19:35:55 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/30/2023 @ 19:35:55 in accordance with applicable law. This certificate is assigned Confirmation Number 14656696 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

Captivate Billing

Revenue Management and Consulting

Sample Reports

These are just examples of some of the reports that we can provide for you.

Example ad-hoc analysis:

Trip Count	2020	2021
ALS	1379	685
BLS	11525	10976
SCT	194	97
Total	13098	11758

Number of trips sent to collections	1790	1052
--	-------------	-------------

High Level Financials	2020	2021
Gross Charges	\$ 13,115,485.09	\$ 11,465,615.20
Contractual Adjustments	\$ (7,456,736.66)	\$ (6,777,651.07)
Net Charges	\$ 5,658,748.43	\$ 4,687,964.13
Payments	\$ (3,996,603.20)	\$ (4,242,332.66)
Other WriteOffs	\$ (642,845.32)	\$ (659,939.29)
Bad Debt	\$ (1,234,316.36)	\$ (653,295.61)
Net AR	\$ (215,016.45)	\$ (867,603.43)

Primary Payer Mix	2020	2021
Commerical Insurance	8%	11%
Facilities	17%	18%
Medicaid	9%	8%
Medicare	62%	60%
Private Pay	3%	2%
Veterans Admin	1%	1%
Total	100%	100%

Payments by Payer Group	2020	2021
Commerical Insurance	\$ (774,684.56)	\$ (1,125,903.45)
Facilities	\$ (423,241.12)	\$ (387,607.61)
Medicaid	\$ (268,865.39)	\$ (250,008.33)
Medicare	\$ (2,145,120.07)	\$ (2,004,106.94)
Private Pay	\$ (235,248.61)	\$ (321,439.31)
Veterans Admin	\$ (149,443.45)	\$ (153,267.02)
Grand Total	\$ (3,996,603.20)	\$ (4,242,332.66)

Calculations	2020	2021
Gross Collection Rate	30%	37%
Net Collection Rate	71%	90%
Percent of total trips sent to collections	14%	9%

Captivate Billing

Revenue Management and Consulting

Sample Trip Count Report

Transports	2022-01	2022-02	2022-03	2022-04
BLS	166	135	161	109
BLSE	36	26	33	13
BLS Subtotal	202	161	194	122
ALS	19	20	15	13
ALSE	166	145	193	95
ALS2				
ALS Subtotal	185	165	208	108
SCT				
Total	387	326	402	230
Wheelchair and Comfort	2022-01	2022-02	2022-03	2022-04
WC	493	357	407	321
Comfort - In County	18	9	43	15
Comfort - Out of County	3	1	4	3
Total	514	367	454	339

Sample Trip Details Report

DOS	Charge	Modifier	PrimaryPayer	SecondaryPayer	PickupLocation	Destination	Invoice	Total Pay	Primary Pay	2nd Pay	Other Pay	Adjust	Balance
2/1/2022	BLS	JR	UHC AARP Medicare Complete	Medicaid (2nd to Mcare/McareAdv)	FRESENIUS KIDNEY CARE MADISON	RESIDENCE	\$ 854.00	\$ (22.23)	\$ (22.23)	-	-	\$ (854.41)	\$ 177.36
2/1/2022	BLS	HE	UNITED HEALTHCARE (UHC)	SELF	Saint Thomas West Hospital	Alive Hospice	\$ 857.00	\$ (30.48)	-	-	\$ (30.48)	\$ (396.18)	\$ 230.34
2/3/2022	BLS	NR	BlueCare - TN Medicaid (Non-Emerg) SETrans		TREVECCA CENTER FOR REHABILITATION AND H	RESIDENCE	\$ 896.00	-	-	-	-	-	\$ 896.00
2/3/2022	BLS	HN	Tennessee Medicare Part B - Palmetto	UMR	Saint Thomas Midtown Hospital	BETHANY CENTER FOR REHABILITATION AND H	\$ 972.50	\$ (322.57)	\$ (258.05)	\$ (64.52)	-	-	\$ (649.93)
2/3/2022	BLS	JR	UHC AARP Medicare Complete	Medicaid (2nd to Mcare/McareAdv)	FRESENIUS KIDNEY CARE MADISON	RESIDENCE	\$ 854.00	\$ (22.23)	\$ (22.23)	-	-	\$ (854.41)	\$ 177.36
2/8/2022	BLS	HH	BlueCare - TN Medicaid (Non-Emerg) SETrans		Saint Thomas West Hospital	Saint Thomas Midtown Hospital	\$ 851.00	-	-	-	-	-	\$ 851.00
2/3/2022	BLS	HN	Aetna Medicare PFFS (Medicare Advantage)	SELF	Saint Thomas Midtown Hospital	BETHANY CENTER FOR REHABILITATION AND H	\$ 972.50	\$ (76.58)	\$ (76.58)	-	-	\$ (645.92)	\$ 250.00
2/3/2022	BLS	HN	Tennessee Medicare Part B - Palmetto	SELF	Saint Thomas West Hospital	WEST MEADE PLACE LLP	\$ 863.00	\$ (211.21)	\$ (211.21)	-	-	\$ (598.96)	\$ 52.81

Sample Aging Report

Aging by Current Payer Invoice Date	Current	31-60	61-90	91-120	121-360	360+	Total
ABC Ambulance Company	\$ 2,230,676.16	\$ 405,541.22	\$ 404,295.88	\$ 317,193.07	\$ 769,813.37	\$ 318,015.34	\$ 4,445,535.04
<blank>	-	-	-	-	-	-	-
Auto	\$ 135.69	\$ 6,698.28	\$ 144.94	-	\$ 7,348.26	\$ 5,895.03	\$ 20,222.20
Commercial	\$ 210,381.81	\$ 25,264.15	\$ 44,800.88	\$ 38,868.68	\$ 135,371.05	\$ 67,672.00	\$ 522,358.57
Contract	\$ 350.00	-	-	-	-	-	\$ 350.00
Facility	\$ 78,906.69	\$ 3,832.57	\$ 1,222.77	\$ 6,347.43	\$ 24,317.50	\$ 70,174.88	\$ 184,801.84
Medicaid	\$ 156,311.57	\$ 41,375.28	\$ 43,853.68	\$ 24,000.62	\$ 174,997.74	\$ 12,481.29	\$ 453,020.18
Medicare	\$ 1,239,001.15	\$ 139,065.73	\$ 107,917.27	\$ 2,207.73	\$ 31,607.98	-	\$ 1,519,799.86
Patient	\$ 488,387.41	\$ 170,879.58	\$ 200,540.72	\$ 240,046.98	\$ 347,776.71	\$ 69,993.56	\$ 1,517,624.96
VA	\$ 51,876.45	\$ 18,425.63	\$ 3,390.54	\$ 2,870.13	\$ 45,707.39	\$ 85,251.72	\$ 207,521.86
Work Comp	\$ 5,325.39	-	\$ 2,425.08	\$ 2,851.50	\$ 2,686.74	\$ 6,546.86	\$ 19,835.57
Grand Total	\$ 2,230,676.16	\$ 405,541.22	\$ 404,295.88	\$ 317,193.07	\$ 769,813.37	\$ 318,015.34	\$ 4,445,535.04

Captivate Billing

Revenue Management and Consulting

Sample Charges/Payments/Outstanding AR by payer category

Charges by Primary Payer Group	2022-01	2022-02	2022-03	2022-04
<blank>	\$ 40,987.48	\$ 298.38	\$ 1,490.29	\$ 662.28
Auto	\$ 6,698.28	-	-	-
Commercial	\$ 196,976.51	\$ 201,119.94	\$ 145,848.48	\$ 150,340.78
Contract	-	-	-	\$ 1,400.00
Facility	\$ 14,000.48	\$ 9,719.46	\$ 21,351.13	\$ (7,237.71)
Medicaid	\$ 99,088.05	\$ 69,108.95	\$ 75,690.56	\$ 59,147.47
Medicare	\$ 677,249.29	\$ 634,241.73	\$ 605,012.87	\$ 531,301.46
Patient	\$ 88,499.10	\$ 112,505.42	\$ 80,845.85	\$ 74,511.85
VA	\$ 32,400.16	\$ 29,402.25	\$ 12,644.24	\$ 6,667.50
Work Comp	-	-	\$ 2,877.18	-
Total	\$ 1,155,899.35	\$ 1,056,396.13	\$ 945,760.60	\$ 816,793.63
Payments by Payer Group	2022-01	2022-02	2022-03	2022-04
Auto	\$ 156.38	-	\$ 119.45	\$ 165.20
Commercial	\$ 81,867.44	\$ 72,744.29	\$ 68,331.04	\$ 63,008.47
Contract	\$ 9,050.00	\$ 5,250.00	\$ 700.00	\$ 1,400.00
Facility	\$ 82,536.63	\$ 52,431.05	\$ 30,248.05	\$ 24,154.63
Medicaid	\$ 19,912.55	\$ 6,855.29	\$ 7,898.02	\$ 10,095.83
Medicare	\$ 64,673.98	\$ 31,867.68	\$ 110,815.76	\$ 89,220.52
Patient	\$ 26,418.26	\$ 30,351.68	\$ 28,015.73	\$ 17,669.19
VA	\$ 18,096.55	\$ 26,897.72	\$ 13,641.09	\$ 10,037.34
Work Comp	-	\$ 3,942.65	-	-
Total	\$ 302,711.79	\$ 230,340.36	\$ 259,769.14	\$ 215,751.18
Outstanding AR (for each month)	2022-01	2022-02	2022-03	2022-04
<blank>	-	-	-	-
Auto	\$ 22,190.74	\$ 26,880.85	\$ 23,308.98	\$ 20,222.20
Commercial	\$ 574,329.40	\$ 570,952.33	\$ 537,865.23	\$ 522,358.57
Contract	\$ 6,300.00	\$ 1,050.00	\$ 350.00	\$ 350.00
Facility	\$ 275,292.39	\$ 227,754.68	\$ 219,710.73	\$ 184,801.84
Medicaid	\$ 687,569.69	\$ 642,153.26	\$ 661,052.98	\$ 453,020.18
Medicare	\$ 822,562.50	\$ 1,036,946.95	\$ 1,123,783.54	\$ 1,519,799.86
Patient	\$ 2,213,939.86	\$ 2,272,420.00	\$ 1,629,840.56	\$ 1,517,624.96
VA	\$ 168,891.42	\$ 185,021.04	\$ 194,119.50	\$ 207,521.86
Work Comp	\$ 23,307.00	\$ 16,958.39	\$ 19,835.57	\$ 19,835.57
Total	\$ 4,794,383.00	\$ 4,980,137.50	\$ 4,409,867.09	\$ 4,445,535.04

Example Financial Summary with Trip Count Statistics

ABC Ambulance Company	2020-01	2020-02	2020-03	YTD TOTALS
Beginning AR	\$ 1,044,817.77	\$ 990,123.60	\$ 1,014,428.95	\$ 1,044,817.77
Gross Charges	\$ 350,514.35	\$ 390,503.61	\$ 228,036.92	\$ 618,540.53
Contractual Adjustments	\$ (188,865.65)	\$ (153,585.98)	\$ (137,953.65)	\$ (291,539.63)
Courtesy Discounts	\$ (2.71)	\$ (82.21)	\$ (6,598.68)	\$ (6,680.89)
Misc Adjustments	\$ (6,767.70)	\$ (4,772.88)	\$ (7,601.67)	\$ (12,374.55)
Net Charges	\$ 154,878.29	\$ 232,062.54	\$ 75,882.92	\$ 307,945.46
Bad Debt Write Off - Net	\$ (601.09)	\$ (14,255.66)	\$ (14,526.28)	\$ (28,781.94)
Medicare Payments	\$ (61,319.69)	\$ (50,691.71)	\$ (46,961.51)	\$ (97,653.22)
Medicaid Payments	\$ (6,388.49)	\$ (5,621.09)	\$ (6,705.54)	\$ (12,326.63)
Commercial Payments	\$ (18,838.94)	\$ (21,761.32)	\$ (14,252.13)	\$ (36,013.45)
Facility Payments	\$ (11,247.55)	\$ (11,581.74)	\$ (7,796.96)	\$ (19,378.70)
VA Payments	\$ (5,987.90)	-	\$ (6,272.22)	\$ (6,272.22)
Patient Payments	\$ (4,405.06)	\$ (2,077.83)	\$ (901.67)	\$ (2,979.50)
Other Payments	-	-	-	-
Total Payments	\$ (108,187.63)	\$ (91,733.69)	\$ (82,890.03)	\$ (174,623.72)
Ending AR	\$ 1,090,907.34	\$ 1,116,196.79	\$ 992,895.56	\$ 992,895.56
Collections Accounts Activity				
Beginning Accts in Coll	\$ 359,392.52	\$ 336,571.57	\$ 404,025.15	\$ 336,571.57
Bad Debt Write Off	\$ 734.16	\$ 14,255.66	\$ 14,626.28	\$ 28,881.94
Bad Debt Recovery - Patient	\$ (133.07)	-	-	-
Bad Debt Recovery - Facility	-	-	-	-
Bad Debt Recovery - Other	-	-	\$ (100.00)	\$ (100.00)
Ending Accts in Coll	\$ 359,993.61	\$ 350,827.23	\$ 418,551.43	\$ 418,551.43
Monthly Operating Ratios				
Runs Billed	316	333	232	565
# of CAD Transports	335	316	257	573
Avg Charge per CAD Transport	\$ 1,046.31	\$ 1,235.77	\$ 887.30	\$ 1,079.48
Net APC (Payments/Transport)	\$ 322.95	\$ 290.30	\$ 322.53	\$ 304.75
Denials	3	4	2	6
Trip Counts				
A0428 - Basic Life Support	219	208	151	359
A0429 - Basic Life Support Emergent	16	14	14	28
A0426 - Advanced Life Support	9	7	9	16
A0427 - Advanced Life Support Emerg	71	95	57	152
A0433 - Advanced Life Support Lvl 2	0	1	0	1
A0434 - Specialty Care Transport	1	8	1	9
A0425 - GROUND MILEAGE (BLS)	4,236	5,325	2,355	7,680
A0425 - GROUND MILEAGE (ALS)	1,439	1,799	1,169	2,968
A0425 - GROUND MILEAGE (SCT)	13	209	13	222

Example #1 Financial Summary EXCEL Sheet

ABC Ambulance Company	2022-01	2022-02	2022-03	2022-04	2022-05	Total
Charges	\$ 1,155,899.35	\$ 1,056,396.13	\$ 945,760.60	\$ 1,066,120.88	\$ 1,047,266.52	\$ 5,271,443.48
A Division Payments	\$ (202,540.77)	\$ (150,089.93)	\$ (220,084.97)	\$ (224,071.24)	\$ (217,364.78)	\$ (1,014,151.69)
B Division Payments	\$ (100,171.02)	\$ (80,250.43)	\$ (39,684.17)	\$ (39,929.01)	\$ (26,407.04)	\$ (286,441.67)
Payments (SubTotal)	\$ (302,711.79)	\$ (230,340.36)	\$ (259,769.14)	\$ (264,000.25)	\$ (243,771.82)	\$ (1,300,593.36)
Write Off	\$ (521,448.36)	\$ (541,298.66)	\$ (608,269.90)	\$ (679,522.37)	\$ (671,349.35)	\$ (3,021,888.64)
Bad Debt	\$ 19,034.35	\$ (99,002.61)	\$ (647,991.97)	\$ (421,595.21)	\$ 29,857.91	\$ (1,119,697.53)
Grand Total (Change in AR)	\$ 350,773.55	\$ 185,754.50	\$ (570,270.41)	\$ (298,996.95)	\$ 162,003.26	\$ (170,736.05)

Transports	2022-01	2022-02	2022-03	2022-04	2022-05	Total
BLS	165	135	160	177	133	770
BLSE	36	26	33	17	14	126
BLS Subtotal	201	161	193	194	147	896
ALS	19	20	15	24	19	97
ALSE	166	147	195	175	136	819
ALS2						
ALS Subtotal	185	167	210	199	155	916
Total	386	328	403	393	302	1,812

Wheelchair and Stretcher	2022-01	2022-02	2022-03	2022-04	2022-05	Total
WC	493	357	407	398	373	2,028
Stretcher - In County	21	9	44	22	5	101
Stretcher - Out of County	3	1	4	4	2	14
Total	517	367	455	424	380	2,143

Non-Transports	2022-01	2022-02	2022-03	2022-04	2022-05	Total
TNT	8	2	2	1	1	14
STANDBY			1	5	2	8
Total	8	2	3	6	3	22

Charges by Primary Payer Group	2022-01	2022-02	2022-03	2022-04	2022-05	Total
<blank>	\$ 40,987.48	\$ 298.38	\$ 1,490.29	\$ 3,439.15	\$ 512.27	\$ 46,727.57
Auto	\$ 9,788.67	\$ 3,345.00	-	-	-	\$ 13,133.67
Commercial	\$ 193,037.15	\$ 194,564.22	\$ 137,001.84	\$ 173,104.66	\$ 115,346.65	\$ 813,054.52
Contract	-	-	-	\$ 1,750.00	\$ 1,050.00	\$ 2,800.00
Facility	\$ 20,100.78	\$ 15,729.64	\$ 21,351.13	\$ 6,259.90	\$ 4,839.18	\$ 68,280.63
Medicaid	\$ 100,823.82	\$ 72,775.07	\$ 83,050.67	\$ 72,671.09	\$ 88,167.81	\$ 417,488.46
Medicare	\$ 676,496.79	\$ 640,747.68	\$ 607,384.13	\$ 698,843.57	\$ 649,978.98	\$ 3,273,451.15
Patient	\$ 82,264.50	\$ 103,562.15	\$ 75,258.59	\$ 103,385.01	\$ 171,859.21	\$ 536,329.46
VA	\$ 32,400.16	\$ 25,373.99	\$ 17,346.77	\$ 6,667.50	\$ 15,512.42	\$ 97,300.84
Work Comp	-	-	\$ 2,877.18	-	-	\$ 2,877.18
Total	\$ 1,155,899.35	\$ 1,056,396.13	\$ 945,760.60	\$ 1,066,120.88	\$ 1,047,266.52	\$ 5,271,443.48

Payments by Payer Group	2022-01	2022-02	2022-03	2022-04	2022-05	Total
Auto	\$ 156.38	-	\$ 119.45	\$ 300.89	\$ 5,925.48	\$ 6,502.20
Commercial	\$ 81,867.44	\$ 72,744.29	\$ 68,331.04	\$ 72,434.19	\$ 62,210.03	\$ 357,586.99
Contract	\$ 9,050.00	\$ 5,250.00	\$ 700.00	\$ 1,750.00	\$ 700.00	\$ 17,450.00
Facility	\$ 82,536.63	\$ 52,431.05	\$ 30,248.05	\$ 31,047.87	\$ 21,589.40	\$ 217,853.00
Medicaid	\$ 19,912.55	\$ 6,855.29	\$ 7,898.02	\$ 12,691.95	\$ 4,468.05	\$ 51,825.86
Medicare	\$ 64,673.98	\$ 31,867.68	\$ 110,815.76	\$ 105,890.44	\$ 118,457.60	\$ 431,705.46
Patient	\$ 26,418.26	\$ 30,351.68	\$ 28,015.73	\$ 25,555.99	\$ 21,764.28	\$ 132,105.94
VA	\$ 18,096.55	\$ 26,897.72	\$ 13,641.09	\$ 12,432.11	\$ 7,986.93	\$ 79,054.40
Work Comp	-	\$ 3,942.65	-	\$ 1,896.81	\$ 670.05	\$ 6,509.51
Total	\$ 302,711.79	\$ 230,340.36	\$ 259,769.14	\$ 264,000.25	\$ 243,771.82	\$ 1,300,593.36

Outstanding AR (for each month)	2022-01	2022-02	2022-03	2022-04	2022-05
<blank>	-	-	-	-	-
Auto	\$ 25,389.83	\$ 33,424.94	\$ 29,599.43	\$ 26,376.96	\$ 22,981.00
Commercial	\$ 603,315.47	\$ 586,103.71	\$ 553,062.55	\$ 527,473.16	\$ 425,503.03
Contract	\$ 6,300.00	\$ 1,050.00	\$ 350.00	\$ 350.00	\$ 700.00
Facility	\$ 274,238.03	\$ 236,717.06	\$ 229,356.99	\$ 204,618.62	\$ 182,696.88
Medicaid	\$ 791,445.04	\$ 734,639.26	\$ 739,881.10	\$ 660,900.36	\$ 551,148.63
Medicare	\$ 571,372.64	\$ 777,975.84	\$ 819,333.39	\$ 998,929.06	\$ 1,419,545.22
Patient	\$ 2,352,525.09	\$ 2,437,817.11	\$ 1,852,201.40	\$ 1,499,878.44	\$ 1,462,613.39
VA	\$ 146,489.90	\$ 155,451.19	\$ 166,246.66	\$ 177,807.68	\$ 195,481.33
Work Comp	\$ 23,307.00	\$ 16,958.39	\$ 19,835.57	\$ 14,535.86	\$ 12,110.78
Total	\$ 4,794,383.00	\$ 4,980,137.50	\$ 4,409,867.09	\$ 4,110,870.14	\$ 4,272,780.26

Notes

Data shown by DOS Year-Month

Data shown by Transaction Year-Month

Example #2 Financial Summary EXCEL Sheet

ABC Ambulance Service	2020-01	2020-02	2020-03	Total
Invoices by Month	\$ 1,202,498.10	\$ 992,795.52	\$ 869,689.90	\$ 3,064,983.52
Actual Payments by Month	\$ (179,129.99)	\$ (193,407.81)	\$ (142,385.66)	\$ (514,923.46)
Runs per Month (Based on DOS)	285	219	224	728
Avg Charges per Run	\$ 4,219.29	\$ 4,533.31	\$ 3,882.54	\$ 4,210.14
Avg Payment per Run	\$ 628.53	\$ 883.14	\$ 635.65	\$ 707.31
Payments by Month (by Payer Group)	\$ (179,129.99)	\$ (193,407.81)	\$ (142,385.66)	\$ (514,923.46)
Contract	\$ (443.88)		\$ (1,324.80)	\$ (1,768.68)
Medicaid	\$ (33,872.97)	\$ (18,258.06)	\$ (37,017.96)	\$ (89,148.99)
Medicare	\$ (72,192.53)	\$ (112,235.35)	\$ (77,740.21)	\$ (262,168.09)
Patient Pay	\$ (14,087.21)	\$ (8,016.73)	\$ (8,715.05)	\$ (30,818.99)
Private Insurance	\$ (53,115.47)	\$ (43,258.45)	\$ (17,256.08)	\$ (113,630.00)
VA	\$ (5,417.93)	\$ (11,630.14)	\$ (331.56)	\$ (17,379.63)
Workers Comp		\$ (9.08)		\$ (9.08)
Outstanding AR by Month (Current Payer)	\$ 2,481,788.63	\$ 2,460,842.04	\$ 2,408,636.34	
Contract	\$ 11,114.75	\$ 11,114.75	\$ 11,114.75	
Medicaid	\$ 1,048,994.13	\$ 753,701.48	\$ 676,963.68	
Medicare	\$ 365,547.97	\$ 760,015.28	\$ 790,993.77	
Patient Pay	\$ 638,415.62	\$ 480,939.58	\$ 506,406.82	
Private Insurance	\$ 231,454.20	\$ 257,351.84	\$ 264,959.44	
VA	\$ 177,404.65	\$ 177,034.03	\$ 144,455.10	
Workers Comp	\$ 8,857.31	\$ 20,685.08	\$ 13,742.78	
AR Details	2020-01	2020-04	2020-06	Total
INVOICE	\$ 1,202,498.10	\$ 992,795.52	\$ 869,689.90	\$ 3,064,983.52
Charges	\$ 1,202,498.10	\$ 992,795.52	\$ 869,689.90	\$ 3,064,983.52
PAYMENT	\$ (179,129.99)	\$ (193,407.81)	\$ (142,385.66)	\$ (514,923.46)
Insurance Refunds		\$ 11,748.41		\$ 11,748.41
Patient Refunds		\$ 2,085.38		\$ 2,085.38
Insurance Payments	\$ (166,568.78)	\$ (198,811.45)	\$ (134,843.86)	\$ (500,224.09)
Patient Payments	\$ (12,561.21)	\$ (8,430.15)	\$ (7,541.80)	\$ (28,533.16)
WRITE-OFF	\$ (782,316.24)	\$ (708,253.22)	\$ (710,021.28)	\$ (2,200,590.74)
Contractual Adjustments	\$ (779,751.93)	\$ (741,961.55)	\$ (752,693.78)	\$ (2,274,407.26)
Misc Adjustments	\$ (2,564.31)	\$ 33,708.33	\$ 42,672.50	\$ 73,816.52
BAD DEBT	\$ (30,424.00)	\$ (63,001.26)		\$ (93,425.26)
Bad Debt Write Off	\$ (30,424.00)	\$ (63,993.97)		\$ (94,417.97)
Bad Debt Recovery		\$ 992.71		\$ 992.71
CREDIT	\$ (400.00)			\$ (400.00)
Misc Adjustments	\$ (400.00)			\$ (400.00)
DEBIT	\$ 50.00	\$ 350.98	\$ 1,467.08	\$ 1,868.06
Misc Adjustments	\$ 50.00	\$ 350.98	\$ 1,467.08	\$ 1,868.06

Captivate Billing

Revenue Management and Consulting

Practice Analysis By Company and Payer Group

	Transaction Date	GreaterThanOrEqualTo			5/1/2020			
	Transaction Date	LessThanOrEqualTo			5/31/2020			
	Company Code	NotInList						
	5/1/2020 - 5/31/2020 Total	Payments Payments	Adjustments Adjustments	Runs Runs	Charges Charges	Payments Payments	Adjustments Adjustments	Total Total
County								
Blue Cross	11	8	6	\$8,991.50	(\$3,480.78)	(\$4,348.08)	\$1,162.64	
	11	8	6	\$8,991.50	(\$3,480.78)	(\$4,348.08)	\$1,162.64	
Commerical Insurance	18	36	10	\$15,764.10	(\$4,617.96)	(\$23,000.38)	(\$11,854.24)	
	18	36	10	\$15,764.10	(\$4,617.96)	(\$23,000.38)	(\$11,854.24)	
Contracted Facilities	21	1	37	\$7,655.86	(\$7,796.96)	(\$363.85)	(\$504.95)	
	21	1	37	\$7,655.86	(\$7,796.96)	(\$363.85)	(\$504.95)	
Facilities	0	0	2	\$711.54	\$0.00	\$0.00	\$711.54	
	0	0	2	\$711.54	\$0.00	\$0.00	\$711.54	
Medicaid	2	0	5	\$6,033.40	\$0.00	\$0.00	\$6,033.40	
	2	0	5	\$6,033.40	\$0.00	\$0.00	\$6,033.40	
Medicaid MCO	2	2	1	\$1,012.20	(\$1,627.56)	(\$2,978.94)	(\$3,594.30)	
	2	2	1	\$1,012.20	(\$1,627.56)	(\$2,978.94)	(\$3,594.30)	
Medicare	368	190	145	\$159,861.20	(\$54,167.55)	(\$114,454.14)	(\$8,760.49)	
	368	190	145	\$159,861.20	(\$54,167.55)	(\$114,454.14)	(\$8,760.49)	
Medicare/Advantage	21	27	22	\$23,464.20	(\$4,527.00)	(\$17,230.26)	\$1,706.94	
	21	27	22	\$23,464.20	(\$4,527.00)	(\$17,230.26)	\$1,706.94	
Private Pay	1	3	4	\$3,839.20	(\$400.00)	(\$4,304.63)	(\$865.43)	
	1	3	4	\$3,839.20	(\$400.00)	(\$4,304.63)	(\$865.43)	
Veterans Admin	5	0	0	\$703.72	(\$6,272.22)	\$0.00	(\$5,568.50)	
	5	0	0	\$703.72	(\$6,272.22)	\$0.00	(\$5,568.50)	
County	449	267	232	\$228,036.92	(\$82,890.03)	(\$166,680.28)	(\$21,533.39)	
	449	267	232	\$228,036.92	(\$82,890.03)	(\$166,680.28)	(\$21,533.39)	

Example Operations Management Report

PCR Deficiencies

Run Date: 7/30/2020

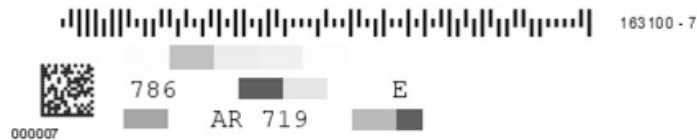
<u>Fleet</u>	<u>DOS</u>	<u>Run #</u>	<u>Time</u>	<u>Patient</u>	<u>Pickup/Destination</u>	<u>Deficiencies</u>
56 Doctors Office-Office at Hospital Location			3:30 PM		Other Parkway SUITE 200 TN 37129 Rehabilitation And Nursing Center Blvd. 14 TN 37130	Narrative/Report lacking medical necessity
Notes:						
Deficiency Notes:						
<u>Unit</u>	<u>Crew</u>					
654						
654						
<u>Fleet</u>	<u>DOS</u>	<u>Run #</u>	<u>Time</u>	<u>Patient</u>	<u>Pickup/Destination</u>	<u>Deficiencies</u>
50 Dialysis-from Private Residence			11:00 AM		Dialysis Pky TN 37067 Other LANE RESIDENCE TN 37218	Narrative incomplete
Notes:						
Deficiency Notes:No medical necessity listed						
<u>Unit</u>	<u>Crew</u>					
671						
671						
<u>Fleet</u>	<u>DOS</u>	<u>Run #</u>	<u>Time</u>	<u>Patient</u>	<u>Pickup/Destination</u>	<u>Deficiencies</u>
38 Inter-facility Transfer - Other (non-ER)			3:00 PM		Street RM 4510 TN 37203 Medical Center Pike Inpatient Rehab TN 37207	Custom form missing - PCS
Notes:						
Deficiency Notes:						
<u>Unit</u>	<u>Crew</u>					
669						

Example Patient Statement



908 Main Street
Suite 210
Louisville, CO 80027
RETURN SERVICE REQUESTED

Statement Number: P-15021-2022-05-12
Billing Phone: (720) 900-0101 or (844) 821-0101
Billing Email: Billing@CaptivateBilling.com
Please include the statement number on your check. Balance due upon receipt.



IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> AMEX		
CARD NUMBER	EXP DATE	AMOUNT
SIGNATURE	BILLING ZIP	MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD
STATEMENT DATE	ACCOUNT NO.	PAY THIS AMOUNT
05/12/2022		\$6,547.09
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.		SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Texas Vital Care EMS
PO BOX 132
BELLS TX 75414-0132



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

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Run	Name	Pick Up Location	Drop Off Location	Quantity	Charge	Total
02/25/2022	0220460:1		METHODIST	CARRUS			
				ALS Emergency Transport	1.00	2682.60	
				Ground Mileage	54.10	1119.87	
				Charges:			3802.47
				Payments:			0
				Adjustments/Interest:			0
				Trip Balance:			\$3,802.47
04/20/2022	220637:1		CARRUS	METHODIST			
				ALS Non-Emergency Transport	1.00	2303.95	
				Ground Mileage	52.60	1088.82	
				Charges:			3392.77
				Payments:			-648.15
				Adjustments/Interest:			0
				Trip Balance:			\$2,744.62
				Total Balance Due:			\$6,547.09

Captivate Billing

Revenue Management and Consulting

Captivate Billing Wall of Certifications



March 27, 2022

VIA EMAIL

Chris Berg
Captivate Billing
908 Main Street
Suite 210
Louisville, CO 80027
United States

Re: Data Backup Process Information Request.

Dear Chris:

Here is a description of our backup and data integrity processes for you as requested.

RPO and RTO For the databases:

- RPO is 15 minutes for all ESO related databases
- RTO is dependent on the size of your database. A general guideline is 1 hour per 50 GB of database size. This is assuming a total server failure and the entire database server has to be restored.

For the Document share:

- RPO is 3 hours
- RTO is again dependent on size (primarily affected by the size of the attachment directory). Assuming a catastrophic failure recovery time is about 1 hour per 200 GB of data

For all Ancillary Service Machines

- RPO is 1 week – this is due to no data being stored on services machines and configuration rarely changes after initial setup
 - RTO is 1 hour per VM depending on the modules used this is typically 1 – 2 VM's
- All backups on our platform that contain data are tested quarterly. Backups that contain installed software are tested annually. Tests on backups are conducted to ensure consistency and viability of recovery.

Backups are replicated to three other storage repositories other than the Rubrik appliance. One of these is in an internal storage array in another data center operated by VLI and the other two are in separate AWS regions.



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Internal copy is performed real time as backups are made
AWS copies are performed in real time to one region and daily to the second region. The secondary data center has a warm failover copy of each database. Another copy is shipped out to Amazon AWS storage off site.

If you have any other questions, please forward them to me.

Very truly yours,

VLI Tech, Inc.

By:

Name: Fred Wilkins

Chief Executive Officer