

AGREEMENT

29434

THIS AGREEMENT is made and entered, in duplicate, as of September 1, 2005 for reference purposes only, pursuant to a minute order adopted by the City Council of the City of Long Beach at its meeting held on August 23, 2005, by and between WITTMAN ENTERPRISES, LLC, a California limited liability company, with a place of business at 21 Blue Sky Court, Suite A, Sacramento, California 95828 ("Consultant"), and the CITY OF LONG BEACH, a municipal corporation ("City").

WHEREAS, the City requires specialized services requiring unique skills to be performed in connection with billing and collection services for basic life support transportation ("Project"); and

WHEREAS, City has selected Consultant in accordance with City's administrative procedures and City has ascertained that Consultant and its employees are qualified, licensed, if so required, and experienced in performing such specialized services; and

WHEREAS, City desires to have Consultant perform said specialized services, and Consultant is willing and able to do so on the terms herein;

NOW, THEREFORE, in consideration of the mutual terms, covenants, and conditions in this Agreement, the parties agree as follows:

1. SCOPE OF WORK OR SERVICES.

A. Consultant shall furnish specialized services more particularly set forth in Exhibit "A", attached hereto and incorporated herein by this reference, in accordance with the standards of the profession, and City shall pay for said services in the manner described below, not to exceed \$200,000, according to the rate schedule described in Exhibit "A".

B. Consultant may select the time and place of performance hereunder provided, however, that access to City documents, records, and the like, if needed by Consultant, shall be available only during City's normal business hours and provided that

Robert E. Shannon
City Attorney of Long Beach
333 West Ocean Boulevard
Long Beach, California 90802-4664
Telephone (562) 570-2200

1 milestones for performance, if any, are met.

2 C. Consultant has requested to receive regular payments. City shall pay
3 Consultant in due course of payments following receipt from Consultant and approval by
4 City of invoices showing the services or task performed, the time expended (if billing is
5 hourly), and the name of the Project. Consultant shall certify on the invoices that
6 Consultant has performed the services in full conformance with this Agreement and is
7 entitled to receive payment. Each invoice shall be accompanied by a progress report
8 indicating the progress to date of services performed and covered by said invoice,
9 including a brief statement of any Project problems and potential causes of delay in
10 performance, and listing those services that are projected for performance by Consultant
11 during the next invoice cycle. Where billing is done and payment is made on an hourly
12 basis, the parties acknowledge that such arrangement is either customary practice for
13 Consultant's profession, industry, or business, or is necessary to satisfy audit and legal
14 requirements which may arise due to the fact that City is a municipality.

15 D. Consultant represents that Consultant has obtained all necessary
16 information on conditions and circumstances that may affect performance hereunder and
17 has conducted site visits, if necessary.

18 2. TERM. The term of this Agreement shall commence at midnight on
19 September 1, 2005, and shall terminate at 11:59 p.m. on August 31, 2006, unless sooner
20 terminated as provided in this Agreement. City, at its option, may extend the term of this
21 Agreement for three (3) additional periods of one (1) year each, by giving notice to
22 Consultant of its intention to extend prior to the then-current termination date.

23 3. COORDINATION AND ORGANIZATION.

24 A. Consultant shall coordinate performance hereunder with City's
25 representative, if any, named in Exhibit "B", attached hereto and incorporated herein by
26 this reference. Consultant shall advise and inform City's representative of the work in
27 progress on the Project in sufficient detail so as to assist City's representative in making
28 presentations and in holding meetings for the exchange of information. City shall furnish

1 to Consultant information or materials, if any, described in Exhibit "C" attached hereto and
2 incorporated herein by this reference, and shall perform any other tasks described therein.

3 B. The parties acknowledge that a substantial inducement to City for entering
4 this Agreement was and is the reputation and skill of Consultant's key employee Dona
5 Wittman. City shall have the right to approve any person proposed by Consultant to
6 replace that key employee.

7 4. INDEPENDENT CONTRACTOR. In performing services hereunder,
8 Consultant is and shall act as an independent contractor and not an employee,
9 representative, or agent of City. Consultant shall have control of Consultant's work and the
10 manner in which it is performed. Consultant shall be free to contract for similar services
11 to be performed for others during this Agreement provided, however, that Consultant acts
12 in accordance with Section 9 and Section 11 of this Agreement. Consultant acknowledges
13 and agrees that a) City will not withhold taxes of any kind from Consultant's compensation,
14 b) City will not secure workers' compensation or pay unemployment insurance to, for or on
15 Consultant's behalf, and c) City will not provide and Consultant is not entitled to any of the
16 usual and customary rights, benefits or privileges of City employees. Consultant expressly
17 warrants that neither Consultant nor any of Consultant's employees or agents shall
18 represent themselves to be employees or agents of City.

19 5. INSURANCE. As a condition precedent to the effectiveness of this
20 Agreement, Consultant shall procure and maintain at Consultant's expense for the duration
21 of this Agreement from insurance companies that are admitted to write insurance in
22 California or from authorized non-admitted insurance companies that have ratings of or
23 equivalent to A:VIII by A.M. Best Company the following insurance:

24 (a) Commercial general liability insurance (equivalent in scope to ISO
25 form CG 00 01 11 85 or CG 00 01 11 88) in an amount not less than One
26 Million Dollars (\$1,000,000) per each occurrence and Two Million
27 Dollars (\$2,000,000) general aggregate. Such coverage shall include but not
28 be limited to broad form contractual liability, cross liability, independent

1 contractors liability, and products and completed operations liability. The
2 City, its officials, employees and agents shall be named as additional
3 insureds by endorsement (on City's endorsement form or on an endorsement
4 equivalent in scope to ISO form CG 20 10 11 85 or CG 20 26 11 85), and
5 this insurance shall contain no special limitations on the scope of protection
6 given to the City, its officials, employees and agents.

7 (b) Workers' Compensation insurance as required by the Labor Code
8 of the State of California and employer's liability insurance in an amount not
9 less than One Million Dollars (\$1,000,000).

10 (c) Professional liability or errors and omissions insurance in an
11 amount not less than One Million Dollars (\$1,000,000) per claim.

12 (d) Commercial automobile liability insurance (equivalent in scope to
13 ISO form CA 00 01 06 92), covering Auto Symbol 1 (Any Auto) in an amount
14 not less than Five Hundred Thousand Dollars (\$500,000) combined single
15 limit per accident.

16 Any self-insurance program, self-insured retention, or deductible must be
17 separately approved in writing by City's Risk Manager or designee and shall protect City,
18 its officials, employees and agents in the same manner and to the same extent as they
19 would have been protected had the policy or policies not contained retention or deductible
20 provisions. Each insurance policy shall be endorsed to state that coverage shall not be
21 reduced, non-renewed, or canceled except after thirty (30) days prior written notice to City,
22 and shall be primary and not contributing to any other insurance or self-insurance
23 maintained by City. Consultant shall notify the City in writing within five (5) days after any
24 insurance required herein has been voided by the insurer or cancelled by the insured. If
25 this coverage is written on a "claims made" basis, it must provide for an extended reporting
26 period of not less than one year, commencing on the date this Agreement expires or is
27 terminated, unless Consultant guarantees that Consultant will provide to the City evidence
28 of uninterrupted, continuing coverage for a period of not less than three (3) years,

1 commencing on the date this Agreement expires or is terminated.

2 Consultant shall require that all contractors and subcontractors which
3 Consultant uses in the performance of services hereunder maintain insurance in
4 compliance with this Section unless otherwise agreed in writing by City's Risk Manager or
5 designee.

6 Prior to the start of performance, Consultant shall deliver to City certificates
7 of insurance and required endorsements for approval as to sufficiency and form. In
8 addition, Consultant, shall, within thirty (30) days prior to expiration of the insurance
9 required herein, furnish to City certificates of insurance and endorsements evidencing
10 renewal of such insurance. City reserves the right to require complete certified copies of
11 all policies of Consultant and Consultant's contractors and subcontractors, at any time.

12 Consultant shall make available to City's Risk Manager or designee all books, records and
13 other information relating to the insurance coverage required herein, during normal
14 business hours.

15 Any modification or waiver of the insurance requirements herein shall only
16 be made with the approval of City's Risk Manager or designee. Not more frequently than
17 once a year, the City's Risk Manager or designee may require that Consultant,
18 Consultant's contractors and subcontractors change the amount, scope or types of
19 coverages required herein if, in his or her sole opinion, the amount, scope, or types of
20 coverages herein are not adequate.

21 The procuring or existence of insurance shall not be construed or deemed
22 as a limitation on liability relating to Consultant's performance or as full performance of or
23 compliance with the indemnification provisions of this Agreement.

24 6. ASSIGNMENT AND SUBCONTRACTING. This Agreement contemplates
25 the personal services of Consultant and Consultant's employees, and the parties
26 acknowledge that a substantial inducement to City for entering this Agreement was and is
27 the professional reputation and competence of Consultant and Consultant's employees.
28 Consultant shall not assign its rights or delegate its duties hereunder, or any interest

1 herein, or any portion hereof, without the prior approval of City, except that Consultant may
2 with the prior approval of the City Manager of City, assign any moneys due or to become
3 due the Consultant hereunder. Any attempted assignment or delegation shall be void, and
4 any assignee or delegate shall acquire no right or interest by reason of such attempted
5 assignment or delegation. Furthermore, Consultant shall not subcontract any portion of
6 the performance required hereunder without the prior approval of the City Manager or
7 designee, nor substitute an approved subcontractor without said prior approval to the
8 substitution. Nothing stated in this Section 6 shall prevent Consultant from employing as
9 many employees as Consultant deems necessary for performance of this Agreement.

10 7. CONFLICT OF INTEREST. Consultant, by executing this Agreement,
11 certifies and shall obtain similar certifications from Consultant's employees and approved
12 subcontractors that, at the time Consultant executes this Agreement and for its duration,
13 Consultant does not and will not perform services for any other client which would create
14 a conflict, whether monetary or otherwise, as between the interests of City hereunder and
15 the interests of such other client.

16 8. MATERIALS. Consultant shall furnish all labor and supervision, supplies,
17 materials, tools, machinery, equipment, appliances, transportation, and services necessary
18 to or used in the performance of Consultant's obligations hereunder, except as stated in
19 Exhibit "C".

20 9. OWNERSHIP OF DATA. All materials, information and data prepared,
21 developed, or assembled by Consultant or furnished to Consultant in connection with this
22 Agreement, including but not limited to documents, estimates, calculations, studies, maps,
23 graphs, charts, computer disks, computer source documentation, samples, models,
24 reports, summaries, drawings, designs, notes, plans, information, material, and
25 memorandum ("Data") shall be the exclusive property of City. Data shall be given to City,
26 and City shall have the unrestricted right to use and disclose the Data in any manner and
27 for any purpose without payment of further compensation to Consultant. Copies of Data
28 may be retained by Consultant but Consultant warrants that Data shall not be made

1 available to any person or entity for use without the prior approval of City. Said warranty
2 shall survive termination of this Agreement for five (5) years.

3 10. TERMINATION. Either party shall have the right to terminate this
4 Agreement for any reason or no reason at any time by giving fifteen (15) calendar days
5 prior notice to the other party. In the event of termination under this Section, City shall pay
6 Consultant for services satisfactorily performed and costs incurred up to the effective date
7 of termination for which Consultant has not been previously paid. The procedures for
8 payment in Section 1.B. with regard to invoices shall apply. On the effective date of
9 termination, Consultant shall deliver to City all Data developed or accumulated in the
10 performance of this Agreement, whether in draft or final form, or in process. And,
11 Consultant acknowledges and agrees that City's obligation to make final payment is
12 conditioned on Consultant's delivery of the Data to the City.

13 11. CONFIDENTIALITY. Consultant shall keep the Data confidential and
14 shall not disclose the Data or use the Data directly or indirectly other than in the course of
15 services provided hereunder during the term of this Agreement and for five (5) years
16 following expiration or termination of this Agreement. In addition, Consultant shall keep
17 confidential all information, whether written, oral, or visual, obtained by any means
18 whatsoever in the course of Consultant's performance hereunder for the same period of
19 time. Consultant shall not disclose any or all of the Data to any third party, nor use it for
20 Consultant's own benefit or the benefit of others except for the purpose of this Agreement.

21 12. BREACH OF CONFIDENTIALITY. Consultant shall not be liable for a
22 breach of confidentiality with respect to Data that: (a) Consultant demonstrates Consultant
23 knew prior to the time City disclosed it; or (b) Is or becomes publicly available without
24 breach of this Agreement by Consultant; or (c) A third party who has a right to disclose
25 does so to Consultant without restrictions on further disclosure; or (d) Must be disclosed
26 pursuant to subpoena or court order.

27 13. ADDITIONAL COSTS AND REDESIGN. A. Any costs incurred by the
28 City due to Consultant's failure to meet the standards required by the Scope of Work or

1 Consultant's failure to perform fully the tasks described in the Scope of Work which, in
2 either case, causes the City to request that Consultant perform again all or a part of the
3 Scope of Work shall be at the sole cost of Consultant and City shall not pay any additional
4 compensation to Consultant for such re-performance.

5 B. If the Project involves construction and the scope of work or services
6 requires Consultant to prepare plans and specifications with an estimate of the cost of
7 construction, then Consultant may be required to modify the plans and specifications, any
8 construction documents relating thereto, and Consultant's estimate, at no cost to City,
9 when the lowest bid for construction received by City exceeds by more than ten percent
10 (10%) Consultant's estimate. Said modification shall be submitted in a timely fashion to
11 allow City to receive new bids within four (4) months of the date on which the original plans
12 and specifications were submitted by Consultant.

13 14. AMENDMENT. This Agreement, including all Exhibits, shall not be
14 amended, nor any provision or breach hereof waived, except in writing signed by the
15 parties which expressly refers to this Agreement.

16 15. LAW. This Agreement shall be governed by and construed pursuant to
17 the laws of the State of California (except those provisions of California law pertaining to
18 conflicts of laws). Consultant shall comply with all laws, ordinances, rules and regulations
19 of and obtain such permits, licenses, and certificates required by all federal, state and local
20 governmental authorities.

21 16. ENTIRE AGREEMENT. This Agreement, including all Exhibits,
22 constitutes the entire understanding between the parties and supersedes all other
23 agreements, oral or written, with respect to the subject matter herein.

24 17. INDEMNITY. Consultant shall, with respect to services performed in
25 connection with this Agreement, indemnify and hold harmless the City, its Boards,
26 Commissions, and their officials, employees and agents (collectively in this Section, "City")
27 from and against any and all liability, claims, demands, damage, loss, causes of action,
28 proceedings, penalties, costs and expenses (including attorney's fees, court costs, and

1 expert and witness fees) (collectively "Claims" or individually "Claim"). Claims include
2 allegations and include by way of example but are not limited to: Claims for property
3 damage, personal injury or death arising in whole or in part from any negligent act or
4 omission of Consultant, its officers, employees, agents, sub-consultants, or anyone under
5 Consultant's control (collectively "Indemnitor"); Consultant's breach of this Agreement;
6 misrepresentation; willful misconduct; and Claims by any employee of Indemnitor relating
7 in any way to worker's compensation. Independent of the duty to indemnify and as a
8 free-standing duty on the part of Consultant, Consultant shall defend City and shall
9 continue such defense until the Claim is resolved, whether by settlement, judgment or
10 otherwise. No finding or judgment of negligence, fault, breach, or the like on the part of
11 Indemnitor shall be required for the duty to defend to arise. Consultant shall notify the City
12 of any claim within ten (10) days. Likewise, City shall notify Consultant of any claim, shall
13 tender the defense of such claim to Consultant, and shall assist Consultant, as may be
14 reasonably requested, in such defense.

15 18. AMBIGUITY. In the event of any conflict or ambiguity between this
16 Agreement and any Exhibit, the provisions of this Agreement shall govern.

17 19. COSTS. If there is any legal proceeding between the parties to enforce
18 or interpret this Agreement or to protect or establish any rights or remedies hereunder, the
19 prevailing party shall be entitled to its costs and expenses, including reasonable attorneys'
20 fees and court costs (including appeals).

21 20. NONDISCRIMINATION. In connection with performance of this
22 Agreement and subject to applicable rules and regulations, Consultant shall not
23 discriminate against any employee or applicant for employment because of race, religion,
24 national origin, color, age, sex, sexual orientation, AIDS, HIV status, handicap, or disability.
25 Consultant shall ensure that applicants are employed, and that employees are treated
26 during their employment, without regard to these bases. Such actions shall include, but
27 not be limited to, the following: Employment, upgrading, demotion or transfer, recruitment
28 or recruitment advertising, layoff or termination, rates of pay or other forms of

1 compensation, and selection for training, including apprenticeship.

2 It is the policy of City to encourage the participation of Disadvantaged,
3 Minority and Women-owned Business Enterprises in City's procurement process, and
4 Consultant agrees to use its best efforts to carry out this policy in the award of all approved
5 subcontracts to the fullest extent consistent with the efficient performance of this
6 Agreement. Consultant may rely on written representations by subcontractors regarding
7 their status. City's policy is attached as Exhibit "D" hereto. Consultant shall report to City
8 in May and in December or, in the case of short-term agreements, prior to invoicing for final
9 payment, the names of all sub-consultants engaged by Consultant for this Project and
10 information on whether or not they are a Disadvantaged, Minority or Women-Owned
11 Business Enterprise, as defined in Section 8 of the Small Business Act (15 U.S.C.
12 Sec. 637).

13 21. NOTICES. Any notice or approval required hereunder by either party
14 shall be in writing and personally delivered or deposited in the U.S. Postal Service, first
15 class, postage prepaid, addressed to Consultant at the address first stated herein, and to
16 the City at 333 West Ocean Boulevard, Long Beach, California 90802, Attention: City
17 Manager with a copy to the City Engineer at the same address. Notice of change of
18 address shall be given in the same manner as stated herein for other notices. Notice shall
19 be deemed given on the date deposited in the mail or on the date personal delivery is
20 made, whichever first occurs.

21 22. COPYRIGHTS AND PATENT RIGHTS. A. Consultant shall place the
22 following copyright protection on all Data: © City of Long Beach, California _____, inserting
23 the appropriate year.

24 B. City reserves the exclusive right to seek and obtain a patent or copyright
25 registration on any Data or other result arising from Consultant's performance of this
26 Agreement. By executing this Agreement, Consultant assigns any ownership interest
27 Consultant may have in the Data to the City.

28 C. Consultant warrants that the Data does not violate or infringe any patent,

1 copyright, trade secret or other proprietary right of any other party. Consultant agrees to
2 and shall protect, defend, indemnify and hold City, its officials and employees harmless
3 from any and all claims, demands, damages, loss, liability, causes of action, costs or
4 expenses (including reasonable attorneys' fees) whether or not reduced to judgment,
5 arising from any breach or alleged breach of this warranty.

6 23. COVENANT AGAINST CONTINGENT FEES. Consultant warrants that
7 Consultant has not employed or retained any entity or person to solicit or obtain this
8 Agreement and that Consultant has not paid or agreed to pay any entity or person any fee,
9 commission, or other monies based on or from the award of this Agreement. If Consultant
10 breaches this warranty, City shall have the right to terminate this Agreement immediately
11 notwithstanding the provisions of Section 10 hereof or, in its discretion, to deduct from
12 payments due under this Agreement or otherwise recover the full amount of such fee,
13 commission, or other monies.

14 24. WAIVER. The acceptance of any services or the payment of any money
15 by City shall not operate as a waiver of any provision of this Agreement, or of any right to
16 damages or indemnity stated in this Agreement. The waiver of any breach of this
17 Agreement shall not constitute a waiver of any other or subsequent breach of this
18 Agreement.

19 25. CONTINUATION. Termination or expiration of this Agreement shall not
20 affect rights or liabilities of the parties which accrued pursuant to Sections 7, 10, 11, 17,
21 19, 22, and 28 prior to termination or expiration of this Agreement.

22 26. TAX REPORTING. As required by federal and state law, City is
23 obligated to and will report the payment of compensation to Consultant on
24 Form 1099-Misc. Consultant shall be solely responsible for payment of all federal and
25 state taxes resulting from payments under this Agreement. Consultant's Employer
26 Identification Number is [REDACTED]. If Consultant has a Social Security Number rather
27 than an Employer Identification Number, then Consultant shall submit that Social Security
28 Number in writing to City's Accounts Payable, Department of Financial Management.

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1 Consultant acknowledges and agrees that City has no obligation to pay Consultant
2 hereunder until Consultant provides one of the aforesaid Numbers.

3 27. ADVERTISING. Consultant shall not use the name of City, its officials
4 or employees in any advertising or solicitation for business, nor as a reference, without the
5 prior approval of the City Manager or designee.

6 28. AUDIT. City shall have the right at all reasonable times during the term
7 of this Agreement and for a period of five (5) years after termination or expiration of this
8 Agreement to examine, audit, inspect, review, extract information from, and copy all books,
9 records, accounts, and other documents of Consultant relating to this Agreement.

10 29. THIRD PARTY BENEFICIARY. This Agreement is not intended or
11 designed to or entered for the purpose of creating any benefit or right for any person or
12 entity of any kind that is not a party to this Agreement.

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IN WITNESS WHEREOF, the parties hereto have caused this document to be duly executed with all formalities required by law as of the date first stated herein.

WITTMAN ENTERPRISES, LLC,
a California limited liability company

12-28, 2005

By Corinne Wittman-Wong

CORINNE WITTMAN-WONG, CEO
(Type or Print Name)

12-28, 2005

By Walter Imboden

WALTER IMBODEN, PRESIDENT, COO
(Type or Print Name)

"Consultant"

CITY OF LONG BEACH, a municipal corporation

Jan 19, 2005

By Marcus [Signature]
City Manager

"City"

This Agreement is approved as to form on January 5, 2005.

ROBERT E. SHANNON, City Attorney

By [Signature]
Deputy

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EXHIBIT "A"
SCOPE OF SERVICES



It is with great pleasure that Wittman Enterprises, LLC responds to the City of Long Beach Request for Proposal for Billing and Collection Services, Basic Life Support Transportation. We are passionate about the business of ambulance reimbursement and we intend for our response to reflect that enthusiasm.

We believe that the secret to excellent reimbursement is personal attention. We understand that effective ambulance billing and collections is labor intensive work and pledge to provide the personnel and resources to get the job done. What is personal attention? Simply put, it is dedication to a process that combines the best in technology with the commitment of people to perform the hard work necessary to pursue the elusive insurance payer, Medicare denial, or MediCal cut back.

We accomplish our outstanding collection record, while never forgetting that your patients deserve compassion in our efforts to obtain the reimbursement that your program requires. We have always prided ourselves on being immediately responsive to our clients' requests. We want you to feel as though we are in the next room, always accessible, always quick to respond.

In an effort to provide clear and concise information, we are responding to your request by following your outline under Scope of Work. In addition, we have read and agree to the City's General Terms and Conditions and accept Appendix A of the anticipated pro forma contract.

Lastly, we would request and strongly recommend that the City consider in-person interviews. We believe that face to face meetings will provide you with an "impression" of each company that is a challenge to provide on paper.

We await your review of the enclosed. Should we be successful in winning your business, we assure the City of an unsurpassed quality of service.

My best regards,

Dona Wittman,
Chief Executive Officer

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SCOPE OF WORK

A. Overview

Wittman Enterprises, LLC pledges to provide the following services to the City of Long Beach:

- Electronic generation of both Medicare and Medi-Cal BLS emergency claims, as well as billing all insurance, and private individuals.
- Handle third party payer submission and inquires regarding insurance claims and to show claim submission dates, follow-up payments to be made on an account and source of that payment along with a full itemization of charges.
- Track and generate accounts that require special handling and follow-up.
- Provide monthly and annual reports that demonstrate clear audit trails, detailed payment and adjustment and account balance experience per account. These reports will be in accordance with customary accounting practices and include an aging report and a monthly recap of deposits.
- Cross reference patient files by last name, social security number, pickup or residence address and date of service.
- Create invoices within two working days of receipt of billing information from the City.
- Accomplish all follow-up work required in order to collect insurance payments, including additional correspondence and telephone calls.
- Establish positive working relationship with all City utilized hospitals

B. Equipment and Supplies

Wittman proposes to provide all supplies and equipment necessary to perform the provisions of the contract. Supplies and equipment include but are not limited to:

- All computer hardware and software necessary to perform accurately and efficiently the processes as described in this presentation
- All mailing forms, billing forms, insurance forms, lien forms, and envelopes necessary to perform the billing functions
- Any postage necessary to mail billing or information to patients, insurance companies, 3rd parties, attorneys, and the City
- Availability of a national toll free 800 number for patients, the City, Insurance companies, attorneys, 3rd parties to call for information or discussion of account status
- Fully customized letters that will remind patients of their promises and obligations
- All daily, weekly, monthly, quarterly, and annual reports as required by the City.
- All software necessary to provide link between fire operations center and Wittman, should the City require.

C. Training

Wittman offers documentation training for field personnel. This is helpful in maintaining compliance with governmental requirements and helps in the building of a partnership perspective between the field crews and the billing office. The training can be performed quarterly as the City wishes.

D. Available Software and Hardware Options

Wittman presently works with three-field data recovery processes that electronically transfer billing information to us. We presently interface with Toomay Technologies, Recognition Solutions Imaging, FieldSaver, and a proprietary program used by Marin County, California for electronic Pre-Hospital Care Reports. We are also capable of direct download from ZOLL's Tablet PCR.

E. Itemized Statements

Wittman will provide all patient and insurance billing in a manner consistent with the City requirements. All invoices are fully itemized reflecting all services provided to the patient and are easy to read. All invoices statements, past due notices and letters contain the patient's pertinent billing information. In addition, all invoices, statements, past due notices and letters are sent with a return envelope for payment submittal. Patient billing is performed on laser printed statements demonstrating an especially professional appearance. Our software system allows for a clear and trackable audit trail for initial contact verification, billing notification and phone contact by Customer Service and other personnel.

F. Toll-Free Telephone

Wittman's Customer Service Representatives are available 8:00 am to 4:30 pm. Our national toll-free 800-number has lines available for patients, clients, insurance companies, attorneys, and third parties to call for information or discussion of account status. We have also added an auto answering system, which moves the City's patients to a Customer Service Representative faster than our previous manual answering process.

G. Third Party Claim Inquiries

We follow up on all accounts insuring the maximum legal reimbursement for our clients. Medicare claims if denied are appealed automatically, insurance companies are challenged when claims are denied or underpaid.

Follow-up procedures used to elicit payment include a data file established for each patient from which information regarding the transport, billing and payment can be recorded and retrieved, and patient information can be updated.

H. Tracking

ZOLL's Rescue Net Billing allows for a clear and traceable audit trail for initial contact verification, billing notification and phone contact by Customer Service. Further, the software automatically updates each individual account detailing date, change or billing function. All history and noted entries are "write protected" so no alterations can be made.

I. Invoice to Patient

Invoicing of a patient account will occur within 2 working days of receipt of PCR with notification of payment due date of 14 days following.

J. Electronic Billing to Medicare and Medi-Cal

Medicare and Medi-Cal patients are billed electronically with resulting payments in 14 days and 7 days respectively. California is unique in its number of Medicare and Medi-Cal HMO payers. When we receive a trip indicating Medicare or Medi-Cal coverage, we verify this information through electronic verification systems in order to be certain of billing correctly the first time. Medicare and Medi-Cal claims are transmitted daily using ANSI, the format set forth under the HIPAA requirements.

Our Medicare and Medi-Cal Specialists process all denials and appeals. These specialists receive extensive training in all aspects of Medicare and Medi-Cal billing. They are versed in federal and state law and in the implementation of the fee schedule. Secondary insurance or private balance billing occurs immediately upon posting of Medicare payments. Follow-up occurs as required based on the secondary source until full adjudication is resolved.

K. Billing Private Insurance

All insurance information provided at the time of input is verified with phone calls. On-line access to insurance companies is utilized where offered. Our process of identifying the correct payer for a patient's claim before it is even billed has kept our percentage of incorrect billings low. Our Customer Service Representatives, in the event of incorrect insurance information, will contact hospitals, and if necessary, the patient for the corrections to that information. Wittman electronically bills all qualified primary and secondary insurance sources, workers' compensation, health maintenance organizations, third party liability, benefit programs, and self-insurance programs. Those who do not qualify are billed on paper. Denials are not simply "accepted." We appeal, when indicated and demand payment, with interest when applicable, from non-compliant insurance companies.

Recently, Wittman became "armed" with extensive training that clarified the obligations of California insurance carriers. We know the applicable sections of the Knox Keene Act, Insurance codes, and Health and Safety codes, and we quote them when demanding payment from insurance. This knowledge has helped us obtain correct payment from once difficult carriers such as Health Net, one of the largest in California.

Wittman Enterprise, LLC has worked on several large insurance bankruptcies. These bankruptcies have affected the revenue of our clients. Through our efforts we have been able to obtain for our clients up to 80% of "unsecured" debt owed by several of these insurance companies. Most billing agencies would opt to forego this process. It takes many hours of correspondence and re-billing to the bankruptcy courts to net our clients payments that otherwise would have been written off. This example of our commitment and tenacity in the face of adversity, only exemplifies our dedication to personalized customer service. We do not give up on any possible source of repayment.

L. Billing Functions

All services and supplies are included in the fee quoted in Section IV, Cost of services. Further as stated in items J and K, Wittman will monitor bills through adjudication with Medicare, Medi-Cal and private insurers.

M. Bill Schedule

Wittman will customize the private bill schedule to reflect the City’s needs. These billing schedules work in conjunction with our billing program that tracks accounts receivable and assigns them to a Customer Service Representative for making follow up calls. A sample bill schedule is as follows:

Action	Timing
Issue Invoice	<i>Immediately</i>
Send Statement	<i>30 Days</i>
Send Past Due Notice	<i>60 Days</i>
Send Final Request Notice	<i>75 Days</i>

Our invoices contain fields for specialized messages and payment instructions. Wittman will fulfill any of the City’s specialized letter or message requirements. In addition to the above mailings, we provide our Customer Service Representatives letters appropriate to each collection situation. As part of follow-up, these letters can be scheduled to address a particular circumstance. This adds a personal touch to the collection process. Our computer program has fields filled with next of kin information, as well as employer data, so that reaching the patient or family members for additional information is successful.

Double Custody

Transport tickets, as well as cash receipts are received; date stamped, and counted in double custody. Date stamping enables us to track our compliance with the City’s requirement to bill within two days of receipt. All trip tickets are sent to our Data Entry Production Department where they are reviewed for completeness and coded with the appropriate level of service, payer and patient condition. Our coders are all experienced in reading PCR’s for accurate billing. A full 35% of all data entry activity is audited for accuracy.

Insufficient Information and Uncollectable Accounts

Wittman will process all third party payer billing forms as needed to fulfill the requirements and intent of this proposal and has a variety of processes and resources in place to follow-up on accounts that have inadequate billing information.

These resources include but are not limited to:

- Use of Zip Code/Street directories for obtaining missing/incomplete addresses
- Use of Accurint.Com for tracing mail returns
- Contacting EMS Division to locate missing information from Run Reports
- Contacting receiving hospital for missing/incomplete billing information
- Contacting patient's family members for billing or insurance information
- Mailing inquiry forms to the patient.

If needed Wittman will request the following information from the City's receiving hospitals.

- Insurance information including billing address, phone numbers, and member or subscriber number
- Medicare or Medi-Cal information including – social security numbers and date of birth
- Current address, phone number and employer information for the patient,
- Alternate contacts or nearest relative's address or phone number

Information is requested via email, fax or phone call to the financial office of the hospital or skilled nursing facility. We have established contacts and have worked out on an individual basis, the best way to retrieve patient demographics.

Sixty percent of requests made come back to us with some information. Reasons as to why information is not received vary. Some hospitals archive or purge their systems regularly, some patients may not stay in the hospital and get treatment, and with others the information that is provided by the client is not sufficient for the hospital to research for the requested information; for example, John Doe patients have a low recovery rate. If no information is received, accounts are handled in accordance with the City's guidelines.

When an account is deemed as uncollectable after our efforts to collect, it will be returned to the City with our recommendation to refer to the City's outside agency. In fact, Wittman on average sends less than 12% of all accounts billed to outside agencies. Before an account can be recommended for referral to Outside Collection Agency, the following procedures must have been performed:

- Bill Schedule has been completed
- Utilization of all appropriate follow-up letters
- Alternate contacts have been used
- Attempts to locate correct address and telephone number with the Haines Directory and Accurant.Com
- Hospital contacted for better information
- Medi-Cal eligibility re-verified

Supervisors review every collection account to insure that all of the above procedures have been followed. Payments received on accounts that have been sent to an outside agency are immediately reported to the collection agency to insure that all collection activity ceases.

Self Pay Accounts

Surveys from the American Collectors Association indicate that patients are more motivated to make payment from a telephone call rather than repeated collection notices. However, they have shown the most amount of effectiveness from a combination of these two mediums. We have found this to be true through the personal attention given to our clients and their patients.

Our first call to a private account occurs immediately after data entry of the incident into the system. This "Verification" call allows us to determine if the patient has insurance or any special circumstances that will make it difficult to pay the bill in a reasonable amount of time. This early establishment of contact with the patient is beneficial. At this point handling of the account becomes very individual. Further, we have found that our system of invoices, statements, delinquency notices and individual letters in conjunction with telephone follow up has been most successful.

Follow-up procedures used to elicit payment include a data file established for each patient from which information regarding the transport, billing and payment can be recorded and retrieved, and patient information can be updated. All patients are referenced by name, date of service, incident and run number, social security number, and insurance identification numbers.

Dispute Resolution

The resolution of disputes is performed in accordance with the City and HIPAA guidelines. Wittman will develop a good rapport with the City's staff and works closely with them to find a quick and equitable resolution to all patient disputes. Customer Service Representatives at Wittman are aware that we represent the City's interest when responding to inquiries from users, insurance companies, attorneys and others. They take in and make over 10,000 calls per week. Customer Service Representatives process any incoming mail, insurance EOB's, and patient disputes. We often dispel any concerns or disputes regarding charges without involving City personnel. However, we will immediately notify the City of any patient care complaints.

Litigation Accounts

When an account is identified as a litigation case it is flagged with a specific paysource, attorney information is added to the account, a lien is sent to the patient's attorney to be signed by both the patient and the attorney, and the patient billing is put on hold. When requests for information are sent in, they are reviewed for compliance with HIPAA. Attorney requests can no longer be all encompassing, but must be specific. They must also include a medical release signed by the patient. The exception to this is a subpoena from the court. Follow-up on lien accounts occur every 60 days to verify that all information is current and correct, and insure that when a settlement is reached the City will receive the money due on the account in a timely manner. Our computer program generates invoices on demand, facilitating a one-day turn around on any subpoena request that may be made.

Refunds

The accounts receivable department thoroughly researches all credit balances. We require insurance companies to request refunds in writing before we recommend release of any funds. We will provide the City with detailed reports and documentation as to any refund request.

Discounts, Hardships and Other Policies

We will work with the City to establish policies regarding discounts and reductions. Some of these may include hardship, attorney requests, City employee, or small balance write-offs. We want to assure the City that no such discounting decisions will be made without your approval.

County Responsible Indigents

Wittman understands that the City has an agreement with the County that responsible indigents, those in possession of documentation reflecting that they are County General Relief recipients or that they qualify for the County's Ability-to-Pay Plan, shall not be billed for emergency ambulance service.

Duty Employee Exception

Wittman understands that the current Fire Department policy states "any on-duty City of Long Beach employee shall not be charged for emergency medical service." including ambulance transportation services. We further understand that we as the City's contractor will not bill on-duty City of Long Beach Employees for transportation services.

N. Records Retention

Wittman retains all records on site for seven years. Patient Care Reports are stored on paper in a filing system that insures easy retrieval of information for a variety of purposes including requests for information by attorneys. All computer-generated information is available to access at any given moment. All records whether paper or electronic are maintained in accordance with generally accepted accounting practices.

O. Future Audits

Wittman agrees to maintain accurate records to ensure completed approvals for future audits. Wittman pledges to keep accurate and up-to-date records of all bills, payments, and correspondence related to billing functions. We further encourage the City to inspect and audit all data and records relating to our performance under the contract. We will be available to attend staff meetings by teleconference or in person. The successful partnership that we propose requires such close involvement.

P. Property of the City

Wittman agrees that all account files are the property of the City. Wittman further agrees to relinquish all active files to the City at termination of the contract and that all inactive and/or paid account files shall be provided to the City on a regular basis that is agreed upon.

Q. Patient Account Information

All patients are referenced by name, date of service, incident and run number, social security number, and insurance identification numbers. Our billing software system allows for a clear and traceable audit trail for initial contact verification, billing notification and phone contact. Further, our software automatically updates each individual account detailing date, change or billing function. All history and noted entries are “write protected” so no alterations can be made. A record of all charges is maintained as is a complete payment history.

R. Federal, State and County Laws

Wittman approaches this project in complete State, Federal, CMS, and HIPAA regulation compliance. Our Medicare compliance program has been in place for several years and is updated on a regular basis to comply with current law. David Nevins has been retained as our Medicare compliance officer since the beginning of this process. Mr. Nevins is the President of the California Ambulance Association, serves as a member of the American Ambulance Association Reimbursement Committee, and is a Former Executive Vice President of the American Ambulance Association. Our relationship with Mr. Nevins insures that we adhere to all aspects of Medicare law. He performs yearly audits to insure that our billing service remains in complete compliance, thus protecting our clients. Our internal compliance committee meets on a quarterly basis to review any Medicare issues or new information. Further, we ensure compliance with local and state laws by continually educating ourselves as to any differences that may apply. Wittman agrees to abide by any applicable ordinances of the City.

Wittman pledges responsibility for any program updates of Medicare and Med-iCal for the duration of the contract period.

Wittman's Privacy and Security Officers insure that all HIPAA policies involving privacy and security are followed. They have received and offered to our clients' extensive training through seminars presented by the California Ambulance Association. We provide access to internet resources for continuing education with regard to any changes that may develop with HIPAA law. We chose the CAA for HIPAA training because that organization's attorneys, Foley and Lardner, had the greatest familiarity with California Law. HIPAA regulations require adherence to State laws if more strict. California privacy laws are among the most stringent in the nation. Therefore, we are certain that our clients are maintaining compliance with all Federal and State mandates. All employees from the Management level to clerical have received extensive training under the Minimum Necessary Rule. All Protected Health Information is secured per HIPAA requirements at the close of each business day. We have entered into Business Associate Agreements with all of our clients.

S. Monthly Reports

Wittman will provide financial reports of all billing pursuant to Generally Accepted Accounting Principles on a monthly, quarterly, and annual basis, or as requested by the City. Our reports are detailed and easy to read.

The following is a sampling of the reports we can create:

- Ticket Survey – Detail or Summary
- A/R Aging – Detail or Summary by Date of service, Patient or Payer
- Charge Type by Billing Zone
- Year to Date Revenue – Fiscal or calendar
- Management Summary

Ticket Survey Summary Report (Trip Date) Summary

Trip Date IS BETWEEN 12/01/2004 AND 12/31/2004

Date of Service	Number of Trips	Total Charges
12/01/04	74	\$58,582.67
12/02/04	67	\$52,754.32
12/03/04	88	\$68,168.11
12/04/04	73	\$58,400.23
12/05/04	66	\$52,498.62
12/06/04	66	\$53,097.94
12/07/04	77	\$53,290.35
12/08/04	68	\$53,537.95
12/09/04	73	\$59,205.18
12/10/04	78	\$60,230.68
12/11/04	74	\$56,395.07
12/12/04	77	\$58,236.63
12/13/04	53	\$42,967.07
12/14/04	70	\$55,832.49
12/15/04	78	\$57,465.56
12/16/04	79	\$65,967.74
12/17/04	68	\$52,783.64
12/18/04	68	\$55,286.81
12/19/04	73	\$57,948.91
12/20/04	69	\$51,462.60
12/21/04	75	\$55,097.15
12/22/04	65	\$50,152.28
12/23/04	92	\$74,690.56
12/24/04	52	\$39,707.31
12/25/04	63	\$46,374.90
12/26/04	69	\$51,559.38
12/27/04	70	\$56,654.38
12/28/04	90	\$69,784.72
12/29/04	79	\$59,059.87
12/30/04	75	\$61,596.12
12/31/04	74	\$57,006.05

Grand Total Ticket Count 2,243

Grand Total Charges \$1,745,795.29

Report can be run by date of service, payer or patient or combination there of.

Aging Summary Report by Payer Trip Date is between 03/01/05 and 03/31/05

Insurance

<u>Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>
AARP/740819	0.00	0.00	0.00	0.00	0.00
BC of CA/60007	0.00	0.00	0.00	0.00	0.00
BS of CA/272560	0.00	0.00	933.81	0.00	0.00
HealthNet Insurance/14702	0.00	0.00	0.00	0.00	0.00
Mercy Catholic Healthcare/3400 Dat	0.00	0.00	996.95	0.00	0.00
Sedgwick Claims Management	0.00	0.00	781.79	0.00	0.00
State Comp Ins Fund/659011	0.00	0.00	720.76	0.00	0.00
Sutter Connect Medical Group/255	0.00	0.00	798.06	0.00	0.00
Tricare for Life Ins/7890	0.00	0.00	0.00	0.00	0.00
Tricare Southern Region/7031	0.00	0.00	84.75	0.00	0.00
United Food Workers UFCW Bay	0.00	0.00	874.82	0.00	0.00
United Health Care/740800	0.00	0.00	779.43	0.00	0.00
Veterans Admin N. California/150 M	0.00	0.00	675.29	0.00	0.00
Totals For: Insurance	0.00	0.00	13,291.32	0.00	0.00

Kaiser

<u>Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>
Kaiser Claims EMI/853915	0.00	0.00	1,775.74	0.00	0.00
Totals For: Kaiser	0.00	0.00	3,551.48	0.00	0.00

Kaiser-Medicare

<u>Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>
MCARE HMO Kaiser EMI/853915	0.00	0.00	0.00	0.00	0.00
Totals For: Kaiser-Medicare	0.00	0.00	0.00	0.00	0.00

MCAL/MCAID

<u>Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>
CMSP Sacramento County	0.00	0.00	152.03	0.00	0.00
MediCal California	0.00	0.00	283.38	0.00	0.00
Totals For: MCAL/MCAID	0.00	0.00	870.82	0.00	0.00

MCAL/MCAID HMO

<u>Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>
MCAL HMO Blue Cross/60007	0.00	0.00	52.63	0.00	0.00
MCAL HMO Healthnet/14598	0.00	0.00	0.00	0.00	0.00
MCAL HMO Molina Healthcare	0.00	0.00	160.00	0.00	0.00
MCAL HMO Western Health	0.00	0.00	0.00	0.00	0.00
Totals For: MCAL/MCAID HMO	0.00	0.00	425.26	0.00	0.00

Medicare

<u>Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>
Medicare Northern CA	0.00	0.00	872.28	0.00	0.00
Totals For: Medicare	0.00	0.00	1,744.56	0.00	0.00

Medicare HMO

<u>Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>
MCARE HMO HealthNet Ins/14703	0.00	0.00	1,224.40	0.00	0.00
MCARE HMO Secure Horizons/489	0.00	0.00	867.66	0.00	0.00
Totals For: Medicare HMO	0.00	0.00	4,184.12	0.00	0.00

Private Pay

<u>Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>
Bill Patient	0.00	0.00	12,610.16	0.00	0.00
Totals For: Private Pay	0.00	0.00	25,220.32	0.00	0.00

Grand Totals:	Payors 25	Balances	0.00	0.00	147,863.64	0.00
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Charge Type by Billing Zone Trip Date IS BETWEEN 03/01/2005-03/31/2005

<u>Charge Type</u>	<u>Count</u>	<u>Dollars</u>
Base Rate		
ALS1	1,496	\$971,218.16
ALS2	68	\$44,146.28
Assessment	121	\$6,050.00
BLSE1	814	\$488,750.02
Mileage		
MILE	16,509	\$220,725.33
Misc. Services		
Cardiac Monitor	1,784	\$17,394.00
Decontamination of Unit	79	\$5,885.50
Glucometer	849	\$8,490.00
Night Call Sac Metro	889	\$44,450.00
Pulse OX	1,689	\$25,335.00
Oxygen		
Cannula	868	\$1,953.00
Mask	516	\$2,064.00
Oxygen	1,425	\$64,125.00
Medication		
Albuterol	349	\$977.20
Aspirin	567	\$1,701.00
Atropine	63	\$315.00
Benedryl	7	\$28.00
Charcoal	18	\$333.00
Dextrose	54	\$270.00
EPI 1:1000	38	\$53.20
EPI 1:10000	75	\$375.00
Glucagon	14	\$1,071.00
IV Normal Saline	705	\$19,740.00
Lasix	7	\$60.20
Lidocaine	11	\$58.30
Morphine	75	\$330.00
Narcan	14	\$318.50
Nitro	596	\$20,264.00
Sodium Bicarb	4	\$20.00
Versed	15	\$267.00
Misc. Supplies		
Burn Sheet	2	\$56.00
Cervical Collar	347	\$8,466.80
Defibrillation Pads	5	\$163.75
Disposable Restraints	4	\$64.00
Multi Trauma Dressing	9	\$45.00
Obstetrical Kit	3	\$46.80
Airway Supplies		
Disposable BVM	57	\$2,280.00
Endotracheal Tube	49	\$428.75
Hand Held Nebulizer	130	\$1,300.00
Nasostracheal Tube	2	\$30.00
NPA	29	\$229.10
OPA	18	\$21.60
IV Supplies		
Blood Set	4	\$165.48
Total	30,378	\$1,960,064.97

The Year to Date Report provides a snapshot of the last twelve months at any given time. This report offers totals in all categories. It also reflects the ongoing collection rate, both gross and net, for the twelve-month period.

Year to Date Revenue Report for March 2005

	CHARGES BILLED	MCARE WRITE DOWNS	MCAL WRITE DOWNS	CMISP WRITE DOWNS	OTHER WRITE DOWNS	NET CHARGES BILLED	RECEIPTS	REFUNDS	NET RECEIPTS	BAD DEBT WRITE OFFS	BALANCE WRITE OFFS	ADJ	TOTAL A/R BALANCE
APR'04	\$1,591,722.70	\$323,493.38	\$373,648.37	\$33,315.01	\$10,861.76	\$850,404.18	\$1,136,137.34	\$27,503.84	\$1,108,633.50	\$723,017.35	\$2,872.85	\$(8,735.51)	\$ 4,805,077.47
MAY'04	\$1,627,746.97	\$251,006.31	\$301,018.45	\$76,524.62	\$3,747.54	\$ 995,450.05	\$984,730.64	\$20,877.06	\$ 963,853.58	\$130,174.16	\$5,325.83	\$(953.79)	\$ 4,700,220.16
JUN'04	\$1,598,304.92	\$262,673.32	\$254,690.29	\$29,068.01	\$10,885.65	\$1,040,987.65	\$847,501.83	\$20,580.99	\$826,920.84	\$230,499.35	\$5,405.39	\$561.90)	\$ 4,668,820.33
JUL'04	\$1,645,487.86	\$270,609.63	\$245,328.04	\$43,213.42	\$7,947.74	\$1,078,389.03	\$851,967.29	\$12,556.40	\$839,410.89	\$47,632.58	\$7,764.31	\$1,692.27)	\$ 4,850,709.31
AUG'04	\$1,671,484.69	\$174,539.30	\$243,719.05	\$6,408.65	\$1,632.02	\$1,245,185.67	\$88,142.15	\$3,933.62	\$824,208.53	\$327,770.77	\$12,516.05	\$(860.00)	\$ 4,930,539.63
SEPT'04	\$1,770,732.06	\$227,762.73	\$236,054.71	\$24,511.17	\$3,445.79	\$1,278,957.66	\$850,582.66	\$14,440.56	\$836,142.10	\$89,747.97	\$6,122.01	\$(3,070.01)	\$ 5,274,415.20
OCT'04	\$1,690,793.97	\$306,097.65	\$206,543.30	\$18,056.22	\$7,808.01	\$1,152,288.79	\$849,792.58	\$12,140.38	\$837,652.20	\$61,012.62	\$4,712.11	\$165.36	\$ 5,401,028.29
NOV'04	\$1,612,547.99	\$281,852.17	\$315,931.09	\$34,283.27	\$8,976.51	\$ 971,504.95	\$923,874.97	\$8,117.78	\$915,757.19	\$97,610.51	\$3,953.81	\$(4,590.52)	\$ 5,350,621.21
DEC'04	\$1,667,740.18	\$258,031.61	\$269,767.30	\$42,331.11	\$5,636.86	\$1,091,973.30	\$914,923.65	\$13,016.04	\$ 901,907.61	\$233,705.55	\$7,706.18	\$(3,083.90)	\$ 5,296,191.27
JAN'05	\$1,897,735.44	\$298,096.10	\$336,766.77	\$57,825.56	\$21,842.58	\$1,183,204.43	\$921,946.79	\$20,527.36	\$901,419.43	\$52,798.63	\$16,968.25	\$1,220.39	\$ 5,509,429.78
FEB'05	\$1,781,502.16	\$265,664.44	\$341,083.01	\$29,100.00	\$8,623.97	\$1,137,030.74	\$850,678.95	\$7,337.10	\$843,341.85	\$115,181.74	\$11,904.15	\$(457.51)	\$ 5,675,575.27
MAR'05	\$1,896,411.70	\$256,031.44	\$281,228.65	\$23,385.09	\$10,825.87	\$1,324,940.65	\$943,180.64	\$17,007.87	\$926,172.77	\$304,188.78	\$12,860.86	\$(2,426.38)	\$ 5,754,867.13
YTD TOTALS	\$20,452,210.64	\$3,175,858.08	\$ 3,405,779.03	\$418,022.13	\$102,234.30	\$13,350,317.10	\$10,903,459.49	\$178,039.00	\$10,725,420.49	\$2,413,340.01	\$ 98,111.80	\$(34,046.04)	
YTD % OF REV		15.53%	16.65%	2.04%	0.50%	65.28%	53.31%	0.87%	52.44%	11.80%	0.48%	-0.17%	
YTD % OF NET REV									80.34%				

This report is run by fiscal year. It provides an accounting by financial class of total trips and dollars billed each month, with a cumulative year-to-date tracking.

It also provides an accounting of the dollars received each month by financial class with a cumulative year-to-date tracking.

Management Summary Report for March 2005

Financial Class	Number of Accounts	Percent of Total	Year to Date Total Accts.	Percent of Total YTD	Charges	Percent of Total	Year to Date Total Charges	Percent of Total YTD	Payments	Percent of Total	Year to Date Payments	Percent of Total YTD
Medicare	382	13.48%	3480	17.10%	\$310,838.73	16.39%	\$2,865,213.07	18.33%	\$331,026.70	35.10%	\$1,696,091.34	21.14%
Medicare HMO	93	3.28%	863	4.24%	\$76,044.81	4.01%	\$706,468.87	4.52%	\$44,987.27	4.77%	\$598,949.34	7.46%
Medi-Cal	149	5.26%	1487	7.31%	\$118,927.05	6.27%	\$1,163,863.52	7.44%	\$28,066.07	2.98%	\$257,644.42	3.21%
Medi-Cal HMO	125	4.41%	1111	5.46%	\$101,278.60	5.34%	\$878,729.70	5.62%	\$26,096.53	2.77%	\$217,327.30	2.71%
Insurance	176	6.21%	1693	8.32%	\$138,621.59	7.31%	\$1,336,074.60	8.55%	\$209,023.32	22.16%	\$2,274,608.81	28.35%
Private Pay	893	31.51%	6644	32.65%	\$665,693.90	35.10%	\$4,829,764.37	30.89%	\$26,060.10	2.76%	\$274,065.27	3.42%
Kaiser	334	11.79%	2574	12.65%	\$261,525.76	13.79%	\$2,046,202.74	13.09%	\$179,706.35	19.05%	\$1,713,229.00	21.35%
Kaiser MCARE	255	9.00%	1950	9.58%	\$209,708.80	11.06%	\$1,612,825.25	10.32%	\$91,610.66	9.71%	\$937,912.77	11.69%
Kaiser MCAL	13	0.46%	106	0.52%	\$10,807.81	0.57%	\$82,491.16	0.53%	\$3,811.42	0.40%	\$29,447.59	0.37%
Other	0	0.00%	1	0.00%	\$0.00	0.00%	\$775.95	0.00%	\$2,792.22	0.30%	\$24,162.31	0.30%
Prior Sales					\$2,964.65	0.16%	\$111,321.77	0.71%				
Sub Total	2420	85.39%	19909	97.84%	\$1,896,411.70	100.00%	\$15,633,731.00	100.00%	\$943,180.64	100.00%	\$8,023,438.15	100.00%
Dry Runs	414	14.61%	440	2.16%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
Total	2834	100.00%	20349	100.00%	\$1,896,411.70	100.00%	\$15,633,731.00	100.00%	\$943,180.64	100.00%	\$8,023,438.15	100.00%

T. Revenues Collected – Payment Process

Payment Processing

At Wittman payments are received daily and posted to the proper account within one day noting the source of that payment. All charges applied to a patient's account are retained as a permanent record of that patient's medical history.

Since the City is continuing to bill for ALS transports, and Wittman would be billing for BLS transports, there would be a need for a centralized place for all payments. Medicare, MediCal and insurance companies pay based on Provider Identification numbers, not the level of service. Therefore both ALS and BLS payments will be made on bulk checks. The best way to monitor payments would be if they were made directly to the City. We would then work out a process whereby the City's office staff would make copies of checks forwarding them and their accompanying paperwork to our office for posting to the correct patient account.

Full payments posted that result in a zero balance will require no further action. When a partial payment is made, it will be posted and the balance transferred to the appropriate paysource. For example a Medicare payment will be posted with the appropriate write downs and the patient's remaining 20% responsibility transferred for billing to the secondary insurance or to private billing directly to the patient. Follow-up is completed by the Customer Service Representative regardless of private or secondary insurance billing. If a secondary insurance is not available for billing the patient is billed directly.

U. City Access to Patient Information

Wittman agrees that the City shall have access to all patient accounts records upon 24 hours notice.

V. Ad-Hoc Reports

Ad-hoc reports are our specialty, at no additional charge, our billing software is able to collect and track a number of data elements whether inputted or electronically downloaded. Such reports can be emailed allowing for immediate review.

Requirements for Services

Project Organization and Staffing

Many personnel are involved in the success of our collection rate. Our commitment to the City includes the time spent on the account by the Liaison for special projects, the MIS department for technical support and reporting issues, the management by supervisors and managers to assure balanced monthly activities in addition to the daily work as described in this response.

Description of Departments

Wittman is compartmentalized into four separate departments. Each department interacts with the others to ensure quality of Customer Service and accuracy of billing.

Coding/Data Entry Department

Tickets (Pre-Hospital Care Reports) are reviewed for diagnosis and treatment codes. Insurance information if provided is verified. The information is then entered into the computer for follow-up by the Customer Service Department. The coding activities of this department will be located in the City's office. Actual data entry will take place at our corporate office.

Account Rep/Customer Service Department

Customer Service Representatives are responsible for the follow-up on private insurance, private pay, and balance-billed accounts. They take in and make over 10,000 calls weekly to and from patients. A toll free 800 number will continue to be provided for contact with the customer service representatives.

Customer Service Representatives also process any incoming mail – insurance EOB's, patient insurance information and patient disputes are a few examples. Our Specialists in Medicare and Medi-Cal are responsible for the follow-up on accounts that have been billed, and if needed, rebilling or appealing any denials.

Clerical Staff

Our clerical department is responsible for the opening and distributing of all mail that is sent to us. The clerical staff is also responsible for transmitting all electronic files to Medicare, Medi-Cal and private insurance as well as the printing and mailing of paper claims.

Accounts Receivable

Our Accounts Receivable Department is responsible for the processing and posting of all payments. This department also handles the processing of refund requests.

Key Personnel

All key personnel working on the City's account have been employed with Wittman for over eight years.

Corinne Wittman Wong, President, has been with Wittman Enterprises, LLC for 12 years. She has worked in all departments, providing her with a unique perspective on the procedures and goals of our service. Her work in Human Resources set the tone for the quality of employee we seek. She administers the supervision of our clients' accounts, and the adherence of policies' and procedures set forth by the company. She is most recently responsible for the conversion of 80 client databases from the initial billing system to Zoll RescueNet Billing. Corinne worked closely with clients insuring a seamless transition with no interruption in revenue. Corinne also oversees management of Medicare and HIPAA compliance regulations. Corinne's main objective is to carry on the original vision of Wittman Enterprises, LLC begun by Dona Wittman, while taking advantage of new technologies and customer service opportunities that will take Wittman Enterprises, LLC to the next level of excellence.

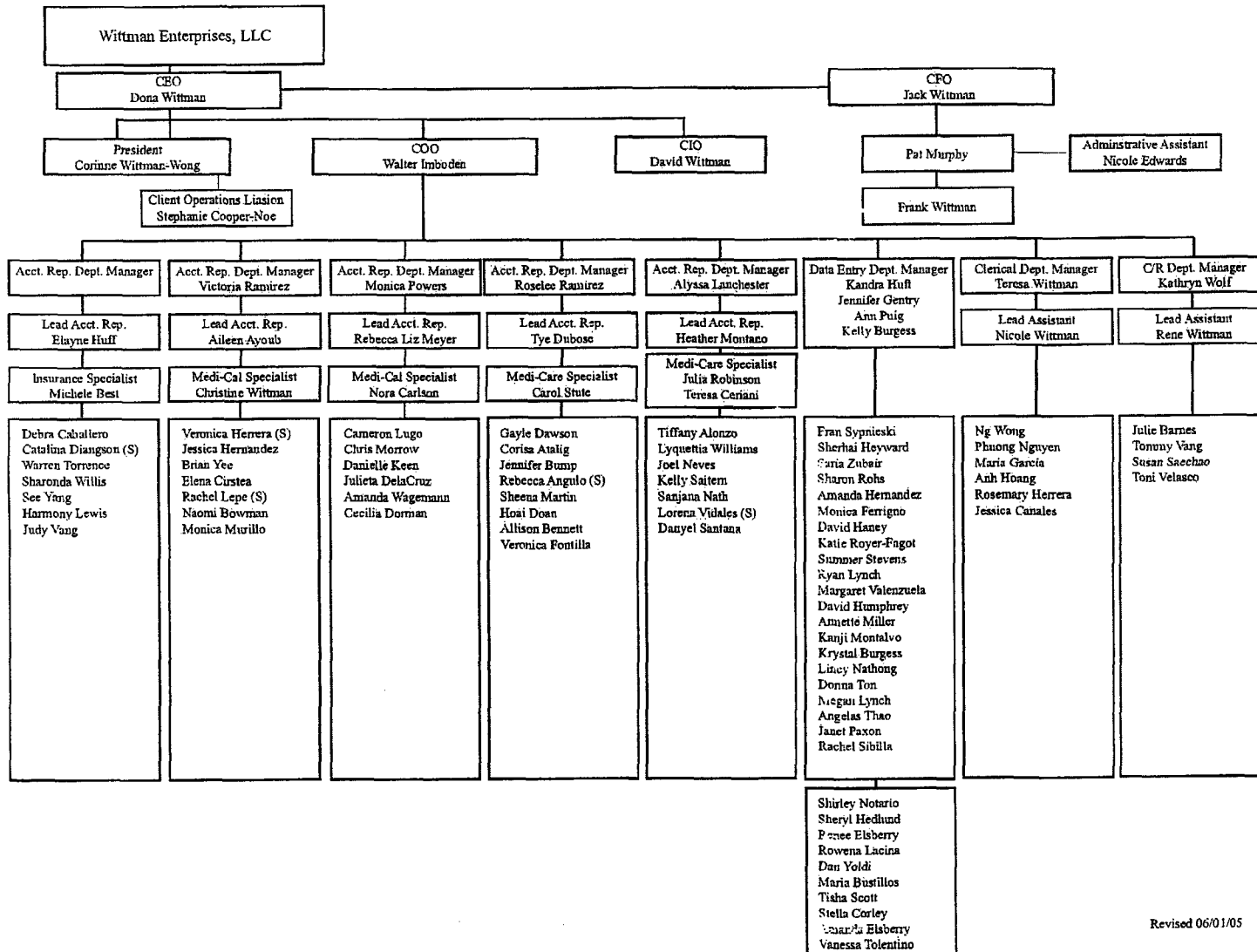
Walter Imboden, Chief Operation Officer has eighteen years of experience in the EMS billing industry. This experience has made him a highly productive contributor to our success and an excellent trainer. He oversees all billing and collection processes and is supported by eight managers. He is charged with the administration of over \$100 million in client billings and has set up policies and procedures that have performed at over an 84% net collection rate. The eight department managers report to him on a daily basis as to the status of productivity, operations, and client needs. He analyzes information and directs the department managers on Company requirements for ongoing continuous performance improvement.

Stephanie Cooper-Noe, CMBA is our **Client/Operational Liaison**. She will be the City's key contact. Her job is to act as a conduit. Her knowledge of reports will help in the development of any special reports the City may need. She will take on the task of gathering the needed information for "startup" and for any information changes that are needed with Medicare and Medi-Cal. She will coordinate with all staff assigned to the City's project to assure service excellence. Stephanie's ten-year customer service and management experience along with her eight years of experience in ambulance billing will allow her to work well with the City's staff as well as our own in fulfilling the City's needs.

Kathryn Wolf, Manager of Accounts Receivable department oversees the staff that post payments and prepare deposits. She will provide the City with special reports to aid the balancing process for trips, refunds, and deposit issues. She is also in charge of all month-end reports. Kathryn has been with Wittman for over ten years and has worked in all departments, thus providing her with the depth she needs to step into any circumstance for the City.

Organizational Chart

The attached chart reflects all personnel including Key Personnel who are presently employed by Wittman.



Revised 06/01/05

Company Information

Wittman Enterprises, LLC is located at 21 Blue Sky Court Sacramento, CA 95828. Our mailing address is P.O. Box 269110 Sacramento, CA 95826-9110. Our Tax ID# is [REDACTED]. We were established in April of 1991. Our clients are located throughout California, from Mendocino County to San Diego County. Wittman Enterprises, LLC is a Limited Liability Company with a six member Board of Directors. Our only line of business is EMS medical billing specializing in ambulance transportation with an emphasis on 911 emergency transports. Board Members are as follows:

CEO	Dona Wittman
CFO	Jack Wittman
President	Corinne Wittman-Wong
Chief of Operations	Walter Imboden
Chief Technical Officer	David Wittman
Secretary	Kathryn Wolf

We now serve eighty-six medical transportation clients. We are dedicated exclusively to the EMS industry, choosing to be expert in the EMS-billing realm rather than diversify into other medical billing fields. We employ a staff of 110 employees dedicated to personal attention to our clients needs. This personal attention makes the difference between collecting “easy” money and pursuing difficult payment situations for maximum legal reimbursement.

We are recognized throughout the industry for our professional relations with providers and third party payers, as well as sensitive, yet collection-oriented communications with patients or their representatives. Since our only business is medical transportation billing, our staff is highly dedicated and trained in this field.

Wittman demonstrates over 240,000 claims billed per year with charges of over \$200,000,000. We enjoy a 52.98% gross collection and an 81.04% net collection rate. Our definition of net collections are those dollars eligible for collection after taking into account the Medicare and Medicaid contractual write downs. We believe that we have a superior staff, specializing solely in EMS billing, and have procedures and policies in place within the business office that insures quality of billing. The importance of these characteristics of our billing office is that any number of claims will be handled with the same quality assurance.

We believe that success is tied directly to the ratio of people to trips. We have found that there is a direct correlation between the number of people put to the project and the percentage of billed dollars collected. We have a personnel base of thirty Customer Service Representatives to handle over 20,000 trips per month, as compared to most agencies with just a third of that work force. It is this availability for incoming calls, as well as diligent and timely follow up, that make the difference.

“In Wittman’s first full fiscal year as our billing agent, the City of La Verne realized an increase in revenue of 57%. ... workload on the Finance Department Staff was reduced freeing personnel to conduct other duties.I have yet to receive a complaint regarding the billing service. Wittman Enterprises is sensitive, diligent and committed to exceptional customer service. The City of La Verne is a very satisfied customer.”

*John Breau, Fire Chief
City of La Verne Fire Department*

We are recognized throughout the industry for our professional relations with providers and third party payers, as well as sensitive, yet collection-oriented communications with patients and their representatives. Since our only business is medical transportation billing, our staff is highly dedicated and trained in this field.

“In my experience with Wittman Enterprises, LLC, I find them to be leaders in developing specialized collection methods to meet the unique EMS billing environment”

“I’ve always been impressed with your work, your ethics, and your customer service...”

*Jim Page, CEO Systems/JEMS
Emergency Care Information*

Wittman Enterprises, LLC has developed our client base to include large and small providers. Through this diverse client base, we have been able to develop customized billing and reporting programs that suit the specialized needs of each of our clients. In addition, the diversity of our broad base provides us the ability to survive if large contracting corporations swallow up one area.

We regularly visit our clients for in-service training and for discussions on the means by which we may be instrumental in enhancing their revenues. Our day-to-day relationships with our clients and their patients, and today's technologies of telephone, fax, Internet, overnight mail, and courier service, have really made doing business long distance -- a short distance. As one of the largest EMS billing services, we take great pride in the fact that none of our clients feel as though they are just one of many. We achieve this closeness with a team effort.

Our CEO, Dona Wittman and our President Corinne Wittman-Wong have presented educational workshops at the California Ambulance Association and American Ambulance Associations conferences. We consult with EMS offices as far east as New York and as far north as Alaska.

We have occupied a seat on the board of directors for the California Medical Billing Association. This association existed to validate and certify the third party biller as the best professional to perform billing functions in the medical field. Alliance with this organization has provided Wittman with countless resources to become the most effective on our field, and has allowed us to be in the forefront of health care reform issues.

In addition, through our affiliation with the American Ambulance Association, we consult with and employ the services of David Werfel, a leading New York attorney on federal Medicare laws concerning the EMS industry. We serve as a member of the California Ambulance Association Reimbursement Committee. We firmly believe that the best interest of our clients is served by **continuous** vigilance insuring that any Medicare or Medicaid audit would not catch them unprotected.

Because we are active in staying abreast of industry issues, Wittman has been pro-active with our clients in continually updating them with changes, opportunities, and news that affects their programs. Wittman will keep the City updated on any new developments to the Medicare Fee Schedule and any other issues via email or phone conversations.

We believe that we have a superior staff, and have procedures and policies in place within the business office, that insures quality of billing. Our most important characteristic is that of personal attention. No matter how big or small an account; it is handled with the same quality assurance. Another key to our success is our tenacity in tracking down the correct payer for each transport at the beginning of the billing process and working with our clients collaboratively to improve the front end patient care documentation processes.

Our Reputation

“Thanks so muchfor the prompt and thorough response. I continue to be impressed by your enthusiasm and energy in responding to your clients.”

***Tim Murphy, Fire Chief
Monterey Park***

“I can honestly say that the EMS billing process has surpassed my expectations by generating greater revenue than I ever imagined...”

***Robert Testa, Deputy Chief
Marin County Fire Department***

“Not only have we saved money and increased our collection rate, we are at ease knowing that Wittman Enterprises is always on top of current Medi-Cal, Medicare and all other Healthcare related issues; keeping us informed in every aspect.”

***Phillip Garcia, Assistant Chief
Culver City Fire Department***

“...Wittman has more than met our expectations... We, in fact, experienced a 41% increase in only eleven months... they are genuinely concerned with getting us the maximum possible revenue... The people at Wittman are very customer oriented...”

***Jim Dalton, Battalion Chief
Santa Ana Fire Department***

“Wittman ...has proven to be very receptive to special circumstances and their rates are very competitive.... The Fire Department has been very pleased with the performance of Wittman and would be happy to continue the most productive of relationships...”

***Ray Comeau, Deputy Fire Chief
Santa Ana Fire Department***

“...You are not just a billing service but an entire billing office and billing management system. You are one of the few companies which makes things happen for the client instead of waiting for the client to make them happen....”

***Mike Petrie, EMS Director
Patterson City Hospital***

References and Client Listing

All of our clients are ALS and BLS combined. We offer here a sampling of clients for your review.

Sacramento Metropolitan Fire District

2101 Hurley Avenue
Sacramento, CA 95825
Assistant Chief Janice Simcoe
(916) 566-4280
Contracted: May 1999

Full Service Accounts Receivable
Billing and Follow-up Service
Full Statistical Tracking and Reporting

City of Huntington Beach Fire Department

2000 Main Street
Huntington Beach, CA 92648
Chief Duane Olson
714-374-1598
Contracted: January 1993

Full Service Accounts Receivable
Billing and Follow-up Service
Full Statistical Tracking and Reporting

City of Glendale Fire Department

421 Oak Street
Glendale, CA 91204-1206
818-548-6406
Michael Matlock, Finance Director
Contracted: March 2000

Full Service Accounts Receivable
Billing and Follow-up Service
Full Statistical Tracking and Reporting

City of Manhattan Beach Fire Department

1400 Highland Ave
Manhattan Beach, Ca 90266
Sherry Morelan
310-802-5553 EXT 5555
Contracted: September 1998

Full Service Accounts Receivable
Billing and Follow-up Service
Full Statistical Tracking and Reporting

City of Beverly Hills Fire Department

445 North Rexford Dr
Beverly Hills, Ca 90210-4876
Su Tan
(310) 281-2702
Contracted: September 2001

Full Service Accounts Receivable
Billing and Follow-up Service
Full Statistical Tracking and Reporting

Insurance

Wittman Enterprises, LLC agrees to maintain the required insurance coverage as stated in the RFP. Proof of that coverage is included.

PRODUCER
CORDIA OF CA INS SRVCS
017 COBBLEROCK DR.#100
DOI LIC. #0352275
NCHO CORDOVA CA 95670

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A HARTFORD CASUALTY INS. CO.
LETTER

COMPANY B EXECUTIVE RISK INDEMNITY, INC.
LETTER

COMPANY C EVEREST NATIONAL INS. CO.
LETTER

COMPANY D
LETTER

COMPANY E
LETTER

INSURED
TTMAN ENTERPRISES, LLC
O. BOX 269110
CRAMENTO, CA 95826-9110

COVERAGES

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.

Table with columns: TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Rows include General Liability, Automobile Liability, Excess Liability, Worker's Compensation, and Errors & Omissions.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
CERTIFICATE HOLDER IS INCLUDED AS ADD'L INSURED PER CG2010 ATTACHED.
SUBJECT TO 10-DAYS NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER
*3 to 5 LB
4 lbs bags
333 W. Ocean*

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENTER INTO~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~FOR ALL POLICIES MAINTAINED UNDER THIS CERTIFICATE OF INSURANCE.~~

AUTHORIZED REPRESENTATIVE
[Signature]
ACORD CORPORATION 1990

Cost of Services

We believe that success is tied directly to the ratio of people to trips. We wish to state again that there is a direct correlation between the number of people put to the project and the percentage of billed dollars collected. It is our availability for incoming calls, as well as diligent and timely follow up, that makes the difference. We refer you to the statement made during a Sacramento County Board of Directors meeting. The results reflect personal attention.

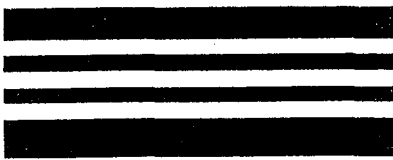
“The changeover to Wittman Enterprises has been a positive move for our organization – basically looking at \$339,257 versus \$1,232,333 this year which is a huge difference. It has been a good move for everyone involved in that process and should be acknowledged.”

Director Bill Daniels

Sacramento County Fire Protection District, Board of Directors

Wittman is pleased to provide full service as described in this response for a fee of **6% of net collections** or **\$18.00 per-incident**. There are no additional costs or hidden start up fees required. If the City chooses the percentage option, payment to us will be based solely on the net dollars collected monthly. If the City chooses the per-incident fee, the charge will apply to all incidents. The City will be invoiced along with a complete monthly accounting of activities as described in our reporting section.

PLEASE
DO NOT
STAPLE
IN THIS
AREA



HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)</small>		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> 8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10d. RESERVED FOR LOCAL USE	
a. OTHER INSURED'S POLICY OR GROUP NUMBER b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> c. EMPLOYER'S NAME OR SCHOOL NAME d. INSURANCE PLAN NAME OR PROGRAM NAME		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____	
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a. I.D. NUMBER OF REFERRING PHYSICIAN	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. _____ 3. _____ 2. _____ 4. _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EPSDT Family Plan I EMG J COB K RESERVED FOR LOCAL USE			
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statement on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____		27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/> 28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. BALANCE DUE \$ _____	
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)		33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # PIN# _____ GRP# _____	

MAKE CHECKS PAYABLE TO:

CITY OF LA HABRA FIRE DEPT.
PO BOX 269110
SACRAMENTO, CA 95826-9110

FOR BILLING INQUIRIES CALL: 800 772 6552

IRS NO.

ACCOUNT NUMBER STATEMENT DATE AMOUNT DUE

03/11/03

TICKET NO.

AMOUNT PAID

\$

ADDRESSEE:

PLEASE REMIT TO:

#BWDRNQ *** WME0313B
#WME06H0300046207# 4000000003



CITY OF LA HABRA FIRE DEPT.
PO BOX 269110
SACRAMENTO, CA 95826-9110

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

INVOICE

ACCOUNT NO.
TICKET NO.

Page 1 of 1

PATIENT:
SSN#:

DATE	DESCRIPTION	QUANTITY	CHARGE	PAYMENT (ADJUSTMENT)	BALANCE
02/10/03	ALS1 ADVANCED LIFE SUPPORT	1	738.00		738.00
	MILEAGE	5	62.00		62.00
	OXYGEN	1	57.00		57.00
	MASK O2 PED	1	1.48		1.48
	SHEETS PILOOW CASES MISC	1	13.30		13.30
	EXAM GLOVES	8	1.28		1.28

This bill is separate from your hospital bill. You are responsible for all charges. Please inform us of any insurance coverage, Medicare or MediCal.

Este cobro es separado de la cuenta del hospital. Usted es responsable por todas los cargos. Favor de informarnos de cualquier seguro, que usted tenga, o Medicare o MediCal.

AMBULANCE SERVICE FROM HOM TO ST JUDE HOSP

**IF YOU SUBSCRIBE TO THE FIREMED PROGRAM CALL US.
SI ESTA SUBSCRITO AL PROGRAMA DE PARAMEDICOS LLAME**

TOTAL
AMOUNT
DUE

873.06

CITY OF LA HABRA FIRE DEPT.
PO BOX 269110
SACRAMENTO, CA 95826-9110

FOR BILLING INQUIRIES CALL 800 772 6552

MAKE CHECKS PAYABLE TO:

CITY OF LA HABRA FIRE DEPT.
PO BOX 269110
SACRAMENTO, CA 95826-9110

FOR BILLING INQUIRIES CALL: 800 772 6552

IRS NO. 95-6000730

ACCOUNT NUMBER STATEMENT DATE AMOUNT DUE

03/11/03

TICKET NO.

AMOUNT PAID

\$

ADDRESSEE:

PLEASE REMIT TO:

#BWNRNQ *** WME0313B
#WME06H0200020302# 4000000004



CITY OF LA HABRA FIRE DEPT.
PO BOX 269110
SACRAMENTO, CA 95826-9110

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

STATEMENT

ACCOUNT NO.
TICKET NO.

Page 1 of 1

PATIENT:
SSN#:

DATE	DESCRIPTION	QUANTITY	CHARGE	PAYMENT /ADJUSTMENT	BALANCE
01/23/02	H02000203 AMBULANCE SERVICE		868.96	350.00-	518.96
					TOTAL AMOUNT DUE
					518.96

CITY OF LA HABRA FIRE DEPT.
PO BOX 269110
SACRAMENTO, CA 95826-9110

FOR BILLING INQUIRIES CALL 800 772 6552

MAKE CHECKS PAYABLE TO

CITY OF HUNTINGTON BEACH
PARAMEDIC SERVICES
PO BOX 2
HUNTINGTN BEACH, CA 92648-0002

FOR BILLING INQUIRIES CALL: 800 772 6552

IRS NO.

ACCOUNT NUMBER STATEMENT DATE AMOUNT DUE

03/11/03

TICKET NO.

AMOUNT PAID
\$

ADDRESSEE:

#BWDRNQ *** WME0313B
#WME040H021084004# 4000000001



PLEASE REMIT TO:



CITY OF HUNTINGTON BEACH
PARAMEDIC SERVICES
PO BOX 2
HUNTINGTN BEACH, CA 92648-0002

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PAST DUE NOTICE

ACCOUNT NO.
TICKET NO.

Page 1 of 1

PATIENT:
SSN#:

DATE	DESCRIPTION	QUANTITY	CHARGE	PAYMENT /ADJUSTMENT	BALANCE
11/23/02	H0210840 AMBULANCE SERVICE		956.10	906.10-	50.00

TOTAL AMOUNT DUE
50.00

CITY OF HUNTINGTON BEACH
PARAMEDIC SERVICES
PO BOX 2
HUNTINGTN BEACH, CA 92648-0002
FOR BILLING INQUIRIES CALL 800 772 6552

CITY OF LA HABRA FIRE DEPT.
 PO BOX 269110
 SACRAMENTO, CA 95826-9110

FOR BILLING INQUIRIES CALL: 800 772 6552

IRS NO.

ACCOUNT NUMBER STATEMENT DATE PAY THIS AMOUNT

03/11/03

SHOW AMOUNT PAID HERE

TICKET NO.

\$

NAME:

PLEASE REMIT TO:

#BWNRNQ *** WM30313B
 #WM306H0200336109# 4000000001

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CITY OF LA HABRA FIRE DEPT.
 PO BOX 269110
 SACRAMENTO, CA 95826-9110

PLEASE DETACH AND RETURN WITH YOUR PAYMENT



FINAL NOTICE

ACCOUNT NO.

PATIENT:

TICKET NO.

Page 1 of 1

SSN#:

DATE	DESCRIPTION	QUANTITY	CHARGE	PAYMENT /ADJUSTMENT	BALANCE
12/01/02	H02003361 AMBULANCE SERVICE		842.02	792.02-	50.00

**TOTAL
 AMOUNT
 DUE**
50.00

**Payment must be received within 10days of the
 above date to avoid referral to an outside agency.**

CITY OF LA HABRA FIRE DEPT.
 PO BOX 269110
 SACRAMENTO, CA 95826-9110

FOR BILLING INQUIRIES CALL 800 772 6552

MARCH 12, 2003

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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PHONE NUMBER:

ACCOUNT NUMBER: 1001

#BWNDRNQ *** WM20313B
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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RE: Ticket No.: XXXXXXXXXXXX
Date of Service: 03/15/99
Balance This Ticket: 160
Balance All Tickets: 280

Dear XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX,

PLEASE HELP US speed the processing of your account. Take a moment to provide the information requested below. You may reply directly on this form. If you have any questions, call us at (800) 772-6552.

Health Insurance Company _____

Claims office address _____

PHONE# _____

I.D., Group &/or SS#'s _____

Name of policy holder _____

Auto Insurance _____

Workers Compensation Insurance _____

Employer _____

Employer phone _____

Medicare Part A _____ Part B _____ Railroad Retirement _____

Name of Medicare HMO _____

County Medicaid _____

State Medi-Cal _____ Date of Birth _____

Attorney information (if any) Name: _____

Address: _____

Phone # () _____ - _____ Contact name: _____

PLEASE INCLUDE YOUR PHONE NUMBER _____ THANK YOU!

Customer Services Dept.

Robert E. Shannon
City Attorney of Long Beach
333 West Ocean Boulevard
Long Beach, California 90802-4664
Telephone (562) 570-2200

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EXHIBIT "B"

CITY REPRESENTATIVE

Annette Hough
Administration Manager
(562) 570-2517

EXHIBIT "C"
CITY FURNISHED MATERIALS

None.

Robert E. Shannon
City Attorney of Long Beach
333 West Ocean Boulevard
Long Beach, California 90802-4664
Telephone (562) 570-2200

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EXHIBIT "D"

CITY'S POLICY FOR DISADVANTAGED, MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISES

The City of Long Beach is an equal opportunity employer and requires all Consultants to comply with policies and regulations concerning equal employment opportunity.

The City of Long Beach subscribes to the following goals concerning awards for equipment, material, supplies, and services.

Fifteen percent (15%) DBE/MBE Participation
Fifteen percent (15%) WBE Participation.

Whenever possible, the CONSULTANT should seek to accomplish these goals.