Emergency Ambulance Billing Services

Patrick J. Mannix
Owner/CEO

Fire Recovery EMS, LLC
3223 N. Wilke Road
Arlington Heights, IL 60004

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Justin Powell
VP/Director of Sales

Fire Recovery EMS, LLC
3223 N. Wilke Road
Arlington Heights, IL 60004

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Bid Proposal

City of Lee's Summit
Procurement and Contract Services
RFP No. 2021-011
DeeDee Tschirhart

Fire Recovery EMS

City of Lee's Summit
Procurement and Contract Services
RFP No. 2021-011

Procurement Officer Tschirhart:

As you review the attached information, we hope you agree Fire Recovery EMS (FREMS) is a well matched partner. FREMS has many years of experience partnering with over 1,200 of the nation's leading Fire and EMS agencies. More than 85 of those agencies are right here in Missouri. We process nearly 500,000 ambulance transports annually. We are excited for the opportunity to work with the City of Lee's Summit!

Contents of our full response have been redacted to meet the page restrictions of the RFP. Any further details can be provided upon request. All information contained within is complete and accurate. This proposal is valid for one hundred twenty (120) days after the due date. We are committed to fulfilling the services outlined in the proposal and providing a billing platform to drive results. We meet or exceed all expectations and requirements as laid out in your RFP. Thank you for your consideration!

Sincerely,

Patrick J. Mannix
Owner/CEO
Fire Recovery EMS, LLC
3223 N. Wilke Rd.
Arlington Heights, IL 60004

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Fire Recovery
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VENDOR INFORMATION FORM

By submitting a Proposal, the submitting Firm certifies that it has reviewed the administrative information and draft of the Professional Services Agreement's terms and conditions and, if awarded the Agreement, agrees to be bound thereto.

Fire Recovery EMS, LLC	90 0947410
FIRM SUBMITTING PROPOSAL	FEDERAL TAX ID NUMBER
Pat Mannix	*(signature)*
PRINTED NAME AND TITLE	AUTHORIZED SIGNATURE
3223 N. Wilke Road	847-507-6645 800-244-2345
ADDRESS	TELEPHONE FAX #
Arlington Heights, IL 60004	11/5/20
CITY STATE ZIP	DATE

WEB SITE: E-MAIL ADDRESS:
     http://www.firerecoveryusa.com/ems-billing   pmannix@firerecoveryems.com

SMALL, MINORITY, DISADVANTAGED AND WOMEN-OWNED BUSINESS
ENTERPRISES (check appropriate item(s):

         Small Business Enterprise (SBE)
         Minority Business Enterprise (MBE)
         Disadvantaged Business Enterprise (DBE)
         Women-Owned Business Enterprise (WBE)
         Missouri Service Disabled Veteran Business Enterprise pursuant to Section 34.074, RSMo

Has the Firm been certified by any jurisdiction in Missouri as a minority or woman-owned business enterprise? If yes, please provide details and documentation of the certification.

FORM NO. 1: PROPOSER PROFILE

1. Lead Service Provider/Firm(s) (or Joint Venture) Name and Address:

    1a. Provider /Firm is: _X_ National ___ Regional ___ Local

    1b. Year Provider/Firm Established: 1995

    Years of Experience providing RFP identified services/project for municipalities: 25
    Year of Experience conducting Telecommunications Audits

    1c. Licensed to do business in the State of Missouri: _X_ Yes   ___ No

    1d. Principal contact information: Name, title, telephone number and email address:
    Sarah Wroblewski- COO -800-244-2345 ext. 258 -
    1e. Address of office to perform work, if different from Item No. 1:

2. Please list the number of persons by discipline that your Firm/Joint Venture will commit to the City's project or the services to be provided: 7 Individuals, one from each department

3. If submittal is by Joint Venture or utilizes subcontractors, list participating firms / providers and outline specific areas of responsibility (including administrative, technical, and financial) for each firm: No

    3a. Has this Joint Venture previously worked together? _X_ Yes   ___ No

           Although this is not submitted as a joint venture, we have included optional pricing for
           ESO 's Fire and EMS modules.

FORM NO. 2: KEY OUTSIDE CONSULANTS/SUBCONTRACTORS
Each respondent must complete this form for all proposed sub-consultants.

SUB-CONSULTANT #1
Name & Address

Specialty/Role with this Project:

Worked with Lead Firm Before: ___ Yes   ___ No
Year Firm Established:
Years of Experience providing Telecommunications Audits
Complete Form 4 for all key personnel assigned to this project for this sub-consultant.

SUB-CONSULTANT #2
Name & Address

Specialty / Role with this Project:

Worked with Lead Firm Before: ___ Yes   ___ No
Year Firm Established:
Years of Experience providing Telecommunications Audits
Complete Form 4 for all key personnel assigned to this project for this sub-consultant.

SUB-CONSULTANT #3
Name & Address

Specialty / Role with this Project:

Worked with Lead Firm Before: ___ Yes   ___ No
Year Firm Established:
Years of Experience providing Telecommunications Audits
Complete Form 4 for all key personnel assigned to this project for this sub-consultant.

FORM NO. 3: EXPERIENCE/REFERENCES

Work by Service Provider/Firm (including any subcontractors or Joint-Venture companies) that best illustrate current qualifications relevant to the City's project that has been/is being accomplished by personnel during the past five (5) years that shall be assigned to the City's project. List no more than ten (10) total projects:

Project Name & Location:

Completion Date (Actual or Estimated):

Project Owners Name & Address:

Project Owner's Contact Person, Title & Telephone Number:

Estimated Cost (in Thousands) for Entire Project: $

Estimated Cost (in Thousands) for work performed by responsible Service Provider/Firm: $

Scope of Entire Project: (Please give quantitative indications wherever possible).

Nature of Service Provider's/Firm's responsibility in project: (Please give quantitative indications wherever possible).

Service Provider's/Firm's Personnel (Name/Project Assignment) who worked on the stated project that shall be assigned to the City's project:

References

South Metropolitan Fire Protection District
Fire Chief Lee Stevens
611 West Foxwood Dr.
Raymore, MO 64083
816-331-3008
Completion Date: Ongoing
Annual Sales: $61,211.69
Annual Volume: 2,154 billable trips
Service provided: Comprehensive EMS billing services
Firm Personnel: Sarah Wroblewski

City of Liberty
Fire Chief John Mills
 200 W. Mississippi
 Liberty, MO 64068
 816-439-4310
Completion Date: Ongoing
Annual Sales: $87,642.34
Annual Volume: 2,845
Service provided: Comprehensive EMS billing services
Firm Personnel: Sarah Wroblewski

Kearney Fire & Rescue Protection District
Deputy Fire Chief Mike Desautels
201 East 6th Street
Kearney, MO 64060
816-628-4122
Completion Date: Ongoing
Annual Sales: $24,618.89
Annual Volume: 889 billable trips
Service provided: Comprehensive EMS billing services
Firm Personnel: Sarah Wroblewski

Fort Osage Fire Protection District
Fire Chief John Yocum
400 East Monroe
Buckner, MO 64016
816-650-5811
Completion Date: Ongoing
Annual Sales: $18,154.02
Annual Volume: 970 billable trips
Service provided: Comprehensive EMS billing services
Firm Personnel: Sarah Wroblewski

FORM NO. 4: RESUMES OF KEY PERSONNEL

Brief resume of key persons, specialists, and individual service providers that shall be assigned to the City project:

a.   Name and Title:

b.   Project Assignment:

c.   Name of Service Provider/Firm with which associated:

d.   Years Experience:
     With this service provider/firm ____   other service providers/firms ____

e.   Education: Degree(s)/Year/Specialization:

f.   Current Registration(s):

g.   Other Experience & Qualifications relevant to the proposed project:

a. Justin Powell - VP/Director of Sales
b. Managment contact
c. FREMS
d. 7 years FREMS, 15 total
e. Masters in Science & Business Administration and Accounting
f. None
g. Fire Fighter, Sales

a. Brandon Shallcross - Sales
b. Sales lead
c. FREMS
d. 9 years
e. Bachelor of Arts in Business Management & Administration
f. None
g. Background in EMS coding

a. Sarah Wroblewski - COO
b. Managerial contact
c. FREMS
d. 16 years
e. education: degrees/years/specialization
f. Certified Ambulance Coder
g. Worked in private ambulance business

Project Approach Narrative

Organizational Overview

Fire Recovery EMS (FREMS) is composed of 120 dedicated employees. Our management team consists of nine people and oversees the direction of the company. We have chosen to have a separation of duties by splitting our company into four departments. The four departments at FREMS are Data Entry, Customer Service, Account Representatives, and Cash Receipts. While some departments are more "client facing" than others, each department strives to perform unmatched work for our clients and the patients they transport. This allows for specialization and increased proficiency, but also means our clients' financial interests are better protected. We also have numerous people working on a variety of administrative functions including sales, documentation, mail, pre-billing verification, compliance, controls, and quality assurance.

Data Entry

The FREMS billing process begins with data entry, which is performed in-house by our certified ambulance coders. Our data entry team complies with all CMS guidelines to use appropriate and correct ICD-10 codes. All patient care reports are reviewed by our certified ambulance coders. Management closely monitors the production of data entry, and work is audited on a monthly basis for quality assurance. We can provide copies of CAC Certifications as needed.

Customer Service

Customer Service Representatives are the foundation of FREMS, as we pride ourselves on being customer focused. We strive to provide world-class customer service to each client and their patients by having compassion for medical emergencies while maintaining a professional disposition. The privacy and respect of your patients' health and financial data is of utmost importance. Protective measures are taken to verify the identity of the patient and ensure compliance.

Our multilingual staff is pleased to assist English, Spanish, and Polish speaking patients. FREMS's Customer Service team is based in-house, offers a toll-free telephone number for patients to call with questions or to acquire information, and an answering system to receive messages after hours. Our phone lines are staffed Monday – Friday from 8:30am to 7:30pm CST. Patients' average wait time is 18 seconds. We utilize the Mitel MiVoice Office 250 communications system. This system allows for call recording for quality control, recording pause options for PCI compliance, live call monitoring for training, messaging tools, multiple call centers, and advanced reporting of call volume and activity for performance reviews.

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Account Representatives

Account Representatives are integral team members at FREMS. Account Reps directly contact designated personnel with regard to patient affairs or client questions, as needed. One priority is to guarantee that claims are being paid in a timely manner. Account Reps contact insurance providers as necessary to check on a claim's status, resubmit a claim, or to dispute a denial.

Our goal is to maximize revenue; therefore, FREMS will not accept initial denials. Employees will take all necessary steps in the denial process including, but not limited to, examining denial codes, verifying primary payer and eligibility, examining coverage, resubmitting claims with corrections (as necessary), and billing secondary or tertiary insurance providers as applicable. If a claim is denied our staff is knowledgeable and experienced at handling appeals and will continue after the first appeal stage to aggressively pursue payments on claims. The patient is notified of any problems that we encounter with their insurance carrier so we may work together to successfully settle the claim. As many patients are unfamiliar with the insurance industry, we feel it is important to assist them in each stage of the appeal process. We find it to be beneficial to our clients to take a claim further than one appeal.
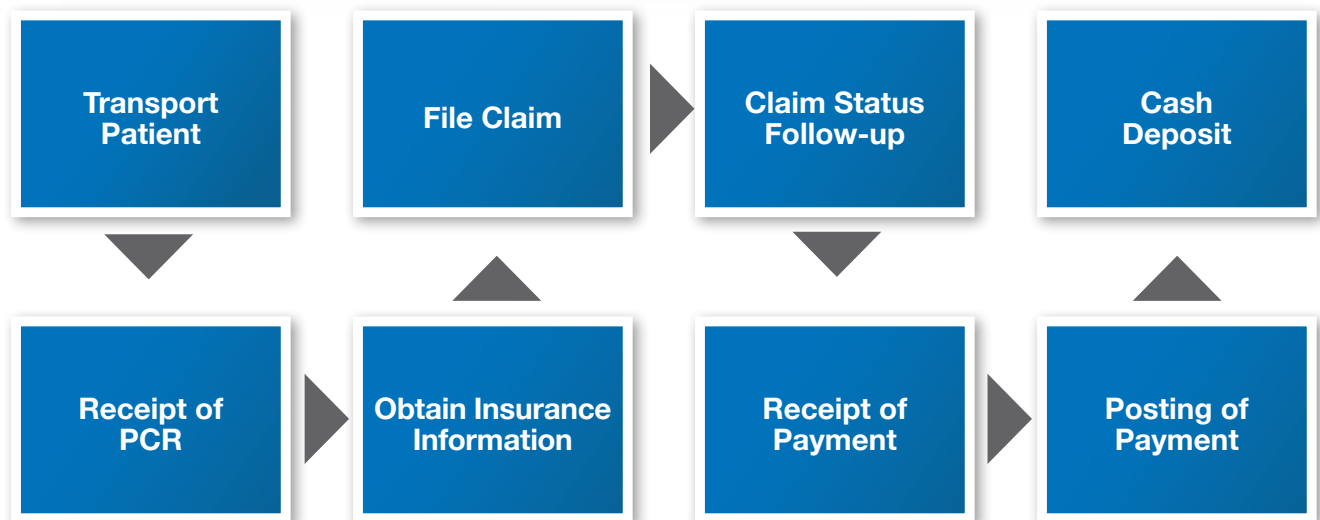
If the claim cannot be approved due to lack of coverage, Account Reps will contact the patient to obtain a method of payment or schedule installment payments. These accounts are then audited monthly to ensure patients are paying the amount arranged. All attorney and bill requests can be managed by your Account Representative.

Cash Receipts

Our cash receipts team files check stubs, bank receipts, and batches on a daily basis. This allows them to prepare daily cash journals according to each department's guidelines and prepare the appropriate deposits. After payments are posted, a deposit slip and cash receipts journal are created and reviewed for accuracy. All payments are made payable to our clients and sent to the address of their choosing. Most clients wish to have their payments automatically deposited, via Automated Clearing House, in the bank of their choice, but some have deposits mailed directly. Our cash receipts team is happy to comply with whatever system the client desires.

The four distinct departments at FREMS collaborate to ensure efficiency and customer satisfaction. We are experienced in wide ranging call volumes and scopes of service. FREMS partners with a variety of EMS providers from large municipal fire departments to rural fire departments, small fire districts, and private ambulance services.

The Billing Process

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Transport Patient  →  Receipt of PCR  →  Obtain Insurance Information  →  File Claim  →  Claim Status Follow-up  →  Receipt of Payment  →  Posting of Payment  →  Cash Deposit
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Transport Patient	File Claim	Claim Status Follow-up	Cash Deposit
Receipt of PCR	Obtain Insurance Information	Receipt of Payment	Posting of Payment

Data Exchange

FREMS currently supports data exchange of Protected Health Information (PHI) electronically through a secure website by XML and/or PDF file, fax, encrypted email, US mail, or UPS delivery. Data exchange is done at your discretion. We are able to seamlessly integrate all NEMSIS compliant patient care reporting systems, including, but not limited to ESO and ImageTrend.

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Insurance Discovery

It is an industry challenge to collect adequate patient information during the time of service. Sometimes the patient name, date of birth, Social Security Number, etc., are incorrect or unavailable, causing inaccurate billing and inability to match records with hospital face sheets. With that in mind, our development team built an application to combat the problem. It is a data management tool that scans the data base for matching patient information. It is a more efficient process and one of the many innovative solutions that makes FREMS a premier billing service.

Hospital Information

We have relationships with many hospitals wherein we are allowed to access or receive patient billing information. The ability to obtain face sheets from receiving hospitals is invaluable. It enables us to bill insurance carriers immediately, or identify uninsured patients and contact them to establish a payment plan. In addition, it helps us to be timely in filing claims, while increasing payments and decreasing denial rate. Lastly, we obtain a lifetime signature from patients, therefore, there is no need to re-contact them if they are transported in the future. FREMS already has great relationships with many of the City's destination hospitals due to our strong client base in the area.

Payor Logic

There are occasionally challenges in checking deductibles, proving medical necessity, and obtaining prior authorizations. Not to mention, insufficient information leads to delayed payment for claims and an escalating number of receivables. When one of these instances occurs or the patient does not provide insurance information, we can utilize Payor Logic.

Payor Logic improves collections of self-pay receivables through data mining and proven actionable analytics. From verifying demographics to scrubbing self-pay and finding active insurance coverage, Payor Logic delivers adequate data and workflows to increase cash, maximize reimbursement, and resolve patient balances, including self-pay. Through Payor Logic our customers have seen up to a 12% increase in revenue, fewer write-offs, less returned mail, lower costs, and an overall more streamlined process.

EMS companies write off millions of trips annually because they lack adequate information and can't afford to chase down difficult payers. Payor Logic plugs cash flow leaks by gathering more complete and accurate demographic and insurance information for every trip, resulting in a 6:1 return on investment and fewer write-offs. Payor Logic finds millions of dollars for EMS providers.

Claim Submission

Prior to submission, ESO Billing scans all electronic claims to ensure that pertinent information is not missing or invalid. This audit system enables us to review claims for duplication and/ or accuracy before they are submitted, thus reducing the denial rate and increasing cash flow. We submit all Medicare and Medicaid claims electronically in ANSI (American National Standard Institute), HIPAA compliant, and encrypted format. Private insurance claims are also encrypted and submitted electronically on a daily basis through Waystar, which is a clearinghouse for all private insurance claims.

We check eligibility and claim status using many web based insurance research tools: Waystar, NEBO Systems (eCare), Connex, OptumHealth, Availity, Forward Health, and others.

We utilize Waystar for all patient corespondance delivery services. Invoices are completely customized to meet your expecations. We can add any information to an invoice that you'd request (view Invoice section of proposal for more details). If we are unable to obtain third party billing information for the patient, we initiate the private pay billing process. Prior to the mailing of the invoice, all addresses are electronically reviewed for accuracy. Non-standard addresses are returned automatically with the USPS return code, and we would follow up with the hospital and/or hospital face sheet to verify and resend the bill. For any "forwardable" address changes, USPS will provide the changes electronically. Lastly, outgoing mail goes through a National Change of Address link, which locates change of address and identifies "moved left no forwarding address" and that new information is returned to us electronically, as well.

If we do not receive positive results, we utilize the following outside agencies to obtain proper billing information:

LocatePLUS is a web-based investigative search option that utilizes far more avenues than the typical billing company is willing to explore. Their skip tracing software contains billions of current and historical, cross-referenced public records to ensure your search is done right the first time. LocatePLUS serves investigators, legal, process servers, bail bondsmen, recovery, collections, finance, security, government and law enforcement to ensure they can locate anyone, anywhere.

LocatePLUS is a SaaS-based investigative solution that uses cloud computing and proprietary search algorithms to deliver the most complete searches and comprehensive investigative reports in the industry.

Investigators and skip trace professionals have instant access to billions of online public records to conduct person, phone, address, email, social security, civil records, criminal background, and motor vehicle searches. This information can be used to locate individuals, assets and witnesses; verify identities; and check court records. LocatePLUS provides public and non-public information to those entities who qualify to receive this information under governing laws and acts, including the Gramm-Leach-Bliley Act, and IRSG Principals.

Collection Process

Collection percentages and collection success are monitored closely by upper management for all of our accounts. We view current progress by tracking the wealth of quality data which resides in our software. That data is compared to all known historical data from previous years and/or previous billing companies, when applicable. Collection data is broken down in many ways, but one of them is by payor type. We have increased revenue for every billing customer we have obtained. This is true for accounts that we have taken over from internal billing programs and from other outsourced companies. FREMS has a long history of proven success, which is why we always carefully monitor collection data and compare it to known benchmarks. We want to continue that same success for many years to come and will use every tool at our disposal to make it come to fruition.

On a monthly basis, FREMS monitors all third party collection agency activites to identify any anomalies. On a monthly basis, FREMS will monitor the performance and benchmarks of all billing claims. At the end of the month, clients will receive one check for all credit card payments processed within the month. Clients are not charged any processing fees.

All payments are made to the provider and sent to the bank account and/or address of their choice. We recommend sending payments to our PO Box to be processed and deposited electronically into a custodial account. We currently support deposits via ACH (Automated Clearing House). Within three business days, we send an electronic ACH to the bank account of your choice for the total dollars deposited/posted. This process eliminates the need to send checks through the mail and/or UPS, decreasing the likelihood of payments being lost in transit and increases timely deposits. This deposit/transfer would be done at your discretion. You would receive cash receipts/deposit reports to verify monies deposited and how the payments were applied. All payments and EFT's are posted on a weekly basis. ACH deposits are made on the 15th and last day of the month. At month end, each account is reconciled to ensure all monies deposited have been posted. If this process is unsatisfactory, FREMS can work with you to establish a cash receipts process that meets your needs. Our credit card portal is WCAG 2.0 Compliant at the AA level.

Refund Process

Should it be determined that a refund is due, we review the payment history of the account and pull pertinent explanation of benefits and payments. Refunds will appear on the weekly and/or monthly cash receipts reports that the Department will receive. FREMS will forward a Refund Request, with supporting documentation to the Department, who will, in turn, issue the refund check. If this process is unacceptable, a customized refund procedure will be implemented.

Below is our online Portal for Patients to provide Insurance Information. Patients can also share third party billing information via our convenient patient portal. Direct address is provided in each invoice.

Insurance Billing Portal

CREDIT CARD PROCESSING

Patients are also able to contact us through our website (www.insupdate.com). Patients can send us their insurance information or contact us with any questions. All major credit cards are accepted over the phone or through our online portal. Patients can always choose to pay via check as well.

Patient Logs In to Credit Card Portal

1. To pay by credit card the patient would visit https://www.insupdate.com// and message will appear: To make an online credit card payment go to https://usapayx.com/insupdate\

   Website www.insupdate.com appears on insurance request forms. Patient clicks on credit card portal site.

2. Patient enters run number, zip code and last name of patient. Continue.

3. Account balance will appear. Patient has the option to pay full amount or partial payment. Several fields need to be populated (credit card number, expiration date, security code, cardholder address, etc.)

4. Once all is completed – next screen to confirm payment and then submit. A receipt will appear with confirmation number or a message card did not process (decline).

5. Following business day, all credit card payments are retrieved from credit card portal and posted to patient accounts.

6. No credit card numbers are stored in the credit card portal.

Patient Contacts Billing Office

1. Customer service opens account through billing software. Confirms account balance after verifying HIPAA requirments.

2. Credit card portal is opened and representative enters run number, zip code and patient last name in credit card portal.

3. Amount to be paid is verified. Option to have receipt emailed can be populated. Credit card information is entered and remaining fields are completed.

4. Next screen confirms the payment amount. Representative confirms amount and submits for payment.

5. Confirmation of payment and/or decline will appear. Confirmation number appears and receipt can be mailed to patient if requested.

6. Following business day, all credit card payments are retrieved from credit card portal and posted to patients accounts

7. No credit card numbers are stored in the credit card portal and/or by billing office.

Compliance

FREMS strives for perfection with all facets of compliance. By partnering with the American Ambulance Association, Page, Wolfberg, & Wirth, and many other State Fire and EMS organizations, FREMS remains current with industry standards and legal issues regarding EMS billing. We have partnered with nationally acclaimed accounting firm, Sikich, to oversee system security, the key card and video recording systems, and log on records. They also provide SOC I Type II penetration testing. FREMS employs a full time compliance officer to monitor employees and management and ensure all procedures are satisfactory.

We are fully staffed to absorb the volume which this contract requires. Our quality assurance processes involve complex systems, involving both regular (internal and external) auditing and the fundamentally superior design of our billing software to make it so a claim is never "able to fall through the cracks." Every department is audited on a monthly basis for quality control. We hold our customer service representatives, data entry staff, and cash receipts department professionals to the highest of standards. Audits are reviewed, with our employees, so that we may cultivate an environment that allows us to immediately share feedback, guidance, and praise. Externally, we are audited with routine frequency by many of our clients (or their agents) and Sikich LLP, an independent accounting and advisory firm.

It is of utmost importance to FREMS to comply with the following and more:

- **SOC I Type II – Annual Report Available Upon Request**
- **HIPAA/Red Flag Rules**
- **BAA**
- **Medicare**
- **Medicaid**
- **PCI**
- **Identity Theft Prevention**
- **Record Confidentiality**
- **Fair Credit Reporting Act**
- **Fair and Accurate Credit Transactions Act**
- **508 compliance**
- **WCAG 2.0 Compliant at the AA level**
- **Generally Accepted Accounting Principles**

Our employee handbook is available upon request. New employees are subject to the following screenings prior to employment:

- **Drug Screening**
- **E-Verify**
- **National Criminal Index Search**
- **Social Security Number Tracing**
- **Educational Background**
- **Current Employer Check**
- **Criminal Report**
- **Employment History**
- **Contact of Two or More References**

In compliance with HIPAA Privacy Rule 164.530(c)(1), we will comply with all state, local and federal regulations for the implementation of security measures. Our HIPAA Compliance Officer maintains our internal educational and compliance training programs, ensuring all compliance measures are met. All employees sign a verification of our initial training sessions and these forms become part of our internal employee files. Confidentiality of all ambulance reports and subsequent invoices are of critical importance. Our policy manual states this in an explicit manner. All new employees are informed of this in detail. We release no information without HIPAA authorization executed by the patient.

There are many independent audits in place to verify that all practices are sufficient. Employees receive rigorous training and continued education, and processes are well defined for utmost compliance. Copies of any of these policies are available upon request.

FREMS employs proficient and efficient individuals. Once a prospective employee is identified, they are screened through the E-Verify system to establish and document their legal work status. Each candidate is subject to several interviews with management personnel, and must pass a series of tests FREMS has developed to examine computer competence, language skills, and customer service. Upon hiring, new team members are paired with experienced staff members for intensive side-by-side training.

Records Management & Document Destruction

FREMS uses a document and records management, and document imaging software program called Laserfische. Rather than using paper copies and physical file cabinets, this digital storage system allows for a cleaner and simpler way of maintaining files. Laserfiche allows us to scan all insurance request forms, EOB's, ambulance reports, patient signature forms, correspondence, and payments network, which creates less chance of human error, and simplifies the exchange process between us and you. Not only can we respond to all client inquiries the day they are requested, but also this method of records management allows us to keep records beyond the required minimum length of time. Laserfiche optimizes time and cost, and improves quality of work.

In compliance with HIPAA regulations, we employ Shred-it to carefully dispose of all of our paper refuse. Shred-it is one of the leading document destruction companies and is certified by the National Association for Information Destruction. With tamper proof containers on site, and regularly scheduled disposals, all patient information that arrives via paper means is securely destroyed by the best in the business.

Reporting

Fire Recovery EMS uses an award-winning custom report design application. There are many accounting and service oriented reports that can be generated for you. There are numerous variations of reports with different methods of sorting (e.g. response time, payer types, number of invoices produced, etc.). These can be produced for any time period specified. We can provide other specialized reports upon request. The following are typical reports that would be sent to you each month:

Aging Reports

An aging report is run on a monthly basis. This report details the status of all outstanding claims/accounts, including private pay, Medicare, Medicaid, and private insurance.

Credit Reports

Credit reports detail the total amount of monies collected, refunds processed, adjustments, and write-offs for the month. It also details the total amount collected from Medicare, Medicaid, private insurance, and private pay. Multiple parameters can chosen to separate data required for the City.

Trip Detail Reports

A trip details all transports billed for the time frame requested. This can be sorted by date of service, pay source and patient. A ticket survey can be done in detailed or summary format.

These reports are sent to the client via our secure email system. Contractual allowances can be displayed separately from regular write-offs. We also have the capability of supplying these reports in xls, txt, and pdf format. Additional reports will be sent upon request. All required reports shall be provided on the schedule that is desired. The client is free to change its mind about which reports are wanted in the future as well. Reports can be added, altered, or removed without issue.

Cost Proposal

FREMS offers:

Pricing for full service EMS billing at 3.95% of all dollars collected.

Or

Pricing for full service EMS billing and ESO's platform (per the attached quotes) at 5.95% of all dollars collected.

There are no hidden or additional fees. We appreciate the opportunity to provide this proposal. Please feel free to contact us with any questions or concerns.

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CUSTOMER CONTACT

End User	Lee's Summit Fire Department
Name	DeeDee Tschirhart
Email	deedee.tschirhart@cityofls.net
Phone	(816) 969-1300

BILLING CONTACT

Payor	Andres Medical Billing	Address	3223 North Wilke Road
Name	Noreen Catino		Arlington Heights IL, 60004
Email	andresmedical@bill.com	Billing Frequency	Annual
Phone	800-244-2345 ext 206	Initial Term	12 months

Fire

Product	Volume	Price	Discount	Total	Fee Type
Fire Incidents CAD Integration	10700 Incidents	$2,995.00	($2,995.00)	$0.00	Recurring
ESO Fire Incidents	7 Stations	$7,145.00	($0.00)	$7,145.00	Recurring
ESO Inspections	7 Stations	$3,145.00	($0.00)	$3,145.00	Recurring
ESO Properties	7 Stations	$2,745.00	($0.00)	$2,745.00	Recurring
Fire Incidents NFIRS Data Import	10700 Incidents	$6,995.00	($0.00)	$6,995.00	One-time

EHR

Product	Volume	Price	Discount	Total	Fee Type
ESO EHR Suite	10700 Incidents	$17,490.00	($2,273.70)	$15,216.30	Recurring
EHR Cardiac Monitor Integration	10700 Incidents	$1,295.00	($168.35)	$1,126.65	Recurring
EHR Fax	10700 Incidents	$1,125.00	($146.25)	$978.75	Recurring
EHR Billing Interface	10700 Incidents	$795.00	($795.00)	$0.00	Recurring
EHR CAD Integration	10700 Incidents	$2,995.00	($389.35)	$2,605.65	Recurring
EHR Training	5 Days	$5,975.00	($0.00)	$5,975.00	One-time
EHR Training Travel Costs	1 Travel Cost	$2,000.00	($0.00)	$2,000.00	One-time
NEMSIS Data Import - one-time	10700 Incidents	$6,995.00	($0.00)	$6,995.00	One-time

Health Data Exchange

Product	Volume	Price	Discount	Total	Fee Type
HDE - ESO EHR Connection		$995.00	($0.00)	$995.00	Recurring

*Additional fees may be applied by Customer's billing or CAD vendor for certain integrations or interfaces, and Customer is encouraged to discuss this with the applicable vendor.

eso

Total Recurring	$	36,952.35
Total One-Time	$	21,965.00
Discounts	$	(2,995.00)
TOTAL	$	55,922.35

TERMS AND CONDITIONS:

1.   If the Customer indicated above has an ESO Master Subscription and License Agreement (MSLA) dated on or after February 20, 2017, then that MSLA will govern this Quote. **Otherwise, Customer intends and agrees that this Quote adopts and incorporates the terms and conditions of the MSLA and associated HIPAA business associate agreement hosted at the following web address, and that the products and services ordered above are subject thereto:**

http://bit.ly/MSLAW

2.   The Effective Date of this Quote shall be the final date of signature.

3.   If Customer has selected a third party to pay fees on their behalf, the applicable fees above shall be invoiced to the third party on Customer's behalf.

Lee's Summit Fire Department

_____
[Signature]

_____
[Print Name]

_____
[Title]

_____
[Today's Date]

For Fire, EHR, Health Data Exchange, the following payment terms apply:
Fees are invoiced at the Billing Frequency 15 days after the Effective Date, with recurring fees due on the anniversary.

Acknowledgments

WE HAVE RECIEVED ALL ADDENDA POSTED BY THE CITY.

Sincerely,

Patrick J. Mannix
Owner/CEO
Fire Recovery EMS, LLC
3223 N. Wilke Rd.
Arlington Heights, IL 60004

Emergency Ambulance Billing Services

Patrick J. Mannix
Owner/CEO

Fire Recovery EMS, LLC
3223 N. Wilke Road
Arlington Heights, IL 60004

email: pmannix@firerecoveryems.com
office: 847.577.8811
cell: 847.507.6645

Bid Proposal

City of Lee's Summit
Procurement and Contract Services
RFP No. 2021-011
DeeDee Tschirhart

Justin Powell
VP/Director of Sales

Fire Recovery EMS, LLC
3223 N. Wilke Road
Arlington Heights, IL 60004

email: jpowell@firerecoveryems.com
office: 888.640.7222
cell: 916.297.0205

Fire Recovery
EMS