

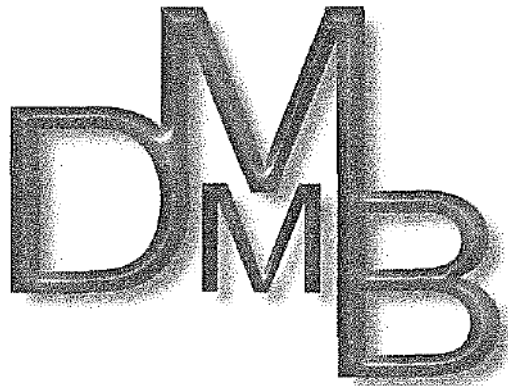
# REQUEST FOR PROPOSAL

SPECIFICALLY DEVELOPED FOR THE

## Williamson County EMS

For  
EMS BILLING SERVICES

Submitted:  
Tuesday, June 17, 2009



20 E. TAUNTON ROAD, SUITE 500  
BERLIN, NEW JERSEY 08009  
(800) 975-3715, ext 154  
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*ORIGINAL*

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# DM Medical Billings

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QUESTION - Please be prepared to answer questions in detail at the On Site Evaluation / Live Demo.		CODE
1	Describe your audit process & give an example of the environment provided to a client who does an onsite audit.	A
2	Provide copy of most recent SAS 70 certification, if obtained.	A
3	When issuing a refund or returning fees on canceled checks, do you refund the commission collected?	AR
4	What is your system for recognizing account overpayments and are these overpayments automatically reimbursed to the payor (insurance or patient). If not, what is time line and process to generate a reimbursement?	AR
5	Describe the different options for collecting payments (lock box, personal checks, electronic payments, WCEMS process payments) etc. In your business practice which have you found to be the most efficient and cost effective method for a service with our volume?	AR
6	If a lock box is utilized what is the timeline from receipt of payment, posting of payment to account, and notification of deposit?	AR
7	How often and what type of documentation will be made available reflecting payment collected and posted to patient accounts? How will it be provided to WCEMS?	AR
8	Do you accept partial payment made by credit card? If so do you hold the partial payment until entire amount is paid in full or will you post the partial payment to the account and deposit them as received?	AR
9	In the event the checks are deposited in an account in your state by you, is that account in the name of Williamson County EMS or your company name?	AR
10	Who absorbs the initial cost of any NSF fee? If it is your company is that fee passed on to us? If it is an account is in Williamson County EMS' name do you recover that fee?	AR
11	When these fees are collected are they invoiced as commission the same as the patient fees collected?	AR
12	If the payment instrument remains unpaid and becomes a bad debt, do you refer those to your County Attorney for collection utilizing the laws in your state?	AR
13	Once the NSF payment for services has been recovered, do you have a process which identifies this as having been collected previously and therefore not included in the commission being invoiced for payment ?	AR
14	How are the reimbursements accounted for on the Commission Invoice?	AR
15	How do you track payments taken back by Insurance, Medicaid, etc. and how will these reversals be accounted for on your Invoice submitted for commission payment?	AR
16	Do you currently negotiate with Attorneys for a bill reduction? If yes, what are your established guidelines? If no, is this a service you are willing to provide or will you refer all negotiations to our office?	AR
17	Do you process requests for billing records, or will we have access to and be able to send them from our office?	AR

QUESTION - Please be prepared to answer questions in detail at the On Site Evaluation / Live Demo.		CODE
18	If you are handling the request, what are the requirements in place for their release and turn around time for records?	AR
19	Will the invoice for commission come as a separate document?	AR
20	In the event payment is sent to our office, what is the procedure to forward to your office to ensure proper application to an account?	AR
21	Do you have a claims recovery process for aged accounts over 120 days? If so give brief description of the process and it value.	AR
22	Describe when/if Medicare patients are responsible for any portion of the bill?	BP
23	Are you familiar with Texas Medicare & Medicaid?	BP
24	What is the Medicare ABN (Advanced Beneficiary Notice) & when do you require this?	BP
25	What is billable to Medicare and Medicaid versus private insurance?	BP
26	When billing Medicare how do you determine BLS, ALS1 or ALS2? What determines the level to bill?	BP
27	What is the difference between filing Medicare/Medicaid versus private insurance?	BP
28	Explain how Medicare and Medicaid pays versus private insurance?	BP
29	What is your process to follow up on claims?	BP
30	What is your process to follow up on private pay accounts?	BP
31	We do not have a designated QA person to do 100% QA of records, what if any issues do you see & how can we work through this?	BP
32	Do you provide itemized bills to all patients & do you feel there is a risk of the patient filing to the insurance & collecting?	BP
33	If training is provided to our medics could you describe initial training & follow up training? How is it provided to us?	BP
34	What validation points do you feel are important to produce a clean billable report & describe why they are important for billing.	BP

	QUESTION - Please be prepared to answer questions in detail at the On Site Evaluation / Live Demo.	CODE
35	Besides Medicare, Medicaid, what other insurance companies can be billed electronically?	BP
36	What is needed for you to process Texas Medicare & Medicaid claims?	BP
37	What advantages or disadvantages do you feel electronic filing plays in collecting payments?	BP
38	Are you familiar with Page, Wolfberg & Wirth EMS Law Firm?	BP
39	Do you use Page, Wolfberg & Wirth EMS Law Firm? If so, what services do they provide to you?	BP
40	Demonstrate how we can access patient account status, notes, filing dates, insurance payments, & other real time data.	BP
41	Will WCEMS have the ability to place a note on the account? Please demonstrate.	BP
42	If WCEMS places a note on the billing account are your billing representatives automatically notified the note was placed?	BP
43	Explain the process of patients calling about their accounts.	BP
44	How do you handle discrepancies in the patient care report?	BP
45	Do you bill extra for night & weekend? Dispatch fees? Emergency fees? Separate from the base rate?	BP
46	Do you bill for extra attendants & if so, what is required in order to bill that extra charge?	BP
47	If you bill these separate fees, explain who will & who will not pay these extra fees. Medicare, Medicaid, Private Insurance	BP
48	Do you itemize each item or bundle items with procedures? Please explain.	BP
49	If itemizing & bundling are done for some insurance companies & not for others, please explain.	BP
50	What is your preferred method to receive additional billing documentation such as demographic sheets & transfer records?	BP
51	What is the timeline you will need any additional attachments?	BP

QUESTION - Please be prepared to answer questions in detail at the On Site Evaluation / Live Demo.		CODE
52	How do you verify patient signatures are obtained?	BP
53	If a patient signature is not obtained do you still bill Medicare? Please explain	BP
54	Describe your company commitment of customer service to the patient & client.	CS
55	How do you handle disgruntled patients? Do you have an escalation process to resolve disgruntled patients, if so how is it tracked and will we have access to any notes or comments?	CS
56	What type of training is provided to your customer service representatives?	CS
57	How is your collection fee calculated?	F
58	What is the history of your collection fees for similar EMS systems for year 1, 2, 5, etc?	F
59	How is your collection fee schedule established? Number of calls, transports, etc.?	F
60	What is the company average collection rate and how is it calculated?	F
61	Please provide a detailed financial statement for similar size EMS system in detail for example; gross billed, receivables, write offs, denial, collection percentages etc.	F
62	Based on current chargemaster, give a detailed revenue estimate and an additional estimate with an increase of 20% for BLS/ALS base rates and a \$15 charge per loaded mile.	F
63	Provide a detailed process for collection of payment options with estimated costs for WCEMS per data provided.	F
64	What are the available financial reports and can we customize reports with real time data?	F
65	Provide real time access to billing software integration with accounts receivable.	F
66	Do you suggest itemize billing or bundle billing or a combination for WCEMS based on the data provided?	F
67	Please provide sample billing invoice with explanation of each section	F
68	Provide sample follow up letters sent for non payment and payments at 30, 60, 90, 120, 180 days outstanding etc. to patient and carrier.	F

	QUESTION - Please be prepared to answer questions in detail at the On Site Evaluation / Live Demo.	CODE
69	Provide detailed job description of assigned account representative and their chain of command.	F
70	Company average of days in accounts receivable and how calculated.	F
71	What is your denial rate and how is it calculated?	F
72	Please provide a copy of your company's current financial statement.	F
73	At what point do you recommend stopping collection attempts on unpaid accounts?	F
74	What is your average collection rate on accounts 120 days old?	F
75	In looking at our charge master, do you see any recommended changes? Can you advise of any potential additional fees not included in your percentage based cost for business for customizations, special reports, etc?	F
77	Describe how you handle write-offs? What do you actually write off?	F
78	How often do you raise your fee for collections?	F
79	Please list the increase for each year over the 5 past years & examples of what prompted the increase?	F
80	What if any features do you use in emsCharts other than the billing features? Please describe.	IT
81	Based on our current emsCharts validation points and integration with billing, do you have any suggestions for improvement?	IT
82	What training will be provided to our administrative staff and field paramedic staff? Provide detail of your delivery methods?	T
83	Please give a more detailed explanation of the delivery process to WCEMS in regards to Federal, State and Local changes that affect billing.	T
84	During transition will you be reviewing our set up with emsCharts & providing suggestions for changes?	T
85	Please describe in detail the transition process & what WCEMS will need to do to assist in a smooth transition.	T

QUESTION - Please be prepared to answer questions in detail at the On Site Evaluation / Live Demo.		CODE
86	Can you provide if requested, an on-site visit at your location, to present your entire billing process, to our administrative staff?	T
87	Please describe in detail in the event of contract termination what your requirements would be & why?	T

IT - Technical

F - Finance

BP - Billing Process

AR - Accounts Receivable

T - Transition

A - Internal & External Audits

CS - Customer Service

## EMS BILLING SERVICES

TUESDAY, AUGUST 11, 2009 - 9:00 AM

PROPOSAL NUMBER: 108WCP124

### D.M. MEDICAL BILLINGS REPRESENTATIVES:

*Amy Clifford*  
*Chuck McSweeney*

### WILLIAMSON COUNTY REPRESENTATIVES:

*Edna Gonz*  
*Baunz Becken*  
*Chadwick*  
*Joe W. Spalding*  
*Tommy Hull*  
*Beth Jones*  
*Nichelle Carter*

**WILLIAMSON COUNTY  
BID FORM**

**WILLIAMSON COUNTY EMS BILLING SERVICE**

**PROPOSAL NUMBER: 10WCAP124**

NAME OF PROPOSER: DM MEDICAL Billings  
Mailing Address: 20 E. Taunton Road, Suite 500  
City: Berlin State: NJ Zip: 08009  
Email Address: ChuckMcSweeney@Verizon.net  
Telephone: (800) 975 3715 Ext 154 Fax: (856) 768 - 2739

By signing this form:

- The bidder confirms that he/she has read the entire document and agrees to the terms herein.
- The bidder is acknowledging the Conflict of Interest Clause and agrees to follow necessary requirements

The undersigned, by his/her signature, represents that he/she is authorized to bind the bidder to fully comply with the terms and conditions of the attached Invitation for Bid, Specifications, and Special Provisions for the amount(s) shown on the accompanying bid sheet(s).

Charles McSweeney Date of PROPOSAL: 11 June 09  
Signature of Person Authorized to Sign Proposal

Printed Name and Title of Signer: Charles McSweeney - Director Business Development

**DO NOT SIGN OR SUBMIT WITHOUT READING ENTIRE DOCUMENT**

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH PROPOSAL**

## Qualifications

### 1. Does your current billing software currently interface with emsCharts, Inc.?

Yes!

DM Medical Billings has over 40 clients using emsCharts and has mastered this process to be seamless within emsCharts and our billing system.

To demonstrate that we have mastered the interface, emsCharts and DM Medical Billings are in negotiations to offer set-up services for other agencies that are using the Sweet Billing product and wish to use emsCharts as their patient care reporting system. DM Medical Billings has completed this interface on all of our clients and other vendors using emsCharts. We have become the experts that emsCharts call upon for assistance for interfacing with Sweet Billing.

### 2. How long have you used the software interface with emsCharts, Inc.?

Four years with the interface from emsCharts into Sweet Billing.

DM Medical Billings has been using Sweet Billing software application for the entire 11 years that we have been in business. A few of our clients were using emsCharts prior to emsCharts becoming the State of New Jersey's ePCR program. Prior to the State paying for the EMS agencies usage, DM Medical Billings paid for our client's usage of emsCharts. We have been a driving force to have the majority of our clients move to an electronic format prior to the state implementing a state-wide program. emsCharts has been the ideal situation for us.

### 3. Provide the details of the billing software platform you currently use, to include modifications needed to interface with emsCharts, Inc., timeline and frequency of needed updates.

DM Medical Billings utilizes a software application called Sweet Billing. This application deals specifically with EMS billing and handles all of the nuances with the various requirements set by each state and Medicare. DM Medical Billings has had great success with this application collecting our clients over \$28,000,000 in 2008.

There are no modifications that will need to be made on the billing application. DM Medical Billings will need access to emsCharts on the Williamson County to map specific code files. This is a quick process and can be completed within an hour. Once the code files are mapped, the only other time updates will be needed is when Williamson County modifies the emsCharts software code files.

### 4. Do you currently submit claims electronically to Medicare, Medicaid, Major private insurance companies?

Yes.

The majority of claim submission by DM Medical Billings is completed via electronic transmission. DM Medical Billings has an aggressive software application that is on the forefront of billing and has all electronic modules and form requirement for the various states and Medicare.

### 5. What is your turnaround time to process a bill for Medicare/Medicaid, Self-pay and Private pay?

One to 24 hours for a clean claim that does not require any type of follow up.

The majority of EMS 9-1-1 calls are verified and ready to be transmitted once they are accepted into our system. This is due to data validation rules that are placed within the emsCharts documentation program. It makes sure the correct fields are completed prior to closing/locking the charts. For the non-emergency transfers, the physician statement and other documentation must be scanned and attached to the chart. This requires a physical check of paperwork and DM Medical Billings places additional documentation in the billing system to assure that you remain in compliance with Medicare & Medicaid standards. To assist in this process, we purchase scanners for the staff to use at the various base sites to speed up this process. DM Medical Billings has been very successful with this process.

We work with our client to determine the timeline of processing self pay and private pay accounts. As the field providers have moved to electronic documentation and the data is coming into the billing system, these invoices are verified and available to be printed and sent to the patient within 12 to 72 hours after the call. Some of our clients like us to hold these bills for 7 to 10 days to allow the patient to be discharged from the hospital first.

**6. Do you have the ability to process bills electronically with itemized billing?**

Yes.

Our billing software application allows clients to bill all inclusive or be able to itemize the services provided. In addition, we can use a payment by charge process that will place payments to itemized services that were provided. This allows our clients to run reports on specific charge items to know if they are getting paid for the charge and the profit margin of each charge.

**7. Describe your process to stay up to date on Medicare/Medicaid changes and how is this information communicated to the provider.**

This process is completed in a variety of ways depending on the issue at hand. First and most important is that we have a relationship with the Medicare carriers and attend all of the open door forums that are offered. We also attend various conferences and trade show meetings where Medicare is presenting.

If information is released from Medicare that affects EMS reimbursement or any processes that are involved with the submission of claims but does not require any changes in the processes of the EMS agency, we will send the bulletin to the contact person and inform them of the notice and let them know that there is nothing they need to do on their part.

If Medicare does make a change that does affect the processes in place, in addition to sending the information to the client, DM Medical Billings will also follow up with the client and make the necessary changes in the software application to assure compliance with the standards.

DM Medical Billings does offer our clients on an annual basis a presentation on documentation and compliance within the Federal standards of billing Medicare. Thanks to the continuing education module in emsCharts, this presentation is now completed on-line with an assessment for verification and creates no overtime for the education program.

The last major modification Medicare made was the negotiated rule making a few years ago. DM Medical Billings was very active in this process and kept all of our clients informed of information coming out to the third party billing agencies. DM Medical Billings continues to be the advocate working with every client.

**8. Describe the capabilities to see financial data in real time.**

DM Medical Billings will provide access via a VPN to the Sweet Billing program that will allow authorized individuals of Williamson County to see financial data.

DM Medical Billings will provide education to the administration on how the program works and the various access levels. We currently allow other clients to access their accounts this way. The data is available 24/7.

**9. Describe the ability to allow WGEMS access to patient account status, account notes, filing dates, insurance payments data and other similar information in real time online access.**

DM Medical Billings will provide access via a VPN to the Sweet Billing program that will allow authorized individuals of Williamson County to see all patient account information. This will include all activity that occurs, including: invoicing, notes and all collection activity that has occurred per patient or call.

As stated in #8, DM Medical Billings will provide education to the administration on how the program works and the various accesses that are available.

**10. How many bills are generated by your company a year? What is the call volume for the largest service that you bill for?**

In 2008, DM Medical Billings processed approximately 102,000 bills.

Our highest call volume client is Gloucester County EMS. For 2009, it is estimated they will complete 12,000 billable calls.

**11. How are you currently compliant with HIPAA, and Red Flag rules?**

We are currently compliant as we exceed the standards that are in place for HIPAA and Red Flag rules. We do this in various methods.

DM Medical Billings completes an annual training of all professional staff members in the office. DM Medical Billings office is a secure environment and is not open to the general public. All of the computers are password protected and have screen savers that are automatic. In addition, all of the computers, servers and software applications are password protected which allows specific control on which staff members access which server and application.

To be further compliant, DM Medical Billings offer all clients an annual compliance program that covers Medicare, HIPAA and Red Flag rules. This is provided as a benefit to our clients and conducted at no cost. DM Medical Billings has identified our clients like the Continuing Education section of emsCharts for presentation. This allows our client's staff to take an assessment with a specific score for passing after the presentation. This has given our client's the ability to conduct training while on duty; eliminated overtime that was previously needed for annual competency trainings.

Lastly, DM Medical Billings does everything in our ability to mitigate all causes that will create issues with HIPAA and Red Flag rules. When identified, the issue is reviewed and the policy modification is made as necessary.

**12. Describe your policy and commitment toward superior customer and Respondent service, including training and evaluation of all employees performance in this important facet of their job.**

DM Medical Billings maintain two levels of superior customer service, one to the patient and the other to the client.

DM Medical Billings have billing specialists that receive extensive training on the use and manipulation of the sophisticated phone system. Incoming callers have the ability to contact a specific representative or the general customer service area. If the representative is on the phone, the patient is able to hold or be transferred to another available billing representative. All billing specialist are cross trained to be able to assist each and every patient. DM Medical Billings sets a standard where 97% of all inbound inquiries are resolved without the patient having to leave a message. All employees are required to return any messages within one business day.

Monthly reports are run by management to insure that the employees answer each call while they are logged into the phone system. Periodic monitoring of billing specialist calls is also available. A written warning is given in the event of an unsatisfactory overheard patient encounter. Continuing education is given to staff which includes suggested responses and appropriate means of conflict resolution. Management staff is available day or evening by phone or email. Any inquiry by a client or patient is addressed by management within one business day.

DM Medical Billings assures that the same superior customer service is offered to the client as well as the patient. Besides the patient care advocacy, DM supplies all billing specialists with benchmarks of where their performance should be. This is our best way to make sure we collect the highest level of cash for you and obtained the highest results. Management is always available by phone for any questions that may arise from Williamson County.

**13. Do you provide support during normal business hours by phone and/or online?**

DM Medical Billings provides both phone and on-line support for all patients.

DM Medical Billings office is staffed from 8am to 5 pm Monday through Friday. All telephone calls are answered "Billing Office" and the representative name that they are speaking with. All

invoices and letters have an extension of the person that is working their account. By chance if that person is on the phone or not available when the patient calls, the patient has the ability to speak with any other staff person who has immediate access to their account and will assist them while they are on the phone.

In addition, when a patient receives a letter or invoice that is requesting additional information such as their insurance numbers, patients can visit our secured website and submit this information without even picking up the phone.

#### **14. Explain your process for back-up and redundancy for data on your servers.**

DM Medical Billings has four servers that maintain our daily business operations. All servers have tape back-up that is conducted nightly. Tapes are on a ten day rotation and kept off site at two different locations except for the one tape that is currently in each server.

In addition, the Sweet Billing software application automatically backs up every morning and places the back up file on several servers for redundancy. There is no actual redundancy on the servers for the billing application, only the back up has redundancy.

#### **15. Explain the different options available for collecting payments (lock box, personal checks, electronic payments).**

DM Medical Billings has several methods for collecting payments and posting into the accounts receivable.

The best methodology is that DM Medical Billings will receive checks made out to the client to our Voorhees New Jersey Post Office box. Once received by DM Medical Billings, the checks are physically logged into our cash log for each individual patient. The checks are then recorded onto a deposit ticket and deposited into the proper bank account of the client. The deposit ticket and all of the back up documents are scanned and saved on our internal server. Deposits are made every twenty four hours to forty eight hours as required by the New Jersey Department of Banking as a licensed third party billing agent. Our cash receipt clerk would then fax a copy of the deposit ticket to the client. The actual deposit ticket would be sent via mail or dropped off at our client once per week with the copies of the checks.

The second method that can be a little costly is a lock box account is opened at the client's bank of choice. The bank will receive all of the payment and explanation of benefits. They deposit the checks into the account and then forward all of the EOBs onto the third party billing service.

The third and most time consuming for the client is the County will receive checks at the designated address and all of the money will be deposited by the city. A copy of the check and the explanation of benefits that accompanies the checks will be forwarded to DM Medical Billings for posting into the system.

DM Medical Billings will supply cash reports to our clients when forwarding the completed deposit slips. These reports will include insurance payments, medical commercial payments, Medicare payments, Medicaid payments and any other source of payments recovered from services provided by our client. DM Medical Billings will never request or send an invoice with instructions of the payment to be made to the billing company. DM Medical will not have the ability to withdrawal monies, strictly deposits only.

DM Medical Billings welcome designated officials from any of our clients to review all records and files maintained by DM Medical Billings at any time during the contract period.

#### **16. Describe the IT support you receive to maintain your servers and billing software.**

DM Medical Billings utilizes a professional IT company to support our infrastructure in the corporate office. Beringer Associates is a certified Microsoft vendor and maintain our servers, databases and phone lines. They monitor our services 24/7 via an on-line connection and are able to identify problems with the servers from their remote location.

**17. Explain how patients will call to obtain information about their bill.**

DM Medical Billings publishes on all invoices and letters a toll free number for them to use. The billing representative that is trying to assist the patient is listed with their extension number. All patients call through an 800 number so they never have to dial a long distance phone number.

The phone system is a trunked phone system. When the patient dials the extension of their billing specialist and they are on the phone, the patient will have a few options including dialing zero to get to the next available billing specialist. All billing specialist can assist a patient no matter their location or service that was provided to them.

DM Medical Billings is a transparent third party service to our client and will assist the patient to the best of our abilities while maintaining a professional and ethical standard.

**18. Describe the process you use to itemize a bill.**

The process is automated with the use of emsCharts. DM Medical Billings will verify that the chart summary is accurately set-up and completed in emsCharts for Williamson County. This will bring over all charges that will appear on the itemized bill by the outcome and the procedure/actions that are documented on the chart.

Once the call is imported into the billing application, we have a certified coder verify that the charged are correct and there is a corresponding code and modifier for every charge. DM Medical Billings have on staff Certified Professional Coders that are certified through the American Academy of Professional Coders. This assures DM Medical Billings that the coding of information and submission to Medicare and other commercial insurers are accurate and truthful.

**19. Provide a sample of an itemized bill.**

We have attached a copy of our invoices for your review. These invoices can be modified and changed according to the client's standards. In addition, the messages that appear on the bottom are customized to represent the aggressive wording that the client would like to assist in the collection activity.

**20. Explain the minimum information needed on the electronic patient care report (ePCR) to submit a bill.**

DM Medical Billings require the following information to be included as a clean claim. emsCharts allows the service to use data validation on these fields to make sure that all claims are completed prior to coming into the billing system.

At a minimum, we need:

1. Dispatch run number
2. Date of Service
3. Patient information, to include as much as possible:
  - a. Full name,
  - b. Address,
  - c. Date of birth,
  - d. Social security number (if applicable), and
  - e. Phone number.
4. Patient pickup location including zip code,
5. Patient drop off location,
6. Documented odometer mileage:
  - f. At pick up location,
  - g. At hospital, and
  - h. Total loaded mileage.
7. Patient chief complaint and History of Present Illness,
8. Services rendered to patient,
9. Patient or representative of patient signature Authorizing treatment and Benefits,
10. Level of Service (ALS or BLS)
11. EMS staff members name, preparer's name and signature,
12. Agency vehicle recognition number,
13. Time log to include:

- i. Dispatch
- j. Responding
- k. On Location
- l. Depart Location, and
- m. Arrive at hospital.

14. Hospital Face Sheet, when available.

**21. Explain when you will need access to the patient's signature.**

DM Medical Billings does not need to access the patient's signature on every call as long as the "Consent Signed" field on the patient page in emsCharts is completed. This field acts as a flag on each call to indicate whether consent has been given and obtained. Signatures sheets may be housed by the client and would only be requested by DM Medical Billings in the event of an inquiry or audit.

To assist in the housekeeping of these signature forms, DM Medical Billings supplies a scanner where the crew member may scan and attach the document directly to the chart in emsCharts. If Williamson County is using the mobile product of emsCharts, the signature is already captured electronically and no paper is needed.

**22. Explain when you will need access to Memorandum of Transfer, Physician Certification Statement and/or other related documents.**

DM Medical Billings will need to access these forms for each nonemergency transport. These are included on paper when appealing or providing additional documentation to support the claim. They are not immediately needed to process the claims as long as the required information is contained in the chart.

DM Medical Billings would like access to the Memorandum of Transfer and PCS as part of our compliance program.

**23. What is your timeline to submit a bill for payment?**

One to 24 hours for a clean claim that does not require any type of follow up.

The majority of EMS 9-1-1 calls are verified and ready to be transmitted once they are accepted into our system. This is due to data validation rules that are placed within the emsCharts documentation program. It makes sure the correct fields are completed prior to closing/locking the charts. For the non-emergency transfers, the physician statement and other documentation must be scanned and attached to the chart. This requires a physical check of paperwork and DM Medical Billings places additional documentation in the billing system to assure that you remain in compliance with Medicare & Medicaid standards. To assist in this process, we purchase scanners for the staff to use at the various base sites to speed up this process. DM Medical Billings has been very successful with this process.

We work with our client to determine the timeline of processing self pay and private pay accounts. As the field providers have moved to electronic documentation and the data is coming into the billing system, these invoices are verified and available to be printed and sent to the patient within 12 to 72 hours after the call. Some of our clients like us to hold these bills for 7 to 10 days to allow the patient to be discharged from the hospital first.

**24. How do you handle any discrepancies noted in a ePCR?**

DM Medical Billings has the ability to place quality assurance flags on charts if a question arises and cannot be solved within our office. At that time, we would wait for an interpretation from the crew that treated or transported for further clarification. This seems to be the most professional way when seeking clarity.

In addition, data validation rules may be placed though out the chart on fields those are required for billing purposes to remain compliant with Medicare and other regulations.

**25. Explain the process if an ePCR is missing information such as patient's demographics,**

Insurance, MOT, PCS, hospital face sheet and other related information needed to submit a bill. DM Medical Billings will try to resolve the missing information internally prior to contacting any outside agency or requesting clarification from the medical crew. There are a number of EMTs and paramedics that work in the office that are used for interpretation of documentation when it is unclear to the coders. We will seek only information that is vital to process the bill. DM Medical Billings has the ability to verify insurance coverage with policy numbers and effective dates along with skip tracing for patient information. As a last effort, we will contact the receiving healthcare facility to verify the record in which they have on file.

**26. Are you able to skip trace missing information on a ePCR?**

DM Medical Billings is able to skip trace information that is missing on a PCR. This is completed by a review of the coder and also the electronic submission report that will not allow a claim to be submitted electronically with missing or invalid information. This process guarantees that only clean claims are sent out through the electronic modules in the billing software.

**27. Explain the process for obtaining a working relationship with hospitals and insurance companies.**

DM Medical Billings works with all of the local hospitals to develop a relationship that will allow us to provide or seek information regarding patients brought to their facilities. DM Medical Billings has relationships with all hospitals throughout the areas our clients serve.

**28. Describe the details of the surety bond you will provide such as; Professional Liability, Errors & Omissions & Workers Compensation Insurance.**

DM Medical Billings maintain a high level of insurance. Below is a summary of the coverage that is in place. All DM Medical Billings' clients become certificate holders to guarantee that our coverage remains in place as stated during the entire contract period.

General Liability \$2,000,000  
Automotive \$1,000,000  
Workers Comp \$1,000,000  
Dishonesty Bond \$500,000  
Errors & Omissions \$1,000,000

**29. Describe the policies and commitments you have in place to comply with all federal and state laws governing insurance to include workers compensation laws.**

DM Medical Billing management staff attends extensive annual training seminars focusing on federal and state laws. Ambulance Open Door Forums conducted by CMS; are attended quarterly. DM Medical Billings receives notices from CMS, Unisys, and legal experts in the industry on all upcoming legislation. Training programs are then crafted and implemented for all staff members. All staff members have been trained in areas including determination of medically necessity, Workers Comp and PIP fee schedule application, HIPAA, the Red Flag Rules, and what constitutes fraud and abuse.

DM Medical Billings trains all billing staff and creates online programs on many of these topics to be used as training for EMS personnel.

**30. Describe your internal and external audit process, have you received certification under a SAS 70 (Statement of Auditing Standard 70) review process?**

DM Medical Billings have a professional accounting service come in every year to complete a SAS 70 report. These reports are available for every year we have been in business. They are made available yearly, once they are completed. DM Medical Billings believe that all third party vendors should be required to comply and have this completed on an annual basis as good business practice. As most of DM Medical Billings clients are governmental agencies, it is of sound mind to know our processes are accurate and legal.

**31. Provide an explanation of the start-up process for new clients, to include timeline, information needed by Respondent and other necessary information.**

DM Medical Billings has brought a number of clients on board from other billing agencies. We take the stance that we win some and lose some in the RFP process. We will work professionally

with the previous billing company to make sure all claims are processed and adjudicated. DM Medical Billings will even go back through the previous 12 months of claims to make sure that they were worked through the complete process and paid.

DM Medical Billings will process all required paperwork that is needed to switch the third party vendor from the previous vendor to DM. This is part of the process that we are the experts in and Williamson County can rest assure that everything is in place. We have a new client sheet that we request every new client to complete and it provides information about the organization, vehicles and staff as required by the paperwork that is required to be completed when changing third party billing service.

This process happens pretty quickly in the large picture. We will immediately work with the previous vendor once a start date has been established for DM Medical Billings. Paperwork will be completed within the first week of the contract period and all processes should be completed and in place during the first 30 days of the contract.

**32. Describe the ability for WCEMS to have immediate access to patient account information such as dates of statements mailed, dates payments received and posted, aged receivable reports (30, 60, 90 days, etc.) and/or similar information**

DM Medical Billings will provide access via a VPN to the Sweet Billing program that will allow authorized individuals of Williamson County to see all patient account information. This will include all activity that occurs, including: invoicing, notes and all collection activity that has occurred per patient or call.

As stated in #8, DM Medical Billings will provide education to the administration on how the program works and the various accesses that is available.

**33. Describe the training and certifications that are required for insurance coders in your company.**

DM Medical Billings hire insurance coders that are certified through the American Academy of Professional Coders. Billing staff that do not have this certification are utilized in follow up, denials, and pre-collection activities.

**34. What form of communication will be utilized between our office and yours in the event we have a patient call with questions about their account? (Telephone, email, live chat)**

DM Medical Billings welcomes any method that fits your need for communication. We are accessible by phone during normal business hours. Williamson County administrators will have the cell phone number of DM administrators for immediate access. In addition, there is always e-mail. DM Medical Billings administrators each have a blackberry for immediate response to e-mails.

**35. In regards to question above, do you provide the ability to have a phone conference with all parties involved?**

Yes.

DM Medical Billings does have the capabilities on our trunk phone system and on the blackberry to have three way conferencing.

**36. In the event we have to leave a message or send an email, what is the timeframe we can expect a reply?**

We try to return all phone calls within the same business day. On occasion, the calls are returned on the next business day.

**37. Will we have an account representative assigned exclusively to WCEMS?**

Yes.

DM Medical Billings will create a team of specialist to work solely on this account. Due to the projected volume, we will place a supervisor with three to four staff members dedicated only to Williamson County. This team will be responsible for all the aspects of coding, billing, follow up

and completing any tasks requested by Williamson County.

38. Describe the process used when your office is given a request for records by a lawyer or private citizen? To include any fees, authorizations, turnaround time and requirements.

DM Medical Billings would meet with the administration of Williamson County and put a process in place that meets the needs of the county. Most attorneys need an itemized invoice along with a copy of the ePCR. Requests can be forwarded from the County to DM Medical Billings or DM can forward all requests to the County with an itemized invoice for the County to release. If the County wants to charge a fee for this process, DM Medical Billings would be able to complete this. DM Medical Billings will require a medical release form to be complete prior to releasing any information.

39. Describe the process for negotiation from attorneys for a reduction, will they be referred to WCEMS or do you handle this.

DM Medical Billings would meet with the administration of Williamson County and put a process in place that meets the needs of the county.

40. Has your company ever been investigated and found guilty in a fraud or abuse case? If yes, what was the outcome?

Absolutely not. We pride ourselves on exceeding the standards and go the extra mile not to be the standard. We pass this pride onto our clients to assure that they also exceed Federal, State and local standards.

41. Have you provided billing services for a company that has been found guilty in a fraud or abuse case? If yes, what was the outcome?

We are not aware of any client or administrator of a client that has been found guilty in fraud or abuse.

DM Medical Billings did have a client at one time that was not supplying the physician statements of medical necessity and the client asked for billing to be completed without these forms. DM Medical Billings used the escape clause to get immediately out of the contract once it was determined that they would not exceed the standards.

42. How often do you send statements to the patient in regards to their account status?

DM Medical Billings has the ability to send statements to patients, but we have opted for invoicing patients as we can customize messages and appear non-threatening. We do have the capabilities to send statements. The majority of our billing schedules are set to send at 5 day, 30 day, 60 day, 90 day increments. Some clients request a 120 day invoice.

We will work with the administration of Williamson County to determine the process which will achieve the best results for your residents.

43. Describe your plans for termination if either party elects to end the agreement.

DM Medical Billings is a professional organization and understands that there may be a time that we part ways. In this instance, we would request 120 days after the contract end date to adjudicate as many claims as possible. At the 120 day mark, we will provide the call report, billing activity that has occurred and all patient account notes to the new third party billing agent. DM Medical Billings will continue to be available for questions and follow up once the accounts are turned over.

44. Describe any future additional features or functionality of service.

DM Medical Billings has the primary focus on EMS reimbursement and do not see ourselves expanding into any other type of billing services. DM Medical Billings' owner, Dina Mueller and business partner Chuck McSweeney, own EMS Consulting Services that provide consulting work to assist other billing agents bring their agency into compliance. We see that as a benefit to the current clients at DM Medical Billings and assure you the highest level of service possible.

43. Provide a projection of revenue generated for a year using the following information.

- Williamson County EMS sees approximately 22,000 patients a year

Dead at Scene	258	1.18%
MVC Patient Refusal	2640	12.10%
Patient Refused Care	2906	13.32%
Treated and refused transport	884	4.05%
Treated, Transferred Care	50	0.23%
Treated, Transported	15010	68.78%
Treated, Transported by other EMS	76	0.35%
Total:	21824	

- o "Dead at scene" and "MVC patient Refusal" are deemed un-billable per WCEMS.
- o All other patient contacts are billable
- o Based off the billable patients the average bill is \$1100.00
- o Approximate Payor Mix
  - 38% are Medicare patients
  - 34% are Private Insurance
  - 28% are Private Pay

DM Medical Billings projects that we should be able to collect \$7,542,010 for Williamson County. This projection does not include mileage charges as we are not provided with the rate and average mileage prior to submitting this proposal.

## Proposed Fees

DM Medical Billings will complete the requirements as identified in the request for proposal based on six point zero percent (6.00%) of cash collected.

The compensation rate includes the billing and reconciling of private pays, Medicare, Medicaid, commercial insurance, motor vehicle collision and any additional payment sources and the necessary infrastructure to complete these tasks.

If during the contract period, the scope of billing services change, it will be necessary to reestablish a fair percentage adjustment.

DM Medical Billings is an independent contractor hired by the client and is not considered employees of client's organization or governmental structure. DM Medical Billings will abide by the client's processing procedures for payment of services being rendered to the client. This includes all terms, conditions, and specifications as outline by the client in the request for proposal.

DM Medical Billings does not have any exceptions to the requirements in the request for proposal and has supplied a comprehensive billing implementation plan for your review.

## **Cost Saving Benefits to DM Medical Billings Clients**

DM Medical Billings works to provide our clients with the most cost effective professional services that other billing agents are not able to provide. Here are a few methods DM Medical Billings works for the client!

- DM Medical Billings work with NJ legislators to author and have passed direct pay law so that EMS providers are paid directly for services provided from insurer carriers. Previously, Blue Cross and AmeriHealth would reimburse patients directly for their ambulance services; in turn patients were not turning the monies over to EMS provider.
- Instituted new Authorization of Benefits to cover those patients that are paid directly from insurance companies to compel them to turn insurance monies over to ambulance provider, and to also cover HIPAA notice acknowledgement.
- Instituted specific account receivable process's for each type of ambulance transport i.e., MVC, worker's compensation, private residents, Horizon Blue Cross patients.
- Develop relationships with area hospitals to obtain insurance information when ambulance service can not obtain. Instituted company wide policy that billing reps must call or fax hospitals for information when not obtained by service.
- Offer our FedEx number so that when client needs to send information to us, they incur no costs.
- Offer training to each client on Medicare compliance to ensure that client meets and exceeds Medicare standards, which ensures Medicare payments are paid timely and to avoid Medicare post payment reviews.
- Projections are given so that the client knows what their monthly and yearly cash to be expected should be. Billing reps are given this benchmark and expected to meet or exceed this figure every month.

## **Company Profile**

DM Medical Billings was incorporated in the State of New Jersey in October of 1997. DM Medical Billings is a women owned company and is considered a leader in the EMS reimbursement arena. DM Medical Billings is a licensed third party billing service in New Jersey. We are authorized and have provided at the end of this section all of the necessary permits, licenses and a copy of our insurance policies.

Since October 1997, DM Medical Billings has specialized in reimbursement of the ambulance and medical transportation industry serving New Jersey municipalities. Due to our specialization, we have been able to handle all of the nuances of emergency medical services reimbursement. We are dedicated to offering our clients the most comprehensive and personalized billing service at the most cost effective price. DM Medical Billings believes in educating the client in the reimbursement arena while providing quality information for our clients to make policy decisions.

DM Medical Billings currently employs over 37 billing and support professionals. As we begin new relationships with clients, we evaluate the call volume for that particular client, hire and/or reassign staff based on the clients needs. We recruit only the finest people with expertise in the reimbursement industry and use a formula to determine the call volume to billing agent ratio. This has been proven to be a successful way for us to service our clients to the best of our abilities with consistent quality.

On a regular basis, DM Medical Billings analyzes the ratio of calls to billing personnel based on our formula for optimum performance and assign/reassign billing specialists to the accounts as needed. We benchmark every employee and every account to assure our clients maximum reimbursement for their services. DM Medical Billings has brought new clients into regulatory billing compliance and have helped them realize substantial gains in their cash performance.

We offer complete billing services including Billing, AR Management, Documentation, Health Insurance Portability and Accountability Act (HIPAA) and Medicare compliance training. We offer classes to our clients on two levels, one for the administration of the client and then a scaled down version for the field staff. This provides the foundation of working with a third parting billing agency. We conduct

these educational sessions at the client's place of business at a time that is appropriate for staff.

DM Medical Billings practices a stringent Medicare and HIPAA compliance program and maintain the highest standards in confidentiality for our client and their patients. DM Medical Billings maintain written agreements for all staff members regarding HIPAA, Medicare, and confidentiality. Our office and computer systems are secured with various levels of security and password protection technology.

Access to DM Medical Billings is available during normal business hours in our office located in Berlin, New Jersey for site visits or requested meetings. Paper medical records and logs are maintained for at least seven (7) years in our corporate office. Documents are returned to the client at the end of the expiration time frame unless requested to be shredded by DM Medical Billings.

Our success can be attributed to our proven accounts receivable process and our loyal clientele. Our specialized accounts receivable processes and cash benchmarking have helped our clients realize the highest collectibles in the industry while maintaining the respect and confidentiality to your residents. DM Medical Billings has experienced unprecedented growth through referrals from our satisfied clients and conducts minimal advertising.

Located in New Jersey, we have expertise with NJ Medicaid, Medicare and many commercial insurance companies. Dina Mueller was the driving force in the recently passed legislation in New Jersey that will force Horizon Blue Cross and other insurance companies to pay emergency medical services directly rather to the patient.

DM Medical Billings utilizes state of the art Ortivus Amazon ambulance billing software and is a strategic partner with emsCharts. Both of these software programs are NEMSIS Gold Compliant. DM Medical Billings uploads medical records on a daily basis from those agencies using emsCharts. DM Medical Billings conduct training and education sessions on emsCharts.com as designated by emsCharts as an official training center.

Internally, our system is powered by three robust servers. We submit electronic claims to Medicare, Medicaid and other insurance carriers that accept electronic claim submissions. We have the ability to file claims and appeal claim denials on the required billing forms and send customized invoices to our patients.

Our billing specialists are trained on our specific accounts receivable process and are expected to meet or exceed the cash benchmarks that management establishes for each individual client. This guarantees our clients a positive cash flow all year round.

DM Medical Billings complete initiation and annual training in Affirmative Action. The Affirmative Action (AA302) is presented in this proposal for your review. DM Medical Billings, Executive Management Staff and General Staff Members have not been suspended, revoked or barred from participating in a third party billing service Federally or within the State of New Jersey.

DM Medical Billings maintains a high level of insurance coverage. These insurances include: comprehensive general liability, workman's compensation, motor vehicle, dishonesty, error and omission. The client is listed as a certificate holder for the period of our contracts. A copy of the declaration page is included for your review.

DM Medical Billings observe and comply with any and all requirements of all Federal, State and local statutes, ordinances, regulations and standards to the function of collecting and accounting emergency medical service and ambulance transport service fees.

The compensation rate includes the billing and reconciling of private pays, Medicare, Medicaid, commercial insurance, motor vehicle collision and any additional payment sources and the necessary infrastructure to complete these tasks.

If during the contract period, the scope of billing services change, it will be necessary to reestablish a fair percentage adjustment.

DM Medical Billings is an independent contractor hired by the client and is not considered employees of client's organization or governmental structure. DM Medical Billings will abide by the client's processing procedures for payment of services being rendered to the client. This includes all terms, conditions, and specifications as outline by the client in the request for proposal.

DM Medical Billings does not have any exceptions to the requirements in the request for proposal and has supplied a comprehensive billing implementation plan for your review.

## **Executive Management**

DM Medical Billings has an executive staff of three individuals and 37 employees. We have created short biographical notes for these individuals. They include note for:

- Dina Mueller, President
- Amy Gifford, Vice President Customer Relations
- Chuck McSweeney, Business Development & Marketing

## **Dina Mueller, President**

Dina Mueller is the president and founder of DM Medical Billings. Her experience in medical billing includes billing office management, and operations management. Before founding DM Medical Billings, Dina also consulted for various medical companies not only on accounts receivables management and billing office structures, but also, billing software optimization.

Dina has lectured at various seminars in both Pennsylvania and New Jersey on such topics including EMT documentation, Medicare compliance, HIPAA compliance, billing office structure and accounts receivable processes. Dina developed DM Medical's HIPAA and documentation compliance training and educates each client as needed.

Dina has been a driving force in the formation of NJ senate bill S329 and worked with NJ state legislators to draft this crucial bill. This bill forces various insurers in the state to pay the emergency ambulance service directly for services rendered. Dina's advocacy has not only benefited her clients but this legislation will positively affect all of the EMS squads in New Jersey. This legislation was passed and signed by the Governor and became law in November 2007.

Dina uses her experience and drive to ensure her clients receive the best services possible, and to assist the EMS industry in understanding their full collection potential. Dina continues to oversee each account, and sets cash benchmarks for each individual client. She works with all of the billing professionals to ensure that each client meets or exceeds their expected benchmark each month.

**Amy Gifford, Vice President**

Amy Gifford has been with DM Medical Billings for eight years and current serves in the capacity of Vice President. Amy's has specific focus on staff education, reimbursement and client relations. Our client's are priority for DM Medical Billings.

Amy has a bachelors degree in accounting and has an extensive amount of experience in the medical billing arena. Amy has provided an invaluable service to all of DM Medical's clients. Amy produces custom financial reports and oversees all aspects of the billing process. Amy also serves as a direct contact for all clients 24 hours a day.

Amy attends and administers continuing education in Medicare, HIPPA and regulatory compliance. Amy travels to our clients and trains the clinical staff members, and the administrators in compliance programs. This training is offered to our clients free of charge and currently includes the areas of EMT documentation, Medicare compliance and HIPAA compliance for field crew members.

Amy also monitors our established cash benchmarks for each client. This is to ensure that the client realizes and obtains their full cash potential. Amy creates and or enhances the current billing procedures as needed to conform to the ever changing medical billing industry. Amy has direct communication with our clients and guarantees the client the highest cash return possible while respecting the sensitive nature of medical billing industry.

## **Chuck McSweeney, Business Development & Marketing**

Chuck McSweeney joined DMMB in 2006. He currently is serving in the capacity of Director of Business Development and Marketing. Chuck comes to DM Medical Billings from the New Jersey Office of Emergency Medical Services where he was the Coordinator of Operations with the responsibility of regulatory oversight of licensed EMS agencies in New Jersey. Chuck has an extensive background in regulatory compliance and can assist each client to make sure that their documentation, policies and procedures are of the highest standards.

Chuck obtained his Master's Degree from Saint Joseph's University in Public Safety and his Bachelors' Degree in EMS Management from MCP Hahnemann University in Philadelphia. He is a New Jersey state certified Flight Paramedic and holds certifications in New Jersey, Pennsylvania and National Registry with additional certifications in critical care transport. He has been active in EMS for 20 years.

Chuck is also the President of EMS Consulting Services, a sister company of DMMB. By having Chuck on staff with DM Medical Billings, we add a consulting service that is not usually available without additional heavy fees. Services are greatly discounted for DM Medical Billing clients for use of the consulting services.

Chuck has extensive knowledge of EMS Charts and was the driving force to its introduction to the State of New Jersey. He is available to any of our clients for additional training and set up when needed.

## **DM Medical Billings Staff**

DM Medical Billings employs more than 37 experienced billing and support professionals in our location in Berlin, Camden County, New Jersey. As our business continues to grow and we expand our capabilities to our current clients, we evaluate and hire high qualified staff based on their performance record and the ability to maintain our high professionalism our clients have come to expect from us. DM Medical Billings is fully staffed and prepared to begin work for the client upon award notification. DM Medical Billings will be able to create an account in our professional billing system and enter all demographic information to allow for electronic billing immediately without any start up cost to the client.

It is our job to maximize your revenue by focusing on the collection efforts in a timely manner. We are invested in your growth and need to make sure that you have the financial backing to continue to expand your services.

The expertise combined of the professional staff extends beyond one individual having sole knowledge in one particular area or the customer relationship. This is to protect the company and contract if one of our staff were to leave. DM Medical Billings recognizes that emergencies and unforeseen events happen in our employees lives. All of our employees are trained and maintain a high level of commitment; this will not cause any delays or inability to perform the scope of work and duties that are associated with the billing functions of our agency.

DM Medical Billings start employees as a Billing Specialist and is provided with a rigorous orientation after a pre-employment screening. They are monitored for a period of time and tested regularly to demonstrate their commitment, confidentiality practices and their knowledge base. DM Medical Billings promotes from within the company and offers many incentive programs to our employees.

Amy Gifford, Vice President will serve as back-up to Dina Mueller during the contract period. In addition, Chuck McSweeney, Director of Business Development will serve as back-up to Amy Gifford to assure three levels of management oversight of operations.

## **Accounts Receivable Process**

DM Medical Billings utilizes a proven accounts receivable and follow up process for our clients. DM Medical Billings submit all claims electronically to Medicare, NJ Medicaid and commercial insurances. We are set up with the capabilities to submit paper claims and appeals on denials as needed.

DM Medical Billings electronically imports patient care reports from emsCharts and Ortivus Field Data directly into our billing system on a daily basis. These systems are currently in place and functioning for the majority of our clients. If paper based documentation is in place, DM Medical Billings will be responsible for the postage to mail the documents or will come to the facility on a weekly basis to retrieve the patient care reports. Once they arrive in the DM Medical Billings office, they will then be entered into our system within three business days, have the data verified and then follow the billing process.

DM Medical Billings will customize emsCharts and create a simple import of the agency's patient care reports into our billing system. DM Medical Billings is already proficient in the usage of emsCharts and will not have a delay in learning or creating the ASCII import needed to import patient care reports into our billing system.

DM Medical Billings utilizes Amazon Billing Software from Ortivus NA for billing and accounts receivable processes. Ortivus NA is a leader in EMS billing and accounts receivables software. Files are maintained in separate databases and never merged or combined with other agencies files.

Amazon Billing Software allows each client to have individual passwords to the databases on our server. This protects the database to ensure that each client has independent information. At no time are databases shared, or are accessed by unauthorized individuals. Amazon Billing Software is HIPAA compliant and has also obtained Gold certification from the National Emergency Medical Services Information System (NEMSIS).

Amazon Billing Software allows DM Medical Billings the ability to add, cancel, and suspend any charge at the discretion of the client. The software can even allowed increases or decreases in charge amounts to be set to be effective in a future date. This will help prepare DM Medical and the client in the planning process of future dunning policies.

All work performed will be conducted in our corporate office located in Camden County, New Jersey. DM Medical Billings shall not assign, convey, transfer, sublet or otherwise dispose of work performed any part of this contract. This would include to any other person, company or corporation. At no time will any portion of the responsibilities be subcontracted outside of the United States of America.

DM Medical Billings is an independent contractor hired by the client and is not considered employees of client's organization or governmental structure. DM Medical Billings will abide by the client's processing procedures for payment of services being rendered to the client. This includes all terms, conditions, and specifications as outline by the client in the request for proposal.

DM Medical Billings complete a CAS (SASE) 70 Report from Bowman & Company on an annual basis of our accounting procedures. This report is available to all clients and potential clients upon request. Please inform us if this is a document that you would like to review during your internal processes for consideration.

DM Medical Billings maintain an open line of communications at all times. The client is given the personal cell phone numbers of our executive management and instructed to call at anytime. DM Medical Billings provides staff with the necessary tools and equipment required to maximize financial returns.

All staff members of DM Medical Billings are employees of the corporation while no functions of the third party billing services are sub-contracted to other individuals or corporations. All staff members are subjected to pre-employment screening prior to being offered employment with DM Medical Billings. Staff members are required to have annual confidentiality agreements in place with competency recurrent training on an annual basis.

DM Medical Billings will have all clean trip sheets imported or keyed into the Amazon Billing System within three days of receipt of the trip sheets and shall have insurance claims immediately submitted after accepted into system. DM Medical Billings has the ability to import calls through various software applications. DM Medical Billings is a strategic partner with emsCharts. Verification of information, procedures, codes and modifiers are completed upon initial entry into the billing system.

DM Medical employs exclusive accounts receivables process, also known as a dunning process, to track every type of claim. The dunning process is specific to each claim type, such as Medicare, motor vehicle accidents, private pay customers, Horizon Blue Cross, resident vs. non residents. These processes are totally automated in the Amazon Billing System and are closely followed from the time a claim is entered into the billing system to the time that a claim is settled.

Our automated billing processes are continuously monitored, enhanced and/or modified to ensure that our billing process is up to date and compliant. This ensures that DM Medical Billings continually has the highest returns in the industry. We complete due diligence on every claim to minimize the need of a claim to be referred back to the client for write off or placement in a collection agency.

Bills are cycled and run daily by our Office Operations Manager. Electronic claims are filed every other day with the insurance carries while paper invoices are folded by our automated system and ready for mailing within one day of being cycled from our system. Once a claim is paid, it is either paid in full and the accounts receivable is relieved, partially paid with a co-pay and or deductible due, and or partially paid incorrectly or denied. DM Medical Billings will either bill a secondary claim which will then follow a new automated billing schedule, or appeal the unpaid claim or partially paid claim until the claim is settled.

DM Medical Billings believes that our services rendered to the patient's and their families are a direct relationship to Pleasantville Fire Department. Our staff maintains a friendly, courteous and respectful presentation with all verbal and written communications. We believe that it is our job and opportunity to educate and inform them of their responsibilities. Our mission is to further develop the professional relationship with Pleasantville Fire Department and the patient while finding means to satisfy or obtain the help that is necessary to meet their financial obligation.

DM Medical Billings has designed a unique patient questionnaire to send to patients when insurance information is incomplete or not received. DM Medical Billings will call and fax local hospitals for patient insurance and other demographical information when needed to process a clean claim.

The Billing Specialist from DM Medical Billings follows up with patients by phone to obtain the necessary billing information that is incomplete or missing. The specialists call patients only during day time hours and at night between the hours of 6:30 pm and 8:30 pm. DM Medical Billings is sensitive to the needs of the clients and have expertise to answer any questions that may arise. DM Medical Billings understands that the majority of EMS users are elderly individuals and we offer as much assistance to them as possible. DM Medical Billings offers bi-lingual services in Spanish for the Spanish speaking population. This is accomplished by phone and printed materials.

DM Medical Billings provides local and 800 telephone phone numbers as part of the contracts for our clients. We have a computer controlled system that allows 15 incoming calls on the 800 number and 35 calls on local lines for patients to call and inquire or to submit additional information as needed. The system has intelligence that will divert calls to a busy line to a line that has a billing specialist available to answer any questions or obtain information from patients calling in without delay. There is no holding time for patients to speak with a representative. In addition, all extensions are equipped with voicemail for after hour capabilities.

DM Medical Billings also utilizes a secured, encrypted website that patients may visit and enter information 24 hours a day. This website is promoted on all correspondence sent to patients. The website is [www.dmmedicalbillings.com](http://www.dmmedicalbillings.com).

DM Medical Billings creates a relationship with clients that do not have any insurance coverage and offers them multiple ways to meet their financial obligations at the client's request. DM Medical Billings allow patients to liquidate their balances by monthly installments, credit cards, or check. DM Medical Billings do not charge interest to any patient for late payment or unpaid balances.

## **Reporting Capabilities**

DM Medical Billings is capable of producing a broad range of reports from the two software applications utilized to complete the billing process. Utilizing Microsoft suite of products (Excel, PowerPoint, or Word) along with Crystal Reports, DM Medical can create and customize any data points that are needed on a regular weekly, monthly, or quarterly schedule.

DM Medical also has created many specialized reports that our current clients use for their year end audits with their CPA firms, but also reports that can assist in the determination of bad debt, collection placement etc.

Dina Mueller and Chuck McSweeney are proficient in the Amazon Billing software report writer and emsCharts reporting system. Dina has created specialized reports upon request for many clients. The Amazon report writer and emsCharts reporting system can pull any information that is in the billing or charting software applications.

We have attached sample reports that are standard reports and can create as many as specified by client. Additional reports can be created from data in either emsCharts or Amazon Billing Software. These reports are available to our clients at no additional charge.

# GALLOWAY TWP AMBULANCE SQUAD

WE ACCEPT



Please see back of form

C/O DM MEDICAL BOX 1016

VOORHEES, NJ 08043

phone: (800)975-3715 Ext. 137

fax: (856)768-2739

Federal Tax ID: 22-3641957

Your Billing Representative: MELISSA SWIFT

Patient Number: 517

Call Number: 07-005

Patient Name: Patient Any

Date Of Call: 07/01/2007

Amount Due: \$555.45

Amount Enclosed \$ \_\_\_\_\_

From Location: 222 Main Street

To Location: ATLANTIC CITY MED CTR MAINLAN

Insurance:

Patient Any

222 Main Street

GALLOWAY, NJ 08208

(Please check box if above address information is incorrect &amp; indicate changes on reverse side.)

DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
BLS EMERGENCY TRANSPORT	A0429	1.0	518.70	518.70
BLS MILEAGE	A0425	5.0	7.35	36.75

Total Charges 555.45

Total Credits 0.00

PLEASE PAY THIS AMOUNT =&gt; \$555.45

Please Note: A representative may sign for the patient, if the patient is unable to sign, and is in no way responsible for this bill, unless they are the patient's legal guardian.

I authorize the release of any medical or other information to this provider to process this claim or any future claims by this provider. I also authorize that payment of either government benefits or any other insurance benefits for this medical service or any future medical services be paid directly to this provider and or its agents.

Date \_\_\_\_\_

If not patient, Relationship to Patient \_\_\_\_\_

Patient Name: Patient Any

Call Number: 07-005

Please call our office with your motor vehicle and health insurance information for this claim. If you did not have insurance, please call and we will work with you to satisfy this bill.

VISIT US AT WWW.DMMEDICALBILLINGS.COM TO SEND SECURE INSURANCE INFO OR ASK A QUESTION.

GALLOWAY TWP AMBULANCE SQUAD C/O DM MEDICAL BOX 1016 VOORHEES, NJ 08043

# GALLOWAY TWP AMBULANCE SQUAD

WE ACCEPT   

Please see back of form

C/O DM MEDICAL BOX 1016

VOORHEES, NJ 08043

phone: (800)975-3715 Ext. 137 fax: (856)768-2739

Federal Tax ID: 22-3641957

Your Billing Representative: MELISSA SWIFT

Patient Number: 517

Patient Name: Patient Any

Call Number: 07-005

Date Of Call: 07/01/2007

Amount Due: \$555.45

Amount Enclosed \$ \_\_\_\_\_

From Location: 222 Main Street

To Location: ATLANTIC CITY MED CTR MAINLAN

Insurance:

Patient Any

222 Main Street

GALLOWAY, NJ 08208

Please check box if above address information is incorrect & indicate changes on reverse side.

DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
BLS EMERGENCY TRANSPORT	A0429	1.0	518.70	518.70
BLS MILEAGE	A0425	5.0	7.35	36.75

Total Charges 555.45

Total Credits 0.00  
PLEASE PAY THIS AMOUNT => 555.45

Please Note: A representative may sign for the patient, if the patient is unable to sign, and is in no way responsible for this bill, unless they are the patient's legal guardian.

I authorize the release of any medical or other information to this provider to process this claim or any future claims by this provider. I also authorize that payment of either government benefits or any other insurance benefits for this medical service or any future medical services be paid directly to this provider and or its agents.

Date \_\_\_\_\_

If not patient, Relationship to Patient \_\_\_\_\_

Patient Name: Patient Any

Call Number: 07-005

We have submitted a claim for your ambulance services to the insurance shown above. NO PAYMENT is required at this time. The insurance company will likely pay us directly. Thank You.

VISIT US AT WWW.DMMEDICALBILLINGS.COM TO SEND SECURE INSURANCE INFO OR ASK A QUESTION.

GALLOWAY TWP AMBULANCE SQUAD, C/O DM MEDICAL BOX 1016, VOORHEES, NJ 08043

PLEASE RETURN THIS BILL WITH POST-PAYMENT, RETAINED FOR OUR RECORDS

ICS106-RIC

# GALLOWAY TWP AMBULANCE SQUAD

WE ACCEPT     
Please see back of form

C/O DM MEDICAL BOX 1016  
VOORHEES, NJ 08043

phone: (800)975-3715 Ext. 137 fax: (856)768-2739  
Federal Tax ID: 22-3641957

Your Billing Representative: MELISSA SWIFT

Patient Number: 517

Patient Name: Patient Any

Call Number: 07-005

Date Of Call: 07/01/2007

Amount Due: \$555.45

Amount Enclosed \$ \_\_\_\_\_

From Location: 222 Main Street

To Location: ATLANTIC CITY MED CTR MAINLAN

Insurance:

Patient Any  
222 Main Street  
GALLOWAY, NJ 08208

Please check box if above address information is incorrect & indicate changes on reverse side.

DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
BLS EMERGENCY TRANSPORT	A0429	1.0	518.70	518.70
BLS MILEAGE	A0425	5.0	7.35	36.75

Total Charges 555.45

Total Credits 0.00

PLEASE PAY THIS AMOUNT => \$555.45

Please Note: A representative may sign for the patient, if the patient is unable to sign, and is in no way responsible for this bill, unless they are the patient's legal guardian.

I authorize the release of any medical or other information to this provider to process this claim or any future claims by this provider. I also authorize that payment of either government benefits or any other insurance benefits for this medical service or any future medical services be paid directly to this provider and or its agents.

Date \_\_\_\_\_

If not patient, Relationship to Patient \_\_\_\_\_

Patient Name: Patient Any

Call Number: 07-005

This bill is now over 60 days past due. Please complete the back of this form with your insurance information. You may fax it back to us or send it in the envelope provided. If there was no insurance please call our office and we will work with you to satisfy this bill. We must hear from you regarding this matter.

VISIT US AT [WWW.DMMEDICALBILLINGS.COM](http://WWW.DMMEDICALBILLINGS.COM) TO SEND SECURE INSURANCE INFO OR ASK A QUESTION.

GALLOWAY TWP AMBULANCE SQUAD C/O DM MEDICAL BOX 1016 VOORHEES, NJ 08043

PLEASE PRINT NAME OF PERSON WHO MADE PAYMENT, RETAINED FOR OUR PORTION FOR YOUR RECORDS

LCS106-EP

GALLOWAY TWP AMBULANCE SQUAD  
C/O DM MEDICAL BOX 1016  
VOORHEES, NJ 08043  
PHONE NUMBER: (800)975-3715 Ext. 137

Billing Representative: MELISSA SWIFT  
Emergency Ambulance Service

Patient Any  
222 Main Street

Date of Service: 07/01/2007

Call Balance: 555.45

GALLOWAY, NJ 08208

This is not an invoice, but a request for insurance information. Please call our office with your insurance information, or complete the information and mail it back to us in the envelope provided.

Esta notificacion no es una factura. Por favor de llamar a nuestrea officina cor su seguro medicao o completar la infromacion siguiente. Puedes enviarnos por telefax o enviar la informacion en el sobre proporcionado

PATIENT NAME: Any, Patient PATIENT DOB: 05/05/2005

MEDICARE # \_\_\_\_\_ MEDICAID # \_\_\_\_\_

INSURANCE COMPANY/COMPANIS DE INSURNACE: \_\_\_\_\_ POLICY/POLITICA # \_\_\_\_\_

CLAIMS ADDRESS/DIRECCION?: \_\_\_\_\_

IF THIS SERVICE WAS DUE TO A MOTOR VEHICLE ACCIDENT, PLEASE COMPLETE THE FOLLOWING./SI ESTO ERA DEBIDO AL ACCIENTE VECILE DEL MOTOR DE O, PROPORCIONENOS SU INFORMACION AUTO DEL SEGURO

MVA INSURANCE/COMPANIS DE INSURNACE: \_\_\_\_\_

CLAIM #/NUMERO DE LADEMANDA: \_\_\_\_\_

CLAIMS ADDRESS/DIRECCION \_\_\_\_\_

\*\*\*PLEASE ALSO SIGN THE AUTHORIZATION OF BENEFITS\*\*\*

I AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION TO THIS PROVIDER TO PROCESS THIS CLAIM OR ANY FUTURE CLAIMS BY THIS PROVIDER. I ALSO AUTHORIZE THAT PAYMENT OF EITHER GOVERNMENT BENEFITS, OR ANY OTHER INSURANCE BENEFITS FOR THIS MEDICAL SERVICE OR ANY FUTURE SERVICE OR RELATED SERVICES BE PAID DIRECTLY TO THIS PROVIDER AND OR ITS AGENTS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

THANK YOU FOR YOUR IMMEDIATE ATTENTION TO THIS MATTER. IF YOU HAVE ANY QUESTIONS,OR IF YOU DO NOT HAVE INSURANCE, PLEASE CONTACT OUR BILLING OFFICE AT 856-784-3715.

GRACIAS PARA SU ATENCION IMMEDIATA A ESTA ASUNTO. SI USTED TIENE CUALQUIER PREGUNTA LLAMA POR FAVOR NUESTRA OFICINA. DEBEMOS OIR DE USTED CONSIDERA ESTE ASUNTO.

PLEASE FAX THIS FORM OR SEND VIA MAIL TO:  
TELCOPIE POR FAVOR ESTA FORMA O MANDE POR EL A:

DM MEDICAL BILLINGS, INC.  
PO BOX 1016  
VOORHEES, NJ 08043  
FAX: 856-784-8557  
WWW.DMMEDICALBILLINGS.COM

GALLOWAY TWP AMBULANCE SQUAD  
C/O DM MEDICAL BOX 1016  
VOORHEES, NJ 08043  
PHONE NUMBER: (800)975-3715 Ext. 137

Billing Representative: MELISSA SWIFT

Patient Any  
222 Main Street

GALLOWAY, NJ 08208

Emergency Ambulance Service

Date of Service: 07/01/2007

Call Balance: 555.45

DEAR GUARANTOR:

IN ORDER FOR US TO SUBMIT THIS SERVICE FOR INSURANCE PAYMENT, SPECIFIC INFORMATION IS NEEDED. YOUR CLAIM IS LACKING SOME OF THE BELOW INFORMATION AND/OR YOUR SIGNED AUTHORIZATION. PLEASE COMPLETE THIS FORM WITH YOUR INSURANCE INFORMATION, AND SIGN THE AUTHORIZATION FOR BILLING PURPOSES. YOU MAY ALSO SUBMIT THIS INFORMATION ON OUR SECURE WEB SITE AT [WWW.DMMEDICALBILLINGS.COM](http://WWW.DMMEDICALBILLINGS.COM). THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

PATIENT NAME: Any, Patient

PATIENT DOB: 05/05/2005

MEDICARE # \_\_\_\_\_ MEDICAID # \_\_\_\_\_

COMMERCIAL INSURANCE COMPANY NAME: \_\_\_\_\_ POLICY # \_\_\_\_\_

CLAIMS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

IF THIS SERVICE WAS DUE TO A MOTOR VEHICLE ACCIDENT, PLEASE COMPLETE THE FOLLOWING.

MVA INSURANCE NAME: \_\_\_\_\_ POLICY AND/OR CLAIM # \_\_\_\_\_

CLAIMS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*PLEASE ALSO SIGN THE AUTHORIZATION OF BENEFITS\*\*\*

I AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION TO THIS PROVIDER TO PROCESS THIS CLAIM OR ANY FUTURE CLAIMS BY THIS PROVIDER. I ALSO AUTHORIZE THAT PAYMENT OF EITHER GOVERNMENT BENEFITS, OR ANY OTHER INSURANCE BENEFITS FOR THIS MEDICAL SERVICE OR ANY FUTURE SERVICE OR RELATED SERVICES BE PAID DIRECTLY TO THIS PROVIDER AND OR ITS AGENTS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

THANK YOU FOR YOUR IMMEDIATE ATTENTION TO THIS MATTER. IF YOU HAVE ANY QUESTIONS, OR IF YOU DO NOT HAVE INSURANCE, PLEASE CONTACT OUR BILLING OFFICE AT 856-784-3715. WE MUST HEAR FROM YOU WHETHER YOU HAVE INSURANCE OR NOT. YOUR ACTION WILL PREVENT YOUR BEING SENT FURTHER BILLING NOTICES.

PLEASE FAX THIS FORM OR SEND VIA MAIL TO:

DM MEDICAL BILLINGS, INC.  
PO BOX 1016  
VOORHEES, NJ 08043  
FAX: 856-768-2739  
[WWW.DMMEDICALBILLINGS.COM](http://WWW.DMMEDICALBILLINGS.COM)

# Sample Billing Report

Billing Report  
All Calls Billed June 2007

Call #	Patient #	Patient Name	Call Date	Billed Date	Current Payor	Charges	Credits	Balance	Status
06-158280	2613	Doe, Jane	06/01/07	06/07/07	VIRTUA CONTRACT	\$340.00		\$340.00	REVIEW60
06-158418	13	Doe, Jane	06/03/07	06/07/07	VIRTUA CONTRACT	\$340.00		\$340.00	REVIEW60
06-158412	2730	Doe, Jane	06/04/07	06/07/07	VIRTUA CONTRACT	\$70.00		\$70.00	REVIEW60
06-158350	6857	Doe, Jane	06/05/07	06/07/07	MEDICAID NJ UNISYS CORP	\$524.00		\$524.00	REVIEW60
06-158251	6856	Doe, Jane	06/10/07	06/14/07	HORIZON (1609)	\$536.00		\$536.00	REVIEW60
06-158787	6856	Doe, Jane	06/15/07	06/21/07	PRIVATE PAY RESIDENT I	\$560.00		\$560.00	REVIEW60
06-158563	6858	Doe, Jane	06/18/07	06/21/07	PRIVATE PAY	\$536.00		\$536.00	REVIEW60
06-159263	5753	Doe, Jane	06/22/07	07/01/07	PRIVATE PAY RESIDENT I	\$548.00		\$548.00	REVIEW60
06-159592	6872	Doe, Jane	06/25/07	07/01/07	MEDICAID NJ UNISYS CORP	\$584.00		\$584.00	REVIEW60
06-159906	6873	Doe, Jane	06/26/07	07/01/07	VIRTUA CONTRACT	\$340.00		\$340.00	REVIEW60
06-159213	6871	Doe, Jane	06/30/07	07/01/07	Patient/Guarantor	\$524.00		\$524.00	REVIEW60
06-159131	6774	Doe, Jane	06/30/07	07/01/07	MEDICARE BLUE 820 NJ	\$548.00		\$548.00	REVIEW60
June Billing Totals						\$5,450.00	\$0.00	\$5,450.00	

DM Medical Billing

# Sample Receipt Report

## SAMPLE CASH RECEIVED REPORT

CASH COLLECTED THROUGH APRIL 15, 2007

<u>Call #</u>	<u>Patient #</u>	<u>Patient Name</u>	<u>Call Date</u>	<u>Description</u>	<u>Crd Date</u>	<u>Receipt</u>	<u>Amount</u>	<u>Status</u>
6001	2800	DOE, JANE	11/09/06	Payment-Insurance-Auto	04/03/07	8404538	\$629.23	PAID
6007	2875	DOE, JANE	12/14/06	Payment-Insurance-Auto	04/03/07	80705567	\$495.02	PAID
3421	3040	DOE, JANE	02/04/07	Payment-Insurance-Primary	04/03/07	7094887	\$410.00	PAID
8467	2840	DOE, JANE	11/25/06	Payment-Insurance-Secondary	04/03/07	229214767	\$468.50	PAID
3877	3056	DOE, JANE	02/07/07	Payment-Medicaid	04/03/07	307164216	\$88.28	PAID
2808	2693	DOE, JANE	10/04/06	Payment-Private-Check	04/03/07	319	\$45.97	PAID
6002	2991	DOE, JANE	01/16/07	Payment-Insurance-Auto	04/04/07	80967010	\$649.27	PAID
425	2960	DOE, JANE	01/05/07	Payment-Private-Check	04/04/07	1560	\$740.00	PAID
4359	3067	DOE, JANE	02/12/07	Payment-Private-Check	04/04/07	413	\$625.00	PAID
6006	2739	DOE, JANE	10/23/06	Payment-Insurance-Auto	04/09/07	1110136327	\$341.68	PAID
3874	3055	DOE, JANE	02/07/07	Payment-Insurance-Primary	04/09/07	22255482	\$340.00	PAID
3940	3061	DOE, JANE	02/08/07	Payment-Insurance-Primary	04/09/07		\$652.50	PAID
5762	3111	DOE, JANE	02/23/07	Payment-Insurance-Primary	04/11/07	85810306	\$680.00	PAID
1597	2914	DOE, JANE	12/24/06	Payment-Insurance-Secondary	04/11/07	7549150	\$78.91	PAID
8693	2346	DOE, JANE	06/13/06	Payment-Private-Check	04/11/07	1294	\$700.00	PAID
TOTAL CASH COLLECTED THROUGH 4/15/07							\$6,944.36	

DM Medical Billings

# Sample Adjustment Report

## Adjustment Report

CALL #	PATIENT #	PATIENT NAME	CALL DATE	CURRENT PAYOR	CODE	DESCRIPTION	ADJ DATE	ADJ AMT	STATUS
07-1326	13	Example, John	5/2/2007	Patient/Guarantor	AMCD	Adjustment-Medicaid	7/18/2007	\$578.10	CLOSED
07-1350	32	Example, John	5/4/2007	Patient/Guarantor	AMCD	Adjustment-Medicaid	7/18/2007	\$537.15	CLOSED
07-1616C	13	Example, John	5/27/2007	Patient/Guarantor	AMCD	Adjustment-Medicaid	7/18/2007	\$572.25	CLOSED
07-1748	329	Example, John	6/6/2007	Patient/Guarantor	AMCD	Adjustment-Medicaid	7/18/2007	\$573.05	CLOSED
07-1826	94	Example, John	6/14/2007	Patient/Guarantor	AMCD	Adjustment-Medicaid	7/18/2007	\$513.75	CLOSED
07-1692	245	Example, John	6/2/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$179.49	CLOSED
07-1693	246	Example, John	6/2/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$231.39	CLOSED
07-1702	255	Example, John	6/3/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$183.89	CLOSED
07-1709	265	Example, John	6/4/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$181.69	CLOSED
07-1731	276	Example, John	6/5/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$181.69	CLOSED
07-1756	294	Example, John	6/7/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$180.59	CLOSED
07-1766	293	Example, John	6/8/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$180.59	CLOSED
07-1768	15	Example, John	6/8/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$108.86	CLOSED
07-1774	292	Example, John	6/9/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$183.89	CLOSED
07-1779	172	Example, John	6/10/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$186.09	CLOSED
07-1790	263	Example, John	6/11/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$186.09	CLOSED
07-1791	264	Example, John	6/11/2007	Patient/Guarantor	AMCR	Adjustment-Medicare	7/18/2007	\$180.59	CLOSED
07-1738	280	Example, John	6/5/2007	Patient/Guarantor	AMMC	ADJUSTMENT MANAGED MEC	7/18/2007	\$554.70	CLOSED
								<b>\$5,493.85</b>	

# Sample Receivable Report

## Receivable Report

CALL #	PATIENT	DOS	CHARGES	BILLING DATE	CONTRACTUAL ADJ	MEDICARE PAYMENTS	PAY DATE	INSURANCE PAYMENT	PAY DATE	Write Offs	BALANCE DUE
08-000583	Doe, Jane	01/01/06	\$493.00	1/10/2006	\$0.00	\$0.00		\$0.00			\$493.00
05-003935	Doe, Jane	01/06/06	\$502.00	1/10/2006	\$137.49	\$291.51	02/22/06	\$72.90	03/15/06		\$0.00
06-04475	Doe, Jane	01/06/06	\$547.00	1/10/2006	\$152.24	\$315.81	02/22/06	\$0.00			\$78.95
08-18395	Doe, Jane	01/22/06	\$300.00	1/30/2006	\$0.00	\$0.00		\$300.00	04/05/06		\$0.00
08-25982	Doe, Jane	01/31/06	\$502.00	2/15/2006	\$0.00	\$0.00		\$0.00			\$502.00
06-26108	Doe, Jane	02/01/06	\$572.00	2/15/2006	\$201.65	\$296.28	03/15/06	\$74.07	03/22/06		\$0.00
06-26272	Doe, Jane	02/01/06	\$512.00	2/15/2006	\$171.90	\$272.08	03/15/06	\$0.00			\$68.02
06-26454	Doe, Jane	02/01/06	\$524.00	2/15/2006	\$0.00	\$0.00		\$524.00	08/16/06		\$0.00
06-50879	Doe, Jane	03/01/06	\$561.00	3/15/2006	\$0.00	\$0.00		\$561.00	06/21/06		\$0.00
06-68545	Doe, Jane	03/22/06	\$524.00	4/1/2006	\$0.00	\$0.00		\$0.00		\$524.00	\$0.00
			\$5,037.00		\$683.28	\$1,175.78		\$1,631.97		\$624.00	\$1,141.97

# Collection Accounts to be Turned Over for Collection (Sample Report)

## ATLANTICARE RECOMMENDED COLLECTION ACCOUNTS AS OF 03/29/07

<u>Call #</u>	<u>DOS</u>	<u>Pt. Name</u>	<u>Pt Dob</u>	<u>SS #</u>	<u>Balance</u>	<u>Phone #</u>	<u>Address 1</u>	<u>City, State, Zip</u>
05-135357	6/4/2005	Doe, John	1/19/2000	999-99-9999	\$477.00	856-121-9999	123 Anywhere	WINSLOW, NJ 08081
05-312631A	12/20/2005	Doe, John	7/20/1968	999-99-9999	\$504.00	856-121-9999	123 Anywhere	SICKLERVILLE, NJ 08081
04-183803	7/21/2004	Doe, John	1/11/1945	999-99-9999	\$522.00	856-121-9999	123 Anywhere	SICKLERVILLE, NJ 08081
04-202794	8/9/2004	Doe, John	12/30/1992	999-99-9999	\$513.00	856-121-9999	123 Anywhere	CLEMENTON, NJ 08021
06-263895	10/24/2006	Doe, John	12/20/1981	999-99-9999	\$521.00	856-121-9999	123 Anywhere	WILLIAMSTOWN, NJ 08094
05-299711	12/3/2005	Doe, John	1/15/1968	999-99-9999	\$477.00	856-121-9999	123 Anywhere	SICKLERVILLE, NJ 08081
06-21723	1/26/2006	Doe, John	1/24/1986	999-99-9999	\$597.00	856-121-9999	123 Anywhere	SICKLERVILLE, NJ 08081
60317690	12/29/2006	Doe, John	1/17/1962	999-99-9999	\$552.00	856-121-9999	123 Anywhere	LINDENWOLD, NJ 08021
05-278631	11/9/2005	Doe, John	11/23/2003	999-99-9999	\$568.00	856-121-9999	123 Anywhere	CAMDEN, NJ 08102
06-182548	7/25/2006	Doe, John	3/28/1980	999-99-9999	\$597.00	856-121-9999	123 Anywhere	SICKLERVILLE, NJ 08081
06-166749	7/7/2006	Doe, John	8/31/1975	999-99-9999	\$552.00	856-121-9999	123 Anywhere	CEDARBROOK, NJ 08018
05-305339	12/10/2005	Doe, John	2/24/1986	999-99-9999	\$495.00	856-121-9999	123 Anywhere	SICKLERVILLE, NJ 08081
05-169898A	7/11/2005	Doe, John	4/11/2000	999-99-9999	\$504.00	856-121-9999	123 Anywhere	LINDENWOLD, NJ 08021
05-230308	9/16/2005	Doe, John	8/7/1975	999-99-9999	\$567.00	856-121-9999	123 Anywhere	WOODBURY, NJ 08096
04-272715	10/26/2004	Doe, John	12/2/1980	999-99-9999	\$486.00	856-121-9999	123 Anywhere	RUNNEMEDE, NJ 08078
06-139210	6/9/2006	Doe, John	10/25/1949	999-99-9999	\$552.00	856-121-9999	123 Anywhere	SICKLERVILLE, NJ 08081
06-47799	2/25/2006	Doe, John	7/14/2005	999-99-9999	\$597.00	856-121-9999	123 Anywhere	FRANKLIN, MA 02038
04-233059	9/12/2004	Doe, John	3/6/1933	999-99-9999	\$559.00	856-121-9999	123 Anywhere	SICKLERVILLE, NJ 08081
05-2770088	11/8/2005	Doe, John	1/15/1973	999-99-9999	\$477.00	856-121-9999	123 Anywhere	WINSLOW, NJ 08095
06-176791	7/18/2006	Doe, John	1/11/1968	999-99-9999	\$521.00	856-121-9999	123 Anywhere	WINSLOW, NJ 08095
06-113175	5/11/2006	Doe, John	4/3/1983	999-99-9999	\$585.00	856-121-9999	123 Anywhere	BERLIN, NJ 08009
05-53398	3/16/2005	Doe, John	2/23/1973	999-99-9999	\$559.00	856-121-9999	123 Anywhere	SICKLERVILLE, NJ 08081
04-280447	11/3/2004	Doe, John	8/6/1961	999-99-9999	\$558.00	856-121-9999	123 Anywhere	VINELAND, NJ 08361
05-302140	12/6/2005	Doe, John	9/13/1972	999-99-9999	\$547.00	856-121-9999	123 Anywhere	WINSLOW, NJ 08095
04-242261	9/22/2004	Doe, John	2/18/2000	999-99-9999	\$557.00	856-121-9999	123 Anywhere	TANSBORO, NJ 08009
03-202156B	8/5/2003	Doe, John	4/27/1983	999-99-9999	\$467.50	856-121-9999	123 Anywhere	NEWTONVILLE, NJ 08346
06-242487	9/30/2006	Doe, John	1/12/1987	999-99-9999	\$564.00	856-121-9999	123 Anywhere	HAMMONTON, NJ 08037
06-152614	6/23/2006	Doe, John	6/18/1958	999-99-9999	\$125.00	856-121-9999	123 Anywhere	LINDENWOLD, NJ 08021
03-310349A	11/25/2003	Doe, John	4/12/1983	999-99-9999	\$484.50	856-121-9999	123 Anywhere	PINE HILL, NJ 08021
06-219842	9/3/2006	Doe, John	12/2/1980	999-99-9999	\$581.00	856-121-9999	123 Anywhere	CAMDEN, NJ 08105
06-263347	10/24/2006	Doe, John	12/2/1980	999-99-9999	\$736.00	856-121-9999	123 Anywhere	CAMDEN, NJ 08105
05-224276C	9/9/2005	Doe, John	1/31/1984	999-99-9999	\$504.00	856-121-9999	123 Anywhere	SICKLERVILLE, NJ 08081
Totals					\$17,706.00			

# Insurance Profile (Sample Report)

ATLANTICARE REVENUE BILLED  
APRIL 1-APRIL 30, 2008  
BY PAYOR TYPE

04-04222008	DOE, JOHN	4/22/2008	AETNA ALL 981106	\$590.00	BLS NON EMERGENCY
08-04032008	DOE, JOHN	4/3/2008	AETNA ALL 981106	\$2,012.00	ALS LEVEL 2
04-04282008	SMITH, MARY	4/28/2008	AETNA ALL 981106	\$6,250.00	Parastar
08-04152008	DOE, JOHN	4/15/2008	AETNA ALL 981106	<u>\$2,640.00</u>	Specialty Care Transport
			TOTAL REVENUE AETNA	\$13,492.00	
04-2242008	JONES, BETTY	4/22/2008	CIGNA HEALTHCARE	\$548.00	BLS NON EMERGENCY
			TOTAL REVENUE CIGNA	\$548.00	
08-04302008	DOE, JIM	4/30/2008	GIECO INSURANCE (116)	\$2,040.00	ALS LEVEL 2
04-04152008	DOE, MARY	4/15/2008	GIECO INSURANCE (116)	<u>\$8,250.00</u>	Parastar
			TOTAL REVENUE GIECO	\$10,290.00	
08-04262008	SMITH, JENNY	4/26/2008	HORIZON MEDICARE BLUE	\$2,640.00	Specialty Care Transport
			TOTAL REVENUE HORIZON MCR	<u>\$2,640.00</u>	
04-232008	DOE, JANE	4/23/2008	MEDICARE ELECTRONIC (TRADITIONAL)	\$548.00	BLS NON EMERGENCY
08-04012008	DOE, JANE	4/1/2008	MEDICARE ELECTRONIC (TRADITIONAL)	\$2,040.00	ALS LEVEL 2
08-04102008	DOE, JANE	4/10/2008	MEDICARE ELECTRONIC (TRADITIONAL)	\$7,000.00	Parastar
04-04162008	SMITH, JOHN	4/16/2008	MEDICARE ELECTRONIC (TRADITIONAL)	\$6,250.00	Parastar
08-04202008	DOE, JANE	4/20/2008	MEDICARE ELECTRONIC (TRADITIONAL)	<u>\$2,710.00</u>	Specialty Care Transport
			TOTAL REVENUE MEDICARE	\$20,548.00	
08-04142008	BLACK, MARY	4/15/2008	SELF PAY	<u>\$2,040.00</u>	ALS LEVEL 2
			TOTAL REVENUE SELF PAY	\$2,040.00	
			TOTAL REVENUE APRIL 2008	\$36,066.00	

# **Month to Date Program Analysis (Sample Report)**

Atlanticare Month to Date Program Analysis  
 April 1, 2008-April 30, 2008

<u>Description</u>	<u>Call Count</u>	<u>Call Count %</u>	<u>Dollars</u>	<u>Dollar %</u>
ALS Level 2	2	25	\$4,052.00	15.71
BLS Non Emergency	2	25	\$1,138.00	4.41
Parastar Flight	2	25	\$15,250.00	59.13
Specialty Care Transport	2	25	\$5,350.00	20.74
<b>Total Dollars Billed</b>			<b>\$25,790.00</b>	

# Program Revenue By Provider (Sample Report)

ATLANTICARE REVENUE BILLED  
APRIL 1-APRIL 30, 2008  
BY PROVIDER TYPE

CALL #	PATIENT NAME	DOS	PAYOR ON CALL	CHARGES	CALL TYPE
04-04222008	DOE, JOHN	4/22/2008	AETNA ALL 981106	\$590.00	BLS NON EMERGENCY
04-232008	DOE, JANE	4/23/2008	MEDICARE ELECTRONIC (TRADITIONAL)	\$548.00	BLS NON EMERGENCY
04-2242008	JONES, BETTY	4/22/2008	CIGNA HEALTHCARE	\$548.00	BLS NON EMERGENCY
			TOTAL REVENUE BLS NON EMERGENC'	\$1,886.00	

CALL #	PATIENT NAME	DOS	PAYOR ON CALL	CHARGES	CALL TYPE
08-04012008	DOE, JANE	4/1/2008	MEDICARE ELECTRONIC (TRADITIONAL)	\$2,040.00	ALS LEVEL 2
08-04032008	DOE, JOHN	4/3/2008	AETNA ALL 981106	\$2,012.00	ALS LEVEL 2
08-04142008	BLACK, MARY	4/15/2008	SELF PAY	\$2,040.00	ALS LEVEL 2
08-04302008	DOE, JIM	4/30/2008	GIECO INSURANCE (116)	\$2,040.00	ALS LEVEL 2
			TOTAL REVENUE ALS LEVEL 2	\$8,132.00	

CALL #	PATIENT NAME	DOS	PAYOR ON CALL	CHARGES	CALL TYPE
04-04152008	DOE, MARY	4/15/2008	GIECO INSURANCE (116)	\$8,250.00	Parastar Flight
08-04102008	DOE, JANE	4/10/2008	MEDICARE ELECTRONIC (TRADITIONAL)	\$7,000.00	Parastar Flight
04-04162008	SMITH, JOHN	4/16/2008	MEDICARE ELECTRONIC (TRADITIONAL)	\$8,250.00	Parastar Flight
04-04282008	SMITH, MARY	4/28/2008	AETNA ALL 981106	\$8,250.00	Parastar Flight
			TOTAL REVENUE PARASTAR	\$31,750.00	

CALL #	PATIENT NAME	DOS	PAYOR ON CALL	CHARGES	CALL TYPE
08-04152008	DOE, JOHN	4/15/2008	AETNA ALL 981106	\$2,640.00	Specialty Care Transport
08-04202008	DOE, JANE	4/20/2008	MEDICARE ELECTRONIC (TRADITIONAL)	\$2,710.00	Specialty Care Transport
08-04262008	SMITH, JENNY	4/26/2008	HORIZON MEDICARE BLUE	\$2,640.00	Specialty Care Transport
			TOTAL REVENUE SCT	\$7,990.00	

TOTAL REVENUE APRIL 2008 \$49,558.00

## Month to Date Cash Receipts Report by Provider (Sample Report)

### Cash Receipts by Payor

#### Detail

<u>Call No</u>	<u>Patient #</u>	<u>Patient Name</u>	<u>Call Date</u>	<u>Description</u>	<u>Rec. Date</u>	<u>Amount</u>
06-194813	1490	Doe, John	8/7/2006	Payment-Private-Check	5/19/2008	\$50.00
06-313385	1770	Doe, John	12/23/2006	Payment-Private-Check	5/30/2008	\$100.00
07-104797	2033	Doe, John	5/4/2007	Payment-Medicare-Part B	5/16/2008	\$303.13
07-124376	2033	Doe, John	5/26/2007	Payment-Medicare-Part B	5/16/2008	\$293.13
07-131464	2086	Doe, John	6/3/2007	Payment-Insurance-Primary	5/19/2008	\$548.00
07-132203	2085	Doe, John	6/4/2007	Payment-Private-Check	5/19/2008	\$125.00
07-159854	2135	Doe, John	7/4/2007	Payment-Medicare-Part B	5/23/2008	\$303.13
07-167598	2158	Doe, John	7/13/2007	Payment-Private-Check	5/22/2008	\$128.77
07-174995	2183	Doe, John	7/21/2007	Payment-Private-Check	5/22/2008	\$149.07
07-1974143	2033	Doe, John	8/16/2007	Payment-Medicare-Part B	5/16/2008	\$293.13
07-240600	2341	Doe, John	10/5/2007	Payment-Insurance-Secondary	5/22/2008	\$77.03
07-241204	2339	Doe, John	10/6/2007	Payment-Insurance-Primary	5/19/2008	\$572.00
07-243789	462	Doe, John	10/9/2007	Payment-Medicare-Part B	5/23/2008	\$298.13
07-272557	2398	Doe, John	11/12/2007	Payment-Insurance-Primary	5/19/2008	\$201.84
07-273060	2400	Doe, John	11/13/2007	PAYMENT MANAGED MEDICARE	5/30/2008	\$391.41
07-276825	4	Doe, John	11/17/2007	Payment-Insurance-Primary	5/19/2008	\$572.00
07-289113	2430	Doe, John	12/3/2007	Payment-Private-Check	5/30/2008	\$276.51
07-291078	2438	Doe, John	12/5/2007	Payment-Private-Check	5/30/2008	\$50.00
08-1178	2483	Doe, John	1/2/2008	Payment-Private-Check	5/30/2008	\$58.50
08-11408	4	Doe, John	1/14/2008	Payment-Insurance-Primary	5/19/2008	\$560.00
08-11264	2491	Doe, John	1/15/2008	Payment-Insurance-Primary	5/30/2008	\$570.07
08-16973	2507	Doe, John	1/22/2008	Payment-Private-Check	5/19/2008	\$76.68
08-18520	1653	Doe, John	1/24/2008	Payment-Insurance-Auto	5/19/2008	\$562.00
80058165	2154274	Doe, John	4/5/2008	Payment-Insurance-Auto	5/22/2008	\$137.50
80091883	2280804	Doe, John	4/20/2008	Payment-Medicare-Part B	5/16/2008	\$306.74
80091952	2012	Doe, John	4/20/2008	Payment-Insurance-Secondary	5/22/2008	\$76.68
A1E	1820	Doe, John	4/20/2008	Payment-Medicare-Part B	5/16/2008	\$244.01
80092900	2284819	Doe, John	4/21/2008	Payment-Medicaid	5/26/2008	\$152.25
08-92445	2447	Doe, John	4/21/2008	Payment-Medicare-Part B	5/16/2008	\$317.01
80093361	2286672	Doe, John	4/22/2008	Payment-Insurance-Primary	5/30/2008	\$596.00
80093793	2263666	Doe, John	4/22/2008	Payment-Insurance-Primary	5/22/2008	\$598.00
08-94032	2289372	Doe, John	4/23/2008	Payment-Medicare-Part B	5/30/2008	\$311.88
08-95182	1938	Doe, John	4/24/2008	Payment-Medicare-Part B	5/16/2008	\$306.74
80097129	429	Doe, John	4/26/2008	Payment-Insurance-Secondary	5/22/2008	\$76.68
80098671	876	Doe, John	4/28/2008	PAYMENT MANAGED MEDICAID	5/30/2008	\$65.50
80099468	1121	Doe, John	4/29/2008	Payment-Medicare-Part B	5/23/2008	\$311.88
08-101793	2321	Doe, John	5/2/2008	Payment-Medicare-Part B	5/23/2008	\$311.88
80105382	1561081	Doe, John	5/6/2008	Payment-Medicare-Part B	5/23/2008	\$306.74
<b>Totals</b>						<b>\$10,779.02</b>

# **Program Revenue Broken Down by Provider (Sample Report)**

<u>Receipts From Payor</u>	<u># of Calls</u>	<u>Received Amount</u>
HORIZON (ALL OTHER PREFIX)	2	\$1,100.42
AARP	1	\$75.40
AETNA ALL 981106	5	\$2,256.31
AETNA FOR ALL PPO HMOS	2	\$1,144.00
AIG CLAIMS (PO 5460) NJ	1	\$426.63
AMERICHoice OF NJ 659428	3	\$195.00
HORIZON BLUE CROSS (1609, NJ)	1	\$79.25
MEDICAID NJ UNISYS CORP	2	\$228.93
CIGNA HEALTHCARE 5200 PA	2	\$1,108.00
ELECTRONIC AMERIHEALTH	1	\$391.41
ESIS	1	\$571.79
HIGH POINT	1	\$137.50
HORIZON MERCY HEALTH 7117	2	\$71.25
HORIZON MEDIGAP (1184)	2	\$153.36
HORIZON (1609)	3	\$216.25
MEDICARE ELECTRONIC (TRADITION	23	\$7,140.73
Patient/Guarantor	11	\$1,361.71
PRIVATE PAY RESIDENT I	4	\$582.41
PROCURA MANAGEMENT	1	\$662.00
TEAMSTERS HEALTH AND WELFARE	1	\$529.60
TRICARE - REGION 1 CLAIMS	1	\$77.96
UNIVERSITY HEALTH PLAN CAID	1	\$67.00
VETERAN ADMINISTRATION	1	\$548.00
<u>WEYERHAEUSER</u>	<u>1</u>	<u>\$570.07</u>
<b>Totals</b>		<b>\$19,694.98</b>

# ***Aging Report by Insurance Carrier (Sample Report)***

<u>Insurance</u>	<u>Calls</u>	<u>Current</u>	<u>31 to 60</u>	<u>61 to 90</u>	<u>91 to 120</u>	<u>121 to 150</u>	<u>151 to 180</u>	<u>Over 180</u>	<u>Total</u>
Aetna	4	\$0.00	\$13,492.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,492.00
Cigna	1	\$0.00	\$548.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$548.00
Geico	2	\$0.00	\$10,290.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,290.00
Horizon	1	\$0.00	\$2,640.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,640.00
Medicare Traditional	5	\$0.00	\$20,548.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,548.00
Self Pay	1	\$0.00	\$2,040.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,040.00
<b>Totals</b>		<b>\$0.00</b>	<b>\$49,558.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$49,558.00</b>

## Aging Analysis By Insurance Payor (Sample Report)

### Account Aging Summary

<u>Description</u>	<u>Calls</u>	<u>Current</u>	<u>31 to 60</u>	<u>61 to 90</u>	<u>91 to 120</u>	<u>121 to 150</u>	<u>151 to 180</u>	<u>Over 180</u>	<u>Total</u>
AmeriHealth Insurance Claim	4	\$620.00	\$1,268.00	\$717.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,605.00
Balance Due Billed Non Resident	21	\$606.00	\$710.68	\$1,625.24	\$1,652.02	\$12.00	\$0.00	\$0.00	\$4,605.94
Balance Due Billed To Resident	10	\$0.00	\$230.04	\$310.57	\$173.05	\$0.00	\$0.00	\$0.00	\$713.67
Blue Cross NJ Primary	7	\$620.00	\$1,999.00	\$1,310.00	\$606.00	\$0.00	\$0.00	\$0.00	\$4,535.00
Medicaid Electronic Claims	3	\$5,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,500.00
Medicare Electronic Claims	35	\$35,000.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41,000.00
Insurance - Primary	18	\$105,000.00	\$26,000.00	\$1,971.00	\$634.00	\$0.00	\$0.00	\$0.00	\$133,605.00
Medicaid Paper Claim	5	\$0.00	\$164.92	\$230.04	\$0.00	\$0.00	\$0.00	\$0.00	\$394.96
Medicare Cross Over Secondary	6	\$0.00	\$155.93	\$314.42	\$0.00	\$0.00	\$0.00	\$0.00	\$470.35
MOTOR VEHICLE NO INSURANCE	3	\$22,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,000.00
motor vehicl insurance claim	9	\$0.00	\$16,226.00	\$15,000.00	\$3,685.59	\$0.00	\$0.00	\$0.00	\$34,911.59
Electronic Insurance	15	\$49,410.00	\$24,500.00	\$1,888.00	\$1,380.00	\$0.00	\$0.00	\$0.00	\$77,178.00
PENDED FOLLOW UP IN PROCESS	19	\$0.00	\$1,846.00	\$2,341.21	\$2,295.10	\$60.00	\$0.00	\$0.00	\$6,542.31
Private Pay Accounts	14	\$9,200.00	\$3,184.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,384.00
PRIVATE PAY RESIDENT	3	\$1,254.00	\$620.00	\$0.00	\$620.00	\$0.00	\$0.00	\$0.00	\$2,494.00
Insurance - Secondary	3	\$0.00	\$3,572.29	\$643.12	\$263.93	\$0.00	\$0.00	\$0.00	\$4,479.34
<b>Totals</b>		<b>\$229,210.00</b>	<b>\$86,476.86</b>	<b>\$26,350.60</b>	<b>\$11,309.70</b>	<b>\$72.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$353,419.16</b>

DM Medical Billings

# Sample Patient Collection Activity Report

History ID : 75100088

Call Date Range - 01/01/2008 To 01/31/2008

## PATEINT COLLECTION ACTIVITY REPORT

Patient #: 1944975

Guarantor Name/Address

Last Payment:  
Last Patient Payment:

PATIENT NAME

PATIENT NAME

Last Service: 01/12/2008

PATIENT ADDRESS

Date of Birth: 10/25/2007

PATIENT ADDRESS (CONT)

Social Security Number 000-00-0000

Call Number	Call Date	Current Schedule	Current Event	Assign	Charges	Credits	Balance		
08-0115	01/12/2008	EXHAUSTED	NONE	Drop Off Location:	ATLANTIC CITY MED CTR MAINLAND	533.40	0.00		
Pick-Up Location: Scene									
Event Date	Payor Description	Schedule ID	Schedule Description	Event Id	Event Description	Form Code	Batch	Item	User ID
01/16/2008		UPLOAD	UPLOAD SCHEDULE	NONE	PENDING PRINT OF C				11
01/19/2008	NJ MEDICAID UNISYS	CAID	Medicaid Electronic Cla	NONE	PENDING PRINT OF C				11
01/30/2008	NJ MEDICAID UNISYS	CAID	Medicaid Electronic Cla	ECAD	Medicaid Filed Electronic	MAEC	113592	15	3
02/27/2008	NJ MEDICAID UNISYS	CAID	Medicaid Electronic Cla	ECD1	Medicaid Electronic-Seco	MAEC	116458	5	3
03/07/2008	Patient/Guarantor	PRID	Private Pay- Insurance	NONE	PENDING PRINT OF C				27
03/11/2008	Patient/Guarantor	PRID	Private Pay- Insurance	IND1	Insurance Denial- First Bi	privnew	117614	11	3
04/07/2008	Patient/Guarantor	PRID	Private Pay- Insurance	IND2	Insurance Denial- Secon	privnew	120058	12	3
04/14/2008	Patient/Guarantor	BAD	BAD ADDRESS MAIL	NONE	PENDING PRINT OF C				27
04/16/2008	Patient/Guarantor	EXHAUSTE	EXHAUSTED ALL EF	NONE	PENDING PRINT OF C				27

### Call Collection Notes

02/07/2008 11:24:11 CAID DENIED PT NOT ELIG ON DOS, CORRECTED ID AND SET TO RESUMIT

04/14/2008 12:47:53

MAIL RETD.....UNABLE TO FWD.....CHECKED TS CANNOT READ DEMO INFO FROM NAME.....WILL HAVE TO CALL HOSP

HOSP ATT.....DO NOT HAVE MOTHER'S

04/16/2008 14:36:12

CLD HOSP SP AND NO NEW ADDY INFO, REFER FOR COLLECTIONS/WRITEOFF

DM Medical Billings

Sample Billing Aged Receivable Report																			
Payor on Call	Call No	Call Date	Patient	Current	31 to 60	61 to 90	91 to 120	121 to 150	151 to 180	Over 180	Total								
AETNA	07-016486	01/21/07	Doe, Jane	0	0	0	0	0	\$59.00	\$0.00	\$59.00								
AETNA	07-000374	01/01/07	Doe, Jane	0	0	0	0	0	\$0.00	\$100.00	\$100.00								
ALL250	6221-07	01/08/07	Doe, Jane	0	0	0	0	0	\$0.00	\$597.00	\$597.00								
AMERCHOICE	07-014050	01/18/07	Doe, Jane	0	0	0	0	0	\$524.00	\$0.00	\$524.00								
Medicald	07-9936	01/13/07	Doe, Jane	0	0	0	0	0	\$0.00	\$72.03	\$72.03								
Medicald	268-07	01/27/07	Doe, Jane	0	0	0	0	0	\$73.28	\$0.00	\$73.28								
Medicald	07-17417	01/24/07	Doe, Jane	0	0	0	0	0	\$536.00	\$0.00	\$536.00								
Medicald	07-9157	01/12/07	Doe, Jane	0	0	0	0	0	\$0.00	\$591.00	\$591.00								
HOMC	13330-07	01/17/07	Doe, Jane	0	0	0	0	0	\$0.00	\$478.00	\$478.00								
HOMC	07-14841	01/19/07	Doe, Jane	0	0	0	0	0	\$536.00	\$0.00	\$536.00								
Horizon	07-9295	01/12/07	Doe, Jane	0	0	0	0	0	\$0.00	\$507.90	\$507.90								
Horizon	7560-07	01/10/07	Doe, Jane	0	0	0	0	0	\$0.00	\$536.00	\$536.00								
INGR	07-242	01/25/07	Doe, Jane	0	0	0	0	0	\$107.20	\$0.00	\$107.20								
MCR	07-10137A	01/13/07	Doe, Jane	0	0	0	0	0	\$0.00	\$171.88	\$171.88								
MVA	07-11164	01/14/07	Doe, Jane	0	0	0	0	0	\$0.00	\$524.00	\$524.00								
MVA	07-18379	01/23/07	Doe, Jane	0	0	0	0	0	\$536.00	\$0.00	\$536.00								
MVA	07-8614	01/11/07	Doe, Jane	0	0	0	0	0	\$0.00	\$536.00	\$536.00								
MVA	07-15875	01/20/07	Doe, Jane	0	0	0	0	0	\$584.00	\$0.00	\$584.00								
PRIV	07-3675	01/05/07	Doe, Jane	0	0	0	0	0	\$0.00	\$33.23	\$33.23								
PRIV	007430-07	01/10/07	Doe, Jane	0	0	0	0	0	\$0.00	\$69.53	\$69.53								
PRIV	07-002567	01/04/07	Doe, Jane	0	0	0	0	0	\$0.00	\$69.53	\$69.53								
PRIV	07-23280	01/29/07	Doe, Jane	0	0	0	0	0	\$72.03	\$0.00	\$72.03								
PRIV	005948-07	01/08/07	Doe, Jane	0	0	0	0	0	\$0.00	\$100.00	\$100.00								
PRIVATE	07-014761	01/19/07	Doe, Jane	0	0	0	0	0	\$282.40	\$0.00	\$282.40								
PRIVATE	07-8373	01/11/07	Doe, Jane	0	0	0	0	0	\$0.00	\$524.00	\$524.00								
PRIVATE	07-11516	01/15/07	Doe, Jane	0	0	0	0	0	\$0.00	\$548.00	\$548.00								
			Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,289.81	\$5,458.10	\$8,748.01								

Sample Open Accounts Report				
<u>CALL #</u>	<u>PATIENT</u>	<u>CALL DATE</u>	<u>Current Payer on Call</u>	<u>BALANCE</u>
06-40837	Smith Jack	12/17/2006	AETNA ALL 981106	\$35.52
06-40289	Smith Jack	12/13/2006	AETNA ALL 981106	\$53.00
06-41777	Smith Jack	12/26/2006	AETNA ALL 981106	\$70.44
06-36488-01	Smith Jack	11/6/2006	Alistate Concentra (5038)	\$524.00
06-39745-1	Smith Jack	12/7/2006	Alistate Concentra (5038)	\$580.00
06-10621	Smith Jack	4/9/2006	Alistate Concentra (5038)	\$669.00
06-039673	Smith Jack	12/6/2006	AMERICHoice OF NJ 659428	\$61.00
06-41806	Smith Jack	12/26/2006	AMERICHoice OF NJ 659428	\$67.00
06-39123-1,2,3	Smith Jack	12/1/2006	CLARENDON INSURANCE CO	\$524.00
06-41408-1	Smith Jack	12/22/2006	GEICO	\$592.00
06-41539	Smith Jack	12/24/2006	HEALTHNET (14700)	\$70.00
06-39849	Smith Jack	12/8/2006	HORIZON (1609)	\$154.72
06-39518	Smith Jack	12/5/2006	HORIZON (1609)	\$304.95
06-10611	Smith Jack	4/9/2006	HORIZON FEDERAL BC - (656, NJ)	\$71.65
06-36841	Smith Jack	11/10/2006	INDEPENDENCE BLUE CROSS	\$400.40
06-13137	Smith Jack	4/29/2006	INDEPENDENCE BLUE CROSS	\$536.00
06-41487	Smith Jack	12/23/2006	INDEPENDENCE BLUE CROSS	\$548.00
06-33160	Smith Jack	10/7/2006	KEYSTONE	\$34.29
06-19384-1	Smith Jack	6/18/2006	KEYSTONE	\$94.94
06-19384-2	Smith Jack	6/18/2006	KEYSTONE	\$124.53
06-35283	Smith Jack	10/26/2006	LOCAL 825 IUOE	\$68.02
06-32845	Smith Jack	10/4/2006	MAMSI LIFE AND HEALTH	\$620.00
06-10492	Smith Jack	4/8/2006	MEDICAID UNISYS CORP	\$68.02
06-37176	Smith Jack	11/12/2006	MEDICAID UNISYS CORP	\$61.00
06-36488-02	Smith Jack	11/6/2006	MEDICARE ELECTRONIC (TRADITIO	\$620.00
06-31252	Smith Jack	9/21/2006	MERCURY INSURANCE GROUP	\$633.00
06-37995	Smith Jack	11/20/2006	NATIONAL ELEVATOR INDUSTRY	\$68.02
06-9216	Smith Jack	3/28/2006	NATIONAL INTERSTATE	\$536.00
06-40469	Smith Jack	12/14/2006	NEIHP	\$70.44
06-24581	Smith Jack	7/27/2006	NEW JERSEY GUARANTY ASSOC.	\$628.00
06-39743-1	Smith Jack	12/7/2006	NEW JERSEY MANUFACTURERS	\$512.00
06-34567	Smith Jack	10/20/2006	STATE FARM INS.	\$537.00
06-41400	Smith Jack	12/22/2006	STATE FARM INS.	\$596.00
06-37054	Smith Jack	11/11/2006	TRICARE - REGION 1 CLAIMS	\$68.02
06-36986	Smith Jack	11/11/2006	TRICARE - REGION 1 CLAIMS	\$71.65
06-42116	Smith Jack	12/29/2006	TRICARE - REGION 1 CLAIMS	\$155.00
06-30936	Smith Jack	9/18/2006	UNITED HEALTHCARE	\$68.02
06-33838	Smith Jack	10/13/2006	UNITED HEALTHCARE UTAH 30555	\$69.23
06-40913	Smith Jack	12/18/2006	UNITED HEALTHCARE UTAH 30555	\$69.23
06-42051	Smith Jack	12/29/2006	Patient/Guarantor	\$512.00
06-42043	Smith Jack	12/29/2006	PRIVATE PAY	\$524.00
06-42214	Smith Jack	12/30/2006	PRIVATE PAY	\$536.00
06-42235	Smith Jack	12/31/2006	PRIVATE PAY	\$512.00
			Total Of Open Accounts	\$2,084.00

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Sample Closed Account Report						
<u>CALL #</u>	<u>PATIENT</u>	<u>CALL DATE</u>	<u>Current Payer on Call</u>	<u>Charges</u>	<u>Credits</u>	<u>BALANCE</u>
06-0500	Doe, Jane	12/17/06	Private Zero Balance	\$620.00	\$620.00	\$0.00
06-0600	Smith Jack	12/13/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-0401	Smith Jack	12/26/06	Private Zero Balance	\$660.00	\$660.00	\$0.00
06-0601	Smith Jack	11/6/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-0602	Smith Jack	12/7/06	Private Zero Balance	\$620.00	\$620.00	\$0.00
06-0622	Smith Jack	4/9/06	Private Zero Balance	\$620.00	\$620.00	\$0.00
06-0645	Smith Jack	12/6/06	Private Zero Balance	\$620.00	\$620.00	\$0.00
06-0630	Smith Jack	12/26/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-0625	Smith Jack	12/1/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-0630	Smith Jack	12/22/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-0635	Smith Jack	12/24/06	Private Zero Balance	\$350.00	\$350.00	\$0.00
06-0638	Smith Jack	12/8/06	Private Zero Balance	\$350.00	\$350.00	\$0.00
06-0399	Smith Jack	12/5/06	Private Zero Balance	\$620.00	\$620.00	\$0.00
06-1066	Smith Jack	4/9/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-0499	Smith Jack	11/10/06	Private Zero Balance	\$620.00	\$620.00	\$0.00
06-0429	Smith Jack	4/29/06	Private Zero Balance	\$640.00	\$640.00	\$0.00
06-0509	Smith Jack	12/23/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-0510	Smith Jack	10/7/06	Private Zero Balance	\$660.00	\$660.00	\$0.00
06-0599	Smith Jack	6/18/06	Private Zero Balance	\$660.00	\$660.00	\$0.00
06-0600	Smith Jack	6/18/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-0602	Smith Jack	10/26/06	Private Zero Balance	\$350.00	\$350.00	\$0.00
06-0605	Smith Jack	10/4/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-0610	Smith Jack	4/8/06	Private Zero Balance	\$640.00	\$640.00	\$0.00
06-0700	Smith Jack	11/12/06	Private Zero Balance	\$640.00	\$640.00	\$0.00
06-0710	Smith Jack	11/6/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-015	Smith Jack	9/21/06	Private Zero Balance	\$650.00	\$650.00	\$0.00
06-0715	Smith Jack	11/20/06	Private Zero Balance	\$630.00	\$630.00	\$0.00
06-9216	Smith Jack	3/28/06	Private Zero Balance	\$620.00	\$620.00	\$0.00
			Total Of Open Accounts	\$17,070.00	\$17,070.00	\$0.00

Sample Audit Report for Squad year and Audit												
DM Medical Custom Report												
All Calls Billed in 2006												
Cash and Credits Applied in year 2006 only												
CALL #	PATIENT	DOS	CHARGES	CONTRACTUAL	MEDICARE	PAY DATE	INSURANCE	PAY DATE	PATIENT	PAY DATE	Write	Call Balance
06-000583	Doe, Jane	01/01/06	\$493.00	\$0.00	\$0.00		\$0.00		\$0.00			\$493.00
06-003935	Doe, Jane	01/06/06	\$502.00	\$137.49	\$291.61	02/22/06	\$72.90	03/15/06	\$0.00			\$0.00
06-04475	Doe, Jane	01/08/06	\$547.00	\$152.24	\$315.81	02/22/06	\$0.00		\$0.00			\$76.95
06-18395	Doe, Jane	01/22/06	\$300.00	\$0.00	\$0.00		\$300.00	04/05/06	\$0.00			\$0.00
06-25992	Doe, Jane	01/31/06	\$502.00	\$0.00	\$0.00		\$0.00		\$0.00			\$502.00
06-26108	Doe, Jane	02/01/06	\$572.00	\$201.65	\$296.28	03/15/06	\$74.07	03/22/06	\$0.00			\$0.00
06-26272	Doe, Jane	02/01/06	\$512.00	\$171.90	\$272.08	03/15/06	\$0.00		\$0.00			\$58.02
06-26404	Doe, Jane	02/01/06	\$524.00	\$0.00	\$0.00		\$524.00	08/15/06	\$0.00			\$0.00
06-50054	Doe, Jane	02/28/06	\$536.00	\$0.00	\$0.00		\$0.00		\$150.00	10/19/06		\$396.00
06-50979	Doe, Jane	03/01/06	\$561.00	\$0.00	\$0.00		\$561.00	06/21/06	\$0.00			\$0.00
06-68545	Doe, Jane	03/22/06	\$524.00	\$0.00	\$0.00		\$0.00		\$0.00		\$524.00	\$0.00
06-77291	Doe, Jane	03/31/06	\$524.00	\$177.85	\$276.92	05/10/06	\$0.00		\$0.00		\$569.23	\$0.00
06-77484	Doe, Jane	03/31/06	\$536.00	\$183.80	\$281.76	05/10/06	\$70.44	06/14/06	\$0.00			\$0.00
06-77856	Doe, Jane	04/01/06	\$536.00	\$183.00	\$281.76	05/10/06	\$408.44	06/14/06	\$0.00			\$-330.00
06-91134	Doe, Jane	04/16/06	\$330.00	\$0.00	\$0.00		\$330.00	06/28/06	\$0.00			\$0.00
06-104695	Doe, Jane	05/01/06	\$330.00	\$0.00	\$0.00		\$330.00	07/31/06	\$0.00			\$0.00
06-104765	Doe, Jane	05/01/06	\$524.00	\$0.00	\$0.00		\$0.00		\$0.00			\$524.00
06-136185	Doe, Jane	06/06/06	\$330.00	\$0.00	\$0.00		\$330.00	08/09/06	\$0.00			\$0.00
06-159906	Doe, Jane	06/30/06	\$300.00	\$0.00	\$0.00		\$0.00		\$0.00			\$300.00
06-188034	Doe, Jane	07/31/06	\$524.00	\$177.85	\$276.92	08/29/06	\$0.00		\$0.00			\$69.23
06-188068	Doe, Jane	07/31/06	\$524.00	\$177.85	\$276.92	08/29/06	\$0.00		\$0.00			\$69.23
06-190581	Doe, Jane	08/03/06	\$596.00	\$0.00	\$0.00		\$0.00		\$0.00			\$596.00
06-212223	Doe, Jane	08/26/06	\$536.00	\$0.00	\$0.00		\$0.00		\$0.00			\$536.00
216680-06	Doe, Jane	08/31/06	\$579.00	\$0.00	\$0.00		\$579.00	09/29/06	\$0.00			\$0.00
216718-06	Doe, Jane	08/31/06	\$579.00	\$505.50	\$0.00		\$73.50	11/15/06	\$0.00			\$0.00
233209-06	Doe, Jane	09/19/06	\$330.00	\$0.00	\$276.92	10/24/06	\$330.00	12/07/06	\$0.00			\$-276.92
233270-06	Doe, Jane	09/19/06	\$330.00	\$0.00	\$281.76	10/24/06	\$400.44	12/20/06	\$0.00			\$-352.20
06-260760	Doe, Jane	10/21/06	\$524.00	\$0.00	\$0.00		\$0.00		\$0.00			\$524.00
264318-06	Doe, Jane	10/25/06	\$330.00	\$0.00	\$0.00		\$330.00	12/07/06	\$0.00			\$0.00
06-292284	Doe, Jane	11/27/06	\$512.00	\$171.90	\$272.08	12/26/06	\$0.00		\$0.00			\$58.02
06-295265	Doe, Jane	11/30/06	\$548.00	\$0.00	\$0.00		\$0.00		\$0.00			\$548.00
06-295356	Doe, Jane	12/01/06	\$524.00	\$0.00	\$0.00		\$0.00		\$0.00			\$524.00
06-319022	Doe, Jane	12/31/06	\$536.00	\$0.00	\$0.00		\$0.00		\$0.00			\$536.00
TOTALS			\$15,955.00	\$2,241.83	\$3,400.82		\$4,705.79		\$150.00		\$593.23	\$4,863.33