





Summary Agreement for Renewal of Williamson County Contract


Purchase/Contract Type:	Service	Department:	EMS
Vendor Name:	DM Medical Billings, LLC		
Vendor Address:	88 S. Lakeview Drive, Building 2, Gibbsboro, NJ 08026		
Purpose/Intended Use of Product or Service (summary):			
Billing Services			
P.O./Contract Number:	13RFP00101	Effective Date:	11/17/2016
Purchaser/Contract Specialist:	Sydney Richardson	Expiration Date:	11/16/2017
Requested By:	Kenny Schnell, Department Director		
Detailed description of renewal of product and/or service.			
<ul style="list-style-type: none"> Williamson County wishes to extend this bid/proposal for the same pricing, terms and conditions as the existing contract. PLEASE INCLUDE THE FOLLOWING: <ul style="list-style-type: none"> - COMPLETED 1295 FORM; AND - RENEWED INSURANCE CERTIFICATE IF IT WAS REQUIRED IN BID/PROPOSAL. Extend Contract for the 2nd of five(5), one (1) year renewal option periods: 			
Renewal Option Period 2		November 17, 2016 – November 16, 2017	
Renewal Option Period 1		November 17, 2015 – November 16, 2016	
Initial Contract Period		November 17, 2012 – November 16, 2015	
BY SIGNING BELOW, THE PARTIES AGREE TO THE TERMS OF EXTENSION SET OUT HEREIN			
Vendor <u>DM Medical Billings</u>		Williamson County, 710 Main St., Georgetown, TX 78626	
Name <u>Amy Gifford</u>		Dan A. Gattis	
Title <u>Vice President</u>		Williamson County Judge	
Signature <u></u>		Signature <u></u>	
Date <u>6-17-16</u>		Date <u>07-14-2016</u>	



WILLIAMSON COUNTY AFFIDAVIT AUTHORIZED VENDOR REPRESENTATIVE

I hereby swear, affirm and represent to Williamson County that my signature below represents that I am authorized to bind the bidder/proposer to fully comply with the pricing, terms and conditions for the Contract listed below and any extension thereof, if applicable.

Note: If Signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a General Partnership, a Power of Attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to being recommended for award of the contract or renewal.

Contract Number:	13RFP00101
Contract Name:	Billing Services
Printed Name of Person Submitting Affidavit:	Amy Gifford
Name of Company:	DM Medical Billings, LLC
Date:	June 17, 2016
Signature of Person Submitting Affidavit:	

On this, the 17th day of June, 2016, before me a notary public, the undersigned officer, personally appeared Amy Gifford, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public



Jill K. Sangataldo
Notary Public of New Jersey
My Commission Expires
March 2, 2020