

**CONTRACT  
PROCESSING, FILING & MANAGING  
EMERGENCY MEDICAL SERVICE CLAIMS**

**THIS PROPOSAL** is made this \_\_\_\_\_ day of \_\_\_\_\_, 2021, between the **City of Arkansas City, KS** (hereinafter "Service"), and by **Mediclaims, Inc.** an **Oklahoma Corporation** located at **101 E Grand, Tonkawa, Oklahoma**, (hereinafter "Mediclaims").

**MEDICLAIMS AGREES:**

1. To offer our professional consultation at no additional cost which will include, but is not limited to, help with your cost analysis, appropriate fees, procedures that need to be adopted or changed by the Service in order to be properly compliant with Medicare/ Medicaid, necessary forms needed for certain procedures as well as possible contracts for other needed information, i.e.; Skilled Nursing Facilities, HIPAA regulations, Insurance Carriers Contracts/negotiations, and relations between community and EMS.
2. To file insurance claims on behalf of insured patients for ambulance service with any and all Private Health Insurance Companies, Medicare, Medicaid, Champus/Champ VA, HMO and PPO organizations, Motor Vehicle Insurance Companies, Personal Injury Claims, Workers Compensation Claims and United States Public Health Services. Mediclaims will conduct extensive follow-up regarding the status of those claims, without request from the Service.
3. To perform all diagnosis and procedure coding as may be required for such medical claims and to make necessary inquiries of various health care providers as may be required for such coding.
4. To prepare and send all statements for amounts due to the Service for ambulance services provided to its customers. The statements are aged and generate special messages for second, third and final notices.
5. To place Mediclaims toll-free number and address on all correspondence to patients and insurance carriers.
6. To use positive technique's to work with and assist private pay patients in satisfying their bill and to refrain from using threats or intimidation as a collection technique, obeying all laws and regulations regarding debt collection practices.
7. To work with attorneys on personal injury and worker's compensation cases for such time, as Mediclaims believes it is prudent to pursue such sources of payment, recognizing that such claims are normally dependent upon the settlement of the case for payment.
8. To provide informational on site seminars, as needed, to the EMT's and Paramedics to train them in the proper preparation and documentation for all run sheets and reports used for Mediclaims billing.
9. To prepare daily and monthly reports for use by the Service detailing collection activities, quantity of runs, breakdown of types of runs, sources of revenue, etc.
10. To provide all long distance calls associated with Electronic Claims Submissions and billing for the Service.
11. All records and documentation associated with the billing and collection will remain the sole property of the Service, and shall be available at any time, to the Service's internal and external auditors for compliance with all appropriate accounting standards and practices.

12. To work directly with representatives from the Service to make available any additional reports, reasonably requested for accounting or management purposes, as long as it is available from our software.
13. To provide all statements, claims forms and paper associated with billing for the Service.

**THE SERVICE AGREES:**

1. To pay a monthly fee of 7% of actual cash receipts not to exceed \$5000.00 per month. All postage related costs will be borne by the Service. Payment is due within (20) days of monthly invoice.
2. To collect at the time of transport any and all medical information, including patient's signatures on all waivers of liability forms, and the assignment of benefits/release of information form.
3. To receive all monies upon billing by Mediclaims and to provide a daily log sheet showing all payments received and the source of payments, by patient.
4. To secure such approvals and furnish such forms, purchase orders and procedures as required for the execution of this agreement and the payments herein contemplated in accordance with applicable statutes and ordinances.
5. Any additional insurances, surety bonds, etc., required by the Service shall be reimbursed to Mediclaims at cost.
6. To have the proposal finalized with the authorized representative's signatures and returned to Mediclaims before actual billing and consultative services begin.

**GENERAL PROVISIONS:**

1. The services herein provided are unique and not generally available in the public market.
2. Either party upon thirty (30) days written notice to the other party may terminate this agreement. However, the Service shall report all revenue received by the Service for fees billed by Mediclaims for an additional period of ninety (90) days after Mediclaims services are terminated and will be billed for services rendered by Mediclaims, Inc.
3. This agreement may be amended or modified upon mutual agreement at any time, but all modifications must be in writing to be effective.
4. This agreement will remain in effect for a period of three (3) years from the date of the original signatures below, and will renew from year to year thereafter unless written notice is received by the Service.

MEDICLAIMS, INC.

*Tammy M. Campbell, VP*  
By: It's Authorized Representative

Approved and accepted this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

CITY OF ARKANSAS CITY  
ARKANSAS CITY, KS

\_\_\_\_\_  
By: It's Authorized Representative

Approved and accepted this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

ATTEST:

\_\_\_\_\_  
Clerk/Secretary/Witness