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Proposal

RFP_2025_003
EMS Billing and Initial
Collection Services

Levy County, FL
May 15th, 2025

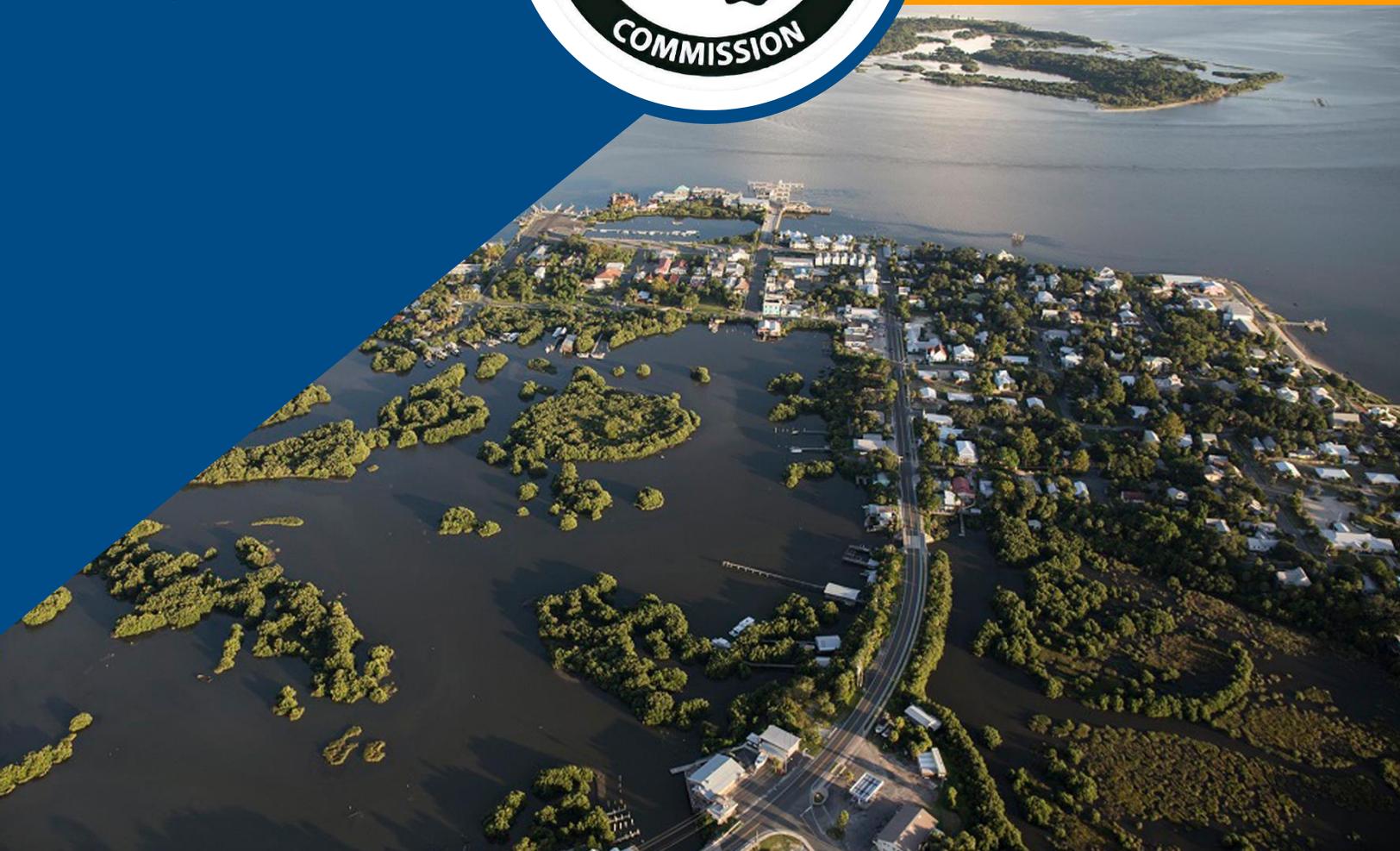


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ADDENDA	Addendum 1	April 29, 2025

TAB 1 – INTRODUCTORY LETTER

Proposer shall provide an introductory letter that, at a minimum, includes the following:

- Brief statement regarding the Proposer’s interest in this Project;
- An Organizational Chart identifying the structure of the entity;
- Names and titles of entity principals, partners, or owners (as applicable);
- Brief statement of entity history (e.g., date of establishment, number of years in business, number of employees); and
- Brief description of business philosophy.

Lisa Makar
Office Manager, Procurement
310 School Street
Bronson, FL 32621

Re: RFP_2025_003 Emergency Medical Services (EMS) Billing and Initial Collection Services

Dear Ms. Makar,

Digitech is pleased to submit this proposal in response to Levy County’s Request for Proposals RFP_2025_003 Emergency Medical Services (EMS) Billing and Initial Collection Services. Thank you for the opportunity to respond to this RFP.

We have carefully reviewed the RFP and fully understand the scope of services required. Digitech is confident in our ability to not only meet, but exceed, Levy County’s expectations. Our proposal outlines a comprehensive plan to support your financial goals, simplify reporting and data visibility, and ensure a smooth, fully managed transition and ongoing operation.

Levy EMS plays a vital role in delivering high-quality care and service to your community. To support that mission, you deserve a billing partner built specifically for EMS, not a repurposed, one-size-fits-all solution. Digitech is uniquely positioned to deliver exactly that.

Why Digitech is the right fit for Levy County:

- + **Expertise that drives results.** With 40+ years in the industry, we’ve gained valuable insights into local and regional landscapes across the country. Our in-house team of industry veterans knows EMS billing inside and out. From Medicare compliance to local nuances, we bring the knowledge, insight, and responsiveness that only comes with deep, focused experience. You’ll have direct access to a dedicated team—no outsourced call centers, no layers of bureaucracy. Your experienced Digitech team knows your state and county. If you’re wrestling with a complex problem, we’ve almost certainly solved it before.

+ **Florida experience.** We have been billing for EMS transports in the State of Florida for decades. Today we partner with over 70 Florida agencies and process more than 1 million billable incidents in Florida annually. Through our long-term partnerships, we have become familiar with the hospital systems, demographic trends, and the EMS landscape of the state. Specifically, our long-term relationships with similar size agencies such as Miami Dade County, Palm Beach County, Hillsborough County, City of Jacksonville, and Polk County provide us with unrivaled Florida experience.



+ **Reliable revenue growth.** Clients have experienced increased revenue every time Digitech has had the opportunity. Our competitors may say they do this, but we can prove it.

+ **Innovative technology.** Your claims will be managed through Ambulance Commander, our proprietary billing software that we've refined for over 40 years based on client feedback. Because we own and operate our own billing platform, we can tailor our technology to meet your specific needs, from simple workflows to the most complex agency structures. Vendors who rely on third-party platforms can't offer the same level of agility, responsiveness, or customization.

For example, our development team created a heatmap module in 2020 within two weeks of Covid-19 being declared a Public Health Emergency. This new tool helped clients understand how and where the virus was spreading within their communities. It is now used to geospatially track call locations, responding crews, diagnosis codes, provider impressions, and more, and users can drill into individual claims to see all account details, including the complete ePCR.

+ **Real-time visibility and full transparency.** Transparency isn't simply a feature—it's the foundation of how we work. From Levy County leadership to day-to-day personnel, all authorized users will be trained on the exact same billing system our staff uses. You'll have 24/7 access to real-time reporting dashboards and tools that let you track the full status of claims, payments, and performance metrics. No guesswork. No black box. Just clear, reliable data at your fingertips.

+ **Proven results with long-term partnerships.** We've helped agencies like yours improve collections and enhance transparency. Clients of similar size to Levy County have remained with us for well over a decade, and have seen consistent, measurable ROI year after year. When issues arise, our team responds quickly—with the knowledge and authority to resolve them.

Please see the following pages for the additional requested information in the introductory letter.

A BRIEF HISTORY OF DIGITECH



Digitech was started as a consulting firm specializing in software for business analytics. In 1987, founder Mark Schiowitz decided to focus Digitech on technology for the medical transportation market, an industry which he had learned in the family-owned ambulance company. Mark wrote the initial versions of Ambulance Commander, Digitech’s proprietary ambulance billing and dispatch platform. Within a few years, much of the New York ambulance industry was using Ambulance Commander. Digitech successfully assisted over 70 companies to set up in-house billing departments.

This early experience showed us that we could dramatically improve the billing and collections process for our clients, but we needed to invest in technology and leave behind the traditional software sales model. We began to offer a full third-party billing service that would handle all aspects of claims processing for clients. In 1994, Joyce Kerulo joined Digitech to build our billing services division, and she is now Chief Revenue Officer. Walt Pickett began his role at Digitech that year in customer service and programming, and he is now Chief Executive Officer.

Following our early success, we were contracted by several New York hospitals. In every case we showed increases in collections over the previous solution and soon built a reputation for maximized collections, cutting-edge technology, efficient processes, and in-depth reporting. We entered the municipal market by contracting with Burnsville Fire in MN, Orem Fire in UT, and several New York and New Jersey clients. We continued to show significant collections improvements and earned high praise for technology, process, and reporting capabilities that clients found revolutionary.

We continued to grow through partnerships with municipal clients like Memphis Fire, Baltimore City Fire, Gwinnett County Fire and Emergency Services in GA, Dallas Fire-Rescue, Grady Health System EMS in Atlanta, and Houston Fire Department. For Houston, we increased collections from \$28MM to \$68MM in our first year of service, and we introduced a new revenue stream through the Texas Ambulance Supplemental Payment Program that to date has contributed more than \$175M to the City’s coffers.

Today our staff is made up of engineers, developers, EMS experts, EMTs, former EMS directors, billing specialists, and professional ambulance coders. To date, we have increased collections every time we have been contracted while maintaining an impeccable compliance record.



ORGANIZATIONAL CHART

The chart below shows the structure of Digitech.



BUSINESS PHILOSOPHY

Digitech’s mission is to support EMS providers by building and delivering EMS billing services that focus on compliance, reporting, and maximizing collections. We support our clients in upholding the health and safety of their communities through compassionate, timely emergency care. By managing and improving the revenue cycle for our clients, we allow emergency and non-emergency ambulance services to focus on what they do best: serving patients. We advise and support service provider teams, advocate for patients and providers, and vow to provide our clients with honest, trustworthy, and transparent support.

We thank you for the opportunity to bid on this contract and look forward to further communications with you.

Your contact for this proposal is:



Scot Metcalf
Regional Sales Manager
Phone: (407) 242-8120
smetcalf@digitechcomputer.com

Your back up contact for this proposal is:

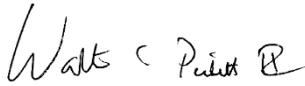


Darryl Hartung
SVP, Client Relations & Sales
Phone: (954) 770-7997
dhartung@digitechcomputer.com

The undersigned further represents and warrants that this bid is a firm and irrevocable offer for a period of 180 days and that he has full and complete authority to submit this proposal to the County on behalf of the bidder and enter into contract if this proposal is accepted. The signature represented is authorized to bind the offeror to contract with the County.



Sincerely,



Walt Pickett
Chief Executive Officer

Partnering with Digitech means you'll work with real people who understand EMS and understand your agency. We're big enough to handle the largest clients, but small enough to know each one personally.

EXECUTIVE SUMMARY

Digitech is 100% dedicated to providing ambulance billing services of the highest quality. It's what we dedicate ourselves to every day. We state with confidence that we can fulfill your requirements and exceed your expectations by implementing our fully HIPAA-compliant, high-performance billing solution.

SUPPORTING LEVY COUNTY'S MISSION

We understand the Levy County Department of Public Safety's mission to preserve life and property, promote public safety, and foster economic growth through leadership, management, and actions as an all risk life safety emergency response organization. Your dedication to innovation, team work, and outstanding customer service with prudent utilization of public funds provided by the community is admirable.

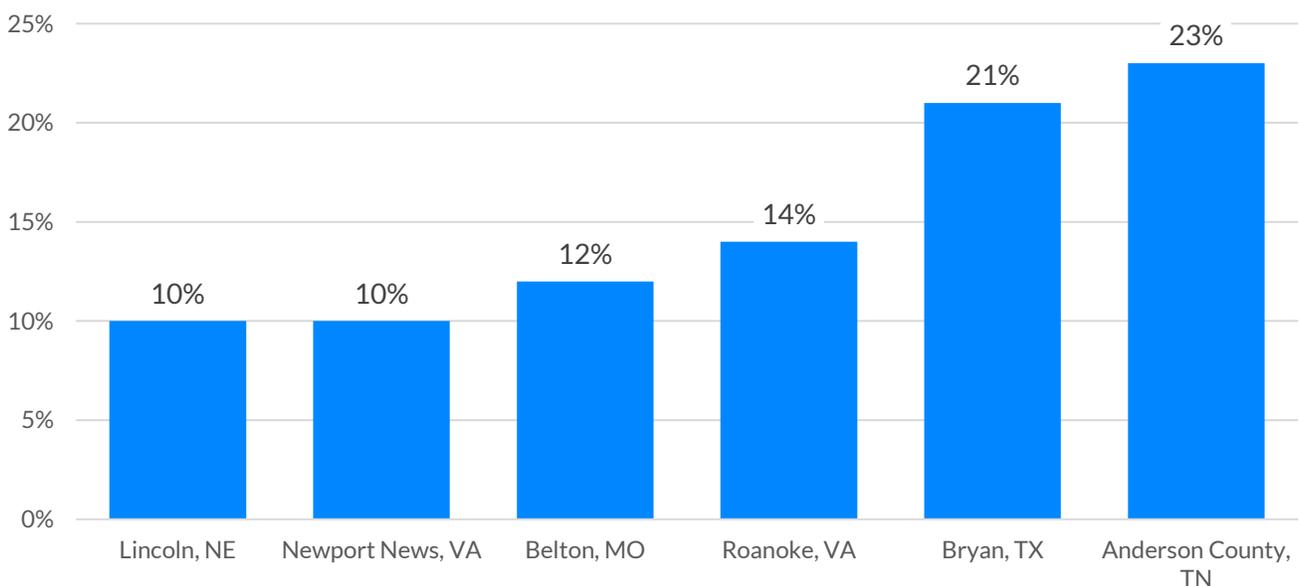


Your EMS providers take risks every day. Our mission is to support your public servants by ensuring that your revenue stream keeps flowing. It is our responsibility to the County to utilize all our resources to collect every dollar possible to maximize collections.

Our proprietary Ambulance Commander billing platform is designed to maximize compliant revenues. The chart below illustrates the improvements in collections per trip that we achieved for several clients of similar size and scope to Levy County, including several who previously used Levy's current vendor for EMS billing services. We have consistently improved collections for clients like Houston, Nashville, and Baltimore, delivering significant increases in the first year.

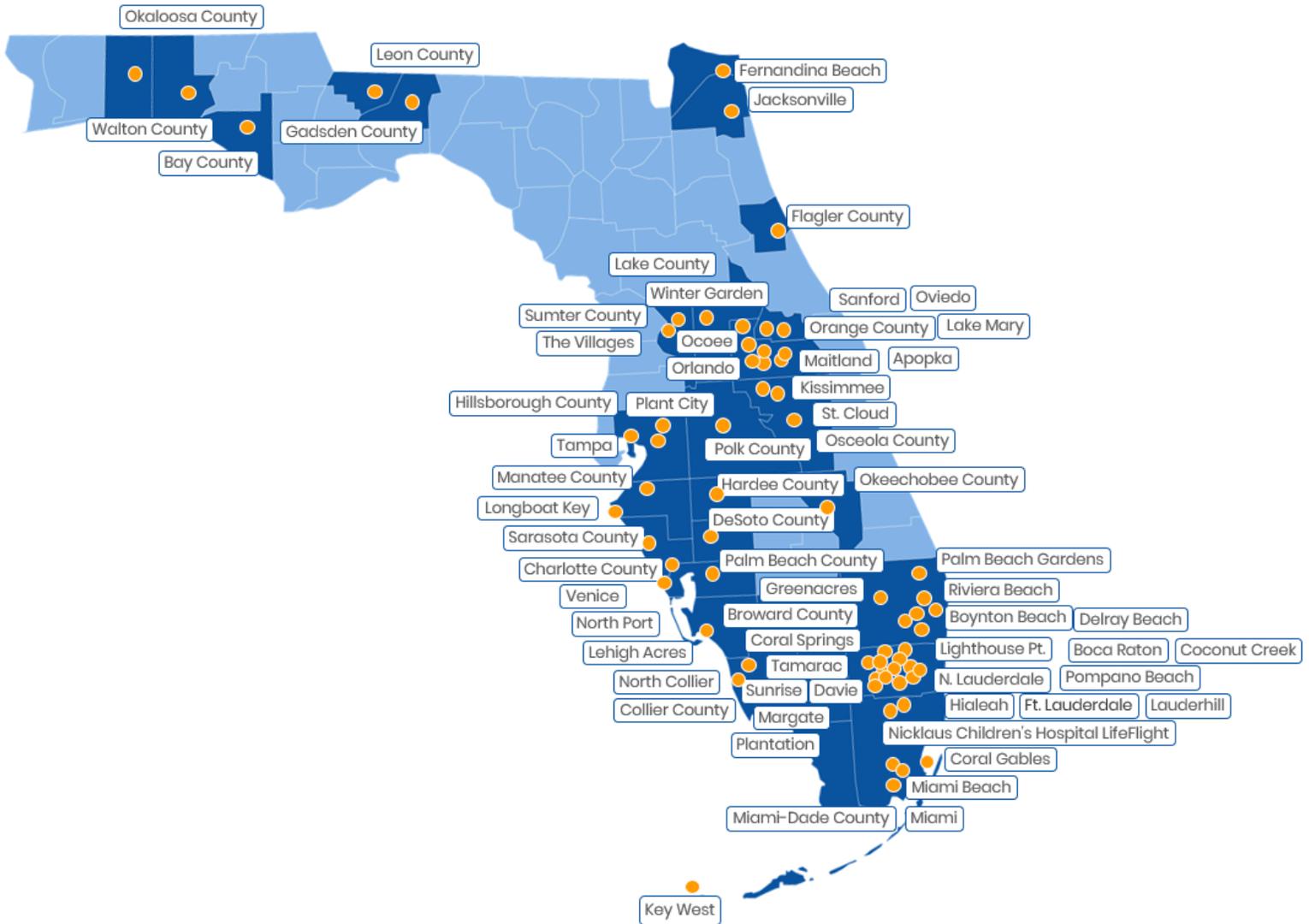
Cash per Trip Improvement at Digitech Client Metro Services

% improvement 1st year of service measured after 12 months



FLORIDA EXPERIENCE

We're no strangers to your region. Processing more than 1,000,000 claims annually in the state, Digitech's Florida experience is the most extensive of any billing vendor in the industry. We believe our strong experience and history with Florida clients will continue to translate to outstanding results for Miramar. See below for a map of Digitech's clients in Florida.



This unrivaled Florida experience provides significant advantages to Levy County, including:

- + 70+ Florida agencies where we handle transport billing services gives us a powerful voice for advocacy both in the industry and on a legislative level.
- + Established long-term hospital relationships across Florida allow Digitech to locate more comprehensive insurance information on the City's transported patients, resulting in increased collections.
- + Extensive experience with specific Florida payers with unique processing requirements allows us the ability to resolve payer issues more timely for our 70+ Florida clients.
- + We have significant involvement with various industry associations including the Florida Fire Chiefs Association.
- + Our Florida commitment is evident with three office locations in the state (Miami Lakes, Fort Lauderdale, and Tampa), employing a number of Florida residents.

LEVY COUNTY AND DIGITECH PARTNERSHIP

By partnering with Digitech, you will receive the highest quality EMS billing service centered on innovative technology, responsive customer support, real-time reporting, and integration expertise. We take a long-term consultative approach to ambulance billing projects. Our experience has shown us that every client is different and needs a unique combination of services. Customizing our approach is always beneficial.

ONGOING CONSULTATION

As part of our consultative style, we consider it our responsibility to keep you up to date on important changes to regulations in the EMS industry in Florida and across the country. We integrate compliance within all our business activities and will serve as informed advisors for County officials through our:

- + Active membership in industry trade organizations
- + Participation in regional and national ambulance associations and conferences
- + Consultation with authorities on ambulance industry law
- + Continuous monitoring of industry trends, regulatory changes, and updates to federal, state, and local rules and regulations
- + Shaping and setting industry best practices

You will receive ongoing consultation related to all aspects of billing and collections for ambulance service. We consider it our responsibility to stay informed and guide you in any new and revised interpretations of relevant laws and policies. We watch closely for any developments in the changing landscape of Medicare and Medicaid reimbursements that may affect your collections, and we will keep you informed of any changes to processes or policies.

In addition to regulatory guidance, Digitech plays a leading role in advancing EMS billing knowledge across the industry. We host webinars featuring subject matter experts and industry leaders to address emerging challenges, policy updates, and operational best practices. Our team regularly contributes thought leadership through blogs, articles in top trade publications, and speaking engagements at EMS conferences nationwide. We don't just follow the conversation; we help shape it, and we ensure our clients benefit from the insights and innovation that come with that leadership.

Through our partnership, you will be provided with a deep pool of resources and experience to be called upon however you need. These resources include our innovative technology offerings as well as our dedicated staff of EMS billing experts. Our technology and our people work together to create a powerful system.



RIISING TO CHALLENGES

We learn from our clients. By listening to you, we seek to understand your concerns and needs so we can respond as a true partner. We're a billing service that lives for the challenge of continuously evolving new solutions that will keep you prepared for future challenges.



We couldn't be happier with Digitech. Completely aside from the increase in collections, the people at Digitech have been very responsive whenever any type of issue has arisen, and have implemented custom features and specialized reports whenever we asked for them. There's no question that the partnership has led to better care for our patients and better standards of care across our department.

GARY LUDWIG
Former Deputy Chief
Memphis Fire Department, TN

TAB 2 – KNOWLEDGE AND QUALIFICATIONS OF PERSONNEL

- A list of key personnel assigned to the Project, identifying the primary contact with the County, and submit a complete resume detailing their experience, education, expertise, qualifications, and knowledge to provide the services outlined in the Scope of Services.
- A description of the role of each staff member who will be responsible for performing the work and monitoring/managing the Contract.

MEET YOUR LEVY COUNTY TEAM

As part of your partnership with Digitech, you will have access to our entire team of EMS billing experts. Our staff of nearly 600 employees focus exclusively on EMS billing. This is one of the greatest resources we offer you.

You will have the mobile numbers of senior officers to ensure that you have emergency access 24/7. Technical Support is available around the clock at (914) 741-1919 ext. 1. A select group will be trained on your specific requirements. Only those billers will work your claims. Additional billers will be cross trained to account for any vacations, unforeseen absences, or temporary reassignment.

Let us introduce you to some key members of your team:



Walt Pickett, Chief Executive Officer

As CEO, he is responsible for setting overall business and technology strategy and is actively involved in all aspects of the business. Walt oversees the implementation and execution of all contracts. He heads the teams that manage integrations, credentialing, and support, and he works closely with the Client Services teams to ensure that all client requirements are met. Walt will be a senior level point of contact for Levy County.



Joyce Kerulo, Chief Revenue Officer

Joyce will oversee the setup of Digitech’s billing process for you and will be your senior-level point of contact during the term of the contract. Her team will handle all aspects of your billing.



Andrew Sheils, Chief Client Officer

Andy leads client-focused strategies that support long-term growth and success for both Digitech and our customers. He ensures that client expectations are being met and exceeded by working with clients as partners, listening to their needs, and using his extensive experience in government to determine the right solutions.



Ben Lambert, Chief Information Officer

Ben manages the technical aspects of implementation. His team of programmers and analysts will ensure all your technological needs are met.



Nancy Spence, Director of Finance

Nancy is responsible for the monthly reporting package, including variances, and for creating the annual operating plan and ongoing forecasts for Digitech's business. She functions as a liaison between the client and the company for finance matters.



Darryl Hartung, Senior Vice President of Client Relations & Sales

Leveraging over 25 years of experience in EMS billing, Darryl manages partnerships and an experienced Client Relations team that works closely with clients. He oversees clients' service delivery to ensure that expectations are being met and exceeded. In addition, Darryl oversees Sales operations for Digitech.



Fran Cuzzo, Vice President of Billing Services

Fran will supervise all aspects of patient collections, process electronic and paper billing, and support the IT department with testing new processes on Digitech's platform.



Cathy Tenzyk, Vice President of Billing Services

Cathy will run regular random audits of your claims to guarantee compliance with all applicable rules.



Maxine D'Agostino, Senior Vice President of Billing Services

Maxine will ensure that your implementations for Medicare and Medicaid are handled in compliance with Florida and U.S. regulations.



Mitchel Holder, Senior Vice President of Analytics

Mitch will be a day-to-day resource for you. He will guide you in maximizing the financial and operational insights available through the reporting suite and in analyzing, understanding, and responding to the challenges that your organization faces in the ever-changing EMS marketplace.



Max Dekle, Senior Software Developer and Data Analyst

Max will create any custom reports that you need and enroll you in Digitech's award-winning PCR Lens solution.



David Mead, Director of Cost Recovery Solutions

David will help you optimize your reimbursement through participation in a Medicaid cost recovery program. He provides technical support for program implementation and manages Digitech's cost reporting services.



Mary DeFranco, Vice President of Integrations

Mary will lead the teams who will implement Digitech's services and oversee training and coaching your team on system functionality. You will be able to contact Mary and her team 24/7 with any questions.



Anthony Santos, Vice President of Client Relations and Project Management

Anthony is one of our Senior Directors and will manage the onboarding process and configuration of Levy County as an EMS billing service provider on Ambulance Commander.



Amanda Mihalick, Compliance Officer

Amanda will provide you with compliance plan development support and consultation on fee schedules.



Amanda Stark, Risk Manager

An attorney with deep experience in the EMS industry, Amanda’s responsibilities include reviewing and auditing clients’ claims to ensure they are billed in compliance with each payer’s rules.

- The proposer shall identify projects of similar nature in which each staff member has been involved.

The staff members in the table above have all been engaged in projects of similar nature to the EMS billing project being proposed here.

We offer a few specific examples that highlight some of the benefits Levy County will look forward to with Digitech.

PLANO FIRE RESCUE

Prior to choosing Digitech, Plano’s previous vendor had been billing most claims as Advanced Life Support transports. Even though we billed far fewer claims at the ALS level of service, Digitech increased collections by 11.9% in the first year of our contract. Revenue to date has grown nearly 30% since we began our relationship with Plano. Further, as part of that contract, Plano required Digitech to undergo periodic external audits which sharpened our focus on compliance – a focus that we carry over to every client with whom we interact.



HOUSTON FIRE DEPARTMENT

The City of Houston had lost faith in the capabilities of its billing vendor and was not comfortable allowing them to continue to process claims while searching for a new vendor. After assurances from Digitech that we could handle a large backlog of claims, the City instructed their current vendor to cease processing claims several months before a contract with Digitech was executed. Houston was able to finish the contracting process with security so that Digitech could easily handle their quickly accumulating claims backlog along with their new claims once the new contract was in place. This solution enabled Digitech to process over 20,000 backlogged claims in a matter of several weeks after the Go-Live date and allowed the City to avoid timely filing denials, which had been a problem for them in the past.



Digitech has enjoyed a productive relationship with Houston Fire since then, through which we have gained deep insight into the requirements for the delivery of compliant billing service and maximized revenue to a large and busy municipal fire department. In addition to the multi-faceted service and consultation we provide, we've improved collections from \$28 million reported in 2013 to more than \$68 million with nearly \$140 million recovered to date from the Texas Ambulance Supplemental Payment Program.

We've worked with Houston Fire to establish an in-house Quality Assurance/Quality Improvement team, achieved outstanding results in an independent third-party audit of Houston claims, and collaborated in the development of a new process flow for Houston Charity Care patients that will enable continued reimbursement from CMS for care provided to the uninsured population. On our most recent Vendor Scorecard, as measured by Houston Finance, Digitech "...achieved outstanding performance, significantly exceeded targets and expectations" on 10 of 11 measured categories.

MEMPHIS FIRE

Digitech's implementation project at Memphis began in January of 2010 and included the deployment of EMS billing, imaging, and hosting services, connection to the City's hospitals, full integration with the ImageTrend ePCR system which was simultaneously deployed, and the installation, configuration, and mounting of Panasonic Toughbooks and mobile hotspots in all of the Department's rescue vehicles.



The reasons behind our collection success vary by client. At Memphis there were several. The previous vendor was taking upwards of 60 days to process claims. Once processed, they were reporting only 25% of claims as having commercial insurance as a payer. We immediately began processing claims within 24 hours which resulted in an increase of collections during the early critical stages of the project. Another reason for the collection improvement was the fact that we quickly increased the percentage of claims with insurance to 35% as a result of our demographic search capabilities.

A former Battalion Chief at Memphis said, "In just six months, our revenue was increased over projections, and I can honestly attribute every penny to the work carried out by Digitech. From holding our hand during hardware rollouts, to enrolling us with every insurance carrier, to providing us with a transparent reporting system, this has truly been a partnership. It has not only increased revenues and improved service levels – it's dramatically changed our daily lives at work."

DALLAS FIRE-RESCUE

The City of Dallas was faced with a situation where they were no longer comfortable that their previous billing vendor had adequately worked the substantial (tens of millions of dollars) Accounts Receivable backlog. The City needed a repository for their prior vendor's claims data. Our solution was to create a clone system, identical to our actual billing system, into which the City could deposit all their old claims data.



Once created, we facilitated a data dump into the new system, keeping it segregated from the Digitech system for current claims. The City then assigned two employees who were trained by Digitech to work these aging claims within the clone system. To date these efforts have resulted in the reclamation of a substantial amount of collections that would have otherwise been lost due to a lack of recovery efforts.

Our Dallas client was the inspiration for the development of Sentinel. Trip class is among the KPIs continuously monitored by the application. Using Sentinel, the Dallas Fire Rescue Department knows immediately if the ratio of trip classes (ALS vs. BLS) changes beyond a normal range of deviation. DFR was also instrumental in the beta testing phase of our award-winning PCR Lens data quality monitoring application. Their input during the test phase was critical and appreciated.

The results of this collaboration were a 49% increase in collections for Dallas Fire-Rescue from \$13.8 million to more than \$20 million in the first year and an exemplary record of compliance.

BALTIMORE CITY FIRE

For the Baltimore implementation, the project included deployment of EMS Billing, Imaging, and Hosting services, full integration with the ImageTrend ePCR system, a hardware refresh of their Panasonic Toughbooks, and deployment of mobile hotspots for all emergency rescue vehicles. It also required reorganization of the Department's inventory and hardware replacement systems and the establishment of an Emergency Revenue Enhancement Committee consisting of City officials, Baltimore Fire officials, and Digitech senior staff to recommend and implement process and procedure changes to maximize revenue from EMS billing, establish connectivity to the City's hospitals, and hire two local staff members.



When we began processing claims for Baltimore City Fire, we noticed a large increase in the volume of claims that were being created compared to the volume before we took over the City contract. Nearly 25,000 claims annually had been lost between the Department's ePCR system and the prior vendor's billing system. Our extensive and effective process of claims reconciliation immediately picked up the missing claims and ensured that a claim was created for each transport. This and these other improvements we brought to Baltimore City's EMS claims processing resulted in the 64% increase in aggregate collections noted above:

- + Continuous support through the initial integration with ImageTrend and the upgrade to Elite
- + Procurement and support of field equipment and wireless services, including IT Support
- + Two major refreshes of hardware
- + Printers, toner, and support for all receiving facilities
- + Two refreshes of administrative group computers
- + Consultation on rates, including identifying rates below Medicare approved amount
- + Customized and deployed a monthly dump of vital EMS statistics to the City program
- + CARES Act guidance and support

- + Symptom Heat Map for tracking COVID-19 cases and other types of incidents
- + Continuous revenue improvement

DAYTON FIRE DEPARTMENT

Digitech has partnered with the City of Dayton, Ohio to bill for EMS incidents since 2018. In addition to billing, we provide field hardware and software, including the latest in Panasonic TOUGHBOOK technology and ESO's EHR suite, to the Dayton Fire Department. Here are some highlights of what Digitech has provided to the City since the start of our partnership:



- + Maintaining a consistent cash flow during an ePCR upgrade, involving manual ePCR entry
- + Support with CARES Act Funding, resulting in \$78,265 to Dayton in Round 1 and \$18,091 to Dayton in Round 2
- + Support with Provider Relief Funding for the September 2021 reporting period
- + Coordinated HDE access to Grandview, Kettering, Miami Valley, and Dayton Children's hospitals in the Dayton area
- + Provided GADCS consulting services, which includes all aspects of GADCS reporting
- + Provided PCR Lens reporting, allowing the City to more easily analyze the data collected by Dayton medics and push improvements in efficiency, better patient care and outcomes, and increased revenue for the Fire Department

CHECK OUR REFERENCES

The table below provides references for whom Digitech provides EMS billing services. We are confident their testimonies will support our success.

Current Client	Contact Information	Scope of Contract	Start of Service
Fernandina Beach Fire Department 225 S 14th St Fernandina Beach, FL 32034	Fino Murallo Deputy Fire/EMS Chief (904) 310-3152 fmurallo@fbfl.org	Annual Transports: 2,100 EMS Billing Services ESO ePCR Integration	2025
Orange County Fire Rescue 6590 Armory Ct. Winter Park, FL 32792	Alex Morales Finance Director (407) 836-9015 alex.morales@ocfl.net	Annual Transports: 75,000 EMS Billing Services PEMT/MCO Services ePCR Integration	1999

- Names and qualifications of subcontractors (if any are proposed.)

No subcontractors will be engaged for this project.

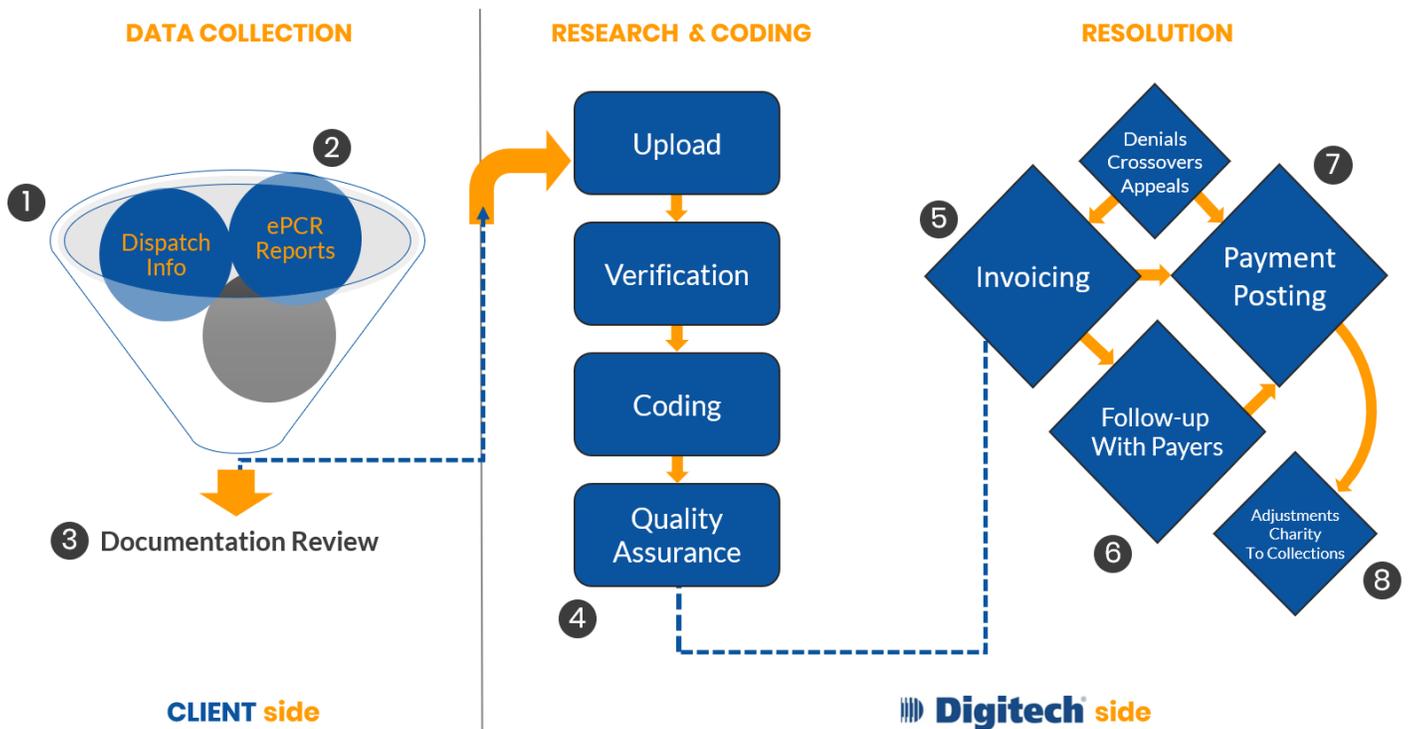
TAB 3 – APPROACH TO WORK

Proposer shall provide a written narrative demonstrating the intended approach to performing the required services. Proposer shall provide a detailed description of their quality control methods, coordination of subcontractors (if any), ability to meet schedules in a timely manner, and the project approach and methodology to be employed specifically illustrating how the methodology will serve to accomplish the project goals and objectives.

In this section, we will provide detailed information about our billing process, technology, and implementation plan. Following that, we answer each item in the scope of work. The information presented here in Tab 3 should give Levy County evaluators a comprehensive understanding of our approach to work and how we will accomplish the project goals and objectives.

DIGITECH'S BILLING PROCESS

Digitech's process for creating and billing claims can be broken down into three stages: Data Collection, Research and Coding, and Resolution. In this section we outline the steps within these phases.



1. Dispatch information is captured by the ePCR application and becomes part of the data we import with the call record. Unlike many other billing companies, Digitech imports ALL of the data and makes it available for analysis.

2. The Patient Care Report is created by your responding providers on scene, during transport, at the destination, or as soon as possible after the call.
3. Usually, the client reviews the ePCR data prior to releasing it to the billing company. This review should happen as soon as possible after the call. Steps 1, 2, and 3 happen on the client's side.
4. Digitech imports the call records from the ePCR server. Typically, this happens first thing every day. Once the ePCRs are imported into Ambulance Commander and reconciled, billing process activities begin: verification of demographic and insurance information, determination of eligibility, and research to gather missing information. Once the claims have been verified, Digitech's coders review level of service, medical necessity compliance, signature compliance, narrative, and mileage. Verification and editing of claims is usually completed within 24 hours of receipt of ePCR data. We build electronic interfaces with your area hospitals as appropriate.
5. At this stage claims are ready to be invoiced. There is a circular dynamic created here because remittance processing often results in claims returning to the invoicing function for re-billing to secondary and tertiary payers, for denied claims to be corrected and resubmitted, for appeals processing, or for balances to be invoiced directly to patients. Approximately 98% of the compliant claims completed by our clients make it through the Data Upload, Verification, and Editing processes so that they are invoiced within 24 business hours of being received. Digitech will prepare invoices according to the rates and timelines you establish, e.g., open accounts invoiced at 30, 60, and 90 days.
6. Commercial payers, Medicare, and Medicaid are invoiced electronically within 24 hours of claims being edited. Private pay patients are sent an initial invoice within three business days of receipt of ePCR data in those cases where we have exhausted all efforts to locate and verify insurance coverage. We follow up on commercial claims every 20 days until they are resolved.
7. Remittances are processed immediately as they are received, and claims are crossed over to secondary and tertiary payers when additional coverage is available. Denials and appeals are processed within 24 hours of our receipt of remittance advice.
8. When all efforts to collect have been exhausted, Digitech will write off or adjust claims in accordance with policies we have agreed upon with you, e.g., upon sending accounts to your designated collection agency. Uncollectible claims will be adjusted after an amount of time set by the client—usually 120 days.

Surrounding and overseeing all claims processing and collection activities is Digitech's active compliance program, consisting of regular internal and external audits and daily oversight by our dedicated Quality Assurance team.

DIGITECH'S BILLING PLATFORM

Ambulance Commander is the platform that powers our high-quality billing process. It's 100% created and owned by Digitech; we've refined and perfected the technology over the course of 30+ years. We use Ambulance Commander to process your claims, and you will use the platform to run reports, monitor KPIs, manage documents, and provide account access to your patients.

**Ambulance[®]
Commander** 

Whenever we can automate a piece of the billing process carefully and compliantly, we do so in Ambulance Commander. The platform reveals the 30,000-foot view of your organization, allows you to zoom in to view the smallest detail of an individual claim, and shows everything in between.

Many other EMS billing companies state that they use a proprietary billing platform but rely on third-party software vendors who may take weeks or months to make programming changes if they can make changes at all. At Digitech, we have an in-house development team that can customize the platform in response to client needs.

Ambulance Commander can be accessed by authorized City personnel from any computer with a browser and reasonably fast internet connection. It's completely secure and compliant.

With Ambulance Commander, you get:

- + Full transparency into all claim details
- + No dependence on third-party software vendors
- + Customization to your unique requirements
- + 24/7 real-time access
- + An in-house development team that incorporates changes in regulations or client feedback into the platform
- + Efficiency through careful automation of difficult processes
- + Integration with other systems such as ePCR software, dispatch tools, and receiving hospital patient systems
- + On-demand training
- + Total data security and regulatory compliance, so you have peace of mind

DIGITECH'S IMPLEMENTATION PROCESS

Digitech's time-tested implementation plan is the foundation for an efficient transition and our successful partnership. We use our technology to ensure a well-organized, speedy rollout of services with no interruption in cash flow to your organization. At the outset of the project, we establish communication between Digitech project leaders and your project leaders. This includes meetings via web conference, detailed and documented implementation plan updates, email exchanges, and phone calls. Your active participation is required to provide crucial information for registrations. We will also need your cooperation in authorizing Digitech to sign registration forms to meet the timeline.

The figure on the following page illustrates the key elements of implementation. All three phases—Discovery, Installation and Configuration, and Testing and Acceptance – can be completed in 60 days or less.

1. Implementation begins at contract execution with the Discovery phase, guided by our New Client Checklist.
2. During the Installation and Configuration phase, we set up key components of the system and establish relationships with your stakeholders to ensure successful operations.
3. During Testing and Acceptance, we train your users and test all aspects of the Ambulance Commander setup to make sure it is working according to your requirements.

Once the Testing and Acceptance phase is complete, we reach the Go-Live milestone, and Digitech will begin billing and collection activities on your behalf. Details of each phase follow.



The implementation was impressively quick and effective, and Digitech's reports are providing new insights into our finances and operations. The basics are great, but the detail is amazing.

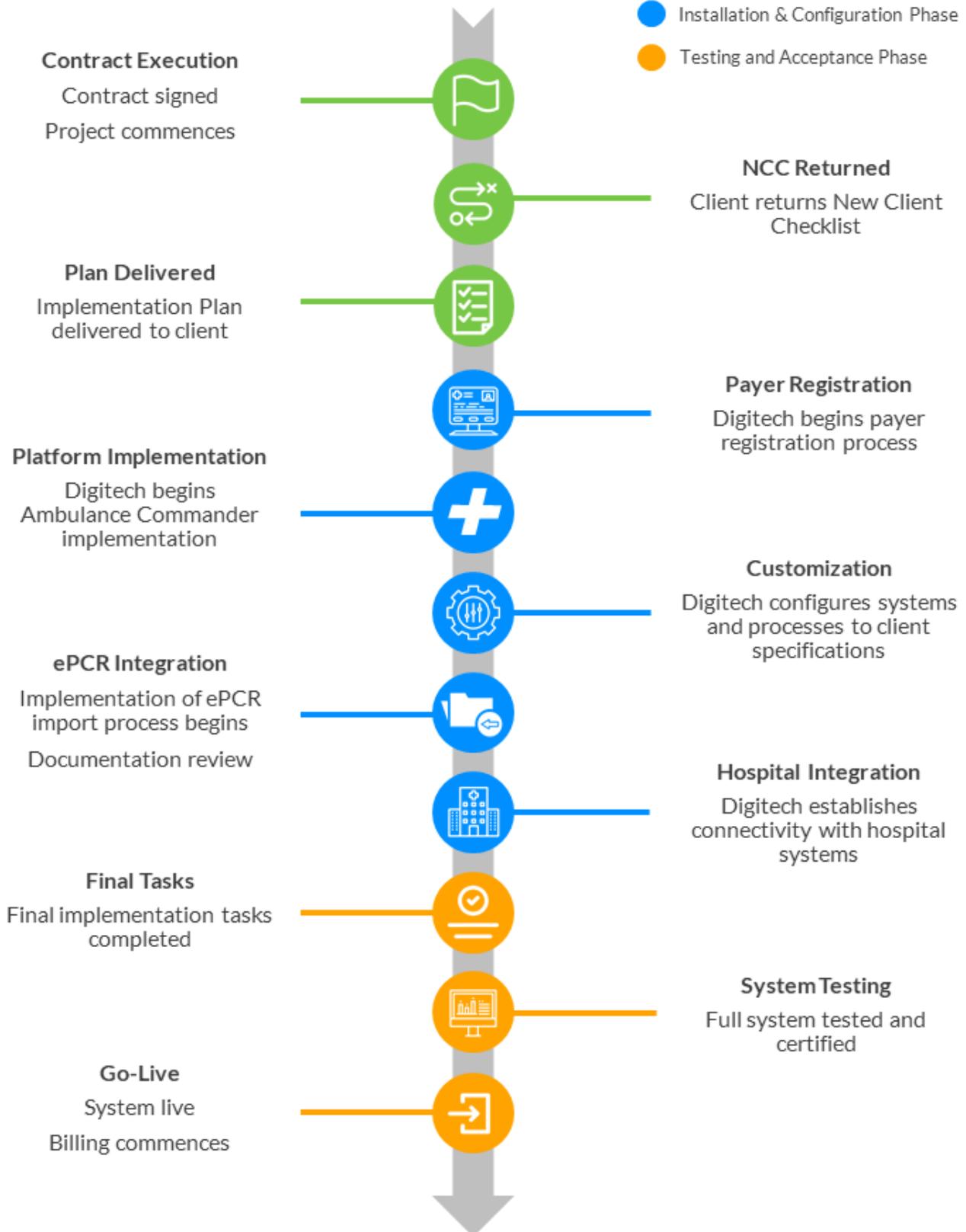
DOROTHY POPE
Accounts Receivable Manager
City of Norfolk – Department of Finance

DISCOVERY PHASE

Digitech's implementation process begins with the Discovery Phase, where we will work with you to complete our New Client Checklist (NCC). The NCC is a complete list of all the data we require to enroll your agency with processors, as well as identify and document business rules, rates, and special processes of your organization. We will provide all credentialing services necessary to ensure successful enrollment with all government and commercial payers.

Implementation Timeline

- Discovery Phase
- Installation & Configuration Phase
- Testing and Acceptance Phase



Using this information gathered during the Discovery Phase, we complete a detailed written implementation plan to cover all the activities of the later phases, begin to set up the billing system, and enable our billing department to review the information required to establish the proper procedures to begin billing for you. We work closely with you to complete the NCC document quickly.



New Client Checklist

This form must be completed and signed by authorized personnel of your agency only.
Place the cursor in the text field (Enter text) and type information. The box will automatically expand to accommodate your text. Click on a checkbox to insert/uninsert an X.

Department's Demographic Data			
Department's full legal name: <i>As reported to IRS</i>	Enter text		
DBA: <i>If applicable</i>	Enter text		
Physical/practice address of main department: <i>On file with Medicare/CMS</i>	Street: Enter text		
	City: Enter text	State: Enter text	ZIP code: Enter text
	PO Box or Street: Enter text		
Current correspondence & remit / lockbox / pay to address of department: <i>*Address to be used on patient mail</i>	City: Enter text	State: Enter text	ZIP code (Zip+4):: Enter text
	Is this remit address used just for the ambulance department? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does this address accept BOTH correspondence and deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is this a lockbox? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NEW correspondence & remit / lockbox / pay to address of department: <i>*Address to be used on patient mail, only required if changing address</i>	PO Box or Street: Enter text		
	City: Enter text	State: Enter text	ZIP code (Zip+4): Enter text
	Is this remit address used just for the ambulance department? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does this address accept BOTH correspondence and deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is this a lockbox? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Department's Main Telephone Number: <i>On file with Medicare/CMS</i>	Enter text		
Department Fax Number: <i>On file with Medicare/CMS</i>	Enter text		

Contact Details			
Primary contact person: <i>Person that we will refer to for all procedural questions</i>	Name: Enter text		Phone: Enter text
	Title: Enter text		Cell phone: Enter text
	Email address: Enter text		
	Address: Enter text		City/State/Zip:
	End of Month (EOM) report recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IT Department contact info:	Name: Enter text		Phone: Enter text
	Email address: Enter text		Cell phone: Enter text
	Address: Enter text		City/State/Zip: Enter text

Updated 5/2021
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Sample Page of Digitech's New Client Checklist

INSTALLATION AND CONFIGURATION PHASE

Installation and Configuration begins with the installation of the Ambulance Commander platform and any customizations identified as a result of the NCC research. The process of tailoring, customizing, and refining our service is iterative and collaborative because we want to make sure that all elements will meet your needs. For example, we will work directly with your team to ensure that information systems, reporting formats, and information exchange processes are fully aligned with the requirements of the contract. The design of the solution and specifications for integration of billing services, communications, and ePCR functions will be well documented prior to System Testing to support review and approval.

During this phase we complete initial setup tasks with external stakeholders, including processor registrations, hospital interfaces, and your systems. We also prepare customized patient correspondence.

The process is managed using our detailed implementation plan which lists every task, the task owner, the current status of the task, and the estimated completion date. Weekly conference calls based around the implementation plan ensure that every task required for Go-Live is completed.

I. New Client Startup Tasks						
Task	Dependents	Owners	Start	Status	ETA	Completed
1. Sign contract		Digitech Client		Open		
2. Send welcome package – New Client Checklist, Digitech Roster	I.1	Digitech		Open		
3. Complete and return New Client Checklist	I.2	Client		Open		
4. Complete Internal Billing Service Checklist	I.3	Digitech		Open		
5. Update Pedestal Client Master with basic agency and contact information	I.3	Digitech		Open		
6. Update Pedestal with Client Vendors, Billing IDs, and Processors	I.3	Digitech		Open		
7. Send initial Implementation Plan	I.4	Digitech		Open		
8. Update version control board	I.3	Digitech		Open		
9. Update SOC1, 3.12 Business to Business Transmission Document	I.4	Digitech		Open		
10. Hospital Access	I.4	Digitech		Open		

Sample Page of Digitech’s Client Implementation Plan, which drives the agenda of weekly conference calls

TESTING AND ACCEPTANCE PHASE

When all system components have been installed, tailored, and configured, we begin Testing and Acceptance. In this phase, we test all components and connections to ensure that they meet contract requirements and the data standards required by all stakeholders. During this time, we also conduct user training so that your team will have qualified testers to implement the final Acceptance Test. Digitech will develop a Test Plan jointly with you to ensure all contract requirements are met. We will use that plan during Acceptance Testing to guide testing and to evaluate results. We will work closely with you to manage any discrepancies uncovered in Acceptance Testing, correcting and retesting as needed. Upon successful completion of Acceptance Testing, we will achieve the Go-Live milestone, transitioning to live operations and full responsibility for your billing and collection from that point.

Digitech will provide you with training as needed to ensure efficient access and use of the Ambulance Commander platform. Training will be provided in a “Train-the-Trainer” format allowing you to instruct other staff on the system as needed. Once the training has been completed, you may identify a systems administrator who will have access to set up new employees with the appropriate permissions and security or change any employee’s level of security at any time. This level of system control will enhance your data security by providing the specific level of access needed by employees who are utilizing the system.

Because all systems will be tested by Digitech and certified by your team prior to the Go-Live date, you can be confident you will enjoy error-free billing and collections from the beginning of the project.

Once Digitech has assumed responsibility for all aspects of the billing and collection process, we will begin the final implementation phase. While all systems will be fully tested and all processes thoroughly vetted prior to the Go-Live date, there can be unanticipated issues that crop up, or opportunities to improve business processes that could not be foreseen without some actual experience with the system. Therefore, we use the period following Go-Live until the first full month’s reporting is completed to monitor the system closely and jointly with you. Further system monitoring and process improvements will continue throughout the term of the contract.



The implementation was a methodical and well thought out process. Digitech made what could be a difficult transition a smooth one by handling all the payer enrollments, integrations, and system setup. Their implementation plan clearly laid out all the required tasks and who was responsible for each task with ETAs, and it was updated weekly so we could watch the progress.

TAMARA NILMEIER

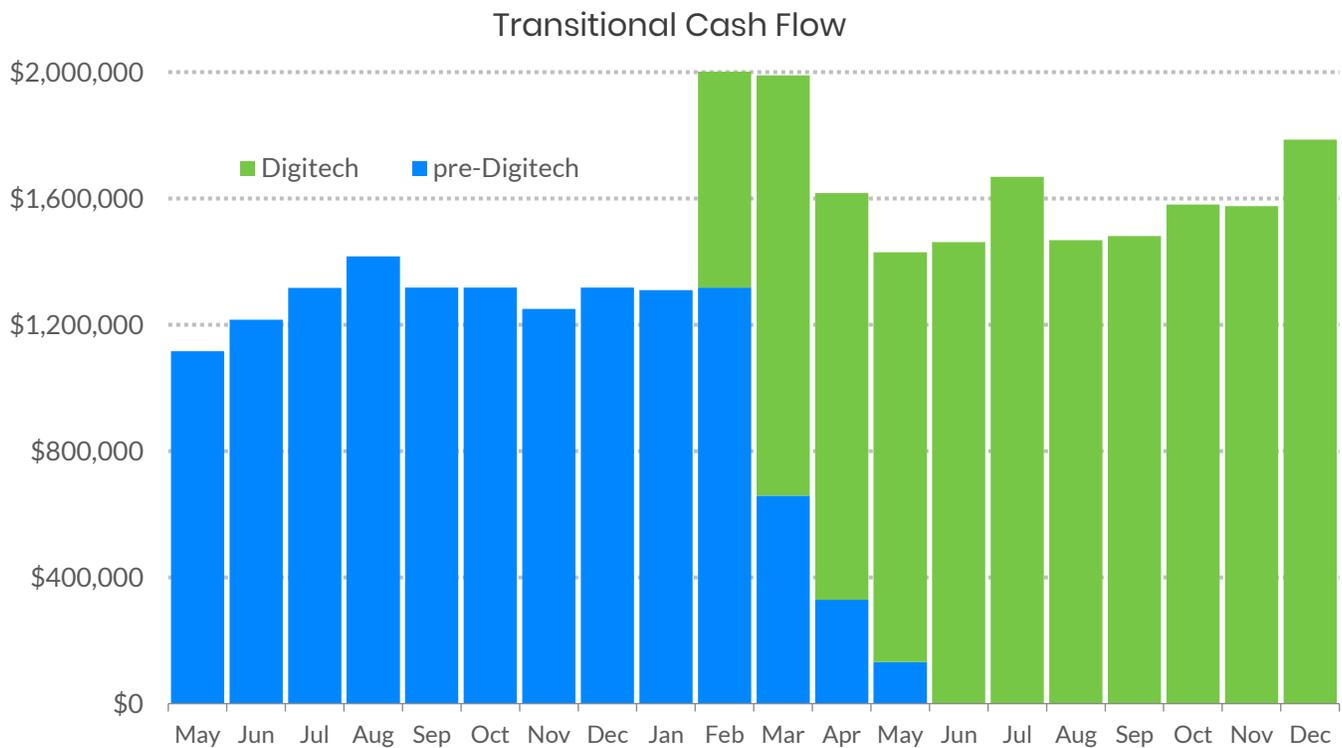
Former Director of EMS and Physician Revenue Cycle
Grady Health System – Atlanta, GA

Our solution allows Digitech to file 97% of claims within 48 hours of receipt of trip information, allowing you to realize maximum cash flow early in the collection cycle. We will deliver professional customer service while we maintain, support, and continually improve the overall processing service in accordance with your objectives and obtain the maximum financial results on your behalf. Working jointly, we can identify any bottlenecks and work together to reduce or eliminate them, achieving the levels of service and collection sought.

NO CASH FLOW INTERRUPTION DURING IMPLEMENTATION

Our goals during the implementation process are to minimize interruptions of your normal processes, minimize your resources required, and avoid any disruption to your cash flow. With careful planning, attention to detail, and clear communication, we will achieve these goals together. Beyond normal operating expenses, you will have no other known costs associated with implementation.

Cash flow often increases during the critical early months of our service to you. For example, during our implementation with Memphis Fire Rescue, cash flow increased during the first months of the contract because Digitech was processing claims in one to two days, while the prior vendor was taking up to 30 days to get claims out. With more cash flow, you can focus your resources on patient care and other operational priorities.



Cash flow when Digitech implemented in Memphis. Collections often jump as we begin processing claims.

SCOPE OF WORK

The County is soliciting sealed proposals from qualified, experienced firms to provide professional billing and initial collection services for fees charged for emergency medical services (EMS) ambulance transport provided by the County's Public Safety Division. The Scope of Work is generally described as follows:

a. Workflow and work requirements

i. To ensure a seamless billing transition, the Consultant must transfer (either electronically or by manual entry) open account information from the incumbent consultant's billing system into the Consultant's billing system. The incumbent consultant uses a billing and coding platform known as EMSmart and RescueNet Billing to submit claims to various payors.

Digitech has deep experience transitioning clients from an incumbent billing system over to our proprietary billing platform. We welcome the opportunity to collaborate with the County to explore alternative solutions that could streamline the handling of open accounts. Our proposed pricing includes the handling of your 3,026 open accounts and considers the additional effort required to assess, map, and integrate legacy accounts receivable (AR) data from the incumbent's system into our platform. However, should the County be open to discussing alternative AR transition options, we believe there may be meaningful opportunities to lower our proposed pricing while still maintaining a smooth and compliant billing transition.

ii. Each day, DPS will electronically transfer patient care reports (PCR) that contain the data necessary for billing to the Consultant. Consultant must maintain compatible software to interface with DPS's report system (currently DocuMed ePro; however DPS anticipates migrating to ESO by May 2025.)

Digitech's Ambulance Commander is fully integrated with the industry's ePCR systems, including DocuMed and ESO. We have built, tested, certified, and deployed many times over what is now our standard ePCR interface. The approach used by our teams for customization, installation, and training has been tested and proven extensively. We are confident of our ability to provide seamless integration with whichever ePCR system you choose.

Transfer of ePCRs happens during the Data Upload phase of our billing process.

DATA UPLOAD

Pre-hospital Patient Care Reports and all associated transport data are uploaded into Digitech's system via Secure File Transfer Protocol. This process is typically completed within two to three hours each morning via an import routine written by Digitech for specific ePCR systems.

Digitech has import routines for every major ePCR system on the market. Our routines are unique in that we import all the information from the PCR system, not just the information required for billing. This greatly increases our ability to provide reporting and analytics that directly relate your finances to your patient care. Incident numbers, transport numbers, and individual record numbers (when multiple vehicles respond to the same incident) are all recorded and associated with the claim number we assign.

On a regular basis, we perform a reconciliation to make sure that all patient care records have been imported into Ambulance Commander, our billing platform. This process, along with your own reconciliation process of matching an ePCR to each run, ensures that all billable transports dispatched have been transferred.

Our routines are unique in that we import *all* the information from the PCR system.

Once the PCR data has been reconciled, our billers can see all critical transport data, including the dispatch data, the crew data, the unit data, and so on. They can also see the PCR itself which contains the details of the patient assessment, the treatments and interventions provided, and the narrative entered by the responding medic. With this information, they begin the next step in the billing process – Verification.

iii. Consultant must review and sort the PCRs and assign appropriate billing code(s). Consultant must identify and resolve any discrepancies in order to have accurate information for appropriate billing and payment processing.

Identifying payer and demographic information, resolving discrepancies, and coding claims are all part of our billing process.

VERIFICATION

We define verification as the process of finding missing billing and demographic information and confirming the accuracy of the current data. Our verifiers do the following:

- + Access multiple public and private databases to locate missing patient information.
- + Contact patients by phone to get insurance information when necessary.
- + Contact admitting hospitals to get patient information that we then use to find insurance information with our demographic search tools. When possible, we build electronic bridges to hospitals and directly query databases or transfer patient demographic and insurance data.
- + Use clearinghouses to find or verify insurance and demographic information.
- + Provide invoicing forms with a simple insurance information section and return envelope, which makes it easy for patients to return demographic and insurance information to Digitech by mail.
- + Provide web portals for each client where patients can check the status of their accounts, make payments, update demographic profiles, provide signatures, and input insurance information.

USING PUBLIC AND PRIVATE DATABASES

Digitech uses our proprietary Sleuth search solution to connect to multiple large databases. Its search algorithms use any available data to locate additional demographic information. Our goal is to find the patient's social security number, which we then submit to other databases to find insurance information.

USING CLEARINGHOUSES

Using the demographic information available, verifiers use our automated tools to search large clearinghouse databases to find or verify available insurance information and determine eligibility. This process also allows us to identify secondary insurance that field personnel will almost never obtain, and that even the receiving hospitals may not be able to provide. We validate Medicare, Medicaid, and all insurances daily for all the claims that we receive.

In addition to verification of insurance information on file, we validate patient insurance status by feeding the verified social security number into our insurance polling system which queries insurance companies in search of a policy number associated with that social security number. Digitech uses Experian and other such databases for this process. We typically complete this validation of patient insurance status in a matter of hours on the same day the trip information was downloaded.

The key to effective automation is knowing when NOT to automate. Digitech's coding process is not automated. Our coders review every claim after reading the entire PCR to determine the correct level of service and proper coding.

CODING

Coding is the intensive process by which we review each claim manually and determine level of service, medical necessity compliance, signature compliance, and mileage. As part of the coding process, Digitech's coders review the content of the ePCR, evaluate the narrative, decide whether the claim is billable, and if so, how the claim should be billed. It's important to get it right. Once the coding process is complete, claims are procedure coded and scheduled for invoicing. Any accompanying paperwork is verified and attached to the claim using Digitech's SecureDocs document imaging interface. We typically complete coding for all claims within 24 business hours of receipt of ePCR data.

RESOLVING MISSING INFORMATION AND DISCREPANCIES

When required for Medicare and Medicaid claims, Digitech contacts patients to obtain signatures. If we have exhausted all possible avenues of recovering missing information, our coders compile a list of claims that cannot be coded and therefore cannot be submitted, such as claims that are missing clinical information, trip origin or destination, or other critical transport details. Typically, this list represents a very small portion of the claims we receive. We will notify your team of these discrepancies within 48 business hours of receipt of ePCR data. We will ask your representatives to review and supply us with the requested information if possible, and we will update each claim accordingly.

Ambulance Commander provides an audit trail of every action undertaken, so each time a claim is touched in any way, the system creates a time-stamped record. Digitech will report all open issues for the month to you. Most issues are resolved prior to closing the month's transactions.

QUALITY ASSURANCE – THE HUMAN ELEMENT

Digitech's Quality Assurance (QA) team is made up of experienced staff members, all of whom have backgrounds as EMTs, paramedics, nurses, or EMS billing professionals. The QA staff manually reviews 100% of Medicare, Medicaid, and Railroad claims. All Medicare claims are checked for medical necessity, mileage, and signatures. All Medicaid claims are similarly verified for medical necessity.

Our QA department frequently works directly with clients to ensure that they are trained in filling out paperwork with as much accuracy as possible. If QA finds that the paperwork conflicts with the level of service listed in the claim, or if the narrative is not sufficiently informative, they reach out for more information. This could involve contacting the care facility or the patient for clarification.

iv. Consultant is responsible for initial collection (including generation of all insurance forms, filings, and record maintenance) and must provide electronic claims processing and paper filings to all insurance companies (primary and secondary carriers), as well as private pay claims. The Consultant shall follow-up on electronically submitted claims for which payment has not been received after thirty (30) days following initial submittal. Follow-up shall be completed between thirty (30) and forty-five (45) days of initial submittal. The Consultant shall provide follow-up on any denials and, if necessary, file appeals in an attempt to collect on a claim.

Resolution of claims involves invoicing, posting, and short-pay follow-up. There is a circular dynamic between these steps, as the remittance processing phase often results in claims returning to invoicing for re-billing to secondary and tertiary payers, for denied claims to be corrected and resubmitted, for appeals processing, or for balances to be invoiced directly to patients.

For more detail, the processing layer includes the following:

INVOICING CLAIMS

Approximately 97% of the compliant claims completed by our clients make it through a Data Upload, Verification, and Coding processes so that they are invoiced within 48 business hours of being received. On average, 95% of all available revenue will be collected in the first 90 days.

INVOICING COMMERCIAL CARRIERS

This step includes submitting electronic files to carriers that accept them or sending paper claims to those who do not. Where possible, Digitech files directly with the carrier, but alternatively will file claims using intermediaries and clearinghouses. We prefer direct billing as it speeds the process, and faster processing typically results in better collections. When the commercial carrier does not pay in full, Digitech will appeal the claim. Our automated Appeal-IT system sends appeals to carriers within 24 hours of a short-paid claim being posted. We follow up on all commercial claims on a regular basis (typically every 20 days) until they are resolved.

INVOICING MEDICARE OR MEDICAID

Digitech is focused on compliance. Depending on applicable laws and regulations, before sending claims to Medicare or Medicaid we will verify that the:

- + Level of service is correct
- + Correct modifiers have been applied
- + Signatures have been obtained
- + Supporting Physician Certification Statements for non-emergency transports are attached
- + Medical necessity of the transport is correctly documented
- + Mileage is correct

Digitech will file directly and electronically with both Medicare and Medicaid.

PATIENT INVOICING – THREE INVOICE CYCLE

Our patient invoicing typically follows a three-invoice cycle. We use mailers specially designed to make it easy for patients to return valid insurance information. Our patient invoicing process is as follows:

- + Once we have exhausted all efforts to locate and verify insurance coverage for a patient, an initial invoice is sent, usually within 48 hours of our receipt of the ePCR data.
- + A statement of account is generated and mailed to the patient's responsible party 30 calendar days after the original invoice and followed up with a phone call.
- + When a patient account is not paid after 60 days, Digitech sends a pre-collection notice in accordance with mutually agreed policies and again follows up with a telephone call.
- + Patient accounts that remain unpaid after 120 calendar days (or 90 calendar days, if desired) are sent to collections or adjusted in accordance with your policies.

We employ a positive customer service approach in dealing with overdue accounts and do not engage in any form of debtor harassment, improper language, or unreasonable conduct at any point.

PARTIALLY PAID CLAIMS AND DENIALS

If the claim is partially paid, one of the following will occur:

- + The claim will be crossed over to the next payer if the original payer paid all that was legally due.
- + The balance will be transferred to the patient if no additional insurance is available.

Only a tiny percentage of claims we submit are denied because our platform traps claims for correction before they are submitted, speeding the collection process. The small number of denied claims will be corrected and re-invoiced. If they are paid, no action is required. If the claims are denied, we begin the appeal process:

- + We request additional documentation from the receiving hospital when applicable.
- + Occasionally we will contact a family member to provide documentation to support the claim.

We then file the first level appeal. If there is a favorable decision, then no further action is needed. If we receive an unfavorable decision, and we have cause, we appeal to the second level. For Medicare, the second level appeal is handled by a Qualified Independent Contractor.

If we receive a favorable decision, no further action is required. If we receive an unfavorable decision, our usual practice is to file an appeal to the Administrative Law Judge where applicable.

At times, the claim (or a portion of the claim) is not paid, and we are reasonably sure it will never be paid. In those situations, claims will be sent to collections or adjusted according to your protocols.

WE APPEAL ALL SHORT-PAY CLAIMS

Digitech does not leave your money on the table. Here again, we use the power of automation to manage denials, appeals, and short-paid claims. Appeal-IT, another distinguishing automated feature of Ambulance Commander, systematically appeals the short-paid claim until we have successfully recovered the complete balance. Where a manual appeal process may become expensive and tiresome, our automated process is both affordable and unrelenting.

SPEED OF PROCESSING IMPACTS COLLECTIONS

Our experience has shown that getting invoices out within a day or two of receipt of PCR data positively affects the outcome of the collections process, not only by avoiding timely filing issues, but also by enabling the follow-up on denials, partial payments, short-pay claims, and appeals to begin that much sooner.

Typically, within one business day of receipt of transport data, Digitech billing personnel begin all automated batch claim processing tasks including:

- + Electronic invoicing and filing
- + Paper invoicing, printing, and mailing when appropriate
- + Self-pay invoicing
- + Facility invoicing (if applicable)

FINAL CLAIM RESOLUTION PROCESS

During onboarding, we will work together to understand your requirements so that we can customize our final claim resolution process for you.

Generally, claims that go through the process and remain unpaid either go to collections or are adjusted according to the contract requirements. These amounts include:

- + Adjustments
- + Charity programs
- + Discounts
- + Claims sent to collections or written off in accordance with your policy

Faster processing speed typically results in better collections. That's why we submit 98% of compliant claims within 24 hours.

FINAL ACCURACY CHECKS

Permeating every aspect of Digitech's billing process is a series of Quality Assurance and Auditing functions that ensure all other processes, either manual or automated, deliver proper and accurate results.

In addition to automated functions that examine every link in the chain to verify that claims or data are not falling through the cracks, getting misdirected, or remaining unprocessed for any reason, we employ a team of QA personnel whose sole job is to check batches of claims manually every day to verify that both systems and people are processing all data with the high level of accuracy that we demand.

Further oversight and analysis of our automated processes includes continuous random claim auditing by our quality assurance department; a monthly Financial Reporting Review done by our dedicated client account managers before monthly reports are sent out; biennial audits conducted by one of the premier firms serving the EMS marketplace; and an annual SOC 1 audit conducted by Withum, one of the nation's most respected accounting firms. Our final accuracy check is our cash posting process, which enables our specially trained cash posters to pick up anything missed by the other safety measures.



v. Consultant shall provide postage for any invoices and billing forms that are mailed.

Postage for any invoices and billing forms that are mailed is included in our comprehensive fee.

vi. Each invoice generated by the Consultant shall:

1. Be in the format approved by the Director of DPS and must include: account number, invoice number, invoice date, name of patient, name of responsible person if different from patient, complete address, date of service, breakdown of cost, insurance coverage, instructions to pay, billing inquiry phone number, and the following statement – “All checks must be made payable to Levy County Board of County Commissioners”.
2. If mailed, include a return envelope (which may be a “window envelope”) that displays the return address specified by DPS.

Confirmed.

3. Be sent at the following intervals:

- a. The first invoice will be dated no later than ten (10) days after the date of service (DOS) or four (4) days after Consultant has received the PCR;
- b. The second notice will be sent to the patient or responsible party thirty (30) days after the original invoice;
- c. The third notice will be sent to the patient or responsible party sixty (60) days after the original invoice; and
- d. The fourth notice (final notice) will be sent to the patient or responsible party thirty (30) days after the third notice has been mailed. Services to be billed will include base fee, mileage, on-scene medical treatment and all associated fees, when applicable.

Confirmed. This aligns with our typical process. We will customize the cadence and schedule of invoices for you.

4.No patient shall receive an invoice until their insurance provider has had at least forty-five (45) days to act on the claim.

Understood and confirmed.

vii. Consultant shall negotiate and arrange a modified payment schedule (of no less than \$10 per month) for individuals who are unable to pay the full amount when invoiced and shall follow up to ensure those individuals continue to pay at least that amount for the duration of the invoice.

When we’re dealing with your patients, we speak to them as you would. All Digitech staff who interact with patients are comprehensively trained in best practices guided by HIPAA; OIG Waste, Fraud, and Abuse rules; the HITECH Breach Notification rules; Red Flag Identity Theft rules; local, state, and federal laws and regulations; and compassionate care principles for patient privacy and patient rights.

Our calling campaigns include provisions for patients to set up payment plans or carry out charity plans as defined by your agency.

Our experience over the years has shown us that those who can pay usually do. We follow compassionate billing practices and treat every patient with kindness and respect, with an eye toward helping the patient meet their financial obligation.

viii. After patient insurance or other third-party payments are made, Consultant shall invoice remaining amounts to the patient (“balance billing”) where permitted by law and provider agreement.

Understood and confirmed.

ix. Consultant shall receive payments on behalf of the County and deposit those payments into the County’s designated bank account within three (3) business days of receipt. Records of deposits and correlating reports shall be electronically transmitted to the County on a daily basis.

REMITTANCE PROCESSING

Remittances will be received and processed through Levy County’s bank lockbox¹. A lockbox facilitates the payment process in the following ways:

- + All payments will be immediately credited to your account. Digitech will never have control over your cash.
- + All payments will be immediately credited to the patient’s account.
- + The bank will image all documentation so that both parties can view payment details at any time.
- + The lockbox simplifies the process of reconciling deposits. Once a payment is received, often in the form of an Explanation of Benefits, funds are immediately posted to your account. Cash is reconciled every day. We never have unapplied accounts.



The City of Houston was profoundly pleased to discover that Digitech does not carry an unapplied funds account. We rest easy knowing that every dollar is correctly allocated.

LATOYA JASPER
Former Deputy Assistant Director, Finance
City of Houston, TX

¹ Digitech requires the establishment of a bank lockbox to receive and process payments. We can assist in setting up a lockbox account, and lockbox fees are covered in our price.

x. Consultant shall stop billing and/or initial collection efforts for any invoice upon written notice from County to stop any such efforts.

Understood and confirmed.

xi. Consultant shall provide the County's collection company with all accounts that have had no payment activity for 120 days after the date of first billing. The Consultant shall track the account turned over to the collection company and work with the collection company, as necessary, to assist with information gathering, filing insurance claims, and handle payments.

When we have not been able to make any contact or retrieve any kind of insurance information for a patient, or when an account has had to payment activity for 120 days after the date of first billing, Digitech will adjust claims according to your policies. We will prepare and transmit a file containing the claim data to your designated debt collection agency in a format and on a schedule determined jointly between Digitech, the collections agency, and Levy. Digitech has experience with collection agencies across the nation, and we prefer to keep our relationships with collection services at arm's length to avoid any appearance of conflict of interest.

xii. Consultant shall answer any audit and file any appeals related to EMS billing on behalf of the County.

We will. Digitech has extensive experience assisting clients with audits and appeals related to EMS billing.

xiii. Consultant shall respond to subpoena requests and other legal and HIPAA compliant requests for medical records. The Consultant shall keep a HIPAA-compliant log of all medical records provided.

Digitech uses ChartSwap as a repository for attorneys to request invoices, medical records, etc. for the clients they represent. The attorney's request typically consists of a letter detailing the nature of their request and a HIPAA form signed by the patient. After Digitech reviews the request, the attorney will be charged a fee based on the number of pages to be included in the document. The fee is inclusive of searching, handling, copying, and mailing costs.

xiv. Consultant shall act as an advocate for the County with Medicare, Medicaid, and private insurance in an endeavor to obtain payment.

While we are committed to obtain every available penny of your claims, our role goes beyond claim processing. We're dedicated advocates for fair and sustainable reimbursement across the EMS landscape, with particular focus on Medicare and Medicaid. We work to influence broader payment policies that impact our clients' long-term viability, not just their individual claims.

As corporate members of NAEMT and other key industry organizations, we're active in national and state-level efforts to improve EMS recognition and reimbursement, including direct engagement with policymakers on Medicare and Medicaid reform. We stay involved in legislation that shapes EMS funding, pushing for practical solutions that reflect the true value of prehospital care.

We also lead through thought leadership: publishing blogs, writing articles, and hosting webinars on emerging challenges and policy changes. These efforts help keep critical issues, like low Medicaid reimbursement rates or Medicare billing complexities, at the forefront of industry dialogue.

Our clients receive timely updates and actionable guidance, including customizable letters to legislators, petitions, and advocacy toolkits. We make it easy for agencies to have a voice in shaping the future of EMS funding.

Advocacy is central to who we are, not just for the system as a whole, but for each provider we serve.

xv. Consultant shall maintain a working relationship with all DPS serviced hospitals.

Digitech will maintain a working relationship with all DPS serviced hospitals, leveraging our extensive experience in this type of relationship building on behalf of our clients. We build electronic interfaces with your area hospitals, when possible, to directly query databases or transfer patient demographic and insurance data.

xvi. Consultant shall provide sufficient customer service representatives to assist patient and/or third-party payees in all billing inquiries in a timely manner, not to exceed three (3) business days.

1. The call center shall be operational during normal business hours for County and patient related questions and shall provide bilingual speaking representatives.

While performing services on your behalf, Digitech commits to the highest level of professionalism in patient interactions. We provide clients a toll-free telephone number for customer service and patient inquiries. We have bilingual (English and Spanish) staff onsite in customer service positions during our normal business hours of 8am – 5pm ET and utilize translation services for other languages as necessary.

2. All calls related to County EMS billing shall be answered “EMS”.

Your calls will be answered with a custom greeting such as, “EMS.”

3. All calls shall be recorded and retrievable by DPS in a .wav file.

All calls are recorded. We will work with the client to fulfill this requirement.

xvii. Following the end of the term, or any termination, of an agreement with the County, Consultant must cooperate and allow a reasonable time for transition of billing and initial collection services to a successor consultant.

Digital records will be retained according to contract requirements and applicable laws and regulations. Digitech will maintain all data and billing records in a form permitting transfer to a new billing vendor within 30 days of the end of our contract. We will continue processing all existing accounts in our possession until collection efforts have been exhausted, then turn over any uncollectible claims to your designated collection agency in accordance with protocols in our contract.

b. Information/access/training

i. Consultant shall provide DPS with the following reports/information in an easy to read/understand format:

1. Information necessary for DPS to pursue collection of non-sufficient fund (NSF) checks;
2. Information necessary for DPS to process refund requests for patients and/or insurance companies including the refund payee's name, their verified address, and reason for refund;
3. Distribution of charges and collections also known as payor mix of all patients for a given month or other specified period;
4. Aged receivable report reflecting outstanding invoices, including the amount, sorted by date or account for thirty (30), sixty (60), ninety (90), one-hundred twenty (120), and over one-hundred twenty (120) days;
5. A patient alpha listing;
6. A monthly payment listing that reflects required charge offs/adjustments and refunds posted to each patient's account;
7. All reports and data required for the County to participate in the Public Emergency Medical Transportation (PEMT) Program;
8. Monthly write-offs; and
9. Any other mutually agreed upon reports as may be required.

We know that your reporting requirements are crucial to this project, and we commit to exceeding your expectations. We believe that the best claims processing software would be inadequate without powerful reporting, and that's why we've integrated our powerful reporting suite across our entire Ambulance Commander platform.

COMPREHENSIVE REPORTING SUITE

You'll find reporting tools in all our solutions. Report generators let you sort, filter, and run reports that you create based on tens of thousands of possible combinations of fields and criteria. This functionality gives you the ability to print virtually any report imaginable.

We will also provide all the reports you request. During implementation and throughout our partnership, we will discuss the parameters of each report with you so that we understand exactly what you need. All reports can be printed or downloaded in a variety of formats, including Excel, Word, XML, or PDF.

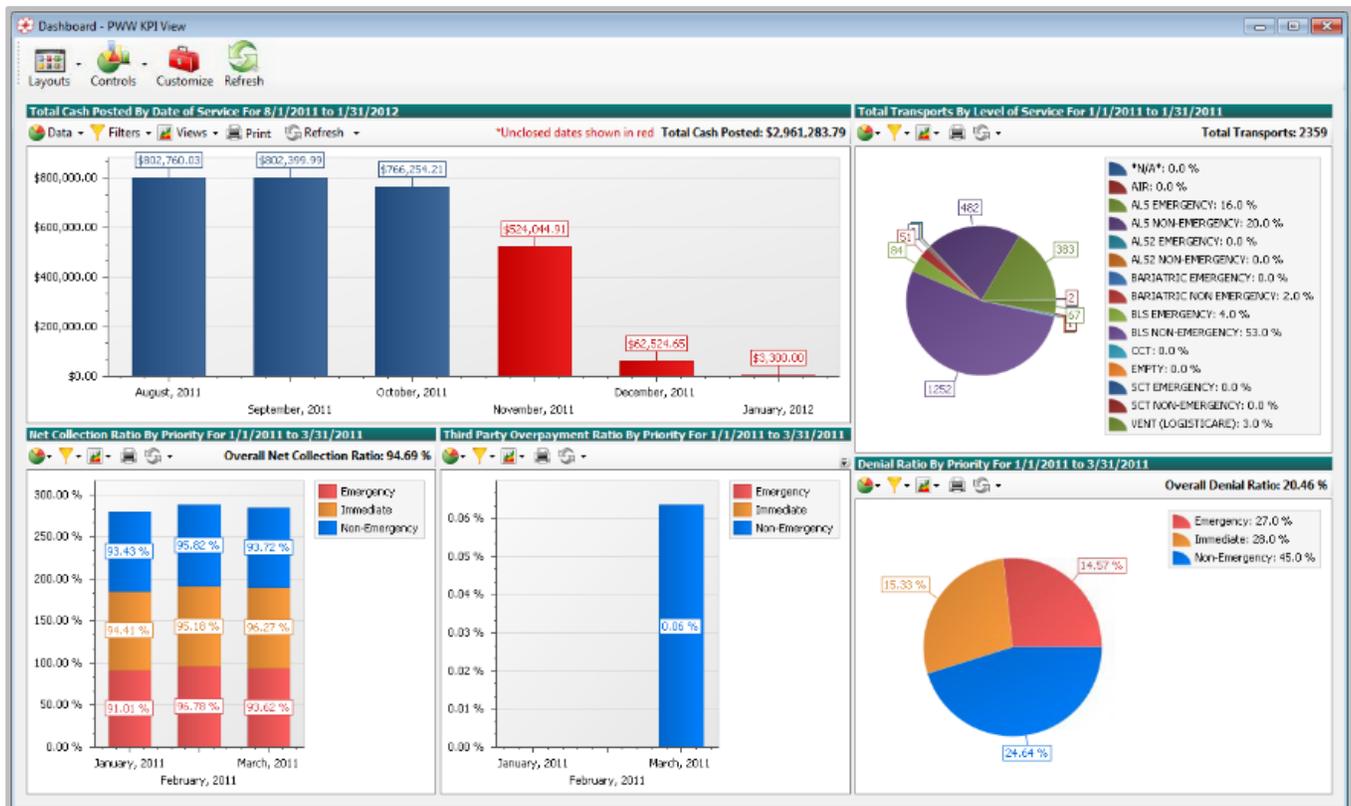
If you have specialized reporting requirements that are not already provided or cannot be created through our report generators, we will customize a reasonable number of reports needed at no cost, often within 24 hours of your request. You will have access to the reporting experts on our staff, including Max Dekle, our Data Analytics Specialist, and Mitch Holder, our Vice President of Analytics. We will make sure you have all the reporting tools necessary to effectively monitor and analyze your data.

In addition to the monthly operational and financial reporting packages we provide, you will be armed with our Dashboard and PCR Lens solutions, giving you powerful self-service reporting capability.

OPERATIONAL & FINANCIAL REPORTING & ANALYSIS SOLUTION - DASHBOARD

Digitech's Dashboard brings your operational and financial data into an easy-to-use interface that will enable your managers, administrators, and business analysts to get a real-time picture of any aspect of your operations. Dashboard's intuitive user interface provides a set of advanced reporting and analysis tools that will help your organization stay on top of the game and ahead of the curve.

The basic setup of Dashboard contains several pre-defined views and layouts displaying critical operational metrics, including a set of Key Performance Indicators validated the premier EMS law firm. In addition to these default options, Dashboard is also highly customizable, allowing users to configure and save personal views, so you'll see exactly what you need to know when you need to know it.

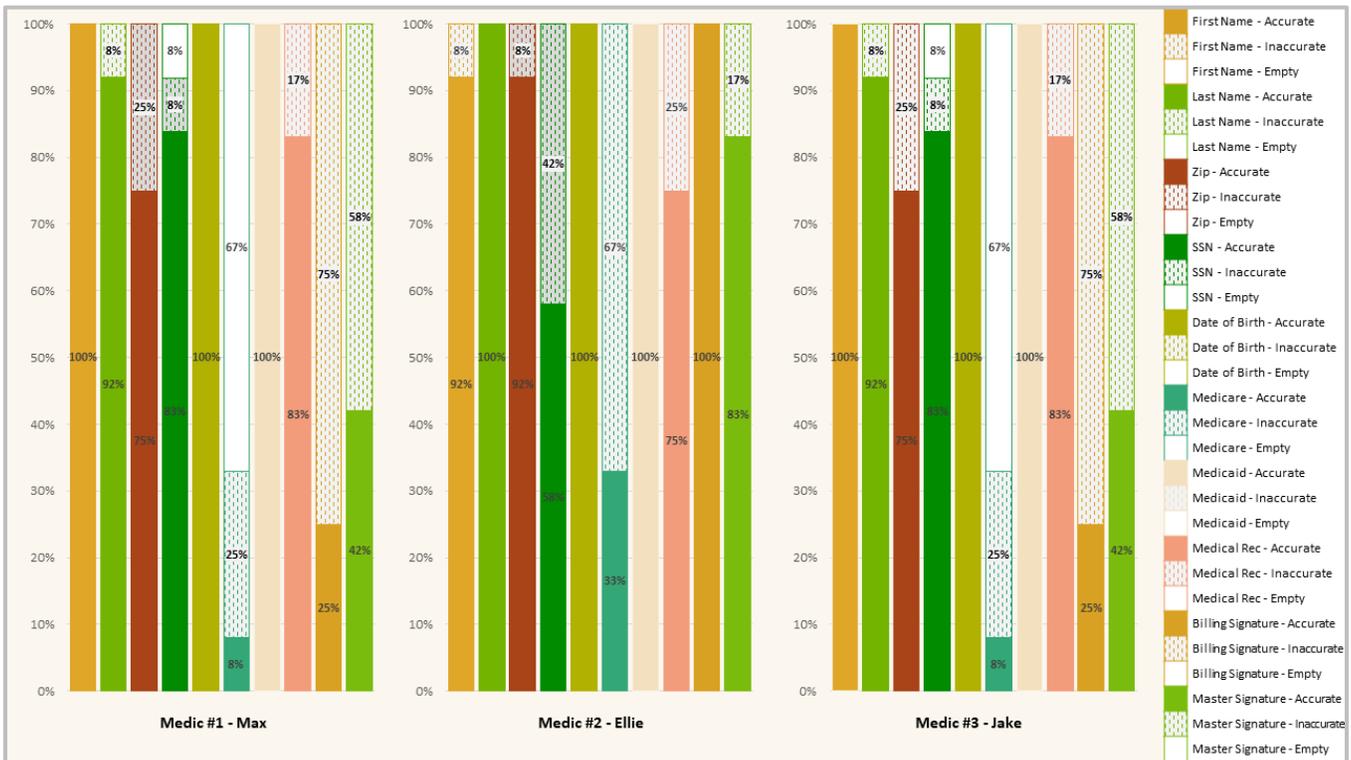


Digitech's Dashboard

FIELD DATA QUALITY MONITORING & REPORTING SOLUTION - PCR LENS

PCR Lens is our data quality reporting solution. It aggregates the pre-hospital data from your agency's EMS responses as they come to Digitech as Patient Care Reports. PCR Lens then displays the data in an interactive user interface. Here, you're able to create your own views and filters, making it easy to pinpoint problems, push training and re-education where it's needed, and identify high-performing individuals and crews.

With PCR Lens, you can also compare your agency's pre-hospital data as it comes to us through the ePCR with that same data after we've run it through Ambulance Commander. We perform error-scrubbing and match information against national demographic databases. Then our certified ambulance coders review and edit data during the creation of the claim.



Digitech's PCR Lens

The initial data collected in the field can be compared with the same data after these Digitech processes take place. Chiefs, EMS Directors, and QA/QI Administrators can quickly and accurately analyze the data collected by your medics and compare their efforts to peers, other shifts, other stations, and even other EMS organizations.

PCR Lens helps you make sense of the mountains of data collected by your medics and push improvements in efficiency, better patient care and outcomes, and increased revenue for the department.

OTHER REPORTS AND PACKAGES

In addition to Dashboard and PCR Lens, we provide you pre-configured reports, including a monthly reporting package. Two of our most popular canned reports are the Financial Scorecard and the Analytical Scorecard.

FINANCIAL SCORECARD

The Financial Scorecard allows you to follow the money at any point in your revenue cycle. The report tracks every dollar of your charges until payment is complete, allowing you to instantly review all receivables and view a breakdown by payer, facilities, or patients for any date range.

ANALYTICAL SCORECARD

The Analytical Scorecard gives you a complete picture of your critical data. The report analyzes claim costs and charges on a per-carrier basis. You may define one or more options for Top Priority, Financial Groups, Service Level, Trip Class, and Company data to include in a report.

MONTHLY REPORTING AND FINANCIAL PACKAGES

Digitech's standard monthly reporting package includes both detailed and graphical representations of critical financial data including sales, cash receipts, adjustments, accounts receivable, days sales outstanding, collection percentages, collections per transport, and more.

We deliver this package to your specifications on a mutually agreed upon schedule. Whenever needed, authorized stakeholders from your organization can also produce these reports on demand.

At the end of each month, Digitech performs a hard close of all books and records, which ensures all accounting numbers related to sales, cash receipts, adjustments, and receivables for that month will never change. This makes it easy for anyone to review performance and identify specific topics to explore.

Digitech sends each client a monthly package of Transport and Accounting reports. All reports can be saved to a variety of file formats including Microsoft Word, Excel, Access, Crystal Reports, and Adobe PDF. The following reports are included in the package:

- + Accounting Roll Forward - Monthly Financial Summary
- + Accounting Roll Forward - Monthly Claim Volume Summary
- + Accounting Roll Forward - Fiscal Year Financial Summary
- + Accounting Roll Forward - Fiscal Year Claim Volume Summary
- + Sales Original Report - Financial Group & Carrier Summary
- + Sales Original Report - Procedure Code Summary by Type
- + Sales Payer Reclassification Report - Financial Group & Carrier Summary
- + Adjustment Report - Adjustment Category Summary
- + Adjustment Report - Financial Group & Adjustment Category Summary
- + Adjustment Report - Adjustment Code Summary
- + Cash Receipts Report - Financial Group Summary
- + Cash Receipts Report - Deposit Date Summary
- + Receivables Report - Financial Group Summary - Aged from Date of Service



Their reporting system, combined with the Dashboard, provides access to all of our data on a real-time basis which enhances the decision-making process.

NEIL J. DEPASCAL, JR., CPA
 Deputy Assistant Director, CFO
 Houston Fire Department, TX

ii. Consultant shall provide DPS with remote, electronic, read-only access of DPS's account records, subject to reasonable terms of use provided by Consultant. Such access must allow DPS to produce reports, view patient account status, and the ability to track or review Consultant follow-up on accounts. All account information must be up to date (meaning no more than seven (7) days behind the Consultant's live system.) Consultant shall provide DPS with up to three (3) hours of training on the use of this access system.

24/7 ACCESS TO PLATFORM

It's important to us that our clients always know exactly what's going on with the data they've entrusted to us. That's why all authorized personnel will have 24/7 real-time access to the Ambulance Commander billing platform. Real-time reporting features will enable you to keep an up-to-date picture of financial and operational statistics at your fingertips. You can track the big picture with summarized totals or drill down to the individual patient, claim, or transaction level whenever desired. For more information about these powerful reporting features, please see the response to the previous requirement.

AUDIT TRAIL IN AMBULANCE COMMANDER

Auditing is baked into every solution, feature, and process in Ambulance Commander. All data change details and system events are tracked by our platform's audit trail, including data entry, record modification, and billing events. Integrity of this audit trail is vital to the platform for support, research, and compliance purposes. Ambulance Commander users can in no way manufacture or edit audit trail records from within the platform and can only access audit trail data through read-only interfaces.

Audit: AC ID44623

Transaction History Financials Field-by-field History Electronic File Invoice History

Who	Date	Time	Summary
KCARRA	05/02/22	07:51	CAD EVENT - Timestamp: Unassigned
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: Unassigned
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: Assigned
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: En Route
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: At Scene
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: From Scene
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: At Destination
KCARRA	05/02/22	07:51	*CAD EVENT - Timestamp: Complete
KCARRA	05/02/22	07:51	CREATE Address: Origin Address
LFOX	05/05/22	12:36	EDIT Appoint
LFOX	05/05/22	12:36	EDIT Transport
AUTOINVOICING	05/06/22	06:16	EDIT Appoint
AUTOINVOICING	05/06/22	06:16	CREATE Proc: A0429 - PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	06:16	CREATE Proc: A0425 - PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	06:16	CREATE Proc: NONRES - PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	20:51	INVOICING: A0429SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	20:51	INVOICING: A0425SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	05/06/22	20:51	INVOICING: NONRESSH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	06/06/22	21:34	INVOICING: A0429SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	06/06/22	21:34	INVOICING: A0425SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	06/06/22	21:34	INVOICING: NONRESSH PATIENT~PATIENT PRIVATE PAY PATIENT
MMACNEIL	06/09/22	12:40	RETURN MAIL Appoint
AUTOINVOICING	07/08/22	00:48	HOLD REASON: A0429SH PATIENT~PATIENT PRIVATE PAY PATIENT
AUTOINVOICING	07/08/22	00:48	HOLD REASON: A0425SH PATIENT~PATIENT PRIVATE PAY PATIENT

Field	From	To
IncidentNumber	0	4953
Patient		JONES,CHRISTOPHER 34756
DispatchNumber	0	23
Provider		HOSPITAL 1
Company		EMERGENCY MEDICAL DEPT
Assignment	False	True
User		KCARRA

View History
 Transport Insurance Batch Labels No Filter Applied.
 Procs Patient CAD Events

* This was a manually entered timestamp

Print Reset Close

Audit trail showing every activity in every claim record

iii. At the request of the DPS Director, Consultant shall provide up to four (4) hours of quarterly training to DPS personnel on changes in the billing process and/or new requirements for data gathering and billing purposes.

Digitech will provide this training.

c. Consultant Compliance/Records

i. Consultant shall comply with all HIPAA rules and regulations regarding protected health information (PHI) as a guardian of all record sets and will maintain all records and patient information in a safe and secure manner allowing for inspection and/or audit by the County. Consultant shall store all records for a minimum of thirty-six (36) months and then turn them over to DPS for permanent storage.

We retain both physical and digital records per legal and client requirements. Physical records are scanned and added to the patient’s record. See below for an overview of our HIPAA compliance practices.

ii. Consultant must remain licensed, insured, bonded and compliant with the Federal Health Insurance Portability and Accountability Act (“HIPPA”) in the State of Florida.

HIPAA COMPLIANCE

Digitech is responsible for ensuring the privacy and security of all patient information we receive or use under both the Privacy Rule and the Security Rule of the Health Insurance Portability and Accountability Act of 1996.

We are committed to ensuring that our privacy and security policies, procedures, and training are up to date and effective in safeguarding the confidentiality, integrity, and availability of all protected health information received, maintained, and transmitted by our company. We will adjust our policies and procedures accordingly based on periodic reviews and evaluations of our privacy protection systems.

Digitech is fully compliant with all applicable HIPAA requirements. We have implemented a comprehensive HIPAA compliance program that incorporates:

- + Membership in organizations that provide research and updates on current legal and best practice guidelines.
- + Incorporation of detailed compliance awareness and procedures within all training systems and at all levels. Training covers regulatory requirements as well as procedures and processes developed by Digitech, including electronic configurations, business rules, and communication rules to ensure compliance with all regulatory, privacy, and security requirements.
- + Automated tracking and monitoring systems including automated fraud indicator flags, compliance tracking, and intrusion detection and prevention.
- + Quality assurance programs that focus on daily compliance management and verification.
- + Comprehensive personnel screening and monitoring.
- + Comprehensive binding terms and conditions within contracts between Digitech and suppliers.
- + Outreach security and compliance assistance and training for both suppliers and customers.
- + Legal and compliance advisory services.

iii. Upon execution of an Agreement with the County, Consultant must provide a copy of all current licenses, credentials, or certifications required by law for services hereunder. All licenses, credentials, or certifications required must remain valid for the duration of the Agreement.

Understood and confirmed.

iv. Consultant must remain in compliance with SAS 70 Type II and provide SAS 70 Type II audit documentation with assurance that the compliance program and processes meet/exceed federal guidelines set by CMS, the OIG, Red Flag Initiatives, HIPAA, and an annual third-party audit of the entire billing process.



Digitech uses Withum (formerly WithumSmith+Brown) to perform an in-depth audit on the controls and related processes we use to manage financial reporting. The results of our SSAE 18 (SOC 1 Type 2) audits, as well as the previous types of audits that the SSAE 18 replaced, have all been favorable. Withum has confirmed that Digitech meets the recognized national standards for safeguards for hosting or processing our clients' data.

We have included as **Attachment #1** a letter from Withum confirming the scope and results of our most recent SSAE 18 audit. This letter also points out that "AICPA standards restrict the distribution and use of the report to Digitech and user entities (customers) and the independent auditors of such user entities of Digitech's services." We would be happy to share our complete audit results with you confidentially at shortlist if it is required and if we are favored with an invitation for further consideration.



v. Consultant will comply with all applicable federal, state, and local laws, rules, regulations, and other legal requirements that pertain to the duties and responsibilities of the Consultant.

Our compliance plans and collections policies adhere fully to all local, state, and federal laws and regulations regarding collections, financial transactions, privacy, and "standards of reasonable care" for information handling, management, and destruction. This includes full compliance with Fair Debt Collection Practices Act, Fair and Accurate Credit Transactions Act, Fair Credit Reporting Act, Gramm-Leach-Bliley Act, Family Educational Rights and Privacy Acts and Children's On-Line Privacy Protection Act. Digitech is committed to the highest ethical standards. We prioritize staying ahead of regulatory requirements and changes, as well as maintaining the resources we need to integrate compliance within our billing and collection activities, training, and quality management programs.



TAB 4 – PRICE PROPOSAL

This Tab must contain 2 parts –

(1) Non- Medicaid/Medicare Billing and Collection Fees, and (2) Medicaid/Medicare Claims, and must adhere to the following format:

(1) Non-Medicaid/Medicare Billing and Collection Fees: Provide overall contract percentage for providing billing and collection services as outlined in the Scope of Services and other provisions contained in the RFP

Non-Medicaid/Medicare billing and collection fees will be 4.95% of Net Collected Revenue². Please see the following page for the pricing information in Levy County’s format.

(2) Medicaid/Medicare Claims: Provide a flat rate fee for Medicare/Medicaid Claims. Medicare/Medicaid Claims must be shown as a flat rate for performing any billing. This shall be per billing and shall not be a percentage. The County estimates there will be approximately 4,000(Medicare + Medicaid) such claims annually based on past experience or projections. This is an estimate only and does not in any way guarantee the number of claims. For purposes of these fees, a “billing” is defined as a separate and initial paper or electronic transaction to recover costs from Medicare or Florida Medicaid and any and all follow-up, or secondary filling associated with an ambulance transport on that specific date of service.

Medicaid claims will be \$8.00 per claim. Please see the following page for the pricing information in Levy County’s format.

PRICE SUMMARY

We have prepared this proposal under several basic assumptions, including the following:

- + All billing, collection, and transport data provided by the County in its RFP is accurate and it is understood by both parties that Digitech has relied on the County’s data for pricing purposes. If services are added or changed, Digitech reserves the right to renegotiate contracted fees.
- + The County will provide reasonably complete demographic information as part of your Patient Care Reports, and it is understood that crews will make best efforts to provide insurance information, social security numbers, and other demographic information.
- + The County will provide any remittance information received through a different account from the EMS lockbox³ in a timely manner, including a listing of the ACH deposits by deposit date, referencing the carrier.

² Net Collected Revenue is defined as total collected revenue less refunds.

³ Digitech requires the establishment of a bank lockbox to receive and process payments. We can assist in setting up a lockbox account, and lockbox fees are covered in our price.

- + The County will review claims and mark them as “ready for billing” within 30 days of the date of service.
- + After the contract award, good faith negotiations will take place during which both the County and Digitech can discuss and negotiate specific requirements of the RFP.

SUMMARY OF FEATURES INCLUDED IN DIGITECH’S EMS BILLING FEE

- + All hardware and software required by Digitech personnel to perform medical transport billing and collection accurately and efficiently
- + All mailing forms and envelopes necessary to perform all billing functions
- + Any postage necessary to mail billing or other information to patients, insurance companies, third parties, and attorneys
- + Availability of a national toll free 800 number for patients, County personnel, insurance companies, attorneys, and third parties to call for information or discussion of account status
- + All fees related to our national database searches for patient demographic information
- + All fees related to the electronic submission of claims
- + All fees and expenses associated with the hosting of our application
- + An electronic interface to the County’s ePCR system or to any future ePCR system chosen by the County during the term of the contract
- + Ongoing review of ePCR documentation by qualified Digitech staff
- + Ongoing review and analysis of rates, policies, and procedures with County officials
- + Documentation compliance training for County medics through the Digitech Learning Center
- + Regular meetings for review of performance on a mutually agreed upon schedule
- + Lockbox fees
- + Mailing of Notices of Privacy Practices
- + Credit card payment processing fees
- + Costs of managing aged accounts receivable, including data migration

(1) Non-Medicaid/Medicare Billing and Collection Fees: Provide overall contract percentage for providing billing and collection services as outlined in the Scope of Services and other provisions contained in the RFP

Calculate Fees in the Following Manner: Estimated claims X Average expected collections X Percentage Fee per amount collected – All costs are included in this amount.

4,000 Claims X \$ \$495 Est. Average Collection per Claim X 4.95% Vendor Percentage =
\$98,010 Total cost to County.

Annual Increases in Fees: Are the fees fixed for the initial three year duration of any Agreement? Yes

No

If No, quantify any and all factors that will influence the cost of the service with a guaranteed percentage yearly Maximum for each year of the Contract.

Year 1 _____ %

Year 2 _____ %

Year 3 _____ %

(2) Medicaid/Medicare Claims: Provide a flat rate fee for Medicare/Medicaid Claims. Medicare/Medicaid Claims must be shown as a flat rate for performing any billing. This shall be per billing and shall not be a percentage. The County estimates there will be approximately 4,000(Medicare + Medicaid) such claims annually based on past experience or projections. This is an estimate only and does not in any way guarantee the number of claims. For purposes of these fees, a “billing” is defined as a separate and initial paper or electronic transaction to recover costs from Medicare or Florida Medicaid and any and all follow-up, or secondary filling associated with an ambulance transport on that specific date of service.

\$ 8.00 /Billing X 4000 bills = \$ 32,000 per year.

*For Item 1 above, our percentage pricing is based on all non-**Medicaid** collections. Under Florida law, billing providers are prohibited from charging a percentage fee on Medicaid collections. However, such a fee structure is permissible for Medicare and other non-Medicaid payers.

For Item 2 above, our pricing is based on all **Medicaid claims.

TAB 5 – FORMS AND DOCUMENTS

1. Completed Proposal Signature Form (with all required Forms attached);

See the following pages for the Proposal Signature Form followed by the required signed forms and documents:

- + Sworn Statement on Public Entity Crime
- + Non-Collusion Affidavit
- + Drug-Free Workplace Form
- + Conflict of Interest Disclosure Statement
- + Vendors on Scrutinized Companies List Form
- + Contract Exception Form
- + Digitech's Sample Certificates of Insurance

2. Statement of Proposer's financial stability, including current or prior bankruptcy proceedings;

Digitech is financially stable and has no current nor prior bankruptcy proceedings. We have included **confidential** financial statements as **Attachment 3**.

3. Summary of litigation or other adversarial proceedings filed against Proposer in the past five years, which relate to the services the proposer provides in the regular course of business, including a brief description of the matter, the outcome or projected outcome, and the monetary amount involved;

Not applicable. No litigation or adversarial proceedings have been filed against Digitech in the past five years relating to the services we will provide Levy County.

4. Copies of Certifications/Licenses (if any);

We have included our proof of status from the Florida Secretary of State following the forms.

5. Copies of all Sample Reports:

- a. Distribution of charges and collections
- b. Aged Receivable Report;
- c. Patient Alpha Listing;
- d. Monthly Payment Listing;
- e. Sample Invoice;
- f. Overpayment (Refund Request) Report; and
- g. NSF Check Reports.

Please see **Appendix A**.

PROPOSAL SIGNATURE FORM

ITB_2025_003 - Levy County EMS Billing and Initial Collection Services

The undersigned (“Authorized Signatory”) confirms each of the following statements on behalf of the Proposer:

- They are authorized to submit this proposal and to bind the Proposer to the terms and conditions of this RFP.
- They have read the entire RFP package and any other documentation related to the RFP, including specifically any addenda issued by the County; and have made any inquires they deem necessary to determine conditions prior to submission of this proposal.
- This proposal is submitted with full knowledge and understanding of the terms and conditions of this RFP

The proposal submitted includes all of the following signed forms and required documents:

- COMPLETE PROPOSAL IN THE FORMAT SPECIFIED IN PART 1 SECTION 4
- SWORN STATEMENT ON PUBLIC ENTITY CRIME
- NON-COLLUSION AFFIDAVIT
- DRUG-FREE WORKPLACE FORM (Note: this form is optional, but may be used to break a tie)
- CONFLICT OF INTEREST DISCLOSURE STATEMENT
- VENDORS ON SCRUTINIZED COMPANIES LIST FORM
- CONTRACT EXCEPTION FORM
- CERTIFICATES OF INSURANCE OR OTHER PROOF OF INSURANCE COVERAGES REQUIRED IN PART 1

Is Proposer a small or minority business, women’s business enterprise, or labor surplus area firm? Yes No

Name of Proposer: Digitech Computer LLC

If Proposer is an entity, list type: Limited Liability Company

Proposer Street Address: 480 Bedford Road, Suite C-202

City, State, Zip: Chappaqua, NY, 10514

Name of Authorized Signatory: Walter C. Pickett II

Email Address: sales@digitechcomputer.com Telephone: (914) 741-1919

Signature: *Walter C. Pickett II* Date: May 15, 2025

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL
AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Levy County
By Walter C. Pickett II, CEO
(Print individual name and title)
For Digitech Computer LLC
(Print name of entity submitting statements)
Whose business address is 480 Bedford Road, Suite C-202, Chappaqua, New York 10514
and if applicable whose Federal Employer Identification Number (FEIN) is 11-2693136.
If the entity has no FEIN, include Social Security Number of the individual signing this Sworn Statement:
N/A.
2. I understand that a “public entity crime” as defined in paragraph 287.133(1)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any proposal or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 - a. A predecessor or successor of a person convicted of public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which proposals or applies to proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months AND (Please indicate which additional statement applies).

The entity submitting the sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Walter C. Pickett R
(Signature)

State of New York
County of Westchester

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 15th day of May, 2025, by Walter Pickett (name), as CEO (title) for Digitach (name of proposer) Personally known OR Produced Identification (type of identification).

[Signature]
(Signature) Notary Public
My Commission expires 10/29/2026

AMANDA COMPTON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CO6382673 (SEAL)
Qualified in Westchester County
My Commission Expires 10-29-2026

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NON-COLLUSION AFFIDAVIT

I, Walter C. Pickett II of the County of Westchester

According to law on my oath, and under penalty of perjury, depose and say that:

- 1. I am CEO of the firm of Digitech Computer LLC providing that I executed the said proposal with full authority to do so.
- 2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
- 3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

Walter C Pickett II
(Signature of Proposer Representative)

May 15, 2025
(Date)

State of New York

County of Westchester

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 15th day of May, 2025, by Walter Pickett II (name), as CEO (title) for Digitech (name of proposer) Personally known OR Produced Identification (type of identification).

[Signature]
(Signature) Notary Public

(SEAL)

Amanda Compton
(Printed, typed or stamped commissioned name of notary public)

My Commission expires 10/29/2026

AMANDA COMPTON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CO6382673
Qualified in Westchester County
My Commission Expires 10-29-2026

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

DRUG-FREE WORKPLACE FORM

The undersigned Proposer in accordance with Section 287.087, Florida Statutes hereby certifies that the Proposer Digitech Computer LLC (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Proposer: Digitech Computer LLC

Signature: Watts C. Pickett B

Title: CEO

Date: May 15, 2025

THIS DOCUMENT IS OPTIONAL, BUT MAY BE USED TO BREAK A TIE, SO IT IS RECOMMENDED TO BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All proposers must disclose with their proposals whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All proposers must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All proposers must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All proposers must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All proposers are also required to include a disclosure statement of any potential conflict of interest that the proposer may have due to other Clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Proposers Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other Clients, contracts or interests:

None of the above applicable:

Signature: Walter C. Pickett II

Printed Name: Walter C. Pickett II

Proposer Name: Digitech Computer LLC

Date: May 15, 2025

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

VENDORS ON SCRUTINIZED COMPANIES LIST

By executing this Certificate, the proposal proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the proposal proper immediately or immediately terminate any agreement entered into for cause if the proposal proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the proposal proposer has submitted a false certification, the County will provide written notice to the proposal proposer. Unless the proposal proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County’s determination of false certification was made in error, the County shall bring a civil action against the proposal proposer. If the County’s determination is upheld, a civil penalty shall apply, and the proposal proposer will be ineligible to proposal on any Agreement with a Florida agency or local governmental entity for three years after the date of County’s determination of false certification by proposal proposer.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: May 15, 2025
COMPANY: Digitech Computer LLC
ADDRESS: 480 Bedford Road, Suite C-202, Chappaqua, New York 10514
PHONE NO.: (914) 741-1919
SIGNATURE: [Handwritten Signature]
NAME: Walter C. Pickett II (Typed or Printed)
TITLE: CEO
E-MAIL: sales@digitechcomputer.com

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/24/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. Columbus OH Office 445 Hutchinson Avenue Suite 900 Columbus OH 43235 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Digitech Computer LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Columbia Casualty Company		31127
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570085021810 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	Cyber Liability			652283973 SIR applies per policy terms & conditions	10/30/2020	12/01/2021	Media Limit \$5,000,000 SIR \$100,000

Certificate No : 570085021810

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Digitech Computer LLC 480 Bedford Road Building 600, 2nd Floor Chappaqua NY 10514 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE





CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/24/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Aon Risk Services Northeast, Inc. Columbus OH Office 445 Hutchinson Avenue Suite 900 Columbus OH 43235 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000037575		
INSURED Digitech Computer LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Casualty&Surety Co of America		31194
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES	CERTIFICATE NUMBER: 570085022054	REVISION NUMBER:
LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS DEDUCTIBLES <input type="checkbox"/> BASIC BUILDING <input type="checkbox"/> BROAD CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	
	<input type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY POLICY NUMBER				
A	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY Crime - Primary	106863858 SIR applies per policy terms & conditions	12/01/2020	12/01/2021	<input checked="" type="checkbox"/> Blanket Limit	\$5,000,000
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Digitech Computer LLC 480 Bedford Road Building 600, 2nd Floor Chappaqua NY 10514 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

Holder Identifier :

CERTIFICATE NUMBER: 570085022054





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/24/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. Columbus OH Office 445 Hutchinson Avenue Suite 900 Columbus OH 43235 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Digitech Computer LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA	INSURER A: Noetic Specialty Insurance Co 17400	
	INSURER B: Hartford Fire Insurance Co. 19682	
	INSURER C: Sentinel Insurance Company, Ltd 11000	
	INSURER D: Hartford Casualty Insurance Co 29424	
	INSURER E:	
	INSURER F:	

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570085022091** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			33UUNVG3435	12/01/2020	12/01/2021	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	Excluded
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			33 UUN VG3435	12/01/2020	12/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			33RHUVG1892	12/01/2020	12/01/2021	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	
							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	Products Liab			N20OH380024	12/01/2020	12/01/2021	Aggregate Limit	\$10,000,000
							Agg Deductible	\$150,000
							Per Occ Limit	\$10,000,000

Certificate No : 570085022091

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Proof of Insurance
CERTIFICATE HOLDER**CANCELLATION**

Digitech Computer LLC 480 Bedford Road Building 600, 2nd Floor Chappaqua NY 10514 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000012041

Entity Name: DIGITECH EMS BILLING LLC

Current Principal Place of Business:

5000 TUTTLE CROSSING BLVD
DUBLIN, OH 43016

Current Mailing Address:

ATT: REGULATORY
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016 US

FEI Number: 11-2693136

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CFO	Title	CEO
Name	KERULO, JOYCE	Name	SCHIOWITZ, MARK
Address	480 BEDFORD RD. BLDG. 600, 2ND FLOOR	Address	480 BEDFORD RD. BLDG. 600, 2ND FLOOR
City-State-Zip:	CHAPPAQUA NY 10514	City-State-Zip:	CHAPPAQUA NY 10514

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK SCHIOWITZ

CEO

04/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



Digitech[®]

Expert EMS billing and technology

APPENDICES

Digitech Computer LLC
480 Bedford Rd
Chappaqua, NY 10514
digitechcomputer.com

914.741.1919 (main)
914.741.2818 (fax)



Expert EMS billing and technology

Reporting Suite

Digitech Computer LLC
480 Bedford Rd
Chappaqua, NY 10514
digitechcomputer.com

914.741.1919 (main)
914.741.2818 (fax)

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COMPREHENSIVE REPORTING SUITE

We know that your reporting requirements are crucial to this project, and we commit to exceeding your expectations. We believe that the best claims processing software would be inadequate without powerful reporting, and that's why we've integrated our powerful reporting suite across our entire Ambulance Commander platform.

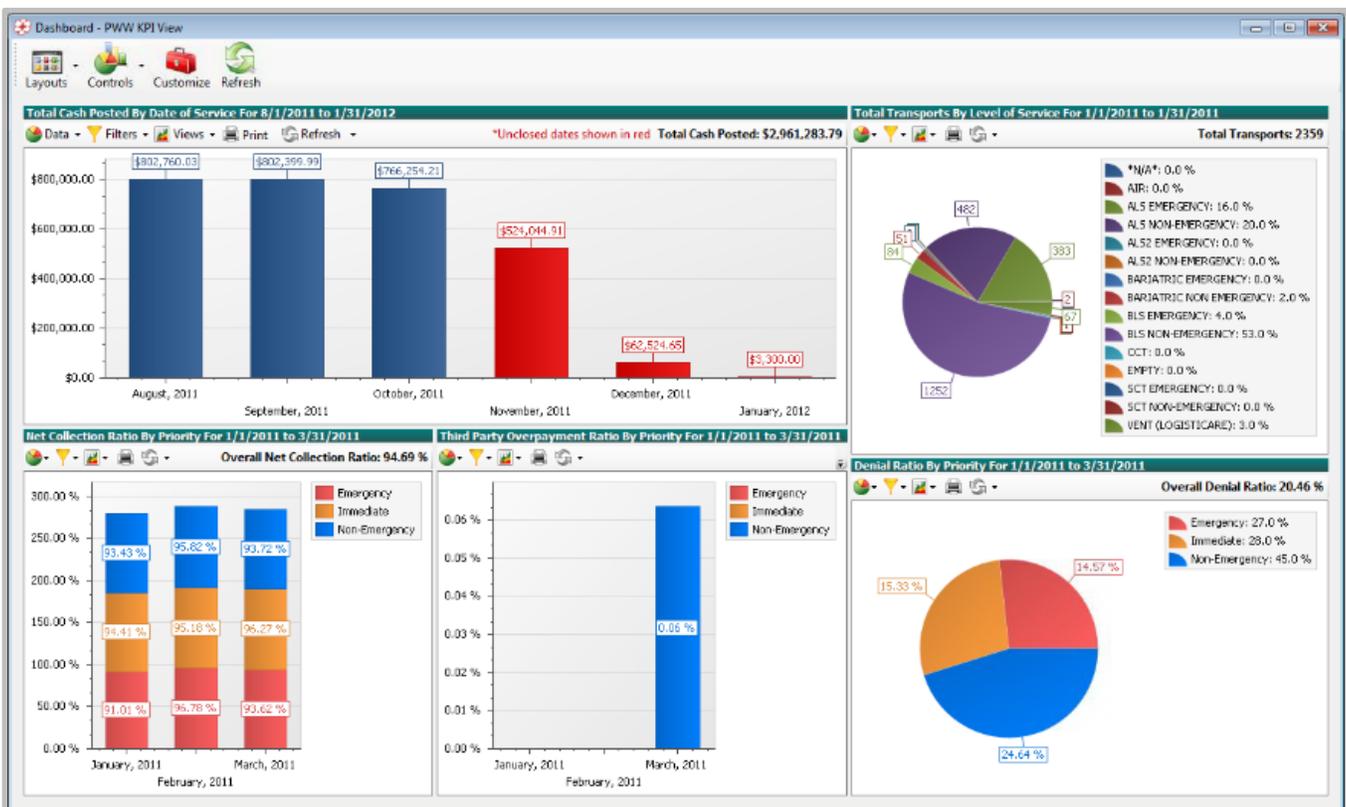
You'll find reporting tools in all our solutions. Report generators let you sort, filter, and run reports that you create based on tens of thousands of possible combinations of fields and criteria. This functionality gives you the ability to print virtually any report imaginable.

We will also provide all the reports you request. During implementation and throughout our partnership, we will discuss the parameters of each report with you so that we understand exactly what you need. All reports can be printed or downloaded in a variety of formats, including Excel, Word, XML, or PDF.

If you have specialized reporting requirements that are not already provided or cannot be created through our report generators, we will customize a reasonable number of reports needed at no cost, often within 24 hours of your request. You will have access to the reporting experts on our staff, including Max Dekle, our Data Analytics Specialist, and Mitch Holder, our Vice President of Analytics. We will make sure you have all the reporting tools necessary to effectively monitor and analyze your data.

In addition to the monthly operational and financial reporting packages we provide, you will be armed with our Dashboard and PCR Lens solutions, giving you powerful self-service reporting capability.

CONFIDENTIAL



Digitech's Dashboard

OPERATIONAL & FINANCIAL REPORTING & ANALYSIS SOLUTION

Digitech's Dashboard brings your operational and financial data into an easy-to-use interface that will enable your managers, administrators, and business analysts to get a real-time picture of any aspect of your operations. Dashboard's intuitive user interface provides a set of advanced reporting and analysis tools that will help your organization stay on top of the game and ahead of the curve.

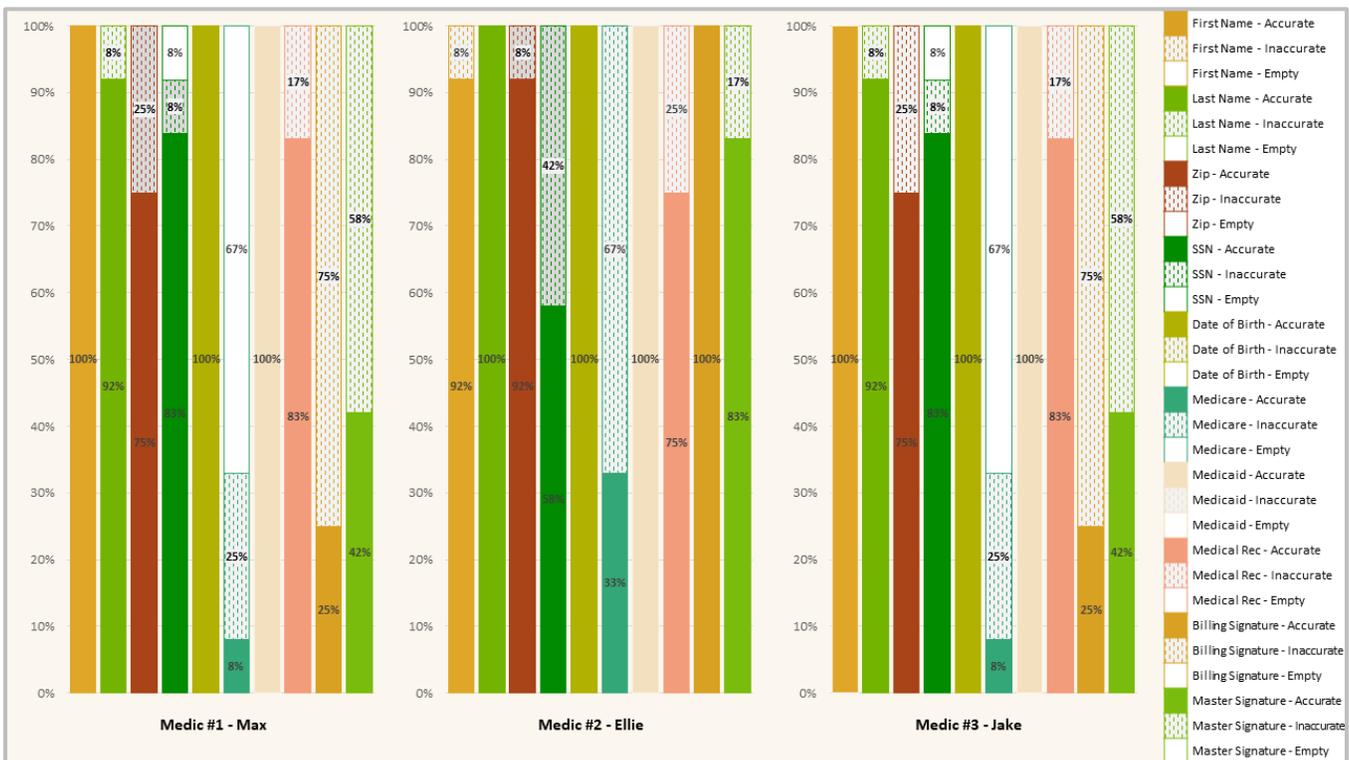
The basic setup of Dashboard contains several pre-defined views and layouts displaying critical operational metrics, including a set of Key Performance Indicators validated the premier EMS law firm. In addition to these default options, Dashboard is also highly customizable, allowing users to configure and save personal views, so you'll see exactly what you need to know when you need to know it.

FIELD DATA QUALITY MONITORING & REPORTING SOLUTION

PCR Lens is our data quality reporting solution. It aggregates the pre-hospital data from your agency's EMS responses as they come to Digitech as Patient Care Reports. PCR Lens then displays the data in an interactive user interface. Here, you're able to create your own views and filters, making it easy to pinpoint problems, push training and re-education where it's needed, and identify high-performing individuals and crews.

With PCR Lens, you can also compare your agency's pre-hospital data as it comes to us through the ePCR with that same data after we've run it through Ambulance Commander. We perform error-scrubbing and match information against national demographic databases. Then our certified ambulance coders review and edit data during the creation of the claim.

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Digitech's PCR Lens

The initial data collected in the field can be compared with the same data after these Digitech processes take place. Chiefs, EMS Directors, and QA/QI Administrators can quickly and accurately analyze the data collected by your medics and compare their efforts to peers, other shifts, other stations, and even other EMS organizations.

PCR Lens helps you make sense of the mountains of data collected by your medics and push improvements in efficiency, better patient care and outcomes, and increased revenue for the department.



Their reporting system, combined with the Dashboard, provides access to all of our data on a real-time basis which enhances the decision-making process.

NEIL J. DEPASCAL, JR., CPA
Deputy Assistant Director, CFO
Houston Fire Department, TX

OTHER REPORTS AND PACKAGES

In addition to Dashboard and PCR Lens, we provide you pre-configured reports, including a monthly reporting package. Two of our most popular canned reports are the Financial Scorecard and the Analytical Scorecard.

FINANCIAL SCORECARD

The Financial Scorecard allows you to follow the money at any point in your revenue cycle. The report tracks every dollar of your charges until payment is complete, allowing you to instantly review all receivables and view a breakdown by payer, facilities, or patients for any date range.

ANALYTICAL SCORECARD

The Analytical Scorecard gives you a complete picture of your critical data. The report analyzes claim costs and charges on a per-carrier basis. You may define one or more options for Top Priority, Financial Groups, Service Level, Trip Class, and Company data to include in a report.

MONTHLY REPORTING AND FINANCIAL PACKAGES

Digitech's standard monthly reporting package includes both detailed and graphical representations of critical financial data including sales, cash receipts, adjustments, accounts receivable, days sales outstanding, collection percentages, collections per transport, and more.

We deliver this package to your specifications on a mutually agreed upon schedule. Whenever needed, authorized stakeholders from your organization can also produce these reports on demand.

At the end of each month, Digitech performs a hard close of all books and records, which ensures all accounting numbers related to sales, cash receipts, adjustments, and receivables for that month will never change. This makes it easy for anyone to review performance and identify specific topics to explore.

Digitech sends each client a monthly package of Transport and Accounting reports. All reports can be saved to a variety of file formats including Microsoft Word, Excel, Access, Crystal Reports, and Adobe PDF.

The following reports are included in the package:

- + Accounting Roll Forward - Monthly Financial Summary
- + Accounting Roll Forward - Monthly Claim Volume Summary
- + Accounting Roll Forward - Fiscal Year Financial Summary
- + Accounting Roll Forward - Fiscal Year Claim Volume Summary
- + Sales Original Report - Financial Group & Carrier Summary
- + Sales Original Report - Procedure Code Summary by Type
- + Sales Payer Reclassification Report - Financial Group & Carrier Summary
- + Adjustment Report - Adjustment Category Summary
- + Adjustment Report - Financial Group & Adjustment Category Summary
- + Adjustment Report - Adjustment Code Summary
- + Cash Receipts Report - Financial Group Summary
- + Cash Receipts Report - Deposit Date Summary
- + Receivables Report - Financial Group Summary - Aged from Date of Service

Please see the following pages for samples of our standard monthly reports.

REPORT SAMPLES AND SCREENSHOTS ARE CONFIDENTIAL TRADE SECRETS.

Accounting Roll Forward - Monthly Financial Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

Mo End	Beginning AR	A (+) Sales Original	B (+) Sales Payer Reclass	C (-) Sales Adjustments	D (-) Bad Debt Adjustments	E (-) Contractual Adjustments	F (-) Cash Receipts	Ending AR	G Net Sales	H DSO
Jul 2019	0.00	589,476.90	0.00	0.00	0.00	0.00	0.00	589,476.90	589,476.90	31
Aug 2019	589,476.90	588,309.00	0.00	0.00	0.00	794.78	0.00	1,176,991.12	587,514.22	62
Sep 2019	1,176,991.12	600,261.00	770.00	670.00	0.00	1,339.71	0.00	1,776,012.41	599,021.29	92
Oct 2019	1,776,012.41	601,497.00	637,194.90	636,035.63	0.00	69,961.14	97,593.07	2,211,114.47	532,695.13	114
Nov 2019	2,211,114.47	539,900.00	627,069.89	626,392.11	0.00	116,723.14	335,866.78	2,299,102.33	423,854.64	120
Dec 2019	2,299,102.33	574,462.00	588,624.63	586,902.89	5,750.00	201,645.07	488,945.62	2,178,945.38	374,538.67	115
Jan 2020	2,178,945.38	609,082.00	506,897.04	461,374.16	0.00	173,572.88	370,113.43	2,289,863.95	481,032.00	120
Feb 2020	2,289,863.95	557,735.00	570,451.22	473,234.86	11,021.15	138,741.14	264,075.06	2,530,977.96	516,210.22	133
Mar 2020	2,530,977.96	598,931.00	344,719.59	477,745.85	311,915.00	117,286.58	367,793.98	2,199,887.14	348,618.16	115
Apr 2020	2,199,887.14	556,844.00	423,437.02	427,092.99	211,783.77	117,241.99	328,921.00	2,095,128.41	435,946.04	110
May 2020	2,095,128.41	594,409.00	424,251.92	414,914.82	83,282.70	117,115.32	323,205.80	2,175,270.69	486,630.78	114
Jun 2020	2,175,270.69	562,476.00	371,180.91	373,892.06	161,881.40	109,038.38	307,245.63	2,156,870.13	450,726.47	113
Jul 2020	2,156,870.13	586,159.00	355,406.56	358,463.15	112,779.68	114,022.43	288,715.69	2,224,454.74	469,079.98	117
Aug 2020	2,224,454.74	609,237.00	459,199.07	467,748.01	64,004.64	131,192.43	301,549.43	2,328,396.30	469,495.63	122
Sep 2020	2,328,396.30	619,686.00	336,267.41	323,828.27	117,989.16	108,257.50	270,799.87	2,463,474.91	523,867.64	129
Oct 2020	2,463,474.91	627,016.00	430,603.76	432,379.70	136,410.30	138,419.46	378,192.47	2,435,692.74	486,820.60	127
Nov 2020	2,435,692.74	581,896.00	310,402.34	307,573.15	77,055.95	166,146.14	287,533.90	2,489,681.94	418,579.05	129
Dec 2020	2,489,681.94	648,338.00	334,942.02	332,550.43	64,506.30	121,077.40	265,268.36	2,689,559.47	529,652.19	138
Jan 2021	2,689,559.47	621,916.00	371,610.28	371,669.32	60,415.74	139,842.25	329,432.47	2,781,725.97	482,014.71	142
Feb 2021	2,781,725.97	503,713.84	284,983.93	283,409.39	195,865.37	100,574.15	243,714.53	2,746,860.30	404,714.23	141
Mar 2021	2,746,860.30	601,740.00	392,901.58	389,097.20	162,603.70	129,371.34	377,339.34	2,683,090.30	476,173.04	138
Apr 2021	2,683,090.30	584,722.00	316,694.87	316,405.97	178,919.15	105,811.96	370,013.05	2,613,357.04	479,198.94	134
May 2021	2,613,357.04	632,005.00	341,532.43	338,599.12	164,005.01	120,182.13	300,635.34	2,663,472.87	514,756.18	135
Jun 2021	2,663,472.87	574,617.00	271,630.23	267,568.97	264,777.90	99,115.91	298,379.03	2,579,878.29	479,562.35	131

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

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Accounting Roll Forward - Monthly Claim Volume Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

Mo End	I A0427 ALS E	J A0429 BLS E	K A0429QL RT	L A0433 ALS 2	M A0998 A0998	Total
Jul 2019	499	334	0	18	0	851
Aug 2019	521	303	0	21	0	845
Sep 2019	544	318	0	7	0	869
Oct 2019	529	326	0	14	0	869
Nov 2019	469	299	0	17	0	785
Dec 2019	497	318	0	14	0	829
Jan 2020	524	337	0	16	0	877
Feb 2020	440	344	0	19	0	803
Mar 2020	496	351	0	21	0	868
Apr 2020	430	353	0	23	0	806
May 2020	478	363	0	20	0	861
Jun 2020	459	332	0	21	0	812
Jul 2020	475	352	0	19	0	846
Aug 2020	532	331	0	18	0	881
Sep 2020	514	356	0	28	0	898
Oct 2020	530	365	0	18	0	913
Nov 2020	493	336	0	18	0	847
Dec 2020	508	405	0	29	0	942
Jan 2021	526	354	0	32	0	912
Feb 2021	419	295	0	21	0	735
Mar 2021	468	392	0	23	0	883
Apr 2021	501	325	0	28	0	854
May 2021	527	383	0	19	0	929
Jun 2021	489	326	1	19	0	835

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

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Accounting Roll Forward - Fiscal Year Financial Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

Mo End	Beginning AR	A (+) Sales Original	B (+) Sales Payer Reclass	C (-) Sales Adjustments	D (-) Bad Debt Adjustments	E (-) Contractual Adjustments	F (-) Cash Receipts	Ending AR	G Net Sales	H DSO
FYE 09/19*	0.00	1,778,046.90	770.00	670.00	0.00	2,134.49	0.00	1,776,012.41	1,776,012.41	92
FYE 09/20	1,776,012.41	7,010,418.00	5,644,700.16	5,627,624.80	1,080,407.50	1,514,798.00	3,744,825.36	2,463,474.91	5,512,695.36	129
FYE 09/21 YTD	2,463,474.91	5,375,963.84	3,055,301.44	3,039,253.25	1,304,559.42	1,120,540.74	2,850,508.49	2,579,878.29	4,271,471.29	131

* - Denotes short fiscal year. Digitech billing commenced with January 01, 1975 dates of service.

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

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Accounting Roll Forward - Fiscal Year Claim Volume Summary

Demo System - Demonstration

Date Range Jul 2019 - Jun 2021

Fiscal Yr. End	I A0427 ALS E	J A0429 BLS E	K A0429QL RT	L A0433 ALS 2	M A0998 A0998	Total
FYE 09/19*	1,564	955	0	46	0	2,565
FYE 09/20	5,843	4,062	0	230	0	10,135
FYE 09/21 YTD	4,461	3,181	1	207	0	7,850

* - Denotes short fiscal year. Digitech billing commenced with January 01, 1975 dates of service.

Filter Criteria

Accounting Period: Jul 2019 - Jun 2021

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Sales Original Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

Financial Group / Carrier	Sale
---------------------------	------

INSURANCE

AETNA US HEALTHCARE (AETNA)	16,091.00
BCBS OF TX (BCBS)	18,500.00
BCBS OF TX FED (BCBS FED)	630.00
CHAMPVA (CHAMPVA)	830.00
CIGNA (CIGNA)	6,720.00
FIRST HEALTH NETWORK (FIRSTHEALT)	730.00
HUMANA CHOICECARE (HUMANA CHO)	630.00
MEDICA PLANS (MEDICA)	640.00
NALC (PRIMARY) (NALC WEB)	1,410.00
PCIP (PCIP)	730.00
TRICARE SOUTH (TRI SOUTH)	770.00
UNITED (UNITED)	25,490.00
Total for INSURANCE	73,171.00

MEDICAID

MEDICAID Medicaid Insurance Program (MEDICAID)	6,002.00
Total for MEDICAID	6,002.00

MEDICAID HMO

AMERIGROUP (CAID HMO) (AMERIGRP)	7,500.00
MOLINA HP (CAID HMO) (MOLINA)	2,740.00
PARKLAND (CAID HMO) (PARKLAND)	4,930.00
SUPERIOR HP (CAID HMO) (SUPERIOR)	4,280.00
Total for MEDICAID HMO	19,450.00

MEDICARE

MEDICARE Medicare Insurance Program (MEDICARE)	137,516.00
Total for MEDICARE	137,516.00

MEDICARE HMO

AETNA (MCR HMO) (AETNAMC)	5,440.00
BCBS OF TX (MCR HMO) (BCBSMC)	680.00

Sales Original Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

Financial Group / Carrier	Sale
BRAVO HEALTH (BRAVOMC)	670.00
CARE IMPROVEMENT PLUS OF TEXAS (CAREIMP)	1,450.00
HEALTHSPRING LIFE & HEALTH (MC HMO) (HEALTHSMC)	2,850.00
HUMANA (CARE HMO) (HUMANAMC)	4,780.00
SELECT CARE OF TX (SELECTMC)	1,408.00
UNITED (MCR HMO) (UNITED MC)	11,780.00
Total for MEDICARE HMO	29,058.00

PATIENT	
HOMELESS (HOMELESS)	11,840.00
PATIENT PRIVATE PAY PATIENT (PATIENT)	297,580.00
Total for PATIENT	309,420.00

Grand Total: 574,617.00

Filter Criteria	
Sale Date From:	06/01/2021
Sale Date To:	06/30/2021

Sales Original Report - Procedure Code Summary by Type

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

Procedure Code by Type	Units	Sale
Base		
A0427	489.00	298,200.00
A0429	326.00	197,350.00
A0429QL	1.00	600.00
A0433	19.00	11,500.00
Subtotal Base	835.00	507,650.00
Mileage		
A0425	4,116.70	41,167.00
Subtotal Mileage	4,116.70	41,167.00
Surgical Supply		
MEDFEE	136.00	6,800.00
NONRES	190.00	19,000.00
Subtotal Surgical Supply	326.00	25,800.00
Grand Total	5,277.70	574,617.00

Filter Criteria

Sale Date From: 06/01/2021
Sale Date To: 06/30/2021

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

Financial Group / Carrier	Sale
ATTORNEY	
ATTORNEY (ATTORNEY)	6,411.68
JIM ADLER & ASSOCIATES (JIMADLER)	720.00
LAW OFFICES LYON, GORSKY, HARING, GILBERT & LIVING (LYON)	810.00
LAW OFFICES OF MARIO DAVILA (MARIO)	1,340.00
REGIS MULLEN & SHANE MULLEN (REGIS)	750.00
THE BARBER LAW FIRM (BARBERLAW)	6,400.00
Total for ATTORNEY	16,431.68

FACILITY	
HOSPICE PLUS - CENTRAL DALLAS (HOSPICEPLU)	770.00
VA FEE DEPT. BONHAN (VA HOSP)	512.00
Total for FACILITY	1,282.00

INSURANCE	
AARP (AARP)	4,489.67
AETNA PAPER (AETNA (PAP))	289.07
AETNA SIGNATURE ADMIN (AETNASIGN)	760.00
AETNA US HEALTHCARE (AETNA)	16,250.11
AFLAC (AFLAC)	74.27
AMALGAMATED LIFE (AMALGAMATE)	70.76
APWU (APWU)	1,450.00
ASSURANT HEALTH (ASSURANT)	710.00
BANKERS (BANKERS)	83.17
BCBS OF TX (BCBS)	29,605.95
BCBS OF TX (PAPER) (BCBSTX)	4,087.54
BCBS OF TX FED (BCBS FED)	680.00
BLUE CROSS BLUE SHIELD OF MICHIGAN (BCBSMI)	140.53
CELTIC INSURANCE COMPANY (CELTIC)	88.41
CENTRAL INSURANCE (CENTRALINS)	710.00
CHAMPVA (CHAMPVA)	71.61
CHCS SERVICES, INC (CHCS)	321.75
CHRISTIAN FIDELITY (CHRISTIAN)	288.07

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

Financial Group / Carrier	Sale
CIGNA (CIGNA)	9,321.58
CONTINENTAL LIFE INSURANCE (CONTINENTA)	85.58
COVENTRY HEALTHCARE (COVENTRY)	791.04
CRIME VICTIMS SERVICES (CRIME)	819.67
EQUITABLE LIFE & CASUALTY INSURANCE COMPANY (EQUITABLE)	86.85
FOREIGN SERVICE BENEFIT PLAN (FOREIGN)	780.00
GEHA (GEHA)	704.88
GHI (GHI)	144.63
GOLDEN RULE (GOLD)	81.04
GOLDEN RULE 2 (GOLDEN)	69.91
GPA (GPA)	650.00
GROUP RESOURCES (GROUPRES)	730.00
HUMANA CH PAPER (HUMANA CH)	620.00
HUMANA CHOICECARE (HUMANA CHO)	790.00
HUMANA ONE (HUMANA ONE)	1,990.00
INTERGOVERNMENTAL EMPLOYEE (TML)	720.00
LOYAL AMERICAN LIFE INSURANCE CO (LOYAL)	270.95
MONUMENTAL LIFE INS CO (MONUMENT)	238.59
MUTUAL OF OMAHA PLAZA (MUTUAL)	725.74
POMCO GROUP (POMCO)	88.56
PRINCIPAL LIFE INS CO (PRINCIPAL)	79.62
PURITAN LIFE INSURANCE COMPANY OF AMERICA (PURITAN LI)	75.01
STERLING LIFE INSURANCE COMPANY (STERLING)	83.59
TRICARE FOR LIFE (TRICAREFOR)	3,090.84
TRICARE SOUTH (TRI SOUTH)	770.00
UMR (UMR)	3,147.74
UNICARE (UNICARE)	70.19
UNITED (UNITED)	18,638.38
UNITED HEALTHCARE (UNITED2)	2,710.00
US HEALTH AND LIFE (USHEALTH)	680.00
USAA LIFE INS (USAA)	879.50
Total for INSURANCE	110,104.80

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

Financial Group / Carrier

Sale

MEDICAID	
MEDICAID Medicaid Insurance Program (MEDICAID)	10,537.13
Total for MEDICAID	10,537.13

MEDICAID HMO

AMERIGROUP (CAID HMO) (AMERIGRP)	2,110.00
MOLINA HP (CAID HMO) (MOLINA)	822.74
PARKLAND (CAID HMO) (PARKLAND)	1,340.00
SUPERIOR HP (CAID HMO) (SUPERIOR)	650.00
Total for MEDICAID HMO	4,922.74

MEDICARE

MEDICARE Medicare Insurance Program (MEDICARE)	16,453.27
MEDICARE SECONDARY (MEDICAR2)	335.67
Total for MEDICARE	16,788.94

MEDICARE HMO

AETNA (MCR HMO) (AETNAMC)	1,420.00
CIGNA (MCR HMO) (CIGNAMC)	690.00
HEALTHSPRING LIFE & HEALTH (MC HMO) (HEALTHSMC)	650.00
HUMANA (CARE HMO) (HUMANAMC)	630.00
UNITED (MCR HMO) (UNITED MC)	1,330.00
Total for MEDICARE HMO	4,720.00

NF

CONSUMERS COUNTY MUTUAL INS. CO. (CONSUMERS)	1,340.00
FARMERS INSURANCE (FARMERSMVA)	620.00
GEICO (NOFAULT) (GEICO)	2,060.00
NO FAULT (NOFAULT)	9,265.00
SAFECO INSURANCE (SAFECO)	730.00
STATE FARM INS(NF) (STATEFARM)	223.97

Sales Payer Reclassification Report - Financial Group & Carrier Summary

Demo System - Demonstration

Sale Dates: From: 06/01/2021, To: 06/30/2021

Financial Group / Carrier	Sale
TEXAS MUTUAL INSURANCE (TEXAS WC)	620.00
THE GUERRERO LAW OFFICES (GUERRERO)	1,460.00
TRAVELERS INSURANCE (TRAVELERS1)	610.00
WORKERS COMP (W/COMP)	2,090.00
Total for NF	19,018.97

PATIENT	
BANKRUPTCY (BANKRUPTCY)	1,518.00
PATIENT PRIVATE PAY PATIENT (PATIENT)	86,305.97
Total for PATIENT	87,823.97

Grand Total: 271,630.23

Filter Criteria	
Sale Date From:	06/01/2021
Sale Date To:	06/30/2021

Adjustment Report - Adjustment Category Summary

Demo System - Demonstration

Adjustment Dates: From: 6/1/2021, To: 6/30/2021

Adjustment Category	Adjusted Amount
Bad Debt	264,777.90
Contractual	99,115.91
Sales	267,568.97
Grand Total:	631,462.78

Filter Criteria

Adjustment Date From: 06/01/2021
Adjustment Date To: 06/30/2021

Adjustment Report - Financial Group & Adj Category Summary

Demo System - Demonstration

Adjustment Dates: From: 6/1/2021, To: 6/30/2021

Financial Group/Adjustment Category	Adjusted Amount
ATTORNEY	
Contractual	0.02
Sales	2,820.00
Total For: ATTORNEY	2,820.02
FACILITY	
Contractual	339.89
Total For: FACILITY	339.89
INSURANCE	
Bad Debt	1,430.00
Contractual	1,837.47
Sales	67,498.98
Total For: INSURANCE	70,766.45
MEDICAID	
Bad Debt	1,508.57
Contractual	4,537.60
Sales	6,076.67
Total For: MEDICAID	12,122.84
MEDICAID HMO	
Contractual	21,853.26
Sales	2,329.49
Total For: MEDICAID HMO	24,182.75
MEDICARE	
Contractual	57,722.75
Sales	31,521.87
Total For: MEDICARE	89,244.62
MEDICARE HMO	
Contractual	12,615.14
Sales	9,558.92

Adjustment Report - Financial Group & Adj Category Summary

Demo System - Demonstration

Adjustment Dates: From: 6/1/2021, To: 6/30/2021

Financial Group/Adjustment Category	Adjusted Amount
Total For: MEDICARE HMO	22,174.06
NF	
Contractual	208.54
Sales	3,048.67
Total For: NF	3,257.21
PATIENT	
Bad Debt	261,839.33
Contractual	1.24
Sales	144,714.37
Total For: PATIENT	406,554.94
Grand Total:	631,462.78

Filter Criteria

Adjustment Date From: 06/01/2021
Adjustment Date To: 06/30/2021

Adjustment Report - Adjustment Code Summary

Demo System - Demonstration

Adjustment Dates: From: 6/1/2021, To: 6/30/2021

Adjustment Code	Adjustment Code Description	Category	Adjusted Amount
CA	CONTRACTUAL ALLOWANCE	Contractual	99,107.44
DEDUCTIBLE	DEDUCTIBLE AMOUNT	Sales	3,574.23
IN	INTEREST	Contractual	8.47
RC	CARRIER/PROC RECLASSIFICATION	Sales	215,632.74
UN	SENT TO COLLECTIONS	Bad Debt	2,938.57
UP	UNPAID PAYMENT PLAN	Bad Debt	261,839.33
UT	UNCOLLECTIBLE SENT TO COLLECTIONS	Bad Debt	0.00
XO	CROSSOVER	Sales	48,362.00

Grand Total: 631,462.78

Filter Criteria

Adjustment Date From: 06/01/2021
Adjustment Date To: 06/30/2021

Cash Receipts Report - Financial Group Summary

Demo System - Demonstration

Deposit Dates: From: 06/01/2021, To: 06/30/2021

Financial Group Summary

Paid

ATTORNEY (INSURANCE)	2,339.66
FACILITY (INSURANCE)	920.11
INSURANCE (INSURANCE)	126,454.30
MEDICAID (MEDICAID)	6,865.13
MEDICAID HMO (MEDICAID)	14,007.64
MEDICARE (MEDICARE)	77,284.39
MEDICARE HMO (MEDICARE)	16,065.65
NF (INSURANCE)	14,603.64
PATIENT (PATIENT)	39,838.51

Grand Total

298,379.03

Filter Criteria

Deposit Date From: 06/01/2021
Deposit Date To: 06/30/2021

Cash Receipts Report - Deposit Date Summary

Demo System - Demonstration

Deposit Dates: From: 06/01/2021, To: 06/30/2021

Deposit Date	Paid
06/01/2021	-5,011.17
06/03/2021	20,647.54
06/04/2021	30,927.86
06/05/2021	4,647.01
06/06/2021	9,812.96
06/07/2021	11,069.72
06/10/2021	18,531.88
06/11/2021	11,621.64
06/12/2021	15,950.51
06/13/2021	18,883.58
06/14/2021	5,577.71
06/17/2021	42,484.50
06/18/2021	19,887.62
06/19/2021	7,100.09
06/20/2021	6,267.34
06/21/2021	10,409.91
06/22/2021	-154.00
06/24/2021	34,583.27
06/25/2021	10,981.58
06/26/2021	6,493.68
06/27/2021	11,699.30
06/28/2021	5,966.50

Grand Total 298,379.03

Filter Criteria

Deposit Date From: 06/01/2021
Deposit Date To: 06/30/2021

Receivables Report - Financial Group Summary - Aged From Date of Service

Demo System - Demonstration

AR Dates: Sales Through: 06/30/2021, As Of: 06/30/2021
 Additional filter criteria listed on last page of report

Financial Group	No Aging (Unbilled)	0-30	31-60	61-90	91-120	121-180	181-270	271-365	366-730	Over 730	Totals
ATTORNEY		750	4,340	670	6,230	4,280	14,580	6,342	19,152		56,344
FACILITY					1,962	820	670	1,460	2,618		7,530
INSURANCE		86,296	65,340	37,868	20,226	16,404	9,600	4,021	1,034		240,789
MEDICAID		5,067	360	1,608	1,463	1,985	3,042	705	-1,279		12,951
MEDICAID HMO		7,620	1,343	620	1,420	1,139	3,180	1,327	2,868		19,517
MEDICARE		64,430	10,671	2,087	63	1,054		790	-236		78,860
MEDICARE HMO		12,936	2,631	2,393	603	2,453	574	920	-318		22,192
NF		1,440	2,760	7,519	4,063	8,139	17,653	6,534	11,254		59,363
PATIENT		301,095	231,692	192,991	170,272	264,609	115,447	239,892	566,335		2,082,333
Grand Totals		479,634	319,136	245,756	206,304	300,883	164,746	261,991	601,428		2,579,878

Filter Criteria

Sales Through: 06/30/2021
 As Of: 06/30/2021
 Include Primary Claims: True
 Include Coinsurance Claims: True

CONFIDENTIAL

Ambulance Commander[®]+



Expert EMS billing and technology

ATTACHMENTS

Digitech Computer LLC
480 Bedford Rd
Chappaqua, NY 10514
digitechcomputer.com

914.741.1919 (main)
914.741.2818 (fax)

October 7, 2024

Ms. Amanda Mihalick
Compliance Officer
Digitech Computer LLC

Dear Ms. Mihalick:

This letter is to confirm that Digitech Computer LLC (Digitech), Chappaqua, NY, has undergone a SOC 1 Type II examination by our firm of its Description of controls Applicable to Claims Processing, Billing and Related Operations throughout the period July 1, 2023 to June 30, 2024 and the suitability of the design and operating effectiveness of controls to achieve the related Control Objectives stated in the description.

As you are aware, AICPA standards restrict the distribution and use of the report to Digitech and user entities (customers) and the independent auditors of such user entities of Digitech's services during some or all of the period July 1, 2023 to June 30, 2024. Our independent Service Auditors report addressed 11 Control Objectives and 41 individual business processes and IT Control Activities. During our examination, we applied 75 individual audit tests to these Control Activities. Our detailed audit testing of these control objectives and control activities were without exception and no control deficiencies were detected.

The control objectives addressed in our report are summarized below:

1. Contract and client setup
2. Claims creation
3. Procedure coding and quality reviews
4. Insurance verification
5. Invoicing
6. Collection activities
7. Cash applications
8. Reconciliation and reporting
9. Physical security and environmental controls
10. Logical security
11. Data backup and retention

Our Independent Service Auditors' report, which was issued on October 3, 2024, is unqualified and without modification.

Sincerely,



WithumSmith+Brown, PC

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Digitech Computer LLC	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 480 Bedford Road, Suite C-202	Requester's name and address (optional)
	6 City, state, and ZIP code Chappaqua, NY 10514	
	7 List account number(s) here (optional) Remit Address: PO Box 734995, Chicago IL 60673-4995	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
			-			-			
or									
Employer identification number									
1	1	-	2	6	9	3	1	3	6

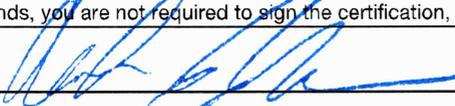
Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 01/24/2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Scombrid Holdings, LP and Subsidiaries (dba DIGITECH)

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

At December 31, 2022 and December 31, 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Current assets		
Cash	\$ 24,115,785	\$ 15,572,413
Accounts receivable, net of allowance for doubtful accounts of \$1,162,646 and \$9,529,900	24,270,056	26,502,719
Prepaid expenses and other	1,599,650	1,785,105
Total current assets	<u>49,985,491</u>	<u>43,860,237</u>
Property and equipment, net	5,430,146	5,727,220
Other assets		
Deposits and other	94,124	68,349
Intangible assets, net	104,808,222	115,322,889
Goodwill	198,460,634	198,460,634
Total non-current assets	<u>308,793,126</u>	<u>319,579,092</u>
Total assets	<u>\$ 358,778,617</u>	<u>\$ 363,439,329</u>
LIABILITIES AND MEMBERS' DEFICIT		
Current liabilities		
Accounts payable	\$ 4,605,234	\$ 3,665,120
Accrued compensation	4,000,290	3,271,331
Current maturities of lease obligations	380,164	590,306
Current maturities of long-term debt	15,296,364	10,777,020
Accrued expenses - other	1,797,660	6,407,719
Total current liabilities	<u>26,079,712</u>	<u>24,711,496</u>
Non-current liabilities		
Deferred tax liabilities	6,908,824	7,410,599
Other non-current liabilities	1,192,803	403,641
Lease obligations	1,841,298	1,701,461
Long-term debt	110,993,963	125,333,525
Total non-current liabilities	<u>120,936,888</u>	<u>134,849,226</u>
Total liabilities	<u>147,016,600</u>	<u>159,560,722</u>
Commitments and contingencies (Note 9)		
Members' equity		
Common units, no par value	212,984,027	213,504,094
Members' deficit	(1,222,010)	(9,625,487)
Total members' equity	<u>211,762,017</u>	<u>203,878,607</u>
Total liabilities and members' equity	<u>\$ 358,778,617</u>	<u>\$ 363,439,329</u>

The accompanying notes are an integral part of these consolidated financial statements.

Scombrid Holdings, LP and Subsidiaries (dba DIGITECH)
CONSOLIDATED STATEMENT OF OPERATIONS
Years ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Net sales	\$ 99,273,379	\$ 93,576,877
Cost of sales	<u>40,327,861</u>	<u>35,048,656</u>
Gross profit	58,945,518	58,528,221
Operating expenses	<u>41,261,250</u>	<u>52,559,928</u>
Operating income	17,684,268	5,968,293
Interest expense, net	<u>8,334,466</u>	<u>7,726,933</u>
Income (loss) before income taxes	9,349,802	(1,758,640)
Income tax expense (benefit)	945,236	(2,363,068)
Net income	<u>\$ 8,404,566</u>	<u>\$ 604,428</u>

The accompanying notes are an integral part of these consolidated financial statements.

Scombrid Holdings, LP and Subsidiaries (dba DIGITECH)

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

At December 31, 2023 and December 31, 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 19,460,269	\$ 24,115,785
Accounts receivable, net of allowance for doubtful accounts of \$782,476 and \$1,162,646	31,286,850	24,270,056
Prepaid expenses and other	1,884,443	1,599,650
Total current assets	<u>52,631,562</u>	<u>49,985,491</u>
Property and equipment, net	6,025,374	5,430,146
Other assets		
Deposits and other	82,242	94,124
Intangible assets, net	94,293,556	104,808,222
Goodwill	198,460,634	198,460,634
Total non-current assets	<u>298,861,806</u>	<u>308,793,126</u>
Total assets	<u>\$ 351,493,368</u>	<u>\$ 358,778,617</u>
LIABILITIES AND MEMBERS' DEFICIT		
Current liabilities		
Accounts payable	\$ 2,767,830	\$ 4,605,234
Accrued compensation	4,566,838	4,000,290
Current maturities of lease obligations	470,058	380,164
Current maturities of long-term debt	19,663,594	15,296,364
Accrued expenses - other	2,262,773	1,797,660
Total current liabilities	<u>29,731,093</u>	<u>26,079,712</u>
Non-current liabilities		
Deferred tax liabilities	6,261,866	6,908,824
Other non-current liabilities	12,325,266	1,192,803
Lease obligations	1,286,187	1,841,298
Long-term debt	82,251,049	110,993,963
Total non-current liabilities	<u>102,124,368</u>	<u>120,936,888</u>
Total liabilities	<u>131,855,461</u>	<u>147,016,600</u>
Commitments and contingencies (Note 8)		
Members' equity		
Common units, no par value	212,984,027	212,984,027
Members' equity (deficit)	6,653,880	(1,222,010)
Total members' equity	<u>219,637,907</u>	<u>211,762,017</u>
Total liabilities and members' equity	<u>\$ 351,493,368</u>	<u>\$ 358,778,617</u>

The accompanying notes are an integral part of these consolidated financial statements.

Scombrid Holdings, LP and Subsidiaries (dba DIGITECH)
CONSOLIDATED STATEMENTS OF OPERATIONS
Years ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Net sales	\$ 112,876,559	\$ 99,273,379
Cost of sales	<u>39,589,108</u>	<u>40,327,861</u>
Gross profit	73,287,451	58,945,518
Operating expenses	<u>48,381,492</u>	<u>41,261,250</u>
Operating income	24,905,959	17,684,268
Interest expense, net	<u>10,527,893</u>	<u>8,334,466</u>
Income before income taxes	14,378,066	9,349,802
Income tax expense	6,505,469	945,236
Net income	<u>\$ 7,872,597</u>	<u>\$ 8,404,566</u>

The accompanying notes are an integral part of these consolidated financial statements.



Digitech[®]

Expert EMS billing and technology

ADDENDA

Digitech Computer LLC
480 Bedford Rd
Chappaqua, NY 10514
digitechcomputer.com

914.741.1919 (main)
914.741.2818 (fax)



Levy County Board of County Commissioners
310 School Street
P.O. Box 310
Bronson, FL 32621
Phone: (352) 486-5218

Addendum 1: RFP_2025_003
Issued: April 29, 2025
Pages: 3

Proposers shall acknowledge receipt of this Addendum on their submittal.

Questions/Clarifications/Answers:

1. Does your agency currently have a merchant account established with a credit card processing solution?
 - a. If so, please provide the name of the solution. **No**
 - b. Will your agency pay for associated credit card processing fees? **No**
2. Does your agency utilize a bank lockbox for receipt and deposit of payments?
 - a. If so, will the billing vendor have online access? **No**
 - b. Will the billing vendor be required to pay the lockbox fee, or will the cost be covered by the agency? **Billing Vendor would cover this expense**
 - c. If you require the billing vendor to pay, can you provide the current cost of the lockbox?
N/A
3. Will the billing vendor be required to mail Notice of Privacy Practices to transported patients? **If required, yes**
4. In the two most recent fiscal or calendar years, what was the actual number of billable accounts by your agency? Please separate the amounts in years (i.e., total for 2023, total for 2024).
 - a. **2023: 6,243**
 - b. **2024: 6,315**
5. In the two most recent fiscal or calendar years, what was the total amount of cash posted by your agency for ambulance services? Please separate the amounts in years (i.e., total for 2023, total for 2024).
 - a. **Calendar year 2023: \$2,961,704.13**
 - b. **Calendar year 2024: \$3,128,991.17**
6. In the two most recent fiscal or calendar years, what was the total amount of gross charges generated by your agency? Please separate the amounts in years (i.e., total for 2023, total for 2024).
 - a. **Calendar year 2023: \$5,081,177.78**

- b.** A0426 ALS NEMT \$355.16
- c.** A0427 ALS E \$562.33
- d.** A0428 BLS NEMT \$295.96
- e.** A0429 BLS E \$473.54
- f.** A0433 ALS2 \$813.90
- g.** A0434 SCT \$961.88
- h.** A0999 BLS Standby (per hr) \$70
- i.** A0999 ALS Standby (per/hr) \$140