

Levy County Board of Commissioners
Emergency Medical Services Billing
RFP_2025_003



May 15, 2025

Submitted by Christina Brant
Trinity EMS Consulting Services, LLC.



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I.

A. LETTER OF INTEREST

May 15, 2025
Levy County Board of Commissioners
PO Box 310
310 School St
Bronson, FL
352-486-5218

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

To whom it may concern,

Trinity EMS Consulting Services, LLC is pleased to present our response to Levy County's request for a proposal. TEMS's focus in this proposal is to address the specific services we can provide related to EMS billing. As a solid industry provider of EMS billing services to the public and private EMS sector, TEMS Consulting is in the best position to offer the most immediate and long-term solutions to Levy County. We provide seamless electronic claims processing, interface, accuracy, auditing, and on-site training.

With headquarters in Hinesville, GA, TEMS has fostered a dependable, cross-functional team approach when it comes to meeting the demanding needs of our clients. We are compliance driven with CAC-certified billing specialists who receive consistent training to stay up to date on CMS and HIPAA regulations. TEMS has developed a simple and efficient strategy where a dedicated team of billing managers is assigned to service every aspect of your account. Our team will collaborate closely with you to consistently provide the most complete, up-to-date information to meet your needs. Our proposal offers technologically advanced, innovative solutions with an enhanced focus on delivering you the best the EMS billing industry has to offer. TEMS takes a consultative approach when working with you and focuses on a solid understanding of your operations. Regularly scheduled calls and meetings assist with this process and provide valuable feedback that allows us to best support your needs.

The TEMS team has carefully reviewed Levy County's Request for Proposal. TEMS thoroughness and reliability are top-notch. We offer an experienced and accomplished staff and a commitment to provide superior quality and the immediate value and standards of excellence you require. Please do not hesitate to contact us with any questions you may have regarding this proposal, our company, or other available services.

We look forward to hearing from you soon.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brian Haney', positioned above a horizontal line.

Brian Haney | CEO

A handwritten signature in black ink, appearing to read 'Christina Brant', positioned above a horizontal line.

Christina Brant | COO



B. BUSINESS FIRM AND BACKGROUND

I. ABOUT US

Trinity EMS Consulting Services, LLC, (TEMS), headquartered in Hinesville, GA, is a leading provider of EMS medical transportation billing and compliance consulting to the private and public EMS sector. TEMS brings significant benefits to our clients with a decade of medical billing experience, electronic claims processing, audit, and operations, as well as working with County 911 services. Along with that billing experience, our leadership has over a decade of private EMS ownership. This combined experience offers our clients a dual perspective from both the technical EMS billing procedures and from the operational basis of an EMS provider. We understand the importance of accuracy, timeliness, compliance, and diligent follow-up. Our team is dedicated to our mission and vision and versed in EMS billing and electronic patient records.

II. MISSION STATEMENT

Building a leading medical billing and consultative service, meeting the industry standard for compliance, reconciliation, reimbursement, and customer service excellence by committing ourselves to provide superior quality, which meets or exceeds our customers', and employees' expectations.

III. STRATEGIC VISION

TEMS Billing & Consulting is a company focused on serving public and private EMS services while providing tailored and personalized attention to our clients. We believe in efficient, measurable, and transparent operations through custom reporting, open communication, personal billing representatives, and a continuous training approach.

IV. COMPANY CULTURE AND POLICY

Every employee is equally as important to us, and we are committed to attracting and retaining quality employees. Our success depends upon a cooperative relationship between Trinity EMS Consulting Service, and our employees. Our goal is to foster a family first atmosphere with a spirit of teamwork, support, and accountability to serve our clients.

V. EQUAL EMPLOYMENT OPPORTUNITY

We are an Equal Employment Opportunity employer committed to providing equal opportunity in all our employment practices (including, but not limited to selection, hiring, promotions, transfers, training, and compensation). TEMS prohibits discrimination, harassment, and retaliation in employment based on race, color, religion, national origin, sex, pregnancy, childbirth, (or any related medical conditions), age, disability, handicap, citizenship status, or any other category protected by federal, state, or local law. Violation of this policy may result in disciplinary action, up to and including immediate termination.



Company ID Number: 1319328





VI. DRUG-FREE WORKPLACE

Our policy formally and clearly states that the use of illegal drugs, the illegal use of legal prescription drugs, or the abuse of alcohol will not be tolerated. As a means of maintaining our policy, we have implemented pre- employment and active employee drug testing.

VII. LEADERSHIP

Brian D. Haney BBA, EMT-I | CEO

770.361.6363 | brian@temsconsultants.com

Brian Haney has 30 years of diverse experience in the business, tradesman, and emergency response arenas. Earning his Bachelor of Science degree in Professional Administration, he began his career with a fortune fifty company, BellSouth. Later, and 5 years into his Rockdale County fire-fighter career, he opened a medical transport company (2011), LifeCare EMS of Georgia and in 2015, Trinity EMS Transport, with a focus on ALS. In addition, as the owner of Trinity EMS Billing & Consulting (TEMS), Brian knows first-hand the facets of EMS transportation and the importance of training and professionalism a billing company plays to providers. Brian is passionate about creating a diverse working environment that embraces teamwork, proactive communication, and education. He enjoys sharing incite and lessons learned with EMS providers and wants to bring awareness to employee shortages and help other EMS providers sharpen processes to refine patient care, efficiency, and cashflow.

Christina Brant Paralegal, CAC, CACO, CAFO, CADS NAAC00010122 | COO

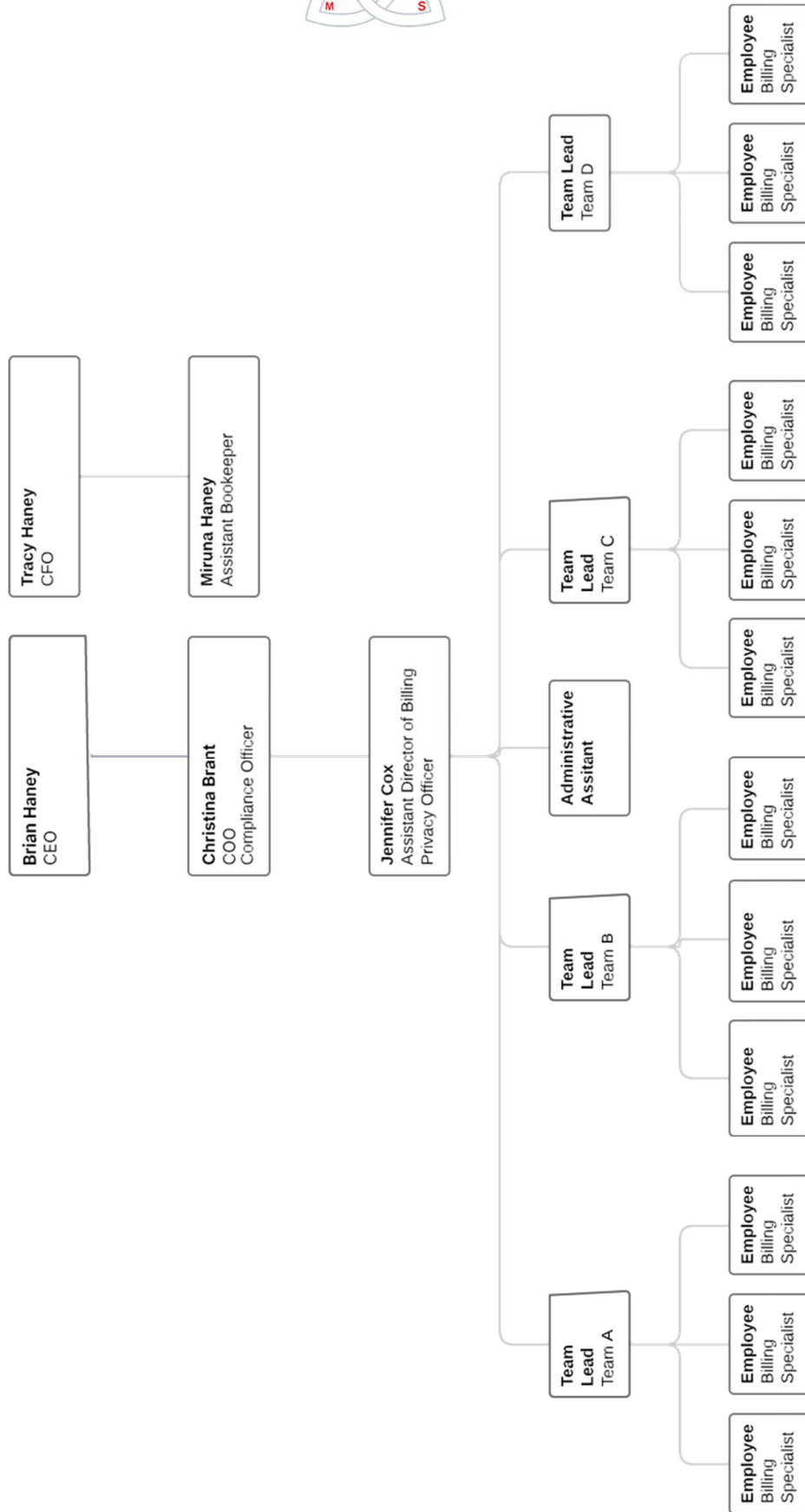
762.772.0434 | christina@temsconsultants.com

As a foundational member of our team, Christina has extensive experience and knowledge in the EMS billing industry. Christina began her EMS billing career by billing for several county ambulance services and was promoted to a supervisory and an executive-level position. Christina's strengths are Medicare compliance and claim denial troubleshooting; she has a vast knowledge of the Medicare program guidelines as they pertain to the EMS industry, along with private insurance. Christina is passionate about client relations and maximizing revenue for the services she works with as well as empowering the TEMS billing team. She is resolute and takes accountability for every claim and for each of our clients and team members.

Jennifer Cox CAC, CAPO, CAFO NAAC00017949 | Privacy Officer

912.255.2135 | jennifer@temsconsultants.com

Jennifer has been with TEMS since 2019. She has widespread experience with both North Carolina and Georgia ambulance billing. She began her career with TEMS working with our private EMS clients and has moved up within our company through a commitment to compliance and meticulous attention to detail. Jennifer is dedicated to maintaining HIPAA compliance across our company and for our clients.





II.

A. EXPERIENCE AND CAPABILITY

- The follow are highlights of TEMS capabilities:
- 10 Years in business
- Electronic claims processing, audit, and discrepancy resolution on every claim
- Track, obtain, and investigate any missing patient information before direct billing.
- In-house audit, review, and re-submittal of every uncollected account
- Electronically file insurance claims and mail direct patient billing upon verification of run no later than two business days after receipt of run ticket.
- Provide regular updates and ongoing training to the County on changes in billing requirements based on industry standards and healthcare laws and regulations.
- Provide CAC-accredited personal billing managers, a CAPO-accredited privacy officer and operate with a CACO-accredited compliance officer,
- 24/7 Data access to all claims and reporting information applicable to the county in our billing software
- Toll-free number with customer service available M-F 8 am to 5 pm excluding federal holidays.

B. CLIENT REFERENCES

Bryan County EMS 15759
HWY 144
Richmond Hill, GA 31308
912-756-1984
Anthony M. Van Es, III
avanes@bryancountyga.gov

Wayne County Ambulance Service
201 Hinson Mosley Rd
Jesup, GA 31598
317-828-6426
Patrick Parson
patrick.parsons@WayneCounty-Ga.gov

Monroe County EMS
693 Juliette Rd
Forsyth, GA 31029
478-993-1633
Matt Jackson
mjackson@monroecoga.org

Candler County EMS
1065 East Hiawatha St
Metter, GA 30439
912-685-5965
Xavier Winkler
xwinkler@candlerco-ga.gov

White Oak Medical Transport
455 White Oak Rd
Windsor, NC 27983
252-794-4772
Pam White Revels
pwhite@whiteoakmedical.net

PWT Enterprises DBA MedPro
EMS 21 N. Lee St
Forsyth, GA 31029
478-974-6000
Eric Wilson
ewilson@medproga.net



C. ANTICIPATED USE OF VENDORS

- Image Trend
 - Billing software vendor
- Availity RealMed RCM
 - Insurance verification and clearing house services.
- HIPAA Secure Now
 - Privacy training and security testing inhouse
- Experian Passport
 - Patient address and personal information investigation
- ArchTech
 - Contracted technical support and network security.
- Comcast
 - Internet provider
- Verizon
 - Phone provider
- Online Statements
 - Contracted third party statement mailer.

D. IMPLEMENTATION TIMELINE

The implementation is managed from the top down, CEO, COO, and billing lead.

- Bid awarded to TEMS Consultants.
- Onsite consultation to gather current information and review any outstanding issues (within 1 week).
- Medicare, Medicaid, NPI, and licensure standings.
- Schedule onsite training – Documentation, and HIPAA.
- Discuss/execute any changes/updates to 855b.
- Write off policy.
- Credit Card policy.
- Account buildout in billing software and integration with Elite, (1-3 weeks).
- Obtain access to previously established payer sites.
- Medicare – Eservices/PECOS.
- Medicaid.
- Commercial – Optum, Payspan, Availity, UHC.
- Update EDI and ERA information (dependent on the payer).
- Import runs (dependent on contracted start date).
- Extract initial runs to payer (within 48 hrs. of initial import).
- First payments received (dependent on payer 14-30 days from extraction).



E. RESUMES

BRIAN HANEY

770.381.6383 | brian@temsconsultants.com

EDUCATION

ASSOCIATE OF SCIENCE

JULY 1993

Wallace College

BACHELOR OF SCIENCE,
BUSINESS ADMINISTRATION

2003

Barry University

EMERGENCY MEDICAL TECH
INTERMEDIATE • OCT 2009

Dekalb Technical College

CERTIFICATIONS

GA FIREFIGHT I & II

GA HAZMAT OPERATIONS &
AWARENESS

FEMA- IS-00100, IS-00200, IS-00700,
IS-00800

EXPERTISE

Leadership

Project Management

Teambuilding

Networking

Finance

PROFILE

A purposeful, professional Firefighter/ EMT-I with 30 years of diverse experience in business and emergency response. I am enthusiastic about creating a diverse working environment that embraces teamwork, communication, and education.

EXPERIENCE

CEO • 2016 - PRESENT

Trinity EMS Consulting Services LLC, Hinesville, GA 31313

- Networking to develop new client connections.
- Collaborating with industry experts to promote excellence in patient care and compliance
- Develop operational strategies to support patients and staff for over 50,000 transports annually.
- Optimize financial performance and drive success.

CEO • 2011 - PRESENT

Lifecare EMS of Georgia, LLC | Trinity EMS Transport, LLC

- Collaborating with industry experts to promote standards of excellence in patient care and compliance
- Develop operational strategies to support patients and staff for over 50,000 transports annually.
- Establish teams to support financial functions, optimize financial performance and drive success.



CHRISTINA BRANT

PARALEGAL, CAC, CACO, CAFO, CADS

CONTACT

762-772-0434

christina@temsconsultants.com

[linkedin.com/in/christina-brant-cac-caco-1a12b775](https://www.linkedin.com/in/christina-brant-cac-caco-1a12b775)

EDUCATION

ASSOCIATES IN PARALEGAL
STUDIES • JUNE 2024 GPA 4.0

Eastern Gateway Community College,
Steubenville, OH

CERTIFIED AMBULANCE
FINANCE OFFICER • AUG 2024

National Academy of Ambulance
Compliance

CERTIFIED AMBULANCE
COMPLIANCE OFFICER • SEPT 2020

National Academy of Ambulance
Compliance

CERTIFIED AMBULANCE
CODER • NOV 2017

National Academy of Ambulance
Compliance

KEY SKILLS

70 WPS

Proficient in Microsoft Office Suite
Legal writing

Excellent communication skills

Organized

Detail Oriented

PROFILE

Detail-oriented, analytical paralegal with experience in managing multiple client accounts and office staff while maintaining a well-run and efficient office environment. Knowledgeable with CMS and private healthcare rules and regulations. Involvement in internal as well as external audits.

EXPERIENCE

COO • MAY 2020 - PRESENT

Trinity EMS Consulting Services LLC, Hinesville, GA 31313

- Drafting and enforcing standard operating policies and procedures.
- Budgeting, staffing and managing an office of 15+ employees.
- Maintaining good relations with 20+ clients.
- Recruiting new clientele through marketing and initial meetings.
- Creating and maintaining client and employee accounts within a cloud-based billing software.
- Conducting internal audits to verify and maintain CMS compliance.
- Completing external audits when requested by clients or insurers.

LEAD BILLER • AUG 2017 - MAY 2020

Trinity EMS Consulting Services LLC, Hinesville, GA 31313

- Trained new employees.
- Managed and maintained multiple client accounts.
- Coded and billed up to 1200 EMS invoices monthly.
- Posted and reconciled private and insurance payments received by providers.
- Verified insurance.
- Applied for prior authorizations.
- Created and provided detailed reports.



JENNIFER COX

CAC, CAPO, CAFO

CONTACT

912.255.2135

jennifer@temsconsultants.com

EDUCATION

CERTIFIED AMBULANCE
FINANCE OFFICER • JUNE 2024

National Academy of Ambulance
Compliance

CERTIFIED AMBULANCE
PRIVACY OFFICER • JUNE 2023

National Academy of Ambulance
Compliance

CERTIFIED AMBULANCE
CODER • SEPT 2020

National Academy of Ambulance
Compliance

KEY SKILLS

Leadership
Project Management
Proficient in Microsoft Office Suite
Excellent communication skills
Organized
Detail Oriented
Proficient in HIPAA Security
regulations

PROFILE

My primary objective is to support the functioning of business operations by managing staff, coordinating operations, and ensuring exceptional patient and client service. I aim to create a positive and productive work environment by communicating with team members, setting clear goals, and monitoring performance.

EXPERIENCE

ASSISTANT DIRECTOR OF BILLING/PRIVACY
OFFICER • MAY 2021 - PRESENT

Trinity EMS Consulting Services LLC, Hinesville, GA 31313

- Overseeing daily operations
- Training and managing staff
- Recruiting and hiring new employees
- Providing exceptional patient and client services
- Tracking employee HIPAA compliance training
- Conducting internal audits to verify and maintain security and HIPAA Compliance
- Developing strategies to improve overall performance of clients and staff

BILLING SPECIALIST • MAY 2019 - MAY 2021

Trinity EMS Consulting Services LLC, Hinesville, GA 31313

- Managed and maintained multiple client accounts.
- Coded and billed invoices monthly.
- Posted and reconciled private and insurance payments received by providers.
- Verified insurance.
- Applied for prior authorizations.
- Created and provided detailed reports.



III.

A. SERVICE APPROACH

I. CODE OF CONDUCT

TEMS expects the highest possible standards of integrity and conduct in all matters. True partnership with our clients is our mantra, supported by the following Code of Conduct:

- We put you, the customer, first. Your concerns are taken very seriously, with an appropriate sense of urgency. This means listening intently, making notes, and confirming understanding before acting. Issues that are unable to be resolved immediately will be escalated to a manager for timely resolution.
- We embrace challenges instead of reacting defensively, we commit to resolving your issue or request with urgency, clarity, and to your complete satisfaction.
- We provide honest responses and do not make promises we cannot keep. We will deliberate carefully before making commitments or promises because we understand nothing annoys customers more than a broken one.
- We conduct ourselves with integrity.
- We demonstrate our thorough knowledge of EMS services so that we can address your unique situation with optimal solutions. We make sure you have all the information you need to get the best experience.
- and value from our partnership.
- Our team will inform you of our unique approaches, client support systems, feedback channels, and other important avenues for maximizing your experience with us.
- We treat all information received from you as proprietary to benefit our partnership and maintain patient rights under HIPAA guidelines.

II. CUSTOMER RELATIONS

Our Customer Service Policy has been established to be reflective of our shared values: INTEGRITY, EMPATHY, CUSTOMER CARE, PASSION and EDUCATION, TEAMWORK. The most important part of any process is the people who participate in it. We have a team of professionals who are devoted individuals, a continual hiring and training flow, and an accountability system of checks and balances that create a positive workflow that is successful and backed by strong leadership and education.

- We take utmost care to ensure that we provide our services efficiently, courteously, and to a high standard.
- We understand that complaints may occur. A complaint, however, it is made, will be investigated, resolved, and used to improve our standards of service.
- We strive to meet regularly with our clients to review any issues they might be having. We truly see our client relationship as a partnership driven by communication, training, transparency, and accountability.
- We employ NAAC-trained CACO, and COPO as well as CAC-trained leads and billers who certify each process.
- TEMS Employs Certified Ambulance Coders through the National Academy of Ambulance



Compliance (NAAC) (CAC)

- TEMS takes a community approach and takes part in Leadership and Teaching Conferences, subscribes to CMS site changes, and regularly researches these changes.
- Our clients work with a personal billing lead assigned to their account.
- TEMS has a full database of reports that meet the requirements outlined in the PROPOSAL which are available by request or accessible by the client at any time through our cloud-based billing software.
- End of Month reporting will be provided to the county within five business days of the close of the previous month or as requested.

III. TRAINING OF EMS PERSONNEL

- TEMS will provide in-depth documentation and compliance training to include handouts and visual aids.
- TEMS personnel will be available to answer questions regarding compliance issues if any are found.
 - TEMS employs NAAC-certified CACO and CAPO officers to help identify and resolve documentation and compliance issues.

B. BILLING

I. SOFTWARE

TEMS utilizes Image Trend's Billing Bridge software which seamlessly integrates with the state reporting software of ImageTrend Elite. Billing Bridge is a secure cloud-based software, which allows us to provide our clients with 24-hour access to all their current billing information and includes secure messaging within the site for file transfers.

Alternatively, TEMS also utilizes Microsoft Teams and email with secure encryption for HIPAA-compliant messaging and file sharing. A Microsoft Team will be established for the county during the onboarding which can be used for real-time communication, file sharing, and collaboration.

II. OVERVIEW

We attempt to maintain a consistent, complaint billing process and rigorous standards across all clients. All invoices and claims will be prepared in accordance with the rates established by the county and will be compliant with all applicable laws including CMS, and the Fair Debt Collection Practices Act. A brief overview of those steps are as follows:

- Transport is completed by the county.
- PCR is completed by the medics on the call.
- Onsite QA is completed by the county.
- Billing software syncs daily between 3 am and 11 am, M-F with ePCR software and imports PCR data if you are using ImageTrend Elite
- TEMS billing team accesses new invoice data and prepares claims for processing (1 business day).
- Insurance verified through payer portals and Availity RCM.
- Appropriate signatures and required documentation are verified to meet compliance standards.
- The claim is coded, billed, and queued to be sent to insurance.



- Private pay invoices are issued a first contact letter.
- A minimum of 10% of all claims processed daily are reviewed again by a supervisor before extraction to the clearing house.
- All clean and completed claims are extracted to insurance payers electronically daily.
- The Availity RCM clearinghouse gives claims a final scrub before transferring the claims to payers.
- Denials and claim rejections are worked on daily.
- Payments are deposited directly within the county's account and remittance advice is received by TEMS to be posted to the appropriate open invoices.
- Statements are printed and mailed monthly requesting any outstanding patient responsibility.

III. FUNDS COLLECTED

- All funds are deposited directly into Levy County's designated account.
- We strive to have all insurance payors remit ACH payments directly to your account.
- Payments (hard copy checks) received in the provided lock box will be deposited into the county account.
 - Copies of those payments and deposit slips will need to be uploaded into the designated secure portal decided on for information sharing.
- All refunds required will be requested by TEMS with the use of a refund request form with appropriate documentation.
- The county will be kept informed of any refunds TEMS is informed of by electronic payers and appropriate documentation will be provided to the county.

C. COMPLIANCE STATEMENT

The term "Compliance" as used in the ambulance industry means a provider or supplier's attempt to act within the scope of the laws, rules and regulations that govern the provision of ambulance services. But what it means is that your billing of Federal, State, and private insurance is accurate, complete, and correct, because while you can provide service at any level to anyone, you cannot always bill for that level or that patient. Proper documentation and knowledge of the patients' conditions are key elements to an effective and appropriate billing process.

In our attempt to ensure that our claims are paid appropriate to the level of care and service rendered, we follow the Center for Medicare and Medicaid Services' (CMS's) Model Compliance Program for Ambulance Billing that was published in the Federal Register on March 24, 2003. The goal of our Compliance Program is to make sure that the billing for ambulance services is true and correct so that we are paid for the appropriate transport at the appropriate level of service. It is always best to be paid appropriately first rather than having to deal with overpayments and refunds.

Trinity EMS Consulting Services, LLC will exercise due diligence in making sure billing is done in compliance with all Federal and State laws, rules, and regulations. However, Trinity EMS Consulting Services, LLC is dependent on accurate, complete, and correct information from your employees/EMTs/Paramedics. We will attempt to assess risks and deficiencies in the reporting and documentation. Based on our Compliance Program, we will inform your employees if we find any errors, omissions, deficiencies, or risks thereof in their documentation and will work diligently to train and educate your staff. You attest that you will NOT work with third parties



(nursing homes, hospitals, or others) or employees whom we feel are intentionally attempting to omit, alter, conceal, or misstate pertinent health information. If you become aware of any such circumstance, you will immediately terminate your relationship with that entity or employee.

D. SCOPE OF WORK

I. CONTRACTOR RESPONSIBILITIES

The Contractor will fulfill the responsibilities set forth below:

1. The Contractor shall bill all ambulance calls to the responsible party, sending appropriate invoices, monthly statements, and past due statements. Billing will be completed within two (2) business days of receipt of the electronic file from the Client.
2. The Contractor will file primary and secondary Medicare claims using electronic transmissions direct to the Medicare carrier, complete with ICD10 Diagnosis codes, condition codes (where applicable), and HCPCS codes. Claims containing adequate documentation for processing shall be filed by the Contractor within two (2) business days of receipt of the electronic file from the Client.
3. The Contractor will file primary and secondary Medicaid claims using electronic transmissions that are characterized under Medicare as “direct” transmissions (where available) to the state Medicaid agency or their designated representative, complete with ICD 10 codes and HCPCS codes. Claims containing adequate documentation for processing will be filed within two (2) business days of receipt of the electronic file from the Client.
4. The Contractor will file all primary and secondary insurance claims electronically and/or on CMS-1500 forms with appropriate ICD 10 codes and HCPCS codes. Initial claims containing adequate documentation for processing will be filed within two (2) business days of receipt of the electronic file from the Client.
5. The Contractor will actively resubmit and/or appeal any denied claims for covered services and shall respond to requests for information which information is available to the Contractor.
6. The Contractor will post all payments, denials, and contractual write-offs within two (2) business days after receipt of such from the Client.
7. The Contractor will post any other write-offs that it deems to be appropriate but only as authorized by the Client.
8. The Contractor will apply for appropriate prior authorizations as needed to bill insurance correctly.
9. Within five (5) business days of receipt of the ‘end of month’ data from the Client, the Contractor will declare that the monthly activities are closed as to the calendar month and the Contractor shall mail the Client monthly accounting and statistical reports as and if requested by the Client.
10. The Contractor will furnish all postage, stationery, and phone service used to bill and collect accounts.
11. The Contractor will furnish toll-free telephone lines for patient inquiries concerning accounts.
12. Any account that has completed the five-month billing cycle without any funds collected, or arrangements for payments to be made, shall be considered uncollectible by normal means and will be returned to the Client for placement with a collection agency or written off to bad debts as deemed appropriate by the Client.
13. The Contractor will comply with any HIPAA-compliant requests for medical records from third parties. There will be no fee to the Client for this service. All fees for such copying and mailing expenses will be billed directly to the requesting party. Fees will be reasonable and will be set in



compliance with any applicable State or Federal laws or regulations. These fees will be collected by and will be the sole property of the Contractor.

14. The Client, or their authorized representatives, will have the right to audit their billing records upon request, during normal business hours. The Contractor will make these records available, provide adequate space, and assist in any way possible with any request to audit these records.

II. CLIENT RESPONSIBILITIES

1. The Client will make every effort to obtain appropriate and accurate billing and medical trip report information.
2. The Client will make every effort to ensure that the Client's ambulance service employees adequately document all ambulance trips as trained by the Contractor.
3. The Client will electronically transmit billing and trip report information from the Imagetrend Elite field software to the Contractor daily on normal business days.
4. The Client shall collect and submit to the Contractor **copies** of PCS Forms, HIPAA acknowledgment forms and other documentation that may be required to bill for services or apply for needed prior authorizations. Information is to be sent in a manner and at such times as agreed on between the Client and the Contractor.
5. The Client shall keep records of tickets submitted/transmitted to the Contractor and provide storage of paper or electronic records or documents as required by law.
6. The Client will submit to the Contractor **copies** of all checks, envelopes, explanations of benefits (EOBs), remittance advice (RAs), return mail and all other types of correspondence relating to the billing operation in a manner and at such times as agreed on between the Client and the Contractor.

III. LIMITATIONS OF LIABILITY

1. The Contractor shall always take due diligence to act within the scope of all Medicare, Medicaid and other applicable healthcare reimbursement laws and regulations and shall have in place a Medicare Compliance Program. Furthermore, the Contractor during the training of the Clients employees shall train them in Medicare compliance practices.
2. In connection with this Agreement, Contractor has warranted and represented that it has specialized knowledge and experience relating to the processing and filing of claims for EMS and ambulance services and the coding and collection of reimbursement from Medicare, Medicaid, Tricare, and other insurance companies and third-party payers. Client is relying on the warranties and representations in this regard made by Contractor. Accordingly, Contractor agrees to indemnify and hold Client, its officers, directors, trustees, employees, and agents (hereinafter "the Indemnified Parties") harmless from and against any and all liability, loss, damage, expense, claims, attorney's fees, and costs which the Indemnified Parties may become subject to by virtue of this Agreement or otherwise as the result of Contractor's performance under this Agreement and the actions of Contractor and its employees, agents, or contractors. Without in any way limiting the general application of this indemnification, Contractor agrees that this indemnification specifically includes any liability, loss, damage, or expense arising from or related in any way to the coding, preparation, and submission of bills for reimbursement related to EMS/ambulance services rendered.
3. The Contractor shall not be liable for any failures on the part of the Client to submit complete, true, and accurate information or documentation which could cause a violation of any Federal or State healthcare.



reimbursement laws or regulations, nor will Contractor be liable for any overpayment caused or created by such a lack of complete, true, and accurate patient information. Furthermore, it is expressly understood by both parties that many services are based on medical judgment or “medical necessity.” Such judgments may or may not result in reimbursable services from an insurance perspective. In the event that services are initially reimbursed and then thereafter considered as “uncovered services” for which reimbursement is requested to be paid back, then the parties shall pay their pro-rata share of said repayment based upon their percentage of the initial payment.

4. The Contractor shall have no liability for the services provided by the Client, except to the extent that such duties are specifically imposed pursuant to this agreement, nor shall the Contractor have any liability for any state, federal or local taxes owed by the Client for funds collected by the Contractor on behalf of the Client.
5. The Contractor shall be responsible for any and all taxes (state, federal and/or local), of Contractor or any similar type payments for Contractor or any employees thereof and shall hold the Client harmless from any and all such payments.

IV. CONFIDENTIALITY

1. The Contractor shall protect the privacy of patients, families, and employees, including safeguarding confidential and/or proprietary information. The Contractor’s employees are fully trained and are aware that whether you read, see, or hear things about patients, families, or employees, it is private and confidential and cannot be shared except as necessary for patient care or as otherwise authorized under The Health Insurance Portability and Accountability Act (HIPAA).
2. The Contractor protects any information – verbal, written, computer, electronic, photographs, or videotape. Employees and consultants may need access to confidential information to perform their assigned duties. However, maintaining confidentiality is a required duty of every employee, agent or consultant, and all others with access to information.
3. All Contractor employees understand it is their responsibility to:
 - a. Comply with the HIPAA Privacy Policy.
 - b. Protect and respect the privacy of patients and their information.
 - c. Not access data on patients for whom they do not have responsibility and/or for whom they do not have a “need to know.”
 - d. Keep information confidential and do not disclose it to others, including employees, patients, and patient’s family members unless properly authorized.
 - e. Refrain from conversations about information protected by the Privacy Policy.
 - f. Refer all requests and inquiries for confidential information to those who are responsible for the release of information.
4. The Contractor’s employees understand that violation of these requirements may result in disciplinary action up to and including termination of their employment, affiliation, and/or contractual rights with the Contractor.
5. The Client shall at all times use their best efforts to protect the confidentiality of the Contractor’s proprietary software and information and will not copy or distribute this information to anyone without the express written permission of the Contractor.



IV.

A. COLLECTION FEES

I. NON-MEDICAID/MEDICARE ANNUAL COST TO THE COUNTY

Based on the average of the numbers provided by the county within the RFP Q&A - projected invoicing looks like

- $1835.5 \times (\text{average cash per call}) 474.40 \times 7.5\% = \$65,307.09$

II. FEE ARE FIXED

There will be **NO** increase to the fees invoiced to the county during the contracted agreement.

III. MEDICAID/MEDICARE ANNUAL COST TO THE COUNTY

Based on the average of the numbers provided by the county within the RFP Q&A - projected invoicing looks like

- $4152 \times 50/\text{INVOICE} = \$207,600$

IV. TOTAL PROJECTED YEARLY COST TO THE COUNTY

- **\$272,907.09**

All pricing contained within this quote is an estimate of projected cost based off the previously submitted information. Invoices will be sent monthly and based on the actual number of invoices received and the total revenue collected by TEMS for Levy County



V.

A. STATEMENT OF FINANCIAL STABILITY

TEMS has no record of bankruptcy filings now or in the past.

B. SUMMARY OF LITIGATION

TEMS does not have a history or any currently involvement in any litigation or adversarial proceedings.

C. REPORTS AND ATTACHMENTS

TEMS also offers full read-only access to all County information listed within the Billing Bridge software, which allows 24-hour access to the full built-in reporting system. But we have attached the specific requested reports as well.

The screenshot displays the 'Standard Reports' section of the Billing Bridge software. The interface is divided into several panels. The main panel on the left, titled 'Finances In Period', includes filters for 'This Week', 'This Month', 'Last Month', 'YTD', and 'Last Year'. It also has fields for 'Start Date' (03/01/2024), 'End Date' (03/03/2024), and 'Activity Date' (Post Date). Below these are dropdowns for 'Agency' (All Agencies) and 'Payer' (All Payers). A list of reports follows, including 'Period Activity Summary', 'Operations', 'All Charges - Detailed', 'All Charges - Detailed (with Patient)', 'All Charges - Summary', 'Charge Adjustments - Detailed', 'Charge Adjustments - Detailed (with Patient)', 'Charge Adjustments - Summary', 'Charge Non-Adjustments - Detailed', 'Charge Non-Adjustments - Detailed (with Patient)', 'Charge Non-Adjustments - Summary', 'All Transactions - Detailed', 'All Transactions - Detailed (with Patient)', 'All Transactions - Summary', 'Transaction Adjustments - Detailed', 'Transaction Adjustments - Detailed (with Patient)', 'Transaction Non-Adjustments - Detailed', 'Transaction Non-Adjustments - Detailed (with Patient)', 'Transactions Posted - Summary', 'Transactions Voided - Summary', and 'Transaction Payments - Detailed'. Each report has a 'PDF' icon next to it. On the right side, there are three smaller panels: 'Aging' (with sub-sections for 'Aging by Agency and Current Payer', 'Invoice Detailed Aging by Agency and Current Payer', 'Point in Time Aging by Agency and Current Payer', and 'Invoice Detailed Point in Time Aging by Agency and Current Payer'), 'Productivity' (with 'Number of Invoices Posted by User by Month' and 'Number of Invoices Posted by User in Last 30 Days'), and 'Invoices' (with various filters and summary options). At the bottom right, there are 'Overview' and 'Other' sections with links to 'Work Overview', 'Workflow Overview', 'Claim Overview', 'Payment Overview', 'Your Activity', 'Other Activity', 'Trigger Log', 'Data Exchange Log', and 'Account Entries'. The footer of the interface shows the copyright information: '© 2024 ImageFirst, Inc. Billing Bridge version 24.1.0'.

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 inquiries 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: Trinity EMS Consulting Services, LLC

If Proposer is an entity, list type: EMS Billing and Consultants

Proposer Street Address: 1661 E. Oglethorpe Hwy Ste E

City, State, Zip: Hinesville, GA 31313

Name of Authorized Signatory: Christina Brant

Email Address: christina@temsconsultants.com Telephone: 844-399-6379 ex 106

Signature:  Date: 05/13/2025

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 Board of Commissioners
By Christina Brant, COO
(Print individual name and title)
For Trinity EMS Consulting Services, LLC
(Print name of entity submitting statements)
Whose business address is EMS Billing and Consulting
and if applicable whose Federal Employer Identification Number (FEIN) is 47-3054674.
If the entity has no FEIN, include Social Security Number of the individual signing this Sworn Statement:
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.

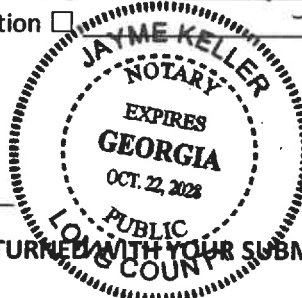

(Signature)

State of Georgia
County of Levy

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 15th day of May, 2025, by Christina Brant
(name), as COO (title) for Trinity Ems Consulting Services
(name of proposer) Personally known ☒ OR Produced Identification ☐
(type of identification).


(Signature) Notary Public

My Commission expires 10/22/2028



(SEAL)

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NON-COLLUSION AFFIDAVIT

I, Christina Brant of the County of Long

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

1. I am COO of the firm of Trinity EMS Consulting Services, 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.




(Signature of Proposer Representative)

5/15/25
(Date)

State of Georgia

County of Long

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 15th day of May, 2025, by Christina Brant (name), as COO (title) for Trinity EMS Consulting Services (name of proposer) Personally known ☒ OR Produced Identification ☐ (type of identification).


(Signature) Notary Public

Jayme Keller

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

(SEAL)

My Commission expires 10/22/2028



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 Trinity EMS Consulting Services, 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: Christina Brant

Signature:  _____

Title: COO

Date: 5/15/2025

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: 

Printed Name: Christina Brant

Proposer Name: Trinity EMS Consulting Services, LLC

Date: 5/15/2025

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: 5/15/2025

SIGNATURE: 

COMPANY: Trinity EMS Consulting Services, LLC

NAME: Christina Brant
(Typed or Printed)

ADDRESS: 1661 E Oglethrope Hwy Suite E
Hinesville, GA 31313

TITLE: COO

E-MAIL: christina@temsconsultants.com

PHONE NO.: 844-399-6379

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

Home of Historical Gravel Hill Est. 1815

CITY COUNCIL

David Edwards Larry Logan
Gail Evans Hasit Patel
Rene Harwell Leigh Smiley

*"Preserving our heritage,
shaping our future."*



CITY HALL
156 Old Sunbury Rd
Flemington, GA 31313
912.877.3223
cityhall@cityofflemington.org

Paul Hawkins
MAYOR

2025 Occupational Tax Certificate

Date of Issue: December 4th, 2024 Owner: Brian Haney

Date of Expiration: 12-31-2025 Tax Remitted: \$325.00 Certificate #: 2025-16

THE CITY HEREBY GRANTS A CERTIFICATE FOR CARRYING ON THE BUSINESS NAMED:

TRINITY EMS CONSULTING SERVICES, LLC

1661-E East Oglethorpe Highway in Flemington, Georgia 31313

WITNESS MY HAND & SEAL.

Jenelle Gordon
JENELLE GORDON, CITY CLERK



Paul Hawkins
PAUL HAWKINS, MAYOR

THIS CERTIFICATE IS NON-TRANSFERABLE & SUBJECT TO REVOCATION FOR CAUSE. DISPLAY THIS CERTIFICATE IN PUBLIC VIEW.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/15/2025

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 Sanford Insurance, LLC 4468 Forsyth Rd. Macon GA 31210 | CONTACT NAME: Lara Miller PHONE (A/C, No, Ext): (478) 471-4221 E-MAIL ADDRESS: lmillers@sanfordusa.com FAX (A/C, No): (478) 471-4222 |
| INSURED Trinity EMS Consulting Services, LLC 2145 Old Winder Jefferson Hwy Ste. E Jefferson GA 30549 | INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Insurance Co INSURER B: Insurance Company of West INSURER C: INSURER D: INSURER E: INSURER F: |
| | NAIC # 25895 27847 |

COVERAGES**CERTIFICATE NUMBER:** CL2551515632**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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | PPP1555632C | 02/09/2025 | 02/09/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | PPP1555632C | 02/09/2025 | 02/09/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ Included BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input checked="" type="checkbox"/> Y | N/A | WGA506192803 | 09/01/2024 | 09/01/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Professional Liability | | | PPP1555632C | 02/09/2025 | 02/09/2026 | Limit of Liability/Claim \$1,000,000 Annual Aggregate \$1,000,000 Deductible \$1,000 |

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

CERTIFICATE HOLDER**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

Lara Miller

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Operations Report Summary

Start Date: Tue Apr 01 2025 00:00:00 GMT-0400 (Eastern Daylight Time)

End Date: Wed Apr 30 2025 00:00:00 GMT-0400 (Eastern Daylight Time)

| Agency | Total Transports ? | Total Payments ? | Total Payments Voided ? | Total Adjustments & WO ? | Total Adj. & WO Voided ? | Total Charges ? | Total Charges Voided ? | Ending Total Forward ? | Payments per Transport ? | Collection Rate ? |
|--------|--------------------------|------------------------|----------------------------------|-----------------------------------|-----------------------------------|--------------------|---------------------------------|------------------------------|-----------------------------------|-------------------------|
| | 3631 | \$907,737.42 | \$0.00 | \$1,794,163.95 | \$0.00 | \$2,557,747.79 | (\$3,221.10) | \$3,731,910.39 | \$250.00 | 35.49% |
| Totals | 3631 | \$907,737.42 | \$0.00 | \$1,794,163.95 | \$0.00 | \$2,557,747.79 | (\$3,221.10) | \$3,731,910.39 | \$250.00 | 35.49% |

Point In Time Invoice Summary

| Primary Payer Name | Number of Invoices | Charges | Payments | Adjustments | Refunds | Revenue | Write-Offs | Other Transactions | All Transactions |
|---|--------------------|--------------|--------------|--------------|---------|---------|------------|--------------------|------------------|
| AARP | 6 | \$2,824.40 | \$2,610.10 | \$2,312.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4,922.70 |
| ABBEY HOSPICE | 3 | \$993.34 | \$581.68 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$581.68 |
| AETNA HEALTH PLANS- ALL | 46 | \$6,983.50 | \$6,143.17 | \$6,598.74 | \$0.00 | \$0.00 | \$1,982.60 | \$0.00 | \$14,724.51 |
| Aetna Medicare | 74 | \$43,081.40 | \$3,802.34 | \$6,965.15 | \$0.00 | \$0.00 | \$1,107.00 | \$0.00 | \$11,874.49 |
| ALLIANT HEALTH PLANS OF GEORGI | 1 | \$982.20 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| AMBETTER HEALTH | 78 | \$40,942.50 | \$18,253.04 | \$10,330.16 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$28,583.20 |
| AMEDISYS HOSPICE - GREENVILLE | 2 | \$827.02 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| AMEDISYS-HABERSHAM | 10 | \$0.00 | \$4,438.79 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4,438.79 |
| AMERICAN CONTINENTAL | 16 | \$886.00 | \$1,339.94 | \$2,486.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$3,826.44 |
| AMERIGROUP- GA MEDICAID CMO | 1 | \$941.90 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| ANTHEM WELLPOINT | 11 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| APWU | 1 | \$749.50 | \$287.32 | \$388.88 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$676.20 |
| BCBS GA | 579 | \$205,303.60 | \$104,701.30 | \$177,413.88 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$282,115.18 |
| CHAMP VA RET | 3 | \$908.10 | \$59.57 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$59.57 |
| CHCS SERVICES INC | 2 | \$0.00 | \$0.00 | (\$1,329.56) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$1,329.56) |
| Cigna | 3 | \$1,658.90 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| CIGNA HEALTHSPRING | 61 | \$43,164.50 | \$238.24 | \$4.86 | \$0.00 | \$0.00 | \$6,909.30 | \$0.00 | \$7,152.40 |
| Clear Spring Health | 17 | \$0.00 | \$0.00 | \$83.13 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$83.13 |
| Companion Life Insurance | 1 | \$0.00 | \$130.94 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$130.94 |
| Encompass Rehabilitation Of Columbus | 1 | \$900.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| GEORGIA HEALTH ADVANTAGE | 126 | \$81,198.51 | \$205.31 | \$1,284.24 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,489.55 |
| GLOBE LIFE AND ACCIDENT | 9 | \$0.00 | \$189.56 | (\$2,958.78) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$2,769.22) |
| GPM Life | 2 | \$0.00 | \$158.27 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$158.27 |
| Harborview Tifton | 28 | \$588.70 | \$15,833.86 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$15,833.86 |
| Hospice of South Georgia and Langdale Hospice House | 3 | \$958.70 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| HUMANA CARE PLAN | 223 | \$99,741.20 | \$40,386.43 | \$61,494.88 | \$0.00 | \$0.00 | \$904.20 | \$0.00 | \$102,785.51 |
| HUMANA GOLD CHOICE | 17 | \$12,566.60 | \$2,353.69 | \$2,977.91 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$5,331.60 |
| HUMANA GOLD CHOICE HMO - Medicare | 109 | \$51,572.80 | \$19,864.67 | \$36,201.35 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$56,066.02 |
| HUMANA INSURANCE COMPANY | 158 | \$88,143.60 | \$43,730.38 | \$52,860.72 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$96,591.10 |
| Illumfin Corporation | 1 | \$614.30 | \$218.05 | \$340.63 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$558.68 |

| Primary Payer Name | Number of Invoices | Charges | Payments | Adjustments | Refunds | Revenue | Write-Offs | Other Transactions | All Transactions |
|-------------------------------------|--------------------|----------------|--------------|----------------|---------|---------|--------------|--------------------|------------------|
| LOYAL AMERICAN LIFE INSURANCE CO | 51 | \$7,408.00 | \$6,889.35 | \$13,230.29 | \$0.00 | \$0.00 | (\$3.47) | \$0.00 | \$20,116.17 |
| MANHATTAN LIFE INSURANCE | 1 | \$880.80 | \$359.77 | \$429.25 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$789.02 |
| Medicaid GA | 1522 | \$249,877.60 | \$191,371.86 | \$449,573.81 | \$0.00 | \$0.00 | \$3,110.92 | \$0.00 | \$644,056.59 |
| MEDICARE GA | 1151 | \$601,760.80 | \$42,283.98 | \$89,342.91 | \$0.00 | \$0.00 | \$2,717.78 | \$0.00 | \$134,344.67 |
| MEDICARE RAILROAD | 23 | \$15,071.40 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| MUTUAL OF OMAHA | 27 | \$7,609.40 | \$5,488.11 | \$8,610.73 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$14,098.84 |
| MUTUALOF OMAHA INSURANCE CO | 19 | \$0.00 | \$2,980.67 | \$2,843.37 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$5,824.04 |
| NEW ERA LIFE | 40 | \$11,653.30 | \$11,505.82 | \$14,846.12 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$26,351.94 |
| NORTH GA MEDICAL CENTER | 1 | \$294.31 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| ONE CALL MEDICAL TRANSPORT | 1 | \$0.00 | \$1,795.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,795.50 |
| PEACH STATE HEALTH PLAN | 2 | \$626.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| PHYSICIAN'S MUTUAL INSURANCE | 59 | \$0.00 | \$5,846.97 | \$10,800.66 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$16,647.63 |
| Pruitt Health Hospice - Gainesville | 6 | \$1,703.00 | \$741.08 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$741.08 |
| Pruitt Health Peake | 2 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$621.12 | \$0.00 | \$621.12 |
| PRUITT HEALTH TOCCOA | 1 | \$274.91 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| PRUITTHEALTH HOLLY HILL | 2 | \$1,226.00 | \$211.35 | \$346.90 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$558.25 |
| PruittHealth Hospice Valdosta | 1 | \$615.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| PruittHealth Hospice-Greenville | 1 | \$1,138.20 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| PRUITTHEALTH LAKEHAVEN | 1 | \$0.00 | (\$287.71) | (\$368.19) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$655.90) |
| PruittHealth Premier | 70 | \$38,549.40 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$613.00 | \$0.00 | \$613.00 |
| Rehabilitation Center of South GA | 34 | \$0.00 | \$7,171.40 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$7,171.40 |
| Self Pay | 1624 | \$228,487.30 | \$161,859.01 | \$374,695.51 | \$0.00 | \$0.00 | \$102,047.93 | \$0.00 | \$638,602.45 |
| State Farm | 1 | \$886.00 | \$362.64 | \$430.85 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$793.49 |
| Summerhill | 4 | \$3,416.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TRADITIONS HOSPICE | 2 | \$1,363.80 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TRICARE FOR LIFE | 315 | \$69,242.20 | \$65,542.51 | \$119,604.70 | \$0.00 | \$0.00 | \$1,395.00 | \$0.00 | \$186,542.21 |
| UMR | 4 | \$0.00 | \$63.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$63.60 |
| UNITED HEALTH CARE | 299 | \$120,152.70 | \$43,551.12 | \$69,568.18 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$113,119.30 |
| UNITED HEALTHCARE MCR ADV | 964 | \$477,012.30 | \$91,927.59 | \$156,805.56 | \$0.00 | \$0.00 | \$1,378.10 | \$0.00 | \$250,111.25 |
| UNITED HEALTHCARE SHARED SERVICES | 1 | \$615.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| VACCN Optum | 4 | \$4,499.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Wellcare Medicare | 41 | \$26,851.80 | \$2,546.15 | \$1,917.73 | \$0.00 | \$0.00 | \$1,246.80 | \$0.00 | \$5,710.68 |
| Total | 7866 | \$2,557,747.79 | \$907,737.42 | \$1,670,133.67 | \$0.00 | \$0.00 | \$124,030.28 | \$0.00 | \$2,701,901.37 |
| Grand Total | 7866 | \$2,557,747.79 | \$907,737.42 | \$1,670,133.67 | \$0.00 | \$0.00 | \$124,030.28 | \$0.00 | \$2,701,901.37 |

Aging by Agency and Current Payer

| Current Payer Financial Class | Current Payer Name | 0 to 30 Days | 31 to 60 Days | 61 to 90 Days | 91 to 120 Days | 121 to 150 Days | 151 to 180 Days | 181+ Days | Payer Total |
|-------------------------------|--|--------------|---------------|---------------|----------------|-----------------|-----------------|-------------|-------------|
| Commercial | AETNA HEALTH PLANS- ALL | \$3,126.20 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$730.15 | \$3,856.35 |
| Commercial | Allegiance | \$2,007.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,007.60 |
| Commercial | AMBETTER HEALTH | \$3,290.80 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$3,290.80 |
| Commercial | AMERICAN CONTINENTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$446.69 | \$446.69 |
| Commercial | BCBS GA | \$990.27 | \$1,539.86 | \$1,138.53 | \$1,203.94 | \$90.56 | \$0.00 | \$12,299.90 | \$17,263.06 |
| Commercial | CANDLER CO SHERIFF'S OFFICE | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$642.00 | \$642.00 |
| Commercial | CARESOURCE | \$670.00 | \$1,698.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,368.00 |
| Commercial | CareSource Marketplace | \$0.00 | \$0.00 | \$1,368.40 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,368.40 |
| Commercial | Cigna | \$1,443.40 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$832.27) | \$611.13 |
| Commercial | CLOVER HEALTH | \$722.40 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$711.20 | \$1,433.60 |
| Commercial | HEALTH COMP | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$651.80 | \$651.80 |
| Commercial | Healthgram | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$849.60 | \$849.60 |
| Commercial | HEALTHSMART BENEFIT SOLUTIONS, INC | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$136.20 | \$0.00 | (\$851.71) | (\$715.51) |
| Commercial | Liberty Bankers Life Insurance Company | \$8,080.26 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$8,080.26 |
| Commercial | MANHATTAN LIFE INSURANCE | \$297.80 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$297.80 |
| Commercial | MEDI-SHARE | \$119.10 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$151.84 | \$270.94 |
| Commercial | MERITAIN HEALTH | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$912.80 | \$912.80 |
| Commercial | MUTUAL OF OMAHA | \$0.00 | \$0.00 | \$0.00 | \$1,200.00 | \$0.00 | \$0.00 | (\$103.19) | \$1,096.81 |
| Commercial | NEW ERA LIFE | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$864.40 | \$300.00 | \$1,164.40 |
| Commercial | State Mutual Insurance | \$103.58 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$103.58 |
| Commercial | UNITED HEALTH CARE | \$105.24 | \$1,684.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$730.73 | \$2,519.97 |
| Facility Billing | AFFINIS HOSPICE | \$0.00 | \$607.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,834.00 | \$3,441.00 |
| Facility Billing | Candler County Hospital | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$457.00 | \$602.60 | \$1,059.60 |
| Facility Billing | Fairview Park Hospital | \$0.00 | \$1,185.08 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,185.08 |
| Facility Billing | Georgia Hospice Care-Vidalia | \$0.00 | \$712.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$712.60 |
| Facility Billing | Ogeechee Hospice | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$763.60 | \$763.60 |
| Facility Billing | Pleasant View Nursing Center | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,875.60 | \$1,875.60 |
| Facility Billing | PruittHealth Hospice Swainsboro | \$711.20 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,016.80 | \$1,728.00 |

| Current Payer Financial Class | Current Payer Name | 0 to 30 Days | 31 to 60 Days | 61 to 90 Days | 91 to 120 Days | 121 to 150 Days | 151 to 180 Days | 181+ Days | Payer Total |
|-------------------------------|-----------------------------------|--------------|---------------|---------------|----------------|-----------------|-----------------|--------------|--------------|
| Facility Billing | REGENCY SOUTHERN CARE HOSPICE | \$0.00 | \$702.20 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$702.20 |
| Facility Billing | REGENCY SOUTHERN CARE STATESBORO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$607.00 | \$607.00 |
| Facility Billing | Southern Community Hospice | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$711.20 | \$711.20 |
| Facility Billing | Southern Manor at Candler | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$493.40 | \$493.40 |
| Medicaid | AMERIGROUP- GA MEDICAID CMO | \$2,069.25 | \$0.00 | \$0.00 | \$0.00 | \$640.60 | \$0.00 | \$0.00 | \$2,709.85 |
| Medicaid | Medicaid GA | \$7,560.97 | \$327.75 | (\$101.00) | (\$236.54) | \$0.00 | (\$78.92) | (\$2,497.93) | \$4,974.33 |
| Medicaid | PEACH STATE HEALTH PLAN | \$2,926.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,926.00 |
| Medicare | Aetna Medicare | \$5,140.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$5,140.00 |
| Medicare | GEORGIA HEALTH ADVANTAGE | \$2,982.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,305.80 | \$5,288.40 |
| Medicare | HUMANA GOLD CHOICE HMO - Medicare | \$1,054.20 | \$0.00 | \$0.00 | \$430.49 | \$0.00 | \$0.00 | \$1,385.40 | \$2,870.09 |
| Medicare | MEDICARE GA | \$13,886.60 | \$0.00 | \$0.00 | \$894.00 | \$612.60 | (\$203.60) | (\$75.52) | \$15,114.08 |
| Medicare | PRESBYTERIAN HEALTH | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$168.64) | (\$168.64) |
| Medicare | Sonder Health Plans | \$0.00 | \$902.40 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$902.40 |
| Medicare | UNITED HEALTHCARE MCR ADV | \$15,466.20 | \$630.80 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$16,097.00 |
| Medicare | Wellcare Medicare | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$58.95) | (\$58.95) |
| Motor Vehicle | Esurance | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$530.00 | \$530.00 |
| Motor Vehicle | GEICO | \$0.00 | \$547.93 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$547.93 |
| Motor Vehicle | National General | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$660.20 | \$660.20 |
| Motor Vehicle | PROGRESSIVE AUTO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$789.60 | \$789.60 |
| Self Pay | Creditors Bureau Associates | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$914.80) | (\$914.80) |
| Self Pay | Self Pay | \$35,438.30 | \$23,055.17 | \$18,400.29 | \$27,898.44 | \$19,420.64 | \$14,918.21 | \$14,107.92 | \$153,238.97 |
| Workers Compensation | ACCG | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (\$639.48) | (\$639.48) |
| Total | | | | | | | | | \$271,806.34 |
| Grand Total | | | | | | | | | \$271,806.34 |

Payments (w/EFT reference numbers)

| Transaction Payment Date | Payment Batch Number | Transaction Payer | Transaction Payment Method | Transaction Payment Reference Number | Transaction Amount |
|--------------------------|----------------------|-----------------------------------|-------------------------------|--------------------------------------|--------------------|
| 4/1/2025 | 138060 | MEDICARE GA | Automated Clearing House | 810746295 | \$974.31 |
| | 138349 | OSCAR HEALTH | No Payment (Information Only) | 13580731-13/24/25 | \$0.00 |
| | 138395 | AMERIGROUP- GA MEDICAID CMO | Automated Clearing House | 3267998150 | \$260.64 |
| 4/2/2025 | 137999 | Aetna Medicare | Automated Clearing House | 882508601073821 | \$444.43 |
| | 138396 | MEDICARE GA | Automated Clearing House | 810753044 | \$448.03 |
| | 138734 | BCBS GA | No Payment (Information Only) | 9040964461 | \$0.00 |
| 4/3/2025 | 138159 | UNITED HEALTH CARE | Automated Clearing House | T0577141 | \$442.37 |
| | 138608 | CareSource Marketplace | Automated Clearing House | 1183102764 | \$275.40 |
| | 138779 | AMERIGROUP- GA MEDICAID CMO | Automated Clearing House | 3268244516 | \$325.36 |
| | 141210 | UNITED HEALTH CARE | Automated Clearing House | 11228789378 | \$134.08 |
| 4/4/2025 | 139126 | UNITED HEALTHCARE MCR ADV | Automated Clearing House | T0648494 | \$750.26 |
| 4/5/2025 | 138931 | HUMANA GOLD CHOICE HMO - Medicare | Automated Clearing House | 156203069250406 | \$260.33 |
| | 138932 | HUMANA CARE PLAN | Automated Clearing House | 156203068250406 | \$252.32 |
| | | HUMANA GOLD CHOICE HMO - Medicare | Automated Clearing House | 156203068250406 | \$373.38 |
| 4/7/2025 | 138733 | UNITED HEALTHCARE MCR ADV | Automated Clearing House | T0743294 | \$284.57 |
| | 139325 | Medicaid GA | Automated Clearing House | 055820574 | \$1,560.03 |
| | 139365 | OSCAR HEALTH | No Payment (Information Only) | NON-PAYMENT 13840817-1 04/07/2025 | \$0.00 |

| | | | | | |
|-----------|--------|-----------------------------------|---------------------------------|-----------------|------------|
| 4/8/2025 | 138736 | Aetna Medicare | Automated Clearing House | 882509201074817 | \$467.39 |
| | 138861 | UNITED HEALTHCARE MCR ADV | Automated Clearing House | T0853374 | \$278.54 |
| | 138903 | MEDICARE GA | Automated Clearing House | 810762056 | \$527.01 |
| | 139128 | AMERIGROUP- GA MEDICAID CMO | Automated Clearing House | 3268643332 | \$329.52 |
| | 140608 | Self Pay | Check | MO 1643 | \$20.00 |
| | 140977 | BCBS GA | Check | CK 33477203 | \$147.01 |
| 4/9/2025 | 139127 | MEDICARE GA | Automated Clearing House | 810769976 | \$698.21 |
| | 139439 | HUMANA GOLD CHOICE HMO - Medicare | Automated Clearing House | 156498096250410 | \$269.26 |
| | 139440 | HUMANA GOLD CHOICE HMO - Medicare | Automated Clearing House | 156498095250410 | \$366.21 |
| | 139441 | BCBS GA | No Payment (Information Only) | 9041233610 | \$0.00 |
| | 140970 | Self Pay | Check | CK 2092 | \$918.70 |
| | | | | | |
| 4/10/2025 | 139129 | UNITED HEALTHCARE MCR ADV | Automated Clearing House | T0948412 | \$493.81 |
| | 139304 | CARESOURCE | Automated Clearing House | 1184169202 | \$545.88 |
| | 139558 | HUMANA GOLD CHOICE HMO - Medicare | Automated Clearing House | 156560079250411 | \$560.93 |
| 4/11/2025 | 139165 | UNITED HEALTH CARE | No Payment (Information Only) | 38270409 | \$0.00 |
| | 139610 | BCBS GA | No Payment (Information Only) | 9041331567 | \$0.00 |
| | 140220 | UNITED HEALTHCARE MCR ADV | Automated Clearing House | T1017901 | \$504.78 |
| | 140223 | UNITED HEALTHCARE MCR ADV | Automated Clearing House | T1093865 | \$431.23 |
| 4/12/2025 | 139633 | HUMANA CARE PLAN | Automated Clearing House | 156717078250413 | \$168.83 |
| | 139634 | HUMANA GOLD CHOICE HMO - Medicare | Automated Clearing House | 156717079250413 | \$251.21 |
| 4/14/2025 | 139887 | Medicaid GA | Electronic Funds Transfer (EFT) | 055827867 | \$1,453.74 |
| | 139973 | VA FEE BASIS PROGRAM GA | Automated Clearing House | 2369788 | \$879.55 |
| | 140971 | Self Pay | Check | CK 7802 | \$10.00 |

| | | | | | |
|-----------|--------|-----------------------------------|-------------------------------|----------------------|----------|
| 4/15/2025 | 139609 | MEDICARE GA | Automated Clearing House | 810795242 | \$908.25 |
| | 139814 | AMERIGROUP- GA MEDICAID CMO | Automated Clearing House | 3269257213 | \$560.64 |
| | 139946 | HUMANA GOLD CHOICE HMO - Medicare | Automated Clearing House | 156947685250416 | \$807.87 |
| | 139947 | HUMANA GOLD CHOICE HMO - Medicare | Automated Clearing House | 156947686250416 | \$298.95 |
| 4/16/2025 | 139559 | Aetna Medicare | Automated Clearing House | 882510001088248 | \$249.75 |
| | 139608 | Aetna Medicare | Automated Clearing House | 882510101081420 | \$446.58 |
| | 139795 | MEDICARE GA | Automated Clearing House | 810808214 | \$834.02 |
| | 139958 | Healthy Blue + Medicare | Automated Clearing House | 3269387925 | \$456.63 |
| 4/17/2025 | 140221 | UNITED HEALTH CARE | No Payment (Information Only) | W319809788 | \$0.00 |
| | 140297 | HUMANA GOLD CHOICE HMO - Medicare | Automated Clearing House | 157081368250418 | \$532.34 |
| | 141953 | Cigna | Check | CK#364914184 4/17/25 | (\$8.05) |
| | | Clear Spring Health | Check | CK#364914184 4/17/25 | \$402.63 |
| 4/18/2025 | 140282 | UNITED HEALTHCARE MCR ADV | Automated Clearing House | T1461845 | \$359.32 |
| | 140872 | UNITED HEALTHCARE MCR ADV | Automated Clearing House | T1385930 | \$450.20 |
| | 140972 | Self Pay | Check | CK 1433 | \$50.00 |
| 4/21/2025 | 140609 | Self Pay | Cash | 00231893 | \$100.00 |
| 4/22/2025 | 140374 | MEDICARE GA | Automated Clearing House | 810834236 | \$463.80 |
| | 140376 | TRICARE FOR LIFE | Automated Clearing House | 2512757581 | \$220.12 |
| | 140705 | AETNA HEALTH PLANS- ALL | No Payment (Information Only) | 992511101022538 | \$0.00 |
| | 140706 | AMERIGROUP- GA MEDICAID CMO | Automated Clearing House | 3269868097 | \$521.28 |
| | 140856 | BCBS GA | No Payment (Information Only) | 9041720608 | \$0.00 |

| | | | | | |
|-----------|--------|-----------------------------------|---------------------------------|-----------------------------|------------|
| 4/23/2025 | 139145 | Creditors Bureau Associates | No Payment (Information Only) | March2025 collections batch | \$0.00 |
| | 140375 | UNITED HEALTHCARE MCR ADV | Automated Clearing House | T1657488 | \$436.62 |
| | 140707 | MEDICARE GA | Automated Clearing House | 810842015 | \$392.79 |
| 4/24/2025 | 140633 | Medicaid GA | Electronic Funds Transfer (EFT) | 055835076 | \$3,661.71 |
| | 140704 | UNITED HEALTHCARE MCR ADV | Automated Clearing House | T1752559 | \$354.84 |
| | 140827 | MEDICARE GA | No Payment (Information Only) | 324010032 | \$0.00 |
| | 140954 | AMERIGROUP- GA MEDICAID CMO | Automated Clearing House | 3270133040 | \$590.49 |
| | 141190 | UNITED HEALTH CARE | Automated Clearing House | 11239784243 | \$134.45 |
| | 141954 | Self Pay | Check | CK#1207 4/24/25 | \$897.10 |
| | | | | | |
| 4/25/2025 | 141090 | Cigna | No Payment (Information Only) | 250423190195945 | \$0.00 |
| | 141130 | HUMANA GOLD CHOICE HMO - Medicare | Automated Clearing House | 157666796250426 | \$241.56 |
| 4/26/2025 | 141165 | HUMANA INSURANCE COMPANY | Automated Clearing House | 157744403250427 | \$331.23 |
| 4/28/2025 | 140828 | Aetna Medicare | Automated Clearing House | 882511201058448 | \$527.71 |
| 4/29/2025 | 141129 | MEDICARE GA | Automated Clearing House | 810873582 | \$183.40 |
| | 141260 | CARESOURCE | No Payment (Information Only) | 274043769 | \$0.00 |
| | 141406 | AMERIGROUP- GA MEDICAID CMO | Automated Clearing House | 3270488682 | \$329.85 |
| 4/30/2025 | 141362 | MEDICARE GA | Automated Clearing House | 810881477 | \$455.27 |
| | 141412 | Clear Spring Health | No Payment (Information Only) | NON-PAYMENT | \$0.00 |
| | 141413 | THE LOOMIS COMPANY | No Payment (Information Only) | NON-PAYMENT | \$0.00 |



ACCOUNT #
CT00021

STATEMENT DATE
05/14/2025

AMOUNT DUE
\$100.00

Levy County Board of Commissioners
PO Box 3220 Hinesville, GA 31313-2330
844-399-6379
teamb@temsconsultants.com

ADDRESSEE

JAMES LANG SR.
14 ICENIC TRAIL E
APT 2
LAKEVILLE, MN 55044-9599

PLEASE REMIT TO

Levy County Commissioners
PO BOX 2330
Hinesville, GA 31313 - 2330

☐ IF YOUR ADDRESS OR INSURANCE INFORMATION HAS CHANGED, PLEASE INDICATE THE CHANGES ON THE REVERSE SIDE AND RETURN TO OUR OFFICE

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT



Messages

FOR BILLING QUESTIONS PLEASE CONTACT OUR OFFICE AT 844-399-6379

STATEMENT

| Invoice | Date | Description | Charges | Payments/ Adjustments | Patient Responsibility | Balance |
|----------|------------|---|--|-----------------------------------|---------------------------------|----------|
| LBC01022 | 02/02/2002 | Service Provided by Levy County EMS Patient: James Tiberius Lang Jr. Guarantor: James Tiberius Lang Sr. Transported from: ImageTrend Transported to: Carter Memorial Hospital Currently billing: Self Pay as of 04/01/2002 (A0428) BLS Non-Emergency (A0425) Mileage | \$722.00 \$226.00 (113 @ \$2.00) | | | |
| | 03/22/2002 | Medicare | | Payment PR2* | \$303.24 | \$100.00 |
| | | Self Pay | | CO45* Payment PR2* CO45* | \$318.76 \$104.00 | \$22.00 |
| | 05/12/2002 | Medicare | | Payment CO45* | \$100.00 \$101.12 \$19.13 | |
| | | Payment plan, 1 payments remaining | | | | \$439.64 |

| Current | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days |
|---------|--------------|--------------|---------------|---------------|
| \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$439.64 |

| Amount Due | |
|----------------------|-----------------|
| Outstanding Balance: | \$439.64 |
| Payment Plan Amount: | \$100.00 |
| Total Due: | \$100.00 |

*PR2: Patient Responsibility; Coinsurance Amount

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

ABOUT YOU:

| | | |
|---|---|-----|
| YOUR NAME (Last, First, Middle Initial) | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| TELEPHONE () | MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced | |
| EMPLOYER'S NAME | | |
| EMPLOYER'S ADDRESS | | |
| CITY | STATE | ZIP |

ABOUT YOUR INSURANCE:

| | | |
|--|--|-----------------------|
| YOUR PRIMARY INSURANCE/MEDICARE/MEDICAID | | EFFECTIVE DATE |
| PRIMARY INSURANCE COMPANY'S ADDRESS | | TELEPHONE () |
| CITY | | STATE ZIP |
| POLICY HOLDER'S ID NUMBER | | GROUP PLAN NUMBER |
| YOUR SECONDARY INSURANCE COMPANY'S NAME | | EFFECTIVE DATE |
| SECONDARY INSURANCE COMPANY'S ADDRESS | | TELEPHONE () |
| CITY | | STATE ZIP |
| POLICY HOLDER'S ID NUMBER | | GROUP PLAN NUMBER |

MEDICARE PATIENTS

In order to submit your claim to Medicare please sign the back of this statement and mail to the remit address on this statement. If you qualify under Medicare Part B please contact our Account Services department. We file and accept assignment on covered and medically necessary Medicare Part B claims.

MEDICAID PATIENTS

Non-Emergency transports require prior approval from Medicaid. You are responsible for the bill if Medicaid denies the claim for ineligibility and non-covered services. Contact our Account Services Department if you are eligible under Medicaid.

OTHER INSURANCES

If you have health insurance that may cover this claim please complete the section below entitled "Assignment of Claim and Authorization" and return in the provided envelope. If the insurance company will remit payment directly to Levy County, we will file your insurance claim.

You may be responsible for the payment and all deductibles, co-payments, balances, or denied claims as allowed under applicable State and Federal statutes.

ASSIGNMENT OF CLAIM AND AUTHORIZATION – PROVIDER INSURANCE INFORMATION

I request that payment of authorized Medicare, Medicaid and/or commercial insurance benefits be made either to me or on my behalf to Levy County for any services furnished to me by that supplier, I authorize any holder of hospital or medical information about me to release to the Health Care Financing Administration and its billing agents and carriers as well as to Levy County any information or documentation needed to determine these benefits or the benefits payable for related services. I agree to immediately remit any payments that I receive directly from insurance or any source whatsoever for the services provided to me, and I assign all rights to such payments to Levy County. I authorize Levy County to appeal payment denials or other adverse decisions on my behalf without further authorization. I understand that this authorization may be used by the supplier for all services now, in the past, and in the future until such time as I revoke this authorization in writing. A copy of this form is as valid as an original.

Signature: _____ **Date:** _____



TEMS Billing and Consulting Refund Request

Ambulance Service Name:

Date of Request:

Patient Information

Patient Name:

SEND REFUND TO:

Refund Information (Attach Payment Documentation)

Amount Paid: _____ Payor : _____

Amount Paid: _____ Payor: _____

Amount Paid: _____ Payor: _____

Full or Partial Refund? _____ Amount to be Refunded: _____

Reason for Refund:

Requested By: _____

Date: _____