EMERGICON
emergency medical billing

Proposal for City of San Marcos

Proposal

EMS Billing & Collection Services

SAN MARCOS

SUBMITTED BY

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SUBMITTED TO

Jill Rosales
EMS Chief
City of San Marcos
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512.743.8026

DATE

6/11/2026

6/11/2026

Jill Rosales
City of San Marcos

Dear Chief Rosales:

Thank you for speaking with me about San Marcos Emergency Medical Services need for EMS Billing Services. EMERGICON is a Texas-based company whose sole business is providing emergency medical transport billing and collection services. We have prepared the enclosed proposal describing our proven approach to meeting San Marcos EMS needs.

EMERGICON was founded in 2006 to help EMS providers improve their collections while maintaining compliance. Today, we serve as a true partner with nearly 200 clients throughout the state. We manage documentation, compliance, and changes in the law as well as payer relationships—far beyond a simple billing role. Many billing companies become complacent over time, but we maintain an unwavering focus on bettering the lives of our clients and the patients they transport, as evidenced by our proven track record of maximizing collections, maintaining data integrity, and providing timely and transparent financial reporting.

EMERGICON's key to success lies in our commitment to conducting payer research that gets the bill to the correct payer with complete and accurate patient information and following up every 30 days on open claims. We rely on a team of human claims reviewers—not computers—to read and code EMS charts, ensure that every claim and payer response is complete and accurate, and pursue each of those claims for maximum reimbursement.

Since 2006, our proven processes have increased reimbursements for every one of our Texas clients. Based on our knowledge of the City, comparable cities, and industry trends, **we anticipate cash collections of $3,226,500 and cash per transport (CPT) of $633.**

Our exclusive focus on Texas allows us to specialize in the nuances of Texas billing and payors specific to Texas while working with residents of Texas on their bill. At the same time, our local presence allows us to know and interact with the clients we serve personally.

Thank you in advance for considering our proposal. We look forward to meeting with you soon to discuss EMERGICON's qualifications and ability to partner with the City.

Sincerely,

Christopher Turner
Founder & CEO
cturner@emergicon.com
972-602-2060 ext.400

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About EMERGICON

Company History and Experience

EMERGICON was founded in 2006 to help EMS providers improve their collections while maintaining compliance. We partner with nearly 200 clients throughout the state, managing documentation, compliance, regulatory changes, and payer relationships—far beyond a simple billing role. Many billing companies become complacent over time, but we maintain an unwavering focus on bettering the experience of our clients and the patients they transport.

Compared to our competitors, we devote more resources to the aspects of EMS billing that genuinely make a difference: payer research and claims follow-up. Most EMS billing companies cut corners on key aspects of their service by outsourcing functions overseas, relying too heavily on technology, and attempting to automate payer research and claims follow-up. Such shortcuts result in poor outcomes, namely higher write-offs, poor cash collections, and dissatisfied patients. EMERGICON's key to success lies in our commitment to conducting payer research that gets the bill to the correct payer with complete and accurate patient information and following up every 30 days on open claims. We rely on our experienced team members—not computers—to read and code EMS charts, ensure that every claim and payer response is complete and accurate, and pursue each of those claims for maximum reimbursement.

Our exclusive focus on Texas allows us to specialize in the nuances of state-specific billing and collections. At the same time, our local presence allows us to know and interact with the clients we serve personally. Our clients readily attest to our commitment to providing the highest level of service and record-setting cash collections. Over the past 20 years, our proven processes have increased reimbursements for every one of our Texas clients by an **average of more than 30%**.

Differentiators

We deliver significant, measurable results year after year, and we attribute our success to the following competitive advantages:

- **We are experts in Texas EMS billing and collections.**
  As a Dallas-based company, **EMERGICON speaks Texan**. Our Texas-based employees are experts in state-specific EMS billing and collections because we serve only Texas providers. Each state has its own rules regarding EMS billing, so by specializing in Texas, we ensure full familiarity with the intricacies of requirements within Texas. We draw on this expertise to avoid improper filings and optimize our clients' reimbursements and collections.

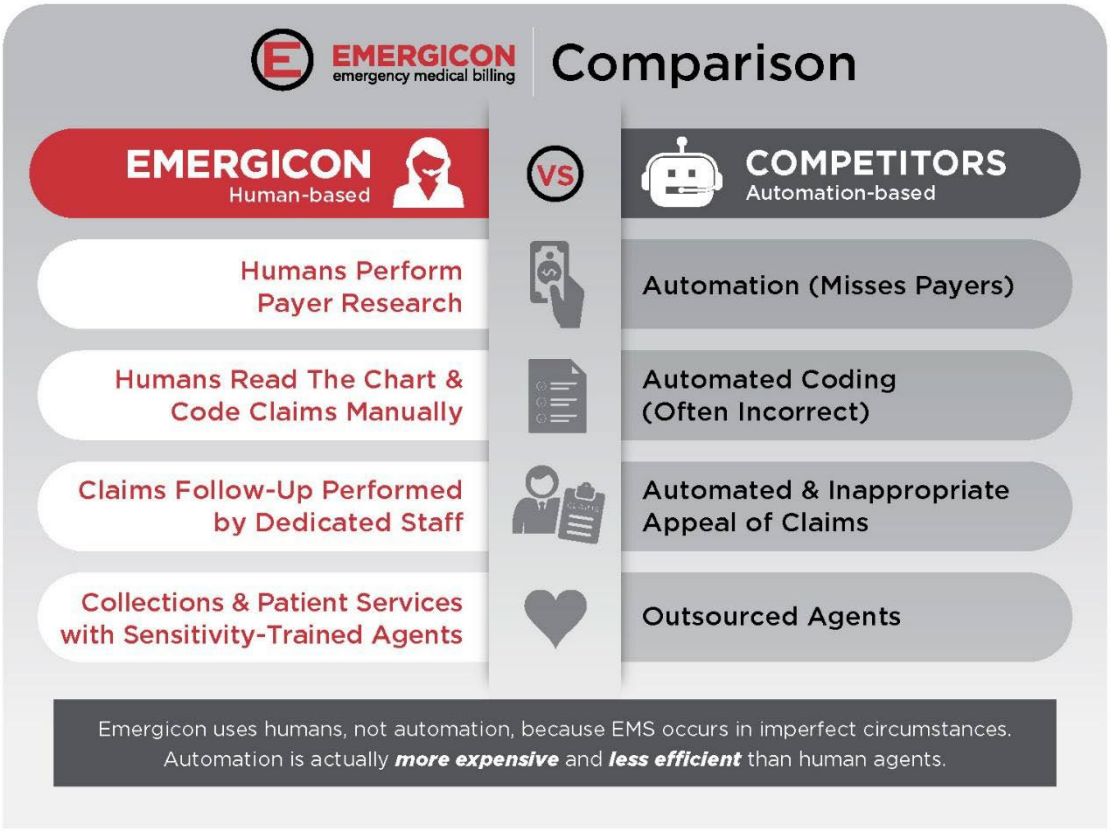
- **We rely on a team of human claims reviewers—not computers.**
  We devote more resources to the aspects of EMS that genuinely make a difference: payer research and claims follow-up. Most billing companies cut corners on key aspects of their service, either by outsourcing functions overseas or by relying too heavily on technology and attempting to automate payer research and claims follow-up. Such shortcuts result in poor outcomes, namely higher write-offs, poor cash collections, and dissatisfied patients. EMERGICON's success lies in our ability to avoid such mistakes. Our highly qualified staff is committed to conducting payer research that gets the bill to the correct payer with complete and accurate patient information and following up every

30 days on open claims. **We rely on our experienced team members—not computers—to read and code EMS and NIFRS charts, ensure that every claim and payer response is complete and accurate, and pursue each of those claims for maximum reimbursement.**

- **We provide superior service and transparency.**
  Our clients are our best referral source. They attest to our commitment to the highest level of service and record-setting cash collections. We provide each of our clients with **24/7 online access** to view claim status and our billings and collections performance. Additionally, we provide our clients with Executive and Management Summaries that highlight claims activity and are ready to present to your management team.

- **We engage in extensive provider credentialing.**
  We credential EMS providers with an average of more than 200 payers—far more than any of our competitors do. This credentialing allows for reimbursement from sources that are otherwise overlooked, such as smaller payers with little understanding of EMS claims.

In addition, EMERGICON is a member of the Texas EMS Alliance and the ACA International (The Association of Credit and Collection Professionals) and is a bonded collection the City (#5245495) in the State of Texas.



Scope of Services

EMERGICON's approach encompasses the full lifecycle of EMS revenue cycle management, including patient information capture, claim preparation and submission, collections management, reporting, and system integration. Our team reviews patient care documentation to ensure completeness and compliance prior to claim submission and manages the entire billing process from initial payer identification through reimbursement follow-up and resolution of outstanding claims.

Scope

- **EMS Billing, Claims Coding and Submission, and Insurance Verification**
  Preparation and submission of claims to Medicare, Medicaid, commercial insurers, and responsible parties using industry-standard EMS billing practices. Each claim is reviewed by experienced billing specialists to ensure accuracy and compliance with payer requirements.

- **Collections, Payment Posting, Appeals, and Denial Management**
  Ongoing monitoring of claim status, denial management, and persistent follow-up with payers to maximize reimbursements and reduce outstanding accounts.

- **Compliance Oversight and Documentation Review**
  Manual review of patient charts and documentation to ensure completeness, proper coding, and compliance with federal and state billing requirements.

- **Patient Account Services**
  Customer service support for patients and responsible parties, including payment arrangements and inquiries related to billing statements.

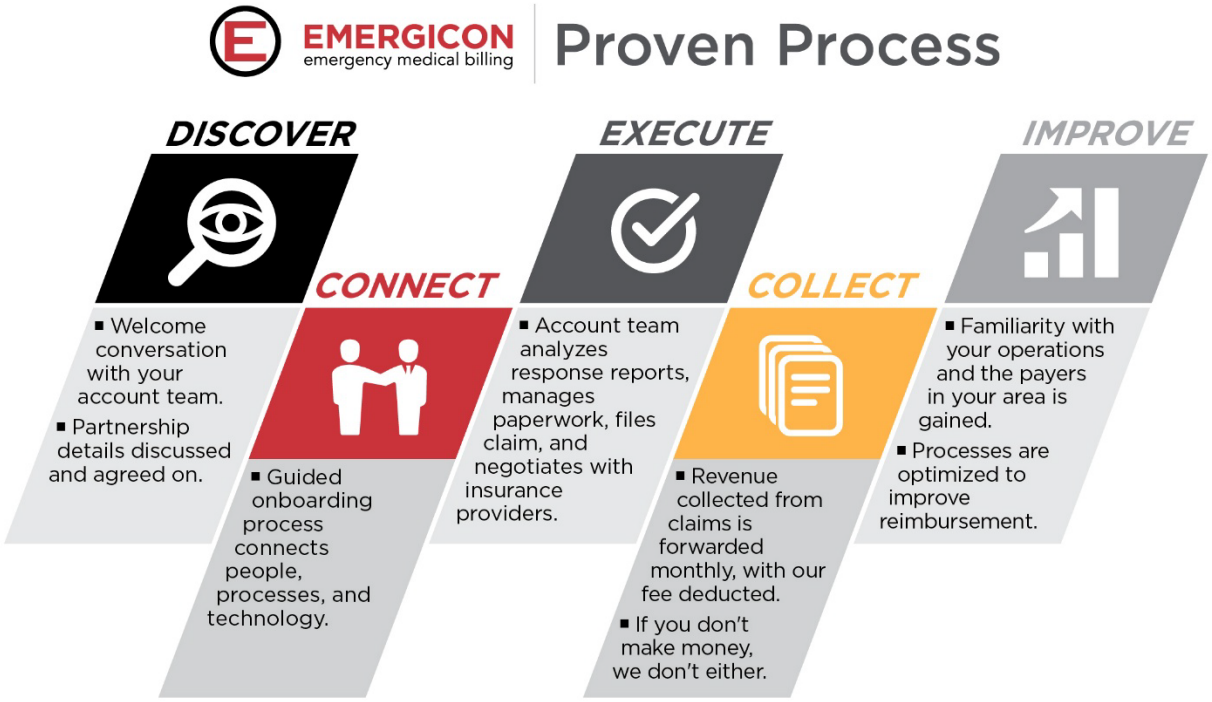
- **Reporting and Analytics**
  Detailed operational and financial reporting, including run reports, month-end financial summaries, payer mix analysis, and analytics to support departmental planning and performance improvement.

- **Training and Operational Support**
  Ongoing training for field personnel and administrative staff to improve documentation quality and optimize reimbursement outcomes.

- **Value-Added Services**
  Processing of attorney requests, Medicare renewals, Medicaid revalidations, compliance education, and annual fee schedule and payer mix analysis.

Outcomes

- Faster billing cycles and improved revenue recovery
- Increased collection rates through proactive claim follow-up
- Enhanced compliance with federal and state billing requirements
- Improved documentation practices among EMS personnel
- Reliable reporting and analytics to support departmental decision-making



Claims Billing Process

EMERGICON's standardized, end-to-end EMS revenue cycle workflow is grounded in two decades of experience and proven, patented processes.

- **Claim Import**
  The EMERGICON billing process begins the day after the transport occurs. Runs (transports) are systematically imported from the client's ePCR system. ESO Billing Software timestamps any record and then imports the claim. We ensure the dates are verified and compare the claim to any available dispatch log for the day.

- **Insurance Eligibility Verification**
  Patent No. 1407-003USU1
  EMERGICON initiates pre-billing immediately upon receipt of the ePCR/transport record. We request face sheets, payer information, demographics, and any other missing data from the receiving facility, using the fastest available channel (e.g., fax, phone, secure mail). We then follow a time-bound escalation workflow to obtain and validate claim-critical data quickly. If information is not received within 24 hours, an EMERGICON team member contacts the facility directly; if it is not received within 48 hours, we resend the request and follow up repeatedly until the required elements are secured or the City authorizes an alternative path (e.g., proceed with available fields and document the exception).

  Where data is incomplete, inconsistent, or delayed, we apply a limited-data, probabilistic verification approach to reduce downstream rejections and denials. In practice, this means we (1) normalize and cross-check identifiers and payer fields, (2) flag missing or conflicting items that are likely to affect eligibility/coverage and timely filing, and (3)

document assumptions and outstanding items for resolution prior to claim submission. This approach is designed to operate reliably in the same "high-paced, limited data" conditions that municipal EMS agencies face during intake and hospital handoff. Our approach to rapid retrieval, heuristic handling of incomplete inputs, and generation of a usable summary for operational decision-making is protected by a patent.

- **Claim Coding and Electronic Claim Submission**
  Patent No. 1407-003USU1
  Each transport is converted into a clean, compliant claim through a standardized workflow that emphasizes accuracy, payer-specific requirements, and auditability. Our technology systematically estimates charges, and then every claim is reviewed by for completeness, coded, validated, and submitted electronically through our clearinghouse in accordance with San Marcos Fire Department approved policies and fee schedule.

  EMERGICON electronically submits claims to all known and applicable payers, including Medicare, Medicaid, commercial insurance, auto insurance, workers' compensation, and attorney/third-party payers. Claims are submitted in the payer-specified transaction format and routing, and we conduct pre-submission claim audits (e.g., required fields, coding/coverage logic, and payer-specific submission rules) to reduce rejections, speed acceptance, and minimize avoidable denials. When payer identification or coverage details are incomplete at the time of billing, we document the data gap, submit in accordance with payer rules and THE CITY direction, and continue verification and correction activities to support timely and accurate adjudication.

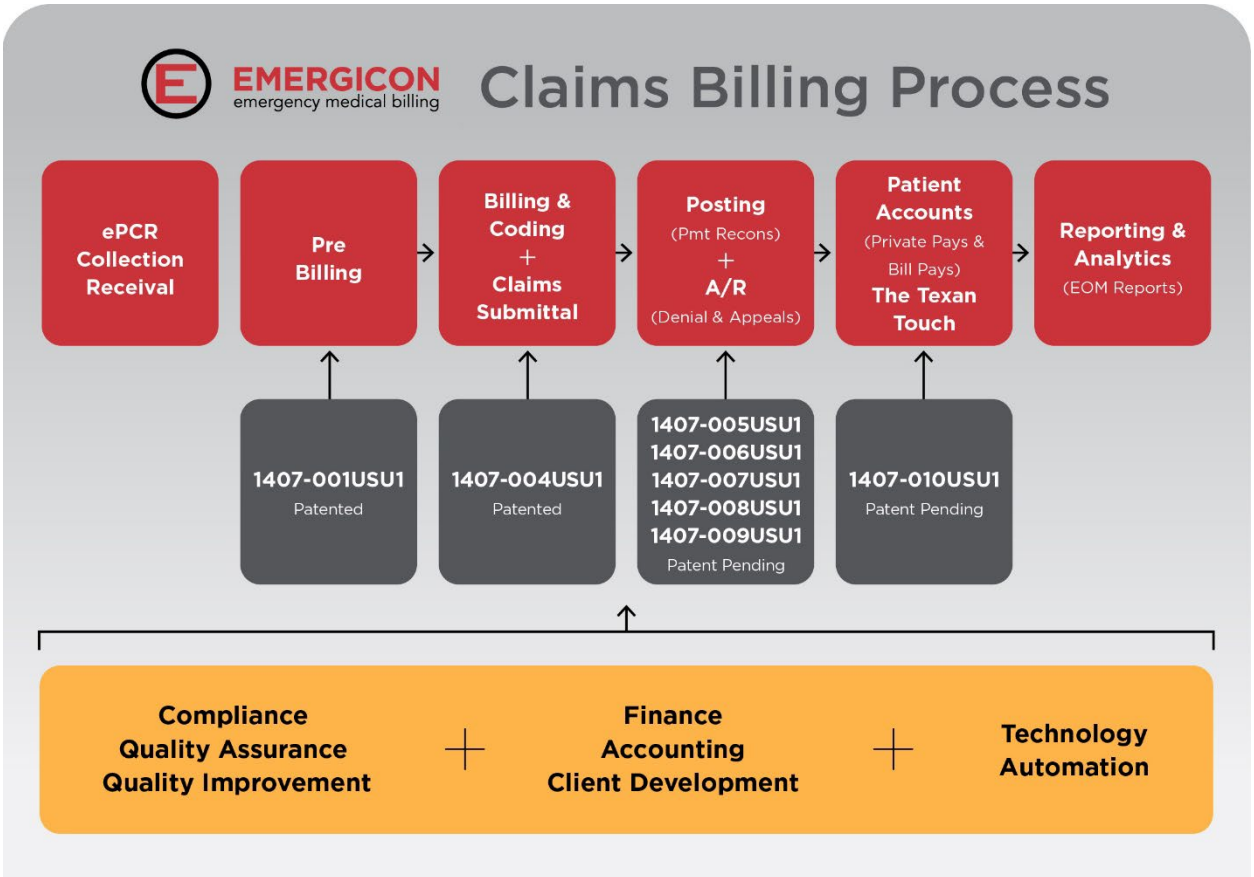
- **Accounts Receivable Management and Insurance Follow-Up**
  Patent Application No. 1407-007USU1
  Our accounts receivable process focuses on resolving unpaid or underpaid claims as quickly as possible while maintaining consistent follow-up with insurance carriers. Our teams review aging reports, contact payers for claim status, correct claim errors, and manage denial and appeal processes. Secondary or tertiary payors are billed as appropriate per the patient's benefits. The technology supporting these workflows, described in our pending patent applications (including 1407-007USU1), analyzes historical claim outcomes, payer behavior, and account attributes to help prioritize claims and guide follow-up strategies. Our system uses predictive classification models to identify which claims require immediate attention, thereby helping our specialists focus on the accounts most likely to benefit from intervention. This combination of experienced claim management and advanced analytics accelerates reimbursement and reduces aging balances.

- **Payment Posting and Reconciliation**
  Patent Application Nos. 1407-005USU1 and 1407-006USU1
  Our cash application process ensures that all payments—whether received electronically, through lockbox services, or via credit card—are accurately posted and reconciled. Payments are processed in structured batches and validated through automated reconciliation and review procedures. Our technology platform incorporates proprietary methods that analyze financial transaction data across multiple payment formats, normalize the data, and identify discrepancies that may require review. These systems help detect posting errors, reconcile remittance data, and support accurate financial reporting. Our combination of experienced financial specialists and advanced

data-processing technology ensures that payments are applied correctly and discrepancies are resolved quickly.

Claims that are denied or partially paid are moved to an appeals process, which may have multiple stages depending on the reason for denial. Most denials require additional documentation to substantiate the claim on appeal.

- **Patient Account Management and Patient Communication**
  Patent Application Nos. 1407-008USU1 and 1407-010USU1
  Our patient account management process combines responsive patient support with technology designed to improve financial outcomes and the patient experience. Our team manages patient inquiries, payment activity, insurance updates, and account follow-up through an integrated workflow that tracks each patient account as a structured profile within our system. Using technology described in our pending patent applications, our platform analyzes patient account data, interaction history, and payment behavior to predict likely outcomes and guide the next steps in patient communication. Our platform dynamically adjusts payment options, information requests, and communication prompts based on real-time data. This approach helps ensure that patients receive clear guidance and flexible payment options while allowing our team to resolve accounts efficiently and professionally.



Integration

As a Platinum Partner with ESO, EMERGICON integrates seamlessly with ESO Solutions and other ePCR solutions. EMERGICON and ESO have worked together for more than a decade to support Texas municipal EMS agencies, providing a reliable process for exporting patient care data directly from the ePCR system into the billing workflow.

Through this integration, patient care reports generated in ESO are securely exported to EMERGICON for billing review and processing. Patient demographic and billing information captured during prior encounters is retained within the system and available for future transports. The integration accelerates billing cycles, reduces manual data entry, and improves the accuracy and completeness of claims submissions.

Team-Driven Approach

We adopt a team approach to billing and collection services. In that respect, all 100+ employees are dedicated to EMS billing. Our superior service stems from our focus on Texas-specific EMS billing practices and the deep experience of our leadership team. EMERGICON's professionals have nearly 100 years of combined experience in EMS, medical, fire, and hazmat billing and coding.

Our staff is trained to provide the utmost service and support, including multilingual services. EMERGICON's employees are fully trained and certified in ambulance billing, coding, compliance, documentation, and HIPAA. Many of our team members are certified by the National Academy of Ambulance Compliance (NAAC).

CAC Certified Ambulance Coder | CACO Certified Ambulance Compliance Officer | CAPO Certified Ambulance Privacy Officer | CADS Certified Ambulance Documentation Specialist

Our employees are our greatest strength, so we consistently provide our team members with professional development opportunities. We frequently send staff members to the Texas EMS Conference, Texas Ambulance Association conference, Texas EMS Alliance, ESO Wave, and NAAC's abc360 conference to stay abreast of best practices and developments in the industry.

Team-Driven Approach

EMERGICON's carefully honed, team-driven approach to ensure that nothing is overlooked. Most of our team members contribute primarily to Pre-billing, Billing Patient Accounts, Accounts Receivable, and Cash Applications. In addition to the duties listed below, each team is responsible for documenting lessons learned and continually providing information to better serve our clients.

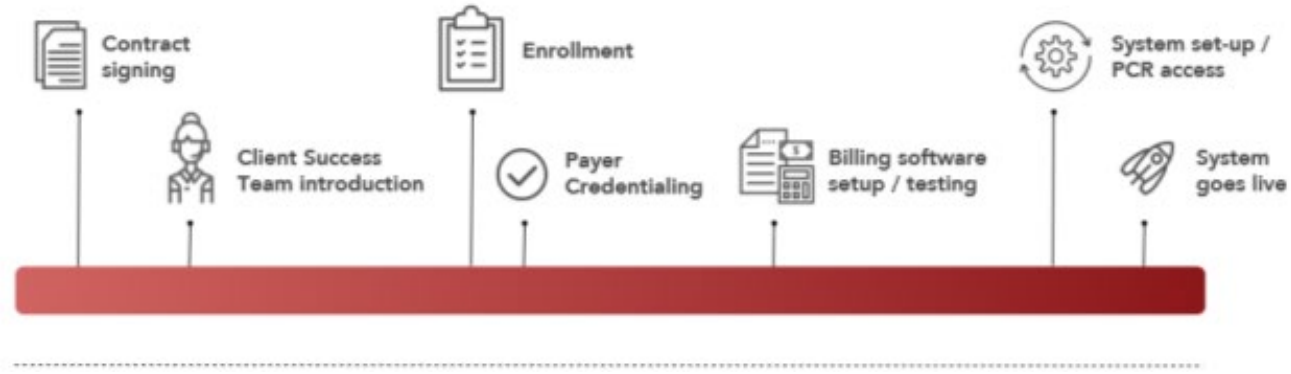
Pre-billing	Billing	Patient Accounts	Accounts Receivable (A/R)	Cash Applications

Verification of Patient Demographics
• Retrieve patient information from import
• Verify patient demographics
• Utilize TLO
• Accurately determine correct insurance
• Review face sheet
• Search for correct insurance
  ○ Run patient through payer websites
  ○ Send face sheet requests
  ○ Call hospital
 	
Adding Correct Payer/Payers
• Verification of benefits
• Enter correct payer code
• Update patient chart notes in ESO
 	
Rejections/Denials
• Correct rejections from clearinghouse
• Correct denials sent from other internal teams
	Imports
	• Import claims into ESO via automation or manual (ImageTrend, STRAC, Sansio, ESO, etc.)
	• Match claim to patients previously imported or create a new chart
	
	Coding/Charge Entry
	• PCR review to verify patient information and medical necessity
	• Conduct payer review based on destination (H to H, H to N, etc.)
	• Diagnose and code run
	• EmergiNet 2 (E2) review for special circumstances
	• Review fee schedules
	
	Rejections/Denials
	• Correct rejections from clearinghouse
	• Correct denials sent from other internal teams
	
	EOM Close
	• Enter charges to reconcile client information
	• Verify any discrepancies notify IT or client, if necessary
		Inbound Calls
		• Answer patient statement inquiries
		• Field complaints from patients
		• Obtain updated patient insurance from patients/insurance companies
		• Process patient and insurance payments
		• Attorney office calls
		
		Outbound Calls
		• Call patients with outstanding balances
		• Patient follow-up when requested by other departments or clients
		• Credit card payment follow-up (expired recurring cards or declined payments)
		
		Patient Items
		• Skip tracing by utilizing TLO to obtain patient information for return mail
		• Medicaid scrub for eligibility
		• Collections review before sent to outside collections agencies
			Follow-up on Unpaid/Underpaid Claims
			• Run aging reports to resolve aged claims with balances
			• Call insurance companies to obtain status
			• Utilize websites for status
			• Resolve denials
			• Complete insurance medical records requests
			• Submit appeals/reconsiderations
			
			Rebilling Claims
			• Correct payer and send claim to correct payer
			• Correct coding (i.e. modifiers), if necessary
			
			Rejections/Denials
			• Correct rejections from clearinghouse
			• Correct denials sent from other internal teams
			• Timely follow up with insurances on denials/non-payment of claims
			
			EOM Close
			• Close any open transactions
			• Pull recoup information for Cash Applications Dept
				Cash Application Duties
				• Post manual and electronic payments
				• Process batches and utilize correct payment transaction type
				• Process credit card payments (patient and insurance)
				• Post refunds
				• Research and resolve deposit and/or posting discrepancies
				
				Lockbox Duties
				• Sort daily lockbox mail
				• Scan and process daily lockboxes and batches
				• File and deposit daily lockbox files
				
				Reconciliation
				• Perform reconciliations to the banks
				• Lockbox reconciliation
				• Interface with clients for provider reconciliation
				
				EOM Close
				• Reconciliation and posting of open items

Implementation Plan

Onboarding

EMERGICON provides all new clients with a Client Success Specialist and Account Manager who will guide you through the onboarding process and serve as your primary point of contact. Our implementation timeline for EMERGICON's EMS billing services typically requires only 45–60 days for agencies that are currently operating. For start – up agencies the timeline usually requires more time. Our timeline includes setup with Medicare and Medicaid, and we will also take care of all revalidations, ensuring that you are credentialed with all payors.



Onboarding begins as soon as contracts are signed and executed, and includes the following training:

- ePCR setup
- ShareFile training
- Documentation training

After your official "Go Live" date, EMERGICON will ensure your runs are received and will begin the billing process. Your Client Success Manager will be in regular contact to answer any questions that arise.

As part of EMERGICON's elevated reimbursement efforts, we establish the following during your onboarding to save you time, labor, and cut your overhead expenses:

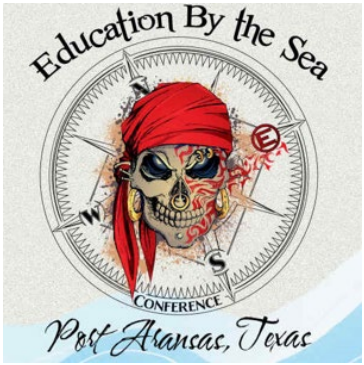
- In-house lockbox servicing for commercial payors at no additional cost to you (optional)
- Take the work out of check cashing and remittance processing for your the City.
- Insurance website establishment/maintenance
- EFT/direct deposit establishment and banking updates with insurance payors for higher reimbursement, collection rates, and more payments located.
- Electronically delivered remittances for 400+ insurance providers for faster payments into a bank of your choice and shortened days in AR ("filed" to "paid" timeframe)
- We can put emphasis on billing and collection efforts with automatic remittance delivery in place – most commercial insurances pay within 30-45 days with this model.
- Electronic claims filing for faster run processing.
- Drastic reduction in the wait time on claim processing and payment delivery (e.g., Medicare pays within 14 business days with this setup)

Training

We also provide individualized feedback based on chart corrections and trends, and our Director of Compliance and Quality Improvement can share presentations and/or provide additional documentation training as needed. Earlier this year, we launched a new *Lunch and Learn* series, which covers documentation in person to allow EMS crews to see account-level items that are exceptional or have room for improvement. We also encourage EMS crews to pursue Certified Ambulance Documentation Specialist (CADS) certification offered through NAAC.

We offer annual compliance training to our clients at events throughout the year with our contracted legal firm, Page, Wolfberg & Wirth, LLC, The National EMS Industry Law Firm®.

In addition, EMERGICON offers an annual *Education by the Sea Conference* in collaboration with Port Aransas EMS. All clients receive two complimentary admission tickets to attend this event, which provides documentation training and continuing education credits. For more information about the conference, please visit https://emergicon.com/education-by-the-sea/.



We routinely reach out to clients to ensure there are no outstanding questions or concerns, and we offer additional training and resources for our clients as needed at no additional cost.

EMERGICON also helps clients stay informed about regulatory developments through our blog and social media channels, including Facebook and LinkedIn. These communications translate complex regulatory changes into practical guidance for EMS and fire agencies. Examples include our content related to Senate Bill 2476, Mobile Integrated Healthcare programs, and the EMS Finance Explained blog posts.

Customer Service

We pride ourselves on maintaining professional and courteous working relationships with our clients and patients. Our staff is trained to provide the utmost service and support, including bilingual services, as they listen to patients to understand their needs and payment capabilities. As part of our ongoing training, we routinely audit and listen to recorded calls between our staff, patients, and clients. We use these recorded calls, which are available at any time to our client, to provide feedback to our team on their professionalism and accuracy.

EMERGICON's Patient Accounts department, located in Terrell, Texas, works directly with each patient to respond to and resolve all patient inquiries and complaints. Patients have multiple options for contacting EMERGICON. We provide two phone numbers (toll-free 877-602-2060 and 972-602-2060) as well as an e-mail address (billing@EMERGICON.com) for patients. Customer service representatives are available from 8:00 a.m. to 5:00 p.m. CT to assist patients. Voicemail messages are returned by the next business day, and email responses are sent within 24–48 hours.

EMERGICON supports multilingual services, primarily in Spanish. Anyone whose primary language is not English will be connected to the appropriate multilingual employee or will be

served through the use of professional translation software.

Quality Control and Regulatory Compliance

Compliance Program Overview

EMERGICON has deep expertise in state-specific statutes, payer policies, and regulatory requirements. EMERGICON and EMERGIFIRE are members of the Texas EMS Alliance, the Texas Fire Chiefs Association, and the American Collectors Association International. EMERGICON is also a bonded collection the City in the State of Texas (#5245495).

Our compliance program is aligned with the Office of Inspector General (OIG) Compliance Program Guidance for Third-Party Medical Billing Companies and is formally reviewed and updated at least annually to reflect changes in legislation, payer policies, and industry standards. We strictly adhere to requirements established by the Centers for Medicare & Medicaid Services (CMS), Texas Medicaid & Healthcare Partnership (TMHP), the Health Insurance Portability and Accountability Act (HIPAA), and the Texas Workers' Compensation Commission. Our team stays current through ongoing participation in CMS and TMHP training, industry certifications, and continuing education.

EMERGICON maintains ongoing compliance with federal and state requirements through regulatory monitoring, legal partnership, operational updates, and client education. We proactively track regulatory and policy changes, evaluate their impact, and implement updates through a structured process that includes revisions to internal procedures, system configurations, claim edits, and targeted staff training. This approach ensures that billing workflows, documentation standards, and compliance practices remain aligned with current requirements.

Compliance oversight is managed by EMERGICON's Director of Compliance and Quality Improvement, Nicole Rhone, CAPO, CAC, CACO, CADS.

Internal Controls

EMERGICON incorporates internal controls throughout the billing and collections process to support compliance and data integrity, including:

- **Human review of EMS documentation and claims** to ensure proper coding, payer assignment, and claim accuracy
- **Segregation of duties** within billing and collections workflows to maintain oversight and accountability
- **Pre-submission claim audits and validation checks** to identify incomplete or inconsistent data prior to submission
- **HIPAA-compliant processes** governing the secure handling, storage, and transmission of protected health information (PHI)

Monitoring and Quality Control

Our Quality Assurance and Quality Improvement (QA/QI) program includes routine internal and departmental audits to ensure accuracy and consistency. Through continuous quality improvement, we identify trends, address potential claim issues, and implement corrective actions early in the revenue cycle—minimizing downstream denials and reducing reliance on collections.

Monitoring activities include:

- 90-day operational reviews for new clients
- Routine spot-check audits of billing activity
- Monthly screening against the OIG Exclusions List
- Focused claims audits conducted by Page, Wolfberg & Wirth (PWW) LLC, a nationally recognized EMS law firm specializing in healthcare compliance

All claims are reviewed, coded, and submitted electronically via the MD Online clearinghouse, with Medicaid claims submitted through its designated portal to expedite processing and reduce denials. Payments, explanations of benefits, remittance advice, and all denial categories are systematically reviewed. Medicare and Medicaid reimbursements are validated against applicable fee schedules, and contractual allowances are applied. Patients receive an Explanation of Benefits that gives them a better understanding of their obligation for payment.

Denied claims are escalated to the Director of Quality Assurance/Quality Improvement for review and resolution. Denial trends are analyzed to inform process improvements and prevent recurrence.

Reporting

EMERGICON provides complete transparency and detailed recordkeeping for all services performed, including invoicing, statements, collections activity, and financial remittance.

Portal Capabilities

Authorized client representatives receive secure login credentials and have 24/7 access to real-time operational and financial data through EMERGICON's web-based reporting portal, where they can:

- View patient account status
- Review billing and filing activity
- Monitor insurance payment data
- Review collections and remittance activity
- Access financial reporting and account details

The reporting portal provides access to both standardized reports and raw data, allowing authorized THE CITY representatives to conduct independent review, reconciliation, and quality assurance activities. For example, authorized users may review current billing runs and historical activity for specified time periods.

EMERGICON's reports support financial oversight and operational transparency. Monthly close reports are typically available by the 6th business day of each month, and monthly collections reports are available by the 15th calendar day of each month.

Standard Monthly Reports

- Balance Summary
- Executive Summary
- Monthly Charge Detail Report
- Monthly Charge Summary Report
- Monthly Credit Detail Report
- Monthly Credit Detail

- Monthly Adjustments Report
- Monthly Refunds (Credit Balance) Report
- Accounts Receivable Aging Report
- Reports of Accounts Prior to Collections
- Monthly Invoice Summary

Annual Reports

- Total Number of Transports
- Total Billed and Collected Amounts
- Year-to-year Comparisons
- Payor Mix Reports (Medicare, Medicaid, Private Insurance, Self-pay)
- Billing and Collections by Payer
- Average Payment per Transport by Payer

In addition, we can create custom reports tailored to San Marcos Fire Department operational needs at no additional charge. Such custom reports could include collection rate analysis, denial tracking and trends, benchmark comparisons, industry standards, and more.

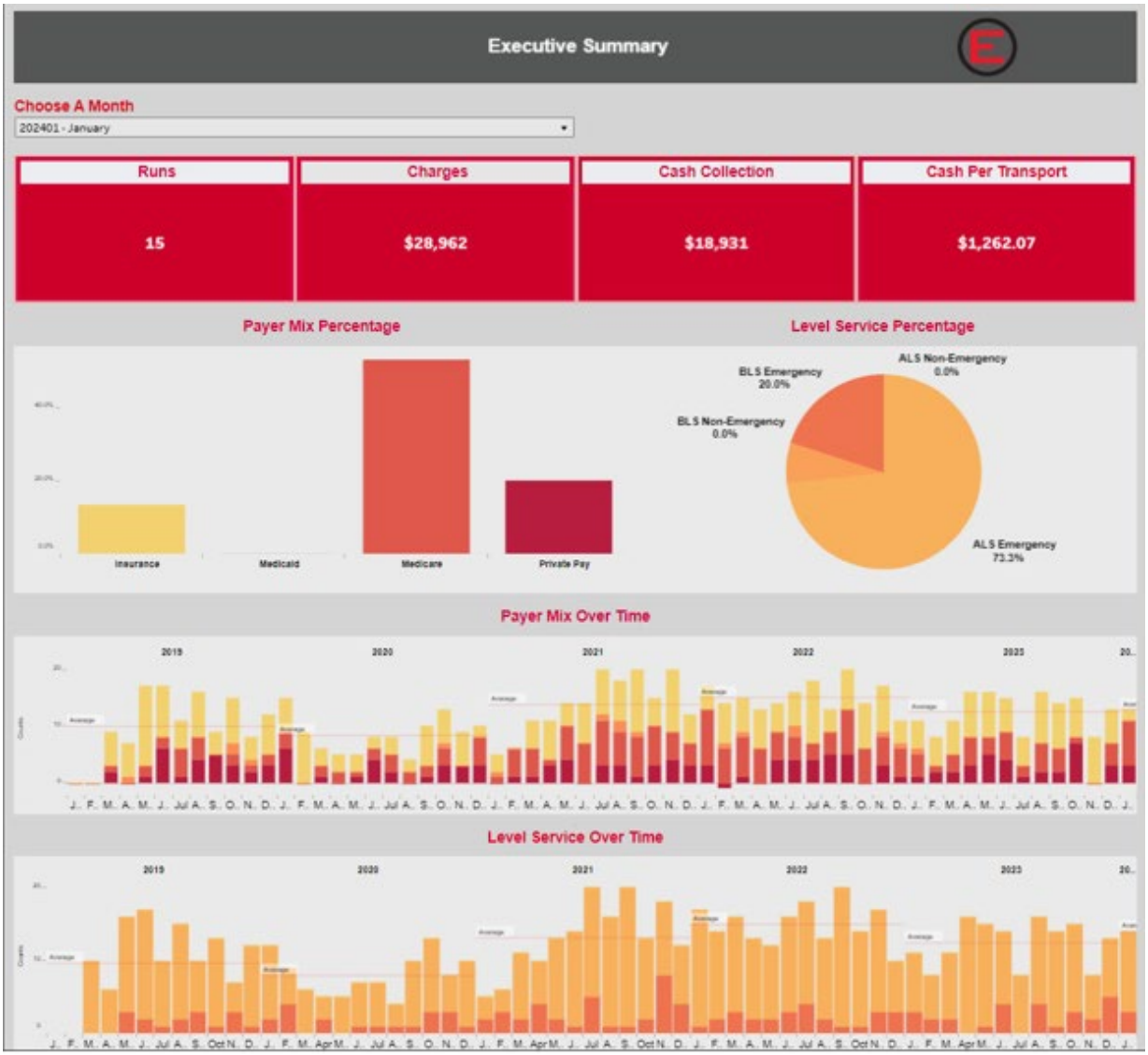
Executive and Management Summaries and Recommendations

EMERGICON provides annual reporting and trend analysis covering a twelve-month period based on either the calendar year or your fiscal year. EMERGICON's Client Success Team prepares Executive and Management Summary reports that are reviewed and approved by EMERGICON leadership before being delivered to the client. This structured review process ensures that EMERGICON leadership continuously monitors program performance and provides guidance to support San Marcos Fire Department financial and operational objectives.

These reports analyze key operational and financial performance metrics:

- Accounts receivable performance
- Billing and reimbursement trends
- Collection activity
- Operational performance indicators

Our team will use these metrics to continually deliver targeted, data-driven recommendations that maintain and improve your EMS collections throughout our partnership with THE CITY.


Executive Summary
Choose A Month
202401 - January
Runs
15
Charges
$28,962
Cash Collection
$18,931
Cash Per Transport
$1,262.07
Payer Mix Percentage
Insurance
Medicaid
Medicare
Private Pay
Level Service Percentage
ALS Non-Emergency
0.0%
BLS Emergency
20.0%
BLS Non-Emergency
0.0%
ALS Emergency
73.3%
Payer Mix Over Time
Level Service Over Time

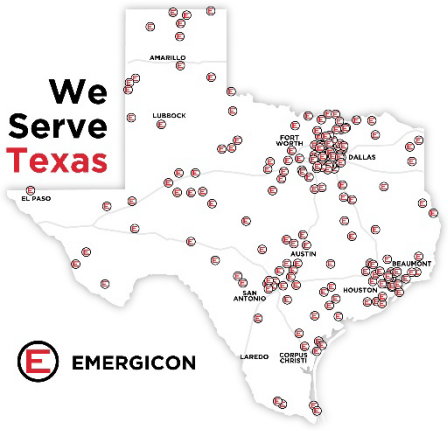
Start Date	End Date	Payer Group	Charge Zone
October 2023	January 2024	(All)	(All)

Executive Summary

	October	November	December	January	Totals
Gross Charges	$29,178	$15,560	$25,734	$28,962	$99,434
Cash Collections	($10,276)	($12,088)	($10,446)	($18,931)	($51,742)
Gross Charge per Trip	$1,945	$1,945	$1,980	$1,931	$1,950
Cash/Txp (CPT)	$685	$1,511	$804	$1,262	$1,015
Payer Mix					
Insurance	47%	100%	46%	13%	45%
Medicaid	0.0%	0.0%	0.0%	0.0%	0.0%
Medicare	6.7%	0.0%	30.8%	53.3%	25.5%
Private Pay	46.7%	0.0%	23.1%	20.0%	25.5%
Payer Research	0.0%	0.0%	0.0%	13.3%	3.9%
Level Of Service					
ALS Non-Emergency	0.0%	0.0%	0.0%	0.0%	0.0%
ALS Emergency	80.0%	75.0%	61.5%	73.3%	72.5%
ALS-2	0.0%	0.0%	0.0%	6.7%	2.0%
BLS Non-Emergency	0.0%	0.0%	0.0%	0.0%	0.0%
BLS Emergency	20.0%	25.0%	38.5%	20.0%	25.5%
SCT A0429	0.0%	0.0%	0.0%	0.0%	0.0%
Facility Base	0.0%	0.0%	0.0%	0.0%	0.0%
Level Of Service Volume					
Total Service Volume	15	8	13	15	51
ALS Non-Emergency TXP	0	0	0	0	0
ALS Emergency TXP	12	6	8	11	37
ALS-2 TXP	0	0	0	1	1
BLS Non-Emergency TXP	0	0	0	0	0
SCT A0429 TXP	0	0	0	0	0
BLS Emergency TXP	3	2	5	3	13
Facility Base TXP	0	0	0	0	0
Others TXP	0	0	0	0	0
Ground Mileage	122	65	116	113	416

Experience and References

As the biggest—and the most trusted—EMS billing and collection service provider in Texas, EMERGICON serves nearly **200** providers of EMS services—far more than any of our competitors. Our geographical service area spans the entire state, and we work with all EMS providers, regardless of size.



We have consistently maintained an exceptional record of performance. EMERGICON has a 95% client retention rate, and many of those client relationships date back to our inception in 2006.

Below we have provided client references for projects that are similar in scope, scope, and complexity to what is being requested by the City of San Marcos. We will provide additional references upon request.

The following client information is confidential and must not be disclosed to third parties without the explicit, written consent of EMERGICON.

Company Name	**San Angelo Fire Department**
Contact Person	Patrick Brody, Fire Chief
Service Dates	2020–Present
Address	306 W 1st St
State & Zip Code	San Angelo, TX 76903
Phone Number	325-657-4355
Email	firechief@cosatx.us

Company Name	**Parker County Hospital District**
Contact Person	Chris Briggs, Deputy Chief
Service Dates	2013–Present
Address	1130 Pecan Dr
State & Zip Code	Weatherford, TX 76086
Phone Number	817-948-3126
Email	chris.briggs@pchdtx.org

Company Name	**City of Lewisville Fire Department**
Contact Person	Brandon Thetford, EMS Division Chief
Service Dates	2021–Present
Address	1187 W. Main St.
State & Zip Code	Lewisville, TX 75067
Phone Number	972-219-3558
Email	mspinuzzi@cityoflewisville.com

Company Name	**Reeves County ESD 1 & 2**
Contact Person	Ronald Lee, Emergency Services Chief
Service Dates	2021–Present
Address	2269 Ocotillo Dr
State & Zip Code	Pecos, TX 79772
Phone Number	432-755-6245
Email	rlee@rcesd.org

We also invite you to read the client reviews, testimonials, and case studies found on our website at https://emergicon.com/why-emergicon/reviews-testimonials.

- Corsicana Fire Rescue: Partnership That Inspires Loyalty
  https://emergicon.com/case-study/corsicana-fire-rescue-partnership-that-inspires-loyalty
- San Angelo Fire Department: A New Ladder Truck for the Fleet
  https://emergicon.com/case-study/san-angelo-new-ladder-truck
- Tri-County EMS: Announcing Station Number Two
  https://emergicon.com/case-study/announcing-station-number-two

Pricing and Revenue Projections

EMERGICON provides an all-inclusive pricing model based on a percentage of net collections. Please note that this commission rate is based on the **recommended fee schedule** below.

Emergicon proposes a commission of six percent (6%) of cash collections for EMS Billing Services.

Although other EMS billing companies may charge a lower commission, they are simply unable to match our total cash collections and cash per transport, and at the end of the day cannot deliver as much value to the City of San Marcos.

	Recommended Fee Schedule for San Marcos
SCT	$2,200
ALS2	$1,800
ALS – Emergency	$1,600
ALS – Non-Emergency	$1,600
BLS – Emergency	$1,400
BLS – Non-Emergency	$1,400
Mileage	$24
ALS Disposables	$400
BLS Disposables	$300
Oxygen	$175
Treatment No Transport	$100

Based on our knowledge of the agency, comparable agencies, and industry data, we anticipate collecting below.

CPT: $633
Cash collections - $3,226,500

The agency will be asked to execute EMERGICON's Service Agreement and Business Associate Agreement.

Additional Services

The following services are outside the scope of standard EMS Billing and Collections, and therefore are not part of our pricing proposal, but may be of interest to THE CITY now or in the future.

TASPP

The Texas Ambulance Supplemental Payment Program (TASPP) is a federally approved supplemental payment program designed to close the gap between the true cost of providing direct EMS to Charity Care patients and current reimbursement levels. A significant shortfall exists between what it costs Texas agencies to provide EMS to charity care patients and the reimbursement payments that are paid, if any. The TASPP is meant to reimburse for a portion of these uncompensated care costs.

EMERGICON aggregates and provides clients with all quantifiable data required for submission to the ASPP. Then the preparation and submission of ASPP forms and documentation to HHSC is performed by a specialized, third-party vendor. Because this service is not handled in-house, we partner with Public Consulting Group (PCG) to prepare and submit the required ASPP documentation.

Our team coordinates with PCG to ensure all required data is properly compiled and transmitted for submission. All data provided by EMERGICON is vetted through the client's Charity Care Policy and formatted to meet the State's required submission standards. We stand behind the integrity of our data and support our clients with any audit or compliance inquiries related to the information provided.

Claims Recovery

In addition to ambulance billing and collections services, EMERGICON offers claims recovery services. EMERGICON turns over every stone and finds money that was overlooked or deemed unrecoverable. Few perform this service because it requires highly trained staff combing through an organization's accounts receivable history to find ambulance bills that are unpaid but lawfully still recoverable from Medicare, Medicaid, insurance companies, or patients.

An effective claims recovery process makes the difference between achieving an average collection rate and an outstanding collection rate. We engage in continuous, ongoing review of outstanding claims to ensure that they are properly paid and resolved. This process is similar

to an accountant looking through your tax filings and discovering the IRS owes you money.

EMERGIFIRE

EMERGIFIRE, a sister company of EMERGICON, offers Fire Recovery Billing services to Texas providers of firefighting, fire suppression, and rescue services. Fire Recovery Billing by EMERGIFIRE recovers the costs associated with motor vehicle accident extrication and hazardous material incident cleanup, as well as structure and industrial fire suppression.

With fire departments nationwide facing increasing costs and decreasing revenues, it's more important than ever to pursue every service charge recovery avenue available. EMERGIFIRE helps fire departments across Texas shift more cost burdens away from taxpayers by aggressively pursuing insurance reimbursements for services rendered for commercial and industrial-related incidents.

Billable fire incident costs include personnel, equipment, and debris removal related to the following:

Insurance carriers have long included fire department service charge recovery clauses in their policies to help pay for costs related to fire incident and first response. Unfortunately, many departments do not have the processes and personnel in place to identify and pursue reimbursement claims for commercial and industrial-related incidents. Thus, they lose out on getting paid, and the financial health of their department suffers.

EMERGIFIRE provides the guidance and expertise you need to take advantage of this readily available revenue stream. You inspect, and we take care of everything else

Here's how it works:

1. **Connect**
   At absolutely zero upfront cost to your department, EMERGIFIRE seamlessly integrates with your existing reporting system to identify and pursue insurance billing opportunities.

2. **Claim**
   Our fire incident and first response billing team handles all paperwork, filing claims with

the insurance company of each incident's responsible party on your behalf. We submit claims within 30 days of pulling the incident from the RMS, and collection relies on the settlement of the claim.

3. **Collect**
   Revenue collected from successful claims is forwarded to your department within two to four weeks. Our fee is deducted from reimbursements received.