

EXHIBIT I  
PROPOSAL FORM: PATIENT CHARGES

1. Patient Charges shall be submitted on this exhibit in **Table A** as is. Proposed patient charges should take into consideration the cost of providing care to indigent patients. No alterations or changes of any kind are permitted. Proposals that do not comply will be subject to rejection in total. The primary means of Contractor compensation is through fee-for-services reimbursement of patient charges.
2. The County has adopted a "bundled" rate for ambulance services with a single base rate, whereby most fees for service are included in the base rate, with the exception of oxygen, mileage, and Treat-No transport; there is no distinction between ALS and BLS base rate. The selected Contractor should be able to operate for six (6) months after contract start date without revenue.
3. The patient charges quoted in **Table A** shall include all taxes and all fees charged to patients or third party payers. Proposals should reflect a bundled rate structure and no other charges for supplies, equipment, or procedures, or other services will be accepted. Contractor shall comply with fee schedule and rates proposed in response to this RFP and negotiated with the County.

Table A - Proposed Charges	
Complete the proposed charge for each item listed below. No other patient charges will be considered.	
BLS Base Rate	\$ 1245.00
ALS Base Rate	\$ 1245.00
Mileage/mile	\$ 24.50
Oxygen	\$ 80.00
Treat, Non-transport rate*	\$ 300.00

\*Treat, Non-transport rate applies to patients who receive a treatment intervention (such as 50% Dextrose) and subsequently refuse transport. Assessment (vital signs, EKG, etc.) does not constitute treatment interventions

Proposer agrees that the prices quoted are the maximum thAT will charge during the term of any contract awarded, with the exception of fee increases based on the consumer price

FIRM: Medic Ambulance Service Inc index.  
SIGNATURE: [Signature]  
DATE: 5/26/10  
PRINTED NAME: Budy Manfredi  
TITLE: President/CEO



**A Proposal To Provide Exclusive ALS Ambulance Service for Napa County**

**Exhibit J- Additional Requirements**

**1. FINANCIAL REQUIREMENTS**

**1.1 Externally audited financial statements for the past three (3) years. Proposers' audited financial statements must be satisfactory, as deemed solely by county, to be considered for contract award.**

Please see Attachment #5 for Medic's Yearly financial statements.

**1.2 Contractor shall provide annually an externally audited financial statement for the entire term of the contact by the 1<sup>st</sup> quarter (October 1<sup>st</sup>), following the end of the county fiscal year.**

Medic Agrees to comply with this request upon award of contract.

**1.3 Estimated amount of start-up capital required to finance administration and ambulance operations for first 90 days of contract. Include the source of this capital and, if any part of it will be borrowed, include verification form a financial institution that your organization is pre-qualified to borrow sufficient funds. Contractor should be able to operate for six (6) months after contract start date without revenue.**

Medic Ambulance's estimated contract start up will cost as follows for 90 Days:

<u>Description</u>	<u>Cost</u>
<u>Personnel</u>	<u>\$772,305.49</u>
<u>Vehicles</u>	<u>\$110,763.87</u>
<u>Med. Supplies</u>	<u>\$88,899.45</u>
<u>Other Costs</u>	<u>\$378,588.99</u>
<b><u>TOTAL</u></b>	<b><u>\$1,350,557.80 Estimated 90 Day Cost</u></b>
	<b><u>\$2,701,115.60 Estimated 6 Month Cost</u></b>

Medic Ambulance has the capital required to maintain our Napa Operations for the established timelines set forth in the RFP. Medic WILL NOT be borrowing money to pay for expenses in this contract. Medic's Current Assets and Cash are listed below. Please see Attachment #6 for our Detailed Quarterly Financial Statement.

**Current Assets**

Cash	\$6,268,429.00
Certificates of Deposit	608,011.00
Marketable Securities	2,541,154.00
<u>Accounts Receivable</u>	<u>3,620,000.00</u>
<b><u>TOTAL</u></b>	<b><u>\$13,037,594.00</u></b>

**Total Current Assets - \$14,254,649.00 – See Attachment #6 for complete detail**



**A Proposal To Provide Exclusive ALS Ambulance Service for Napa County**

**2. KEY PERSONNEL**

*Please see Attachment#32 for Detailed Resumes of Key Personnel.*

**3. IMPLEMENTATION PLAN**

*Please see Section 6.5 "Proposed Implementation Plan," located on page 190 of our Proposal Document.*

**4. STATEMENT OF COMPLIANCE**

**The proposal must include a statement that the proposer is willing and able to comply with all terms and conditions described in Exhibit B, "Regulatory Compliance and Financial Provisions." Any Exceptions or limitations must be listed in Exhibit H and also referenced in the response to this section.**

**Medic Ambulance is willing and able to comply with all terms and conditions described in, "Regulatory Compliance and Financial Provisions."**

**Medic Ambulance has taken exception only to page 15, Section F, 1. Proposal Format, 3<sup>rd</sup> paragraph, which states "The narrative of the proposal shall be limited to one hundred fifty (150) pages excluding dividers."**

X *Rudy Manfredi*

**Rudy Manfredi, CEO**

**Medic Ambulance Service**



**A Proposal To Provide Exclusive ALS Ambulance Service for Napa County**

**5. INDEMNIFICATION**

Medic accepts the indemnification provisions set forth in the RFP, Exhibit J, provided those are clarified to state that notwithstanding any provision to the contrary, the rule of comparative negligence shall nonetheless apply. The indemnitee shall be entitled only to the percentage of damages not caused by its own negligence. Additionally, Medic notes that in paragraph 5.2 of the Indemnification provision, the reference to "Contractor" in line six, should be changed to "County".

*Exhibit J - Additional Requirements, pg 2 (136/141)  
5.2 Indemnification*