

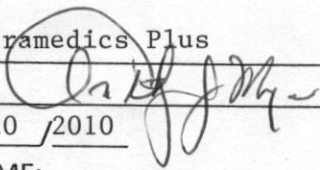
**EXHIBIT I  
PROPOSAL FORM: PATIENT CHARGES**

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	\$ <u>2130.00</u>
ALS Base Rate	\$ <u>2130.00</u>
Mileage/mile	\$ <u>39.00</u>
Oxygen	\$ <u>135.00</u>
Treat, Non-transport rate*	\$ <u>359.70</u>

*\*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 index.**

FIRM: Paramedics Plus  
 SIGNATURE:   
 DATE: 5 / 20 / 2010  
 PRINTED NAME: Anthony J. Myers  
 TITLE: President

**EXHIBIT K**

**BUDGET COMPLIANCE FORM**

\*\*\*THIS FORM MUST BE COMPLETED FOR THE FIRST THREE YEARS OF OPERATION  
AND BE INCLUDED IN THE PROPOSAL\*\*\*

**PROPOSED ANNUAL OPERATING BUDGET**

Year: One

**ANNUAL REVENUES**

**Patient Charges**

Private payments	\$	<u>6,210,005</u>
Medi-Cal	\$	<u>2,760,002</u>
Medicare	\$	<u>7,820,006</u>
Other third party payments	\$	<u>6,210,005</u>
<b>Subtotal</b>	\$	<u>23,000,018</u>

**Other, Specify:**

<u>Treat, No Transport</u>	\$	<u>170,858</u>
	\$	
<b>Total Revenue</b>	\$	<u>23,170,876</u>

**NET INCOME** \$ 780,311

**BASIS FOR PATIENT REVENUE PROJECTIONS:**

Source of Payment	Annual number of transports	%	Average payment / transport	Annual Revenue
Private	2,482	26%	90.07	\$ 223,560
Medi-Cal Only	1,103	11%	106.98	\$ 118,004
Medicare / Medi-Cal	*			\$ -
Medicare Only	3,125	32%	485.65	\$ 1,517,666
Other: Third party	2,482	26%	2,258.46	\$ 5,605,504
Treat, no transport	475	5%	153.18	\$ 72,759
No payment	*			\$ -
<b>TOTAL</b>	<b>9,667</b>	<b>100%</b>	<b>779.71</b>	<b>\$ 7,537,493</b>

\* The basis of our net revenue projections are the four (4) primary payors of Medicare, Medi-Cal, Third party, and Private pay. As such, there are no estimates available for patients specifically with Medicare & Medi-Cal. Transports with no payment are included in primary payor groups.

**EXHIBIT K  
BUDGET COMPLIANCE FORM**

**ANNUAL EXPENSES**

**Personnel**

**Paramedics**

Wages	<u>\$ 1,689,972</u>
Benefits	<u>519,627</u>

**EMT'S**

Wages	<u>600,267</u>
Benefits	<u>184,568</u>

**Other Personnel**

Wages	<u>307,914</u>
Benefits	<u>94,676</u>

<b>Subtotal</b>	<u><b>\$ 3,397,023</b></u>
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**Vehicles**

Gasoline, oil, tires	<u>\$ 107,406</u>
Repair and maintenance	<u>94,861</u>
Depreciation	<u>317,565</u>
<b>Subtotal</b>	<u><b>\$ 519,833</b></u>

**Medical Equipment/Supplies**

Supplies	<u>\$ 264,802</u>
Equipment lease/depreciation	<u>172,508</u>
Maintenance & Repair	<u>98,745</u>
<b>Subtotal</b>	<u><b>\$ 536,055</b></u>

**Other**

Rents and Leases	<u>\$ 162,000</u>
Insurance	<u>82,711</u>
Utilities and telephone	<u>81,104</u>
Office Supplies and postage	<u>9,006</u>
Professional Services	<u>406,000</u>
Taxes	<u>602,608</u>
County fee	<u>116,910</u>
Dispatch fee	<u>196,950</u>
Intercompany financing costs	<u>240,854</u>
Other expenses	<u>167,673</u>
Other Equipment lease/depreciation	<u>81,214</u>
Proposed system enhancements	<u>18,400</u>
Start-up expenses	<u>138,842</u>
<b>Subtotal</b>	<u><b>\$ 2,304,272</b></u>

**TOTAL EXPENSES**

	<u><b>\$ 6,757,182</b></u>
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**EXHIBIT K**

**BUDGET COMPLIANCE FORM**

\*\*\*THIS FORM MUST BE COMPLETED FOR THE FIRST THREE YEARS OF OPERATION  
AND BE INCLUDED IN THE PROPOSAL\*\*\*

**PROPOSED ANNUAL OPERATING BUDGET**

Year: Two

**ANNUAL REVENUES**

**Patient Charges**

Private payments	\$	<u>6,460,268</u>
Medi-Cal	\$	<u>2,871,230</u>
Medicare	\$	<u>8,135,152</u>
Other third party payments	\$	<u>6,460,268</u>
<b>Subtotal</b>	\$	<u>23,926,918</u>

**Other, Specify:**

Treat, No Transport	\$	<u>177,743</u>
	\$	
<b>Total Revenue</b>	\$	<u>24,104,661</u>

**NET INCOME** \$ 939,610

**BASIS FOR PATIENT REVENUE PROJECTIONS:**

Source of Payment	Annual number of transports	%	Average payment / transport	Annual Revenue
Private	2,506	26%	92.81	\$ 232,570
Medi-Cal Only	1,114	11%	106.99	\$ 119,185
Medicare / Medi-Cal	*			\$ -
Medicare Only	3,156	32%	497.86	\$ 1,571,237
Other: Third party	2,506	26%	2,326.98	\$ 5,831,405
Treat, no transport	480	5%	157.69	\$ 75,691
No payment	*			\$ -
<b>TOTAL</b>	<b>9,762</b>	<b>100%</b>	<b>802.10</b>	<b>\$ 7,830,088</b>

\* The basis of our net revenue projections are the four (4) primary payors of Medicare, Medi-Cal, Third party, and Private pay. As such, there are no estimates available for patients specifically with Medicare & Medi-Cal. Transports with no payment are included in primary payor groups.