

**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	\$858. _____
ALS Base Rate	\$1225. _____
Mileage/mile	\$24. _____
Oxygen	\$88. _____
Treat, Non-transport rate*	\$220. _____

**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: Napa Ambulance Service Inc., D.B.A. Piner's Ambulance

SIGNATURE: 

DATE: 05 / 25 / 10

PRINTED NAME:

Gary Piner

TITLE: President

Exhibit J
Additional Requirements

1. Financial Requirements

1.1 External audited financial statements for the past 3 years.

Enclosed are fiscal year 2007 and 2008 "Reviewed" financial statements. Fiscal year 2009 is also enclosed as an "Audited" financial statement.

1.2 Need to provide an audited financial statement by the end of the 1st quarter for each year of the contract.

Contractor agrees to provide the required audited financial statements.

1.3 Start up capital required.

As the incumbent provider our need for start-up capital is minimal. We have budgeted for all RFP mandated equipment needs which we intend to purchase from our existing cash reserves. (See Attachment 58)

2. Key Personnel

Refer to RFP Section 1 – Credentials and Qualifications, 1.5 – Demonstrated Expertise in EMS System Management.

All inquires should be directed to:

Piner Napa Ambulance
1820 Pueblo Ave.
Napa CA 94558

Phone (707) 224-3123
Fax (707) 255-0332

Contact person is Stewart Slipiec

The key personnel that will be involved in assuring compliance to the terms of this agreement are:

Gary Piner, President gary@piners.net
Stewart Slipiec, General Manager stewart@piners.net
Jeremy Piner Operations Manager jeremy@piners.net
Meleah Riddleberger, Administrative Coordinator meleah@piners.net
Brad Parsons, Fleet Manager brad@piners.net

Dan Unciano Operations Supervisor dan@piners.net
Jason Bond, Operations Supervisor jason@piners.net
Sergio Cortez ,Operations supervisor Sergio@piners.net
Malinda Meeker, Controller malinda@piners.net

3. Implementation Plan and Schedule

As the incumbent provider we will continue operations as usual and as further delineated in our RFP response Section 4.1 Operations Management and Section 4.2 Deployment Plan.

4. Statement of Compliance

Proposer is willing and able to comply with all terms and conditions described in Exhibit B "Regulatory Compliance and Financial Provisions".

5. Indemnification

5.1 Contractor to agree to indemnify county and hold harmless from any claims arising from contractor's negligence.

Contractor has already previously agreed to indemnify Napa County, conditional on a reciprocal agreement as specified in the following section 5.2. A copy of our insurance showing Napa County as additional insured is shown in Exhibit B.

5.2 County to agree to indemnify contractor and hold harmless for any claims arising from county's negligence.

County required response.

5.3 The following provisions shall control the indemnity provided hereunder:

5.3.1 Indemnity defense.

Contractor (Indemnitor) agrees to fully defend indemnitee for the full cost for any claims for which indemnitee is indemnified.

5.3.2 Reimbursement for expenses.

Indemnitor agrees to fully reimburse indemnitee for any expenses, including attorney fees, expert fees, interest, penalties incurred in the enforcement of this agreement.

5.3.3 Cooperation of Parties and Notice of Claim.

Contractor agrees to cooperate with County to the fullest extent possible of any notice of an audit, review or a statement of fact of a claim.

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: 2011

ANNUAL REVENUES

Patient Charges	
Private payments	\$ 1,384,128
Medi-Cal	\$ 130,300
Medicare	\$ 1,735,939
Other third party payments	\$ 1,954,949
Subtotal	\$ 5,205,316
Other, Specify:	
<u>non-contractual</u>	\$ 800,000
<u>income</u>	\$ _____
_____	\$ _____
_____	\$ _____
<u>Total Revenue</u>	\$ 6,005,316
NET INCOME	\$ 476,507

BASIS FOR PATIENT REVENUE PROJECTIONS:

Source of Payment	Annual number of transports	%	Average payment/ transport	Annual Revenue
Private	972	12	\$ 1,424.00	\$ 1,384,128
Medi-Cal Only	891	11	\$ 146.24	\$ 130,300
Medicare/Medi-Cal	811	10	\$ 419.40	\$ 340,133
Medicare Only	3402	42	\$ 510.27	\$ 1,735,939
Other: <u>Kaiser</u>	1134	14	\$ 1,424.00	\$ 1,614,816
No Payment	891	11	\$000	\$000
TOTAL	8101	100%	\$ 784.78	\$ 5,205,316