

Request for Proposal

162-9503

EMS Ambulance Billing Services

***Opens: June 28, 2006
2:00 p.m.***



City of Fort Lauderdale

***Issued for Fort Lauderdale Fire Rescue
by the Procurement Services Department***

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REQUEST FOR PROPOSAL # 162-9503

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REQUEST FOR PROPOSAL #162-9503

PART I - INFORMATION/SPECIAL CONDITIONS

01 PURPOSE

The City of Fort Lauderdale, Florida (City) is seeking Proposals from qualified firms, hereinafter referred to as the Contractor, to provide **EMS AMBULANCE BILLING SERVICES** for the City's Fire Rescue Department, in accordance with the terms, conditions, and specifications contained in this Request for Proposal (RFP).

02 INFORMATION OR CLARIFICATION

For additional information concerning the technical specifications contained in this RFP or for information concerning the RFP response procedures contact Michael F. Walker, Procurement and Contracts Manager, at (954)828-5677, or via e-mail at mwalker@fortlauderdale.gov. Such contact is to be for clarification purposes only. Material changes, if any, to the written specifications or RFP procedures will only be transmitted by written addendum.

02.01 LAST DATE FOR QUESTIONS: Any questions Proposers wish to be addressed and which might require an addendum must be submitted in writing to the City's Procurement Services Department. **The City shall accept written questions of a material nature until the date and time shown in the RFP schedule.** All questions will be revised and an addendum issued, if applicable, to all proposers who have been issued a copy of the RFP. To expedite receipt and response to these questions, Proposers are requested to send them via electronic mail to Michael F. Walker, Procurement and Contracts Manager.

03 TRANSACTION FEES

The City of Fort Lauderdale uses RFP Depot (www.rfpdepot.com) to distribute and receive bids and proposals. There is no charge to vendors/contractors to register and participate in the solicitation process, nor will any fees be charged to the awarded vendor. Refer to www.rfpdepot.com for further information.

04 ELIGIBILITY

To be eligible to respond to this RFP, the proposing firm must demonstrate that they, or the principals assigned to the project, have successfully completed services, similar to those specified in the Scope of Services section of this RFP, to at least one City similar in size and complexity to the City of Fort Lauderdale.

- 05 MINORITY-WOMEN BUSINESS ENTERPRISE PARTICIPATION:** It is the desire of the City of Fort Lauderdale to increase the participation of minority (MBE) and women-owned (WBE) businesses in its contracting and procurement programs. While the City does not have any preference or set aside programs in place, it is committed to a policy of equitable participation for these firms.

If a proposer is considered for award, he/she may be asked to meet with City personnel so that the intended MBE/WBE participation can be formalized and included in the subsequent contract.

Certification by Broward County, Florida: If awarded a contract or purchase order as a result of this solicitation, and if the awarded contractor/vendor is claiming minority status in accordance with Section 1.08 of the general Conditions, then said awarded contractor/vendor will apply for certification by Broward County, Florida, Division of Equal Employment and Small Business Opportunity. Contractor/vendor will provide documentation of application status, and once approved or disapproved by Broward County, will also provide that documentation to the Procurement Division of the City of Fort Lauderdale.

Proposers are requested to include in their proposals a narrative describing their past accomplishments and intended actions in this area. If proposers are considering minority or women owned enterprise participation in their proposal, those firms, and their specific duties have to be identified in the proposal.

See General Conditions, Section 1.08 for MBE and WBE definitions.

PART II – RFP SCHEDULE

Release Date		06/09/06
Last Date for Receipt of Questions of a Material Nature		06/20/06
PROPOSAL DUE (Prior to 2:00 PM)		06/28/06
Evaluation Committee Review and Short Listing of Proposals	(estimated)	07/12/06
Oral Interview with Finalists and Selection of First Ranked Proposer	(estimated)	07/21/06
Anticipated City Commission Approval of Award to Highest Ranked Proposer	(estimated)	09/06/06

Proposers should be aware that the City wishes to complete the RFP process and finalize a Contract Award in accordance with the schedule in the RFP specifications.

PART III – SPECIAL CONDITIONS

01 GENERAL CONDITIONS

RFP General Conditions Form G-107 Rev. 07/01 (GC) are included and made a part of this RFP.

02 VARIANCES

While the City allows Contractors to take variances to the RFP terms, conditions, and specifications, the number and extent of variances taken will be considered in determining proposal responsiveness and in allowing proposal evaluation points. See Section 1.06 of GC.

03 CONTRACT PERIOD

The initial contract term shall commence upon final execution of the contract by the City and shall expire three (3) years from that date. The City reserves the right to extend the contract for three (3) additional one (1) year terms providing all terms conditions and specifications remain the same, both parties agree to the extension, and such extension is approved by the City.

In the event services are scheduled to end because of the expiration of this contract, the Contractor shall continue the service upon the request of the Purchasing Manager. The extension period shall not extend for more than ninety (90) days beyond the expiration date of the existing contract. The Contractor shall be compensated for the service at the rate in effect when this extension clause is invoked by the City.

04 NEWS RELEASES/PUBLICITY

News releases, publicity releases, or advertisements relating to this contract or the tasks or projects associated with the project shall not be made without prior City approval.

05 RFP DOCUMENTS

The Contractor shall examine the RFP carefully. Ignorance of the requirements will not relieve the Contractor from liability and obligations under the Contract.

06 PROPOSERS' COSTS

The City shall not be liable for any costs incurred by Proposers in responding to this RFP.

07 RULES AND PROPOSALS

The signer of the proposal must declare that the only person (s), company or parties interested in the proposal as principals are named therein: that the proposal is made without collusion with any other person(s), company or parties submitting a proposal; that it is in all respects fair and in good faith, without collusion or fraud; and that the signer of the proposal has full authority to bind the principal Proposer.

08 CONFLICT OF CONDITIONS / INSTRUCTIONS

If a conflict exists between the General Conditions and instructions contained herein, and the Specific Conditions and instructions contained herein; the specifics shall govern. If conflicts exist between the terms and conditions contained herein and the terms and conditions of a proposers contract language, the City's terms and conditions shall prevail unless specifically negotiated and approved by the City.

09 CONFIDENTIAL INFORMATION

Florida law provides that municipal records shall at all times be open for personal inspection by any person. Section 119.01, F.S., The Public Records law. Information and materials received by City in connection with all Proposer's response shall be deemed to be public records subject to public inspection upon award, recommendation for award or 10 days after bid opening, whichever occurs first. However, certain exemptions to the public records law are statutorily provided for in Section 119.07, F.S. Therefore, if the Proposer believes any of the information contained in his or her response is exempt from the Public records law, then the Proposer must n his or her response specifically identify the material which is deemed to be exempt and cite the legal authority for the exemption, otherwise, the City will treat all materials received as public records.

10 ADDITIONAL ITEMS/DUTIES

The City may require additional items/duties of a similar nature, but not specifically listed in the contract. The Contractor agrees to provide such items/duties, and shall provide the City prices on such additional items or duties based upon a formula or method which is the same or similar to that used in establishing the prices in his Bid. If the price(s) offered are not acceptable to the City, and the situation cannot be resolved to the satisfaction of the City, the City reserves the right to procure those items from other vendors, or to cancel the contract upon giving the Contractor thirty (30) days written notice.

11 OWNERSHIP OF WORK

The City shall have full ownership and the right to copyright, otherwise limit, reproduce, modify, sell, or use all of the work or product produced under this contract without payment of any royalties or fees to the Contractor.

12 INDEPENDENT CONTRACTOR

The Contractor is an independent contractor under this Agreement. Personal services provided by the Contractor shall be by employees of the Contractor and subject to supervision by the Contractor, and not as officers, employees, or agents of the City. Personal policies, tax responsibilities, social security, health insurance, employee benefits, purchasing policies and other similar administrative procedures applicable to services rendered under this Contract shall be those of the Contractor.

13 UNCONTROLLABLE CIRCUMSTANCES ("Force Majeure")

The City and Contractor will be excused from the performance of their respective obligations under this agreement when and to the extent that their performance is delayed or prevented by any circumstances beyond their control including, fire, flood, explosion, strikes or other labor disputes, act of God or public emergency, war, riot, civil commotion, malicious damage, act or omission of any governmental authority, delay or failure or shortage of any type of transportation, equipment, or service from a public utility needed for their performance, provided that:

A. The non performing party gives the other party prompt written notice describing the particulars of the Force Majeure including, but not limited to, the nature of the occurrence and its expected duration, and continues to furnish timely reports with respect thereto during the period of the Force Majeure;

B. The excuse of performance is of no greater scope and of no longer duration than is required by the Force Majeure;

C. No obligations of either party that arose before the Force Majeure causing the excuse of performance are excused as a result of the Force Majeure; and

D. The non performing party uses its best efforts to remedy its inability to perform.

Notwithstanding the above, performance shall not be excused under this Section for a period in excess of two (2) months, provided that in extenuating circumstances, the City may excuse performance for a longer term. Economic hardship of the Contractor will not constitute Force Majeure. The term of the agreement shall be extended by a period equal to that during which either party's performance is suspended under this Section.

14 INVOICES/PAYMENT

The City will accept invoices no more frequently than once per month. Each invoice shall fully detail the hourly costs and all related costs and shall specify the status of the particular task or project as of the date of the invoice as regards the accepted schedule for that task or project. Payment will be made within twenty (20) days after receipt of an invoice acceptable to the City. If, at any time during the contract, the City shall not approve or accept the Contractor's work product, and agreement cannot be reached between the City and the Contractor to resolve the problem to the City's satisfaction, the City shall negotiate with the Contractor on a payment for the work completed and usable to the City. This negotiated payment shall be based on the overall task or project breakdown, relative to the projected number of hours for each task element, and the percentage of work completed.

15 NO EXCLUSIVE CONTRACT/ADDITIONAL SERVICES

Contractor agrees and understands that the contract shall not be

construed as an exclusive arrangement and further agrees that the City may, at any time, secure similar or identical services at its sole option.

16 SELLING, TRANSFERRING OR ASSIGNING CONTRACT

No contract awarded under these terms, conditions and specifications shall be sold, transferred or assigned without the written approval of the City Manager, or designee.

17 INDEMNITY/HOLD HARMLESS

The Contractor agrees to protect, defend, indemnify and hold harmless the City of Fort Lauderdale and its officers, employees and agents from and against any and all losses, penalties, damages, settlements, claims, costs, charges for other expenses, or liabilities of every and any kind including attorney fees, in connection with or arising directly or indirectly out of the work agreed to or performed by Contractor under the terms of any agreement that may arise due to this bidding process. Without limiting the foregoing, any and all such claims, suits, or other defects in materials or workmanship, actual or alleged violations of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

18 PUBLIC ENTITY CRIMES

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

19 LOBBYING ACTIVITIES

ALL BIDDERS/PROPOSERS PLEASE NOTE: Any bidder or proposer submitting a response to this solicitation must comply, if applicable, with City of Fort Lauderdale Ordinance No. C-00-27, Lobbying Activities. Copies of Ordinance No. C-00-27 may be obtained from the City Clerk's Office on the 7th Floor of City Hall, 100 N. Andrews Avenue, Fort Lauderdale, Florida. The ordinance may also be viewed on the City's website at <http://ci.ftlaud.fl.us/documents/index.htm>.

PART IV --- BACKGROUND AND REQUIRED SCOPE OF SERVICES

It is the intent of the City of Fort Lauderdale to establish a contract with an established billing services provider for the purpose of collecting fees from E.M.S. patients transported via ambulance to health facilities by the City's Fire-Rescue Service. This RFP is intended to cover all points of a contract from the reporting by the City of the service to the satisfaction of the receivable, including placement with the designated City Collection Agency after Contractor's collection efforts have failed.

The City of Fort Lauderdale, Florida via the Fire-Rescue Department has been providing Basic (BLS) and Advanced Life Support (ALS) ambulance services to the citizens and visitors of Fort Lauderdale since 1996. On October 1st, 1999, the City independently provided all ALS/BLS patient transportation and billing services, thereby replacing the partnership agreement with Broward County. In order to provide for these services, the City will do the following:

- 1) Establish a Fire-Rescue Special Assessment on properties benefiting from these services.
- 2) The City will begin directly billing recipients of its ALS/BLS transportation services.

The City wishes to obtain the services of a qualified service provider for the actual billing and collection of funds due the City for these services.

At this time, final rates have been formally adopted to charge \$425.00 for Basic Life Support (BLS) transport, \$452.00 for Advanced Life Support 1 (ALS1) transport and \$525.00 for Advanced Life Support 2 (ALS2) transport, \$30.30 for oxygen and \$8.00 per mile traveled to the emergency room. There are no additional fees currently being proposed for related services (newly advanced treatments, medicines, etc.), although these additional fees could come at a later date and the proposer should be able to accommodate these charges. In the future, at the City's option, the vendor may charge a service fee for Motor Vehicle Accidents (MVA), based on a fee structure determined by the City. Records reflect that the City has made the following number of transports which would fall under the scope of services under this contract:

<u>Year</u>	<u>Number of transports (*)</u>
2002-03	18,146
2003-04	20,384
2004-05	20,971
2005-06	21,600

*Although the number of patient transports in prior years is considered to be accurate, there is no warranty or guarantee that future service requirements will remain constant.

Current Mix of ALS1, ALS2 and BLS transports:

***ALS1 = 56%**

***ALS2 = 2%**

***BLS = 42%**

*Although the current percent of patient transport mix stated above is considered to be accurate, there is no warranty or guarantee that future service requirements will remain constant.

SCOPE OF WORK - The successful contractor under this contract will provide all services necessary to collect for services provided by the City's Fire-Rescue Department's EMS Delivery System. These services shall include but not necessarily be limited to:

- A. Receipt from the City of the patient data will be in an electronic format generated from the Cities patient care reporting system LifeNet EMS a product of Medusa Medical Technologies, (see Attachment A, LifeNetEMS Billing Files, for layout requirements). The city will generate an electronic file for each Patient Care Report to be billed and will make every attempt to generate these files daily. The successful contractor should be prepared to receive these files via ftp and should have a secured site to accept these files using 128 bit encryption or greater.

- B. It is the responsibility of the successful contractor to modify their billing system to capture the necessary data generated from the LifeNet EMS system. The city will not under any circumstances modify their current system nor will they authorize the successful vendor to contract directly with Medusa Medical technologies to make any modifications to the cities current system in order to satisfy the vendor's requirements in response to this RFP.
- C. The successful contractor should be prepared to accept these billing files electronically (30 days) following the cities award of the RFP.
- D. Transmission security shall be controlled by using an agreed upon encryption system.
- E. Invoice patient, or third party responsible for payment of services rendered in accordance with time frames as stated herein.
- F. Responsibility for the initial collection, generation of any and all insurance forms, filings and record maintenance.
- G. Provision of all monthly finance, billing and receivable reports as stated herein.
- H. Provision of sufficient Customer Service Representative(s) to assist patients and/or other third party payees in all billing inquiries in a timely fashion as specified herein.
- I. Conducting any follow-up required to obtain necessary insurance information for payment.
- J. Have all payments directed to a designated City Lockbox provider. Arrangements will be made with the lockbox services provider for reporting of customer payments while optimizing cash flows to the City. In order for this service to function properly, the contractor must make its bills **compliant with current Lockbox operator requirements**. The City will establish a special Post Office Box for the receipt of these payments. In addition, the City will direct its Lockbox service provider to furnish daily reports to the successful contractor via the Internet, assuring the contractor of timely revenue collection reporting.
- K. The City will authorize the successful contractor to accept credit cards (Visa, MasterCard, American Express, etc.) and only remit these payments to the City on a weekly basis.

- L. Contractor will follow-up with patient or patient's third party for collection of the receivable for a period of six (6) months after payments **cease** by the 10th of the seventh month. For clarification purposes, this period shall be on a calendar month basis. As an example, the process shall be as follows:

January 1 - - Service Rendered
February 1 - Month I - Collection Period Begins
March - Month - Collection Efforts by Contractor
April - Month - Collection Efforts by Contractor
May - Month - Collection Efforts by Contractor
June - Month - Collection Efforts by Contractor
July - Month - Collection Efforts by Contractor
By August 1st - Month - Receivable turned over to
Collection Agency.

Contractor shall be allowed to retain the account if payments are being made pursuant to an agreed upon schedule. The receivable shall be turned over to the city's designated collection agency when payment activity ceases or if the contractor deems it appropriate to turn the receivable over at an earlier date.

- M. Collection of any remaining amounts after patient insurance or other third party payments are made from the patient.

SPECIFICATIONS

The following requirements are the minimum specifications the City will require:

- A. The contractor shall be prepared to accept within 30 days of award of this RFP, an electronically generated Extensible Markup Language billing file in the format outlined in the attached document LifeNet Ems Billing Files.doc
- B. The contractor shall be responsible for the invoicing, collection, generation of any and all insurance forms and filings, record maintenance and reports.
- C. It shall be the responsibility of the contractor to provide:
1. All invoices and related insurance forms with remittance advises in an OCR `A' format suitable for processing by the City's Lock box service provider.
 2. Return envelope with the address to be designated by the City of Fort Lauderdale. Window envelopes are acceptable for satisfying this requirement.
 3. Postage for the mailing of all said invoices, forms and citizen surveys (when accompanying an initial bill).

- D. The invoices for services rendered shall contain the following information:
1. Account number.
 2. Invoice number.
 3. Invoice date.
 4. Name of Patient.
 5. Name of responsible person if different from patient.
 6. Complete address.
 7. Date of transport.
 8. Cost of transport including cost breakdown (mileage & oxygen).
 9. Incident number.
 10. Transport mileage from and to.
 11. Insurance coverage and instructions (if applicable).
 12. Billing inquiry telephone number - `800' phone number if not local for satisfaction of the receivable.
 13. Scanline in OCR `A' format containing Contractor's account number, amount of bill and other reference data necessary for contractor to promptly post collections to the proper patient accounts.
- E. The invoice will also contain a message stating "**all checks must be made payable to the City of Fort Lauderdale**". Sample of invoice to be provided. It is required that all invoicing and reporting systems shall be computerized.
- F. Mail bills/invoice forms to patients within five (5) days of receipt of the patient information. This is to include return envelope and address specified by the City of Fort Lauderdale.
- G. The Vendor shall be responsible for sending follow up bills at thirty day intervals until the account is turned over for collection to the City's designated collection agency, in accordance with the above schedule.
- H. Provide Electronic Claims Processing for Medicare and Medicaid to the City's lock box.
- I. Mail proper insurance forms or electronically process to third party payer as required or requested by the patient. (This is to include envelope and address specified by the City of Fort Lauderdale).
- J. Post all payments as received directly or electronically within one (1) business day.

- K. Respond to all patients' requests and inquiries, either written or verbal, in a TIMELY and courteous manner.
- L. Comply with all applicable Federal, State, and local laws as they apply to the services being provided, such as but not limited to the Federal Debt Collection Practices Law. This further includes all requirements to maintain confidentiality for all medical and patient information as related in state and local laws or rules and regulations as well as the Health Insurance Portability and Accountability Act of 1996.
- M. Agree to negotiate and arrange modified payment schedules for those individuals unable to pay the full amount when billed.
- N. Will maintain any and all documentation records and patient information in a safe and secure manner that will allow inspection and audit by the City of Fort Lauderdale or its agents upon proper notification; and will implement and maintain backup and recovery procedures and policies consistent with the Government Finance Officers Association (GFOA) recommendations, see website link:
<http://www.gfoa.org/committees/caafr/documents/RP9-Computerdisasterrecovery.doc>
- O. Agrees to provide the City with a listing of all accounts past due six (6) months or more (except where a modified pay-out schedule has been arranged), including all pertinent facts regarding the accounts. Accounts past due six (6) months or more will be withdrawn from the contractor and turned over to the designated collection agency for additional collection efforts. All costs incurred in this process by the successful contractor will be the responsibility of the contractor and not the City of Fort Lauderdale
- P. Agrees to provide and furnish all material and personnel required for the performance of the Agreement.
- Q. Agrees to make every effort to locate and correct any incorrect billing address for billable patients.
- R. Agrees to maintain a working arrangement with all Fort Lauderdale Fire-Rescue serviced hospitals including Business Associates Agreement/Electronic Access with hospitals.

- S. Agrees to periodically include in the invoice mailing a citizen satisfaction survey and a return, self-addressed and postage paid envelope which will be provided by the City of Fort Lauderdale. Said survey is expected to be no more than one page in length and of a size not to exceed 8 1/2 x 11 inches.
- T. Vendor to provide the City with monthly reports reflecting all new placements from the City, all accounts that are currently active with the contractor, the contractor's collection results, reports of accounts placed with the city's collection agency, aging reports reflecting the City's receivable in an aged format.
- U. The vendor agrees to refund patient or insurance company refunds within 45 days of receipt and agrees to all applicable Florida Statutes.
- V. The vendor must provide the City of Fort Lauderdale with a refund request including all pertinent information relating to refund payments to patients and/or insurance company. (Vendor to describe procedure in their proposal submittal).

Responsibilities of the City of Fort Lauderdale:

- A. The City of Fort Lauderdale will provide the necessary patient information to the contractor on a daily basis, for those patients that have been transported by Fire-Rescue Department EMS Services during the previous ninety-six (96) hour period.
- B. The City of Fort Lauderdale will comply with all Federal, State and local laws, rules and regulations as applicable to the services being contracted for.
- C. The City of Fort Lauderdale will agree to use the successful firm for all medical billings exclusively for the service specified herein as long as the contract agreement is in force.
- D. The City of Fort Lauderdale will make every effort to obtain the proper billing address for all billable patients prior to forwarding to the contractor.
- E. The City will pay the contractor additional fees for any postage increases that may occur during the contract period. However, this fee will only be the actual cost of increase.

WORK PRODUCTS REQUIRED

- A. Distribution of Charges and Collections - This report will track the charges, payments and financial class mix of all patients for a given month. (Provide sample of this report)
- B. Aged Receivable Report - This report will have outstanding invoices sorted by date for current, thirty, sixty, ninety and over ninety days. This report will provide totals for these categories. (Provide sample of this report)
- C. Patient Alpha Listing - This report lists all invoices alphabetically by patient name. (Provide sample of this report)
- D. Monthly Payment Listing - This report lists payments, bad checks, required charge offs, and refunds posted to each patient's account. (Provide sample of this report)
- E. Overpayment Reports - This report lists all patients due refunds as a result of overpayment of account. (Provide sample of this report)
- F. And any mutually agreed upon additional reports as may be required.

PERFORMANCE SCHEDULE

Fees quoted should reflect service from September 9, 2006 or date of award, whichever is later, to September 30, 2009. The contract shall provide for up to three (3) one (1) year extensions providing all terms and conditions remain the same except for any allowances requested due to increases in the Consumer Price Index. Increases utilizing this index shall be measured using the one-year period for the twelve-month period ended March 31 of the current year. **The fees shall be based upon contractor performance and expressed as a percentage of actual collections remitted to the City of Fort Lauderdale. This fee shall be all-inclusive. No additional payments shall fall due under this contract except for any refunds due contractor due to patient overpayment refunds.**

The proposer shall include sample bill forms and the messages that will be used on each successive bill mailed, as part of the response. All text, format, and color of printing and stock subject to approval by the City of Fort Lauderdale. Billings should be at maximum intervals of 35 days, except for the first invoice that should be rendered within 10 days of service.

PART V- PROPOSAL SUBMITTALS

The proposal must name all persons or entities interested in the proposal as principals. The proposal must declare that it is made without collusion with any other person or entity submitting a proposal pursuant to this Request for Proposal.

5.1 PROPOSAL FORMAT

Proposers shall prepare their proposals using the following format with each section clearly labeled as identified herein.

- A. Letter of Transmittal - This letter will summarize in a brief and concise manner, the proposer's understanding of the scope of work and make a positive commitment to timely perform the work. The letter must name all of the persons authorized to make representations for the proposer, including the titles, addresses, and telephone numbers of such persons. An authorized agent of the proposer must sign the Letter of Transmittal indicating the agent's title or authority. The letters should not exceed two pages in length.
- B. Statement acknowledging receipt of each addendum issued by the City.
- C. Qualifications and experience of the firm(s)/individual(s) who will provide the services. The submission should include:
 - 1. Details on the qualifications of the individual(s) who will perform the work; including curriculum vitae, relevant college, graduate or professional courses and experience in similar work.
 - 2. Details on the qualifications of the firm, including documentation of the firm's experience in similar work.
 - 3. List at least three (3) current and pertinent professional and financial references (name, address, and phone number) that the City may contact in relation to the proposer's qualifications, experience and stability.
 - 4. List at least three (3) former clients (name, address, and telephone number) that can serve as a reference on similar past jobs performed by the proposer.

- D. Scope of Work - This section of the proposal should explain the Scope of Work as understood by the proposer and detail the approach, activities and work products. The proposal shall also include:
1. a rationale for the approach taken
 2. schedule of deliverables
 3. a list of work product which the proposer will provide
 4. a list of any assistance the City may be requested to provide the proposer
- E. Availability - Indicate current and anticipated workloads and availability for other activities. Identify the extent and nature of any anticipated outside support.
- F. Other ---
1. Provide evidence of current levels of insurance in areas of General Liability, Workers' Compensation, and Professional Liability.
 2. Provide a statement of proposer's financial stability, including information as to current or prior bankruptcy proceedings.
 3. Provide a summary of any litigation filed against the proposer in the past three years which is related to the services that proposer provides in the regular course of business. The summary shall state the nature of the litigation, a brief description of the case, the outcome or projected outcome, and the monetary amount involved.
 4. Identify the type of business entity involved (e.g., sole proprietorship, partnership, corporation, etc.). Identify whether the business entity is incorporated in Florida, another state or a foreign country.
 5. If proposer is a corporation, provide certification from the Florida Secretary of State verifying proposer's corporate status and good standing, and in the case of out-of-state corporations, evidence of authority to do business in the State of Florida.
 6. If applicable, provide a statement concerning the proposer's status as a minority business enterprise.
 7. In the case of a sole proprietorship or partnership, provide Social Security numbers for all owners or partners.

- G. Additional Data - Any additional information that the proposer considers pertinent for consideration should be included in a separate section of the proposal. The City solicits a statement about why the proposer feels its approach would be the most cost effective to the City.

All proposals must be submitted in a sealed package with the RFP number, due and open date, and RFP title clearly marked on the outside. If more than one package is submitted they should be marked 1 of 2, etc.

All proposals must be received in the Purchasing Division, Room 619, 6th floor, City Hall, 100 North Andrews Avenue, Fort Lauderdale, Florida, 33301 prior to 2:00 PM on the date specified in the SCHEDULE Section of this RFP.

The proposal shall be signed by a representative who is authorized to contractually bind the Contractor.

PROPOSERS MUST SUBMIT AN IDENTIFIED ORIGINAL COPY, PLUS SEVEN (7) COPIES OF THE PROPOSAL PAGES INCLUDING ANY ATTACHMENTS

THE ABOVE REQUIREMENT TOTALS EIGHT (8) COPIES OF YOUR PROPOSAL.

PART VI - CONSIDERATION FOR AWARD/AWARD CRITERIA/AWARD PROCEDURES

The award of the contract will be based on certain objective and subjective considerations listed below:

The City will evaluate proposals and will select the proposer that meets the best interests of the City. The City shall be the sole judge of its own best interests, the proposals, and the resulting agreement. The City's decisions will be final.

The City's evaluation criterion may include but shall not be limited to consideration of the following:

QUALIFICATION: 25 points

Personnel Expertise/Qualifications
Qualifications of the Firm
Experience in the Stated Criteria/Medical Billing

GOVERNMENTAL/MUNICIPAL EXPERIENCE: 15 points

TECHNICAL: 25 points

Understanding of the Scope of Work
Technology and Equipment
Collection Philosophy and Refund Procedure

OTHER: 10 points

Location
Commitment to the City of Fort Lauderdale
Presentation
Perceived ability to perform the contact in accordance with City Standards

PRICE/FEES: 25 points

TOTAL POINTS AVAILABLE: 100 POINTS

Evaluation of proposals will be conducted by an evaluation committee of qualified City Staff, or other persons selected by the City. It may be a two step process. In step one the committee will evaluate all responsive proposals based upon the information and references contained in the proposals as submitted. The committee will score and rank all responsive proposals and determine a minimum of three (3), if more than three (3) proposals are responsive, to be finalists for further consideration. In the event there are less than three (3) responsive proposals, the committee will give further consideration to all responsive proposals received. If necessary, in step two the committee will then conduct discussions, for clarifications purposes only, with the finalists and re-score and re-rank the finalists proposals. Proposers or Finalists may be required to provide an oral presentation by appearing before the Evaluation Committee or by conference telephone call. The committee will then make a recommendation to the Fort Lauderdale City Commission for award.

Information and references submitted will be considered in the award.

The City may require additional information and Proposers agree to furnish such information. The City reserves the right to award the contract to that Proposer who will best serve the interest of the City. The City reserves the right, based upon its deliberations and in its opinion, to accept or reject any or all proposals. The City also reserves the right to waive minor irregularities or variations to the specifications and in the bidding process.

The City uses a mathematical formula for determining allocation of cost points to each responsive, responsible proposer. The lowest responsive, responsible proposer receives the maximum allowable points. When using this formula, a proposer that submits a cost or fee which is two times greater than the cost or fee of the lowest responsive, responsible proposer, will result in receiving zero points for cost.

BIDDERS FINANCIAL PROPOSAL FORM

Name of Proposing Firm: _____

ITEM DETAIL COSTS:

Part I

Overall Contract Fee or percentage for Billing Services as outlined in the attached Scope of Services for all billings **EXCEPT FLORIDA MEDICAID CLAIMS**

Estimated Number of Claims x Percentage Fee per Claim – All Costs Included:

21,600 (ALS1) Claims x \$452.00 (Estimated Average Fee) x Vendor Percentage = Total City Cost

21,600 (ALS1) Claims x \$452.00 (Estimated Average Fee) x _____% =
\$ _____

432 (ALS2) Claims x \$525.00 (Estimated Average Fee) x Vendor Percentage = Total City Cost

432 (ALS2) Claims x \$525.00 (Estimated Average Fee) x _____% =
\$ _____

9,072 (BLS) Claims x \$425.00 (Estimated Average Fee) x Vendor Percentage = Total City Cost

9,072 (BLS) Claims x \$425.00 (Estimated Average Fee) x _____% =
\$ _____

Are the above costs fixed for the three-year duration of the contract? YES _____
NO _____

If "NO", quantify any and all factors that will influence the costs of the service with a guaranteed percentage YEARLY maximum for each year of the contract.

Year 1 _____%

Year 2 _____%

Year 3 _____%

Part II

A flat fee for performing any billing associated with FLORIDA MEDICAID CLAIMS. This shall be PER billing, and shall not be a percentage. The City of Fort Lauderdale estimates that there will be approximately 1,000 FLORIDA MEDICAID BILLINGS per year. This is an estimate only, based on prior year, and does not in any way guarantee that the contractor shall be paid this amount.

\$ _____/per billing x 1000 = \$ _____/per year

What fee does the proposer pay for the processing of the following credit card transactions? This assumes that the vendor will only pass along the vendors's cost of this service – additional vendor fees are not allowed. The City recognizes that these fees are adjusted periodically by the Credit Card service providers and expects these fees to be adjusted accordingly, however the City must receive a copy of the notification provided the vendor by the Credit Card processor **prior** to the vendor adjusting these fees.

MasterCard: _____ VISA: _____

American Express _____

ATTACHMENT A – XML BILLING FILES

Introduction:

This document contains the layout of the Extensible Markup Language billing files generated by MedUSA LifeNet EMS build 2.10. All responders to the RFP should have a secured ftp site capable of receiving electronically multiple billing files daily (if Fort Lauderdale so chooses) formatted in the following layout. Not all billing files will contain data for each tag name every time, depending on the nature of the call and its complexity, however, all RFP responders need to have the ability to receive a billing file with data generated for all tag names listed below. Two sample billing files are attached as well as a list of the chief complaint codes generate by the Intergraph CAD system as well as the receiving facility destination identification number and its corresponding code.

Batch Information:

The BATCH tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
COMPANY	Agency, or Company Name	String	e.g.: A9999
PROVIDERID	Medicare Provider Number	Integer	e.g.: 9999
CLIENTID	Unique Client Identifier	String	FL
BATCHID	Export Batch ID	String	e.g.: 2004781339
BATCHDATE	Time and Date Batch Created	Date Time	e.g.: 2004-05-28T20:07:00

Dispatch Information:

The DISPATCH tag is a child of the BATCH tag. Multiple records are possible. The DISPATCH tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
DISPATCHCODE	Dispatch Code or Number	String	e.g.: 04042104
TRANSPORTCODE	Transport Code or Incident Number	String	e.g.: 99999999, may be the same as the dispatch code
DISPATCHNOTIFIEDTIME	Time and Date Dispatch Received the Call	Date Time	e.g.: 2004-05-25T20:07:00
NATUREOFCALL	Dispatch Reason, or Complaint Reported at Dispatch	String	e.g.: See attachment
DISPATCHREQUESTEDBY	In What Manner was the Service Request Received	String	e.g.: 911, walk up, etc.
DISPATCHSHIFT	Shift Information	String	e.g.: D
DISPATCHSTATION	Station Information	String	e.g.: 99
DISPATCHUNIT	Response Unit Code	String	e.g.: RE16
UNITQUALIFICATION	Unit Service Level Qualification	String	e.g.: ALS

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
UNITRESPONSETIME	Date and Time Unit Notified	Date Time	e.g.: 2004-05-25T20:08:00
DISPATCHRESPONSEMODE	Mode of Response	String	e.g.: Code 3
EMERGENCYDISPATCH	Dispatched as an Emergency?	String	Valid values include: Y = Yes N = No
DISPATCHCONDIDITION	Condition Code at Dispatch	String	e.g.: 999A
DISPATCHICD9	ICD9 Code at Dispatch	String	e.g.: 999.99
DISPATCHGRID	Grid, or Location ID of the Vehicle at Dispatch	String	e.g.: A9999
DISPATCHZONE	Zone, or Location ID of the Vehicle at Dispatch	String	e.g.: A9999
DISPATCHLONGITUDE	Unit GPS Longitude at Dispatch	String	e.g.: AA.99999
DISPATCHLATITUDE	Unit GPS Latitude at Dispatch	String	e.g.: AA.99999
STARTMILEAGE	Odometer Reading at Dispatch	Integer	e.g.: 9999.9
UNITLEAVETIME	Date and Time Unit Departs	Date Time	e.g.: 2004-05-25T20:09:00
CALLOUTCOME	Outcome of the Call	String	e.g.: Transported, Treatment Refused, etc.
CALLCOMPLETEFIRSTNAME	First Name of the Person Completing the Call	String	e.g.: John
CALLCOMPLETEMIDDLENAME	Middle Name of the Person Completing the Call	String	e.g.: John
CALLCOMPLETELASTNAME	Last Name of the Person Completing the Call	String	e.g.: Smith
CALLCOMPLETETIME	Date and Time Call is Completed	Date Time	e.g.: 2004-05-25T20:12:00
UNITCANCELTIME	Date and Time Call is Canceled	Date Time	e.g.: 2004-05-25T20:09:00
INSERVICETIME	Date and Time Unit Back in Service	Date Time	e.g.: 2004-05-25T20:09:00
UNITSTATIONTIME	Date and Time Unit Arrives Back to the Station	Date Time	e.g.: 2004-05-25T20:09:00
STATIONMILEAGE	Odometer Reading Upon Return to Station	Integer	e.g.: 9999.9
TRANSPORTMILES	Total Miles	Integer	e.g.: 9999.9
MILESBEYOND	Miles Past First Stop	Integer	e.g.: 9999.9

Crew Information

The CREW tag is a child of the DISPATCH tag. Multiple records possible. The CREW tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
CREWID	Unique Crew Member Identifier	String	e.g.:A9999
CREWFIRSTNAME	Crew First Name	String	e.g.: John
CREWMIDDLENAME	Crew Middle Name, or Initial	String	e.g.: R
CREWLASTNAME	Crew Last Name	String	e.g.: Smith
CREWROLE	Crew Member Role	String	e.g.: Driver
CREWLEVEL	Crew Member Level	String	e.g.: Paramedic
CREWCERTIFICATION	Crew Member Certification	String	e.g.: A99999
CREWSIGNATURE	Crew Member Signature Obtained?	String	Valid values include: Y = Yes N = No

Delay Information

The DELAY tag is a child of the DISPATCH tag. Multiple records possible. The DELAY tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
DELAYLOCATION	During Which Portion of the Service Does the Delay Occur?	String	e.g.: Response, Scene, Destination, etc.
DELAYREASON	Reason for the Delay	String	e.g.: Traffic accident

Scene Information

The SCENE tag is a child of the DISPATCH tag. One scene per dispatch. The SCENE tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
PICKUPMODIFIER	Incident Site, Location Type, or Pickup Modifier	String	Valid values include: E = Residential, Domiciliary, Custodial Facility N = Skilled Nursing Facility H = Hospital I = Site of Transport Between Ambulance Transport (Airport or Helicopter Pad) P = Physician's Office S = Scene of Accident or Acute Event R = Residence D = Diagnostic or Therapeutic Site Other Than "P" or "H" G = Hospital Based Dialysis Facility J = Non-Hospital Based Dialysis Facility
SCENEDESCRIPTION	Description of the Scene	String	e.g.: Street, Residence, etc.
SCENEGRID	Grid, or Location ID of the Incident Scene	String	e.g.: A9999
SCENEZONE	Zone, or Location ID of the Incident Scene	String	e.g.: A9999
SCENELONGITUDE	Unit GPS Longitude at Scene	String	e.g.: AA.99999
SCENELATITUDE	Unit GPS Latitude at Scene	String	e.g.: AA.99999
SCENECODE	Unique Facility Identifier	String	e.g.: A99999
SCENENAME	Pick Up Destination Name	String	e.g.: Baptist Hospital
SCENEADDRESS1	Incident Address 1	String	e.g.: 123 Main Street
SCENEADDRESS2	Incident Address 2	String	e.g.: Apt. 1
SCENECITY	Incident City	String	e.g.: Miami
SCENESTATE	Incident State	String	e.g.: FL
SCENEZIP	Incident Zip	Integer	e.g.: 33139
SCENECOUNTY	Incident County	Integer	e.g.: Monroe
SCENEARRIVETIME	Date and Time Unit Arrives on Scene	Date Time	e.g.: 2004-05-25T20:09:00
SCENEMILEAGE	Odometer Reading at Scene	Integer	e.g.: 9999.9
PATIENTSONSCENE	Number Of Patients at Scene	Integer	e.g.: 999
TRANSPORTPATIENTS	Number Of Patients Transported	Integer	e.g.: 999

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
MASSCASUALTY	Mass Casualty?	String	Valid values include: Y = Yes N = No
SCENELEAVETIME	Date and Time Unit Leaves Scene	Date Time	e.g.: 2004-05-25T20:15:00

Other Services Information

The OTHERSERVICES tag is a child of the SCENE tag. Multiple records possible. The OTHERSERVICES tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
OTHSVCNAME	Name of Additional Service on Scene	String	e.g.: Police Department, Emergency Company, etc.
OTHSVCTYPE	Type of Additional Service on Scene	String	e.g.: Physician, Fire Department, Patron, Paramedic, etc.

Patient Information

The PATIENT tag is a child of the DISPATCH tag. Multiple records are possible. The PATIENT tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
PATIENTID	Patient's Unique Identifier	String	If not auto generated by your system, utilize the patients SSN
PATIENTCONTACTTIME	Date and Time that Contact is Made with the Patient	Date Time	e.g.: 2004-05-25T19:07:00
PATIENTFOUND	How the Patient was Found	String	e.g.: Standing
PATIENTDRIVERLICENSE#	Patient's Driver's License #	String	e.g.: A999-999-99-999-9
PATIENTDRIVERLICENSESTATE	State Where Patient Driver's License Issues	String	e.g.: FL
PATIENTISRESIDENT	Is the Patient a Resident?	String	Valid values include: Y = Yes N = No
PATIENTGENDER	Patient's Gender	String	Valid values include: M = Male F = Female
PATIENTDOB	Patient's Date of Birth	Date Time	e.g.: 1909-03-01T00:00:00

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
PATIENTAGE	Patient's Age	Integer	e.g.: 999
PATIENTAGEUNITS	Age Unit of Measure	Integer	e.g.: Years, Months
PATIENTRACE	Patient's Race	String	e.g.: White, Hispanic, etc.
PATIENTETHNICITY	Patient's Ethnicity	String	e.g.: American, Columbian, etc.
PATIENTWEIGHT	Patient's Weight	Integer	e.g.: 999.9
PATIENTWEIGHTUNITS	Weight Unit of Measure	Integer	e.g.: lbs, kg, etc.
PATIENTMARITALSTATUS	Marital Status	String	e.g.: Married, Single, etc.
PATIENTEMPLOYER	Patient's Employer	String	e.g.: The Widget Company
PATIENTEMPLOYEEID	Patient's Employee ID	Integer	e.g.: 999999999
PATIENTEMPLOYERINDUSTRY	Employer's Industry	String	e.g.: Professional Services
PATIENTOCCUPATION	Patient's Occupation	String	e.g.: Consultant
PATIENTSIGNATURE	Patient's Signature for Billing Authorization	String	Valid values include: E – Electronic Signature H – On File at Hospital N – No Signature P – Patient Signed R – Responsible Party Signed U – Unable to Sign
PATIENTCAREBARRIERS	Barriers to Patient Care	String	e.g.: Speech Impaired, Unconscious, Not Applicable, etc.
PATIENTCARETRANSFERTIME	Date and Time Transfer of Care Occurs	Date Time	e.g.: 2004-05-25T20:09:00
PATIENTHISTORYPERSON	Person from Whom the Patients Medical History was Obtained	String	e.g.: Patient, Spouse, etc.
PATIENTADVANCEDDIRECTIVE	Patient's Advanced Directives	String	e.g.: DNR Form, Living Will, DNR Request

Name Information

The NAME tag is a child of the PATIENT tag. Multiple records possible. The NAME tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
NAMETYPE	Person Owning the Name Information and its Children	String	e.g.: Patient, Emergency Contact, MVA Officer, Vehicle Owner, Vehicle Driver, Procedure Authorizer, Procedure Administer, Medication Authorizer, Medication Giver, Patient's Physician, Insurer/Guarantor, Patient Receiver, etc.
NAMERELATION	Patient Relation	String	e.g.: Self, Spouse, Closest Relative, Physician, Nurse, etc.
PREFIX	Person's name prefix	String	e.g.: Mr, Mrs, Dr, etc
FIRSTNAME	First Name	String	e.g.: John
MIDDLENAME	Middle Name, or Initial	String	e.g.: R
LASTNAME	Last Name	String	e.g.: Smith
SUFFIX	Person's name suffix	String	e.g.: Jr, Sr, III, etc
SSN	Social Security Number	Integer	e.g.: 999-99-9999

Address Information

The ADDRESS tag is a child of the NAME tag. Multiple records per patient possible. The ADDRESS tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
ADDRESSTYPE	Type of Address	String	e.g.: Home, Hotel, Work, Mailing, MVA, Insurance, Employer, Physician, Contact, Destination, etc.
ADDRESS1	Address1	String	e.g.: 520 NW 165 th Street
ADDRESS2	Address2	String	e.g.: Suite 201
APT#	Apartment Number, Floor, Suite, etc.	String	e.g.: A9
CITY	City	String	e.g.: Miami
STATE	State	String	e.g.: FL
ZIP	Zip Code	Integer	e.g.: 33139
COUNTRY	Country	String	e.g.: United States
EMAIL	Email Address	String	e.g.: johnsmith@yahoo.com

Phone Information

The PHONE tag is a child of the NAME tag. Multiple records per patient possible. The PHONE tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
PHONETYPE	Type of Phone	String	e.g.: Home, Work, Mobile, Fax, MVA, Insurance, Employer, Contact, etc.
PHONE	Phone Number	String	e.g.: 999-999-9999

Insurance Information

The INSURANCE tag is a child of the NAME tag. Multiple records per patient possible. The INSURANCE tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
INSURANCETYPE	Insurance Type	String	e.g.: Health, Auto, Work, etc.
INSCOMPANYID	Unique Insurance Company Identifier	String	e.g.: A99999
INSCOMPANY	Insurance Company Name	String	e.g.: Medicaid, Medicare, Aetna, etc.
POLICYNUMBER	Policy Number	String	e.g.: 999999999
GROUPNUMBER	Group ID	String	e.g.: 99999
ISPRIMARYINSURANCE	Is Primary Insurance	String	Valid values include: Y = Yes N = No

Medical History

The MEDICALHISTORY tag is a child of the PATIENT tag. Multiple records per patient possible. The MEDICALHISTORY tag is parent to the tag outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
HISTORICALCONDITION	Patient's Existing Medical Conditions, and/or Surgical History	String	e.g.: Hypertension

Current Medications

The CURRENTMEDS tag is a child of the PATIENT tag. Multiple records per patient possible. The CURRENTMEDS tag is parent to the tag outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
CRNTMEDICATION	Existing Medications Being Taken by the Patient	String	e.g.: Lipitor
CRNTDOSAGE	Medication Dosage	Numeric	e.g.: 999.99
CRNTMEDICATIONUNIT	Medication Dosage Unit of Measure	String	e.g.: ml, etc.
CRNTMEDICATIONROUTE	Route by which the Medication is Taken	String	e.g.: Oral

Immunization History

The IMMUNIZATIONHISTORY tag is a child of the PATIENT tag. Multiple records per patient possible. The IMMUNIZATIONHISTORY tag is parent to the tag outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
IMMUNIZATIONDATE	Date and Time that the Immunization was Received	Date Time	e.g.: 2004-05-25T19:07:00
IMMUNIZATIONNAME	Immunization Name	String	e.g.: Influenza, Small Pox, etc.

Allergies

The ALLERGIES tag is a child of the PATIENT tag. Multiple records per patient possible. The ALLERGIES tag is parent to the tag outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
ALLERGYTYPE	Type of Allergy	String	e.g.: Food, Drug, etc.
ALLERGYNAME	Allergy Name	String	e.g.: Phenobarbital

Injury Information

The INJURY tag is a child of the PATIENT tag. Multiple records per patient possible.
The INJURY tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
INJURYTYPE	Type of Injury	String	Valid values include: W = Work Related A = Auto Accident I = Illness T = Trauma C = Crime N = None
SYMPTOM	Injury Symptom	String	e.g.: Head pain
CHIEFCOMPLAINT	Patient's Chief Complaint	String	e.g.: Syncope (Passed Out)
SECONDARYCOMPLAINT	Patient's Secondary Complaint	String	e.g.: Syncope (Passed Out)
INJURYLOCATION	Anatomic Location of the Injury	String	e.g.: Street or Highway
INJURYORGAN	Organ System Injured	String	e.g.: Heart
INJURYCAUSE	Cause of the Injury	String	e.g.: Non-Trauma Event, Burn, etc.
NARRATIVE	Description of the Patients Injury/Condition	String	e.g.: In arrest on arrival. CPR initiated.
COMPLAINTSTARTTIME	Date and Time that the Condition Began, or Injury Start Time	Date Time	e.g.: 2004-05-25T19:07:00
INJURYDURATION	Duration the Patient has had the Injury	Integer	e.g.: 99
DURATIONTIMEUNITS	Units of Time in which the Injury was Measured	String	e.g.: Seconds, minutes, hours, months
CANAMBULATE	Can Patient Ambulate?	String	Valid values include: Y = Yes N = No

Substance Information

The SUBSTANCE tag is a child of the Injury tag. Multiple records possible. The SUBSTANCE tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
SUBSTANCEINDICATOR	Indication that a Substance was Involved with the Injury	String	e.g.: Found on scene, Alcohol on breath, etc.
SUBSTANCENAME	Name of the Substance Discovered Involved in the Injury	String	e.g.: Alcohol

Motor Vehicle Accident (MVA) Information

The MVA tag is a child of the Injury tag. One record per injury. The MVA tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
MVAPATIENTPOSITION	Position of the Patient	String	e.g.: Driver, Passenger, etc.
MVATYPE	Type of Vehicle	String	e.g.: Car, bus, watercraft, etc.
MVADAMAGELOCATION	Location of Damage to the Vehicle	String	e.g.: Rear bumper, driver's side front, etc.
MVASAFETYEQIPMENT	Safety Equipment Used by the Patient, Other than Airbag	String	e.g.: Helmet, Child Restraint, etc.
MVAAIRBAGDEPLOYMENT	Air Bag Deployment Information	String	e.g.: No airbag present, not known, airbag deployed side, etc.
MVACOMMENT	MVA Description/Notes	String	e.g.: Head-on collision, roof deformity, etc.

Assessment Information

The ASSESSMENTS tag is a child of the PATIENT tag. Multiple records per patient possible. The ASSESSMENTS tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
BODYAREA	Area of the Body Evaluated	String	e.g.: Head
ASSESSMENT	Provider Evaluation	String	e.g.: Bleeding, No Abnormalities

Vital Sign Information

The VITALSIGN tag is a child of the PATIENT tag. Multiple records per patient possible. The VITALSIGN tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
VITALSDATE	Assessment Date and Time	Date Time	e.g.: 2004-05-25T20:10:00
PAINSCALE	Evaluation of the Patient's Level of Pain	Integer	e.g.: 9
AIRWAY	Evaluation of the Patient's Airway	String	e.g.: Obstructed
TEMP	Patient's Temperature	String	e.g.: 99.9
TEMPMETHOD	Method by which the Temperature was Determined	String	e.g.: Oral

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
SKINCONDITION	Evaluation of the Patient's Skin Condition	String	e.g.: Normal, Diaphoretic, etc.
SKINPERFUSION	Evaluation of the Patient's Skin Perfusion	String	e.g.: Normal, Delayed/Decreased
SKINTEMP	Evaluation of the Patient's Skin Temperature	String	e.g.: Apparently Normal, Warm, etc.
SKINCOLOR	Evaluation of the Patient's Skin Color	String	e.g.: Normal, Pale, etc.
VERBALEVAL	Evaluation of the Patient's Verbal Abilities	String	e.g.: Not Done, Oriented, 4, etc.
EYERESPONSE	Patient's Eye Response	String	e.g.: Not Documented, Spontaneous, 4, etc.
MOTORCONDITION	Evaluation of the Patient's Motor Skills	String	e.g.: Not Done/Not Documented, Obeys commands with appropriate motor response, 5, etc.
BPSYS	Patients' Systolic Blood Pressure	Integer	e.g.: 160
BPDIA	Patient's Diastolic Blood Pressure	Integer	e.g.: 82
PULSE	Patient's Pulse	Integer	e.g.: 66
PULSEOX	Patient's Pulse Oximetry	Integer	e.g.: 96
PULSEEVAL	Evaluation of the Patient's Pulse	String	e.g.: Normal, Weak, etc.
RESPIRATIONRATE	Patient's breaths per minute	Integer	e.g.: 18
RESPEVAL	Evaluation of the Patient's Respiration Rate	String	e.g.: Normal, Absent, etc.
GLASGOWSCORE	Patient's Glasgow Score	Integer	e.g.: 15
GLASGOWVERBAL	Patient's Verbal Glasgow Score	Integer	e.g.: 4
GLASGOWEYE	Patient's Eye Glasgow Score	Integer	e.g.: 4
GLASGOWMOTION	Patient's Motor Glasgow Score	Integer	e.g.: 5
APGARSCORE	Patient's APGAR Score	Integer	e.g.: 9

Cardiac Information

The CARDIAC tag is a child of the PATIENT tag. Multiple records per patient possible.

The CARDIAC tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
CARDIACARRESTDATE	Cardiac Arrest Date and Time	Date Time	e.g.: 2004-05-25T20:10:00
CARDIACARRESTCAUSE	Cardiac Arrest Cause	String	e.g.: Overdose
RESUSCITATIONINFO	Resuscitation Information	String	e.g.: Attempted ventilation, not attempted – DNR orders, etc.
CPRSTARTDATE	Date and Time CPR begun	Date Time	e.g.: 2004-05-25T20:15:00

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
CPRENDDATE	Date and Time CPR Stopped	Date Time	e.g.: 2004-05-25T20:20:00
CPRENDREASON	Reason for Ending Resuscitation Attempts	String	e.g.: Resuscitated, Death, etc.
DEFIBDATE	Date and Time Defibrillator Utilized	Date Time	e.g.: 2004-05-25T20:20:00
SPONCIRCULATIONDATE	Date and Time	Date Time	e.g.: 2004-05-25T20:20:00
CARDIACRYTHMINITIAL	Patient's Initial Cardiac Rhythm	String	e.g.: Asystole
CARDIACRYTHMDESTINATION	Patient's Cardiac Rhythm at Destination	String	e.g.: Synus Rhythm
EKG	EKG Findings	String	e.g.: Not Obtained, Infarction, etc.

Impression Information

The IMPRESSION tag is a child of the PATIENT tag. Multiple records per patient possible. The IMPRESSION tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
IMPRESSIONDATE	Impression Date and Time	Date Time	e.g.: 2004-05-25T20:10:00
IMPRESSION1	Primary Provider Impression	String	e.g.: Open wound
IMPRESSION2	Secondary Provider Impression	String	e.g.: Open wound
POSTASSESSCONDITION	Post Assessment Condition Code	String	e.g.: 999A
POSTASSESSICD9	Post Assessment ICD9 Code	String	e.g.: 999.99

Procedure Information

The PROCEDURE tag is a child of the PATIENT tag. Multiple records per patient possible. The PROCEDURE tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
PROCEDUREDATE	Procedure Date and Time	Date Time	e.g.: 2004-05-25T20:10:00
PROCEDUREPERFORMEDBY	Name, or Description of the Agency Performing the Procedure	String	e.g.: EMS, Pedestrian, Physician, Police Department, etc.
PROCEDUREENAME	Name of the Procedure	String	e.g.: Pulse Oximeter / Capnography
PROCEDUREDESCRIPTION	Description of the Procedure	String	e.g.: Intubations
PROCEDUREATTEMPTS	Number of Times the Procedure Attempted	Integer	e.g.: 999

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
PROCEDURERESPONSE	Response to the Procedure	String	e.g.: None, resuscitated, etc.
PROCEDURECOMPLICATIONS	Complications from the Procedure	String	e.g.: None, broken ribs, etc.

Medication Interventions

The MEDICATIONINTERVENTIONS tag is a child of the PATIENT tag. Multiple records per patient possible. The MEDICATIONINTERVENTIONS tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
MEDDATE	Procedure Date and Time	Date Time	e.g.: 2004-05-25T20:10:00
MEDGIVENBY	Name, or Description of the Agency Giving the Medication	String	e.g.: EMS, Pedestrian, Physician, Police Department, etc.
MEDGIVEN	Medication Given	String	e.g.: 0.9% Sodium Chloride (normal saline)
MEDROUTE	Route via which the Medication was Administered	String	e.g.: Inhaled, IV, etc.
MEDDOSE	Medication Dosage	Decimal	e.g.: 999.9
MEDUNIT	Dosage Unit of Measure	String	e.g.: CCs, Liters, etc.
MEDRESPONSE	Response to the Medication	String	e.g.: None, pain alleviated, etc.
MEDCOMPLICATIONS	Complications from the Medication	String	e.g.: None, allergic reaction, etc.

Level of Service Information

The LEVELOFSERVICE tag is a child of the PATIENT tag. One record per patient. The LEVELOFSERVICE tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
SERVICELEVEL	Level of Service	String	Valid values include: ALS – Advanced Level of Service ALS2 - Advanced Level of Service 2 BLS – Basic Level of Service

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
HCPCSCODE	Medicare HCPCS Code for the Level of Service Provided	String	e.g.: A0426, A0427, A0428, A0429, A0433, A0434, Q3019, Q3020, etc.
TRANSPORTMODIFIER1	Primary Transport Description Modifiers Air and Ground	String	Valid values include: A = EMTALA Interfacility/Higher Care B = Interfacility/Service Not Available C = ALS Response/BLS Transport D = Med Necessary/Not Nearest Facility E = ALS Patient/BLS Transport F = Emergency Trauma/Major Incident
ALSASSESSMENT	ALS Assessment Completed?	String	Valid values include: Y = Yes N = No

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
INTERFACILITY	Interfacility Run?	String	Valid values include: Y = Yes N = No
PHYSICIANCERT	Physician Certification Received?	String	Valid values include: Y = Yes N = No

Equipment/Supply Information

The EQUIPMENT tag is a child of the PATIENT tag. Multiple records per injury possible. In addition to equipment, these fields can also be used to capture specialty service charges such as event/standby, extrication, non-resident, etc. The EQUIPMENT tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
EQUIPMENTID	Unique Equipment ID	String	e.g. A999.
EQUIPMENTITEM	Equipment Description	String	e.g.: Backboards.
EQUIPMENTQTY	Quantity Used	Integer	e.g.: 1.
EQUIPMENTPRICE	Equipment Price	Integer	e.g.: 9999.99

Destination Information

The DESTINATION tag is a child of the PATIENT tag. One record per patient. The DESTINATION tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
DESTMODIFIER	Destination Site, Type, or Modifier	String	Valid values include: H = Hospital
DESTDESCRIPTION	Description of the Destination	String	e.g.: Hospital, Residence, SNF, etc.
DESTGRID	Grid, or Location ID of the Destination	String	e.g.: A9999
DESTZONE	Zone, or Location ID of the Destination	String	e.g.: A9999
DESTLONGITUDE	Unit GPS Longitude at Destination	String	e.g.: AA.99999
DESTLATITUDE	Unit GPS Latitude at Destination	String	e.g.: AA.99999
DESTID	Unique Destination Identifier	String	See attachment
DESTCODE	Destination or Facility Code	String	See attachment
DESTDETERMINATION	Who Determined the Destination	String	e.g.: Patient/Family Choice
DESTREASON	Reason for the Destination	String	e.g.: Closest available
DESTNAME	Hospital, Facility, Destination Name	String	See attachment
DESTMРН	Destination Medical Records Number	String	e.g.: A99999
TRANSPORTMODE	Transport Mode	String	e.g.: Code 3
EMERGENCYTRANSPORT	Transported as an Emergency?	String	Valid values include: Y = Yes N = No
TRANSPORTPOSITION	Position of Patient During Transport	String	e.g.: Bench seat
DESTARRIVETIME	Unit At Destination Arrival Time	Date Time	e.g.: 2004-05-25T20:20:00
DESTMILEAGE	Odometer Reading at Destination	Integer	e.g.: 9999.9

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
RECEIVEDSIGNATURE	Signature of the Receiving Person Obtained?	String	Valid values include: Y = Yes N = No
DESTLEAVETIME	Date and Time Unit Leaves Destination	Date Time	e.g.: 2004-05-25T20:15:00

Run Report

The RUNREPORT tag is a child of the PATIENT tag. One record per patient. The RUNREPORT tag is parent to the tags outlined below.

TAG NAME	TAG DESCRIPTION	DATA TYPE	COMMENTS/DATA VALUES
RLine	Text, or html version of the run report	String	Multiple records depending on length of run report

ATTACHMENT B – CAB EVENT TYPES

TYCOD	ENG
2ACC	S/4 - ACCIDENT VEHICLE W/ NO INJURIES
2ACC	S/4 - ACCIDENT VEHICLE W/ NO INJURIES
2ACC	S/4 - ACCIDENT VEHICLE W/ NO INJURIES
2ACCH	S/4 - ACCIDENT VEHICLE/ HURST TOOL
2ACCH	S/4 - ACCIDENT VEHICLE/ HURST TOOL
2ACCH	S/4 - ACCIDENT VEHICLE/ HURST TOOL
2ACCI	S/4 - ACCIDENT VEHICLE/INJ
2ACCI	S/4 - ACCIDENT VEHICLE/INJ
2ACCI	S/4 - ACCIDENT VEHICLE/INJ
2ACCR	S/4 - ACCIDENT VEHICLE / ROLLOVER
2ACCR	S/4 - ACCIDENT VEHICLE / ROLLOVER
2ACCR	S/4 - ACCIDENT VEHICLE / ROLLOVER
2ACM	S/44 - ACCIDENT MARINE/BOAT
2ACMI	S/44 - ACCIDENT MARINE/INJ
2ALAM	S/49 - ALARM/MEDICAL
2ALAM	S/49 - ALARM/MEDICAL
2ALAM	S/49 - ALARM/MEDICAL
2ALT1	S/45 - AIRPLANE/MINOR DIFF/ALERT 1
2ALT1	S/45 - AIRPLANE/MINOR DIFF/ALERT 1
2ALT1	S/45 - AIRPLANE/MINOR DIFF/ALERT 1
2ALT1	S/45 - AIRPLANE/MINOR DIFF/ALERT 1
2ALT2	S/45 - AIRPLANE MAJOR DIFF/ALERT 2
2ALT2	S/45 - AIRPLANE MAJOR DIFF/ALERT 2
2ALT2	S/45 - AIRPLANE MAJOR DIFF/ALERT 2
2ALT2	S/45 - AIRPLANE MAJOR DIFF/ALERT 2
2ALT3	S/45 - AIRPLANE CRASH/ALERT 3
2ALT3	S/45 - AIRPLANE CRASH/ALERT 3
2ALT3	S/45 - AIRPLANE CRASH/ALERT 3
2ALT3	S/45 - AIRPLANE CRASH/ALERT 3
2ANB	S/70 - ANIMAL BITE
2ANB	S/70 - ANIMAL BITE
2ANB	S/70 - ANIMAL BITE
2ANVI	S/4 - ACCIDENT NON-VEHICULAR/INJURIES
2ANVI	S/4 - ACCIDENT NON-VEHICULAR/INJURIES
2ANVI	S/4 - ACCIDENT NON-VEHICULAR/INJURIES
2AOA	S/68 - ASSIST OTHER AGENCY
2ARES	S/70 - ANIMAL RESCUE
2ARES	S/70 - ANIMAL RESCUE
2ASL	S/31 - ASSAULT

2ASL S/31 - ASSAULT
2ASL S/31 - ASSAULT
2BTH S/46 - BOMB THREAT
2CHEM S/68 - CHEMICAL SPILL/LEAK/EMERGENCY
2DRO S/26 - DROWNING
2DRO S/26 - DROWNING
2DRO S/26 - DROWNING
2DTH S/7 - DEATH
2EXD S/55 - EXPLOSIVE DEVICE
2EXD S/55 - EXPLOSIVE DEVICE
2EXD S/55 - EXPLOSIVE DEVICE
2EXP S/55 - EXPLOSION
2EXP S/55 - EXPLOSION
2EXP S/55 - EXPLOSION
2EXP S/55 - EXPLOSION
2FAC S/49 - FIRE ALARM/COMMERCIAL
2FAC S/49 - FIRE ALARM/COMMERCIAL
2FAC S/49 - FIRE ALARM/COMMERCIAL
2FAR S/49 - FIRE ALARM/RESIDENTIAL
2FAR S/49 - FIRE ALARM/RESIDENTIAL
2FAR S/49 - FIRE ALARM/RESIDENTIAL
2FAS S/68 - FIRE ASSIST
2FBMB S/25 - FIRE BOMBING
2FBR S/25 - FIRE/BRUSH
2FBR S/25 - FIRE/BRUSH
2FBR S/25 - FIRE/BRUSH
2FBR S/25 - FIRE/BRUSH
2FEE S/68 - ELEVATOR EXTRACATION
2FEE S/68 - ELEVATOR EXTRACATION
2FFS S/68 - FUEL SPILL
2FGB S/68 - GAS LEAK/BUILDING
2FGL S/68 - GAS LEAK/SPILL
2FHR S/68 - HEAVY RESCUE/CAVE-IN/COLLAPSE
2FHR S/68 - HEAVY RESCUE/CAVE-IN/COLLAPSE
2FHR S/68 - HEAVY RESCUE/CAVE-IN/COLLAPSE

2FHR S/68 - HEAVY RESCUE/CAVE-IN/COLLAPSE
2FIRC S/25 - COMMERCIAL STRUCTURE FIRE
2FIRR S/25 - RESIDENTIAL STRUCTURE FIRE
2FIRU S/25 - UNK TYPE FIRE
2FPL S/68 - POWER LINES/UTILITY FIRE
2FSC S/68 - SERVICE CALL
2FSC S/68 - SERVICE CALL
2FSC S/68 - SERVICE CALL
2FSI S/68 - SMOKE INVESTIGATION
2FSSO S/68 - SUSPICIOUS SUBSTANCE OTHER
2FTR S/25 - TRASH FIRE
2FVA S/25 - VEHICLE/AIRCRAFT FIRE
2FVB S/25 - VEHICLE/BOAT FIRE
2FVP S/25 - VEHICLE PASSENGER/CAR FIRE
2FVT S/25 - VEHICLE/TRUCK FIRE
2FWD S/25 - DOWNED POWER LINES
2FWD S/25 - DOWNED POWER LINES
2FWD S/25 - DOWNED POWER LINES
2GUN S/33 - SHOOTING
2GUN S/33 - SHOOTING

2GUN S/33 - SHOOTING
2HAZ S/68 - HAZARDOUS MATERIAL
2HRAI S/3 - HIT & RUN/INJ
2HRAI S/3 - HIT & RUN/INJ
2HRAI S/3 - HIT & RUN/INJ
2HWC S/68 - HAZ WASTE CONDITION
2HWC S/68 - HAZ WASTE CONDITION
2HWC S/68 - HAZ WASTE CONDITION
2MAP S/67 - MEDICAL - ABDOMINAL PAIN
2MAP S/67 - MEDICAL - ABDOMINAL PAIN
2MAR S/67 - MEDICAL - ABDOMINAL PAIN
2MAR S/67 - MEDICAL - ALLERGIC REACTION
2MAR S/67 - MEDICAL - ALLERGIC REACTION
2MAP S/67 - MEDICAL - ALLERGIC REACTION
2MB S/67 - MEDICAL/BURN INJURY
2MB S/67 - MEDICAL/BURN INJURY
2MB S/67 - MEDICAL/BURN INJURY
2MBB S/67 - MEDICAL - BROKEN BONE
2MBB S/67 - MEDICAL - BROKEN BONE
2MBB S/67 - MEDICAL - BROKEN BONE
2MBH S/67 - MEDICAL - BIOLOGICAL HAZARD
2MBH S/67 - MEDICAL - BIOLOGICAL HAZARD
2MBH S/67 - MEDICAL - BIOLOGICAL HAZARD
2MCK S/67 - MEDICAL/CHOKING
2MCK S/67 - MEDICAL/CHOKING
2MCK S/67 - MEDICAL/CHOKING
2MCL1 S/67- MASS CASUALTY INCIDENT/LEVEL 1
2MCL1 S/67- MASS CASUALTY INCIDENT/LEVEL 1
2MCL1 S/67- MASS CASUALTY INCIDENT/LEVEL 1
2MCL2 S/67 - MASS CASUALTY INCIDENT/LEVEL 2
2MCL2 S/67 - MASS CASUALTY INCIDENT/LEVEL 2
2MCL3 S/67 - MASS CASUALTY INCIDENT/LEVEL 3
2MCP S/67 - MEDICAL/CHEST PAINS
2MCP S/67 - MEDICAL/CHEST PAINS
2MCP S/67 - MEDICAL/CHEST PAINS
2MDB S/67 - MEDICAL/DIABETIC
2MDB S/67 - MEDICAL/DIABETIC
2MDB S/67 - MEDICAL/DIABETIC
2MEL S/67 - MEDICAL/ELECTROCUTION
2MEL S/67 - MEDICAL/ELECTROCUTION
2MEL S/67 - MEDICAL/ELECTROCUTION
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2MFI S/67 - MEDICAL/FALL INJURY
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2MFI S/67 - MEDICAL/FALL INJURY

2MHA	S/67 - MEDICAL/HEART ATTACK
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2MHA	S/67 - MEDICAL/HEART ATTACK
2MHI	S/67 - MEDICAL/HEAD INJURY
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2MIJ	S/67 - MEDICAL - INJURY
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2MOB	S/67 - MEDICAL/OBSTETRICAL
2MOB	S/67 - MEDICAL/OBSTETRICAL
2MOD	S/67 - MEDICAL/OVERDOSE
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2MOM	S/67 - MEDICAL - OTHER MEDICAL
2MPD	S/67 - MEDICAL/PERSON DOWN
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2MPO	S/67 - MEDICAL/PASSED OUT/FAINTING/UNCON
2MPO	S/67 - MEDICAL/PASSED OUT/FAINTING/UNCON
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2MSZ	S/67 - MEDICAL/SEIZURES
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2MSZ	S/67 - MEDICAL/SEIZURES
2MTB	S/67 - MEDICAL/TROUBLE BREATHING
2MTB	S/67 - MEDICAL/TROUBLE BREATHING
2MTB	S/67 - MEDICAL/TROUBLE BREATHING
2MUK	S/67 - UNKNOWN MEDICAL
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2MUK	S/67 - UNKNOWN MEDICAL
2SCM	S/68 - SERVICE CALL MEDICAL
2SCM	S/68 - SERVICE CALL MEDICAL
2SKP	S/67 - SICK PERSON
2SKP	S/67 - SICK PERSON
2SKP	S/67 - SICK PERSON
2SPS	S/32 - SUICIDE ATTEMPT
2SPS	S/32 - SUICIDE ATTEMPT
2SPS	S/32 - SUICIDE ATTEMPT
2SPST	S/32 - SUICIDE THREAT
2SPST	S/32 - SUICIDE THREAT
2STB	S/34 - STABBING
2STB	S/34 - STABBING
2STB	S/34 - STABBING
2TEST	SYSTEM TEST

ATTACHMENT C – HOSPITAL BILLING CODES

Hospital ID	Hospital Name	Hospital Address	Hospital Code
010601	Broward General Medical Center	1600 S ANDREWS AV,FTLD,FL	BGM
010610	Holy Cross Hospital	4725 N FED HWY,FT LAUD,FL	HCH
010614	Imperial Point Medical Center	6401 N FED HWY,FT LAUD,FL	IPM
010619	North Broward Medical Center	201 E SAMPLE RD,PO.BCH,FL	NBM
010620	North Ridge Medical Center	5757 N DIXIE HWY,FT.LD,FL	NRM
000285	Florida Medical Center	5000W OAKLAND PK,LLAKES,FL	FMC
010608	Hollywood Med Center	3600 WASHINGTON ST,HWD,FL	HMC
010617	Memorial Hospital-Hlwd	3501 JOHNSON ST,HLWD,FL	MHH
010607	NorthWest Medical Center	5801 COL PKWY,MARGATE FL	NWM
011316	Aventura Hosp & Med Ctr	20900 BISCAYNE ADV FL33180 2815 S SEACREST,BYTON	ADH
015003	Bethesda Memorial Hosp	B,FL	BMH
015004	Boca Raton Community	800 MEADOW RD BCA RATON,FL	BOC
010618	Cleveland Clinic	3100 WESTIN RD, WESTIN,FL	CLE
015011	Columbia Hosp 45Th St	2201 45 ST WPB FL 33407	CPB
010613	Columbia Westside Rgnal	8201 W BROWARD FT LAUD FL	CWR
010603	Coral Ridge Psych Hosp	4545 N FED HWY,FT LAUD,FL	CRH
010604	Coral Springs Med Center	3000 CORAL HILLS,C SPG,FL	CSM
099993	Dead On Arrival		DOA
015006	Delray Community	5352 LINTON BLVDDELRAY,FL	DEL
010606	Fla Med Center Hosp	5000 W OAKLND PK,L LKS,FL	FMC
015022	Good Samaritan Hospital	1309 N FLAGLER DR WPB FL 3600 WASHINGTON	GSH
011308	Hollywood Medical	ST,HWD,FL	AME
011317	Jackson Memorial Hospital	1611 NW 12 AVE, MIAMI FL	JMH
015021	John F Kennedy	5301 S CONGRESS, WPB, FL	JFK
015012	Jupiter Medical Center	1210 S OLD DIXIE JUPITR FL	JMC
010616	Memorial Hospital-West	703 N FLAMINGO RD,P.P.,FL	MHW
025035	Palm Bch Gardens Medical	3360 BURNS RD P BCH GDN FL	PBG

015015 011328	Palms West Hospital Parkway Regional	13001 SOUTHERN BLVD WPB,FL 160 NW 170 ST NMB FL33169	PAL PRM
011311 010612	Parkway Regional West Pembroke Pines Mem Hosp	17300 NW 7 AVE MIA FL33168 7800 SHERIDAN ,P.PINES,FL	PRW PPH
010621 015019 010627 015020 015023	Plantation Gen Hospital Saint Marys University Hospital Wellington Reg Med Center West Boca Med Center	401 NW 42 AVE,PLANTN,FL 901 45TH ST, WPB, FL 7201 N UNIV DR,TAMARAC,FL 10101 FOREST HILLS WPB FL 21644 SR 7,B.RATON,FL	PGH SM UH WRM WBM

**ADDITIONAL
HOSPITALS**

10602 99991	CPC FT LAUD HOSPITAL HELIPAD	1601 E LAS OLAS BL,FLL,FL	CPC HPD
10615 10624	MANOR OAKS SUNRISE REHAB HOSP	2121 E COMM BLV,FT LD,FL 4399 NOB HILL RD,SNRSE,FL	MO SRH
10622 99994 99996	S FLA STATE HOSP HELICOPTER TRANSPORT TREATMENT W/O TRANSPORT	1000 SW 84 AVE,P.PINES,FL	SSH HEL TWT

ATTACHMENT D – BILLING EXAMPLE (1)

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**City of Fort Lauderdale
GENERAL CONDITIONS**

These instructions are standard for all contracts for commodities or services issued through the City of Fort Lauderdale Procurement Services Department. The City may delete, supersede, or modify any of these standard instructions for a particular contract by indicating such change in the Invitation to Bid (ITB) Special Conditions, Technical Specifications, Instructions, Proposal Pages, Addenda, and Legal Advertisement.

PART I BIDDER PROPOSAL PAGE(S) CONDITIONS:

- 1.01 BIDDER ADDRESS:** The City uses automated vendor address lists that been generated for each specific Commodity Class item through our bid issuing service, RFP Depot. Notices of Invitations to Bid (ITB'S) are sent by e-mail or fax to every vendor on those lists, who may then view the bid documents online. Bidders who have been informed of a bid's availability in any other manner are responsible for registering with RFP Depot in order to view the bid documents. There is no fee for doing so. If you wish bid notifications be provided to another e-mail address or fax, please contact RFP Depot. If you wish purchase orders sent to a different address, please so indicate in your bid response. If you wish payments sent to a different address, please so indicate on your invoice.
- 1.02 DELIVERY:** Time will be of the essence for any orders placed as a result of this ITB. The City reserves the right to cancel any orders, or part thereof, without obligation if delivery is not made in accordance with the schedule specified by the Bidder and accepted by the City.
- 1.03 PAYMENT TERMS AND CASH DISCOUNTS:** Payment terms, unless otherwise stated in this ITB, will be considered to be net 30 days after the date of satisfactory delivery at the place of acceptance and receipt of correct invoice at the office specified, whichever occurs last. Bidder may offer cash discounts for prompt payment but they will not be considered in determination of award. If a Bidder offers a discount, it is understood that the discount time will be computed from the date of satisfactory delivery, at the place of acceptance, and receipt of correct invoice, at the office specified, whichever occurs last.
- 1.04 TOTAL BID DISCOUNT:** If Bidder offers a discount for award of all items listed in the bid, such discount shall be deducted from the total of the firm net unit prices bid and shall be considered in tabulation and award of bid.
- 1.05 BIDS FIRM FOR ACCEPTANCE:** Bidder warrants, by virtue of bidding, that his bid and the prices quoted in his bid will be firm for acceptance by the City for a period of ninety (90) days from the date of bid opening unless otherwise stated in the ITB.
- 1.06 VARIANCES:** For purposes of bid evaluation, Bidder's must indicate any variances, no matter how slight, from ITB General Conditions, Special Conditions, Specifications or Addenda in the space provided in the ITB. No variations or exceptions by a Bidder will be considered or deemed a part of the bid submitted unless such variances or exceptions are listed in the bid and referenced in the space provided on the bidder proposal pages. If variances are not stated, or referenced as required, it will be assumed that the product or service fully complies with the City's terms, conditions, and specifications.
- By receiving a bid, City does not necessarily accept any variances contained in the bid. All variances submitted are subject to review and approval by the City. If any bid contains material variances that, in the City's sole opinion, make that bid conditional in nature, the City reserves the right to reject the bid or part of the bid that is declared, by the City as conditional.
- 1.07 NO BIDS:** If you do not intend to bid please indicate the reason, such as insufficient time to respond, do not offer product or service, unable to meet specifications, schedule would not permit, or any other reason, in the space provided in this ITB. Failure to bid or return no bid comments prior to the bid due and opening date and time, indicated in this ITB, may result in your firm being deleted from our Bidder's registration list for the Commodity Class Item requested in this ITB.
- 1.08 MINORITY AND WOMEN BUSINESS ENTERPRISE PARTICIPATION AND BUSINESS DEFINITIONS:** The City of Fort Lauderdale wants to increase the participation of Minority Business Enterprises (MBE), Women Business Enterprises (WBE), and Small Business Enterprises (SBE) in its procurement activities. If your firm qualifies in accordance with the below definitions please indicate in the space provided in this ITB.

Minority Business Enterprise (MBE) "A Minority Business" is a business enterprise that is owned or controlled by one or more socially or economically disadvantaged persons. Such disadvantage may arise from cultural, racial, chronic economic circumstances or background or other similar cause. Such persons include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

The term 'Minority Business Enterprise' means a business at least 51 percent of which is owned by minority group members or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by minority group members. For the purpose of the preceding sentence, minority group members are citizens of the United States who include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

Women Business Enterprise (WBE) a "Women Owned or Controlled Business is a business enterprise at least 51 percent of which is owned by females or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by females.

Small Business Enterprise (SBE) "Small Business" means a corporation, partnership, sole proprietorship, or other legal entity formed for the purpose of making a profit, which is independently owned and operated, has either fewer than 100 employees or less than \$1,000,000 in annual gross receipts.

BLACK, which includes persons having origins in any of the Black racial groups of Africa.

WHITE, which includes persons whose origins are Anglo-Saxon and Europeans and persons of Indo-European decent including Pakistani and East Indian.

HISPANIC, which includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or other Spanish culture or origin, regardless of race.

NATIVE AMERICAN, which includes persons whose origins are American Indians, Eskimos, Aleuts, or Native Hawaiians.

ASIAN AMERICAN, which includes persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

1.09 MINORITY-WOMEN BUSINESS ENTERPRISE PARTICIPATION

It is the desire of the City of Fort Lauderdale to increase the participation of minority (MBE) and women-owned (WBE) businesses in its contracting and procurement programs. While the City does not have any preference or set aside programs in place, it is committed to a policy of equitable participation for these firms. Proposers are requested to include in their proposals a narrative describing their past accomplishments and intended actions in this area. If proposers are considering minority or women owned enterprise participation in their proposal, those firms, and their specific duties have to be identified in the proposal. If a proposer is considered for award, he will be asked to meet with City staff so that the intended MBE/WBE participation can be formalized and included in the subsequent contract.

1.09(a) CERTIFICATION BY BROWARD COUNTY, FL: If awarded a contract or purchase order as a result of this solicitation, and if the awarded contractor/vendor is claiming minority status in accordance with Section 1.08 of the General Conditions, then said awarded contractor/vendor shall apply for certification by Broward County, Florida, *Division of Equal Employment and Small Business Opportunity*. Contractor/vendor shall provide documentation of application status, and once approved or disapproved by Broward County, must also provide that documentation to the Procurement Services Department of the City of Fort Lauderdale.

Part II DEFINITIONS/ORDER OF PRECEDENCE:

- 2.01 BIDDING DEFINITIONS** The City will use the following definitions in it's general conditions, special conditions, technical specifications, instructions to bidders, addenda and any other document used in the bidding process:
INVITATION TO BID (ITB) when the City is requesting bids from qualified Bidders.
REQUEST FOR PROPOSALS (RFP) when the City is requesting proposals from qualified Proposers.
BID – a price and terms quote received in response to an ITB.
PROPOSAL – a proposal received in response to an RFP.
BIDDER – Person or firm submitting a Bid.
PROPOSER – Person or firm submitting a Proposal.
RESPONSIVE BIDDER – A person whose bid conforms in all material respects to the terms and conditions included in the ITB.
RESPONSIBLE BIDDER – A person who has the capability in all respects to perform in full the contract requirements, as stated in the ITB, and the integrity and reliability that will assure good faith performance.
FIRST RANKED PROPOSER – That Proposer, responding to a City RFP, whose Proposal is deemed by the City, the most advantageous to the City after applying the evaluation criteria contained in the RFP.
SELLER – Successful Bidder or Proposer who is awarded a Purchase Order or Contract to provide goods or services to the City.
CONTRACTOR – Successful Bidder or Proposer who is awarded a Purchase Order, award Contract, Blanket Purchase Order agreement, or Term Contract to provide goods or services to the City.
CONTRACT – A deliberate verbal or written agreement between two or more competent parties to perform or not to perform a certain act or acts, including all types of agreements, regardless of what they may be called, for the procurement or disposal of equipment, materials, supplies, services or construction.
CONSULTANT – Successful Bidder or Proposer who is awarded a contract to provide professional services to the City.
The following terms may be used interchangeably by the City: ITB, or RFP; Bid or Proposal; Bidder, Proposer, or Seller; Contractor or Consultant; Contract, Award, Agreement or Purchase Order.
- 2.02 SPECIAL CONDITIONS:** Any and all Special Conditions contained in this ITB that may be in variance or conflict with these General Conditions shall have precedence over these General Conditions. If no changes or deletions to General Conditions are made in the Special Conditions, then the General Conditions shall prevail in their entirety,

PART III BIDDING AND AWARD PROCEDURES:

- 3.01 SUBMISSION AND RECEIPT OF BIDS:** To receive consideration, bids must be received prior to the bid opening date and time. Unless otherwise specified, Bidder's should use the proposal forms provided by the City. These forms may be duplicated, but failure to use the forms may cause the bid to be rejected. Any erasures or corrections on the bid must be made in ink and initialed by Bidder in ink. All information submitted by the Bidder shall be printed, typewritten or filled in with pen and ink. Bids shall be signed in ink. Separate bids must be submitted for each ITB issued by the City in separate sealed envelopes properly marked. When a particular ITB or RFP requires multiple copies of bids or proposals they may be included in a single envelope or package properly sealed and identified. Only send bids via facsimile transmission (FAX) if the ITB specifically states that bids sent via FAX will be considered. If such a statement is not included in the ITB, bids sent via FAX will be rejected. Bids will be publicly opened in the Procurement Office, or other designated area, in the presence of Bidder's, the public, and City staff. Bidders and the public are invited and encouraged to attend bid openings. Bids will be tabulated and made available for review by Bidder's and the public in accordance with applicable regulations.
- 3.02 MODEL NUMBER CORRECTIONS:** If the model number for the make specified in this ITB is incorrect, or no longer available and replaced with an updated model with new specifications, the Bidder shall enter the correct model number on the bidder proposal page. In the case of an updated model with new specifications, Bidder shall provide adequate information to allow the City to determine if the model bid meets the City's requirements.
- 3.03 PRICES QUOTED:** Deduct trade discounts, and quote firm net prices. Give both unit price and extended total. In the case of a discrepancy in computing the amount of the bid, the unit price quoted will govern. All prices quoted shall be F.O.B. destination, freight prepaid (Bidder pays and bears freight charges, Bidder owns goods in transit and files any claims), unless otherwise stated in Special Conditions. Each item must be bid separately. No attempt shall be made to tie any item or items contained in the ITB with any other business with the City.
- 3.04 TAXES:** The City of Fort Lauderdale is exempt from Federal Excise and Florida Sales taxes on direct purchase of tangible property. Exemption number for Federal Excise taxes is **59-74-0111K**, and State Sales tax exemption number is **16-03-196479-54C**.
- 3.05 WARRANTIES OF USAGE:** Any quantities listed in this ITB as estimated or projected are provided for tabulation and information purposes only. No warranty or guarantee of quantities is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.
- 3.06 APPROVED EQUAL:** When the technical specifications call for a brand name, manufacturer, make, model, or vendor catalog number with acceptance of APPROVED EQUAL, it shall be for the purpose of establishing a level of quality and features desired and acceptable to the City. In such cases, the City will be receptive to any unit that would be considered by qualified City personnel as an approved equal. In that the specified make and model represent a level of quality and features desired by the City, the Bidder must state clearly in his bid any variance from those specifications. It is the Bidder's responsibility to provide adequate information, in his bid, to enable the City to ensure that the bid meets the required criteria. If adequate information is not submitted with the bid, it may be rejected. The City will be the sole judge in determining if the item bid qualifies as an approved equal.
- 3.07 MINIMUM AND MANDATORY TECHNICAL SPECIFICATIONS:** The technical specifications may include items that are considered minimum, mandatory, or required. If any Bidder is unable to meet, or exceed these items, and feels that the technical specifications are overly restrictive, he must notify the Procurement Division immediately. Such notification must be received by the Procurement Services Department prior to the deadline contained in the ITB, for questions of a material nature, or prior to five (5) days before bid due and open date, whichever occurs first. If no such notification is received prior to that deadline, the City will consider the technical specifications to be acceptable to all bidders.
- 3.08 MISTAKES:** Bidders are cautioned to examine all terms, conditions, specifications, drawings, exhibits, addenda, delivery instructions and special conditions pertaining to the ITB. Failure of the Bidder to examine all pertinent documents shall not entitle him to any relief from the conditions imposed in the contract.
- 3.09 SAMPLES AND DEMONSTRATIONS:** Samples or inspection of product may be requested to determine suitability. Unless otherwise specified in Special Conditions, samples shall be requested after the date of bid opening, and if requested should be received by the City within seven (7) working days of request. Samples, when requested, must be furnished free of expense to the City and if not used in testing or destroyed, will upon request of the Bidder, be returned within thirty (30) days of bid award at Bidder's expense. When required, the City may request full demonstrations of units prior to award. When such demonstrations are requested, the Bidder shall respond promptly and arrange a demonstration at a convenient location. Failure to provide samples or demonstrations as specified by the City may result in rejection of a bid.
- 3.10 LIFE CYCLE COSTING:** If so specified in the ITB, the City may elect to evaluate equipment proposed on the basis of total cost of ownership. In using Life Cycle Costing, factors such as the following may be considered: estimated useful life, maintenance costs, cost of supplies, labor intensity, energy usage, environmental impact,

and residual value. The City reserves the right to use those or other applicable criteria, in its sole opinion that will most accurately estimate total cost of use and ownership.

- 3.11 BIDDING ITEMS WITH RECYCLED CONTENT:** In addressing environmental concerns, the City of Fort Lauderdale encourages Bidders to submit bids or alternate bids containing items with recycled content. When submitting bids containing items with recycled content, Bidder shall provide documentation adequate for the City to verify the recycled content. The City prefers packaging consisting of materials that are degradable or able to be recycled. When specifically stated in the ITB, the City may give preference to bids containing items manufactured with recycled material or packaging that is able to be recycled.
- 3.12 USE OF OTHER GOVERNMENTAL CONTRACTS:** The City reserves the right to reject any part or all of any bids received and utilize other available governmental contracts, if such action is in its best interest.
- 3.13 QUALIFICATIONS/INSPECTION:** Bids will only be considered from firms normally engaged in providing the types of commodities/services specified herein. The City reserves the right to inspect the Bidder's facilities, equipment, personnel, and organization at any time, or to take any other action necessary to determine Bidder's ability to perform. The Procurement Director reserves the right to reject bids where evidence or evaluation is determined to indicate inability to perform.
- 3.14 BID SURETY:** If Special Conditions require a bid security, it shall be submitted in the amount stated. A bid security can be in the form of a bid bond, postal money order, cashiers check, or irrevocable letter of credit. Bid security will be returned to the unsuccessful bidders as soon as practicable after opening of bids. Bid security will be returned to the successful bidder after acceptance of the performance bond or irrevocable letter of credit, if required; acceptance of insurance coverage, if required; and full execution of contract documents, if required; and full execution of contract documents, if required; or conditions as stated in Special Conditions.
- 3.15 PUBLIC RECORDS:** Florida law provides that municipal records shall at all times be open for personal inspection by any person. Section 119.01, F.S., The Public Records Law. Information and materials received by City in connection with an ITB response shall be deemed to be public records subject to public inspection upon award, recommendation for award, or 10 days after bid opening, whichever occurs first. However, certain exemptions to the public records law are statutorily provided for in Section 119.07, F.S. If the Proposer believes any of the information contained in his or her response is exempt from the Public Records Law, then the Proposer, must in his or her response, specifically identify the material which is deemed to be exempt and cite the legal authority for the exemption. The City's determination of whether an exemption applies shall be final, and the Proposer agrees to defend, indemnify, and hold harmless the City and the City's officers, employees, and agents, against any loss or damages incurred by any person or entity as a result of the City's treatment of records as public records.
- 3.15 PROHIBITION OF INTEREST:** No contract will be awarded to a bidding firm who has City elected officials, officers or employees affiliated with it, unless the bidding firm has fully complied with current Florida State Statutes and City Ordinances relating to this issue. Bidders must disclose any such affiliation. Failure to disclose any such affiliation will result in disqualification of the Bidder and removal of the Bidder from the City's bidder lists and prohibition from engaging in any business with the City.
- 3.16 RESERVATIONS FOR AWARD AND REJECTION OF BIDS:** The City reserves the right to accept or reject any or all bids, part of bids, and to waive minor irregularities or variations to specifications contained in bids, and minor irregularities in the bidding process. The City also reserves the right to award the contract on a split order basis, lump sum basis, individual item basis, or such combination as shall best serve the interest of the City. The City reserves the right to make an award to the responsive and responsible bidder whose product or service meets the terms, conditions, and specifications of the ITB and whose bid is considered to best serve the City's interest. In determining the responsiveness of the offer and the responsibility of the Bidder, the following shall be considered when applicable: the ability, capacity and skill of the Bidder to perform as required; whether the Bidder can perform promptly, or within the time specified, without delay or interference; the character, integrity, reputation, judgment, experience and efficiency of the Bidder; the quality of past performance by the Bidder; the previous and existing compliance by the Bidder with related laws and ordinances; the sufficiency of the Bidder's financial resources; the availability, quality and adaptability of the Bidder's supplies or services to the required use; the ability of the Bidder to provide future maintenance, service or parts; the number and scope of conditions attached to the bid.
- If the ITB provides for a contract trial period, the City reserves the right, in the event the selected bidder does not perform satisfactorily, to award a trial period to the next ranked bidder or to award a contract to the next ranked bidder, if that bidder has successfully provided services to the City in the past. This procedure to continue until a bidder is selected or the contract is re-bid, at the sole option of the City.
- 3.17 LEGAL REQUIREMENTS:** Applicable provisions of all federal, state, county laws, and local ordinances, rules and regulations, shall govern development, submittal and evaluation of all bids received in response hereto and shall govern any and all claims and disputes which may arise between person(s) submitting a bid response hereto and the City by and through its officers, employees and authorized representatives, or any other person, natural or otherwise; and lack of knowledge by any bidder shall not constitute a cognizable defense against the legal effect thereof.

PART IV BONDS AND INSURANCE

- 4.01 PERFORMANCE BOND/IRREVOCABLE LETTER OF CREDIT:** If a performance bond or irrevocable letter of credit is required in Special Conditions, the Contractor shall within fifteen (15) working days after notification of award, furnish to the City a Performance Bond or an Unconditional Irrevocable Letter of Credit payable to the City of Fort Lauderdale, Florida, in the face amount specified in Special Conditions as surety for faithful performance under the terms and conditions of the contract. If the bond is on an annual coverage basis, renewal for each succeeding year shall be submitted to the City thirty (30) days prior to the termination date of the existing Performance Bond. The Performance Bond must be executed by a surety company of recognized standing, authorized to do business in the State of Florida and having a resident agent. If a Letter of Credit is chosen, it must be in a form acceptable to the City, drawn on a local (Broward, Dade or Palm Beach Counties) bank acceptable to the City and issued in favor of the City of Fort Lauderdale, Florida. If a Bidder wishes to use a non-local bank, he must have prior City approval of the requirements to draw against the Letter of Credit.

Acknowledgement and agreement is given by both parties that the amount herein set for the Performance Bond or Irrevocable Letter of Credit is not intended to be nor shall be deemed to be in the nature of liquidated damages nor is it intended to limit the liability of the Contractor to the City in the event of a material breach of this Agreement by the Contractor.

- 4.02 INSURANCE:** If the Contractor is required to go on to City property to perform work or services as a result of ITB award, the Contractor shall assume full responsibility and expense to obtain all necessary insurance as required by City or specified in Special Conditions.

The Contractor shall provide to the Procurement Services Department original certificates of coverage and receive notification of approval of those certificates by the City's Risk Manager prior to engaging in any activities under this contract. The Contractor's insurance is subject to the approval of the City's Risk Manager. The certificates must list the City as an ADDITIONAL INSURED and shall have no less than thirty (30) days written notice of cancellation or material change. Further modification of the insurance requirements may be made at the sole discretion of the City's Risk Manager if circumstances change or adequate protection of the City is not presented. Bidder, by submitting his bid, agrees to abide by such modifications.

PART V PURCHASE ORDER AND CONTRACT TERMS:

- 5.01 COMPLIANCE TO SPECIFICATIONS, LATE DELIVERIES/PENALTIES:** Items offered may be tested for compliance to bid specifications. Items delivered which do not conform to bid specifications may be rejected and returned at Contractor's expense. Any violation resulting in contract termination for cause or delivery of items not conforming to specifications, or late delivery may also result in:
- Bidder's name being removed from the City's bidder's mailing list for a specified period and Bidder will not be recommended for any award during that period.
 - All City Departments being advised to refrain from doing business with the Bidder.
 - All other remedies in law or equity.
- 5.02 ACCEPTANCE, CONDITION, AND PACKAGING:** The material delivered in response to ITB award shall remain the property of the Seller until a physical inspection is made and the material accepted to the satisfaction of the City. The material must comply fully with the terms of the ITB, be of the required quality, new, and the latest model. All containers shall be suitable for storage and shipment by common carrier, and all prices shall include standard commercial packaging. The City will not accept substitutes of any kind. Any substitutes or material not meeting specifications will be returned at the Bidder's expense. Payment will be made only after City receipt and acceptance of materials or services.
- 5.03 SAFETY STANDARDS:** All manufactured items and fabricated assemblies shall comply with applicable requirements of the Occupational Safety and Health Act of 1970 as amended, and be in compliance with Chapter 442, Florida Statutes. Any toxic substance listed in Section 38F-41.03 of the Florida Administrative Code delivered as a result of this order must be accompanied by a completed Material Safety Data Sheet (MSDS).
- 5.04 ASBESTOS STATEMENT:** All material supplied must be 100% asbestos free. Bidder, by virtue of bidding, certifies that if awarded any portion of the ITB he will supply only material or equipment that is 100% asbestos free.
- 5.05 OTHER GOVERNMENTAL ENTITIES:** If the Bidder is awarded a contract as a result of this ITB, he will, if he has sufficient capacity or quantities available, provide to other governmental agencies, so requesting, the products or services awarded in accordance with the terms and conditions of the ITB and resulting contract. Prices shall be F.O.B. delivered to the requesting agency.
- 5.06 VERBAL INSTRUCTIONS PROCEDURE:** No negotiations, decisions, or actions shall be initiated or executed by the Contractor as a result of any discussions with any City employee. Only those communications which are in writing from an authorized City representative may be considered. Only written communications from

Contractors, which are assigned by a person designated as authorized to bind the Contractor, will be recognized by the City as duly authorized expressions on behalf of Contractors.

- 5.07 INDEPENDENT CONTRACTOR:** The Contractor is an independent contractor under this Agreement. Personal services provided by the Proposer shall be by employees of the Contractor and subject to supervision by the Contractor, and not as officers, employees, or agents of the City. Personnel policies, tax responsibilities, social security, health insurance, employee benefits, procurement policies unless otherwise stated in this ITB, and other similar administrative procedures applicable to services rendered under this contract shall be those of the Contractor.
- 5.08 INDEMNITY/HOLD HARMLESS AGREEMENT:** The Contractor agrees to protect, defend, indemnify, and hold harmless the City of Fort Lauderdale and its officers, employees and agents from and against any and all losses, penalties, damages, settlements, claims, costs, charges for other expenses, or liabilities of every and any kind including attorney fees, in connection with or arising directly or indirectly out of the work agreed to or performed by Contractor under the terms of any agreement that may arise due to the bidding process. Without limiting the foregoing, any and all such claims, suits, or other actions relating to personal injury, death, damage to property, defects in materials or workmanship, actual or alleged violations of any applicable Statute, ordinance, administrative order, rule or regulation, or decree of any court shall be included in the indemnity hereunder.
- 5.09 TERMINATION FOR CAUSE:** If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this Agreement, or if the Contractor shall violate any of the provisions of this Agreement, the City may upon written notice to the Contractor terminate the right of the Contractor to proceed under this Agreement, or with such part or parts of the Agreement as to which there has been default, and may hold the Contractor liable for any damages caused to the City by reason of such default and termination. In the event of such termination, any completed services performed by the Contractor under this Agreement shall, at the option of the City, become the City's property and the Contractor shall be entitled to receive equitable compensation for any work completed to the satisfaction of the City. The Contractor, however, shall not be relieved of liability to the City for damages sustained by the City by reason of any breach of the Agreement by the Contractor, and the City may withhold any payments to the Contractor for the purpose of setoff until such time as the amount of damages due to the City from the Contractor can be determined.
- 5.10 TERMINATION FOR CONVENIENCE:** The City reserves the right, in its best interest as determined by the City, to cancel contract by giving written notice to the Contractor thirty (30) days prior to the effective date of such cancellation.
- 5.11 CANCELLATION FOR UNAPPROPRIATED FUNDS:** The obligation of the City for payment to a Contractor is limited to the availability of funds appropriated in a current fiscal period, and continuation of the contract into a subsequent fiscal period is subject to appropriation of funds, unless otherwise authorized by law.
- 5.12 RECORDS/AUDIT:** The Contractor shall maintain during the term of the contract all books of account, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract. The form of all records and reports shall be subject to the approval of the City's Internal Auditor. The Contractor agrees to make available to the City's Internal Auditor, during normal business hours and in Broward, Dade or Palm Beach Counties, all books of account, reports and records relating to this contract for the duration of the contract and retain them for a minimum period of one (1) year beyond the last day of the contract term.
- 5.13 PERMITS, TAXES, LICENSES:** The successful Contractor shall, at his own expense, obtain all necessary permits, pay all licenses, fees and taxes, required to comply with all local ordinances, state and federal laws, rules and regulations applicable to business to be carried on under this contract.
- 5.14 LAWS/ORDINANCES:** The Contractor shall observe and comply with all Federal, state, local and municipal laws, ordinances rules and regulations that would apply to this contract.
- 5.15 NON-DISCRIMINATION:** There shall be no discrimination as to race, sex, color, creed, age or national origin in the operations conducted under this contract.
- 5.16 UNUSUAL CIRCUMSTANCES:** If during a contract term where costs to the City are to remain firm or adjustments are restricted by a percentage or CPI cap, unusual circumstances that could not have been foreseen by either party to the contract occur, and those circumstances significantly affect the Contractor's cost in providing the required items or services, then the Contractor may request adjustments to the costs to the City to reflect the changed circumstances. The circumstances must be beyond the control of the Contractor, and the requested adjustments must be fully documented. The City may, after examination, refuse to accept the adjusted costs if they are not properly documented, increases are considered to be excessive, or decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the City, the City will reserve the following options:

1. The contract can be canceled by the City upon giving thirty (30) days written notice to the Contractor with no penalty to the City or Contractor. The Contractor shall fill all City requirements submitted to the Contractor until the termination date contained in the notice.
2. The City requires the Contractor to continue to provide the items and services at the firm fixed (non-adjusted) cost until the termination of the contract term then in effect.
3. If the City, in its interest and in its sole opinion, determines that the Contractor in a capricious manner attempted to use this section of the contract to relieve themselves of a legitimate obligation under the contract, and no unusual circumstances had occurred, the City reserves the right to take any and all action under law or equity. Such action shall include, but not be limited to, declaring the Contractor in default and disqualifying him for receiving any business from the City for a state period of time.

If the City does agree to adjusted costs, these adjusted costs shall not be invoiced to the City until the Contractor receives notice in writing signed by a person authorized to bind the City in such matters.

- 5.17 ELIGIBILITY:** If applicable, the Contractor must first register with the Department of State of the State of Florida, in accordance with Florida State Statutes, prior to entering into a contract with the City.
- 5.18 PATENTS AND ROYALTIES:** The Contractor, without exception, shall indemnify and save harmless the City and its employees from liability of any nature and kind, including cost and expenses for or on account of any copyrighted, patented or un-patented invention, process, or article manufactured or used in the performance of the contract, including its use by the City. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.
- 5.19 ASSIGNMENT:** Contractor shall not transfer or assign the performance required by this ITB without the prior written consent of the City. Any award issued pursuant to this ITB, and the monies, which may become due hereunder, are not assignable except with the prior written approval of the City Manager or selected designee.
- 5.20 LITIGATION VENUE:** The parties waive the privilege of venue and agree that all litigation between them in the state courts shall take place in Broward County, Florida and that all litigation between them in the federal courts shall take place in the Southern District in and for the State of Florida.

PROPOSAL SIGNATURE PAGE

TO: The CITY of Fort Lauderdale, FL

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the RFP. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this proposal.

Please Note: If responding to this solicitation through RFP Depot, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version.

Proposal submitted by: _____
(signature) (date)

Name (printed) _____ Title: _____

Company: (Legal Registration) _____

CONTRACTOR, IF FOREIGN CORPORATION, SHALL BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUE §607.1501 (visit <http://www.dos.state.fl.us/doc/>)

Address: _____

CITY _____ State: _____ Zip _____

Telephone No. _____ FAX No. _____

E-MAIL: _____

Does your firm qualify for MBE or WBE status In accordance with Section 1.08 of General Conditions? _____
MBE _____ WBE _____

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in his proposal:

Addendum No. Date Issued

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of RFP, attachments or proposal pages. No variations or exceptions by the Proposer will be deemed to be part of the proposal submitted unless such variation or exception is listed and contained within the proposal documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your proposal complies with the full scope of this RFP.

Variances:

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

- 3.3. City employees may not contract with the City through any corporation or business entity in which they hold a controlling financial interest (ownership of five (5) percent or more), unless in their City duties they are not involved in:
 - 3.3.1 The award of the contract, or
 - 3.3.2 Determining contract provisions, or
 - 3.3.3 The enforcement of the contract.

3.4 Immediate family members (spouse, parents, children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME

RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

Questionnaire

Please print or type:

1. Provide three references for which you have performed similar services.

Company Name:

Address:

Contact Name:

Telephone:

Company Name:

Address:

Contact Name:

Telephone:

Company Name:

Address:

Contact Name:

Telephone:

2. Number of years experience the proposer has had in providing similar services:

Years

3. Have you ever failed to complete work awarded to you? If so, where and why?

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4. List appropriate licenses as issued by Broward County.

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5. Briefly describe the number of employees and supervisors available for this contract and the firm's ability to secure subcontractors, if necessary.

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6. Briefly describe your firm's financial status and provide proof of adequate line of credit or other financial assets to access funds for construction of multiple projects during the same time period.

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The proposer understands that the information contained in these proposal pages is to be relied upon by the City in awarding the proposed contract, and such information is warranted by the proposer to be true. The proposer agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the proposer, as may be required by the City.

Please review the questionnaire to make sure all questions have been answered. Attach additional sheets if necessary. Failure to answer each question could result in the disqualification of your bid.

