

**TOWN OF PROVINCETOWN  
BILLING SERVICE  
EMERGENCY AMBULANCE SERVICES  
Request for Proposals (RFP)**

The emergency ambulance service is operated by the Town of Provincetown's Fire Department and is an Advanced Life Support service to the Paramedic Level. Billing services providers interested in providing the billing service, as set forth in the attached specifications, are invited to deliver two (2) copies of their ambulance billing proposal to the **Town Manager no later than August 31, 2023 at 4:00 P.M.** at which time and place proposals will be opened and read.

All proposals shall be sealed and addressed to the Town Manager, Alex Morse. Proposers shall submit separate price and non-price (technical) proposals. The price proposal must be signed, placed in an envelope, and sealed. The price proposal will require the fee for the service to be stated as a percentage of actual receipts delivered to the Town. This envelope is to be clearly marked with the Proposer's name, date of opening, and titled as follows:

**Town of Provincetown – Ambulance Billing Price Proposal**

The non-price (technical) proposal must contain all information pertaining to the Billing Service, such as the method of billing, initiation of billing procedures, application for, and timetable for the respective applications for provider numbers for Medicare and Blue/Cross Shield, and Medicaid. The proposal must address, at a minimum, each of the issues set forth in the Request for Proposals in order to be considered responsive. Any proposal which does not respond to each issue in the Request for Proposals must be rejected by the Town of Provincetown as non-responsive. The non-price proposal shall be signed, placed in a separate envelope, and sealed. All pages that require signatures must be signed where appropriate and submitted as part of the non-price proposal.

The Town of Provincetown reserves the right to reject any and all bids. The right is reserved to waive informalities or irregularities in any bid and to award the contract to the lowest responsive bidder.

ALEX MORSE  
TOWN MANAGER

## Town of Provincetown – Ambulance Billing Non-Price Proposal

A Proposer may correct, modify, or withdraw a proposal by sealed, written notice clearly marked as a correction, modification, or withdrawal and received in the Office of the Town Manager prior to the time and date for the opening of the proposals.

Proposals received after the submission due date and time will not be accepted.

**SIGNING OF PROPOSALS:** Statements of Qualifications must be signed as follows:

- A. If the Proposer is an individual, by him/her personally;
- B. If the Proposer is a partnership, by the name of the partner, followed by the signature of Each general partner; and
- C. If the Proposer is a corporation, by the Authorized Officer, whose signature must be attested to by the Clerk/Secretary of the corporation and the corporate seal affixed. A copy of the corporate vote must also be submitted.

**REVIEWING PERIOD:** All proposals meeting the minimum requirements and conditions may be held by the Town of Provincetown for a period not to exceed sixty (60) days from the date of opening proposals for the purpose of reviewing the proposals and investigating the qualifications of Proposers, prior to the awarding of the contract.

**VENDOR SELECTION:** Following the procedures previously described, the Town of Provincetown will make a decision regarding the selection of the vendor with whom it wishes to enter into a contract. Proposals will be evaluated upon the basis of the Minimum Qualifications, the Comparative Evaluative Criteria for Selection set forth, prices, and other appropriate factors. A Massachusetts-based company is preferred. This may not necessarily be the low bidder.

**AWARD:** The award of this contract will be made by the Town of Provincetown's Town Manager after reviewing recommendations. The contract shall be awarded to the responsible and responsive Proposer submitting the most advantageous proposal, taking into consideration the proposal's relative merits. The Town of Provincetown reserves the right to reject any and all proposals or to waive any informalities in the proposals, if it appears in the Town's best interest. The company that is awarded the bid will be responsible for all bills currently outstanding and will be responsible to retrieve all the data from our current computer system and for entering all previously billed runs that are outstanding in their system at no additional charge to the Town.

**PROFILE OF SERVICE:** The Town of Provincetown Fire Department operates an emergency-only ambulance service that is licensed for Advanced (Paramedic) Life Support Services. EMS services for the Town are currently performed by a private ambulance service. This ambulance service performed approximately 1000 transports in the last calendar year. The Provincetown Fire Department (PFD) will be assuming EMS duties and transports on or around July 2023. The PFD will be operating three to four transport ambulances. Anticipated EMS call volume is around 1200 incidents.

## MINIMUM QUALIFICATION CRITERIA

In addition to addressing each of the items in the specifications, the Proposer must submit, as part of their non-price proposal, the following minimum qualification criteria. Initial the appropriate response to each criterion, and include the required documentation in the Non-price (technical) proposal envelope.

1. A Letter of Transmittal signed by the individual authorized to negotiate for and contractually bind the Contractor, stating that the offer is effective for at least sixty (60) calendar days from the deadline for the submission of proposals.

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

2. A list of Massachusetts municipalities or ambulance services for which the Contractor has provided ambulance billing service. A minimum of ten (10) is required. This list is to include a current name, address, and phone number of references for the selection committee to access. Any negative information generated by reference check shall be cause sufficient to dismiss the proposal as unacceptable. Negative information that shall be considered grounds to render the proposal unacceptable shall be information that shows the service operated in a fashion that reflected negatively on the community served. Illegal or unethical methods of collection, repeated instances of inappropriate treatment of recipients of the service such as rudeness, or any other behavior that generates complaints from the public shall be viewed as negative information.

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

3. A dishonesty bond for the minimum amount of \$500,000.00 and an errors and omissions (E+O) bond for the minimum amount of \$2,000,000.00 naming the Town of Provincetown as an additional insured are to be included with the proposal. If the proposal is accepted, these bonds must be kept in effect for the life of the contract.

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

4. The Town of Provincetown established a philosophy of billing that essentially states that no person shall be forced to pay a bill if there is an indication of inability to pay. To that end, the billing agency must recognize that, in their dealings with the recipients of ambulance service, every effort with the recipients of ambulance service, every effort toward courteous and compassionate handling of patients will be the rule.

The billing agency will have made every attempt to determine if primary and/or secondary insurance exists through inquiry to recipients of the service and computer screening prior to bills being sent to individuals, and the primary and secondary insurance carriers billed where appropriate. Every bill mailed to other than insurance companies shall be accompanied by a letter explaining the waiver policy. All applications for waiver must be signed, filled out, and returned to the billing agency. The billing agent will turn over all requests for abatement to the Town of Provincetown for action. The service must show an understanding of this policy in its response to the request for proposal.

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

5. Bidders must provide a toll-free number for the Town's use and the use of citizens making inquiries.

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

6. List any litigation, with the appropriate explanation, against your firm in the past five years from 2017 through the present.

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

7. Bidders must provide documentation of licensing as a collection agency under Massachusetts laws and function as a collection agency as well as an ambulance billing company, including reporting delinquent patients to a credit bureau.

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

8. The Billing service must provide a secure site to drop the Town's data files; otherwise known as a Secure FTP site. This is a requirement of HIPAA, NO EXCEPTIONS

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

9. To be in compliance with the Office of the Inspector General's advisory, the Billing service MUST have an active internal quality assurance program in place, must subject the Company to a professional, outside annual compliance audit, have an EMS attorney on retainer to support billing company and client questions and review carrier contracts as required. NO EXCEPTIONS

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

10. The billing service shall subscribe to an established insurance verification service and actively use it as part of its processes and procedures. NO EXCEPTIONS

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

11. The billing service shall ensure that phones are answered by a trained billing specialist who can help the caller promptly, competently, and courteously between the hours of 8am and 9pm EST. Automated attendant or voice mail as a primary phone coverage tool is not acceptable. NO EXCEPTIONS.

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

12. The billing service shall submit its annual Statement on Auditing Standards, SOC1, (formerly known as SAS No. 70, *Service Organizations*, report (SOC1 Report). With its proposal. The SOC1 must have been performed by a CPA firm in accordance with auditing standards developed by the American Institute of Certified Public Accountants (AICPA). The SOC1 must be performed annually for the duration of any contract, with a copy provided to the Town annually. NO EXCEPTIONS

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

13. The billing service must be able to accept payment on behalf of the Town via the services secure website for payers using credit cards, debit cards, or ACH from their checking accounts. NO EXCEPTIONS.

**COMPLY \_\_\_\_\_ DO NOT COMPLY \_\_\_\_\_**

14. Billing Service must provide a web-based reporting system to allow clients to log in and run reports at their discretion.

**COMPLY** \_\_\_\_\_ **DO NOT COMPLY** \_\_\_\_\_

15. To maximize collections and minimize Provincetown's patient out-of-pocket expense for ambulance service payment, the billing service must provide Deductible Management Services that monitor patient deductible status and delay claims submission to carriers until the deductible is met (or a timely filing limit is reached, whichever comes first...). NO EXCEPTIONS

**COMPLY** \_\_\_\_\_ **DO NOT COMPLY** \_\_\_\_\_

16. Billing must perform a 100% audit of all Medicare claims to confirm the ambulance service's compliance with the Medicare signature requirement laws prior to the claim being submitted to Medicare. Only compliant claims shall be submitted by the billing service.

**COMPLY** \_\_\_\_\_ **DO NOT COMPLY** \_\_\_\_\_

17. No security breaches within the past years.

**COMPLY** \_\_\_\_\_ **DO NOT COMPLY** \_\_\_\_\_

18. Vendor must not outsource outside of the USA

**COMPLY** \_\_\_\_\_ **DO NOT COMPLY** \_\_\_\_\_

I hereby state that I understand the minimum evaluation criteria and that I have initialed all of the appropriate sections, and further that I have attached the required information to the summary sheet located at the back of this document.

Company Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## COMPARATIVE EVALUATION CRITERIA

A contractor shall be deemed unacceptable if the minimum evaluation criteria are not met. However, once it has been determined that the Contractor has met all the minimum evaluation criteria, the proposals will be further evaluated by the Town of Provincetown using the following comparative evaluation criteria. The ratings of "Highly Advantageous," "Advantageous," "Not Advantageous," and "Unacceptable" will be used to evaluate the following features of each proposal.

1. Contractor's computer linkage to billing information and method of collecting data for billing.
  - a. **UNACCEPTABLE:** All billing information to be provided by the Town of Provincetown ambulance personnel.
  - b. **NOT ADVANTAGEOUS:** Most billing information to be provided by Town of Provincetown Fire Department personnel. Personnel having to secure the name of the insurance carrier and insurance policy numbers.
  - c. **ADVANTAGEOUS:** Access to patient information at the definitive care facility, Town of Provincetown personnel having to fill out only medical necessity forms and secure physicians' signatures.
  - d. **HIGHLY ADVANTAGEOUS:** Total billing information secured with no change to operation for Town of Provincetown personnel.
2. How many years of experience does your firm have in billing for municipal ambulance services?
  - a. **UNACCEPTABLE:** Less than one year of experience.
  - b. **NOT ADVANTAGEOUS:** More than one year experience but less than three years' experience.
  - c. **ADVANTAGEOUS:** More than three years' experience but less than five years' experience.
  - d. **HIGHLY ADVANTAGEOUS:** Greater than five years of experience.
3. How many municipal ambulance services does your firm presently represent. List the municipalities represented along with the name of the representative from the community.
  - a. **UNACCEPTABLE:** Less than five municipal ambulance services.
  - b. **NOT ADVANTAGEOUS:** Between five and ten municipal ambulance services.
  - c. **ADVANTAGEOUS:** Between ten and twenty-five municipal ambulance services.
  - d. **HIGHLY ADVANTAGEOUS:** More than twenty-five municipal ambulance services.

4. Collection percentage: The vendor should provide documentation as proof that they can achieve a collection percentage of greater than 85%. The proof should be established by comparing the collection rate for other municipal ambulance services that will show the collection percentage and name of the municipal contact person for a minimum of three (3) references.
  - a. **UNACCEPTABLE:** No documentation of collection percentage.
  - b. **NOT ADVANTAGEOUS:** Documentation of collection percentage less than 90%.
  - c. **ADVANTAGEOUS:** At least five municipalities serviced and documented at a rate of 90% collection rate.
  - d. **HIGHLY ADVANTAGEOUS:** Six or more municipalities serviced and documented at rates of 85% or greater.
5. The billing agency will bill directly to carriers as opposed to billing the recipients of the service. If clients need to be billed due to a lack of insurance information, the billing agency should be willing to assist the client and fill out the forms on their behalf. Provide documentation on the form provided.
  - a. **UNACCEPTABLE:** Process only Medicare and Medicaid claims and mail all others to the client.
  - b. **NOT ADVANTAGEOUS:** Process only Medicare and Medicaid and major carriers (i.e BC/BS)
  - c. **ADVANTAGEOUS:** Process Medicare/Medicaid, major carriers, and secondary insurance when applicable.
  - d. **HIGHLY ADVANTAGEOUS:** Process claims to all insurance carriers, automobile insurance, workman's comp, homeowner's insurance, etc.
6. Contractors are required to have experience in reconciling the ambulance account on a monthly basis.
  - a. **UNACCEPTABLE:** No experience in ambulance reconciliation.
  - b. **NOT ADVANTAGEOUS:** Reconciles less than ten ambulance accounts.
  - c. **ADVANTAGEOUS:** Reconciles between ten and twenty ambulance accounts.
  - d. **HIGHLY ADVANTAGEOUS:** Reconciles more than twenty ambulance accounts.
7. Contractors are required to have experience in submitting combined BLS/ALS (two tiered) ambulance claims.
  - a. **UNACCEPTABLE:** No experience in submitting BLS/ALS claims
  - b. **NOT ADVANTAGEOUS:** Less than three years of experience submitting BLS/ALS claims.
  - c. **ADVANTAGEOUS:** Between three and five years of experience submitting BLS/ALS claims.
  - d. **HIGHLY ADVANTAGEOUS:** More than five years of experience submitting BLS/ALS claims.

## STATEMENT OF SERVICES

### 1. **TERM of CONTRACT.**

The contract will be for a three year period commencing on \_\_\_\_\_ through \_\_\_\_\_. The contract will have a fixed percentage rate for the three year period and can be terminated for cause at any time,

### 2. **COLLECTIONS and DEPOSITS:**

All amounts received by the billing service will be recorded and the proceeds deposited in an account at the bank providing municipal banking services to the Town of Provincetown during the period of the contract, and the account shall be to the Town of Provincetown, MA.

At the expiration of each month, the billing service shall bill the Town of Provincetown for collection charges due the billing service for collections made that month.

### 3. **AMBULANCE FEE:**

The Town of Provincetown will set the billing rates under the direction of the Town Manager and / or Select Board.

### 4. **EXPENSES:**

1. Refunds: All expenses directly or indirectly related to the collection of the Town of Provincetown patients' accounts shall be borne by the billing agent. Other refunds due to the patient, as a result of an error on the part of the Town of Provincetown, an overpayment, or any other cause, not the fault of the billing agent, shall be paid by the Town of Provincetown.

2. Exception: As otherwise specifically provided herein, the billing service will not incur expenses on behalf of or without the Town of Provincetown's prior consent.

### 5. **OTHER:**

a. It is understood that the Town of Provincetown accepts assignment of Medicaid, Medicare, and Medicare/Medicaid. Accordingly, the billing services will make the required contractual adjustments when applicable and will be reported on the monthly revenue statement.

b. Write-offs and/or reductions of charges for persons applying for a waiver will be handled by the Town on an abatement basis at their discretion. Requests for abatements or adjustments from patients will initially be sent to the billing agent and then sent to the Town of Provincetown. This would be applicable to any patient who signs for an abatement or waiver after being billed by the service.

### 6. **RECORDS and REPORTS:**

The billing service will furnish to the Town of Provincetown the following reports.

a. A report of all collections together with a copy of the deposit slip evidencing the deposit to the Town of Provincetown bank account.

b. A monthly recap of services, collections, and adjustments for the month.

c. At a minimum, the following reports are required: commitment listings, a listing of write-offs, adjustment credits, and any other report determined necessary to prove balance from month to month.



- d. All records and correspondence relating to the Town of Provincetown's accounts receivable and the billing services collection efforts will be kept at the billing service's office. They shall be available for examination by the Town of Provincetown or authorized representatives.
- e. All correspondence and inquiries for waiver applications will be directed to the billing agent's mailing address. All payments will be directed to the Town of Provincetown.
- f. All documents shall be made available to an external auditor hired by the Town of Provincetown.
- g. All documents provided to the Town of Provincetown or its external auditors shall be at no cost to the Town or the auditors.

7. **MISCELLANEOUS:**

- a. The billing service will collect accounts receivable of the Town of Provincetown under the name of Ambulance Billing Service, Town of Provincetown.
- b. The billing service shall delegate an authorized representative for receiving notices and day to day contract administration.

NAME OF REPRESENTATIVE \_\_\_\_\_

8. **TERMINATION:**

The agreement may be terminated by the Town of Provincetown at any time upon thirty days (30) written notice of termination to the billing service and by the billing service on the anniversary date of the contract upon ninety days (90) written notice to the Town of Provincetown. Upon termination of the agreement, for whatever reason, the billing service shall deliver up all records and pertinent correspondence concerning the accounts and collection thereto to the Town of Provincetown, and the billing service will otherwise cooperate with the Town of Provincetown or their assignees to effect an orderly transfer of the collection of the Town of Provincetown's accounts receivable. If the Town of Provincetown should terminate this agreement, the billing service will only be entitled to receive from the Town of Provincetown any and all commission due to the billing service up to and including the actual date of termination and transfer of accounts receivable, as well as reimbursement from Town of Provincetown of all expenses incurred by the billing service in accordance with the contract and which remain unpaid at the date of termination. The billing service must turn over all records and have them delivered to a location designated by the Town of Provincetown upon the termination of the contract. In the event that you are not the successful bidder in three years or the Town terminates the contract, you agree that the payment for the final two months for services will not be paid until the town is satisfied with the documentation provided to the new billing agency. During this period, the Contractor will continue to provide services to the Town and continue to forward payments to the Town in accordance with the agreement. At the end of the contract, either by termination or expiration of the contract, the Town will not be liable for any additional expenses of the vendor with the exception of those expenses included in the contract.

9. **PROVISION:**

The Town of Provincetown Fire Department is to provide the billing agency with a copy of the Standard Ambulance Report Form to include the patient's name, address, and the date and time of transport to area hospitals. This form will have the pickup location of the call and the total loaded miles clearly noted to allow the billing service to bill mileage.

10. **STIPULATIONS:**

a. The contract shall be governed by and shall be construed in accordance with the laws of the Commonwealth of Massachusetts.

b. In the event of any conflict or any inconsistency between the Massachusetts General Laws, as amended, and the provisions of this contract, the Massachusetts General Laws shall control. If any of the provisions of this agreement are held to be invalid, such provision or provisions shall be deemed stricken from the agreement, and at the option the Town of Provincetown, the remaining provisions shall remain in full force and effect.

11 **WAIVER HANDLING POLICY:**

Although the Town wishes to maximize ambulance collections, we wish to have compassion for those with financial hardships. A strict waiver policy will be formulated by and administered by, the Town of Provincetown. Please outline your capabilities in dealing with clients that express hardship. Provide copies of internal policies to reinforce this response and any waiver policies that you have dealt with or are dealing with presently.

12. **COLLECTION AGENCY SERVICES:**

Although the Town wishes to be compassionate to those with financial hardship, it wishes to make a maximum effort to collect from those who do not qualify for a waiver. To that end, the Town wishes to utilize the services of a company that can perform collection agency services, including reporting to a credit bureau in our name. Please outline your capabilities in this area.

13. **CONFIDENTIALITY:**

It is agreed that all information submitted to the billing service by the Town concerning patients treated or transported by the Town's ambulance service is confidential and shall not be released to any person or corporation other than third party payers and their agents unless authorized in writing by the patient or in accordance with any state or federal law, including, but not limited to, the Health Insurance and Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations, as amended from time to time and any applicable state laws and regulations governing the use, disclosure, security, confidentiality and destruction of any and all records which contain individuals' protected health information or confidential information protected by G.L. c. 93H, such provisions being incorporated herein by reference.

ARTICLE 14: SEVERABILITY

If any term or condition of this Agreement or any application thereof shall to any extent be held invalid, illegal or unenforceable by the court of competent jurisdiction, the validity, legality, and enforceability of the remaining terms and conditions of this Agreement shall not be deemed affected thereby unless one or both parties would be substantially or materially prejudiced.

ARTICLE 15: INSURANCE

A. The billing service shall obtain and maintain in full force and effect during the term of this Agreement the insurance coverage in companies licensed to do business in the Commonwealth of Massachusetts, and acceptable to the TOWN, as set forth below:

General Liability

Bodily Injury Liability           \$1,000,000 per occurrence  
Property Damage Liability   \$ 500,000 per occurrence  
(or combined single limit)   \$1,000,000 per occurrence

Automobile Liability

Bodily Injury Liability           \$1,000,000 per occurrence  
Property Damage Liability   \$ 500,000 per occurrence  
(or combined single limit)   \$1,000,000 per occurrence

Workers' Compensation Insurance

Coverage for all employees in accordance with Massachusetts General Laws

Professional Liability Insurance

Minimum Coverage               \$1,000,000 per occurrence

B. All policies shall identify the Town as an additional insured (except Workers' Compensation) and shall provide that the Town shall receive written notification at least 30 days prior to the effective date of any amendment or cancellation. Certificates evidencing all such coverages shall be provided to the Town upon the execution of this Agreement. Each such certificate shall specifically refer to this Agreement and shall state that such insurance is as required by this Agreement. Failure to provide or to continue in force such insurance shall be deemed a material breach of this Agreement and shall be grounds for immediate termination.

ARTICLE 16 INDEMNIFICATION.

The billing service shall indemnify, defend, and hold the Town harmless from and against any and all claims, demands, liabilities, actions, causes of actions, costs and expenses, including attorney's fees, arising out of the billing service's breach of this Agreement or the negligence or misconduct of the billing service, or its agents or employees.

ARTICLE 17 INDEPENDENT CONTRACTOR.

The billing service acknowledges and agrees that it is acting as an independent contractor for all work and services rendered pursuant to this Agreement, and shall not be considered an employee or agent of the Town for any purpose.

ARTICLE 18 ASSIGNMENT.

The billing service shall not assign, sublet or otherwise transfer this Agreement, in whole or in part, without the prior written consent of the Town, and shall not assign any of the moneys payable under this Agreement, except by and with the written consent of the Town.

## ARTICLE 19 ANTI-DISCRIMINATION POLICY.

It is the policy of the Town of Provincetown to uphold the human rights of all persons in Provincetown and the free exercise and enjoyment of any and all rights and privileges secured by the Constitution, Law, Bylaws and Regulations of the United States, the Commonwealth of Massachusetts, and the Town of Provincetown. As such, actions that may deny or tend to deny or intend to deny to an individual equal access or opportunity in matters of housing, employment, education, municipal services, contracts, purchasing or public accommodations on the basis of age, ancestry, color, disability, family status, gender identity or expression, military status, marital status, national origin, race, religion, sex or sexual orientation, are hereby prohibited. No lease or contract for services or public works and public building construction contracts shall be entered into by any Town authority without an anti-discrimination certification signed by the contractor as follows:

The contractor hereby certifies that the Contractor will not discriminate against any employee or applicant for employment on the basis of age, ancestry, color, disability, family status, gender identity or expression, military status, marital status, national origin, race, religion, sex or sexual orientation. The contractor has taken and will continue to take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to age, ancestry, color, disability, family status, gender identity or expression, military status, marital status, national origin, race, religion, sex or sexual orientation. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination.

# Town of Provincetown

RFP FOR AMBULANCE SERVICE BILLING AGENT:

PRICE PROPOSAL:

PROPOSAL TO BE AS A PERCENTAGE OF ACTUAL RECEIPTS DELIVERED TO THE TOWN OF PROVINCETOWN.

\_\_\_\_\_ %

ANY ADDITIONAL INFORMATION SHALL BE EXPLAINED IN THIS SPACE.

SIGNED:

\_\_\_\_\_

TITLE:

\_\_\_\_\_

NAME OF FIRM:

\_\_\_\_\_

ADDRESS OF FIRM:

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER:

\_\_\_\_\_

THIS SHEET MUST BE IN A SEPARATE ENVELOPE CLEARLY MARKED PRICE PROPOSAL AND WILL BE OPENED SEPARATELY FROM THE NON-PRICE PROPOSAL.

# Town of Provincetown

RFP FOR AMBULANCE BILLING AGENT:

NON-PRICE PROPOSAL:

LIST ATTACHMENTS REQUIRED FOR MINIMUM EVALUATION CRITERIA:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

LIST ATTACHMENTS REQUIRED FOR COMPARATIVE EVALUATION CRITERIA:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

LIST ANY ATTACHMENTS ADDED FOR CONSIDERATION UNDER STATEMENT OF SERVICES.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

**CERTIFICATION OF COMPLIANCE**  
**M.G.L. Chapter 62C, Section 49A**

Pursuant to Section 49A of Chapter 62C of the General Laws of Massachusetts, I hereby certify that I have complied with all Laws of the Commonwealth of Massachusetts relating to taxes.

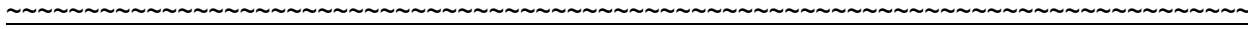
This statement is made under the pains and penalties of perjury this \_\_\_\_ day of \_\_\_\_\_, 2023.

Printed Name of Individual or Corporation: \_\_\_\_\_

Name and Title of Corporate Officer (if applicable):  
\_\_\_\_\_

Signature of Individual or Corporate Officer:  
\_\_\_\_\_

Social Security or Federal Identification Number:  
\_\_\_\_\_  
\_\_\_\_\_



**CERTIFICATION OF NON-COLLUSION**

The undersigned certifies under the penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other persons. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signed: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_