

MONTEREY COUNTY FEE FORGIVENESS PROGRAM

For each year of the Agreement, CONTRACTOR agrees to forgive and waive annually One Million Dollars (\$1,000,000) of uninsured self-pay accounts for the purpose of establishing a "Fee Forgiveness Program" (FFP) for qualifying residents of Monterey County. The annual FFP shall be divided into equal quarterly amounts of Two Hundred Fifty Thousand Dollars (\$250,000). The parties agree in good faith to annually revisit these amounts and determine if renegotiation of the amounts is warranted based on a review of the records related to past experience for that year.

For a patient to qualify for the FFP:

1. The patient must be a resident of Monterey County with a Monterey County address, and the patient must be picked up and transported within Monterey County.
2. Patients must meet medical necessity criteria as defined by AMR and the County. The patient must be uninsured and have no third-party coverage that would pay for any of the ambulance bill. The patient must have limited financial resources and paying full
3. County rates would be a substantial burden. Documentation of financial resources may be required by CONTRACTOR.
4. Repetitive patients may be considered eligible for the FFP, but it is AMR's desire to offer assistance to as many patients as possible under this plan.
5. Acceptance of a patient into the FFP program will be at CONTRACTOR'S discretion.

For a patient to access the FFP funds once qualified:

1. The patient will be offered an Eighty Percent (80%) discount off of the billed charges (but in no case less than the current Medicare fee schedule) if the patient agrees to make payment within thirty (30) days. The discounted amount will be covered utilizing funds in the FFP. For example, if the billed charges are \$3,500, then the patient's account is considered paid in full if the patient makes a payment of \$700 within thirty days. The remaining \$2,800 is covered by the FFP.
2. The patient will be offered a Fifty Percent (50%) discount off of the billed charges if a payment plan is established to pay the bill over time as approved by AMR's billing personnel. The remaining fifty percent (50%) will be covered by utilizing funds in the FFP. For example, if the billed charges are \$3,500, and the patient agrees to utilize the AMR Payment Plan, then the patient would agree to pay fifty percent or \$1,750 over the course of ten months or less. The remaining \$1,750 would be covered by the FFP.
3. If a patient fails to pay in accordance after the patient has qualified for FFP, the CONTRACTOR reserves the right to seek reimbursement from the patient for the entire amount (including the portion that was to be forgiven or waived) under its standard collection practices. Any decision whether to write-off the patient's balance after the patient has failed to meet FFP requirements shall be at CONTRACTOR'S sole discretion.
4. Should the quarterly amount be exhausted prior to the end of the quarter, the FFP shall begin again at the start of the next quarter. AMR will provide an annual report of the FFP, and how it

was utilized during the prior year. As needed, this program may be modified in AMR's discretion with prior notice to the County EMS Director.

AMR CONTACT INFORMATION

AMR Patient Business Service Office
Attention Customer Service
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Modesto, CA 95356
800-913-9106
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Email: billing_inquiries@amr.net

Hours of operation
Monday – Friday 6:00 a.m. to 5:00 p.m.

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