



Agenda  
City of Fort Atkinson  
City Manager's Office  
101 N. Main Street  
Fort Atkinson, WI 53538

**CITY COUNCIL MEETING  
IN PERSON AND VIA ZOOM  
TUESDAY, DECEMBER 6, 2022 – 7:00 PM  
CITY HALL – SECOND FLOOR**

<https://us02web.zoom.us/j/5997866403?pwd=alcreldSbGpNUVI1VnR1RWF5bXovdz09>

Meeting ID: 599 786 6403

Passcode: 53538

Dial by Location

+1 312 626 6799

If you have special needs or circumstances which may make communication or accessibility difficult at the meeting, please call (920) 397-9901. Accommodations will, to the fullest extent possible, be made available on request by a person with a disability.

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**AGENDA**

- 1. Call meeting to order**
- 2. Roll call**
- 3. Public Hearing – None**
- 4. Public Comment:** *The City Council will receive comments from City residents. Comments are generally limited to three minutes per individual. Anyone wishing to speak is required to sign up in advance or state the following items for the record when called upon: name, address, subject matter, and contact information. No action will be taken on any public comments unless the item is also elsewhere on the agenda.*
- 5. Consent Agenda:** *The Consent Agenda outlined below is hereby presented for action by the City Council. Items may be removed from the Consent Agenda on the request of any one Council member. Items not removed may be adopted by one action without debate. Removed items may be taken up either immediately after the Consent Agenda or placed later on the agenda at the discretion of the Council President.*

- a. Review and possible action relating to the **minutes of the November 15, 2022 regular Fort Atkinson City Council meeting** (Ebbert, Clerk/Treasurer/Finance Director)
- b. Review and possible action relating to the **minutes of the November 15, 2022 Police and Fire Commission meeting** (Ebbert, Clerk/Treasurer/Finance Director)
- c. Review and possible action relating to the minutes of the **November 17, 2022 Sex Offender Residence Board meeting** (Ebbert, Clerk/Treasurer/Finance Director)
- d. Review and possible action relating to the **minutes of the November 22, 2022 regular Plan Commission meeting** (Ebbert, Clerk/Treasurer/Finance Director)
- e. Review and possible action on the **appointment of Loren Gray** to the Plan Commission (LeMire, City Manager)
- f. Review and possible action on a **Special Event: Fort Atkinson Drift Skippers Snowmobile Club** request to use snowmobile trails through the Klement Business Park for the 2022-2023 season (Ebbert, Clerk/Treasurer/Finance Director)

**6. Petitions, Requests, and Communications – None**

**7. Resolutions and Ordinances – None**

**8. Reports of Officers, Boards, and Committees:**

- a. City Manager's Report (LeMire, City Manager)

**9. Unfinished Business – None**

**10. New Business:**

- a. Review and possible action relating to **2023 Small Animal Collection Contract** with the Humane Society of Jefferson County (Ebbert, Clerk/Treasurer/Finance Director)
- b. Review and possible action relating to the approval of **EMS Billing Contract** for the Fire Department (Rausch, Fire Chief)
- c. Review and possible action relating to a **Public Monument Review** for installation of a kayak launch located on the municipal boat launch (Selle, City Engineer/Director of Public Works)
- d. Review and possible action related to **Emergency Replacement and Rebuild of Digester Blower #2 at the Wastewater Utility** (Christensen, Wastewater Superintendent)
- e. Review and possible action relating to **Septage Pump #1 and Associated Piping Replacement** at the Wastewater Utility (Christensen, Wastewater Superintendent)

- f. Review and possible action relating to a **Certified Survey Map** for the property located at 309 Bluff St., City of Fort Atkinson (CSM-2022-08) (Selle, City Engineer/Director of Public Works)

**11. Miscellaneous – None**

**12. Claims, Appropriations and Contract Payments:**

- a. Review and possible action relating to the **Verified Claims** presented by the Director of Finance and authorization of payment (Ebbert, Clerk/Treasurer/Finance Director)

**13.** The City Council may consider a motion to convene in closed session pursuant to State Stat. §19.85(1)(e) to **deliberate or negotiate the purchasing of public properties**

**14.** The City Council may continue in closed session pursuant to State Stat. §19.85(1)(e) to conduct other specified public business where competitive reasons require a closed session [**to negotiate a Taxi Service Contract**]

**15. Adjournment**

*Date Posted: December 2, 2022*

*CC: City Council; City Staff; City Attorney; News Media; Fort Atkinson School District; Fort Atkinson Chamber of Commerce*

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***Note the City's new .gov domain name and new phone numbers. Visit our website for more information.***



**CITY COUNCIL MEETING  
IN PERSON AND VIA ZOOM  
TUESDAY, NOVEMBER 15, 2022 – 7:00 PM  
CITY HALL – SECOND FLOOR**

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**1. CALL MEETING TO ORDER**

President Scherer called the meeting to order at 7:00 pm.

**2. ROLL CALL**

Present: Cm. Becker, Cm. Hartwick, Cm. Johnson, Cm. Schultz and President Scherer. Also present: City Manager, City Attorney, City Engineer, City Clerk/Treasurer/Finance Director, Police Chief, Wastewater Superintendent, Building Inspector, Library Director, Public Works Superintendent, Public Works Supervisor and Park & Recreation Director.

**3. PUBLIC HEARINGS – NONE**

**4. PUBLIC COMMENT:**

Joe Grams 414 Zida Street – wanted to lodge complaints about Haumerson's Pond. He has increased traffic down his street, loud music from cars traveling on the street to and from the park. He asked about light pollution laws that cause interference with the enjoyment of his property. Inquired when the trees would be planted that provides a shield from headlights. He also has concerned for cars being parked on the grass on the street.

**5. CONSENT AGENDA:**

- a) *Review and possible action relating to the minutes of the November 1, 2022 regular City Council meeting (Ebbert, Clerk/Treasurer/Finance Director)*
- b) *Review and possible action relating to the minutes of the November 1, 2022 Joint Review Board meeting (Ebbert, Clerk/Treasurer/Finance Director)*
- c) *Review and possible action relating to building, plumbing, and electrical permit report for October 2022 (Draeger, Building Inspector/Zoning Administrator)*
- d) *Review and possible action relating to the City Clerk-issued License and Permit Report for October 2022 (Ebbert, Clerk/Treasurer/Finance Director)*
- e) *City Sewer, Water, and Stormwater Utility Financial Statements as of October 31, 2022 (Ebbert, Clerk/Treasurer/Finance Director)*
- f) *Review and possible action relating to Special Event: Santa Cycle Rampage, December 3, 12:30-2 p.m., starting at Madison College and ending at the Farmer's Market parking lot (Ebbert, Clerk/Treasurer/Finance Director)*



- g) *Review and possible action relating to Special Event: Holiday Market & Open House and Trolley & Carriage Rides, December 3, 2022 9 a.m.-3 p.m. located inside three churches and the Fort Atkinson Club (Ebbert, Clerk/Treasurer/Finance Director)*
- h) *Review and possible action relating to Special Event: Holiday Market Food Truck Court, December 3, 2022, 2 p.m.-7 p.m. located in the Market Square Parking Lot and Merchants Ave. from Milwaukee Ave. to S. Third St. (Ebbert, Clerk/Treasurer/Finance Director)*
- i) *Review and possible action relating to Special Event: Magic on Janesville Avenue, December 9, 2022, 3-6:30 p.m. located on Janesville Avenue bike path in front of Jones Dairy Farm heading north toward Rotary Depot Pavilion (Ebbert, Clerk/Treasurer/Finance Director)*
- j) *Review and possible action to change the Council Appointment to the Economic Development Commission from Mason Becker to Bruce Johnson for the remainder of the 2022-2023 appointment year (Scherer, Council President)*
- k) *Review and possible action to change the Council Appointment to the Library Board from Bruce Johnson to Mason Becker for the remainder of the 2022-2023 appointment year (Scherer, Council President)*

Cm. Becker moved, seconded by Cm. Schultz to approve the Consent Agenda as listed, items 5.a. through 5.k. Motion carried.

## **6. PETITIONS, REQUESTS, AND COMMUNICATIONS:**

- a) *Presentation relating to the Concept Plans and Cost Estimates of a new City of Fort Atkinson Public Works Operations Facility (Williamson, Public Works Superintendent)*

Public Works Superintendent explained the existing Public Works Operations facility that is more than 50 years old and has surpassed its useful life. This fact led the Council to approve a full campus facility evaluation and study, originally prepared in 2017, and a current 2022 existing facility review and concept plans for two locations owned by the City. The City Council, at the June 21, 2022 meeting, approved the submitted bid proposal from Engberg Anderson Architects for the planning and preparation of two Public Works Facility Concept Plans. The plans were prepared to allow for proper evaluation of the Existing Facility Campus, and the Loeb Lorman Site, for area, location and anticipated facility design criteria. The plans and estimated costs breakdowns attached are the culmination of the efforts of both City Staff and Engberg Anderson Architects.

The current location of the DPW Facility Campus includes a detail with an aerial photo containing the proposed facility details superimposed onto it. This detail gives the viewer an idea of the size, positional layout and scope of what a modern facility would look like located on the existing location, with the added ability to see the existing buildings, pavements and surroundings.

Possible Development Schedule:

- Design to take place in 2023
- Facility ground breaking and construction 2024

The current existing facility campus location will need to remain in operation should the City determine this location suits the need for reconstruction of the proposed facility. The

reconstruction timeline can be compressed to the next two years and may alleviate the need for more costly repairs to the existing building. This compression would require design to take place in 2023 and allow for ground breaking and construction in 2024.

The City Council will review this matter again at the meeting on December 20, 2022.

No action was taken.

*b) Quarterly Extra-Territorial CSM update (Selle, City Engineer/Director of Public Works)*

Engineer Selle reminded the approval at the December 18, 2018 City Council meeting, for the City Manager and City Engineer to approve Extra-Territorial Surveys that were within a 1.5 to 3 mile radius of the City limits and not require that they be presented to the Plan Commission for review. Staff did approve one extra-territorial survey that was within the 1.5 to 3 mile radius of the City limits in the second and third quarter of 2022.

No action required.

**7. RESOLUTIONS AND ORDINANCES:**

*a) Review and possible action relating to a Resolution Adopting the 2023 Annual Budget and Setting the Property Tax Levy for the City of Fort Atkinson, Jefferson County, Wisconsin (LeMire, City Manager)*

Cm. Hartwick moved, seconded by Cm. Johnson to approve the resolution adopting the 2023 Annual Budget and Setting the Property Tax Levy for the City of Fort Atkinson, Jefferson County, Wisconsin. Motion carried unanimously.

*b) Review and possible action relating to a Resolution Confirming the Total Levy for Taxing Jurisdictions in the City of Fort Atkinson and Determining the Mill Rate (LeMire, City Manager)*

Cm. Becker moved, seconded by Cm. Hartwick to approve the resolution confirming the total levy for Taxing Jurisdictions in the City of Fort Atkinson and Determining the Mill Rate. Motion carried unanimously.

*c) Review and possible action relating to a Resolution establishing the 2023 Schedule of Fees for the City of Fort Atkinson, Jefferson County, Wisconsin (LeMire, City Manager)*

Cm. Hartwick moved, seconded by Cm. Schultz to approve the resolution establishing the 2023 Schedule of Fees for the City of Fort Atkinson, Jefferson County, Wisconsin. Motion carried unanimously.

**8. REPORTS OF OFFICERS, BOARDS, AND COMMITTEES:**

*a) City Manager's Report (LeMire, City Manager)*

No action required.

**9. UNFINISHED BUSINESS – NONE**

**10. NEW BUSINESS:**

*a) Review and possible action related to Wastewater Utility – Phase II Improvements Project Change Order 8 and project update (Christensen, Wastewater Utility Superintendent)*

Wastewater Superintendent discuss change order 8 which is an accumulation of changes and credits. As of November 2022 – the project has enacted formal changes totaling \$336,914. This proposed change includes both additive and deductive items. These items are grouped below, including reconciliation of project allowances – returning funds to the project budget dollar-for-dollar.

Enacted Changes	\$336,914.00
Proposed Adders	\$103,055.00
<u>Proposed Deducts</u>	<u>(\$96,330.00)</u>
Net Projected Changes	\$343,639.00

Inclusion of this proposed change order along with all other pending changes results in a net addition to the project of \$343,639. The beginning balance of the project contingency was \$669,250. The remaining value of the contingency is \$325,611, or about 48% of the original contingency.

Cm. Becker moved, seconded by Cm. Johnson to approve Change Order #8 for Phase II of the Wastewater Utility facility project for the net cost of \$6,725. Motion carried.

**11. MISCELLANEOUS – NONE**

**12. CLAIMS, APPROPRIATIONS AND CONTRACT PAYMENTS:**

*a) Review and possible action relating to the Verified Claims presented by the Director of Finance and authorization of payment (Ebbert, Clerk/Treasurer/Finance Director)*

Cm. Becker moved, seconded by Cm. Hartwick to approve the Verified Claims presented by the Director of Finance and authorization of payment. Motion carried unanimously.

**13. ADJOURNMENT**

Cm. Hartwick moved, seconded by Cm. Becker to adjourn. Meeting adjourned at 8:27 pm.

Respectfully submitted  
Michelle Ebbert  
City Clerk/Treasurer/Finance Director



City of Fort Atkinson  
City Clerk/Treasurer's Office  
101 N. Main Street  
Fort Atkinson, WI 53538

**POLICE AND FIRE COMMISSION MEETING  
IN PERSON  
TUESDAY, NOVEMBER 15, 2022 – 1 P.M.  
CITY HALL – SECOND FLOOR**

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**1. CALL MEETING TO ORDER**

Chairperson Frame called the meeting to order at 1:00 pm.

**2. ROLL CALL**

Commission members present: Frame, Jones, Raub, Schultz, and Turk. Also present: City Manager LeMire, Fire Chief Rausch and Clerk/Treasurer Ebbert.

**3. REVIEW AND POSSIBLE ACTION RELATING TO THE MINUTES OF THE OCTOBER 20, 2022 MEETING OF THE POLICE AND FIRE COMMISSION**

Schultz moved, seconded by Raub to approve the minutes of the October 20, 2022 meeting of the Police and Fire Commission. Motion carried.

**4. REVIEW AND POSSIBLE ACTION IN RELATION TO HIRING OF TOP CANDIDATE FOR THE AEMT POSITION FOR THE FIRE DEPARTMENT (RAUSCH)**

Chief Rausch presented the candidate for the final AEMT position within the Department.

Jones moved, seconded by Turk to approve the hiring of the top candidate for the AEMT position for the Fire Department. Motion carried 5-0.

**5. REVIEW AND POSSIBLE ACTION ON HIRING OF FOUR PARAMEDIC POSITIONS FOR THE FIRE DEPARTMENT (RAUSCH)**

Chief Rausch reviewed the interview process for the four paramedic positions.

Schultz moved, seconded by Turk to approve the hiring of four paramedic positions for the Fire department. Motion carried 5-0.

**6. ADJOURNMENT**

Jones moved, seconded by Raub to adjourn. Meeting adjourned at 1:07 pm.

Respectfully submitted  
Michelle Ebbert  
City Clerk/Treasurer/Finance Director



City of Fort Atkinson  
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**SEX OFFENDER RESIDENCE BOARD MEETING  
COUNCIL CHAMBERS, MUNICIPAL BUILDING AND VIA ZOOM  
101 NORTH MAIN STREET, FORT ATKINSON, WISCONSIN  
THURSDAY, NOVEMBER 17, 2022 – 5:00 P.M.**

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**1. CALL TO ORDER**

Manager LeMire called the meeting to order at 5:00 pm.

**2. ROLL CALL**

Present: Board Members Hartwick, Sachse, Schultz, Chief Bump and Manager LeMire. Also present: Capt Sachse, Attorney Westrick and Clerk/Treasurer.

**3. REVIEW AND POSSIBLE ACTION RELATING TO THE SEX OFFENDER RESIDENCE APPEAL FORM FROM MITCHELL DANIEL KOMOROWSKI.**

Hartwick moved to deny the request from Mitchell Daniel Komorowski. Seconded by Schultz. Motion carried.

**4. REVIEW AND POSSIBLE ACTION RELATING TO THE SEX OFFENDER RESIDENCE APPEAL FORM FROM BILL CHRISTIAN HORNE.**

Mr. Horne was in possession of child pornography when he was under the age of 18 and was charged when he turned 18. He will remain on the offender board for another 5 years. He was on probation for consuming alcohol and for driving without permission. He attended counseling while on probation and while incarcerated. Mrs. Horne spoke in support of allowing her husband to be home with her and her daughters. They have been married for two months and dated for two months prior to getting married. He is looking for employment. Prior to Fort Atkinson, Mr. Horne lived in Madison for 6 months.

**Board Discussion**

The property required for residency is 1,075 feet from the bike trail and even closer to the future location of BASE, approximately 958 feet.

Chief Bump made a motion to recommended approval with a condition of a probationary approval check performed by the Fort Atkinson Police Department in 6 months from today and 12 months from today. If Mr. Horne is found to be in violation relating to the sexual offender ordinance, Mr. Horne would return to the Sexual Offender Residency Board. Seconded by Hartwick.

**5. ADJOURNMENT**

Chief Bump moved, seconded by Manager LeMire to adjourn. Meeting adjourned at 5:32 pm.

Respectfully submitted

Michelle Ebbert

City Clerk/Treasurer/Finance Director



City of Fort Atkinson  
City Clerk/Treasurer's Office  
101 N. Main Street  
Fort Atkinson, WI 53538

**PLAN COMMISSION MEETING  
IN PERSON AND VIA ZOOM  
TUESDAY, NOVEMBER 22, 2022 – 4:00 PM  
CITY HALL – SECOND FLOOR**

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**1. CALL MEETING TO ORDER**

Manager LeMire called the meeting to order at 4:00 pm.

**2. ROLL CALL**

Commissioners: Highfield, Kessenich, Engineer Selle and Manager LeMire. Also present: City Attorney, City Clerk/Treasurer, Building Inspector. Absent: Cm. Kessenich.

**3. REVIEW AND POSSIBLE ACTION RELATING TO THE MINUTES OF THE OCTOBER 25, 2022 REGULAR PLAN COMMISSION MEETING**

Cm. Lescohier moved, seconded by Cm. Highfield to approve the minutes from the October 25, 2022 Plan Commission meeting as submitted. Motion carried.

**4. REVIEW AND POSSIBLE ACTION RELATING TO A SITE PLAN REVIEW FOR ST. PAUL EV. LUTHERAN CHURCH SCHOOL GYM BUILDING ADDITION LOCATED AT 309 BLUFF ST. (SPR-2022-09) (SELLE)**

Engineer Selle presented the site plan review submitted from St. Paul's Lutheran Church and School. The applicant owns three total adjoining parcels on the east side of Bluff Street where the school campus is located. They total approximately 3.9 acres. The church campus is located on the west side of Bluff Street and is not proposed to change. A certified survey map (next item on this agenda) is proposed to combine all three existing parcels on the east side (school site) together into one for the purposes of removing parcel boundaries that run through existing buildings and to facilitate a proposed 12,140 square foot gymnasium addition on the southeast corner of the existing main school building (appx. 20,000 square feet), fronting Bluff Street. There are two existing ingress/egress points to the school campus, both from Bluff Street. On the north side of the school building, a driveway leads to the parking lot. On the south side of the school building, a driveway leads to the rear portion of the site (playfield and recreation area). Only the southern access point is planned to be improved by the proposed development

Gary Strom, representative from St. Paul's referenced the use of the gym for classes and programming during and after school use. They have also discussed offering the gym as an open gym for various groups.

City staff recommends approval of the CSM and Site Plan, subject to the following conditions:

- Allow the existing southern driveway to be reconstructed within the required pavement side setback to prevent the loss of internal circulation, safety, and site functionality.
- Require the pick-up/drop-off area in front of the school (Bluff Street) be improved subject to City Engineering review and approval. City commits some responsibility toward this solution as well.
- Allow the curbing requirements to be met with the existing retaining wall, which acts as curb today and separates the driveway from the neighboring property to the south.
- Require removal of the proposed third lighting wall pack on the southern façade of the building addition to reduce light level encouragement on the neighboring property to the south, if the change does not conflict with Building and Safety Codes. Review and approval by City staff.
- Waive the requirements for paved surface area landscaping points because the applicant exceeds the total number of landscaping points required by 79 (distributed throughout the new landscaping area).
- Require the existing chain link fence between the southern driveway and neighboring property to the south to be replaced with a solid fence meeting the Bufferyard requirements per Section 15.08.30.
- The applicant has exceeded the standards for rear building materials, but staff recommends improving the northern and southern facades of the building addition to extend the proposed darker grey insulated metal above the windows to the roof line (as shown the proposed materials extend from the top of the brick foundation to the bottom of the windows).
- The applicant should submit to City Staff for approval the required clarification and additions noted in the Post Construction Stormwater Management (Ordinance 18-190) section above.
- The applicant should submit to City Staff for approval the required clarification and additions noted in the Construction Site Erosion Control Plan (Ordinance 18-189) section above.
- Any other recommendations of City staff and the Plan Commission.

Cm. Schultz moved, seconded by Cm. Highfield to approve the request for a Site Plan Review for St. Paul Ev. Lutheran Church School Gym located at 309 Bluff St. subject to the conditions outlined in the Staff Report and Recommendation. Motion carried.

**5. REVIEW AND POSSIBLE RECOMMENDATION TO THE CITY COUNCIL RELATING TO A CERTIFIED SURVEY MAP FOR ST. PAUL EV. LUTHERAN CHURCH FOR THE PROPERTY LOCATED AT 309 BLUFF ST. (CSM-2022-07) (SELLE)**

Engineer Selle introduced the CSM submitted. The property owner would like combine 3 separate lots into a single lot. The location is on Bluff St in Fort Atkinson, and is used for the school and parsonage of the St Paul's Church community. The proposal "cleans up" old property lines no longer governing the existing use. The only comment is for the applicant to note the proposed stormwater basin as a permanent easement for such on the property. Staff reviewed and have no concerns about the consolidation.



Cm. Schultz moved, seconded by Cm. Lescohier to approve and recommend to the City Council a Certified Survey Map for St. Paul Ev. Lutheran Church for the property located at 309 Bluff St. Motion carried.

6. **REVIEW AND POSSIBLE RECOMMENDATION TO THE CITY COUNCIL RELATING TO THE REQUEST FOR A PUBLIC MONUMENT REVIEW FOR A KAYAK LAUNCH ON CITY OWNED PROPERTY LOCATED AT THE MUNICIPAL BOAT LAUNCH ON MECHANIC ST. (PMR-2022-02) (SELLE)**

Engineer Selle introduced Scout Dakota Friend who wishes to install a kayak launch on the municipal boat launch for his Eagle Scout Project. The launch will allow for loading and unloading of kayaks at the municipal dock. Mr. Friend will provide a brief presentation to the Planning Commission outlining his proposal. Dakota will fund raise and install the kayak launch as part of his project. The City will then install and remove the launch along with the other municipal piers at this location going forward.

Cm. Lescohier moved, seconded by Cm. Highfield to recommend that the City Council approve the request for a Public Monument Review for a Kayak Launch on City owned property located at the municipal boat launch on Mechanic St. Motion carried.

7. **ADJOURNMENT**

Cm. Schultz moved, seconded by Cm. Lescohier to adjourn. Meeting adjourned at 4:23 pm.

Respectfully submitted  
Michelle Ebbert  
City Clerk/Treasurer/Finance Director



City of Fort Atkinson  
City Manager's Office  
101 N. Main Street  
Fort Atkinson, WI 53538

**CITIZEN SERVICE INFORMATION FORM**

Name (Print): GRAY John Lonson Date: 11/16/22  
Last First Middle

Home Address: 120 S WATER ST W, FORT ATKINSON

Business Name/Address: \_\_\_\_\_

Telephone (Home): 920-563-2775 (Work): \_\_\_\_\_

Email Address: r/sk11r2@gmail.com

How long have you lived in the City of Fort Atkinson? 47 years

Which Boards, Commissions and/or Committees interest you? Planning Commission

Please give a brief overview of your background, experience, interest or concerns in the above areas:

Retired CFO - JOHN DAIRY FARM  
3 Terms on City Council - President twice  
Planning Commission  
Fort Atkinson Community Fund - current Chairman  
Treasurer - Fort Atkinson Historical Society  
Strong Interest in Fort Atkinson

References:

1. Sue Hanswicker Phone: 920-222-1181

2. Monique Lee Phone: 920-357-9914

[Signature]  
Signature

Return this form to:  
City Manager's Office  
101 North Main Street  
Fort Atkinson WI 53538  
[lidzikowski@fortatkinsonwi.net](mailto:lidzikowski@fortatkinsonwi.net)



City of Fort Atkinson  
City Clerk/Treasurer's Office  
101 N. Main Street  
Fort Atkinson, WI 53538

## MEMORANDUM

**DATE:** December 6, 2022

**TO:** Fort Atkinson City Council

**FROM:** Michelle Ebbert, City Clerk/Treasurer/Finance Director

**RE:** Review and possible action relating to Special Event Fort Atkinson Drift Skippers Snowmobile Club request to use snowmobile trails through the Klement Business Park

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### BACKGROUND

The City of Fort Atkinson is committed to supporting quality special events throughout the community. The Special Event Guide and Application was created to assist with planning events in the city and to allow appropriate contact information be obtained and forwarded to Departments. The planning guide is designed to assist members of the community in the planning, preparation and running of events and programs in Fort Atkinson.

The Special Event Guide defines a special event as a planned extraordinary occurrence or temporary aggregation of attractions, open to the public, that (a) is conducted on public property, (b) is conducted on private property and has a substantial impact on public property, (c) has activities that request special temporary licenses; or (d) require special city services, whether open to the public or not, including but not limited to, any of the following: street closures, provisions of barricades, garbage cans, stages or special no parking signs, special electrical services, or special police protection. Special events include, but not limited to, neighborhood and community festivals, parades, processions, fairs, and bicycle or foot races.

### DISCUSSION

**Event:** Snowmobile Trails through the south side Business Park

**Dates and Hours of Event:** 12/15/22 through 3/15/23

**Locations:** South Side Business Park

**Contact Person:** Todd Lueder

**Estimated Number of Attendees:** N/A

Event information was routed to Departments with the following comments without concerns.

### FINANCIAL ANALYSIS

There is no financial impact to the City of Fort Atkinson for the event.

**RECOMMENDATION**

Staff recommends that City Council approve the Fort Drift Skippers Snowmobile Trails through the South Side Business Park from 12/15/22 through 3/15/23

**ATTACHMENTS**

Special Event Application, map, insurance and letter.



CITY OF FORT ATKINSON  
Special Event Application

Name of Business/Group Organizing Event: Fort Drift skippers  
Contact Person for Event: Todd Weder  
Phone Number: 920 723 0508 Email: lweder@electric@netmail.com

Is the Business/Group Organizing Event: ☐ For profit or ☒ Non-Profit  
Special Event Details

Event Name: trail thru Bus. Park  
Event Date: 12-15-22 thru 3-15-23  
Event Location: Bus. Park south side  
Estimated Number of Attendees: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Check all applicable boxes:

- ☐ I am renting a City Park Attach copy of paid park rental from Parks & Recreation (920) 563-7781.  
☐ I will be having music Start and end time of music:  
☐ I will be closing a street(s) Attach site diagram with details. Barricades can be provided by Public Works upon request (920) 563-7771.  
☐ I will be selling beer and/or wine\* Attach Temporary License and Bartender/Operator Applications. Contact City Clerk (920) 563-7760  
\*Restroom Plan also required with sales of beer and/or wine. Refer to the Special Event Guide.  
☐ I will be erecting a tent, canopy or other temporary structure.

By signing, I agree to the following statements:

I understand I am responsible for a fire safety and medical plan. I understand it is my responsibility to read the Special Events Guide. I understand I may be required to provide Proof of Insurance. I am responsible to contact each Department to arrange for assistance. I understand I am responsible for timely clean up after the event.

Responsible Party Signature: \_\_\_\_\_

Office Use Only

Date Submitted to Clerk: 10-27-22 Date Emailed to Departments: \_\_\_\_\_

Department	Comments, Concerns, Action(s) to be taken
<input type="checkbox"/> Clerk/Treasurer	
<input type="checkbox"/> EMS - Ryan Brothers Ambulance	
<input type="checkbox"/> Engineer and Building Inspection	
<input type="checkbox"/> Electrician	
<input type="checkbox"/> Fire and Rescue Department	
<input type="checkbox"/> Library and Museum	
<input type="checkbox"/> Parks & Recreation	
<input type="checkbox"/> Police Department	
<input type="checkbox"/> Public Works Department	
<input type="checkbox"/> Wastewater and Water Utility	

Date Reported to City Council (if necessary): \_\_\_\_\_  
Comments, Contingencies, Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

September 19, 2022

To the City of Fort Atkinson,

The Fort Atkinson Driftskipper Snowmobile Club is seeking permission to sign a trail on the south side of the Business Park. Approximately 20 years ago, we appeared before the City Counsel for this approval.

Our club is insured and registered as a club with the state. Previously, we had a detailed map showing the route. (See attachment)

We would sign the trail to DNR standards, and we would be in the road right of way, 40' off the roadway. We have contacted both Spacesaver and Riverstone about the trail, and have their permission, as it would not be on their property.

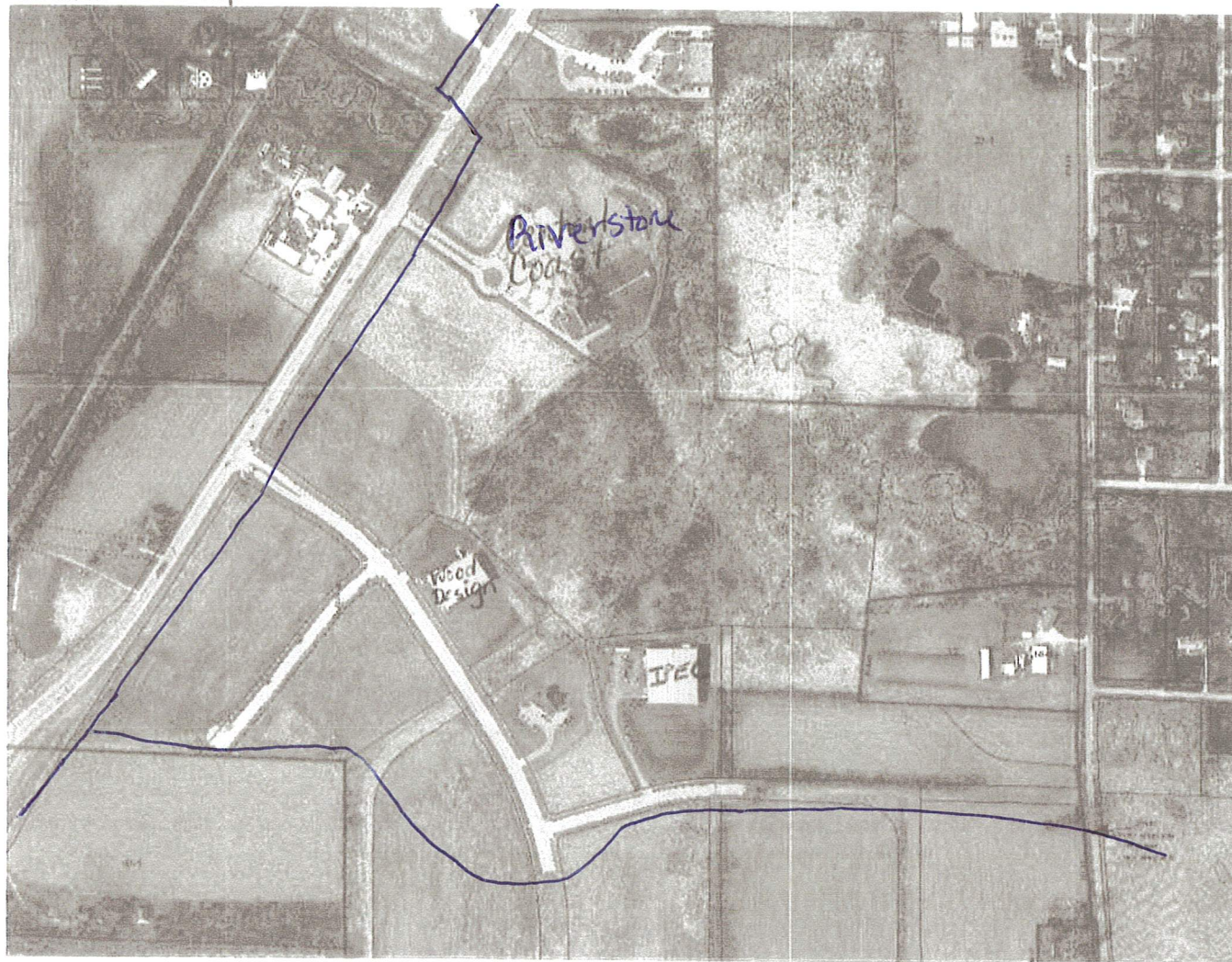
The purpose of the trail is to get from Poeppel Road to the Business Park, Kwik Trip gas station and to Groeler Road.

Todd Lueder,  
Fort Atkinson Driftskippers



kwik  
trip  
\*

FortMap





DRIFSKI-01

SCHAMPION

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Schwartz & Shea Ins Agency - Janesville PO Box 1550 Janesville, WI 53547		<b>CONTACT NAME:</b> Stephanie Champion <b>PHONE (A/C, No, Ext):</b> (608) 754-3336 <b>FAX (A/C, No):</b> (608) 754-5609 <b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> West Bend Mutual	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED**  
**DRIFT SKIPPERS**  
c/o Mike Koser, Treas  
501 Clover Ln  
Fort Atkinson, WI 53538

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2056383	11/9/2021	11/9/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Snowmobile Club

Certificate Holder is not an Additional Insured

## CERTIFICATE HOLDER

## CANCELLATION

City of Fort Atkinson  
101 N Main St  
Fort Atkinson, WI 53538

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Stephanie Champion*





## MEMORANDUM

**DATE:** December 6, 2022

**TO:** Fort Atkinson City Council

**FROM:** Michelle Ebbert, City Clerk/Treasurer/Finance Director

**RE:** Review and possible action relating to the 2023 Small Animal Collection Contract with the Humane Society of Jefferson County

---

### BACKGROUND

The City of Fort Atkinson has partnered with the Humane Society of Jefferson County to provide collection services for small animals unlawfully at large within the city limits. The Contract between the City and the Humane Society of Jefferson County is revisited annually and runs for one calendar year.

### DISCUSSION

The Humane Society has served our community by furnishing and maintaining facilities and equipment adequate for the housing, shelter and care of all dogs and cats unlawfully at large or surrendered to the shelter. Over the last 12 months, the Humane Society has seen large changes in economic conditions including challenges relating to increasing costs and staffing.

The Humane Society is proposing changes to the services provided in order to reduce the overall cost of the contract. The Humane Society is proposing to continue to provide animal pickup during regular business hours as normal but is proposing to reduce the on-call overnight services. Humane Society staff has reached out to all law enforcement partners, who will likely be impacted by this change, and found support.

### FINANCIAL ANALYSIS

The recently completed Census increased the City's population to 12,583. The 2023 proposed rate is \$2.58 per resident, for a total of \$32,464.14. The Humane Society has continually offered at 1.5% discount should the City elect to provide the contract payment in one lump sum in the month of January. The City traditionally takes advantage of this offer and, if approved, intends to pay the 2023 discounted annual fee of \$31,977.17 in January 2023. \$35,500 was included in the 2023 budget for this service (account 01-53-5343-000).

Table 1 on the next page shows the Contract rates from 2016-2023. As one can see from the table, the City has consistently taken advantage of the offer of savings to pay the contract in full in January of each year. Also, the 2023 Contract represents a savings of \$2,136.56 over the 2022 Contract.

<b>Table 1: Humane Society of Jefferson County Small Animal Collection Contract Rates 2016-2023</b>							
<b>Contract Year</b>	<b>Population</b>	<b>Per capita</b>	<b>Contracted Rate</b>	<b>Discount</b>	<b>Discounted Rate</b>	<b>Savings</b>	
2023	12,583.00	\$ 2.58	\$ 32,464.14	1.50%	\$ 31,977.18	\$ 486.96	
2022	12,458.00	\$ 2.78	\$ 34,633.24	1.50%	\$ 34,113.74	\$ 519.50	
2021	12,395.00	\$ 2.72	\$ 33,714.40	1.50%	\$ 33,208.68	\$ 505.72	
2020	12,437.00	\$ 2.72	\$ 33,828.64	1.50%	\$ 33,323.66	\$ 504.98	
2019	12,390.00	\$ 2.68	\$ 33,205.20	1.50%	\$ 32,585.70	\$ 619.50	
2018	12,401.00	\$ 2.63	\$ 32,614.63	1.50%	\$ 32,118.59	\$ 496.04	
2017	12,441.00	\$ 2.59	\$ 32,222.19	1.50%	\$ 31,483.32	\$ 738.87	
2016	12,355.00	\$ 2.53	\$ 31,258.15	1.50%	\$ 30,516.85	\$ 741.30	

### **RECOMMENDATION**

Staff recommends that the City Council approve the 2023 Small Animal Collection Contract with the Humane Society of Jefferson County in the amount of \$31,977.18 for the term of January 1, 2023 through December 31, 2023 and authorize the City Manager to execute said Contract.

### **ATTACHMENTS**

Humane Society of Jefferson County Cover Letter, Humane Society of Jefferson County Small Animal Collection Contract

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*Bringing people and animals together since 1922*

November 15, 2022

Michelle Ebbert  
Clerk & Treasurer, City of Fort Atkinson  
101 N. Main St.  
Fort Atkinson, WI 53538

Dear Michelle,

Thank you for continuing to work with the Humane Society of Jefferson County for your animal control services in 2022. We hope your municipality will continue to trust in our expertise and services for the 2023 contracting year.

As we are sure you are aware, the last 12 months has seen some large changes in economic conditions. We usually base our municipal rate increases in part on CPI, which currently stands at 7.7%. We have also seen some unprecedented costs increases for our shelter, most notably including areas of staffing, medical care, and even a 70% jump in our cat litter cost.

For next year, we are happy to report that despite those cost increases, we are able to offer a lower rate to your municipality based on some changes we are making to our contract that we will explain in this letter.

Your contract amount for 2023 will be **\$2.58 per resident**, which is a **7.2% decrease** from your rate in 2022. With the population changes for this year, your payment comes to **\$2,705.34** monthly or **\$32,464.14** per year. If you elect to pay the full amount upfront in January again, your cost will be **\$31,977.17** reflecting the **1.5% full payment discount**.

In order to make this cost saving change, we will be modifying Section 2 of the services provided in the contract. This section covers animals being received or picked up by shelter staff. Our shelter will continue to provide animal pickup during regular business hours as normal, but will be setting aside most on-call, overnight services.

In addition to the cost savings for our municipalities, there are a number of reasons why we are making this change:

- Maintaining staffing levels for on-call services has increasingly become a challenge. We have had difficulty finding new staff willing to carry out this requirement and in keeping staff who are required to perform these duties. We have specifically lost good candidates for our shelter staff because they were unable or unwilling to fulfill an on-call requirement.
- It has become a significant safety risk to our staff. We currently only have one staff member on-call at any given time. Based on an outside security assessment we have been directed to never have a staff member go out alone at night and/or to always involve law enforcement in any pickup. The cost of meeting this liability requirement would be up to a 15% increase in 2023.

- This is an expensive service to maintain that does not see a lot of activity. In 2021, our busiest contract saw 15 pickup calls all year long. Some of our smaller municipalities had only 1 call all year.

Before making this change we also directly involved all of our local law enforcement partners. All of our municipal police departments and the Jefferson County Sheriff are onboard with this change and will work with our shelter to continue to respond to stray animal calls over night. We will also continue to serve as a dropoff location for law enforcement and will be on-call to respond to exigent circumstances such as a large scale seizure.

Our shelter will continue to provide our current pickup and drop-off service for stray animals to residents and law enforcement during regular business hours and will be able to pickup animals collected overnight after the shelter opens for regular business hours as well.

It is our strong desire to maintain the level of service we provide as well as maintaining relationships with the municipalities that we serve. **Please let us know if you plan any changes to your municipal animal fee structure for residents so we can be ready to go on 1/1/23.**

Included along with this letter is a copy of the annual contract. Please sign and return one to us at your earliest convenience.

I hope that this cost savings is of significant benefit to your municipality in 2023. If your municipal leadership has questions we are happy to sit down in person or attend a meeting to help clarify any details. As always please feel free to give me a call at 920-674-2048 if I can be of service.

Best regards,

A handwritten signature in black ink that reads "Jeff Okazaki". The signature is written in a cursive, flowing style.

Jeff Okazaki  
Executive Director, Humane Society of Jefferson County



**THE HUMANE SOCIETY OF JEFFERSON COUNTY, INC.**

W6127 Kiesling Road, Jefferson, Wi. 53549

(920) 674-2048 Fax (920) 674-9176

**SMALL ANIMAL COLLETION CONTRACT**

THIS CONTRACT, made and entered into by and between the **City of Fort Atkinson**, a municipal corporation, organized and existing under and by virtue of the laws of the State of Wisconsin, hereinafter called First Party, and the Humane Society of Jefferson County, Inc., a private non-profit corporation, with its principal place of business in Jefferson County, Wisconsin, hereinafter called the Second Party.

**WITNESSETH:**

In consideration of this contract, First Party agrees to allow Second Party to retain all boarding fees and agrees to pay **\$2,705.34** monthly or **\$32,464.14** annually, to collect, impound, process, and dispose of all dogs and cats unlawfully at large in the **City**. If the First Party chooses to pay the full annual balance within 30 days of the start of the calendar year, a discount of **1.5%** will be applied to the annual fee, for a total payment of **\$31,977.17**.

The payment to be made by the First Party shall be computed upon the basis of the population of said city as established by the newer of the most recent Federal Census or most current estimate, at the rate of **\$2.58 (Two dollars and fifty-eight cents)** for each person living within such area. The population of the **City of Fort Atkinson** based on most current estimate, is **12,583**.

Second Party in connection herewith specifically agrees to perform the following services:

1. The Second Party will furnish and maintain facilities and equipment adequate for the housing, shelter, care, and disposal of all dogs and cats unlawfully at large, and to impound them under and pursuant to Wisconsin Statutes and ordinances of the **City** now existing or as hereafter amended, the object being to impound such stray dogs and cats and to return to the rightful owner or place in a new home or euthanize same under the ordinances of the First Party. **Animals other than common household pets may be collected and/or boarded for the required holding period. If the animal is not redeemed and reimbursed by the owner, the cost of containing and caring for said animal may be billed to the municipality.**
2. The Second Party will impound and keep such animals above referred to until otherwise disposed of in accordance with Wisconsin Statutes and the ordinances of the First Party, now in force, or as hereafter amended during the term covered by this contract, and will employ and pay competent persons to perform and will collect,

take, keep and dispose of all dogs and cats tendered to it by or from any department of the First Party. Such animals will be received or picked up during regular business hours for the shelter, seven days a week. For purposes of redemption of stray dogs and cats, the Animal Shelter shall be open at least thirty hours per week.

3. Second Party will wholly cooperate with First Party and any and all departments of the First Party in performance and observance of the ordinances of the First Party and Wisconsin Statutes.
4. Second Party will cooperate with any duly elected or appointed official of the First Party in the prosecution of violations of any ordinance of the First Party in the prosecution of violations of any ordinance of the First Party or Wisconsin Statutes, with respect to dogs or cats. Second Party agrees to maintain telephone answering services and provide two-way communication with at least one animal control vehicle. Second Party agrees to provide First Party with the names and addresses of owners redeeming stray pets after all legal obligations have been met pursuant to ordinances of the First Party.
5. The term of this contract shall be for a period of twelve months starting on **January 1, 2023** and ending on **December 31, 2023**.
6. This contract shall be in full force and effect, and binding upon the parties hereto, when legally executed by the First Party by resolution approved by the **City** of the First Party, and when executed by the Second Party by its proper officers as provided by the Second Party by its proper officers as provided by law.
7. Second Party agrees to fulfill the First Party's requirement under Jefferson County Ordinance 24 to impound any stray dog or cat that is suspect in a bite case, for a ten-day observation period as required by state law.
8. Second Party agrees to carry liability insurance which shall save harmless the First Party and protect the public and any person from any and all claims for damages by reason of bodily injury or property damage arising from the activities by the Second Party under the terms of this contract. Upon approval of this contract by the **City** Council the Second Party shall furnish the First Party with proper affidavits executed by representatives of insurance companies qualified to do business in Wisconsin, evidencing that said insurance company or companies have issued liability insurance policies effective during the life of this contract, protecting the public and any person from injuries or damage sustained by reason of the carrying out of the activities under this agreement. The affidavit shall specifically evidence the following forms of insurance protection:
  - a. Public liability insurance covering all activities and operations performed by the persons directly employed by the Second Party.

- b. Bodily injury liability insurance and property damage liability insurance on any and all motor vehicles employed in the activities and operation of the Second Party under this agreement, whether owned by the Second Party or by other persons, firms, or corporation.
9. Second Party shall have the right to retain any all voluntary contributions received by it in connection with the collection and disposal of animals under the contract and shall further have the right to dispose of such animals as provided for by Wisconsin Statutes and the ordinances of the First Party.
10. In addition thereto, Second Party shall report monthly to the First Party by giving a complete record of all the animals handled by Second Party for the First Party.

IN WITNESS WHEREOF                      By: \_\_\_\_\_

the parties have executed this agreement on the \_\_\_\_\_ day  
of \_\_\_\_\_, **20**\_\_\_\_\_.

Or by: \_\_\_\_\_  
Mayor/Administrator

Or by: \_\_\_\_\_  
Chairperson

ATTEST:

\_\_\_\_\_  
Clerk

\_\_\_\_\_  
Treasurer

THE HUMANE SOCIETY OF JEFFERSON COUNTY, INC.

By: \_\_\_\_\_  
Executive Director

By: \_\_\_\_\_  
Board President



## MEMORANDUM

**DATE:** December 6, 2022

**TO:** Fort Atkinson City Council

**FROM:** Daryl A Rausch, Fire Chief/Emergency Management Director

**RE:** Review and possible action relating to the approval of EMS Billing Contract for the Fire Department

---

### BACKGROUND

As of January 1, 2023, the City's Fire Department will become the primary 911 EMS provider. As such, ambulance billing and revenue collection will become a significant part of the Department's funding. Fire Department staff recently sent out a request for proposals (RFP) to companies to provide billing services. Staff is requesting approval of a new contract effective January 1, 2023.

Since the City began providing 911 response in 2018, the City has used LifeQuest Services to handle all EMS billing. Because of the limited transport and revenue stream, LifeQuest has been charging 17% of revenue collected to provide this service.

After January 1, 2023, the City is estimating that the Fire Department will provide approximately 1,400 EMS responses a year (with more than 1,100 transports). With that increase in call volume, the service fee of 17% is excessive. Staff reached out LifeQuest to discuss a new fee structure but were unable to reach an agreement. Due to these negotiations being unsuccessful, staff elected to release an RFP to ascertain interest from other companies who could provide the service.

### DISCUSSION

Staff posted the RFP on the City's website and also provided the document to several targeted companies who were used or recommended by other communities.

- EMS Management & Consulting, Henderson, NC
- AMS Solutions, Dallas, TX
- Medical Billers & Coders, Wilmington, DE
- EMS Medical Billing Associates, Milwaukee, W
- LifeQuest Service (our current provider)

Several of these companies expressed interest in the proposal; however, only one response was received. LifeQuest has proposed a continuation of our current contract structure with an improved service contingency fee of 8% of collected revenues.

The response from our current provider continues a very successful relationship. LifeQuest was extremely helpful in starting our Basic Life Support (BLS) service in 2018 as well as assisting as we



transition our service to a full-service Advanced Life Support (ALS) 911 emergency medical transport service. Our collection rates have consistently exceeded national standards and our account representative, Cerry Schrader, has been extremely helpful and efficient.

### **FINANCIAL ANALYSIS**

The costs associated with the contract are similar to the projections contained within our EMS startup proposal and budget. There will be minimal impact on budget as the fees are reflective of a portion of revenues and there is not an annual service fee only a percentage of collected billings.

In the 2023 EMS Fund (fund 7) budget, staff estimated \$695,000 in revenue from ambulance runs, charges for services, and transports. At the time, the billing service fees were estimated at between 8 and 9% of run revenue. Staff budgeted \$57,000 for this service in 2023. The proposal of 8% of collected revenue with an estimated \$695,000 in run revenue equates to an expense of \$55,600, which is slightly below the budgeted amount.

### **RECOMMENDATION**

Staff recommends the City Council approve the proposal from LifeQuest to provide ambulance billing services at 8% of revenue and authorize the City Manager to execute a continuation of the current contract with said reduced billing service rate.

### **ATTACHMENTS**

City of Fort Atkinson Request for Proposals for Ambulance Billing Services; Proposal from LifeQuest Services



November 16, 2022

Dear City of Fort Atkinson Evaluation Team Members,

LifeQuest, an EMS|MC company, is pleased to present our attached proposal to remain the City's emergency ambulance billing and collections provider. Our proposal details our commitment to the City's success and demonstrates our proven achievements processing EMS/Fire/Hazmat healthcare reimbursement requests since the beginning of our partnership.

LifeQuest has a 30-year track record processing ambulance claims, growing to reconcile over 3 million claims annually. 250,000 of these EMS/Fire/Hazmat reimbursement requests are in Wisconsin. We have retained our Wisconsin clients by offering locally focused and tailored EMS billing services throughout 50+ counties and delivering excellent results.

We have remained committed to the City's success throughout our partnership, offering a value driven EMS billing solution by putting compliance and results first. We pair field-experienced, EMS and Fire professionals with industry leading experts who understand the nuances of the industry. We operate with all MACs, while providing a field targeted and committed approach—allowing us to be leaders in documentation, compliance, and overall revenue recovery.

Our focus is on high quality, swift revenue recovery - EMS and fire billing and revenue administration. We will continue to uphold the integrity of your community and develop successes through following techniques and systems:

- **Process Improvements:** We are continually investing in tools and technology to drive results for the City. Rate reviews and recommended fee schedule adjustments are conducted, and our performance program provides critical analysis and feedback for missing patient information. Since 2018, LifeQuest has collected over \$55,000 on behalf of the City while also increasing collection rates across all payor categories, including a 45% increase in commercial insurance and a 40% increase in private pay collections.
- **FIN Processing:** We have long-term, effective relationships with the City's receiving hospital. Continued data exchange with Health Data Exchange (HDE) and EPIC health systems for missing insurance information offers seamless data integration.
- **Unmatched Customer Service:** Support is provided through 115+ hours per week phone coverage, patients speak with LifeQuest staff in LifeQuest offices. Your Account Manager, Cerry Schrader, remains as your single point of contact for reports, insurance questions, and system inquiries.



- **Streamlined Payment and Deposit Timeframe:** Our in-house payment posting department offers 24-hour revenue relocation. Payments are updated and posted daily upon receipt of patient information by a dedicated processor assigned to the City's account.
- **Established ImageTrend Interface:** There will be no interruption with ImageTrend Elite ePCR software interface. We now process over 500,000 claims annually from ImageTrend Elite.
- **Perfect HIPAA Compliance:** CMS RSNAT and Data Cost Reporting program monitoring is a top priority as these programs continue to roll out nationally in 2022. We stay on top of industry changes and CMS reporting guidelines – keeping you in compliance and informed. Accreditations include CMS, SOC 2 Type 1, HIPAA, FDCPA, OIG, GAAP, PPMS, CAC, & ICD-10.
- **Tailored Reporting:** Our in-house IT development team continues to provide standard and customized reports covering financial metrics and key success criteria.

A transition always imposes significant risks to continued increases in revenue recovery. We offer a seamless and risk-free continuation as your revenue recovery partner – no transition, no risk, no concerns or questions. Our broad management team with collections, customer service, and Fortune 500 experience will continue to use its combined EMS and fire field knowledge and industry expertise to drive success.

We will continue to focus on the basics: dedication, accountability, and transparency – hard work that ensures success. Our dedication is one of the many reasons our clients stay with us. We retain 98% of our business, and many clients that have left returned upon contract renewal.

LifeQuest treats clients as partners, and this separates us from our competition. We drive results by taking responsibility during every step of the process. LifeQuest appreciates the opportunity to present this proposal and would be extremely pleased to continue our partnership with the City of Fort Atkinson and Fort Atkinson Fire Department.

Sincerely,

Handwritten signature of Michael J. Finn in blue ink.

Michael J. Finn  
President

(888) 777-4911 Ext 144

[mfinn@lifequest-services.com](mailto:mfinn@lifequest-services.com)

Handwritten signature of Justin Murphy in blue ink.

Justin Murphy  
Strategic Services Manager

Handwritten signature of Tim W. Rosin in blue ink.

Tim W. Rosin  
Sales Vice President



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## QUALIFICATIONS AND EXPERIENCE

Our proposal details our continued commitment to your success. As your current partner we offer a seamless and risk-free continuation as your revenue recovery partner – no transition, no risk, no concerns, or questions. We have and will continue to manage all aspects of a high quality, thorough and responsive professional service agreement and deliver excellent results.

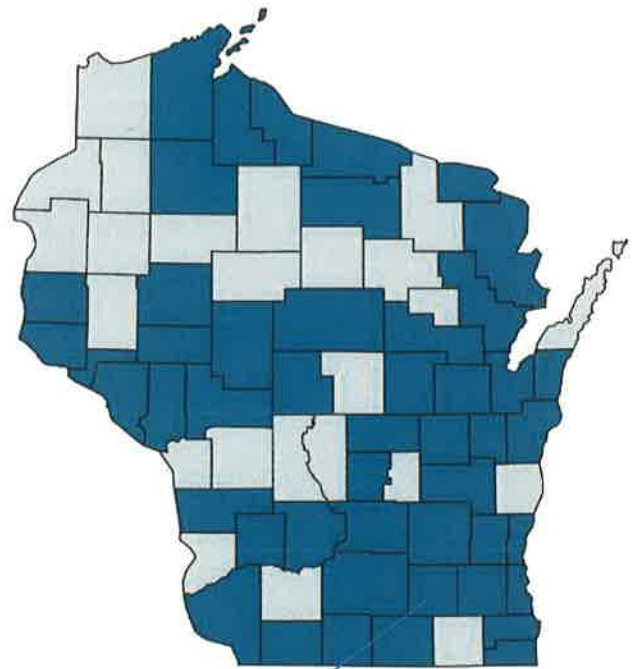
LifeQuest is a diversified and widely growing EMS/Fire field experienced revenue recovery firm based in the Midwest with over half of our market established in Wisconsin, Minnesota, Illinois, Iowa, and Indiana. We have processed ALS and BLS accounts for over 30 years and currently process over 200,000 claims throughout the Midwestern region. Nationally, we serve agencies across 40 states, and process 3 million ambulance claims annually.

Our national presence allows our staff to gain exposure to a diverse set of Medicare, CMS, Medicaid, and MAC requirements as well as interfacing and integrating with various NEMSIS compliant software, such as Image Trend Elite; however, we retain our roots through our local partnerships.

LifeQuest was founded in 1992 as Lifeline Systems, Inc. d/b/a LifeQuest Services. In 2012, LifeQuest partnered with a private investment firm, led by our current President, Michael Finn. More recently, our company is now known as LifeQuest, an EMS|MC company. We have seen many positive changes including improved operations, increased growth, new office locations, expanded collection business, and new services.

We provide EMS billing, Fire billing, and delinquent account collection services throughout 50 counties in Wisconsin. We manage a range of agencies that have 100 – 80,000 claims per year, while maintaining a spotless compliance record and tailoring our services to suite our partner's specific needs. We are headquartered at N2930 State Road 22 Wautoma, WI 54982

EMS|MC is a financial stable organization without any prior or current bankruptcy proceedings. Please see attached third party audited financial stability report from 2022, found under exhibit D. We have not had any litigations filed against us in the past 3 years.



Fort Atkinson, WI

### Team Qualifications

We line the City and our partners with a team-cell management structure, where the responsibility of our billing partnerships is cyclical. Ultimately, the buck stops with our President, but the members of each department's management team work together for the primary goal of partner success. This structure offers stability, efficient adaptation, and effective communication for our partners.

The City will be a top priority at LifeQuest, with members of each department's management team working together to bring your success. Our project structure has proven successful as our average partner collection rates remain at a steady increase year-over-year despite the COVID-19 pandemic.

LifeQuest's employees receive HIPAA, FDCPA, ACA International Code of Ethics, and Compliance Code of Conduct training with annual refreshers. Access, disclosure, and use of Protected Healthcare Information (PHI) and electronic Protected Healthcare Information (ePHI) are strictly limited to authorized personnel. Employee access is granted only to data necessary to complete job responsibilities.

### Company Organization

LifeQuest employs over 75 full-time professionals. Many are trained and field-experienced EMS professional: Paramedics, Firefighters, EMT-Intermediate Technicians, EMS-Basics, and First Responders. Our specialization and use of industry-experienced staff ensures an unmatched level of expertise, equity, and compassion in this highly regulated field.

### Primary Project Point of Contact



**Cerry Schrader, Client Relations Project Manager (CRPM)**, will continue to be primary point of contact for all questions and tasks after contract award. She has over 18 years of customer service experience. As a CRPM, Cerry plays an instrumental role in refining the partner setup process and defining procedures within the Client Relations Department. She assists partners with the setup of interface software and report creation. Cerry has knowledge of the industry and can provide valuable solutions to complex problems.





## MANAGEMENT TEAM

LifeQuest senior management and project team have significant business acumen and industry experience to drive revenue recovery:



**Michael J. Finn, President**, ensures LifeQuest's personnel, processes, and delivery exceed customer expectations. He has 30 years' experience as a business leader and owner/operator with a background in operations, consulting, and financial services. Michael has line operations/P&L experience for large corporations and has led consulting projects/corporate initiatives for large, complex municipalities and government agencies (e.g., IRS and City of Chicago). Michael holds a Nuclear Engineering degree from the University of Illinois, a Master of Science in Economics from the London School of Economics and Political Science, and MBA in Finance from the University of Chicago Graduate School of Business.



**Dawn Huck, Controller**, leads LifeQuest's Finance Department. She ensures timely, high-quality financial transactions and interfaces across all entities in delivering Revenue Recovery success for our client partners. She manages the monthly closings of financials, annual budgeting, and fiscal forecasting for LifeQuest. Dawn has over 30 years of financial experience in various manufacturing industries including paper, automotive, and DEF as well as marketing, motorsport, and wholesale. She has been responsible for maintaining the integrity of financial procedures and controls for family-owned companies to multi-million-dollar companies. Dawn holds a BA in Accounting from Lakeland College.



**Tim Rosin, Vice President Sales**, oversees LifeQuest's contract administration and directs the Sales and Marketing team. He has over 25 years of EMS/Fire industry experience working with municipalities on oversight, budget, and compliance. Tim has practiced Critical Care Paramedic for over 25 years and has served as a Director of EMS Operations prior to joining LifeQuest. Tim earned an Associate Degree in Accounting and Business Administration from Fox Valley Technical College.



**Shawna Hughes, Billing Manager**, is responsible for partner revenue maximization and the management of LifeQuest's billing department, including coding, claim management, customer care and claim denial. She trends and tracks denials to determine patterns, identify bottlenecks and devise prompt, efficient solutions. Shawna has over 21 years of experience in the EMS industry and is a Certified First Responder.



*Justin Murphy, Business Development Manager*, develops new partnerships with various EMS/Fire services and municipalities across the country. He stays current with billing/collection opportunities and helps client partners drive excellent results. He worked at Aramark, a fortune 200 company, as a major account executive managing current client and new service success. Justin also worked IT Support for Kimberly Clark Corporation Neenah Conference Center. Justin holds a BS in Communications from University of Wisconsin-Oshkosh.



*Becky Grimm, Compliance Officer*, manages internal auditors in LifeQuest's Compliance Department. She trends and tracks audit reports to identify areas for process improvement, as well as assisting in training of staff and securing customer satisfaction. Becky has 25+ years of extensive billing and compliance knowledge, 21 years within the EMS industry, and has held positions as an Assistant Operations Team Leader, Account's maintenance Manager, Billing/Office Manager, and a CQI/Trainer. Becky earned a CAN certificate from Fox Valley Technical College, has held a First Responder Certification, and is a Certified Ambulance Coder through NAAC.



*Jim Mulvey, Information Technology Manager*, oversees LifeQuest's Information Technology (IT) Department. Jim has 15+ years of experience in the IT field, including 10+ years in the EMS industry. He has held various positions in management, database administration, and programming. Jim earned a BS in Physics from the Illinois Institute of Technology.



*Kathy Malone, Human Resources Director*, manages LifeQuest's Human Resources Department. She maintains and enhances our workforce by planning, evaluating, and implementing employee relations and human resources policies, benefit programs, and practices. Kathy has over 10 years of experience in the EMS industry.

Resumes can be found under Exhibit A.

LifeQuest's employees receive HIPAA, FDCPA, ACA International Code of Ethics, and Compliance Code of Conduct training with annual refreshers. Access, disclosure, and use of Protected Healthcare Information (PHI) and electronic Protected Healthcare Information (ePHI) are strictly limited to authorized personnel. Employee access is granted only to data necessary to complete job responsibilities.





**Local, State, and Federal Laws and Regulations:** LifeQuest partners with leading national EMS industry law firm Page, Wolfberg & Wirth LLC (PWW) to help ensure our management team remains up to date in CMS federal and state compliance guidelines, HIPAA, Red Flag Rules, Office of Inspector General (OIG) opinions, and other legal/regulatory items.

**HIPPA Compliance:** We are a covered entity under HIPAA regulations, and as such we take the security of PHI seriously. Top-tier firewall appliances are used in tandem with the latest technology, safeguarding the data of all partners.



**Red Flags Rule and Identity Theft:** LifeQuest uses a program created by the Federal Trade Commission and the National Credit Union Administration to detect any “red flags” and/or suspicious identity-theft activity in day-to-day operations.

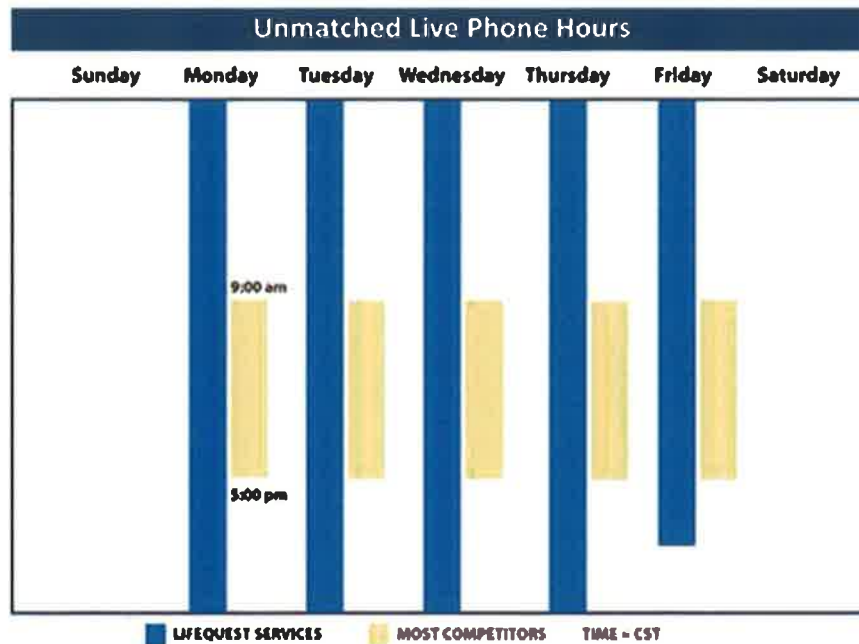
**OIG Compliance:** Our compliance program includes written policies and procedures regarding confidentiality, standards for ethical and legal conduct, and education of our staff on new laws, regulations, and billing/collection procedures.

**Risk Mitigation:** LifeQuest’s complaint processes significantly decrease the risk of a lawsuit. Rising healthcare deductibles, strict regulations, and highly educated consumers are among the factors contributing to the increase in lawsuits filed over the past years. The following actions are taken by LifeQuest to maintain partner account compliance:

- Full-time Compliance Officer on staff
- Two-year inbound and outbound call recording and retention
- Collection techniques and resources meet industry compliance standards
- Daily, monthly, annual auditing and reviews
- Employees incentivized based on compliance
- Staff training programs including FDCPA and HIPAA
- Weekly and ongoing call review compliance training
- Toll-free customer help line

### In House Availability

LifeQuest provides over 115 hours of customer service phone coverage per week, from 12:00 a.m. Monday CST to 8:00 p.m. Friday CST. These hours allow patients and the City to call our toll-free number at their convenience. Patients also speak with a live LifeQuest customer service representative in our offices, not an automated system.



Translation services are offered through *Telelanguage*, covering over 300 languages. We are here when it is convenient for our partners and their patients, not just the standard 9 to 5 hours most billers provide.

LifeQuest provides a toll-free telephone number for both our billing partners and their patients:

	Patient Line	Client Partner Line
<b>Billing Department</b>	<b>(800) 786-4911</b>	<b>(888) 777-4911</b>

### One Business Day Follow-Up Approach

LifeQuest works diligently to communicate with our partners and patients directly and immediately answer their questions. In the event research is necessary, we strive to respond within one business day. When a patient calls LifeQuest to ask a question about their bill, our system immediately searches for an available representative. If no one is available, the call is quickly rolled over to the entire department to search for a representative to take the call and assist the patient. On average, less than 1% of calls are sent to voicemail.

### Call Retention and Recordings

All incoming and outgoing calls are digitally recorded and retained for two years. Calls are reviewed regularly by management to ensure we maintain high-quality customer support standards. Calls are also available for review by our partners at any time. The only calls unavailable are those containing personal payment information, such as credit card numbers.

## REFERENCES

LifeQuest has experienced significant growth over the past ten years, expanding from the Midwest and beyond. We have increased our partner base and yet remain persistent in providing customer satisfaction. LifeQuest has retained 98% of the firm's business and has seen many of our partners also award contracts to competitors and then return upon contract termination or renewal. There is value in choosing a company that is accountable and dedicated to your success. The following references vary in size, demonstrating our revenue recovery success, and our ability to transition services into our developed processes and systems. We encourage you to contact them to hear firsthand how they speak on our dedication to our partners.

### Jefferson EMS – Jefferson, WI



Year of Project: 2009 – Present  
Description: Full-Service Billing and Collections  
Address: 351 E Racine Street, Jefferson, WI 53549  
Reference Name, Title: Ron Wegner, Fire Chief  
Email Address: [rwegner@jeffersonwis.com](mailto:rwegner@jeffersonwis.com)  
Phone Number: (920) 723-9761  
Fax Number: (920) 674-2751

### Johnson Creek Fire & EMS – Johnson Creek, WI



Year of Project: 2010 – Present  
Description: Full-Service Billing and Collections  
Address: 125 Depot Street, Johnson Creek, WI 53038  
Reference Name, Title: Scott Allain, Chief  
Email Address: [jcfirechief@johnsoncreek.wi.gov](mailto:jcfirechief@johnsoncreek.wi.gov)  
Phone Number: (920) 699-3456  
Fax Number: (920) 699-2992

### Village of Palmyra Fire & Rescue – Palmyra, WI



Year of Project: 2013 – Present  
Description: Full-Service Billing and Collections  
Address: PO Box 380, Palmyra, WI 53156  
Reference Name, Title: James Small, Public Safety  
Email Address: [jsmall@villageofpalmyra.com](mailto:jsmall@villageofpalmyra.com)  
Phone Number: (262) 495-4200  
Fax Number: (262) 495-2083

## CONTRACTOR SCOPE OF WORK

The Contractor, under this contract, shall provide all services necessary to collect for services provided by the city of Fort Atkinson Fire & EMS. These services shall include but not be limited to:

The contractor shall accept receipt of the patient data necessary for billing. The data will come from an ePCR system called Image Trend Elite (or acceptable alternative).	Agree
The Contractor will be furnished with the EMS chart summaries electronically.	Agree
The Contractor shall be responsible for reviewing each PCR for content to accomplish the following:	
To check for discrepancies and ensure the number of PCR's received match the number of patients transported as documented on the PCRs. This is particularly important in the instance where there are multiple patients at one incident.	Agree
Ensure that the appropriate fee box has been selected and the documentation to support the charge is present. Verify Signature compliance.	Agree
Assign the appropriate billing procedure code and ICD-10 diagnosis code based on the documentation, treatment, and chief complaint of the patient.	Agree
Review reports that require a "Treatment by no Transport Charge" to be assigned per documentation of the PCR.	Agree
Obtain current patient insurance information per claim	Agree
The Contractor shall be responsible for sorting the PCRs in numerical/date order as well as sorting all the paperwork in a systematic order for billing organization and future accessibility.	Agree
The Contractor shall provide electronic claims processing and paper filing to all insurance companies. The first invoice will be dated no later than five (5) days after the contracted billing company has received the PCR. The second notice will be sent to the patient or responsible party thirty (30) days after the original invoice. The third notice (final notice) will be sent to the patient or responsible party thirty (30) days after the second notice has been mailed. Services to be billed will include base fee, mileage, and on-scene medical treatment (when applicable).	Agree
The Contractor shall be responsible for the initial collection, generation of all insurance forms, filings, and recorded maintenance.	Agree
The Contractor shall be responsible for reviewing account status with the city of Fort Atkinson Fire & EMS as requested by the City or as required to address questions by the payor.	Agree
The contractor shall provide the following documents	
Daily Payment logs (sent once per week) with deposit confirmation attached and monthly summary showing balancing of daily deposits to collection report.	Agree
Collections profiles for each month, dating back to the beginning of said contract.	Agree
Status of accounts (payer mix) for the current month and total in system.	Agree

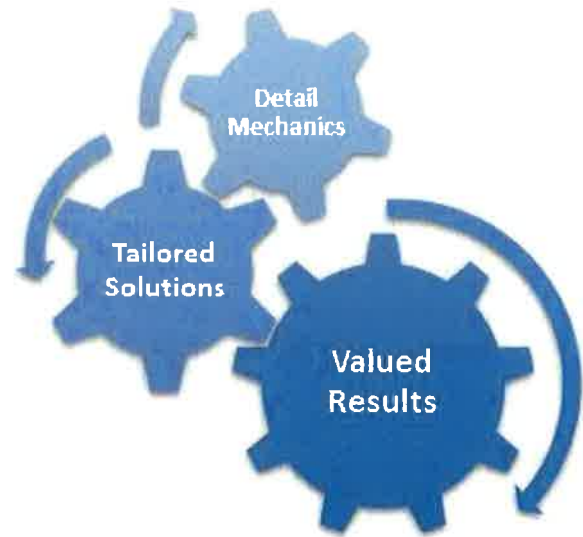
Aging Receivable Report (monthly).	Agree
Month End Reports	Agree
Monthly write off reports.	Agree
Overpayment (Refund request) invoices.	Agree
Non-Sufficient Funds Check Reports.	Agree
Uncollectable(s) Report (listing undeliverable, unable to locate, etc.).	Agree
Any additional reports that City of Fort Atkinson Fire & EMS may need, or request will automatically be formatted to their requirements and sent to the department.	Agree
The Contractor shall comply with the policies and procedures developed and implemented by the City of Fort Atkinson Fire & EMS in response to the improvement of the department and the privacy act of HIPAA. The contractor shall enter a business associate agreement with City of Fort Atkinson Fire & EMS to ensure all HIPAA policies are adhered to. Any violation of HIPAA by the contract billing company will be grounds to terminate all contractual agreements immediately.	Agree
The Contractor shall comply with HIPAA regarding protected health information (PHI) and guardian of all record sets and shall maintain all documentation records and patient information in a safe and secure manner allowing for inspection and/or audit by the City.	Agree
The Contractor shall be required to store all record sets for a minimum of thirty-six (36) months after term of contract and then turn them over to the City for permanent storage and to turn over all records in the event of contract termination.	Agree
The Contractor shall provide sufficient Customer Service Representative(s) to assist patients and/or other third-party payees in all billing inquiries in a timely manner, not to exceed one (1) business day.	Agree
The Contractor shall conduct any follow-up required to obtain necessary insurance information for payment processing. All payments will be received by the Contractor on behalf of the City of Fort Atkinson Fire and EMS and be deposited to the City's designated bank account. Records of deposits will be correlated with database reports daily, and this information will be emailed to the city daily.	Agree
The Contractor shall follow-up with patient or patient's third party for collection of the receivable in increments of thirty (30) days, sixty (60) days, and ninety (90) days, after the initial billing. Initial bills to Insurance carriers shall be sent within five (5) days of the Contractor receiving the PCR from City. The City shall be provided information monthly, on those accounts deemed non-collectible except by further legal means.	Agree
The Contractor shall document follow-up efforts and results must be available to the City. Follow-up efforts after the initial effort must also be documented and retrievable.	Agree
The Contractor will mail statements to the patient within five (5) days after the Contractor receives the PCR from Fort Atkinson Fire & EMS.	Agree
The Contractor agrees to negotiate and arrange a modified payment schedule for those individuals who are unable to pay the full amount when invoiced. The Contractor is not authorized to accept payments marked as "paid in full" or "accord and satisfaction" unless the account is paid in full. At no time shall the Contractor negotiate for patient to	Agree



pay a lesser amount of the bill in the City of Fort Atkinson Fire & EMS would have to forgive a portion of a bill.	
The Contractor shall provide compliance/documentation training for the City of Fort Atkinson, at the discretion of the Fire Chief or EMS Division Chief on changes in the billing process and new requirements for data gathering as they occur.	Agree
The Contractor shall provide:	
All invoices and related insurance forms with remittance advice.	Agree
Return envelope with the address designated and approved by the City. Window envelopes are acceptable for satisfying this requirement.	Agree
Postage for the mailing of all said invoices and forms for the billing operation.	Agree
Patient statement must contain a message stating, cash, credit/debit cards and checks are accepted. Checks must be made payable to the City of Fort Atkinson. Patient statement must include a telephone number for patients to call and make a payment by phone.	Agree
Sample bill forms and sample messages that can be used on patient statements, as part of the response. All text, format, and color of printing and stock subject to approval by the City.	Agree
Reasonable effort to locate and correct any incorrect billing information, i.e., address, insurance, etc., for billable patients. A report providing such efforts shall be provided.	Agree
A working arrangement with all City of Fort Atkinson Fire & EMS services affiliated hospitals.	Agree
A reconciliation report on the last day of the month that will show all patients who have been billed for the month. The invoice will display the PCR number, date of service, BLS or ALS, miles transported, patient billing code assignment and the total amount of the invoice.	Agree
A reconciliation report on the last day of the month that will show a breakdown of ALS/BLS patients and the mileage charges for each category as well as On Scene Treatment fees. It will be broken down per category to ensure all PCRs processed and mailed to the Contractor have been processed within the approved timeline.	Agree
Assist the City of Fort Atkinson Fire & EMS with a refund request including all pertinent information relating to refund payments to patients and/or insurance company, indicating the refund payee's name, address, and reason for refund.	Agree
Given reasonable notification, the City has the right to audit all financial records pertaining to the billing and collection for the City of Fort Atkinson Fire & EMS for a period of three (3) years after association of the parties terminates.	Agree
The contractor shall comply with any special report request in reference to transport locations and response modes to specific locations on a case-by-case basis.	Agree
The city will provide the necessary patients demographic information to the Contractor daily for those patients who have been recently transported or treated at scene.	Agree
The City will comply with all Federal, State, and local laws, rules, and regulations as applicable to the services being contracted for the City will provide all information relevant to payments made at their office as requested by the Contractor.	Agree

## SCOPE OF WORK

By submitting this proposal, it is understood that LifeQuest fully understands the requirements with the City's RFP specifically the services to be provided. LifeQuest is one of the few EMS/Fire revenue recovery firms that offers an in-house customizable turn-key approach. Our tailored suite of services is geared for our partners' specific needs. We realize the importance of front-end, pre-incident and on-site training and back-end, in-house payment posting/ mailing department.



Our in-house payment processing and optional delinquent account services offer seamless cash-flow operations from start to finish. We provide a complete services partner platform that includes the following, all at a flat rate contingency fee:

- EMS billing services with complete in-house deductible recovery services
- In-house payment posting offering 24-hour revenue relocation
- 24-hour access to online in-depth reporting and internally developed IT custom reports
- Robust disaster recovery plan with Tier 1 facility data centers, firewall monitoring, PCI compliance, secure 256-bit FTP encryption, and 24-hour camera surveillance
- Optional in-house EMS delinquent account collections services
- Full in-house package offers customizable and tailored suite of services

Our billing process is built on dedication. Our commitment to documentation training and continual advocacy through our American Ambulance Association membership provides your team with the field expertise for pre-ePCR claim documentation, and complete and accurate ePCR submission. We support this training with our pre-billing processes – finding missing patient information through hospital interfaces, insurance, patient data scrubbing, and skiptracing technologies. Our expertise allows our partners to focus on the most important task of serving community members and saving lives.

Our partnerships are based on three core primary aspects which resonate throughout the technical details of our proposal:



**ACCOUNTABILITY:** LifeQuest team's organizational structure and billing system provides accountability in all aspects of our billing and collection processes—from pre-claim submission to quality assurance measures, to data and cash collection and reporting. We take responsibility for your success.



**TRANSPARANCY:** We maintain integrity in 100% OIG, Red Flag Rules, ACA, HIPAA, and SSAE Type II Audit compliance standards. We offer an open door to requested audits from our partners and have an exceptional CMS audit track record. Copies of our previous audits can be supplied to the City upon awarded and signed contract with LifeQuest Services.



**DEDICATION:** Our partner's success is first. LifeQuest is dedicated to customer service and efficient communication. We offer continual up-to-date pre-claim submission training, rate analysis and constant payor-mix data analysis focused on seeking opportunities that increase revenue.

### Schedule of Deliverables

As the City's current billing partner there will be no need for the typical transition timeline as would be needed with a new billing provider. With our knowledge and history with the City's billing requirements there will be no interruption in service. We will continue billing on the first day of the new contract.

### By maintaining our current partnership the City will avoid the following possible risks:

- Interruption to the City's cashflow
- Eliminates time required the City's internal staff on transition time with a new provider
- No need for new integration with the City's ImageTrend Elite ePCR vendor
- No need to submit Medicare and Medicaid applications
- Maintain a strong relationship between the City's personnel and LifeQuest personnel

**FUTURE OUTLOOK:** LifeQuest continues to offer on-site and virtual training, as well data reports highlighting not only areas of improvement, but areas of excellence. These efforts are paramount as CMS RSNAT and Data Collection Reporting programs continue to roll-out nationally in 2022.

- Continual training occurs as needed and includes Medicare, Medicaid, and insurance company updates. EMS industry updates are also included through onsite training programs, webinars, our annual Hot Topics Conference, general e-mails, and phone calls. Additional online and ongoing training is available through various means throughout the life of our partnership. Proactive training is geared toward continual improvement and is an essential part of our quality assurance program:

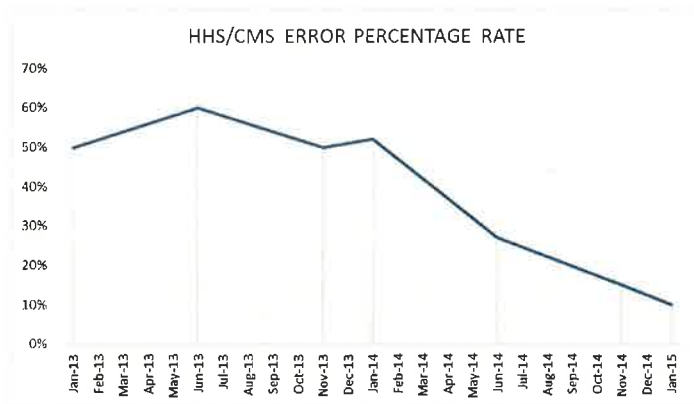


## The Importance of LifeQuest's EMS Focused Billing

Compliance is the forefront of the EMS billing and collection industry, in recent months as more large billing and collection companies continue to disregard the basics. Recent federal convictions and plea agreements mar any municipality's name and community. LifeQuest is a true advocate for the City and its patients by putting compliance at the head of our business.

LifeQuest has experience successfully ending CMS audits. We have inherited EMS/Fire teams who were on Medicare MAC 100% pre-payment audit status. By reducing claim review requirements and addressing error percentage results, we improve results and ended all pre-submission and payment audit requirements. This included finding root causes and conducting site training for EMS field teams.

The approach lowered error percentages from 50% to 10% over a two-year time frame, removing the team from the audit and resulting in a significant increase in account processing and revenue productivity.



We have seen many of our competitors in the headlines with audit issues. Our team processes are structured to avoid that. Successes include NGS Medicare TPE audit – 0% error rate Railroad Medicare; TPE audit – 0% error rate WPS Medicare; TPE audit – 10% error rate; Palmetto GBA 0% error rate – City of Omaha, NE.

## Partner Training Program

LifeQuest's EMS, Fire, and field-experienced instructors provide onsite medical necessity and documentation training throughout the life of the contract at no additional cost to the City. Training is provided to all employees and is available as needed to ensure complete understanding of materials, systems, and software.

Training is provided for all users according to the partner's schedule. This training covers topics such as medical necessity, reasonableness, obtaining valid signatures, proper use of forms, creating a compliant and comprehensive narrative, and requirements of the billing system and billing data quality. It also includes information on notice of privacy practices and all procedures related to EMS documentation and emergency transportation fee billing. If a staff member needs follow-up training, he or she can review that training at any time. Separate training on month end reports and financial reporting is also provided to the Finance staff.



Our run templates are customizable to achieve and maximize results. We help establish defaults that enhance data entry and increase accuracy. We also create service-defined fields for gathering specialized information. All data is electronically transferrable between your EMS Division and LifeQuest.



Our service and staff report cards track individual members' progress in obtaining quality data for run documentation and reimbursement. The data we track includes the overall quality of the run documentation and how often a particular EMT or Paramedic provides complete paperwork and required insurance data.



Our full-time Compliance Officer remains up-to-date with each states Department of Public Health findings to stay current on the Office of Emergency Medical Services protocols. These findings are communicated and trained on as required or requested.

**Web-Based Training:** LifeQuest's web technology service provides video documentation of our medical necessity training, including individual sessions on all forms pertinent to the EMS industry. This route ensures new ambulance and department personnel can also receive proper training as needed at any time. Partners can provide timely updates on specific issues as they relate to EMS in general and reimbursement.

**EMS Field Knowledgeable Trainers:** We maintain community and EMS industry advocacy in our partnership business approach. Our management team and staff-through our partnerships with Page, Wolfberg & Wirth LLC, and American Ambulance Association – closely monitor changes affecting EMS/Fire Emergency Services and the billing and collection industry. We review laws, regulations, industry best practices and Medicare, Medicaid, and private insurance compliance requirements.

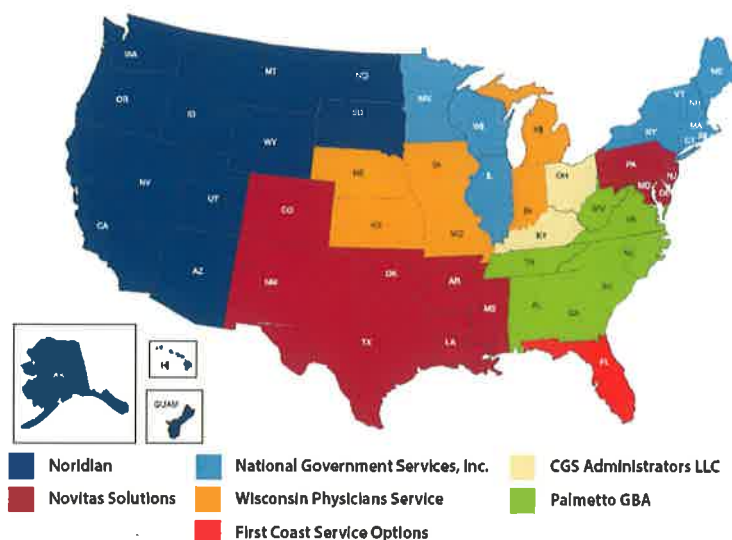
Extensive education and training on compliance issues, medical necessity, reasonableness, obtaining signatures, and documentation is offered to all partner on a continual basis – onsite, without additional charges.



### LifeQuest National Expertise

LifeQuest is a national billing firm operating from Alaska to Florida and Maine to Texas. This national presence allows our staff to gain exposure to a diverse set of Medicare, CMS, Medicaid, and MAC requirements—including National Government Services, Inc.

Our team continually completes training to remain current in this ever-changing environment. Our staff remains ready to quickly and accurately file claims across the country. We use this expertise and ability to adapt and meet the City's needs.



90-95% of the claims submitted by LifeQuest are submitted for payment electronically. The ambulance run report is received and reviewed immediately for completeness and accuracy of data. We submit claims for primary, secondary, and tertiary insurance. All billing information is secured, and all medical necessity forms are filled out by our billing staff. Claims are securely submitted electronically unless the carrier is not able to receive electronic claims.

LifeQuest meets ANSI 831 electronic specifications and HIPAA transaction standards. We re-file Medicare, Medicaid, or insurance claims as necessary to obtain payment.

**HIPAA Compliance** – We are a covered entity under HIPAA regulations, and as such we take the security of PHI seriously. Top-tier firewall appliances are used in tandem with the latest technology, safeguarding the data of all partners.

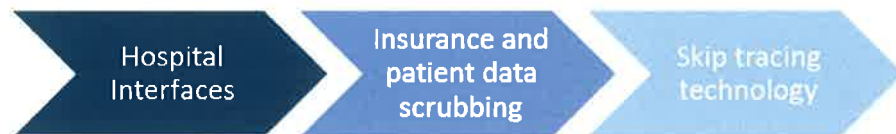


**Red Flags Rule and Identity Theft** – LifeQuest uses a program created by the Federal Trade Commission and the National Credit Union Administration to detect any red flags or suspicious identity-theft activity in day-to-day operations.

**OIG Compliance** – Our compliance program includes written policies and procedures regarding confidentiality, standards for ethical and legal conduct, and education of our staff on new laws, regulations, and billing/collection procedures.

### Pre-Billing Claim Submission

Our EMS/Fire field experience provides a deep understanding of accurate claims. Any missing information LifeQuest pursues through hospital interfaces and compassionate third-party communication. A disciplined pre-submission claim process is vital to excellent ambulance billing. We have ensured that our procedures and protocols are customized to suit the needs of the City of Fort Atkinson.



### Hospital Database Accessibility

LifeQuest works directly with your receiving hospitals to obtain FIN/FACE sheet information. We receive data through the Health Data Exchange (HDE) systems.



We collaborate with a large health system to integrate directly with their hospital-wide electronic health record system (EPIC). This allows run data to be cross-referenced with hospital records to confirm coding accuracy and verify insurance information.

We are familiar with working with an array of healthcare systems and professionals. LifeQuest will have no problem communicating with your transport hospitals for information pertaining to patients.

### Seamless FTP Site Integration

LifeQuest works with all ePCR software providers – including ImageTrend – to establish and interface with our billing software. Once the patient care report is complete, a NEMSIS XML file is transferred to LifeQuest.

Our secure FTP site accepts digital images of additional run documentation (PCS's, ABN's, insurance information, hospital FIN/FACE sheets). Our FTP site uses industry standard, secure encryption techniques to keep data transfers confidential.

### Records Management and Availability

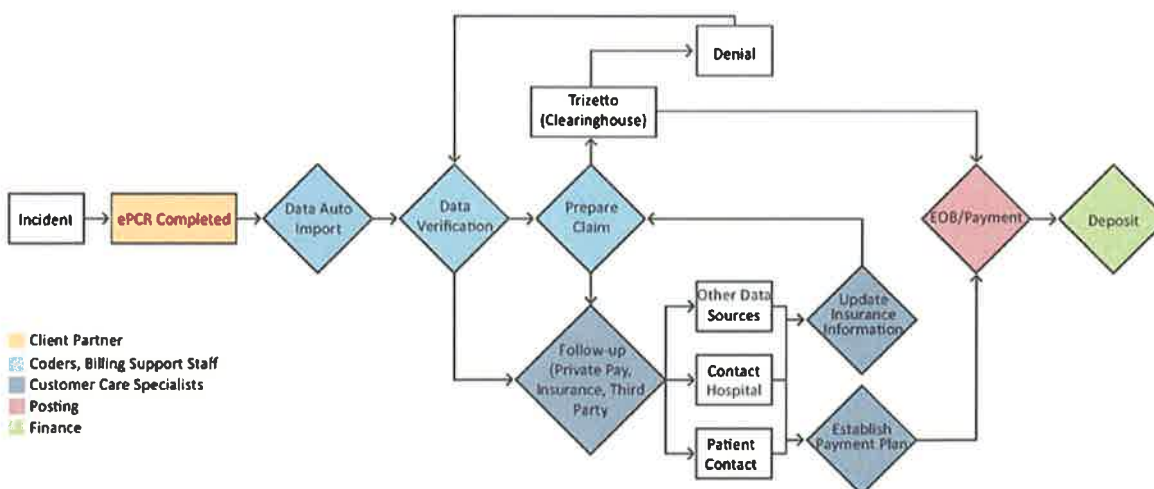
We utilize a document imaging system by Kofax and an Open Text records management system to electronically store all records. Both systems work in tandem to image and store documents including documentation from all payors for easy and immediate retrieval. LifeQuest ensures all documents and records remain secure, easily accessible, and available to the City for a minimum of seven years per HIPAA guidelines. Digital images that have been processed on behalf of the City are also available upon request.

LifeQuest Services achieves optimal revenue recovery through the following pre-billing systems:

- **Data Scrubbing** – Pre-Invoice Verification (PIV) ensures the input of quality data to the billing system.
- **Signatures** – Claims will not be submitted until a valid signature (in compliance with Medicare guidelines) is obtained.
- **Hospital Database Accessibility** – LifeQuest Services works directly with hospitals to obtain patient data, including insurance coverage.
- **Insurance Scrubbing** – Perform searches to obtain patient insurance data when this information is not included with the PCR. Attempts to contact the patient are made when no insurance information is found.
- **Public and Local Records** – State specific court access websites (Vinelink, the Department of Corrections, the Veterans Administration, Medicaid portals, C-Snap and local hospitals) are used to obtain key information.
- **Third Party Database Sources** – Verify available insurance information, determine eligibility, research contact information, and reduce denials.

## Billing Process Detail

LifeQuest provides personnel, materials, services, expertise, and training necessary for revenue maximization. Our breadth of services include billing, collection, data management, consulting, and compliance expertise – everything you need to maximize recovery. Our process is driven by quality assurance. We use various manual and automated checks and balances throughout our process to maintain billing efficiency and data compliance. We submit claims for private insurance, supplemental insurance, secondary insurance, and worker compensation carriers.





**LifeQuest Claim Submission** – Missing demographic and insurance information is verified immediately through hospital interfaces or compassionate and compliant patient communication. Runs are tracked from the time they arrive in our office until they are billed out, so all claims are accounted for and billed in a timely manner.

Claims are coded by licensed National Academy of Ambulance Compliance (NAAC) coders. Coders determine the condition code (ICD-10), medical necessity and level of service for each transport. Claims are coded to follow all applicable federal, state and CMS rules and regulations.



**Comprehensive Communication Platform** – Claims are submitted to third-party payors including private insurance, secondary insurance, and workers compensation carriers in accordance with applicable Ambulance Billing and Collections.



**Co-Insurance/Supplemental Insurance Processing** – LifeQuest processes secondary insurance after the primary insurance payment has been received and posted to the patient's account. A copy of the EOB and the CMS1500 (claim form) is transmitted electronically to the secondary insurance. Paper

copies of the EOBs and claim forms will be mailed if required by the payor. This process is continued until all available insurance payors have been exhausted.

**Insurance Company Partnership** – Working with difficult insurance companies is part-science, part-art. We work diligently to identify insurance company limitations. By jumping through these hoops, we provide an open line of direct communication with exasperating insurance companies. When insurance companies reject invoices and claims for their processes and protocols, LifeQuest staff appeal to their sensibility given the unplanned nature of ambulance runs. Often, they are tenuous and difficult in working with Medicare, Medicaid, insurance claims, supplemental insurance, and individual health situations. We remain focused on our pursue until paid philosophy by working hard in the appeal process. Denials are flagged and monitored for future revenue improvements.

### **Denial Resolutions**

LifeQuest's Denial Specialists manage claims that are either denied or not processed by Medicare, Medicaid, or insurance companies. We flag claims not paid within standard insurance timeframes. These denials are researched, corrected, and refiled.

In the event the claim was denied in error, LifeQuest appeals claims as necessary until a positive outcome is achieved. Denials are reviewed within three business days of the denial notification.

Denial and rejection rates are a combination of your specific insurance companies, your skills, writing clear run reports and the diligence in pursuing payment. LifeQuest works with you to minimize rejection rates across all categories and payors. Our current partners range from large cities to small volunteer municipalities. Our denial and rejection rates vary from 1% to 6.7%. Your specifics and demographics will vary accordingly.

### Patient Statements/Invoices

All invoicing will be in accordance with the correct rates, guidelines and procedures established by LifeQuest Services and the City. Multiple invoices are sent to patients and/or insurance companies during the billing cycle. A return envelope is enclosed with the bill for patients' convenience. For those who prefer to electronically, we offer payment options online or over the phone.

Complete instructions are provided on each invoice. A form is included with the bill requesting any insurance information they may have. This insurance request form acts as a signature form for any signatures that may be required from your patients. We can legally attempt to call patients at any point throughout the billing and collections process since we are a licensed delinquent account collections agency. We make various attempts to contact patients regarding insurance information or payment throughout our follow-up on aged receivables.

We also offer late and delinquent account collections – or support your choice of third-party vendor for collection. With our management of the complete cycle the patient receives a Validation Notice allowing them to dispute the validity of the debt. The account is then transferred to collections. All accounts greater than 120 days are considered delinquent and followed up by an outside collection agency or our delinquent account collections department.

Patient statements/invoices are customized with the client partner's name. We have spent considerable time refining the statements/invoices to be patient friendly and easy to read. Each statement is further customized with a unique message reflecting the current account status and containing instructions for the payor type. Signature forms and insurance information requests are also sent to the patients, as needed.

### LifeQuest Services' Denial Processing Procedures

Claim Type	Industry Specific Denial Reason	LifeQuest Services Action Plan
All Claims	Missing or incorrect patient information	Search available portals, call patient directly to obtain correct information
	Timely filing of claim	Work directly with client to ensure quick filing
	No coverage on date of service	Contact patient for updated insurance information
	Incomplete payment	Identify course of action based on denial code
	Insufficient Medical Necessity	Review modifiers and code accuracy Process secondary payor when applicable Counsel patient on appeal process
Medicare/Medicaid Specific	Medicare is secondary payor	Research Medicare eligibility
	Patient has a Medicare Advantage Plan	Locate Medicare Advantage plan coverage
	Patient has a Medicaid Community Plan	Locate Medicaid Community plan coverage
	Claim submission error	Unsatisfactory information is corrected prior to Medicare/Medicaid resubmission
Commercial Payors	Health plan error while processing claim	Verify payor primary Verify denial; not a covered benefit, not eligible, unable to identify as a member or primary insurance paid more than allowed Attach received denial to secondary insurance when necessary

### **Remit Schedule**

LifeQuest customizes the timing/schedule by payor and account history. We support our partners and help each service understand their patients and options for communicating.

- Railroad Medical HMO works on a 45-50-day denial process, so it does not benefit the City, patient, or LifeQuest to send more frequent invoices or bills (at 1 and 31 days).
- Blue Cross Blue Shield (BCBS) often sends payments directly to patients, so our bills/statements reflect and guide the customer through what they received from BCBS.

This in-depth assessment and working with you is more unique and effective than other billing companies who send patient invoices at 30, 60, and 90 days – independent of the payor, payor mix results, and appropriate/optimal time frame.

### **Compassionate Care Write-Offs**

We work with our partner's established guidelines on how hardships and write-offs should be researched and handled. LifeQuest has developed a hardship application that can be sent to patients that claim they do not have the funds to pay their bill. The City will set these guidelines and review the application for final approval. If a write-off or discount is accepted by the City, the month end report will showcase this write-off or adjustment.

### **Refunds/Overpayments/Credit Balances**

LifeQuest provides all the necessary records and communication required for efficient and accurate refund processing. We manage the entire refund process through check processing and reconciliation. The City will have the option to manage some or all of the refund process is they so choose. A report detailing overpayments and refund payables is included in the monthly report package sent to you.

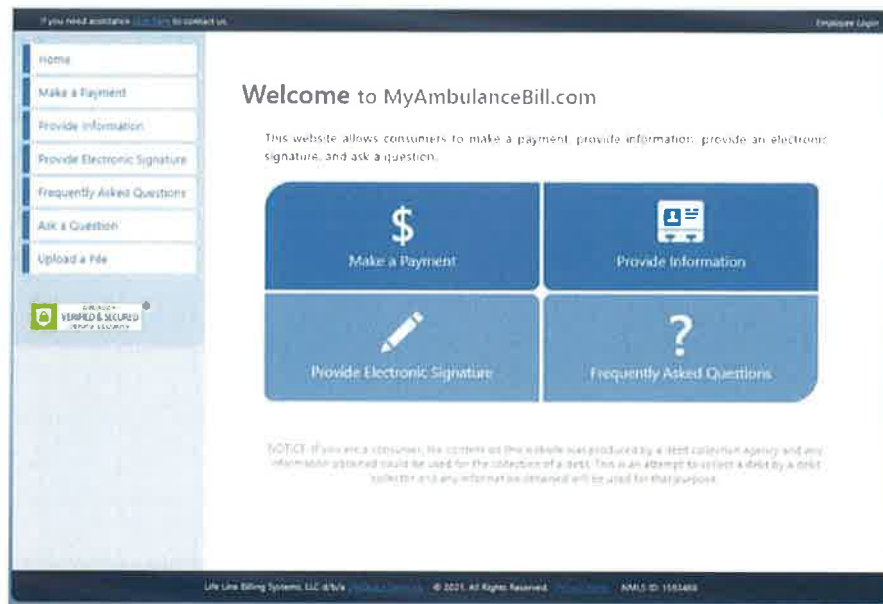
We meet CMS requirements as all refunds are completed within 60 days of knowledge of a refund being due. Our finance department reconciles all refunds, overpayments, and credit balances during the review.

### **Patient Web Portal**

LifeQuest processes credit/debit card payments through a PCI DSS (Payment Card Industry Data Security Standard) compliant merchant processor.

LifeQuest does not charge a fee for accepting credit card payments or inflate the merchant processor fees. We address responsibility of costs associated with transaction and surcharge fees with the City.





We have the capability to accept and process the following forms of payment: ACH/EFT, domestic wire transfer, money order, check, debit card and credit card. Staff can also accept payments via phone to maximize convenience to your patients.

### **In-House Payment Process**

Many of our partners establish a new bank account specifically for receiving payments. LifeQuest in-house payment posting offers the following advantages:

- City controls the account, while LifeQuest helps manage the account and reconciles monthly activity and balances.
- LifeQuest manages optional overpayment/refund process at no additional cost.
- Payments are electronically scanned to account daily.
- Pre-established free daily EFTs.
- City of Fort Atkinson determines the EFT schedule.
- LifeQuest's contingency fee can be withheld during reconciliation to simplify invoicing process.
- Account is "no fee" and FDIC insured up to \$250,000

Process details include:

- LifeQuest receives an Electronic Remittance Advice (ERA) and Electronic Fund Transfer (EFT) from most payors for efficient posting.
- Payments by check are made payable to the City of Fort Atkinson.
- Physical checks received are deposited and posted to the patient's account the same day via electronic upload to the corresponding bank account.

- Explanation of Benefits (EOBs) are received, and payments posted to the appropriate patient account in a secure area with limited access and camera surveillance.
- Based on the preferences of the City, we will gladly continue to work with your current bank. We are also opened to accommodate other payment and deposit methods upon request.

### **Data Retention/Record Maintenance**

LifeQuest complies with stringent requirements to ensure the security and confidentiality of business, patient, and partner documentation is always maintained. Standard business and legal retention guidelines have been established for all departments and are subject to ongoing testing. Typical data retention is seven years, but this timeline can be modified to meet the City's needs. Printed documents containing confidential information are kept separate from other papers and are quickly shredded. All files are owned by the partner and are available on demand during the contract period.

### **Compliance Drive Efficient Revenue Recovery**

The results-oriented billing processes created and implemented by LifeQuest are driven by quality assurance with a focus on internal controls. A system of checks and balances (manual and automated) ensure all claims are submitted and processed correctly, the first time. A copy of our compliance plan can be supplied to the City with an awarded and signed contract with LifeQuest.

LifeQuest Services utilizes the following policies and procedures to ensure compliant, error-free, HIPAA compliant claim submission:

**Claim Auditing** – LifeQuest's internal auditors review a sample of all coders work on a weekly basis to ensure quality compliance.

**Claim Review** – Claims with more complex compliance requirements (i.e., lack of medical necessity and specialty care transport) are reviewed by three separate specialists to ensure compliant coding.

**Separation of Duties** – Employees perform a singular role throughout the claim management process to ensure a system of checks and balances.

LifeQuest puts compliance at the forefront of our business. We are proud to say our team boasts a full time CQI Compliance Officer and has conducted numerous successful CMS/Medicare/Medicaid audits on behalf of our partners in recent history. LifeQuest has not had any federal not state issues in maintaining compliance in legal activities.

LifeQuest utilizes the fully auditable system, Generally Accepted Accounting Principles (GAAP) and we conduct an annual audit by an independent CPA firm that reviews and tests the quality

and standards in line with SCO 2 Type 1. In addition, quarterly security audits are conducted for Payment Card Industry Data Security Standard (PCI/DSS) compliance.

Continuous monitoring audits are also conducted by the State of Wisconsin Department of Financial Institutions. The following is a list of affiliations and accreditations we uphold and follow:

LifeQuest Compliance	
Fair Debt Collections Practices Act (FDCPA)	Federal Trade Commission (FTC)
Association of Credit and Collections Professionals (ACA International)	Great Lakes Credit and Collection Association (GLCCA)
Telephone Consumer Protection Act (TCPA)	Consumer Finance Protection Bureau (CFPB)
Gramm-Leach-Bliley Act (GLBA)	Fair Credit Reporting Act (FCRA)
Fair and Accurate Credit Transactions Act (FACTA)	Generally Accepted Accounting Principles (GAAP)
Statement on Standards for Attestation Engagements (SSAE No. 16)	Payment Card Industry/Data Security Standard (PCI/DSS)
Centers for Medicare and Medicaid Services (CMS)	Healthcare Insurance Portability and Accountability Act (HIPAA)
Office of Inspector General (OIG)	E-Verify

### Legal and Ethics Violation Hotline

LifeQuest provides you, patients, and staff a toll-free hotline to report any suspicious activity or action they feel is a legal or ethical violation. Inbound callers are instructed to leave a message regarding the incident and provide their name and number if they would like to receive a call back. Otherwise, the call remains anonymous. LifeQuest's legal and ethics violations hotline number is: **(855) 999-4911**.

### Reporting

LifeQuest provides a complete and comprehensive reporting package identifying key activity and performance criteria. The reports include monthly, year-to-date, year-over-year, and annual views. Additionally, the LifeQuest team has onsite, in-house staff and IT developers who provide custom, one-off, and request reports at not additional cost to the City.

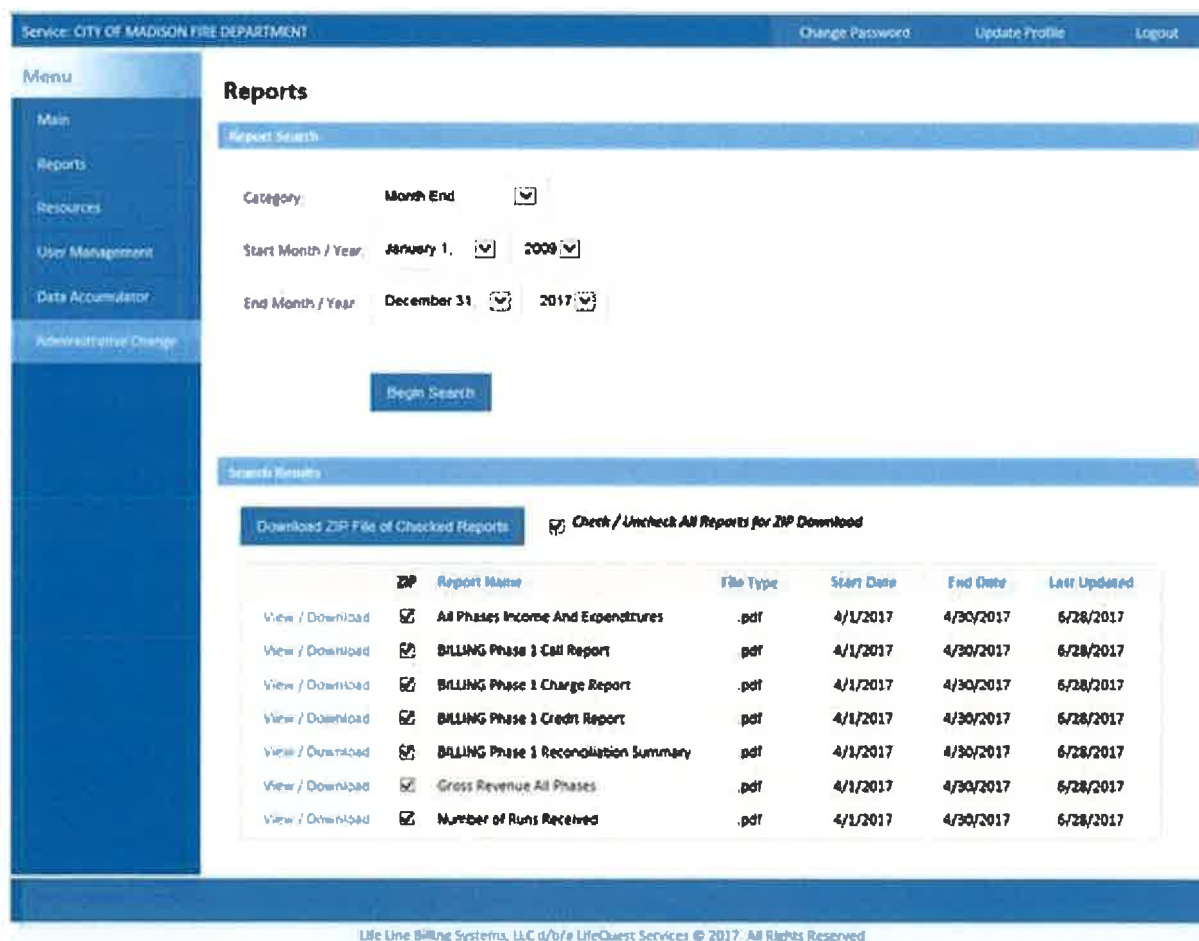
### Custom Reporting

Ad-hoc/custom reports are available upon request at no additional cost. LifeQuest creates reports for accounts receivable, monthly reconciliation, overpayments, statistical reporting and more. This includes an annual report of the status of all accounts receivable, including information concerning such claims. Automated monthly reports include:

- Overpayment Refunds
- Call and Aging Report
- Charge Report
- Credit Report
- Income and Expenditures
- Minor Patients without Private Pay Guarantor
- Number of Runs Received
- Reconciliation Summary
- Unable to Locate Accounts

Turnaround time for custom reports varies depending on the information asked. On average, custom reports have been returned in less than 24 hours. Samples reports can be found under Exhibit B of this proposal.

**Reporting Access** – The Client Services website <http://clients.lifequest-services.com> is available 24/7. Access can be established for authorized users via login and password credentials. Access levels controlled by the City. Monthly reports, start-up data, and other various resources are stored and available on this secure portal.



Service: CITY OF MADISON FIRE DEPARTMENT

Change Password Update Profile Logout

Menu

- Main
- Reports
- Resources
- User Management
- Data Accumulator
- Administrative Change

### Reports

Report Search

Category: Month End

Start Month / Year: January 1, 2009

End Month / Year: December 31, 2017

Begin Search

Search Results

Download ZIP File of Checked Reports

☒ Check / Uncheck All Reports for ZIP Download

ZIP	Report Name	File Type	Start Date	End Date	Last Updated
<input checked="" type="checkbox"/>	All Phases Income And Expenditures	.pdf	4/1/2017	4/30/2017	6/28/2017
<input checked="" type="checkbox"/>	BILLING Phase 1 Call Report	.pdf	4/1/2017	4/30/2017	6/28/2017
<input checked="" type="checkbox"/>	BILLING Phase 1 Charge Report	.pdf	4/1/2017	4/30/2017	6/28/2017
<input checked="" type="checkbox"/>	BILLING Phase 1 Credit Report	.pdf	4/1/2017	4/30/2017	6/28/2017
<input checked="" type="checkbox"/>	BILLING Phase 1 Reconciliation Summary	.pdf	4/1/2017	4/30/2017	6/28/2017
<input checked="" type="checkbox"/>	Gross Revenue All Phases	.pdf	4/1/2017	4/30/2017	6/28/2017
<input checked="" type="checkbox"/>	Number of Runs Received	.pdf	4/1/2017	4/30/2017	6/28/2017

Life Line Billing Systems, LLC d/b/a LifeQuest Services © 2017. All Rights Reserved

We provide a monthly report package that is accessible via our secure web-based reporting system. Our complete report package provides comprehensive data for the entire team, including operations staff and finance staff.

### **Risk Mitigation**

LifeQuest's compliant processes significantly decrease the risk of a lawsuit. Rising healthcare deductibles, strict regulations and highly educated consumers are among the factors contributing to the increase in lawsuits filed over the past years.

The following actions are taken by LifeQuest to maintain partner account compliance.

- Full time Compliance Officer on staff
- Two year inbound and outbound call recording retention
- Collection techniques and resources meet and exceed industry compliance standards
- Daily, monthly, annual auditing and reviews
- Employee incentivized based on compliance
- Staff training programs including FDCPA, HIPAA
- Weekly and ongoing call review and compliance training
- Toll-free customer help line

## ADDITIONAL INFORMATION - SECURITY MEASURES

LifeQuest has an in-house IT team that can assist when technological support is needed. There are updates to our software that occur monthly, and partners are informed of these planned outages at least 72 hours in advance.

**Software Crash Tolerance** – The Wautoma, WI office is equipped with uninterruptable power supplies (UPS) to keep the local servers running for up to 20 minutes in the event of a short power outage. These provide time to shutdown servers before the UPS battery life expires. The phone system is currently housed in the Wautoma, WI office and dependent on the electric power at this location. To mitigate this risk, in 2022 LifeQuest plans to convert the phone system to SIP and set up a phone system failover.

**File Protection** – LifeQuest employees perform a singular role throughout the claim management process to ensure a system of checks and balances. Permission is granted to certain employees according to job role and is tracked to ensure employees are not sharing login access.

**Integrity Checking Features** – Our databases are security systems and are constantly searching for discrepancies, hackers, viruses, and other unusual behavior on our systems. Certain sites are banned/blocked on employee computers to ensure unsafe sites or popups that could lead to a system disaster are not accessed. Every month – or more often if needed – LifeQuest's IT team updates our systems to ensure these integrity checking features remain up to date.

**Computer Network Security** – Our computer network is developed to safeguard partner and patient information. The LifeQuest team is comprised of IT specialists, frontline ambulance professionals, and delinquent debt consultants/experts. Our processes, technology, and expert vendor partnerships preserve security. LifeQuest uses the latest firewalls with external monitoring. Outside consultants and vendors assess and test our security routinely.

**Physical Security** – We have cameral surveillance throughout our facility, which is recorded 24/7. Our payment posting department has camera placed throughout the room to capture activity. All entrances to our facility are locked and require a key fob to enter. Key fobs, programmed with individual access rights, are assigned to each staff member. Employees are prohibited from sharing or lending key fobs. Restricted areas of the organization are limited to authorized personnel. We employ a visitor's policy that complies with HIPAA regulations. Visitors must sign in and be escorted by a LifeQuest employee while visiting our facility.

**Disaster Recovery Plan** - LifeQuest's Disaster Recovery Plan (DRP) is our complete, in-house document containing all necessary data needed to be effective in the event of an actual disaster. The DRP – created and implemented by LifeQuest – documents the appropriate resources and procedures to be utilized in the event of a disaster at the Information Technology Services Data Center (ITSDC) located within our corporate office in Wautoma, Wisconsin.



OTHER: Professional references from clients that are considered government EMS agencies including the location of the agency.

CONTRACTOR'S WARRANTY: The following language must be included in every proposal

### CONTRACTOR'S WARRANTY

The undersigned person warrants that he/she is/have:

- Is an officer of the organization.
- Is authorized to offer a proposal in full compliance with all requirements and conditions as set forth in the RFP.
- Has fully read and understands the RFP and has full knowledge of the scope, nature, quantity and quality of the work to be performed, and the requirements and conditions under which the work is to be performed.

### CONTRACTOR:

BY: Michael J. Finn (SIGNATURE)

Michael J. Finn President (PRINT NAME & TITLE)

11/9/2022 (DATE)

Life Line Billing Systems, LLC d/b/a LifeQuest Services (NAME OF COMPANY)

N2930 State Road 22 Wautoma, WI 54982 (CITY, STATE, ZIP)

(888) 777-4911 (CONTACT TELEPHONE NUMBER)



## **PRICING**

LifeQuest's pricing includes all the services listed in this document, including billing, reporting, consulting, in-person training, and customer service. Our approach is based on the fundamental that working together as partners will improve overall revenue recovery and provide a great value by demonstrating success across all financial, operational, and customer service criteria.

### **BILLING SERVICES**

### **CONTINGENCY FEE**

**8%**

Note: LifeQuest Services is also a licensed Collection Agency and can offer optional collection services for late and delinquent accounts. This eliminates the need for a hand-off or transfer of an account and also allows customers outside of 120 days to provide insurance information to be billed. Our expertise in billing, EOB's, insurance payments and seamless collection processes/late and delinquent account servicing increases overall revenue while minimizing customer/transaction issues with collection companies.





## Personal Summary

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Michael is an experienced business leader with broad operations, consulting and financial services background. He drives operation performance and improvements across all business functions, with deep Fortune 500 process and best practice experience.

## Professional Experience

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<b>2012 - Present</b>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b> <i>President</i> Responsible for day-to-day operations, client experience, driving growth and ensuring processes, team infrastructure, technology drive client success.	<b>Wautoma, WI</b>
<b>2012 - Present</b>	<b>Beverly Capital, LLC</b> <i>Operating Partner</i> Support of investment assessments, due diligence and provide strategic and operational management support.	<b>Chicago, IL</b>
<b>2010 – 2011</b>	<b>Firewalker Operations</b> <i>Principal Consultant/Owner</i> Independent consultant for large healthcare and private equity clients, conducted service operations engagement including competitive cost initiative and service operations restructuring.	<b>Carmel, IN</b>
<b>2003 – 2011</b>	<b>Sallie Mae</b> <i>Vice President-Strategic Services</i>	<b>Fishers, IN</b>
<b>2001 – 2002</b>	<b>Barclays Capital</b> <i>European COO Global Credit Markets and IBD</i>	<b>London, UK</b>
<b>2000 – 2001</b>	<b>Softbank Capital Partners/Venture Capital</b> <i>Director of Business Development</i>	<b>Mountain View, CA</b>
<b>1991 – 2000</b> <i>1998 – 2000</i> <i>1996 – 1998</i> <i>1996</i> <i>1993 – 1996</i> <i>1991 – 1993</i>	<b>Booz-Allen &amp; Hamilton, Inc.</b> <i>Principal, Operations Management Group</i> <i>Group Director of Operations</i> <i>Principal</i> <i>Senior Associate</i> <i>Associate</i>	<b>Chicago, IL</b>
<b>1984 – 1989</b> <i>1987 – 1989</i> <i>1984 – 1987</i>	<b>Commonwealth Edison</b> <i>Corporate Planning: Analyst/Nuclear Fuel Buyer</i> <i>Nuclear Operations: Nuclear Engineer-Plant Support/Test Engineer</i>	<b>Chicago, IL</b>

## Education and Certifications

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<b>1990</b>	<b>The University of Chicago GSB</b> <i>Master of Business Administration (Finance)</i>	<b>Chicago, IL</b>
<b>1990</b>	<b>The London School of Economics and Political Science</b> <i>Master of Science in Economics</i>	<b>London, England</b>
<b>1984</b>	<b>University of Illinois</b> <i>Bachelor of Science in Nuclear Engineering</i>	<b>Champaign, IL</b>



## Personal Summary

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Dawn has over 30 years of financial experience maintaining the integrity of financial procedures, controls and developing strategic initiative to grow companies in revenue and profitability.

## Professional Experience

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<b>2022 - Present</b>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b> <i>Controller</i> Oversee operations and revenue cycle management, create budget and work within allowed budget to meet cost targets for departments, create and follow strategic plans for company growth.	<b>Wautoma, WI</b>
<b>2021 - 2022</b>	<b>Jackson Marketing &amp; Motorsports</b> <i>Accounting Director</i> Month end close and reporting, intercompany revenue & labor adjustments, client billing, daily treasury management.	<b>Simpsonville, SC</b>
<b>2019 - 2021</b>	<b>Titan Chemical Transfer Solutions</b> <i>Lead Controller (multi-plant organization)</i> Working controller role responsible for month-end close, financial consolidation, treasury management and systems consolidation including Human Resources management.	<b>Greenville, SC</b>
<b>2017 - 2019</b>	<b>White Horse Packaging</b> <i>Controller</i> Financial Reporting/Month-end closing, manage purchasing and customer service department and responsible for Human Resources management.	<b>Fountain Inn, SC</b>
<b>2014 - 2017</b>	<b>North American Rescue</b> <i>General Ledger Accountant</i> General ledger balancing and posting, medical & sales tax reporting and audit team lead.	<b>Greer, SC</b>
<b>2012 - 2017</b>	<b>Systems South/AMS Automation</b> <i>Controller</i> Financial Statement reporting & preparation, project/cost accounting, manage purchasing & customer service, Human Resource management, Treasury management, new business setup when AMS branched off.	<b>Fountain Inn, SC</b>
<b>2006 - 2011</b>	<b>Avalon Papers/Revolution Group</b> <i>Controller</i> Financial Statement reporting & preparation, project/cost accounting, customer service, Human Resource management, Treasury management.	<b>Oshkosh, WI</b>

## Education and Certifications

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<b>2001</b>	<b>Lakeland College</b> <i>Bachelor of Arts - Accounting</i>	<b>Sheboygan, WI</b>
<b>1989</b>	<b>Fox Valley Technical College</b> <i>Associate Degree – Banking &amp; Finance</i>	<b>Appleton, WI</b>



## Personal Summary

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My role is to make current clients and new clients successful. To do that I Team with Clients to understand priorities and opportunities and translate that into what LifeQuest can do to drive excellent results.

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## Professional Experience

- |                       |   |                     |
|-----------------------|---|---------------------|
| <b>2021 - Present</b> | <b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b><br><i>VP Strategic Services</i><br>Oversee and manage the growth of LifeQuest by developing new partnerships with various EMS/Fire services and municipalities across the country.                     | <b>Wautoma, WI</b>  |
| <b>2015 – 2020</b>    | <b>Aramark Uniform Services</b><br><i>Major Account Executive</i><br>Manage the top 52 Accounts for the Appleton, WI Market Center building growth at new locations and offering additional product and service offerings not yet being utilized.                     | <b>Appleton, WI</b> |
| <b>2008 - 2014</b>    | <b>Kimberly Clark Conference Center</b><br><i>Information Technology Support</i><br>Responsible for all audiovisual needs for corporate meetings ensuring network requirements are providing the best coverage available to our international clients and associates. | <b>Neenah, WI</b>   |

## Education and Certifications

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- |             |  |                    |
|-------------|--|--------------------|
| <b>2013</b> | <b>University Wisconsin Oshkosh</b><br><i>Bachelors of Letters and Science</i><br><i>Major: Communications</i> | <b>Oshkosh, WI</b> |
|-------------|--|--------------------|



## Personal Summary

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Tim is responsible for the coordination and implementation of business plan objectives and growth.

## Professional Experience

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<b>2012 - Present</b>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b> <i>Manages Sales, Marketing and Client Relations</i> Oversee, administer and manage all external operations, including customer care and sales as well as developing new business opportunities, develop and manage sales and marketing activities, represent LifeQuest Services at industry meeting and trade shows, coordinate special projects and administrative activities.	<b>Wautoma, WI</b>
<b>1996 - 2012</b>	<b>Waushara County EMS</b> <i>Director of Operations/Paramedic</i> Develop and promulgate emergency plans and protocols, maintain and oversee complete billing, collections and medical record keeping system, supervise and schedule budget development/administration.	<b>Wautoma, WI</b>
<b>1985 - 1996</b>	<b>Kwik Trip</b> <i>Internal Auditor</i> Inventory control for district of 45-50 stores, shrink/loss management, accounting and profitability resourcing, expanded sales to include mass market accounts.	<b>LaCrosse, WI</b>

## Education and Certifications

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<b>2019</b>	<b>National Academy of Ambulance Coding (NAAC)</b> <i>Certified Ambulance Documentation Specialist (CADS)</i>	
<b>1996</b>	<b>Fox Valley Technical College</b> <i>Emergency Medical Technician-Paramedic</i>	<b>Appleton, WI</b>
<b>1985</b>	<b>Fox Valley Technical College</b> <i>Account and Business Administration, Member of American Business Association</i>	<b>Appleton, WI</b>



## Personal Summary

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Michael has over 17 years of financial recovery management experience. He drives operational performance, enthusiasm, commitment and customer satisfaction.

## Professional Experience

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<b>2016 - Present</b>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b> <i>Vice President</i> Oversee collection operations and revenue recovery, create workflows and strategies to improve production and quality of work throughout the company. Build robust reporting and KPI's for both clients and management. Work closely with the business development team to continue to increase market presence.	<b>Wautoma, WI</b>
<b>2010 - 2016</b>	<b>Glass Mountain Capital, LLC</b> <i>Vice President</i> Oversee and manage daily operations, create collection strategies to meet both company and client needs, create monthly incentives for collectors and managers, create monthly forecasts and projections for clients.	<b>Schaumburg, IL</b>
<b>2004 – 2010</b>	<b>Malcolm S. Gerald, LLC</b> <i>Vice President</i> Monitor company profitability, oversee and manage daily operations in both the Pakistan and Chicago offices composed of 250+ personnel.	<b>Chicago, IL</b>

## Education and Certifications

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<b>2003</b>	<b>Valparaiso University</b> <i>Bachelor of Arts</i>	<b>Valparaiso, IN</b>
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## Personal Summary

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Shawna has over 16 years ambulance billing expertise. She is the billing department manager. She is an expert on all Medicare and Medicaid matters.

## Professional Experience

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<b>2011 - Present</b>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b>	<b>Wautoma, WI</b>
<i>2018 - Present</i>	<i>Billing Manager</i>	
	Performs audits of coding accuracy, lead our team of denial specialists and offers guidance on Medicare/Medicaid coding compliance.	
<i>2013 – 2018</i>	<i>Billing Lead</i>	
	Oversee coding processes and work closely with billing department	
<i>2011 – 2013</i>	<i>Coder</i>	
	Determines diagnosis HCPCs codes for claims	
<b>2009 – 2011</b>	<b>Express Gas Station</b>	<b>Wautoma, WI</b>
	<i>Customer Service Representative</i>	
<b>2008 – 2009</b>	<b>St. Michael's Hospital</b>	<b>Stevens Point, WI</b>
	<i>Medication Specialist</i>	
	Worked with uninsured and underinsured patients receive grants for medication.	
<b>2007 -2008</b>	<b>CHN</b>	
	<i>Registrar</i>	
<b>2002 - 2007</b>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b>	<b>Wautoma, WI</b>
<i>2002 – 2007</i>	<i>Data Entry Specialist/Coder</i>	

## Education and Certifications

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<b>2019 - Present</b>	<b>National Academy of Ambulance Compliance (NAAC)</b>	
	<i>Certified Ambulance Compliance Officer (CACO)</i>	
<b>2015 - Present</b>	<b>National Academy of Ambulance Compliance (NAAC)</b>	
	<i>ICD10 Coding Training</i>	
<b>2012 - Present</b>	<b>National Academy of Ambulance Coding (NAAC)</b>	
	<i>Certified Ambulance Coder (CAC)</i>	
<b>2004</b>	<b>WPS Government Health Administrators</b>	
	<i>SNF PPS Training</i>	
<b>2003</b>	<b>Fox Valley Technical College</b>	<b>Appleton, WI</b>
	<i>First Responder</i>	
<b>1999</b>	<b>Fox Valley Technical College</b>	<b>Appleton, WI</b>
	<i>EMT Basic</i>	

**Continuing Education Includes:** monthly and quarterly Medicare webinar updates for six Medicare Carriers, quarterly CAC billing webinar updates, yearly attendance at ABC360, weekly CMS newsletter updates and yearly VA training.



## Personal Summary

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Becky is a leader in quality assurance and compliance and the development and maintenance of our company compliance and quality control systems.

## Professional Experience

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<b>2012 - Present</b>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b> <i>Quality Assurance Manager/Compliance Officer/Audit Supervisor</i> Documentation review/data control, stay up to date with changes to rules and regulations for Medicare and Medicaid claim submissions/various federal agencies HIPAA, Red Flag Security Rules, client satisfaction, internal/external audits review, Professional Practices Management System (PPMS, American Collectors Association) re-certification, quality/assurance in process improvement.	<b>Wautoma, WI</b>
<b>2010 - 2011</b>	<b>Independent Consultant</b> <i>CQI Consultant</i> External auditor, ambulance billing data entry and coding, quality assurance of process improvement, quality assurance of client issues.	<b>Mechanicsburg, PA</b>
<b>1995 - 2010</b> <i>2007-2010</i>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b> <i>CQI/Trainer</i> Audit reports review, assist department managers with areas needed for training, Professional Practices Management Systems data management and documentation, logging and trending client issues.	<b>Wautoma, WI</b>
<i>1995-2007</i>	<i>Billing/Office Manager/Accounts Maintenance Manager</i> Responsible for billing floor: approximately 16 billing, data entry, and support staff employees, weekly staff training meetings, weekly audit of payment posting and data entry and support staff employees, weekly staff training meetings, weekly audit of payment posting and data entry employees for incentive plan payouts, income and expenditure end of the month reporting, office supply inventory/ordering.	

## Education and Certifications

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<b>2019 - Present</b>	<b>National Academy of Ambulance Compliance (NAAC)</b> <i>Certified Ambulance Documentation Specialist (CADS)</i>	
<b>2019 - Present</b>	<b>National Academy of Ambulance Compliance (NAAC)</b> <i>Certified Ambulance Compliance Officer (CACO)</i>	
<b>2018 - Present</b>	<b>National Academy of Ambulance Compliance (NAAC)</b> <i>Certified Ambulance Privacy Officer (CAPO)</i>	
<b>2010 - Present</b>	<b>National Academy of Ambulance Coding (NAAC)</b> <i>Certified Ambulance Coder (CAC)</i>	
<b>1995 - 1998</b>	<b>Fox Valley Technical College</b> <i>First Responder</i>	<b>Appleton, WI</b>
<b>1992</b>	<b>Fox Valley Technical College</b> <i>Certified Nursing Assistant (CNA)</i>	<b>Appleton, WI</b>



## Personal Summary

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Jim is well versed in all aspects of information technology, database administration, management and programming.

## Professional Experience

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<b>2006 - Present</b> <i>2014 – Present</i> <i>2006 – 2014</i>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b> <i>IT Manager</i> <i>Senior Programmer/Analyst</i> Ensure the network infrastructure meets the company's requirements, oversee software development, ensure the company's disaster recovery plan is up to date and tested.	<b>Wautoma, WI</b>
<b>2000 - 2006</b>	<b>J.J. Keller and Associates</b> <i>Programmer Analyst</i> Developed custom reporting solutions, provided analysis and managed new service development, worked with vendors and clients to resolve technical issues.	<b>Neenah, WI</b>
<b>1999 - 2000</b>	<b>Santana Energy Services, Inc</b> <i>Senior Database Administrator/Account Manager</i> Created and maintained database applications, designed and implemented invoicing applications related to natural gas and electricity sales and automated data import and analysis processes.	<b>Austin, TX</b>
<b>1997 - 1998</b>	<b>Austin Semiconductor, Inc. (ASI)</b> <i>Quality Engineer</i> Responsible for the daily quality engineering and reliability issues related to the assembly and environmental, mechanical and electrical testing of monolithic and multichip module semiconductor devices.	<b>Austin, TX</b>
<b>1993 - 1997</b>	<b>Sonoscan, Inc.</b> <i>Applications Engineer</i> Installed failure analysis and quality control inspection equipment at customer sites and provided training throughout the United States.	<b>Bensenville, IL</b>

## Education and Certifications

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<b>1991</b>	<b>Illinois Institute of Technology</b> <i>Bachelor of Science in Physics</i>	<b>Chicago, IL</b>
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## Personal Summary

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Kathy is responsible for managing LifeQuest's Human Resources Department. Kathy maintains and enhances LifeQuest's work force by planning, evaluating and implementing employee relations and human resources policies, benefit programs and practices.

## Professional Experience

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<b>2011 - Present</b>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b> <i>Human Resources Director</i> Responsible for day-to-day operations in Human Resources Department. Process payroll, audit/review payroll reports, reconcile monthly benefits and manage all aspects of employee's confidential personnel files. Create and enforce policies/procedures. Schedule, interview, screen and test potential applicants.	<b>Wautoma, WI</b>
<b>2009 - 2011</b>	<b>Wild Rose Manor</b> <i>Assistant Administrator/Business Officer Manager</i> Assist Administrator with all aspects of the Skilled Nursing Operations. Reconcile and prepare reports for all general ledger accounts. Assist with implementing budget and business development. Prepare and process all insurance billing and collections. Process, record and reconcile accounts payable and receivables. Manager all aspects of Human Resources.	<b>Wild Rose, WI</b>
<b>2007 - 2009</b>	<b>Life Line Billing Systems, LLC d/b/a LifeQuest Services</b> <i>Human Resources Assistant</i> Assist Director with all aspects of the Human Resources Department. Perform monthly audits on all benefits and payroll deductions. Establish and maintain community involvement, interaction and integrity as a business partner in the business arena. Assist in billing department with denial processes.	<b>Wautoma, WI</b>
<b>2002 - 2007</b>	<b>Employment Options, Inc./Aggressive Staffing Agency</b> <i>Account Executive</i> Conduct all sales and recruiting for clients and potential clients. Manage contract employees while on assignment. Interview/screen applicants for placement. Process, record and reconcile weekly payroll. Manage all aspects of employee records.	<b>Waupaca, WI</b>

## Education and Certifications

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<b>1991</b>	<b>Milwaukee Area Technical College</b> <i>Business Administration</i>	<b>Milwaukee, WI</b>
<b>1999</b>	<b>Fox Valley Technical College</b> <i>First Responder Training</i>	<b>Appleton, WI</b>

## RECONCILIATION SUMMARY

The Reconciliation Summary is an overview of accounts in reference to money still waiting to be received (aged receivables). This includes any adjustments that were made, income received on your behalf or any overpayments that may have occurred. This report includes charges (prior month balance and current month charges), adjustments, credits, and overpayments.

### Reconciliation Summary

Sample Client Partner  
For the Month of Month YYYY

<b>Charges</b>	
Prior Month's Balance	\$7,962,209.96
Month Charges	\$1,747,657.20
Other	\$0.00
<b>Subtotal of Charges</b>	<b>\$9,709,867.16</b>
<b>Account Transfers</b>	<b>\$0.00</b>
<b>Adjustments</b>	
Intercept	\$0.00
Credit Tagged	\$0.00
Per Contract	\$0.00
LifeQuest Collections	\$0.00
Closed	\$0.00
Other	\$1,763,391.85
Additional	\$0.00
<b>Total Adjustments for the Month</b>	<b>1,763,391.85</b>
<b>Credits</b>	
Cash / Check	\$108,261.70
Contract Payments	\$0.00
Credit Card	\$0.00
Direct Deposit	\$665,410.44
Hospital	\$0.00
Insurance	\$79,291.34
Payment Kept By Client	\$160.14
Other	\$0.00
<b>Total Payments Received for the Month</b>	<b>\$853,123.62</b>
<b>Overpayment</b>	
Recoupment	\$0.00
Refunds	-\$3,055.09
Returns	-\$125.00
Service Payable	\$0.00
Other	\$0.00
<b>Total Overpayments for the Month</b>	<b>-\$3,180.09</b>
<b>Total for Reconciliation Summary</b>	<b>\$701,869.79</b>
<b>Ending Balance of Accounts Receivable</b>	<b>\$701,869.79</b>

**Sample Client Partner****Income and Expenditures****Month YYYY****All Phases**

Charges		Billing	Collection	Total
Billing Charges / Collection Placements		\$xxx,xxx.xx	\$0.00	\$xxx,xxx.xx
Other	+	\$xx.xx	\$0.00	\$xx.xx
<b>Subtotal of Charges</b>		<b>\$xxx,xxx.xx</b>	<b>\$0.00</b>	<b>\$xxx,xxx.xx</b>
<b>Account Transfers</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Credit Summary</b>				
<b>Total Credits</b>		<b>\$xxx,xxx.xx</b>	<b>\$0.00</b>	<b>\$xxx,xxx.xx</b>
Less Adjustments	=	\$xxx,xxx.xx	\$0.00	\$xxx,xxx.xx
Less Delinquent Closed Accounts Reconciliation	=	\$xx.xx	\$0.00	\$xx.xx
Less Overpayments	=	\$(x,xxx.xx)	\$0.00	\$(x,xxx.xx)
<b>Gross Payments Received</b>		<b>\$xxx,xxx.xx</b>	<b>\$0.00</b>	<b>\$xxx,xxx.xx</b>
Plus Overpayment Returns	+	\$(xxx.xx)	\$0.00	\$(xxx.xx)
<b>Net Payments Received</b>		<b>\$xxx,xxx.xx</b>	<b>\$0.00</b>	<b>\$xxx,xxx.xx</b>
Less Payments Kept By Service	=	\$xx,xxx.xx	\$0.00	\$xx,xxx.xx
<b>Total Deposits Reconciliation</b>		<b>\$xxx,xxx.xx</b>	<b>\$0.00</b>	<b>\$xxx,xxx.xx</b>
<b>Summary of Disbursement</b>				
Total Deposits & Payments Kept By		\$xxx,xxx.xx	\$0.00	\$xxx,xxx.xx
Plus Overpayment Refunds	+	\$(x,xxx.xx)	\$0.00	\$(x,xxx.xx)
<b>Gross Revenue</b>		<b>\$xxx,xxx.xx</b>	<b>\$0.00</b>	<b>\$xxx,xxx.xx</b>
LifeQuest Fee		\$xx,xxx.xx	\$0.00	\$xx,xxx.xx
Plus Probate Fees	+	\$x.xx	\$0.00	\$x.xx
Other / Fees		\$x.xx	\$0.00	\$x.xx
<b>Total Due LifeQuest</b>	Check # EFT	<b>\$xx,xxx.xx</b>	<b>\$0.00</b>	<b>\$xx,xxx.xx</b>
Service Revenue		\$xxx,xxx.xx	\$0.00	\$xxx,xxx.xx
Less Payments Kept By Service	=	\$xx,xxx.xx	\$0.00	\$xx,xxx.xx
Less Service Payable	=	\$x.xx	\$0.00	\$x.xx
Less Probate Fees	=	\$(x.xx)	\$0.00	\$(x.xx)
Other / Fees		\$x.xx	\$0.00	\$(xxx.xx)
<b>Total Due Service</b>	Check # EFT	<b>\$xxx,xxx.xx</b>	<b>\$0.00</b>	<b>\$xxx,xxx.xx</b>

**Messages:**

Service revenue adjustment of -\$282.01 due to credit card fees.



## CHARGE DETAIL REPORT

The Charge Detail Report lists each individual claim and itemizes the charges. If no charges were applicable, a zero balance is shown. Total charges for the month are provided at the bottom of the report. This report can be organized by call date or by patient name according to the partner's preference.

### Charge Detail Report Sample Client Partner For the Month [Month YYYY] (sorted by Patient Name)

Call Number	Patient Name	Call Date	Current Payor	Charge Description	Price Per Unit	Quantity	Total Charges
yy-nnnnn	Patient Name 1	mm/dd/yyyy	Private Pay	BLS Emergency Base Rate - Resident	\$750.00	1.00	\$750.00
yy-nnnnn	Patient Name 1	mm/dd/yyyy	Private Pay	BLS Mileage - Resident	\$13.00	22.00	\$286.00
yy-nnnnn	Patient Name 2	mm/dd/yyyy	Mutual of Omaha	ALS2 - Non-resident	\$1100.00	1.00	\$1100.00
yy-nnnnn	Patient Name 2	mm/dd/yyyy	Mutual of Omaha	ALS Mileage - Non-resident	\$16.00	7.70	\$123.20

yy-nnnnn	Patient Name 998	mm/dd/yyyy	Medicare	BLS Non-Emergency - Resident	\$700.00	1.00	\$700.00
yy-nnnnn	Patient Name 998	mm/dd/yyyy	Medicare	BLS Mileage - Resident	\$13.00	5.20	\$67.60
yy-nnnnn	Patient Name 999	mm/dd/yyyy	Geico	ALS1 Emergency - Non-resident	\$950.00	1.00	\$950.00
yy-nnnnn	Patient Name 999	mm/dd/yyyy	Geico	ALS Mileage - Non-resident	\$16.00	3.40	\$54.40

Total Calls: 12,617

Total: \$10,161,984.14



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mm/dd/yyyy  
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### Charge Detail Report Sample Client Partner For the Month [Month YYYY] (sorted by Call Date)

Call Number	Patient Name	Call Date	Current Payor	Charge Description	Price Per Unit	Quantity	Total Charges
yy-nnnnn	Patient Name 998	mm/dd/yyyy	Medicare	BLS Emergency Base Rate - Resident	\$700.00	1.00	\$750.00
yy-nnnnn	Patient Name 998	mm/dd/yyyy	Medicare	BLS Mileage - Resident	\$13.00	5.20	\$67.60
yy-nnnnn	Patient Name 2	mm/dd/yyyy	Mutual of Omaha	ALS2 - Non-resident	\$1100.00	1.00	\$1100.00
yy-nnnnn	Patient Name 2	mm/dd/yyyy	Mutual of Omaha	ALS Mileage - Non-resident	\$16.00	7.70	\$123.20

yy-nnnnn	Patient Name 999	mm/dd/yyyy	Geico	ALS1 Emergency - Non-resident	\$950.00	1.00	\$950.00
yy-nnnnn	Patient Name 999	mm/dd/yyyy	Geico	ALS Mileage - Non-resident	\$16.00	3.40	\$54.40
yy-nnnnn	Patient Name 1	mm/dd/yyyy	Private Pay	BLS Emergency Base Rate - Resident	\$750.00	1.00	\$750.00
yy-nnnnn	Patient Name 1	mm/dd/yyyy	Private Pay	BLS Mileage - Resident	\$13.00	22.00	\$286.00

Total Calls: 12,617

Total: \$10,161,984.14



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mm/dd/yyyy  
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## CHARGE SUMMARY

A Charge Summary is included, listing the charges by category and charge type. Total charges for the month are provided at the bottom of the report.

Base Rate				
Charge Description	Quantity	Count	Charges	% of Total
BLS Non-emergency Base Rate - Resident	460	460	\$322,000.00	2.74%
ALS1 Non-emergency Base Rate - Resident	832	832	\$707,200.00	6.02%
BLS Emergency Base Rate - Non-resident	2,443	2,443	\$1,710,100.00	14.55%
ALS1 Emergency Base Rate - Non-resident	10,253	10,253	\$8,715,050.00	74.16%
ALS2 Base Rate - Resident	189	189	\$207,900.00	1.77%
ALS2 Base Rate - Non-resident	72	72	\$90,000.00	0.77%
	14,249	14,249	\$11,752,250.00	
Mileage				
Charge Description	Quantity	Count	Charges	% of Total
Mileage - Resident	104,697.6	12,768	\$1,361,068.80	85.68%
Mileage - Non-resident	14,217.6	1,481	\$227,481.60	14.32%
	118,915.2	14,249	\$1,588,550.40	
Total			\$13,340,800.40	

## CALL AND AGING DETAIL REPORT

The Call and Aging Detail Report provides a look at each individual call. It breaks each call down by date of service, current payor, charges made, credits received and total balance due.

Call and Aging Detail Report											
Sample Client Partner											
Calls as of mm/dd/yyyy											
Call Number	Call Date	Charges	Credits	Balance	Current Payor	Last Credit	Current	31 to 60	61 to 90	91 to 120	121 to 180
Sample Patient 1											
yy-nnnnn	mm/dd/yyyy	\$841.90	\$0	\$841.90	BCBS Advantage *Signed*		\$841.90	\$0	\$0	\$0	\$0
yy-nnnnn	mm/dd/yyyy	\$851.00	\$0	\$851.00	BCBS Advantage *Signed*		\$851.00	\$0	\$0	\$0	\$0
		\$1,692.90	\$0	\$1,692.00			\$1,692.00	\$0	\$0	\$0	\$0
Sample Patient 2											
yy-nnnnn	mm/dd/yyyy	\$1,067.95	\$0	\$1,067.95	Signature Needed		\$0	\$1,67.95	\$0	\$0	\$0
Sample Patient 3											
yy-nnnnn	mm/dd/yyyy	\$845.80	\$715.39	\$130.41	Private (Self Pay)	mm/dd/yyyy	\$0	\$0	\$130.41	\$0	\$0
Sample Patient 4											
yy-nnnnn	mm/dd/yyyy	\$1,641.57	\$0	\$1,641.57	Security Administrative Service	mm/dd/yyyy	\$0	\$0	\$0	\$0	\$1,641.57

Total All Calls: \$13,445,651.12 \$2,333,450.67 \$7,828,533.47

\$5,500,421.21 \$1,277,347.14 \$256,889.94 \$10,478.51 \$890.41 \$42.22



## CALL AND AGING SUMMARY

The Call and Aging Summary shows outstanding balances and payments received organized by payor type and by invoicing schedule.

### Call Summary by Payor

Sample Client Partner

Calls as of mm/dd/yyyy

Current Payor	Count	Charges	Credits	Balance
Private (Self Pay)	2,069	\$1,758,650.00	\$273,909.61	\$1,484,740.39
AARP Health Care Options	281	\$270,662.01	\$199,334.90	\$71,317.11
Advocare MCHMO	446	\$330,963.22	\$194,010.22	\$136,953.00
Allied Benefit Systems	221	\$165,752.21	\$159,119.13	\$6,633.08
BCBS - Signature Needed	85	\$93,808.55	\$0.00	\$93,808.55
BCBS *Signed*	944	\$744,702.72	\$545,896.32	\$744,156.82

Kemper Insurance	12	\$8,326.56	\$5,828.59	\$2,497.97
Humana	363	\$383,444.16	\$241,569.82	\$141,874.34
Loyal American MC Supp	3	\$2,997.42	\$983.60	\$2,013.82
Medicare - Signature Needed	148	\$145,125.84	\$0.00	\$145,125.84
Medicare *Signed*	6,208	\$5,281,083.52	\$2,673,413.12	\$2,607,670.40
Western National	77	\$59,856.72	\$42,498.27	\$17,358.45
	14,781	\$12,578,039.76	\$6,163,239.48	\$6,055,071.77

## CREDIT DETAIL REPORT

The Credit Detail Report provides a listing of credits by call date. Examples of credits include credit card payments, direct deposits (includes Medicare money and ACH payments) and payments deposited by partners. This report also shows any adjustments and write-offs. Credit Detail Reports are generated for both accounts in billing and delinquent collections.

### Credit Detail Report

Sample Client Partner

For the Month of [month yyyy]

(sorted by Post Date)

Call Number	Patient Name	Call Date	From Payor	Credit Description	Post Date	Check Number	Amount
yy-nnnnn	Sample Patient 1	mm/dd/yyyy	UNITED HEALTHCARE MAHMO	Direct Deposit	mm/dd/yyyy	201702151480041	\$352.67
yy-nnnnn	Sample Patient 2	mm/dd/yyyy		A--Other MC/MA Mandatory Adj	mm/dd/yyyy		\$760.13
yy-nnnnn	Sample Patient 3	mm/dd/yyyy	UNITED AMERICAN INSURANCE	Insurance Payment	mm/dd/yyyy	6300905	\$144.57
yy-nnnnn	Sample Patient 4	mm/dd/yyyy	PRIVATE (SELF PAY)	Private Payment	mm/dd/yyyy	3057	\$100.00
yy-nnnnn	Sample Patient 5	mm/dd/yyyy	MEDICAL ASSISTANCE	A--Medical Assist Adjust	mm/dd/yyyy		\$152.75
yy-nnnnn	Sample Patient 6	mm/dd/yyyy	ST JOSEPH'S HOSPITAL	R--Intercept Payable	mm/dd/yyyy		\$-150.00
yy-nnnnn	Sample Patient 7	mm/dd/yyyy		R--Intercept Adjustment	mm/dd/yyyy		\$150.00

yy-nnnnn	Sample Patient 997	mm/dd/yyyy	THRIVENT FINANCIAL	Insurance Payment	mm/dd/yyyy		\$128.28
yy-nnnnn	Sample Patient 998	mm/dd/yyyy		A--Medical Assist Adjust	mm/dd/yyyy		\$196.00
yy-nnnnn	Sample Patient 999	mm/dd/yyyy	MEDICARE	Medicare	mm/dd/yyyy		\$252.31

Number of Calls: nn,nnn

Number of Credits: nnn,nnn

Total: \$1,320,347.23



## CREDIT SUMMARY

The Credit Summary provides a breakdown of credits organized by category. Quantities of uncollectible accounts, denials and hardship waiver requests which have not been processed are tracked on this report.

### Summary Legend

ADJUSTMENTS - Decrease/Increase to balance  
CASH - Patient payment  
CONTRACT PAY - Service contracted payor  
CREDIT CARD - ACH or EFT payment  
DIRECT DEPOSIT - Payment made to bank account  
INSURANCE CHECKS - Insurance payments  
PAYMENT KEPT BY - Payment deposited by service  
RECOUPMENTS - Credit offset  
REFUNDS - Overpayments  
RETURNS - Bank account debit (eg. NSF)  
SERVICE PAYABLES - Invoices due (eg. intercepts)

## Credit Summary

Sample Client Partner

For the Month of [month yyyy]

### ADJUSTMENTS - MANDATORY

Credit Description	Amount	% of Total
A --Medicare Adjustment	\$148,583.94	27.34%
A--MC 2% Sequestered Amt Adj	\$2,744.82	0.51%
A--Other MC/MA Mandatory Adj	\$236,003.75	43.43%
A--Medical Assist Adjust	\$156,097.76	28.25%
A--Intercept Adjustment	\$0.00	0.00%
	\$543,430.27	

### CASH

Credit Description	Amount	% of Total
Private Payment	\$90,174.77	100.00%

### DIRECT DEPOSIT

Credit Description	Amount	% of Total
Medicare Direct Deposit	\$103,107.42	25.67%
Direct Deposit	\$189,069.37	47.08%
Medicaid Direct Deposit	\$109,410.48	27.24%
	\$401,587.27	

### INSURANCE CHECKS

Credit Description	Amount	% of Total
Insurance Payment	\$82,904.63	96.19%
Medicare	\$3,284.99	3.81%
	\$86,189.62	

### PAYMENT KEPT BY

Credit Description	Amount	% of Total
Payment Kept By	\$0.00	0.00%

## PLACED COLLECTIONS REPORT

The Placed Collections Report show accounts moved from billing to delinquent account collections during the previous month. A balance is shown for each account.

### Placed Collections Report

Sample Client Partner

For the Month of [month yyyy]

Accounts Placed Call Number	Name	Date Received	New Placed
yy-nnnnn	Sample Patient 1	mm/dd/yyyy	\$225.00
yy-nnnnn	Sample Patient 2	mm/dd/yyyy	\$1,020.25
yy-nnnnn	Sample Patient 3	mm/dd/yyyy	\$859.08
yy-nnnnn	Sample Patient 4	mm/dd/yyyy	\$250.00
yy-nnnnn	Sample Patient 5	mm/dd/yyyy	\$841.98
yy-nnnnn	Sample Patient 6	mm/dd/yyyy	\$625.88
yy-nnnnn	Sample Patient 7	mm/dd/yyyy	\$702.25
yy-nnnnn	Sample Patient 8	mm/dd/yyyy	\$660.25
yy-nnnnn	Sample Patient 9	mm/dd/yyyy	\$656.13
yy-nnnnn	Sample Patient 10	mm/dd/yyyy	\$225.00
yy-nnnnn	Sample Patient 11	mm/dd/yyyy	\$754.80
yy-nnnnn	Sample Patient 12	mm/dd/yyyy	\$761.93
yy-nnnnn	Sample Patient 13	mm/dd/yyyy	\$836.28
yy-nnnnn	Sample Patient 14	mm/dd/yyyy	\$727.73
yy-nnnnn	Sample Patient 15	mm/dd/yyyy	\$250.00
yy-nnnnn	Sample Patient 16	mm/dd/yyyy	\$176.69
yy-nnnnn	Sample Patient 17	mm/dd/yyyy	\$250.00
yy-nnnnn	Sample Patient 18	mm/dd/yyyy	\$250.00
yy-nnnnn	Sample Patient 19	mm/dd/yyyy	\$300.00
yy-nnnnn	Sample Patient 20	mm/dd/yyyy	\$617.63
yy-nnnnn	Sample Patient 21	mm/dd/yyyy	\$225.00
<b>Total Items Placed</b>	<b>21</b>		<b>\$11,215.88</b>



## CLOSED ACCOUNTS ADJUSTMENTS REPORT

These accounts have all been paid in full, settled or determined uncollectable.

### Closed Accounts Adjustments Report

#### Sample Client Partner

For the Month [month yyyy]

Name	Call Number	Status	Code Description	Date Changed	Balance
Sample Patient 1	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	\$15.58
Sample Patient 1	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	(\$15.58)
Sample Patient 2	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	(\$100.00)
Sample Patient 2	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	\$100.00
Sample Patient 3	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	\$550.20
Sample Patient 3	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	(\$550.20)
Sample Patient 4	yy-nnnnn	DEN	Deceased - Not Collectable	mm/dd/yyyy	\$969.42
Sample Patient 5	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	\$145.00
Sample Patient 5	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	(\$145.00)
Sample Patient 6	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	\$250.00
Sample Patient 6	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	(\$250.00)
Sample Patient 7	yy-nnnnn	MAA	Medical Assistance Account	mm/dd/yyyy	(\$912.16)
Sample Patient 8	yy-nnnnn	MAA	Medical Assistance Account	mm/dd/yyyy	(\$226.96)
Sample Patient 9	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	\$156.00
Sample Patient 9	yy-nnnnn	PIF	Paid In Full	mm/dd/yyyy	(\$156.00)
Sample Patient 10	yy-nnnnn	MAA	Medical Assistance Account	mm/dd/yyyy	\$1119.50
Sample Patient 11	yy-nnnnn	MAA	Medical Assistance Account	mm/dd/yyyy	\$574.00
Sample Patient 12	yy-nnnnn	MAA	Medical Assistance Account	mm/dd/yyyy	\$1143.37
Sample Patient 13	yy-nnnnn	DEN	Deceased - Not Collectable	mm/dd/yyyy	\$75.57
Sample Patient 14	yy-nnnnn	MAA	Medical Assistance Account	mm/dd/yyyy	\$562.80
Sample Patient 14	yy-nnnnn	MAA	Medical Assistance Account	mm/dd/yyyy	\$926.99
Sample Patient 15	yy-nnnnn	MAA	Medical Assistance Account	mm/dd/yyyy	\$1055.87
					\$4,708.4000

Status	Description	Balance
DEN	Deceased - Not Collectable	\$1,044.9009
MAA	Medical Assistance Account	\$4,470.3700
PIF	Paid In Full	\$(806.9600)



(888) 777-4911

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mm/dd/yyyy  
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## OVERPAYMENT REFUNDS/SERVICE PAYABLES REPORT

The Overpayment Refunds/Services Payables Report shows all refunds and reconciliations processed within the given month.

### Overpayment Refunds/Client Payables Sample Client Partner

For Month [month yyyy]

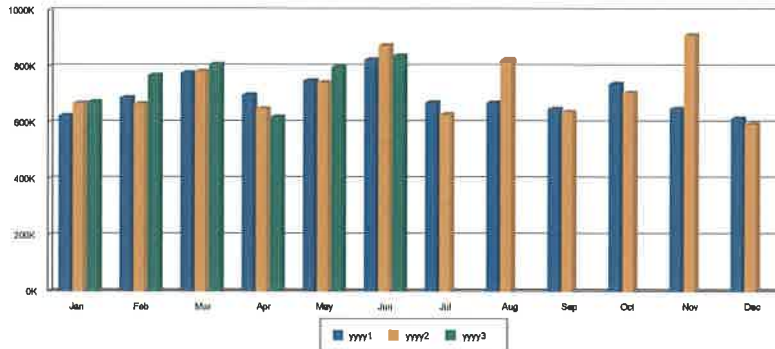
Please return signed checks to LifeQuest Services for account documentation and distribution.

#### Refunds

Call / File #	Patient Name	Payee	Amount
yy-nnnnn	Sample Patient 1	United Healthcare	\$157.07
yy-nnnnn	Sample Patient 2	Sample Patient 2	\$223.98
yy-nnnnn	Sample Patient 3	BCBS WI	\$157.07
yy-nnnnn	Sample Patient 4	AARP MCHMO	\$776.90
yy-nnnnn	Sample Patient 5	Sample Patient 5	\$250.00
yy-nnnnn	Sample Patient 6	Network Health	\$1190.55
yy-nnnnn	Sample Patient 7	WEA Trust Funds	\$153.03
yy-nnnnn	Sample Patient 8	Sample Patient 8	\$51.01
yy-nnnnn	Sample Patient 9	Sample Patient 9	\$1286.02
Refunds Total			\$4,245.63

### GROSS REVENUE

Sample Client Partner  
January yyyy1 to June yyyy3



	yyy1	yyy2	yyy3	Total
January	\$628,778	\$671,878	\$676,577	\$1,975,029
February	\$690,439	\$686,825	\$770,900	\$2,130,164
March	\$778,780	\$784,839	\$809,870	\$2,373,070
April	\$701,296	\$651,268	\$621,948	\$1,974,510
May	\$751,048	\$743,106	\$769,842	\$2,265,798
June	\$828,349	\$878,304	\$839,823	\$2,542,476
July	\$873,878	\$831,083	\$0	\$1,304,941
August	\$872,348	\$824,149	\$0	\$1,496,497
September	\$651,144	\$640,836	\$0	\$1,291,980
October	\$740,803	\$708,958	\$0	\$1,449,560
November	\$852,007			
December	\$817,306			
Total Gross Revenue	\$6,381,854			

### GROSS REVENUE

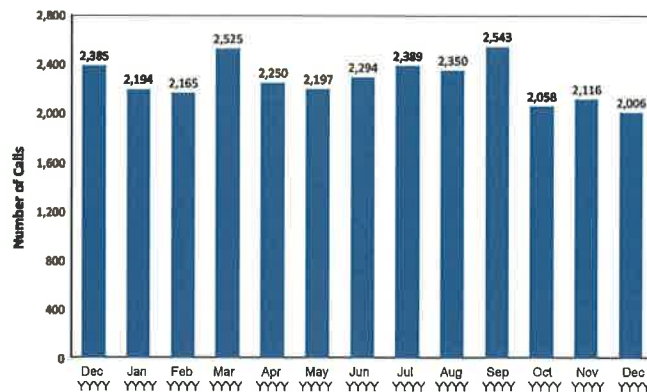
The Gross Revenue Report details dollar amount collected by month over a three year timespan.

### Total Runs Entered

Sample Client Partner

December YYYY to December YYYY

These numbers are based on the Date Of Entry at LifeQuest Services of each individual run.



### TOTAL RUNS ENTERED

The Total Runs Entered Report shows the total number of runs for each month based on the date of entry at LifeQuest.

SAMPLE CLIENT PARTNER  
C/O Life Line Billing Systems, LLC d/b/a LifeQuest Services  
N2930 State Road 22  
Wautoma, WI 54982-5267

Visit: [www.myambulancebill.com](http://www.myambulancebill.com) to

- Make a Payments
- Ask a Question
- Review FAQs
- Provide an Electronic Signature
- Provide Insurance Information
- Update Contact Information

Call #: 99-0001  
Service Provided By: SAMPLE CLIENT PARTNER  
Service ID: AMB123

or Call 1-800-786-4911



Sample Patient  
123 Main Street  
Anywhere, ST 12345-9876

PATIENT NAME:	Sample Patient
DATE OF CALL:	mm/dd/yyyy
TRANSPORTED FROM:	123 Main Street
TRANSPORTED TO:	General Medical Center
REASON(S) FOR TRANSPORT:	\$29.9XXA
BILLING DATE:	mm/dd/yyyy

DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
ALS1 EMERGENCY - RESIDENT BASE RATE	A0427	1.0	\$785.00	\$785.00
			<b>Total Charges</b>	<b>\$785.00</b>
Current Balance				\$785.00

**We do not have insurance information for you on file.**

**If you did not have insurance**, you owe the current balance shown, and it is your responsibility. Please remit payment by visiting <http://www.myambulancebill.com>, or via mail with the stub below, or call 1-800-786-4911.

**If your services were related to an accident**, please provide the applicable auto, workers compensation or third party liability insurance information to us so we may submit a claim on your behalf.

**If you had/have health insurance coverage**, please provide that information to us so we may submit a claim on your behalf. Please visit our website at <http://www.myambulancebill.com> to provide insurance information, an authorization signature, and update your contact information, as necessary. Alternatively, you can complete both sides of the enclosed green form and return it in the provided envelope.

If you provide us with insurance information **Please do not make a payment at this time.** We will submit a claim to your insurance and we will follow up with you accordingly.

LIFB/OSP1 880000000963

31/0000026/

IMPORTANT: PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT.

**Amount Enclosed:**

Make Checks Payable To: SAMPLE CLIENT PARTNER

Patient: Sample Patient

Date of Service: mm/dd/yyyy

Call Number: 99-0001

Current Balance: \$785.00

Amount Due: \$785.00

RETURN IN PROVIDED ENVELOPE TO:



SAMPLE CLIENT PARTNER  
C/O Life Line Billing Systems, LLC d/b/a LifeQuest Services  
N2930 STATE ROAD 22  
WAUTOMA, WI 54982-5267

**Returned Check Charges:** Bank charges and/or fees may apply for any check returned unpaid, applicable within State Law.

SAMPLE CLIENT PARTNER  
C/O Life Line Billing Systems, LLC d/b/a LifeQuest Services  
N2930 State Road 22  
Wautoma, WI 54982-5267

Visit: [www.myambulancebill.com](http://www.myambulancebill.com) to

- Make a Payments
- Ask a Questio
- Review FAQs
- Provide an Electronic Signature
- Provide Insurance Information
- Update Contact Information

Call #:	99-0001
Service Provided By:	SAMPLE CLIENT PARTNER
Service ID:	AMB123
or Call 1-800-786-4911	



Sample Patient  
123 Main Street  
Anywhere, ST 12345-9876

PATIENT NAME:	Sample Patient
DATE OF CALL:	mm/dd/yyyy
TRANSPORTED FROM:	123 Main Street
TRANSPORTED TO:	General Medical Center
REASON(S) FOR TRANSPORT:	\$29.9XXA
BILLING DATE:	mm/dd/yyyy

Your account is past due. Please pay the balance listed below. Instructions on how to pay are provided in this letter.

DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
ALS1 EMERGENCY - RESIDENT BASE RATE	A0427	1.0	\$767.00	\$767.00
			<b>Total Charges</b>	<b>\$767.00</b>

DESCRIPTION OF PAYMENT	CHECK #	PAYMENT DATE	AMOUNT
		Total Credits	\$ .00
			<b>Current Balance</b>
			<b>\$767.00</b>

LIFB/OSP2 880000005707

10/0000010/

IMPORTANT: PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT.

**Amount Enclosed:**

Make Checks Payable To: SAMPLE CLIENT PARTNER	
Patient: Sample Patient	
Date of Service: mm/dd/yyyy	Call Number: 99-0001
<b>Current Balance: \$767.00</b>	<b>Amount Due: \$767.00</b>

RETURN IN PROVIDED ENVELOPE TO:



SAMPLE CLIENT PARTNER  
C/O Life Line Billing Systems, LLC d/b/a LifeQuest Services  
N2930 STATE ROAD 22  
WAUTOMA, WI 54982-5267

**Returned Check Charges:** Bank charges and/or fees may apply for any check returned unpaid, applicable within State Law.

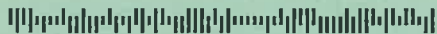


SAMPLE CLIENT PARTNER  
C/O Life Line Billing Systems, LLC d/b/a LifeQuest Services  
N2930 State Road 22  
Wautoma, WI 54982-5267

Visit: [www.myambulancebill.com](http://www.myambulancebill.com) to

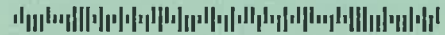
- Make a Payments
- Ask a Question
- Review FAQs
- Provide an Electronic Signature
- Provide Insurance Information
- Update Contact Information

Call #:	
Service Provided By:	SAMPLE CLIENT PARTNER
Service ID:	AMB123
or Call 1-800-786-4911	



Sample Patient  
123 Main Street  
Anywhere, ST 12345-9876

RETURN IN PROVIDED ENVELOPE TO:



SAMPLE CLIENT PARTNER  
C/O Life Line Billing Systems, LLC d/b/a LifeQuest Services  
N2930 STATE ROAD 22  
WAUTOMA, WI 54982-5267

#### PATIENT INFORMATION

Patient Name:	Sample Patient		
E-Mail Address:			
Patient Date of Birth:	mm/dd/yyyy		
Patient Phone Number:			
Patient Social Security Number:			
Patient Driver's License Information:	Issuing State:		#:
If your mailing address has changed provide updated information below:			
Mailing Address:			
City:		State:	Zip:

#### PRIMARY INSURANCE INFORMATION

(CHECK WHICH COVERAGE IS PRIMARY)

☐ Medicare Part B ID#: \_\_\_\_\_

☐ State Medical Assistance/Medicaid State: \_\_\_\_\_  
ID#: \_\_\_\_\_

☐ Commercial Insurance (Complete the sections below)

Insurance Company: \_\_\_\_\_

Claims Address - Street/PO Box: \_\_\_\_\_

Claims Address - City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Holder's Name or Employer Name for Workers Comp: \_\_\_\_\_

Relationship to Patient: ☐ Self ☐ Spouse ☐ Child ☐ Other

#### COMPLETE APPROPRIATE TYPE OF COMMERCIAL INSURANCE BELOW:

☐ Health Insurance ☐ Auto or Worker's Compensation

Policy Holder's DOB: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Policy Holder's SSN: \_\_\_\_\_ Adjuster's Name: \_\_\_\_\_

Policy or Member ID#: \_\_\_\_\_ Adjuster's Phone #: \_\_\_\_\_

Group Number: \_\_\_\_\_ Adjuster's Fax #: \_\_\_\_\_

Group Name: \_\_\_\_\_

#### SECONDARY INSURANCE INFORMATION

(CHECK WHICH COVERAGE IS SECONDARY)

☐ Medicare Part B ID#: \_\_\_\_\_

☐ State Medical Assistance/Medicaid State: \_\_\_\_\_  
ID#: \_\_\_\_\_

☐ Commercial Insurance (Complete the sections below)

Insurance Company: \_\_\_\_\_

Claims Address - Street/PO Box: \_\_\_\_\_

Claims Address - City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Holder's Name or Employer Name for Workers Comp: \_\_\_\_\_

Relationship to Patient: ☐ Self ☐ Spouse ☐ Child ☐ Other

#### COMPLETE APPROPRIATE TYPE OF COMMERCIAL INSURANCE BELOW:

☐ Health Insurance ☐ Auto or Worker's Compensation

Policy Holder's DOB: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Policy Holder's SSN: \_\_\_\_\_ Adjuster's Name: \_\_\_\_\_

Policy or Member ID#: \_\_\_\_\_ Adjuster's Phone #: \_\_\_\_\_

Group Number: \_\_\_\_\_ Adjuster's Fax #: \_\_\_\_\_

Group Name: \_\_\_\_\_

\*\*\* SIGNATURE NEEDED \*\*\*  
On Reverse Side Of This Form to Process Claim

AMBULANCE BILLING AUTHORIZATION FORM

Patient Name:

Transport Date:

\*A copy of this form is valid as an original\*

**SECTION I - PATIENT SIGNATURE**

The patient must sign here unless the patient is physically or mentally incapable of signing.  
NOTE: if the patient is a minor, the parent or legal guardian should sign in this section.



I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by **SAMPLE CLIENT PARTNER** now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for services and supplies provided to me by **SAMPLE CLIENT PARTNER** regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to **SAMPLE CLIENT PARTNER** any payments I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payment to **SAMPLE CLIENT PARTNER**. I authorize **SAMPLE CLIENT PARTNER** to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to **SAMPLE CLIENT PARTNER** and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by **SAMPLE CLIENT PARTNER**, now, in the past, or in the future. I also authorize **SAMPLE CLIENT PARTNER** to obtain medical, insurance, billing and other relevant information.

I understand that I am financially responsible to **SAMPLE CLIENT PARTNER** for the charges not covered by my insurance plan, including but not limited to collection costs, non-sufficient funds (NSF) fees and attorney's fees, as required in the collection of my ambulance account. I understand that interest may be charged on any account that is delinquent, subject to applicable state laws. I understand that **SAMPLE CLIENT PARTNER** and its agents are authorized and have my permission to send me communication via email. My signature also authorizes **SAMPLE CLIENT PARTNER** and its agents to contact me by cellular phone to discuss any and all aspects of my account, bill or relevant issues regarding this or other ambulance transports.

If the patient signs with an X or other mark, a witness should sign below.

X _____	_____	X _____	_____
Patient Signature or Mark	Date	Witness Signature	Date
_____			
Witness Address			

**SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE**

 **Complete this section only if the patient is physically or mentally incapable of signing.**  
**On the line below, explain the circumstances that make it impractical for the patient to sign:** 

I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for services provided to the patient by **SAMPLE CLIENT PARTNER** now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for services rendered.**

Authorized representatives include only the following individuals:

- ☐ Patient's legal guardian
- ☐ Relative or other person who receives social security or other governmental benefits on behalf of the patient
- ☐ Relative or other person who arranges for the patient's treatment or exercises other responsibility for the patient's affairs
- ☐ Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services or assistance to the patient

X _____	_____	X _____
Representative Signature	Date	Printed Name of Representative

SAMPLE CLIENT PARTNER  
C/O Life Line Billing Systems, LLC d/b/a LifeQuest Services  
N2930 State Road 22  
Wautoma, WI 54982-5267

Visit: [www.myambulancebill.com](http://www.myambulancebill.com) to

- Make a Payments
- Ask a Questio
- Review FAQs
- Provide an Electronic Signature
- Provide Insurance Information
- Update Contact Information

Call #:	99-0001
Service Provided By:	SAMPLE CLIENT PARTNER
Service ID:	AMB123
or Call 1-800-786-4911	



Sample Patient  
123 Main Street  
Anywhere, ST 12345-9876

PATIENT NAME:	Sample Patient
DATE OF CALL:	mm/dd/yyyy
TRANSPORTED FROM:	123 Main Street
TRANSPORTED TO:	General Medical Center
REASON(S) FOR TRANSPORT:	S29.9XXA
BILLING DATE:	mm/dd/yyyy

**We have your insurance information on file. Your insurance requires that we have your signature authorizing us to submit a claim on your behalf.**

**Please go to [www.myambulancebill.com](http://www.myambulancebill.com) to provide an electronic signature, or sign the reverse side of this form and return it promptly.**

RETURN IN PROVIDED ENVELOPE TO:



SAMPLE CLIENT PARTNER  
C/O Life Line Billing Systems, LLC d/b/a LifeQuest Services  
N2930 STATE ROAD 22  
WAUTOMA, WI 54982-5267

**AMBULANCE BILLING AUTHORIZATION FORM**

**Patient Name:** Sample Patient

**Transport Date:** mm/dd/yyyy

\*A copy of this form is valid as an original\*

**SECTION I - PATIENT SIGNATURE**

The patient must sign here unless the patient is physically or mentally incapable of signing.  
NOTE: if the patient is a minor, the parent or legal guardian should sign in this section.



I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by **SAMPLE CLIENT PARTNER** now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for services and supplies provided to me by **SAMPLE CLIENT PARTNER** regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to **SAMPLE CLIENT PARTNER** any payments I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payment to **SAMPLE CLIENT PARTNER**. I authorize **SAMPLE CLIENT PARTNER** to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to **SAMPLE CLIENT PARTNER** and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by **SAMPLE CLIENT PARTNER**, now, in the past, or in the future. I also authorize **SAMPLE CLIENT PARTNER** to obtain medical, insurance, billing and other relevant information.

I understand that I am financially responsible to **SAMPLE CLIENT PARTNER** for the charges not covered by my insurance plan, including but not limited to collection costs, non-sufficient funds (NSF) fees and attorney's fees, as required in the collection of my ambulance account. I understand that interest may be charged on any account that is delinquent, subject to applicable state laws. I understand that **SAMPLE CLIENT PARTNER** and its agents are authorized and have my permission to send me communication via email. My signature also authorizes **SAMPLE CLIENT PARTNER** and its agents to contact me by cellular phone to discuss any and all aspects of my account, bill or relevant issues regarding this or other ambulance transports.

If the patient signs with an X or other mark, a witness should sign below.

X _____	X _____
Patient Signature or Mark	Witness Signature
_____	_____
Date	Date
_____	_____
	Witness Address

**SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE**

 **Complete this section only if the patient is physically or mentally incapable of signing.**  
**On the line below, explain the circumstances that make it impractical for the patient to sign:** 

I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for services provided to the patient by **SAMPLE CLIENT PARTNER** now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for services rendered.**

Authorized representatives include only the following individuals:

- ☐ Patient's legal guardian
- ☐ Relative or other person who receives social security or other governmental benefits on behalf of the patient
- ☐ Relative or other person who arranges for the patient's treatment or exercises other responsibility for the patient's affairs
- ☐ Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services or assistance to the patient

X _____	X _____
Representative Signature	Printed Name of Representative
_____	_____
Date	

# State of Wisconsin

## DEPARTMENT OF FINANCIAL INSTITUTIONS

**This License Must Be Conspicuously Posted In the Public Office**

**Life Line Billing Systems LLC  
DBA LifeQuest Services dba 911 Pro Billing**

**having complied with the requirements set forth under Section 218.04 of  
the Wisconsin Statutes, is hereby licensed to engage in business as a**

**Collection Agency**

**in accordance with and subject to the provisions of said Section 218.04 and  
all acts amendatory thereto at:**

**N2930 State Hwy 22  
Wautoma, WI**

**This license cannot be assigned or transferred and is VOID AFTER June 30,  
2023.**



**License No. 687**

**Effective Date: July 1, 2022**

*Kim Swissdorf*

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "LIFE LINE BILLING SYSTEMS, LLC" IS  
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE NINETEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
PAID TO DATE.



5228947 8300

SR# 20195526660

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203054657

Date: 06-19-19



## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Life Line Billing Systems, LLC d/b/a LifeQuest Services**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **P**  
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**N2930 State Road 22**

6 City, state, and ZIP code

**Wautoma, WI 54982**

7 List account number(s) here (optional)

Requester's name and address (optional)

**Billing: N2930 State Road 22, Wautoma, WI 54982**

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

4 6 - 1 2 3 2 0 4 5

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ► **15 September 2022**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



# REQUEST FOR PROPOSALS (RFP)

## Emergency Ambulance Billing and Collection

RFP Issued: October 18, 2022

Return Proposals by: November 18, 2022



The City of Fort Atkinson is requesting qualifications to identify vendors to assure that it is receiving the optimum level of services at a competitive price.

**Responses must be returned on or before NOVEMBER 18, 2022, at 2:00 PM to:**

City of Fort Atkinson  
Fire Department  
Attn: RFP-FIRE-2022 - Ambulance Billing  
124 Milwaukee Avenue West  
Fort Atkinson, WI 53538



The Fort Atkinson Fire Department provides fire, rescue, and EMS transport services and IS ASSUMING PRIMARY 911 Advanced Life Support (Paramedic) response on JANUARY 1, 2023, and will provide more than 1200 emergency responses a year in the EMS district. The EMS district closely mirrors the fire district lines but does vary in a few instances.

Due to increasing call volume the fire department has elected to staff three ALS ambulances to provide service to our community and portions of five surrounding townships. The department will also provide limited inter-facility transport services using one ambulance. Our community hospital currently utilizes a private EMS vendor for more than 70 inter-facility transports per month.

## INSTRUCTIONS TO VENDORS

Qualified firms are invited to submit a proposal to furnish ***EMS AMBULANCE BILLING AND COLLECTION SERVICES*** for the City of Fort Atkinson Fire & EMS by replying to the enclosed specification. For your proposal to be considered, you must fill in completely all items in this specification. Proposals should be submitted in a sealed package clearly marked “***EMS BILLING AND COLLECTIONS BID***” and marked with the due date. If more than one package is submitted, they should be marked 1 of 2, etc. All proposals must be submitted with four (4) copies - one (1) identified original plus three (3) additional copies, along with business references to:

**Mail:** City of Fort Atkinson Fire Department  
Attn: RFP-FIRE-2022 - Ambulance Billing  
124 Milwaukee Avenue West  
Fort Atkinson, WI 53538

Mail should be clearly marked: RFP-FIRE-2022 - Ambulance Billing

Proposals must be received by no later than 2 p.m. at the above address Friday, November 18, 2022.

***Late proposals will not be considered regardless of the reason. After the successful bid is determined, the respective company will be notified within 3-5 business days. Acceptance of the bid will be pending formal approval by the Fort Atkinson City Council.***

## **INTERPRETATION OF SPECIFICATION**

During the proposal period, questions of interpretation and clarification should be directed to Chief Daryl Rausch. Questions should be submitted at least three (3) business days before the due date of the Request for Proposal (RFP). It is required that all questions be submitted in writing, via email to [drausch@fortatkinsonwi.gov](mailto:drausch@fortatkinsonwi.gov).

PLEASE NOTE: Any questions answered during the proposal period, if said answer affects the essence of the proposal, will be incorporated in an addendum, which will be forwarded equally to all Contractors. No verbal instructions or interpretations of drawings and specifications will be made other than indicated above.

## **INFORMATION FOR VENDORS**

### **REQUEST FOR PROPOSAL**

This RFP provides interested vendors with sufficient information to enable them to prepare and submit proposals for consideration by City of Fort Atkinson Fire & EMS, hereinafter referred to as the City. This RFP contains instructions governing the proposals to be provided, requirements which must be met for eligible consideration, general evaluation criteria and other requirements to be met by each proposal. The City reserves the right to accept or reject any or all proposals received because of this request or to negotiate separately with competing Contractors.

The City has the right to waive any informalities, defects, or irregularities in any proposal. The City reserves the right to accept the proposal of a vendor other than that of the lowest bidder. Proposals should be simple and economical, providing a straight-forward and concise description of the vendor's ability to meet the requirements of the RFP. To be considered, vendors must submit a complete response to this RFP using the format provided. Each proposal must be submitted in four (4) copies. Proposals must be signed by an official authorized to bind the vendor to its provisions.

### **CONTRACTUAL CONDITIONS**

For this RFP, the proposal must remain valid for at least ninety (90) days. Moreover, the contents of the proposal of the successful bidder will become contractual obligations if a contract is entered into. The selected firm will be required to enter into a formal agreement with the City of Fort Atkinson.

The City reserves the right to delete or amend any of the services as listed and described in this RFP. If a satisfactory contract cannot be negotiated, negotiations will be formally terminated. Contract negotiation will then be started with the first alternate vendor.

The successful vendor will be required to include a disclosure statement of any potential conflicts of interest that the firm may have due to other clients, contracts, or interest associated with this project.

The selected vendor will be required to assume responsibility for all services offered in the proposal whether she or he provides them.

Further, the City will consider the selected vendor to be the sole point of contact regarding contractual matters. News releases pertaining to this project will not be made without prior City approval.

## **KNOWLEDGE OF CONDITIONS**

At the time of the opening of the proposals, each Contractor will be presumed to have inspected, to have read and to have been thoroughly familiar with the specifications. The Contractor shall satisfy themselves as to the nature and location of the work and general and local conditions. He or she shall gain full knowledge of working conditions and other facilities in the area which will have a bearing on the performance of his or her work. Any failure by the Contractor to acquaint himself/herself with all the available information shall not relieve that Contractor from any responsibility for performing all work properly. No additional compensation shall be allowed for conditions increasing the Contractor's cost which were not known or appreciated by that Contractor when submitting the proposal. Contractors shall understand that the City will not be responsible for any errors or omissions by the Contractor in the presentation of the response.

## **CITY'S RESERVED RIGHTS**

Notwithstanding anything else provided herein, in any notice or otherwise, the City reserves, and may in its sole discretion, exercise the following rights and options with respect to this request:

- To accept, reject or negotiate modifications to all bids as it shall, in its sole discretion, deem to be in the best interest of the City; submission of a bid does not bind the City to any action or to any party. Submissions do not create or assume any relationship, agency or obligation by the City.
- To issue additional solicitations for bids and/or addenda to the bid.
- To award the bid to the bidder the City has determined to be most responsive, who has submitted a complete bid which meets the specifications and requirements which are deemed by the City most advantageous to and in the best interest of the City.
- To negotiate with any one or more of the bidders.
- To waive any irregularities in any bid.
- To select any bid as the basis for negotiations and to negotiate with bidder for amendment or

other modifications to their bid.

- To conduct investigations with respect to the qualification of each bidder; to obtain additional information deemed necessary to determine the ability of the bidder to carry out the obligations required herein. This includes information needed to evaluate the experience and financial capability of the bidder

The City does not agree to pay and shall not be liable for any finder's fees, commissions, or other fees for opportunities arising under this request.

Each bidder (successful and otherwise) shall bear all costs associated with preparing and submitting its bid.

All materials submitted by bidders (successful and otherwise) become the sole property of the City upon submission and will not be returned.

The City has the absolute right to use, at no cost to the City, any ideas, concepts, or configurations that are disclosed (orally, in writing or otherwise) to the City by a bidder (successful or otherwise) as part of this request process.

## **SEALED BID AND EXEMPTION FROM PUBLIC RECORDS LAWS**

All bids shall remain sealed prior to being publicly opened as provided herein. However, at any time, City staff may inform the public of the fact that bids have been received, how many bids have been received and, if known by City staff, who submitted a sealed bid. Further, at any time, the public may view the outside of sealed bids which have been submitted.

## **CRITERIA FOR SELECTION**

All proposals received from vendors will be reviewed and evaluated by qualified personnel. These personnel may recommend for selection the proposal which most closely meets the requirements of the RFP. The personnel are not bound to recommend any of the proposals.

The following criteria will be of major importance in reviewing the proposals.

**QUALIFICATIONS:** Ability of the vendor to satisfy the requirements specified in Scope of Work section of this RFP including, but not limited to, the firm's qualifications or experience.

**TECHNICAL:** Contractor's plan for accomplishment of the task, to include the quality and experience of personnel assigned to the project; understanding of the scope of work; collection philosophy including recent collection experience; technology and equipment. Please include your collection percentage rate of current clients.

OTHER: Professional references from clients that are considered government EMS agencies including the location of the agency.

CONTRACTOR’S WARRANTY: The following language must be included in every proposal

### CONTRACTOR'S WARRANTY

The undersigned person warrants that he/she is/have:

- Is an officer of the organization.
- Is authorized to offer a proposal in full compliance with all requirements and conditions as set forth in the RFP.
- Has fully read and understands the RFP and has full knowledge of the scope, nature, quantity and quality of the work to be performed, and the requirements and conditions under which the work is to be performed.

### CONTRACTOR:

BY: \_\_\_\_\_ (SIGNATURE)

\_\_\_\_\_(PRINT NAME & TITLE)

\_\_\_\_\_(DATE)

\_\_\_\_\_(NAME OF COMPANY)

\_\_\_\_\_(CITY, STATE, ZIP)

\_\_\_\_\_(CONTACT TELEPHONE NUMBER)

## **VENDOR INFORMATION**

### **PURPOSE**

City of Fort Atkinson Fire & EMS is seeking proposals from qualified firms, hereinafter referred to as the “Contractor”, to PROVIDE EMS AMBULANCE BILLING SERVICES for the City of Fort Atkinson Fire & EMS Services, hereinafter referred to as “City of Fort Atkinson Fire & EMS” or the “City” in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP).

### **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, like those specified in the Scope of Services section of this RFP.

The proposal should demonstrate at least five (5) years of documented, successful experience with and current knowledge of, primary response EMS ambulance services billing. Experience must include filing claims with government programs such as Medicare and Medicaid, as well as commercial health insurance programs (HMO’s and PPO’s) and the capability to process 1200-1500 emergency and scheduled transports per year.

### **CONFIDENTIAL INFORMATION**

Information and materials received by the City in connection with all Contractors’ responses shall be deemed to be public records subject to public inspection upon opening of the bid. However, certain exemptions to the public records law are statutorily provided for. Therefore, if the Contractor believes any of the information contained in his or her response is exempt from the Public Records Law, then the Contractor must in 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.

## **SCOPE OF SERVICES**

### **BACKGROUND**

The City is requesting proposals for the collection of EMS fees from patients; and their insurance carriers, transported via ambulance to health facilities or other facilities by City of Fort Atkinson Fire & EMS and for billable non-transport charges. This RFP is intended to cover all points of a



contract from the reporting by City of Fort Atkinson Fire & EMS of the service to the satisfaction of the receivable.

The City wishes to obtain proposals from a qualified service provider for the actual billing of funds due and Accounts Receivable posting of funds received by the City of Fort Atkinson Fire & EMS for these services.

## **CONTRACTOR SCOPE OF WORK**

The Contractor, under this contract, shall provide all services necessary to collect for services provided by the City of Fort Atkinson Fire & EMS. These services shall include but not be limited to:

- The contractor shall accept receipt of the patient data necessary for billing. The data will come from an ePCR system called Image Trend Elite (or acceptable alternative).
- The Contractor will be furnished with the EMS chart summaries electronically.
- The Contractor shall be responsible for reviewing each PCR for content to accomplish the following:
  - To check for discrepancies and ensure the number of PCRs received match the number of patients transported as documented on the PCRs. This is particularly important in the instance where there are multiple patients at one incident.
  - Ensure that the appropriate fee box has been selected and the documentation to support the charge is present. Verify Signature compliance.
  - Assign the appropriate billing procedure code and ICD-10 diagnosis code based on the documentation, treatment, and chief complaint of the patient.
  - Review reports that require a “Treatment by no Transport Charge” to be assigned per documentation of the PCR.
  - Obtain current patient insurance information per claim.
- The Contractor shall be responsible for sorting the PCRs in numerical/date order as well as sorting all the paperwork in a systematic order for billing organization and future accessibility.
- The Contractor shall provide electronic claims processing and paper filings to all insurance companies. The first invoice will be dated no later than five (5) days after the contracted billing company has received the PCR. The second notice will be sent to the patient or responsible party thirty (30) days after the original invoice. The third notice (final notice) will be sent to the patient or responsible party thirty (30) days after the second notice has been mailed. Services to be billed will include base fee, mileage, and on-scene medical treatment (when applicable).
- The Contractor shall be responsible for the initial collection, generation of all insurance

forms, filings, and record maintenance.

- The Contractor shall be responsible for reviewing account status with the City of Fort Atkinson Fire & EMS as requested by the City or as required to address questions by the payor.

The Contractor shall provide the following documents:

- Daily Payment logs (sent once per week) with deposit confirmation attached and a monthly summary showing balancing of daily deposits to collection report.
- Collections profiles for each month, dating back to the beginning of said contract.
- Status of all accounts (payer mix) for the current month and total in system.
- Aging Receivable Report (monthly).
- Month End Reports.
- Monthly write off reports.
- Overpayment (Refund request) invoices.
- Non-Sufficient Funds Check Reports.
- Uncollectable(s) Report (listing undeliverable, unable to locate, etc.).
- Any additional reports that City of Fort Atkinson Fire & EMS may need, or request will automatically be formatted to their requirements and sent to the department.

The Contractor shall comply with the policies and procedures developed and implemented by City of Fort Atkinson Fire & EMS in response to the improvement of the department and the privacy act of HIPAA. The Contractor shall enter a business associate agreement with City of Fort Atkinson Fire & EMS to ensure all HIPAA policies are adhered to. Any violations of HIPAA by the contracted billing company will be grounds to terminate all contractual agreements immediately.

The Contractor shall comply with HIPAA regarding protected health information (PHI) and guardian of all record sets and shall maintain all documentation records and patient information in a safe and secure manner allowing for inspection and/or audit by the City.

The Contractor shall be required to store all record sets for a minimum of thirty-six (36) months after term of contract and then turn them over to the City for permanent storage and to turn over all records in the event of contract termination.

The Contractor shall provide sufficient Customer Service Representative(s) to assist patients and/or other third-party payees in all billing inquiries in a timely manner, not to exceed one (1) business day.

The contractor shall conduct any follow-up required to obtain necessary insurance information for payment processing. All payments will be received by the Contractor on behalf of the City of Fort Atkinson Fire & EMS and be deposited to the City's designated bank account. Records of deposits will be correlated with database reports daily, and this information will be emailed to the city daily.

The Contractor shall follow-up with patient or patient's third party for collection of the receivable in increments of thirty (30) days, sixty (60) days, and ninety (90) days, after the initial billing. Initial bills to Insurance carriers shall be sent within five (5) days of the Contractor receiving the PCR from City. The City shall be provided information monthly, on those accounts deemed non-collectible except by further legal means.

The Contractor shall document follow-up efforts and results must be available to the City. Follow-up efforts after the initial effort must also be documented and retrievable.

The Contractor will mail statements to the patient within five (5) days after the Contractor receives the PCR from Fort Atkinson Fire & EMS.

The Contractor agrees to negotiate and arrange a modified payment schedule for those individuals who are unable to pay the full amount when invoiced. The Contractor is not authorized to accept payments marked as "paid in full" or "accord and satisfaction" unless the account is paid in full. At no time shall the Contractor negotiate for patient to pay a lesser amount of the bill in that City of Fort Atkinson Fire & EMS would have to forgive a portion of a bill.

The Contractor shall provide compliance/documentation training for the City of Fort Atkinson, at the discretion of the Fire Chief or EMS Division Chief on changes in the billing process and new requirements for data gathering as they occur.

The Contractor shall provide:

- All invoices and related insurance forms with remittance advice.
- Return envelope with the address to be designated and approved by the City. Window envelopes are acceptable for satisfying this requirement.
- Postage for the mailing of all said invoices and forms for the billing operation.
- Patient statement must contain a message stating, Cash, credit/debit cards and
- checks are accepted. Checks must be made payable to the City of Fort Atkinson. Patient statement must include a telephone number for patients to call and make a payment by phone.
- Sample bill forms and sample messages that can be used on patient statements, as part of the response. All text, format, and color of printing and stock subject to approval by the City.
- Reasonable effort to locate and correct any incorrect billing information, i.e., address, insurance, etc., for billable patients. A report providing such efforts shall be provided.
- A working arrangement with all City of Fort Atkinson Fire & EMS services affiliated hospitals.
- A reconciliation report on the last day of the month that will show all patients who have been billed for the month. The invoice will display the PCR number, date of service, BLS or ALS, miles transported, patient billing code assignment and the total amount of the invoice.
- A reconciliation report on the last day of the month that will show a breakdown of ALS/BLS

patients and the mileage charges for each category as well as On Scene Treatment fees. It will be broken down per category to ensure all PCRs processed and mailed to the Contractor have been processed within the approved timeline.

- Assist the City of Fort Atkinson Fire & EMS with a refund request including all pertinent information relating to refund payments to patients and/or insurance company, indicating the refund payee's name, address, and reason for refund.

Given reasonable notification, the City has the right to audit all financial records pertaining to the billing and collection for the City of Fort Atkinson Fire & EMS for a period of three (3) years after association of the parties terminates.

The Contractor shall comply with any special report request in reference to transport locations and response modes to specific locations on a case-by-case basis.

The City will provide the necessary patient demographic information to the Contractor daily for those patients who have been recently transported or treated at scene.

The City will comply with all Federal, State, and local laws, rules, and regulations as applicable to the services being contracted for the City will provide all information relevant to payments made at their office as requested by the Contractor.

## **PROPOSAL FORMAT**

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 or not submitting a proposal pursuant to this Request for Proposal.

Contractor shall prepare their proposals using the following format with each section clearly labeled and shall include the following:

1. Letter of Transmittal.
2. Qualifications and experience of the firm(s)/individual(s) who will provide the services which shall include documentation of the firm's experience in similar work.
3. Contractor shall provide a list of all employees, agents and/or Contractors that will be assigned to provide service to City, including job title, degrees, training, detailed list of experience and Contractor will indicate who will be assigned as the primary contact. In addition, a Confidentiality Agreement may be required by all employees, agents and/or Contractors to ensure all sensitive information such as HIPAA protected information, social security numbers and so forth are kept confidential.

4. 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 Contractor's qualifications, experience, and stability.
5. Scope of Work - This section of the proposal should explain the Scope of Work as understood by the Contractor and detail the approach, activities, and work products.
6. The proposal shall also include:
  - a. A rationale for the approach taken schedule of deliverables. Explain the rational for the approach you are recommending accomplishing the tasks requested in the RFP.
  - b. A list and sample of the work product(s) which the Contractor will provide.
  - c. A list of any assistance City may be requested to provide the Contractor.
  - d. Provide completed cost proposal.
  - e. Provide a statement of Contractor's financial stability, including information as to current or prior bankruptcy proceedings.
  - f. Provide a summary of any litigation filed against the Contractor in the past three years which is related to the services that Contractor 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.
  - g. Identify the Contractor's type of business entity (e.g., sole proprietorship, partnership, corporation, etc.). Identify whether the business entity is incorporated another state, or a foreign country.
  - h. In the case of a sole proprietorship or partnership, provide a W-9 for all owners or partners. Provide EIN for business.
  - i. If Contractor is a corporation; provide certification from the Wisconsin Secretary of State verifying Contractor's corporate status and good standing, provide a W-9, and in the case of out of state corporations, evidence of authority to do business in the State of Wisconsin.
  - j. Any additional information that the Contractor considers pertinent for consideration should be included in a separate section of the proposal.

**END OF RFP**



## MEMORANDUM

**DATE:** December 6, 2022

**TO:** Fort Atkinson City Council

**FROM:** Andy Selle, P.E., City Engineer/Director of Public Works

**RE:** Review and possible action relating to a request for a Public Monument/Building Review for installation of a Kayak Launch

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### BACKGROUND

Dakota Friend wishes to install a kayak launch on the municipal boat launch for his Eagle Scout Project. The launch will allow for loading and unloading of kayaks at the municipal dock.

### DISCUSSION

One of the objectives of the Public Monument/Building Review process is to identify and explain the public purpose of a proposed public monument/improvement to ensure that it serves the community as a whole, not just an individual or group.

Another objective of the Public Monument/Building Review process is to identify the short and long-term maintenance needs of the monument or building and properly plan for them, with the hope that all future maintenance, repair, and replacement of structures does not fall onto the City. Dakota will fund raise and install the kayak launch as part of his project. The City will then install and remove the launch along with the other municipal piers at this location going forward.

### FINANCIAL ANALYSIS

Any costs associated with the future maintenance of the project will be the responsibility of the City.

### RECOMMENDATION

Staff recommends that the City Council approve this request for a Public Monument/Building Review allowing the installation of a kayak launch on the municipal boat launch.

### ATTACHMENTS

Plan Commission Memo; Application; Project Information

## REQUEST FOR PUBLIC MONUMENT/BUILDING REVIEW REPORT TO THE PLAN COMMISSION

**DATE:** November 22, 2022

**FILE NUMBER:** PMR-2022-02

**PROPERTY ADDRESSES:** 5 Mechanic St.

**EXISTING ZONING:** N/A

**PARCEL NUMBER:** N/A

**EXISTING LAND USE:** Boat Launch

**OWNER:** City of Fort Atkinson

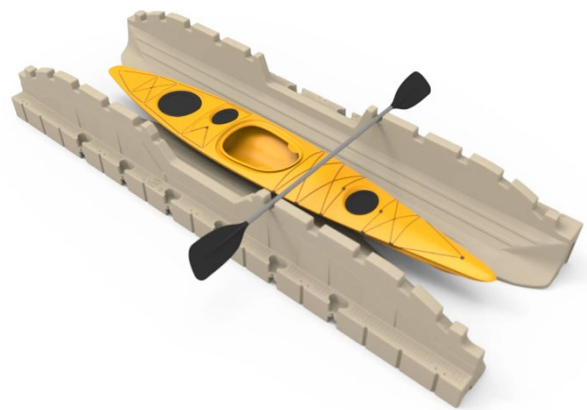
**REQUESTED USES:** Kayak Launch

**APPLICANT:** Dakota Friend

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### REQUEST OVERVIEW:

Dakota Friend wishes to install a kayak launch on the municipal boat launch for his Eagle Scout Project. The launch will allow for loading and unloading of kayaks at the municipal dock. Mr Friend will provide a brief presentation to the Planning Commission outlining his proposal.



### PUBLIC NOTICE:

Public notice is not required for the Public Monument Review process.

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### COMPREHENSIVE LAND USE PLAN (2019):

N/A

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### PUBLIC MONUMENT PURPOSE:

One of the objectives of the Public Monument/Building Review process is to identify and explain the public purpose of a proposed public monument/improvement to ensure that it serves the community as a whole, not just an individual or group.

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### MAINTENANCE PLAN:

Another objective of the Public Monument/Building Review process is to identify the short and long-term maintenance needs of the monument or building and properly plan for them, with the hope that all future maintenance, repair, and replacement of structures does not fall onto the City. Dakota will fund raise and install the kayak launch as part of his project. The City will then install and remove the launch along with the other municipal piers at this location going forward.



Request for Public Monument/Building Review  
PMR-2022-01  
July 26, 2022

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**RECOMMENDATION:**

Staff recommends that the Plan Commission review the application and recommend that the City Council approve this request allowing the installation of the kayak launch on the municipal boat launch.

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**ATTACHMENTS:**

PowerPoint; Application





## City of Fort Atkinson Procedural Checklist for Public Monument/Building Review Requirements per Wis. Statutes 62.23 (5) and Section 15.10.42 of the Zoning Ordinance

This form is designed to be used by the Applicant as a guide to submitting a complete application for a site plan and by the City to process the application.

Name, company, and client (if applicable): Dakota Friend

Phone number: 920-723-7556 Email: dj@53538@gmail.com

Property address for site plan: 5 Mechanic Street, Fort Atkinson, WI

### I Applicability

Site plan review and approval shall be required for changes to site characteristics (listed in Section 15.10.42).

### II Application Requirements

The Applicant shall submit an electronic copy or paper copies, if required by the City, of the application. Applications for site plans shall contain all of the following, unless specific application requirements are waived in writing by the Zoning Administrator.

- ☐ Written description of the intended use describing in reasonable detail the following:
  - ☐ Existing zoning district(s) and proposed zoning district(s), if different.
  - ☐ Existing and proposed land uses, including a survey of existing buildings or monuments onsite.
  - ☐ Projected number of residents, employees, and/or daily customers.
  - ☐ Demonstration of compliance with the applicable standards and requirements of the City of Fort Atkinson Municipal Code.
  - ☐ Demonstration of consistency with the Comprehensive Plan.
  - ☐ Fencing materials (Section 15.06.40).
  - ☐ Explanation of the purpose of the public monument or building (must serve a public purpose)
  - ☐ Any other information pertinent to adequate understanding by the Plan Commission of the intended use and its relation to nearby properties.
- ☐ A small location map showing the subject property and illustrating its relationship to the nearest street intersection.
- ☐ Pre-Development Site Information.
  - ☐ Legal description of the subject property.
  - ☐ Existing property lines and setback lines.
  - ☐ Existing structures and paved areas.
  - ☐ Existing right of way lines with bearings and dimensions clearly labeled.





- ☐ Existing easements and utilities.
- ☐ Existing and proposed topography with a maximum contour interval of 2 feet, except where existing ground is on a slope of less than 2 percent where one foot contours shall be shown.
- ☐ The outer edges of all natural resource areas (i.e. floodplains, shorelands, wetlands, drainageways, woodlands, steep slopes).
- ☐ Proposed Post-Development Site Information.
  - ☐ Property lines and setback lines.
  - ☐ Location of all proposed structures and use areas, including paved areas, building entrances, walks, drives, decks, patios, fences, utility poles, and drainage facilities.
  - ☐ Proposed right of way lines with bearings and dimensions clearly labeled.
  - ☐ Proposed access points onto public streets and access drives on the subject property.
  - ☐ Location and dimension of all on-site parking (and off-site provisions if they are to be employed), including a summary of the number of parking stalls provided.
  - ☐ Location of all proposed parking and traffic circulation areas.
  - ☐ Location and configuration of all visibility triangles proposed on the subject property.
  - ☐ Location and dimension of all loading and service areas on the subject property.
  - ☐ Location of all outdoor storage areas and the design of all screening devices.
  - ☐ Location of all rooftop, wall-mounted, and ground-mounted mechanical equipment, and the design of all screening devices.
  - ☐ Location and type of all stormwater facilities and management approach to be employed and a copy of the proposed maintenance agreement.
  - ☐ Location of snow storage areas, except for single family and two family residential.
  - ☐ Proposed easement lines and dimensions with a key provided and explanation of ownership and purpose. Easement documents governing public access or cross access should be provided for review.
  - ☐ Location and size of all gas, electric, water, storm and sanitary utilities serving the parcel.
  - ☐ Location, type, height, size, and lighting of all signage on the subject property.
  - ☐ In the legend, include the following data for the subject property: lot area, flood area, floor area ratio, impervious surface area, impervious surface ratio, and building heights.
  - ☐ Proposal short and long-term maintenance plan for proposed buildings and/or monuments.
- ☐ Detailed Landscaping Plan. If required, a landscape plan depicting the location, type, and size at time of planting and maturity of all landscaping features as required in Article VIII.
- ☐ Grading and Erosion Control Plan. Scaled drawing depicting existing and proposed grades, including retention walls and related devices, and erosion control measures. Written erosion control plan indicating pre-site disturbance elements, maintenance and inspection timing of same during construction, provisions for temporary stabilization during construction and final stabilization plan.
- ☐ Elevation Drawings.
  - ☐ Elevations of proposed buildings or proposed remodeling of existing buildings showing finished exterior treatment and all rooftop, wall-mounted, and ground-mounted mechanical equipment.
  - ☐ Depict exterior materials, texture, color, and overall appearance.



- ☐ Perspective renderings of the proposed project and/or photos of similar structures may also be submitted, but not in lieu of drawings showing the actual intended appearance of the building(s).
- ☐ Photometric Plan
  - ☐ Location, type, height, design, illumination power, and orientation of all exterior lighting on the subject property.
  - ☐ Impact of lighting across the entire property to the property lines rounding to the nearest 0.10 foot candles.
- ☐ Operational Plan.
  - ☐ Describe the proposed hours of operation and traffic generation.
  - ☐ Describe the goal of this monument or building including how it will serve the public and improve the site on which it may be located.
  - ☐ Procedures for snow removal, except for single and two family residential.

### III Process Checklist

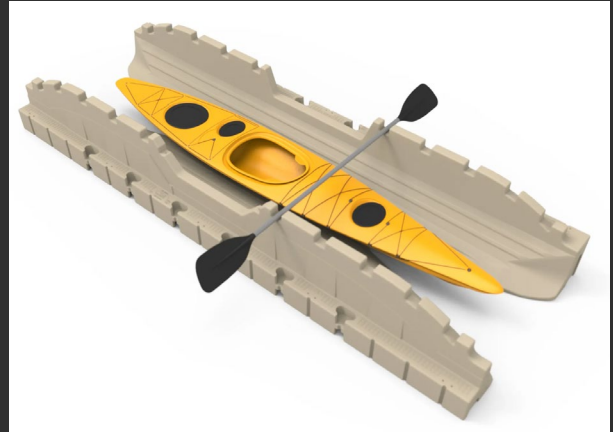
- |  |             |
|--|-------------|
| <input type="checkbox"/> Pre-Application conference with Staff (recommended)               | Date: _____ |
| <input type="checkbox"/> Reimbursement of professional consultant costs agreement executed | Date: _____ |
| <input type="checkbox"/> Receipt of final application packet by Engineering                | Date: _____ |
| <input type="checkbox"/> City Staff input  | Date: _____ |
| <input type="checkbox"/> Review and action by Engineering and Zoning Administrator         | Date: _____ |
| <input type="checkbox"/> Plan Commission review and recommendation _____                   | Date: _____ |
| <input type="checkbox"/> Review and action _____   | Date: _____ |

Applicant signature:  Date: \_\_\_\_\_



# Dakota Friend - Eagle Project

Kayak Launch





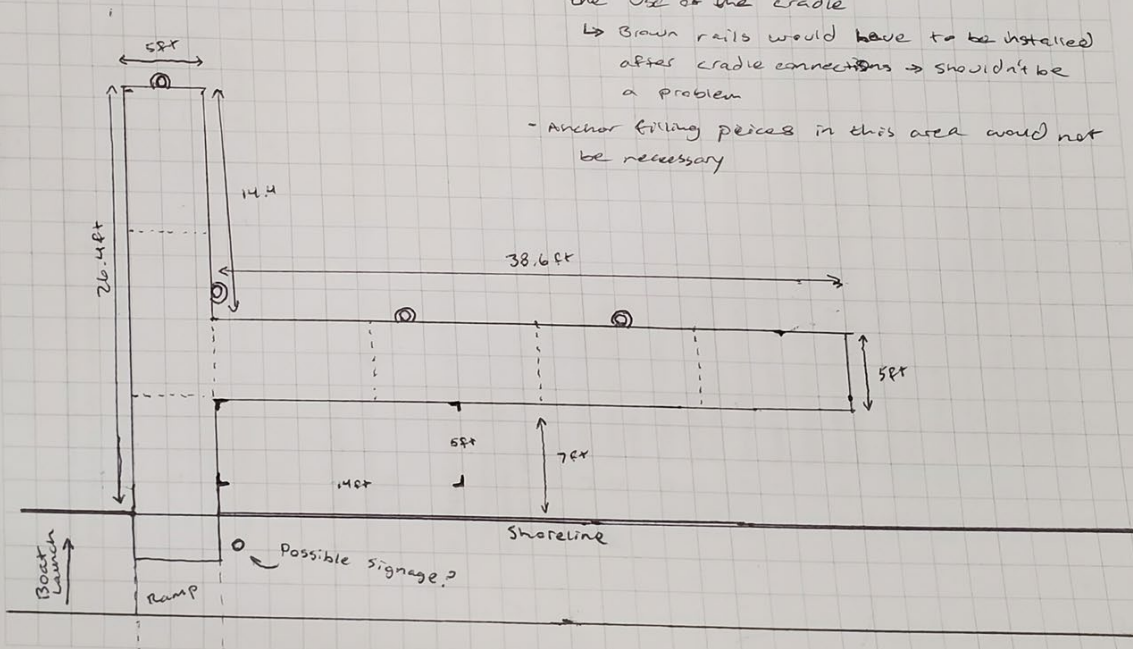


By:

Date: \_\_\_\_\_

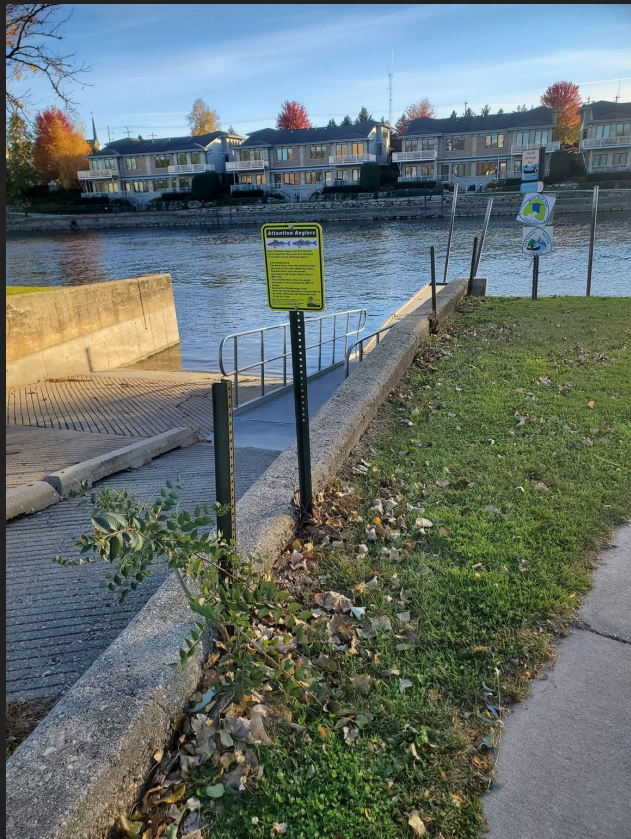
Subject:

Page \_\_\_\_\_ of \_\_\_\_\_



- Dimensions - 168" x 58.5" or 14 x 5'
- 6 anchor points along the length of the cradle
- plenty of space left for loading & unloading other boats, or fishermen
- out of the way, space too small to fit most boats, perfect for kayak & canoe
- Preexisting sign poles on shore, also nearby telephone pole
- No need for extra dock pieces or anchor poles
- Brown rails can stay intact without impeding the use of the cradle
  - ↳ Brown rails would have to be installed after cradle connections → shouldn't be a problem
- Anchor filling pieces in this area would not be necessary







## MEMORANDUM

**DATE:** December 6, 2022

**TO:** Fort Atkinson City Council

**FROM:** Paul Christensen, Wastewater Superintendent

**RE:** Review and Possible Action Related to the Emergency Replacement and Rebuild of Digester Blower #2

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### BACKGROUND

The Aerobic Digester system consists of three aerated digesters, each with a dedicated blower. The digester system is used for final stabilization of all of the biosolids produced by the treatment processes. Biosolids are then dewatered and applied to area farmland.

The blowers have an expected life of 7 – 10 years, but under lighter loading can last longer. Blowers #2 & #3 are 11 and 10 years old, respectively.

### DISCUSSION

On November 16<sup>th</sup> blower #2 failed. After troubleshooting with the manufacturer, staff determined that blower #2 suffered a major failure and would need rebuilding if possible.

Although each blower and digester are a separate pair, several years ago cross connections were made to the air discharge piping to allow for emergency operation. This allows us to share air from blower #1 to digesters #1 & #2, but this is a stop-gap measure at best. The digesters cannot be operated this way long term.

The best approach to get the digesters back to normal operation is to replace blower #2 with a new blower core, return the failed blower to the manufacturer for rebuilding (if possible); and then store the rebuilt blower for eventual replacement of blower #3.

### FINANCIAL ANALYSIS

Aerzen is the manufacturer of the blowers and the staff is working directly with them for replacement and rebuilding of blower #2. Staff received the following quotes (attached) for the replacement of blower #2, and the subsequent rebuilding of the failed blower for future replacement of blower #3.

Blower Replacement Core Including Installation	\$64,408.65
Blower Rebuilding of Failed Blower	\$26,107.82

**RECOMMENDATION**

Staff recommends that the City Council authorize the purchase of the blower replacement core including installation and startup for the cost \$64,408.65 as an emergency purchase. Staff further recommends that the City Council authorize the rebuilding of blower #2 (as a backup for blower #3) for the cost of \$26,107.82 from Aerzen USA Corporation of Coatesville, PA.

Funding for this project will come from the Utility Equipment Replacement Fund.

**ATTACHMENTS**

Aerzen Service Orders and Purchase Orders



# AERZEN

Compressed air, gas  
and vacuum solutions

City of Fort Atkinson WW Utility  
Att.: Jacob Fiene  
1600 Farmco Ln  
FORT ATKINSON, WI 53538

Aerzen USA Corporation  
108 Independence Way  
Coatesville, PA 19320-1653  
USA

order-usa@aerzen.com  
www.aerzenusa.com  
Phone: 610-380-0244



## Service Return Material Auth.

Page 1 / 2

Order No.: SEO-22-005133/ 0  
Date: 11/21/22  
Planned Delivery Date: 12/30/22  
Salesperson: Joel Schomo  
Handled by: Ryan Craddock

Payment Terms: Net 30 days  
Shipment Terms: DAP DELIVERED AT PLACE BUYER UNLOADS NAMED PLACE  
Shipping Agent: BEST WAY AERZEN SELECTS CARRIER

Your account no.: 21-04694  
Phone number: +19203979917  
E-Mail: jfiene@fortatkinsonwi.gov  
Your order number: 221391  
Sourcequote No: SEQ-22-005267

## Standard Overhaul

Serial No. 1063288 Service Items SEI-007894\_S

Item No.: 035144000, D 98 S

Pos.	Item No. Description	Quantity	Unit of M.	Unit Price USD	Line Amount USD
		1		0.00	0.00
	Incoming Freight to Coatesville, PA				
	INSP-BLOWER-LG	1	each	1,000.00	1,000.00
	Machine Inspection				
	Standard Service				
	OH-DH-D098S	1	each	25,107.82	25,107.82
	Standard Overhaul, D 98S				
	Standard Service				
		1		0.00	0.00
	Outgoing Freight to Fort Atkinson, WI				
	Total / Service Item D 98 S				26,107.82

Bank  
Routing  
Account No  
SWIFT  
Remittance email

USD Payments - ACH/Wire  
JP Morgan Chase  
021000021  
350056393  
CHASUS33  
remittance-usa@aerzen.com

USD Payments - Lockbox  
Aerzen USA Corp  
PO Box 21920  
New York, NY 10087-1920  
USA

EUR Payments - Wire  
Commerzbank AG  
Intermediary Bank: COBADEFF  
150113606800EUR  
COBAUS3X  
remittance-usa@aerzen.com



# AERZEN

Compressed air, gas  
and vacuum solutions

Order No.: SEO-22-005133/ 0

Page 2 / 2

<b>Total USD Excl. TAX</b>	<b>26,107.82</b>
<b>Tax Amount USD</b>	<b>0.00</b>
<b>Total USD Incl. TAX</b>	<b>26,107.82</b>

Ship-to Address:  
City of Fort Atkinson WW Utility  
1600 Farmco Ln  
FORT ATKINSON, WI 53538

Best regards,

Ryan Craddock  
Aerzen USA Corporation

---

Bank	USD Payments - ACH/Wire
Routing	JP Morgan Chase
Account No	021000021
SWIFT	350056393
Remittance email	CHASUS33
	remittance-usa@aerzen.com

USD Payments - Lockbox
Aerzen USA Corp
PO Box 21920
New York, NY 10087-1920
USA

EUR Payments - Wire
Commerzbank AG
Intermediary Bank: COBADEFF
150113606800EUR
COBAUS3X
remittance-usa@aerzen.com





# AERZEN

Compressed air, gas  
and vacuum solutions

City of Fort Atkinson WW Utility  
Att.: Jacob Fiene  
1600 Farmco Ln  
FORT ATKINSON, WI 53538

Aerzen USA Corporation  
108 Independence Way  
Coatesville, PA 19320-1653  
USA

order-usa@aerzen.com  
www.aerzenusa.com  
Phone: 610-380-0244



Page 1 / 2

## Order Confirmation

Order No.: SEO-22-005132/ 0  
Date: 11/21/22  
Planned Delivery Date: 12/09/22  
Salesperson: Joel Schomo  
Handled by: Martha Padilla

Payment Terms: Net 30 days  
Shipment Terms: DAP DELIVERED AT PLACE BUYER UNLOADS NAMED PLACE  
Shipping Agent: BEST WAY AERZEN SELECTS CARRIER

Your account no.: 21-04694  
Phone number: +19203979917  
E-Mail: jfiene@fortatkinsonwi.gov  
Your order number: 221390  
Sourcequote No: SEQ-22-005265

### On-Site Service

Pos.	Item No. Description	Quantity	Unit of M.	Unit Price USD	Line Amount USD
	On-Site Service	3		2,100.00	6,300.00
	Mileage	280	MILES	1.38	386.40
	Total / Service Item On-Site Service				6,686.40

Serial No. 1063288      Service Items SEI-007894\_S  
Item No.: 035144000, D 98 S

Item No.: 035272000, Delta Hybrid D98S

Pos.	Item No. Description	Quantity	Unit of M.	Unit Price USD	Line Amount USD
	035272000 Delta Hybrid D98S	1	each	55,795.54	55,795.54

Bank  
Routing  
Account No  
SWIFT  
Remittance email

USD Payments - ACH/Wire  
JP Morgan Chase  
021000021  
350056393  
CHASUS33  
remittance-usa@aerzen.com

USD Payments - Lockbox  
Aerzen USA Corp  
PO Box 21920  
New York, NY 10087-1920  
USA

EUR Payments - Wire  
Commerzbank AG  
Intermediary Bank: COBADEFF  
150113606800EUR  
COBAUS3X  
remittance-usa@aerzen.com



# AERZEN

Compressed air, gas  
and vacuum solutions

Order No.: SEO-22-005132/ 0

Page 2 / 2

181316000 V-Belt Pulley	1	each	1,893.91	1,893.91
152324000 Shaft Nut	1	each	32.80	32.80
Shipping - PP & Add	1		0.00	0.00
Total / Service Item Delta Hybrid D98S				57,722.25

Total USD Excl. TAX	64,408.65
Tax Amount USD	0.00
Total USD Incl. TAX	64,408.65

Ship-to Address:  
City of Fort Atkinson WW Utility  
Ron  
1600 Farmco Ln  
FORT ATKINSON, WI 53538

Best regards,

Martha Padilla  
Aerzen USA Corporation

Bank  
Routing  
Account No  
SWIFT  
Remittance email

USD Payments - ACH/Wire  
JP Morgan Chase  
021000021  
350056393  
CHASUS33  
remittance-usa@aerzen.com

USD Payments - Lockbox  
Aerzen USA Corp  
PO Box 21920  
New York, NY 10087-1920  
USA

EUR Payments - Wire  
Commerzbank AG  
Intermediary Bank: COBADEFF  
150113606800EUR  
COBAUS3X  
remittance-usa@aerzen.com



**CITY OF FORT ATKINSON PURCHASE ORDER**

**Purchase Order Number:** 221391

**BILLING:** \_\_\_\_\_

101 N Main Street

Fort Atkinson WI 53538-1896

P: 920-563-7760      F: 920-563-7776

Tax Exempt: CES # 046451

DATE: November 18, 2022

November 18, 2022

**CONTACT:** Paul Christensen

**PHONE: 920-397-9917**

## SHIPPING:

## Fort Atkinson Wastewater Utility

1600 Farmco Lane

Fort Atkinson, WI 53538

**VENDOR:** \_\_\_\_\_

**Aerzen USA Corporation**

108 Independence Way

Coatesville. PA 19320-1653

[illegible]

Please acknowledge receipt of this order.

Each shipment should be covered by separate invoice.

The right is reserved to cancel this order if it is not filled within contract time.

Conditions of this order are not to be modified by any verbal understanding.

Charges for shipping/freight will not be allowed unless previously agreed upon.

If the price is stated in the order, material must not be billed at a higher price.

Acceptance of this order includes acceptance of all items, prices, delivery instruction, specifications and conditions stated.

**IMPORTANT: Invoices and packages must bear THIS ORDER NUMBER.**

APPROVED: [Signature]

City Marriage

Maubert

City Clerk/Treasurer

Account Number:	02-00-1303-3700
-----------------	-----------------

Account Name:	WTR TRMNT PLNT Sludge Dsp Eqp
---------------	-------------------------------



# AERZEN

Compressed air, gas  
and vacuum solutions

City of Fort Atkinson WW Utility  
Att.: Jacob Fiene  
1600 Farmco Ln  
FORT ATKINSON, WI 53538

Aerzen USA Corporation  
108 Independence Way  
Coatesville, PA 19320-1653  
USA

order-usa@aerzen.com  
www.aerzenusa.com  
Phone: 610-380-0244



## Quotation

Quote no. SEQ-22-005267/ 0  
Date: 11/17/22  
Quote Expiration date: 12/17/22  
Salesperson: Joel Schomo  
Handled by: Martha Padilla

Page 1 / 2

Payment Terms: Net 30 days  
  
Your account no.: 21-04694  
Phone number: +19203979917  
E-Mail: jfiene@fortatkinsonwi.gov

## Standard Overhaul

Serial No. 1063288      Service Items SEI-007894\_S  
Item No.: 035144000, D 98 S

Pos.	Item No. Description	Quantity	Unit of M.	Unit Price USD	Line Amount USD
	Incoming Freight to Coatesville, PA	1		0.00	0.00
	INSP-BLOWER-LG	1	each	1,000.00	1,000.00
	Machine Inspection Standard Service				
	OH-DH-D098S	1	each	25,107.82	25,107.82
	Standard Overhaul, D 98S Standard Service				
	159880000	1	each	51.12	51.12
	Gasket				
	21-001385	1	each	29.93	29.93
	Gasket Maker				
	Outgoing Freight to Fort Atkinson, WI	1		0.00	0.00

Bank USD Payments - ACH/Wire  
Routing JP Morgan Chase  
Account No 021000021  
SWIFT 350056393  
Remittance email CHASUS33  
remittance-usa@aerzen.com

USD Payments - Lockbox  
Aerzen USA Corp  
PO Box 21920  
New York, NY 10087-1920  
USA

EUR Payments - Wire  
Commerzbank AG  
Intermediary Bank: COBADEFF  
150113606800EUR  
COBAUS3X  
remittance-usa@aerzen.com



# AERZEN

Compressed air, gas  
and vacuum solutions

Quote no. SEQ-22-005267/ 0

Page 2 / 2

Total USD Excl. TAX	26,188.87
Tax Amount USD	0.00
Total USD Incl. TAX	26,188.87

Ship-to Address:  
City of Fort Atkinson WW Utility  
1600 Farmco Ln  
FORT ATKINSON, WI 53538

Best regards,

Martha Padilla  
Aerzen USA Corporation

Bank  
Routing  
Account No  
SWIFT  
Remittance email

USD Payments - ACH/Wire  
JP Morgan Chase  
021000021  
350056393  
CHASUS33  
remittance-usa@aerzen.com

USD Payments - Lockbox  
Aerzen USA Corp  
PO Box 21920  
New York, NY 10087-1920  
USA

EUR Payments - Wire  
Commerzbank AG  
Intermediary Bank: COBADEFF  
150113606800EUR  
COBAUS3X  
remittance-usa@aerzen.com

**CITY OF FORT ATKINSON PURCHASE ORDER**

**Purchase Order Number: 221390**

**BILLING:**

CITY OF FORT ATKINSON

101 N Main Street

Fort Atkinson WI 53538-1896

P: 920-563-7760      F: 920-563-7776

Tax Exempt: CES # 046451

DATE: November 18, 2022

November 18, 2022

**CONTACT:** Paul Christensen

**PHONE: 920-397-9917**

## SHIPPING:

## Fort Atkinson Wastewater Utility

1600 Farmco Lane

Fort Atkinson, WI 53538

**VENDOR:**

**Aerzen USA Corporation**

108 Independence Way

Coatesville, PA 19320-1653

[illegible]

Please acknowledge receipt of this order.

Each shipment should be covered by separate invoice.

The right is reserved to cancel this order if it is not filled within contract time.

Conditions of this order are not to be modified by any verbal understanding.

Charges for shipping/freight will not be allowed unless previously agreed upon.

If the price is stated in the order, material must not be billed at a higher price.

Acceptance of this order includes acceptance of all items, prices, delivery instruction, specifications and conditions stated.

IMPORTANT: Invoices and packages must bear THIS ORDER NUMBER.

APPROVED: *[Signature]*

City Manager \_\_\_\_\_

City Clerk/Treasurer

Account Number:	02-00-1303-3700
Account Name:	WTR TRMNT Sludge Disposal Eq



# AERZEN

Compressed air, gas  
and vacuum solutions

City of Fort Atkinson WW Utility  
Att.: Jacob Fiene  
1600 Farmco Ln  
FORT ATKINSON, WI 53538

Aerzen USA Corporation  
108 Independence Way  
Coatesville, PA 19320-1653  
USA

order-usa@aerzen.com  
www.aerzenusa.com  
Phone: 610-380-0244

## Quotation



Page 1 / 2

Quote no. SEQ-22-005265/ 0  
Date: 11/17/22  
Quote Expiration date: 12/17/22  
Salesperson: Joel Schomo  
Handled by: Martha Padilla  
  
Payment Terms: Net 30 days  
  
Your account no.: 21-04694  
Phone number: +19203979917  
E-Mail: jfiene@fortatkinsonwi.gov

### On-Site Service

Pos.	Item No. Description	Quantity	Unit of M.	Unit Price USD	Line Amount USD
		3		2,100.00	6,300.00
	On-Site Service Daily Rate Covers (8) hours of on-site service				
		280	MILES	1.38	386.40
	Mileage				

Serial No. 1063288      Service Items SEI-007894\_S  
Item No.: 035144000, D 98 S

### Item No.: 035272000, Delta Hybrid D98S

Pos.	Item No. Description	Quantity	Unit of M.	Unit Price USD	Line Amount USD
	035272000 Delta Hybrid D98S In Stock (3 Currently)	1	each	55,795.54	55,795.54
	181316000 V-Belt Pulley In Stock	1	each	1,893.91	1,893.91
	152324000	1	each	32.80	32.80

Bank USD Payments - ACH/Wire  
Routing JP Morgan Chase  
Account No 021000021  
SWIFT 350056393  
Remittance email CHASUS33  
remittance-usa@aerzen.com

USD Payments - Lockbox  
Aerzen USA Corp  
PO Box 21920  
New York, NY 10087-1920  
USA

EUR Payments - Wire  
Commerzbank AG  
Intermediary Bank: COBADEFF  
150113606800EUR  
COBAUS3X  
remittance-usa@aerzen.com



# AERZEN

Compressed air, gas  
and vacuum solutions

Quote no. SEQ-22-005265/ 0

Page 2 / 2

Shaft Nut  
Lead Time 6 to 8 Weeks  
We can expedite for an additional fee for shipping

Shipping - PP & Add

1

0.00

0.00

Total USD Excl. TAX	64,408.65
Tax Amount USD	0.00
Total USD Incl. TAX	64,408.65

Ship-to Address:  
City of Fort Atkinson WW Utility  
Ron  
1600 Farmco Ln  
FORT ATKINSON, WI 53538

Best regards,

Martha Padilla  
Aerzen USA Corporation

Bank	USD Payments - ACH/Wire	USD Payments - Lockbox	EUR Payments - Wire
Routing	JP Morgan Chase	Aerzen USA Corp	Commerzbank AG
Account No	021000021	PO Box 21920	Intermediary Bank: COBADEFF
SWIFT	350056393	New York, NY 10087-1920	150113606800EUR
Remittance email	CHASUS33	USA	COBAUS3X
	remittance-usa@aerzen.com		remittance-usa@aerzen.com



## MEMORANDUM

**DATE:** December 6, 2022

**TO:** Fort Atkinson City Council

**FROM:** Paul Christensen, Wastewater Superintendent

**RE:** Review and possible action relating to Septage Pump #1 and Associated Piping Replacement

---

### BACKGROUND

The 2022 CIP includes \$40,000 for the replacement of Septage Pump #1. The original purpose of the septage pump system was to pump trucked in septic and holding tank waste from a storage tank into the plant influent flow. As the total gallons of this waste type increased over time, and with the storage tank limited to about 11,000 gallons, it became necessary to use a different discharge point for septage.

This system was transitioned to use for other specialty waste types. Some of these waste types were very low pH such as onion leachate from a local industrial source, and currently sweet corn silage leachate that is used for the benefit of the biological phosphorus removal process. The corrosive nature of these wastes has caused the corrosion of the pumps, suction piping, and discharge piping.

### DISCUSSION

The original plan for this CIP item was to purchase a pump better suited to the wastes for which it's being used, and to replace some suction and discharge piping. The current Phase II project includes the ongoing by-pass of the raw influent pumping system. This affords us the opportunity to replace all of the corroded piping and to re-route the discharge point of the pumps to a closer and improved connection location. New discharge piping will be stainless steel.

### FINANCIAL ANALYSIS

We received the following proposals for the pump replacement:

- |                                  |             |
|----------------------------------|-------------|
| - William/Reid, Ltd – LSM Pump   | \$17,547.00 |
| - Drydon Equipment – Verder Pump | \$43,750.00 |
| - LAI, Ltd – Bredl Pump          | \$29,600.00 |



We received the following proposals for the installation and piping:

- Sabel Mechanical \$52,192.30
- Staab Construction Not to Exceed \$40,000.00

#### **RECOMMENDATION**

Staff recommends the purchase of the pump from William/Reid Ltd. – LSM Pump for the cost of \$17,547.00. Staff further recommends the pump installation and piping modifications from Staab Construction for an amount not to exceed \$40,000.00 for a total cost of \$57,547.00

Funding for this project will come from the CIP at \$40,000 and the remainder from the Utility equipment repair account in the amount of \$17,547. The Utility equipment repair account currently has approximately \$36,500 remaining for 2022.

#### **ATTACHMENTS**

Pump replacement and labor proposals



# PROPOSAL

1800 Laemle Ave | Marshfield, WI 54449 | 715-387-8429

Paul Christensen  
City of Fort Atkinson  
1600 Farmco Lane  
Fort Atkinson, WI 53538

Phone: 920-397-9917 Email: pchristensen@fortatkinsonwi.gov

RE: Ft. Atkinson WWTF Pump/Piping

## REVISED

Dated: 11/15/2022

Bid No.: 1623

The undersigned, having familiarized ourself with the plans, specifications, and local conditions affecting the cost of the work, hereby propose to furnish all labor, material, necessary tools, expendable equipment, and all utility and transportation services necessary to complete the following in a workmanlike manner according to standard practices. This proposal will not be withdrawn for a period of thirty (30) days after proposal date.

BASE BID	TIME AND MATERIALS-NOT TO EXCEED	\$40,000.00
----------	----------------------------------	-------------

We base our price on removal of existing piping and installing new 316LSS piping/fittings according to drawings provided by Donohue. Any new valves, fittings, fasteners/gaskets and other appurtenances called out in plans will be provided.

### At minimum we exclude the following:

- State/Federal Prevailing Wages, Performance & Payment Bond.
- Sales tax is excluded from this proposal.
- Quality control concrete, soil, water leakage, and/or lead & asbestos testing or survey.
- Contaminated soil & water remediation and/or removal. If contaminated water is encountered, owner is responsible for proper disposal costs.
- Asbestos & lead abatement.
- Temporary bypassing and/or treatment

### Owner Responsibilities:

- Supply of potable and/or non-potable water supply.
- Supply of Electricity for construction purposes.
- Supply of Restroom facilities.

**Clarifications:**

- After meeting on site, several valves will be re-used and materials used from current inventory which results in lower cost.

**Payment Terms:** Invoiced upon completion and/or monthly and payable within 30 days from date of invoice. 18% Annual interest added to accounts over 30 days. Where retainage is applicable, client may withhold a maximum of 5%, not to exceed the value of work to be completed. Staab requires full retainage release & final payment within 60 days of completion for our scope of work.

**Schedule:** Staab will begin executing contract obligations within 30 calendar days after we receive a notice to proceed and will be completed in approximately 2 calendar days. Normal work hours are Monday thru Thursday, 10 hour days per week straight time labor rate. Compressed schedule compensation is assessed at 1.5 times after 10 hours each day and/or beyond a 40 hour work week. Holiday pay compensation is assessed at 2 times the hourly base rate. Compensation adjustments are based on the rates noted below under "Changed Conditions".

**Changed Conditions / Contract Adjustment Rates:** If subsurface, latent, and/or unknown physical conditions differ from those indicated in this agreement or in documents made available by Contractor, Engineer, or Owner, Staab Construction shall be entitled to an equitable change in contract price and an extension of the project completion date for such changed conditions. Extra work and associated costs will proceed only upon written orders, and will become an extra charge over and above this base bid price. Such additional charges will be based on actual cost required to complete the work. Rates for time & material cost plus proposals are available upon request.

**Price Escalators:** If there is an increase in the actual cost of labor or materials charged to the Contractor in excess of 5% subsequent to making this Agreement, the price set forth in this Agreement shall be increased without the need for a written change order or amendment to the contract to reflect the price increase and additional direct cost to the contractor. Contractor will submit written documentation of the increased charges to the Prime Contractor/Owner upon request. As an additional remedy, if the actual cost of any line item increases more than 10% subsequent to the making of this Agreement, Contractor, at its sole discretion, may terminate the contract for convenience.

**Contract Cancellation:** Upon written notification for any such nature that our contract is to be terminated, Staab Construction will stop work immediately. Costs incurred will be billed for reimbursement utilizing the rates noted in "Changed Conditions/Contract Adjustment Rates".

**Limited Warranty:** Unless otherwise noted on the face hereof, Staab Construction goods, auxiliaries, and parts thereof are warranted per contract agreement documents, against defective workmanship and material for a period of twelve (12) months from date of substantial project completion with the original user. If the goods or services do not conform to the warranty stated above, then as Buyer's sole remedy, Staab shall, at Staab's option, either repair or replace the defective goods or reperform defective services not to exceed the value of the original contract. If applicable, Staab will assign to Buyer all warranties applicable to any portion of the Work or Materials obtained from third parties, or if not assignable, will assert such warranties on behalf of buyer's request. Warranty shall not apply to any work which that has been subjected to improper or excessive operating conditions, misapplications, accidents, neglect, improper repair or alteration, normal wear and tear, corrosion, abrasion or erosion, abuse, defects resulting from Buyer's specifications or designs, or any unauthorized disassembly or rework by others.

**Contracts:** Please note this proposal is for bid submission reference only and is not a formal contract between buyer and seller. A mutual agreed upon contract form will be selected between buyer and seller after Staab receives written confirmation accepting this proposal. At that time both parties will review agreeable contract terms and conditions as it relates to this proposal document.

**Insurance:** Owner agrees to carry property insurance (Builders Risk) upon the entire work at the site in the amount of the full replacement cost. Staab Construction will maintain liability, automobile, and workman's compensation insurance.

Professional liability insurance will be provided to cover claims for negligent professional services performed by Staab Construction during the term of this agreement. Staab Construction will not be required to provide professional design services unless specifically required by the Contract Documents for a portion of the work. Limits of professional liability insurance is \$2,000,000 per claim and an annual aggregate of \$2,000,000.

In order to secure performance of its payment and other obligations under this agreement, owner shall provide contractor with financial security in such form as shall be reasonably acceptable to contractor. Such security shall be delivered to and approved by contractor within thirty (30) days of the effective date of this agreement. In the event that owner does not provide acceptable financial security by such date, contractor may at its election immediately or within thirty (30) days thereof terminate this agreement in which case this agreement shall be of no further force or effect except that owner shall be and remain fully liable for the cost of the work theretofore incurred by contractor in connection with this project together with 15% percent of such expenditures (to cover contractor's profit and overhead) regardless of when such expenditures were incurred and regardless of whether such expenditures ultimately proved to be of any value or use to owner.

AS REQUIRED BY THE WISCONSIN CONSTRUCTION LIEN LAW, THIS CONTRACTOR HEREBY NOTIFIES OWNER THAT PERSONS OR COMPANIES FURNISHING LABOR OR MATERIALS FOR THE CONSTRUCTION ON OWNER'S LAND MAY HAVE LIEN RIGHTS ON OWNER'S LAND AND BUILDINGS IF NOT PAID. THOSE ENTITLED TO LIEN RIGHTS, IN ADDITION TO THE UNDERSIGNED CONTRACTOR, ARE THOSE WHO CONTRACT DIRECTLY WITH THE OWNER OR THOSE WHO GIVE THE OWNER NOTICE WITHIN SIXTY (60) DAYS AFTER THEY FIRST FURNISH LABOR OR MATERIALS FOR THE CONSTRUCTION. ACCORDINGLY, OWNER PROBABLY WILL RECEIVE NOTICES FROM THOSE WHO FURNISH LABOR OR MATERIALS FOR THE CONSTRUCTION, AND SHOULD GIVE A COPY OF EACH NOTICE RECEIVED TO ITS MORTGAGE LENDER, IF ANY. THIS CONTRACTOR AGREES TO COOPERATE WITH THE OWNER AND OWNER'S LENDER, IF ANY, TO SEE THAT ALL POTENTIAL LIEN CLAIMANTS ARE DULY PAID.

Respectfully Submitted By:

**STAAB CONSTRUCTION CORPORATION**

Andy Busscher

Project Manager

andy.busscher@staabco.com

**ACCEPTANCE OF PROPOSAL -**

The prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work specified. Payment will be made as outlined above. This proposal will now be a binding contract.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed name and title)

GENERAL, MECHANICAL, EARTHWORK CONTRACTOR

•  
Municipal & Industrial  
•

***The Contractor of Choice Improving Tomorrow's Environment***





Quote No. Q10255  
Date: Nov 1, 2022

W 3150 Co Rd H, Fond du Lac, WI 54937  
920-581-5810  
[www.sabelmechanical.com](http://www.sabelmechanical.com)  
Sabel Contact: Brad Parkhurst  
Email: [bparkhurst@sabelmechanical.com](mailto:bparkhurst@sabelmechanical.com)

### Sabel Mechanical LLC

Customer Billing Information	Job Site Information	Contact and Other Information
FORT ATKINSON 101 N Main St, FORT ATKINSON, WI, 53538-1896	Fort Atkinson WWTP 1600 Farmco Ln, Fort Atkinson, WI, 53538	Contact: Paul Chrstensen Phone: 920-397-9917 Email: <a href="mailto:pchristensen@fortatkinson.wi.gov">pchristensen@fortatkinson.wi.gov</a>

Sabel Mechanical is pleased to submit this proposal for:

#### Scope of Work

##### **1. Septage Pump and Piping Replacement**

Labor, Equipment, and Materials to perform the following:

- Demo existing suction piping up to 6" plug valve
- Demo 4" piping from pumps to 16" header pipe on ground floor
- Install new 2" peristaltic pump
- New 6" 304 SS suction header and 2" suction piping to new pump
- New 2" 304 SS discharge piping from new pump to 16" header pipe on ground floor
- New 16" x 2" SS saddle
- New 16" x 4" SS saddle
- New 2" SS ball valves and check valves
- Re-use existing 6" and 4" plug and check valves

Excludes:

- New pump base
- Electrical installation
- By-pass pump if required

**Quote Total: \$52,192.30**  
Estimate valid until: Dec 1, 2022

Customer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Customer Name (Print) \_\_\_\_\_

P.O. #: \_\_\_\_\_

Due to the fluctuating material pricing and availability, quote is valid thru end of today's business day, Pricing may have to be adjusted at time of purchase and will be reflected when project is invoiced

**WILLIAM/REID***A Division of Gasvoda & Associates, Inc.*

# Quotation

*Date:* November 11, 2022*Quotation valid until:* December 11, 2022**Prepared for:** City of Fort Atkinson Wastewater Utility  
1600 Farmco Ln, Fort Atkinson WI 53538*Prepared by:* **Brandon Mancilla***Quotation Number:* 111122 BJM*Project Reference:* Leachate Pump

We are pleased to offer the following quotation for your consideration:

Quantity	Description	Unit Price
1	LSM 50 Specifications: Frame: Stainless Pump house: Painted Connection: MALE 2" NPT / Ansi B16.5 class 150 flange Hose: 50 mm. NBR Motor: 2 HP, 1767 rpm, 60Hz Gear: SEW Gear 29 rpm. Capacity: 26 GPM std. Pressure: 75 PSI Vacuum: 12 PSI Weight: 400 lbs Factor of gear security: Including Motor Cover, VFD, SEW 1.5 kW, Leak detection, 1 Spare hose, & Transport crate.	15,105.00
1	Freight Estimate	2,442.00
<b>Total Price</b>		<b>\$17,547.00</b>

**TERMS:** See attached sheet for detailed terms and conditions.**FREIGHT:** F.O.B. Shipping Point, with Freight Prepaid and Added to the Invoice.**START-UP:** NO day(s) of start up services are included. Any additional will be billed at our standard rate.**TAXES:** ALL applicable taxes must be added. If exempt, please provide an exemption certificate with order.**SUBMITTALS:** N/A weeks after receipt of order.**DELIVERY:** 3 to 4 weeks after approval and authorization to proceed.**DURATION:** After 30 days, we reserve the right to review, amend, or withdrawal this proposal.*Respectfully submitted,*  
Brandon MancillaOrders should be sent to: [sales@williamreidltd.com](mailto:sales@williamreidltd.com)[www.williamreidltd.com](http://www.williamreidltd.com)

# QUOTATION



Watson-Marlow, Inc.  
37 Upton Technology Park  
Wilmington, MA 01887  
Tel: 800-282-8823  
Fax: (978) 658-0041  
[www.wmftg.com](http://www.wmftg.com)

## For the attention of

## Customer Delivery Address

Rachel Lee  
LAI

Ft. Atkinson

## Quote Number

CM051622

## Invoice Account

305294

## Quote Valid Until

6/17/22

## Quote Issue Date

5/16/22

## Our Reference

## Customer Reference

## Pages

Sludge Pump

1 of 2

Line	Item Number	Item Description	Quantity	UOM	Unit Price	Amount
1.0	Bredel 65-29H	<b>Bredel 65 Peristaltic Hose Pump Assembly</b> <ul style="list-style-type: none"> <li>Nominal Displacement: 1.77 Gallons/Rev</li> <li>Fully Supported Cast Iron Rotor Assembly with Twin Sliding Aluminum Shoes</li> <li>High Strength Twin Bearing Hub</li> <li>Carbon Steel Bolted Cover with Sight Window</li> <li>Pump Supports: Galvanized Steel</li> <li>Pump Hardware and Hose clamps: Galvanized Steel</li> <li>2.5" 150# ANSI Flanges &amp; Flange Brackets for Suction &amp; Discharge: Galvanized Steel</li> <li>65mm Machined Hose with inner layer in Natural Rubber</li> <li>316SS Wetted Hose Inserts</li> <li>Bredel Genuine Hose Lubricant</li> <li>Buffer Zone Seals Lubricant Inside Pumphead to Protect Gearing</li> <li>2-Stage Flanged Planetary Gearing, 29 RPM Output Speed</li> <li>10 HP Premium Efficient Motor, Inverter Capable 20:1 CT Turndown, 1750 RPM, 230/460 VAC – 3Ø – 60 Hz, TEFC, Bredel Red Epoxy Paint</li> <li>Pump Position: 1 (Ports Left), 2 (Ports Right [Standard]) (please specify)</li> <li>Includes High Level Sensor</li> </ul>	1	EA	\$26,840	\$26,840

All quotes, agreements and documentation concerning the sale of the products and/or services to be performed, shall be governed by the Watson-Marlow, Inc. general conditions of sale: <https://www.watson-marlow.com/us-en/support/terms/terms-of-sale-usa1/> All other conditions are explicitly rejected.



# QUOTATION



Watson-Marlow, Inc.  
37 Upton Technology Park  
Wilmington, MA 01887  
Tel: 800-282-8823  
Fax: (978) 658-0041  
[www.wmftg.com](http://www.wmftg.com)

Line	Item Number	Item Description	Quantity	UOM	Unit Price	Amount
2.0	X4C40100C	Vacon X4 Variable Frequency Drive, 460VAC input required	1	EA	\$2,760	\$2,760

## Comments:

Continuous Duty

Currency	Sales Subtotal	Freight	Sales Tax	Total
USD		Not Included	Not Included	

We trust that you will find our offer of interest. Should you have any further questions, please do not hesitate to contact your sales support team.

Please submit Purchase Orders to following email or fax# above: [orders@wmftg.us](mailto:orders@wmftg.us)

If you are a first time customer of Watson-Marlow, Inc., please provide trade references and if tax-exempt a copy of your resale or tax exemption certificate with your Purchase Order.

Please include the following on all purchase orders: PO contact name, telephone number, fax number, and reference this quote.

This quotation is offered with Watson Marlow Fluid Technology Group's terms and conditions considered which can be found at: <https://www.watson-marlow.com/us-en/support/terms/terms-of-sale-usa1>. No other versions of these terms shall be used.

Please be sure to reference the Quote# shown above when placing an order.

Should you have any questions, please contact me directly. We look forward to working with you.

Best Regards,  
Chris Miller  
District Sales Manager, Environmental  
Phone Number: 949-390-4940  
Email: [chris.miller@wmftg.com](mailto:chris.miller@wmftg.com)

All quotes, agreements and documentation concerning the sale of the products and/or services to be performed, shall be governed by the Watson-Marlow, Inc, general conditions of sale: <https://www.watson-marlow.com/us-en/support/terms/terms-of-sale-usa1>/ All other conditions are explicitly rejected.

## Erin Sweeney

---

**From:** Paul Schuette <PSchuette@drydon.com>  
**Sent:** Tuesday, July 12, 2022 9:28 AM  
**To:** Erin Sweeney; Erin Sweeney  
**Subject:** DuraModel 65 - Fort Atkinson  
**Attachments:** VF-21\_Technosheet\_VF\_DURA\_65\_US.pdf; Dura 65 pic 3.jpg; Dura 65 pic 2.jpg; Dura 65 pic 1.jpg; septage pumps 1.jpg

Hi Erin;

The price for one pump and VFD is \$43,750.

Details on the pump and drive:

### VERDERFLEX DURA 65 PUMP UNIT

Verderflex Peristaltic Hose Pump Unit equipped as follows:

Dura 65 unit sized for 50 gpm at 28 rpm

Cast iron pump housing

Cast iron rotor w/ Aluminum Pressing Shoes

ASA/ANSI 150#RF 316SS flanges with 2.5" ports

Natural Rubber Hose

Pump to be mounted on powder-coated carbon steel frame

Planetary In-Line Gear reducer, with NEMA adaptor

7.5 hp TENV motor, 1750 rpm, 3/60/230-460

Lead time is 10-12 weeks

VACON VFD

10HP 3/60/460

Please add for installation, field wiring and piping.

Even though the pump motor is 7.5 hp, they may provide a 10 hp drive. Something we can discuss more later.

A cut sheet is attached. Also some pics I took when I was at the factory a couple weeks back.

I also attached a pic of the pump gallery (where I believe you'd put these). The pumps should be oriented such that the hoses can be replaced. A good idea is to use flex hose on the inlet and outlet so that you can disconnect the flanges and simply set the flex hoses aside...providing access to the hose. Again, something we can discuss more in the future.

Please call with questions.

Thanks!

Paul

c: 262-309-1990

**From:** Erin Sweeney <ESweeney@fortatkinsonwi.net>

**Sent:** Wednesday, June 22, 2022 11:23 AM

**To:** Paul Schuette <PSchuette@drydon.com>

**Subject:** DuraModel 65



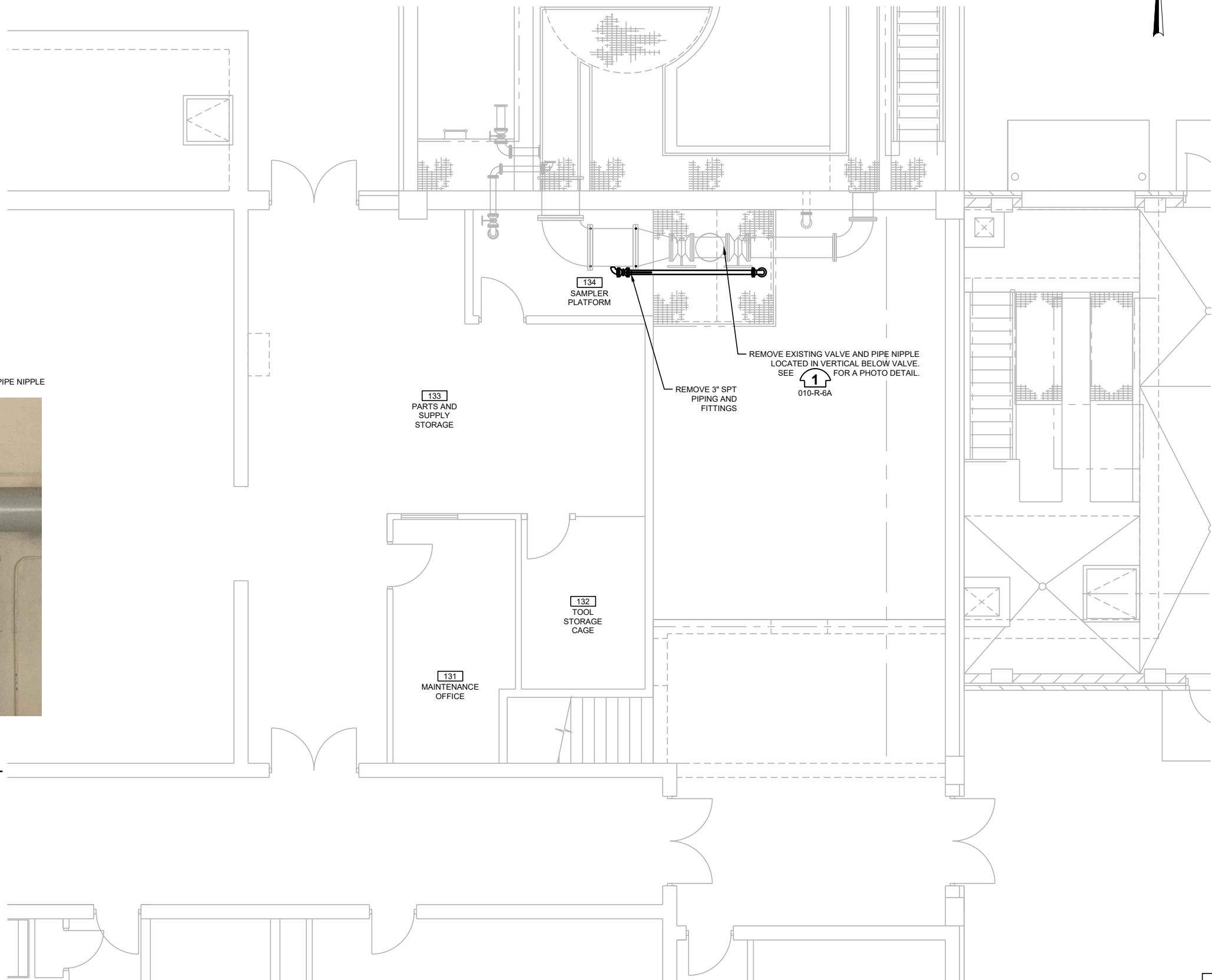
1. CONTRACTOR TO FIELD VERIFY EXISTING CONDITIONS, DIMENSIONS, AND ELEVATIONS PRIOR TO CONSTRUCTION AND/OR FABRICATION.
2. FULL TONE COMPONENTS TO BE REMOVED.
3. SAWCUT AND REMOVE CONCRETE TO THE LIMITS NOTED. IN EXPOSED AREAS NOT COVERED BY NEW CONSTRUCTION, REMOVE REINFORCEMENT AND EMBEDMENTS 1" BEYOND FINISHED SURFACE AND PATCH SURFACE WITH PATCHING MORTAR TO MATCH ADJACENT FINISHED SURFACE.
4. REMOVE CONCRETE ANCHORS, ANCHOR BOLTS, AND OTHER EMBEDMENTS FOR MATERIALS AND EQUIPMENT TO BE REMOVED. IN EXPOSED AREAS NOT COVERED BY NEW CONSTRUCTION, REMOVE CONCRETE ANCHORS, ANCHOR BOLTS, AND OTHER EMBEDMENTS 1" BEYOND FINISHED SURFACE AND PATCH SURFACE WITH PATCHING MORTAR. FINISH SURFACE TO MATCH ADJACENT FINISHED SURFACE.
5. WHERE EQUIPMENT IS INDICATED TO BE REMOVED, REMOVE ALL ASSOCIATED POWER AND CONTROL WIRING AND CONDUIT BACK TO SOURCE. REMOVE JUNCTION BOXES AND PULL BOXES ASSOCIATED WITH THE REMOVED CONDUITS. WHERE CONDUIT SYSTEM CONTAINS CIRCUITS TO OTHER EQUIPMENT THAT REMAINS, RETAIN THESE CIRCUITS AND RELOCATE EXISTING CONDUIT AND EXTEND EXISTING CIRCUITS AS REQUIRED FOR THE INSTALLATION OF NEW EQUIPMENT.
6. REMOVE ALL SUPPORTS ASSOCIATED WITH REMOVED PIPING, DUCTWORK, CONDUIT, AND EQUIPMENT. REMOVE RODS AND FASTENERS FROM CEILINGS, FLOORS, AND WALLS WITH CARE. WHERE SURFACE HAS BEEN MARRED, CHIPPED, SPAWLED, ETC. AS A RESULT OF REMOVAL, PATCH SURFACE WITH PATCHING MORTAR AND FINISH TO MATCH ADJACENT FINISHED SURFACE.
7. REMOVE EXISTING CONCRETE PADS OF ANY EQUIPMENT BEING REMOVED. REMOVE CONCRETE REINFORCEMENT A MINIMUM OF 1" BEYOND FINISHED SURFACE AT ANY LOCATION WHERE NEW CONCRETE PAD WILL NOT COVER ROUGH SURFACE OF REMOVED PAD. PATCH SURFACE WITH PATCHING MORTAR AND FINISH TO MATCH ADJACENT FINISHED SURFACE.
8. WHERE OPENINGS ARE LEFT IN WALLS, SLABS, OR CEILINGS DUE TO REMOVED PIPING, DUCTWORK, EQUIPMENT, OR OTHER WORK, PATCH OPENING TO MATCH ADJACENT SURFACES UNLESS NOTED OTHERWISE. THE PERIMETER OF OPENINGS IN CONCRETE WALLS AND SLABS EXPOSED TO EARTH, WEATHER, OR WATER SHALL BE LINED WITH A GASKET TYPE WATERSTOP PRIOR TO PATCHING OF THE WALL. OPENINGS IN PRECAST CONCRETE ROOF MEMBERS ARE TO BE PATCHED WITH CONCRETE AND DOWELED TO THE EXISTING ROOF MEMBERS UNLESS NOTED OTHERWISE. ROOFING SYSTEM SHALL BE PATCHED TO PREVENT ANY LEAKING AT THE OPENING.
9. HAZARDOUS RATINGS IDENTIFIED ON THIS DRAWING INDICATE SPACES IN WHICH A HAZARDOUS ENVIRONMENT MAY GENERALLY EXIST. CONTRACTOR SHALL REFER TO SPACE ENVIRONMENT/HAZARDOUS RATING SCHEDULE IN 001 SERIES OF DRAWINGS FOR ADDITIONAL INFORMATION EXPLAINING THE EXTENT AND ENVELOPE ASSOCIATED WITH THESE HAZARDS.



NTS

1

010-R-6A



Revision Number	Revision Description	Drawn By	Checked By	Date
Designed By	PCM			
Drawn By	EPE			
Checked By	KJB			
Approved By	NWC			
Filename	010RP6A.DWG			
Project No.	13699			
Project Date	01/19/2021			

**CITY OF FORT ATKINSON  
WWTP IMPROVEMENTS  
PHASE II  
FORT ATKINSON, WISCONSIN**

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**MAIN CONTROL BUILDING  
ENLARGED PLAN**

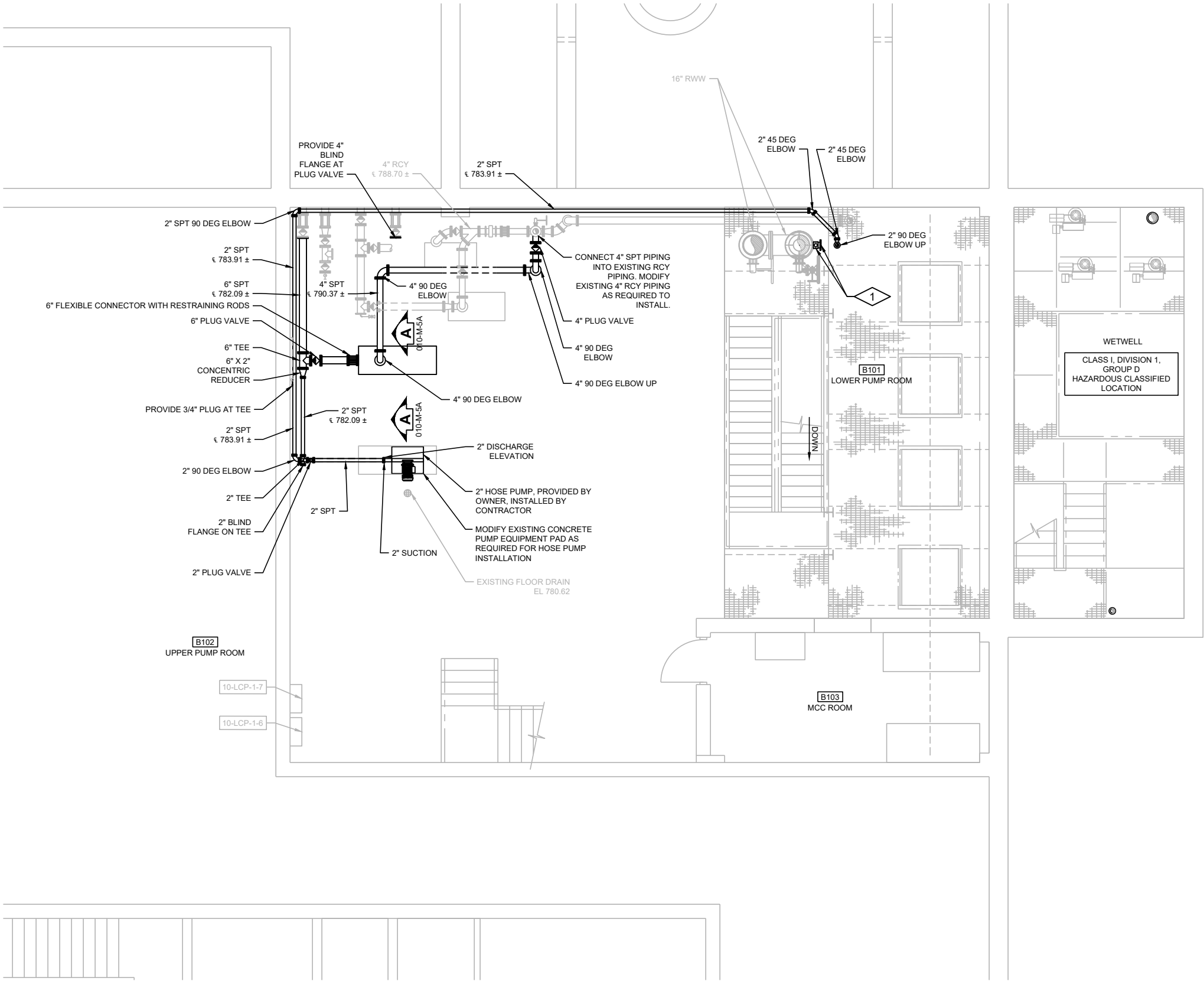


Sheet No. \_\_\_\_\_

Drawing No.

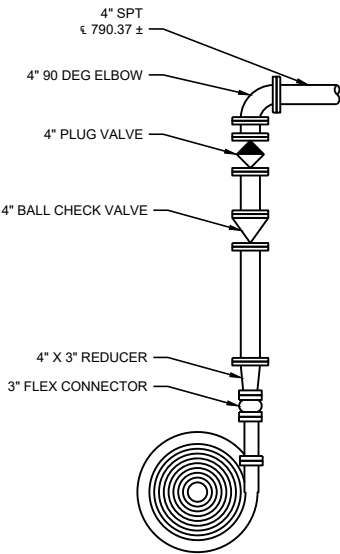
010-R-6A





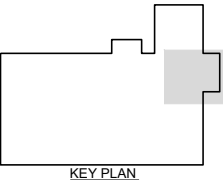
- GENERAL NOTES:**
- CONTRACTOR TO FIELD VERIFY EXISTING CONDITIONS, DIMENSIONS, AND ELEVATIONS PRIOR TO CONSTRUCTION AND/OR FABRICATION.
  - REFER TO 001 SERIES OF DRAWINGS FOR THE SPACE ENVIRONMENT/HAZARDOUS RATING SCHEDULE REGARDING ENVIRONMENTAL CONDITIONS ANTICIPATED WITHIN EACH SPACE AND ALLOWABLE MATERIALS OF CONSTRUCTION TO BE USED WITHIN EACH SPACE.
  - HAZARDOUS RATINGS IDENTIFIED ON THIS DRAWING INDICATE SPACES IN WHICH A HAZARDOUS ENVIRONMENT MAY GENERALLY EXIST. CONTRACTOR SHALL REFER TO SPACE ENVIRONMENT/HAZARDOUS RATING SCHEDULE IN 001 SERIES OF DRAWINGS FOR ADDITIONAL INFORMATION EXPLAINING THE EXTENT AND ENVELOPE ASSOCIATED WITH THESE HAZARDS.

- PLAN NOTES:**
- PROVIDE NEW STAINLESS STEEL SADDLE AND 4" BLIND FLANGE.

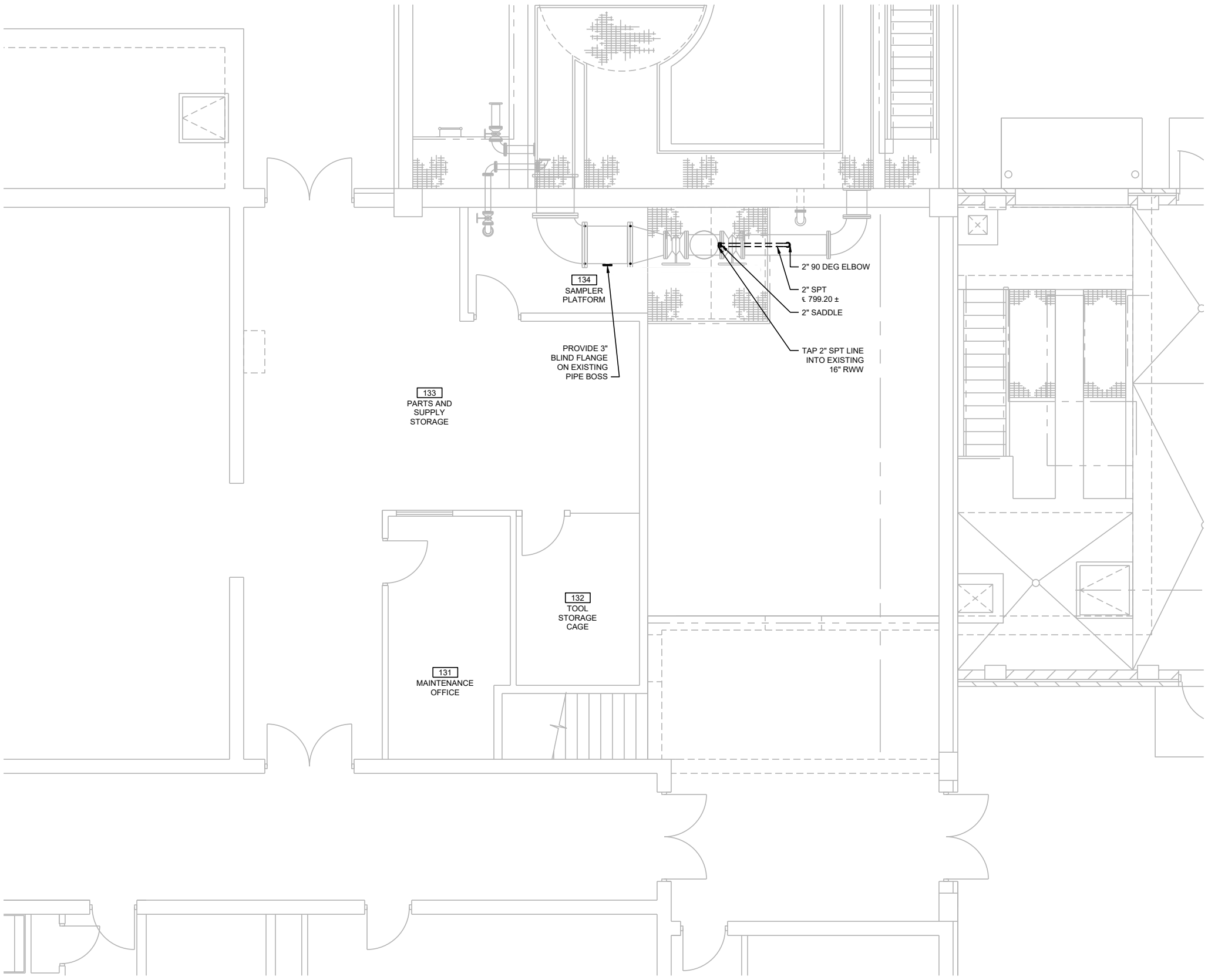


**SECTION A**  
010-M-5A

**ENLARGED INTERMEDIATE PLAN**  
0 1' 4'



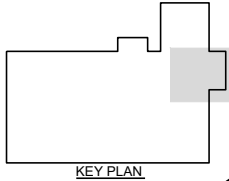
Date	
Checked By	
Drawn By	
Revision Description	
Revision Number	
Designed By	PCM
Drawn By	EPE
Checked By	KJB
Approved By	NWC
Filename	010MP5A.DWG
Project No.	13699
Project Date	01/19/2021
CITY OF FORT ATKINSON WWTP IMPROVEMENTS PHASE II FORT ATKINSON, WISCONSIN MAIN CONTROL BUILDING ENLARGED PLAN	
DONOHUE	
Sheet No.	1
Drawing No.	010-M-5A



**GENERAL NOTES:**

- 1. CONTRACTOR TO FIELD VERIFY EXISTING CONDITIONS, DIMENSIONS, AND ELEVATIONS PRIOR TO CONSTRUCTION AND/OR FABRICATION.
- 2. REFER TO 001 SERIES OF DRAWINGS FOR THE SPACE ENVIRONMENT/HAZARDOUS RATING SCHEDULE REGARDING ENVIRONMENTAL CONDITIONS ANTICIPATED WITHIN EACH SPACE AND ALLOWABLE MATERIALS OF CONSTRUCTION TO BE USED WITHIN EACH SPACE.
- 3. HAZARDOUS RATINGS IDENTIFIED ON THIS DRAWING INDICATE SPACES IN WHICH A HAZARDOUS ENVIRONMENT MAY GENERALLY EXIST. CONTRACTOR SHALL REFER TO SPACE ENVIRONMENT/HAZARDOUS RATING SCHEDULE IN 001 SERIES OF DRAWINGS FOR ADDITIONAL INFORMATION EXPLAINING THE EXTENT AND ENVELOPE ASSOCIATED WITH THESE HAZARDS.

**ENLARGED UPPER PLAN**



Revision Number	Revision Description	Drawn By	Checked By	Date

Designed By	PCM
Drawn By	EPE
Checked By	KJB
Approved By	NWC
Filename	010MP6A.DWG
Project No.	13699
Project Date	01/19/2021

**CITY OF FORT ATKINSON  
WWTP IMPROVEMENTS  
PHASE II  
FORT ATKINSON, WISCONSIN**

**MAIN CONTROL BUILDING  
ENLARGED PLAN**

**DONOHUE**

Sheet No.	1
Drawing No.	<b>010-M-6A</b>



Agenda  
City of Fort Atkinson  
City Manager's Office  
101 N. Main Street  
Fort Atkinson, WI 53538

## MEMORANDUM

**DATE:** December 6, 2022

**TO:** Fort Atkinson City Council

**FROM:** Andy Selle, P.E., City Engineer/Director of Public Works

**RE:** Review and possible action relating to a Certified Survey Map for the property located at 309 Bluff St.

---

### BACKGROUND

The property owner would like combine 3 separate lots into a single lot. The location is on Bluff St in Fort Atkinson, and is used for the school and parsonage of the St Paul's Church community.

### DISCUSSION

The proposal "cleans up" old property lines no longer governing the existing use. The only comment is for the applicant to note the proposed stormwater basin as a permanent easement for such on the property. Staff reviewed and have no concerns about the consolidation. The parcel will continue the institutional use noted in the Comprehensive Plan.

### FINANCIAL ANALYSIS

There is no financial impact to the City.

### RECOMMENDATION

The Plan Commission recommended approval of the Certified Survey Map. Staff recommends the City Council approve this Certified Survey Map.

### ATTACHMENTS

Plan Commission Memo; Certified Survey Map Application, CSM



City of Fort Atkinson  
City Engineer's Office  
101 N. Main Street  
Fort Atkinson, WI 53538

## **CERTIFIED SURVEY MAP (EXTRA-TERRITORIAL) REPORT TO THE PLAN COMMISSION**

**DATE:** November 22, 2022

**FILE NUMBER:** CSM-2022-08

**PROPERTY ADDRESS:** 309 Bluff St

**EXISTING ZONING:** Institutional

**PARCEL NUMBER:** 226-0514-0324-023,  
..022, ..045

**PROPOSED ZONING:** Institutional

**OWNER:** St Paul's Church

**EXISTING LAND USE:** School / Parsonage

**APPLICANT:** St Paul's Church

**REQUESTED USES:** N/A

---

### **REQUEST OVERVIEW:**

The property owner would like combine 3 separate lots into a single lot. The location is on Bluff St in Fort Atkinson, and is used for the school and parsonage of the St Paul's Church community.

---

### **PUBLIC NOTICE:**

Public Notice is not required.

---

### **COMPREHENSIVE LAND USE PLAN (2019):**

The subject parcel will continue the institutional use noted in the Comprehensive Plan.

---

### **OFFICIAL MAP (2022):**

The City's Official Map does not have any locations affecting the parcel.

---

### **DISCUSSION:**

The proposal "cleans up" old property lines no longer governing the existing use. The only comment is for the applicant to note the proposed stormwater basin as a permanent easement for such on the property. Staff reviewed and have no concerns about the consolidation.

---

### **RECOMMENDATION:**

Staff recommends that the Plan Commission recommend the City Council approve this preliminary Certified Survey Map combining three lots into a single lot, with the addition of the stormwater easement noted above.

---

### **ATTACHMENTS:**

Preliminary CSM Application and Materials





Figure 1: Lot location



City of Fort Atkinson  
City Manager's Office  
101 N. Main Street  
Fort Atkinson, WI 53538

## City of Fort Atkinson Certified Survey Map Application

This form is designed to be used by the Applicant as a guide to submitting a complete application for review of a Certified Survey Map by the City to process the application.

APPLICANT Name, company, and client (if applicable): St Paul Ev Lutheran Church

Phone number: 920-536-5349 Email: gstroh@hotmai.com

OWNER Name, company, and client (if applicable): Same as applicant

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Postal address for proposed CSM: 309 Bluff St

Parcel Identification Numbers Involved: 226-0514-0324-023 & 226-0514-0324-022 & 226-0514-0324-045

Brief description of proposed division or combination and purpose: \_\_\_\_\_  
CSM proposed to eliminate internal property lines and allow for gym addition.

### I Application Packet Requirements

The Applicant shall submit one electronic copy of the application.

- ☐ A map of the subject property to scale depicting:
  - ☐ All lands and boundaries for the parcel(s)
  - ☐ Current zoning of the subject property and its environs, and the jurisdiction(s) which maintains that control.
  - ☐ All lot dimensions of the subject property.
  - ☐ A graphic scale and a north arrow.
- ☐ Legal Description
- ☐ All easements, setbacks or land restrictions on the parcel(s)





City of Fort Atkinson  
City Manager's Office  
101 N. Main Street  
Fort Atkinson, WI 53538

## II Process Checklist

- ☐ Application fee of \$10.00/Lot received by City Treasurer
- ☐ Receipt of complete application packet by Zoning Administrator
- ☐ City Staff Review
- ☐ Plan Commission Public Hearing, review and recommendation
- ☐ City Council review and action

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Dated this 7 day of October, 20 22

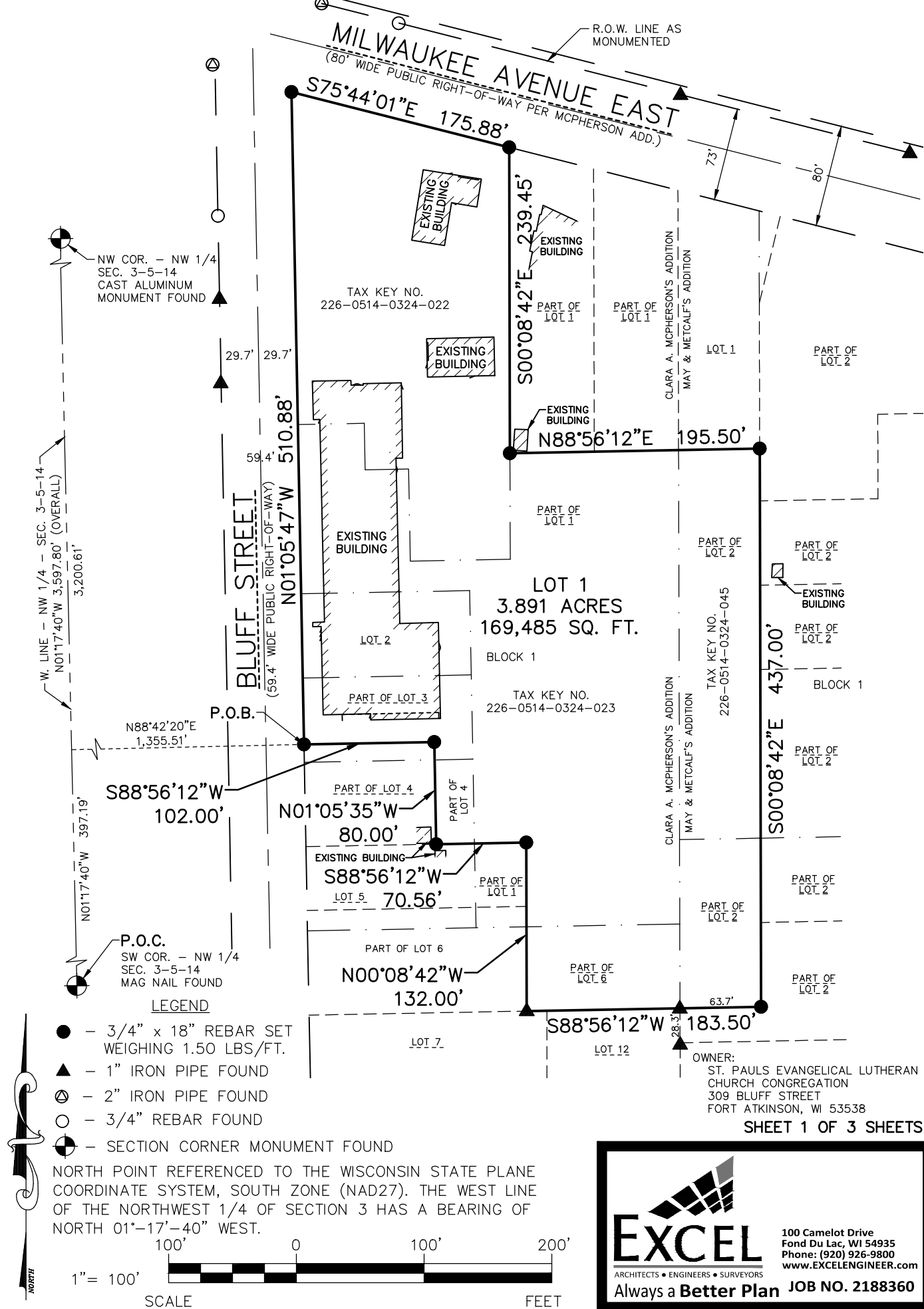
Respectfully submitted,

Gregory J. Stephens Treasurer  
(Signature of Applicant)

CERTIFIED SURVEY MAP NO.

FOR  
ST. PAULS EVANGELICAL LUTHERAN  
CHURCH CONGREGATION

LOT 2 & PART OF LOTS 1, 3, 4 & 6, BLOCK 1, CLARA A. MCPHERSON'S ADDITION & PART OF LOT 2, BLOCK 1, MAY & METCALF'S ADDITION, LOCATED IN PART OF THE SE 1/4 OF THE NW 1/4, SECTION 3, TOWNSHIP 5 NORTH, RANGE 14 EAST, CITY OF FORT ATKINSON, JEFFERSON COUNTY, WISCONSIN.





**CERTIFIED SURVEY MAP NO. \_\_\_\_\_**

LOT 2 & PART OF LOTS 1, 3, 4 & 6, BLOCK 1, CLARA A.  
MCPHERSON'S ADDITION & PART OF LOT 2, BLOCK 1, MAY &  
METCALF'S ADDITION, LOCATED IN PART OF THE SE 1/4 OF  
THE NW 1/4, SECTION 3, TOWNSHIP 5 NORTH, RANGE 14 EAST,  
CITY OF FORT ATKINSON, JEFFERSON COUNTY, WISCONSIN.

**SURVEYOR'S CERTIFICATE**

I, Ryan Wilgreen, Professional Land Surveyor, hereby certify:

That I have surveyed, divided and mapped a parcel of land described below.

That I have made such Certified Survey under the direction of St. Pauls Evangelical Lutheran Church Congregation bounded and described as follows:

Lot 2 and part of Lots 1, 3, 4 and 6 in Block 1 of Clara A. McPherson's Addition to Fort Atkinson and part of Lot 2 in Block 1 of May & Metcalf's Addition to Fort Atkinson, located in part of the Southeast 1/4 of the Northwest 1/4 of Section 3, Township 5 North, Range 14 East, City of Fort Atkinson, Jefferson County, Wisconsin being more particularly described as follows:

Commencing at the Southwest corner of the Northwest 1/4 of said Section 3; thence North 01°-17'-40" West along the West line of said Northwest 1/4, a distance of 397.19 feet; thence North 88°-42'-20" East, a distance of 1,355.51 feet to the East right-of-way line of Bluff Street, said point being the point of beginning; thence North 01°-05'-47" West along said East line, a distance of 510.88 feet to the Southerly right-of-way line of Milwaukee Avenue East; thence South 75°-44'-01" East along said Southerly line, a distance of 175.88 feet; thence South 00°-08'-42" East, a distance of 239.45 feet; thence North 88°-56'-12" East, a distance of 195.50 feet; thence South 00°-08'-42" East, a distance of 437.00 feet to the Easterly extension of the North line of Lot 12 of said McPherson's Addition; thence South 88°-56'-12" West along said Easterly extension, said North line and the North line of Lot 7 of said McPherson's Addition, a distance of 183.50 feet; thence North 00°-08'-42" West, a distance of 132.00 feet to the Easterly extension of the North line of Lot 5 of said McPherson's Addition; thence South 88°-56'-12" West along said Easterly extension and said North line, a distance of 70.56 feet; thence North 01°-05'-35" West, a distance of 80.00 feet; thence South 88°-56'-12" West, a distance of 102.00 feet to the point of beginning and containing 3.891 acres (169,485 sq. ft.) of land more or less.

That such is a correct representation of all the exterior boundaries of the land surveyed and the land division thereof made.

That I have fully complied with the provisions of Section 236.34 of the Wisconsin Statutes and the Subdivision Ordinance of the City of Fort Atkinson in surveying, dividing and mapping the same.

---

Ryan Wilgreen, P.L.S. No. S-2647  
ryan.w@excelengineer.com  
Excel Engineering, Inc.  
Fond du Lac, Wisconsin 54935  
Project Number: 2188360

**CERTIFIED SURVEY MAP NO. \_\_\_\_\_**

LOT 2 & PART OF LOTS 1, 3, 4 & 6, BLOCK 1, CLARA A.  
MCPHERSON'S ADDITION & PART OF LOT 2, BLOCK 1, MAY &  
METCALF'S ADDITION, LOCATED IN PART OF THE SE 1/4 OF  
THE NW 1/4, SECTION 3, TOWNSHIP 5 NORTH, RANGE 14 EAST,  
CITY OF FORT ATKINSON, JEFFERSON COUNTY, WISCONSIN.

## OWNER'S CERTIFICATE

St. Pauls Evangelical Lutheran Church Congregation, as owner, does hereby certify that it has caused the land described on this map to be surveyed, divided and mapped as represented on this map.

St. Pauls Evangelical Lutheran Church Congregation does further certify that this map is required by s.236.10 or s.236.12 to be submitted to the following for approval or objection:

- ## 1. City of Fort Atkinson

WITNESS the hand and seal of said owner this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

St. Pauls Evangelical Lutheran Church      Congregation

---

(Print) \_\_\_\_\_, \_\_\_\_\_ (Title)

STATE OF \_\_\_\_\_ )

\_\_\_\_\_ COUNTY )SS

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022, the above named \_\_\_\_\_ to me known to be the person who executed the foregoing instrument and acknowledged the same.

Notary Public, \_\_\_\_\_ County, \_\_\_\_\_

My Commission Expires:\_\_\_\_\_

## CITY PLAN COMMISSION APPROVAL

Resolved that the above Certified Survey Map is hereby approved by the City of Fort Atkinson Planning Commission on this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

Rebecca Houseman LeMire, City Manager