

Prescott Area Fire and EMS Association

MEETING NOTICE  
WEDNESDAY, APRIL 20, 2016  
7:00 P.M.

PRESCOTT FIRE HALL  
260 FLORA ST. PRESCOTT, WI 54021

- 1.) Call to Order
- 2.) Roll Call
- 3.) Changes and Corrections to Agenda
- 4.) Approve Minutes For March 23, 2016

PUBLIC COMMENTS

FINANCE

1. Fire & EMS Cash Balances for March 2016
2. Budget as of March 2016
3. Payables March 2016
4. Finance information from LifeQuest
5. Review of LifeQuest Contract
6. Write-off request

CHIEF'S REPORT

1. Report from EMS Director
  - a. Will not be present
2. Report from Fire Chief
  - a. Locker Expense Approval

Dive Team

1. Proposals
  - a. Fee structure
  - b. LifePaks/Dry suits
2. Other items to discuss
  - a. Funding
  - b. Responsibilities
  - c. Record keeping
  - d. Updates

Other Business

1. Any other business
2. Next meeting date

ADJOURN

There may be a quorum of Elected Officials for any one of the townships or city at this meeting.

NOTICE

ACCESS TO THE FIRE HALL FOR THE DISABLED IS AVAILABLE THROUGH THE PRESCOTT FIRE DEPARTMENT PARKING LOT ENTRANCE. ALL THOSE WITH SPECIAL NEEDS SHOULD CALL FIRE OFFICE (715-262-5733) IF ASSISTANCE IS REQUIRED.

March 23, 2016 Prescott Area Fire and EMS Association  
Committee Meeting Minutes

Pursuant to due call and proper public notices the Prescott Area Fire and EMS Association Committee met on Wednesday, March 23rd at 7:00 pm at the Prescott Fire Hall, 260 Flora St. Prescott WI 54021.

Call to Order/Roll Call: Board Chairperson Dan Johnson called the meeting to order at 7:12pm. Present were Board Members: Joe Rohl, Lee Olson, Tricia Shearen, Galen Seipel and Coni Gray, City of Prescott: Holly Mitchell, Prescott Fire: Chief Tom Lytle, Dive Team: Josh Knutson, Howard Thompson and Ambulance Director: Jeff Rixmann arrived at 7:35pm.

Changes and Corrections to Agenda: No changes or corrections.

**Rohl/Olson motion to approve minutes for February 24, 2016, passed without a negative voice vote.**

PUBLIC COMMENTS: There were no public comments presented.

FINANCE: It was noted that the finance report did not contain the detailed ledger this month and this was requested to be available at the next meeting.

**Rohl/Shearen motion to approve Fire and EMS cash balances for February 2016, Budget as of February 2016 and payables February 2016 passed without a negative voice vote.**

No motion necessary for LifeQuest finance information.

CHIEF'S REPORT: EMS skipped as Rixmann was not yet present.

CHIEF'S REPORT: Fire-Tom Lytle reports that they have hired a new member. Pancakes are done for the year and they had record attendance this year above previous years. Annual fire inspections have begun. First National Bank is hosting a 5k on April 30<sup>th</sup> with donations to go to the Prescott and River Falls Fire Departments. Prescott Fire plans to use the donation money toward the 'Streetwise' project to get the final tablets for the trucks. The Harris Memorial money will likely be used toward new gear lockers, but they will be rebidding the project due to time elapse. The project may require additional funds to complete but the additional request is not likely to exceed \$2,000.00. The fire station garage doors do not have a required automatic safety mechanism. Updates have been priced at around \$500-\$600 for all 6 doors which would also include seals. Johnson requests a fire inspection be done on Station 2 as there was discussion of an exit light that was not working properly. Johnson raises the question of who owns the generator at station 2 for township insurance purposes. Per Rohl the generator is part of the building and is owned (and should be insured) by the Township of Oak Grove, which it currently is. It is to be maintained by the Association. The generator has been fixed and is working as of today.

DIVE TEAM: Since the last meeting the insurance contracts have been updated to include more specifically the Dive Team and the Association. Josh Knutson and Howard Thompson present proposals for the Dive Team. An annual budget is proposed including a one-time cost for truck graphics that after adding the high-contrast chevrons required on the back and including the cost of application has increased from \$1,000 to \$2,500, 8 current divers and the possibility of adding new divers to fill currently open positions, training for new and current divers, money for 2 new dry suits with the intent to purchase 2 suits per year over 4 years to eventually have one suit for each diver, equipment, maintenance and fuel/mileage costs. The total proposed budget for 2016 is \$9,935. The Association notes that the proposed budget does not account for wages and suggests increasing the total to \$15,000 to include training and call pay consistent with how the Fire Department pays its members. Knutson states that his correspondences with other county agencies have revealed willingness to help fund our Dive Team. Rohl and Johnson advise that there is unallocated money in the EMS funds that could be used to fund the Dive Team for 2016. Knutson presents two options for chain of command with the main difference being whether the team is under the Prescott Fire and Ambulance Association or under the Pierce County Fire Chiefs and Sheriff. The Command Structure options are considered regarding who should be included in the command structure and whether or not the Sheriff or other

Community Fire Chiefs should have input into the organization and operation of this Dive Team. It is the general feeling of the Board that it is too late in this budget cycle to ask other agencies for money for this year but that they could be made aware any voluntary donations would be accepted and then to give them advance notice that we would be asking for a specified contribution for 2017 based on per capita or area/miles of shoreline or some yet-to-be-determined way of dividing up costs. It is also the general feeling of the Board that if the Board is funding the Team, they wish to keep control over the Team's oversight at this time. This will also give the Team adequate support and direction during this time of further formalization of standards and structure. Some concerns were brought forward regarding team promotion. Discussion reveals that during a recent water recovery, Pierce County did not request our Dive Team. It was stated that when questioned on this, the Sheriff answered that she had been unsure of the status of our Dive Team and was not familiar with how it was currently being run/organized. Knutson and Johnson both voiced willingness to actively promote the Team amongst Pierce County agencies.

**Rohl/Olson motion to use the unallocated EMS funds to fund the Dive Team with a budget for 2016 of \$15,000, with the goal for 2017 to have at least 50% funding from other municipalities and to choose the Command Structure as presented in 'Chain of Command' Option #1, approved and passed without a negative voice vote.**

Fee Structure is discussed. In the past services had been compensated by a recommended 'donation'. The Board feels that as a professional organization offering services that are often payable by insurance and which cost money to maintain personnel and equipment, it is reasonable to expect compensation for services comparable to insurance company standards and other agencies which provide and charge for similar services. The Board requests the Dive Team to present and propose a Fee Structure at the next meeting. Discussion confirming the approval of the budget as presented includes the new price of truck graphics as long as the graphics are approved by the Fire Chief.

CHIEF'S REPORT: EMS-Jeff Rixmann presented the ambulance statistics as of this morning. The Prescott Station has had 68 calls to date. The LUCAS device is in St. Paul awaiting delivery and the new ventilator is expected to be in in early April. Rixmann presents an ambulance billing aging report which shows by call, runs which have not been paid/collected on, through LifeQuest, the current Prescott Billing and Collections Company. Rixmann explains that the impetus for collecting early is diminished when they (the billing company) receive more money (a higher %) for collecting later. This in turn reduces the revenue for the billing agency (Prescott) as they are able to collect a smaller percentage of the total collected. Rixmann states that using a billing company and a separate collections company have worked to increase revenues for the ambulance as both companies have more incentive to collect sooner. Johnson requests to obtain a copy of our LifeQuest Contract. Rohl inquires about staffing and scheduling. Rixmann states that staffing is good and that 6 of the 7 part-time positions in Prescott are filled. They are interviewing 2 candidates for the Training Officer Position next week to start in April. This position will work 2904 hours per year and will work on the 24 hour rotation which will cover a large part of the schedule toward 24/7 paramedic coverage. Rixmann reports meeting with Prescott Police Chief Krutke and they have decided to meet regularly with Fire. Rohl inquires regarding a statement that Rixmann made last month about potentially staffing 24/7 paramedics at an increased pay rate in Prescott and requests Rixmann bring numbers for the budget to the Association reflecting 24/7 paramedic coverage for the Prescott Station soon as the Association will need to bring the budget changes to the municipalities before budget time and the Association wishes for adequate time to present and make decisions.

OTHER BUSINESS: Rohl presents the idea of swearing in the Fire Chief at each of the municipalities in an attempt to preemptively tie up potential insurance loop-holes as state statutes mandate that the powers of the Fire Chief are recognized by the municipalities he/she serves. It is the general consensus of the Board that it wouldn't hurt to do this to cover all bases. Rohl also presents the idea of ear-marking in the budget, expenses which qualify to meet the requirements of the 2% dues so that in the event of a state audit we could easily show that those expenses exceed what we receive annually. This will be discussed with the city finance person. There is discussion regarding signage at Station 2 and of the interest of Oak Grove Township in sharing a sign for the building. The Board is agreeable to this, but further information is needed. There is discussion regarding burning regulations and who has the authority to permit burning within the service area. It

is the general feeling of the Board that this needs to be brought to the intergovernmental meeting for discussion.

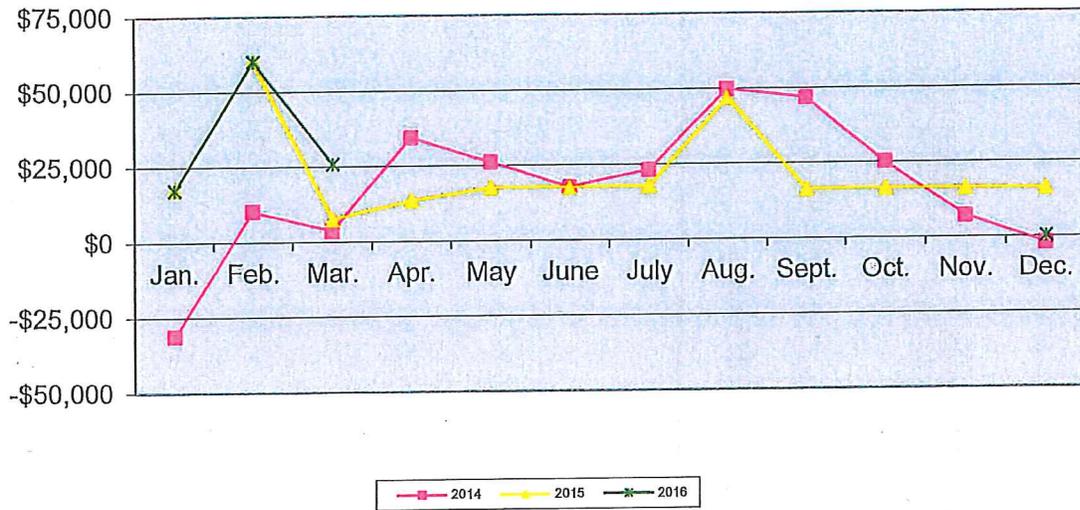
NEXT MEETING: will be Wednesday April 20, 2016 at 7pm at the Prescott Fire Hall, 260 Flora St. Prescott WI 54021.

**Rohl/Seipel motion to adjourn passed without a negative voice vote.**

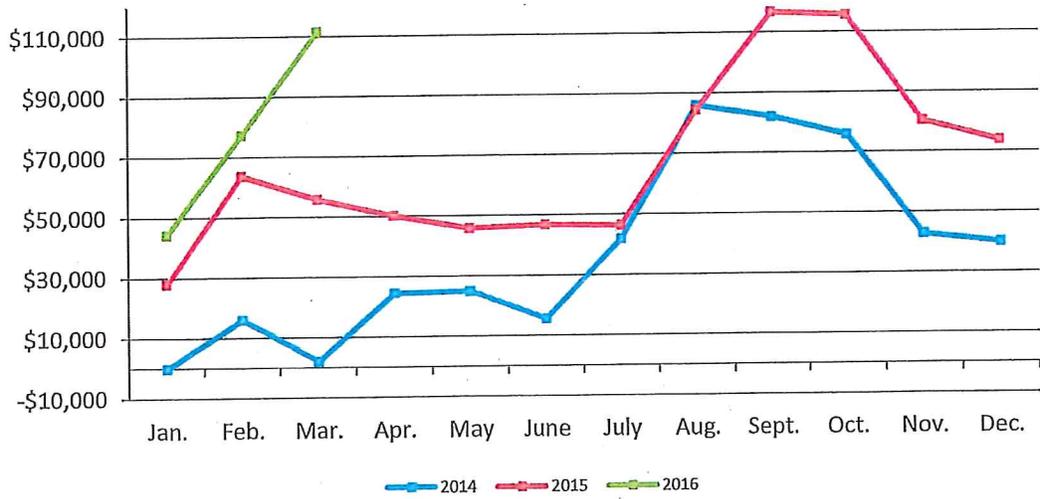
Respectfully Submitted,

Holly Mitchell  
Administrative Assistant  
Prescott Fire and EMS Association  
City of Prescott

**EMS Cash Balances**



**Fire Balances**



\*Graphs don't account for funds transferred from EMS to Fire for cash shortfall

March 2016 Fire & EMS Cash Balances

	2/29/2016	3/31/2016	Difference
Fire	\$ 77,196.82	\$ 111,465.58	\$ 34,268.76
BMO Harris			
EMS	\$ 60,088.69	\$ 25,814.05	\$ (34,274.64)
BMO Harris			

Net Prescott Fire & EMS Association Cash \$ 137,279.63

CITY OF PRESCOTT  
REVENUES WITH COMPARISON TO BUDGET  
FOR THE 3 MONTHS ENDING MARCH 31, 2016

FIRE PROTECTION SERVICES

	CURRENT PERIOD	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF AMOU	
<u>OPERATING REVENUES</u>						
101-47-121-0-00	FIRE SERVICES - PRESCOTT	.00	45,969.50	91,939.00	45,969.50	50.0
101-47-122-0-00	FIRE SERVICES - OAK GROVE	23,357.00	23,357.00	46,714.00	23,357.00	50.0
101-47-123-0-00	FIRE SERVICES - CLIFTON	8,736.00	8,736.00	17,472.00	8,736.00	50.0
101-47-124-0-00	LIFEQUEST USER COLLECTIONS	2,498.00	11,966.18	28,000.00	16,033.82	42.7
101-47-125-0-00	LIFEQUEST ADJUSTMENTS	233.99	( 2,350.83)	.00	2,350.83	.0
TOTAL OPERATING REVENUES		34,824.99	87,677.85	184,125.00	96,447.15	47.6
<u>MISC REVENUES</u>						
101-48-420-1-00	FIRE DUES	.00	.00	22,000.00	22,000.00	.0
101-48-420-1-02	FIRE INSPECTION	330.00	1,250.00	12,000.00	10,750.00	10.4
101-48-421-0-00	OTHER FIRE DEPT. INCOME	19,737.50	19,737.50	.00	( 19,737.50)	.0
101-48-550-0-00	CPR DONATIONS	.00	160.00	.00	( 160.00)	.0
TOTAL MISC REVENUES		20,067.50	21,147.50	34,000.00	12,852.50	62.2
TOTAL FUND REVENUE		54,892.49	108,825.35	218,125.00	109,299.65	49.9

**CITY OF PRESCOTT**  
**EXPENDITURES WITH COMPARISON TO BUDGET**  
**FOR THE 3 MONTHS ENDING MARCH 31, 2016**

FIRE PROTECTION SERVICES

	CURRENT PERIOD	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF AMOU	
<u>FIRE DEPT. ADMINISTRATION</u>						
101-52-200-1-10	FIRE CHIEF WAGES	625.00	1,875.00	7,500.00	5,625.00	25.0
101-52-200-1-11	PT ADMIN ASSISTANT	993.74	1,969.54	9,360.00	7,390.46	21.0
101-52-200-1-12	FIRE DEPT. OFFICER WAGES	.00	.00	22,300.00	22,300.00	.0
101-52-200-1-20	BLDG REPAIR/MAINT WAGES PW-FT	156.42	156.42	500.00	343.58	31.3
101-52-200-1-30	FIRE DEPT. FICA	146.61	339.84	3,037.00	2,697.16	11.2
101-52-200-1-31	RETIREMENT	10.31	10.31	.00	( 10.31)	.0
101-52-200-1-32	HEALTH INSURANCE	52.64	52.64	.00	( 52.64)	.0
101-52-200-1-34	LIFE INSURANCE	1.51	1.51	.00	( 1.51)	.0
101-52-200-1-35	DISABILITY	.35	.35	.00	( .35)	.0
101-52-200-2-10	RADIOS/ PAGERS REPAIRS/ MAINT.	.00	52.00	900.00	848.00	5.8
101-52-200-2-14	COMPUTER MAINTENANCE	140.23	140.23	1,000.00	859.77	14.0
101-52-200-2-20	TELEPHONE	385.74	920.18	4,300.00	3,379.82	21.4
101-52-200-3-10	OFFICE SUPPLIES	43.36	84.07	1,000.00	915.93	8.4
101-52-200-3-12	POSTAGE	84.11	84.11	300.00	215.89	28.0
101-52-200-3-20	SUBSCRIPTIONS/ DUES	95.00	170.00	1,400.00	1,230.00	12.1
101-52-200-3-25	FIRE BANK FEES	11.94	40.84	150.00	109.16	27.2
101-52-200-5-23	FIT TEST	.00	.00	1,200.00	1,200.00	.0
<b>TOTAL FIRE DEPT. ADMINISTRATION</b>		<b>2,746.96</b>	<b>5,897.04</b>	<b>52,947.00</b>	<b>47,049.96</b>	<b>11.1</b>
<u>VOLUNTEERS</u>						
101-52-220-1-20	VOLUNTEER FIRE WAGES	1,875.00	1,875.00	26,000.00	24,125.00	7.2
101-52-220-1-30	VOLUNTEER FIRE FICA	143.44	143.44	1,990.00	1,846.56	7.2
101-52-220-1-31	WRS RETIREMENT	.00	.00	190.00	190.00	.0
101-52-220-2-40	REPAIR & MAINTENANCE	.00	204.95	2,000.00	1,795.05	10.3
101-52-220-3-31	TRAINING/ TRAVEL COSTS	134.16	134.16	2,700.00	2,565.84	5.0
101-52-220-3-40	OPERATING SUPPLIES	841.19	1,924.47	11,000.00	9,075.53	17.5
101-52-220-3-44	TURN OUT GEAR	.00	3,928.20	6,000.00	2,071.80	65.5
101-52-220-3-45	RADIOS & PAGERS	.00	.00	1,500.00	1,500.00	.0
101-52-220-3-91	VEHICLE MAINTENANCE	.00	.00	10,000.00	10,000.00	.0
101-52-220-3-92	VEHICLE FUEL	65.77	65.77	3,000.00	2,934.23	2.2
101-52-220-4-00	LIFEQUEST EXPENSE	224.82	433.08	3,200.00	2,766.92	13.5
101-52-220-8-10	CAPITAL EQUIPMENT DEBT	963.39	2,838.39	23,722.00	20,883.61	12.0
101-52-220-9-66	ESCROW FOR FIRE EQUIPMENT	.00	.00	16,273.00	16,273.00	.0
101-52-220-9-90	LOSA PROGRAM	.00	.00	14,700.00	14,700.00	.0
<b>TOTAL VOLUNTEERS</b>		<b>4,247.77</b>	<b>11,547.46</b>	<b>122,275.00</b>	<b>110,727.54</b>	<b>9.4</b>

CITY OF PRESCOTT  
EXPENDITURES WITH COMPARISON TO BUDGET  
FOR THE 3 MONTHS ENDING MARCH 31, 2016

FIRE PROTECTION SERVICES

	CURRENT PERIOD	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF AMOU	
<u>FIRE STATION</u>						
101-52-250-2-21	FIRE STATION ELECTRICITY	623.56	1,610.28	8,000.00	6,389.72	20.1
101-52-250-2-22	FIRE STATION WATER/ SEWER	428.85	428.85	1,700.00	1,271.15	25.2
101-52-250-2-23	RURAL WATER USAGE	.00	.00	300.00	300.00	.0
101-52-250-2-24	FIRE STATION NATURAL GAS	321.68	773.34	6,000.00	5,226.66	12.9
101-52-250-2-25	PUMP TESTING	.00	.00	883.00	883.00	.0
101-52-250-2-27	HURST TOOLS TESTING	650.00	650.00	650.00	.00	100.0
101-52-250-2-29	SCBA TESTING	1,880.00	1,880.00	3,000.00	1,120.00	62.7
101-52-250-2-30	ANNUAL SAFETY EQUIP TESTING	250.00	250.00	450.00	200.00	55.6
101-52-250-2-40	BUILDING MAINTENANCE	133.03	564.06	2,000.00	1,435.94	28.2
101-52-250-5-10	VEHICLE INSURANCE	.00	1,805.25	7,200.00	5,394.75	25.1
101-52-250-6-10	WORK COMP INSURANCE	.00	4,063.07	7,600.00	3,536.93	53.5
101-52-250-7-10	PROPERTY INSURANCE	.00	.00	1,000.00	1,000.00	.0
	<b>TOTAL FIRE STATION</b>	<b>4,287.12</b>	<b>12,024.85</b>	<b>38,783.00</b>	<b>26,758.15</b>	<b>31.0</b>
<u>DEPARTMENT 300</u>						
101-52-300-1-05	ADMINISTRATIVE FEES	.00	.00	4,100.00	4,100.00	.0
	<b>TOTAL DEPARTMENT 300</b>	<b>.00</b>	<b>.00</b>	<b>4,100.00</b>	<b>4,100.00</b>	<b>.0</b>
<u>DEPARTMENT 212</u>						
101-58-212-2-00	DEBT SERVICE FEES	.00	18.87	20.00	1.13	94.4
	<b>TOTAL DEPARTMENT 212</b>	<b>.00</b>	<b>18.87</b>	<b>20.00</b>	<b>1.13</b>	<b>94.4</b>
	<b>TOTAL FUND EXPENDITURES</b>	<b>11,281.85</b>	<b>29,488.22</b>	<b>218,125.00</b>	<b>188,636.78</b>	<b>13.5</b>
	<b>NET REVENUE OVER EXPENDITURES</b>	<b>43,610.64</b>	<b>79,337.13</b>	<b>.00</b>	<b>( 79,337.13)</b>	<b>.0</b>

CITY OF PRESCOTT  
BALANCE SHEET  
MARCH 31, 2016

FIRE PROTECTION SERVICES

	<u>CURRENT YTD</u>	<u>PRIOR YTD</u>
<u>ASSETS</u>		
101-11001 TREASURER'S CASH	111,465.58	55,799.50
101-13100 CUSTOMER ACCOUNTS RECEIVABLE	53,802.50	39,279.36
101-13102 FIRE INSPECTIONS RECEIVABLE	268.65	223.30
101-13150 ALLOWANCE/UNCOLLECTIBLE ACCTS	( 34,240.22)	( 30,801.58)
101-16081 ACCUMULATED DEPRECIATION	( 184,005.74)	( 158,830.70)
101-16090 CAPITAL ASSETS	660,839.10	660,839.10
	<u>608,129.87</u>	<u>566,508.98</u>
 <u>LIABILITIES AND EQUITY</u>		
<u>LIABILITIES</u>		
101-25500 ADVANCE F/GEN FUND -TRUCK LOAN	11,118.67	20,226.56
101-25600 2012 GO BONDS - FIRE TRUCK	170,000.00	180,000.00
101-26201 DEFERRED INSPECTIONS REVENUE	268.65	223.30
	<u>181,387.32</u>	<u>200,449.86</u>
 <u>FUND EQUITY</u>		
101-34000 FUND BALANCE	347,405.42	316,811.35
UNAPPROPRIATED FUND BALANCE: REVENUE OVER EXPENDITURES - YTD	79,337.13	49,247.77
	<u>79,337.13</u>	<u>49,247.77</u>
BALANCE - CURRENT DATE	<u>79,337.13</u>	<u>49,247.77</u>
TOTAL FUND EQUITY	<u>426,742.55</u>	<u>366,059.12</u>
TOTAL LIABILITIES AND EQUITY	<u>608,129.87</u>	<u>566,508.98</u>

CITY OF PRESCOTT  
REVENUES WITH COMPARISON TO BUDGET  
FOR THE 3 MONTHS ENDING MARCH 31, 2016

AMBULANCE SERVICE (608)

		CURRENT PERIOD	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF AMOU
<u>OPERATING REVENUES</u>						
608-43-235-0-00	LIFEQUEST USER COLLECTIONS	2,003.35	3,262.57	4,000.00	737.43	81.6
608-43-237-0-00	LIFEQUEST ADJUSTMENTS	( 311.34)	( 2,004.41)	.00	2,004.41	.0
	<b>TOTAL OPERATING REVENUES</b>	<b>1,692.01</b>	<b>1,258.16</b>	<b>4,000.00</b>	<b>2,741.84</b>	<b>31.5</b>
<u>INTERGOVERNMENTAL CHGS SERVI</u>						
608-47-321-0-00	AMBULANCE SERVICE-CLIFTON	8,010.50	8,010.50	16,021.00	8,010.50	50.0
608-47-332-0-00	AMBULANCE SERVICE-OAK GROVE	21,417.00	21,417.00	42,834.00	21,417.00	50.0
608-47-333-0-00	AMBULANCE SERVICE-PRESCOTT	.00	42,151.00	84,302.00	42,151.00	50.0
	<b>TOTAL INTERGOVERNMENTAL CHGS</b>	<b>29,427.50</b>	<b>71,578.50</b>	<b>143,157.00</b>	<b>71,578.50</b>	<b>50.0</b>
	<b>TOTAL FUND REVENUE</b>	<b>31,119.51</b>	<b>72,836.66</b>	<b>147,157.00</b>	<b>74,320.34</b>	<b>49.5</b>

CITY OF PRESCOTT  
EXPENDITURES WITH COMPARISON TO BUDGET  
FOR THE 3 MONTHS ENDING MARCH 31, 2016

AMBULANCE SERVICE (608)

	CURRENT PERIOD	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF AMOU
<u>OPERATING EXPENSES</u>					
608-52-300-1-04 RIVER FALLS EMS LEVY	65,061.00	65,061.00	130,122.00	65,061.00	50.0
608-52-300-1-05 ADMINISTRATIVE FEES	.00	.00	1,200.00	1,200.00	.0
608-52-300-1-71 BUILDING REPAIR & MAINT WAGES	.00	.00	300.00	300.00	.0
608-52-300-2-01 DEBT SERVICE RENT EXPENSE	.00	.00	14,385.00	14,385.00	.0
608-52-300-2-14 COMPUTER MAINTENANCE	.00	.70	.00	(.70)	.0
608-52-300-3-12 POSTAGE	6.79	6.79	.00	(6.79)	.0
608-52-300-4-00 LIFEQUEST EXPENSE	637.70	723.94	600.00	(123.94)	120.7
608-52-300-5-10 LIABILITY INSURANCE	.00	.00	550.00	550.00	.0
TOTAL OPERATING EXPENSES	65,705.49	65,792.43	147,157.00	81,364.57	44.7
TOTAL FUND EXPENDITURES	65,705.49	65,792.43	147,157.00	81,364.57	44.7
NET REVENUE OVER EXPENDITURES	( 34,585.98)	7,044.23	.00	( 7,044.23)	.0

CITY OF PRESCOTT  
BALANCE SHEET  
MARCH 31, 2016

AMBULANCE SERVICE (608)

	<u>CURRENT YTD</u>	<u>PRIOR YTD</u>
<u>ASSETS</u>		
608-11001 TREASURER'S CASH	25,814.05	7,638.05
608-11400 ACCOUNTS RECEIVABLE	142,531.63	199,091.70
608-11410 ALLOWANCE FOR BAD DEBTS	( 115,634.46)	( 138,112.93)
TOTAL ASSETS	<u>52,711.22</u>	<u>68,616.82</u>
 <u>LIABILITIES AND EQUITY</u>		
<u>LIABILITIES</u>		
608-25612 ADVANCE FROM GENERAL FUND	.00	5,629.01
TOTAL LIABILITIES	.00	5,629.01
 <u>FUND EQUITY</u>		
608-35000 FUND BALANCE	45,666.99	54,208.91
UNAPPROPRIATED FUND BALANCE: REVENUE OVER EXPENDITURES - YTD	<u>7,044.23</u>	<u>8,778.90</u>
BALANCE - CURRENT DATE	<u>7,044.23</u>	<u>8,778.90</u>
TOTAL FUND EQUITY	<u>52,711.22</u>	<u>62,987.81</u>
TOTAL LIABILITIES AND EQUITY	<u>52,711.22</u>	<u>68,616.82</u>

Report Criteria:

Actual Amounts  
All Accounts  
Summarize Payroll Detail  
Print Period Totals  
Print Grand Totals  
Include Invoice Number, Description, Invoice Date, Remittance Name, Merchant Vendor Number, Merchant Vendor Name, and Invoice Created By Comments  
Page and Total by FUND  
All Segments Tested for Total Breaks  
Account.Account Number = 10152200110-10158212200

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
			01/31/2016 (01/16) Balance	101-52-200-1-10			625.00
02/17/2016	PC	166	PAYROLL TRANS FOR 2/9/2016 PAY PERIOD		625.00		
			02/29/2016 (02/16) Period Totals and Balance		625.00 *	.00 *	1,250.00
03/16/2016	PC	170	PAYROLL TRANS FOR 3/8/2016 PAY PERIOD		625.00		
			03/31/2016 (03/16) Period Totals and Balance		625.00 *	.00 *	1,875.00
YTD Encumbrance		.00 YTD Actual	1,875.00 Total	1,875.00 YTD Budget	7,500.00 Unexpended	5,625.00	
			01/31/2016 (01/16) Balance	101-52-200-1-11			398.21
02/03/2016	PC	85	PAYROLL TRANS FOR 1/26/2016 PAY PERIOD		337.23		
02/17/2016	PC	165	PAYROLL TRANS FOR 2/9/2016 PAY PERIOD		240.36		
			02/29/2016 (02/16) Period Totals and Balance		577.59 *	.00 *	975.80
03/02/2016	PC	92	PAYROLL TRANS FOR 2/23/2016 PAY PERIOD		315.70		
03/16/2016	PC	169	PAYROLL TRANS FOR 3/8/2016 PAY PERIOD		355.16		
03/30/2016	PC	243	PAYROLL TRANS FOR 3/22/2016 PAY PERIOD		322.88		
			03/31/2016 (03/16) Period Totals and Balance		993.74 *	.00 *	1,969.54
YTD Encumbrance		.00 YTD Actual	1,969.54 Total	1,969.54 YTD Budget	9,360.00 Unexpended	7,390.46	
			01/31/2016 (01/16) Balance	101-52-200-1-12			.00
02/17/2016	PC	170	PAYROLL TRANS FOR 2/9/2016 PAY PERIOD		175.00		
02/17/2016	PC	171	PAYROLL TRANS FOR 2/9/2016 PAY PERIOD			175.00-	
			02/29/2016 (02/16) Period Totals and Balance		175.00 *	175.00- *	.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance		.00 YTD Actual	.00 Total	.00 YTD Budget	22,300.00 Unexpended	22,300.00	
			01/31/2016 (01/16) Balance	101-52-200-1-15			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
			01/31/2016 (01/16) Balance	101-52-200-1-20			.00
03/02/2016	PC	68	PAYROLL TRANS FOR 2/23/2016 PAY PERIOD		130.35		
03/16/2016	PC	156	PAYROLL TRANS FOR 3/8/2016 PAY PERIOD		26.07		
			03/31/2016 (03/16) Period Totals and Balance		156.42 *	.00 *	156.42
YTD Encumbrance		.00 YTD Actual	156.42 Total	156.42 YTD Budget	500.00 Unexpended	343.58	
			01/31/2016 (01/16) Balance	101-52-200-1-22			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance		.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
			01/31/2016 (01/16) Balance	101-52-200-1-25			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
			01/31/2016 (01/16) Balance	101-52-200-1-30			89.75
02/03/2016	PB	143	PAYROLL TRANS FOR 1/26/2016 PAY PERIO		25.80		
02/17/2016	PB	255	PAYROLL TRANS FOR 2/9/2016 PAY PERIOD		91.07		
02/17/2016	PB	256	PAYROLL TRANS FOR 2/9/2016 PAY PERIOD			13.39-	
			02/29/2016 (02/16) Period Totals and Balance		116.87 *	13.39- *	193.23
03/02/2016	PB	138	PAYROLL TRANS FOR 2/23/2016 PAY PERIO		33.48		
03/16/2016	PB	245	PAYROLL TRANS FOR 3/8/2016 PAY PERIOD		88.43		
03/30/2016	PB	335	PAYROLL TRANS FOR 3/22/2016 PAY PERIOD		24.70		
			03/31/2016 (03/16) Period Totals and Balance		146.61 *	.00 *	339.84
YTD Encumbrance	.00	YTD Actual	339.84 Total	339.84 YTD Budget	3,037.00 Unexpended	2,697.16	
			01/31/2016 (01/16) Balance	101-52-200-1-31			.00
03/02/2016	PB	136	PAYROLL TRANS FOR 2/23/2016 PAY PERIO		8.60		
03/16/2016	PB	244	PAYROLL TRANS FOR 3/8/2016 PAY PERIOD		1.71		
			03/31/2016 (03/16) Period Totals and Balance		10.31 *	.00 *	10.31
YTD Encumbrance	.00	YTD Actual	10.31 Total	10.31 YTD Budget	.00 Unexpended	(10.31)	
			01/31/2016 (01/16) Balance	101-52-200-1-32			.00
03/02/2016	PB	135	PAYROLL TRANS FOR 2/23/2016 PAY PERIO		52.64		
			03/31/2016 (03/16) Period Totals and Balance		52.64 *	.00 *	52.64
YTD Encumbrance	.00	YTD Actual	52.64 Total	52.64 YTD Budget	.00 Unexpended	(52.64)	
			01/31/2016 (01/16) Balance	101-52-200-1-34			.00
03/02/2016	PB	137	PAYROLL TRANS FOR 2/23/2016 PAY PERIO		1.51		
			03/31/2016 (03/16) Period Totals and Balance		1.51 *	.00 *	1.51
YTD Encumbrance	.00	YTD Actual	1.51 Total	1.51 YTD Budget	.00 Unexpended	(1.51)	
			01/31/2016 (01/16) Balance	101-52-200-1-35			.00
03/16/2016	PB	243	PAYROLL TRANS FOR 3/8/2016 PAY PERIOD		.35		
			03/31/2016 (03/16) Period Totals and Balance		.35 *	.00 *	.35
YTD Encumbrance	.00	YTD Actual	.35 Total	.35 YTD Budget	.00 Unexpended	(.35)	
			01/31/2016 (01/16) Balance	101-52-200-2-10			52.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	52.00
YTD Encumbrance	.00	YTD Actual	52.00 Total	52.00 YTD Budget	900.00 Unexpended	848.00	
			01/31/2016 (01/16) Balance	101-52-200-2-14			.00
02/20/2016	AP	54	QUALITY COMPUTER SERVICES **Inv. No: 2015487 **Desc: FIRE **Inv. Date: 2/20/2016 **Remit Name: QUALITY COMPUTER SERVICES **Merchant Vendor No: 1370 **Merchant Vendor Name: QUALITY COMPUTER SERVICES **Invoice Created By: sarah		38.57		
02/20/2016	AP	59	QUALITY COMPUTER SERVICES **Inv. No: 2015487 **Desc: FIRE **Inv. Date: 2/20/2016 **Remit Name: QUALITY COMPUTER SERVICES **Merchant Vendor No: 1370 **Merchant Vendor Name: QUALITY COMPUTER SERVICES **Invoice Created By: sarah		63.09		
03/07/2016	AP	64	QUALITY COMPUTER SERVICES **Inv. No: 2015542 **Desc: FIRE **Inv. Date: 3/7/2016 **Remit Name: QUALITY COMPUTER SERVICES **Merchant Vendor No: 1370 **Merchant Vendor Name: QUALITY		38.57		

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
COMPUTER SERVICES **Invoice Created By: sarah							
03/31/2016 (03/16) Period Totals and Balance					140.23 *	.00 *	140.23
YTD Encumbrance	.00	YTD Actual	140.23 Total	140.23 YTD Budget	1,000.00 Unexpended	859.77	
TELEPHONE							
01/31/2016 (01/16) Balance				101-52-200-2-20			150.00
01/20/2016	AP	1	AT&T MOBILITY **Inv. No: X01282016 **Desc: FIRE WIRELESS **Inv. Date: 1/20/2016 **Remit Name: AT&T MOBILITY **Merchant Vendor No: 39 **Merchant Vendor Name: AT&T MOBILITY **Invoice Created By: sarah		136.80		
01/20/2016	AP	32	CENTURY LINK ***** **Inv. No: 0215162 **Desc: OAK GROVE FIRE **Inv. Date: 1/20/2016 **Remit Name: CENTURY LINK ***** **Merchant Vendor No: 2810 **Merchant Vendor Name: CENTURY LINK ***** **Invoice Created By: sarah		32.71		
01/20/2016	AP	36	CENTURY LINK ***** **Inv. No: 0215162 **Desc: FIRE **Inv. Date: 1/20/2016 **Remit Name: CENTURY LINK ***** **Merchant Vendor No: 2810 **Merchant Vendor Name: CENTURY LINK ***** **Invoice Created By: sarah		25.25		
01/20/2016	AP	45	CENTURY LINK ***** **Inv. No: 0215162 **Desc: FIRE **Inv. Date: 1/20/2016 **Remit Name: CENTURY LINK ***** **Merchant Vendor No: 2810 **Merchant Vendor Name: CENTURY LINK ***** **Invoice Created By: sarah		39.68		
02/17/2016	PC	167	PAYROLL TRANS FOR 2/9/2016 PAY PERIOD 02/29/2016 (02/16) Period Totals and Balance		150.00 384.44 *	.00 *	534.44
03/01/2016	AP	1	AT&T MOBILITY **Inv. No: X02282016 **Desc: FIRE WIRELESS **Inv. Date: 3/1/2016 **Remit Name: AT&T MOBILITY **Merchant Vendor No: 39 **Merchant Vendor Name: AT&T MOBILITY **Invoice Created By: sarah		136.80		
02/20/2016	AP	80	CENTURY LINK ***** **Inv. No: 0315163 **Desc: OAK GROVE FIRE **Inv. Date: 2/20/2016 **Remit Name: CENTURY LINK ***** **Merchant Vendor No: 2810 **Merchant Vendor Name: CENTURY LINK ***** **Invoice Created By: sarah		33.11		
02/20/2016	AP	84	CENTURY LINK ***** **Inv. No: 0315163 **Desc: phone fire dept **Inv. Date: 2/20/2016 **Remit Name: CENTURY LINK ***** **Merchant Vendor No: 2810 **Merchant Vendor Name: CENTURY LINK ***** **Invoice Created By: sarah		28.63		
02/20/2016	AP	93	CENTURY LINK ***** **Inv. No: 0315163 **Desc: phone fire dept **Inv. Date: 2/20/2016 **Remit Name: CENTURY LINK ***** **Merchant Vendor No: 2810 **Merchant Vendor Name: CENTURY LINK ***** **Invoice Created By: sarah		37.20		
03/16/2016	PC	171	PAYROLL TRANS FOR 3/8/2016 PAY PERIOD 03/31/2016 (03/16) Period Totals and Balance		150.00 385.74 *	.00 *	920.18
YTD Encumbrance	.00	YTD Actual	920.18 Total	920.18 YTD Budget	4,300.00 Unexpended	3,379.82	

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
			01/31/2016 (01/16) Balance	101-52-200-3-10			.00
02/01/2016	AP	105	OFFICE DEPOT **Inv. No: 821163839001 **Desc: FIRE OFFICE SUPPLIES **Inv. Date: 2/1/2016 **Remit Name: OFFICE DEPOT **Merchant Vendor No: 474941 **Merchant Vendor Name: OFFICE DEPOT **Invoice Created By: sarah		40.71		
			02/29/2016 (02/16) Period Totals and Balance		40.71 *	.00 *	40.71
02/29/2016	AP	146	GREAT RIVERS PRINTING **Inv. No: 46836 **Desc: FIRE OFFICE SUPPLIES **Inv. Date: 2/29/2016 **Remit Name: GREAT RIVERS PRINTING **Merchant Vendor No: 10936 **Merchant Vendor Name: GREAT RIVERS PRINTING **Invoice Created By: sarah		27.50		
02/26/2016	AP	190	OFFICE DEPOT **Inv. No: 826470001001 **Desc: FIRE DEPT OFFICE SUPPLIES **Inv. Date: 2/26/2016 **Remit Name: OFFICE DEPOT **Merchant Vendor No: 474941 **Merchant Vendor Name: OFFICE DEPOT **Invoice Created By: sarah		15.86		
			03/31/2016 (03/16) Period Totals and Balance		43.36 *	.00 *	84.07
YTD Encumbrance	.00	YTD Actual	84.07 Total	84.07 YTD Budget	1,000.00 Unexpended	915.93	
			01/31/2016 (01/16) Balance	101-52-200-3-12			.00
03/31/2016	JE	77	1st Quarter Postage for Fire		84.11		
			03/31/2016 (03/16) Period Totals and Balance		84.11 *	.00 *	84.11
YTD Encumbrance	.00	YTD Actual	84.11 Total	84.11 YTD Budget	300.00 Unexpended	215.89	
			01/31/2016 (01/16) Balance	101-52-200-3-20			100.00
02/12/2016	AP	115	PIERCE CTY FIRE OFFICERS ASSOC **Inv. No: 021516 **Desc: MEMBERSHIP DUES **Inv. Date: 2/12/2016 **Remit Name: PIERCE CTY FIRE OFFICERS ASSOC **Merchant Vendor No: 475302 **Merchant Vendor Name: PIERCE CTY FIRE OFFICERS ASSOC **Invoice Created By: sarah		25.00		
02/17/2016	CR	1005552	WOOD/MILLER REFUND - WI STATE FIREFI Description: WOOD/MILLER REFUND - WI STATE FIREFIGHTERS ASSOC			50.00-	
			02/29/2016 (02/16) Period Totals and Balance		25.00 *	50.00- *	75.00
03/01/2016	AP	333	WI STATE FIRE CHIEFS ASSOCIATI **Inv. No: 033116 **Desc: MEMBER DUES **Inv. Date: 3/1/2016 **Remit Name: WI STATE FIRE CHIEFS ASSOCIATI **Merchant Vendor No: 475209 **Merchant Vendor Name: WI STATE FIRE CHIEFS ASSOCIATI **Invoice Created By: sarah		95.00		
			03/31/2016 (03/16) Period Totals and Balance		95.00 *	.00 *	170.00
YTD Encumbrance	.00	YTD Actual	170.00 Total	170.00 YTD Budget	1,400.00 Unexpended	1,230.00	
			01/31/2016 (01/16) Balance	101-52-200-3-25			15.74
02/29/2016	CRMIS	19	Record February BMO Bank Fees		13.16		
			02/29/2016 (02/16) Period Totals and Balance		13.16 *	.00 *	28.90
03/31/2016	CRMIS	40	Rec March BMO Bank Fees		11.94		
			03/31/2016 (03/16) Period Totals and Balance		11.94 *	.00 *	40.84
YTD Encumbrance	.00	YTD Actual	40.84 Total	40.84 YTD Budget	150.00 Unexpended	109.16	

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
			01/31/2016 (01/16) Balance	101-52-200-5-23			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	1,200.00 Unexpended	1,200.00	
			01/31/2016 (01/16) Balance	101-52-200-8-14			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
			01/31/2016 (01/16) Balance	101-52-200-8-30			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
			01/31/2016 (01/16) Balance	101-52-205-5-10			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
			01/31/2016 (01/16) Balance	101-52-220-1-20			.00
			02/17/2016 PC 168 PAYROLL TRANS FOR 2/9/2016 PAY PERIOD		84.00		
			02/17/2016 PC 169 PAYROLL TRANS FOR 2/9/2016 PAY PERIOD			84.00-	
			02/29/2016 (02/16) Period Totals and Balance		84.00 *	84.00- *	.00
			03/02/2016 PC 93 PAYROLL TRANS FOR 2/23/2016 PAY PERIOD		1,250.00		
			03/16/2016 PC 172 PAYROLL TRANS FOR 3/8/2016 PAY PERIOD		625.00		
			03/31/2016 (03/16) Period Totals and Balance		1,875.00 *	.00 *	1,875.00
YTD Encumbrance	.00	YTD Actual	1,875.00 Total	1,875.00 YTD Budget	26,000.00 Unexpended	24,125.00	
			01/31/2016 (01/16) Balance	101-52-220-1-30			.00
			02/17/2016 PB 257 PAYROLL TRANS FOR 2/9/2016 PAY PERIOD		6.43		
			02/17/2016 PB 258 PAYROLL TRANS FOR 2/9/2016 PAY PERIOD			6.43-	
			02/29/2016 (02/16) Period Totals and Balance		6.43 *	6.43- *	.00
			03/02/2016 PB 151 PAYROLL TRANS FOR 2/23/2016 PAY PERIOD		95.63		
			03/16/2016 PB 259 PAYROLL TRANS FOR 3/8/2016 PAY PERIOD		47.81		
			03/31/2016 (03/16) Period Totals and Balance		143.44 *	.00 *	143.44
YTD Encumbrance	.00	YTD Actual	143.44 Total	143.44 YTD Budget	1,990.00 Unexpended	1,846.56	
			01/31/2016 (01/16) Balance	101-52-220-1-31			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	190.00 Unexpended	190.00	
			01/31/2016 (01/16) Balance	101-52-220-2-40			204.95
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	204.95
YTD Encumbrance	.00	YTD Actual	204.95 Total	204.95 YTD Budget	2,000.00 Unexpended	1,795.05	
			01/31/2016 (01/16) Balance	101-52-220-2-41			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
			01/31/2016 (01/16) Balance	101-52-220-2-50			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
			01/31/2016 (01/16) Balance	101-52-220-3-31			.00
			02/24/2016 AP 129 WITC INDIANHEAD TECH COLLEGE		36.16		
			**Inv. No: WITCSF6000783413 **Desc: FIRE TRAINING/TRAVEL **Inv. Date: 2/24/2016 **Remit Name: WITC INDIANHEAD TECH COLLEGE **Merchant Vendor No: 10039				

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
			**Merchant Vendor Name: WITC INDIANHEAD TECH COLLEGE **Invoice Created By: sarah				
03/02/2016	AP	130	WITC INDIANHEAD TECH COLLEGE		98.00		
			**Inv. No: WITCSF6000783459 **Desc: FIRE TRAINING/TRAVEL **Inv. Date: 3/2/2016 **Remit Name: WITC INDIANHEAD TECH COLLEGE **Merchant Vendor No: 10039 **Merchant Vendor Name: WITC INDIANHEAD TECH COLLEGE **Invoice Created By: sarah				
03/31/2016 (03/16) Period Totals and Balance					134.16 *	.00 *	134.16
YTD Encumbrance	.00	YTD Actual	134.16 Total	134.16 YTD Budget	2,700.00 Unexpended	2,565.84	
OPERATING SUPPLIES							853.36
01/31/2016 (01/16) Balance				101-52-220-3-40			
01/29/2016	AP	284	TRACTOR SUPPLY COMPANY		143.75		
			**Inv. No: 022916 **Desc: FIRE OPERATING EXPENSE **Inv. Date: 1/29/2016 **Remit Name: TRACTOR SUPPLY COMPANY **Merchant Vendor No: 474772 **Merchant Vendor Name: TRACTOR SUPPLY COMPANY **Invoice Created By: sarah				
02/04/2016	AP	285	HAWKINS, MARK		86.17		
			**Inv. No: 022916 **Desc: FIRE DEPT EXPENSE **Inv. Date: 2/4/2016 **Remit Name: HAWKINS, MARK **Merchant Vendor No: 474795 **Merchant Vendor Name: HAWKINS, MARK **Invoice Created By: sarah				
02/29/2016 (02/16) Period Totals and Balance					229.92 *	.00 *	1,083.28
02/12/2016	AP	9	ALEX AIR APPARATUS, INC.		475.00		
			**Inv. No: 29132 **Desc: FIRE OPERATING EXPENSE **Inv. Date: 2/12/2016 **Remit Name: ALEX AIR APPARATUS, INC. **Merchant Vendor No: 244 **Merchant Vendor Name: ALEX AIR APPARATUS, INC. **Invoice Created By: sarah				
02/09/2016	AP	131	MENARDS - COTTAGE GROVE		13.45		
			**Inv. No: 4895 **Desc: FIRE OPERATING EXPENSE **Inv. Date: 2/9/2016 **Remit Name: MENARDS - COTTAGE GROVE **Merchant Vendor No: 10181 **Merchant Vendor Name: MENARDS - COTTAGE GROVE **Invoice Created By: sarah				
02/02/2016	AP	188	STERUD, MIKE		58.01		
			**Inv. No: 031516 **Desc: REIMBURSEMENT **Inv. Date: 2/2/2016 **Remit Name: MIKE **Merchant Vendor No: 474842 **Merchant Vendor Name: STERUD, MIKE **Invoice Created By: sarah				
03/07/2016	AP	218	WANDMACHER, CHRIS		58.90		
			**Inv. No: 031516 **Desc: REIMBURSEMENT **Inv. Date: 3/7/2016 **Remit Name: WANDMACHER, CHRIS **Merchant Vendor No: 2011274 **Merchant Vendor Name: WANDMACHER, CHRIS **Invoice Created By: sarah				
02/25/2016	AP	305	SAFE-FAST INC.		235.83		
			**Inv. No: INV164756 **Desc: 34 liter calibration gas **Inv. Date: 2/25/2016 **Remit Name: SAFE-FAST INC. **Merchant Vendor No: 6478 **Merchant Vendor Name: SAFE-FAST INC. **Invoice Created By: sarah				
03/31/2016 (03/16) Period Totals and Balance					841.19 *	.00 *	1,924.47
YTD Encumbrance	.00	YTD Actual	1,924.47 Total	1,924.47 YTD Budget	11,000.00 Unexpended	9,075.53	

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
			01/31/2016 (01/16) Balance	101-52-220-3-44			3,928.20
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	3,928.20
YTD Encumbrance	.00 YTD Actual	3,928.20 Total	3,928.20 YTD Budget	6,000.00 Unexpended	2,071.80		
			01/31/2016 (01/16) Balance	101-52-220-3-45			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00 YTD Actual	.00 Total	.00 YTD Budget	1,500.00 Unexpended	1,500.00		
			01/31/2016 (01/16) Balance	101-52-220-3-46			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00		
			01/31/2016 (01/16) Balance	101-52-220-3-50			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00		
			01/31/2016 (01/16) Balance	101-52-220-3-91			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00 YTD Actual	.00 Total	.00 YTD Budget	10,000.00 Unexpended	10,000.00		
			01/31/2016 (01/16) Balance	101-52-220-3-92			.00
03/01/2016 AP		198	VOYAGER FLEET SYSTEMS, INC **Inv. No: 869207860610 **Desc: FIRE DEPT - FUEL **Inv. Date: 3/1/2016 **Remit Name: VOYAGER FLEET SYSTEMS, INC **Merchant Vendor No: 475259 **Merchant Vendor Name: VOYAGER FLEET SYSTEMS, INC **Invoice Created By: sarah		65.77		
			03/31/2016 (03/16) Period Totals and Balance		65.77 *	.00 *	65.77
YTD Encumbrance	.00 YTD Actual	65.77 Total	65.77 YTD Budget	3,000.00 Unexpended	2,934.23		
			01/31/2016 (01/16) Balance	101-52-220-4-00			.00
01/31/2016 AP		181	LIFE LINE BILLING SYSTEMS, LLC **Inv. No: 34140 **Desc: JANUARY SERVICES - FIRE **Inv. Date: 1/31/2016 **Remit Name: LIFE LINE BILLING SYSTEMS, LLC **Merchant Vendor No: 2985 **Merchant Vendor Name: LIFE LINE BILLING SYSTEMS, LLC **Invoice Created By: sarah		208.26		
			02/29/2016 (02/16) Period Totals and Balance		208.26 *	.00 *	208.26
02/29/2016 AP		98	LIFE LINE BILLING SYSTEMS, LLC **Inv. No: 34644 **Desc: FEBRUARY SERVICES - FIRE **Inv. Date: 2/29/2016 **Remit Name: LIFE LINE BILLING SYSTEMS, LLC **Merchant Vendor No: 2985 **Merchant Vendor Name: LIFE LINE BILLING SYSTEMS, LLC **Invoice Created By: sarah		224.82		
			03/31/2016 (03/16) Period Totals and Balance		224.82 *	.00 *	433.08
YTD Encumbrance	.00 YTD Actual	433.08 Total	433.08 YTD Budget	3,200.00 Unexpended	2,766.92		
			01/31/2016 (01/16) Balance	101-52-220-5-15			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance	
			01/31/2016 (01/16) Balance	101-52-220-6-00			.00	
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00	
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			01/31/2016 (01/16) Balance	101-52-220-8-10			.00	
02/29/2016	JE	81	Record 2012 GO Bond Payment		1,875.00			
			02/29/2016 (02/16) Period Totals and Balance		1,875.00 *	.00 *	1,875.00	
03/31/2016	JE	27	Rec Fire Truck Loan payment advance //GF		963.39			
			03/31/2016 (03/16) Period Totals and Balance		963.39 *	.00 *	2,838.39	
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YTD Encumbrance	.00	YTD Actual	2,838.39	Total	2,838.39	YTD Budget	23,722.00	
				Unexpended	20,883.61			
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			01/31/2016 (01/16) Balance	101-52-220-9-66			.00	
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00	
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YTD Encumbrance	.00	YTD Actual	.00	Total	.00	YTD Budget	16,273.00	
				Unexpended	16,273.00			
<hr/>								
			01/31/2016 (01/16) Balance	101-52-220-9-80			.00	
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00	
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			01/31/2016 (01/16) Balance	101-52-220-9-82			.00	
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00	
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YTD Encumbrance	.00	YTD Actual	.00	Total	.00	YTD Budget	.00	
				Unexpended	.00			
<hr/>								
			01/31/2016 (01/16) Balance	101-52-220-9-90			.00	
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00	
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YTD Encumbrance	.00	YTD Actual	.00	Total	.00	YTD Budget	14,700.00	
				Unexpended	14,700.00			
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			01/31/2016 (01/16) Balance	101-52-220-9-91			.00	
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00	
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			01/31/2016 (01/16) Balance	101-52-250-2-21			349.64	
02/05/2016	AP	53	PIERCE PEPIN COOPERATIVE SERVI		302.87			
			**Inv. No: 021516 **Desc: OAK GROVE FIRE STATION **Inv. Date: 2/5/2016 **Remit Name: PIERCE PEPIN COOPERATIVE SERVI **Merchant Vendor No: 5234 **Merchant Vendor Name: PIERCE PEPIN COOPERATIVE SERVI **Invoice Created By: sarah					
02/18/2016	AP	230	XCEL ENERGY		334.21			
			**Inv. No: 0229162 **Desc: FIRE STATION **Inv. Date: 2/18/2016 **Remit Name: XCEL ENERGY **Merchant Vendor No: 407 **Merchant Vendor Name: XCEL ENERGY **Invoice Created By: sarah					
			02/29/2016 (02/16) Period Totals and Balance		637.08 *	.00 *	986.72	
03/04/2016	AP	102	PIERCE PEPIN COOPERATIVE SERVI		284.91			
			**Inv. No: 031516 **Desc: OAK GROVE FIRE STATION **Inv. Date: 3/4/2016 **Remit Name: PIERCE PEPIN COOPERATIVE SERVI **Merchant Vendor No: 5234 **Merchant Vendor Name: PIERCE PEPIN COOPERATIVE SERVI **Invoice Created By: sarah					
03/18/2016	AP	243	XCEL ENERGY		338.65			
			**Inv. No: 033116 **Desc: FIRE STATION **Inv. Date: 3/18/2016 **Remit Name: XCEL ENERGY **Merchant Vendor No: 407 **Merchant Vendor Name: XCEL ENERGY **Invoice Created By: sarah					
			03/31/2016 (03/16) Period Totals and Balance		623.56 *	.00 *	1,610.28	

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
YTD Encumbrance		.00 YTD Actual	1,610.28 Total	1,610.28 YTD Budget	8,000.00 Unexpended	6,389.72	
FIRE STATION WATER/ SEWER			01/31/2016 (01/16) Balance	101-52-250-2-22			.00
02/29/2016	AP	151	CITY OF PRESCOTT-UTILITIES **Inv. No: 031516 **Desc: WATER/FIRE HALL **Inv. Date: 2/29/2016 **Remit Name: CITY OF PRESCOTT-UTILITIES **Merchant Vendor No: 99997 **Merchant Vendor Name: CITY OF PRESCOTT-UTILITIES **Invoice Created By: sarah		428.85		
			03/31/2016 (03/16) Period Totals and Balance		428.85 *	.00 *	428.85
YTD Encumbrance		.00 YTD Actual	428.85 Total	428.85 YTD Budget	1,700.00 Unexpended	1,271.15	
RURAL WATER USAGE			01/31/2016 (01/16) Balance	101-52-250-2-23			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance		.00 YTD Actual	.00 Total	.00 YTD Budget	300.00 Unexpended	300.00	
FIRE STATION NATURAL GAS			01/31/2016 (01/16) Balance	101-52-250-2-24			.00
02/02/2016	AP	56	ST CROIX GAS **Inv. No: 021516 **Desc: FIRE STATION **Inv. Date: 2/2/2016 **Remit Name: ST CROIX GAS **Merchant Vendor No: 6450 **Merchant Vendor Name: ST CROIX GAS **Invoice Created By: sarah		451.66		
			02/29/2016 (02/16) Period Totals and Balance		451.66 *	.00 *	451.66
03/01/2016	AP	110	ST CROIX GAS **Inv. No: 031516 **Desc: NAT GAS FIRE STATION **Inv. Date: 3/1/2016 **Remit Name: ST CROIX GAS **Merchant Vendor No: 6450 **Merchant Vendor Name: ST CROIX GAS **Invoice Created By: sarah		321.68		
			03/31/2016 (03/16) Period Totals and Balance		321.68 *	.00 *	773.34
YTD Encumbrance		.00 YTD Actual	773.34 Total	773.34 YTD Budget	6,000.00 Unexpended	5,226.66	
PUMP TESTING			01/31/2016 (01/16) Balance	101-52-250-2-25			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance		.00 YTD Actual	.00 Total	.00 YTD Budget	883.00 Unexpended	883.00	
HURST TOOLS TESTING			01/31/2016 (01/16) Balance	101-52-250-2-27			.00
02/12/2016	AP	10	ALEX AIR APPARATUS, INC. **Inv. No: 29132 **Desc: HURST TOOLS TESTING **Inv. Date: 2/12/2016 **Remit Name: ALEX AIR APPARATUS, INC. **Merchant Vendor No: 244 **Merchant Vendor Name: ALEX AIR APPARATUS, INC. **Invoice Created By: sarah		650.00		
			03/31/2016 (03/16) Period Totals and Balance		650.00 *	.00 *	650.00
YTD Encumbrance		.00 YTD Actual	650.00 Total	650.00 YTD Budget	650.00 Unexpended	.00	
SCBA TESTING			01/31/2016 (01/16) Balance	101-52-250-2-29			.00
02/12/2016	AP	8	ALEX AIR APPARATUS, INC. **Inv. No: 29132 **Desc: FIRE SCBA TESTING **Inv. Date: 2/12/2016 **Remit Name: ALEX AIR APPARATUS, INC. **Merchant Vendor No: 244 **Merchant Vendor Name: ALEX AIR APPARATUS, INC. **Invoice Created By: sarah		115.00		

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance			
01/28/2016	AP	233	ALEX AIR APPARATUS, INC. **Inv. No: 999170 **Desc: SCBA TESTING **Inv. Date: 1/28/2016 **Remit Name: ALEX AIR APPARATUS, INC. **Merchant Vendor No: 244 **Merchant Vendor Name: ALEX AIR APPARATUS, INC. **Invoice Created By: sarah		1,765.00					
03/31/2016 (03/16) Period Totals and Balance					1,880.00 *	.00 *	1,880.00			
YTD Encumbrance		.00	YTD Actual	1,880.00	Total	1,880.00	YTD Budget	3,000.00	Unexpended	1,120.00
ANNUAL SAFETY EQUIP TESTING								01/31/2016 (01/16) Balance	101-52-250-2-30	.00
02/12/2016	AP	11	ALEX AIR APPARATUS, INC. **Inv. No: 29132 **Desc: ANNUAL SAFETY EQUIP TESTING **Inv. Date: 2/12/2016 **Remit Name: ALEX AIR APPARATUS, INC. **Merchant Vendor No: 244 **Merchant Vendor Name: ALEX AIR APPARATUS, INC. **Invoice Created By: sarah		250.00					
03/31/2016 (03/16) Period Totals and Balance					250.00 *	.00 *	250.00			
YTD Encumbrance		.00	YTD Actual	250.00	Total	250.00	YTD Budget	450.00	Unexpended	200.00
BUILDING MAINTENANCE								01/31/2016 (01/16) Balance	101-52-250-2-40	194.20
01/12/2016	AP	73	MENARDS - COTTAGE GROVE **Inv. No: 2926 **Desc: FIRE BUILDING MAINT **Inv. Date: 1/12/2016 **Remit Name: MENARDS - COTTAGE GROVE **Merchant Vendor No: 10181 **Merchant Vendor Name: MENARDS - COTTAGE GROVE **Invoice Created By: sarah		148.46					
01/12/2016	AP	74	MENARDS - COTTAGE GROVE **Inv. No: 2947 **Desc: FIRE BUILDING MAINT **Inv. Date: 1/12/2016 **Remit Name: MENARDS - COTTAGE GROVE **Merchant Vendor No: 10181 **Merchant Vendor Name: MENARDS - COTTAGE GROVE **Invoice Created By: sarah		65.60					
02/07/2016	AP	266	MENARDS - COTTAGE GROVE **Inv. No: 4743 **Desc: FIRE BUILDING MAINT **Inv. Date: 2/7/2016 **Remit Name: MENARDS - COTTAGE GROVE **Merchant Vendor No: 10181 **Merchant Vendor Name: MENARDS - COTTAGE GROVE **Invoice Created By: sarah		17.10					
02/17/2016	AP	267	MENARDS - COTTAGE GROVE **Inv. No: 5492 **Desc: FIRE BUILDING MAINT **Inv. Date: 2/17/2016 **Remit Name: MENARDS - COTTAGE GROVE **Merchant Vendor No: 10181 **Merchant Vendor Name: MENARDS - COTTAGE GROVE **Invoice Created By: sarah		7.67					
02/29/2016 (02/16) Period Totals and Balance					236.83 *	.00 *	431.03			
02/28/2016	AP	179	TRACTOR SUPPLY COMPANY **Inv. No: 031516 **Desc: FIRE BUILDING MAINT **Inv. Date: 2/28/2016 **Remit Name: TRACTOR SUPPLY COMPANY **Merchant Vendor No: 474772 **Merchant Vendor Name: TRACTOR SUPPLY COMPANY **Invoice Created By: sarah		48.97					
03/01/2016	AP	185	TRACTOR SUPPLY COMPANY **Inv. No: 0315162 **Desc: FIRE BUILDING MAINT **Inv. Date: 3/1/2016 **Remit Name: TRACTOR SUPPLY COMPANY **Merchant Vendor No: 474772 **Merchant Vendor Name: TRACTOR SUPPLY COMPANY **Invoice Created By: sarah		20.36					

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
03/24/2016	AP	291	JOHNSON, CHAD **Inv. No: 033116 **Desc: Reimbursement **Inv. Date: 3/24/2016 **Remit Name: JOHNSON, CHAD **Merchant Vendor No: 1354 **Merchant Vendor Name: JOHNSON, CHAD **Invoice Created By: sarah		53.72		
03/08/2016	AP	307	MENARDS - COTTAGE GROVE **Inv. No: 6937 **Desc: FIRE BUILDING MAINT **Inv. Date: 3/8/2016 **Remit Name: MENARDS - COTTAGE GROVE **Merchant Vendor No: 10181 **Merchant Vendor Name: MENARDS - COTTAGE GROVE **Invoice Created By: sarah		9.98		
03/31/2016 (03/16) Period Totals and Balance					133.03 *	.00 *	564.06
YTD Encumbrance	.00	YTD Actual	564.06 Total	564.06 YTD Budget	2,000.00 Unexpended	1,435.94	
VEHICLE INSURANCE			01/31/2016 (01/16) Balance	101-52-250-5-10			1,805.25
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	1,805.25
YTD Encumbrance	.00	YTD Actual	1,805.25 Total	1,805.25 YTD Budget	7,200.00 Unexpended	5,394.75	
WORK COMP INSURANCE			01/31/2016 (01/16) Balance	101-52-250-6-10			4,063.07
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	4,063.07
YTD Encumbrance	.00	YTD Actual	4,063.07 Total	4,063.07 YTD Budget	7,600.00 Unexpended	3,536.93	
PROPERTY INSURANCE			01/31/2016 (01/16) Balance	101-52-250-7-10			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	1,000.00 Unexpended	1,000.00	
CAPITAL IMPROVEMENTS			01/31/2016 (01/16) Balance	101-52-250-9-10			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
ADMINISTRATIVE FEES			01/31/2016 (01/16) Balance	101-52-300-1-05			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	4,100.00 Unexpended	4,100.00	
LIFE INSURANCE			01/31/2016 (01/16) Balance	101-52-300-1-34			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
OPERATING EXPENSES			01/31/2016 (01/16) Balance	101-52-520-3-40			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
PRINCIPAL PAYMENTS			01/31/2016 (01/16) Balance	101-58-100-0-00			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
INTEREST PAYMENTS			01/31/2016 (01/16) Balance	101-58-212-0-00			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
BOND ISSUANCE COSTS			01/31/2016 (01/16) Balance	101-58-212-1-00			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
			01/31/2016 (01/16) Balance	101-58-212-2-00			.00
02/29/2016	JE	87	Record 2012 Debt Service fee		18.87		
			02/29/2016 (02/16) Period Totals and Balance		18.87 *	.00 *	18.87
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	18.87
YTD Encumbrance		.00 YTD Actual	18.87 Total	18.87 YTD Budget	20.00 Unexpended	1.13	

	Debit	Credit	Proof
Number of Transactions: 86 Number of Accounts: 66			
Total FIRE PROTECTION SERVICES:	16,987.67	328.82-	16,658.85
Number of Transactions: 86 Number of Accounts: 66			
Grand Totals:	16,987.67	328.82-	16,658.85

Report Criteria:

- Actual Amounts
- All Accounts
- Summarize Payroll Detail
- Print Period Totals
- Print Grand Totals
- Include Invoice Number, Description, Invoice Date, Remittance Name, Merchant Vendor Number, Merchant Vendor Name, and Invoice Created By Comments
- Page and Total by FUND
- All Segments Tested for Total Breaks
- Account.Account Number = 10152200110-10158212200

Report Criteria:

- Actual Amounts
- All Accounts
- Summarize Payroll Detail
- Print Period Totals
- Print Grand Totals
- Include Invoice Number, Description, Invoice Date, Remittance Name, Merchant Vendor Number, Merchant Vendor Name, and Invoice Created By Comments
- Page and Total by FUND
- All Segments Tested for Total Breaks
- Account.Account Number = 60852300105-60852300965

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
<b>ADMINISTRATIVE FEES</b>							
			01/31/2016 (01/16) Balance	608-52-300-1-05			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	1,200.00 Unexpended	1,200.00	
<b>DIRECTOR WAGES</b>							
			01/31/2016 (01/16) Balance	608-52-300-1-10			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
<b>ADMIN ASSISTANT WAGES - PT</b>							
			01/31/2016 (01/16) Balance	608-52-300-1-11			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
<b>EMT WAGES - PT</b>							
			01/31/2016 (01/16) Balance	608-52-300-1-12			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
<b>PT EMT OVERTIME WAGES</b>							
			01/31/2016 (01/16) Balance	608-52-300-1-13			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
<b>JANITORIAL WAGES - AMBULANCE</b>							
			01/31/2016 (01/16) Balance	608-52-300-1-15			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
<b>VOLUNTEER WAGES (RUNS)</b>							
			01/31/2016 (01/16) Balance	608-52-300-1-20			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
<b>NEW EMT'S TRAINING/EDUCATION</b>							
			01/31/2016 (01/16) Balance	608-52-300-1-21			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
<b>OFFICER WAGES</b>							
			01/31/2016 (01/16) Balance	608-52-300-1-22			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
			01/31/2016 (01/16) Balance	608-52-300-1-23			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-30			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-31			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-32			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-33			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-34			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-35			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-36			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-37			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-38			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-39			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-1-71			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	300.00 Unexpended		300.00

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
			01/31/2016 (01/16) Balance	608-52-300-1-72			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		
			01/31/2016 (01/16) Balance	608-52-300-2-01			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	14,385.00 Unexpended	14,385.00	
			01/31/2016 (01/16) Balance	608-52-300-2-10			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-2-14			23.60-
01/20/2016	AP	19	COMCAST **Inv. No: 021516 **Desc: AMBULANCE **Inv. Date: 1/20/2016 **Remit Name: COMCAST **Merchant Vendor No: 2626 **Merchant Vendor Name: COMCAST **Invoice Created By: sarah		12.15		
02/20/2016	AP	252	COMCAST **Inv. No: 022916 **Desc: AMBULANCE **Inv. Date: 2/20/2016 **Remit Name: COMCAST **Merchant Vendor No: 2626 **Merchant Vendor Name: COMCAST **Invoice Created By: sarah		12.15		
			02/29/2016 (02/16) Period Totals and Balance		24.30 *	.00 *	.70
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.70
YTD Encumbrance	.00	YTD Actual	.70 Total	.70 YTD Budget	.00 Unexpended	(.70)	
			01/31/2016 (01/16) Balance	608-52-300-2-20			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-2-21			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-2-22			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-2-24			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
			01/31/2016 (01/16) Balance	608-52-300-2-40			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
VOLUNTEER RECOGNITION			01/31/2016 (01/16) Balance	608-52-300-2-50			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
OFFICE SUPPLIES			01/31/2016 (01/16) Balance	608-52-300-3-10			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
POSTAGE			01/31/2016 (01/16) Balance	608-52-300-3-12			.00
03/31/2016	JE	73	1st Quarter Postage for EMS		6.79		
			03/31/2016 (03/16) Period Totals and Balance		6.79 *	.00 *	6.79
YTD Encumbrance	.00	YTD Actual	6.79 Total	6.79 YTD Budget	.00 Unexpended	(6.79)	
PHARMACUTICAL SUPPLIES			01/31/2016 (01/16) Balance	608-52-300-3-14			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
OXYGEN EXPENSE			01/31/2016 (01/16) Balance	608-52-300-3-16			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
HAZMAT MATERIALS DISPOSAL			01/31/2016 (01/16) Balance	608-52-300-3-18			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
SUBSCRIPTIONS/ DUES			01/31/2016 (01/16) Balance	608-52-300-3-20			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
NEW EMT EQUIPMENT			01/31/2016 (01/16) Balance	608-52-300-3-21			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
EMS MANAGER			01/31/2016 (01/16) Balance	608-52-300-3-24			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
EMS BANK FEES			01/31/2016 (01/16) Balance	608-52-300-3-25			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
TRAINING/ TRAVEL COSTS			01/31/2016 (01/16) Balance	608-52-300-3-31			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
RETIREMENT FUND			01/31/2016 (01/16) Balance	608-52-300-3-35			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
UNEMPLOYMENT BENEFIT			01/31/2016 (01/16) Balance	608-52-300-3-37			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
OPERATING EXPENSES			01/31/2016 (01/16) Balance	608-52-300-3-40			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
OPERATING EXPENSE/DONATIONS			01/31/2016 (01/16) Balance	608-52-300-3-41			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
AMBULANCE - BAD DEBT			01/31/2016 (01/16) Balance	608-52-300-3-45			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
VEHICLE REPAIR & MAINTENANCE			01/31/2016 (01/16) Balance	608-52-300-3-91			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
VEHICLE FUEL			01/31/2016 (01/16) Balance	608-52-300-3-92			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
BUILDING MAINTENANCE			01/31/2016 (01/16) Balance	608-52-300-3-95			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
LIFEQUEST EXPENSE			01/31/2016 (01/16) Balance	608-52-300-4-00			.00
01/31/2016 AP		182	LIFE LINE BILLING SYSTEMS, LLC		86.24		
			**Inv. No: 34141 **Desc: JANUARY SERVICES - EMS **Inv. Date: 1/31/2016 **Remit Name: LIFE LINE BILLING SYSTEMS, LLC **Merchant Vendor No: 2965 **Merchant Vendor Name: LIFE LINE BILLING SYSTEMS, LLC **Invoice Created By: sarah				
			02/29/2016 (02/16) Period Totals and Balance		86.24 *	.00 *	86.24
02/29/2016 AP		97	LIFE LINE BILLING SYSTEMS, LLC		637.70		
			**Inv. No: 34643 **Desc: FEBRUARY SERVICES - EMS **Inv. Date: 2/29/2016 **Remit Name: LIFE LINE BILLING SYSTEMS, LLC **Merchant Vendor No: 2965 **Merchant Vendor Name: LIFE LINE BILLING SYSTEMS, LLC **Invoice Created By: sarah				
			03/31/2016 (03/16) Period Totals and Balance		637.70 *	.00 *	723.94
YTD Encumbrance	.00	YTD Actual	723.94 Total	723.94 YTD Budget	600.00 Unexpended	(123.94)	
LIABILITY INSURANCE			01/31/2016 (01/16) Balance	608-52-300-5-10			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	550.00 Unexpended	550.00	
VEHICLE INSURANCE			01/31/2016 (01/16) Balance	608-52-300-5-11			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00

Date	Journal	Ref Number	Payee or Description	GL Acct No	Debit Amount	Credit Amount	Balance
EMT PROFESSIONAL LIABILITY			01/31/2016 (01/16) Balance	608-52-300-5-15			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
LEGAL EXPENSE			01/31/2016 (01/16) Balance	608-52-300-6-00			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
WORK COMP INSURANCE			01/31/2016 (01/16) Balance	608-52-300-6-10			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
AUDIT FEES			01/31/2016 (01/16) Balance	608-52-300-7-10			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
CAPITAL EQUIPMENT			01/31/2016 (01/16) Balance	608-52-300-8-10			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
CAPITAL EQUIPMENT/DONATIONS			01/31/2016 (01/16) Balance	608-52-300-8-11			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
CAPITAL IMPROVEMENTS			01/31/2016 (01/16) Balance	608-52-300-8-20			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
DEPRECIATION EXPENSE			01/31/2016 (01/16) Balance	608-52-300-8-30			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00
RADIOS/ PAGERS			01/31/2016 (01/16) Balance	608-52-300-9-65			.00
			03/31/2016 (03/16) Period Totals and Balance		.00 *	.00 *	.00
YTD Encumbrance	.00	YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended		.00

Number of Transactions: 5 Number of Accounts: 61

Total AMBULANCE SERVICE (608):

Number of Transactions: 5 Number of Accounts: 61  
Grand Totals:

Debit	Credit	Proof
755.03	.00	755.03
755.03	.00	755.03

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<u>Date</u>	<u>Journal</u>	<u>Ref Number</u>	<u>Payee or Description</u>	<u>GL Acct No</u>	<u>Debit Amount</u>	<u>Credit Amount</u>	<u>Balance</u>
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Report Criteria:

Actual Amounts

All Accounts

Summarize Payroll Detail

Print Period Totals

Print Grand Totals

Include Invoice Number, Description, Invoice Date, Remittance Name, Merchant Vendor Number, Merchant Vendor Name, and Invoice Created By Comments

Page and Total by FUND

All Segments Tested for Total Breaks

Account.Account Number = 60852300105-60852300965

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N2930 State Road 22, Wautoma, WI 54982-5267

Prescott Fire

Income and Expenditures

093A

March 2016

All Phases

Charges	Billing Phase 1	Collections Phases 2 & 3	Total
Collection Placements / Charges	\$2,534.00	\$1,314.72	\$3,848.72
Interest on Delinquent Accounts	\$0.00	\$151.89	\$151.89
Insurance Interest	\$0.00	\$0.00	\$0.00
Transaction Fees	\$0.00	\$0.00	\$0.00
Probate Fees	\$0.00	\$0.00	\$0.00
Subtotal of Charges	\$2,534.00	\$1,466.61	\$4,000.61
Account Transfers	\$0.00	\$1,314.72	\$1,314.72
<b>Credit Summary</b>			
Total Credits - All Types	\$1,160.00	\$2,071.92	\$3,231.92
Total Credit Adjustments	\$0.00	\$0.00	\$0.00
Total Closed Account Adjustments	\$0.00	\$1,771.92	\$1,771.92
Total Payments Received (Applied to Acct Bal's)	\$1,160.00	\$300.00	\$1,460.00
Total Overpayments (OP)	\$0.00	\$(300.00)	\$(300.00)
Total Payments Received (plus overpayments)	\$1,160.00	\$600.00	\$1,760.00
Total Overpayment Returns (\$ not deposited)	\$0.00	\$(300.00)	\$(300.00)
Total Payments Received (less OP returns)	\$1,160.00	\$300.00	\$1,460.00
Less Payment Kept By (PKB, \$ kept by service)	\$0.00	\$0.00	\$0.00
Total Deposits	\$1,160.00	\$300.00	\$1,460.00
<b>Summary of Disbursement</b>			
Total Deposits & Payments Kept By	\$1,160.00	\$300.00	\$1,460.00
Less Overpayment Refunds (patient / ins reimbursement)	\$0.00	\$0.00	\$0.00
<b>Gross Revenue</b>	<b>\$1,160.00</b>	<b>\$300.00</b>	<b>\$1,460.00</b>
Total LifeQuest Fee	\$104.40	\$99.00	\$203.40
Probate Fees	\$0.00	\$0.00	\$0.00
Other / Fees			\$0.00
<b>Total Due LifeQuest</b>	<b>Check #</b>	<b>INVOICE</b>	<b>\$203.40</b>
Total Service Revenue	\$1,055.60	\$201.00	\$1,256.60
Total Payment Kept By	\$0.00	\$0.00	\$0.00
Total Service Payable	\$0.00	\$0.00	\$0.00
Probate Fees	\$0.00	\$0.00	\$0.00
Other / Fees	\$0.00	\$0.00	\$0.00
<b>Total Due Service</b>	<b>Check #</b>	<b>EFT</b>	<b>\$1,460.00</b>

Messages:

Quality

Speed

Service



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N2930 State Road 22, Wautoma, WI 54982-5267

## Prescott Fire

### Billing Summary

March 2016

Phase 1 - 9.00%

093A

#### Charges

Charges	\$2,534.00
Interest on Delinquent Accounts	\$0.00
Insurance Interest	\$0.00
Transaction Fees	\$0.00
Probate Fees	\$0.00

Subtotal of Charges

\$2,534.00

#### Account Transfers

Transferred out of Phase 1 \$0.00

#### Credit Summary

Total Credits - All Types	\$1,160.00
Total Credit Adjustments	\$0.00
Total Closed Account Adjustments	\$0.00
Total Payments Received (Applied to Acct Bal's)	\$1,160.00
Total Overpayments (OP)	\$0.00
Total Payments Received (plus overpayments)	\$1,160.00
Less Overpayment Returns (\$ not deposited)	\$0.00
Total Payments Received (less OP returns)	\$1,160.00

\$1,374.00

#### Net Monthly Activity

##### Summary of Disbursement

Total Deposits & Payments Kept By	\$1,160.00
Less Overpayment Refunds (patient / ins reimbursement)	\$0.00
<b>Gross Revenue</b>	<b>\$1,160.00</b>

Total LifeQuest Fee	\$104.40
Probate Fees	\$0.00
<b>Total Due LifeQuest</b>	<b>\$104.40</b>

Total Service Revenue	\$1,055.60
Total Payment Kept By	\$0.00
Total Service Payable	\$0.00
Probate Fees	\$0.00
Other / Fees	\$0.00
<b>Total Due Service</b>	<b>\$1,160.00</b>

Messages:

Quality

Speed

Service



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N2930 State Road 22, Wautoma, WI 54982-5267

Prescott Fire

Collection Summary  
 March 2016  
 Phase 2 - 18.00%

093A

<b>Charges</b>			
Collection Placements		\$0.00	
Interest on Delinquent Accounts		\$20.81	
Insurance Interest		\$0.00	
Transaction Fees		\$0.00	
Probate Fees		\$0.00	
Subtotal of Charges			\$20.81
<b>Account Transfers</b>			
Transferred out of Phase 2	\$1,314.72		
<b>Credit Summary</b>			
Total Credits - All Types		\$0.00	
Total Credit Adjustments		\$0.00	
Total Closed Account Adjustments		\$0.00	
Total Payments Received (Applied to Acct Bal's)		\$0.00	
Total Overpayments (OP)		\$0.00	
Total Payments Received (plus overpayments)		\$0.00	
Less Overpayment Returns (\$ not deposited)		\$0.00	
Total Payments Received (less OP returns)		\$0.00	
Net Monthly Activity			\$20.81
<b>Summary of Disbursement</b>			
Total Deposits & Payments Kept By		\$0.00	
Less Overpayment Refunds (patient / ins reimbursement)		\$0.00	
<b>Gross Revenue</b>		\$0.00	
Total LifeQuest Fee		\$0.00	
Probate Fees		\$0.00	
<b>Total Due LifeQuest</b>		\$0.00	
Total Service Revenue		\$0.00	
Total Payment Kept By		\$0.00	
Total Service Payable		\$0.00	
Probate Fees		\$0.00	
Other / Fees		\$0.00	
<b>Total Due Service</b>		\$0.00	

Messages:



Billing, Collection, & Data Management Services

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N2930 State Road 22, Wautoma, WI 54982-5267

## Prescott Fire

### Collection Summary

March 2016

Phase 3 - 33.00%

093A

#### Charges

Collection Placements	\$1,314.72	
Interest on Delinquent Accounts	\$131.08	
Insurance Interest	\$0.00	
Transaction Fees	\$0.00	
Probate Fees	\$0.00	
Subtotal of Charges		\$1,445.80

#### Credit Summary

Total Credits - All Types	\$2,071.92	
Total Credit Adjustments	\$0.00	
Total Closed Account Adjustments	\$1,771.92	
Total Payments Received (Applied to Acct Bal's)	\$300.00	
Total Overpayments (OP)	\$(300.00)	
Total Payments Received (plus overpayments)	\$600.00	
Less Overpayment Returns (\$ not deposited)	\$(300.00)	
Total Payments Received (less OP returns)	\$300.00	

#### Net Monthly Activity

##### Summary of Disbursement

Total Deposits & Payments Kept By	\$300.00	
Less Overpayment Refunds (patient / ins reimbursement)	\$0.00	
<b>Gross Revenue</b>	<b>\$300.00</b>	

Total LifeQuest Fee	\$99.00	
Probate Fees	\$0.00	
<b>Total Due LifeQuest</b>	<b>\$99.00</b>	

Total Service Revenue	\$201.00	
Total Payment Kept By	\$0.00	
Total Service Payable	\$0.00	
Probate Fees	\$0.00	
Other / Fees	\$0.00	
<b>Total Due Service</b>	<b>\$300.00</b>	

Messages:

Quality

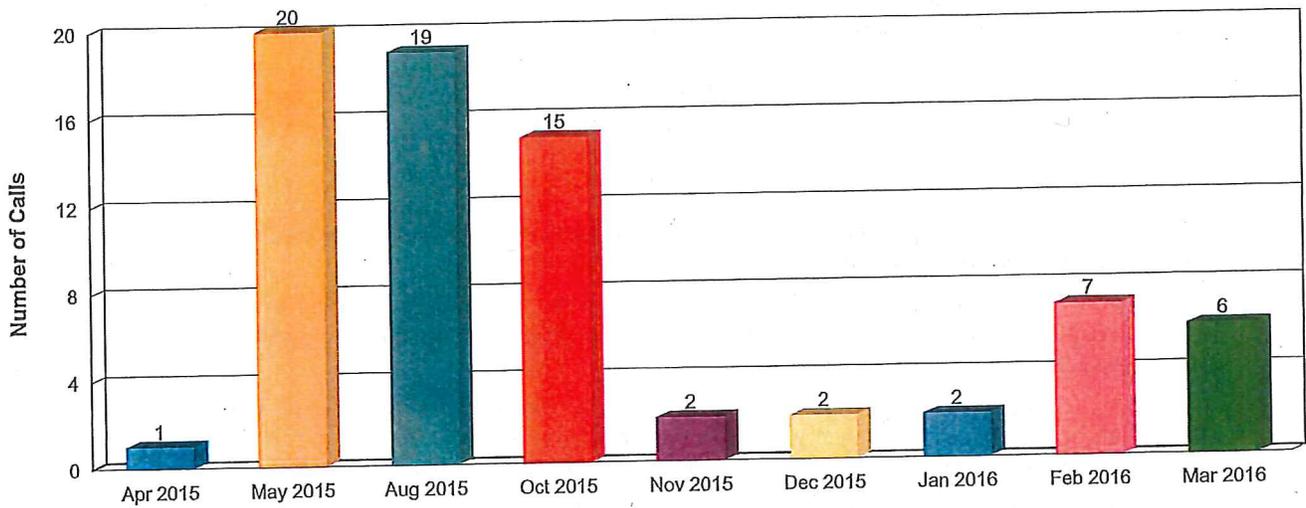
Speed

Service

### PRESCOTT FIRE

March 2015 to March 2016

### Number of Runs Received In Each Month



**\*\*Note:** These numbers are based on the Date Of Entry of each individual run

CONFIDENTIAL

**LIFE LINE BILLING SYSTEMS, LLC.**

**SERVICES AGREEMENT**

This SERVICES AGREEMENT ("Agreement") is entered into this First (1<sup>st</sup>) day of September, 2013, ("Effective Date") by and between Prescott Area Fire and EMS Association, an intergovernmental association duly organized and existing under the laws of the state of Wisconsin, whose notice address is 1603 Pine Street, Prescott, WI 54021 ("Service Provider") and Life Line Billing Systems, LLC., d/b/a LifeQuest Services, a limited liability company duly organized and existing under the laws of the state of Delaware, whose notice address is N2930 State Road 22, Wautoma, WI 54982 ("Agency") (Service Provider and Agency are generically referred to herein as "Party" and/or "Parties").

**Article I**  
**Recitals**

**1.1 Service Provider Operations.** Service Provider is engaged in the business of providing emergency response services and desires to receive Services from Agency.

**1.2 Agency Operations.** Agency is engaged in the business of providing a customized billing, collection and data management service and desires to provide billing, third party collection and data management services for Service Provider.

**1.3 Consideration.** In consideration of the mutual covenants and agreements contained in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by the Parties, the Parties hereby agree to the terms of this Agreement.

**1.4 Definitions.** Words with initial capital letters that are not proper names are either defined within the text of this Agreement or specifically as follows:

"Breach" shall mean the failure by one Party to perform any obligation set forth in this Agreement having an effect on the other Party. (A "material" breach of contract is a breach that strikes so deeply at the heart of the contract that it renders the agreement "irreparably broken" and defeats the purpose of making the contract in the first place.)

"Default Accounts" means Individual Accounts that are delinquent and considered in default by the Service Provider - the collection of which is by a third party and must be performed in accordance with the Fair Debt Collection Practices Act.

"Healthcare Accounts" means any Individual Accounts that are provided by a Service Provider that is regulated by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requiring additional obligations, warranties and covenants by the Parties that are referenced in this Agreement and within the incorporated and attached Exhibit B-2 and Exhibit B-3.

"Individual Accounts" means the accounts receivable that result from the receipt of emergency response services by any Individual or Entity and includes accounts not in default and in default.

**1.5 Account Status.** Agency provides billing services for Service Provider on Individual Accounts that are not in default and provides collection services for Service Provider on Default Accounts and other services as provided in this Agreement.

## CONFIDENTIAL

Billing, Collection and TRIP for Prescott Area

### Article 2 Services

Agency shall supply the customized billing, collection and data management services for Individual Accounts to the Service Provider as detailed in this Article ("Services").

2.1. **Facility Management.** Agency shall supply reports and do the billing and collection through its employees as further detailed in Exhibits A-1 and A-2 attached hereto and incorporated by reference.

2.2. **Insurance Processing.** Agency shall process insurance claims generated by the appropriate carriers of individuals, who have provided the necessary information for insurance filings.

2.3. **Inquiries.** Agency shall handle and respond to all inquiries concerning the Individual Accounts by individuals, insurance companies and Service Provider. Service Provider shall assist Agency with any inquiries related to the services provided by the Service Provider. Agency shall provide a toll-free telephone number for individual and Service Provider inquiries.

2.4. **Software.** Agency shall implement software upgrades as required by changes in the law and/or national insurance standards.

2.5. **Reports.** Agency shall create and review monthly reports for the internal analysis of factors affecting the collection performance of the Individual Accounts and present the information to the Service Provider upon the detection of any means available to improve the efficiency of collections.

### Article 3 Obligations of Service Provider

3.1. **Pre-Screening.** Service Provider shall be responsible for the accuracy of the original data regarding the Individual Accounts delivered to the Agency as further detailed in Exhibit B-1 attached hereto and incorporated by reference.

3.2. **Validity of Accounts.** Service Provider represents and warrants to Agency that all Individual Account debts are valid, legally enforceable debts, and in compliance with any corresponding state or federal law ("Laws and Regulations"). Upon request by the Agency, Service Provider shall provide specific assurance of validity in accordance with the Laws and Regulations.

3.3. **Notification Requirements.** Service Provider must immediately notify Agency in writing of its actual, constructive or reasonably conceived knowledge of any of the following events: (i) any individual of Service Provider files bankruptcy, is represented by an attorney or has submitted a dispute(s) regarding any Individual Account to the Service Provider or is the subject of a complaint or a cease and desist notification by debtor during the time in which Agency is providing Services to the Individual Account (collectively referred to as "Consumer Actions") and (ii) Service Provider receives any direct or indirect payment on a Individual Account or a returned check on any such payment during the time in which Agency is providing Services to the Service Provider.

3.4. **Service Provider Representations.** Service Provider represents and agrees that: (i) the Individual Accounts are in "Default," if and when Agency has completed performance its billing services; (ii) if the date of Default is not specifically defined in the contract between the Service Provider and the Consumer, the Service Provider can, and if legally necessary, will provide evidence to show the Individual Account is in Default; (iii) there have been no Consumer Actions pertaining to any Individual

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Account that was received or known by Service Provider prior to the Individual Account's placement with Agency; (iv) Service Provider has not placed any Individual Accounts in violation of the state law of the state in which the recipient of the ambulance and rescue service resides; (v) Service Provider will not request Agency to add any fees to any Individual Accounts, unless specifically authorized in the contract between the Service Provider and the recipient of the service or allowed by the state law where the individual resides; (vi) Service Provider will not authorize the filing of a civil complaint of any Individual Accounts in a jurisdiction where the Individual Account cannot legally be brought; (vii) Service Provider has obtained all the necessary consents to contact the individual at the contact information provided by Service Provider to Agency and (viii) Service Provider shall provide Agency with information which is necessary for Agency to perform its obligations under this Agreement (collectively referred to as "Representations").

**3.5. Ceasing collections.** Service Provider has the right to cease billing/collection of any Individual Account upon Agency's receipt of written Notice from Service Provider.

### Article 4 Term

**4.1. Initial Term.** The term of this Agreement shall commence on the Effective Date and shall continue for a period of Thirty-six (36) months ("Initial Term").

**4.2. Renewal.** Upon the expiration of the Initial Term and unless otherwise Terminated, this Agreement shall be automatically extended and consecutively renewed for Thirty-six (36) month terms (each shall be generically referred to herein as "Subsequent Term(s)") (the Initial Term and Subsequent Term(s) shall be jointly referred to as "Term").

**4.3. Termination.** This Agreement shall terminate as provided in this section ("Termination"). The date of termination is defined within each subsection ("Termination Date").

**4.3.1. Written Notice.** Any Party May terminate this Agreement at the end of a Term by giving written Notice to the other Parties at least ninety (90) days prior to the end of such Term. The Termination Date shall be the last day of such Term.

**4.3.2. Discontinuance of Business.** This Agreement shall terminate in the event that the Agency or Service Provider discontinue the operation of their business as set out herein. The Termination Date shall be the last day of the month in which Agency ceases operations.

**4.3.3. Breach of Contract.** A nonbreaching Party ("Nonbreaching Party") may immediately terminate this Agreement upon written notice of the allegedly breaching Party's ("Breaching Party") Material Breach. The failure to cure any other Breach within thirty (30) days of receipt of Nonbreaching Party's written Notice of the Breach by the Breaching Party will be considered a Material Breach and the Termination Date shall be thirty (30) days from the Breaching Party's receipt of the written Notice of the Breach.

**4.3.4. Failure of Performance.** Except in the event of a Material Breach, the failure by either Party to perform any of their obligations hereunder shall not be deemed a Breach of this Agreement unless the Party gives the Party failing to perform written Notice of such failure to perform.

**4.4. Effect of Termination.** The Parties agree that upon Termination of this Agreement for any reason, Agency shall be entitled to receive any accrued but unpaid Fees through the Termination Date and the rights and obligations of Section 4.5 and Articles 6-8 pertaining to confidentiality shall survive Termination and continue in full force and effect.

**4.5. Additional Services.** Service Provider agrees to pay Agency at a rate of Forty-five and no/100 Dollars (\$45.00) per hour in Payment Terms for any Services rendered after the Termination Date with the approval in writing by the Service Provider thereby agreeing to any additional services for Agency to be compensated under this provision.

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**Article 5**

**Fees**

**5.1 Fees.** Service Provider shall pay Agency the fees set forth in this Article ("Fees").

**5.1.1. Initial Fee.** Service Provider shall pay a non-refundable, one time setup fee of Zero Dollars (\$0.00) to the Agency upon execution of this Agreement.

**5.1.2. Phase One.** 9.0% of the Individual Accounts collected in Phase One as further detailed in Exhibit A-1 attached hereto ("Phase One").

**5.1.3. Phase Two.** 18.0% of the Individual Accounts collected in Phase Two as further detailed in Exhibit A-2 attached hereto ("Phase Two").

**5.1.4. Phase Three.** 33.0% of the Individual Accounts collected in Phase Three as further detailed in Exhibit A-2 attached hereto and incorporated by reference. Service Provider is responsible for all attorney's fees and collection costs for filing a court action. Agency shall assist the Service Provider in the process of preparing for the hearing; however, Agency is prohibited from engaging in the practice of law in any manner relating to such action and shall not represent Service Provider in any legal action.

**5.1.5. Reasonable Costs.** The Service Provider shall compensate the Agency for all reasonable costs incurred by the Agency which are required in special instances to properly provide its services, provided Agency seeks and receives prior approval from Service Provider for such costs.

**5.2. Payment of Fees.** Service Provider and Agency agree to manage the payment of Fees in accordance with the provisions of this section.

**5.2.1. Payments.** Agency shall provide monthly payments from the Checking Account to the Service Provider.

**5.2.2. Payment Procedure.** Service Provider authorizes electronic transfer of Agency fees when electronic transfer of Service Provider payment is made from the Checking Account at the time of the month end reporting provided by Agency ("Due Date"). Any Fees not paid by the Due Date shall be subject to a late charge of twelve percent (12%) per annum or the highest rate allowed by applicable law. Service Provider acknowledges that its failure to authorize Fees to the Agency upon receipt of month end reports constitutes a breach of this Agreement. Service Provider grants Agency a lien on the Checking Account until the Fee is received by Agency. In addition, if Agency feels it is entitled to any fees which are unpaid, Agency may seek dispute resolution, first by contacting Service Provider and providing an explanation of the unpaid fees, and if this does not resolve the dispute, Agency may seek other means of dispute resolution, such as arbitration if agreed to by Service Provider, or else by a court, and the prevailing party shall be entitled to its costs, including reasonable attorney's fees.

**5.2.3. Electronic Funds Transfer.** When a check is used by Service Provider for Agency's payment, the Service Provider authorizes Agency to either use information from any check received by Agency to make a one-time EFT from the applicable account or to process the payment as a check transaction. When Agency uses an EFT, funds may be withdrawn from the applicable account as soon as the same day Agency receives payment and Service Provider will not receive a cancelled check back from its financial institution.

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**Article 6**

**Confidential Information**

The Service Provider hereby acknowledges that it shall have access to Agency's Confidential Information. Service Provider acknowledges that Agency's obligations under this Agreement are expressly contingent on Service Provider's compliance with this article. Service Provider expressly recognizes that: (i) the efficacy and profitability of Agency's business is dependent in part upon Service Provider's protection of Agency's Confidential Information; (ii) Service Provider may already possess Confidential Information which Agency desires to protect and (iii) in receiving Services, Service Provider may be provided access to and/or gain knowledge of Agency's Confidential Information as defined below. Notwithstanding the forgoing, Agency recognizes that Service Provider may be obligated to release certain records pursuant to Wisconsin public records laws, and nothing in this Article 6 shall apply to such a required release of any records containing Confidential Information.

**6.1. Nondisclosure.** To ensure the continued confidentiality of the Confidential Information, Service Provider shall not, during the Term of this Agreement or for a period of twenty-four (24) months after Termination of this Agreement, disclose to or use, for any other person or entity, directly or indirectly, any of Agency's Confidential Information, except as such disclosure or use is expressly authorized by Agency in writing, as permitted by law or is reasonably required in connection with performance of this Agreement.

**6.2. Property.** All Confidential Information and all Agency's files, reports, materials, records, documents, notes, memoranda and other items and any originals or copies thereof, which Service Provider either is provided, prepares, uses or simply acquires during the Term of this Agreement ("Property") are, and shall remain, the sole and exclusive property of the Agency and shall not be removed from Agency's and Service Provider's premises or disclosed to any other party without the prior written consent of Agency.

**6.3. Confidential Information.** As used herein, the term "Confidential Information" means any and all information relating directly or indirectly to Agency that is not generally ascertainable from public or published information or trade sources including, without limitation, all information concerning copyrighted materials, patented materials, contracts, forms, research, product information, services and pricing of services, individual data and any information protected by any state or federal privacy laws or regulations, which is or was disclosed to Service Provider, or known by Service Provider as a consequence of or through Service Provider's relationship with Agency.

**6.4. Remedies.** In the event of a breach of any covenant in this article, it is understood and agreed that Agency shall be entitled to injunctive relief, as well as all applicable remedies at law or in equity, available to Agency against the Service Provider and any such breach shall be a Material Breach.

**6.5. Return of Confidential Information.** Service Provider agrees, immediately upon the Termination of this Agreement, to make a diligent search for any and all Property and return to Agency or destroy the information as directed prior to, or upon, the Termination of this Agreement.

**6.6. Applicable Law.** The Parties shall comply with all applicable laws, including, without limitation, HIPAA and the additional requirements for any Healthcare Accounts as further detailed in Exhibit B-2 and Exhibit B-3 attached hereto and incorporated by reference.

**6.7. Indemnification Regarding Open Records.** Agency understands that the Service Provider must comply with public records laws, and the Agency may from time to time be the custodian of Service Provider's records subject to disclosure. Agency agrees to provide Service Provider with any public records it requests that do not fall under the protection of the HIPAA within seven (7) days after the Service Provider requests the same in writing.

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Article 7  
Indemnification

7.1 Agency Indemnification. Service Provider shall indemnify and hold the Agency and assigns harmless from and against any actions, causes of action, claims, demands, damages, costs, loss of services, expenses, compensation and reasonable attorney's fees incurred or suffered as a result of the Service Provider's breach of any provision of this Agreement whether by negligent or intentional means causing an incident where recovery is sought including, but not limited to, actions arising out of the failure of the Service Provider to fully, completely, accurately and adequately report, for purposes of the Agency's collection attempt of an Individual Account. It is understood and agreed that this acknowledgment is given as a full release of liability under this Section 7.1 to the Agency.

7.2 Service Provider Indemnification. Agency shall indemnify and hold the Service Provider and assigns harmless from and against any actions, causes of actions, claims, demands, damages, costs, loss of services, expenses, compensation and reasonable attorney's fees incurred or suffered as a result of acts or omissions by the Agency in performance of the services to Service Provider, or the Agency's breach of any provision of this Agreement whether by negligent or intentional means. It is understood and agreed that this acknowledgment is given as a full release of liability under this Section 7.2 to the Service Provider.

Article 8  
Miscellaneous Provisions

8.1. Agreement This Agreement upon execution and as of the effective date herein shall supersede and replace any prior agreements made between the Service Provider and Agency and/or Service Provider and/or Lifeline Systems Inc. which provide the same services covered and provided pursuant to this Agreement.

8.2. Exclusivity. Service Provider hereby acknowledges the Agency is the exclusive provider of the Services specified herein to the Service Provider.

8.3. Assignment. Either Party may freely assign this Agreement upon the nonassigning Party's failure to provide the written rejection, not to be unreasonably withheld by nonassigning Party, within thirty (30) days of its receipt of written Notice of assignment from the assigning Party.

8.4. Severability. If a court finds any provision of this Agreement invalid or unenforceable, the Parties agree that the maximum period or scope legally permissible under such circumstances will be substituted for the period or scope stated herein.

8.5. Governing Law and Venue. This Agreement shall be governed by and construed in accordance with the laws of the State of Wisconsin without giving any effect to any choice or conflict provision of law that would cause the application of the laws of any jurisdiction other than the State of Wisconsin. The venue of any dispute arising out of this Agreement shall be Pierce County Circuit Court, unless applicable state or federal law dictates otherwise.

8.6. Notices. Any notice required or permitted to be given under this Agreement shall be sufficient if given: (i) in writing and personally delivered; (ii) sent by certified mail, postage prepaid, to the address set forth in the introductory paragraph or other notice address as designated in writing between the Parties prior to delivery and shall be effective and duly delivered on the day of personal or courier delivery; (iii) via electronic mail to an electronic mail address as designated in writing between

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the Parties prior to delivery and shall be effective and duly delivered upon the sending Party's confirmation of receiving Party's receipt of electronic notice or (iv) via electronic facsimile transmission to the name, address and facsimile number of the receiving Party as designated in writing between the Parties prior to delivery and shall be effective and duly delivered upon the sending Party's receipt of confirmation ("Notice").

8.7. Waiver. The waiver of one Party of a breach of any provision of this Agreement by the other Party shall not operate or be construed as a waiver of any subsequent breach.

8.8. Binding Effect. This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto, their respective heirs, representatives, successors and assigns.

8.9. Entire Agreement. This Agreement and any Exhibits or Addendums attached hereto shall be deemed to express, embody and supersede all previous understandings, agreements and commitments, whether written or oral, between the Parties hereto with respect to the subject matter hereof and to fully and finally set forth the entire agreement between the Parties hereto. No modifications shall be binding unless stated in writing and signed by all Parties hereto.

8.10. Counterparts. This Agreement may be signed in one or more counterparts but all of which taken together shall constitute one instrument.

8.11. Attorney Fees. In any proceeding to enforce the terms of this Agreement, each Party shall be responsible for their own attorney's fees, unless otherwise stated in this Agreement, or if an action brought forth is deemed frivolous by a court of law, in which case the Party bringing the frivolous action shall be responsible for any attorney's fees incurred.

8.12. Construction. The Parties and their respective counsel have had the opportunity to review and revise this Agreement. The Parties acknowledge that the normal rule of construction that any ambiguities are to be resolved against the drafting Party shall not be employed in the interpretation of this Agreement.

8.13. Incorporation of Recitals and Introductory Statements. The Parties hereto acknowledge that the recitals and all introductory statements are true and correct and incorporated by reference.

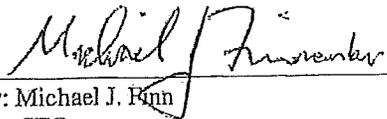
8.14. Electronic Signatures. Facsimile and electronic signatures in PDF form shall be considered original signatures for the purpose of enforcing this Agreement.

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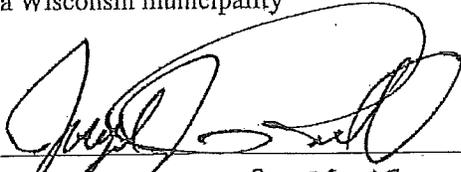
Billing, Collection and TRIP for Prescott Area

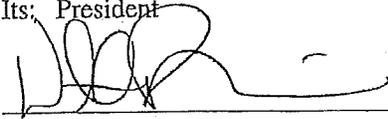
IN WITNESS WHEREOF, the Parties have entered into this Agreement as of the Effective Date.

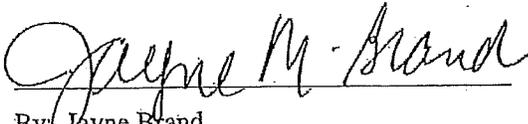
Agency:  
Life Line Billing Systems, LLC., d/b/a LifeQuest  
Services  
a Delaware limited liability company

  
By: Michael J. Finn  
Its: CEO

Service Provider:  
Prescott Area Fire and Ambulance Association,  
a Wisconsin municipality

  
By: Joe Rokl 9-26-13  
Its: President

  
By: William Dravis  
Its: Fire and EMS Chief

  
By: Jayne Brand  
The Prescott City Administrator

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**EXHIBIT A-1**  
**BILLING PROCEDURE PHASE ONE**

All billing services on Individual Accounts will be in the name of Service Provider.

**Initial Billing**

- Individual receives initial billing for services that were provided. In addition, Individual's primary insurance company is billed. With Individuals who are participating in a Medicaid Program, Medicaid will be billed directly. If Medicaid Individual has primary commercial insurance coverage, that company will be billed first and Medicaid will act as a secondary carrier. Medicaid and Medicaid HMO Individuals will not receive a bill if required by state law, unless appropriate waivers are allowed and obtained and signed by the Individual or other authorized person.
- On the back of the initial bill there is information provided to Individuals which explains the billing process and reimbursement opportunities.
- The Individual will typically be billed within seven days of receipt of all the necessary billing documentation and information.
- For the convenience of the Individual transported by your service there is an invoice and a return envelope for sending the payment with all billings.

**Second Billing**

- The Individual will receive a second bill normally within thirty (30) days after the first bill was sent. Agency utilizes a scheduling procedure that places bills into specific cycles, which will ensure the submission of regularly scheduled billings. Once the Individual's primary insurance has paid, any secondary insurance will be submitted for consideration for any unpaid balances.

**Third Billing**

- Normally at this point, Medicare, Medicaid, and private insurance companies will have paid the maximum amounts eligible for the Individual.
- This invoice is sent normally within sixty (60) days after the initial billing has been forwarded. A note is also applied to this bill which reminds them of their responsibilities for payment.

**Fourth Billing**

- This bill is sent normally within ninety (90) days after the initial billing. The largest percentage of claims have been paid at this point; however, the Individual receives a stronger note than the previous month's billing that re-emphasizes the importance of paying their bill in a timely manner.

**Note:** Any resubmissions that would be necessary due to lack of information or incorrect information would be resubmitted upon receiving the proper information at any stage of billing.

Service Provider hereby declares that all unpaid balances due and owing on Individual Accounts at the completion of the Fourth Billing are in default and classified as Default Accounts, unless otherwise directed by Service Provider.

At the end of the Fourth Billing all unpaid and outstanding balances due will be moved from Service Provider's billing aged receivable reports and will then be reflected in the collections reporting system.

**Collected Individual Fees**

**Checking Account.** Agency shall make regular deposits of all payments received into a checking account established for the Service Provider by the Agency for the depositing of Fees collected on behalf of the Service Provider and to provide regularly scheduled payments to Service Provider and Fees to the Agency. The Agency will also manage and oversee all business activities related to the checking account and the posting of payments to proper Individual Accounts. Agency shall have the authority to manage the Checking Account, including without limitation stopping payments on refund checks or revenue checks that have not been cashed within a reasonable period of time. Service Provider further agrees to execute any such documents at each banking institution necessary to authorize the rights granted to Agency herein.

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**EXHIBIT A-2**

**COLLECTION OF DEFAULT ACCOUNTS PROCEDURE**

**PHASE TWO**

In accordance with the Fair Debt Collection Practices Act, the Debtors will receive a validation of debt notice on their delinquent account. After the 30 day validation period multiple attempts are made by telephone and written correspondence to contact the debtor and collect payment. If the debtor cannot pay in full the Agency tries to establish a payment plan. The agency sets up the maximum payment the patient can afford within the guidelines set forth by the Service Provider.

If the Agency is unable to locate the debtor the Agency will periodically perform skip tracing in order to locate the debtor and get payment. The Agency will also resolve any insurance issues that may still exist for the Debtor.

If the debt has not been collected after the agreed upon period of time the account is moved to Phase Three.

**PHASE THREE**

The Agency will report the delinquent balance to the Consumer Reporting agency if the Service Provider requests us to do so. Additional attempts via correspondence and phone calls are made until either the debt is collected or we have reached statute of limitations to collect the debt. If Agency is still unable to locate the Debtor it will continue skip tracing procedures.

If requested by the Service Provider, Agency will assemble information needed by the Service Provider to start legal proceedings against any Debtor whose account is still delinquent. The determination whether to bring suit against the Debtor is solely up to the Service Provider.

**TRIP**

In its capacity as a local government within the State of Wisconsin, Service Provider authorizes Agency to apply for reimbursement, process and submit Individual Accounts on behalf of Service Provider to the Wisconsin Department of Revenue's ("DOR") Tax Refund Intercept Process ("TRIP") for payment on behalf of and in the name of Service Provider. Agency shall manage and maintain exclusive responsibility for the submission of Individual Accounts through the DOR's TRIP on behalf of Service Provider.

**SERVICE PROVIDER'S COOPERATION REGARDING TRIP**

Service Provider will use its best efforts to directly, or indirectly through the ambulance and rescue service, affect the efficient and timely transfer of any required fields to Agency for the purpose of processing Individual Accounts through TRIP. Such information may include but not limited to the Debtor/Individual's name, an identifier (social security number, driver's license number or federal employer identification number) and the outstanding balance due and owing.

**COLLECTED INDIVIDUAL FEES**

See: Checking Account. In Exhibit A-1

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**EXHIBIT B-1**  
**DOCUMENTATION PROCEDURES**

**FOR EMS**

1. EVERY PATIENT must have the Insurance/Medicare Authorization form signed at the hospital by the patient or patient's representative.
2. EVERY Medicare or Medicaid patient that is transported from hospital to hospital or hospital to nursing home/residence must have a Physicians Certification Statement for transport completed by a doctor BEFORE the transport unless there is an acute emergency.
3. Agency does not bill for WAITING TIME for Medicare patients. Rather, the patient is billed for two separate runs.
4. Run Forms:
  - A. All documents must be written legibly.
  - B. The patient's name, address, phone number and Social Security number need to be documented on the proper form.
  - C. Record location of patient pick-up and transport destination.
  - D. Record all appropriate dispatch information. (Nature of Call)
  - E. Record all patient past history related to this emergency/non-emergency.
  - F. Record all patient complaints related to this emergency/non-emergency.
  - G. Complete a detail narrative indicating the medical necessity for transport.
  - H. Record patient's date of birth.
  - I. Record admitting/receiving doctor's name (first & last).
  - J. Obtain a copy of the hospital top/face sheet from the Emergency Department admit.
  - K. Obtain all available insurance information, including complete hospital admit form - copies of insurance cards are very helpful.
  - L. Record the responsible party for all patients.
  - M. Record all times accurately.
  - N. Record odometer readings for loaded mileage.
  - O. Record crew names, crew license levels and any specialty areas of expertise which are relevant to the patient care being provided.
  - P. Have all crew members review the form for accuracy and completeness before leaving receiving facility.
  - Q. Complete disposables billing, procedure and crew record form.
  - R. Service Provider shall keep copies of all information provided to the Agent.
  - S. Record reasons why transport by other means was contraindicated.
  - T. Record reasons why the level of service was required, i.e. ALS assessment.
  - U. Record patient condition at the time of transport including chief complaint.
  - V. Record zip code at point of pickup.
  - W. Obtain necessary Medicare and Medicaid waivers where appropriate, signed by patient or other appropriate person. \*PCS and/or ABN

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**FOR FIRE/RESCUE**

1. All Individual Accounts submitted to Agency should have the name, address and phone number of the Individual.
2. Each Individual Account should have:
  - A. All documents written legibly.
  - B. Record each fire/rescue location.
  - C. Record all appropriate dispatch information. (Nature of Call)
  - D. Complete a detailed narrative indicating the necessity for the service.
  - E. Record all fire/rescue vehicles involved.
  - F. Record the responsible party for all individuals.
  - G. Record all times accurately.
  - H. Record crew names, levels and any specialty areas of expertise which are relevant to the individual.
  - I. Have all crew members review the form for accuracy and completeness before leaving the scene.
  - J. Service Provider shall keep copies of all information provided to the Agent.
  - K. Record zip code at point of scene.
  - L. Note any other fire/rescue assistance provided by others on the scene, i.e. police, ambulance attendants, etc.

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**EXHIBIT B-2**

**Healthcare Account Provisions**

These provisions provide additional terms not included in the Agreement that apply to any Healthcare Accounts placed by Service Provider.

1. **Healthcare Account Laws.** Health Insurance Portability and Accountability Act (HIPAA) and the Electronic Transaction, Security and Privacy Standards ("Standards") promulgated by the Department of Health and Human Services and set forth in 45 C.F.R. Parts 142, 160, 162 and 164; as well as HIPAA governing privacy of certain information ("HIPAA Privacy Rule") or the security of certain information ("HIPAA Security Rule") (collectively the "HIPAA Rules") (HIPAA, Standards and HIPAA Rules collectively the "Healthcare Account Laws").
2. **Healthcare assurances.** Agency, for the purpose of the Healthcare Accounts: (i) is a "Business Associate" under HIPAA and (ii) will perform the Services within the limits of the Healthcare Account Laws.
3. **"Services"** for Healthcare Accounts also specifically include: (i) the determination of eligibility or coverage, including coordination of benefits or the determination of cost sharing amounts, and subrogation of health benefit claims; (ii) obtaining payment under a contract for reinsurance and related health care data processing; and (iii) review of health care services with respect to coverage under a health plan or justification of charges.
4. **Return of accounts.** Service Provider must accept, without penalty to Agency, any Healthcare Account that Agency believes or has reason to believe is subject to restrictions on the use or disclosure of Protected Health Information (PHI), as defined in 45 C.F.R. § 160.103.
5. **Notification requirements.** Service Provider must immediately notify Agency in writing of its actual or reasonably conceived knowledge of any restrictions placed on the use of Agency, along with sufficient detail to allow Agency to honor such restrictions.
6. **Service Provider representations.** Service Provider "Representations" also include (i) Service Provider has and shall obtain all necessary consents, if any are required, under 45 C.F.R. § 164.506 (c) for all Healthcare Accounts, sufficient to permit the disclosure of PHI to Agency and to permit Agency to perform services incidental to this Agreement; (ii) that the uses and disclosures of the PHI of Healthcare Accounts are consistent and in accordance with the Service Provider's privacy policies and procedures adopted pursuant to the Standards, HIPAA and any other Applicable Laws and (iii) all uses and disclosures of the Healthcare Account information specified in this Agreement are made and authorized as part of treatment, payment and healthcare operations relating to Service Provider.
7. **Special confidentiality considerations for Healthcare Accounts.** The confidentiality considerations contained in this section apply to Healthcare Accounts only.
  - a. Agency is not prohibited by confidentiality from sending the patient or the responsible party a copy of the bill issued by Service Provider or using a copy of the bill issued by Service Provider as evidence in a court proceeding.
  - b. To the extent the Services provided to Service Provider by Agency may cause Agency to be defined as a "Business Associate" of Service Provider under the HIPAA Rules, and the Service Provider in its capacity as a "Covered Entity" as defined in the HIPAA Privacy Rule is required to comply with the HIPAA Privacy Rule or the HIPAA Security Rule, Agency shall:
    - i. not use or further disclose PHI, other than as permitted or required by this Agreement or as required by law, further provided that in any case, such use or disclosure would not constitute a violation of the HIPAA Privacy Rule if done by Service Provider;
    - ii. other than as provided for in this Agreement, use appropriate administrative, physical and technical safeguards to prevent use or disclosure of PHI, and to reasonably and appropriately

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- protect the confidentiality, integrity and availability of the electronic PHI that Agency creates, maintains or transmits on behalf of Agency, and provide Service Provider with any requested information regarding such safeguards;
- iii. be obligated to provide information, to make corrections or amendments to information, to respond to the written instruction or request of Service Provider; and deliver information and documentation to Service Provider as directed, in writing, by Service Provider;
  - iv. promptly report to Service Provider any use or disclosure of PHI by Agency, its officers, directors, employees, agents and subcontractors and, to the extent known by Agency, report to Service Provider any use or disclosure by such persons not authorized by this Agreement and the remedial action taken by Agency with respect to such use or disclosure and provide such information to Service Provider upon written request of Service Provider, which request shall be made only in connection with an accounting request made to Service Provider under the then applicable HIPAA Standards;
  - v. information regarding any unauthorized use or disclosure of PHI shall be maintained by Agency for a period of not less than six (6) years from the date of such unauthorized use or disclosures;
  - vi. report to Service Provider any PHI not provided to Agency by Service Provider that Agency becomes aware;
  - vii. ensure that any agents of Agency, including a subcontractor, to whom Agency provides PHI that is received from, or created or received by Agency on behalf of Service Provider, agrees to the same restrictions and conditions set forth in this section that apply to Agency with respect to such PHI;
  - viii. to the extent applicable to Agency, promptly make available PHI in the Designated Record Set (as defined in 45 C.F.R. § 164.501) in accordance with 45 C.F.R. § 164.524;
  - ix. to the extent applicable to Agency, promptly make available PHI in the Designated Record Set for amendment and incorporate any amendments to PHI as requested by Service Provider in accordance with 45 C.F.R. § 164.526;
  - x. to the extent applicable to Agency, promptly make available information required for Service Provider to provide an accounting of disclosure in accordance with 45 C.F.R. § 164.528;
  - xi. use and disclose the information for the proper management and administration of Agency and to carry out the legal responsibilities of FAC, including, but not limited to its duties under the FDCPA and as otherwise provided in this Agreement;
  - xii. mitigate, to the extent practicable, any harmful effect that is known to Agency, of a use or disclosure of PHI by the Agency in violation of this Agreement;
  - xiii. shall provide Service Provider with copies of any subcontractor or agent contracts upon written request throughout the Term;
  - xiv. make PHI available to Service Provider and to the individual who has a right of access as required under HIPAA within thirty (30) days of the request;
  - xv. make Agency's internal practices, books, and records related to the use and disclosure of PHI received from, or created or received by Agency on behalf of Service Provider available to the Secretary of Health and Human Services for purposes of determining Service Provider's compliance with the Health and Human Services Department Standards for Individually Identifiable Health Information, 45 C.F.R. Parts 142, 160, 162 and 164; and
  - xvi. within thirty (30) calendar days of termination of this Agreement, if feasible, return all PHI received from, or created or received by FAC, its agents and subcontractors on behalf of Service Provider that is maintained in any form, or, if such return is not feasible, extend the

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protections of this section to the PHI retained by Service Provider and limit further uses and disclosure of PHI to those purposes that make the return or destruction of the PHI infeasible.

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**EXHIBIT B-3**

**Supplemental Business Associate Provisions**

These provisions provide additional terms not included in the Agreement that apply to any Healthcare Accounts placed by Service Provider.

1. **Purpose.** The Parties hereby intend to provide additional protections for the privacy and the security of Protected Health Information (PHI) disclosed to Agency for Healthcare Accounts only, in compliance with the Healthcare Accounts Laws, specifically the Health Insurance Portability and Accountability Act (HIPAA), and to satisfy certain standards and requirements of HIPAA, including, but not limited to Title 45, Section 164-504(c) of the Code of Federal Regulations ("CFR"), as the same may be amended from time to time. If this Exhibit in any way conflicts with other provisions of the Agreement relating to Healthcare Accounts, then the stricter of the conflicting provisions shall apply.
2. **Catch-all definition.** The following terms if used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.
3. **Additional definitions.** Within this Exhibit, the following meanings have been added or added to: (i) "Business Associate" means and is interchangeable with Agency; (ii) "Covered Entity" means and is interchangeable with Service Provider and (iii) PHI includes any information, whether oral or recorded in any form or medium: (a) that relates to the past, present or future physical or mental condition of a patient, the provision of health care to a patient, or the past, present or future payment for the provision of health care to a patient; (b) that identifies the patient or with respect to which there is a reasonable basis to believe the information can be used to identify the patient, and shall have the meaning given to such term under HIPAA Laws, including, but not limited to 45 CFR Section 164.501; and (c) is limited to the information provided and/or made available by Covered Entity to Business Associate (see 45 CFR § 160.103; 45 CFR § 501).
4. **Additional Business Associate obligations.**
  - a. **Permitted Uses and Disclosures.** Business Associate may use and/or disclose PHI in the performance of its obligations under the Agreement, as permitted by the Healthcare Account Laws and in compliance with the terms of this Agreement (see 45 CFR § 164.504(e)(2)(i)).
  - b. **Use and Disclosure for Management, Administration and Legal.** Business Associate is permitted to use and/or disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.
  - c. **Data Aggregation Services.** Business Associate is permitted to use and disclose PHI to provide "Data Aggregation Services," as defined by 45 C.F.R. 164.501, relating to the health care operations of Covered Entity. The Parties agree that any PHI provided to Business Associate hereunder which is later de-identified and therefore no longer identifies a patient, will no longer be subject to the provisions set forth in this Agreement.
  - d. **Nondisclosure.** Business Associate will not use or further disclose Covered Entity's PHI other than as permitted or required by this Agreement or as required by law (see 45 CFR §164.504(e)(2)(ii)(A)).
  - e. **Express allowances.** Business Associate is expressly authorized to use the PHI for: (1) the preparation of invoices to patients, carriers, insurers and others responsible for payment or reimbursement of the services provided to the patients; (2) the preparation of reminder notices and documents pertaining to collections of overdue Healthcare Accounts and (3) the submission

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of supporting documentation to carriers, insurers and other payers to substantiate the health care services provided to the patients or to appeal denials of payment for same.

- f. **Safeguards.** Business Associate shall use appropriate safeguards to prevent use or disclosure of Covered Entity's PHI other than as provided for by this Agreement (see 45 CFR § 164.504(e)(2)(ii)(A)).
5. **Reporting of disclosures.** Business Associate shall immediately report to Covered Entity any use or disclosure of Covered Entity's PHI not allowed by this Agreement or the Agreement that Business Associate becomes aware of (see 45 CFR § 164.504(e)(2)(ii)(C)).
6. **Business Associate's agents.** Business Associate shall ensure that any agents, including subcontractors, to whom it provides PHI received from, created or received by Business Associate on behalf of Covered Entity agree to the same restrictions and conditions that apply to Business Associate with respect to such PHI (see 45 CFR § 164.504(e)(2)(D)).
7. **Availability of information to Covered Entity.** To the extent applicable, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill Covered Entity's obligations to provide access to, provide a copy of, and account for disclosures with respect to PHI pursuant to HIPAA including, but not limited to, 45 CFR Sections 164.524 and 164.528 (see 45 CFR § 164.504(e)(2)(E) and (G)).
8. **Amendment of PHI.** To the extent Business Associate maintains PHI in a Designated Record Set, as defined by 45 C.F.R. 164-501, Business Associate shall make Covered Entity's PHI available to Covered Entity as Covered Entity may require to fulfill Covered Entity's obligations to amend PHI pursuant to HIPAA, including, but not limited to, 45 CFR Section 164.526 and Business Associate shall, as directed by Covered Entity, incorporate any amendments to Covered Entity's PHI into copies of such PHI maintained by Business Associate (see 45 CFR § 164.504(e)(2)(F)).
9. **Internal Practices.** Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI received from Covered Entity (or created or received by Business Associate on behalf of Covered Entity) available to the Secretary of the U.S. Department of Health and Human Services (HHS) for purposes of determining Business Associate's compliance with HIPAA and the HIPAA Regulations (see 45 CFR § 164.504(e)(2)(H)).
10. **Notification of Breach.** Business Associate shall notify Covered Entity as soon as commercially reasonable of any unauthorized use or disclosure of PHI or Security Incident, as defined by 45 C.F.R. 164.304 of which Business Associate becomes aware, but in no event shall Business Associate delay more than forty-eight (48) hours after discovery of a breach before notifying Covered Entity. Business Associate shall take prompt corrective action to cure any such deficiencies. In the event of a disclosure of PHI that requires notification, Covered Entity shall develop and take the lead in complying with HIPAA notification provisions, and Business Associate shall cooperate as reasonably required.
11. **Termination.** If either Business Associate or Covered Entity knows of a pattern of activity or practice of the other that constitutes a material breach or violation of the party's obligations under the provisions of this Exhibit, then Business Associate or Covered Entity shall send written notice to the other describing the other Party's failure in detail and affording that Party a thirty (30) day period in which to cure such failure. If the Party's efforts to cure such breach or end such violation are unsuccessful, the other party shall either: (i) terminate the Agreement, if feasible or (ii) if termination of the Agreement is not feasible, the Party discovering the breach shall report the other's breach or violation to the Secretary of HHS (see 45 CFR § 164.504(e)(1)(ii)). Upon termination of this Agreement for any reason the Business Associate shall return or destroy all PHI received from Covered Entity (or created or received by Business Associate on behalf of Covered Entity) that Business Associate still maintains in any form, and shall retain no copies of such PHI or, if return or destruction is not feasible, it shall continue to extend the protections of this Agreement to such information, and limit further use of such PHI to those purposes that make the return or destruction of

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such PHI infeasible (see 45 CFR § 164.504(e)(2)(I)). Business Associate (Agency) shall also insure that any Business Associate of the Business Associate herein (Agency) complies with the terms of this section of the Agreement.

12. **Amendment to Comply with Law.** The Parties acknowledge that state and federal laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The references to the specific Healthcare Account Laws referenced parenthetically at the end of certain provisions in this Agreement are used to show the legal reference upon which the provision is based upon, but shall have no legal effect that requires the referenced law to be fully incorporated herein. Upon Covered Entity's request, Business Associate agrees to promptly enter into negotiations with Covered Entity concerning the terms of an amendment to this Agreement embodying written assurances to the extent necessary to allow Covered Entity to comply with amendments to the standards and requirements of the Healthcare Account Laws.
13. **Assistance in Litigation or Administrative Proceedings.** Each Party shall make itself and any subcontractors (to the extent possible), employees or agents assisting Business Associate in the performance of its obligations under this Agreement available to the other Party at no cost to the other Party to testify as witnesses, or as otherwise needed in the event of litigation or administrative proceedings being commenced against the other Party, its directors, officers or employees based upon claimed violation of HIPAA or other Healthcare Account Laws relating to security and privacy, except where the Party or its subcontractor, employee or agent is a named adverse to the other Party.
14. **No Third Party Beneficiaries.** Nothing expressed or implied in this Exhibit is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

Good afternoon Ladies,

We have continued to work this call and the insurance company to try and get the patients family the best outcome. We have tried to work with the insurance company to keep the payment that was originally sent. They have denied the request and the refund was completed. At this time the family has been notified that the remaining balance is their responsibility and have been very corporative. At this time they are asking if the service would take a settlement and they would pay the remainder in full. It has been explained to them that all we can do is pass this on to the service and they will decide. The current balance on the call is \$468.09 they are requesting a \$200.00 credit, bringing the total due down to \$268.09.

I look forward to the services response.

Betsey

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**From:** Betsey Behling  
**Sent:** Monday, March 07, 2016 10:58 AM  
**To:** 'Holly Mitchell'  
**Subject:** RE: Prescott ambulance ride 9-22-14

Holly,

We are calling the patient and will explain the process thoroughly. If he has further concerns I will let you know.

I hope you have a wonderful week!  
Betsey

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**From:** Betsey Behling [<mailto:bbehling@lifequest-services.com>]  
**Sent:** Thursday, February 25, 2016 3:37 PM  
**To:** Holly Mitchell  
**Subject:** RE: Prescott ambulance ride 9-22-14

Holly,

I hope this helps you.

1. Insurance info was corrected as soon as we were notified it was an issue and incorrect.
2. This was not billed as a critical care it was appropriately billed as ALS. It was changed to BLS after the service requested due to the patient complaint, because their insurance would not pay for it.
3. Insurances have their own U&C prices (overpriced) which we have no control over.
4. The corrected claim was sent as a corrected claim with the original ICN on it to show the insurance that it was a corrected claim of the original. We have no control over the insurance not processing it correctly.
5. We never take discounts, that is our policy. The insurance pays based on the patient's plan and what is left over becomes patient responsibility.

6. We are refunding because the insurance processed the corrected claim as a new claim, causing a double payment.

I will be happy to call and speak with them regarding this information. As we spoke earlier I can provide them with the appeal process.

Thank you,  
Betsey

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**From:** Jayne Brand  
**Sent:** Monday, February 22, 2016 9:13 AM  
**To:** Holly Mitchell  
**Subject:** FW: Prescott ambulance ride 9-22-14

Holly,

I think you have worked on this one before. Could you please follow up on this.

Thanks,

*Jayne M. Brand  
City Administrator  
800 Borner St.  
Prescott, WI 54021  
715-262-5544  
715-262-5764 fax*

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**From:** Dan Arnal [<mailto:arnal82@gmail.com>]  
**Sent:** Monday, February 22, 2016 8:49 AM  
**To:** Jayne Brand  
**Subject:** Prescott ambulance ride 9-22-14

Jayne could you please pass this along to lady in charge of ambulance rides. I talked with her last fall about this ambulance ride and some changes were made. This bill started out shortly after 9-22 with you guys billing my insurance company numerous times with my family's names spelled wrong and insurance # wrong. It's NEI following a number and you guys would put NEI following a number and insurance company would reject you. Start of the frustrations. This is all happening over last year and a half. Next you billed my insurance company stating that it was a critical care transport and it was definitely not. My insurance company states that this bill was way over priced and I appealed through my insurance. Instead of an appeal my insurance company sent you a letter offering another \$600 to the already paid \$1400. This would have been \$2000 on your \$2700 bill. Being that you wouldn't except the \$2000 my insurance company wouldn't pay any more than the \$1400. Your company never responded to the insurance company. I then decide to call and talk with the city of prescott about the bill and you guys tell me there was a billing error and you will make a change. I get told from you that you switched it to resident rate when I believe the only change was to a non critical care rate, which I was never told about from you. Next I am told to ignore this bill and wait for new bill to

come. The new bill has now changed from \$2700 down to around \$1500. My insurance company pays out at what they call 100% which was around \$1100. Leaving me around \$500. I call my insurance and ask some questions. Thinking that this can't turn into any bigger disaster I find out and verify with insurance that you guys just sent a new bill and never stated that it was a duplicate. Only reason my insurance company knew it was a duplicate is from me telling them. There was absolutely no reference to this being a duplicate. When I had the insurance company look they say, "yes looks like we have paid twice on this ride" and once again you guys can't bill correctly. So they contact you for a refund. I am now stuck with \$500 dollars owed out of pocket. In my thoughts from wrong billing critical care bills to duplicate bills not stated and the list goes on. We need to have you guys write off the \$500 left on this bill. I wanted to start with this option before taking the next step on this bill. This has been just a complete disaster. Please let me know your thoughts

Thanks  
Dan Arnal

715-262-9851

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**From:** Holly Mitchell  
**Sent:** Tuesday, December 08, 2015 11:23 AM  
**To:** Jayne Brand  
**Subject:** RE: Ambulance ride

Hi,

This is done for our end. The billing company re-billed it and is re-submitting to insurance; I spoke with the father of the patient and relayed that he should not make any more payments until the resubmission is complete and that he would receive a new updated statement from the billing company in about 45 days. If he owes anything in the end it will be around a few hundred \$ instead of over \$1000. He seemed fine with that and said that he will deal with the insurance company directly from here.

Thanks,  
Holly

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Holly,  
We have completed the changes to the bill as you have requested. I am attaching a copy of the invoice for your records. We do have to resubmit this to the insurance due to the change in charges. It is likely that they will request a refund due to the price reduction. We ask that the patient hold off making any further payments until this process has been completed. They will receive an updated statement in approximately 45 days.

The coder also provided me with the information as to how this was billed at the ALS rate. Following Medicare's guidelines we are allowed to up code for ALS dispatch incidents. Calls that are an ALS with difficulty breathing including an ALS assessment are

allowable due to the ALS dispatch. We are more than happy to reduce the charges for you, but wanted to explain how this came about.

I hope you have a wonderful weekend!  
Betsey

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**From:** Holly Mitchell [<mailto:hmittell@prescottcity.org>]  
**Sent:** Friday, December 04, 2015 9:22 AM  
**To:** Betsey Behling  
**Subject:** Prescott Ambulance Bill change

Hello Betsy!

We just spoke regarding an ambulance call from 09/22/2014 for pt Vance Arnal run #093201409226401922

This run was billed at an ALS 1 rate, but should have been billed at a BLS rate as there was no paramedic on the call, no meds were given or treatments done.

So under response info; primary role the report should say BLS not ALS transport. AND response disposition should be treated transported by BLS, not ALS.

Sorry for the mix up, this was entered incorrectly on our end. I will look forward to hearing from you what the change amounts to...

Thank you for your assistance in this and have a great day,

Holly Mitchell  
City of Prescott, WI

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**From:** Dan Arnal [<mailto:arnal82@gmail.com>]  
**Sent:** Wednesday, December 02, 2015 10:17 PM  
**To:** Jayne Brand  
**Subject:** Ambulance ride

Jayne

Please let me know if there's anymore info needed to look into this issue?

Dan Arnal. Father  
Vance Arnal. My son. Patient transported  
715-262-9851 personal  
612-401-2981 work

This ambulance ride bill I have been battling for last 14 months. My insurance deductible has been met for the year that this transport took place. I carry extremely good insurance through our union and have never had to pay outside my 600 dollar family deductible per year. My son had another ambulance ride in a previous year that was paid in full through insurance which was

in the 1400 dollar range. That ride was exactly the same as this ride except it was hastings to united instead of prescott to united. My insurance company said after I appealed and it went in front of the board of directors at my insurance that they contacted prescott ambulance billing to discuss a lowering price and they were unwilling to work with them. Long story short my insurance paid normal and customary for the area and won't pay anymore and are saying they paid 100 percent in Full according to there computer software. They are telling me that this ambulance ride was just way over priced. Anything you guys could do to help would be greatly appreciated!

Feel free to call with questions thanks Dan