



**Statement of Work
Request for Quote
#1346 Ambulance Billing Clearinghouse Services
Oct. 30, 2014**

Name of Company

Contact Person

DUE DATE: Quotes will be received by Jana Sorenson at jsorenson@springfield-or.gov until 12:00 pm (Noon), November 3, 2014

Late quotes will not be accepted.

All questions should be addressed via email to jsorenson@springfield-or.gov

The City of Springfield, Eugene Springfield Fire Department is seeking qualified firms to provide clearinghouse services for ambulance billing.

each claim to the patient's insurance carrier for payment processing. The submissions will be for 24 ambulance providers, with all 24 being submitted under one submitter ID. Total claims per year for all 24 ambulance providers are 32,000.

Successful bidder must also provide electronic remittance advices when available, insurance eligibility that directly interfaces with ZOLL's verification system. The clearing house must have an established working relationship to resolve claims to clearing house issues directly with ZOLL. The expectation for set up of the services would be completed within 30 days contract finalization and there will be no set up fees associated. Ability to provide mailing services for patient statements is required as well.

Additional information about the solicitation:

Item #	Requirements or Specifications	Ability to Provide	Cost	Total Cost
		Yes or No	Per Unit/Volume	
1.0	Electronic Claims			
1.1	Provide complete list of insurance payors			
1.2	Ability to accept ZOLL generated DAT file			
2.0	Electronic Remittance Advice			
2.1	Must be able to send ERA Client file received from payors to Eugene Springfield Fire Department for electronic automated posting.			
3.0	Payor Eligibility			
3.1	Includes inquiries for participating and non-participating providers			
3.2	Must be able to automatically verify eligibility and interface with Zoll Rescuenet Billing System			
4.0	HIPAA Compliance			
4.1	Completed Business Associates Agreement			
5.0	Mailing Services			
5.1	Print and Mail all patient statements/letters with return envelope insert when required			
5.2	Must be able to accept electronically ZOLL ECM batch submission			
License Information				
License #	Type of License, name of Issuing Authority	Expiration Date		
Prior Experience				
Name of Customer	Description and \$ Value of Project	Ph. #	Contact Name	

Special Instructions:

Valid for 90 Days from date submitted below.

Signer acknowledges that they have the legal authority to bind entity.

Unless otherwise specified, all items quoted are to be new, unused and not remanufactured in any way.

Proposer must clearly identify all products quoted. Brand name and model or number must be shown.

CITY reserves the right to make the award by item, groups of items or entire quote, whichever is in the best interest of CITY.

CITY may reject any Quote not in compliance with the RFQ, attachments, and addenda, or if it is in the best interest of CITY.

Submitted this _____ day of _____ 20_____

Signature of Proposer

Print Proposer Name

Title of Proposer

Proposer Address

Proposer Phone #

Proposer Email Address
