

MINUTES OF THE REGULAR MEETING OF
THE BOARD OF COMMISSIONERS OF
JEFFERSON COUNTY EMERGENCY SERVICES DISTRICT NO. 4

A regular meeting of the Board of Commissioners of Jefferson County Emergency Services District No. 4 ("District") was called for at 5:30 p.m. on the March 16, 2015, at the Jefferson County Precinct 4 Service Center, located at the 7780 Boyt Road, Beaumont, Texas 77713, pursuant to notice duly posted according to law.

At approximately 5:30 p.m., the regular meeting was called to order. The roll was called of the duly constituted officers and members of the Board, to wit:

Jeff Roebuck	President
Charlie Reneau	Vice President
Sandra Duhon	Secretary
Sandra Melton	Treasurer
Charlie Cox	Assistant Treasurer

All of said Board members were present, with the exception of President Roebuck, thus constituting a quorum. Also present at the meeting were Joshua Heinz of the law firm Benckenstein & Oxford, L.L.P., attorneys for the District; members of the Labelle-Fannett VFD and Cheek VFD, and residents of the District.

Upon establishing that a quorum was present, Vice President Reneau asked for public comment as set forth in Agenda Item No. 3. Ken Duhon advised the Board that he is again chief of Cheek VFD. Additionally, Chief Duhon asked if the Section 775.0345 of the Texas Health & Safety Code, as amended by SB 1265 (2013), applies to the District, and Mr. Heinz advised him and the Board that it does not apply to ESDs in Jefferson County.

Being as there was no further public comment, the Board moved along to Agenda Item No. 4, at which time Chief Duhon and Charles Sonnier, Chief of Labelle-Fannett VFD, advised the Board on the VFDs' recent activities. Neither department submitted a monthly run report.

Additionally, the Board reviewed the bank statement, account reconciliation summary, and insurance billing/payment history report submitted by Labelle-Fannett VFD, copies of which are attached hereto as **Exhibit A**.

The Board was then directed to Agenda Item No. 5 for review of the Minutes of the February 16, 2015 regular meeting and the February 23, 2015 special meeting. Upon motion by Assistant Treasurer Cox and seconded by Secretary Duhon, the proposed Minutes were unanimously approved by the Board members present.

Next, Vice President Reneau directed the Board to Agenda Item No. 6, at which time Treasurer Melton reported that the District's Texas First Bank account balance was \$548,641.51 as of February 28, 2015, and \$602,836.58 as of March 13, 2015, as reflected in the account statements attached hereto as **Exhibit B**. Treasurer Melton also reviewed the District's current financial statement of activities with the Board, which is attached hereto as **Exhibit C**. Additionally, Treasurer Melton reviewed with the Board the proposed contract with Jackson Lawn Care Service for lawn maintenance at the Labelle-Fannett VFD fire stations, a copy of which is attached hereto as **Exhibit D**. Upon motion by Treasurer Melton and seconded by Assistant Treasurer Cox, the lawn maintenance contract with Jackson Lawn Care Service was unanimously approved by the Board members present.

Then, under Agenda Item No. 8, Treasurer Melton reported to the Board that Mary Ellen Robertson had spoken with Ralph Likens, Auditor for the District, and he informed her that he would begin work on the District's 2013-14 annual audit prior to the next Regular Board meeting.

Vice President Reneau then directed the Board to Agenda Item No. 7 for payment of the District and VFDs' bills. After reviewing and discussing the various expenditures, Treasurer

Melton made a motion to approve payment of the bills and expenditures listed on the account register attached hereto as **Exhibit E** (Electronic Payment No. 1558, purchase of checks, and Check Nos. 1880-1900, totaling \$28,082.14). The motion was seconded by Assistant Treasurer Cox and unanimously approved by the Board.

The Board then moved along to Agenda Item No. 9 regarding equipment repairs and acquisitions. Vice President Reneau advised the Board and Labelle-Fannett VFD members on the status of the gator repairs. Also, Assistant Treasurer Cox provided the Board and Labelle-Fannett VFD members with information he had obtained for a new tank fill station. Lastly, Chief Duhon advised the Board that he will be obtaining new quotes for repairing the exterior siding and installing automatic door openers at the Cheek fire station.

The Board was then directed to Agenda Item No. 10, at which time Assistant Treasurer Cox advised the Board that he had provided Doug Saunders with information regarding Cheek's Engine 2, which had previously be declared salvaged property, and Mr. Saunders will be providing him with estimates for selling and/or disposing of the salvaged apparatus.

Next, under Agenda Item No. 11, Vice President Reneau advised that he and Assistant Treasurer Cox had interviewed several candidates for the District Manager position, and that the Board had reviewed and discussed the proposed candidates during its February 23, 2015 special meeting. Thereafter, Treasurer Melton made a motion to retain the services of Wayne Wilber to fill the District Manager, which was seconded by Secretary Duhon and unanimously approved by the Board members present. Thereafter, the Board reviewed and discussed a draft of the proposed Agreement for Management Services between the District and Wayne Wilber, a copy of which is attached hereto as **Exhibit F**. Mr. Heinz advised that the duties and responsibilities section of the proposed agreement needed to be completed, and that he conformed with the

District's VFIS insurance representative that the District Manager would be covered under the District's policy, which include auto, general liability, and crime/fraud coverage. Secretary Duhon made a motion to approve the proposed agreement, subject to adding general management responsibilities and duties, periodic performance reviews, and information regarding insurance coverage, and differentiating between his roles as District Manager and VFD/EMS volunteer. The motion was seconded by Assistant Treasurer Cox and unanimously approved by the Board members present. Lastly, Treasurer Melton made a motion to authorize Mr. Wilber to attend the upcoming ESD seminar in Woodville, Texas, which was seconded by Assistant Treasurer Cox and unanimously approved by the members present.

Thereafter, under Agenda Item No. 13, Mr. Heinz advised the Board that he will get with Mr. Wilber and begin drafting proposed purchasing policies and procedures for the District, along with any other needed policies or procedures, and will begin working on proposed revisions to the VFDs' fire service agreements.

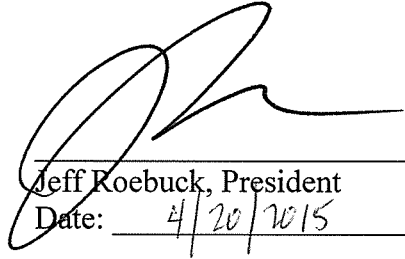
The Board then moved along to Agenda Item Nos. 12 regarding the Records Management Program. Mr. Heinz reviewed with the Board the proposed Order for same, along with the proposed Designation of Records Management Officer and Declaration of Compliance, copies of which are attached hereto as **Exhibit G**. The proposed Order designated the District Manager as the Records Management Officer, and Mr. Heinz recommended that he be designated as such. Upon motion by Treasurer Melton and seconded by Assistant Treasurer Cox, the proposed Order Establishing Records Management Program was unanimously approved by the Board members present. Mr. Heinz will have Mr. Wilber sign the designation and declaration forms, and thereafter will file same, along with a copy of the Order, with the Records Management Division of the Texas State Library and Archives Commissions.

After tabling Agenda No. 14, the Board was directed to Agenda Item No. 15, at which time Mr. Heinz advised the Board that Labelle-Fannett VFD had provided insurance claim history reports for 2012-15, copies of which are attached hereto as **Exhibit H**. Mr. Heinz advised the Labelle-Fannett VFD representatives that VFIS had requested claim history for the previous five years, and Henry LaBrie, Treasurer of Labelle-Fannett VFD, confirmed that he would obtain and provide Mr. Heinz with the claim history reports for 2010-11, so that Mr. Heinz could then forward to VFIS for purposes of obtaining an insurance quote.

Next, under Agenda Item No. 16, Mr. Heinz advised the Board that he had received a call from Carl Parker, counsel for the City of Port Arthur, concerning additional industrial properties in the District which are also covered under Industrial Service Agreements (i.e., In Lieu of Tax Agreements) with the City of Port Arthur for fire protection. Mr. Heinz is awaiting receipt of additional information, and will keep the Board apprised of future developments concerning the matter.


Lastly, under Agenda Item No. 17, Secretary Duhon advised the Board on her progress concerning Labelle-Fannett VFD's phone service plan, and she requested that a department representative who is familiar with the current plan meet with her after the meeting to discuss the matter further. Additionally, Daniel Hidalgo, Assistant District Manager for West Jefferson Municipal Water District, advised the Board of a potential water system improvement project for purposes of increasing water supply/pressure at the proposed, new Hampshire-Fannett ISD Middle School, to meet fire suppression/protection system requirements, and he requested that the District consider contributing to a portion of the project's overall cost. Mr. Hidalgo will provide the Board with additional information concerning the proposed project once such is available.

Being as there were no further matters to come before the Board, the meeting was adjourned at approximately 6:30 p.m.



Jeff Roebuck, President
Date: 4/20/15

ATTEST:



Position: Secretary
Date: 4/20/15

Exhibit A

TEXAS FIRST BANK

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Return Service Requested

00006890-0019991-0001-0003-TIMR8006040301153042

6890

**LABELLE FANNETT VOLUNTEER
FIRE DEPARTMENT
18769 FM 365 RD
BEAUMONT TX 77705-8761**

TELEPHONE BANKING
(409) 945-9889 (281) 538-2226
(855) 355-TFB1 (8321)

BOOKKEEPING
(409) 948-1993
(409) 296-2111

Page 1 of 3

Account Number: 29488
Date: 03/01/15
Enclosures: 12

EM

BUSINESS CHECKING	LABELLE FANNETT VOLUNTEER	Acct	29488
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Summary of Activity Since Your Last Statement

Beginning Balance	2/01/15	24,043.23	
Deposits / Misc Credits	6	11,676.97	
Withdrawals / Misc Debits	13	3,580.31	
** Ending Balance	2/28/15	32,139.89	**
Service Charge		.00	
Average Balance		29,101	
Minimum Balance		24,043	
Enclosures		12	

	Total for this period	Total year-to-date
Total Overdraft Fees	\$.00	\$.00
Total Returned Item Fees	\$.00	\$.00

Deposits and Other Credits

Date	Amount	Activity Description
2/04	701.68	NOVITAS/HCCLAIMPMT ✓ TRN*1*889520220*1205296137~ 1568689461 LABELLE FANNETT VFD E
2/05	1,135.15	Deposit ✓
2/06	3,147.24	Deposit ✓
2/19	500.00	Deposit ✓
2/19	4,461.62	Deposit ✓
2/27	1,731.28	Deposit ✓



00006890-0019991-0001-0003-TIMR8006040301153042(00006890)-000019993

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 FIRE DEPARTMENT
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 BEAUMONT TX 77705-8761**

6890

Page 2 of 3

Account Number: 29488

Debits and Other Withdrawals

Date	Amount	Activity Description
2/10	27.13 ✓	West JeffersnMWD/ECHK034542 LABELLE-FANNETT 606
2/10	93.08 ✓	West JeffersnMWD/ECHK034542 WIGGINS RD 607
2/17	600.84 ✓	CREDIT CARD PYMT/CREDIT CRD 043000092280850 FIRE LABELLE FANNETT
2/18	179.57 ✓	Entergy Services/Bill Pay 7770064834218 labellefannettvolfred
2/18	640.90 ✓	Entergy Services/Bill Pay 7770064834151 labellefannettvolfred
2/19	7.04 ✓	ACHIVR VISB/BILL PYMNT 4614548 SCOTT *WADE

Checks

Date	Check No	Amount	Date	Check No	Amount	Date	Check No	Amount
2/06	5268	4.94 ✓	2/24	5271	150.00 ✓	2/26	5274	350.40 ✓
2/23	5269	483.23 ✓	2/23	5272	153.00 ✓			
2/24	5270	739.16 ✓	2/25	5273	151.02 ✓			

* indicates a break in check number sequence

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
2/04	24,744.91	2/17	28,301.31	2/24	30,910.03
2/05	25,880.06	2/18	27,480.84	2/25	30,759.01
2/06	29,022.36	2/19	32,435.42	2/26	30,408.61
2/10	28,902.15	2/23	31,799.19	2/27	32,139.89

00006890-0019993-0002-0003-TIMR8006040301153042(00006890)-000019995



February Reconciliation

Reconciliation Summary

*Sandra
Molton*

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		24,043.23
Checks and Payments	13 Items	-3,500.31
Deposits and Other Credits	6 Items	11,676.97
Service Charge	0 Items	0.00
Interest Earned	0 Items	0.00

Ending Balance of Bank Statement:

32,139.89

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		32,139.89
Checks and Payments	1 Item	-79.34
Deposits and Other Credits	0 Items	0.00

Register Balance as of 2/28/2015:		32,060.52
Checks and Payments	7 Items	1,788.84
Deposits and Other Credits	2 Items	5,760.61

Register Ending Balance: 36,032.32

February Reconciliation

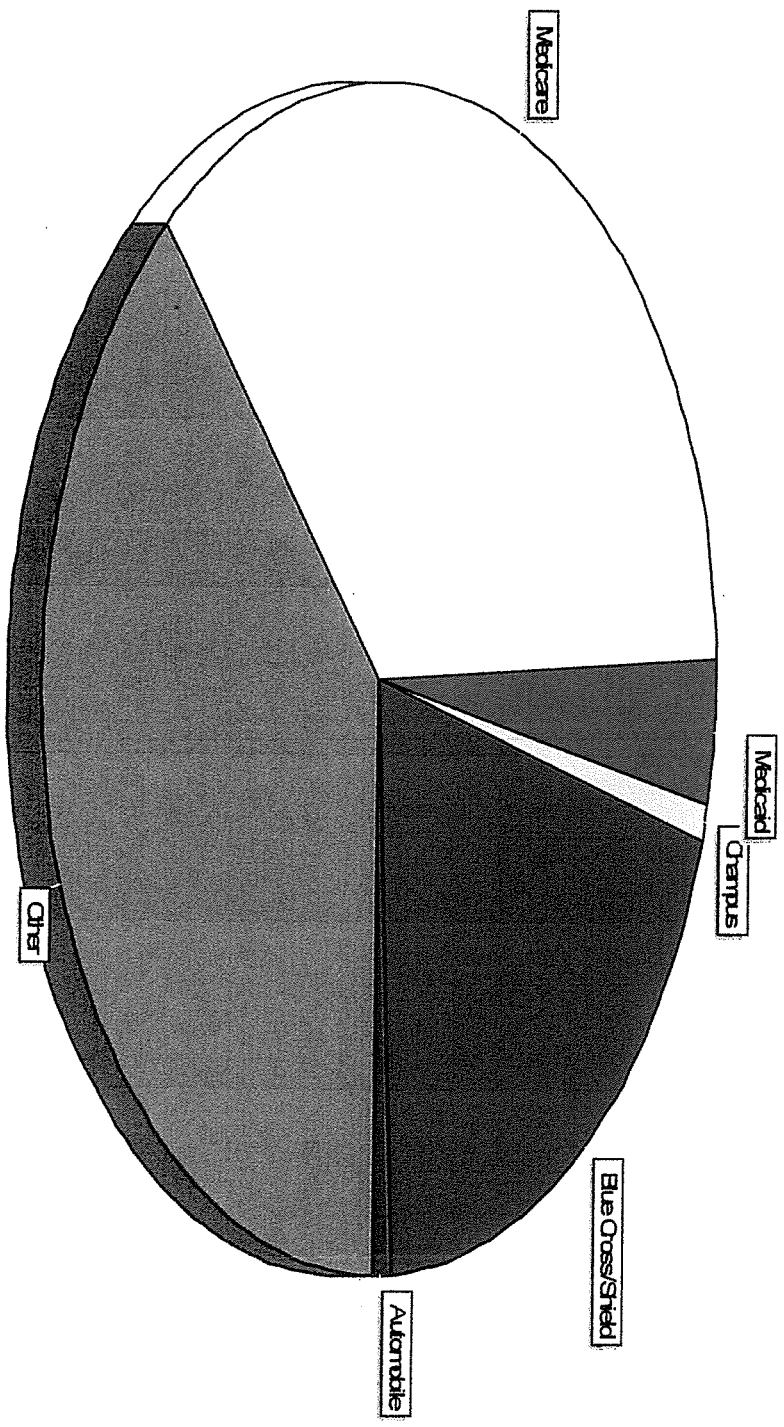
Checking
3/13/2015

Uncleared Transaction Detail up to 2/28/2015

Date	Num	Payee	Memo	Category	Ch	Amount
Uncleared Checks and Payments						
2/26/2015	5275	JACO PEST	RAT RATT	PEST CONTROL		0.00
Total Uncleared Checks and Payments						
			1	Item		0.00
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits						
			0	Items		0.00
Total Uncleared Transactions						
			1	Item		0.00

Insurance Payments by Type during Year

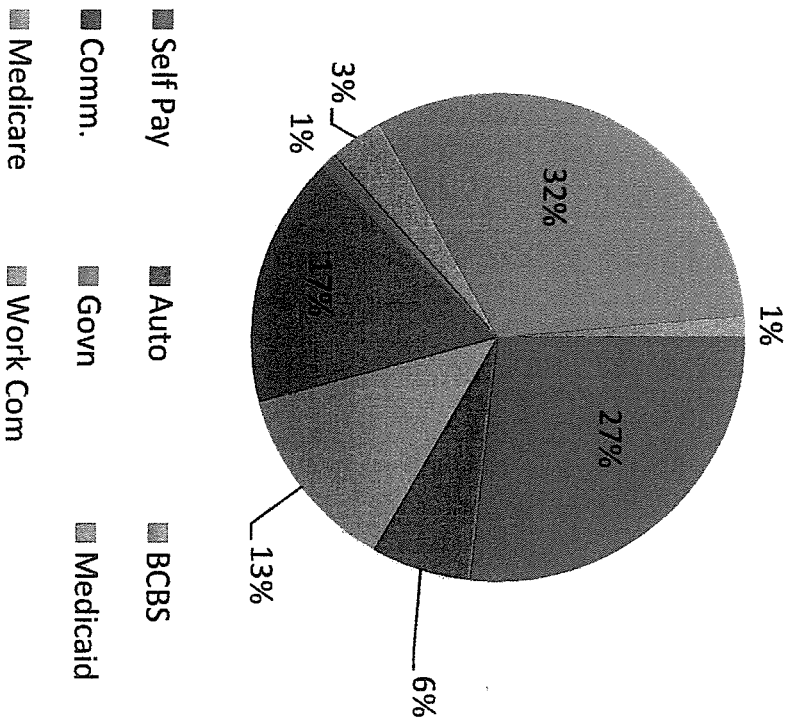
Show all data where the Payment Date is between 1/1/2014, 12/31/2014



LABELLE-FANNETT EMS

Charges ALL Class Types - 2014

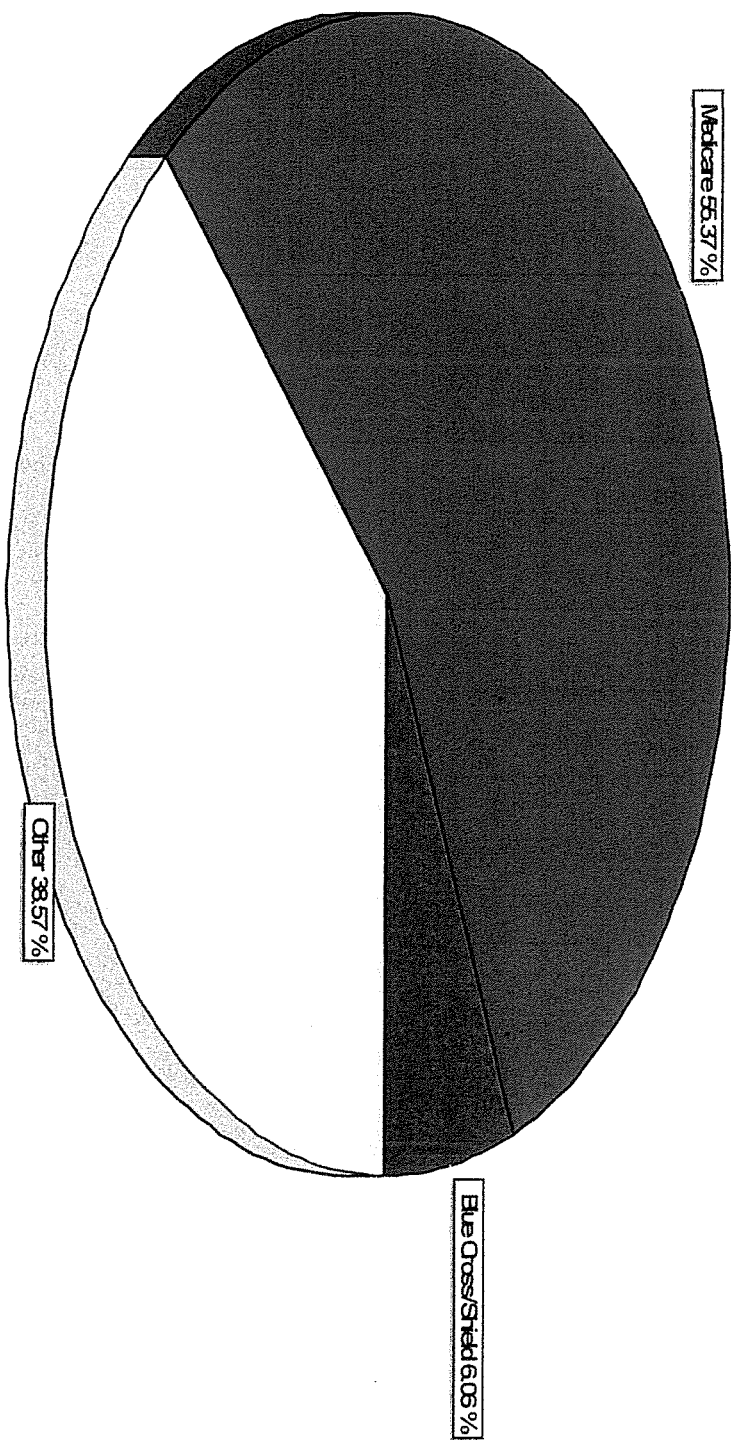
Total Charges = \$121,587.42



Charges by Insurance Type

LaBelle-Fannett EMS

Show all data where the Date From is between 1/1/1980, 12/31/2014 and the Date Created is between 12/3/2014, 1/16/2015

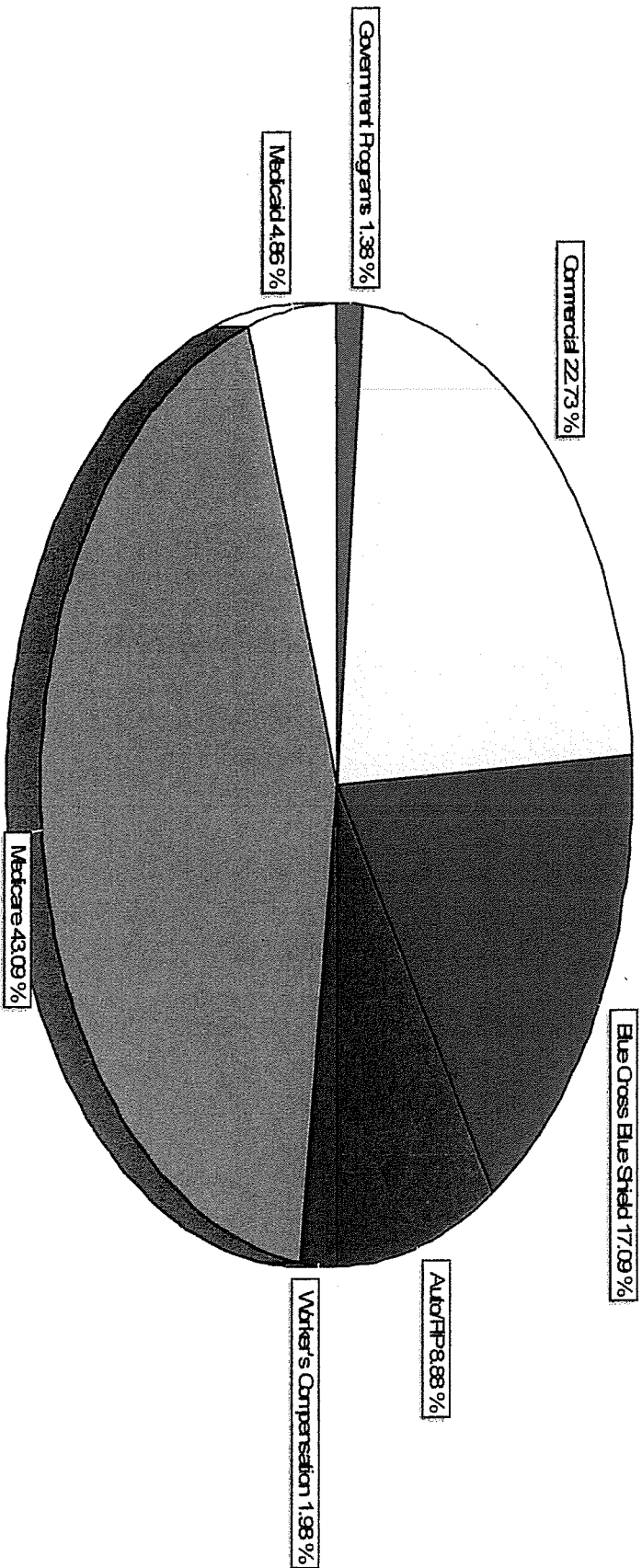


■	\$910.97 Blue Cross/Shield	■	\$83,326.10 Medicare	□	\$5,800.71 Other
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Charges by Insurance Class for Year 2014

LaBelle-Fannett EMS

Show all data where the Date From is between 1/1/2014, 12/31/2014



\$7,922.20 Auto/FP	\$15,236.49 Blue Cross Blue Shield	\$20,266.39 Commercial
\$1,233.40 Government Programs	\$4,335.31 Medicaid	\$38,424.20 Medicare
\$1,761.80 Worker's Compensation		

Labelle-Fannett EMS

Annual Activity Summary

Show all data where the Date From is between 1/1/2014, 12/31/2014

Date	Charges	Payments	Adjustments	Net Effect	AR Balance
January 2014	16,280.47	-5,844.98	-4,969.70	5,465.79	34,198.23
February 2014	13,416.62	-8,006.31	-4,083.46	1,326.85	35,525.08
March 2014	18,063.50	-6,190.29	-3,945.32	7,927.89	43,452.97
April 2014	1,622.00	-6,414.42	-2,691.08	-7,483.50	35,969.47
May 2014	1,899.92	-2,863.33	-9,734.97	-10,698.38	25,271.09
June 2014	5,301.08	-384.95	-793.22	4,122.91	29,394.00
July 2014	5,243.67	-3,106.61	-2,144.48	-7.42	29,386.58
August 2014	9,869.72	-1,113.39	-7,095.97	1,660.36	31,046.94
September 2014	12,332.36	-1,453.10	-6,057.22	4,822.04	35,868.98
October 2014	10,699.10	-1,593.23	0.00	9,105.87	44,974.85
November 2014	5,172.21	-5,594.73	-3,197.03	-3,619.55	41,355.30
December 2014	21,686.77	-9,384.20	-1,575.96	10,726.61	52,081.91
	\$121,587.42	-\$51,949.54	-\$46,288.41	\$23,349.47	\$52,081.91

Insurance Payments During Year by Type
 Labelle-Fannett EMS
 Show all data where the Payment Date is between 1/1/2014, 12/31/2014

Insurance Type	Payments	%
Automobile	415.35	0.8%
Blue Cross/Shield	10,325.19	19.9%
Champus	519.26	1.0%
Medicaid	2,012.15	3.9%
Medicare	18,550.28	35.7%
Other	20,127.31	38.7%
Insurance Totals:	51,949.54	

Transaction Analysis

Show all data where the Date From is between 12/1/2014, 12/31/2014

Code	Description	Amount	Units	Average	Cost	Net
93012	EKG monitoring	950.20	5	190.04	0.00	950.20
AMCARPAY	Amcare Health Plans Payment	-127.63	1	-127.63	0.00	-127.63
ANOTE	Audit Review Note	0.00	1	0.00	0.00	0.00
BCBSPAY	BCBS PAYMENT	-2,515.44	15	-167.70	0.00	-2,515.44
BNOTE	Action for Billing Team	0.00	1	0.00	0.00	0.00
CALL	Telephone Contact	0.00	4	0.00	0.00	0.00
CIGNAPAY	CIGNA PAYMENT	-572.80	6	-95.47	0.00	-572.80
CLAIMSENT	Insurance Claim Submitted	0.00	9	0.00	0.00	0.00
CNOTE	Action for AR Team - further review	0.00	3	0.00	0.00	0.00
DEDUCTIBLE	DEDUCTIBLE	0.00	2	0.00	0.00	0.00
EDP	EOB Denial Reviewed / Processed	0.00	3	0.00	0.00	0.00
M01	ROUTINE DISPOSABLE SUPPLIES	151.45	1	151.45	0.00	151.45
M03	BLS DISPOSABLE SUPPLIES	601.14	3	200.38	0.00	601.14
M04	IV SUPPLIES	139.05	3	46.35	0.00	139.05
M06	OXYGEN	525.30	6	87.55	0.00	525.30
MCAREADJ	MEDICARE DISALLOWED	-723.66	101.1	-60.31	0.00	-723.66
MCAREPAY	MEDICARE PAYMENT	-697.18	33.7	-174.29	0.00	-697.18
MEDNOTE	Medical Records Request	0.00	2	0.00	0.00	0.00
MEDNOTE2	Medical Records Rqst Pd & Released	0.00	1	0.00	0.00	0.00
MUTOFOMP7	Mutual of Omaha Payment	-92.58	2	-46.29	0.00	-92.58
N06	BLS EMERGENCY TRANSPORT	10,625.00	18	590.28	0.00	10,625.00
N09	ALS-1 EMERGENCY TRANSPORT	4,200.00	6	700.00	0.00	4,200.00
N20	MILEAGE	4,337.30	412	180.72	0.00	4,337.30
O1821	ASPIRIN 81 MG	11.16	12	3.72	0.00	11.16
O506	DEXTRROSE 50% 25MG	69.65	1	69.65	0.00	69.65
O520T	NITROGLYCERINE TAB	6.07	1	6.07	0.00	6.07
O525	VALIUM 10MG	10.40	1	10.40	0.00	10.40
O527	NORMAL SALINE 1000cc IV	38.33	1	38.33	0.00	38.33
O528	NORMAL SALINE 500cc IV	21.72	1	21.72	0.00	21.72
PAR	Primary AR Review	0.00	18	0.00	0.00	0.00
PHYPAY	Physicians Mutual Payment	-98.27	2	-49.14	0.00	-98.27
PICR	Primary Insurance Claim Rebillied	0.00	2	0.00	0.00	0.00
PROGNSPAY	Progressive Insurance Payment	-841.85	3	-280.62	0.00	-841.85
PTAR	Patient Aging Review	0.00	3	0.00	0.00	0.00
PTCHECKPAY	PATIENT CHECK PAYMENT	-1,070.06	8	-133.76	0.00	-1,070.06
RIS	Stunt returned - not deliverable as ad	0.00	3	0.00	0.00	0.00
SEQADJ	Segestration Adjustment	-8.11	2	-4.05	0.00	-8.11
STATEMENT	Patient Statement issued	0.00	21	0.00	0.00	0.00
TCHADJ	TCHP DISALLOWED	-483.52	2	-241.76	0.00	-483.52
TCHPAY	TCHP PAYMENT	-310.88	2	-155.44	0.00	-310.88
TEXPLUDIS	Texan Plus Disallowed	-360.67	2	-180.34	0.00	-360.67
TEXPLUPAY	Texan Plus Payment	-397.62	2	-198.81	0.00	-397.62
UMRPAY	UMR Payment	-1,170.98	9	-130.11	0.00	-1,170.98
UNITBDPAY	UNITED HEALTHCARE PAYMEN	-1,488.91	8	-186.11	0.00	-1,488.91

Show all data where the Date From is between 12/1/2014, 12/31/2014

Transaction Analysis

LaBelle-Fannett EMS

Code	Description	Amount	Units	Average	Cost	Net
	Total Procedure Charges	\$21,686.77				
	Total Product Charges	\$0.00				
	Total Inside Lab Charges	\$0.00				
	Total Outside Lab Charges	\$0.00				
	Total Billing Charges	\$0.00				
	Total Insurance Payments	-\$8,314.14				
	Total Cash Copayments	\$0.00				
	Total Check Copayments	\$0.00				
	Total Credit Card Copayments	\$0.00				
	Total Patient Cash Payments	\$0.00				
	Total Patient Check Payments	-\$1,070.06				
	Total Credit Card Payments	\$0.00				
	Total Debit Adjustments	\$0.00				
	Total Credit Adjustments	\$0.00				
	Total Insurance Debit Adjustments	\$0.00				
	Total Insurance Credit Adjustments	-\$1,575.96				
	Total Insurance Withholds	\$0.00				
	Net Effect on Accounts Receivable	\$10,726.61				

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Charge	Payment			
93012	EKG monitoring 0.00	1	190.04	-190.04	190.04	-190.04	0.00	190.04	190.04
N09	ALS-1 EMERGENCY TRANSPOR 0.00	1	700.00	-700.00	700.00	-700.00	0.00	700.00	700.00
N20	MILEAGE 0.00	11.7	128.70	-128.70	11.00	-11.00	0.00	128.70	128.70
Totals for Carrier: AIG		13.7	\$1,018.74	-\$1,018.74	74.36	-74.36	\$0.00	\$1,018.74	\$1,018.74
							Capitation Payments:		N/A
							Net Profit:		\$1,018.74

Aetna

AET01

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Charge	Payment			
93012	EKG monitoring 0.00	5	950.20	-275.48	190.04	-55.10	-40.64	950.20	316.12
M02	ALS SPECIALIZED SUPPLIES 0.00	1	176.13	0.00	176.13	0.00	0.00	176.13	0.00
M03	BLS DISPOSABLE SUPPLIES 0.00	1	173.05	0.00	173.05	0.00	0.00	173.05	0.00
M04	IV SUPPLIES 0.00	6	275.40	0.00	45.90	0.00	0.00	275.40	0.00
M06	OXYGEN 0.00	7	605.20	-48.85	86.46	-6.98	-5.43	605.20	54.28
N06	BLS EMERGENCY TRANSPORT 0.00	3	1,525.00	-1,509.85	508.33	-503.28	0.00	1,525.00	1,509.85
N09	ALS-1 EMERGENCY TRANSPOR 0.00	7	4,400.00	-2,668.61	628.57	-381.23	-183.40	4,400.00	2,852.01
N10	ALS-2 EMERGENCY TRANSPOR 0.00	1	800.00	-640.00	800.00	-640.00	-160.00	800.00	800.00
N20	MILEAGE 0.00	163.2	1,690.60	-1,199.66	10.36	-7.35	-61.29	1,690.60	1,260.95
O503	ATROPINE IMG 0.00	3	46.32	-2.66	15.44	-0.89	-0.67	46.32	3.33
O510	EPINEPHRINE 1:10,000 IMG 0.00	4	214.16	-78.14	53.54	-19.54	-19.54	214.16	97.68
O523	SODIUM BICARB 0.00	1	7.85	-6.28	7.85	-6.28	-1.57	7.85	7.85
O527	NORMAL SALINE 1000cc IV 0.00	4	149.96	-121.85	37.49	-30.46	-2.38	149.96	124.23
O531	MORPHINE 0.00	1	4.64	-2.59	4.64	-2.59	-0.29	4.64	2.88
Totals for Carrier: Aetna		207.2	\$11,018.51	-\$6,553.97	53.18	-31.63	-\$475.21	\$11,018.51	\$7,029.18
							Capitation Payments:		N/A
							Net Profit:		\$7,029.18

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Aetna-Medicare PPO

AET10

Procedure	Cost Per Unit	Units	Primary Insurance		Pay Percent	Average		All Other Payments	Expected Net Profit	Actual Net Profit	
			Charges	Payments		Charge	Payment				
93012	EKG monitoring	0.00	1	190.04	0.00	0%	190.04	0.00	190.04	0.00	
M02	ALS SPECIALIZED SUPPLIES	0.00	1	343.60	0.00	0%	343.60	0.00	343.60	0.00	
M04	IV SUPPLIES	0.00	1	46.35	0.00	0%	46.35	0.00	46.35	0.00	
M06	OXYGEN	0.00	1	87.55	0.00	0%	87.55	0.00	87.55	0.00	
N10	ALS-2 EMERGENCY TRANSPOR	0.00	1	800.00	-551.02	69%	800.00	0.00	800.00	551.02	
N20	MILEAGE	0.00	17.4	191.40	-118.12	62%	11.00	0.00	191.40	118.12	
O503	ATROPINE IMG	0.00	3	46.32	0.00	0%	15.44	0.00	46.32	0.00	
O510	EPINEPHRINE 1:10,000 IMG	0.00	5	267.70	0.00	0%	53.54	0.00	267.70	0.00	
O523	SODIUM BICARB	0.00	1	7.85	0.00	0%	7.85	0.00	7.85	0.00	
O527	NORMAL SALINE 1000cc IV	0.00	1	38.33	0.00	0%	38.33	0.00	38.33	0.00	
Totals for Carrier: Aetna-Medicare PPO			32.4	\$2,019.14	-\$669.14	33%	62.32	-20.65	\$0.00	\$2,019.14	\$669.14
					Capitation Payments:				N/A		
					Net Profit:				\$669.14		

Allstate

ALL02

Procedure	Cost Per Unit	Units	Primary Insurance		Pay Percent	Average		All Other Payments	Expected Net Profit	Actual Net Profit	
			Charges	Payments		Charge	Payment				
M03	BLS DISPOSABLE SUPPLIES	0.00	1	82.92	-77.00	93%	82.92	-77.00	0.00	82.92	77.00
M06	OXYGEN	0.00	1	87.55	-87.55	100%	87.55	-87.55	0.00	87.55	87.55
N06	BLS EMERGENCY TRANSPORT	0.00	1	625.00	-625.00	100%	625.00	-625.00	0.00	625.00	625.00
N20	MILEAGE	0.00	11.8	129.80	-129.80	100%	11.00	-11.00	0.00	129.80	129.80
Totals for Carrier: Allstate			14.8	\$925.27	-\$919.35	99%	62.52	-62.12	\$0.00	\$925.27	\$919.35
					Capitation Payments:				N/A		
					Net Profit:				\$919.35		

Amerigroup

AME05

Procedure	Cost Per Unit	Units	Primary Insurance		Pay Percent	Average		All Other Payments	Expected Net Profit	Actual Net Profit
			Charges	Payments		Charge	Payment			

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Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

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Amerigroup	Procedure	Cost Per Unit	Units	Primary Insurance			Average			All Other		Expected Actual Net Profit
				Charges	Payments	Pay Percent	Charge	Payment	Payments	Net Profit		
	M04	IV SUPPLIES	3	139.05	0.00	0%	46.35	0.00	0.00	139.05	0.00	
	M06	OXYGEN	5	437.75	-27.58	6%	87.55	-5.52	0.00	437.75	27.58	
	N06	BLS EMERGENCY TRANSPORT	3	1,725.00	-696.92	40%	575.00	-232.31	0.00	1,725.00	696.92	
	N09	ALS-1 EMERGENCY TRANSPORT	3	1,850.00	-842.20	46%	616.67	-280.73	0.00	1,850.00	842.20	
	N20	MILEAGE	76.1	795.50	-345.34	43%	10.45	-4.54	0.00	795.50	345.34	
	O528	NORMAL SALINE 500cc IV	1	19.16	0.00	0%	19.16	0.00	0.00	19.16	0.00	
Totals for Carrier Amerigroup			91.1	\$4,966.46	-\$1,912.04	38%	54.52	-20.99	\$0.00	\$4,966.46	\$1,912.04	
								Capitation Payments:			N/A	
								Net Profit:			\$1,912.04	

BLUE CROSS BLUE SHIELD

Procedure	Cost Per Unit	Units	Primary Insurance			Average			All Other		Expected Actual Net Profit
			Charges	Payments	Pay Percent	Charge	Payment	Payments	Net Profit		
93012	EKG monitoring	6	1,140.24	-518.42	45%	190.04	-86.40	-57.00	1,140.24	575.42	
J7644	Atrovent	1	10.00	-0.22	2%	10.00	-0.22	0.00	10.00	0.22	
L0170	Cervical Collar	1	47.93	-47.93	100%	47.93	-47.93	0.00	47.93	47.93	
M02	ALS SPECIALIZED SUPPLIES	1	115.88	-86.91	75%	115.88	-86.91	0.00	115.88	86.91	
M03	BLS DISPOSABLE SUPPLIES	2	213.77	-187.60	88%	106.88	-93.80	-26.17	213.77	213.77	
M04	IV SUPPLIES	18	971.69	-667.90	69%	53.98	-37.11	-34.87	971.69	702.77	
M06	OXYGEN	13	1,120.30	-643.83	57%	86.18	-49.53	-84.66	1,120.30	728.49	
N06	BLS EMERGENCY TRANSPORT	7	3,625.00	-2,955.67	82%	517.86	-422.24	-125.00	3,625.00	3,080.67	
N09	ALS-1 EMERGENCY TRANSPORT	20	12,050.00	-7,939.54	66%	602.50	-396.98	-838.53	12,050.00	8,778.07	
N10	ALS-2 EMERGENCY TRANSPORT	1	800.00	-600.00	75%	800.00	-600.00	0.00	800.00	600.00	
N20	MILEAGE	380.3	3,822.50	-2,831.35	74%	10.05	-7.44	-185.96	3,822.50	3,017.31	
O175	IMMOBILIZATION /backboard, co	1	69.53	-69.53	100%	69.53	-69.53	0.00	69.53	69.53	
O1821	ASPIRIN 81 MG	4	3.72	0.00	0%	0.93	0.00	0.00	3.72	0.00	
O320	PHENEGRAN IM/IV	1	4.00	-3.20	80%	4.00	-3.20	-0.80	4.00	4.00	
O502	ALBUTEROL/PROVENTIL 0.83%	1	5.71	-0.05	1%	5.71	-0.05	0.00	5.71	4.00	
O503	ATROPINE IMG	3	46.32	-34.74	75%	15.44	-11.58	0.00	46.32	34.74	
O510	EPINEPHRINE 1:10,000 IMG	5	267.70	-200.78	75%	53.54	-40.16	0.00	267.70	200.78	
O527	NORMAL SALINE 1000cc IV	4	151.08	-3.42	2%	37.77	-0.86	-37.14	151.08	40.56	

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

BLUE CROSS BLUE SHIELD

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Change	Payment			
0528	NORMAL SALINE 500cc IV	3	55.80	-16.44	29%	18.60	-5.48	-3.76	55.80	20.20
0531	MORPHINE	4	18.56	-12.18	66%	4.64	-3.04	0.00	18.56	12.18
0537	SOLMEDROL 125mg	1	26.10	-2.30	9%	26.10	-2.30	0.00	26.10	2.30
0543	Normal Saline 500	1	27.91	-25.12	90%	27.91	-25.12	0.00	27.91	25.12
Totals for Carrier: BLUE CROSS BLUE SHIELD		478.3	\$24,593.74	-\$16,847.13	69%	51.42	-35.22	-\$1,393.89	\$24,593.74	\$18,241.02
								Capitation Payments:		N/A
								Net Profit:		\$18,241.02

CRIME VICTIMS COMP. (011)

514

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Change	Payment			
93012	EKG monitoring	1	190.04	0.00	0%	190.04	0.00	0.00	190.04	0.00
M01	ROUTINE DISPOSABLE SUPPLIE	1	66.95	0.00	0%	66.95	0.00	0.00	66.95	0.00
M04	IV SUPPLIES	1	46.35	0.00	0%	46.35	0.00	0.00	46.35	0.00
N09	ALS-1 EMERGENCY TRANSPOR	1	700.00	-485.59	69%	700.00	-485.59	-5.00	700.00	490.59
N20	MILEAGE	20.6	226.60	-182.52	81%	11.00	-8.86	0.00	226.60	182.52
O527	NORMAL SALINE 1000cc IV	1	38.33	0.00	0%	38.33	0.00	0.00	38.33	0.00
Totals for Carrier: CRIME VICTIMS COMP. (011)		25.6	\$1,268.27	-\$668.11	53%	49.54	-26.10	-\$5.00	\$1,268.27	\$673.11
								Capitation Payments:		N/A
								Net Profit:		\$673.11

Care Improvement Plus

CAR03

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Change	Payment			
93012	EKG monitoring	1	190.04	0.00	0%	190.04	0.00	0.00	190.04	0.00
M04	IV SUPPLIES	1	46.35	0.00	0%	46.35	0.00	0.00	46.35	0.00
M06	OXYGEN	1	87.55	0.00	0%	87.55	0.00	0.00	87.55	0.00
N09	ALS-1 EMERGENCY TRANSPOR	1	700.00	-223.91	32%	700.00	-223.91	0.00	700.00	223.91

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Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

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Care Improvement Plus

Procedure	Cost Per Unit	Primary Insurance			Average		All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment	Payments		
N20	MILEAGE	12.5	137.50	-86.86	63%	11.00	-6.95	0.00	137.50	86.86
O527	NORMAL SALINE 1000cc IV	1	38.33	0.00	0%	38.33	0.00	0.00	38.33	0.00
Totals for Carrier: Care Improvement Plus		17.5	\$1,199.77	-\$310.77	26%	68.56	-17.76	\$0.00	\$1,199.77	\$310.77
				Capitation Payments:				N/A		
				Net Profit:				\$310.77		

Cigna Healthcare

Procedure	Cost Per Unit	Primary Insurance			Average		All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment	Payments		
93012	EKG monitoring	2	380.08	-190.04	50%	190.04	-95.02	0.00	380.08	190.04
L0170	Cervical Collar	1	47.93	0.00	0%	47.93	0.00	0.00	47.93	0.00
M01	ROUTINE DISPOSABLE SUPPLIE	1	163.81	0.00	0%	163.81	0.00	0.00	163.81	0.00
M03	BLS DISPOSABLE SUPPLIES	1	130.85	0.00	0%	130.85	0.00	0.00	130.85	0.00
M04	IV SUPPLIES	6	276.75	-137.70	50%	46.12	-22.95	-46.35	276.75	184.05
M06	OXYGEN	3	257.55	-257.55	100%	85.85	-85.85	0.00	257.55	257.55
N06	BLS EMERGENCY TRANSPORT	2	850.00	-850.00	100%	425.00	-425.00	0.00	850.00	850.00
N09	ALS-1 EMERGENCY TRANSPOR	6	3,900.00	-3,060.00	78%	650.00	-510.00	-140.00	3,900.00	3,200.00
N20	MILEAGE	110.6	1,116.20	-990.36	89%	10.09	-8.95	-5.94	1,116.20	996.30
O320	PHENEGRAN IM/IV	1	4.00	-4.00	100%	4.00	-4.00	0.00	4.00	4.00
O527	NORMAL SALINE 1000cc IV	1	37.21	-37.21	100%	37.21	-37.21	0.00	37.21	37.21
O528	NORMAL SALINE 500cc IV	3	65.16	0.00	0%	21.72	0.00	-21.72	65.16	21.72
Totals for Carrier: Cigna Healthcare		137.6	\$7,229.54	-\$5,526.86	76%	52.54	-40.17	-\$214.01	\$7,229.54	\$5,740.87
				Capitation Payments:				N/A		
				Net Profit:				\$5,740.87		

Cigna-HealthSpring LIFE & HEALTH INSUR

Procedure	Cost Per Unit	Primary Insurance			Average		All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment	Payments		
HEA09										

Insurance Plan Profitability Analysis

Labelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Cigna-HealthSpring LIFE & HEALTH INSUR

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment			
93012	EKG monitoring	2	380.08	0.00	0%	190.04	0.00	0.00	380.08	0.00
M04	IV SUPPLIES	2	92.70	0.00	0%	46.35	0.00	0.00	92.70	0.00
M06	OXYGEN	2	175.10	0.00	0%	87.55	0.00	0.00	175.10	0.00
N09	ALS-1 EMERGENCY TRANSPOR	2	1,400.00	-663.40	47%	700.00	-331.70	-50.00	1,400.00	713.40
N20	MILEAGE	31	341.00	-208.45	61%	11.00	-6.72	0.00	341.00	208.45
O320	PHENEGRAN IM/IV	1	4.00	0.00	0%	4.00	0.00	0.00	4.00	0.00
O501	ADENOCARD/ADENOSINE 6mg	1	114.02	0.00	0%	114.02	0.00	0.00	114.02	0.00
O514	LIDOCAINE 100MG	1	19.63	0.00	0%	19.63	0.00	0.00	19.63	0.00
O528	NORMAL SALINE 500cc IV	2	43.44	0.00	0%	21.72	0.00	0.00	43.44	0.00
Totals for Carrier: Cigna-HealthSpring LIFE & HEALTH INS		44	\$2,569.97	-\$871.85	34%	58.41	-19.81	-\$50.00	\$2,569.97	\$921.85
				Capitation Payments:						N/A
								Net Profit:		\$921.85

Community Health Choice

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment			
N06	BLS EMERGENCY TRANSPORT	1	625.00	-228.22	37%	625.00	-228.22	0.00	625.00	228.22
N20	MILEAGE	20.5	225.50	-91.73	41%	11.00	-4.47	0.00	225.50	91.73
Totals for Carrier: Community Health Choice		21.5	\$850.50	-\$319.95	38%	39.56	-14.88	\$0.00	\$850.50	\$319.95
				Capitation Payments:						N/A
								Net Profit:		\$319.95

Community Health Solution of LA

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment			
M04	IV SUPPLIES	1	46.35	0.00	0%	46.35	0.00	0.00	46.35	0.00
M06	OXYGEN	1	87.55	0.00	0%	87.55	0.00	0.00	87.55	0.00
N09	ALS-1 EMERGENCY TRANSPOR	1	575.00	0.00	0%	575.00	0.00	0.00	575.00	0.00

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LaBelle-Fannett EMS

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Community Health Solution of LA

Procedure	Cost Per Unit	Primary Insurance			Average		All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment	Payments		
N20 MILEAGE	0.00	22.9	229.00	0.00	0%	10.00	0.00	0.00	229.00	0.00
O527 NORMAL SALINE 1000cc IV	0.00	1	38.33	0.00	0%	38.33	0.00	0.00	38.33	0.00
Totals for Carrier: Community Health Solution of LA		26.9	\$976.23	\$0.00	0%	36.29	0.00	\$0.00	\$976.23	\$0.00
Capitation Payments:										
Net Profit:										\$0.00

Evercare

Procedure	Cost Per Unit	Primary Insurance			Average		All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment	Payments		
N09 ALS-1 EMERGENCY TRANSPOR	0.00	1	575.00	0.00	0%	575.00	0.00	0.00	575.00	0.00
N20 MILEAGE	0.00	18.2	182.00	0.00	0%	10.00	0.00	0.00	182.00	0.00
Totals for Carrier: Evercare		19.2	\$757.00	\$0.00	0%	39.43	0.00	\$0.00	\$757.00	\$0.00
Capitation Payments:										
Net Profit:										\$0.00

Evercare Star Plus

Procedure	Cost Per Unit	Primary Insurance			Average		All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment	Payments		
N06 BLS EMERGENCY TRANSPORT	0.00	1	425.00	-258.31	61%	425.00	-258.31	0.00	425.00	258.31
N20 MILEAGE	0.00	1	9.00	-5.06	56%	9.00	-5.06	0.00	9.00	5.06
Totals for Carrier: Evercare Star Plus		2	\$434.00	-\$263.37	61%	217.00	-131.68	\$0.00	\$434.00	\$263.37
Capitation Payments:										
Net Profit:										\$263.37

Farmers Auto Insurance

FAR01

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

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Geico Insurance

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment			
Totals for Carrier: Geico Insurance		75	\$2,790.00	-\$2,790.00	100 %	37.20	-37.20	\$0.00	\$2,790.00	\$2,790.00
Capitation Payments:									0.00	
Net Profit:									\$2,790.00	

Golden Rule Insurance Co

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment			
93012 EKG monitoring	0.00	1	190.04	-190.04	100 %	190.04	-190.04	0.00	190.04	190.04
M04 IV SUPPLIES	0.00	1	46.35	-46.35	100 %	46.35	-46.35	0.00	46.35	46.35
N09 ALS-1 EMERGENCY TRANSPOR	0.00	1	700.00	-700.00	100 %	700.00	-700.00	0.00	700.00	700.00
N20 MILEAGE	0.00	19.3	212.30	-212.30	100 %	11.00	-11.00	0.00	212.30	212.30
O528 NORMAL SALINE 500cc IV	0.00	1	21.72	-21.72	100 %	21.72	-21.72	0.00	21.72	21.72
O531 MORPHINE	0.00	2	9.28	-9.28	100 %	4.64	-4.64	0.00	9.28	9.28
Totals for Carrier: Golden Rule Insurance Co		25.3	\$1,179.69	-\$1,179.69	100 %	46.63	-46.63	\$0.00	\$1,179.69	\$1,179.69
Capitation Payments:									N/A	
Net Profit:									\$1,179.69	

HUMANA CLAIMS OFFICE

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment			
M03 BLS DISPOSABLE SUPPLIES	0.00	1	130.85	0.00	0 %	130.85	0.00	0.00	130.85	0.00
M04 IV SUPPLIES	0.00	2	91.35	0.00	0 %	45.68	0.00	0.00	91.35	0.00
M06 OXYGEN	0.00	1	85.00	0.00	0 %	85.00	0.00	0.00	85.00	0.00
N06 BLS EMERGENCY TRANSPORT	0.00	2	1,250.00	-787.69	63 %	625.00	-393.84	0.00	1,250.00	787.69
N09 ALS-1 EMERGENCY TRANSPOR	0.00	2	1,150.00	-460.00	40 %	575.00	-230.00	-115.00	1,150.00	575.00
N20 MILEAGE	0.00	75.9	798.00	-458.01	57 %	10.51	-6.03	-42.40	798.00	500.41

875

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

HUMANA CLAIMS OFFICE

Procedure	Cost Per Unit	Primary Insurance			Average Charge	Average Payment	All Other Payments	Expected Net Profit	Actual Net Profit	
		Units	Charges	Payments						Pay Percent
Totals for Carrier: HUMANA CLAIMS OFFICE		83.9	\$3,505.20	-\$1,705.70	49 %	41.78	-20.33	-\$157.40	\$3,505.20	\$1,863.10
Capitation Payments:									N/A	
Net Profit:									\$1,863.10	

Healthsmart PPO

Procedure	Cost Per Unit	Primary Insurance			Average Charge	Average Payment	All Other Payments	Expected Net Profit	Actual Net Profit	
		Units	Charges	Payments						Pay Percent
M06 OXYGEN	0.00	1	85.00	0.00	0%	85.00	0.00	-68.00	85.00	68.00
N06 BLS EMERGENCY TRANSPORT	0.00	1	425.00	0.00	0%	425.00	0.00	-340.00	425.00	340.00
N20 MILEAGE	0.00	21	189.00	0.00	0%	9.00	0.00	-151.20	189.00	151.20
Totals for Carrier: Healthsmart PPO		23	\$699.00	\$0.00	0%	30.39	0.00	-\$559.20	\$699.00	\$559.20
Capitation Payments:									N/A	
Net Profit:									\$559.20	

Humana HMO

Procedure	Cost Per Unit	Primary Insurance			Average Charge	Average Payment	All Other Payments	Expected Net Profit	Actual Net Profit	
		Units	Charges	Payments						Pay Percent
N06 BLS EMERGENCY TRANSPORT	0.00	1	425.00	-185.76	44%	425.00	-185.76	0.00	425.00	185.76
N20 MILEAGE	0.00	11	99.00	-37.82	38%	9.00	-3.44	0.00	99.00	37.82
Totals for Carrier: Humana HMO		12	\$524.00	-\$223.58	43%	43.67	-18.63	\$0.00	\$524.00	\$223.58
Capitation Payments:									N/A	
Net Profit:									\$223.58	

Liberty Mutual Insurance Co

LJB02

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Liberty Mutual Insurance Co

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment			
M03	BLS DISPOSABLE SUPPLIES	1	130.85	-130.85	100%	130.85	-130.85	0.00	130.85	130.85
N06	BLS EMERGENCY TRANSPORT	1	312.50	-312.50	100%	312.50	-312.50	-257.25	312.50	569.75
N20	MILEAGE	17.4	95.70	-95.70	100%	5.50	-5.50	-93.79	95.70	189.49
Totals for Carrier: Liberty Mutual Insurance Co		19.4	\$539.05	-\$539.05	100%	27.79	-27.79	-\$351.04	\$539.05	\$890.09
								Capitation Payments:		N/A
								Net Profit:		\$890.09

MEDICAID

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment			
N06	BLS EMERGENCY TRANSPORT	1	425.00	-250.00	59%	425.00	-250.00	0.00	425.00	250.00
N20	MILEAGE	18	162.00	-81.00	50%	9.00	-4.50	0.00	162.00	81.00
Totals for Carrier: MEDICAID		19	\$587.00	-\$331.00	56%	30.89	-17.42	\$0.00	\$587.00	\$331.00
								Capitation Payments:		N/A
								Net Profit:		\$331.00

Medicare Part B-Novitas Solutions, Inc.

Procedure	Cost Per Unit	Primary Insurance			Average			All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge	Payment			
93012	EKG monitoring	7	1,330.28	0.00	0%	190.04	0.00	0.00	1,330.28	0.00
J7644	Atrovent	2	20.00	0.00	0%	10.00	0.00	0.00	20.00	0.00
M01	ROUTINE DISPOSABLE SUPPLIE	2	349.22	0.00	0%	174.61	0.00	0.00	349.22	0.00
M04	IV SUPPLIES	11	583.27	0.00	0%	53.02	0.00	0.00	583.27	0.00
M06	OXYGEN	11	960.50	0.00	0%	87.32	0.00	0.00	960.50	0.00
N06	BLS EMERGENCY TRANSPORT	40	20,600.00	-10,431.42	51%	515.00	-260.79	-2,460.49	20,600.00	12,891.91
N09	ALS-1 EMERGENCY TRANSPOR	39	25,000.00	-11,637.14	47%	641.03	-298.39	-2,255.93	25,000.00	13,893.07
N10	ALS-2 EMERGENCY TRANSPOR	1	800.00	-330.99	41%	800.00	-330.99	-231.43	800.00	562.42
N20	MILEAGE	1246.6	12,679.20	-6,598.59	52%	10.17	-5.29	-1,428.29	12,679.20	8,026.88

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Medicare Part B-Novitas Solutions, Inc.

Procedure	Cost Per Unit	Units	Primary Insurance			Average Charge Payment	All Other Payments	Expected Net Profit	Actual Net Profit
			Charges	Payments	Pay Percent				
O320	PHENEGRAN IM/IV	2	8.00	0.00	0%	4.00	0.00	8.00	0.00
O502	ALBUTEROL/PROVENTIL 0.83%	2	11.42	0.00	0%	5.71	0.00	11.42	0.00
O527	NORMAL SALINE 1000cc IV	1	38.33	0.00	0%	38.33	0.00	38.33	0.00
O528	NORMAL SALINE 500cc IV	1	21.72	0.00	0%	21.72	0.00	21.72	0.00
O543	Normal Saline 500	1	27.91	0.00	0%	27.91	0.00	27.91	0.00
Totals for Carrier: Medicare Part B-Novitas Solutions, Inc.		1366.6	\$62,429.85	-\$28,998.14	46%	45.68	-\$6,376.14	\$62,429.85	\$35,374.28
				Capitation Payments:				N/A	
				Net Profit:				\$35,374.28	

Molina Healthcare of Texas

Procedure	Cost Per Unit	Units	Primary Insurance			Average Charge Payment	All Other Payments	Expected Net Profit	Actual Net Profit
			Charges	Payments	Pay Percent				
M04	IV SUPPLIES	1	46.35	0.00	0%	46.35	0.00	46.35	0.00
M06	OXYGEN	1	87.55	-14.54	17%	87.55	0.00	87.55	14.54
N06	BLS EMERGENCY TRANSPORT	2	1,250.00	-468.70	37%	625.00	0.00	1,250.00	468.70
N09	ALS-1 EMERGENCY TRANSPOR	1	700.00	-285.59	41%	700.00	0.00	700.00	285.59
N20	MILEAGE	33.8	371.80	-156.27	42%	11.00	0.00	371.80	156.27
Totals for Carrier: Molina Healthcare of Texas		38.8	\$2,455.70	-\$925.10	38%	63.29	-\$23.84	\$2,455.70	\$925.10
				Capitation Payments:				N/A	
				Net Profit:				\$925.10	

Old American County Mutual

Procedure	Cost Per Unit	Units	Primary Insurance			Average Charge Payment	All Other Payments	Expected Net Profit	Actual Net Profit
			Charges	Payments	Pay Percent				
N06	BLS EMERGENCY TRANSPORT	1	475.00	0.00	0%	475.00	0.00	475.00	0.00
N20	MILEAGE	19.8	198.00	0.00	0%	10.00	0.00	198.00	0.00

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Old American County Mutual

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge			
Totals for Carrier: Old American County Mutual		20.8	\$673.00	\$0.00	0%	32.36	0.00	\$673.00	\$0.00
							Capitation Payments:		N/A
							Net Profit:		\$0.00

PCCM

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge			
M06 OXYGEN	0.00	1	85.00	0.00	0%	85.00	0.00	85.00	0.00
N06 BLS EMERGENCY TRANSPORT	0.00	2	950.00	0.00	0%	475.00	0.00	950.00	0.00
N20 MILEAGE	0.00	27.2	272.00	0.00	0%	10.00	0.00	272.00	0.00
Totals for Carrier: PCCM		30.2	\$1,307.00	\$0.00	0%	43.28	0.00	\$1,307.00	\$0.00
							Capitation Payments:		N/A
							Net Profit:		\$0.00

PCIP

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge			
M04 IV SUPPLIES	0.00	1	46.35	-23.18	50%	46.35	-23.18	46.35	23.18
M06 OXYGEN	0.00	1	87.55	-43.78	50%	87.55	-43.78	87.55	43.78
N09 ALS-1 EMERGENCY TRANSPORT	0.00	1	700.00	-350.00	50%	700.00	-350.00	700.00	350.00
N20 MILEAGE	0.00	9.8	107.80	-53.90	50%	11.00	-5.50	107.80	53.90
O528 NORMAL SALINE 500cc IV	0.00	1	21.72	-10.86	50%	21.72	-10.86	21.72	10.86
Totals for Carrier: PCIP		13.8	\$963.42	-\$481.72	50%	69.81	-34.91	\$963.42	\$481.72
							Capitation Payments:		N/A
							Net Profit:		\$481.72

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Progressive

PRO00

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge			
N06 BLS EMERGENCY TRANSPORT	0.00	1	475.00	-475.00	100%	475.00	0.00	475.00	475.00
N20 MILEAGE	0.00	26.9	269.00	-269.00	100%	10.00	0.00	269.00	269.00
Totals for Carrier: Progressive		27.9	\$744.00	-\$744.00	100%	26.67	\$0.00	\$744.00	\$744.00
							Capitation Payments:		N/A
							Net Profit:		\$744.00

Progressive

PRO01

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge			
M01 ROUTINE DISPOSABLE SUPPLIE	0.00	1	130.85	-130.85	100%	130.85	0.00	130.85	130.85
N09 ALS-1 EMERGENCY TRANSPOR	0.00	1	700.00	-700.00	100%	700.00	0.00	700.00	700.00
N20 MILEAGE	0.00	1	11.00	-11.00	100%	11.00	0.00	11.00	11.00
Totals for Carrier: Progressive		3	\$841.85	-\$841.85	100%	280.62	\$0.00	\$841.85	\$841.85
							Capitation Payments:		N/A
							Net Profit:		\$841.85

Safeco

SAF00

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit
		Units	Charges	Payments	Pay Percent	Charge			
M03 BLS DISPOSABLE SUPPLIES	0.00	1	200.38	0.00	0%	200.38	0.00	200.38	0.00
N06 BLS EMERGENCY TRANSPORT	0.00	1	625.00	0.00	0%	625.00	0.00	625.00	0.00
N20 MILEAGE	0.00	21.2	233.20	0.00	0%	11.00	0.00	233.20	0.00
Totals for Carrier: Safeco		23.2	\$1,058.58	\$0.00	0%	45.63	0.00	\$1,058.58	\$0.00
							Capitation Payments:		N/A
							Net Profit:		\$0.00

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Select Care Of Tx

SEL00

Procedure	Cost Per Unit	Primary Insurance			Average			All Other		
		Units	Charges	Payments	Pay Percent	Charge	Payment	Payments	Expected Net Profit	Actual Net Profit
N06	0.00	1	475.00	-278.45	59%	475.00	-278.45	0.00	475.00	278.45
N09	0.00	1	525.00	-230.23	44%	525.00	-230.23	0.00	525.00	230.23
N20	0.00	36.5	352.00	-254.52	72%	9.64	-6.97	0.00	352.00	254.52
Totals for Carrier: Select Care Of Tx		38.5	\$1,352.00	-\$763.20	56%	35.12	-19.82	\$0.00	\$1,352.00	\$763.20
								Capitation Payments:		N/A
								Net Profit:		\$763.20

State Farm

STA00

Procedure	Cost Per Unit	Primary Insurance			Average			All Other		
		Units	Charges	Payments	Pay Percent	Charge	Payment	Payments	Expected Net Profit	Actual Net Profit
M04	0.00	1	45.00	-45.00	100%	45.00	-45.00	0.00	45.00	45.00
N09	0.00	1	525.00	-525.00	100%	525.00	-525.00	0.00	525.00	525.00
N20	0.00	7	63.00	-63.00	100%	9.00	-9.00	0.00	63.00	63.00
Totals for Carrier: State Farm		9	\$633.00	-\$633.00	100%	70.33	-70.33	\$0.00	\$633.00	\$633.00
								Capitation Payments:		N/A
								Net Profit:		\$633.00

Texan Plus

TEX02

Procedure	Cost Per Unit	Primary Insurance			Average			All Other		
		Units	Charges	Payments	Pay Percent	Charge	Payment	Payments	Expected Net Profit	Actual Net Profit
93012	0.00	4	760.16	0.00	0%	190.04	0.00	0.00	760.16	0.00
J7644	0.00	1	10.00	0.00	0%	10.00	0.00	0.00	10.00	0.00
M03	0.00	1	200.38	0.00	0%	200.38	0.00	0.00	200.38	0.00
M04	0.00	4	185.40	0.00	0%	46.35	0.00	0.00	185.40	0.00
M06	0.00	5	437.75	0.00	0%	87.55	0.00	0.00	437.75	0.00
N06	0.00	7	3,875.00	-1,857.40	48%	553.57	-265.34	-150.00	3,875.00	2,007.40
N09	0.00	5	3,500.00	-1,676.81	48%	700.00	-335.36	-150.00	3,500.00	1,826.81
N20	0.00	179.6	1,927.00	-1,184.77	61%	10.73	-6.60	0.00	1,927.00	1,184.77

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Texan Plus

Procedure	Cost Per Unit	Units	Primary Insurance		Pay Percent	Average		All Other		Expected Net Profit	Actual Net Profit
			Charges	Payments		Charge	Payment	Payments	Net Profit		
O1821	ASPIRIN 81 MG	4	3.72	0.00	0%	0.93	0.00	0.00	3.72	0.00	0.00
O502	ALBUTEROL/PROVENTIL 0.83%	1	5.71	0.00	0%	5.71	0.00	0.00	5.71	0.00	0.00
O520S	NITROGLYCERINE SPRAY	1	12.14	0.00	0%	12.14	0.00	0.00	12.14	0.00	0.00
O527	NORMAL SALINE 1000cc IV	1	38.33	0.00	0%	38.33	0.00	0.00	38.33	0.00	0.00
O528	NORMAL SALINE 500cc IV	1	21.72	0.00	0%	21.72	0.00	0.00	21.72	0.00	0.00
O537	SOLUMEDROL 125mg	1	26.10	0.00	0%	26.10	0.00	0.00	26.10	0.00	0.00
O538	LASIX 20mg IV	1	27.81	0.00	0%	27.81	0.00	0.00	27.81	0.00	0.00
Totals for Carrier: Texan Plus		216.6	\$11,031.22	-\$4,718.98	43%	50.93	-21.79	-\$300.00	\$11,031.22	\$5,018.98	N/A
				Capitation Payments:						N/A	
				Net Profit:						\$5,018.98	

Texas Childrens Health Plan CHIPS

Procedure	Cost Per Unit	Units	Primary Insurance		Pay Percent	Average		All Other		Expected Net Profit	Actual Net Profit
			Charges	Payments		Charge	Payment	Payments	Net Profit		
M01	ROUTINE DISPOSABLE SUPPLIE	1	163.81	-18.88	12%	163.81	-18.88	0.00	163.81	87.55	18.88
M06	OXYGEN	1	87.55	-14.52	17%	87.55	-14.52	0.00	87.55	625.00	14.52
N06	BLS EMERGENCY TRANSPORT	1	625.00	-240.23	38%	625.00	-240.23	0.00	625.00	700.00	240.23
N09	ALS-1 EMERGENCY TRANSPOR	1	700.00	-285.28	41%	700.00	-285.28	0.00	700.00	305.80	285.28
N20	MILEAGE	27.8	305.80	-127.17	42%	11.00	-4.57	0.00	305.80	127.17	127.17
Totals for Carrier: Texas Childrens Health Plan CHIPS		31.8	\$1,882.16	-\$686.08	36%	59.19	-21.57	\$0.00	\$1,882.16	\$686.08	N/A
				Capitation Payments:						N/A	
				Net Profit:						\$686.08	

Texas Childrens Star Medicaid CHIPS

Procedure	Cost Per Unit	Units	Primary Insurance		Pay Percent	Average		All Other		Expected Net Profit	Actual Net Profit
			Charges	Payments		Charge	Payment	Payments	Net Profit		
M04	IV SUPPLIES	1	45.00	0.00	0%	45.00	0.00	0.00	45.00	0.00	0.00
M06	OXYGEN	1	85.00	0.00	0%	85.00	0.00	0.00	85.00	0.00	0.00

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Texas Childrens Star Medicaid CHIPS

Procedure	Cost Per Unit	Primary Insurance			Average Charge	Average Payment	All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments			Pay Percent	Payments		
N09	ALS-1 EMERGENCY TRANSPOR	1	525.00	0.00	0%	0.00	0.00	525.00	0.00	
N20	MILEAGE	10	90.00	0.00	0%	0.00	0.00	90.00	0.00	
Totals for Carrier: Texas Childrens Star Medicaid CHIPS		13	\$745.00	\$0.00	0%	57.31	0.00	\$745.00	\$0.00	
Capitation Payments:								N/A		
Net Profit:								\$0.00		

Texas Farm Bureau

Procedure	Cost Per Unit	Primary Insurance			Average Charge	Average Payment	All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments			Pay Percent	Payments		
M04	IV SUPPLIES	2	90.00	0.00	0%	45.00	0.00	-45.00	90.00	45.00
N09	ALS-1 EMERGENCY TRANSPOR	2	1,050.00	0.00	0%	525.00	0.00	-525.00	1,050.00	525.00
N20	MILEAGE	28	252.00	0.00	0%	9.00	0.00	-126.00	252.00	126.00
O527	NORMAL SALINE 1000cc IV	2	74.42	0.00	0%	37.21	0.00	-37.21	74.42	37.21
Totals for Carrier: Texas Farm Bureau		34	\$1,466.42	\$0.00	0%	43.13	0.00	-\$733.21	\$1,466.42	\$733.21
Capitation Payments:								N/A		
Net Profit:								\$733.21		

Tricare South

Procedure	Cost Per Unit	Primary Insurance			Average Charge	Average Payment	All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments			Pay Percent	Payments		
93012	EKG monitoring	1	190.04	0.00	0%	190.04	0.00	0.00	190.04	0.00
M04	IV SUPPLIES	1	46.35	0.00	0%	46.35	0.00	0.00	46.35	0.00
M06	OXYGEN	1	87.55	0.00	0%	87.55	0.00	0.00	87.55	0.00
N09	ALS-1 EMERGENCY TRANSPOR	1	700.00	-519.26	74%	700.00	0.00	0.00	700.00	519.26
N20	MILEAGE	17.6	193.60	0.00	0%	11.00	0.00	0.00	193.60	0.00
O1821	ASPIRIN 81 MG	4	3.72	0.00	0%	0.93	0.00	0.00	3.72	0.00
O520S	NITROGLYCERINE SPRAY	1	12.14	0.00	0%	12.14	0.00	0.00	12.14	0.00

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

Tricare South

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit	
		Units	Charges	Payments	Pay Percent	Charge				Payment
Totals for Carrier: Tricare South		26.6	\$1,233.40	-\$519.26	42 %	46.37	-19.52	\$0.00	\$1,233.40	\$519.26
Capitation Payments:									N/A	
Net Profit:									\$519.26	

Tristar Risk Mngmt

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit	
		Units	Charges	Payments	Pay Percent	Charge				Payment
N06	BLS EMERGENCY TRANSPORT	1	425.00	-401.48	94 %	425.00	-401.48	0.00	425.00	401.48
N20	MILEAGE	13	117.00	-111.67	95 %	9.00	-8.59	0.00	117.00	111.67
Totals for Carrier: Tristar Risk Mngmt		14	\$542.00	-\$513.15	95 %	38.71	-36.65	\$0.00	\$542.00	\$513.15
Capitation Payments:									N/A	
Net Profit:									\$513.15	

UMR

Procedure	Cost Per Unit	Primary Insurance			Average		All Other Payments	Expected Net Profit	Actual Net Profit	
		Units	Charges	Payments	Pay Percent	Charge				Payment
M04	IV SUPPLIES	1	46.35	-46.35	100 %	46.35	-46.35	0.00	46.35	46.35
M06	OXYGEN	1	87.55	-87.55	100 %	87.55	-87.55	0.00	87.55	87.55
N09	ALS-1 EMERGENCY TRANSPOR	1	700.00	-700.00	100 %	700.00	-700.00	0.00	700.00	700.00
N20	MILEAGE	12.5	137.50	-137.50	100 %	11.00	-11.00	0.00	137.50	137.50
O528	NORMAL SALINE 500cc IV	1	21.72	-21.72	100 %	21.72	-21.72	0.00	21.72	21.72
Totals for Carrier: UMR		16.5	\$993.12	-\$993.12	100 %	60.19	-60.19	\$0.00	\$993.12	\$993.12
Capitation Payments:									N/A	
Net Profit:									\$993.12	

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

UNITED HEALTHCARE

20

Procedure	Cost Per Unit	Units	Primary Insurance			Pay Percent	Average		All Other		Expected Net Profit	Actual Net Profit
			Charges	Payments	Pay		Change	Payment	Payments	Net Profit		
93012	EKG monitoring	4	760.16	-722.15		95%	190.04	-180.54	0.00	760.16	722.15	
M01	ROUTINE DISPOSABLE SUPPLIE	1	163.81	-163.81		100%	163.81	-163.81	0.00	163.81	163.81	
M03	BLS DISPOSABLE SUPPLIES	1	130.85	-81.13		62%	130.85	-81.13	0.00	130.85	81.13	
M04	IV SUPPLIES	4	185.40	-158.52		86%	46.35	-39.63	0.00	185.40	158.52	
M06	OXYGEN	3	260.10	-218.33		84%	86.70	-72.78	-8.50	260.10	226.83	
N06	BLS EMERGENCY TRANSPORT	3	1,475.00	-1,195.00		81%	491.67	-398.33	-42.50	1,475.00	1,237.50	
N09	ALS-1 EMERGENCY TRANSPOR	6	4,075.00	-3,414.85		84%	679.17	-569.14	0.00	4,075.00	3,414.85	
N20	MILEAGE	149.3	1,563.30	-1,334.46		85%	10.47	-8.94	-11.70	1,563.30	1,346.16	
O1821	ASPIRIN 81 MG	8	7.44	-7.44		100%	0.93	-0.93	0.00	7.44	7.44	
O520S	NITROGLYCERINE SPRAY	3	36.42	-36.42		100%	12.14	-12.14	0.00	36.42	36.42	
O527	NORMAL SALINE 1000cc IV	1	38.33	-38.33		100%	38.33	-38.33	0.00	38.33	38.33	
O528	NORMAL SALINE 500cc IV	1	21.72	-13.47		62%	21.72	-13.47	0.00	21.72	13.47	
O533	NALOXONE/NARCAN 2mg	1	23.50	-18.80		80%	23.50	-18.80	0.00	23.50	18.80	
O543	Normal Saline 500	1	27.91	-27.91		100%	27.91	-27.91	0.00	27.91	27.91	
Totals for Carrier: UNITED HEALTHCARE			186.3	\$8,768.94	-\$7,430.62	85%	47.07	-39.89	-\$62.70	\$8,768.94	\$7,493.32	
Capitation Payments:										N/A		
Net Profit:										\$7,493.32		

US Family Health Plan

US001

Procedure	Cost Per Unit	Units	Primary Insurance			Pay Percent	Average		All Other		Expected Net Profit	Actual Net Profit
			Charges	Payments	Pay		Change	Payment	Payments	Net Profit		
93012	EKG monitoring	1	190.04	-8.20		4%	190.04	-8.20	0.00	190.04	8.20	
M04	IV SUPPLIES	1	46.35	-23.03		50%	46.35	-23.03	0.00	46.35	23.03	
M06	OXYGEN	1	87.55	-35.50		41%	87.55	-35.50	0.00	87.55	35.50	
N09	ALS-1 EMERGENCY TRANSPOR	1	700.00	-396.22		57%	700.00	-396.22	0.00	700.00	396.22	
N20	MILEAGE	8.7	95.70	-61.16		64%	11.00	-7.03	0.00	95.70	61.16	
O1821	ASPIRIN 81 MG	4	3.72	-1.49		40%	0.93	-0.37	0.00	3.72	1.49	
O520S	NITROGLYCERINE SPRAY	1	12.14	-4.86		40%	12.14	-4.86	0.00	12.14	4.86	
O543	Normal Saline 500	1	27.91	-1.15		4%	27.91	-1.15	0.00	27.91	1.15	

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

US Family Health Plan

Procedure	Cost Per Unit	Primary Insurance			Average Charge	Average Payment	All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments			Pay Percent	Payments		
Totals for Carrier: US Family Health Plan		18.7	\$1,163.41	-\$531.61	46 %	62.21	-28.43	\$0.00	\$1,163.41	\$531.61
							Capitation Payments:		N/A	
							Net Profit:		\$531.61	

USFHP

Procedure	Cost Per Unit	Primary Insurance			Average Charge	Average Payment	All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments			Pay Percent	Payments		
93012 EKG monitoring	0.00	1	190.04	0.00	0 %	190.04	0.00	0.00	190.04	0.00
N09 ALS-1 EMERGENCY TRANSPOR	0.00	2	1,400.00	-828.70	59 %	700.00	-414.35	0.00	1,400.00	828.70
N20 MILEAGE	0.00	39.1	430.10	-277.81	65 %	11.00	-7.11	0.00	430.10	277.81
Totals for Carrier: USFHP		42.1	\$2,020.14	-\$1,106.51	55 %	47.98	-26.28	\$0.00	\$2,020.14	\$1,106.51
							Capitation Payments:		N/A	
							Net Profit:		\$1,106.51	

Unisys/Louisiana Medicaid

Procedure	Cost Per Unit	Primary Insurance			Average Charge	Average Payment	All Other		Expected Net Profit	Actual Net Profit
		Units	Charges	Payments			Pay Percent	Payments		
N06 BLS EMERGENCY TRANSPORT	0.00	1	425.00	0.00	0 %	425.00	0.00	0.00	425.00	0.00
N20 MILEAGE	0.00	18	162.00	0.00	0 %	9.00	0.00	0.00	162.00	0.00
Totals for Carrier: Unisys/Louisiana Medicaid		19	\$587.00	\$0.00	0 %	30.89	0.00	\$0.00	\$587.00	\$0.00
							Capitation Payments:		N/A	
							Net Profit:		\$0.00	

United Healthcare Community

UN108

Insurance Plan Profitability Analysis

LaBelle-Fannett EMS

Show all data where the Deposit Date is between 1/1/2014, 12/31/2014

United Healthcare Community

Procedure	Cost Per Unit	Units	Primary Insurance		Pay Percent	Average		All Other Payments	Expected Net Profit	Actual Net Profit
			Charges	Payments		Charge	Payment			
N06 BLS EMERGENCY TRANSPORT	0.00	1	625.00	-228.22	37%	625.00	-228.22	0.00	625.00	228.22
N20 MILEAGE	0.00	8.5	93.50	-35.80	38%	11.00	-4.21	0.00	93.50	35.80
Totals for Carrier: United Healthcare Community		9.5	\$718.50	-\$264.02	37%	75.63	-27.79	\$0.00	\$718.50	\$264.02
								Capitation Payments:		N/A
								Net Profit:		\$264.02

WELLCARE OF TEXAS, INC.

Procedure	Cost Per Unit	Units	Primary Insurance		Pay Percent	Average		All Other Payments	Expected Net Profit	Actual Net Profit
			Charges	Payments		Charge	Payment			
N09 ALS-1 EMERGENCY TRANSPOR	0.00	1	700.00	-287.38	41%	700.00	-287.38	0.00	700.00	287.38
N20 MILEAGE	0.00	11.1	122.10	-77.89	64%	11.00	-7.02	0.00	122.10	77.89
Totals for Carrier: WELLCARE OF TEXAS, INC.		12.1	\$822.10	-\$365.27	44%	67.94	-30.19	\$0.00	\$822.10	\$365.27
								Capitation Payments:		N/A
								Net Profit:		\$365.27

Zurich

Procedure	Cost Per Unit	Units	Primary Insurance		Pay Percent	Average		All Other Payments	Expected Net Profit	Actual Net Profit
			Charges	Payments		Charge	Payment			
N06 BLS EMERGENCY TRANSPORT	0.00	1	625.00	-417.92	67%	625.00	-417.92	0.00	625.00	417.92
N20 MILEAGE	0.00	15.3	168.30	-168.30	100%	11.00	-11.00	0.00	168.30	168.30
Totals for Carrier: Zurich		16.3	\$793.30	-\$586.22	74%	48.67	-35.96	\$0.00	\$793.30	\$586.22
								Capitation Payments:		N/A
								Net Profit:		\$586.22

Exhibit B



Helping Texans Build Texas

www.texasfirstbank.com

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Return Service Requested

TELEPHONE BANKING
(409) 945-9889 (281) 538-2226
(855) 355-TFB1 (8321)

BOOKKEEPING
(409) 948-1993
(409) 296-2111

Page: 1

JEFFERSON COUNTY EMERGENCY
SERVICES No. 4
12880 FM 365 RD
BEAUMONT TX 77705-9682

Account Number: 10031508
Statement Date: 3/01/15
Checks/Items Enclosed: 25

EM

PUBLIC FUNDS TIERED INT. JEFFERSON COUNTY EMERGENCY Acct 10031508
SERVICES No. 4

Table with 3 columns: Description, Date, Amount. Rows include Beginning Balance, Deposits / Misc Credits, Withdrawals / Misc Debits, Ending Balance, Service Charge, Interest Paid Thru, Interest Paid Year To Date, Annual Percentage Yield Earned, Number of Days for A.P.Y.E., Average Balance for A.P.Y.E., Minimum Balance, Enclosures.

FEE RECAP

Summary table with 3 columns: Description, Total for this period, Total year-to-date. Rows include Total Overdraft Fees and Total Returned Item Fees.

DEPOSITS AND OTHER CREDITS

Table with 3 columns: Date, Deposits, Activity Description. Rows include INCOMING WIRE transactions and Interest Paid.



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Return Service Requested

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(409) 945-9889 (281) 538-2226
(855) 355-TFB1 (8321)

BOOKKEEPING
(409) 948-1993
(409) 296-2111

Page: 2

JEFFERSON COUNTY EMERGENCY

Account Number: 10031508
Statement Date: 3/01/15

DEBITS AND OTHER WITHDRAWALS

Table with 3 columns: Date, Withdrawals, Activity Description. Rows include 2/12 Stop/Hold Fee and 2/18 DLX For Business/BUS PROD.

CHECKS PAID

* indicates skip in check numbers

Table with 9 columns: Date, Check No., Amount, Date, Check No., Amount, Date, Check No., Amount. Lists multiple check transactions with dates and amounts.

DAILY BALANCE SUMMARY

Table with 6 columns: Date, Balance, Date, Balance, Date, Balance. Shows daily balance changes from 2/04 to 2/12.

Account Details for Public Funds Tiered Int. - 10031508

Available Balance	\$602,836.58
Last Statement Date	2/27/2015
Current Balance	\$602,836.58
Interest Rate	0.200 %
Last Deposit Date	3/11/2015
Last Interest Paid Date	2/27/2015
Last Deposit Amount	\$70.78
Accrued Interest	\$38.74
Year-to-date interest amount	\$151.96

Account History for Public Funds Tiered Int. - 10031508

Posted				
<u>SORTED BY: POST DATE</u>	<u>OLDEST ON TOP</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>BALANCE</u>
Stop/Hold Fee 1/15/15		\$29.50		\$442,655.03
Check 1/21/15 (Check # 1850)		\$400.00		\$442,255.03
Check 1/22/15 (Check # 1854)		\$11.00		\$442,244.03
INCOMING WIRE -P201501230005229-05229 1/23/15			\$31.79	\$442,275.82
Check 1/23/15 (Check # 1846)		\$54.70		\$442,221.12
Check 1/26/15 (Check # 1841)		\$35.75		\$442,185.37
Check 1/26/15 (Check # 1852)		\$475.00		\$441,710.37
Check 1/26/15 (Check # 1843)		\$1,440.00		\$440,270.37
Check 1/27/15 (Check # 1853)		\$90.00		\$440,180.37
Check 1/27/15 (Check # 1849)		\$400.00		\$439,780.37
Check 1/27/15 (Check # 1842)		\$587.18		\$439,193.19
Check 1/27/15 (Check # 1847)		\$795.68		\$438,397.51
Check 1/27/15 (Check # 1855)		\$1,844.00		\$436,553.51
Check 1/30/15 (Check # 1858)		\$36.78		\$436,516.73
Check 1/30/15 (Check # 1857)		\$61.27		\$436,455.46
Check 1/30/15 (Check # 1840)		\$894.04		\$435,561.42

Check 2/24/15 (Check #1879)	\$680.33	\$551,914.62
Check 2/24/15 (Check #1864)	\$863.43	\$551,051.19
Check 2/25/15 (Check #1862)	\$329.55	\$550,721.64
Check 2/26/15 (Check #1878)	\$27.44	\$550,694.20
Check 2/26/15 (Check #1877)	\$148.36	\$550,545.84
Check 2/27/15 (Check #1859)	\$296.91	\$550,248.93
Check 2/27/15 (Check #1868)	\$1,691.28	\$548,557.65
Interest Paid 2/27/15	\$83.86	\$548,641.51
Check 3/2/15 (Check #1866)	\$250.00	\$548,391.51
INCOMING WIRE -P201503040003806-03806 3/4/15	\$54,374.29	\$602,765.80
INCOMING WIRE -P201503110006626-06626 3/11/15	\$70.78	\$602,836.58

Subtotal: \$93,769.04 \$253,921.09

Exhibit C

Jefferson County Emergency Services District No. 4 Statement of Activities

	5 Months Ended	5 Months Ended	5 Months Ended	5 Months Ended	Annual Budget	Over (Under) Budget	% of Budget Used to Date
	2/28/2015	2/28/2015	2/28/2015	2/28/2015			
	Actual	Actual	Actual	Total			
	Labelle-Fannett	Cheek	Administrative	All Locations			
Revenue							
Ad Valorem Taxes	\$ -	\$ -	\$ 474,058	\$ 474,058	\$ 660,074	\$ (186,016)	71.82%
Interest Income	-	-	252	252	-	252	0.00%
Reim. to BASF for Exempt Industrial Property	-	-	-	-	(120,000)	120,000	0.00%
Total Revenue	<u>0</u>	<u>0</u>	<u>474,310</u>	<u>474,310</u>	<u>540,074</u>	<u>(65,764)</u>	<u>87.82%</u>
Operating Expenses							
Accounting	-	-	1,900	1,900	27,000	(25,100)	7.04%
Advertising	-	-	52	52	1,000	(948)	5.20%
Bank Fees	-	-	30	30	400	(370)	7.50%
Cable	158	-	-	158	350	(192)	45.14%
Cell Phone/EMS Equipment	21	-	-	21	440	(419)	4.77%
Children's Education	-	-	-	-	3,000	(3,000)	0.00%
Cleaning & Building	1,349	-	-	1,349	1,850	(501)	72.92%
Computers & Software	424	-	-	424	1,300	(876)	32.62%
Copier	-	-	-	-	500	(500)	0.00%
Dues & Fees	250	-	1,100	1,350	2,100	(750)	64.29%
Fire Field Meals	-	-	-	-	1,300	(1,300)	0.00%
Fire Uniforms	94	806	-	900	3,850	(2,950)	23.38%
Fuel - EMS	1,541	-	-	1,541	2,500	(959)	61.64%
Fuel-Fire	1,894	100	-	1,994	12,000	(10,006)	16.62%
Insurance - Worker's Compensation	-	-	-	-	6,000	(6,000)	0.00%
Insurance- Accident & Sickness	-	-	-	-	4,000	(4,000)	0.00%
Insurance- Property & Liability	5,937	4,986	-	10,923	30,000	(19,077)	36.41%
Insurance-VFIS District	-	-	-	-	2,500	(2,500)	0.00%
Interest Expense	-	-	-	-	10,000	(10,000)	0.00%
Internet	-	-	165	165	2,900	(2,735)	5.69%
Lawn Service	750	-	-	750	4,500	(3,750)	16.67%
Legal/Professional	-	-	5,910	5,910	10,000	(4,090)	59.10%
Lodging/Meals/Travel & Regist ESD	-	-	-	-	8,000	(8,000)	0.00%
Maintenance & Repairs - Radios	220	-	-	220	4,500	(4,280)	4.89%
Notes Payable - Texas First Bank	-	-	-	-	20,000	(20,000)	0.00%
Office Supplies	409	-	248	657	1,475	(818)	44.54%
Postage & Box Rental	-	-	-	-	100	(100)	0.00%
Purchase of Additional Radios (3)	-	1,283	-	1,283	2,700	(1,417)	47.52%
Salary Expense - Secretary	-	-	-	-	12,000	(12,000)	0.00%
Small Equipment Purchases (less than \$5,000)	981	-	-	981	10,000	(9,019)	9.81%

For management purposes only.

**Jefferson County Emergency Services District No. 4
Statement of Activities**

	5 Months Ended 2/28/2015	5 Months Ended 2/28/2015	5 Months Ended 2/28/2015	5 Months Ended 2/28/2015	Annual Budget	Over (Under) Budget	% of Budget Used to Date
	Actual	Actual	Administrative	Total			
	Labelle-Fannett	Cheek		All Locations			
Supplies - Fire	-	-	-	-	9,000	(9,000)	0.00%
Tax & Appraisal Fees	-	-	6,842	6,842	10,000	(3,158)	68.42%
Telephone	4,457	-	386	4,843	9,800	(4,957)	49.42%
Utilities	2,658	261	-	2,919	10,500	(7,581)	27.80%
Water & Garbage	1,344	112	-	1,456	2,900	(1,444)	50.21%
Total Operating Expenses	22,487	7,548	16,633	46,668	228,465	(181,797)	20.43%
Emergency Medical Services							
Equipment (New/Repair/Testing)	-	-	-	-	8,000	(8,000)	0.00%
Medical Supplies	600	-	-	600	8,000	(7,400)	7.50%
Tuition/Reg/Certification/Dues	-	-	-	-	2,000	(2,000)	0.00%
Vehicle Repair & Maintenance	330	-	-	330	15,000	(14,670)	2.20%
Total Emergency Medical Services	930	0	0	930	33,000	(32,070)	2.82%
Fire Services							
Equipment-Transp/Repairs	166	-	-	166	2,200	(2,034)	7.55%
Gloves & Boots	-	-	-	-	1,600	(1,600)	0.00%
Personal Protection Equipment	407	-	-	407	15,500	(15,093)	2.63%
Training & Materials	-	-	-	-	12,000	(12,000)	0.00%
Travel/Lodging/Meals/Trans Expenses	3,053	-	-	3,053	-	3,053	0.00%
Tuition/Registration	1,000	-	-	1,000	-	1,000	0.00%
Vehicle Repair & Maintenance	7,034	3,286	-	10,320	48,000	(37,680)	21.50%
Total Fire Services	11,660	3,286	0	14,946	79,300	(64,354)	18.85%
Fire and EMS General							
Auxiliary	-	-	-	-	3,000	(3,000)	0.00%
Total Fire & EMS General	0	0	0	0	3,000	(3,000)	0.00%
Capital Expenditures							
Brush Truck	-	-	-	-	30,000	(30,000)	0.00%
Cascade System	-	-	-	-	30,000	(30,000)	0.00%
Garage Door & Siding	-	-	-	-	5,600	(5,600)	0.00%
Radio Communication Upgrade	-	-	-	-	29,440	(29,440)	0.00%
Total Capital Expenditures	0	0	0	0	95,040	(95,040)	0.00%
Contingency							
	0	0	0	0	101,269	(101,269)	0.00%
Total Expenses	35,077	10,834	16,633	62,544	540,074	(477,530)	11.58%
Net Change in Fund Balance	(35,077)	(10,834)	457,677	411,766			

For management purposes only.

Exhibit D

Exhibit E

**Jefferson County Emergency Services District No. 4
Bank Account Register**

Texas First Bank - Checking
February 17, 2015 - March 16, 2015

Date	Reference	Payee ID	Description	Checks/ Payments	Deposits/ Additions	Balance
			Beginning Balance			546,862.15
02/17/15	1558	ATT8910	AT&T	68.60		546,793.55
02/18/15			Deluxe Checks	247.60		546,545.95
02/20/15			Property Taxes		119.78	546,665.73
02/24/15	Dep		Refunds - B&O, BASF		222.00	546,887.73
02/27/15			Interest Income		83.86	546,971.59
03/04/15			Property Taxes		54,374.29	601,345.88
03/11/15			Property Taxes		70.78	601,416.66
03/16/15	1880	AT&T847	AT&T	893.88		600,522.78
03/16/15	1881	BENCK	Benckenstein & Oxford, L.L.P.	530.38		599,992.40
03/16/15	1882	COUNTRYCORN	Country Corner	224.70		599,767.70
03/16/15	1883	ENTERGY332	Entergy	86.83		599,680.87
03/16/15	1884	GREENACRES	Green Acres Grocery, Inc.	401.66		599,279.21
03/16/15	1885	HAWKINS	Hawkins Plumbing	225.00		599,054.21
03/16/15	1886	HOWARDS	Howard's Automotive Supply, Inc.	306.79		598,747.42
03/16/15	1887	OXFORD	Hubert Oxford, IV	400.00		598,347.42
03/16/15	1888	JACKSON	Jackson Lawn Care	250.00		598,097.42
03/16/15	1889	HEINZ	Joshua C. Heinz	400.00		597,697.42
03/16/15	1890	KAY	Kay Electronics, Inc.	55.00		597,642.42
03/16/15	1891	LB-F VFD	Labelle-Fannett VFD	2,678.41		594,964.01
03/16/15	1892	LONESTAR	Lone Star Lube Right	123.05		594,840.96
03/16/15	1893	MER	Mary Ellen Robertson, CPA	475.00		594,365.96
03/16/15	1894	METROFIRE	Metro Fire Apparatus Specialists, Inc.	508.00		593,857.96
03/16/15	1895	SIDDONS	Siddons-Martin Emergency Group, LLC	236.38		593,621.58
03/16/15	1896	SPRINTWASTE	Sprint Waste Services	182.90		593,438.68
03/16/15	1897	TWIA	T.W.I.A.	2,528.00		590,910.68
03/16/15	1898	UNIONSTD	Union Insurance Company	17,156.00		573,754.68
03/16/15	1899	UNITED COM	United Communications Inc.	50.00		573,704.68
03/16/15	1900	VISA4586	VISA	53.96		573,650.72
			Totals	<u>28,082.14</u>	<u>54,870.71</u>	<u>573,650.72</u>

Transaction count = 28

Exhibit F

AGREEMENT FOR MANAGEMENT SERVICES

This Agreement for Management Services (“Agreement”) is made on March _____, 2015 at Beaumont, Jefferson County, Texas, between Jefferson County Emergency Services District No. 4 (“JCESD No. 4”), a political subdivision of the State of Texas having its administrative office located at 12880 FM 365, Beaumont, Texas 77705, and Wayne Wilber (“Manager”), an individual residing at _____.

Recitals

JCESD No. 4 desires to engage the services of Manager, as an independent contractor and not as an employee, to assist in managing the District and overseeing its operations, and to render his services on the terms and conditions provided in this Agreement.

Manager desires to render management services for JCESD No. 4 on the terms and conditions provided in this Agreement.

Therefore, JCESD No. 4 engages the services of Manager. In consideration of the mutual promises contained in this Agreement, the parties agree as follows:

Term

This Agreement is for a period of one (1) year, commencing on _____, 2015. It may be terminated by either party by giving sixty (60) days’ written notice to the other party.

Services

The services to be rendered by Manager for JCESD No. 4 are as follows:

- **JOB DUTIES & RESPONSIBILITIES**.

Fee

For services to be rendered under this Agreement, Manager will be entitled to a fee of \$2,500.00 per month. If Manager incurs expenses in the performance of the services, he shall present a reimbursement request to JCESD No. 4’s Board of Commissioners for consideration; but, it is agreed that Manager will not be reimbursed for travel expenses unless approval has been obtain from the Board of Commissioners prior to any such travel expenses being incurred by Manager.

Devotion of Time

Manager will devote a minimum of twenty (20) hours per week to the performance of his duties under this Agreement, and Manager will maintain and provide JCESD No. 4’s Board of Commissioners with a time sheet each month.

Entire Agreement

This Agreement constitutes the sole and only agreement of the parties and supersedes any prior understandings or written or oral agreements between the parties respecting this subject matter.

Attorney's Fees

If any action at law or in equity is brought to enforce or interpret the provisions of this Agreement, the prevailing party is entitled to reasonable attorney's fees in addition to any other relief to which it may be entitled.

Governing Law

This Agreement, and the rights and duties of the parties under it, are governed by the laws of the State of Texas.

Amendment

This Agreement may be amended by the mutual agreement of the parties to it, in a writing to be attached to and incorporated in this Agreement.

Legal Construction

In the event that any one or more of the provisions contained in this Agreement is for any reason be held to be invalid, illegal, or unenforceable in any respect, that invalidity, illegality, or unenforceability will not affect any other provisions, and the Agreement will be construed as if the invalid, illegal, or unenforceable provision had never been contained in it.

Executed at Beaumont, Texas, on _____, 2015.

**Jeff Roebuck, President of the
Board of Commissioners of
Jefferson County Emergency Services
District No. 4**

Wayne Wilber

Exhibit G

**ORDER ESTABLISHING
RECORDS MANAGEMENT PROGRAM**

THE STATE OF TEXAS

§

COUNTY OF JEFFERSON

§

§

WHEREAS, Title 6, Subtitle C, Local Government Code (Local Government Records Act), provides that each local government must establish an active and continuing records management program; and

WHEREAS, Jefferson County Emergency Services District No. 4 (“JCESD No. 4”) desires to adopt a plan for that purpose and to prescribe policies and procedures consistent with the Local Government Records Act and in the interests of cost-effective and efficient recordkeeping.

THEREFORE, JCESD No. 4 adopts the following:

SECTION 1. DEFINITION OF RECORDS OF JCESD NO. 4. All documents, papers, letters, books, maps, photographs, sound or video recordings, microfilm, magnetic tape, electronic media, or other information recording media, regardless of physical form or characteristic and regardless of whether public access to it is open or restricted under the laws of the state, created or received by JCESD No. 4 or any of its officers or employees pursuant to law or in the transaction of public business are hereby declared to be the records of JCESD No. 4 and shall be created, maintained, and disposed of in accordance with the provisions of this ordinance or procedures authorized by it and in no other manner.

SECTION 2. RECORDS DECLARED PUBLIC PROPERTY. All records as defined in Sec. 1 of this plan are hereby declared to be the property of JCESD No. 4. No official or employee of JCESD No. 4 has, by virtue of his or her position, any personal or property right to such records even though he or she may have developed or compiled them. The unauthorized destruction, removal from files, or use of such records is prohibited.

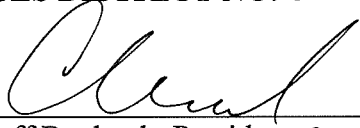
SECTION 3. POLICY. It is hereby declared to be the policy of JCESD No. 4 to provide for efficient, economical, and effective controls over the creation, distribution, organization, maintenance, use, and disposition of all records of this office through a comprehensive system of integrated procedures for the management of records from their creation to their ultimate disposition, consistent with the requirements of the Local Government Records Act and accepted records management practice.

SECTION 4. RECORDS MANAGEMENT OFFICER. JCESD No. 4’s District Manager will serve as records management officer for JCESD No. 4 as provided by law and will ensure that the maintenance, destruction, electronic storage, or other disposition of the records of this office are carried out in accordance with the requirements of the Local Government Records Act.

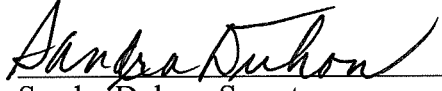
SECTION 5. RECORDS CONTROL SCHEDULES. Appropriate records control schedules issued by the Texas State Library and Archives Commission shall be adopted by the records management officer for use in JCESD No. 4, as provided by law. Any destruction of records of JCESD No. 4 will be in accordance with these schedules and the Local Government Records Act.

Signed this the 16th day of March, 2015.

**JEFFERSON COUNTY EMERGENCY
SERVICES DISTRICT NO. 4**

By: 
~~Jeff Roebuck, President~~ *Charlie Reneau, Vice President*
Board of Commissioners

ATTEST:


Sandra Duhon, Secretary
Board of Commissioners

CERTIFICATE FOR ORDER

THE STATE OF TEXAS

§

COUNTY OF JEFFERSON

§

§

The undersigned officer of the Board of Commissioners of Jefferson County Emergency Services District No. 4 hereby certifies as follows:

1. The Board of Commissioners of Jefferson County Emergency Services District No. 4 convened in a regular meeting on the 16th day of March, 2015, at the District's Administrative Office, located at the Labelle-Fannett VFD fire station, 12880 FM 365, Beaumont, Texas 77705, and the roll was called of the duly constituted officers and members of the Board, to wit:

Jeff Roebuck	-	President
Charlie Reneau	-	Vice President
Sandra Duhon	-	Secretary
Sandra Melton	-	Treasurer
Charlie Cox	-	Assistant Treasurer

and all of said Commissioners were present, except Commissioners (s) Roebuck, thus constituting a quorum. Whereupon, among other business, the following was transacted at the meeting:

**ORDER ESTABLISHING
RECORDS MANAGEMENT PROGRAM**

was introduced for the consideration of the Board. It was then duly moved and seconded that the Order be adopted, and, after due discussion, the motion, carrying with it the adoption of the Order, prevailed and carried by majority of the Board.

2. A true, full and correct copy of the Order adopted at the meeting described in the above paragraph is attached to this certificate; the Order has been duly recorded in the Board's minutes of the meeting; the persons named in the above and foregoing paragraph are the duly chosen, qualified and acting officers and members of the Board as indicated therein, each of the officers and members of the Board was duly and sufficiently notified officially and personally, in advance, of the time, place and purpose of the aforesaid meeting, and that the Order would be introduced and considered for adoption at the meeting, and each of the officers and members consented, in advance, to the holding of the meeting for such purpose; the meeting was open to the public as required by law; and public notice of the time, place and subject to the meeting was given as required by Chapter 551 of the Government Code.

SIGNED AND SEALED this 16th day of March, 2015.



Sandra Duhon, Secretary
Board of Commissioners

THE STATE OF TEXAS

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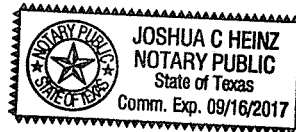
COUNTY OF JEFFERSON

This instrument was acknowledged before me on this 16th day of March, 2015, by Sandra Duhon, Secretary of the Board of Commissioners of Jefferson County Emergency Services District No. 4, on behalf of said District.

(seal)



Notary Public Signature





Declaration of Compliance

with the Records Scheduling Requirement of the Local Government Records Act
Submitted pursuant to Local Government Code §203.041(a)(2)

Section 1 SUBMISSION OF DATA

- Government: Jefferson County Emergency Services District No. 4
- Address: 12280 FM 365
City: Beaumont ZIP code: 77705
- Telephone: _____ 4. Email (optional): _____

Section 2 LOCAL GOVERNMENT CERTIFICATION

As records management officer for the local government or elective county office named, I hereby declare, that in lieu of filing records retention schedules, we have adopted records control schedules that comply with minimum requirements established on records retention schedules issued by the Texas State Library and Archives Commission (as checked below) for use in our records management program. In doing so, I also certify that the administrative rules for electronic records, adopted by the commission under Local Government Code §205.003(a) will be followed for records subject to the rules. I understand that:

- the validity of this declaration is contingent on its acceptance for filing by the commission;
- if we have previously filed documentation with the commission in which we declared our intent to retain all records permanently, we must attach amended documentation to this declaration before it can be accepted for filing;
- the records retention schedules adopted by this declaration may be amended by filing for approval a supplemental Records Control Schedule Amendment (SLR 520) on which are listed proposed retention periods for records that do not appear on schedules issued by the commission (as checked below);
- if a supplemental Records Control Schedule Amendment is not filed, we must file a Request for Authorization to Destroy Unscheduled Records (SLR 501) in order to destroy records that do not appear on schedules issued by the commission (as checked below); and
- the commission will provide us with access to subsequent editions of any schedules issued by the commission.

1. I hereby declare that our records control schedules will comply with the following schedules issued by the commission:

- | | |
|--|---|
| <input type="checkbox"/> Schedule CC (Records of County Clerks) | <input type="checkbox"/> Schedule LC (Records of Justice and Municipal Courts) |
| <input type="checkbox"/> Schedule DC (Records of District Clerks) | <input checked="" type="checkbox"/> Schedule PS (Records of Public Safety Agencies) |
| <input type="checkbox"/> Schedule EL (Records of Elections and Voter Registration) | <input type="checkbox"/> Schedule PW (Records of Public Works and Services) |
| <input type="checkbox"/> Schedule GR (Records Common to All Governments) | <input type="checkbox"/> Schedule SD (Records of Public School Districts) |
| <input type="checkbox"/> Schedule HR (Records of Public Health Agencies) | <input type="checkbox"/> Schedule TX (Records of Property Taxation) |
| <input type="checkbox"/> Schedule JC (Records of Public Junior Colleges) | <input type="checkbox"/> Schedule UT (Records of Utility Services) |

2. If any records control schedules or amendments have been filed with the commission, I also hereby declare that those schedules or amendments:

- are superseded by this declaration.
- are not superseded by this declaration. I understand that, in the event of a conflict between the previously filed records control schedules or amendments and the schedules adopted by this declaration, the longer retention period shall apply.

Name and Title: Wayne Wilber, District Manager

Signature: _____ Date: _____

Section 3 TEXAS STATE LIBRARY ACCEPTANCE (to be completed by Texas State Library)

This Declaration of Compliance has been accepted for filing pursuant to Local Government Code §203.043(a). A record appearing on a schedule issued by the commission (as checked above) may be disposed of at the expiration of its retention period without additional notice to the Director and Librarian, subject to the provisions of Local Government Code §203.041(d).

Name and Title: _____

Signature: _____ Date: _____

Instructions for Completing Form SLR 508

PURPOSE: *State law requires that each local government that wishes to have the authority to destroy records must submit to the Texas State Library and Archives Commission records control schedules listing the records created or received by the local government and retention periods for the records. Form SLR 508 may be used by a local government who wishes to adopt the records retention schedules promulgated by the commission in lieu of filing records control schedules with the commission.*

SECTION 1: SUBMISSION OF DATA

Field 1 Enter the complete name of the local government (e.g., City of Amarillo, Brownsville ISD, Brazos County, Harris County Municipal Utility District #25, Tarrant County Constable Pct. 4).

Fields 2-4 Enter the contact information for the Records Management Officer.

SECTION 2: LOCAL GOVERNMENT CERTIFICATION

Field 1 Check the boxes next to the Local Schedules with which your government will comply. If you are not sure which Local Schedules to adopt, please contact the State and Local Records Management Division.

Schedule CC is for use by county clerks, county surveyors, and local registrars.

Schedule DC is for use by district clerks.

Schedule EL is for use by any entity with records of elections and voter registration.

Schedule GR includes records such as meeting minutes, personnel files, and accounting records, and is for use by all local governments.

Schedule HR is for use by local health units and departments, public health districts, public hospitals, animal control departments, and animal shelters.

Schedule JC is for use by public junior colleges.

Schedule LC is for use by justice and municipal courts.

Schedule PS is for use by public safety agencies.

Schedule PW is for use by counties, municipalities, and any local government entity with records of public works and other government services (including, but not limited to: veterans service officers, soil and water conservation districts, public libraries, airports, social services, and planning and zoning offices).

Schedule SD is for use by public school districts, open-enrollment charter schools, and other educational districts and cooperatives.

Schedule TX is for use by appraisal districts and tax offices of taxing units.

Schedule UT is for use by public utilities (water districts and local government-owned water and wastewater, solid waste, electric, and gas utility departments).

Field 2 If no previous records control schedules have been filed with the commission, leave blank.

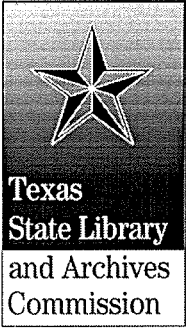
a. Choose "are superseded" if you would like for this declaration to replace a records control schedule previously filed with the commission.

b. Choose "are not superseded" if you would like any previously filed records control schedule to remain in effect.

Signature Declarations must be signed by the designated records management officer of the local government or elective county office. Declarations not signed by the records management officer will be returned for re-submission. Local Government Code, §203.041(a)(2)

SECTION 3: DO NOT WRITE IN THIS FIELD. TSLAC USE ONLY.

SUBMISSION: Mail to the address at the bottom of the form. The form may not be filed electronically. A copy of this form indicating its acceptance for filing will be returned to the records management officer.



Designation of Local Government Records Management Officer

Purpose: The purpose of this form is to notify the Texas State Library and Archives Commission of a change in Records Management Officer (RMO).

Instructions: Elected officials complete Section One **only**; all other local governments complete Section Two **only**.

Section 1 Elected County Officials **ONLY**

1. County: _____
2. Title of Office: _____
3. Name of Officeholder: _____
4. Address: _____
5. City: _____ ZIP code: _____
6. Telephone: _____
7. Email address (optional): _____

Please subscribe this email address to *The Texas Record* blog for news and training information.

Signature _____ Date: _____

Section 2 All Other Local Government Offices

Before filling out this form, consult the Records Management policy/order/ordinance ("policy") approved by your governing body. If the position of the RMO has changed, or if the policy names an individual who is no longer serving as RMO, a new policy must be filed along with this form.

1. Government: Jefferson County Emergency Services District No. 4
2. Position Designated in Policy: District Manager
3. Individual's Name: Wayne Wilber
4. Address: 12880 FM 365
5. City: Beaumont ZIP code: 77705
6. Telephone: _____
7. Email address (optional): _____

Please subscribe this email address to *The Texas Record* blog for news and training information.

Signature _____ Date: _____

Please return original, signed form within 30 days of RMO change to:

State and Local Records Management Division
Texas State Library and Archives Commission
P.O. Box 12927
Austin, TX 78711-2927

Exhibit H



LABELLE VOLUNTEER FIRE DEPT

Loss Run Report

18769 HWY 365

BEAUMONT, TX 77705-0000

Claims as of: 03/11/2015

Policy Number: 0001242971
Policy Period: 09/24/2012 to 09/24/2013

No losses for this policy period.

Paid To Date = Total paid in benefits and expenses to date

Outstanding Reserves = Total reserved for anticipated additional cost of the claim

Total = Paid To Date + Outstanding Reserves

Texas Mutual Insurance Company • (800) 859-5995 • www.texasmutual.com

LABELLE-FANNETT VOLUNTEER FIRE DEPT

Policy Number: 0001242971

Summary for Policy Period: 09/24/2013 to 09/24/2014

Claims as of: 03/11/2015

Total Open Claims for Period: 1

Total Closed Claims for Period: 0

	Total Open Claims for Period: 1		Total Closed Claims for Period: 0	
	Paid To Date	Outstanding Reserves	Paid To Date	Outstanding Reserves
Indemnity	\$11,083.56	\$0.44	\$0.00	\$0.00
Medical	\$19,030.52	\$4,690.48	\$0.00	\$0.00
Other	\$952.91	\$816.09	\$0.00	\$0.00
Totals	\$31,066.99	\$5,507.01	\$0.00	\$0.00

Total Claims for Period: 1

	Total Claims for Period: 1	
	Paid To Date	Outstanding Reserves
Indemnity	\$11,083.56	\$0.44
Medical	\$19,030.52	\$4,690.48
Other	\$952.91	\$816.09
Totals	\$31,066.99	\$5,507.01

Claims as of: 03/11/2015

LABELLE-FANNETT VOLUNTEER FIRE DEPT

Policy Number: 0001242971
Policy Period: 09/24/2014 to 09/24/2015

No losses for this policy period.

LABELLE-FANNETT VOLUNTEER FIRE DEPT

Summary for Policies

0001242971 09/24/2012 to 09/24/2013
 0001242971 09/24/2013 to 09/24/2014
 0001242971 09/24/2014 to 09/24/2015

Claims as of: 03/11/2015

Total Open Claims: 1

Total Closed Claims: 0

	Paid To Date		Outstanding Reserves		Total
	Indemnity	Medical	Indemnity	Medical	
Indemnity	\$11,083.56	\$0.00	\$11,084.00	\$0.00	\$0.00
Medical	\$19,030.52	\$0.00	\$23,721.00	\$0.00	\$0.00
Other	\$952.91	\$0.00	\$1,769.00	\$0.00	\$0.00
Totals	\$31,066.99	\$0.00	\$36,574.00	\$0.00	\$0.00

Loss Summary for All Policy Periods

Effective Date	# Claims	Indemnity Paid		Medical Paid		Other Paid		Total Paid	Recovery	Outstanding Reserves		Total
		Indemnity	Medical	Indemnity	Medical	Other	Indemnity			Medical		
09/24/2012	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
09/24/2013	1	\$11,083.56	\$19,030.52	\$952.91	\$31,066.99	\$0.00	\$0.00	\$0.00	\$0.00	\$5,507.01	\$0.00	\$36,574.00
09/24/2014	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals	1	\$11,083.56	\$19,030.52	\$952.91	\$31,066.99	\$0.00	\$0.00	\$0.00	\$0.00	\$5,507.01	\$0.00	\$36,574.00

Let us help make your workplace safer and more productive.
 Visit our safety resource center at www.texasmutual.com.

Summary Loss History

Madia Insurance Company

Printed on: 3/12/2015
 Evaluated Date: 3/12/2015

Line of Business: CPA

Agency name: McFerrin Insurance Agcy, Inc

Policy Number	Effective Dates	Claim Status	# of Claims	Paid Losses	Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Net Incurred
49191-10	09/18/2013 - 02/06/2014	No losses this policy term	0	0.00	0.00	0.00	0.00	0.00	0.00
Totals				0	0.00	0.00	0.00	0.00	0.00

Loss Cause	# of Features	Paid Losses	Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Net Incurred
Totals							

Coverage Type	# of Occurrences	Paid Losses	Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Net Incurred
Totals	5						

Summary Loss History
 radia Insurance Company

Insurance Rating: LADDER RAINIER VOLUNTARY FIRE COVA
 Evaluated Date: 3/12/2015
 Line of Business: CPA
 Agency name: McFerrin Insurance Agcy, Inc

Policy Number	Effective Dates	Claim Status	# of Claims	Paid Losses	Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Net Incurred
64909-11	02/12/2015 - 02/12/2016	No losses this policy term	0	0.00	0.00	0.00	0.00	0.00	0.
64909-10	02/12/2014 - 02/12/2015	0 Open, 1 Closed	1	577.21	0.00	0.00	577.21	0.00	577.
Totals			0 Open, 1 Closed	577.21	0.00	0.00	577.21	0.00	577.

Loss Cause	# of Features	Paid Losses	Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Net Incurred
COLLISION	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.
PROPERTY DAMAGE LIABILITY	1	\$577.21	\$0.00	\$0.00	\$577.21	\$0.00	\$577.
Totals		\$577.21	\$0.00	\$0.00	\$577.21	\$0.00	\$577.

Coverage Type	# of Occurrences	Paid Losses	Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Net Incurred
COLL	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.
LIAB	1	\$577.21	\$0.00	\$0.00	\$577.21	\$0.00	\$577.
Totals		\$577.21	\$0.00	\$0.00	\$577.21	\$0.00	\$577.

DETAINED LOSS MISWUY

Claim #: 10995223 **Status:** CLOSED **Loss Date:** 10/09/2014 **Driver:** SCOTT WADE
Loss Description: IVD responded to call and at the scene bumped OV scratching paint.
Loss Location: , BEAUMONT, TX
Date Reported: 2014-10-09
Insured Location:

Claimant	Loss Cause	Coverage Type	Last Reserve	Premium Class	Paid Losses	Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Net Incurred
ABELLE FANNETT VOLUNTEER	COLLISION	COLL	10/22/2014		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
IRE DEPT	PROPERTY DAMAGE	LIAB	11/07/2014		\$577.21	\$0.00	\$0.00	\$577.21	\$0.00	\$577
ENRY RAYON	LIABILITY									
Totals					\$577.21	\$0.00	\$0.00	\$577.21	\$0.00	\$577.21

This information being provided herein is for informational purposes only. The Company does not make any express or implied representation or warranty as to the accuracy or completeness of the information. The Company shall have no liability relating to the information or for any errors therein or omissions therefrom.

Detailed Loss History

Claim #:

Status:

Loss Date:

Driver:

Loss Description:

Loss Location:

Date Reported:

Insured Location

Claimant	Loss Cause	Coverage Type	Last Reserve	Premium Class	Paid Losses	Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Net Incurred

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