

2090 Columbiana Road, Suite 4000
Birmingham, Alabama 35216
205.536.8400 • 800.834.2420



June 7, 2022

Lexington Fire Dept. Ambulance Service
219 E Third Street
Lexington, KY 40507

Letter of Agreement/Residential Re-entry Branch (RRMB)

NaphCare currently holds a contract for the provision of medical services for the residents in the custody of Residential Re-entry Branch (RRMB). The purpose of this LOA is to confirm an understanding on some basic, yet binding terms and conditions that we can rely upon under this federal contract. This Agreement shall continue in full force and effect for the duration of NaphCare's prime contract with the Federal Bureau of Prisons.

For transportations services rendered, NaphCare will reimburse a fee based on Medicare methodologies. NaphCare will pay Lexington Fire Dept. Ambulance Service 115% of the current Medicare Part B Fee Schedule for applicable Payment Locality. For those approved services not covered under Medicare, NaphCare will reimburse 60% of the billed charges.

NaphCare will follow Medicare methodologies as well as CCI edits. All claims and supporting documentation must be filed according to CMS and CCI guidelines. If any of the fees calculated using the above Medicare methodology exceed the billed charge, Provider shall be paid the billed charge.

NaphCare assumes responsibility for payment of covered services. Provider will not seek reimbursement from the Patient nor from the Federal, State, County or City agency or political subdivision responsible for Patient health care.

Clean claims are to be submitted within sixty (30) days of the service rendered. Claims submitted after ninety (90) days will be denied. Provider claim disputes must be submitted in writing within thirty (30) calendar days. NaphCare will provide a reply within forty-five (45) days following the receipt of your dispute notification.

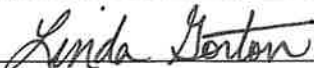
To be eligible for compensation, you must submit a Federal W9 Form attached to this Agreement upon execution.

Medical records must be available to NaphCare within ten (10) days from the date of service. Any urgent orders should be sent back with the imate via the resident or BOP Officer.

Either party may terminate this Agreement upon a breach of any of the material terms and conditions. The non-breaching party that intends to terminate, shall give the breaching party written notice of the breach. If said breach of this Agreement is not cured within sixty (60) days after written notice from the non-breaching party, this Agreement will terminate.

Provider and NaphCare agree not to disclose any proprietary business information, including, without limitation, the terms of this Agreement, compensation, or any information pertaining to the proprietary business information of NaphCare and Provider, to any other party except as may be specifically provided otherwise in this Agreement, or as required by law or other contractual relationships. This agreement in no way obligates the provider to perform anything other than emergency transport. This confidentiality agreement will survive termination of this Agreement.

Lexington Fire Dept. Ambulance Service



Signature

61-0858140

Tax ID#



Date

1508823857

NPI#



CLAIM SUBMISSION INFORMATION:

Electronic (EDI): We are accepting 5010 format only. Our Payer ID is 58182.

Email: claimsdepartment@naphcare.com

Claims Status or Inquiries: Provider Portal
provider.portal@naphcare.com
*This requires an assigned ID and PW-form is attached and can be sent via email

Further Inquiries: Provider Relations Specialist
800-834-2420 office
205-545-9470 fax
provider.relations@naphcare.com



Please check the following, which are applicable to your business. At least one of the following must be checked; please check all that apply.

- Large Business N/A
- Small Business
- Small Disadvantaged Business
- HUB Zone Small Business
- Women-Owned Small Business
- Veteran-Owned Small Business
- Service-Disabled Veteran Owned Small Business
- Alaskan Native Corporations Small Business
- Other: Specify _____

Large Business- A firm that does not meet the criteria for Small Business. Gross income must exceed:

- Office of Physicians average receipts - \$11M
- Office of other Health practitioners average annual receipts - \$7.5M
- Hospitals average annual receipts - \$38.5M

Small Business – One that is independently owned and operated and which is not dominant in its field of operation.

Gross income must not exceed:

- Office of Physicians average receipts - \$11M
- Office of other Health practitioners average annual receipts - \$7.5M
- Hospitals average annual receipts - \$38.5M

Small Disadvantaged Business – A small business that must be owned and controlled by one or more individuals who are socially and economically disadvantaged. Designated groups included: Black Americans; Hispanic Americans; Native Americans (American Indians, Eskimos, Aleuts, or Native Hawaiians); and Asian Pacific Americans.

HUB Zone Small Business (Historical Underutilized Business Zone) - Must qualify as a small business, its principal office must be located within a HUB Zone, must be owned (at least 51%) by one or more U.S. Citizens, and at least 35% of its employees must reside in a HUB Zone. If you are unsure if your business is located in a HUB Zone, you may visit <http://map.sba.gov/hubzone> or call 1-800-U-ASK-SBA (1-800-8275722).

Women-Owned- A small business concern in which one or more women have 51% or more stock ownership.

Veteran-Owned- A small business concern in which one or more a veteran(s) have 51% or more stock ownership.

Service-Disabled Veteran-Owned- A small business concern in which one or more service-disabled veteran(s) have 51% or more stock ownership.

