

PURCHASING DIVISION

FORMAL INVITATION – REQUEST FOR PROPOSALS  
EMS AMBULANCE BILLING SERVICES

The County of Webb is now accepting sealed proposals, subject to the Terms and Conditions of this Invitation for Proposals and other contract provisions, from qualified contractors for a billing services contract as specified herein.

Proposals must be submitted in one (1) original and eight (8) copies in sealed envelopes to the Office of the Webb County Clerk.

Sealed envelopes must be marked with bid number and title on from lower left-hand corner of envelope.

**RFP- 2010-10 "EMS AMBULANCE BILLING SERVICES"**

Proposal will be either hand delivered or mailed to the following location:

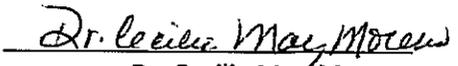
**Webb County Clerk  
Webb County Justice Center  
1110 Victoria St. Suite 201  
Laredo, Texas 78042-0029**

Proposals must be delivered no later than **2:00 p.m., January 3, 2010** at which time all bids received will be opened and read to the public. Late bids will not be considered.

Proposals may be held by the County of Webb for a period not to exceed sixty (60) days from the date of receipt. During this time the County of Webb will be reviewing all the bids.

If any additional information is required please contact, Leticia Gutierrez, at the Webb County Purchasing Department, 1110 Washington Suite 101, 956-523-4125, Laredo, Texas 78041. Please visit our web site for copies of proposals at [www.webbcountytx.gov](http://www.webbcountytx.gov)

The County of Webb reserves the right to reject any and all proposals or to select the proposals that is in the best interest of Webb County.

  
Dr. Cecilia May Moreno  
Purchasing Agent

Publication Date: Sunday 19, 2010  
Sunday 26, 2010

THIS FORM MUST BE INCLUDED WITH RFP; PLEASE CHECK OFF EACH ITEM THAT APPLIES AND SIGN

**"Sealed RFP"**

**Bid No. 2010-10 "EMS Ambulance Billing Services"**

- Invitation for Request for Proposals**
- Scope of Services ( Form #1 to #6 must be signed and submitted)**
  - Form #1 "Price Schedule"**
  - Form #2 "Price Schedule Alternative"**
  - Form #3 "Technology Need"**
  - Form #4 "Procedure"**
  - Form #5 "General Requirement for Further Discussion"**
  - Form #6 " Records Retention"**
- Terms and Conditions of Invitations for Proposals (must read)**
- Conflicts Disclosure Statement**
- Notice To All Bidders**
- Proof of No Delinquent Taxes Owed To Webb County**
- Schedule of fees (for information only)**
- Bidders Information Sheet**
- General Liability Insurance (will be required if selected)**

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**Signature of person  
Completing this form**

PURCHASING DIVISION

FORMAL INVITATION – REQUEST FOR PROPOSALS  
EMS AMBULANCE BILLING SERVICES

The County of Webb is now accepting sealed proposals, subject to the Terms and Conditions of this Invitation for Proposals and other contract provisions, from qualified contractors for a billing services contract as specified herein.

**SCOPE OF SERVICES:**

**1.0 INTRODUCTION:**

1.1 Following many years of contracting with the City of Laredo for EMS and Fire Suppression services Webb County is now providing these services for the unincorporated areas of Webb County. Webb County has hired an EMS and Fire Suppression Coordinator. EMS (BLS with ALS capabilities) services are provided through a contract with an EMS service provider that is compensated on a per call basis based on a Commissioner's Court approved schedule. While the EMS provider is compensated by the county on a per call basis, it is the responsibility of Webb County to seek payment for the services provided to the patients. Payment may be from Medicare, Medicaid, private insurance, or self-pay. A schedule of fees has been approved by the Webb County Commissioner's Court.

It is expected that Webb County will answer to approximately 30 to 40 calls per month. These calls are for the unincorporated areas of Webb County where approximately 40,000 people reside. These areas include such major roads as I-35; and state Highways; Hwy 83N; Hwy 83S; Hwy 359; Hwy 59 and Farm to Market 1472.

Webb County began providing services in October 2010 and has not yet billed for that service which was provided. The Respondent is expected to help set up Webb County so that billing for EMS services takes place.

**2.0 GENERAL REQUIREMENTS:**

- 2.1 Respondent shall have experience with, and complete knowledge of ground ambulance transportation billing with Medicare, Medicaid, and all other applicable sources of reimbursement.
- 2.2 There shall be complete understanding of current regulations regarding electronic claims, paper claims, appeals and all other processing.

- 2.3 The Respondent must be in compliance with federal privacy regulations as defined in the Health Insurance Portability and Accountability Act (HIPPA).
- 2.4 All work performed under this contract shall be of the highest professional standard and shall in every respect meet or exceed standard industry practice and comply with all applicable state and federal regulations regarding the billing and collection business.
- 2.5 The Respondent shall gather all data in electronic format and report to the designated State of Texas registry such trauma information as necessary to keep the County in compliance.
- 2.6 The Respondent shall gather all data in format and file all government and insurance company claims for reimbursement in electronic format.
- 2.7 The Respondent shall maintain a paper reporting back-up system in the event of an electronic failure so as to maintain the uninterrupted filing and reimbursement process.
- 2.8 The Respondent shall provide at its cost EMS continuing education certified credits in documentation and procedural training.
- 2.9 The Respondent shall provide at its cost a quarterly meeting of the EMS department the purpose of which is to continue the coordination and training of proper documentation
- 2.10 The Respondent shall have the ability to provide bi-lingual assistance to any claimant along with bi-lingual correspondence as directed by the County.
- 2.11 The Respondent must provide the County with monthly backup copies in an acceptable format to the County on a media of the choice of the County.
- 2.12 The Respondent must describe the capabilities of its billing software such that it meets the minimum requirements of rendering professional looking invoices, in a format and design acceptable to the County. The Respondent will describe the procedure for generating, sending, and following up on these invoices. Samples of such invoices and contact frequency guidelines should be disclosed.
- 2.13 The Respondent must describe the capabilities of its billing software to provide the County with sufficient data to keep track of payment postings and balances due and provide the County with guidelines on charge-off and disposition of uncollectible amounts.
- 2.14 The Respondent must bear the cost of invoicing including but not limited to supplies, postage, etc. and must be responsible for rebilling rejected claims; partial paid claims and maintaining payments made and balance due.
- 2.15 The Respondent will make recommendations to the County regarding implementation of new fees based on the Respondent maintaining currency in knowledge of industry standards.
- 2.16 The Respondent must be willing to follow the County directives about billing, write-offs, and collection efforts as directed by the County official designated as such. The Provider has no right to refuse to render and collect any bill.
- 2.17 The Respondent will at its own cost properly and timely respond to all Subpoenas as approved by the designated County official.
- 2.18 The Respondent shall be aware of the billing and collection requirements dictated by all governmental and private reimbursements sources and hold the County harmless for any billing errors due to the Provider's activities.
- 2.19 The Respondent shall have sufficient staff that all billing will be accomplished within 10 days after receipt of such submission from the County. All rejected claims shall be re-submitted within 10 days of rejection.
- 2.20 The Respondent shall maintain the ability for self-pay patients to liquidate their balances in an installment manner such as credit card installments, phone checks, or other such applicable programs and shall not charge any interest to such patients.
- 2.21 The Respondent must be cognizant of the County fiscal year and be prepared to report on

- that basis.
- 2.22 The Respondent must provide 2 hard copies of a monthly activity summary report and aging report, as well as allowing the real-time viewing of such reports from the County computers through the Internet connection. These reports will cover patient status in regards to billing, payments, aging, adjustments, write-offs and ending balances due and are reported by patient name, date of service, invoice number, and total amounts due aged by 30 day increments up to 120 days.
  - 2.23 The Respondent must be prepared to provide the County with custom reports at no cost to the County in response to the County request.
  - 2.24 The Respondent must provide a report, which details all EMS patient runs, which remain unbilled at the end of each month.
  - 2.25 The Respondent must maintain records as required by Medicare and Medicaid, and all other applicable government agencies and/or regulations.
  - 2.26 The Respondent will be responsible for processing all returned mail that originates from their mailing and keeping documentation as to such, with follow-up procedures that ensure the location and proper mailing of such returns.
  - 2.27 The Respondent will show the County payment location for invoices generated and will not attempt to collect any payments at the Respondent location.
  - 2.28 The Respondent must be able to adjust its invoicing process to allow for payment designation as directed by the County.
  - 2.29 The Respondent must provide the County with electronic access to the Respondent database such that the County may post all money receipts in a real-time online basis through an Internet connection. The County may choose to forward such payments to the Respondent for posting but regardless the real-time online ability must be functional. This real-time online access will allow the County to research and view other such payments.
  - 2.30 The Respondent will provide a toll number for patients to call about their invoices.
  - 2.31 The Respondent will provide all written or verbal communications between the Service Provider, the EMS patient; the Insurance Company or any other such properly designed contact person in a professional and courteous manner.
  - 2.32 The Respondent will maintain, at all times, a professional and courteous working relationship with the County and all its departments.
  - 2.33 The Respondent will be expected to meet in person, quarterly, or as necessary with the County representative to ensure a smooth and continuing operation. All cost of such meeting will be the responsibility of the Respondent.
  - 2.34 The above requirements are minimums. The Respondent is encouraged to make any additional recommendations and proposal as they wish. The final contract with the County will include the provisions of the proposal as an attachment and will become part of that contract. Failure to maintain the above standards and procedures will be cause for review and possible termination of the contract.
  - 2.35 The Respondent is encouraged to provide the County with enough managerial biography, company history, and billing experience to allow the County to make a comfortable comparison of vendor qualifications.
  - 2.36 Each item of this proposal must be referenced and answered as to whether the Respondent is capable and willing to perform as such.
  - 2.37 The Respondent at its cost shall gather all data in an electronic format (mapping) from EMS Division database that is applicable for billing client.
  - 2.38 The Respondent shall keep all document electronic and/or hard copy in a monthly alphabetical order by calendar year in a standard medical record file for accessibility and

accountability.

- 2.39 The Respondent must enroll as a Third Party Biller with Medicare, Medicaid, state/federal agency, insurance carrier and /or other party as the authorized Biller for the County of Webb.
- 2.40 The Respondent will be responsible for securing all provider numbers for Webb County.

### **3.0 APPLICABLE SPECIFICATIONS:**

- 3.1 The contractor shall at all times observe and comply with all Federal and State laws which, in any manner, affect the operation and provision of this service and attest to such in its proposal.
- 3.2 The contractor shall also disclose its compliance posture with current HIPPA, CMS, and Medicare and Medicaid proposals regarding patient privacy and security of records.

### **4.0 PRICE SCHEDULE:**

- 4.1 The contractor shall be responsible for fully disclosing all cost to the County. Compensation/Fees - please explain the firm's proposed fee schedule for the work proposed. **(Form provided by the County – Form #1)**
- 4.2 Please provide an alternative, proposed fee schedule if the biller collects all payments and reconciles accounts through a report with the County. **(Form provided by the County -Form #2)**

### **5.0 ADDITIONAL:**

- 5.1 The Respondent will identify technology/electronic needs of the County in order to do business with the Respondent. **(Form provided by County – Form #3)**
- 5.2 The Respondent will identify the procedure in detail as is expected to take place **(Form provided by County-Form #4)**
- 5.3 The Respondent will identify any general requirement listed by Webb County that would be an issue or that the Respondent would like to further discuss. **(Form provided by County - Form #5)**
- 5.4 The Respondent will identify the records retention process and identify compliance with state regulations. **(Form provided by County-Form #6 )**













## COUNTY OF WEBB

### Terms and Conditions of Invitations for Proposals

1. GENERAL CONDITIONS:

Proposers are required to submit their proposals upon the following expressed conditions:

- (A) Proposers shall thoroughly examine the drawings, specification schedule, instructions and all other contract documents.
- (B) Proposers shall make all investigations necessary to thoroughly inform themselves regarding plant and facilities for delivery of materials and equipment as required by the bid conditions. No plea of ignorance by the bidder of conditions that exist or that may hereafter exist as a result of failure to fulfill in every detail the requirements of the contract documents of the County or the compensation of the vendor.
- (C) Proposers are advised that all County contracts be subject to all legal requirements provided for in county, state and federal statutes and regulations.

2. PREPARATION OF PROPOSALS:

Proposals will be prepared in accordance with the following:

- (A) All information required by the proposal form shall be furnished. The bidder shall print or type his name and manually sign the schedule and each continuation sheet on which an entry is made.
- (B) Unit prices shall be shown and where there is an error in extension of prices, the unit price shall govern.
- (C) Alternate bids will not be considered unless authorized by the Invitation for Proposals.
- (D) Proposed delivery time must be shown and shall include Sundays and holidays.
- (E) Bidders will not include Federal taxes or State of Texas limited sales excise and use taxes in bid prices since the County of Webb is exempt from payment of such taxes. An exemption certificate will be signed where applicable upon request.

3. DESCRIPTION OF SUPPLIES:

Any catalog or manufacturer's reference used in describing an item is merely descriptive, and not restrictive, unless otherwise noted, and is used only to indicate type and quality of material. Bidders are required to state exactly what they intend to furnish otherwise they shall be required to furnish the items as specified.

4. SUBMISSION OF PROPOSALS:

- (A) Proposals and changes thereto shall be enclosed in sealed envelopes addressed to the Webb County Clerk. The name and address of the bidder, the date of the proposal opening and the material or service bid on shall be placed on the outside of the envelope.
- (B) Proposals must be submitted in the forms furnished. Telegraphic bids will not be considered. Proposals, however, may be modified by telegraphic notice provided such notice is received before the time and date set for the proposal opening.
- (C) Samples, when required, must be submitted within the time specified, at no expense to the County of Webb. If not destroyed or used up during testing, samples will be returned upon request at the proposer expense.

5. REJECTION OF PROPOSALS:

- (A) The Purchasing Agent may reject a proposal if it is not satisfactory to Commissioners' Court because:
  - (1) The proposer misstates or conceals any material fact in the bid or if,
  - (2) The proposal does not strictly conform to the law or the requirements of the proposal, or if,
  - (3) The proposal is conditional, except that the proposer may qualify his proposal for acceptance by the County on an "All or None" basis or a "low item" basis. An "All or None" basis proposal must include all items upon which bids are invited.
- (B) No proposal submitted herein shall be considered if the proposer owes any delinquent taxes to the County of Webb at the time proposals are opened. In the event that the successful proposer herein subsequently becomes delinquent in the payment of his or its County taxes, such fact shall constitute grounds for cancellation of the contract.

- (C) No proposal submitted herein shall be considered unless the proposer warrants that upon execution of a contract with the County of Webb, he will not engage in employment practices which have the effect of discriminating against employees or prospective employees because of race, color, sex, creed, or national origin and will submit such report as the County may thereafter require to assure compliance.
- (D) The County may, however, reject all proposals whenever it is deemed in the best interest of the County to do so, and may reject any part of a bid unless the proposal has been qualified as provided in 5 (a) 3 above. The County may also waive any minor informalities or irregularities in any bid.

6. WITHDRAWAL OF PROPOSALS:

Proposals not are withdrawn after the time set for the bid opening, unless approved by Commissioners' Court.

7. LATE PROPOSALS OR MODIFICATIONS:

Proposals and modifications received after the time set for the proposal submission will not be considered.

8. CLARIFICATIN OR OBJECTION TO PROPOSAL SPECIFICATIONS:

If any person contemplating submitting a proposal for this contract is in doubt as to the true meaning of the specifications, or other proposal documents or any part thereof, he may submit to the Purchasing Agent on or before five days prior to scheduled opening a request for clarification. All such requests for information shall be made in writing and the person submitting the request will be responsible for its prompt delivery. Any interpretation of the proposal, if made, will be made only by Addendum duly issued. A copy of such Addendum will be mailed or delivered to each person receiving a set of proposals. The County will not be responsible for any other explanation or interpretation of the proposal made or given prior to the award of the contract. Any objections to the specifications and requirements as set forth in this proposal must be filed in writing with the Purchasing Agent on or before five days prior to the scheduled opening.

9. DISCOUNTS:

(A) Prompt payment discounts will be considered in making the award provided the period of the discount offered is sufficient to permit payment within such period in the regular course of business.

(B) Concerning any discount offered, time will be computed from the date of receipt of supplies or services or from the date a correct invoice is received, whichever is the later date. Payment is deemed to be made on the date of mailing of the check.

10. AWARD OF CONTRACT:

- (A) The contract will be awarded to the lowest responsible bidder whose bid, conforming to the Invitation for Proposals, is most advantageous to the County price and other factors considered.
- (B) The County reserves the right to accept any item or group of items of this bid, unless the proposer qualified his proposal by specific limitations.  
  
Re Par. 5(a) 3 above.
- (C) A written award of acceptance mailed or otherwise furnished to the successful bidder results in a binding contract without further action by either party.
- (D) Prices must be quoted F.O.B. Webb County with all transportation charges prepaid, unless otherwise specified in the Invitation for Proposals.
- (E) Delivery time and prompt payment discounts, including time allowed for payment, will be considered in breaking of tie proposals.

11. PERFORMANCE DEPOSIT:

- (A) The successful proposer(s) must furnish the County of Webb a performance deposit in the amount set forth in the Invitation for Proposals. This deposit is not to be submitted with bids, but must be presented to the Purchasing Department upon notification.
- (B) The County of Webb will not enter a contract or issue a purchase order until the successful bidder has complied with the performance deposit provisions.
- (C) The performance deposit shall be in the form of a bond, certified check upon a State or National Bank or Trust Company signed by a duly authorized officer, thereof, or a certificate of deposit from such bank or trust company. All such bonds, checks and certificate of deposit shall be drawn payable to the order to the Webb County Treasurer and submitted to the Purchasing Agent's Office.
- (D) The performance deposit of the successful bidder(s) shall be returned by the County upon completion of the contract and final acceptance of all items in accordance with conditions thereof.
- (E) Failure of vendor to perform any of the services by this contract, within ten days of receipt of written demand for performance from County, or failure of vendor to correct or replace defective goods or products, within ten days from receipt of written demand will therefore, shall constitute a total breach of this contract, and shall be cause for termination. In the

event of such termination the performance deposit shall be retained by the County of Webb as liquidated damages, based upon mutual agreement and understanding between vendor and County at the time this bid is solicited, submitted and accepted, that the County of Webb is a governmental agency engaged in public projects, and that the measurement of damages which might result from a breach of the terms and specifications herein is difficult or impossible to determine. Provided, however, that if in the opinion of the Purchasing Agent and the Commissioners' Court the failure of vendor to perform the conditions of this contract is occasioned by or is the result of acts or events over which the vendor has no control, said performance deposit may in whole or in part, as may be determined by the Purchasing Agent and the Commissioners' Court, be returned to the vendor. It is understood that such determination shall be entirely discretionary with the Purchasing Agent and the Commissioners' Court.

12. WORKERS' COMPENSATION INSURANCE COVERAGE:

The Workers' Compensation Commission has adopted Rule 110.110 effective with all bids advertised after September 1, 1994. The TWCC has stated that it is aware that a statutory requirement for workers' compensation insurance coverage is not being met. Therefore, Rule 110.110 requires that all bidders be covered under workers' compensation insurance to achieve compliance from both contractor(s) and governmental entities. **Attachment A** is provided in accordance with the requirements on governmental entities. Please read carefully and prepare your bid in full compliance to TWCC Rule 110.110. Failure to provide the required certificates upon submission of a bid could result in your bid being declared non-responsive.

**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

**FORM CIS**

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

2 Office Held

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

4 Description of the nature and extent of employment or other business relationship with person named in item 3

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in Item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a), Local Government Code.

\_\_\_\_\_  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

Adopted 06/29/2007

## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

Section 176.003 of the Local Government Code requires certain local government officers to file this form. A "local government officer" is defined as a member of the governing body of a local governmental entity; a director, superintendent, administrator, president, or other person designated as the executive officer of the local governmental entity; or an employee of a local governmental entity with respect to whom the local governmental entity has, in accordance with Section 176.005, extended the requirements of Sections 176.003 and 176.004. This form is required to be filed with the records administrator of the local governmental entity not later than 5 p.m. on the seventh business day after the date on which the officer becomes aware of the facts that require the filing of this statement.

A local government officer commits an offense if the officer knowingly violates Section 176.003, Local Government Code. An offense under this section is a Class C misdemeanor.

Please refer to chapter 176 of the Local Government Code for detailed information regarding the requirement to file this form.

### INSTRUCTIONS FOR COMPLETING THIS FORM

*The following numbers correspond to the numbered boxes on the other side.*

1. **Name of Local Government Officer.** Enter the name of the local government officer filing this statement.
2. **Office Held.** Enter the name of the office held by the local government officer filing this statement.
3. **Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code.** Enter the name of the person described by Section 176.002, Local Government Code with whom the officer has an employment or other business relationship as described by Section 176.003(a), Local Government Code.
4. **Description of the nature and extent of employment or business relationship with person named in item 3.** Describe the nature and extent of the employment or other business relationship with the person in item 3 as described by Section 176.003(a), Local Government Code.
5. **List gifts accepted, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250.** List gifts accepted during the 12-month period (described by Section 176.003(a), Local Government Code) by the local government officer or family member of the officer, excluding gifts described by Section 176.003(a-1), from the person named in item 3 that in the aggregate exceed \$250 in value.
6. **Affidavit.** Signature of local government officer.

Adopted 06/29/2007

## NOTICE TO ALL BIDDERS

The Texas Workers' Compensation Commission has adopted Rule 110.110 effective with all bids advertised after September 1, 1994 and these changes affect your bid on this project.

The TWCC has stated that it is aware that statutory requirements provided for workers' compensation insurance coverage is not being met. Rule 110.110 is designed to achieve compliance from both contractors and governmental entities... This affects both of us on this project.

Providing false or misleading certificates of coverage, failing to provide or maintain required coverage, or failing to report any change that materially affects the coverage may subject the contractor(s) or other persons providing services on this project to legal penalties. This affects your subcontractors.

Therefore, the attached is provided in accordance with the requirements on governmental entities. Please read carefully and prepare your bid in full compliance to TWCC Rule 110.110. Failure to provide the required certificates upon submission of a bid could result in your bid being declared non-responsive.

According to TWCC, "This rule does not create any duty or burden on anyone which the law does not establish." Therefore, the county should not experience any increase in cost because of the need to comply with the Texas Worker's Compensation laws.

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Dr. Cecilia May Moreno  
Webb County Purchasing Agent

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

This is to certify that \_\_\_\_\_ owes no delinquent property taxes to Webb County.

\_\_\_\_\_ owes no property taxes as a business in Webb County.  
(Business Name)

\_\_\_\_\_ owes no property taxes as a resident of Webb County.  
(Business Owner)

\_\_\_\_\_  
Person who can attest to the above information

**\* SIGNED DOCUMENT AND PROOF OF NO DELINQUENT OR OWED TAXES TO WEBB COUNTY.**

BIDDER INFORMATION

Name of Company \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Email Address: \_\_\_\_\_

Signature of Person Authorized to Sign Bid:

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Title)

Bidder to indicate status, as to "Partnership", Corporation", "Sole Proprietorship", etc

\_\_\_\_\_

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

Bidder must complete this bid document in its entirety in order for it to be valid.

# PURCHASING DIVISION

The County of Webb is a participating provider with Medicare and Medicaid. The following chart reflects the current allowed charges private insurance and private pay.

ITEM DESCRIPTION	PRICE PER UNIT	ITEM DESCRIPTION	PRICE PER UNIT
BLS EMERGENCY	600.00	PULSE OXIMETER	50.00
ALS EMERGENCY	800.00	LATEX GLOVES (PAIR)	15.00
MILEAGE	7.00	PROTECTIVE MASK W/SHIELD	15.00
EXTRA ATTENDANT	100.00	GLUCOMETER (ACCU CHECK)	35.00
TRAUMA DRESSINGS	15.00	IV DRIP SET	50.00
STERILE 4X4	15.00	NORMAL SALINE 1000 ML	15.00
NON-STERILE 4X4	15.00	SYRINGE 10 CC	0
KERLIX	15.00	CATHETER 14-23 GAUGE	0
TRIANGULAR BANDAGE	15.00	TOURNIQUETS	0
ADAPTIC NON-ADHERING	15.00	LEUR ADAPTERS	0
TAPE 1"	15.00	PURPLE TOP/LAVENDER	0
COMBINE DRESSING	15.00	VENIGUARD	0
BURN SHEET	15.00	EKG/AED	50.00
OB KIT	50.00	EKG PAPER	0.00
STERILE WATER	15.00	ELECTRODE GEL	0.00
COLD/HEAT PACKS	15.00	ELECTRODE	0.00
INTUBATION	25.00	C SPINE IMMOBILIZATION	50.00
OXYGEN	12.00	ADENOSINE 6MG/2ML	35.00
NASAL CANNULA ADULT/CHILD	0	ALBUTEROL 2.5MG/3ML	35.00
NON-REBREATHER ADULT	0	AMIODARONE 150MG/3ML	35.00
SIMPLE FACE MASK CHILD	0	ASPRIN 325MG/EACH	35.00
ORAL AIRWAY KIT SET	0	ATROPINE SULFATE 1MG/10ML	35.00
NASAL AIRWAY KIT SET	0	DEXTROSE 50 25GRAMS/50ML	35.00
NEBULIZER	0	DIAZEPAM 10MG/2ML	35.00
BVM	15.00	DIPHENHYDRAMINE 50ML/1ML	35.00
PORTABLE SUCTION	25.00	EPI 1: 10,000 1MG/10ML	35.00
SUCTION TUBING	0.00	EPI 1: 1,000 1MG/1ML	35.00
SUCTION TUBING W/YAUNKER	0.00	FUROSEMIDE 40MG/4ML	35.00
8 FR SUCTION CATHETER	0.00	GLUTOSE 15GRAMS	35.00
18 FR SUCTION CATHETER	0.00	LIDOCAINE 2% 100MG/5ML	35.00
SUCTION CANISTER	0.00	EPIPEN ADULT AUTO INJECTOR 0.3MG	35.00
EMESIS BASIN	5.00	EPIPEN JUNIOR AUTO INJECTOR 0.15MG	35.00
BITE STICK	5.00	NARCAN 0.4MG/1ML-10ML MULTI-DOSE	35.00
BIO-HAZARD BAG DISPOSAL	0	NITRO SPRAY ONE	35.00
SHARPS DISPOSAL	0	SODIUM BICARB ADULT 50MG/50ML	35.00
TEMPERATURE	30.00	SODIUM BICARB PEDI 5MG/10ML	35.00
		TORADOL 30MG/1ML	35.00

Commissioners Court Approved Nov. 8, 2010