

**AGENDA**  
**FINANCE COMMITTEE**  
**Village of Hoffman Estates**  
**October 25, 2010**

**Immediately following Public Health & Safety**

**Members:** Karen Mills, Chairperson  
Jacquelyn Green, Vice Chairperson  
Anna Newell, Trustee  
Cary Collins, Trustee  
Ray Kincaid, Trustee  
Gary Pilafas, Trustee  
William McLeod, Mayor

**I. Roll Call**

**II. Approval of Minutes – September 27, 2010, October 16, 2010 – Special Finance Mtg.**

**NEW BUSINESS**

1. Review of 2010 Capital Improvement Projects Quarterly Update – 3rd Quarter.
2. Request authorization to enter into a three year contract for Ambulance Billing Services with Andres Medical Billing, LTD. at a fixed fee of 5% of net collections.
3. Request acceptance of Finance Department Monthly Report.
4. Request acceptance of Information Systems Department Monthly Report.
5. Request acceptance of Sears Centre Monthly Report.

**III. President's Report**

**IV. Other**

**V. Items in Review**

**VI. Adjournment**

**FINANCE  
COMMITTEE MEETING MINUTES**

September 27, 2010

**I. Roll Call**

**Members in Attendance:**

**Karen Mills, Chairperson  
Jacquelyn Green, Vice Chairperson  
Trustee Anna Newell**

**Other Corporate Authorities  
in Attendance:**

**Trustee Cary Collins  
Trustee Ray Kincaid  
Trustee Gary Pilafas  
Village President William McLeod**

**Management Team Members  
in Attendance:**

**Jim Norris, Village Manager  
Arthur Janura, Corporation Counsel  
Mark Koplun, Asst. Vlg. Mgr., Dev. Services  
Gary Salavitch, Director of Engineering  
Kenneth Hari, Public Works Director  
Patrick Seger, Human Resource Mngmnt Dir.  
Robert Gorvett, Fire Chief  
Clint Herdegen, Police Chief  
Michael Hish, Assistant Police Chief  
Algean Garner, Director of H&HS  
Michael DuCharme, Director of Finance  
Bruce Anderson, Cable TV Coordinator  
Bev Romanoff, Village Clerk  
Ben Gibbs, GM - Sears Centre Arena**

**Others in Attendance**

**Reporters from the *Daily Herald* and *Chicago Tribune***

The Finance Committee meeting was called to order at 7:30 p.m.

**II. Approval of Minutes**

Motion by Trustee Pilafas, seconded by Trustee Newell, to approve the Finance Committee meeting minutes of August 31, 2010. Voice vote taken. All ayes. Motion carried.

**NEW BUSINESS**

- 1. Request authorization to go out for bid for natural gas at the Sears Centre Arena and electricity for street lights to secure fixed energy prices that are currently riding the index.**

A committee agenda item from Michael DuCharme was presented to the Committee.

Trustee Mills and Mr. Norris discussed whether the bids were binding and Mr. Norris explained they were not unless authorized by the Board.

Motion by Trustee Pilafas, seconded by Trustee Newell, to accept the Finance Department Monthly Report. Voice vote taken. All ayes. Motion carried.

**2. Request acceptance of Finance Department Monthly Report.**

The Finance Department Monthly Report was presented to Committee.

Trustee Collins, Mr. Norris and Mr. DuCharme discussed state income tax revenues and how the revenue is recognized and reported.

Trustee Collins, Mr. Norris and Mr. DuCharme discussed the increase in building permits.

Trustee Collins and Mr. DuCharme discussed the returns on Village investments.

Motion by Trustee Pilafas, seconded by Trustee Newell, to accept the Finance Department Monthly Report. Voice vote taken. All ayes. Motion carried.

**3. Request acceptance of Information Systems Department Monthly Report.**

The Information Systems Department Monthly Report was presented to Committee.

Motion by Trustee Pilafas, seconded by Trustee Green, to accept the Information Systems Department Monthly Report. Voice vote taken. All ayes. Motion carried.

**III. President's Report**

Mayor McLeod shared Village-related updates and recent events.

**IV. Other**

**V. Items in Review**

**VI. Adjournment**

Motion by Mayor McLeod, seconded by Trustee Pilafas, to adjourn the meeting at 7:48 p.m. Voice vote taken. All ayes. Motion carried.

Minutes submitted by:

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Emily Kerous, Director of Operations  
Office of the Mayor & the Board

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Date

**SPECIAL FINANCE  
COMMITTEE MEETING MINUTES**

October 16, 2010

**I. Roll Call**

**Members in Attendance:**

**Karen Mills, Chairperson  
Jacquelyn Green, Vice Chairperson  
Trustee Anna Newell**

**Other Corporate Authorities  
in Attendance:**

**Trustee Cary Collins  
Trustee Ray Kincaid  
Trustee Gary Pilafas  
Village President William McLeod**

**Management Team Members  
in Attendance:**

**Jim Norris, Village Manager  
Kenneth Hari, Public Works Director  
Robert Gorvett, Fire Chief  
Michael Hish, Police Chief  
Bev Romanoff, Village Clerk**

**Others in Attendance**

The Finance Committee meeting was called to order at 8:03 a.m.

**II. Approval of Minutes - None**

**NEW BUSINESS**

- 1. To interview candidates for the Sears Centre Arena Owners Representative position.**

A committee agenda item was presented to the Committee.

The Mayor and Board of Trustees began interviewing Sears Centre Arena Owners Representative candidate Mr. Paul Rathje.

Trustee Kincaid arrived at 8:04 a.m. and Trustee Collins arrived at 8:07 a.m.

Trustee Collins stated that he believed that the Special Finance Committee meeting might be in violation of the Open Meetings Act for starting at 8 a.m. when the building doesn't open until 8:30 a.m.

The Mayor and Board of Trustees continued interviewing Mr. Rathje.

At 9 a.m. the Mayor and Board of Trustees took a five minute break.

At 9:10 a.m. the Special Finance Committee Meeting was called back to order and Sears Centre Arena Owners Representative candidate Ms. Cindy Kamradt was called in to interview.

The Mayor and Board of Trustees interviewed Ms. Kamradt.

Motion by Trustee Green, seconded by Trustee Pilafas, to recess at 9:59 a.m. for the Coffee with the Board. Voice vote taken. Trustee Collins voted nay. Motion carried.

The Special Finance Committee meeting was called back to order at 11:20 a.m. Trustee Green and Trustee Newell arrived back at the meeting at 11:22 a.m.

The Mayor and the Board of Trustees continued interviewing Ms. Kamradt.

Ms. Kamradt left the Special Finance Committee meeting at 11:38 a.m.

Trustee Kincaid and Mayor McLeod discussed whether there would be additional interviews. Mayor McLeod, Trustee Mills and Trustee Collins discussed potentially creating a list of pros and cons and future discussions. The Mayor and the Board of Trustees discussed the interview process, candidates and next steps.

Trustee Pilafas explained the initial interview process.

Trustee Collins left the Special Finance Committee meeting at 11:45

Trustee Kincaid inquired if the Overture Group was in attendance of the meeting and Trustee Pilafas and Mayor McLeod explained that Overture Group was not in attendance and suggested inviting Overture Group to the next meeting.

Trustee Mills asked for feedback on next steps for the interview process. Mayor McLeod, Trustee Mills and Trustee Pilafas discussed scheduling the Special Finance Committee meeting on Monday, November 1<sup>st</sup>. Mr. Norris explained potentially making the meeting an executive session in order to discuss personnel for legal reasons. Mayor McLeod, Trustee Mills, Trustee Pilafas and Mr. Norris further discussed the process for additional discussion and then voting to negotiate with the candidates.

### **III. Adjournment**

Motion by Mayor McLeod, seconded by Trustee Pilafas, to adjourn the meeting at 11:56 a.m. Voice vote taken. All ayes. Motion carried.

Minutes submitted by:

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Emily Kerous, Director of Operations  
Office of the Mayor & the Board

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Date

**COMMITTEE AGENDA ITEM  
VILLAGE OF HOFFMAN ESTATES**

**SUBJECT:** 2010 Capital Improvements Program Quarterly Status Update – 3<sup>rd</sup> Quarter

**MEETING DATE:** October 25, 2010

**COMMITTEE:** Finance

**FROM:** Michael DuCharme, Director of Finance

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**PURPOSE:** To provide the Village Board and members of the Management Team a quarterly report that tracks the status of all projects approved in the Capital Improvements Program for calendar year 2010.

**BACKGROUND:** These Quarterly Updates are intended to provide information to the Finance Committee on each Capital Improvement Item showing actual costs by quarter.

**DISCUSSION:** The completed sheets for the third quarter of 2010 are attached for your review. All approved 2010 Capital Improvements Projects have been summarized by department

**RECOMMENDATION:** Informational.

ATTACHMENT

**Village of Hoffman Estates, Illinois  
2010 Capital Improvements Program  
Quarterly Status Update  
Summary by Department**

Department	2010 Budget	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total YTD	Budget Unexpended
General Government	50,000	-	34,126	-	-	34,126	15,874
Police	11,761,560	2,494,800	4,363,079	2,221,345	-	9,079,224	2,682,336
Fire	70,000	-	-	-	-	-	70,000
Public Works	4,340,964	602,702	435,183	1,108,867	-	2,146,752	2,194,212
Development Services	4,879,000	47,494	1,451,290	636,970	-	2,135,754	2,743,246
Information Systems	228,000	47,922	80,997	1,875	-	130,794	97,206
<b>TOTAL COSTS</b>	<b>\$ 21,329,524</b>	<b>\$ 3,192,918</b>	<b>\$ 6,364,675</b>	<b>\$ 3,969,057</b>	<b>\$ -</b>	<b>\$ 13,526,650</b>	<b>\$ 7,802,874</b>

**Village of Hoffman Estates, Illinois  
2010 Capital Improvements Program  
Quarterly Status Update**

**Department: *General Government***

Project Name	Funding	2010 Budget	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total YTD	Budget Unexpended	Status
Editing System Replacement	General Fund (PEG Fees)	35,000	-	34,126	-		34,126	874	Purchase completed
Copier Replacement Program	Cap. Replacement	15,000	-	-	-		-	15,000	Code copier - replacement being analyzed
<b>TOTAL COSTS</b>		<b>\$ 50,000</b>	<b>\$ -</b>	<b>\$ 34,126</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 34,126</b>	<b>\$ 15,874</b>	



**Village of Hoffman Estates, Illinois  
2010 Capital Improvements Program  
Quarterly Status Update**

**Department: *Police***

Project Name	Funding	2010 Budget	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total YTD	Budget Unexpended	Status
Patrol Vehicles	Cap. Replacement & Court Supervision	146,400	-	-	67,701		67,701	78,699	Purchase complete (only 3)
Patrol Vehicles, EDA	EDA Admin Fund	27,500	-	-	26,665		26,665	835	Purchase complete
Administrative Vehicles	Cap. Replacement	24,500	-	-	22,567		22,567	1,933	Purchase complete
New Police Building Construction	2009 Bond Proceeds	11,563,160	2,494,800	4,363,079	2,104,412		8,962,291	2,600,869	Ongoing
<b>TOTAL COSTS</b>		<b>\$11,761,560</b>	<b>\$ 2,494,800</b>	<b>\$ 4,363,079</b>	<b>\$ 2,221,345</b>	<b>\$ -</b>	<b>\$ 9,079,224</b>	<b>\$ 2,682,336</b>	

**Village of Hoffman Estates, Illinois  
2010 Capital Improvements Program  
Quarterly Status Update**

**Department: *Fire***

Project Name	Funding	2010 Budget	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total YTD	Budget Unexpended	Status
Protective Clothing	General Fund	18,000	-	-	-		-	18,000	Researching vendors
Apparatus Refurbishment Program	General & EDA Funds	52,000	-	-	-		-	52,000	Deferred until 2011
<b>TOTAL COSTS</b>		<b>\$ 70,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 70,000</b>	

**Village of Hoffman Estates, Illinois  
2010 Capital Improvements Program  
Quarterly Status Update**

**Department: *Public Works - Facilities***

Project Name	Account Number	2010 Budget	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total YTD	Budget Unexpended	Status
Village Hall Roof Replacement	36000025-4604	240,000	-	-	-	-	-	240,000	Target completion Oct 2010
Public Works Window Replacement	36000025-4604	50,500	-	-	-	-	-	50,500	Target completion Oct 2010
<b>TOTAL COSTS</b>		<b>\$ 290,500</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 290,500</b>	

**Village of Hoffman Estates, Illinois**  
**2010 Capital Improvements Program**  
**Quarterly Status Update**

**Department: Public Works - Streets**

Project Name	Funding	2010 Budget	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total YTD	Budget Unexpended	Status
Street Light Pole Replacement	MFT Fund	32,400	-	-	-	-	-	32,400	PO Issued 5/26
Sidewalk Replacement Program	General Fund	27,320	-	720	-	-	720	26,600	Ongoing
<b>TOTAL COSTS</b>		\$ 59,720	\$ -	\$ 720	\$ -	\$ -	\$ 720	\$ 59,000	

**Village of Hoffman Estates, Illinois  
2010 Capital Improvements Program  
Quarterly Status Update**

**Department: *Public Works - Water & Sewer***

Project Name	Funding	2010 Budget	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total YTD	Budget Unexpended	Status
<b>Sanitary Sewer Rehabilitation:</b>									
Phase IV Construction	Water & Sewer Fund	50,000	-	-	-	-	-	50,000	Rescheduled for 2011
2009 Critical Sanitary Sewer Repair	Water & Sewer Fund	307,567	17,562	191,180	29,808	-	238,550	69,017	2009 Carry-over
Phase IV Engineering	Water & Sewer Fund	24,400	21,215	2,166	-	-	23,381	1,019	Target completion December
Water Meters / New Construction	Water & Sewer Fund	9,660	-	512	1,418	-	1,930	7,730	Purchased through year
Annual Meter Change-Outs/Retrofitting	Water & Sewer Fund	135,000	-	-	57,666	-	57,666	77,334	Large purchase on order
Sewer Main & Lift Contract Services	Water & Sewer Fund	40,000	11,400	-	18,837	-	30,237	9,763	Work in 3rd qtr, awaiting invoices
Hydrant Replacements	Water & Sewer Fund	36,000	-	19,485	18,632	-	38,117	(2,117)	Completed
Valve Replacement	Water & Sewer Fund	20,000	2,592	3,043	-	-	5,635	14,365	Target completion December
<b>Lift Station Pump System Rehabilitation:</b>									
Barrington Lift Engineering & Construction	Water & Sewer Fund	463,420	-	-	-	-	-	463,420	Pending approval for bidding
Water Main Replacement and Cathodic Protection	Water & Sewer Fund	10,000	-	-	-	-	-	10,000	Rescheduled for 2012
2009 Upgrade Field W/S Facility SCADA	Water & Sewer Fund	99,937	13,520	12,501	20,573	-	46,594	53,343	2009 Carry-over
Annual Remote Site SCADA Upgrade	Water & Sewer Fund	30,000	-	-	-	-	-	30,000	To start after 2009 project
Critical Point Continuous Water Quality Monitoring	Water & Sewer Fund	25,000	-	-	-	-	-	25,000	Seek RFP in late October
Abandonment of Frederick & Highland Lift Stations	Water & Sewer Fund	1,108,550	-	-	473,190	-	473,190	635,360	Schaumburg to reimburse VOHE
<b>Western Area Water Tank</b>									
Elevated Tank Construction	Water & Sewer Fund	1,345,190	536,413	205,576	488,743	-	1,230,732	114,458	Target completion November
Well 21 & 22 Activation	EDA Bond Proceeds	286,020	-	-	-	-	-	286,020	Rescheduled for 2011
<b>TOTAL COSTS</b>		<b>\$ 3,990,744</b>	<b>\$ 602,702</b>	<b>\$ 434,463</b>	<b>\$ 1,108,867</b>	<b>\$ -</b>	<b>\$ 2,146,032</b>	<b>\$ 1,844,712</b>	

**Village of Hoffman Estates, Illinois  
2010 Capital Improvements Program  
Quarterly Status Update**

**Department: *Development Services - Administration & EDA***

Project Name	Funding	2010 Budget	First Qtr.	Second Qtr.	Third Qtr.	Fourth Qtr.	Total YTD	Budget Unexpended	Status
<b>CDBG Projects:</b>									
Private Property Rehabilitation	CDBG Grant	110,000	27,122	32,998	32,953		93,073	16,927	Ongoing
Street Lighting Ph. 2	CDBG Grant	119,000	945	-	795		1,740	117,260	Ongoing
Western Street Reconstruction	CDBG Grant	215,000	-	-	209,898		209,898	5,102	Part of street contract award
Vehicle Replacement - Unit #93	Cap. Replacement	28,000	-	-	-		-	28,000	Cut from 2010 budget
Prairie Stone Access Improvements	EDA Bond Proceeds	90,000	-	-	-		-	90,000	Deferred (re: water park)
Entertainment Dist. Streetscape & Signage	EDA Bond Proceeds	625,000	-	-	-		-	625,000	TBD
<b>TOTAL COSTS</b>		<b>\$ 1,187,000</b>	<b>\$ 28,067</b>	<b>\$ 32,998</b>	<b>\$ 243,646</b>	<b>\$ -</b>	<b>\$ 304,711</b>	<b>\$ 882,289</b>	

**Village of Hoffman Estates, Illinois  
2010 Capital Improvements Program  
Quarterly Status Update**

**Department: Development Services - Engineering & Transportation**

Project Name	Funding	2010 Budget	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total YTD	Budget Unexpended	Status
Street Revitalization	MFT, 2009 Bonds, CDBG	1,841,000	-	1,404,431	388,346		1,792,777	48,223	Start 5/1, Arrow contract \$1.88M+/-
Storm Sewer Improvements:									
Hassell Rd Culverts Design (3)	MFT Fund	100,000	-	-	-		-	100,000	RFP released 5/1
Shoe Factory/Beverly Rd Widening	Developers' Deposits	1,000,000	-	-	-		-	1,000,000	Design continues, County to review plans
Palatine Road Improvement (STP)	Traffic Improve. Fund	56,000	-	977	700		1,677	54,323	In house design, awaiting IDOT agmnt for reimbursement of some staff time
Central Rd Bicycle Path (IDONR)	Developers' Deposits	200,000	-	-	-		-	200,000	DNR application resubmitted
Higgins Rd Bicycle Path & Sidewalk	Traffic Improve. Fund	100,000	-	-	-		-	100,000	Target letting early 2011, IDOT reviewing agmnts on CMAQ B list for funding
CN Bicycle Path	EDA & Park Dist.	20,000	-	-	-		-	20,000	Proposal received for Phase I Engineering, awaiting IDOT letter of intent and Cook County approval
IL 59/Shoe Factory Right Turn Lanes	IDOT & Cook County	36,000	-	-	-		-	36,000	No active projects
Safe Routes to School	Federal Grant	50,000	-	-	-		-	50,000	
Roselle Road Business District:									
Traffic Signal Design	Roselle Rd TIF	20,000	-	102	-		102	19,898	Coordination with property owners for easements
Intersection/Roadway Improvements - EDA:									
Higgins/Prairie Stone Signal	EDA Bond Proceeds	55,000	19,427	12,782	4,278		36,487	18,513	Design is 80% complete
Prairie Stone traffic study findings	EDA Bond Proceeds	100,000	-	-	-		-	100,000	In house design expected to start late 2010
Beverly/Higgins Signal Upgrade	EDA Bond Proceeds	50,000	-	-	-		-	50,000	IDOT investigating for safety funds
Vehicle Replacement - Unit #75	Cap. Replacement	32,000	-	-	-		-	32,000	Deferred
Vehicle Replacement - Unit #85	Cap. Replacement	32,000	-	-	-		-	32,000	Deferred
<b>TOTAL COSTS</b>		<b>\$ 3,692,000</b>	<b>\$ 19,427</b>	<b>\$ 1,418,292</b>	<b>\$ 393,324</b>	<b>\$ -</b>	<b>\$ 1,831,043</b>	<b>\$ 1,860,957</b>	

**Village of Hoffman Estates, Illinois  
2010 Capital Improvements Program  
Quarterly Status Update**

**Department: *Information Systems Fund***

Project Name	Funding	2010 Budget	First Qtr	Second Qtr	Third Qtr	Fourth Qtr	Total YTD	Budget Unexpended	Status
<b>SunGard (Pentamotion) Software Upgrades:</b>									
System Software	IS User Charges	20,000	-	16,800	-	-	16,800	3,200	Completed
eGov Plus	IS User Charges	10,000	3,072	4,500	1,875	-	9,447	553	Implementation completed
<b>Personal Computer Replacements:</b>									
PC Replacements	IS User Charges	60,000	-	59,697	-	-	59,697	303	Completed
Fire Laptops	IS User Charges	24,000	-	-	-	-	-	24,000	On order
Police Laptops	IS User Charges	40,500	36,900	-	-	-	36,900	3,600	Completed
Network File Server Replacements	IS User Charges	30,000	-	-	-	-	-	30,000	Being Planned for 4th Quarter
Disaster Recovery - NIU Net	IS User Charges	36,500	7,950	-	-	-	7,950	28,550	Being Planned for 4th Quarter
<b>Geographical Information System:</b>									
ArcGIS Server Customization	IS User Charges	7,000	-	-	-	-	-	7,000	Planned for 4th Quarter
<b>TOTAL COSTS</b>		<b>\$ 228,000</b>	<b>\$ 47,922</b>	<b>\$ 80,997</b>	<b>\$ 1,875</b>	<b>\$ -</b>	<b>\$ 130,794</b>	<b>\$ 97,206</b>	



# COMMITTEE AGENDA ITEM

## VILLAGE OF HOFFMAN ESTATES

**SUBJECT:** Outsourcing of Ambulance Billing Services

**MEETING DATE:** October 25, 2010

**COMMITTEE:** Finance

**FROM:** Michael DuCharme, Director of Finance

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**PURPOSE:** To enter into a contract for ambulance billing services.

**BACKGROUND:** August 1999 was the first time the Village outsourced the ambulance billing function. Outsourcing this service allowed the Village to improve billing efficiency and claim processing by providing electronic billing of Medicare, as well as Public Aid and direct billing to private insurance companies from information received from the parties transported.

In 2006, the Village approved a contract (with subsequent option to renew) with our current vendor Andres Medical Billing, Ltd. The current contract with Andres Medical Billing is set to expire at the end of November 2010. The services currently provided by Andres have been very satisfactory and we have no complaints about them as a vendor. In 2006 their original fee was 8% of all payments collected and has since been reduced to the current fee of 5%. However, we felt it was necessary to request proposals from other vendors at this time to make sure the Village was paying a fair cost for this service.

In early August 2010 the attached RFP was mailed out to interested vendors. On the September 17<sup>th</sup> due date a total of four proposals were received. Three of the vendors, Paramedic services of Illinois, Paramedic Billing Services, and Andres Medical Billing proposed a fee of 5% of net collections. All of these proposals were very specific related to their billing cycle and practices. Their sample contracts were very specific in their obligation and following established billing industry guidelines, as well as (CMS) Centers for Medicare and Medicaid Services, (HIPPA) Health Information Potability and Accountability Act.

The fourth vendor, Medical Reimbursement Services, Inc. proposed a fee of 7% of net collections. Their proposal also included a guarantee to increase revenue per call by 5% and in the event that did not occur, they would reduce their fee to 50% of our current provider. After review, I had numerous concerns with their proposal. My primary concern was with their calculation of revenue per call. Secondly, there were significant concerns with their sample contract which did not address requirements specified in the RFP and did not include compliance with industry standards and compliance with CMS and HIPPA.

Of the remaining three vendors, I believe our current vendor Andres Medical Billing is the most qualified vendor for the following reasons:

1. Currently provides ambulance billing services to 150 agencies including large municipalities, fire protection districts, volunteer departments, small rural departments and private ambulance services. This is more than double the amount of the next closest vendor.
2. Andres Medical Billing has developed a relationship with St. Alexius and Alexian Brothers Medical Center where they allow them to obtain patient face sheets. No other billing service is allowed access at these hospitals.
3. Consistent collection rate of 78.8% for calendar year 2009. This percentage is after all adjustments for Medicare, as well as other adjustments and write off of uncollectible bills.
4. Since 1999 Andres Medical Billing has provided a high level of customer service which has resulted in a low number of complaints over the years from both residents and non residents.
5. Their current proposed fee of 5% is the same fee proposed by other qualified responders.

All of the submitted proposals have been placed in the trustee ante-room for the committee's review.

**RECOMMENDATION:** Request approval to enter into a three year contract with Andres Medical Billing at a cost of 5% of net collections with an option to renew annually for an additional three year period.

**Village of Hoffman Estates**

**Ambulance Billing Services  
Request for Proposals**

**Proposals Due:  
September 17, 2010, 4:00 p.m. (CST)**

## **Ambulance Billing Services**

The Village of Hoffman Estates is seeking proposals for Ambulance Billing and Accounts Receivable processing services for transportation services provided by the Village of Hoffman Estates Fire Department. The Village will award one contract for these services and will make such award in the manner it deems to be in its best interests, considering price, service level and references. The contract period is for three (3) years beginning December 1, 2010 with an annual renewal, at the Village's option, of up to three (3) years. The proposal should include the percentage of net collections to be charged during the initial three (3) year contract as well as for each year of the renewal period.

### **Background:**

The Hoffman Estates Fire Department provides fire protection and EMS services to the Village of Hoffman Estates and a small surrounding area included in our Fire Protection District. The area we cover is approximately 22 square miles including portions of the Jane Addams Memorial Tollway (I-90). The Fire Department operates four Mobile Intensive Care Units (MICU) that are staffed 24/7 by state-certified paramedics. Additionally, paramedic service is enhanced through four engine companies and one rescue squad, each of which are staffed with paramedics and advanced life support equipment. Our department has responded to a total of 3,254 EMS calls in 2007, 3,424 in 2008, 3,602 in 2009 and are on track for 3,900 calls in 2010. We transport mostly to St. Alexius Medical Center in Hoffman Estates, but also transport to Northwest Community, Alexian Brothers and Sherman Hospital. The Village's current payment mix is as follows:

- Medicare 37%
- Medicaid 11%
- Private Insurance 38%
- Self Pay 14%

Village of Hoffman Estates Current Rate Schedule:

	<b>Residential Rate</b>	<b>Non-Residential Rate</b>
BLS	\$354.22	\$625.00
ALS	\$420.64	\$725.00
ALS II	\$608.82	\$975.00
Mileage	\$6.74 /Per Mile	\$10.00/Per Mile

### **General Information:**

1. The Village reserves the right to reject any and/or all proposals, wholly or in part or to waive informalities in any proposal, if deemed in the best interest of the Village.
2. The selected firm shall have an active compliance program that meets or exceeds CMS and HIPPA and will provide upon request of the Village of Hoffman Estates.

3. The selected firm's services shall conform to the most current standards and requirements set forth by the Centers for Medicare and Medicaid Services (CMS), and the Health Information Portability and Accountability Act.
4. All percentages quoted must be firm as described in the RFP response. All responses must be delivered to the Village of Hoffman Estates Finance Department no later than September 17, 2010 at 4:00 p.m. (CST).
5. No contract will be awarded except to responsible firms capable of providing the services outlined and achieving the identified expected results. Before the award of this contract, the firm may be required to show they have the requisite facilities, experience, ability, security and backup relationships in place to successfully manage this engagement.
6. The contractor shall have a record of performing Ambulance Service Accounts Receivable Services in the medical transportation/health care arena for no less than five (5) years managing the minimum amount of a gross volume of \$1 million of claims annually.
7. A sample of the contractor's service contract shall be included with the proposal.
8. The contractor shall provide a certificate of insurance that provides errors, omissions, fraud and general liability insurance of at least \$1,000,000.00 and Workers Compensation in an amount which meets or exceeds the requirements of the State of Illinois.
9. Proposals will only be accepted from contractors who have or established reputation of permanency and liability in the field of ambulance billing. Contractors should list the name of three (3) references from municipal fire departments and/or fire districts of similar service as proposed including the names, addresses and phone numbers of a contact person at each.
10. Provide a complete list of municipal fire departments or fire districts that you provide ambulance billing services for.

**Specifications:**

For all questions with which the responding firm notes that they comply, the responding firm must be prepared to supply or demonstrate proof of compliance, although such proof is not required to be attached to its proposal.

1. The responding firm shall have high speed internet connectivity to view/print electronic images of complete run reports, corresponding billing review reports and all required documentation for billing purposes.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

2. The responding firm shall forward a bill to each patient and/or their designated payer (insurance, Medicare, Medicaid or other) within 72 hours of receiving all required information to create a billable claim. (The responding firm shall identify those carriers in servicing the **Hoffman Estates Fire Department** market that are able to process claims electronically and will submit bills via electronic file transfer inclusive of CMS, Medicaid, HMO's and private insurers as appropriate.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

3. The responding firm shall forward statements to insured patients on a thirty (30), sixty (60), and ninety (90) day follow up basis (or in a more progressive timeframe as agreed upon between the **Village** and the responding firm if applicable) with progressive pre-collection language after the initial invoice. Accounts with no activity (no response to invoices, phone calls, or payment and communication from the identified insurance company) will be automatically sent to the **Village's** designated collection agency when the account reaches an age of **120** days.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

4. The responding firm will validate and verify a patient's insurance status prior to classifying the patient and creating a claim. The responding firm shall describe its claim validation processes and how it resolves deficits.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

5. The responding firm will have detailed processes for all patients determined to not have a primary insurance carrier.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

6. The responding firm will provide a toll free number for patients to utilize to discuss their bill.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

7. The responding firm will answer telephones in a professional manner representing the **Village of Hoffman Estates Fire Department** account.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

8. All invoices and written statements/documentation forwarded to patients shall be formatted so the relationship between the responding firm and the **Village** is invisible. All letterhead and invoice statements shall be approved in advance by the **Village**. No changes will be made to the images without the written authorization of the **Village**.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

9. The responding firm will produce and forward an initial insurance claim within three (3) business days of receiving a billable run report.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

10. The responding firm will state its normal business hours they are available to clients and patients

**Does your proposal comply with this requirement: Yes ( ) No ( )**

11. The responding firm will list any and all days the business is closed during the calendar year.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

12. The responding firm will have a continuity plan to assure no interruption in service due to absence or employee turnover.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

13. The responding firm will have policies/procedures that outline how accounts are monitored to assure maximum productivity of the staff assigned to manage the account and maximization of revenue return.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

14. The responding firm shall have all payments and correspondence mailed directly to or electronically deposited into a designated bank account or lockbox of the **Village's** choice.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

15. The responding firm has never lost an account due to concerns of improper billing practices, accusations or clients concerns of fraud as defined by CMS and other applicable Federal or State Authorities.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

16. The responding firm shall have a HIPAA Compliance Program. The responding firm will track and maintain records regarding the request, approval, denial, and distribution of medical records in collaboration with the client. It will also have evidence that their internet system and electronic data file transfers and associated billing systems are HIPAA compliant.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

17. The responding firm shall have evidence that all staff members involved in the management of the **Village** account have successfully completed the CMS compliance training program, HIPAA compliance and the FTC Red Flags Rules training program. Refresher training for each area shall be provided annually.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

18. The responding firm shall address all credit balances within a prescribed timeframe to be in compliance with Federal and State program requirements and in an expeditious manner for all other credit balances.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

19. The responding firm shall provide the Village Finance Director and Chief of the Fire Department with monthly reports as outlined below:

- a. New Receivables billed
- b. Receivables collected
- c. Accounts receivable aging status by payer
- d. Accounts forwarded for collections
- e. Status of outstanding payment plan accounts
- f. Monthly A/R analysis
- g. Other reports as requested by the client

**Does your proposal comply with this requirement: Yes ( ) No ( )**

20. The responding firm agrees to adhere to or develop policies in conjunction with the **Village** specific to the **Fire Department** regarding the following A/R functions.

- a. Medical diagnosis documentation
- b. Rate approval processes
- c. Payer contracting policies
- d. Assignment of benefits
- e. Special situation adjustments and authority
- f. Write-offs
- g. Financial hardship documentation processes
- h. Discounts
- i. Payments Plans
- j. Acceptance of credit card payments
- k. Compliance activities
- l. Medical records managements

**Does your proposal comply with this requirement: Yes ( ) No ( )**



21. The responding firm agrees to re-age and re-categorize accounts after receiving funds from a primary payer.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

22. The responding firm will have a specific strategy for developing and enhancing a relationship with the Medicare Carrier for the State and other payer, inclusive of testing procedures to assure the appropriate electronic claims network conduit is functional.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

23. The responding firm will have detailed descriptions of how it manages and communicates claims management cycle time deficits and cash flow reductions as a result of carrier related issues.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

24. The responding firm, in accordance with the previously defined schedule agrees to turn over identified delinquent accounts to the identified **Village** collection agency. Files turned over to the collection agency will be formatted to include the following information:

- a. All patient demographic data including address and date of birth
- b. Patient insurance/payment information
- c. Date of service
- d. Point of pick up and destination
- e. Diagnosis
- f. Fire Department Run Number

The information shall be electronically transmitted to the designated Village collection agency at the point the account is deemed transferable as previously defined. If the collection agency is unable to receive the documentation in an electronic format, other suitable means of communication and transferring the aforementioned data will be utilized.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

25. The responding firm will provide the **Village** and/or its designated agents with access to review, copy, and evaluate all documents, reports, policies and procedures utilized in the fulfillment of this service contract. Access shall be defined as on-site review and to the point that all Federal and State compliance guidelines are met.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

26. The responding firm has the billing software that will be utilized in managing this account. The responding firm has reports that the billing software is capable of producing and will provide samples of each report for the **Village** to evaluate upon request. The responding firm will have processes it utilizes to bring new software programs on line, a strategy for communication of such to its clients, and processes to eliminate or significantly reduce the impact on client claims management cycle time during new software implementation.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

27. The responding firm shall provide a detailed description/discussion and have associated policies and procedures outlining the steps it takes to protect and recover the client's data from cyber attack; loss secondary to a network LAN/WAN failure; long term power outage; fire.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

28. The responding firm shall indicate the length of time it maintains all paper and/or electronic records created in support of the client's service agreement.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

29. The responding firm shall identify how it can assist the **Fire Department** develop/refine statistical indicators to monitor on a regular basis so as to improve individual and organizational performance in its claims management and collections activities. Such processes should include internal and external goals and benchmarks where applicable.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

30. The responding firm will commit to work with the **Fire Department** in order to continually review and adapt strategies to respond to regional and national changes in order to enhance reimbursement.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

31. The responding firm agrees to function as an information source. Payer requirements, rules, coverage parameters, and reimbursement policies change on a continuous basis. The responding firm will keep the **Fire Department** informed of ongoing changes and notify the **Fire Department** of these events as they occur. Notification shall be by phone, electronic means and periodic dissemination of information from literature and other sources.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

32. The responding firm will include service evaluation forms with invoices upon request. These forms shall be provided by the **Fire Department** and will be mailed back to the **Fire Department**.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

33. At the end of the contract term, the responding firm agrees to facilitate the transfer of all accounts in process/not yet processed to the **Village** or its designated agent. The responding firm will provide the necessary data and account documentation, both hard copy and electronic files in order to facilitate a smooth transition.

**Does your proposal comply with this requirement: Yes ( ) No ( )**

34. Responding firms may attach any other provisions or services that they will provide under this agreement.

# PROPOSAL SUMMARY SHEET

## COMPANY INFORMATION

Name of Company:	
Address:	
Location of printing/ mailing facility:	

## PRICING INFORMATION

Cost of service based on Percentage of Net Collection: \_\_\_\_\_%

Were any exceptions to the specifications taken? Yes \_\_\_\_\_ No \_\_\_\_\_

## CONTACT INFORMATION

Printed Contact Name:	
Title:	
Phone Number:	
Authorized Signature:	
Date of Submittal:	

**\*\*\*Return this form, completed and in a separate sealed envelope, with your proposal\*\*\***

Please submit two (2) copies of the proposal including this summary sheet and references no later than 4:00 p.m. on September 17, 2010 to:

Michael DuCharme  
Director of Finance  
Village of Hoffman Estates  
1900 Hassell Road  
Hoffman Estates, IL 60169  
(847) 843-4801  
[Michael.DuCharme@HoffmanEstates.org](mailto:Michael.DuCharme@HoffmanEstates.org)

## REFERENCES

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

DATE OF PROJECT \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

DATE OF PROJECT \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

DATE OF PROJECT \_\_\_\_\_

**ANDRES**  **MEDICAL BILLING, Ltd.**

Request for Proposal  
Ambulance Billing Services  
**Village of Hoffman Estates**

Submitted by  
Andres Medical Billing, Ltd.

**CORPORATE HEADQUARTERS**

[www.andresmedical.com](http://www.andresmedical.com)

3343 North Ridge Avenue  
Arlington Heights, Illinois 60004

Phone: 1-800-244-2345

Fax: 1-800-329-5274

Phone: (847) 577-8811

Fax: (847) 577-9515

**1**

**Request for Proposal**

**2**

**\* Specifications**

**3**

**References**

**4**

**Attachments**

**5**

**Contract**

## **HISTORY & EXPERIENCE**

Andres Medical Billing (AMB) is a corporation specializing in outsourced EMS billing. AMB began municipal billing operations in 1995 with six clients and has grown to service over 150 agencies, including large municipalities, fire protection districts, volunteer departments, small rural departments and private ambulance services. In 2009, we billed over \$164 million dollars and collected over \$84 million dollars for our clients.

We began billing for the Village of Hoffman Estates in 1999. This partnership has been successful. Together, we have continued to find ways to improve the billing process. AMB developed a valuable relationship with St. Alexius Medical Center and Alexian Brothers Medical Center wherein they allow us to obtain patient face sheets. This access has increased the Village's collections, which we believe is reflected in your collection rate. No other billing service provider is allowed such access at these hospitals. See Section 4, attachment (1) for a copy of the Village's collection statistics.

As you read through this response, we hope you agree that AMB's experience and transformation capabilities are well matched to your objectives. AMB, an experienced leader in ambulance billing for over 15 years, has a reputation for commitment to client service and quality, and we provide client-focused practical solutions to improve billing efficiency and claim processing for our customers.

We would like to draw your attention to certain key features that differentiate our response from other alternatives.

- Customized account services
- Advanced technology and software
- Experience
- Transparent Billing Model
- Cost effective solution

Our staff of ninety-five (95) employees have decades of experience in the ambulance industry. They are some of the most qualified people in the industry, with in-depth knowledge of the Centers for Medicare and Medicaid Services (CMS) regulations. While most companies have chosen to focus on other areas, we solely bill for ambulance providers. This dedication to the industry has led to the development of proprietary methods designed just for transport services.

Our services reduce your administrative functions and costs so that you can focus on other fire department needs. We are capable of handling the volume of patients and the scope of service that the Village of Hoffman Estates requires.

Our goal is to not only provide customized EMS billing solutions that reduce your costs while increasing your revenue, but do so in the most efficient and compliant manner available.



## **SERVICES EXPECTED**

All of our services can be individually customized to fit your particular specifications. Working in partnership with you, we plan and implement billing and reporting systems that best meet your requirements. We can modify any billing procedures and/or parameters that are currently in place for the Village of Hoffman Estates.

### **Software**

Our billing software is RescueNet Billing through Zoll Data Systems, which is NEMESIS Gold Compliant. Zoll Data Systems has been providing Windows-based EMS software solutions since 1993. They have more than 760 customers in the U.S., Canada, Australia and the UK using one or more of their products. RescueNet Billing is in use at over 430 organizations.

RescueNet Billing automates the billing process so you can get paid on time. Its intuitive features helps our employees organize their workday and avoid mistakes that can lead to denials. RescueNet keeps claims from slipping through the cracks, speeds up collections, and generates powerful business analysis and productivity reports, all while being Medicare, Medicaid and HIPAA compliant. It also monitors claims for errors, which reduces receivable turnaround time and helps maximize cash flow.

We also utilize Laserfiche, a document management, records management and document imaging software program. All ambulance reports, completed insurance request forms, correspondence and payments are scanned into this program. This allows us the capability to have all documents pertaining to our clients readily available and in a format wherein they can be sent electronically.

### **Data Exchange**

We currently support data exchange of PHI (Protected Health Information) via SSL website (Secure Socket Layer), fax, encrypted email, mail, or UPS delivery, at our expense. Data exchange is done at your discretion.

We obtain your run reports directly from your EMS system, Image Trend. On the 15<sup>th</sup> day of each month, we download the run reports for dates of service ranging from the 1st - 15th of the previous month. On the last day of each month, we download run report for dates of service ranging from the 16th-30th/31st for the previous month. We believe this process of obtaining reports directly from Image Trend has significantly decreased the administrative duties on the part of the Village. Thus, allowing Village personnel to focus on other important matters.

We believe our HIPAA compliant, secured website is a useful tool for our clients. This website can be utilized to exchange information electronically between the Village of Hoffman Estates

and AMB. The Village of Hoffman Estates has an exclusive login and password for access to the website.

### **Model Bill Schedule**

This billing cycle is currently used by the Village of Hoffman Estates. It can be modified to meet any future requirements of the Village.

I. **Receipt of Patient Care Report**

Reports are entered into RescueNet *within 24 hours* after the download from Image Trend. All billing information is extracted from the patient care report. The bill is coded for the procedures that were provided and documented on the report. Our staff is thoroughly trained to accurately disseminate the information from the ambulance report and code the run properly for billing.

II. **Printing and mailing of initial invoice\***

Printing and mailing of the initial invoice will occur *within 48 hours* of entering into our system. (Total time from receipt of ambulance report to mailing is a maximum of 72 hours.) *\*Invoices are mailed only if no third-party billing information is on file with AMB or available through the receiving hospital.*

If we have patient insurance information on file from a previous trip, the insurance carrier is billed immediately. Note, as we have been billing for you since 1999, we have insurance information on file for tens of thousands of patients. Patients sign a life-time release, so they do not have to be contacted again.

If we do not have patient insurance information on file, we download face sheets for these patients directly from the receiving hospital. Any available insurance information is entered and the insurance carrier is billed immediately. If we obtain Medicare information from the hospital, the patient is sent a letter requesting their signature so we can bill Medicare on their behalf. Self-pay patients are sent an invoice.

III. **Letter**

A letter is sent thirty (30) days following the mailing of the initial invoice. It simply states the patient was transported and we do not have any insurance information. There are no negative phrases on this letter.

IV. **Phone call to patient**

We also call the patient and ask them to provide us with their insurance information.

- V. 2<sup>nd</sup> Letter  
A letter is sent thirty (30) days after the first letter. This again is a request for insurance information.
- VI. Final Notice  
A final notice is sent thirty (30) days after the second letter.
- VII. Send to Collection Agency, if necessary  
Accounts are turned over to the collection agency chosen by the Village of Hoffman Estates. The Village only sends non-residents to collections. These accounts are sent to NCO via US Mail on a monthly basis.

Prior to mailing invoices, all addresses are electronically reviewed for accuracy. Non-standard addresses are returned automatically with the USPS return code. At this point, we would follow-up with the hospital and/or hospital face sheet to verify and resend the bill. We also have an address change service wherein the USPS will return "forwardable" address changes to us electronically. Lastly, out-going mail goes through a National Change of Address link, which locates change of address and identifies "moved left no forwarding address," and that new information is returned to us electronically.

We have a return mail specialist on-site. He uses different methods to obtain legitimate addresses, including Melissa Data.com, AT&T Directory.com, and Switchboard.com, to confirm names, addresses and telephone numbers.

See Section 4, attachment (2) for sample invoices, insurance request form and correspondence.

#### **Subsequent Billing Invoices and Correspondence**

It is at the discretion of the Village of Hoffman Estates as to which communications that its patients will receive. *Should any of these samples be unacceptable, we can work together to customize billing invoices and correspondence specifically for the Village of Hoffman Estates.* These invoices and correspondence are also available in Spanish, if necessary. See Section 4, attachment (2).

#### **Customer Service**

All inquiries are handled through our office. We have English and Spanish speaking customer service representatives. We have an 800 number in place for our existing clients. This number operates between 8:30 a.m. and 4:30 p.m., Monday through Friday, Central Standard Time. The phone is answered "Billing Department, \_\_\_\_ (name) speaking." This telephone number is printed on all invoices, correspondence, and insurance forms. Patient name, ticket number and/or account number identifies the patient. The ticket number is the actual run number that each fire department utilizes. This gives continuity to the fire department and the billing office.

Once the patient is identified, the parameters set by the Village of Hoffman Estates are implemented, including installment payment plans, etc. All inquiries, including records requests, are handled in accordance with the HIPAA requirements. Any communication between our staff and your patients, are noted in their account.

Patients are also able to contact us through our website [www.insupdate.com](http://www.insupdate.com). Patients can email us their insurance information and/or contact us with any questions or concerns. This email address is listed on the insurance request form.

We believe it is important that the patients we contact on your behalf are treated with dignity and respect. Most of the people we contact have had a medical emergency which may have been life threatening. Having compassion and understanding helps us in our goal of collecting for services rendered. Our responsibility is to not only collect as much as a possible, but to represent the Village of Hoffman Estates in a manner in which we can both be proud.

#### **Electronic Claims Processing**

Prior to submission, RescueNet Billing scans all electronic claims to ensure that pertinent information is not missing or invalid. This audit system enables us to review claims for duplication and/or accuracy before they are submitted, thus reducing the denial rate and increasing cash flow. Once a claim is sent, our system generates a reminder 30 days from the date of transmission to alert our personnel to check the status of the claim.

We submit all Medicare and Medicaid claims electronically in ANSI (American National Standard Institute), HIPAA compliant and encrypted format. Medicare claims are sent through the WPS clearinghouse. Private insurance claims are also submitted encrypted and electronically on a daily basis through ZirMed, which is a clearinghouse for all private insurance claims.

We also have the capability to check eligibility and claim status using three web based insurance research tools: ZirMed, NEBO Systems (eCare) and Medicare SNAP.

ZirMed enables us to check the status of private insurance and Railroad Medicare claims. Within two days, we know if a claim is being denied or paid. Also, if an insurance company does not accept electronic claims, we can download a HCFA form from ZirMed and mail the claim directly to the insurance carrier.

NEBO Systems, Inc., eCare Online enables us to check private insurance and public aid eligibility, verification claim status.

Medicare SNAP enables us to check Medicare eligibility, coordination of benefits and claim status.

These tools help decrease the turn-around time for claims. Within days, claims can be reviewed to determine whether they will be paid or denied. Properly submitted claims increase timely cash flow and decrease the denial rate.

If a claim is denied, our staff is knowledgeable and experienced at handling appeals and will continue after the first appeal stage to aggressively pursue payment on claims. The patient is notified of any problems that we encounter with their insurance carrier so we may work together to successfully settle the claim. As many patients are unfamiliar with the insurance industry, we feel it is important to assist them in each stage of the appeal process. We find it to be beneficial to our clients to take a claim further than one appeal.

### **Cash Collection**

All payments are made payable to the Village of Hoffman Estates and sent to our post office box. After the posting of payments, a deposit slip and cash receipts journal are generated and reviewed for accuracy. The checks are then sent to the Village of Hoffman Estates' bank for deposit. The journal, deposit slip and a copy of the bank deposit slip are mailed to Rebekah Young. See Section 4, attachment (3), for a copy of a *weekly* cash receipts journal, deposit slip and recap.

Should the Village wish to institute an alternative method of cash collection, we can discuss other options.

We also accept American Express, Visa, MasterCard and Discover for the patient's convenience. The Village is not charged any additional fee for this service.

### **Statistical Reports**

We use Crystal Reports through RescueNet. Crystal Reports is an award-winning custom report designer. There is a multitude of accounting and service oriented reports that can be generated for you. There are numerous variations of reports with different methods of sorting (e.g. response time, payer types, number of invoices produced, etc.). These can be produced for any time period specified. Under normal circumstances these reports are run on a monthly basis. We can provide other specialized reports as needed, upon the request.

The following are typical reports that can be sent to you each month:

#### **Aging Reports**

An aging report is run on a monthly basis. This report details the status of all outstanding claims/accounts, including private pay, Medicare, Medicaid and private insurance.

#### **Credit Reports**

Credit reports detail the total amount of monies collected, refunds processed, adjustments, and write-offs for the month. It also details the total amount collected

from Medicare, Medicaid, private insurance and private pay. This journal can be customized to sort this information by resident versus non-resident and other different parameters..

#### Trip Detail Reports

A ticket survey details all transports billed for the time frame requested. This can be sorted by date of service, pay source and patient. A ticket survey can be done in detailed or summary format.

The Village has requested certain reports on a monthly basis. We upload these reports to the SSL site. See Section 4, attachment (4) for a copy of these reports. There are many other reports that are available, which can be supplied to the Village upon request.

#### Compliance Programs

We utilize two outside services which keep us abreast of all legal issues regarding EMS billing and compliance, the American Ambulance Association and Page, Wolfberg & Wirth.

We are also members of the Illinois Ambulance Association, Illinois Fire Chief's Association, Illinois Association of Fire Protection Districts, Illinois Fire Service Administrative Professionals, and Illinois Government Financial Officers Association, all of which keep us current on EMS related issues or changes. We notify our clients of any pertinent information.

We also use the services of Bil-Force, a company which specializes in coding and billing procedures. On a monthly basis, they review our coding and billing procedures to ensure all Federal, State, HIPAA and other statutory requirements are met. Coding and billing procedures are the most important aspect of this industry as it allows us to maximize collections in a timely fashion.

We have Certified Ambulance Coders on staff. To ensure full compliance, we follow a billing and reimbursement compliance program designed specifically for AMB. See Section 4, attachment (5) for a copy of our compliance program.

#### HIPAA

In compliance with HIPAA Privacy Rule 164.530(c)(1) Andres Medical Billing, Ltd. will comply with state, local and federal regulations for the implementation of security measures.

Our on-site HIPAA Compliance Officer, Annette Bram, keeps our staff educated and trained on any new compliance issues. Each employee signs a verification of our initial training session and this form is part of his or her employee file. Confidentiality of ambulance reports and the subsequent invoices are of the utmost importance. Our policy manual states this in an explicit manner. All new employees are informed of this in detail. We release no information without a HIPAA authorization executed by the patient.

AMB hosts monthly employee meetings to discuss any updates relating to HIPAA.

All documents that contain HIPAA information are disposed of using a professional document management/shredding company, Cintas. They visit our facility once a week and documents are shredded on-site.

### **Recovery Plan**

All servers are in a secured room. Access is limited to IT and upper management only. The servers are protected with Cisco firewall/VPN appliances and routers, spam filtering appliances and anti-viruses. Servers employ RAID arrays to maintain high availability and performance. Systems are actively monitored for anomalies. Electronic data is backed-up and secured on a daily basis.

Our back-up recovery plan is as follows:

### **Backup Strategy**

- ✓ Tape Backup
- ✓ All data is backed up to disk and then to tape every night.
- ✓ Tape media is kept in fire-proof lockable boxes.
- ✓ Friday's backup is taken off site. Tapes sent offsite are encrypted.
- ✓ Random files are restored monthly to verify integrity.
- ✓ Off Site Backup
- ✓ All data is backed up nightly to a secure data center out of state, which is itself backed up to a secure data center in another state. It is encrypted 256 bit AES at the point it's uploaded from our network.
- ✓ All Exchange data is backed up daily to a secure data center out of state, which is itself backed up to a secure data center in another state.

### **Disaster Recovery Plan**

#### **Software Failure**

- ✓ Restore data from tape or from off site location

#### Hardware Failure

- ✓ Repair or replace hardware within 24 hours.
- ✓ Restore data from disk, tape or off-site location

#### Training

We can provide on-site training to your EMS staff on documentation and medical necessity. We can also supply on-site HIPAA training to the Village of Hoffman Estates personnel, EMS staff or any other individuals you feel would benefit from such. Annette Bram would be available to supply this training upon request at no additional fee to you.

#### Customer Survey

We can also include a customer survey/informational brochure to be sent to your patients at no additional charge to you.

#### Additional Services

We have the ability to bill for additional services of no-transport, car fires, Hazmat and vehicle and personnel use.

#### Technology

We have an on-site IT Manager who is available to assist with any technology issues you may have.

#### Certificate of Insurance

A certificate of insurance is in Section (4), attachment (6).

#### References

See Section 3 for references.

#### Fee for Service

The industry standard is to charge a percentage of dollars collected. This ensures the company's efforts to maximize receivables. AMB will charge the Village of Hoffman Estates five percent (5%) of all dollars collected. Our fee is an all-inclusive fee! There are no hidden costs, start-up fees or extra charges for our service. We only receive payment when you do.

See Section 5 for a sample contract.



## SPECIFICATIONS

1. The responding firm shall have high speed internet connectivity to view/print electronic images of complete run reports, corresponding billing review reports and all required documentation for billing purposes.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

2. The responding firm shall forward a bill to each patient and/or their designated payer (insurance, Medicare, Medicaid or other) within 72 hours of receiving all required information to create a billable claim. (The responding firm shall identify those carriers in servicing the **Hoffman Estates Fire Department** market that are able to process claims electronically and will submit bills via electronic file transfer inclusive of CMS, Medicaid, HMO's and private insurers as appropriate.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

3. The responding firm shall forward statements to insured patients on a thirty (30), sixty (60), and ninety (90) days follow up basis (or in a more progressive timeframe as agreed upon between the **Village** and the responding firm if applicable) with progressive pre-collection language after the initial invoice. Accounts with no activity (no response to invoices, phone calls, or payment and communication from the identified insurance company) will be automatically sent to **Village's** designated collection agency when the account reaches an age of 120 days.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

4. The responding firm will validate and verify a patient's insurance status prior to classifying the patient and creating a claim. The responding firm shall describe its claim validation processes and how it resolves deficits.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

5. The responding firm will have detailed processes for all patients determined to not have a primary insurance carrier.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

6. The responding firm will provide a toll free number for patients to utilize to discuss their bill.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

7. The responding firm will answer telephones in a professional manner representing the **Village of Hoffman Estates Fire Department** account.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

8. All invoices and written statements/documentation forwarded to patients shall be formatted so the relationship between the responding firm and the **Village** is invisible. All letterhead and invoice statements shall be approved in advance by the Village. NO changes will be made to the images without the written authorization of the **Village**.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

9. The responding firm will produce and forward an initial insurance claim within three (3) business days of receiving a billable run report.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

10. The responding firm shall state its normal business hours they are available to clients and patients.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

11. The responding firm will list any and all days the business is closed during the calendar year.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

12. The responding firm will have a continuity plan to assure no interruption in service due to the absence or employee turnover.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

13. The responding firm will have policies/procedures that outline how accounts are monitored to assure maximum productivity of the staff assigned to manage the account and maximization of revenue return.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

14. The responding firm shall have all payments and correspondence mailed directly to or electronically deposited into a designated bank account or lockbox of the **Village's** choice.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

15. The responding firm has never lost an account due to concerns of improper billing practices, accusations or clients concerns of fraud as defined by CMS and other applicable Federal or State Authorities.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

16. The responding firm shall have a HIPAA Compliance Program. The responding firm will track and maintain records regarding the request, approval, denial and distribution of medical records in collaboration with the client. It will also have evidence that their internet system and electronic data file transfers and associated billing systems are HIPAA compliant.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

17. The responding firm shall have evidence that all staff members involved in the management of the **Village** account have successfully completed the CMS compliance training program, HIPAA compliance and the FTC Red Flags Rules training program. Refresher training for each area shall be provided annually.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

18. The responding firm shall address all credit balances within a prescribed timeframe to be in compliance with Federal and State program requirements and in an expeditious manner for all other credit balances.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

19. The responding firm shall provide the Village Finance Director and Chief of the Fire Department with monthly reports as outline below.

- a. New Receivables billed
- b. Receivables collected
- c. Accounts receivable aging status by payer
- d. Accounts forwarded for collections
- e. Status of outstanding payment plan accounts
- f. Monthly A/R analysis
- g. Other reports as requested by the client.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

20. The responding firms agree to adhere to or develop policies in conjunction with the **Village** specific to the **Fire Department** regarding the following A/R functions.

- a. Medical diagnosis documentation
- b. Rate approval processes

- c. Payer contracting policies
- d. Assignment of benefits
- e. Special situation adjustments and authority
- f. Write-offs
- g. Financial hardship documentation processes
- h. Discounts
- i. Payment Plans
- j. Acceptance of credit card payments
- k. Compliance activities
- l. Medical records management.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

21. The responding firm agrees to re-age and re-categorize accounts after receiving funds from a primary payer.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

22. The responding firm will have a specific strategy for developing and enhancing a relationship with the Medicare Carrier for the State and the other payer, inclusive of testing procedures to assure the appropriate electronic claims network conduit is functional.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

23. The responding firm will have detailed descriptions of how it manages and communicates claims management cycle time deficits and cash flow reductions as a result of carrier related issues.

**Does your proposal comply with this requirement:**      Yes (X)      No ( )

24. The responding firm, in accordance with the previously define schedule aggress to turn over identified delinquent accounts to the identified **Village** collection agency. Files turned over to the collection agency will be formatted to include the following information.

- a. All patient demographic data including address and date of birth
- b. Patient insurance/payment information
- c. Date of service
- d. Point of pick up and destination
- e. Diagnosis
- f. Fire Department Run Number

The information has been electronically transmitted to the designated Village collection agency at the point the account is deemed transferable as previously defined. If the collection agency is unable to receive the documentation in an

electronic format, other suitable means of communication and transferring the aforementioned data will be utilized.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

25. The responding firm will provide the **Village** and/or its designated agents with access to review, copy, and evaluation all documents, reports, policies and procedures utilized in the fulfillment of this service contract. Access shall be defined as on-site review and to the point that all Federal and State compliance guidelines are met.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

26. The responding firm has the billing software that will be utilized in managing this account. The responding firm has reports that the billing software is capable of producing and will provide samples of each report for the **Village** to evaluate upon request. The responding firm will have processes it utilizes to bring new software programs on line, a strategy for communication of such to its clients, and processes to eliminate or significantly reduce the impact on client claims management cycle time during new software implementation.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

27. The responding firm shall provide a detailed description/discussion and have associated policies and procedures outline the steps it takes to protect and recover the client's data from cyber attack; loss secondary to a network LAN/WAN failure; long term power outage; fire.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

28. The responding firm shall indicate the length of time it maintains all paper and/or electronic records created in support of the client's service agreement.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

29. The responding firm shall identify how it can assist the **Fire Department** develop/refine statistical indicators to monitor on a regular basis so as to improve individual and organizational performance in its claims management and collection activities. Such processes should include internal and external goals and benchmarks where applicable.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

30. The responding firm will commit to work with the **Fire Department** in order to continually review and adapt strategies to respond to regional and national changes in order to enhance reimbursement.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

31. The responding firm agrees to function as an information source. Payer requirements, rules, coverage parameters and reimbursement policies change on a continuous basis. The responding firm will keep the **Fire Department** informed of ongoing changes and notify the **Fire Department** of these events as they occur. Notification shall be by the phone, electronic means and periodic dissemination of information from literature and other sources.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

32. The responding firm will include service evaluation forms with invoices upon request. These forms shall be provided by the **Fire Department** and will be mailed back to the **Fire Department**.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

33. At the end of the contract term, the responding firm agrees to facilitate the transfer of all accounts in process/not yet processed to the **Village** or its designated agent. The responding firm will provide the necessary data and account documentation, both hard copy and electronic files in order to facilitate a smooth transition.

**Does your proposal comply with this requirement:**      **Yes (X)**      **No ( )**

34. Responding firms may attach any other provisions or services that they will provide under this agreement.

## REFERENCES

ORGANIZATION Village of Schaumburg  
ADDRESS 1601 North Roselle Road  
CITY, STATE, ZIP Schaumburg, IL 60195  
PHONE NUMBER (847)885-3600  
CONTACT PERSON Chief David Schumann  
DATE OF PROJECT Billing Service Provider since 1998

ORGANIZATION Village of Hanover Park  
ADDRESS 2121 West Lake Street  
CITY, STATE, ZIP Hanover Park, IL 60133  
PHONE NUMBER (630)372-4200  
CONTACT PERSON Chief Craig Haigh  
DATE OF PROJECT Billing Service Provider since 1996

ORGANIZATION Carol Stream Fire Protection District  
ADDRESS 365 Kuhn Road  
CITY, STATE, ZIP Carol Stream, IL 60188  
PHONE NUMBER (630)668-4836  
CONTACT PERSON Chief Rick Kolomay  
DATE OF PROJECT Billing Service Provider since 1997



**ANDRES** **MEDICAL BILLING, Ltd.**

Addison FPD	Eureka-Goodfield FPD	Lincolnshire FPD	Precise Ambulance Service
Advance Ambulance Srv	Evanston FD	Lomax EMS	Prospect Heights FPD
Algonquin-LITH FPD	Fairview Caseyville Twncsp	Lockport FPD	Reddick Community FD
Arlington Heights FD	Farina FD	Manteno FPD	Rescue Eight Amb.
A-TEC Ambulance Service	Findlay FPD	Martinton FPD	Richmond FPD
City of Aurora	Fox River Grove FPD	Maryville FD	Roberts Park FPD
Aurora Township FPD	Frankfort FPD	Matteson FD	Rolling Meadows FD
Barrington FPD	Franklin Grove FD	Maywood FD	Romeoville FPD
Baugo Fire & EMS	City of Freeport	Menomonee Falls FD	Rosemont FD
Beecher FPD	French Village FD	Menomonie Fire & Rescue	Runnells FD
Bensenville FPD	Gieseking Funeral & Amb	McHenry Township FPD	Sandoval FPD
Berkeley FD	Glen Carbon FPD	Minooka FPD	Sauk Village
Bethany FPD	Grant Park FD	Mokena FD	Serena FPD
Big Rock FPD	Grayslake FPD	Monee FPD	Schaumburg FD
Boone County FD	Grimes FD	Montgomery FPD	Somonauk FPD
Bourbonnais FD	City of Grayville	Morris FD	South Beloit FD
Bradley FD	Hanover Park FD	Mount Prospect FD	South Chicago Hts FD
Bristol FD	Harris Township FD	Mundelein FD	South Elgin FPD
Buffalo Grove FD	HealthOne Paramedics	Nauvoo FPD	Spring Grove FPD
Calumet City FD	Hebron-Alden FPD	Newport Township FPD	Steger Estates FPD
Carol Stream FPD	Hinckley FPD	North Aurora FD	Village of Streamwood
Cary FPD	Hinsdale FD	Northwestern Area Amb.	Sugar Grove FPD
Channahon FPD	Hoffman Estates FD	Nunda Rural FPD	Tri-City Ambulance
City of Joliet	Hollywood Heights	Oak Brook FD	Tri-State FPD
Cleveland Township FD	Hometown FPD	Oak Lawn FD	Troy FPD
Collinsville FD	Huntley FPD	Olympia Fields FD	Truro FD
Countryside FPD	Johnston FD	Orland FPD	Washington FD
Concord FD	City of Joliet	Oswego FPD	Waterman FPD
Crescent City FD	Kenilworth FD	Ottawa FD	Wauconda FD
Crete FD	Kinmundy-Alma FPD	Palos Heights FPD	Waukegan FD
Crete Township FPD	Kurtz Ambulance Svc.	Palatine FD	Western Springs FD
Dixon Rural FPD	Village of LaGrange FD	Palatine Rural FPD	Westmont FD
Downers Grove FD	LaGrange Park FD	Town of Paris	Wheaton FD
Dwight EMS	Lake Forest FD	Park Forest FD	White County Amb Svc
East Dundee FPD	Lake Villa FPD	Park Ridge FD	Wilmette FD
East Joliet FPD	Village of Lakewood	Pilot FPD	Winnetka FD
East Peoria FD	Lake Zurich FPD	Plainfield FPD	Winthrop Harbor FPD
Elburn FPD	Village of Lake Zurich	Pleasant Prairie FD	City of Zion FD
Elgin FD	Lansing FD	Posen FD	
Village of Elk Grove	Limestone FPD	Prairieland Comm. Amb.	

**CORPORATE HEADQUARTERS**

[www.andresmedical.com](http://www.andresmedical.com)

Phone: 1-800-244-2345

Fax: 1-800-329-5274

3343 North Ridge Avenue

Arlington Heights, Illinois 60004

Phone: (847) 577-8811

Fax: (847) 577-9515



### Collection Statistics

Company IS VILLAGE OF HOFFMAN ESTATES; AND Billing Period IS 200901 OR 200902 OR 200903 OR 200904 OR 200905 OR 200906 OR 200907 OR 200908 OR 200909 OR 200910 OR 200911 OR 200912

MONTH	CHARGES	PYMTS	WD's	WO's	REFUNDS	ADJ	CHRG ADJ	CRED ADJ	MISC ADJ	OTH. CRED	TOTAL	ENDING A/R BALANCE	TRNSPRTS
09 Jan	\$118,127.50	(\$59,034.72)	(\$4,690.49)	(\$5,619.30)	\$432.73	(\$1,129.74)	(\$207.83)	(\$174.32)	\$0.00	\$0.00	\$47,703.83	\$508,270.07	257
09 Feb	\$108,546.70	(\$59,604.59)	(\$9,666.77)	(\$6,914.75)	\$1,206.84	(\$2,636.38)	(\$1,520.37)	\$274.77	\$0.00	\$0.00	\$29,685.45	\$537,955.52	225
09 Mar	\$118,935.83	(\$106,011.51)	(\$8,176.44)	(\$15,872.59)	\$87.82	(\$15,055.22)	\$17,798.48	\$139.74	\$0.00	\$0.00	(\$8,153.89)	\$529,801.63	251
09 Apr	\$102,664.55	(\$75,577.43)	(\$8,066.11)	(\$7,202.80)	\$1,101.28	(\$9,077.44)	\$0.00	\$0.00	\$0.00	\$0.00	\$3,842.05	\$533,643.68	218
09 May	\$108,950.50	(\$107,114.86)	(\$20,850.33)	(\$19,176.60)	\$612.47	(\$7,653.55)	\$439.09	\$328.90	\$0.00	\$0.00	(\$44,464.38)	\$489,179.30	224
09 Jun	\$113,167.47	(\$102,263.50)	(\$27,996.63)	(\$10,171.04)	\$988.90	(\$13,676.90)	(\$919.90)	\$976.87	\$0.00	\$0.00	(\$39,894.73)	\$449,284.57	241
09 Jul	\$122,153.86	(\$42,194.65)	(\$14,932.22)	(\$8,499.02)	\$1,286.52	(\$11,209.47)	\$0.00	\$0.00	\$0.00	\$0.00	\$46,605.02	\$495,889.59	261
09 Aug	\$114,657.15	(\$90,320.43)	(\$22,725.66)	(\$12,129.34)	\$1,175.52	(\$18,070.69)	(\$32.10)	\$0.00	\$0.00	\$0.00	(\$27,445.55)	\$468,444.04	243
09 Sep	\$108,880.08	(\$114,079.70)	(\$29,445.36)	(\$21,634.31)	\$421.36	(\$9,278.01)	\$180.64	\$651.73	\$0.00	\$0.00	(\$64,303.57)	\$404,140.47	231
09 Oct	\$124,874.17	(\$75,381.15)	(\$5,341.88)	(\$18,641.03)	\$1,262.66	(\$8,595.69)	(\$439.09)	\$0.00	\$0.00	\$0.00	\$17,737.99	\$421,878.46	270
09 Nov	\$112,581.92	(\$50,503.97)	(\$2,473.63)	(\$10,360.87)	\$1,623.40	(\$12,925.55)	(\$1,081.28)	\$1,039.56	\$0.00	\$0.00	\$37,899.58	\$459,778.04	239
09 Dec	\$125,450.95	(\$89,432.18)	(\$5,142.14)	(\$4,286.96)	\$1,302.46	(\$15,405.50)	(\$267.36)	\$439.09	\$0.00	\$0.00	\$12,658.36	\$472,436.40	265
	\$1,378,990.68	(\$971,518.69)	(\$159,507.66)	(\$140,508.61)	\$11,501.96	(\$124,714.14)	\$13,950.28	\$3,676.34	\$0.00	\$0.00	\$11,870.16		2,925

Collection Statistics

Invoices and Correspondence

Weekly Cash Receipts Journal,  
Deposit Slip and Recap

Monthly Reports

Billing and Reimbursement  
Compliance Program

Certificate of Insurance

P O BOX 457  
WHEELING, IL 60090  
(847) 577-8811

Billed to:

PARENTS BETZ  
111 SMITH STREET  
BUFFALO GROVE, IL 60089

Patient:

FAKER S BETZ I  
555 SMITH STREET  
APT 2  
ANYWHERE, IL 60045  
(847) 000-0000

Re: Run Number: 09-328555  
Incident Number: 092358  
Date of Service: 06/18/2009  
Medicare # 111-11-1111-A\_

You were recently transported via ambulance. We have your Medicare information on file. However, we were unable to obtain your signature at the time of service authorizing our office to bill Medicare directly on your behalf. Please provide us with your signature below and return this letter in the enclosed envelope.

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to EMS Provider for any services provided to me by EMS Provider now or in the future. I understand that I am financially responsible for the services provided to me by EMS Provider, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to EMS Provider any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to EMS Provider. I authorize EMS Provider to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to EMS Provider and its billing agents, and/or the Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by EMS Provider, now or in the future. A copy of this form is as valid as an original. This is a lifetime authorization.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS IS NOT A BILL!  
PLEASE DO NOT PAY!**



# AMBULANCE SERVICE LLC

P O BOX 457  
WHEELING IL 60090  
(888) 988-2455

<b>Patient Name:</b>	<b>Date of Call:</b> 10/08/2007
<b>Run Number:</b>	<b>Time of Call:</b> 14:34:00
<b>Notice Date:</b>	<b>From:</b> Evergreen Health Care
	<b>To:</b> Little Company of Mary
	<b>Primary Payor:</b> Bill Patient
	<b>Secondary Payor:</b>

<u>Description</u>	<u>Qty.</u>	<u>Price</u>	<u>Contractual Allowance</u>	<u>Amount</u>
A0427 ALS BASE RATE	1	750.00	0.00	750.00
A0425 MILEAGE	2	30.00	0.00	30.00

**BALANCE DUE:** \$780.00

**Please complete the enclosed form if you have Medicare, Public Aid, or Insurance !!!!!!!!!!!!!!!**

*Please refer to your run number on all correspondence.*  
-- Please see reverse side for important information. --

44PPANDR01PP

\*\*\*DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.\*\*\*

██████████ AMBULANCE SERVICE LLC  
P O BOX 457  
WHEELING IL 60090  
ADDRESS SERVICE REQUESTED

PATIENT NAME			AMOUNT DUE
			\$780.00
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
	10/08/2007	11/12/2007	\$

November 12, 2007

██████████ AMBULANCE SERVICE LLC  
P O BOX 457  
WHEELING IL 60090

#BWNHRMD 2800 4  
#1112 1013 0000 0048# 07-678-PP



*1st Invoice*

# REQUEST FOR INSURANCE INFORMATION FOR AMBULANCE TRANSPORT

The hospital does not furnish us with this information. Do not pay this invoice at this time. Please complete this form and we will file for you. A return envelope is enclosed or to submit this form online go to [www.insupdate.com](http://www.insupdate.com).

Billing Department, P. O. Box 457, Wheeling, IL 60090 (800) 244-2345 Hours: Mon.- Fri. 8:30 a.m. - 4:30 p.m.

## PATIENT INFORMATION *Please print legibly - Thank You! All information is kept confidential.*

Patient ID # (from upper right hand corner of Invoice) \_\_\_\_\_ Date of Service \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # -  
LAST FIRST

Note: If your address on the invoice is incorrect, check this box  and print correct address on back of this form.

Date of Birth (required) \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Month Day Year Area Code

Type of Claim: (Check one)  Illness  Auto Accident  Workman's Compensation

## INSURANCE INFORMATION *Please check all that apply. Please print legibly - Thank You!*

I have **MEDICARE** as my (check one)  Primary  Secondary Health Insurance

My Medicare # is \_\_\_\_\_ This is at least a 9 digit number and begins or ends with one or more letters.

Note: If you have a Medicare HMO please provide a copy of front & back of your HMO Insurance Card. Thank You!

I have **MEDICAID / PUBLIC AID** as my (check one)  Primary  Secondary Health Insurance

My Medicaid # is  This is a 9 digit number that begins with "1" or "0" or "9"

I have **PRIVATE INSURANCE** as my (check one)  Primary Health  Secondary Health  Auto  Workman's Comp

If possible, please provide a copy of the front & back of your Insurance Card. Thank You!

Insurance Co: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Insurance Co. Phone # (\_\_\_\_) \_\_\_\_\_  
Area Code

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Policyholder Name: \_\_\_\_\_

Policyholder Soc. Sec. # - Policyholder Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Patient Relationship to the Policyholder is: check one  Self  Spouse  Child  Other \_\_\_\_\_

Claim # (if an auto accident or workman's compensation) \_\_\_\_\_

I would like to pay by (check one)  VISA  MASTERCARD  DISCOVER CARD

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ V-Code (on Back) \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Signature of Card Holder: (required) \_\_\_\_\_

## SIGNATURE AUTHORIZATION We must have your signature and date on file to bill the above insurance(s) for you.

I request that payment of authorized benefits be made on my behalf to the MEDICAL SERVICE PROVIDER for any ambulance services and supplies furnished to me. I authorize any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its agents, carriers as well as to the MEDICAL SERVICE PROVIDER. Also, release any information or documentation needed to determine those benefits payable for related services or any services provided me by the MEDICAL SERVICE PROVIDER, now or in the future.

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

Signature of Insured (required): \_\_\_\_\_

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The EMS Provider ("Provider") is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. The Provider is also required to abide by the terms of the version of this notice currently in effect.

Uses and Disclosures of PHI: The Provider may use PHI for the purposes of treatment, payment and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For treatment. This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI to the hospital or dispatch center.

For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Reminders for Scheduled Transports and Information on Other Services. We may also contact you to provide information about other services we provide.

Use and Disclosure of PHI Without Your Authorization. The Provider is permitted to use PHI *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at anytime, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to your PHI, including:

The right to access, copy or inspect your PHI: This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our Privacy Officer.

The right to amend your PHI: You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny you request to amend your medical information only in certain circumstances, like when we believe the record you have asked us to amend is complete and accurate. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

The right to request an accounting: You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our Privacy Officer.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you. The Provider is not required to agree to any restrictions you request, but any restrictions agreed to by us in writing are binding.

Internet, Electronic Mail, and the Right to Obtain Copy if Paper Notice on Request: If we maintain a web site, we will prominently post a copy of this Notice.

If you allow us, we may forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: The Provider reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our Privacy Officer.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our privacy officer.

Privacy Officer Contact Information:

Contact the Privacy Officer through the EMS Provider.

Effective Date of the Notice: April 14, 2003



«INSERT2»

«INSERT3» «INSERT4»

«INSERT5»

«INSERT6»

Date: October 19, 2007

Run Number: «Insert1»

Patient Name: «Insert8»

Date of Service: «Insert27»

Destination: «Insert31»

**Amount Due: «Insert16»**

Dear «FullName»

The above named patient was transported via ambulance.

We were unable to obtain billing information at the time of service. It is very important we receive this information. Please complete the enclosed form and mail it to the address on the form.

If you do not have insurance please call the phone number above so that other arrangements may be discussed.

Sincerely,

*Billing Department*

Please refer to your run number on all correspondence.

- - Please see reverse side for important information. - -

44PPANDR01NOPAY

\*\*\*DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.\*\*\*

«INSERT2»

«Insert3»

«Insert4»

«Insert5»

ADDRESS SERVICE REQUESTED

PATIENT NAME «Insert8»			AMOUNT DUE \$«Insert16»
RUN NUMBER «Insert1»	DATE OF SERVICE «Insert27»	STATEMENT DATE 10/19/2007	AMOUNT ENCLOSED \$

October 19, 2007

«INSERT2»

«Insert3»

«Insert4»

«Insert5»

#BWNHRMD «Seqnumber» «PrintSeq»  
#«ACSKeyline»# «INSERT1»-«LetterCode»


«FullName»

«Address1»

«Address2»

*No Pay Letter*



**AMBULANCE SERVICE LLC**

P O BOX 457 • WHEELING IL 60090  
(888) 988-2455

<b>Patient Name:</b> FAKER S BETZ <b>Run Number:</b> 07-1 <b>Notice Date:</b> October 16, 2007  FAKER S BETZ 529 White Pine Rd Buffalo Grove IL 60089-3327	<b>Date of Call:</b> 10/04/2007 <b>Time of Call:</b> 13:07:00 <b>From:</b> 529 WHITE PINE ROAD, BUFFALO GROVE, IL 60089 <b>To:</b> Advanced Open MRI  <b>Primary Payor:</b> Bill Patient  <b>Secondary Payor:</b>
--	--

<u>Description</u>	<u>Qty.</u>	<u>Price</u>	<u>Contractual Allowance</u>	<u>Amount</u>
A0427 ALS BASE RATE	2	2,200.00	0.00	2200.00
A0425 MILEAGE	1	15.00	0.00	15.00

**BALANCE DUE:** \$2,215.00

**This balance is now past due and needs your attention.  
If you have questions please contact our office immediately.**

*Please refer to your run number on all correspondence.  
-- Please see reverse side for important information. --*

IPPANDR012I

\*\*\*DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.\*\*\*

**AMBULANCE SERVICE LLC**  
P O BOX 457  
WHEELING IL 60090  
ADDRESS SERVICE REQUESTED

PATIENT NAME FAKER S BETZ			AMOUNT DUE \$2,215.00
RUN NUMBER 07-1	DATE OF SERVICE 10/04/2007	STATEMENT DATE 10/16/2007	AMOUNT ENCLOSED \$

October 16, 2007

#BWNHRMD 2807 1  
#1016 1542 0000 0011# 07-1-2I



FAKER S BETZ  
529 White Pine Rd  
Buffalo Grove IL 60089-3327

**AMBULANCE SERVICE LLC**  
P O BOX 457  
WHEELING IL 60090

*2nd Invoice*





«INSERT2»

«INSERT3» «INSERT4»  
 «INSERT5»  
 «INSERT6»

<b>Patient Name:</b> «Insert8» <b>Run Number:</b> «Insert1» <b>Notice Date:</b> October 24, 2007  «FullName» «Address1» «Address2» «City» «State» «ZipCode»-«ZipPlus4»	<b>Date of Call:</b> «Insert27» <b>Time of Call:</b> «Insert28» <b>From:</b> «Insert30»  <b>To:</b> «Insert31»  <b>Primary Payor:</b> «Insert20»  <b>Secondary Payor:</b> «Insert21»
---	--

Description	Qty.	Price	Contractual Allowance	Amount
<b><u>FINAL NOTICE!</u></b>				«Insert32»
				«Insert33»
				«Insert34»
				«Insert35»
				«Insert36»
				«Insert37»
				«Insert38»
				«Insert39»
Total Write-offs:				-\$«Insert17»
Total Revenue Adjustments:				-\$«Insert18»
Total Refunds:				-\$«Insert19»
Payor: «Insert11»		Dep. Date: «Insert12»		-\$«Insert10»
Other Payments:				-\$«Insert15»
<b>BALANCE DUE:</b>				<b>\$«Insert16»</b>

**YOUR PAYMENT MUST BE RECEIVED WITHIN THE NEXT 10 DAYS  
 TO PREVENT FURTHER COLLECTION PROCEEDINGS.**

Please refer to your run number on all correspondence.  
 -- Please see reverse side for important information. --

IPPANDR01INV4

\*\*\*DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.\*\*\*

«INSERT2»  
 «Insert3»  
 «Insert4»  
 «Insert5»

PATIENT NAME «Insert8»			AMOUNT DUE \$«Insert16»
RUN NUMBER «Insert1»	DATE OF SERVICE «Insert27»	STATEMENT DATE 10/24/2007	AMOUNT ENCLOSED \$

ADDRESS SERVICE REQUESTED

October 24, 2007

#BWNHRMD «Seqnumber» «PrintSeq»  
 #«ACSKeyline»# «INSERT1»-«LetterCode»


«FullName»  
 «Address1»  
 «Address2»

«INSERT2»  
 «Insert3»  
 «Insert4»  
 «Insert5»

*Final Notice*



**AMBULANCE SERVICE LLC**

P O BOX 457  
WHEELING IL 60090  
(888) 988-2455

<b>Patient Name:</b> FAKER S BETZ <b>Run Number:</b> 07-6 <b>Notice Date:</b> October 31, 2007  FAKER S BETZ 529 White Pine Rd Buffalo Grove IL 60089-3327	<b>Date of Call:</b> 10/01/2007 <b>Time of Call:</b> 09:00:00 <b>From:</b> Hamilton Memorial Hosp  <b>To:</b> Gunderson Lutheran Hosp  <b>Primary Payor:</b> Bill Patient  <b>Secondary Payor:</b>
--	--

<u>Description</u>	<u>Qty.</u>	<u>Price</u>	<u>Contractual Allowance</u>	<u>Amount</u>
A0427 ALS BASE RATE	1	750.00	0.00	750.00
A0425 MILEAGE	1	15.00	0.00	15.00

**BALANCE DUE:** \$765.00

**Your primary insurance/Medicare has paid their portion of this invoice.  
The balance is your responsibility. Please remit!**

*Please refer to your run number on all correspondence.*  
-- Please see reverse side for important information. --

WPPANDR011P

\*\*\*DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.\*\*\*

**AMBULANCE SERVICE LLC**  
P O BOX 457  
WHEELING IL 60090  
ADDRESS SERVICE REQUESTED

PATIENT NAME FAKER S BETZ			AMOUNT DUE \$765.00
RUN NUMBER 07-6	DATE OF SERVICE 10/01/2007	STATEMENT DATE 10/31/2007	AMOUNT ENCLOSED \$

October 31, 2007

**AMBULANCE SERVICE LLC**  
P O BOX 457  
WHEELING IL 60090

#BWNHRMD 1897 1  
#1031 1159 0000 0016# 07-6-IP

|||||  
FAKER S BETZ  
529 White Pine Rd  
Buffalo Grove IL 60089-3327

*Insurance Paid  
Balance Due*





**TRANSPORTATION LTD**

P O BOX 457  
WHEELING IL 60090  
(800) 244-2345

<b>Patient Name:</b> [REDACTED]	<b>Date of Call:</b> 12/18/2007
<b>Run Number:</b> [REDACTED]	<b>Time of Call:</b> 09:15:00
<b>Incident Number:</b> 12182007	<b>From:</b> Evergreen Health Care
<b>Notice Date:</b> March 3, 2008	<b>To:</b> <Doctor Office>
[REDACTED]	<b>Primary Payor:</b> IL Dept of HFS
[REDACTED]	<b>Secondary Payor:</b>

Description	Qty.	Price	Contractual Allowance	Amount
A0130 MEDICAR RATE	1	30.00	0.00	30.00
A0425 \$2.00 MILEAGE	2	4.00	0.00	4.00

**BALANCE DUE:** \$34.00

**We have filed a claim with Medicaid for your transportation services.  
We have been informed by Medicaid that you were not eligible on the  
date we provided services and/or your spenddown was not met.  
The charges for this service are now your responsibility.**

*Please refer to your run number on all correspondence.  
-- Please see reverse side for important information. --*

WPPANDR01MCDD

\*\*\*DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.\*\*\*

[REDACTED] TRANSPORTATION LTD  
P O BOX 457  
WHEELING IL 60090  
ADDRESS SERVICE REQUESTED

PATIENT NAME [REDACTED]			AMOUNT DUE \$34.00
RUN NUMBER [REDACTED]	DATE OF SERVICE 12/18/2007	STATEMENT DATE 03/03/2008	AMOUNT ENCLOSED \$

March 3, 2008

[REDACTED] TRANSPORTATION LTD  
P O BOX 457  
WHEELING IL 60090

#BWNHRMD 270012 1  
#0303 1025 0000 0011# 07-10883-12182007-MCDD



*Medicaid Denied*

[REDACTED]  
[REDACTED]  
[REDACTED]



# AMBULANCE SERVICE LLC

P O BOX 457  
WHEELING IL 60090  
(888) 988-2455

<b>Patient Name:</b> <b>Run Number:</b> <b>Notice Date:</b>	<b>Date of Call:</b> 10/09/2007 <b>Time of Call:</b> 11:15:00 <b>From:</b> Riveredge Psych Hosp <b>To:</b> Sacred Heart Hosp <b>Primary Payor:</b> Bill Patient <b>Secondary Payor:</b>															
<table border="1"> <thead> <tr> <th><u>Description</u></th> <th><u>Qty.</u></th> <th><u>Price</u></th> <th><u>Contractual Allowance</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>A0428 BLS BASE RATE</td> <td>1</td> <td>550.00</td> <td>0.00</td> <td>550.00</td> </tr> <tr> <td>A0425 MILEAGE</td> <td>9</td> <td>135.00</td> <td>0.00</td> <td>135.00</td> </tr> </tbody> </table>		<u>Description</u>	<u>Qty.</u>	<u>Price</u>	<u>Contractual Allowance</u>	<u>Amount</u>	A0428 BLS BASE RATE	1	550.00	0.00	550.00	A0425 MILEAGE	9	135.00	0.00	135.00
<u>Description</u>	<u>Qty.</u>	<u>Price</u>	<u>Contractual Allowance</u>	<u>Amount</u>												
A0428 BLS BASE RATE	1	550.00	0.00	550.00												
A0425 MILEAGE	9	135.00	0.00	135.00												
<b>BALANCE DUE:</b> <span style="border: 1px solid black; padding: 2px;">\$685.00</span>																

**Medicare has denied this claim.**  
**They sent you an Explanation of Benefits stating specifically why it was denied.**  
**If you have other insurance please provide us with that so a claim may be filed on your behalf.**

*Please refer to your run number on all correspondence.*  
 -- Please see reverse side for important information. --

WPPANDR01MCRD

\*\*\*DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.\*\*\*

AMBULANCE SERVICE LLC  
 P O BOX 457  
 WHEELING IL 60090  
 ADDRESS SERVICE REQUESTED

PATIENT NAME			AMOUNT DUE
[REDACTED]			\$685.00
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
[REDACTED]	10/09/2007	11/19/2007	\$

November 19, 2007

#BWNHRMD 88259 7  
 #1119 0926 0000 0072# 07-755-MCRD



[REDACTED]  
 [REDACTED]  
 C 2

AMBULANCE SERVICE LLC  
 P O BOX 457  
 WHEELING IL 60090

# Medicare Denied



**AMBULANCE SERVICE LLC**

P O BOX 457  
WHEELING IL 60090  
(888) 988-2455

<b>Patient Name:</b> [REDACTED] <b>Run Number:</b> [REDACTED] <b>Notice Date:</b> November 19, 2007  [REDACTED] [REDACTED] [REDACTED]	<b>Date of Call:</b> 10/01/2007 <b>Time of Call:</b> 15:45:00 <b>From:</b> Christ Community Hosp  <b>To:</b> Renaissance at Halsted  <b>Primary Payor:</b> Bill Patient  <b>Secondary Payor:</b>
---	--

<u>Description</u>	<u>Qty.</u>	<u>Price</u>	<u>Contractual Allowance</u>	<u>Amount</u>
A0428 BLS BASE RATE	1	550.00	0.00	550.00
A0425 MILEAGE	7	105.00	0.00	105.00

**BALANCE DUE:** \$655.00

**We filed a claim to your insurance; however, they have denied the claim or are unable to identify you. This balance is now your responsibility. Please pay from this invoice and if you have any questions, please contact our Billing Office. Thank you!**

*Please refer to your run number on all correspondence.*  
-- Please see reverse side for important information. --

WPPANDR01ID

\*\*\*DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.\*\*\*

[REDACTED] AMBULANCE SERVICE LLC  
P O BOX 457  
WHEELING IL 60090  
ADDRESS SERVICE REQUESTED

PATIENT NAME			AMOUNT DUE
[REDACTED]			\$655.00
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
[REDACTED]	10/01/2007	11/19/2007	\$

November 19, 2007

[REDACTED] AMBULANCE SERVICE LLC  
P O BOX 457  
WHEELING IL 60090

#BWNHRMD 88256 5  
#1119 0926 0000 0056# 07-116-ID



*Insurance Denied*

BD43  
DEPOSIT TICKET

**Charter**

NATIONAL BANK  
AND TRUST

DATE

*8/24/2010*

	DOLLARS	CENTS
CURRENCY		
COIN		
LIST EACH CHECK		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
TOTAL FROM OTHER SIDE OR ATTACHED LIST		

*24 Checks*  
*please see*  
*tape*

VILLAGE OF HOFFMAN ESTATES

\$ *32147.95*

PLEASE  
PLEASE  
TOTAL

PLEASE BE SURE ALL ITEMS  
ARE PROPERLY ENDORSED.  
DEPOSITS MAY NOT BE AVAILABLE  
FOR IMMEDIATE WITHDRAWAL.

TOTAL  
ITEMS *24*

70-2492/719

*32147.95*

7-82 +  
9-08 +  
20-00 +  
90-86 +  
20-00 +  
50-00 +  
10-00 +  
50-00 +  
991-40 +  
514-02 +  
5,980-97 +  
1,104-91 +  
6,395-58 +  
5,783-98 +  
8,097-35 +  
730-34 +  
451-29 +  
454-34 +  
66-62 +  
87-82 +  
90-87 +  
90-87 +  
374-83 +  
675-00 +  
024  
32,147.956 +  
000  
0-006 +

CHICKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

⑆071924924⑆ 19000050⑆

009

# Deposit Slip by Check Number

Deposit Date IS BETWEEN 08/24/2010 AND 08/24/2010; AND Exclude reversed credits; AND Company IS VILLAGE OF HOFFMAN ESTATES

## VILLAGE OF HOFFMAN ESTATES

<u>Deposit Date</u>	<u>Payer</u>	<u>Type</u>	<u>Check #</u>	<u>Amount</u>
2010-08-24	STATE FARM	RC	101316037	\$90.87
2010-08-24	Medicare-IL-AMBULANCE	RC	117375391	\$514.02
2010-08-24	Medicare-IL-AMBULANCE	RC	117377327	\$5,783.98
2010-08-24	Medicare-IL-AMBULANCE	RC	117378437	\$5,980.97
2010-08-24	Medicare-IL-AMBULANCE	RC	117379586	\$6,395.58
2010-08-24	Medicare-IL-AMBULANCE	RC	117381405	\$1,104.91
2010-08-24	Bill Patient	RC	1560	\$7.82
2010-08-24	HUMANA	RC	203898	\$454.34
2010-08-24	Medicare Railroad	RC	211729195	\$991.40
2010-08-24	Bill Patient	RC	2414	\$50.00
2010-08-24	Bill Patient	RC	2453	\$9.08
2010-08-24	AMERICAN FAMILY EAGAN	RC	300415214	\$90.87
2010-08-24	Bill Patient	RC	3337	\$20.00
2010-08-24	AMERICAN FAMILY 1	RC	40442328	\$374.83
2010-08-24	AMERICAN REPUBLIC INS CO	RC	43734793	\$87.82
2010-08-24	Bill Patient	RC	4531	\$20.00
2010-08-24	Blue Cross Blue Shield of IL	RC	52827403	\$8,097.35
2010-08-24	Blue Cross Blue Shield of IL	RC	61666443	\$66.62
2010-08-24	Bill Patient	RC	6311	\$90.86
2010-08-24	AETNA 1	RC	72379695	\$451.29
2010-08-24	Bill Patient	RC	775511	\$10.00
2010-08-24	AETNA 1	RC	81799611	\$730.34
2010-08-24	Bill Patient	RC	829	\$50.00
2010-08-24	NATIONWIDE OHIO	RC	91765825	\$675.00

Number of checks 24

Total

**\$32,479.95**



**FIRST PAGE OF REPORT ONLY INCLUDED AND  
NAMES EXTRACTED DUE TO HIPAA**

# Cash Receipts Journal

Deposit Date IS BETWEEN 08/24/2010 AND 08/24/2010; AND Exclude reversed credits; AND Company IS VILLAGE OF HOFFMAN ESTATES

## VILLAGE OF HOFFMAN ESTATES

Profit Center: **MUT**

Credit Type:		Payment				Deposit	Credit	Balance	
Trip Date	Run #	Incident #	Customer Name	Payor	Check #	Date	Amount	Due	
8/6/2009	219763	09-3246	[REDACTED]	AMERICAN FAMILY 1	40442328	8/24/2010	\$374.83		
							<b>Payment</b>	<b>Credit \$</b>	<b>\$374.83</b>

Profit Center: **NON**

Credit Type:		Contractual Allowance				Deposit	Credit	Balance
Trip Date	Run #	Incident #	Customer Name	Payor	Check #	Date	Amount	Due
5/27/2009	160013	092157	[REDACTED]	Medicare-IL-AMBULANCE		8/24/2010	-\$31.48	
6/7/2010	176802	102439	[REDACTED]	Medicare-IL-AMBULANCE	117377327	8/24/2010	\$295.95	\$92.68
6/7/2010	176802	102439	[REDACTED]	Medicare-IL-AMBULANCE	117377327	8/24/2010	\$15.65	\$92.68
6/1/2010	176989	102338	[REDACTED]	Medicare-IL-AMBULANCE	117377327	8/24/2010	\$354.00	
6/1/2010	176989	102338	[REDACTED]	Medicare-IL-AMBULANCE	117377327	8/24/2010	\$15.65	
6/1/2010	176989	102338	[REDACTED]	Medicaid-Illinois	117377327	8/24/2010	\$131.07	
6/2/2010	176976	102354	[REDACTED]	Medicare-IL-AMBULANCE	117377327	8/24/2010	\$263.69	\$79.13
6/2/2010	176976	102354	[REDACTED]	Medicare-IL-AMBULANCE	117377327	8/24/2010	\$15.65	\$79.13
6/4/2010	176915	102387	[REDACTED]	Medicare-IL-AMBULANCE	117377327	8/24/2010	\$295.95	
6/4/2010	176915	102387	[REDACTED]	Medicaid-Illinois	117377327	8/24/2010	\$92.55	
6/11/2010	176157	102498	[REDACTED]	Medicare-IL-AMBULANCE	117378437	8/24/2010	\$295.95	\$92.68
6/11/2010	176157	102498	[REDACTED]	Medicare-IL-AMBULANCE	117378437	8/24/2010	\$15.65	\$92.68
5/29/2010	158201	102287	[REDACTED]	Medicare-IL-AMBULANCE	117378437	8/24/2010	\$295.95	\$92.68
5/29/2010	158201	102287	[REDACTED]	Medicare-IL-AMBULANCE	117378437	8/24/2010	\$15.65	\$92.68
6/11/2010	176155	102499	[REDACTED]	Medicare-IL-AMBULANCE	117379586	8/24/2010	\$295.95	\$92.68
6/11/2010	176155	102499	[REDACTED]	Medicare-IL-AMBULANCE	117379586	8/24/2010	\$15.65	\$92.68
6/7/2010	176807	102436	[REDACTED]	Medicare-IL-AMBULANCE	117379586	8/24/2010	\$295.95	\$92.68
6/7/2010	176807	102436	[REDACTED]	Medicare-IL-AMBULANCE	117379586	8/24/2010	\$15.65	\$92.68
6/15/2010	176042	102548	[REDACTED]	Medicare-IL-AMBULANCE	117379586	8/24/2010	\$295.95	\$92.68
6/15/2010	176042	102548	[REDACTED]	Medicare-IL-AMBULANCE	117379586	8/24/2010	\$15.65	\$92.68
6/29/2010	181598	102839	[REDACTED]	Medicare-IL-AMBULANCE	117381405	8/24/2010	\$295.95	
6/29/2010	181598	102839	[REDACTED]	Medicare-IL-AMBULANCE	117381405	8/24/2010	\$15.65	
6/29/2010	181598	102839	[REDACTED]	Medicaid-Illinois	117381405	8/24/2010	\$92.68	
6/2/2010	176966	102360	[REDACTED]	Medicare Railroad	211729195	8/24/2010	\$295.95	\$92.68
6/2/2010	176966	102360	[REDACTED]	Medicare Railroad	211729195	8/24/2010	\$15.65	\$92.68

RescueNet™ Reporting

# Cash Receipts and Adj Recap by Profit Center

Deposit Date IS BETWEEN 08/24/2010 AND 08/24/2010; AND Company IS VILLAGE OF HOFFMAN ESTATES

## VILLAGE OF HOFFMAN ESTATES

<u>Pay Source</u>	<u>Payments</u>	<u>W/O</u>	<u>W/D</u>	<u>Refunds</u>	<u>Revenue Adjustments</u>	<u>Contractual Allow</u>	<u>Manual Contr.</u>
<b>Profit Center - MUT</b>							
AMERICAN FAMILY 1	\$374.83						
<b>Provider Totals:</b>	<b>\$374.83</b>						
<b>Profit Center - NON</b>							
Bill Patient	\$70.00						
Blue Cross Blue Shield of IL	\$4,380.16						
Medicaid-Illinois			\$316.30				316.30
Medicare Railroad	\$370.72		\$311.60				311.60
Medicare-IL-AMBULANCE	\$3,806.05		\$3,094.66				3,094.66
NATIONWIDE OHIO	\$675.00						
<b>Provider Totals:</b>	<b>\$9,301.93</b>		<b>\$3,722.56</b>				<b>\$3,722.56</b>
<b>Profit Center - RES</b>							
AETNA 1	\$1,181.63						
AMERICAN FAMILY EAGAN	\$90.87						
AMERICAN REPUBLIC INS CO	\$87.82						
Bill Patient	\$187.76						
Blue Cross Blue Shield of IL	\$3,783.81						
HUMANA	\$454.34						
Medicaid-Illinois			\$518.64				518.64
Medicare Railroad	\$620.68						
Medicare-IL-AMBULANCE	\$15,973.41		\$389.18				389.18
STATE FARM	\$90.87						
<b>Provider Totals:</b>	<b>\$22,471.19</b>		<b>\$907.82</b>				<b>\$907.82</b>
<b>Grand Totals</b>	<b>\$22,147.95</b>		<b>\$4,630.38</b>				<b>\$4,930.38</b>

**FIRST PAGE OF REPORT ONLY INCLUDED AND  
NAMES EXTRACTED DUE TO HIPAA**

# TS Detail by DOS (-Cancelled Calls)

Trip Date IS BETWEEN 07/01/2010 AND 07/31/2010; AND Company IS VILLAGE OF HOFFMAN ESTATES

## VILLAGE OF HOFFMAN ESTATES

D.O.S	Incident #	Patient	Current Payor	From	To	Gross Charges	Balance Due
7/1/2010	102883	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$387.92	\$38.79
7/1/2010	102881	[REDACTED]	Medicare-IL-AMBULANCE	[REDACTED]	St Alexius Medical Ctr	\$642.52	\$642.52
7/1/2010	102880	[REDACTED]	UNITED HEALTHCARE 4	[REDACTED]	St Alexius Medical Ctr	\$387.92	\$0.00
7/1/2010	102879	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$387.92	\$387.92
7/1/2010	102878	[REDACTED]	Medicare-IL-AMBULANCE	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$454.34
7/1/2010	102876	[REDACTED]	Blue Cross Blue Shield of IL	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$90.87
7/1/2010	102873	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$387.92	\$387.92
7/1/2010	102871	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$675.00	\$125.00
7/1/2010	102869	[REDACTED]	Blue Cross Blue Shield of IL	[REDACTED]	St Alexius Medical Ctr	\$775.00	\$92.68
7/1/2010	102868	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$675.00	\$650.00
7/1/2010	102866	[REDACTED]	Blue Cross Blue Shield of IL	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$90.87
7/1/2010	102865	[REDACTED]	Blue Cross Blue Shield of IL	[REDACTED]	St Alexius Medical Ctr	\$387.92	\$77.58
7/1/2010	102864	[REDACTED]	Blue Cross Blue Shield of IL	[REDACTED]	St Alexius Medical Ctr	\$387.92	\$77.58
7/1/2010	102862	[REDACTED]	Blue Cross Blue Shield of IL	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$454.34
7/1/2010	102860	[REDACTED]	Blue Cross Blue Shield of IL	[REDACTED]	St Alexius Medical Ctr	\$387.92	\$77.58
5 Incidents for 7/1/2010						\$7,300.52	\$3,647.69
7/2/2010	102891	[REDACTED]	Medicare-IL-AMBULANCE	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$454.34
7/2/2010	102890	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$775.00	\$775.00
7/2/2010	102889	[REDACTED]	Medicaid-Illinois	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$454.34
7/2/2010	102888	[REDACTED]	Cigna PPO Plus	[REDACTED]	St Alexius Medical Ctr	\$387.92	\$387.92
7/2/2010	102886	[REDACTED]	Blue Cross Blue Shield of IL	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$90.87
7/2/2010	102884	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$454.34
6 Incidents for 7/2/2010						\$2,980.28	\$2,616.8
7/3/2010	102916	[REDACTED]	Medicaid-Illinois	[REDACTED]	St Alexius Medical Ctr	\$387.92	\$387.92
7/3/2010	102915	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$427.38	\$427.38
7/3/2010	102914	[REDACTED]	Blue Cross Blue Shield of IL	[REDACTED]	St Alexius Medical Ctr	\$387.92	\$77.58
7/3/2010	102913	[REDACTED]	United Health Care 2	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$90.87
7/3/2010	102912	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$90.86
7/3/2010	102911	[REDACTED]	Blue Cross Blue Shield of IL	[REDACTED]	St Alexius Medical Ctr	\$775.00	\$92.68
7/3/2010	102909	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$642.52	\$642.52
7/3/2010	102907	[REDACTED]	Medicare-IL-AMBULANCE	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$454.34
7/3/2010	102905	[REDACTED]	Medicare-IL-AMBULANCE	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$454.34
7/3/2010	102903	[REDACTED]	Medicare-IL-AMBULANCE	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$454.34
7/3/2010	102902	[REDACTED]	Medicaid-Illinois	[REDACTED]	St Alexius Medical Ctr	\$675.00	\$0.00
7/3/2010	102900	[REDACTED]	Medicaid-Illinois	[REDACTED]	St Alexius Medical Ctr	\$675.00	\$675.00
7/3/2010	102899	[REDACTED]	Medicare-IL-AMBULANCE	[REDACTED]	St Alexius Medical Ctr	\$454.34	\$454.34
7/3/2010	102897	[REDACTED]	Bill Patient	[REDACTED]	St Alexius Medical Ctr	\$775.00	\$25.00

# Deposit Slip by Check Number

Deposit Date IS BETWEEN 07/01/2010 AND 07/31/2010; AND Exclude reversed credits; AND Company IS VILLAGE OF HOFFMAN ESTATES

## VILLAGE OF HOFFMAN ESTATES

<u>Deposit Date</u>	<u>Payor</u>	<u>Type</u>	<u>Check #</u>	<u>Amount</u>
2010-07-05	Bill Patient			-\$515.81
2010-07-20	Bill Patient	RC	1006	\$25.00
2010-07-27	STATE FARM	RC	101009623	\$775.00
2010-07-13	STATE FARM	RC	101507953	\$480.81
2010-07-27	STATE FARM	RC	101509602	\$775.00
2010-07-06	ERIE INSURANCE EXCHANGE	RC	102082406	\$480.81
2010-07-06	GUARDIAN INS CO	RC	102220563	\$439.09
2010-07-13	Bill Patient	RC	1023	\$15.10
2010-07-27	GUARDIAN INS CO	RC	102565760	\$697.50
2010-07-06	Bill Patient	RC	1028	\$120.09
2010-07-20	TRICARE NORTH REGION	RC	1060592113	\$202.10
2010-07-27	Tricare for Life	RC	1062663365	\$202.10
2010-07-13	TRICARE NORTH REGION	RC	1112692	\$182.10
2010-07-13	AARP	RC	1130414864	\$1,075.00
2010-07-13	Blue Cross Blue Shield of IL	RC	11478871	\$70.26
2010-07-06	Medicare-IL-AMBULANCE	RC	117334675	\$299.86
2010-07-06	Medicare-IL-AMBULANCE	RC	117338109	\$359.52
2010-07-13	Medicare-IL-AMBULANCE	RC	117339702	\$299.86
2010-07-13	Medicare-IL-AMBULANCE	RC	117344220	\$299.86
2010-07-20	Medicare-IL-AMBULANCE	RC	117345416	\$368.92
2010-07-20	Medicare-IL-AMBULANCE	RC	117347296	\$309.06
2010-07-27	Medicare-IL-AMBULANCE	RC	117354902	\$14,720.78
2010-07-27	Medicare-IL-AMBULANCE	RC	117356567	\$7,506.19
2010-07-27	Bill Patient	RC	1259	\$87.82
2010-07-20	Bill Patient	RC	1272	\$144.24
2010-07-27	ALLSTATE	RC	127472232	\$775.00
2010-07-20	Bill Patient	RC	1297	\$25.00
2010-07-13	Bill Patient	RC	13201	\$70.49
2010-07-13	Blue Cross Blue Shield of IL	RC	132555617	\$87.82
2010-07-13	Bill Patient	RC	144	\$50.00
2010-07-20	Bill Patient	RC	1440	\$8.78
2010-07-20	Bill Patient	RC	1725821	\$87.82
2010-07-13	Bill Patient	RC	1866	\$60.05
2010-07-06	Bill Patient	RC	18773	\$40.84
2010-07-20	Bill Patient	RC	18810	\$600.47
2010-07-27	Bill Patient	RC	20019	\$760.52
2010-07-27	Bill Patient	RC	20070	\$37.48
2010-07-06	Bill Patient	RC	2079	\$16.90
2010-07-20	Medicare Railroad	RC	211479291	\$309.06
2010-07-27	Medicare Railroad	RC	211525322	\$351.27
2010-07-13	LIBERTY MUTUAL 10	RC	21642399	\$600.47
2010-07-06	Bill Patient	RC	2188863876	\$20.00
2010-07-27	Cigna PPO Plus	RC	231362840	\$298.62
2010-07-13	Bill Patient	RC	2347	\$90.55
2010-07-13	Bill Patient	RC	2371	\$87.82
2010-07-27	ALLIED BENEFITS SYSTEMS	RC	24008	\$351.27
2010-07-20	Bill Patient	RC	2411	\$50.00
2010-07-27	Bill Patient	RC	2443	\$74.97

# Deposit Slip by Check Number

Deposit Date IS BETWEEN 07/01/2010 AND 07/31/2010; AND Exclude reversed credits; AND Company IS VILLAGE OF HOFFMAN ESTATES

## VILLAGE OF HOFFMAN ESTATES

<u>Deposit Date</u>	<u>Payer</u>	<u>Type</u>	<u>Check #</u>	<u>Amount</u>
2010-07-20	HUMANA	RC	2565328	\$374.83
2010-07-13	Bill Patient	RC	2667	\$25.00
2010-07-13	Bill Patient	RC	2902	\$40.81
2010-07-05	DEPT OF LABOR	COPY	2971605	\$480.81
2010-07-13	Bill Patient	RC	3006	\$10.00
2010-07-27	HUMANA	RC	3107044	\$461.15
2010-07-27	Bill Patient	RC	3151	\$10.00
2010-07-13	Bill Patient	RC	3165	\$100.00
2010-07-20	COUNTRY FINANCIAL SERVICES	RC	3267025	\$480.81
2010-07-06	Bill Patient	RC	3293	\$74.96
2010-07-20	Bill Patient	RC	3303	\$20.00
2010-07-20	Bill Patient	RC	3630	\$515.81
2010-07-13	Bill Patient	RC	3652	\$14.99
2010-07-13	Bill Patient	RC	3653	\$14.99
2010-07-13	United Health Care 2	RC	37405350	\$74.97
2010-07-27	Bill Patient	RC	3783	\$14.99
2010-07-06	MEDICAL MUTUAL OF OH	RC	3787679	\$32.10
2010-07-20	Bill Patient	RC	3877	\$60.05
2010-07-27	Bill Patient	RC	389	\$25.00
2010-07-06	Secure Horizons 1	RC	40173215	\$461.52
2010-07-27	United Health Care 2	RC	40653450	\$140.00
2010-07-13	UNITED HEALTH CARE	RC	408266410	\$87.82
2010-07-20	UNITED HEALTH CARE	RC	411430080	\$439.09
2010-07-27	UNITED HEALTH CARE	RC	415057510	\$374.83
2010-07-27	United Health Care 2	RC	415057520	\$600.47
2010-07-27	United Health Care 2	RC	415057530	\$408.91
2010-07-13	UNITED HEALTHCARE	RC	41795605	\$439.09
2010-07-27	Bill Patient	RC	4208	\$17.56
2010-07-27	SCOTTSDALE INSURANCE	RC	4220234	\$480.81
2010-07-06	Bill Patient	RC	4300	\$87.82
2010-07-27	Bill Patient	RC	4511	\$20.00
2010-07-20	Blue Cross Blue Shield of IL	RC	494992	\$87.82
2010-07-27	Bill Patient	RC	4960	\$100.00
2010-07-27	Bill Patient	RC	5009	\$87.82
2010-07-27	Bill Patient	RC	5018	\$96.16
2010-07-06	Blue Cross Blue Shield of IL	RC	52221237	\$1,459.09
2010-07-13	Blue Cross Blue Shield of IL 2	RC	52290731	\$120.09
2010-07-20	Blue Cross Blue Shield of IL	RC	52360565	\$9,877.79
2010-07-27	Blue Cross Blue Shield of IL	RC	52451211	\$10,563.28
2010-07-27	Bill Patient	RC	545	\$20.00
2010-07-20	Bill Patient	RC	5537	\$37.49
2010-07-06	Bill Patient	RC	5693	\$26.16
2010-07-06	Cigna PPO Plus	RC	571708099	\$337.35
2010-07-06	Cigna PPO Plus	RC	571720850	\$37.48
2010-07-27	Cigna PPO Plus	RC	572838662	\$0.00
2010-07-06	Bill Patient	RC	5869	\$162.79
2010-07-27	Cigna PPO Plus	RC	620300954	\$140.47
2010-07-13	Bill Patient	RC	6834	\$62.51

# Deposit Slip by Check Number

Deposit Date IS BETWEEN 07/01/2010 AND 07/31/2010; AND Exclude reversed credits; AND Company IS VILLAGE OF HOFFMAN ESTATES

## VILLAGE OF HOFFMAN ESTATES

<u>Deposit Date</u>	<u>Payor</u>	<u>Type</u>	<u>Check #</u>	<u>Amount</u>
2010-07-20	Bill Patient	RC	706	\$15.00
2010-07-13	AETNA 1	RC	71201014	\$87.82
2010-07-20	Bill Patient	RC	775499	\$10.00
2010-07-12	AETNA 2	COPY/EFT	78794172	\$303.12
2010-07-12	Medicaid-Illinois	COPY	8078467	\$126.19
2010-07-12	Medicaid-Illinois	COPY	8087493	\$193.07
2010-07-12	Medicaid-Illinois	COPY	8089170	\$126.19
2010-07-27	Blue Cross Blue Shield of IL	RC	87776	\$79.12
2010-07-06	Bill Patient	RC	88731703	\$87.82
2010-07-13	Bill Patient	RC	8935	\$50.00
2010-07-13	Bill Patient	RC	9127	\$74.97
2010-07-20	Bill Patient	RC	9129	\$87.82
2010-07-13	Bill Patient	RC	9245	\$87.82
2010-07-05	Bill Patient	CORRECTION	96	\$35.00
2010-07-19	Blue Cross Blue Shield of IL	COPY	967823	\$310.34
2010-07-06	Bill Patient	RC	9703	\$20.00
2010-07-13	Bill Patient	RC	995184	\$50.00
			<b>Number of checks</b>	<b>112</b>
			<b>Total</b>	<b>\$65,625.23</b>



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NAMES EXTRACTED DUE TO HIPAA**

# Cash Receipts Journal

Deposit Date IS BETWEEN 07/01/2010 AND 07/31/2010; AND Company IS VILLAGE OF HOFFMAN ESTATES

## VILLAGE OF HOFFMAN ESTATES

Profit Center: NON

Credit Type:		Collections Adjustment				Deposit Date	Credit Amount	Balance Due
Trip Date	Run #	Incident #	Customer Name	Payor	Check #			
1/28/2010	43911	100422	[REDACTED]	Bill Patient		7/9/2010	\$120.09	
1/18/2010	43502	100261	[REDACTED]	Bill Patient		7/9/2010	\$480.81	
12/28/2009	327825	095355	[REDACTED]	Bill Patient		7/9/2010	\$60.05	
1/19/2010	43466	100287	[REDACTED]	Bill Patient		7/9/2010	\$600.47	
1/23/2010	42350	100335	[REDACTED]	Bill Patient		7/9/2010	\$600.47	
1/28/2010	43875	100434	[REDACTED]	Bill Patient		7/9/2010	\$929.55	
12/2/2009	326836	094952	[REDACTED]	Bill Patient		7/9/2010	\$600.47	
1/15/2010	30728	100218	[REDACTED]	Bill Patient		7/9/2010	\$480.81	
1/20/2010	43420	100293	[REDACTED]	Bill Patient		7/9/2010	\$600.47	
1/14/2010	30703	100205	[REDACTED]	Bill Patient		7/9/2010	\$600.47	
1/28/2010	43866	100436	[REDACTED]	Bill Patient		7/9/2010	\$600.47	
12/26/2009	327796	095325	[REDACTED]	Bill Patient		7/9/2010	\$480.81	
1/24/2010	45406	100343	[REDACTED]	Bill Patient		7/9/2010	\$480.81	
11/19/2009	322131	094771	[REDACTED]	Bill Patient		7/9/2010	\$600.47	
2/5/2010	55700	100546	[REDACTED]	Bill Patient		7/9/2010	\$600.47	
1/19/2010	43424	100288	[REDACTED]	Bill Patient		7/9/2010	\$480.81	
1/26/2010	44081	100387	[REDACTED]	Bill Patient		7/9/2010	\$600.47	

Collections Adjustment Credit \$8,917.97

Credit Type:		Contractual Allowance				Deposit Date	Credit Amount	Balance Due
Trip Date	Run #	Incident #	Customer Name	Payor	Check #			
3/25/2010	97050	101251	[REDACTED]	Tricare for Life		7/27/2010	\$398.37	
12/7/2009	326884	095025	[REDACTED]	Secure Horizons 1		7/6/2010	\$138.95	
5/6/2010	151550	101880	[REDACTED]	HUMANA		7/27/2010	\$139.32	
4/17/2010	120326	101602	[REDACTED]	Medicare-IL-AMBULANCE	117338109	7/6/2010	\$151.07	
12/16/2009	327709	095160	[REDACTED]	Medicare-IL-AMBULANCE	117345416	7/20/2010	\$139.32	
5/25/2010	140648	102205	[REDACTED]	Medicare-IL-AMBULANCE	117347296	7/20/2010	\$94.49	
5/25/2010	140648	102205	[REDACTED]	Medicare-IL-AMBULANCE	117347296	7/20/2010	-\$94.49	
5/9/2010	151141	101932	[REDACTED]	Medicaid-Illinois	117354902	7/27/2010	\$92.23	
5/9/2010	151141	101932	[REDACTED]	Medicare-IL-AMBULANCE	117354902	7/27/2010	\$139.32	
5/20/2010	150612	102122	[REDACTED]	Medicare-IL-AMBULANCE	117354902	7/27/2010	\$295.95	
5/20/2010	150612	102122	[REDACTED]	Medicare-IL-AMBULANCE	117354902	7/27/2010	\$15.65	

RescueNet™ Reporting

# Cash Receipts and Adj Recap by Profit Center

Deposit Date IS BETWEEN 07/01/2010 AND 07/31/2010; AND Company IS VILLAGE OF HOFFMAN ESTATES

## VILLAGE OF HOFFMAN ESTATES

<u>Pay Source</u>	<u>Payments</u>	<u>W/O</u>	<u>W/D</u>	<u>Refunds</u>	<u>Revenue Adjustments</u>	<u>Contractual Allow</u>	<u>Manual Contr.</u>
<b>Profit Center - NON</b>							
AARP	\$90.55						
ALLSTATE	\$775.00						
Bill Patient	\$2,378.61	\$1,706.80			\$8,917.97		
Blue Cross Blue Shield of IL	\$14,304.74						
Blue Cross Blue Shield of IL 2	\$120.09						
Cigna PPO Plus							
COUNTRY FINANCIAL SERVICES	\$480.81						
DEPT OF LABOR	\$480.81						
ERIE INSURANCE EXCHANGE	\$480.81						
GUARDIAN INS CO	\$697.50						
HUMANA	\$461.15		\$139.32				139.32
LIBERTY MUTUAL 10	\$600.47						
Medicaid-Illinois	\$193.07		\$777.22				777.22
MEDICAL MUTUAL OF OH	\$32.10			-\$32.10			
Medicare Railroad	\$309.06		\$94.49				94.49
Medicare-IL-AMBULANCE	\$4,307.14		\$2,250.39	-\$309.06			2,250.39
SCOTTSDALE INSURANCE COMPANY	\$480.81						
Secure Horizons 1	\$461.52		\$138.95				138.95
STATE FARM	\$2,030.81						
Tricare for Life	\$202.10		\$398.37				398.37
TRICARE NORTH REGION	\$202.10						
United Health Care 2	\$740.47						
<b>Provider Totals:</b>	<b>\$29,829.72</b>	<b>\$1,706.80</b>	<b>\$3,798.74</b>	<b>-\$341.16</b>	<b>\$8,917.97</b>		<b>\$3,798.74</b>
<b>Profit Center - RES</b>							
AARP	\$984.45						
AETNA 1	\$87.82						
AETNA 2	\$303.12		\$151.22				151.22
ALLIED BENEFITS SYSTEMS	\$351.27	\$87.82					
Bill Patient	\$1,742.86	\$16,061.15					
Blue Cross Blue Shield of IL	\$8,230.78						
Cigna PPO Plus	\$813.92						

# Cash Receipts and Adj Recap by Profit Center

Deposit Date IS BETWEEN 07/01/2010 AND 07/31/2010; AND Company IS VILLAGE OF HOFFMAN ESTATES

## VILLAGE OF HOFFMAN ESTATES

<u>Pay Source</u>	<u>Payments</u>	<u>W/O</u>	<u>W/D</u>	<u>Refunds</u>	<u>Revenue Adjustments</u>	<u>Contractual Allow</u>	<u>Manual Contr.</u>
GUARDIAN INS CO	\$439.09						
HUMANA	\$374.83						
Medicaid-Illinois	\$252.38		\$1,173.05				1,173.05
Medicare Railroad	\$351.27						
Medicare-IL-AMBULANCE	\$19,856.91						
TRICARE NORTH REGION	\$182.10		\$192.73				192.73
UNITED HEALTH CARE	\$901.74			-\$351.27			
United Health Care 2	\$483.88						
UNITED HEALTHCARE CATERPILLAR	\$439.09						
<b>Provider Totals:</b>	<b>\$35,795.51</b>	<b>\$16,148.97</b>	<b>\$1,517.00</b>	<b>-\$351.27</b>			<b>\$1,517.00</b>
<b>Grand Totals</b>	<b>\$65,625.23</b>	<b>\$17,855.77</b>	<b>\$5,315.74</b>	<b>-\$692.43</b>	<b>\$8,917.97</b>		<b>\$5,315.74</b>

# Aging Summary Report by Current Payor (Aging Date)

Aging as of 7/31/2010; and

Trip Date IS BETWEEN 01/01/2008 AND 07/31/2010; AND Period IS NOT 201008 OR -201008 OR 201009 OR -201009 OR 201010 OR 201011 OR 201012 OR 201103 OR 201904 OR 202002 OR 202003 OR 202005 OR 202008 OR 202010 OR 207003 OR 208006 OR 208803 OR 2088...

## VILLAGE OF HOFFMAN ESTATES

<u>Current Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	<u>Total</u>
AAA CHICAGO MOTOR	0.00	0.00	480.81	0.00	0.00	0.00	480.81
AAA INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AARP	4,645.47	0.00	74.97	0.00	0.00	0.00	4,720.44
AARP INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ACCIDENT FUND	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ACUITY	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADMIRAL LIFE INS CO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADVANTRA FREEDOM	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADVOCATE HOSPICE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Advocate Wellcare	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AETNA 1	5,763.15	87.82	0.00	0.00	0.00	0.00	5,850.97
AETNA 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Aetna 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Aetna El Paso	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AETNA PPO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFTRA HEALTH FUND	908.68	0.00	0.00	0.00	0.00	0.00	908.68
Alexian Brothers Mental Hlth	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALICARE INC 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLIED BENEFITS SYSTEMS	387.92	0.00	0.00	0.00	0.00	0.00	387.92
ALLSTATE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLSTATE 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLSTATE DALLAS	480.81	0.00	0.00	0.00	0.00	0.00	480.81
ALLSTATE Georgia	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLSTATE INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMCOMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
American Access Casualty 2	374.83	0.00	0.00	0.00	0.00	0.00	374.83
AMERICAN FAMILY	675.00	0.00	0.00	0.00	0.00	0.00	675.00
AMERICAN FAMILY 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERICAN FAMILY EAGAN	454.34	0.00	0.00	0.00	0.00	0.00	454.34
American Family Ins	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERICAN FAMILY INS GRP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERICAN FAMILY	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERICAN NATIONAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERICAN NATIONAL LIFE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
American Postal Workers	642.52	0.00	0.00	0.00	0.00	0.00	642.52
AMERICAN REPUBLIC IA	775.00	0.00	0.00	0.00	0.00	0.00	775.00

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## VILLAGE OF HOFFMAN ESTATES

<u>Current Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	<u>Total</u>
AMERICAN REPUBLIC INS	87.82	0.00	0.00	0.00	0.00	0.00	87.82
ANTARES INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
APWU HEALTH PLAN	675.00	0.00	0.00	0.00	0.00	0.00	675.00
ASSURANT HEALTH	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ASSURANT IA	775.00	0.00	0.00	0.00	0.00	0.00	775.00
AUTO INJURY SOLUTIONS 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AUTO OWNERS INSURANCE	0.00	929.55	0.00	0.00	0.00	0.00	929.55
AUTOMATED BENEFIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AUTOMOBILE MECHANICS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BADGERCARE WI	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAKERY &	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BANKERS FIDELITY LIFE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BANKERS LIFE &	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Bankers Life and Casualty 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BEECH	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BENEFIT SYSTEMS AND	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BEST LIFE	0.00	404.09	0.00	0.00	0.00	0.00	404.09
Bill Patient	227,150.95	36,284.61	17,047.37	14,442.07	6,935.80	21,865.59	323,726.39
Blue Cross Blue Shield of IL	69,000.97	528.48	480.81	0.00	0.00	0.00	70,010.26
Blue Cross Blue Shield of IL	1,363.02	0.00	0.00	0.00	0.00	0.00	1,363.02
BSSI SAINT CHARLES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Bunch & Associates	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BUTLER BENEFIT	775.00	0.00	0.00	0.00	0.00	0.00	775.00
CCMSI	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CCMSI Scottsdale	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAMP VA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHICAGO GRAPHIC ARTS	775.00	87.82	0.00	0.00	0.00	0.00	862.82
CHUBB GROUP INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CIGNA CHATANOOGA	77.58	0.00	0.00	0.00	0.00	0.00	77.58
Cigna Healthcare	983.65	0.00	0.00	0.00	77.26	0.00	1,060.91
CIGNA PA 1	454.34	0.00	0.00	0.00	0.00	0.00	454.34
CIGNA PPO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cigna PPO Plus	8,911.57	526.91	1,266.01	480.81	689.70	87.82	11,962.82
CNA INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CONSECO HEALTH	478.79	0.00	0.00	0.00	0.00	0.00	478.79

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## VILLAGE OF HOFFMAN ESTATES

<u>Current Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	<u>Total</u>
CONSECO INSURANCE CO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CORESOURCE 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CORPHABED	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Corphabed Society	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTRY	454.34	0.00	0.00	0.00	0.00	0.00	454.34
Country Financial	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTRY FINANCIAL IL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTRY FINANCIAL	0.00	600.47	0.00	0.00	0.00	0.00	600.47
COUNTRY INS & FINANCIAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTRY INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTRY LIFE INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTRY MUTUAL CENTER	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DEPT OF LABOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIVISION OF SPECIALIZED	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EMPLOYERS CLAIMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ENCOMPASS INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ERIE INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EVERCARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Family Health Network	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FARMERS AUTO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FARMERS INS OK	675.00	0.00	0.00	0.00	0.00	0.00	675.00
FARMERS INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fiserv Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FOREMOST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Forest Villa NH	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fountains of Crystal Lake	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GALLAGHER BASSETT AZ	1,229.34	0.00	0.00	0.00	0.00	0.00	1,229.34
GEHA INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GEICO CENTER	374.83	0.00	480.81	0.00	374.83	0.00	1,230.47
GEICO INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GILSBAR, INC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GOLDEN RULE INS	439.09	0.00	0.00	0.00	0.00	0.00	439.09
GOVT EMPLOYEES HOSP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GREAT WEST HEALTHCARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GROUP ADMINISTRATOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GROUP ADMINISTRATORS	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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## VILLAGE OF HOFFMAN ESTATES

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GROUP RESOURCES INC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GUARDIAN INS CO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HANOVER INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HARLEYSVILLE INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HARMONY HEALTH PLAN	454.34	0.00	0.00	0.00	0.00	0.00	454.34
HEALTH ALLIANCE	775.00	0.00	0.00	0.00	0.00	0.00	775.00
HEALTH FIRST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HEALTH NET 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HEALTH SPRING INS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Healthlink Inc 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HEALTHPARTNERS CLAIMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Healthspring	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HFN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HINES VA	0.00	0.00	439.09	0.00	600.47	0.00	1,039.56
HOOSIER HEALTH CARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HUMANA	2,439.86	0.00	0.00	0.00	0.00	0.00	2,439.86
HUMANA EMPLOYERS	600.47	0.00	0.00	0.00	0.00	0.00	600.47
HUMANA GOLD DREYER	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IBC	0.00	0.00	0.00	0.00	0.00	600.47	600.47
ILLINOIS LEAGUE OF	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ILLINOIS PUBLIC RISK	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IMT INSURANCE IA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Indiana Insurance	439.09	0.00	0.00	0.00	0.00	0.00	439.09
INDIANAPOLIS INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IUOE LCL WELFARE FUND	87.82	0.00	0.00	0.00	0.00	0.00	87.82
Jackson Park Hosp	0.00	0.00	0.00	0.00	0.00	0.00	0.00
K & K INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LIBERTY MUTUAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LIBERTY MUTUAL 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LIBERTY MUTUAL 10	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LIBERTY MUTUAL LONDON	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Liberty Mutual Mishawaka	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Local 150	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicaid Pending (PAP)	0.00	0.00	0.00	0.00	0.00	374.83	374.83
Medicaid-Illinois	43,847.54	1,294.73	4,571.46	749.66	0.00	2,249.01	52,712.40



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Medicare Railroad	675.00	0.00	0.00	0.00	0.00	0.00	675.00
Medicare-IL-AMBULANCE	35,195.30	0.00	0.00	0.00	0.00	929.55	36,124.85
MERCURY INSURANCE	480.81	0.00	0.00	0.00	0.00	0.00	480.81
MERCY CARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MERITAIN HEALTH 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00
METLIFE AUTO & HOME 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
METROPOLITAN CASUALTY	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MIDWEST ENGINEER	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MIDWEST OPERATING	387.92	0.00	0.00	0.00	0.00	0.00	387.92
Monarch Hospice	0.00	0.00	0.00	0.00	0.00	813.92	813.92
MONUMENTAL LIFE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MUTUAL OF OMAHA	928.59	0.00	0.00	0.00	0.00	0.00	928.59
NALC INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NATIONAL ELEVATOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NATIONAL STATES INS	1,347.77	0.00	0.00	0.00	0.00	0.00	1,347.77
NATIONWIDE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NATIONWIDE IA	387.92	0.00	0.00	0.00	0.00	0.00	387.92
NATIONWIDE OHIO	675.00	0.00	0.00	0.00	0.00	0.00	675.00
NIPPON LIFE INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OHIO CASUALTY 1	0.00	0.00	480.81	0.00	0.00	0.00	480.81
OSF HEALTH PLANS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OXFORD HEALTH PLANS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PBA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PDRMA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PEKIN INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PERSONAL CARE Kentucky	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PHCS CLAIMEDIX, INC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PHCS PERFORMAX	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PHCS TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PHCS WI	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PHILADELPHIA AMERICAN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicans Mutual	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PHYSICANS MUTUAL INS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PHYSICIANS MUTUAL	454.34	0.00	0.00	0.00	0.00	0.00	454.34
PLUMBERS LCL 130	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL FINANCIAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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<u>Current Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	<u>Total</u>
PRINCIPAL MUTUAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRIORITY HEALTH	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PROFESSIONAL BENEFITS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PROGRESSIVE INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RESERVE NATIONAL INS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RETIREE MEDICAL	454.34	0.00	0.00	0.00	0.00	0.00	454.34
SAFECO INSURANCE 1	675.00	0.00	0.00	0.00	0.00	0.00	675.00
SAFEWAY INS CO	387.92	0.00	0.00	0.00	0.00	0.00	387.92
Secure Horizons 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SECURE HORIZONS DIRECT	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SEDGWICK	775.00	0.00	0.00	0.00	0.00	0.00	775.00
SEDGWICK CMS CHICAGO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SELECTIVE INSURANCE IN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHEET METAL WORKERS	374.83	0.00	0.00	0.00	0.00	0.00	374.83
SHENANDOAH LIFE INS CO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHERMAN CHOICE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SMW+	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SPECIALTY RISK SERVICES	775.00	0.00	0.00	0.00	0.00	0.00	775.00
SPRINKLER FITTERS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE FARM	842.26	0.00	0.00	0.00	0.00	480.81	1,323.07
State Farm Bloomington 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00
State Farm Ins	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE FARM INSURANCE	1,062.92	0.00	0.00	0.00	0.00	0.00	1,062.92
THE HARTFORD 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00
THE HEARTFORD INS	480.81	0.00	0.00	0.00	0.00	0.00	480.81
THRIVENT FINANCIAL FOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TODAYS OPTIONS	775.00	0.00	0.00	0.00	0.00	0.00	775.00
TOKIO MARINE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL BROKER BENEFITS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRAVELERS INSURANCE	387.92	0.00	0.00	0.00	0.00	0.00	387.92
TRAVELERS INSURANCE 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Tricare for Life	600.47	0.00	0.00	0.00	0.00	0.00	600.47
TRICARE NORTH REGION	77.58	0.00	0.00	0.00	0.00	0.00	77.58
TRICARE PALMETTO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTMARK	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMR	0.00	0.00	0.00	0.00	0.00	0.00	0.00

# Aging Summary Report by Current Payor (Aging Date)

Aging as of 7/31/2010; and

Trip Date IS BETWEEN 01/01/2008 AND 07/31/2010; AND Period IS NOT 201008 OR -201008 OR 201009 OR -201009 OR 201010 OR 201011 OR 201012 OR 201103 OR 201904 OR 202002 OR 202003 OR 202005 OR 202008 OR 202010 OR 207003 OR 208006 OR 208803 OR 2088...

## VILLAGE OF HOFFMAN ESTATES

Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total
UMR FISERVE HEALTH	675.00	0.00	0.00	0.00	0.00	0.00	675.00
UMWA Health Retirement	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNICARE 1	454.34	0.00	0.00	0.00	0.00	0.00	454.34
UNICARE CA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNICARE HMO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNICARE PA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNION BANKERS INS CO 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED AMERICAN INS.	1,229.34	0.00	0.00	0.00	0.00	0.00	1,229.34
UNITED AMERICAN INSO CO	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED COMMERCIAL	387.92	0.00	0.00	0.00	0.00	0.00	387.92
UNITED COMMERCIAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED COMMERCIAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED HEALTH CARE	2,480.92	0.00	0.00	87.82	0.00	0.00	2,568.74
UNITED HEALTH CARE 1	6,908.68	0.00	0.00	0.00	0.00	0.00	6,908.68
United Health Care 2	4,170.51	0.00	0.00	0.00	0.00	0.00	4,170.51
UNITED HEALTH CARE OF	775.00	0.00	0.00	0.00	0.00	0.00	775.00
UNITED HEALTHCARE 4	387.92	0.00	0.00	0.00	0.00	0.00	387.92
UNITED HEALTHCARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED HEALTHCARE TX	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED WORLD LIFE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
US POSTAL SERVICE	675.00	0.00	0.00	0.00	0.00	0.00	675.00
USAA LIFE INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WEBTPA Employer Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORLD ACCESS CANADA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WRAMSCO CLAIMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ZENITH INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ZURICH INSURANCE 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ZURICH INSURANCE 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ZZZZCIGNA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ZZZZUNITED HEALTH	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ZZZZUNITED HEALTHCARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
zzzzzzzAARP 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Payors	248	Balances	444,779.46	40,744.48	25,322.14	15,760.36	8,678.06	27,402.00	562,686.50
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## Aging Summary Report by Current Payor (Aging Date)

Aging as of 7/31/2010; and

Trip Date IS BETWEEN 01/01/2008 AND 07/31/2010; AND Period IS NOT 201008 OR -201008 OR 201009 OR -201009 OR 201010 OR 201011 OR 201012 OR 201103 OR 201904 OR 202002 OR 202003 OR 202005 OR 202008 OR 202010 OR 207003 OR 208006 OR 208803 OR 2088...

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**BILLING AND REIMBURSEMENT COMPLIANCE PROGRAM**

**FOR**

**ANDRES MEDICAL BILLING, LTD.**

**Introduction**

Andres Medical billing regards compliance seriously and has adopted policies to actively create and adhere to a Compliance Program that provides for detection, reporting, correction and elimination of errors and decreases the potential for fraud and abuse. Andres Medical Billing is committed to active implementation of this program. Additionally, Andres Medical Billing is committed to the development and maintenance of a training and education program to help all employees learn and adhere to applicable technical and legal requirements in the areas of coding, billing and reimbursement.

**Standards of Conduct**

Our corporate objective is to provide the highest standards of quality and professionalism to both our clients and the patients they serve. It is our dedication that builds our reputation. It is a personal commitment for all of our employees since our actions and attitudes reflect on us individually, in addition to reflecting on the company.

**Goals**

We will make every reasonable effort to adhere to the guidelines set for in the organization's policies and procedures regarding billing compliance. It is the intention of Andres Medical Billing to comply with all applicable laws, regulations, policies and ethical statements set forth in our compliance program.

We will fulfill this mission through active compliance with all of the elements set forth in our Compliance Program that is based on the guidelines set forth by the Office of Inspector General for Third Party Billing Companies.

- (1) We will establish and maintain compliance standards and procedures that will be followed by all employees.
- (2) We will assign a Compliance Officer to oversee the Billing and Reimbursement Compliance Program
- (3) We will provide education and training to the employees of our company regarding applicable law and regulations as well as the policies of the Reimbursement and Compliance Program.
- (4) We will take all reasonable steps to develop and implement effective and open communications policies with employees, as well, as patient, clients and contractors.
- (5) We will make every reasonable effort to enforce the Billing and Reimbursement Compliance Program through well-publicized disciplinary guidelines.
- (6) We will make every reasonable effort to monitor the effectiveness of the Billing and Reimbursement Compliance Program through regular monitoring and periodic auditing procedures.
- (7) We will respond to detected offenses, correct any deficiencies and amend the Billing and Reimbursement Program, as necessary to prevent further violations.

**Policy Statements**

**Coding**

- (1) Andres Medical Billing will make every reasonable effort to ensure that medical services are billed correctly, including but not limited to:
  - Coding only for services documented on the ambulance run sheets
  - Ensuring services are correctly bundled or un-bundled as provided for in HCPCS, CPT4 and ICD9 guidelines for billing for ambulance services and/or HCFA and other payor guidelines, as may be applicable.
  - Utilizing modifiers correctly
  - Ensuring medical necessity issues are addressed through proper diagnosis codingThese activities will occur, based only on the documentation provided, regardless of the impact upon reimbursement.
- (2) Andres Medical Billing will provide its employees with access to current coding manuals and periodic coding training, as applicable, to ensure staff maintain current knowledge of ambulance coding guidelines
- (3) Andres Medical Billing will provide its employees with a client summary document outlining, among other things, the appropriate HCPCS and CPT4 codes to be utilized for the Medicare Billing Method applicable to that client.
- (4) Andres Medical Billing will not base compensation to any employee or company that would potentially cause incentive to improperly code claims.

#### ***Balance Billing***

- (5) Andres Medical Billing will make every reasonable effort to ensure that patients will not be balanced billed inappropriately, according to government or private payor contracts, as applicable.

#### ***Credit Balances***

- (6) Andres Medical Billing will make every reasonable effort to identify and notify our clients to resolve claim overpayments in a timely manner.

#### ***Integrity of Data Systems***

- (7) Andres Medical Billing will take all reasonable efforts to maintain the integrity of its data collection and accounts receivable systems, including but not limited to, backing up data on a regular basis, protecting the system from unauthorized user access or disclosure, and updating the system files as often as necessary.
- (8) Andres Medical Billing will not utilize software utilities to automatically bill for multiple services/procedures with the entry of one code. Coding and data entry staff will itemize each service rendered, using appropriate bundling rules as specified by industry and payor standards.
- (9) The software utilized by Andres Medical Billing will have appropriate edit checks to minimize the chances of inadvertent duplicate billing.

#### ***Record Retention/Confidentiality***

- (10) Andres Medical Billing will maintain policies and procedures to retain, retrieve and destroy records as mandated by Federal, State, local and private insurers regulations and laws.

All records with identification of patient name, and financial or clinical information will be destroyed (currently via shredding) prior to their disposal. Andres Medical Billing will maintain a relationship with vendor that will attest to the appropriate destruction and disposal of records prior to leaving the billing premises.

- (11) All employees and contractors will be required to sign a confidentiality statement indicating their commitment to following the confidentiality policies of Andres Medical Billing.

### ***Waiver of Co-Pays and Deductibles***

- (12) Andres Medical Billing will take reasonable steps to ensure clients do not allow waiver of co-payments or deductibles, except in the case of documented, allowable circumstances.

### ***Employment Screening Practices***

- (13) Andres Medical Billing will take reasonable steps to conduct the appropriate pre-employment screening of all potential new hires to ensure that individuals who have been sanctioned by the Federal Government are not extended employment offers.

### ***Employee Training and Performance Assessment***

- (14) Employees will receive training (upon initial hire, and thereafter on an annual basis) on issues relating to general compliance issues in the healthcare industry as well as policies and procedures specific to Andres Medical Billing's compliance expectations.
- (15) Employees with coding responsibilities will receive training on the specific coding policies and procedures followed by Andres Medical Billing, both upon initial hire, as well as when industry changes require changes in the coding procedures.
- (16) Employee performance evaluations will include an assessment of the individual's knowledge of compliance related issues and their compliance with AMB's compliance policies and procedures.
- (17) The disciplinary policies of Andres Medical Billing include compliance related offenses, and include discipline, up to and including discharge, for compliance related offenses.

### **Designation of the Compliance Officer/Committee**

The Compliance Officer is responsible for the following compliance related activities of Andres Medical Billing:

- Oversees the development and on-going implementation of the Compliance Program for Andres Medical Billing
- Provides periodic updates to the Owners and Managers of Andres Medical Billing
- Reviews the Compliance Program on a periodic basis to ensure it addresses the laws, policies and procedures of the Government and private payor plans
- Coordinates the development and implementation of the compliance education and training program for the staff of Andres Medical Billing
- Coordinates the company's auditing and quality assurance programs
- Periodically (prior to initial hire and on a periodic basis thereafter) reviews the Cumulative Sanctions Report to ensure that providers and employees do not appear on the list.
- Coordinates the development of policies and procedures as they relate to compliance and developing/maintaining an environment of openness within Andres Medical Billing to encourage the reporting of suspected fraud or billing errors without fear of retaliation.
- Coordinates the investigation and resolution of any identified or reported violations

### **Compliance Committee**

As a small organization, Andres Medical Billing will coordinate all compliance related activities through the interaction of the Compliance Officer and other management staff in the organization through more informal mechanisms.

### **Training and Education**

Andres Medical Billing will train and educate all employees of the company (existing and new hires) in all applicable areas of the Billing and Reimbursement Compliance Program. The employees directly involved in the billing process will be provided with job specific compliance issues. The following topics will be covered:

- General Issues in Healthcare Compliance
  - Federal and State Statutes, regulations and guidelines applicable to healthcare compliance
  - Overview of private payor policies applicable to healthcare compliance
  - Corporate ethics
  - Standards of Conduct at Andres Medical Billing
  
- Claim Processing Specific Issues in Healthcare Compliance
  - Discussion of government and private payor reimbursement principles
  - Discussion of the compliance policies identified above for Andres Medical Billing
  - Internal communication and the employee's duty to report "misconduct", whether proven or perceived, including a review of Andres Medical Billing's confidentiality and non-retaliation policy for good faith reporting

All employees will be required to attend these sessions. An employee who fails to attend will be subject to disciplinary action, up to and including discharge. Attendance records will be created and maintained for all compliance education programs.

### **Communication/Access to the Compliance Officer**



Since open communication is a key element to an effective compliance program, all employees, contractors, clients and patients will have access to the Compliance Officer either directly or through more anonymous means, wherever possible.

Andres Medical Billing will maintain a file of all records associated with an inquiry to the Compliance Officer and/or any other reports of suspected non-compliance within the company. These records will include the nature of the inquiry or report, the investigation procedures and outcomes and all actions taken to rectify any non-compliance uncovered. The Compliance Officer will keep the Owners and Managers of Andres Medical Billing apprised of on-going investigations and the results of closed investigations.

Andres Medical Billing will make every effort to protect the identity of the individual(s) making the report of possible non-compliance. However, in the event a regulating authority becomes involved in the investigation, an individual's identity may have to be disclosed.

#### **Enforcement through Disciplinary Procedures**

Andres Medical Billing regards adherence to the Billing and Reimbursement Compliance Program as a primary responsibility of all employees. Any employee who is found to be non-compliant with the Standards of Conduct, with the compliance related policies and procedures of Andres Medical Billing, or non-compliant with regulatory laws will be subject to the following disciplinary action:

- Intentional disregard*** or recklessness may warrant immediate dismissal and could possibly result in reporting to the appropriate governmental agency.
- Failure to report*** violations will result in disciplinary action, up to and including immediate termination.
- Failure to detect*** violations on the part of "lead", supervisory or management staff, may warrant disciplinary action up to and including suspension, depending on the determination of the culpability of the individual(s) involved.

Disciplinary action will be taken on a fair and equitable basis, regardless of the employee's position in the company.

#### **Auditing and Monitoring**

Andres Medical Billing will perform audits on a regular basis to determine the quality and accuracy of all processes related to coding, billing and reimbursement procedures.

Coding audits will be performed on the work of all coding staff on a monthly basis. All clients' records will be reviewed at least once in a given calendar year. The practice will utilize qualified persons to conduct the audits necessary to monitor compliance. The Compliance Officer or other designated Management personnel will coordinate all audit functions within company.

Billing and reimbursement audits will also be performed on a periodic basis to ensure compliance with written billing and reimbursement policy and procedures, as well as to identify areas for operational improvement and individual employee performance improvement.

The results of all of these audits will be recorded and records retained according to record retention policies. Any corrective action taken will also be documented with these records.

#### **Investigations and Corrective Actions**

Andres Medical billing will investigate any and all allegations and/or suspicions of non-compliance as soon as possible after a report has been filed. All investigations and their results will be documented and maintained in a file by the Compliance Officer.

#### ***Corrective Actions***

If the investigation determines a violation did occur, the Compliance Officer will ensure that an immediate corrective action plan is formulated. This plan will include the following:

- Training or re-training of personnel
- A schedule for monitoring the effectiveness of the corrective action
- A timeline for implementation

If any reporting to a governmental agency is required due to the materiality of a violation, all correspondence will be maintained by the Compliance Officer.

***Regulatory Agency Inquiry or Investigation***

In the event of an outside inquiry, audit or investigation by any governmental agency or third party payor, Andres Medical Billing will cooperate in any way possible. All employees will be informed that should they be approached by any person outside the Company for information regarding the Company or any policy or procedure of the Company, the employee should immediately report this contact to the Owners and the Compliance Officer. All communications with the outside agency will be carried out through the Owners or the Compliance Officer.

**Acknowledgment of Receipt of Understanding**

I hereby acknowledge receipt of the documentation of the Andres Medical Billing Compliance Program including the Compliance Policy and Procedure Manual. I have read and understand the policies and rules and agree to follow all the policies and procedures set forth. I understand that failure to comply with the policies and procedures could result in disciplinary action, up to and including termination of employment.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

OP ID LK  
ANDRE-1DATE (MM/DD/YYYY)  
09/15/10

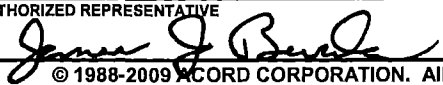
<b>PRODUCER</b>  BGS Insurance Agency, Inc 3295 N. Arlington Hts. Rd.#111 Arlington Heights IL 60004 Phone: 847-670-8700 Fax: 847-670-8730	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Andres Medical Billing Inc. 3343 N Ridge Ave Arlington Heights IL 60004	INSURER A: Citizens Ins Co of Illinois	10714
	INSURER B: Houston Casualt Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	OHC695780202	12/11/09	12/11/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000	
	A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ABC695779605	05/29/10	05/29/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
						GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
						<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$
						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below	WCC722534505	05/29/10	05/29/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	B	<b>Professional Liability</b>	H70415345	09/12/09	09/12/10	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>  VILLHOF  Village of Hoffman Estates 1900 Hassell Road Hoffman Estates IL 60195	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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## **IMPORTANT**

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



**ANDRES** **MEDICAL BILLING, Ltd.**

This Agreement is entered into as of October 1, 2010 between the The Village of Hoffman Estates, hereinafter referred to as THE VILLAGE OF HOFFMAN ESTATES and Andres Medical Billing, Ltd., hereinafter referred to as AMB.

WHEREAS, THE VILLAGE OF HOFFMAN ESTATES has determined that it is in their best interest to retain the services of an outside billing service to collect monies for services rendered by THE VILLAGE OF HOFFMAN ESTATES.

WHEREAS, AMB does hereby hold itself as being ready and able to perform a billing service program as described herein.

NOW, THEREFORE, in consideration of the aforementioned promises and mutual covenants and promises stated herein, the parties hereby agree as follows:

1. AMB shall provide a separate and complete Accounts Receivable program within AMB's computer billing system for the exclusive purpose of collections for THE VILLAGE OF HOFFMAN ESTATES.

AMB will enter into said computer billing system, any and all ambulance trips received from THE VILLAGE OF HOFFMAN ESTATES. AMB shall abstract, from the documentation provided by THE VILLAGE OF HOFFMAN ESTATES, all diagnosis and procedure information necessary to determine the level and type of service provided, any billable diagnostic and therapeutic procedures performed, any billable supplies and ancillary services rendered, and the appropriate diagnosis codes to be billed for all ambulance run information provided by AMB by the client for that purpose.

AMB will follow established billing industry guidelines, including those established by HCFA, HIPAA, and various other government programs, for ambulance services. To ensure compliance, AMB will periodically audit, on a prospective and retrospective basis, a sample of THE VILLAGE OF HOFFMAN ESTATES billing and clinical records. THE VILLAGE OF HOFFMAN ESTATES retains responsibility for providing accurate and complete documentation of clinical services provided. THE VILLAGE OF HOFFMAN ESTATES understands that AMB will code only from the documentation provided.

2. AMB shall provide electronic billing of Medicare and Medicaid claims. It is the responsibility of THE VILLAGE OF HOFFMAN ESTATES to inform Medicare and Medicaid or any changes in the company's status.

3. AMB will bill any and all appropriate commercial or third party payers as directed by THE VILLAGE OF HOFFMAN ESTATES.
4. AMB will invoice all patients and all supplemental private pay patients as directed by THE VILLAGE OF HOFFMAN ESTATES and as required by the Federal Medicare Program.

Payment invoicing will be done on a billing form specific for THE VILLAGE OF HOFFMAN ESTATES. Invoicing/ collection activities will be conducted on the following schedule:

1st invoice	within 3 days of receipt
Insurance request	30 days after 1 <sup>st</sup> invoice
Insurance request	20 days after previous request
Statement	20 days after insurance request
Final notice	20 days after statement
Final letter	30 days after final notice

Collection agency or write off if no results from above as pre-determined by THE VILLAGE OF HOFFMAN ESTATES.

5. All monies received by AMB on behalf of THE VILLAGE OF HOFFMAN ESTATES will posted to the patients' accounts on a weekly basis and mailed to THE VILLAGE OF HOFFMAN ESTATES on a monthly basis. All checks will be made payable to THE VILLAGE OF HOFFMAN ESTATES. AMB cannot cash any checks and has no access to any THE VILLAGE OF HOFFMAN ESTATES bank accounts. It is the responsibility of THE VILLAGE OF HOFFMAN ESTATES to notify AMB (on any payments received at THE VILLAGE OF HOFFMAN ESTATES) within seventy-two (72) hours of all payments, correspondence, explanation of benefits, etc. relating to the services heretofore described.
6. AMB will maintain 800-phone service for the purpose of run sheet and payment submission. This line will be available 24 hours a day.
7. AMB will promptly respond to all THE VILLAGE OF HOFFMAN ESTATES service recipient concerns related to all billing practices conducted herein.

AMB will maintain an 800-phone line for the purpose of customer service. This line will be staffed Monday through Friday from 8:30 am to 4:30 pm Central time.

8. AMB shall comply with all Federal and State regulations, ordinances and procedures governing ambulance collections

9. AMB will submit a monthly accounts receivable aging report by payer category, which will include identifying all uncollected receivables, a payment receipt journal recap, and a monthly ticket survey, detailing all of the transports billed from the previous month. It is the responsibility of THE VILLAGE OF HOFFMAN ESTATES to verify these reports and provide AMB with any missing data. All reports currently within the software of AMB's billing system will be provided to THE VILLAGE OF HOFFMAN ESTATES at no additional cost.
10. AMB shall recognize and comply with the right of authorized THE VILLAGE OF HOFFMAN ESTATES representatives to review any and all payment records pursuant to claims and/or collection procedures conducted herein. THE VILLAGE OF HOFFMAN ESTATES shall have the right to audit such reports at reasonable times.
11. THE VILLAGE OF HOFFMAN ESTATES agrees to pay AMB in accordance with the following fee schedule for the aforementioned service for a term of one (1) year so long as this Agreement has not been terminated:
  - a. AMB shall be paid a fee of **five percent (5%)** of all payments collected.
  - b. Payments to AMB shall be based upon revenues received in the preceding month. AMB will provide a monthly billing to THE VILLAGE OF HOFFMAN ESTATES calculating amounts owed to AMB based upon the above stated formula.
  - c. Failure to pay AMB within 15 days of the monthly bill may constitute immediate termination of the contract and possible legal action at the cost of THE VILLAGE OF HOFFMAN ESTATES.
12. If THE VILLAGE OF HOFFMAN ESTATES determines it is in their best interest to use a collection agency, THE VILLAGE OF HOFFMAN ESTATES will deal directly with the collection agency regarding their fees.
13. It is expressly understood and agreed that AMB is an independent contractor who shall at all times maintain insurance in force as herein provided and AMB shall in all events defend and save and hold harmless THE VILLAGE OF HOFFMAN ESTATES from any and all liabilities, obligations, debts, charges, or judgments arising from claims, injuries or debts, charges, or judgments arising from injuries or property damage claims attributable to the activities of AMB while engaged in the performance of its duties under this Agreement.

14. This agreement shall be effective on the date hereof and shall remain in full force and effect for a term of one (1) year. Thereafter, this Agreement shall be automatically extended for successive one (1) year periods unless terminated as hereinafter set forth. All terms and provisions of this Agreement shall continue in full force and effect unless otherwise modified. Either party may terminate this agreement at any time by giving the other party ninety (90) days written notice. Notwithstanding the aforementioned, this agreement shall be subject to immediate termination by THE VILLAGE OF HOFFMAN ESTATES if AMB fails to maintain insurance as in part 15.
15. AMB will maintain a one million dollar (\$1,000,000.00) professional liability and general liability of at least one million dollars (\$1,000,000.00), and workers compensation in an amount, which meets or exceeds the requirements of the State of Illinois.
16. If this contract is terminated prior to the (1) year agreement THE VILLAGE OF HOFFMAN ESTATES allows AMB to continue collections efforts for a period of 6 months following the contract termination, unless other arrangements have been agreed to by both parties in writing. THE VILLAGE OF HOFFMAN ESTATES understands that they will be responsible to pay AMB their commission on their collections during this time period in accordance with section 11(c).

Proper notice may be given by certified or registered mail to:

Patrick J. Mannix  
Chief Executive Officer  
Andres Medical Billing, Ltd.  
3343 N. Ridge Avenue  
Arlington Heights, IL 60004

OR TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At termination of the Agreement it is the responsibility of AMB to return to THE VILLAGE OF HOFFMAN ESTATES any and all records and documents submitted to AMB, except as required by Federal Law.



IN WITNESS WHEREOF, the Responsible Party of THE VILLAGE OF HOFFMAN  
ESTATES and the Chief Executive Officer of AMB have executed this agreement.

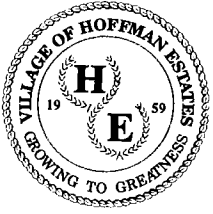
**THE VILLAGE OF HOFFMAN ESTATES    ANDRES MEDICAL BILLING, LTD.**

BY: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_



# HOFFMAN ESTATES

GROWING TO GREATNESS

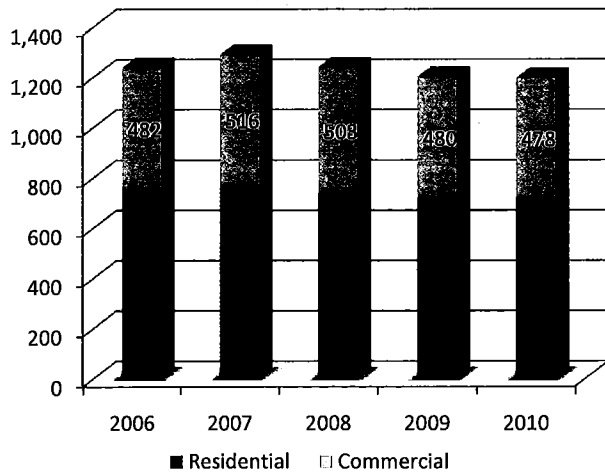
October 25, 2010

## DEPARTMENT OF FINANCE MONTHLY REPORT SEPTEMBER 2010

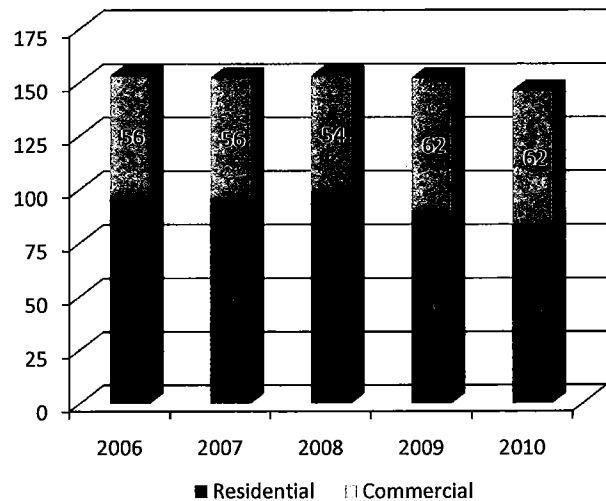
### Water Billing

A total of 14,566 residential water bills were mailed on October 1st for August's water consumption. Average consumption was 5,767 gallons, resulting in an average residential water bill of \$35.54. Total consumption for all customers was 146 million gallons, with 84 million gallons attributable to residential consumption. When compared to the October 2009 billing, residential consumption decreased by 3.9%

**Total Water Consumption  
Year-To-Date Comparison  
As of August 31**



**Total Water Consumption  
Month of August**



1900 Hassell Road  
Hoffman Estates, Illinois 60169  
[www.hoffmanestates.org](http://www.hoffmanestates.org)

Phone: 847-882-9100  
Fax: 847-843-4822

William D. McLeod  
MAYOR

Raymond M. Kincaid  
TRUSTEE

Gary J. Pilafas  
TRUSTEE

Karen V. Mills  
TRUSTEE

Jacquelyn Green  
TRUSTEE

Bev Romanoff  
VILLAGE CLERK

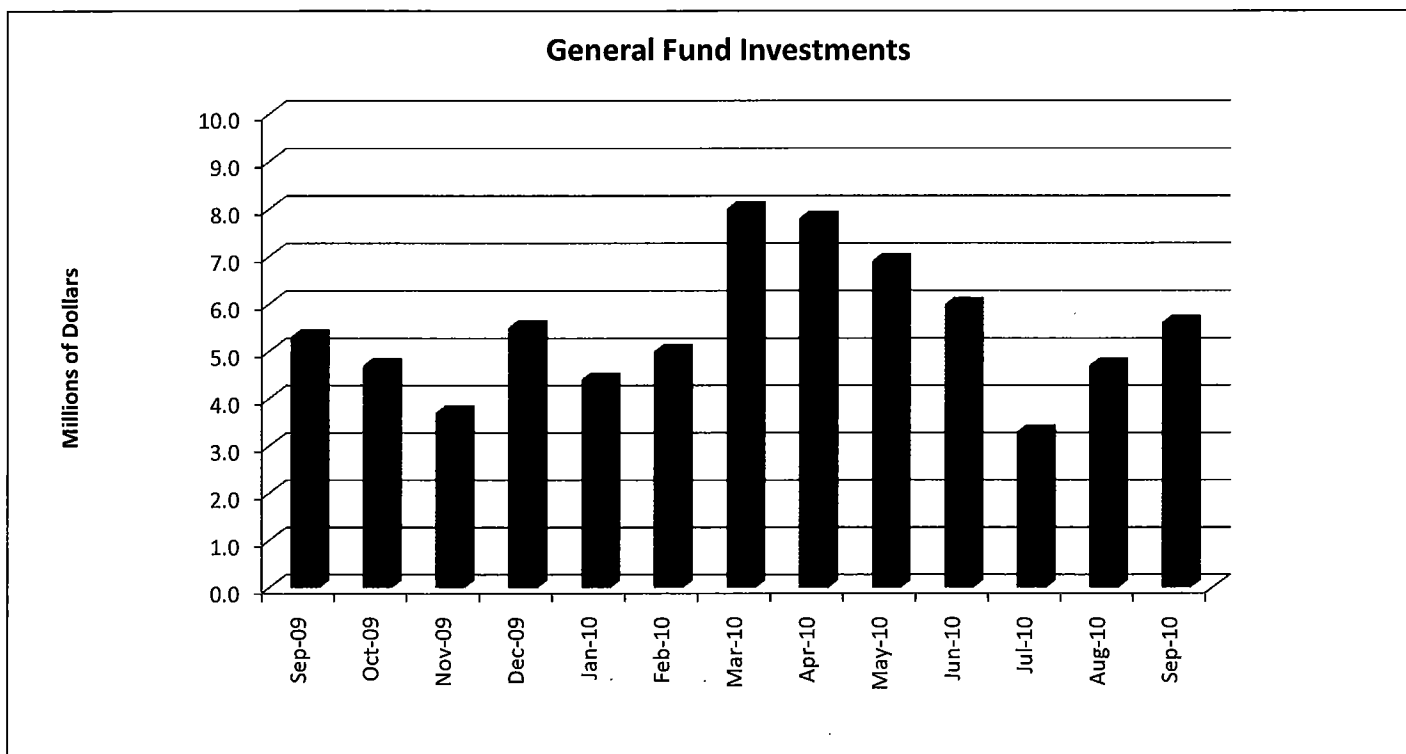
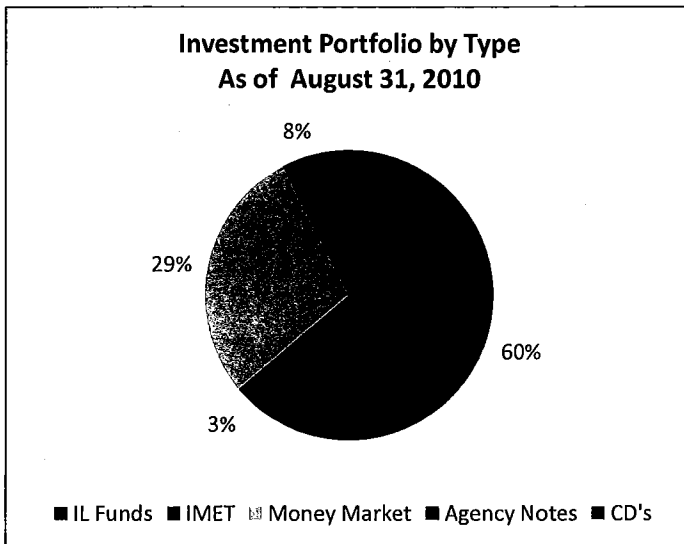
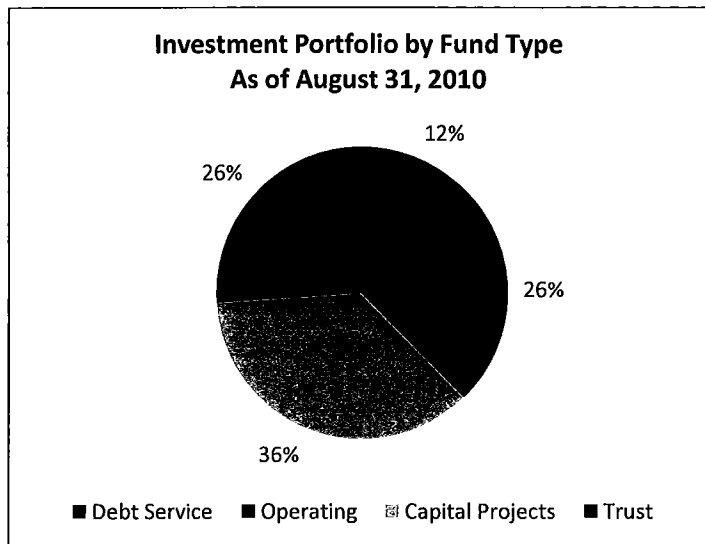
Cary J. Collins  
TRUSTEE

Anna Newell  
TRUSTEE

James H. Norris  
VILLAGE MANAGER

## Investments - Village

As of September 30, 2010, the Village's investment portfolio totaled \$49.8 million. Of this amount, \$13.0 million pertained to the various operating funds. As can be seen in the following graphs, the remaining \$36.8 million is related to debt service, capital projects and trust funds.



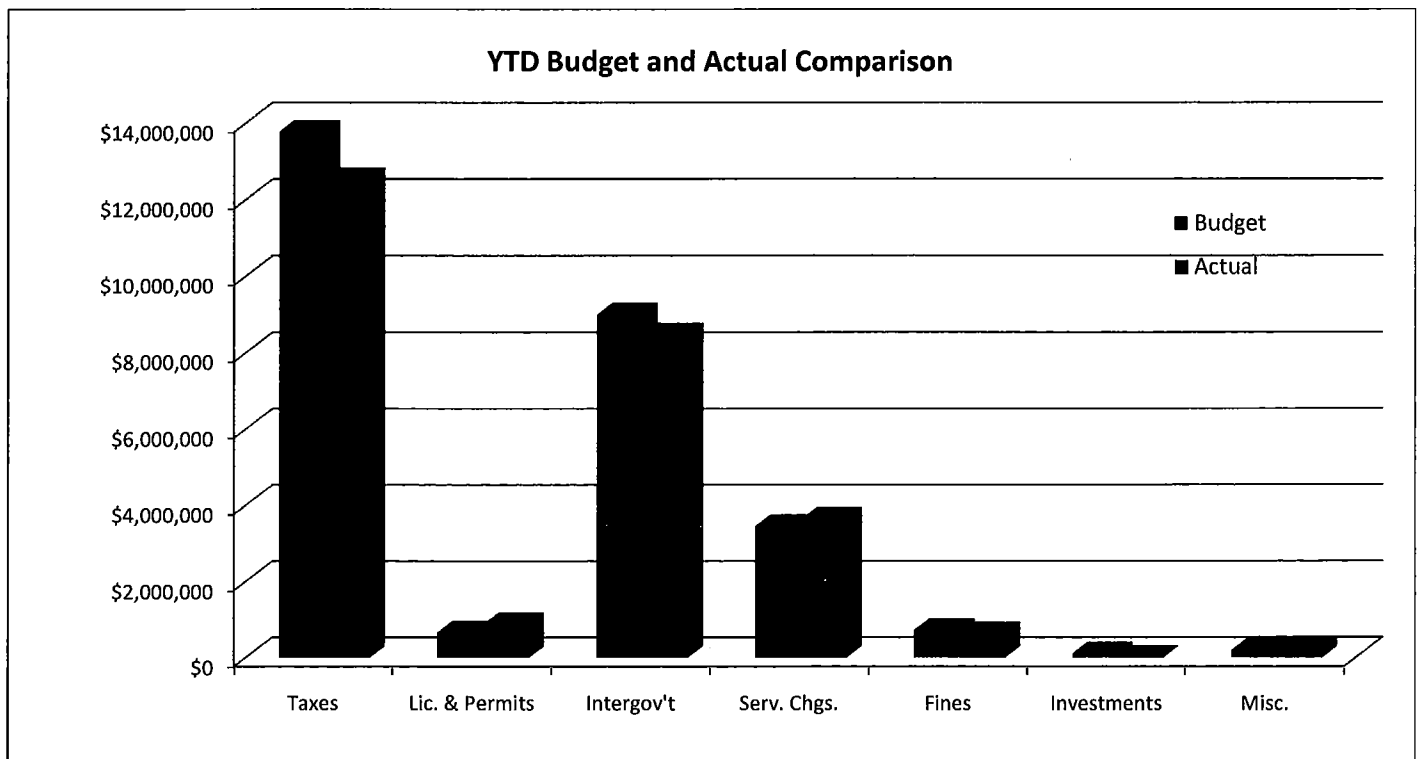
## Operating Funds

### General Fund

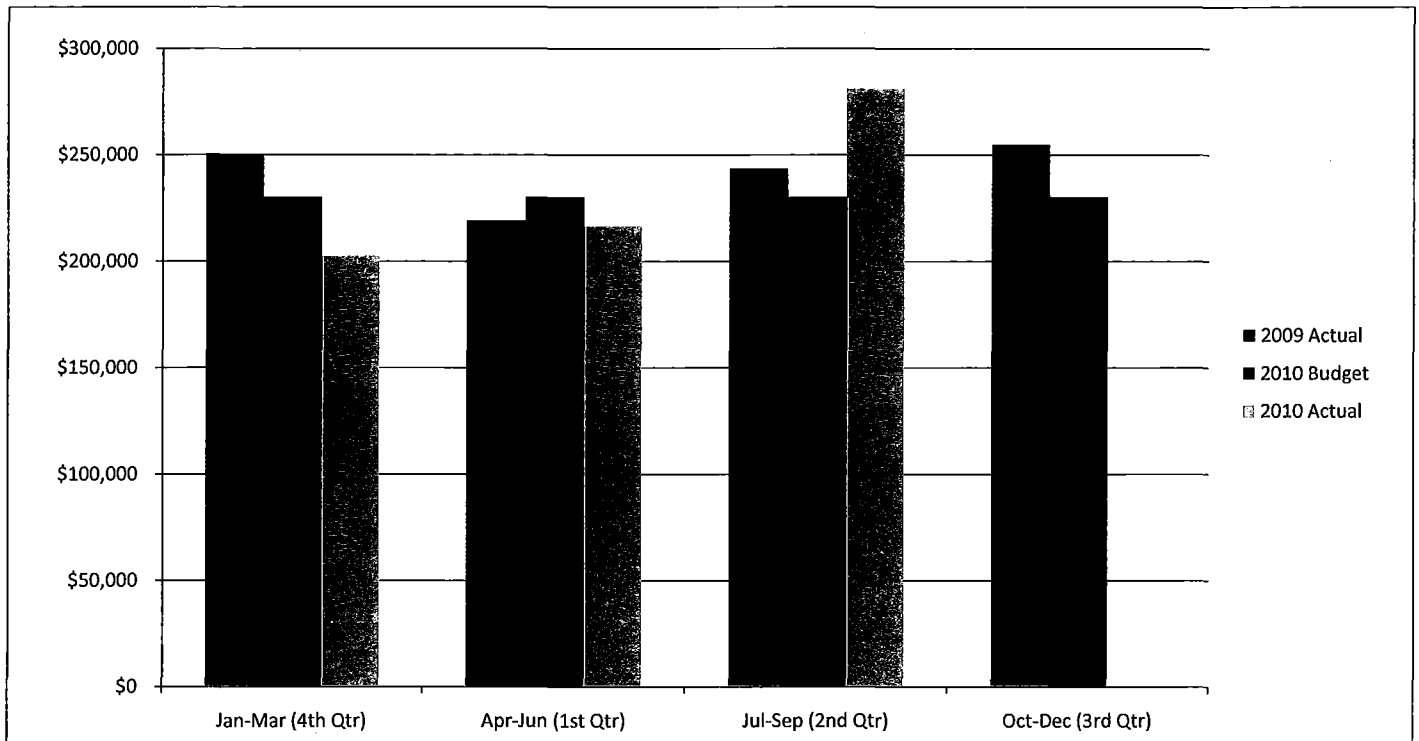
For the month of September, General Fund revenues totaled \$2,603,666 and expenditures totaled \$3,303,166 resulting in a deficit of \$699,500.

**Revenues:** September year-to-date figures are detailed in the table below.

REVENUES	YEAR-TO-DATE	YEAR-TO-DATE	VARIANCE
	BUDGET	ACTUAL	
Taxes	\$ 13,772,599	\$ 12,546,832	-8.9%
Licenses & Permits	667,125	876,448	31.4%
Intergovernmental	8,998,215	8,475,687	-5.8%
Charges for Services	3,457,275	3,636,746	5.2%
Fines & Forfeits	725,250	637,669	-12.1%
Investments	112,500	8,511	-92.4%
Miscellaneous	193,350	256,212	32.5%
TOTAL	\$ 27,926,314	\$ 26,438,104	-5.3%



## Hotel Tax



**Quarter Received  
(Liability Period)**

Jan-Mar (4th Qtr)  
Apr-Jun (1st Qtr)  
Jul-Sep (2nd Qtr)  
Oct-Dec (3rd Qtr)

**2009 Actual**

\$ 250,316  
219,246  
243,425  
254,768

**2010 Budget**

\$ 230,000  
230,000  
230,000  
230,000

**2010 Actual**

\$ 202,619  
216,529  
281,063

**Cumulative  
Variance  
2010 Actual  
vs. Budget**

\$ (27,381)  
(40,852)  
10,210

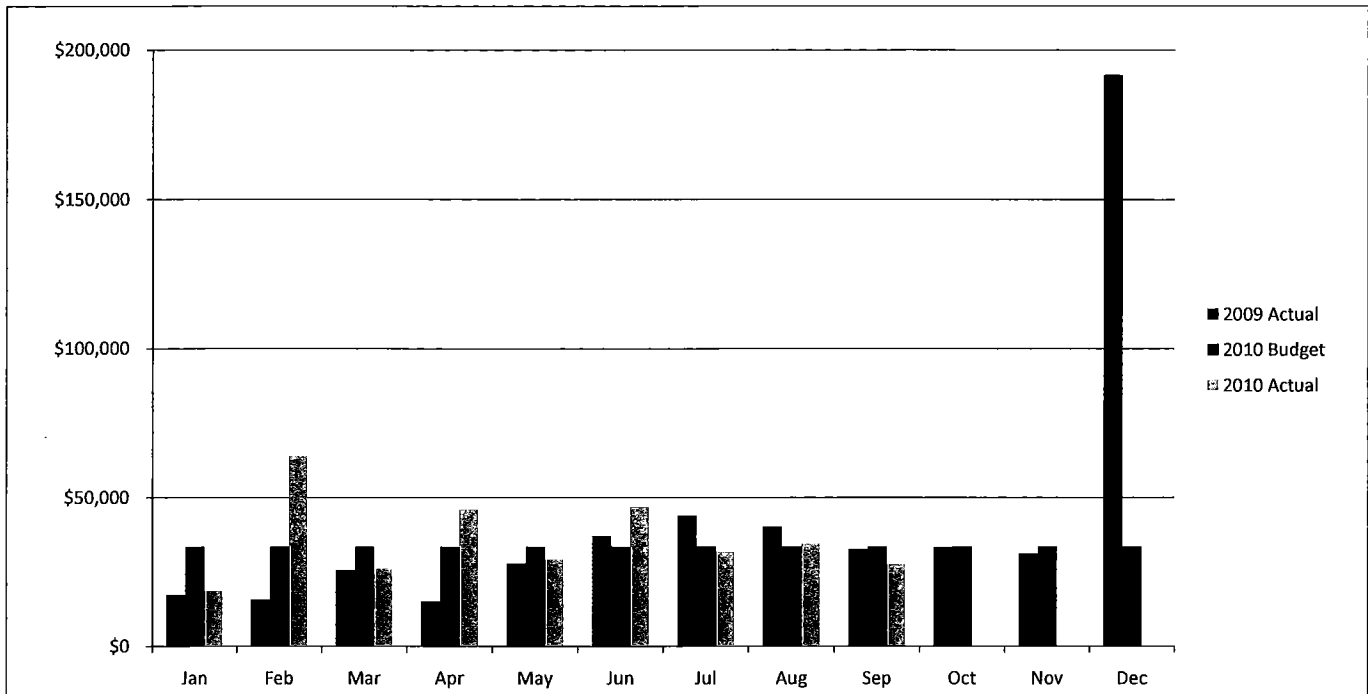
YTD Totals

\$ 967,756

\$ 920,000

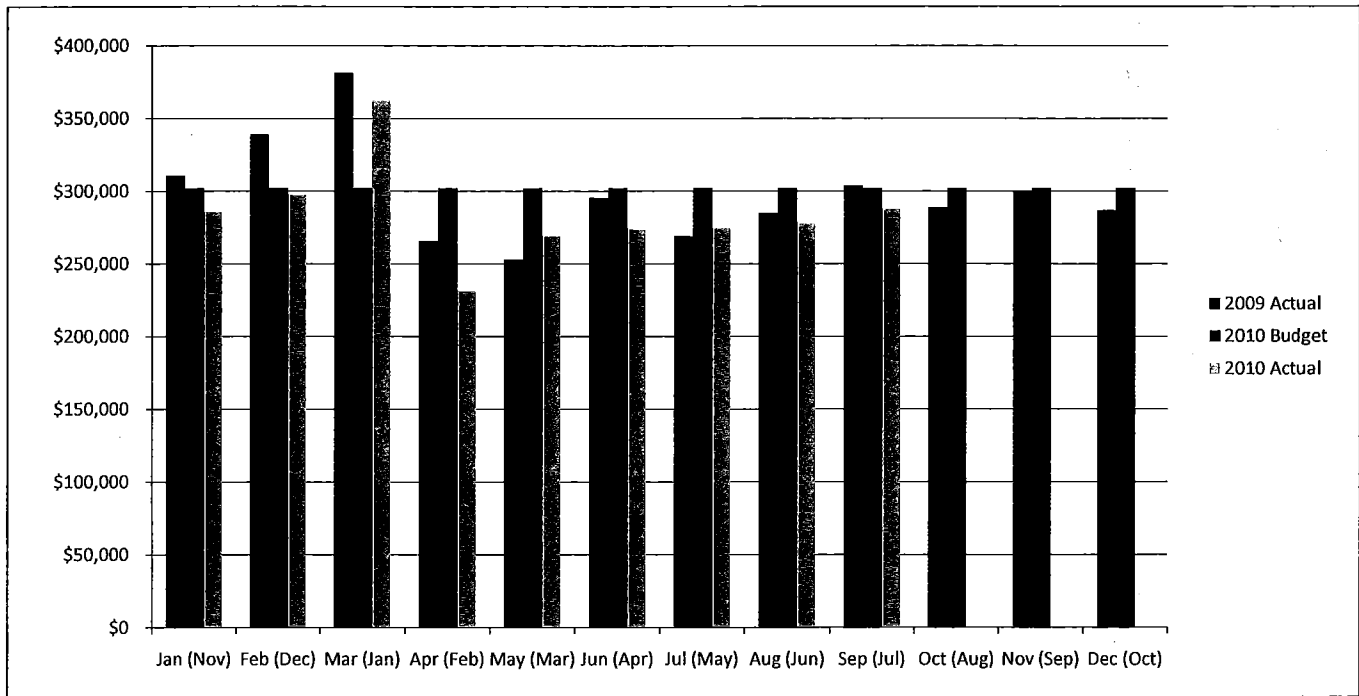
\$ 700,210

## Real Estate Transfer Tax



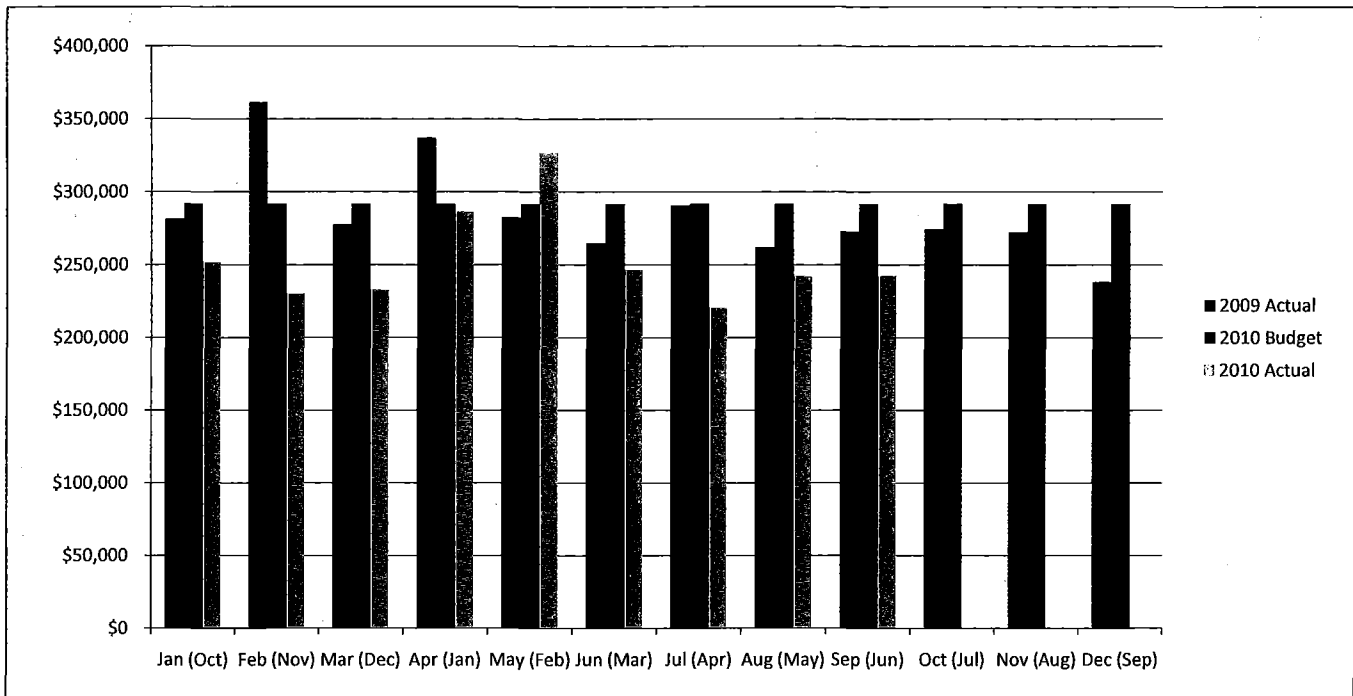
<u>Month Received</u>	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Actual</u>	<u>Cumulative Variance 2010 Actual vs. Budget</u>
Jan	\$ 17,250	\$ 33,333	\$ 18,784	\$ (14,549)
Feb	15,766	33,333	63,825	15,943
Mar	25,647	33,333	26,289	8,899
Apr	15,085	33,333	45,896	21,462
May	27,905	33,333	29,151	17,280
Jun	36,979	33,333	46,786	30,733
Jul	43,775	33,333	31,687	29,087
Aug	40,158	33,333	34,315	30,069
Sep	32,537	33,333	27,417	24,153
Oct	33,129	33,333		
Nov	31,104	33,333		
Dec	191,657	33,337		
<b>YTD Totals</b>	<b>\$ 510,990</b>	<b>\$ 400,000</b>	<b>\$ 324,150</b>	

## Home Rule Sales Tax



<u>Month Received (Liability Period)</u>	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Actual</u>	<u>Cumulative Variance 2010 Actual vs. Budget</u>
Jan (Nov)	\$ 310,368	\$ 301,667	\$ 285,698	\$ (15,969)
Feb (Dec)	338,610	301,667	297,208	(20,428)
Mar (Jan)	381,069	301,667	361,813	39,718
Apr (Feb)	265,394	301,667	231,066	(30,883)
May (Mar)	252,890	301,667	268,550	(64,000)
Jun (Apr)	295,060	301,667	273,585	(92,081)
Jul (May)	268,645	301,667	274,366	(119,382)
Aug (Jun)	284,606	301,667	277,551	(143,498)
Sep (Jul)	303,447	301,667	287,434	(157,731)
Oct (Aug)	288,485	301,667		
Nov (Sep)	299,549	301,667		
Dec (Oct)	286,566	301,663		
<b>YTD Totals</b>	<b>\$ 3,574,688</b>	<b>\$ 3,620,000</b>	<b>\$ 2,557,272</b>	

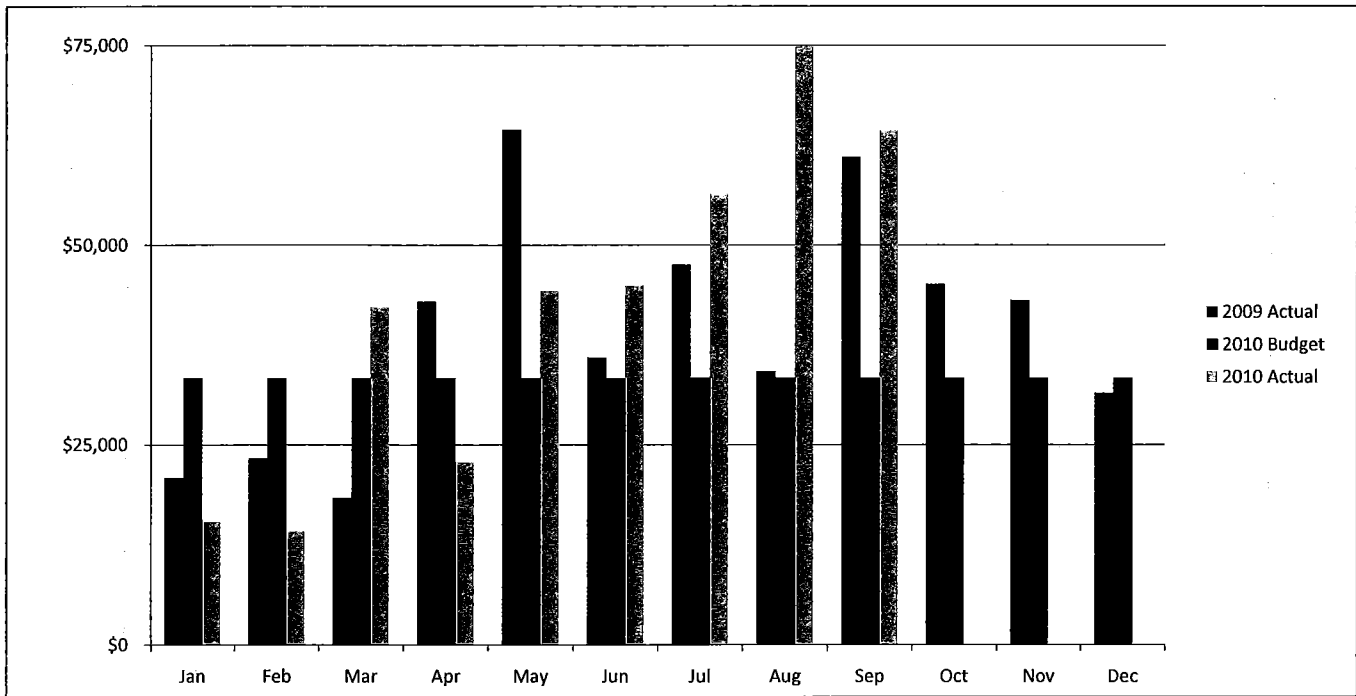
## Telecommunications Tax



<u>Month Received (Liability Period)</u>	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Actual</u>	<u>Cumulative Variance 2010 Actual vs. Budget</u>
Jan (Oct)	\$ 281,491	\$ 291,667	\$ 251,911	\$ (39,756)
Feb (Nov)	361,585	291,667	230,336	(101,087)
Mar (Dec)	277,719	291,667	233,040	(159,714)
Apr (Jan)	337,456	291,667	286,682	(164,699)
May (Feb)	282,440	291,667	327,075	(129,291)
Jun (Mar)	265,132	291,667	246,691	(174,267)
Jul (Apr)	290,862	291,667	220,581	(245,353)
Aug (May)	262,020	291,667	242,165	(294,855)
Sep (Jun)	273,140	291,667	242,650	(343,872)
Oct (Jul)	274,693	291,667		
Nov (Aug)	272,651	291,667		
Dec (Sep)	238,219	291,663		
<b>YTD Totals</b>	<b>\$ 3,417,407</b>	<b>\$ 3,500,000</b>	<b>\$ 2,281,131</b>	

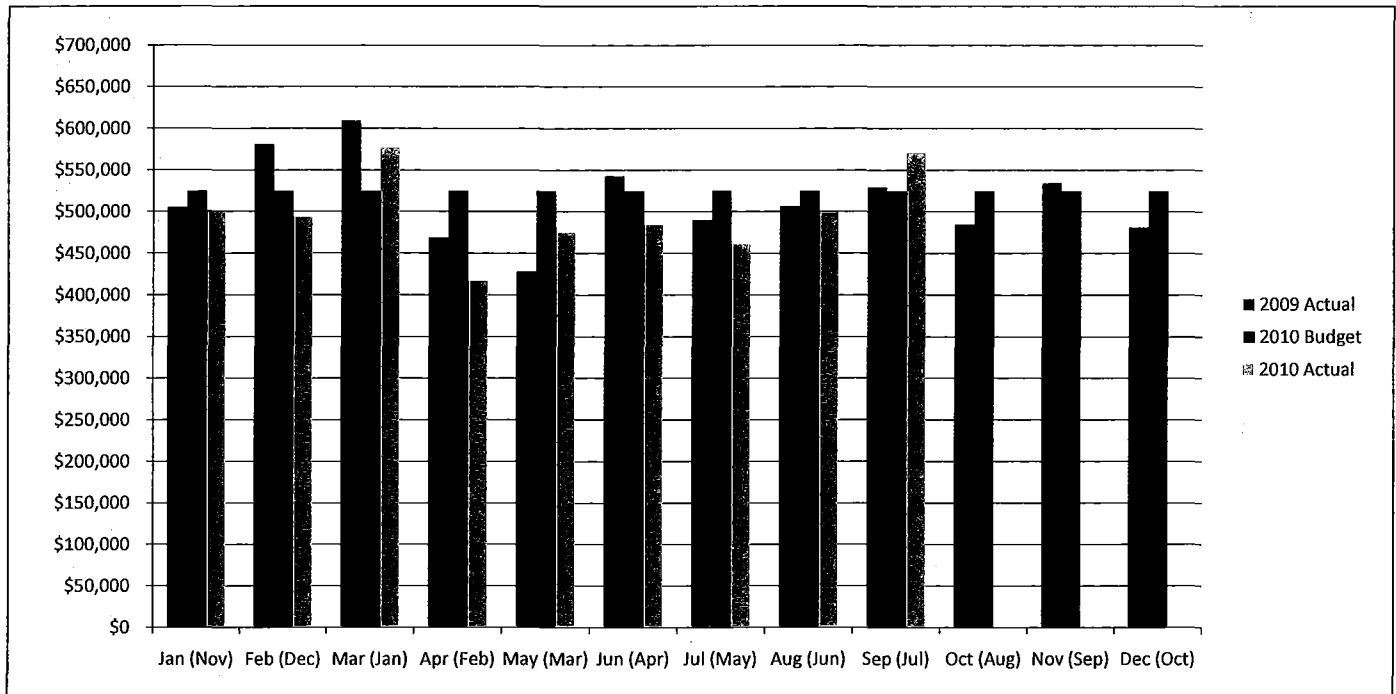


## Building Permits



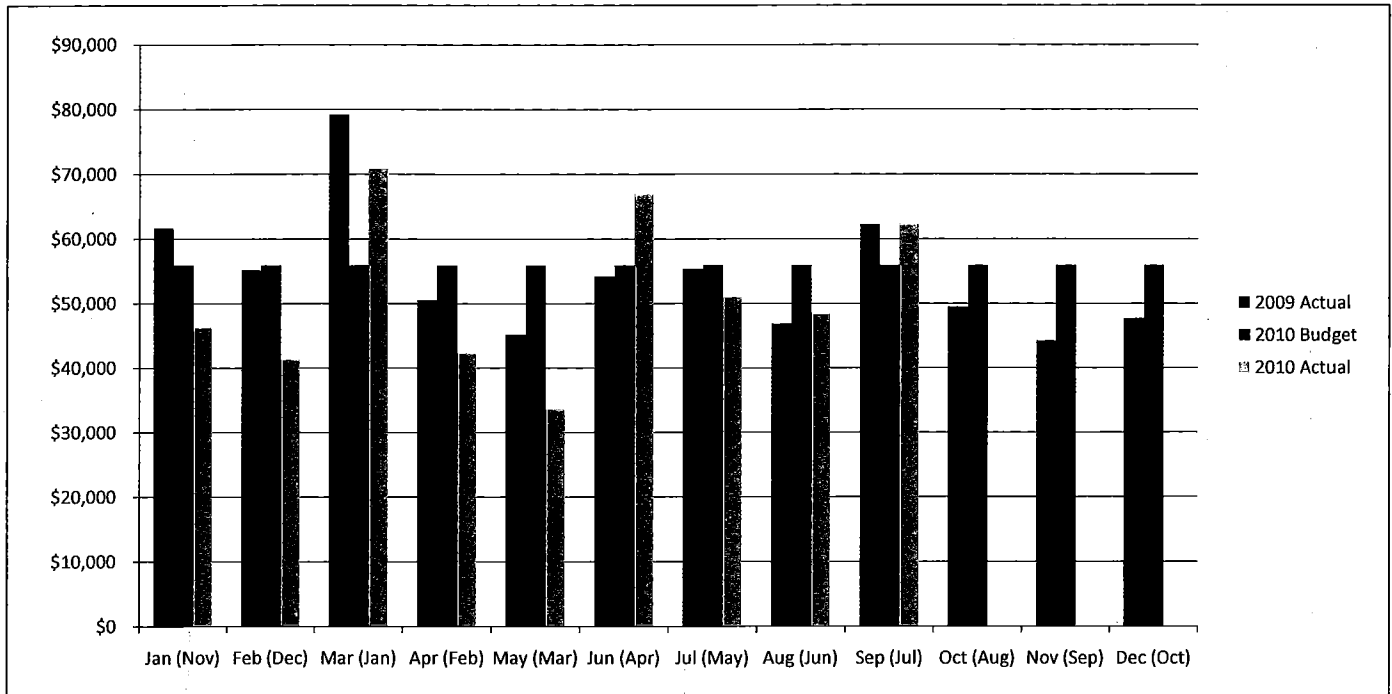
<u>Month Received</u>	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Actual</u>	<u>Cumulative Variance 2010 Actual vs. Budget</u>
Jan	\$ 20,843	\$ 33,333	\$ 15,406	\$ (17,927)
Feb	23,319	33,333	14,188	(37,072)
Mar	18,356	33,333	42,179	(28,226)
Apr	42,857	33,333	22,809	(38,750)
May	64,371	33,333	44,223	(27,860)
Jun	35,898	33,333	44,927	(16,266)
Jul	47,460	33,333	56,305	6,706
Aug	34,165	33,333	92,601	65,974
Sep	60,910	33,333	64,232	96,873
Oct	45,034	33,333		
Nov	43,009	33,333		
Dec	31,424	33,337		
<b>YTD Totals</b>	<b>\$ 467,647</b>	<b>\$ 400,000</b>	<b>\$ 396,869</b>	

## State Sales Tax



<u>Month Received (Liability Period)</u>	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Actual</u>	<u>Cumulative Variance 2010 Actual vs. Budget</u>
Jan (Nov)	\$ 505,056	\$ 525,000	\$ 499,781	\$ (25,219)
Feb (Dec)	581,207	525,000	493,847	(56,372)
Mar (Jan)	609,438	525,000	576,980	(4,392)
Apr (Feb)	468,904	525,000	417,113	(112,279)
May (Mar)	428,140	525,000	475,153	(162,126)
Jun (Apr)	542,983	525,000	484,646	(202,480)
Jul (May)	490,141	525,000	460,765	(266,716)
Aug (Jun)	506,613	525,000	498,893	(292,822)
Sep (Jul)	529,597	525,000	570,797	(247,025)
Oct (Aug)	484,807	525,000		
Nov (Sep)	534,471	525,000		
Dec (Oct)	481,247	525,000		
<b>YTD Totals</b>	<b>\$ 6,162,601</b>	<b>\$ 6,300,000</b>	<b>\$ 4,477,975</b>	

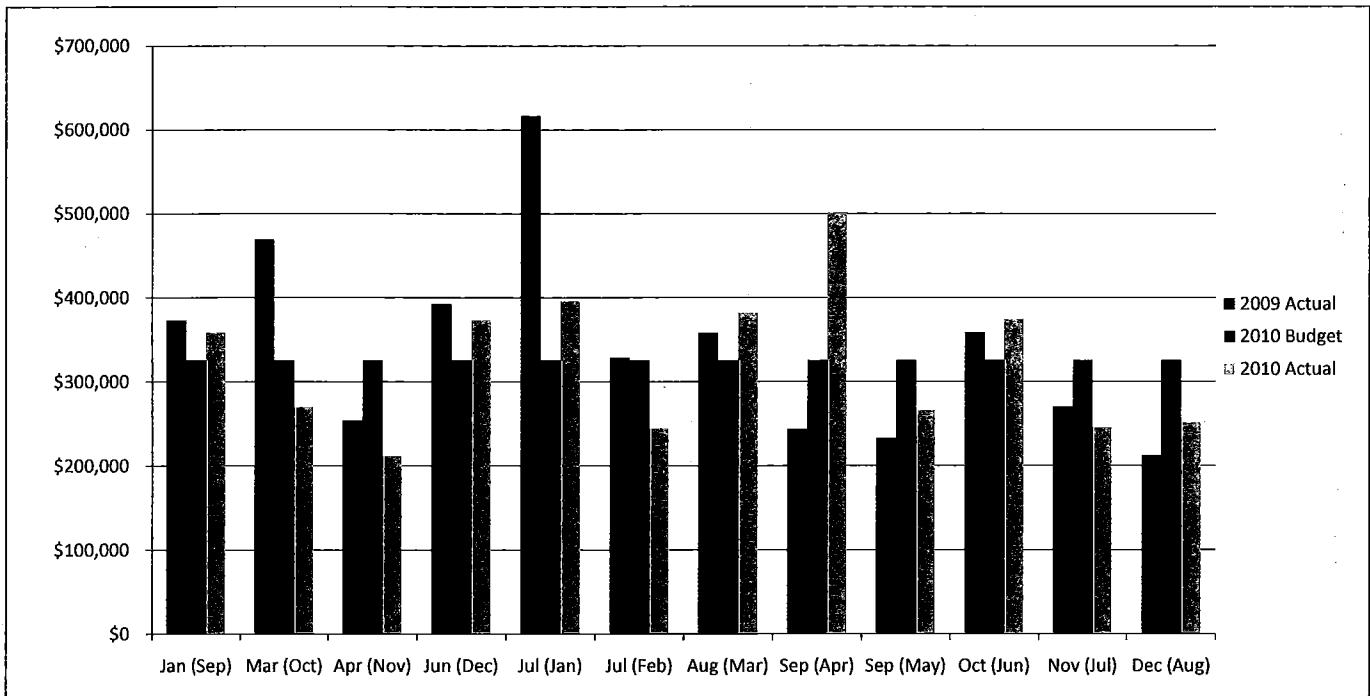
## Local Use Tax



**Month Received  
(Liability Period)**

	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Actual</u>	<u>Cumulative Variance 2010 Actual vs. Budget</u>
Jan (Nov)	\$ 61,533	\$ 55,833	\$ 46,116	\$ (9,717)
Feb (Dec)	55,056	55,833	41,192	(24,359)
Mar (Jan)	79,199	55,833	70,808	(9,385)
Apr (Feb)	50,414	55,833	42,136	(23,083)
May (Mar)	45,077	55,833	33,512	(45,405)
Jun (Apr)	54,085	55,833	66,878	(34,361)
Jul (May)	55,222	55,833	50,896	(39,299)
Aug (Jun)	46,708	55,833	48,246	(46,888)
Sep (Jul)	62,105	55,833	62,248	(40,474)
Oct (Aug)	49,345	55,833		
Nov (Sep)	44,079	55,833		
Dec (Oct)	47,577	55,833		
<b>YTD Totals</b>	<u>\$ 650,397</u>	<u>\$ 670,000</u>	<u>\$ 462,031</u>	

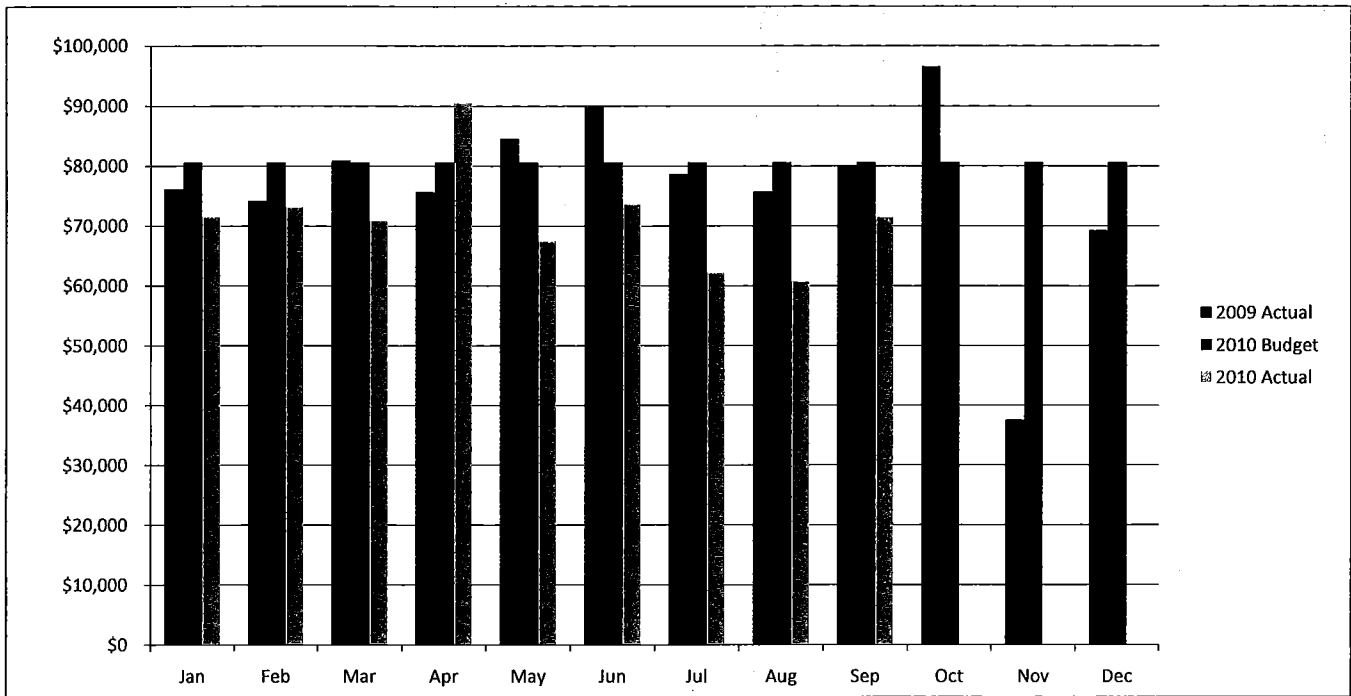
## Income Tax



<u>Month Received (Liability Period)</u>	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Actual</u>	<u>Cumulative Variance 2010 Actual vs. Budget</u>
Jan (Sep)	\$ 373,258	\$ 325,000	\$ 358,614	\$ 33,614
Mar (Oct)	469,315	325,000	270,194	(21,192)
Apr (Nov)	254,353	325,000	212,389	(133,803)
Jun (Dec)	392,675	325,000	373,335	(85,468)
Jul (Jan)	615,889	325,000	395,672	(14,796)
Jul (Feb)	328,852	325,000	244,829	(94,967)
Aug (Mar)	358,048	325,000	381,955	(38,012)
Sep (Apr)	243,728	325,000	499,739	136,726
Sep (May)	232,720	325,000	266,468	78,194
Oct (Jun)	358,614	325,000	374,493 *	127,687
Nov (Jul)	270,194	325,000	245,519 *	48,207
Dec (Aug)	212,389	325,000	251,788 *	(25,006)
<b>YTD Totals</b>	<b>\$ 4,110,034</b>	<b>\$ 3,900,000</b>	<b>\$ 3,874,994</b>	

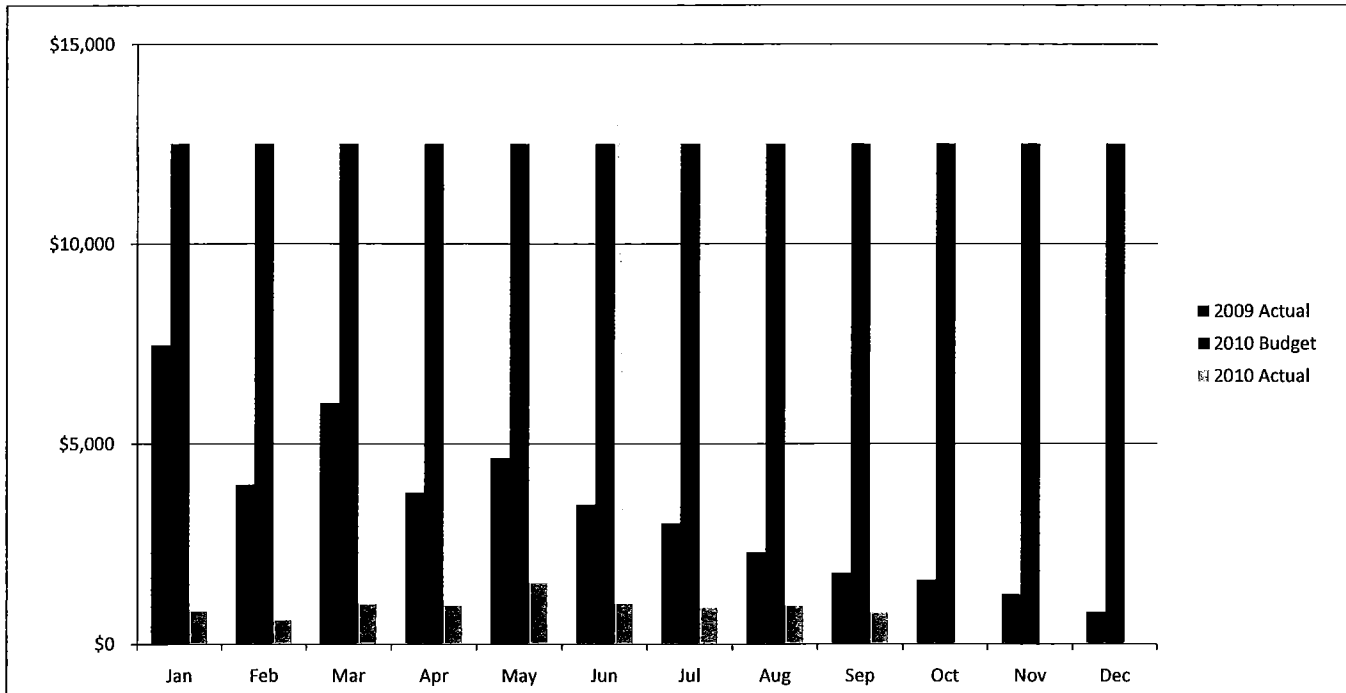
\* Amounts have been reported from the State, but not yet received.

## Fines



<u>Month Received</u>	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Actual</u>	<u>Cumulative Variance 2010 Actual vs. Budget</u>
Jan	\$ 76,095	\$ 80,583	\$ 71,434	\$ (9,149)
Feb	74,078	80,583	73,024	(16,708)
Mar	80,869	80,583	70,786	(26,505)
Apr	75,607	80,583	90,496	(16,592)
May	84,510	80,583	67,387	(29,788)
Jun	89,792	80,583	73,521	(36,850)
Jul	78,656	80,583	62,100	(55,333)
Aug	75,635	80,583	60,563	(75,353)
Sep	80,003	80,583	71,454	(84,482)
Oct	96,528	80,583		
Nov	37,423	80,583		
Dec	69,173	80,587		
<b>YTD Totals</b>	<b>\$ 918,369</b>	<b>\$ 967,000</b>	<b>\$ 640,765</b>	

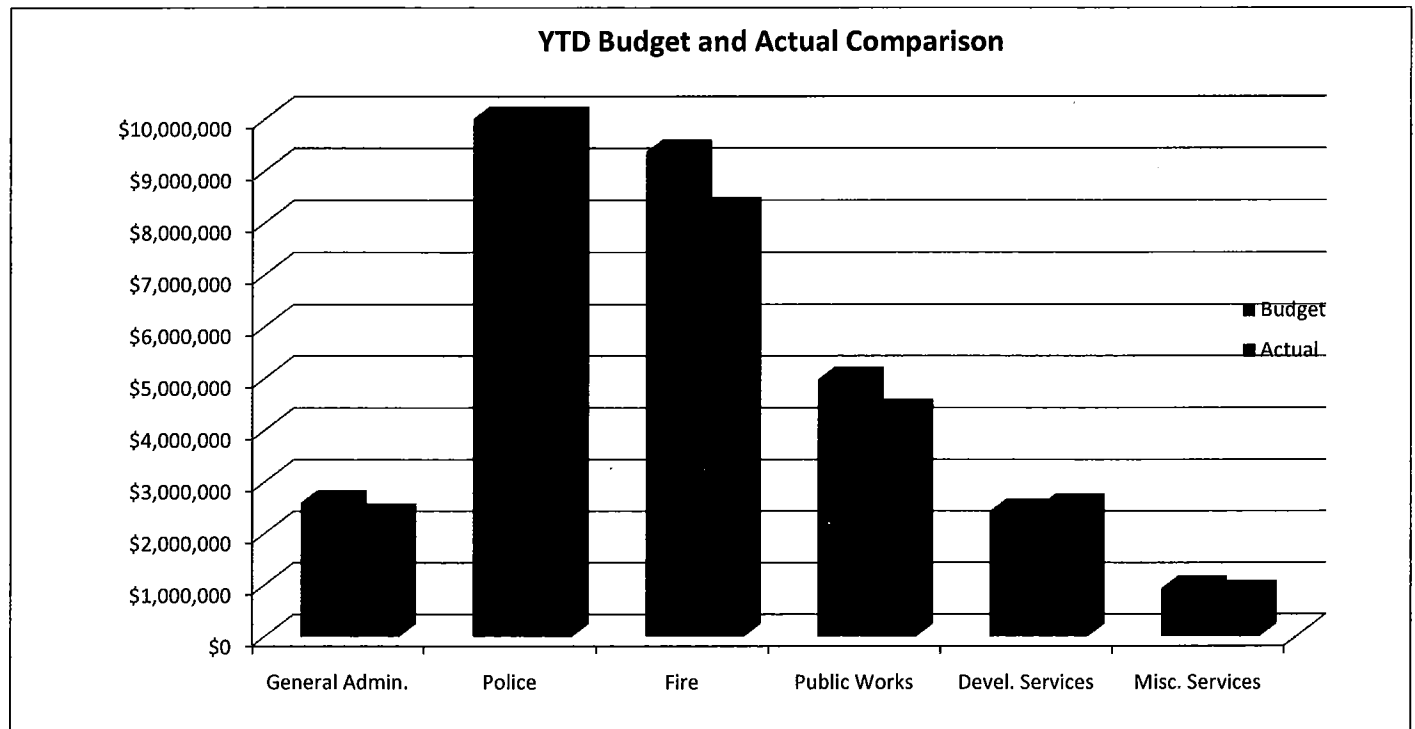
## Interest Income



<u>Month Received</u>	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Actual</u>	<u>Cumulative Variance 2010 Actual vs. Budget</u>
Jan	\$ 7,473	\$ 12,500	\$ 812	\$ (11,688)
Feb	3,981	12,500	594	(23,594)
Mar	6,015	12,500	987	(35,107)
Apr	3,788	12,500	956	(46,651)
May	4,651	12,500	1,524	(57,627)
Jun	3,473	12,500	1,016	(69,112)
Jul	3,011	12,500	895	(80,717)
Aug	2,278	12,500	954	(92,263)
Sep	1,762	12,500	772	(103,991)
Oct	1,589	12,500		
Nov	1,230	12,500		
Dec	793	12,500		
<b>YTD Totals</b>	<b>\$ 40,043</b>	<b>\$ 150,000</b>	<b>\$ 8,510</b>	

**Expenditures:** General Fund expenditures in September were \$313,921 below the budgeted figure of \$3,619,087. The summary of year-to-date actuals versus budgeted expenditures shown below reflect mostly positive variances for the Village departments for the year.

EXPENDITURES	YEAR-TO-DATE		VARIANCE
	BUDGET	ACTUAL	
Legislative	\$ 261,075	\$ 234,691	10.1%
Administration	452,805	444,272	1.9%
Legal	435,803	286,336	34.3%
Finance	614,505	598,722	2.6%
Village Clerk	135,038	131,101	2.9%
HRM	340,230	310,839	8.6%
Communications	143,933	145,948	-1.4%
Cable TV	100,013	92,332	7.7%
Emergency Operations	110,753	97,042	12.4%
Police	11,890,583	10,654,055	10.4%
Fire	9,355,509	8,251,652	11.8%
Public Works	4,972,230	4,352,260	12.5%
Development Services	2,425,525	2,520,901	-3.9%
H&HS	469,508	433,399	7.7%
Miscellaneous	460,867	403,209	12.5%
<b>TOTAL</b>	<b>\$ 32,168,375</b>	<b>\$ 28,956,759</b>	<b>10.0%</b>



## **DEPARTMENT NEWS**

The Assistant Finance Director and Accountant I attended the IGFOA Annual Conference in Champaign, IL from September 12-14, 2010. Sessions offered during this year's conference focused on municipal revenues, changes in accounting rules and other hot topics that are currently affecting municipalities.

Also during the month of September, the Assistant Finance Director attended a seminar offered by IPELRA on conducting effective performance evaluations. Several staff members from the Village were given the opportunity to attend this excellent and extremely informative session.

Finally, Finance Department staff were busy throughout the month with the implementation of the Village's new water billing company, Creekside Printing. At this point, implementation is going well and we are on track for the first mailing with Creekside to occur on November 1.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Michael DuCharme". The signature is stylized with a large initial "M" and a long horizontal stroke.

Michael DuCharme  
Director of Finance



**MONTHLY REPORT STATISTICS**

**SEPTEMBER 2010**

	<u>Sep-10</u>	<u>YTD Sep-10</u>	<u>Sep-09</u>	<u>YTD Sep-09</u>	<u>% Inc / Dec</u>	
					<u>Month</u>	<u>Year</u>
<b>Credit Card Transactions</b>						
Finance and Code Front Counter						
Number	340	3,017	283	2,355	20.1%	28.1%
Amount	\$ 34,650	305,059	\$ 28,415	234,498	21.9%	30.1%
Internet Sales						
Number	1,259	11,219	1,209	10,658	4.1%	5.3%
Amount	\$ 57,708	530,967	\$ 56,630	502,601	1.9%	5.6%
Total						
Number	1,599	14,236	1,492	13,013	7.2%	9.4%
Amount	\$ 92,358	836,026	\$ 85,046	737,099	8.6%	13.4%
Credit Card Company Fees						
General Fund	\$ 995.60	7,231	\$ 699.38	5,672	42.4%	27.5%
Municipal Waste Fund	\$ 0.45	30	\$ 0.89	24	N/A	N/A
Water Fund	\$ 1,205.86	10,412	\$ 1,083.09	8,329	11.3%	25.0%
Total Fees	\$ 2,201.91	17,673	\$ 1,783.36	14,026	23.5%	26.0%
<b>Passport Applications</b>						
Number	19	434	28	366	-32.1%	18.6%
Revenue	\$ 530	11,080	\$ 675	9,150	-21.5%	21.1%
<b>Accounts Receivable</b>						
Invoices Mailed						
Number	66	511	63	537	4.8%	-4.8%
Amount	\$ 64,718	782,756	\$ 74,040	656,718	-12.6%	19.2%
Invoices Paid						
Number	91	720	44	687	106.8%	4.8%
Amount	\$ 65,367	886,509	\$ 107,165	688,192	-39.0%	28.8%
Reminders Sent						
Number	39	145	24	259	62.5%	-44.0%
Amount	\$ 16,487	182,449	\$ 18,641	271,492	-11.6%	-32.8%
<b>Accounts Payable</b>						
Checks Issued						
Number	286	3,308	595	4,464	-51.9%	-25.9%
Amount	\$ 1,358,424	27,287,653	\$ 4,463,823	35,206,699	-69.6%	-22.5%
Manual Checks Issued						
Number	27	318	112	540	-75.9%	-41.1%
As % of Total Checks	9.44%	9.44%	18.82%	12.10%	-49.8%	-22.0%
Amount	\$ 22,442	871,889	\$ 413,426	5,762,324	-94.6%	-84.9%
As % of Total Checks	1.65%	3.20%	9.26%	16.37%	-82.2%	-80.5%
<b>Utility Billing</b>						
New Utility Accounts	106	864	120	951	-11.7%	-9.1%
Bills Mailed / Active Accounts	15,459	123,646	15,449	138,996	0.1%	-11.0%
Final Bills Mailed	106	855	118	937	-10.2%	-8.8%
Shut-Off Notices	1,128	9,955	1,685	12,529	-33.1%	-20.5%
Actual Shut-Offs	106	1,021	113	907	N/A	12.6%
Total Billings	\$ 969,752	6,887,775	\$ 941,020	7,617,700	3.1%	-9.6%
Direct Debit (ACH) Program						
New Accounts	14	174	17	131	-17.6%	32.8%
Closed Accounts	12	114	9	97	33.3%	17.5%
Total Accounts	2,059		1,978		4.1%	
As % of Active Accounts	13.32%		12.76%		4.4%	
Water Payments Received in Current Month						
Total Bills Mailed	15,459	123,646	15,449	138,996		
ACH Payments	2,059	16,278	1,970	17,529		
ACH Payments-% of Total Bills	13.32%	13.17%	12.76%	12.61%		
On-line Payments (Internet Sales)	1,259	8,583	903	8,112		
On-line Payments-% of Total Bills	8.14%	6.94%	5.85%	5.84%		
Mail-in Payments	12,070	97,120	12,197	108,949		
Mail-in Payments-% of Total Bills	78.08%	78.55%	78.95%	78.38%		

**WATER BILLING ANALYSIS**

September 30, 2010

**Residential Billings  
Average Monthly Consumption/Customer**

<u>Month Billed</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
April	4,779	4,764	4,623
May	5,279	5,057	4,955
June	5,635	5,271	5,348
July	5,773	5,498	5,271
August	6,430	6,797	5,846
September	6,816	6,170	5,767
Six Month Average -	5,785	5,593	5,302
% Change -	-0.5%	-3.3%	-5.2%

**Total Water Customers**

**Average Bill**

<u>Customer Type</u>	<u>Total Water Customers</u>			<u>Customer Type</u>	<u>Average Bill</u>		
	<u>Sep-09</u>	<u>Sep-10</u>	<u>% Change</u>		<u>Sep-09</u>	<u>Sep-10</u>	<u>% Change</u>
Residential	14,555	14,566	0.1%	Residential	\$ 35.77	\$ 35.54	-0.6%
Commercial	894	893	-0.1%				
<b>Total</b>	<b>15,449</b>	<b>15,459</b>	<b>0.1%</b>				

**Total Consumption - All Customers (000,000's)**

	<u>Month-To-Date</u>			<u>Year-To-Date</u>			
	<u>Sep-09</u>	<u>Sep-10</u>	<u>% Change</u>	<u>Sep-09</u>	<u>Sep-10</u>	<u>% Change</u>	
Residential	90	84	-6.7%	Residential	721	718	-0.4%
Commercial	62	62	0.0%	Commercial	480	478	-0.4%
	152	146	-3.9%		1,201	1,196	-0.4%

**STATEMENT OF INVESTMENTS-VILLAGE**  
**As of September 30th, 2010**

<b>Fund</b>	<b>Investment Date</b>	<b>Maturity Date</b>	<b>Book Value</b>	<b>Market Value</b>	<b>Maturity Value</b>	<b>Rate of Interest</b>
<b><u>General Fund</u></b>						
Illinois Funds - General	09/30/86		4,186,069.49			0.002
Illinois Funds - Veterans Memorial	05/01/92		293.77			0.002
IMET	05/12/97		500,000.00	1,327,930.92		
HE Community Bank-Municipal Now	07/13/04		156,483.49			0.236
Citibank Savings Deposit Account	11/07/08		752,333.06			0.250
			5,595,179.81			
*Interest-bearing Sweep account at Charter with ending balance of \$1,001,509.53 earned \$167.74 for September with an average daily interest rate of 0.125%.						
<b><u>Motor Fuel Tax</u></b>						
Illinois Funds	09/30/86		48,786.06			0.002
<b><u>EDA Administration</u></b>						
Illinois Funds	01/02/91		1,660,820.63			0.002
			1,660,820.63			
<b><u>E-911</u></b>						
Illinois Funds	07/01/00		194,669.44			0.002
Citibank Savings Deposit Account	01/07/09		302,053.98			0.250
			496,723.42			
<b><u>Asset Seizure - Federal</u></b>						
Illinois Funds	06/09/99		98,853.00			0.002
<b><u>Asset Seizure - State</u></b>						
Illinois Funds	11/30/98		87,013.45			0.002
<b><u>Asset Seizure - KCAT</u></b>						
Illinois Funds	07/10/08		61,255.57			0.002
<b><u>Municipal Waste System</u></b>						
Illinois Funds	08/31/98		8,105.74			0.002
			8,105.74			
<b><u>2001 G.O. Debt Serv.</u></b>						
Illinois Funds	07/31/01		412,516.09			0.002
<b><u>1997A&amp;B G.O. Debt Serv.</u></b>						
Illinois Funds	01/01/98		5,401.39			0.002
<b><u>2003 G.O. Debt Serv.</u></b>						
Illinois Funds	09/04/03		472,612.31			0.002
<b><u>2004 G.O. Debt Serv.</u></b>						
Illinois Funds	11/30/04		274,379.01			0.002
<b><u>2005A G.O. Debt Serv.</u></b>						
Wells Fargo	11/01/06		16.09			0
Illinois Funds	11/30/04		1,000,146.98			0.002
			1,000,163.07			

**STATEMENT OF INVESTMENTS-VILLAGE**  
**As of September 30th, 2010**

Fund	Investment Date	Maturity Date	Book Value	Market Value	Maturity Value	Rate of Interest
<b><u>2008 G.O. Debt Serv.</u></b>						
Citibank Savings Deposit Account	03/20/08		1,161.81			0.250
Keybank - C	03/26/08	11/30/10	367,925.02		388,694.87	3.118
			<u>369,086.83</u>			
<b><u>2009 G.O. Debt Serv.</u></b>						
Illinois Funds	04/01/09		504,568.60			0.002
Citibank Savings Deposit Account	04/01/09		2,337.12			0.250
Keybank - C	04/01/09	11/30/10	644,500.00		657,726.48	1.232
Enterprise Bank & Trust	04/01/09	11/30/10	97,000.00		99,181.31	1.350
Keybank - C	04/01/09	05/31/11	730,000.00		757,966.00	1.770
Keybank - C	04/01/09	11/30/11	719,000.00		757,007.70	1.983
Keybank - C	04/01/09	05/31/12	356,000.00		379,959.29	2.125
			<u>3,053,405.72</u>			
<b><u>Central Road Corridor Improv.</u></b>						
Illinois Funds	12/15/88		253,422.00			0.002
<b><u>Hoffman Blvd Bridge Maintenance</u></b>						
Illinois Funds	07/01/98		387,572.58			0.002
<b><u>Western Corridor</u></b>						
Illinois Funds	06/30/01		1,108.00			0.002
Citibank Savings Deposit Account	01/07/09		476,277.70			0.250
			<u>477,385.70</u>			
<b><u>Traffic Improvement</u></b>						
Illinois Funds	03/24/89		158,147.39			0.002
Citibank Savings Deposit Account	11/07/08		504,796.33			0.250
			<u>662,943.72</u>			
<b><u>EDA Series 1991 Project</u></b>						
Illinois Funds	08/22/91		2,443,206.70			0.002
Bank of New York Money Market	12/11/06		1,814,547.82			
			<u>4,257,754.52</u>			
<b><u>Central Area Road Improvement</u></b>						
Illinois Funds	03/29/91		494,252.71			0.002
<b><u>2008 Capital Project</u></b>						
Citibank Savings Deposit Account	03/20/08		37,014.00			0.250
<b><u>2009 Capital Project</u></b>						
Citibank Savings Deposit Account	04/01/09		3,510,784.94			0.250
Village Bank & Trust	04/14/10	06/30/11	248,300.00		249,931.20	0.543
Crystal Lake B&TC	04/14/10	06/30/11	248,300.00		249,931.20	0.543
Northbrook B&TC	04/14/10	06/30/11	248,300.00		249,931.20	0.543
			<u>4,255,684.94</u>			

**STATEMENT OF INVESTMENTS-VILLAGE**  
**As of September 30th, 2010**

Fund	Investment Date	Maturity Date	Book Value	Market Value	Maturity Value	Rate of Interest
<b><u>Western Area Traffic Improvement</u></b>						
Illinois Funds	11/01/92		29,514.88			0.002
Citibank Savings Deposit Account	01/07/09		302,053.98			0.250
			331,568.86			
<b><u>Western Area Rd Impr Impact Fees</u></b>						
Illinois Funds	08/01/98		695,559.69			0.002
Citibank Savings Deposit Account	01/07/09		1,512,507.11			0.250
			2,208,066.80			
<b><u>Capital Improvements</u></b>						
Illinois Funds	12/31/96		144,520.07			0.002
<b><u>Capital Vehicle &amp; Equipment</u></b>						
Illinois Funds	12/31/96		3,476.74			0.002
HE Community Bank-Municipal Now	07/13/04		34,951.43			0.236
			38,428.17			
<b><u>Capital Replacement</u></b>						
Illinois Funds	02/01/98		1,010,884.41			0.002
HE Community Bank-Municipal Now	07/13/04		353,697.89			0.236
Citibank Savings Deposit Account	11/07/08		2,019,185.28			0.250
			3,383,767.58			
<b><u>Water and Sewer</u></b>						
Illinois Funds	09/30/86		1,168,754.33			0.002
HE Community Bank-Municipal Now	04/02/04		591,791.29			0.236
IMET Convenience Fund	10/20/05		1,139,244.37	1,139,244.37		3.750
			2,899,789.99			
*Interest-bearing Sweep account at Charter with ending balance of \$1,141,417.17 earned \$190.64 for September with an average daily interest rate of 0.125%.						
<b><u>Water and Sewer-Debt Service</u></b>						
Citibank Savings Deposit Account	03/20/08		53.61			0.250
Keybank - C	03/26/08	11/30/10	122,641.68		132,898.29	3.118
			122,695.29			
<b><u>Water and Sewer-Capital Projects</u></b>						
Citibank Savings Deposit Account	03/20/08		1,184,224.41			0.250
<b><u>Insurance</u></b>						
Illinois Funds	11/10/87		1,039,763.61			0.002
Citibank Savings Deposit Account	11/07/08		707,966.41			0.250
			1,747,730.02			
<b><u>Information Systems</u></b>						
Illinois Funds	02/01/98		214,755.96			0.002
Citibank Savings Deposit Account	01/07/09		0.00			0.250
			214,755.96			
<b><u>EDA Special Tax Alloc.</u></b>						
Illinois Funds	05/15/92		12,636,173.73			0.002
<b><u>Roselle Road TIF</u></b>						
Illinois Funds	09/30/03		69,661.47			0.002
Citibank Savings Deposit Account	11/07/08		3,985.84			0.250
			73,647.31			

**STATEMENT OF INVESTMENTS-VILLAGE**  
**As of September 30th, 2010**

Fund	Investment Date	Maturity Date	Book Value	Market Value	Maturity Value	Rate of Interest
<b><u>Barr./Higgins TIF</u></b>						
Illinois Funds	08/26/91		336,663.97			0.002
HE Community Bank-Municipal Now	07/13/04		0.00			
			336,663.97			
<b><u>2005 EDA TIF Bond &amp; Int.</u></b>						
Illinois Funds	11/07/02		39,714.55			0.002
Bank of New York Money Market	12/11/06		0.00			
			39,714.55			
<b>Total Investments</b>			<b>\$ 49,832,078.98</b>			

Total Invested Per Institution		Percent Invested
Illinois Funds	30,142,644.32	60.49
IMET	500,000.00	1.00
IMET Convenience Fund	1,139,244.37	2.29
Cole Taylor Bank (N)	248,300.00	0.50
Keybank - C	2,940,066.69	5.90
Hoffman Estates Community Bank	1,136,924.10	2.28
Bank of New York Trust Company, N.A.	1,814,547.82	3.64
Private Bank - MI	0.00	-
Citibank	11,316,735.58	22.71
Enterprise Bank & Trust	97,000.00	0.19
Village Bank & Trust	0.00	-
Crystal Lake B&TC	0.00	-
Northbrook B&TC	0.00	-
First Interstate Bank	248,300.00	0.50
First American Bank	248,300.00	0.50
State Bank of India	0.00	-
Discover Bank	0.00	-
Wells Fargo	16.09	0.00
	<b>\$49,832,078.98</b>	<b>100.00</b>

Total Invested Per Institution Excluding all Trust Funds, EDA Series 91 Funds & 05 Funds		Percent Invested
Illinois Funds	14,686,885.37	44.76
IMET	1,639,244.37	5.00
Cole Taylor Bank (N)	248,300.00	0.76
Keybank - C	2,940,066.69	8.96
Hoffman Estates Community Bank	1,136,924.10	3.47
Private Bank - MI	0.00	-
Citibank	11,316,735.58	34.49
Enterprise Bank & Trust	97,000.00	0.30
Village Bank & Trust	248,300.00	0.76
Crystal Lake B&TC	248,300.00	0.76
Northbrook B&TC	248,300.00	0.76
First Interstate Bank	0.00	-
First American Bank	0.00	-
State Bank of India	0.00	-
Discover Bank	0.00	-
Wells Fargo	16.09	0.00
	<b>\$32,810,072.19</b>	<b>100.00</b>

<b>Total Invested Per Fund</b>	
Total Investments - Operating Funds	\$12,992,660.97
Total Investments - Debt Service Funds	\$5,749,974.25
Total Investments - Trust Funds	\$12,972,837.70
Total Investments - Capital Projects Funds	\$18,116,606.06
<b>Total Investments - All Funds</b>	<b>\$49,832,078.98</b>

**STATEMENT OF INVESTMENTS-POLICE PENSION FUND**  
As of September 30, 2010

Investment	Investment Date	Maturity Date	Book Value	Market Value	Maturity Value	Rate of Interest
Illinois Funds	09/30/86		1,564,724.52			0.002
<b>Fidelity Investments</b>						
Spartan Intl Index FID Advantage Class	06/05/09		1,913,760.91	2,253,641.11		
DFA Emerging Markets Portfolio	06/05/09		483,125.26	663,164.25		
Vanguard Institutional Index Fund	06/15/05		10,050,946.44	9,873,581.74		
Vanguard Mid-Cap Index Fund Signal Share:	10/05/07		4,875,703.89	4,570,414.24		
Vanguard Small-Cap Index Fund Signal Sha:	10/05/07		4,772,776.78	4,472,318.58		
Fidelity Cash Reserve	06/30/09		12.18	12.18		
			22,096,325.46	21,833,132.10		
<b>Fifth Third Bank</b>						
Money Market	12/02/03		209,718.84	209,718.00		
FN 254931, 4.5%	04/24/08	09/01/10	3,781.08	0.02	-	-
Fannie Mae, 4.75%	01/23/07	12/15/10	198,157.80	201,938.00	200,000.00	4.700
Fed Natl Mtg Assn, 6.08%	01/12/05	12/15/10	109,219.00	101,184.00	100,000.00	6.000
Fannie Mae, 6.25%	07/21/06	02/01/11	359,922.85	356,394.50	350,000.00	6.100
Freddie Mac, 5.875%	05/13/08	03/21/11	317,829.00	307,593.00	300,000.00	5.700
Treasury Note, 1.0%	09/02/09	08/31/11	501,516.40	503,320.00	500,000.00	1.000
Treasury Note, 4.875%	12/23/05	02/15/12	409,812.50	424,908.00	400,000.00	4.600
Treasury Note, 0.625%	06/30/10	06/30/12	200,039.73	200,812.00	200,000.00	0.600
Fannie Mae, 5.25%	11/07/05	08/01/12	497,206.50	539,395.00	500,000.00	4.900
Treasury Note, 0.375%	08/31/10	08/31/12	299,430.70	299,778.00	300,000.00	0.400
Treasury Note, 4.0%	12/23/05	11/15/12	298,127.12	322,875.00	300,000.00	3.700
Treasury Note, 1.375%	02/24/10	02/15/13	299,278.35	306,024.00	300,000.00	1.300
Treasury Note, 1.75%	04/29/10	04/15/13	302,559.59	309,069.00	300,000.00	1.700
Treasury Note, 4.25%	10/27/04	08/15/13	409,968.75	441,780.00	400,000.00	3.800
Treasury Infl IX N/B, 2.0%	09/18/08	01/15/14	243,554.65	253,231.74	200,000.00	1.600
Treasury Note, 1.75%	02/26/09	01/31/14	248,242.22	258,165.00	250,000.00	1.700
Treasury Note, 4.0%	03/26/04	02/15/14	306,468.75	332,508.00	300,000.00	3.600
FHLB, 5.25%	06/01/05	06/18/14	345,556.90	374,461.75	325,000.00	4.600
Treasury Infl IX N/B, 2.0%	12/24/07	07/15/14	284,960.73	312,852.63	250,000.00	1.600
Treasury Note, 2.125%	12/30/09	11/30/14	195,867.86	209,032.00	200,000.00	2.000
Treasury Note, 2.250%	02/24/10	01/31/15	398,001.34	419,752.00	400,000.00	2.100
FHLB, 4.75%	09/19/05	02/13/15	251,817.75	285,782.50	250,000.00	4.200
Treasury Note, 4.0%	03/04/05	02/15/15	687,961.14	787,115.00	700,000.00	3.600
Treasury Note, 9.875%	05/17/06	11/15/15	168,813.48	178,056.25	125,000.00	6.900
Freddie Mac, 4.75%	11/21/05	11/17/15	460,412.38	549,071.50	475,000.00	4.100
GNMA #142495	07/22/87	12/15/15	4,412.60	5,348.62	4,922.75	7.300
FHLB, 5.625%	11/22/06	06/13/16	103,946.90	111,656.00	100,000.00	5.000
Treasury Note, 3.0%	09/02/09	08/31/16	300,375.00	323,625.00	300,000.00	2.800
FHR 2630KS, 4.0%	04/19/05	01/15/17	221,162.22	240,224.20	244,429.61	3.900
GNMA #197505	06/23/87	03/15/17	3,522.04	4,074.73	3,679.41	7.200
Treasury Note, 4.75%	08/29/07	08/15/17	908,356.25	1,056,670.30	890,000.00	4.000
GNMA #223913	10/29/87	09/15/17	287.05	329.34	293.06	9.300
Treasury Note, 4.25%	08/28/08	11/15/17	453,234.35	503,342.85	435,000.00	3.700
Treasury Note, 4.0%	11/24/09	08/15/18	105,582.43	113,719.00	100,000.00	3.500
Treasury Note, 2.75%	04/17/09	02/15/19	296,574.04	311,226.00	300,000.00	2.700
Treasury Note, 3.125%	07/30/09	05/15/19	190,700.00	212,516.00	200,000.00	2.900
Treasury Note, 3.625%	03/31/10	02/15/20	146,942.01	164,520.00	150,000.00	3.600
Treasury Note, 3.5%	06/30/10	05/15/20	104,383.21	108,547.00	100,000.00	3.200
Treasury Note, 2.625%	08/30/10	08/15/20	250,465.84	252,345.00	150,000.00	2.600
GNR 2005-90A	05/03/07	09/16/28	2,996.64	3,262.39	3,166.89	3.600
GNR 2003-43 B	06/05/09	04/16/33	89,962.06	92,183.85	88,383.00	4.200
GNR 2007-27 CL A	04/30/09	02/16/35	97,906.82	102,566.21	98,040.30	3.100
GNR 2003-72D	05/25/07	12/16/36	482,996.09	552,320.00	500,000.00	4.700
			11,772,030.96			

**STATEMENT OF INVESTMENTS-POLICE PENSION FUND**  
As of September 30, 2010

Investment	Investment Date	Maturity Date	Book Value	Market Value	Maturity Value	Rate of Interest
<b>Bank One</b>						
Money Market	12/08/03		203,985.30	204,031.00		
FG M80854, 3.5%	03/22/06	10/01/10	1,917.30	5,458.84	5,476.37	3.500
Freddie Mac, 6.135%	11/03/05	02/15/11	126,801.60	122,625.60	120,000.00	6.000
Fannie Mae, 6.0%	03/10/06	05/15/11	0.00		-	-
Treasury Note, 5.125%	02/18/10	06/30/11	637,408.26	621,774.00	600,000.00	4.900
FNMA 254031, 5.5%	01/20/04	09/01/11	4,224.81	1,634.06	1,521.91	5.100
Treasury Note, 4.5%	11/22/06	09/30/11	755,046.38	781,380.00	750,000.00	4.300
FNMA 254186, 5.5%	01/20/04	01/01/12	5,055.69	2,310.26	2,269.46	5.400
Fannie Mae, 2.0%	02/18/10	01/09/12	203,844.00	204,062.00	200,000.00	2.000
Treasury Note, 1.875%	09/24/09	06/15/12	432,538.09	435,905.50	425,000.00	1.800
Fed Natl Mtg Assn Pool 254455, 5.5%	01/20/04	08/01/12	7,621.39	4,378.42	4,270.09	5.400
FNMA 254470, 5.5%	01/20/04	09/01/12	5,184.93	2,982.44	2,905.33	5.400
FNMA 254488, 6%	02/18/04	09/01/12	12,306.73	7,069.17	6,859.01	5.800
FNMA 254640, 5.5%	03/16/06	01/01/13	9,094.37	9,392.90	9,120.29	5.300
FNMA 254659, 4.5%	10/30/07	02/01/13	8,143.24	9,012.17	8,513.05	4.300
FG E95562, 4.5%	08/18/08	04/01/13	35,852.42	36,806.09	35,852.42	4.400
GNMA 780769, 7.5%	01/20/04	04/15/13	5,503.32	384.08	389.81	7.600
FG E96436, 4.5%	04/30/07	05/01/13	12,866.68	14,486.68	14,110.63	4.400
FNMA 254757, 5%	01/20/04	05/01/13	23,117.69	18,175.96	17,151.99	4.700
FHLMC Note, 4.0%	07/08/03	06/12/13	69,633.00	81,234.75	75,000.00	3.700
Federal Farm Cr, 3.88%	11/15/06	07/08/13	47,033.50	54,187.50	50,000.00	3.600
FNMA 254882, 5.0%	10/18/05	08/01/13	26,930.95	27,523.10	25,929.72	4.700
FHLB, 5.125%	11/15/06	08/14/13	126,916.68	140,507.50	125,000.00	4.600
FG E99429, 4.0%	10/26/07	09/01/13	27,921.51	31,066.54	30,264.82	3.900
FNMA 254958, 4.5%	11/30/06	09/01/13	9,916.63	11,401.21	10,807.24	4.300
FG G10839, 5.5%	10/16/07	10/01/13	28,249.94	30,272.51	28,128.81	5.100
FNMA 254959, 5.0%	03/18/08	10/01/13	29,511.52	29,864.23	28,072.90	4.700
FNMA 254971, 5.5%	01/20/04	10/01/13	10,627.67	7,484.48	7,210.69	5.300
FG G11470, 4.5%	12/18/06	11/01/13	18,281.91	20,312.53	19,713.25	4.400
FNMA	01/24/03	11/15/13	301,515.00	479,845.00	500,000.00	-
Treasury Note, 2.0%	02/27/09	11/30/13	300,231.44	312,282.00	300,000.00	1.900
FNMA 255040, 4.5%	10/30/07	12/01/13	17,189.13	18,443.25	17,895.12	4.400
FNMA 255041, 5%	02/23/04	12/01/13	10,927.83	9,237.62	8,671.79	4.700
FHLMC Pool E00617, 5.5%	03/18/04	01/01/14	7,982.63	6,025.96	5,606.48	5.100
FNMA 255117, 5%	02/18/04	02/01/14	13,290.81	11,457.28	10,741.67	4.700
FNMA 255148, 5.5%	02/18/04	02/01/14	13,710.30	10,597.34	10,169.31	5.300
Treasury Note, 1.875%	05/21/09	02/28/14	746,015.63	777,480.00	750,000.00	1.800
FNMA 340901, 6%	01/15/04	03/01/14	22,945.54	18,617.72	17,237.51	5.600
FG B14039, 4.0%	10/19/07	05/01/14	7,600.32	8,597.89	8,332.90	3.900
Zero Coupon Strips	01/12/09	05/15/14	446,714.50	484,190.00	500,000.00	-
Treasury Note, 2.25%	08/11/09	05/31/14	195,253.76	210,156.00	200,000.00	2.100
FG E00678, 6.5%	11/19/07	06/01/14	27,167.70	26,852.32	25,404.04	6.100
FN 255290, 4.0%	11/18/08	06/01/14	26,683.24	28,307.53	27,234.75	3.800
FN 255431, 4.5%	03/14/07	09/01/14	14,618.11	16,212.13	15,639.87	4.300
FN 535170, 5.50%	03/16/06	09/01/14	16,489.69	17,757.91	16,489.69	5.100
FNMA 735023, 4.50%	10/28/05	11/01/14	7,575.68	8,512.82	8,164.83	4.300
Federal Farm Cr, 4.625%	10/20/05	11/03/14	49,177.50	56,656.50	50,000.00	4.100
Treasury Note, 4.25%	08/18/09	11/15/14	161,051.38	170,050.50	150,000.00	3.700
FG B17493, 4.0%	05/31/06	12/01/14	12,282.20	15,326.83	14,808.10	3.900
FN 255574, 4.50%	03/09/06	12/01/14	18,542.66	21,019.16	20,063.73	4.300
FG B18639, 4.0%	10/19/07	01/01/15	10,896.89	12,365.84	11,941.44	3.900
Federal Farm Cr, 4.450%	02/22/06	06/01/15	95,736.00	113,344.00	100,000.00	3.900
Federal Farm Cr, 5.08%	01/09/08	10/05/15	79,292.25	87,492.00	75,000.00	4.400
FNMA 255938, 4.50%	11/17/05	11/01/15	13,530.65	15,431.66	14,798.72	4.300
Treasury Note, 9.875%	05/01/09	11/15/15	144,234.38	142,445.00	100,000.00	6.900
FG E82733, 5.5%	07/17/07	03/01/16	22,801.42	25,292.67	23,501.61	5.100
FNMA 303771, 6.5%	10/29/04	03/01/16	18,571.68	16,487.54	15,235.63	6.000
FN 745444, 5.5%	10/28/08	04/01/16	28,053.94	29,164.12	27,132.44	5.100
Treasury Note, 2.625%	06/16/09	04/30/16	804,013.28	896,291.50	845,000.00	2.500
FG G11187, 5.5%	02/19/08	09/01/16	51,968.97	52,930.61	49,182.42	5.100
GNMA 781407, 7%	01/21/04	11/15/16	8,048.50	2,348.04	2,374.28	7.100
FN 995656, 7.0%	04/13/09	11/15/16	61,355.45	63,382.94	55,871.07	6.200
FN 615017, 5.0%	06/19/06	12/01/16	26,643.79	30,946.71	29,030.96	4.700
GNMA 781403, 6%	03/18/04	02/15/17	13,433.64	10,869.29	10,063.69	5.600
Fed Home Ln Mtg Corp Pool E01411, 7%	04/17/07	03/01/17	31,882.15	31,214.37	28,898.18	6.500
Fed Home Ln Mtg Corp Pool E01156, 6.5%	11/19/07	05/01/17	38,271.47	38,880.21	36,090.42	6.000



**STATEMENT OF INVESTMENTS-POLICE PENSION FUND**  
**As of September 30, 2010**

Investment	Investment Date	Maturity Date	Book Value	Market Value	Maturity Value	Rate of Interest
FG E89857, 5.5%	07/24/08	05/01/17	48,480.92	52,236.39	48,424.87	5.100
FN 254342, 6.0%	01/29/08	06/01/17	59,789.59	60,247.72	55,588.30	5.500
FN 725510, 6.5%	11/19/07	07/01/17	34,553.10	34,491.97	31,872.97	6.000
FN 658867, 6.0%	07/17/07	08/01/17	16,772.73	17,974.70	16,584.58	5.500
Treasury Note, 8.875%	11/15/07	08/15/17	973,177.93	1,017,786.00	700,000.00	6.100
FG E01250, 5.5%	09/29/09	11/01/17	20,485.50	20,338.54	19,062.67	4.700
FHLB, 5.00%	09/20/10	11/17/17	164,025.68	165,856.60	140,000.00	4.200
Fed Natl Mtg Assn Pool 676674, 5%	11/19/07	12/01/17	20,073.70	21,786.36	20,413.74	4.700
FG E01307, 5%	03/19/07	02/01/18	31,496.28	34,330.71	32,151.78	4.700
FN 254631, 5.0%	11/19/07	02/01/18	14,575.60	15,796.90	14,801.64	4.700
Fed Natl Mtg Assn Pool 681347, 5%	11/19/07	02/01/18	30,377.91	32,900.95	30,828.07	4.700
GNMA 781567, 5%	02/18/04	02/15/18	11,074.01	10,411.55	9,766.47	4.700
FG E01345, 5.5%	02/15/07	04/01/18	21,470.18	23,190.79	21,493.05	5.100
FN 254719, 4.5%	09/22/09	04/01/18	28,041.49	28,245.23	26,592.01	4.200
FNMA 695871, 4.5%	10/31/07	04/01/18	26,082.43	29,110.61	27,406.73	4.200
FG G11606, 4.5%	03/16/06	05/01/18	18,796.25	22,187.88	20,889.20	4.200
FG E96458, 5%	09/28/09	05/01/18	27,449.69	27,282.17	25,561.37	4.700
FNCI Pool 704460, 6%	01/20/04	05/01/18	11,747.86	8,866.74	8,178.59	5.500
FG E01385, 5%	09/22/09	06/01/18	34,014.58	34,084.96	32,303.12	4.300
FNMA 251818, 6%	09/30/04	06/01/18	38,350.75	34,484.44	31,808.10	5.500
FNMA 555545, 5%	08/18/09	06/01/18	48,023.43	48,311.07	45,267.30	4.700
FNMA 708760, 4.5%	03/16/04	06/01/18	20,667.59	21,060.80	19,828.09	4.200
FNMA 709028, 5.0%	03/16/06	06/01/18	25,084.37	28,373.38	26,585.75	4.700
FNMA 254802, 4.5%	10/31/05	07/01/18	25,730.84	29,590.40	27,858.40	4.200
FNMA 709122, 4.5%	08/20/07	07/01/18	26,803.82	30,703.93	28,906.79	4.200
FNMA 721608, 4.0%	05/29/07	07/01/18	21,640.63	25,958.57	24,480.90	3.800
FNMA 729347, 4.0%	03/13/06	07/01/18	22,414.52	27,437.43	25,875.58	3.800
FG E01424, 4.0%	10/20/08	08/01/18	59,540.93	66,101.81	62,818.30	3.800
FG E01426, 5.0%	03/16/06	08/01/18	28,735.78	31,710.14	29,687.25	4.700
FNMA 731190, 4.5%	08/20/07	08/01/18	21,125.09	24,708.41	23,262.20	4.200
FNMA 736541, 4%	02/16/05	08/01/18	9,907.07	10,910.20	10,337.90	3.800
FG E98992, 4.5%	06/18/07	09/01/18	40,557.40	45,829.84	43,147.37	4.200
FHLMC Pool C90230, 6.5%	06/14/04	09/01/18	13,823.45	12,610.05	11,512.98	5.900
FNMA 744316, 5%	02/18/09	09/01/18	52,447.80	53,595.44	50,218.73	4.700
FG E01488, 5%	05/19/08	10/01/18	35,074.70	37,072.38	34,704.17	4.700
FNMA 734741, 4%	08/17/04	10/01/18	3,521.11	4,111.78	3,877.72	3.800
FN 748682, 4.5%	03/19/07	10/01/18	19,792.17	22,447.42	21,133.55	4.200
FG E01490, 5%	02/18/04	11/01/18	21,465.98	21,047.53	19,702.26	4.700
FN 725045, 4.5%	11/30/06	11/01/18	29,498.26	33,294.48	31,345.72	4.200
FG B11231, 4.5%	04/20/04	12/01/18	18,953.09	19,169.11	18,047.12	4.200
FG B11429, 4.5%	03/16/06	12/01/18	30,912.00	35,949.46	33,845.30	4.200
FN 254987, 5.0%	02/18/09	12/01/18	20,121.75	20,606.65	19,308.36	4.700
FN 555969, 4.0%	04/18/06	12/01/18	12,469.45	14,938.92	14,088.54	3.800
FN 735522, 4.0%	05/17/05	12/01/18	28,359.27	32,245.57	30,410.02	3.800
FN 888889, 4.5%	12/17/07	12/01/18	51,080.75	56,477.66	53,171.96	4.200
FG E01544, 4.5%	03/18/04	01/01/19	17,324.23	17,420.85	16,505.77	4.300
FG C90247, 6.5%	06/25/04	01/01/19	18,526.58	16,997.70	15,490.62	5.900
FG E01590, 5.0%	07/17/08	02/01/19	35,268.81	37,963.72	35,533.58	4.700
FN 725352, 4.5%	09/18/07	04/01/19	23,449.87	26,750.18	25,184.46	4.200
Fed Home Ln Mtg Corp., 3.75%	05/12/10	03/27/19	118,151.78	125,062.50	115,000.00	3.400
FG E01642, 5%	09/17/09	05/01/19	19,310.35	19,220.75	17,989.88	4.700
FG E01647 4%	08/17/04	05/01/19	5,385.54	6,326.04	5,986.20	3.800
FG G12111, 5%	09/17/09	10/01/19	19,359.28	19,184.69	17,974.64	4.700
FN 725876, 5%	05/26/06	10/01/19	28,468.23	32,757.85	30,675.88	4.700
Treasury Note, 3.375%	03/18/10	11/15/19	244,990.24	269,317.50	250,000.00	3.100
FN 735727, 6%	04/17/08	01/01/20	52,254.43	52,352.55	48,471.44	5.600
FG G11707, 6.0%	06/18/07	03/01/20	21,344.22	22,506.41	20,741.13	5.500
FN 745017, 4.5%	05/19/09	07/01/20	37,401.35	37,841.83	35,626.90	4.200
FNMA 888250, 5.5%	09/16/08	01/01/21	37,264.03	39,478.67	36,405.67	5.100
Treasury Note, 7.875%	12/04/08	02/15/21	429,803.93	444,516.00	300,000.00	5.300
FG C90438, 6.5%	06/14/04	04/01/21	12,937.41	11,378.48	10,350.75	5.900
Fed Natl Mtg Assn Pool 253946, 7%	07/15/04	08/01/21	17,566.25	14,948.07	13,224.76	6.200
Treasury Note, 8.125%	07/31/09	08/15/21	345,887.12	378,867.50	250,000.00	5.400
FG C90481, 6%	02/24/04	09/01/21	9,673.27	8,422.51	7,711.44	5.500
FN 545696, 6.0%	05/19/09	06/01/22	37,516.58	37,705.58	34,685.51	5.500
FN 254471, 6.0%	06/11/09	09/01/22	8,667.53	8,723.38	8,024.67	5.500
FHLMC POOL C90584, 5.5%	09/29/09	10/01/22	23,883.38	23,831.62	22,134.56	5.100
FN 254513, 6.0%	06/11/09	10/01/22	8,439.44	8,485.46	7,805.81	5.500

**STATEMENT OF INVESTMENTS-POLICE PENSION FUND**  
As of September 30, 2010

Investment	Investment Date	Maturity Date	Book Value	Market Value	Maturity Value	Rate of Interest
FHLMC POOL C90588, 5.5%	09/29/09	11/01/22	26,622.68	26,520.31	24,640.03	5.100
FHLMC POOL C90589, 6.0%	06/11/09	11/01/22	9,692.55	9,797.70	8,954.13	5.500
FN 254544, 6.0%	06/11/09	11/01/22	16,648.16	16,740.25	15,399.42	5.500
FN 254634, 5.5%	09/29/09	02/01/23	28,954.95	28,998.60	26,925.10	5.100
FN 889634, 6.0%	07/19/10	02/01/23	100,374.78	99,912.41	92,131.87	5.500
FG C90686, 4.5%	04/13/05	06/01/23	22,801.82	26,446.06	24,974.56	4.300
FG C90698, 4.5%	08/20/07	08/01/23	30,267.09	35,573.68	33,594.30	4.300
FNMA 254908, 5%	04/15/04	09/01/23	25,388.27	25,454.48	23,957.39	4.700
FG C90808, 6.5%	11/15/04	01/01/24	8,566.05	8,063.42	7,301.90	5.900
FN 255271, 5%	04/12/06	06/01/24	20,412.52	23,398.22	22,051.12	4.700
FN 779774, 5%	03/16/06	07/01/24	33,552.27	38,232.42	36,034.67	4.700
FG J-12371, 4.50%	09/20/10	06/01/25	126,045.10	125,317.22	119,103.59	4.300
FG G30290, 6.5%	05/14/07	03/01/26	36,528.90	37,352.71	33,948.06	5.900
FG C80398, 6.5%	01/13/05	05/01/26	34,233.92	31,585.61	28,615.85	5.900
FG C91093, 6%	09/14/09	09/01/27	35,122.75	34,565.27	32,091.65	5.600
FG C91149, 6%	09/14/09	01/01/28	38,357.84	38,149.98	35,419.82	5.600
Fed Natl Mtg Assn Pool 545639, 6.5%	03/13/06	04/01/32	26,298.76	28,031.66	25,052.65	5.800
FHLMC Pool C01371, 7.0%	02/12/04	06/01/32	19,846.31	16,054.48	14,213.67	6.200
FG A11312, 6.0%	12/12/06	07/01/33	52,041.98	56,067.18	51,162.72	5.500
FNMA 555591, 5.5%	02/12/04	07/01/33	24,949.87	25,529.98	23,761.42	5.100
FNMA 730675, 4.5%	12/13/05	08/01/33	23,753.30	28,086.54	26,669.33	4.300
FNMA 759424, 5.5%	01/14/04	01/01/34	20,759.43	21,583.45	19,837.55	5.100
FN 763860, 4.0%	03/13/06	03/01/34	18,065.13	22,241.18	21,449.89	3.900
FN 725704, 6%	09/14/09	08/01/34	40,089.95	40,955.34	37,346.21	5.500
FN 976871, 6.5%	05/12/09	08/01/36	49,804.21	50,410.54	45,794.04	5.900
FN M80854, 3.50%	09/14/10	05/01/37	135,208.13	135,543.78	126,658.67	6.100
GN 004211M, 6.5%	07/21/10	08/20/38	101,181.60	101,931.02	93,707.27	6.000
FG A9-1904, 5.50%	06/14/10	04/01/40	53,069.61	53,056.28	49,642.37	5.100
			11,801,334.23	12,483,769.03		

**Total Investments**

\$ 47,234,415.17

0.00

**Total Invested Per Institution**

**Percent  
Invested**

Illinois Funds	1,564,724.52	3.31
Money Market	413,704.14	0.88
Mutual Funds	22,096,325.46	46.78
GNMA	720,142.77	1.52
Treasury Notes	14,180,868.26	30.02
FNMA	5,967,480.74	12.63
FHLMC Bonds	359,789.40	0.76
FHLB Agency Bonds	1,213,426.13	2.57
Federal Farm Cr Bonds	271,239.25	0.57
Zero Coupon Bonds	446,714.50	0.95
	<u>\$47,234,415.17</u>	<u>100.00</u>

**STATEMENT OF INVESTMENTS-FIRE PENSION FUND**  
**As of September 30, 2010**

<b>Investment</b>	<b>Investment Date</b>	<b>Maturity Date</b>	<b>Book Value</b>	<b>Market Value</b>	<b>Maturity Value</b>	<b>Rate of Interest</b>
Illinois Funds	09/30/86		583,360.83			0.002
<b><u>Vanguard International Value Fund</u></b> Mutual Funds	06/15/05		5,382,208.89	4,969,706.02		
<b><u>American Funds</u></b> The Growth Fund of America	12/30/09		3,660,803.00	3,710,093.28		
<b><u>BlackRock</u></b> U.S. Opportunities-Institutional Class	12/30/09		1,830,456.47	1,986,983.91		
<b><u>US Bank - US Real Estate JP Morgan</u></b> Real Estate	12/31/07		2,079,797.13	2,162,040.76		
<b><u>Mesirow Financial</u></b> Equities	01/18/07		8,548,555.94	8,891,355.00		
Money Market	01/18/07		225,956.48			
Total Mesirow Financial			8,774,512.42			
<b><u>Mitchell Vaught &amp; Taylor</u></b> Money Market	05/01/07		300,423.23	300,423.23		
Treasury Note, 4.75%	03/29/07	01/31/12	606,562.50	635,604.00	600,000.00	4.480
Treasury Note, 0.875%	03/16/10	02/29/12	440,251.48	443,353.00	440,000.00	0.870
Treasury Note, 1.00%	04/30/10	04/30/12	299,860.38	303,024.00	300,000.00	0.990
FNMA MTN, 4.75%	10/18/07	11/19/12	381,897.40	391,612.00	360,000.00	4.370
FNMA MTN, 4.75%	08/29/08	02/21/13	154,719.30	164,250.00	150,000.00	4.340
Treasury Note, 2.5%	03/31/08	03/31/13	405,837.62	419,908.00	400,000.00	2.380
FNMA MTN, 1.75%	03/25/10	05/07/13	414,308.61	426,022.00	415,000.00	1.700
FNMA MTN, 4.375%	05/15/07	07/17/13	503,434.74	532,593.00	485,000.00	3.980
FNMA MTN, 2.875%	02/19/10	12/11/13	360,570.70	371,658.00	350,000.00	2.710
Treasury Stripped	06/25/09	02/15/14	438,937.40	476,280.00	490,000.00	2.370
FNMA MTN, 4.125%	05/10/07	04/15/14	286,225.19	321,085.00	290,000.00	3.730
Treasury Note, 2.375%	09/14/09	08/31/14	301,829.13	316,524.00	300,000.00	2.250
FNMA MTN, 2.625%	03/18/10	11/20/14	452,006.55	474,471.00	450,000.00	2.490
Treasury Note, 1.875%	07/16/10	06/30/15	473,122.67	484,321.00	470,000.00	1.820
FHLMC MTN, 4.75%	05/14/07	11/17/15	440,150.82	485,495.00	420,000.00	4.110
FNMA MTN, 5.00%	03/16/10	03/15/16	442,048.40	466,624.00	400,000.00	4.290
FHLB DEB, 4.75%	05/15/07	12/16/16	176,194.44	209,419.00	180,000.00	4.080
Treasury Note, 3.25%	01/29/10	12/31/16	403,251.60	436,532.00	400,000.00	2.980
FNMA MTN, 5.375%	02/19/10	06/12/17	390,247.55	420,546.00	350,000.00	4.470
Treasury Bond, 9.125%	05/08/07	05/15/18	286,024.54	309,167.00	205,000.00	6.050
Treasury Note, 4.0%	10/16/08	08/15/18	409,845.35	454,876.00	400,000.00	3.520
Treasury Note, 3.375%	12/18/09	11/15/19	442,055.32	484,772.00	450,000.00	3.130
Treasury Note, 2.875%	09/15/10	08/15/20	447,470.55	454,221.00	450,000.00	2.850
FNMA MTN, 3.05%	09/28/10	09/28/10	245,490.00	246,073.00	245,000.00	3.040
FNMA MTN, 6.25%	05/14/07	05/15/29	174,979.81	202,614.00	155,000.00	4.780
			9,677,745.28			

**STATEMENT OF INVESTMENTS-FIRE PENSION FUND**  
**As of September 30, 2010**

Investment	Investment Date	Maturity Date	Book Value	Market Value	Maturity Value	Rate of Interest
<b>US Bank - Fixed Income</b>						
Money Market	07/31/99		170,261.76	170,262.00		
FNMA #253507	03/28/07	09/01/10	2,723.01	0.00	-	7.480
Treasury Note, 1.125%	11/17/09	12/15/11	1,508,266.74	1,514,475.00	1,500,000.00	1.110
FHLB DEB, 2.00%	06/17/10	09/14/12	510,670.00	514,065.00	500,000.00	1.950
FNMA #535710	01/18/02	11/01/12	16,670.73	2,868.00	2,748.79	7.670
FNMA #251338	03/18/04	12/01/12	6,858.26	3,514.00	3,365.86	6.230
FNMA #254584	11/19/02	12/01/12	44,530.49	28,981.00	27,186.74	4.690
FNMA #254646	01/21/03	01/01/13	20,794.83	17,151.00	16,214.46	4.260
FNMA Deb	07/30/03	03/15/13	191,554.40	217,750.00	200,000.00	4.020
FNMA #424335	06/22/01	05/01/13	5,371.26	2,462.00	2,275.08	6.010
FHLMC GD E00567, 7.0%	05/23/06	08/01/13	38,044.30	37,033.00	35,003.84	6.620
FNMA #254863	09/19/05	08/01/13	17,295.97	19,677.00	18,814.79	3.830
FNMA #768005	03/17/05	09/01/13	72,299.99	85,505.00	83,334.44	3.900
FHLMC Pool 90036, 6%	06/18/01	10/01/13	2,920.61	3,329.00	3,078.90	5.560
FNMA #254958	04/18/06	10/01/13	40,625.86	49,880.00	47,281.71	4.270
FHLMC Pool 90037, 6%	03/15/04	11/01/13	35,346.51	28,559.00	26,414.29	5.550
FNMA #255013	12/31/03	11/01/13	69,504.44	60,785.00	57,099.32	4.700
FNMA #445355	04/23/04	12/01/13	11,041.76	7,433.00	6,868.90	6.000
Zero Coupon Bond	01/05/06	02/15/14	839,856.00	1,166,400.00	1,200,000.00	3.980
FHLMC GD B14730, 4%	09/19/05	05/01/14	28,346.66	31,046.00	30,104.86	3.880
FNMA #491365	04/23/04	06/01/14	12,112.50	8,407.00	7,769.01	6.010
FNMA #534998	06/21/01	06/01/14	5,591.15	5,295.00	4,902.88	5.550
FNMA #598032	08/16/01	08/01/14	3,178.08	2,173.00	2,054.26	5.660
FNMA #633688	04/16/02	09/01/14	45,283.29	50,766.00	47,140.19	5.110
FNMA #735023	08/17/05	11/01/14	55,312.61	61,292.00	58,786.64	4.320
Treasury Security	12/23/05	11/15/14	502,185.00	718,373.00	750,000.00	4.000
FHLMC GD P60089, 7%	07/20/04	12/01/14	7,111.34	4,989.00	4,768.95	6.690
FNMA #535219	08/20/04	03/01/15	38,770.25	27,279.00	25,150.55	6.910
Zero Coupon Bond Stripped	05/29/03	11/15/15	350,086.75	544,237.00	585,000.00	3.650
GNMA #142495	07/22/87	12/15/15	4,412.63	5,349.00	4,860.86	7.270
FHLMC Pool GD C90124, 7%	04/15/04	01/01/16	33,398.96	26,288.00	24,013.58	6.390
FNMA #725382	07/20/04	01/01/16	20,983.63	7,448.00	7,237.33	7.770
Treasury Note, 2.0%	09/11/08	01/15/16	282,573.83	300,948.00	274,602.50	1.820
FHLMC Pool GD P60090, 7%	07/20/04	03/01/16	4,791.86	3,023.00	2,868.44	6.650
Treasury Note, 2.625%	06/16/09	04/30/16	285,448.50	318,210.00	300,000.00	2.470
Zero Coupon Bond	01/19/06	05/15/16	50,564.80	73,123.00	80,000.00	3.870
FNMA #253846	04/23/04	06/01/16	10,982.00	8,823.00	8,143.51	6.000
Zero Coupon Bond	10/04/02	07/15/16	246,197.14	452,530.00	520,000.00	4.680
Treasury Bond, 7.5% Coupon	04/23/93	11/15/16	785,627.89	1,004,235.00	750,000.00	5.600
GNMA #197505	06/23/87	03/15/17	3,522.03	4,075.00	3,644.16	7.170
FNMA #254308	04/17/07	05/01/17	176,840.47	180,398.00	166,076.97	5.980
FNMA #645917	07/19/10	06/01/17	396,905.71	392,793.00	361,610.91	5.980
FHLMC Pool GD G11426, 7%	04/28/04	07/01/17	16,104.79	10,189.00	9,615.55	6.610
Treasury Bond, 8.875% Coupon	07/02/09	08/15/17	706,987.50	741,530.00	510,000.00	6.100
FNMA #251342	04/15/04	11/01/17	42,505.62	33,321.00	29,953.29	6.290
FHLMC Pool GD E93732, 5%	11/17/05	01/01/18	60,847.88	68,396.00	64,081.58	4.680
FNMA #681270	11/20/07	01/01/18	23,304.38	25,149.00	23,564.72	4.680
FNMA #695812	03/18/03	03/01/18	65,148.71	60,691.00	56,867.46	4.680
FHLMC Pool GD E96427, 5%	02/19/08	04/01/18	78,737.79	81,589.00	76,443.04	4.680
FNMA #251692	03/15/04	04/01/18	24,728.43	20,095.00	18,431.00	5.960
FNMA #625609	11/18/04	04/01/18	19,173.36	19,091.00	17,888.43	4.680
FNMA #695910	11/18/04	05/01/18	21,123.49	21,423.00	19,823.23	4.630
FNMA #251787	01/20/04	06/01/18	23,096.71	19,694.00	18,065.49	5.960
FNMA #682424	03/17/05	07/01/18	20,927.53	24,083.00	22,712.28	3.770
FNMA #713804	03/27/06	07/01/18	34,994.14	43,014.00	40,565.89	3.770
FNMA #720393	10/19/04	07/01/18	50,158.12	52,674.00	49,591.17	4.240
FNMA #721545	04/18/05	07/01/18	33,646.16	39,933.00	37,659.77	3.770
FNMA #721608	03/17/05	07/01/18	38,318.82	45,809.00	43,201.57	3.770
FNMA #722477	04/18/05	07/01/18	42,944.41	50,132.00	47,278.29	3.770
FNMA #726128	03/17/05	07/01/18	35,215.27	42,676.00	40,246.69	3.770
FNMA #729347	03/17/05	07/01/18	50,257.22	60,228.00	56,799.99	3.770
FNMA #682450	03/17/05	09/01/18	4,413.93	5,094.00	4,804.01	3.770
FNMA #252104	08/20/04	11/01/18	18,344.27	16,296.00	14,948.26	5.960
FNMA #735522	05/17/05	12/01/18	75,624.70	85,988.00	81,093.36	3.770

**STATEMENT OF INVESTMENTS-FIRE PENSION FUND**  
**As of September 30, 2010**

Investment	Investment Date	Maturity Date	Book Value	Market Value	Maturity Value	Rate of Interest
FHLMC GD C90250, 6.5%	05/16/06	02/01/19	66,613.90	70,040.00	63,829.64	5.920
FNMA #545970	07/29/05	02/01/19	46,925.47	44,809.00	41,103.03	5.960
FNMA #323603	08/20/04	03/01/19	38,713.24	34,118.00	31,296.35	5.960
FHLMC GD E01647, 4.0%	08/17/04	05/01/19	21,542.25	25,304.00	23,944.88	3.790
Zero Coupon Bond	03/11/94	05/15/19	609,920.80	1,209,000.00	1,500,000.00	4.540
FHLMC Pool C90265, 6.5 %	03/11/04	06/01/19	84,129.51	67,235.00	61,273.62	5.920
FNMA #252499	03/18/04	06/01/19	27,874.04	23,059.00	21,112.96	5.950
FNMA #252573	08/22/03	06/01/19	43,365.67	41,498.00	38,277.74	5.540
Zero Coupon Bond	01/29/03	05/15/20	426,995.00	768,520.00	1,000,000.00	4.130
Zero Coupon Bond	06/27/03	05/15/20	223,540.00	382,735.00	500,000.00	3.980
Treasury Bond, 7.875%	05/22/07	02/15/21	2,029,907.50	2,222,580.00	1,500,000.00	5.310
FNMA #253708	08/20/04	03/01/21	26,120.05	23,318.00	21,331.03	5.950
FNMA #745406	05/20/08	03/01/21	69,717.51	71,476.00	65,948.57	5.540
FHLMC GD D95476, 6.0%	09/20/04	02/01/22	9,012.00	6,448.00	5,916.72	5.510
FNMA #254193	06/13/05	02/01/22	108,370.02	111,376.00	102,691.13	5.530
FNMA #254231	09/13/06	03/01/22	59,848.39	63,434.00	58,487.66	5.530
FNMA #254305	09/14/05	05/01/22	20,241.12	19,855.00	18,096.60	5.920
FNMA #889634	07/19/10	02/01/23	100,374.78	99,912.00	92,131.87	5.530
FNMA #254674	02/11/10	06/01/23	47,523.00	47,556.00	44,155.80	5.110
FHLMC GD D96094, 4.5%	11/14/05	07/01/23	67,964.24	76,984.00	72,700.69	4.250
FHLMC GD J12371, 4.50%	09/20/10	06/01/25	201,672.16	200,508.00	190,565.75	4.280
FHLMC GD G30290, 6.5%	08/14/07	03/01/26	39,243.20	41,503.00	37,720.05	5.910
FNMA #450847	01/14/02	12/01/28	0.00	4,774.00	4,567.41	5.130
FNMA #481427	05/18/01	01/01/29	0.00	18,924.00	17,149.24	5.440
FNMA #483802	12/12/02	02/01/29	55,787.14	58,407.00	54,392.56	5.120
GNMA #2783	07/22/99	07/20/29	28,346.92	33,012.00	29,062.25	6.160
Treasury Bond, 5.375%	05/19/09	02/15/31	587,150.44	643,750.00	500,000.00	4.170
FHLMC Pool C01292F, 6.0%	02/13/02	02/01/32	18,588.03	36,054.00	32,806.78	5.460
FNMA #685962	09/15/03	02/01/32	42,035.52	50,747.00	47,769.30	4.710
FHLMC C66034, 6.5%	05/13/02	04/01/32	50,490.62	47,729.00	42,986.31	5.850
FNMA #254310	03/14/05	05/01/32	78,784.38	79,590.00	72,411.37	5.460
FNMA #545782	12/31/04	07/01/32	20,685.11	20,047.00	17,652.68	6.170
FNMA #813818	05/12/05	07/01/32	13,887.10	9,404.00	8,283.94	6.170
FNMA #725350	10/30/06	01/01/33	37,722.88	41,761.00	37,865.37	5.440
FNMA #702435	05/14/03	05/01/33	209,159.09	209,534.00	195,018.46	5.120
FNMA #702901	09/14/05	05/01/33	43,754.15	45,468.00	41,461.39	5.470
FNMA #711215	08/14/07	06/01/33	110,210.06	125,742.00	116,330.85	5.090
FHLMC GD A11312, 6.0%	12/12/06	07/01/33	52,041.96	56,067.00	51,162.70	5.480
FNMA #726912	05/13/04	08/01/33	49,941.24	61,809.00	59,413.58	3.850
FNMA #729379	09/14/05	08/01/33	6,965.80	7,206.00	6,570.72	5.470
FNMA #738348	03/15/04	09/01/33	10,952.79	10,863.00	9,905.85	5.470
FNMA #725017	02/12/04	12/01/33	39,758.89	40,542.00	37,751.44	5.120
FHLMC GD G01864, 5.0%	08/14/07	01/01/34	44,451.15	51,706.00	48,797.74	4.720
FNMA #759893	03/15/04	01/01/34	4,161.11	3,836.00	3,472.12	5.420
FNMA #755617	04/13/10	01/01/34	66,443.39	67,239.00	62,028.51	5.070
FNMA #751182	03/15/04	03/01/34	37,853.71	39,174.00	36,005.91	5.050
FNMA #767378	04/15/04	03/01/34	94,605.52	96,163.00	88,388.17	5.050
FNMA #801357	07/14/05	08/01/34	25,371.63	26,111.00	24,288.06	5.120
FNMA #796295	11/14/05	12/01/34	75,318.07	90,322.00	85,866.54	4.280
FNMA #888568	08/14/07	12/01/34	55,704.77	65,072.00	61,286.03	4.710
FNMA #809159	02/10/05	01/01/35	120,279.42	129,558.00	121,196.83	4.680
FNMA #815426	11/14/05	02/01/35	58,098.10	72,197.00	68,635.11	4.280
FHLMC GD A46987, 5.5%	12/13/05	07/01/35	73,266.09	81,164.00	75,628.23	5.130
FNMA #872912	02/11/10	06/01/36	112,608.21	109,854.00	100,306.81	5.940
FNMA #831806, 6.5%	06/14/10	10/01/36	143,679.53	143,679.00	131,191.72	5.930
FHLMC GD C02660, 6.5%	12/12/06	11/01/36	39,011.25	40,308.00	36,910.29	5.950
FHLMC GD P50531, 6.5%	08/12/10	01/01/37	122,832.24	123,775.00	113,385.79	5.950
FNMA #923790	09/14/10	05/01/37	162,249.76	162,653.00	151,990.41	6.070
FNMA #995504	08/13/09	11/01/38	57,830.81	55,069.00	49,494.22	6.740
FHLMC GD A 91904, 5.50%	06/12/10	04/01/40	212,278.45	212,225.00	198,569.50	5.150
FHLMC GD C03475, 6.00%	08/12/10	04/01/40	121,647.35	119,465.00	111,355.05	5.590
			0.00			
Total US Bank			15,895,033.76			
<b>Total Investments</b>			<b>\$ 47,883,917.78</b>			

<b>STATEMENT OF INVESTMENTS-FIRE PENSION FUND</b> <b>As of September 30, 2010</b>
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Investment	Investment Date	Maturity Date	Book Value	Market Value  Percent Invested	Maturity Value	Rate of Interest
<b>Total Invested Per Institution</b>						
Illinois Funds			583,360.83	1.22		
Equities			8,548,555.94	17.85		
Money Market			696,641.47	1.45		
Mutual Funds			10,873,468.36	22.71		
GNMA			36,281.58	0.08		
Treasury Bonds			4,395,697.87	9.18		
Treasury Notes			6,306,375.67	13.17		
FNMA			8,020,926.29	16.75		
FHLMC Bonds			1,553,714.70	3.24		
FHLB Agency Bonds			1,100,815.05	2.30		
Zero Coupon Bonds			3,688,282.89	7.70		
Real Estate			2,079,797.13	4.34		
			\$47,883,917.78	100.00		

**OPERATING REPORT SUMMARY**

**REVENUES**

**September 30, 2010**

	<u>CURRENT MONTH</u>		<u>YEAR-TO-DATE</u>		<u>ANNUAL</u>	<u>%</u>	<u>BENCH-MARK</u>
	<u>BUDGET</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>ACTUAL</u>	<u>BUDGET</u>		
General Fund							
Property Taxes	2,960	2,965	5,135,390	5,134,304	10,923,180	47.0%	
Hotel Tax	195,137	20,719	1,053,167	700,209	920,000	76.1%	
Real Estate Transfer Tax	33,333	27,417	300,000	324,150	400,000	81.0%	
Home Rule Sales Tax	301,667	287,434	2,715,000	2,557,271	3,620,000	70.6%	
Telecommunications Tax	291,667	242,650	2,625,000	2,281,131	3,500,000	65.2%	
Property tax - Fire	540	541	685,714	685,221	1,988,102	34.5%	
Property tax - Police	2,790	2,792	864,577	864,546	2,340,591	36.9%	
Entertainment	-	-	-	-	-	N/A	
Other Taxes	43,750	-	393,750	-	525,000	0.0%	
Total Taxes	871,844	584,519	13,772,599	12,546,832	24,216,873	51.8%	
Business Licenses	23,750	13,483	213,750	263,692	285,000	92.5%	
Liquor Licenses	14,583	(240)	131,250	189,695	175,000	108.4%	
Building Permits	33,333	64,232	300,000	396,869	400,000	99.2%	
Other Licenses & Permits	2,458	470	22,125	26,192	29,500	88.8%	
Total Licenses & Permits	74,125	77,945	667,125	876,448	889,500	98.5%	
Sales Tax	525,000	570,797	4,725,000	4,477,975	6,300,000	71.1%	
Local Use Tax	55,833	62,248	502,500	462,031	670,000	69.0%	
State Income Tax	325,000	766,206	2,925,000	3,003,193	3,900,000	77.0%	
Replacement Tax	27,083	171	243,750	167,746	325,000	51.6%	
Other Intergovernmental	66,885	54,908	601,965	364,742	802,620	45.4%	
Total Intergovernmental	999,802	1,454,331	8,998,215	8,475,687	11,997,620	70.6%	
Engineering Fees	3,333	20,055	30,000	65,933	40,000	164.8%	
Ambulance Fees	76,667	90,685	690,000	781,063	920,000	84.9%	
Police Hireback	28,333	30,120	255,000	200,017	340,000	58.8%	
Lease Payments	54,167	50,861	487,500	553,216	650,000	85.1%	
Cable TV Fees	39,583	-	356,250	381,709	475,000	80.4%	
4th of July Proceeds	-	-	69,975	82,178	60,000	137.0%	
Employee Payments	87,500	69,048	787,500	771,939	1,050,000	73.5%	
Hireback - Arena	8,333	8,598	75,000	117,766	100,000	117.8%	
Other Charges for Services	78,450	88,873	706,050	682,925	941,400	72.5%	
Total Charges for Services	376,367	358,239	3,457,275	3,636,746	4,576,400	79.5%	
Court Fines-County	30,000	30,216	270,000	262,223	360,000	72.8%	
Ticket Fines-Village	50,000	40,428	450,000	372,846	600,000	62.1%	
Overweight Truck Fines	583	810	5,250	2,600	7,000	37.1%	
Total Fines & Forfeits	80,583	71,454	725,250	637,669	967,000	65.9%	
Total Investment Earnings	12,500	772	112,500	8,511	150,000	5.7%	
Reimburse/Recoveries	6,250	(16,539)	56,250	65,628	75,000	87.5%	
Annexation Fees Univ Place	1,250	-	11,250	12,000	15,000	80.0%	
South Barrington Fuel Reimbursement	3,333	7,846	30,000	31,927	40,000	79.8%	
Other Miscellaneous	10,650	19,589	95,850	146,657	127,800	114.8%	
Total Miscellaneous	21,483	10,897	193,350	256,212	257,800	99.4%	
Total Operating Transfers In	45,510	45,510	409,590	409,590	546,120	75.0%	
<b>Total General Fund</b>	<b>2,482,214</b>	<b>2,603,666</b>	<b>28,335,904</b>	<b>26,847,694</b>	<b>43,601,313</b>	<b>61.6%</b>	<b>75.0%</b>

**OPERATING REPORT SUMMARY**

**REVENUES**

**September 30, 2010**

	CURRENT MONTH		YEAR-TO-DATE		ANNUAL BUDGET	%	BENCH-MARK
	BUDGET	ACTUAL	BUDGET	ACTUAL			
<b>Water &amp; Sewer Fund</b>							
Water Sales	880,000	924,295	7,920,000	7,635,333	10,560,000	72.3%	
Connection Fees	4,167	91	37,500	20,693	50,000	41.4%	
Cross Connection Fees	3,083	3,133	27,750	28,378	37,000	76.7%	
Penalties	5,000	5,835	45,000	46,793	60,000	78.0%	
Investment Earnings	8,333	1,173	75,000	14,092	100,000	14.1%	
Other Revenue Sources	44,633	66,540	401,700	94,023	535,600	17.6%	
<b>Total Water Fund</b>	<b>945,217</b>	<b>1,001,067</b>	<b>8,506,950</b>	<b>7,839,311</b>	<b>11,342,600</b>	<b>69.1%</b>	<b>75.0%</b>
<b>Motor Fuel Tax Fund</b>	106,150	105,776	958,334	954,643	1,358,070	70.3%	
Community Dev. Block Grant Fund	6,641	131,497	80,984	332,397	420,500	79.0%	
EDA Administration Fund	500	358	3,852,500	3,851,462	5,735,570	67.2%	
E-911 Surcharge	4,363	2,067	39,263	19,714	52,350	37.7%	
Asset Seizure Fund	17,725	12,360	159,525	116,640	212,700	54.8%	
Municipal Waste System Fund	100,015	44,840	900,135	767,707	1,200,180	64.0%	
Sears Centre Operating Fund	102,083	111,111	918,750	2,494,873	1,225,000	203.7%	
Insurance Fund	158,797	157,706	1,429,170	1,409,386	1,905,560	74.0%	
Information Systems	95,348	94,571	858,135	853,543	1,144,180	74.6%	
Roselle Road TIF	8,950	8,959	638,645	637,565	1,001,400	63.7%	
<b>Total Spec Rev. &amp; Int. Svc. Fund</b>	<b>600,572</b>	<b>669,246</b>	<b>9,835,440</b>	<b>11,437,930</b>	<b>14,255,510</b>	<b>80.2%</b>	
<b>TOTAL OPERATING FUNDS</b>	<b>4,028,003</b>	<b>4,273,978</b>	<b>46,678,294</b>	<b>46,124,935</b>	<b>69,199,423</b>	<b>66.7%</b>	<b>75.0%</b>
<b>Sears EDA Gen Account</b>	-	-	-	10,146,764	-	N/A	
2001 G.O. Debt Service	72,770	72,770	595,231	648,293	1,168,450	55.5%	
1997 A & B G.O. Debt Service	1	1	35,271	35,246	550,530	6.4%	
2003 G.O. Debt Service	325	325	700,058	438,887	941,600	46.6%	
2004 G.O. Debt Service	210	210	287,103	289,625	969,690	29.9%	
2005A G.O. Debt Service	1,000,300	1,000,298	1,009,787	3,905,715	3,909,340	99.9%	
2005 EDA TIF Bond Fund	2,150	2,151	3,961,137	10,135,652	11,861,170	85.5%	
2008 G.O.D.S. Fund	940	943	20,532	13,200	333,100	4.0%	
2009 G.O.D.S. Fund	20,700	20,690	362,100	247,442	540,000	45.8%	
<b>TOTAL DEBT SERV. FUNDS</b>	<b>1,097,396</b>	<b>1,097,389</b>	<b>6,971,218</b>	<b>25,860,823</b>	<b>20,273,880</b>	<b>127.6%</b>	<b>75.0%</b>
<b>Central Rd. Corridor Fund</b>	70	37	630	270	840	32.2%	
Hoffman Blvd Bridge Maintenance	110	57	990	413	1,320	31.3%	
Western Corridor Fund	1,177	66	10,590	6,420	14,120	45.5%	
Traffic Improvement Fund	382	85	3,435	950	4,580	20.7%	
EDA Series 1991 Project	1,210	1,490	10,890	16,425	14,520	113.1%	
Central Area Rd. Impr. Imp. Fee	51	73	458	474	610	77.6%	
2008 Capital Project Fund	-	5	-	747	-	N/A	
Western Area Traffic Impr.	204	42	1,838	493	2,450	20.1%	
2009 Capital Project Fund	8,333	1,308	75,000	25,605	100,000	25.6%	
Western Area Traffic Impr. Impact Fee	3,194	580	28,748	3,745	38,330	9.8%	
Capital Improvements Fund	232,210	237,090	2,261,199	2,224,617	2,786,520	79.8%	
Capital Vehicle & Equipment Fund	7,276	1,767	67,183	29,762	87,310	34.1%	
Capital Replacement Fund	7,500	460	67,500	4,454	90,000	4.9%	
<b>TOTAL CAP. PROJECT FUNDS</b>	<b>261,717</b>	<b>243,058</b>	<b>2,528,460</b>	<b>2,314,375</b>	<b>3,140,600</b>	<b>73.7%</b>	<b>75.0%</b>
<b>Police Pension Fund</b>	152,000	152,018	2,498,632	2,331,236	4,610,181	50.6%	
<b>Fire Pension Fund</b>	208,600	208,654	3,349,497	3,329,130	4,497,272	74.0%	
<b>TOTAL TRUST FUNDS</b>	<b>360,600</b>	<b>360,671</b>	<b>5,848,129</b>	<b>5,660,366</b>	<b>9,107,453</b>	<b>62.2%</b>	<b>75.0%</b>
<b>TOTAL ALL FUNDS</b>	<b>5,747,715</b>	<b>5,975,097</b>	<b>62,026,101</b>	<b>79,960,499</b>	<b>101,721,356</b>	<b>78.6%</b>	<b>75.0%</b>



**Operating Report Summary**  
**EXPENDITURES**  
**September 30, 2010**

	<u>CURRENT MONTH</u>		<u>YEAR-TO-DATE</u>		<u>ANNUAL BUDGET</u>	<u>%</u>	<u>BENCH-MARK</u>
	<u>BUDGET</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>ACTUAL</u>			
General Fund							
General Admin.							
Legislative	29,008	30,726	261,075	234,691	348,100	67.4%	
Administration	50,312	47,825	452,805	444,272	603,740	73.6%	
Legal	48,423	41,174	435,803	286,336	581,070	49.3%	
Finance	68,278	61,357	614,505	598,722	819,340	73.1%	
Village Clerk	15,004	15,036	135,038	131,101	180,050	72.8%	
Human Resource Mgmt.	37,803	35,919	340,230	310,839	453,640	68.5%	
Communications	15,993	13,808	143,933	145,948	191,910	76.1%	
Cable TV	11,113	10,262	100,013	92,332	133,350	69.2%	
Emergency Operations	12,306	10,132	110,753	97,042	147,670	65.7%	
Total General Admin.	288,239	266,240	2,594,153	2,341,284	3,458,870	67.7%	75.0%
Police Department							
Administration	140,778	115,943	1,267,005	1,154,237	1,689,340	68.3%	
Juvenile Investigations	55,803	42,241	502,230	438,322	669,640	65.5%	
Problem Orient. Police	179	35	1,613	396	2,150	18.4%	
Tactical	60,131	45,960	541,178	480,168	721,570	66.5%	
Patrol and Response	749,206	594,060	6,742,853	5,946,633	8,990,471	66.1%	
Traffic	73,458	66,054	661,118	591,324	881,490	67.1%	
Investigations	88,312	65,931	794,805	682,963	1,059,740	64.4%	
Community Relations	871	-	7,838	2,775	10,450	26.6%	
Communications	45,510	46,222	409,590	411,984	546,120	75.4%	
Canine	11,822	9,600	106,395	96,792	141,860	68.2%	
Special Services	8,454	6,719	76,088	107,739	101,450	106.2%	
Records	30,181	27,109	271,628	265,262	362,170	73.2%	
Administrative Services	56,472	53,934	508,245	475,459	677,660	70.2%	
Total Police	1,321,176	1,073,808	11,890,583	10,654,055	15,854,111	67.2%	75.0%
Fire Department							
Administration	63,702	75,632	573,315	521,167	764,420	68.2%	
Public Education	3,011	3,419	27,098	23,066	36,130	63.8%	
Suppression	488,465	272,502	4,396,187	3,813,183	5,861,582	65.1%	
Emer. Med. Serv.	444,749	396,260	4,002,743	3,573,194	5,336,990	67.0%	
Prevention	37,542	62,999	337,875	313,041	450,500	69.5%	
Fire Stations	2,033	1,150	18,293	8,002	24,390	32.8%	
Total Fire	1,039,501	811,963	9,355,509	8,251,652	12,474,012	66.2%	75.0%
Public Works Department							
Administration	21,389	21,571	192,503	190,694	256,670	74.3%	
Snow/Ice Control	146,588	221,259	1,319,288	1,257,334	1,759,050	71.5%	
Pavement Maintenance	31,403	30,351	282,623	266,786	376,830	70.8%	
Forestry	70,052	62,453	630,465	499,177	840,620	59.4%	
Facilities	93,960	133,500	845,640	645,531	1,127,520	57.3%	
Fleet Services	105,955	112,728	953,595	818,562	1,271,460	64.4%	
F.A.S.T.	17,439	9,598	156,953	111,614	209,270	53.3%	
Storm Sewers	17,110	20,553	153,990	145,384	205,320	70.8%	
Traffic Control	48,575	72,233	437,175	417,179	582,900	71.6%	
Total Public Works	552,470	684,246	4,972,230	4,352,260	6,629,640	65.6%	75.0%

**Operating Report Summary**  
**EXPENDITURES**  
**September 30, 2010**

	<u>CURRENT MONTH</u>		<u>YEAR-TO-DATE</u>		<u>ANNUAL BUDGET</u>	<u>%</u>	<u>BENCH-MARK</u>
	<u>BUDGET</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>ACTUAL</u>			
Development Services							
Administration	16,373	15,350	147,353	142,005	196,470	72.3%	
Planning	40,100	27,063	360,900	344,194	481,200	71.5%	
Code Enforcement	88,524	84,169	796,718	791,980	1,062,290	74.6%	
Transportation & Engineering	83,283	80,612	749,550	715,610	999,400	71.6%	
Economic Development	96,958	179,894	371,005	527,112	1,163,500	45.3%	
<b>Total Development Services</b>	<b>325,238</b>	<b>387,088</b>	<b>2,425,525</b>	<b>2,520,901</b>	<b>3,902,860</b>	<b>64.6%</b>	<b>75.0%</b>
Health & Human Services	52,168	45,540	469,508	433,399	626,010	69.2%	75.0%
Miscellaneous							
4th of July	8,880	8,888	112,938	117,088	152,950	76.6%	
Police & Fire Comm.	1,915	-	17,235	777	22,980	3.4%	
Misc. Boards & Comm.	14,740	10,627	132,660	100,848	176,880	57.0%	
Misc. Public Improvements	14,760	14,765	198,034	184,496	1,368,740	13.5%	
<b>Total Miscellaneous</b>	<b>40,295</b>	<b>34,280</b>	<b>460,867</b>	<b>403,209</b>	<b>1,721,550</b>	<b>23.4%</b>	<b>75.0%</b>
<b>Total General Fund</b>	<b>3,619,087</b>	<b>3,303,166</b>	<b>32,168,375</b>	<b>28,956,759</b>	<b>44,667,053</b>	<b>64.8%</b>	<b>75.0%</b>
Water & Sewer Fund							
Water Department	800,429	918,168	7,203,863	7,011,391	9,605,150	73.0%	
Sewer Department	294,917	457,326	2,654,250	1,988,176	3,539,000	56.2%	
Billing Division	52,422	54,867	471,795	432,711	629,060	68.8%	
Debt Service Division	-	-	129,894	129,894	333,070	39.0%	
Capital Projects Division	488,740	488,743	1,234,740	1,230,733	1,345,190	91.5%	
<b>Total Water &amp; Sewer</b>	<b>1,636,508</b>	<b>1,919,104</b>	<b>11,694,542</b>	<b>10,792,905</b>	<b>15,451,470</b>	<b>69.9%</b>	<b>75.0%</b>
Motor Fuel Tax	120,495	108,708	890,495	893,288	1,445,940	61.8%	
Community Dev. Block Grant Fund	35,042	145,259	209,592	346,160	420,500	82.3%	
EDA Administration Fund	338,764	357,616	3,049,711	3,043,485	4,065,170	74.9%	
E-911 Fund	45,510	45,510	409,590	409,590	546,120	75.0%	
Asset Seizure Fund	18,933	12,329	170,400	110,554	227,200	48.7%	
Municipal Waste System	99,518	96,169	895,658	853,480	1,194,210	71.5%	
Sears Centre Operating Fund	11,336	181,365	102,023	1,945,284	136,030	1430.0%	
Insurance	156,080	46,032	1,404,720	995,401	1,872,960	53.1%	
Information Systems	95,350	61,726	858,150	764,473	1,144,200	66.8%	
Roselle Road TIF	3,417	486	30,750	1,963	41,000	4.8%	
<b>TOTAL OPERATING FUNDS</b>	<b>6,180,039</b>	<b>6,277,470</b>	<b>51,884,004</b>	<b>49,113,341</b>	<b>71,211,853</b>	<b>69.0%</b>	<b>75.0%</b>
Sears EDA General Account	-	-	-	10,146,764	-	N/A	
2001 G.O. Debt Service	-	-	37,425	36,825	1,163,050	3.2%	
1997 A & B G.O. Debt Service	-	-	35,236	35,236	551,080	6.4%	
2003 G.O. Debt Service	-	-	26,101	26,401	967,210	2.7%	
2004 G.O. Debt Service	-	-	48,844	48,844	967,690	5.0%	
2005A G.O. Debt Service	-	-	1,362,170	1,362,169	3,909,340	34.8%	
2005 EDA TIF Bond Fund	2,120	2,128	23,896,967	23,884,006	23,959,170	99.7%	
2008 G.O.D.S. Fund	-	-	389,933	389,933	999,700	N/A	
2009 G.O.D.S. Fund	-	-	757,178	757,178	1,518,250	49.9%	
<b>TOTAL DEBT SERV. FUNDS</b>	<b>2,120</b>	<b>2,128</b>	<b>26,553,854</b>	<b>36,687,356</b>	<b>34,035,490</b>	<b>107.8%</b>	<b>75.0%</b>

**Operating Report Summary**  
**EXPENDITURES**  
**September 30, 2010**

	<u>CURRENT MONTH</u>		<u>YEAR-TO-DATE</u>		<u>ANNUAL BUDGET</u>	<u>%</u>	<u>BENCH-MARK</u>
	<u>BUDGET</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>ACTUAL</u>			
Hoffman Blvd Bridge Maintenance	625	-	5,000	-	7,500	0.0%	
Traffic Improvement Fund	12,167	-	109,500	53,777	146,000	36.8%	
EDA Series 1991 Project	100,502	1,819	904,515	34,027	1,206,020	2.8%	
Central Area Rd. Impr. Imp. Fee	83	-	750	-	1,000	0.0%	
Western Area Traffic Improvement	-	1,608	14,657	31,993	-	N/A	
2008 Capital Project	-	-	35,190	87,645	-	N/A	
2009 Capital Project	487,450	487,456	10,173,385	10,172,967	12,313,160	82.6%	
Western Area Rd Improve Imp. Fee	-	-	-	291	-	N/A	
Capital Improvements Fund	375,940	375,947	1,902,326	1,885,813	2,759,820	68.3%	
Capital Vehicle & Equipment Fund	9,350	2,100	82,150	35,629	112,200	31.8%	
Capital Replacement Fund	67,700	67,701	67,700	67,701	247,900	27.3%	
<b>TOTAL CAP. PROJECT FUNDS</b>	<b>1,053,817</b>	<b>936,630</b>	<b>13,295,173</b>	<b>12,369,843</b>	<b>16,793,600</b>	<b>73.7%</b>	<b>75.0%</b>
Police Pension Fund	212,137	215,779	1,909,230	1,958,614	2,545,640	76.9%	
Fire Pension Fund	216,223	211,044	1,946,003	1,948,103	2,594,670	75.1%	
<b>TOTAL TRUST FUNDS</b>	<b>428,359</b>	<b>426,823</b>	<b>3,855,233</b>	<b>3,906,717</b>	<b>5,140,310</b>	<b>76.0%</b>	<b>75.0%</b>
<b>TOTAL ALL FUNDS</b>	<b>7,664,334</b>	<b>7,643,051</b>	<b>95,588,264</b>	<b>102,077,259</b>	<b>127,181,253</b>	<b>80.3%</b>	<b>75.0%</b>



# Village of Hoffman Estates **Information Systems** Department

## 2010 SEPTEMBER MONTHLY REPORT

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## ***Geographic Information System Monthly Review***

### **Clerk's Office**

Fulfilled seventeen requests for adding or updating location records and re-assigning business licenses in CommunityPLUS.

### **Code Enforcement**

Fulfilled three requests for adding or updating location records and re-assigning permits in CommunityPLUS.

Created a mailing list of all addresses on Cornell (Drive, Place, Circle, Court, & Terrace).

### **Fire Department**

Created an individual map for the Fire Department's site pre-plan documents:

New Police Facility – 411 W Higgins Road.

Began updating numerous pages in the Fire Map Book due to the renumbering of the Jane Addams Memorial Tollway (I-90) mile markers.

### **Planning**

The name of Holy Innocents Episcopal Church at 425 Illinois Boulevard has been changed to Shree Jalarm Mandir Temple. The annotation (labels) and building footprint layers in the GIS database have been edited to effect the change. All intranet maps reflect the change now, and all printed maps will show the change as they are printed.

### **Police Department**

Created a mailing list of business and resident address adjacent to and near AT&T for an event scheduled for October.

### **Public Works**

Created a compressed mosaic image of the aerial photographs from the spring 2010 flyover files received from Northwest Central Dispatch System. The compressed mosaic was copied to the JULIE locator laptop computers at Public Works.

# SPS Monthly Review

## CommunityPLUS/FinancePLUS Database Conversions

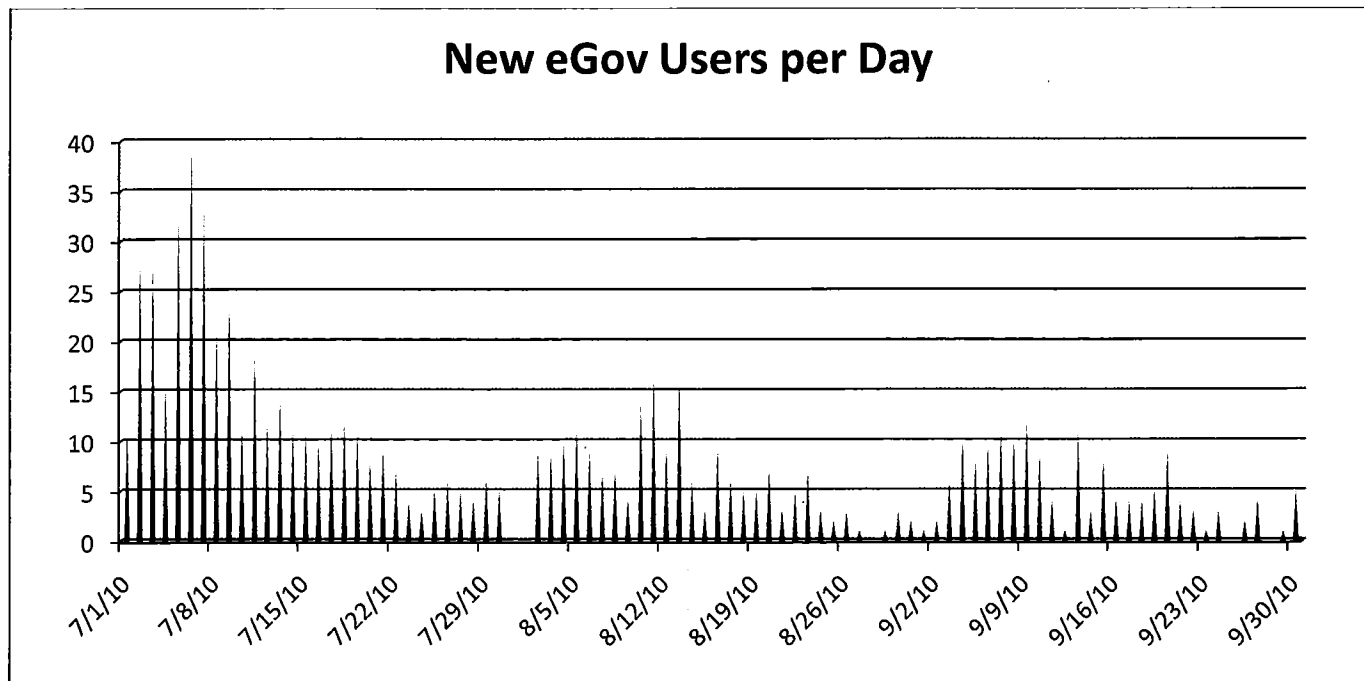
As reported last month, we converted all the SunGard databases to the newest versions on August 31<sup>st</sup>. As expected, there were several issues that needed to be addressed after these conversions. We worked very closely with SunGard support staff to identify and correct every issue that arose, with a very good response time from all areas of support. In the end, this conversion was by far the best one we have had in terms of impact to the users and ease of implementation. Since the IS staff did all the beta testing for CommunityPLUS and the upgrade testing for FinancePLUS, we reduced to the absolute minimum the involvement of the users in this process, allowing them to continue on with their daily work. We also reduced the amount of time the databases were out of service for the conversions so that eGov was available to the constituents just as soon as it could possibly be. By the middle of September, all the major issues had been resolved and we are working on the residual minor issues.

## UB Bill Printing Implementation

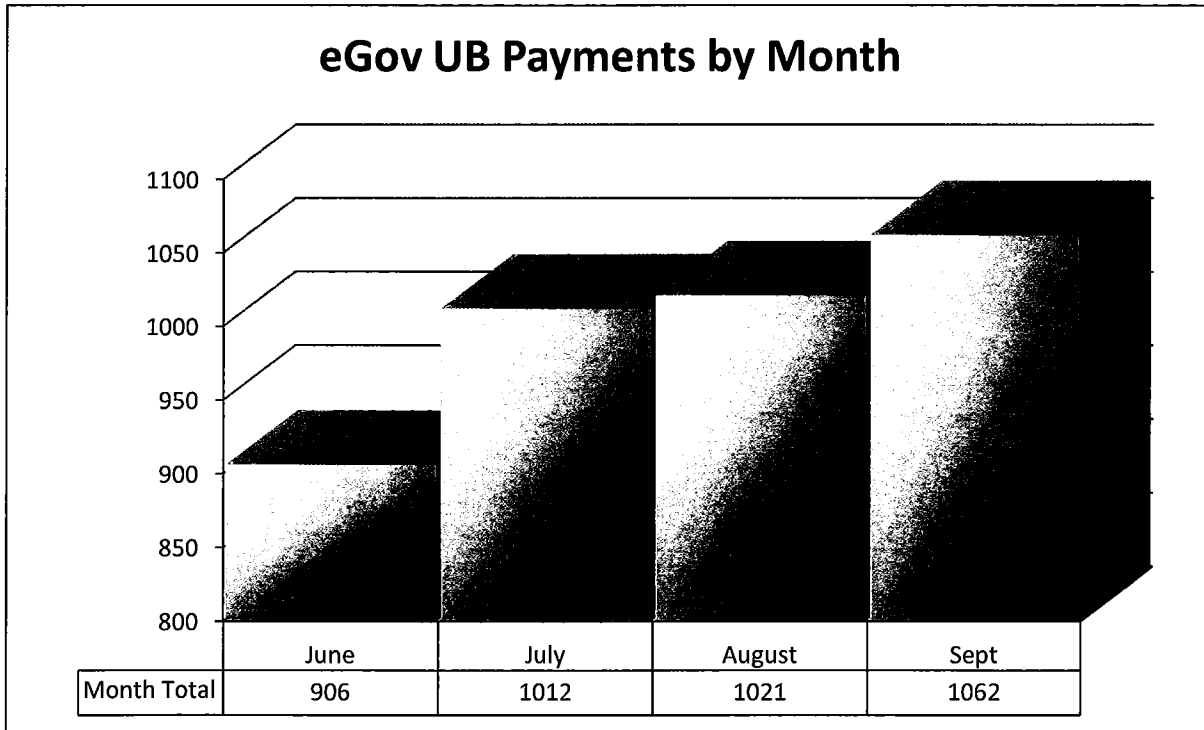
We worked with Creekside Printing and the Finance Department staff to install and test the transfer of the bill files to Creekside's secure FTP site, and the retrieval of the completed bills after they had processed the file. After some initial connectivity problems, the actual transfer of the files went smoothly and the parallel bills were determined to be accurate.

## eGovPLUS

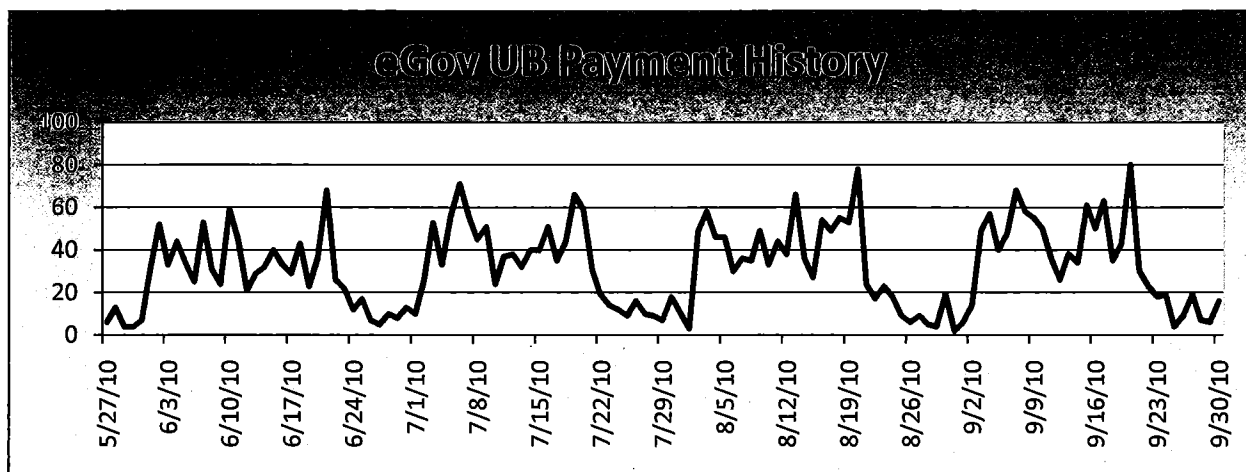
The use of this application by Hoffman Estates constituents continues to increase, with the addition of 155 new users in September with a cumulative total of 1743 users by the end of the month.



The number of payments made each month via eGov has also continued its upward trend. As this chart illustrates, there was a 4% increase in the number of payments from August to September. While this may not seem very large, every payment made via eGov replaces the manual entry in Cash Receipts of this payment by our Customer Service staff, thus freeing up their time for other duties.



As you can see below the day-by-day payment trend from one month to another is very consistent, with spikes that indicate the receipt of the bills and the approaching due date.



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## **Technical Support Hardware & Software Activities**

### **Training: Mail Merge**

A training class in Microsoft Office mail merge was taught by John Peebles. Mail merge is a software function describing the production of multiple (and potentially large numbers of) documents from a single template form and a structured data source. This helps to create personalized letters and pre-addressed envelopes or mailing labels for mass mailings from a word processing document which contains fixed text, which will be the same in each output document, and variables, which act as placeholders that are replaced by text from the data source. The data source is typically a spreadsheet or a database which has a field or column each variable in the template. When the mail merge is run, the word processing system creates an output document for each row in the database, using the fixed text exactly as it appears in the template, but substituting the data variables in the template with the values from the matching columns.

### **Training: Outlook**

A training class in Microsoft Outlook was taught by John Peebles. The training session, attended by the nine newest members of the Health and Human Services department, focused on creating email, adding/removing and editing contacts, creating appointments, adding attachments and performing searches. Attendees also received training on proper email protocol and SPAM reduction.

### **New Equipment Installation**

As a follow up to the installation of a Comcast at the new PD, a Cisco ASA was installed, configured and connected to the Comcast line. The device provides firewall services, real-time threat defense, highly secure remote access and highly secure communications services. The device integrates firewall, unified communications security, VPN technology, intrusion prevention, and content security in a unified platform allowing it to:

- Stop attacks before they penetrate the network perimeter
- Protect resources and data, as well as voice, video, and multimedia traffic
- Control network and application activity

### **Technical liaison**

Information Systems Department and Police Department personnel met with representatives from School District 54 interested in utilizing the Resource Center in the new police facility. District 54's intent is to use the resource center for adult and after school activities for children. District 54 officials were interested in room layout and technology infrastructure with the intent to populate the room with computers and provide wireless internet access separate from the village network.

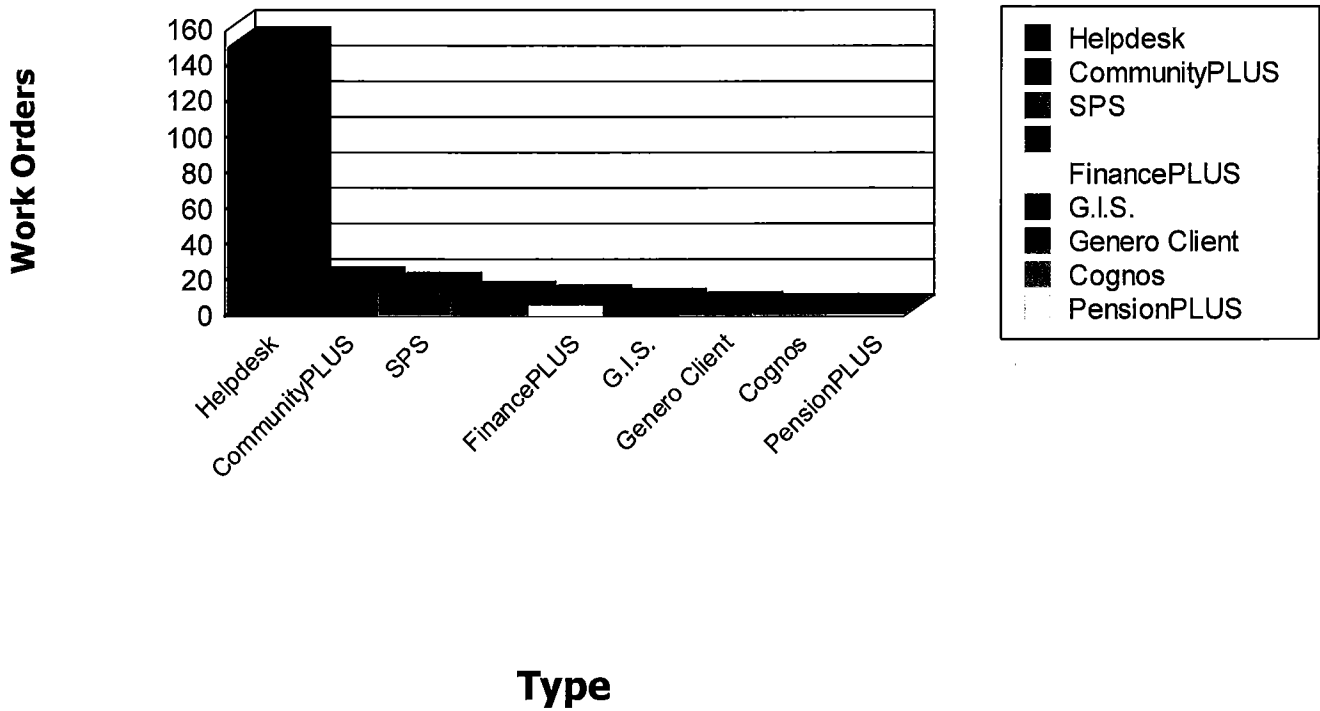
### **Wireless Access**

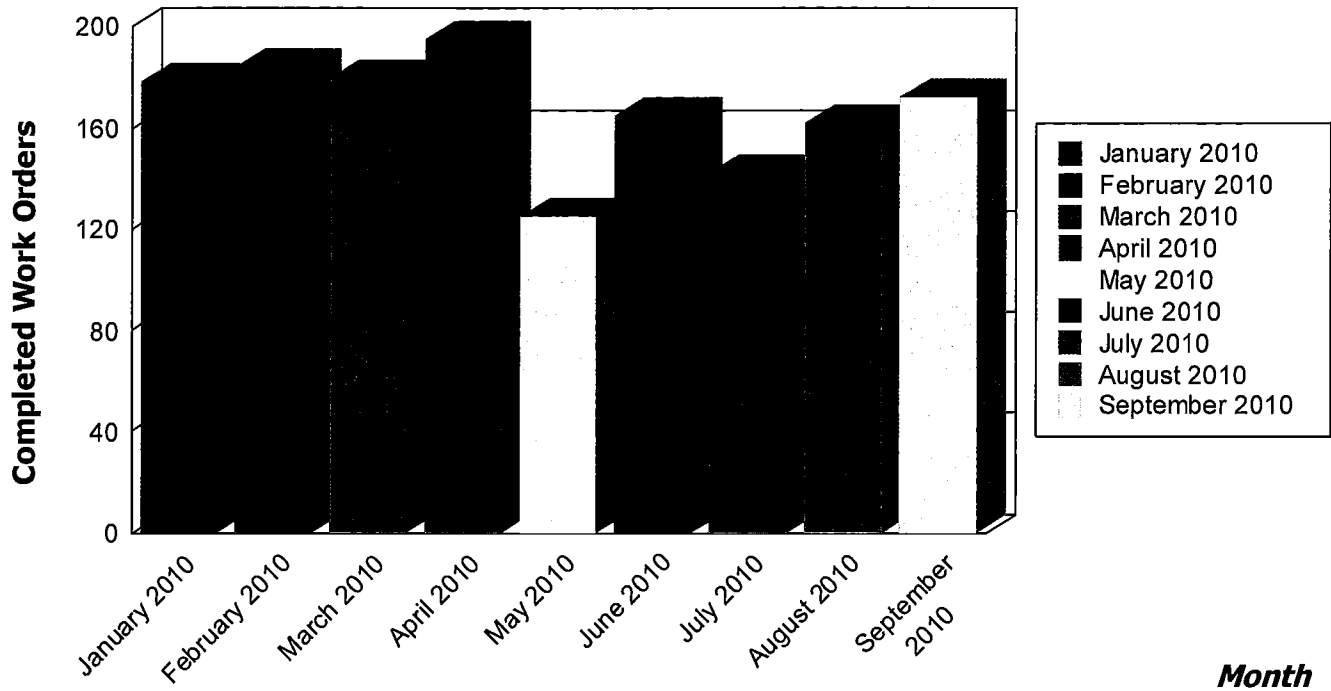
In August a need was expressed to extend the network wireless infrastructure beyond the parking garage. The original plans called for a wireless access point to be placed on the exterior of the building thus extending the network into the parking lot and cabling for this access point was run to the chosen location. However, it was decided that there was no need to have the wireless network extended and that all officers would be logging in to the network prior to leaving the garage or could log in at one of the other eight locations throughout the Village if need be. The need that has developed stems from officers wanting to get access to the network while temporarily parked in the parking lot without having to drive into the garage. The I.S. Department was asked to implement wireless access outside the garage but not attach any equipment to the exterior of the building. I.S. Department staff and vendor staff conducted a wireless survey of the exterior of the police facility to determine the ideal locations for mounting the needed access points in order to provide full coverage to both front and rear parking lots. Preliminary results show an access point mounted on the light pole in the South West corner and another on the array located on top of the facility itself. These two locations will ensure near 100% coverage for the exterior of the building.



## Total Work Orders by Priority by Month

Month	9/2010
1 - Urgent	7
2 - High	31
3 - Medium	27
4 - Normal	108
Project	6
Scheduled Event	13
Vendor intervention required	12
<b>Total for Month</b>	<b>204</b>

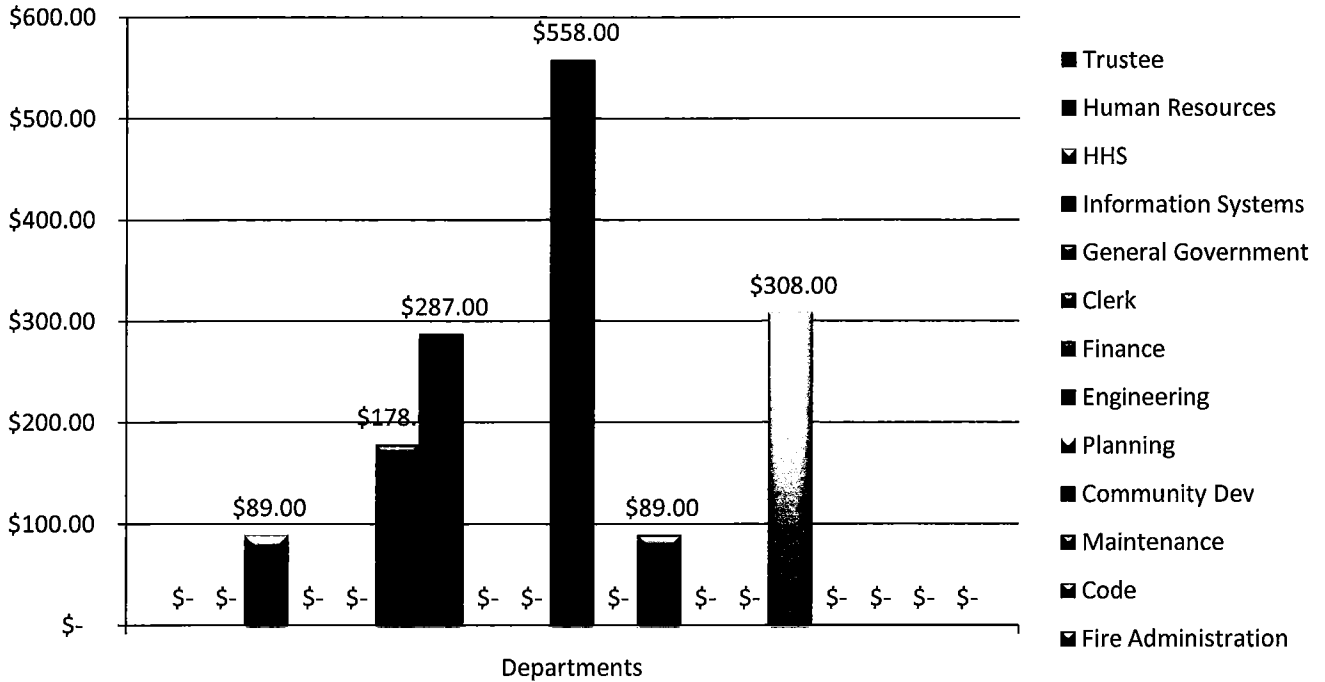




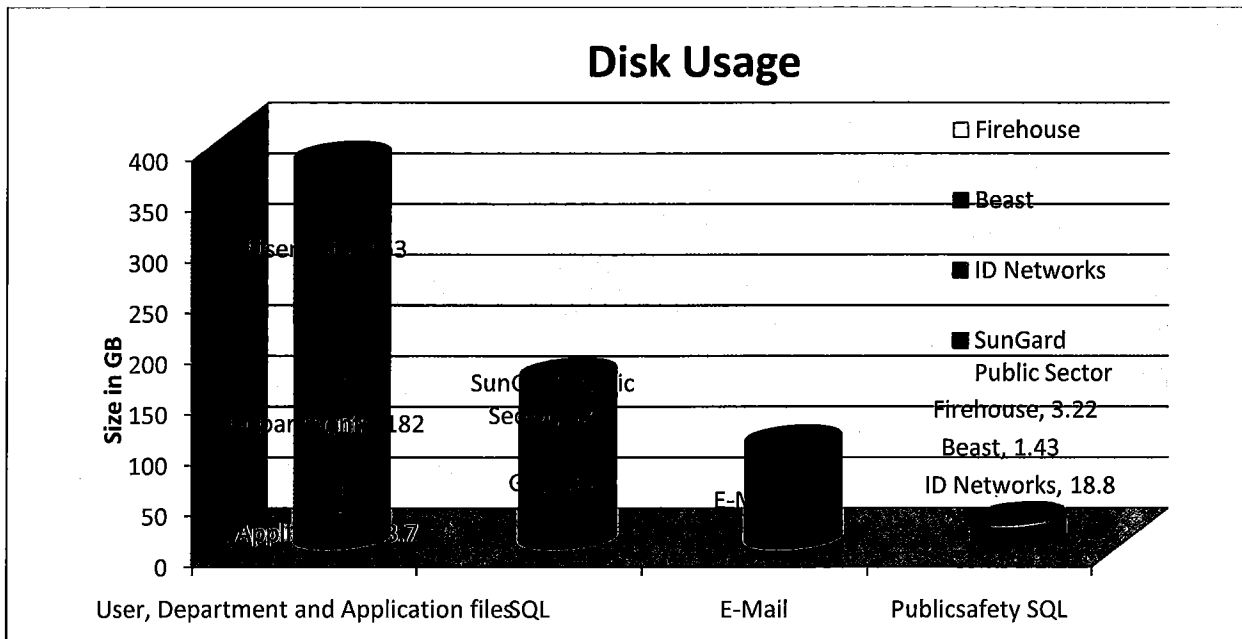
# Toner Usage by Department

The following chart shows the toner usage for the month of September, 2010. The cost of toner usage totals approximately \$1509 for the period. The cost associated with these replaced toner cartridges is displayed below by department:

### Toner usage by departments

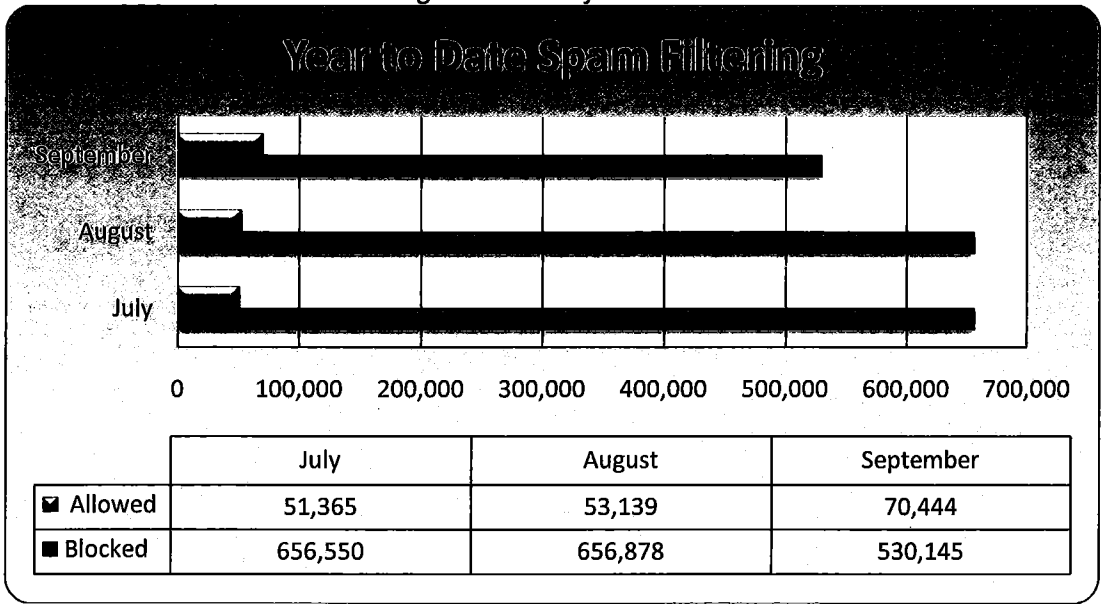


# System and Data Functions

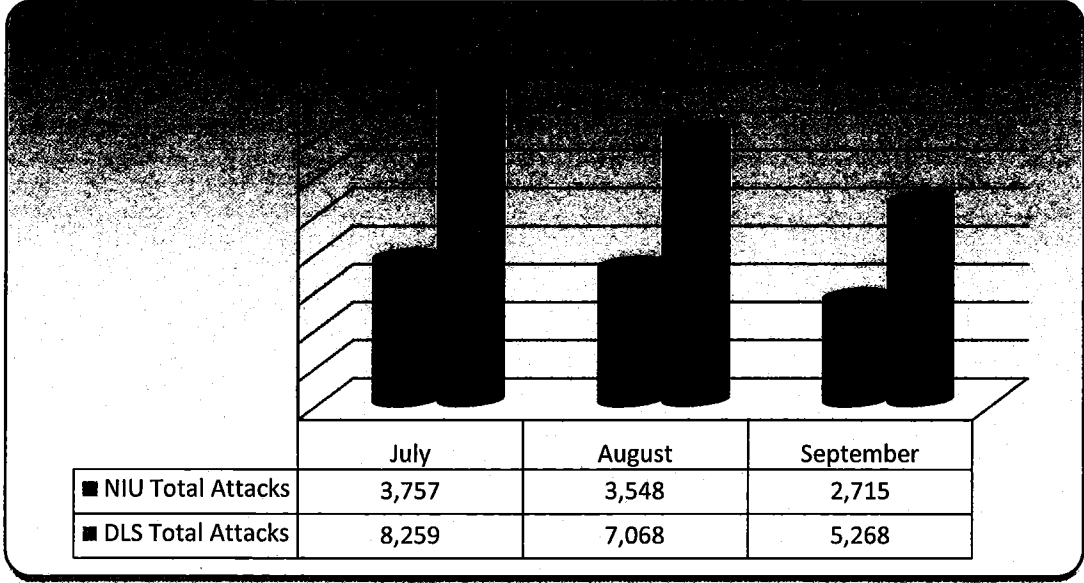


# Virus and Spam Report

**Email:** For the month of September, our barracuda anti spam and virus filter has blocked more than 530,000 of unsolicited emails from entering our email system.



**Internet Security:** The Village of Hoffman Estates has 2 Sentinel Security devices that monitor all incoming and outgoing internet traffic looking for possible intruders trying to gain access on our computer network.



Virus Outbreaks: None for September

Gordon F. Eaken, Director of Information Systems

**Sears Centre Arena**  
**General Manager Update**  
10/25/2010

<u>September Event Highlights</u>	<u>Notes</u>
Chicago Bliss Football	The first Bliss game was profitable, resulting in positive event income.
Jesus Adrian Romero Concert	The arena's first Hispanic concert was successful resulting in positive event income.
Glenn Beck Event	Extremely successful event resulting in positive event income.

<u>October Event Highlights</u>	<u>Notes</u>
RCCH Religious Event	Latino Religious event resulting in positive event income.
TNA Wrestling	Event was successful, financial numbers are still being calculated.

<u>Currently On Sale</u>	
TobyMac/Skillet - Nov 12	On sale Now
Chicago Bliss - Nov 13	On sale Now
Chicago Invitational - Nov 26-27	On sale Now
Notre Dame Hockey Tournament - Jan 1-2	On sale Now
Cirque De Soleil - Jan 26-30	On sale Now
Professional Championship Bullriding - Feb 4-5	On sale Now

<u>Confirmed Events</u>	
IRCA Cheerleading Event - Nov 6	Returning event that cancelled in 2009 and is returning for 2010
IRCA Cheerleading Event - Dec	Returning event that was previously hosted in 2008.
Thomas the Train - April	Arena will be <b>self promoting</b> this show. Event has done very well at arena in previous years, so should be a solid event.
Arenacross - Jan	Event confirmed for January.
Monster Truck - March	Event confirmed for March.
Great Lakes Cheerleading - March	Returning event that canceled in 2009 - should be profitable.

<u>Booking Leads</u>	
There are currently 16 events holding dates or interested in utilizing the facility	

<u>Long Term Projects</u>	
ECHL Hockey Support	Successful PR launch. Now working to support ticket sales effort.
Holiday Open House - December	Hosting holiday open house the first Saturday before Christmas. Event hosted in conjunction with Chicago Express.
Theater Research	Contacted Atlanta based rigging company to determine feasibility of improving theater setup with improved curtaining.
Outdoor Summer Event 2011	Need to fill Summer dates with self produced event. Exploring options of outdoor concert, festival, etc.
Loge Upgrade	Installed carpeting and power in Loge 11. Space is much improved, and getting quotes for renovating remainder of loges. Will also look to rename loges to "lower level suites" in an effort to rebrand.

<u>Finance Department</u>	
General	Finance department currently working on September financials. Event Department is getting more adept at creating event workbook, which helps decrease workload for John Janicki. August roll forward completed showing anticipated net budget loss of \$434,648 as compared to the Jan 1 projected loss of \$1,168,228
Monthly Financial Statement	<b>Building Event Revenue YTD: \$1,340,081</b> <b>Building Sponsor/Other Revenue YTD: \$218,190</b> <b>Building Expenses YTD: \$1,667,163</b> <b>Building Income YTD: (\$108,912) vs. YTD Budget (\$781,000)</b>
Positions to Fill	N/A

<b>Operations Department</b>	
General	Global Spectrum's Clive Mathews completed facility audit, which should arrive early next week. This will help determine 5-year capital plan to be submitted with budget.
Positions to Fill	Chief Engineer
Third Party Providers	RFP distributed with follow up meetings planned with parking, security and janitorial services. Anticipate presenting third party provider contracts to Village Board in November.
Village Support	Jim Norris and other department heads are currently determining possible savings by allowing existing village staff handle select maintenance projects at the arena.
<b>Events Department</b>	
General	Events Department has been progressing nicely, and overall events setup and execution has improved with each event.
Positions to Fill	Event Manager
<b>Marketing Department</b>	
General	Erin Bilton is still acclimating to the market. Building marketing plan has been completed and ready for submission
Positions to Fill	Marketing Coordinator
Comcast Update	Comcast has been finalized.
Community Events	Looking at scheduling December skating event to coincide with holiday break.
Ongoing Initiatives	Improvement of existing website, development of monthly community event, creation of monthly trifold brochure (partnership with parks district), introductory meetings with area school districts, monthly community event planning, community listening website....
<b>Group Sales Department</b>	
General	Group sales department has developed nicely and concentrating on selling upcoming events including Chicago Invitational, Notre Dame Hockey and TNA Wrestling.
Global Spectrum Training	Global Spectrum conducts bi-weekly group sales calls which Tony Infusino participates.
<b>Box Office Department</b>	
General	Department has been performing well and adjusted nicely to New Era Ticketing as Box Office Manager, Dan Guza, has experience with the software platform.
New Era Implementation	No issues
<b>Food &amp; Beverage Department</b>	
General	Implemented new "all inclusive" packages for Chicago Bliss and Chicago Invitational. These packages are offered through New Era Tickets. Also developed dinner package for Cirque.
New Contract	Approved
<b>Premium Seating Department</b>	
General	Premium Seating will pick up with ECHL hockey beginning in Fall 2011. However, efforts will begin now to secure new clients for coming hockey season. Front Row and Levy Restaurants have developed all inclusive food package to coincide with club seats packages. These club seats will go on sale next month.
<b>Sponsorship Department</b>	
General	FRM is doing well with sponsorship and is trying to offset slow premium seating sales with increased sponsorship packages. Krista has enjoyed success with offering featured restaurant program. Thus far restaurants packages have resulted in nearly \$60,000 in new business.
Monthly Financial Statement	Corporate Sales: \$311,900 Suites Sales: \$193,000 Loge Sales: \$60,500 Club Seat Sales: \$61,484
New Business	Launching feature retail and hotel package.
<b>General</b>	
Capital Improvements	Considering purchase of Plexiglas to replace glass partitions during hockey, repaving and painting of parking lot, carpeting and electrical work in Loges. Considering installation of hand dryers in bathroom.

**SEARS CENTRE ARENA  
FINANCIAL STATEMENT COMMENTS  
MONTHLY SUMMARY  
FOR AUGUST 31, 2010**

	ACTUAL	BUDGET	FAV(UNFAV) VARIANCE
NO OF EVENTS	1	3	(2)
TURNSTILE ATTENDANCE	5,000	8,730	(3,730)
DIRECT EVENT INCOME	16,153	(9,000)	25,153
SURCHARGE	-	10,500	(10,500)
CONVENIENCE FEE REVENUE	-	31,489	(31,489)
ORDER FEE REVENUE	-	7,437	(7,437)
FULLFILLMENT FEE REVENUE	-	1,575	(1,575)
SUITE REVENUE	-	-	-
ANCILLARY INCOME	4,400	93,320	(88,920)
TOTAL EVENT INCOME	<u>20,553</u>	<u>135,330</u>	<u>(114,777)</u>
PREMIUM / OTHER INCOME	17,833	59,698	(41,865)
INDIRECT EXPENSES	168,525	331,815	163,090
NET INCOME (LOSS)	<u>(130,139)</u>	<u>(136,587)</u>	<u>6,448</u>

**MONTHLY COMMENTS FROM GLOBAL SPECTRUM:**

<b>EVENT INCOME: UNDER BUDGET BY 114,777 DUE TO THE FOLLOWING:</b>			
		FAV(UNFAV) VARIANCE	COMMENTS
RELIGIOUS	OVER	\$20,553	rental event, not budgeted
MAJOR CONCERT	UNDER	(\$108,555)	event budgeted that did not occur.
MTGS/LUNCHEONS/MISC	UNDER	(\$5,655)	event budgeted that did not occur.
BANQUET	UNDER	(\$21,120)	event budgeted that did not occur.
		<u>(114,777)</u>	

<b>OTHER INCOME: UNDER BUDGET BY 41,865 DUE TO THE FOLLOWING:</b>			
		FAV(UNFAV) VARIANCE	COMMENTS
ADVERTISING	UNDER	(33,988)	decrease in projected contract renewals and commsn on trade agrmts
PREMIUM SEATING	UNDER	(19,451)	decrease in projected contract renewals and increase in individual suite and loge commissions and trade agreements
OTHER	OVER	<u>11,575</u>	monthly antenna rent from Verizon and misc parking lot rentals
		<u>(41,864)</u>	

<b>INDIRECT EXPENSES: UNDER BUDGET BY 163,090 DUE TO THE FOLLOWING:</b>			
		FAV(UNFAV) VARIANCE	COMMENTS
EXECUTIVE	OVER	(2,385)	timing variances for expenses
FINANCE	UNDER	3,399	timing variances for expenses
BOX OFFICE	UNDER	7,828	timing variances for expenses
MARKETING	UNDER	11,633	timing variances for expenses and payroll savings
GROUP SALES	UNDER	2,387	timing variances for expenses
CORPORATE SALES	UNDER	2,852	timing variances for expenses
EVENT PRODUCTION	UNDER	9,999	timing variances for expenses
TECHNICAL SERVICES	UNDER	6,926	timing variances for expenses
OPERATIONS	UNDER	77,642	staffing savings, utility and timing variances
FOOD & BEVERAGE	UNDER	38,296	reduced activity for the month, staff reassignments.
OVERHEAD	UNDER	4,415	timing variance relocation, site visits and Mgmt fee adjstmt
		<u>163,090</u>	

EVENT	NO OF EVENTS		TOTAL EVENT INCOME		F & B PER CAPS		SUITES/CATERING		NOVELTIES	
	ACTUAL	BUDGET	ACTUAL	BUDGET	ACTUAL	BUDGET	ACTUAL	BUDGET	ACTUAL	BUDGET
RELIGIOUS	1	-	16,153	-	0.50	-	-	-	-	-
MAJOR CONCERTS	-	1	-	(10,000)	-	7.32	-	1.88	-	0.50
MTGS/LUNCHEONS/MISC	-	1	-	500	-	-	-	20.62	-	-
BANQUETS	-	1	-	600	-	-	-	20.62	-	-
	<u>1</u>	<u>3</u>	<u>16,153</u>	<u>(9,000)</u>						



**GLOBAL SPECTRUM FACILITY  
SEARS CENTRE ARENA  
FINANCIAL STATEMENT COMMENTS  
FOR THE SEVEN MONTHS ENDING AUGUST 31, 2010**

	ACTUAL	BUDGET	FAV(UNFAV) VARIANCE
NO OF EVENTS	63	64	(1)
TURNSTILE ATTENDANCE	217,569	235,534	(17,965)
DIRECT EVENT INCOME	149,156	172,501	(23,345)
SURCHARGE	157,327	308,500	(149,173)
CONVENIENCE FEE REVENUE	118,882	171,562	(52,680)
ORDER FEE REVENUE	14,225	55,417	(41,192)
FULLFILLMENT FEE REVENUE	-	11,100	(11,100)
SUITE REVENUE	50,946	-	50,946
ANCILLARY INCOME	849,525	830,285	19,240
TOTAL EVENT INCOME	<u>1,340,061</u>	<u>1,547,365</u>	<u>(207,304)</u>
PREMIUM / OTHER INCOME	218,190	406,567	(188,377)
INDIRECT EXPENSES	1,667,163	2,734,932	1,067,769
NET INCOME (LOSS)	<u>(108,912)</u>	<u>(781,000)</u>	<u>672,088</u>

**YEAR TO DATE COMMENTS FROM GLOBAL SPECTRUM:**


EVENT INCOME:		UNDER BUDGET BY	207,304	DUE TO THE FOLLOWING:	
				FAV(UNFAV) VARIANCE	COMMENTS
INDOOR FOOTBALL - SLAUGHTER	UNDER		(21,805)		attendance variance and direct expenses unfavorable for the season
BOXING	UNDER		(72,850)		budgeted event did not occur: may pick up later in the year
WRESTLING	UNDER		(26,806)		TNA budgeted event did not occur will pick up later in the year
PARKING LOT RENTALS	OVER		4,730		7 unbudgeted events
MISC SPORT	UNDER		(107,175)		USAV attendance shortfall plus three budgeted event did not occur.
FAMILY SHOW	UNDER		(315,460)		Curious George attendance down 67% and Walking with Dinosaurs did not occur
PBR	OVER		49,010		Ancillaries favorable to budget due to increase in attendance and percaps
COLLEGE HOCKEY	UNDER		(58,390)		event expenses unfavor to budget due to hotels, airfare
HIGH SCHOOL SPORTS	OVER		10,032		unbudgeted event
RELIGIOUS	OVER		107,769		Six rental events played: two budgeted
MOTOR SPORTS	OVER		144,819		unbudgeted event
SPECTACULAR	UNDER		(138,575)		Lingerie events did not occur: will play later in the year. Cirque attdc off 67%.
COMMUNITY	UNDER		(11,490)		budgeted event did not occur: may pick up later in the year
MAJOR CONCERT	OVER		81,589		unbudgeted events: Elton John and Daughtry
MINOR CONCERT	OVER		55,881		unbudgeted events: Hillsong and Rahman
MTGS / LUNCHEONS / MISC	UNDER		(12,785)		budgeted events did not occur: may pick up later in the year
BANQUETS	UNDER		(21,120)		budgeted events did not occur.
CHEERLEADING	OVER		6,328		Ancillaries favorable to budget due to parking
GRADUATIONS	OVER		62,162		Rent and ancillaries favorable due to deals
OTHER	OVER		56,832		unbudgeted rehearsals event for Maxwell
			<u>(207,304)</u>		


OTHER INCOME:		UNDER BUDGET BY	188,377	DUE TO THE FOLLOWING:	
				FAV(UNFAV) VARIANCE	COMMENTS
ADVERTISING	UNDER		(157,443)		decrease in projected contract renewals and commsn on trade agrmts
PREMIUM SEATING	UNDER		(63,303)		decrease in projected contract renewals and increase in individual suite and loge commissions and trade agreemnts
OTHER	OVER		32,369		monthly building rentals and parking lot rentals
			<u>(188,377)</u>		

INDIRECT EXPENSES:		UNDER BUDGET BY	1,067,769	DUE TO THE FOLLOWING:	
				FAV(UNFAV) VARIANCE	COMMENTS
EXECUTIVE	OVER		(261)		immaterial
FINANCE	UNDER		28,744		payroll and benefits savings due to staffing and timing variance
BOX OFFICE	UNDER		79,807		ft and pt staffing savings and expense timing variance
MARKETING	UNDER		123,920		marketing director position not filled thru Mid July
GROUP SALES	UNDER		13,579		favorable variance from staffing and event billings
CORPORATE SALES	UNDER		30,875		expense timing variance
EVENT PRODUCTION	UNDER		76,246		payroll and benefits savings due to staffing
TECHNICAL SERVICES	UNDER		31,207		payroll and benefits savings due to staffing and timing variances
OPERATIONS	UNDER		536,180		staffing savings, utility and timing variances
FOOD & BEVERAGE	UNDER		125,837		staffing variance due to reduced activity and timing of expenditures
OVERHEAD	UNDER		19,633		timing variance relocation costs, expense timing, and Mgmt fee adjstmt
			<u>1,067,769</u>		

**SEARS CENTRE ARENA  
ROLLING FORECAST  
FYE 12/31/10**

	ACTUAL AUGUST YTD 2010	PROJECTED SEPT - DEC 2010	TOTAL ACT/PROJ FY 12/2010	ORIG BUDGET FYE 12/31/10	FAV(UNFAV) VARIANCE
# OF EVENTS	63	12	75	87	(12)
DIRECT EVENT INCOME	\$ 149,156	\$ 196,611	\$ 345,767	\$ 205,233	\$ 140,534
SURCHARGE REVENUE	157,327	45,101	202,428	398,500	(196,072)
CONVENIENCE FEE REVENUE	118,882	24,257	143,139	329,001	(185,862)
ORDER FEE REVENUE	14,225	2,000	16,225	96,252	(80,027)
FULLFILLMENT FEE REVENUE	-	2,000	2,000	20,100	(18,100)
SUITE REVENUE	50,946	12,500	63,446	-	63,446
ANCILLARY INCOME	849,525	102,071	951,596	1,304,908	(353,312)
TOTAL EVENT INCOME	<u>\$ 1,340,061</u>	<u>\$ 384,540</u>	<u>\$ 1,724,601</u>	<u>\$ 2,353,994</u>	<u>\$ (629,393)</u>
PREMIUM / OTHER INCOME	218,190	90,773	308,963	645,346	(336,383)
INDIRECT EXPENSES	<u>1,667,163</u>	<u>801,050</u>	<u>2,468,213</u>	<u>4,167,568</u>	<u>1,699,355</u>
NET INCOME (LOSS)	<u>\$ (108,912)</u>	<u>\$ (325,736)</u>	<u>\$ (434,648)</u>	<u>\$ (1,168,228)</u>	<u>\$ 733,580</u>

  
\_\_\_\_\_  
**JOHN JANICKI**  
DIRECTOR of FINANCE

  
\_\_\_\_\_  
**BEN GIBBS**  
GENERAL MANAGER

# VILLAGE OF HOFFMAN ESTATES

## Memo

**TO:** Finance Committee  
**FROM:** Mark Koplin, Assistant Village Manager-Development Services  
**RE:** **OWNER'S REPRESENTATIVE MONTHLY REPORT FOR OCTOBER**  
**DATE:** October 20, 2010

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1. Directed Public Works to seal and weatherproof a large gap between the east wall and the overhead door frame.
2. Requested Sears Centre Arena (SCA) to make an office available for Linda Scheck and the Tourism Office.
3. Reviewed draft 2011 budget with comments provided.
4. Weekly meetings with Ben Gibbs on a variety of items.
5. Worked with Ben Gibbs on the format for the first SCA General Manager's report to the Finance Committee (October meeting).
6. Review and comments on the first draft of the SCA Marketing Plan.
7. Compile and update of capital improvements list with estimated costs.
8. Working with Ben Gibbs on the details for the proposed Community Skate/Movie Night at the SCA in December.
9. Discussing the timing of filling the Building Engineer's position.
10. Requested a tabulation of the Transition Costs, as defined in the Global Spectrum Management Agreement.
11. Initiated the first monthly SCA IT conference call with SCA staff, SCA consultant, and Village IS Department.
12. Reviewed the RFPs for service contracts and participated in the pre-proposal meeting with interested contractors at the SCA.
13. Liaison between Fire Department and SCA for a training exercise.



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Mark Koplin  
Assistant Village Manager  
Department of Development Services

MAK/kr