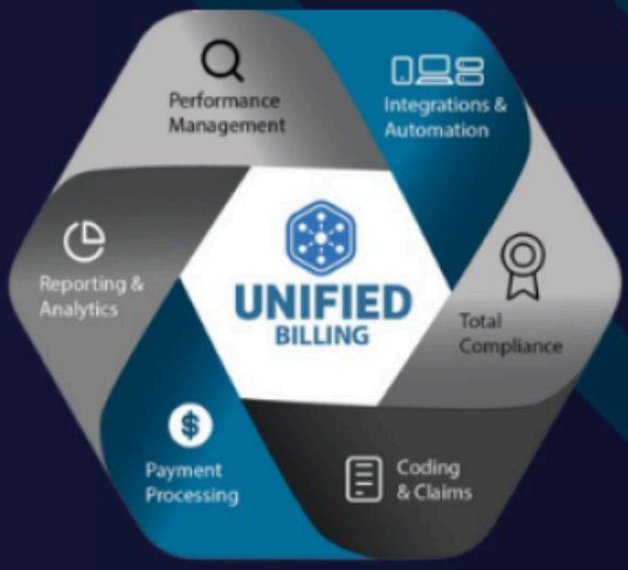
UNIFIED SOLUTIONS



Your single source for

EMS Billing Services

and EMS & Fire software

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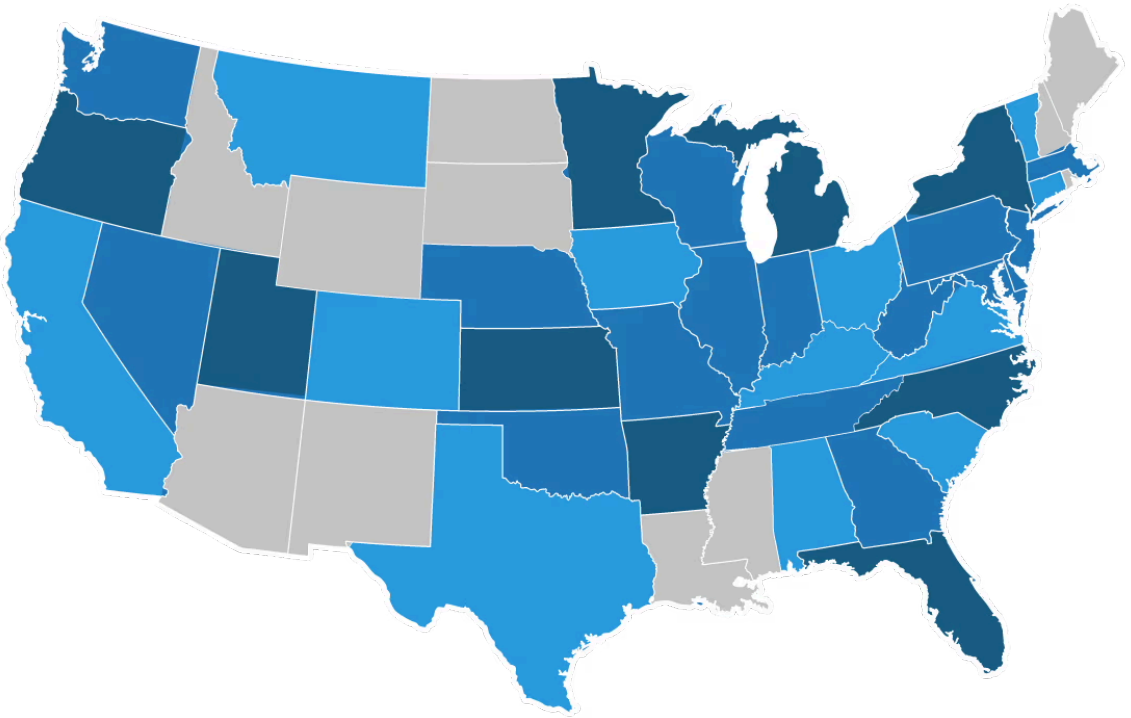
Company Overview



We work with EMS agencies who want fewer billing surprises and better control over their revenue.

Unified Solutions was built specifically for first responders — not adapted later from healthcare billing. Since 2014, we've partnered with EMS agencies, fire departments, and public safety organizations across the country to simplify billing, strengthen compliance, and help agencies actually understand their revenue.

We've focused on creating solutions that are faster, more intuitive, and powered by real-time data insights. Agencies deserve clarity, responsiveness, and a team that understands the realities of EMS operations. That's the standard we've built our company around — and why agencies trust us to manage one of the most critical parts of their operation.

"Agencies deserve transparency, responsiveness, and a team that understands the realities of EMS operations."

A Partnership-Focused Approach

At Unified Solutions, we do not view agencies as customers — we consider each agency a partner. Your performance is our performance. We work side-by-side with every organization we serve, ensuring:

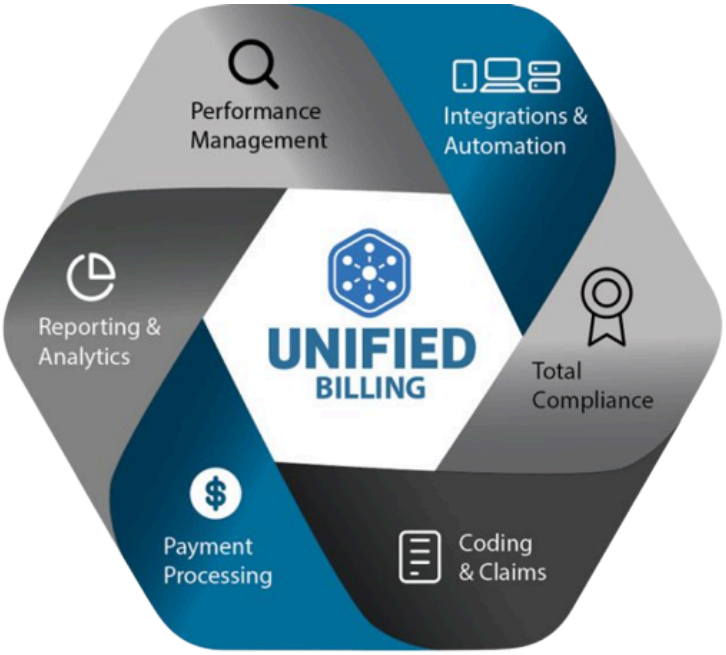
- Enjoy *monthly call updates and tailored weekly and monthly reporting* to keep you informed and in control of your EMS billing performance.
- Experience *seamless, proactive communications*; email, call, or text anytime (median response <1 hour), that eliminate guesswork and align our teams with yours.
- Access *expert consulting* whenever you need it through our dedicated liaison, that help create strategic guidance to optimize claims and

Customer Diversity

We currently operate in different states and types of agencies across the country, Our partner base ranges from:

- Municipal/County EMS partners
- Private NEMT ambulance services
- Hospital-based ambulance services
- Volunteer Fire/EMS partners

Having these partnerships allows us to understand and adapt to varying call volumes, documentation environments, staffing models, and operational requirements.



Philosophy

“Very simply. If you do the work, you should get paid”

- Jay Shah (Product Manager and Co-Founder)

If your crews did the work, your agency deserves to be paid.

Every transport represents effort, risk, documentation, and responsibility. Too often, agencies lose revenue not because they did anything wrong — but because billing is complex, payer rules change, or follow-up falls through the cracks.

At Unified, we take that personally.
We don’t promise magic. We promise effort, transparency, and follow through. When a claim isn’t paid, we don’t shrug — we dig in, explain what happened, and tell you exactly what we’re doing next.

You show up for your community every day. We show up for your revenue with the same mindset.

Real Challenges. Stronger Solutions. Bigger Results.

Across the country, EMS leaders are carrying more responsibility than ever before. Regulations shift, payer rules tighten, staffing shrinks, and the financial pressures only grow. Yet every call still demands the same thing: serve the patient first, and somehow keep the agency running smoothly behind the scenes.

With Real Challenges, we make your billing experience simpler, faster, and more predictable.

1. Challenge: Payers change rules constantly. Agencies are reacting instead of preventing.

Solution: We combine real-time denial analytics, medical-necessity coaching, automated checks, and proactive QA reviews to stop denials before they pile up. When they do occur, our team pursues every dollar through focused appeals, underpayment recovery, and payer-specific workflows.

Result: faster reimbursements, fewer surprises, and a stable revenue stream you can trust.

2. Challenge: Field crews are stretched thin, leaving less time for proper documentation.

Resolution: We function as an extension of your team, taking on the administrative and billing burden so your crews can focus on care without burning out.

Our onboarding includes agency-specific SOPs, documentation guides, and ongoing coaching to support both field and office personnel.

Result: Your agency gains capacity instantly, without needing additional over time.

3. Challenge: Budgets tighten while costs climb.

Resolution: We maximize every transport's revenue potential through advanced RCM workflows, payer-specific scrubs, accurate coding, and relentless AR follow-up.

Result: Every claim is treated as a priority, ensuring you capture the full reimbursement you're entitled to, with no missed opportunities, no leaving money on the table.

4. Challenge: Incomplete PCRs

Resolution: Our system includes real-time documentation feedback, narrative guidance tools, and routine quality checks.

Result: agencies receive transparent financial dashboards, KPI-driven reporting, and insights into exactly why denials occur — turning documentation into a strength, not a liability.

5. Challenge: Prior authorizations, and medical necessity verification issues

Resolution: We handle the heavy lifting with automated eligibility verification, structured pre-auth workflows, and tight medical necessity screening.

Result: Your claims start clean, compliant, and ready to be paid — accelerating revenue and reducing denials before they start.

6. Challenge: Old billing processes/software

Resolution: Our billing infrastructure gives agencies real-time visibility, modern automation, and seamless ePCR integration.

Result: You'll know the status of every claim, payment, denial, and adjustment without digging, guessing, or waiting.

7. Challenge: Negotiating "Single Case Agreements" can be slow/confusing

Resolution: Our SCA team manages the entire process, including outreach, negotiation, documentation, rate justification, and follow-up.

Result: We secure better rates, faster agreements, and fewer write-offs, ensuring you're never underpaid simply because the negotiation process stalls.

8. Growth Barriers → A Billing System That Scales With You

Challenge: Growing agencies need stronger billing infrastructure, deeper expertise, and scalable technology, but most don't have the internal bandwidth.

Resolution: We provide a scalable RCM ecosystem designed to support agencies of all sizes, from volunteer squads to multi-city systems.

Result: As you grow, we grow with you, offering more tools, stronger analytics, and bigger billing capacity without increasing overhead.

Conclusion: EMS agencies deserve a partner who not only understands their challenges but also brings the expertise, technology, and solutions needed to overcome them.

What Agencies Typically See in the First 90 Days

While every EMS agency is different, most partners experience meaningful improvements early in the relationship. The first 90 days are focused on stabilization, visibility, and momentum.

Days 1–30: Stabilization & Clarity

- A smooth transition with minimal revenue disruption (See Billing Onboarding)
- Billing SOP workflows aligned to your unique needs (See Custom SOP/Playbook)
- Early issue identification as Unified reviews active and in-flight claims
- Leadership gains clear visibility into claim status, AR, and payer behavior

This phase is about getting everything organized, understood, and moving in the right direction.

Days 31–60: Momentum & Improvement

- Faster claim turnaround as workflows tighten
- Reduction in avoidable denials tied to documentation or eligibility
- AR follow-up becomes consistent and predictable
- Recurring issues are addressed through clarification, workflow adjustments, or targeted guidance

Agencies often start to feel relief here — fewer surprises and a billing process that feels under control.

Days 61–90: Confidence & Control

- Improved cash flow predictability
- Stronger documentation patterns and cleaner claims
- Clear understanding of payer performance and revenue trends
- A steady cadence of communication, reporting, and proactive follow-up

By this point, leadership typically has confidence that billing is no longer a question mark — it's a managed, visible, and dependable part of the operation.

Custom Billing SOP/Playbook

What makes Unified Solutions stand out is simple: **everything we do is built around you.** Most billing partners force agencies to adapt to their system; we flip that model completely. We design a solution that fits the way you do business and at the same time optimizes revenue.

From day one, w**e collaborate directly with your team to build a fully customized billing SOP** tailored to your agency's structure, preferences, and priorities. It's a workflow that feels natural, intuitive, and unmistakably yours because you helped design it.

Partnering with Unified means stepping into a system designed to make you stronger, faster, and more prepared for growth. And we can't wait to build it with you.

UNIFIED SOLUTIONS SOP

Standard Operating Procedures (SOP) Master Document

The MASTER SOP for Billing is a central reference point for all Billing Division procedures, emphasizing ethical and accurate billing practices. This comprehensive document guides our internal billing team and external customers through our billing processes, ensuring transparency and mutual understanding.

We maintain clear communication by keeping this document up-to-date and promptly informing all parties of any revisions. By adhering to these standardized billing SOPs, we strive to achieve:

- **Consistency:** Streamlined and consistent billing processes for improved efficiency and reduced errors.
- **Exceptional Customer Experience:** Clear and transparent communication regarding billing practices fosters positive customer relationships.
- **Long-Term Success:** Consistent billing practices promote long-term growth and stability for our organization.

Zero Billing Delays. Maximum Revenue.

When you partner with Unified, you're choosing a billing team that treats every claim as if it matters — because it does.

From credentialing to claim submission, QA, payment posting, AR follow-up, appeals, and even patient collections — we handle it all. You focus on doing your work and creating compliant ePCRs, after that we take care of everything e2e until money is deposited in your account.

“Claims are submitted within 8 business hours.”

This speed isn’t just impressive; it protects your revenue:

- Issues are caught and corrected immediately
- Denials are prevented before they happen
- Payers process your claims faster
- Your agency sees money sooner

“Our team is obsessed with maximizing every dollar out of every trip.”

Expert-Led. Compliance-Driven. Results-Focused.

Compliance isn’t a checkbox — it’s how revenue stays protected.
EMS billing lives in a constantly shifting regulatory environment. Medicare rules change. Medicaid varies by state. Commercial payers reinterpret policies without warning.

That’s why Unified invests heavily in training, auditing, and continuous education. Our team stays current so your agency doesn’t have to. We catch issues early, adjust workflows quickly, and protect your operation from avoidable denials, audits, and clawbacks.

The goal isn’t just clean claims — it’s confidence. Confidence that your billing is accurate, defensible, and handled by people who know EMS billing inside and out.

- HIPAA training and testing
- Security and Privacy Compliance

The result? Faster payments, fewer denials, and total confidence that your billing is handled by experts who know this industry inside and out.

Prior Auths and Single Case Agreements

Authorizations and Single Case Agreements shouldn't slow your agency down — and with Unified, they won't. We take on the most complicated, time-consuming parts of the reimbursement process so your team can stay focused on what matters most: delivering outstanding care.

Our dedicated Authorization & SCA specialists operate as a seamless extension of your agency, handling eligibility checks, medical-necessity verification, and payer communication with speed, accuracy, and relentless follow-through.

For out-of-network transports, our experts take charge of every Single Case Agreement. We negotiate directly with payers to lock in fair, timely, and advantageous rates, removing the frustration and back-and-forth your staff would otherwise face.

The payoff? Faster approvals. Higher reimbursement. Fewer headaches. And a partner who fights for every dollar as fiercely as you fight for your community.

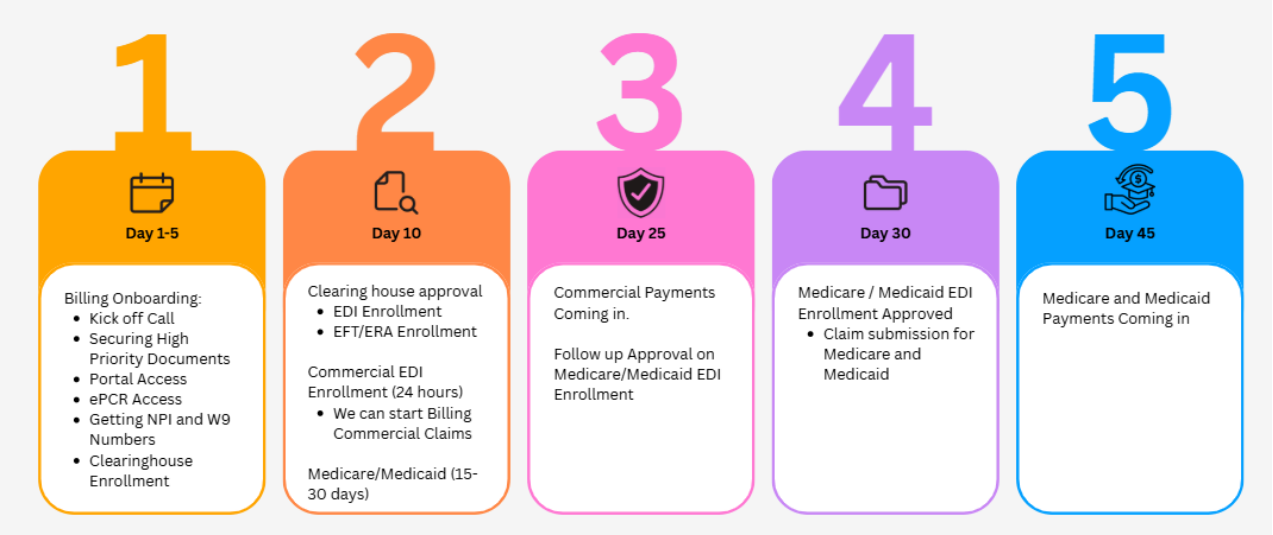
Billing Onboarding: Effortless Launch. Immediate Impact.

Seamless Billing Transition — Zero Revenue Disruption

A Smooth, Fast Transition Without Interrupting Your Revenue

Switching billing vendors can feel overwhelming, especially when your agency's cash flow is at stake. That's why Unified created the Hot Switch Process — a proven, seamless transition system designed to protect your revenue from day one.

We take over quickly and efficiently, handling everything from claim submission and payment posting to portal access, remittance setup, and AR follow-up. No gaps. No stalls. No downtime.



The result? A rapid transition with zero disruption — so your agency keeps getting paid while we elevate your billing performance.

By capturing all in-flight claims, aligning credentialing without delays, and ensuring continuity across every payer, we prevent interruptions and protect your agency's cash flow during the transition.

Your reimbursement cycle stays steady, predictable, and fully operational — even as we take over.

"We protect your agency from cash flow interruption

Launch With Confidence

Getting started with Unified is simple, smooth, and completely stress-free.

From day one, our team guides you through every step, configuring your billing setup, integrating your ePCR, and building customized SOPs that match the way your agency operates.

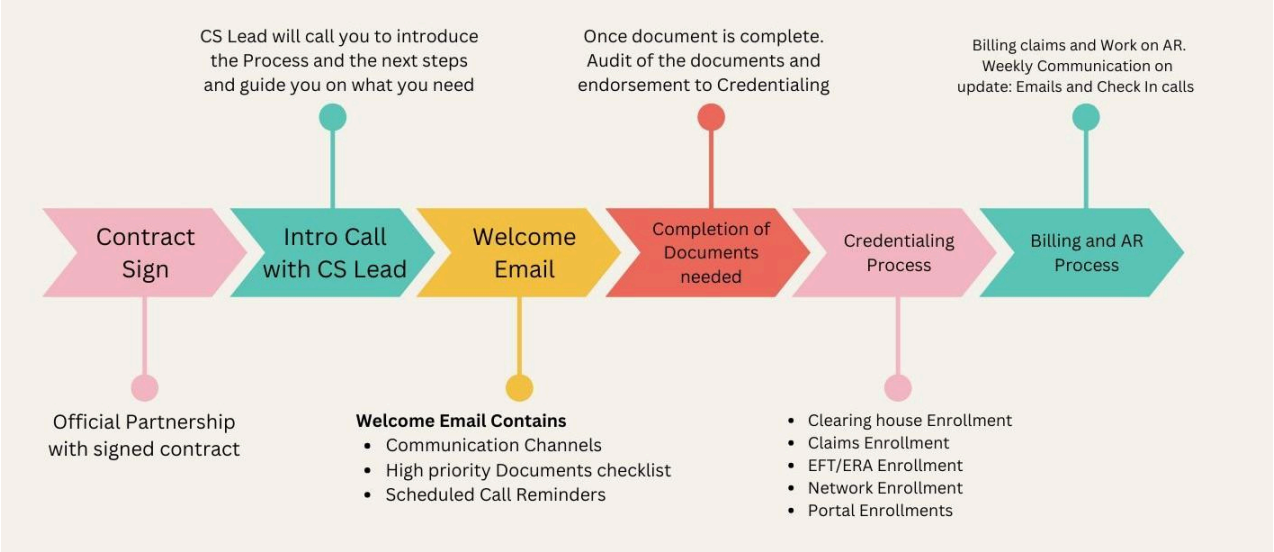
Your staff receives the training, tools, and support they need to feel confident right away.

We make sure everyone understands the workflow, the expectations, and exactly who to contact when questions arise.

With clear communication, personalized onboarding, and a hands-on approach, you experience:

- A seamless transition with no downtime
- A fully customized billing workflow built around your agency
- A strong foundation for long-term revenue success

The result: a smooth onboarding experience and a billing system that empowers your team from day one.



Our 6-step implementation roadmap ensures that your agency is fully credentialed, compliant, and ready to bill without checking your operations.

What You Can Expect:

- **Personalized Guidance:** You're never just another account. Your dedicated Customer Success Lead partners with you every step of the way, making sure every requirement is handled with care and every question is answered quickly. You always have a real person who knows your agency inside and out.
- **Total Transparency:** With weekly check-ins and clear, open communication, you'll always know exactly where your accounts stand. No surprises. No guesswork. Just complete visibility and peace of mind.
- **Technical Expertise:** We take on the complex, time-consuming setup work, clearinghouse enrollments, EFT configurations, portal access, and more, so your team can stay focused on what matters most: providing exceptional patient care.

Onboarding Alignment Session

Aligning your team for a powerful start

Kickoff meetings set the tone for a smooth and successful partnership. This is where your team and our billing experts get fully aligned on goals, expectations, workflows, and communication. From day one, everyone knows the game plan and who's owning each step.

- **Go-live Process Review Call:** A seamless transition into real-time billing operations
  Go-Live is the moment your new billing process becomes active — and we make it feel effortless. Our Go-Live Review ensures every system is connected, every workflow is tested, and every team member is supported.
  The result: zero downtime, zero uncertainty, and complete confidence as your new billing engine starts running.

- **SOP on Billing QA Call:** A customized SOP that guarantees accuracy, compliance, and consistency

  Your Billing QA SOP is a detailed, agency-specific playbook that defines exactly how billing should be done, tailored to your workflows, documentation style, and state requirements. It ensures:

  - Fewer errors
  - Lower denial rates
  - Stronger compliance
  - Consistent staff performance

  This SOP becomes the foundation for accurate billing, smooth audits, and ongoing operational improvement.
- Trips flagged by billing
- Physicians Certification Statement

Know More. See More. Lead Better.

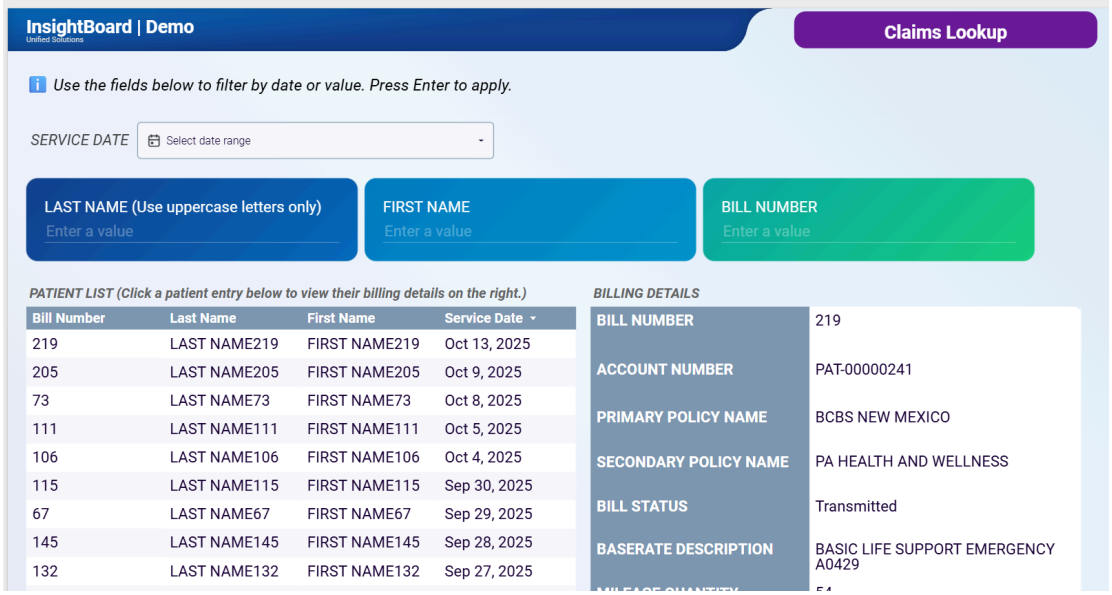
Unified's dashboards aren't built for analysts. They're built for EMS leaders who need fast answers:

- Are we getting paid?
- What's stuck?
- What needs attention right now?

Instead of waiting for monthly reports or chasing updates, you can see the full picture at any time. Every claim. Every payer. Every trend. It's the difference between reacting to problems weeks later — and staying ahead of them in real time.

Interactive Billing Insight Board Summary

Claims Lookup: Full Transparency, Zero Guesswork



Ever wonder:
“Was this trip billed?”
“Why hasn’t this one paid yet?”
“Is this stuck — or just pending?”

With Unified’s Claims Lookup, you always know.

- Each transport can be tracked from submission to final payment, showing:
- Current claim status
- Payer activity
- Payments, adjustments, or next steps needed

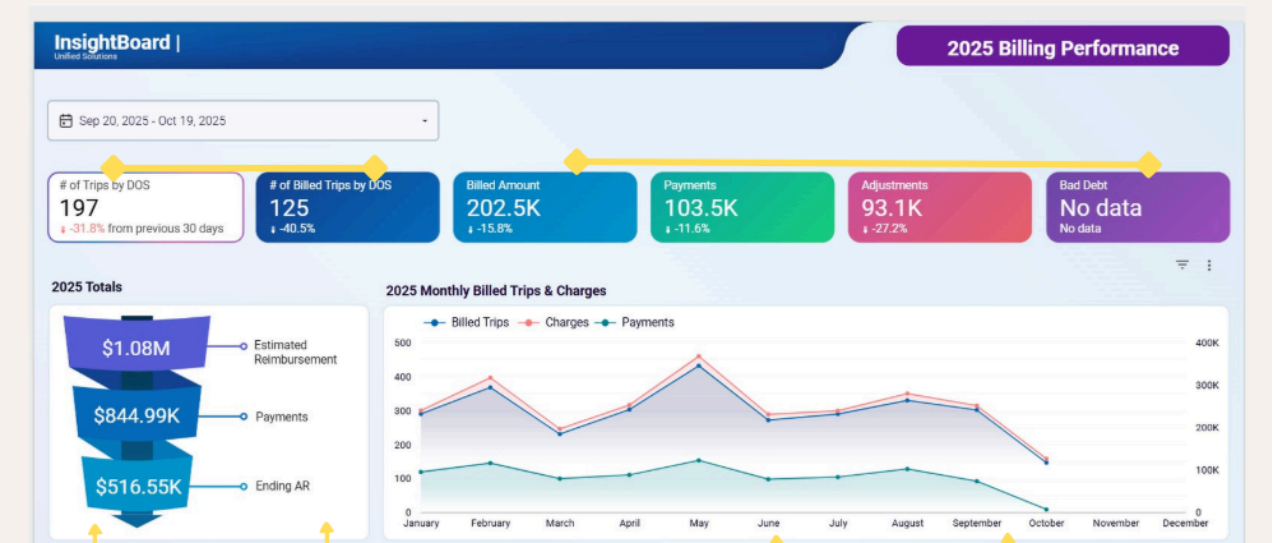
No chasing emails and No waiting on updates.
Just clarity — whenever you want it.

A Dashboard Designed for EMS Leaders — Not Accountants
Unified’s dashboards are built for EMS leaders who need answers — not spreadsheets. At any time, you can see what’s been billed, what’s been paid, what’s pending, and where attention is needed.

You can quickly:

- Check the status of any claim
- See what’s been billed, paid, or delayed
- Identify trends before they become problems
- Spot opportunities to improve reimbursement

Instead of wondering where revenue stands, leadership always knows.



Billing Performance Overview: See the Full Story at a Glance
Your revenue shouldn't be a mystery — and with Unified, it isn't.

You don't need to be a finance expert to understand how your agency is doing. **When you open Unified's dashboard, you can immediately see what's been billed, what's been paid, and what needs attention**

With a single glance, leadership can understand how the agency is performing financially — day-to-day, month-to-month, and year-to-date.

It's the kind of visibility that makes budgeting, planning, and forecasting feel manageable instead of stressful.

Real-time visibility without the noise.

Unified gives leaders a clear view of revenue performance — year-to-date results, monthly trends, and outstanding balances — without forcing you to dig through spreadsheets or wait on reports.

You can see how money moves through your agency, spot changes early, and understand exactly where attention is needed. Just clarity you can act on.

Campaign performance

Calendar Month	Beginning A/R	Charges	Payments	Adjustments	Ending A/R
January	286,608.6	108,519	59,531.86	83,549.04	252,045.7
February	252,045.7	200,522	63,345.98	70,672.91	318,548.81
March	318,548.81	177,338	73,529.71	96,037.26	326,319.84
April	326,319.84	230,144	78,147.34	92,362.83	385,953.67
May	385,953.67	353,452	82,084.49	135,880.64	521,440.54
June	521,440.54	228,084	120,997.71	165,202.36	463,324.45
July	463,324.45	238,176	92,587.83	106,928.37	501,984.25
August	501,984.25	279,338	91,413.84	148,685.19	541,223.22
September	541,223.22	215,838	136,967.61	140,286.81	479,806.8
October	479,806.8	125,146	46,378.64	42,026.89	516,547.27

Follow the Flow of Your Revenue — Start to Finish

Want to know where your money is at every stage?
Our campaign-level tables track:

- Beginning AR
- Charges added
- Payments posted
- Adjustments applied
- Ending AR

This gives you a clean, transparent view of how revenue moves through your system — no guessing where balances came from or where they went.

The result? Confidence. Control. And financial visibility you can trust.

Payer Performance Insights: Know Who Pays — and Who Slows You Down

See your strongest payers. Spot your biggest opportunities.

Not all payers perform the same, and Unified makes that clear.

Our Payer Performance Insights show:

- Which payers drive the most revenue
- Which ones take the longest to pay
- Where balances tend to stall

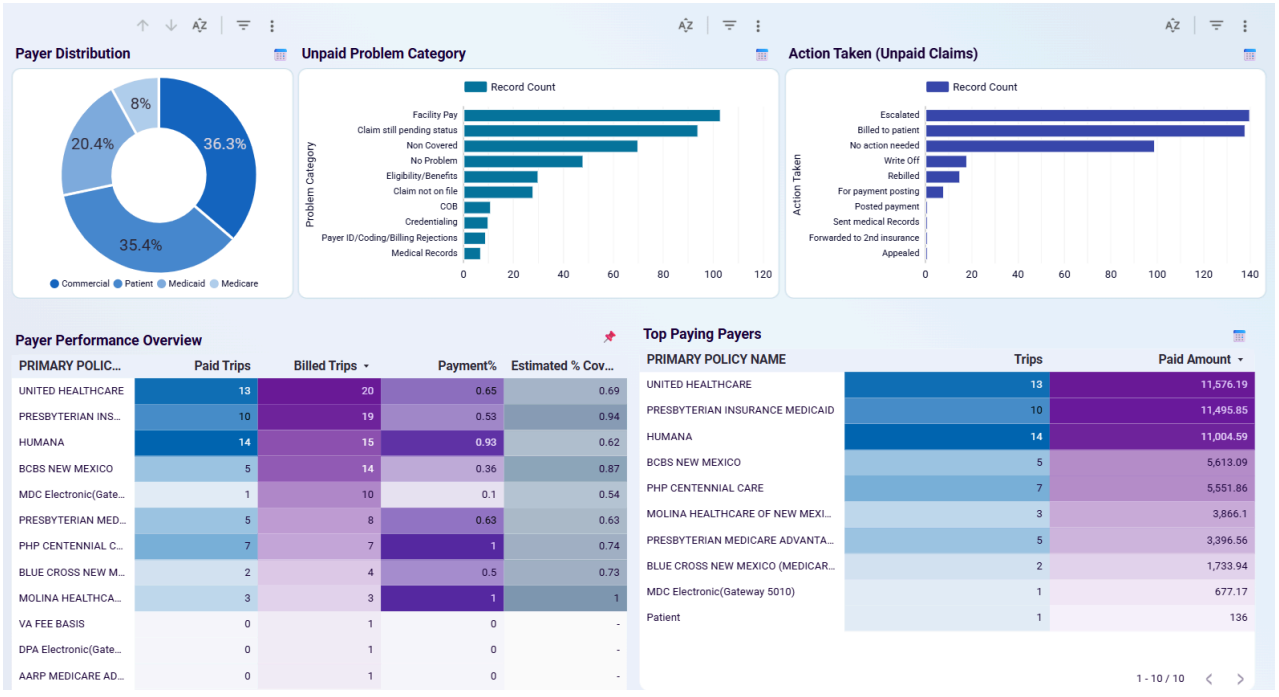
This allows your leadership team to:

- Identify bottlenecks early
- Focus attention where it matters most
- Understand payer behavior instead of reacting to it

You're no longer wondering why revenue is slow — you can see it.

Explore our demo dashboard and guide to preview the tools your agency gains from day one.

***Click the Links for Preview:*
Dashboard Demo Account | PDF Guide for Insight Dashboard



Denials & Issue Trends: Turn Problems Into Progress
Denials don't have to feel frustrating or mysterious.

At Unified, reporting isn't just data; it's empowerment.

Unified tracks denial and issue trends visually, showing:

- The most common reasons claims stall
- Patterns tied to documentation, authorization, or eligibility
- Where improvements will make the biggest impact

Instead of pointing fingers, this data creates productive conversations — and better outcomes.
When everyone understands what's happening, fixing it becomes easier.

Reporting That Empowers — Not Overwhelms

Identify the real reasons behind unpaid claims with total clarity.

It's about giving you the right information, at the right time, in a way that actually helps.

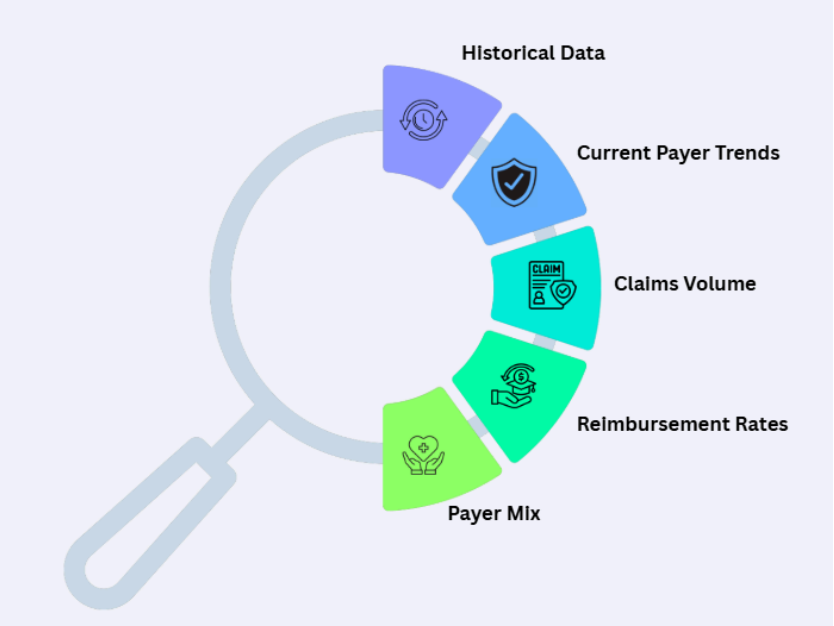
You'll always know:

- What's performing well
- What needs attention
- What Unified is actively working on

That shared visibility keeps both teams aligned, proactive, and moving in the same direction — with fewer surprises and better results.

Revenue Forecasting: Know What's Coming. Plan With Confidence.

See what's coming. Prepare with certainty. Lead with confidence.



This isn't just forecasting, it's strategic empowerment.
Our team analyzes billing cycles, reimbursement patterns, payer mix, and claim volume to give you a precise picture of what your future cash flow will look like. With these insights, your leadership can:

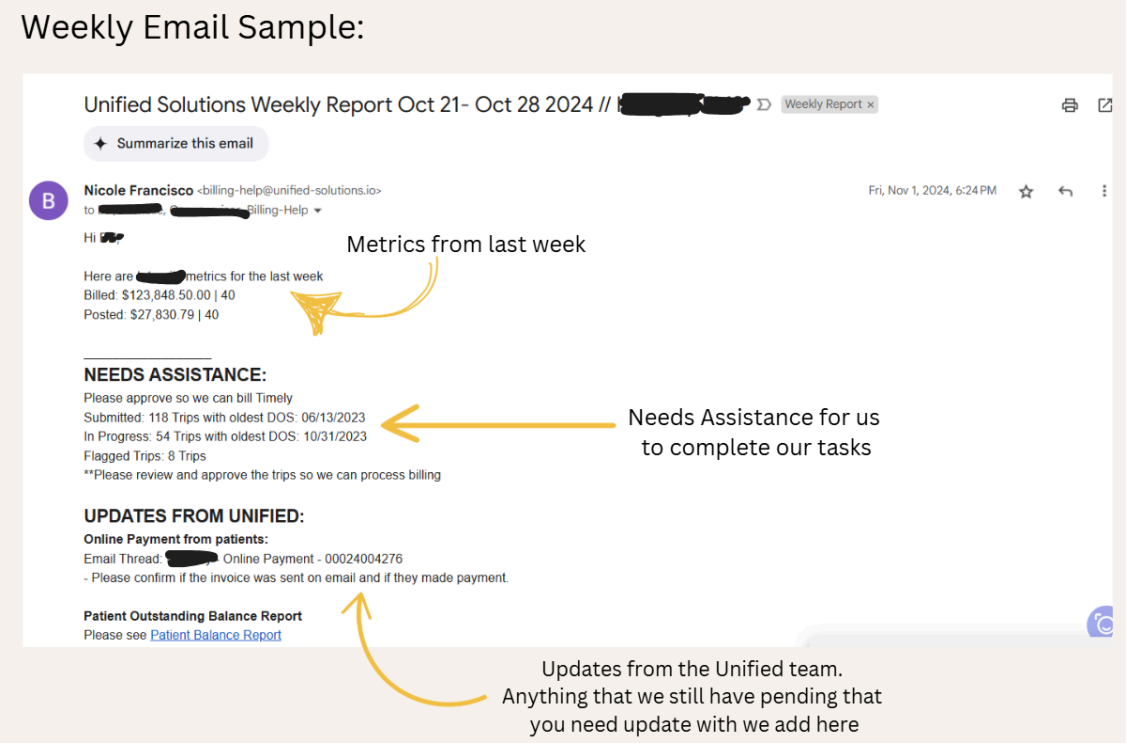
- Anticipate revenue with confidence
- Allocate resources where they matter most
- Identify new opportunities for financial growth

With Unified, you gain the visibility to lead proactively, not reactively — and that's a competitive advantage every EMS agency deserves.

Weekly Transparency You Can Count On

Stay informed, empowered, and ahead of your revenue, every single week. It's the simplest way to stay aligned, proactive, and always in control of your billing performance.

Weekly Email Sample:



Weekly Transparency — Without the Noise

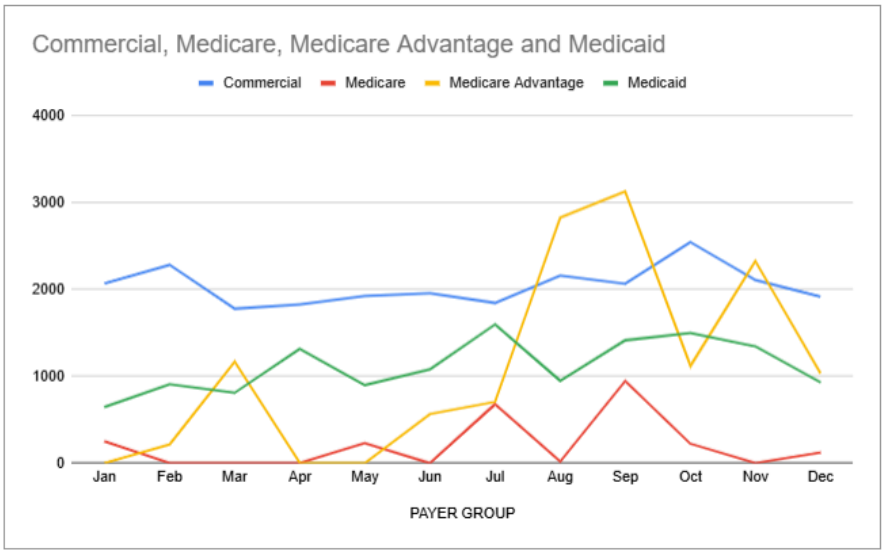
Consistent updates. No surprises.

Every week, Unified provides a clear, straightforward snapshot of billing activity so leadership stays informed without being overwhelmed. You'll see what moved, what didn't, and what Unified is actively working on — all in one place.

If something needs attention, it's flagged early. If a pattern starts to emerge, we address it together before it impacts revenue.

The result is simple: Fewer surprises. Faster movement. Total confidence that your revenue is being actively managed every week.

Average Reimbursement per Claim (ARC): Turning Every Transport Into Maximum Revenue



The Average Reimbursement Per Claim metric gives you a clear, instant view of how much revenue your agency receives on average for every processed claim. It's one of the most important indicators of financial performance in EMS billing — revealing the true value of your transports, the effectiveness of your billing processes, and the health of your payer relationships.

With this insight, leaders can quickly assess trends, spot opportunities to improve reimbursement, and make smarter decisions that strengthen overall revenue.

Collection Rate: Revenue That Reaches Your Account

This metric is a powerful indicator of how efficiently your agency turns billed charges into real revenue. It gives you a clear view of your revenue stream's performance and the accuracy of your billing processes — insights that are essential for any EMS organization looking to grow.

Calendar Month	Paid Claims	Unpaid Claims	Total Claims	% Paid Claims	% Unpaid Claims
January	298	120	418	71.29%	28.71%
February	260	156	416	62.50%	37.50%
March	115	26	141	81.56%	18.44%
April	232	90	322	72.05%	27.95%
May	314	57	371	84.64%	15.36%
June	149	33	182	81.87%	18.13%
July	239	53	292	81.85%	18.15%
August	268	141	409	65.53%	34.47%
September	102	115	217	47.00%	53.00%
October	0	0	0		
November	0	0	0		
December	0	0	0		
YTD	**1977**	**791**	**2768**	**71.42%**	**28.58%**

With this data, your agency can quickly spot trends, refine pricing strategies, and strengthen operational workflows. The result? Smarter decisions, higher efficiency, and a direct boost to your financial performance.

Bad News Reporting: Unpaid Today, Recovered Tomorrow

Real transparency builds real trust, and that's exactly what we deliver.
At Unified, we believe that visibility into every part of your revenue cycle, even the challenging parts, is the key to continuous improvement and stronger financial performance. Our Unpaid Claims Review process brings every denied, delayed, or unresolved claim directly to your attention with clear analysis and actionable next steps. We don't just report issues, we work with you to resolve them.

Through collaborative review sessions, we walk through the findings, answer questions, and outline practical steps to recover revenue, prevent repeat issues, and strengthen documentation or workflow where needed. Every outstanding claim comes with a recommended action plan, whether that means filing an appeal, correcting data, submitting missing information, or escalating directly with the payer.

Nothing is left to chance. Nothing is left behind.

We track all follow-ups, monitor payer responses, and keep you updated at every stage so you always know where things stand and what's being done to protect your revenue.

The result: higher recovery, fewer repeat problems, and a partner fully committed to your financial success.

Uncollectable Report
Total transparency means never being left in the dark.
At the end of each month, Unified provides a clear, detailed report of any claims deemed uncollectable along with the specific reasons why. This gives your leadership complete visibility into what couldn't be recovered and ensures every decision is backed by accurate, honest information.

No guessing. No hidden write-offs. No surprises.

Every uncollectable claim becomes a learning opportunity, feeding into your agency's performance management process and helping refine documentation, workflows, and payer strategies moving forward.

If something can't be collected, you'll know exactly why and how we'll help prevent it next time.

Overpayment Invoices
You'll receive a complete summary of any payments that exceed the invoiced amount, along with all supporting details and refund requests. This ensures full transparency and helps your team manage financial reconciliations with confidence and accuracy.

Non-Sufficient Funds (NSF) Check Reports
We also deliver a clear report of all returned checks due to insufficient funds, giving you an immediate view of outstanding balances that require follow-up. This helps your agency stay ahead of unresolved payments and maintain a clean, healthy accounts receivable process.

With Unified, nothing slips through the cracks; every dollar, every exception, and every adjustment is clearly reported and proactively managed.

Customer Success Management: Where Partnership Meets Performance

Our approach to customer success is proactive, strategic, and centered entirely on maximizing the value your agency gains from partnering with Unified. **It's more than support, it's a true partnership built on strong relationships, continuous guidance, and a shared commitment to long-term growth.**

Your dedicated Success Team works hand-in-hand with your agency, taking the time to understand your goals, operational needs, and challenges. They provide personalized training, expert recommendations, and proactive problem-solving to keep your revenue cycle running smoothly and efficiently.

From day one through every stage of your journey, **we ensure your agency feels supported, empowered, and equipped to thrive.** With Unified, you don't just have a vendor, you have a partner invested in your success.

Dedicated EMS Billing Liaison

A concierge-style partner committed to your agency's success

When you join Unified, your agency is paired with a Dedicated EMS Billing Liaison, a high-touch, concierge-level point person who ensures your entire billing operation launches smoothly and continues running at peak performance. This is your direct line to clarity, support, and proactive problem-solving.

What Your Billing Liaison Does for You:

✔ **Ensures Seamless Communication:** Your liaison keeps an open, consistent communication channel between your agency and the billing team, making the entire process faster, clearer, and more efficient.

✔ **Conducts Regular Check-In Calls:** You'll stay aligned through scheduled check-ins covering updates, workflow confirmations, escalations, and any support your team needs.

✔ **Responds Quickly to Your Needs**: Whether by email or phone, your liaison provides prompt, reliable responses because your agency deserves fast, attentive support.

✔ **Coordinates Behind the Scenes**: They work closely with the billing team to ensure all pending tasks, questions, and follow-ups are handled quickly and accurately. Your liaison keeps everything moving.

✔ **Conducts Random QA Audits:** To ensure accuracy and maintain Unified's high standards, your liaison performs spot-check audits on trip records, confirming that each claim is processed correctly and aligned with your agency's expectations.

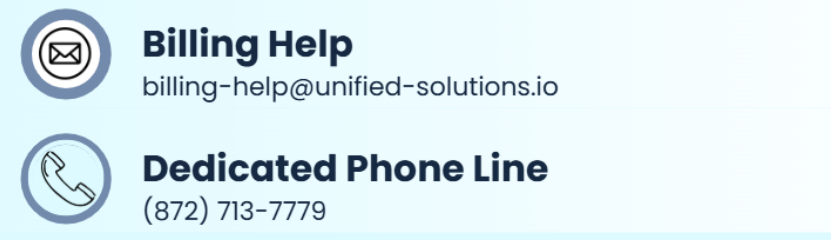
Communication Designed for Your Success

Collaboration is strongest when communication is effortless. Unified ensures your agency always has fast, reliable ways to connect with the billing team and get the support you need.

Your Dedicated Billing Liaison is your primary partner, but we also provide multiple accessible communication channels designed to keep workflows smooth, questions answered, and issues resolved without delay.

Because when communication is easy, your revenue moves faster and your agency stays fully supported.

Customer Success Communication Channels



Monthly Billing Performance Review Call

One of the most impactful responsibilities of your Dedicated EMS Billing Liaison is leading your Monthly Billing Performance Review Call, a high-value session designed to keep your agency fully informed, aligned, and empowered to make revenue-strengthening decisions.

During this collaborative review, we walk through the metrics and insights that matter most:

- Monthly Performance Metrics
- Key Performance Indicators (KPIs)
- Revenue Recovery and Denials Management
- Client Questions and Concerns

Through these communication efforts, effective communication becomes the cornerstone of trust and lasting partnerships in EMS billing. Being **TRANSPARENT AND PROACTIVE** keeps you informed, supported, and confident in our ability to optimize revenue and maintain compliance.

Resolution Tracking: No Issue Left Unresolved

Every concern captured, addressed, and resolved with full transparency.

At Unified, we believe great partnerships are built on great communication. That's why we use a multi-channel support system including text messaging, phone calls, email, and a responsive helpdesk to make it easy for your agency to reach us anytime, in whatever way works best for you.

✔ **Thorough Investigation**: We dig into the root cause of the issue to ensure nothing is overlooked.

✔ **Continuous Monitoring**: Your concern stays actively managed until a complete resolution is delivered.

✔ **Clear Communication & Updates:** You're kept fully informed throughout the process — no guessing, no silence.

✔ **Verified Resolution:** We don't close an issue until we confirm the fix is successful and meets your expectations.

Every issue or concern your team submits is carefully tracked and documented, then assigned to the appropriate specialist for immediate review and action.

Faster resolutions, fewer recurring issues, and total confidence that your agency's concerns are handled with urgency and care.

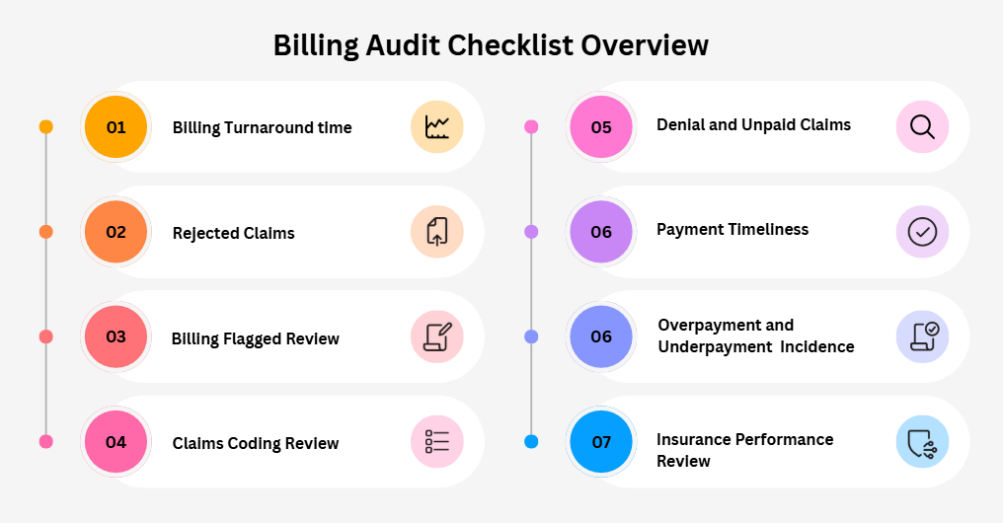
With Unified, your voice is always heard, and your issues never fall through the cracks.

Billing and AR Performance Management

During the Performance Management stage, our team takes a deep, strategic look at your billing activity to ensure every dollar your agency has earned is fully captured. This is where we go

beyond standard billing, uncovering missed opportunities, tightening processes, and optimizing your financial performance.

Our focus is simple: maximize reimbursements, minimize leakage, and strengthen your agency's bottom line. To achieve this, we carefully review and refine key areas of your revenue cycle, ensuring nothing is overlooked and every potential revenue source is fully realized.



High-Quality Billing Processes. High-Impact Revenue Results.
Excellence isn't optional in EMS billing — it's essential. That's why our team is fully committed to delivering the highest standards in billing and AR performance. Through ongoing reviews, weekly audits, and proactive corrective actions, we ensure your agency collects more, experiences fewer errors, and stays fully compliant with industry regulations.

Our structured Billing and AR Quality Management protocols are designed to deliver the strongest possible financial results for your agency. This systematic approach supports:

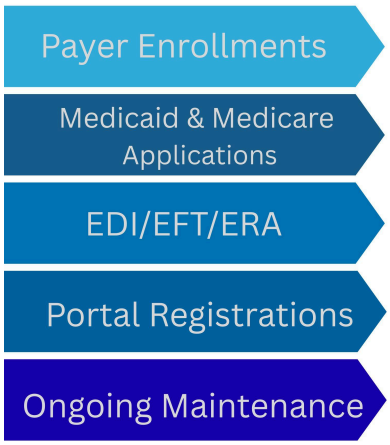
- Continuous monitoring of billing accuracy
- Fast identification and resolution of issues
- Reduced denials and improved collection rates
- Consistent compliance with payer and regulatory standards
- A better, smoother, more predictable billing experience

The result? A higher-performing revenue cycle and a partnership you can trust to deliver exceptional results month after month.

Fast, Frictionless Credentialing

Credentialing shouldn't slow down your billing — and with Unified, it doesn't.
Unified Solutions handles the entire credentialing journey from start to finish — so nothing slows your billing down.
We manage every aspect of credentialing for ambulance providers, including payer enrollments, Medicare and Medicaid applications, EDI/EFT/ERA setup, portal registrations, and ongoing maintenance.

No paperwork headaches. No missed deadlines. No revenue delays.
Just a fully credentialed agency, ready to bill confidently and get paid without interruption.



Our credentialing experts guide your agency through every step of provider enrollment and payer registration, ensuring the process is smooth, accurate, and efficient from start to finish.

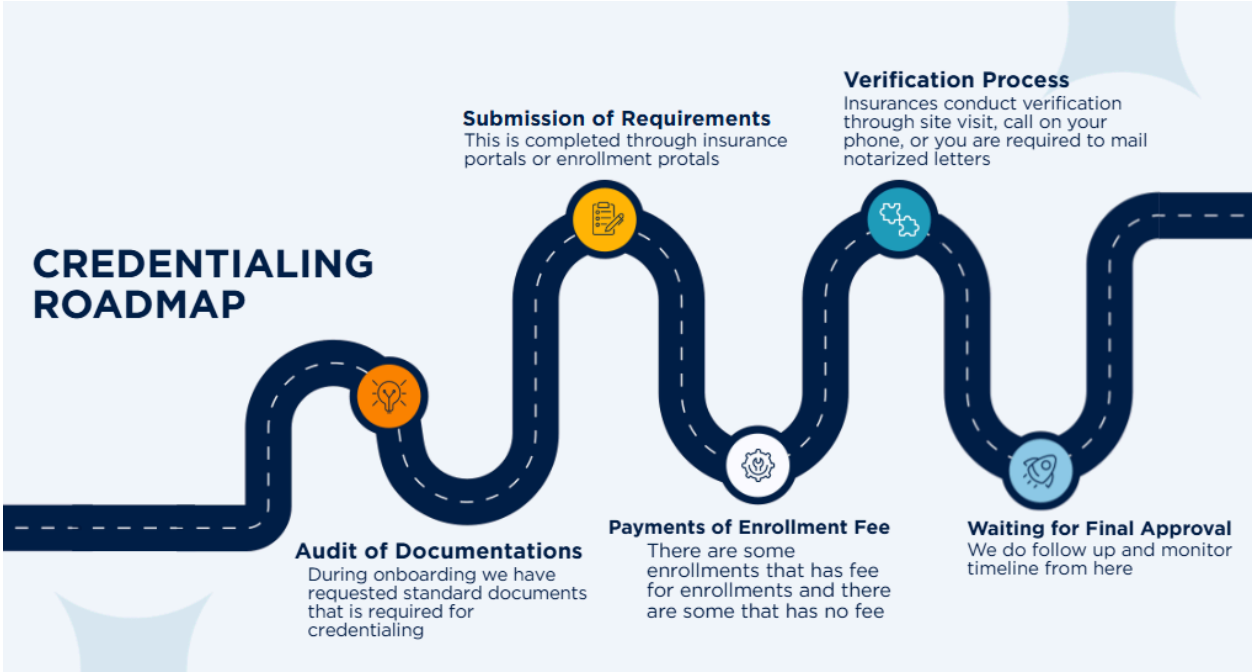
We handle sensitive information with the highest level of care and security.
Credentialing requires detailed documentation, thorough verification, and protected personal data. That's why we use a secure, controlled data management system to safeguard all submitted materials, keeping your information confidential at every stage.

You choose the level of support that works best for your agency.
Whether you want Unified to manage the entire credentialing process on your behalf or prefer to complete certain steps internally, our team is here to support you. If you choose a hands-on approach, we provide clear instructions, step-by-step checklists, and best-practice guidance to make the process simple and stress-free.

Behind the scenes, our credentialing workflow system keeps everything on track.

We ensure enrollments are submitted accurately, follow payer timelines, and move forward without delays, protecting your revenue and keeping your billing cycle uninterrupted.

💡**The result:** confident enrollments, secure handling of your data, flexible support, and a credentialing process designed to keep your agency fully authorized and revenue-ready.



Our Credentialing Roadmap takes the complexity out of provider enrollment.
It's a proven, step-by-step approach designed to simplify the entire credentialing process for your EMS agency, from initial submission to final approval.

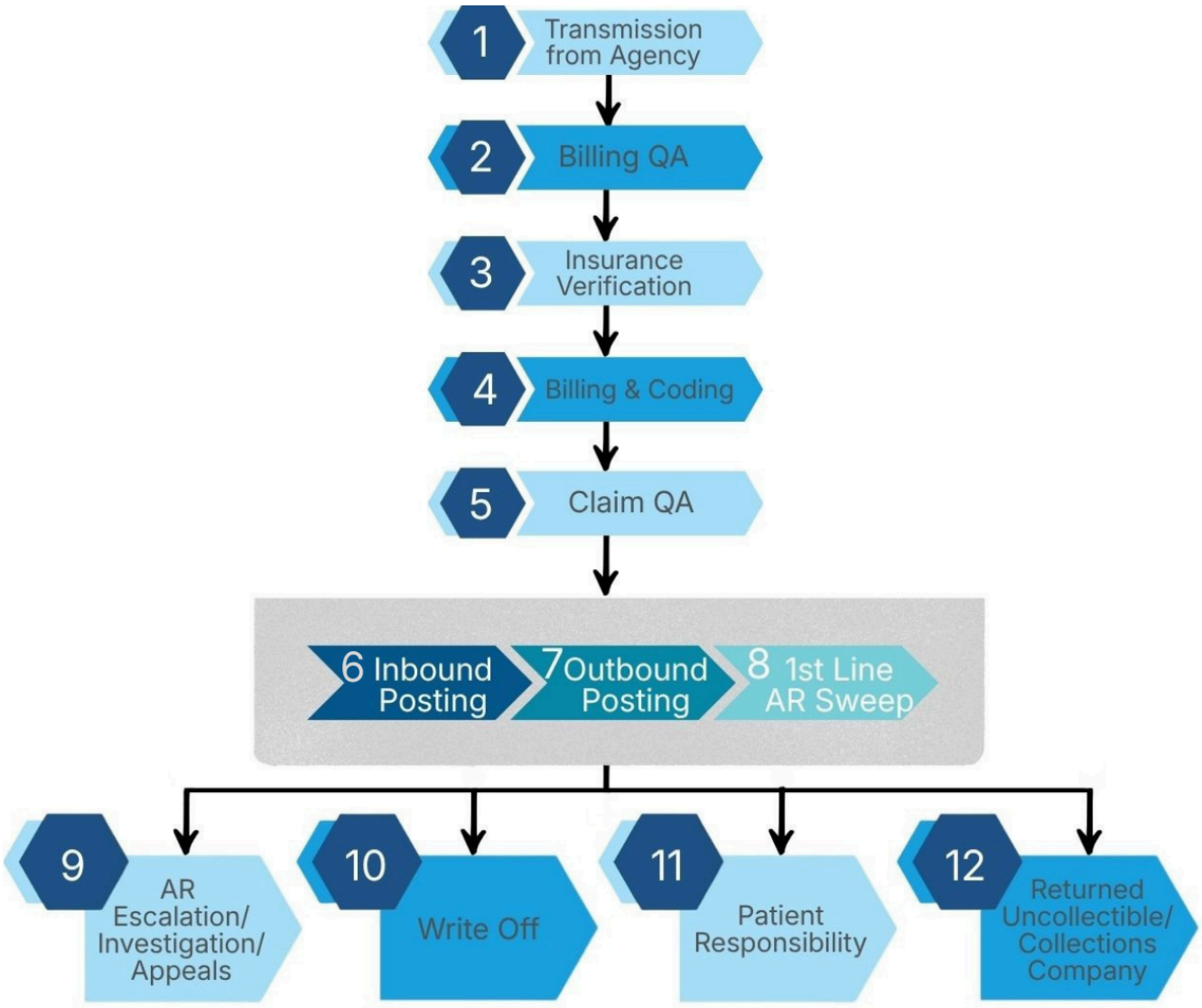
We stay actively involved at every stage.
While approvals are pending, we continuously track enrollment status, provide regular updates, and follow up with payers to prevent unnecessary delays. Our workflow is built around accuracy, transparency, and on-time completion, ensuring your agency stays compliant, fully credentialed, and ready to bill without disruption.

With Unified managing the milestones, you gain peace of mind.
Each step of the credentialing journey is expertly handled, freeing your team to focus on patient care while we secure payer enrollments and protect your revenue cycle.

The goal is simple: eliminate credentialing delays, accelerate setup, and ensure your claims move smoothly from submission to payment, without interruption.

Structured Billing & Revenue Management

How Unified Manages Your Billing — Start to Finish



Billing that's handled thoughtfully — from the start.
You don't need to manage your billing cycle.
You just need to know it's being managed well.

At Unified, billing doesn't start when paperwork hits an inbox — it starts at the point of care. From the moment a patient encounter is documented, our team is already working to protect your revenue.

Every claim moves through a structured, proactive process designed to prevent delays, reduce denials, and keep payments moving steadily back to your agency.

No shortcuts.
No waiting.
No "we'll check on that."

1. Getting Documentation Right Before Billing Begins

Most revenue problems start small: a missing detail, an unclear narrative, an insurance mismatch.

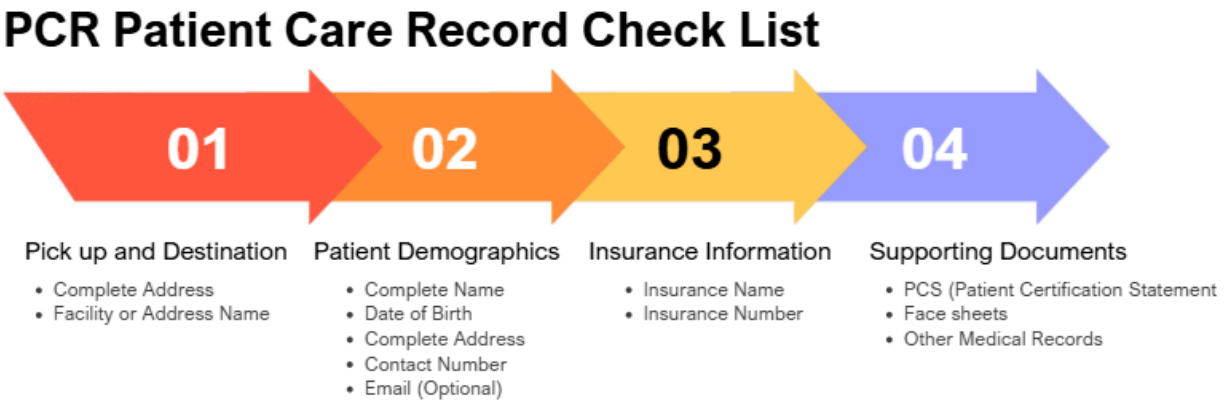
Unified catches those issues before claims go out the door.

Every PCR is reviewed for accuracy, completeness, and medical necessity. If something needs clarification, we flag it quickly and provide clear feedback — not vague rejections or risky submissions.

That early attention saves time, protects compliance, and dramatically reduces avoidable denials.

<u>Catch Issues Early — Before They Cost You</u>

✔ Instant Validation
✔ Clinical Narrative Review
✔ Educational Feedback Loops



Every submission is carefully reviewed before billing begins.

When the information received is complete and accurate, claims move forward immediately. If anything is missing or needs clarification, the report is promptly flagged and returned to your agency with clear guidance — ensuring issues are resolved quickly and billing stays on track.

2. Insurance Verified Before Billing — Not After Problems Appear

One of the fastest ways revenue gets delayed in EMS billing is simple: incorrect or incomplete insurance information.

Unified prevents that before it becomes a problem.

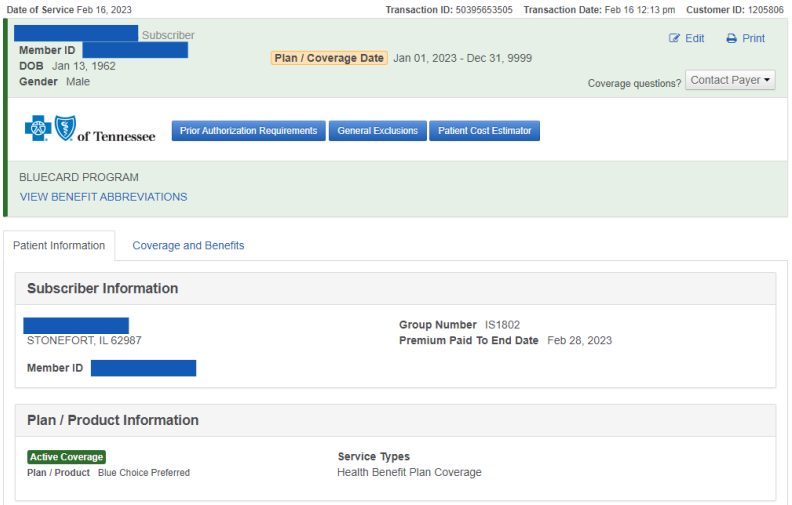
Every transport is reviewed to confirm the right payer, the right coverage, and the correct billing order before a claim is ever submitted. If information is missing or unclear, we act quickly — coordinating with your team or the patient to resolve it without stalling the billing process.

This proactive approach means:

- Fewer eligibility-related denials
- Less rebilling and rework
- Faster, cleaner payments
- Reduced patient confusion

Insurance verification isn't a box we check — it's a safeguard that keeps your revenue moving and your billing accurate from the start.

"Every claim is verified for active insurance and deductible."



3. Clean Claims In. Faster Payments Out.

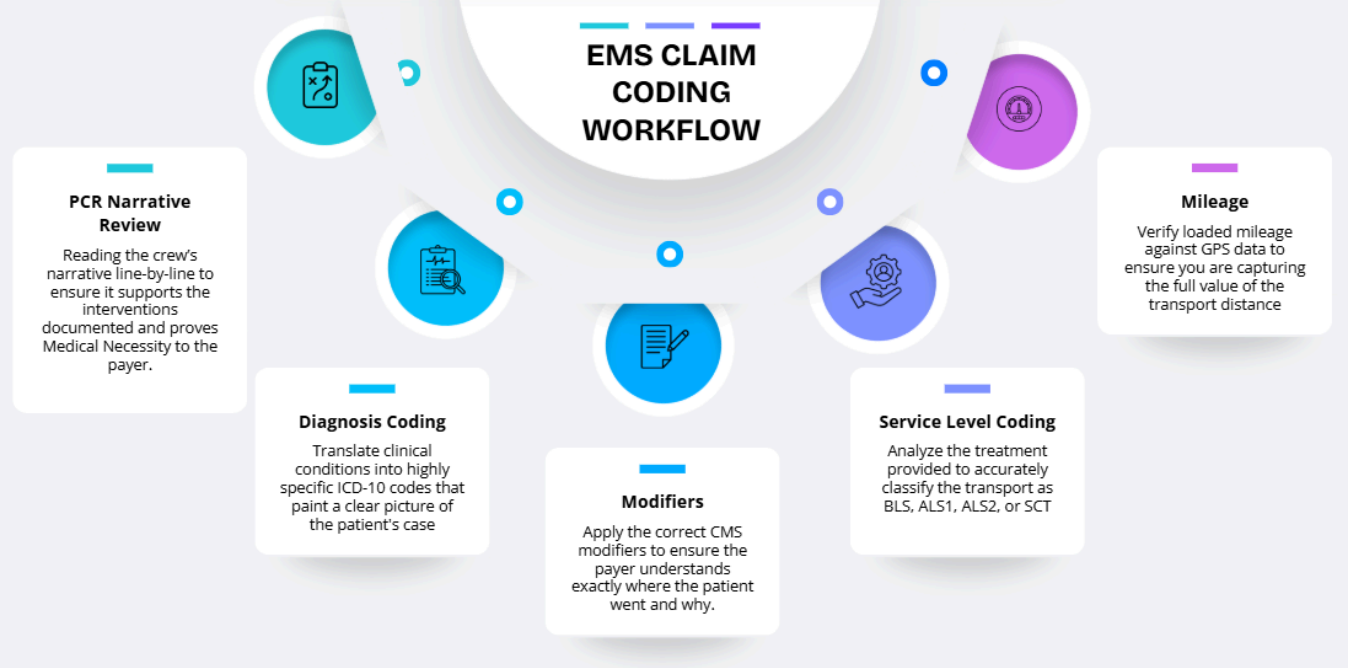
Once documentation is solid, our certified billing and coding specialists take over.

Claims are coded accurately, scrubbed against payer rules, and submitted with the documentation payers expect to see — whether that's Medicare, Medicaid, or a commercial carrier.

This disciplined approach means:

- Fewer rejections
- Faster payer processing
- More predictable cash flow

Billing isn't rushed. It's done right.



Medical Necessity & Mileage — Protected the Right Way

Medical necessity and mileage are where agencies get hurt if shortcuts are taken — so we don't take them. If documentation doesn't fully support the transport, we pause and fix it before it ever reaches a payer. That protects your agency from denials today and audits tomorrow. The goal isn't just payment — it's defensible payment you can stand behind.

Mileage is handled with the same discipline. We validate transport distance carefully to ensure it's accurate, compliant, and defensible, so your agency captures what it's entitled to without increasing audit risk.

The result is simple:

- Fewer medical-necessity denials
- Stronger, audit-ready claims
- Reduced compliance exposure
- Faster, more reliable reimbursement

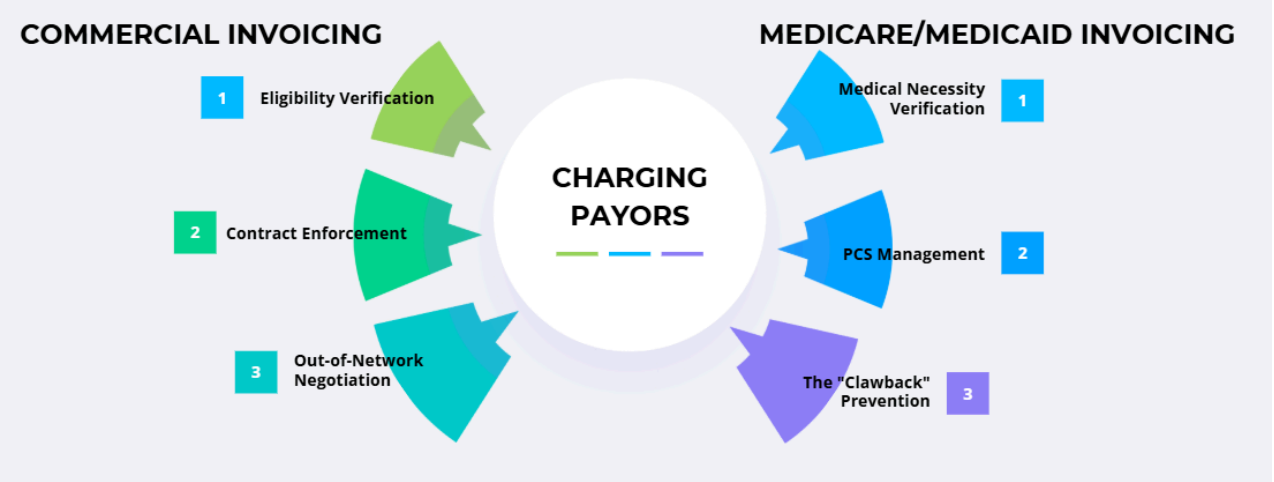
Every claim tells a clear story — one payers understand, auditors respect, and your agency can stand behind with confidence.

4. Billing Across Every Payer — Without Gaps or Guesswork

EMS billing doesn't live in one lane — and Unified is built for that reality.

We manage billing across all payer types, including commercial insurance, Medicare, Medicaid, workers' compensation, auto and liability carriers, veteran benefits, incarceration-related coverage, and any payers that require special handling or paper submission.

No matter the payer, every claim is prepared to meet the rules they expect — so reimbursement moves faster and compliance stays protected.



Commercial Payers — Managed, Pursued, and Defended

"Commercial payers are complex, Unified makes them manageable."

Commercial insurance is often where revenue gets delayed or lost — not because it isn't owed, but because carriers complicate the process.

Unified actively manages commercial claims from start to finish. We don't wait passively for responses. We follow up, challenge underpayments, enforce contract terms, and pursue fair reimbursement whether a transport is in-network or out-of-network.

Our Commercial Strategy Includes:
✔ Eligibility & Benefits Verification
✔ Contract Rate Enforcement
✔ Out-of-Network Advocacy

💡**The result:** stronger commercial collections, faster payments, and a billing partner that actively fights for the value of every transport.

Medicare & Medicaid — Handled with Precision and Care
Government payers require absolute accuracy — and that's exactly how Unified approaches them.

Our team stays current on CMS guidance, Local Coverage Determinations, and state-specific Medicaid rules to ensure every claim is submitted correctly and defensibly. We prioritize compliance, documentation strength, and accuracy to reduce audit exposure and protect your agency from avoidable risk.

You gain:
- Cleaner government claims
- Reduced recoupment risk
- Confidence that billing is being done the right way

Our Government Payer Protocol and Reimbursement Strategy:

"Built to protect your agency and your revenue."

✔ **Medical Necessity Verification**
✔ **PCS Validation & Management**
✔ **Proactive Risk Prevention**

💡**The result:** compliant claims, reduced clawback risk, and the confidence that your Medicare and Medicaid billing is handled with expert care.

Expert Handling of Complex Billing Scenarios:

Not every transport follows a simple path to payment. Unified brings the experience and judgment needed to **manage complex billing scenarios without delay, confusion, or unnecessary risk.**

We handle these cases with care and precision, ensuring claims are compliant, defensible, and positioned for successful reimbursement — so complexity never becomes a financial liability for your agency.

✔ **Hospice Modifiers**
We apply the appropriate GW or related modifiers to ensure transports unrelated to a terminal illness are billed correctly and paid appropriately.

✔ **Skilled Nursing Facility (SNF) Consolidated Billing**
We determine when a transport falls under SNF responsibility versus Medicare Part B, preventing misbilling and unnecessary denials.

✔ **Dual-Eligible (Medicare–Medicaid) Coordination**
For patients with both Medicare and Medicaid, we coordinate benefits seamlessly to ensure proper sequencing and maximum reimbursement.

Flexible, Payer-Ready Submission
Whenever possible, claims are submitted electronically through our clearinghouses to both government and commercial payers. For payers that require paper submissions, we prepare and file compliant CMS-1500 forms to ensure nothing delays payment.

💡**The result:** accurate handling of complex cases, fewer denials, and faster, more reliable reimbursement across every payer type.

5. Driving Accuracy Through Collaboration

Quality is continuously monitored and reinforced.
Our senior billing specialists conduct regular audits to ensure every biller and coder meets our high performance and compliance standards. These reviews help maintain consistency, accuracy, and excellence across all accounts.

We also hold bi-monthly peer QA sessions and innovation discussions, creating a collaborative environment focused on continuous improvement, shared best practices, and smarter billing strategies.

💡**The result:** higher-quality claims, fewer errors, and a billing team that's always getting better on your behalf.

6. Inbound Payment Posting & Remittance Optimization

Faster payments start with the right setup, and we make sure it's done right.
Our credentialing and billing experts ensure all remittance enrollments with clearinghouses are configured for maximum payment speed. From EFT enrollments to direct deposit setup with your bank, we handle every detail so funds move quickly and securely into your account.

Payments are posted quickly, accurately, and without delays.

Explanation of Payment (EOP) files received through clearinghouses are reviewed and posted daily, allowing us to immediately identify payments, adjustments, or denials and take action when needed.

Where automation is available, we leverage it fully.
For clearinghouses integrated directly with our billing platform, payment postings are automated accelerating the revenue cycle, reducing manual errors, and ensuring claims move seamlessly from payment to resolution.

💡**The result:** faster cash flow, quicker denial response, and a tightly managed billing cycle that keeps your revenue moving forward without interruption.

7. Every Payer Tracked. Every Payment Captured.

We actively track every claim until payment is received.
For EOPs delivered through insurance portals, our team continuously monitors payer activity using an internal routing and tracking process. From the moment a claim is submitted, it's assigned to our Payment Posting team and managed according to each payer's expected processing timeline.

"Nothing is left unattended."

By aligning follow-up efforts with insurer-specific turnaround times, we ensure payments are posted promptly, delays are identified early, and denials are addressed without hesitation.

💡**The result:** faster posting, quicker resolution, and full visibility into where every claim stands right up until payment hits your account.

8. Turning Stalled Claims Into Collected Revenue

Our team performs multiple comprehensive AR audits every week to ensure every claim continues moving toward payment.

"Nothing is overlooked."

Any claim that shows signs of delay, denial, or missing documentation is immediately identified and routed to our AR Specialists for focused resolution. Whether a claim needs additional support, follow-up, or escalation, we take action quickly to keep revenue flowing.

This proactive approach ensures:

- Faster resolution of stalled claims
- Reduced aging in AR
- Stronger recovery on denied or underpaid claims
- Continuous forward momentum across your entire revenue cycle

💡**The result:** a healthier AR, improved cash flow, and the confidence that every claim is actively managed until it's fully resolved.

9. AR That Actually Moves

Accounts Receivable shouldn't sit idle — and with Unified, it doesn't.

Every claim is actively tracked from submission to final resolution. When a payment is delayed, underpaid, or denied, it's flagged immediately and routed to specialists who know exactly how to move it forward.

"Nothing waits. Nothing is ignored."

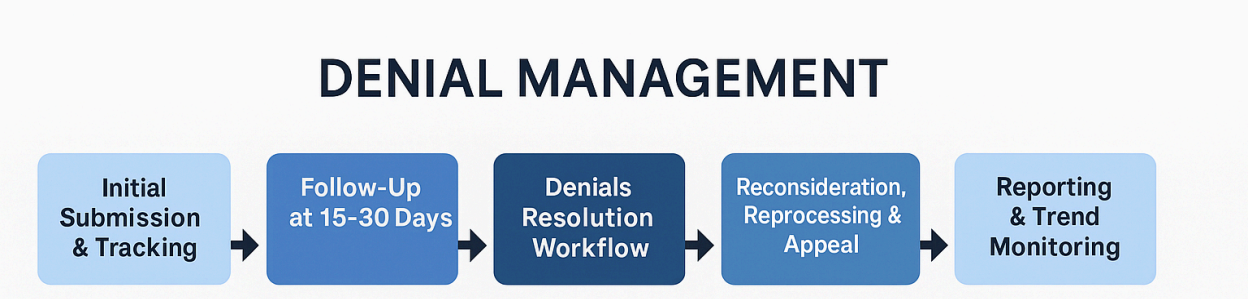
Follow-ups aren't random or reactive.
They're timed, strategic, and persistent.

Claims are worked until they reach their final outcome — not until they become "old enough to ignore."

We prioritize what matters most.
Claims are strategically ranked by value and service date to maximize payment velocity and accelerate cash flow.

💡**The result:** reduced AR aging, faster collections, stronger recovery rates, and the confidence that every claim is actively managed until it's resolved.

10. Denials Aren't the End — They're the Next Step



When denials happen (and in EMS, they sometimes will), Unified doesn't stop.

We investigate the reason, correct the issue, and pursue recovery with targeted appeals and payer-specific strategies. Every denial is treated as both a recovery opportunity and a learning opportunity.

If patterns appear, we address them — adjusting workflows, improving documentation, and reducing repeat issues over time.

That's how AR gets healthier month after month.

💡**The result:** higher recovery rates, fewer repeat denials, and a billing partner that relentlessly pursues the revenue your agency has earned.

How Unified Turns Common EMS Denials Into Recovered Revenue:

Common EMS Denial Scenario	What's Really Happening	How Unified Resolves It
Medical Necessity / Documentation Insufficient	The payer questions whether the transport level or ambulance use was justified.	**We review** the PCR narrative and supporting documentation, request clarifying addendums when needed, and submit a strong appeal with detailed clinical justification aligned to payer and CMS requirements.
Missing or Incorrect Patient Signature / ABN	Required signatures were not captured, or patient was unable to sign without proper documentation.	**We validate** signature protocols, apply allowable crew or representative signatures, document medical inability when applicable, and resubmit with compliant justification forms.
Eligibility or Coverage Not Active	Insurance coverage was inactive, incorrect, or mismatched at the time of service.	**We re-verify** eligibility, identify the correct payer, update the claim, and resubmit. If no coverage exists, the claim is smoothly transitioned to the appropriate self-pay workflow.
Prior Authorization / Non-Emergency Denial	Authorization was required for a scheduled or non-emergent transport.	**We pursue** retro-authorizations when allowed and submit appeals supported by medical necessity documentation, facility records, and physician certifications.
Coordination of Benefits (COB) Issues	The payer believes another insurer should be billed first.	**We verify** payer order with the patient or facility, correct COB details, and resubmit to the appropriate primary payer without delay.

Modifier or Coding Errors	Incorrect HCPCS codes, modifiers, or mileage details triggered denial.	**Our certified coders correct** codes and modifiers, validate loaded mileage, and submit a clean, compliant claim positioned for payment.
Underpayment or Fee Schedule Discrepancy	Payment does not match contracted rates or state fee schedules.	**We review** payer contracts and state allowables, then submit formal reconsiderations or appeals to recover the full amount owed.

The Unified Difference

"We don't just report denials — we resolve them."

Every denial is analyzed, corrected, and pursued with a clear recovery strategy designed to protect revenue, reduce repeat issues, and keep your cash flow moving.

- When a claim is ultimately deemed uncollectible, nothing is left unexplained.
- For every claim that remains viable, we stay relentlessly engaged.
- Complete transparency is built into every step.

💡**The result:** fewer write-offs, stronger recovery rates, and total clarity into how your revenue is being protected.

"We don't just resolve denials — we learn from them."

Unified continuously monitors denial reasons and recovery outcomes to identify patterns, strengthen processes, and improve future results. Those insights are turned into action.

Our team provides targeted, practical feedback to EMS crews and leadership, helping improve documentation quality and reduce repeat denials over time.

Most importantly, no claim is ever abandoned.

Denied or underpaid claims remain actively managed and pursued until the maximum allowable reimbursement is achieved.

💡**The result:** fewer denials, stronger recoveries, and a smarter, more resilient revenue cycle.

11. Smart Write-Off Management — Clean Books, Clear Insight

Accurate revenue reporting matters just as much as strong collections.

At Unified, our write-off protocols are built around clarity, compliance, and efficiency. We focus your resources where they create the greatest return, while ensuring your financial reports reflect a true, honest picture of your revenue health.

Write-offs aren't about giving up — they're about managing smarter.

Our Billing Write-Off Guidelines

📉 **Minimal Balance Write-Offs ($20 or less)**
We take a practical, ROI-driven approach. When a remaining balance is $20 or less, the cost of statements, postage, and follow-up often outweighs the recovery value. These small balances are automatically cleared to keep your ledger clean and allow our team to stay focused on higher-value claims.

🚫 **Denials Upheld After Appeal**
If a claim has gone through the full appeal process and the payer's decision is upheld, we reclassify it appropriately as uncollectible. We don't let "dead" claims linger in AR — giving you a clear, accurate view of what revenue is truly recoverable.

⚖️ **Medicaid Secondary Non-Covered Charges**
When a primary payer (such as Medicare) pays more than the Medicaid allowable, Medicaid is not responsible for the difference. Rather than wasting time on non-payable submissions, we apply compliant contractual adjustments — keeping your books accurate and aligned with state and federal regulations.

💡**The result:**
✔️ Cleaner AR
✔️ Accurate financial reporting
✔️ Better use of billing resources
✔️ Full transparency into your revenue position

With Unified, every write-off is intentional, justified, and documented — so your agency always knows where it stands and why.

Why This Matters
Smart write-off management keeps your financial reports honest, your AR clean, and your billing team focused on claims that truly drive revenue.

By eliminating low-value and non-recoverable balances the right way, Unified helps your agency gain clearer insight, stronger cash flow, and confidence that every dollar being pursued is worth the effort.

12. Returned Statements & Self-Pay Account Support

No statement goes unanswered.
When patient statements are returned due to an invalid address, our team takes immediate action. We attempt contact using the phone number on file and verify address accuracy through USPS tools and mapping systems. If we're unable to confirm valid contact information, we coordinate directly with your agency to obtain updated details

Self-pay accounts are handled with flexibility and professionalism.
When approved by your agency, we also establish structured payment plans to make balances more manageable for patients while supporting consistent revenue recovery.

💡**The result:** fewer dead ends, improved patient communication, and a self-pay process that balances collection effectiveness with respect and professionalism.

Secondary Claims Billing: Unlocking Every Dollar Beyond the Primary Payer

Getting paid shouldn't stop with the first check, and with Unified, it doesn't.
Secondary Claims Billing is where overlooked revenue is recovered, patient balances are reduced, and your agency captures the full reimbursement it's entitled to.

Once a primary payer has processed a claim, our team immediately takes over, identifying secondary coverage, validating coordination of benefits, and submitting clean, compliant secondary claims without delay. We don't treat this as an afterthought; we treat it as a critical revenue opportunity.

This is where expertise makes the difference.
Secondary billing rules vary by payer, plan, and state, and mistakes can easily lead to missed reimbursement or improper patient billing. Unified's specialists understand these complexities and manage the process end-to-end to ensure nothing is left uncollected.

What This Delivers for Your Agency
✔️ Higher total reimbursement per transport
✔️ Reduced patient responsibility and fewer complaints

✔️ Cleaner AR and fewer unresolved balances
✔️ Faster closure of claims

Every claim is worked fully, accurately, and strategically — until all responsible payers have paid.

Billing Claims with Deductible balances: Turning Deductibles Into Collected Revenue

Deductible Balance Management
Deductibles don't have to slow down reimbursement — and with Unified, they don't.
Claims involving deductible balances are one of the most misunderstood and mishandled areas of EMS billing. Unified specializes in managing these claims strategically, ensuring deductible responsibilities are identified accurately and handled the right way — without missed revenue or unnecessary patient confusion.

Before any follow-up billing or secondary submission occurs, our team verifies the patient's remaining deductible balance for the current plan year. This critical step ensures claims are billed correctly, patient responsibility is calculated accurately, and your agency captures every collectible dollar tied to the transport.

"This is where precision protects revenue."

Deductible balances change throughout the year, and billing without proper verification can result in underpayments, denials, or delayed collections. Our process eliminates guesswork and replaces it with clarity, compliance, and consistency.

What This Means for Your Agency
✔️ Higher reimbursement accuracy
✔️ Fewer denied or misapplied payments
✔️ Clear, defensible patient balances
✔️ Stronger patient communication and trust
✔️ Cleaner AR and faster claim resolution

Every claim is billed with confidence — knowing exactly what's owed, by whom, and why.

Why This Matters
Deductible balances are a major source of lost or delayed EMS revenue when not handled correctly. By verifying deductibles upfront and managing these claims with expertise, Unified helps your agency avoid rework, reduce patient disputes, and turn complex deductible scenarios into predictable, collectible revenue.

“With Unified, deductible balances don’t create uncertainty, they create opportunity.”

Patient Records: Secure Data. Trusted Access. Total Confidence.

Patient Records & Insurance Data Protection

Your patient data deserves the highest level of protection — and that’s exactly what Unified delivers.
Every patient record and insurance detail is stored in a highly secure environment using advanced encryption and modern security standards designed to safeguard sensitive information at every stage of the billing process.

From the moment a trip is received, accuracy and continuity begin.
A secure patient account is created for each individual, linking all associated transports to ensure historical accuracy, billing consistency, and clean reporting. This comprehensive view allows us to bill confidently, track payer activity correctly, and eliminate duplicate or fragmented records.

Smart identification means smarter billing.
Patients with subscriptions or membership programs are automatically identified through our internal subscription management system, ensuring benefits are applied correctly and billing is handled according to your agency’s policies — without manual intervention or missed opportunities.

What This Means for Your Agency
✔️ Enterprise-level data security and compliance
✔️ Accurate patient histories across all transports
✔️ Cleaner billing records and fewer errors
✔️ Seamless handling of subscriptions and memberships
✔️ Confidence that sensitive data is protected and properly managed

Why This Matters
Secure, well-organized patient records are the foundation of compliant billing, accurate reimbursement, and patient trust. When data is protected and structured correctly, claims move faster, audits are easier, and revenue is safeguarded. With Unified, your agency gains peace of mind knowing patient information is secure, organized, and working in your favor — every step of the way.

“Security isn’t just a requirement. It’s a promise — and we take it seriously.”

Payments Delivered Directly to You — No Middlemen

Direct Deposit & Payment Flow Management

Your revenue belongs in your account — quickly, securely, and without complications.
Unified Solutions manages the payment collection process with efficiency and transparency, ensuring all funds are deposited directly into your agency’s designated bank account. No escrow accounts. No unnecessary delays. Just fast, clean access to your revenue.

Every payment path is streamlined.
Insurance payments, electronic transfers, and patient-generated checks are handled promptly and accurately. Patient checks are quickly forwarded for deposit, and all patient invoice payments are directed straight to your agency — maintaining full control and visibility over your funds at all times.

What This Means for Your Agency

✔️ Faster access to cash
✔️ No escrow or holding accounts
✔️ Clear, transparent payment flow
✔️ Reduced reconciliation headaches
✔️ Full ownership of your revenue

Why This Matters

Direct deposits eliminate delays, reduce financial risk, and give your agency immediate access to the funds you’ve earned. With Unified handling payment flow correctly and transparently, your cash moves faster, reconciliation becomes easier, and your team gains complete confidence in where every dollar is going — and when it arrives.

Your revenue. Your account. Exactly where it should be.

"No escrow required, which means no waiting on payments."

Facility Billing, Executed with Precision and Confidence

Contracted Facility Billing Management

Facility billing is never one-size-fits-all — and Unified treats it that way.
Contracted facility agreements often include detailed requirements around medical necessity, utilization management, billing rules, reimbursement methodology, and patient responsibility. Navigating these terms correctly is essential to avoiding delays, disputes, and lost revenue.

Unified brings structure and expertise to every facility relationship.

Our billing team follows a carefully designed, facility-specific billing process tailored to each contracted agreement. By aligning workflows with facility expectations and payer contract terms, we ensure claims are submitted accurately, compliantly, and positioned for timely payment.

What This Means for Your Agency

✔️ Faster, more predictable facility payments
✔️ Full compliance with contract-specific billing rules
✔️ Reduced denials and rework
✔️ Clear patient responsibility handling
✔️ Improved facility relationships and satisfaction

Why This Matters

Facility contracts can either streamline revenue or silently erode it when handled incorrectly. By managing facility billing with precision and consistency, Unified protects your agency from contract violations, accelerates reimbursement, and strengthens long-term partnerships — all while maintaining a positive patient experience.

"With Unified, facility billing becomes a strategic advantage — not a risk."

Last-Resort Payers, Handled the Right Way

Payer of Last Resort Management

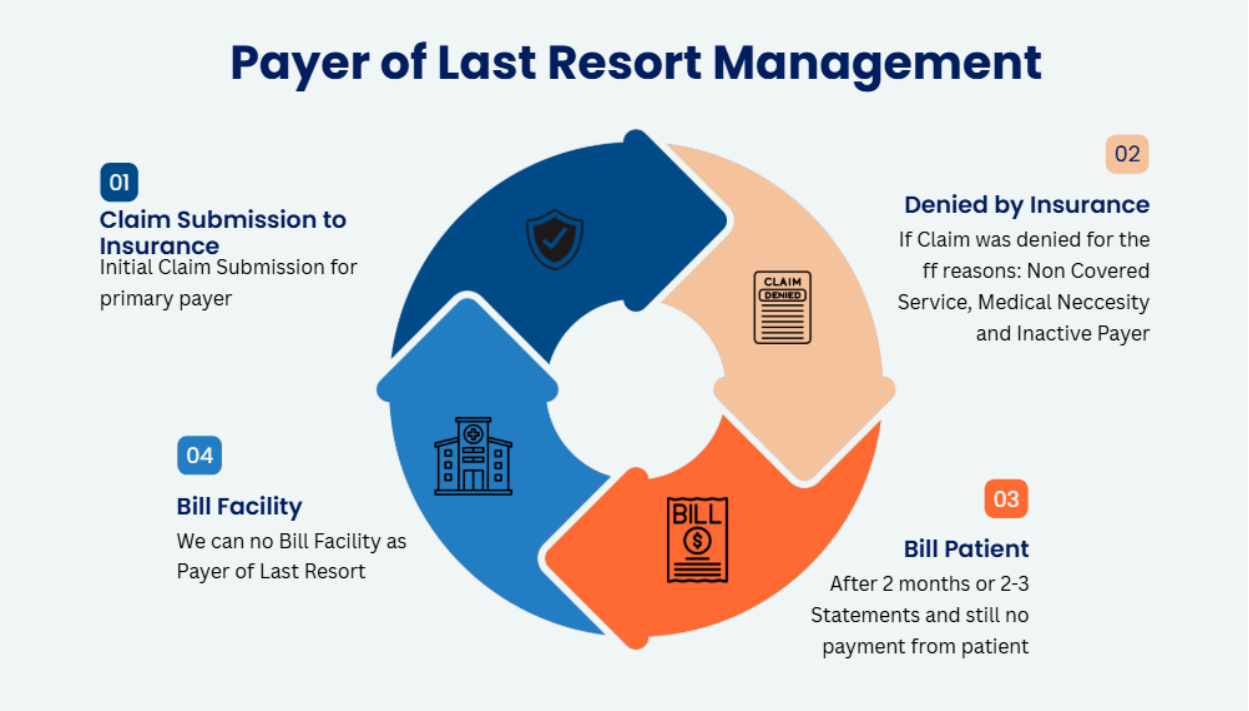
When it comes to last-resort payers, precision and compliance are everything.
Government programs and special funds designated as payers of last resort require that all other available insurance options are fully exhausted before a claim is eligible for payment. Getting this sequence wrong can lead to denials, delays, or compliance exposure.

Unified manages this process with disciplined accuracy.
For contracted facilities, we ensure every potential payer is identified, billed, and resolved in the correct order — documenting each step clearly before submitting to the payer of last resort. This structured approach protects eligibility, supports compliance, and keeps claims moving without unnecessary setbacks.

What This Means for Your Agency

✔️ Maximum reimbursement from all available payers
✔️ Strict compliance with payer-of-last-resort rules
✔️ Reduced denials and audit risk
✔️ Clean documentation and defensible billing records
✔️ Faster resolution once last-resort billing is appropriate

Steps for Payor of Last Resort Management



Patient Experience: A Smarter, Kinder Billing Experience

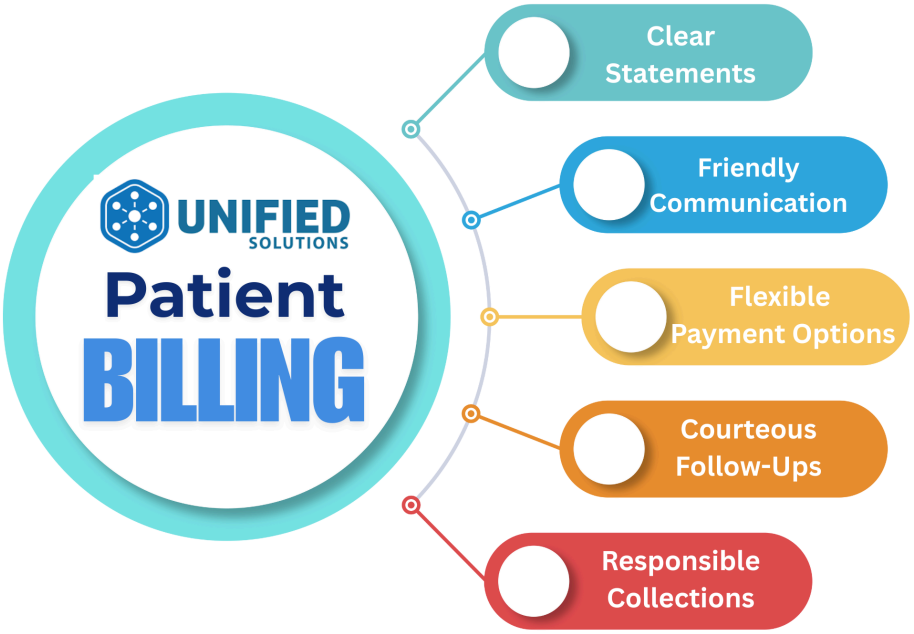
Patient Billing That Builds Trust — Not Friction

Clear, Compassionate Patient Billing Experience

At Unified Solutions, patient billing is more than a transaction — it's an extension of your agency's reputation.

We believe every patient interaction should be clear, fair, and easy to navigate. Whether insurance has left a remaining balance or a patient is self-pay, we guide individuals through the process with transparency, professionalism, and care.

Our approach balances revenue recovery with patient experience, ensuring your agency gets paid while patients feel informed and respected.



How We Deliver a Better Patient Billing Experience

✔ Clear, Easy-to-Understand Statements

Patients receive detailed statements that clearly show insurance payments, adjustments, and the remaining balance. Everything is laid out simply — no confusion, no surprises.

✔ Friendly, Plain-Language Communication

Each statement explains next steps in clear language. Patients can reach our support team by phone, text, or email to ask questions, make payments, or set up arrangements — real help from real people.

✔ Flexible Payment Options

We offer convenient online payments and structured installment plans, giving patients practical ways to manage balances without unnecessary stress.

✔ Courteous, Professional Follow-Ups

If a balance remains, reminders are sent on a thoughtful schedule. Our tone is respectful and supportive — focused on communication, not pressure.

✔ Responsible, Compliant Collections

Accounts are only escalated after all insurance processing is complete and all outreach options have been exhausted. Our approach is compliant, ethical, and compassionate — never aggressive.

✔ Continuous Review & Improvement

We analyze patient response trends and payment behaviors to continuously refine our communication strategy, ensuring every interaction reflects empathy, clarity, and professionalism.

What This Delivers for Your Agency

✔️ Higher patient payment rates
✔️ Fewer disputes and complaints
✔️ Reduced write-offs
✔️ Stronger public trust and reputation
✔️ A billing partner that treats patients the way you would

Why This Matters

Patient billing is often where relationships are strained — or strengthened. A clear, respectful process increases collections, reduces friction, and protects your agency's reputation in the community. With Unified, patient billing becomes a positive, professional experience that supports both revenue and trust.

Because getting paid shouldn't come at the cost of patient confidence — and with Unified, it never does.

Patient Communication: Human Support, Every Step of the Way

When patients have billing questions, they deserve clarity — not confusion.
At Unified, we make it easy for patients to reach a real person who's ready to help. Whether they call, text, or email, our friendly support team responds quickly with clear answers and genuine care.

Every interaction is handled with respect and understanding.
We recognize that billing conversations can be stressful. That's why our approach is calm, compassionate, and solution-focused — ensuring patients feel supported while your agency's reputation is protected.

How Patients Can Reach Us

📞 Call or Text Support

Patients can connect directly with our billing specialists by calling or texting (708) 575-6777. Our team is trained to assist with statement questions, insurance clarification, and payment options — always with courtesy and professionalism.

📩 Email Support

Patients may also email help@unified-statements.com
for assistance. Every message is reviewed promptly, with thoughtful, easy-to-understand responses that help resolve questions without frustration.

What This Delivers for Your Agency

✔️ Faster issue resolution
✔️ Fewer complaints and escalations
✔️ Improved patient satisfaction
✔️ Reduced staff interruptions
✔️ A professional, consistent patient experience

Why This Matters

Patient communication is often the most visible part of the billing process. When questions are answered quickly and respectfully, patients are more cooperative, more informed, and more likely to resolve balances promptly. With Unified managing patient communication, your agency benefits from smoother collections, stronger community trust, and a billing partner that treats people — not just accounts — with care.

Because great communication doesn't just solve problems — it builds confidence.

Patient Payment Experience: Simple, Secure Ways to Pay

Making a payment should be easy — and with Unified, it is.

We remove complexity from the payment process by offering patients multiple convenient, secure ways to pay, so settling a balance feels straightforward and stress-free.

Patients can choose the option that works best for them — whether that's paying by check, credit or debit card, or through our secure online payment portal. Every method is designed to be fast, safe, and easy to use.

A better payment experience benefits everyone.

By simplifying how patients pay, we reduce delays, improve follow-through, and support faster account resolution — all while maintaining a positive patient experience.

What This Delivers for Your Agency

✔️ Faster patient payments
✔️ Fewer billing questions and disputes
✔️ Higher completion rates on patient balances
✔️ Secure, compliant transactions
✔️ A smoother experience for patients and staff

Why This Matters

When paying is easy, patients are more likely to pay promptly. Simple, flexible payment options reduce friction, increase collections, and protect your agency's reputation. With Unified managing the process, patient payments become seamless — supporting both financial performance and patient peace of mind.

Because the easier it is to pay, the faster your agency gets paid.

Compassionate Account Resolution — Handled With Care

Hardship, Charity & Deceased Patient Management

Some accounts require more than process — they require empathy, judgment, and experience. At Unified Solutions, we manage hardship, charity, and deceased patient accounts with sensitivity and respect, while still maintaining fiscal responsibility and compliance for your agency.

Our approach ensures these situations are handled thoughtfully, ethically, and transparently, protecting both your community relationships and your financial integrity.

How We Handle These Sensitive Scenarios

✔ Deceased Patient Accounts

Accounts involving deceased patients are managed with dignity and care. We verify whether an estate or legally responsible party exists before proceeding with any follow-up. When no estate or next-of-kin is legally able to pay, the account is appropriately classified as uncollectible or converted to charity status.

All determinations are fully documented and retained, ensuring audit readiness and regulatory compliance.

✔ Hardship & Charity Considerations

When financial hardship is identified, we follow structured review guidelines to determine eligibility for hardship or charity classification — ensuring consistency, fairness, and compliance with your agency's policies.

✔ Clear Documentation & Compliance

Every action, determination, and classification is carefully documented, providing full transparency and defensible records should questions or audits arise.

What This Delivers for Your Agency

✔️ Compassionate handling of sensitive accounts
✔️ Protection of your agency's reputation and community trust
✔️ Clear, compliant classification of uncollectible balances
✔️ Reduced risk of inappropriate collections
✔️ Audit-ready documentation and reporting

Why This Matters

Hardship and deceased patient accounts are where billing practices are most visible — and most scrutinized. Handling these situations with care protects your agency from reputational risk, compliance exposure, and unnecessary conflict. With Unified, you gain a partner who balances empathy with accountability, ensuring every decision is respectful, compliant, and in your agency's best interest.

Because how these accounts are handled reflects who your agency is — and we treat them with the care they deserve.

Billing System and Access: Transparency Built In

Modern Billing Technology. Total Visibility. Absolute Security.

Billing Platform & Secure Access

Unified Solutions powers your billing with advanced, purpose-built technology designed for speed, accuracy, and peace of mind.
Our state-of-the-art billing platform integrates seamlessly with our clearinghouse and is engineered to identify potential billing issues before claims are submitted — reducing rejections, shortening turnaround times, and accelerating reimbursement.

Security is built into every layer of the system.
Our platform uses advanced encryption technologies and exceeds HIPAA compliance standards. Continuous security updates, system monitoring, and enhancements ensure patient and billing data remain protected against threats and unauthorized access.

You stay connected — anytime, anywhere.
Unified provides agency-level access to the billing system, giving your team real-time visibility into trips, claims, and performance. Reports can be generated easily, on demand, giving leadership immediate access to the insights they need. Comprehensive training is provided so administrators can confidently use every available tool.

Always on. Always protected.
The system is accessible 24/7 from any device, anywhere in the world. Built-in safeguards, fraud prevention tools, automated backups, and disaster recovery protocols ensure uninterrupted operations and data integrity — even in unexpected situations.

Secure Records Requests — Handled with Precision and Care

Request for Records Management

In today's environment, requests for patient records are common — and how they're handled matters.

Unified Solutions treats every request for records with seriousness, discretion, and strict compliance to privacy regulations.

Patient-initiated requests are managed through your agency for added protection.

To safeguard patient privacy and ensure information is released only to authorized individuals, we require that all patient requests for records be routed through your agency. This controlled process prevents unauthorized disclosures and maintains clear accountability at every step.

Legal requests are handled swiftly and compliantly by experts.

Legal and court-ordered requests often require immediate and independent action. When these arise, Unified's legal team carefully reviews each request to determine the appropriate response. If disclosure is required, we provide the requested information strictly in accordance with the instructions and legal parameters outlined — ensuring full compliance without unnecessary exposure.

Education That Strengthens Documentation — and Revenue

Training & Ongoing Education

Great billing starts in the field — and Unified helps your team get it right from day one.

From onboarding through the life of our partnership, our team works side by side with your staff to ensure clinical documentation consistently supports billability, compliance, and full reimbursement.

This isn't one-time training — it's continuous improvement.

We actively review documentation trends, identify opportunities for improvement, and provide targeted guidance to strengthen performance where it matters most.

Technology That Fits Your Workflow — Not the Other Way Around

ePCR & Billing System Integration

Your agency shouldn't have to change systems to get better billing.

Unified's billing team is expertly trained across multiple ePCR platforms — including our own and other industry-leading systems. No matter which ePCR you use, we adapt seamlessly to your workflow, ensuring documentation moves smoothly from the field to billing without friction or delays.

We meet you where you are — and make your process better.

By working directly within your existing technology, we eliminate unnecessary handoffs, reduce learning curves, and keep crews focused on patient care while billing stays efficient and accurate.

Automation That Accelerates Billing
Smart integration replaces manual work.
Our automated ePCR integrations securely transfer trip data directly into our billing system, removing the need for manual data entry and significantly reducing the risk of errors.

The result is speed, accuracy, and consistency.
With clean data flowing automatically, claims are submitted faster, rework is minimized, and your revenue cycle moves forward without interruption.

What This Delivers for Your Agency

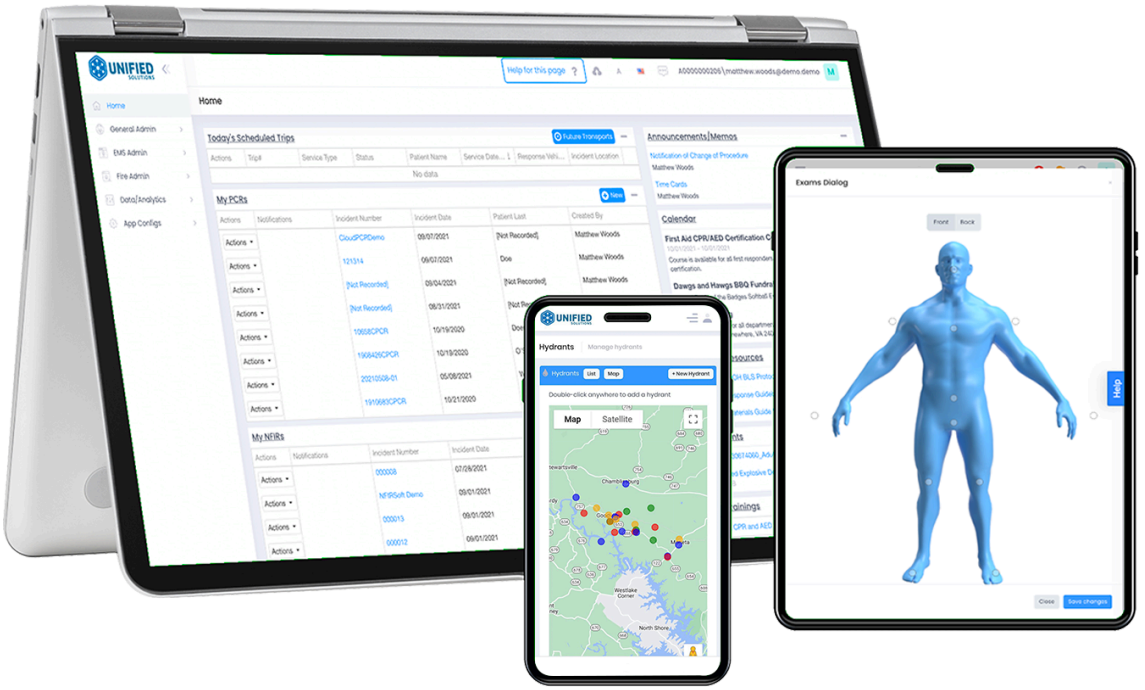
✔️ Compatibility with multiple ePCR platforms
✔️ Faster claim submission timelines
✔️ Reduced documentation and billing errors
✔️ Less administrative burden on crews and staff
✔️ A billing process that scales as your agency grows

Why This Matters

Technology should simplify operations — not complicate them. When ePCR data flows automatically and billing teams understand your system, claims move faster, denials decrease, and revenue becomes more predictable. With Unified's flexible integrations and platform expertise, your agency gains efficiency without disruption.

Because the best technology is the one that works quietly in the background — while your revenue moves forward.

Billing Partnership Perks



Billing partnership customers enjoy steep discounts on our premier software.

Software Demo Account:

Visit https://unified-solutions.io/ to sign up for an instant demo account

Software

CloudPCR: ePCR

An Award Winning, Fast, Intuitive, and Feature Rich ePCR

- ✔ Offline + Any Device
- ✔ Mobile/Tablet PCR
- ✔ Non-Emergent Transport Module
- ✔ 24/7 Help Chat
- ✔ PCR Customizability
- ✔ Multiple PCR Forms
- ✔ QA Dashboard Customizability
- ✔ Narrative Templates + Speech to Text
- ✔ Customizable PCR Field Grid Reporting
- ✔ Billing Admin Interface
- ✔ Prev Patient Lookup
- ✔ Signature Capture
- ✔ Google Address Lookup
- ✔ Digitized Paper Forms
- ✔ Free Unlimited Faxing
- ✔ QA Workflow

EMS Software

CloudPCR by UNIFIED

Works Offline
Easy-to-Use
Works on Any Device
Customizable
HL7 capability
Fax from PCR

Global Features

- API support
- CAD integration
- 12-Lead integration
- Military Level Security
- 99.9% uptime
- HIPAA compliant
- NEMSIS compliant

TripsSchedule by UNIFIED

Fully Integrated
Easy to Manage
Customizable
Reliable

TruckChecks by UNIFIED

Field-Friendly
Easy to Learn
Secure & Compliant
Fast to Deploy

CheckSheets by UNIFIED

Easy-to-Use
Configurable
Camera Enabled
Secure File Storage

Assets by UNIFIED

Configurable
Easy-to-Track
Fully Integrated
Reliable

Shifts by UNIFIED

Easy to Manage
Secure
Works offline
Fully Integrated

DrugTracking by UNIFIED

Works on Any Device
Fully Integrated
Quick to Trial
Reliable

LMS by UNIFIED

Fully Integrated
Works Offline
Reliable
Easy-to-Use

Inventory by UNIFIED

Efficient
Convenient
Secure
Field-Friendly

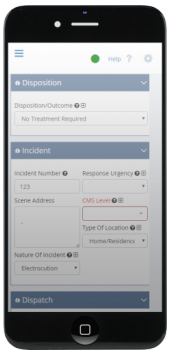
UNIFIED SOLUTIONS

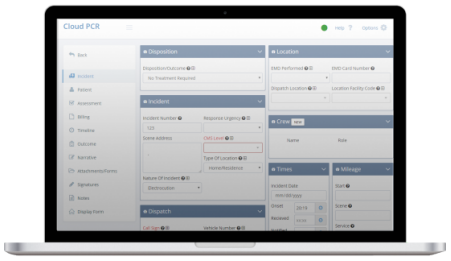
USE ON ANY DEVICE

The same full-use CloudPCR app works on any device, so you don't have to learn different versions of our software for different device types.

Works on:

- PCs/Toughbooks
- iPads
- iPhones
- Android Tablets
- Android Phones
- Chromebooks





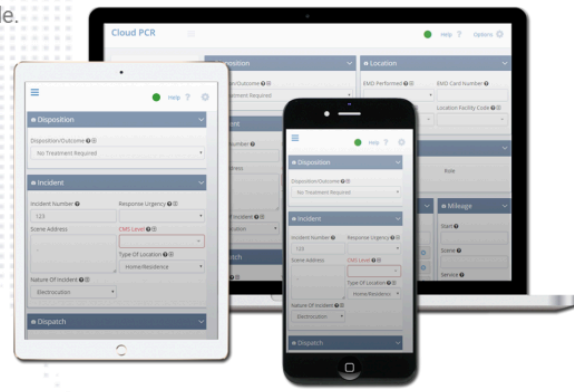
OFFLINE WITH AUTOSYNC

Never lose a PCR to a bad connection again. CloudPCR works offline & automatically syncs to the central database when online.

- Start a chart with or without internet
- Chart from anywhere, even in remote rural areas
- Works on any device

CUSTOMIZABLE FORM

Our easy form editor allows you to modify the ePCR form without knowing any code.



- Hide unnecessary fields on the PCR
- Add or remove the dropdown options
- Change which fields are required
- Set field value defaults in the PCR
- All of the above customizations can be done with clicks of the mouse
- All of the above can be based on patient outcome, example: transported vs cancelled calls

Assets by UNIFIED

Track your assets, from purchase to replacement

- Easy to Track
- Customizable / Configurable
- Real time dashboards
- Cost Tracking
- Maintenance / Inspection Log
- In-Service Tracking
- Location Tracking
- Next Service Date Tracking

LMS by UNIFIED

Seamless and intuitive Learning Management System

- Browser-based online Training
- Documentation of Records
- 24/7 Training accessibility
- Set Alerts and Reminders
- Integrated Platform Assignments
- Certification Download
- Multimedia Support
- Easy, efficient and productive

Shifts by UNIFIED

Economical and adaptable crew scheduling software

- Automated schedule tracking
- Efficient and easy shift management
- Staff Alignment
- Credential Management
- Fully integrated
- Automatic notifications
- Intelligent Reporting
- Easy template builder
- Manage time and payroll operations

CheckSheets by UNIFIED

Efficient Electronic Task Management software

- Create Custom Checksheets
- Maintain and analyze data for audits
- Smooth Workflow
- Easy to use
- Aligned Reporting
- Personal Accountability
- Time saving
- Track performance

TripsSchedule by UNIFIED

Easy to use ambulance transport scheduling software

- Community Paramedicine Integration
- Manage Billing Information
- Prefill ePCR Information
- Transport Templates
- CAD Integration
- Insurance Verification
- Prior Patient History
- Role-based Security
- Dashboard Reporting
- Facility Management

TruckChecks by UNIFIED

Vehicle inventory and fleet maintenance

- Secure & Compliant
- Multi-station Support
- Email and Text Notifications
- Configurable
- Controlled Substance Monitoring
- Maintenance History
- Track Renewals
- View All Vehicles Status
- Track Lifetime Vehicle Cost
- Schedule Maintenance

DrugTracking by UNIFIED

Automated and secure Drug Inventory management

- Track Controlled Substances
- Routine Inspections
- Drug locations
- Custom fields
- Centralized System
- User Friendly
- Time Saving

Inventory by UNIFIED

Electronic Inventory Management

- Control Inventory Checks
- Easy to Use
- Systematic Inventory Tracking
- Electronic Signatures
- ePCR Integration
- Convenient, and mobile
- Loss and Theft Prevention

Explore Our Apps in Action

Software Training and GoLive

We have a customer centric approach to golives that starts with a dedicated liaison you can text, call, or email anytime and is then supported by our training videos, help articles, and knowledge bases. We realize not every agency (or person) is the same, so we provide unlimited scheduled trainings to ensure whatever training that is needed for success is provided to your agency's personnel.

Closing Remarks

We don’t just provide billing services—we build lasting partnerships. When you choose Unified Solutions, you gain a dedicated team committed to your agency’s growth, financial health, and long-term success. We grow together, win together, and work as one team with one mission: helping your organization operate at its highest potential.