## CLIENT REFERENCE FORM

Provide a list and profile of at least three EMS agencies currently using Offeror’s EMS billing services The profile must include the date’s of service billings services provided, number of trips billed annually for the past two years and Payor Mix for the past two years. The contact information includes Customer name and address, contact person’s name, contact phone numbers and contact email address, if available.

**Use this format for each customer**:

|  |  |
| --- | --- |
| Vendor name: |  |
| Customer name: |  |
| Customer contact: |  |
| Customer phone number: |  ( ) |
| E-mail address |  |

1. Dates of services provided?

2. Number of trips billed annually for the past two years?

3. Payor Mix?

4. Short Profile