



County of Santa Cruz



HEALTH SERVICES AGENCY Public Health Division Emergency Medical Services

1800 Green Hills Road, Suite 240
Scotts Valley, CA 95066
Phone: (831) 454-4120 TDD/ TTY: Call 711
hsaems@santacruzcountyca.gov
santacruzhealth.org

EMERGENCY MEDICAL CARE COMMISSION AGENDA

DATE & TIME	Monday, June 15, 2026, 9:00am – 10:30am
LOCATION-In-Person	County of Santa Cruz, 1400 Emeline Ave., Rooms 206/207
LOCATION-Online	<p>Join the meeting now</p> <p>Meeting ID: 222 084 188 481 50 Passcode: kP6Mw74R</p> <p>Dial in by phone</p> <p>+1 831-454-2222,,982485504# United States, Santa Cruz</p> <p>Find a local number</p> <p>Phone conference ID: 982 485 504#</p>

COMMISSIONERS:

Ron Prince, EMCC Chair Person, District 1, M. Koenig,	Chief Sarah Ryan, Law Enforcement
Jerry Souza, District 2, K. De Serpa	Chief Rob Oatey, Fire Chief's Assoc.
Celia Barry, District 3, J. Cummings	Tammy Green, Dominican Hospital Rep.
Michael Baulch, District 4, F. Hernandez	<i>Open Position, Watsonville Hospital Rep.</i>
Dan Quinto, District 5, M. Martinez	Jeremy Boston, AMR
Dr. Marc Yellin, Medical Society	Chris Jones, Consumer Representative
Samantha Moeller, Field Representative	

COUNTY STAFF:

Greg Benson, EMS Director	Dr. Eli Carrillo, EMS Medical Director
Dr. Lisa Hernandez, Public Health Officer	Pam Conelly, Interim Public Health Div. Dir.
Claudia Garza, Sr. Dept. Admin. Analyst	Shelley Huxtable, EMS Office Assistant III

ITEM:

1. Call to Order/Establish Quorum.
2. Review/Correct Agenda & Approve Minutes from April 20, 2026 meeting.

3. Written Correspondence Listing:

The Written Correspondence Listing is established to act as a report of materials received by the Commission as a whole but, may also include items requested for inclusion by individual Commissioners. Upon completion of any actions deemed necessary (i.e., acknowledgment, referral, etc.), these items are included in the Written Correspondence Listing. While these items are not part of the official record of meetings of the Emergency Medical Care Commission, they will be maintained by the Santa Cruz County Emergency Medical Services Agency for a period of two years.

Please see the attached Formal Complaint – AMR EOA Contract Compliance/Billing

4. Oral Communications:

Oral Communications for items not on the agenda will be presented for discussion purposes only and may be brought to the Commission by Commissioners or members of the public. Comments are limited to 3 minutes per person.

5. RING Radio System Update (Jim Frawley)

The Commission will receive a status update on the county-wide RING Radio System.

6. First Responder Recognition Awards (Samantha Moeller)

The EMCC will honor first responders in recognition of their exceptional work and commitment to the community.

7. EMCC Bylaws (Greg Benson)

The bylaws will be presented to the EMCC for review.

8. Six Minutes to Live (Hilary Gates)

Update on the progress of the program in the County.

9. Ad-Hoc Committee Update (Ron Prince)

Update on the progress of the 12 Month Action Plan and the Ad-Hoc Committee's activities.

10. Commissioner Updates (Ron Prince)

Status updates from Commissioners only. Updates are limited to 2 minutes per Commissioner.

11. Program Updates:

A. EMS Administrator Report (Greg Benson)

The Administrator will report on issues of interest, challenges, progress and concerns for the Commission to consider for action, if necessary.

B. AMR Report (Jeremy Boston)

The Commission will receive an update from AMR.

12. Proposed Agenda Items for next EMCC meeting on August 17, 2026.

13. Adjournment.

Agenda Item 3 – Written Communication

**Please see the attached Formal Complaint – AMR EOA Contract
Compliance/Billing**

Shelley Huxtable

From: [REDACTED]
Sent: Wednesday, April 29, 2026 10:50 PM
To: HSA Emergency Medical Services
Subject: Formal Complaint — AMR EOA Contract Compliance — Patient [REDACTED] — Account [REDACTED]
Attachments: 2026-04-29 Filing 5 LEMSA AMR EOA Compliance Complaint - Signed.pdf; 2026-03-16 AMR Billing [REDACTED].pdf; 2026-04-01 GMR - Written (email) Collections Hold Confirmation.pdf; 2026-04-01 Revco Solutions - Debt Collector - [REDACTED] (\$1380.47).pdf; 2026-04-15 AMR's 1st BBB response + consumer rejection.pdf; 2026-04-15 GMR - Written (email) Collections Hold Confirmation.pdf; 2026-04-29 AMR's 2nd BBB response + consumer rejection.pdf; CCP certification objection 04-09-2026 Email Thread.pdf; Revco FDCPA dispute 04-09-2026 Email Thread.pdf

******CAUTION:**This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ********

Dear EMS Administrator (or current successor in office):

Please find attached a formal complaint regarding the conduct of Santa Cruz County's Exclusive Operating Area ambulance contractor, American Medical Response West, on AMR Account [REDACTED] following a 09/27/2025 emergency transport in Santa Cruz County.

The matter is presented for review under California Health and Safety Code §§1797.200, 1797.204, and 1797.224, and Santa Cruz County Code Chapter 5.35. The same conduct is the subject of parallel filings docketed 04/29/2026 with the CFPB (two filings), the California DFPI (two filings), the California Attorney General's Public Inquiry Unit, and the Better Business Bureau.

Eight exhibits are attached.

Written acknowledgment of receipt and a written status communication on referral and review are respectfully requested.

Respectfully,

[REDACTED]
Authorized Representative for [REDACTED]
Guarantor of Record on AMR Account [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

April 29, 2026

VIA EMAIL AND U.S. CERTIFIED MAIL — RETURN RECEIPT REQUESTED

EMS Administrator

Santa Cruz County Local Emergency Medical Services Agency
County of Santa Cruz Health Services Agency
1800 Green Hills Road, Suite 240
Scotts Valley, CA 95066

Re: Formal Complaint Regarding the Billing and Collections Conduct of Santa Cruz County Exclusive Operating Area Contractor American Medical Response West (AMR) Following the 09/27/2025 Emergency Transport of Patient [REDACTED] — AMR Account [REDACTED]

Dear EMS Administrator (or current successor in office):

§1. Filer and standing. This complaint is submitted by [REDACTED] as authorized representative for [REDACTED] [REDACTED]. Authorization basis: HIPAA authorization signed by patient on 02/04/2026, valid for one year and confirmed by Vituity on 04/02/2026; guarantor of record on AMR Account [REDACTED]. The patient was transported on 09/27/2025 by Santa Cruz County's exclusive ambulance contractor under emergency 911 dispatch, within the territorial jurisdiction of the Santa Cruz County LEMSA. The contractor's billing and collections conduct following that transport is the subject of this complaint.

§2. Statutory and contractual basis for LEMSA review. California Health and Safety Code §1797.200 designates the Santa Cruz County LEMSA as the local EMS agency. Section 1797.204 directs that the local EMS agency "shall plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures." Section 1797.224 authorizes the local EMS agency to establish one or more exclusive operating areas. Santa Cruz County Code Chapter 5.35 implements that authority. Under §5.35, an ambulance service provider granted a permit under an exclusive operating area enters into "an agreement with the County (an 'EOA agreement') setting forth the terms on which the provider shall provide services within the EOA." American Medical Response West has been the County's sole 24-hour ALS ambulance transport provider since 1990 under such an arrangement and is a permittee subject to ongoing County contract monitoring through the LEMSA's Technical Advisory Group function. The conduct described below implicates the County's contractual relationship with that permittee.

§3. Summary of conduct. On 09/27/2025, AMR transported the patient [REDACTED] from [REDACTED] Dominican Hospital, Santa Cruz.

AMR billed \$4,859.95 (ALS1 Emergency \$3,502.19; eight-mile mileage \$934.24; oxygen \$423.52). The patient's primary insurer, BCBSIL/BSCA, paid \$3,424.42 via BlueCard (Subscriber [REDACTED]). AMR is pursuing a disputed \$1,380.47 balance against the patient under Account [REDACTED] (Final Bill [REDACTED]; Final Notice dated 03/16/2026). Three categories of conduct are documented in the attached exhibits and are the subject of separate filings with federal and state regulators (cross-referenced in §5 below):

(a) Concurrent third-party collections during a documented written collections hold. On 04/01/2026 at 12:55 PM, AMR's GMR Care division (gmrcare@integraconnect.com) confirmed in writing that a collections hold was in place on the account (Exhibit B). On the same date, third-party collector Revco Solutions issued a 15 U.S.C. §1692g(a) initial notice to the patient under Reference # [REDACTED] (Exhibit A). AMR's GMR Care division confirmed the hold a second time in writing on 04/15/2026 at 9:25 AM, while Revco's notice remained outstanding (Exhibit C). Revco received an FDCPA written dispute on 04/14/2026; the §1692g verification window expires on or about 05/14/2026.

(b) Charity Care Program certification. AMR's Charity Care Program application requires the patient to certify, in part: "I certify that there is not any liability or third-party coverage pertaining to all transports related to this application." AMR's own records show \$3,424.42 paid by BCBSIL/BSCA on this claim. The conflict was raised in writing on 04/09/2026 with a request for a modified form, annotated acceptance, or alternative form. AMR responded twice through Better Business Bureau complaint # [REDACTED] (04/15/2026 and 04/29/2026), signed by AMR Patient Advocate [REDACTED], describing the certification as "not signed" or "incomplete," and declined to issue a modified form.

(c) Explanation of Benefits. AMR's two BBB responses referenced an Explanation of Benefits as the basis for the \$1,380.47 patient-responsibility figure. AMR has not produced any EOB to the patient or guarantor in response to written requests. The 03/16/2026 Final Notice contains no EOB.

§4. Why this matter is properly before the Santa Cruz County LEMSA. AMR holds its Santa Cruz County operating authority under an Exclusive Operating Area arrangement, in which the County and the LEMSA confer on a single private provider the contractual right to be the sole 24-hour ALS ambulance transport provider in the County. EOA arrangements are exclusive public franchises that displace retail competition in exchange for performance standards monitored by the County. The conduct documented in §3 above — initiation of third-party collections during a documented written hold; a Charity Care Program certification contradicted by AMR's own records of insurer payment, applied as a condition of hardship relief; and reliance on an Explanation of Benefits not produced to the patient or guarantor — is conduct properly subject to LEMSA review under the contract framework, regardless of whether any single act has yet been adjudicated by another regulator.

§5. Cross-referenced filings (all docketed 04/29/2026). The conduct described in §3 is the subject of the following filings with federal and state regulators, all docketed on 04/29/2026:

1. Consumer Financial Protection Bureau Complaint No. [REDACTED] (against AMR; UDAAP under 12 U.S.C. §§5531 and 5536);

2. Consumer Financial Protection Bureau Complaint Nos. [REDACTED] and [REDACTED] (stacked record against Revco Solutions and AMR; FDCPA §§1692e and 1692g);
3. California Department of Financial Protection and Innovation Complaint No. [REDACTED] (against Revco Solutions; Rosenthal Fair Debt Collection Practices Act and Debt Collection Licensing Act);
4. California Department of Financial Protection and Innovation Complaint No. [REDACTED] (against AMR; Rosenthal Act §1788.2(c) debt-collector definition);
5. California Attorney General, Public Inquiry Unit (against AMR; Business and Professions Code §17200 (Unfair Competition Law) and §17500 (False Advertising Law) — submitted 04/29/2026, AG case number pending);
6. Better Business Bureau Complaint # [REDACTED] (filed 04/01/2026; two AMR responses dated 04/15/2026 and 04/29/2026, both rejected by the consumer).

§6. Relief requested from the Santa Cruz County LEMSA. The patient and guarantor respectfully request that the LEMSA take the following actions:

7. Refer this matter to the Technical Advisory Group for review under the AMR EOA Agreement's contract monitoring and compliance evaluation function;
8. Determine whether the conduct documented on Account [REDACTED] implicates any billing-conduct, collections-conduct, financial-hardship, or patient-protection terms of the EOA Agreement;
9. Inform the County Health Services Agency Administrator and, where appropriate, the Emergency Medical Care Commission, of the pendency and outcome of the federal and state regulatory matters listed in §5;
10. Preserve this complaint and its outcome as part of the contractor's performance record for purposes of any future EOA contract evaluation, modification, or competitive process;
11. Acknowledge receipt of this complaint in writing to the address above; and
12. Provide a written status communication regarding referral and review at appropriate intervals.

§7. Documents enclosed. The following exhibits are transmitted with this complaint (electronic copies attached to the cover email; hard copies enclosed with the certified-mail original):

13. Exhibit A — Revco Solutions collection notice dated 04/01/2026, Reference # [REDACTED];
14. Exhibit B — AMR GMR Care written collections-hold confirmation, 04/01/2026 12:55 PM;
15. Exhibit C — AMR GMR Care second written collections-hold confirmation, 04/15/2026 9:25 AM;
16. AMR Final Notice dated 03/16/2026 (Bill [REDACTED]);
17. Charity Care Program certification objection, 04/09/2026 email thread;

18. Revco Solutions FDCPA dispute, 04/09/2026 / transmitted 04/14/2026 email thread;
19. AMR's first BBB response dated 04/15/2026 with consumer rejection;
20. AMR's second BBB response dated 04/29/2026 with consumer rejection.

§8. Communication protocol. All communication with AMR, Revco, and Vituity is conducted in writing only. The County and the LEMSA are requested to communicate with the undersigned in writing — by email to [REDACTED]—or by U.S. mail to the filing address above. Marissa N., AMR Patient Advocate, has signed both BBB responses on this account; written-only contact is similarly requested with respect to AMR.

§9. Reservation of rights. This complaint is submitted without prejudice to any rights or remedies of the patient or guarantor, including those asserted in the federal and state filings cross-referenced in §5. Nothing in this complaint shall be construed as a waiver of any claim, defense, or right, or as an acknowledgment of any liability of the patient or guarantor on AMR Account [REDACTED] or otherwise.

Respectfully submitted,



Authorized Representative for [REDACTED]
Guarantor of Record on AMR Account [REDACTED]

cc: County of Santa Cruz Health Services Agency Administrator (via the addressee)
Santa Cruz County Emergency Medical Care Commission (via the addressee)
File

ACC STATUS [thread::Md-3LZXtef-4PdJxqxgJrSc::]

Summary by Copilot

[REDACTED]

thread::Md-3LZXtef-4PdJxqxgJrSc::

Hide message history



noreply@salesforce.com on behalf of GMR Care Email <gmrcare@integraconnect.com>

To: You

Hello,

Thank you for contacting our office.

The account is updated with the information provided.

Your account is placed on hold as it is being reviewed and worked upon by our Advocacy department. We request you to allow us some more time to resolve your concern.

If you have any further queries, please contact our customer care department at 1-800-913-9106.

Thank you,
Customer care.

Reply

Forward



Wed 4/1/2026 12:55 PM



Serving:
Alaska, Central Colorado, Hawaii, Idaho, Montana, Oregon, Washington, and Western Wyoming
PO Box 191279
Boise, ID 83719

4/15/2026

Complaint: [REDACTED]

I am rejecting this response because:

BBB Complaint # [REDACTED] – Consumer Rejection of AMR Business Response dated 04/15/2026

I am rejecting AMR's response for the following documented reasons:

1. Material mischaracterization of CCP application status. AMR states the application was "returned incomplete." This is factually incorrect. The application was returned on 04/09/2026 with the third-party certification explicitly disputed in writing. The certification requires signing that "there is not any liability or third-party coverage pertaining to all transports related to this application." BCBSIL (Subscriber ID: [REDACTED]) paid \$3,424.42 on this claim. Signing that certification as written would be a false statement. I requested AMR either accept the application with an annotation or provide a modified form. No resolution to this specific issue has been provided.
2. 30-day hold is not a resolution. AMR has placed a 30-day hold. This does not resolve the underlying dispute. I require written confirmation of: (a) the specific deadline after which the account will not be returned to Revco or any other collection agency without my prior written consent; and (b) AMR's proposed resolution to the third-party certification block.
3. EOB characterization without documentation. AMR states the remaining balance has been "confirmed" as deductible and coinsurance per the insurance EOB. However, the actual EOB has not been provided to me. The claimed balance of \$1,380.47 requires reconciliation against my BCBSIL individual in-network deductible of \$500. I formally demand production of the complete EOB for this claim.
4. Revco violation unaddressed. AMR's response does not address the fact that Revco Solutions (Reference # [REDACTED]) issued a collection notice dated 04/01/2026 — the same date AMR confirmed the account hold in writing at 12:55 PM. This simultaneous referral to collections while a written hold was in effect has not been acknowledged or explained. Written confirmation that Revco has been permanently recalled and that no adverse credit reporting has occurred is required.

This complaint will remain open until all four issues are resolved in writing.

Sincerely,

[REDACTED]



Serving:
Alaska, Central Colorado, Hawaii, Idaho, Montana, Oregon, Washington, and Western Wyoming
PO Box 191279
Boise, ID 83719

4/29/2026

[REDACTED]

[REDACTED]

Dear [REDACTED]

This message is about your complaint filed on 4/1/2026 against American Medical Response Inc. Your case ID is [REDACTED]

We've received a response from the business regarding your complaint. Please review the information below and let us know within **7 calendar days** whether the response is acceptable to you. Your response will be shared with the business for their review.

If you received this notice by email:

You may accept or reject the business's response using the options at the bottom of this message.

If you received this notice by postal mail:

1. Go to: <https://respond.bbb.org/letter/>

Go to:

Enter the following code: [REDACTED]

2. Mail your written response to our address above

To help you understand the process and your options:

-BBB's Neutrality: The BBB acts as a neutral third party. We facilitate communication between you and the business to try and help you reach a mutually agreeable resolution. We do not advocate for either party.

-Your Response: It's important to let us know if the business's response resolves your concerns. This helps us track the outcome of your complaint.

What Happens Next:

-Please submit your response within **7 calendar days** to avoid the complaint closing as "Assumed Answered".

-**If the resolution takes** longer than 7 days to complete, the case will be closed, assuming the business will follow through.

-**If the business does not follow through** on the resolution presented, please update us by email at amanda.m@thebbb.org with your BBB case ID [REDACTED]

Important notice:

THE TEXT OF YOUR RESPONSE MAY BE PUBLICLY POSTED ON BBB'S WEBSITE. PLEASE DO NOT INCLUDE ANY PERSONALLY IDENTIFIABLE INFORMATION IN YOUR RESPONSE. By submitting your complaint, you are representing that it is a truthful account of your experience with the business. BBB may edit your response to remove personally identifiable information and inappropriate language.

Thank you for helping BBB maintain a fair and transparent resolution process.

Sincerely,

Amanda M

Resolutions Consultant
Phone: (208) 493-2443

amanda.m@thebbb.org

MESSAGE FROM THE BUSINESS:

April 29, 2026

Better Business Bureau
PO Box 191279
Boise, ID 83719

RE: Ambulance Transport
BBB Case Number: [REDACTED]

Dear Better Business Bureau:

Thank you for taking the time to contact our office with the consumer's concerns. American Medical Response (AMR) values our customers and strives to provide quality service.

The consumer's insurance's Explanation of Benefits confirms the unpaid balance of \$1,380.47 has been applied towards the deductible and coinsurance amount. It is encouraged to follow up with the insurance carrier for any additional questions or appeal options if the consumer feels more of the charges should have been covered under their plan.

Documents for the Compassionate Care Program (CCP) application have been received; the application has not been signed and considered incomplete. Once the signed CCP application is received we can complete the process.

Should the consumer have any further questions or concerns, I may be contacted directly at (209) 236-8472.

Sincerely,

[REDACTED]
Patient Advocate
American Medical Response

 Outlook

FORMAL DEBT DISPUTE — Revco Reference # [REDACTED] — Account [REDACTED] / [REDACTED]

From [REDACTED]
Date Tue 4/14/2026 12:37 PM
To mail@revcosolutions.com <mail@revcosolutions.com>

 1 attachment (142 KB)
2026-04-01 Revco Solutions - Debt Collector - [REDACTED] (\$1380.47).pdf;

Subject: FORMAL DEBT DISPUTE — Revco Reference # [REDACTED] — Account [REDACTED] / [REDACTED]

Via Email: mail@revcosolutions.com
Date: April 9, 2026

Revco Solutions, Inc.
PO Box 163279
Columbus, OH 43216-3279

Re: FORMAL DEBT DISPUTE
Revco Reference #: [REDACTED]
Original Creditor: American Medical Response West
Account #: [REDACTED]
Patient: [REDACTED]
Amount Claimed: \$1,380.47

Dear Revco Solutions,

This letter constitutes a formal written dispute of the debt referenced above pursuant to the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. §1692g, and California's Rosenthal Fair Debt Collection Practices Act.

I dispute this debt in its entirety for the following reasons:

- 1. WRITTEN COLLECTIONS HOLD IN EFFECT:** American Medical Response confirmed in writing on April 1, 2026 that this account was placed on collections hold pending review by their Advocacy department and a Compassionate Care Program application. The referral of this account to Revco Solutions on the same date violates that written hold.
- 2. DISPUTED BALANCE:** The claimed balance of \$1,380.47 is disputed. BCBS of Illinois (Subscriber ID: [REDACTED], Group: [REDACTED]) paid \$3,424.42 on this claim. The remaining patient balance cannot be reconciled with the individual in-network deductible of \$500 under the applicable insurance plan. An Explanation of Benefits has not been provided.

3. ACTIVE BBB COMPLAINT: A BBB complaint (ID: [REDACTED]) is actively pending against American Medical Response regarding this exact account and balance.

Pursuant to 15 U.S.C. §1692g, I request the following:

1. Immediate cessation of all collection activity on this account.
2. Verification of the debt including the name and address of the original creditor.
3. A complete itemized statement of all charges comprising the claimed \$1,380.47.
4. Written confirmation that no adverse credit reporting has occurred or will occur.
5. Written confirmation that this account has been recalled and returned to American Medical Response.

You are required by law to cease collection activity until you provide the requested verification. Any continued collection activity, including credit reporting, before providing verification will constitute a violation of the FDCPA.

All further communication must be in writing only to the address below. Do not contact the patient by phone.

Attachment: Revco Solutions collection notice dated April 1, 2026 — Exhibit A

Respectfully,

[REDACTED]
Guarantor for [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



Returned Mail Only - DO NOT MAIL PAYMENTS HERE
 PO Box 8738
 Coral Springs, FL 33075-8736

Patient: [REDACTED]
 Bill ID: [REDACTED]
 Printed on: Mar 16, 2026

101910100010

[REDACTED]
 [REDACTED]
 145 Breton Dr
 Brentwood, CA 94613-1899

Difficulty paying your bill?

Visit pay.amr.net to learn about 0% interest payment plans and more ways to resolve your balance.

Final Notice

You have \$1,380.47 close to collections

Your bill is overdue and may be sent to collections if you do not pay in full or start a payment plan by Apr 15, 2026. Please make a payment or contact us as soon as possible. We have flexible payment options available.

For the fastest way to pay, visit pay.amr.net

See back for details →

Total billed	\$4,869.95
Insurance covered	-\$3,424.42
Blue Shield Of California	-\$3,424.42
Ab716 - Balance Billing	-\$0.00
Provider adjusted	-\$55.06
Total due	\$1,380.47

Additional information about your bill or insurance coverage can be found online or on your statement details. Visit pay.amr.net for more information.

FOLD OR CUT AND DETACH AREA BELOW TO SEND WITH PAYMENT

Ways to Pay

Online

Pay via desktop or mobile:
pay.amr.net

Bill ID: [REDACTED]

Phone

To pay by our automated phone system, call toll-free 24/7:
 (888) 401-3274

Mail

Mail check or money order with this part of the bill to the address on the reverse side. Do not send cash.

Need Help?

Call our team toll-free (Mon to Fri 9AM to 8PM EDT)
 (800) 913-9106



Scan to pay online.


Just point your phone's camera at the code to scan. Some phones may require a QR code app.

To: DOMINICAN SANTA CRUZ HOSPITAL | Date of service: Sep 27, 2025
ID: [REDACTED]

Final Notice: Close to collections

To avoid collections, pay this bill by Apr 15, 2026

Service category	Billed
ALS MILEAGE - A0425-2160-004 Als Mileage - Qty: 8	\$934.24
OXYGEN - A0422-3001-004 Oxygen	\$423.52
ALS1 EMERGENCY - A0427-1151-004 A1st Emergency	\$3,502.19

 **Additional information**
A claim filed on your behalf was denied by your insurance carrier as being applied to your policy's deductible. A deductible is the amount that you must pay out of pocket for covered health care services before your insurance plan will pay their portion. The balance is now your responsibility.

Subtotal billed	\$4,869.95
Insurance covered	- \$3,424.42
Provider adjusted	- \$56.06
Amount you owe (subtotal)	\$1,380.47

Continued on next page

 **FOLD OR CUT AND DETACH AREA BELOW TO SEND WITH PAYMENT**

Mail this slip with check

Account Holder: [REDACTED]
Bill Amount: \$1,380.47
Invoice ID: [REDACTED]

MAKE CHECK PAYABLE & MAIL TO:

AMR WEST
PO Box 742464
Los Angeles, CA 90074-2464



Your bill summary

10191010000

Total billed	\$4,859.95
Insurance covered	-\$3,424.42
Provider adjusted	-\$55.06
Total due	\$1,380.47

Residents of your county with no insurance may qualify for special discounts on their ambulance bill. Please contact our Customer Care Team for more details.

To request copies of your medical records, go to medicopy.net/amr or telephone 866.587.6274

Want to tell us about your experience or have a question? Please visit gmr.myemsaaccount.com

Unable to pay your bills?

Financial assistance may be available if you are uninsured or have exhausted your insurance benefits and cannot afford to pay your bill. Please contact our Customer Care Team to inquire about our Compassionate Care Program or download the application here: gmr.net/ccp

Please provide all requested information and mail to the address listed on the application. Those who submit a complete application and qualify based on federal poverty thresholds can receive financial assistance on some or all of the transport charges.

 Call us at (800) 913-9106

 More information at:
gmr.net/ccp

Affordable Care Act Section 1557 Notice of Nondiscrimination

For a copy of the Notice of Non-discrimination, go to <https://www.globalmedicalresponse.com/docs/site/non-discrimination>, or contact us at (800) 913-9106.

Revco Solutions, Inc.
California License# 10514-99
PO Box 163279
Columbus OH 43216-3279
800-221-5431

To: [REDACTED]

Reference: Revco Solutions #: [REDACTED]

April 1, 2026

Revco Solutions is a debt collector. We are trying to collect a debt that you owe to American Medical Response West. We will use any information you give us to help collect the debt.

Our Information shows:

You had a Medical account from American Medical Response West with account number [REDACTED].

As of 09/27/2025, you owed: **\$4,859.95**

Between 09/27/2025 and today:

You were charged this amount in interest:	+	\$0.00
You were charged this amount in fees:	+	\$0.00
You paid or were credited this amount toward the debt:	-	\$3,479.48
Total amount of the debt now:		\$1,380.47

How can you dispute the debt?

- Call or write to us by **May 13, 2026**, to dispute all or part of the debt. If you do not, we will assume that our information is correct.
- If you write to us by **May 13, 2026**, we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or you may write to us without the form. You may also include supporting documents.

What else can you do?

- Write to ask for the name and address of the original creditor, if different from the current creditor. If you write by **May 13, 2026**, we must stop collection until we send you that information. You may use the form below or write to us without the form.
- Go to www.cfpb.gov/debt-collection to learn more about your rights under federal law. For instance, you have the right to stop or limit how we contact you.
- Contact us about your payment options or visit www.revcosolutions.com.

Notice: See reverse side for important information.

[REDACTED]

[Handwritten mark]

How do you want to respond?

Check all that apply:

- I want to dispute the debt because I think:
 - This is not my debt.
 - The amount is wrong.
 - Other (please describe on reverse or attach additional information).
 - I want you to send me the name and address of the original creditor.
 - I enclosed this amount: \$ [REDACTED]
- Make your check payable to **Revco Solutions**. Include the reference number [REDACTED].

Mail this form to:

Revco Solutions, Inc.
PO Box 163279
Columbus OH 43216-3279



[REDACTED]



1 of 1

0005 005478

[REDACTED]

When you provide a check as payment, you authorize Revco Solutions to use information from your check to make a one-time electronic fund transfer from your account.

California: The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov. If this is a debt arising from services provided by a hospital located in California then the following applies: "Nonprofit credit counseling services may be available in the area."

The California Consumer Privacy Act requires us to inform you of the following: You have the right to know what personal information is being collected about you, know if your personal information is sold or disclosed and to whom, say no to the sale of personal information, and access your personal information. Federal and state laws prohibit us from disclosing information about your debt to third parties unless otherwise permitted for the purpose of servicing your account or required by law. Personal information is collected solely for the purpose of debt recovery and retained until the information is no longer needed or as otherwise required by law. We restrict access to nonpublic personally identifiable information about you to those employees who have a need to know the information. We maintain strict physical, electronic, and procedural safeguards to protect your information. We do not sell and will not sell your personal information. We may collect the following categories of personal information: identifying information; personal information categories listed in California Customer Records Statute; protected classification characteristics under California or Federal law; internet or other electronic network activity information; sensory data professional or employment-related information; and inferences drawn from any of the information identified above. You may read our Privacy Policy at www.revcosolutions.com or request a written copy by contacting us.

California - Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Account status [thread::15RbRI2Pe4abNf3eZ4xaYcc:]

Summary by Copilot

To: emsbillinginquiries@integraconnect.com

Subject: FW: URGENT: Collections Violation — Written Hold Breached — Account [REDACTED] / BBB Complaint

Caution: This email was sent from an EXTERNAL source. Be cautious of clicking links or opening attachments.

Hide message history

GE

noreply@salesforce.com on behalf of GMR Care Email <gmrccare@integraconnect.com>

To: You

Wed 4/15/2026 9:25 AM

Hello,

Thank you for contacting our office.

Your account is placed on hold as it is being reviewed and worked upon by our Advocacy department. We request you to allow us some more time to resolve your concern.

If you have any further queries, please contact our customer care department at 1-800-913-9106.

Thank you,
Customer care.

Reply Forward

RE: 004 CCP Attn: Patient Advocates — Account [REDACTED]

From [REDACTED]
Date Thu 4/9/2026 8:32 AM
To billing_inquiries@amr.net <billing_inquiries@amr.net>
Bcc [REDACTED]

1 attachment (93 KB)

2026-04-08 Compassionate Care Application 2025_Filled.doc;

Subject: RE: 004 CCP Attn: Patient Advocates — Account [REDACTED]

Dear Patient Advocates,

Thank you for your email of April 9, 2026 requesting the application be signed by the patient.

[REDACTED] is willing to sign the Compassionate Care Program application. However, there is one item on the form that cannot be executed as written.

The application contains the following certification:

"I certify that there is not any liability or third-party coverage pertaining to all transports related to this application."

This certification cannot be signed in its current form. BCBS of Illinois (Subscriber ID: [REDACTED] Group: [REDACTED]) was the active primary insurance carrier on the date of service, September 27, 2025, and has already paid \$3,424.42 on this claim. Signing the above certification would constitute a false statement.

This was noted on the returned application and addressed explicitly in the cover letter submitted on April 8, 2026.

We respectfully request one of the following:

1. Confirmation that AMR will accept the application with that certification annotated as inapplicable due to existing third-party insurance coverage that has already been applied; or
2. A modified version of the application with that certification removed or revised to reflect that third-party coverage exists and has been applied.

Upon receipt of your confirmation, [REDACTED] will sign and return the application promptly.

All further communication must be in writing. No verbal agreements will be accepted or binding.

Respectfully,

[REDACTED]
Guarantor
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Re: Account [REDACTED] | BBB Complaint # [REDACTED]

From: "Billing_Inquiries" <billing_inquiries@amr.net>

Date: 04/09/2026 at 11:05 am

To: [REDACTED]

Subject: RE: 004 CCP Attn: Patient Advocates

Hello

Please return the application signed by the patient.

[REDACTED]

Thank you

Am I doing a good job? If so, submit a quick to the RCA team. Don't forget to mention me in the subject line.

From: [REDACTED] <>

Sent: Wednesday, April 8, 2026 11:27 AM

To: Billing_Inquiries <>

Subject: EXT: Re: 004 CCP Attn: Patient Advocates

Importance: High

ATTENTION: External Email – Use Caution – Contact if suspicious.

Subject: Compassionate Care Program Application — Account [REDACTED] — BBB
Complaint # [REDACTED]

Date: April 8, 2026

American Medical Response

Attn: Patient Advocates

4701 Stoddard Rd.

Modesto, CA 95356

Email:

Fax: 866-226-9884

Re: Compassionate Care Program Application

Patient: [REDACTED]

Guarantor: [REDACTED]

Account #: [REDACTED]

Date of Service: 09/27/2025

Disputed Balance: \$1,380.47

BBB Complaint ID: [REDACTED]

Dear Patient Advocates,

Please find enclosed the completed Compassionate Care Program (CCP) application for the above-referenced account, submitted in response to your email dated April 8, 2026 ().

This is a resubmission. An original CCP application was mailed to your Modesto address on January 30, 2026, along with EDD income documentation. No response was received for over two months. This resubmission includes all required supporting documents.

FINANCIAL HARDSHIP SUMMARY

[REDACTED] (guarantor) was laid off from [REDACTED] on September 5, 2025 — 22 days before [REDACTED] emergency transport. His position was eliminated. As of the date of service and continuing through the present, the sole household income is California Unemployment Insurance of \$1,754/month for a family of four. The entire household [REDACTED] qualified for and enrolled in Medi-Cal effective January 21, 2026, confirming household income below 138% of the Federal Poverty Level. Medi-Cal enrollment cards for all four members are enclosed.

DISPUTED BALANCE CLARIFICATION

BCBS Illinois paid \$3,424.42 on this claim. The remaining patient balance of \$1,380.47 cannot be reconciled with the individual in-network deductible of \$500 under the applicable BCBSIL plan (Group [REDACTED] Subscriber ID [REDACTED]). A formal dispute of the balance calculation remains open. This application is submitted without prejudice to that dispute.

NOTE REGARDING THIRD-PARTY COVERAGE CERTIFICATION

The CCP application contains a certification that no third-party coverage exists. As noted above, BCBSIL coverage was active on the date of service and has already paid \$3,424.42. The guarantor cannot truthfully execute that certification as written. This application concerns only the disputed remaining patient balance of \$1,380.47 after insurance payment.

ENCLOSED DOCUMENTS

1. Completed CCP Application
2. EDD Notice of Unemployment Insurance Award (DE429Z) — dated September 10, 2025
3. Medi-Cal Membership Cards — all four household members, issued January 21, 2026

All further communication must be made in writing to the email or address above. No verbal agreements will be accepted or binding.

Respectfully,

[REDACTED]

Guarantor

[REDACTED]

[REDACTED]

[REDACTED]

From: Billing_Inquiries <>
Sent: Wednesday, April 8, 2026 10:05 AM
To: <>
Subject: 004 CCP Attn: Patient Advocates

Hello

Please find the attached application for processing. To expedite, you may send back the completed application with the supporting documents to this email or via fax: 866-226-9884; Attn: Patient Advocates.

[REDACTED]

Thank you

Am I doing a good job? If so, submit a quick to the RCA team. Don't forget to mention me in the subject line.

Agenda Item 5 – RING Radio System Update

**The Commission will receive a status update on the county-wide
RING Radio System**

Santa Cruz County, CA

Regional Interoperable Next Generation
(RING)
Radio System

EFJohnson | a **JACKENWOOD** Company

Project Process Overview



Confidential and Proprietary

Schedule Overview

TASK	2026				2027				2028			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
PHASE 1: Contract and Final Design	██████████				██████████				██████████			
PHASE 2: Site Readiness and Staging	██████████				██████████				██████████			
PHASE 3: Installation and Subscribers	██████████				██████████				██████████			
PHASE 4: Cutover and Acceptance	██████████				██████████				██████████			



Project Overview

Confidential and Proprietary

JVCKENWOOD

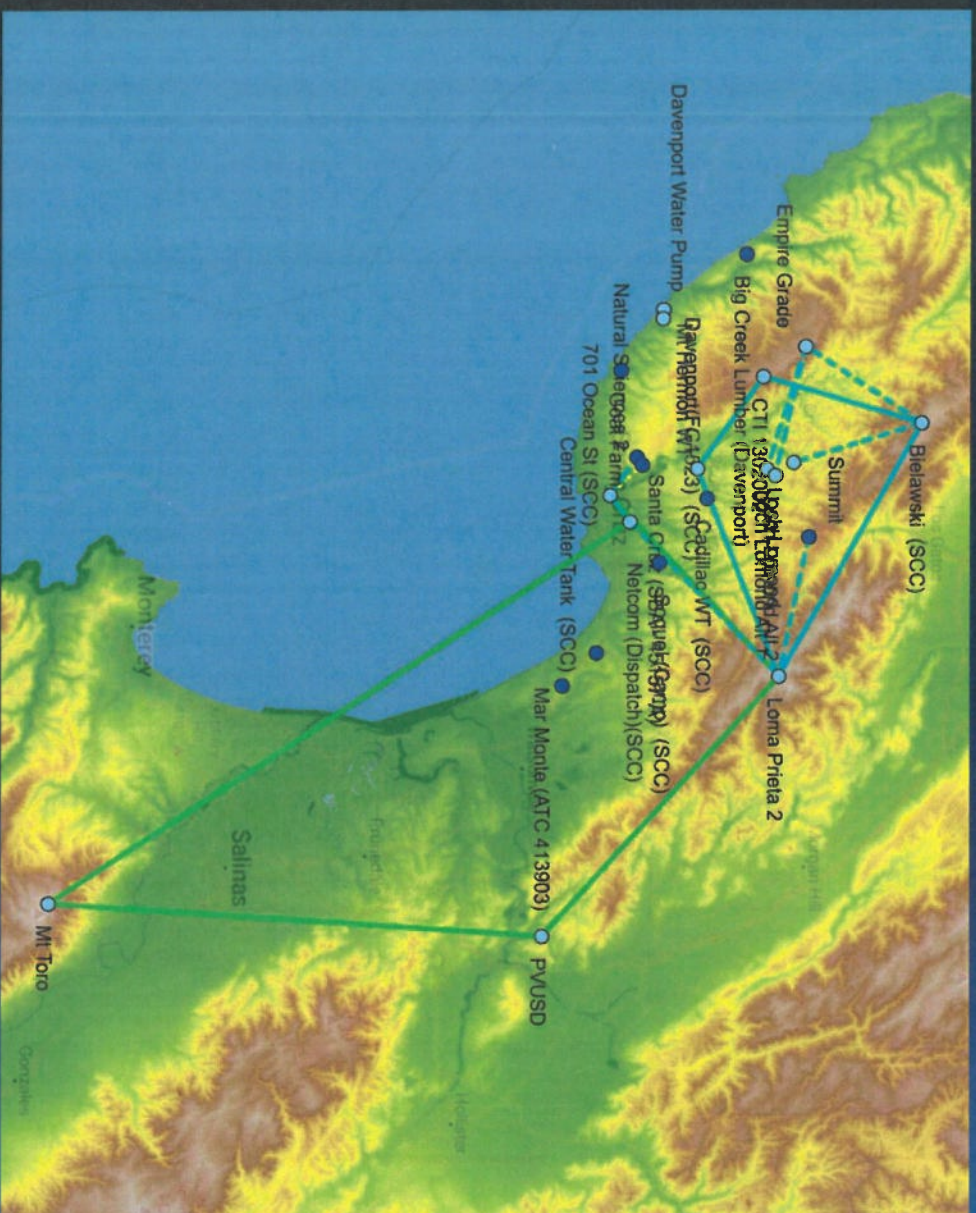
Existing System Overview

- ▶ Analog Conventional System - VHF
 - ▶ 4 VHF transmit/receive sites (replaced April 2025)
 - ▶ 23 VHF receive site (more than 20 years old, most on copper)
- ▶ 20+ year old MW

RING System Overview

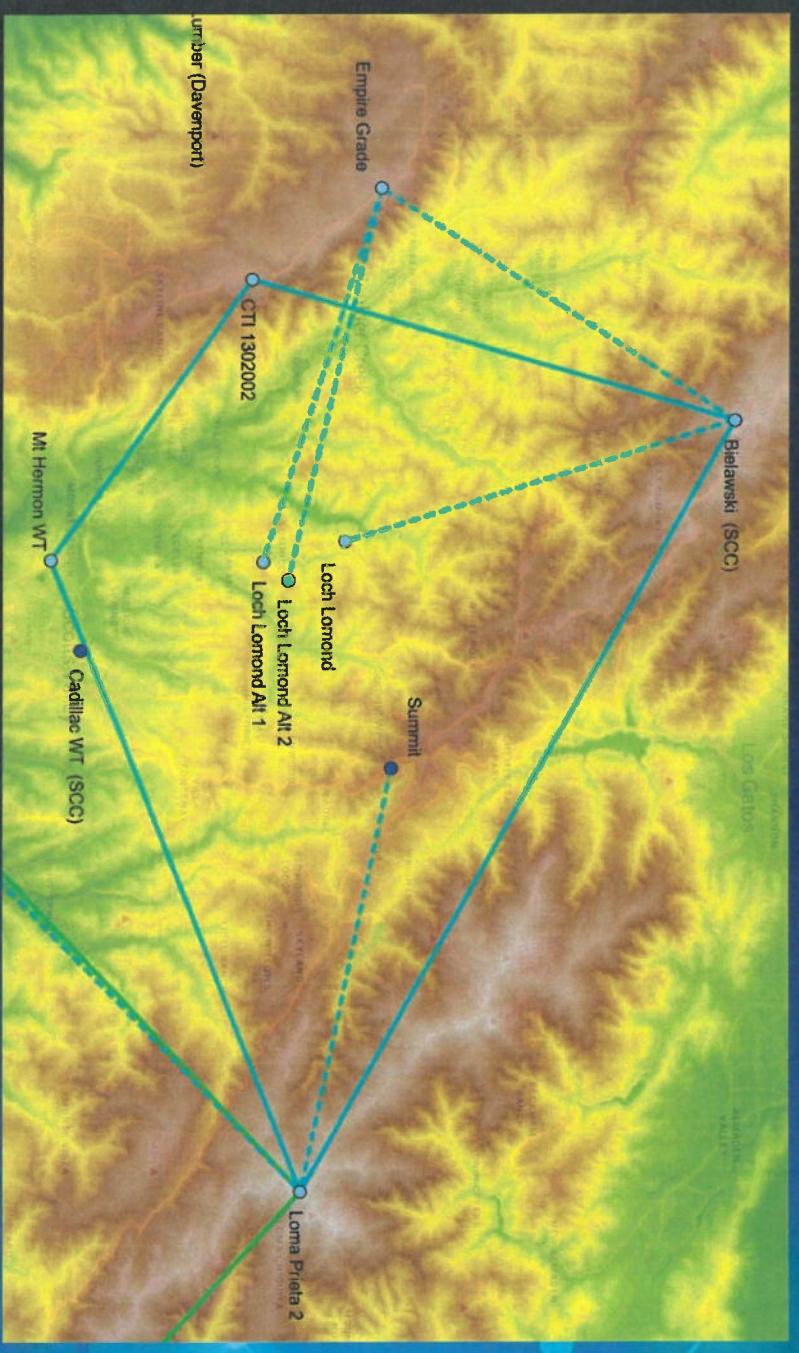
- ▶ P25 Phase 2 System (UHF, VHF, and 800 MHz)
 - ▶ 17 VHF transmit/receive sites,
 - ▶ 1 UHF transmit/receive site,
 - ▶ 1 UHF PACE site, and
 - ▶ 1 800 MHz transmit/receive site
 - ▶ VHF Analog Conventional Overlay
 - ▶ 28 Zetron ACOM consoles and 1 Mobility position (advance deployment)
 - ▶ KMF Server for OTAP and OTAR (AES) Services
 - ▶ Aviat Microwave and Fiber Backhaul
 - ▶ Upgrade to the existing County's Higher Ground Logging Recorder and a new one for UCSC Dispatch
 - ▶ ISSI Gateway to enhance regional interoperability
 - ▶ ES Chat (Viking Connect) for enhanced broadband connectivity and messaging
 - ▶ System Installation and Training
 - ▶ Viking Mobile, Portable, and Control Station Subscriber Radios
 - ▶ KENWOOD Viking® extended 5-year warranty on all subscriber radios

SCCO MW Site Design – MW & Fiber Topology (Entire Network)



- Proposed 11GHz MW Path
Monitor Hot Standby (MHSB)
- Proposed 11GHz MW Path
Ring Protected (RP)
- Proposed 16GHz MW Path
Ring Protected (RP)
- Repeater Site with MW Only Backhaul
- Repeater Site with Fiber Availability

17 Site Design – MW & Fiber Topology (Northern County Sites)



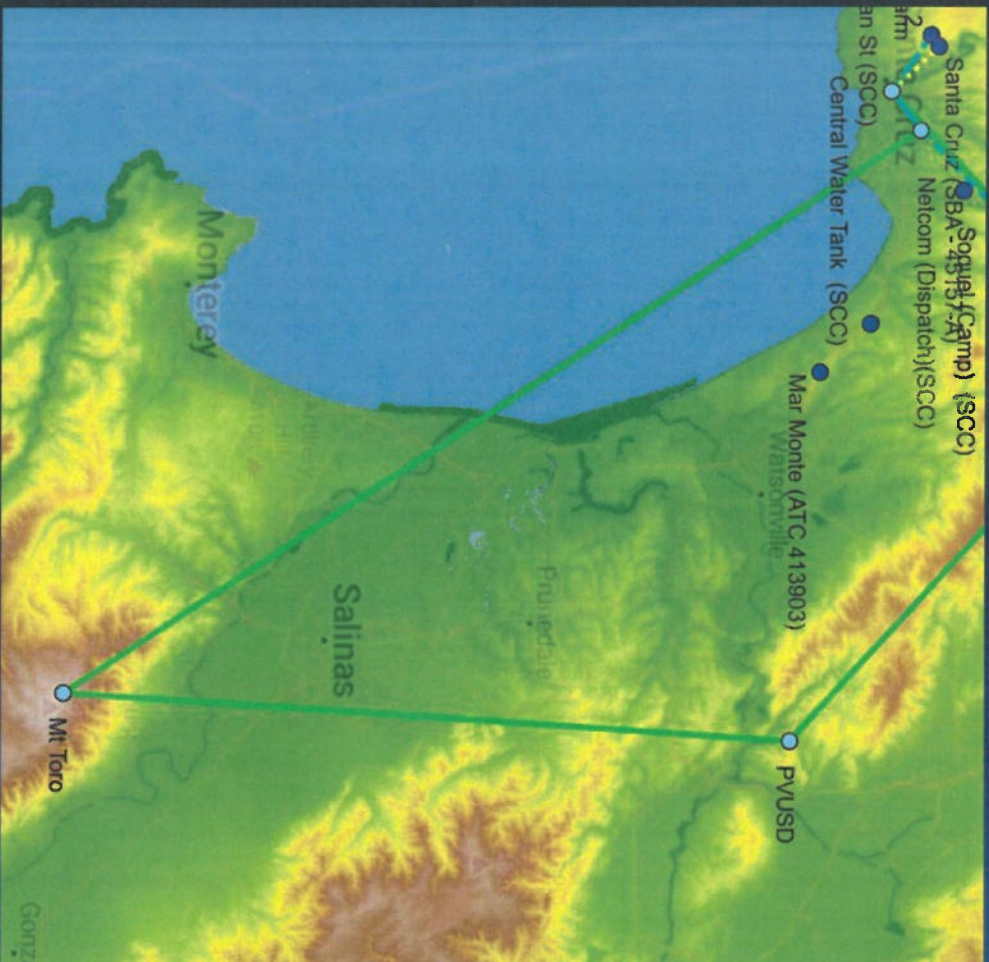
- Proposed 11GHz MW Path
- Monitor Hot Standby (MHSB)
- Proposed 16GHz MW Path
- Ring Protected (RP)
- Proposed 16GHz MW Path
- Ring Protected (RP)
- Repeater Site with MW Only Backhaul
- Repeater Site with Fiber Availability Backhaul

SCCO MW Site Design – MW & Fiber Topology (Mid County Sites)



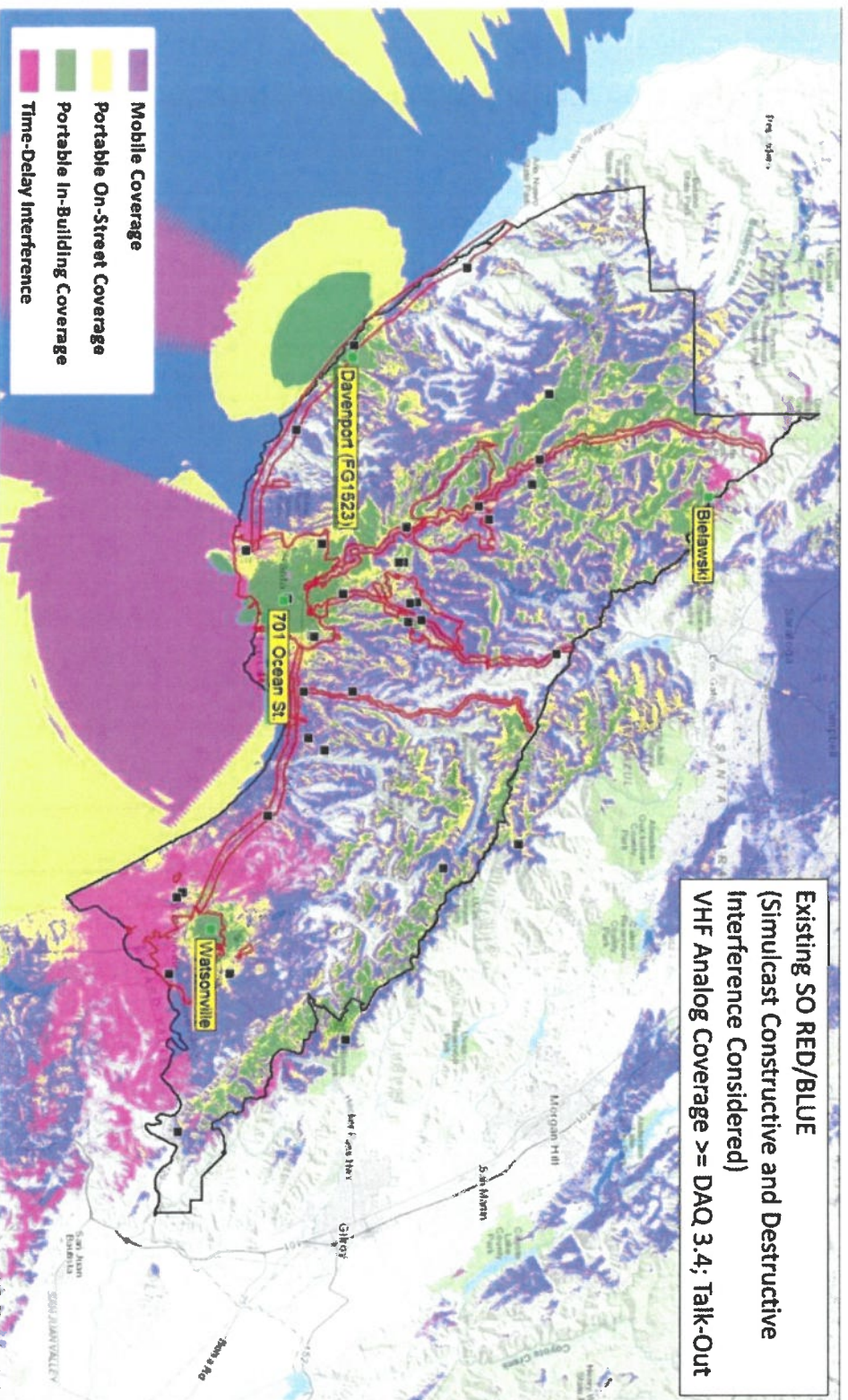
- - - Proposed 11GHz MW Path
- - - Monitor Hot Standby (MHSB)
- Proposed 11GHz MW Path
- Ring Protected (RP)
- Proposed 16GHz MW Path
- Ring Protected (RP)
- Repeater Site with MW Only Backhaul
- Repeater Site with Fiber Availability Backhaul

17 Site Design – MW & Fiber Topology (Southern County Sites)

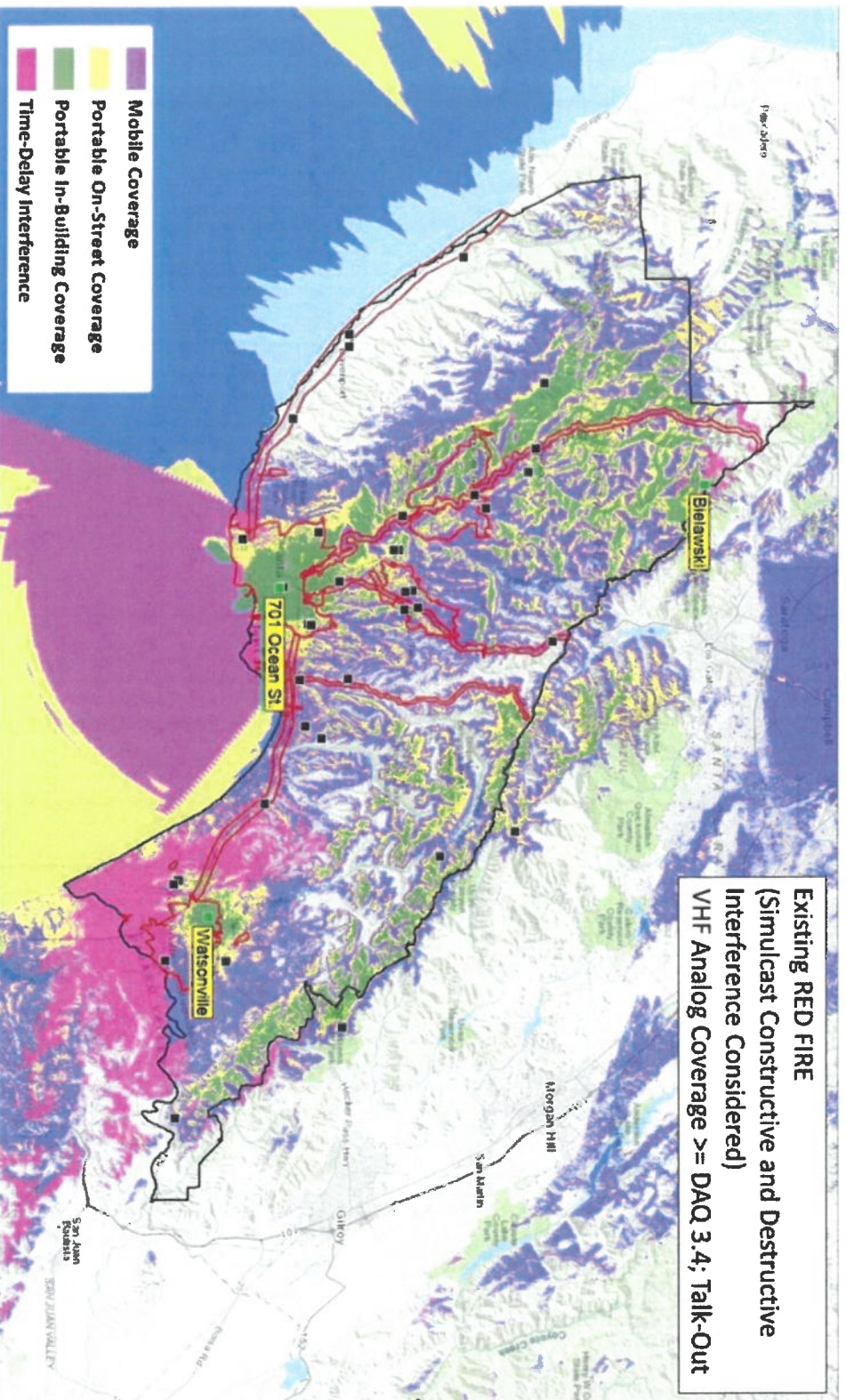


- Proposed 11GHz MW Path Monitor Hot Standby (MHSB)
- Proposed 11GHz MW Path Ring Protected (RP)
- Proposed 16GHz MW Path Ring Protected (RP)
- Repeater Site with MW Only Backhaul
- Repeater Site with Fiber Availability Backhaul

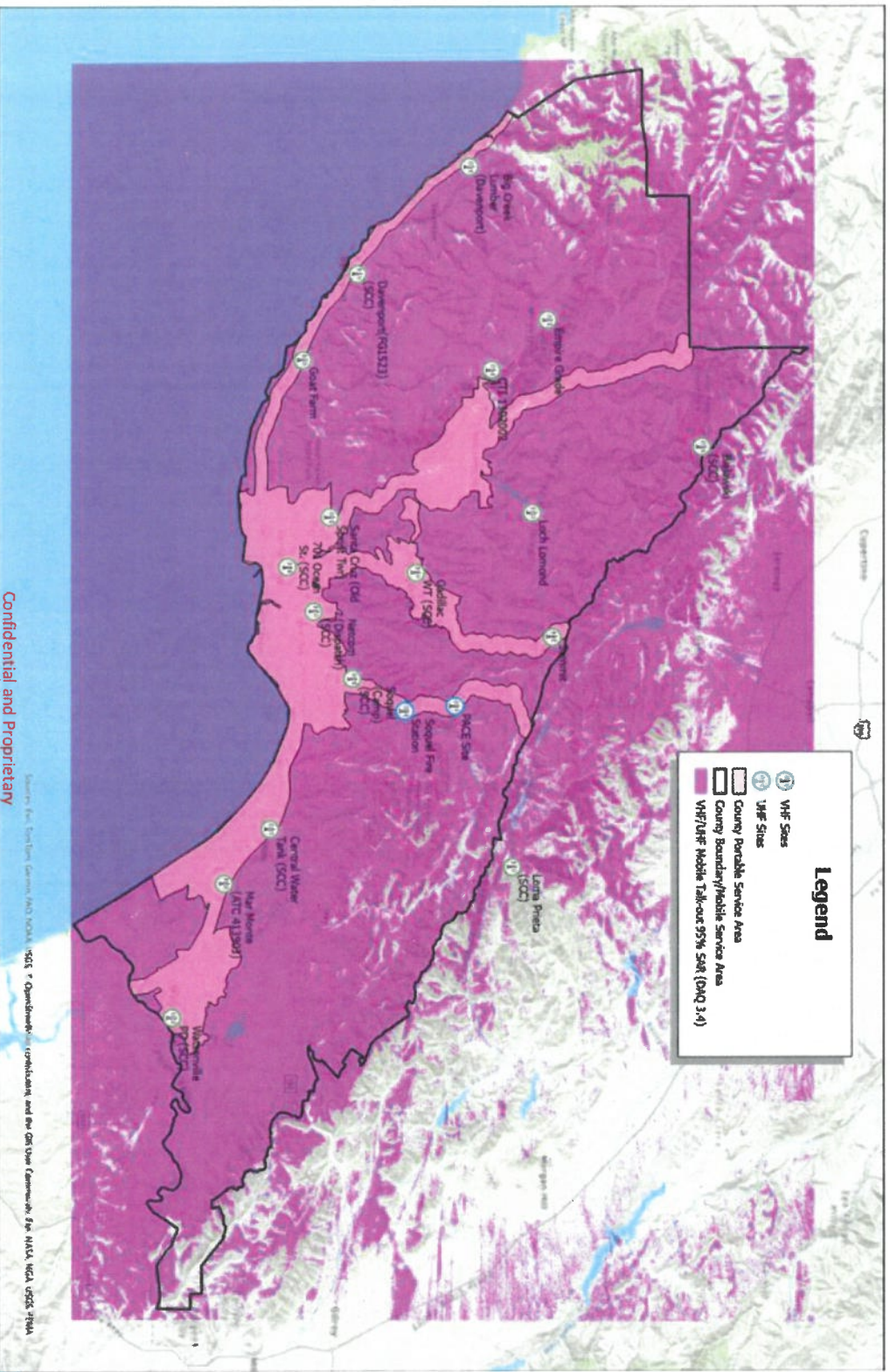
Existing RF Sites – Sheriff BLUE



Existing RF Sites – Fire RED



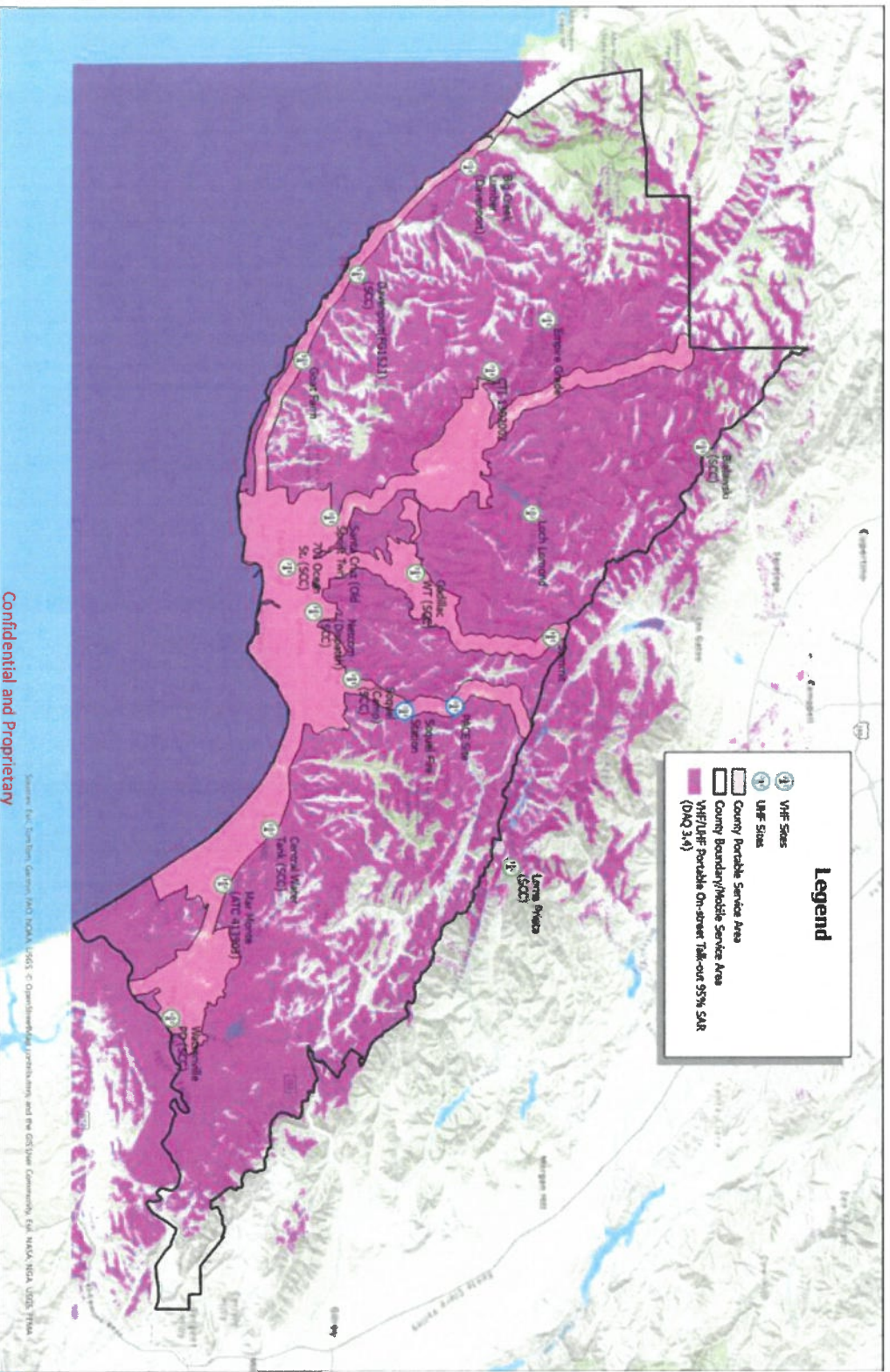
VHF/UHF Mobile Coverage (Talk-out)



Confidential and Proprietary

Source: Ericsson, Google Earth, NOAA, SCS, "Quantitative" (unpublished), and the GIS-type documents for ATCA, WCA, USDC, TWA

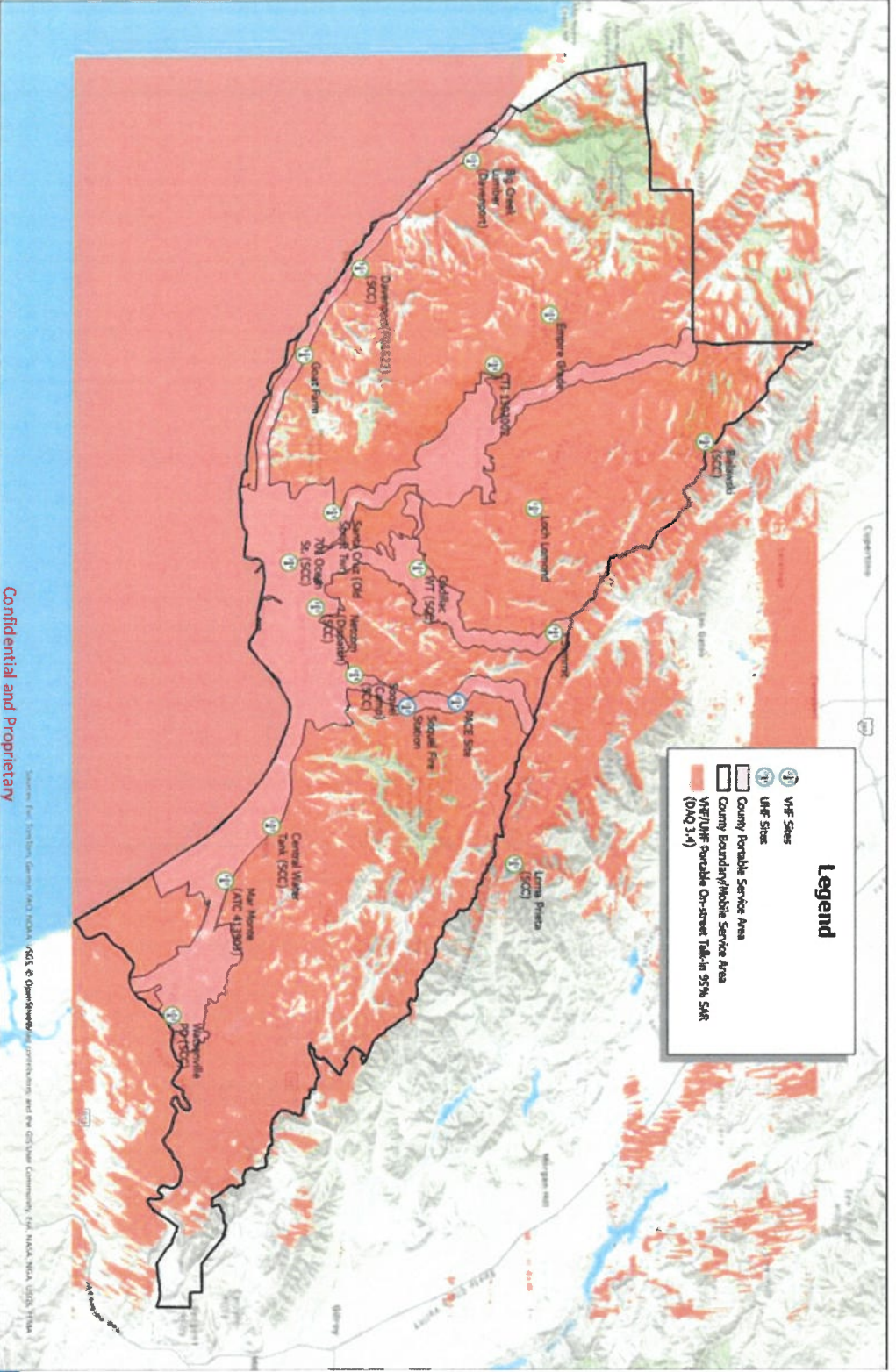
VHF/UHF Portable Coverage (Talk-out)



Confidential and Proprietary

Source: Eric, Tom, Ben, Geneva, and NOAA. SAR © OpenStreetMap contributors, and the GIS User Community. GSI, AKIA, WGA, USGS, FEMA

VHF/UHF Portable Coverage (Talk-in)



Confidential and Proprietary

Current RING Updates (June 2026)

- ▶ Technical Advisory Group (TAG) and Regional Users Group (RUG) met on 6/4
- ▶ 1st round of Product Demonstrations conducted 5/26-5/28 with ES Chat (Viking Connect) capability showcased
- ▶ Detailed Design Drawings to be delivered on 7/1
- ▶ Proposed Lompico site identified 6/8
- ▶ JPA Framework being developed with attorney review by end of June
- ▶ ES Chat (Viking Connect) capability
- ▶ RING Website to launch by end of June with document repository
- ▶ Funding requests submitted
 - ▶ \$5.448M - Senator Schiff and Rep. Lofgren
 - ▶ \$4.5M – Prop 64
 - ▶ \$1.1M – UASI
 - ▶ \$250K - SHSGP

Agenda Item 7 – EMCC Bylaws

The bylaws will be presented to the EMCC for review.



County of Santa Cruz



HEALTH SERVICES AGENCY Public Health Division Emergency Medical Services

1800 Green Hills Road, Suite 240
Scotts Valley, CA 95066
Phone: (831) 454-4120 TDD/ TTY: Call 711
hsaems@santacruzcountyca.gov
santacruzhealth.org

EMERGENCY MEDICAL CARE COMMITTEE BYLAWS

1. PURPOSE

The purpose of the Emergency Medical Care Committee (EMCC) is to ensure the availability of an effective, efficient, and high-quality emergency medical services system for all persons in Santa Cruz County. The EMCC shall act in an advisory capacity to the County of Santa Cruz Board of Supervisors (Board of Supervisors) and to the County of Santa Cruz Emergency Medical Services Agency (County EMS) on all matters relating to emergency medical services as directed by the Board of Supervisors.

In fulfilling this role, the EMCC shall provide observations, advice, and recommendations to support system planning, coordination, evaluation, and continuous improvement of the County's emergency medical services system and alignment with State requirements and regulations as needed.

2. STATUTORY AUTHORITY

The EMCC is established pursuant to California Health and Safety Code Section 1797.270 et seq., which authorizes each county to establish an emergency medical care committee to review and assess the emergency medical services system within the county and to advise the Board of Supervisors and County EMS in compliance with Santa Cruz County Code (SCCC) Section 2.38.060 and Chapter 2.52.

The EMCC serves under the direction of and reports to the Board of Supervisors. The EMCC's authority is advisory in nature and shall be exercised in accordance with applicable State laws, SCCC, and policies established by the Board of Supervisors.

3. ROLE WITHIN THE EMS AGENCY

The EMCC functions as an advisory body to the Board of Supervisors and County EMS. The EMCC's purpose is to provide input, review, and recommendations on system planning, evaluation, and policy matters related to emergency medical services.

4. MEMBERSHIP

The EMCC shall consist of thirteen (13) members, residents of the County, appointed by the Board of Supervisors to ensure balanced community representation.

- a. Composition and appointments to the EMCC shall comply with SCCC 2.52.020.
- b. Term of office shall comply with SCCC 2.52.030.
- c. Appointments and Terms:
 - i. Members shall be appointed and termed as follows:
 1. Each member representing a supervisorial district shall serve for a term of four (4) years each, not to exceed three (3) consecutive terms, commencing on April 1st of the year in which the member's nominating Supervisor begins a full term.
 2. Each at large member shall serve for a term of four (4) years, not to exceed (3) consecutive terms, staggered in accordance with SCC 2.38.100(A)(2), with such staggering as determined by lot.
- d. Attendance and Vacancies:
 - i. Vacancies shall be filled in the same manner as the original appointments for the remainder of the unexpired term.
 - ii. Members shall attend at least fifty percent (50%) of the actual meetings held during any consecutive twenty-four (24) month period. Members failing to maintain the minimum attendance requirements may be removed from membership on the EMCC by majority vote.
 - iii. The chairperson of the EMCC will notify the Clerk of the Board of Supervisors of the vacancy.
 - iv. Resignation from the EMCC must be submitted in writing to the Chair of the EMCC at least thirty (30) calendar days prior to the next EMCC meeting, who shall notify the Board of Supervisors.

5. CONDUCT:

The EMCC will be conducted in accordance with Roberts Rules of Order as provided by the County. Meetings of this Committee shall be conducted in accordance with the Brown Act, these bylaws, and Roberts Rules of Order to allow open participation. The Chair may also set discussion time limits as appropriate. If in conflict, the Brown Act will take precedence, followed by these bylaws, and then Robert's Rules of Order respectively.

6. PUBLIC INPUT/COMMENT:

- a. General Right to Comment: Members of the public may address the EMCC on any item of interest that is within the subject matter jurisdiction of the EMCC. The EMCC will provide an opportunity for public comment on each agenda item before or during its consideration of the item.
- b. Time Limits: Each speaker is limited to three (3) minutes per agenda item. The Chair may limit or extend time if necessary for the orderly conduct of business, ensuring all speakers are treated equally.
- c. Non-Agenda Items: A period for public comments on items not on the agenda but within the jurisdiction of the EMCC will be provided at the beginning of the meeting.
- d. Decorum: Speakers may offer criticism, but the chair may prohibit disruptive behavior such as shouting or clapping and if necessary, remove individuals who willfully interrupt the meeting.
- e. Submitting Comments: Written comments must be submitted to hsaems@santacruzcountyca.gov by 10:00 AM each Monday prior to the meeting to be included in the record.

7. REVISION TO THE BYLAWS:

Revisions to the Bylaws shall be determined by a majority vote of the EMCC and submitted to the Board of Supervisors for final approval per Santa Cruz County Code 2.38.140.

8. OFFICER AND EMCC DUTIES:

- a. Officers: The officers of the EMCC shall consist of a Chair and a Vice-Chair. Officers shall be elected by a majority vote of the EMCC members present at a regularly scheduled meeting and shall serve for a term of one (1) year or until their successors are elected. Officers may be re-elected for subsequent terms.
- b. Duties:
Chairperson.
 - i. The Chairperson shall:
 1. Preside over all regular and special meetings of the EMCC and ensure meetings are conducted in an efficient and orderly manner.
 2. Work with the County EMS Administrator to develop and approve meeting agendas.
 3. Ensure the EMCC's actions and meetings comply with the Brown Act, these bylaws, and applicable County policies.
 4. Serve as the EMCC's primary representative in communications with the Board of Supervisors, County EMS and other stakeholders.
 5. Appoint subcommittees or working groups and assign tasks as authorized by the EMCC.
 6. Sign EMCC approved correspondence, reports, and meeting minutes as needed.

7. Oversee follow-up on EMCC recommendations and action items.
8. Facilitate the nomination and election of EMCC officers.

Vice-Chair.

- i. The Vice-Chair shall:
 1. Assist the Chairperson in performing their duties as needed.
 2. Preside over EMCC meetings in the absence of the Chairperson.
 3. Assume the duties of the Chairperson if the position becomes vacant until a new Chairperson is elected.
 4. Perform additional duties as assigned by the Chairperson or authorized by the EMCC.

EMCC.

- i. The EMCC shall exercise the powers and duties specified in SCCC 2.52.050.