



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL

SERVICE TYPE: Wheelchair Transport ALS Interfacility ALS Non-Transport
 Stretcher Transport ALS Helicopter ALS Transport

TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation

Form containing organization details (Wealth Warren Services and Solutions, Inc), contact information, officer details, and notary section with signature of Garfield Wealth Warren and notary Bridgette Pollock Wealth.

ORGANIZATION NAME: WEALTH WARREN SERVICES AND SOLUTIONS, INC
HOURS OF OPERATION: 4:00 A.M. to 5:00 P.M.
 24-HOUR
 A.M. / P.M.

ADDRESS 1: 530 SUSAN B BRITT CT
PHONE: (407) 746-7411

ADDRESS 2: SUITE 250
FAX: N/A

CITY, STATE, ZIP CODE: WINTER GARDEN, FLORIDA 34787

OFFICER/DIRECTOR NAME & TITLE: Garfield Wealth Warren-CEO
PHONE NUMBER & E-MAIL: (407) 704-9498-SSGT.WEALTH@GMAIL.COM

VICE OFFICER/DIRECTOR NAME & TITLE: Sandra. Wallace-HR Director
PHONE NUMBER & E-MAIL: (786)2181687-SDPWALLACE78@GMAIL.COM

BUSINESS HOURS POINT-OF-CONTACT: Garfield Wealth Warren-CEO
PHONE NUMBER & E-MAIL: (407) 704-9498-SSGT.WEALTH@GMAIL.COM

AFTER HOURS POINT-OF-CONTACT: Garfield Wealth Warren-CEO
PHONE NUMBER & E-MAIL: (407) 704-9498-SSGT.WEALTH@GMAIL.COM

REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.

I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: Garfield Wealth Warren
DATE: 4/30/2026

STATE OF FLORIDA
COUNTY OF ORANGE

Subscribed and sworn to (or affirmed) before me this April 30, 2026 by GARFIELD WEALTH WARREN who is/are personally known to me or has/have produced PERSONALLY KNOWN as identification.



BRIDGETTE POLLOCK WEALTH
Notary Public
State of Florida
Comm# HH684991
Expires 6/7/2029

Signature of Notary: BRIDGETTE POLLOCK WEALTH
4/30/26
(Name of Notary typed, printed or Form stamped)

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.

Upload the notarized the COPCN Notary Form here

[Change File](#)

Wealth Warren Services and Solutions COPCN APP_20260501_0001.pdf

Name

BRIDGETTE POLLOCK WEALTH NOTARY PUBLIC STATE OF FLORIDA COMM#HH684991 EXPIRES 6/7/2029

Document Type

Supporting Documents



Application Type

	Initial	Renewal
Wheelchair Transport	<input type="checkbox"/>	
Stretcher Transport	<input checked="" type="checkbox"/>	
ALS Helicopter	<input type="checkbox"/>	
ALS Interfacility	<input type="checkbox"/>	
ALS Non-Transport	<input type="checkbox"/>	
ALS Transport	<input type="checkbox"/>	
Wheelchair and Stretcher Van		

Type of Entity

*Type of Entity

- Sole Proprietor
- Partnership
- Non-Profit Corporation
- Corporation

Organization Type

Corporation

Company Information (Form A)

Company Information

Organization Name

Wealth Warren Services & Solutions

*Street 1

530 Susan B. Britt Court

Street 2

Suite 250

*Postal Code

34787

City

Winter Garden

State

Florida

Phone

407 - 746 - 7411 Ext:

Fax

- -

*Hours of operation

4:00 A.M. TO 5:00 P.M.

Company Contacts

Position

Officer/Director

*Action to take

Update record in the service

This is the action that will be taken within the service for the User you select below.

*Search Contact

Wealth-Warren, Garfield J (567000)

*Work Phone

407 - 704 - 9498 Ext:

Email

ssgt.wealth@gmail.com

Position

Vice Officer/Director

*Search Contact

Wallace, Sandra P

*Work Phone

786 - 218 - 1687 Ext:

*Email

sdpwallace78@gmail.com

Position

Business Hours Point-of-Contact

*Search Contact

Wealth-Warren, Garfield J (567000)

*Work Phone

407 - 704 - 9498 Ext:

*Email

ssgt.wealth@gmail.com

Position

After Hours Point-of-Contact

*User

Wealth-Warren, Garfield J (567000)



*Work Phone

407

-

704

-

9498

Ext:

*Email

ssgt.wealth@gmail.com

Record Keeping Verification Form (Form B)

Inspection Items

Section 8.1

Record all telephone lines when used for requests for transport, including cell phones.*

*Initials

SPW

*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.

*Initials

SPW

Section 8.1

Written record contains:

- Date Call Received
- Time Call Received
- Pick-up & Destination Address
- Arrival Time at Destination
- Client's Name
- Person Ordering Transport
- Telephone Number of Caller (*if applicable)

*Initials

SPW

Section 8.1

Audio dispatch records shall be kept for a minimum of six (6) months.

*Initials

SPW

Section 8.1

Written or electronic dispatch shall be kept for a minimum of three (3) years.

*Initials

SPW

Section 8.1

Dispatch audio & written/electronic records shall be available for inspection.

*Initials

SPW

Vehicles (Form C)

Section 1

*Vehicle

Find

Unit Number

01

Vehicle Tag Number

30DIDB

*Vehicle Identification Number(VIN)

5BZBF0AA1JN851310

*Active

Yes No

Personnel (Form D)

Section 1

meppers	User	Position
<input checked="" type="checkbox"/> 567001		
<input checked="" type="checkbox"/> 567003		
<input checked="" type="checkbox"/>	Wallace, Sandra P (none)	WCT Admin Support
<input checked="" type="checkbox"/> 567000	Wealth-Warren, Garfield J (567000)	
<input checked="" type="checkbox"/>		

Required Documents

Insurance verification

Provide a copy of the Certificate of Insurance showing limits for the highest level of service provided detailing vehicle liability, property damage coverage, and the expiration date of the policy (See Rules & Regulations 8.2)

Policy Type

Policy

Number

BVR8407726

Issued Date

03/04/2026 Today

Expiration Date

03/03/2027 Today

*Insurance Verification

Wealth Warren Services and Solutions COI Contract_20260303_0001.pdf

Name

Insurance Verification

Document Type

Insurance Verification

Certificate of Incorporation

*Certificate of Incorporation

[Change File](#) Wealth Warren Services and Solutions AOI_20201005_0001.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

*Retail Rate Schedule

[Change File](#) Wealth Warren Services and Solutions RatesDocument_20260501_0001.pdf

Name

Retail Rate Schedule

Document Type

Retail Rate Schedule

Certification of Fictitious Name (d.b.a.)

Please upload a copy of your Certification of Fictitious Name (d.b.a.).

Certification of Fictitious Name

[Upload File](#)

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

*Today's Date

05/01/2026

[Today](#)

*Signature

Signed on May 1, 2026 2:16:39 PM by Sandra Wallace



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/08/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Certificate Department	
Swan Insurance Sales, LLC		PHONE (A/C, No, Ext): 858-381-3108	FAX (A/C, No): 858-381-5560
1620 5th Ave		E-MAIL ADDRESS: certs@swan-ins.com	
Ste 700		INSURER(S) AFFORDING COVERAGE	
San Diego CA 92101		INSURER A: Kinsale Insurance Company	NAIC # 38920
INSURED		INSURER B: Mitsui Sumitomo Insurance Company of America	20362
Wealth Warren Services & Solutions		INSURER C:	
A+Warren and DuBarry Services, Inc		INSURER D:	
530 Susan B. Britt Ct STE 250		INSURER E:	
Winter Garden FL 34787		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0100433607-0	03/03/2026	03/03/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Sexual Abuse \$ 100,000/300,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		Y	BVR8407726	03/03/2026	03/03/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Professional Liability			0100433607-0	03/03/2026	03/03/2027	1,000,000/2,000,000
	Loading & Unloading			0100433607-0	03/03/2026	03/03/2027	50,000/100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA 400 SOUTH FORT HARRISON AVENUE Clearwater FL 33756-5113	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>CHRIS MAHLBERG</i>
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2020

GARFIELD WARREN
530 SUSAN B. BRITT CT #250
WINTER GARDEN, FL 34787

Re: Document Number P20000056672

The Articles of Amendment to the Articles of Incorporation for WARREN & DUBARRY SERVICES INC which changed its name to A+ WARREN AND DUBARRY SERVICES INC, a Florida corporation, were filed on October 5, 2020.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Querida R Moore
Regulatory Specialist II
Division of Corporations

Letter Number: 520A00023099

State of Florida



Department of State

I certify from the records of this office that A+ WARREN AND DUBARRY SERVICES INC is a corporation organized under the laws of the State of Florida, filed on May 18, 2020, effective June 22, 2017.

The document number of this corporation is P20000056672.

I further certify that said corporation has paid all fees due this office through December 31, 2020, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Seventeenth day of November, 2020



Laurel M. Lee

Laurel M. Lee

Secretary of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L17000135609
FILED 8:00 AM
June 22, 2017
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

WARREN AND DUBARRY INVESTMENTS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1137 BURLAND CIRCLE
WINTER GARDEN, FL. US, 34787

The mailing address of the Limited Liability Company is:

1137 BURLAND CIRCLE
WINTER GARDEN, FL. US 34787

Article III

The name and Florida street address of the registered agent is:

DR. APRILLE P. WARREN
1137 BURLAND CIRCLE
WINTER GARDEN, FL. 34787

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DR. APRILLE P. WARREN

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
SGT. GARFIELD WARREN
1137 BURLAND CIRCLE
WINTER GARDEN, FL. 34787 US

Title: AP
DR. APRILLE P. WARREN
1137 BURLAND CIRCLE
WINTER GARDEN, FL. 34787 US

Title: MGR
ERIK DUBARRY
1137 BURLAND CIRCLE
WINTER GARDEN, FL. 34787 US

Title: AP
TAMIKA DUBARRY
1137 BURLAND CIRCLE
WINTER GARDEN, FL. 34787 US

L17000135609
FILED 8:00 AM
June 22, 2017
Sec. Of State
jafason

Article V

The effective date for this Limited Liability Company shall be:

06/21/2017

Signature of member or an authorized representative

Electronic Signature: SGT. GARFIELD WARREN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Articles of Amendment
to
Articles of Incorporation
of

FILED

A+ Warren and DuBarry Services, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

PH 1:50

P20000056672

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Wealth Warren Services & Solutions, INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

N/A

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A

N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

January 1, 2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)


The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by N/A
(voting group)"

January 22, 2024
Dated _____

Signature  _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dr. Aprille P. Wealth-Warren

(Typed or printed name of person signing)

CEO

(Title of person signing)

Exhibit A

Transportation Services and Rates

1. Definitions

Ambulatory Curb to Curb (sedan/cab, van/mini-bus, etc.)

This trip type includes participants that are abled bodied and require no assistance walking or standing.

Ambulatory Door to Door (sedan/cab, van/mini-bus, etc.)

This trip type includes participants who need assistance walking. Driver may meet participants at the door or inside the facility to assist them into and out the vehicle. This also includes participants with a cane or walker.

Wheelchair (Ramp or Lift Equipped Vehicle)

This trip type is for participants who are unable to transfer to a vehicle seat or whose wheelchair does not collapse and requires a lift to secure the wheelchair in place.

This trip type also includes a participant owned wheelchair transfer when a participant is met at a location, wheeled to the vehicle, assisting the participant into the vehicle. At the end of the trip, the driver helps the participant into the wheelchair and takes them to their final destination.

Stretcher

Stretcher transportation is available for participants who are bed-bound and must travel in a prone or supine position. Unlike ambulance transportation, stretcher transportation providers do not provide any medical care or monitoring during the transport. Participants who can use a wheelchair are not eligible for stretcher transportation.

Basic Life Support (BLS)

This trip type requires medical monitoring by a licensed EMT-Intermediate and may include monitoring vital signs, oxygen and IV therapy. Transportation is provided by Ambulance.

Advanced Life Support (ALS)

This trip type requires medical monitoring and care by a licensed EMT-Paramedic and may include monitoring vital signs, advanced drug therapy, cardiac monitoring, oxygen and IV therapy. Transportation is provided by Ambulance.

Initials _____

CPW

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Exhibit B

2. **Rates for different Clients:**

County: <u>Seminole/Hillsborough</u>		
Provider Downstream Fee for Service (FFS) ALS & BLS		
HCPCS	Level of Service	Rate
A0428	BLS	259.48
A0425	Ambulance Mileage	8.71
A0426	ALS Level 1	311.37
A0433	ALS Level 2	N/A
A0434	Specialty Care Transport	N/A
	Wheelchair	30.00- 10 miles include &1.90 each mile
	Bariatric Wheelchair	40.00- 10 miles include &1.90 each mile
	Stretcher	80.00- 10 miles include & 2.00 each mile
	Bariatric Stretcher	180.00- 10 miles include &2.00 each mile
A0420	BLS Wait Time (per 30 Mins)	90.00
A0420	ALS Wait Time (per 30 Mins)	125.00
A0422	Non-Emergency Oxygen	50.00

Appendix A

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (“AGREEMENT”) IS ENTERED INTO BY AND BETWEEN EPICMD TECHNOLOGIES, LLC, A FLORIDA LIMITED LIABILITY COMPANY (“COVERED ENTITY”) AND A+ Warren and DuBarry Services INC (“BUSINESS ASSOCIATE”) AS OF 10 / 28 / 2024 (“EFFECTIVE DATE”). THIS AGREEMENT SUPPLEMENTS AND IS MADE A PART OF THE CONTRACT OR GRANT TO WHICH IT IS ATTACHED.

Covered Entity and Business Associate enter into this Agreement to comply with standards promulgated under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), including the Standards for the Privacy of Individually Identifiable Health Information, at 45 CFR Parts 160 and 164 (“Privacy Rule”), and the Security Standards, at 45 CFR Parts 160 and 164 (“Security Rule”), as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH), and any associated federal rules and regulations.

The parties agree as follows:

- 1. Definitions.** All capitalized terms used but not otherwise defined in this Agreement have the meanings set forth in 45 CFR Parts 160 and 164 as amended by HITECH and associated federal rules and regulations.

Initials CPW

Exhibit B

Rates for different Clients: Orange County

Provider Downstream Fee for Service (FFS)			
Trip Type	Base Rate	Base Mileage	Mileage Rate
Ambulatory- Curb to Curb	15.00	10	1.50
Ambulatory- Door to Door	15.00	10	1.50
Wheelchair	55.00	10	2.25
Stretcher	125.00	10	2.50
Bariatric Wheelchair	65.00	10	2.25
Bariatric Stretcher	225.00	10	2.50
Other:	N/A	N/A	N/A