Santa Barbara County
PUBLIC Health
DEPARTMENT

Van Do-Reynoso, MPH, PhD Director
Suzanne Jacobson, CPA Chief Financial Officer
Paige Batson, MA, PHN, RN Deputy Director
Douglas Metz, DPM, MPH Deputy Director
Polly Baldwin, MD, MPH Medical Director
Henning Ansorg, M.D. Health Officer

Emergency Medical Services Agency

300 North San Antonio Road • Santa Barbara, CA 93110-1316
805/681-5274 • FAX 805/681-5142
www.countyofsb.org/phd/ems

Nick Clay, *EMS Agency Director*
Daniel Shepherd, MD *EMS Agency Medical Director*

Maddy Physician Emergency Medical Services Fund Condition Statement

I, , (print name) understand that a Condition Statement is

required annually and declare that in submitting this Condition Statement on behalf of , (provider name) all claims will have been screened for the following conditions and attest that all claims submitted for compensation under the Maddy Emergency Medical Services Fund meet these criteria:

1. The patient(s) was initially medically screened, evaluated, treated, or stabilized in an emergency department in Santa Barbara County; and

2. Onsite services were provided in a clinical setting; and

3. Payment is being requested for treatment that occurred during the course of the hospital visit associated with the emergency department visit. Payment is not contingent upon patient(s) being admitted to the hospital. Treatment was provided on the calendar day on which emergency medical services were first provided and/or on the immediately following two calendar days. Services may also be for a patient who was transferred to a second facility which provided a higher level of care for the treatment of the emergency condition, which were provided on the calendar day of transfer and/or on the immediately following two calendar days; and

4. I have inquired if there is a responsible third party source of payment; and assessed if the patient qualifies for the hospital presumptive eligibility (PE) program which began on January 1, 2014, and will provide individuals with temporary, no cost, Medi-Cal benefits for up to two months.

5. The patient(s) or responsible third party has been billed for the physician's services and one of the following applies:

   a) At least three months have passed from the date of the original billing to the patient or responsible third party, during which time at least two attempts have been made to collect payment, and no payment has been received for any portion of services.

   b) I have received notification from the patient or responsible third party that no payment will be made for my services.

6. Once payment is received from Maddy fund, further collection efforts to obtain reimbursement from the patient(s) will be suspended. If, after receiving payment from the Maddy fund, there is reimbursement from the patient(s) or a responsible third party, the Maddy Fund payment will be promptly refunded to the EMS Agency. These returned funds will be returned and be added to total allocation for future distribution.

7. For audit and/or claims processing purposes, Provider must maintain for a period of three (3) years from the date of service supporting documentation for all claims submitted, along with any additional information the administering agency may require.

Dated: _____	Provider Name: _
NPI # _	Address: _
	City_ ST_ Zip_

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2021 MADDY CLAIMS AND PAYMENT SCHEDULE

Maddy Fund Program Service Year Calendar

Quarter	Services Provided Between	Claim Submission Start Date	Claims Final Submission Date	Claims Payment Date
First	January 1 – March 31	1-Apr-2021	15-Jun-2021	15-Jul-2021
Second	January 1 – June 30	1-Jul-2021	15-Sep-2021	15-Oct-2021
Third	January 1 – September 30	1-Oct-2021	15-Dec-2021	15-Jan-2022
Fourth	January 1 – December 31	1-Jan-2022	15-Mar-2022	15-Apr-2022