

P.O Box 3130

Yuba City, CA 95992 Phone: 530.671.8600 Fax: 530.674.2448

Email: yscc@bicountyambulance.com

Basic Rate Plans for Live Operator Services

Select one option	Live operator cort	1000		
Per Minute Plan	Minutes Included (liv	e operator time)	Cost per minute for exce	ess
\$40/Month	Includes 40 minutes		\$.85 per minute over 40	
OPERATOR OUTBOU	ND CALLS ARE INCLU	JDED IN THE MINUTES I	NCLUDED	
Fixed Rate Plan	Calls included per m	onth (inbound calls)	Cost per call over exces	S
\$40/Month	50		\$.85 per over call	
\$70/Month	100		\$.60 per over call	
All plans inclu	ide a custom 3 question	script form. Additional qu	estions will be \$5 each.	
Message Delivery Opt	tions/Additional Fees:			
Unlimited Message	Faxing		\$15/month	
Unlimited Email Messages			\$15/month	
Web Page for message access & On Call Scheduling			\$20 (encrypted)	
Secure Messaging	(HIPAA)		\$15 per smart device per l	billing
Medical Accounts			\$10/month	
Patching of Calls, Text, Email or Faxing Messages			\$0.55 (per method)	
Holiday Coverage The following holidays I	elephone. You will not b	\$15.00 per holiday . Plea	se check the holiday's you <u>ot</u> checked and your phone	
	Memorial Day		Christmas Eve	
New Year's Eve		Thanksgiving	Christmas Day	y
Good Friday	Labor Day	Day after Thanksgiv	vingEaster	
Authorizing Signature:_				
Print name:				
Title:				
5 (

Please fax or email completed form