



San Bernardino County Probation Department
 175 W. Fifth Street, 4th Floor
 San Bernardino, CA 92415

Quote Name	Billing and Claims Management Services
Quote Date	1/17/2025
Customer	San Bernardino County

NaphCare and San Bernardino County currently maintain a Contract for EHR services (Contract #15-886) which remains in effect through 12/14/25. Currently, there is a proposed amendment being reviewed to extend this contract until 12/14/27 (with additional renewal options) for the upgrade to v5 of the TechCare EHR Application. Below, we have estimated costs related to the TechCare Billing Module, billing and claim management of medical services (which does not include pharmacy billing).

Qty	Product/Service	1-Time	Annual	2 Years
1	TechCare Billing Module - Implementation	\$30,000	N/A	N/A
12	TechCare Billing Module – Monthly Flat Fee (\$2,000) (Access, Support, Maintenance, Updates)	N/A	\$24,000	\$48,000
TBD	TechCare Billing Module – Transaction Fees <ul style="list-style-type: none"> • Per Encounter (Claim and ERA) - \$ 0.95 • Per Claim Status - \$ 0.31 • Per Eligibility - \$ 0.25 	N/A	TBD (see example)	TBD (see example)
1	NaphCare Billing and Claims Management Services – Monthly Flat Fee (\$8,000) based on ADP of up to 1,000**	\$10,000	\$96,000	\$192,000
	TOTAL	\$40,000	\$120,000	\$240,000

** The monthly recurring fees shall remain fixed for the first six (6) month term, in recognition of the potential fluctuations in the cost projection, both Parties agree to re-evaluate the monthly recurring fees and may revise as appropriate by mutual agreement of the Parties.

*Note: Transaction fees are variable and we have provided the below estimate for illustration purposes only.

Sample Month 1	QTY	Transaction Type	@ each	Total
Probation	150	Encounter	\$ 0.95	\$ 142.50
Probation	150	Claim Status	\$ 0.31	\$ 46.95
Probation	150	Eligibility	\$ 0.25	\$ 37.50
Total Transactions				\$ 226.95
Monthly Billing Module (Probation)				\$ 2,000.00
Monthly B&CM Services (Probation)				\$ 8,000.00
TOTAL				\$ 10,226.95

Transaction Fees would be invoiced quarterly, in arrears, based on utilization of monthly services.

Customer Approval:

Signature: _____

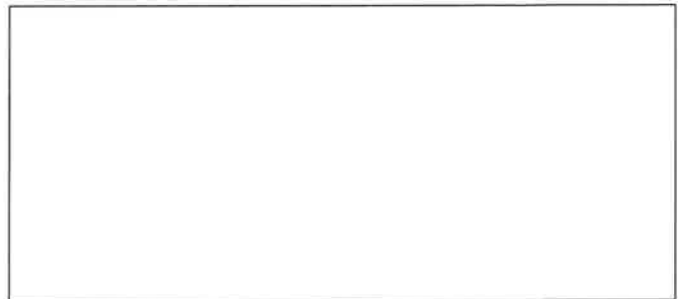


Printed: Dawn Rowe

Title: Chair, Board of Supervisors

Date: _____

MAR 25 2025



SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD LYNN MONEL, Clerk of the Board of Supervisors of the County of San Bernardino

By _____

