



Interoffice Memorandum

AGENDA ITEM

September 7, 2023

TO: Mayor Jerry L. Demings
-AND-
County Commissioners

THRU: Raul Pino, MD, MPH, Director
Health Services Department



MD. MPH.

FROM: Christian C. Zuver, M.D., Medical Director
EMS Office of the Medical Director
Contact: (407) 836-7611

SUBJECT: Paratransit Services License
AdventHealth Emergency Medical Services
Consent Agenda – September 26, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for AdventHealth Emergency Medical Services. AdventHealth Emergency Medical Services has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretchers service within Orange County. The EMS Office of the Medical Director has determined that AdventHealth Emergency Medical Services has met the prerequisites for licensure as an alternative transportation service in accordance with Section 20-132 of the Orange County Code. Public notice of this application has been posted and EMS has not received any objections.

ACTION REQUESTED: Approval and execution of the Paratransit Services License for AdventHealth Emergency Medical Services to provide wheelchair/stretchers service. The term of this license shall be from September 26, 2023, and terminate on September 25, 2025. There is no cost to the County.
(EMS Office of the Medical Director)

CCZ/jj

Attachments



RECEIVED

PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

DATE: 08/13/23
 INITIALS: EW

APPLICATION DATE: 07/19/2023

PROPOSED DATE OPERATIONS WILL BEGIN: 09/01/2023

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: AdventHealth Emergency Medical Services

2. BUSINESS ADDRESS (INCLUDE COUNTY):

601 E Rollins Street, M/B #161, Orange County, Orlando, 32803

3. CONTACT INFORMATION: Business Phone (407) 303-5645

Mobile Phone (407) 466-2722

Email kevin.wall@adventhealth.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

| <u>NAME</u> | <u>ADDRESS</u> | <u>POSITION</u> |
|-------------|---|-----------------|
| Kevin Wall | 601 E Rollins Street, Orlando, 32803 | Director |

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER

a. If other, please describe: _____

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 07/20/2023 NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

- Verifiable business or work references for 5 years, including one notarized letter of reference
- Five verifiable personal/business references, including two notarized letters of reference
- Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: 07/19/2023 NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 07/19/2023 NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 40

2. EMPLOYEE ROSTER:

| <u>NAME</u> | <u>CURRENT CPR CARD (Y/N)</u> |
|-------------|-------------------------------|
| Attached | |
| _____ | |
| _____ | |
| _____ | |

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of one notarized letter of reference from list below is required.

| |
|----------|
| Attached |
| |
| |
| |
| |

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

| NAME | ADDRESS | PHONE |
|----------|---------|-------|
| Attached | | |
| | | |
| | | |
| | | |
| | | |

3. List five credit references. Submission of two notarized letters of reference from list below is required.

| NAME | ADDRESS | PHONE |
|----------|---------|-------|
| Attached | | |
| | | |
| | | |
| | | |
| | | |



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

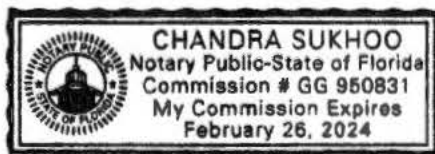
Kevin Wall

SIGNATURE OF APPLICANT OR REPRESENTATIVE

07/19/2023

DATE

NOTARY SEAL



Chandra Sukhoo, 07/19/2023

NOTARY SIGNATURE

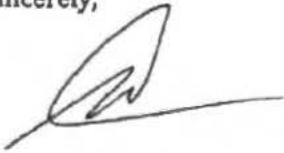
July 6th, 2023

To whom it may concern,

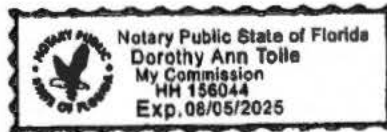
I am writing to affirm the business partnership between ETR L.L.C. and Advent Health, formerly known as Florida Hospital, spanning 22 years. Throughout this period, Advent Health has consistently demonstrated their status as an outstanding customer, maintaining a strong standing within our organization. ETR L.L.C. values the trust and collaboration established with Advent Health, who have reliably fulfilled their financial obligations.

Advent Health's track record, integrity, and dedication make them a highly esteemed customer and a recommended partner for any prospective business engagement. Please feel free to reach out should you require further information regarding our longstanding relationship.

Sincerely,



Jerry Michaluk
 CEO/President
 ETR L.L.C.



Dorothy Ann Tolle
 7/6/2023

✓ personally known



1855 W State Road 434
Longwood, FL 32750
Ph. 407-788-3000

July 6, 2023

To Whom It May Concern,

Advent Health EMS (Florida Flight One) has been a long-term client partner with Match-Up Promotions for almost 15 years. They have always treated us a partner, where both entities are vested in our combined success, as opposed to simply a vendor of services and goods. They are receptive to our ideas, appreciative of right-first-time project execution, understanding when the very rare mishap occurs, and a steward of any financial obligation to Match-Up. They will add value to any organization's roster of clients and from our perspective, will continue to get our very best service in 2023 and in years to come.

Sincerely,

Adam Thornton

President

Match-Up Promotions



July 11, 2023

Orange County

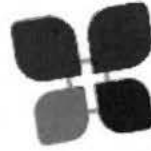
To Whom It May Concern,

Metro Aviation has been proud to serve AdventHealth EMS for the last 18 plus years. We're an FAA Part 135 Air Medical Operator and share the same philosophies on patient care, safety, and quality.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kenneth Morrow', with a long horizontal line extending to the right.

Kenneth Morrow
Chief Operating Officer



Advent Health

Orlando

CREDIT INFORMATION

Company Name: Adventist Health System/Sunbelt, Inc.
dba AdventHealth Orlando
601 E Rollins St
Orlando, FL 32803
Phone: (407) 303-3350
Incorporated: 1903, State of Florida
Website:
<https://www.adventhealth.com/hospital/adventhealth-orlando>

Company Status: Corporation, Not-For-Profit Hospital
EIN: 59-0724459
Tax Exempt Certificate Number: 85-8015017105C-5
President/CEO: Rob Deininger
CFO: Jessica Behmer

Bank References: Bank of America Merrill Lynch
100 N Tryon St
Charlotte, NC 28255
Name: Emily Albert
Account: [REDACTED]
Phone: (888) 715-1000 Ext. 21037
Email: e.albert.svc@bofa.com
Note for AdventHealth Employee ONLY:
Please CC Wendy.Pham@AdventHealth.com
when contacting Emily Albert

Credit References:

Medline Industries, Inc
Pamela Tyler – VP Credit & A/R Services
Phone: (847) 643-4242
Fax: (866) 914-2680
Email: ptyler@medline.com
(All requests must be in writing and sent to the noted fax number)

Becton, Dickinson and Company
5859 Farinon Dr, STE 200
San Antonio, TX 78249
Email: Covington.AR@BD.com

Johnson & Johnson Health Care Systems
David Roberts – Sr. Financial Analyst
Phone: (813) 558-4386
Email: Drober20@its.inj.com

Billing Information:

AdventHealth Orlando
Accounts Payable
902 Inspiration Ave. Ste 9100
Altamonte Springs, FL 32714
Phone: (844) 259-3977
Fax: (844) 259-3975
Email: adh.ap.documents@adventhealth.com

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm in receipt of this information to fully investigate the references listed pertaining to our credit and financial responsibility.

Adventist Health System/Sunbelt, Inc, dba AdventHealth Orlando

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that ADVENTHEALTH EMERGENCY MEDICAL SERVICES
has complied with the Orange County Code 2001-09 and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service in
Orange County.

Date of Issue: September 26, 2023

Date of Expiration: September 25, 2025

Bryan W. Brooks
for Mayor, Board of County Commissioners

