BIG HORN COUNTY
BOARD OF COUNTY
COMMISSIONERS

121 3rd St W
Room 301
Hardin, MT 59034

BIG HORN COUNTY BOARD OF COUNTY COMMISSIONERS MINUTES
June 12, 2025
9:30 AM

1. Call to Order

Commissioner Big Hair, Presiding Officer calls meeting to order.

2. Roll Call

Commissioner Big Hair, Presiding Officer, Commissioner Real Bird, member and Commissioner Vandersloot, member were all in attendance.

3. Claim Approvals

Commissioner Vandersloot entertained a motion to approve claims 1334. The motion was seconded by Commissioner Real Bird and passed unanimously.

4. Approve Minutes and Supporting Documents

Commissioner Real Bird entertained a motion to approve minutes of June 5th, 2025. The motion was seconded by Commissioner Vandersloot and passed unanimously.

5. Personnel/Legal

There being no other business, the board adjourned.

Mike Gee

Jeanne Torske, County Attorney, explains Mike Gee is special prosecutor, for a case Jeanne referred to the attorney generals office and they declined because of the optics. Commissioner Vandersloot entertained a motion to approve. The motion was seconded by Commissioner Real Bird and passed unanimously.

6. Old Business

7. New Business

Lane Walker, Stahly Engineering, Soap Creek Bridge Bid opening for the bridge replacement and road realignment.
Engineers estimate:
Base bid 287,000
Road construction 338500

Opens first bid from TCA group. Addendum acknowledgment. Pre-bid meeting minutes. Signature is their. Bid bond is included. Enclosed HB683, the notice of potential conflict of interest disclaimer.
Total base $331,655.00
Alternate $136,540.50
Total bid of $468,195.50

The second bid was Battle Ridge builders. Bid bond included. Acknowledged both addendums. Signature is there.
total base $285,362.00
alternate $269,026.00
Total bid of $554,388.00

The third bid is Cop construction, acknowledging both addendums. Signature is there. Bid bond included.
total base $451,710.00
alternate 4281,385.00
Total bid of $733,095.00

Commissioner Vandersloot would like to take it under advisement to have them scored out and wait for a recommendation from the engineers. The lowest overall bidder is TCA group and the lowest

bridge bid is Battle Bridge builders.

Yellowball Contract

Commissioner Vandersloot entertained a motion to approve Yellow Ball Contract for solar panels for the ambulance building. The motion was seconded by Commissioner Real Bird and passed unanimously.

Insurance Buy Back

Commissioner Vandersloot entertained a motion to table this till we have more information. The motion was seconded by Commissioner Real Bird and passed unanimously.

Ambulance Write-offs

Mike Opie, once they approve the ambulance write offs, he can make some journal entries and adjustments and can get some accrual numbers and see where the ambulance stands. $3.093million write-offs from November to May. The ambulance billed $4.574 million and collected $2.099 million. Write-offs are from what isn't collected from Medicaid and Medicare. $1.899 million is what Mike is asking them to write off today. Discussion over write offs. Commissioner Vandersloot entertained a motion to approve the write-offs. The motion was seconded by Commissioner Real Bird and passed unanimously.

8. Public Comments

9. Discussion

10. Adjourn

There being no other business, the board adjourned.

Approved: L Big Hair
Lawrence Big Hair, Presiding Officer

Attest: Peri Schenderline
Peri Schenderline, Deputy Clerk & Recorder

Sign in Sheet

	Name	ph #
1)	Jordan Spyke	406-581-5994
2)	R-1	
3	Mike [illegible]	
4)	Olivia Adolph	406-539-0704
5)	Heather Ready	406-665-9705
6.	Darby Wells	406-679-1801
7)	Lane Willer (Stahly Engineering)	406-939-0441

CONTRACT ATTORNEY AGREEMENT

This AGREEMENT effective the 12 th day of June, 2025, pursuant to Montana Code Annotated [hereinafter MCA] §§ 7-5-2101, 7-4-2705 and including but not limited to Title 45, Title 41, Chapter 5, and Title 61 of the MCA, by and between, Morrison Sherwood Wilson & Deola, hereinafter MSWD, which has the address of P.O. Box 557, Helena, MT 59624, and Big Horn County, Montana, a political subdivision of the State of Montana, whose mailing address is P. O. Box 908, Hardin, MT 59034, hereinafter referred to as "County."

RECITALS

WHEREAS, MSWD, employs attorneys licensed and authorized to practice law in the State of Montana, who meet the education, training, and experience requirements to prosecute criminal felony and misdemeanor matters pursuant to MCA §§ 45-1-101 et seq, 41-5-101 et seq, and 61-1-101 et seq; and

WHEREAS, MSWD desires to provide prosecutorial services for criminal felony and misdemeanor matters, to the County; and

WHEREAS, the County desires to contract with MSWD for the purpose of providing prosecutorial services in criminal felony and misdemeanor matters to the County, through its Attorney Michael J. Gee; and

WHEREAS, MSWD will be an independent contractor paid in accordance with the terms of this Agreement, and no employee benefits will be provided to MSWD and no payroll or other taxes will be withheld as MSWD is an independent contractor;

NOW, THEREFORE, in consideration of the mutual covenants and agreements between the parties as set forth herein, and other good and valuable considerations, the receipt and sufficiency of which is hereby acknowledged by the parties, they agree as follows:

I. RECITALS.
The foregoing recitals are true and correct.

II. SERVICES.
MSWD agrees to perform professional services prosecuting felony and misdemeanor matters for the County as provided herein. Michael J. Gee will be the primary attorney at MSWD performing this contract.

III. STAFFING BY MSWD.
MSWD shall recruit, interview, hire, train supervise and pay (including all necessary withholding) all personnel provided or made available by MSWD to render the services under this Agreement. Such personnel shall be licensed, certified, or registered, as appropriate, in their respective areas of expertise as required by applicable Montana Law.

IV. INDEPENDENT CONTRACTOR.

In the performance of Services, and in the exercise of such rights granted under this Agreement, MSWD and its member(s), agents, and employees, at all times, shall act and perform as independent contractors with respect to the County. None of the provisions of this Agreement shall be deemed or interpreted, for purpose of this Agreement, to create any relationships between County and MSWD and any other persons, including, but not limited to MSWD's member(s), agents, or employees, other than that of independent contractors. Nothing contained in this Agreement shall be construed to create a relationship of employer and employee, master and servant, principal and agent, or partners or co-venturers between MSWD, its member(s), agents or employees and the County.

Without limiting the generality of the foregoing:

a. The Parties agree that MSWD's member(s), agents, and employees, if any, are employees of MSWD and are engaged in an independently established trade and practice and the County shall have no right to control or direct the details, manner or means by which services are performed. In performing services under this Agreement, the County shall have no control over or management authority with respect to MSWD or its operations and services provided.

b. MSWD shall report, for federal and state income tax purpose, all amounts received by it under this Agreement as income. MSWD shall have responsibility for, and shall ensure that there is withholding of all federal and state income taxes, workers' compensation insurance unemployment insurance tax, Social Security tax and other withholding for its member(s) and employees providing services under this Agreement, with respect to payments made to MSWD from revenues MSWD receives under this Agreement or from other permitted sources.

c. Any person furnishing services under this Agreement will be member(s), employees of, or contracted to, MSWD.

V. MSWD'S DUTIES AND RESPONSIBILITIES.

MSWD shall:

a. Promulgate legal protocols deemed needed in the professional judgment of MSWD to render services hereunder.

b. As needed, communicate with law enforcement personnel by any means necessary and available.

c. Prepare the documents and make the initial filings for all criminal matters (felony and misdemeanor) referred by the Big Horn County Sheriff's Office, the Hardin

Police Department, the Bureau of Indian Affairs, the Federal Bureau of Investigation, or any other law enforcement agency or entity referring matters to Big Horn County. Immediately following the initial filing MSWD shall communicate with the Office of the County Attorney and a determination will be made by the Office of the County Attorney whether MSWD or another attorney will be substituted for MSWD as counsel of record. It will then be the task of counsel of record to prosecute, to the extent needed in the sole judgment of counsel of record, the matter. Prosecution shall include but not be limited to the timely filing with the Court of all needed documents, the making of all appearances in Court and appearances as deemed necessary by counsel of record. Nothing herein shall be construed to require the consent of MSWD or to prevent an attorney allowed to act from preparing and making the initial filings for any criminal matter, whether that be misdemeanor or felony matters.

d. Where MSWD cannot prosecute an individual matter due to a conflict of interest or other concern, MSWD shall immediately notify the County Attorney of such in order to ensure sufficient case coverage.

e. MSWD agrees to not provide counsel or representation to any criminal defendants in misdemeanor, or felony criminal matters in Big Horn County that create an actual conflict of interest.

VI. COMPENSATION.

a. MSWD shall be compensated at $250/hour for any criminal misdemeanor or felony matters where Michael J. Gee will act as Special Deputy County Attorney and continue with the prosecution of the matter from the inception/initial charging of the case through to the end of a jury trial and/or sentencing hearing.

b. If MSWD assigns a paralegal or legal assistant to assist with the case, the County will be billed at a lower rate for these services.

c. Additionally, County shall reimburse MSWD for all costs, including postage, publication, per diem (at the County rate(s)), lodging (at the County rate), and GSA rate mileage for business relating to the duties required by this Agreement. It is understood and agreed that all other expenses, including but not limited to staff wages, copies, and phone charges, are part of MSWD's office overheard and are not reimbursable by County. All reimbursable expenses must be set forth in the monthly claim for fees set forth above.

d. All monies paid to MSWD by virtue of this Agreement, whether the obligation arises under this Clause, VI, or otherwise shall be paid from the budget of the County Attorney.

VII. INSURANCE.

MSWD shall maintain during the term of this Agreement the following insurance coverage for all its member(s) and employees:

a. Professional liability with a limit of no less than One Million Dollars ($1,000,000.00) per claim, and providing that should MSWD default in any manner under said insurance policy that County be notified by the insurer. It is understood and agreed that MSWD's insurance policy is primary to any other valid and collectible insurance available. For any claims related to this Agreement, MSWD's insurance coverages shall be primary insurance as respects the County, its elected officials, employees and attorneys. Any insurance or self-insurance maintained by the County, its elected officials, employees, or attorneys shall be excess of MSWD's insurance and shall not contribute with it. MSWD shall, at the time of the execution of this Agreement, provide County Certificates of Insurance indicating that it meets the requirements herein.

b. As it regards any of MSWD's insurance policies which are in the nature of claims made policies, including but not limited to Professional Liability Policies, MSWD shall, at its sole expense, carry insurance that allows a claim to be made at least three (3) years after the termination of this Agreement. This provision shall survive the termination of this Agreement.

c. Workers' compensation coverage in the statutory amounts as required by Montana law, unless MSWD provides certificates of exemption from the State of Montana for all of its employees.

VIII. INDEMNIFICATION.

MSWD and MSWD's member(s) at their own expense, shall indemnify, defend and hold harmless the County from any and all claims arising out of or relating to personal injury (including death), civil rights violations, or property damage caused by any negligence, error, omission, default, or willful misconduct of MSWD, its members(s), employees, or subcontractors. This provision shall survive the termination of this Agreement.

IX. TERM and RENEWAL.

This Agreement shall be effective on the date hereof through December 31, 2026, and may be renewed by mutual understanding of the parties. MSWD's agreement to indemnify and hold harmless County and the provisions contained in paragraphs VII and VIII shall survive the termination of this agreement. Unless MSWD is in default under this Agreement, MSWD shall be paid for all work performed prior to the termination of this Agreement.

X. GOVERNING LAW and VENUE.

This Agreement shall be governed and interpreted in accordance with the laws of the State of Montana and Big Horn County, Montana shall be the venue for any legal action between the parties.

XI. PUBLIC RECORDS.

The parties acknowledge the County, as a political subdivision of the State of Montana, is required to comply with Montana Laws regarding public disclosure including, but not limited to MCA §§ 2-3-101 et seq and 2-6-1001 et seq.

XII. MODIFICATION and TERMINATION.

a. This Agreement may be modified or terminated at any time by mutual written agreement between both the County and MSWD.

b. It is understood that if either party fails to comply with the terms of this Agreement, the other party may terminate this Agreement by providing thirty (30) days written notice of its intent to terminate.

c. Either party may terminate this Agreement, without cause, by giving no less than thirty (30) days written notice to the other party of its intent to terminate.

d. In the event of termination for any reason whatsoever MSWD will at the sole option of County cooperate in any transition for a period not to exceed two (2) months during which time MSWD will receive the same compensation as provided for herein. In such event, for all purposes under this Agreement the date of termination shall be the date that two (2)-month transition period ends.

XIII. NOTICES.

Unless otherwise provided herein, all notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or sent by certified mail, return receipt requested, postage prepaid, and addressed to the appropriate party at the following address or to any other person at any other address as may be designated in writing by the parties:

MSWD:	MSWD P.O. Box 557 Helena, MT 59624
County:	Big Horn County Commissioners P.O. Box 908 Hardin, MT 59034
Copy to:	Big Horn County Attorney P.O. Box 908 Hardin, MT 59034

XIV. EQUAL PARTIES.

County and MSWD acknowledge and agree that the parties are experienced and

competent business professionals who have been given an opportunity to consult with an attorney concerning this Agreement. Therefore, no provision of this Agreement, including any amendment or addendum, shall be construed against the party who drafted this Agreement.

XV. THIRD-PARTY BENEFICIARY.

With the exception of the Big Horn County Attorney, this Agreement does not and is not intended to confer any rights or remedies upon any person(s) or entities other than the parties.

XVI. COMPLIANCE WITH LOCAL, STATE, AND FEDERAL LAWS.

County and MSWD each respectively understand that they are bound by applicable state and federal law and local ordinances. This includes, but is not limited to, the Montana Human Rights Act, the Equal Pay Act of 1963, the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, PL 101-336, Section 504 of the Rehabilitation Act of 1973, the Patient Protection and Affordable Care Act [PL 111-48, 124 Stat. 119], if applicable, MCA 18-5-401, et seq. and concerning the Blind Enterprise Program's vending facility rules. In accordance with MCA 49-3-207, and Executive Order No. 04-2016, MSWD agrees that (i) the hiring of persons, if any, to perform this Agreement will be made on the basis of merit and qualifications and (ii) there will be no discrimination based on race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, physical or mental disability, military service or veteran status, or marital status by the persons performing this Agreement.

XVII. LIMITS OF CONTRACT.

This instrument contains the entire Agreement between the parties, and no statements, or promises of inducements made by either party that are not contained in this Agreement shall be valid or binding. This Agreement may not be enlarged, modified, or altered except as provided by written agreement of the parties.

XVIII. ASSIGNMENT, TRANSFER, and SUBCONTRACTING.

a. MSWD agrees not to assign or transfer any work contemplated under this Agreement without prior written consent from the Big Horn County Attorney and the County. MSWD further agrees not to enter into subcontracts for any of the work contemplated under this Agreement without prior written approval of the Big Horn County Attorney and the County. The consents and/or approvals required under this clause may be withheld at the sole discretion of the County.

b. This Agreement is binding upon the successors and assigns of the parties as if mentioned in each particular.

IN WITNESS THEREOF: County and MSWD have executed this Agreement on this 23 day of May, 2025.

MSWD

By: David K.W. Wilson, Jr.
Title: Managing Partner

BIG HORN COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF MONTANA BY AND THROUGH ITS BOARD OF COMMISSIONERS

LAWRENCE BIG HAIR,
Presiding Office

LARRY VANDERSLOOT,
Member

GEORGE REAL BIRD III,
Member

Attest:

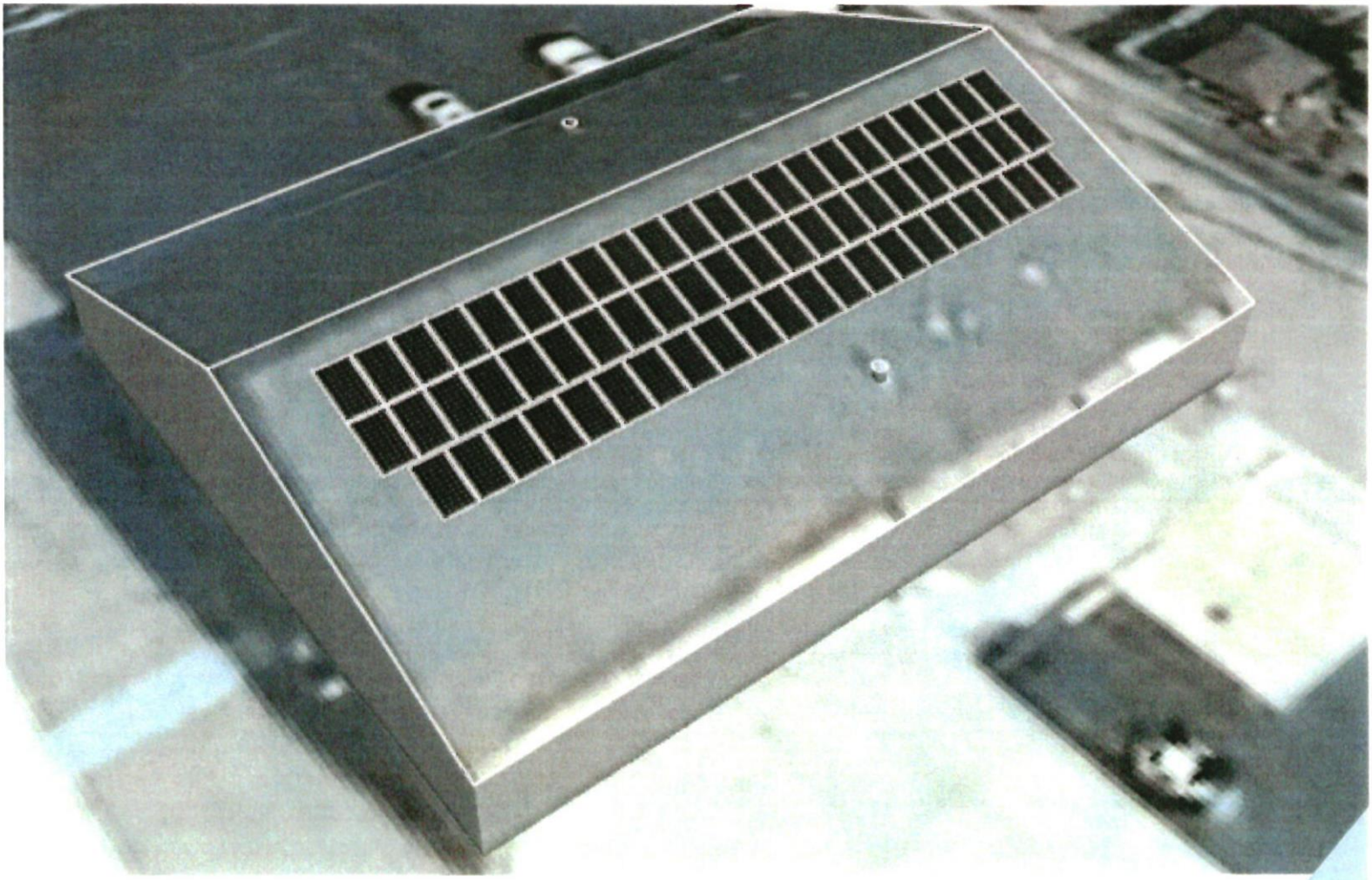
Deputy Clerk and Recorder

Approved as to Form and Content:

Jeanne Torske, County Attorney — Date 6/12/25

YELLOW BALL ROOFING & SOLAR

SILFAB SOLAR™



SOLAR QUOTE

OCT 23, 2024

HARDIN AMBULANCE FACILITY

117 second st w
Hardin, MT
59034
lerikson@seaeng.com
4064314674

tim@goyellowball.com
4069987798

INTRODUCTION

Hi George,

Congratulations on your decision to help transition the world to a more sustainable future! Your new Solar Design will look amazing and will no doubt be the talk of the neighborhood. We appreciate the opportunity to provide more information regarding your upcoming solar project.

The following estimate is for:

1. Prepare area for solar panel installation
2. Supply and install new materials
3. Clean up of entire work area
4. Your own dedicated Production Scheduling team
5. All employees have full WCI and liability insurance coverage
6. We are Licensed to work in your geographical region
7. Audit of all work completed by Quality Control Officer
8. 10-year Warranty on complete projects (Our work Not equipment)

We don't want you to be personally liable should a worker happen to get injured therefore, maintain the highest safety program and have WCI coverage for all employees and crews. We carry two million liability insurance.

Once the job is complete, one of our Quality Control Officers from our Audit Division inspects your project to make sure we did everything correct and up to our strict standards and site is spotless.

If you have any questions, please give me a call. We always want to provide the best value to our clients. If we are outside your budget, please let me know and we will do our best to work within that.

Kind regards,

Tim Sain
4069987798
tim@goyellowball.com

SOLAR QUOTE

Description	Qty	Line total
Pre-Construction Process		
Solar design & Engineering, State or city Permit, Interconnection Agreement with Utility provider	1	$6,500.00
Section Total		**$6,500.00**

Description	Qty	Line total
Solar Equipment		
Enphase 5C Combiner Box	1	$795.00
SIL-FAB 430 QD Premium solar panels MADE IN USA	65	$28,535.00
Enphase IQ8M's	65	$32,175.00
UNIRAC NXT premium racking	1	$2,100.00
System Size-28.60kW System Production-40,556kWh		
Labor	1	$8,792.42
Building Permit - Pull Permit, Utility Application fees, etc	1	$1,100.00
Section Total		**$73,497.42**

Description	Qty	Line total
Electrical		
Price includes all electrical work including Wiring, Conduit, Connectors, Breakers and Labor. YellowBall uses local Licensed & insured electricians. At time of PTO YellowBall will commision the system and hand over log-in for the appropriete monitoring app to client.		

Description	Qty	Line total
Rebates & Discounts		
Federal Direct Paymnet- $23,999.23 Any potential incentives, including federal credit, are not guaranteed. YellowBall highly recommends you speak with a qualified accounting professional to ensure all parties involved in this contract are protected.		

Estimate subtotal	$79,997.42
Total	$79,997.42

Signed agreement and a 70% deposit is required to proceed with finalization of layout design. Remaining balance per above will be due after system is installed and electrical work is completed. YellowBall will assist as needed with coordination between parties until everything is fully operational.

SIGNING & UPGRADES

Solar Quote $79,997.42

Name: George Real Bird
Address: 117 second st w, Hardin, MT

Estimates valid for 30 days from date of estimate / A 70% deposit is required before any project begins

Optional Upgrades

	Description	Qty	Unit price	Line total
☐				

Customer Comments / Notes

George Real Bird: L B. Hi

Date:

By signing this form I agree to and confirm the following: I certify that I am the registered owner of the above project property, or have the legal permission to authorize the work as stated. I agree to pay the total project price and understand that this work will be completed in accordance with industry best practices.

TERMS & CONDITIONS

Terms and Conditions

1. Cancellation Policy

You may cancel this contract within 10 days after receiving a copy of the contract. No reason is required for cancellation. If you do not receive the goods or services within 120 days from the contract date, you may cancel the contract within one year of the contract date. However, if you accept delivery after 30 days, you lose this right. For additional grounds for cancellation, please contact your consumer affairs office.

If you cancel the contract, the seller must refund your money and any trade-in or its cash value within 15 days. You are required to return the goods. To cancel, you must provide notice at the address specified in this contract using a method that provides proof of delivery, such as registered mail, fax, or personal delivery.

2. Liability for Property Damage

You agree to remove any items from the interior walls of your home that may be damaged or dislodged due to vibrations from the installation of solar panels. YellowBall is not liable for any resulting damage.

3. Material Warranties

Any warranty for materials used during the project is provided by the material manufacturer. This excludes certain products like sealants that may deteriorate more rapidly and should be inspected regularly.

4. Material Shortages and Surpluses

YellowBall is not responsible for material shortages and does not claim responsibility for material surpluses.

5. Ownership and Payment

You certify that you are the registered owner of the property or have legal permission to authorize YellowBall to perform the work and agree to pay the total project price. Payment in full is due upon completion of work (including panel installation and electrical work) as stated in the contract. Invoices not paid within 30 days will incur a 2% monthly interest charge.

6. Credit Approval

Approval of your estimate is subject to credit approval by YellowBall. You consent to YellowBall accessing your credit bureau report(s), trade references, and other credit information prior to granting credit approval.

7. Dispute Resolution

You and YellowBall agree to submit any disputes arising from this agreement, excluding disputes involving criminal or statutory violations, to binding arbitration in accordance with the BBB Rules of Binding Arbitration. The arbitrator's decision will be final and binding. Administrative fees for arbitration will be covered by YellowBall. For more information on BBB arbitration, contact BBB Great West + Pacific at 303-758-2100.

8. "Rainy Day" Credit

I acknowledge that I have read and understand this page. Initials: LO BH

If installation occurs between September 1 and the end of February, YellowBall will pay for "normal use" energy bills up to $500.00, based on agreed-upon kWh production for this period. This credit will be paid by March 31 of the following year, contingent on receipt of utility statements from the homeowner. YellowBall is not responsible for fees or taxes on the statements (e.g., grid usage, demand charges).

9. Production Guarantee

YellowBall guarantees that the solar system will produce, or exceed, within 500 kWh of the proposed kWh after one year (12 months). If the production falls short, YellowBall will install additional panels at no extra charge, provided there is sufficient roof space. If roof space is inadequate, a cash credit will be issued to the homeowner.

10. Degradation After One Year

Degradation after one year is covered by the manufacturer's warranty, details of which can be found on the product's data sheet. The data sheet will be provided upon request.

I acknowledge that I have read and understand this page. Initials: LCBW

WARRANTY

This document warrants that should a defect in workmanship, related to the work completed by Yellowball, occur within 10 years of the project, Yellowball will complete repairs within the original project's scope of work at no charge to the customer. This warranty does not cover normal wear and tear, hail damage, wind damage, sun damage, intentional or accidental damage by any person, or acts of God that may or may not merit an insurance claim. This warranty only applies to portions of the project in which Yellowball fully replaced any existing products, and does not cover repairs or service done to another contractor's work. Defects in the building materials used to complete work do not fall under the scope of this workmanship warranty; any building products installed will instead be covered by the product's original manufacturer warranty.

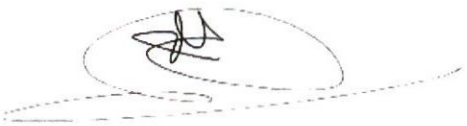
Customer

Project address

Date Project Completed

-

Thank you again for choosing Yellowball to complete work on your property. We trust you had a great customer experience!



Justice Graham - Owner of Yellowball

FY 25 Ambulance Write-Offs Approved

	Write-Offs	Billed	Collected
July	330,163.40	457,617.90	193,965.63
August	317,397.58	442,088.47	136,005.19
September	270,360.71	418,099.40	119,777.05
October	275,662.30	439,647.80	157,307.65
November	362,195.76	406,835.00	103,809.68
December	294,963.05	571,299.40	170,021.87
January	223,847.61	140,552.25	494,364.24
February	158,808.33	408,408.70	263,905.19
March	469,481.02	447,844.70	226,213.90
April	199,318.54	393,354.80	108,591.90
May	190,903.56	448,612.40	125,413.44
June			
Total YTD	3,093,101.86	4,574,360.82	2,099,375.74

PRESIDING OFFICER L B; Hall

Date 6-12-2025

Medicaid/Medicare

Billed	% Total Billed	Collected	% Medicaid Medicare Collected
328,268.80	0.72	115,815.00	0.352805
272,866.62	0.62	89,779.83	0.329025
276,468.48	0.66	62,708.59	0.22682
291,199.80	0.66	71,575.06	0.245794

BIG HORN COUNTY AMBULANCE
P O BOX 908

ACCOUNTING: (406) 665-9884 EMERGENCY (406) 665-9780

RECONCILIATION November 2024

BEGINNING BALANCE	$3 828 173 34				**$1,438,998.30**
					$1 415 366 78
					$1,229,462.84
Total Billed -					$4 083 816 12
Individuals		$49 125 80			
IHS Cross		$78 055 40			$4 068 009 92
IHS Jame Deer		$0 00			
Medicare/Medicaid		$279 421 80			
Add Charges		$252 00			
			$406,835.00		
Collections -					
Individuals		$7 245 99		$1 771 850 44	
IHS Cross		$24 990 82			
IHS Cross Sec.		$5 149 31			
IHS Jame Deer		$0 00		$2 847 54	
Medicare/Medicaid		$66 423 56			
			$103,809.68		
- WRITE-OFF Adjustments	-	$362 198 76 -			
End Rec. Balance	$3 769 002 90				

BIG HORN COUNTY AMBULANCE
P.O. BOX 908

ACCOUNTING (406) 665-9884 EMERGENCY (406) 665-9780

RECONCILIATION December 2024

BEGINNING BALANCE	$3,771,850.44			
Total Billed -				
Individuals		$225,511.38		
IHS Crow		$70,026.40		
IHS Lame Deer		$3,391.80		
Medicare/Medicaid		$272,369.82		
Add Charges		$0.00		
			$571,299.40	
Collections-				
Individuals		$41,976.55		$3,884,443.08
IHS Crow		$28,156.78		
IHS Crow Sec		$3,938.87		
IHS Lame Deer		$228.62		$6,278.14
Medicare/Medicaid		$95,721.05		
			$170,021.87	
- WRITE-OFF Adjustments	<	$294,963.05 >		
End Rec. Balance	$3,878,164.92			

BIG HORN COUNTY AMBULANCE
P.O. BOX 908

ACCOUNTING: (406) 665-9884 EMERGENCY: (406) 665-9780

RECONCILIATION January 2025

BEGINNING BALANCE	$3,884,443.06		
Total Billed -			
Individuals		$51,201.30	
IHS Crow		$87,678.00	
IHS lame Deer		$3,350.20	
Medicare/Medicaid		$353,160.40	
Add Charges		($1,025.66)	
			$494,364.24
Collections-			
Individuals		$37,239.66	
IHS Crow		$31,228.33	
IHS Crow Sec.		$4,390.12	
IHS Lame Deer		$7,243.52	
Medicare/Medicaid		$60,450.62	
			$140,552.25
– WRITE-OFF Adjustments	<	$223,847.61 >	
End Rec. Balance	$4,014,407.44		

Call Detail

All calls

Call No	Lg	Rk	Pat_No	Patient Account Name	Call Date	Current Payor	Charges	Credits	Balance
7H01012501	1	A	31106	-----	01/01/2025	Medicaid Montana	3324.80	3324.80	0.00
7H01012502	1	A	3678	-----	01/01/2025	Medicaid Montana	3417.20	3417.20	0.00
7H01012503	1	A	31747	-----	01/01/2025	Medicaid Montana	3299.40	3299.40	0.00
7H12312405	1	A	31106	-----	01/01/2025	Medicaid Montana	2703.40	0.00	2703.40
8H12312402	1	A	SYSNOPAT1	-----	01/01/2025	<None>	0.00	0.00	0.00
8H12312403	1	A	SYSNOPAT1	-----	01/01/2025	<None>	0.00	0.00	0.00
8H12312404	1	A	3678	-----	01/01/2025	Medicaid Montana	2830.40	0.00	2830.40
9H01012501	1	A	34523	-----	01/01/2025	Medicare	3324.80	3324.80	0.00
7H01012504	1	A	4368	-----	01/02/2025	Medicaid Montana	1956.20	1956.20	0.00
7H01022403	1	A	SYSNOPAT1	-----	01/02/2025	<None>	0.00	0.00	0.00
7H01022501	1	A	4368	-----	01/02/2025	Medicaid Montana	4317.20	0.00	4317.20
7H01022502	1	A	2617	-----	01/02/2025	GEHA United Health	3350.20	2818.20	532.00
7H01022503	1	A	6526	-----	01/02/2025	Medicaid Montana	1753.00	1753.00	0.00
7H01022505	1	A	14537	-----	01/02/2025	Crow Agency IHS	2246.20	0.00	2246.20
8H01022501	1	A	12130	-----	01/02/2025	Medicaid Montana	1406.60	1406.60	0.00
8H01022502	1	A	34526	-----	01/02/2025	<None>	0.00	0.00	0.00
8H01022503	1	A	33839	-----	01/02/2025	Aetna	2994.60	2994.60	0.00
8H01022504	1	A	1258	-----	01/02/2025	Medicaid Montana	3350.20	3350.20	0.00
7H01022506	1	A	6526	-----	01/03/2025	Medicaid Montana	2994.60	2994.60	0.00
7H01032501	1	A	34529	-----	01/03/2025	Crow Agency IHS	2879.80	0.00	2879.80
7H01032502	1	A	34531	-----	01/03/2025	<None>	0.00	0.00	0.00
7H01032503	1	A	SYSNOPAT1	-----	01/03/2025	<None>	0.00	0.00	0.00
7H01032505	1	A	218	-----	01/03/2025	Crow Agency IHS	3324.80	2659.84	664.96
8H01022505	1	A	11737	-----	01/03/2025	Crow Agency IHS	1355.80	0.00	1355.80
8H01022506	1	A	6762	-----	01/03/2025	Crow Agency IHS	3299.40	0.00	3299.40
8H01032501	1	A	34530	-----	01/03/2025	Humana WI Health H	1330.40	0.00	1330.40
8H01032502	1	A	4943	-----	01/03/2025	<None>	0.00	0.00	0.00
8H01032503	1	A	14741	-----	01/03/2025	Medicaid Montana	2195.40	2195.40	0.00
8H01032504	1	A	34534	-----	01/03/2025	Medicaid Montana	2195.40	0.00	2195.40
8H01032505	1	A	6869	-----	01/03/2025	Medicare	3299.40	0.00	3299.40
8H01032506	1	A	12781	-----	01/03/2025	Private Pay	2195.40	1880.40	315.00
7H01032504	1	A	4887	-----	01/04/2025	Private Pay	284.50	0.00	284.50
7H01032506	1	A	859	-----	01/04/2025	Medicaid Montana	1330.40	0.00	1330.40
7H01042501	1	A	24457	-----	01/04/2025	Medicaid Montana	1330.40	1330.40	0.00
7H01042502	1	A	2885	-----	01/04/2025	Medicare	3799.40	0.00	3799.40
8H01042501	1	A	14741	-----	01/04/2025	Medicaid Montana	1330.40	0.00	1330.40
8H01042502	1	A	6116	-----	01/04/2025	Medicaid Montana	1473.60	0.00	1473.60
8H01042503	1	A	6116	-----	01/04/2025	Medicaid Montana	3417.20	3417.20	0.00
7H01052501	1	A	13996	-----	01/05/2025	Private Pay	2195.40	1084.38	1111.02
7H01052502	1	A	12714	-----	01/05/2025	Medicaid Montana	2287.80	2287.80	0.00
7H01052503	1	A	21106	-----	01/05/2025	Crow Agency IHS	3442.60	0.00	3442.60
8H01052501	1	A	34599	-----	01/05/2025	Crow Agency IHS	1863.80	0.00	1863.80
8H01052502	1	A	3383	-----	01/05/2025	Crow Agency IHS	3299.40	0.00	3299.40
8H01052503	1	A	12714	-----	01/05/2025	Medicaid Montana	3936.20	0.00	3936.20
7H01062501	1	A	5930	-----	01/06/2025	Humana WI Health H	1330.40	1330.40	0.00
7H01062502	1	A	2775	-----	01/06/2025	United American	3391.80	3129.49	262.31
7H01062503	1	A	34605	-----	01/06/2025	<None>	0.00	0.00	0.00
7H01062504	1	A	4717	-----	01/06/2025	Medicaid Montana	3324.80	3324.80	0.00

BIG HORN COUNTY AMBULANCE
P.O. BOX 908

ACCOUNTING: (406) 665-9884 EMERGENCY: (406) 665-9780

RECONCILIATION February 2025 corrected

					$1,438,998.30
BEGINNING BALANCE	$4,014,407.44				$1,415,355.78
					$1,229,462.04
Total Billed:					$4,083,816.12
Individuals		$30,570.50			
IHS Crow		$47,662.20			$4,088,909.92
IHS lame Deer		$3,324.80			
Medicare/Medicaid		$326,851.20			
Add Charges		$0.00			
			$408,408.70		
Collections:					
Individuals		$206,504.86		$4,000,102.62	
IHS Crow		$0.00			
IHS Crow Sec.		$0.00			
IHS Lame Deer		$0.00		$0.00	
Medicare/Medicaid		$57,400.33			
			$263,905.19		
WRITE-OFF Adjustments	<	$158,808.33 >			
End Rec. Balance	$4,000,102.62				

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BIG HORN COUNTY AMBULANCE
P O BOX 908

ACCOUNTING (406) 665-9884 EMERGENCY (406) 665-9780

Reconciliation March 2025

BEGINNING BALANCE	$4,000,102.62			
Total Billed -				
Individuals		$44,968.20		
IHS Crow		$95,048.20		
IHS lame Deer		$17,547.00		
Medicare/Medicaid		$289,866.40		
Add Charges		$414.90		
			$447,844.70	
Collections-				
Individuals		$32,369.39		$3,749,458.20
IHS Crow		$23,363.41		
IHS Crow Sec		$1,976.16		
IHS Lame Deer		$7,463.52		-$2,794.20
Medicare/Medicaid		$161,041.42		
			$226,213.90	
- WRITE-OFF Adjustments	<	$469,481.02 >		
End Rec. Balance	$3,752,252.40			

Call Detail

All calls BK

Call No	Lg	Rk	Pat No	Patient Account Name	Call Date	Current Payor	Charges	Credits	Balance
7H02282506	1	A	10752	-----	03/01/2025	Crow Agency IHS	2092.40	0.00	2092.40
7H03012501	1	A	34996	-----	03/01/2025	Montana Medicaid	3135.20	0.00	3135.20
7H03012502	1	A	35027	-----	03/01/2025	Medicare part B	2943.80	0.00	2943.80
7H03012503	1	A	SYSNOPAT1	-----	03/01/2025	<None>	0.00	0.00	0.00
8H02282504	1	A	SYSNOPAT1	-----	03/01/2025	<None>	0.00	0.00	0.00
8H03012501	1	A	34995	-----	03/01/2025	<None>	0.00	0.00	0.00
8H03012502	1	A	13595	-----	03/01/2025	Montana Medicaid	2969.20	0.00	2969.20
8H03012503	1	A	SYSNOPAT1	-----	03/01/2025	<None>	0.00	0.00	0.00
8H03012504	1	A	34996	-----	03/01/2025	Montana Medicaid	2854.40	0.00	2854.40
8H03012505	1	A	16903	-----	03/01/2025	<None>	0.00	0.00	0.00
7H03012504	1	A	6620	-----	03/02/2025	Medicare part B	2474.80	0.00	2474.80
7H03022501	1	A	26263	-----	03/02/2025	Crow Agency IHS	2754.20	0.00	2754.20
7H03022502	1	A	24703	-----	03/02/2025	Crow Agency IHS	1406.60	0.00	1406.60
8H03022501	1	A	9090	-----	03/02/2025	Montana Medicaid	1381.20	0.00	1381.20
8H03022502	1	A	16903	-----	03/02/2025	Montana Medicaid	2283.40	0.00	2283.40
8H03022503	1	A	1629	-----	03/02/2025	Montana Medicaid	1422.80	0.00	1422.80
8H03022504	1	A	SYSNOPAT1	-----	03/02/2025	<None>	0.00	0.00	0.00
0803032502	1	A	9353	-----	03/03/2025	Crow Agency IHS	3299.40	0.00	3299.40
7H03022503	1	A	14093	-----	03/03/2025	Crow Agency IHS	1381.20	0.00	1381.20
7H03022504	1	A	10274	-----	03/03/2025	Montana Medicaid	1355.80	0.00	1355.80
7H03032501	1	A	23555	-----	03/03/2025	Crow Agency IHS	2854.40	0.00	2854.40
7H03032502	1	A	19646	-----	03/03/2025	Montana Medicaid	2854.40	0.00	2854.40
8H03022505	1	A	35110	-----	03/03/2025	Private Pay	414.90	414.90	0.00
8H03032502	1	A	15946	-----	03/03/2025	Crow Agency IHS	2373.20	2058.20	315.00
8H03032503	1	A	35042	-----	03/03/2025	Medicare UHC dual (	2616.60	0.00	2616.60
7H03032503	1	A	4345	-----	03/04/2025	Medicare part B	2946.80	0.00	2946.80
7H03042501	1	A	35049	-----	03/04/2025	RiskPoint Insurance /	1381.20	0.00	1381.20
7H03042502	1	A	SYSNOPAT1	-----	03/04/2025	<None>	0.00	0.00	0.00
7H03042503	1	A	15858	-----	03/04/2025	Medicare UHC dual (	2943.80	0.00	2943.80
8H03032504	1	A	35036	-----	03/04/2025	Crow Agency IHS	2524.20	0.00	2524.20
8H03042501	1	A	1621	-----	03/04/2025	<None>	0.00	0.00	0.00
8H03042502	1	A	10283	-----	03/04/2025	Montana Medicaid	1355.80	0.00	1355.80
8H03042503	1	A	9172	-----	03/04/2025	Medicare part B	3818.40	0.00	3818.40
7H03052501	1	A	14454	-----	03/05/2025	Montana Medicaid	2195.40	0.00	2195.40
7H03052502	1	A	5450	-----	03/05/2025	Montana Medicaid	4224.80	0.00	4224.80
8H03042504	1	A	35052	-----	03/05/2025	Crow Agency IHS	3299.40	2639.52	659.88
8H03052501	1	A	5242	-----	03/05/2025	Montana Medicaid	2728.80	0.00	2728.80
7H03062501	1	A	33229	-----	03/06/2025	BC/BS of Montana	2308.80	2308.80	0.00
7H03062502	1	A	35062	-----	03/06/2025	Crow Agency IHS	2854.40	0.00	2854.40
7H03062503	1	A	218	-----	03/06/2025	Allegiance Benefit Pl.	3299.40	3299.40	0.00
8H03052502	1	A	35059	-----	03/06/2025	Montana Medicaid	3299.40	0.00	3299.40
8H03062501	1	A	33988	-----	03/06/2025	Humana WI Health	1448.20	0.00	1448.20
8H03062502	1	A	31031	-----	03/06/2025	<None>	0.00	0.00	0.00
8H03062503	1	A	1621	-----	03/06/2025	<None>	0.00	0.00	0.00
8H03062504	1	A	14454	-----	03/06/2025	Montana Medicaid	1330.40	0.00	1330.40
8H03062505	1	A	35063	-----	03/06/2025	Montana Medicaid	3324.80	0.00	3324.80
5372	1	A	35067	-----	03/07/2025	Lame Deer IHS	3324.80	0.00	3324.80
5373	1	A	35069	-----	03/07/2025	<None>	0.00	0.00	0.00

BIG HORN COUNTY AMBULANCE
P.O. BOX 908

ACCOUNTING (406) 665-9884 EMERGENCY (406) 665-9780

Reconciliation April 2025

BEGINNING BALANCE	$3,752,252.40			
Total Billed -				
Individuals		$39,468.80		
IHS Crow		$58,936.00		
IHS lame Deer		$7,904.60		
Medicare/Medicaid		$287,045.40		
Add Charges		$0.00		
			$393,354.80	
Collections-				
Individuals		$29,651.61		$3,822,667.21
IHS Crow		$18,852.22		
IHS Crow Sec		$4,344.31		
IHS Lame Deer		$4,392.25		-$15,029.55
Medicare/Medicaid		$51,351.51		
			$108,591.90	
- WRITE-OFF	<	$199,318.54 >		
Adjustments				
End Rec. Balance	$3,837,696.76			

BIG HORN COUNTY AMBULANCE
P.O. BOX 908

ACCOUNTING: (406) 665-9884 EMERGENCY: (406) 665-9780

Reconciliation May 2025

BEGINNING BALANCE	$3,837,696.76			
Total Billed -				
Individuals		$15,296.80		
BHS Crow		$64,926.80		
BHS lame Deer		$0.00		
Medicare/Medicaid		$365,919.80		
Add Charges		$2,469.00		
			$448,612.40	
Collections -				
Individuals		$28,068.11		$3,955,206.43
BHS Crow		$15,558.72		
BHS Crow Sec		$11,530.36		
BHS Lame Deer		$0.00		-$14,785.73
Medicare/Medicaid		$70,256.25		
			$125,413.44	
- WRITE-OFF Adjustments	<	$190,903.56 >		
End Rec. Balance	$3,969,992.16			