INVOICE

A16-0029

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

400 R Street, Suite 359

Sacramento, CA 95811-6213

(916) 326-3243

FAX (916) 322-2527

June 1, 2016

OSHPD FY 2016/2017 Hospital / Long Term Care Special Assessment Bill

Due:

July 1, 2016

Delinquent:

July 31, 2016

ADMINISTRATOR CONTRA COSTA REGIONAL MEDICAL CTR **50 DOUGLAS DRIVE** MARTINEZ, CA 94533

Telephone: (925) 370-4222

OSHPD # 106070924

Make all remittance to: Office of Statewide Health Planning and Development Attention: Accounting Services 400 R Street, Suite 359

Sacramento, CA 95811-6213

2016-2017 SPECIAL FEE

Office Of Statewide Health Planning & Development (Per Section 12780, California Health and Safety Code)

2016-2017 Special Fee is Based on the Annual Disclosure Report for the report period 07/01/2014 thru 06/30/2015 as follows:

Total Operating Expenses as Reported	\$	506,071,962.00
Total Operating Expenses Adjusted to 12 Months	\$	506,071,962.00
Special Assessment Rate	x	0.00027
Special Fee	\$	136,639.00
Fees Paid to Date	\$.00
Failure to pay this amount by July 31, 2016 could result in withholding of your facility's license as provided by Health and Safety Code Section 127280 (i)(2)	\$	136,639.00
Visa MasterCard Discover/Novus Check and/or Money Order	American Ex	press

ACCOUNTING USE ONLY Hospital Assessment

CALSTARS FFY: 2016

Type: 1

Index: 0050

PCA: 80143

Source: 125600-21

Check and/or Money	Order	orth ag	
Account Number (Please prin	t clearly)		
Expiration Date (MM/YY)	Cardholder Name		
Cardholder Signature		Amount	
Billing Address			
City	State	Zip	
Phone Number:	()		

OSH-ACC 185 (REV.10/07) (SHIASH)

RETAIN THIS COPY