



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

**Ground Emergency Medical Transport (GEMT)
Quality Assurance Fee (QAF) – Quarterly Payment
Provider Invoice**

Provider Information:	Due Date: JULY 1, 2019
Name: CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT DHCS Account Number: GEM1316339609	Payment Details: Year: 2019 QTR: Q1 Invoice Number: GEM05192HD9 Amount Due: \$ 494,079.09

Fiscal Year	Reporting Structure	Account	App Ref	Service Location
2018-19	4260KB0B	4129200	980	80005
Activity	Program	Alt Account	Fund	Project
	9990		3323	

Emergency Transport Type:	Quantity:
Medi-Cal Fee-for-Service	826
Medi-Cal Managed Care	4340
Medicare	6443
Other	5228
Dual Medicare/Medi-Cal	2746
Amount Due	= Sum of Total Transports x QAF Rate (\$25.23)
	= \$ 494,079.09

Payment Instructions:

1. Please use the invoice number provided above to pay via Electronic Funds Transfer (<http://dhcs.ca.gov/epay>).

OR

2. Please submit this invoice and payment to:
Department of Health Care Services
Accounting Section/Cashiers Unit, MS1101
GEMT QAF
P.O. Box 997415
Sacramento, CA 95899-7415