



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: 11/1/2019
<b>Name:</b> CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT  <b>DHCS Account Number:</b> GEM1316339609	Payment Details:
	<b>Year:</b> 2019 <b>QTR:</b> Q2 <b>Invoice Number:</b> GEM11198154 <b>Amount Due:</b> \$ 518,401.95

Fiscal Year	Reporting Structure	Account	App Ref	Service Location
2019-20	4260KB0B	4129200	980	80005
Activity	Program	Alt Account	Fund	Project
	9990		3323	

Emergency Transport Type:	Quantity:
Medi-Cal Fee-for-Service	907
Medi-Cal Managed Care	4465
Medicare	6608
Other	5224
Dual Medicare/Medi-Cal	2681
<b>Amount Due</b>	<b>= Sum of Total Transports x QAF Rate ( \$26.07 )</b>
	<b>= \$ 518,401.95</b>

Payment Instructions:
<b>1. Please use the invoice number provided above to pay via Electronic Funds Transfer (<a href="http://dhcs.ca.gov/epay">http://dhcs.ca.gov/epay</a>).</b>
<b>OR</b>
<b>2. Please submit this invoice and payment to:</b> Department of Health Care Services Accounting Section/Cashiers Unit, MS1101 GEMT QAF P.O. Box 997415 Sacramento, CA 95899-7415