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ACTING 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: 4/1/2020
Name: CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT DHCS Account Number: GEM1316339609	Payment Details:
	Year: 2019 QTR: Q4 Invoice Number: GEM0420H528 Amount Due: \$ 521,008.95

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	779
Medi-Cal Managed Care	4443
Medicare	6851
Other	5387
Dual Medicare/Medi-Cal	2525
Amount Due	= Sum of Total Transports x QAF Rate (\$26.07)
	= \$ 521,008.95

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