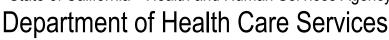


State of California—Health and Human Services Agency





GAVIN NEWSOM GOVERNOR

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

Provider Information:

Name:

CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

DHCS Account Number:

GEM1316339609

4/1/2020 Due Date:

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:

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