



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



WILL LIGHTBOURNE  
 DIRECTOR

GAVIN NEWSOM  
 GOVERNOR

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

<b>Provider Information:</b>	<b>Due Date:</b> 1/1/2021
<b>Name:</b> CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT  <b>DHCS Account Number:</b> GEM1316339609	<b>Payment Details:</b>
	<b>Year:</b> 2020 <b>QTR:</b> Q1  <b>Invoice Number:</b> GEM0121ZT6V  <b>Amount Due:</b> \$ 624,197.50

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	714
Medi-Cal Managed Care	4357
Medicare	6385
Other	2515
Dual Medicare/Medi-Cal	5354
<b>Amount Due</b>	<b>= Sum of Total Transports x QAF Rate (\$32.30)</b>
	<b>= \$ 624,197.50</b>

Payment Instructions:
<p>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>).</p> <p>OR</p> <p>2. Please submit this invoice and payment to:                      ATTN: GEMT QAF                      Accounting Section/Cashiers Unit, Mail Stop 1101                      1501 Capitol Avenue                      P.O. Box 997415                      Sacramento, CA 95899-7415</p>