



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**

Provider Information:	Due Date: 2/1/2021
Name: CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT DHCS Account Number: GEM1316339609	Payment Details:
	Year: 2020 QTR: Q2 Invoice Number: GEM0221508B Amount Due: \$ 502,620.30

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	592
Medi-Cal Managed Care	3326
Medicare	5055
Other	1783
Dual Medicare/Medi-Cal	4805
Amount Due	= Sum of Total Transports x QAF Rate (\$32.30)
	= \$ 502,620.30

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: ATTN: GEMT QAF Accounting Section/Cashiers Unit, Mail Stop 1101 1501 Capitol Avenue P.O. Box 997415 Sacramento, CA 95899-7415</p>