



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



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 DIRECTOR

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 GOVERNOR

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

Provider Information:	Due Date: 4/1/2023
Name: CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT DHCS Account Number: GEM1316339609	Payment Details:
	Year: 2022 QTR: Q3 Invoice Number: GEM0423MID8 Amount Due: \$ 671,860.98

Fiscal Year	Reporting Structure	Account	App Ref	Service Location
2021-22	4260KB0B	4129200	980	80005
Activity	Program	Alt Account	Fund	Project
	9990		3323	

Emergency Transport Type:	Quantity:
Medi-Cal Fee-for-Service	670
Medi-Cal Managed Care	4480
Medicare	7259
Other	5306
Dual Medicare/Medi-Cal	2034
Amount Due	= Sum of Total Transports x QAF Rate (\$34.02)
	= \$ 671,860.98

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>