



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**

<b>Provider Information:</b>	<b>Due Date:</b> 5/1/2023
<b>Name:</b> CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT  <b>DHCS Account Number:</b> GEM1316339609	<b>Payment Details:</b>
	<b>Year:</b> 2022 <b>QTR:</b> Q4  <b>Invoice Number:</b> GEM05239MET  <b>Amount Due:</b> \$ 547,585.92

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	552
Medi-Cal Managed Care	3662
Medicare	5621
Other	4729
Dual Medicare/Medi-Cal	1532
<b>Amount Due</b>	<b>= Sum of Total Transports x QAF Rate (\$34.02)</b>
	<b>= \$ 547,585.92</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>