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

JENNIFER KENT
DIRECTOR

GAVIN NEWSOM
GOVERNOR

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

Provider Information:
Name:
CITY OF RIALTO FIRE
DEPT./AMBULANCE SERVICES
DHCS Account Number:
GEM1295734754

Due Date:	

Payment Details:
Year: 2018   **QTR:** Q2
Invoice Number: GEM08180L27
Amount Due: $ 32,218.71

Fiscal Year	Reporting Structure	Account	App Ref	Service Location
2018-19	4260KB0B	4129200	980	80005
Activity	Program	Alt Account	Fund	Project
	9990		3323	

Emergency Transport Type:	**Quantity:**
Medi-Cal Fee-for-Service	92
Medi-Cal Managed Care	400
Medicare	316
Other	280
Dual Medicare/Medi-Cal	189
Amount Due	**= Sum of Total Transports x QAF Rate (** $25.23 **)**
	= $ 32,218.71

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