Skilled Nursing Facility Quality Assurance Fee – (FY06)
Payment Invoice For November 1, 2006 To November 30, 2006

California Department of Health Services
Accounting Section/Cashiers Unit
Mail Stop 1101
1501 Capitol Ave., Suite 71.2048
P.O. Box 997415
Sacramento, CA 95899-7415

Provider Number:
Due Date: **2006/12/31**
Total Remitted**: $** 0.00

Facility Name:

Address: ______________________________

City, State, ZIP:

Provider No.	Index	Object Detail	Agency Object	BLK	Source	Agency Source	PCA	FFY	Fund
XXXXXXXXX2006	5365	000	00	H	125600	31	85214	**A06**	0001

Total Resident Days 0 ______________ Multiply by 7.79 = Total Amount Due 0.00 __________________________

Original Signature ____________________________Date ________ Contact Phone no.

(Please remit the total amount along with this payment Invoice by December 31, 2006 to the address above)

Cut Here-- -

Payment Invoice Instructions

Provider Number – Enter your facility's Medi-Cal provider number.

Facility Name, Address, City, State, Zip - Enter your facility's Name, Address, City, State and Zip code

Total Resident Days - Enter the *Facility's Total Resident Days* for the *Month* that is listed on the Payment Invoice. This includes but is not limited to Medi-Cal Fee-for-Service, Medi-Cal Managed Care, Medicare, Health Maintenance Organization, Non-Medi-Cal (private pay), Other Insurance, Charity and Hospice.

Total Amount Due - Multiply the Total Resident Days by $7.79 and enter that amount in the Total Amount Due.

Total Remitted - Enter the amount of the check or money you are sending in (this amount should be the same amount as Total Amount Due.

Original Signature - Sign here in ink.

Date - Enter the date you completed this form

Contact Phone No. - Enter your area code and daytime phone number.

Submit this completed payment invoice along with the Total Amount Due to the address above. All checks or money orders must be made out to Department of Health Services. Please include the Medi-Cal provider number on the check or money order to expedite the payment process. Payments are due by the date indicated in the Due Date above. Failure to make the complete payment on time may result in penalties and/or a delay in the facility's license renewal.