

SUBSTANCE ABUSE PREVENTION AND CONTROL				
Remittance Advice				
FY 2018/2019				
Recovery Clinic, Inc.				
EOB Number	Contract Number	Amount Approved	EOB Received	Note
4365	PH0000	\$0.00	2/25/2019	
4367	PH0000	858.39	2/25/2019	
Total		\$858.39		

Total Approved Amount **\$858.39**
 FY16/17 Preliminary Cost Settlement (200.00)
 Check # : 22222 Check Amount : \$658.39

Contact Information:
 Staff Name : (626) 299-XXXX staffname@ph.lacounty.gov

SUBSTANCE ABUSE PREVENTION AND CONTROL				
Remittance Advice				
FY 2018/2019				
Recovery Clinic, Inc.				
EOB Number	Contract Number	Amount Approved	EOB Received	Note
5165	PH0000	\$1,311.36	3/11/2019	
5166	PH0000	(109.28)	3/11/2019	Contractor Void
Total		\$1,202.08		

Total Approved Amount **\$1,202.08**
 Check # : 22345 Check Amount : \$1,202.08

Contact Information:
 Staff Name : (626) 299-XXXX staffname@ph.lacounty.gov

