

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

ALAMEDA COUNTY TREASURER  
1221 OAK ST

OAKLAND CA 94612

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 3,647,340.00

**Gross Claim \$3,647,340.00**

**Net Claim / Payment Amount \$3,647,340.00**

**YTD Amount: \$39,884,321.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 22,346.00

**Gross Claim** **\$22,346.00**

**Net Claim / Payment Amount** **\$22,346.00**

**YTD Amount:** **\$40,287.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

AMADOR COUNTY TREASURER  
810 COURT ST

JACKSON CA 95642

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 268,862.00

**Gross Claim \$268,862.00**

**Net Claim / Payment Amount \$268,862.00**

**YTD Amount: \$333,421.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 04/01/2011      **To** 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 602,899.00

**Gross Claim** **\$602,899.00**

**Net Claim / Payment Amount** **\$602,899.00**

**YTD Amount:** **\$7,227,181.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

CALAVERAS COUNTY TREASURER  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 81,093.00

**Gross Claim \$81,093.00**

**Net Claim / Payment Amount \$81,093.00**

**YTD Amount: \$303,926.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

COLUSA COUNTY TREASURER  
546 JAY ST

COLUSA CA 95932

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$712,344.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

CONTRA COSTA COUNTY TREASURER  
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 4,344,851.00

**Gross Claim** **\$4,344,851.00**

**Net Claim / Payment Amount** **\$4,344,851.00**

**YTD Amount:** **\$18,346,780.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

DEL NORTE COUNTY TREASURER  
981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 73,734.00

**Gross Claim** **\$73,734.00**

**Net Claim / Payment Amount** **\$73,734.00**

**YTD Amount:** **\$792,828.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$1,708,960.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$11,247,491.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

GLENN COUNTY TREASURER  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$411,490.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

HUMBOLDT COUNTY TREASURER  
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 681,862.00

**Gross Claim** **\$681,862.00**

**Net Claim / Payment Amount** **\$681,862.00**

**YTD Amount:** **\$3,290,375.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

IMPERIAL COUNTY TREASURER  
940 WEST MAIN ST

EL CENTRO CA 92243 2863

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 53,426.00

**Gross Claim \$53,426.00**

**Net Claim / Payment Amount \$53,426.00**

**YTD Amount: \$3,690,132.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

INYO COUNTY TREASURER  
PO BOX 0

INDEPENDENCE CA 93526

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

**Payment Calculations:**

2011-12 EPSDT Final distribution 58,522.00

**Gross Claim \$58,522.00**

**Net Claim / Payment Amount \$58,522.00**

**YTD Amount: \$269,171.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$9,339,696.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

KINGS COUNTY TREASURER  
PO BOX 1406

SACRAMENTO CA 95812 1406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 94,181.00

**Gross Claim \$94,181.00**

**Net Claim / Payment Amount \$94,181.00**

**YTD Amount: \$662,481.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 87,190.00

**Gross Claim \$87,190.00**

**Net Claim / Payment Amount \$87,190.00**

**YTD Amount: \$648,195.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 95,145.00

**Gross Claim \$95,145.00**

**Net Claim / Payment Amount \$95,145.00**

**YTD Amount: \$617,824.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

LOS ANGELES COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 13,716,923.00

**Gross Claim** **\$13,716,923.00**

**Net Claim / Payment Amount** **\$13,716,923.00**

**YTD Amount:** **\$253,423,752.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 04/01/2011 **To** 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 24,982.00

**Gross Claim** **\$24,982.00**

**Net Claim / Payment Amount** **\$24,982.00**

**YTD Amount:** **\$949,647.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL

CA 94913

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 04/01/2011 **To** 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim** **\$0.00**

**Net Claim / Payment Amount** **\$0.00**

**YTD Amount:** **\$1,551,364.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

MARIPOSA COUNTY TREASURER  
PO BOX 36

MARIPOSA CA 95338

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$456,676.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 04/01/2011 **To** 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim** **\$0.00**

**Net Claim / Payment Amount** **\$0.00**

**YTD Amount:** **\$5,378,102.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

MERCED COUNTY TREASURER  
PO BOX 981311

WEST SACRAMENTO CA 95798 1311

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$1,893,145.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

MODOC COUNTY TREASURER  
204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 4,087.00

**Gross Claim** **\$4,087.00**

**Net Claim / Payment Amount** **\$4,087.00**

**YTD Amount:** **\$55,145.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

MONO COUNTY TREASURER  
PO BOX 495

BRIDGEPORT CA 93517

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$31,412.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

MONTEREY COUNTY TREASURER  
PO BOX 1406

SACRAMENTO CA 95812 1406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 87,379.00

**Gross Claim \$87,379.00**

**Net Claim / Payment Amount \$87,379.00**

**YTD Amount: \$5,926,174.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**NAPA COUNTY TREASURER**  
1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 04/01/2011 **To** 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim** **\$0.00**

**Net Claim / Payment Amount** **\$0.00**

**YTD Amount:** **\$1,987,372.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

NEVADA COUNTY TREASURER  
PO BOX 128

NEVADA CITY CA 95959

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$2,361,543.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

ORANGE COUNTY TREASURER  
PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$16,952,192.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**PLACER COUNTY TREASURER**

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 04/01/2011 **To** 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 179,015.00

**Gross Claim** **\$179,015.00**

**Net Claim / Payment Amount** **\$179,015.00**

**YTD Amount:** **\$1,680,224.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

PLUMAS COUNTY TREASURER  
PO BOX 176

QUINCY CA 95971

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 56,756.00

**Gross Claim \$56,756.00**

**Net Claim / Payment Amount \$56,756.00**

**YTD Amount: \$328,821.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 04/01/2011 **To** 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim** **\$0.00**

**Net Claim / Payment Amount** **\$0.00**

**YTD Amount:** **\$13,243,528.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SACRAMENTO COUNTY TREASURER  
PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$25,465,477.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**SAN BENITO COUNTY TREASURER**  
COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA 95023

Financial Activity

**Additional Description:**  
Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 26,275.00

<b>Gross Claim</b>	<b>\$26,275.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$26,275.00</b>
<b>YTD Amount:</b>	<b>\$396,575.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SAN BERNARDINO CO TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 1,284,387.00

**Gross Claim** **\$1,284,387.00**

**Net Claim / Payment Amount** **\$1,284,387.00**

**YTD Amount:** **\$17,908,691.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SAN DIEGO COUNTY TREASURER  
PO BOX 980304

WEST SACRAMENTO CA 95798 0304

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 1,743,482.00

**Gross Claim \$1,743,482.00**

**Net Claim / Payment Amount \$1,743,482.00**

**YTD Amount: \$24,950,240.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 04/01/2011 **To** 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 26,354.00

**Gross Claim** **\$26,354.00**

**Net Claim / Payment Amount** **\$26,354.00**

**YTD Amount:** **\$11,448,818.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SAN JOAQUIN COUNTY TREASURER  
PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$3,676,722.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SAN LUIS OBISPO COUNTY TREASURER  
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$5,333,620.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**SAN MATEO COUNTY TREASURER**  
C/O UNION BANK ST GOVT DEPT  
PO BOX 4035  
Sacramento CA 95812

Financial Activity

**Additional Description:**  
Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 247,600.00

**Gross Claim \$247,600.00**

**Net Claim / Payment Amount \$247,600.00**

**YTD Amount: \$3,431,969.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SANTA BARBARA COUNTY TREASURER  
PO BOX 579

SANTA BARBARA CA 93102

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$5,857,881.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SANTA CLARA CO TREASURER  
PO BOX 1406

SACRAMENTO CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 1,709,003.00

**Gross Claim** **\$1,709,003.00**

**Net Claim / Payment Amount** **\$1,709,003.00**

**YTD Amount:** **\$24,466,486.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SANTA CRUZ COUNTY TREASURER  
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 1,005,697.00

**Gross Claim \$1,005,697.00**

**Net Claim / Payment Amount \$1,005,697.00**

**YTD Amount: \$6,384,243.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 396,847.00

**Gross Claim** **\$396,847.00**

**Net Claim / Payment Amount** **\$396,847.00**

**YTD Amount:** **\$2,872,877.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SISKIYOU COUNTY TREASURER  
311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$987,200.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SOLANO COUNTY T TC  
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 122,527.00

**Gross Claim** **\$122,527.00**

**Net Claim / Payment Amount** **\$122,527.00**

**YTD Amount:** **\$4,829,249.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SONOMA COUNTY TREASURER  
PO BOX 1204

SACRAMENTO CA 95812 1204

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 462,152.00

**Gross Claim \$462,152.00**

**Net Claim / Payment Amount \$462,152.00**

**YTD Amount: \$4,208,978.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

STANISLAUS COUNTY TREASURER  
PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$5,837,825.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$3,057,312.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

TEHAMA COUNTY TREASURER  
PO BOX 1150

RED BLUFF CA 96080

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$890,860.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

TRINITY CO TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 13,359.00

**Gross Claim \$13,359.00**

**Net Claim / Payment Amount \$13,359.00**

**YTD Amount: \$359,504.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

TULARE COUNTY TREASURER  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 2,026,223.00

**Gross Claim \$2,026,223.00**

**Net Claim / Payment Amount \$2,026,223.00**

**YTD Amount: \$10,139,793.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

TUOLUMNE COUNTY TREASURER  
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$301,113.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

7/17/2013

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK  
PO BOX 980307  
WEST SACRAMENTO CA 95798 0307

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 1,736,501.00

**Gross Claim \$1,736,501.00**

**Net Claim / Payment Amount \$1,736,501.00**

**YTD Amount: \$8,942,002.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100526A  
PAYMENT ISSUE DATE: 07/26/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2011 To 06/30/2011

Payment Calculations:

2011-12 EPSDT Final distribution 0.00

**Gross Claim \$0.00**

**Net Claim / Payment Amount \$0.00**

**YTD Amount: \$1,485,865.00**