



County of Los Angeles
Deposit Permit

Depositing Organization: HO

Deposit Unit No: 28301

Preparation Date: 11/02/13

Deposit Permit: HO14000004954

Total: 484.50

Line No.	Fund	BSA	BS	Grp	Dept	Unit	Obj	Cat	Obj	Rev	Loc	Sub Loc	Act	Sub	Obj	Dept Rev	Func	Sub Func	Dollars
1	MN3				HO	28301				9423			H099			9423	F140		395.00

Comment: HIGH DESERT HEALTH SYSTEM DEPOSIT DATE 11/05/13

2	MN3				HO	28301				9671			H099			9671	F140		9.50
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Comment: HIGH DESERT HEALTH SYSTEM DEPOSIT DATE 11/05/13

3	MN3				HO	28301				9971			H099			9971	F140		80.00
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Comment: HIGH DESERT HEALTH SYSTEM DEPOSIT DATE 11/05/13

Distribution of Total

Cash	484.50
Check	0.00
Pre Deposit	0.00
Payment Type	ACS
Red Deposit	0.00
Adjustment	0.00

Contact Information

Name	Robinson Cynthia
Phone No.	(661) 945-8388
Fax	
Email	crobinson@dhs.lacounty.gov

Treasurer & Tax Collector Validation
 HO14000004954



County of Los Angeles
Deposit Permit

Depositing Organization: HO

Deposit Unit No: 28301

Preparation Date: 11/02/13

Deposit Permit: HO14000004955

Line No.	Fund	BSA	BS	Grp	Dept	Unit	Obj	Cat	Rev	Loc	Sub Loc	Act	Dept Obj	Dept Rev	Func	Sub Func	Proj	Dollars
1	MN3				HO	28301			9423			HO99	9423	9423	F140			80.00

Total: 1,065.72

Comment: HIGH DESERT HEALTH SYSTEM DEPOSIT DATE 11/05/13

2	MN3				HO	28301			9671			HO99	9671	9671	F140			205.00
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Comment: HIGH DESERT HEALTH SYSTEM DEPOSIT DATE 11/05/13

3	MN3				HO	28301			9971			HO99	9971	9971	F140			444.00
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Comment: HIGH DESERT HEALTH SYSTEM DEPOSIT DATE 11/05/13

4	MN3				HO	28301			9679			HO99	9679	9679	F140			336.72
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Comment: HIGH DESERT HEALTH SYSTEM DEPOSIT DATE 11/05/13

Distribution of Total

Cash	0.00
Check	1,065.72
Pre Deposit	0.00
Payment Type	ACS
Red Deposit	0.00
Adjustment	0.00

Contact Information

Name	Robinson Cynthia
Phone No.	(661) 945-8388
Fax	
Email	crobinson@dhs.lacounty.gov

Treasurer & Tax Collector Validation



HO14000004955

(YELLOW FORM)

⑈4444⑈4444⑈ ⑈499934⑈

(PINK FORM)

Treasurer's Deposit Sub Stub

Assigned Batch #

499934

Client 18 – Encode & Endorse ONLY

High Desert Health System

64

Miscellaneous Dept. Name

Dept. #

\$1,065.72

CHECK AMOUNT(S)

RECEIVE DATE

NOV 05 2013

PROCESS DATE

PREPARED BY:

⑈5555⑈5555⑈

HIGH DESERT HEALTH SYSTEM

Deposit Date: NOV 05 2013

<u>O/P Dollar Amount</u>	<u>9423</u>	<u>9971</u>
U/F Collection/Prepayment	<u>240.00</u>	<u>160.00</u>
Self-Pay Collections Paid in Full		
Payment On Account	<u>235.-</u>	<u>364.00</u>
ORSA Liability or M/Cal Soc		
Medicare Deductibles		
Payments for Deductibles		
Co-Insurance Amounts		
Total O/P Amount	<u>475.00</u>	<u>524.00</u>

Up/Front Number Of Visits:

\$60		\$60
\$65		\$65
\$80	<u>13 = 240.00</u>	<u>12 = 160</u>
\$400		
\$500		

Instructions:

All deposit dates must have this completed, therefore, when you receive a self-pay payment please identify whether it is I/P or O/P along with what of the above scenarios it falls under.

DATE:		11/05/13		RECEIPT SEQUENCE LOG	
		HIGH DESERT HOSPITAL		ANTELOPE VALLEY H.C.	
Codes:	Receipt No.'s	Codes:		Codes:	Receipt No.'s
		9671	157766,157769-70,157768,15772,15775-79	ODD (9423)	501136
8631				ODD (9971)	
8814				(9423) \$60	
9419				P/N \$60	
9423 & 9971					
ODD 9423	501021,157767			(9423) \$60	501142
ODD 9971	157765,157773,157780			(9971)	
				P/N \$60	
				U/F \$60	
9423 \$80	157771,157781,501022			9671	501138-41,501143
		9703		9419	
				VOIDs	
		9679	157774	SOUTH VALLEY HEALTH CENTER	
				9423 & 9971	
				ODD (9423)	226340
		9731		ODD (9971)	226342-44
9423 \$60					
		9738			
		9979		(9423) \$80	226341,226347-49,226346,226351-55,226357
				(9971) \$80	226356
9971					
\$80	157784,157764	9768		(9423) \$60	226345,226350
		9814			
\$65				(9971) \$60	
\$50		9823		\$65	
		9972		9972	
				9419	
\$60		9978		8631	
		VOIDS		9731	
				9738	
\$55				9753	
		MISC VD		9671	501146-48
		RETURNED CHECK ENVELOPE		9679	
Surg					
\$500					
		9423		VOIDS	
\$200					
9427		9660		LITTLEROCK COMMUNITY CLINIC	
9433				9971 \$60	
9435		9738		9423 \$60	
9438				ODD 9423	
9660				ODD 9971	
				9671	
				LAKE LOS ANGELES COMMUNITY CLIN	
				ODD 9423	
				ODD 9971	
				(9971) \$60	
				(9423) \$60	
				9419	
				9671	501144-45
				VOID	

ATTACH
HERE

MAIL RECEIPT
ISD MAIL SERVICES DIVISION

DATE October 5 20 13

DELIVER TO:

T. T. C.

DEPARTMENT:

ADDRESS:

500 W. Temple St. Rm. 114

ATTENTION:

Hall of Admixal.

REMARKS:

SENT BY:

H. D. H. S.

DEPARTMENT:

ADDRESS:

44900 N. 60th St. West Lancaster

ENV BOX PKG POUCH (LOCKED) POUCH (UNLOCKED) OTHER _____

ISD USE ONLY

PICKUP _____

DATE: _____

SECURITY _____

DATE: _____

DELIVERY _____

DATE: _____

6674457



RECEIVED BY _____

PRINT FULL NAME

DATE

76M290 2-90

