

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

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](mailto:staffname@ph.lacounty.gov)

SUBSTANCE ABUSE PREVENTION AND CONTROL				
Remittance Advice				
FY 2018/2019				
Recovery Clinic, Inc.				
EOB Number	Contrat Number	Amount Approved	EOB Received	Note
5165	PH0000	\$1,420.64	3/11/2019	
5166	PH0000	(109.28)	3/11/2019	Contractor Void
<b>Total</b>		<b>\$1,311.36</b>		

Total Approved Amount **\$1,311.36**  
 Check # : 22345 Check Amount : \$1,311.36

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