

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FEE-FOR-SERVICE MONTHLY PAYMENT SCHEDULE
 FISCAL YEAR 2015-16

MONTH OF PAYMENT	SERVICE FISCAL YEAR	EDI CLAIMS SUBMITTED BY	DDE CLAIMS SUBMITTED BY	ANTICIPATED WARRANT ISSUE DATE
July '15	2015-16	6/25/2015	6/25/2015	7/9/2015
August	2015-16	7/30/2015	7/30/2015	8/12/2015
September	2015-16	8/27/2015	8/27/2015	9/10/2015
October	2015-16	9/24/2015	9/24/2015	10/7/2015
November	2015-16	10/29/2015	10/29/2015	11/12/2015
December	2015-16	11/26/2015	11/26/2015	12/9/2015
January '16	2015-16	12/31/2015	12/31/2015	1/13/2016
February	2015-16	1/28/2016	1/28/2016	2/10/2016
March	2015-16	2/25/2016	2/25/2016	3/9/2016
April	2015-16	3/31/2016	3/31/2016	4/13/2016
May	2015-16	4/28/2016	4/28/2016	5/11/2016
June	2015-16	5/26/2016	5/26/2016	6/8/2016
July	2016-17	6/30/2016	6/30/2016	7/13/2016
August	2016-17	7/28/2016	7/28/2016	8/10/2016

7/22/2015

Copy of 15 16 FFS2 Payment Schedule