2019

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: JANUARY 7, 2019
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: DECEMBER 31, 2018
ARE HEREBY APPROVED IN ACCORDANCE WITH LOCAL GOVERNMENT CODE 113.064 BY THE COUNTY AUDITOR AND ARE SUBMITTED TO COMMISSIONER'S COURT FOR FINAL APPROVAL.
TOTAL DISBURSEMENTS: $12,145.89

Healthcare Foundation Disbursements For 1/7/19 Court

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
BARNETT, JERRY	484931	12/31/2018	$200.00		OPER-CONSULTANTS	2108-60001-9075-72-30-0000-626401-	GT065M
		Total for Check #484931	$200.00				
	Total For Vendor BARNETT, JERRY		$200.00				
BLUMBERG, WENDY L	485093	12/31/2018	$112.50		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT258E
			$225.00		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT258E
			$93.75		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT258E
			$187.50		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT258E
			$37.50		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT258E
		Total for Check #485093	$656.25				
	Total For Vendor BLUMBERG, WENDY L		$656.25				
CAVALLO ENERGY TEXAS	485101	12/31/2018	$148.25		UTILITY-ELECTRIC SERVICE	1040-40010-8000-56-30-0000-648002-	BUB10001
		Total for Check #485101	$148.25				
	485102	12/31/2018	$151.99		UTILITY-ELECTRIC SERVICE	1040-40010-8000-56-30-0000-648002-	BUB10001
		Total for Check #485102	$151.99				
	485104	12/31/2018	$248.29		UTILITY-ELECTRIC SERVICE	1040-40010-8000-56-30-0000-648002-	BUB10001
		Total for Check #485104	$248.29				
	Total For Vendor CAVALLO ENERGY TX		$548.53				
EMOCHA MOBILE HEALTH	485097	12/31/2018	$2,475.00		ADMIN-DUES & SUBSCRIPTIONS	1040-60001-0001-72-30-0000-615510-	
		Total for Check #485097	$2,475.00				
	Total For Vendor EMOCHA MOBILE HEALTH		$2,475.00				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
GRAHAM PEST CONTROL INC	485121	12/31/2018		$51.49		MAINT-EXTERMINATION SERVICES	1040-40010-8000-56-30-0000-637403-	FMB10001
				$51.49		MAINT-EXTERMINATION SERVICES	1040-40010-8000-56-30-0000-637403-	FMB10001
				$44.69		MAINT-EXTERMINATION SERVICES	1040-40010-8040-56-30-0000-637403-	FMB20001
				$44.69		MAINT-EXTERMINATION SERVICES	1040-40010-8040-56-30-0000-637403-	FMB20001
		Total for Check #485121		$192.36				
	Total For Vendor GRAHAM PEST CONTROL			$192.36				
HEALTH IMAGING PARTNERS	484986	12/31/2018		$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$24.14		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$22.99	MEDICAL SERVICES FOR HEALTHCARE	OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$207.43		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #484986		$382.33				
	Total For Vendor HEALTH IMAGING			$382.33				
JOHNSON, TORRES	485125	12/31/2018		$123.00	COLLEGE STTN IMM PROG RES ENTI	TRN/TVL-EDUCATION & CONFERENCE	1040-60001-0001-72-20-0000-604910-	
		Total for Check #485125		$123.00				
	Total For Vendor JOHNSON, TORRES			$123.00				
	484912	12/31/2018		$49.30		UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #484912		$49.30				

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
MCKINNEY UTILITY CITY OF	484914	12/31/2018	$54.75		UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #484914	$54.75				
	Total For Vendor MCKINNEY UTILITY CITY OF		$104.05				
MOORE MEDICAL LLC	485028	12/31/2018	$99.80		OPER-STD CLINIC	1040-60001-0001-72-30-0000-626574-	
			$335.82		OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065M
		Total for Check #485028	$435.62				
	Total For Vendor MOORE MEDICAL LLC		$435.62				
NETSYNC NETWORK SOLUTIONS	485036	12/31/2018	$912.75		ONE-TIME BUDGET NON-CAP	1040-60001-0001-72-30-0000-668704-	
		Total for Check #485036	$912.75				
	Total For Vendor NETSYNC NETWORK		$912.75				
OFFICE DEPOT	484864	12/31/2018	$583.75		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
			$4.49		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
			$37.79		ADMIN-OFFICE SUPPLIES	2108-60001-9075-72-30-0000-615101-	GT065M
			$135.90		ADMIN-OFFICE SUPPLIES	2108-60001-9075-72-30-0000-615101-	GT065M
		Total for Check #484864	$761.93				
	Total For Vendor OFFICE DEPOT		$761.93				
OUTDOOR HOME SERVICES HOLDINGS LLC	484976	12/31/2018	$65.00		MAINT-LAWN CHEMICAL CONTRACT	1040-40010-8000-56-30-0000-637543-	FMB10001
		Total for Check #484976	$65.00				
	Total For Vendor OUTDOOR HOME		$65.00				
OXFORD IMMUNOTEC INC	484989	12/31/2018	$288.00		OPER-LAB SERVICES	2108-60001-9075-72-30-0000-626423-	GT065M
		Total for Check #484989	$288.00				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
	Total For Vendor OXFORD IMMUNOTEC INC			**$288.00**				
PRICE, FIONA N	485058	12/31/2018		$123.00	COLLEGE STTN,TX IMM PROG RES E	TRN/TVL-EDUCATION & CONFERENCE	1040-60001-0001-72-20-0000-604910-	
		Total for Check #485058		**$123.00**				
	Total For Vendor PRICE, FIONA N			**$123.00**				
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
PRIMAMED PHYSICIANS ASSOCIATION	484950	12/31/2018		$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
			$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
		Total for Check #484950	**$4,095.00**				
	Total For Vendor PRIMAMED PHYSICIANS		**$4,095.00**				
RC EYE ASSOCIATES	**484904**	**12/31/2018**	$132.01	MEDICAL SERVICES FOR HEALTHCARE	OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #484904	**$132.01**				
	Total For Vendor RC EYE ASSOCIATES		**$132.01**				
SEPEDA, NORMA JANETTE	**485031**	**12/31/2018**	$147.70	MILES REIMBURSEMENT #2012	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60060-9064-72-20-0000-604901-	GT258C
		Total for Check #485031	**$147.70**				
	Total For Vendor SEPEDA, NORMA JANETTE		**$147.70**				
STERICYCLE INC	**484889**	**12/31/2018**	$503.36		MAINT-WASTE TRAP MAINTENANCE	1040-60001-0001-72-30-0000-637551-	
		Total for Check #484889	**$503.36**				
	Total For Vendor STERICYCLE INC		**$503.36**				
GRAND TOTAL			**$12,145.89**			**NUMBER OF CHECKS - 21** **NUMBER OF TRANSACTIONS - 77**	