2020

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: DECEMBER 9, 2019
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: DECEMBER 3, 2019
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: $17,079.88

Healthcare Foundation Disbursements For 12/9/19 Court

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
ALLEN ANESTHESIA ASSOCIATES	498594	11/26/2019		$249.69	MEDICAL SERVICES FOR HEALTHCARE	OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
				$249.69		OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
		Total for Check #498594		**$499.38**				
	Total For Vendor ALLEN ANESTHESIA			**$499.38**				
ALLIED WASTE SYSTEMS	498891	12/03/2019		$465.03		UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
		Total for Check #498891		**$465.03**				
	Total For Vendor ALLIED WASTE SYSTEMS			**$465.03**				
AMAZON BUSINESS	498941	12/03/2019		$62.93		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$26.25		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$415.86		ONE-TIME BUDGET NON-CAP	1040-60001-0001-72-30-0000-668704-	
				$135.38		OPER-MEDICAL SUPPLIES	2108-60060-9064-72-30-0000-626117-	GT274D
		Total for Check #498941		**$640.42**				
	Total For Vendor AMAZON BUSINESS			**$640.42**				
ATMOS ENERGY	498585	11/26/2019		$64.41	825 N MCDONALD ST STE A	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #498585		**$64.41**				
	498586	11/26/2019		$65.77	825 N MCDONALD ST STE B	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #498586		**$65.77**				
	498780	12/03/2019		$35.52	825 N MCDONALD ST STE C	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #498780		**$35.52**				
	Total For Vendor ATMOS ENERGY			**$165.70**				
	498921	12/03/2019		$112.50		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT274E

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
BABY, BIRTH AND YOU	498921	Total for Check #498921	$112.50				
	Total For Vendor BABY, BIRTH AND YOU		$112.50				
BAYLOR MEDICAL CENTER AT MCKINNEY	498614	11/26/2019	$4,212.46	MEDICAL SERVICES FOR HEALTHCARE	OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
		Total for Check #498614	$4,212.46				
	Total For Vendor BAYLOR MEDICAL CENTER		$4,212.46				
CAVALLO ENERGY TEXAS	498647	11/26/2019	$182.09	825 N MCDONALD ST BLDG B	UTILITY-ELECTRIC SERVICE	1040-40010-8000-56-30-0000-648002-	BUB10001
		Total for Check #498647	$182.09				
	498649	11/26/2019	$186.31	825 N MCDONALD ST BLDG A	UTILITY-ELECTRIC SERVICE	1040-40010-8000-56-30-0000-648002-	BUB10001
		Total for Check #498649	$186.31				
	498650	11/26/2019	$306.80	825 N MCDONALD ST BLDG C	UTILITY-ELECTRIC SERVICE	1040-40010-8000-56-30-0000-648002-	BUB10001
		Total for Check #498650	$306.80				
	498926	12/03/2019	$36.65	900 E PARK BLVD	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #498926	$36.65				
	498928	12/03/2019	$571.33	900 E PARK BLVD STE 200	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #498928	$571.33				
	498929	12/03/2019	$663.48	900 E PARK BLVD STE 180	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #498929	$663.48				
	Total For Vendor CAVALLO ENERGY TEXAS		$1,946.66				
EMOCHA MOBILE HEALTH	498925	12/03/2019	$2,475.00		ADMIN-DUES & SUBSCRIPTIONS	1040-60001-0001-72-30-0000-615510-	
		Total for Check #498925	$2,475.00				
	Total For Vendor EMOCHA MOBILE HEALTH		$2,475.00				
FASTENAL COMPANY	498776	12/03/2019	$1,354.42		OPER-IMMUNIZATION CLINIC	1040-60001-0001-72-30-0000-626573-	
		Total for Check #498776	$1,354.42				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
	Total For Vendor FASTENAL COMPANY			**$1,354.42**				
GILBRIDE, JOANN	**498865**	**12/03/2019**		$361.97	AUSTIN, TX TB CONTRACTOR MEETING	TRN/TVL-EDUCATION & CONFERENCE	1040-60001-0001-72-20-0000-604910-	
		Total for Check #498865		**$361.97**				
	Total For Vendor GILBRIDE, JOANN			**$361.97**				
INNOVATIVE EMERG MEDICINE PA	**498588**	**11/26/2019**		$186.55	MEDICAL SERVICES FOR HEALTHCARE	OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
		Total for Check #498588		**$186.55**				
	Total For Vendor INNOVATIVE EMERG MED			**$186.55**				
JOHNSON, TORRES	**498943**	**12/03/2019**		$114.20	MILES REIMBURSEMENT #4501	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60001-9088-72-20-0000-604901-	GT064M
		Total for Check #498943		**$114.20**				
	Total For Vendor JOHNSON, TORRES			**$114.20**				
LEUNG, CYNTHIA	**498887**	**12/03/2019**		$7.82	FT WORTH, TX THISIS CI TRAINING	TRN/TVL-EDUCATION & CONFERENCE	2108-60001-9067-72-20-0000-604910-	GT100M
				$365.02	FT WORTH, TX THISIS CI TRAINING	TRN/TVL-EDUCATION & CONFERENCE	2108-60001-9067-72-20-0000-604910-	GT100M
		Total for Check #498887		**$372.84**				
	Total For Vendor LEUNG, CYNTHIA			**$372.84**				
MCKINNEY UTILITY CITY OF	**498563**	**11/26/2019**		$49.64	825 N MCDONALD ST	UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #498563		**$49.64**				
	498566	**11/26/2019**		$81.77	825 N MCDONALD ST	UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #498566		**$81.77**				
	Total For Vendor MCKINNEY UTILITY CITY OF			**$131.41**				
MERCK & CO INC	**498860**	**12/03/2019**		$1,292.98		OPER-IMMUNIZATION CLINIC	1040-60001-0001-72-30-0000-626573-	
		Total for Check #498860		**$1,292.98**				
	Total For Vendor MERCK & CO INC			**$1,292.98**				
	498899	**12/03/2019**		$3.02	MILES REIMBURSEMENT #4464	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60001-9075-72-20-0000-604901-	GT065O

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
NGUYEN, CHAU	498899	Total for Check #498899		$3.02				
	Total For Vendor NGUYEN, CHAU			$3.02				
PRIEST, ELVA S	498784	12/03/2019		$77.37	MILES REIMBURSEMENT #4462	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60001-9067-72-20-0000-604901-	GT100M
		Total for Check #498784		$77.37				
	Total For Vendor PRIEST, ELVA S			$77.37				
PRIMACARE MEDICAL CENTERS	498591	11/26/2019		$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-	
				$125.00		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-	
		Total for Check #498591		$1,385.00				
	Total For Vendor PRIMACARE MEDICAL			$1,385.00				
ROJAS, FRANK	498856	12/03/2019		$60.32	MILES REIMBURSEMENT #4500	TRN/TVL-TRAVEL REIMBURSEMENT	1040-60001-0001-72-20-0000-604901-	
		Total for Check #498856		$60.32				
	Total For Vendor ROJAS, FRANK			$60.32				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
SHERMAN RADIOLOGY ASSOCIATES	**498557**	**11/26/2019**		$46.59	MEDICAL SERVICES FOR HEALTHCARE	OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
				$42.66		OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
				$53.89		OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
				$55.29		OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
		Total for Check #498557		**$198.43**				
	Total For Vendor SHERMAN RADIOLOGY			**$198.43**				
TX DIGESTIVE DISEASE CONSULTANTS	**498552**	**11/26/2019**		$46.03	MEDICAL SERVICES FOR HEALTHCARE	OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
				$152.69		OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
		Total for Check #498552		**$198.72**				
	Total For Vendor TX DIGESTIVE DISEASE			**$198.72**				
TX HEALTH PHYSICIANS GROUP	**498604**	**11/26/2019**		$78.39	MEDICAL SERVICES FOR HEALTHCARE	OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
				$49.42		OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
				$98.84		OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
				$120.49		OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
		Total for Check #498604		**$347.14**				
	Total For Vendor TX HEALTH PHYSICIANS			**$347.14**				
UROLOGY CLINICS OF NORTH TEXAS	**498598**	**11/26/2019**		$148.78	MEDICAL SERVICES FOR HEALTHCARE	OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
				$329.58		OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
		Total for Check #498598		**$478.36**				
	Total For Vendor UROLOGY CLINICS OF N TX			**$478.36**				
GRAND TOTAL				**$17,079.88**			**NUMBER OF CHECKS - 31** **NUMBER OF TRANSACTIONS - 56**	