2020

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: JANUARY 27, 2020
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: JANUARY 21, 2020
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: $29,077.63

Healthcare Foundation Disbursements For 1/27/20 Court

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
ATMOS ENERGY	500327	01/21/2020	$33.12	825 N MCDONALD ST STE B	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #500327	**$33.12**				
	500329	01/21/2020	$69.22	825 N MCDONALD ST STE A	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #500329	**$69.22**				
	Total For Vendor ATMOS ENERGY		**$102.34**				
BABY, BIRTH AND YOU	500535	01/21/2020	$93.75		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT274E
			$112.50		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT274E
		Total for Check #500535	**$206.25**				
	Total For Vendor BABY, BIRTH AND YOU		**$206.25**				
CLINICAL PATHOLOGY LABORATORIES INC	500300	01/21/2020	$2,495.30		OPER-STD CLINIC	1040-60001-0001-72-30-0000-626574-	
		Total for Check #500300	**$2,495.30**				
	Total For Vendor CLINICAL PATHOLOGY		**$2,495.30**				
COLLIN COUNTY TRANSPORTATION	500489	01/21/2020	$75.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #500489	**$75.00**				
	Total For Vendor COLLIN COUNTY		**$75.00**				
EMCARE-RSN EMERGENCY PHYSICIANS	500501	01/21/2020	$159.12	MEDICAL SERVICES FOR INDIGENT	OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
		Total for Check #500501	**$159.12**				
	Total For Vendor EMCARE-RSN		**$159.12**				
	500272	01/21/2020	$1,570.50		OPER-IMMUNIZATION CLINIC	1040-60001-0001-72-30-0000-626573-	

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
GLAXO SMITH KLINE PHARMACEUTICAL	[illegible]	Total for Check #500272	$1,570.50				
	Total For Vendor GLAXO SMITH KLINE		$1,570.50				
GRAHAM'S LAWN & PEST	500551	01/21/2020	$51.49		MAINT-EXTERMINATION	1040-40010-8000-56-30-0000-637403-	FMB10001
			$44.69		MAINT-EXTERMINATION	1040-40010-8040-56-30-0000-637403-	FMB20001
		Total for Check #500551	$96.18				
	Total For Vendor GRAHAM'S LAWN		$96.18				
GREENWAY MEDICAL TECHNOLOGIES	500438	01/21/2020	$1,309.65		MAINT-SOFTWARE	1040-60001-0001-72-30-0000-637503-	
		Total for Check #500438	$1,309.65				
	Total For Vendor GREENWAY MEDICAL		$1,309.65				
INDIGENT HEALTHCARE SOLUTIONS LTD	500305	01/21/2020	$1,837.00		MAINT-SOFTWARE	1040-60001-0001-72-30-0000-637503-	
			$1,837.00		MAINT-SOFTWARE	1040-60001-0001-72-30-0000-637503-	
			$1,837.00		MAINT-SOFTWARE	1040-60001-0001-72-30-0000-637503-	
			$1,837.00		MAINT-SOFTWARE	1040-60001-0001-72-30-0000-637503-	
			$1,837.00		MAINT-SOFTWARE	1040-60001-0001-72-30-0000-637503-	
		Total for Check #500305	$9,185.00				
	Total For Vendor INDIGENT HEALTHCARE		$9,185.00				
INMARK LLC	500514	01/21/2020	$336.94		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #500514	$336.94				
	Total For Vendor INMARK LLC		$336.94				
		01/21/2020	$30.00		ADMIN-DUES & SUBSCRIPTIONS	1040-60001-0001-72-30-0000-615510-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
LEXISNEXIS RISK SOLUTIONS	**500528**	[illegible]		$32.60		ADMIN-DUES & SUBSCRIPTIONS	1040-60001-0001-72-30-0000-615510-	
		Total for Check #500528		**$62.60**				
	Total For Vendor LEXISNEXIS RISK			**$62.60**				
MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS	**500459**	**01/21/2020**		$121.20		OPER-STD CLINIC	1040-60001-0001-72-30-0000-626574-	
				($122.30)	ORIGINAL INVOICE # 69517531	OPER-STD CLINIC	1040-60001-0001-72-30-0000-626574-	
				$43.22		OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065O
		Total for Check #500459		**$42.12**				
	Total For Vendor MCKESSON MEDICAL			**$42.12**				
OFFICE DEPOT	**500238**	**01/21/2020**		$83.46		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$9.50		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$60.72		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$52.74		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$12.34		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$322.70		ADMIN-OFFICE SUPPLIES	2108-60001-9075-72-30-0000-615101-	GT065O
				$91.15		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064M
				$21.99		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064M
				$41.94		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064M
				$132.75		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064M
				$22.68		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064M
				$255.40		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064M

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
				$75.32		ADMIN-OFFICE SUPPLIES	2108-60060-9064-72-30-0000-615101-	GT274D
		Total for Check #500238		**$1,182.69**				
	Total For Vendor OFFICE DEPOT			**$1,182.69**				
ORIENTAL BUILDING SERVICES INC	**500564**	**01/21/2020**		$1,952.28		MAINT-CLEANING SERVICE	1040-40010-8000-56-30-0000-637402-	FMB10001
		Total for Check #500564		**$1,952.28**				
	Total For Vendor ORIENTAL BUILDING			**$1,952.28**				
PLANO CITY OF (UTILITY DEPT)	**500149**	**01/10/2020**		$64.08	900 E PARK BLVD	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
		Total for Check #500149		**$64.08**				
	500150	**01/10/2020**		$122.24	900 E PARK BLVD 1	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
		Total for Check #500150		**$122.24**				
	Total For Vendor PLANO CITY OF			**$186.32**				
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
PRIMACARE MEDICAL CENTERS	500350	01/21/2020		$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCAR	OPER-PRIMARY CARE	1040-60001-0001-72-30-0000-626437-	
		Total for Check #500350		**$4,200.00**				
	Total For Vendor PRIMACARE MEDICAL			**$4,200.00**				
QUESTCARE HOSPITALISTS	**500351**	**01/21/2020**		$51.33	MEDICAL SERVICES FOR INDIGENT	OPER-OUTPATIENT	1040-60001-0001-72-30-0000-626427-	
				$108.67	MEDICAL SERVICES FOR INDIGENT	OPER-OUTPATIENT	1040-60001-0001-72-30-0000-626427-	
		Total for Check #500351		**$160.00**				
	Total For Vendor QUESTCARE			**$160.00**				
TX HEALTH PHYSICIANS GROUP	**500402**	**01/21/2020**		$98.06	MEDICAL SERVICES FOR INDIGENT	OPER-OUTPATIENT	1040-60001-0001-72-30-0000-626427-	
				$108.67	MEDICAL SERVICES FOR INDIGENT	OPER-OUTPATIENT	1040-60001-0001-72-30-0000-626427-	
		Total for Check #500402		**$206.73**				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
	Total For Vendor TX HEALTH			**$206.73**				
TX HEALTH PRESBY HOSPITAL ALLEN	**500377**	**01/21/2020**		$5,449.63	MEDICAL SERVICES FOR INDIGENT	OPER-INPATIENT HOSPITAL CARE	1040-60001-0001-72-30-0000-626426-	
		Total for Check #500377		**$5,449.63**				
	Total For Vendor TX HEALTH PRESBY			**$5,449.63**				
TX MEDICINE RESOURCES	**500292**	**01/21/2020**		$98.98	MEDICAL SERVICES FOR INDIGENT	OPER-OUTPATIENT	1040-60001-0001-72-30-0000-626427-	
		Total for Check #500292		**$98.98**				
	Total For Vendor TX MEDICINE			**$98.98**				
GRAND TOTAL				**$29,077.63**			**NUMBER OF CHECKS - 22** **NUMBER OF TRANSACTIONS - 84**	