2020

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: FEBRAURY 10, 2020
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: FEBRUARY 4, 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: $155,294.28

Healthcare Foundation Disbursements For 2/10/2020 Court

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
ALLEN COMMUNITY OUTREACH	500974	02/04/2020		$1,558.53	SEPT-NOV 2019 3RD QTR	OPER-GRANT AWARDS	1040-60001-0001-72-30-0000-626550-	
		Total for Check #500974		**$1,558.53**				
	Total For Vendor ALLEN COMMUNITY			**$1,558.53**				
AT&T MOBILITY II LLC	501055	02/04/2020		$333.00		UTILITY-PHONE/MEDIA SERVICE	1040-60001-0001-72-30-0000-648011-	
				$241.92		UTILITY-CELLULAR TELEPHONE	1040-60001-0001-72-30-0000-648015-	
				$244.62		UTILITY-CELLULAR TELEPHONE	1040-60001-0001-72-30-0000-648015-	
				$81.54		UTILITY-CELLULAR TELEPHONE	2108-60001-9087-72-30-0000-648015-	GT193E
				$40.77		UTILITY-CELLULAR TELEPHONE	2108-60060-9064-72-30-0000-648015-	GT274E
		Total for Check #501055		**$941.85**				
	Total For Vendor AT&T MOBILITY			**$941.85**				
ATMOS ENERGY	501028	02/04/2020		$31.59	825 N MCDONALD ST STE C	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #501028		**$31.59**				
	Total For Vendor ATMOS ENERGY			**$31.59**				
BARNETT, JERRY	501013	02/04/2020		$200.00	MO PMT 2/1/2020	OPER-CONSULTANTS	2108-60001-9075-72-30-0000-626401-	GT065O
		Total for Check #501013		**$200.00**				
	Total For Vendor BARNETT, JERRY			**$200.00**				
CAREVIDE	501069	02/04/2020		$9,690.00	SEPT-NOV 2019 3RD QTR	OPER-GRANT AWARDS	1040-60001-0001-72-30-0000-626550-	
		Total for Check #501069		**$9,690.00**				
	Total For Vendor CAREVIDE			**$9,690.00**				
	501188	02/04/2020		$40.70	900 E PARK BLVD	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
CAVALLO ENERGY TEXAS	[illegible]	Total for Check #501188	$40.70				
	501190	02/04/2020	$641.21	900 E PARK BLVD STE 200	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #501190	$641.21				
	501191	02/04/2020	$780.13	900 E PARK BLVD STE 180	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #501191	$780.13				
	Total For Vendor CAVALLO ENERGY TX		$1,462.04				
COMMUNITY HEALTH CLINIC	501021	02/04/2020	$10,640.00	SEPT-NOV 2019 3RD QTR	OPER-GRANT AWARDS	1040-60001-0001-72-30-0000-626550-	
		Total for Check #501021	$10,640.00				
	Total For Vendor COMMUNITY HEALTH		$10,640.00				
GREENWAY MEDICAL TECHNOLOGIES	501117	02/04/2020	$1,309.65		MAINT-SOFTWARE MAINTENANCE	1040-60001-0001-72-30-0000-637503-	
		Total for Check #501117	$1,309.65				
	Total For Vendor GREENWAY MEDICAL		$1,309.65				
HOPE CLINIC OF MCKINNEY	500932	02/04/2020	$2,998.80	SEPT-NOV 2019 3RD QTR	OPER-GRANT AWARDS	1040-60001-0001-72-30-0000-626550-	
		Total for Check #500932	$2,998.80				
	Total For Vendor HOPE CLINIC		$2,998.80				
JAMES, KIM	501086	02/04/2020	$19.14	MILES REIMBURSEMENT #4907	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60060-9064-72-20-0000-604901-	GT274C
		Total for Check #501086	$19.14				
	Total For Vendor JAMES, KIM		$19.14				
MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS	501127	02/04/2020	$416.22		OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065O
			$397.53		OPER-MEDICAL SUPPLIES	2108-60001-9088-72-30-0000-626117-	GT064M
		Total for Check #501127	$813.75				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
	Total For Vendor MCKESSON MEDICAL			**$813.75**				
OFFICE DEPOT	**500954**	**02/04/2020**		$101.94		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$224.97		ADMIN-OFFICE SUPPLIES	2108-60001-9075-72-30-0000-615101-	GT065O
				$11.02		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064M
		Total for Check #500954		**$337.93**				
	Total For Vendor OFFICE DEPOT			**$337.93**				
ORTEGON, NORABEL	**501048**	**02/04/2020**		$30.80	MILES REIMBURSEMENT #4836	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60060-9064-72-20-0000-604901-	GT274C
		Total for Check #501048		**$30.80**				
	Total For Vendor ORTEGON, NORABEL			**$30.80**				
				$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-	
				$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
PRIMACARE MEDICAL CENTERS	**501045**	**02/04/2020**		$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-	
				$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
				$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 #501045		**$3,780.00**				
	Total For Vendor PRIMACARE MEDICAL			**$3,780.00**				
PROJECT ACCESS COLLIN COUNTY	**501099**	**02/04/2020**		$121,250.00	OCT-DEC 2019 1ST QTR	OPER-PROJECT ACCESS	1040-60001-0001-72-30-0000-626308-	
		Total for Check #501099		**$121,250.00**				
	Total For Vendor PROJECT ACCESS CC			**$121,250.00**				
SAMARITAN INN	**501035**	**02/04/2020**		$230.20	SEPT-NOV 2019 3RD QTR	OPER-GRANT AWARDS	1040-60001-0001-72-30-0000-626550-	
		Total for Check #501035		**$230.20**				
	Total For Vendor SAMARITAN INN			**$230.20**				
GRAND TOTAL				**$155,294.28**			**NUMBER OF CHECKS - 18** **NUMBER OF TRANSACTIONS - 60**	