2020

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: FEBRAURY 17, 2020
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: FEBRUARY 11, 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: $8,188.59

Healthcare Foundation Disbursements For 2/17/2020 Court

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
AMAZON BUSINESS	**501501**	**02/11/2020**		$567.90		OPER-MEDICAL COSTS	1040-60001-0001-72-30-0000-626536-	
		Total for Check #501501		**$567.90**				
	Total For Vendor AMAZON BUSINESS			**$567.90**				
AT&T MOBILITY II LLC	**501362**	**02/11/2020**		$74.00		UTILITY-PHONE/MEDIA SERVICE	1040-60001-0001-72-30-0000-648011-	
		Total for Check #501362		**$74.00**				
	Total For Vendor AT&T MOBILITY			**$74.00**				
EMOCHA MOBILE HEALTH	**501490**	**02/11/2020**		$2,475.00		ADMIN-DUES & SUBSCRIPTIONS	1040-60001-0001-72-30-0000-615510-	
		Total for Check #501490		**$2,475.00**				
	Total For Vendor EMOCHA MOBILE			**$2,475.00**				
GRAINGER	**501307**	**02/11/2020**		$198.55	PO #19004153	ONE-TIME BUDGET NON-CAP	1040-60001-0001-72-30-0000-668704-	
				($198.55)		ONE-TIME BUDGET NON-CAP	1040-60001-0001-72-30-0000-668704-	
		Total for Check #501307		**$0.00**				
	Total For Vendor GRAINGER			**$0.00**				
INDIGENT HEALTHCARE SOLUTIONS LTD	**501324**	**02/11/2020**		$1,837.00		MAINT-SOFTWARE MAINTENANCE	1040-60001-0001-72-30-0000-637503-	
		Total for Check #501324		**$1,837.00**				
	Total For Vendor INDIGENT HEALTHCARE			**$1,837.00**				
LANGUAGE LINE SERVICES	**501367**	**02/11/2020**		$437.62		OPER-INTERPRETER	1040-60001-0001-72-30-0000-626412-	
		Total for Check #501367		**$437.62**				
	Total For Vendor LANGUAGE LINE			**$437.62**				
	501468	**02/11/2020**		$32.35		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	501468	Total for Check #501468		$32.35				
	Total For Vendor LEXISNEXIS RISK			$32.35				
OFFICE DEPOT	501272	02/11/2020		$214.17		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$9.89		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
		Total for Check #501272		$224.06				
	Total For Vendor OFFICE DEPOT			$224.06				
PRIMACARE MEDICAL CENTERS	501353	02/11/2020		$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-	
				$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-	
		Total for Check #501353		**$1,785.00**				
	Total For Vendor PRIMACARE MEDICAL			**$1,785.00**				
QUEST DIAGNOSTICS TB	**501384**	**02/11/2020**		$576.00		OPER-LAB SERVICES	2108-60001-9075-72-30-0000-626423-	GT065O
		Total for Check #501384		**$576.00**				
	Total For Vendor QUEST DIAGNOSTICS TB			**$576.00**				
TEXOMA EMERGENCY PHYSICIANS	**501260**	**02/11/2020**		$109.74	MEDICAL SERVICES FOR INDIGENT	OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
		Total for Check #501260		**$109.74**				
	Total For Vendor TEXOMA EMERGENCY			**$109.74**				
WASTE CONNECTIONS INC	**501473**	**02/11/2020**		$69.92	825 N MCDONALD ST	UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #501473		**$69.92**				
	Total For Vendor WASTE CONNECTIONS			**$69.92**				
GRAND TOTAL				**$8,188.59**			**NUMBER OF CHECKS - 12** **NUMBER OF TRANSACTIONS - 30**	