

2021

**COUNTY AUDITOR
APPROVED**

**HEALTHCARE
DISBURSEMENTS**

FOR COURT DATE: FEBRUARY 15, 2021

THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE
PERIOD ENDING: FEBRUARY 9, 2021

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: \$13,751.20



Healthcare Foundation Disbursements For 2/15/21 Court

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
AMAZON BUSINESS	512280	02/09/2021	\$31.98		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
			\$159.80		ADMIN-PHONE SUPPLIES	1040-60001-0001-72-30-0000-615105-	
			\$374.88		OPER-IMMUNIZATION SUPPLIES	1040-60001-0001-72-30-0000-626113-	
			\$3,442.00		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
	Total for Check #512280		\$4,008.66				
Total For Vendor AMAZON BUSINESS			\$4,008.66				
CHHUON, SOVANARY	7315	02/09/2021	\$10.54	REIMBURSEMENT FOR DRY ICE	OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #7315		\$10.54			
	Total For Vendor CHHUON, SOVANARY			\$10.54			
EMOCHA MOBILE HEALTH	512272	02/09/2021	\$2,475.00		ADMIN-DUES & SUBSCRIPTIONS	1040-60001-0001-72-30-0000-615510-	
		Total for Check #512272		\$2,475.00			
	Total For Vendor EMOCHA MOBILE			\$2,475.00			
			\$29.40	MEDICAL SERVICES FOR HEALTHCARE	OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$24.14		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$30.87		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$166.37		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$24.14		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$166.37		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
ENVISION IMAGING OF ALLEN	512213	02/09/2021	\$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$322.10		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$166.37		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-	
			\$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$166.37		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$24.14		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$24.14		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-	
			\$24.14		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$24.14		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
\$166.37		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-				

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
			\$31.27		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$4.78		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-	
			\$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$24.14		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			\$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			Total for Check #512213			\$1,957.12	
Total For Vendor ENVISION IMAGING			\$1,957.12				
MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS	512232	02/09/2021	\$130.65		OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT292C
			\$1,522.80		OPER-MEDICAL SUPPLIES	2108-60001-9088-72-30-0000-626117-	GT281E
		Total for Check #512232			\$1,653.45		
	Total For Vendor MCKESSON MEDICAL			\$1,653.45			
PLANO CITY OF (UTILITY DEPT)	512207	02/09/2021	\$69.99	900 E PARK BLVD	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
			Total for Check #512207			\$69.99	
	512208	02/09/2021	\$111.44	900 E PARK BLVD 1	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
			Total for Check #512208			\$111.44	
	Total For Vendor PLANO CITY OF			\$181.43			
			\$105.00	MEDICAL SERVICES FOR HEALTHCARE	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	512188	02/09/2021	\$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-	

