2024

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: AUGUST 12, 2024
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: AUGUST 6, 2024
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: $14,222.49

Healthcare Foundation Disbursements For 8/12/24 Court

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
AMAZON	**545968**	**08/06/2024**		$11.73	USB ADAPTER PACK	ADMIN-COMPUTER SUPPLIES	1040-60001-0001-72-30-0000-615102-	
		Total for Check #545968		**$11.73**				
	Total For Vendor AMAZON			**$11.73**				
ATMOS ENERGY	**545883**	**08/06/2024**		$19.76	825 N MCDONALD ST STE C	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #545883		**$19.76**				
	Total For Vendor ATMOS ENERGY			**$19.76**				
BABY, BIRTH AND YOU	**545949**	**08/06/2024**		$131.25	LACTATION CONSULT	OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT390E
				$75.00		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT390E
				$112.50		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT390E
		Total for Check #545949		**$318.75**				
	Total For Vendor BABY, BIRTH AND YOU			**$318.75**				
EDUCATIONAL MESSAGE SERVICES	**545810**	**08/06/2024**		$282.91	JULY 2024 TEXT MESSAGING SERVICE	UTILITY-CELLULAR TELEPHONE	2108-60060-9064-72-30-0000-648015-	GT390E
		Total for Check #545810		**$282.91**				
	Total For Vendor EDUCATIONAL MESSAGE			**$282.91**				
				$27.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.95		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.95		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.95		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$110.40		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
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$110.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$110.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$58.54		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
ENVISION IMAGING OF ALLEN	**545909**	**08/06/2024**		$167.62		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$110.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.95		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
				$110.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$110.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$167.62		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$163.32		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$52.76		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$110.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$89.55		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$284.95		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
		Total for Check #545909		**$2,715.11**				
	Total For Vendor ENVISION IMAGING			**$2,715.11**				
INDIGENT HEALTHCARE SOLUTIONS	**545871**	**08/06/2024**		$1,837.00		MAINT-SOFTWARE MAINTENANCE	1040-60001-0001-72-30-0000-637503-	
		Total for Check #545871		**$1,837.00**				
	Total For Vendor INDIGENT HEALTHCARE			**$1,837.00**				
MARKETLAB	**545939**	**08/06/2024**		$227.28	GLOVE BOX DISPENSERS (2)	OPER-MEDICAL SUPPLIES	2108-60060-9064-72-30-0000-626117-	GT390D
		Total for Check #545939		**$227.28**				
	Total For Vendor MARKETLAB			**$227.28**				
MCKESSON MEDICAL	**545925**	**08/06/2024**		$1,296.68	DEVICE LUMIO SKIN EXAM 4X	OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$95.22	SYRINGE ORAL CLEAR 5ML	OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$1,394.36	DIPHENHYDRAMINE, EPI PEN, SYRINGE	OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$1,657.86	EPI AMP, GLUCAGON EMER KIT	OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$33.71	SYRINGE 5CC	OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
		Total for Check #545925		**$4,477.83**				
	Total For Vendor MCKESSON MEDICAL			**$4,477.83**				
				$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-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
NEXTCARE URGENT CARE	545890	08/06/2024		$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-	
		Total for Check #545890		**$1,785.00**				
	Total For Vendor NEXTCARE URGENT CARE			**$1,785.00**				
ODP BUSINESS SOLUTIONS	545802	08/06/2024		$195.98		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$789.34		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$56.25		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$32.09		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$3.49		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$33.13		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
		Total for Check #545802		**$1,110.28**				
	Total For Vendor ODP BUSINESS			**$1,110.28**				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
PLANO CITY OF (UTILITY DEPT)	545903	08/06/2024		$74.29	900 E PARK BLVD	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
		Total for Check #545903		$74.29				
	545904	08/06/2024		$423.25	900 E PARK BLVD	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
		Total for Check #545904		$423.25				
	Total For Vendor PLANO CITY OF			$497.54				
REPUBLIC SERVICES	545934	08/06/2024		$549.62	920 E PARK BLVD	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
		Total for Check #545934		$549.62				
	Total For Vendor REPUBLIC SERVICES			$549.62				
TK ELEVATOR	545879	08/06/2024		$312.00		MAINT-ELEVATOR MAINTENANCE	1040-40010-8040-56-30-0000-637548-	FMHCF001
		Total for Check #545879		$312.00				
	Total For Vendor TK ELEVATOR			$312.00				
WASTE CONNECTIONS	545955	08/06/2024		$77.68	825 N MCDONALD ST	UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #545955		$77.68				
	Total For Vendor WASTE CONNECTIONS			$77.68				
GRAND TOTAL				$14,222.49			NUMBER OF CHECKS - 15 NUMBER OF TRANSACTIONS - 89	