2025

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: AUGUST 25, 2025
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: AUGUST 19, 2025
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: $18,932.72

Healthcare Foundation Disbursements For 8/25/25 Court

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
AMAZON	555541	08/19/2025	$26.97	PILL CUTTER (2)	OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			$37.97	RUBBER DUCKS	OPER-GRANT PROGRAM SUPPLIES	2108-60001-9067-72-30-0000-626131-	GT408E
			$182.82	BLUETOOTH HEADSETS, EARBUDS	ADMIN-OFFICE SUPPLIES	2108-60060-9064-72-30-0000-615101-	GT433D
		Total for Check #555541	**$247.76**				
	Total For Vendor AMAZON		**$247.76**				
ATMOS ENERGY	555453	08/19/2025	$32.62	825 N MCDONALD ST SUITE A	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #555453	**$32.62**				
	555458	08/19/2025	$22.18	825 N MCDONALD ST SUITE B	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #555458	**$22.18**				
	Total For Vendor ATMOS ENERGY		**$54.80**				
BABY, BIRTH AND YOU	555539	08/19/2025	$350.00	BREASTFEEDING WEEK	OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT433E
		Total for Check #555539	**$350.00**				
	Total For Vendor BABY, BIRTH AND YOU		**$350.00**				
BAILEY, KIMBERLY A	29385	08/19/2025	$545.36	LAS COLINAS, TX WIC NUTRITION	EMP ADV-TRAVEL	2108-00000-0000-00-00-0000-125901-	
		Total for Check #29385	**$545.36**				
	Total For Vendor BAILEY, KIMBERLY A		**$545.36**				
DIMAGI	555390	08/19/2025	$1,500.00	JULY 2025 VDOT SERVICES	ADMIN-DUES & SUBSCRIPTIONS	1040-60001-0001-72-30-0000-615510-	
		Total for Check #555390	**$1,500.00**				
	Total For Vendor DIMAGI		**$1,500.00**				
	555402	08/19/2025	$84.33	825 N MCDONALD ST	UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
FRONTIER WASTE SOLUTIONS	[illegible]	**Total for Check #555402**	**$84.33**				
	Total For Vendor FRONTIER WASTE		**$84.33**				
HALO BRANDED SOLUTIONS	**555532**	**08/19/2025**	$2,009.34	COLORING AND ACTIVITY BOOKS	OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
		Total for Check #555532	**$2,009.34**				
	Total For Vendor HALO BRANDED		**$2,009.34**				
HAMES, KRISTEN	**29296**	**08/19/2025**	$545.36	LAS COLINAS, TX WIC NUTRITION	EMP ADV-TRAVEL	2108-00000-0000-00-00-0000-125901-	
		Total for Check #29296	**$545.36**				
	Total For Vendor HAMES, KRISTEN		**$545.36**				
			$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-	
			$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-	
			$33.95		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-	
			$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			$109.33		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			$27.00		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
HEALTH IMAGING PARTNERS	555493	08/19/2025		$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$35.65		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-	
				$109.33		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-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$161.45		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-	
				$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-	
		Total for Check #555493		**$1,140.76**				
	Total For Vendor HEALTH IMAGING			**$1,140.76**				
HEMOCUE AMERICA	555387	08/19/2025		$8,347.12	HB 301 CUVETTES	N/CAP EQUIP-MEDICAL EQUIPMENT	2108-60060-9064-72-30-0000-798916-	GT433E
		Total for Check #555387		**$8,347.12**				
	Total For Vendor HEMOCUE AMERICA			**$8,347.12**				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
HENRY, RUTH	29306	08/19/2025		$545.36	LAS COLINAS, TX WIC NUTRITION	EMP ADV-TRAVEL	2108-00000-0000-00-00-0000-125901-	
		Total for Check #29306		$545.36				
	Total For Vendor HENRY, RUTH			$545.36				
MCKESSON MEDICAL	555516	08/19/2025		$31.74	MAXI PADS	OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$90.04	NEEDLES	OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$350.00	XL EXAM GLOVES	OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$1,216.58	BLOOD PRESSURE CUFFS, PILL CUTTER	OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT409E
				$60.63	BLOOD PRESSURE CUFF	OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT409E
		Total for Check #555516		$1,748.99				
	Total For Vendor MCKESSON MEDICAL			$1,748.99				
NEXTCARE URGENT CARE	555467	08/19/2025		$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-	
		Total for Check #555467		$525.00				
	Total For Vendor NEXTCARE URGENT CARE			$525.00				
ODP BUSINESS SOLUTIONS	555373	08/19/2025		$46.88		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$396.92		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$101.20		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$34.59		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
		Total for Check #555373		**$579.59**				
	Total For Vendor ODP BUSINESS			**$579.59**				
PAVION CORP	**555420**	**08/19/2025**		$30.00	FIRE ALARM MONTHLY MONITORING	MAINT-FIRE SYS CERTIFICATION	1040-40010-8000-56-30-0000-637446-	FMB10001
				$30.00		MAINT-FIRE SYS CERTIFICATION	1040-40010-8040-56-30-0000-637446-	FMB20001
		Total for Check #555420		**$60.00**				
	Total For Vendor PAVION CORP			**$60.00**				
TEXAS CARECAB	**555376**	**08/19/2025**		$336.95	PATIENT TRANSPORTATION	OPER-MEDICAL COSTS	1040-60001-0001-72-30-0000-626536-	
		Total for Check #555376		**$336.95**				
	Total For Vendor TEXAS CARECAB			**$336.95**				
TK ELEVATOR	**555450**	**08/19/2025**		$312.00		MAINT-ELEVATOR MAINTENANCE	1040-40010-8040-56-30-0000-637548-	FMHCF001
		Total for Check #555450		**$312.00**				
	Total For Vendor TK ELEVATOR			**$312.00**				
GRAND TOTAL				**$18,932.72**			**NUMBER OF CHECKS - 18** **NUMBER OF TRANSACTIONS - 60**	