



| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|---|--------------------------|----------------------------|--------------|---------------|---------------|-----------------|-----------------|--------------|----------|-----------------------------|
| Payable Description | Bank Code | | | | On Hold | | | | | |
| Vendor: 01204 - BAYLOR SCOTT WHITE SURG/HERITAGE | | | | | | | | | | Vendor Total: 588.54 |
| 170305 01204 1 MCCOMBS, JOLIND | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 172.80 | 0.00 | 0.00 | 0.00 | 172.80 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total | | |
| Medical | NA | 0.00 | 0.00 | 172.80 | 0.00 | 0.00 | 0.00 | 172.80 | | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4140 | HOSPITAL, OUTPATIENT | | | | 172.80 | 100.00% | | | | |
| Vendor: 01204 2 MCCOMBS, JOLIND | | | | | | | | | | Vendor Total: 415.74 |
| 170305 01204 2 MCCOMBS, JOLIND | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 415.74 | 0.00 | 0.00 | 0.00 | 415.74 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total | | |
| Medical | NA | 0.00 | 0.00 | 415.74 | 0.00 | 0.00 | 0.00 | 415.74 | | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4140 | HOSPITAL, OUTPATIENT | | | | 415.74 | 100.00% | | | | |
| Vendor: 00733 - COMMUNITY HEALTH SERVICE AGENCY | | | | | | | | | | Vendor Total: 268.03 |
| 210119 00733 1 HERNANDEZ, MIST | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 80.18 | 0.00 | 0.00 | 0.00 | 80.18 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total | | |
| Medical | NA | 0.00 | 0.00 | 54.41 | 0.00 | 0.00 | 0.00 | 54.41 | | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 54.41 | 100.00% | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total | | |
| Medical | NA | 0.00 | 0.00 | 17.93 | 0.00 | 0.00 | 0.00 | 17.93 | | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 17.93 | 100.00% | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total | | |
| Medical | NA | 0.00 | 0.00 | 7.84 | 0.00 | 0.00 | 0.00 | 7.84 | | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 7.84 | 100.00% | | | | |
| Vendor: 00733 2 HERNANDEZ, MIST | | | | | | | | | | Vendor Total: 66.24 |
| 210119 00733 2 HERNANDEZ, MIST | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 66.24 | 0.00 | 0.00 | 0.00 | 66.24 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total | | |
| Medical | NA | 0.00 | 0.00 | 13.22 | 0.00 | 0.00 | 0.00 | 13.22 | | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 13.22 | 100.00% | | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|--------------------------|---------------------------|----------------------------|--------------|---------------|---------------|----------------|-----------------|-----------------|--------------|
| Payable Description | Bank Code | | | | On Hold | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 9.86 | 0.00 | 0.00 | 0.00 | 9.86 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 9.86 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 9.06 | 0.00 | 0.00 | 0.00 | 9.06 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 9.06 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 10.00 | 0.00 | 0.00 | 0.00 | 10.00 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 10.00 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 8.42 | 0.00 | 0.00 | 0.00 | 8.42 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 8.42 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 15.68 | 0.00 | 0.00 | 0.00 | 15.68 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 15.68 | 100.00% | | | |
| 210221 00733 3 STROBL, WILLIAM | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | | | | | |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | 33.27 | 0.00 | 0.00 | 0.00 | 33.27 |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 33.27 | 0.00 | 0.00 | 0.00 | 33.27 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 33.27 | 100.00% | | | |
| 930026 00733 58 ROBERTS, MELIS | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | | | | | |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | 41.61 | 0.00 | 0.00 | 0.00 | 41.61 |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 13.22 | 0.00 | 0.00 | 0.00 | 13.22 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 13.22 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 28.39 | 0.00 | 0.00 | 0.00 | 28.39 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 28.39 | 100.00% | | | |
| 930026 00733 59 ROBERTS, MELIS | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | | | | | |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | 46.73 | 0.00 | 0.00 | 0.00 | 46.73 |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|------------------------------|--------------------------|---------------------|--------------|----------|---------------|--------|----------|----------|----------|-------|
| Payable Description | Bank Code | | | | On Hold | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 46.73 | 0.00 | 0.00 | 0.00 | 46.73 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 46.73 | 100.00% | | | | | | |

Vendor: [01205 - CONCORD NORTH TEXAS](#)

Vendor Total: 234.54

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|--------|------|------|------|--------|
| SO41162 01205 1 HIX, JAMES RAY | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 180.13 | 0.00 | 0.00 | 0.00 | 180.13 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

| Items | | | | | | | | | | |
|------------------------------|------------------|---------------------|--------|---------|--------|------|----------|----------|--------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 180.13 | 0.00 | 0.00 | 0.00 | 180.13 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-565-4050 | PRISONER MEDICAL | | 180.13 | 100.00% | | | | | | |

[SO41177 01205 1 HARPER, TODD A](#)

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| SO41177 01205 1 HARPER, TODD A | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 54.41 | 0.00 | 0.00 | 0.00 | 54.41 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

| Items | | | | | | | | | | |
|------------------------------|------------------|---------------------|--------|---------|--------|------|----------|----------|-------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 54.41 | 0.00 | 0.00 | 0.00 | 54.41 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-565-4050 | PRISONER MEDICAL | | 54.41 | 100.00% | | | | | | |

Vendor: [00965 - DATA RX MANAGEMENT](#)

Vendor Total: 834.28

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|--------|------|------|------|--------|
| 130819 00965 26 PLESS, HELEN E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 141.89 | 0.00 | 0.00 | 0.00 | 141.89 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

| Items | | | | | | | | | | |
|------------------------------|----------------------|---------------------|--------|---------|--------|------|----------|----------|-------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 84.12 | 0.00 | 0.00 | 0.00 | 84.12 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | 84.12 | 100.00% | | | | | | |

| Items | | | | | | | | | | |
|------------------------------|----------------------|---------------------|--------|---------|--------|------|----------|----------|-------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 57.77 | 0.00 | 0.00 | 0.00 | 57.77 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | 57.77 | 100.00% | | | | | | |

[170305 00965 22 MCCOMBS, JOLIN](#)

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 170305 00965 22 MCCOMBS, JOLIN | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 72.83 | 0.00 | 0.00 | 0.00 | 72.83 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

| Items | | | | | | | | | | |
|------------------------------|----------------------|---------------------|--------|---------|--------|------|----------|----------|-------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 72.83 | 0.00 | 0.00 | 0.00 | 72.83 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | 72.83 | 100.00% | | | | | | |

[190901 00965 14 HINSON, SHEILA](#)

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 190901 00965 14 HINSON, SHEILA | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 84.91 | 0.00 | 0.00 | 0.00 | 84.91 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

| Items | | | | | | | | | | |
|------------------------------|----------------------|---------------------|--------|---------|--------|------|----------|----------|-------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 74.86 | 0.00 | 0.00 | 0.00 | 74.86 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | 74.86 | 100.00% | | | | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|----------------------|-----------|----------------------------|--------------|---------------|---------------|----------------|-----------------|-----------------|--------------|
| Payable Description | Bank Code | | | | On Hold | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 10.05 | 0.00 | 0.00 | 0.00 | 10.05 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | | | | 10.05 | 100.00% | | | |
| 210221 00965 2 STROBL, WILLIAM | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 108.79 | 0.00 | 0.00 | 0.00 | 108.79 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 108.79 | 0.00 | 0.00 | 0.00 | 108.79 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | | | | 108.79 | 100.00% | | | |
| 210222 00965 2 WOODWORTH, SAJ | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 74.65 | 0.00 | 0.00 | 0.00 | 74.65 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 59.45 | 0.00 | 0.00 | 0.00 | 59.45 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | | | | 59.45 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 15.20 | 0.00 | 0.00 | 0.00 | 15.20 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | | | | 15.20 | 100.00% | | | |
| 210324 00965 2 BRESHERS, KELLI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 68.35 | 0.00 | 0.00 | 0.00 | 68.35 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 25.20 | 0.00 | 0.00 | 0.00 | 25.20 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | | | | 25.20 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 24.08 | 0.00 | 0.00 | 0.00 | 24.08 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | | | | 24.08 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 19.07 | 0.00 | 0.00 | 0.00 | 19.07 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | | | | 19.07 | 100.00% | | | |
| 211216 00965 5 CLEMENT, EUGENE | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 123.66 | 0.00 | 0.00 | 0.00 | 123.66 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 123.66 | 0.00 | 0.00 | 0.00 | 123.66 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | | | | | 123.66 | 100.00% | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|--------------|---------------------------|--------------|-----------|---------------|--------|------|----------|----------|--------|
| 930026 00965 82 ROBERTS, MELIS | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 159.20 | 0.00 | 0.00 | 0.00 | 159.20 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 9.33 | 0.00 | 0.00 | 0.00 | 9.33 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|-------------------|---------------------|--------|---------|
| 100-645-4090 | DIABETIC SUPPLIES | | 9.33 | 100.00% |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|--------|
| Medical | NA | 0.00 | 0.00 | 137.80 | 0.00 | 0.00 | 0.00 | 137.80 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|-------------------|---------------------|--------|---------|
| 100-645-4090 | DIABETIC SUPPLIES | | 137.80 | 100.00% |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 12.07 | 0.00 | 0.00 | 0.00 | 12.07 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|-------------------|---------------------|--------|---------|
| 100-645-4090 | DIABETIC SUPPLIES | | 12.07 | 100.00% |

Vendor: [01206 - DERMATOLOGY ASSOC OF DENISON](#)

Vendor Total: 71.93

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| SO15160 01206 4 WILBURN, JAMES | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 71.93 | 0.00 | 0.00 | 0.00 | 71.93 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 71.93 | 0.00 | 0.00 | 0.00 | 71.93 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|------------------|---------------------|--------|---------|
| 100-565-4050 | PRISONER MEDICAL | | 71.93 | 100.00% |

Vendor: [01237 - Grayson Digestive Health, PLLC](#)

Vendor Total: 46.73

| | | | | | | | | | | |
|---|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 211007 01237 5 STAILEY, POLLY | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 46.73 | 0.00 | 0.00 | 0.00 | 46.73 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 46.73 | 0.00 | 0.00 | 0.00 | 46.73 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 46.73 | 100.00% |

Vendor: [00980 - GRAYSON MEDICAL CONSULTANT](#)

Vendor Total: 182.29

| | | | | | | | | | | |
|---|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 210222 00980 1 WOODWORTH, SAI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 93.15 | 0.00 | 0.00 | 0.00 | 93.15 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 93.15 | 0.00 | 0.00 | 0.00 | 93.15 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 93.15 | 100.00% |

| | | | | | | | | | | |
|---|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 210222 00980 2 WOODWORTH, SAI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|---|---------------------------|-----------|----------------------------|--------------|---------------|---------------|----------------|-----------------|-----------------|--------------|
| Payable Description | Bank Code | | | | On Hold | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 44.57 | 100.00% | | | |
| 210222 00980 3 WOODWORTH, SAI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 44.57 | 100.00% | | | |

| | | | | | | | | | | | |
|---|---------------------------|-----------|----------------------------|--------------|-----------|---------------|----------------|-----------------|-----------------|----------------------|--------------|
| Vendor: 01221 - HEALOGICS SPECIALTY PHYSICIANS | | | | | | | | | | Vendor Total: | 58.72 |
| 180512 01221 15 NORTON, CAROL | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 58.72 | 0.00 | 0.00 | 0.00 | 58.72 | |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | | |
| Items | | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | | 58.72 | 0.00 | 0.00 | 0.00 | 58.72 | |
| Distributions | | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 58.72 | 100.00% | | | | |

| | | | | | | | | | | | |
|---|---------------------------|-----------|----------------------------|--------------|-----------|---------------|----------------|-----------------|-----------------|----------------------|-----------------|
| Vendor: 01107 - HUNT REGIONAL MEDICAL CENTER | | | | | | | | | | Vendor Total: | 1,018.71 |
| 211115 01107 2 JOHNSON, TIFFAN | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 1,018.71 | 0.00 | 0.00 | 0.00 | 1,018.71 | |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | | |
| Items | | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | | 1,018.71 | 0.00 | 0.00 | 0.00 | 1,018.71 | |
| Distributions | | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | HOSPITAL, OUTPATIENT | | | | | 1,018.71 | 100.00% | | | | |

| | | | | | | | | | | | |
|---|---------------------------|-----------|----------------------------|--------------|-----------|---------------|----------------|-----------------|-----------------|----------------------|---------------|
| Vendor: 01185 - HUNT REGIONAL MEDICAL PARTNERS | | | | | | | | | | Vendor Total: | 345.55 |
| 170305 01185 5 MCCOMBS, JOLIND | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 79.62 | 0.00 | 0.00 | 0.00 | 79.62 | |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | | |
| Items | | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | | 79.62 | 0.00 | 0.00 | 0.00 | 79.62 | |
| Distributions | | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 79.62 | 100.00% | | | | |

| | | | | | | | | | | |
|--|---------------------------|-----------|----------------------------|--------------|-----------|---------------|----------------|-----------------|-----------------|--------------|
| 211114 01185 2 SCOTT, MARK BRI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 36.19 | 0.00 | 0.00 | 0.00 | 36.19 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 33.27 | 0.00 | 0.00 | 0.00 | 33.27 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 33.27 | 100.00% | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|---------------------------|-----------|----------------------------|--------------|---------------|---------------|----------------|-----------------|-----------------|--------------|
| Payable Description | Bank Code | | | | On Hold | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 2.92 | 0.00 | 0.00 | 0.00 | 2.92 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 2.92 | 100.00% | | | |
| 211114 01185 3 SCOTT, MARK BRI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 196.47 | 0.00 | 0.00 | 0.00 | 196.47 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 196.47 | 0.00 | 0.00 | 0.00 | 196.47 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 196.47 | 100.00% | | | |
| 211115 01185 3 JOHNSON, TIFFAN | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 33.27 | 0.00 | 0.00 | 0.00 | 33.27 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 33.27 | 0.00 | 0.00 | 0.00 | 33.27 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 33.27 | 100.00% | | | |

Vendor: [01155 - KARIM, M ASAD MD PA](#) Vendor Total: 1,278.71

| | | | | | | | | | | |
|--|---------------------------|-----------|----------------------------|--------------|-----------|---------------|----------------|-----------------|-----------------|--------------|
| 211216 01155 1 CLEMENT, EUGENE | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 500.10 | 0.00 | 0.00 | 0.00 | 500.10 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 363.53 | 0.00 | 0.00 | 0.00 | 363.53 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 363.53 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 53.73 | 0.00 | 0.00 | 0.00 | 53.73 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 53.73 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 82.84 | 0.00 | 0.00 | 0.00 | 82.84 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 82.84 | 100.00% | | | |
| 211216 01155 2 CLEMENT, EUGENE | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 731.88 | 0.00 | 0.00 | 0.00 | 731.88 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 460.83 | 0.00 | 0.00 | 0.00 | 460.83 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 460.83 | 100.00% | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|--------------------------|-----------|----------------------------|--------------|---------------|---------------|----------------|-----------------|-----------------|--------------|
| Payable Description | Bank Code | | | | On Hold | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 261.69 | 0.00 | 0.00 | 0.00 | 261.69 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 261.69 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 9.36 | 0.00 | 0.00 | 0.00 | 9.36 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 9.36 | 100.00% | | | |
| 211216 01155 3 CLEMENT, EUGENE | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 46.73 | 0.00 | 0.00 | 0.00 | 46.73 |
| Indigent File | | | Pooled Cash - Pooled Cash | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 46.73 | 0.00 | 0.00 | 0.00 | 46.73 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 46.73 | 100.00% | | | |

Vendor: [01242 - Mark R Campbell, MD](#) Vendor Total: 378.10

| | | | | | | | | | | |
|--|--------------------------|-----------|----------------------------|--------------|-----------|---------------|----------------|-----------------|-----------------|--------------|
| 180512 01242 1 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 378.10 | 0.00 | 0.00 | 0.00 | 378.10 |
| Indigent File | | | Pooled Cash - Pooled Cash | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 117.74 | 0.00 | 0.00 | 0.00 | 117.74 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 117.74 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 260.36 | 0.00 | 0.00 | 0.00 | 260.36 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 260.36 | 100.00% | | | |

Vendor: [01234 - Mark Viktor Silver PLLC](#) Vendor Total: 46.73

| | | | | | | | | | | |
|--|--------------------------|-----------|----------------------------|--------------|-----------|---------------|----------------|-----------------|-----------------|--------------|
| 130819 01234 5 PLESS, HELEN ED | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 46.73 | 0.00 | 0.00 | 0.00 | 46.73 |
| Indigent File | | | Pooled Cash - Pooled Cash | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 46.73 | 0.00 | 0.00 | 0.00 | 46.73 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 46.73 | 100.00% | | | |

Vendor: [01231 - North Texas Comprehensive Cardiology](#) Vendor Total: 189.38

| | | | | | | | | | | |
|--|--------------------------|-----------|----------------------------|--------------|-----------|---------------|----------------|-----------------|-----------------|--------------|
| 170305 01231 2 MCCOMBS, JOLIND | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 156.11 | 0.00 | 0.00 | 0.00 | 156.11 |
| Indigent File | | | Pooled Cash - Pooled Cash | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 156.11 | 0.00 | 0.00 | 0.00 | 156.11 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 156.11 | 100.00% | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|--------------|---------------------------|--------------|-----------|---------------|--------|------|----------|----------|-------|
| 170305 01231 3 MCCOMBS, JOLIND | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 33.27 | 0.00 | 0.00 | 0.00 | 33.27 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 33.27 | 0.00 | 0.00 | 0.00 | 33.27 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 33.27 | 100.00% |

Vendor: [01229 - Northstar Anes II PA](#)

Vendor Total: 104.87

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|--------|------|------|------|--------|
| 211114 01229 1 SCOTT, MARK BRI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 104.87 | 0.00 | 0.00 | 0.00 | 104.87 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|--------|
| Medical | NA | 0.00 | 0.00 | 104.87 | 0.00 | 0.00 | 0.00 | 104.87 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 104.87 | 100.00% |

Vendor: [01188 - PRMC HEALTHCARE GROUP INC](#)

Vendor Total: 632.31

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 180512 01188 1 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 44.57 | 100.00% |

| | | | | | | | | | | |
|---|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 180512 01188 10 NORTON, CAROL | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 44.57 | 100.00% |

| | | | | | | | | | | |
|---|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 180512 01188 11 NORTON, CAROL | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 44.57 | 100.00% |

| | | | | | | | | | | |
|---|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 180512 01188 12 NORTON, CAROL | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 44.57 | 100.00% |

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|--------|------|------|------|--------|
| 180512 01188 2 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 117.74 | 0.00 | 0.00 | 0.00 | 117.74 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|--------------------------|---------------------|--------------|-----------|---------------|---------|----------|----------|----------|-------|
| Payable Description | Bank Code | | | | On Hold | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 117.74 | 0.00 | 0.00 | 0.00 | 117.74 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 117.74 | 100.00% | | | | |
| 180512 01188 3 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 53.49 | 0.00 | 0.00 | 0.00 | 53.49 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 53.49 | 0.00 | 0.00 | 0.00 | 53.49 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 53.49 | 100.00% | | | | |
| 180512 01188 4 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 44.57 | 100.00% | | | | |
| 180512 01188 5 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 44.57 | 100.00% | | | | |
| 180512 01188 6 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 44.57 | 100.00% | | | | |
| 180512 01188 7 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 44.57 | 100.00% | | | | |
| 180512 01188 8 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|--------------|---------------------------|--------------|-----------|---------------|--------|------|----------|----------|-------|
| 180512 01188 9 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 59.95 | 0.00 | 0.00 | 0.00 | 59.95 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 59.95 | 0.00 | 0.00 | 0.00 | 59.95 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 59.95 | 100.00% |

Vendor: [01088 - PULMONARY DIAGNOSTICS AND](#)

Vendor Total: 175.84

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|--------|------|------|------|--------|
| 211009 01088 3 EICHMAN JR, WIL | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 175.84 | 0.00 | 0.00 | 0.00 | 175.84 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 46.73 | 0.00 | 0.00 | 0.00 | 46.73 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 46.73 | 100.00% |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 45.98 | 0.00 | 0.00 | 0.00 | 45.98 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 45.98 | 100.00% |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 41.70 | 0.00 | 0.00 | 0.00 | 41.70 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 41.70 | 100.00% |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 41.43 | 0.00 | 0.00 | 0.00 | 41.43 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 41.43 | 100.00% |

Vendor: [00220 - RED RIVER VALLEY RADIOLOGY AND](#)

Vendor Total: 62.01

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 211115 00220 3 JOHNSON, TIFFAN | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 62.01 | 0.00 | 0.00 | 0.00 | 62.01 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 62.01 | 0.00 | 0.00 | 0.00 | 62.01 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 62.01 | 100.00% |

Vendor: [00322 - SHERMAN RADIOLOGY ASSOCIATES](#)

Vendor Total: 252.87

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 180512 00322 2 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 28.07 | 0.00 | 0.00 | 0.00 | 28.07 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 28.07 | 0.00 | 0.00 | 0.00 | 28.07 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 28.07 | 100.00% |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|--------------------------|----------------------------|--------------|--------------|---------------|----------------|-----------------|-----------------|--------------|-------|
| 210222 00322 1 WOODWORTH, SAI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 6.68 | 0.00 | 0.00 | 0.00 | 6.68 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 6.68 | 0.00 | 0.00 | 0.00 | 6.68 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 6.68 | 100.00% | | | | |
| 210222 00322 2 WOODWORTH, SAI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 6.42 | 0.00 | 0.00 | 0.00 | 6.42 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 6.42 | 0.00 | 0.00 | 0.00 | 6.42 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 6.42 | 100.00% | | | | |
| 210222 00322 3 WOODWORTH, SAI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 6.42 | 0.00 | 0.00 | 0.00 | 6.42 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 6.42 | 0.00 | 0.00 | 0.00 | 6.42 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 6.42 | 100.00% | | | | |
| 210222 00322 4 WOODWORTH, SAI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.64 | 0.00 | 0.00 | 0.00 | 44.64 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 6.42 | 0.00 | 0.00 | 0.00 | 6.42 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 6.42 | 100.00% | | | | |
| 210222 00322 1 BRESHERS, KELLI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 21.38 | 0.00 | 0.00 | 0.00 | 21.38 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 21.38 | 0.00 | 0.00 | 0.00 | 21.38 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 21.38 | 100.00% | | | | |
| 211007 00322 2 STAILEY, POLLY | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 76.18 | 0.00 | 0.00 | 0.00 | 76.18 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 76.18 | 0.00 | 0.00 | 0.00 | 76.18 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 76.18 | 100.00% | | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|--------------|---------------------------|--------------|-----------|---------------|--------|------|----------|----------|-------|
| 211112 00322 2 SHIPP, ALLEN RA | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 32.34 | 0.00 | 0.00 | 0.00 | 32.34 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 32.34 | 0.00 | 0.00 | 0.00 | 32.34 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 32.34 | 100.00% |

| | | | | | | | | | | |
|---|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| SO40961 00322 1 BECK, CHARLES | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 30.74 | 0.00 | 0.00 | 0.00 | 30.74 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 30.74 | 0.00 | 0.00 | 0.00 | 30.74 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|------------------|---------------------|--------|---------|
| 100-565-4050 | PRISONER MEDICAL | | 30.74 | 100.00% |

Vendor: [01217 - SINGLETON ASSOCIATES PA](#)

Vendor Total: 191.12

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|------|------|------|------|------|
| 180512 01217 1 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 6.95 | 0.00 | 0.00 | 0.00 | 6.95 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 6.95 | 0.00 | 0.00 | 0.00 | 6.95 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 6.95 | 100.00% |

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 180512 01217 2 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 38.22 | 0.00 | 0.00 | 0.00 | 38.22 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 38.22 | 0.00 | 0.00 | 0.00 | 38.22 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 38.22 | 100.00% |

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 180512 01217 3 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 90.08 | 0.00 | 0.00 | 0.00 | 90.08 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 90.08 | 0.00 | 0.00 | 0.00 | 90.08 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 90.08 | 100.00% |

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|------|------|------|------|------|
| 180512 01217 4 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 6.95 | 0.00 | 0.00 | 0.00 | 6.95 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 6.95 | 0.00 | 0.00 | 0.00 | 6.95 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 6.95 | 100.00% |

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|------|------|------|------|------|
| 180512 01217 5 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 6.95 | 0.00 | 0.00 | 0.00 | 6.95 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|--------------------------|----------------------------|--------------|--------------|---------------|----------------|-----------------|-----------------|--------------|-------|
| Payable Description Bank Code | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 6.95 | 0.00 | 0.00 | 0.00 | 6.95 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 6.95 | 100.00% | | | | |
| 180512 01217 6 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 6.95 | 0.00 | 0.00 | 0.00 | 6.95 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 6.95 | 0.00 | 0.00 | 0.00 | 6.95 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 6.95 | 100.00% | | | | |
| 180512 01217 7 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 28.07 | 0.00 | 0.00 | 0.00 | 28.07 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 28.07 | 0.00 | 0.00 | 0.00 | 28.07 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 28.07 | 100.00% | | | | |
| 180512 01217 8 NORTON, CAROL E | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 6.95 | 0.00 | 0.00 | 0.00 | 6.95 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 6.95 | 0.00 | 0.00 | 0.00 | 6.95 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 6.95 | 100.00% | | | | |

Vendor: [00819 - TEXAS ONCOLOGY PA](#) Vendor Total: 98.98

| | | | | | | | | | | |
|--|--------------------------|----------------------------|--------------|--------------|---------------|----------------|-----------------|-----------------|--------------|-------|
| 210324 00819 1 BRESHERS, KELLI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 98.98 | 0.00 | 0.00 | 0.00 | 98.98 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 98.98 | 0.00 | 0.00 | 0.00 | 98.98 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 98.98 | 100.00% | | | | |

Vendor: [01121 - TEXOMA EMERGENCY PHYSICIANS](#) Vendor Total: 178.60

| | | | | | | | | | | |
|---|--------------------------|----------------------------|--------------|--------------|---------------|----------------|-----------------|-----------------|--------------|-------|
| 200709 01121 3 WALLACE, MARSH | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 98.98 | 0.00 | 0.00 | 0.00 | 98.98 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 98.98 | 0.00 | 0.00 | 0.00 | 98.98 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | | | Amount | Percent | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | 98.98 | 100.00% | | | | |

| | | | | | | | | | | |
|--|---------|-----------|-----------|-----------|-----------|-------|------|------|------|-------|
| 211112 01121 1 SHIPP, ALLEN RA | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 79.62 | 0.00 | 0.00 | 0.00 | 79.62 |
| Indigent File Pooled Cash - Pooled Cash No | | | | | | | | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|------------------------------|--------------------------|---------------------|--------------|----------|---------------|--------|----------|----------|----------|-------|
| Payable Description | Bank Code | | | | On Hold | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 79.62 | 0.00 | 0.00 | 0.00 | 79.62 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 79.62 | 100.00% | | | | | | |

Vendor: [01061 - TEXOMA MEDICAL CENTER](#) **Vendor Total:** 8,170.68

| | | | | | | | | | | |
|--|---------------------------|-----------|-----------|-----------|-----------|----------|------|------|------|----------|
| 200901 01061 1 BENGE, AMY JEAN | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 8,170.68 | 0.00 | 0.00 | 0.00 | 8,170.68 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |

| Items | | | | | | | | | | |
|------------------------------|----------------------|---------------------|----------|---------|----------|------|----------|----------|----------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 8,170.68 | 0.00 | 0.00 | 0.00 | 8,170.68 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-645-4140 | HOSPITAL, OUTPATIENT | | 8,170.68 | 100.00% | | | | | | |

Vendor: [00122 - TEXOMA NEUROLOGY ASSOCIATES](#) **Vendor Total:** 312.79

| | | | | | | | | | | |
|---|---------------------------|-----------|-----------|-----------|-----------|--------|------|------|------|--------|
| 200901 00122 1 HIX, JAMES RAY | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 148.78 | 0.00 | 0.00 | 0.00 | 148.78 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |

| Items | | | | | | | | | | |
|------------------------------|------------------|---------------------|--------|---------|--------|------|----------|----------|--------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 148.78 | 0.00 | 0.00 | 0.00 | 148.78 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-565-4050 | PRISONER MEDICAL | | 148.78 | 100.00% | | | | | | |

| | | | | | | | | | | |
|---|---------------------------|-----------|-----------|-----------|-----------|-------|------|------|------|-------|
| 200901 00122 2 HIX, JAMES RAY | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 59.95 | 0.00 | 0.00 | 0.00 | 59.95 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |

| Items | | | | | | | | | | |
|------------------------------|------------------|---------------------|--------|---------|--------|------|----------|----------|-------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 59.95 | 0.00 | 0.00 | 0.00 | 59.95 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-565-4050 | PRISONER MEDICAL | | 59.95 | 100.00% | | | | | | |

| | | | | | | | | | | |
|---|---------------------------|-----------|-----------|-----------|-----------|-------|------|------|------|-------|
| 200901 00122 3 HIX, JAMES RAY | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.11 | 0.00 | 0.00 | 0.00 | 44.11 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |

| Items | | | | | | | | | | |
|------------------------------|------------------|---------------------|--------|---------|--------|------|----------|----------|-------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 44.11 | 0.00 | 0.00 | 0.00 | 44.11 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-565-4050 | PRISONER MEDICAL | | 44.11 | 100.00% | | | | | | |

| | | | | | | | | | | |
|---|---------------------------|-----------|-----------|-----------|-----------|-------|------|------|------|-------|
| 200901 00122 4 HIX, JAMES RAY | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 59.95 | 0.00 | 0.00 | 0.00 | 59.95 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |

| Items | | | | | | | | | | |
|------------------------------|------------------|---------------------|--------|---------|--------|------|----------|----------|-------|--|
| Item Description | Commodity | | Units | Price | Amount | Tax | Shipping | Discount | Total | |
| Medical | NA | | 0.00 | 0.00 | 59.95 | 0.00 | 0.00 | 0.00 | 59.95 | |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | Project Account Key | Amount | Percent | | | | | | |
| 100-565-4050 | PRISONER MEDICAL | | 59.95 | 100.00% | | | | | | |

Vendor: [01143 - TEXOMA ORTHOPEDIC AND SPINE](#) **Vendor Total:** 71.10

| | | | | | | | | | | |
|---|---------------------------|-----------|-----------|-----------|-----------|-------|------|------|------|-------|
| 210222 01143 4 WOODWORTH, SAJ | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 71.10 | 0.00 | 0.00 | 0.00 | 71.10 |
| Indigent File | Pooled Cash - Pooled Cash | | | | No | | | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|------------------------------|--------------------------|-----------|----------------------------|--------------|---------------|---------------|----------------|-----------------|-----------------|--------------|
| Payable Description | Bank Code | | | | On Hold | | | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 22.45 | 0.00 | 0.00 | 0.00 | 22.45 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 22.45 | 100.00% | | | |
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 48.65 | 0.00 | 0.00 | 0.00 | 48.65 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | | | | 48.65 | 100.00% | | | |

Vendor: [01177 - TMC BONHAM HOSPITAL](#) **Vendor Total:** 3,211.65

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|--------|------|------|------|--------|
| 190901 01177 10 HINSON, SHEILA | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 327.90 | 0.00 | 0.00 | 0.00 | 327.90 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

| | | | | | | | | | | |
|------------------------------|----------------------|--|----------------------------|--------------|--|---------------|----------------|-----------------|-----------------|--------------|
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 327.90 | 0.00 | 0.00 | 0.00 | 327.90 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4140 | HOSPITAL, OUTPATIENT | | | | | 327.90 | 100.00% | | | |

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|--------|------|------|------|--------|
| 191204 01177 32 SPURLOCK, STEP | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 671.85 | 0.00 | 0.00 | 0.00 | 671.85 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

| | | | | | | | | | | |
|------------------------------|----------------------|--|----------------------------|--------------|--|---------------|----------------|-----------------|-----------------|--------------|
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 671.85 | 0.00 | 0.00 | 0.00 | 671.85 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4140 | HOSPITAL, OUTPATIENT | | | | | 671.85 | 100.00% | | | |

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 210221 01177 1 STROBL, WILLIAM | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 98.40 | 0.00 | 0.00 | 0.00 | 98.40 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

| | | | | | | | | | | |
|------------------------------|----------------------|--|----------------------------|--------------|--|---------------|----------------|-----------------|-----------------|--------------|
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 98.40 | 0.00 | 0.00 | 0.00 | 98.40 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4140 | HOSPITAL, OUTPATIENT | | | | | 98.40 | 100.00% | | | |

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|--------|------|------|------|--------|
| 210324 01177 2 BRESHERS, KELLI | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 365.55 | 0.00 | 0.00 | 0.00 | 365.55 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

| | | | | | | | | | | |
|------------------------------|----------------------|--|----------------------------|--------------|--|---------------|----------------|-----------------|-----------------|--------------|
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 365.55 | 0.00 | 0.00 | 0.00 | 365.55 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-645-4140 | HOSPITAL, OUTPATIENT | | | | | 365.55 | 100.00% | | | |

| | | | | | | | | | | |
|--|---------|---------------------------|-----------|-----------|-----------|--------|------|------|------|--------|
| SO39045 01177 1 NINO, EFRAIN F | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 133.20 | 0.00 | 0.00 | 0.00 | 133.20 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

| | | | | | | | | | | |
|------------------------------|---------------------|--|----------------------------|--------------|--|---------------|----------------|-----------------|-----------------|--------------|
| Items | | | | | | | | | | |
| Item Description | Commodity | | Units | Price | | Amount | Tax | Shipping | Discount | Total |
| Medical | NA | | 0.00 | 0.00 | | 133.20 | 0.00 | 0.00 | 0.00 | 133.20 |
| Distributions | | | | | | | | | | |
| Account Number | Account Name | | Project Account Key | | | Amount | Percent | | | |
| 100-565-4050 | PRISONER MEDICAL | | | | | 133.20 | 100.00% | | | |

Payable Register

| Payable # | Payable Type | Post Date | Payable Date | Due Date | Discount Date | Amount | Tax | Shipping | Discount | Total |
|--|--------------|---------------------------|--------------|-----------|---------------|----------|------|----------|----------|----------|
| SO40307 01177 4 COX JR, RONNIE | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 1,081.95 | 0.00 | 0.00 | 0.00 | 1,081.95 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|----------|------|----------|----------|----------|
| Medical | NA | 0.00 | 0.00 | 1,081.95 | 0.00 | 0.00 | 0.00 | 1,081.95 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|------------------|---------------------|----------|---------|
| 100-565-4050 | PRISONER MEDICAL | | 1,081.95 | 100.00% |

| | | | | | | | | | | |
|---|---------|---------------------------|-----------|-----------|-----------|--------|------|------|------|--------|
| SO40961 01177 1 BECK, CHARLES | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 532.80 | 0.00 | 0.00 | 0.00 | 532.80 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|--------|
| Medical | NA | 0.00 | 0.00 | 532.80 | 0.00 | 0.00 | 0.00 | 532.80 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|------------------|---------------------|--------|---------|
| 100-565-4050 | PRISONER MEDICAL | | 532.80 | 100.00% |

Vendor: [01173 - WATERLOO PARK INPT SRVCS, PLLC](#)

Vendor Total: 98.06

| | | | | | | | | | | |
|---|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 200709 01173 1 WALLACE, MARSH | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 44.57 | 0.00 | 0.00 | 0.00 | 44.57 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 44.57 | 100.00% |

| | | | | | | | | | | |
|---|---------|---------------------------|-----------|-----------|-----------|-------|------|------|------|-------|
| 200709 01173 2 WALLACE, MARSH | Invoice | 4/20/2021 | 4/14/2021 | 4/14/2021 | 4/14/2021 | 53.49 | 0.00 | 0.00 | 0.00 | 53.49 |
| Indigent File | | Pooled Cash - Pooled Cash | | | No | | | | | |

Items

| Item Description | Commodity | Units | Price | Amount | Tax | Shipping | Discount | Total |
|------------------|-----------|-------|-------|--------|------|----------|----------|-------|
| Medical | NA | 0.00 | 0.00 | 53.49 | 0.00 | 0.00 | 0.00 | 53.49 |

Distributions

| Account Number | Account Name | Project Account Key | Amount | Percent |
|------------------------------|--------------------------|---------------------|--------|---------|
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | | 53.49 | 100.00% |

Payable Summary

| Type | Count | Gross | Tax | Shipping | Discount | Total | Manual Payment | Balance |
|---------|---------------------|------------------|-------------|-------------|-------------|------------------|----------------|------------------|
| Invoice | 85 | 19,103.12 | 0.00 | 0.00 | 0.00 | 19,103.12 | 0.00 | 19,103.12 |
| | Grand Total: | 19,103.12 | 0.00 | 0.00 | 0.00 | 19,103.12 | 0.00 | 19,103.12 |

Account Summary

| <u>Account</u> | <u>Name</u> | <u>Amount</u> |
|------------------------------|--------------------------|------------------|
| 100-565-4050 | PRISONER MEDICAL | 2,397.95 |
| 100-645-4090 | DIABETIC SUPPLIES | 159.20 |
| 100-645-4110 | PHYSICIAN, NON-EMERGENCY | 4,629.26 |
| 100-645-4120 | PRESCRIPTIONS, DRUGS | 675.08 |
| 100-645-4140 | HOSPITAL, OUTPATIENT | 11,241.63 |
| | Total: | 19,103.12 |