

HIDALGO COUNTY INDIGENT HEALTH CARE DEPARTMENT (H.C.I.H.D.) WEEKLY VENDOR PAYMENT ATTESTATION

I attest that the payment amounts inputted by my staff into the CAD Computing Software System for the Indigent Health Care Program for the vendor payments to be approved by the Commissioner's Court on 5-1-07 have not been previously paid. The diskette being submitted to the County Auditor's Office to process the vendor payments for the above mentioned weekly check run has been reconciled to the payment information in the CAD Computing Software System.

In addition to physically screening all incoming invoices for duplication, I submit the following checklist of steps taken by my office to insure that duplicate payments are not being made.

Amount to be paid by the County Auditor's Office \$ 46,655.43
(per diskette by the H.C.I.H.C.D. generated from the CAD Computing Software System payment information)

Amount to be paid (per the PROVIDER'S INVOICE REPORT \$ 46,655.43
from the CAD Software.) The amount must agree with the total on the diskette (shown above) being provided to the Auditor's Office.

The H.C.I.H.C.D. staff has compared each invoice being processed for payment this week against the: vendor name, vendor number, amount, pay date, and service date, as shown on the CAD software's "PROVIDERS INVOICE REPORT." Each item compared has been CHECKED OFF in red on the PROVIDER'S INVOICE REPORT (edit report) by the reviewer. The reviewer has signed and dated page one of said report. The report is being submitted to the Auditor's Office with the diskette.

yes
yes

For this week's payments, was the duplicate invoice test run on a daily basis? (yes or no)

All possible duplicates were investigated and when appropriate were deleted from the CAD Software System before the diskette for the Auditor's Office was generated.

Signed: _____
Signature of H.C.I.H.C.D. Director

4/24/07

Complete this form on a weekly basis & send to the County Auditor's Office with the disk for payment.

Notes:

Hidalgo County Indigent Health Care Program

Date: Tue Apr 24, 2007

Diskette Report Completed for 05-01-2007 to 05-01-2007

Number of Invoices: 221

Total Amount to Pay: \$46,655.43

Time Elapsed: 00:00:05

Drive, Path & Filename: C:DiskRept.ven

Date: 04-24-2007

Providers' Invoices, from 05-01-2007 to 05-01-2007

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Continued: WEST VALLEY RADIOLOGY ASS

Name: WEST VALLEY RADIOLOGY ASS I.H.C.Code: 08811 TaxNo: 308811

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000871	96.00	05-01-07	12-30-06	584891	N	44105046
00000909	6.39	05-01-07	11-29-06	913166	N	44105046
00000910	45.74	05-01-07	12-04-06	913166	N	44105046
00000911	6.39	05-01-07	12-07-06	913166	N	44105046
Total	154.52	Invoices	4			

GndTotal 46,655.43 Number of Invoices: 221

HIDALGO COUNTY INDIGENT HEALTH CARE DEPARTMENT (H.C.I.H.D.) WEEKLY VENDOR PAYMENT ATTESTATION

I attest that the payment amounts inputted by my staff into the CAD Computing Software System for the Indigent Health Care Program for the vendor payments to be approved by the Commissioner's Court on 5/2/07 have not been previously paid. The diskette being submitted to the County Auditor's Office to process the vendor payments for the above mentioned weekly check run has been reconciled to the payment information in the CAD Computing Software System.

In addition to physically screening all incoming invoices for duplication, I submit the following checklist of steps taken by my office to insure that duplicate payments are not being made.

Amount to be paid by the County Auditor's Office \$ 304,568.41
(per diskette by the H.C.I.H.C.D. generated from the CAD Computing Software System payment information)

Amount to be paid (per the PROVIDER'S INVOICE REPORT \$ 304,568.41 from the CAD Software.) The amount must agree with the total on the diskette (shown above) being provided to the Auditor's Office.

The H.C.I.H.C.D. staff has compared each invoice being processed for payment this week against the: vendor name, vendor number, amount, pay date, and service date, as shown on the CAD software's "PROVIDERS INVOICE REPORT." Each item compared has been CHECKED OFF in red on the PROVIDER'S INVOICE REPORT (edit report) by the reviewer. The reviewer has signed and dated page one of said report. The report is being submitted to the Auditor's Office with the diskette.

Yes
Yes

For this week's payments, was the duplicate invoice test run on a daily basis? (yes or no)

All possible duplicates were investigated and when appropriate were deleted from the CAD Software System before the diskette for the Auditor's Office was generated.

Signed: _____
Signature of H.C.I.H.C.D. Director

Complete this form on a weekly basis & send to the County Auditor's Office with the disk for payment.

Notes:

Hidalgo County Indigent Health Care Program

Date: Wed Apr 25, 2007

Diskette Report Completed for 05-02-2007 to 05-02-2007

Number of Invoices: 2,732

Total Amount to Pay: \$304,568.41

Time Elapsed: 00:00:17

Drive, Path & Filename: C:DiskRept.ven

Date: 04-25-2007

Providers' Invoices, from 05-02-2007 to 05-02-2007

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Continued: WOMENS HEALTH SPECIALISTS

Name: WOMENS HEALTH SPECIALISTS I.H.C.Code: 78513 TaxNo: 278513

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000094	22.24	05-02-07	02-05-07	177388	N	44105046
00000088	31.28	05-02-07	01-16-07	354462	N	44105046
00000092	40.42	05-02-07	01-16-07	354462	N	44117044
Total	126.65	Invoices	5			

Name: YAZJI, MONZER H. MD&ASSO I.H.C.Code: 38295 TaxNo: 238295

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00008075	53.72	05-02-07	02-05-07	002767	N	44117044
00008068	28.78	05-02-07	01-03-07	009402	N	44117044
00008074	28.78	05-02-07	02-20-07	009402	N	44117044
00008070	28.78	05-02-07	02-20-07	09402A	N	44117044
00008071	10.47	05-02-07	02-20-07	09402A	N	44105046
00008069	34.84	05-02-07	01-29-07	292578	N	44117044
00008067	28.78	05-02-07	01-30-07	460435	N	44117044
00008073	28.78	05-02-07	02-20-07	948784	N	44117044
Total	242.93	Invoices	8			

Name: ZAPATA, HUGO MD. I.H.C.Code: 80147 TaxNo: 250147

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000271	420.80	05-02-07	01-04-07	003365	N	44117044
00000272	72.87	05-02-07	01-04-07	003365	N	44105046
Total	493.67	Invoices	2			

Name: ZUKA KHABBAZEH, M.D. P.A. I.H.C.Code: 95782 TaxNo: 195782

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000473	97.33	05-02-07	01-31-07	292578	N	44117044
00000474	19.25	05-02-07	02-28-07	292578	N	44117044
00000475	194.47	05-02-07	01-25-07	628587	N	44105046
Total	310.95	Invoices	3			

GndTotal 304,568.41 Number of Invoices: 2732