

### 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 5-22-07 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 \$ 32,526.09  
(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 \$ 32,526.09  
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: Lauren Jarmiento 5-15-07  
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:

Date: 05-15-2007

Providers' Invoices, from 05-22-2007 to 05-22-2007

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Continued: VALLEY BAPTIST MED CTR

Name: VALLEY BAPTIST MED CTR I.H.C.Code: 47642 TaxNo: 247642

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000523	3,748.24	05-22-07	10-25-06	630570	N	44104045
<b>Total</b>	<b>3,757.16</b>	<b>Invoices</b>	<b>2</b>			

Name: VALLEY CARDIOLOGY P.A. I.H.C.Code: 22033 TaxNo: 122033

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00005629	28.78	05-22-07	12-19-06	004461	N	44117044
<b>Total</b>	<b>28.78</b>	<b>Invoices</b>	<b>1</b>			

Name: VALLEY EYE CENTER I.H.C.Code: 41431 TaxNo: 241431

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000482	39.95	05-22-07	10-19-06	903124	N	44121110
<b>Total</b>	<b>39.95</b>	<b>Invoices</b>	<b>1</b>			

Name: VALLEY RADIOLOGTS & ASSOC I.H.C.Code: 40117 TaxNo: 240117

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00002688	48.40	05-22-07	12-12-06	005279	N	44105046
00002689	23.40	05-22-07	12-13-06	010828	N	44105046
00002690	11.17	05-22-07	12-13-06	016607	N	44105046
00002694	15.43	05-22-07	10-24-06	150633	N	44105046
00002691	7.45	05-22-07	10-19-06	949360	N	44105046
00002692	6.65	05-22-07	10-19-06	949360	N	44105046
00002693	23.40	05-22-07	09-22-06	949360	N	44105046
<b>Total</b>	<b>135.90</b>	<b>Invoices</b>	<b>7</b>			

Name: WAYNE D. GREEN, M.D. P.A. I.H.C.Code: 38265 TaxNo: 338265

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000002	252.38	05-22-07	10-01-06	218408	N	44117044
<b>Total</b>	<b>252.38</b>	<b>Invoices</b>	<b>1</b>			

GndTotal 32,526.09 Number of Invoices: 139

*Handwritten signature: Linda A. [unclear]*

Hidalgo County Indigent Health Care Program

Date: Tue May 15, 2007

Diskette Report Completed for 05-22-2007 to 05-22-2007

Number of Invoices: 139

Total Amount to Pay: \$32,526.09

Time Elapsed: 00:00:02

Drive, Path & Filename: C:DiskRept.ven