

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 6-5-07 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 \$ 23,264.61
(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 \$ 23,264.61
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

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

Yes

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: Glenn Samiento 5-30-07
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:

Hidalgo County Indigent Health Care Program

Date: Wed May 30, 2007

Diskette Report Completed for 06-05-2007 to 06-05-2007

Number of Invoices: 39

Total Amount to Pay: \$23,264.61

Time Elapsed: 00:00:01

Drive, Path & Filename: C:DiskRept.ven

Date: 05-30-2007

Providers' Invoices, from 06-05-2007 to 06-05-2007

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Name: VILLARREAL, VICTOR R. MD I.H.C.Code: 31789 TaxNo: 231789

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000621	32.24	06-05-07	06-28-06	027792	N	44117044
00000622	28.52	06-05-07	06-28-06	027792	N	44105046
Total	60.76	Invoices	2			

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

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00001018	7.45	06-05-07	12-18-06	635715	N	44105046
00001023	43.62	06-05-07	12-15-06	635715	N	44105046
00001024	7.45	06-05-07	12-17-06	635715	N	44105046
00001025	7.45	06-05-07	12-16-06	635715	N	44105046
00001022	9.04	06-05-07	11-20-06	963303	N	44105046
Total	75.01	Invoices	5			

GndTotal 23,264.61 Number of Invoices: 39

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 6-6-07 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 \$ 272,548.79
(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 \$ 272,548.79
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 Lammert 5-30-07
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:

Hidalgo County Indigent Health Care Program

Date: Wed May 30, 2007

Diskette Report Completed for 06-06-2007 to 06-06-2007

Number of Invoices: 2,014

Total Amount to Pay: \$272,548.79

Time Elapsed: 00:00:11

Drive, Path & Filename: C:DiskRept.ven

Date: 05-30-2007

Providers' Invoices, from 06-06-2007 to 06-06-2007

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Continued: YAZJI, MONZER H. MD&ASSO

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

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00008167	10.47	06-06-07	02-24-07	948784	N	44105046
Total	411.26	Invoices	18			

Name: YURI O BERMUDEZ, MD PA I.H.C.Code: 38236 TaxNo: 238236

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000288	40.42	06-06-07	04-19-07	00349A	N	44117044
00000289	40.42	06-06-07	04-18-07	998134	N	44117044
Total	80.84	Invoices	2			

Name: ZAPATA, HUGO MD. I.H.C.Code: 50147 TaxNo: 250147

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000276	68.87	06-06-07	03-29-07	864742	N	44117044
00000277	24.37	06-06-07	03-29-07	864742	N	44105046
00000278	68.87	06-06-07	03-28-07	905543	N	44117044
Total	162.11	Invoices	3			

GndTotal 272,548.79 Number of Invoices: 2014