

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 7-3-07 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 \$ 183,707.51
(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 \$ 183,707.51 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: Lauren Samient 6-26-07
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: Tue Jun 26, 2007

Diskette Report Completed for 07-03-2007 to 07-03-2007

Number of Invoices: 1,593

Total Amount to Pay: \$183,707.51

Time Elapsed: 00:00:16

Drive, Path & Filename: C:DiskRept.ven

Date: 06-26-2007

Providers' Invoices, from 07-03-2007 to 07-03-2007

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Continued: YURI O BERMUDEZ, MD PA

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

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000290	28.78	07-03-07	05-10-07	00349A	N	44117044
Total	<u>28.78</u>	Invoices	1			

Name: ZAMUCO, MAY H. M.D. I.H.C.Code: 94349 TaxNo: 294349

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000039	16.17	07-03-07	04-28-07	00176D	N	44105046
00000046	28.78	07-03-07	04-28-07	00176D	N	44117044
Total	<u>44.95</u>	Invoices	2			

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

Invoice	Amount	Pay Date	Service	Client	Cleared	Trans.Acct
00000292	19.15	07-03-07	04-12-07	864742	N	44117044
00000283	19.15	07-03-07	04-25-07	864742	N	44117044
00000279	40.42	07-03-07	04-02-07	895759	N	44117044
00000280	24.37	07-03-07	04-02-07	895759	N	44105046
00000281	19.15	07-03-07	04-19-07	895759	N	44117044
Total	<u>122.24</u>	Invoices	5			

GndTotal 183,707.51 Number of Invoices: 1593

COUNTY of HIDALGO



EDINBURG, TEXAS 78539

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DATE: 6-27-07

PLEASE DELIVER THE FOLLOWING PAGE (S) TO:

FAX NUMBER: () 292-7034

TO: Monica Badillo

COMPANY: Budget

FROM: WLU

DEPARTMENT: HUMAN SERVICES

TOTAL NUMBER OF PAGE (S) 4, INCLUDING COVER SHEET.

IF YOU DO NOT RECEIVE ALL OF THE PAGES OR IF THERE IS A PROBLEM, PLEASE CALL US BACK WITHIN FIVE MINUTES.

CONTACT TELEPHONE NUMBER: (956) 581-7950, 581-7933, 581-7939

FAX NUMBER: (956) 519-9060, 519-0779

COMMENTS: _____

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