

**Hidalgo County Health and Human Services Department
Indigent Health Care Program Weekly Vendor Payment Attestation**

I attest that the payment amounts inputted by my staff into the Chassis software system for the Indigent Health Care Program for the vendor payments to be approved by the Commissioners' Court on April 1, 2008 have not been previously paid. The electronic file 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 from the Chassis 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 \$74,051.99
(Per electronic file by the Hidalgo County Health and Human Services Department generated by CHASSIS system for payment information)

Amount to be paid (Per the Payment Itemization Report \$74,051.99
from the Chassis software. The amount must agree with the total on the electronic file being provided to the Auditor's Office.)

The Hidalgo County Health & Human Services 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 Chassis software's "Payment Itemization 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 electronic file. Yes

For this week's payment, 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 Chassis software system before the diskette for the Auditor's Office was generated.

Warren Sammiato 3-20-08
Approved by Human Services Director Date

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



305 W. Woodard Street Suite 215
 Denison, TX. 75020
 903-465-0798 - Phone
 903-464-9066 - Fax

Invoice

DATE	INVOICE #
3/15/2008	DRx2352

Hidalgo County Indigent Health Care
 1304 S. 25th St
 Edinburg, TX 78539

TERMS	SERVICE DATE	NABP #
Due on receipt		

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Prescription Drug Cost (March 1 to March 15)	72,942.74	72,942.74
	Admin. Processing fee	1,109.25	1,109.25

NOTICE: Remit payments to Data Rx Management c/o 305 W. Woodard St. Suite 215
 Denison, TX 75020
 PLEASE INCLUDE NABP# ON ALL PAYMENTS!!!
 YOUR HELP LINE PHONE IS 1-877-823-1273 (live 8 a.m. - 6:00 p.m., CST, voice mail
 for assistance after hours). Past due balances are subject to a 1.5% finance charge.

Sales Tax (6.6%)

Total

\$74,051.99



Provider Payment Itemization



3/20/2008

Home	Find	Add	Interview	Analyze	Administer	Help	Logout
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Batch Record: BatchID=59 Updated 3/16/2008 11:19:40 AM by PBMImport

[Edit](#)

Provider Payment Itemization
Explanation of Benefits for Batch # PBM-3-16-2008
3/25/2008 11:19:40 AM

There are 2465 total payments consisting of a total of 2465 payment lines. The Billed total is \$145,543.22; the Paid total is \$74,051.99; the difference is \$71,491.23. You may also view results in [Client Itemization](#), [Accounting Itemization](#), [Health Care Services Record](#), or [Excel®](#).

The following Providers have payments in this itemization:

1. [DATA RX MANAGEMENT, INC \(View Payment Itemization\) \(List Batch Payments\)](#)