HIDALGO COUNTY HEALTH DEPARTMENT

HEALTH CLINICS

CASHIER'S DAILY CLOSE-OUT REPORT/DAILY REMITTANCE FORM

DATE OF COLLECTION: Wednesday, September 25, 2013 LOCATION: 05 – McAllen

PART I: RECAP OF RECEIPTS ISSUED

RECEIPT NUMBER	METHOD OF PAYMENT CASH	METHOD OF PAYMENT CHECK #	PAYOR NAME/ PATIENT NAME	Co Pay Revenue	Full Pay Revenue	NSF Collections	Immunization Grant	TB Control Grant	Child Health Grant	Prenatal/Maternity Grant	Health Grant - Misc. Revenue	TOTAL CASH COLLECTED
51377	X			-	15.00	-	-	-	-	-	-	$15.00
51378	X			-	-	-	20.00	-	-	-	-	$20.00
51379	X			-	-	-	20.00	-	-	-	-	$20.00
51380	X			-	30.00	-	-	-	-	-	-	$30.00
51381	X			-	-	-	20.00	-	-	-	-	$20.00
51382	X			-	-	-	20.00	-	-	-	-	$20.00
51383	X			-	-	-	15.00	-	-	-	-	$15.00
51384	X			-	30.00	-	-	-	-	-	-	$30.00
51385	X			-	-	-	20.00	-	-	-	-	$20.00
				-	-	-	-	-	-	-	-	$-
				-	-	-	-	-	-	-	-	$-
				-	-	-	-	-	-	-	-	$-
				-	-	-	-	-	-	-	-	$-
				-	-	-	-	-	-	-	-	$-
				-	-	-	-	-	-	-	-	$-
				-	-	-	-	-	-	-	-	$-
				-	-	-	-	-	-	-	-	$-
				-	-	-	-	-	-	-	-	$-
				-	-	-	-	-	-	-	-	$-
				-	-	-	-	-	-	-	-	$-
			Subtotal from Page 1	-	75.00	-	115.00	-	-	-	-	$190.00
			Subtotal from Page 2	-	-	-	-	-	-	-	-	$-
			Total	$-	$75.00	$-	$115.00	$-	$-	$-	$-	$190.00

Part II: CASH ON HAND BY ACTUAL COUNT

A.) CURRENCY		B.) Coins		C.) TOTAL CHECKS
0 Ones	$-	0 Pennies	$-	$-
0 Fives	$-	0 Nickles	$-	
0 Tens	$-	0 Dimes	$-	
8 Twenties	$160.00	20 Quarters	$5.00	
1 Fifties	$50.00	0 Half Dollars	$-	
0 Hundreds	$-	0 Silver Dollars	$-	
TOTAL	$210.00	TOTAL	$5.00	

Received
Billing Division
SEP 26 2013
Hidalgo County Health & Human Services Department

D.) TOTAL CHECKS, CURRENCY & COINS ON HAND (A+B+C)	$215.00
E.) LESS CHANGE FUND	$25.00
F.) TOTAL TO BE DEPOSITED WITH COUNTY TREASURER	$190.00
G.) VARIANCE - OVERAGE/(SHORTAGE)	$-

COMMENTS:

Any variance must be immediately reconciled & brought to the attention of the County Auditor- Internal Audit Division. When a variance a variance occurs, submit a properly reconciled copy of this form & copies of the correlating validated deposit slip, to the County Auditor - Internal Audit Division.

PART III: ACKNOWLEDGEMENT AND APPROVAL

I have counted and acknowledge receipt of all cash and checks collected.

COUNTED BY: Dina Alaniz 9-25-13 WITNESSED BY: Aide Castillo 9/25/2013

DEPOSITED BY: D. Alaniz

Validated deposit slip was verified to daily remittance/close-out report by (print): Norma L. Garza RN

This report has been personally reviewed by me and is true and correct to the best of my knowledge.

09-25-13 Norma L. Garza RN

DATE APPROVED APPROVED BY

PART IV: SUMMARY OF DEPOSITS

	CREDIT GL ACCOUNT NO.		
1. CO. TREASURER GEN. FUND			
a. Health Clinics Undistributed Account	1100-227-30-000-026-0-000	$190.00	550003689
TOTAL TO BE DEPOSITED TO GEN. FUND BANK ACCOUNT			$190.00

*ATTACH VALIDATED DEPOSIT SLIP & INDICATE AMTS TO BE DEPOSITED TO EACH ACCT .

Note: This report must be submitted to Treasurer via Fax on a daily basis along with validated deposit slip.

HEALTH CLINICS
DAILY FEES REPORT

Date of Collections: Wednesday, September 25, 2013 SOURCE: HEALTH CLINIC RECEIPTS LOCATION: 05 – McAllen

	Co- Pay Revenues				Full Pay Revenues																	
Receipt Date	MTY	CHS	INFLU	PNEUM	MTY	CHS	FP	INFLU	PNEUM	Copy of Records/ Other	TST	MCV-4	T-DAP	NSF Collections	IMM PI Grant	TB Control PI Grant	Child Health PI Grant	Prenatal/ Maternity PI Grant	Health Grant - Misc. Revenue	Total Collected	Total Per Page 1 & 2	Variance
51377	-	-	-	-	-	-	-	15.00	-	-	-	-	-	-	-	-	-	-	-	$15.00	$15.00	$-
51378	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20.00	-	-	-	-	$20.00	$20.00	$-
51379	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20.00	-	-	-	-	$20.00	$20.00	$-
51380	-	-	-	-	-	-	-	30.00	-	-	-	-	-	-	-	-	-	-	-	$30.00	$30.00	$-
51381	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20.00	-	-	-	-	$20.00	$20.00	$-
51382	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20.00	-	-	-	-	$20.00	$20.00	$-
51383	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15.00	-	-	-	-	$15.00	$15.00	$-
51384	-	-	-	-	-	-	-	30.00	-	-	-	-	-	-	-	-	-	-	-	$30.00	$30.00	$-
51385	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20.00	-	-	-	-	$20.00	$20.00	$-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$-	$-	$-
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DAILY TOTAL	$-	$-	$-	$-	$-	$-	$-	$75.00	$-	$-	$-	$-	$-	$-	$115.00	$-	$-	$-	$-	$190.00	$190.00	$-
SUB TOTAL	$-				$75.00									$-	$115.00	$-	$-	$-	$-	$190.00	$190.00	