

Invoice	Invoice Date	Reporting Period			Invoice Amount
1565	10/26/2017	10/10/2017	to	10/23/2017	\$ 32.00
1582	11/9/2017	10/24/2017	to	11/6/2017	\$ 44.88
1585	11/24/2017	11/7/2017	to	11/20/2017	\$ 303.52
1604	12/7/2017	11/21/2017	to	12/4/2017	\$ 1,512.35
1607	12/21/2017	12/5/2017	to	12/18/2017	\$ 17.37
1623	1/4/2018	12/19/2017	to	12/31/2017	\$ 1,583.69
				2017	\$ 3,493.81



INVOICE

HIDALGO COUNTY
Vendor: INDIGENT HEALTH
Report Period: 10/10/2017-10/23/2017

Invoice #: 01565
Invoice Date: 10/26/2017

Payee/Remit Address: HEB Grocery Company
PO Box 202905
Dallas, TX 75320-2905
Tax Id: 743010657

PLEASE RETURN ONE
COPY WITH PAYMENT

Table with 13 columns: Name, Cardholder ID, Store ID, NCPDP, Rx #, Fill Date, Date Written, Refill, NDC, NDC Description, Quantity Dispensed, Days Supply, Amount Due. Contains 3 rows of medication data.

Handwritten: Payment ID 1631784

Count: 3

RECEIVED

Amount Due: \$ 32.00

OCT 30 2017

Hidalgo County Health and Human Services

By submitting payment for the services received, I am certifying that (i) any service(s) listed have been rendered by me or by my authorized agent; (ii) all charges are correct; and (iii) I understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable federal or state law.



INVOICE

HIDALGO COUNTY
Vendor: INDIGENT HEALTH
Report Period: 10/24/2017-11/06/2017

Invoice #: 01582
Invoice Date: 11/09/2017

Payee/Remit Address: HEB Grocery Company
PO Box 202905
Dallas, TX 75320-2905
Tax Id: 743010657

PLEASE RETURN ONE
COPY WITH PAYMENT

Table with columns: Name, Cardholder ID, Store ID, NCPDP, Rx #, Fill Date, Date Written, Refill, NDC, NDC Description, Quantity Dispensed, Days Supply, Amount Due. Contains 3 rows of medication data.

Handwritten notes: ID# 1643389, 1643390

Date received 11/10/2017
Paid cleared

Count: 3
Amount Due: \$ 44.88

By submitting payment for the services received, I am certifying that (i) any service(s) listed have been rendered by me or by my authorized agent; (ii) all charges are correct; and (iii) I understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable federal or state law.



INVOICE

HIDALGO COUNTY
Vendor: INDIGENT HEALTH
Report Period: 11/07/2017-11/20/2017

Invoice #: 01585
Invoice Date: 11/24/2017

Payee/Remit Address: HEB Grocery Company
PO Box 202905
Dallas, TX 75320-2905
Tax Id: 743010657

PLEASE RETURN ONE COPY WITH PAYMENT

Table with 13 columns: Name, Cardholder ID, Store ID, NCPDP, Rx #, Fill Date, Date Written, Refill, NDC, NDC Description, Quantity Dispensed, Days Supply, Amount Due. Contains 10 rows of medication data.

Batch FY 18-03 Blue

Count: 10
Amount Due: \$ 303.52

By submitting payment for the services received, I am certifying that (i) any service(s) listed have been rendered by me or by my authorized agent; (ii) all charges are correct; and (iii) I understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable federal or state law.



INVOICE

HIDALGO COUNTY
Vendor: INDIGENT HEALTH
Report Period: 11/21/2017-12/04/2017

Invoice #: 01604
Invoice Date: 12/07/2017

Payee/Remit Address: HEB Grocery Company
PO Box 202905
Dallas, TX 75320-2905
Tax Id: 743010657

PLEASE RETURN ONE
COPY WITH PAYMENT

Table with 13 columns: Name, Cardholder ID, Store ID, NCPDP, Rx #, Fill Date, Date Written, Refill, NDC, NDC Description, Quantity Dispensed, Days Supply, Amount Due. It lists various medications like NAPROXEN, ALYACEN, APAP/CODEINE, METHIMAZOLE, JANUMET, LISINOPRIL, CLOTRIMAZOLE, and PRAVASTATIN.

Count: 13

Amount Due: \$ 1,512.35

By submitting payment for the services received, I am certifying that (i) any service(s) listed have been rendered by me or by my authorized agent; (ii) all charges are correct; and (iii) I understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable federal or state law.



HIDALGO COUNTY
Vendor: INDIGENT HEALTH
Report Period: 12/05/2017-12/18/2017

PA 18 04 13/16

Invoice #: 01607
Invoice Date: 12/21/2017

INVOICE

Payee/Remit Address: HEB Grocery Company
PO Box 202905
Dallas, TX 75320-2905
Tax Id: 743010657

PLEASE RETURN ONE
COPY WITH PAYMENT

Received 12/27/17

B 1666009

Name	Cardholder ID	Store ID	NCPDP	Rx #	Fill Date	Date Written	Refill	NDC	NDC Description	Quantity Dispensed	Days Supply	Amount Due
	39319	00421	4501765	943577	12/6/2017	12/6/2017	0	23155005701	GLYBURIDE TAB 2.5MG	30	30	\$ 8.59
	39319	00421	4501765	943579	12/6/2017	12/6/2017	0	60505257908	ATORVASTATIN TAB 20MG	30	30	\$ 8.78

Count:

2

Amount Due:

\$ 17.37

By submitting payment for the services received, I am certifying that (i) any service(s) listed have been rendered by me or by my authorized agent; (ii) all charges are correct; and (iii) I understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable federal or state law.



INVOICE

HIDALGO COUNTY
Vendor: INDIGENT HEALTH
Report Period: 12/19/2017-01/01/2018

Invoice #: 01623
Invoice Date: 01/04/2018

Payee/Remit Address: HEB Grocery Company
PO Box 202905
Dallas, TX 75320-2905
Tax Id: 743010657

PLEASE RETURN ONE
COPY WITH PAYMENT

Table with 13 columns: Name, Cardholder ID, Store ID, NCPDP, Rx #, Fill Date, Date Written, Refill, NDC, NDC Description, Quantity Dispensed, Days Supply, Amount Due. It lists various medications and their dispensed quantities and costs.

Count: 13

Amount Due: \$ 1,583.69

By submitting payment for the services received, I am certifying that (i) any service(s) listed have been rendered by me or by my authorized agent; (ii) all charges are correct; and (iii) I understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable federal or state law.