



NORMA G. GARCIA
 HIDALGO COUNTY TREASURER
 2810 South Business Hwy 281
 Edinburg, TX 78539-6243

Check Date	Check No.	Amount
07/03/18	00478310	\$3,120.00

PAY GENERAL FUND
 THREE THOUSAND ONE HUNDRED TWENTY DOLLARS AND 00 CENTS

TO THE ORDER OF
 IVAN G. MELENDEZ, M.D.
 3304 N. BRYAN RD
 MISSION TX 78573

NON-NEGOTIABLE

COPY

COPY

COPY

COPY

DATE	CHECK NO.	VENDOR NO.
07/03/18	00478310	207055

VENDOR: IVAN G. MELENDEZ, M.D.

INVOICE	DESCRIPTION	P.O. NUMBER	AMOUNT PAID
MAY 2018 ✓	HIDALGO COUNTY ADULT DETENTION	773004	3,900.00
MAY 2018 ✓	SHORT PAY 4 HOURS	773004	-780.00
Account No 8-1100-423-21-280-002-0-331		Payment Amount Total	3,120.00

SCANNED

JUL 26 2018

INITIALS:

175
176

STATEMENT FOR PROFESSIONAL MEDICAL SERVICES

Sheriff's Responsibility

6/1/18 LAM

Ivan Melendez, MD
3304 N. Bryan RD.
Mission, TX 78573

(1)
Hidalgo County Adult Detention
Accounts Payable
PO Box 1228
Edinburg, TX 78540

Invoice for medical services rendered to the Hidalgo County Adult Detention Center for
May 2018. Please pay in the amount of \$3,900.00.

3900 / .20 = 195.00 hr.
176 ~~780.00~~ 2 shift pay 4 hrs. X 14 hrs.
\$ 3/20.00

\$ 3120.00
A:\$\$

Thank you

Ivan Melendez M.D.

P.O. #: 773004

Invoice Received By:
SLOZANO op: 6/1/18

Good/Services Received By:
L. Molina on: 5/1-5/31/18

8-1100-423-21-280-002-0-331

OK to pay per Miss Liz.
on 6/27/18
"Projected hourly"



JUN -5 PM 4:19



Received
Auditor's Office

PAID

JUL 03 2018

Maria A. Duran

MAY 2018

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Rocio Garcia

From: Silva Lozano 5276 [silvia.lozano@hidalgo.org]
Sent: Tuesday, June 19, 2018 3:55 PM
To: Rocio Garcia
Cc: emilia.uriesgas@hidalgo.org; elizabeth.cano@auditor.co.hidalgo.tx.us
Subject: Re: Dr. Ivan Melendez May 2018 Invoice

Rocio,

Please pay Dr. Melendez invoice for the month of May. As stated on the contract, Dr. Melendez is required to provide a total of 16 hours of service on a monthly basis. On this occasion, the month of May happens to have a total of five weeks, which conflicts with the wording of the contract specifying for Dr. Melendez to work a total of four hours per week, but if we follow this statement we'll be asking him to work a total of twenty hours for this month.

Thank you,

Silvia Lozano

--- Original Message ---

From: "Rocio Garcia" <Rocio.Garcia@auditor.co.hidalgo.tx.us>
Sent: 6/13/2018 3:49:53 PM
To: "'Silvia Lozano 5276'" <silvia.lozano@hidalgo.org>
Cc: "'Emilia Uriegas'" <emilia.uriesgas@hidalgo.org>
Subject: Dr. Ivan Melendez May 2018 Invoice

Good afternoon Emilia/Silvia,
According to the contract between Hidalgo County and Dr. Ivan Melendez (C-16-379A-11-15), Dr. Melendez will be paid a monthly fee of \$3,900.00 for providing his services twice (2) weekly, 2 hour shift schedule, for a total of four hours a week.
For the last week of May 2018 (05/28-31/18) he did not provide the services.
I was advised by Mr. Cano to get in touch with you since we have had this same issue before. Please let me know how we can proceed in paying this invoice.

	Date	Time In	Time Out	Hours	Total Hours
Week 1	5/2/2018	11:00	1:00	2	4
	5/3/2018	9:00	11:00	2	
Week 2	5/8/2018	9:00	11:00	2	4
	5/9/2018	9:00	11:00	2	

Rocio Garcia

From: Rocio Garcia [Rocio.Garcia@auditor.co.hidalgo.tx.us]
Sent: Wednesday, June 13, 2018 3:46 PM
To: 'Silva Lozano 5276'
Cc: 'Emilia Uriegas'
Subject: Dr. Ivan Melendez May 2018 Invoice

Good afternoon Emilia/Silvia,

According to the contract between Hidalgo County and Dr. Ivan Melendez (C-16-379A-11-15), Dr. Melendez will be paid a monthly fee of \$3,900.00 for providing his services twice (2) weekly, 2 hour shift schedule, for a total of four hours a week.

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	5/3/2018	9:00	11:00	2	
Week 2	5/8/2018	9:00	11:00	2	4
	5/9/2018	9:00	11:00	2	
Week 3	5/16/2018	9:00	11:00	2	4
	5/17/2018	9:00	11:00	2	
Week 4	5/22/2018	9:00	11:00	2	4
	5/23/2018	9:00	11:00	2	
Week 5	05/28-31/18	*	*	0	0

Thank you,
Rocio Garcia
Hidalgo County Auditor

HIDALGO COUNTY DETENTION CENTER
DR. IVAN MELENDEZ MEDICAL LOG

Received
 Auditor's Office

DATE	NAME	DOB	SO#
5/2/18	RODRIGUEZ, RAMIRO	7/8/84	D-788-18
5/2/18	MONTELONGO, VALENTIN	6/13/60	C-948-18
5/2/18	GARCIA, JUAN	4/19/84	D-1684-18
5/2/18	MEDINA, MICHAEL	7/28/65	D-1628-18
5/2/18	NERIO, ANGEL	9/9/99	D-1765-18
5/2/18	MORENO, ISIDRO	5/6/69	D-1589-18
5/2/18	PALACIOS, JUAN	11/26/70	D-1548-18
5/2/18	AVITIA, MANUEL	5/6/65	C-1618-18
5/2/18	ALVARADO, HUGO	3/1/85	D-1326-18
5/2/18	ZAMORA, JORGE	12/31/76	D-020-18
5/2/18	CABRERA, CUBERTO	6/3/81	D-1500-18
5/2/18	AGUILAR, JAVIER	1/11/71	D-1378-18
5/3/18	RAMIREZ, GERARDO	6/4/64	D-1654-18
5/3/18	YBARRA, MAXIMO	9/25/81	D-1059-18
5/3/18	RAMIREZ, PEDRO	1/11/82	D-536-18
5/3/18	MONTELONGO, VALENTIN	6/13/60	C-1948-18
5/3/18	MATA, JOSE	1/12/47	E-031-18
5/3/18	SALAZAR, RAY	6/15/78	B-621-18
5/3/18	RAMIREZ, ABEL	4/19/73	D-1576-18
5/3/18	MOORE, LARRY	8/30/81	C-1693-18
5/3/18	COSS, JUAN	3/13/76	D-758-18
5/8/18	LARA, JOSE	3/7/92	E-153-18
5/8/18	GUZMAN, JUAN	1/25/92	D-728-18
5/8/18	SANTANA, JUAN	3/3/70	D-1811-18

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5/8/18	BALDOVINOS, JESUS	12/24/98	E-379-18
5/8/18	ESCALONA, LIBRADO	8/18/48	D-1482-18
5/8/18	HERNANDEZ, JULIAN	8/10/85	D-1551-18
5/8/18	ROBLES, VICENTE	7/30/91	E-318-18
5/8/18	BENAVIDES, RUBEN	11/12/58	E-213-18
5/8/18	LOPEZ, MARCELINO	1/2/62	D-1832-18
5/8/18	DIMAS, SIRILO	5/6/63	E-377-18
5/9/18	DIAZ, LUCIANO	12/10/81	L-632-17
5/9/18	GONZALEZ, HOMERO	11/30/90	D-1293-18
5/9/18	MATAMOROS, GUADALUPE	2/6/69	E-134-18
5/9/18	ROBLES, ELIUD	1/20/91	E-111-18
5/9/18	SALAZAR, MANUEL	1/9/92	E-006-18
5/9/18	HERNANDEZ, RONNIE	11/7/94	E-096-18
5/9/18	SOTO, ALBERTO	3/11/2000	E-282-18
5/9/18	PERALTA, FIDEL	3/23/62	E-078-18
5/9/18	ZALETA, ALBERTO	12/17/89	E-307-18
5/9/18	MAYFARTH, ZACHARIAH	2/17/87	E-149-18
5/9/18	ORTEGA, ROMAN	11/10/85	D-1218-18
5/16/18	MELCHOR, JESUS	3/21/82	I-1204-17
5/16/18	MORALES, JOEL	7/12/90	E-712-18
5/16/18	GARCIA, JUAN	10/10/79	E-670-17
5/16/18	HERNANDEZ, JOSE	8/31/52	D-848-18
5/16/18	MEZA, FRANCISCO	9/23/70	E-084-18
5/16/18	GUERRERO, ESTEBAN	6/17/86	D-646-18
5/16/18	SANCHEZ, LUCIO	10/10/90	C-1787-18
5/16/18	GARCIA, ALVARO	10/29/58	D-234-18
5/16/18	PARRA, EDMUNDO	10/13/67	D-1169-18
5/16/18	ESCALONA, LIBRADO	8/18/48	D-1482-18
5/16/18	VASQUEZ, ISAIS	6/18/64	C-1524-18

5/16/18	GONZALEZ, RALPH	5/14/63	Received	E-175-18
5/16/18	CROSS, MAUREO	2/20/86	Auditor's Office	C-1240-18
5/16/18	MAYERS, JOSEPH	12/28/83		E-768-18
5/17/18	AGUILAR, ROBERT	4/26/81	JUN -5 PM 4:19	D-1204-18
5/17/18	LUCERO, ANDRES	5/6/77		E-933-17
5/17/18	CANTU, ROBERT	1/21/88		D-349-18
5/17/18	OSORNIO, JUAN	12/2/86		C-1364-18
5/17/18	PEREZ, JOSE	8/30/90		D-759-18
5/17/18	ESPINOZA, EDDY	1/9/81		E-364-17
5/17/18	LEAL, DANIEL	12/26/80		C-825-18
5/17/18	MURILLO, VICENTE	6/11/85		C-1218-18
5/17/18	OZUNA, CRUZ	5/29/76		C-479-18
5/17/18	GARCIA, JUAN	4/19/84		D-1684-18
5/17/18	RAMIREZ, MIGUEL	11/28/92		E-643-18
5/17/18	GUTIERREZ, CARLOS	3/31/92		E-488-18
5/17/18	SALAZAR, AGUSTIN	7/20/77		D-1391-18
5/17/18	VELASQUEZ, BRANDON	10/27/97		E-936-18
5/17/18	ALEMAN, ELOY	2/24/73		D-880-18
5/17/18	MORALES, JOSE	9/15/93		E-573-18
5/17/18	LAZO, ISAAC	2/4/92		A-1139-18
5/17/18	DIMAS, SIRILO	5/6/93		E-377-18
5/17/18	VASQUEZ, JULIO	8/14/85		E-945-18
5/17/18	CARRIZALEZ, MOISES	12/31/66		E-251-18
5/17/18	GUERRA, JONATHAN	9/22/91		E-955-18
5/22/18	PEREZ, MANUEL	6/13/78		E-1095-18
5/22/18	FLORES, JOSE	9/15/95		E-518-18
5/22/18	ALVAREZ, MANUEL	3/25/74		E-1182-18
5/22/18	MATA, EZEQUIEL	9/11/76		E-772-18
5/22/18	GARCIA, JOHN	3/9/79		E-1259-18

5/22/18	ROSALES, ROEL	3/17/96	A-1538-18
5/22/18	SANDOVAL, MARIO	5/24/88	E-1142-18
5/22/18	CORDOVA, ROSARIO	3/29/92	E-1082-18
5/22/18	RAMIREZ, DEMETRIO	8/28/76	E-963-18
5/22/18	SALAZAR, MANUEL	1/9/92	E-1308-18
5/22/18	NAVA, NARCISO	2/14/62	E-1065-18
5/22/18	AQUINO, GONZALO	7/6/66	E-801-18
5/22/18	SERNA, JUAN	7/6/89	E-1103-18
5/22/18	MARTINEZ, JOSE	12/17/80	E-1106-18
5/22/18	GARCIA, JUAN	9/15/80	E-951-18
5/22/18	VILLARREAL, JOSE	3/22/78	L-231-17
5/22/18	GARCIA, JOSE	1/1/81	E-1320-18
5/23/18	GARCIA, LAURA	7/13/98	E-990-18
5/23/18	MARTINEZ, MARGARITA	8/10/91	D-705-18
5/23/18	MACIAS, ROSARIO	11/6/77	E-1322-18
5/23/18	MORALEZ, FIDENCIO	10/15/78	D-112-18
5/23/18	BRITT, EDGAR	11/14/68	A-767-18
5/23/18	ALANIS, VICTOR	10/26/86	D-1737-18
5/23/18	MARTINEZ, ROEL	11/15/75	E-012-18
5/23/18	CARDOZA, ROBERT	3/28/85	C-646-18
5/23/18	CONTRERAS, MICHAEL	11/1/77	D-195-18
5/23/18	BOCANEGRA, ISAAC	8/28/76	D-1269-18
5/23/18	ALMARAZ, ANGEL	10/2/96	D-1475-18
5/23/18	RODRIGUEZ, MARTIN	2/3/59	C-1620-18
5/23/18	CORONADO, ANDRES	8/15/97	E-1342-18
5/23/18	REYES, GILARDO	2/23/71	D-1661-18
5/23/18	ACUNA, MIGUEL	11/1/74	E-1326-18
5/23/18	ALVARADO, JUAN	6/8/60	E-544-18

Received
Attorney's Office
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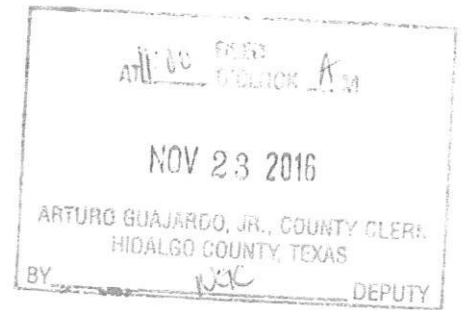
EXHIBIT "B"

HIDALGO COUNTY – SHERIFF'S OFFICE-
"PHYSICIAN SERVICES FOR INMATES"

WORK SCHEDULE: TWICE (2) WEEKLY TWO (2) HOUR SHIFT SCHEDULE FOR A TOTAL OF FOUR (4) HOURS A WEEK.

MONTHLY FEE: \$3,900.00

THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §



CONTRACT FOR SERVICES

C-16-379A-11-15

THIS AGREEMENT is made as of the 15TH day of, November, 2016 by and between **HIDALGO COUNTY, TEXAS**, a political subdivision of the State of Texas (hereinafter "County") and Ivan G. Melendez, M.D. (hereinafter "Physician" and/or "Contractor") to serve at the pleasure of the Hidalgo County Commissioners' Court.

WITNESSETH:

WHEREAS, County desires to contract with a person to provide the services necessary to act as the provider of professional medical services for the residents of the Hidalgo County Adult Detention Facility (the "Clients") that are more specifically set forth hereinafter; and

WHEREAS, Physician has agreed to provide the services enumerated hereinafter for Hidalgo County Adult Detention Facility (the "Jail").

NOW, THEREFORE, for the mutual consideration expressed hereinafter, County and Physician agree as follows:

1. Physician agrees to provide to the Jail and its Clients the services specified, but are not limited to:
 - (a) Providing and maintaining a medical license under which all medical activities of the Jail employees will take place;
 - (b) Providing standing delegation orders to nurse practitioners and nurses and supervising medical procedures;
 - (c) Conduct physical examinations of the Clients as required by the Jail;
 - (d) Conducting other evaluations and tests on each client as required by the Jail;
 - (e) Interpreting the results of any test conducted under (c) or (d) above and

any person without the prior written consent of County.

8. Contractor agrees to comply with the Title VI of the Civil Rights Act of 1964.

9. The term of this Contract shall be for a period of two (2) years and shall commence on December 01, 2016 and end on December 31, 2018 with the option to renew for two (2) one (1) year options reserved solely with the County.

12. Except as may be otherwise specifically provided in this Contract, all notices, demands, requests or communications required or permitted hereunder shall be in writing and shall either be (i) personally delivered against a written receipt, or (ii) sent by registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or at such other addresses as may have been theretofore specified by written notice delivered in accordance herewith:

If to County:

County of Hidalgo, Texas
Attention: County Judge
100 East Cano, 2nd Floor
Edinburg, Texas 78539

If to Contractor:

Ivan G. Melendez M.D
3304 N. Bryan Rd.
Mission, Texas 78573

Each notice, demand, request or communication which shall be delivered or mailed in the manner described above shall be deemed sufficiently given for all purposes at such time as it is personally delivered to the addressee or, if mailed, at such time as it is deposited in the United States mail.

13. CONTRACTOR SHALL INDEMNIFY AND HOLD HARMLESS COUNTY, ITS ELECTED OFFICIALS, EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES INCLUDING ATTORNEY'S FEES FOR THE DEFENSE OF ANY ACTION AGAINST COUNTY ARISING OUT OF, RESULTING FROM, OR CONNECTED WITH THE PROVISION OF THE SERVICE BY CONTRACTOR UNDER THIS CONTRACT. SAID INDEMNITY SHALL COVER ANY ACT OR FAILURE TO ACT BY THE CONTRACTOR, ITS AGENTS OR EMPLOYEES.

submitting a written report to the Jail of the results of such tests and examinations, as required by the Jail, including but not limited to, the Radiology Tests (i.e. X-rays for all inmates) performed on

Hidalgo County Inmates involving and/or subject to tuberculosis;

- (f) Together with a nurse, provided at the sole cost and expense of the Jail, Physician will conduct and/or oversee Sick Call Clinics for all inmates incarcerated at the Jail who require medical services two (2) hours per day, twice a week. It will be the duty of the R.N. Supervisor and/or Infirmary Administrator to organize additional clinic visits by the Physician to follow up on medications, treatments and similar requirements;
- (g) Physician shall adopt and implement workplace guidelines concerning inmates with AIDS and HIV infection and shall develop and implement guidelines regarding confidentiality of AIDS and HIV-related medical information for employees of Physician and for Clients, inmates, patients, and/or residents served by the Physician.
- (h) Provides consultation, hands on treatment and other related medical services to inmates while assessing their health needs and designing treatment plans during regularly scheduled visits to the Jail Facilities;
Physician shall refer inmates to a hospital or specialty clinic for treatment and care whenever the health care required is beyond the resources available at the jail;
- (j) Physician shall oversee the preparation, maintenance and submission of all records that are designated, required or prescribed be either the Jail or the Texas Commission on Jail Standards;
- (k) Physician shall permit Jail and the Texas Commission on Jail Standards to audit or inspect records and reports, review services and/or evaluate the performance of the services provided hereunder at any time;
 - 1. Physician shall provide reasonable access to all records, books, reports and other data and information needed to accomplish reviews of activities, services and expenditures of the Jail;
 - 2. Physician will order prescription medications utilizing the approved formulary provided by the jail, unless in the best interest of the patient as is deemed by the Physician;
 - 3. The qualified Physician must provide and maintain a Texas Controlled Substance Registration listing the Jail's physical address in order to maintain and store/stock medications needed by the Contract Physician and Detention Infirmary Department;

2. Contractor represents that he is a licensed physician licensed by the State of Texas and qualified to perform and execute the services provided above. If such license is suspended or revoked, this Contract shall automatically be terminated and Contractor shall immediately notify the Hidalgo County Sheriff of such suspension or revocation.

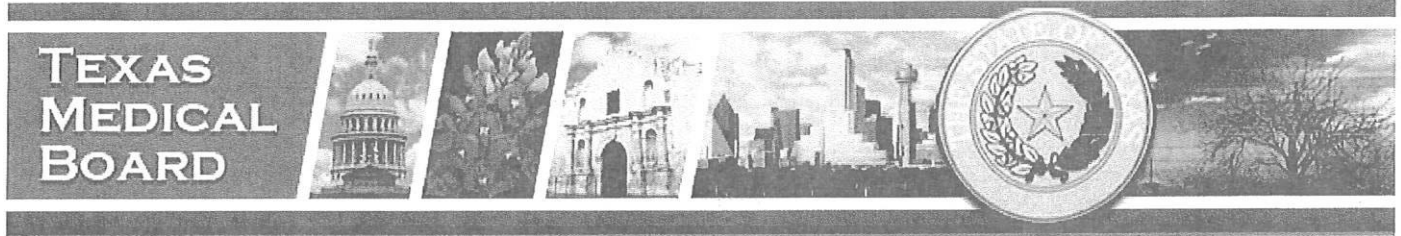
3. As consideration for the above and foregoing, Contractor shall submit a monthly billing statement to the Jail (P.O. Box 1228, Edinburg, Texas 78540). Said statement must include an itemized list of services rendered to the Jail during the statement period. Upon receipt of said statement, the Jail shall submit a requisition for payment of said services in the customary manner provided for payments utilized by Hidalgo County, Texas. Physician shall be compensated in the according to the negotiated monthly amount as evidenced in Exhibit "B" entitled Negotiated Monthly Amount for the services provided to the Jail hereunder.

4. Contractor must comply with all applicable laws and regulations of the Jail and County policies. Notwithstanding the foregoing sentence, Contractor represents and maintains that he is not an employee of the Jail, Hidalgo County, Texas, or any agency thereof, and represents and warrants that he does not desire or request any fringe benefits provided to employees of Jail, Hidalgo County, Texas, and/or any agency thereof, including, but not limited to benefits associated with Hidalgo County's Civil Service Program. Contractor agrees to be responsible for any federal income tax, withholding or social security tax liability that might arise from payments received hereunder.

5. The County may terminate this contract at any time for any reason or no reason at all by providing ninety (90) days written notice. If County is unable to find a suitable replacement, Contractor agrees to continue for a period not to exceed thirty days at the same compensation stipulated in this Contract so that County may have an additional period of time to find a suitable replacement.

6. Contractor agrees to provide professional liability insurance covering his activities in providing the services to County in an amount not less than the minimum amounts prescribed by the Texas Tort Claims Act, §100.001, et seq., Texas Civil Practices and Remedies Code and according to Exhibit "C" entitled Insurance Requirements, and shall furnish County a certificate issued by the insurer that such insurance is in full force and effect.

7. Contractor may not assign the obligations or rights under this Contract to



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: IVAN GILBERTO MELENDEZ BAEZ MD **DATE:** 11/07/2016

THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD

Date of Birth: 1960

License Number: H5188 Full Medical License

Issuance Date: 02/24/1989

Expiration Date of Physician's Registration Permit: 11/30/2018

Registration Status: ACTIVE

Registration Date: 04/25/1989

Disciplinary Status: NONE

Disciplinary Date: NONE

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
UNIV OF PUERTO RICO SCH OF MED, SAN JUAN

Medical School Graduation Year: 1987

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

NONE

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

Texas Liability Insurance Card

Progressive County Mutual Ins. Co.
To report a claim: 1-800-274-4499
 (se habla español)

Named Insured(s)

Ivan G. Melendez
 3304 N Bryan Rd
 Mission, TX 78573

Policy Period: Oct 16, 2017 - Apr 16, 2018
Policy Number: 53441410
Agent: Insurance By Billy Pastor
 1-956-668-1283

PROGRESSIVE

Year	Make	Model	Vehicle Identification No.
2015	Mercedes-Benz	S550	WDDXJ8F84FA001616
2016	Gmc	Sierra C1500/K1500	3GTU2PEC6GG231384
2009	Dodge	Challenger	2B3U74W89H562935
2012	Fiat	500	3C3CFFEROCT119149

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

Texas Liability Insurance Card
Keep this card.

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- motor vehicle registration
- driver's license
- motor vehicle safety inspection sticker

You may also be asked to show this card or your policy if you have an accident or a peace officer asks to see it. All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

Tarjeta de Seguro de Responsabilidad de Texas
Guarde esta tarjeta.

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide. Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

Call Progressive Claims Service at 1-800-274-4499. We are available 24 hours a day, 7 days a week to begin working to resolve your claim.

Texas Liability Insurance Card

Progressive County Mutual Ins Co
To report a claim: 1-800-274-4499
 (se habla español)

Named Insured(s)

Ivan G Melendez
 3304 N Bryan Rd
 Mission, TX 78573

Policy Period: Oct 16, 2017 - Apr 16, 2018
Policy Number: 53441410
Agent: Insurance By Billy Pastor
 1-956-668-1283

PROGRESSIVE®

Year	Make	Model	Vehicle Identification No.
2010	Mercedes-Benz	C300	WDDGF88B2AF354919
1991	Porsche	911	WP0AA2962MS480380
1982	Volkswagen	Vanagon	WV2YA0254CH148197
1995	Am General	Hummer H1	137DA83365E161691

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

Texas Liability Insurance Card
Keep this card.

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- motor vehicle registration
- driver's license
- motor vehicle safety inspection sticker

You may also be asked to show this card or your policy if you have an accident or a peace officer asks to see it. All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

Tarjeta de Seguro de Responsabilidad de Texas
Guarde esta tarjeta.

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide. Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

Call Progressive Claims Service at 1-800-274-4499. We are available 24 hours a day, 7 days a week to begin working to resolve your claim.

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PROGRESSIVE[®]

Year	Make	Model	Vehicle Identification No.
2000	Ford	F150	2FTZF172XYCA51609
2011	Bmw	550	WBAFR9C5XBC758924
1995	Ford	Bronco	1FMEU15H9SLA30707
2005	Hummer	H2	5GRGN23U25H132503

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PROGRESSIVE®

Year	Make	Model	Vehicle Identification No.
2001	Dodge	Ram 1500	1B7HC16XS1S714569
1955	Rolls	Royce	DLW87
1976	Chevy	Nova	1X27D6L122226

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CERTIFICATE OF INSURANCE

ISSUE DATE

12/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUDER, AND THE CERTIFICATE HOLDER.

IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST BE ENDORSED. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, CERTAIN POLICIES MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

PRODUCER

Insurance By Billy Pastor
625 W Pecan
McAllen, TX 78501

INSURER(S) AFFORDING COVERAGE

INSURER A: Lloyd's of London

INSURER B: N/A

INSURED

Ivan Melendez
3304 North Bryan Road
Mission, TX 78573

INSURER C: N/A

INSURER D: N/A

INSURER E: N/A

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	General Liability	TCN098049	10/10/2017	10/10/2018	General Aggregate	\$1,000,000
					Products-Conv/Op Agg.	Excluded
					Personal & Adv. Injury	Excluded
					Each Occurrence	\$500,000
					Damage Prem Rented To You	\$100,000
					Med Expense (Any one person)	\$5,000
B	Personal Liability				Combined Single Limit	
					Medical Payments To Others	
C	Excess Liability				Each Occurrence	
					Aggregate	
D						
E	Property				Building	
					Contents	
					Loss Of Use	

Description of Operations / Specialty Items

Medical Offices

Certificate Holder

HIDALGO COUNTY
2812 S HWY BUS 281
EDINBURG, TX 78539

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

Authorized Signature





December 11, 2017

Policy/ID #1-107893 - TC
Ivan G. Melendez, MD

**CLAIMS-MADE
CERTIFICATE OF INSURANCE
PROFESSIONAL LIABILITY COVERAGE**

Insured: **Ivan G. Melendez, MD**

Policy Period: **01/03/2018 to 01/03/2019**
(All dates are as of 12:01am standard time)

Retroactive Date: **01/03/2002**

Initial Coverage Date: **01/03/2002**

Policy Limits: **\$100,000/\$300,000**

Claim/Suit experience in the last 5 year(s): None

This Certificate of Insurance does not amend, extend or alter the coverage afforded under the above reference policy. Should coverage be amended, altered, or cancelled, the obligation to notify the certificate holder, if any, is solely that of the Insured and failure to provide such notice shall impose no obligation or liability of any kind upon TMLT, its agents or representatives.

This document is supplied for information purposes only, and does not confer any rights or obligations other than those described in the policy. The terms of the policy control over the terms of this document.

A handwritten signature in black ink that reads "Tanya Cortinas".

Tanya Cortinas
Underwriter

Processed by: Thomas Young

IVAN GILBERTO MELENDEZ BAEZ, MD
3304 N BRYAN RD
MISSION TX 78573-1347

TEXAS MEDICAL BOARD	
IDENTIFICATION CARD	
LICENSE/PERMIT NUMBER	EXPIRATION DATE
H5188	11/30/2018
IVAN GILBERTO MELENDEZ BAEZ, MD 3304 N BRYAN RD MISSION TX 78573-1347	
PHYSICIAN FULL PERMIT	

TEXAS MEDICAL BOARD	
P.O. BOX 2029 • AUSTIN, TEXAS 78768-2029	
PHYSICIAN FULL PERMIT	
LICENSE/PERMIT NUMBER	EXPIRATION DATE
H5188	11/30/2018
IVAN GILBERTO MELENDEZ BAEZ, MD 3304 N BRYAN RD MISSION TX 78573-1347	
THIS CERTIFIES THAT THE LICENSEE/PERMIT HOLDER NAMED AND NUMBERED HEREON HAS PROVIDED THIS BOARD THE INFORMATION REQUIRED AND HAS PAID THE FEE FOR REGISTRATION FOR THE PERIOD INDICATED ABOVE PLEASE KEEP THIS BOARD NOTIFIED OF CHANGE OF ADDRESS	

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM1852373	01-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	12-02-2015
MELENDEZ, IVAN G MD 833 W DOVE MCALLEN, TX 78504		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Texas

DRIVER LICENSE

USA
TX



4a DL 08470162 9 Class CM
4a Iss 01/29/2014 4b Exp 01/31/2020
3 DOB 01/31/1960
1 MELENDEZ
2 IVAN GILBERTO
3 3304 N BRYAN
MISSION TX 78573-0000
12 Restrictions A
16 Hgt 5-06 15 Sex M 18 Eyes BRO
5 DD 06619480015249968831

3a End NONE
BRO

Ivan Gilberto Melendez



Purchase Order COUNTY OF HIDALGO

PO# 773004

DATE: 01/11/18

PAGE NO: 1 OF 1

PO TYPE:

VENDOR: 207055

REQ: 00363503

PHONE: (956) 212-0902

Fax: (956) 581-7819

EMAIL:

IVAN G. MELENDEZ, M.D.
1216 N 5TH STREET
MCALLEN TX 78501

BUYER:

SHIP TO: HIDALGO COUNTY JAIL
701 EL CIBOLO RD
EDINBURG Tx 78539

CONTACT: A. MONCIVAIS

(956) 393-6023

SITE: HIDALGO COUNTY JAIL

CONTRACT NO: C-16-379A-11-15

SPECIAL INSTRUCTIONS:

VENDOR NOTES

1. Do not add to, or alter this Purchase Order. This Order is not renewable.
2. TAX EXEMPTION: This Purchase Order may be accepted in lieu of Exemption Certificate.
3. This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
4. Invoice each Purchase Order singly. Original Invoices are required customer copy may be accepted. Out number must appear on all invoices, bills of lading, and packages.
5. Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
		PROFESSIONAL SERVICES FOR THE RESIDENTS OF THE HIDALGO COUNTY ADULT DETENTION FACILITY.		
12.00	MONTH	PROFESSIONAL SERVICES FOR THE RESIDENTS OF THE HIDALGO COUNTY ADULT DETENTION FACILITY. TOGETHER WITH A NURSE, PROVIDED AT THE SOLE COST AND EXPENSE OF THE JAIL, PHYSICIAN WILL CONDUCT AND OR OVERSEE SICK CALL CLINICS FOR ALL INMATES INCARCERATED AT THE JAIL WHO REQUIRE MEDICAL SERVICES TWO (2) HOURS PER DAY, TWICE A WEEK.	3,900.00	46,800.00
TOTAL:				46,800.00

For Hidalgo County use only				
		8-1100-423-21-280-002-0-331		46,800.00

Received
Auditor's Office
2018 JUN -5 PM 4: 19

Authorized by: Martha L Salazar