

Exhibit “A”

**WINNIE STOWELL HOSPITAL DISTRICT
PUBLIC COMMENT-SIGN IN SHEET**

**POLICIES AND PROCEDURES
FOR PUBLIC COMMENT AT BOARD OF DIRECTORS
MEETINGS**

Any Individual shall be allowed to speak but is subject to the rules set forth in above Policies and Procedures for Public Comment:

- a. The Board reserves the right to limit the number of speakers to insure the completion of the posted agenda in a timely manner
- b. Individuals desiring to speak shall sign-up in advance of the meeting
- c. The sign-up sheet shall be available 15 minutes before the beginning of each posted meeting
- d. Speakers shall be heard on a first-come first served basis, based on the sign-up sheet, time permitting
- e. The opportunity to speak shall be limited to no more than **three (3) minutes**, unless extended by the Board
- f. The Board is not required to speak and/or respond and/or answer any speaker, as allowed under law.

May 20 2015 PM

NAME	ADDRESS
Larry Barron	

PUBLIC PARTICIPATION FORM
FOR
WINNIE STOWELL HOSPITAL DISTRICT

Public Comment Only

Agenda Item

Instruction: Fill out all appropriate blanks and present to the District's Administrator prior to the time that the Agenda Item(s) you wish to address are discussed. If you have material or documents for the Court, please make sure you have one for the Clerk to ensure that it is put into the record.

Name: Larry Barron

Address: _____

Phone #: 409 201 3039

Employer: Larry's O-D-TING Tapes Day Address: _____

Work Phone#: SAME

Do you represent any particular group or organization? Yes No

If you represent a group or organization, please state the name, address and telephone number of such group or organization.

Which agenda Item(s) do you wish to address?

a. _____ For Against

b. _____ For Against

c. _____ For Against

Larry Barron
Signature

5/20/2015
Date

NOTE: This Public Participation Form must be presented to the District's Administrator prior to the time the agenda item(s) are discussed. As stated in the District's Public Comment Policy, Speakers will be limited to 3 Minutes and can address specific item(s) on the agenda.

Exhibit “B”

WSHD Financial Reporting Sheet

Winnie Stowell Hospital District

Reporting Date: Wednesday, May 20, 2015

From	Sales Tax	Property Tax	County	Other	Net
Texas Comptroller	\$50,632.30	\$0.00	\$0.00	\$0.00	\$50,632.30
Total:	\$50,632.30	\$0.00	\$0.00	\$0.00	\$50,632.30

Expenses	For	Amount
Benckenstein & Oxford	Legal Inv 47606 Apr	21,885.00
Hubert Oxford		500.00
Josh Heinz		500.00
Mary Ellen Robertson	CPA Inv # 150514-15 & 150525	3,658.67
Philadelphia Inc Com	Inv #04022832707 / D&O Ins	2,816.00
American Express	Credit Card	124.02
Quill	office supplies	601.52
Time Warner	phone/internet	173.63
IHS	Inv 60642 May 2015 Prof Svs	1,059.00
IHS	Inv 60749 June 2015 Prof Svs	1,059.00
IHS	Inv 60777 Software Training (5 hrs)	625.00
Neches Engineers	124 Bldg-Winstorm Cert	1,623.75
Entergy	124 Bldg- Electricity	90.74
TBCD	124 Bldg -Water	72.96
Tony King	Deputy Svs May Reg Mtg	100.00
Total:		34,889.29

Funds Summary	Totals
Prosperity Operating	\$814,354.60
Prosperity CD	\$103,637.07
TexStar	\$152,418.22
Interbank	\$100.00
Wells Fargo	\$700.00
Net Expenses	(\$34,889.29)
Accounts Payable	\$847,570.24
Net Income	\$50,632.30
Ending Balance	\$849,243.89

Loan Summary	Totals
Starting Balance	\$380,000.00
Payment	\$10,008.70
Ending Balance	\$369,991.30

Accounts Payable	For	Amount
LTC Group	March Inv 1039	285,594.32
LTC Group	April Inv 1043	285,594.32
LTC Group	May Inv 1047	276,381.60
Total:		\$847,570.24

WINNIE-STOWELL HOSPITAL DISTRICT
Supplementary Information - Comparison Actual to Budget (Cash Basis)

	4 Months Ended 4/30/2015 Actual	Annual Budget	Over (Under) Budget	% of Budget Used
Revenue				
Sales Tax Revenue	\$ 191,128	\$ 695,000	(503,872)	0.00%
Investment Income	1,432	925	507	0.00%
Other Revenue	13,182	-	13,182	0.00%
Loan Proceeds - Building & Land (2107 Hwy 124)	320,000	320,000	-	0.00%
Loan Proceeds - UPL Program	11,260,000	19,640,000	(8,380,000)	57.33%
Nursing Home - UPL Program	5,854,774	35,675,000	(29,820,226)	16.41%
Total Revenue	<u>17,640,516</u>	<u>56,330,925</u>	<u>(38,690,409)</u>	<u>31.32%</u>
Expenditures				
Administrative Salary	10,280	33,000	(22,720)	31.15%
Administrative Expenses	1,329	1,500	(171)	88.60%
Bank Service Charges	20	-	20	0.00%
Bonds	-	350	(350)	0.00%
District/County Promotion	1,500	-	1,500	0.00%
Continuing Education - Medical Personnel	-	12,000	(12,000)	0.00%
County Indigent/1115 Wavier/Uncompensated Care Program	-	280,000	(280,000)	0.00%
Salary - Indigent Care Administrator	6,248	52,800	(46,552)	11.83%
Meals	392	-	392	0.00%
Insurance	-	3,750	(3,750)	0.00%
Insurance - Property	5,656	10,000	(4,344)	56.56%
Interest - Building	-	10,584	(10,584)	0.00%
Notices & Fees	235	2,500	(2,265)	9.40%
Travel	3,170	3,200	(30)	99.06%
Travel - Indigent Care	1,453	-	1,453	0.00%
Professional Fees - Acctg.	5,226	30,000	(24,774)	17.42%
Professional Fees - Legal	104,043	125,000	(20,957)	83.23%
Principal Payments on Building	-	19,442	(19,442)	0.00%
Security Expense	640	-	640	0.00%
Office Supplies/Postage	3,277	4,000	(723)	81.93%
Taxes - Payroll	933	1,500	(567)	62.20%
Taxes - Payroll - Indigent Care	522	3,840	(3,318)	13.59%
Telephone/Internet	750	2,000	(1,250)	37.50%
Web-Site	500	1,500	(1,000)	33.33%
Utilities	497	-	497	0.00%
Purchase of Land and Building	402,770	400,000	2,770	100.69%
Contingency	-	100,000	(100,000)	0.00%
Principal Payments on UPL Program Loans	4,660,000	19,640,000	(14,980,000)	23.73%
Project Cost - Nursing Home - UPL Program	1,133,318	3,381,150	(2,247,832)	33.52%
Nursing Home Program Mgmt. Fees	1,896,861	19,875,000	(17,978,139)	9.54%
Nursing Home Program - Bonds	-	3,500	(3,500)	0.00%
Nursing Home Program - Interest Expense	378,031	1,621,456	(1,243,425)	23.31%
Payment to Hospital for Equip.,Furn. & Improv.	2,000,000	3,750,000	(1,750,000)	53.33%
Total Expenditures	<u>10,617,651</u>	<u>49,368,072</u>	<u>(38,750,421)</u>	<u>21.51%</u>
Revenue Over(Under) Expenditures	<u>\$ 7,022,865</u>	<u>\$ 6,962,853</u>		

For management purposes only.

WINNIE-STOWELL HOSPITAL DISTRICT
Supplementary Information - Cash and Cash Equivalents
As of April 30, 2015

Cash and Cash Equivalents	
Prosperity Bank - Checking	\$ 828,193
Petty Cash	150
TexStar	152,418
Wells Fargo - WSHD Transfer Account	1,034,223
Graham InterBank	<u>2,468,026</u>
Total Cash and Cash Equivalents	<u>\$ 4,483,010</u>

For management purposes only.

WINNIE-STOWELL HOSPITAL DISTRICT
Statement of Revenues, Expenditures and Changes in Net Position (Cash Basis)
For the 4 Months Ended April 30, 2015

	General Operating Fund	Nursing Home Program	Total
REVENUE:			
Sales Tax Revenue	\$ 191,128	\$ -	\$ 191,128
Investment Income	1,432	-	1,432
Other Revenue	13,182	-	13,182
Loan Proceeds - Building & Land (2107 Hwy 124)	320,000	-	320,000
Loan Proceeds - UPL Program	-	11,260,000	11,260,000
Nursing Home - UPL Program	-	5,854,774	5,854,774
	<hr/>	<hr/>	<hr/>
TOTAL REVENUE	525,742	17,114,774	17,640,516
EXPENSES:			
Administrative Salary	10,280	-	10,280
Administrative Expenses	1,329	-	1,329
Bank Service Charges	20	-	20
District/County Promotion	1,500	-	1,500
Salary - Indigent Care Administrator	6,248	-	6,248
Depreciation Expense	2,344	-	2,344
Meals	392	-	392
Insurance - Property	5,656	-	5,656
Notices & Fees	235	-	235
Travel	3,170	-	3,170
Travel - Indigent Care	1,453	-	1,453
Professional Fees - Acctg.	5,226	-	5,226
Professional Fees - Legal	104,043	-	104,043
Principal Payments on UPL Program Loans	-	4,660,000	4,660,000
Project Cost - Nursing Home - UPL Program	-	1,133,318	1,133,318
Nursing Home Program Mgmt. Fees	-	1,896,861	1,896,861
Nursing Home Program - Interest Expense	-	378,031	378,031
Security Expense	640	-	640
Office Supplies/Postage	3,277	-	3,277
Taxes - Payroll	933	-	933
Taxes - Payroll - Indigent Care	522	-	522
Telephone/Internet	750	-	750
Web-Site	500	-	500
Utilities	497	-	497
Purchase of Land and Building	402,770	-	402,770
Payment to Hospital for Equip.,Furn. & Improv.	-	2,000,000	2,000,000
	<hr/>	<hr/>	<hr/>
TOTAL EXPENSES	551,785	10,068,210	10,619,995
INCREASE (DECREASE) IN NET POSITION	(26,043)	7,046,564	7,020,521
NET POSITION, BEGINNING OF PERIOD	2,702,978	-	2,702,978
NET POSITION, END OF PERIOD	\$ 2,676,935	\$ 7,046,564	\$ 9,723,499

For management purposes only.

Benckenstein & Oxford, L.L.P.

3535 Calder Avenue
Suite 300
Beaumont, TX 77706

May 20, 2015

Winnie-Stowell Hospital District
P.O. Box 1997
Winnie, TX 77665

INVOICE #: 47606 **HOIV**
Billed through: April 30, 2015
Client/Matter #: WSHD 87250

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

04/02/15	HOIV	Drafted extensive e-mail to Phillip Klein with supporting documents responding to potential issues to be addressed in an article for the Southeast Texas Political Review.	1.60 hrs
04/02/15	HOIV	Responded to e-mail from Donna Sonnier regarding Nursing Homes and chain of command for nursing homes.	0.30 hrs
04/02/15	HOIV	Prepared map of SNF owned by District and responded to numerous e-mails from staff regarding Nursing Homes.	4.00 hrs
04/06/15	HOIV	Reviewed UPL funding spreadsheet and reconciled Timeline Spreadsheet for both Skilled Healthcare and Caring Healthcare as well as prepared an extensive e-mail to client and CPA regarding the same.	3.00 hrs
04/07/15	HOIV	Conference call with Gary Klein regarding the need to sign cost reports and the District's need to get a better idea of what was in the proposed cost report in order to be able to advise the District on the need for signing the reports and drafted e-mail to client reporting on the same.	0.70 hrs
04/07/15	HOIV	Drafted extensive e-mail to Donna Sonnier regarding statistics needed by the District in order to be able to make an assessment for indigent care.	0.80 hrs
04/07/15	HOIV	Made revisions to Special Meeting Minutes from March 24, 2015 and sent back to Sherrie Norris.	0.70 hrs
04/07/15	HOIV	Prepared e-mail and table inside e-mail for Genesis requesting a reconciliation for the 2nd Quarter 2015 UPL Payment.	0.60 hrs
04/07/15	HOIV	Reviewed contract with Indigent Healthcare Solutions LTD and had a conference call with President of the company then drafted e-mail to client summarizing the contract and conversation with Indigent Healthcare Solutions.	2.00 hrs
04/07/15	HOIV	Reviewed spreadsheets and UPL Numbers for the second quarter 2015 UPL Distribution and drafted extensive document explaining to staff, LTC Group, and Lender on the procedures and amount of funds to be made and when.	2.00 hrs

04/10/15	HOIV	Gathered documents, reviewed minutes, and drafted extensive e-mail with instructions for wire transfers that need to take place between today, April 10, 2015 through May 7, 2015.	3.50 hrs
04/10/15	HOIV	Reviewed minutes and drafted extensive e-mail to Genesis with instructions for needed reconciliation in order to make payments for the 2nd Qtr UPL funds.	0.80 hrs
04/13/15	HOIV	Reviewed status of HB 3332 and exchanged five (5) e-mails with Trent Kreinke regarding the future of the bill.	0.60 hrs
04/13/15	HOIV	Prepared reconciliation report for Genesis; reviewed report submitted; had extensive conference call with Genesis representative regarding the same; modified District's timeline spreadsheet accordingly.	3.00 hrs
04/13/15	HOIV	Reviewed notes and started draft of minutes for March 18, 2015 Regular meeting.	2.50 hrs
04/14/15	HOIV	Continued draft of March 18, 2015 Regular Meeting.	1.50 hrs
04/14/15	HOIV	Received spreadsheet from Winnie Community Hospital for indigent patients served since 2000 and modified spreadsheet to create graphs and worksheets illustrating services rendered and value of services rendered.	3.50 hrs
04/14/15	HOIV	Exchanged conference calls with Directors regarding personnel matters.	1.80 hrs
04/15/15	HOIV	Prepared for and attended Regular Monthly Board meeting.	6.00 hrs
04/15/15	HOIV	Worked with staff to prepare financials and reconciled outstanding invoices for amounts payable to Genesis and accounts receivable from Genesis and Caring Health Care for their share of the VMG Health Assessment Cost; drafted numerous e-mails to Managers confirming amounts owed.	2.80 hrs
04/15/15	HOIV	Exchanged six (6) e-mails with Prosperity Bank to obtain loan payout schedule.	0.70 hrs
04/15/15	HOIV	Continue work on developng indigent numbers for Winnie Community Hospital and assessing the yearly indigent numbers for 2010-2015.	2.70 hrs
04/15/15	JCR	Assist in modifications to worksheet of indigent care services and years rendered submitted by the Winnie Community Hospital;	0.80 hrs
04/16/15	HOIV	Exchanged five (5) e-mails with Jessica Langowski regarding indigent reports and numbers.	0.80 hrs
04/16/15	HOIV	Conference call with several Board members regarding the April 15, 2015 Regular meeting.	1.80 hrs
04/16/15	HOIV	Drafted extensive e-mail to Board following up on Regular Board meeting in regard to the District's need for information in order to assess the District's Indigent Program and Indigent Population.	2.10 hrs
04/16/15	HOIV	Conference calls with Indigent Health Solutions staff to discuss needed information and the systems capabilities to produce the information.	0.50 hrs
04/16/15	HOIV	Incorporated Patient Identification numbers into Indigent Spreadsheets and	1.20 hrs

modified spreadsheets so that they can be viewed by patients, yearly, and services rendered.

04/17/15	HOIV	Prepared Business Association Agreement between the Winnie Community Hospital and the District and forwarded to Chris Portner for his review.	1.50 hrs
04/17/15	HOIV	Received, reviewed, and responded to several e-mails to and from Donna Sonnier and Winnie Community Hospital Staff regarding a confidentiality policy and reviewed Confidentiality Agreement submitted by Donna Sonnier.	1.20 hrs
04/17/15	HOIV	Reviewed HIPPA law at both the state and national level as well as the effects of HIPPA laws on the Public Information Act.	1.60 hrs
04/17/15	HOIV	Conference calls with Ejay Sherlock and Neches Engineering regarding Windstorm Insurance and repairs to building located on Highway 124 property in order to be windstorm compliant and exchanged six (6) e-mails regarding the same.	1.70 hrs
04/20/15	HOIV	Exchanged four e-mails regarding obtaining an extension for Windstorm Insurance.	0.40 hrs
04/21/15	HOIV	Prepared extensive e-mail to newspaper reporter in response to his request for a status of the District.	3.50 hrs
04/21/15	HOIV	Exchanged multiple e-mails and conference calls with Lender and LTC Group regarding UPL funds received after August 2015.	1.30 hrs
04/21/15	HOIV	Exchanged six (6) e-mails with WCH staff and New Light regarding upcoming Uncompensated Care IGT on behalf of the WCH..	0.60 hrs
04/21/15	HOIV	Exchanged six e-mails with Genesis Healthcare regarding delegation of authority document to negotiate rates and the need for the document.	0.50 hrs
04/22/15	HOIV	Started the process of making extensive revisions to the Timeline Spreadsheet to include worksheets on a per day basis for the transactions that occurred since the first transfer into the District's Texnet account in effort to establish a mechanism to transfer funds on a timely basis upon the receipt of UPL Funds and at the end of the month.	3.50 hrs
04/22/15	HOIV	Began the process of gathering files and documents and creating a shared folder in Dropbox for the 2014 Audit.	2.80 hrs
04/22/15	HOIV	Assisted staff with verification of Genesis reconciliation and subsequent transfer as payment for Manager's fees approved at the April 15, 2015 Regular Meeting.	0.70 hrs
04/23/15	HOIV	Continued revision to Timeline Spreadsheet and distributed to staff and LTC for Comments.	3.40 hrs
04/24/15	HOIV	Conference call with Agents for Director's and Officer's Insurance and supplied Agents with information regarding the District's Income and the Nursing Home UPL program by way of several e-mail exchanges.	2.40 hrs
04/27/15	HOIV	Continued the process of adding daily transfers and reconciling Timeline Spreadsheet relating to Nursing Home UPL and Nursing Homes going back to November 28, 2014.	5.50 hrs

04/27/15	HOIV	Continued gathering documents relating to the acquisition of thirteen nursing homes for the 2014 audit and saved them in Dropbox. In addition, exchanged fourteen (14) e-mails with LTC Group, Auditor, and Mary Ellen Robertson to have a call and participated on conference call to discuss the status of the needed documents for the Nursing Homes and the District.	1.80 hrs
04/28/15	HOIV	Continued work on Timeline Spreadsheet by adding in and reconciling transactions relating to Nursing Home UPL and Nursing Homes going back to November 28, 2014.	3.50 hrs
04/28/15	HOIV	Prepared transfer documents for April 30, 2015 Transfers and exchanged twelve (12) e-mails with client, lender, and banking institutions regarding the same.	1.80 hrs
04/28/15	HOIV	Received loan documents for loans 1-4 and placed them in Auditor folder; made revisions per the lending institution.	1.40 hrs
04/28/15	HOIV	Exchanged nine (9) e-mails with CPA regarding requested information from Auditor.	0.70 hrs
		Total fees for this matter	\$22,885.00

BILLING SUMMARY:

Oxford, IV Hubert	91.30 hrs @	\$250.00 /hr	\$22,825.00
Roebuck, Jennifer	0.80 hrs @	\$75.00 /hr	\$60.00
TOTAL FEES			\$22,885.00
TOTAL CHARGES FOR THIS INVOICE			\$22,885.00
MONTHLY RETAINER			\$1,000.00 CR
TOTAL BALANCE NOW DUE			\$21,885.00

Federal ID# 74-1646478

Invoice Terms: Net 10 Days Upon Receipt
Please Reference Invoice Number on Your Check

BENCKENSTEIN & OXFORD, L.L.P.

ATTORNEYS AT LAW
BBVA COMPASS BANK BUILDING
3535 CALDER AVENUE, SUITE 300
BEAUMONT, TEXAS 77706
TELEPHONE: (409) 833-9182
FAX: (409) 833-8819

Hubert Oxford, IV

hoxfordiv@benoxford.com

May 20, 2015

Mr. Elroy Henry, President
Winnie Stowell Hospital District
825 State Hwy 124
Winnie Texas 77665

Re: Winnie Stowell Hospital District; Invoice for May 20, 2015 Regular Meeting; Our File No. 87250.

Dear President Henry,

Please see the attached invoice for work performed in April 2015. The total amount owed is \$22,885.00. The amount owed to Benckenstein & Oxford, LLP after the paying the retainer of \$1,000.00 is \$21,885.00.

In the month of April 2015, we were able to spend time organizing files for the nursing homes, obtaining signed copies of all documents, preparing for 2014 Audit. In addition, we spent a considerable amount of time reconciling and modifying the spreadsheet used to track funds for the Nursing Home UPL program and payables for the nursing homes.

In addition to the balance owed to Benckenstein & Oxford, LLP for \$21,885.00, please pay the retainer of \$1,000.00 retainer by drafting a check in the amount of \$500.00 payable to Josh Heinz and a second check for \$500.00 to Hubert Oxford, IV.


If you have any questions concerning the invoice or the previously prepared minutes, please do not hesitate to contact me.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

By: _____


Hubert Oxford, IV

Enclosure

MARY ELLEN ROBERTSON
CERTIFIED PUBLIC ACCOUNTANT
985 IH-10 NORTH, SUITE 101
BEAUMONT, TEXAS 77706

(409) 892-8901

Invoice # 150514
May 5, 2015

Winnie-Stowell Hospital District
P. O. Box 1997
Winnie, TX 77665-1997

Accounting services rendered as follows:

General Ledger Write-Up for April, 2015
1 month @ \$625.00 per month

625.00

Amount Due

\$625.00

Please remit to: P. O. Box 5151
Beaumont, TX 77726

MARY ELLEN ROBERTSON
CERTIFIED PUBLIC ACCOUNTANT
985 IH-10 NORTH, SUITE 101
BEAUMONT, TEXAS 77706

(409) 892-8901

Invoice # 150515
May 15, 2015

Winnie-Stowell Hospital District
P. O. Box 1997
Winnie, TX 77665-1997

Professional Services provided as follows:

Direct deposit monthly fee: March & April, 2015 @ \$15.00 each	30.00
Direct deposit per transaction fee: 7 @ \$0.15 each	1.05
Monthly payroll processing fee: March & April, 2015 (4 PPD @ \$35.00 each)	140.00
	<hr/>
Amount Due for these services:	<u>\$ 171.05</u>

Please remit to:

P. O. Box 5151
Beaumont, Texas 77726

MARY ELLEN ROBERTSON
CERTIFIED PUBLIC ACCOUNTANT
985 IH-10 NORTH, SUITE 101
BEAUMONT, TEXAS 77706

(409) 892-8901

Invoice # 150525
May 19, 2015

Winnie-Stowell Hospital District
P. O. Box 1997
Winnie, TX 77665-1997

Accounting services rendered as follows:

Per time sheets attached:

Mary Ellen: 8.00 hours @ \$125.00

Susan: 74.75 hours @ \$50.00

Less amount billed previously: February, March & April 2015

1,000.00

3,737.50

(1,875.00)

Amount Due

\$2,862.50

Please remit to: P. O. Box 5151
Beaumont, TX 77726

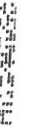
Mary Ellen Robertson, CPA

Winnie-Stowell Hospital District - UPL Program
Time for period 2/01/15-2/17/15

<u>DATE</u>	<u>DESCRIPTION</u>	<u>HOURS</u>
02/04/15	Portal sign-up and approval with Sherrie on telephone	0.50
02/06/15	Review historical & general ledger records for purpose of recapping interest paid UPL.	1.00
02/09/15	Recapping information for Hubert for special board meeting.	1.00
02/16/15	Recap of bank fees & allocation for January.	1.00
02/17/15	Review worksheets for IGT transfers & NH transfers for 2/18. Balance bank accounts back to balances on hand. Telephone call from Darrin.	4.00
02/17/15	Telephone calls with Sherrie to determine best way to transfer UPL to Prosperity.	0.50
TOTAL HOURS THIS PERIOD		<u><u>8.00</u></u>

Winnie-Stowell Hospital District
Hours - Susan McFaddin
2015

Date	Time	Description
02/10/15	5.00	Jan, 2015 General Ledger
02/11/15	2.00	Jan, 2015 General Ledger
02/23/15	4.75	Dec, 2014 year-end adjustments
02/25/15	0.50	Dec, 2014 year-end adjustments
02/25/15	2.75	Financials 12/31/14
02/26/15	5.00	Jan, 2015 write-up
02/27/15	3.25	Jan, 2015 write-up
03/03/15	0.50	Budget
03/09/15	1.00	General Ledger & Pre-note
03/13/15	0.25	Feb, 2015 General Ledger
03/17/15	4.75	Feb, 2015 General Ledger
03/18/15	7.50	Feb, 2015 General Ledger
03/19/15	1.25	Payroll time sheet
04/22/15	1.50	Electronic filing W-2 & 1099's
04/28/15	2.75	Audit info
05/12/15	4.25	March, 2015 General Ledger
05/13/15	7.50	March, 2015 General Ledger
05/14/15	5.00	March, 2015 General Ledger
05/15/15	5.75	April, 2015 General Ledger
05/18/15	6.50	April, 2015 General Ledger
05/19/15	3.00	April write-up for Financials 4/30/15
	<u>74.75</u>	



Billing terms

Policy The program

Term The policy length

Product Identifies PHLTY niche product group

Bill plan Full or interval payment plan applied to the policy, see section opposite for details

Premium charged Policy premium at inception plus any additional premium or return premium endorsements

Premium applied Payments or adjustments made to date

Previous balance Amount due at the end of prior month

Installment amount Divided portion of premium invoiced this month based on the Bill Plan

Taxes/surcharges and fees State imposed taxes or surcharges based on specific coverage and/or premium

Payment / credits Payments or adjustments made during prior month

Balance due Total amount currently due

Available bill plans

Fixed Annual

One bill is produced for the annual premium as of the effective date of the policy.

Installment plans

For the following plans, a \$500 installment minimum is required. Any endorsement activity will be billed or credited over any remaining installments. These plans do not reflect options available for Rental and Leasing policies.

- 25% & 9

25% of the annual premium is billed the first month, 1/9th of the remaining annual will be billed in consecutive monthly intervals.

- 25% & 5

25% of the annual premium is billed the 1st month, The remaining installments of 1/5th will be billed in consecutive monthly intervals.

- 25% & 3

25% of the annual premium is billed the 1st month, 1/3rd of the remaining annual will be billed in consecutive monthly intervals.

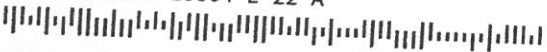
- 50% & 2

50% of the annual premium is billed the 1st month, 1/2 of the remaining annual will be billed in consecutive monthly intervals.

PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group
PO BOX 70251 PHILADELPHIA PA 19176-0251

MB 01 005008 28334 E 22 A



WINNIE-STOWELL HOSPITAL DISTRICT
PO BOX 1997
WINNIE TX 77665-1997

Invoice Number:	04022832707
Account Number:	80026218 <input type="text" value="8"/>
Billing Date:	05/13/2015
Due Date:	06/02/2015
Amount Due:	\$2,816.00

Remittance Amount: \$



PHILADELPHIA INSURANCE COMPANIES
PO BOX 70251
PHILADELPHIA PA 19176-0251

04022832707 000000080026218 8 20150513 20150602 000000000281600 9



Your account summary

Product
80026218 Winton-Stowell Hospital District
Policy
PHSD1041266

Term / Bill plan
05/07/2015 - 16
25% & 3

Premium charged (\$)
11,264.00

Premium applied (\$)
0.00

Previous balance (\$)
0.00

Installment amount (\$)
2,816.00

Taxes / surcharge (\$)
0.00

Fees (\$)
0.00

Payment / credits
0.00

Balance due (\$)
2,816.00

Your balance breakdown

11,264.00
0.00
0.00
0.00
0.00
0.00
2,816.00

Total Balance: 2,816.00

Applications, policy forms, risk management services, and claims management services are available at www.phly.com
*Denotes change in term premium



We're making things clear

As part of our commitment to excellence, we're always looking for new ways to improve our service. We've listened to your feedback and made some changes to your invoices to make them easier to understand and process.

Take a look on the left for some detailed guidance on your new invoices.

What's changed?

- ✓ We've improved our early pay discount and policy breakdowns.
- ✓ We've considered how you work with these invoices and used a clearer, more logical approach with color coding and to improve your experience.
- ✓ As a result, we've been able to reduce the amount of paper reworking, improve invoice and a reduction in the amount of paper you'll receive.

Questions?

Visit PHILLY.com

- ✓ PHILLY.com for policy documents
 - ✓ PHILLY.com for client
 - ✓ PHILLY.com for details
 - ✓ PHILLY.com for your policy
- PHILLY.com • 877-438-7459
 PHILADELPHIA INSURANCE COMPANIES • 800-848-7459

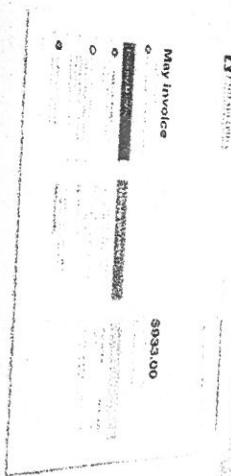


PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

Reassuringly simple

Introducing your new invoice from Philadelphia Insurance Companies





Blue for Business®
 WINNIE STOWELL HOSPI
 JOHN E HENRY SR
 Closing Date 05/11/15 Next Closing Date 06/10/15

OPENSM

Account Ending 0-51003

New Balance **\$124.02**
Minimum Payment Due **\$35.00**
Payment Due Date **06/05/15†**

† **Late Payment Warning:** If we do not receive your Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee of up to \$38.00 and your Purchase APR may be increased to the Penalty APR of 27.24%.

Membership Rewards® Points
 Available and Pending as of 03/31/15
13,812

For up to date point balance and full program details, visit [membershipeards.com](http://membershipewards.com)

Account Summary

Previous Balance \$2,578.56
 Payments/Credits -\$2,578.56
 New Charges +\$124.02
 Fees +\$0.00
 Interest Charged +\$0.00

New Balance **\$124.02**
Minimum Payment Due **\$35.00**

Credit Limit \$15,500.00
 Available Credit \$15,375.98
 Cash Advance Limit \$3,100.00
 Available Cash \$3,100.00

Days in Billing Period: 31

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	4 months	\$124

If you would like information about credit counseling services, call 1-888-733-4139.

➔ See page 2 for important information about your account.

Customer Care

Pay by Computer
open.com/psc

Customer Care **Pay by Phone**
 1-877-258-3254 1-800-472-9297

➔ See page 2 for additional information.

↓ Please fold on the perforation below, detach and return with your payment ↓

Payment Coupon
 Do not staple or use paper clips

Pay by Computer
open.com/psc

Pay by Phone
 1-800-472-9297

Account Ending 0-51003

Enter account number on all documents.
 Make check payable to American Express.

JOHN E HENRY SR
 WINNIE STOWELL HOSPI
 PO BOX 1997
 WINNIE TX 77665-1997

Payment Due Date
06/05/15
 New Balance
\$124.02
 Minimum Payment Due
\$35.00

Check here if your address or phone number has changed. Note changes on reverse side.

AMERICAN EXPRESS
 P.O. BOX 650448
 DALLAS TX 75265-0448

\$ _____
Amount Enclosed



0000349992195946734 000012402000003500 07 H

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. If we accept payment in a foreign currency, we will convert it into US dollars at a conversion rate that is acceptable to us, unless a particular rate is required by law. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your financial account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number listed below for more information about this balance computation method and how resulting interest charges are determined. *The method we use to calculate the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the Closing Date of each billing period. We will not charge you interest on your purchases if you pay the New Balance by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. **We will charge a fee of 2.7% of the converted US dollar amount.** We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is \$1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.



Customer Care & Billing Inquiries
International Collect
Large Print and Braille Statements
Lost or Stolen Card
Cash Advance at ATMs Inquiries

1-877-258-3254
 1-623-492-7719
 1-877-258-3254
 1-800-521-6121
 1-800-CASH-NOW

Hearing Impaired
TTY: 1-800-221-9950
FAX: 1-800-695-9090
In NY: 1-800-522-1897



Website: americanexpress.com
Mobile Site: amexmobile.com

Customer Care & Billing Inquiries
 P.O. BOX 981535
 EL PASO, TX
 79998-1535

Payments
 P.O. BOX 650448
 DALLAS TX
 75265-0448

Change of Address

If correct on front, do not use.

- To change your address online, visit www.americanexpress.com/updatecontactinfo
- For Name, Company Name, and Foreign Address or Phone changes, please call Customer Care.
- Please print clearly in blue or black ink only in the boxes provided.

Street Address

City, State

Zip Code

Area Code and Home Phone

Area Code and Work Phone

Email

Pay Your Bill with AutoPay

- Avoid late fees
- Save time

Deduct your payment from your bank account automatically each month

Visit americanexpress.com/autopay today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit www.americanexpress.com/privacy.



Blue for Business®
 WINNIE STOWELL HOSPI
 JOHN E HENRY SR
 Closing Date 05/11/15

OPEN_{SM}

Account Ending 0-51003

Payments and Credits

Summary

	Total
Payments	
Credits	-\$2,578.56
Total Payments and Credits	\$0.00
	-\$2,578.56

Detail *Indicates posting date

Payments	Amount
04/18/15* JOHN E HENRY SR PAYMENT RECEIVED - THANK YOU	-\$2,578.56

New Charges

Summary

	Total
SHERRIE NORRIS 0-51011	\$124.02
Total New Charges	\$124.02

Detail

 **SHERRIE NORRIS**
 Card Ending 0-51011

	Amount
04/16/15 USPS 489815066425606WINNIE TX 800-2758777	\$68.99
05/02/15 GOOGLE*SVCSAPPSWSHD-Mountain View ADVERTISING SERVICE	\$12.66
05/07/15 WILCOX PHARMACY 6500WINNIE TX 4092962497	\$42.37
Description Price DRUG STORES/PHARMAC \$42.37	

Fees

	Amount
Total Fees for this Period	\$0.00

Interest Charged

	Amount
Total Interest Charged for this Period	\$0.00

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest." Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2015 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2015	\$0.00
Total Interest in 2015	\$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	11.24% (v)	\$0.00	\$0.00
Cash Advances	25.24% (v)	\$0.00	\$0.00
Introductory Purchase Rate Expires 11/10/2015*	0.00%	\$0.00	\$0.00
Total			\$0.00

(v) Variable Rate

* The APR for this balance is a promotional rate and it will expire on the date shown. Any balance at a promotional interest rate that has not been paid in full by the expiration date will begin accruing interest at the APR applicable to Purchases (current Purchases APR shown in table above). Promotional APRs may terminate earlier than the expiration date if you make a late payment or upon any event that causes a Penalty APR to apply to your account (see your Cardmember Agreement).

Remember, your introductory rate applies for all new purchases for your first 6 months of membership.



**Membership Rewards®
Monthly Statement and Program News**

Prepared for JOHN E HENRY SR

Account Number 1M70555067

Total Points Balance **13,812**

Points Earned this Period **3,016**

Account Summary March 1, 2015 - March 31, 2015

Opening Points Balance	10,796
Points Earned this Period	+3,016
Points Used this Period	0
Reinstated Points and Adjustments	0
Total Points Balance	13,812

Points Earned this Period are pending until charges are paid in full and all your accounts are in good standing.

Questions About Your Account?

 membershiprewards.com

1-800-AXP-EARN(297-3276)
International Collect: 305-816-2799

Did You Know?

Use Points For Your Charges
Use your Card for charges like travel, dining, groceries, and more, then go online and use the points you earned toward your eligible charges.

Learn more at
membershiprewards.com/yourcharges

Points Transaction Detail

March 1, 2015 - March 31, 2015

Points Earned this Period	Points Activity On Eligible Charges	Bonus Points Awarded	Total Points Activity Per Card
Blue For Business XXXX-XXXXX0-51003	80	0	80
Add'l Blue For Business XXXX-XXXXX0-51011	2,936	0	2,936
Total	3,016	0	3,016

Membership Rewards points earned may be transferred or redeemed as long as all enrolled Card accounts are in good standing. Points transferred or redeemed cannot be reversed back into the program. **Forfeited points can be reinstated for a fee by calling the number provided below or visiting membershiprewards.com.** Terms and Conditions of the Membership Rewards Express® program apply. For more information, visit membershiprewards.com/terms or call 1-800-AXP-EARN (297-3276). From overseas, call collect 305-816-2799.

Prepared for
JOHN E HENRY SR
Membership Rewards® Account Number
1M70555067



OPEN Savings® Summary

WINNIE STOWELL HOSPI
JOHN E HENRY SR
Closing Date 05/11/15

p. 7/7

Account Ending 0-51003

Discounts	
This Period	\$0.00
Year to Date	\$0.00

Membership Rewards® Points	
This Period	0
Year to Date	0

Remember, you can get benefits on eligible purchases with OPEN Savings® partners¹ automatically when you use your Business Card from American Express OPEN. Learn more at opensavings.com.

Discounts will be applied in the form of a statement credit. For full terms and conditions go to opensavings.com.

The Membership Rewards points balance shown above reflects only points received through the OPEN Savings benefit and may not reflect any reversals. Please refer to your Membership Rewards account balance for the most up-to-date balance information.

¹ See individual OPEN Savings partner terms and conditions located at opensavings.com.

Get 2 additional Membership Rewards® points for each eligible dollar spent OR a 5% discount on eligible purchases with OPEN Savings® partners. Visit opensavings.com for details.



PARK HYATT®

ANDAZ

GRAND | HYATT

HYATT



Merchant participation and offers are subject to change without notice. Maximum annual caps and exclusions may apply to the benefit you can receive. See individual OPEN Savings partner terms and conditions located at opensavings.com.

Offers are made only to Cardmembers who meet certain qualifying criteria. By responding you will be disclosing to the merchant that you meet these criteria

Account Balance

My Account Balance

- Payments or credits posted today will display at the start of the following business day.
- You may click on any invoice transaction number to view details.
- To change the sort order, please click on any heading.
- For inquiries pertaining to all other transaction types: Email Customer Service or call 1-800-789-1331

View by account name and number:



Transaction Date	Transaction Type	Transaction Number	Order Number	P.O. No.	Due Date	Past Due (Days)	Total Amount
05/05/2015	Invoice	3934521	79876103	NORRISSHERRIE	06/04/2015	0	\$98.80
05/05/2015	Invoice	3921507	79876205	NORRISSHERRIE	06/04/2015	0	\$301.98
05/05/2015	Invoice	3917352	79876104	NORRISSHERRIE	06/04/2015	0	\$27.05
05/07/2015	Invoice	4026935	79995024	NORRISSHERRIE	06/06/2015	0	\$110.92
05/11/2015	Invoice	4085500	79995025	NORRISSHERRIE	06/10/2015	0	\$62.77
Total Account Balance							\$601.52



Best experience in office products

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

0:
Order Date : 05/05/2015
Ship Date : 05/05/2015
InvoiceDate : 05/05/2015
TIN : 36-2952904

Sold To:
Winniestowell Hospital Distri

Po Box 1997
Winnie TX 77665-1997

Ship To:
Winnie Stowell Hospital Distri
Sherrie Norris
538 Broadway
Winnie TX 77665

Customer PO : norrissherrie Order# : 79876103 Invoice# : 3934521 Account# : C7769473

Item Number	Description	Color	Qty shipped	Price/UM	Extended
-------------	-------------	-------	-------------	----------	----------

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCash™
Go to Quill.com/inkrecycle

Mdse Total:	\$91.27
Tax:	\$7.53
Freight:	Free

Amount Due:	\$98.80
Due Date:	06/04/2015

Go paperless! Get email alerts when you have new invoices.
To get started, just go to quill.com, click on the "My Account" link, then the account alert link.
To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: **C7769473**
Winniestowell Hospital Dis



Invoice Number: **3934521**
Invoice Date: 05/05/2015
Amount Due: \$98.80
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000039345210007769473710000000098801

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



0:
 Order Date : 05/05/2015
 Ship Date : 05/05/2015
 InvoiceDate : 05/05/2015
 TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
 Customer Service: 1-800-789-8965

Sold To:
 Winniestowell Hospital Distri

 Po Box 1997
 Winnie TX 77665-1997

Ship To:
 Winnie Stowell Hospital Distri
 Sherrie Norris
 538 Broadway
 Winnie TX 77665

Customer PO : norrissherrie Order# : **79876103** Invoice# : **3934521** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-73390	Tuff pockets,Letter,5-1/4		1	\$46.99/box	\$46.99
901-23075	Write on dividers, 5-Tab	White	4	\$2.49/set	\$9.96
901-24286Q	Laminated monthly index	Mnila	4	\$7.19/set	\$28.76
901-7-20200	Qb stl bndr clip small 3/4X3/8		4	\$1.39/box	\$5.56
901-908778DHT	Slipsuit - black 17.3 sleeve		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
901-TN336BK	Brother tn336Bk hy toner blk		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
901-TN331C	Brother tn331C toner cyan		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
901-TN331M	Brother tn331M toner mgnta		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
901-TN331Y	Brother tn331Y toner yellow		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
999-15233S	Mlb-Licensed gifts information		1	\$0.00/each	\$0.00

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.



Please remit stub from total page.



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P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

0:
Order Date : 05/05/2015
Ship Date : 05/05/2015
InvoiceDate : 05/05/2015
TIN : 36-2952904

Sold To:
Winniestowell Hospital Distri

Po Box 1997
Winnie TX 77665-1997

Ship To:
Winnie Stowell Hospital Distri
Sherrie Norris
538 Broadway
Winnie TX 77665

Customer PO : norrissherrie Order# : 79876205 Invoice# : 3921507 Account# : C7769473

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-TN336BK	Brother tn336Bk hy toner blk		1	\$74.99/each	\$74.99
901-TN331C	Brother tn331C toner cyan		1	\$67.99/each	\$67.99
901-TN331M	Brother tn331M toner mgnta		1	\$67.99/each	\$67.99
901-TN331Y	Brother tn331Y toner yellow		1	\$67.99/each	\$67.99

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCash™
Go to Quill.com/inkrecycle

Mdse Total: \$278.96
Tax: \$23.02
Freight: Free

Amount Due: \$301.98
Due Date: 06/04/2015

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To get started, just go to quill.com, click on the "My Account" link, then the account alert link.
To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: **C7769473**
Winniestowell Hospital Dis



Invoice Number: **3921507**
Invoice Date: 05/05/2015
Amount Due: \$301.98
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000039215070007769473710000000301981

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



O:
Order Date : 05/05/2015
Ship Date : 05/05/2015
InvoiceDate : 05/05/2015
TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

Sold To:
Winniestowell Hospital Distri

Po Box 1997
Winnie TX 77665-1997

Ship To:
Winnie Stowell Hospital Distri
Sherrie Norris
538 Broadway
Winnie TX 77665

Customer PO : norrissherrie Order# : 79876104 Invoice# : 3917352 Account# : C7769473

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-908778DHT	Slipsuit - black 17.3 sleeve		1	\$24.99/each	\$24.99

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCash™
Go to Quill.com/inkrecycle

Mdse Total: \$24.99
Tax: \$2.06
Freight: Free

Amount Due: \$27.05
Due Date: 06/04/2015

Go paperless! Get email alerts when you have new invoices.
To get started, just go to quill.com, click on the "My Account" link, then the account alert link.
To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: C7769473
Winniestowell Hospital Dis



Invoice Number: 3917352
Invoice Date: 05/05/2015
Amount Due: \$27.05
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000039173520007769473710000000027051

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip



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P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

0:
Order Date : 05/07/2015
Ship Date : 05/07/2015
InvoiceDate : 05/07/2015
TIN : 36-2952904

Sold To:
Winniestowell Hospital Distri

Po Box 1997
Winnie TX 77665-1997

Ship To:
Winnie Stowell Hospital Distri
Sherrie Norris
538 Broadway
Winnie TX 77665

Customer PO : norrissherrie Order# : 79995024 Invoice# : 4026935 Account# : C7769473

Item Number	Description	Color	Qty shipped	Price/UM	Extended
885-710786	Qb laser lbls 1X 2 5/8, 3M/box	White	1	\$23.99/box	\$23.99
882-WOTAPP10	Bic correction tape 10Pk	White	1	\$19.99/pack	\$19.99
901-720222CT	Quill brand copy paper letter	White	1	\$47.99/carton	\$47.99
901-720561	Quill colored copy paper-Ltr	Green	1	\$10.49/ream	\$10.49
901-811313UNI	Ltr file pckt w/ 3.5 expn		0	\$0.00/	\$0.00

The item above will be shipped and billed separately

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCash™
Go to Quill.com/inkrecycle

Mdse Total: \$102.46
Tax: \$8.46
Freight: Free

Amount Due: \$110.92
Due Date: 06/06/2015

Go paperless! Get email alerts when you have new invoices.
To get started, just go to quill.com, click on the "My Account" link, then the account alert link.
To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: C7769473
Winniestowell Hospital Dis



Invoice Number: 4026935
Invoice Date: 05/07/2015
Amount Due: \$110.92
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000040269350007769473710000000110921

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



Best experience in office products

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

0:
Order Date : 05/07/2015
Ship Date : 05/08/2015
InvoiceDate : 05/11/2015
TIN : 36-2952904

Sold To:
Winniestowell Hospital Distri


Po Box 1997
Winnie TX 77665-1997

Ship To:
Winnie Stowell Hospital Distri
Sherrie Norris
538 Broadway
Winnie TX 77665

Customer PO : norrissherrie Order# : **79995025** Invoice# : **4085500** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-811313UNI	Ltr file pkt w/ 3.5 expn		1	\$57.99/pack	\$57.99

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCash™
Go to Quill.com/inkrecycle

Mdse Total:	\$57.99
Tax:	\$4.78
Freight:	Free

Go paperless! Get email alerts when you have new invoices.
To get started, just go to quill.com, click on the "My Account" link, then the account alert link.
To help apply your payment properly, remember to include your account # on your check and remit your payment to the address shown below.

Amount Due:	\$62.77
Due Date:	06/10/2015

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: **C7769473**
Winniestowell Hospital Dis



Invoice Number: **4085500**
Invoice Date: 05/11/2015
Amount Due: \$62.77
Payable in U.S. Dollars

Payable to:

Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

00110000000040855000007769473710000000062775

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip



Customer service
Call us anytime: 1-866-519-1263
Manage your account:
business.twc.com/myaccount
Visit us online: business.twc.com

Account number
8260 17 029 0121119
Customer code **1931**

RECEIVED
MAY 13 2015

Due date	Service period	Amount due
May 16, 2015	05/05 - 06/04	\$173.63

Service address
Winnie Stowell Hospital
Account Phone 406-201-3922
538 Broadway
Wshd Rm
Winnie, TX 77665-7600

Previous balance & payments	
Balance last statement	170.09
Payments received as of Apr 26, 2015	-170.09

Current month	
Monthly services	149.94
Credits and one-time charges	2.99
Surcharges	10.33
Taxes and fees	10.37

Total due by May 16, 2015 **\$173.63**



7010 AIRPORT RD EL PASO TX 79906-4943
8260 1700 NO RP 26 04272015 NNNNNYYN 01 007027 0025

WINNIE STOWELL HOSPITAL
PO BOX 1997
WSHD RM
WINNIE, TX 77665-1997



Payment due date
May 16, 2015

Account number
8260 17 029 0121119

Please write your account number on your check.

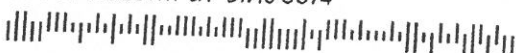
Please enclose this coupon with your payment.

**Please allow 7-10 days for delivery and payment processing. See reverse side for more convenient payment options.

Total amount due
\$173.63

Amount enclosed

TIME WARNER CABLE
PO BOX 60074
CITY OF INDUSTRY CA 91716-0074



826017029012111900173633

Winnie Stowell Hospital
 Total due by May 16, 2015: \$173.63
 Account number: 8260 17 029 0121119
 Customer code: 1931
 Statement date: Apr 26, 2015



Previous balance	
Balance last statement	170.09
Total previous balance	\$170.09
Payments	
04/22 Payment - Thank You	-170.09
Total payments	-\$170.09
Monthly services	
04/26 BCP Req'd Svcs	0.00
BCP HSD Port Off, BCP Account Level, BCP VIP 1, BCP Voip Port On, Primary TN Tracking, Do Not Print Business Class Phone	
BCP Tracking Code, Business Class Phone	54.95
\$29.99 BCP Uld 36mo D/t	-10.96
Broadband HSD - 10mx2m	119.95
BCP Double 3Yr W/video	-14.00
Total monthly services	\$149.94
Credits and one-time charges	
04/26 Directory Assistance for 409-296-1003	2.99
Total credits and one-time charges	\$2.99
Surcharges	
TWC PUC Recovery Fee	0.04
State Universal Service Fund	0.81
Federal Universal Service Fund	1.85
Federal Subscriber Line Charge	6.50
TWC State Cost Recovery Fee	1.13
Total surcharges	\$10.33
<i>TWC imposes surcharges to recover costs of complying with its governmental obligations. Specifically, TWC chooses to impose the State Cost Recovery Fee to recover the cost of TWC's Texas Margins Tax liability.</i>	
Taxes and fees	
State and Local Sales Tax	9.33

continued on next column

continued from previous column

TWC Regulatory Recovery Fee	0.48
E911 Fee	0.50
E911 Equalization Surcharge	0.06
Total taxes and fees	\$10.37
Total due by May 16, 2015	\$173.63

Reach us at your convenience

Online
 Visit us at business.twc.com/myaccount to chat with agents online, manage your services, access support tools such as FAQs and user guides, and pay your bill when it is convenient for you.

Over the phone
 Call us anytime at **1-866-519-1263** to speak with someone live. For the most efficient service, have the phone number associated with your account or your account number available when you call.

Pay online

My Account puts you in control!

Enjoy the convenience of anytime access to your account, save time with easy, online bill payment and efficiently manage your service all in one place. Your account number and customer code are needed to register. Visit us online at business.twc.com/myaccount to get started today!

Pay by phone

Make a payment free of charge using our automated payment option at **1-866-519-1263** and authorize payment directly from your bank account or credit card.

Customer information

Experiencing technical issues with closed captioning? Call 866-892-4249, email closedcaption@twcable.com, or fax 877-430-1386. Address written complaints to A. Long, Legal, 13820 Sunrise Valley Dr., Herndon, VA 20171, email twc.closedcaptioningissues@twcable.com, or fax 704-697-4935. To follow up on a written submission, call 877-276-7432.

If your check is returned, you expressly authorize your bank account to be electronically debited for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgement and acceptance of this policy and its terms and conditions. Nonpayment of any portion of your TV, Internet or Phone service could result in disconnection of your TWC services.

To view the call detail for your Business Phone calls, go to business.twc.com/myaccount.

For information on any upcoming programming changes please consult the Legal Notices published in Beaumont Enterprise on the 1st and 3rd Monday of each month and on twc.com.

Time Warner Cable is an Equal Opportunity Employer M/F/D/V/Drug free workplace. For career opportunities at Time Warner Cable, visit twc.com/careers.

Indigent Healthcare Solutions, Ltd.
2040 North Loop, 336 West, Suite 304
Conroe, TX 77304

RECEIVED
APR 24 2015

Invoice # 60642

Phone # (800) 834-0560

Fax # (936) 756-6741

Date: 4/20/2015

WINNIE STOWELL HOSPITAL DISTRICT
P O BOX 1997
WINNIE, TX 77665

Terms: Net receipt of invoice

Professional services for the month of May 2015

1,059.00

Total

\$1,059.00

PLEASE REMIT PAYMENT TO
INDIGENT HEALTHCARE SOLUTIONS, LTD
ATTN: KELLEY ASTOLOS
3011 ARMORY DRIVE, SUITE 190
NASHVILLE, TN 37204

THANK YOU FOR YOUR BUSINESS!!!

IHS

Indigent Healthcare Solutions, Ltd.
2040 North Loop, 336 West, Suite 304
Conroe, TX 77304

RECEIVED
MAY 04 2015

Invoice # 60749

Phone # (800) 834-0560
Fax # (936) 756-6741

Date: 5/1/2015

WINNIE STOWELL HOSPITAL DISTRICT
P O BOX 1997
WINNIE, TX 77665

Terms: Net receipt of invoice

Professional services for the month of June 2015

1,059.00

Total

\$1,059.00

PLEASE REMIT PAYMENT TO
INDIGENT HEALTHCARE SOLUTIONS, LTD
ATTN: KELLEY ASTOLOS
3011 ARMORY DRIVE, SUITE 190
NASHVILLE, TN 37204

THANK YOU FOR YOUR BUSINESS!!!

IHS

Indigent Healthcare Solutions, Ltd.
2040 North Loop, 336 West, Suite 304
Conroe, TX 77304

Invoice # 60777

Phone # (800) 834-0560

Fax # (936) 756-6741

Date: 5/11/2015

WINNIE STOWELL HOSPITAL DISTRICT
P O BOX 1997
WINNIE, TX 77665

Terms: Net receipt of invoice

Five hours of custom programming for importing hospital claims data for reporting purposes	625.00
--	--------

Total	\$625.00
--------------	-----------------

PLEASE REMIT PAYMENT TO
INDIGENT HEALTHCARE SOLUTIONS, LTD
ATTN: KELLEY ASTOLOS
3011 ARMORY DRIVE, SUITE 190
NASHVILLE, TN 37204

THANK YOU FOR YOUR BUSINESS!!!

IHS

Neches Engineers
 8865 College Ste 200
 Beaumont, TX 77707

Invoice

Date	Invoice #
4/30/2015	1590-03

RECEIVED
 MAY 08 2015

Bill To
WINNIE STOWELL HOSPITAL PO BOX 1997 WINNIE TEXAS 77665 ATTN: SHERRIE NORRIS

PROJECT NAME	PURCHASE ORDER

Item	Description	Qty	Rate	Amount
JOHN I. SHACKELFORD	PROJECT MANAGER P.E. Sales Tax	12	125.00 8.25%	1,500.00 123.75
Total				\$1,623.75

Payments/Credits \$0.00

Balance Due \$1,623.75



Entergy
PO BOX 8104
BATON ROUGE LA 70891-8104

Call 1-877-387-2499

Customer Bill

Please Bring Entire Bill When Paying In Person

PAY THIS AMOUNT	BY	05/22/2015	\$90.74
	AFTER	05/22/2015	\$95.00

Due date does not apply to any previous balance already past due

RECEIVED
MAY 08 2015

Account Number	QPC	Office	Cycle	Route
4261034	008	018	04	09
Service Location		1364		
2107 HIGHWAY 124 WINNIE TX 77665				

Billing Period	No. Days	Mail Date
04/03/2015 TO 05/02/2015	29	05/06/2015

Bill History	KWH	Days	Amount
Last Month	0	7	\$17.29
This Month	0	0	
Last Year			

6983 01 AV 0.378 ***** 5-DIGIT 77612



WINNIE STOWELL HOSPITAL DISTRICT
PO BOX 1997
WINNIE TX 77665-1997

Si necesita tener la información de esta cuenta en español, favor de llamar al 1-877-387-2499 y pida que le pasen con un traductor. 0 5DG 006983 WE06 1 G

Type	Meter Number	Meter Reading		Difference	Multiplier	Usage	Rate Code	Rider Code	Amount
		Present	Previous						
KWH	9690616	5725	5427	298	1				
KW	9690616	3.87			1	298	220		
BILLED MINIMUM KW			5			4			
CUSTOMER CHARGE									
DEMAND CHARGE									
ENERGY CHARGE									
TTC RIDER									
FUEL ADJUSTMENT									
CHAMBERS COUNTY HEALTH SERVICES DISTRICT 1/2% TAX									
STATE SALES TAX									
TOTAL MONTHLY CHARGES									34.95
THANK YOU FOR YOUR PAYMENT(S)									90.74
									\$297.29

=> Real-time payment options: My Account Online at entergy.com or by phone 800-584-1241 for a small fee. PLEASE ADD \$1.00 FOR THE POWER TO CARE

Amount Due considered delinquent after BY date

Keep this portion for your records

Please detach and return with your check payable to Entergy



Our records show your telephone number is 409-296-1003. If your number or address has changed, check the box to the right and write the correction on the back.



Account Number QPC Office Cycle Route
4261034 008 018 04 09

WINNIE STOWELL HOSPITAL DISTRICT
PO BOX 1997
WINNIE TX 77665-1997

Due date does not apply to any previous balance already past due

PAY THIS AMOUNT	BY	05/22/2015	\$90.74
	AFTER	05/22/2015	\$95.00



ENTERGY
PO BOX 8104
BATON ROUGE LA 70891-8104

80180409000426103400000000907480000000950021420



Established 1949

TRINITY BAY CONSERVATION DISTRICT

P.O. BOX 599 • STOWELL, TEXAS 77661
 PHONE:(409)296-3602 FAX: (409)296-3745
 www.tbcd.org

RECEIVED
 MAY 13 2015



ON OR BEFORE DUE DATE	DUE DATE	AFTER DUE DATE		
72.96	05/15/15	74.05	1-04-08000-03 (0)	53
			2107 HWY 124	

WINNIE-STOWELL HOSPITAL DISTRI
 PO BOX 1997
 WINNIE TX 77665

Trinity Bay Conservation Dist.
 P. O. BOX 599
 Stowell TX 77661-0599



IF YOUR MAILING ADDRESS HAS CHANGED PLEASE CORRECT
 PLEASE RETURN TOP PORTION WITH PAYMENT

MAKE CHECK PAYABLE TO:	SERVICE ADDRESS		ACCOUNT NUMBER		
	2107 HWY 124		1-04-08000-03		
Trinity Bay Conservation Dist. P. O. BOX 599 Stowell TX 77661	SERVICE PERIOD	FROM	TO	BILLING DATE	
		03/31/15	04/30/15	04/30/15	
READ DATE (W)	04/28/15			DESCRIPTION	AMOUNT
METER NUM.	08126189				
PRES. READ	124.7				
PREV. READ	121.6				
TOTAL GALLONS	3.1				
				THIS MONTH	72.96
				TOTAL NOW DUE	72.96
				PENALTY AMOUNT	PAY THIS AMOUNT AFTER
				1.09	05/15/2015 74.05

576

MESSAGES

PAY ONLINE AT WWW.TBCD.ORG

TO RESTORE CUT OFF SERVICES:PAY BY 4:00PM,
 ONLY CASH, MONEY ORDER OR CREDIT CARD
 (ONLINE ONLY)WILL BE ACCEPTED. CHECKS MUST
 CLEAR BANK BEFORE SERVICE IS TURNED BACK ON.

*DENOTES OVER 65 EXEMPTION

OFFICE HOURS ARE MON.-THURS.
 7:00AM TO 5:30PM. TO
 CONTACT US OR FOR
 AFTER HOURS EMERGENCIES
 CALL 409-296-3602,
 THEN PRESS 1.

INVOICE

Deputy, Tony King attended the Winnie-Stowell Hospital District meeting on Wednesday, May 20, 2015. Arrived at _____ pm and left at _____ pm. Fees are \$100.00 per meeting.

Signature

LTC Group, LLC
 3267 Bee Caves Road
 Suite 107-517
 Austin, TX 78746

Invoice

Date	Invoice #
3/1/2015	1039

Bill To
Winnie-Stowell Hospital District PO Box 1997 Winnie, TX 77662

Terms	Due Date
Due on receipt	3/1/2015

Quantity	Item Code	Description	Price Each	Amount
31	Fee for Service	March 2015 - Marshall Manor (179 beds X \$5.51/day)	986.29	30,574.99
31	Fee for Service	March 2015 - Highland Park Care Center (64 beds X \$5.51/day)	352.64	10,931.84
31	Fee for Service	March 2015 - Marshall Manor West (118 beds X \$5.51/day)	650.18	20,155.58
31	Fee for Service	March 2015 - Golden Villa (120 beds X \$5.51/day)	661.20	20,497.20
31	Fee for Service	March 2015 - Rose Haven Retreat (108 beds X \$5.51/day)	595.08	18,447.48
31	Fee for Service	March 2015 - Spring Branch (198 beds X \$5.51/day)	1,090.98	33,820.38
31	Fee for Service	March 2015 - Garrison Nursing Home (93 beds X \$5.51/day)	512.43	15,885.33
31	Fee for Service	March 2015 - Clairmont Beaumont (148 beds X \$5.51/day)	815.48	25,279.88
31	Fee for Service	March 2015 - The Woodlands Healthcare (214 beds X \$5.51/day)	1,179.14	36,553.34
31	Fee for Service	March 2015 - Monument Hill (108 beds X \$5.51/day)	595.08	18,447.48
31	Fee for Service	March 2015 - Oakland Manor (120 beds X \$5.51/day)	661.20	20,497.20
31	Fee for Service	March 2015 - Hallettsville (120 beds X \$5.51/day)	661.20	20,497.20
31	Fee for Service	March 2015 - Oak Manor (82 beds X \$5.51/day)	451.82	14,006.42
Total				\$285,594.32

LTC Group, LLC
 3267 Bee Caves Road
 Suite 107-517
 Austin, TX 78746

Invoice

Date	Invoice #
5/1/2015	1047

Bill To
Winnie-Stowell Hospital District PO Box 1997 Winnie, TX 77662

Terms	Due Date
Due on receipt	5/1/2015

Quantity	Item Code	Description	Price Each	Amount
31	Fee for Service	May 2015 - Marshall Manor (179 beds X \$5.51/day)	986.29	30,574.99
31	Fee for Service	May 2015 - Highland Park Care Center (64 beds X \$5.51/day)	352.64	10,931.84
31	Fee for Service	May 2015 - Marshall Manor West (118 beds X \$5.51/day)	650.18	20,155.58
31	Fee for Service	May 2015 - Golden Villa (120 beds X \$5.51/day)	661.20	20,497.20
31	Fee for Service	May 2015 - Rose Haven Retreat (108 beds X \$5.51/day)	595.08	18,447.48
31	Fee for Service	May 2015 - Spring Branch (198 beds X \$5.51/day)	1,090.98	33,820.38
31	Fee for Service	May 2015 - Garrison Nursing Home (93 beds X \$5.51/day)	512.43	15,885.33
31	Fee for Service	May 2015 - Clairmont Beaumont (148 beds X \$5.51/day)	815.48	25,279.88
31	Fee for Service	May 2015 - The Woodlands Healthcare (214 beds X \$5.51/day)	1,179.14	36,553.34
31	Fee for Service	May 2015 - Monument Hill (108 beds X \$5.51/day)	595.08	18,447.48
31	Fee for Service	May 2015 - Oakland Manor (120 beds X \$5.51/day)	661.20	20,497.20
31	Fee for Service	May 2015 - Hallettsville (120 beds X \$5.51/day)	661.20	20,497.20
31	Fee for Service	May 2015 - Oak Manor (82 beds X \$5.51/day)	451.82	14,006.42
Total				\$285,594.32

LTC Group, LLC

3267 Bee Caves Road
 Suite 107-517
 Austin, TX 78746

Invoice

Date	Invoice #
4/1/2015	1043

Bill To
Winnie-Stowell Hospital District PO Box 1997 Winnie, TX 77662

Terms	Due Date
Due on receipt	4/1/2015

Quantity	Item Code	Description	Price Each	Amount
30	Fee for Service	April 2015 - Marshall Manor (179 beds X \$5.51/day)	986.29	29,588.70
30	Fee for Service	April 2015 - Highland Park Care Center (64 beds X \$5.51/day)	352.64	10,579.20
30	Fee for Service	April 2015 - Marshall Manor West (118 beds X \$5.51/day)	650.18	19,505.40
30	Fee for Service	April 2015 - Golden Villa (120 beds X \$5.51/day)	661.20	19,836.00
30	Fee for Service	April 2015 - Rose Haven Retreat (108 beds X \$5.51/day)	595.08	17,852.40
30	Fee for Service	April 2015 - Spring Branch (198 beds X \$5.51/day)	1,090.98	32,729.40
30	Fee for Service	April 2015 - Garrison Nursing Home (93 beds X \$5.51/day)	512.43	15,372.90
30	Fee for Service	April 2015 - Clairmont Beaumont (148 beds X \$5.51/day)	815.48	24,464.40
30	Fee for Service	April 2015 - The Woodlands Healthcare (214 beds X \$5.51/day)	1,179.14	35,374.20
30	Fee for Service	April 2015 - Monument Hill (108 beds X \$5.51/day)	595.08	17,852.40
30	Fee for Service	April 2015 - Oakland Manor (120 beds X \$5.51/day)	661.20	19,836.00
30	Fee for Service	April 2015 - Hallettsville (120 beds X \$5.51/day)	661.20	19,836.00
30	Fee for Service	April 2015 - Oak Manor (82 beds X \$5.51/day)	451.82	13,554.60
Total				\$276,381.60

Exhibit “C”

Hospital Update

May 19, 2015

Dear Mr. Espinosa;

Here is what is going on at the Hospital. Our new GE CT Scanner is still on schedule for delivery and installation during the first week of June. We are getting it from a vendor the hospital has worked with for more than 10 years. David Martinson lives and is raising his family in the Hamshire-Fannett area. We also continue to get bids for updating our X-Ray table and hope to have made a discussion of what new piece of equipment is the right fit for us in the next week.

Three weeks ago we purchased our second van for our expanding Behavioral Health Partial Hospital Program. This new van is a 10 passenger/2 handicap accessible van with a lift for loading and unloading patients.

We continue to working on remodeling each of our patient room. We just finished redoing a restroom in the adult clinic so that patients can provide lab samples without having to walk thru the main waiting room area.

Our Adult, Pediatric and Crystal Beach Clinic has just purchased an Electronic Health Record (EHR) software. Over the next month we will be implementing and transiting from paper charts to all electronic.

Over the past two weeks we have meet with 2 Architecture groups and are currently getting bids for updating our Operation Room. However, we are asking them to help up with a Proposal for a Master Planning Services for our Hospital Campus. We have shared with them all of the new projects that we are currently working on as well as our future growth wish list. Currently with the expanding Behavior Health program our dietary department is preparing anywhere from 30 to 50 lunches Monday thru Friday. We are running out of food preparation space and with the plan to start 3 more group in the next few months, we have asked them to help us with a master plan. With the OR we would like to plan for a Wellness Center that we could house a Physical Therapy Department once we move to phase 3 and 4 in the types of surgery's we will be able to offer. We have asked them to take our current parking and water drainage issue and expand it as well.

Thank you for your support, dan

DAN YANCY, Ph.D.

ADMINISTRATOR

WINNIE COMMUNITY HOSPITAL

409.296.6000

Exhibit “D”

Hubert Oxford IV

From: Lisa Stramecki <lisa@stramecki.com>
Sent: Wednesday, May 20, 2015 9:29 AM
To: Hubert Oxford IV
Cc: sherrie@wshd-tx.com; Donna Sonnier
Subject: Re: Website Update

Hubert,

I do not have any updates for the website at this time. I hope to start working on things via email within the next couple of weeks. Krysta has been a bit colicky or something and needs me constantly. She turns 7 weeks tomorrow, so things usually start getting better within the next month. I just can't commit to anything since I have NO idea. And trust me....I wish I did. But obviously, her needs are my priority. I will setup the website with access to it from the backend as soon as I can. We can tweak the site I had built before the birth to get it ready for launch. Donna had asked for that access back at the end of April and I haven't been able to do it yet. I know this website has been on the wish list for a long time now and everyone is anxious to get it up and running. If at any point you need to move on without my services, just let me know. I understand that my personal priorities are not the same as your organization. I don't feel we are at that point nor has anyone given me that impression – just want to ensure I state that incase it is needed. Just be sure to express expectations if there are any, and I can be honest on whether or not I can meet those. I do have a family member that can start helping me a little that Krysta settles for. If needed, I can try to arrange a little time here and there with her to make some progress. All three of my boys never took this long to settle down so I wasn't expecting much downtime to get it finished; all babies are different.

Hope everything is well with everyone at the district.

-Lisa

From: Hubert Oxford IV <hoxfordiv@benoxford.com>
Date: Tuesday, May 19, 2015 at 2:49 PM
To: Lisa Stramecki <lisa@stramecki.com>, "sherrie@wshd-tx.com" <sherrie@wshd-tx.com>, Donna Sonnier <donna@wshd-tx.com>
Subject: Website Update

Lisa,

Do you have any website update for tomorrow's meeting?

Hubert Oxford, IV
Benckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
Beaumont, Texas 77706
(409) 951-4721 Direct
(409) 351-0000 Cell
(409) 833-8819 Fax

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This e-mail transmission (and/or the documents accompanying it) may contain confidential information belonging to the sender which is protected by the attorney-client privilege. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying,

distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this e-mail in error, please immediately send a reply and delete the e-mail promptly. If there is any question or difficulty, please notify us by calling us collect at phone number (409) 833-9182.

Exhibit “E”

**Winnie Stowell Hospital District
Public Information Policy
Texas Public Information Act**

Effective Date: 5/20/2015

Last Revised: 5/20/2015

CONTENTS

- 1. Policy Statement**
- 2. Rationale**
- 3. Scope**
- 4. Related Statues, Policies, Requirements, Or Standards**
- 5. Contacts**
- 6. Definitions**
- 7. Responsibilities**
- 8. Procedures**
- 9. Forms Tools/Online Processes**

1. POLICY STATEMENT

It is the policy of the State of Texas that each person is entitled, unless otherwise expressly provided by law, at all times to complete information about the affairs of government and the official acts of public officials and employees in accordance with the Texas Public Information Act ("the Act"), Government Code, Chapter 552. This procedure shall be liberally construed in favor of granting a request for information.

A subpoena duces tecum or a request for discovery that is issued in compliance with a statute or a rule of civil or criminal procedures is not considered to be a request for information under the Act and is not subject to this procedure. A request for documents pursuant to a hearing or posted meeting is considered to be a request for information under the Act.

2. RATIONALE

The following sets forth procedures to be followed by Winnie Stowell Hospital District ("District") for complying with the Act. For purposes of this procedure, District includes all Board member and staff. It is the responsibility of the Board of Directors to properly instruct its employees regarding compliance with these procedures and the Act.

3. RELATED STATUTES, POLICIES, REQUIREMENTS OR STANDARDS

- Texas Government Code, Chapter 552
- Texas Government Code, Section 559.004
- Texas Government Code, Section 559.003

4. CONTACTS

If you have any questions about the Winnie Stowell Hospital District's Public Information Policy, *Texas Public Information Act*, or need to make a public information request, contact the following office:

Sherrie Norris
Administrator/Public Information Officer
PO Box 1997,
Winnie, Texas 77665
Phone: 409-296-1003
Email: Sherrie@wshd-tx.com

5. DEFINITIONS

Public Information: Information that is collected, assembled, or maintained under a law or ordinance or in connection with the transaction of official business by a governmental body or for a governmental body and the governmental body owns the information or has a right of access to it.

Full cost: The sum of all direct costs plus a proportional share of overhead or indirect costs.

Standard-size copy: A printed impression on one side of a piece of paper that measures up to 8 1/2 by 14 inches. Each side of a piece of paper on which an impression is made is counted as a single copy. A piece of paper that is printed on both sides is counted as two copies.

Nonstandard-size copy: A copy of public information that is made available to a Requestor in any format other than a standard-size paper copy. Microfiche, microfilm, diskettes, magnetic tapes, CD-ROM, and nonstandard-size paper copies are examples of nonstandard-size copies.

Readily available information: Information that already exists in printed form, or information that is stored electronically and is ready to be printed or copied without requiring any programming, or information that already exists on microfiche or microfilm. Information that

requires a substantial amount of time to locate or prepare for release is not readily available information.

6. RESPONSIBILITIES

District Administrator

- Serves as Public Information Office (PIO)
- Reviews this policy for legal compliance;
- Serves as point of contact for questions regarding this policy;
- Designated agent for coordinating responses to requests for public information;
- Determines whether requested information falls within one of the excepted categories.
- Forwards relevant information to Attorney General along with the request for decision in cases where District is seeking to withhold requested information based upon a Subchapter C exception.

Person Requesting Information (“Requestor”)

- Makes written request for and receives information in accordance with the Texas Public Information Act. Request must be made in writing to the PIO;
- Makes written request to correct information in accordance with Texas Government Code Section 559.004 and this policy.

*It is not the responsibility of District or the PIO to interpret the information contained in records or to answer questions regarding the information.

7. PROCEDURES

Officers for Public Information and Designated Agents

The Texas Public Information Act designates the Chief Administrator of a governmental body as the officer for public information. The Chairman of the Board is the officer for public information for District. The District’s Administrator is the officer in charge of maintaining public information in compliance with the act and for coordinating responses to requests for public information subject to the District’s Attorney’s approval.

General Duties of the Public Information Office (PIO)

The PIO shall make public information available for public inspection and copying; carefully protect public information from deterioration, alteration, mutilation, loss, or unlawful removal; and repair, renovate, or rebind public information as necessary to maintain it properly.

The PIO may not inquire into the purpose for which the information will be used or make other inquiry of a Requestor except to establish proper identification or as follows:

1. If information requested is unclear, the Requestor may be asked to clarify the request;
2. If a large amount of information has been requested, the Requestor may be asked how the scope of the request might be narrowed.

All inquiries to the Requestor for clarification or narrowing of a request shall be made in writing or email or via facsimile transmission. If the Requestor's request for information included the Requestor's physical or mailing address, the communication shall be sent by certified mail to the Requestor's physical or mailing address. The communication must state that all responses to the inquiry must also be made in writing or email or via facsimile transmission and that failure to respond in a timely manner may result in the request being considered withdrawn. If the PIO does not receive a written response from the Requestor by the 61st day after the date the written request for clarification or narrowing is sent, the request for public information is considered to have been withdrawn by the Requestor.

The PIO shall treat all requests for information uniformly without regard to the position or occupation of the Requestor, the person on whom behalf the request is made, or the status of the individual as a member of the media. The Act provides that District is not required to accept or comply with a request for information from an individual who is imprisoned or confined in a correctional facility.

The PIO shall give to the Requestor all reasonable comfort and facility for the full exercise of the right granted by the Act.

Receiving and Referring Requests

All requests for public information should be received in writing. For purposes of this Act, a written request includes a request made in writing that is sent to the PIO by electronic mail or facsimile transmission.

Any employee receiving a written request for information must immediately inform the Requestor they must make the request to the PIO.

Email and facsimile requests are not valid unless sent directly by the Requestor to the PIO.

Individuals contacting the District with written or verbal inquiries regarding public information held by a component of the District such as a committee hearing, workshop, or advisory committee should be advised to submit their requests in writing directly to the PIO.

Routine Requests

When it is clear from the request that requested information is not excepted from required disclosure, the PIO should respond or coordinate responses to the request. The PIO should promptly produce public information for inspection, duplication, or both on application by any person. The PIO complies with routine requests by:

1. providing the public information for inspection or duplication in the offices of the District; or
2. sending copies of the public information by first class United States mail if the person requesting the information requests that copies be provided by mail and pays the postage and any other charges that the Requestor has accrued.

Charges for providing a copies of public information are considered to accrue at the time the Requestor is advised that the copy is available on payment of the applicable charges.

If the requested information is unavailable at the time of the request to examine because it is in active use or in storage, the PIO shall certify this fact in writing to the Requestor and set a date and hour within a reasonable time when the information will be available for inspection or duplication.

If the requested information cannot be produced for inspection or duplication within 10 business days after the date the information is requested, the PIO shall certify that fact in writing to the Requestor and set a date and hour within a reasonable time when the information will be available for inspection or duplication.

A Requestor must complete the examination of the information not later than the 10th business day after the date the information is made available. If the Requestor does not complete the examination of the information within 10 business days after the date the information is made available and does not file a request for additional time as follows, the Requestor is considered to have withdrawn the request. The PIO shall extend the initial examination period by an additional 10 business days if, within the initial period, the Requestor files a written request for additional time. The period must be extended by another 10 business days if, within the additional period, the Requestor files a written request for more additional time.

If public information exists in an electronic or magnetic medium, the Requestor may request a copy either on paper or in an electronic medium, such as e-mail, diskette, or on magnetic tape. The PIO shall provide a copy in the requested medium if:

1. the District has the technological ability to produce a copy of the requested information in the requested medium;
2. the District is not required to purchase any software or hardware to accommodate the request; and
3. provision of a copy of the information in the requested medium will not violate the terms of any copyright agreement between the District and a third party.

If the PIO is unable to comply with the request to produce a copy of information in a requested medium, for any of the reasons described above, the PIO must provide a paper copy of the requested information or a copy in another medium that is acceptable to the Requestor. The PIO is not required to copy information onto a diskette or other material provided by the Requestor but may use its own supplies.

The PIO must provide the written statement to a Requestor described below if the PIO determines:

1. that responding to a request for public information will require programming or manipulation of data; and
2. that:
 - compliance with the request is not feasible or will result in substantial interference with its ongoing operations; or
 - the information could be made available in the requested form only at a cost that covers the programming and manipulation of data.

The written statement must include:

1. a statement that the information is not available in the requested form;
2. a description of the form in which the information is available;
3. a description of any contract or services that would be required to provide the information in the requested form;
4. a statement of the estimated cost of providing the information in the requested form, as determined in accordance with the guidelines for specifying charges for access to public information;
5. a statement of the anticipated time required to provide the information in the requested form

The PIO shall provide this written statement to the Requestor within 20 days after the date of the PIO's receipt of the request. The District has an additional 10 days to provide the statement if written notice is given to the Requestor, within 20 days after the date of receipt of the request, that the additional time is needed.

After providing the written statement to the Requestor as required above, the PIO does not have any further obligation to provide the information in the requested form or in the form in which it is available unless within 30 days the Requestor informs the PIO in writing that the Requestor:

1. wants the governmental body to provide the information in the requested form according to the cost and time parameters set out in the statement or according to other terms to which the Requestor and the governmental body agree; or
2. wants the information in the form in which it is available.

If a Requestor does not make a timely written statement as specified above, the Requestor is considered to have withdrawn the request for information.

The PIO must maintain a file containing all written statements issued pursuant to instructions above in a readily accessible location.

Non-routine Requests

When it is not clear whether requested information is excepted from required disclosure by the Public Information Act the PIO, within the time frames outlined below, will determine whether the records in question should be withheld or released.

Subchapter C of the Public Information Act excepts a number of categories of information from required disclosure. On determination by the PIO that requested information falls within one of these excepted categories, the PIO shall forward a request for a decision to the Attorney General to confirm that such information shall be withheld from public disclosure. On determination by the PIO that that requested information does not fall within one of the excepted categories, the request shall be processed following procedures specified above for a routine request.

Requests for Personal Information

Special right of access to confidential information

Information related to the person and that is held by the District and protected from public disclosure by laws intended to protect that person's privacy interests will be disclosed to the person or the person's authorized representative in accordance with Sections 552.023, 552.229,

and 552.307 of the Act. A person may also request to be informed about information that the District collects about the individual, as provided by Section 559.003(a)(1) of the Texas Government Code. Requests for information should be made in accordance with the section titled "Receiving and Referring Requests" that appears on page 4 of this policy. **Nothing in this policy shall allow an individual access to information to which access is denied by the Act or by other law.**

Right to request correction of incorrect information

A person is entitled to have the PIO correct information about the individual that is incorrect in accordance with the following procedures, which are established in accordance with Section 559.004 of the Texas Government Code. This policy does not apply to an employee of District who seeks to correct information in that employee's personnel file; such an employee should comply with the personnel policy.

The person should request, in writing, that the PIO correct information about the person that is held by a District which is incorrect. The request should specifically identify (1) the information that the person believes to be incorrect and (2) the document or other source in which the information is located. The request also should specify the correction that the person requests. Requests for corrections should be made in accordance with the section titled "Receiving and Referring Requests" that appears on page 4 of this policy.

Not later than ten days (excluding Saturdays, Sundays and State and National legal holidays) after the date of the PIO receipt of the request for correction, the PIO shall acknowledge in writing the receipt of the request. The PIO thereafter shall promptly either make the correction to the information as identified by the person or inform the person of the PIO's refusal to amend the information in accordance with the person's request, the reason for the refusal, and the name and address of the official to whom the person may request a review of the refusal. The designated official will be the Board Chairman, as appropriate, or his or her designee.

If the person disagrees with the refusal of the PIO to amend the information, the person may request in writing to the designated official a review of the refusal. Not later than 30 days (excluding Saturdays, Sundays and State and National legal holidays) after the date of the designated official's receipt of the request for review, the official shall complete a review of the matter and make a final determination unless, for good cause, the official extends the thirty-day period.

The PIO will make approved corrections in accordance with all applicable laws and regulations, including those pertaining to records retention. The PIO may make approved corrections by adding a document that amends but does not replace the document containing the incorrect information.

Responding To Repetitious or Redundant Requests

If the PIO determines that a Requestor has made a request for information for which the PIO has previously furnished copies to the Requestor or made copies available to the Requestor on payment of applicable charges, the PIO may respond to the request by certifying to the Requestor that copies of all or part of the requested information, as applicable, were previously furnished to the Requestor or made available. The certification must include:

1. a description of the information for which copies have been previously furnished or made available to the Requestor;
2. the date that the PIO received the Requestor's original request for that information;
3. the date that the PIO previously furnished copies of or made available copies of the information to the Requestor;
4. a certification that no subsequent additions, deletions, or corrections have been made to that information; and
5. the name, title, and signature of the PIO or their agent making the certification.

A charge may not be imposed for making and furnishing the certification. Information not furnished in the previous request must be furnished for the new request.

Requests Requiring More Than 36 Hours of Personnel Time (36 Hour Rule)

Each Requestor is limited to 36 hours of time per 12 month fiscal year that personnel of the PIO and the District are required to spend producing public information for inspection and duplication, or providing copies of public information to the Requestor, without recovering its costs attributable to that personnel time.

Each time the PIO complies with a request for public information, the PIO shall provide the Requestor with a written statement of the amount of personnel time spent complying with that request and the cumulative amount of time spent complying with requests for public information from that Requestor during the applicable 12-month period. The Requestor may not be charged for the amount of time spent preparing the written statement.

If, in connection with a request for public information, the cumulative amount of personnel time spent complying with requests for public information from the same Requestor is expected to equal or exceed 36 hours, the PIO shall provide the Requestor with a written estimate of the total cost, including materials, personnel time, and overhead expenses necessary to comply with the request. The written estimate must be provided to the Requestor on or before the 10th day after the date on which the public information was requested. If the PIO determines that additional time is required to prepare the written estimate and provides the

Requestor with a written statement of that determination, the PIO must provide the written statement as soon as practicable, but on or before the 10th day after the date the PIO provided the notice that additional time was required.

The costs charged for personnel time relating to the cost of locating, compiling, and producing the public information shall be calculated at the rates set by the Texas Attorney General's Office. A summary of the charges is available as Attachment 1. When calculating the amount of time spent complying with an individual's public information request(s), the PIO may not include time spent on:

1. Determining the meaning and/or scope of the request(s);
2. Requesting a clarification from the Requestor;
3. Comparing records gathered from different sources;
4. Determining which exceptions to disclosure, if any, may apply to information that is responsive to the request(s).
5. Preparing the information and/or correspondence required for an attorney general decision;
6. Reordering, reorganizing, or in any other way bringing information into compliance with well-established and generally accepted information management practices; or
7. Providing instruction to, or learning by, employees or agents of the District of new practices, rules, and/or procedures, including the management of electronic records.

If the PIO provides a Requestor with a written statement estimating the cost of personnel time to complete the Requestor's request, the PIO is not required to produce public information for inspection or duplication or to provide copies of public information in response to the Requestor's request unless on or before the 10th day after the date the written statement was sent, the Requestor submits a statement in writing to the governmental body in which the Requestor commits to pay the lesser of:

1. the actual costs incurred in complying with the Requestor's request, including the cost of materials and personnel time and overhead; or
2. the amount stated in the written statement.

If the Requestor fails or refuses to submit a written commitment to pay statement, the Requestor is considered to have withdrawn the Requestor's pending request for public information.

This rule does not prohibit the PIO from providing a copy of public information without charge or at a reduced rate when it is in the public interest or from waiving a charge for providing a copy of public information when the cost of processing the collection will exceed the amount of the charge. In addition, the 36 hour rule does not apply if the Requestor is an individual

who, for a substantial portion of the individual's livelihood or for substantial financial gain, gathers, compiles, prepares, collects, photographs, records, writes, edits, reports, investigates, processes, or publishes news or information for and is seeking the information for:

1. a radio or television broadcast station that holds a broadcast license for an assigned frequency issued by the Federal Communications Commission;
2. a newspaper that is qualified under Section 2051.044 to publish legal notices or is a free newspaper of general circulation and that is published at least once a week and available and of interest to the general public in connection with the dissemination of news;
3. a newspaper of general circulation that is published on the Internet by a news medium engaged in the business of disseminating news or information to the general public; or
4. a magazine that is published at least once a week or on the Internet by a news medium engaged in the business of disseminating news or information to the general public.

Further, the 36 hour rule does not apply if the Requestor is:

1. an elected official of the United States, Texas, or a political subdivision of Texas; or
2. a representative of a publicly funded legal services organization that is exempt from federal income taxation under Section 501(a), Internal Revenue Code of 1986, as amended, by being listed as an exempt entity under Section 501(c)(3) of that code.

Itemized Estimate of Charges

If a request for a copy of public information will result in the imposition of a charge that exceeds \$40, or a request to inspect a paper record will result in the imposition of a charge that exceeds \$40, the PIO shall provide the Requestor with a written itemized statement that details all estimated charges that will be imposed, including any allowable charges for labor or personnel costs. If an alternative less costly method of viewing the records is available, the statement must include a notice that the Requestor may contact the PIO regarding the alternative method. The PIO must inform the Requestor of the responsibilities imposed on the Requestor and of the rights granted and give the Requestor the information needed to respond, including:

1. that the Requestor must provide the PIO with a mailing, facsimile transmission, or electronic mail address to receive the itemized statement and that it is the Requestor's choice which type of address to provide;
2. that the request is considered automatically withdrawn if the Requestor does not respond in writing to the itemized statement and any updated itemized statement in the appropriate time and manner; and

3. that the Requestor may respond to the statement by delivering the written response to the PIO by mail, in person, by facsimile transmission, or by electronic mail.

A request is considered to have been withdrawn by the Requestor if the Requestor does not respond in writing to the itemized statement by informing the PIO within 10 business days after the date the statement is sent to the Requestor that:

1. the Requestor will accept the estimated charges;
2. the Requestor is modifying the request in response to the itemized statement; or
3. the Requestor has sent to the Attorney General a complaint alleging that the Requestor has been overcharged for being provided a copy of the public information.

If the PIO later determines, but before it makes the copy or the paper record available, that the estimated charges will exceed the charges detailed in the written itemized statement by 20 percent or more, the PIO shall send to the Requestor a written updated itemized statement that details all estimated charges that will be imposed, including any allowable charges for labor or personnel costs. If the Requestor does not respond in writing to the updated estimate in the time and manner described above, the request is considered to have been withdrawn by the Requestor.

1. If the actual charges that the District imposes for a copy of public information, or for inspecting a paper record exceeds \$40, the charges may not exceed: the amount estimated in the updated itemized statement;
2. if an updated itemized statement is not sent to the Requestor, an amount that exceeds by 20 percent or more the amount estimated in the itemized statement.

An itemized statement or updated itemized statement is considered to have been sent by the PIO to the Requestor on the date that:

1. the statement is delivered to the Requestor in person;
2. the Requestor deposits the properly addressed response in the United States mail; or
3. the Requestor transmits the properly addressed response to the District by electronic mail or facsimile transmission.

A Requestor is considered to have responded to the itemized statement or the updated itemized statement on the date that:

1. the response is delivered to the PIO in person;
2. the Requestor deposits the properly addressed response in the United States mail; or
3. the Requestor transmits the properly addressed response to the PIO by electronic mail or facsimile transmission.

These timelines do not affect the deadlines required for requesting an Attorney General's decision.

Time of the Essence

If the PIO seeks to withhold requested information based upon a Subchapter C exception, the Public Information Act provides that a decision regarding applicability of the specified exception must be requested from the Attorney General within 10 business days from the date that the request is received. Further, the Requestor must be provided the following information within the same time frame:

1. a written statement that the PIO wishes to withhold the requested information and has asked for a decision from the Attorney General about whether the information is within an exception to public disclosure; and
2. a copy of the PIO's written communication to the Attorney General asking for the decision or, if the written communication discloses the requested information, a redacted copy of that written communication.

If a decision of the Attorney General is not requested within 10 business days and the Requestor is not provided with the information described in the paragraph above, the information is subject to required public disclosure and must be released unless there is a compelling reason to withhold the information. All related supplementary information required by the Attorney General must be provided not later than 15 business days after the date that the request is received.

These deadlines make it imperative that the PIO be given as much time as possible to deal with requests to which the legal response is not immediately apparent. Unless the District's Chairman determines that the requested information is unquestionably disclosable and routinely fills the request, the PIO should have at least 5 business days of the 10-day decision deadline to review the request. In many cases, it may be necessary to compile the requested material, or representative material if filling the entire request is difficult and time consuming, and seek counsel to make this determination. In all cases where an Attorney General's decision is deemed necessary by the PIO, the requested information or representative material must be compiled and provided to the PIO for forwarding to the Attorney General along with the request for decision.

All possible exceptions must be communicated to the PIO. If an exception is not raised before the Attorney General it is waived. The only exceptions to waiver are exceptions based on a requirement of federal law or exceptions involving third party property or privacy interests.

Proprietary Information of a Third Party

If a request is made for information pertaining to a person's proprietary information that may be subject to exception under the Act and a request for Attorney General decision is made by the PIO, the PIO shall make a good faith attempt to notify that person of the request for the Attorney General decision. Notice must:

1. be in writing and sent within a reasonable time not later than the 10th business day after the date the PIO receives the request for the information; and
2. include:
 - a copy of the written request for the information received by the PIO; and
 - a statement, in the form prescribed by the Attorney General, that the person is entitled to submit in writing to the Attorney General within a reasonable time not later than the 10th business day after the date the person receives the notice:
 - each reason the person has as to why the information should be withheld; and
 - a letter, memorandum, or brief in support of that reason.

News Media Requests

A Board Member or other employee who receives a request for public information from a representative of the news media should direct the media to the District's Attorney. Officials or employees are not obligated to participate in media interviews. If members of the media enter the District's office, cause a nuisance or disturbance and remains after being asked to leave, security or law enforcement should be notified immediately.

Although District's Offices are public buildings, no one has the right to cause disturbances or create nuisances.

It is not considered a violation of this policy if, during disasters or emergency situations, the District's Board Members or a designated Public Information Officer provides information to or conducts interviews with the media for the purposes of releasing emergency information to the public.

Requests from Legislators and Other Governmental Offices

The PIO shall notify the District's Chairman when District receives requests for public information from members of the Legislature or other governmental offices.

Form and Approval of Responses

Except for routine responses, requested information should be reviewed and approved by the PIO. As a general rule, cover letters responding to requests for public information should be signed by the PIO or designee.

Resolution of Questions

Questions regarding the procedure for answering requests for public information should be directed to the PIO.

Recovery Costs and Guidelines

In accordance with Subchapter F of the Act and Title 1 of the Texas Administrative Code, it is the policy of District to recover the full costs for retrieving and copying public records. The PIO, when filling requests for public information, should account for all costs in fulfilling these requests using the following guidelines.

The PIO shall make a preliminary estimate of the cost of retrieving and copying public records under these guidelines and notify the Requestor, giving the Requestor the option to agree to the cost and submit necessary prepayment (see 2c below), alter, or withdraw the request. If charges are in excess of \$40, the PIO should follow the procedures outlined in Itemized Estimate of Charges. If personnel time will exceed 36 hours, the PIO should follow the procedures outlined in Requests Requiring More Than 36 Hours of Personnel Time.

1. Definitions: See Definitions section of policy
2. District adopts the rules for establishing charges to be made for public records set out in the Texas Administrative Code, Title 1, and the Act as summarized below:
 - Inspection of Information

Where only inspection of paper documents is requested (i.e., no copies made), no charge may be assessed except when:

- a requested page contains confidential information that must be edited from the document before the information can be released. The cost of making a copy of the edited page may be imposed.
- the request puts the Requestor over the 36 hour limit for District personnel time for the current fiscal year.
- the public information specifically requested for inspection by the Requestor:

- is older than five years; or completely fills, or when assembled will completely fill, six or more archival boxes; and
- The PIO estimates that more than five hours will be required to make the public information available for inspection.

The PIO may require the Requestor pay, or to make a deposit or post a bond for the payment of anticipated personnel costs for making available for inspection such public information.

Where only inspection of information that exists in an electronic medium is requested, no charge may be assessed for access to the information, unless complying with the request will require programming or manipulation of data. In such a case, the Requestor must be notified of estimated charges to be imposed before assembling the information.

- Waiver of Reduction

Costs shall be waived or reduced if it is determined that waiver or reduction is in the public interest.

- Prepayment

A bond or deposit for payment of anticipated costs for the preparation of a copy of public records shall be required if the charges for providing the copy of the public information is estimated to exceed \$100 and if the PIO has provided the Requestor with the required written itemized statement detailing the estimated charge for providing the copy.

The PIO may require a deposit or bond for payment of unpaid amounts owing to the District before preparing a copy of public information in response to a new request if those unpaid amounts exceed \$100. A request for an Attorney General's opinion must still be made within 10 business days necessitating at review of the public information requested, even though the Requestor's copy may not be prepared. The PIO must fully document the existence and amount of those unpaid amounts or the amount of any anticipated costs, as applicable, before requiring a deposit or bond under this section. The documentation is subject to required public disclosure under this chapter.

A request for a copy of public information is considered to have been received by the PIO on the date the PIO receives the deposit or bond for payment of

anticipated costs or unpaid amounts if the PIO requires a deposit or bond in accordance with this section.

A person requesting information who fails to make a deposit or post a bond before the 10th business day after the date the deposit or bond is required is considered to have withdrawn the request for the copy of the public information that precipitated the requirement of the deposit or bond.

- Charge Schedule

A summary of the charges for copies of public information that have been adopted by the Attorney General is available as Attachment 1.

The PIO shall maintain a record of charges for public information requests (refer to Attachment 2 for the PUBLIC INFORMATION CHARGES INVOICE form).

- Example of Charges for Copies of Public Information

A few examples of the calculation of charges for information are presented in Attachment 3.

3. The entire amount of fees collected pursuant to policies outlined herein should be deposited back to the appropriate fund which incurred costs involved.
4. The PIO shall maintain a register which records receipt and processing of requests for public information. Refer to Attachment 4, Register of Requests for Public Information Received, for a sample register.

9. FORMS AND TOOLS/ONLINE PROCESSES

Attachment 1 Summary of Charges for Copies

Attachment 2 Public Information Charges Billing Form

Attachment 3 Examples of Charges for Copies of Public Information

Attachment 4 Sample Register of Requests for Public Information Received

Texas Public Information Act
ATTACHMENT 1
SUMMARY OF CHARGES FOR COPIES

<u>SERVICES RENDERED</u>	<u>CHARGES</u>
Standard-size Paper Copies	@ \$.10/page
Nonstandard-size Copies	
- Diskette	@ \$1.00/each
- Magnetic Tape	actual cost
- Data Cartridge	actual cost
- Tape Cartridge	actual cost
- Rewriteable CD(CD-RW)	@ \$1.00
- Nonrewriteable CD (CD-R)	@ \$1.00
- Digital Video Disk (DVD)	@ \$3.00
- Jaz Drive	actual cost
- Other electronic media	actual cost
- VHS Video Cassette	@ \$2.50/each
- Audio Cassette	@ \$1.00/each
- Oversized Paper copy	@ \$.50/each
- Specialty Paper (mylar, blueprint, blueline, map, photographic)	actual cost
- Other	actual cost
Personnel Charges:	
- Programming personnel (See note 1)	@ \$28.50/hour
- Other personnel (See note 2 & 3)	@ \$15.00/hour
Overhead Charges: (See note 4)	
(20% of Total Personnel Charges)	x \$.20
Microfiche or microfilm charges	
- Paper copy	@ \$.10/page
- Fiche or film copy	actual cost
Remote document retrieval charge: (See note 5)	actual cost
Computer Resource Charges: (See note 6)	

- Mainframe	@ \$10.00/min
- Midsize	@ \$1.50/min.
- Client/Server	@ \$2.20/hour
- PC or LAN	@ \$1.00/hour
Miscellaneous supplies:	actual cost
Postage/Shipping Charges: (See note 7)	actual cost
Photographs	actual cost
Other costs	actual cost
Outsourced/Contracted Services	actual cost
No Sales Tax	No Sales Tax shall be applied to copies

Charge Schedule Notes

Note 1 - A charge for programming time is made if the request requires a programmer to enter data in order to execute an existing program or to create a new program in order to access the information

Note 2 - The personnel charge includes the actual time to locate, compile, manipulate data, and reproduce the requested information. A personnel charge should not be made for requests that are 50 or fewer pages of paper records unless:

- the documents to be copied are located in two or more separate buildings that are not physically connected with each other, or are in a remote storage facility. Buildings are not separate if they are connected by a covered or open sidewalk, an elevated or underground passageway, or a similar facility, or
- the Requestor has exceeded 36 hours of personnel time in the current fiscal year.

Note 3 - Personnel time should not be charged for the time spent by an attorney, legal assistant or other person to determine whether the requested information is excepted from disclosure or to research a request for a ruling.

Note 4 - Whenever any personnel charge is applicable to a request, the institution may include in the charges direct and indirect cost. An overhead charge shall not be made for requests for copies of 50 or fewer pages of standard paper records unless

- the documents to be copied are located in two or more separate buildings that are not physically connected with each other, or are in a remote storage facility. Buildings are not separate if they are connected by a covered or open sidewalk, or an elevated or underground passageway, or a similar facility.
- the Requestor has exceeded 36 hours of personnel time in the current fiscal year.

The overhead charge shall be computed at 20% of the charge made to cover any labor cost associated with a particular request.

Note 5 - Where a charge is made for remote document retrieval, no additional personnel charge should be factored in for time spent locating documents.

Note 6 - A charge made to recover computer utilization cost is the actual time the computer uses to execute a particular program times the applicable rate. It does not include programming or printing time. No charge should be made for computer printout time.

Note 7 - Actual costs of supplies--labels, boxes, etc.--necessary to produce the requested information and all postal and shipping charges necessary to transmit the information should be added to the total charge.

Texas Public Information Act
ATTACHMENT 2
PUBLIC INFORMATION INVOICE

Public Information Charges Invoice

Date:

Name:

Agency/Company:

Address:

City:

State:

Zip:

Method of Payment:

Cash:

Check:

Money Order:

Description of Information :

Personnel Hours:

Total Personnel Hours:

(on this request)

(current fiscal year)

	<u>Number</u>		<u>Total</u>
Standard-size Paper Copies	_____	@ \$.10/page	\$ _____

Nonstandard-size

- Diskette	_____	@ \$1.00/each	\$ _____
- Magnetic Tape	_____	actual cost	\$ _____
- Data Cartridge	_____	actual cost	\$ _____
- Tape Cartridge	_____	actual cost	\$ _____
- VHS Video Cassette	_____	@ \$2.50/each	\$ _____
- Audio Cassette	_____	@ \$1.00/each	\$ _____
- Rewriteable CD (CD-RW)	_____	@ \$1.00/each	\$ _____
- Non - Rewriteable CD (CD-R)	_____	@ \$1.00/each	\$ _____
- Digital Video Disc (DVD)	_____	@ \$3.00/each	\$ _____
- JAZ Drive	_____	actual cost	actual \$ _____
- Other Electronic Media	_____	cost	\$ _____
- Oversized Paper Copy	_____	@ \$.50/each	\$ _____
- Specialty Paper	_____	actual cost	\$ _____
- (blueline, blueprint, mylar, map, photographic)	_____		
- Other	_____	actual cost	\$ _____

Personnel Charges:

- Programming	_____	@\$28.50/hour	\$ _____
-Other Personnel	_____	@\$15.00/hour	\$ _____

Overhead Charges:

(20% of Total Personnel Charges)		x \$.20	\$ _____
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Microfiche or microfilm charges:

- Paper copy	_____	@\$.10/page	\$ _____
- Fiche or film copy	_____	actual cost	\$ _____

Remote document retrieval _____ actual cost \$ _____

Computer Resource Charges:

- Mainframe _____ @ \$10.00/min \$ _____
- Midsize _____ @ \$10.00/min \$ _____
- Client/Server _____ @ \$1.50/min. \$ _____
- PC or LAN _____ @ \$2.20/hour \$ _____

Miscellaneous supplies _____ actual cost \$ _____

Postage/Shipping Charges _____ actual cost \$ _____

Photographs _____ actual cost \$ _____

Other costs _____ actual cost \$ _____

Outsourced/Contracted Services

Other Pmts. Applied: (Subtract _____ actual cost \$ _____

Deposit Paid) _____ actually paid \$ _____

Total Due: _____ \$ _____

**sales tax is not applicable on public information*

Please make check payable to: Winnie Stowell Hospital District

Return to:

Texas Public Information Act
ATTACHMENT 3
Examples of Calculation of Charges

TABLE 1

Readily Available Information (fewer than 50 pages):
\$.10 per copy x number of copies (standard-size paper copies)
or cost of nonstandard copy (e.g., diskette)
+ Postage and shipping (if applicable)

\$ TOTAL CHARGE

TABLE 2

Readily Available Information (more than 50 pages):
\$.10 per copy x number of copies (standard-size copies)
or cost of nonstandard copy (e.g., diskette)
+ Personnel charge (if applicable)
+ Overhead charge (if applicable)
+ Document retrieval charge (if applicable)
+ Actual cost of miscellaneous supplies (if applicable)
+ Postage and shipping (if applicable)

\$ TOTAL CHARGE

TABLE 3

Information that is Not Readily Available
Cost of copy (standard-size or nonstandard-size, whichever applies)
+ Personnel charge (if applicable)
+ Overhead charge (if applicable)
+ Computer resource charge (if applicable)
+ Programming time (if applicable)
+ Document retrieval charge (if applicable)
+ Actual cost of miscellaneous supplies (if applicable)
+ Postage and shipping (if applicable)

\$ TOTAL CHARGE

Texas Public Information Act
ATTACHMENT 4
Register of Requests for Public Information
(In Excell Spreadsheet)

Date of Request:

Date Received:

From:

To:

SUBJECT:

Action Taken:

RESPONSE:

Personnel Hours on this Request:

Total Personnel Hours Spent by Requestor (during the current fiscal year):

Date of Request:

Date Received:

From:

To:

SUBJECT:

Action Taken:

RESPONSE:

Personnel Hours on this Request:

Total Personnel Hours Spent by Requestor (during the current fiscal year):

Exhibit “F”

HIPAA BUSINESS ASSOCIATE AGREEMENT

This HIPAA Business Associate Agreement is made the ___ day of May, 2015, ("Effective Date"), by and between Winnie Community Hospital ("Covered Entity") and Winnie Stowell Hospital District ("Business Associate" or "District").

ARTICLE 1 **Applicability**

1.1 Business Associate has entered into an Indigent Care Agreement dated March 4, 2015 to allow the Covered Entity to provide hospital and medical care to the Business Associate's (i.e., District's) indigent and needy inhabitants in order to enable the District to fulfill its obligations to provide for the provision of healthcare services to indigent and needy residents of the District in exchange for payment of subsidies and other amounts ("Agreement"). During the course of the performance of such services, Business Associate may have access to certain individually identifiable health information maintained by Covered Entity. This Agreement applies to all present and future contracts and relationships between Covered Entity and Business Associate, written or unwritten, formal or informal, in which Covered Entity provides any Protected Health Information to Business Associate in any form whatsoever. As of the Effective Date, this Agreement automatically amends all existing agreements between Business Associate and Covered Entity involving the use or disclosure of Protected Health Information, including the Main Agreement. This Agreement shall automatically be incorporated in all subsequent agreements between Business Associate and Covered Entity involving the use or disclosure of Protected Health Information, in which a business associate relationship exists, whether or not specifically referenced therein. In the event of any conflict or inconsistency between the provisions of this Agreement and the provisions of any other agreement between Business Associate and Covered Entity, the provisions of this Agreement shall control unless Covered Entity specifically agrees to the contrary in writing.

1.2 Business Associate acknowledges that the provisions of the Federal Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") of 2009 imposes certain privacy and security obligations on Business Associate under the HITECH Act and under existing privacy and security standards at 45 Code of Federal Regulations Parts 160 and 164, as amended.

ARTICLE 2 **Terms Used in this Agreement**

2.1 "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules adopted pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended by Federal Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") of 2009, and codified at 45 Code of Federal Regulations Parts 160 and 164.

2.2 "Privacy Rule" shall mean those rules and standards in 45 CFR Part 164, Subpart E.

2.3 "Security Rule" shall mean those rules and standards in 45 CFR Part 164, Subpart C.

2.4 "Breach Notification Rule" shall mean those rules and standards in 45 CFR Part 164, Subpart D.

2.5 “Business Associate” shall generally have the same meaning as the term “Business Associate” at 45 CFR 160.103, and in this Agreement shall mean Winnie Stowell Hospital District, a political entity of the State of Texas, and its directors, officers, employees, contractors and agents.

2.6 “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.130, and in this Agreement shall mean Winnie Community Hospital, and its directors, officers, employees, volunteers, and contractors.

2.7 Catch-All Definition. The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

2.8 Capitalized terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the HIPAA Rules.

ARTICLE 3 **Obligations of Business Associate**

3.1 Obligations. Business Associate agrees to:

3.1.1 Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

3.1.2 Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;

3.1.3 Report to Covered Entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;

3.1.4 In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;

3.1.5 Make available protected health information in a designated record set to the Covered Entity as necessary to satisfy Covered Entity’s obligations under 45 CFR 164.524;

3.1.6 Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity’s obligations under 45 CFR 164.526;

3.1.7 Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy Covered Entity’s obligations under 45 CFR 164.528;

3.1.8 To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and

3.1.9 Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

3.2 Permitted Uses and Disclosures by Business Associate.

3.2.1 Business Associate may only use or disclose protected health information as necessary to perform the services set forth in Agreement.

3.2.2 Business Associate may use or disclose protected health information as required by law.

3.2.3 Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.

3.2.4 Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity.

3.2.5 Business Associate may use protected health information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

3.2.6 Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

3.2.7 Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity.

ARTICLE 4
Privacy Practices and Restrictions

4.1 Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.

4.2 Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information.

4.3 Covered Entity shall notify Business Associate of any restriction on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

Article 5
Permissible Requests by Covered Entity

5.1 Covered Entity shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Covered Entity.

Article 6
Term and Termination

6.1 Term. The Term of this Agreement shall begin upon the Effective Date and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or if it is infeasible to return or destroy Protected Health Information, protections are extended to such information.

6.2 Destruction of PHI. At the termination of the Agreement for whatever reason, Business Associate agrees to return or destroy all Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity and will not retain any copies. If return or destruction is not feasible, Business Associate agrees to an extension of the protections of this Agreement for as long as necessary to protect Covered Entity's Protected Health Information and to limit further uses and disclosures to those purposes that make the return or destruction of Covered Entity's Protected Health Information unfeasible.

6.3 Consequences of Breach by Business Associate. On Covered Entity's learning of a material breach of this Agreement by Business Associate, Covered Entity shall provide an opportunity for Business Associate to cure the breach or end the violation. If Business Associate does not cure the breach or end the violation within fourteen (14) days of being notified by Covered Entity, or if cure or ending the violation is not possible, Covered Entity may terminate this Agreement and those portions of the Main Agreement that involve the disclosure to Business Associate of Covered Entity's Protected Health Information, or, if nonseverable, the Main Agreement.

ARTICLE 7
Miscellaneous

7.1 Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA and its applicable implementing regulation.

7.2 Notices. All notices pursuant to this Agreement must be given in writing and shall be effective when received if hand-delivered or sent by facsimile or upon dispatch if sent by a reputable overnight delivery service or by U.S. Mail, certified, return receipt requested and addressed as follows:

To Covered Entity:

To Business Associate:

Winnie-Stowell Hospital District
c/o Hubert Oxford, IV
Beckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
Beaumont, Texas 77706

7.3 Change in Law. On the enactment of any federal law or regulation, or law or regulation of any state to whose jurisdiction Covered Entity is subject, affecting the use or disclosure of Covered Entity's Protected Health Information, or on the publication of any decision of a court of the United States or of any state to whose jurisdiction Covered Entity is subject relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, Covered Entity may, by written notice to Business Associate, amend this Agreement in such manner as Covered Entity determines necessary to comply with such law or regulation. If Business Associate disagrees with any such amendment, it shall so notify Covered Entity in writing within thirty (30) days of receipt of Covered Entity's notice. If the parties are unable to agree on an amendment within thirty (30) days thereafter, either of them may terminate this Agreement and those portions of the Agreement that involve the disclosure to Business Associate of Covered Entity's Protected Health Information, or, if nonseverable, the Agreement by written notice to the other.

7.4 Jurisdiction and Venue. This Agreement is governed by the laws of the State of Texas and the federal government. Venue shall be in Chambers County, Texas.

7.5 Severability. In the event that any provision of this Agreement violates any applicable statute, ordinance or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement.

Signature Page Follows

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the Effective Date.

COVERED ENTITY:

By: _____
WINNIE COMMUNITY HOSPITAL
Printed: Tahir Javed
Title: Chief Executive Officer

BUSINESS ASSOCIATE:

By: _____
WINNIE-STOWELL HOSPITAL DISTRICT
Printed: John Elroy Henry, Sr.
Title: President