# Exhibit "A"

# Winnie-Stowell Hospital District Attendance Form Please Print Legibly

NOTE: For Public Comment – If you are planning on making a public comment, please see the "Policy and Procedures" and fill out a "Public Participation Form"

Date: MARCH 23 2014 RM Address Name Hometown - 1504

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

# POLICIES AND PROCEDURES FOR PUBLIC COMMENT AT BOARD OF DIRECTORS

MARCH 23, 2016 RM

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

permitting
e. The opportunity to speak shall be limited to no more than three (3) minutes, unless extended by the Board

by the Board

f. The Board is not required to speak and/or respond and/or answer any speaker, as allowed under law.

NAME	ADDRESS
	,

# Exhibit "B"

#### Amount Paid on Client Jan-Feb 2016

Client #	Term Date	Amount Paid	Source Src Amt Paid	Amount Billed
1011	1/31/2017	2,204.28	0	5,263.25
1001	8/31/2016	118	0	246
036-3413	9/30/2016	538.08	0	1,298.00
1008	8/31/2016	762.79	0	1,722.87
036-3224	6/30/2016	2,117.26	0	4,993.51
036-3454	4/30/2016	503.67	0	1,204.00
036-2833	6/30/2016	341.65	0	497.68
036-3426	10/31/2016	81.77	0	81.77
036-2783	10/31/2016	634.19	0	1,017.00
036-2942	7/31/2016	771.72	0	1,712.63
036-3068	10/31/2016	91.9	0	150
1004	9/30/2016	241.38	0	380.32
036-2749	6/30/2016	165.31	0	165.31
1012	1/31/2017	125	0	125
036-3217	4/30/2016	573.31	0	1,207.60
036-3467	6/30/2016	668.08	0	1,533.94
036-3453	4/30/2016	37.6	0	75.06
1000	7/31/2016	97.81	0	97.81
036-3464	6/30/2016	278.98	0	278.98
036-3364	8/31/2016	233.31	0	310.59
036-2811	9/14/2016	1,651.89	0	2,248.07
036-2778	11/30/2016	190.53	0	225
036-2475	7/31/2016	222.41	0	279.64
1005	9/30/2016	121.48	0	269.07
1003	9/30/2016	2,143.48	0	4,972.24
1002	9/30/2016	155.34	0	248.05
036-3432	12/31/2016	311.68	0	454.46
036-3363	1/31/2017	503.31	0	1,206.00
1009	12/31/2016	265.87	0	578.66
036-2383	6/30/2016	131.41	0	250
	Totals	16,283.49	0	33,092.51

#### Dashboard Report

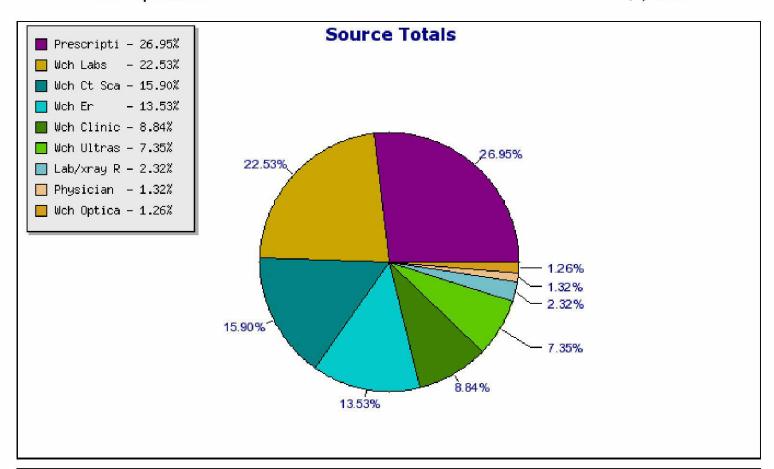
©IHS Issued 03/23/16

Winnie Stowel Hospital District Indigent Healthcare Services

#### Source Totals for Batch Dates 03/16/2016 through 03/23/2016

Prescription Drugs	26.95%	\$2,681.79
Wch Labs	22.53%	\$2,241.88
Wch Ct Scan	15.90%	\$1,582.19
Wch Er	13.53%	\$1,346.03
Wch Clinic	8.84%	\$879.45
Wch Ultrasound	7.35%	\$731.85
Lab/xray Readings	2.32%	\$231.06
Physician Services	1.32%	\$131.41
Wch Optical Specialist	1.26%	\$125.00

Total Expenditures \$9,950.66



#### Entry Statistics for Entry Dates 03/16/2016 through 03/23/2016

Clients Entered	0
Rapid Reg. Entered	1
Vendors Entered	0
Worksheets Entered	3
Invoices Entered	24

Page 1

0

# **Dashboard Report**

#### Winnie Stowel Hospital District Indigent Healthcare Services

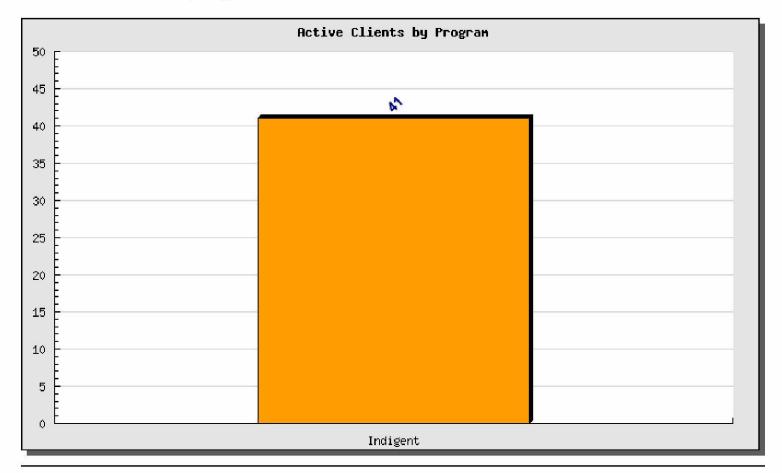
#### Void Statistics for Void Dates 03/16/2016 through 03/23/2016

Clients Voided	0
Vendors Voided	0
Rapid Reg. Voided	0
Invoices Voided	1

#### Active Clients by Program for Eligibility Dates 03/16/2016 through 03/23/2016

Indigent 41

**Total Clients By Program** 41



#### Appointments Scheduled by Type for Appointment Dates 03/16/2016 through 03/23/2016

**Total Appointments Scheduled** 

New Appointment	
Renewal	

#### IHC-Dashboard Jan. 2016-Paid & Number of Clients

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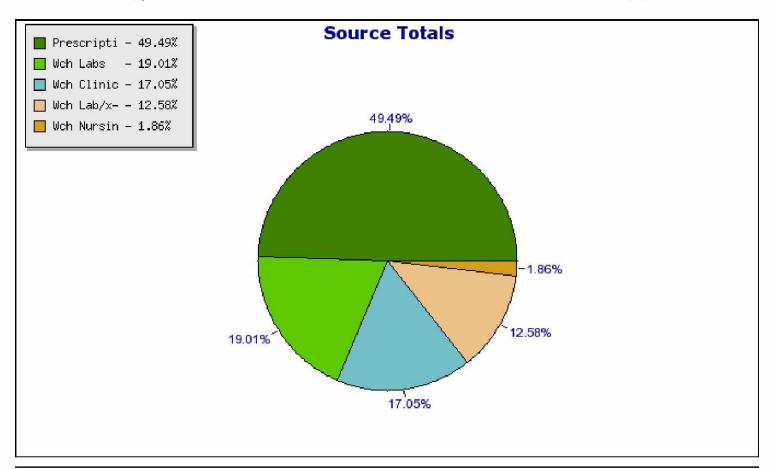
#### **Dashboard Report**

Winnie Stowel Hospital District Indigent Healthcare Services

#### Source Totals for Batch Dates 02/17/2016 through 02/17/2016

Prescription Drugs	49.49%	\$3,134.09
Wch Labs	19.01%	\$1,204.17
Wch Clinic	17.05%	\$1,079.94
Wch Lab/x-ray	12.58%	\$796.63
Wch Nursing Home	1.86%	\$118.00

Total Expenditures \$6,332.83



#### Entry Statistics for Entry Dates 02/17/2016 through 02/17/2016

0
2
0
2
0

Page 1

0

# **Dashboard Report**

#### Winnie Stowel Hospital District Indigent Healthcare Services

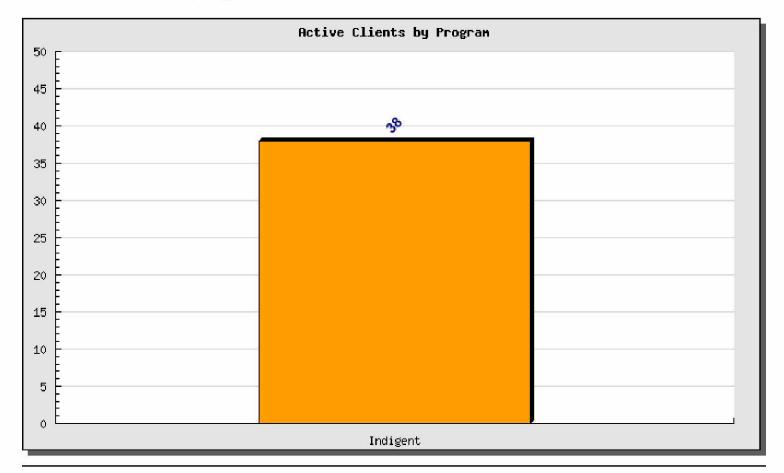
#### Void Statistics for Void Dates 02/17/2016 through 02/17/2016

Clients Voided	0
Vendors Voided	0
Rapid Reg. Voided	0
Invoices Voided	0

#### Active Clients by Program for Eligibility Dates 02/17/2016 through 02/17/2016

38 Indigent

**Total Clients By Program** 38



#### Appointments Scheduled by Type for Appointment Dates 02/17/2016 through 02/17/2016

New Appointment	
Renewal	

#### **Total Appointments Scheduled**

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#### **Dashboard Report**

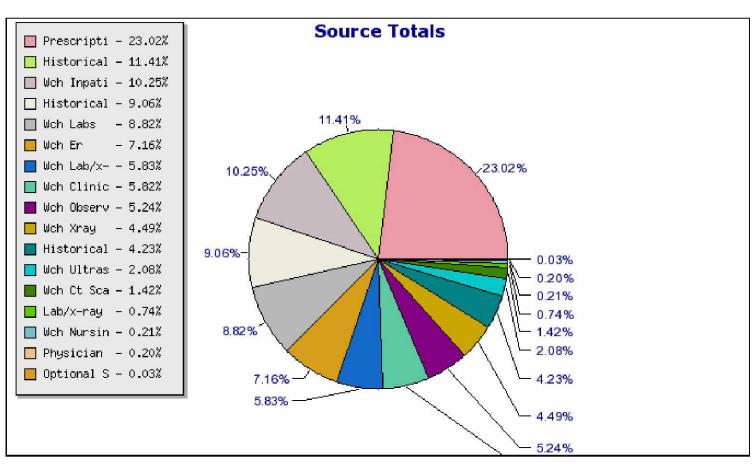
Winnie Stowel Hospital District Indigent Healthcare Services

Page 1

#### Source Totals for Batch Dates 02/01/2015 through 01/20/2016

Prescription Drugs	23.02%	\$25,608.03
Historical Data - Wch Lab/x-ra	11.41%	\$12,689.00
Wch Inpatient	10.25%	\$11,407.65
Historical Data - Wch Er	9.06%	\$10,076.00
Wch Labs	8.82%	\$9,810.48
Wch Er	7.16%	\$7,969.13
Wch Lab/x-ray	5.83%	\$6,482.23
Wch Clinic	5.82%	\$6,479.51
Wch Observation	5.24%	\$5,830.20
Wch Xray	4.49%	\$4,991.83
Historical Data - Wch Clinic	4.23%	\$4,703.00
Wch Ultrasound	2.08%	\$2,319.55
Wch Ct Scan	1.42%	\$1,582.19
Lab/x-ray	0.74%	\$818.95
Wch Nursing Home	0.21%	\$236.00
Physician Services	0.20%	\$221.51
Optional Services	0.03%	\$29.94

Total Expenditures \$111,255.20



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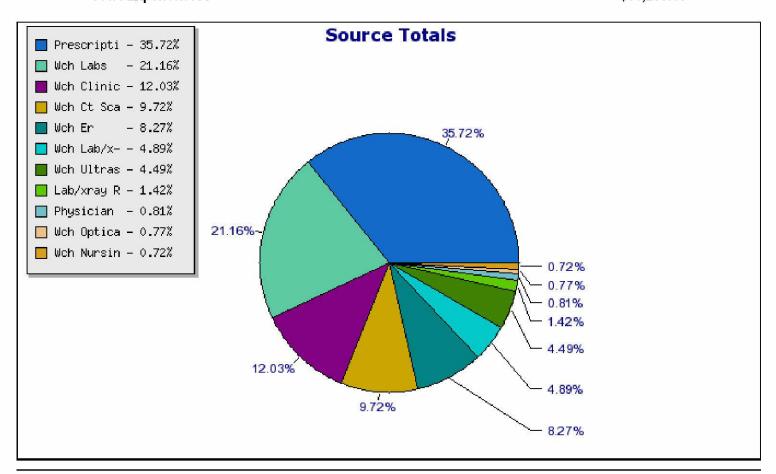
#### **Dashboard Report**

Winnie Stowel Hospital District Indigent Healthcare Services

#### Source Totals for Batch Dates 02/01/2016 through 03/31/2016

Prescription Drugs	35.72%	\$5,815.88
Wch Labs	21.16%	\$3,446.05
Wch Clinic	12.03%	\$1,959.39
Wch Ct Scan	9.72%	\$1,582.19
Wch Er	8.27%	\$1,346.03
Wch Lab/x-ray	4.89%	\$796.63
Wch Ultrasound	4.49%	\$731.85
Lab/xray Readings	1.42%	\$231.06
Physician Services	0.81%	\$131.41
Wch Optical Specialist	0.77%	\$125.00
Wch Nursing Home	0.72%	\$118.00

Total Expenditures \$16,283.49



#### Entry Statistics for Entry Dates 02/01/2016 through 03/31/2016

Clients Entered	3
Rapid Reg. Entered	8
Vendors Entered	0
Worksheets Entered	14
Invoices Entered	245

Page 1

# **Dashboard Report**

#### Winnie Stowel Hospital District Indigent Healthcare Services

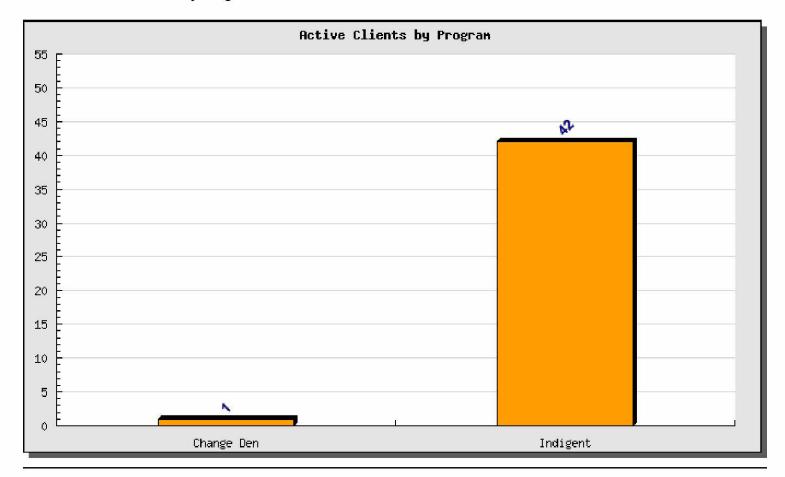
#### Void Statistics for Void Dates 02/01/2016 through 03/31/2016

Clients Voided	0
Vendors Voided	0
Rapid Reg. Voided	0
Invoices Voided	6

#### Active Clients by Program for Eligibility Dates 02/01/2016 through 03/31/2016



**Total Clients By Program** 43



#### Appointments Scheduled by Type for Appointment Dates 02/01/2016 through 03/31/2016

Renewal ————————————————————————————————————	0
Total Appointments Scheduled	0

## IHC-Source Total Jan.-Feb. 2016 (Billed v. Paid)

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Issued 03/23/16

Source Totals Report Winnie Stowel Hospital District Indigent Healthcare Services Batch Dates 02/01/2016 through 03/31/2016

For Vendor: All Vendors

Source	Description		,	Amount Billed	Amount Paid
01	Physician Services			250.00	131.41
02	Prescription Drugs			7,568.95	5,815.88
21	Wch Clinic			4,779.00	1,959.39
24	Wch Er			3,283.00	1,346.03
25	Wch Lab/x-ray			1,943.00	796.63
26	Wch Ct Scan			3,859.00	1,582.19
27	Wch Labs			8,405.00	3,446.05
29	Wch Ultrasound			1,785.00	731.85
30	Wch Nursing Home			246.00	118.00
40	Wch Optical Specialist			125.00	125.00
44	Lab/xray Readings			848.56	231.06
		Expenditures	3 <u>0</u> 43	33,092.51	16,283.49
		Reimb/Adjustments		0.00	0.00
		Grand Total	\ <u>\</u>	33,092.51	16,283.49
ource Tota Invoice #	ls Report Detail	Source	DOS	Amount Billed	Amount Paid

Source	Totale	Donort	Dotail
Source	Totals	Report	Detail

voice # Source De		DOS	Amount Billed	Amount Paid	
036-2383*68539*2	01	12/15/2015	150.00	80.08	
036-2383*68539*2	01	12/16/2015	100.00	51.33	
1 invoices, 2 line items			250.00	131.41	
036-2778*18651*10	02	01/06/2016	75.00	75.00	
036-2811*65460*5	02	01/04/2016	1,034.95	930.83	
036-2833*18651*75	02	02/02/2016	361.68	285.89	
036-3363*65460*2	02	02/23/2016	5.00	5.00	
036-3413*65460*4	02	01/28/2016	10.00	10.00	
036-3453*18651*5	02	01/05/2016	37.53	18.80	
036-3453*18651*8	02	02/03/2016	37.53	18.80	
036-3467*65460*6	02	02/24/2016	5.00	5.00	
1002*65460*3	02	01/21/2016	34.47	34.47	
1004*65460*3	02	02/20/2016	85.37	75.58	
1008*18651*1	02	01/12/2016	75.00	43.36	
1008*18651*2	02	02/24/2016	75.00	43.36	
1008*65460*2	02	02/24/2016	15.00	15.00	
1011*65460*1	02	01/26/2016	33.51	11.27	
036-2749*65460*9	02	02/26/2016	40.00	40.00	
036-2749*65460*9	02	02/29/2016	63.31	63.31	
036-2778*18651*15	02	02/04/2016	75.00	40.53	
036-2778*18651*15	02	02/02/2016	75.00	75.00	
036-3068*18651*33	02	01/06/2016	75.00	45.95	
036-3068*18651*33	02	01/27/2016	75.00	45.95	
036-3363*65460*1	02	01/25/2016	5.00	5.00	
036-3363*65460*1	02	01/25/2016	5.00	5.00	
036-3426*65460*6	02	01/04/2016	25.43	25.43	
036-3426*65460*6	02	01/04/2016	15.00	15.00	

## IHC-WCH Source Totals Jan.-Dec. 2015 (Billed v. Paid)

©IHS

Issued 03/23/16

Source Totals Report Winnie Stowel Hospital District Indigent Healthcare Services Batch Dates 02/01/2015 through 01/20/2016

For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	618.00	221.51
02	Prescription Drugs	34,397.91	25,608.03
05	Lab/x-ray	4,033.36	818.95
10	Optional Services	36.22	29.94
21	Weh Clinic	14,510.00	6,479.51
22	Wch Observation	14,220.00	5,830.20
23	Wch Inpatient	19,335.00	11,407.65
24	Wch Er	18,231.00	7,969.13
25	Wch Lab/x-ray	13,505.00	6,482.23
26	Wch Ct Scan	3,859.00	1,582.19
27	Wch Labs	23,928.00	9,810.48
28	Wch Xray	6,622.00	4,991.83
29	Wch Ultrasound	3,945.00	2,319.55
30	Wch Nursing Home	468.00	236.00
91	Historical Data - Wch Clinic	4,703.00	4,703.00
94	Historical Data - Wch Er	10,076.00	10,076.00
95	Historical Data - Wch Lab/x-ra	12,689.00	12,689.00
	Expenditures	185,176.49	111,255.20
	Reimb/Adjustments	0.00	0.00
	Grand Total	185,176.49	111,255.20

#### **Source Totals Report Detail**

Invoice #	Source	DOS	Amount Billed	Amount Paid
036-2383*35793*1	01	07/30/2015	140.00	54.41
036-2383*067259*1	01	08/26/2015	78.00	12.30
036-2783*35793*1	01	08/27/2015	140.00	54.41
036-3213*067259*7	01	10/12/2015	42.00	6.42
036-3453*35793*1	01	07/30/2015	140.00	54.41
036-3467*067259*1	01	09/18/2015	78.00	39.56
6 invoices, 6 line items			618.00	221.51
036-2383*65985*1	02	07/20/2015	25.00	25.00
036-2547*65460*6	02	12/01/2015	10.00	10.00
036-2695*65460*2	02	11/13/2015	5.00	5.00
036-2749*18651*12	02	02/12/2015	30.56	15.51
036-2749*65985*27	02	06/23/2015	25.00	25.00
036-2778*18651*3	02	02/09/2015	75.00	75.00
036-2778*18651*4	02	03/04/2015	75.00	75.00
036-2778*18651*5	02	08/05/2015	75.00	75.00
036-2778*18651*6	02	09/04/2015	75.00	75.00
036-2778*18651*7	02	10/05/2015	75.00	75.00
036-2778*18651*8	02	11/09/2015	75.00	75.00
036-2778*18651*9	02	12/04/2015	75.00	75.00
036-2778*18651*12	02	07/09/2015	75.00	75.00
036-2811*65460*1	02	08/19/2015	37.66	37.66

### IHC-WCH Source Total Feb. 2016 (Billed v. Paid)

**Amount Billed** 

**Amount Paid** 

©IHS

Source

Issued 03/23/16

Description

#### **Source Totals Report**

Winnie Stowel Hospital District Indigent Healthcare Services Batch Dates 03/16/2016 through 03/23/2016

For Vendor: All Vendors

01 02 21 24 26 27 29 40 44	Physician Services Prescription Drugs Wch Clinic Wch Er Wch Ct Scan Wch Labs Wch Ultrasound Wch Optical Specialist Lab/xray Readings			250.00 3,479.82 2,145.00 3,283.00 3,859.00 5,468.00 1,785.00 125.00 848.56		131.41 2,681.79 879.45 1,346.03 1,582.19 2,241.88 731.85 125.00 231.06
		Expenditures Reimb/Adjustments		21,243.38 0.00		9,950.66 0.00
		Grand Total	-	21,243.38		9,950.66
Source Tot Invoice	tals Report Detail #	Source	DOS	Amou	ınt Billed	Amount Paid
	3*68539*2 3*68539*2	01 01	12/15/2015 12/16/2015		150.00 100.00	80.08 51.33
1 invoic	es, 2 line items				250.00	131.41
036-336 036-345 036-346 1004*65 1008*18 1008*65 036-274 036-277 036-277 036-342 036-345 036-345 036-345 036-345 1000*65 1000*65 1005*65 036-247	651*2 460*2 9*65460*9 9*65460*9 8*18651*15 8*18651*15 6*65460*9 6*65460*9 4*65460*3 4*18651*3 4*18651*3 4*18651*3 460*6 460*1 5*65460*8	02 02 02 02 02 02 02 02 02 02 02 02 02 0	02/02/2016 02/23/2016 02/23/2016 02/24/2016 02/24/2016 02/24/2016 02/26/2016 02/26/2016 02/04/2016 02/03/2016 02/03/2016 02/18/2016 02/18/2016 02/12/2016 02/12/2016 02/18/2016 02/18/2016 02/18/2016 02/18/2016 02/18/2016 02/13/2016		361.68 5.00 37.53 5.00 85.37 75.00 15.00 40.00 63.31 75.00 75.00 15.00 26.34 5.00 12.00 64.49 75.00 29.07 5.00 49.07 26.44	285.89 5.00 18.80 5.00 75.58 43.36 15.00 40.00 63.31 40.53 75.00 15.00 26.34 5.00 12.00 64.49 75.00 29.07 5.00 29.07 5.00 28.33 26.44
036-247 036-278	5*65460*8 5*65460*8 3*18651*57 3*18651*57	02 02 02 02	02/13/2016 02/13/2016 02/11/2016 02/04/2016		29.80 34.85 75.00 28.73	29.80 34.85 34.69 28.73

## IHC-WCH Source Totals Jan. 2016 (Billed v. Paid)

©IHS

Issued 03/23/16

#### **Source Totals Report**

Winnie Stowel Hospital District Indigent Healthcare Services Batch Dates 02/17/2016 through 02/17/2016

For Vendor: All Vendors

Source	Description		Amount Billed	Amount Paid
02	Prescription Drugs		4,089.13	3,134.09
21	Wch Clinic		2,634.00	1,079.94
25	Wch Lab/x-ray		1,943.00	796.63
27	Wch Labs		2,937.00	1,204.17
30	Wch Nursing Home		246.00	118.00
		Expenditures	11,849.13	6,332.83
		Reimb/Adjustments	0.00	0.00
		Grand Total	11.849.13	6.332.83

#### **Source Totals Report Detail**

Invoice #	Source DOS Amo		Amount Billed	Amount Paid
036-2778*18651*10	02	01/06/2016	75.00	75.00
036-2811*65460*5	02	01/04/2016	1,034.95	930.83
036-3413*65460*4	02	01/28/2016	10.00	10.00
036-3453*18651*5	02	01/05/2016	37.53	18.80
1002*65460*3	02	01/21/2016	34.47	34.47
1008*18651*1	02	01/12/2016	75.00	43.36
1011*65460*1	02	01/26/2016	33.51	11.27
036-3068*18651*33	02	01/06/2016	75.00	45.95
036-3068*18651*33	02	01/27/2016	75.00	45.95
036-3363*65460*1	02	01/25/2016	5.00	5.00
036-3363*65460*1	02	01/25/2016	5.00	5.00
036-3426*65460*6	02	01/04/2016	25.43	25.43
036-3426*65460*6	02	01/04/2016	15.00	15.00
036-3464*18651*2	02	01/13/2016	64.49	64.49
036-3464*18651*2	02	01/13/2016	75.00	75.00
1004*65460*2	02	01/05/2016	10.80	6.99
1004*65460*2	02	01/05/2016	81.15	75.58
1008*65460*1	02	01/21/2016	15.00	15.00
1008*65460*1	02	01/21/2016	22.87	22.87
036-2475*65460*6	02	01/08/2016	26.06	26.06
036-2475*65460*6	02	01/08/2016	30.47	30.47
036-2475*65460*6	02	01/08/2016	35.02	35.02
036-2749*65460*6	02	01/28/2016	25.00	25.00
036-2749*65460*6	02	01/29/2016	25.00	25.00
036-2749*65460*6	02	01/29/2016	12.00	12.00
036-2783*18651*52	02	01/07/2016	75.00	49.62
036-2783*18651*52	02	01/07/2016	190.82	164.87
036-2783*18651*52	02	01/08/2016	48.63	24.13
036-2942*18651*57	02	01/06/2016	131.59	131.59
036-2942*18651*57	02	01/06/2016	16.23	9.02
036-2942*18651*57	02	01/19/2016	36.22	28.45
036-3217*65460*7	02	01/05/2016	57.27	29.70
036-3217*65460*7	02	01/28/2016	44.54	44.54
036-3217*65460*7	02	01/28/2016	431.41	179.77
1000*65460*5	02	01/19/2016	29.66	29.66

# Exhibit "C"

# WSHD Financial Reporting Sheet

Winnie Stowell Hospital District

Reporting Date:

Total:

Wednesday, March 23, 2016

				<b>用新聞教制</b> 的	
From	Sales Tax	Property Tax	County	Other	Net
MPAP Funds		\$0.00	\$0.00		\$2,768,233.80
Texas Comptroller	\$39,988.48	\$0.00	\$0.00		\$39,988.48
Total:	\$39,988.48	\$0.00	\$0.00	\$2,768,233.80	\$2,808,222.28
Expenses	For	Amount		Funds Summary	Totals
Benckenstein & Oxford	1 01	Airiount		Tundo Gammary	Totalo
Hubert Oxford		500.00		Prosperity Operating	\$1,133,905.71
Josh Heinz		500.00		Interbank	\$3,810.93
Mary Ellen Robertson	Inv 160212	171.20		Prosperity CD	\$104,000.13
American Express		355.23	1720	TexStar	\$152,594.16
Time Warner		189.72	1721		
Quill	Inv 3489538	37.54	1722	Net Expenses	\$5,911.25
The HomeTown Press		14.80		Net Income	\$2,808,222.28
Deputy		100.00		Ending Balance	\$3,936,216.74
Star Graphics	Inv 424835	32.68	1725		
				Loan Summary	Totals
IHS	Inv 62100 & 65191	1,179.00		Starting Balance	320,000.00
Brookshire Bros Pharmacy		1,584.76		Pmt 1-Due 4/30/15	-10,008.70
Willcox Pharmacy		1,097.03		Pmt 2-Due 7/30/15	-10,008.70
				Pmt 3-Due 10/30/15	-10,008.70
Entergy		102.37	1723	Pmt 4-Due 1/31/16	-10,008.70
TBCD		46.92	1724	Ending Balance	279,965.20
Loan #5 (5/8/15-2/1/16) Interest	\$4,150,000.00		pd 2/2/2016	Closed on Bldg&Pro	perty 3/23
Loan 6 (8/11/15-5/16/16) Interest	\$3,610,000.00				
Loan 7 Balance (11/5/15-8/4/16) Interest	\$3,610,000.00				
Loan 8 Balance (2/11/16-11/6/16) Interest	\$3,610,000.00				
LTC Inv # 1059 - Aug 2015 LTC Inv # 1063 - Sep 2015 LTC Inv # 1067 - Oct 2015 LTC Inv # 1071 - Nov 2015 LTC Inv # 1075 - Dec 2015	285,594.32 276,381.60 285,594.32 276,381.60 285,594.32		Pd 3/15/2016		
LTC Inc # 1079 - Jan 2016	285,594.32				

\$5,911.25

#### 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

hoxfordiv@benoxford.com

Hubert Oxford, IV

March 23, 2016

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

Re: Winnie Stowell Hospital District; Invoice for February 2016 Retainer; Our File No. 87250.

Dear President Henry,

Please allow this letter to serve as a *partial* invoice for work performed in February 2016. I request that we be allowed to submit the remainder of the invoice for January 2016 and February 2016 for Benckenstein & Oxford at the next regularly scheduled meeting or a special meeting that may need to take place before the end of the month.

In the meantime, would you please pay the retainer of \$1,000.00 retainer and we will give the District credit for the \$1,000.00 payment in the upcoming invoice with time entries for January 2016 and February 2016. If so, please draft a check in the amount of \$500.00 checks 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:	HOIV	
	Hubert Oxford, IV	

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

(409) 892-8901

Invoice # 160212 February 12, 2016

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

Direct deposit monthly fee: January & February, 2015 @ \$15.00 each	30.00
Direct deposit per transaction fee: 8 @ \$0.15 each	1.20
Payroll processing fee: January & February, 2016 (4 PPD @ \$35.00 each)	140.00

Amount Due for these services:

\$ 171.20

Please remit to:

P. O. Box 5151 Beaumont, Texas 77726 Blue for Business®
WINNIE STOWELL HOSPI
JOHN E HENRY SR
Closing Date 03/11/16 Next Closing Date 04/10/16



Account Ending 0-51003

New Balance \$355.23 Minimum Payment Due \$35.00

Payment Due Date

04/05/16<sup>‡</sup>

<sup>‡</sup>Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 04/05/16, 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 27.49%.

**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	11 months	\$375

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

- See page 2 for important information about your account.
- We want you to have easy access to the most up to date version of the Membership Rewards® Terms & Conditions. The most recent Terms & Conditions are available at **MembershipRewards.com/terms.**
- See Page 5 for Important Changes to Your Account Benefits.

#### **Membership Rewards® Points**

Available and Pending as of 01/31/16

34,100

For up to date point balance and full program details, visit **membershiprewards.com** 

#### **Account Summary**

Previous Balance	\$62.04
Payments/Credits	-\$62.04
New Charges	+\$355.23
Fees	+\$0.00
Interest Charged	+\$0.00

New Balance	\$355.23
Minimum Payment Due	\$35.00
Credit Limit	\$15,500.00
Available Credit	\$15,144.77
Cash Advance Limit	\$3,100.00
Available Cash	\$3,100.00
Days in Billing Period: 31	

#### **Customer Care**



Pay by Computer open.com/pbc

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

See page 2 for additional information.

 $\psi$  Please fold on the perforation below, detach and return with your payment  $\psi$ 







#### Account Ending 0-51003

Enter 15 digit account # on all payments. Make check payable to American Express.

JOHN E HENRY SR WINNIE STOWELL HOSPI PO BOX 304 WINNIE TX 77665-0304 Payment Due Date 04/05/16

New Balance \$355.23

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

Hardida dalla dalla adala dalla dall

\$ 355,23
Amount Enclosed

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 2.70% 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

**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.

r		MM								 	D. A. C.
Street Address											
	-	Ī	Ī								
City, State	-										
Zip Code											
Zip Code Area Code and Home Phone					 0.000.000.000.000			************	¥-1000000000000000000000000000000000000		
Area Code and Work Phone											
Email				 	 			 ************		 	

#### Pay Your Bill with AutoPay

Website: american express.com

Mobile Site: amexmobile.com

- 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.

8662387323 Description REFER TO RECEIPT

AMERICAN EXPRESS



Account Ending 0-51003

1 dyiii	ents and Credits	
Summa	ary	
		Total
Payments		-\$62.04
Credits		\$0.00
Total Paym	ents and Credits	-\$62.04
Detail	*Indicates posting date	
Payments		Amount
02/21/16*	JOHN E HENRY SR PAYMENT RECEIVED - THANK YOU	-\$62.04
New (	Charges	
Summa	ıry	
CUEDDIE NO	DDIS 6 TANA	Total
Total New	RRIS 0-51011	\$355.23 \$355.23
iotai new	charges	4333.23
Detail		
SHE	RRIE NORRIS	
Card	d Ending 0-51011	
		Amount
02/12/16	AL-T'S SEAFOOD & S 542929804649846	\$50.83
	WINNIE TX	
	4092969216 TIP \$10.00	
02/24/16	USPS 489815066425606 41831425606	\$98.00
02/24/16	WINNIE TX	\$90.00
	800-2758777	
02/25/16	TONYS BARBECUE & STEAKHOU 650000007049	\$76.39
12/23/10	WINNIE TX	<b>\$70.39</b>
	4092962225	
03/02/16	GOOGLE*SVCSAPPSWSHD-TX-COM	\$39.65
J3/UZ/10	Mountain View	\$39.03
	ADVERTISING SERVICE	
22/02/16	WILCOX PHARMACY 650000003350439	\$31.93
03/03/16	WINNIE TX	\$31.83
	4092962497	
	Description Price	
	WILCOX PHARMACY \$31.93	
22/27/46	BARNES & NOBLE	\$58.43
03/07/16		

#### **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.

2016 Fees and Interest Totals Year-to-Date	
	Amount
Total Fees in 2016	\$0.00
Total Interest in 2016	\$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	11.49% (v)	\$0.00	\$0.00
Cash Advances	25.49% (v)	\$0.00	\$0.00
Total			\$0.00
(v) Variable Rate			





Account Ending 0-51003

Notice of Important Membership Rewards® Program Changes
We are making changes to the Membership Rewards Program Terms & Conditions that affect Corporate Card Members. A summary of the changes appears below. The detailed changes can be found after the summary chart.

Summary of Changes, effective immediately				
Reinstating points forfeited for cancelling your account (Corporate Cards)	If the Linked Card Account that we cancel is a Corporate Card and we subsequently reinstate that Corporate Card, you must call us in order to reinstate points associated with that Card.			

#### **Detail of the Changes**

This notice amends the Membership Rewards Program Terms & Conditions (collectively, the "Terms & Conditions") as described below. We have the right to amend as described in the Terms & Conditions. Any terms in the Terms & Conditions conflicting with this change are replaced fully and completely. Terms not changed by this notice remain in full force and effect. We encourage you to read this notice, share it with Additional Cardmembers on your account, and file it for future reference. If you have any questions about this change, please call the number on the back of your Card.

#### Reinstating points forfeited for cancelling your account

Effective immediately, in the Terms & Conditions, we are deleting the body of the For Canceling Your Account sub-section of the Forfeiting and Getting Points Back section and replacing it with:

If we cancel your Linked Card Account for any of the following reasons, you'll forfeit all points in your program account except as noted:

- If we cancel your Linked Card Account due to inactivity, you have 90 days to use points in your program account before they are forfeited.
- If we cancel your Linked Card Account in the event of your death, your executor or personal
  representative may request to use the points in your program account in a one-time redemption
  by calling us.
- If we cancel your Linked Card Account by accident, points in your program account will not be forfeited.

If we cancel your Linked Card Account for any other reason (including bankruptcy or insolvency), you'll forfeit all points in your program account. If we reinstate the Linked Card Account within one year, these forfeited points will be returned to your program account.

If the only Linked Card Account is a Corporate Card and has been reinstated within one year, you must contact Membership Rewards at 1-800-AXP-EARN to have the forfeited points returned to your account.

If you voluntarily cancel your enrollment in the program but keep at least one American Express Card open and in good standing, you'll have up to 30 days from the date of cancellation to use any points in your program account. If you cancel your enrollment in the program and don't keep open any American Express Cards, all points in your program account will be immediately forfeited.

ID10946



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

#### Prepared for JOHN E HENRY SR

#### Account Number 1M70555067

#### Total Points Balance

34,100

#### Questions About Your Account?

Total Polits Dalalice

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membershiprewards.com

**Points Earned this Period** 

5,953

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

# Account SummaryJanuary 1, 2016 - January 31, 2016Opening Points Balance28,147Points Earned this Period+5,953Points Used this Period0Reinstated Points and Adjustments0

Total Points Balance 34,100

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

#### 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**

January 1, 2016 - January 31, 2016

Points Earned this Period	Points Activity On Eligible Charges	Bonus Points Awarded	Total Points Activity Per Card
Blue For Business XXXX-XXXXX0-51003	0 30% a	<b>5,569</b> Innual Relationship Bonus 6965	5,569
Add'l Blue For Business XXXX-XXXXX0-51011	384	0	384
Total	384	5,569	5,953

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 03/11/16

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 <u>OR</u> a 5% discount on eligible purchases with OPEN Savings® partners. Visit opensavings.com for details.











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**.

#### **GREAT NEW PLACES**

**CE 121048** 

Nature's Plus.

**Nature's Plus** - distributor of natural vitamins, supplements & health foods, offers quality products to consumers through its global network of retailers.

631-293-0030 or Naturesplus.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.



RECEIVED MAR-3 2016

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

Due date Mar 17, 2016 Service period 03/05 - 04/04 Amount due \$189.72

Service address

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

Previous balance & payments	
Balance last statement	339.50
Payments received as of Feb 26, 2016	-319.61
Unpaid balance	19.89
Current month	***************************************
Monthly services	149.94
Surcharges	9.76
Taxes and fees	10.13
Total due by Mar 17, 2016	\$189.72



7010 AIRPORT RD EL PASO TX 79906-4943 8280 1700 NO RP 26 02272016 YNNNNYNN 01 006762 0027



Payment due date Mar 17, 2016

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

\$189.72

Amount enclosed



P.O. Box 37600 Philadelphia, PA 19101-0600 Customer Service: 1-800-789-1331

22709:

Order Date: 02/15/2016 Ship Date: 02/22/2016 InvoiceDate: 02/22/2016

TIN: 36-2952904

0005762 Sold To:

01 AB 0.413 "AUTO T8 2 1638 77665-199797 -C01-P05764-I

Winniestowell Hospital Distri

Po Box 1997 Winnie TX 77665-1997

յլլեւյլեվՈւքեիկումիվույիլ||կեր<sup>լ</sup>||կրիկու

Ship To:

Winnie Stowell Hospital Distri Sherrie Norris 538 Broadway Winnie TX 77665

Order#: 89118094 Invoice#: 3489538 Account#: C7769473 Customer PO: norrissherrie Extended Item Number Description Color Qty shipped Price/UM \$28.69 901-281094LMP ld card 7Mil 3.375X2.125 wht 1 \$28.69/pack

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

# Always Expanding Assortment.

Everything it takes for your business. Go to Quill.com/new

To help apply your payment properly, remember to include your account # on your check and remit your payment to the address shown below. All shipping carrier fees are covered by Quill. A handling fee may apply to small orders. See Quill.com/shipping.

Track shipments, pay invoices and view past orders at My Account on Quill.com.

\$28.69 Mdse Total: \$2.86 Tax: Free Shipping: \$5.99 Handling:

**Amount Due:** 

\$37.54

**Due Date:** 

03/23/2016

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: 3489538 Invoice Date: 02/22/2016

Amount Due: \$37.54 Payable in U.S. Dollars

Payable to:

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

0011000000034895380007769473710000000037548

Place an "X" ahoue L if you include any comments, suggestions and/or address changes on the back of this naument slin 1638-01-00-0005762-0001-0008745



4785 Eastex Freeway Beaumont, TX 77706 P: 409-892-0671 F: 409-892-6323



#### **CONTRACT INVOICE**

Invoice Number:

INV424835

Invoice Date:

02/24/2016

Bill To:

Winnie - Stowell Hospital District

PO Box 1997 Winnie, TX 77665 **Customer:** 

Winnie - Stowell Hospital District

538 Broadway Winnie , TX 77665

Payment Terms	Due Date	Invoice Total	<b>国际政策标题</b>	Balance Due
Net 30	03/25/2016	\$ 32.68		\$ 32.68
Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
	\$ 30.19		01/26/2016	01/25/2021
	Remarks			
	Net 30	Net 30 03/25/2016  Contact Contract Amount \$ 30.19	Net 30 03/25/2016 \$ 32.68  Contact Contract Amount P.O. Number \$ 30.19	Net 30         03/25/2016         \$ 32.68           Contact         Contract Amount         P.O. Number         Start Date           \$ 30.19         01/26/2016

#### Summary:

Contract base rate charge for this billing period
Contract overage charge for the 01/26/2016 to 02/25/2016 overage period
Supply Shipping Charges
\*\*See overage details below

\$0.00 \$20.19 \*\*

\$10.00

\$30.19

Detail:

#### Equipment included under this contract

NM/22/	KM	/227
--------	----	------

Number Serial Number Base Adj.

3A2812 A7AK011001716 \$0.00 Winnie - Stowell Hospital District 538 Broadway Winnie, TX 77665

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	3A2812 - B\W	34	1,869	1 2 Y 2 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1	1,835	0	1,835	\$0.011000	\$20.19
									\$20.19

Please include invoice number on check. Remit payment to: PO Box 7186 Beaumont, TX 77726-7186 Fed ID # 76-0385530

Invoice SubTotal	\$30.19
Tax:	\$2.49
Invoice Total	\$32.68
Balance Due:	\$32.68

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

Invoice # 62100

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

RECEIVED MAR - 3 2016

Date:

3/1/2016

WINNIE STOWELL HOSPITAL DISTRICT POBOX 1997 **WINNIE, TX 77665** 

Terms: Net receipt of invoice

Professional services for the month of April 2016

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!!!



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

Invoice #

62191

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

RECEIVED MAR 21 2016

Date:

3/15/2016

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

Terms: Net receipt of invoice

Registration fee for the 2016 IHS Customer Advisory Conference

120.00

Total

\$120.00

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

THANK YOU FOR YOUR BUSINESS!!!



GL Totals Page 1

Issued 03/08/16

#### Winnie Stowel Hospital District Indigent Healthcare Services Batch Dates 03/23/16-03/23/16

Brookshire Bros. Phar. (winnie)

P.o. Box 1359 Winnie, TX 77665 Vendor #: 65460

GL#	Description		Amount
WSHD	Wshd		1,584.76
		Expenditures Reimb/Adjustments	1,584.76 0.00
		Grand Total	1,584.76

					.,	
Totals Detail Invoice #	GL#	Date in	Amt Billed	Amt Paid	Poste	
036-2475*65460*8	WSHD	02/13/16	26.44	26.44		
036-2475*65460*8	WSHD	02/13/16	29.80	29.80		
036-2475*65460*8	WSHD	02/13/16	34.85	34.85		
036-2749*65460*9	WSHD	02/26/16	40.00	40.00		
036-2749*65460*9	WSHD	02/29/16	63.31	63.31		
036-2811*65460*7	WSHD	02/01/16	36.13	36.13		
036-2811*65460*7	WSHD	02/26/16	36.39	36.39		
036-2811*65460*7	WSHD	02/26/16	306.60	306.60		
036-3217*65460*8	WSHD	02/26/16	25.77	25.77		
036-3217*65460*8	WSHD	02/26/16	435.73	179.77		
036-3217*65460*8	WSHD	02/26/16	44.88	44.88		
036-3224*65460*6	WSHD	02/06/16	5.00	5.00		
036-3224*65460*6	WSHD	02/06/16	5.00	5.00		
036-3224*65460*6	WSHD	02/06/16	34.33	34.33		
036-3224*65460*6	WSHD	02/08/16	10.00	10.00		
036-3224*65460*6	WSHD	02/06/16	5.00	5.00		
036-3363*65460*2	WSHD	02/23/16	5.00	5.00		
036-3426*65460*9	WSHD	02/03/16	15.00	15.00		
036-3426*65460*9	WSHD	02/03/16	26.34	26.34		
036-3432*65460*1	WSHD	02/01/16	5.00	5.00		
036-3432*65460*1	WSHD	02/29/16	15.00	15.00		
036-3432*65460*1	WSHD	02/01/16	5.00	5.00		
036-3432*65460*1	WSHD	02/01/16	15.00	15.00		
036-3432*65460*1	WSHD	02/01/16	22.46	22.46		
036-3454*65460*3	WSHD	02/18/16	12.00	12.00		
036-3454*65460*3	WSHD	02/18/16	5.00	5.00		
036-3467*65460*6	WSHD	02/24/16	5.00	5.00		
1000*65460*6	WSHD	02/18/16	29.07	29.07		
1000*65460*6	WSHD	02/19/16	5.00	5.00		
1002*65460*4	WSHD	02/08/16	22.84	22.84		
1002*65460*4	WSHD	02/19/16	6.67	6.67		
1002*65460*4	WSHD	02/08/16	19.08	6.61		
1002*65460*4	WSHD	02/19/16	28.99	28.99		
1003*65460*4	WSHD	02/19/16	16.96	16.96		
1003*65460*4	WSHD	02/19/16	42.09	24.37	April and a second second	

Page 2

**GL Totals** 

Issued 03/08/16

Winnie Stowel Hospital District Indigent Healthcare Services Batch Dates 03/23/16-03/23/16

Brookshire Bros. Phar. (winnie) P.o. Box 1359

P.o. Box 1359 Winnie, TX 77665 Vendor #: 65460

Invoice #	GL#	Date in	Amt Billed	Amt Paid	Posted
1003*65460*4	WSHD	02/08/16	459.14	223.53	
1004*65460*3	WSHD	02/20/16	85.37	75.58	
1005*65460*1	WSHD	02/23/16	5.00	5.00	
1005*65460*1	WSHD	02/23/16	49.07	28.33	
1008*65460*2	WSHD	02/24/16	15.00	15.00	
1011*65460*2	WSHD	02/22/16	22.40	22.40	
1011*65460*2	WSHD	02/22/16	5.00	5.00	
1011*65460*2	WSHD	02/22/16	40.34	40.34	santa a la company de la compa
1011*65460*2	WSHD	02/04/16	5.00	5.00	
1011*65460*2	WSHD	02/04/16	10.00	10.00	
	***		2,137.05	1,584.76	
	***		2,137.05	1,584.76	

<sup>45</sup> records listed.

<sup>17</sup> invoices listed.

©IHS Issued 03/17/16

#### **GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services Batch Dates 03/23/16-03/23/16

Wilcox Pharmacy P. O. Box 1850 Winnie, TX 77665 Vendor #: 18651

GL#	Description		Amount
WSHD	Wshd		1,097.03
		Expenditures Reimb/Adjustments	1,097.03 0.00
		Grand Total	1,097.03

Invoice #	GL#	Date in	Amt Billed	Amt Paid	Posted
036-2778*18651*15	WSHD	02/04/16	75.00	40.53	
036-2778*18651*15	WSHD	02/02/16	75.00	75.00	
036-2783*18651*57	WSHD	02/11/16	75.00	34.69	
036-2783*18651*57	WSHD	02/04/16	28.73	28.73	
036-2783*18651*57	WSHD	02/11/16	190.82	164.87	
036-2833*18651*75	WSHD	02/02/16	361.68	285.89	
036-2942*18651*61	WSHD	02/02/16	11.35	11.35	
036-2942*18651*61	WSHD	02/12/16	13.27	8.10	
036-2942*18651*61	WSHD	02/01/16	131.59	131.59	
036-2942*18651*61	WSHD	02/24/16	9.82	9.82	
036-3364*18651*25	WSHD	02/29/16	16.23	9.02	
036-3364*18651*25	WSHD	02/26/16	22.85	22.85	
036-3364*18651*25	WSHD	02/29/16	24.00	24.00	
036-3364*18651*25	WSHD	02/29/16	20.00	20.00	
036-3364*18651*25	WSHD	02/26/16	35.41	28.94	
036-3453*18651*8	WSHD	02/03/16	37.53	18.80	
036-3464*18651*3	WSHD	02/12/16	75.00	75.00	
036-3464*18651*3	WSHD	02/12/16	64.49	64.49	
1008*18651*2	WSHD	02/24/16	75.00	43.36	
	***		1,342.77	1,097.03	
	***		1,342.77	1,097.03	

19 records listed.
8 invoices listed.



Account Number

2107 HIGHWAY 124 WINNIE TX 77665

Entergy PO BOX 8104 **BATON ROUGE LA 70891-8104** 

Cycle

04

1364

Route

09

Call 1-877-387-2499

**Customer Bill** 

Please Bring Entire Bill When Paying In Person 03/24/2016 PAY THIS BY AMOUNT

RECEIVED

\$97.78 24/2016 PAY THIS \$102.37 AMOUNT

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

MAR 1 1 2016

Mail Date Billing Period No. Days 03/08/2016 02/02/2016 TO 03/03/2016 30

Office

018

QPC

4261034 008

Service Location

Amount Bill History Days Last Month 390 28 \$97.80 This Month Last Year

\*\*\*\*\* 5-DIGIT 77612 7203 01 AV 0.388 WINNIE STOWELL HOSPITAL DISTRICT PO BOX 1997

WINNIE TX 77665-1997

0 5DG 007203 TU08 1 G

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.

Meter	Meter F	Reading				Rate Rider	
Type Number	Present	Previous	Difference	Multiplier	Usage	Code Code	Amount
VH 9690616	18037	17617	420	1	420	220	
9690616	2.22			1	2		
NTRACT POWER KW		5 08/	2015				
LLED HINIHUM KW		5					
STOMER CHARGE							34.
MAND CHARGE							32.
ERGY CHARGE							11.
C RIDER		420	KWH @ \$0.00	008500			
EL ADJUSTMENT		420	KWH a \$0.02	79406			11.
AMBERS COUNTY HEAL	TH SERVICES	DISTRICT 1	1/2% TAX				
ATE SALES TAX							5.1
TAL HONTHLY CHARGE	S						97.
ANK YOU FOR YOUR P	AYMENT(S)	\$	7.80				

THANK YOU FOR THE PROMPT WAY YOU PAY YOUR BILL => 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

Please detach and return with your check payable to Entergy

Amount Due considered delinquent after BY date

Keep this portion for your records

Entergy,

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

Account Number OPC Office Cycle Route 018 4261034 008 04

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

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

BY PAY THIS \$97.78 AMOUNT 03/24/2016 PAY THIS \$102.37 AMOUNT



ENTERGY PO BOX 8104 **BATON ROUGE LA 70891-8104** 



# TRINITY BAY CONSERVATION DISTRICT

AMOUNT PAID

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



ON OR BEFORE DUE DATE	DUE DATE	AFTER DUE DATE		
46.23	03/15/16	46.92	1-04-08000-03 2107 HWY 124	53

WINNIE-STOWELL HOSPITAL DISTRECEIVED PO BOX 1997 WINNIE TX 77665 MAR - 3 2016

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

Hardbridden Harridd Landald and all and all

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

MAKE CHECK	SERVICE ADDRESS 2107 HWY 124			ACCOUNT NUMBER		
PAYABLE TO:				1-04-08000-03		
Trinicy Bay Conservation Dis	SERVICE	FROM TO		02/29/16		
P. O. BOX 599 Stowell TX 77661	PERIOD	01/28/16 02/29/16				
				DESCRIPTION	AMOUNT	
READ DATE(W) METER NUM. PRES. READ PREV. READ FOTAL GALLONS	02/18/16 08126189 124.7 124.7		0.0	WATER SEWER TWC FEE  THIS MONTH  TOTAL NOW DUE PENALTY AMOUNT . 69	36.00 10.00 .23 46.23 PAY THIS AMOUNT AFTER 03/15/2016 46.92	

602

**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.