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: 6/29/16 REG MEETING

Name	Address
Wade Hitchcock	Hometown Press
Gloria Romero	Jambreeze Review
Larry Barron	

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.

6·29-16 REG MEETING

NAME	ADDRESS

Exhibit “B”

EAST CHAMBERS ISD
Scott Campbell, Superintendent
1955 State Hwy 124
Winnie, Texas 77665
Phone (409) 296-6100
Fax (409) 296-3528

June 29, 2016

Report to Winnie-Stowell Hospital District Board Concerning Healthcare Funding
Presented By Scott Campbell, Superintendent ECISD

Thank you for asking me to give tonight's report. Specifically, I have been asked to review and discuss the accident insurance policy funded by the Hospital District.

Handout #1 is a copy of the portion of my presentation made on October 28, 2015 regarding the provision of our proposed partnership that dealt with providing accident insurance for all students while at school. The total premium for 2015-2016 was $33,685.

We discussed the possibility of the Hospital District purchasing coverage for 24 hour accident coverage for all ECISD students, and I provided pricing from our carrier for the premium which would have been $75,000 for the remainder of the 2015-2016 school years and $127,000 for the 2016-2017 school year and explained if the WSHD chose that option it would be necessary for the WSHD to make that payment directly to the carrier. We all agreed that the 24 hour accident coverage was cost prohibitive at this time and might be reviewed in subsequent years if funds became available.

Handout #2 is a copy of the final executed interlocal agreement between ECISD and WSHD that spells out the terms of the partnership. I would propose that we amend paragraph three to delete the actual dollar amounts listed in provisions 1-4. The money still is to be spent on the specified categories but the amounts will change slightly year over year based on premiums, etc.

During the course of the year, we experienced 33 claims totaling $30,170 paid by the carrier. The loss ratio was 108%. To stay with The Brokerage Store, the current carrier, we would have seen a 47% increase in premiums. Instead, we chose to change to Monarch for 2016-2017 with an initial premium of $20,616.39. **Handout #3** gives a side by side comparison of the two and what the new plan's covered expenses include. This is the all-student, all-school coverage like we currently have. Parents will also have the option of purchasing accident insurance for their children for the 24 hour coverage if they choose. The Monarch policy also includes catastrophic accident coverage with a maximum for all accident medical benefits of $6,000,000.

The question has been raised about the logistics of how an accident claim is filed, and what the insurance pays and does not pay. **Handout #4** is an actual claim form for next year and is essentially the same as last year. In a scenario where a student is injured and needs medical care outside what the school district can provide, a claim form is given to the parent. The school completes part one of the form, and the parent completes parts two and three. We also attempt to make it clear to parents that the accident insurance is supplemental to any insurance they carry on their children and becomes primary insurance only the absence of any other coverage. In any event, whether insured or not, any deductibles and out of pocket expenses are the responsibility of the parent and not ECISD or WSHD.

There is another provision, called "zero billed" contracts, where certain hospitals and providers have made arrangements with our carriers to take what the insurance provides and not pass any cost back to the parents. We have no control or influence on that process, other than to provide information about potential providers to the carrier. We maintain a list of those providers and will share as requested. Currently, there are no hospitals or providers in Chambers County who participate in zero billing. There are multiple hospitals and providers in Jefferson and Harris Counties, however. Also, it is the parent's responsibility to choose where their child is treated and they can access provider information on the Monarch website.

I would like to take this opportunity again to thank the WSHD for partnering with ECISD to provide health related services and insurance for the children of our community. Thus far, it has been a great success, and I believe it will continue to be. I look forward to a renewal of the interlocal agreement and suggest we begin the process this fall of working on continuing the agreement into the future.

Thank you,

Scott Campbell

Scott Campbell, Superintendent ECISD

Provide Accident Insurance

Ltr dbut 1

ECISD BOARD POLICY FFD (LEGAL)

- The Board may purchase insurance against bodily injury sustained by students while training for or engaging in interscholastic athletic competition or while engaging in school-sponsored activities on a school campus.
- The cost of student insurance shall constitute a legitimate part of the total cost of operating the District

Incurred and Pending claims since 2013: $52,683

2015/2016

- Texas Value Plan: $28,000
- Catastrophic Coverage: $1,560
- Total: $29,560.
- Current coverage includes all UIL activities for grades 7-12 which includes practice and competing in interscholastic athletics, Future Farmers of America, band, cheerleading, drill team, and other activities sponsored and supervised by the school.
- Potential Adds:
  - All School Coverage: $4,125. All students while at school
  - 24 hour coverage: $75,000.

    *If chosen, direct payment by WSHD

2016/2017

- Texas Value Plan: estimated $35,000
- Catastrophic Coverage: $1,600
- All School Coverage: $6,000
- 24 hour coverage: $127,500

*If chosen, direct payment by WSHD

Handout 2

INTERLOCAL AGREEMENT BETWEEN EAST CHAMBERS INDEPENDENT SCHOOL DISTRICT AND THE WINNIE-STOWELL HOSPITAL DISTRICT

This **INTERLOCAL AGREEMENT BETWEEN EAST CHAMBERS INDEPENDENT SCHOOL DISTRICT AND THE WINNIE-STOWELL HOSPITAL DISTRICT** (herein "Agreement") is entered into effective the ___ day of January, 2016, by and between, Winnie-Stowell Hospital District, a political subdivision of the State of Texas, and the East Chambers Independent School District, a political subdivision of the State of Texas pursuant to the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code.

RECITALS

WHEREAS, The East Chambers Independent School District ("ECISD") is a school district located in Chambers County, Texas;

WHEREAS, the Winnie-Stowell Hospital District ("WSHD") is a hospital district located in Chambers County, Texas and governed by of Article IX, Section 9 of the Texas Constitution and Chapter 286 of the Texas Health & Safety Code, and is subject to the terms and conditions of the Texas Indigent Health Care and Treatment Act (Texas Health & Safety Code Ch. 61);

WHEREAS, in accordance with its mission and statutory requirements, WSHD is obligated to assume full responsibility for providing medical and hospital care for its Indigent inhabitants without charge. *See* Tex. Const. Art. IX, § 9 (2014) (emphasis added); Tex. Health & Safety Code §§ 286.073, 286.082, and 61.052(a).Tex. Att'y. Gen. Op. No.JM-858 (1988); and Tex. Att'y. Gen. Op. No. JC-0220 (2000);

WHEREAS, ECISD provides public education and certain related healthcare services to students within its boundaries, many of whom are considered economically disadvantaged and many of whom qualify for free-and-reduced meals in accord with federal child nutrition laws as well as for the Indigent Care Program pursuant to the guidelines adopted by the WSHD as well as Chapter 61 of the Texas Health and Safety Code;

WHEREAS, the boundaries of ECISD and WSHD are the same; and

WHEREAS, ECISD and WSHD seek to enter into an agreement whereby WSHD compensates ECISD to provide services to benefit ECISD students and further the mission of providing healthcare services to WSHD's needy inhabitants.

THEREFORE BE IT RESOLVED THAT, ECISD and WSHD enter into this Interlocal Agreement in accordance with Chapter 791 of the Texas Government Code with the following terms and conditions:

1. Purpose: The purpose of this Agreement is to provide healthcare related services to the students of ECISD that further the mission and goals of both ECISD and WSHD.

2. Duties of ECISD: To utilize the compensation provided by WSHD for the purposes as set forth in this Agreement in Paragraph 3, below.

3. Duties of WHSD:

   a. To pay ECISD $15,000.00 per month to begin in January 2016 for a total twenty (20) months and to be spent by ECISD on the following:

      (i) Student accident insurance: all coverage all students while at school or at school function: $33,685.00;
      (ii) Health related services including RN salary/benefits, supplies/materials: $71,315.00;
      (iii) Student health related vision, hearing, scoliosis screenings, lice treatment, preventive care, immunization assistance: $15,000.00;
      (iv) Mental health licensed professional counseling services, occupational/speech therapy, physical therapy: $60,000.00.

   b. Such monthly payment shall be made to ECISD by the fifth (5) of each month.

4. Term and Termination:

   (a) Term. This Agreement is for a term of twenty (20) months commencing on the Effective Date and ending on August 31, 2017. Thereafter, this Agreement shall be extended from year to year unless either party elects to terminate the Agreement in accord with the termination provision below.

   (b) Termination.

      (i) Termination for Cause. This Agreement may be terminated for cause at any time during the Term upon thirty (30) calendar days prior written notice to the other party if the party to whom such notice is given has materially breached or otherwise failed to fulfill its obligations hereunder, including the failure to fulfill any obligation which is found to be unenforceable. The party claiming the right to terminate shall set

forth in the notice the facts underlying its claim that the other party is in material breach or non-fulfillment of this Agreement and shall expressly state that the notice constitutes a termination notice under this Section. Should the alleged breach or non-fulfillment be remedied within said thirty (30) day period (to satisfaction of non-breaking party) or, if such breach or non-fulfillment cannot be cured within such thirty (30) day period but remedial efforts shall be commenced within such period and diligently pursued, the cure period may be extended for an additional period as may be necessary to cure such breach or non-fulfillment; however, in no event such breaching or non-fulfilling party have more than sixty (60) days to cure such breach, the Agreement shall continue without interruption for the remaining Term.

(ii) Termination for Convenience. After the first initial twenty (20) month period, during any renewal year terms, either party may terminate this Agreement effective at the end of a renewal year by giving a minimum sixty (60) days notice prior to August 31 of that year.

(c) Survival. All accrued but unperformed obligations of either party shall survive termination or expiration of this Agreement. All rights and obligations of either party for indemnification hereunder arising out of or in connection with matters occurring within the Term shall survive the termination or expiration of this Agreement.

5. Venue and Governing Law: Mandatory and exclusive venue for any dispute arising out of this Agreement shall be a court of competent jurisdiction in/serving Chambers County, Texas. This Agreement shall be governed by Texas law without regarding to conflicts of law principles.

6. Assignment: Neither this Agreement nor any duties or obligations entered in subsequent contracts because of this Agreement shall be assignable by either party without the prior written acknowledgment and authorization of both parties.

7. Indemnity:

TO THE MAXIMUM EXTENT PERMITTED BY TEXAS LAW, ECISD SHALL INDEMNIFY AND HOLD HARMLESS BOTH WSHD AND ITS OFFICERS, AGENTS, INDEPENDENT CONTRACTORS, AND EMPLOYEES FROM ALL SUITS, ACTIONS, LOSSES, DAMAGES, CLAIMS, OR LIABILITY OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, ALL EXPENSES OF LITIGATION, COURT COSTS AND ATTORNEY'S FEES FOR INJURY OR DEATH TO ANY

PERSON, OR INJURY TO ANY PROPERTY, RECEIVED OR SUSTAINED BY ANY PERSON OR PERSONS OR PROPERTY, ARISING OUT OF, OR OCCASIONED BY, THE ACTS OF ECISD AND ITS AGENTS, INDEPENDENT CONTRACTORS, OR EMPLOYEES, IN THE EXECUTION OR PERFORMANCE OF THIS AGREEMENT, BUT ONLY TO THE EXTENT PERMITTED BY LAW.

TO THE MAXIMUM EXTENT PERMITTED BY TEXAS LAW, WSHD SHALL INDEMNIFY AND HOLD HARMLESS BOTH ECISD AND ITS OFFICERS, AGENTS, INDEPENDENT CONTRACTORS, AND EMPLOYEES FROM ALL SUITS, ACTIONS, LOSSES, DAMAGES, CLAIMS, OR LIABILITY OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, ALL EXPENSES OF LITIGATION, COURT COSTS AND ATTORNEY'S FEES FOR INJURY OR DEATH TO ANY PERSON, OR INJURY TO ANY PROPERTY, RECEIVED OR SUSTAINED BY ANY PERSON OR PERSONS OR PROPERTY, ARISING OUT OF, OR OCCASIONED BY, THE ACTS OF WSHD AND ITS AGENTS, INDEPENDENT CONTRACTORS, OR EMPLOYEES, IN THE EXECUTION OR PERFORMANCE OF THIS AGREEMENT, BUT ONLY TO THE EXTENT PERMITTED BY LAW.

8. Notice: Any notice sent under this Agreement shall be in writing and shall be sent by **certified mail, return receipt requested**. Notice to shall be sufficient if made or addressed as follows:

To:	East Chambers ISD Attn: Superintendent 1955 State Highway 124 Winnie, TX 77665	To:	Winnie-Stowell Hospital District Attn: District's Chairman P. O. Box 1997 Winnie, Texas 77665

9. Insurance and Additional Insured: During the Term, ECISD shall, at its sole cost and expense, procure and maintain policies of insurance and/or provide and maintain self-insurance insuring against comprehensive general liability and professional liability for damages directly or indirectly related to the performance of any service provided in this Agreement, and the use of any property and facilities provided by ECISD in connection with this Agreement, in such amounts, on such terms and with such deductibles as are then commonly maintained by school districts with facilities and operations similar to those of ECISD. To the extent that the Parties determine that it is economically or otherwise feasible, **the ECISD will use its best efforts to name the WSHD as an additional insured, to the ECISD's comprehensive general liability and professional liability**

insurance policies and from time to time, ECISD will furnish WSHD with certificates evidencing such insurance and/or self-insurance; and ECISD shall promptly advise WSHD of any change in the insurance and/or self-insurance maintained by ECISD.

10. Immunities: Nothing in this Agreement waives or alters any immunities provided to either party and/or their respective officers, employees, or agents under Texas or federal law.

11. Severability: In the event that any one or more of the provisions contained in this Contract shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provisions, and the Contract shall be construed as if such invalid, illegality, or unenforceable provision had never been contained in it.

12. Authority: Each party acknowledges that the governing body of each party to the Agreement has authorized this Agreement. Each party paying for the performance of governmental functions or services under this Agreement must make those payments from current revenues available to the paying party. The parties agree that the payment(s) under this Agreement are an amount that fairly compensates the performing party for services or functions performed under the Agreement.

13. Benefit for Signatory Parties Only: This Agreement, nor any term or provisions hereof, not any inclusion by reference, shall be construed as being for the benefit of any party not in signatory hereto.

14. Entire Agreement: This Agreement constitutes the sole agreement of the parties and supersedes any other oral or written understandings or agreements.

Executed effective as of the Effective Date by the following duly authorized representatives:

WINNIE STOWELL HOSPITAL DISTRICT

By: Elroy Henry

Print Name: Mr. Elroy Henry

Title: Chairman

Date: _____

EAST CHAMBERS INDEPENDENT SCHOOL DISTRICT

By: Scott Campbell

Print Name: _____

Title: _____

Address for Notice:

_____

_____

Date: _____

Handout 4

MultiPlan

How to File a Medical Claim

(For Special Risk, Sports, Campers, Youth Groups, and Participant Accident Insurance Policies)

Attached is a claim form for your accident policy.
Please forward claims and questions to the following address:

WebTPA
P.O. Box 669
Grapevine, TX 76099-0669
Customer Service: (877) 563-7492
Fax: (469) 417-1989

Step 1: **Submit a completed Notice of Claim (claim form) via either by mail or by facsimile.**

The Participating Organization (not the Parent, Claimant or Agent) should:

- Fully answer each item in Part I, The Participating Organization Report.
- Read the fraud warning statement on page 3 and sign the form where indicated in Part I.

The Parent/Guardian or Adult Claimant should:

- Fully answer each item in Part II, Other Insurance Statement.
- Review Part III, Authorizations
- Read the fraud warning statement on page 3 and sign where indicated on the bottom of the Claim Form.

Step 2: **Submit itemized medical bills for payment consideration to our office. If other insurance exists, include the other insurance company's corresponding Explanation of Benefits (EOBs).**

HOW TO FILE A CLAIM

All information must be provided for a claim to be processed.

1. This claim form should be fully completed and submitted within 90 days from the date of accident. Be sure to answer all questions and complete the section regarding "OTHER INSURANCE STATEMENT".
2. Only one claim form for each accident needs to be submitted.
3. Once completed, make a photocopy for your records, and mail to address below:
   WebTPA
   P.O. Box 669
   Grapevine, Texas 76099-0669
   Customer Service: 877-563-7492
   Fax: 469-417-1989
4. Advise all doctors / hospitals of this coverage so they may forward their itemized bills.
5. If you have already been to doctor / hospital and did not know about this coverage, send all itemized bills to address above.
6. Itemized bills should include name of doctor / hospital, complete mailing address, telephone number, date seen, what you were seen for (diagnosis) and specific itemized charges incurred. (Description of treatment including CPT codes and amount).
7. If you have other insurance, submit a claim to your other insurer. When an Explanation of Benefits is received from Primary Carrier, mail to address above along with all corresponding itemized bills and completed claim form. You must submit itemized bills which include:
   a) HCFA-1500 (standard form used by Providers)
   b) UB-04 or UB-92 (standard form used by Hospitals)
8. If you already paid the bill, include a paid receipt or copy of your cancelled check. Payment will be made to the Provider of Service unless a paid receipt statement accompanies the bill when claim form is submitted.
9. **Common Causes For Delays in Processing Claims**
   a) Claim Form not fully completed or not submitted.
   b) Balance Due, Balance Forward or Past Due statements submitted as itemized bills.
   c) Explanation of Benefits from Primary Carrier not provided with itemized bills.

Keep Copies of All Correspondence For Your Own Records Until Claim Has Been Processed.

AXIS MultiPlan WebTPA An AmWins Group Company

PART I – PARTICIPATING ORGANIZATION STATEMENT

Policy Number:	Policyholder / Organization Name:		Event, Activity or Sport:	
Name of School:	Street Address	City	State	Zip Code
Claimant's Name (Injured Person)	Social Security Number	Gender ☐M ☐F	Date of Birth	E-Mail Address

Address of Injured Person and Best Contact Phone Number (Include Area Code)

Date and Time of Accident	Place where Accident Occurred	The injured person was a: ☐ Participant ☐ Staff Member ☐ Other
Dental Claims	Indicate which Teeth were Involved in the Accident	Describe Condition of Injured Teeth Prior to Accident: ☐ Whole, Sound, and Natural ☐ Filled ☐ Capped ☐ Artificial

Type of Injury (Indicate Part of Body Injured – e.g. broken arm, sprained ankle, etc.) | Did Injury Result in Death? ☐YES ☐NO

Describe How Accident Occurred – Provide All Possible Details

Did Accident Occur (Check Yes or No for Each of the Following):

A. During a participating organization sponsored & supervised, or sanctioned activity? ☐YES ☐NO
B. On activity premises? ☐YES ☐NO
C. While traveling directly and uninterruptedly to or from the activity? ☐YES ☐NO
D. During a participating organization practice? ☐YES ☐NO or competition? ☐YES ☐NO

Signature of Participating Organization Representative	Name and Title of Participating Organization Representative	Date

PART II – OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care or are you enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through an employer, a parent's employer or other source? ☐YES ☐NO

If Yes, name of insurance company::_____ Policy #:_____

Mother's (Guardian's) primary employer name, address & telephone: _____

Father's (Guardian's) primary employer name, address & telephone: _____

Are you eligible to receive benefits under any governmental plan or program, including Medicare?

☐YES ☐NO If yes, please explain: _____

IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim.

PART III – AUTHORIZATIONS

I authorize medical payments to physician or supplier for services described on any attached statements enclosed. If not signed, please provide proof of payment.

SIGNATURE _____ DATE _____

I authorize any physician, medical professional, hospital, covered entity as defined under HIPAA, insurer or other organization or person having any records, dates or information concerning the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records or all such records in their entirety to ***AXIS Insurance Company*** or its designated administrator. A photo static copy of this authorization shall be considered as effective and valid as the original.

I agree that should it be determined at a later date there is other insurance (or similar), to reimburse ***AXIS Insurance Company*** to the extent of any amount collectible.

I understand that any person who knowingly and with the intent to defraud or deceive any insurance company; files a claim containing any material by false, incomplete or misleading information may be subject to prosecution for insurance fraud.

SIGNATURE _____ DATE _____

AXIS MultiPlan WebTPA An AmWINS Group Company

FRAUD STATEMENTS

Important Notice

- ***In General, and specifically for residents of Arkansas, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ***For residents of the District of Columbia:*** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ***For residents of Maine, Tennessee, Virginia and Washington:*** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ***For residents of Oregon:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ***For residents of Maryland :*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ***For residents of New York:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ***For residents of Oklahoma:*** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ***For residents of Pennsylvania:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PLAN COMPARISON

Handout 3

	TEXAS VALUE BROKERAGE STORE		MONARCH PREMIER PLUS		BETTER?
INPATIENT:					
Room & Board	Semi-Private room rate		Semi-Private room rate		Same
Intensive Care	1.5 x semi-private room charges		100% Semi-Private intensive care room rate - no limit	X	MONARCH
Hospital Misc	1st day up to $1000 thereafter $500 max per day max $5000	X	Usual & Customary charges up to $750/day 1st day, $250/day thereafter, $5000 Max		TX VALUE
Registered Nurse	Usual & Customary charges		Usual & Customary charges		Same
Doctor Visits	1st day $50/day thereafter $40/day, max 10 visits		1st day emergency $100/day thereafter $40/day	X	MONARCH

OUTPATIENT:					
Ambulatory Surgical Center	Usual & Customary charges up to $2000 facility charge		Usual & Customary charges up to $2000 facility charge		Same
Doctor Visits	$50/day max 10 visits	X	Usual & Customary charges up to $40/day		TX VALUE
Doctor Visits - Concussion	$80/day for 1st two visits thereafter $50/day max 10 additional visits	X	$100/day for 1st visit thereafter $40/day		TX VALUE
Physiotherapy	$50 1st visit/ $25 per visit after up to 5 total (1 per day) ($25x5 = Max $125)		Non Post-Surgical $50/visit, Max $300 & Post-Surgical $50/visit, Max $750	X	MONARCH* (SIGNIFICANTLY BETTER)
Shots & Injections (within 24 hrs of injury)	Usual & Customary charges up to $50		Usual & Customary charges included in surgery benefit (up to $4500)	X	MONARCH
Medical Emergency	Usual & Customary charges up to $300 (for use of ER and services w/in 72 hrs of injury)	X	Usual & Customary charges up to $250 (for use of ER and services w/in 72 hrs of injury)		TX VALUE
Medical Emergency Doctor	Usual & Customary charges up to $150	X	Usual & Customary charges up to $100		TX VALUE
Diagnostic Xray	Usual & Customary charges: $250 facility & $50 for reading	X	100% of Usual & Customary up to $200 per covered injury with included reading		TX VALUE
CAT scan/MRI/Bone Scan	Usual & Customary charges up to $750 & $50 for reading		Usual & Customary charges up to $800 including reading		Same
Lab Procedures	Usual & Customary charges up to $100	X	Usual & Customary charges up to $50		TX VALUE

OTHER (in/outpatient)					
Surgeon	Usual & Customary Charges up to $3000 (limited to primary procedure)		90% of Usual & Customary Charges up to $4500 (limited to primary procedure including removal of surgical implanted pins within 2 years of Injury)	X	MONARCH* (SIGNIFICANTLY BETTER)
Anesthetist	25% of surgeon benefit		25% of surgeon benefit		Same
Asst Surgeon	25% of surgeon benefit		25% of surgeon benefit		Same
Ambulance	Usual & Customary charges up to $1000		100% of Usual & Customary charges (air or ground) - No Limit	X	MONARCH
Dental Treatment	Usual & Customary charges up to $1000 (benefits paid on injury to sound, natural teeth)		100% of Usual & Customary charges - No Limit	X	MONARCH
Post Surgical Durable Med Equipment	Usual & Customary charges up to $100		Usual & Customary charges up to $150	X	MONARCH
Eye Glasses, Contacts, Hearing Aid replacement	Usual & Customary charges (as result of covered injury only) up to $200		100% of Usual & Customary charges	X	MONARCH
Prescription Drugs	Usual & Customary charges up to $50		100% of Usual & Customary charges	X	MONARCH
Post-Surgical Orthopedic Braces & Appliances	Usual & Customary charges up to $500		Usual & Customary charges up to $500		Same
Physical Therapy	$50 per visit, max 5 visits ($250)		$50 per visit, max $300	X	MONARCH
Chronic Injury Benefit	Pays for services per Schedule of Benefits up to $350		Pays benefits as normal injury	X	MONARCH

TOTAL BETTER TEXAS VALUE: 7 **TOTAL BETTER MONARCH: 12**

**(NOTE: Please consult policy brochures and/or the actual policy for further clarification)*

Texas Monarch Management Corp.
3201 Cherry Ridge Dr., Suite D405, San Antonio, TX 78230

Premier Plus Plan

Plan Maximum (For Each Covered Injury) $25,000
Vocational Plans (For Each Covered Injury) $25,000
Field Trip Coverage (For Each Covered Injury) $25,000

Covered Expenses	
Hospital Room and Board	Semi-Private daily room rate
Hospital Inpatient Expenses	100% U & C up to $750 1st day, $250 per day thereafter subject to a Maximum of $5,000 per Hospital Stay
Hospital Outpatient Surgery *(facility charge)*	up to $2,000 per Covered Injury
Hospital Outpatient Medical Emergency *(use of emergency room and supplies)*	100% U & C up to $250 per Covered Injury
Urgent Care Facility	100% U & C up to $250 per Covered Injury
Physician, Emergency Room	100% U & C up to $100
Physician, Nonsurgical Visits	100% U & C up to $40 per visit
Physician, Concussion	$100 at U & C plus 100% U & C up to $40 per visit
Physician, Surgical Services	90% of U & C, Maximum $4,500
Physician, Urgent Care	100% U & C up to $100
Anesthetist/Assistant Surgeon	25% of surgeon's allowance
Registered Nurse *(Inpatient)*	100% U & C per Hospital Stay
Outpatient Physiotherapy – *Non Post-Surgical*	$50 per visit, Maximum $300
Post-Surgical	$50 per visit, Maximum $750
Outpatient X-ray Services	100% U & C up to $200 per Covered Injury
Outpatient Laboratory Services	100% U & C up to $50 per Covered Injury
Dental Treatment	100% U & C
Ambulance Services	First Trip to Hospital 100% U & C
Diagnostic Imaging Services *(Includes MRI, Cat Scans)*	100% U & C up to $800 per Covered Injury
Orthopedic Braces & Appliances - *Inpatient*	100% U & C up to $500 per Covered Injury
Outpatient	100% U & C up to $500 per Covered Injury
Durable Medical Equipment	100% U & C up to $150
Eyeglasses / Contact Lenses	100% U & C
Hearing Aid Replacement	100% U & C
Prescription Drugs (outpatient)	100% U & C

Note coverage includes benefits for:
Concussions are covered if it is a loss due to covered injury. Baseline testing is not included
Hernia as a result of Covered Accident/not stress
Heart and Circulatory Conditions due to Heat Exhaustion

Deferred Surgical Expense Benefit *(pin removal within 2 years of the accident, paid under the surgical benefit maximum)*
This is a brief illustration of coverage underwritten by AXIS Insurance Company. The Policy issued will be the contract and will govern and control the payment of benefits. If there is any conflict between the information in this illustration and the Policy, the Policy will control in all respects. The Policy is a non-renewable one year policy. No benefits are payable for expense incurred that is paid or payable by another Health Plan.

Exhibit “C”

WSHD Financial Reporting Sheet

Reporting Date: Wednesday, June 29, 2016

From	Sales Tax	Property Tax	County	Other	Net
MPAP Funds		$0.00	$0.00	$597,852.08	$597,852.08
Texas Comptroller	$39,551.57	$0.00	$0.00	$0.00	$39,551.57
Total:	$39,551.57	$0.00	$0.00	$597,852.08	$637,403.65

Expenses	For	Amount	Status
Benckenstein & Oxford			
Hubert Oxford	1/2 Retainer	-$500.00	Pending
Josh Heinz	1/2 Retainer	-$500.00	Pending
David Sticker, CPA	Inv #18893	-$2,093.75	Pending
American Express	Inv 5/11	-$331.01	Pd #1951
Time Warner	Inv 5/5-6/4	-$169.95	Pd # 1964
Star Graphics - Lease	Inv # 49898989	-$133.42	Pd ACH
Star Graphics - Contract	Inv # 440757	-$24.02	Pending
Deputy	May RM	-$100.00	Pending
ECISD		-$15,000.00	Pd ACH
IHS	Inv # 62457	-$1,059.00	Pd #1963
Lisa Stramecki	Website invoice		
Philadelphia Ins	D&O Ins	-$3,429.25	Pd # 1960
Philadelphia Ins	D&O Ins-Balance	-$8,744.59	Pd #1968
CNA Surety	NH Bond-RH	-$150.00	Pd #1965
CNA Surety	NH Bond-MMW	-$300.00	Pd # 1967
Brookshire Bros Pharmacy	IC-Apr Rx's	-$2,738.03	Pending
Willcox Pharmacy	IC-Apr Rx's	-$1,448.55	Pending
Payroll - Admin		$1,292.10	Pd
Payroll - IC Director		$856.35	Pd
Payroll - Taxes			
Expenses Paid During June		-$27,168.77	
Expenses Paid at June Meeting		-$7,404.35	
Totall Expenses for June		**-$34,573.12**	

Funds Summary	Totals
Prosperity Operating	$1,971,092.63
Interbank	$151,580.75
Prosperity CD	$104,089.64
TexStar	$652,705.70
Net Cash Position	$2,879,468.72
Net Expenses	-$7,404.35
Ending Balance	$2,872,064.37
Last Month-May	
Prosperity Operating	$1,627,923.05
Interbank	$4,021.74
Prosperity CD	$104,000.13
TexStar	$652,705.70
Net Cash Position	$2,388,650.62
Net Expenses	($63,427.84)
Ending Balance	$2,325,222.78

Outstanding Loans	
Loan #7 Balance (11/09/15-8/4/16)	$3,610,000.00
Loan #8 Balance (2/11/16-11/6/16)	$3,610,000.00
Loan #9 Balance (5/13/16-2/6/17)	$3,620,000.00

Outstanding LTC Invoices	
LTC Inv # 1075 - Dec 2015	$285,594.32
LTC Inc # 1079 - Jan 2016	$285,594.32
LTC Inc # 1081 - Feb 2016	$267,168.88
LTC Inc # 1089 - Mar 2016	$285,594.32
LTC Inc # 1093 - Apr 2016	$276,381.60
LTC Inc # 1114 - May 2016	$285,594.32
LTC Inv # 1075 - June 2016	$276,381.60
	$1,962,309.36

Nursing Home Expenses Paid During the Month		
Interest (Loans 7, 8, & 9)	-$151,480.75	Pd 6/30/16
LTC Inv # 1071 - Nov 2015	$276,381.60	Pd 5/19/16
Payment to Caring Mgrs	-$1,623,340.10	Pd 5/27/16
	-$1,498,439.25	

Upcoming Nursing Home Revenue/Expenses	
Expense	Amount
Interest	-$151,480.75
Payment to Genesis MGRS	-$760,269.23

Summary of District El. Period 2, 1st Qtr. Proceeds	
Net Proceeds	$1,842,509.28
Interest Cost	-$448,629.30
LTC Cost	-$838,357.52
	$555,522.46

Prosperity Operating Post Dec. MPAP Payment & Expenses	
Current Pros. Operating	$1,971,092.63
Incoming MPAP (Dec 2015)	$2,474,001.68
	$4,445,094.31
June 2016 Expenses	-$7,404.35
Interest Cost	-$151,480.75
Loan 7 Replayment	-$2,474,001.68
Payment to Genesis Mgrs	-$760,269.23
	$1,051,938.30

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

June 29, 2016

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

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

Dear President Henry,

Please allow this letter to serve as a *partial invoice* for $1,000.00 representing the our retainer for work performed in June 2016. We would request that you put this invoice in line for payment at this evening's meeting.

Be assured, I had hoped to catch up on my outstanding invoices for March, April, and May 2016 but I was only been able to dedicate a handful of days working for the District in June much less catch up. This month, I plan to catch up and will submit the invoices as they are completed. However, please know, I do not expect payment right away or even at the same time. The delay is my fault.

In the meantime, would you please pay the June retainer of $1,000.00 retainer and we will give the District credit for the $1,000.00 payment when we submit the remainder of the invoice with time entries for April 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.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

Hubert Oxford, IV

David Sticker & Co. P.C.

Certified Public Accountant

2180 Eastex Freeway
Beaumont, TX 77703

(409) 899-3000

Invoice
submitted to:

Winnie Stowell Hospital District
PO Box 1997
Winnie, TX 77665

06/28/2016

Invoice # 18984

Professional Services

			Amount
06/28/16	May 17	Review monthly report.	2,093.75
	May 24	Work with client on Quickbooks	
	May 27	Set up payroll on Quickbooks	
	June 3	Complete payroll setup	
	June 13	Review and work with client re: QBooks	
	June 27	Review bank recs, and other accounting issues	

16.75 Hrs @ $125.00 = $2,093.75

For professional services rendered	$2,093.75
Balance due	$2,093.75

Invoices Due Upon Receipt

Blue for Business®
WINNIE STOWELL HOSPI
JOHN E HENRY SR
Closing Date 06/10/16 Next Closing Date 07/11/16

OPEN℠

Account Ending 0-51003

New Balance	**$331.01**
Minimum Payment Due	**$35.00**
Payment Due Date	**07/05/16 ‡**

‡ **Late Payment Warning:** If we do not receive your Minimum Payment Due by the Payment Due Date of 07/05/16, 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	10 months	$348

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

See page 2 for important information about your account.

See page 5 for an Important Notice About Changes to Your Cardmember Agreement.

Continued on page 3

Membership Rewards® Points

Available and Pending as of 04/30/16
35,139

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

Account Summary

Previous Balance	$4,560.39
Payments/Credits	-$4,560.39
New Charges	+$331.01
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$331.01**
Minimum Payment Due	**$35.00**
Credit Limit	$15,500.00
Available Credit	$15,168.99
Cash Advance Limit	$3,100.00
Available Cash	$3,100.00

Days in Billing Period: 30

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.

↓ 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/pbc

Pay by Phone
1-800-472-9297

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
07/05/16

New Balance
$331.01

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 0000331010000003500 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 2.70% 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	1-877-258-3254	**Hearing Impaired**
International Collect	1-623-492-7719	**TTY:** 1-800-221-9950
Large Print and Braille Statements	1-877-258-3254	**FAX:** 1-800-695-9090
Lost or Stolen Card	1-800-521-6121	**In NY:** 1-800-522-1897
Cash Advance at ATMs Inquiries	1-800-CASH-NOW	

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

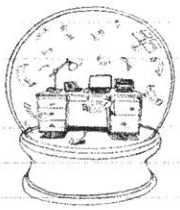
Pay Your Bill with AutoPay

- 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.**



Payments and Credits

Summary

	Total
Payments	-$4,560.39
Credits	$0.00
Total Payments and Credits	**-$4,560.39**

Detail *Indicates posting date

Payments			Amount
05/21/16*	JOHN E HENRY SR	PAYMENT RECEIVED - THANK YOU	-$4,560.39

New Charges

Summary

	Total
SHERRIE NORRIS 0-51011	$331.01
Total New Charges	**$331.01**

Detail

SHERRIE NORRIS
Card Ending 0-51011

		Amount
06/03/16	GOOGLE*SVCSAPPSWSHD-TX-COM Mountain View GOODS/SERVICES	$40.00
06/03/16	INTUIT *CHECKS / FORMS 800-446-8848 CA SOFTWARE	$200.01
06/07/16	USPS 489815066425606 41831425606 WINNIE TX 800-2758777	$91.00

Fees

	Amount
Total Fees for this Period	**$0.00**

Continued on reverse

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

Notice of Important Change to Your Account Terms

We are making a change to your account terms, which are contained in the American Express Cardmember Agreement ("Agreement") governing your Account referenced in this notice. Any language in the Agreement contrary to or conflicting with the terms amended below is deleted in its entirety to the extent of the conflict. All terms of the Agreement not amended herein remain in full force and effect. We urge you and any Additional Cardmembers on your Account to read the below notice carefully and file it along with your Agreement in a safe place for future reference. The detailed change to your Cardmember Agreement can be found after the summary chart.

Summary of Changes	
Using the card	Currently, you may arrange for merchants to store certain account information for certain purposes (for example, for recurring billing). When you arrange for merchants to store this information, you acknowledge that we may share updates to this information with these merchants. Effective August 15, 2016, we are updating your Cardmember Agreement to say that if you choose to store your account information with any third parties, we may also share updates to this information with these third parties. Please note that this only applies to third parties with whom you elect to share this information.
Converting charges made in a foreign currency	Effective August 15, 2016, we are updating your Cardmember Agreement to state that, for any charges you make in a foreign currency, AE Exposure Management Ltd. ("AEEML") will convert that charge into U.S. dollars.
Closing your Account	We are changing our policy for refunding Annual Membership fees for voluntary account cancellations taking place on or after September 1, 2016. If an Annual Membership fee applies to your Account, we will refund this fee if you notify us that you are voluntarily closing your Account within 30 days of the Closing Date of the billing statement on which that fee appears. For cancellations after this 30 day period, the Annual Membership fee is non-refundable. *For example, if your Annual Fee is charged on a billing statement on which the Closing Date is April 2, you have until May 2 to voluntarily cancel your Account and receive a full refund.* Please note that any Annual Membership fees for additional cards may appear on a different billing statement than the Annual Membership fee for the Basic Card Member's Account. This means that additional card fees may not be refunded if you cancel your Account.

ID 11584

See the reverse side for the Detail of Changes to Your Cardmember Agreement

Detail of Changes to Your Cardmember Agreement

This notice amends the Cardmember Agreement (the "Agreement") as described below. We have the right to amend the Agreement. Any terms in the Agreement 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.

Using the Card

Effective August 15, 2016, in Part 2 of the Cardmember Agreement, we are amending the *Using the card* sub-section of the *About using your card* section by deleting the second paragraph (including the bullet points) and the third paragraph in their entirety and replacing them with the following:

> You may arrange for certain merchants and third parties to store your card number and expiration date, so that, for example:
> - the merchant may charge your account at regular intervals; or
> - you may make charges using that stored card information.
>
> We may (but are not required to) tell these merchants and third parties if your expiration date or card number changes or if your account status is updated, including if your account is cancelled. You must notify the merchants and third parties directly if you want them to stop charging your Account.

Converting charges made in a foreign currency

Effective August 15, 2016, in Part 2 of the Cardmember Agreement, we are amending the *Converting charges made in a foreign currency* sub-section in the *Other important information* section by deleting the text in its entirety and replacing it with:

> If you make a charge in a foreign currency, AE Exposure Management Ltd. ("AEEML") will convert it into U.S. dollars on the date we or our agents process it, so that we bill you for the charge in U.S. dollars based upon this conversion. Unless a particular rate is required by law, AEEML will choose a conversion rate that is acceptable to us for that date. The rate AEEML uses is no more than the highest official rate published by a government agency or the highest interbank rate AEEML identifies from customary banking sources on the conversion date or the prior business day. This rate may differ from rates that are in effect on the date of your charge. We will bill charges converted by establishments (such as airlines) at the rates they use.

Closing your Account

Effective September 1, 2016, in Part 2 of the Cardmember Agreement, we are amending the *Closing your Account* sub-section in the *Other important information* section by inserting a new paragraph at the end of the sub-section:

> If an Annual Membership fee applies, we will refund this fee if you notify us that you are voluntarily closing your Account within 30 days of the Closing Date of the billing statement on which that fee appears. For cancellations after this 30 day period, the Annual Membership fee is non-refundable. If an Annual Membership fee applies to your Account, it is shown on page 1 and page 2 of Part 1 of the Cardmember Agreement.
>
> If your billing address is in the Commonwealth of Massachusetts at the time you close your account, this policy will not apply to you.

Membership Rewards®
Monthly Statement and Program News

Prepared for JOHN E HENRY SR **Account Number 1M70555067**

Total Points Balance	**35,139**

Points Earned this Period	**622**

Account Summary

April 1, 2016 - April 30, 2016

Opening Points Balance	34,517
Points Earned this Period	+622
Points Used this Period	0
Reinstated Points and Adjustments	0
Total Points Balance	**35,139**

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: 1-336-393-1111

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

April 1, 2016 - April 30, 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	**0**	0
Add'l Blue For Business XXXX-XXXXX0-51011	622	**0**	622
Total	**622**	**0**	**622**

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 1-336-393-1111.

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

OPEN Savings® Summary

WINNIE STOWELL HOSPI
JOHN E HENRY SR
Closing Date 06/10/16

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® partners[1] 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.

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.**

DID YOU KNOW

Made Goods - Luxury wholesale home décor, focused on exquisite materials. In-stock or custom, we offer an extensive choice of mirrors, furniture, chandeliers and objects.

CE 300006
info@madegoods.com or **madegoods.com**

GREAT NEW PLACES

Origin PC - A custom computer manufacturing company located in Miami, FL. Origin PC assembles high performance PCs for gaming and professional use.

CE 300002
305-971-1000 ext. 7330 or **originpc.com**

InboundProspect - Why buy leads when you can buy customers? 2015 Inc. 5000 Company. Pay-Per-Customer solutions for Solar Power & Personal Loan Companies.

800-511-1955 or **inboundprospect.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.

YOUR CARD IS NOW ACCEPTED AT MORE LOCAL PLACES THAN EVER.

THAT MEANS YOU HAVE MORE OPPORTUNITIES TO:

- Earn rewards*
- Consolidate business spending
- Support small businesses

Visit **ShopSmallNow.com/OPEN** to find places that now accept your Card.

*Not all Cards are eligible to earn rewards. Terms and limitations vary by Card type.

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.

TIME WARNER CABLE
Business Class®

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	Service period	Amount due
Jun 15, 2016	06/05 - 07/04	**$169.95**

RECEIVED
JUN 3 2016

Service address
Winnie Stowell Hospital
Account Phone 409-201-3922
538 Broadway
Wshd Rm
Winnie, TX 77665-7600

Previous balance & payments	
Balance last statement	339.93
Payments received as of May 26, 2016	-339.93
Current month	
Monthly services	149.94
Surcharges	9.87
Taxes and fees	10.14
Total due by Jun 15, 2016	**$169.95**

In the know...

We've simplified your bill. Now you'll see a clearer summary of your Monthly Service charges on page 2.

Please enclose this coupon with your payment.

TIME WARNER CABLE
Business Class®

7010 AIRPORT RD EL PASO TX 79906-4943
8260 1700 NO RP 26 05272016 YNNNNYNN 01 016189 0059

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

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

Payment due date
Jun 15, 2016

Total amount due
$169.95

Account number
8260 17 029 0121119

Please write your account number on your check.

Amount enclosed
169.95

Pd #1964

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

8260170290121119001699 53

Winnie Stowell Hospital
Total due by Jun 15, 2016: $169.95
Account number: 8260 17 029 0121119
Customer code: 1931
Statement date: May 26, 2016

TIME WARNER CABLE
Business Class®

	Previous balance	
	Balance last statement	339.93
	Total previous balance	**$339.93**
	Payments	
04/27	Payment - Thank You	-169.98
05/18	Payment - Thank You	-169.95
	Total payments	**-$339.93**
	Monthly services	
	Internet/Data services	
05/26	Broadband HSD - 10mx2m	119.95
	Internet/Data services total	**$119.95**
	Phone services	
05/26	BCP Reqd 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	54.95
	BCP Tracking Code, Business Class Phone	
	$29.99 BCP Uld 36mo D/t	-10.96
	Phone services total	**$43.99**
	Additional discounts	
	BCP Double 3Yr W/video	-14.00
	Additional discounts total	**-$14.00**
	Total monthly services	**$149.94**
	Surcharges	
	TWC PUC Recovery Fee	0.04
	State Universal Service Fund	0.74
	Federal Universal Service Fund	1.76
	Federal Subscriber Line Charge	6.50
	TWC State Cost Recovery Fee	0.83

continued on next column

continued from previous column

Total surcharges	**$9.87**

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.

Taxes and fees	
State and Local Sales Tax	9.09
TWC Regulatory Recovery Fee	0.49
E911 Fee	0.50
E911 Equalization Surcharge	0.06
Total taxes and fees	**$10.14**
Total due by Jun 15, 2016	**$169.95**

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 1-877-892-4662, email closedcaption@twcable.com, or fax 1-877-430-1386. Address written complaints to W. Wesselman, Legal, 13820 Sunrise Valley Dr., Herndon, VA 20171, email ccissues@twcable.com, or fax 1-704-697-4935. To follow up on a written submission only, call 1-877-276-7432.

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 acknowledgment 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.

CONTRACT INVOICE

Star graphics
A FUNCTION4 COMPANY

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

Invoice Number: INV448386
Invoice Date: 05/27/2016

RECEIVED
JUN 6 2016

Bill To: Winnie - Stowell Hospital District
PO Box 1997
Winnie, TX 77665

Customer: Winnie - Stowell Hospital District
538 Broadway
Winnie , TX 77665

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
3A0064	Net 30	06/26/2016	$ 24.02	**$ 24.02**

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
4457-01		$ 22.19		01/26/2016	01/25/2021

Remarks

Summary:

Contract base rate charge for this billing period	$0.00
Contract overage charge for the 04/26/2016 to 05/25/2016 overage period	$22.19 **
	$22.19

**See overage details below

Detail:

Equipment included under this contract

KM/227

Number	Serial Number	Base Adj.	Location
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	6,211	8,228		2,017	0	2,017	$0.011000	$22.19
									$22.19

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

Invoice SubTotal	$22.19
Tax:	$1.83
Invoice Total	$24.02
Balance Due:	**$24.02**

Billing terms

Policy The program

Term The policy length

Product Identifies PHLY 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.

RECEIVED
MAY 23 2016

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

MB 01 000024 79922 E 1 A

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

Invoice Number:	04024629221
Account Number:	80026218 8
Billing Date:	05/16/2016
Due Date:	06/05/2016
Amount Due:	**$3,429.25**

Remittance Amount: $ 3429.25

PHILADELPHIA INSURANCE COMPANIES
PO BOX 70251
PHILADELPHIA PA 19176-0251

BC 6/3/16
#1960

04024629221 T 2 0000000342925 2 20160605 0000000802621 8 20160516 T 0000024 1/2 9

Our risk management services

Philadelphia Insurance Companies' Risk Management Services give you peace of mind with well-developed procedures, action plans and projects that protect your business and improve customer satisfaction.

What can we help you with?

- **We help you control risk** through analyzing what's driving up your losses, and assessing your existing management programs to see what can be improved.
- **We offer training to suit your needs:** whether for onsite defensive driving or online content development, our training is interactive and implementable for everyone that takes part.

We're driven to help prevent loss and help your business achieve measurable results.
To find out how we can help you, visit **PHLY.com** or call us on **800.873.4552**

PHLY

PHLY Tree Planting Initiative

PHLY is bringing hope and healing to forest and communities nationwide that have been devastated by record wildfires, storms, and other natural disasters by partnering with the Arbor Day Foundation to pledge $80,000 for the planting of 80,000 trees.

Help PHLY Reach Our Planting Goals

Direct Bill Customers: Switch to paperless billing and PHLY will plant 15 trees in forests or communities in need.

Follow these steps to enroll:

- Login or create a MyPHLY user account at **PHLY.com/myphly**.
- Choose Create a new account.
- Once logged in, please follow the eBill instructions.

All Customers: You can also donate to the tree planting initiative directly, at: **PHLY.com/trees**. $1 plants 1 tree.

Your account summary

Your balance breakdown

Product	Policy	Term / Bill plan	Premium charged ($)	Premium applied ($)	Previous balance ($) ⊕	Installment amount ($) ⊕	Taxes / surcharge ($) ⊕	Fees ($) ⊕	Payment / credits ⊖	Balance due ($)
80026218 Winnie-Stowell Hospital District										
D&O Flexi Plus	PHSD1142341	05/07/2016 - 17 25% & 3	13,717.00	0.00	0.00	3,429.25	0.00	0.00	0.00	**3,429.25**
			13,717.00	0.00	0.00	3,429.25	0.00	0.00	0.00	**3,429.25**

Payments will be allocated towards these charges first

Total Balance: 3,429.25

Applications, policy forms, risk management services, and claims management services are available at **www.phly.com**

*Denotes change in term premium

PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

PHLY.com

service@phly.com 877-438-7459

Lines open Monday to Friday: 8.30am - 8.00pm EST

Invoice

WINNIE-STOWELL HOSPITAL DISTRICT

Account number 80026218

Invoice number: 04024629221 Date: 05/16/2016

$3,429.25

Due 06/05/2016

Breakdown on page 2

Please pay $3,429.25

Visit **PHLY.com/myphly** to pay your invoice online by Electronic Funds Transfer (EFT).

Or detach the coupon on the last page and return with check made payable to:
Philadelphia Insurance Companies
PO Box 70251
Philadelphia, PA 19176-0251

Or call 877-438-7459 to make a single credit card or EFT payment.

Managing your policy

For coverage questions, policy changes or claims please contact your agent at:

J.S. EDWARDS & SHERLOCK INSUR AGCY
(409) 832-7736

To pay your invoice online or update your details access your account at **PHLY.com/myphly**

Your payment history

Payment date	Check number

Your full payment history is available online through your MyPHLY account.

These charges will be shown on your next monthly invoice if they remain unpaid by current month end.

Billing terms

Policy The program

Term The policy length

Product Identifies PHLY 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

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Payment / credits Payments or adjustments made during prior month

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- **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.

RECEIVED JUN - 6 2016

046600 1/2

Invoice Number:	04024691658
Account Number:	80026218 8
Billing Date:	06/01/2016
Due Date:	06/21/2016
Amount Due:	**$6,858.50**

Remittance Amount: $ 8 7 4 4 5 9

Pd # 9168
Pd balance

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

AB 01 046600 95270 B 178 A

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

PHILADELPHIA INSURANCE COMPANIES
PO BOX 70251
PHILADELPHIA PA 19176-0251

04024691658 00000008002621 8 20160601 20160621 00000000685850 4

Our risk management services

Philadelphia Insurance Companies' Risk Management Services give you peace of mind with well-developed procedures, action plans and projects that protect your business and improve customer satisfaction.

What can we help you with?

- **We help you control risk** through analyzing what's driving up your losses, and assessing your existing management programs to see what can be improved.
- **We offer training to suit your needs:** whether for onsite defensive driving or online content development, our training is interactive and implementable for everyone that takes part.

We're driven to help prevent loss and help your business achieve measurable results.
To find out how we can help you, visit **PHLY.com** or call us on **800.873.4552**

PHLY

PHLY Tree Planting Initiative

PHLY is bringing hope and healing to forest and communities nationwide that have been devastated by record wildfires, storms, and other natural disasters by partnering with the Arbor Day Foundation to pledge $80,000 for the planting of 80,000 trees.

Help PHLY Reach Our Planting Goals

Direct Bill Customers: Switch to paperless billing and PHLY will plant 15 trees in forests or communities in need.

Follow these steps to enroll:

1. Login or create a MyPHLY user account at **PHLY.com/myphly**.
2. Choose Create a new account.
3. Once logged in, please follow the eBill instructions.

All Customers: You can also donate to the tree planting initiative directly, at: **PHLY.com/trees**. $1 plants 1 tree.

Account number 80026218

Your account summary

Your balance breakdown

Product	Policy	Term / Bill plan	Premium charged ($)	Premium applied ($)	Previous balance ($) ⊕	Installment amount ($) ⊕	Taxes / surcharge ($) ⊕	Fees ($) ⊕	Payment / credits ⊖	Balance due ($)
80026218 Winnie-Stowell Hospital District										
D&O Flexi Plus	PHSD1142341	05/07/2016 - 17 25% & 3	13,717.00	0.00	3,429.25	3,429.25 1 of 3	0.00	0.00	0.00	**6,858.50**
			13,717.00	0.00	3,429.25	3,429.25	0.00 Payments will be allocated towards these charges first	0.00	0.00	6,858.50

Total Balance: 6,858.50

Applications, policy forms, risk management services, and claims management services are available at **www.phly.com**

*Denotes change in term premium

PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

PHLY.com

service@phly.com 877-438-7459

Lines open Monday to Friday: 8.30am - 8.00pm EST

June Invoice

WINNIE-STOWELL HOSPITAL DISTRICT

Account number 80026218

Invoice number: 04024691658 Date: 06/01/2016

$6,858.50

Due 06/21/2016

Breakdown on page 2

Please pay $6,858.50

Visit **PHLY.com/myphly** to pay your invoice online by Electronic Funds Transfer (EFT).

Or detach the coupon on the last page and return with check made payable to:
Philadelphia Insurance Companies
PO Box 70251
Philadelphia, PA 19176-0251

Or call 877-438-7459 to make a single credit card or EFT payment.

Managing your policy

For coverage questions, policy changes or claims please contact your agent at:

J.S. EDWARDS & SHERLOCK INSUR AGCY
(409) 832-7736

To pay your invoice online or update your details access your account at **PHLY.com/myphly**

Your payment history

Payment date	Check number

Your full payment history is available online through your MyPHLY account.

FINAL NOTICE OF PREMIUM DUE

****

If you have recently submitted your payment, please disregard this billing invoice.

CNA SURETY

Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com

Company#: **0601**
Bond/Policy#: **71565111**
Billing Date: 06/10/2016
Due Date: **07/17/2016**

RECEIVED
JUN 17 2016

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

Premium: $150.00

Amount Due: $150.00

Company#: **0601**
Bond/Policy#: **71565111**
Effective Date: 07/17/2016 Anniversary Date: 07/17/2017
Bond amount: $15,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES
Written By: WESTERN SURETY COMPANY

C-R#

Please pay the amount indicated to CNA Surety immediately if payment has not yet been made. If payment is not received notice of cancellation may be issued. Prompt payment allows us to issue or continue your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (409)832-7736
Agency Code: 42-23390

J. S. Edwards & Sherlock
Insurance Agency, L. L. P.
P. O. Box 22237
Beaumont, TX 77720

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below.
For overnight payments please call 1-888-866-2666.

CNA Surety

Amount Due: $150.00

Company#: **0601**
Bond/Policy#: **71565111** Effective Date: 07/17/2016
Name: WINNIE-STOWELL HOSPITAL DISTRICT
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS TEXAS DEPARTMENT OF AGING
Written By: WESTERN SURETY COMPANY
Agency Code: **42-23390** J. S. Edwards & Sherlock

Pd # 1965

☐ **Check here if changes needed and explain below.**

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 0422339000000717201 6 006100715651110 0 00000001500009

FINAL NOTICE OF PREMIUM DUE

****

If you have recently submitted your payment, please disregard this billing invoice.

RECEIVED
JUN 17 2016

CNA SURETY

Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com

Company#: **0601**
Bond/Policy#: **71565112**
Billing Date: 06/10/2016
Due Date: **07/17/2016**

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

Premium: $300.00

Amount Due: $300.00

C-mmw

Company#: **0601**
Bond/Policy#: **71565112**
Effective Date: 07/17/2016 Anniversary Date: 07/17/2017
Bond amount: $30,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES
Written By: WESTERN SURETY COMPANY

Please pay the amount indicated to CNA Surety immediately if payment has not yet been made. If payment is not re ceived notice of cancellation may be issued. Prompt payment allows us to issue or continue your bond/policy cove rage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (409)832-7736
Agency Code: 42-23390

J. S. Edwards & Sherlock
Insurance Agency, L. L. P.
P. O. Box 22237
Beaumont, TX 77720

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below.
For overnight payments please call 1-888-866-2666.

CNA Surety

Amount Due: $300.00

Company#: **0601**
Bond/Policy#: **71565112** Effective Date: 07/17/2016
Name: WINNIE-STOWELL HOSPITAL DISTRICT
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS TEXAS DEPARTMENT OF AGING
Written By: WESTERN SURETY COMPANY
Agency Code: **42-23390** J. S. Edwards & Sherlock

Pd # 1967

☐ **Check here if changes needed and explain below.**

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 0422339000000717201 6 006010071565112 00 00000003000007

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

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

Invoice # 62594

Date: 6/1/2016

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

RECEIVED
JUN 3 2016

Terms: Net receipt of invoice

Professional services for the month of July 2016	1,059.00

Pd ck# 1963

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

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 06/29/16-06/29/16

Brookshire Bros. Phar. (winnie)
P.o. Box 1359
Winnie, TX 77665

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	2,738.03
	Expenditures	**2,738.03**
	Reimb/Adjustments	**0.00**
	Grand Total	**2,738.03**

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid	Posted
036-2383*65460*5	WSHD	05/13/16	34.44	34.44	
036-2383*65460*5	WSHD	05/13/16	10.00	10.00	
036-2383*65460*5	WSHD	05/05/16	19.50	19.50	
036-2383*65460*5	WSHD	05/05/16	22.66	22.66	
036-2383*65460*5	WSHD	05/05/16	32.29	32.29	
036-2383*65460*5	WSHD	05/13/16	5.00	4.19	
036-2383*65460*5	WSHD	05/13/16	5.00	5.00	
036-2749*65460*12	WSHD	05/19/16	78.75	43.42	
036-2811*65460*9	WSHD	05/06/16	45.77	45.75	
036-3217*65460*11	WSHD	05/04/16	330.18	179.77	
036-3224*65460*9	WSHD	05/23/16	10.00	10.00	
036-3224*65460*9	WSHD	05/09/16	5.00	5.00	
036-3224*65460*9	WSHD	05/09/16	10.00	10.00	
036-3224*65460*9	WSHD	05/09/16	39.60	39.60	
036-3224*65460*9	WSHD	05/09/16	5.00	5.00	
036-3413*65460*7	WSHD	05/02/16	5.00	5.00	
036-3413*65460*7	WSHD	05/02/16	903.13	903.13	
036-3413*65460*7	WSHD	05/02/16	37.72	37.72	
036-3426*65460*12	WSHD	05/07/16	26.69	26.69	
036-3426*65460*12	WSHD	05/07/16	15.00	15.00	
036-3432*65460*4	WSHD	05/02/16	101.49	101.49	
036-3432*65460*4	WSHD	05/03/16	25.00	25.00	
036-3432*65460*4	WSHD	05/02/16	10.28	10.28	
036-3432*65460*4	WSHD	05/02/16	17.77	17.77	
036-3467*65460*7	WSHD	05/24/16	12.00	12.00	
1000*65460*10	WSHD	05/11/16	5.00	5.00	
1000*65460*10	WSHD	05/11/16	29.43	29.43	
1004*65460*6	WSHD	05/05/16	85.58	75.58	
1004*65460*6	WSHD	05/05/16	30.30	30.30	
1005*65460*2	WSHD	05/16/16	17.84	17.84	
1008*65460*4	WSHD	05/31/16	15.00	15.00	
1011*65460*5	WSHD	05/02/16	43.36	43.36	
1011*65460*5	WSHD	05/02/16	24.70	24.70	
1011*65460*5	WSHD	05/02/16	12.72	12.72	
1011*65460*5	WSHD	05/09/16	56.91	56.91	

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 06/29/16-06/29/16

Brookshire Bros. Phar. (winnie)
P.o. Box 1359
Winnie, TX 77665

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid	Posted
1013*65460*3	WSHD	05/19/16	239.27	129.26	
1015*65460*3	WSHD	05/16/16	138.88	138.88	
1015*65460*3	WSHD	05/03/16	492.20	414.57	
1016*65460*1	WSHD	05/06/16	6.15	6.15	
1016*65460*1	WSHD	05/06/16	25.00	25.00	
1016*65460*1	WSHD	05/06/16	30.22	15.11	
1016*65460*1	WSHD	05/06/16	40.00	29.33	
1016*65460*1	WSHD	05/06/16	33.77	33.77	
1016*65460*1	WSHD	05/06/16	14.42	14.42	
	***		**3,148.02**	**2,738.03**	
	***		**3,148.02**	**2,738.03**	

44 records listed.
17 invoices listed.

Issued 06/27/16

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 06/29/16-06/29/16

Wilcox Pharmacy
P. O. Box 1850
Winnie, TX 77665

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,448.55
	Expenditures	**1,448.55**
	Reimb/Adjustments	**0.00**
	Grand Total	**1,448.55**

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid	Posted
036-2778*18651*18	WSHD	05/03/16	75.00	75.00	
036-2778*18651*18	WSHD	05/03/16	30.56	15.51	
036-2783*18651*60	WSHD	05/23/16	190.82	164.87	
036-2783*18651*60	WSHD	05/04/16	116.33	55.82	
036-2783*18651*60	WSHD	05/04/16	81.87	39.84	
036-2833*18651*77	WSHD	05/02/16	361.68	285.89	
036-2833*18651*77	WSHD	05/05/16	20.98	9.55	
036-2942*18651*64	WSHD	05/05/16	334.80	334.80	
036-2942*18651*64	WSHD	05/05/16	23.62	12.76	
036-2942*18651*64	WSHD	05/05/16	19.82	19.82	
036-3068*18651*40	WSHD	05/25/16	75.00	45.95	
036-3068*18651*40	WSHD	05/10/16	23.08	7.90	
036-3364*18651*28	WSHD	05/02/16	22.85	22.85	
036-3460*18651*2	WSHD	05/09/16	172.61	137.08	
036-3464*18651*6	WSHD	05/23/16	30.69	15.57	
036-3464*18651*6	WSHD	05/07/16	75.00	75.00	
036-3464*18651*6	WSHD	05/07/16	64.49	64.49	
1008*18651*4	WSHD	05/27/16	75.00	43.36	
1008*18651*4	WSHD	05/27/16	45.35	22.49	
	***		**1,839.55**	**1,448.55**	
	***		**1,839.55**	**1,448.55**	

19 records listed.
9 invoices listed.

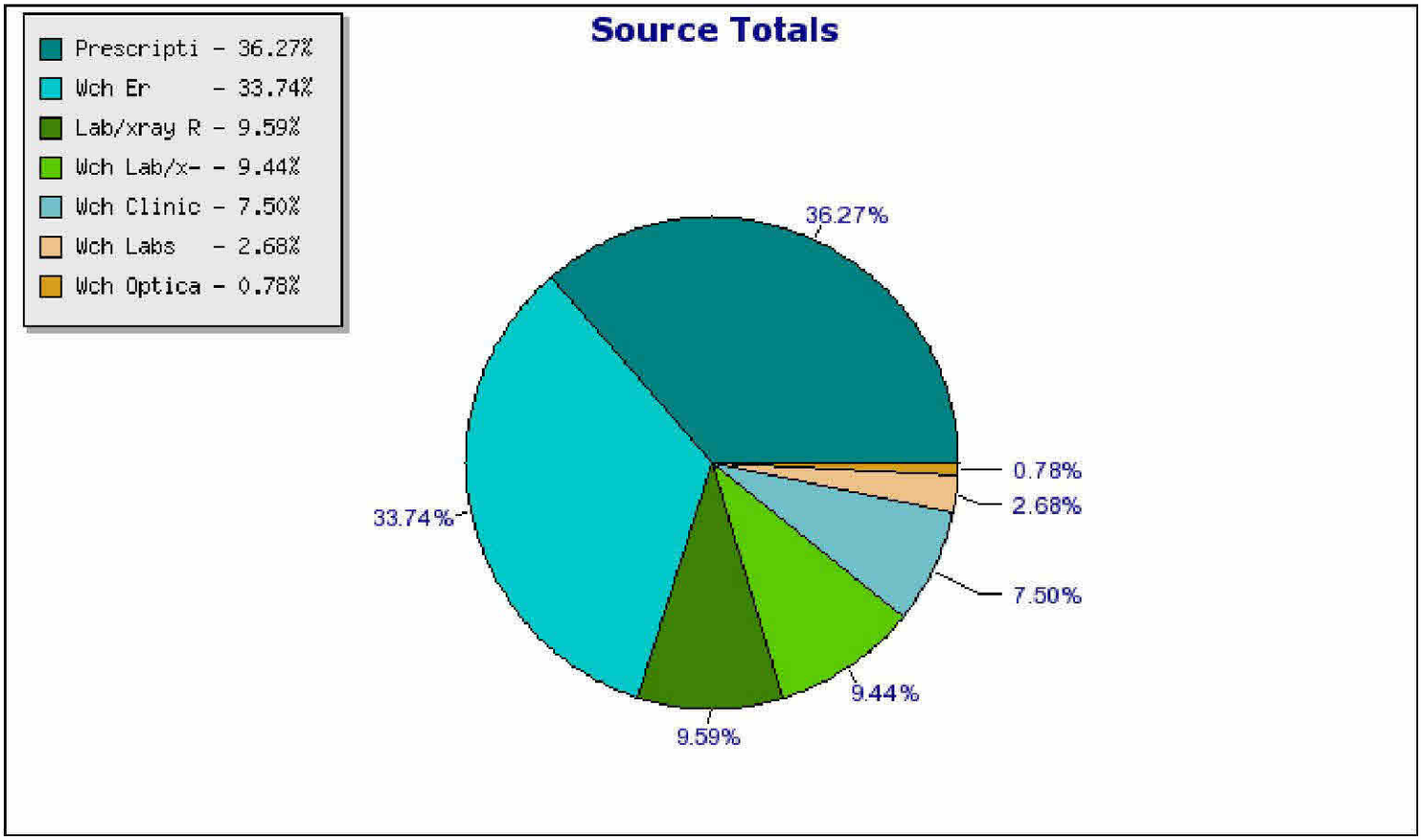
Exhibit “D”

Dashboard Report

Winnie Stowel Hospital District Indigent Healthcare Services

Source Totals for Batch Dates 06/29/2016 through 06/29/2016

Prescription Drugs	36.27%	$4,186.58
Wch Er	33.74%	$3,894.59
Lab/xray Readings	9.59%	$1,106.73
Wch Lab/x-ray	9.44%	$1,088.96
Wch Clinic	7.50%	$865.51
Wch Labs	2.68%	$309.14
Wch Optical Specialist	0.78%	$90.20
Total Expenditures		**$11,541.71**



Entry Statistics for Entry Dates 06/29/2016 through 06/29/2016

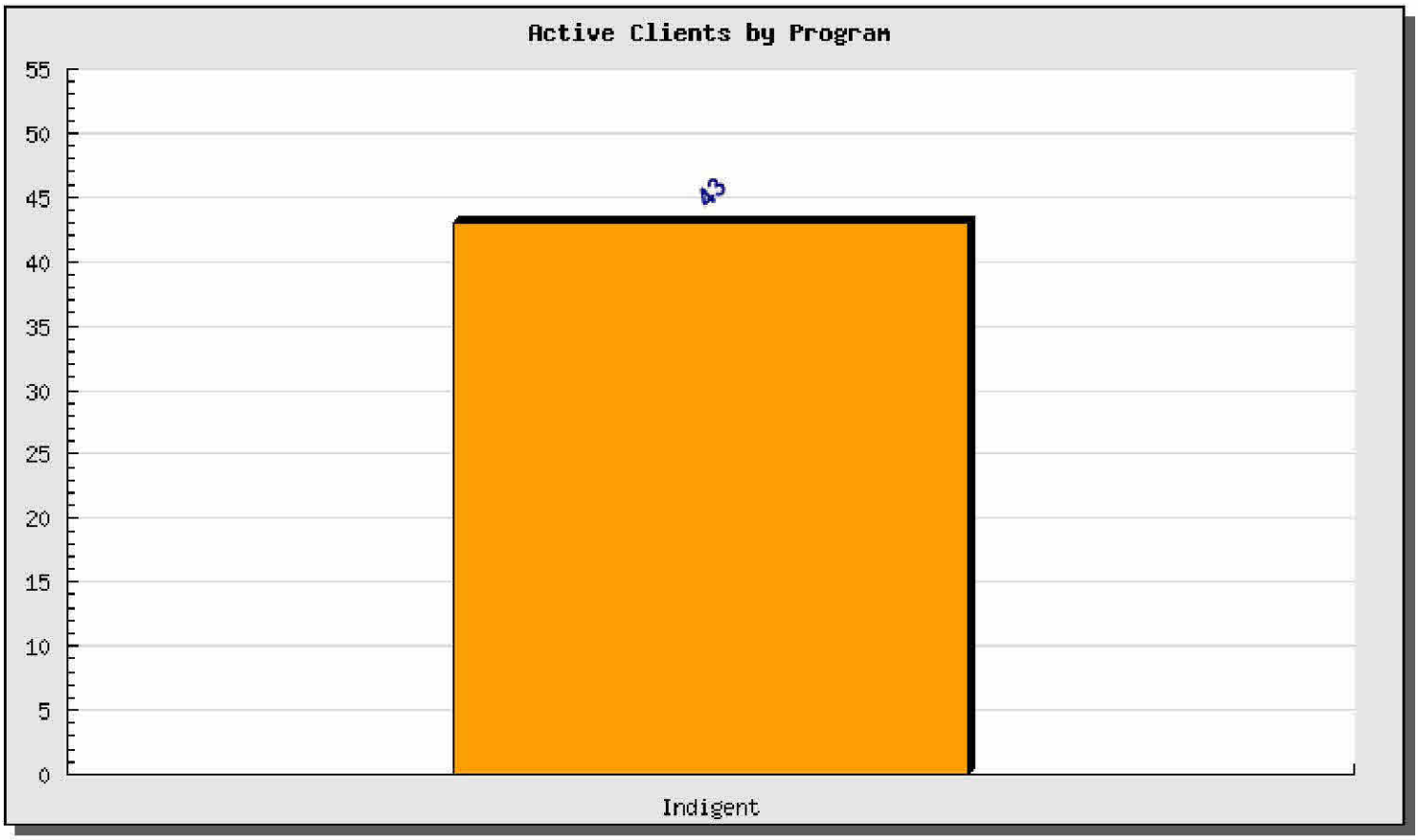
Clients Entered	0
Rapid Reg. Entered	0
Vendors Entered	0
Worksheets Entered	0
Invoices Entered	0

Void Statistics for Void Dates 06/29/2016 through 06/29/2016

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

Active Clients by Program for Eligibility Dates 06/29/2016 through 06/29/2016

Indigent	43
Total Clients By Program	**43**



Appointments Scheduled by Type for Appointment Dates 06/29/2016 through 06/29/2016

New Appointment	0
Renewal	0
Total Appointments Scheduled	**0**

JANUARY 2016 - MAY 2016

Winnie Stowell Hospital Disrict Indigent Healthcare Services

Vendor: WINNIE COMMUNITY HOSPITAL

Source	Description		Amount Billed	Amount Paid
21	wch clinic		12,598.00	5165.16
24	Wch Er		21,814.00	8,943.74
25	Wch Lab/x-ray		8,724.00	3,576.84
26	Wch Ct Scan		7,509.00	3,078.69
27	Wch Labs		16,207.00	6,644.87
28	Wch Xray		1,686.00	691.26
29	Wch Ultrasound		3,671.00	1,505.11
30	Wch Nursing Home		246.00	118.00
40	Wch Optical Specialist		220.00	90.20
44	Lab/Xray reading		2,699.34	1,106.73
		Expenditures	75,374.34	30,920.62
		Reimb/Adjustment	0.00	0.00
		Grand Total	**75,374.34**	**30,920.62**

		JANUARY		
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	Nursing Home		246.00	118.00
		Grand Total	**7,760.00**	**3,198.74**
		Februrary		
21	Wch Clinic		2,145.00	879.45
24	Wch Er		3,283.00	1,346.03
26	Wch Ct Scan		3,859.00	1,582.19
27	Wch Labs		5,468.00	2,241.88
29	Wch Ultrasound		1,795.00	731.85
		Grand Total	**16,540.00**	**6,781.40**
		March		
21	Wch Clinic		2,978.00	1,220.98
24	Wch Er		3,650.00	1,496.50
26	Wch Ct Scan		3,650.00	1,496.50
27	Wch Labs		4,544.00	1,863.04
28	X-ray		1,405.00	576.05
29	Wch Ultrasound		1,886.00	773.26
		Grand Total	**16,150.00**	**6,621.50**

		April		
21	Wch Clinic		2,730.00	1,119.30
24	Wch Er		7,345.00	3,011.45
25	Wch Labs/x-rays		4,125.00	1,691.25
27	Wch Labs/x-rays		2,504.00	1,026.64
28	Wch X-ray		281.00	115.21
		Grand Total	**16,985.00**	**6,963.85**
		May		
21	Wch Clinic		2,111.00	865.51
24	Wch Er		9,499.00	3,894.59
25	Wch Lab/X-ray		2,656.00	1,088.96
27	Wch Labs		754.00	309.14
40	Wch Optical Specialist		220.00	90.2
44	Lab/X-ray Reading		2,699.34	1,106.73
		Grand Total	**17,939.34**	**7,355.13**