NOTICE OF A REGULAR MEETING OF THE BOARD OF DIRECTORS MONTGOMERY COUNTY HOSPITAL DISTRICT

Notice is hereby given to all interested members of the public that the Board of Directors of Montgomery County Hospital District will hold a regular meeting as follows:

| Date: | December 20, 2016 |
|--------|--|
| Time: | 4:00 P.M AMENDED |
| Place: | MONTGOMERY COUNTY HOSPITAL DISTRICT ADMINISTRATIVE BUILDING 1400 SOUTH LOOP 336 WEST CONROE, MONTGOMERY COUNTY, TEXAS 77304 |

Open to Public: The meeting will be open to the public at all times during which such subjects are discussed, considered, or formally acted upon as required by Texas Open Meetings Act, Chapter 551 of the Government Code.

This Notice in detail was posted at least 72 hours prior to the beginning of said meeting with the County Clerk's Office and is on the Bulletin Board of the Courthouse and in the District's Administrative Office.

Subject: The agenda for such meeting shall include the consideration of, and if deemed advisable, the taking of action upon:

- 1. Call to Order
- 2. Invocation
- 3. Pledge of Allegiance
- 4. Roll Call
- 5. Public Comment
- 6. Special Recognition

Items Involving Visitors

- 7. Special recognition for outgoing Chairman of MCHD board of directors Mr. Harold Posey. (Mr. Cole, Vice-Chairman MCHD Board)
- 8. Consider and act on ratification of contracts with additional network providers for indigent care. (Mrs. Wagner, Chair Indigent Care Committee)

District

9. CEO Report to include update on District operations, strategic plan, capital purchases, employee issues and benefits, transition plans and other healthcare matters, grants and any other related district matters.

Emergency Medical Services

- 10. EMS Director Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations and fleet.
- 11. Consider and act on the sole source letter for purchase of Zoll AED Plus Defibrillators. (Mr. Fawn, Chair EMS Committee)
- 12. Consider and act on the purchase of 114 each Zoll AED Plus Defibrillators. (Mr. Fawn, Chair EMS Committee)

NOTICE OF A REGULAR MEETING OF THE BOARD OF DIRECTORS MONTGOMERY COUNTY HOSPITAL DISTRICT - PAGE 1

13. Consider and act on purchase of two (2) replacement Tahoe's. (Mr. Fawn, Chair – EMS Committee)

Operations and Health Care Services

- 14. COO Report to include updates on infrastructure, facilities, radio system, warehousing, staff activities, community paramedicine, emergency management, and purchasing.
- 15. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education, clinical services, epidemiology, and emergency preparedness.
- 16. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers processed by Boon-Chapman. (Mrs. Wagner, Chair Indigent Care Committee)
- 17. Consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims processed by Boon Chapman. (Mrs. Wagner, Chair Indigent Care Committee)

Finance

- Presentation of preliminary Financial Report for two months ended November 30, 2016 Brett Allen, CFO, report to include Financial Summary, Financial Statements, Supplemental EMS Billing Information, and Supplemental Schedules.
- 19. Consider and act on renewal of Directors and Officer's Liability. (Mr. Grice, Treasurer MCHD Board)
- 20. Consider and act on renewal of Workers' Compensation. (Mr. Grice, Treasurer MCHD Board)
- 21. Consider and act on ratification of payment of District invoices. (Mr. Grice, Treasurer MCHD Board)
- 22. Consider and act on salvage and surplus. (Mr. Grice, Treasurer MCHD Board)

Other Items

- Secretary's Report Consider and act on minutes for the November 15, 2016 Regular BOD meeting, November 21, 2016 Special BOD meeting and December 13, 2016 Special BOD meeting. (Mrs. Wagner, Secretary - MCHD Board)
- 24. Convene into executive session pursuant to section 551.074 of the Texas Government Code for the MCHD Board to discuss and deliberate the evaluation duties and discipline of the CEO including any complaint thereto. (Mr. Posey, Chair MCHD Board)
- Reconvene from executive session to act or make recommendations if needed on the evaluation duties and discipline of the CEO including any complaint thereto. (Mr. Posey, Chair – MCHD Board)
- 26. Adjourn.

Sandy Wagner, Secretary

The Board will announce it will convene into Executive Session, if necessary, pursuant to Chapter 551 of the Texas Government Code, to receive advice from Legal Counsel, to discuss matters of land acquisition, litigation and personnel matters as specifically listed on this agenda. The Board of Directors may also announce it will go into Executive Session, if necessary, to receive advice from Legal Counsel regarding any item on this agenda.

NOTICE OF A REGULAR MEETING OF THE BOARD OF DIRECTORS MONTGOMERY COUNTY HOSPITAL DISTRICT - PAGE 2





To: Board of Directors

From: Randy Johnson, CEO

Date: December 20, 2016

Re: Special Recognition

Special recognition for outgoing Chairman of MCHD board of directors Mr. Harold Posey. (Mr. Cole, Vice-Chairman – MCHD Board)

| New Provider Contracts to present to BOD | |
|--|--|
|--|--|

| New Agreements |
|--|
| OTA's |
| Renewals |
| New provider-existing facility agreement |

| BOD Meeting Provider <u>Date Sign</u> | <u>Specialty</u> | Primary Location | <u>Facilty</u> |
|--|------------------|---|---|
| October 2016 Dr. Mohamed Haq 10/27/2016 RJ | Oncology | 11950 Old Houston Rd #102 Houston, TX 77034 | Bayshore Medical Center, Memorial Hermann |

Agenda Item #9



To: Board of Directors

From: Randy Johnson, CEO

Date: December 20, 2016

Re: CEO Report

In reviewing the five year plan presented in 2012, the following Goals were stated. The following is the result of those goals presented in 2012.

- 1. Build Station 40. Plan Complete.
- 2. Build Station 21. Plan Complete. Station 21 was built as an apartment to an existing South County Fire Station.
- 3. Build Station 41. Plan Complete.
- 4. Share the cost to refurbish Station 23. Plan Complete.
- 5. Build Station at Honea Egypt/1488. Station quarters have been procured for Station 46 with Lake Conroe Fire Depart in Woodforest.
- 6. Build an apartment on to refurbished Caney Creek Fire Station for Medic 33. Not Done.
- 7. Replace Station 43. Plan Complete.
- 8. Complete the P25 Radio Project. Project Complete.
- 9. Purchase five Ambulance remounts per year. Purchased six remounts per year, and one new ambulance per year. Recently have upgraded the units to 4500's.
- 10. Purchase 28 new stretchers. Project grew to include 34 new stretchers, and 34 self-loading stretcher systems.
- 11. Purchase new recording system for Alarm. Project complete.
- 12. Purchase new road safety system. Project complete.
- 13. EMS Goal Provide Excellent service to all customers: Result "Provider of the Year 2014". Best customer service scores for larges EMS systems. Excellent clinical outcomes.
- 14. EMS Goal Obtain Professional Credentials of Excellence. Completing CAAS designation.
- 15. EMS Goal Proactively meet the growth needs of our community. Result MCHD has expanded our ambulance fleet by three units and one squad over the past four years to meet rising demand.
- 16. EMS Goal -- Strategically meet call needs by analyzing data. Result Data reports have been inadequate for analysis. A report manager has been hired to achieve this goal. Goal not met.
- 17. EMS Goal Work more strategically to provide more healthcare in the field. Result The Community paramedicine program has done an excellent job of providing healthcare to citizens who need special care services.
- 18. HCAP Goal Provide excellent service to all our customers. Result Clients are aided and called to help them more completely and quickly complete their request for enrollment.

- 19. HCAP Goal Proactively meet the need for growing needs in the county. Result The Medicator, help with sign-up for Obama Care, and in servicing the hospitals on how to aggressively request help for low-income patients has improved proper access to care.
- 20. Finance and Accounting Create financial transparency. Results Audit is clean, financials are reported timely, audit is routine, investment policy is secure, and financial security is instituted.
- 21. Billing Have standardized billing practices. Result Billing is closing by the 8th day of the month and appropriate and standardized billing practices re now in place.
- 22. Radio Improve radio communications in the county. Result P25 has been instituted. Back up alarm centers have been built. Redundancy is now being instituted.
- 23. Human Resources Re-establish MCHD as the employer of choice. Result MCHD has for the first time, no openings in the EMS ranks. All in-charge positions are filled. Turnover is at an all-time low. Clinical services are functioning very well. Morale and pride appear to be re-established.
- 24. Human Resources Improve the new employee selection process. Result employees are interviewed in two interviews with a peer panel and a supervisor panel. This has better hard-wired the selection process.
- 25. Human Resources Provide a District-Wide evaluation plan that allows employees' productivity and performance to be accurately addressed. Result The "Same Date" review that compares all like positions has been successfully implemented.
- 26. Human Resources Create a "Culture of Safety". Result The Safety Manager has instituted a review and performance plan that has improved safety over the past 18 months.

Overall, most of the objectives or the 2012 Five Year Plan have been met in the first four years of the plan. The new five year plan will be presented for your review next month.

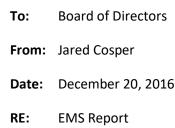
MONTGOMERY COUNTY HOSPITAL DISTRICT BOARD REPORT Organizational Projects

| DATE: December 20, 2016 Task/Projec | t on Sche | edule | 🔲 Та | ask/ Project in Danger of Not Meeting 📕 Task/Project Not Meeting Schedule |
|--|-----------|-------|------|---|
| Project | Progre | SS | | Evaluation |
| Project: <u>HCAP Procedures</u> Objective: Define and standardize current processes. Initial Deadline: 12/31/2015 phase 1 complete Final Deadline: 12/31/2016 Budget: N/A Project Manager: Adeolu Moronkeji | Nov | Dec | Jan | Completing the procedures for the pharmacy team. New deadline for department is March 31, 2017. |
| Project Flashing Light/Signage at Stations 41 Objective: Have caution lights at those stations. Initial Deadline: 10/31/2016 Final Deadline: 12/31/2016 Budget: Project Manager: Melissa Miller | Nov | Dec | Jan | We are pending an update from Barbara Russell at TX Dot regarding the survey results for determination of need. |
| Project: <u>US Digital-Station Purchase and Installation</u> Objective: Improve station alerting infrastructure Initial Deadline for purchase and receipt: July 31, 2016 Installation Deadline: Dec. 31, 2016 Budget: Project Manager: Melissa Miller/Justin Evans | Nov | Dec | Jan | All MCHD owned stations are wired with mounting box ready for plug and play installation. The Woodlands is handling installations at 24 and 25 and we are pending installation 21, 22 and 42. Justin Evans, Matt Walk-up and Calvin Hon have been working to resolve US Digital /Tri-Tech CAD programing to enable the system to perform to MCHD specifications. We are very close at this point and are confident cut over can occur by 1/31/17. |
| Project: Inter RF Subsystem Interface (ISSI) Objective: Seamless, dual system, multi -jurisdictional Radio talk groups Initial Deadline: September 2017 Final Deadline: Budget: Project Manager: Melissa Miller/Justin Evans | Nov | Dec | Jan | The interface has successfully been connected and communications between systems in being tested. On 12/16/16 all parties (Harris County, Motorola, MCSO, MCHD and Harris Radio System representatives) will be performing scenario based testing at MCHD to identify any areas of focus prior to implementation. When successful, we will be the second in the country to have this connectivity for improved communications and the first connecting P25 Phase 1 and Phase 2 devices. |
| Project: LaserFiche (Multiyear Project) Objective: Fully Implement LaserFiche throughout the organization. Phase I Objective: Determine what the initial function and application needs to be for the HR Department. Phase I Deadline: August 31, 2016 Budget: Project Manager: Jodi Andersen/ Calvin Hon | Nov | Dec | Jan | New record mapping folder structure is complete. Files have been migrated into new repository. Scanning process has been set up for all incoming documents. Auditing process put in place for double checking file routing. Files without new routing path are being reclassified. |

MONTGOMERY COUNTY HOSPITAL DISTRICT BOARD REPORT Organizational Projects

| DATE: December 20, 2016 Task/Project | on Sche | edule | Ta | sk/ Project in Danger of Not Meeting Task/Project Not Meeting Schedule |
|--|---------|-------|-----|--|
| Project | Progr | ess | | Evaluation |
| Project: 5 Year Plan Update Objective: Update the 5 Year Plan Initial Deadline: August 31, 2016 New Deadline: December 31, 2016 Budget: Project Manager: Randy Johnson | Nov | Dec | Jan | 75% of the Plan update has been completed at off-site meetings. The Five Year Plan will be presented at the January meeting after calendar year end review. |
| Project: CAAS Survey Application Objective: Complete and submit CAAS application to the Commission on Accreditation of Ambulance Services. Initial Deadline: November 1, 2016 Budget: Project Manager: Jared Cosper | Nov | Dec | Jan | MCHD EMS has submitted the application for accreditation. The site visit has been completed and will be presented to the Commission Board of Directors at their December, 2016 meeting. We will likely be confirmed as an accredited agency with the new year. |
| Project: Alarm Supervisor Structure Objective: Formalize alarm management and supervisory structure. Initial Deadline: October 31, 2016 Budget: Project Manager: Jared Cosper/ Matt Walkup | Nov | Dec | Jan | We have promoted two additional supervisors and now have 24 hour supervisor coverage in the center. Matthew Walkup has accepted a position as our Business Analysis Manager and will serve in his role until his successor is selected. |
| Project: EMS Command Supervisor Structure Objective: Reorganize EMS to improve both form and flow. Initial Deadline: January 15, 2016 Budget: Project Manager: Jared Cosper | Nov | Dec | Jan | EMS System growth and increased number of managed units have resulted in a need to restructure and simplify operations. Since 2008 when MCHD added a 4 th supervisor, we have almost doubled the number of employees in the EMS Field Division. The shift commanders will redistribute the number of FTEs per supervisor and will manage several Peak Medic units. This position is budgeted for FY'17. |
| Project: EMS Deployment Objective: Evaluate current deployment program to determine the most effective and efficient deployment program. Initial Deadline: December 31, 2016 Budget: Project Manager: Jared Cosper | Nov | Dec | Jan | The Deployment Committee has met several times to finalize the 2017 Dynamic Deployment Plan. Assistant EMS Director Kevin Nutt is finalizing the 2017 shift bid process. |
| Project Wanager: Jared Cosper Project: Effectiveness of Current EMS Shifts Objective: Review current shift structure to determine the appropriate shifts to fulfill our mission and minimize burnout/fatigue. Initial Deadline: December 31, 2016 Budget: Project Manager: Jared Cosper/ Kevin Nutt | Nov | Dec | Jan | MCHD will develop a live dashboard for system and unit demand to identify units that are at risk for fatigue, if any, and allow for supervisors and shift commanders to intervene when these situations arise. As noted above a manager has been selected for this department who will aid MCHD in translating our data into actionable reports and dashboards for key data elements. |

Agenda Item # 10



Executive Summary

- EMS Supervisors will hold a group ranking exercise Friday December 16, 2016 to finalize the Attendant evaluations under the new annual evaluation process.
- Several MCHD board members, the Magnolia Fire Department, and MCHD employees were honored to participate in a ribbon cutting ceremony with the Magnolia Parkway Chamber of Commerce to commemorate the opening of Station 41 in the greater Magnolia area.
- The NEOP process scheduled for December, 2016 will conclude the classroom portion on December 16, 2016. The seven new employees will then begin the hands on portion of their onboarding process working with our field staff, providing care as MCHD's newest employees.
- Thanks to the staffing initiatives we've undertaken during 2016, we will likely be under budget for overtime expenses in the EMS Field Operations Division.
- Alarm Manager Matthew Walkup has accepted the Business Analysis Manager position which will help strengthen our ability to utilize our vast amounts of data to improve business operations.
- Customer service scores for November 2016 show MCHD remaining 2nd amongst large EMS systems and 25th overall.
- Trauma Review was held at MCHD with 51 attendees including Conroe Regional, Memorial Herman Hospital and Dr. Kovar with Tomball Regional with presentation of MCHD and PHI trauma cases.

ALARM Summary

- Matthew Walkup will remain in his Alarm Manager role until his replacement is selected. The position is posted internally as we have sufficient leadership talent within EMS to fill the position.
- Alarm, IT, and Woodlands FireCom continue to plan for the redesign of TriTech CAD into a single agency setup. This will allow better interoperability between agencies.
- Alarm, IT, and Radio teams continue to improve the performance of the US Digital alerting system as the installation process continues.



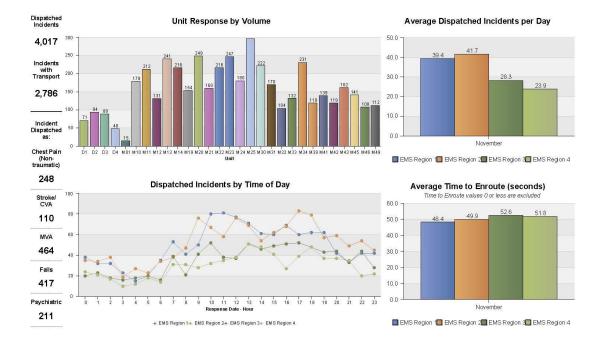
Department of Clinical Services Summary

- Four Attendant paramedics will soon begin the In Charge evaluation process.
- Recredentialing for Paramedic III and IV staff is complete. The process was smooth and efficient thanks to Dr. Dickson and Dr. Patrick ensuring a valid and fair exam. The Medical Directors also held several optional study sessions to aid staff in preparing for the exam. The feedback on the sessions was overwhelmingly positive.
- Updated controlled substances process has been deployed across the entire system.
- Dr. Dickson, Kevin Crocker, and Coty Aiken published an article in the Journal of Emergency Medical Services titled *"Time Sensitive Emergencies."*
- Additional optional education opportunity hosted by Dr. Casey Patrick on December 15, 2016 at MCHD Headquarters. The topic of the presentation is on *"Toxicology."*

EMS Operations Update

- Staffing levels remains strong despite unexpected turn-over. The employees will be leaving for
 opportunities in the nursing field. In addition to the new employees currently attending NEOP,
 we had one In-Charge/FTO and one paramedic attendant transition from part-time to full-time.
 We are also hosting an In-Charge promotional process to ensure that all staffing levels remain
 just above 100%.
- EMS Operations met with the shift commanders and scheduling department several months ago and developed processes for monitoring and managing employee overtime. Since implementing those processes we have seen a dramatic decrease in overtime created by scheduled and unscheduled PTO. Overtime costs are projected to be \$300,000.00 under budget for FY17 if the current trend continues. EMS Shift Commanders and scheduling have worked very closely to monitor OT and fill shifts responsibly to ensure that EMS payroll remains at or below budget.
- Planning is underway for The Woodlands Marathon that is scheduled for March 4, 2017. Currently we are to provide 4 ambulances, 2 bike teams and 8 UTV teams to cover the event.
- Planning for Ironman TX starts in January with the event being held at the end of April.

Dispatched Call Volume – Previous Month



1

MCHD EMS - Dispatched Incidents Monthly Review

November 2016

Dec 1, 2016

2:00:00 AM

Turnaround Times

MCHD EMS Turnaround Times Review

| Transport Destination | Year | Month | Transports | Time at Destination (minutes) | Change |
|---|-------|----------|------------|-------------------------------|--------|
| Conroe Regional Medical | 2013 | November | 772 | 28.85 | |
| Center | 2014 | November | 808 | 28.63 | -0.21 |
| | 2015 | November | 800 | 31.09 | 2.45 |
| | 2016 | November | 834 | 25.18 | -5.90 |
| Conroe Regional Medical Cente Summary | er - | November | | 28.40 | |
| Kingwood Medical Center | 2013 | November | 270 | 33.63 | |
| | 2014 | November | 325 | 30.92 | -2.71 |
| | 2015 | November | 292 | 33.86 | 2.94 |
| | 2016 | November | 355 | 22.96 | -10.91 |
| Kingwood Medical Center - Sur | nmary | November | | 29.92 | - |
| Memorial Hermann Hospital The | 2013 | November | 450 | 38.59 | |
| Woodlands | 2014 | November | 590 | 37.49 | -1.10 |
| | 2015 | November | 597 | 38.48 | 0.99 |
| 2 | | November | 654 | 35.01 | -3.47 |
| Memorial Hermann Hospital Th Woodlands - Summary | ie | November | | 37.25 | |
| St. Lukes Hospital The | 2013 | November | 397 | 34.01 | |
| Woodlands | 2014 | November | 410 | 34.76 | 0.75 |
| | 2015 | November | 398 | 33.09 | -1.67 |
| | 2016 | November | 490 | 27.88 | -5.21 |
| St. Lukes Hospital The Woodla Summary | nds - | November | | 32.20 | |
| Tomball Regional Hospital | 2013 | November | 153 | 36.01 | |
| | 2014 | November | 167 | 34.36 | -1.65 |
| | 2015 | November | 138 | 32.08 | -2.28 |
| | 2016 | November | 147 | 29.36 | -2.72 |
| Tomball Regional Hospital - Summary | | November | | 33.05 | |

Dec 14, 2016

1

12:51:45 PM



MCHD EMS Turnaround Times Review

| Transport Destination | Year | Month | Transports | Time at Destination (minutes) | Change |
|---------------------------------------|----------|----------|------------|----------------------------------|--------|
| Tri-County MHMR Hospital | 2013 | November | 20 | -60.95 | |
| | 2014 | November | 23 | 10.22 | 71.17 |
| | 2015 | November | 12 | 12.08 | 1.87 |
| | 2016 | November | 14 | 10.79 | -1.30 |
| Tri-County MHMR Hospital - Summary | November | | -9.97 | | |

Dec 14, 2016

Monthly Report



Montgomery County Hospital / Montgomery County Hospital District-MP (W) / Montgomery County Hospital

Navember 01-30, 2016 This repart is based an events that are dawnloa ded prior to the <u>5th day</u> of the following month.

Report Summary

| Event Totals | This Month | Last Month | Cha | ange |
|----------------------------------|--------------------|--------------------|--------------|------|
| Total Events: | 22 | 31 | -29 | 1% |
| Scored Events: | 9 | 5 | 1 805 | 6 |
| Total Coachable Events: | 13 | 6 | 11 | 7% |
| Coachable Events with Score = 0: | 4 | 2 | 10 |)% |
| Average Score (per active ER): | 0.6 | 0.4 | 1 505 | % |
| Events Coached: | 11 | 7 | 1 575 | % |
| Events Overdue for Coaching: | 5 | 2 | 15 | 0% |
| Average Age of Coaching Events: | 9.0 | 7.0 | 29 | 6 |
| Vehicles Overdue for Download: | 7 (10% of fleet) | 5 (7% of fleet) | 105 | 6 |
| Top Behavior Exhibited: | Following Distance | Following Distance | | |

Definitions

| Total Events: | The total number of events recorded in the month. This includes all events with an even score greater than, or equal to, zero. |
|----------------------------------|---|
| Scored Events: | The total events recorded in the month with an event score greater than zero. |
| Total Coachable Events: | The total number of events marked for coaching in the month. This includes events that are currently in the Face-to-Face Coaching or Self Coaching status and events that have been coached, i.e., Resolved. |
| Coachable Events with Score = 0: | The total events marked for coaching in the month with an event score equal to zero. This includes events with policy only violations and custom field behaviors marked. Also known as Zero Point Events. |
| Average Score (per active ER): | The average score of scored events per active event recorder (ER) recorded in the month, i.e. Total Score divided by Total Active ERs. Total Active Event Recorders (ERs) = The total number of event recorders that are attached and in service plus the total number of unattached event recorders that have downloaded an event in the last 60 days. |
| Events Coached: | The total number of events coached in the month. |
| Events Overdue for Coaching: | The total number of events recorded in the month overdue for coaching. |
| Average Age of Coaching Events: | The average number of days elapsed from the time an event was marked for coaching and when coaching occurred. |
| Vehicles Overdue for Download: | The total number of vehicles (and percentage of the fleet) overdue for download. |
| Top Behavior Exhibited: | The behavior that was exhibited the most in driving events recorded in the month. |

@ 2016 Lytx, Inc.

November 01 - 30, 2016

Page 1 of 10

EMS Survey Report

MCHD

Conroe, TX Client 6577





1515 Center Street Lansing, Mi 48096 1 (877) 583-3100 service@EMSSurveyTeam.com www.EMSSurveyTeam.com

EMS System Report

November 1, 2016 to November 30, 2016

Your Score

95.02

Number of Your Patients in this Report

149

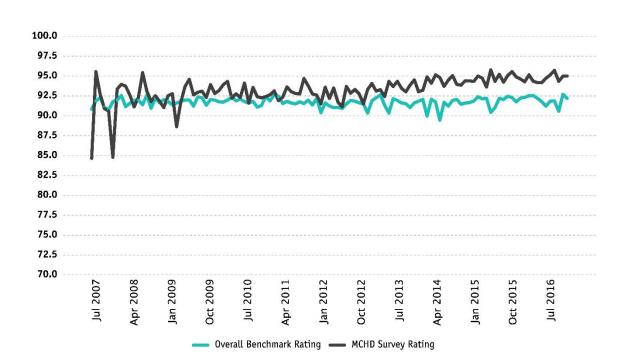
Number of Patients in this Report

4,357

Number of Transport Services in All EMS DB 135

 \checkmark

Page 1 of 21



Monthly tracking of Overall Survey Score



V

Page 13 of 21

Company Comparisons — The following chart gives a comparison of the mean score for each question as scored by comparable companies. Your company is highlighted. There is also a green-shaded highlight of the highest score for each question. This will show how you compare to similar companies.

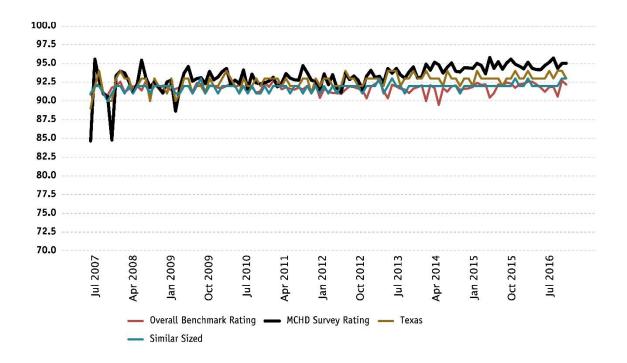
| | Your | | 9 | Comparison | Companie | 5 | |
|--|---------|--------|-------|------------|----------|-------|-------|
| | Company | А | В | С | D | Е | F |
| Helpfulness of the person you called for ambulance service | 95.08 | 91.67 | 92.57 | 90.60 | 91.62 | 95.00 | 94.40 |
| Concern shown by the person you called for ambulance service | 93.61 | 91.67 | 91.67 | 89.81 | 92.58 | 93.13 | 94.40 |
| Extent to which you were told what to do until the ambulance | 91.76 | 91.67 | 91.67 | 87.36 | 90.78 | 93.06 | 89.37 |
| Extent to which the ambulance arrived in a timely manner | 95.65 | 91.67 | 92.93 | 91.70 | 91.26 | 89.50 | 90.97 |
| Cleanliness of the ambulance | 97.20 | 91.67 | 96.35 | 93.84 | 93.54 | 93.89 | 93.25 |
| Comfort of the ride | 94.00 | 75.00 | 85.96 | 87.11 | 85.46 | 78.48 | 89.23 |
| Skill of the person driving the ambulance | 96.14 | 91.67 | 95.74 | 93.14 | 92.60 | 91.50 | 94.70 |
| Care shown by the medics who arrived with the ambulance | 96.55 | 100.00 | 92.57 | 94.21 | 93.35 | 92.41 | 96.88 |
| Degree to which the medics took your problem seriously | 95.97 | 91.67 | 92.23 | 94.25 | 93.74 | 93.36 | 96.15 |
| Degree to which the medics listened to you and/or your family | 96.17 | 100.00 | 92.21 | 93.91 | 93.16 | 91.69 | 94.23 |
| Skill of the medics | 96.74 | 100.00 | 91.71 | 93.48 | 93.99 | 93.75 | 96.83 |
| Extent to which the medics kept you informed about your | 95.65 | 91.67 | 90.80 | 91.80 | 92.61 | 90.72 | 94.92 |
| Extent to which medics included you in the treatment decisions (if | 93.78 | 100.00 | 90.90 | 90.31 | 91.84 | 93.94 | 95.37 |
| Degree to which the medics relieved your pain or discomfort | 93.61 | 83.33 | 91.30 | 87.60 | 90.46 | 88.54 | 92.11 |
| Medics' concern for your privacy | 96.65 | 91.67 | 94.04 | 92.32 | 92.66 | 92.86 | 93.95 |
| Extent to which medics cared for you as a person | 96.28 | 100.00 | 92.23 | 92.89 | 94.08 | 92.64 | 95.34 |
| Professionalism of the staff in our ambulance service billing office | 91.40 | 87.50 | 92.19 | 89.37 | 89.86 | 84.14 | 87.14 |
| Willingness of the staff in our billing office to address your needs | 90.47 | 87.50 | 93.00 | 89.38 | 88.49 | 89.29 | 86.76 |
| How well did our staff work together to care for you | 95.91 | 91.67 | 92.41 | 92.84 | 92.77 | 92.07 | 93.03 |
| Extent to which our staff eased your entry into the medical facility | 96.46 | 91.67 | 94.70 | 93.42 | 92.58 | 90.36 | 93.33 |
| Appropriateness of Emergency Medical Transportation treatment | 96.65 | 91.67 | 91.87 | 93.51 | 91.65 | 92.64 | 92.67 |
| Extent to which the services received were worth the fees charged | 88.24 | 83.33 | 81.98 | 85.58 | 86.02 | 84.34 | 89.15 |
| Overall rating of the care provided by our Emergency Medical | 96.08 | 91.67 | 91.89 | 92.37 | 91.62 | 92.41 | 94.84 |
| Likelihood of recommending this ambulance service to others | 94.82 | 91.67 | 91.52 | 91.86 | 91.96 | 92.88 | 93.75 |
| | | | | | | | |
| Overall score | 95.02 | 91.79 | 91.89 | 91.60 | 91.74 | 91.13 | 93.30 |
| National Rank | 25 | 56 | 54 | 59 | 57 | 62 | 35 |
| Comparable Size (Large) Company Rank | 2 | 13 | 12 | 15 | 14 | 17 | 6 |



Page 15 of 21

November 1, 2016 to November 30, 2016

Benchmark Trending Graphic - Below are the monthly scores for your service. It details the overall score for each month as well as your subscribed benchmarks for that month.





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Agenda Item #11



To: Board of Directors

From: Ashley Presswood

Date: 12/15/16

Re: Zoll AED Plus Sole Source Letter

Consider and act on the sole source letter for purchase of Zoll AED Plus Defibrillators. (Mr. Fawn, Chair – EMS Committee)

| Yes | No | N/A | |
|-----|----|-----|-------------------|
| X | | | Budgeted item? |
| X | | | Within budget? |
| | X | | Renewal contract? |
| | X | | Special request? |



269 Mill Road Chelmsford, Massachusetts 01824-4105

978-421-9655 (main) 978-421-0025 (fax) www.zoll.com

December 16th, 2016

Montgomery County Hospital District - EMS Attn: Diane Sandel 1300 S Loop 336 West Conroe, TX 77304

Dear Diane Sandel,

We appreciate your selection of ZOLL® products for Montgomery County Hospital District - EMS. This letter serves as confirmation that ZOLL® Medical Corporation at 269 Mill Road in Chelmsford, Massachusetts, is the sole manufacturer and source of AED Plus® Defibrillators for the EMS Market. ZOLL® or Steven Bagwell, EMS Territory Manager, will not sell an AED Plus® Defibrillator to Montgomery County Hospital District - EMS through any vendor or dealer.

Should you have any questions or require additional information please don't hesitate to contact me at (800) 348-9011 x 9439.

Sincerely,

m/ unes

Jenny Nunes *Contracts Specialist*

Agenda Item # 12



To: Board of Directors

From: Ashley Presswood

Date: 12/15/16

Re: Zoll AED Plus Quote

Consider and act on the purchase of 114 each Zoll AED Plus Defibrillators. (Mr. Fawn, Chair – EMS Committee)

| Yes | No | N/A | |
|-----|----|-----|-------------------|
| X | | | Budgeted item? |
| X | | | Within budget? |
| | X | | Renewal contract? |
| | X | | Special request? |



TO: Montgomery County Hospital District - EMS

1300 S Loop 336 West Conroe, TX 77304 Diane Sandel

email: dsandel@mchd-tx.org

Tel: 936-521-5622

Attn:

ZOLL Medical Corporation

Worldwide HeadQuarters 269 Mill Rd Chelmsford, Massachusetts 01824-4105 (978) 421-9655 Main (800) 348-9011 (978) 421-0015 Customer Support FEDERAL ID#: 04-2711626

QUOTATION 232241 V:2

| DATE: | December 13, 2016 |
|--------|-------------------|
| TERMS: | Net 30 Days |
| FOB: | Shipping Point |

FREIGHT: Prepay and Add

| | | | - | | | | |
|------|-------------------|---|------|------------|------------|--------------|----|
| ITEM | MODEL NUMBER | DESCRIPTION | QTY. | UNIT PRICE | DISC PRICE | TOTAL PRICE | |
| 1 | 20100000102011010 | AED Plus with AED Cover. Includes: LCD screen showing voice prompt messages, device advisory messages, elapsed time, shock count and chest compression bar. Supplied with Public Safety PASS Cover, Softcase, Operator's Guide and (5) five year limited warranty. | 114 | \$1,995.00 | \$1,295.00 | \$147,630.00 | * |
| 2 | 8000-0807-01 | Type 123 Lithium Batteries, quantity of ten (10) with storage sleeve *Reflects Discount Pricing. **Reflects Savvik Buying Group AED Contract # 2015-0011. | 114 | \$75.00 | \$56.25 | \$6,412.50 | ** |
| | | | | | | | |

This quote is made subject to ZOLL's standard commercial terms and conditions (ZOLL T's + C's) which accompany this quote. Any purchase order (P.O.) issued in response to this quotation will be deemed to incorporate ZOLL T's + C's. Any modification of the ZOLL T's + C's must be set forth or referenced in the customer's P.O. No commercial terms or conditions shall apply to the sale of goods or services governed by this quote and the customer's P.O unless set forth in or referenced by either document.

- 1. DELIVERY WILL BE MADE 7-10 DAYS AFTER RECEIPT OF ACCEPTED PURCHASE ORDER.
- 2. PRICES QUOTED ARE VALID FOR 60 DAYS.
- 3. APPLICABLE TAX WILL BE ADDED AT THE TIME OF INVOICING.
- 4. ALL PURCHASE ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTABLE BY ZOLL.
- 5. FAX PURCHASE ORDER AND QUOTATION TO ZOLL CUSTOMER SUPPORT AT 978-421-0015 OR EMAIL TO ESALES@ZOLL.COM.
- 6. ALL DISCOUNTS OFF LIST PRICE ARE CONTINGENT UPON PAYMENT WITHIN AGREED UPON TERMS.
- 7. PLACE YOUR ACCESSORY ORDERS ONLINE BY VISITING www.zollwebstore.com.

Steven Bagwell EMS Territory Manager 800-242-9150, x9295

\$154.042.50

TOTAL

ZOLL QUOTATION GENERAL TERMS & CONDITIONS

1. ACCEPTANCE. This Quotation constitutes an offer by ZOLL Medical Corporation to sell to the Customer the equipment (including a license to use certain software) listed in this Quotation and described in the specifications either attached to or referred to in this Quotation (hereinafter referred to as Equipment). Any acceptance of such offer is expressly limited to the terms of this Quotation, including these General Terms and Conditions. Acceptance shall be so limited to this Quotation notwithstanding (i) any conflicting written or oral representations made by ZOLL Medical Corporation or any agent or employee of ZOLL Medical Corporation or (ii) receipt or acknowledgement by ZOLL Medical Corporation of any purchase order, specification, or other document issued by the Customer. Any such document shall be wholly inapplicable to any sale made pursuant to this Quotation, and shall not be binding in any way on ZOLL Medical Corporation.

Acceptance of this Quotation by the Customer shall create an agreement between ZOLL Medical Corporation and the Customer (hereinafter referred to as the "Contract" the terms and conditions of which are expressly limited to the provisions of this Quotation including these Terms and Conditions. No waiver change or modification of any of the provisions of this Quotation or the Contract shall be binding on ZOLL Medical Corporation unless such waiver, change or modification (i) is made in writing (ii) expressly states that it is a waiver, change or modification of this Quotation or the Contract and (iii) is signed by an authorized representative of ZOLL Medical Corporation.

 DELIVERY AND RISK OF LOSS. Unless otherwise stated, all deliveries shall be F.O.B. ZOLL Medical Corporation's facility. Risk of loss or damage to the Equipment shall pass to the Customer upon delivery of the Equipment to the carrier.

3. TERMS OF PAYMENT. Unless otherwise stated in its Quotation payment by Customer is due thirty (30) days after the ship date appearing on ZOLL Medical Corporation invoice. Any amounts payable hereunder which remain unpaid after the date shall be subject to a late charge equal to 1.5% per month from the due date until such amount is paid.

4. CREDIT APPROVAL. All shipments and deliveries shall at all times be subject to the approval of credit by ZOLL Medical Corporation. ZOLL Medical Corporation may at any time decline to make any shipment or delivery except upon receipt of payment or security or upon terms regarding credit or security satisfactory to ZOLL Medical Corporation.

5. TAXES & FEES. The pricing quoted in its Quotation do not include sales use, excise, or other similar taxes or any duties or customs charges, or any order processing fees. The Customer shall pay in addition for the prices quoted the amount of any present or future sales, excise or other similar tax or customs duty or charge applicable to the sale or use of the Equipment sold hereunder (except any tax based on the net income of ZOLL Medical Corporation), and any order processing fees that ZOLL may apply from time to time. In lieu thereof the Customer may provide ZOLL Medical Corporation with a tax exemption certificate acceptable to the taxing authorities.

6. WARRANTY. (a) ZOLL Medical Corporation warrants to the Customer that from the earlier of the date of installation or thirty (30) days after the date of shipment from ZOLL Medical Corporation's facility, the Equipment (other than accessories and electrodes) will be free from defects in material and workmanship under normal use and service for the period noted on the reverse side. Accessories and electrodes shall be warranted for ninety (90) days from the date of shipment. During such period ZOLL Medical Corporation's isole option) any part of the Equipment found by ZOLL Medical Corporation to be defective in material or workmanship. If ZOLL Medical Corporation's inspection detects no defects in material or workmanship, ZOLL Medical Corporation's regular service charges shall apply. (b) ZOLL Medical Corporation shall not be responsible for any Equipment defect failure of the Equipment to perform any specified function, or any other nonconformance of the Equipment caused by or attributable to (i) any modification of the Equipment to go the Equipment with any associated or complementary equipment accessories of the Equipment to vortion is made with the prior written approval of ZOLL Medical Corporation, or (iii) any misuse or abuse of the Equipment (iv) exposure of the Equipment to instruction, or (iii) any misuse or abuse of the Equipment to corporation, or (iii) any misuse or abuse of the Equipment to corporation, or (iii) any misuse or abuse of the Equipment (including software enbodied in read-only memory known as "firmware"). (e) The foregoing warranty constitutes the exclusive remedy of the Customer and the exclusive liability of ZOLL Medical Corporation for any breach of any warranty related to the Equipment supplied hereunder. THE WARRANTY SET FORTH HEREIN IS EXCLUSIVE AND ZOLL MEDICAL CORPORATION EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES WHETHER WRITTEN, ORAL, IMPLIED, OR STATUTORY, INCLUDING BUT NOT LIMITED TO ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

7. SOFTWARE LICENSE. (a) All software (the "Software" which term shall include firmware) included as part of the Equipment is licensed to Customer pursuant to a nonexclusive limited license on the terms hereinafter set forth, (b) Customer may not copy, distribute, modify, translate or adapt the Software, and may not disassemble or reverse compile the Software, or seek in any manner to discover, disclose or use any proprietary algorithms, techniques or other confidential information contained therein, (c) All rights in the Software remain the product of ZOLL Medical Corporation, and Customer shall have no right or interest therein except as expressly provided herein. (d) Customer's right to use the Software may be terminated by ZOLL Medical Corporation in the event of any failure to comply with terms of this quotation, (e) Customer may transfer the license conferred hereby only in connection with a transfer of the Equipment and may not retain any copies of the Software following such transfer. (f) ZOLL Medical Corporation variants that the read-only memory or other media on which the Software is recorded will be free from defects in materials and workmanship for the period and on terms set forth in section 6. (g) Customer will meet Customer's requirements. Except as set forth in section 7(f), ZOLL Medical CORPORATION MAKES NO REPRESENTATIONS OR WARRANTIES WITH RESPECT TO THE SOFTWARE AND IN PARTICULAR DUSCLAIMS ANY IMPLIED WARRANTIES OR MERCHANTABILITY OR FITNESS OF A PARTICULAR PURPOSE WITH RESPECT TO THE RETO. Customer's exclusive remedy for any breach of warranty or defect relating to the Software shall be the repair or neglacement of any defective read-only memory or other media so that it correctly reproduces the software. This License applies only to ZOLL Medical CORPORATION Software.

8. DELAYS IN DELIVERY. ZOLL Medical Corporation shall not be liable for any delay in the delivery of any part of the Equipment if such delay is due to any cause beyond the control of the ZOLL Medical Corporation including, but not limited to acts of God, fires, epidemics, floods, riots, wars, sabotage, labor disputes, governmental actions, inability to obtain materials, components, manufacturing facilities or transportation or any other cause beyond the control of ZOLL Medical Corporation. In addition ZOLL Medical Corporation shall not be liable for any delay in delivery caused by failure of the Customer to provide any necessary information in a timely manner. In the event of any such delay, the date of shipment or performance hereunder shall be extended to the period equal to the time lost by reason of such delay. In the event of such delay ZOLL Medical Corporation shall be quitable basis. The delivery dates set forth in this Quotation are approximate only and ZOLL Medical Corporation shall not be liable for or shall the Contract be breached by, any delivery by ZOLL Medical Corporation shall not be liable for or shall the contract be contract be time after such dates.

9. LIMITATIONS OF LIABILITY. IN NO EVENT SHALL ZOLL MEDICAL CORPORATION BE LIABLE FOR INDIRECT SPECIAL OR CONSEQUENTIAL DAMAGES RESULTING FROM ZOLL MEDICAL CORPORATIONS PERFORMANCE OR FAILURE TO PERFORM PURSUANT TO THIS QUOTATION OR THE CONTRACT OR THE FURNISHING, PERFORMANCE, OR USE OF ANY EQUIPMENT OR SOFTWARE SOLD HERETO, WHETHER DUE TO A BREACH OF CONTRACT, BREACH OF WARRANTY, THE NEGLIGENCE OF ZOLL MEDICAL CORPORATION OR OTHERWISE.

10. PATENT INDEMNITY. ZOLL Medical Corporation shall at its own expense defend any suit that may be instituted against the Customer for alleged infringement of any United States patents or copyrights related to the parts of the Equipment or the Software manufactured by ZOLL Medical Corporation, provided that (i) such alleged infringement consists only in the use of such Equipment or the Software by itself and not as a part of or in combination with any other devices or parts, (ii) the Customer gives ZOLL Medical Corporation immediate notice in writing of any such suit and permits ZOLL Medical Corporation through counsel of its choice, to answer the charge of infringement and defend such suit, and (iii) the Customer gives ZOLL Medical Corporation all requested information, assistance and authority at ZOLL Medical Corporation's expense, to enable ZOLL Medical Corporation to defend such suit.

In the case of a final award of damages for infringement in any such suit, ZOLL Medical Corporation will pay such award, but it shall not be responsible for any settlement made without its written consent.

Section 10 states ZOLL Medical Corporation's total responsibility and liability's, and the Customer's sole remedy for any actual or alleged infringement of any patent by the Equipment or the Software or any part thereof provided hereunder. In no event shall ZOLL Medical Corporation be liable for any indirect, special, or consequential damages resulting from any such infringement.

11. CLAIMS FOR SHORTAGE. Each shipment of Equipment shall be promptly examined by the Customer upon receipt thereof. The Customer shall inform ZOLL Medical Corporation of any shortage in any shipment within ten (10) days of receipt of Equipment. If no such shortage is reported within ten (10) day period, the shipment shall be conclusively deemed to have been complete.

12. RETURNS AND CANCELLATION. (a) The Customer shall obtain authorization from ZOLL Medical Corporation prior to returning any of the Equipment. (b) The Customer receives authorization from ZOLL Medical Corporation to return a product for credit, the Customer shall be subject to a restocking charge of twenty percent (20%) of the original list purchase price, but not less than \$50.00 per product. (c) Any such change in delivery caused by the Customer that causes a delivery date greater than six (6) months from the Customer's original order date shall constitute a new order for the affected Equipment in determining the appropriate list price.

13. APPLICABLE LAW. This Quotation and the Contract shall be governed by the substantive laws of the Commonwealth of Massachusetts without regard to any choice of law provisions thereof.

14. COMPLIANCE WITH LAWS. (a) ZOLL Medical Corporation represents that all goods and services delivered pursuant to the Contract will be produced and supplied in compliance with all applicable state and federal laws and regulations, including the requirements of the Fair Labor Standards Act of 1938, as amended. (b) The Customer shall be responsible for compliance with any federal, state and local laws and regulations applicable to the installation or use of the Equipment furnished hereunder, and will obtain any permits required for such installation and use.

15. NON-WAIVER OF DEFAULT. In the event of any default by the Customer, ZOLL Medical Corporation may decline to make further shipments or render any further warranty or other services without in any way affecting its right under such order. If despite any default by Customer, ZOLL Medical Corporation elects to continue to make shipments its action shall not constitute a waiver of any default by the Customer or in any way affect ZOLL Medical Corporation's legal remedies regarding any such default. No claim or right arising out of a breach of the Agreement by the Customer can be discharged in whole or in part by waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by ZOLL Medical Corporation.

16. ASSIGNMENT. This Quotation, and the Contract, may not be assigned by the Customer without the prior written consent of ZOLL Medical Corporation, and any assignment without such consent shall be null and void.

17. TITLE TO PRODUCTS. Title to right of possession of the products sold hereunder shall remain with ZOLL Medical Corporation until ZOLL Medical Corporation delivers the Equipment to the carrier and agrees to do all acts necessary to perfect and maintain such right and title in ZOLL Medical Corporation. Failure of the Customer to pay the purchase price for any product when due shall give ZOLL Medical Corporation the right, without liability to repossess the Equipment, with or without notice, and to avail itself of any remedy provided by law.

18. EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION.

VETERAN'S EMPLOYMENT - If this order is subject to Executive Order 11710 and the rules, regulations, or orders of the Secretary of Labor issued thereunder the contract clause as set forth at 41 CFR 60-250.4 is hereby included as part of this order.

EMPLOYMENT OF HANDICAPPED - if this order is subject to Section 503 of the Rehabilitation Act of 1973, as amended and the rules, regulations or orders of the Secretary of Labor as issued thereunder, the contract clause at 41 CFR 60-741.7 is hereby included as part of this order.

EQUAL OPPORTUNITY EMPLOYMENT - if this order is subject to the provisions of Executive Order 11246, as amended, and the rules, regulations or orders of the Secretary of Labor issued thereunder, the contract clause set forth at 41 CFR 60-1.4 (a) and 60-1.4 (b) are hereby included as a part of this order and Seller agrees to comply with the reporting requirements set forth at 41 CFR 60-1.7 and the affirmative action compliance program requirements set forth as 41 CFR 60-1.40.

19. VALIDITY OF QUOTATION. This Quotation shall be valid and subject to acceptance by the Customer, in accordance with the terms of Section 1 hereof for the period set forth on the face hereof. After such period, the acceptance of this Quotation shall not be binding upon ZOLL Medical Corporation and shall not create a contract, unless such acceptance is acknowledged and accepted by ZOLL Medical Corporation by a writing signed by an authorized representative of ZOLL Medical Corporation.

20. GENERAL. Any Contract resulting from this Quotation shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts. This constitutes the entire agreement between Buyer and Supplier with respect to the purchase and sale of the Products described in the face hereof, and only representations or statements contained herein shall be binding upon Supplier as a warranty or otherwise. Acceptance or acquiescence in the course of performance rendered pursuant hereto shall not be relevant to determine the meaning of this writing even though the binding upon Supplier unless made in writing and signed by a duly authorized representative of Supplier. The terms and conditions specified shall prevail notwithstanding any variance from the terms and conditions of any order or other form submitted by Buyer for the Products set forth on the face of this Agreement. To the extent that this writing may be treated as an acceptance of the goods by Buyer to the terms hereof, and, without limitation, acceptance of the goods by Buyer to the terms hereof, and, without limitation, acceptance of the goods by Buyer to the terms hereof, and, without limitation, acceptance of the goods by Buyer to the terms hereof, and, without limitation, acceptance of the goods by Buyer to the terms hereof, and without limitation, the goods by Buyer to the terms hereof, and without limitation, the goods by Buyer to the terms hereof, and without limitation, the goods by Buyer to the terms hereof.

ZOLL Medical Corporation

Phase 2 - October 2016 - September 2017

| Phase 2 - October 2016 - September 20 | Phillips AED | | | |
|---|------------------------|---------------------------|------------------|------------------|
| | <u>projected</u> to be | Phillips AED | | |
| FRO | reclaimed | <u>actually</u> reclaimed | Zoll AED+ Issued | Zoll AED+ Needed |
| Department | | | | |
| MCESD3 | 5 | | | 7 |
| Magnolia | 11 | | | 23 |
| Montogmery | 9 | | | 10 |
| The Woodlands | 5 | | | 8 |
| MCFMO | 2 | | | 2 |
| Total | 32 | 0 | 0 | 50 |
| Growth of Departments in FY17 | | | | |
| Caney Creek Fire | | | | 3 |
| Conroe | | | | 1 |
| Needham | | | | 2 |
| East Montgomery County | | | | 3 |
| North Montgomery County/ Cut N | | | | |
| Shoot | | | | 5 |
| Porter | | | 1 | 0 |
| South Montgomery County | | | | 4 |
| Timber Lakes | | | | 2 |
| Total | | | 1 | 70 |
| MCHD | | | | |
| Pool Vehicles - 330, 331, 333, 65, 66, | | | | |
| 633, 334, 630, 632, 609, 631, 600, 635, | | | | |
| 605, 606, 616, 613, 601 | 15 | | | 18 |
| Public Health Clinic | 1 | | | 1 |
| TEMS | 3 | | | 5 |
| Administration Building | 3 | | | 3 |
| Special Events | 4 | | | 4 |
| Bike Team | 4 | | | 8 |
| Service Center | | | | 5 |
| Total | 30 | | | 44 |
| | | | Phase 2 Total | 114 |

Agenda Item #13



To: Board of Directors

From: Jared Cosper, EMS Director

Date: December 20, 2016

Re: Tahoe's (Replacements)

Consider and act on purchase of two (2) replacement Tahoe's. (Mr. Fawn, Chair – EMS Committee)

Montgomery County Hospital District Purchase Recommendation for Two 2017 Chevrolet Tahoes

| Montgomery Cour | nty Bids | MCHD Quotes | |
|--------------------|----------|---|----------|
| Caldwell Chevrolet | \$32,335 | Freedom Chevrolet (Dallas County Co-Op) | \$31,500 |
| Buckalew Chevrolet | \$33,580 | Caldwell Chevrolet (Buy Board) | \$31,806 |
| Gunn Chevrolet | \$33,741 | Buckalew (Direct Quote) | \$33,807 |

1) The Freedom Chevrolet (Dallas County Co-Op) price of \$31,500 is superior to all of the other quotes; however,

The Montgomery County Purchasing Policy states in Chapter 4(C):

- 4 In purchasing under this Policy any real property or personal property that is not affixed to real property, if MCHD receives one or more bids from a responsible bidder whose principal place of business is in Montgomery County and whose bid is within three percent of the lowest bid price received by MCHD from a responsible bidder who is not a resident of Montgomery County, MCHD, at its sole option may enter into a contract with:
 - a the lowest responsible bidder, or
 - b the responsible bidder whose principal place of business is in Montgomery County if MCHD determines, in writing, that the local bidder offers MCHD the best combination of contract price and additional economic development opportunities for MCHD created by the contract award, including the employment of residents of Montgomery County and increase tax revenues to MCHD.³

³ Texas Local Government Code § 271.905

2) Buckalew Chevrolet is a "responsible bidder whose "principal place of business is in Montgomery County;" however,

3) Neither the Buckalew Chevrolet bid provided to Montgomery County (accessible to MCHD through an Interlocal Agreement) "is within three percent" of the Freedom Chevrolet (Dallas County Co-Op) price,

| Buckalew Chevrolet | \$33,580 | - 1 = | 6.6% |
|------------------------------------|----------|-------|------|
| Freedom Chevrolet (Dallas County C | \$31,500 | | |

4) nor is the Buckalew direct quote to MCHD "within three percent" of the Freedom Chevrolet (Dallas County Co-Op) price.

| Buckalew Chevrolet | \$33 <i>,</i> 807 | - 1 = | 7.3% |
|------------------------------------|-------------------|-------|------|
| Freedom Chevrolet (Dallas County C | \$31,500 | | |

5) Therefore, it is recommended that the two 2017 Chevrolet Tahoes be purchased from Freedom Chevrolet at the Dallas County Co-Op price of \$31,500 each.

Montgomery County Bid Awards

PROJECT # 2017-0002 - NEW VEHICLES

Award Recommendation

AWARD LEVELS: This term contract consists of tiered awards for each vehicle series and manufacturer with tier 1 being the lowest price

| Vehicle # | | Gullo Ford | Caldwell Country Ford | Buckalew Chevrolet, L.P. | Caldwell Country Chevrolet | Gunn Chevrolet | Grapevine Chrysler Jeep Dodge | Love Field Chrysler Dodge Jeep |
|-----------|--|------------|--------------------------|-----------------------------|-------------------------------|-----------------------------|----------------------------------|--|
| 1 | 2016 - CHEVROLET TAHOE PPV | no bid | no bid | no bid | no bid | no bid | no bid | no bid |
| | | Gullo Ford | Caldwell Country Ford | Buckalew Chevrolet, L.P. | Caldwell Country Chevrolet | Gunn Chevrolet | Grapevine Chrysler Jeep Dodge | Love Field Chrysler Dodge Jeep/Freedom Chevrolet |
| 1 | 2017 - CHEVROLET TAHOE PPV | no bid | no bid | (Chevy-tier 2) 33,580.00 | (Chevy-tier 1) 32,335.00 | (Chevy-tier 3) 33,741.00 | no bid | 35,100.00 |
| | Make/Model | | | CHEVROLET TAHOE | CHEVROLET TAHOE | CHEVROLET TAHOE | | CHEVROLET TAHOE |
| | Description | | | CC15706-9C1 | CC15706 | CC15706-9C1 | | 9C1 |
| | Delete: Left hand spotlight | | | -430.00 | -400.00 | 455.70 | | -250.00 |
| | Add: Daytime running lights / automatic head lights | | | N/C | -50.00 | 44.00 | | no bid |
| | Delivery | | | ~90 days | 90 days | 120 days | | 90 days |
| | | | | | | | | |
| | | | | | | | | |

| | y Auditor S VARIOUS DEPARTMENTS H T 7305 I O | E: 1 |
|---|--|------------------------------|
| P.O. Date *Deliver; 11/08/16 * | Date * Req. No * Vendor No * Desc/Specific Purpo * * 5633 * NEW VEHICLES/CHEVRO | se LET |
| CALDWELL AUTOMOTIVE dba CALDWELL COUNTE P O BOX 27 CALDWELL TX 77836 PH: 979-567-6116 | PARTNERS LLC * 1.No responsibility will be ase CHEVROLET * for goods delivered or servic * performed without a purchase | umed es order. from |
| Workers Compensation to Texas Labor Co Department of In | a coverage is required for all Public Works Projects p ode 406.096 and is also required to comply with the Te asurance / Division of Workers Compensation rule 110.1 | oursuant xas 10 |
| | Payment Terms* Freight TermsNET 30 DAYS* PRE-PAY AND ADD | |
| | DESCRIPTION COMM CODE UNIT PRICE EXTENDE | |
| | TERM CONTRACT FOR: NEW VEHICLES / CHEVROLET | |
| | *******VEHICLES WILL BE ORDERED AS NEEDED********************************* | ** |
| | APPROVED IN COMMISSIONERS' COURT ON NOVEMBER 8, 2016 | |
| | TERM OF CONTRACT: 11/08/2016 TO 05/07/2017 | |
| | DELIVERY: 90 DAYS UNLESS OTHERWISE STATED WARRANTY: 3 YR / 36K MILES | |
| | ******* | K ** |
| .00 EA ITEM NO.001 | -7500 J05-CC-15-706 32335.00000 2017 CHEVROLET TAHOE PPV CC15706 AWARD LEVEL: 1 | .00 |
| .00 EA ITEM NO.002 | -7500 J05-CC-15-706 -400.00000 2017 CHEVROLET TAHOE PPV CC15706 OPTION: DELETE LEFT HAND SPOTLIGHT | .00 |
| .00 EA ITEM NO.003 | -7500 J05-CC-15-706 -50.00000 2017 CHEVROLET TAHOE PPV CC15706 OPTION: ADD DAYTIME RUNNING LIGHTS AND AUTOMATIC HEAD LIGHTS | .00 |
| .00 EA ITEM NO.004 | J05-MA-LI-BU 18475.00000 2017 CHEVROLET MALIBU WITH FLEET PACKAGE 12C69 AWARD LEVEL: 1 | .00 |

1.000

2

1.417

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9.x.

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<u>*</u>

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** RECOMMENDATION XX



FREEDOM CHEVROLET

8008 MARVIN D LOVE FWY DALLAS, TEXAS 75237 CHEVROLET, 972-707-9474 fax 214-350-0085



| - Cus | stomer |) | |
|--------|--|-------------------|------------|
| Jame | MCHD | Date | 12/15/2016 |
| ddress | | Order No. | DC0306567 |
| íty | State TX ZIP | Rep | |
| hone | | FOB | |
| | | | |
| æty | Description | Unit Price | TOTAL |
| 2 | 2017 PPV Tahoe Black w Spotlight | \$ 31,500.00 | \$63,000.0 |
| | Includes tint bluetooth 4 keys and remotes 7x6 LH Spotligh | t | |
| | 6j76J46J3And delivery | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | PLEASE MAIL PAYMENT TO: | | |
| | Freedom Chevrolet | | |
| | 8008 Marvin D. Love Fwy | | |
| | Dallas, Tx. 75237 | | |
| | | | |
| | | | |
| | | | |
| | TERMS: NET 30 | | |
| | | | |
| | | Subtotal | \$63,000.0 |
| | ayment Details | ípping ξ Handling | |
| C | Cash Ta, | xes State | |
| ۲ | Check | | |
| C | Credit Card | TOTAL | \$63,000.0 |
| Nam | ę | | |
| CC # | | Office use Only | |
| | Expíres | | |
| e | | | |

PLEASE REMIT PAYMENT TO FREEDOM CHEVROLET

* THIS IS THE UPDATED QUETE TROM TREEDEN CHEVRILET. * THE ORIGINAL QUOTE WAS RESEATED AS HEM TS DURING THE 08/23/16 BCARD MEETING * THIS RAPRESENTS THE DALLAS COUNTY CO. OP PRICING. & THIS PRICING IS ALL INCLUSIVE.



| End | User: MONTGOMERY COU | NTY (MC | HD) | Contractor: CALDWELL CO | UNTRY | | |
|------------------------------|---|-----------------|------------|-----------------------------------|----------------|--|--|
| Cont | act Name: WAYDE SULLI | VAN | | CALDWELL COUNTRY | | | |
| Email: WSULLIVAN@MCHD-TX.ORG | | | | Prepared By: Averyt Kn | app | | |
| Phone #: | | | 1 | Email: aknapp@caldwellc | ountry.com | | |
| Fax | #: | | | Phone #: 979-567-6116 | | | |
| | tion City & State: CON | NROE, T | x : | Fax #: 979-567-0853 | | | |
| | WOODLANDS) Prepared: DECEMBER 12 | 2, 2016 | | Address: P. O. Box 27, | | | |
| | - | | | Caldwell, TX 77836 | | | |
| | ract Number: BUY BOAR | | | Tax ID # 14-1856872 | | | |
| Prod | uct Description: 2017 | CHEVRO | LET TA | HOE PPV CC15706 | Store Margaret | | |
| A Ba | ase Price & Options: | | 1 Mill 5 m | | \$29,840 | | |
| | | | | | | | |
| B Fl | eet Quote Option: | | | | | | |
| Code | 1 | Cost | Code | ± | Cost | | |
| 7X6 | LH SPOTLIGHT | \$490 | 9U3 | CENTER CONSOLE DELETE | INCL | | |
| | GM WARRANTY 5YR/100,000 MILES | INCL | | CALDWELL COUNTRY PO BOX 27 | | | |
| | POWERTRAIN @ N/C | | | CALDWELL, TEXAS 77836 | | | |
| | BLUETOOTH | INCL | | FOUR KEYS & FOUR REMOTES TOTAL | \$420 | | |
| 6J7 | FLASHER SYSTEM, HEADLAMP & TAILLAMP, DRL COMPATIBLE | \$495 | | | | | |
| 6J3 | GRILLE LAMP & SPEAKER WIRING | \$92 | | | | | |
| 6J4 | HORN & SIREN CIRCUIT WIRING | \$41 | | | | | |
| Subto | tal B | | 1 | | \$1,538 | | |
| C Un | published Options | | | | | | |
| Code | Description | Cost | Code | Description | Cost | | |
| | | | | | | | |
| | | | - | | | | |
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| Subto | tal C | | | | | | |
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| D Ot | her Price Adjustments (| Installa | ation, | Delivery, Etc) | | | |
| Subto | tal D | | | | \$228 | | |
| uiges I | | | | | 421 606 | | |
| | it Cost Before Fee & No: uantity Ordered | n-Equipi | ent Ch | arges (A+B+C+D) | \$31,606 2 | | |
| | tal E | | | | \$63,212 | | |
| Section 1 | | n Reve | | | | | |
| Statistics (| n-Equipment Charges (Tra | ade-In, | Warran | ty, Etc) | \$400 - 2 = | | |
| | ITY BOARD | | | | I YIVV - (🛀 | | |
| | UY BOARD | | | | | | |
| B | UY BOARD olor of Vehicle: WHITE | | 01141 | | | | |
| в 3. с | | ۲ ۰) | - 10 | | \$63,612 | | |



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Prepared By: JIM PACE BUCKALEW CHEVROLET L.P. 1100 I45 SOUTH CONROE, TX 77304 Phone: (936) 756-5581 Fax: (936) 441-5595 Email: fleet@buckalewchevrolet.com

2017 Fleet/Non-Retail Chevrolet Tahoe 2WD 4dr Commercial CC15706

QUOTE WORKSHEET

| MSRP | \$47,215.00 |
|------------------------------|---------------|
| Destination Charge | \$1,195.00 |
| Optional Equipment | (\$3,917.00) |
| Dealer Advertising | \$0.00 |
| PRE-TAX ADJUSTMENTS: | |
| FLEET/MUNCIPAL DISCOUNTS | (\$10,693.00) |
| Total Pre-Tax Adjustments | (\$10,693.00) |
| Taxable Price | \$33,800.00 |
| POST-TAX ADJUSTMENTS: | |
| STATE INSPECTION CERTIFICATE | \$7.00 |
| Total Post-Tax Adjustments | \$7.00 |
| TOTAL | \$33,807.00 |

Customer Signature / Date

Dealer Signature / Date

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October 13, 2016 4:54:37 PM

Page 1



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2017 Fleet/Non-Retail Chevrolet Tahoe 2WD 4dr Commercial CC15706

SELECTED MODEL & OPTIONS

SELECTED MODEL - 2017 Fleet/Non-Retail CC15706 2WD 4dr Commercial

| <u>Code</u> | Description | MSRP |
|-------------|---|-------------|
| CC15706 | 2017 Chevrolet Tahoe 2WD 4dr Commercial | \$47,215.00 |

SELECTED VEHICLE COLORS - 2017 Fleet/Non-Retail CC15706 2WD 4dr Commercial

| <u>Code</u> | Description |
|-------------|---|
| | Interior: Jet Black |
| - | Exterior 1: Summit White |
| - | Exterior 2: No color has been selected. |

SELECTED OPTIONS - 2017 Fleet/Non-Retail CC15706 2WD 4dr Commercial

| <u>CATEGORY</u> | | |
|-----------------|--|--------|
| <u>Code</u> | Description | MSRP |
| SUSPENSION | PKG | |
| Z56 | SUSPENSION, HEAVY-DUTY, POLICE-RATED front, independent torsion bar, and stabilizer bar and rear, multi-link with coil springs (Included and only available with (9C1) Police Vehicle only.) | INC |
| EMISSIONS | | |
| FE9 | EMISSIONS, FEDERAL REQUIREMENTS | \$0.00 |
| ENGINE | | |
| L83 | ENGINE, 5.3L ECOTEC3 V8 WITH ACTIVE FUEL MANAGEMENT, DIRECT INJECTION AND VARIABLE VALVE TIMING includes aluminum block construction (355 hp [265 kW] @ 5600 rpm, 383 lb-ft of torque [518 N-m] @ 4100 rpm) (STD) | \$0.00 |
| TRANSMISSIC | DN DN | |
| MYC | TRANSMISSION, 6-SPEED AUTOMATIC, ELECTRONICALLY CONTROLLED with overdrive and tow/haul mode (STD) | \$0.00 |

AXLE

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2017 Fleet/Non-Retail Chevrolet Tahoe 2WD 4dr Commercial CC15706

SELECTED MODEL & OPTIONS

| SELECTED OPTIONS - 2017 Fleet/Non-Retail CC15706 2WD 4dr Commercial | | |
|---|--|--------|
| CATEGORY | | |
| <u>Code</u> | Description | MSRP |
| AXLE | | |
| GU4 | REAR AXLE, 3.08 RATIO (Not available with (NHT) Max Trailering Package.) | \$0.00 |
| PREFERRED | EQUIPMENT GROUP | |
| 1FL | COMMERCIAL PREFERRED EQUIPMENT GROUP Includes Standard Equipment | \$0.00 |
| WHEEL TYPE | | |
| RAP | WHEELS, 17" X 8" (43.2 CM X 20.3 CM) STEEL, POLICE, BLACK (Included and only available with (9C1) Police Vehicle.) | INC |
| TIRES | | |
| QAR | TIRES, P265/60R17 ALL-SEASON, POLICE, V-RATED (Included and only available with (9C1) Police Vehicle.) | INC |
| SPARE TIRE | | |
| ZAK | TIRE, SPARE, P265/60R17 ALL-SEASON, POLICE, V-RATED (Included and only available with (9C1) Police Vehicle.) | INC |
| PAINT SCHEM | | |
| ZY1 | PAINT SCHEME, SOLID APPLICATION | \$0.00 |
| PAINT | | |
| GAZ | SUMMIT WHITE | \$0.00 |
| SEAT TYPE AZ3 | SEATING, FRONT 40/20/40 SPLIT-BENCH, 3-PASSENGER includes 6- way power driver and 2 way front passenger seat adjuster, driver and front passenger power lumbar control and power reclining, center fold-down armrest with storage (includes auxiliary power outlet, USB port and input jack for audio system), storage compartments in seat cushion, adjustable outboard head restraints and storage pockets (With vinyl, does not include (AG1) Driver 6-way power seat adjuster or (AG2) Front passenger 6-way | \$0.00 |
| SEAT TRIM HOU | power adjuster.) (STD) JET BLACK, CLOTH SEAT TRIM | \$0.00 |
| RADIO | | |
| | | |

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2017 Fleet/Non-Retail Chevrolet Tahoe 2WD 4dr Commercial CC15706

SELECTED MODEL & OPTIONS

| ATEGORY | | |
|-----------|---|-------------|
| Code | Description | MSRP |
| RADIO | | |
| 103 | AUDIO SYSTEM, AM/FM STEREO WITH CD PLAYER AND AUXILIARY INPUT JACK includes USB port (STD) | \$0.00 |
| SVWR | | |
| C5U | GVWR, 6800 LBS. (3084 KG) (Included and only available with (9C1) Police Vehicle.) | INC |
| DDITIONAL | EQUIPMENT | |
| 9C1 | IDENTIFIER FOR POLICE PATROL VEHICLE includes, (K47) high- capacity air cleaner, (KW7) 170 amp high output alternator, (K4B) 730 cold-cranking amps auxiliary battery, electrical power & vehicle signals for customer connection located at the center front floor. Auxiliary battery circuit for customer connection located in the rear cargo area, (UN9) radio suppression package, (Z56) heavy-duty, police-rated suspension, front independent torsion bar, and stabilizer bar and rear, multilink with coil springs, (QAR) P265/60R17 all-season, v-rated tires, (ZAK) P265/60R17 all-season, V-rated spare tire, Police brakes, (NZZ) underbody shield, (RAP) Black steel wheels w/bolt on center caps, Certified speedometer, delete roof rails, (ATD) third row seat delete, (NQH) active 2-speed transfer case (4WD only). *CREDIT* | -\$5,110.00 |
| | CAPLESS FUEL FILL (Included and only available with (9C1) Police | INC |
| NZZ | Vehicle only.) FRONT UNDERBODY SHIELD (Requires a Fleet or Government sales order type. Included and only available with (9C1) Police Vehicle.) | INC |
| K4B | BATTERY, AUXILIARY, 730 CCA | INC |
| | POWER SUPPLY, 100-AMP, AUXILIARY BATTERY, REAR ELECTRICAL CENTER (Included and only available with (9C1) Police Vehicle only.) | INC |
| | POWER SUPPLY, 50-AMP, POWER SUPPLY, AUXILIARY BATTERY passenger compartment wiring harness (Included and only available with (9C1) Police Vehicle only.) | INC |
| _ | POWER SUPPLY, 120-AMP, (4) 30-AMP CIRCUIT, PRIMARY BATTERY relay controlled, passenger compartment harness wiring (Included and only available with (9C1) Police Vehicle only.) | INC |

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2017 Fleet/Non-Retail Chevrolet Tahoe 2WD 4dr Commercial CC15706

SELECTED MODEL & OPTIONS

| SELECTED OPTIONS - 2017 Fleet/Non-Retail CC15706 2WD 4dr Commercial | | |
|---|---|----------|
| CATEGORY | | |
| <u>Code</u> | Description | MSRP |
| ADDITIONAL | EQUIPMENT | |
| KW7 | ALTERNATOR, 170 AMPS, HIGH OUTPUT (Included and only available with (9C1) Police Vehicle only.) | INC |
| RM7 | WHEEL, 17" X 8" (43.2 CM X 20.3 CM) FULL-SIZE, STEEL SPARE includes P265/60R17 V-rated tire (Included and only available with (9C1) Police Vehicle.) | INC |
| | LUGGAGE RACK, DELETE (Included and only available with (9C1) Police Vehicle only.) | INC |
| 6J7 | FLASHER SYSTEM, HEADLAMP AND TAILLAMP, DRL COMPATIBLE with control wire (Requires (9C1) Police Vehicle.) | \$495.00 |
| 7X6 | SPOTLAMP, LEFT-HAND (Requires (9C1) Police Vehicle. Not available with (7X7) left and right-hand spotlamps.) | \$490.00 |
| | EXTERIOR ORNAMENTATION DELETE (Included and only available with (9C1) Police Vehicle only.) | INC |
| 6J3 | WIRING, GRILLE LAMPS AND SIREN SPEAKERS (Requires (9C1) Police Vehicle.) | \$92.00 |
| 6J4 | WIRING, HORN AND SIREN CIRCUIT (Requires (9C1) Police Vehicle.) | \$41.00 |
| — | DOOR HANDLES, BODY-COLOR (Included and only available with (9C1) Police Vehicle only.) | INC |
| UN9 | RADIO SUPPRESSION PACKAGE, WITH GROUND STRAPS (Included and only available with (9C1) Police Vehicle.) | INC |
| ATD | SEAT DELETE, THIRD ROW PASSENGER (Deletes rear storage compartment.) (Included with (9C1) Police Vehicle.) *CREDIT* | INC |
| | INSTRUMENTATION, ANALOG with certified 150 mph speedometer, odometer with trip odometer, engine hour meter, fuel level, voltmeter, engine temperature, oil pressure and tachometer (Included and only available with (9C1) Police Vehicle only.) | INC |
| AMF | REMOTE KEYLESS ENTRY PACKAGE includes 6 additional transmitters NOTE: programming of remotes is at customer's expense. Programming remotes is not a warranty expense (Requires (9C1) Police Vehicle.) | \$75.00 |
| | KEY, 2-SIDED (Included and only available with (9C1) Police Vehicle only.) | INC |

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2017 Fleet/Non-Retail Chevrolet Tahoe 2WD 4dr Commercial CC15706

SELECTED MODEL & OPTIONS

| CATEGORY | | |
|---------------|--|-------------|
| <u>Code</u> | Description | MSRP |
| ADDITIONAL | EQUIPMENT | |
| — | THEFT-DETERRENT SYSTEM, VEHICLE, PASS-KEY III (Included and only available with (9C1) Police Vehicle only.) | INC |
| | POWER OUTLETS, 4 AUXILIARY, 12-VOLT includes 1 on the instrument panel, 1 in armrest, and 2 in the cargo area (Included and only available with (9C1) Police Vehicle.) | INC |
| VQ2 | FLEÈT PROCESSING OPTION | \$0.00 |
| _ | BID ASSISTANCE Authorization code: 0001 | \$0,00 |
| SHIP THRU C | CODES | |
| VPV | SHIP THRU, PRODUCED IN ARLINGTON ASSEMBLY and shipped to Kerr Industries and onto Arlington Assembly | INC |
| SPECIAL EQU | JIPMENT OPTIONS | |
| 9U3 | SEATS, DRIVER AND PASSENGER FRONT INDIVIDUAL SEATS IN CLOTH TRIM Power driver and passenger bucket seats in base cloth trim. Derived from RPO (AZ3) 40-20-40 split bench seat with the 20% section removed which also removes the auxiliary power outlet, USB port and input jack for audio system. Does not include a floor console. All exposed floor area will remain untrimmed. (Requires (AZ3) 40/20/40 split bench seat, trim code (H0U) Jet Black cloth.) | \$0.00 |
| OPTIONS TOTAL | | -\$3,917.00 |

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MCHD



CHEVROLET

FREEDOM CHEVROLET

SOCS MARYIND LOVE FWY DALLAS, TEXAS 75237 972 707 9474 fax 214 250 0085

| ** QUOTE PRESENTED | To XX |
|--------------------|-------|
| XX MCHD BOARD ON | ** |
| XX 08/23/2016 | ** |

QUOTE

| lame Iddress | мснъ | Date Order No. | 8/15/2015 COD BJ1443 |
|-----------------|--|---------------------|---|
| ity hone | State TX ZIP | FOB | |
| æty | Description | Unit Price | TOTAL |
| 2 | 2016 PPV Tahoe White | \$ 33,750.00 | \$67,500.00 |
| 2 | Driver Side Spotlight | \$490.00 | \$980.00 |
| 2 | Rear Flasher System Head N Fail LAMP Bluetooth | | 速0.00 |
| 2 | Griller Lamp Speaker Wiring Horn & Siren Circuit W | living \$716.00 | \$1,432.00 |
| 2 | 2017 Price increase (Estimate) | \$400.00 | \$200.00 |
| | Delete Center Console | OTAL \$35,356 | |
| | PLEASE MAIL PAYMENT TO: Freedom Chevrolet 8008 Marvin D. Love Fwy Dallas, TX. 75237 | \$ 25 756 | - |
| | TERMS: NET 30 | | |
| - P | ayment Details | Subtota | and the second se |
| | | shipping & Handling | \$800.0 |
| | Cash | taxes State | |
| | 01.0010 | | 1 |
| C. | Credit Card | TOTAL | - \$71,512.0 |
| Nam | <u>9</u> | 1 | |
| CC / | 4 | Office use Only | |
| | Expires | | |

PLEASE REMIT PAYMENT TO FREEDOM CHEVROLET

- * THIS IS THE QUOTE PRESENTED TO AND APPROVED BY THE BOARD ON 08/23/16.
- * THE PRICE CHANGE FROM MODEL 2017 WAS ESTIMATED TO BE AN INCREASE OF \$ 400 EACH. * RATHER THAN INCREASE, THE PRICE FROM CHEVROLET ACTUALLY DECREASED.
- * AT THE TIME OF THE QUOTE, MCHD WAS TOND IF THE PRICE CHANGE WAS LESS THAN THE EST, MATED \$400, THE LOWER PRICE WOULD BE HONORED.

| Re: | COO Report |
|-------|---------------------|
| Date: | November 15, 2016 |
| From: | Melissa Miller, COO |
| To: | Board of Directors |

FACILITIES:

- The City of Magnolia notified MCHD that the sewer line for Station 40 will have to be re-routed to the new line that runs behind the station vs the line across the highway. A survey has been ordered from which counsel will draft documents to memorialize this agreement. The project will then be bid.
- We are interviewing companies to provide an energy audit of our facilities.
- Station 32 generator and propane tank pads have been poured, equipment move and set-up is scheduled to be complete by December 23. The automatic transfer switch has been ordered and will be connected upon arrival.
- Station 40 generator and transfer switch is installed the project is pending gas meter installation.
- The shoreline project is at 90% completion, all bays that are in use have been converted to the 30 amp those remaining are unused or infrequently used bays at 10 and 30.

RADIO AND TOWERS:

- All MCHD owned stations are US Digital wired with mounting box ready for plug and play installation. The Woodlands is handling installations at 24 and 25 and we are pending Fire Chief approval at stations 21, 22 and 42. Justin Evans, Matt Walkup and Calvin Hon have been working to resolve US Digital /Tri-Tech CAD programing to enable the system to perform to MCHD specifications. We are very close at this point and are confident cut over can occur by end of 1/31/17.
- The ISSI interface has successfully been connected and communications between systems passed initial testing. On 12/16/16 all parties (Harris County, Motorola, MCSO, MCHD and Harris Radio System representatives) will be performing scenario based testing at MCHD to identify any areas of focus prior to implementation. When successful, we will be the second in the country to have this connectivity for improved communications and the first connecting P25 Phase 1 and Phase 2 devices.
- Bi-directional amplifiers (BDAs) for Kingwood and MHTW have arrived and both facilities have approved the equipment. MCHD delivered the cable to MHTW which will be installed by MHTW contractors who were onsite 12/14 and will update Justin when the cabling is complete. We are still pending an installation approval from Kingwood due to personnel changes within their facility.

MATERIALS MANAGEMENT:

• Eric Baldwin has accepted the role of Materials Management Manager. Eric is an Air Force veteran and has over 12+ years of experience in Supply Chain Management. His post military career includes:

| Re: | COO Report |
|-------|---------------------|
| Date: | November 15, 2016 |
| From: | Melissa Miller, COO |
| To: | Board of Directors |

- Managing the supply chain which supported both military and contractor movements thorough out Iraq
- o Upgrade and redesign of the current supply chain system at all VA hospitals
- The RFP for ventilators has been posted and a recommendation will be brought to the January board meeting.

COMMUNITY PARAMEDICINE:

- Daily patient census: 83
- Clinical encounters: 214
- Resource contacts (Non-Medical Contacts i.e. rides, shelter, food, etc.) : 255
- Professional Service Agreement in place with St. Luke's The Woodlands for Patient Readmission Project, expect to begin early January.
- Remain in discussions with several Managed Care Organizations to assist in managing their high utilizers.
- New Delivery Year metrics have been defined and tracking system implemented to monitor these milestones.
- Currently in the process of conducting a formal project evaluation for the program on the past three years of performance.
- HHSC remains in negotiations with The Centers for Medicare & Medicaid for waiver renewal beyond December 2017. Currently there are no new developments.

| Re: | HCAP Report |
|-------|--------------------|
| Date: | December 20, 2016 |
| From: | Ade Moronkeji |
| To: | Board of Directors |

HCAP Applications

We have received and processed a total of 514 applications fiscal year to date. For this reporting month, we have a 42% denial rate. Denials are based a number of factors:

- Eligible for another payer source (Medicare, Medicaid, Market Place, etc.)
- Above 133% of FPIL
- Failure to complete application/provide information

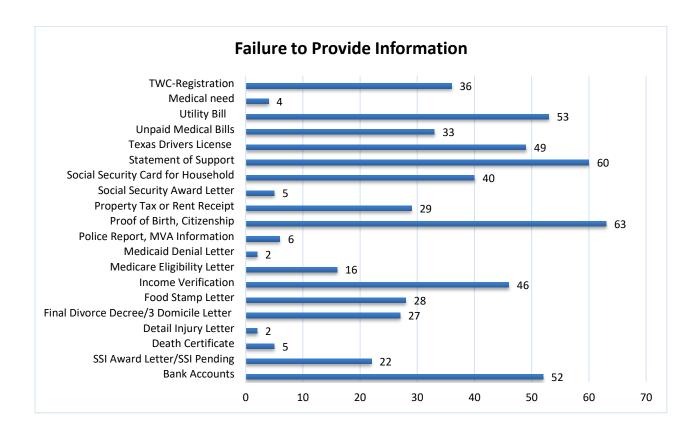
| Month | Apps. Received | Apps. Approved | Pending Apps | Denials | |
|----------|----------------|----------------|--------------|---------|-----|
| Nov - 16 | 253 | 42 | 104 | 107 | 42% |
| Oct - 16 | 261 | 53 | 119 | 89 | 34% |
| Sep - 16 | 288 | 46 | 129 | 113 | 40% |
| Aug - 16 | 311 | 62 | 122 | 127 | 41% |
| Jul - 16 | 253 | 45 | 124 | 84 | 34% |
| Jun - 16 | 278 | 53 | 112 | 113 | 41% |
| May - 16 | 218 | 35 | 92 | 91 | 42% |
| Apr - 16 | 286 | 41 | 169 | 76 | 27% |
| Mar-16 | 288 | 58 | 138 | 92 | 32% |
| Feb-16 | 280 | 45 | 158 | 77 | 28% |

For the month of November, we recorded a total of 118 cases that were denied due to failure to provide additional information. The table below represents the breakdown of the documents that clients were unable to provide for eligibility determination.

| ectors |
|--------|
| |

Date: December 20, 2016

Re: HCAP Report



| To: | Board of Directors |
|-----|--------------------|
| 10. | bound of Directors |

- From: Ade Moronkeji
- Date: December 20, 2016
- Re: HCAP Report

Analysis of applications received from local hospitals

| | CRMC | Tomball | Kingwood | Memorial Hermann | St. Luke's |
|----------|------|---------|----------|---------------------|------------|
| Nov - 16 | 13 | 4 | 4 | 5 | 1 |
| Oct - 16 | 17 | 8 | 10 | 5 | 3 |
| Sep - 16 | 16 | 13 | 1 | 3 | 7 |
| Aug - 16 | 25 | 7 | 7 | 2 | 8 |
| Jul - 16 | 16 | 15 | 2 | 9 | 2 |
| Jun - 16 | 27 | 11 | 5 | 7 | 0 |
| May - 16 | 15 | 3 | 2 | 4 | 1 |
| Apr - 16 | 24 | 9 | 6 | 13 | 9 |
| Mar - 16 | 17 | 8 | 0 | 3 | 24 |
| Feb - 16 | 24 | 9 | 4 | 14 | 13 |
| Jan -16 | 14 | 7 | 3 | 23 | 11 |

Status of hospital applications

| | Approv | als | Denials | | Pending Cases | | Scheduled Appointments | |
|----------|--------|-------|---------|-------|---------------|-------|------------------------|------|
| Nov - 16 | 1 | 3.7% | 12 | 44.4% | 12 | 44.4% | 2 | 7.4% |
| Oct -16 | 0 | 0% | 25 | 58% | 17 | 40% | 1 | 2.3% |
| Sep - 16 | 0 | 0% | 18 | 45% | 22 | 55% | 0 | 0% |
| Aug – 16 | 2 | 4.1% | 26 | 53.1% | 21 | 42.9% | 0 | 0% |
| Jul - 16 | 0 | 0% | 22 | 50% | 22 | 50% | 0 | 0% |
| Jun - 16 | 2 | 4% | 22 | 44% | 19 | 38% | 7 | 14% |
| May - 16 | 1 | 4% | 0 | 0% | 23 | 92% | 1 | 4% |
| Apr- 16 | 1 | 1.6% | 19 | 31.1% | 40 | 65.6% | 1 | 1.6% |
| Mar- 16 | 2 | 3.8% | 25 | 48.1% | 22 | 42.3% | 3 | 5.8% |
| Feb- 16 | 4 | 6.3% | 20 | 31.3% | 37 | 57.8% | 3 | 4.7% |
| Jan - 16 | 8 | 13.8% | 36 | 62.1% | 12 | 20.7% | 2 | 3.4% |

| Re: | HCAP Report |
|-------|--------------------|
| Date: | December 20, 2016 |
| From: | Ade Moronkeji |
| То: | Board of Directors |

Census: As of July 1, 2011, new applicants are required to be \leq 133% of FPIL to qualify for HCAP, the 2 clients above 133% were grandfathered into the program.

| НСАР С | HCAP Clients as of November 30, 2016 : 489 versus November 30, 2015 : 530 | | | | | | | | | | | | | | |
|------------|---|-----|--------|-----|------|------|------|------|-----|------|-----|--------|--|--|--|
| FPIL Range | 0-21% | | 21-50% | | 50-1 | L00% | 100- | 150% | Inm | ates | 133 | 8-150% | | | |
| | | | | | | | | | | | | | | | |
| FY 2016 | 304 62% | | 47 10% | | 98 | 20% | 17 | 3% | 23 | 5% | 2 | <1 | | | |
| | | | | | | | | | | | | | | | |
| FY 2015 | 325 | 61% | 56 | 11% | 127 | 24% | 16 | 3% | 6 | 1% | 2 | <1 | | | |

Clients who have reached the Maximum Annual Benefits of \$60,000 or 30 inpatient days

- a. FY 16/17 = 0
- b. FY 15/16 = 10
- c. FY 14/15 = 10

Medicaider Program: This program allows clients to be screened for 24 programs that can potentially assist them in healthcare coverage provided by multiple organizations in the county and state. MCHD provides Lone Star Family Health Center and Interfaith Community Clinic with 2 Medicaider licenses each.

For the month of November, of the 20 new cases screened and referred to HCAP:

- 12 did not respond/apply
- 7 were denied
- 1 was approved

| From: | Ade Moronkeji |
|-------|---------------|
|-------|---------------|

Date: December 20, 2016

Re: HCAP Report

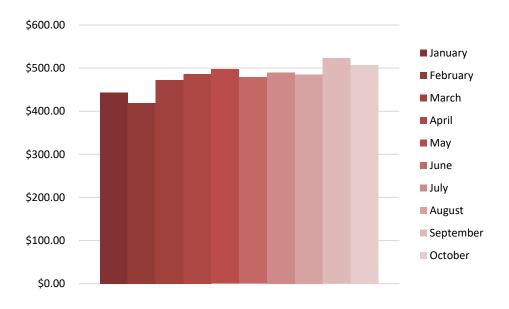
Prescription Benefits Services:

| Month | Applying Clients | Total Applications | Monthly Savings (AWP-16% + Dispensing Fee) |
|--------|------------------|--------------------|--|
| Nov-16 | 37 | 51 | \$27,166.37 |
| Oct-16 | 26 | 34 | \$16,889.50 |
| Sep-16 | 30 | 43 | \$13,092.12 |
| Aug-16 | 31 | 43 | \$17,797.25 |
| Jul-16 | 30 | 45 | \$19,889.11 |
| Jun-16 | 30 | 35 | \$10,872.07 |
| May-16 | 42 | 60 | \$58,407.11 |
| Apr-16 | 39 | 50 | \$129,108.73 |
| Mar-16 | 39 | 50 | \$59,698.80 |
| Feb-16 | 45 | 55 | \$33,676.62 |
| Jan-16 | 39 | 47 | \$13,538.43 |
| Dec-15 | 33 | 50 | \$19,090.02 |
| Nov-15 | 40 | 52 | \$32,485.06 |

*Patient assistance programs are run by pharmaceutical companies to provide free medications to people who cannot afford to buy their medicine.

| Re: | HCAP Report |
|-------|--------------------|
| Date: | December 20, 2016 |
| From: | Ade Moronkeji |
| To: | Board of Directors |

Coast2Coast Prescription Card Year-to-Date Royalty



*We have not received the revenue for November

| To: | Board of Directors |
|-----|--------------------|
|-----|--------------------|

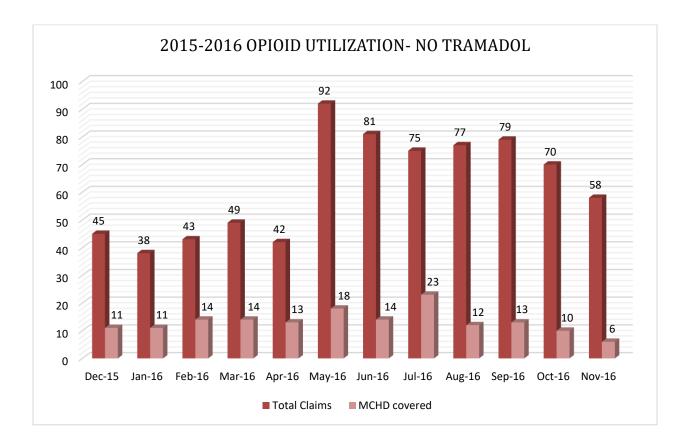
From: Ade Moronkeji

Date: December 20, 2016

Re: HCAP Report

Opioid

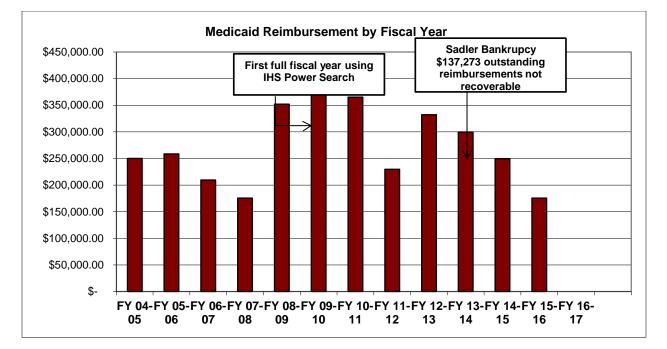
The amount of total claims without Tramadol for November is relatively less than the previous month. A total of 13 Tylenol #3 & #4 claims were filled. This accounted for 22% of the total claims without Tramadol and 50% of MCHD covered claims not including tramadol. The majority of covered claims are from reoccurring approved pain management providers and pain medication from surgeries.

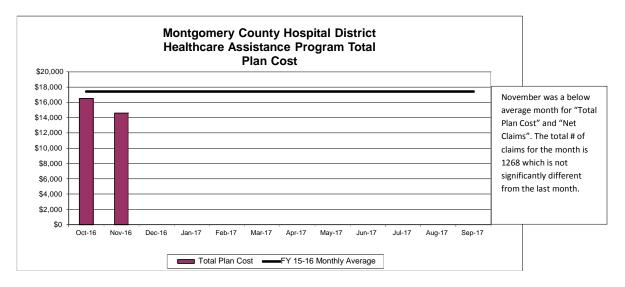


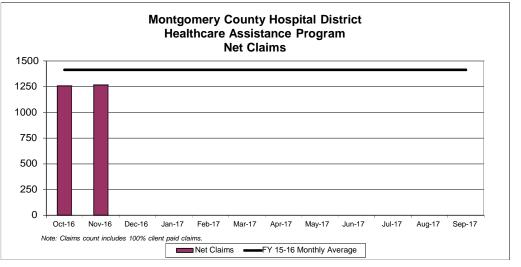
| Re: | HCAP Report |
|-------|--------------------|
| Date: | December 20, 2016 |
| From: | Ade Moronkeji |
| То: | Board of Directors |

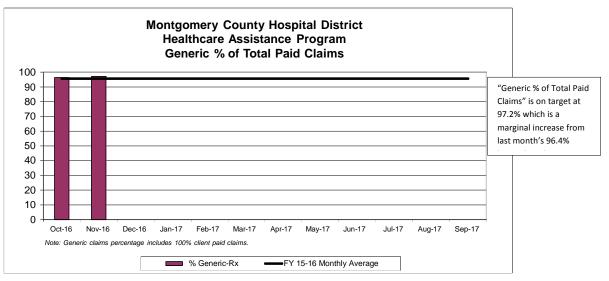
Medicaid Reimbursement

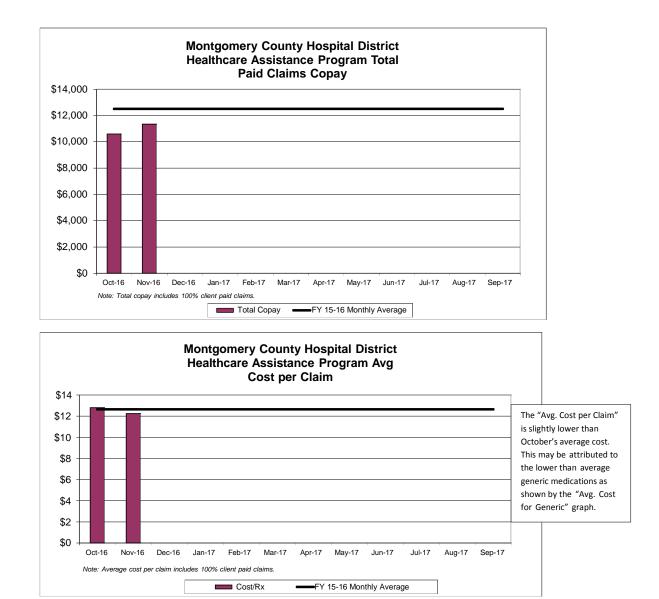
For FY 16-17 we have collected \$0 in Medicaid reimbursement. In November 3 clients were found to eligible for Medicaid and \$321.60 has been requested in reimbursement from the providers

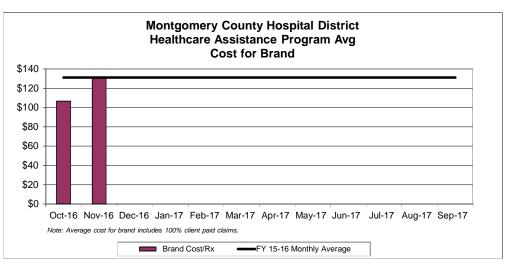


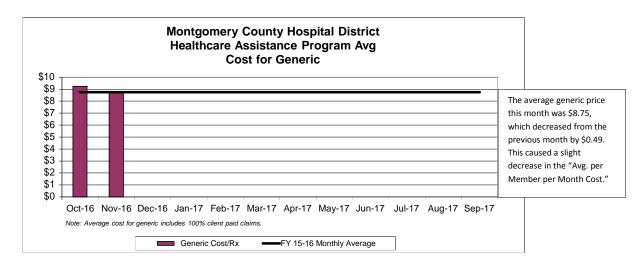


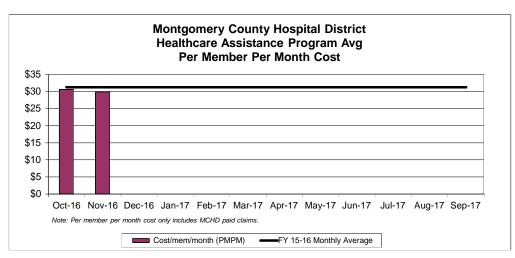














Top 25 Pharmacy Dispensing - by Dollar Amount From 11/01/2016 to 11/30/2016

| | | | Br | rand RXs. | Gene | ric RXs. | Brd E | quiv. RXs. | Total | Rx | Percent o | f Totals | Avg Day | Avg Cost | l. | DAW |
|------|-----------------------|---------|-----|------------|------|----------|-------|------------|------------|-------|-----------|----------|---------|----------|--------|------|
| Rank | Pharmacy Name | NABP | Cnt | Amount | Cnt | Amount | Cnt | Amount | | Count | ByRX | | Supply | Per RX | C-II (| Ovrd |
| 1 | WAL-MART PHARMACY 10- | 4592300 | 6 | \$1,304.46 | 137 | 1,227.35 | 0 | 0.00 | \$2,531.81 | 143 | 11.28 | 16.32 | 26.4 | \$17.70 | 0 | |
| 2 | WAL-MART PHARMACY 10- | 4567472 | 5 | \$444.73 | 139 | 1,149.83 | 0 | 0.00 | \$1,594.56 | 144 | 11.36 | 10.28 | 27.4 | \$11.07 | 5 | |
| 3 | KROGER PHARMACY | 4569527 | 1 | \$360.49 | 77 | 640.19 | 0 | 0.00 | \$1,000.68 | 78 | 6.15 | 6.45 | 25.5 | \$12.83 | 3 | |
| 4 | WALMART PHARMACY 10- | 4528052 | 3 | \$813.11 | 32 | 175.72 | 0 | 0.00 | \$988.83 | 35 | 2.76 | 6.37 | 26.1 | \$28.25 | 0 | |
| 5 | WAL-MART PHARMACY 10- | 4565113 | 3 | \$250.93 | 45 | 546.72 | 1 | 82.01 | \$879.66 | 49 | 3.86 | 5.67 | 27.5 | \$17.95 | 1 | |
| 6 | CVS PHARMACY | 4536528 | 2 | \$79.02 | 35 | 774.00 | 0 | 0.00 | \$853.02 | 37 | 2.92 | 5.50 | 22.9 | \$23.05 | 3 | |
| 7 | WALMART PHARMACY 10- | 4517148 | 3 | \$156.98 | 53 | 612.20 | 0 | 0.00 | \$769.18 | 56 | 4.42 | 4.96 | 24.9 | \$13.74 | 0 | |
| 8 | KROGER PHARMACY | 4523064 | 1 | \$159.75 | 78 | 481.86 | 0 | 0.00 | \$641.61 | 79 | 6.23 | 4.14 | 26.3 | \$8.12 | 11 | |
| 9 | LONE STAR COMMUNITY | 4534219 | 2 | \$200.00 | 85 | 374.45 | 0 | 0.00 | \$574.45 | 87 | 6.86 | 3.70 | 26.7 | \$6.60 | 0 | |
| 10 | KROGER PHARMACY | 4523088 | 1 | \$272.79 | 15 | 280.67 | 0 | 0.00 | \$553.46 | 16 | 1.26 | 3.57 | 30.0 | \$34.59 | 0 | |
| 11 | LIFECHEK DRUG | 5907831 | 1 | \$360.49 | 35 | 151.41 | 0 | 0.00 | \$511.90 | 36 | 2.84 | 3.30 | 28.5 | \$14.22 | 8 | |
| 12 | WALMART PHARMACY 10- | 4540870 | 0 | \$0.00 | 41 | 511.86 | 0 | 0.00 | \$511.86 | 41 | 3.23 | 3.30 | 27.7 | \$12.48 | 2 | |
| 13 | KROGER PHARMACY | 4511704 | 1 | \$257.55 | 40 | 236.28 | 0 | 0.00 | \$493.83 | 41 | 3.23 | 3.18 | 25.8 | \$12.04 | 4 | |
| 14 | KROGER PHARMACY | 4522997 | 0 | \$0.00 | 53 | 474.38 | 0 | 0.00 | \$474.38 | 53 | 4.18 | 3.06 | 24.7 | \$8.95 | 8 | : |
| 15 | HEB PHARMACY | 4534790 | 0 | \$0.00 | 24 | 465.73 | 0 | 0.00 | \$465.73 | 24 | 1.89 | 3.00 | 29.9 | \$19.41 | 11 | |
| 16 | BROOKSHIRE BROTHERS | 4594974 | 0 | \$0.00 | 22 | 221.14 | 0 | 0.00 | \$221.14 | 22 | 1.74 | 1.43 | 29.0 | \$10.05 | 0 | |
| 17 | WAL-MART PHARMACY 10- | 4567042 | 1 | \$0.00 | 17 | 208.39 | 0 | 0.00 | \$208.39 | 18 | 1.42 | 1.34 | 25.8 | \$11.58 | 0 | |
| 18 | KROGER PHARMACY | 4593112 | 0 | \$0.00 | 10 | 208.13 | 0 | 0.00 | \$208.13 | 10 | 0.79 | 1.34 | 22.2 | \$20.81 | 1 | |
| 19 | BROOKSHIRE BROTHERS | 4599126 | 0 | \$0.00 | 22 | 195.28 | 0 | 0.00 | \$195.28 | 22 | 1.74 | 1.26 | 21.0 | \$8.88 | 1 | , |

Total Dollars: % Total By RX: %Total by Ant: Avg. Qty:

s: Total calculated price for all RXs for Pharmacy (including copay) Percentage of RXs by Pharmacy vs. total RXs Percentage of dollars by Pharmacy vs. total dollars (including copay) y: Average quantity dispensed in each RX by Pharmacy
 Avg Day Supply:
 Average Number of days supply dispensed by Pharmacy for each RX

 Avg. Cost Per R:
 Average total price for each RX by Pharmacy (including member copay)

 Clit
 Total # of C-II Controller RXs dispensed from Pharmacy

 DAW Ovrd:
 Total # of DAW 1 (Physician) and DAW 2 (Member) Overrides

Note

This report is based on Rc Dispensing Date. Totals could change if claims or reversals are subsequently submitted and the dispensing dates are within this range. Invoices are based on period close dates and may not balance to these arrounts



Top 25 Pharmacy Dispensing - by Dollar Amount From 11/01/2016 to 11/30/2016

Report : RPT-157 Printed : 12/06/2016 Page: 2

| Rank | Pharmacy Name | NABP | Bi Cnt | and RXs. Amount | Gene Cnt | ric RXs. Amount | Brd E Cnt | quiv. RXs. Amount | Total Billed (| Rx Count | Percent o By RX | | Avg Day Supply | Avg Cost Per RX | | DAW Ovrd |
|------|-------------------------------------|---------|-----------|--------------------|-------------|--------------------|--------------|----------------------|-------------------|---------------|--------------------|------|-------------------|--------------------|---|-------------|
| 20 | TEXAS PROFESSIONAL | 4550617 | 0 | \$0.00 | 11 | 192.52 | 0 | 0.00 | \$192.52 | 11 | 0.87 | 1.24 | 30.0 | \$17.50 | 0 | 0 |
| 21 | CVS PHARMACY | 4564440 | 0 | \$0.00 | 29 | 191.69 | 0 | 0.00 | \$191.69 | 29 | 2.29 | 1.24 | 28.6 | \$6.61 | 0 | 0 |
| 22 | PINECROFT PHARMACY | 5900611 | 2 | \$0.00 | 10 | 129.94 | 0 | 0.00 | \$129.94 | 12 | 0.95 | 0.84 | 26.1 | \$10.83 | 3 | 0 |
| 23 | RANDALLS PHARMACY #3054 | 4587690 | 0 | \$0.00 | 8 | 124.15 | 0 | 0.00 | \$124.15 | 8 | 0.63 | 0.80 | 30.0 | \$15.52 | 0 | 0 |
| 24 | SAMS PHARMACY | 4517960 | 0 | \$0.00 | 6 | 123.54 | 0 | 0.00 | \$123.54 | 6 | 0.47 | 0.80 | 30.0 | \$20.59 | 1 | 0 |
| 25 | WAL-MART PHARMACY 10- | 4591877 | 0 | \$0.00 | 12 | 103.94 | 0 | 0.00 | \$103.94 | 12 | 0.95 | 0.67 | 25.4 | \$8.66 | 3 | 0 |
| | SUBTOTAL FOR TOP25 : | | | | | | | | \$14,543.68 | 1069 | | | 668.21 | \$372.05 | | |
| | SUBTOTAL FOR ALL OTHER Pharmacies : | | | | | | | | | 199 1268 | | | 638.22 | \$132.31 | | |
| | TOTAL FOR PLAN : | | | | | | | | | | | | 1,306.43 | \$504.36 | | |
| | TOTAL FOR GROUP : | | | | | | | | | | | | 1,306.43 | \$504.36 | | |



Top 25 Physician Dispensing - by Dollar Amount From 11/01/2016 to 11/30/2016

| | | Bi | rand RXs. | Gene | ric RXs. | Brd Ec | uiv. RXs. | Total | Rx | Percent o | f Totals | Avg Day | Avg Cost | l I | DAW |
|------|---------------------|-----|-----------|------|----------|--------|-----------|----------|-------|-----------|----------|---------|----------|--------|------|
| Rank | Physician Name | Cnt | Amount | Cnt | Amount | Cnt | Amount | Billed | Count | ByRX | | Supply | Per RX | C-11 (| Dvrd |
| 1 | MACDOUGALL, DANIEL | 4 | \$647.24 | 20 | 268.64 | 0 | 0.00 | \$915.88 | 24 | 1.89 | 5.90 | 29.4 | \$38.16 | 0 | (|
| 2 | RENTERIA, MIRIAM | 2 | \$813.11 | 5 | 11.18 | 0 | 0.00 | \$824.29 | 7 | 0.55 | 5.31 | 25.6 | \$117.76 | 0 | |
| 3 | PATRINELY, PATRICIA | 2 | \$27.55 | 98 | 757.26 | 0 | 0.00 | \$784.81 | 100 | 7.89 | 5.06 | 26.6 | \$7.85 | 6 | (|
| 4 | HAMBRICK, MICHAEL | 2 | \$618.04 | 8 | 74.55 | 0 | 0.00 | \$692.59 | 10 | 0.79 | 4.46 | 29.9 | \$69.26 | 1 | (|
| 5 | BLAYLOCK, HEATHER | 1 | \$0.00 | 105 | 550.32 | 0 | 0.00 | \$550.32 | 106 | 8.36 | 3.55 | 27.0 | \$5.19 | 0 | (|
| 6 | NGUYEN, CHANH | 0 | \$0.00 | 48 | 433.53 | 0 | 0.00 | \$433.53 | 48 | 3.79 | 2.79 | 27.7 | \$9.03 | 2 | (|
| 7 | GOLD, ANDREW | 1 | \$396.73 | 1 | 0.00 | 0 | 0.00 | \$396.73 | 2 | 0.16 | 2.56 | 30.5 | \$198.37 | 0 | (|
| 8 | LEE-MCGEE, TRACY | 0 | \$0.00 | 21 | 365.86 | 0 | 0.00 | \$365.86 | 21 | 1.66 | 2.36 | 27.0 | \$17.42 | 0 | (|
| 9 | PETERSON, KYLE | 1 | \$360.49 | 0 | 0.00 | 0 | 0.00 | \$360.49 | 1 | 0.08 | 2.32 | 30.0 | \$360.49 | 0 | (|
| 10 | DESAI, ASHESH | 1 | \$0.00 | 3 | 350.86 | 0 | 0.00 | \$350.86 | 4 | 0.32 | 2.26 | 30.0 | \$87.72 | 0 | |
| 11 | BONDS, LAURA | 0 | \$0.00 | 4 | 336.67 | 0 | 0.00 | \$336.67 | 4 | 0.32 | 2.17 | 27.5 | \$84.17 | 0 | (|
| 12 | CAO, PHU | 1 | \$272.79 | 6 | 22.88 | 0 | 0.00 | \$295.67 | 7 | 0.55 | 1.91 | 30.0 | \$42.24 | 0 | |
| 13 | AIENA, LANE | 1 | \$272.46 | 8 | 21.59 | 0 | 0.00 | \$294.05 | 9 | 0.71 | 1.90 | 30.0 | \$32.67 | 0 | (|
| 14 | WILLIS, JONATHAN | 1 | \$250.93 | 2 | 42.70 | 0 | 0.00 | \$293.63 | 3 | 0.24 | 1.89 | 30.0 | \$97.88 | 0 | (|
| 15 | ADELEYE, VICTORIA | 0 | \$0.00 | 42 | 279.71 | 0 | 0.00 | \$279.71 | 42 | 3.31 | 1.80 | 28.4 | \$6.66 | 0 | (|
| 16 | STANTON, RANAE | 1 | \$144.72 | 7 | 124.67 | 0 | 0.00 | \$269.39 | 8 | 0.63 | 1.74 | 26.5 | \$33.67 | 0 | (|
| 17 | AGUILAR, KELLY | 1 | \$260.49 | 0 | 0.00 | 0 | 0.00 | \$260.49 | 1 | 0.08 | 1.68 | 1.0 | \$260.49 | 0 | (|
| 18 | HO, CHRISTINA | 0 | \$0.00 | 21 | 259.99 | 0 | 0.00 | \$259.99 | 21 | 1.66 | 1.68 | 29.3 | \$12.38 | 0 | (|
| 19 | PERRI, ANTHONY | 0 | \$0.00 | 6 | 259.62 | 0 | 0.00 | \$259.62 | 6 | 0.47 | 1.67 | 26.7 | \$43.27 | 0 | (|

Total Dollars: % Total By RX: %Total by Ant: Avg. Qty:

lotal calculated price for all KXs for Physician (including copay) Percentage of RXs by Physician vs. total RXs Percentage of dollars by Physician vs. total dollars (including copay) Average quantity dispensed in each RX by Physician Avg Day Supply: Average Number of days supply dispensed by Physician for each RX Avg. Cost Per Rc: Average total price for each RX by Physician (including member copay) CII: Total # of CII Controlled RXs written by Physician DAW Ovrd: Total # of DAW 1 (Physician) and DAW 2 (Member) Overrides

Note

This report is based on Rc Dispensing Date. Totals could change if claims or reversals are subsequently submitted and the dispensing dates are within this range. Invoices are based on period close dates and may not balance to these arounts



Top 25 Physician Dispensing - by Dollar Amount From 11/01/2016 to 11/30/2016

Report : RPT-156 Printed : 12/06/2016 Page: 2

| Rank | Physician Name | B Cnt | rand RXs. Amount | Gene Cnt | ric RXs. Amount | Brd E Cnt | quiv. RXs. Amount | Total Billed (| Rx Count | Percent o By RX | | Avg Day Supply | Avg Cost Per RX | C-II | DAW Ovrd |
|------|---------------------|----------|---------------------|-------------|--------------------|--------------|----------------------|-------------------|-------------|--------------------|------|-------------------|--------------------|------|-------------|
| 20 | WILLIS, BRANCH | 2 | \$200.00 | 8 | 40.53 | 0 | 0.00 | \$240.53 | 10 | 0.79 | 1.55 | 25.4 | \$24.05 | 0 | 0 |
| 21 | SINGH, BALBIR | 0 | \$0.00 | 3 | 232.10 | 0 | 0.00 | \$232.10 | 3 | 0.24 | 1.50 | 30.0 | \$77.37 | 0 | 0 |
| 22 | DEWITZ, SCOTT | 0 | \$0.00 | 25 | 230.50 | 0 | 0.00 | \$230.50 | 25 | 1.97 | 1.49 | 30.0 | \$9.22 | 5 | 0 |
| 23 | AWASUM, SERGE-ALAIN | 0 | \$0.00 | 2 | 215.09 | 0 | 0.00 | \$215.09 | 2 | 0.16 | 1.39 | 22.0 | \$107.55 | 0 | 0 |
| 24 | SPRINTZ, MICHAEL | 1 | \$0.00 | 12 | 210.50 | 0 | 0.00 | \$210.50 | 13 | 1.03 | 1.36 | 26.3 | \$16.19 | 1 | 0 |
| 25 | FERNANDES, LAURA | 1 | \$159.75 | 9 | 31.31 | 0 | 0.00 | \$191.06 | 10 | 0.79 | 1.23 | 27.5 | \$19.11 | 0 | 0 |
| | | | SUBTOTA | LFOR | TOP25 : | | | \$9,544.36 | 487 | | | 674.16 | \$1,778.1 | 5 | |
| | SU | втота | L FOR ALL OT | | | | \$5,972.05 | | | | | 4,569.33 | \$1,939.2 | 5 | |
| | | | тс | TAL FC | OR PLAN : | | | \$15,516.41 | 1268 | | | 5,243.50 | \$3,717.4 | 0 | |
| | | | тс | OTAL FO | OR GROUP : | | | \$15,516.41 | 1268 | | | 5,243.50 | \$3,717.4 | 0 | |



Pharmacy Solutions

| Top 25 | Therapy Classes by- Dollar Amount | |
|--------|-----------------------------------|--|
| F | om 11/01/2016 to 11/30/2016 | |

RPT-147 12/06/2016 Report: Printed: Page: 1

| 20501 | | Montgomery Co IHCP-Retail | | | | | | | | |
|-------|------|--|------------|----------|----------|-------------|--------|--------------|---------------------|-------------------|
| TAIL | | Montgomery Co IHCP-Retail | | | | | | | | |
| Rank | Code | Drug Class | Retail Rxs | Mail Rxs | Avg Days | Avg Rx Cost | Rx Cnt | Total Billed | Percent of By Rx | f Totals By An |
| 1 | 7260 | *Anticonvulsants - Misc.** | 53 | 0 | 29.53 | \$50.32 | 53 | \$2,666.97 | 7 4.18 | 9. |
| 2 | 2710 | *Insulin** | 10 | 0 | 28.70 | \$258.02 | 10 | \$2,580.22 | | 9. |
| 3 | 4420 | *Sympathomimetics** | 12 | 0 | 25.67 | \$120.84 | 12 | \$1,450.02 | | 5 |
| 4 | 4927 | *Proton Pump Inhibitors** | 52 | 0 | 30.00 | \$24.13 | 52 | \$1,254.70 |) 4.1 | 4. |
| 5 | 6599 | *Opioid Combinations** | 52 | 0 | 20.44 | \$19.13 | 52 | \$994.68 | 3 4.1 | 3. |
| 6 | 3940 | *HMG CoA Reductase Inhibitors** | 76 | 0 | 29.80 | \$12.40 | 76 | \$942.48 | 3 5.99 | 3. |
| 7 | 7510 | *Central Muscle Relaxants** | 46 | 0 | 26.83 | \$19.96 | 46 | \$917.95 | 5 3.63 | 3. |
| 8 | 4410 | *Bronchodilators - Anticholinergics** | 4 | 0 | 23.75 | \$185.35 | 4 | \$741.38 | 3.32 | 2. |
| 9 | 8515 | *Platelet Aggregation Inhibitors** | 26 | 0 | 29.42 | \$28.20 | 26 | \$733.12 | 2 2.05 | 2. |
| 10 | 3920 | *Fibric Acid Derivatives** | 22 | 0 | 29.32 | \$31.06 | 22 | \$683.36 | 5 1.74 | 2. |
| 11 | 6510 | *Opioid Agonists** | 31 | 0 | 20.48 | \$19.31 | 31 | \$598.51 | 1 2.44 | 2.3 |
| 12 | 8337 | *Direct Factor Xa Inhibitors** | 2 | 0 | 30.00 | \$296.13 | 2 | \$592.26 | 5.16 | 2.2 |
| 13 | 3400 | *Calcium Channel Blockers** | 46 | 0 | 29.67 | \$12.28 | 46 | \$564.75 | 5 3.63 | 2 |
| 14 | 2810 | *Thyroid Hormones** | 48 | 0 | 29.79 | \$11.16 | 48 | \$535.83 | 3 3.79 | |
| 15 | 8910 | *Rectal Steroids** | 3 | 0 | 19.33 | \$174.53 | 3 | \$523.59 | 9 .24 | 1.9 |
| 16 | 3320 | *Beta Blockers Cardio-Selective** | 49 | 0 | 29.37 | \$9.78 | 49 | \$479.18 | 3 3.86 | 1.7 |
| 17 | 1240 | *Herpes Agents** | 2 | 0 | 18.50 | \$190.15 | 2 | \$380.30 | .16 | 1.4 |
| 18 | 0400 | *Tetracyclines** | 7 | 0 | 24.43 | \$52.40 | 7 | \$366.83 | 3.55 | 1.3 |
| 19 | 5816 | *Selective Serotonin Reuptake Inhibitors (SSRIs)** | 40 | 0 | 30.00 | \$8.78 | 40 | \$351.18 | 3 3.15 | 1. |
| 20 | 3699 | *Antihypertensive Combinations** | 24 | 0 | 30.00 | \$14.41 | 24 | \$345.79 | 9 1.89 | 1. |
| 21 | 3610 | *ACE Inhibitors** | 70 | 0 | 29.57 | \$4.93 | 70 | \$345.22 | 2 5.52 | 1.: |
| 22 | 4440 | *Steroid Inhalants** | 1 | 0 | 30.00 | \$335.07 | 1 | \$335.07 | 7.08 | 1.3 |
| 23 | 2725 | *Biguanides** | 48 | 0 | 29.69 | \$6.43 | 48 | \$308.86 | 3.79 | 1. |
| 24 | 4930 | *Misc. Anti-Ulcer** | 6 | 0 | 26.67 | \$51.05 | 6 | \$306.27 | 7.47 | 1. |
| 25 | 6610 | *Nonsteroidal Anti-inflammatory Agents (NSAIDs)** | 35 | 0 | 24.54 | \$8.51 | 35 | \$297.96 | 6 2.76 | 1. |
| | | SUBTOTAL FOR TOP 25 : | 765 | 0 | 675.50 | \$1,944.32 | 765 | \$19,296.48 | | |
| | | SUBTOTAL FOR ALL OTHER CLASSES : | 503 | 0 | 2,348.26 | \$2,537.28 | 503 | \$7,545.02 | | |
| | | TOTAL FOR PLAN: | 1268 | 0 | 3,023.77 | \$4,481.60 | 1268 | \$26,841.50 | | |
| | | TOTAL FOR GROUP : | 1268 | 0 | 3,023.77 | \$4,481.60 | 1268 | \$26,841.50 | | |

Theraputic Classification for the drug class Average amount per script for the drug cost and dispense fee only Total amount of the drug cost and dispense fee Code: Avg Rx Cost : Total Billed:

This report is based on Rx Dispensing Date. Totals could change if claims or reversals are subsequently submitted and the dispensing dates are within this range. Invoices are based on period close dates and may not balance to these amounts



Savings Summary Report From 11/01/2016 to 11/30/2016

Report: RPT-068 Date: 12/06/2016

Pharmacy Solutions **Montgomery Co IHCP-Retail**

| ype: ALL | | | | | | | | | | | | | | |
|------------------|----------|----------------|--------------------------|--------------------|------------|-------------|----------|---------|---------------------------------|------------------|---------------------|-----------------------------|--------------------------|--------------|
| | # of RXs | %of All RXs | Calculated Total Cost | Average Cost/RX | Avg Qty | Avg Days | Savings | | d Amounts nt Saved per RX | Pct Saved | Savings Full AWP | vs Full AWP Amt Saved | Price Saved Per RX | Pct Saved |
| Totals: | 1228 | 100% | \$23,296 | \$18.97 | 55.5 | 26.5 | \$29,017 | \$5,721 | \$4.66 | 19.72% | \$111,200 | \$87,904 | \$71.58 | 79.05% |
| New RXs: | 651 | 53.01% | \$13,623 | \$20.93 | 65.5 | 24.3 | \$16,815 | \$3,191 | \$4.90 | 18.98% | \$60,183 | \$46,560 | \$71.52 | 77.36% |
| Refill RXs: | 577 | 46.99% | \$9,673 | \$16.76 | 44.2 | 29.0 | \$12,203 | \$2,530 | \$4.38 | 20.73% | \$51,017 | \$41,344 | \$71.65 | 81.04% |
| Generic RXs: | 1194 | 97.23% | \$16,760 | \$14.04 | 56.5 | 26.5 | \$21,341 | \$4,581 | \$3.84 | 21.47% | \$102,212 | \$85,452 | \$71.57 | 83.60% |
| Brand Equiv RXs: | 1 | 0.08% | \$92 | \$92.01 | 30.0 | 30.0 | \$110 | \$18 | \$17.53 | 16.00% | \$110 | \$18 | \$17.52 | 16.00% |
| Brand RXs: | 33 | 2.69% | \$6,444 | \$195.28 | 19.6 | 25.0 | \$7,567 | \$1,122 | \$34.01 | 14.62% | \$8,879 | \$2,434 | \$73.77 | 27.42% |
| Maintenance RXs: | 894 | 72.80% | \$17,745 | \$46.40 | 19.8 | 29.2 | \$21,829 | \$4,084 | \$4.57 | 18.71% | \$83,582 | \$65,837 | \$73.64 | 78.77% |
| Non-Maint RXs: | 334 | 27.20% | \$5,551 | \$16.62 | 79.9 | 19.1 | \$7,189 | \$1,637 | \$4.90 | 22.78% | \$27,618 | \$22,066 | \$66.07 | 79.90% |

Savings vs. Submitted Amounts Savings vs. Full AWP Price This section compares amounts requested by the pharmacy with amounts actually billed to the plan. This section compares the full AWP price of the drug against the amount billed to the plan

Type indicate the network type of the pharmacy. Values are Retail, Mail, or All. All dollar amounts are based of Drug cost only. Brand Equiv RXs refers to brands drugs filled when a generic equivilant was available

Note

This report is based of invoice close dates.

Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers processed by Boon-Chapman (Mrs. Wagner, Chair-Indigent Care Committee)

Montgomery County Hospital District Summary of Claims Processed Through (TPA) Boon-Chapman For the Period 11/10/2016 through 12/15/2016

| Disbursement Date | Board Reviewed | • | ts Made to All Other dors (Non-UPL) |
|----------------------------------|-------------------|----|--|
| November | | | |
| November 3, 2016 | Yes | \$ | 66,911.08 |
| November 10, 2016 | No | \$ | 39,324.69 |
| November 17, 2016 | No | \$ | 41,422.28 |
| November 24, 2016 - Thanksgiving | No | \$ | - |
| Total November Payments - MTD | | \$ | 147,658.05 |
| Monthly Budget - November 2016 | | \$ | 410,951.00 |
| December | | | |
| December 1, 2016 | No | \$ | 82,586.25 |
| December 8, 2016 | No | \$ | 44,466.70 |
| December 15, 2016 | No | \$ | 35,919.79 |
| December 22, 2016 | No | \$ | - |
| December 29, 2016 | | | |
| Total December Payments - MTD | | \$ | 162,972.74 |
| Monthly Budget - December 2016 | | \$ | 410,951.00 |

Note: Payments made may differ from the amounts shown in the financial statements due to accruals and/or other adjustments.

Consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims processed by Boon Chapman.

Montgomery County Hospital District Summary of Claims Processed Through (TPA) Boon-Chapman For the Period 11/01/2016 through 11/30/2016

| Disbursement Date | Prov | lue of Services rided by CRMC filiated Providers |
|--|------|--|
| November Voluntary Contribution for Medicaid 1115 Waiver Program | \$ | 255,855.00 |
| Budgeted Amount November 2016 | \$ | 255,855.00 |
| Over / (Under) Budget | \$ | - |

Montgomery County Hospital District

Financial Dashboard for November 2016

(dollars expressed in 000's)

| | Nov 2016 | Nov 2015 | Var | Var % | | Legend |
|----------------------|----------|----------|-------|-------|--------------|--|
| Cash and Investments | 31,277 | 26,034 | 5,243 | 20.1% | Green Red | Favorable Variance Unfavorable Variance |

| | | November | 2016 | | | Year to Da | ite | |
|---------------------------------|---------|----------|-------|--------|---------|------------|---------|-----------------|
| Income Statement | Act | Bud | Var | Var % | Act | Bud | Var | Var % |
| Revenue | | | | | | | | |
| Tax Revenue | 1,801 | 2,103 | (302) | -14.4% | 2,671 | 3,292 | (621) | -18.9% |
| EMS Net Revenue | 480 | 939 | (459) | -48.9% | 961 | 1,908 | (947) | - 49.6% |
| Other Revenue | 141 | 171 | (30) | -17.5% | 299 | 341 | (42) | - 12.3% |
| Total Revenue | 2,422 | 3,213 | (791) | -24.6% | 3,931 | 5,541 | (1,610) | - 29.1% |
| Expenses | | | | | | | | |
| Payroll | 2,142 | 2,150 | (8) | -0.4% | 4,274 | 4,463 | (189) | -4.2% |
| Operating | 753 | 939 | (186) | -19.8% | 1,639 | 2,277 | (638) | -28.0% |
| Indigent Healthcare | 386 | 667 | (281) | -42.1% | 926 | 1,334 | (408) | - 30.6 % |
| Total Operating Expenses | 3,281 | 3,756 | (475) | -12.6% | 6,839 | 8,074 | (1,235) | -15.3% |
| Capital | 145 | 160 | (15) | -9.4% | 268 | 397 | (129) | -32.5% |
| Total Expenditures | 3,426 | 3,916 | (490) | -12.5% | 7,107 | 8,471 | (1,364) | -16.1% |
| Revenue Over / (Under) Expenses | (1,004) | (703) | (301) | -42.8% | (3,176) | (2,930) | (246) | -8.4% |

Tax Revenue: Tax Revenue has been received slower than budgeted thus far. We expect to see it catch up to budget over the next couple of months

EMS Net Revenue: EMS Net Revenue is also running below budget YTD. Year-to-date billable trips are running slightly higher than the same period last year (approximately 101 per day compared to 95); however, the provision for bad debt is running greater than expected. This is related to the "tail" of the previous higher fee schedule that was in place until the end of September.

Other Revenue: Year-to-date, other revenue is less than budget primarily due to the 1115 Waiver revenue. We are experiencing lower than expected billable encounters due to a larger "carry-over" of patients from the previous delivery year to the current year. These patients are not requiring as high a level of care as a newly enrolled patient. This process is cyclical and is expected to level out over the course of the year.

Payroll: Overall, Payroll is \$189k under budget year-to-date. At this time, several departments are under budget primarily due to having open positions. In addition, Health & Benefits is also running below budget.

Operating Expenses: Generally, Operating Expenses are under budget year-to-date across the board.

Indigent Care Expenses:

In general, Indigent Healthcare Expenses are running less than budget due to fewer clients utilizing the HCAP program than anticipated in the budget.

Capital Expenditures: Year-to-date, Capital Expenditures are \$129k less than budget. This variance mainly originates in Vehicles. The first remount for FY 2017 was scheduled in November, but is still at Frazer. A new van for Community Paramedicine was budgeted, but has not yet been received. The reconfiguration of Alarm was scheduled in October, but has been postponed until later in the fiscal year.

Montgomery County Hospital District Balance Sheet

As of November 30, 2016

| | | Fund 10 11/30/2016 | Fund 14 11/30/2016 | Total 11/30/2016 |
|----------------------|--|-----------------------|-----------------------|---------------------|
| ASSETS | | | | |
| Cash and Equivalents | | | | |
| 10-000-10100 | Petty Cash-AdmBS | \$1,950.00 | \$0.00 | \$1,950.00 |
| 10-000-11101 | Capital Replacement-WF-BS | \$91,910.65 | \$0.00 | \$91,910.65 |
| 10-000-11401 | Operating Account-WF-BS | \$1,755,533.38 | \$0.00 | \$1,755,533.38 |
| 10-000-11451 | HCAP Disbursement-WF-BS | \$107,654.61 | \$0.00 | \$107,654.61 |
| 10-000-11701 | Tax Revenue-WF-BS | \$306,961.51 | \$0.00 | \$306,961.51 |
| 10-000-13100 | Texpool-District-BS | \$7,851,832.32 | \$0.00 | \$7,851,832.32 |
| 10-000-13300 | Investments-WF Bank-BS | \$3,725,033.22 | \$0.00 | \$3,725,033.22 |
| 10-000-13400 | TexStar Investment Pool-BS | \$7,841,643.37 | \$0.00 | \$7,841,643.37 |
| 10-000-13500 | Investments-Raymond James, IncBS | \$6,505,070.98 | \$0.00 | \$6,505,070.98 |
| 10-000-13600 | Investments-WF-Spec. Liquidity Fund-BS | \$3,089,258.64 | \$0.00 | \$3,089,258.64 |
| | Total Cash and Equivalents | \$31,276,848.68 | \$0.00 | \$31,276,848.68 |
| Receivables | | | | |
| 10-000-14100 | A/R-EMS Billings-BS | \$8,644,763.95 | \$0.00 | \$8,644,763.95 |
| 10-000-14200 | Allowance for Bad Debts-BS | (\$4,340,558.63) | \$0.00 | (\$4,340,558.63) |
| 10-000-14300 | A/R-Other-BS | \$424,884.23 | \$0.00 | \$424,884.23 |
| 10-000-14305 | A/R Employee-BS | \$33,778.51 | \$0.00 | \$33,778.51 |
| 10-000-14525 | Receivable from Component Unit-BS | \$148,365.27 | \$0.00 | \$148,365.27 |
| 10-000-14700 | Taxes Receivable-BS | \$35,224,632.71 | \$0.00 | \$35,224,632.71 |
| 10-000-14750 | Allowance for bad debt-tax rev-BS | (\$356,277.00) | \$0.00 | (\$356,277.00) |
| | Total Receivables | \$39,779,589.04 | \$0.00 | \$39,779,589.04 |
| Other Assets | | | | |
| 10-000-14800 | Deposits-BS | \$108,996.00 | \$0.00 | \$108,996.00 |
| 10-000-14900 | Prepaid Expenses-BS | \$666,679.51 | \$0.00 | \$666,679.51 |
| 10-000-15000 | Inventory-BS | \$607,430.24 | \$0.00 | \$607,430.24 |
| 14-000-18100 | Deferred Compensation-BS | \$0.00 | \$145,420.39 | \$145,420.39 |
| | Total Other Assets | \$1,383,105.75 | \$145,420.39 | \$1,528,526.14 |
| | TOTAL ASSETS | \$72,439,543.47 | \$145,420.39 | \$72,584,963.86 |
| LIABILITIES | | | | |
| Current Liabilities | | | | |
| 10-000-20500 | Accounts Payable-BS | \$413,604.35 | \$0.00 | \$413,604.35 |
| 10-000-20600 | Accounts Payable-Other-BS | \$67,122.08 | \$0.00 | \$67,122.08 |
| 10-000-21000 | Accrued Expenditures-BS | \$1,566,900.67 | \$0.00 | \$1,566,900.67 |
| 10-000-21400 | Accrued Payroll-BS | \$932,034.51 | \$0.00 | \$932,034.51 |
| 10-000-21525 | P/R-United Way Deductions-BS | \$1,577.40 | \$0.00 | \$1,577.40 |
| 10-000-21585 | P/R-Flexible Spending-BS-BS | \$392.51 | \$0.00 | \$392.51 |
| 10-000-21590 | P/R-Premium Cancer/Accident-BS | \$8,551.15 | \$0.00 | \$8,551.15 |
| 10-000-21595 | P/R-Health Savings-BS-BS | (\$7,335.23) | \$0.00 | (\$7,335.23) |
| 10-000-21600 | Employee Deferred CompBS | (\$6,036.12) | \$0.00 | (\$6,036.12) |
| 10-000-21650 | TCDRS Defined Benefit Plan-BS | \$244,241.95 | \$0.00 | \$244,241.95 |
| 14-000-23100 | Due to Participants-BS | \$0.00 | \$145,420.39 | \$145,420.39 |
| | Total Current Liabilities | \$3,221,053.27 | \$145,420.39 | \$3,366,473.66 |

Montgomery County Hospital District Balance Sheet

As of November 30, 2016

| | | Fund 10 11/30/2016 | Fund 14 11/30/2016 | Total 11/30/2016 |
|----------------------|--|-----------------------|-----------------------|---------------------|
| | | | | |
| Deferred Liabilities | | | ** ** | *** |
| 10-000-23000 | Deferred Tax Revenue-BS | \$34,868,355.71 | \$0.00 | \$34,868,355.71 |
| 10-000-23200 | Deferred Revenue-BS | \$77,511.12 | \$0.00 | \$77,511.12 |
| | Total Deferred Liabilities | \$34,945,866.83 | \$0.00 | \$34,945,866.83 |
| | TOTAL LIABILITIES | \$38,166,920.10 | \$145,420.39 | \$38,312,340.49 |
| CAPITAL | | | | |
| 10-000-30225 | Assigned - Open Purchase Orders-BS | \$632,450.00 | \$0.00 | \$632,450.00 |
| 10-000-30400 | Nonspendable - Inventory-BS | \$607,430.24 | \$0.00 | \$607,430.24 |
| 10-000-30700 | Nonspendable - Prepaids-BS | \$666,679.51 | \$0.00 | \$666,679.51 |
| 10-000-30802 | Restricted - NACCHO Grant Funds Remaining-BS | \$1,204.81 | \$0.00 | \$1,204.81 |
| 10-000-32001 | Committed - Uncompensated Care-BS | \$7,580,000.00 | \$0.00 | \$7,580,000.00 |
| 10-000-32002 | Committed - Capital Replacement-BS | \$1,890,760.00 | \$0.00 | \$1,890,760.00 |
| 10-000-32003 | Committed - Capital Maintenance-BS | \$170,583.00 | \$0.00 | \$170,583.00 |
| 10-000-32004 | Committed - Catastrophic Events-BS | \$5,000,000.00 | \$0.00 | \$5,000,000.00 |
| 10-000-39000 | Unassigned Fund Balance-MCHD-BS | \$17,723,515.81 | \$0.00 | \$17,723,515.81 |
| | TOTAL CAPITAL | \$34,272,623.37 | \$0.00 | \$34,272,623.37 |
| | TOTAL LIABILITIES AND CAPITAL | \$72,439,543.47 | \$145,420.39 | \$72,584,963.86 |

Montgomery County Hospital District Preliminary Income Statement - Actual vs. Budget

For the Period Ended November 30, 2016

| | | Current Month Actual | Current Month Budget | Current Month Variance | YTD Actual | YTD Budget | YTD Variance | Total Annual Budget | % YTD Annual Budget | Annual Budget Remaining |
|------------------------|--|----------------------------|----------------------------|------------------------------|------------------|------------------|-----------------|---------------------------|---------------------------|-------------------------------|
| Revenue | | | | | | | | | | |
| Tax Revenue | | | | | | | | | | |
| 40000 | Tax Revenue | 1,772,895.72 | 2,039,603.00 | (266,707.28) | 2,601,396.72 | 3,172,542.00 | (571,145.28) | 35,973,441.00 | 7.23% | 33,372,044.28 |
| 40100 | Delinquent Tax Revenue | 19,902.88 | 50,350.00 | (30,447.12) | 53,656.17 | 93,707.00 | (40,050.83) | 404,245.00 | 13.27% | 350,588.83 |
| 40200 | Penalties and Interest | 7,772.01 | 13,368.00 | (5,595.99) | 16,065.79 | 25,886.00 | (9,820.21) | 323,218.00 | 4.97% | 307,152.21 |
| 40300 | Misc Tax Revenue VIT and BIT Funds | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00 |
| Total Tax Revenue | | 1,800,570.61 | 2,103,321.00 | (302,750.39) | 2,671,118.68 | 3,292,135.00 | (621,016.32) | 36,700,904.00 | 7.28% | 34,029,785.32 |
| EMS Net Revenue | | | | | | | | | | |
| 43100 | EMS - Advanced Life Support Revenue | 1,546,726.79 | 1,370,299.00 | 176,427.79 | 3,123,886.53 | 2,786,275.00 | 337,611.53 | 16,671,974.00 | 18.74% | 13,548,087.47 |
| 43200 | EMS - Basic Life Support Revenue | 356,684.82 | 368,258.00 | (11,573.18) | 727,752.13 | 748,791.00 | (21,038.87) | 4,480,470.00 | 16.24% | 3,752,717.87 |
| 43300 | Transfer Service Fees | 25,442.83 | 68,854.00 | (43,411.17) | 43,569.31 | 140,003.00 | (96,433.69) | 837,722.00 | 5.20% | 794,152.69 |
| 43400 | Non-Transport Fees | 35,947.10 | 23,806.00 | 12,141.10 | 69,972.89 | 48,405.00 | 21,567.89 | 289,636.00 | 24.16% | 219,663.11 |
| 43500 | Contractual Allowance | (490,795.80) | (549,365.00) | 58,569.20 | (1,007,024.09) | (1,117,042.00) | 110,017.91 | (6,683,940.00) | 15.07% | (5,676,915.91) |
| 43520 | Provision for Bad Debt | (1,014,189.28) | (366,243.00) | (647,946.28) | (2,038,088.25) | (744,694.00) | (1,293,394.25) | (4,455,956.00) | 45.74% | (2,417,867.75) |
| 43600 | Recovery of Bad Debt - EMS | 20,505.13 | 23,177.00 | (2,671.87) | 41,134.24 | 46,354.00 | (5,219.76) | 278,124.00 | 14.79% | 236,989.76 |
| Total EMS Net Revenue | | 480,321.59 | 938,786.00 | (458,464.41) | 961,202.76 | 1,908,092.00 | (946,889.24) | 11,418,030.00 | 8.42% | 10,456,827.24 |
| | | | | | | | | | | |
| Other Revenue | | 12 001 65 | 6 6 6 7 00 | 6 22 4 65 | 27 205 64 | 12 224 00 | 14.061.64 | 00.004.00 | 24.2464 | 52 (00.26 |
| 41100 | Investment Income - MCHD | 12,891.65 | 6,667.00 | 6,224.65 | 27,395.64 | 13,334.00 | 14,061.64 | 80,004.00 | 34.24% 12.03% | 52,608.36 |
| 41250 41300 | Interest Income - EMS Billings | 17.62 | 110.00 | (92.38) | 158.84 | 220.00 0.00 | (61.16) 0.00 | 1,320.00 400,000.00 | | 1,161.16 400,000.00 |
| | Tobacco Settlement Proceeds | 0.00 0.00 | 0.00 0.00 | 0.00 | 0.00 | | 0.00 | | 0.00% | |
| 41400 41500 | Weyland Bldg. Land Lease Miscellaneous Income | 3,960.95 | 2,000.00 | 0.00 1,960.95 | 0.00 7,082.08 | 0.00 4,000.00 | 3,082.08 | 33,064.00 149,000.00 | 0.00% 4.75% | 33,064.00 141,917.92 |
| 41500 | Rx Discount Card Royalties | 522.50 | 400.00 | 1,900.93 | 1,007.50 | 4,000.00 | 207.50 | 4,800.00 | 20.99% | 3,792.50 |
| 41510 | Proceeds from Grant Funding | 0.00 | 400.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,800.00 | 0.00% | 0.00 |
| 41550 | Tenant Rent Income | 7,481.25 | 7,751.00 | (269.75) | 14,962.50 | 15,502.00 | (539.50) | 93,012.00 | 16.09% | 78,049.50 |
| 42200 | P.A. Processing Fees | 220.00 | 270.00 | (50.00) | 530.00 | 540.00 | (10.00) | 3,240.00 | 16.36% | 2,710.00 |
| 43700 | Contract Revenue (Net) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 29,220.00 | 0.00% | 29,220.00 |
| 43750 | 1115 Waiver - Paramedicine | 64,200.00 | 100,000.00 | (35,800.00) | 140,700.00 | 200,000.00 | (59,300.00) | 1,200,000.00 | 11.73% | 1,059,300.00 |
| 43800 | Education/Training Revenue | 1,340.00 | 1,300.00 | 40.00 | 2,265.00 | 2,600.00 | (335.00) | 64,800.00 | 3.50% | 62,535.00 |
| 43910 | Stand-By Fees | 11,300.00 | 14,000.00 | (2,700.00) | 26,850.00 | 28,000.00 | (1,150.00) | 28,000.00 | 95.89% | 1,150.00 |
| 43920 | EMS - Trauma Fund Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 12,000.00 | 0.00% | 12,000.00 |
| 43950 | Ambulance Supplemental Payment Program | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,500,000.00 | 0.00% | 2,500,000.00 |
| 44000 | Management Fee Revenue | 8,333.33 | 8,333.00 | 0.33 | 16,666.66 | 16,667.00 | (0.34) | 100,000.00 | 16.67% | 83,333.34 |
| 45100 | Dispatch Fees | 7,557.00 | 7,000.00 | 557.00 | 15,231.00 | 14,000.00 | 1,231.00 | 219,000.00 | 6.95% | 203,769.00 |
| 45150 | MDC Revenue - First Responder | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 44,000.00 | 0.00% | 44,000.00 |
| 46300 | Inter Local 800 Mhz | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 100,000.00 | 0.00% | 100,000.00 |
| 46500 | VHF Project Revenue | 22,868.31 | 22,868.00 | 0.31 | 45,736.62 | 45,736.00 | 0.62 | 274,416.00 | 16.67% | 228,679.38 |
| 49000 | Other Financing Sources | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00 |
| 49010 | Sale of Assets | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 24,000.00 | 0.00% | 24,000.00 |
| Total Other Revenue | | 140,692.61 | 170,699.00 | (30,006.39) | 298,585.84 | 341,399.00 | (42,813.16) | 5,359,876.00 | 5.57% | 5,061,290.16 |
| Total Revenue | | 2,421,584.81 | 3,212,806.00 | (791,221.19) | 3,930,907.28 | 5,541,626.00 | (1,610,718.72) | 53,478,810.00 | 7.35% | 49,547,902.72 |
| Expenses | | | | | | | | | | |
| Payroll Expenses | | | | | | | | | | |
| 51100 | Regular Pay | 1,046,521.57 | 1,176,306.00 | (129,784.43) | 2,149,990.53 | 2,385,286.00 | (235,295.47) | 14,612,005.00 | 14.71% | 12,462,014.47 |
| 51200 | Overtime Pay | 326,262.10 | 389,487.00 | (63,224.90) | 698,551.04 | 788,971.00 | (90,419.96) | 4,815,370.00 | 14.51% | 4,116,818.96 |
| 51300 | Paid Time Off | 228,044.61 | 0.00 | 228,044.61 | 340,214.04 | 106,100.00 | 234,114.04 | 106,100.00 | 320.65% | (234,114.04) |
| 51400 | Stipend Pay | 29,765.57 | 26,244.00 | 3,521.57 | 57,745.39 | 53,357.00 | 4,388.39 | 321,703.00 | 17.95% | 263,957.61 |
| 51500 | Payroll Taxes | 115,329.28 | 120,304.00 | (4,974.72) | 231,481.38 | 243,788.00 | (12,306.62) | 1,491,643.00 | 15.52% | 1,260,161.62 |
| 51650 | TCDRS Plan | 132,850.54 | 131,353.00 | 1,497.54 | 258,049.12 | 273,019.00 | (14,969.88) | 1,636,159.00 | 15.77% | 1,378,109.88 |
| 51700 | Health & Dental | 263,346.14 | 306,000.00 | (42,653.86) | 538,224.07 | 612,000.00 | (73,775.93) | 3,831,983.00 | 14.05% | 3,293,758.93 |
| Total Payroll Expenses | | 2,142,119.81 | 2,149,694.00 | (7,574.19) | 4,274,255.57 | 4,462,521.00 | (188,265.43) | 26,814,963.00 | 15.94% | 22,540,707.43 |
| Operating Expenses | | | | | | | | | | |
| 52000 | Accident Repair | 1,000.00 | 452.00 | 548.00 | 1,000.00 | 904.00 | 96.00 | 5,424.00 | 18.44% | 4,424.00 |
| 52100 | Accounting/Auditing Fees | 0.00 | 0.00 | 0.00 | 1,500.00 | 0.00 | 1,500.00 | 50,000.00 | 3.00% | 48,500.00 |
| | <i>ab</i> | 2100 | | | -, | | -, | | 210070 | |

Montgomery County Hospital District Preliminary Income Statement - Actual vs. Budget

For the Period Ended November 30, 2016

| | | Current Month | Current Month | Current Month | YTD | YTD | YTD | Total Annual | % YTD Annual | Annual Budget |
|----------------|--|----------------------|----------------------|--------------------------|-----------------------|-----------------------|---------------------------|----------------------------|------------------|-------------------------|
| | | Actual | Budget | Variance | Actual | Budget | Variance | Budget | Budget | Remaining |
| | | | | | | | | | | |
| 52200 52300 | Advertising Duck Channel | 0.00 | 200.00 | (200.00) | 288.75 | 700.00 0.00 | (411.25) | 5,126.00 | 5.63% 0.00% | 4,837.25 |
| 52300 52350 | Bank Charges Credit Card Processing Fee | 1,256.02 2,793.68 | 0.00 3,200.00 | 1,256.02 (406.32) | 2,424.15 4,932.68 | 6,400.00 | 2,424.15 (1,467.32) | 0.00 39,600.00 | 0.00% | (2,424.15) 34,667.32 |
| 52500 | Bio-Waste Removal | 4,241.99 | 3,407.00 | 834.99 | 8,333.98 | 6,814.00 | 1,519.98 | 40,884.00 | 20.38% | 32,550.02 |
| 52600 | Books/Materials | 1,393.64 | 1,725.00 | (331.36) | 8,763.78 | 4,650.00 | 4,113.78 | 55,620.00 | 15.76% | 46,856.22 |
| 52700 | Business Licenses | 448.00 | 500.00 | (52.00) | 958.00 | 1,774.00 | (816.00) | 36,354.00 | 2.64% | 35,396.00 |
| 52725 | Capital Lease Expense | 67,167.17 | 67,167.00 | 0.17 | 134,377.63 | 134,379.00 | (1.37) | 1,029,688.00 | 13.05% | 895,310.37 |
| 52900 | Collection Fees | 17,930.43 | 31,500.00 | (13,569.57) | 39,603.43 | 61,200.00 | (21,596.57) | 369,300.00 | 10.72% | 329,696.57 |
| 52950 | Community Education | 1,029.81 | 1,333.00 | (303.19) | 1,029.81 | 3,141.00 | (2,111.19) | 18,350.00 | 5.61% | 17,320.19 |
| 53000 | Computer Maintenance | 12,900.00 | 18,650.00 | (5,750.00) | 29,381.77 | 45,564.00 | (16,182.23) | 352,592.00 | 8.33% | 323,210.23 |
| 53050 | Computer Software | 46,913.92 | 58,106.00 | (11,192.08) | 75,916.19 | 77,632.00 | (1,715.81) | 711,861.00 | 10.66% | 635,944.81 |
| 53075 | Computer Software - MDC First Responder | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 47,000.00 | 0.00% | 47,000.00 |
| 53100 | Computer Supplies/Non-Cap. | 2,372.93 | 1,273.00 | 1,099.93 | 4,600.97 | 4,817.98 | (217.01) | 35,007.98 | 13.14% | 30,407.01 |
| 53150 | Conferences-Fees, Travel, and Meals | 14,072.47 | 17,310.00 | (3,237.53) | 35,131.62 | 39,113.00 | (3,981.38) | 195,818.00 | 17.94% | 160,686.38 |
| 53310 | Contractual Obligations-County Appraisal | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 288,000.00 | 0.00% | 288,000.00 |
| 53320 | Contractual Obligations-Tax Collector Assessor | 11,136.48 | 23,500.00 | (12,363.52) | 52,573.99 | 47,000.00 | 5,573.99 | 50,000.00 | 105.15% | (2,573.99) |
| 53330 | Contractual Obligations- Other | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6,720.00 | 0.00% | 6,720.00 |
| 53500 | Customer Property Damage | 0.00 | 100.00 | (100.00) | 0.00 | 200.00 | (200.00) | 1,200.00 | 0.00% | 1,200.00 |
| 53550 53800 | Customer Relations | 562.80 8,598.60 | 2,650.00 8,770.00 | (2,087.20) | 5,200.80 14,268.90 | 5,300.00 17,540.00 | (99.20) | 33,300.00 | 15.62% 13.56% | 28,099.20 90,971.10 |
| 53900 | Disposable Linen Disposable Medical Supplies | 49,974.12 | 96,416.09 | (171.40) (46,441.97) | 112,322.15 | 195,341.58 | (3,271.10) (83,019.43) | 105,240.00 1,102,391.58 | 10.19% | 990,069.43 |
| 54000 | Disposable Medical Supplies Drug Supplies | 7,366.15 | 11,375.00 | (40,441.97) | 19,130.43 | 40,859.50 | (21,729.07) | 1,102,391.38 | 12.36% | 135,679.07 |
| 54100 | Dues/Subscriptions | 1,878.02 | 993.00 | 885.02 | 2,377.02 | 18,536.00 | (16,158.98) | 51,073.00 | 4.65% | 48,695.98 |
| 54200 | Durable Medical Equipment | 10,005.07 | 9,200.00 | 805.02 | 16,062.15 | 151,064.00 | (135,001.85) | 243,064.00 | 6.61% | 227,001.85 |
| 54300 | Election Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 275,000.00 | 0.00% | 275,000.00 |
| 54350 | Employee Health\Wellness | 2,419.46 | 1,640.00 | 779.46 | 3,382.48 | 3,280.00 | 102.48 | 29,700.00 | 11.39% | 26,317.52 |
| 54450 | Employee Recognition | 1,239,41 | 5,936.00 | (4,696.59) | 24,596,92 | 27,833.14 | (3,236.22) | 90,943,14 | 27.05% | 66.346.22 |
| 54500 | Equipment Rental | 1,861.46 | 2,000.00 | (138.54) | 2,857.09 | 2,200.00 | 657.09 | 14,600.00 | 19.57% | 11,742.91 |
| 54700 | Fuel - Auto | 32,035.39 | 41,667.00 | (9,631.61) | 61,046.26 | 83,334.00 | (22,287.74) | 500,004.00 | 12.21% | 438,957.74 |
| 54725 | Fuel - Non-Auto | 0.00 | 500.00 | (500.00) | 0.00 | 1,000.00 | (1,000.00) | 6,000.00 | 0.00% | 6,000.00 |
| 54800 | Hazardous Waste Removal | 0.00 | 225.00 | (225.00) | 120.00 | 450.00 | (330.00) | 2,600.00 | 4.62% | 2,480.00 |
| 54900 | Insurance | 43,264.49 | 42,000.00 | 1,264.49 | 84,436.49 | 84,000.00 | 436.49 | 547,140.00 | 15.43% | 462,703.51 |
| 55025 | Interest Expense | 5,248.74 | 5,249.00 | (0.26) | 10,454.19 | 10,454.00 | 0.19 | 74,640.00 | 14.01% | 64,185.81 |
| 55100 | Laundry Service & Purchase | 415.56 | 350.00 | 65.56 | 824.13 | 800.00 | 24.13 | 5,000.00 | 16.48% | 4,175.87 |
| 55400 | Leases/Contracts | 4,920.49 | 4,725.00 | 195.49 | 9,892.24 | 19,750.00 | (9,857.76) | 67,250.00 | 14.71% | 57,357.76 |
| 55500 | Legal Fees | 8,010.50 | 9,183.00 | (1,172.50) | 17,857.50 | 21,366.00 | (3,508.50) | 122,200.00 | 14.61% | 104,342.50 |
| 55600 | Maintenance & Repairs-Buildings | 34,316.17 | 38,800.00 | (4,483.83) | 54,960.95 | 80,738.94 | (25,777.99) | 475,488.94 | 11.56% | 420,527.99 |
| 55650 | Maintenance-Contract Equipment | 28,402.42 | 27,805.74 | 596.68 | 109,992.91 | 105,104.52 | 4,888.39 | 377,112.08 | 29.17% | 267,119.17 |
| 55700 55800 | Management Fees | 35,459.66 0.00 | 47,729.00 0.00 | (12,269.34) 0.00 | 73,415.26 0.00 | 95,458.00 0.00 | (22,042.74) 0.00 | 574,148.00 0.00 | 12.79% 0.00% | 500,732.74 0.00 |
| 55900 | Marketing Materials Meals - Business and Travel | 190.64 | 461.00 | (270.36) | 401.64 | 1,241.00 | (839.36) | 5,854.00 | 6.86% | 5,452.36 |
| 56100 | Meeting Expenses | 3,838.34 | 493.00 | 3,345.34 | 4,124.43 | 4,661.00 | (536.57) | 20,216.00 | 20.40% | 16,091.57 |
| 56200 | Mileage Reimbursements | 821.65 | 1,188.00 | (366.35) | 1,200.58 | 2,456.00 | (1,255.42) | 14,856.00 | 8.08% | 13,655.42 |
| 56300 | Office Supplies | 1,403.28 | 2,506.80 | (1,103.52) | 2,555.76 | 5,014.78 | (2,459.02) | 30,014.78 | 8.52% | 27,459.02 |
| 56400 | Oil & Lubricants | 1,670.85 | 1,840.00 | (169.15) | 4,879.51 | 3,680.00 | 1,199.51 | 22,080.00 | 22.10% | 17,200.49 |
| 56500 | Other Services | 3,529.35 | 2,308.00 | 1,221.35 | 4,261.18 | 4,617.00 | (355.82) | 27,700.00 | 15.38% | 23,438.82 |
| 56550 | Other Services - DSRIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 624,769.00 | 0.00% | 624,769.00 |
| 56600 | Oxygen & Gases | 7,495.15 | 6,250.00 | 1,245.15 | 12,426.10 | 13,072.81 | (646.71) | 75,626.81 | 16.43% | 63,200.71 |
| 56700 | Paging System | 345.50 | 250.00 | 95.50 | 345.50 | 500.00 | (154.50) | 3,000.00 | 11.52% | 2,654.50 |
| 56900 | Postage | 1,832.20 | 2,500.00 | (667.80) | 5,865.19 | 5,000.00 | 865.19 | 30,000.00 | 19.55% | 24,134.81 |
| 57000 | Printing Services | 380.21 | 570.00 | (189.79) | 1,687.92 | 4,720.00 | (3,032.08) | 18,865.00 | 8.95% | 17,177.08 |
| 57100 | Professional Fees | 99,234.20 | 111,826.00 | (12,591.80) | 197,123.42 | 294,543.11 | (97,419.69) | 1,923,136.93 | 10.25% | 1,726,013.51 |
| 57200 | Radio Repairs - Outsourced (Depot) | 2,302.37 | 3,071.00 | (768.63) | 6,309.83 | 8,147.00 | (1,837.17) | 41,475.00 | 15.21% | 35,165.17 |
| 57225 | Radio Repair - Parts | 335.00 | 3,882.97 | (3,547.97) | 6,979.34 | 8,079.47 | (1,100.13) | 40,829.47 | 17.09% | 33,850.13 |
| 57250 | Radios | 0.00 | 500.00 | (500.00) | 0.00 | 500.00 | (500.00) | 4,000.00 | 0.00% | 4,000.00 |
| 57300 | Recruit/Investigate | 74.50 | 1,850.00 | (1,775.50) | 1,314.50 | 3,700.00 | (2,385.50) | 22,200.00 | 5.92% | 20,885.50 |
| 57500 | Rent | 11,076.00 | 11,075.00 | 1.00 | 22,152.00 | 22,150.00 | 2.00 | 132,900.00 | 16.67% | 110,748.00 |
| 57650 57700 | Repair-Equipment Shop Tools | 282.09 45.02 | 1,772.00 1,158.00 | (1,489.91) (1,112.98) | 1,199.57 435.47 | 4,044.00 2,441.00 | (2,844.43) (2,005.53) | 34,564.00 18,916.00 | 3.47% 2.30% | 33,364.43 18,480.53 |
| 57700 | 510P 10015 | 43.02 | 1,156.00 | (1,112.98) | 455.47 | 2,441.00 | (2,005.55) | 10,710.00 | 2.50% | 10,400.00 |

Montgomery County Hospital District Preliminary Income Statement - Actual vs. Budget

For the Period Ended November 30, 2016

| 5725 Stop Sapplies 2.212.00 5.300.00 (2.000.00) 7.734.01 19.02.05 7.498.65 10.20% 660.25.01 5730 Special Exemisator 0.00 190.00 (190.00) 0.00 190.00 (190.00) 0.00.00 2250.00 0.00% 2250.00 0.00% 2250.00 0.00% 2250.00 0.00% 2250.00 0.00% 2250.00 0.00% 2250.00 0.00% 2250.00 0.00% 2250.00 1.00% 2650.00 1.00% 2650.00 1.00% 2650.00 1.00% 2650.00 1.00% 2550.00 1.00% 2650.00 1.00% 2650.00 1.00% 2550.00 1.00% 2650.00 1.00% 2650.00 1.00% 252.00 1.00% 22.00 1.41% 1.00% 22.00 1.41% 1.00% 22.00 1.41% 1.00% 22.00% 1.00% 22.00% 1.41% 1.00% 22.00% 1.41% 1.00% 1.21% 1.00% 1.00% 1.00% 1.00% 1.00% 1.00% 1 | | | Current Month Actual | Current Month Budget | Current Month Variance | YTD Actual | YTD Budget | YTD Variance | Total Annual Budget | % YTD Annual Budget | Annual Budget Remaining |
|--|-----------------------------------|---|----------------------------|----------------------------|------------------------------|----------------|----------------|-----------------|---------------------------|---------------------------|-------------------------------|
| 97790 Small Expension 53,065.71 8,079.40 (4,113.83) 5.265.11 40,023.256 (24,767.45) 157,075.56 3.33% 152,002.450 97900 Station Supplies 3.23.31 6,077.46 (2,845.63) 7,550.42 12,033.46 (4,483.14) 73,993.46 9,978 6,653.14 93500 Telephones-Cellular 7,580.11 7,580.11 7,580.41 7,580.41 7,570.42 12,471.47 16,6452.00 18,158 15,643.93 93500 Telephones-Service 62,588 10,370.79 30,211.47 27,742.00 2,471.47 16,6452.00 18,158 15,643.93 93500 Training Relation Expense-CB 16,490.11 22,880.00 (4,484.89) 36,649.57 51,661.00 (4,479.43) 180,211.00 20,348 54,650 93500 Training Relation Expense-CB 10,789.33 20,368.40 (1,512.31) 62,947.67 70,900.01 (7,993.24 22,450.24 93500 Unitions 10,789.33 20,368.40 (1,52.30) 64,550.00 (1,78.22,400.24 24,500.17 24,500.17 93500 Vahicl- Baris 12,785.74 20,350.00 (1,78.22,400.24 24,500.14 21,450.01 13,500.00 13,500.00 13,500.00 13,500 | 57725 | Shop Supplies | 3.219.20 | 5,300.00 | (2.080.80) | 7.673.40 | 19.612.45 | (11.939.05) | 74,598,45 | 10.29% | 66,925,05 |
| 57800 Special Forms Supplies 0.00 1.5000 (1.5000) 0.00 300.00 (2.650.00) 2.650.00 2.650.00 0.00% 6.663.54 58200 Telephones-Scillutar 7,680.11 7,792.00 2.881.10 114,784.00 (1.630.39) 88.545.00 15.28.57 58310 Telephones-Scillutar 7,680.11 7,792.00 2.881.11 14,080.00 4.81.3 5.400.00 17.44 6.642.20 15.28.57 58300 Timing Related Express-CC 672.58 700.00 (2.74.2) 1.448.13 1.400.00 4.81.3 5.400.00 17.44 6.651.84 58500 Timing Related Express-CC 672.58 700.00 (2.74.2) 5.661.00 (1.64.91.43) 1.800.00 12.950.00 6.468.99 350.60 12.950.00 6.468.99 350.00 12.950.00 6.468.99 350.00 12.950.00 6.468.99 350.00 12.950.00 6.468.99 350.00 12.950.00 6.459.99 12.950.00 6.459.99 12.950.00 6.459.99 12.950.00 5.459.99 | | | 3,965.57 | 8,079.40 | ., , | | | | 157,957.56 | | 152,692.45 |
| 58200 Telephones-Cellular 7,680.11 7,392.00 28.11 13.490.10 14/94.00 (1,030.90) 88,655.00 18,278 75,633.53 58310 Telephones-Comp Distance 67,258 700.00 (2,71,2) 14.48,13 1,400.00 48.13 8400.00 12,474 69,5187 58500 Tution Reinburscemen 61,680 44,383.00 (3,966,20) 92,420 9,666.00 (82,63,60) 54,995.00 1,448 543,536 58500 Tution Reinburscemen 61,680 44,383.00 (3,966,20) 92,420 9,666.00 (82,63,60) 54,995.00 1,448 543,536 58500 Tution Reinburscemen 01,085.93 20,368,26 (9,82,23) 19,305.93 86,556.10 (67,250,17) 23,380.01 1,749 42,549,017 58000 Vahicle-Chaide Services 1,346,10 1,515,21 6,249,07.6 42,538.00 1,300,00 1,300,00 1,300,00 1,300,00 1,300,00 1,300,00 1,300,00 1,300,00 1,300,00 1,300,00 1,300,00 | | | | | | | | | | | |
| 58200 Telephones-Cellular 7,680.11 7,292.00 28.11 13,40.10 14,784.00 (130.59.0) 88,455.00 18,228 715,633.53 58310 Telephones-Survice 672.58 700.00 (27.42) 14,48.13 1,400.00 48.13 8,400.00 12,474 65,452.00 58500 Tuition Reinburcement 616.80 4,353.00 (3,966.20) 902.40 9,166.00 (8,635.60) 54,990.00 1,448 54,995.00 58500 Tuition Reinburcement 616.80 4,353.00 (3,966.20) 902.40 9,166.00 (8,635.60) 54,990.00 1,448 54,995.00 58500 Tuition Reinburcement 010,803 23,465.00 (1,552.10) 22,550.10 (07,250.17) 23,580.10 7,418 23,460.01 58500 Unitics 1,711.30 1,742.00 (30,70) (30,804) 3,484.00 (1,663.43) 20,000.00 4,299.43 59500 Vahicle-Paria 1,571.30 1,742.00 (30,70) (30,834) 3,484.00 (1,678.52 23,100.00 4,299.400.00 59500 Vahicle-Paria 1,554.17 2,296.50 11,575.21 2,496.00 11,198.21 2,197.57 59100 Vahicle-Treerin 5,478.76 | 57900 | Station Supplies | 3,231.83 | 6,077.46 | (2,845.63) | 7,350.42 | 12,033.46 | (4,683.04) | 73,993.46 | 9.93% | 66,643.04 |
| 3820 5820 5800 5800 5800 5800 5800Telephones-Long Distance 16,490,11 22,980,00 $(7,24)$ 22,980,00 190,00 $(4,48,13)$ 56,690,20 $(4,48,13)$ 56,600,14,90,00 $(4,90,13)$ 48,030,00 $(1,2,48)$ 43,031,00 $(1,30,30)$ 43,030,00 $(1,2,48)$ 43,031,00 $(1,30,30)$ 43,030,00 $(1,2,48)$ 43,030,00 $(1,30,30)$ 43,030,00 $(1,2,48)$ 43,030,00 $(1,30,30)$ 44,055,000 $(1,40,31)$ 44,000,00 $(1,40,31)$ | 58200 | | 7,680.11 | 7,392.00 | 288.11 | 13,480.10 | 14,784.00 | (1,303.90) | 88,545.00 | 15.22% | 75,064.90 |
| $ \begin{array}{c c c c c c c c c c c c c c c c c c c $ | 58310 | Telephones-Service | 15,268.79 | 13,871.00 | 1,397.79 | 30,213.47 | 27,742.00 | 2,471.47 | 166,452.00 | 18.15% | 136,238.53 |
| S850 Tution Reimbursement 616.80 4530.00 (3966.20) 902.40 91.66.00 (82.36.80) 54.996.00 1.64% 54.093.60 S8500 Uniforms 10.785.93 20.368.26 (9.582.33) 19.305.93 86.55.01 (67.250.17) 22.380.61 7.61% 23.450.07 S8000 Vehicle-Batarcies 1,711.30 1,742.00 (30.70) (80.84) 3.484.00 (3.366.24) 29.090.00 -0.39% 29.080.24 S9000 Vehicle-Batarcies 1,742.00 (30.70) 28.832.44 42.700.08 (13.386.24) 25.1030.06 11.49% 322.498.24 S9000 Vehicle-Agrist Services 3.543.00 (52.750) 28.832.44 42.700.08 (13.386.24) 25.1030.06 11.49% 22.198.24 S9010 Vehicle-Agristration 15.41 20.080 65.307.000 (183.28) 54.000.00 16.3% 25.422.00 S1800 Unenphyment Ins. 1.451.00 1.451.00 1.935.66 11.04.996 89.20.00 12.376.65.71 12.686.808.46 <t< td=""><td>58320</td><td>Telephones - Long Distance</td><td>672.58</td><td>700.00</td><td>(27.42)</td><td>1,448.13</td><td>1,400.00</td><td>48.13</td><td>8,400.00</td><td>17.24%</td><td>6,951.87</td></t<> | 58320 | Telephones - Long Distance | 672.58 | 700.00 | (27.42) | 1,448.13 | 1,400.00 | 48.13 | 8,400.00 | 17.24% | 6,951.87 |
| 58600 Trave Expenses 400.00 199.00 201.00 84.000 274.00 566.00 1.295.00 64.86 4455.01 58700 Uniforms 123.949.79 55.465.00 (11.515.21) 62.949.76 70.930.00 (7.90.23) 425.580.00 14.755.380.00 425.580.00 425.775.60 425.775.60 425.775.60 425.775.60 425.775.60 425.775.60 425.775.60 425.775.60 425.775.60 425.775.60 425.775.60 42 | 58500 | Training/Related Expenses-CE | 16,409.11 | 22,896.00 | (6,486.89) | 36,669.57 | 51,661.00 | (14,991.43) | 180,321.00 | 20.34% | 143,651.43 |
| 58700 Uniforms 10,785.33 20,368.26 (9,582.33) (9,305.3) 86,556.10 (67,250.17) 23,380.10 7,61% 23,200.01 58000 Vehicle-Batteries 1,711.30 1,742.00 (11,51.21) 62,999.76 70,930.00 (13,068.24) 20,990.00 1,209.900.00 1,209.900.00 1,209.900.00 1,209.900.00 1,209.900.00 1,209.900.00 1,209.900.00 1,300.90 1,300.90 1,300.90 1,300.90 1,300.90 1,300.90 1,300.90 1,300.90 1,300.90 1,300.90 1,300.90 1,300.90 1,300.90 1,300.90 1,257.04 20,833.00 (18,275.96) 28,832.41 42,700.68 (11,378.82.4) 251,030.68 11,14% 222,198.24 59100 Vehicle-Parts 54,37.86 4,500.00 937.86 88,147.2 9,000.00 (185.00 3,300.00 19,94% 2,642.00 1,647.86 44,150.00 9,000 505.00 1,000.00 1,292.06 3,300.00 19,94% 2,642.00 1,647.86 1,451.00 1,645.00 1,977.60 1,000.80 3,000.00 1,717.00 0,000 0,000 0,000 0,000 | 58550 | Tuition Reimbursement | 616.80 | 4,583.00 | (3,966.20) | 902.40 | 9,166.00 | (8,263.60) | 54,996.00 | 1.64% | 54,093.60 |
| $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ | 58600 | Travel Expenses | 400.00 | 199.00 | 201.00 | 840.00 | 274.00 | 566.00 | 1,295.00 | 64.86% | 455.00 |
| 58000 Vehicle-Batteries 1,711.30 1,742.00 (80.84) 3,484.00 (3,564.84) 22,090.00 -0.39% 20,980.84 59000 Vehicle-Daris 12,557.04 20,833.00 (82,75.96) 28,832.44 42,700.68 (13,080.27) 22,160.00 11.49% 222,198.24 59100 Vehicle-Registration 15.46.1 20,800.06 (33.39) 302.22 41.60 (118.78) 2.496.00 12,11% 22,198.24 59100 Vehicle-Registration 15.46.1 208.00 (33.39) 302.22 41.60 (118.78) 2.496.00 12,11% 22,198.24 59100 Vehicle-Tres 5.437.86 4,500.00 937.86 8,814.72 9,000.00 (118.52) 54,000.00 19.44 2.451.05.28 51800 Unemployment lis. 1,451.00 1,451.00 0.00 2,000.02 21,229.96 543.223.00 2.373.44 43,1773.04 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 1.451.00 < | 58700 | Uniforms | 10,785.93 | 20,368.26 | (9,582.33) | 19,305.93 | 86,556.10 | (67,250.17) | 253,806.10 | 7.61% | 234,500.17 |
| 59000 Vehicle-Ourside Services 3,360,00 1,565,00 3,470,00 (13,000) 21,600,00 11,49% 22,198,04 59100 Vehicle-Registration 12,557,04 20,833,00 (53,39) 302,22 416,00 (113,78) 2,496,000 11,49% 22,198,2,04 59100 Vehicle-Tres 5,437,80 4,500,00 937,86 8,814,72 9,000,00 (185,28) 54,000,00 1,35% 2,496,00 16,35% 4,518,28 59200 Vehicle-Tres 5,437,78 4,500,00 937,86 8,814,72 9,000,00 (185,28) 54,000,00 1,35% 2,496,00 1,35% 2,496,00 1,35% 2,496,00 1,35% 2,496,00 1,35% 2,496,00 1,35% 2,496,00 1,35% 2,496,00 1,35% 2,496,00 1,35% 2,496,00 1,35% 2,496,00 1,35% 2,496,00 1,35% 2,452,00 1,35% 2,496,00 1,35% 2,452,00 1,451,00 2,642,00 1,451,00 2,092,00 1,05% 7,422,09 4,327,73,44 | 58800 | Utilities | 23,949.79 | 35,465.00 | (11,515.21) | 62,949.76 | 70,930.00 | (7,980.24) | 425,580.00 | 14.79% | 362,630.24 |
| \$9050 Vehicle-Parts 12,557.04 20,833.00 (8,275.96) 28,832.44 42,200,08 (13,868.24) 251.030.68 11.49% 222.198.24 \$9100 Vehicle-Tres 15.461 208.00 (53.39) 302.22 41.600 (113.78) 2,496.00 16.3.2% 45.185.28 \$9200 Vehicle-Tres 54.37.86 45.00 977.50 109.00 658.00 550.00 108.00 3,300.00 19.94% 2,642.00 \$9350 Worker's Compensation Insurance 46,137.66 44,152.00 1.985.66 110.449.96 89.220.00 21,229.96 543,223.00 20.33% 432,773.04 Total Operating Expenses 75550 Specialty Healthcare Providers 72,588.58 939.180.72 (186.291.14) 1,638,723.35 2,276.630.08 (637.906.73) 13,686.808.46 11.97% 2,558.850.0 57550 Specialty Healthcare Providers 73.559.44 450.93.00 260.851.96 92.07.759 1.33.672.00 (407.594.41) 43.93.412.00 8.40% 4.10.444.440.74.9 43.93.412.00 8.40% 4.11.97% 7.075.954.41 Total Dependitures 32.558.50.0 <td>58900</td> <td>Vehicle-Batteries</td> <td>1,711.30</td> <td>1,742.00</td> <td>(30.70)</td> <td>(80.84)</td> <td>3,484.00</td> <td>(3,564.84)</td> <td>20,900.00</td> <td>-0.39%</td> <td>20,980.84</td> | 58900 | Vehicle-Batteries | 1,711.30 | 1,742.00 | (30.70) | (80.84) | 3,484.00 | (3,564.84) | 20,900.00 | -0.39% | 20,980.84 |
| \$9100 Vehicle-Registration 154,61 208,00 (53,39) 302.22 416,00 (113,78) 2,496,00 12,11% 2,193,78 \$9100 Vehicle-Tires 5,437,86 4,500,00 937,86 8,814,72 9,000,00 (185,28) 54,000,00 1632% 45,185,28 \$9200 Vehicle-Tires 5,437,86 4,500,00 937,86 8,814,72 9,000,00 (185,28) 54,000,00 19,94% 2,642,00 \$1800 Unemployment Ins. 1,451,00 1,451,00 0,000 2,902,00 2,000,00 17,412,00 16,67% 14,510,00 \$3350 Worker's Compensation Insurance 752,889,58 939,180,72 (186,291,14) 1,638,723,35 2,276,630,08 (637,906,73) 13,686,808,46 11,97% 12,048,085,11 Indigent Care Expenses 255,885,00 255,885,00 200,00 511,770,00 501,770,00 30,070,620,00 16,67% 2,558,850,00 Total Indigent Care Expenses 3,280,993,43 3,755,710,72 (474,717,29) 6,839,056,51 8,072,823,08 (1,233,766,57) 48,503,803,46 11,157% 7,075,554,41 To | 59000 | Vehicle-Outside Services | 3,365.00 | 1,800.00 | 1,565.00 | 3,470.00 | 3,600.00 | (130.00) | 21,600.00 | 16.06% | 18,130.00 |
| 59150 Vehicle-Tries 5,437,86 4,500,00 937,86 8,814,72 9,000,00 (185,28) 5,400,00 16,32% 4,518,528 59200 Vehicle-Towing 384,00 275,00 109,00 658,00 550,00 108,00 19,94% 2,424,00 59300 Worker's Compensation Insurance 46,137,66 44,152,00 1,985,66 110,449,96 89,220,00 21,229,96 543,223,00 20,33% 432,773,04 Total Operating Expenses 5350 115 Medicaid Waiver - Uncompensated Care 255,885,00 255,885,00 200,00 511,770,00 0,00 3,070,620,00 16,67% 2,558,850,00 57850 Specially Healthcare Providers 235,984,04 666,636,00 (280,851,96) 242,902,00 (407,594,41) 8,030,303,46 14,10% 41,664,746,95 Total Operating, Payroll and Indigent Care Expenses 3289,993,43 3,755,710,72 (474,717,29) 6,839,056,51 8,072,823,08 (1,233,766,57) 48,503,803,46 14,10% 41,664,746,95 Capital Expenditures 2275 Capital Purchases - CIP 0,00 0,00 0,00 0,00 0,00 0,00 | 59050 | Vehicle-Parts | 12,557.04 | 20,833.00 | (8,275.96) | 28,832.44 | 42,700.68 | (13,868.24) | 251,030.68 | 11.49% | 222,198.24 |
| 59200 Vehicle-Towing 384.00 275.00 109.00 688.00 550.00 108.00 3300.00 19.44% 2.642.00 51800 Unemployment Ins. 1.451.00 1.451.00 0.00 2.902.00 2.902.00 2.122.96 543.223.00 2.333 432.773.04 Total Operating Expenses 752.889.58 939.180.72 (186.291.14) 1.638.723.35 2.276.630.08 (637.906.73) 13.686.808.46 11.97% 12.048.085.11 Indigent Care Expenses 53350 1115 Medicaid Waiver - Uncompensated Care 255.885.00 0.00 511.770.00 511.770.00 0.00 3.070.620.00 16.67% 2.558.85.00 70tal Indigent Care Expenses 130.099.04 410.951.00 (280.851.96) 926.077.59 13.33672.00 (407.594.41) 4.931.412.00 8.40% 4.517.104.41 Total Operating. Payroll and Indigent Care Expenses 3.280.993.43 3.755.710.72 (474.717.29) 6.839.056.51 8.072.823.08 (1.233.766.57) 48.503.803.46 14.10% 41.64.746.95 Capital Expenditures 2.2755 Capital Purchases - CIP 0.00 0.00 0.00 0.00 0.00 | 59100 | Vehicle-Registration | 154.61 | 208.00 | (53.39) | 302.22 | 416.00 | (113.78) | 2,496.00 | 12.11% | 2,193.78 |
| 51800 Unemployment Ins. 1,451.00 1,451.00 0.000 2,902.00 2,902.00 0.000 17,412.00 16,67% 14,510.00 59350 Worker's Compensation Insurance 46,137.66 44,152.00 1,985.66 110,449.96 89,220.00 21,229.96 543,223.00 20.33% 432,773.04 Total Operating Expenses 752,889.58 939,180.72 (186.291.14) 1.638,723.35 2,276,630.08 (637,906.73) 13,686,80.46 11.97% 12,048,085.11 Indigent Care Expenses 53550 Specialty Healthcare Providers 255,885.00 255,885.00 220,697.59 821,902.00 (407,594.41) 4.931,412.00 84.0% 4.517,104.41 Total Indigent Care Expenses 3.280,993.43 3.755,710.72 (474,717.29) 6.839,056.51 8.072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 3.2755 Capital Purchases - CIP 0.0 0.00 0.00 0.00 0.00 0.00 0.00 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%< | 59150 | Vehicle-Tires | 5,437.86 | 4,500.00 | 937.86 | 8,814.72 | 9,000.00 | (185.28) | 54,000.00 | 16.32% | 45,185.28 |
| 59350 Worker's Compensation Insurance 44,137.66 44,152.00 1985.66 110,449.96 89,220.00 21,229.96 543,223.00 20,33% 432,773.04 Total Operating Expenses 752,889.58 939,180.72 (186,291.14) 1.638,723.35 2.276,630.08 (637,906.73) 13,686,808.46 11.97% 12,048,085.11 Indigent Care Expenses 53350 Specialty Healthcare Providers 255,885.00 255,885.00 200.00 511,770.00 0.00 3,070,620.00 6,67% 2,558,850.0 4,517,104.41 Total Indigent Care Expenses 335,984.04 666,836.00 (280,851.96) 926,077.59 1,333,672.00 (407,594.41) 8,002,032.00 11,57% 7,075,954.41 Total Operating, Payroll and Indigent Care Expenses 3,280,993.43 3,755,710.72 (474,717.29) 6,839,056.51 8,072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 3,280,993.43 3,755,710.72 (474,717.29) 6,839,056.51 8,072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 | | Vehicle-Towing | 384.00 | 275.00 | 109.00 | 658.00 | 550.00 | | 3,300.00 | 19.94% | 2,642.00 |
| Total Operating Expenses 752,889,58 939,180.72 (186,291.14) 1,638,723.35 2,276,630.08 (637,906.73) 13,686,808.46 11.97% 12,048,085.11 Indigent Care Expenses 53350 1115 Medicaid Waiver - Uncompensated Care 255,885.00 255,885.00 0.00 511,770.00 511,770.00 3,070,620.00 16.67% 2,558,850.00 57850 Specialty Healthcare Providers 330,99.04 410,951.00 (280,851.96) 414,307.59 821,902.00 (407,594.41) 4,931,412.00 8.40% 4,517,104.41 Total Operating, Payroll and Indigent Care Expenses 332,9993.43 3,755,710.72 (474,717.29) 6.839,056.51 8.072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 3,280,993.43 3,755,710.72 (474,717.29) 6.839,056.51 8.072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 3,280,993.43 3,755,710.72 (474,717.29) 6,839,056.51 8.072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 20,377,59 9,820.00 10,557.59 <t< td=""><td></td><td>Unemployment Ins.</td><td>1,451.00</td><td>1,451.00</td><td></td><td>2,902.00</td><td>2,902.00</td><td></td><td>17,412.00</td><td></td><td>14,510.00</td></t<> | | Unemployment Ins. | 1,451.00 | 1,451.00 | | 2,902.00 | 2,902.00 | | 17,412.00 | | 14,510.00 |
| Indigent Care Expenses 255,885.00 260,00 414,307.59 821,902.00 (407,594.41) 4,931,412.00 8.40% 4,517,104.41 Total Indigent Care Expenses 3,280,993.43 3,755,710.72 (474,717.29) 6,839,056.51 8,072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 3,280,993.43 3,755,710.72 (474,717.29) 6,839,056.51 8,072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 20,377.59 9,820.00 10,557.59 53,074.40 84,092.01 (31,017.61) 144,490.74 36,73% 91,416.34 52755 Capital Purchases / Equipment 114,502.56 69,955.90 44,545.66 146,592.64 151,296.71 (47,04,07) </td <td></td> <td>Worker's Compensation Insurance</td> <td></td> <td></td> <td>1,985.66</td> <td></td> <td>89,220.00</td> <td></td> <td></td> <td></td> <td></td> | | Worker's Compensation Insurance | | | 1,985.66 | | 89,220.00 | | | | |
| 53350 1115 Medicaid Waiver - Uncompensated Care 255,885.00 255,885.00 0.00 511,770.00 0.00 3,070,620.00 16.67% 2,558,850.00 57850 Specialty Healthcare Providers 130,099.04 410,951.00 (280,851.96) 414,307.59 821,902.00 (407,594.41) 4,931,412.00 8,40% 4,517,104.41 Total Indigent Care Expenses 385,984.04 666,836.00 (280,851.96) 926,077.59 1,333,672.00 (407,594.41) 4,931,412.00 8,40% 4,517,104.41 Total Operating, Payroll and Indigent Care Expenses 3,280,993.43 3,755,710.72 (474,717.29) 6,839,056.51 8,072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 3,280,993.43 3,755,710.72 (474,717.29) 6,839,056.51 8,072,823.08 (1,203,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 2,0377.59 9,820.00 10,057,59 53,074.40 84,092.01 (31,017.61) 144,490.74 36,73% 91,416.34 52755 Capital Purchases / Equipment 114,502.56 80,000.00 (69,789.44) 166,592.64 151,296 | Total Operating Expenses | | 752,889.58 | 939,180.72 | (186,291.14) | 1,638,723.35 | 2,276,630.08 | (637,906.73) | 13,686,808.46 | 11.97% | 12,048,085.11 |
| 57850 Specialty Healthcare Providers 130,099.04 410,951.00 (280,851.96) 414,307.59 821,902.00 (407,594.41) 4.931,412.00 8.40% 4.517,104.41 Total Indigent Care Expenses 385,984.04 666,836.00 (280,851.96) 926,077.59 1,333,672.00 (407,594.41) 8,002,032.00 11.57% 7,075,954.41 Total Operating, Payroll and Indigent Care Expenses 3.280,993.43 3.755,710.72 (474,717.29) 6,839,056.51 8.072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 3.280,993.43 3.755,710.72 (474,717.29) 6,839,056.51 8.072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 3.280,993.43 3.755,710.72 (474,717.29) 6,839,056.51 8.072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Purchases - CIP 0.00 0.00 0.00 0.00 0.00 30,775,99 9,820.00 10,557.59 53,074.40 84,092.01 31,017.61) 144,490.74 36,73% 91,416.34 52755 Capital Purchases - Vehicles < | Indigent Care Expenses | | | | | | | | | | |
| Total Indigent Care Expenses 385,984.04 666,836.00 (280,851.96) 926,077.59 1,333,672.00 (407,594.41) 8,002,032.00 11.57% 7,075,954.41 Total Operating, Payroll and Indigent Care Expenses 3,280,993.43 3,755,710.72 (474,717.29) 6,839,056.51 8,072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 52752 Capital Purchases - CIP 0.00 | 53350 | 1115 Medicaid Waiver - Uncompensated Care | 255,885.00 | 255,885.00 | 0.00 | 511,770.00 | 511,770.00 | 0.00 | 3,070,620.00 | 16.67% | 2,558,850.00 |
| Total Operating, Payroll and Indigent Care Expenses 3,280,993.43 3,755,710.72 (474,717.29) 6,839,056.51 8,072,823.08 (1,233,766.57) 48,503,803.46 14.10% 41,664,746.95 Capital Expenditures 52752 Capital Purchases - CIP 0.00 0.0 | 57850 | Specialty Healthcare Providers | 130,099.04 | 410,951.00 | (280,851.96) | 414,307.59 | 821,902.00 | (407,594.41) | 4,931,412.00 | 8.40% | 4,517,104.41 |
| Capital Expenditures S2752 Capital Purchases - CIP 0.00 <th< td=""><td>Total Indigent Care Expenses</td><td></td><td>385,984.04</td><td>666,836.00</td><td>(280,851.96)</td><td>926,077.59</td><td>1,333,672.00</td><td>(407,594.41)</td><td>8,002,032.00</td><td>11.57%</td><td>7,075,954.41</td></th<> | Total Indigent Care Expenses | | 385,984.04 | 666,836.00 | (280,851.96) | 926,077.59 | 1,333,672.00 | (407,594.41) | 8,002,032.00 | 11.57% | 7,075,954.41 |
| S2752 Capital Purchases - CIP 0.00 | Total Operating, Payroll and Indi | gent Care Expenses | 3,280,993.43 | 3,755,710.72 | (474,717.29) | 6,839,056.51 | 8,072,823.08 | (1,233,766.57) | 48,503,803.46 | 14.10% | 41,664,746.95 |
| S2752 Capital Purchases - CIP 0.00 | Conital Exponditures | | | | | | | | | | |
| 52753 Capital Purchases / Building Improvements 20,377.59 9,820.00 10,557.59 53,074.40 84,092.01 (31,017.61) 144,490.74 36.73% 91,416.34 52754 Capital Purchases / Equipment 114,502.56 69,956.90 44,545.66 146,592.64 151,296.71 (4,704.07) 4,251,031.39 3.45% 4,104,438.75 52755 Capital Purchases - Vehicles 10,210.56 80,000.00 (69,789.44) 68,430.40 161,858.00 (93,427.60) 1,101,358.00 6.21% 1,032,927.60 Total Capital Expenditures 3,426,084.14 3,915,487.62 (489,403.48) 7,107,153.95 8,470,069.80 (1,362,915.85) 54,000,683.59 13,16% 46,893,529.64 | | Capital Purchases CIP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% | 0.00 |
| 52754 Capital Purchases / Equipment 114,502.56 69,956.90 44,545.66 146,592.64 151,296.71 (4,704.07) 4,251,031.39 3.45% 4,104,438.75 52755 Capital Purchases - Vehicles 10,210.56 80,000.00 (69,789.44) 68,430.40 161,858.00 (93,427.60) 1,101,358.00 6.21% 1,032,927.60 Total Capital Expenditures 3,426,084.14 3,915,487.62 (489,403.48) 7,107,153.95 8,470,069.80 (1,362,915.85) 54,000,683.59 13.16% 46,893,529.64 | | | | | | | | | | | |
| 52755 Capital Purchases - Vehicles 10,210.56 80,000.00 (69,789.44) 68,430.40 161,858.00 (93,427.60) 1,101,358.00 6.21% 1,032,927.60 Total Capital Expenditures 145,090.71 159,776.90 (14,686.19) 268,097.44 397,246.72 (129,149.28) 5,496,880.13 4.88% 5,228,782.69 Total Expenditures 3,426,084.14 3,915,487.62 (489,403.48) 7,107,153.95 8,470,069.80 (1,362,915.85) 54,000,683.59 13.16% 46,893,529.64 | | 1 0 1 | | | | | | | | | |
| Total Capital Expenditures 145,090.71 159,776.90 (14,686.19) 268,097.44 397,246.72 (129,149.28) 5,496,880.13 4.88% 5,228,782.69 Total Expenditures 3,426,084.14 3,915,487.62 (489,403.48) 7,107,153.95 8,470,069.80 (1,362,915.85) 54,000,683.59 13.16% 46,893,529.64 | | | | | | | | | | | |
| Total Expenditures 3,426,084.14 3,915,487.62 (489,403.48) 7,107,153.95 8,470,069.80 (1,362,915.85) 54,000,683.59 13.16% 46,893,529.64 | | Capital Furchases - Venicles | | | | | | . , , , | | | |
| | Total Capital Experiorutures | | 145,090.71 | 139,770.90 | (14,080.19) | 208,097.44 | 391,240.12 | (129,149.28) | 5,490,880.15 | 4.0070 | 3,228,782.09 |
| Revenue over Expenses (1,004,499.33) (702,681.62) (301,817.71) (3,176,246.67) (2,928,443.80) (247,802.87) (521,873.59) 608.62% 2,654,373.08 | Total Expenditures | | 3,426,084.14 | 3,915,487.62 | (489,403.48) | 7,107,153.95 | 8,470,069.80 | (1,362,915.85) | 54,000,683.59 | 13.16% | 46,893,529.64 |
| | Revenue over Expenses | | (1,004,499.33) | (702,681.62) | (301,817.71) | (3,176,246.67) | (2,928,443.80) | (247,802.87) | (521,873.59) | 608.62% | 2,654,373.08 |

Montgomery County Hospital District Accounts Payable Analysis

| Days | | | | | | | | | | | | | |
|--------|---------|--------|-------|------|---------|---------|---------------|--|--|--|--|--|--|
| Month | Current | 31-60 | 61-90 | > 90 | Credits | Total | minus Credits | | | | | | |
| Dec-15 | - | 31,918 | - | 2 | (17) | 31,903 | 31,920 | | | | | | |
| Jan-16 | - | - | - | 2 | (17) | (15) | 2 | | | | | | |
| Feb-16 | - | - | - | 2 | (17) | (15) | 2 | | | | | | |
| Mar-16 | 671,699 | - | - | 2 | (17) | 671,684 | 671,701 | | | | | | |
| Apr-16 | 4,427 | - | - | - | (9,831) | (5,403) | 4,427 | | | | | | |
| May-16 | 612,407 | - | - | 2 | (685) | 611,724 | 612,409 | | | | | | |
| Jun-16 | 199,874 | - | - | 2 | (556) | 199,319 | 199,876 | | | | | | |
| Jul-16 | 361,091 | - | - | 2 | (556) | 360,536 | 361,093 | | | | | | |
| Aug-16 | 54,773 | - | 6 | 2 | (23) | 54,758 | 54,781 | | | | | | |
| Sep-16 | 521,120 | 8,015 | - | 8 | (27) | 529,116 | 529,143 | | | | | | |
| Oct-16 | 758,881 | - | - | 8 | (17) | 758,872 | 758,889 | | | | | | |
| Nov-16 | 49,417 | - | - | 8 | (17) | 49,408 | 49,425 | | | | | | |

Accounts Payable Aging by Dollars

Accounts Payable Aging by Percentage without Credits

| | | | Days | |
|--------|---------|-------|-------|------|
| Month | Current | 31-60 | 61-90 | > 90 |
| Dec-15 | 0% | 100% | 0% | 0% |
| Jan-16 | 0% | 0% | 0% | 100% |
| Feb-16 | 0% | 0% | 0% | 100% |
| Mar-16 | 100% | 0% | 0% | 0% |
| Apr-16 | 100% | 0% | 0% | 0% |
| May-16 | 100% | 0% | 0% | 0% |
| Jun-16 | 100% | 0% | 0% | 0% |
| Jul-16 | 100% | 0% | 0% | 0% |
| Aug-16 | 100% | 0% | 0% | 0% |
| Sep-16 | 98% | 2% | 0% | 0% |
| Oct-16 | 100% | 0% | 0% | 0% |
| Sep-16 | 100% | 0% | 0% | 0% |

Montgomery County Hospital District Accounts Receivable Analysis

| | Days in Accounts Receivable | | | | | | | | | | | |
|--------------------|-----------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 |
| A/R Balance | 8,014,805 | 7,773,952 | 8,110,397 | 7,701,266 | 8,012,303 | 8,281,971 | 8,013,130 | 8,221,172 | 8,316,832 | 8,291,823 | 7,656,005 | 7,335,944 |
| Total 6-Mo Charges | 13,972,843 | 13,702,999 | 13,564,338 | 13,486,730 | 13,510,828 | 13,776,238 | 13,919,148 | 14,099,135 | 14,202,225 | 14,335,007 | 13,516,962 | 12,719,662 |
| Avg Charge / Day * | 77,627 | 76,128 | 75,357 | 74,926 | 75,060 | 76,535 | 77,329 | 78,329 | 78,901 | 79,639 | 75,094 | 70,665 |
| A/R Days | 103 | 102 | 108 | 103 | 107 | 108 | 104 | 105 | 105 | 104 | 102 | 104 |

Days in Accounts Receivable

* Beginning in August 2015, A/R Balance excludes liens related to motor vehicle accidents.

** Avg Charge / Day is calculated using the most current six months' charges divided by 180 days.

| | | | Accounts | Receivable | Aging by Do | llars | | | |
|--------|-----------|-----------|-----------|------------|-------------|-----------|-----------|-----------|------------|
| | | | | Da | ys | | | | |
| Month | Current | 31-60 | 61-90 | 91-120 | 121-180 | >180 | Total | > 90 Days | > 120 Days |
| Dec-15 | 2,036,603 | 1,324,054 | 1,251,908 | 1,193,569 | 919,604 | 2,289,217 | 9,014,955 | 4,402,390 | 3,208,821 |
| Jan-16 | 2,187,679 | 1,358,267 | 1,093,930 | 1,159,592 | 804,346 | 2,216,838 | 8,820,652 | 4,180,776 | 3,021,184 |
| Feb-16 | 2,371,037 | 1,489,207 | 1,142,082 | 1,034,474 | 995,140 | 2,180,030 | 9,211,970 | 4,209,644 | 3,175,170 |
| Mar-16 | 2,169,626 | 1,573,993 | 1,167,157 | 1,046,120 | 669,972 | 2,226,505 | 8,853,373 | 3,942,597 | 2,896,477 |
| Apr-16 | 2,365,098 | 1,461,178 | 1,262,070 | 1,021,237 | 772,950 | 2,325,185 | 9,207,718 | 4,119,372 | 3,098,135 |
| May-16 | 2,297,571 | 1,549,051 | 1,210,982 | 1,172,576 | 866,740 | 2,378,629 | 9,475,549 | 4,417,945 | 3,245,369 |
| Jun-16 | 2,271,060 | 1,483,382 | 1,256,968 | 1,067,821 | 740,076 | 2,429,648 | 9,248,955 | 4,237,545 | 3,169,724 |
| Jul-16 | 2,293,888 | 1,469,203 | 1,250,635 | 1,171,468 | 808,669 | 2,421,729 | 9,415,592 | 4,401,866 | 3,230,398 |
| Aug-16 | 2,267,913 | 1,457,394 | 1,228,351 | 1,150,498 | 952,086 | 2,481,015 | 9,537,257 | 4,583,599 | 3,433,101 |
| Sep-16 | 2,370,593 | 1,479,829 | 1,259,041 | 1,104,487 | 672,920 | 2,618,972 | 8,820,652 | 4,396,379 | 3,291,892 |
| Oct-16 | 1,534,929 | 1,621,005 | 1,289,311 | 1,137,078 | 715,502 | 2,646,634 | 8,944,460 | 4,499,214 | 3,362,136 |
| Nov-16 | 1,552,311 | 882,923 | 1,388,049 | 1,194,727 | 920,253 | 2,705,994 | 8,644,257 | 4,820,974 | 3,626,247 |

Accounts Receivable Aging by Percentage

| | Days | | | | | | | | |
|--------|---------|-------|-------|--------|---------|------|-------|-----------|------------|
| Month | Current | 31-60 | 61-90 | 91-120 | 121-180 | >180 | Total | > 90 Days | > 120 Days |
| Dec-15 | 23% | 15% | 14% | 13% | 10% | 25% | 100% | 49% | 36% |
| Jan-16 | 25% | 15% | 12% | 13% | 9% | 25% | 100% | 47% | 34% |
| Feb-16 | 26% | 16% | 12% | 11% | 11% | 24% | 100% | 46% | 34% |
| Mar-16 | 25% | 18% | 13% | 12% | 8% | 25% | 100% | 45% | 33% |
| Apr-16 | 26% | 16% | 14% | 11% | 8% | 25% | 100% | 45% | 34% |
| May-16 | 24% | 16% | 13% | 12% | 9% | 25% | 100% | 47% | 34% |
| Jun-16 | 25% | 16% | 14% | 12% | 8% | 26% | 100% | 46% | 34% |
| Jul-16 | 24% | 16% | 13% | 12% | 9% | 26% | 100% | 47% | 34% |
| Aug-16 | 24% | 15% | 13% | 12% | 10% | 26% | 100% | 48% | 36% |
| Sep-16 | 27% | 17% | 14% | 13% | 8% | 30% | 108% | 50% | 37% |
| Oct-16 | 17% | 18% | 14% | 13% | 8% | 30% | 100% | 50% | 38% |
| Nov-16 | 18% | 10% | 16% | 14% | 11% | 31% | 100% | 56% | 42% |

Montgomery County Hospital District Payer Mix

| Payer | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | 12-Month Total |
|-------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Medicare | 1,631,176 | 1,628,293 | 1,556,673 | 1,597,482 | 1,708,155 | 1,686,842 | 1,807,664 | 1,618,720 | 1,657,519 | 1,574,675 | 861,573 | 903,217 | 18,231,989 |
| Medicaid | 356,613 | 332,625 | 376,096 | 421,251 | 380,282 | 405,370 | 445,783 | 413,213 | 436,813 | 432,302 | 210,125 | 186,970 | 4,397,443 |
| Insurance | 622,818 | 681,277 | 686,206 | 675,095 | 722,808 | 764,166 | 744,980 | 769,098 | 691,850 | 705,226 | 380,350 | 367,303 | 7,811,177 |
| Facility Contract | 80,194 | 67,642 | 45,590 | 61,976 | 46,822 | 74,814 | 65,727 | 57,939 | 38,881 | 37,419 | 24,751 | 21,822 | 623,577 |
| Bill Patient | 977,126 | 929,743 | 996,205 | 1,005,464 | 1,056,702 | 997,964 | 969,417 | 1,019,343 | 1,043,221 | 1,109,594 | 560,504 | 512,911 | 11,178,194 |
| | | | | | | | | | | | | | |
| Total | 3,667,927 | 3,639,580 | 3,660,770 | 3,761,268 | 3,914,769 | 3,929,156 | 4,033,571 | 3,878,313 | 3,868,284 | 3,859,216 | 2,037,303 | 1,992,223 | 42,242,380 |

| Payer | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | 12-Month % |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|
| Medicare | 44.5% | 44.7% | 42.5% | 42.5% | 43.6% | 42.9% | 44.8% | 41.7% | 42.8% | 40.8% | 42.3% | 45.3% | 43.2% |
| Medicaid | 9.7% | 9.1% | 10.3% | 11.2% | 9.7% | 10.3% | 11.1% | 10.7% | 11.3% | 11.2% | 10.3% | 9.4% | 10.4% |
| Insurance | 17.0% | 18.7% | 18.7% | 17.9% | 18.5% | 19.4% | 18.5% | 19.8% | 17.9% | 18.3% | 18.7% | 18.4% | 18.5% |
| Facility Contract | 2.2% | 1.9% | 1.2% | 1.6% | 1.2% | 1.9% | 1.6% | 1.5% | 1.0% | 1.0% | 1.2% | 1.1% | 1.5% |
| Bill Patient | 26.6% | 25.5% | 27.2% | 26.7% | 27.0% | 25.4% | 24.0% | 26.3% | 27.0% | 28.8% | 27.5% | 25.7% | 26.5% |
| | | | | | | | | | | | | | |
| Total | 100.0% | 99.9% | 99.9% | 99.9% | 100.0% | 99.9% | 100.0% | 100.0% | 100.0% | 100.1% | 100.0% | 99.9% | 100.1% |





To: Board of Directors

From: Brett Allen, CFO

Date: December 20, 2016

Re: D&O Liability - Renewal

Consider and act on renewal of Directors and Officer's Liability. (Mr. Grice, Treasurer – MCHD Board)

Montgomery County Hospital

Directors & Officers (D&O) Liability and Employment Practices Liability (EPL) Insurance

| Item | Federal | Atlantic Specialty |
|--|-----------------------------------|-----------------------------------|
| Status | Current Carrier | Alternative Carrier |
| Proposed Premium | \$41,380 | \$26,010 |
| Rating | A++ | А |
| Aggregate Limit | \$3,000,000 | \$3,000,000 |
| Prior & Pending Litigation Dates | | |
| D&O Coverage | 12/18/01 | 12/18/01 |
| EPL Coverage | 12/18/01 | 12/18/01 |
| <u>Retentions</u> | | |
| D&O - Individual | \$0 | \$0 |
| D&O - Corporate Reimbursement | \$50,000 | \$25,000 |
| D&O - Entity Coverage | \$50,000 | \$25,000 |
| Anti-Trust Claims under D&O * | \$100,000 | \$50,000 |
| EPL and Third Party | \$50,000 | \$35,000 |
| EPL Claims by Medical Practicioners | \$150,000 | \$35,000 |
| * Anti-Trust Claims under D&O Co-Insurance | 20% | N/A |
| Discovery Period (Tail) Options | 12 Mo @ 100% Premium off Expiring | 12 Mo @ 100% Premium off Expiring |

Notes:

The differences in the two policies are highlighted.

The current D&O, EPL carrier for MCHD is Federal.

The current premium is \$31,328.

The renewal premium proposed by Federal is \$41,380, which represents a 32% increase.

Federal is increasing the premiums for their Healthcare Management D&O book of business across the board. The proposed premium increase of 32% had nothing to with MCHD's claim experience.

Federal's rating of "A++" is superior to Atlantic Specialty's rating of "A"; however:

* An "A" rating is a solid rating if maintained for a period of time. Atlantic Specialty has carried an "A" rating for a number of years.

* If a carrier is downgraded to an "A" rating, then that would be worrisome. That would imply financial trouble and a weakening balance sheet.

Retention is synonomous with deductible. If the cost of an EPL claim were \$100,000, then MCHD would pay the retention amount of \$35,000 if covered by the Atlantic Specialty policy.



INSURANCE INDICATION

THE TERMS AND CONDITIONS OF THIS INDICATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS OFFER CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHO HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE FOLLOWING NON-BINDING TERMS ARE BEING PRESENTED.

| DATE ISSUED: | December 06, 2016 |
|--------------------------|--|
| PRODUCER: | WinStar Insurance Group / VFIS of Texas Attn: Barbara Marzean, CIC |
| INSURED: | Montgomery County Hospital District 1400 South Loop 336 West Conroe, TX 77304 |
| INSURER: | Federal Insurance Company (Chubb group) "A++" XV Rated by AM Best. Admitted Paper. |
| COVERAGE: | Heath Care Portfolio Directors & Officers Liability, Employment Practices Liability |
| POLICY PERIOD: | 12/18/2016 – 12/18/2017 |
| RETROACTIVE DATE: | Full Prior Acts |
| TERM: | 12 Months |

UNLESS OTHERWISE SPECIFIED, THIS OFFER IS CONSIDERED VALID FOR 30 DAYS OR UNTIL THE CURRENT POLICY EXPIRES, WHICHEVER IS LESS. THIS INSURANCE INDICATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF A REVISED INDICATION, THE FORMAL QUOTATION OR POLICY(IES) ISSUED TO REPLACE IT.

POLICY FORM: Claims Made

| LIMITS: | Aggregate | Retentions | Premium |
|---------|------------------|----------------------------------|-------------|
| | \$3,000,000 | see below | \$41,380.00 |
| - | Shared/Single Ag | gregate Limit for the D&O and EP | Ľ |

| Premium: | \$41,380.00 |
|---------------------|-------------|
| Carrier Policy Fee: | \$0.00 |
| Broker Fee: | \$0.00 |

<u>Total:</u> \$41,380.00

(a) TERMS / CONDITIONS/ SUBJECT TO:

MINIMUM EARNED PREMIUM AT INCEPTION: None

Admitted Paper // Claims Made Coverage // Full prior acts coverage included with Prior & Pending Litigation Dates as noted below

Prior & Pending Litigation Dates: 12/18/2001 for the D&O coverage 12/18/2001 for the EPL coverage

| <u>Retentions are:</u> | |
|---------------------------|---|
| \$0 / \$50,000 / \$50,000 | D&O: Individual / Corporate Reimbursement / Entity Coverage |
| \$100,000 | for anti-trust claims under the D&O coverage part |
| \$50,000 | EPL and third party |
| \$150,000 | for EPL claims brought by Medical Practitioners |
| | |

Anti Trust claims under the D&O coverage are subject to a 20% co-insurance provision

Discovery Period (tail) options: 12 months at 100% additional premium off expiring

SUBJECT TO:

** JUST NEED YOUR WRITTEN REQUEST TO BIND.

(b) **FULL TERMS / CONDITIONS / ENDORSEMENTS**:

EXECUTIVE LIABILITY, ENTITY LIABILITY AND EMPLOYMENT PRACTICES LIABILITY Coverage Section - Form # 14-02-9524

General Terms and Conditions - 14-02-9523 (Ed. 08/2004)

10-02-1295 Important Notice to Policyholders

14-02-10024 Texas Amendatory Endorsement to the General Terms and Conditions Section

14-02-9962 Amend Subsection 11 Termination of Policy or Coverage Section Endorsement

14-02-10162 Texas Amendatory Endorsement to the Executive Liability, Entity Liability and Employment Practices Liability Coverage Section

14-02-11389 Health Care Portfolio Mandatory Amendments Endorsement

0% / 20%

14-02-11456 Failure to Maintain Insurance Exclusion

14-02-11496 Insuring Clause 1 Non-Rescission Endorsement

14-02-11508 Regulatory Claim Coverage (Defense Costs Only) Endorsement

\$1,000,000 / \$1,000,000 / December 18, 2005 / 50%

14-02-11511 Insurance Company E&O/MCO Operations Exclusion Endorsement

14-02-11745C Convert to Duty to Defend and Pre-Approved Counsel Endorsement

Bush Law Firm, P.C. / TX / 70% / 30%

\$250 / \$235 / \$100

14-02-11748 Amend Exclusion 8(a) Endorsement

14-02-11817 Amend Section 24. Changes in Exposure Endorsement

25%

14-02-12003 Separate Retention for Employment Claims Brought by Medical Practitioners Endorsement *\$150,000*

14-02-12300 Amend Outside Directorship Endorsement

14-02-12303 Amend Subsections 15 and 25 Endorsement

14-02-12428 Amend Subsection 27 Endorsement 14-02-12430 Amend Subsection 19(b) Endorsement 14-02-12439 Amend Loss and Subsection 8(c)(ii) Endorsement 14-02-12485 Amend Subsection 21 Endorsement 14-02-12750TX Punitive Damages Coverage Endorsement 14-02-13538 Additional Limit of Liability Dedicated for Executives Endorsement \$500,000 14-02-13566 Amend Exclusion 8(c) Endorsement 14-02-13574 Amend Section 12 Severability of Exclusions Endorsement 14-02-13575 Amend Subsection 27 Representations and Severability Endorsement 14-02-14598 Violation Of Employee Privacy Endorsement (Defense Costs Only With Sublimit) \$250,000 14-02-14613 Workplace Violence Expense Endorsement (With Sublimit) \$250,000 14-02-15297 Amend Wage and Hour Exclusion Endorsement with Sublimit for Defense Costs \$100.000 14-02-21392 Notice of Loss Control Services 14-02-3206 Loss Prevention Consultant Services Endorsement 14-02-9954 Add Organization(s) Endorsement

Montgomery County Healthcare Foundation Montgomery County Hospital District Public Facilities Corporation

(c) ATTACHMENTS:

(d) ALL OTHER TERMS AND CONDITIONS APPLY PER FORM

8%

COMMISSION:

THIS INDICATION IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO OFFER TERMS AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS INDICATION MAY BE WITHDRAWN OR AMENDED BY THE INSURER AT ANY TIME PRIOR TO BINDING.

All insurance is negotiated by and placed through McGowan & Company, Inc.



INSURANCE INDICATION

THE TERMS AND CONDITIONS OF THIS INDICATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS OFFER CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHO HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE FOLLOWING NON-BINDING TERMS ARE BEING PRESENTED.

| DATE ISSUED: | December 06, 2016 |
|--------------------------|--|
| PRODUCER: | WinStar Insurance Group / VFIS of Texas Attn: Barbara Marzean, CIC |
| INSURED: | Montgomery County Hospital District 1400 South Loop 336 West Conroe, TX 77304 |
| INSURER: | Atlantic Specialty Insurance Company (One Beacon group) "A" Rated by AM Best. Admitted Paper. |
| COVERAGE: | Heath Care Organization Management Liability Directors & Officers Liability, Employment Practices Liability |
| POLICY PERIOD: | 12/18/2016 - 12/18/2017 |
| RETROACTIVE DATE: | Full Prior Acts |
| TERM: | 12 Months |

UNLESS OTHERWISE SPECIFIED, THIS OFFER IS CONSIDERED VALID FOR 30 DAYS OR UNTIL THE CURRENT POLICY EXPIRES, WHICHEVER IS LESS. THIS INSURANCE INDICATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF A REVISED INDICATION, THE FORMAL QUOTATION OR POLICY(IES) ISSUED TO REPLACE IT.

POLICY FORM: Claims Made

| LIMITS: | Aggregate | Retentions | Premium |
|---------|------------------|----------------------------------|-------------|
| | \$3,000,000 | see below | \$26,010.00 |
| - | Shared/Single Ag | gregate Limit for the D&O and EP | Ľ |

| Premium: | \$26,010.00 |
|---------------------|-------------|
| Carrier Policy Fee: | \$0.00 |
| Broker Fee: | \$0.00 |

<u>Total:</u> \$26,010.00

(a) TERMS / CONDITIONS/ SUBJECT TO:

MINIMUM EARNED PREMIUM AT INCEPTION: None

Admitted Paper // Claims Made Coverage // Full prior acts coverage included with Prior & Pending Litigation Dates as noted below

Prior & Pending Litigation Dates: 12/18/2001 for the D&O coverage 12/18/2001 for the EPL coverage

| <u>Retentions are:</u> | |
|---------------------------|---|
| \$0 / \$25,000 / \$25,000 | D&O: Individual / Corporate Reimbursement / Entity Coverage |
| \$50,000 | for anti-trust claims under the D&O coverage part |
| \$35,000 | EPL and third party |
| \$35,000 | for EPL claims brought by Medical Practitioners |
| | |

Anti Trust claims under the D&O coverage are not subject to a co-insurance provision

Discovery Period (tail) options: 12 months at 100% additional premium off expiring

SUBJECT TO:

**** JUST NEED YOUR WRITTEN REQUEST TO BIND.**

(b) **FULL TERMS / CONDITIONS / ENDORSEMENTS**:

MPF-10001-03-09 Health Care Organization Management Liability General Terms and Conditions Section MPF-10001-DO-03-09 Health Care Organization Management Liability Directors, Officers and Organization Coverage Section

MPF-10001-EPL-03-09 Health Care Organization Management Liability Employment Practices Liability Coverage Section

| MPE-000TX-03-09 | Texas Amendatory GT&C |
|------------------|---|
| BMP-00001-03-11 | Risk Management Services GT&C |
| MPE-00001-03-09 | Additional Organization |
| Montgomery C | ounty Healthcare Foundation |
| Montgomery C | ounty Hospital District Public Facilities Corporation GT&C |
| MPE-130TX-10-09 | Texas Amendatory D&O |
| MPE-03001-03-09 | Additional Limit for Executives - \$1M D&O |
| MPE-03030A-01-15 | Cap on Losses from Certified Acts of Terrorism D&O |
| MPE-03036-09-09 | Amend Severability of Exclusions D&O |
| MPE-03037-09-09 | Amend Representations and Severability; Incorporation of Application D&O |
| MPE-03043-09-10 | Crisis Management Reimbursement Coverage - \$25k Sublimit D&O |
| MPE-03045-09-10 | Wage and Hour Exclusion D&O |
| MPE-12003-03-09 | Amend Consent to Settle – 100/0 D&O |
| MPE-13IVI-09-09 | Amend Exclusion (C) D&O |
| MPE-13005-03-09 | Antitrust Claims Separate Retention - \$50k Retention D&O |
| MPE-13028A-01-16 | Regulatory Claim - Defense Only Coverage - \$1M Sublimit, \$1M Retention, 50% |
| Coinsurance D&O | |

| MPE-13034-09-09 | Amend Internal Revenue Code Violation Sublimit - \$50k SublimitD&O |
|-----------------|--|
| MPE-13036-11-09 | Amend Excess Benefit Transaction Excise Tax Sublimit - \$50k Sublimit D&O |
| MPE-040TX-10-09 | Texas Amendatory EPL |
| MPE-04019-09-10 | Workplace Violence Reimbursement Coverage - \$250k Sublimit EPL |
| MPE-04020-02-11 | Wage and Hour Claims Sublimit and Retention - \$100k Sublimit, \$35k Retention EPL |
| MPE-04021-04-11 | Illegal Hiring or Harboring Wrongful Act - \$25k Sublimit EPL |
| | |

(c) ATTACHMENTS:

(d) ALL OTHER TERMS AND CONDITIONS APPLY PER FORM

COMMISSION: 10%

THIS INDICATION IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO OFFER TERMS AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS INDICATION MAY BE WITHDRAWN OR AMENDED BY THE INSURER AT ANY TIME PRIOR TO BINDING.

All insurance is negotiated by and placed through McGowan & Company, Inc.

Allen, Brett

| From: | Barbara Marzean <bmarzean@vfistx.com></bmarzean@vfistx.com> |
|--------------|--|
| Sent: | Tuesday, December 06, 2016 3:00 PM |
| To: | Allen, Brett; Henners, Shawn |
| Cc: | Nancy Spear |
| Subject: | Montgomery County Hospital District - D&O/EPL renewal 12/18/16 |
| Attachments: | MCHD_2017ChubbQte.pdf; MCHD_2017OneBeaconQuote.pdf |
| Importance: | High |

Hi Brett and Shawn, attached are two renewal quotes on your Directors & Officers/Employment Practices Liability Renewal. Chubb is offering a renewal quote of \$41,380 which is up from \$31,328 last year. We have also received a quote from One Beacon in the amount of \$26,010. Please review these two quotes and let me know if you have any questions. If you would like to review a specimen One Beacon policy, let me know and I will get that for you.

Our broker approached several other markets that were not able to provide competitive quotes compared to Chubb or One Beacon:

- RSUI
- AIG
- CNA
- Allied World
- Great American
- Berkley
- Capital Specialty

This coverage expires on 12/18/16 so please advise renewal instruction prior to 12/18/16.

Thanks!

Barbara Marzean, CIC President, WinStar Insurance Group / VFIS of Texas 3420 Executive Center Drive, Ste 301, Austin, TX 78731 Direct: (512) 628-5045 Main: (800) 252-9435 Fax: (512) 448-9929 Cell: (512) 751-0442 www.vfistx.com www.winstarins.com

Celebrating more than 30 years as the premier insurance provider for Texas emergency service organizations! Thank you for your business and continued support!





To: Board of Directors

From: Brett Allen, CFO

Date: December 20, 2016

Re: Workers' Compensation - Renewal

Consider and act on renewal of Workers' Compensation. (Mr. Grice, Treasurer – MCHD Board)



PO Box 12058 Austin, TX 78711-2058

MONTGOMERY COUNTY HOSPITAL DISTRICT PO BOX 478 CONROE TX 77305-0478

CONFIDENTIALITY NOTICE: This communication may contain confidential, proprietary or privileged information and is intended only for the person to whom the communication is addressed. If you are not the intended recipient, please immediately notify Texas Mutual's Information Services Center at (800) 859-5995 or information@texasmutual.com and destroy all copies of the communication as your use, disclosure, copying or storage of the communication is prohibited and may be a violation of state or federal law.

W Station User 2016-12-14



December 14, 2016

DIVIDEND HISTORY

Applicant Copy

MONTGOMERY COUNTY HOSPITAL DISTRICT PO BOX 478 CONROE TX 77305-0478

Thank you for choosing Texas Mutual Insurance Company as your workers' compensation insurance carrier. We hope that you will choose us again at your policy renewal.

As of 12/14/2016, our records indicate you previously qualified for the following Texas Mutual® dividend(s).

| | Individual | Safety Group | |
|--------------|------------|--------------|------------|
| Year | Dividends* | Dividends* | Total |
| 2016 | 104,017.49 | 23,592.26 | 127,609.75 |
| 2015 | 124,071.09 | 22,881.17 | 146,952.26 |
| 2014 | 86,723.99 | 10,180.23 | 96,904.22 |
| 2013 | 54,320.29 | 4,595.62 | 58,915.91 |
| 2012 | 18,722.62 | 0.00 | 18,722.62 |
| - · · | | 04.040.00 | 440 404 70 |
| Total | 387,855.48 | 61,249.28 | 449,104.76 |

Our philosophy is to share our financial success with loyal customers. Since 1999, we have paid more than \$2 billion in dividends to qualifying Texas Mutual policyholders.

(NOTE: Dividends are based on performance, are not guaranteed and must comply with Texas Department of Insurance regulations.)

We appreciate your business, and we value you as a customer. We hope we may continue our business relationship with you for many years to come.

For more information about Texas Mutual® dividends, please visit our website's dividend page at: texasmutual.com/dividends

* Individual dividends reward individual policyholders retrospectively for their low claim losses and customer loyalty. We award safety group dividends according to each group's performance against predetermined loss ratio schedules.



| Quote Nur | nber: Q | 03521629 | | | | UNI | DERWRIT | ING Q | JOTE | E SHEET |
|--|------------------------|--|-------------------------------|--------------------|---------------------------------|------------|---|---|--------------------|---|
| Quote Issi | ue Date: 12 | /14/2016 | | | | | | | Sumn | nary Page |
| Underwrite | er: TE | RESA A. JANEK | | | | | | | | pplicant Copy |
| Applicant: | DISTRICT PO BOX | | AL | AL Producer: 49611 | | | WINSTAR INSURANCE GROUP LLC 3420 EXECUTIVE CENTER DR STE 301 AUSTIN TX 78731-1626 | | | |
| Proposed | Coverage F | Period: 01/01/2017 to 01/0 | 1/2018 | | | Phor | ne: (512) 448-9 | 928 Fax: (5 | 12) 448 | -9929 |
| | EMERGEN | IENT ENTITY CY SERVICES ORGANIZ LOCAL PASSENGE | | Best Ha | zard: 05 | | | Quote g | enerate | d in Austin,TX |
| Part One | : Workers' (| Compensation Insurance | | | F | Premi | um Quote | Summai | ∙у - Те | xas Only |
| ST LOC 42 1 | CODE # 7720 | CLASSIFICATION AMBULANCE SERVICE DRIVERS | BY CON | TRACT-& | | 13 | PAYROLL 13,458,482.00 | | ATE 4.58 | PREMIUM 616,398.00 |
| 42 1 | 8742 | SALESPERSONS, COLLECTORS OR MESSENGERS-OUTSIDE | | | | | 36,400.00 | I | 0.50 | 182.00 |
| 42 1 42 1 | 8810 8832 | CLERICAL OFFICE EM PHYSICIAN | CLERICAL OFFICE EMPLOYEES NOC | | | | | | 0.29 0.58 | 16,432.00 725.00 633,737.00 |
| Prorate Fa | actor: | 1.00 | | | F | -actor | Out-of-Net Amount | work | Factor | In-Network Amount |
| EXPERIEI SCHEDUL HEALTH (PREMIUM | NCE MODII _E RATING | MODIFICATION NORK DISCOUNT 12% T | | | (4.00%) (20.00%) (12.30%) | 0.000 | 8,872.00 (25,704.00) (123,381.00) 0.00 (60,703.00) 150.00 | (4.00%) (20.00%) (12.00%) (12.30%) | 0.880 | 8,872.00 (25,704.00) (123,381.00) (59,223.00) (53,419.00) 150.00 |
| Minimum I | Premium: | \$250.00 | ated Annua | al Premium | : | 432,971.00 | | | 381,032.00 | |
| Audit Freq | luency: | QUARTERLY-25% 3 | Depo | osit Premi | um: | | 108,243.00 | | | 95,258.00 |
| Part Two. | : Employers | ' Liability Insurance | | | | | | | | |
| | | Standard | Admiralt | y/F.E.L.A. | | | | | | |
| Bodily Iniu | Irv Bv Accid | ent \$1.000.000.00 | | \$0.00 | Each Accid | dent | | | | |

| Bodily Injury By Accident | \$1,000,000.00 | \$0.00 | Each Accident |
|---------------------------|----------------|--------|---------------|
| Bodily Injury By Disease | \$1,000,000.00 | | Each Employee |
| Bodily Injury By Disease | \$1,000,000.00 | \$0.00 | Policy Limit |

Endorsements Made Part Of This Quotation

See Schedule of Endorsements attached.

NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in workers' compensation policies. Losses resulting from certified acts of terrorism, as defined under the Terrorism Risk Insurance Act of 2002, as amended ("the Act"), would be partially reimbursed by the U.S. Government under a formula established by the Act. Under the formula, the U.S. Government will generally pay 85% of covered terrorism losses during a calendar year that exceed our insurer deductible; however, this percentage payout will decrease by 1% each year after 2015 until it reaches 80% in 2020. The Act provides an annual cap on liability that limits the U.S. Government's payment as well as our liability for any amount of losses from certified acts of terrorism that, in the aggregate for the industry, exceeds \$100,000,000 in a calendar year. The portion of your quoted premium that is attributable to coverage for acts of terrorism is \$0 and does not include any charges for the portion of losses covered by the U.S. Government under the Act.



UNDERWRITING QUOTE SHEET

Endorsements Applicant Copy

Quote Number: Q003

Q003521629

Quote Issue Date:

12/14/2016

Applicant: MONTGOMERY COUNTY HOSPITAL DISTRICT Address: PO BOX 478 CONROE TX 77305-0478

Proposed Coverage Period: 01/01/2017 to 01/01/2018

Endorsements

| TM-LRC-2008 | LIMITED REIMBURSEMENT COVERAGE |
|-------------|--------------------------------|
| TM-PC-2003 | POLICY CONDITIONS ENDORSEMENT |
| TM-MV-2011 | MUTUAL ENDORSEMENT FORMS |
| WC00 00 00C | WORKERS COMPENSATION AND EMPLO |
| WC00 00 01B | WORKERS COMP/EMPLOYERS LIAB |
| WC00 04 06 | PREMIUM DISCOUNT |
| WC00 04 14 | NOTIFICATION ON CHG IN OWNRSHP |
| WC00 04 22B | TERRORISM RISK INSURANCE PROG |
| WC42 03 01H | TEXAS AMENDATORY |
| WC42 03 03B | TEXAS VOLUNTEER WORKERS CO |
| WC42 04 04A | GROUP PURCHASE OF WORKERS COMP |
| WC42 04 07 | AUDIT PREMIUM ENDORSEMENT |
| WC42 04 08A | NETWORK DISCOUNT |



| Applicant: | MONTGOMERY C | OUNTY HOSPITAL DIS | TRICT | | QUOIE INVOICE Applicant Copy |
|--|---|---|--|--|---------------------------------|
| Quote Number | Q003521629 | Quote Version: 0002 | Quote Issue Date: | 12/14/2016 | |
| Agent: | WINSTAR INSUR | ANCE GROUP LLC | | | |
| Underwriter: | TERESA A. JANE | к | | | |
| Renewal of: | 0001217354 | | | | |
| Mutual Insurat Please return th Please help us | nce Company, unless his form and your chec more quickly process | e will be the date a complet a future effective date has k payable to Texas Mutual your payment by writing yo ceipt. Payment received doe | been requested.This Insurance Company ur quote number on y | does not apply to Sta for the amount of this rour check. | |

Please check one option below to indicate policy choice.

| Out-Of-Network | | In-Network |) |
|--|--------------|---|------------------------|
| Estimated Annual Premium: | \$432,971.00 | Estimated Annual Premium: | \$381,032.00 |
| Deposit Premium: Reporting Mode: QUARTERLY-25% 3 | \$108,243.00 | Deposit Premium: | \$95,258.00 |
| PLEASE NOTE: This policy is not elic to report payroll and make payments | | accepting this payroll payment option, th | ne policyholder agrees |

Please mail this form along with the amount due for the above selected option to:

Texas Mutual Insurance Company PO Box 841843 Dallas, TX 75284-1843

Please include your quote number Q003521629 on your check for prompt handling. Please do not use the above address for other correspondence.

THANK YOU FOR YOUR BUSINESS!



TEXAS WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY

DNE-1A Applicant Copy

DEDUCTIBLE NOTICE OF ELECTION

Texas law permits an employer to obtain workers' compensation insurance with a deductible. The insurance applies only to benefits payable under Texas workers' compensation law. When a deductible is elected, the policyholder is required to reimburse the insurance carrier for benefits payable under the law up to the deductible amount and a credit is applied to the policy. Premium credits are determined based on the deductible selected and the hazard group. The hazard group is determined by the classification that produces the largest amount of estimated Texas standard premium.

You are not required to choose a deductible. If you do choose one, your insurance company will pay the deductible amount for you, but you must reimburse the insurance company within 30 days after they send you notice that payment is due. If you fail to reimburse the insurance company, they may cancel the policy upon ten days written notice, and any resulting premium may be applied to the deductible amount owed.

If a deductible amount is desired, please indicate below.

O Yes, I want a deductible of (select only one):

- per accident 1. \$
- per claim 2. \$
- 3. \$ medical only

applied to benefits payable under the Texas Workers' Compensation Law. I understand that the company will pay the deductible amount and seek reimbursement Monthly

(monthly, quarterly or other)

O No. I do not want a deductible applied to benefits payable under the Texas Workers' Compensation Law.

O Yes, I do want a deductible policy, but am unable to obtain one for the following reason:

The deductible plans have been explained to me.

Signature and Title

Employer Name (print or type)

Texas Mutual Insurance Company

Insurance Company

Q003521629 Policy No.

Address

Date

January 1, 2017

Effective Date



HELPING BUILD A STRONGER TEXAS

We are an insurance company, but many employers think of us more as a partner in workplace safety and effective claim management.

Our customer service philosophy is to provide personalized attention that exceeds your expectations. Consider what you will get for your premium dollar:

A PARTNER IN LOSS PREVENTION

- On site safety surveys and recommendations by consultants who know your business
- Loss run reports that help you analyze loss trends
- Access to a library of safety videos, posters, and brochures, many available in Spanish
- Seminars on workplace safety and the return to work process
- Help with special issues, such as ergonomics, industrial hygiene, and OSHA compliance

ZERO TOLERANCE FOR FRAUD

- Investigation of suspected claim fraud
- Coordination with prosecutors statewide to obtain convictions
- A proven track record of fraud convictions

EFFECTIVE CLAIMS MANAGEMENT AND COST CONTROL

- Professionals on staff to handle all aspects of claim management and cost control:
 - A designated regional service team with expertise in your industry
 - Rehabilitation nurses and a provider relations team that works to get the right care for your injured workers
 - A catastrophic injury team to work with severely injured workers
 - A special unit that handles maritime claims (HSWCA, OCSLA, and Jones Act)
 - Specialists who audit medical bills
 - Subrogation specialists who recover millions from third parties responsible for injuries

INFORMATION AT YOUR FINGERTIPS

- Toll-free numbers for claim reporting and general information
- An easy-to-use reference notebook with full instructions on coverage notices, injury reporting, and tips on cost control

Competitive Quotes

Other States Coverage

Safety Groups

Deductibles

TO THE AGENT OR BROKER: Our regional marketing teams are available to present more about these services to your clients and your staff.



Texas Star Network® Option From Texas Mutual

Eligible policyholders with locations in network service areas can take advantage of the Texas Star Network® option offered by Texas Mutual Insurance Company. Policyholders that elect this option enjoy the benefits of the network system's focus on helping injured employees return to work.

Network benefits

Quality of care

- Injured employees select their treating doctor from among the network's group of occupational health care providers. Texas Star Network® providers are focused on helping workers recover and return as productive members of the workforce.
- The Texas Star Network® medical case management program includes certified case managers who work with health care providers, injured workers and employers to identify and facilitate return-to-work opportunities.

Financial benefits

- Texas Mutual Insurance Company offers an annual workers' comp health care network premium discount of 12 percent to most eligible new and current policyholders.
- The network's occupational focus should help improve productivity and reduce other costs associated with workplace accidents.

Employers must notify employees of network requirements for the network provisions to take effect. For more information on Texas Mutual Insurance Company and the Texas Star Network® option, including whether or not you are eligible for the network, contact your agent, or visit texasmutual.com.

AGENDA ITEM # 21

Consider and act on payment of District invoices (Mr. Grice, Treasurer-MCHD Board)

TOTAL FOR INVOICES \$ 1,240,936.57

| Vendor Name | Inv oice Date | Invoice No. | Payment No. | Payment Dat | e Invoice Description | Account No. Account Description | Amount |
|--------------------------------|---------------|--------------------|-------------|-------------|--|--|-------------|
| 1ST NATIONAL BANK | 11/29/2016 | AWARD BANQUET 2016 | 89610 | 11/30/2016 | EMPLOYEE GIFT CARDS FOR AWARD BANQUET 12/2/16 | 10-000-14900 Prepaid Expenses-BS | \$10,800.0 |
| | | | | | | Totals for 1ST NATIONAL BANK: | \$10,800.00 |
| ADVANTAGE FINANCIAL SERVICES | 12/1/2016 | 19785407 | 89695 | 12/7/2016 | ACCT# 016-0803292-002 CANNON COPIER LEASE | 10-015-55400 Leases/Contracts-Information Technol | \$100.64 |
| | | | | | | Totals for ADVANTAGE FINANCIAL SERVICES: | \$100.64 |
| AIKEN, MICHAEL COTY | 11/15/2016 | AIK111516 | 89462 | 11/16/2016 | MILEAGE REIMBURSEMENT 11/08/16 | 10-009-56200 Mileage Reimbursements-OMD | \$41.04 |
| | 11/17/2016 | AIK111716 | 89537 | 11/22/2016 | PARKING EXPENSE 11/16/16 | 10-009-53150 Conferences - Fees, Travel, & Meals-l | \$10.00 |
| | 11/21/2016 | AIK112116 | 89537 | 11/22/2016 | MILEAGE REIMBURSEMENT 11/16/16 | 10-009-56200 Mileage Reimbursements-OMD | \$50.7 |
| | | | | | | Totals for AIKEN, MICHAEL COTY: | \$101.80 |
| ALONTI CAFE & CATERING | 12/1/2016 | 1190846 | | 12/7/2016 | NEW HIRE AGILITY TESTING | 10-009-56100 Meeting Expenses-OMD | \$59.96 |
| | | | | | | Totals for ALONTI CAFE & CATERING: | \$59.96 |
| AMAZON. COM LLC | 11/10/2016 | 0398467 11/10/16 | 89538 | 11/22/2016 | STATION SUPPLIES | 10-004-57725 Shop Supplies-Radio | \$100.16 |
| | | | | | | 10-004-57750 Small Equipment & Furniture-Radio | \$509.32 |
| | | | | | | 10-008-56300 Office Supplies-Matls. Mgmt. | \$115.05 |
| | | | | | | 10-008-57900 Station Supplies-Mater | \$281.57 |
| | | | | | | 10-008-58700 Uniforms-Matls. Mgmt. | \$479.9 |
| | | | | | | 10-009-52600 Books/Materials-OMD | \$618.8 |
| | | | | | | 10-009-57750 Small Equipment & Furniture-OMD | \$19.9 |
| | | | | | | 10-010-57700 Shop Tools-Fleet | \$16.5 |
| | | | | | | 10-010-57750 Small Equipment & Furniture-Fleet | \$785.00 |
| | | | | | | 10-015-53100 Computer Supplies/Non-CapInformat | \$510.1 |
| | | | | | | 10-015-57750 Small Equipment & Furniture-Informa | \$629.9 |
| | | | | | | 10-015-58200 Telephones-Cellular-Information Tech | \$119.8 |
| | | | | | | 10-016-57725 Shop Supplies-Facil | \$322.7 |
| | | | | | | 10-009-57750 Small Equipment & Furniture-OMD | (\$25.9 |
| | | | | | | 10-008-58700 Uniforms-Matls. Mgmt. | (\$99.9 |
| | | | | | | Totals for AMAZON.COM LLC: | \$4,383.03 |
| AMERICAN TIRE DISTRIBUTORS INC | 11/17/2016 | S083615053 | 89539 | 11/22/2016 | AMBULANCE TIRES | 10-010-59150 Vehicle-Tires-Fleet | \$1,491.84 |
| | 11/15/2016 | S083506823 | 89539 | 11/22/2016 | AMBULANCE TIRES | 10-010-59150 Vehicle-Tires-Fleet | \$1,938.06 |
| | 12/1/2016 | S084204162 | 89697 | 12/7/2016 | AMBULANCE TIRES | 10-010-59150 Vehicle-Tires-Fleet | \$1,989.12 |
| | | | | | | Totals for AMERICAN TIRE DISTRIBUTORS INC: | \$5,419.02 |
| NDERSON, JORDAN | 11/20/2016 | AND112016 | 89698 | 12/7/2016 | PER DIEM/TX EMS CONF/DALLAS, TX 11/20-11/21/16 | 10-009-53150 Conferences - Fees, Travel, & Meals-I | \$80.0 |
| | 12/1/2016 | JOR120616 | 89698 | 12/7/2016 | MILEAGE REIMBURSEMENT 11/16/16-11/21/16 | 10-009-56200 Mileage Reimbursements-OMD | \$41.9 |
| | | | | | | 10-009-53150 Conferences - Fees, Travel, & Meals-l | \$220.3 |
| | 12/1/2016 | AND120616 \$19.47 | 89698 | 12/7/2016 | CARDSTOCK PAPER FOR EMS/ REIMBURSEMENT | 10-009-52600 Books/Materials-OMD | \$19.4 |
| | 12/1/2016 | AND120616 \$196.65 | 89698 | 12/7/2016 | TRAVEL EXPENSE CONFERENCE 11/20/16-11/21/16 | 10-009-53150 Conferences - Fees, Travel, & Meals-l | \$196.6 |
| | 12/1/2010 | | | | | | |
| | 12 1/2010 | | | | | Totals for ANDERSON, JORDAN: | \$558.35 |

| Vendor Name | Invoice Date | | Payment No. | Payment Dat | e Invoice Description | Account No. Account Description | Amount |
|----------------------------|--------------|---------------------|-------------|-------------|---|--|--------------|
| | 11/16/2016 | 94375973 | 89625 | 11/30/2016 | EZ-IO 25MM NEEDLES/MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$1,884.78 |
| | | | | | | Totals for ARROW (VIDACARE): | \$3,769.56 |
| ARTIFICAVITCH, DAVID | 11/9/2016 | ART110916 | 89381 | 11/9/2016 | TRAVEL EXPENSE/BAGGAGE | 10-007-53150 Conferences - Fees, Travel, & Meals-1 | \$50.00 |
| | | | | | | Totals for ARTIFICAVITCH, DAVID: | \$50.00 |
| AT&T (105414) | 11/13/2016 | 2812599426 11/13/16 | 89626 | 11/30/2016 | STATION 41 11/13/16 - 12/12/16 | 10-015-58310 Telephones-Service-Information Techi | \$52.20 |
| | 11/21/2016 | 7131652005 11/21/16 | 89699 | 12/7/2016 | T1-HISD 11/21/16 - 12/20/16 | 10-004-58310 Telephones-Service-Radio | \$238.10 |
| | 12/1/2016 | 2813670626 11/23/16 | 89700 | 12/7/2016 | STATION 22 11/23/16-12/22/16 | 10-015-58310 Telephones-Service-Information Tech | \$235.71 |
| | | | | | | Totals for AT&T (105414): | \$526.01 |
| AT&T (U-VERSE) | 11/11/2016 | 145685137 11/11/16 | 89627 | 11/30/2016 | STATION 24 11/12/16 - 12/11/16 | 10-015-58310 Telephones-Service-Information Techi | \$100.34 |
| | 12/1/2016 | 150883685 11/22/16 | 89701 | 12/7/2016 | STATION 41 11/23/16-12/22/16 | 10-015-58310 Telephones-Service-Information Tech | \$110.39 |
| | | | | | | Totals for AT&T (U-VERSE): | \$210.73 |
| AT&T MOBILITY-ROC (6463) | 11/15/2016 | 836735112X112322016 | 89628 | 11/30/2016 | ACCT# 836735112 10/16/2016 - 11/15/2016 | 10-015-58200 Telephones-Cellular-Information Tech | \$80.33 |
| | | | | | | 10-007-58200 Telephones-Cellular-EMS | \$38.39 |
| | | | | | | 10-004-58200 Telephones-Cellular-Radio | \$86.39 |
| | | | | | | 10-015-58200 Telephones-Cellular-Information Tech | \$79.58 |
| | | | | | | Totals for AT&T MOBILITY-ROC (6463): | \$284.69 |
| AVESTA SYSTEMS, INC. | 11/14/2016 | 11-16-11511 | 89629 | 11/30/2016 | CANDIDATECARE FOR PEROID 10/12/16 - 11/11/16 | 10-025-57100 Professional Fees-Human | \$800.00 |
| | | | | | | Totals for AVESTA SYSTEMS, INC.: | \$800.00 |
| BAYLOR COLLEGE OF MEDICINE | 12/1/2016 | 13166039-201610 | | 12/21/2016 | MEDICAL DIRECTORSHIP SALARY 10/01/16 - 10/31/16 | 10-009-57100 Professional Fees-OMD | \$19,171.61 |
| | | | | | | Totals for BAYLOR COLLEGE OF MEDICINE: | \$19,171.61 |
| BCBS OF TEXAS (POB 731428) | 12/1/2016 | 123611 12/01/16 | 2275 | 12/1/2016 | BCBS PPO & HSA PREMIUMS 12/01/2016 - 12/31/16 | 10-001-51700 Health & Dental-Admin | \$5,997.16 |
| | | | | | | 10-002-51700 Health & Dental-PA | \$11,618.28 |
| | | | | | | 10-004-51700 Health & Dental-Radio | \$4,811.64 |
| | | | | | | 10-005-51700 Health & Dental-Accou | \$2,631.72 |
| | | | | | | 10-006-51700 Health & Dental-Alarm | \$21,569.36 |
| | | | | | | 10-007-51700 Health & Dental-EMS | \$187,924.02 |
| | | | | | | 10-008-51700 Health & Dental-Matls. Mgmt. | \$6,450.39 |
| | | | | | | 10-009-51700 Health & Dental-OMD | \$9,058.86 |
| | | | | | | 10-010-51700 Health & Dental-Fleet | \$9,623.79 |
| | | | | | | 10-011-51700 Health & Dental-Bill | \$10,743.55 |
| | | | | | | 10-015-51700 Health & Dental-Information Technol | \$2,722.09 |
| | | | | | | 10-016-51700 Health & Dental-Facil | \$8,006.27 |
| | | | | | | 10-025-51700 Health & Dental-Human | \$4,371.46 |
| | | | | | | 10-026-51700 Health & Dental-Recor | \$3,169.06 |
| | | | | | | 10-020-31/00 Realth & Dental-Recor | φ5,105.00 |
| | | | | | | 10-027-51700 Health & Dental-Record | \$1,603.88 |
| | | | | | | | |

| Vendor Name | Invoice Date | | Payment No. | | e Invoice Description | Account No. Account Description | Amount |
|---------------------------------|--------------|----------------------|-------------|-------------|---|---|--------------|
| | 12/1/2016 | 123611 12/01/16COBRA | 2276 | 12/1/2016 | BCBS PPO & HSA COBRA PREMIUMS 12/01/2016 - 12/31/16 | 10-015-51700 Health & Dental-Information Technol | \$1,027.84 |
| | | | | | | Totals for BCBS OF TEXAS (POB 731428): | \$301,333.83 |
| BENTWATER ON THE NORTH SHORE, I | 11/21/2016 | DEC 2016-001 | 89541 | 11/22/2016 | STATION 44 RENT | 10-000-14900 Prepaid Expenses-BS | \$1,201.00 |
| | | | | | Totals for | BENTWATER ON THE NORTH SHORE, LTD. (44): | \$1,201.00 |
| BOMGAR CORPORATION | 11/29/2016 | MINV0034673 | 89703 | 12/7/2016 | RENEWAL MAINTENANCE FOR BOMGAR LILCNESE | 10-015-53050 Computer Software-Information Techr | \$2,329.86 |
| | | | | | | Totals for BOMGAR CORPORATION: | \$2,329.86 |
| BOON-CHAPMAN | 11/14/2016 | BOO111416 | | 12/13/2016 | NOVEMBER 2016 MEDICAL/SURGICAL UTILIZATION REVIE | E 10-002-55700 Management Fees-PA | \$29,817.00 |
| | | | | | | Totals for BOON-CHAPMAN: | \$29,817.00 |
| BOUND TREE MEDICAL, LLC | 11/7/2016 | BOU110716 | | | CREDIT | 10-008-53900 Disposable Medical Supplies-Mater | (\$372.12) |
| | 11/8/2016 | 82320246 | 89542 | 11/22/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$1,428.88 |
| | 11/10/2016 | 82322872 | 89542 | 11/22/2016 | DME MEDICAL SUPPLIES | 10-008-54200 Durable Medical Equipment-Mater | \$684.36 |
| | 11/11/2016 | 82324033 | 89542 | 11/22/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$27.52 |
| | 11/16/2016 | 82327594 | 89542 | 11/22/2016 | MEDICAL SUPPLIES | 10-008-54000 Drug Supplies-Mater | \$2,664.00 |
| | 11/15/2016 | 82326291 | 89542 | 11/22/2016 | MEDICAL SUPPLIES | 10-008-54200 Durable Medical Equipment-Mater | \$514.04 |
| | 11/15/2016 | 82326290 | 89542 | 11/22/2016 | MEDICAL SUPPLIES | 10-008-54200 Durable Medical Equipment-Mater | \$363.96 |
| | 11/21/2016 | 82331024 | 89704 | 12/7/2016 | MEDICAL SUPPLIES | 10-008-54200 Durable Medical Equipment-Mater | \$1,693.01 |
| | 11/17/2016 | 82328859 | 89542 | 11/22/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$1,587.10 |
| | | | | | | 10-008-54000 Drug Supplies-Mater | \$998.40 |
| | 11/22/2016 | 82332065 | 89704 | 12/7/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$542.00 |
| | 11/23/2016 | 82333271 | 89704 | 12/7/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$7.00 |
| | 11/21/2016 | 82331025 | 89704 | 12/7/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$1,910.27 |
| | | | 0,701 | | | 10-008-54000 Drug Supplies-Mater | \$108.00 |
| | 11/24/2016 | 82334694 | 89704 | 12/7/2016 | MEDICAL SUPPLIES | 10-008-54200 Durable Medical Equipment-Mater | \$363.96 |
| | 11/29/2016 | 82336663 | 89704 | 12/7/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$101.04 |
| | 12/1/2016 | 82339694 | 07704 | 12/30/2016 | MEDICAL SUPPLIES | 10-008-54000 Drug Supplies-Mater | \$698.50 |
| | 12/1/2016 | 82276677 | | 12/1/2016 | MEDICAL SUPPLIES | 10-008-54000 Drug Supplies-Mater | \$909.88 |
| | 12, 1, 2010 | 02270077 | | 12, 1, 2010 | | Totals for BOUND TREE MEDICAL, LLC: | \$14,229.80 |
| BRYANT, SHONA / BRYANT'S SIGNS | 12/1/2016 | 1980 | | 12/31/2016 | MCHD SMALL FENDER UNIT #'S | 10-010-59000 Vehicle-Outside Services-Fleet | \$78.00 |
| | | | | | | Totals for BRYANT, SHONA / BRYANT'S SIGNS: | \$78.00 |
| CANON FINANCIAL SERVICES | 11/12/2016 | 16712816 | 89543 | 11/22/2016 | SCHEDULE# 001-0735472-001 CONTRACT # DIR-TSL-3101 | 10-015-55400 Leases/Contracts-Information Technol | \$3,371.71 |
| | | | | | | Totals for CANON FINANCIAL SERVICES: | \$3,371.71 |
| CAP FLEET UPFITTERS | 11/15/2016 | 523144 | 89634 | 11/30/2016 | VEHICLE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$357.20 |
| | | | | | | Totals for CAP FLEET UPFITTERS: | \$357.20 |
| CAROL'S CATERING SERVICE | 11/29/2016 | CAR112816 | 89635 | 11/30/2016 | AWARD BANQUET BAL DUE | 10-000-14900 Prepaid Expenses-BS | \$2,915.25 |
| | | | | | | Totals for CAROL'S CATERING SERVICE: | \$2,915.25 |
| CASE, CONNIE | 11/29/2016 | CAS112916 | 89611 | 11/30/2016 | AWARD BANQUET/SECURITY PERSONNEL | 10-000-14900 Prepaid Expenses-BS | \$360.00 |
| | | | | | | | |

| Vendor Name | Invoice Date | Invoice No. | Payment No. | Payment Date | Invoice Description | Account No. Account Description | Amount |
|-----------------------------------|--------------|----------------------|-------------|--------------|--|--|------------|
| | | | | | | Totals for CASE, CONNIE: | \$360.00 |
| CB CAFES MAIN dba CORNER BAKERY (| 11/29/2016 | 11008806451585 | 89706 | 12/7/2016 | NEW HIRE TESTING | 10-009-56100 Meeting Expenses-OMD | \$122.1 |
| | | | | | ٦ | otals for CB CAFES MAIN dba CORNER BAKERY CAFE: | \$122.10 |
| CDW GOVERNMENT, INC. | 11/8/2016 | FWT4559 | 89544 | 11/22/2016 | CISCO ASA 5505 10U 3DES FIREWALL EDITION BUNDL | E 10-015-53100 Computer Supplies/Non-CapInformat | \$375.0 |
| | 11/14/2016 | FZC0372 | 89544 | 11/22/2016 | APC REPL BATTERY CARTRIDGE # 123 | 10-015-53100 Computer Supplies/Non-CapInformat | \$240.0 |
| | 11/14/2016 | FXZ4368 | 89544 | 11/22/2016 | SAMSUNG 24" LED MONITOR | 10-015-53100 Computer Supplies/Non-CapInformat | \$430.0 |
| | 12/1/2016 | GCT1701 | | 12/29/2016 | APC UPS NETWORK MANAGEMENT CORD 2 | 10-015-57750 Small Equipment & Furniture-Informa | \$1,300.0 |
| | | | | | | Totals for CDW GOVERNMENT, INC.: | \$2,345.00 |
| CENTERPOINT ENERGY (REL109) | 11/9/2016 | 64006986422 11/09/16 | 89545 | 11/22/2016 | STATION 43 10/12/16-11/09/16 | 10-016-58800 Utilities-Facil | \$21.6 |
| | 11/10/2016 | 98116148 11/10/16 | 89545 | 11/22/2016 | STATION 13 10/13/16-11/10/16 | 10-016-58800 Utilities-Facil | \$21.5 |
| | 11/22/2016 | 9201316-8 11/22/16 | 89707 | 12/7/2016 | STATION 30 10/21/16-11/22/16 | 10-016-58800 Utilities-Facil | \$18.0 |
| | 12/1/2016 | 88796735 11/28/16 | 89707 | 12/7/2016 | STATION 20 10/26/16-11/28/16 | 10-016-58800 Utilities-Facil | \$44.2 |
| | 12/2/2016 | 8858923-9 1202/16 | | 12/22/2016 | MCHD CAMPUS 10/31/16-12/02/16 | 10-016-58800 Utilities-Facil | \$510.5 |
| | | | | | | Totals for CENTERPOINT ENERGY (REL109): | \$616.15 |
| CENTURY LINK (Phoenix) | 11/19/2016 | 313194646 11/19/16 | 89636 | 11/30/2016 | STATION 34 11/19/16 - 12/18/16 | 10-015-58310 Telephones-Service-Information Tech | \$259.3 |
| | | | | | | Totals for CENTURY LINK (Phoenix): | \$259.30 |
| CHARTER COMMUNICATIONS | 11/8/2016 | 0035377 11/08/16 | 89476 | 11/16/2016 | STATION 22 11/18/16-12/17/16 | 10-015-58310 Telephones-Service-Information Tech | \$95.3 |
| | | | | | | Totals for CHARTER COMMUNICATIONS: | \$95.34 |
| CHASE PEST CONTROL, INC. | 12/1/2016 | 3849101116 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$95.0 |
| | 12/1/2016 | 2555101816 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$155.0 |
| | 12/1/2016 | 2561101416 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$145.0 |
| | 12/1/2016 | 3851101416 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$155.0 |
| | 12/1/2016 | 3844101416 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$155.0 |
| | 12/1/2016 | 256210141 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$155.0 |
| | 12/1/2016 | 2558101416 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$195.0 |
| | 12/1/2016 | 2554101816 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$155.0 |
| | 12/1/2016 | 2559101416 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$175.0 |
| | 12/1/2016 | 2556101416 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$200.0 |
| | 12/1/2016 | 2553101816 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$155.0 |
| | 12/1/2016 | 3845100516 | | 12/14/2016 | EXTERIOR COMMERICAL SERVICE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$155.0 |
| | | | | | | Totals for CHASE PEST CONTROL, INC.: | \$1,895.00 |
| CHAVEZ, CECILIA | 11/7/2016 | CHA110716 | 89389 | 11/9/2016 | MILEAGE & TRAVEL REIMBURSEMENT/DESIGN CONF | 7 10-015-53150 Conferences - Fees, Travel, & Meals-] | \$37.8 |
| | | | | | | 10-015-53150 Conferences - Fees, Travel, & Meals-] | \$43.8 |
| | | | | | | Totals for CHAVEZ, CECILIA: | \$81.70 |
| CITY OF CONROE, WATER (3066) | 11/11/2016 | 49-1400-00 11/11/16 | 89546 | 11/22/2016 | MCHD CAMPUS 10/13/16 - 11/11/16 | 10-016-58800 Utilities-Facil | \$1,969.4 |
| | 12/1/2016 | 00720592000 11/18/16 | 89708 | 12/7/2016 | STATION 10 10/24/16-11/18/16 | 10-016-58800 Utilities-Facil | \$78.1 |
| | | | | | | Totals for CITY OF CONROE, WATER (3066): | \$2,047.62 |

| Vendor Name | Invoice Date | Invoice No. | Payment No. | Payment Date | Invoice Description | Account No. Account Description | n Amou | ount |
|----------------------------------|--------------|---------------------|-------------|--------------|--|--|------------------|----------|
| COMCAST CORPORATION | 11/5/2016 | 8777702080546356 11 | 89392 | 11/9/2016 | STATION 21 11/05/16 - 12/04/16 | 10-015-58310 Telephones-Service-Inform | mation Techı \$ | \$102.8 |
| | | | | | | 10-016-58800 Utilities-Facil | | \$60.9 |
| | 11/11/2016 | 0849557 11/11/16 | 89548 | 11/22/2016 | STATION 23 11/16/16-12/15/16 | 10-015-58310 Telephones-Service-Inform | mation Techı \$ | \$111.20 |
| | 12/1/2016 | 8777702080546356 12 | | 12/21/2016 | STATION 21 12/05/16 - 01/04/16 | 10-016-58800 Utilities-Facil | | \$59.9 |
| | | | | | | 10-015-58310 Telephones-Service-Inform | mation Techi \$ | \$103.7 |
| | | | | | | Totals for COMCAST CORF | PORATION: \$43 | 438.74 |
| COMMISSION ON ACCREDITATION OF A | 11/21/2016 | 832 | 89638 | 11/30/2016 | UNDERPAYMENT OF REVIEWERS EXPENSES ON SITE NOV 7 | 10-007-54100 Dues/Subscriptions-EMS | \$1, | 1,424.0 |
| | | | | | Totals for COMMISSION C | ON ACCREDITATION OF AMBULANCE | SERVICES: \$1,42 | 424.02 |
| CONNECT YOUR CARE | 11/11/2016 | 140420796 | 2179 | 11/11/2016 | FLEXIBLE SPENDING ACCOUNT 11/04/16 - 11/10/16 | 10-000-21585 P/R-Flexible Spending-BS | S-BS \$ | \$203.99 |
| | 11/18/2016 | 141282517 | 2189 | 11/18/2016 | FLEXIBLE SPENDING ACCOUNT 11/11/16 - 11/17/16 | 10-000-21585 P/R-Flexible Spending-BS | S-BS | \$6.2 |
| | 11/25/2016 | 142219155 | 2271 | 11/25/2016 | FLEXIBLE SPENDING ACCOUNT 11/18/16 - 11/24/16 | 10-000-21585 P/R-Flexible Spending-BS | S-BS | \$11.9 |
| | 11/13/2016 | 141486025 | 2274 | 11/13/2016 | FSA PER EMPLOYEE MONTHLY ADMISTRATION & NEW EM | 10-025-57100 Professional Fees-Human | | \$46.6 |
| | | | | | | Totals for CONNECT Y | OUR CARE: \$2 | 268.72 |
| CONROE DENTWORKS INC. | 11/17/2016 | 8224 | 89549 | 11/22/2016 | UNIT 45 REPAIR DENTS | 10-010-59000 Vehicle-Outside Services | Fleet \$ | \$100.0 |
| | | | | | | Totals for CONROE DENTWO | ORKS INC.: \$1 | 100.00 |
| CONROE TRUCK & TRAILER INC. | 11/7/2016 | 193667 | 89506 | 11/16/2016 | MACK HT CONTROL VALVE | 10-010-59050 Vehicle-Parts-Fleet | \$ | \$105.84 |
| | 11/16/2016 | 194123 | 89550 | 11/22/2016 | UBOLTS | 10-010-59050 Vehicle-Parts-Fleet | \$ | \$138.6 |
| | 11/11/2016 | 193922 | 89550 | 11/22/2016 | HALDEX HEIGHT CONTROL | 10-010-59050 Vehicle-Parts-Fleet | \$ | \$316.4 |
| | 11/17/2016 | 194176 | 89640 | 11/30/2016 | TRANSMISSION FILTER | 10-010-59050 Vehicle-Parts-Fleet | | \$46.6 |
| | 12/1/2016 | 194674 | | 12/10/2016 | FITTINGS FOR WALKER COUNTY TRUCK | 10-010-59050 Vehicle-Parts-Fleet | | \$32.9 |
| | 12/2/2016 | 194718 | | 12/12/2016 | FITTINGS FOR WALKER COUNTY | 10-010-59050 Vehicle-Parts-Fleet | | \$19.3 |
| | | | | | | Totals for CONROE TRUCK & TR | AILER INC.: \$6 | 559.71 |
| CONROE WELDING SUPPLY, INC. | 11/7/2016 | CT809053 | 89393 | 11/9/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | | \$94.2 |
| | 11/7/2016 | PS397074 | 89393 | 11/9/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | | \$63.0 |
| | 11/7/2016 | PS397075 | 89393 | 11/9/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | | \$72.8 |
| | 11/8/2016 | C185461 | 89393 | 11/9/2016 | NITROUS OXIDE | 10-008-56600 Oxygen & Gases-Mater | | \$89.5 |
| | 11/9/2016 | CT810356 | 89507 | 11/16/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | | \$98.2 |
| | 11/9/2016 | CT810133 | 89507 | 11/16/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | \$ | \$170.4 |
| | 11/9/2016 | CT810131 | 89507 | 11/16/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | \$ | \$141.4 |
| | 11/9/2016 | CT810067 | 89507 | 11/16/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | \$ | \$134.4 |
| | 11/9/2016 | CT810346 | 89507 | 11/16/2016 | PROPANE | 10-008-56600 Oxygen & Gases-Mater | | \$67.5 |
| | 11/14/2016 | PS397389 | 89507 | 11/16/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | | \$63.0 |
| | 11/14/2016 | PS397388 | 89507 | 11/16/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | | \$63.0 |
| | 11/14/2016 | PS397076 | 89507 | 11/16/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | | \$63.0 |
| | 11/15/2016 | CT810913 | 89507 | 11/16/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | | \$123.6 |
| | 11/15/2016 | CT810886 | 89507 | 11/16/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | | \$106.00 |
| | 11/16/2016 | CT811125 | 89551 | 11/22/2016 | OXYGEN MEDICAL | 10-008-56600 Oxygen & Gases-Mater | \$ | \$125.60 |

| Vendor Name | Invoice Date | Invoice No. | Payment No. | Payment Dat | e Invoice Description | Account No. | Account Description | Amount |
|--------------------------------|--------------|---|----------------|-------------|--|--------------|--|-----------------|
| | 11/16/2016 | CT810945 | 89551 | 11/22/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$89.4 |
| | 11/16/2016 | CT810800 | 89551 | 11/22/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$91.4 |
| | 11/21/2016 | CT811455 | 89641 | 11/30/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$89.4 |
| | 11/21/2016 | PS397736 | 89641 | 11/30/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$89.4 |
| | 11/21/2016 | PS397737 | 89641 | 11/30/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$53.2 |
| | 11/22/2016 | CT811693 | 89641 | 11/30/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$55.2 |
| | 11/21/2016 | CT811711 | 89641 | 11/30/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$72.8 |
| | 11/28/2016 | CT812194 | 89679 | 11/30/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$110. |
| | 11/28/2016 | PS397956 | 89679 | 11/30/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$90.4 |
| | 11/28/2016 | PS397735 | 89679 | 11/30/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$44. |
| | 11/29/2016 | CT812028 | 89679 | 11/30/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$214. |
| | 11/30/2016 | CT812356 | 89742 | 12/7/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$100. |
| | 11/30/2016 | CT812400 | 89742 | 12/7/2016 | OXYGEN MEDICAL | 10-008-56600 | Oxygen & Gases-Mater | \$142. |
| | 11/30/2016 | R11162096 | 89742 | 12/7/2016 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$873.9 |
| | 11/30/2016 | R11161408 | 89742 | 12/7/2016 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$18.2 |
| | 11/30/2016 | R11161407 | 89742 | 12/7/2016 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$146.: |
| | 11/30/2016 | R11161406 | 89742 | 12/7/2016 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$109.3 |
| | 11/30/2016 | R11161405 | 89742 | 12/7/2016 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$63. |
| | 11/30/2016 | R11161402 | 89742 | 12/7/2016 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$15. |
| | 11/30/2016 | R11161401 | 89742 | 12/7/2016 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$14. |
| | 11/30/2016 | R11161399 | 89742 | 12/7/2016 | CYLINDER RENTAL | 10-008-56600 | Oxygen & Gases-Mater | \$13. |
| | 11/30/2016 | R11161398 | 89742 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$34. |
| | 11/30/2016 | R11161397 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$71. |
| | 11/30/2016 | R11161396 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$164. |
| | 11/30/2016 | R11161394 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$22. |
| | 11/30/2016 | R11161393 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$22. |
| | 11/30/2016 | R11161392 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$10. |
| | 11/30/2016 | R11161391 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$24. |
| | 11/30/2016 | R11161390 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$40. |
| | 11/30/2016 | R11161389 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$45. |
| | 11/30/2016 | R11161388 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$13. |
| | 11/30/2016 | R11161387 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$5. |
| | 11/30/2016 | R1116386 | 89743 | 12/7/2016 | CYLINDER RENTAL | | Oxygen & Gases-Mater | \$209. |
| | 12/2/2016 | C185820 | 89743 | 12/7/2016 | NITROUS OXIDE | | Oxygen & Gases-Mater | \$205. |
| | 12/2/2010 | 0105020 | 89744 | 12, 1, 2010 | | | CONROE WELDING SUPPLY, INC.: | \$5,351.9 |
| | | | | | | Totals Tot | | ψυ,υυ1., |
| ONSOLIDATED COMMUNICATIONS-LUI | 12/1/2016 | 06060MCD-S-16336 | 89710 | 12/7/2016 | ACCT# 210 9MC-DSM3 MCD 12/01/16 - 12/31/16 | 10-015-58310 | Telephones-Service-Information Tech | \$179. |
| | 12/1/2010 | 000000000000000000000000000000000000000 | 89710 | 12, 1, 2010 | ACCT# 210 SAC DEAD MCD 12/01/10 12/51/10 | | DUDATED COMMUNICATIONS-LUF: | \$179.6 |
| | | | | | | | | ψ1/).t |
| ONSOLIDATED COMMUNICATIONS-TX | 11/11/2016 | 9360434566 11/11/16 | 89554 | 11/22/2016 | STATION 43 11/11/16-12/10/16 | 10-015-58310 | Telephones-Service-Information Tech | \$179. |
| CONTROLOGICATIONS-TA | 11/16/2016 | 0009600539 11/16/16 | | 11/22/2010 | MCHD CAMPUS 11/16/16/12/15/16 | | Telephones-Service-Information Tech | \$175. |
| | 11/16/2016 | 0009600146 11/16/16 | 89642 89643 | 11/30/2016 | MCHD CAMPUS 11/16/16-12/15/16 | | Telephones-Service-Information Tech | \$280. |
| | 11/21/2016 | 9365393450 11/21/16 | | 11/30/2016 | MCHD CAMPUS 11/10/16-12/13/16 MCHD CAMPUS 11/21/16-12/20/16 | | Telephones-Service-Information Tech | \$126. |
| | 11/21/2010 | 7505575450 11/21/10 | 89644 | 11/30/2010 | WC1D CAWF05 11/21/10-12/20/10 | | Telephones - Long Distance-Information | \$126. \$36. |
| | 11/21/2015 | 0265201160 11/01/16 | 00445 | 11/20/2015 | | | | |
| | 11/21/2016 | 9365391160 11/21/16 | 89645 | 11/30/2016 | MCHD CAMPUS 11/21/16-12/20/16 | 10-015-58310 | Telephones-Service-Information Tech | \$7,847. |

Account No. Account Description Vendor Name Invoice Date Invoice No. Payment No. Payment Date Invoice Description Amount 10-015-58320 Telephones - Long Distance-Informati \$639.50 12/1/2016 9365399272 12/01/16 89711 12/7/2016 MCHD CAMPUS 12/01/16-12/31/16 10-015-58310 Telephones-Service-Information Tech \$36.12 12/7/2016 \$179.65 12/1/2016 06060MCD-S-16336 89710 MCHD CAMPUS 12/01/16-12/31/16 10-015-58310 Telephones-Service-Information Techi \$9,922.89 Totals for CONSOLIDATED COMMUNICATIONS-TXU: COOLEY, CAMERON 11/30/2016 COO113016 89646 11/30/2016 MILEAGE REIMBURSEMENT 10/20/16-11/24/16 10-010-56200 Mileage Reimbursements-Fleet \$246.24 Totals for COOLEY, CAMERON: \$246.24 COOPER, JOSHUA 11/23/2016 COO112316 89647 11/30/2016 MILEAGE REIMBURESMENT 11/14/16 10-007-56200 Mileage Reimbursements-EMS \$24.62 11/28/2016 COO112816 11/30/2016 MILEAGE REIMBURSEMENT 10/03/16-11/08/16 10-007-56200 Mileage Reimbursements-EMS \$57.35 89647 \$81.97 Totals for COOPER, JOSHUA: CAAS SITE REVIEW LUNCH COSPER. JARED 12/1/2016 COS120816 12/14/2016 10-007-56100 Meeting Expenses-EMS \$37.76 Totals for COSPER, JARED: \$37.76 COTTAR. SARAH COT110716 MILEAGE REIMBURSEMENT/SETRAC \$97.74 11/7/2016 11/9/2016 10-007-53150 Conferences - Fees, Travel, & Meals-1 89395 11/14/2016 COT111416 11/16/2016 MILEAGE REIMBURSEMENT 11/06/16 AAA CONFERENCE 10-007-53150 Conferences - Fees, Travel, & Meals-l \$46.44 89479 11/14/2016 COT111416 \$105.00 11/16/2016 TRAVEL EXPENSE/ASM & AAA CONFERENCES 10-007-53150 Conferences - Fees, Travel, & Meals-l \$105.00 89479 11/21/2016 COT112116 11/22/2016 TRAVEL EXPENSE BAGGAGE/AAA RETURN 10-007-53150 Conferences - Fees, Travel, & Meals-l \$25.00 89556 Totals for COTTAR, SARAH: \$274.18 CROCKER, KEVIN JAMES 11/23/2016 CRO112316 89649 11/30/2016 TRAVEL EXPENSE/AHA/PARKING 10-009-53150 Conferences - Fees, Travel, & Meals-l \$110.00 MILEAGE REIMBURSEMENT 11/11/16-11/15/16/AHA CONF 11/28/2016 CRO112816 89649 11/30/2016 10-009-53150 Conferences - Fees, Travel, & Meals-l \$26.56 \$136.56 Totals for CROCKER, KEVIN JAMES: CROWN PAPER AND CHEMICAL 11/18/2016 98688 11/30/2016 STATION SUPPLIES \$228.84 10-008-57900 Station Supplies-Mater 89650 11/17/2016 98609 89712 12/7/2016 STATION SUPPLIES 10-008-57900 Station Supplies-Mater \$103.14 Totals for CROWN PAPER AND CHEMICAL: \$331.98 CUMMINS SOUTHERN PLAINS, LTD. 012-61984 LOAD BANK TEST 2 HOUR 10-016-55650 Maintenance-Contract Equipment-Fac \$741.00 11/22/2016 89651 11/30/2016 Totals for CUMMINS SOUTHERN PLAINS, LTD.: \$741.00 DAILEY WELLS COMMUNICATION 11/7/2016 00058154 89557 11/22/2016 RADIO REPAIR 10-004-57200 Radio Repairs - Outsourced (Depot)-Ra \$787.50 11/9/2016 00058151 11/22/2016 RADIO REPAIR 10-004-57200 Radio Repairs - Outsourced (Depot)-R: \$695.00 89557 12/1/2016 00058783 12/10/2016 RADIO REPAIR S/N A40121002A80 10-004-57200 Radio Repairs - Outsourced (Depot)-Ra \$250.00 12/1/2016 00058690 12/1/2016 RADIO REPAIR S/N A401210029D2 10-004-57200 Radio Repairs - Outsourced (Depot)-Ra \$238.75 Totals for DAILEY WELLS COMMUNICATION: \$1.971.25 \$600.00 DAVID. CHRIS 11/16/2016 0000001 89481 11/16/2016 DJ SERVICES FOR AWARD BANQUET 12/02/16 10-000-14900 Prepaid Expenses-BS Totals for DAVID, CHRIS: \$600.00 DEMONTROND 11/7/2016 CM181129 CREDIT/CORE RETURN 10-010-59050 Vehicle-Parts-Fleet (\$40.00) 11/7/2016 CM177083B CREDIT/CORE RETURN 10-010-59050 Vehicle-Parts-Fleet (\$40.00) VEHICLE PARTS 11/7/2016 183616 11/22/2016 10-010-59050 Vehicle-Parts-Fleet \$248.60 89558 11/10/2016 183929 89558 11/22/2016 VEHICLE PARTS 10-010-59050 Vehicle-Parts-Fleet \$2,125.65

Payment No. Payment Date Invoice Description Account No. Account Description Vendor Name Invoice Date Invoice No. Amount 184008 VEHICLE PARTS 11/11/2016 11/22/2016 10-010-59050 Vehicle-Parts-Fleet \$42.46 89558 11/21/2016 184368 89715 12/7/2016 VEHICLE PARTS 10-010-59050 Vehicle-Parts-Fleet \$18.37 1847421 VEHICLE PARTS 10-010-59050 Vehicle-Parts-Fleet \$690.80 11/22/2016 89715 12/7/2016 184473 VEHICLE PARTS 10-010-59050 Vehicle-Parts-Fleet \$1,784.75 11/22/2016 89715 12/7/2016 12/1/2016 184846 12/31/2016 VEHICLE PARTS 10-010-59050 Vehicle-Parts-Fleet \$1,606.38 12/1/2016 184745 12/29/2016 VEHICLE PARTS 10-010-59050 Vehicle-Parts-Fleet \$1,993.00 12/1/2016 184641 12/28/2016 VEHICLE PARTS 10-010-59050 Vehicle-Parts-Fleet \$78.23 Totals for DEMONTROND: \$8,508.24 DEVLIN, JENNIFER 11/14/2016 DEV111416 11/16/2016 MILEAGE REIMBURSEMENT 11/02/16 10-007-56200 Mileage Reimbursements-EMS \$26.19 89483 Totals for DEVLIN, JENNIFER: \$26.19 EMERGENCY MEDICAL PRODUCTS. INC 12/1/2016 1868723 12/23/2016 LUCAS 2 STABILIZATION STRAP 10-008-54200 Durable Medical Equipment-Mater \$684.00 Totals for EMERGENCY MEDICAL PRODUCTS, INC.: \$684.00 EMERGENT/NEXT LIFE MEDICAL CORF 12/1/2016 35001235 12/21/2016 CPAP RECALIBRATION \$100.00 10-008-57650 Repair-Equipment-Matls. Mgmt. Totals for EMERGENT/NEXT LIFE MEDICAL CORPORATION: \$100.00 EMS SURVEY TEAM 11/6/2016 1707 12/7/2016 INDIVIDUAL SURVEY MAILING & PROCESSING ANNUAL DUI 10-009-53550 Customer Relations-OMD \$3,920,80 89716 \$3,920.80 Totals for EMS SURVEY TEAM: ENTERGY TEXAS, LLC 11/7/2016 /3707791 11/07/16 89559 11/22/2016 THOMPSON RD TOWER 10/10/16-11/07/16 10-004-58800 Utilities-Radio \$606.43 3749679 11/10/16 STATION 31 10/10/2016 - 11/10/2016 \$467.83 11/10/2016 89560 11/22/2016 10-016-58800 Utilities-Facil 11/10/2016 3613175 11/10/16 89561 11/22/2016 SPLENDOR TOWER 10/10/16 - 11/10/16 10-004-58800 Utilities-Radio \$538.91 11/11/2016 4385579 11/11/16 11/30/2016 STATION 43 10/12/16 - 11/11/16 10-016-58800 Utilities-Facil \$403.87 89654 11/11/2016 3581680 11/11/16 11/30/2016 STATION 10 10/14/16 - 11/11/16 10-016-58800 Utilities-Facil \$921.81 89655 11/11/2016 2924599 11/11/16 89656 11/30/2016 STATION 44 10/12/16 - 11/11/16 10-016-58800 Utilities-Facil \$117.28 3707796 11/15/16 GRANERLAND TOWER 10/18/16-11/15/16 10-004-58800 Utilities-Radio \$787.68 11/15/2016 11/30/2016 89657 11/21/2016 3965628 11/21/16 12/7/2016 ROBINSON RD TOWER 10/22/16-11/21/16 10-004-58800 Utilities-Radio \$630.81 89717 11/21/2016 3890500 11/21/16 12/7/2016 ROBINSON RD TOWER 10/22/16-11/21/16 10-004-58800 Utilities-Radio \$42.98 89718 12/1/2016 3693376 11/23/16 12/7/2016 MCHD CAMPUS 10/24/16-11/23/16 10-016-58800 Utilities-Facil \$13,760.24 89719 12/1/2016 3606474 11/23/16 89720 12/7/2016 STATION 32 10/26/16-11/23/16 10-016-58800 Utilities-Facil \$509.46 Totals for ENTERGY TEXAS, LLC: \$18,787.30 FAST SIGNS 12/1/2016 326-53127 12/18/2016 VEHICLE GRAPHIC VINYL 10-001-52950 Community Education-Admin \$800.12 \$800.12 Totals for FAST SIGNS: FITZGERALD, EMILY 11/22/2016 FIT112216 AWARD BANQUET/DOOR PRISES 10-000-14305 A/R Employee-BS \$3,000.00 89608 11/22/2016 \$3,000.00 Totals for FITZGERALD, EMILY: FRAZER, LTD. 12/1/2016 59294 12/7/2016 VEHICLE PARTS 10-010-59050 Vehicle-Parts-Fleet \$431.25 89721 \$431.25 Totals for FRAZER, LTD.: G & K SERVICES 11/14/2016 1165695298 11/22/2016 LAUNDRY CUSTOMER# 11422-01/AGREEMENT # 195443 10-010-55100 Laundry Service & Purchase-Fleet \$40.00 89563 11/14/2016 1165695299 89563 11/22/2016 LAUNDRY CUSTOMER # 54951-01 AGREEMENT# 981771 10-010-55100 Laundry Service & Purchase-Fleet \$63.89

| Vendor Name | Invoice Date | | Payment No. | Payment Date | e Invoice Description | Account No. Account Description | Amount |
|-------------------------------------|--------------|--------------------|-------------|--------------|--|--|------------|
| | 11/21/2016 | 1165701483 | 89722 | 12/7/2016 | LAUNDRY CUSTOMER# 11422-01/AGREEMENT # 195443 | 10-010-55100 Laundry Service & Purchase-Fleet | \$40.00 |
| | 11/21/2016 | 1165701484 | 89722 | 12/7/2016 | LAUNDRY CUSTOMER # 54951-01 AGREEMENT# 981771 | 10-010-55100 Laundry Service & Purchase-Fleet | \$63.89 |
| | 11/28/2016 | 1165707679 | 89722 | 12/7/2016 | LAUNDRY CUSTOMER # 54951-01 AGREEMENT# 981771 | 10-010-55100 Laundry Service & Purchase-Fleet | \$63.89 |
| | 11/28/2016 | 1165707678 | 89722 | 12/7/2016 | LAUNDRY CUSTOMER# 11422-01/AGREEMENT # 195443 | 10-010-55100 Laundry Service & Purchase-Fleet | \$40.00 |
| | | | | | | Totals for G & K SERVICES: | \$311.67 |
| GILLUM, LEE | 11/30/2016 | GIL113016 | 89693 | 12/2/2016 | TRAVEL EXPENSE . TDSHS EMS CONF | 10-009-53150 Conferences - Fees, Travel, & Meals-l | \$40.00 |
| | | | | | | 10-009-53150 Conferences - Fees, Travel, & Meals-I | \$280.80 |
| | | | | | | Totals for GILLUM, LEE: | \$320.80 |
| GLASS AND MIRROR OF THE WOODLAN | 12/1/2016 | 078222 | | 12/10/2016 | WINDSHIELD WALKER CO UNIT 795 | 10-010-59000 Vehicle-Outside Services-Fleet | \$189.00 |
| | | | | | Totals for | or GLASS AND MIRROR OF THE WOODLANDS, INC.: | \$189.00 |
| GOODRICH, CHRIS | 12/1/2016 | GOO120116 | 89692 | 12/1/2016 | MONIIES OWED TO EMPLOYEE PPE 11.26.16 | 10-000-21400 Accrued Payroll-BS | \$61.17 |
| | | | | | | Totals for GOODRICH, CHRIS: | \$61.17 |
| GRAINGER | 11/8/2016 | 9276001683 | 89659 | 11/30/2016 | STD CAP PLEATED FILTERS & SHOP SUPPLIES | 10-010-59050 Vehicle-Parts-Fleet | \$175.68 |
| | | | | | | 10-010-57725 Shop Supplies-Fleet | \$23.53 |
| | | | | | | Totals for GRAINGER: | \$199.21 |
| REEN LIGHTING & SPPLY INC | 11/8/2016 | 5420 | 89564 | 11/22/2016 | METAL HAYLIDE LAMPS 875W | 10-016-57725 Shop Supplies-Facil | \$786.45 |
| | | | | | | Totals for GREEN LIGHTING & SPPLY INC: | \$786.45 |
| RIFFIN SERVICES (dba) JASON GRIFFIN | 11/7/2016 | 2016-026 | 89660 | 11/30/2016 | SERVICE CENTER/LABOR | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$150.00 |
| | | | | | | Totals for GRIFFIN SERVICES (dba) JASON GRIFFIN: | \$150.00 |
| H & H OIL, LP | 12/1/2016 | 620785 | | 12/16/2016 | USED OIL CHARGE AR | 10-010-54800 Hazardous Waste Removal-Fleet | \$135.00 |
| | | | | | | Totals for H & H OIL, LP: | \$135.00 |
| HEALTH PROMOTIONS NOW | 11/10/2016 | 370950 | 89662 | 11/30/2016 | EMT'S HELP SAVE LIVES COLORING & ACTIVITY BOOK | 10-009-52950 Community Education-Dept | \$1,029.81 |
| | | | | | | Totals for HEALTH PROMOTIONS NOW: | \$1,029.81 |
| ENNERS-GRAINGER, SHAWN | 11/15/2016 | HEN111516 | 89492 | 11/16/2016 | MILEAGE REIMBURSEMENT 11/04/169-11/10/16 | 10-027-56200 Mileage Reimbursements-Emerg | \$71.17 |
| | | | | | | Totals for HENNERS-GRAINGER, SHAWN: | \$71.17 |
| ERRING, ASHTON | 12/1/2016 | HER120916 \$ 90.23 | | 12/14/2016 | MILEAGE REIMBURSEMENT 11/04/16-11/21/16 | 10-009-56200 Mileage Reimbursements-OMD | \$90.23 |
| | | | | | | Totals for HERRING, ASHTON: | \$90.23 |
| IORTON, SARA J. | 11/22/2016 | HOR112216 | 89609 | 11/22/2016 | TUITION REIMBURSEMENT/FALL 2016 | 10-025-58550 Tuition Reimbursement-Human | \$616.80 |
| | | | | | | Totals for HORTON, SARA J.: | \$616.80 |
| IUGHES NATURAL GAS INC | 12/2/2016 | 7978 12/02/16 | | 12/17/2016 | STATION 40 10/31/16-11/29/16 | 10-016-58800 Utilities-Facil | \$53.31 |
| | | | | | | Totals for HUGHES NATURAL GAS INC: | \$53.31 |
| | | | | | | | |

| Vendor Name | Invoice Date | | Payment No. | Payment Date | e Invoice Description | Account No. Account Description | Amount |
|----------------------------------|--------------|---------------------|-------------|--------------|--|---|-------------|
| | 12/1/2016 | 1924101003068 | | 12/29/2016 | AUTOMOTIVE BATTERY | 10-010-58900 Vehicle-Batteries-Fleet | \$479.80 |
| | | | | | | 10-010-57650 Repair-Equipment-Fleet | \$119.40 |
| | | | | | Totals for IBS C | F GREATER CONROE & INTERSTATE BATTERY SYSTEM: | \$1,294.90 |
| IT'S MUFFLER TIME, ABEL GONZALES | 11/30/2016 | 34130 | 89745 | 12/7/2016 | TAIL PIPE REPAIR - SHOP 25 | 10-010-59000 Vehicle-Outside Services-Fleet | \$40.00 |
| | | | | | | Totals for IT'S MUFFLER TIME, ABEL GONZALES: | \$40.00 |
| JOHNSON, RANDY | 11/14/2016 | JOH111416 | 89496 | 11/16/2016 | MEETING EXPENSE REIMBURSEMENT 10/24/16 | 10-001-55900 Meals - Business and Travel-Admin | \$190.64 |
| | | | | | | Totals for JOHNSON, RANDY: | \$190.64 |
| KOLOR KOATED, INC. | 11/11/2016 | 16224 | 89568 | 11/22/2016 | UNIFORMS/SILVER NAMEPLATE | 10-008-58700 Uniforms-Matls. Mgmt. | \$28.00 |
| | 11/18/2016 | 16226 | 89568 | 11/22/2016 | UNIFORMS/NAME PLATES | 10-008-58700 Uniforms-Matls. Mgmt. | \$93.00 |
| | 11/18/2016 | 16226 \$87.43 | 89568 | 11/22/2016 | UNIFORMS/SILVER COLLAR BRASS | 10-008-58700 Uniforms-Matls. Mgmt. | \$87.43 |
| | | | | | | Totals for KOLOR KOATED, INC.: | \$208.43 |
| KRONBERG'S FLAGS AND FLAGPOLES | 11/29/2016 | 132448 | 89728 | 12/7/2016 | 3X5 US FLAG NYLON & MCHD LOGO FLAG | 10-016-57725 Shop Supplies-Facil | \$302.00 |
| | | | | | | Totals for KRONBERG'S FLAGS AND FLAGPOLES: | \$302.00 |
| LAERDAL MEDICAL CORP. | 11/16/2016 | 2016/2000111048 | 89664 | 11/30/2016 | ACLS PROVIDER CARDS | 10-009-52600 Books/Materials-OMD | \$592.20 |
| | 12/1/2016 | 2016/2000099994 | 89729 | 12/7/2016 | PALS INSTRUCTOR MANUAL | 10-009-52600 Books/Materials-OMD | \$139.99 |
| | | | | | | Totals for LAERDAL MEDICAL CORP.: | \$732.19 |
| LAKE SOUTH WATER SUPPLY CORPORA | 11/16/2016 | 1000019000 11/16/16 | 89730 | 12/7/2016 | STATION 45 10/17/16-11/16/16 | 10-016-58800 Utilities-Facil | \$352.82 |
| | | | | | | Totals for LAKE SOUTH WATER SUPPLY CORPORATION: | \$352.82 |
| LANGE DISTRIBUTING COMPANY, INC. | 11/18/2016 | 649538 | 89731 | 12/7/2016 | STATION 43 ACCT# 005368 | 10-008-57900 Station Supplies-Mater | \$6.43 |
| | | | | | | Totals for LANGE DISTRIBUTING COMPANY, INC.: | \$6.43 |
| LEDWIG, ALBERT | 11/8/2016 | LED110816 | 89413 | 11/9/2016 | MILEAGE REIMBURSMENT 10/22/16 - 10/26/16 | 10-010-56200 Mileage Reimbursements-Fleet | \$49.57 |
| | | | | | | Totals for LEDWIG, ALBERT: | \$49.57 |
| LEE, KEVIN | 11/30/2016 | LEE111616 | 89732 | 12/7/2016 | MILEAG REIMBURSEMENT 11/16/16 | 10-010-56200 Mileage Reimbursements-Fleet | \$10.26 |
| | | | | | | Totals for LEE, KEVIN: | \$10.26 |
| LIFE-ASSIST, INC. | 11/18/2016 | 774445 | 89666 | 11/30/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$6,507.12 |
| | 11/16/2016 | 774205 | 89666 | 11/30/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$7,322.35 |
| | | | | | | 10-008-54000 Drug Supplies-Mater | \$479.00 |
| | | | | | | Totals for LIFE-ASSIST, INC.: | \$14,308.47 |
| LONE STAR GROUND WATER CONSERV | 12/1/2016 | 16-01830 | | 1/2/2017 | OPERATING PERMIT FEE FOR PERMIT YEAR JAN | 1 2017-DE(10-016-55600 Maintenance & Repairs-Buildings-Fac | \$20.25 |
| | | | | | Totals for | LONE STAR GROUND WATER CONSERVATION DISTRICT: | \$20.25 |
| LONESTAR LAWN KEEPERS | 11/14/2016 | 16787 | 89668 | 11/30/2016 | LAWN MAINTENANCE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$4,430.00 |

| Vendor Name I | Inv oice Date | e Invoice No. | Payment No. | Payment Dat | e Invoice Description | Account No. Account Description | Amount |
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| | | | | | | Totals for LONESTAR LAWN KEEPERS: | \$4,430.00 |
| LUXURY AIR, LLC | 11/16/2016 | 0000107186 | 89669 | 11/30/2016 | DIAGNOSTIC FEE/ ST 30 AC REPAIRS | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$278.00 |
| | 11/22/2016 | 0000107247 | 89669 | 11/30/2016 | DIAGNOSTIC FEE | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$145.00 |
| | 12/1/2016 | 0000107343 | | 12/1/2016 | DIAGNOSTIC FEE NO POWER TO UNIT | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$178.00 |
| | | | | | | Totals for LUXURY AIR, LLC: | \$601.00 |
| MARCHELE SALAZAR | 11/18/2016 | GGBS-120216B | 89508 | 11/16/2016 | BEVERAGE SERVICES/AWARDS BANQUET | 10-000-14900 Prepaid Expenses-BS | \$375.00 |
| | | | | | | Totals for MARCHELE SALAZAR: | \$375.00 |
| MARTIN, DISIERE, JEFFERSON & WISD(| 11/10/2016 | 138745 | 89572 | 11/22/2016 | ATTORNEY FEES 10/25/16 - 10/28/16 | 10-025-55500 Legal Fees-Human | \$1,172.50 |
| | 11/10/2016 | 138744 | 89572 | 11/22/2016 | ATTORNEY FEES 10/05/16 - 10/27/16 | 10-025-55500 Legal Fees-Human | \$1,005.00 |
| | | | | | | Totals for MARTIN, DISIERE, JEFFERSON & WISDOM, LLP: | \$2,177.50 |
| MARTINEAU, JULIE ANN | 11/9/2016 | MAR110916 | 89417 | 11/9/2016 | MILEAGE REIMBURSEMENT 10/7/16 - 10/25/16 | 10-001-56200 Mileage Reimbursements-Admin | \$52.97 |
| | 12/1/2016 | 7 | 89746 | 12/7/2016 | NOVEMBER 2016 SERVICES RENDERED | 10-001-57100 Professional Fees-Admin | \$4,000.00 |
| | | | | | | Totals for MARTINEAU, JULIE ANN: | \$4,052.97 |
| MCKESSON GENERAL MEDICAL CORP. | 11/18/2016 | 89416407 | 89747 | 12/7/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$124.20 |
| | | | | | | 10-008-54000 Drug Supplies-Mater | \$342.50 |
| | 11/14/2016 | 89125016 | 89680 | 11/30/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$1,746.00 |
| | | | | | | 10-008-54000 Drug Supplies-Mater | \$89.50 |
| | 12/2/2016 | 90160995 | | 1/1/2017 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$1,545.80 |
| | | | | | | 10-008-54000 Drug Supplies-Mater | \$2,627.55 |
| | | | | | | Totals for MCKESSON GENERAL MEDICAL CORP.: | \$6,475.55 |
| MEDLINE INDUSTRIES | 11/16/2016 | 1817877245 | 89574 | 11/22/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$921.97 |
| | 11/19/2016 | 1818092382 | 89734 | 12/7/2016 | MEDICAL SUPPLIES | 10-008-53900 Disposable Medical Supplies-Mater | \$833.00 |
| | | | | | | Totals for MEDLINE INDUSTRIES: | \$1,754.97 |
| MID-SOUTH SYNERGY | 12/1/2016 | 313046001 11/24/16 | | 12/19/2016 | STATION 45 10/24/16 - 11/24/16 | 10-016-58800 Utilities-Facil | \$225.00 |
| | | | | | | Totals for MID-SOUTH SYNERGY: | \$225.00 |
| MILLER UNIFORMS & EMBLEMS, INC. | 11/8/2016 | 55790 | 89576 | 11/22/2016 | UNIFORMS | 10-008-58700 Uniforms-Matls. Mgmt. | \$288.00 |
| | 11/10/2016 | 56101 | 89576 | 11/22/2016 | UNIFORMS | 10-008-58700 Uniforms-Matls. Mgmt. | \$146.50 |
| | | | | | | 10-008-58700 Uniforms-Matls. Mgmt. | \$10.35 |
| | 11/10/2016 | 56099 | 89576 | 11/22/2016 | UNIFORMS | 10-008-58700 Uniforms-Matls. Mgmt. | \$308.00 |
| | | | | | | 10-008-58700 Uniforms-Matls. Mgmt. | \$9.20 |
| 1 | 11/8/2016 | 55868 | 89576 | 11/22/2016 | UNIFORMS | 10-008-58700 Uniforms-Matls. Mgmt. | \$112.00 |
| | | | | 11/22/2016 | UNIFORMS | 10-008-58700 Uniforms-Matls. Mgmt. | \$27.00 |
| | 11/8/2016 | 55867 | 89576 | 11/22/2016 | OTTH OTTIO | 10-008-38700 Uniforms-Matts. Mgntt. | |
| | | 55867 55866 | 89576 89577 | 11/22/2016 | UNIFORMS | 10-008-58700 Uniforms-Matls. Mgmt. | \$31.00 |
| | 11/8/2016 | | | | | • | |
| | 11/8/2016 | | | | | 10-008-58700 Uniforms-Matls. Mgmt. | \$31.00 |
| | 11/8/2016 11/8/2016 | 55866 | 89577 | 11/22/2016 | UNIFORMS | 10-008-58700 Uniforms-Matls. Mgmt. 10-008-58700 Uniforms-Matls. Mgmt. | \$31.00 \$11.02 |

Vendor Name Invoice Date Invoice No. Payment No. Payment Date Invoice Description Account No. Account Description Amount Totals for MILLER UNIFORMS & EMBLEMS, INC.: \$1,224.91 MILSTEAD AUTOMOTIVE 11/20/2016 75383-1 12/7/2016 TOW FEE MEDIUM 10-010-59200 Vehicle-Towing-Fleet \$95.00 89736 75313-1 TOW FEE MEDIUM & MILEAGE \$128.00 11/19/2016 89736 12/7/2016 10-010-59200 Vehicle-Towing-Fleet Totals for MILSTEAD AUTOMOTIVE: \$223.00 MONTGOMERY COUNTY ESD #1 (STN 13 11/21/2016 DEC 2016-137 89578 11/22/2016 STATION 13 RENT 10-000-14900 Prepaid Expenses-BS \$1,025.00 Totals for MONTGOMERY COUNTY ESD #1 (STN 13): \$1,025.00 MONTGOMERY COUNTY ESD #10, STN 4 11/21/2016 DEC 2016-119 11/22/2016 STATION 42 RENT 10-000-14900 Prepaid Expenses-BS \$950.00 89579 \$950.00 Totals for MONTGOMERY COUNTY ESD #10, STN 42: MONTGOMERY COUNTY ESD #6. STN 34 11/21/2016 DEC 2016-142 11/22/2016 STATION 34 RENT 10-000-14900 Prepaid Expenses-BS \$900.00 89580 Totals for MONTGOMERY COUNTY ESD #6, STN 34: \$900.00 MONTGOMERY COUNTY ESD #8. STN 21 11/21/2016 DEC 2016-143 STATION 21 & 22 RENT \$800.00 11/22/2016 10-000-14900 Prepaid Expenses-BS 89581 10-000-14900 Prepaid Expenses-BS \$800.00 Totals for MONTGOMERY COUNTY ESD #8, STN 21/22: \$1,600.00 MONTGOMERY COUNTY ESD #9, STN 33 11/21/2016 DEC 2016-142 11/22/2016 STATION 33 RENT 10-000-14900 Prepaid Expenses-BS \$850.00 89580 Totals for MONTGOMERY COUNTY ESD #9, STN 33: \$850.00 MONTGOMERY COUNTY ESD 12, STN 12 11/21/2016 DEC 2016-142 89580 11/22/2016 STATION 12 RENT 10-000-14900 Prepaid Expenses-BS \$950.00 \$950.00 Totals for MONTGOMERY COUNTY ESD 12, STN 12: MONTGOMERY COUNTY ESD#3 (STNT 4 11/21/2016 DEC 2016-022 11/22/2016 **RENT STATION 46** 10-000-14900 Prepaid Expenses-BS \$600.00 89584 Totals for MONTGOMERY COUNTY ESD#3 (STNT 46): \$600.00 MOORE MEDICAL CORP. 11/14/2016 99281663 I \$467.40 11/22/2016 MEDICAL SUPPLIES 10-008-53900 Disposable Medical Supplies-Mater 89585 11/30/2016 99297672I 12/7/2016 10-008-53900 Disposable Medical Supplies-Mater \$210.00 MEDICAL SUPPLIES 89749 12/1/2016 83164406I 12/7/2016 MEDICAL SUPPLIES 10-008-53900 Disposable Medical Supplies-Mater \$27.16 89749 12/2/2016 99300331I 12/7/2016 MEDICAL SUPPLIES 10-008-53900 Disposable Medical Supplies-Mater \$3,869.85 89749 12/1/2016 99288118I 12/18/2016 MEDICAL SUPPLIES 10-008-53900 Disposable Medical Supplies-Mater \$1,237.28 Totals for MOORE MEDICAL CORP .: \$5.811.69 MOSLEY FIRE AND SAFETY, INC 11/14/2016 8138 11/22/2016 ANNUAL MAINTENANCE & RETAG OF FIRE EXTINGUISHER 10-016-55600 Maintenance & Repairs-Buildings-Fac \$50.00 89586 Totals for MOSLEY FIRE AND SAFETY, INC: \$50.00 WELLNESS PROGRAM/CHIROPRACTIC CARE \$150.00 MURPHY, JOHN R 11/10/2016 MUR111016 89503 11/16/2016 10-025-54350 Employee Health\Wellness-Human \$150.00 Totals for MURPHY, JOHN R: NATIONWIDE INSURANCE DVM INSURA 12/1/2016 DVM11012016 89750 12/7/2016 VETERINARY PET INSURANCE GROUP 4620/NOV '16 10-000-21590 P/R-Premium Cancer/Accident-BS \$372.60 \$372.60 Totals for NATIONWIDE INSURANCE DVM INSURANCE AGENCY (PET): NATIONWIDE POWER SOLUTIONS INC. 11/18/2016 320984 89751 12/7/2016 24x7 EMERGENCY SERVICE PARTS & LABOR/2 YEAR BATT 10-016-55600 Maintenance & Repairs-Buildings-Fac \$3,200.00

| Vendor Name | Invoice Date | e Invoice No. | Payment No. | Payment Dat | e Invoice Description | Account No. Account Description | Amount |
|----------------------------------|--------------|---------------------|-------------|-------------|---|--|-------------|
| | | | | | | Totals for NATIONWIDE POWER SOLUTIONS INC.: | \$3,200.00 |
| NEW CANEY MUD | 11/30/2016 | 1042826200 11/30/16 | 89752 | 12/7/2016 | STATION 30 10/19/16 - 11/15/16 | 10-016-58800 Utilities-Facil | \$77.03 |
| | | | | | | Totals for NEW CANEY MUD: | \$77.03 |
| NEWBART PRODUCTS, INC. | 11/18/2016 | 278856 | 89753 | 12/7/2016 | PRIMACY - FILM FOR HCAP ID PRINTER | 10-015-53100 Computer Supplies/Non-CapInformat | \$174.00 |
| | | | | | | 10-015-53100 Computer Supplies/Non-CapInformat | \$11.74 |
| | | | | | | Totals for NEWBART PRODUCTS, INC.: | \$185.74 |
| OGH SERVICE CO. INC | 11/22/2016 | 39412 | 89755 | 12/7/2016 | ANNUAL INSPECTION BOILER #2 | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$1,100.00 |
| | 11/22/2016 | 39411 | 89755 | 12/7/2016 | ANNUAL INSPECTION BOILER #1 | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$1,100.00 |
| | 11/22/2016 | 39409 | 89755 | 12/7/2016 | ANNAUL INSPECTION - CARRIER AIR COOLED CHILLER #1 | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$1,400.00 |
| | 11/22/2016 | 39413 | 89755 | 12/7/2016 | ANNUAL INSPECTION BOILER #3 | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$1,100.00 |
| | 11/22/2016 | 39410 | 89755 | 12/7/2016 | ANNUAL INSPECTION CARRIER AIR COOLED CHILLER #2 | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$1,400.00 |
| | | | | | | Totals for OGH SERVICE CO. INC: | \$6,100.00 |
| OPTIMUM COMPUTER SOLUTIONS, INC. | . 11/6/2016 | INV0000080316 | 89691 | 11/30/2016 | SERVICE LABOR | 10-015-57100 Professional Fees-Information Technol | \$11,356.25 |
| | 11/13/2016 | INV0000080479 | 89756 | 12/7/2016 | SERVICE LABOR | 10-015-57100 Professional Fees-Information Technol | \$8,050.00 |
| | 12/1/2016 | INV0000080505 | 89756 | 12/7/2016 | SERVICE LABOR | 10-015-57100 Professional Fees-Information Technol | \$9,200.00 |
| | 12/1/2016 | INV0000080138 | 89756 | 12/7/2016 | PROGRAMMING | 10-015-57100 Professional Fees-Information Technol | \$380.00 |
| | 12/1/2016 | INV0000079940 | 89756 | 12/7/2016 | PROGRAMMING | 10-015-57100 Professional Fees-Information Technol | \$380.00 |
| | | | | | | 10-015-53100 Computer Supplies/Non-CapInformat | \$1,234.00 |
| | | | | | т | otals for OPTIMUM COMPUTER SOLUTIONS, INC.: | \$30,600.25 |
| OPTUM HEALTH BANK | 11/18/2016 | OPT111816 | 2190 | 11/18/2016 | EMPLOYEE HSA ET FUNDING NOVEMBER 2016 | 10-000-21595 P/R-Health Savings-BS-BS | \$7,237.80 |
| | 11/30/2016 | OPT113016-10 | 2187 | 11/30/2016 | EMPLOYEE HSA ET FUNDING NOV 2016 - FUND 10 | 10-001-51700 Health & Dental-Admin | \$62.50 |
| | | | | | | 10-002-51700 Health & Dental-PA | \$375.00 |
| | | | | | | 10-004-51700 Health & Dental-Radio | \$187.50 |
| | | | | | | 10-005-51700 Health & Dental-Accou | \$125.00 |
| | | | | | | 10-006-51700 Health & Dental-Alarm | \$1,000.00 |
| | | | | | | 10-007-51700 Health & Dental-EMS | \$6,312.50 |
| | | | | | | 10-008-51700 Health & Dental-Matls. Mgmt. | \$187.50 |
| | | | | | | 10-009-51700 Health & Dental-OMD | \$437.50 |
| | | | | | | 10-010-51700 Health & Dental-Fleet | \$312.50 |
| | | | | | | 10-011-51700 Health & Dental-Bill | \$437.50 |
| | | | | | | 10-015-51700 Health & Dental-Information Technol | \$250.00 |
| | | | | | | 10-016-51700 Health & Dental-Facil | \$125.00 |
| | | | | | | 10-025-51700 Health & Dental-Human | \$187.50 |
| | | | | | | 10-026-51700 Health & Dental-Recor | \$62.50 |
| | | | | | | 10-027-51700 Health & Dental-Emerg | \$62.50 |
| | | | | | | 10-039-51700 Health & Dental-Param | \$62.50 |
| | 11/30/2016 | OPT113016 | 2272 | 11/30/2016 | EMPLOYEE HSA ET FUNDING NOVEMBER 2016 | 10-000-21595 P/R-Health Savings-BS-BS | \$7,192.80 |
| | | | | | | Totals for OPTUM HEALTH BANK: | \$24,618.10 |

| Vendor Name | Invoice Date | | Payment No. | Payment Date | e Invoice Description | Account No. Account Description | Amount |
|--------------------------------------|--------------|---------------------|-------------|--------------|--|--|------------|
| O'REILLY AUTO PARTS | 12/1/2016 | 0408-240310 | | | CREDIT/0408-240126 | 10-010-56400 Oil & Lubricants-Fleet | (\$77.10 |
| | 11/8/2016 | 0408-234623 | 89587 | 11/22/2016 | VEHICLE PARTS/SHOP SUPPLIES | 10-010-59050 Vehicle-Parts-Fleet | \$663.18 |
| | | | | | | 10-010-57725 Shop Supplies-Fleet | \$23.99 |
| | 11/8/2016 | 0408-234713 | 89587 | 11/22/2016 | VECHILE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$15.29 |
| | 11/14/2016 | 0408-237018 | 89587 | 11/22/2016 | VEHICLE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$77.66 |
| | 12/1/2016 | 0408-243572 | 89754 | 12/7/2016 | SHOP SUPPLIES | 10-010-57725 Shop Supplies-Fleet | \$243.16 |
| | | | | | | 10-010-59050 Vehicle-Parts-Fleet | \$1,347.67 |
| | 12/1/2016 | 0408-242876 | 89754 | 12/7/2016 | SHOP SUPPLIES | 10-010-59050 Vehicle-Parts-Fleet | \$270.07 |
| | | | | | | 10-010-57725 Shop Supplies-Fleet | \$67.41 |
| | 12/1/2016 | 0408-240125 | 89754 | 12/7/2016 | VEHICLE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$137.28 |
| | 12/1/2016 | 0408-240126 | | 12/21/2016 | VEHICLE LUBRICANTS | 10-010-56400 Oil & Lubricants-Fleet | \$77.10 |
| | 12/1/2016 | 0408-240354 | 89754 | 12/7/2016 | VEHICLE LUBRICANTS | 10-010-56400 Oil & Lubricants-Fleet | \$25.98 |
| | 12/1/2016 | 0408-242866 | 89754 | 12/7/2016 | VEHICLE LUBRICANTS | 10-010-56400 Oil & Lubricants-Fleet | \$25.16 |
| | 12/1/2016 | 0408-243027 | 89754 | 12/7/2016 | VEHICLE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$26.59 |
| | | | | | | Totals for O'REILLY AUTO PARTS: | \$2,923.44 |
| PANORAMA, CITY OF | 12/1/2016 | 1020159006 11/24/16 | 89758 | 12/7/2016 | STATION 14 10/24/16 - 11/23/16 | 10-016-58800 Utilities-Facil | \$58.08 |
| | | | | | | Totals for PANORAMA, CITY OF: | \$58.08 |
| PAYOR LOGIC, INC. | 11/8/2016 | INV-4902 | 89682 | 11/30/2016 | MONTHLY FEE/PAYMENT ADVISOR/ADDRESS CHECKER/IIN | V 10-011-52900 Collection Fees-Bill | \$3,769.00 |
| | | | | | | Totals for PAYOR LOGIC, INC.: | \$3,769.00 |
| PHYSIO-CONTROL, INC | 11/9/2016 | 416186655 | 89591 | 11/22/2016 | LUCAS 2 DEVICE/ZONE2 TRAVEL 1 YEAR CONTRACT | 10-008-55650 Maintenance-Contract Equipment-Mat | \$811.02 |
| | | | | | | Totals for PHYSIO-CONTROL, INC: | \$811.02 |
| PITNEY BOWES INC (POB 371896)postage | 11/16/2016 | 04765611 11/16/16 | 89592 | 11/22/2016 | ACCT #8000-9090-0476-5611 10/17/16 - 11/09/16 | 10-008-56900 Postage-Meter | \$1,510.00 |
| | | | | | Тс | otals for PITNEY BOWES INC (POB 371896)postage: | \$1,510.00 |
| PRE CHECK, INC. | 12/1/2016 | 9186799 | | 12/30/2016 | ACCT #1213 BACKGROUD CHECKS | 10-025-57300 Recruit/Investigate-Human | \$484.80 |
| | | | | | | Totals for PRE CHECK, INC.: | \$484.80 |
| PRIORITY DISPATCH | 11/29/2016 | SIN010317 | 89759 | 12/7/2016 | PROTOCOL TRAINING AND CERTIFICATION COURSE 10/21/1 | 1 10-006-58500 Training/Related Expenses-CE-Alarm | \$2,380.00 |
| | | | | | | Totals for PRIORITY DISPATCH: | \$2,380.00 |
| QUALITY COMFORT AIR LLC % ROBER | 12/1/2016 | WO-2905 | 89760 | 12/7/2016 | REPLACE COMPRESSOR CONTROL MODULE/SWITCHING RI | E 10-004-55600 Maintenance & Repairs-Buildings-Rad | \$564.95 |
| | | | | | Totals for QUALITY CC | DMFORT AIR LLC % ROBERT EDWARD PARSLEY: | \$564.95 |
| RAIMER, SANDI | 11/10/2016 | RAI111016 | 89458 | 11/10/2016 | MONIES OWED TO EMPLOYEE | 10-000-21400 Accrued Payroll-BS | \$89.67 |
| | | | | | | Totals for RAIMER, SANDI: | \$89.67 |
| RELIANT ENERGY | 11/11/2016 | 111017233011 | 89524 | 11/16/2016 | STATION 41 09/29/16 - 10/28/16 | 10-016-58800 Utilities-Facil | \$378.91 |
| | 12/1/2016 | 161003430520 | 89762 | 12/7/2016 | MAGNOLIA TOWER 10/26/16 - 11/28/16 | 10-004-58800 Utilities-Radio | \$747.61 |
| | 12/1/2016 | 16103430519 | 89763 | 12/7/2016 | MAGNOLIA TOWER 10/26/16 - 11/28/16 | 10-004-58800 Utilities-Radio | \$62.55 |
| | | | | | | Totals for RELIANT ENERGY: | \$1,189.07 |

| Vendor Name | Invoice Date | e Invoice No. | Payment No. | Payment Dat | e Invoice Description | Account No. Account Description | Amount |
|-----------------------------------|--------------|----------------------|-------------|-------------|--|--|------------|
| OTARY CLUB OF THE WOODLANDS | 11/9/2016 | ROT110916 | 89525 | 11/16/2016 | QUARTERLY DUE - 2ND QTR OCT-DEC | 10-001-54100 Dues/Subscriptions-Admin | \$275.00 |
| | | | | | | Totals for ROTARY CLUB OF THE WOODLANDS: | \$275.00 |
| RYSZ STORAGE BATTERY CO. | 12/1/2016 | 110178 | | 12/31/2016 | 3V LITHIUM COIN CELL | 10-008-54200 Durable Medical Equipment-Mater | \$55.00 |
| | | | | | | 10-008-54200 Durable Medical Equipment-Mater | \$8.84 |
| | | | | | | Totals for RYSZ STORAGE BATTERY CO.: | \$63.84 |
| SAFETY GLASSES USA.COM | 11/18/2016 | 742581 | 89673 | 11/30/2016 | RADIANS MIRAGE SMALL CLEAR FRAME C LEAR LENS | 10-008-53900 Disposable Medical Supplies-Mater | \$1,272.00 |
| | | | | | | Totals for SAFETY GLASSES USA.COM: | \$1,272.00 |
| SAFETY-KLEEN CORP. | 11/15/2016 | 71841714 | 89593 | 11/22/2016 | 30G PARTS WASHER SOLVENT | 10-010-54500 Equipment Rental-Fleet | \$148.32 |
| | | | | | | Totals for SAFETY-KLEEN CORP.: | \$148.32 |
| SAM'S CLUB DIRECT | 11/20/2016 | ST 11/20/16 \$548.14 | 89684 | 11/30/2016 | STATION SUPPLIES | 10-008-57900 Station Supplies-Mater | \$548.14 |
| | 11/20/2016 | ST 11/20/16 \$305.72 | 89684 | 11/30/2016 | STATION SUPPLIES | 10-008-57900 Station Supplies-Mater | \$305.72 |
| | 11/20/2016 | ST 11/20/16 \$959.60 | 89684 | 11/30/2016 | SUBWAY GIFT CARDS | 10-000-14900 Prepaid Expenses-BS | \$959.60 |
| | 11/20/2016 | ST 11/20/16 \$982.19 | 89684 | 11/30/2016 | REGIONAL BREAKFAST SUPPLIES | 10-007-54450 Employee Recognition-EMS | \$982.19 |
| | 11/20/2016 | ST 11/20/16 \$341.16 | 89684 | 11/30/2016 | STATION SUPPLIES | 10-008-57900 Station Supplies-Mater | \$341.16 |
| | 11/20/2016 | ST 11/20/16 \$267.04 | 89684 | 11/30/2016 | STATION SUPPLIES | 10-008-57900 Station Supplies-Mater | \$267.04 |
| | 11/20/2016 | ST 11/20/16 \$8.70 | 89684 | 11/30/2016 | 5 X 7 PHOTO PRINTS | 10-009-54450 Employee Recognition-OMD | \$8.70 |
| | | | | | | Totals for SAM'S CLUB DIRECT: | \$3,412.55 |
| SCHAEFFER MANUFACTURING COMPAN | 12/1/2016 | SK4103-INV1 | | 12/21/2016 | 55 GALLON / 400 POUND DRUM OIL | 10-010-56400 Oil & Lubricants-Fleet | \$2,577.70 |
| | | | | | - | Totals for SCHAEFFER MANUFACTURING COMPANY: | \$2,577.70 |
| SHRED-IT USA LLC | 11/15/2016 | 8121219208 | 89685 | 11/30/2016 | ACCT #13034336 SERVICE DATE 11/02/16 | 10-026-56500 Other Services-Recor | \$212.95 |
| | | | | | | Totals for SHRED-IT USA LLC: | \$212.95 |
| SPLENDORA, CITY OF | 12/1/2016 | 1010135000 11/30/16 | 89765 | 12/7/2016 | STATION 31 10/29/16 - 11/29/16 | 10-016-58800 Utilities-Facil | \$41.00 |
| | | | | | | Totals for SPLENDORA, CITY OF: | \$41.00 |
| SPOK - USA MOBILITY WIRELESS, INC | 12/1/2016 | Z0275033L | | 12/21/2016 | ACCT #0275033-9 12/1/16 - 12/31/16 | 10-007-56700 Paging System-EMS | \$345.50 |
| | | | | | | Totals for SPOK - USA MOBILITY WIRELESS, INC: | \$345.50 |
| STANDARD INSURANCE COMPANY (POB | 12/1/2016 | 160682-10 12/1/16 | | 12/1/2016 | LIFE & DISABILITY INSURANCE PREMIUMS 12/1/16 -12/3 | 1/1(10-001-51700 Health & Dental-Admin | \$380.75 |
| | | | | | | 10-002-51700 Health & Dental-PA | \$665.79 |
| | | | | | | 10-004-51700 Health & Dental-Radio | \$154.60 |
| | | | | | | 10-005-51700 Health & Dental-Accou | \$187.86 |
| | | | | | | 10-006-51700 Health & Dental-Alarm | \$1,083.90 |
| | | | | | | 10-007-51700 Health & Dental-EMS | \$8,903.85 |
| | | | | | | 10-008-51700 Health & Dental-Matls. Mgmt. | \$217.82 |
| | | | | | | 10-009-51700 Health & Dental-OMD | \$592.35 |
| | | | | | | 10-010-51700 Health & Dental-Fleet | \$343.33 |
| | | | | | | 10-011-51700 Health & Dental-Bill | \$766.17 |
| | | | | | | 10-015-51700 Health & Dental-Information Technol | \$291.27 |
| | | | | | | | |

Account No. Account Description Vendor Name Invoice Date Invoice No. Payment No. Payment Date Invoice Description Amount 10-016-51700 Health & Dental-Facil \$200.89 10-025-51700 Health & Dental-Human \$209.79 10-026-51700 Health & Dental-Recor \$183.11 10-027-51700 Health & Dental-Emerg \$41.78 10-039-51700 Health & Dental-Param \$262.79 Totals for STANDARD INSURANCE COMPANY (POB 645311): \$14,486.05 STANLEY LAKE M.U.D. 12/1/2016 00009836 11/30/16 12/7/2016 STATION 43 10/25/16 - 11/29/16 10-016-58800 Utilities-Facil \$5.80 89766 STATION 43 10/25/16 - 11/29/16 \$131.97 12/1/2016 00009834 11/30/16 89766 12/7/2016 10-016-58800 Utilities-Facil \$137.77 Totals for STANLEY LAKE M.U.D.: STAPLES ADVANTAGE 12/1/2016 3322428847 11/26/16 CREDIT / 3322428848 11/26/16 10-008-57900 Station Supplies-Mater (\$20.28) 10-008-56300 Office Supplies-Matls. Mgmt. (\$56.88) OFFICE SUPPLIES 12/1/2016 3309902526 89738 12/7/2016 10-008-56300 Office Supplies-Matls. Mgmt. \$293.06 3309902530 OFFICE SUPPLIES 10-008-56300 Office Supplies-Matls. Mgmt. 12/1/2016 89738 12/7/2016 \$293.06 OFFICE/STATION SUPPLIES \$249.36 12/1/2016 3312919127 12/7/2016 10-008-56300 Office Supplies-Matls. Mgmt. 89738 12/1/2016 3322428851 11/26/16 12/7/2016 OFFICE SUPPLIES 10-008-56300 Office Supplies-Matls. Mgmt. \$285.68 89767 12/1/2016 3322428849 11/26/16 12/7/2016 STATION SUPPLIES 10-008-57900 Station Supplies-Mater \$42.21 89767 12/1/2016 3322428859 11/26/16 12/7/2016 STATION / OFFICE SUPPLIES 10-008-56300 Office Supplies-Matls. Mgmt. \$344.00 89767 10-008-57900 Station Supplies-Mater \$43.98 12/1/2016 3322428854 11/26/16 12/7/2016 STATION / OFFICE SUPPLIES 10-008-57900 Station Supplies-Mater \$74.05 89767 10-008-56300 Office Supplies-Matls. Mgmt. \$6.50 10-008-57900 Station Supplies-Mater 12/1/2016 3322428856 11/26/16 89767 12/7/2016 STATION SUPPLIES \$27.49 12/1/2016 3322428861 11/26/16 89767 12/7/2016 STATION / OFFICE SUPPLIES 10-008-57900 Station Supplies-Mater \$46.28 10-008-56300 Office Supplies-Matls. Mgmt. \$45.98 12/1/2016 3322428857 11/26/16 12/7/2016 CLINICAL - TRAINING SUPPLIES 10-009-58500 Training/Related Expenses-CE-OMD \$57.42 89767 12/1/2016 3322428860 11/26/16 89767 12/7/2016 OFFICE SUPPLIES 10-008-56300 Office Supplies-Matls. Mgmt \$263.74 3322428853 11/26/16 OFFICE SUPPLIES 10-008-56300 Office Supplies-Matls. Mgmt. 12/1/2016 12/7/2016 \$9.50 89767 3322428848 11/26/16 12/26/2016 STATION / OFFICE SUPPLIES 10-008-57900 Station Supplies-Mater \$20.28 12/1/2016 10-008-56300 Office Supplies-Matls. Mgmt. \$56.88 Totals for STAPLES ADVANTAGE: \$2.179.32 STERICYCLE, INC 12/1/2016 4006726927 89768 12/7/2016 ACCT #2055356 DEC 2016 10-008-52500 Bio-Waste Removal-Mater \$235.96 10-008-52500 Bio-Waste Removal-Mater \$1,418.99 10-008-52500 Bio-Waste Removal-Mater \$163.21 10-008-52500 Bio-Waste Removal-Mater \$157.42 \$235.96 10-008-52500 Bio-Waste Removal-Mater 10-008-52500 Bio-Waste Removal-Mater \$163.21 \$203.93 10-008-52500 Bio-Waste Removal-Mater 10-008-52500 Bio-Waste Removal-Mater \$163.21

 10-008-52500
 Bio-Waste Removal-Mater
 \$163.21

 10-008-52500
 Bio-Waste Removal-Mater
 \$163.21

 10-008-52500
 Bio-Waste Removal-Mater
 \$211.71

 10-008-52500
 Bio-Waste Removal-Mater
 \$157.42

 10-008-52500
 Bio-Waste Removal-Mater
 \$163.21

 10-008-52500
 Bio-Waste Removal-Mater
 \$163.21

 10-008-52500
 Bio-Waste Removal-Mater
 \$163.21

| Vendor Name | Invoice Date | e Invoice No. | Payment No. | Payment Dat | e Invoice Description | Account No. Account Description | Amount |
|---------------------------------|--------------|--------------------|-------------|-------------|---|---|--------------|
| | | | | | | 10-008-52500 Bio-Waste Removal-Mater | \$153.50 |
| | | | | | | Totals for STERICYCLE, INC: | \$3,754.15 |
| STEWART ORGANIZATION | 11/30/2016 | 1166643 | 89769 | 12/7/2016 | ACCT #1110518 COPIER USAGE 11/25/16-12/24/16 | 10-015-55400 Leases/Contracts-Information Technol | \$1,397.81 |
| | | | | | | Totals for STEWART ORGANIZATION: | \$1,397.81 |
| JDDENLINK | 11/12/2016 | 717712401 11/12/16 | 89595 | 11/22/2016 | STATION 14 11/21/16 - 12/20/16 | 10-016-58800 Utilities-Facil | \$51.07 |
| | | | | | | 10-015-58310 Telephones-Service-Information Tech | \$79.95 |
| | 11/12/2016 | 714445701 11/12/16 | 89596 | 11/22/2016 | MCHD CAMPUS 11/21/16 - 12/20/16 | 10-016-58800 Utilities-Facil | \$194.47 |
| | 11/23/2016 | 709532001 11/23/16 | 89686 | 11/30/2016 | STATION 13 12/01/16 - 12/31/16 | 10-016-58800 Utilities-Facil | \$50.08 |
| | | | | | | 10-015-58310 Telephones-Service-Information Tech | \$85.9 |
| | 11/23/2016 | 719772101 11/23/16 | 89687 | 11/30/2016 | STATION 30 12/01/16 - 12/31/16 | 10-015-58310 Telephones-Service-Information Tech | \$104.71 |
| | | | | | | Totals for SUDDENLINK: | \$566.25 |
| AYLOR HEALTHCARE PRODUCTS, INC | 11/10/2016 | 60793126 | 89597 | 11/22/2016 | LINENS | 10-008-53800 Disposable Linen-Mater | \$1,857.00 |
| | 11/18/2016 | 60793166 | 89770 | 12/7/2016 | LINENS | 10-008-53800 Disposable Linen-Mater | \$1,854.20 |
| | 11/22/2016 | 60793185 | 89770 | 12/7/2016 | LINENS | 10-008-53800 Disposable Linen-Mater | \$1,744.50 |
| | 11/30/2016 | 60793234 | 89770 | 12/7/2016 | LINENS | 10-008-53800 Disposable Linen-Mater | \$1,726.4 |
| | | | | | | Totals for TAYLOR HEALTHCARE PRODUCTS, INC.: | \$7,182.10 |
| CDRS | | | | | | | |
| CDRS | 12/1/2016 | TCD120116 | | 12/15/2016 | TCDRS TRANSMISSION NOVEMBER 2016 | 10-000-21650 TCDRS Defined Benefit Plan-BS | \$109,528.21 |
| | | | | | | 10-000-21650 TCDRS Defined Benefit Plan-BS | \$135,032.64 |
| | | | | | | Totals for TCDRS: | \$244,560.85 |
| EXAS WORKFORCE COMMISSION | 12/1/2016 | 99-991956-1SEPT | | 12/30/2016 | UNEMPLOYMENT QUARTER ENDING 09/30/16 | 10-025-51800 Unemployment InsHuman | \$2,846.88 |
| | | | | | | Totals for TEXAS WORKFORCE COMMISSION: | \$2,846.88 |
| E WOODLANDS TOWNSHIP (23/24/29) | 11/21/2016 | DEC 2016-139 | 89598 | 11/22/2016 | STATION 23, 24, & 29 RENT | 10-000-14900 Prepaid Expenses-BS | \$1,000.00 |
| | | | | | | 10-000-14900 Prepaid Expenses-BS | \$1,000.00 |
| | | | | | | 10-000-14900 Prepaid Expenses-BS | \$1,000.00 |
| | | | | | | Totals for THE WOODLANDS TOWNSHIP (23/24/29): | \$3,000.00 |
| HYSSENKRUPP ELEVATOR CORPORAT | 12/1/2016 | 3002915486 | 89772 | 12/7/2016 | PLATINUM - FULL MAINTENANCE 12/01/16 - 02/28/17 | 10-016-55600 Maintenance & Repairs-Buildings-Fac | \$1,488.84 |
| | | | | | | Totals for THYSSENKRUPP ELEVATOR CORPORATION: | \$1,488.84 |
| OMMY'S WRECKER SERVICE | 11/9/2016 | 73430 | 89447 | 11/9/2016 | TOWING SERVICE | 10-010-59200 Vehicle-Towing-Fleet | \$161.00 |
| | | | | | | Totals for TOMMY'S WRECKER SERVICE: | \$161.00 |
| RITECH SOFTWARE SYSTEMS | 12/1/2016 | PAO005052 | 89773 | 12/7/2016 | SOFTWARE MOBILE/MAINTENANCE | 10-015-53075 Computer Software - MDC First Respo | \$6,100.00 |
| | 12/1/2016 | PAO005051 | 89773 | 12/7/2016 | SOFTWARE MOBILE/MAINTENANCE | 10-015-53075 Computer Software - MDC First Respo | \$2,440.00 |
| | | | | | | Totals for TRITECH SOFTWARE SYSTEMS: | \$8,540.00 |
| | 10/1/2017 | 1013/101/00 | | | | | \$750 F1 |

12/15/2016 INTEGRATED ELIG/QUICK POSTED REMITS/ELECTRONIC C 10-011-52900 Collection Fees-Bill

TRIZETTO (GATEWAY EDI, LLC)

12/1/2016 121Y121600

| Vendor Name | Invoice Date | e Invoice No. | Payment No. | Payment Dat | e Invoice Description | Account No. Account Description | Amount |
|-------------------------------|--------------|------------------|-------------|-------------|---|--|---------------------|
| | | | | | | Totals for TRIZETTO (GATEWAY EDI, LLC): | \$759.54 |
| TROPHY HOUSE, LLC | 11/7/2016 | 25676 | 89599 | 11/22/2016 | CERTIFICATE FRAME PLAQUE | 10-009-54450 Employee Recognition-OMD | \$444.00 |
| | 11/10/2016 | 25697 | 89599 | 11/22/2016 | SAVE PLAQUE - KENZIE LAMAR | 10-009-54450 Employee Recognition-OMD | \$97.50 |
| | 11/22/2016 | 25744 | 89774 | 12/7/2016 | SAVE PLAQUE - JACKIE BUCHANAN | 10-009-54450 Employee Recognition-OMD | \$97.50 |
| | 11/30/2016 | 25802 | 89774 | 12/7/2016 | NAME PLATE - STACEY WILSON & RICHARD JACKSON | 10-008-56300 Office Supplies-Matls. Mgmt. Totals for TROPHY HOUSE, LLC: | \$17.00 \$656.00 |
| UPS | 11/5/2016 | 0000A690R4456 | 89531 | 11/16/2016 | ACCT #A690R4 SHIPPING CHARGES | 10-008-56900 Postage-Meter | \$330.52 |
| | 12/3/2016 | 0000A690R4496 | | 12/14/2016 | ACCT #A690R4 SHIPPING CHARGES | 10-008-56900 Postage-Meter | \$161.76 |
| | | | | | | Totals for UPS: | \$492.28 |
| VALIC COLLECTIONS | 11/18/2016 | VAL111816 | 2185 | 11/18/2016 | EMPLOYEE CONTRIBUTIONS FOR 11/18/16 | 10-000-21600 Employee Deferred CompBS | \$7,146.98 |
| | 11/17/2016 | VAL111716 | 2191 | 11/17/2016 | EMPLOYEE CONTRIBUTIONS FOR 11/03/16 | 10-000-21600 Employee Deferred CompBS | \$7,337.12 |
| | 11/17/2016 | VAL2017 11/17/16 | 2192 | 11/17/2016 | EMPLOYEE CONTRIBUTIONS 2017 | 10-000-21600 Employee Deferred CompBS | \$60,554.05 |
| | 11/17/2016 | VAL110316 | 2193 | 11/17/2016 | EMPLOYEE CONTRIBUTIONS FOR 11/03/16 - R. WOOD | 10-000-21600 Employee Deferred CompBS | \$1,323.88 |
| | 11/30/2016 | VAL113016 | 2273 | 11/30/2016 | EMPLOYEE CONTRIBUTIONS FOR 11/30/16 | 10-000-21600 Employee Deferred CompBS | \$6,209.78 |
| | | | | | | Totals for VALIC COLLECTIONS: | \$82,571.81 |
| VERIATO | 12/2/2016 | 15969 | 89775 | 12/7/2016 | VERIATO 360 MAINTENANCE RENEWAL (11/7/16-11/7/17) | 10-015-53050 Computer Software-Information Techr | \$8,985.60 |
| | | | | | | Totals for VERIATO: | \$8,985.60 |
| VERIZON WIRELESS (POB 660108) | 11/9/2016 | 9775055844 | 89600 | 11/22/2016 | ACCT #920161350-00002 10/10/16 - 11/09/16 | 10-007-58200 Telephones-Cellular-EMS | \$341.95 |
| | 11/9/2016 | 9775055843-10 | 89601 | 11/22/2016 | ACCT #920161350-0001 (FUND 10) 10/10/16-11/09/16 | 10-001-58200 Telephones-Cellular-Admin | \$150.31 |
| | | | | | | 10-006-58200 Telephones-Cellular-Alarm | \$891.30 |
| | | | | | | 10-011-58200 Telephones-Cellular-Bill | \$85.26 |
| | | | | | | 10-009-58200 Telephones-Cellular-OMD | \$150.91 |
| | | | | | | 10-039-58200 Telephones-Cellular-Param | \$447.25 |
| | | | | | | 10-027-58200 Telephones-Cellular-Emerg | \$94.15 |
| | | | | | | 10-007-58200 Telephones-Cellular-EMS | \$445.21 |
| | | | | | | 10-007-58200 Telephones-Cellular-EMS | \$51.46 |
| | | | | | | 10-007-58200 Telephones-Cellular-EMS | \$99.37 |
| | | | | | | 10-007-58200 Telephones-Cellular-EMS | \$2,137.44 |
| | | | | | | 10-016-58200 Telephones-Cellular-Facil | \$322.27 |
| | | | | | | 10-010-58200 Telephones-Cellular-Fleet | \$51.46 |
| | | | | | | 10-002-58200 Telephones-Cellular-PA | \$113.29 |
| | | | | | | 10-025-58200 Telephones-Cellular-Human | \$51.46 |
| | | | | | | 10-015-58200 Telephones-Cellular-Information Tech | \$689.59 |

Totals for VERIZON WIRELESS (POB 660108): \$7,695.54

10-008-58200 Telephones-Cellular-Matls. Mgmt. 10-007-58200 Telephones-Cellular-EMS

10-009-58200 Telephones-Cellular-OMD

10-007-58200 Telephones-Cellular-EMS

10-004-58200 Telephones-Cellular-Radio

\$245.06 57,695.54

\$154.38

\$154.38

\$117.62

\$901.42

| Vendor Name | Invoice Date | | Payment No. | Payment Date | Invoice Description | Account No. Account Description | Amount |
|-----------------------------------|--------------|-----------------|-------------|--------------|--|--|-------------|
| FIS OF TEXAS / REGNIER & ASSOCIAT | 11/30/2016 | 35177 | 89776 | 12/7/2016 | ADDING 3 VEHICLES | 10-027-54900 Insurance-Emerg | \$2,092.49 |
| | 11/20/2016 | 34942 | 89776 | 12/7/2016 | RENEWAL INSTALLMENT | 10-027-54900 Insurance-Emerg | \$41,172.00 |
| | | | | | Totak | s for VFIS OF TEXAS / REGNIER & ASSOCIATES: | \$43,264.49 |
| ARD, BRADLEY | 11/15/2016 | WAR111516 | 89740 | 12/7/2016 | MILEAGE REIMBURSEMENT 11/15/16 | 10-009-56200 Mileage Reimbursements-OMD | \$26.24 |
| | | | | | | Totals for WARD, BRADLEY: | \$26.24 |
| VASTE MANAGEMENT OF TEXAS | 11/23/2016 | 5387157-1792-1 | 89777 | 12/7/2016 | STATION 43 ACCT #792-009776-1792-0 DECEMBER SERVICE | 10-016-58800 Utilities-Facil | \$101.93 |
| | 11/23/2016 | 5387158-1792-9 | 89777 | 12/7/2016 | STATION 41 ACCT #792-0097800-1792-8 DECEMBER SERVICE | E 10-016-58800 Utilities-Facil | \$140.70 |
| | | | | | | Totals for WASTE MANAGEMENT OF TEXAS: | \$242.63 |
| VHITENER ENTERPRISES, INC. | 11/8/2016 | 19481 | 89603 | 11/22/2016 | SHOP SUPPLIES | 10-010-57725 Shop Supplies-Fleet | \$537.30 |
| | | | | | | 10-010-56400 Oil & Lubricants-Fleet | \$407.00 |
| | 11/30/2016 | 20331 | 89778 | 12/7/2016 | SHOP SUPPLIES | 10-010-57725 Shop Supplies-Fleet | \$285.00 |
| | | | | | | 10-010-56400 Oil & Lubricants-Fleet | \$1,263.85 |
| | | | | | | 10-010-56500 Other Services-Fleet | \$805.50 |
| | | | | | | Totals for WHITENER ENTERPRISES, INC.: | \$3,298.65 |
| VIESNER, INC. | 11/15/2016 | CM521702 | | | CRDIT/SWITCH | 10-010-59050 Vehicle-Parts-Fleet | (\$106.96 |
| | 11/7/2016 | 521702-2 | 89604 | 11/22/2016 | VEHICLE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$4.58 |
| | 11/7/2016 | 521702-1 | 89604 | 11/22/2016 | VEHICLE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$172.73 |
| | 11/10/2016 | 522430 | 89604 | 11/22/2016 | VEHICLE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$36.51 |
| | 11/15/2016 | 523045 | 89604 | 11/22/2016 | VEHICLE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$121.50 |
| | 11/10/2016 | 522572 | 89604 | 11/22/2016 | VEHICLE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$184.20 |
| | 11/10/2016 | 522428 | 89604 | 11/22/2016 | VEHICLE PARTS | 10-010-59050 Vehicle-Parts-Fleet | \$101.58 |
| | | | | | | Totals for WIESNER, INC.: | \$514.14 |
| WOODFOREST NATIONAL BANK (7889) | 12/1/2016 | DEC 6937554-010 | 89779 | 12/7/2016 | CAPITAL/LEASE #6937554-010 P25 | 10-004-52725 Capital Lease Expense-Radio | \$30,421.43 |
| | | | | | | 10-004-55025 Interest Expense-Radio | \$1,455.50 |
| | | | | | | Totals for WOODFOREST NATIONAL BANK (7889): | \$31,876.93 |
| WRIGHT EXPRESS-FLEET FUEL | 11/10/2016 | WRI111016 | 2186 | 11/10/2016 | ACCT #5974 11/02/16 - 11/10/16 | 10-010-54700 Fuel-Fleet | \$9,902.70 |
| | 11/21/2016 | WRI112116 | 2194 | 11/21/2016 | ACCT #5974 11/11/16 - 11/121/16 | 10-010-54700 Fuel-Fleet | \$9,907.31 |
| | 12/1/2016 | WRI120116 | 2282 | 12/1/2016 | ACCT 5974 11/13/16-12/01/16 | 10-010-54700 Fuel-Fleet | \$14,164.03 |
| | | | | | | Totals for WRIGHT EXPRESS-FLEET FUEL: | \$33,974.04 |
| ZOHO CORPORATION | 11/14/2016 | 2144551 | 89605 | 11/22/2016 | ANNUAL SUBSCRIPTION 11/16-11/17 | 10-015-53050 Computer Software-Information Techr | \$3,357.40 |
| | | | | | | Totals for ZOHO CORPORATION: | \$3,357.40 |
| ZOLL MEDICAL CORPORATION | 11/7/2016 | 2446390 | 89607 | 11/22/2016 | BATTERY, LITHIUM, SUREPOWER II | 10-008-54200 Durable Medical Equipment-Mater | \$1,485.00 |
| | 11/19/2016 | 2447053 | 89607 | 11/22/2016 | REUSABLE PATIENT CABLE/SENSOR | 10-008-54200 Durable Medical Equipment-Mater | \$1,770.00 |
| | 12/1/2016 | 2454159 | 89780 | 12/7/2016 | REUSABLE PATIENT CABLE/ONE-STEP CABLE | 10-008-54200 Durable Medical Equipment-Mater | \$1,463.25 |
| | | | | | | Totals for ZOLL MEDICAL CORPORATION: | \$4,718.25 |

| Vendor Name | Invoice Date | Invoice No. | Payment No. | Payment Date | e Invoice Description | Account No. Account Description | Amount |
|----------------------------------|--------------|---------------|-------------|--------------|---|---|-------------|
| CAPITAL PURCHASES | | | | | | | |
| DAILEY WELLS COMMUNICATION | 12/1/2016 | 15GB114403 | | 12/1/2016 | LICENSE NETWORK FIRST TALKPATH | 10-004-52754 Capital Purchase - Equipment-Radio | \$50,037.78 |
| | | | | | | Totals for DAILEY WELLS COMMUNICATION: | \$52,009.03 |
| INTEGRATED PROCUREMENT TECHNO | 11/7/2016 | 067063 | 89567 | 11/22/2016 | DIGITAL RADIO TEST SET, PROTABLE W/OPT 12 | 10-004-52754 Capital Purchase - Equipment-Radio | \$24,655.00 |
| | | | | | Totals | or INTEGRATED PROCUREMENT TECHNOLOGIES: | \$24,655.00 |
| ZOLL MEDICAL CORPORATION | 11/11/2016 | 2448123 | 89607 | 11/22/2016 | X SERIES MANUAL MONITOR DEFIBRILLATOR | 10-008-52754 Capital Purchase - Equipment-Mater | \$32,703.20 |
| | | | | | | Totals for ZOLL MEDICAL CORPORATION: | \$32,703.20 |
| OPTIMUM COMPUTER SOLUTIONS, INC. | 12/1/2016 | INV0000080204 | 89756 | 12/7/2016 | SYNOLOGY RACK STATION/HARD DRIVE/SLIDE RAIL KIT | 10-010-52754 Capital Purchase - Equipment-Fleet | \$1,350.00 |
| | | | | | | Totals for OPTIMUM COMPUTER SOLUTIONS, INC.: | \$1,350.00 |

Account Summary

| Account Number | Description | Net Amount |
|----------------|--|--------------|
| 10-000-14100 | Patient Refunds-BS | \$7,500.42 |
| 10-000-14305 | A/R Employee-BS | \$3,000.00 |
| 10-000-14900 | Prepaid Expenses-BS | \$27,085.85 |
| 10-000-21400 | Accrued Payroll-BS | \$150.84 |
| 10-000-21585 | P/R-Flexible Spending-BS-BS | \$222.10 |
| 10-000-21590 | P/R-Premium Cancer/Accident-BS | \$372.60 |
| 10-000-21595 | P/R-Health Savings-BS-BS | \$14,430.60 |
| 10-000-21600 | Employee Deferred CompBS | \$82,571.81 |
| 10-000-21650 | TCDRS Defined Benefit Plan-BS | \$244,560.85 |
| 10-001-51700 | Health & Dental-Admin | \$6,440.41 |
| 10-001-52950 | Community Education-Admin | \$800.12 |
| 10-001-54100 | Dues/Subscriptions-Admin | \$275.00 |
| 10-001-55900 | Meals - Business and Travel-Admin | \$190.64 |
| 10-001-56200 | Mileage Reimbursements-Admin | \$52.97 |
| 10-001-57100 | Professional Fees-Admin | \$4,000.00 |
| 10-001-58200 | Telephones-Cellular-Admin | \$150.31 |
| 10-002-51700 | Health & Dental-PA | \$12,659.07 |
| 10-002-55700 | Management Fees-PA | \$29,817.00 |
| 10-002-58200 | Telephones-Cellular-PA | \$113.29 |
| 10-004-51700 | Health & Dental-Radio | \$5,153.74 |
| 10-004-52725 | Capital Lease Expense-Radio | \$30,421.43 |
| 10-004-52754 | Capital Purchase - Equipment-Radio | \$74,692.78 |
| 10-004-55025 | Interest Expense-Radio | \$1,455.50 |
| 10-004-55600 | Maintenance & Repairs-Buildings-Radio | \$564.95 |
| 10-004-57200 | Radio Repairs - Outsourced (Depot)-Radio | \$1,971.25 |
| 10-004-57725 | Shop Supplies-Radio | \$100.16 |
| | | |

| Vendor Name | Invoice Date Invoice No. | Payment No. Payment Date Invoice Description | Account No. Account Description | Amount |
|--------------|--------------------------|--|---------------------------------|--------|
| 10-004-57750 | | Small Equipment & Furniture-Radio | \$509.32 | |
| 10-004-58200 | | Telephones-Cellular-Radio | \$331.45 | |
| 10-004-58310 | | Telephones-Service-Radio | \$238.10 | |
| 10-004-58800 | | Utilities-Radio | \$3,416.97 | |
| 10-005-51700 | | Health & Dental-Accou | \$2,944.58 | |
| 10-006-51700 | | Health & Dental-Alarm | \$23,653.26 | |
| 10-006-58200 | | Telephones-Cellular-Alarm | \$891.30 | |
| 10-006-58500 | | Training/Related Expenses-CE-Alarm | \$2,380.00 | |
| 10-007-51700 | | Health & Dental-EMS | \$206,950.99 | |
| 10-007-53150 | | Conferences - Fees, Travel, & Meals-EMS | \$324.18 | |
| 10-007-54100 | | Dues/Subscriptions-EMS | \$1,424.02 | |
| 10-007-54450 | | Employee Recognition-EMS | \$982.19 | |
| 10-007-56100 | | Meeting Expenses-EMS | \$37.76 | |
| 10-007-56200 | | Mileage Reimbursements-EMS | \$108.16 | |
| 10-007-56700 | | Paging System-EMS | \$345.50 | |
| 10-007-58200 | | Telephones-Cellular-EMS | \$4,169.62 | |
| 10-008-51700 | | Health & Dental-Matls. Mgmt. | \$6,855.71 | |
| 10-008-52500 | | Bio-Waste Removal-Mater | \$3,754.15 | |
| 10-008-52754 | | Capital Purchase - Equipment-Mater | \$32,703.20 | |
| 10-008-53800 | | Disposable Linen-Mater | \$7,182.10 | |
| 10-008-53900 | | Disposable Medical Supplies-Mater | \$35,085.38 | |
| 10-008-54000 | | Drug Supplies-Mater | \$8,917.33 | |
| 10-008-54200 | | Durable Medical Equipment-Mater | \$9,085.42 | |
| 10-008-55650 | | Maintenance-Contract Equipment-Mater | \$811.02 | |
| 10-008-56300 | | Office Supplies-Matls. Mgmt. | \$1,922.93 | |
| 10-008-56600 | | Oxygen & Gases-Mater | \$5,351.94 | |
| 10-008-56900 | | Postage-Meter | \$2,002.28 | |
| 10-008-57650 | | Repair-Equipment-Matls. Mgmt. | \$100.00 | |
| 10-008-57900 | | Station Supplies-Mater | \$2,413.06 | |
| 10-008-58200 | | Telephones-Cellular-Matls. Mgmt. | \$154.38 | |
| 10-008-58700 | | Uniforms-Matls. Mgmt. | \$1,813.26 | |
| 10-009-51700 | | Health & Dental-OMD | \$10,088.71 | |
| 10-009-52600 | | Books/Materials-OMD | \$1,370.46 | |
| 10-009-52950 | | Community Education-Dept | \$1,029.81 | |
| 10-009-53150 | | Conferences - Fees, Travel, & Meals-Dept | \$964.33 | |
| 10-009-53550 | | Customer Relations-OMD | \$3,920.80 | |
| 10-009-54450 | | Employee Recognition-OMD | \$647.70 | |
| 10-009-56100 | | Meeting Expenses-OMD | \$182.06 | |
| 10-009-56200 | | Mileage Reimbursements-OMD | \$250.18 | |
| 10-009-57100 | | Professional Fees-OMD | \$19,171.61 | |
| 10-009-57750 | | Small Equipment & Furniture-OMD | (\$6.03) | |
| 10-009-58200 | | Telephones-Cellular-OMD | \$268.53 | |
| 10-009-58500 | | Training/Related Expenses-CE-OMD | \$57.42 | |
| 10-010-51700 | | Health & Dental-Fleet | \$10,279.62 | |
| 10-010-52754 | | Capital Purchase - Equipment-Fleet | \$1,350.00 | |
| | | · · · · · · | | |

| Vendor Name | Invoice Date Invoice No. | Payment No. Payment Date Invoice Description | Account No. Account Description | Amount |
|--------------|--------------------------|--|---------------------------------|--------|
| 10-010-54500 | | Equipment Rental-Fleet | \$148.32 | |
| 10-010-54700 | | Fuel-Fleet | \$33,974.04 | |
| 10-010-54800 | | Hazardous Waste Removal-Fleet | \$135.00 | |
| 10-010-55100 | | Laundry Service & Purchase-Fleet | \$311.67 | |
| 10-010-56200 | | Mileage Reimbursements-Fleet | \$306.07 | |
| 10-010-56400 | | Oil & Lubricants-Fleet | \$4,299.69 | |
| 10-010-56500 | | Other Services-Fleet | \$805.50 | |
| 10-010-57650 | | Repair-Equipment-Fleet | \$119.40 | |
| 10-010-57700 | | Shop Tools-Fleet | \$16.55 | |
| 10-010-57725 | | Shop Supplies-Fleet | \$1,180.39 | |
| 10-010-57750 | | Small Equipment & Furniture-Fleet | \$785.00 | |
| 10-010-58200 | | Telephones-Cellular-Fleet | \$51.46 | |
| 10-010-58900 | | Vehicle-Batteries-Fleet | \$1,175.50 | |
| 10-010-59000 | | Vehicle-Outside Services-Fleet | \$407.00 | |
| 10-010-59050 | | Vehicle-Parts-Fleet | \$13,183.96 | |
| 10-010-59150 | | Vehicle-Tires-Fleet | \$5,419.02 | |
| 10-010-59200 | | Vehicle-Towing-Fleet | \$384.00 | |
| 10-011-51700 | | Health & Dental-Bill | \$11,947.22 | |
| 10-011-52900 | | Collection Fees-Bill | \$4,528.54 | |
| 10-011-58200 | | Telephones-Cellular-Bill | \$85.26 | |
| 10-015-51700 | | Health & Dental-Information Technology | \$4,291.20 | |
| 10-015-53050 | | Computer Software-Information Technology | \$14,672.86 | |
| 10-015-53075 | | Computer Software - MDC First Responder-Infor | \$8,540.00 | |
| 10-015-53100 | | Computer Supplies/Non-CapInformation Technology | \$2,974.89 | |
| 10-015-53150 | | Conferences - Fees, Travel, & Meals-Infor | \$81.70 | |
| 10-015-55400 | | Leases/Contracts-Information Technology | \$4,870.16 | |
| 10-015-57100 | | Professional Fees-Information Technology | \$29,366.25 | |
| 10-015-57750 | | Small Equipment & Furniture-Information Technology | \$1,929.94 | |
| 10-015-58200 | | Telephones-Cellular-Information Technology | \$969.38 | |
| 10-015-58310 | | Telephones-Service-Information Technology | \$10,868.23 | |
| 10-015-58320 | | Telephones - Long Distance-Information Technology | \$676.14 | |
| 10-016-51700 | | Health & Dental-Facil | \$8,332.16 | |
| 10-016-55600 | | Maintenance & Repairs-Buildings-Facil | \$17,935.09 | |
| 10-016-55650 | | Maintenance-Contract Equipment-Facil | \$741.00 | |
| 10-016-57725 | | Shop Supplies-Facil | \$1,411.17 | |
| 10-016-58200 | | Telephones-Cellular-Facil | \$322.27 | |
| 10-016-58800 | | Utilities-Facil | \$20,827.31 | |
| 10-025-51700 | | Health & Dental-Human | \$4,768.75 | |
| 10-025-51800 | | Unemployment InsHuman | \$2,846.88 | |
| 10-025-54350 | | Employee Health\Wellness-Human | \$150.00 | |
| 10-025-55500 | | Legal Fees-Human | \$2,177.50 | |
| 10-025-57100 | | Professional Fees-Human | \$846.62 | |
| 10-025-57300 | | Recruit/Investigate-Human | \$484.80 | |
| 10-025-58200 | | Telephones-Cellular-Human | \$51.46 | |
| 10-025-58550 | | Tuition Reimbursement-Human | \$616.80 | |
| | | | | |

| Vendor Name | Invoice Date | Invoice No. | Payment No. Payment Date Invoice Description | Account No. | Account Description | Amount |
|--------------|--------------|-------------|--|-------------|---------------------|--------|
| 10-026-51700 | | | Health & Dental-Recor | | \$3,414.67 | |
| 10-026-56500 | | | Other Services-Recor | | \$212.95 | |
| 10-027-51700 | | | Health & Dental-Emerg | | \$1,708.16 | |
| 10-027-54900 | | | Insurance-Emerg | | \$43,264.49 | |
| 10-027-56200 | | | Mileage Reimbursements-Emerg | | \$71.17 | |
| 10-027-58200 | | | Telephones-Cellular-Emerg | | \$94.15 | |
| 10-039-51700 | | | Health & Dental-Param | | \$6,519.13 | |
| 10-039-58200 | | | Telephones-Cellular-Param | | \$447.25 | |
| | | | GRAN | D TOTAL: | \$1,240,936.57 | |

Montgomery County Hospital District Bank Register - Operating Acct-WF

Patient Refunds - One Time Checks (11/05/2016-12/03/2016)

| yment numb | erPayment typeIn | voice date Vendor name | Invoice amoun | Cleared | Post date |
|------------|------------------|--|---------------|---------|-----------|
| 89612 | Computer Check | 11/23/16 AETNA (POB 14079) | \$276.27 | FALSE | 11/30/16 |
| 89614 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$259.54 | FALSE | 11/30/16 |
| 89615 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$308.76 | FALSE | 11/30/16 |
| 89616 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$297.87 | FALSE | 11/30/16 |
| 89617 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$288.92 | FALSE | 11/30/16 |
| 89618 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$347.09 | FALSE | 11/30/16 |
| 89619 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$338.14 | FALSE | 11/30/16 |
| 89620 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$329.19 | FALSE | 11/30/16 |
| 89621 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$284.44 | FALSE | 11/30/16 |
| 89622 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$237.17 | FALSE | 11/30/16 |
| 89623 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$279.97 | FALSE | 11/30/16 |
| 89624 | Computer Check | 11/23/16 AMERIGROUP (POB 933657) | \$293.39 | FALSE | 11/30/16 |
| 89630 | Computer Check | 11/23/16 PATIENT REFUND | \$100.00 | FALSE | 11/30/16 |
| 89631 | Computer Check | 11/23/16 PATIENT REFUND | \$109.21 | FALSE | 11/30/16 |
| 89632 | Computer Check | 11/23/16 PATIENT REFUND | \$1,135.01 | FALSE | 11/30/16 |
| 89637 | Computer Check | 11/23/16 CIGNA (POB 182223) | \$675.32 | FALSE | 11/30/16 |
| 89637 | Computer Check | 11/23/16 CIGNA (POB 182223) | \$443.10 | FALSE | 11/30/16 |
| 89639 | Computer Check | 11/23/16 COMMUNITY HEALTH CHOICE (POB 460) | \$ \$273.12 | FALSE | 11/30/16 |
| 89648 | Computer Check | 11/23/16 PATIENT REFUND | \$95.14 | FALSE | 11/30/16 |
| 89652 | Computer Check | 11/23/16 PATIENT REFUND | \$50.00 | FALSE | 11/30/16 |
| 89661 | Computer Check | 11/23/16 PATIENT REFUND | \$88.56 | FALSE | 11/30/16 |
| 89663 | Computer Check | 11/23/16 PATIENT REFUND | \$424.07 | FALSE | 11/30/16 |
| 89667 | Computer Check | 11/23/16 PATIENT REFUND | \$142.67 | FALSE | 11/30/16 |
| 89503 | Computer Check | 11/10/16 PATIENT REFUND | \$150.00 | TRUE | 11/16/16 |
| 89671 | Computer Check | 11/23/16 PATIENT REFUND | \$95.00 | FALSE | 11/30/16 |
| 89672 | Computer Check | 11/23/16 PATIENT REFUND | \$45.00 | FALSE | 11/30/16 |
| 89677 | Computer Check | 11/23/16 PATIENT REFUND | \$37.50 | FALSE | 11/30/16 |
| 89678 | Computer Check | 11/23/16 PATIENT REFUND | \$95.97 | FALSE | 11/30/16 |
| | | Total | \$7,500.42 | | |

Agenda Item # 22



To: Board of Directors

From: Ashley Presswood

Date: 12/15/16

Re: Salvage and Surplus

Consider and act on salvage and surplus. (Mr. Grice, Treasurer - MCHD Board)

| Yes | No | N/A | |
|-----|----|-----|-------------------|
| | | Χ | Budgeted item? |
| | | Χ | Within budget? |
| | | X | Renewal contract? |
| | | Χ | Special request? |

MCHD Surplus/Salvage December 2016

| Qty | Serial Number | MCHD Tag | Product Description | S/S | Reason |
|-----|---------------|----------|-------------------------------|---------|---|
| 2 | N/A | N/A | Kenmore Washing Machine | Salvage | Machine damaged, no longer working |
| 2 | N/A | N/A | Roper Dryer | Salvage | Machine damaged, no longer working |
| 1 | N/A | N/A | Roper Washing Machine | Salvage | Machine damaged, no longer working |
| 1 | N/A | N/A | Estate Refrigerator | Salvage | Machine damaged, no longer working |
| 1 | N/A | N/A | GE Range Stove | Salvage | Machine damaged, no longer working |
| 1 | N/A | N/A | Kitchen Aid Dishwasher | Salvage | Machine damaged, no longer working |
| 1 | N/A | N/A | Fisher and Paykel Dish Washer | Salvage | Machine damaged, no longer working |
| 1 | N/A | N/A | Oster Microwave | Salvage | Machine damaged, no longer working |
| 1 | N/A | N/A | Emerson Microwave | Salvage | Machine damaged, no longer working |
| 1 | N/A | N/A | Whirlpool Washing Machine | Salvage | Machine damaged, no longer working |
| 1 | N/A | N/A | Fridgidair Dish Washer | Salvage | Machine damaged, no longer working |
| 1 | N/A | N/A | Magic Chef Refrigerator | Salvage | Machine damaged, no longer working |
| | | | | | Damaged & cannot be repaired per manufacturer, device is also end |
| 1 | 59955 | 8523 | EZ IO Driver | Salvage | of life |
| 1 | | | | | |
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MINUTES OF A REGULAR MEETING OF THE BOARD OF DIRECTORS MONTGOMERY COUNTY HOSPITAL DISTRICT

The regular meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., November 15, 2016 in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas.

1. Call to Order

Meeting called to order at 4:00 p.m.

2. Invocation

Led by Mr. Posey

3. Pledge of Allegiance

Led by Mr. Cole

4. Roll Call

Present:

Bob Bagley Chris Grice Mark Cole Harold Posey Sandy Wagner Kenn Fawn Georgette Whatley

5. Public Comment

No comments made from the public.

6. Special Recognition -

Non-Field - Angie Hoffart

7. Report on activities related to Medicaid 1115 Waiver Project. (Mrs. Wagner, Chair – Public Health District Board)

Video was shown to board members on the volunteers including Public Health Community Paramedicine Case Workers building a ramp for a Community Paramedicine patient.

Mr. Andrew Karrer made a presentation to the board.

Mr. Andrew Karrer, Ms. Angie Hoffart and Mrs. Nivea Wheat presented certificates to businesses and individuals that made contributions of time and materials during the building of a wheelchair ramp for a Community Paramedicine client.

"Mr. Posey requested agenda item no. 19 be moved up prior to agenda item no. 8"

8. Consider and act on ratification of contracts with additional network providers for indigent care. (Mrs. Wagner, Chair - Indigent Care Committee)

Mrs. Wagner made a motion to consider and act on ratification of contracts with additional network providers for indigent care. Mr. Fawn offered a second and motion passed unanimously.

9. CEO Report to include update on District operations, strategic plan, capital purchases, employee issues and benefits, transition plans and other healthcare matters, grants and any other related district matters.

Mr. Randy Johnson, CEO presented a report to the board.

10. Introduction of Lee Gillum regarding his participation on the Governor EMS and Trauma Advisory Council.

Mr. Lee Gillum was introduced and gave a brief overview to the board as the newest board member on the GETAC - Governor EMS and Trauma Advisory Council.

11. EMS Director Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations and fleet.

Mr. Jared Cosper, EMS Director presented a report to the board.

12. Consider and act on sole source letter for Fit Responder Injury Prevention Program. (Mr. Fawn, Chair – EMS Committee) (attached)

Mr. Fawn moved to approve Fast Consulting, LLC as sole source provider for Fit Responder Injury Prevention Program. Ms. Whatley offered a second. After board discussion motion passed unanimously.

13. Consider and act on proposal for Fit Responder Injury Prevention Program and Physical Agility Test. (Mr. Fawn, Chair – EMS Committee) (attached)

Mr. Fawn moved to approve the purchase of Fit Responder Injury Prevention Program and Physical Agility Test not to exceed \$29,000.00. Ms. Whatley offered a second. Motion failed three for (Mrs. Wagner, Mr. Fawn and Mr. Posey) to four abstained from vote (Ms. Whatley, Mr. Cole, Mr. Grice and Mr. Bagley).

Several board members advised they were not against the proposal but would like more information to be brought back to them at a future board meeting.

14. COO Report to include updates on infrastructure, facilities, radio system, warehousing, staff activities, community paramedicine, emergency management, and purchasing.

Mrs. Melissa Miller, COO presented a report to the board.

15. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education, clinical services, epidemiology, and emergency preparedness.

Mrs. Ade Moronkeji presented a report to the board.

16. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers processed by Boon-Chapman. (Mrs. Wagner, Chair - Indigent Care Committee)

Mrs. Wagner made a motion to consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers processed by Boon-Chapman. Ms. Whatley offered a second and motion passed unanimously.

17. Consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims processed by Boon Chapman. (Mrs. Wagner, Chair – Indigent Care Committee)

Mrs. Wagner made a motion to consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims processed by Boon Chapman. Ms. Whatley offered a second and motion passed unanimously.

18. Preliminary Financial Report for one month ended October 31, 2016 will be rescheduled and presented at the December, 2016 board meeting due to early board date for November – Brett Allen, CFO.

Mr. Brett Allen, CFO advised October financials will be presented at the December board meeting.

19. Consider and act on audit engagement letter for FY 2017. (Mr. Grice, Treasurer – MCHD Board) (attached)

Mr. Greg Peterson and Ms. Shelby Lackey with Weaver gave a presentation to the board.

Mr. Grice made a motion to consider and act on audit engagement letter for FY 2017. Mr. Cole offered a second and motion passed unanimously.

Mr. Grice made an amendment to his original motion that if mediation occurs the location would move from Harris County to Montgomery County. Mr. Bagley offered a second and motion passed unanimously.

20. Consider and act on ratification of payment of District invoices. (Mr. Grice, Treasurer - MCHD Board)

Mr. Grice made a motion to consider and act on ratification of payment of District invoices. Ms. Whatley offered a second and motion passed unanimously.

21. Secretary's Report - Consider and act on minutes for the October 25, 2016 Regular BOD meeting and October 25, 2016 Special BOD meeting. (Mrs. Wagner, Secretary - MCHD Board)

Mrs. Wagner made a motion to consider and act on minutes for the October 25, 2016 Special BOD Meeting. Mr. Fawn offered a second and motion passed unanimously.

Mrs. Wagner made a motion to consider and act on minutes for the October 25, 2016 Regular BOD Meeting. Mr. Fawn offered a second and motion passed unanimously.

22. Adjourn

Meeting adjourned at 5:01 p.m.

Sandy Wagner, Secretary

MINUTES OF A SPECIAL MEETING OF THE BOARD OF DIRECTORS MONTGOMERY COUNTY HOSPITAL DISTRICT

The special meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 10:05 a.m., November 21, 2016, in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas

1. Call to Order

Meeting called to order at 10:05 a.m..

2. Roll Call

Present

Bob Bagley Sandy Wagner Georgette Whatley

Not Present

Chris Grice Mark Cole Harold Posey Kenn Fawn

3. Consider and act on canvassing results from the November 8, 2016 MCHD Board of Directors election. (Mrs. Wagner, Secretary – MCHD Board) (attached)

Mrs. Wagner made a motion to consider and act on canvassing results from the November 8, 2016 MCHD Board of Directors election. Ms. Whatley offered a second and motion passed unanimously.

4. Adjourn

Meeting adjourned at 10:06 a.m..

Sandy Wagner, Secretary

MINUTES OF A SPECIAL MEETING OF THE BOARD OF DIRECTORS MONTGOMERY COUNTY HOSPITAL DISTRICT

The special meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 5:00 p.m., December 13, 2016, in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas

1. Call to Order

Meeting called to order at 5:00 p.m.

2. Roll Call

Present

Mark Cole Harold Posey Kenn Fawn Sandy Wagner Georgette Whatley

Not Present

Bob Bagley Chris Grice

3. Convene into executive session pursuant to section 551.074 of the Texas Government Code for the MCHD Board to hear and deliberate upon the employment appeal of Sandi Raimer pursuant to the District's personnel policy HR 25-504, Disciplinary and Grievance Procedure. (Mr. Posey, Chair – MCHD Board) (attached)

Ms. Sandi Raimer opted for the Special Meeting Level II Grievance and Disciplinary hearing to be held in open session.

Ms. Sandi Raimer presented an opening statement to the board.

Mr. Randy Johnson, CEO presented an opening statement to the board.

Ms. Sandi Raimer made a rebuttal statement to the board.

Mr. Randy Johnson, CEO made a rebuttal statement to the board.

Ms. Sandi Raimer made a closing statement to the board.

4. Reconvene from executive session to act upon the employment appeal of Sandi Raimer pursuant to the District's personnel policy HR 25-504, Disciplinary and Grievance Procedure. (Mr. Posey, Chair – MCHD Board)

Not applicable, meeting held in held in Open Session.

5. Convene into executive session pursuant to section 551.071 of the Texas Government Code to consult with legal counsel on the employment appeal of Sandi Raimer pursuant to the District's personnel policy HR 25-504, Disciplinary and Grievance Procedure. (Mr. Posey, Chairman – MCHD Board)

Mr. Posey made a motion to convene into Executive session at 5:44 p.m. pursuant to section 551.071 of the Texas Government Code to consult with legal counsel on the employment appeal of Sandi Raimer pursuant to the District's personnel policy HR 25-504, Disciplinary and Grievance Procedure.

6. Reconvene from executive session and the board to act upon the employment appeal of Sandi Raimer pursuant to the District's personnel policy HR 25-504, Disciplinary and Grievance Procedure. (Mr. Posey, Chairman – MCHD Board)

The board reconvened from executive session at 6:24 p.m.

Mr. Posey made a motion to affirm the termination of Sandi Rainer. Mr. Fawn offered a second.

Discussion between Mr. Cole and Legal Counsel, Greg Hudson on the policy and procedures for board members not in attendance at the Level II Grievance hearing and delaying a vote on Ms. Raimer's termination. Mr. Cole made a motion to table the Chairman of the board Mr. Posey's original motion. Ms. Whatley offered a second. Motion failed by a vote of two (2) for (Mr. Cole and Ms. Whatley) to three (3) opposed (Mr. Fawn, Mrs. Wagner and Mr. Posey).

Roll Call vote to affirm the termination of Sandi Raimer:

Mr. Cole – Opposed Mr. Posey – Affirm Mrs. Wagner – Affirm Mr. Fawn – Affirm Ms. Whatley – Opposed

7. Adjourn

Meeting adjourned at 6:26 p.m.

Sandy Wagner, Secretary

NOTICE OF A SPECIAL MEETING OF THE BOARD OF DIRECTORS MONTGOMERY COUNTY HOSPITAL DISTRICT - PAGE 2





To: Board of Directors

From: Randy Johnson, CEO

Date: December 20, 2016

Re: Executive Session – Section 551.074

Convene into executive session pursuant to section 551.074 of the Texas Government Code for the MCHD Board to discuss and deliberate the evaluation duties and discipline of the CEO including any complaint thereto. (Mr. Posey, Chair – MCHD Board)





To: Board of Directors

From: Randy Johnson, CEO

Date: December 20, 2016

Re: Reconvene Executive Session – Section 551.074

Reconvene from executive session to act or make recommendations if needed on the evaluation duties and discipline of the CEO including any complaint thereto. (Mr. Posey, Chair – MCHD Board)