

Resolution # 0326261VB17

WHEREAS, Rains County finds it in the best interest of the citizens of Rains County that the Tobacco Expenditure Report be signed and submitted for the 2025 year; and

WHEREAS, Rains County agrees that in the event of loss or misuse of any funds, Rains County assures that the funds will be returned to the funder in full.

WHEREAS, Rains County designates the Rains County Judge as the grantee's authorized official. The authorized official is given the power to apply for, accept, reject, alter, sign for, or terminate the Tobacco Expenditure Report on behalf of the applicant agency.

NOW THEREFORE, BE IT RESOLVED that Rains County approves the submission of the Tobacco Expenditure Report.

Adopted this 26th day of March 2026.

\_\_\_\_\_  
Brent Hilliard, Rains County Judge

  
\_\_\_\_\_  
Jeremy Cook, Commissioner Precinct 1

  
\_\_\_\_\_  
Mike Willis, Commissioner Precinct 2

  
\_\_\_\_\_  
Korey Young, Commissioner Precinct 3

  
\_\_\_\_\_  
Lori Northcutt, Commissioner Precinct 4

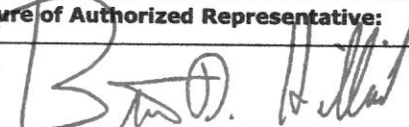
Attest:   
\_\_\_\_\_



## 2026 Expenditure Statement for Counties

<b>Name of County:</b>	Rains County	
<b>Contact Person</b>		
Primary contact for questions regarding the information reported on this expenditure statement.		
<b>Name:</b>	Tammi Byrd	
<b>Title:</b>	Rains County Auditor	
<b>Mailing Address:</b>	220 W. Quitman St. Ste. A, Emory, TX 75440	
<b>Phone Number:</b>	903-473-5022	
<b>Email:</b>	tammi.byrd@co.rains.tx.us	
<p>Provide <b>calendar year 2025</b> unreimbursed health care expenditures for your county within the categories defined below. According to 25 Tex. Admin. Code § 102.3, <b>unreimbursed health care expenditures</b> are defined as actual expenditures made by the county, which are directly attributable to the provision of health care services to the general public, either directly or by contract or agreement with a third-party provider, and for which no reimbursement is made by or expected from any third-party source or fund. Furthermore, an additional 15% is added to the total to account for general administrative and overhead costs not directly related to the provision of health care.</p> <p>In addition to payments made from the county's customary operating accounts, unreimbursed expenditures can include 1) payments made from a trust fund or reserve account intended for the provision of health care services and 2) payments made in the prior calendar year using the pro rata shares from past tobacco settlement distributions. Unreimbursed expenditures cannot include contractual allowances or discounts for health care services required under a third party payer agreement.</p> <p>Any unreimbursed expenditures claimed on the 2025 prior calendar year expenditure statement that were later reimbursed by monies other than tobacco settlement funds, <u>should be subtracted</u> from the amount of unreimbursed expenditures reported on the current year expenditure statement.</p>		
<b>Category A. Unreimbursed County Expenditures for Indigent Health Care Services</b>		
These expenditures must be for unreimbursed health care services provided to the indigent population.		<b>\$30,278.60</b>
<b>Category B. Unreimbursed County Expenditures for Jail Health Care Services</b>		
These expenditures must be for unreimbursed health care services provided to adults or juveniles in the detained or incarcerated population.		<b>\$129,145.76</b>
<b>Category C. Unreimbursed County Expenditures for General Public Health Care Services</b>		
These expenditures must be for unreimbursed health care services such as a hospital district may provide. These are typically diagnostic and treatment services for individuals. Expenditures for environmental services (e.g. mosquito control, water testing, and septic tank inspection) and population-based services not involving direct contact with an individual health care recipient (e.g. restaurant inspections) must be excluded.		
1) Health care clinic, laboratory, and case management services.		
2) Dental care services.		
3) Outreach and prevention efforts related to tobacco use, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature.		
4) Other health care outreach and prevention efforts, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature. Typical target areas for these efforts include health hazards affecting the general public.		
5) Medical transportation.		
6) Behavioral or psychiatric health care services.		<b>\$14,246.87</b>
7) Capital expenditures for health care services.		

**Texas Department of State Health Services Tobacco Settlement Distribution Program**

<b>Category C. continued</b>		<b>Name of County:</b>	
8) Overhead costs for a health care facility. Limited to non-labor expenditures required to operate a health care facility (e.g. utilities, internet service, building insurance).			
9) Emergency medical services.			
10) Medical supplies or equipment used for the provision of health care services to the general public.			
11) Other services provided by the county that are also within the scope of services that hospital districts are authorized by law to provide. These will typically be diagnostic and treatment services. <b>Please describe services below:</b>			
12) Intergovernmental transfer (IGT) payment(s) made by the county to a hospital(s) in its jurisdiction in exchange for indigent health care services. <b>Name of Hospital(s) below:</b>			
13) If the county sold or leased its public health care facility(ies) and included a contractual obligation on the part of the purchaser or lessee to provide health care services to the indigent population, the county may claim one or both of the following: <ul style="list-style-type: none"> <li>a) Unreimbursed payments not funded by taxes made by the county to said public health care facility(ies). Payments may be for ongoing operations, indigent care obligations, or other statutorily authorized expenditures.</li> <li>b) The value of health care services for indigent residents performed by said public health care facility(ies) as if they had been reimbursed at the Medicaid rate.</li> </ul> <b>Name of Public Health Care Facility(ies) below:</b>			
14) If the county made unreimbursed payments to a public hospital (see exception below) owned by the county and that is not located within a hospital district, enter the information below. The payments must be directly attributable to the provision of health care services to the general public. <b>Exception: Do not include payments to non-hospital health care facilities (e.g. clinics). Report those expenditures on line 1 in category C.</b>			
	<b>Public Hospital Name</b>	<b>City Where Located</b>	<b>2025 Year Payments</b>
<b>Total</b>			
<b>Subtotal, All Category C Expenditures</b>			<b>\$14,246.87</b>
<b>Total Expenditures to be claimed:</b> (are calculated by multiplying the sum of Cat. A+B+C by 1.15).			
<b>Total Expenditures to be claimed: (Cat. A+B+C)</b>		<b>\$173,671.23</b>	<b>x 1.15 =</b>
			<b>\$199,721.91</b>
This is to certify that the above unreimbursed expenditures are eligible for pro ratā payment in accordance with the Agreement Regarding Disposition of Settlement Proceeds between the State of Texas and American Tobacco Company, et al.			
<b>Printed Name and Title of County's Authorized Representative:</b>		<b>Email Address and Telephone Number:</b>	
<b>Brent Hilliard, Rains County Judge</b>		brent.d.hilliard@co.rains.tx.us 903-473-5020	
<b>Signature of Authorized Representative:</b>		<b>Date:</b>	
		<b>March 26, 2026</b>	



**Tobacco Settlement Distribution Program Expenditure Statement for Counties Instructions**

Counties in Texas responsible for providing indigent health care to the general public and that **are not wholly located** within a hospital district are eligible for a pro rata share of the annual tobacco settlement distribution. Eligible counties that wish to be considered for a pro rata share must fill out all items on the Expenditure Statement for Counties and submit it to the Texas Department of State Health Services (DSHS) by the submission deadline (see below). Pro rata shares are expected to be distributed no later than April 30<sup>th</sup> of each year.

Counties in Texas that **are wholly located** within a hospital district are eligible for a pro rata share if they 1) have their own budget for expenditures related to jail health care services and/or 2) made payments not funded by taxes to a public health care facility that was sold or leased by the county and that included a contractual obligation on the part of the purchaser or lessee to provide health care services to the indigent population. In this case, do not submit this expenditure statement. Instead, you must submit these expenditures to your local hospital district for inclusion on the hospital district's expenditure statement. Once the hospital district receives the pro rata share, it should give the county the proportion that applies to the amount of expenditures reported by the county.

Please submit **only the completed and signed expenditure statement**. If additional information is required to complete review of the expenditure statement, you will be contacted by DSHS staff. A portable document format (PDF) file of the expenditure statement may be downloaded from [dshs.texas.gov/tobaccosettlement/expendforms.aspx](https://dshs.texas.gov/tobaccosettlement/expendforms.aspx). Google Chrome users are advised to first download the expenditure statement to your computer before filling it out in Adobe Acrobat.

The information submitted on the expenditure statement and any requested additional information may be subject to audit by the State of Texas after the annual distribution cycle is complete. If ineligible expenditures are identified through an audit following payment to the county, the ineligible amount may be deducted from a subsequent year's payment.

Please **use only one of the following four options** to submit your completed and signed expenditure statement and, if requested by DSHS staff, any additional information by the specified submission deadline. Submissions received by more than one option may delay processing. If you encounter any problems with the submission process, please let us know. DSHS staff will send an email acknowledgement once the completed and signed expenditure statement has been received.

<p><b>Submission Deadline: March 31<sup>st</sup> if submitting by</b></p>	<p>1. Overnight Delivery by 5:00 p.m. CT to: AMIRA SUTON MC 7923 TX DEPT OF STATE HEALTH SERVICES 1100 W 49TH ST AUSTIN TX 78756</p>
<p><b>Submission Deadline: March 31<sup>st</sup> if submitting by</b></p>	<p>2. Email by 11:59 p.m. CT to <a href="mailto:DSHSTobacco@dshs.texas.gov">DSHSTobacco@dshs.texas.gov</a>. 3. Fax by 11:59 p.m. CT to 512-776-7774. 4. USPS Mail with postmark no later than 11:59 p.m. CT to: AMIRA SUTON MC 7923 TX DEPT OF STATE HEALTH SERVICES PO BOX 149347 AUSTIN TX 78714-9347</p>

**Do not include this page with your submission.**

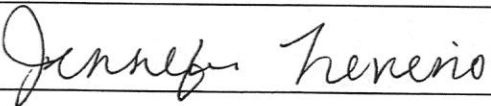
**For questions:**

Frequently Asked Questions at [dshs.texas.gov/tobaccosettlement/faq.shtm](https://dshs.texas.gov/tobaccosettlement/faq.shtm)  
Email Amira Sutton at [DSHSTobacco@dshs.texas.gov](mailto:DSHSTobacco@dshs.texas.gov)

## Expenditure Statement for Counties

<b>Name of County:</b>	Rains	
	<b>Contact Person</b>	
	Primary contact for questions regarding the information reported on this expenditure statement.	
<b>Name:</b>	Jennifer Trevino	
<b>Title:</b>	Honorable Treasurer Jennifer Trevino	
<b>Mailing Address:</b>	220 W. Quitman Street Ste A Emory, TX 75440	
<b>Phone Number:</b>	(903) 473-5026	
<b>Email:</b>	Jennifer.Trevino@co.rains.tx.us	
<p>Provide prior <b>calendar year</b> unreimbursed health care expenditures for your county within the categories defined below.</p> <p>According to 25 Tex. Admin. Code § 102.3, <b>unreimbursed health care expenditures</b> are defined as actual expenditures made by the county, which are directly attributable to the provision of health care services to the general public, either directly or by contract or agreement with a third-party provider, and for which no reimbursement is made by or expected from any third-party source or fund. Furthermore, an additional 15% is added to the total to account for general administrative and overhead costs not directly related to the provision of health care.</p> <p>In addition to payments made from the county's customary operating accounts, unreimbursed expenditures can include 1) payments made from a trust fund or reserve account intended for the provision of health care services and 2) payments made in the prior calendar year using the pro rata shares from past tobacco settlement distributions. Unreimbursed expenditures cannot include contractual allowances or discounts for health care services required under a third party payer agreement.</p> <p>Any <u>unreimbursed expenditures claimed on the prior calendar year expenditure statement that were later reimbursed</u> by monies other than tobacco settlement funds, <u>should be subtracted</u> from the amount of unreimbursed expenditures reported on the current year expenditure statement.</p>		
<b>Category A. Unreimbursed County Expenditures for Indigent Health Care Services</b>		
These expenditures must be for unreimbursed health care services provided to the indigent population.		41,636.05
<b>Category B. Unreimbursed County Expenditures for Jail Health Care Services</b>		
These expenditures must be for unreimbursed health care services provided to adults or juveniles in the detained or incarcerated population.		76,786.66
<b>Category C. Unreimbursed County Expenditures for General Public Health Care Services</b>		
These expenditures must be for unreimbursed health care services such as a hospital district may provide. These are typically diagnostic and treatment services for individuals. Expenditures for environmental services (e.g. mosquito control, water testing, and septic tank inspection) and population-based services not involving direct contact with an individual health care recipient (e.g. restaurant inspections) must be excluded.		
1) Health care clinic, laboratory, and case management services.		
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4) Other health care outreach and prevention efforts, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature. Typical target areas for these efforts include health hazards affecting the general public.		
5) Medical transportation.		
6) Behavioral or psychiatric health care services.		21,714.89
7) Capital expenditures for health care services.		

**Texas Department of State Health Services Tobacco Settlement Distribution Program**

Category C. continued		Name of County: Rains	
8) Overhead costs for a health care facility. Limited to non-labor expenditures required to operate a health care facility (e.g. utilities, internet service, building insurance).			
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	<b>Public Hospital Name</b>	<b>City Where Located</b>	<b>Prior Year Payments</b>
<b>Total</b>			<b>0.00</b>
<b>Subtotal, All Category C Expenditures</b>			<b>21,714.89</b>
<b>Total Expenditures to be claimed:</b> (are calculated by multiplying the sum of Cat. A+B+C by 1.15).			
<b>Total Expenditures to be claimed: (Cat. A+B+C)</b>		<b>140,137.60</b> x 1.15 =	<b>161,158.24</b>
This is to certify that the above unreimbursed expenditures are eligible for pro rata payment in accordance with the Agreement Regarding Disposition of Settlement Proceeds between the State of Texas and American Tobacco Company, et al.			
<b>Printed Name and Title of County's Authorized Representative:</b>		<b>Email Address and Telephone Number:</b>	
Jennifer Trevino		Jennifer.Trevino@co.rains.tx.us	
<b>Signature of Authorized Representative:</b>		<b>Date:</b>	
		3/31/25	



Rains County, TX

# Vendor History Report

By Vendor Name

Posting Date Range -  
Payment Date Range 01/01/2025 - 12/31/2025

Payable Number	Description	Units	Price	Post Date	1099 Account Number	Payment Number	Payment Date	Account Name	Amount	Shipping Dist Amount	Tax	Discount	Net	Payment
00191 - ANDREWS CENTER														
0125c	Hlth&Welf-Cash Request	0.00	0.00	1/14/2025	002-1113-56110	71283	1/14/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	14,246.87	14,246.87
0225c	Hlth&Welf-Cash Request	0.00	0.00	2/13/2025	002-1113-56110	71405	2/13/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
0325c	Hlth&Welf-Cash Request	0.00	0.00	3/13/2025	002-1113-56110	71586	3/13/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
0425c	Hlth&Welf-Cash Request	0.00	0.00	4/10/2025	002-1113-56110	71750	4/10/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
0525c-05/25	Hlth&Welf-Cash Request	0.00	0.00	5/8/2025	002-1113-56110	71912	5/8/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
0625c	Hlth&Welf-Cash Request	0.00	0.00	6/12/2025	002-1113-56110	72204	6/12/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
0725c	Hlth&Welf-Cash Request	0.00	0.00	7/10/2025	002-1113-56110	72375	7/10/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
0825c	Hlth&Welf-Cash Request	0.00	0.00	8/14/2025	002-1113-56110	72511	8/14/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
0925c 09/25	Hlth&Welf-Cash Request	0.00	0.00	9/11/2025	002-1113-56110	72785	9/11/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
1025rc	Hlth&Welf-Cash Request	0.00	0.00	10/9/2025	002-1113-56110	72941	10/9/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
1125rc	Hlth&Welf-Cash Request	0.00	0.00	11/13/2025	002-1113-56110	73115	11/13/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
1225RC	Hlth&Welf-Cash Request	0.00	0.00	12/11/2025	002-1113-56110	73343	12/11/2025	MHMR SERVICES	666.66	666.66	0.00	0.00	666.66	666.66
Inmate Health 02/06/25	INMATE HEALTH	0.00	0.00	2/13/2025	002-1005-55320	71406	2/13/2025	PRISONER HEALTH CARE	176.00	176.00	0.00	0.00	176.00	176.00
Inmate Health 1/13/25	INMATE HEALTH	0.00	0.00	1/23/2025	002-1005-55320	71360	1/23/2025	PRISONER HEALTH CARE	278.00	278.00	0.00	0.00	278.00	278.00
Inmate Health 1/25	INMATE HEALTH	0.00	0.00	1/14/2025	002-1005-55320	71284	1/14/2025	PRISONER HEALTH CARE	94.00	94.00	0.00	0.00	94.00	94.00

**Vendor History Report**

Payable Number	Description	Units	Price	Post Date	1099 Account Number	Payment Number	Payment Date	Account Name	Amount	Shipping Dist Amount	Tax	Discount	Net	Payment
INmate Health 3/20/25	INMATE HEALTH	0.00	0.00	3/27/2025	002-1005-55320	71676	3/27/2025	PRISONER HEALTH CARE	438.00	0.00	0.00	0.00	438.00	438.00
INMATE HEALTH TREAT									438.00					
INmate Health 3/25	IndHlth-INmate Alcohol/Drug Screen	0.00	0.00	3/13/2025	002-1005-55320	71587	3/13/2025	PRISONER HEALTH CARE	319.00	0.00	0.00	0.00	319.00	319.00
IndHlth-INmate Alcohol/									319.00					
INmate Health 4/25	INMATE HEALTH CARE	0.00	0.00	4/10/2025	002-1005-55320	71749	4/10/2025	PRISONER HEALTH CARE	372.00	0.00	0.00	0.00	372.00	372.00
INMATE HEALTH CARE									372.00					
INmate Health 6/25	INMATE HEALTH	0.00	0.00	7/10/2025	002-1005-55320	72376	7/10/2025	PRISONER HEALTH CARE	94.00	0.00	0.00	0.00	94.00	94.00
INMATE HEALTH TREAT									94.00					
INV0000674	INMATE MEDICAL	0.00	0.00	4/24/2025	002-1005-55320	71840	4/24/2025	PRISONER HEALTH CARE	139.00	0.00	0.00	0.00	139.00	139.00
INMATE HEALTH TREAT									139.00					
INV0000723	INMATE HEALTH	0.00	0.00	5/8/2025	002-1005-55320	71913	5/8/2025	PRISONER HEALTH CARE	142.00	0.00	0.00	0.00	142.00	142.00
Indigent Health-INMATE									142.00					
INV0000962	INMATE HEALTH	0.00	0.00	6/12/2025	002-1005-55320	72205	6/12/2025	PRISONER HEALTH CARE	360.00	0.00	0.00	0.00	360.00	360.00
INMATE HEALTH TREAT									360.00					
INV0001023	INMATE HEALTH	0.00	0.00	6/26/2025	002-1005-55320	72305	6/26/2025	PRISONER HEALTH CARE	311.00	0.00	0.00	0.00	311.00	311.00
INMATE HEALTH TREAT									311.00					
INV0001153	Inmate Health	0.00	0.00	7/24/2025	002-1005-55320	72459	7/24/2025	PRISONER HEALTH CARE	183.00	0.00	0.00	0.00	183.00	183.00
Inmate Health									183.00					
INV0001292	Indigent-INMATE HEALTHCARE	0.00	0.00	8/14/2025	002-1005-55320	72510	8/14/2025	PRISONER HEALTH CARE	528.00	0.00	0.00	0.00	528.00	528.00
Indigent-INMATE HEALTH									528.00					
INV0001355 08/25	INMATE HEALTHCARE	0.00	0.00	8/28/2025	002-1005-55320	72704	8/28/2025	PRISONER HEALTH CARE	249.04	0.00	0.00	0.00	249.04	249.04
INMATE HEALTHCARE									249.04					
INV0001357 08/25	INMATE HEALTHCARE	0.00	0.00	8/28/2025	002-1005-55320	72705	8/28/2025	PRISONER HEALTH CARE	82.00	0.00	0.00	0.00	82.00	82.00
INMATE HEALTHCARE									82.00					
INV0001465 09/25	INMATE HEALTHCARE	0.00	0.00	9/25/2025	002-1005-55320	72854	9/25/2025	PRISONER HEALTH CARE	271.00	0.00	0.00	0.00	271.00	271.00
INMATE HEALTHCARE									271.00					
INV0001567	INMATE HEALTHCARE	0.00	0.00	10/23/2025	002-1005-55320	73025	10/23/2025	PRISONER HEALTH CARE	139.00	0.00	0.00	0.00	139.00	139.00
INMATE HEALTHCARE									139.00					
INV0001686	INMATE HEALTHCARE	0.00	0.00	11/26/2025	002-1005-55320	73255	11/26/2025	PRISONER HEALTH CARE	95.36	0.00	0.00	0.00	95.36	95.36
INMATE HEALTHCARE									95.36					
INV0001694	INMATE HEALTHCARE	0.00	0.00	11/26/2025	002-1005-55320	73256	11/26/2025	PRISONER HEALTH CARE	505.83	0.00	0.00	0.00	505.83	505.83
INMATE HEALTHCARE									505.83					
INV0001772	INMATE HEALTHCARE	0.00	0.00	12/11/2025	002-1005-55320	73344	12/11/2025	PRISONER HEALTH CARE	425.04	0.00	0.00	0.00	425.04	425.04
INMATE HEALTHCARE									425.04					
INV0001845	INMATE HEALTHCARE	0.00	0.00	12/23/2025	002-1005-55320	73436	12/23/2025	PRISONER HEALTH CARE	235.68	0.00	0.00	0.00	235.68	235.68
INMATE HEALTHCARE									235.68					

**Vendor History Report**

Payable Number	Description	Units	Price	Post Date	1099 Account Number	Payment Number	Payment Date	Account Name	Amount	Shipping	Tax	Discount	Net	Payment
Item Description				Amount					Dist Amount	Amount				
INV0001846	INMATE HEALTHCARE	0.00	0.00	12/23/2025	002-1005-55320	73438	12/23/2025	PRISONER HEALTH CARE	282.00	0.00	0.00	0.00	282.00	282.00
INV0001847	INMATE HEALTHCARE	0.00	0.00	12/23/2025	002-1005-55320	73439	12/23/2025	PRISONER HEALTH CARE	82.00	0.00	0.00	0.00	82.00	82.00
INV0001848	INMATE HEALTHCARE	0.00	0.00	12/23/2025	002-1005-55320	73437	12/23/2025	PRISONER HEALTH CARE	270.00	0.00	0.00	0.00	270.00	270.00
Jail Inmate Health 2/25	IndHlth-INMATE HEALTH	0.00	0.00	2/27/2025	002-1005-55320	71508	2/27/2025	PRISONER HEALTH CARE	176.00	0.00	0.00	0.00	176.00	176.00
IndHlth-INMATE HEALTH		0.00	0.00					PRISONER HEALTH CARE	176.00	0.00	0.00	0.00	176.00	176.00
<b>Vendors: (1) Total 01 - Vendor Set 01:</b>									<b>14,246.87</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>14,246.87</b>	<b>14,246.87</b>
<b>Vendors: (1) Report Total:</b>									<b>14,246.87</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>14,246.87</b>	<b>14,246.87</b>



Rains County, TX

# DETAIL REPORT

## Account Detail

Date Range: 01/01/2025 - 12/31/2025

Account	Name	Source Transaction	Description	Vendor	Beginning Balance	Total Activity	Total Debits	Total Credits	Ending Balance
<b>Fund: 002 - GENERAL FUND</b>									
002-1005-41140	PRISONER HEALTH REIMBURSEMENT				0	1732.93	1732.93	0	1732.93
<b>Post Date</b>	<b>Packet Number</b>	<b>Source Transaction</b>	<b>Description</b>	<b>Vendor</b>	<b>Project Account</b>	<b>Debits</b>	<b>Credits</b>	<b>Running Balance</b>	
11/26/2025	POPKT07242	INV0001690	INMATE HEALTHCARE	04179 - INTEGRATED PRESCRIPTION MANA		1732.93	1732.93	1732.93	
002-1005-55320	PRISONER HEALTH CARE				10013.86			183	130878.69
<b>Post Date</b>	<b>Packet Number</b>	<b>Source Transaction</b>	<b>Description</b>	<b>Vendor</b>	<b>Project Account</b>	<b>Debits</b>	<b>Credits</b>	<b>Running Balance</b>	
01/14/2025	POPKT02546	Ind/Inmate Health 1/2	INDIGENT PRESCRIPTIONS	04179 - INTEGRATED PRESCRIPTION MANA		694.07		10707.93	
01/14/2025	POPKT02546	Inmate Health 1/25	INMATE HEALTH CARE	00191 - ANDREWS CENTER		94		10801.93	
01/14/2025	POPKT02546	Inmate Health 1/25	INMATE HEALTH CARE	01816 - HUNT MEMORIAL HOSPITAL DISTRI		14978.43		25780.36	
01/14/2025	POPKT02546	Inmate Health 1/25	INMATE HEALTH CARE	24743 - HUNT REGIONAL MEDICAL CENTER		1227.76		27008.12	
01/23/2025	POPKT02662	Ind/Inmate Health 1/1	IND/INMATE HEALTH	04179 - INTEGRATED PRESCRIPTION MANA		676.76		27684.88	
01/23/2025	POPKT02662	Inmate Health 1/13/2	INMATE HEALTH TREATMENT	00191 - ANDREWS CENTER		278		27962.88	
01/23/2025	POPKT02662	Inmate Health 1/13/2	INMATE HEALTH TREATMENT	01806 - HUNT REGIONAL MEDICAL PARTNE		2126.74		30089.62	
01/23/2025	POPKT02662	Inmate Health 1/13/2	INMATE HEALTH TREATMENT	00954 - EMORY DENTAL		229		30318.62	
02/13/2025	POPKT03009	Indigent Healthcare 0	INMATE HEALTH TREATMENT	24743 - HUNT REGIONAL MEDICAL CENTER		531.14		30849.76	
02/13/2025	POPKT03009	Inmate Health 02/06/	INMATE HEALTH TREATMENT	00191 - ANDREWS CENTER		176		31025.76	
02/13/2025	POPKT03009	Inmate Health 02/06/	INMATE HEALTH CARE	04179 - INTEGRATED PRESCRIPTION MANA		1315.2		32340.96	
02/13/2025	POPKT03009	Inmate Health 02/06/	INMATE HEALTH TREATMENT	01805 - HUNT REGIONAL HEALTHCARE		23.56		32364.52	
02/13/2025	POPKT03009	Inmate Health 02/06/2	INMATE HEALTH TREATMENT	01805 - HUNT REGIONAL HEALTHCARE		2436.64		34801.16	
02/13/2025	POPKT03009	Inmate Healthcare 02	INDHITH-INMATE HEALTH CARE	14435 - AMERICAN RADIOLOGY CONSULTAI		25.35		34826.51	
02/13/2025	POPKT03009	Jail Inmate Health 2/2	IndHith-INMATE HEALTH CARE	00191 - ANDREWS CENTER		176		35002.51	
02/27/2025	POPKT03332	Jail Inmate Health 2/2	IndHith-INMATE HEALTH CARE	14361 - HUNT REGIONAL MEDICAL PARTNE		2005.74		37008.25	
02/27/2025	POPKT03332	Jail Inmate Health 2/2	IndHith-INMATE HEALTH CARE	01805 - HUNT REGIONAL HEALTHCARE		3163.22		40171.47	
02/27/2025	POPKT03332	Jail Inmate Health 2/2	IndHith-INMATE HEALTH CARE	24743 - HUNT REGIONAL MEDICAL CENTER		111.74		40283.21	
02/27/2025	POPKT03332	Jail Inmate Health 2/2	IndHith-INMATE HEALTH TREATMENT	01065 - TEXAS MEDICINE RESOURCES LLP		397.08		40680.29	
02/27/2025	POPKT03332	Jail Inmate Health 2/2	IndHith-INMATE HEALTH CARE	04179 - INTEGRATED PRESCRIPTION MANA		582.36		41262.65	
02/27/2025	POPKT03332	Jail Inmate Health 2/2	IndHith-INMATE HEALTH TREATMENT	00954 - EMORY DENTAL		290		41552.65	
03/13/2025	POPKT03476	Inmate Health 3/25	IndHith-inmate Health	00954 - EMORY DENTAL		621		42173.65	
03/13/2025	POPKT03476	Inmate Health 3/25	IndHith-INMATE HEALTH	01805 - HUNT REGIONAL HEALTHCARE		3553.59		45727.24	
03/13/2025	POPKT03476	Inmate Health 3/25	IndHith-inmate Alcohol/Drug Screen	00191 - ANDREWS CENTER		319		46046.24	
03/13/2025	POPKT03476	Inmate/Ind Health 3/2	IndHith-inmate/Ind Prescriptions	04179 - INTEGRATED PRESCRIPTION MANA		580.18		46626.42	
03/13/2025	POPKT03622	Inmate Health 3/20/2	INMATE HEALTH TREATMENT	00954 - EMORY DENTAL		1070		47696.42	
03/27/2025	POPKT03622	Inmate Health 3/20/2	INMATE HEALTH CARE	04179 - INTEGRATED PRESCRIPTION MANA		616.67		48313.09	
03/27/2025	POPKT03622	Inmate Health 3/20/2	INMATE HEALTH TREATMENT	00191 - ANDREWS CENTER		438		48751.09	
03/27/2025	POPKT03622	Inmate Health 3/20/2	INMATE HEALTH TREATMENT	01805 - HUNT REGIONAL HEALTHCARE		1210.67		49961.76	
03/27/2025	POPKT03622	Inmate Health 3/20/2	INMATE HEALTH TREATMENT	01065 - TEXAS MEDICINE RESOURCES LLP		182.24		50144	
03/27/2025	POPKT03622	Inmate Health 3/20/2	INMATE HEALTH TREATMENT	14361 - HUNT REGIONAL MEDICAL PARTNE		1977.78		52121.78	

**DETAIL REPORT**

**Date Range: 01/01/2025 - 12/31/2025**

Account	Post Date	Packet Number	Name	Source Transaction	Description	Vendor	Beginning Balance	Total Activity	Total Debits	Total Credits	Ending Balance
002-1005-55320			PRISONER HEALTH CARE - Continued				10013.86	120864.83	121047.83	183	130878.69
	04/10/2025	POPKT03793	Inmate Health 4/25	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	01816 - HUNT MEMORIAL HOSPITAL DISTRI			173.22		52295
	04/10/2025	POPKT03793	Inmate Health 4/25	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	14435 - AMERICAN RADIOLOGY CONSULTAI			474.65		52769.65
	04/10/2025	POPKT03793	Inmate Health 4/25	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	04179 - INTEGRATED PRESCRIPTION MANA			623.89		53393.54
	04/10/2025	POPKT03793	Inmate Health 4/25	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	00954 - EMORY DENTAL			1556		54949.54
	04/10/2025	POPKT03793	Inmate Health 4/25	INMATE HEALTH CARE	INMATE HEALTH CARE	00191 - ANDREWS CENTER			372		55321.54
	04/10/2025	POPKT03793	Inmate Health 4/25	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	24743 - HUNT REGIONAL MEDICAL CENTER			9146.73		64468.27
	04/24/2025	POPKT03894	103	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	24826 - NEURO IR OF EAST TEXAS			132.58		64600.85
	04/24/2025	POPKT03894	19	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	01065 - TEXAS MEDICINE RESOURCES LLP			107.42		64708.27
	04/24/2025	POPKT03894	92	Inmate HEALTH CARE	Inmate HEALTH CARE	14361 - HUNT REGIONAL MEDICAL PARTNE			1648.04		66356.31
	04/24/2025	POPKT03894	INV0000672	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	00954 - EMORY DENTAL			380		66736.31
	04/24/2025	POPKT03894	INV0000673	INMATE HEALTH CARE	INMATE HEALTH CARE	00934 - CHRISTUS MOTHER FRANCES HOSP			3650.23		70386.54
	04/24/2025	POPKT03894	INV0000674	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	00191 - ANDREWS CENTER			139		70525.54
	05/08/2025	POPKT04117	INV0000723	Indigent Health-INMATE HEALTH CARE	Indigent Health-INMATE HEALTH CARE	00191 - ANDREWS CENTER			142		70667.54
	05/08/2025	POPKT04117	INV0000725	Indigent Health- Inmate X-rays & Extractions	Indigent Health- Inmate X-rays & Extractions	00954 - EMORY DENTAL			241		70908.54
	05/08/2025	POPKT04117	INV0000726	Indigent Health-prisoner health treatment	Indigent Health-prisoner health treatment	24743 - HUNT REGIONAL MEDICAL CENTER			293.34		71201.88
	05/08/2025	POPKT04117	INV0000729	Indigent Health-medications for inmates	Indigent Health-medications for inmates	04179 - INTEGRATED PRESCRIPTION MANA			409.63		71611.51
	05/22/2025	POPKT04324	INV0000843	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	01065 - TEXAS MEDICINE RESOURCES LLP			101		71712.51
	05/22/2025	POPKT04324	INV0000844	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	04240 - RADIOLOGY ASSOCIATES OF NORTH			69.23		71781.74
	05/22/2025	POPKT04324	INV0000846	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	04179 - INTEGRATED PRESCRIPTION MANA			1544.72		73326.46
	05/22/2025	POPKT04324	INV0000848	INMATE HEALTH CARE	INMATE HEALTH CARE	14361 - HUNT REGIONAL MEDICAL PARTNE			2423		75749.46
	05/22/2025	POPKT04324	INV0000849	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	24743 - HUNT REGIONAL MEDICAL CENTER			9.46		75758.92
	06/12/2025	POPKT04619	INV0000962	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	00191 - ANDREWS CENTER			360		76118.92
	06/12/2025	POPKT04619	INV0000963	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	04271 - CHRISTUS TRINITY CLINIC			6.42		76125.34
	06/12/2025	POPKT04619	INV0000965	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	00954 - EMORY DENTAL			570		76695.34
	06/12/2025	POPKT04619	INV0000967	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	01816 - HUNT MEMORIAL HOSPITAL DISTRI			4950.54		81645.88
	06/12/2025	POPKT04619	INV0000970	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	04179 - INTEGRATED PRESCRIPTION MANA			2089.9		83735.78
	06/12/2025	POPKT04619	INV0000973	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	01065 - TEXAS MEDICINE RESOURCES LLP			214.84		83950.62
	06/26/2025	POPKT04934	INV0001020	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	01065 - TEXAS MEDICINE RESOURCES LLP			188.66		84139.28
	06/26/2025	POPKT04934	INV0001022	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	01806 - HUNT REGIONAL MEDICAL PARTNE			2459.97		86599.25
	06/26/2025	POPKT04934	INV0001023	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	00191 - ANDREWS CENTER			311		86910.25
	07/10/2025	POPKT05153	Inmate Dental 7/25	INDIGENT HEALTH CARE	INDIGENT HEALTH CARE	00954 - EMORY DENTAL			105		87015.25
	07/10/2025	POPKT05153	Inmate Health 6/25	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	00191 - ANDREWS CENTER			94		87109.25
	07/10/2025	POPKT05153	Inmate Health 7/25	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	00954 - EMORY DENTAL			210		87319.25
	07/10/2025	POPKT05153	Inmate Health 7/25	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	04179 - INTEGRATED PRESCRIPTION MANA			1217.64		88536.89
	07/10/2025	POPKT05153	Inmate Health 7/3/25	INMATE HEALTH TREATMENT	INMATE HEALTH TREATMENT	04179 - INTEGRATED PRESCRIPTION MANA			360.18		88897.07
	07/24/2025	APPKT00400	INV0001153	Indg Health- Jail House Visit	Indg Health- Jail House Visit	00191 - ANDREWS CENTER			183		89080.07
	07/24/2025	APPKT00400	INV0001154	Inmate Health Care	Inmate Health Care	00934 - CHRISTUS MOTHER FRANCES HOSP			41.08		89121.15
	07/24/2025	APPKT00400	INV0001156	Inmate Tooth Extractions	Inmate Tooth Extractions	00954 - EMORY DENTAL			380		89501.15
	07/24/2025	APPKT00400	INV0001157	Inmate Health care	Inmate Health care	01806 - HUNT REGIONAL MEDICAL PARTNE			2417.92		91919.07
	07/24/2025	APPKT00410	INV0001153	Inmate Health	Inmate Health	00191 - ANDREWS CENTER			183		92102.07
	07/24/2025	APPKT00410	INV0001153	Indg Health- Jail House Visit	Indg Health- Jail House Visit	00191 - ANDREWS CENTER				183	91919.07
	08/14/2025	POPKT05571	INV0001292	Indigent-INMATE HEALTHCARE	Indigent-INMATE HEALTHCARE	00191 - ANDREWS CENTER			528		92447.07

**DETAIL REPORT**

**Date Range: 01/01/2025 - 12/31/2025**

Account	Post Date	Packet Number	Name	Source Transaction	Description	Vendor	Beginning Balance	Total Activity	Total Debits	Total Credits	Ending Balance
002-1005-55320			PRISONER HEALTH CARE - Continued				10013.86	120864.83	121047.83	183	130878.69
	08/14/2025	POPKT05571		INV0001295	INMATE HEALTHCARE	00954 - EMORY DENTAL		Project Account	Debits	Credits	Running Balance
	08/14/2025	POPKT05571		INV0001298	INMATE HEALTHCARE	04179 - INTEGRATED PRESCRIPTION MANA			470		92917.07
	08/14/2025	POPKT05571		INV0001301	INMATE HEALTHCARE	01065 - TEXAS MEDICINE RESOURCES LLP			486.86		93403.93
	08/28/2025	POPKT05827		INV0001355	INMATE HEALTHCARE	00191 - ANDREWS CENTER			202		93605.93
	08/28/2025	POPKT05827		INV0001357	INMATE HEALTHCARE	00191 - ANDREWS CENTER			249.04		93854.97
	08/28/2025	POPKT05827		INV0001358	INMATE HEALTHCARE	00191 - ANDREWS CENTER			82		93936.97
	08/28/2025	POPKT05827		INV0001360	INMATE HEALTHCARE	01816 - HUNT MEMORIAL HOSPITAL DISTRI			6.42		93943.39
	08/28/2025	POPKT05827		INV0001360	INMATE HEALTHCARE	01805 - HUNT REGIONAL HEALTHCARE			728.2		94671.59
	08/28/2025	POPKT05827		INV0001361	INMATE HEALTHCARE	01806 - HUNT REGIONAL MEDICAL PARTNE			1899.82		96571.41
	08/28/2025	POPKT05827		INV0001363	PRESCRIPTIONS 7/16-31/25	04179 - INTEGRATED PRESCRIPTION MANA			970.19		97541.6
	08/28/2025	POPKT05827		INV0001364	PRESCRIPTIONS - JAIL	04179 - INTEGRATED PRESCRIPTION MANA			450		97991.6
	08/28/2025	POPKT05827		INV0001366	PRESCRIPTIONS 08/01-15/25	04179 - INTEGRATED PRESCRIPTION MANA			182.03		98173.63
	08/28/2025	POPKT05827		INV0001369	INMATE HEALTHCARE	01065 - TEXAS MEDICINE RESOURCES LLP			55.52		98229.15
	09/11/2025	POPKT06021		INV0001411	INMATE HEALTH	01065 - TEXAS MEDICINE RESOURCES LLP			102.38		98331.53
	09/25/2025	POPKT06183		INV0001455	INMATE HEALTHCARE	01805 - HUNT REGIONAL HEALTHCARE			3074.85		101406.38
	09/25/2025	POPKT06183		INV0001458	INMATE HEALTHCARE	01805 - HUNT REGIONAL HEALTHCARE			54.21		101460.59
	09/25/2025	POPKT06183		INV0001459	INMATE HEALTHCARE	01816 - HUNT MEMORIAL HOSPITAL DISTRI			358.25		101818.84
	09/25/2025	POPKT06183		INV0001460	INMATE HEALTH CARE	00954 - EMORY DENTAL			530		102348.84
	09/25/2025	POPKT06183		INV0001460	INMATE HEALTH CARE	00954 - EMORY DENTAL			110		102458.84
	09/25/2025	POPKT06183		INV0001460	INMATE HEALTH CARE	00954 - EMORY DENTAL			143		102601.84
	09/25/2025	POPKT06183		INV0001464	INMATE HEALTHCARE	00934 - CHRISTUS MOTHER FRANCES HOSP			7890.07		110491.91
	09/25/2025	POPKT06183		INV0001465	INMATE HEALTHCARE	00191 - ANDREWS CENTER			271		110762.91
	10/23/2025	POPKT06685		INV0001564	INMATE HEALTHCARE	24743 - HUNT REGIONAL MEDICAL CENTER			1305.02		112067.93
	10/23/2025	POPKT06685		INV0001565	INMATE HEALTHCARE	00954 - EMORY DENTAL			1836		113903.93
	10/23/2025	POPKT06685		INV0001567	INMATE HEALTHCARE	00191 - ANDREWS CENTER			139		114042.93
	10/23/2025	POPKT06685		INV0001568	INMATE HEALTHCARE	01065 - TEXAS MEDICINE RESOURCES LLP			404		114446.93
	10/23/2025	POPKT06685		INV0001572	INMATE HEALTHCARE	14361 - HUNT REGIONAL MEDICAL PARTNE			251.38		114698.31
	11/26/2025	POPKT07242		INV0001683	INMATE HEALTHCARE	04179 - INTEGRATED PRESCRIPTION MANA			794.79		115493.1
	11/26/2025	POPKT07242		INV0001683	INMATE HEALTHCARE	04179 - INTEGRATED PRESCRIPTION MANA			902.85		116395.95
	11/26/2025	POPKT07242		INV0001684	INMATE HEALTHCARE	01816 - HUNT MEMORIAL HOSPITAL DISTRI			98.16		116494.11
	11/26/2025	POPKT07242		INV0001685	INMATE HEALTHCARE	00954 - EMORY DENTAL			330		116824.11
	11/26/2025	POPKT07242		INV0001686	INMATE HEALTHCARE	00191 - ANDREWS CENTER			95.36		116919.47
	11/26/2025	POPKT07242		INV0001688	INMATE HEALTHCARE	00934 - CHRISTUS MOTHER FRANCES HOSP			3338.12		120257.59
	11/26/2025	POPKT07242		INV0001692	INMATE HEALTHCARE	00954 - EMORY DENTAL			640		120897.59
	11/26/2025	POPKT07242		INV0001693	INMATE HEALTHCARE	00934 - CHRISTUS MOTHER FRANCES HOSP			492.33		121389.92
	11/26/2025	POPKT07242		INV0001694	INMATE HEALTHCARE	00191 - ANDREWS CENTER			505.83		121895.75
	12/11/2025	POPKT07479		INV0001764	PRISONER HEALTHCARE	04240 - RADIOLOGY ASSOCIATES OF NORTH			270.24		122165.99
	12/11/2025	POPKT07479		INV0001766	INMATE HEALTHCARE	00954 - EMORY DENTAL			143		122308.99
	12/11/2025	POPKT07479		INV0001766	INMATE HEALTHCARE	00954 - EMORY DENTAL			110		122418.99
	12/11/2025	POPKT07479		INV0001767	INMATE HEALTHCARE	00934 - CHRISTUS MOTHER FRANCES HOSP			858.21		123277.2
	12/11/2025	POPKT07479		INV0001768	INMATE HEALTHCARE	01805 - HUNT REGIONAL HEALTHCARE			149.76		123426.96
	12/11/2025	POPKT07479		INV0001772	INMATE HEALTHCARE	00191 - ANDREWS CENTER			95.36		123522.32
	12/11/2025	POPKT07479		INV0001772	INMATE HEALTHCARE	00191 - ANDREWS CENTER			329.68		123852

**DETAIL REPORT**

Date Range: 01/01/2025 - 12/31/2025

Account	Post Date	Packet Number	Name	Source Transaction	Description	Vendor	Beginning Balance	Total Activity	Total Debits	Total Credits	Ending Balance
002-1005-55320			PRISONER HEALTH CARE - Continued				10013.86	120864.83	121047.83	183	130878.69
	12/23/2025	POPKT07698	INV0001812	INMATE HEALTHCARE				Project Account	Debits	Credits	Running Balance
	12/23/2025	POPKT07698	INV0001813	INMATE HEALTHCARE					427.09		124279.09
	12/23/2025	POPKT07698	INV0001831	INMATE HEALTHCARE					1062.82		125341.91
	12/23/2025	POPKT07698	INV0001833	INMATE HEALTHCARE					4.55		125346.46
	12/23/2025	POPKT07698	INV0001835	INV #1202141					684.95		126031.41
	12/23/2025	POPKT07698	INV0001839	INV #1198787					1444.99		127476.4
	12/23/2025	POPKT07698	INV0001840	INV #1198121					306.21		127782.61
	12/23/2025	POPKT07698	INV0001841	INV #140605					867.85		128650.46
	12/23/2025	POPKT07698	INV0001842	INV #137847					110		128760.46
	12/23/2025	POPKT07698	INV0001843	INV #137630					143		128903.46
	12/23/2025	POPKT07698	INV0001844	INV #3413K9148					800		129703.46
	12/23/2025	POPKT07698	INV0001845	INMATE HEALTHCARE					305.55		130009.01
	12/23/2025	POPKT07698	INV0001846	INMATE HEALTHCARE					235.68		130244.69
	12/23/2025	POPKT07698	INV0001847	INMATE HEALTHCARE					282		130526.69
	12/23/2025	POPKT07698	INV0001848	INMATE HEALTHCARE					82		130608.69
	12/23/2025	POPKT07698							270		130878.69
002-1005-56200			INDIGENT HEALTH EXP				3287.18	26991.42	27053.44	62.02	30278.6
	01/08/2025	CLPKT00213	R0000873	INDIGENT HLTH	INDIGENT HEALTH OVERPAY			Project Account	Debits	Credits	Running Balance
	01/14/2025	POPKT02546	Ind/Inmate Health 1/2	INDIGENT PRESCRIPTIONS		04179 - INTEGRATED PRESCRIPTION MANA'			55.95		3334.97
	01/14/2025	POPKT02546	Indigent Health 1/25	INDIGENT HEALTH TREATMENT		24743 - HUNT REGIONAL MEDICAL CENTER			47.68		3382.65
	01/14/2025	POPKT02546	Indigent Health 1/25	INDIGENT HEALTH TREATMENT		01816 - HUNT MEMORIAL HOSPITAL DISTRI			850.62		4233.27
	01/14/2025	POPKT02546	Indigent Health 1/25	INDIGENT HEALTH TREATMENT		02761 - NORTHSTAR ANESTHESIA PA			119.17		4352.44
	01/14/2025	POPKT02546	Indigent Health 1/25	INDIGENT HEALTH TREATMENT		01806 - HUNT REGIONAL MEDICAL PARTNE			77.79		4430.23
	01/23/2025	POPKT02662	Ind/Inmate Health 1/1	IND/INMATE HEALTH		04179 - INTEGRATED PRESCRIPTION MANA'			74.43		4504.66
	02/13/2025	POPKT03009	Indigent Health 02/06	INDIGENT HEALTH TREATMENT		24764 - PRASAD MADDUKURI MD PLLC			102.35		4607.01
	02/13/2025	POPKT03009	Indigent Health 02/06	INMATE HEALTH TREATMENT		02224 - LABCORP CORPORATION OF AMERI			87.93		4694.94
	02/13/2025	POPKT03009	Indigent Health 02/06	INDIGENT HEALTH TREATMENT		01805 - HUNT REGIONAL HEALTHCARE			257.99		4952.93
	02/13/2025	POPKT03009	Indigent Health 02/06	INDIGENT HEALTH TREATMENT		01806 - HUNT REGIONAL MEDICAL PARTNE			173.95		5126.88
	02/27/2025	POPKT03332	Indigent Healthcare 0;	INDIGENT HEALTH CARE		04179 - INTEGRATED PRESCRIPTION MANA'			113.55		5240.43
	02/27/2025	POPKT03332	Indigent Health 2/25	IndHlth-INDIGENT HEALTH CARE		04179 - INTEGRATED PRESCRIPTION MANA'			41.19		5281.62
	03/13/2025	POPKT03476	Indigent Health 3/25	INDIGENT HEALTH CARE		01805 - HUNT REGIONAL HEALTHCARE			139.45		5421.07
	03/13/2025	POPKT03476	Indigent Health 3/25	INDIGENT HEALTH CARE		01806 - HUNT REGIONAL MEDICAL PARTNE			70.82		5491.89
	03/13/2025	POPKT03476	Indigent Health 3/25	INDIGENT HEALTH CARE		01805 - HUNT REGIONAL HEALTHCARE			75.67		5567.56
	03/13/2025	POPKT03476	Indimate/Ind Health 3/2	Indigent Prescriptions		24764 - PRASAD MADDUKURI MD PLLC			743.58		6311.14
	03/27/2025	POPKT03622	Indigent Health 3/20/;	INDIGENT HEALTH TREATMENT		04179 - INTEGRATED PRESCRIPTION MANA'			72.14		6383.28
	03/27/2025	POPKT03622	Indigent Health 3/20/;	INDIGENT HEALTH TREATMENT		01806 - HUNT REGIONAL MEDICAL PARTNE			648.24		7031.52
	03/27/2025	POPKT03622	Indigent Health 3/20/;	INDIGENT HEALTH CARE		01805 - HUNT REGIONAL HEALTHCARE			2407.74		9439.26
	04/10/2025	POPKT03793	Indigent Health 4/25	INDIGENT HEALTH TREATMENT		04179 - INTEGRATED PRESCRIPTION MANA'			30.81		9470.07
	04/10/2025	POPKT03793	Indigent Health 4/25	INDIGENT HEALTH TREATMENT		24743 - HUNT REGIONAL MEDICAL CENTER			116.4		9586.47
	04/10/2025	POPKT03793	Indigent Health 4/25	INDIGENT HEALTH TREATMENT		04209 - HUNT REGIONAL MEDICAL PARTNE			36.87		9623.34
	04/10/2025	POPKT03793	Indigent Health 4/25	INDIGENT HEALTH CARE		02761 - NORTHSTAR ANESTHESIA PA			131.88		9755.22

Post Date	Packet Number	Name	Source Transaction	Description	Vendor	Beginning Balance	Total Activity	Total Debits	Total Credits	Ending Balance
04/10/2025	POPKT03793	INDIGENT HEALTH EXP - Continued	Indigent Health 4/25	INDIGENT HEALTH TREATMENT	04179 - INTEGRATED PRESCRIPTION MANA	3287.18	26991.42	27053.44	62.02	30278.6
04/24/2025	POPKT03894		INV0000670	INMATE HEALTH TREATMENT	01065 - TEXAS MEDICINE RESOURCES LLP			50		9805.22
05/08/2025	POPKT04117		INV0000724	Indigent Health- Diagnosis and treatment	00709 - COMMUNITY HEALTH SERVICE			55.52		9860.74
05/08/2025	POPKT04117		INV0000727	Indigent Health-County indigent Health Diagn	14361 - HUNT REGIONAL MEDICAL PARTNE			103.52		9964.26
05/08/2025	POPKT04117		INV0000728	Indigent Health- Medication for County indig	04179 - INTEGRATED PRESCRIPTION MANA			81.24		10045.5
05/08/2025	POPKT04324		INV0000730	Indigent Health-Lab work	02224 - LABCORP CORPORATION OF AMERI			54.26		10099.76
05/22/2025	POPKT04324		INV0000845	INDIGENT HEALTH TREATMENT	02761 - NORTHSTAR ANESTHESIA PA			53.86		10153.62
06/12/2025	POPKT04619		INV0000847	INDIGENT HEALTH TREATMENT	14361 - HUNT REGIONAL MEDICAL PARTNE			144.59		10298.21
06/12/2025	POPKT04619		INV0000964	INDIGENT HEALTH TREATMENT	00709 - COMMUNITY HEALTH SERVICE			422.22		10720.43
06/12/2025	POPKT04619		INV0000966	INDIGENT HEALTH TREATMENT	01816 - HUNT MEMORIAL HOSPITAL DISTRI			49.57		10770
06/12/2025	POPKT04619		INV0000969	INDIGENT HEALTH TREATMENT	04179 - INTEGRATED PRESCRIPTION MANA			3353.21		14123.21
06/12/2025	POPKT04619		INV0000971	INDIGENT HEALTH TREATMENT	03196 - RED RIVER VALLEY RADIOLOGY ASS			115.99		14239.2
06/12/2025	POPKT04619		INV0000972	INDIGENT HEALTH TREATMENT	01065 - TEXAS MEDICINE RESOURCES LLP			35.55		14274.75
06/25/2025	CLPKT00365		R0001620	INDIGENT HEALTH- REF OVRPMT INDIGENT H				81.24	53.86	14355.99
06/26/2025	POPKT04934		INV0001021	INDIGENT HEALTH TREATMENT	01816 - HUNT MEMORIAL HOSPITAL DISTRI			175.36		14302.13
07/10/2025	POPKT05153		Indigent Health 7/25	INDIGENT HEALTH TREATMENT	01806 - HUNT REGIONAL MEDICAL PARTNE			122.15		14477.49
07/10/2025	POPKT05153		Indigent Health 7/25	INDIGENT HEALTH TREATMENT	04179 - INTEGRATED PRESCRIPTION MANA			12.4		14599.64
07/10/2025	POPKT05153		Indigent Health 7/25	INDIGENT HEALTH TREATMENT	04209 - HUNT REGIONAL MEDICAL PARTNE			878.1		14612.04
07/24/2025	APPKT00400		INV0001155	Indigent Health Care Office Visit	04271 - CHRISTUS TRINITY CLINIC			47.68		15490.14
07/24/2025	APPKT00400		INV0001158	Intigent Health Care Prescriptions & Monthl	04179 - INTEGRATED PRESCRIPTION MANA			98.65		15537.82
07/24/2025	APPKT00400		INV0001159	Indigent Health Anesthesia	02761 - NORTHSTAR ANESTHESIA PA			122.35		15636.47
08/14/2025	POPKT05571		INV0001293	INDIGENT HEALTHCARE	00934 - CHRISTUS MOTHER FRANCES HOSP			47.68		15758.82
08/14/2025	POPKT05571		INV0001294	INDIGENT HEALTHCARE	00709 - COMMUNITY HEALTH SERVICE			85.16		15806.5
08/14/2025	POPKT05571		INV0001296	INDIGENT HEALTHCARE	04209 - HUNT REGIONAL MEDICAL PARTNE			36.87		15891.66
08/14/2025	POPKT05571		INV0001297	INDIGENT HEALTHCARE	04179 - INTEGRATED PRESCRIPTION MANA			157.04		15928.53
08/14/2025	POPKT05571		INV0001299	INDIGENT HEALTHCARE	02224 - LABCORP CORPORATION OF AMERI			87.37		16085.57
08/14/2025	POPKT05571		INV0001300	INDIGENT HEALTHCARE	24764 - PRASAD MADDUKURI MD PLLC			59.17		16172.94
08/28/2025	POPKT05827		INV0001327	INDIGENT HEALTHCARE	04271 - CHRISTUS TRINITY CLINIC			47.68		16232.11
08/28/2025	POPKT05827		INV0001359	INDIGENT HEALTHCARE	01816 - HUNT MEMORIAL HOSPITAL DISTRI			47.85		16279.79
08/28/2025	POPKT05827		INV0001362	INDIGENT HEALTHCARE	04209 - HUNT REGIONAL MEDICAL PARTNE			47.68		16327.64
08/28/2025	POPKT05827		INV0001365	PRESCRIPTIONS 08/01-15/25	04179 - INTEGRATED PRESCRIPTION MANA			47.85		16375.32
08/28/2025	POPKT05827		INV0001367	INDIGENT HEALTHCARE	03065 - R.I. MORGAN PATHOLOGY ASSOCIA			56.73		16432.05
08/28/2025	POPKT05827		INV0001368	INDIGENT HEALTHCARE	03196 - RED RIVER VALLEY RADIOLOGY ASS			113.34		16545.39
09/25/2025	POPKT06183		INV0001454 09/25	INDIGENT HEALTHCARE	02224 - LABCORP CORPORATION OF AMERI			86.87		16632.26
09/25/2025	POPKT06183		INV0001456 09/25	INDIGENT HEALTHCARE	01805 - HUNT REGIONAL HEALTHCARE			74.71		16706.97
09/25/2025	POPKT06183		INV0001457 09/25	INDIGENT HEALTHCARE	14361 - HUNT REGIONAL MEDICAL PARTNE			2866.57		19573.54
09/25/2025	POPKT06183		INV0001461 09/25	INDIGENT HEALTHCARE	00709 - COMMUNITY HEALTH SERVICE			33.95		19607.49
09/25/2025	POPKT06183		INV0001462 09/25	INDIGENT HEALTHCARE	04271 - CHRISTUS TRINITY CLINIC			47.68		19655.17
09/25/2025	POPKT06183		INV0001463 09/25	INDIGENT HEALTHCARE	00934 - CHRISTUS MOTHER FRANCES HOSP			73.4		19728.57
10/23/2025	POPKT06685		INV0001566	INDIGENT HEALTHCARE	04271 - CHRISTUS TRINITY CLINIC			2167.16		21895.73
10/23/2025	POPKT06685		INV0001569	INDIGENT HEALTHCARE	04271 - CHRISTUS TRINITY CLINIC			172.44		22068.17
10/23/2025	POPKT06685		INV0001570	INDIGENT HEALTHCARE	04240 - RADIOLOGY ASSOCIATES OF NORTH			369.17		22437.34
10/23/2025	POPKT06685		INV0001570	INDIGENT HEALTHCARE	24764 - PRASAD MADDUKURI MD PLLC			47.68		22485.02



# Account Summary

Account	Name	Beginning Balance	Total Activity	Total Debits	Total Credits	Ending Balance
<b>Fund: 002 - GENERAL FUND</b>						
<u>002-1005-41140</u>	PRISONER HEALTH REIMBURSEMENT	0	1732.93	1732.93	0	1732.93
<u>002-1005-55320</u>	PRISONER HEALTH CARE	10013.86	120864.83	121047.83	183	130878.69
<u>002-1005-56200</u>	INDIGENT HEALTH EXP	3287.18	26991.42	27053.44	62.02	30278.6
	<b>Total Fund: 002 - GENERAL FUND:</b>	<b>13301.04</b>	<b>149589.18</b>	<b>149834.2</b>	<b>245.02</b>	<b>162890.22</b>
	<b>Grand Totals:</b>	<b>13301.04</b>	<b>149589.18</b>	<b>149834.2</b>	<b>245.02</b>	<b>162890.22</b>

# Fund Summary

Fund	Beginning Balance	Total Activity	Total Debits	Total Credits	Ending Balance
002 - GENERAL FUND	13301.04	149589.18	149834.2	245.02	162890.22
<b>Grand Total:</b>	<b>13301.04</b>	<b>149589.18</b>	<b>149834.2</b>	<b>245.02</b>	<b>162890.22</b>