

[illegible]

A&T Diehn Enterprises, LLC
21092 451st Avenue
Arlington, MN 55307
(507)381-4082

Statement Date: 3/12/2019

STATEMENT OF ACCOUNT

Community Health Services
1805 Ford Avenue
Glencoe, MN 55336

DATE	DESCRIPTION	CHARGES	CREDITS	ACCOUNT BALANCE
3/12/2019	QPR Class Ridgewater College, Hutchinson (15)	\$400.00		
3/12/2019	QPR Class Ridgewater Nursing Students (21)	\$400.00		
				\$800.00

Program: 501 MRC

Account # 6265

Description: Prof. Services

Approved by: du

A&T Diehn Enterprises, LLC
21092 451st Avenue
Arlington, MN 55307
(507)381-4082

Statement Date:

3/17/2019

STATEMENT OF ACCOUNT

Community Health Services
1805 Ford Avenue
Glencoe, MN 55336

DATE	DESCRIPTION	CHARGES	CREDITS	ACCOUNT BALANCE
3/17/2019	QPR Class St. Peter's Lutheran Church, Gibbon	\$400.00		
				\$400.00

Program: 501 MRC

Account # 6265

Description: Prof. Services

Approved by: DWJ



www.cdscpa.com
(888) 388-1040

CONWAY, DEUTH & SCHMIESING, PLLP
CPAS & ADVISORS

WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311
BENSON 1209 Pacific Ave, Ste 3, Benson, MN 56215 | (320) 843-2302
MORRIS 401 Atlantic Ave, Morris, MN 56267 | (320) 589-2602
LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975
SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH
SERVICES
114 N HOLCOMBE #250
LITCHFIELD, MN 55355

Invoice: 260374
Date: 03/08/2019
Due Date: 03/22/2019
Client ID: L16175

Amount Due: \$1,438.00

Please return this portion with payment.

Amount Enclosed: \$ _____

Invoice Date: 03/08/2019

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH
SERVICES

Invoice #260374

CDSA

PROVISION OF MONTHLY FLEX BENEFITS SERVICES FOR THE MONTH OF FEBRUARY 2019.	55.00
PROVISION OF COBRA ON-DEMAND SERVICES FOR THE MONTH OF FEBRUARY 2019.	38.00
PROVISION OF HR ON-DEMAND SERVICES FOR THE MONTH OF FEBRUARY 2019.	40.00

CDS

PREPARATION OF 2/13, 2/27/2019 AND SEVERANCE PAYROLLS AS WELL AS RELATED PAYROLL TAX DEPOSITS.	190.00
FEBRUARY 2019 INVOICE PROCESSING/BILL PAY PER PROPOSAL.	215.00
JANUARY AND FEBRUARY BANK RECONCILIATION	100.00
JANUARY FISCAL REPORTS FOR BOARD	265.00
JANUARY EXPENSE REPORTS	270.00
FEBRUARY EXPENSE REPORTS	270.00
ANNUAL AUDIT ASSISTANCE, INCLUDING PREPARATION AND MEETING WITH AUDITOR - AS NEEDED PER PROPOSAL (18.75 HOURS).	2,625.00



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(888) 388-1040

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MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH SERVICES
114 N HOLCOMBE #250
LITCHFIELD, MN 55355

Invoice: 260374
Date: 03/08/2019
Due Date: 03/22/2019
Client ID: L16175

Page 2 of 2

CAPITALIZATION POLICY ASSISTANCE AND DEPRECIATION TRACKING SET UP	55.00
ADDITIONAL ADJUSTMENTS TO 2018 REPORTS, INCLUDING ADDING ACCOUNTS AND RECODING EXPENSES	260.00
CORRESPONDENCE WITH SECURITY BANK TO GET COPIES OF CHECKS FOR RELIANCE STANDARD AND RELATED ISSUES WITH ONLINE BILL PAY	55.00

New Charges \$4,438.00

Program: 100 LPHG
Account # 6265
Description: Prof. Services
Approved by: aw

Beginning Balance	(\$3,000.00)
Invoices	4,438.00
Receipts	0.00
Adjustments	0.00
Service Charges	0.00
Amount Due	<u>\$1,438.00</u>

<u>03/08/2019</u>	<u>02/28/2019</u>	<u>01/31/2019</u>	<u>12/31/2018</u>	<u>11/30/2018+</u>	<u>Total</u>
4,438.00	0.00	(3,000.00)	0.00	0.00	\$1,438.00



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(888) 388-1040

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CLAIM FORM

Meeker - McLeod - Sibley
Meeker County, Minnesota
Litchfield, Minnesota

Vendor Name Diane Winter

Date 03/12/2019

Vendor Address

Vendor No.

Account No.	Amount	Description	Invoice No.	Service Period
	35.00	Registration Julie Kloeckl--South Central EP Conference		
		Paid by check #11230		
GRAND TOTAL	\$ 35.00			

VERIFICATION

Approved By

I declare under the penalties of perjury that I am Diane Winter of the _____ the firm making the within claim; that I have examined said claim and that the same is just and true; that the money therein charged was actually paid for the purposes therein stated; that the property therein charged was actually delivered or used for the purposes therein stated, and was of the value therein charged; that the services therein charged were actually rendered and were of the value therein charged; that the fees therein charged are official and are such as are allowed by law; and that no part of said claim has been paid.

Department Head

County Auditor

Diane L Winter

Signature of Claimant

Date Approved by County Board

(This area to be completed by Auditor's Office.)

(This Area to be completed by Auditor's Office..)

Warrant No. _____

Amount of Claim \$ _____

Vendor _____

ACCOUNT AGAINST

Meeker County, Minnesota

Paid _____, 20____

County Auditor _____

DESCRIPTIONS

SEPTEMBER TORNADOES To Evacuate or Not Evacuate Cannon Falls EMS Response to a Care Center Evacuation

It Can Happen to YOU!

- A brief walk through of the experience of going through an evacuation from a Long Term Care Administrator perspective
- EMS response to a care center evacuation and lessons learned
- A brief look back at the Response and Recovery in the cities of Waterville and Elysian due to the tornado and straight-line wind storms on September 20, 2018

Information Awareness and Resiliency
Information security threats and actions that individuals can take to protect themselves and their organizations

Vendor Vignettes

We will have vendors each speak for less than 5 minutes on what is new in their world.

Positioned: Living with Purpose and Impact
Jerrid's message will challenge you to look at your own "why" and "how" in order to connect your career, life and purpose in greater measure.

The Opioid Crisis - Narcan Making a Difference

Our training/presentation gives a brief history of the Steve Rummier Hope Network (Steve's story), national and state (MN) overdose death stats, an overview of the Network's programs, and then the actual training component.

An Introduction to the Minnesota Opioid Dashboard

The Minnesota Opioid Dashboard is more than a dashboard. It holds and links to a comprehensive amount of overdose related data and reports.

A Review of Infectious Disease in Minnesota

A review of infectious disease data and hot topics from around Minnesota and the United States

Wednesday, May 1, 2019

8:30 a.m. - 4:00 p.m.

South Central College
Conference Center
North Mankato, MN

AGENDA

8:30-9:00	Registration/Networking
9:00-9:15	Welcome-State of the Region
9:15-10:30	<ul style="list-style-type: none"> • Eric Weller September 2018 Tornadoes Panel Presentation
10:30-10:45	Break
10:45-11:30	Information Security Awareness & Resiliency
11:30-12:00	<ul style="list-style-type: none"> • JoEllen Frain Vendor Vignettes
12:00-1:00	<ul style="list-style-type: none"> • Vendors Lunch (Provided)
1:00-1:45	Positioned? Living With Purpose & Impact
1:45-2:45	<ul style="list-style-type: none"> • Jerrid Sebesta The Opioid Crisis - Narcan Making a Difference
2:45-3:00	Break
3:00-3:15	<ul style="list-style-type: none"> • Randy Anderson An Introduction to the Minnesota Opioid Dashboard
3:15-3:55	<ul style="list-style-type: none"> • Mary Delaqui A Review of Infectious Disease in Minnesota
3:55	<ul style="list-style-type: none"> • Teigan Dwyer Wrap up/Evaluations/Adjourn

REFUNDS WILL BE ISSUED FOR
CANCELLATIONS RECEIVED PRIOR TO
APRIL 21, 2019.

PLEASE BRING BUSINESS CARDS TO
SHARE WITH VENDORS

PLEASE COMPLETE FOR EACH PARTICIPANT. REGISTRATION MUST BE RETURNED BY APRIL 15, 2019.

Mail registration and payment for \$35.00 by check made payable to: South Central Emergency Preparedness Conference. PLEASE PRINT LEGIBLY After April 15, 2019, registration fee is \$50.

Name: Julie Kleeckl Occupation: PH&EP coordinator / PHD

Home Address: [REDACTED]

Organization: MMHS CHS Phone: 320-510-4839

Email Address: julie.kleeckl@mmcpubhealth.org

MAIL TO: South Central Emergency Preparedness Conference; P. O. Box 1913, Mankato, MN 56002-1913

Program: 502

Account # 6245

Description: registration fees

Approved by: DW

~~AP~~ ~~AP~~



Hunters Ridge Community Church

Our Mission: To relate to God more intimately,
To evidence the fruit of the Spirit,
And to bring Jesus into all our relationships.
Rev. Howard Anderson, Pastor

March 18, 2019

Jessica Remington

Meeker - McLeod - Sibley Community Health Services

1805 Ford Ave. N. Ste.200

Glencoe, MN 55336

Invoice

Use of Fellowship Hall for "Mom's Like You" Breastfeeding Support Group

Date of Use	Number of Hours	Per Hour	Total Due	Total Paid
1-19-19	2	\$30.00	\$60.00	
2-16-19	2	\$30.00	\$60.00	
3-16-19	2	\$30.00	\$60.00	
Total Due			\$180.00	

Program: 234 WVIC Peer Grant

Account # 6353

Description: Meeting Expense

Approved by: DWJ



McLeod County Invoice

MAKE CHECKS PAYABLE TO: McLeod County Auditor-Treasurer

Mail to: McLeod County Finance
830 11th St E, Suite 110
Glencoe, MN 55336

Direct all phone inquiries to (320) 864-1262

INVOICE NUMBER
6206

Name: MMS CHS
Address: PO BOX 237
GAYLORD MN 55334

Invoice Date	Invoice Amount
03/05/19	\$3,869.55

DATE	DESCRIPTION	
3/5/2019	2018 PH DOC SUPPORT	3,869.55
TOTAL		\$3,869.55

TERMS: Due upon Receipt

ACCOUNT DISTRIBUTION (For office use only)

ACCOUNT NUMBER	AMOUNT	DESCRIPTION	INVOICE NO.
01-065-5501	3,869.55	2018 PH DOC SUPPORT	6206

Program: LPHG 100

Account #: 6265

Description: Prof. Services

Approved by: DLW

MEEKER COUNTY

Meeker County Administrator

325 Sibley Avenue North
Litchfield, MN 55355
P 320-693-5200 | F 320-693-5287

INVOICE

DATE: March 4, 2019

INVOICE #: 1904

DUE DATE: April 1, 2019

BILL TO:

Diane Winter, Interim Director
MMS Community Health Board
114 Holcombe Ave N, #250
Litchfield, MN 55355

DESCRIPTION	MONTHS	RATE	AMOUNT
2nd quarter 2019 office rent @ Meeker Co FSC for Apr-Jun 2019	3.00	\$800.00	\$ 2,400.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Program: LPHG 100
Account # 6164 76350
Description: Rent
Approved by: DLW

SUBTOTAL	\$ 2,400.00
TAX RATE	
SALES TAX	\$ -
OTHER	
TOTAL	\$ 2,400.00

Remit to:

MEEKER COUNTY TREASURER: 325 Sibley Avenue North, Litchfield, MN 55355

THANK YOU FOR YOUR BUSINESS!

INVOICE
Meeker County Public Health
114 N. Holcombe, Suite 250
Litchfield, MN 55355
(320) 693-5370

To: Meeker-McLeod-Sibley CHS
114 N. Holcombe Ave
Litchfield, MN 55355

Invoice date: 3/15/2019

DATE	Hours	DESCRIPTION	Rate	AMOUNT
Jan-19		CHS Administrative Time		
	102.00	Diane Winter	60.00	6,120.00
	81.50	Julie Schrum	50.00	4,075.00
	8.00	Donna Miller	40.00	320.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
			TOTAL	\$10,515.00

PAY THIS AMOUNT	\$10,515.00
----------------------------	--------------------

MAKE CHECK PAYABLE TO:
Meeker County Public Health
114 North Holcombe, Suite 250
Litchfield, MN 55355

THANK YOU!

Program: 100 LPHG
Account # 6265
Description: Prof. Services
Approved by: aw

Donna Miller - Re: CHS Invoices Needing Approval 03.19.2019 and Health Partners.pdf

From: Mike Housman
To: Donna Miller; Sarah Schoeberl; Ron Shimanski; Bobbie;
Date: 3/19/2019 6:31 PM
Subject: Re: CHS Invoices Needing Approval 03.19.2019 and Health Partners.pdf

Approved.

>>> Donna Miller 03/19/19 4:21 PM >>>

Hello Mike,

Here are the March 20th Remittals and also the Health Partners payment breakdown for March for your approval.

Thanks!



Donna Miller

Meeker County Public Health

114 N. Holcombe Ave. Suite 250

Litchfield, MN 55355

320-693-5370 Main Office

320-693-5390 Donna's Desk

320-693-5379 WIC Clinic

320-693-5399 Fax

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>>> Julie Schrum 3/19/2019 2:21 PM >>>

Donna,

I've attached the M-M-S Health Partners payment breakdown for March. Please forward to the Finance Committee and I will upload to the CDS Portal.

Thank you,

Julie

Donna Miller - Re: Fwd: March 2019 Credit Card Statement and Documentation.pdf

From: Mike Housman
To: Donna Miller; Sarah Schoeberl; Ron Shimanski; Bobbie;
Date: 3/19/2019 6:22 PM
Subject: Re: Fwd: March 2019 Credit Card Statement and Documentation.pdf

Approved.

>>> Donna Miller 03/19/19 4:20 PM >>>

Attached please find March's CHS Credit Card statement.
Thanks,



Donna Miller
Meeker County Public Health
114 N. Holcombe Ave. Suite 250
Litchfield, MN 55355
320-693-5370 Main Office
320-693-5390 Donna's Desk
320-693-5379 WIC Clinic
320-693-5399 Fax

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>>> Julie Schrum 3/19/2019 1:15 PM >>>

Donna,
I've attached the CHS Credit Card statement for March. Please forward to the Finance Committee for approval and I will upload to the CDS portal.
Thank you,
Julie

[illegible]

A&T Diehn Enterprises, LLC
21092 451st Avenue
Arlington, MN 55307
(507)381-4082

Statement Date:

2/20/2019

STATEMENT OF ACCOUNT

Community Health Services
1805 Ford Avenue
Glencoe, MN 55336

DATE	DESCRIPTION	CHARGES	CREDITS	ACCOUNT BALANCE
2/4/2019	QPR Class Gaylord Ambulance Service	\$400.00		
2/13/2019	QPR Class Gibbon Fire & Rescue Dept	\$400.00		
2/19/2019	QPR Class Village Ranch Staff (Hutchinson site)	\$400.00		
				\$1,200.00

Program: MRC 501

Account # Prof Services # 6265

Description: ↓

Approved by: DW

Sibley County Public Health and Human Services
111 8th Street, PO Box 237
Gaylord, MN 55334

INVOICE

T0:
Meeker McLeod Sibley CHS
Attn: Allie Elbert
1805 Ford Ave Suite 200
Glencoe, MN 55336

INVOICE DATE 11/7/2018

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1	Dental Varnishing Supplies Sibley County PHHS Please reimburse from Operation Roundup Grant	\$563.85	\$563.85
TOTAL			\$563.85

PAY THIS
AMOUNT \$563.85

Program: LPHG

THANK YOU!

Account # 100

Description: 6402 -supplies

Approved by: DW

Klea Rettmann - SmileMakers: New Order # 100253608

From: SmileMakers <noreply@smilemakers.com>
To: KLEA RETTMANN <klea@co.sibley.mn.us>
Date: 9/25/2018 4:26 PM
Subject: SmileMakers: New Order # 100253608



Thank you for placing an order with SmileMakers.

The detail of your order is shown below. Some items may ship separately. Please note: the tax amount shown below is an estimate only. Your final tax amount may vary slightly.

If you have questions about this order, please call us toll free at 1-888-800-7645 or email us at customer.service@smilemakers.com. We are always happy to help and stand by our 100% satisfaction guarantee. If you are not fully satisfied with any of the items in your order, just contact us to exchange or return for a full refund. We look forward to serving you again in the future.

Your order #100253608

Placed on September 25, 2018 5:25:45 PM EDT

ITEMS IN YOUR ORDER	QTY	PRICE
CASPER THE FRIENDLY GHOST STICKERS SKU: ST1057-B <i>Select Options</i> Box	1	\$6.99
MINNIE MOUSE STICKERS SKU: ST1456-B <i>Select Options</i> Box	1	\$6.99
MICKY MOUSE FAVORITE POSES STICKERS SKU: ST1572-B	1	\$6.99

2 of 4

ITEMS IN YOUR ORDER	QTY	PRICE
<i>Select Options</i> Box		
SEA LIFE PALS OCTOPUS WALL CLING SKU: DC1205	1	\$14.99
SEA LIFE PALS DOLPHIN WALL CLING SKU: DC1208	1	\$14.99
SEA LIFE PALS SEA HORSE WALL CLING SKU: DC1209	1	\$14.99
CREST KIDS TOOTHPASTE SKU: DEN514 <i>Required Information</i> Please confirm that you are purchasing this product for a licensed Dental Care practice or Dental Insurance Company to help promote better overall patient care, and agree not to resell this product.	2	\$49.98
SMILECARE SEA LIFE PALS YOUTH DENTAL KITS SKU: DEN709 <i>Required Information</i> Please confirm that you are purchasing this product for a licensed Dental Care practice or Dental Insurance Company to help promote better overall patient care, and agree not to resell this product.	3	\$419.97
SHAPED HOT WHEELS STICKERS SKU: ST1173-B <i>Select Options</i> Box	1	\$6.99
DISNEY PRINCESS STICKER ASSORTMENT SKU: PNCS-B <i>Select Options</i> Box	1	\$6.99
PAW PATROL SHAPED STICKERS SKU: ST1169-B	1	\$6.99

ITEMS IN YOUR ORDER**QTY****PRICE***Select Options*

Box

MINIONS STICKERS

1

\$6.99

SKU: ST1301-B

Select Options

Box

Subtotal \$563.85

Shipping & Handling \$0.00

Grand Total **\$563.85****BILL TO:**

Klea Rettmann
 Sibley County Public Health and Human
 Services
 111 8th Street POB 237
 Gaylord, Minnesota, 55334

T: 507-237-4039**SHIP TO:**

Klea Rettmann
 Sibley County Public Health and Human
 Services
 111 8th Street POB 237
 Gaylord, Minnesota, 55334

T: 507-237-4039**SHIPPING METHOD:**

FREE SHIPPING

PAYMENT METHOD:

Pay By Credit Card (one time use)

Credit Card Type
 MasterCard
 Credit Card Number
 xxxx-7825

Thank you, SmileMakers!

2 of 4

Vivid Image, Inc.
897 Highway 15 S
Hutchinson, MN 55350
(320) 587-8974



Invoice

INVOICE # 13581
DATE 02/28/2019
DUE DATE 03/15/2019
TERMS Net 15

BILL TO

Meeker, McLeod Sibley
Healthy Communities
1805 Ford Ave N Suite 200
Glencoe, MN 55336

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACCOUNT DIRECTOR

Cory Dammann

SERVICE	QTY	AMOUNT
Domain Name - 1 yr Renewal mmshealthycommunities.org	1	35.00
Sales Tax Sales Tax calculated by AvaTax on Mon 25 Feb 17:21:33 UTC 2019	1	0.00

We accept Visa, MasterCard, and Discover for your convenience. If we have not received your payment by its due date, we may apply a late fee of \$20.00.

BALANCE DUE

\$35.00

There is a \$30.00 charge for all returned checks.

Program: LPHG

Account # 100

Description: Prof-Server 6265

Approved by: DWJ

RECEIVED
MAR 01 2019

BY: [Signature]

Donna Miller - Re: CHS Invoices Need Approval 03.06.2019

From: Mike Housman
To: Donna Miller; Sarah Schoeberl; Ron Shimanski; bobbieh@co.sibley.mn.us;
Date: 3/6/2019 1:41 PM
Subject: Re: CHS Invoices Need Approval 03.06.2019

Approved.

Hello Mike,
Here are this week's invoices for your approval
Thanks, Donna



Donna Miller
Merker County Public Health
114 N. Holcombe Ave. Suite 250
Litchfield, MN 55355
Phone: 612.345.1234 Main Office
Phone: 612.345.1234 Donna's Desk
Phone: 612.345.1234 WIC Clinic
Phone: 612.345.1234 Fax

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On-Line Payment Notification and Breakdown

Health Partners On-line
Printed 4/1/2019

Julie Schrum - Fwd: April 2019 E-Billing payment successful for account 35470

From: Diane Winter
To: Julie Schrum
Date: 3/28/2019 8:26 AM
Subject: Fwd: April 2019 E-Billing payment successful for account 35470

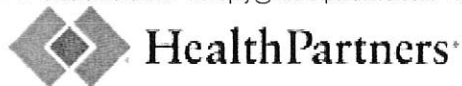
FYI

Diane Winter, Director
Meeker County Public Health
114 North Holcombe, Suite 250
Litchfield, MN 55355
[320-693-5373](tel:320-693-5373)
diane.winter@co.meeker.mn.us



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>>> HealthPartners <noreply@healthpartners.com> 03/27/19 7:01 PM >>>



A payment has been successfully applied to your account. Log on to your E-Billing account at www.healthpartners.com/employer for more information.

If you have any questions, please contact your Membership Accounting billing representative.

Sincerely,

HealthPartners Membership Accounting

Please note: This e-mail message was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.

[Home](#) / [E-Billing](#)

E-Billing

Account balances

Total group balance \$0.00

MEEKER-MCLEOD-SIBLEY (35470)

Billing representative Jolene Hallesy 952-883-6002

Billing account		Account balance	Unapplied cash
35470	Meeker-Mcleod-Sibley	\$0.00	\$0.00

Invoice search

Billing account	<input type="text" value="All"/>	Status	<input type="text" value="Paid"/>	Billing period	<input type="text" value="All"/>
<input type="button" value="Go"/>					

8 results found

Search

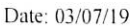
Billing account	Invoice	Billing period	Status	Invoice amt.	Amt. paid/distributed	Amt. due	Amt. pending	Detailed invoice
35470	88289926	Apr 2019	Paid	\$3,773.63	\$3,773.63	\$0.00	\$0.00	(PDF) (CSV)
35470	87473112	Mar 2019	Paid	\$1,940.57	\$1,940.57	\$0.00	\$0.00	(PDF) (CSV)
35470	86822008	Feb 2019	Paid	\$5,606.69	\$5,606.69	\$0.00	\$0.00	(PDF) (CSV)
35470	86302575	Jan 2019	Paid	\$5,606.69	\$5,606.69	\$0.00	\$0.00	(PDF) (CSV)
35470	85235779	Dec 2018	Paid	\$6,349.25	\$6,349.25	\$0.00	\$0.00	(PDF) (CSV)
35470	84582522	Nov 2018	Paid	\$8,239.70	\$8,239.70	\$0.00	\$0.00	(PDF) (CSV)
35470	83981327	Oct 2018	Paid	\$4,868.96	\$4,868.96	\$0.00	\$0.00	(PDF) (CSV)
35470	83325720	Sep 2018	Paid	\$10,180.54	\$10,180.54	\$0.00	\$0.00	(PDF) (CSV)

Show results per page[Prev](#) [1](#) [Next](#)You can download Adobe Acrobat Reader [or](#) free from Adobe.

CHARGES

Contract	Policyholder	Social Security	Contract Effective Date	Package	Tier	Plan	Package Rate
5056285	Bratsch, Emmi	XXX-XX-2489	09/01/18	SE677	EMP 38	PREM	429.32
						Subtotal:	\$429.32
5026606	Hanson, Lindsay	XXX-XX-3958	08/01/18	SE677	EMP 34	PREM	418.30
						Subtotal:	\$418.30
5026584	Holfeld, Jeanne	XXX-XX-2753	05/01/18	SE677	EMP 64	PREM	1,033.68
						Subtotal:	\$1,033.68
5061368	Kloeckl, Julie	XXX-XX-7084	10/01/18	SE677	CH 24	PREM	344.56
				SE677	EMP 55	PREM	768.37
						Subtotal:	\$1,112.93
4991395	Nelson, Brett	XXX-XX-5942	06/01/18	SE677	EMP 27	PREM	361.10
						Subtotal:	\$361.10
4901918	Remington, Jessica	XXX-XX-6010	01/01/18	SE677	EMP 34	PREM	418.30
						Subtotal:	\$418.30
						Total for Site 0:	\$3,773.63

1	SE677	EMP 38	PREM	429.32	429.32
2	SE677	EMP 34	PREM	418.30	836.60
1	SE677	EMP 64	PREM	1,033.68	1,033.68
1	SE677	CH 24	PREM	344.56	344.56
1	SE677	EMP 55	PREM	768.37	768.37
1	SE677	EMP 27	PREM	361.10	361.10
Grand Total for All Sites:					\$3,773.63



Account Number: 35470
Invoice Number: 88289926
Billing Period: 04/01/19

INVOICE SUMMARY

Summary of Charges		USD
Current Billing:		\$3,773.63
Retroactive Adjustments:		\$0.00
Account Adjustments:		\$0.00
Invoice Total:		\$3,773.63

Site	Package	Product Type	Tier	Plan	Current Counts	Rate	Current Billing
0	SE677	MN - HP SE HSA SILVER	CH 24	PREM	1	344.56	344.56
0	SE677	MN - HP SE HSA SILVER	EMP 27	PREM	1	361.10	361.10
0	SE677	MN - HP SE HSA SILVER	EMP 34	PREM	2	418.30	836.60
0	SE677	MN - HP SE HSA SILVER	EMP 38	PREM	1	429.32	429.32
0	SE677	MN - HP SE HSA SILVER	EMP 55	PREM	1	768.37	768.37
0	SE677	MN - HP SE HSA SILVER	EMP 64	PREM	1	1,033.68	1,033.68
						Total:	\$3,773.63

SE677	MN - HP SE HSA SILVER	CH 24	PREM	1	344.56	344.56
SE677	MN - HP SE HSA SILVER	EMP 27	PREM	1	361.10	361.10
SE677	MN - HP SE HSA SILVER	EMP 34	PREM	2	418.30	836.60
SE677	MN - HP SE HSA SILVER	EMP 38	PREM	1	429.32	429.32
SE677	MN - HP SE HSA SILVER	EMP 55	PREM	1	768.37	768.37
SE677	MN - HP SE HSA SILVER	EMP 64	PREM	1	1,033.68	1,033.68
Grand Total for All Sites:					\$3,773.63	

Date of Online Payment	3/21/2019
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[illegible]



PO BOX 489
NEWARK, NJ 07101-0489

KEYLINE



MEEKER MCLEOD SIBLEY COMMUNITY
1805 FORD AVENUE SE, SUITE 200
GLENCOE, MN 55336

Verizon Wireless News

**Now It's Easier To Get Help
Online**

Our new online support experience saves you time by giving you access to the help you need when you need it. Sign in to get personalized help that's specific to your bill, plan and devices. Visit go.vzw.com/support.

Manage Your Account	Account Number	Date Due
www.vzw.com/mybusinessaccount	442204724-00001	03/23/19
Change your address at http://sso.verizonenterprise.com	Invoice Number	9825175682

Quick Bill Summary

Feb 01 – Feb 28

Previous Balance <i>(see back for details)</i>	\$825.28
Payment – Thank You	-\$825.28
Balance Forward	\$0.00
Monthly Charges	\$791.97
Usage and Purchase Charges	
Voice	\$0.00
Messaging	\$0.00
Data	\$0.00
Surcharges and Other Charges & Credits	\$21.41
Taxes, Governmental Surcharges & Fees	\$11.90
Total Current Charges	\$825.28

Total Charges Due by March 23, 2019 **\$825.28**

Pay from phone	Pay on the Web	Questions:
#PMT (#768)	At vzw.com/mybusinessaccount	1.800.922.0204 or *611 from your phone



MEEKER MCLEOD SIBLEY COMMUNITY
1805 FORD AVENUE SE, SUITE 200
GLENCOE, MN 55336

Bill Date February 28, 2019
Account Number 442204724-00001
Invoice Number 9825175682

Total Amount Due

Deducted from bank account on 03/21/19
DO NOT MAIL PAYMENT

\$825.28

P.O. BOX 25505
LEHIGH VALLEY, PA 18002-5505



98251756820104422047240000100000082528000000825283

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES

[illegible]



PO BOX 489
NEWARK, NJ 07101-0489

KEYLINE



MEEKER MCLEOD SIBLEY COMMUNITY
1805 FORD AVENUE SE, SUITE 200
GLENCOE, MN 55336

Verizon Wireless News

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Manage Your Account	Account Number	Date Due
www.vzw.com/mybusinessaccount	442204724-00001	02/20/19
Change your address at http://sso.verizonenterprise.com	Invoice Number	9823224117

Quick Bill Summary

Jan 01 – Jan 31

Previous Balance <i>(see back for details)</i>	\$824.55
Payment – Thank You	-\$824.55
Balance Forward	\$0.00
Monthly Charges	\$791.97
Usage and Purchase Charges	
Voice	\$0.00
Messaging	\$0.00
Data	\$0.00
Surcharges and Other Charges & Credits	\$21.41
Taxes, Governmental Surcharges & Fees	\$11.90
Total Current Charges	\$825.28

Total Charges Due by February 20, 2019 **\$825.28**

Pay from phone	Pay on the Web	Questions:
#PMT (#768)	At vzw.com/mybusinessaccount	1.800.922.0204 or *611 from your phone



MEEKER MCLEOD SIBLEY COMMUNITY
1805 FORD AVENUE SE, SUITE 200
GLENCOE, MN 55336

Bill Date January 31, 2019
Account Number 442204724-00001
Invoice Number 9823224117

Total Amount Due

Deducted from bank account on 02/21/19
DO NOT MAIL PAYMENT

\$825.28

P.O. BOX 25505
LEHIGH VALLEY, PA 18002-5505



98232241170104422047240000100000082528000000825283