

On-Line Payment Notification and Breakdown by Program

[illegible][illegible]

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

From: Diane Winter
To: Julie Schrum
Date: 5/30/2019 5:59 AM
Subject: Fwd: June 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> 05/28/19 7:02 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.

Invoice Number: 89619353
 Account Number: 35470
 Billing Period: 06/01/19

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	Holfield, 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

[illegible]



PO BOX 489
NEWARK, NJ 07101-0489

00000022/2820/ 1.300/FP/33132606.1



MEEKER MCLEOD SIBLEY COMMUNITY
114 N HOLCOMBE AVE STE 250
LITCHFIELD, MN 55355-2351

000000022
MSP 1

Verizon Wireless News

Change To Your Service

Thank you for your wireless business.
You recently made a change to your
service. Your new bill will reflect usage
from your last bill and service
adjustments resulting from the
plan/feature change.

Manage Your Account	Account Number	Date Due
www.vzw.com/mybusinessaccount	442204724-00001	05/23/19
Change your address at http://sso.verizonenterprise.com	Invoice Number	9829156724

Quick Bill Summary

Apr 01 – Apr 30

Previous Balance (see back for details)	\$543.69
Payment – Thank You	-\$543.69
Balance Forward	\$0.00
Monthly Charges	\$673.03
Usage and Purchase Charges	
Voice	\$0.00
Messaging	\$0.00
Data	\$0.00
Surcharges and Other Charges & Credits	\$18.44
Taxes, Governmental Surcharges & Fees	\$9.00
Total Current Charges	\$700.47

Total Charges Due by May 23, 2019

\$700.47

RECEIVED
MAY 03 2019

BY:

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
114 N HOLCOMBE AVE STE 250
LITCHFIELD, MN 55355-2351

Bill Date
Account Number
Invoice Number

April 30, 2019
442204724-00001
9829156724

Total Amount Due

Deducted from bank account on 05/21/19
DO NOT MAIL PAYMENT

\$700.47

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



98291567240104422047240000100000070047000000700473

[illegible]

2018 CHS Remittal Invoice Workbook
Printed 5/23/2019

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

Statement Date:

5/18/2019

STATEMENT OF ACCOUNT

Community Health Services
1805 Ford Avenue
Glencoe, MN 55336

DATE	DESCRIPTION	CHARGES	CREDITS	ACCOUNT BALANCE
5/16/2019	QPR Class Allina Home Health Staff & Volunteers, Hutchinson (16)	\$400.00		
5/16/2019	QPR Class New Ulm Medical Center Staff, Winthrop (20)	\$400.00		
				\$800.00

Program: 501 MRC

Account # 6265

Description: Prof. Services

Approved by: DLW



Remit To: Doherty Staffing Solutions
 CM 3808
 St. Paul, MN 55170-3808

Meeker - McLeod - Sibley Community Health Services
 114 N Holcombe Ave, #250
 Litchfield, MN 55355

INVOICE

Invoice Amount

\$1,191.39

Payment Terms

Net On Receipt

Invoice Date

05/12/2019

Invoice No.

169407

Customer No.

62486

Make Check Payable to Doherty Staffing Solutions, Inc.

A service charge (annual percentage rate of 18%) is charged on all unpaid invoices.

Customer Name	Department	Customer No.	Payment Terms
Meeker - McLeod - Sibley Community Health Services	Corporate	62486	Net On Receipt

Description	Shift	Type	Units	Rate	Amount
WeekWork Ending: Apr 14 2019 12:00AM					
Collett, Emily	Consultant	Reg	4.50	\$18.92	\$85.14
Nicholson, Andrea Joy	Consultant	Reg	5.50	\$22.00	\$121.00
Schlueter, Meg L	Consultant	Reg	5.50	\$18.92	\$104.06
Total This WeekWork Ending:					\$310.20
WeekWork Ending: Apr 21 2019 12:00AM					
Collett, Emily	Consultant	Reg	3.75	\$18.92	\$70.95
Nicholson, Andrea Joy	Consultant	Reg	9.00	\$22.00	\$198.00
Schlueter, Meg L	Consultant	Reg	4.50	\$18.92	\$85.14
Total This WeekWork Ending:					\$354.09
WeekWork Ending: Apr 28 2019 12:00AM					
Collett, Emily	Consultant	Reg	2.25	\$18.92	\$42.57
Nicholson, Andrea Joy	Consultant	Reg	2.00	\$22.00	\$44.00
Schlueter, Meg L	Consultant	Reg	3.25	\$18.92	\$61.49
Total This WeekWork Ending:					\$148.06
WeekWork Ending: May 5 2019 12:00AM					
Collett, Emily	Consultant	Reg	1.00	\$18.92	\$18.92
Schlueter, Meg L	Consultant	Reg	3.50	\$18.92	\$66.22
Total This WeekWork Ending:					\$85.14
WeekWork Ending: May 12 2019 12:00AM					
Collett, Emily	Consultant	Reg	3.00	\$18.92	\$56.76
Collett, Emily	Consultant	Expense Reimbursement	1.00	\$21.80	\$21.80

Thank You For Your Business!

If you have any questions, Call (952) 832-8376

Description		Shift	Type	Units	Rate	Amount
Nicholson, Andrea Joy	Consultant		Reg	0.75	\$22.00	\$16.50
Nicholson, Andrea Joy	Consultant		Expense Reimbursement	1.00	\$34.88	\$34.88
Schlueter, Meg L	Consultant		Reg	5.25	\$18.92	\$99.33
Schlueter, Meg L	Consultant		Expense Reimbursement	1.00	\$46.87	\$46.87
Total This Week Work Ending:						\$276.14

ACA Admin Fee	\$17.76
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Reg: 53.75 OT: 0 DT: 0 Total Hours: 56.75	Total - This Invoice:	\$1,191.39
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IF PAID AFTER : 06/11/2019 \$1,209.26

Program: 234 WIC Peer

Account # 6154

Description: Contracted Service

Approved by: DLW

Thank You For Your Business!

If you have any questions, Call (952)

832-8376



Remit To: Doherty Staffing Solutions
 CM 3808
 St. Paul, MN 55170-3808

Meeker - McLeod - Sibley Community Health Services
 114 N Holcombe Ave, #250
 Litchfield, MN 55355

INVOICE

Invoice Amount
\$911.52

Payment Terms	Invoice Date
Net On Receipt	04/07/2019
Invoice No.	Customer No.
167389	62486

Make Check Payable to Doherty Staffing Solutions, Inc.

A service charge (annual percentage rate of 18%) is charged on all unpaid invoices.

Customer Name	Department	Customer No.	Payment Terms
Meeker - McLeod - Sibley Community Health Services	Corporate	62486	Net On Receipt

Description	Shift	Type	Units	Rate	Amount
WeekWork Ending: Apr 7 2019 12:00AM					
Collett, Emily	Consultant	Reg	6.25	\$18.92	\$118.25
Collett, Emily	Consultant	Expense Reimbursement	1.00	\$10.90	\$10.90
Nicholson, Andrea Joy	Consultant	Reg	0.75	\$22.00	\$16.50
Nicholson, Andrea Joy	Consultant	Expense Reimbursement	1.00	\$17.44	\$17.44
Schlueter, Meg L	Consultant	Reg	6.75	\$18.92	\$127.71
Schlueter, Meg L	Consultant	Expense Reimbursement	1.00	\$19.62	\$19.62
Total This WeekWork Ending:					\$310.42
WeekWork Ending: Mar 24 2019 12:00AM					
Collett, Emily	Consultant	Reg	2.75	\$18.92	\$52.03
Nicholson, Andrea Joy	Consultant	Reg	8.25	\$22.00	\$181.50
Schlueter, Meg L	Consultant	Reg	6.25	\$18.92	\$118.25
Total This WeekWork Ending:					\$351.78
WeekWork Ending: Mar 31 2019 12:00AM					
Collett, Emily	Consultant	Reg	1.50	\$18.92	\$28.38
Nicholson, Andrea Joy	Consultant	Reg	5.75	\$22.00	\$126.50
Schlueter, Meg L	Consultant	Reg	4.25	\$18.92	\$80.41
Total This WeekWork Ending:					\$235.29
ACAAdminFee					\$14.03
Reg: 42.5 OT: 0 DT: 0 Total Hours: 45.5					Total - This Invoice: \$911.52

Thank You For Your Business!

If you have any questions, Call (952) 832-8376

Program: 234 WIC Per
Account # 6154
Description: Contracted Ser
Approved by: Du

Thank You For Your Business!

If you have any questions, Call (952)
832-8376



Remit To: Doherty Staffing Solutions
 CM 3808
 St. Paul, MN 55170-3808

Meeker - McLeod - Sibley Community Health Services
 114 N Holcombe Ave, #250
 Litchfield, MN 55355

INVOICE

Invoice Amount

\$1,163.92

Payment Terms

Net On Receipt

Invoice Date

03/24/2019

Invoice No.

166579

Customer No.

62486

Make Check Payable to Doherty Staffing Solutions, Inc.

A service charge (annual percentage rate of 18%) is charged on all unpaid invoices.

Customer Name	Department	Customer No.	Payment Terms
Meeker - McLeod - Sibley Community Health Services	Corporate	62486	Net On Receipt

Description	Shift	Type	Units	Rate	Amount
WeekWork Ending: Feb 17 2019					
12:00AM					
Collett, Emily	Consultant	Reg	3.50	\$18.67	\$65.35
Nicholson, Andrea Joy	Consultant	Reg	12.25	\$21.71	\$265.95
Schlueter, Meg L	Consultant	Reg	2.25	\$18.67	\$42.01
Total This WeekWork Ending:					\$373.31
WeekWork Ending: Feb 24 2019					
12:00AM					
Nicholson, Andrea Joy	Consultant	Reg	3.50	\$21.71	\$75.99
Schlueter, Meg L	Consultant	Reg	3.50	\$18.67	\$65.35
Total This WeekWork Ending:					\$141.34
WeekWork Ending: Mar 3 2019					
12:00AM					
Nicholson, Andrea Joy	Consultant	Reg	2.00	\$21.71	\$43.42
Schlueter, Meg L	Consultant	Reg	5.75	\$18.67	\$107.35
Total This WeekWork Ending:					\$150.77
WeekWork Ending: Mar 10 2019					
12:00AM					
Collett, Emily	Consultant	Reg	4.75	\$18.67	\$88.68
Nicholson, Andrea Joy	Consultant	Reg	1.00	\$21.71	\$21.71
Schlueter, Meg L	Consultant	Reg	3.50	\$18.67	\$65.35
Total This WeekWork Ending:					\$175.74
WeekWork Ending: Mar 17 2019					
12:00AM					
Nicholson, Andrea Joy	Consultant	Reg	4.50	\$21.71	\$97.70
Nicholson, Andrea Joy	Consultant	Expense Reimbursement	1.00	\$52.32	\$52.32
Schlueter, Meg L	Consultant	Reg	7.25	\$18.67	\$135.36

Thank You For Your Business!

**If you have any questions, Call (952)
 832-8376**

Description	Shift	Type	Units	Rate	Amount
Schlueter, Meg L	Consultant	Expense Reimbursement	1.00	\$19.62	\$19.62
Total This WeekWork Ending:					\$305.00

ACAAdminFee	\$17.76
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Reg: 53.75 OT: 0 DT: 0 Total Hours: 55.75	Total - This Invoice:	\$1,163.92
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IF PAID AFTER : 04/23/2019 \$1,181.38

Program: 234 WIC Peer

Account # 6154

Description: Contracted Serv.

Approved by: duw

Thank You For Your Business!

If you have any questions, Call (952)
832-8376

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: 5/15/2019

DATE	Hours	DESCRIPTION	Rate	AMOUNT
Apr-19		CHS Administrative Time		
	90.25	Diane Winter	60.00	5,415.00
	54.50	Julie Schrum	50.00	2,725.00
	7.00	Donna Miller	40.00	280.00
	1.50	Rose Anderson	40.00	60.00
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL				\$8,480.00

PAY THIS AMOUNT	\$8,480.00
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MAKE CHECK PAYABLE TO:
Meeker County Public Health
114 North Holcombe, Suite 250
Litchfield, MN 55355

THANK YOU!

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

RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

PO BOX 82510 / LINCOLN NE 68501-2510

Phone: 800-497-7044

Fax: 402-467-7338

Case Number: 9-08507-0001-

Bill Due Date: 06/01/2019

Bill Period: Jun 2019

Return Service Requested**Remit Payment to:**

MEEKER-MCLEOD-SIBLEY COMM HEALTH
ATTN: JEANNE HOLFELD
114 NORTH HOLCOMBE
SUITE 250
LITHCHFIELD, MN 55355

Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
PO Box 82510
Lincoln, NE 68501

Return this top portion with your amount due.

Total Amount Due \$735.21

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount
Meeker-McLeod-Sibley Comm Health Svcs						
Hanson, Lindsey						\$36.84
Life AD&D	No	\$0.00	\$25,000.00		\$2.75	
LTD	No	\$0.00		\$4,801.00	\$34.09	
Holfeld, Jeanne						\$212.96
Dental	No	\$0.00			\$45.44	
Life AD&D	No	\$0.00	\$25,000.00		\$21.75	
LTD	No	\$0.00		\$3,117.00	\$104.73	
STD	No	\$0.00	\$432.00		\$41.04	
Kloeckl, Julie						\$304.30
Dental	Yes	\$0.00			\$87.16	
Life AD&D	No	\$0.00	\$25,000.00		\$14.00	
LTD	No	\$0.00		\$5,373.00	\$139.16	
STD	No	\$0.00	\$744.00		\$63.98	
Nelson, Brett						\$129.95
Dental	No	\$0.00			\$45.44	
Life AD&D	No	\$0.00	\$25,000.00		\$1.75	
LTD	No	\$0.00		\$4,680.00	\$25.74	
STD	No	\$0.00	\$648.00		\$57.02	
Remington, Jessica						\$39.16
Life AD&D	No	\$0.00	\$25,000.00		\$2.25	
LTD	No	\$0.00		\$5,198.00	\$36.91	
Meeker-McLeod-Sibley Comm Health Svcs						\$723.21

Bill Sub Total \$723.21

***Billing Fee \$12.00

Balance Forward \$0.00

****Bill Total \$735.21

RECEIVED
MAY 20 2019

BY:

0037135100132501



Donna Miller - Re: CHS Invoices Needing Approval

From: Mike Housman
To: Donna Miller; Sarah Schoeberl; Ron Shimanski; Bobbie;
Date: 5/24/2019 9:42 AM
Subject: Re: CHS Invoices Needing Approval

Approved.

>>> Donna Miller 05/23/19 8:57 AM >>>

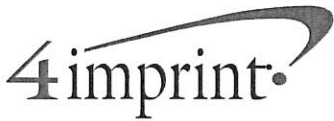
Hello Mike,
As I will be out of the office next week I have prepared these early for your approval.
Thanks, Donna



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

This message and any attachments may contain information that is legally privileged. Any disclosure, copying, distribution or the taking of any action on the contents is strictly prohibited. If you feel you have received this email in error, please notify me immediately.

[illegible]



101 Commerce St
PO Box 320
Oshkosh, WI 54901

www.4imprint.com

877-446-7746

800-355-5043

JAYME KRAUTH
MEEKER MCLEOD SIBLEY COMMUNITY HEALTH
114 N HOLCOMBE AVE
STE 250
GLENCOE MN 55355

Shipping Address

Jayme Krauth
Meeker McLeod Sibley Community Health
1805 FORD AVE N STE 200
GLENCOE, MN 55336-1371
USA
Tel: 320-864-1228

Invoice Number 7305986

Invoice Date May 7, 2019

Reference No 05022019

Account No. 4261381

Account Rep. Jenn Schloss

Our Order No. 17787506

Item	Closed-Back Table Throw - 8'		Colours	(Throw, Trim): Charcoal, Charcoal		
Qty	Item #	Description	Unit \$	Price \$	Total \$	
1	2213	Closed-Back Table Throw - 8'	175.0000	175.00	175.00	
1	Coupon	Coupon Code	-11.3750	-11.38	-11.38	
		Freight		6.46	6.46	
				Tax	11.69	
					181.77	

BY:

Total Net 170.08
Total Tax 11.69
Grand Total 181.77
Total Due 181.77

Please ensure that payment is received by Jun 06 2019.

Thank You! We appreciate your business.

Any overruns you may have received are yours with our compliments.

- To insure proper credit to your account, please quote "7305986/4261381" on your check or remittance.
- If you are not satisfied with your order, please call 1-800-300-0764. All claims must be made within 5 days of receipt.
- Any questions regarding your invoice? Please call 1-800-982-8979. Our terms are Net 30.
- Please make checks payable to 4imprint, Inc.

4imprint Federal ID #39-1837105, GSA Contract # GS-07F-9626S. A Late Payment Charge based on maximum annual percentage allowed by your state law will be applied to this balance owed under this invoice when the invoice becomes past due. The purchaser agrees to pay all of the company's reasonable attorney's fees and any collection agency fees incurred in the collection of any amount owed hereunder and not paid when due. Purchaser agrees to pay any sales or use tax. No credit will be issued for returned merchandise without our consent. This invoice is a conditional acceptance by the seller of the buyer's offer to purchase seller's goods. It may contain terms which differ from or add to those contained in the buyer's purchase order, and to the extent that this is the case, the seller hereby expressly conditions its acceptance of the buyer's offer on the buyer's assent to the additional or different terms. The buyer's receipt and retention of the goods covered by this invoice constitutes acceptance of any such additional or different terms. The buyer and seller agree that any contract hereby entered into has been made and is to be construed according to our State Law.

To Pay Your Invoice Online Please Visit:
www.4imprint.com/payinvoice

To Remit By Check:
4imprint, Inc.
25303 Network Place
Chicago, IL 60673-1253

Program: 501 MRC
Account # 6402
Description: Off Supplier
Approved by: PLW

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

Statement Date:

5/7/2019

STATEMENT OF ACCOUNT

Community Health Services
1805 Ford Avenue
Glencoe, MN 55336

DATE	DESCRIPTION	CHARGES	CREDITS	ACCOUNT BALANCE
5/6/2019	QPR Class Cosmos Fire & Rescue	\$400.00		
				\$400.00

Program: 501 MRC

Account # 6265

Description: Prof. Services

Approved by: DLW



2211 11TH ST E
GLENCOE, MN 55336
(320) 864-5192
(866) 438-5192

05/10/19
By: NELLIS, RICHARD

MCLEOD JAIL
GLENCOE, MN 55336

TAKE TWO TABLETS NOW

RPh: AK
NDC# 50111-0788-10

CAUTION
READ
WARNING
THIS MEDICINE MAY
BE TAKEN WITH OR
WITHOUT FOOD.
DO NOT TAKE THIS
MEDICATION AT THE
SAME TIME AS ANTACIDS

CAUTION
READ
WARNING
DO NOT TAKE OTHER MEDICINES
WITHOUT CHECKING WITH
YOUR DOCTOR OR PHARMACIST.

IMPORTANT: UNLESS
DIRECTED BY PHYSICIAN - ALL
MEDICATION MUST BE FINISHED

AZITHROMYCIN 500MG TABS

QTY: 2

Mfg: TEVA

NO REFILLS

LIGHT

Discard After: 05/09/20

Orig: 05/10/19

BLUE, OBLONG, PLIVA, 78

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

05/10/19 05/10/19

Days Supply: 1

AZITHROMYCIN 500MG TABS

NDC# 50111-0788-10

You Pay: \$20.27

DOB: 05/16/78

Deliver

Rx#: 7408620 N

PAID CASH

X



PLU: 8259



2211 11TH ST E
GLENCOE, MN 55336
(320) 864-5192
(866) 438-5192

05/10/19
By: NELLIS, RICHARD

MCLEOD JAIL
GLENCOE, MN 55336

TAKE ONE TABLET NOW

RPh: AK
NDC# 27437-0208-11

IMPORTANT: UNLESS
DIRECTED BY PHYSICIAN - ALL
MEDICATION MUST BE FINISHED

SUPRAX 400MG CAPS

QTY: 1

Mfg: LUPIN

NO REFILLS

PINK, OBLONG, LU, U43

Discard After: 05/09/20

Orig: 05/10/19

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

05/10/19 05/10/19

Days Supply: 1

SUPRAX 400MG CAPS

NDC# 27437-0208-11

You Pay: \$31.72

DOB: 05/16/78

Deliver

Rx#: 7408621 N

PAID CASH

X



PLU: 8259

Total \$51.99

Program: 206 FSPG
Account #: 6265
Description: Prof-Sales
Approved by: [Signature]

MEEKER-MCLEOD-SIBLEY COUNTY PUBLIC HEALTH
Family Planning/Chlamydia & Gonorrhea Screening Program
Pharmacy Fax Form

To: ☐ Medicine Shoppe, Litchfield MN (Fax: 320-693-7833)
☐ Guide Point Pharmacy, Winthrop, MN (Fax 507-647-8801)
☐ Family Rexall Drug, Hutchinson MN (Fax 320-587-0283)
☒ Coborn's, Glencoe MN (Fax 320-864-2767)

According to the Chlamydia protocol for Meeker-McLeod-Sibley Planning Program Please dispense:

☒ Azithromycin 1gm PO x 1
☒ Cefixime 400 mg PO x 1
☐ Client to pickup at Pharmacy
☒ Please deliver to the County Jail

Client Name: _____
Address: McLeod Co Jail
Glencoe, MN 55336
DOB: 5-16-78

(complete only if partner will pick up medicine)

☐ Azithromycin 1gm PO x 1
☐ Cefixime 400 mg PO x 1
Check one: ☐ Client listed will pickup meds
☐ Client to pickup for partner

Partner 1: _____
Address: _____
DOB: _____

(complete only if partner will pick up medicine)

☐ Azithromycin 1gm PO x 1
☐ Cefixime 400 mg PO x 1
Check one: ☐ Client listed will pickup meds
☐ Client to pickup for partner

Partner 1: _____
Address: _____
DOB: _____

Sent By: Joanne Dolland RN Date 5-10-19
☐ Meeker County Public Health (320-693-5370)
☒ McLeod County Public Health (320-864-3185)
☐ Sibley County Public Health (507-237-4035)

PHARMACY: For reimbursement, return this completed form to:
Meeker-McLeod-Sibley Community Health Services
Family Planning Services
114 N Holcombe Av, Suite 250
Litchfield MN 55355

RECEIVED
MAY 13 2019

BY: _____

Nellis


Invoice

Date	Invoice #
5/2/2019	4442

Bill To
Meeker McLeod Sibley Community Health Ser 114 N Holcombe Ave Ste 250 Litchfield MN 55355



Terms	Due Date
	6/1/2019

Description		Amount
Table Tent Event Listing Event Date(s): August 3		30.00
<div style="text-align: center;">  <p>BY:</p> <p>Program: <u>2341-VA 104 CRABC</u></p> <p>Account # <u>6241 Print/Publish</u></p> <p>Description: <u> ↓ </u></p> <p>Approved by: <u>DLW</u></p> </div>		<div style="text-align: right;"> Total \$30.00 </div>
		<div style="text-align: right;"> Balance Due \$30.00 </div>

SHIP schools

Immanuel Lutheran School

Brian Gephart

20917 Walden Ave

Hutchinson, MN 55350

(320) 587-4858

FAX (320) 587-4858



CHILDREN *of* GRACE
Preschool

Re: Action Plan

5/2/2019

Mr. Brett Nelson

Health Educator

Meeker McLeod Sibley Community Health Services

Dear Mr. Brett Nelson:

On May 1st, 2019, Immanuel Lutheran School purchased an Elkway Water Bottle Filling Station and extra filter as part of our Schools Action Plan.

Attached is the copy of the invoice which we paid on 5/1/2019. Please let me know if you have any questions.

Sincerely,

Brian Gephart
Principal

Reimbursement to Immanuel
for \$643.07



Please Remit To:
GLOBAL EQUIPMENT COMPANY INC. 29833 NETWORK PLACE CHICAGO, IL 60673-1298 (770) 822-5600

Invoice No.	Invoice Date	Customer No.
114268141	05-02-2019	5492068
Order No.	Order Date	Cust. Phone #
15513824	05-01-2019	(320) 587-4858

SOLD TO:

IMMANUEL LUTHERAN SCHOOL
BRIAN GEPHART
20917 WALDEN AVE
HUTCHINSON, MN 55350
UNITED STATES

Program: 232 SHL School

Account # 6350

Description: other charges & service

Total Amount Due
\$643.07

RETURN THIS PAYMENT STUB WITH YOUR REMITTANCE TO INSURE PROPER CREDIT TO YOUR ACCOUNT



Approved by: *[Signature]*
GLOBAL EQUIPMENT COMPANY INC.
29833 NETWORK PLACE
CHICAGO, IL 60673-1298
(770) 822-5600
FED-TAX-ID: 11-3584699

Invoice No.	Invoice Date
114268141	05-02-2019

PLEASE REFER TO ABOVE IN-
VOICE NO. WHEN REMITTING
AND WHEN YOU ARE MAKING
ANY INQUIRIES REGARDING
THIS ORDER

SOLD TO:

IMMANUEL LUTHERAN SCHOOL
BRIAN GEPHART
20917 WALDEN AVE
HUTCHINSON, MN 55350
UNITED STATES

SHIPPED TO:

IMMANUEL LUTHERAN SCHOOL
BRIAN GEPHART
20917 WALDEN AVE
HUTCHINSON, MN 55350
UNITED STATES

Your Order No: GEPHART05012019

Shipped Via	F.O.B. Shipping Point	Date Shipped	Terms
UPS	PLEASANT PRAIRIE, WI	05-01-2019	Visa - 5386

Quantity	Stock Number	Description	Unit Price	Amount	State/Zip To
1	B639788N	Elkay EZH2O LZWSRK Water Bottle Filling Retrofit Kit, Filtered, LZWSRK - Tracking#:1Z54370X0367190578	514.00	514.00	MN/55350
1	30566848A	Elkay & Halsey 3000 Gallon Water Sentry Replacement Filter, 51300C - Tracking#:1Z54370X0367189713	61.95	61.95	MN/55350

Sub-Total:	575.95
Shipping and Handling:	22.95
Tax:	44.17
Total:	643.07

THANK YOU FOR YOUR BUSINESS.

Please allow 5 - 10 days for delivery

****PLEASE NOTE THE NEW REMIT TO ADDRESS**** 29833 NETWORK PLACE, CHICAGO IL 60673-1298
Please visit www.globalindustrial.com for the latest selection of industrial products on the web at the best prices.
For extended Service Plans, please call 800-548-1926.

This purchase is subject to Global Industrial's Terms and Conditions of Sale. Global Industrial objects to any other additional or dif-

Ag 0002

Audit Initials:

Total Amount of Check
0.00

Дата: 21/07/18

The undersigned, being duly sworn, deposes and says that the above bill is correct, the amount thereof is justly due, and no part thereof has been allowed or paid, and that the services therein mentioned have been actually rendered, and the items mentioned have been actually furnished.



Narcotics Anonymous
World Services

023798 ORDER

Order no.	023798	Order date	5/6/2019
Order status	Pending	Payment status	<u>Paid</u>
Shipping method	Best Way	Payment method	NAWS Payment Processor

BILL-TO ADDRESS

Jeanne Holfield
860 School Road NW
Hutchinson MN
55350
United States

SHIP-TO ADDRESS

Jeanne Holfield

United States

*Shipped 5/9/19
Julie - paid
in personal
credit card*

Item No.	Title	Status	Price	Quantity	Total
1400	The NA Step Working Guides	Not shipped	\$9.00	2	<u>\$18.00</u>
Shipping	Shipping Charges		\$6.00		\$6.00
			Subtotal	\$	24.00
			Total	\$	24.00
			Total incl. tax	\$	24.00

Program: 212 Proj. Harmony
Account # 6402
Description: Office Supplies
Approved by: DLW

*Jeanne Holfield
\$18.00*

*Claim for Audit
Office of the State Auditor
Suite 500, 525 Park Street
Saint Paul, Minnesota 55103
(651) 296-2551 TDD (800) 627-3529*

Alethea Elbert, Executive Director
Meeker, McLeod, Sibley CHS
1805 Ford Avenue N
Suite 200
Glencoe, MN 55336-1371

Claim No. 69904

Date: 5/6/2019

Progress Billing

☐ Contact/address change noted on other side. Changes can also be e-mailed to
accounting@osa.state.mn.us.

Total: \$2,871.24

Services Performed for: Meeker, McLeod, Sibley CHS

Date: 5/6/2019

Audit Period Ended: December 31, 2018

Services for the Period: 12/12/2018 to 4/16/2019

Claim No. 69904

*Services Performed by:
Position Description*

Hours

Hourly Rate

Total

Totals Prior to this Claim:

0.00

\$0.00

Financial Audit Services

Director	1.00	\$100.00	\$100.00
Director	5.50	\$106.00	\$583.00
Staff Specialist	2.00	\$95.00	\$190.00
Auditor	27.00	\$69.00	\$1,863.00
Audit Manager Review	1.00	\$119.00	\$119.00

Subtotal for Financial Audit Services

36.50

\$2,855.00

Expenses

Mileage			\$16.24
---------	--	--	---------

Subtotal for Expenses

\$16.24

Total Due for Claim No. 69904

36.50

\$2,871.24

Totals To Date:

36.50

\$2,871.24

If you need additional information regarding the services performed, please contact Stephanie Erickson at
(651) 297-7106 or Stephanie.Erickson@osa.state.mn.us

RECEIVED
MAY 13 2019

Program: 100 LPHG

Account # 6265

BY: Description: Prof. Services

Approved by: DLW

Please return top portion with remittance.

Please send remittance to:

Minnesota State Auditor

Per Minnesota Statute § 6.56, please pay promptly. Payments not made within 60 days of receipt of this invoice will be subject to an interest charge of 1.5 percent per month or any part of a month. For unpaid, undisputed balances equal to or in excess of \$100, minimum monthly interest payment of \$10 applies.

Office of the State Auditor
Suite 500, 525 Park Street
St. Paul, Minnesota 55103

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

INVOICE

TO:
Meeker McLeod Sibley CHS
Attn: Diane Winter
114 N Holcombe Avenue
Litchfield, MN 55355

INVOICE DATE 5/8/2019

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1	Dental Varnish Supplies Sibley County PHHS Please reimburse from Operation Roundup Grant	\$435.89	\$435.89
TOTAL			\$435.89

**PAY THIS
AMOUNT** \$435.89

THANK YOU!

Program: LPHG 100

Account # 6402

Description: Office Supplies

Approved by: DW

Call: 1-888-800-SMILE Fax: 1-877-567-SMILE

INVOICE NUMBER: 8560424

INVOICE DATE: 4/10/2019

ORDER NO / DATE: 8434107 4/9/2019

CUSTOMER NO: 1350298

Page 1 of 1

INVOICE

_____ BILL TO _____
C# 1350298
ATTN: KLEA RETTMANN
SIBLEY COUNTY PUBLIC HEALTH AN
1118TH ST

GAYLORD MN 55334-4421 USA

SHIP TO
C# 1350298
ATTN: KLEA RETTMANN
SIBLEY COUNTY PUBLIC HEALTH AND
1118TH ST

GAYLORD MN 55334-4421 USA

SHIPPING VIA: GROUND SERVICES

PURCHASE ORDER NO: SC04092019

ORDER SOURCE: SM99SHIP

[illegible]

SUBTOTAL	\$480.86
FREIGHT	\$0.00
SALES TAX	\$0.00

YOUR ORDER TOTAL	\$480.86
PREPAID	\$480.86

TERMS - NET 20	AMOUNT DUE	\$0.00
----------------	------------	--------

REMIT SLIP - PLEASE RETURN WITH PAYMENT

INV#: 8560424

C# 1350298
ATTN: KLEA RETTMANN
SIBLEY COUNTY PUBLIC HEALTH AN
1118TH ST

GAYLORD MN 55334-4421 USA

TERMS - NET 20

AMOUNT DUE: \$0.00

SmileMakers®

P.O. Box 2543
Spartanburg, SC 29304

480.86
- 44.97 Return

435.89 to bill
Ch

Pg 2

Donna Miller - Re: CHS Invoices needing approval

From: Mike Housman <mike.housman@co.meeker.mn.us>
To: Donna Miller<Donna.Miller@co.meeker.mn.us>
Date: 5/15/2019 8:31 AM
Subject: Re: CHS Invoices needing approval
Cc: Sarah Schoeberl<sschoeberl@cdscpa.com>; Ron Shimanski<Ron.Shimanski@co.m...

Approved

Sent from my iPad

On May 14, 2019, at 1:59 PM, Donna Miller <Donna.Miller@co.meeker.mn.us> wrote:

Hi Mike,
Attached are May 15th invoices for your approval.
Thanks, Donna



Donna Miller

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

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<05.15.2019 MMS CHS Remittals.pdf>

[illegible]

RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

PO BOX 82510 / LINCOLN NE 68501-2510

Phone: 800-497-7044

Fax: 402-467-7338

Case Number: 9-08507-0001-

Bill Due Date: 05/01/2019

Bill Period: May 2019

Return Service Requested**Remit Payment to:**

(***** ED) MEEKER-MCLEOD-SIBLEY COMM HEAL
ATTN: JEANNE HOLFIELD
114 NORTH HOLCOMBE
SUITE 250
LITCHFIELD, MN 55355

Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
PO Box 82510
Lincoln, NE 68501

Return this top portion with your amount due.

Total Amount Due \$1,470.42

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount
Meeker-McLeod-Sibley Comm Health Svcs						
Hanson, Lindsey						\$73.68
Life AD&D	No	\$2.75	\$25,000.00		\$5.50	
LTD	No	\$34.09		\$4,801.00	\$68.18	
Holfield, Jeanne						\$425.92
Dental	No	\$45.44			\$90.88	
Life AD&D	No	\$21.75	\$25,000.00		\$43.50	
LTD	No	\$104.73		\$3,117.00	\$209.46	
STD	No	\$41.04	\$432.00		\$82.08	
Kloeckl, Julie						\$608.60
Dental	Yes	\$87.16			\$174.32	
Life AD&D	No	\$14.00	\$25,000.00		\$28.00	
LTD	No	\$139.16		\$5,373.00	\$278.32	
STD	No	\$63.98	\$744.00		\$127.96	
Nelson, Brett						\$259.90
Dental	No	\$45.44			\$90.88	
Life AD&D	No	\$1.75	\$25,000.00		\$3.50	
LTD	No	\$25.74		\$4,680.00	\$51.48	
STD	No	\$57.02	\$648.00		\$114.04	
Remington, Jessica						\$78.32
Life AD&D	No	\$2.25	\$25,000.00		\$4.50	
LTD	No	\$36.91		\$5,198.00	\$73.82	

Meeker-McLeod-Sibley Comm Health Svcs \$1,446.42**Bill Sub Total \$1,446.42*******Billing Fee \$24.00****Balance Forward \$0.00********Bill Total \$1,470.42**

RECEIVED
MAY 03 2019

BY:

0037122100001001



RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

PO BOX 82510 / LINCOLN NE 68501-2510

Phone: 800-497-7044

Fax: 402-467-7338

Case Number: 9-08507-0001-

Bill Due Date: 04/01/2019

Bill Period: Apr 2019

Return Service Requested**Remit Payment to:**

(**** ED) MEEKER-MCLEOD-SIBLEY COMM HEAL
ATTN: JEANNE HOLFIELD
114 NORTH HOLCOMBE
SUITE 250
LITCHFIELD, MN 55355

Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
PO Box 82510
Lincoln, NE 68501

Return this top portion with your amount due.

Total Amount Due \$735.21

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount
Meeker-McLeod-Sibley Comm Health Svcs						
Hanson, Lindsey						\$36.84
Life AD&D	No	\$0.00	\$25,000.00		\$2.75	
LTD	No	\$0.00		\$4,801.00	\$34.09	
Holifield, Jeanne						\$212.96
Dental	No	\$0.00			\$45.44	
Life AD&D	No	\$0.00	\$25,000.00		\$21.75	
LTD	No	\$0.00		\$3,117.00	\$104.73	
STD	No	\$0.00	\$432.00		\$41.04	
Kloeckl, Julie						\$304.30
Dental	Yes	\$0.00			\$87.16	
Life AD&D	No	\$0.00	\$25,000.00		\$14.00	
LTD	No	\$0.00		\$5,373.00	\$139.16	
STD	No	\$0.00	\$744.00		\$63.98	
Nelson, Brett						\$129.95
Dental	No	\$0.00			\$45.44	
Life AD&D	No	\$0.00	\$25,000.00		\$1.75	
LTD	No	\$0.00		\$4,680.00	\$25.74	
STD	No	\$0.00	\$648.00		\$57.02	
Remington, Jessica						\$39.16
Life AD&D	No	\$0.00	\$25,000.00		\$2.25	
LTD	No	\$0.00		\$5,198.00	\$36.91	

Meeker-McLeod-Sibley Comm Health Svcs \$723.21**Bill Sub Total \$723.21*******Billing Fee \$12.00****Balance Forward \$0.00********Bill Total \$735.21**

RECEIVED
MAY 03 2019

BY:

0037121100006001



Donna Miller - Re: CHS Invoice Revised Reliance Standard

From: Mike Housman
To: Donna Miller; Sarah Schoeberl; Ron Shimanski; Bobbie;
Date: 5/6/2019 11:41 AM
Subject: Re: CHS Invoice Revised Reliance Standard

How convenient. :)

Approved.

>>> Donna Miller 05/06/19 11:38 AM >>>

Hello Mike,
As April billing had not been uploaded when the May bill arrived today we revised the payment to include both April and May billing.
Thank you, Donna



Donna Miller
Mecker County Public Health
114 N. Holcombe Ave. Suite 250
Litchfield, MN 55355
[320-693-5370](tel:320-693-5370) Main Office
[320-693-5390](tel:320-693-5390) Donna's Desk
[320-693-5379](tel:320-693-5379) WIC Clinic
[320-693-5399](tel:320-693-5399) Fax

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Date Uploaded to CDS:	5/1/2019
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2018 CHS Remittal Invoice Workbook
Printed 4/30/2019



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: 262898
Date: 04/19/2019
Due Date: 05/03/2019
Client ID: L16175

Amount Due: \$1,988.30

Please return this portion with payment.

Amount Enclosed: \$ _____

Invoice Date: 04/19/2019

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH
SERVICES

Invoice #262898

CDSA

PROVISION OF MONTHLY FLEX BENEFITS SERVICES FOR THE MONTH OF MARCH 2019. (.30 FOR DIRECT DEPOSIT REIMBURSEMENT)	55.30
PROVISION OF MONTHLY FLEX BENEFITS SERVICES FOR THE MONTH OF MARCH 2019.	38.00
PROVISION OF HR ON-DEMAND SERVICES FOR THE MONTH OF MARCH 2019.	40.00

CDS

PREPARATION OF 3/13, 3/27, AND 4/10/19 PAYROLLS AS WELL AS RELATED PAYROLL TAX DEPOSITS.	285.00
MARCH 2019 INVOICE PROCESSING/BILL PAY PER PROPOSAL.	215.00
MARCH BANK RECONCILIATION	50.00
FEBRUARY FISCAL REPORTS FOR BOARD	265.00
MARCH EXPENSE REPORTS	270.00
ANNUAL AUDIT ASSISTANCE - 2018 PAYROLL AUDIT, NOT PART OF PROPOSAL	315.00
2020 MCIT PAYROLL COMPENSATION ESTIMATE AND RELATED QUESTIONNAIRE - NOT PART OF PROPOSAL, REQUESTED BY DIANE	140.00



www.cdscpa.com
(888) 388-1040

CONWAY, DEUTH & SCHMIESING, PLLP
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



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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: 262898
Date: 04/19/2019
Due Date: 05/03/2019
Client ID: L16175

Page 2 of 2

CONFERENCE CALLS WITH MN UNEMPLOYMENT TO RESOLVE REPORTING ISSUES 260.00
AND TO ASSIST WITH COMPENSATION REPORTS TO DETERMINE ELIGIBILITY FOR
EMMI BRATSCH - NOT PART OF PROPOSAL

RUN COUNTY GRANT PAYMENT REPORTS REQUESTED BY JULIE AND MAKE 55.00
ADJUSTMENTS TO MARCH EXPENSE REPORTS

New Charges \$1,988.30

Beginning Balance	\$0.00
Invoices	1,988.30
Receipts	0.00
Adjustments	0.00
Service Charges	0.00
Amount Due	<u>\$1,988.30</u>

RECEIVED
APR 22 2019

BY:

04/19/2019	03/31/2019	02/28/2019	01/31/2019	12/31/2018+	Total
1,988.30	0.00	0.00	0.00	0.00	\$1,988.30

Program: 100 LPHG

Account # 6265

Description: Prof. Services

Approved by: DLW



www.cdscpa.com
(888) 388-1040

CONWAY, DEUTH & SCHMIESING, PLLP
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

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: 4/29/2019

DATE	Hours	DESCRIPTION	Rate	AMOUNT
Mar-19		CHS Administrative Time		
	97.50	Diane Winter	60.00	5,850.00
	52.25	Julie Schrum	50.00	2,612.50
	6.50	Donna Miller	40.00	260.00
	17.50	Rose Anderson	40.00	700.00
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL				\$9,422.50

PAY THIS AMOUNT	\$9,422.50
----------------------------	-------------------

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: DWJ



MEEKER MEMORIAL
HOSPITAL

Care as it should be

612 South Sibley Avenue
Litchfield, MN 55355
(320) 693-3242
www.meekermemorial.org

☐ Please check box if below address is incorrect and indicate change(s) on reverse side.

IF PAYING BY CREDIT CARD, PLEASE SELECT CORRECT CARD AND FILL OUT BELOW		
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE	MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
04/18/19	192.56	23202
ADM #	SHOW AMOUNT PAID HERE \$	



000125

MMSCHS,
114 N HOLCOMBE AVE STE 250 ATTN: DONNA
LITCHFIELD, MN 55355-2351

MEEKER MEMORIAL HOSPITAL
612 S SIBLEY AVE
LITCHFIELD, MN 55355-3340



124031-0001-001U, 74166-0017-001U, 93647-0006-001U

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Page 1 of 1

DATE	DESCRIPTION	CHARGES	PAYMENTS	INSURANCE PENDING	PATIENT PAY (YOU OWE)
4/11/2019	124031-0001-001	96.28		0.00	96.28
3/28/2019	NONPATIENT L 74166-0017-001	96.28		0.00	96.28
3/6/2019	NONPATIENT L 93647-0006-001	96.28		0.00	
4/8/2019	SELF PAY		96.28		
 BY:					
Program: <u>206 FPS PG</u>					
Account # <u>6260 STD Tally</u>					
Description: <u>↓</u>					
Approved by: <u>aw</u>					
MESSAGES			TOTAL	INSURANCE PENDING	AMOUNT DUE NOW
THANK YOU FOR YOUR PAYMENT			192.56	0.00	192.56
			ACCOUNT NO.	STATEMENT DATE	RETAIN THIS COPY FOR YOUR RECORDS
			23202	04/18/19	

Parks, Recreation & Community Education



900 Harrington Street SW
Hutchinson, MN 55350-3097

Date: April 22, 2019
Invoice #: 2019bikeped4738

To: Brett Nelson
Health Educator
Meeker McLeod Sibley Community Health Services
114 North Holcombe
Litchfield MN 55355

Office Use: Account Code	Department	Payment Terms
R-08-005-590-780-000-401	Heart Of Hutch/PRCE	Due upon receipt

Qty	Description	Unit Price	Line Total
1.00	Bike & Ped Maps	\$ 500.00	\$ 500.00

Program: SHIP - 230

Account # 7 ~~230~~ Prof. Services

Description: 6265

Approved by: DLW

Subtotal \$ 500.00
Sales Tax -
Total \$ 500.00

Make all checks payable to ISD423/PRCE

Thank you for your business!

Phone: 320-587-2975 - Fax: 320-234-4243

Donna Miller - Re: CHS Invoices needing approval 05.01.2019

From: Mike Housman
To: Donna Miller; Sarah Schoeberl; Ron Shimanski; Bobbie;
Date: 4/30/2019 6:12 PM
Subject: Re: CHS Invoices needing approval 05.01.2019

Hello Donna,

I can approve these invoices, but I do have a question on the health insurance. I see that Emma Bratsch is included in the payment... I believe she is the employee that was laid off... did she elect cobra? And, if so, are we sending her a bill for the premiums?

thanks!
Mike

>>> Donna Miller 04/30/19 4:37 PM >>>

Hello Mike,
Here are May 1st invoices for your approval.
Thanks, Donna



Donna Miller

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