

HAYWOOD COUNTY  
BUDGET ORDINANCE AMENDMENT  
FISCAL YEAR 2015-2016

PER: \_\_\_\_\_  
JNL: \_\_\_\_\_

BE IT ORDAINED by the Board of Commissioners of Haywood County that the following amendment be made to the budget ordinance for the fiscal year ending June 30, 2016.

Section 1. To amend the General Fund, the expenditures are to be charged as follows:

Department line item	Account Number	Current Budget	Increase (Decrease)	Amended Budget
HHSA - Health				-
C/O - Data processing software	115110-552100	-	43,399	43,399
HHSA - Health - Dental				-
C/O - Data processing software	115113-552100	-	6,584	6,584
				-

which will result in a net increase (decrease) of \$ 49,983 in the expenditures of the General Fund.

To provide the additional revenue for the above, the following revenues will be increased as the money has been received:

Revenue	Acct. No.	Current Budget	Increase (Decrease)	Amended Budget
Intergovernmental Revenue:				-
Dental Clinic Revenue	110050-451130	324,904	6,584	331,488
Immunization	110050-451260-57150	13,944	7,791	21,735
Family Planning	110050-451515	108,664	11,377	120,041
Maternal Health	110050-451519	13,312	9,632	22,944
Child Health	110050-451520	106,887	5,018	111,905
Communicable Disease	110050-451555	16,757	4,168	20,925
Adult Health	110050-451565	30,991	5,413	36,404
				-
			49,983	

Section 2. Copies of this budget amendment shall be delivered to the Budget Officer and the Finance Officer for their direction.

Adopted this the 2 of May, 2016.

\_\_\_\_\_  
Chairman  
Haywood County Board of Commissioners

ATTEST:

\_\_\_\_\_  
Clerk to the Board

<b>Explanation:</b>
Public Health Services Division is purchasing Electronic Medical Records systems for use in general health clinic and dental office for comprehensive practice management, electronic patient records, and claims submission and management. Medicaid funds already received have been approved for these purchases.



**Client Proposal (License Purchase)**

Software Applications	Client Hosted
Practice Management <i>(Scheduling, Registration, Billing)</i>	✓
Electronic Medical Records <i>(Clinical documentation, workflow, specialty content)</i>	✓
Document Management <i>(Document scanning/archiving)</i>	✓
Electronic Prescriptions <i>(Surescripts Gold Certified, Formulary, Rx History)</i>	✓
Patient Portal <i>(Registration, Appointment Requests, Rx Refills, Lab Results)</i>	✓
CureConnect EDI <i>(Eligibility, Claims, Electronic Remittance Advice)</i>	✓
Executive Management Reporting <i>(Administrative, Clinical, Financial)</i>	✓
Text-Messages <i>(Broadcast Alerts, Reminders)</i>	✓

Software License Fees	
Master License - Clinic Site Fee <i>(If applicable)</i>	TBD
Master License - Integrated Central Enterprise Fee <i>(If applicable)</i>	TBD
1st Full Time Billing Provider	\$10,000
Additional FT Billing Providers <i>(Each)</i>	\$5,000
Additional PT and Non-billing Providers <i>(Each)</i>	\$2,500

System Implementation Services	
Implementation, Database Configuration, Practice Set-up	✓
EDI Set-up & Provider Enrollment	✓
Online Training package 1 for 1st Provider <i>(20 hrs. online)</i>	✓
Online Training package 2 for each Add'l Provider <i>(10 hrs. online)</i>	✓
Online Training package 3 for each PT/Non-billing Provider <i>(5 hrs. online)</i>	✓
Data Migration, Conversion, Validation	Optional

System Implementation Services Fees <i>(Per Provider)</i>	
Master License - Clinic Site Setup <i>(If applicable)</i>	TBD
Master License - Integrated Central Enterprise Setup <i>(If applicable)</i>	TBD
1st Full Time Billing Provider	\$7,000
Additional FT Billing Providers <i>(Each)</i>	\$4,000
Additional PT and Non-billing Providers <i>(Each)</i>	\$2,500

**Terms & Conditions**

The CureMD Client Hosted Solution is an all-inclusive, fully integrated suite of CureMD application software products.

Each provider will receive a pre-packaged implementation and training program priced on a per provider basis. This is a one-time license purchase contract with an annual renewable software maintenance and support agreement payable at the start of each annual renewal period. All software licenses remain active as long as the annual support and maintenance contract remains current. In addition, each client will purchase the requisite implementation and training package priced on a per provider basis. Additional professional services (i.e. training) may be purchased at the clients discretion.

**Optional Services:** All one-time and monthly optional services will be billed separately and are not considered part of the core CureMD Client Hosted Software Solution Suite. Early termination of these services will not result in any early termination penalties.

**Note:** All monthly subscription and/or collection fees are to be paid by ACH or automatic Credit Card EFT authorization. By signing this proposal the client accepts the terms and conditions of CureMD "End User License & Services" agreement available at <http://www.curemd.com/eula.htm>



Client Proposal (Purchase)

Investment Summary

Optional Services	Quantity	Cost	Subtotals
Additional On-line Training (2-hr session)	0	\$350.00	\$0.00
Patient Demographics/Data Migration, Conversion, Validation <i>(Incl. demographics, insurances, referring providers, fee schedules, appointments)</i>	1	\$3,000.00	\$3,000.00
Discrete Reportable Transcription <i>(Per Minute Charge billed monthly)</i>	0	\$1.40	\$0.00
Patient Statements <i>(each: Printing, Enveloping, Posting billed monthly)</i>	0	\$0.75	\$0.00
Electronic Prescription of Controlled Substances <i>(1 time set up per provider)</i>	0	\$350.00	\$0.00
Electronic Fax <i>(Initial one-time setup per line)</i>	0	\$125.00	\$0.00
1.) \$45 monthly - includes 500 pages billed monthly (\$0.10/page extra)	0	\$45.00	\$0.00
2.) \$125 monthly - includes 1500 pages billed monthly (\$0.10/page extra)	0	\$125.00	\$0.00
3.) \$199 monthly - includes 3000 pages billed monthly (\$0.09/page extra)	0	\$199.00	\$0.00
4.) \$450 monthly - includes 7500 pages billed monthly (\$0.08/page extra)	0	\$450.00	\$0.00
Custom Forms Generation <i>(Bright Futures- 1-time fee)</i>	0	\$750.00	\$0.00
Hosting @ Data Center (CIT cloud)	0	\$150.00	\$0.00
CureConnect EDI Fees <i>(per provider/month billed monthly)</i>	1	\$100.00	\$100.00
Electronic Prescription of Controlled Substances <i>(monthly service per provider)</i>	0	\$25.00	\$0.00
Database Server and Setup <i>(per location-1 time fee)</i>	1	\$499.00	\$499.00

Licensing, Training & Maintenance	Quantity	Cost	Subtotals
<b>Master License (One time fees)</b>			
Clinic Site License	1	\$15,000.00	\$15,000.00
Integrated Central Enterprise <i>(If applicable)</i>	0	\$0.00	\$0.00
<b>Provider Licenses (One time fees)</b>			
Client Hosted 1st FT Providers	1	\$10,000.00	\$10,000.00
Client Hosted Additional FT Providers <i>(Each)</i>	0	\$5,000.00	\$0.00
Client Hosted PT & Non-billing Providers <i>(Each)</i>	0	\$2,500.00	\$0.00
<b>Implementation and Training Package (One time fees)</b>			
Master License - Clinic Site Setup <i>(If applicable)</i>	0	\$0.00	\$0.00
Master License - Integrated Central Enterprise Setup <i>(If applicable)</i>	0	\$0.00	\$0.00
Client Hosted 1st FT Providers <i>(Training pkg 1)</i>	1	\$7,000.00	\$7,000.00
Client Hosted Additional FT Providers <i>(Training pkg 2)</i>	0	\$4,000.00	\$0.00
Client Hosted PT & Non-billing Providers <i>(Training pkg 3)</i>	0	\$2,500.00	\$0.00
Additional On-site Training <i>(8-hr daily session plus applicable expenses)</i>	2	\$1,200.00	\$2,400.00
Annual Software Maintenance & Support <i>(20% Annual fee)</i>	1	\$5,500.00	\$5,500.00

Totals (Proposal pricing valid for 30 days)	Totals
Master License	\$15,000.00
Provider Licenses	\$10,000.00
Implementation and Training Package Fees	\$9,400.00
Annual Maintenance & Support <i>(1st year in advance...Billed annually separately)</i>	\$5,500.00
Optional Services One-time Fees	\$3,499.00

<b>Total Initial Investment</b> <i>(includes 1st year of Software Maintenance &amp; Support)</i>	<b>\$43,399.00</b>
25% deposit with contract, 25% due by July 7th, 2106; balance due @ EMR go live	
Services Monthly Fees <i>(EDI-claims submission and management, eRx Controlled Substances)</i>	\$100.00

Practice Name: Haywood County Health & Human Svcs. Telephone: 828.356.2244

Address: 157 Paragon Pkwy. Suite 300 City: Clyde State: NC Zip: 28721

Client Authorized Signature \_\_\_\_\_ CureMD Authorized Signature \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_  
*Please Sign Here* *Please Sign Here*

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
*Please Print Name & Title* *Please Print Name & Title*

Date: \_\_\_\_\_ Date: \_\_\_\_\_

CUSTOMER ORDER



ID: 744438028  
 Name: HAYWOOD COUNTY HEALTH DEPT  
 Address: 157 Paragon Pkwy Ste 700  
 Clyde, NC 28721

Branch: GREENVILLE BRANCH  
 Proposed By: Kenny Bloemer  
 Rep Phone#: (217) 540-3685  
 Rep Cell Phone#: ( ) -  
 Rep Fax#: (855) 865-5166  
 Date Proposed: 12/23/2015  
 Approx. Install Date: 12/12/2030  
 Expiration Date:

Phone: (828) 452-6701  
 Fax: (828) 452-6619

<u>Mfr</u>	<u>Mfr#</u>	<u>Description</u>	<u>Qty</u>	<u>Retail Price</u>	<u>Sell Price</u>	<u>Total</u>
EAGLESOFT FREEES		SW - ES PM MULTI-USER NO CHARGE	1	5,040.00	0.00	0.00
Note: \$5040 value. Includes Accounts, Scheduler, Money Finder, eBusiness and more. Requires 12 month support commitment. Billed monthly						
EAGLESOFT CHART		SW - Chart	1	2,000.00	2,000.00	2,000.00
EAGLESOFT ESIMG		SW- EAGLESOFT IMAGING - NO CHARGE	1	4,000.00	0.00	0.00
Note: Must purchase more than \$5k in digital with Patterson to qualify for free ES Imaging.						
EAGLESOFT IMGCONV		CONV-Image Conversion	1	1,800.00	1,800.00	1,800.00
EAGLESOFT DITRG		TRG - FREE PHONE TRAINING - 8 HOURS	1	1,080.00	0.00	0.00
Note: Up to 12 hours of phone training with a certified Patterson trainer and FREE online Training videos- \$1080 value						
EAGLESOFT TRDAY1		TRG-FIRST DAY TRAINING	1	1,200.00	1,200.00	1,200.00
EAGLESOFT TRMTW		TRG-CONSECUTIVE TRAINING MN/TUE OR WED	1	600.00	600.00	600.00
EAGLESOFT SUPESCL		SUP-ES CLINICAL SUPPORT-1 MONTH	12	164.00	82.00	984.00
Note: Requires 12 month commitment Billed monthly Effective Jan 1, 2016 support will be \$167/mo.						

Subtotal:	\$6,584.00
Freight Charges:	\$0.00
Estimated Sales Tax(7.0000%):	\$334.88
<b>Total Investment:</b>	<b>\$6,918.88</b>
Less Downpayment:	\$0.00
<b>Net Investment:</b>	<b>\$6,918.88</b>

The prices in this proposal will remain in effect until the earlier of the expiration date set forth above or a manufacturer price increase. If Customer is applying for credit with Patterson Dental Supply, Inc., a Minnesota corporation ("Patterson"), Customer's order will not be binding on Patterson, even if Patterson has signed below, until Patterson, in its sole discretion, approves Customer's credit. Any sales tax and shipping/handling charges in this order are estimates. Patterson will invoice, and Customer agrees to pay, all applicable shipping/handling charges and taxes and other governmental charges.

By signing below, Customer contracts for the products and services specified in this Order on the terms contained in the schedules identified below (the "Schedules"). Customer acknowledges receipt of a copy of this Order and the Schedules (together, "this Agreement"). Customer agrees to be bound by the terms of this Agreement, including the WARRANTY LIMITATIONS.

Schedules

- General Terms and Conditions
- Patterson Software License
- Addendum (CDT) to Software License Agreement
- HIPAA Business Associate Agreement

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the undersigned within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is FDIC, 2345 Grand Avenue, Kansas City, MO 64108.

Patterson Dental Supply, Inc.



\_\_\_\_\_  
Patterson Representative

Customer Name:  
HAYWOOD COUNTY HEALTH DEPT

[By]

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

FOR 2016 10

ACCOUNTS FOR:	ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
11 GENERAL	APPROP	ADJSTMTS	BUDGET	YTD EXPENDED	ENCUMBRANCES	BUDGET	USED
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115110 HEALTH							
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115110 512100 SALARIES & WAGES-REG	1,700,217	49,085	1,749,302	1,422,021.43	.00	327,280.57	81.3%
115110 512600 SALARIES & WAGES-TEM	3,000	125	3,125	239.95	.00	2,885.05	7.7%
115110 512700 SALARIES & WAGES-LON	35,989	1,494	37,483	24,249.83	.00	13,233.17	64.7%
115110 518100 SOCIAL SECURITY CONT	133,049	3,618	136,667	107,275.66	.00	29,391.34	78.5%
115110 518200 RETIREMENT CONTRIB	117,541	3,194	120,735	96,167.83	.00	24,567.17	79.7%
115110 518204 CO CONTRIB-401(K) SU	17,362	20,834	38,196	27,767.34	.00	10,428.66	72.7%
115110 518300 HOSPITALIZATION INS	332,963	-5,544	327,419	266,850.22	.00	60,568.78	81.5%
115110 518500 UNEMPLOYMENT COMP CO	7,809	0	7,809	.00	.00	7,809.00	.0%
115110 518600 WORKERS' COMP CONTRI	27,151	-100	27,051	27,151.00	.00	-100.00	100.4%*
115110 518900 OTHER FRINGE BENEFIT	1,339	-22	1,317	1,246.05	.00	70.95	94.6%*
115110 519300 PROF SERVICES-MEDICA	10,600	0	10,600	5,850.00	1,950.00	2,800.00	73.6%
115110 519900 PROF SERVICES-OTHER	4,214	4,960	9,174	.00	9,174.00	.00	100.0%*
115110 521100 JANITORIAL SUPPLIES	150	0	150	87.36	.00	62.64	58.2%
115110 523800 DRUGS	10,000	0	10,000	5,000.00	5,000.00	.00	100.0%*
115110 525002 FUEL/GAS/DIESEL	1,200	0	1,200	373.44	805.83	20.73	98.3%*
115110 526000 OFFICE SUPPLIES & MA	6,500	500	7,000	5,151.37	1,260.73	587.90	91.6%*
115110 526000 03BIO OFFICE SUPPLIES	621	0	621	.00	.00	621.00	.0%
115110 526900 NON-EXPENDABLE OFFIC	7,002	-1,200	5,802	1,319.41	190.72	4,291.87	26.0%
115110 526900 03BIO NON-EXPENDABLE	200	0	200	.00	.00	200.00	.0%
115110 529908 BOARD MEMBER EXPENSE	1,100	0	1,100	273.77	17.95	808.28	26.5%
115110 531100 TRAVEL	10,459	-2,000	8,459	6,224.12	.00	2,234.88	73.6%
115110 531100 03BIO TRAVEL-BIOTERRO	330	0	330	.00	.00	330.00	.0%
115110 532000 COMMUNICATIONS	18,820	-2,039	16,781	9,897.45	4,758.31	2,125.24	87.3%*
115110 532010 COMMUNIC.-EE CELL PH	1,596	-1,596	0	.00	.00	.00	.0%
115110 534100 VACCINE	93,755	-2,000	91,755	64,166.66	11,565.57	16,022.77	82.5%
115110 534200 CLINIC SUPPLIES	7,500	2,500	10,000	8,005.69	1,270.36	723.95	92.8%*
115110 534400 LABORATORY SUPPLIES	8,000	3,000	11,000	9,200.68	305.18	1,494.14	86.4%*
115110 535200 REPAIRS & MAINT-EQUI	22,600	-4,959	17,641	8,004.93	565.19	9,070.88	48.6%
115110 535200 03BIO REPAIRS & MAINT	600	0	600	.00	.00	600.00	.0%
115110 535300 REPAIRS & MAINT-VEHI	3,000	0	3,000	1,661.08	.00	1,338.92	55.4%
115110 537000 ADVERTISING	4,300	0	4,300	2,100.00	2,025.00	175.00	95.9%*
115110 539500 TRAINING-EMPLOYEE ED	5,300	0	5,300	3,092.10	.00	2,207.90	58.3%
115110 539500 03BIO TRAINING EMPLOY	100	0	100	.00	.00	100.00	.0%
115110 542000 RENTAL OF DP EQUIP	17,681	0	17,681	16,351.45	1,329.55	.00	100.0%*
115110 543200 RENT OF T/W, POSTAGE	2,000	-16	1,984	1,905.87	78.13	.00	100.0%*
115110 543900 RENT OF EQUIPMENT	8,000	-1,000	7,000	4,774.54	2,225.46	.00	100.0%*
115110 545200 VEHICLE INS	3,600	-525	3,075	3,075.00	.00	.00	100.0%*
115110 545400 PROF LIABILITY INS	3,740	82	3,822	3,820.52	.00	1.48	100.0%*
115110 549100 DUES & SUBSCRIPTIONS	8,000	1,418	9,418	9,000.87	.00	417.13	95.6%*
115110 549300 CASH OVER/(SHORT)	20	0	20	-2.40	.00	22.40	-12.0%

FOR 2016 10

ACCOUNTS FOR:	ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
11 GENERAL	APPROP	ADJSTMTS	BUDGET	YTD EXPENDED	ENCUMBRANCES	BUDGET	USED
115110 549901 MISC CHRGS-BANK CRD	1,100	0	1,100	490.82	.00	609.18	44.6%
115110 554000 C/O-MOTOR VEHICLES	0	12,100	12,100	.00	.00	12,100.00	.0%
115110 554000 03BIO C/O-MOT VEH-BIO	12,100	-12,100	0	.00	.00	.00	.0%
TOTAL HEALTH	2,650,608	69,809	2,720,417	2,142,794.04	42,521.98	535,100.98	80.3%
TOTAL GENERAL	2,650,608	69,809	2,720,417	2,142,794.04	42,521.98	535,100.98	80.3%
TOTAL EXPENSES	2,650,608	69,809	2,720,417	2,142,794.04	42,521.98	535,100.98	

FOR 2016 10

ACCOUNTS FOR:	ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
11 GENERAL	APPROP	ADJSTMTS	BUDGET	YTD EXPENDED	ENCUMBRANCES	BUDGET	USED
-----							
115113 DENTAL CLINIC							
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115113 512100 SALARIES & WAGES-REG	283,122	1,953	285,075	248,887.68	.00	36,187.32	87.3%*
115113 512200 SALARIES & WAGES-OVE	0	94	94	90.00	.00	4.00	95.7%*
115113 512600 SALARIES & WAGES-TEM	0	9,709	9,709	9,747.07	.00	-38.07	100.4%*
115113 512700 SALARIES & WAGES-LON	2,965	123	3,088	2,414.67	.00	673.33	78.2%
115113 518100 SOCIAL SECURITY CONT	21,875	908	22,783	19,221.74	.00	3,561.26	84.4%*
115113 518200 RETIREMENT CONTRIB	20,157	837	20,994	16,952.87	.00	4,041.13	80.8%
115113 518204 CO CONTRIB-401(K) SU	2,860	3,473	6,333	4,900.56	.00	1,432.44	77.4%
115113 518300 HOSPITALIZATION INS	46,200	0	46,200	35,008.43	.00	11,191.57	75.8%
115113 518500 UNEMPLOYMENT COMP CO	1,155	0	1,155	.00	.00	1,155.00	.0%
115113 518600 WORKERS' COMP CONTRI	1,457	0	1,457	1,457.00	.00	.00	100.0%*
115113 518900 OTHER FRINGE BENEFIT	209	0	209	199.25	.00	9.75	95.3%*
115113 519300 PROF SERVICES-MEDICA	41,568	-8,000	33,568	16,503.82	15,064.18	2,000.00	94.0%*
115113 519900 PROF SERVICES-OTHER	1,000	8,600	9,600	8,698.77	672.80	228.43	97.6%*
115113 521100 JANITORIAL SUPPLIES	300	0	300	69.95	.00	230.05	23.3%
115113 521300 UNIFORMS	300	0	300	146.03	.00	153.97	48.7%
115113 523900 OTHER MEDICAL SUPPLI	27,000	-1,000	26,000	21,850.82	2,155.68	1,993.50	92.3%*
115113 523900 5HHF2 OTHER MEDICAL S	0	683	683	.00	.00	683.00	.0%
115113 526000 OFFICE SUPPLIES & MA	1,500	0	1,500	1,360.70	118.18	21.12	98.6%*
115113 531100 TRAVEL	600	0	600	.00	.00	600.00	.0%
115113 532000 COMMUNICATIONS	3,000	0	3,000	1,428.18	148.18	1,423.64	52.5%
115113 535200 REPAIRS & MAINT-EQUI	3,400	400	3,800	3,654.75	66.21	79.04	97.9%*
115113 539500 TRAINING-EMPLOYEE ED	3,300	-500	2,800	386.00	.00	2,414.00	13.8%
115113 543900 RENT OF EQUIPMENT	2,500	0	2,500	573.74	1,426.26	500.00	80.0%
115113 545400 PROF LIABILITY INS	1,848	63	1,911	1,911.00	.00	.00	100.0%*
115113 549100 DUES & SUBSCRIPTIONS	1,400	437	1,837	1,364.00	.00	473.00	74.3%
115113 549901 MISC CHRGS-BANK CARD	1,100	0	1,100	1,001.71	.00	98.29	91.1%*
115113 551000 5HHF2 C/O-OFFICE FURN	0	3,990	3,990	3,924.46	.00	65.54	98.4%*
TOTAL DENTAL CLINIC	468,816	21,770	490,586	401,753.20	19,651.49	69,181.31	85.9%
TOTAL GENERAL	468,816	21,770	490,586	401,753.20	19,651.49	69,181.31	85.9%
TOTAL EXPENSES	468,816	21,770	490,586	401,753.20	19,651.49	69,181.31	



ACCOUNT		ACCOUNT NAME		ORG	BEG. BALANCE	DEBITS	CREDITS	NET CHANGE	END BALANCE	
PER	JNL	SRC	EFF DATE	REFERENCE						
-----										
11	-0000	210004-								
A/P	HEALTH-FAMILY PLANNING	110000			.00					
1	334	GEN	07/08/15	FAMILY PLANNING-MED-7/8		.00	5,167.97	-5,167.97		
1	531	GEN	07/15/15	MEDICAID PAYMENT-7/15/15		.00	3,037.29	-8,205.26		
1	763	GEN	07/01/15	REV YE AD FOR F/S ONLY		.00	51,639.66	-59,844.92		
2	507	GEN	08/19/15	FAMILY PLANNING-MED-AUG		.00	6,675.22	-66,520.14		
3	210	GEN	09/10/15	MEDICAID PAYMENT-9/10/15		.00	5,792.09	-72,312.23		
3	570	GEN	09/30/15	MEDICAID PAYMENT-9/30/15		.00	42.20	-72,354.43		
4	170	GEN	10/07/15	FAMILY PLANNING-MED-10/7		.00	8,174.84	-80,529.27		
4	421	GEN	10/21/15	FAMILY PLANNING-MED-10/21		.00	3,388.75	-83,918.02		
4	495	GEN	10/26/15	TFR OF ESCROW-JULY-SEP		20,714.77	.00	-63,203.25		
4	682	GCR	10/07/15	ST OF NC-FAMILY PLANNING		.00	54,957.00	-118,160.25		
5	175	GEN	11/12/15	FAM PLAN-MEDICAID-11/12/15		.00	4,030.17	-122,190.42		
5	461	GCR	11/19/15	ST OF NC-FAMILY PLANNING		.00	48,813.00	-171,003.42		
5	506	GEN	11/18/15	MEDICAID PAYMENT-NOVEMBER		.00	42.20	-171,045.62		
6	631	GEN	12/01/15	MEDICAID PAYMENT-12/1/15		.00	81.44	-171,127.06		
6	638	GEN	12/15/15	MEDICAID PAYMENT-12/15/15		.00	8,544.16	-179,671.22		
7	630	GEN	01/13/16	MEDICAID PAYMENT-1/13/16		.00	1,480.11	-181,151.33		
7	631	GEN	01/27/16	MEDICAID PAYMENT-1/27/16		.00	321.85	-181,473.18		
7	661	GEN	01/20/16	MEDICAID PAYMENT-1/20/16		.00	1,601.55	-183,074.73		
7	662	GEN	01/05/16	MEDICAID PAYMENT-1/5/16		.00	2,962.60	-186,037.33		
8	169	API	02/12/16	033597 184315 KINDER, VANESSA		40.60	.00	-185,996.73		
8	591	GEN	02/24/16	MEDICAID PAYMENT-2/24/16		.00	2,617.51	-188,614.24		
8	689	GEN	02/10/16	MEDICAID PAYMENT-2/10/16		.00	1,300.60	-189,914.84		
8	691	GEN	02/18/16	MEDICAID PAYMENT-2/18/16		.00	2,777.76	-192,692.60		
8	692	GEN	02/02/16	MEDICAID PAYMENT-2/2/16		.00	3,704.02	-196,396.62		
9	158	GEN	03/02/16	MEDICAID PAYMENT-3/2/16		.00	2,284.43	-198,681.05		
9	376	GEN	03/09/16	MEDICAID PAYMENT-3/9/16		.00	2,302.97	-200,984.02		
9	645	GEN	03/23/16	MEDICAID PAYMENT-3/23		.00	2,403.28	-203,387.30		
9	646	GEN	03/16/16	MEDICAID PAYMENT-3/16		.00	991.40	-204,378.70		
9	742	GEN	03/30/16	MEDICAID PAYMENT-3/30/16		.00	120.86	-204,499.56		
10	162	GEN	04/06/16	MEDICAID PAYMENT-4/6/16		.00	1,906.45	-206,406.01		
					.00	20,755.37	227,161.38	-206,406.01	-206,406.01	
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TOTALS FOR FUND 11					.00	20,755.37	227,161.38	-206,406.01	-206,406.01	
GENERAL					.00	20,755.37	227,161.38	-206,406.01	-206,406.01	
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