

# INVOICE TRANSMITTAL

<b>Accounting Unit (9 digit)</b> 100512100
<b>Account (5 digit)</b> 63100
<b>Grants &amp; Projects (If needed)</b>
<b>Activity</b>
<b>Account Category</b>

<b>Vendor # 20024</b>		
<b>Vendor Name</b> CHC		
<b>Address</b> P. O. Box 5078		
<b>City</b> Greenwood Village		
<b>State</b> CO	<b>Zip Code</b> 80111	<b>Date</b> 11/28/12

<b>Invoice #/Invoice Date/Desc</b> TX-0080P1011 mc0912
<b>Payment not allowed on PO due to overages from prior year charged to current year PO.</b>

<b>Amount</b>	55,531.97
<b>Total</b>	55,531.97

<b>County Auditor's Use Only</b>	
CC Approval Date	_____
Check Type	_____
Audited By	_____
Received	
Paid	

  
 Authorized Department Approval

<b>Treasurer's Register Stamp and Number</b>
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**\*\*INVOICE\*\***

Correctional Healthcare Companies, Inc.  
P.O. Box 5078  
Englewood, CO 80155-5078

Date	Invoice Number
7/20/2012	TX-0008MC0912

Due Date: 10/1/2012

Bill To:
Ft. Bend
County Auditor
301 Jackson
Richmond, Tx 77469

1 of 1

Description	Amount
Monthly Mental Health - September 12	\$280,164.90

**Please Remit Payment to:**

**Correctional Healthcare Companies, Inc**  
**P.O. Box 5078**  
**Englewood, CO 80155-5078**

<b>Total</b>	<b>\$280,164.90</b>
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Thank you for your business!

**Cap Year-to-Date Report Summary****Ft. Bend County Sheriff's Office, TX****As of September 30, 2012 For Contract Period From October 2011 to September 2012****CURRENT CAP SUMMARY [10/01/11 - 09/30/12]****Maximum liability cap. Summary****Claims/Invoices**

Paid Amount to Date	\$166,847.68
Maximum liability cap.	\$375,000.00
Over/(Under)	<u>(\$208,152.32)</u>

Less Previously Invoiced Amounts \$0.00

Net Due To CHC \$0.00

**Projected (For Client Planning)**

IBNR (Claims Estimate)	\$110,879.05
Accruals (Invoice Estimate)	<u>\$0.00</u>
Total Projections	\$110,879.05

Estimated Over/(Under) (\$97,273.27)

**Dialysis Summary****Claims/Invoices**

Paid Amount to Date	\$81,423.03
Dialysis	\$130,000.00
Over/(Under)	<u>(\$48,576.97)</u>

Less Previously Invoiced Amounts \$0.00

Net Due To CHC \$0.00

**Pharmaceutical cap Summary****Invoices**

Paid Amount to Date	\$83,023.66
Pharmaceutical cap	\$100,000.00
Over/(Under)	<u>(\$16,976.34)</u>

Less Previously Invoiced Amounts \$0.00

Net Due To CHC \$0.00

**Total Net Due for Current Caps**\$0.00

20024

*Line Sensitive* 11/30/11 1542  
 \*\*INVOICE\*\* CK 9657



OK to Pay

Correctional Healthcare Companies, Inc.  
 P.O. Box 5078  
 Greenwood Village, CO 80111

PO# 89130 / Rev # 170139  
 12/11/11 Jct

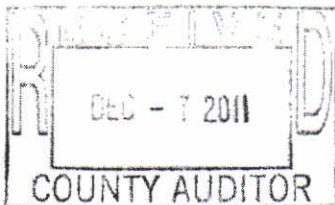
Date	Invoice Number
11/30/2011	TX-0008OP1011

Due Upon receipt

Bill To:  
 Ft. Bend  
 County Auditor  
 301 Jackson  
 Richmond, Tx 77469

1 of 1

Description	Amount
October 11 Offsite Aggregate CAP FYE 9/30/11	\$48,175.00



Please Remit Payment to:

Correctional Healthcare Companies, Inc  
 P.O. Box 5078  
 Greenwood Village, CO 80111

Total \$48,175.00

Thank you for your business!

**Cap Year-to-Date Report Summary**

**Fort Bend County Jail, TX**

**As of October 31, 2011 For Contract Period From October 2011 to September 2012**

**ADP**

Net ADP Adjustment Due To/(From) CHC	\$0.00
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**Aggregate Cap Summary**

**Claims/Invoices**

Paid Amount to Date	\$0.00
Aggregate Cap	\$375,000.00
Over/(Under)	(\$375,000.00)

Less Previously Invoiced Amounts	\$0.00
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Net Due To CHC	\$0.00
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**Projected (For Client Planning)**

IBNR (Claims Estimate)	\$47,435.57
Accruals (Invoice Estimate)	\$0.00
Total Projections	\$47,435.57

Estimated Over/(Under)	(\$327,564.43)
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**Dialysis Summary**

**Claims/Invoices**

Paid Amount to Date	\$790.53
Dialysis	\$130,000.00
Over/(Under)	(\$129,209.47)

Less Previously Invoiced Amounts	\$0.00
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Net Due To CHC	\$0.00
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**Projected (For Client Planning)**

IBNR (Claims Estimate)	\$47,435.57
Accruals (Invoice Estimate)	\$0.00
Total Projections	\$47,435.57

Estimated Over/(Under)	(\$81,773.90)
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**Pharmaceutical Cap Summary**

**Invoices**

Paid Amount to Date	\$9,015.33
Pharmaceutical Cap	\$100,000.00
Over/(Under)	(\$90,984.67)

Less Previously Invoiced Amounts	\$0.00
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Net Due To CHC	\$0.00
<b>Projected (For Client Planning)</b>	
Accruals (Invoice Estimate)	\$0.00
Total Projections	<u>\$0.00</u>
Estimated Over/(Under)	(\$90,984.67)
<b>Total Net Due for Caps</b>	<u><u>\$0.00</u></u>
<b>Prior Year Cap</b>	
<b>Aggregate Summary</b>	
<b>Claims/Invoices</b>	
Paid Amount to Date	\$273,809.91
Aggregate	<u>\$214,583.33</u>
Over/(Under)	\$59,226.58
Less Previously Invoiced Amounts	\$11,051.55
Net Due To CHC	\$48,175.03
<b>Projected (For Client Planning)</b>	
IBNR (Claims Estimate)	\$53,749.72
Accruals (Invoice Estimate)	<u>\$0.00</u>
Total Projections	<u>\$53,749.72</u>
Estimated Over/(Under)	\$112,976.30
<b>Total Net Due for Caps</b>	<u><u>\$10,964.91</u></u>

20024

1/10/12 / 086892  
CK 457305  
\*\*INVOICE\*\*

Date	Invoice Number
12/27/2011	TX-0008OP1111

Due Upon receipt

Correctional Healthcare Companies, Inc.  
P.O. Box 5078  
Greenwood Village, CO 80111

PO# 82430

REC# 173607

## Bill To:

Ft. Bend  
County Auditor  
301 Jackson  
Richmond, Tx 77469

1 of 1

Description	Amount
November 11 Offsite Aggregate CAP FYE 9/30/11	\$5,549.29

COUNTY TREASURER  
FORT BEND COUNTY  
REGISTERED

JAN 10 2012

A handwritten signature in cursive script, appearing to read 'Jeff Council'.

Please Remit Payment to:

Correctional Healthcare Companies, Inc  
P.O. Box 5078  
Greenwood Village, CO 80111

Total \$5,549.29

Thank you for your business!



Cap Year-to-Date Report Summary

Ft Bend County Sheriff's Office, TX

As of November 30, 2011 For Contract Period From October 2011 to September 2012

ADP

Net ADP Adjustment Due To/(From) CHC \$0.00

CURRENT CAP SUMMARY

Maximum liability cap. Summary

Claims/Invoices

Paid Amount to Date	\$36,685.97
Maximum liability cap.	<u>\$375,000.00</u>
Over/(Under)	(\$338,314.03)

Less Previously Invoiced Amounts \$0.00

Net Due To CHC \$0.00

Projected (For Client Planning)

IBNR (Claims Estimate)	\$38,599.31
Accruals (Invoice Estimate)	<u>\$0.00</u>
Total Projections	\$38,599.31

Estimated Over/(Under) (\$299,714.72)

Dialysis Summary

Claims/Invoices

Paid Amount to Date	\$790.53
Dialysis	<u>\$130,000.00</u>
Over/(Under)	(\$129,209.47)

Less Previously Invoiced Amounts \$0.00

Net Due To CHC \$0.00

Estimated Over/(Under) (\$129,209.47)

Pharmaceutical cap Summary

Invoices

Paid Amount to Date	\$11,396.92
Pharmaceutical cap	<u>\$100,000.00</u>
Over/(Under)	(\$88,603.08)

Less Previously Invoiced Amounts \$0.00

Net Due To CHC \$0.00

Estimated Over/(Under) (\$88,603.08)

Total Net Due for Current Caps

\$0.00



**PRIOR CAP SUMMARY****Maximum liability cap. Summary****Claims/Invoices**

Paid Amount to Date	\$279,359.20
Maximum liability cap.	\$214,583.33
Over/(Under)	<u>\$64,775.87</u>

Less Previously Invoiced Amounts	\$59,226.58
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Net Due To CHC	\$5,549.29
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**Projected (For Client Planning)**

IBNR (Claims Estimate)	\$49,840.46
Accruals (Invoice Estimate)	\$0.00
Total Projections	<u>\$49,840.46</u>

Estimated Over/(Under)	\$114,616.33
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**Dialysis Summary (effective 9/1/11)****Claims/Invoices**

Paid Amount to Date	\$0.00
Dialysis	\$10,833.33
Over/(Under)	<u>(\$10,833.33)</u>

Less Previously Credited Amounts	(\$10,833.33)
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Net Due To County	\$0.00
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**Pharmaceutical cap Summary****Invoices**

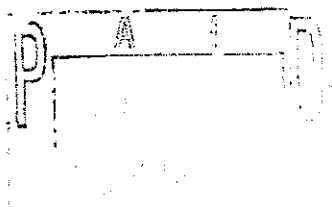
Paid Amount to Date	\$148,277.33
Pharmaceutical cap	\$31,250.00
Over/(Under)	<u>\$117,027.33</u>

Less Previously Invoiced Amounts	\$117,027.33
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Net Due To CHC	\$0.00
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**Total Net Due for Current Caps**

<u>\$5,549.29</u>
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20024

2/14/12 / 689089  
CK 468262  
\*\*INVOICE\*\*

Date	Invoice Number
1/20/2012	TX-0008OP1211

Due Upon receipt

Correctional Healthcare Companies, Inc.  
P.O. Box 5078  
Greenwood Village, CO 80111

OK to Pay

PO# 82430 / Rev# 176791  
2/1/12 Act

1 of 1

Bill To:	
Ft. Bend County Auditor 301 Jackson Richmond, Tx 77469	

Description	Amount
December 11 Offsite Aggregate CAP FYE 9/30/11	\$1,807.65

COUNTY TREASURER  
FORT BEND COUNTY  
REGISTERED

FEB 14 2012



Please Remit Payment to:

Correctional Healthcare Companies, Inc  
P.O. Box 5078  
Greenwood Village, CO 80111

Total	\$1,807.65
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Thank you for your business!



Cap Year-to-Date Report Summary

Ft Bend County Sheriff's Office, TX

As of December 31, 2011 For Contract Period From October 2011 to September 2012

ADP

Net ADP Adjustment Due To/(From) CHC \$0.00

CURRENT CAP SUMMARY

Maximum liability cap. Summary

Claims/Invoices

Paid Amount to Date \$65,994.40  
Maximum liability cap. \$375,000.00  
Over/(Under) (\$309,005.60)

Less Previously Invoiced Amounts \$0.00

Net Due To CHC \$0.00

Projected (For Client Planning)

IBNR (Claims Estimate) \$79,951.79  
Accruals (Invoice Estimate) \$0.00  
Total Projections \$79,951.79

Estimated Over/(Under) (\$229,053.81)

Dialysis Summary

Claims/Invoices

Paid Amount to Date \$8,083.01  
Dialysis \$130,000.00  
Over/(Under) (\$121,916.99)

Less Previously Invoiced Amounts \$0.00

Net Due To CHC \$0.00

Projected (For Client Planning)

IBNR (Claims Estimate) \$0.00  
Accruals (Invoice Estimate) \$0.00  
Total Projections \$0.00

Estimated Over/(Under) (\$121,916.99)

Pharmaceutical cap Summary

Invoices

Paid Amount to Date \$18,394.71  
Pharmaceutical cap \$100,000.00  
Over/(Under) (\$81,605.29)

Less Previously Invoiced Amounts \$0.00

Net Due To CHC \$0.00

<b>Projected (For Client Planning)</b>	
Accruals (Invoice Estimate)	\$0.00
Total Projections	<u>\$0.00</u>
Estimated Over/(Under)	(\$81,605.29)
<b>Total Net Due for Current Caps</b>	<b><u>\$0.00</u></b>
<b>PRIOR CAP SUMMARY</b>	
<b>Maximum liability cap. Summary</b>	
<b>Claims/Invoices</b>	
Paid Amount to Date	\$281,166.85
Maximum liability cap.	<u>\$214,583.33</u>
Over/(Under)	\$66,583.52
Less Previously Invoiced Amounts	\$64,775.87
Net Due To CHC	\$1,807.65
<b>Dialysis Summary (effective 9/1/11)</b>	
<b>Claims/Invoices</b>	
Paid Amount to Date	\$0.00
Dialysis	<u>\$10,833.33</u>
Over/(Under)	(\$10,833.33)
Less Previously Credited Amounts	(\$10,833.33)
Net Due To CHC	\$0.00
<b>Pharmaceutical cap Summary</b>	
<b>Invoices</b>	
Paid Amount to Date	\$148,277.33
Pharmaceutical cap	<u>\$31,250.00</u>
Over/(Under)	\$117,027.33
Less Previously Invoiced Amounts	\$117,027.33
Net Due To CHC	\$0.00
<b>Total Net Due for Current Caps</b>	<b><u>\$1,807.65</u></b>