CCMH FOUNDATION

Clay County Memorial Hospital 310 West South Street

Invoice # 06172017

Henrietta, Tx 76365

Invoice date: 6/20/2017

Check Date: 6/22/2017

Pay Period 06/04/2017 thru 06/17/2017

Back Pay Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution	25,377.49 127,602.69 2,000.00 11,301.49 - 1,361.54 24,743.54 2,308.61
Administration Fee	3,828.08
Sub-Total	173,145.95
Mileage	838.50
Reimbursements	165.00
Credit-Patient Account	(307.50)
Credit-Dietary	(375.00)
Credit-Scrubs	(595.95)
Amerisource Bergen	338.12

Total Invoice:

173,209.12

Gina Blevins

From:

Debra Haehn <dhaehn@ccmhospital.com>

Sent:

Wednesday, June 21, 2017 9:17 AM

To:

Gina Blevins

Subject:

detail

The Department of Labor inspected our payroll records and interviewed 90% of our employees. They determined that we underpaid nursing staff and EMT's on their call pay and also lunch breaks.

I will bring you the documentation but it does have employee names on it.

Mileage is for the Home Health staff and lab runs on the weekend to Wichita Falls.

Debra

Invoice Number: 920881042 P.O. Number: PDM0167617 INVOICE Order Date: 05/31/2017 Ship Date: 06/01/2017 AmerisourceBergen Invoice Date: 06/01/2017 BUYER SELLER HENRIETTA PHCY INC 340B 018 AMERISOURCEBERGEN DRUG CORP **501 PATRIOT PARKWAY** Ship To 124 NORTH BRIDGE ROANOKE ΤX 76262-6336 76365-2804 HENRIETTA ΤX State License DEA: Telephone Acct: 100128616 / 018020965 State Lic: 14809 DEA: BH3121960 844-222-2273 0077623 RA0316958 CLAY COUNTY MEMORIAL HOSPITAL **AMERISOURCEBERGEN** 310 WEST SOUTH STREET PO Box 905223 76365 ΤX **HENRIETTA** 28290-5223 NC CHARLOTTE List NDC/UPC VND CL CD Item UOM Description Amount 00018877010320909302 Carton Number: 0.11 322 82 0.11 0 0169-3687-12 NNP RX 0 10029449 1 EA LEVEMIR 100U ML VL 10 ML 443832 168.85 337.70 897.17 NNP RX Q 10000356 0 0169-4060-13 2 EA VICTOZA PEN 18MG/3ML INJ 3 003939 00018877010320909319 Carton Number : 455.07 0.31 0.31 0 0006-0277-31 MSD RX Q 10051500 1 EA JANUVIA 100 MG TAB 30 798160 Total Number of Pieces for this Invoice Product Summary OTC Cost Retail G/P % RX Cost Supplies 0.00 338.12 0.00 0.00 Price Change (Within Past 30 days)
Contract
Program Price
Supernet Price
T Taxable Item RX Pharmaceuticals GM General Merchandise OT Over the Counter MS Medical Supplies HB Heakh & Beauty LC Listed Chemicals CD - Legend Class 2, 2N, 3, 3N, 4, 5 Codes Terms: Semi-Monthly due in 10 days

Payment Due: 06/25/2017

This wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer or repackager that purchased the product directly from the manufacturer, exclusive distributor of the manufacturer or repackager that purchased the product directly from the manufacturer, exclusive distributor or repackager that purchased the product directly from the manufacturer or repackager that purchased the product directly from the manufacturer or repackager than the product directly from the manufacturer or repackager than the product directly from the manufacturer or repackager than the product directly from the manufacturer or repackager than the product directly from th

IDOC: 0000001872263376 InvolceType: ZF8 OrderType: ZSOR

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338.12

Total Amount:

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