

State of New Mexico

Shelly Trujillo  
County Clerk  
575-894-2840

Candace Chavez  
County Treasurer  
575-894-3524

Michael Huston  
County Assessor  
575-894-2589

Tom Pestak  
Probate Judge  
575-894-2840



County of Sierra

Travis Day  
Chairman  
575-894-6215

William Hopkins  
Commissioner  
575-894-6215

James Paxon  
Vice-Chairman  
575-894-6215

Josh Baker  
County Sheriff  
575-894-9150

1712 Date

Truth or Consequences, New Mexico 87901

Amber Vaughn County Manager  
575-894-6215 voice 575-894-9548 fax

## BOARD OF COUNTY COMMISSIONERS SIERRA COUNTY, NEW MEXICO

Resolution No. 110-230

### Indigent Claims

**WHEREAS**, the Board of Sierra County Commissioners has received Indigent Hospital and Medical Claim request for those persons unable to make proper restitution for Medical Services in the amount of 2683.75

**WHEREAS**, the Sierra County Board of Commissioners desire to provide for the equitable and reasonable payment of claims, and;


**THEREFORE BE IT RESOLVED**, that the Sierra County Board of Commissioners hereby approve payment to those Indigent Hospital Claims in the amount of:

Sole community Providers in the amount of \$ 2683.75

to be deducted from the proper funds appropriated in the 2023-2024PY Budget. March 19, 2024

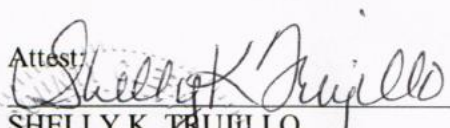
Board of County Commissioners  
Sierra County, NM

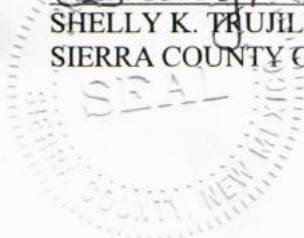
  
\_\_\_\_\_  
TRAVIS DAY, CHAIRMAN

  
\_\_\_\_\_  
JAMES PAXON, VICE-CHAIRMAN

  
\_\_\_\_\_  
WILLIAM HOPKINS, COMMISSIONER

Attest:

  
\_\_\_\_\_  
SHELLY K. TRUJILLO  
SIERRA COUNTY CLERK





SIERRA COUNTY INDIGENT HEALTH CARE  
RESOLUTION NO. 110-230

CLAIMS APPROVED FOR \$ 2683.75

VENDOR# 12775 LUNA COUNTY DETENTION	1	\$ 2037.69
VENDOR# 5616 CHETAH SHIVARAM DDS	2	\$ 226.06
VENDOR# 5184 FILLMORE EYE	1	\$ 95.00
VENDOR# 3281 SIERRA VISTA HOSPITAL	1	\$ 325.00

Total

2683.75

**Source Totals Report**  
 County Of Sierra  
 Batch Dates 03/19/2024 through 03/19/2024  
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Jail - Physician Services	95.00	95.00
02	Jail - In House Inmate Service	2,037.69	2,037.69
04	Jail - Hospital Out-Patient	325.00	325.00
07	Jail - Dental	226.06	226.06
<b>Expenditures</b>		<b>2,683.75</b>	<b>2,683.75</b>
<b>Reimb/Adjustments</b>			
<b>Grand Total</b>		<b>2,683.75</b>	<b>2,683.75</b>

**Source Totals Report Detail**  
 Invoice #

Invoice #	Source	DOS	Amount Billed	Amount Paid
13418*5184*1	01	01/31/2024	35.00	35.00
13418*5184*1	01	01/31/2024	30.00	30.00
13418*5184*1	01	01/31/2024	30.00	30.00
<b>1 invoices, 3 line items</b>			<b>95.00</b>	<b>95.00</b>
INMATE*2775*33	02	02/15/2024	2,037.69	2,037.69
<b>1 invoices, 1 line items</b>			<b>2,037.69</b>	<b>2,037.69</b>
13679*3281*1	04	12/21/2023	325.00	325.00
<b>1 invoices, 1 line items</b>			<b>325.00</b>	<b>325.00</b>
14790*5616*1	07	01/27/2024	28.94	28.94
14790*5616*1	07	01/27/2024	11.14	11.14
14790*5616*1	07	01/27/2024	11.14	11.14
13688*5616*2	07	01/27/2024	28.94	28.94
13688*5616*2	07	01/27/2024	11.14	11.14
13688*5616*2	07	01/27/2024	11.14	11.14
13688*5616*2	07	01/27/2024	123.62	123.62
<b>2 invoices, 7 line items</b>			<b>226.06</b>	<b>226.06</b>
<b>Grand Totals</b>			<b>2,683.75</b>	<b>2,683.75</b>

5 invoices listed.  
 12 line items listed.