

**State of New Mexico**

Amy Whitehead  
County Clerk  
575-894-2840

Candace Chavez  
County Treasurer  
575-894-3524

Michael Huston  
County Assessor  
575-894-2589

Tom Pestak  
Probate Judge  
575-740-4900



**County of Sierra**

James Paxon  
Commissioner  
575-894-6215

Hank Hopkins  
Commissioner  
575-894-6215

Travis Day  
Commissioner  
575-894-6215

Joshua Baker  
County Sheriff  
575-894-9150

1712 N. Date, Suite D  
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. 2025-80**

**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 \$1,977.82

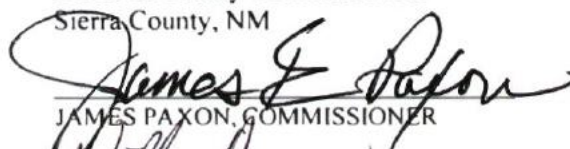
**WHEREAS**, the Sierra County Board of Commissioners desire to provide for the equitable and reasonable payment of claims, and;

**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 \$1,977.82

To be deducted from the proper funds appropriated in the 2025-2026 FY Budget. November 21st, 2025

Board of County Commissioners  
Sierra County, NM

  
JAMES PAXON, COMMISSIONER

  
WILLIAM HOPKINS, COMMISSIONER

  
SANDY R JONES, COMMISSIONER

Attest:

  
AMY WHITEHEAD  
SIERRA COUNTY CLERK

SIERRA COUNTY INDIGENT HEALTH CARE

RESOLUTION NO. 2025-80

CLAIMS APPROVED FOR \$1,977.82

VENDOR#	NAME	TOTAL CLAIMS	AMOUNT
1200	COUNTY OF SOCORRO	1	\$42.00
5147	DEMING CLINIC CORP	2	\$423.10
853	GILA REGIONAL MEDICAL CENTER	1	\$137.61
2853	MIMBRES MEMORIAL HOSPITAL	1	\$66.50
3281	SIERRA VISTA HOSPITAL	5	

Issued 11/14/25

**Source Totals Report**

County Of Sierra

Batch Dates 11/21/2025 through 11/21/2025

For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Jail - Physician Services	1,400.00	137.61
02	Jail - In House Inmate Service	42.00	42.00
04	Jail - Hospital Out-Patient	1,394.00	905.62
05	Jail - Lab/X-Ray	5,386.05	892.59
<b>Expenditures</b>		8,222.05	1,977.82
<b>Reimb/Adjustments</b>			
<b>Grand Total</b>		<b>8,222.05</b>	<b>1,977.82</b>

**Source Totals Report Detail**

Invoice #	Source	DOS	Amount Billed	Amount Paid
8398*853*3	01	10/22/2024	1,400.00	137.61
<b>1 invoices, 1 line items</b>			<b>1,400.00</b>	<b>137.61</b>
INMATE*1200*23	02	09/25/2025	42.00	42.00
<b>1 invoices, 1 line items</b>			<b>42.00</b>	<b>42.00</b>
19329*3281*1	04	09/16/2025	697.00	452.81
19657*3281*1	04	09/17/2025	697.00	452.81
<b>2 invoices, 2 line items</b>			<b>1,394.00</b>	<b>905.62</b>
15989*3281*3	05	09/16/2025	697.00	103.54
24901*2853*1	05	10/09/2025	1,508.51	66.50
33107*3281*1	05	09/14/2025	85.00	10.36
18360*5147*1	05	10/03/2025	426.00	238.74
18360*5147*1	05	10/03/2025	295.00	180.18
81401*5147*1	05	08/21/2025	0.00	0.00
81401*5147*1	05	08/21/2025	10.00	4.18
81401*5147*1	05	08/21/2025	0.01	0.00
81401*5147*1	05	08/21/2025	0.01	0.00
81401*5147*1	05	08/21/2025	0.01	0.00
81401*5147*1	05	08/21/2025	0.01	0.00
33107*3281*2	05	09/14/2025	9.50	8.11
33107*3281*2	05	09/14/2025	5.00	0.00
33107*3281*2	05	09/14/2025	324.50	53.10
33107*3281*2	05	09/14/2025	184.50	21.10
33107*3281*2	05	09/14/2025	295.00	0.00
33107*3281*2	05	09/14/2025	253.00	12.67
33107*3281*2	05	09/14/2025	236.50	47.11
33107*3281*2	05	09/14/2025	174.00	14.96
33107*3281*2	05	09/14/2025	92.50	9.32
33107*3281*2	05	09/14/2025	93.00	19.18
33107*3281*2	05	09/14/2025	697.00	103.54
<b>6 invoices, 22 line items</b>			<b>5,386.05</b>	<b>892.59</b>

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Grand Totals	8,222.05	1,977.82
10 invoices listed.		
26 line items listed.		