

**CHAVES COUNTY INDIGENT HOSPITAL
HEALTH CARE BOARD MEETING
NOVEMBER 20, 2014 8:30 A.M.**

Call to Order

Determination of Quorum

I. **Approval of September 18, 2014 Minutes**

II. **Presentation of Claims**

A. NON-SOLE PROVIDERS (APPROVAL FOR PAYMENT)

Frontier Medical Home Care	Exhibit "A"	\$ 330.00	1 Claims
La Casa De Buena Salud	Exhibit "B"	\$ 21,291.71	99 Claims
	TOTAL	\$ 21,621.71	100 Claims

III. **Review of Claims Aging Monthly Report**

	Amount	Liability		
0-30 Days	0.00	0.00		
31-60 Days	264.00	198.00	1 CLAIM	LA CASA
61-90 Days	107.00	80.25	1 CLAIM	LA CASA
Over 90 Days	0.00	0.00		

IV. **Financial Reports**