

SPONSOR: Stewart/Reed

RESOLUTION NO. 25-07

A RESOLUTION AUTHORIZING A THEN AND NOW CERTIFICATE, AND DECLARING AN EMERGENCY.

WHEREAS, pursuant to Ohio Revised Code Section 5705.41(D), the issuance of a then and now certificate is permitted; and

WHEREAS, the Jackson City Council now desires to approve the then and now certificate.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF JACKSON, STATE OF OHIO, as follows:

Section 1. The Jackson City Council hereby authorizes and approves the Then and Now Certificate, in accordance with the material attached hereto as Exhibit "A", and made a part hereof.

Section 2. This Resolution is hereby is hereby declared to be an emergency Resolution necessary for the immediate preservation of the public peace, health, or safety of the City of Jackson, and for the further reason that the Jackson City Council must act promptly in approving the Then and Now Certificate. Therefore, this Resolution shall go into effect upon passage and approval by the Mayor, as provided in Ohio Revised Code Section 731.30.

Section 3. In the event this Resolution receives a majority vote for passage but fails to receive the required number of votes to pass as an emergency, then this Resolution shall be deemed to have passed but with no emergency clause, and shall take effect at the earliest time permitted by law.

Section 4. This Council finds and determines that all formal actions of this Council concerning and relating to the passage of this resolution were taken in an open meeting of this Council and that all deliberations of this Council that resulted in those formal actions were in meetings open to the public, all in compliance with the law.

Date: 7-9-07

Renee B. Spearman
PRESIDENT OF COUNCIL

Tina Brown
CLERK OF COUNCIL

Approved:

Date: 7-12-07

[Signature]
MAYOR

MEMO

Date: 5/3/2007

To: Jack Detty, Law Director

From: Wendy Sexton, Deputy Auditor

RE: Resolution Approving a Then and Now Certificate

Please prepare a Resolution for the next City Council meeting that approves a Then and Now Certificate for the payment of prisoner medical services to Southern Ohio Medical Center.

This should be passed as an emergency if you determine that it falls within the guidelines as being an emergency so that the invoice can be paid.

THEN AND NOW CERTIFICATE.

It is hereby certified that, pursuant to Ohio Revised Code Section 5705.41(D), that at the time of the making of such contract or order and at the time of the execution of this certificate, a sufficient sum was appropriated for the purpose of such contract and in the Treasury or in the process of collection to the credit of an appropriate fund free from any previous encumbrance.

The taxing authority has 30 days from the receipt of this certificate to approve payment by resolution; otherwise this certificate becomes null and void and there is no legal liability on the part of the City or the taxing authority.

Date of Certificate: May 23 2007

Warrant # _____

Line Item # 110-7110-53043

PO # 71514 / 71603

Invoice # 4219751

Invoice Date ~~4-28-07~~ 5-7-07

Amount \$ 4089.70 / 558.91

Vendor Name Southern OH Medical Center

Resolution # _____

Date & Page In City Council Minutes _____

City Auditor

Date Certified

DISTRIBUTION	
PT. 1-WHITE - VENDOR	PT. 3-PINK - AUDITOR
PT. 2-YELLOW - FILE	

Invoice To
CITY OF JACKSON

PURCHASE ORDER
 NO. 0000071514
 (APPENDIX 8.6)

145 BROADWAY STREET
 JACKSON, OHIO 45640-1656

DELIVER AND
 SHIP TO
 THIS DEPT.
 AND DIVISION

POLICE STATION
 CITY OF JACKSON
 199 PORTSMOUTH ST
 JACKSON, OHIO 45640

NAME
 AND ADDRESS
 OF VENDOR

SOUTHERN OHIO MEDICAL CENTER (500799)
 1248 KINNEYS LANE
 PORTSMOUTH OH 45662

PURCHASE ORDER DATE 05/10/2007	CONTRACT NO.
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GUARANTEED DELIVERY DATE

EXCISE OR SALES TAX DO NOT APPLY TO CITY

TERMS:
 CASH DISCOUNTS WILL BE FIGURED FROM DATE
 ACCOUNTING OFFICE RECEIVES VENDOR'S INVOICE

By shipping the goods below or by acknowledging receipt of this order or by performing the work below you agree to the terms and conditions of sale which appear on the face. Any different or additional terms in your acceptance of this offer are hereby objected to.

LINE NO.	DESCRIPTION	ACCOUNT CODE	QUANTITY	UNIT PRICE	AMOUNT
001	INV FOR MELISSA WEBB ACCT #4219751	110-7110-53043	0.00	.00	4089.70

TOTAL AMOUNT NOT TO EXCEED	4089.70
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INSTRUCTIONS TO VENDORS

1. THIS ORDER IS NOT VALID UNLESS SIGNED BY THE CITY AUDITOR FOR AVAILABILITY OF FUNDS.
2. MAIL INVOICES IN DUPLICATE TO THE ACCOUNTS PAYABLE OFFICE.
3. DELIVERY MUST BE PREPAID TO DESTINATION SHOWN ABOVE. THE CITY WILL NOT PAY FREIGHT OR EXPRESS FEES.
4. NO CHANGE MAY BE MADE IN THIS ORDER WITHOUT WRITTEN CONSENT OF THE FINANCE DIRECTOR.

AUDITOR'S CERTIFICATE

It is hereby certified that the amount of \$ _____ required to meet the contract, agreement, obligation, payment of expenditure for the above, has been lawfully appropriated or authorized or directed for such purpose and is in the City Treasury or in process of collection to the credit of the _____ fund free from any obligation or certification now outstanding.

IMPORTANT
PLEASE
NOTE

▶ THE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND ON ALL CORRESPONDENCE

DATED May 11, 2007

James D. Hunsberger AUDITOR
 This order not valid unless City Auditor's Certificate is signed.

CITY OF JACKSON
Memorial Building
JACKSON, OHIO 45640
286-2201

**RECEIVING
FORM**

64875

DATE		PURCHASE ORDER NO. OR RETURNED GOODS	
5-9-07			
RECEIVED FROM	Southern Ohio Medical Center		PREPAID
ADDRESS			COLLECT
VIA	FREIGHT BILL NO.		
QUANTITY	ITEM NUMBER	DESCRIPTION	
1		Invoice for Medicare Webb	
2		Acct # 429751	
3			
4		\$4089. ¹⁰ / ₁₀₀	
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
REMARKS: CONDITIONS, ETC.			
NO. PACKAGES	WEIGHT	RECEIVED BY	CHECKED BY
		BC	
DELIVERED BY			

BE SURE TO
MAKE THIS RECORD
ACCURATE AND COMPLETE

Southern Ohio Medical Center

Very Good things are happening here

1248 Kinneys Lane
Portsmouth, Ohio 45662

1 15 8

MELISSA WEBB
199 PORTSMOUTH ST
JACKSON OH 45640-1665



Check One:

Acct. No:

Exp. Date: Signature:

STATEMENT DATE 05/07/2007	DISCOUNT AMOUNT \$ 4,098.70	AMOUNT DUE \$4657.61
DUE DATE 05/28/2007	ACCOUNT # 4219751	SHOW AMOUNT PAID HERE \$

To make payment by mail please send payment to:
SOUTHERN OHIO MEDICAL CENTER
ATTN: POSTING DEPARTMENT
1248 KINNEYS LANE
PORTSMOUTH, OH 45662-2927



STATEMENT

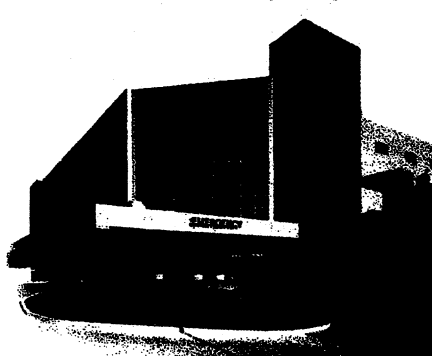
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

PATIENT NAME	
MELISSA WEBB	
ACCOUNT NO.	DISCHARGE DATE
4219751	12/16/2006
SERVICE TYPE	
EMERGENCY ROOM	

DESCRIPTION OF SERVICE	TOTAL CHARGE
CENTRAL STERILE SUPPLIES	5.11
EMERGENCY ROOM	1253.00
LABORATORY	368.72
LABORATORY - MICROBIOLOGY	69.01
PATIENT ROOM & BOARD	0.00
PHARMACY - UNIT DOSE	371.27
RADIOLOGY	2590.50
TOTAL INSURANCE PAYMENTS	0.00
TOTAL MEDICARE PAYMENTS	0.00
TOTAL PATIENT PAYMENTS	0.00

Southern Ohio Medical Center

Very Good things are happening here



IMPORTANT MESSAGE

Thank you for choosing Southern Ohio Medical Center for your health care needs. We take pride in giving our patient the best health care possible.

If you have insurance but did not provide the information at the time of service, please contact our office immediately. Otherwise, the balance is due in 30 days. Please make payment in full immediately or, if you are unable to pay the total bill within 30 days, please contact our office to make payment arrangements. We may be reached by calling 740-356-7635.

TOTAL AMOUNT DUE
\$ 4657.61

Southern Ohio Medical Center is offering a twelve percent discount to all un-insured patients. Your amount due after the 12% discount is:

\$ 4,098.70

Phone Numbers:
(740) 356-7635, (740) 356-7637, (740) 356-7638.

Business Office Hours (Walk-Ins):
Monday through Friday 8:00 AM-4:00 PM

For Phone Inquiry:
Monday through Friday 8:30 AM-8:00 PM

You may qualify for financial assistance if your income is within the Federal Poverty guidelines.

To make a payment in person go to the business office located on the 2nd floor of the DCI building at the corner of 17th and Waller Streets.

DISTRIBUTION	
PT. 1-WHITE - VENDOR	PT. 3-PINK - AUDITOR
PT. 2-YELLOW - FILE	

Invoice To
CITY OF JACKSON

PURCHASE ORDER
 NO: 000071603
 (APPENDIX 8.6)

145 BROADWAY STREET
 JACKSON, OHIO 45640-1656

DELIVER AND
 SHIP TO
 THIS DEPT.
 AND DIVISION

POLICE STATION
 CITY OF JACKSON
 199 PORTSMOUTH ST
 JACKSON, OHIO 45640

NAME
 AND ADDRESS
 OF VENDOR

SOUTHERN OHIO MEDICAL CENTER (S00799)
 1248 KINNEYS LANE
 PORTSMOUTH OH 45662

PURCHASE ORDER DATE 05/21/2007	CONTRACT NO.
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GUARANTEED DELIVERY DATE

EXCISE OR SALES TAX DO NOT APPLY TO CITY

TERMS:
 CASH DISCOUNTS WILL BE FIGURED FROM DATE
 ACCOUNTING OFFICE RECEIVES VENDOR'S INVOICE

By shipping the goods below or by acknowledging receipt of this order or by performing the work below you agree to the terms and conditions of sale which appear on the face. Any different or additional terms in your acceptance of this offer are hereby objected to.

LINE NO.	DESCRIPTION	ACCOUNT CODE	QUANTITY	UNIT PRICE	AMOUNT
001	BAL. DUE ON MELISSA WEBB	110-7110-53043	0.00	.00	558.91

TOTAL AMOUNT NOT TO EXCEED	558.91
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- INSTRUCTIONS TO VENDORS**
1. THIS ORDER IS NOT VALID UNLESS SIGNED BY THE CITY AUDITOR FOR AVAILABILITY OF FUNDS.
 2. MAIL INVOICES IN DUPLICATE TO THE ACCOUNTS PAYABLE OFFICE.
 3. DELIVERY MUST BE PREPAID TO DESTINATION SHOWN ABOVE. THE CITY WILL NOT PAY FREIGHT OR EXPRESS FEES.
 4. NO CHANGE MAY BE MADE IN THIS ORDER WITHOUT WRITTEN CONSENT OF THE FINANCE DIRECTOR.

AUDITOR'S CERTIFICATE

It is hereby certified that the amount of \$ _____ required to meet the contract, agreement, obligation, payment of expenditure for the above, has been lawfully appropriated or authorized or directed for such purpose and is in the City Treasury or in process of collection to the credit of the _____ fund free from any obligation or certification now outstanding.

MAY 21 2007
 DATED _____ James L. Hoadley AUDITOR
 This order not valid unless City Auditor's Certificate is signed.

IMPORTANT PLEASE NOTE THE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND ON ALL CORRESPONDENCE

CITY OF JACKSON
 Memorial Building
 JACKSON, OHIO 45640
 286-2201

RECEIVING
 FORM
 65258

		DATE 5-17-07	PURCHASE ORDER NO. OR RETURNED GOODS	
RECEIVED FROM SOMC		PREPAID		
ADDRESS		COLLECT		
VIA		FREIGHT BILL NO.		
QUANTITY	ITEM NUMBER	DESCRIPTION		
1		Balance due for		
2		Melissa Webb		
3				
4		#55891		
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
REMARKS: CONDITIONS, ETC.				
NO. PACKAGES	WEIGHT	RECEIVED BY BB	CHECKED BY	DELIVERED BY

BE SURE TO
 MAKE THIS RECORD
 ACCURATE AND COMPLETE

