MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- April 11, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	477,256.99
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	386,862.39
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED April 11, 2018	**$**	**864,119.38**

APPROVED

APR 11 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- April 11, 2018

PAYABLES AND PAYROLL			
4/5/2018	Weekly Payables	383,279.48	
4/6/2018	Transfer to Ashford Gardens-deposit error of QIPP Comp 1 for FEB 2018	35,776.16	
4/6/2018	Transfer to Fortbend Healthcare-deposit error of QIPP Comp 1 for FEB 2018	10,296.92	
4/6/2018	Transfer to The Crecsent-deposit error of QIPP Comp 1 for FEB 2018	2,555.44	
4/6/2018	Transfer to Solera West Houston-deposit error of QIPP Comp 1 for FEB 2018	9,545.32	
4/6/2018	Transfer to Goldencreek Healthcare-deposit error of QIPP Comp 1 for FEB 2018	24,311.03	
4/6/2018	Credit Card-see attached	6,741.12	
4/9/2018	McKesson-340B Prescription Expense	2,056.54	
4/9/2018	Payroll Liabilities (Payroll Taxes)	290.96	
4/9/2018	Payroll	1,249.01	
	Electronic Bank Payments		
4/4/2018	IBC Electronic Payments (Credit Card & Lease Fees)	99.00	
	Prosperity Electronics Payments		
4/4-4/5/18	Credit Card & Lease Fees	1,056.01	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 477,256.99**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
4/9/2018	Nursing Home UPI	151,057.29	
4/9/2018	Nursing Home UPI	204,025.49	
4/9/2018	Nursing Home UPI	31,056.39	
QIPP/INTEREST CHECKS TO MMC			
4/9/2018	Ashford	125.62	
4/9/2018	Golden Creek	111.23	
4/9/2018	Fort Bend	42.94	
4/9/2018	Solera	144.03	
4/9/2018	Broadmoor	197.10	
4/9/2018	Crescent	102.30	
TOTAL NURSING HOME UPL EXPENSES			**$ 386,862.39**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED April 11, 2018			**$ 864,119.38**

APPROVED ON APR 05 2018
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

RECEIVED
APR 05 2018
Calhoun County Auditor

04/05/2018 MEMORIAL MEDICAL CENTER 0
09:03 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 04/18/2018

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521 ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121040 ✓		04/03/20	03/13/20	03/23/20		15.78	0.00	0.00	15.78 ✓
	SUPPLIES								
121031 ✓		04/03/20	03/13/20	03/23/20		4.36	0.00	0.00	4.36 ✓
	SUPPLIES								
121055 ✓		04/03/20	03/14/20	03/24/20		20.38	0.00	0.00	20.38 ✓
	SUPPLIES								
121287A ✓		04/04/20	03/22/20	03/22/20		21.04	0.00	0.00	21.04 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	61.56	0.00	0.00	61.56

Vendor#	Vendor Name	Class	Pay Code
10814	ALLIED BENEFIT SYSTEMS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0000409816		03/20/20	03/15/20	04/15/20		36,110.55	0.00	0.00	36,110.55 ✓
	INSURANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	36,110.55	0.00	0.00	36,110.55

Vendor#	Vendor Name	Class	Pay Code
A2150	ANNOUNCEMENTS PLUS TOO AGAIN ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
201 ✓		04/04/20	03/14/20	03/24/20		83.97	0.00	0.00	83.97 ✓
	~~TROPHIES~~ (3) Brown 3X8 Plates / (3) Lab Brackets								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	83.97	0.00	0.00	83.97

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032218		04/03/20	03/22/20	03/22/20		7,198.24	0.00	0.00	7,198.24 ✓
	TRANSFER Payment sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	7,198.24	0.00	0.00	7,198.24

Vendor#	Vendor Name	Class	Pay Code
11756	AYA HEALTHCARE INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
446783 ✓	Boutte	03/26/20	03/15/20	04/15/20		2,883.50	0.00	0.00	2,883.50 ✓
	STAFFING 3/2/18-3/8/18								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE INC	2,883.50	0.00	0.00	2,883.50

Vendor#	Vendor Name	Class	Pay Code
10938	BANK OF THE WEST ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4437854 ✓		04/04/20	03/12/20	04/01/20		6,452.64	0.00	0.00	6,452.64 ✓
	LEASE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10938	BANK OF THE WEST	6,452.64	0.00	0.00	6,452.64

Vendor#	Vendor Name				Class	Pay Code				
B1150	BAXTER HEALTHCARE ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	58662721 ✓		04/03/20	03/21/20	04/15/20		199.36	0.00	0.00	199.36 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				199.36	0.00	0.00	199.36
Vendor#	Vendor Name				Class	Pay Code				
B1220	BECKMAN COULTER INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5385710 ✓		04/03/20	03/12/20	04/06/20		4,233.46	0.00	0.00	4,233.46 ✓
		CONTRACT								
	106942291 ✓		04/04/20	03/17/20	04/11/20		74.29	0.00	0.00	74.29 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				4,307.75	0.00	0.00	4,307.75
Vendor#	Vendor Name				Class	Pay Code				
11050	BIRCH COMMUNICATIONS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	25923568 ✓		04/03/20	03/16/20	04/01/20		1,289.05	0.00	0.00	1,289.05 ✓
		PHONE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11050	BIRCH COMMUNICATIONS				1,289.05	0.00	0.00	1,289.05
Vendor#	Vendor Name				Class	Pay Code				
B1650	BOSART LOCK & KEY INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	114181 ✓		04/03/20	03/14/20	04/13/20		764.60	0.00	0.00	764.60 ✓
		LOCK AND KEY SERV COAST/								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1650	BOSART LOCK & KEY INC				764.60	0.00	0.00	764.60
Vendor#	Vendor Name				Class	Pay Code				
11832	BROADMOOR AT CREEKSIDE PARK ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	032218B		04/03/20	03/22/20	03/22/20		4,772.50	0.00	0.00	4,772.50 ✓
		TRANSFER Payment sent to MMC in error								
	032218C		04/03/20	03/22/20	03/22/20		210.50	0.00	0.00	210.50 ✓
		TRANSFER Payment sent to MMC in error								
	032218D		04/03/20	03/22/20	03/22/20		4,526.80	0.00	0.00	4,526.80 ✓
		TRANSFER Payment sent to MMC in error								
	032618		04/03/20	03/22/20	03/26/20		1,125.00	0.00	0.00	1,125.00 ✓
		TRANSFER Payment sent to MMC in error								
	032718		04/03/20	03/27/20	03/27/20		109.47	0.00	0.00	109.47 ✓
		TRANSFER Payment sent to MMC in error								
	032218A		04/03/20	03/27/20	03/27/20		6,073.00	0.00	0.00	6,073.00 ✓
		TRANSFER Payment sent to MMC in error								
	032718A		04/03/20	03/27/20	03/27/20		4,020.00	0.00	0.00	4,020.00 ✓
		TRANSFER Payment sent to MMC in error								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11832	BROADMOOR AT CREEKSIDE PARK				20,837.27	0.00	0.00	20,837.27
Vendor#	Vendor Name				Class	Pay Code				
C1010	CABLE ONE ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

031618		04/03/20 03/16/20 03/16/20		66.07	0.00	0.00	66.07 ✓	
	CABLE							
000858		04/04/20 03/16/20 04/16/20		475.30 ~~475.22~~	0.00	0.00	475.30 ~~475.22~~	
	CABLE	We pay Fcc Regulatory Fee						
000857		04/04/20 03/16/20 04/16/20		1,150.00	0.00	0.00	1,150.00 ✓	
	CABLE							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	C1010	CABLE ONE		1,691.29	0.00	0.00	1,691.29	
Vendor#	Vendor Name		Class	Pay Code				
10105	CHRIS KOVAREK ✓							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
12		04/04/20 03/30/20 04/01/20		200.00	0.00	0.00	200.00 ✓	
	SWING BED SOCIAL SERV							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	10105	CHRIS KOVAREK		200.00	0.00	0.00	200.00	
Vendor#	Vendor Name		Class	Pay Code				
11372	CHUBB GROUP ON INSURANCE CO ✓							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3009852 ✓		04/04/20 03/30/20 04/01/20		44.00	0.00	0.00	44.00 ✓	
	LEGAL							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	11372	CHUBB GROUP ON INSURANCE CO		44.00	0.00	0.00	44.00	
Vendor#	Vendor Name		Class	Pay Code				
C1600	CITIZENS MEDICAL CENTER ✓		W					
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
032318		04/04/20 03/23/20 04/03/20		30.00	0.00	0.00	30.00 ✓	
	CPR CARDS							
032618		04/04/20 03/26/20 04/06/20		40.00	0.00	0.00	40.00 ✓	
	CPR CARDS							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	C1600	CITIZENS MEDICAL CENTER		70.00	0.00	0.00	70.00	
Vendor#	Vendor Name		Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS ✓		W					
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
OE178531 ✓		04/03/20 03/13/20 03/23/20		64.50	0.00	0.00	64.50 ✓	
	SUPPLIES							
OE179681A ✓		04/04/20 03/09/20 03/09/20		349.90	0.00	0.00	349.90 ✓	
	SUPPLIES							
WO239761A ✓		04/04/20 03/12/20 04/12/20		58.61	0.00	0.00	58.61 ✓	
	SUPPLIES							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	C1166	COASTAL OFFICE SOLUTONS		473.01	0.00	0.00	473.01	
Vendor#	Vendor Name		Class	Pay Code				
10368	DEWITT POTH & SON ✓							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5319830 ✓		04/03/20 03/14/20 04/08/20		23.64	0.00	0.00	23.64 ✓	
	SUPPLIES							
5320610 ✓		04/03/20 03/15/20 04/09/20		132.64	0.00	0.00	132.64 ✓	
	SUPPLIES							
5320930 ✓		04/03/20 03/15/20 04/09/20		219.18	0.00	0.00	219.18 ✓	
	SUPPLIES							

5322260	04/03/20	03/19/20	04/13/20	97.96	0.00	0.00	97.96
SUPPLIES							
5322500	04/03/20	03/19/20	04/13/20	13.50	0.00	0.00	13.50
SUPPLIES							
5163720	04/04/20	10/02/20	10/27/20	58.54	0.00	0.00	58.54
SUPPLIES							
5212170	04/04/20	11/20/20	12/15/20	437.54	0.00	0.00	437.54
SUPPLIES							
5243430	04/04/20	12/27/20	01/21/20	378.78	0.00	0.00	378.78
SUPPLIES							
5243440	04/04/20	12/27/20	01/21/20	48.41	0.00	0.00	48.41
SUPPLIES							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON		1,410.19	0.00	0.00	1,410.19

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC033118	PHYSICIAN SERVICES	04/04/20	03/19/20	03/31/20			99,114.88	0.00	0.00	99,114.88

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	99,114.88	0.00	0.00	99,114.88

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
36268	HOSP FEES 2|11	04/03/20	02/28/20	02/28/20			250.00	0.00	0.00	250.00
36269	HOSPITALIST FEES 3|18 - 3|19	04/03/20	03/31/20	03/31/20			6,050.00	0.00	0.00	6,050.00
36253	ER STAFFING SERVICES	04/04/20	03/31/20	04/10/20			40,062.50	0.00	0.00	40,062.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	46,362.50	0.00	0.00	46,362.50

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
T1803091378	CPSI	04/03/20	03/09/20	04/03/20			13,240.72	0.00	0.00	13,240.72

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	13,240.72	0.00	0.00	13,240.72

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
903329038	FILTERS	04/04/20	11/10/20	12/05/20			711.30	0.00	0.00	711.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	711.30	0.00	0.00	711.30

Vendor#	Vendor Name	Class	Pay Code
R1185	FARAH JANAK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032718	WISHRA TRAVEL Spring Conference 3|23|18 - 3|24|18	04/04/20	03/27/20	04/01/20			723.30	0.00	0.00	723.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	R1185 FARAH JANAK					723.30	0.00	0.00	723.30
Vendor#	Vendor Name			Class	Pay Code				
F1100	FEDERAL EXPRESS CORP. ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	608979451 ✓		04/04/20	02/15/20	03/12/20		31.06	0.00	0.00	31.06 ✓
		SHIPPING								
	611108674 ✓		04/04/20	03/08/20	04/02/20		10.36	0.00	0.00	10.36 ✓
		SHIPPING								
	609695728 ✓		04/05/20	02/22/20	03/19/20		129.80	0.00	0.00	129.80 ✓
		SHIPPING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				171.22	0.00	0.00	171.22
Vendor#	Vendor Name			Class	Pay Code				
F1400	FISHER HEALTHCARE ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6823865 ✓		04/04/20	03/06/20	03/31/20		379.82	0.00	0.00	379.82 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				379.82	0.00	0.00	379.82
Vendor#	Vendor Name			Class	Pay Code				
11820	FORTBEND HEALTHCARE CENTER ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	032218		04/03/20	03/22/20	03/22/20		9,743.15	0.00	0.00	9,743.15 ✓
		TRANSFER Sent to MMC in error								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11820	FORTBEND HEALTHCARE CENTER				9,743.15	0.00	0.00	9,743.15
Vendor#	Vendor Name			Class	Pay Code				
11183	FRONTIER ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	031918		04/03/20	03/19/20	04/12/20		50.42	0.00	0.00	50.42 ✓
		PHONE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				50.42	0.00	0.00	50.42
Vendor#	Vendor Name			Class	Pay Code				
11836	GOLDENCREEK HEALTHCARE ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	032218		04/03/20	03/22/20	03/22/20		2,285.12	0.00	0.00	2,285.12 ✓
		TRANSFER Payment sent to MMC in error								
	032218B		04/03/20	03/22/20	03/22/20		4,465.69	0.00	0.00	4,465.69 ✓
		TRANSFER Payment sent to MMC in error								
	032218A		04/03/20	03/22/20	03/22/20		865.46	0.00	0.00	865.46 ✓
		TRANSFER Payment sent to MMC in error								
	032818		04/03/20	03/28/20	03/28/20		1,790.69	0.00	0.00	1,790.69 ✓
		TRANSFER Payment sent to MMC in error								
	032618		04/03/20	03/26/20	03/26/20		4,193.50	0.00	0.00	4,193.50 ✓
		TRANSFER Payment sent to MMC in error								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11836	GOLDENCREEK HEALTHCARE				13,600.46	0.00	0.00	13,600.46
Vendor#	Vendor Name			Class	Pay Code				
G0401	GULF COAST DELIVERY ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

033018		04/03/20 03/30/20 04/15/20			50.00	0.00	0.00	50.00 ✓
	DELIVERY SERVICES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY			50.00	0.00	0.00	50.00
Vendor#	Vendor Name			Class	Pay Code			
G1210	GULF COAST PAPER COMPANY ✓			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1467984 ✓		03/27/20	03/13/20	04/12/20		557.11	0.00	0.00	557.11 ✓
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				557.11	0.00	0.00	557.11
Vendor#	Vendor Name			Class	Pay Code				
10720	LIFESOURCE EDUCATIONAL SRV LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
000858		04/04/20	04/02/20	04/07/20		650.00	0.00	0.00	650.00 ✓
	CONT ED								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC				650.00	0.00	0.00	650.00
Vendor#	Vendor Name			Class	Pay Code				
M2280	MEAD JOHNSON NUTRITION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
94452522 ✓		04/03/20	03/12/20	04/12/20		230.40	0.00	0.00	230.40 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2280	MEAD JOHNSON NUTRITION				230.40	0.00	0.00	230.40
Vendor#	Vendor Name			Class	Pay Code				
11860	MED-PRO DISTRIBUTORS, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9701 ✓		04/04/20	03/02/20	04/02/20		1,802.91	0.00	0.00	1,802.91 ✓
	INVENTORY								
9735 ✓		04/04/20	03/08/20	04/08/20		5,342.22	0.00	0.00	5,342.22 ✓
	INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11860	MED-PRO DISTRIBUTORS, LLC				7,145.13	0.00	0.00	7,145.13
Vendor#	Vendor Name			Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1846601267 ✓		04/03/20	03/16/20	04/10/20		17.60	0.00	0.00	17.60 ✓
	SUPPLIES								
1847091719 ✓		04/04/20	03/23/20	04/17/20		-13.60	0.00	0.00	-13.60 ✓
	CREDIT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC				4.00	0.00	0.00	4.00
Vendor#	Vendor Name			Class	Pay Code				
11604	MICHAEL PFIEL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
032718		04/04/20	03/27/20	03/27/20		115.00	0.00	0.00	115.00 ✓
	NURSE LICENSE RENEWAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11604	MICHAEL PFIEL				115.00	0.00	0.00	115.00
Vendor#	Vendor Name			Class	Pay Code				
10810	MMC EMPLOYEE BENEFIT PLAN ✓								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040218		04/03/20	04/02/20	04/02/20		17,980.08	0.00	0.00	17,980.08
	INSURANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				17,980.08	0.00	0.00	17,980.08

Vendor#	Vendor Name	Class	Pay Code
10680	MMC EMPLOYEES ACTIVITES TEAM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040218		04/03/20	03/22/20	04/02/20		2,200.00	0.00	0.00	2,200.00
	RELAY FOR LIFE T SHIRTS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10680	MMC EMPLOYEES ACTIVITES TEAM				2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name	Class	Pay Code
10536	MORRIS & DICKSON CO, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0716		03/20/20	03/13/20	04/12/20		-1,463.21	0.00	0.00	-1,463.21
	CREDIT								
2576092		04/04/20	03/26/20	04/05/20		19.30	0.00	0.00	19.30
	INVENTORY								
2576096		04/04/20	03/26/20	04/05/20		22.20	0.00	0.00	22.20
	INVENTORY								
2576094		04/04/20	03/26/20	04/05/20		451.53	0.00	0.00	451.53
	INVENTORY								
2576093		04/04/20	03/26/20	04/05/20		23.16	0.00	0.00	23.16
	INVENTORY								
2576091		04/04/20	03/26/20	04/05/20		4,931.73	0.00	0.00	4,931.73
	INVENTORY								
SC8417		04/04/20	03/26/20	04/05/20		48.53	0.00	0.00	48.53
	SERVICE CHARGE								
SC8418		04/04/20	03/26/20	04/05/20		51.92	0.00	0.00	51.92
	SERVICE CHARGE								
2576095		04/04/20	03/26/20	04/05/20		1,314.25	0.00	0.00	1,314.25
	INVENTORY								
2582409		04/04/20	03/27/20	04/06/20		320.66	0.00	0.00	320.66
	INVENTORY								
2582408		04/04/20	03/27/20	04/06/20		514.72	0.00	0.00	514.72
	INEVNTORY								
2582407		04/04/20	03/27/20	04/06/20		2.53	0.00	0.00	2.53
	INVENTORY								
2587512		04/04/20	03/28/20	04/07/20		29.07	0.00	0.00	29.07
	INVENTORY								
2587997		04/04/20	03/28/20	04/07/20		499.42	0.00	0.00	499.42
	INVENTORY								
2587996		04/04/20	03/28/20	04/07/20		30.88	0.00	0.00	30.88
	INVENTORY								
2591159		04/04/20	03/29/20	04/08/20		202.65	0.00	0.00	202.65
	INVENTORY								
2593043		04/04/20	03/29/20	04/08/20		17.08	0.00	0.00	17.08
	INVENTORY								
2593041		04/04/20	03/29/20	04/08/20		30.98	0.00	0.00	30.98
	INVENTORY								

2593040 ✓		04/04/20	03/29/20	04/08/20		71.90	0.00	0.00	71.90 ✓
	INVENTORY								
2593039 ✓		04/04/20	03/29/20	04/08/20		1,062.59	0.00	0.00	1,062.59 ✓
	INVENTORY								
2593038 ✓		04/04/20	03/29/20	04/08/20		11.19	0.00	0.00	11.19 ✓
	INVENTORY								
CM22682 ✓		04/04/20	03/30/20	04/09/20		-2.14	0.00	0.00	-2.14 ✓
	CREDIT								
CM22683 ✓		04/04/20	03/30/20	04/09/20		-2.14	0.00	0.00	-2.14 ✓
	CREDIT								
2604569 ✓		04/04/20	04/02/20	04/12/20		175.80	0.00	0.00	175.80 ✓
	INVENTORY								
2602719 ✓		04/04/20	04/02/20	04/12/20		0.39	0.00	0.00	0.39 ✓
	INVENTORY								
2604568 ✓		04/04/20	04/02/20	04/12/20		964.57	0.00	0.00	964.57 ✓
	INVENTORY								
2604570 ✓		04/04/20	04/02/20	04/12/20		797.56	0.00	0.00	797.56 ✓
	INVENTORY								
2604567 ✓		04/04/20	04/02/20	04/12/20		1,842.53	0.00	0.00	1,842.53 ✓
	INVENTORY								
2602718 ✓		04/04/20	04/02/20	04/12/20		15.85	0.00	0.00	15.85 ✓
	INVENTORY								
2611405 ✓		04/04/20	04/03/20	04/13/20		102.53	0.00	0.00	102.53 ✓
	INVENTORY								
2608120 ✓		04/04/20	04/03/20	04/13/20		18.34	0.00	0.00	18.34 ✓
	INVENTORY								
2610191 ✓		04/04/20	04/03/20	04/13/20		488.99	0.00	0.00	488.99 ✓
	INVENTORY								
2608121 ✓		04/04/20	04/03/20	04/13/20		110.01	0.00	0.00	110.01 ✓
	INVENTORY								
2610190 ✓		04/04/20	04/03/20	04/13/20		15.07	0.00	0.00	15.07 ✓
	INVENTORY								
2610192 ✓		04/04/20	04/03/20	04/13/20		220.15	0.00	0.00	220.15 ✓
	INVENTORY								
2608119 ✓		04/04/20	04/03/20	04/13/20		111.27	0.00	0.00	111.27 ✓
	INVENTORY								
2611404 ✓		04/04/20	04/03/20	04/13/20		15.83	0.00	0.00	15.83 ✓
	INVENTORY								
2610193 ✓		04/04/20	04/03/20	04/13/20		11.82	0.00	0.00	11.82 ✓
	INVENTORY								
2608118 ✓		04/04/20	04/03/20	04/13/20		55.01	0.00	0.00	55.01 ✓
	INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				13,134.52	0.00	0.00	13,134.52

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2027104140 ✓		04/03/20	05/01/20	05/31/20			-92.88	0.00	0.00	-92.88 ✓
	CREDIT									
2028104492 ✓		04/03/20	06/08/20	07/08/20			-84.65	0.00	0.00	-84.65 ✓
	CREDIT									
2028957322 ✓		04/03/20	07/11/20	08/10/20			-27.34	0.00	0.00	-27.34 ✓

	CREDIT							
2028997414		04/03/20	07/12/20	08/11/20	-18.07	0.00	0.00	-18.07
	CREDIT							
2029408257		04/03/20	07/27/20	08/26/20	-119.22	0.00	0.00	-119.22
	CREDIT							
2029739049		04/03/20	08/09/20	09/08/20	-26.57	0.00	0.00	-26.57
	CREDIT							
2030073753		04/03/20	08/22/20	09/21/20	-6.14	0.00	0.00	-6.14
	CREDIT							
2030771219		04/03/20	09/18/20	10/18/20	-40.89	0.00	0.00	-40.89
	CREDIT							
2035870026		04/03/20	03/13/20	04/12/20	120.48	0.00	0.00	120.48
	SUPPLIES							
2031731424		04/04/20	10/19/20	11/18/20	-3.05	0.00	0.00	-3.05
	CREDIT							
2022740753		04/04/20	11/21/20	12/21/20	-23.00	0.00	0.00	-23.00
	CREDIT							
2035877922		04/04/20	03/13/20	04/12/20	1,232.05	0.00	0.00	1,232.05
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			910.72	0.00	0.00	910.72

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
040418		04/04/20	04/04/20	04/04/20			1,290.00	0.00	0.00	1,290.00
	CONTRACT EMPLOYEE 3/4/18-4/3/18									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,290.00	0.00	0.00	1,290.00

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC (WINDSTREAM)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
69926974		04/03/20	03/22/20	04/05/20			9,410.19	0.00	0.00	9,410.19
	PHONE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC (WINDSTREAM)	9,410.19	0.00	0.00	9,410.19

Vendor#	Vendor Name	Class	Pay Code
10032	PHILIPS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
936199932		04/04/20	02/27/20	03/24/20			2,627.00	0.00	0.00	2,627.00
	SERVICE AGREEMENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	2,627.00	0.00	0.00	2,627.00

Vendor#	Vendor Name	Class	Pay Code
11480	PORT LAVACA PLUMBING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7915		04/03/20	03/05/20	04/05/20			250.00	0.00	0.00	250.00
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11480	PORT LAVACA PLUMBING	250.00	0.00	0.00	250.00

Vendor#	Vendor Name	Class	Pay Code
P1725	PREMIER SLEEP DISORDERS CENTER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00069		04/03/20	03/27/20	04/11/20		2,275.00	0.00	0.00	2,275.00
	SLEEP STUDIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER				2,275.00	0.00	0.00	2,275.00

Vendor# 11080 Vendor Name: RADSOURCE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC56908		04/04/20	03/12/20	04/06/20		1,667.00	0.00	0.00	1,667.00
	EQUIPMENT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11080	RADSOURCE				1,667.00	0.00	0.00	1,667.00

Vendor# 10645 Vendor Name: REVISTA de VICTORIA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
02201824A		04/04/20	01/17/20	02/17/20		240.00	0.00	0.00	240.00
	AD								
03201824		04/04/20	03/16/20	04/16/20		240.00	0.00	0.00	240.00
	AD								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTORIA				480.00	0.00	0.00	480.00

Vendor# I0520 Vendor Name: RICOH USA, INC. — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100184273		04/03/20	02/22/20	03/19/20		5,909.84	0.00	0.00	5,909.84
	LEASE								
100284392		04/04/20	03/13/20	04/01/20		172.32	0.00	0.00	172.32
	RENTAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.				6,082.16	0.00	0.00	6,082.16

Vendor# 11764 Vendor Name: ROBERT RODRIGUEZ — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032418		04/04/20	03/16/20	03/24/20		10.00	0.00	0.00	10.00
	FOOD SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIGUEZ				10.00	0.00	0.00	10.00

Vendor# S1800 Vendor Name: SHERWIN WILLIAMS — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
42861		03/27/20	03/09/20	04/15/20		253.52	0.00	0.00	253.52
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS				253.52	0.00	0.00	253.52

Vendor# K0536 Vendor Name: SHIRLEY KARNEI — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032118		04/04/20	04/03/20	04/03/20		517.33	0.00	0.00	517.33
	CONTRACT EMPLOYEE 3/21/18-4/3/18								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI				517.33	0.00	0.00	517.33

Vendor# Vendor Name — Class — Pay Code

10699 SIGN AD, LTD. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
223488 ✓		04/03/20	03/16/20	03/26/20		1,195.00	0.00	0.00	1,195.00 ✓
223496 ✓	AD	04/03/20	03/16/20	03/26/20		380.00	0.00	0.00	380.00 ✓
	AD								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	1,575.00	0.00	0.00	1,575.00

Vendor# Vendor Name — Class — Pay Code

S2270 SMILE MAKERS ✓ — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8266510 ✓		04/03/20	03/13/20	04/07/20		58.92	0.00	0.00	58.92 ✓
	STICKERS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	58.92	0.00	0.00	58.92

Vendor# Vendor Name — Class — Pay Code

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032218		04/03/20	03/22/20	03/22/20		2,137.05	0.00	0.00	2,137.05 ✓
	TRANSFER Payment received by mmc in error								
032618		04/03/20	03/27/20	03/27/20		6,000.00	0.00	0.00	6,000.00 ✓
	TRANSFER Payment received by MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	8,137.05	0.00	0.00	8,137.05

Vendor# Vendor Name — Class — Pay Code

11296 SOUTH TEXAS BLOOD & TISSUE CEN ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90034271 ✓		04/04/20	03/19/20	04/13/20		6,002.00	0.00	0.00	6,002.00 ✓
	BLOOD								
90034170 ✓		04/04/20	03/19/20	04/13/20		-2,530.00	0.00	0.00	-2,530.00 ✓
	CREDIT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	3,472.00	0.00	0.00	3,472.00

Vendor# Vendor Name — Class — Pay Code

S2692 STACY SYSTEMS INC ✓ — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1803128 ✓		03/26/20	03/13/20	04/13/20		2,745.00	0.00	0.00	2,745.00 ✓
	GAS INSPECTION								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2692	STACY SYSTEMS INC	2,745.00	0.00	0.00	2,745.00

Vendor# Vendor Name — Class — Pay Code

11140 TEXAS ADVANTAGE COMMUNITY BANK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
728832-032118		04/04/20	03/12/20	04/12/20		3,690.52	0.00	0.00	3,690.52 ✓
	LOAN PAYMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK	3,690.52	0.00	0.00	3,690.52

Vendor# Vendor Name — Class — Pay Code

T2204 TEXAS MUTUAL INSURANCE CO ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1000203778		04/03/20	03/11/20	04/02/20		3,473.00	0.00	0.00	3,473.00 ✓

INS

1000194026	04/04/20	03/23/20	04/01/20	10.00	0.00	0.00	10.00 ✓

LATE FEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	3,483.00	0.00	0.00	3,483.00

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032218		04/03/20	03/22/20	03/22/20			3,884.76	0.00	0.00	3,884.76 ✓

TRANSFER Payment sent to make in error

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	3,884.76	0.00	0.00	3,884.76

Vendor#	Vendor Name	Class	Pay Code
D1641	THE DOCTORS' CENTER ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
01884022818		04/04/20	02/28/20	03/25/20			75.00	0.00	0.00	75.00 ✓

ONSITE COLLECT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1641	THE DOCTORS' CENTER	75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
35FK031800 ✓		04/04/20	03/01/20	03/26/20			812.00	0.00	0.00	812.00 ✓

PT STATEMENTS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	812.00	0.00	0.00	812.00

Vendor#	Vendor Name	Class	Pay Code
11002	TRUSTAFF ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
388729 ✓		03/20/20	03/16/20	04/15/20			1,893.75	0.00	0.00	1,893.75 ✓

STAFFING Carter 2/19/18 - 2/21/18

388732 ✓		03/20/20	03/16/20	04/15/20			5,456.25	0.00	0.00	5,456.25 ✓

STAFFING Carter 2/23/18 - 2/25/18 — 3/5/18 - 3/7/18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11002	TRUSTAFF	7,350.00	0.00	0.00	7,350.00

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400270193 ✓		03/26/20	03/20/20	04/14/20			125.55	0.00	0.00	125.55 ✓

LAUNDRY

8400269992 ✓		04/03/20	03/16/20	04/10/20			148.95	0.00	0.00	148.95 ✓

LAUNDRY

8400269990 ✓		04/03/20	03/16/20	04/10/20			19.38	0.00	0.00	19.38 ✓

LAUNDRY

8400270013		04/03/20	03/16/20	04/10/20			21.25	0.00	0.00	21.25

LAUNDRY

8400270017 ✓		04/03/20	03/16/20	04/10/20			794.92	0.00	0.00	794.92 ✓

LAUNDRY

8400270195 ✓		04/03/20	03/20/20	04/14/20			47.15	0.00	0.00	47.15 ✓

LAUNDRY

8400270192 ✓		04/03/20	03/20/20	04/14/20			94.29	0.00	0.00	94.29 ✓

LAUNDRY

8400270227		04/03/20	03/20/20	04/14/20	66.70	0.00	0.00	66.70
LAUNDRY								
8400270268		04/03/20	03/20/20	04/14/20	102.12	0.00	0.00	102.12
LAUNDRY								
8400270196		04/03/20	03/20/20	04/14/20	44.24	0.00	0.00	44.24
LAUNDRY								
8400270233		04/03/20	03/20/20	04/14/20	632.71	0.00	0.00	632.71
LAUNDRY								
8400270194		04/03/20	03/20/20	04/14/20	139.93	0.00	0.00	139.93
LAUNDRY								
8400270506		04/03/20	03/23/20	04/17/20	777.67	0.00	0.00	777.67
LAUNDRY								
8400270501		04/03/20	03/23/20	04/17/20	21.25	0.00	0.00	21.25
LAUNDRY								
8400270479		04/03/20	03/23/20	04/17/20	148.95	0.00	0.00	148.95
LAUNDRY								
8400270478		04/03/20	03/23/20	04/17/20	19.38	0.00	0.00	19.38
LAUNDRY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			3,204.44	0.00	0.00	3,204.44

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000078941078		04/03/20	02/17/20	03/17/20			299.55	0.00	0.00	299.55
	SHIPPING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1350	UPS					299.55	0.00	0.00	299.55

Vendor#	Vendor Name	Class	Pay Code
11872	US ALLERGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032518		04/04/20	03/25/20	03/25/20			2,778.14	0.00	0.00	2,778.14
	LAB SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11872	US ALLERGY LABS					2,778.14	0.00	0.00	2,778.14

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110460406		04/04/20	12/15/20	01/09/20			1,571.67	0.00	0.00	1,571.67
	CONTRACT									
9110476654		04/04/20	01/29/20	02/23/20			2,545.44	0.00	0.00	2,545.44
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					4,117.11	0.00	0.00	4,117.11

Vendor#	Vendor Name	Class	Pay Code
11580	WILLIAM CROWLEY III, DO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
033018		04/04/20	03/30/20	04/01/20			1,583.00	0.00	0.00	1,583.00
	HOSPITALIST 3/21/18									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11580	WILLIAM CROWLEY III, DO					1,583.00	0.00	0.00	1,583.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	383,279.40	0.00	0.00	383,279.40

pg 3 correction

{ <475.22>
{ +475.30

$383,279.48

APPROVED
ON

APR 05 2018 CK#175340-175407

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	175340	04/11/18	61.56	ACE HARDWARE 15521
A/P	175341	04/11/18	36,110.55	ALLIED BENEFIT SYSTEMS
A/P	175342	04/11/18	83.97	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	175343	04/11/18	7,198.24	ASHFORD GARDENS
A/P	175344	04/11/18	2,883.50	AYA HEALTHCARE INC
A/P	175345	04/11/18	6,452.64	BANK OF THE WEST
A/P	175346	04/11/18	199.36	BAXTER HEALTHCARE
A/P	175347	04/11/18	4,307.75	BECKMAN COULTER INC
A/P	175348	04/11/18	1,289.05	BIRCH COMMUNICATIONS
A/P	175349	04/11/18	764.60	BOSART LOCK & KEY INC
A/P	175350	04/11/18	20,837.27	BROADMOOR AT CREEKSIDE PARK
A/P	175351	04/11/18	1,691.37	CABLE ONE
A/P	175352	04/11/18	200.00	CHRIS KOVAREK
A/P	175353	04/11/18	44.00	CHUBB GROUP ON INSURANCE CO
A/P	175354	04/11/18	70.00	CITIZENS MEDICAL CENTER
A/P	175355	04/11/18	473.01	COASTAL OFFICE SOLUTONS
A/P	175356	04/11/18	1,410.19	DEWITT POTH & SON
A/P	175357	04/11/18	99,114.88	DISCOVERY MEDICAL NETWORK INC
A/P	175358	04/11/18	46,362.50	EMERGENCY STAFFING SOLUTIONS
A/P	175359	04/11/18	13,240.72	EVIDENT
A/P	175360	04/11/18	711.30	EVOQUA WATER TECHNOLOGIES LLC
A/P	175361	04/11/18	723.30	FARAH JANAK
A/P	175362	04/11/18	171.22	FEDERAL EXPRESS CORP.
A/P	175363	04/11/18	379.82	FISHER HEALTHCARE
A/P	175364	04/11/18	9,743.15	FORTBEND HEALTHCARE CENTER
A/P	175365	04/11/18	50.42	FRONTIER
A/P	175366	04/11/18	13,600.46	GOLDENCREEK HEALTHCARE
A/P	175367	04/11/18	50.00	GULF COAST DELIVERY
A/P	175368	04/11/18	557.11	GULF COAST PAPER COMPANY
A/P	175369	04/11/18	650.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	175370	04/11/18	230.40	MEAD JOHNSON NUTRITION
A/P	175371	04/11/18	7,145.13	MED-PRO DISTRIBUTORS, LLC
A/P	175372	04/11/18	4.00	MEDLINE INDUSTRIES INC
A/P	175373	04/11/18	115.00	MICHAEL PFIEL
A/P	175374	04/11/18	17,980.08	MMC EMPLOYEE BENEFIT PLAN
A/P	175375	04/11/18	2,200.00	MMC EMPLOYEES ACTIVITES TEAM
A/P	175376	04/11/18	.00	VOIDED
A/P	175377	04/11/18	.00	VOIDED
A/P	175378	04/11/18	13,134.52	MORRIS & DICKSON CO, LLC
A/P	175379	04/11/18	910.72	OWENS & MINOR
A/P	175380	04/11/18	1,290.00	PABLO GARZA
A/P	175381	04/11/18	9,410.19	PAETEC (WINDSTREAM)
A/P	175382	04/11/18	2,627.00	PHILIPS HEALTHCARE
A/P	175383	04/11/18	250.00	PORT LAVACA PLUMBING
A/P	175384	04/11/18	2,275.00	PREMIER SLEEP DISORDERS CENTER
A/P	175385	04/11/18	1,667.00	RADSOURCE
A/P	175386	04/11/18	480.00	REVISTA de VICTORIA
A/P	175387	04/11/18	6,082.16	RICOH USA, INC.
A/P	175388	04/11/18	10.00	ROBERT RODRIGUEZ
A/P	175389	04/11/18	253.52	SHERWIN WILLIAMS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	175390	04/11/18	517.33	SHIRLEY KARNEI
A/P	175391	04/11/18	1,575.00	SIGN AD, LTD.
A/P	175392	04/11/18	58.92	SMILE MAKERS
A/P	175393	04/11/18	8,137.05	SOLERA WEST HOUSTON
A/P	175394	04/11/18	3,472.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	175395	04/11/18	2,745.00	STACY SYSTEMS INC
A/P	175396	04/11/18	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	175397	04/11/18	3,483.00	TEXAS MUTUAL INSURANCE CO
A/P	175398	04/11/18	3,884.76	THE CRESCENT
A/P	175399	04/11/18	75.00	THE DOCTORS' CENTER
A/P	175400	04/11/18	812.00	TRIZETTO PROVIDER SOLUTIONS
A/P	175401	04/11/18	7,350.00	TRUSTAFF
A/P	175402	04/11/18	.00	VOIDED
A/P	175403	04/11/18	3,204.44	UNIFIRST HOLDINGS INC
A/P	175404	04/11/18	299.55	UPS
A/P	175405	04/11/18	2,778.14	US ALLERGY LABS
A/P	175406	04/11/18	4,117.11	WERFEN USA LLC
A/P	175407	04/11/18	1,583.00	WILLIAM CROWLEY III, DO
TOTALS:			383,279.48	

APPROVED
ON

APR 11 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/05/2018
11:05

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032218	TRANSFER	04/03/20	03/22/20	03/22/20			7,198.24	0.00	0.00	7,198.24
032818	TRANSFER	04/05/20	03/28/20	04/19/20			35,776.16	0.00	0.00	35,776.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	42,974.40	0.00	0.00	42,974.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	42,974.40	0.00	0.00	42,974.40

42,974.40 +
7,198.24 −
35,776.16 =

Approval for $35,776.16 only

APPROVED
ON

APR 06 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/05/2018 MEMORIAL MEDICAL CENTER 0
11:06 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032218	TRANSFER	04/03/20	03/22/20	03/22/20		9,743.15	0.00	0.00	9,743.15
032818	TRANSFER	04/05/20	03/28/20	04/19/20		10,296.92	0.00	0.00	10,296.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	20,040.07	0.00	0.00	20,040.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,040.07	0.00	0.00	20,040.07

20,040.07 +
9,743.15 -
10,296.92 =

Approval For 10,296.92 only -

APPROVED
ON

APR 06 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/05/2018
11:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032218		04/03/20	03/22/20	03/22/20			3,884.76	0.00	0.00	3,884.76
	TRANSFER									
032818		04/05/20	03/28/20	04/19/20			2,555.44	0.00	0.00	2,555.44
	TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	6,440.20	0.00	0.00	6,440.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,440.20	0.00	0.00	6,440.20

6,440.20 +
3,884.76 −
2,555.44 =

Approval for $2,555.44 only.

APPROVED
ON

APR 06 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/05/2018
11:19

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Invoice Dates Through: 03/28/2018

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031518		03/26/20	03/15/20	03/15/20	04/04/20	P	2,925.00	0.00	0.00	2,925.00
	TRANSFER									
031918		03/26/20	03/19/20	03/19/20	04/04/20	P	2,535.00	0.00	0.00	2,535.00
	TRANSFER									
032218		04/03/20	03/22/20	03/22/20			2,137.05	0.00	0.00	2,137.05
	TRANSFER									
032618		04/03/20	03/27/20	03/27/20			6,000.00	0.00	0.00	6,000.00
	TRANSFER									
032818		04/05/20	03/28/20	04/19/20			9,545.32	0.00	0.00	9,545.32
	TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	23,142.37	0.00	0.00	23,142.37

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,142.37	0.00	0.00	23,142.37

23,142.37 +
2,925.00 -
2,535.00 -
2,137.05 -
6,000.00 -
9,545.32 =

Approval For $9,545.32 only.

APPROVED
ON

APR 06 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/05/2018
11:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Invoice Dates Through: 03/28/2018

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031518		03/26/20	03/15/20	03/15/20	03/29/20	P	493.00	0.00	0.00	493.00
	TRANSFER									
031918		03/26/20	03/19/20	03/19/20	03/29/20	P	13,097.00	0.00	0.00	13,097.00
	TRANSFER									
031518A		03/29/20	03/15/20	03/15/20	04/04/20	P	493.50	0.00	0.00	493.50
	TRANSFER									
CM031518		03/29/20	03/15/20	03/15/20	03/29/20	P	-493.00	0.00	0.00	-493.00
	TRANSFER									
031918A		03/29/20	03/15/20	03/15/20	04/04/20	P	13,097.17	0.00	0.00	13,097.17
	TRANSFER									
CM031918		03/29/20	03/19/20	03/19/20	03/29/20	P	-13,097.00	0.00	0.00	-13,097.00
	TRANSFER									
032218B		04/03/20	03/22/20	03/22/20			4,465.69	0.00	0.00	4,465.69
	TRANSFER									
032218		04/03/20	03/22/20	03/22/20			2,285.12	0.00	0.00	2,285.12
	TRANSFER									
032218A		04/03/20	03/22/20	03/22/20			865.46	0.00	0.00	865.46
	TRANSFER									
032818		04/03/20	03/28/20	03/28/20			1,790.69	0.00	0.00	1,790.69
	TRANSFER									
032818A		04/05/20	03/28/20	04/19/20			24,311.03	0.00	0.00	24,311.03
	TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	47,308.66	0.00	0.00	47,308.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,308.66	0.00	0.00	47,308.66

47,308.66 +
493.00 -
13,097.00 -
493.50 -
493.00 +
13,097.17 -
13,097.00 +
4,465.69 -
2,285.12 -
865.46 -
1,790.69 -
24,311.03 *

Approval for 24,311.03 only.

APPROVED
ON

APR 06 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	175340	04/11/18	61.56	ACE HARDWARE 15521
A/P	175341	04/11/18	36,110.55	ALLIED BENEFIT SYSTEMS
A/P	175342	04/11/18	83.97	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	175343	04/11/18	7,198.24	ASHFORD GARDENS
A/P	175344	04/11/18	2,883.50	AYA HEALTHCARE INC
A/P	175345	04/11/18	6,452.64	BANK OF THE WEST
A/P	175346	04/11/18	199.36	BAXTER HEALTHCARE
A/P	175347	04/11/18	4,307.75	BECKMAN COULTER INC
A/P	175348	04/11/18	1,289.05	BIRCH COMMUNICATIONS
A/P	175349	04/11/18	764.60	BOSART LOCK & KEY INC
A/P	175350	04/11/18	20,837.27	BROADMOOR AT CREEKSIDE PARK
A/P	175351	04/11/18	1,691.37	CABLE ONE
A/P	175352	04/11/18	200.00	CHRIS KOVAREK
A/P	175353	04/11/18	44.00	CHUBB GROUP ON INSURANCE CO
A/P	175354	04/11/18	70.00	CITIZENS MEDICAL CENTER
A/P	175355	04/11/18	473.01	COASTAL OFFICE SOLUTONS
A/P	175356	04/11/18	1,410.19	DEWITT POTH & SON
A/P	175357	04/11/18	99,114.88	DISCOVERY MEDICAL NETWORK INC
A/P	175358	04/11/18	46,362.50	EMERGENCY STAFFING SOLUTIONS
A/P	175359	04/11/18	13,240.72	EVIDENT
A/P	175360	04/11/18	711.30	EVOQUA WATER TECHNOLOGIES LLC
A/P	175361	04/11/18	723.30	FARAH JANAK
A/P	175362	04/11/18	171.22	FEDERAL EXPRESS CORP.
A/P	175363	04/11/18	379.82	FISHER HEALTHCARE
A/P	175364	04/11/18	9,743.15	FORTBEND HEALTHCARE CENTER
A/P	175365	04/11/18	50.42	FRONTIER
A/P	175366	04/11/18	13,600.46	GOLDENCREEK HEALTHCARE
A/P	175367	04/11/18	50.00	GULF COAST DELIVERY
A/P	175368	04/11/18	557.11	GULF COAST PAPER COMPANY
A/P	175369	04/11/18	650.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	175370	04/11/18	230.40	MEAD JOHNSON NUTRITION
A/P	175371	04/11/18	7,145.13	MED-PRO DISTRIBUTORS, LLC
A/P	175372	04/11/18	4.00	MEDLINE INDUSTRIES INC
A/P	175373	04/11/18	115.00	MICHAEL PFIEL
A/P	175374	04/11/18	17,980.08	MMC EMPLOYEE BENEFIT PLAN
A/P	175375	04/11/18	2,200.00	MMC EMPLOYEES ACTIVITES TEAM
A/P	175376	04/11/18	.00	VOIDED
A/P	175377	04/11/18	.00	VOIDED
A/P	175378	04/11/18	13,134.52	MORRIS & DICKSON CO, LLC
A/P	175379	04/11/18	910.72	OWENS & MINOR
A/P	175380	04/11/18	1,290.00	PABLO GARZA
A/P	175381	04/11/18	9,410.19	PAETEC (WINDSTREAM)
A/P	175382	04/11/18	2,627.00	PHILIPS HEALTHCARE
A/P	175383	04/11/18	250.00	PORT LAVACA PLUMBING
A/P	175384	04/11/18	2,275.00	PREMIER SLEEP DISORDERS CENTER
A/P	175385	04/11/18	1,667.00	RADSOURCE
A/P	175386	04/11/18	480.00	REVISTA de VICTORIA
A/P	175387	04/11/18	6,082.16	RICOH USA, INC.
A/P	175388	04/11/18	10.00	ROBERT RODRIGUEZ
A/P	175389	04/11/18	253.52	SHERWIN WILLIAMS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	175390	04/11/18	517.33	SHIRLEY KARNEI
A/P	175391	04/11/18	1,575.00	SIGN AD, LTD.
A/P	175392	04/11/18	58.92	SMILE MAKERS
A/P	175393	04/11/18	8,137.05	SOLERA WEST HOUSTON
A/P	175394	04/11/18	3,472.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	175395	04/11/18	2,745.00	STACY SYSTEMS INC
A/P	175396	04/11/18	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	175397	04/11/18	3,483.00	TEXAS MUTUAL INSURANCE CO
A/P	175398	04/11/18	3,884.76	THE CRESCENT
A/P	175399	04/11/18	75.00	THE DOCTORS' CENTER
A/P	175400	04/11/18	812.00	TRIZETTO PROVIDER SOLUTIONS
A/P	175401	04/11/18	7,350.00	TRUSTAFF
A/P	175402	04/11/18	.00	VOIDED
A/P	175403	04/11/18	3,204.44	UNIFIRST HOLDINGS INC
A/P	175404	04/11/18	299.55	UPS
A/P	175405	04/11/18	2,778.14	US ALLERGY LABS
A/P	175406	04/11/18	4,117.11	WERFEN USA LLC
A/P	175407	04/11/18	1,583.00	WILLIAM CROWLEY III, DO
A/P	175408	04/11/18	10,296.92	FORTBEND HEALTHCARE CENTER
A/P	175409	04/11/18	24,311.03	GOLDENCREEK HEALTHCARE
A/P	175410	04/11/18	9,545.32	SOLERA WEST HOUSTON
A/P	175411	04/11/18	35,776.16	ASHFORD GARDENS
A/P	175412	04/11/18	2,555.44	THE CRESCENT
TOTALS:			~~465,764.35~~	

This check register is for the criticals processed seperatly from payables. $82,484.87

10,296.92 +
24,311.03 +
9,545.32 +
35,776.16 +
2,555.44 +
82,484.87 *

APPROVED
ON

APR 11 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Elan™

April 2018 Statement

Open Date: 03/06/2018 Closing Date: 04/04/2018

Account: 4378

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN 510)

Cardmember Service 1-866-552-8855
BUS 30 ELN 8 3

New Balance	**$6,741.12**
Minimum Payment Due	**$68.00**
Payment Due Date	**05/01/2018**

2.00 +
2.00 +
520.00 +
2.00 +
1,098.00 +
1,098.00 +
425.96 +
136.40 +
43.00 +
663.86 +
132.96 +
787.62 +
220.00 +
550.00 +
110.00 +
179.31 +
199.00 +
199.00 +
86.00 +
200.00 +
44.99 +
2.00 +
2.00 +
2.00 +
35.62 +
6,741.12 =

Activity Summary

Previous Balance	+	$4,058.90
Payments	-	$4,058.90CR
Other Credits		$0.00
Purchases	+	$6,741.12
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$6,741.12**
Past Due		**$0.00**
Minimum Payment Due		**$68.00**
Credit Line		$10,000.00
Available Credit		$3,258.88
Days in Billing Period		30

$6741.12
APPROVED
ON
APR 06 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC will pay by phone.

Mail payment coupon with a check

Pay online at myaccountaccess.com

Pay by phone 1-866-552-8855

Please detach and send coupon with check payable to: Cardmember Service CPN 001171510

00479851005357437800000680000006741120

Account Number	1378
Payment Due Date	5/01/2018
New Balance	$6,741.12
Minimum Payment Due	$68.00

Amount Enclosed $_____

24-Hour Cardmember Service: 1-866-552-8855

. to pay by phone
. to change your address

000015369 01 SP 000638815804749 P Y

MEMORIAL MEDICAL CNT
JASON W ANGLIN
202 S ANN ST # A
PORT LAVACA TX 77979-4204

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Elan

MEMORIAL MEDICAL CNT
JASON W ANGLIN '1510)

Cardmember Service 1-866-552-8855

Important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
03/15			PAYMENT THANK YOU	$4,058.90CR	
			TOTAL THIS PERIOD	**$4,058.90CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
03/06	03/05	9972	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
03/06	03/05	0038	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
03/07	03/06	7737	TEXAS SOCIETY OF INFEC 512-7223717 TX	$520.00	
03/14	03/13	1835	FERGUSON ENT #787 VICTORIA TX	$136.40	
03/15	03/14	6395	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
03/15	03/14	9377	SQ *ADVANCED PRACTI 877-417-4551 CA	$1,098.00	
03/15	03/14	2790	SQ *ADVANCED PRACTI 877-417-4551 CA	$1,098.00	
03/15	03/14	3169	IN *OCCUPRO, LLC 866-4704440 WI	$425.36	
03/15	03/15	1422	AMA*CREDENTIALING 800-621-8335 IL	$43.00	
03/19	03/14	0736	THE GALLERY COLLECTION 201-6417900 NJ	$663.86	
03/22	03/21	0428	DIY AWARDS 800-810-1216 CT	$132.96	
03/23	03/21	6773	HYATT REGENCY SAN ANTO SAN ANTONIO TX 03/18/18 FOR 03 NIGHTS FOLIO: 27587237	$787.62	
03/23	03/22	0925	PTOT FACILITIES 512-305-6900 TX	$220.00	
03/26	03/22	0119	AMERICAN 0012179984853 FORT WORTH TX TURNER/LARKIN 04/09/18 MOBILE ALA TO DALLAS DALLAS TO HOUSTN HOBBY HOUSTN HOBBY TO DALLAS DALLAS TO MOBILE ALA	$550.00	
03/26	03/23	2396	WPY*KnowledgeConnex 855-469-3729 CA	$110.00	
03/27	03/26	5648	SAFETYPRODUCTS 760-944-1048 CA	$179.31	
03/27	03/26	1186	FREDPRYOR CAREERTRACK 800-5563012 KS	$199.00	
03/27	03/26	1350	FREDPRYOR CAREERTRACK 800-5563012 KS	$199.00	
03/27	03/27	0669	AMA*CREDENTIALING 800-621-8335 IL	$86.00	
03/28	03/27	0386	PUBLIC CHARTERS WWW.PUBLICCHA PA	$200.00	
03/28	03/27	2805	AMAZON.COM AMZN.COM/BI AMZN.COM/BILL WA	$44.99	
03/29	03/28	0541	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
03/29	03/28	0624	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
03/29	03/28	0707	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
03/30	03/29	3029	BADGE BUDDIES 954-931-8544 FL	$35.62	

Continued on Next Page

Elan

MEMORIAL MEDICAL CNT
JASON W ANGLIN 1510)

Cardmember Service 1-866-552-8855

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
			TOTAL THIS PERIOD	**$6,741.12**	

2018 Totals Year-to-Date	
Total Fees Charged in 2018	$0.00
Total Interest Charged in 2018	$0.00

Company Approval *(This area for use by your company)*

Signature/Approval: _____ Accounting Code: _____

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	11.49%	
**PURCHASES	$6,741.12	$0.00	YES	$0.00	11.49%	
**ADVANCES	$0.00	$0.00	YES	$0.00	25.49%	

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Service

Date: 4/5/18

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: Pam V

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		NPDB - 1 Provider			2.00	✓
2	—		" "			2.00	✓
3	—		Texas Society of Inf. Cont + Prev.			520.00	✓
4			Conf. - Registration Debbie Withebert				
5	—		NPDB - 1 Provider			2.00	✓
6	—		SQ Advanced Practice - Registration			1,098.00	✓
7			for Traci Shefcik, NP (Clinic) 4/20/18 4/22/18				
8	—		SQ Advanced Practice - Registration 4/20/18 - 4/22/18			1,098.00	✓
9			for Courtne Thurlkill, NP (Clinic)				
10	—		In OccuPro, LLC - Rehab SVS (PT)			425.36	✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~3147.36~~ 134.40

NOTES: Ferguson Enterprises - Supplies

charges made to JASON's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Services

Date: 4/5/18

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA - Init + Cont Mon.			43.00 ✓
2			1 Physician			
3	—		The Gallery Collection - Emp			663.86 ✓
4			Birthday Cards			
5	—		DIY - Chief of Staff - Dr. Pownell			132.96 ✓
6			Plaque			
7	—		Hyatt Regency - Hotel Expense			787.62 ✓
8			Allyson Swope - 2018 NARHC			
9			Took Danette's place 3/16/18 - 3/21/18			
10	—		PTOT - Facility Registration - Rehab SVS			220.00

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~1,847.44~~

NOTES:

Charges made to Jason's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(3)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Services

Date: 4/5/18

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		American Airlines- Larkin			550.00	✓
2			Turner - CPSI on-site training for Payroll				
3	—		WPY - Registration for Marissa			110.00	✓
4			Sutherland - HAHIMA District 1X Qtr Meeting				
5	—		Safety Products - CPR items			179.31	✓
6	—		Fred Pryor Seminar - Alison			199.00	✓
7			King Registration				
8	—		Fred Pryor Seminar - Roshanda			199.00	✓
9			Thomas Registration				
10	—		AMA - Init + Cont. Mon. - ~~one~~ two physician			86.00	✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~1223.31~~

NOTES:

Charges made to Jason's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(4)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Services

Date: 4-5-18

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Public Charters - Flight for			200.00 ✓
2			Erin Clevenger - TORCH Conf			
3	—		Amazon - PT Stabilizer Aressure			44.99 ✓
4	—		NPDB - 1 Provider			2.00 ✓
5	—		" "			2.00 ✓
6	—		" "			2.00 ✓
7	—		Badge Buddies - Rehab Svs			35.62 ✓
8						
9			Total of pgs 1-4			$ 6,741.12
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 286.61

NOTES:

Charges made to Jason's credit card

Contact: _____ Date: _____

Quoted By: _____

Buyer: _____ E.T.A. _____

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

McKESSON

Company: 8000

STATEMENT

As of: 04/06/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 04/07/2018

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 04/06/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 04/07/2018 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,098.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 04/10/2018,
Pay This Amount: 2,056.54 USD

If Paid After 04/10/2018,
Pay this Amount: 2,098.49 USD

Due If Paid On Time:
USD 2,056.54

Disc lost if paid late:
41.95

Due If Paid Late:
USD 2,098.49

To be
CK# 976

Coding 60310000

1,637.59 +
418.95 +
2,056.54 =

APPROVED
ON
APR 09 2018 CK# 000976

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Rodenle S Thomas 4/9/18

McKESSON

STATEMENT

Company: 8000

As of: 04/06/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/07/2018

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 04/06/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/07/2018 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
04/02/2018	04/10/2018	7863882355	2657839502	115Invoice	0.18	9.06		8.88 ✓		7863882355	
04/04/2018	04/10/2018	7864311640	9407847643	115Invoice	2.48	124.02		121.54 ✓		7864311640	
04/04/2018	04/10/2018	7864311641	0402180533-00	115Invoice	0.01	0.63		0.62 ✓		7864311641	
04/05/2018	04/10/2018	7864533963	5057850312	115Invoice	2.34	116.89		114.55 ✓		7864533963	
04/06/2018	04/10/2018	7864743160	5057855130	115Invoice	1.09	54.71		53.62 ✓		7864743160	
04/06/2018	04/10/2018	7864743161	0405180501-00	115Invoice	2.44	122.18		119.74 ✓		7864743161	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 427.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,462.41
04/02/2018

If Paid By 04/10/2018,
Pay This Amount: 418.95 USD ✓

If Paid After 04/10/2018,
Pay this Amount: 427.49 USD

Due If Paid On Time:
USD 418.95

Disc lost if paid late:
8.54

Due If Paid Late:
USD 427.49

Rolanda S Thomas
4/9/18

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/06/2018 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 04/07/2018

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 04/06/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 04/07/2018 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
04/02/2018	04/10/2018	7863897123	1001198688	115Invoice	2.90	145.07		142.17		7863897123	
04/02/2018	04/10/2018	7863897126	1001199477	115Invoice	2.59	129.39		126.80		7863897126	
04/02/2018	04/10/2018	7863897128	1001199881	115Invoice	5.20	260.17		254.97		7863897128	
04/03/2018	04/10/2018	7864088551	1001200249	115Invoice	0.25	12.47		12.22		7864088551	
04/04/2018	04/10/2018	7864296721	1001200886	115Invoice	4.14	207.16		203.02		7864296721	
04/05/2018	04/10/2018	7864551528	1001201506	115Invoice	7.09	354.46		347.37		7864551528	
04/05/2018	04/10/2018	7864551530	1001201506	115Invoice	1.06	53.06		52.00		7864551530	
04/06/2018	04/10/2018	7864739204	1001202231	115Invoice	10.18	509.22		499.04		7864739204	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 1,671.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,462.41
04/02/2018

If Paid By 04/10/2018,
Pay This Amount: 1,637.59 USD

If Paid After 04/10/2018,
Pay this Amount: 1,671.00 USD

Due If Paid On Time:
USD 1,637.59

Disc lost if paid late: 33.41

Due If Paid Late:
USD 1,671.00

Roland Thomas 4/9/18

RUN DATE:04/12/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:44 CHECK REGISTER GLCKREG
04/12/18 THRU 04/12/18

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000976	04/12/18	2,056.54	MMC OPERATING
TOTALS:			2,056.54	

McKesson Check register

APPROVED
ON

APR 11 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	18	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	6	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 290.96	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 177.38	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 41.48	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 72.10	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	1.25	N		N	N	N	51.09
C	CALL PAY	252.00	N		N	N	N	504.00
E	EXTRA WAGES	9.00	N		N	N	N	237.96
K	EXTENDED-ILLNESS-BANK	50.00	N		N	N	N	500.00
P	PAID-TIME-OFF	13.75	N		N	N	N	137.50

Deductions Summary

Code	Amount				
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	72.10	FICA-M	20.74	FICA-O	88.70
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF		STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R		TUTION		UNIFOR	
UW/HOS					

Grand Totals: 326.00 (Gross: 1430.55 Deductions: 181.54 Net: 1249.01)

Checks Count:- FT 4 PT Other Female 3 Male 1 Credit OverAmt ZeroNet Term Total: 4

Pay date 4/13/18

Roshine S Thomas 4/9/18

MEMORIAL MEDICAL CENTER
I B C
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- Mar 31, 2018 - Apr 6, 2018

Date	Bank Description	MMC Notes	Amount
4/4/2018	ACH Payment - VIVONET ACQUISIT PAYMENT	- Credit Card Machine Lease Expense	99.00

Total Electronic Payments: 99.00

Roshanda S Thomas 4/9/18

Roshanda Thomas
Memorial Medical Center

April 9, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- March 31st, 2018 - April 6th, 2018

Date	Bank Description	MMC Notes	Amount
4/5/2018	ACH Payment FDGL LEASE PYMT 052-0802937-000 410001227018	- Credit Card Machine Lease Expense	86.30
4/5/2018	ACH Payment FDGL LEASE PYMT 052-0802938-000 410001227018	- Credit Card Machine Lease Expense	59.25
4/5/2018	ACH Payment FDGL LEASE PYMT 052-0802939-000 410001227018	- Credit Card Machine Lease Expense	59.25
4/5/2018	ACH Payment FDGL LEASE PYMT 052-1479213-000 410001227257	- Credit Card Machine Lease Expense	43.26
4/5/2018	ACH Payment FDGL LEASE PYMT 052-1479214-000 410001227257	- Credit Card Machine Lease Expense	40.02
4/5/2018	ACH Payment FDGL LEASE PYMT 052-1479468-000 410001227259	- Credit Card Machine Lease Expense	69.24
4/3/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03422178 910000134	- 340B Drug Program Expense	2,462.41 *
4/4/2018	ACH Payment MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
4/4/2018	ACH Payment MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	132.55
4/4/2018	ACH Payment MERCH BNKCD DISCOUNT 971160914885 1149025200	- Credit Card Processing Fee	114.46
4/4/2018	ACH Payment MERCH BNKCD DISCOUNT 971160915882 1149025200	- Credit Card Processing Fee	68.15
4/4/2018	ACH Payment MERCH BNKCD FEE 971160910883 114902520002456	- Credit Card Processing Fee	11.04
4/4/2018	ACH Payment MERCH BNKCD FEE 971160911881 114902520002457	- Credit Card Processing Fee	29.90
4/4/2018	ACH Payment MERCH BNKCD FEE 971160912889 114902520002458	- Credit Card Processing Fee	9.95
4/4/2018	ACH Payment MERCH BNKCD FEE 971160913887 114902520002459	- Credit Card Processing Fee	136.89
4/4/2018	ACH Payment MERCH BNKCD FEE 971160914885 114902520002460	- Credit Card Processing Fee	50.96
4/4/2018	ACH Payment MERCH BNKCD INTERCHNG 971160910883 114902520	- Credit Card Processing Fee	8.12
4/4/2018	ACH Payment MERCH BNKCD INTERCHNG 971160911881 114902520	- Credit Card Processing Fee	20.01
4/4/2018	ACH Payment MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	81.67
4/4/2018	ACH Payment MERCH BNKCD INTERCHNG 971160914885 114902520	- Credit Card Processing Fee	15.04
4/6/2018	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122652979397	- Payroll	266,851.01 *
		Total Electronic Payments:	270,369.43

Roshanda Thomas 4/9/18
Roshanda Thomas
Memorial Medical Center

* Approved 04.04.18 CC

Credit Card Machine Lease Expenses! Processing Fee's

86.30 +
59.25 +
59.25 +
43.26 +
40.02 +
69.24 +
19.95 +
132.55 +
114.46 +
68.15 +
11.04 +
29.90 +
9.95 +
136.89 +
50.96 +
8.12 +
20.01 +
81.67 +
15.04 +
1,056.01 *

270,369.43 +
2,462.41 -
266,851.01 -
1,056.01 *

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
4/9/2018

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Transfer Out	Pending Deposits	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	35,991.50 ✓	35,891.50 ✓	17,741.76			-	-	-	17,841.76 ✓	17,741.76
									Bank Balance	17,841.76	
									variance	-	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Transfer Out	Pending Deposits	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	18,502.93 ✓	18,402.93 ✓	58,955.60				-	-	59,055.60 ✓	58,955.60
									Bank Balance	59,055.60	
									variance	-	
Crescent	14588	11,165.01 ✓	12,020.30 ✓	17,266.13				-	-	16,410.84 ✓	16,310.84
									Bank Balance	16,410.84	
									variance	-	
Broadmoor	4596	14,618.74 ✓	14,518.74 ✓	55,118.21				-	-	55,218.21 ✓	55,118.21
									Bank Balance	55,218.21	
									Variance	-	
Fort Bend	14618	29,100.95 ✓	29,000.95 ✓	2,930.88				-	-	3,030.88 ✓	2,930.88
									Bank Balance	3,030.88	
									Variance		
										Total IBC Transfers	151,057.29 ✓

133,315.6

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 0614
Account # 2922

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

APPROVED
ON
APR 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: Roberta Thomas 4/9/18

L:\NH Weekly Transfers\NH UPL Transfer Summary\2018\Apr 2018\NH UPL Transfer Summary 04-09-18.xlsx

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/9/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits	YTD Interest Earned	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	381	120,212.78 ✓	120,065.24 ✓	97,690.06			125.62	-		-	-	97,837.60	97,611.98 ✓
											Bank Balance	97,837.60	
											Variance	-	
Routing Information for Ashford Gardens:									Less:	Pending QIPP Ck not cleared			
Ashford Health Care Center Ltd Co									Less:		YTD-Interest	125.62 ✓	
JP Morgan Chase Bank									Less:		Leave In Balance	100.00	
ABA [illegible]*614*											Adjust Balance/Transfer Amt	**97,611.98**	
Accou... [illegible]*4257*													

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits	YTD Interest Earned	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4438	160,768.88 ✓	160,637.69 ✓	30,157.40			144.03				-	30,288.59 ✓	30,044.56 ✓
											Bank Balance	30,288.59	
											Variance	-	
									Less:	Pending QIPP Ck not cleared			
									Less:		YTD-Interest	144.03 ✓	
									Less:		Leave in Balance	100.00	
											Adjust Balance/Transfer Amt	**30,044.56**	
Crescent	1411	106,246.92 ✓	106,146.92 ✓	28,798.21			102.30				-	28,898.21 ✓	28,695.91 ✓
											Bank Balance	28,898.21	
											Variance	-	
									Less:	Pending QIPP Ck not cleared			
									Less:		YTD-Interest	102.30 ✓	
									Less:		Leave in Balance	100.00	
											Adjust Balance/Transfer Amt	**28,695.91**	
Broadmoor	403	190,277.93 ✓	190,128.87 ✓	35,881.38			197.10				-	36,030.44 ✓	35,733.34 ✓
											Bank Balance	36,030.44	
											Variance	-	
									Less:	Pending QIPP Ck not cleared		-	
									Less:		Jan, Feb YTD-Interest	197.10 ✓	
									Less:		Leave in Balance	100.00	
											Adjust Balance/Transfer Amt	**35,733.34**	
Fort Bend	446	74,397.08 ✓	74,281.54 ✓	11,967.10			42.94				-	12,082.64 ✓	11,939.70 ✓
											Bank Balance	12,082.64	
											Variance	-	
									Less:	Pending QIPP Ck not cleared			
									Less:		YTD-Interest	42.94 ✓	
									Less:		Leave in Balance	100.00	
											Adjust Balance/Transfer Amt	**11,939.70**	

TOTAL TRANSFERS	204,025.49 ✓

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 0614
Account # [illegible]922

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

APPROVED
ON
APR 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: Roland S Thomas 4/9/18

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
4/4//2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits	2018 YTD Iterest Earned	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Nexion Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek	1454	111,720.74 ✓	111,509.51 ✓	31,056.39		-	111.23 ✓			-	-	31,267.62 ✓	31,056.39

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA : 248
Acco.... 0323

Bank Balance	31,267.62
Variance	-
Pending QIPP Ck not cleared	
YTD-Interest	111.23
Leave in Balance	100.00
Adjust Balance/Tr	31,056.39

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: Roliene S. Thomas 4/9/18

APPROVED
ON
APR 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P A Y E E: Memorial Medical Center Operating

Date Requested: 04/11/17

APPROVED ON
APR 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $125.62

G/L NUMBER: 21000012

EXPLANATION: Ashford - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Roxiane S Thomas 4/9/18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 04/11/17

APPROVED ON APR 09 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $111.23

G/L NUMBER: 21000013

EXPLANATION: Golden Creek - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Roland Gutierrez 4/9/18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 04/11/17

APPROVED ON APR 09 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $42.94

G/L NUMBER: 21000008

EXPLANATION: Fort Bend - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Roslane S Williams 4/9/18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 04/11/17

APPROVED ON APR 09 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $144.03

G/L NUMBER: 21000011

EXPLANATION: Solera - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Roxanne S Thomas 4/9/18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 04/09/17

APPROVED ON APR 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $197.10

G/L NUMBER: 11000009

EXPLANATION: Broadmoor - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Roland Flores 4/9/18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 04/11/17

APPROVED ON APR 09 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $102.30

G/L NUMBER: 21000010

EXPLANATION: Crescent - To transfer funds for interest earned.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Roslane S. Thomas 4/9/18

RUN DATE:04/12/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:56 CHECK REGISTER GLCKREG
04/12/18 THRU 04/12/18

BANK	CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHB	*	000002	04/12/18	197.10	MMC OPERATING
NHG	*	000006	04/12/18	111.23	MMC OPERATING
NHC		000011	04/12/18	102.30	MMC OPERATING
NHF	*	000012	04/12/18	312.59	MMC OPERATING
A/P	*	000976	04/12/18	2,056.54	MMC OPERATING
ICP		012083	04/12/18	6,212.65	MEMORIAL MEDICAL CENTER
ICP		012084	04/12/18	33.27	MEMORIAL MEDICAL CENTER
ICP		012085	04/12/18	4,166.67	MEMORIAL MEDICAL CENTER
TOTALS:				13,192.35	

Nursing Home Interest owed

197.10 +
111.23 +
102.30 +
312.59 +
723.22 *

This check register is For Nursing Home interest owed checks.

APPROVED
ON

APR 11 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS