MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- April 18, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 819,363.57
TOTAL TRANSFERS BETWEEN FUNDS	$ -
TOTAL NURSING HOME UPL EXPENSES	$ 581,809.68
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED April 18, 2018	**$ 1,401,173.25**

APPROVED

APR 18 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- April 18, 2018

PAYABLES AND PAYROLL			
4/12/2018	Weekly Payables	308,187.34	
4/16/2018	McKesson-340B Prescription Expense	5,076.38	
4/13/2018	Calhoun County-Voyager Fuel	53.16	
4/12/2018	Patient Refunds	5,287.32	
4/16/2018	MMC Employee Benefit Plan-Employee Insurance	127,626.57	
4/16/2018	American College of Radiology	3,200.00	
4/16/2018	Luby's Fuddruckers Restaurants-Food Expenses	18,076.49	
4/16/2018	Payroll Liabilities (Payroll Taxes)	86,420.80	
4/16/2018	Payroll	260,438.66	
	Electronic Bank Payments		
4/9/2018	IBC Electronic Payments (Credit Card & Lease Fees)	81.20	
	Prosperity Electronics Payments		
4/9/-4/11/18	Credit Card & Lease Fees	4,082.46	
4/17/2018	Sales Tax for March 2018	833.19	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 819,363.57**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
4/16/2018	Nursing Home UPI	43,035.10	
4/16/2018	Nursing Home UPI	187,462.64	
4/16/2018	Nursing Home UPI	220,281.79	
QIPP/INTEREST CHECKS TO MMC			
4/16/2018	Ashford	65,630.88	
4/16/2018	Golden Creek	24,311.03	
4/16/2018	Fort Bend	18,889.56	
4/16/2018	Solera	17,510.76	
4/16/2018	Broadmoor		
4/16/2018	Crescent	4,687.92	
TOTAL NURSING HOME UPL EXPENSES			**$ 581,809.68**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED April 18, 2018			**$ 1,401,173.25**

04/12/2018 MEMORIAL MEDICAL CENTER 0
10:13 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 04/25/2018

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23707 ✓		04/03/20	04/20/20	04/20/20		1,400.00	0.00	0.00	1,400.00 ✓
	RFID FEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040518		04/11/20	04/05/20	04/05/20		264.60	0.00	0.00	264.60 ✓
	TRAVEL NARHC 2018 Spring Institute 03/18/18 - 03/21/18								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	264.60	0.00	0.00	264.60

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
448854 ✓		03/26/20	03/22/20	04/22/20		2,746.75	0.00	0.00	2,746.75 ✓
	STAFFING Boutte 3/9/18 - 3/15/18								
444326R ✓		04/11/20	03/08/20	04/08/20		3,002.25	0.00	0.00	3,002.25 ✓
	STAFFING SURGERY Boutte 2/23/18 - 3/09/18								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE INC	5,749.00	0.00	0.00	5,749.00

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
4330719 ✓		04/04/20	03/25/20	04/19/20		2,695.00	0.00	0.00	2,695.00 ✓
	SUPPLIES								
106959152 ✓		04/04/20	03/26/20	04/20/20		186.31	0.00	0.00	186.31 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	2,881.31	0.00	0.00	2,881.31

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
040418A		04/11/20	04/04/20	04/05/20		750.00	0.00	0.00	750.00 ✓
	TRANSFER Pymt sent to MMC in error								
040418		04/11/20	04/04/20	04/05/20		502.50	0.00	0.00	502.50 ✓
	TRANSFER Pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	1,252.50	0.00	0.00	1,252.50

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040618		04/11/20	04/06/20	04/06/20		200.00	0.00	0.00	200.00 ✓
	INDIGENT COPAYS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	200.00	0.00	0.00	200.00

Vendor#	Vendor Name				Class	Pay Code				
C1730	CITY OF PORT LAVACA ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	031518A		04/11/20	03/15/20	04/15/20		460.21	0.00	0.00	460.21 ✓
		WATER 810 N. Ann St.								
	031518		04/11/20	03/15/20	04/15/20		42.24	0.00	0.00	42.24 ✓
		WATER 701 N. Virgina St.								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA				502.45	0.00	0.00	502.45
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
	OE180511 ✓		04/05/20	03/15/20	04/19/20		349.90	0.00	0.00	349.90 ✓
		SUPPLIES								
	WO240471 ✓		04/05/20	03/15/20	04/19/20		139.96	0.00	0.00	139.96 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS				489.86	0.00	0.00	489.86
Vendor#	Vendor Name				Class	Pay Code				
11004	CSI LEASING INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	RT00187342 ✓		04/03/20	03/22/20	04/22/20		2,965.64	0.00	0.00	2,965.64 ✓
		LEASE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11004	CSI LEASING INC				2,965.64	0.00	0.00	2,965.64
Vendor#	Vendor Name				Class	Pay Code				
R1050	CULLIGAN OF VICTORIA ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	555X02913507 ✓		04/11/20	01/31/20	02/25/20		430.95	0.00	0.00	430.95 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1050	CULLIGAN OF VICTORIA				430.95	0.00	0.00	430.95
Vendor#	Vendor Name				Class	Pay Code				
W3290	DEBORAH WITTNEBERT ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	040918		04/11/20	04/09/20	04/09/20		284.48	0.00	0.00	284.48
		TRAVEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W3290	DEBORAH WITTNEBERT				284.48	0.00	0.00	284.48
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
	5239670 ✓		04/05/20	12/20/20	04/19/20		59.74	0.00	0.00	59.74 ✓
		SUPPLIES								
	5271830 ✓		04/05/20	01/25/20	04/19/20		348.25	0.00	0.00	348.25 ✓
		SUPPLIES								
	5302850 ✓		04/05/20	02/26/20	04/19/20		28.49	0.00	0.00	28.49 ✓
		SUPPLIES								
	5319400 ✓		04/05/20	03/14/20	04/19/20		30.20	0.00	0.00	30.20 ✓
		SUPPLIES								
	5322270 ✓		04/05/20	03/19/20	04/19/20		73.74	0.00	0.00	73.74 ✓
		SUPPLIES								

5170901		04/05/20	10/10/20	04/19/20	1.50	0.00	0.00	1.50
	SUPPLIES							
5200390		04/05/20	11/08/20	04/19/20	124.20	0.00	0.00	124.20
	SUPPLIES							
5204910		04/05/20	11/13/20	04/19/20	301.44	0.00	0.00	301.44
	SUPPLIES							
5226710A		04/05/20	12/06/20	04/19/20	102.58	0.00	0.00	102.58
	SUPPLIES							
5243590		04/05/20	12/27/20	04/19/20	322.52	0.00	0.00	322.52
	SUPPLIES							
5054140A		04/11/20	04/11/20	04/21/20	144.00	0.00	0.00	144.00
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,536.66	0.00	0.00	1,536.66

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
7472584		04/05/20	03/13/20	04/19/20			96.82	0.00	0.00	96.82
	SUPPLIES									
7472585		04/05/20	03/13/20	04/19/20			1,835.27	0.00	0.00	1,835.27
	SUPPLIES									
7547310		04/05/20	03/14/20	04/19/20			1,200.00	0.00	0.00	1,200.00
	SUPPLIES									
7547311		04/05/20	03/14/20	04/19/20			1,610.30	0.00	0.00	1,610.30
	SUPPLIES									
7753243		04/05/20	03/19/20	04/19/20			196.24	0.00	0.00	196.24
	SUPPLIES									
7827846		04/05/20	03/20/20	04/19/20			1,108.83	0.00	0.00	1,108.83
	SUPPLIES									
7928425		04/05/20	03/21/20	04/19/20			1,200.00	0.00	0.00	1,200.00
	SUPPLIES									
8130190		04/05/20	03/23/20	04/19/20			252.54	0.00	0.00	252.54
	SUPPLIES									
8130191		04/05/20	03/23/20	04/19/20			168.36	0.00	0.00	168.36
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	7,668.36	0.00	0.00	7,668.36

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
032918A		04/11/20	03/29/20	04/05/20			10,946.84	0.00	0.00	10,946.84
	TRANSFER Pymt made to MMC in error									
032918		04/11/20	03/29/20	04/05/20			5,002.41	0.00	0.00	5,002.41
	TRANSFER Pymt made to MMC in error									
040418		04/11/20	04/04/20	04/05/20			5,199.57	0.00	0.00	5,199.57
	TRANSFER Pymt made to MMC in error									
040518B		04/11/20	04/05/20	04/05/20			31,413.11	0.00	0.00	31,413.11
	TRANSFER Pymt made to MMC in error									
040518		04/11/20	04/05/20	04/05/20			25,562.81	0.00	0.00	25,562.81
	TRANSFER Pymt made to MMC in error									
040518A		04/11/20	04/05/20	04/05/20			10,015.11	0.00	0.00	10,015.11

	TRANSFER Pymt made to MMC in error							
040518C		04/11/20	04/05/20	04/05/20	1,365.88	0.00	0.00	1,365.88 ✓
	TRANSFER Pymt made to MMC in error							
041018		04/11/20	04/10/20	04/05/20	4,161.62	0.00	0.00	4,161.62 ✓
	TRANSFER							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE			93,667.35	0.00	0.00	93,667.35

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
1471032 ✓		04/05/20	03/20/20	04/19/20			303.10	0.00	0.00	303.10 ✓
	SUPPLIES									
1471022 ✓		04/05/20	03/20/20	04/19/20			30.13	0.00	0.00	30.13 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					333.23	0.00	0.00	333.23

Vendor#	Vendor Name	Class	Pay Code
10298	HITACHI MEDICAL SYSTEMS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0114694 ✓		03/20/20	03/15/20	04/20/20			8,333.33	0.00	0.00	8,333.33 ✓
	SERVICE AGREEMENT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS					8,333.33	0.00	0.00	8,333.33

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2804 ✓		04/11/20	03/31/20	04/20/20			14,688.18	0.00	0.00	14,688.18 ✓
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					14,688.18	0.00	0.00	14,688.18

Vendor#	Vendor Name	Class	Pay Code
11876	INTEGRATED PHARMACY SERVICE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MEMORIAL1 ✓		04/12/20	04/11/20	04/11/20			1,225.00	0.00	0.00	1,225.00 ✓
	340B POLICY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11876	INTEGRATED PHARMACY SERVICE					1,225.00	0.00	0.00	1,225.00

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC42018 ✓		04/11/20	04/10/20	04/20/20			24,065.90	0.00	0.00	24,065.90 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					24,065.90	0.00	0.00	24,065.90

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC. ✓	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0010047193		04/11/20	03/23/20	04/23/20			133.26	0.00	0.00	133.26 ✓
	INDIGENT CARE 3/23/18									
040918		04/11/20	04/09/20	04/09/20			155.80	0.00	0.00	155.80 ✓
	INDIGENT CARE 04/06/18									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

10613	MEDIMPACT HEALTHCARE SYS, INC.	289.06	0.00	0.00	289.06			

Vendor# Vendor Name Class Pay Code

11668 MEDIPROCITY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3994 ✓		04/11/20	04/01/20	04/01/20		138.00	0.00	0.00	138.00 ✓
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11668	MEDIPROCITY	138.00	0.00	0.00	138.00

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
1846241279 ✓		04/05/20	03/10/20	04/19/20		78.73	0.00	0.00	78.73 ✓
	SUPPLIES								
1846241275 ✓		04/05/20	03/10/20	04/19/20		20.60	0.00	0.00	20.60 ✓
	SUPPLIES								
1846241274 ✓		04/05/20	03/10/20	04/19/20		30.36	0.00	0.00	30.36 ✓
	SUPPLIES								
1846141278 ✓		04/05/20	03/10/20	04/19/20		71.81	0.00	0.00	71.81 ✓
	SUPPLIES								
1846241269 ✓		04/05/20	03/10/20	04/19/20		974.23	0.00	0.00	974.23 ✓
	SUPPLIES								
1846241280 ✓		04/05/20	03/10/20	04/19/20		156.17	0.00	0.00	156.17 ✓
	SUPPLIES								
1846323734 ✓		04/05/20	03/13/20	04/19/20		57.04	0.00	0.00	57.04 ✓
	SUPPLIES								
1846323733 ✓		04/05/20	03/13/20	04/19/20		77.49	0.00	0.00	77.49 ✓
	SUPPLIES								
1846323746 ✓		04/05/20	03/13/20	04/19/20		23.32	0.00	0.00	23.32 ✓
	SUPPLIES								
1846323731 ✓		04/05/20	03/13/20	04/19/20		122.56	0.00	0.00	122.56 ✓
	SUPPLIES								
1846323741 ✓		04/05/20	03/13/20	04/19/20		1,658.37	0.00	0.00	1,658.37 ✓
	SUPPLIES								
1846323735 ✓		04/05/20	03/13/20	04/19/20		136.37	0.00	0.00	136.37 ✓
	SUPPLIES								
1846323745 ✓		04/05/20	03/13/20	04/19/20		20.82	0.00	0.00	20.82 ✓
	SUPPLIES								
1846419224 ✓		04/05/20	03/14/20	04/19/20		22.78	0.00	0.00	22.78 ✓
	SUPPLI								
1846419225 ✓		04/05/20	03/14/20	04/19/20		174.54	0.00	0.00	174.54 ✓
	SUPPLIES								
1846486752 ✓		04/05/20	03/14/20	04/19/20		115.59	0.00	0.00	115.59 ✓
	SUPPLIES								
1846557615 ✓		04/05/20	03/15/20	04/19/20		1,339.24	0.00	0.00	1,339.24 ✓
	SUPPLIES								
1846557614 ✓		04/05/20	03/15/20	04/19/20		14.19	0.00	0.00	14.19 ✓
	SUPPLIES								
1846601265 ✓		04/05/20	03/16/20	04/19/20		76.51	0.00	0.00	76.51 ✓
	SUPPLIES								
1846601263 ✓		04/05/20	03/16/20	04/19/20		47.85	0.00	0.00	47.85 ✓
	SUPPLIES								

1846601266	04/05/20	03/16/20	04/19/20	42.56	0.00	0.00	42.56
SUPPLIES							
1846767620	04/05/20	03/20/20	04/19/20	887.00	0.00	0.00	887.00
SUPPLIES							
1846767614	04/05/20	03/20/20	04/19/20	211.81	0.00	0.00	211.81
SUPPLIES							
1846767619	04/05/20	03/20/20	04/19/20	36.80	0.00	0.00	36.80
SUPPLIES							
18467676717	04/05/20	03/20/20	04/19/20	1,572.94	0.00	0.00	1,572.94
SUPPLIES							
1846906862	04/05/20	03/21/20	04/19/20	11.39	0.00	0.00	11.39
SUPPLIES							
1846973511	04/05/20	03/22/20	04/19/20	1,463.45	0.00	0.00	1,463.45
SUPPLIES							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC		9,444.52	0.00	0.00	9,444.52

Vendor#	Vendor Name	Class	Pay Code
M2650	METLIFE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040118		04/12/20	04/01/20	04/01/20		258.52	0.00	0.00	258.52
	INS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2650	METLIFE				258.52	0.00	0.00	258.52

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
040918		04/12/20	04/09/20	04/09/20		34,331.35	0.00	0.00	34,331.35
	INS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				34,331.35	0.00	0.00	34,331.35

Vendor#	Vendor Name	Class	Pay Code
M2662	MMC VOLUNTEERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
671243		04/11/20	04/02/20	04/02/20		109.12	0.00	0.00	109.12
	DEBIT CARD MACHINE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS				109.12	0.00	0.00	109.12

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
2616153		04/11/20	04/04/20	04/14/20		192.75	0.00	0.00	192.75
	INVENTORY								
2614019		04/11/20	04/04/20	04/14/20		109.90	0.00	0.00	109.90
	INVENTORY								
2615959		04/11/20	04/04/20	04/14/20		87.21	0.00	0.00	87.21
	INVENTORY								
2615960		04/11/20	04/04/20	04/14/20		647.63	0.00	0.00	647.63
	INVENTORY								
2615961		04/11/20	04/04/20	04/14/20		25.28	0.00	0.00	25.28
	INVENTORY								
2614017		04/11/20	04/04/20	04/14/20		55.01	0.00	0.00	55.01
	INVENTORY								

2614018 ✓		04/11/20	04/04/20	04/14/20	18.34	0.00	0.00	18.34 ✓
	INVENTORY							
2619651 ✓		04/11/20	04/05/20	04/15/20	55.01	0.00	0.00	55.01 ✓
	INVENTORY							
2619232 ✓		04/11/20	04/05/20	04/15/20	1,150.92	0.00	0.00	1,150.92 ✓
	INVENTORY							
2621501 ✓		04/11/20	04/05/20	04/15/20	340.22	0.00	0.00	340.22 ✓
	INVENTORY							
2621355 ✓		04/11/20	04/05/20	04/15/20	666.82	0.00	0.00	666.82 ✓
	INVENTORY							
2619354 ✓		04/11/20	04/05/20	04/15/20	1,259.98	0.00	0.00	1,259.98 ✓
	INVENTORY							
2621499 ✓		04/11/20	04/05/20	04/15/20	1.54	0.00	0.00	1.54 ✓
	INVENTORY							
2619650 ✓		04/11/20	04/05/20	04/15/20	18.34	0.00	0.00	18.34 ✓
	INVENTORY							
2621500 ✓		04/11/20	04/05/20	04/15/20	952.59	0.00	0.00	952.59 ✓
	INVENTORY							
2626410 ✓		04/11/20	04/06/20	04/16/20	529.01	0.00	0.00	529.01 ✓
	INVENTORY							
2624988 ✓		04/11/20	04/06/20	04/16/20	445.25	0.00	0.00	445.25 ✓
	INVENTORY							
2626411 ✓		04/11/20	04/06/20	04/16/20	66.59	0.00	0.00	66.59 ✓
	INVENTORY							
2626408 ✓		04/11/20	04/06/20	04/16/20	1.16	0.00	0.00	1.16 ✓
	INVENTORY							
2626409 ✓		04/11/20	04/06/20	04/16/20	454.73	0.00	0.00	454.73 ✓
	INVENTORY							
2634674 ✓		04/11/20	04/09/20	04/19/20	2,667.17	0.00	0.00	2,667.17 ✓
	INVENTORY							
2634676 ✓		04/11/20	04/09/20	04/19/20	19.53	0.00	0.00	19.53 ✓
	INVENTORY							
2634675 ✓		04/11/20	04/09/20	04/19/20	1,129.35	0.00	0.00	1,129.35 ✓
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			10,894.33	0.00	0.00	10,894.33

Vendor#	Vendor Name	Class	Pay Code
11064	MSDSONLINE, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
176897 ✓		04/11/20	03/12/20	04/11/20			3,849.00	0.00	0.00	3,849.00 ✓
	RENEWAL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11064	MSDSONLINE, INC					3,849.00	0.00	0.00	3,849.00

Vendor#	Vendor Name	Class	Pay Code
A2252	NADINE GARNER ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
040618A		04/12/20	04/06/20	04/06/20			257.68	0.00	0.00	257.68 ✓
	TRAVEL TSICP 41st Annual Conference 4/5-4/6									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER					257.68	0.00	0.00	257.68

Vendor#	Vendor Name	Class	Pay Code

11144 NAZARIO HERNANDEZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040518		04/11/20	04/05/20	04/05/20		30.63	0.00	0.00	30.63
	TRAVEL Vlb Error to Dctar Navarro - 4/4/18								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11144	NAZARIO HERNANDEZ	30.63	0.00	0.00	30.63

Vendor# O1500 Vendor Name OLYMPUS AMERICA INC Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
95392261		04/11/20	03/07/20	04/01/20		1,137.51	0.00	0.00	1,137.51
	CONTRACT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,137.51	0.00	0.00	1,137.51

Vendor# OM425 Vendor Name OWENS & MINOR Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2036059093		03/31/20	03/20/20	04/19/20		1,699.97	0.00	0.00	1,699.97
	SUPPLIES								
2025974491		04/04/20	03/20/20	04/19/20		-4.23	0.00	0.00	-4.23
	CREDIT								
2025974351		04/04/20	03/20/20	04/19/20		-4.23	0.00	0.00	-4.23
	CREDIT								
2032804055		04/05/20	11/28/20	04/19/20		2,962.08	0.00	0.00	2,962.08
	SUPPLIES								
2035869819		04/05/20	03/13/20	04/19/20		91.71	0.00	0.00	91.71
	SUPPLIES								
2035929501		04/05/20	03/15/20	04/19/20		69.42	0.00	0.00	69.42
	SUPPLIES								
2036048764		04/05/20	03/20/20	04/19/20		34.96	0.00	0.00	34.96
	SUPPLIES								
2036153562		04/05/20	03/22/20	04/21/20		80.32	0.00	0.00	80.32
	SUPPLIES								
2036153892		04/05/20	03/22/20	04/21/20		54.67	0.00	0.00	54.67
	SUPPLIES								
2036155554		04/05/20	03/22/20	04/21/20		70.35	0.00	0.00	70.35
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	5,055.02	0.00	0.00	5,055.02

Vendor# 10326 Vendor Name PRINCIPAL LIFE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040118		04/12/20	04/01/20	04/01/20		1,700.13	0.00	0.00	1,700.13
	INS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	1,700.13	0.00	0.00	1,700.13

Vendor# 11251 Vendor Name RAPID PRINTING LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2699		03/26/20	03/23/20	04/22/20		35.00	0.00	0.00	35.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	35.00	0.00	0.00	35.00

Vendor#	Vendor Name				Class	Pay Code				
11009	RECONDO ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV12819 ✓		04/11/20	02/01/20	02/26/20		4,050.00	0.00	0.00	4,050.00 ✓
		PAYMENT AND ELIGIBILITY SI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11009	RECONDO				4,050.00	0.00	0.00	4,050.00
Vendor#	Vendor Name				Class	Pay Code				
10315	REXEL ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	S120312451.001 ✓		04/11/20	01/31/20	02/25/20		-132.00	0.00	0.00	-132.00 ✓
		CREDIT								
	S120416301.002 ✓		04/11/20	02/23/20	03/20/20		179.76	0.00	0.00	179.76 ✓
		SUPPLIES								
	S120670627.001 ✓		04/11/20	02/23/20	03/20/20		198.00	0.00	0.00	198.00 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10315	REXEL				245.76	0.00	0.00	245.76
Vendor#	Vendor Name				Class	Pay Code				
I0520	RICOH USA, INC. ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	100322724		04/03/20	03/23/20	04/19/20		9,098.21	0.00	0.00	9,098.21 ✓
		COPIER 1/19/18 - 2/18/18								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0520	RICOH USA, INC.				9,098.21	0.00	0.00	9,098.21
Vendor#	Vendor Name				Class	Pay Code				
11764	ROBERT RODRIGUEZ ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	041018		04/11/20	04/10/20	04/10/20	101.73	110/13	0.00	0.00	110/13 101.73
		SUPPLIES FOR GRAND OPEN – sales tax								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11764	ROBERT RODRIGUEZ			101.73	110/13	0.00	0.00	110/13 101.73
Vendor#	Vendor Name				Class	Pay Code				
11164	RS CLARK & ASSOCIATES, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20180228 ✓		04/11/20	02/28/20	03/28/20		140.82	0.00	0.00	140.82 ✓
		COLLECTION EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11164	RS CLARK & ASSOCIATES, INC				140.82	0.00	0.00	140.82
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
	040518		04/11/20	04/04/20	04/05/20		13,700.00	0.00	0.00	13,700.00 ✓
		TRANSFER Pymt sent to MMC in error								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11828	SOLERA WEST HOUSTON				13,700.00	0.00	0.00	13,700.00
Vendor#	Vendor Name				Class	Pay Code				
11572	TACORE MEDICAL, INC. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1095 ✓		03/26/20	03/21/20	04/21/20		1,500.00	0.00	0.00	1,500.00 ✓
		RECRUITING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11572	TACORE MEDICAL, INC.	1,500.00	0.00	0.00	1,500.00

Vendor# 11824 Vendor Name: THE CRESCENT ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032718		04/11/20	03/27/20	04/05/20		5,980.00	0.00	0.00	5,980.00 ✓
	TRANSFER Pymt sent to MMC in error								
040318		04/11/20	04/03/20	04/05/20		4,225.00	0.00	0.00	4,225.00 ✓
	TRANSFER Pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	10,205.00	0.00	0.00	10,205.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3A3X031800	✓	04/11/20	03/01/20	03/26/20		25.00	0.00	0.00	25.00 ✓
	Late fee of 1½% for balance over 45 days								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	25.00	0.00	0.00	25.00

Vendor# 11169 Vendor Name: TXU ENERGY ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0447701993901		04/11/20	03/22/20	04/22/20	25,290.19	25,294.70	0.00	0.00	25,294.70 25,290.19
55	ELECTRICITY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	25,290.19 25,294.70	0.00	0.00	25,294.70 25,290.19

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400270682 ✓		04/04/20	03/27/20	04/21/20		113.01	0.00	0.00	113.01 ✓
	LAUNDRY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	113.01	0.00	0.00	113.01

Vendor# W1040 Vendor Name: WATERMARK GRAPHICS INC ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
118326 ✓		04/11/20	01/24/20	02/23/20		216.77	0.00	0.00	216.77 ✓
	CLINIC BAGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	216.77	0.00	0.00	216.77

Vendor# I1110 Vendor Name: WERFEN USA LLC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110501223 ✓		04/03/20	03/29/20	04/23/20		6,639.00	0.00	0.00	6,639.00 ✓
	CONTRACT								
9110477462 ✓		04/05/20	01/30/20	04/19/20		636.60	0.00	0.00	636.60 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	7,275.60	0.00	0.00	7,275.60

Vendor# 11166 Vendor Name: WEST INTERACTIVE SERVICES CORP ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV001921628 ✓		04/11/20	01/31/20	03/02/20		400.50	0.00	0.00	400.50 ✓

	HOUSE CALLS					
INV001932467	04/11/20 02/28/20 03/28/20	356.08	0.00	0.00	356.08	✓
	HOUSE CALLS					
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net	
	11166 WEST INTERACTIVE SERVICES CORP	756.58	0.00	0.00	756.58	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	308,200.25	0.00	0.00	308,200.25

pg 9 correction { <110.13> +101.73

pg 10 correction { <25,294.70> +25,290.19

$308,187.34

308,200.25 +
110.13 −
101.73 +
25,294.70 −
25,290.19 +
308,187.34 =

APPROVED
ON

APR 12 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	175413	04/18/18	1,400.00	ACUTE CARE INC
A/P	175414	04/18/18	264.60	ALLYSON SWOPE
A/P	175415	04/18/18	5,749.00	AYA HEALTHCARE INC
A/P	175416	04/18/18	2,881.31	BECKMAN COULTER INC
A/P	175417	04/18/18	1,252.50	BROADMOOR AT CREEKSIDE PARK
A/P	175418	04/18/18	200.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	175419	04/18/18	502.45	CITY OF PORT LAVACA
A/P	175420	04/18/18	489.86	COASTAL OFFICE SOLUTONS
A/P	175421	04/18/18	2,965.64	CSI LEASING INC
A/P	175422	04/18/18	430.95	CULLIGAN OF VICTORIA
A/P	175423	04/18/18	284.48	DEBORAH WITTNEBERT
A/P	175424	04/18/18	.00	VOIDED
A/P	175425	04/18/18	1,536.66	DEWITT POTH & SON
A/P	175426	04/18/18	.00	VOIDED
A/P	175427	04/18/18	7,668.36	FISHER HEALTHCARE
A/P	175428	04/18/18	93,667.35	GOLDENCREEK HEALTHCARE
A/P	175429	04/18/18	333.23	GULF COAST PAPER COMPANY
A/P	175430	04/18/18	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	175431	04/18/18	14,688.18	HUNTER PHARMACY SERVICES
A/P	175432	04/18/18	1,225.00	INTEGRATED PHARMACY SERVICE
A/P	175433	04/18/18	24,065.90	ITA RESOURCES INC
A/P	175434	04/18/18	289.06	MEDIMPACT HEALTHCARE SYS, INC.
A/P	175435	04/18/18	138.00	MEDIPROCITY
A/P	175436	04/18/18	.00	VOIDED
A/P	175437	04/18/18	.00	VOIDED
A/P	175438	04/18/18	.00	VOIDED
A/P	175439	04/18/18	9,444.52	MEDLINE INDUSTRIES INC
A/P	175440	04/18/18	258.52	METLIFE
A/P	175441	04/18/18	34,331.35	MMC EMPLOYEE BENEFIT PLAN
A/P	175442	04/18/18	109.12	MMC VOLUNTEERS
A/P	175443	04/18/18	.00	VOIDED
A/P	175444	04/18/18	10,894.33	MORRIS & DICKSON CO, LLC
A/P	175445	04/18/18	3,849.00	MSDSONLINE, INC
A/P	175446	04/18/18	257.68	NADINE GARNER
A/P	175447	04/18/18	30.63	NAZARIO HERNANDEZ
A/P	175448	04/18/18	1,137.51	OLYMPUS AMERICA INC
A/P	175449	04/18/18	.00	VOIDED
A/P	175450	04/18/18	5,055.02	OWENS & MINOR
A/P	175451	04/18/18	1,700.13	PRINCIPAL LIFE
A/P	175452	04/18/18	35.00	RAPID PRINTING LLC
A/P	175453	04/18/18	4,050.00	RECONDO
A/P	175454	04/18/18	245.76	REXEL
A/P	175455	04/18/18	9,098.21	RICOH USA, INC.
A/P	175456	04/18/18	101.73	ROBERT RODRIGUEZ
A/P	175457	04/18/18	140.82	RS CLARK & ASSOCIATES, INC
A/P	175458	04/18/18	13,700.00	SOLERA WEST HOUSTON
A/P	175459	04/18/18	1,500.00	TACORE MEDICAL, INC.
A/P	175460	04/18/18	10,205.00	THE CRESCENT
A/P	175461	04/18/18	25.00	TRIZETTO PROVIDER SOLUTIONS
A/P	175462	04/18/18	25,290.19	TXU ENERGY

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	175463	04/18/18	113.01	UNIFIRST HOLDINGS INC
A/P	175464	04/18/18	216.77	WATERMARK GRAPHICS INC
A/P	175465	04/18/18	7,275.60	WERFEN USA LLC
A/P	175466	04/18/18	756.58	WEST INTERACTIVE SERVICES CORP
A/P	175467	04/18/18	28.81	
A/P	175468	04/18/18	369.77	
A/P	175469	04/18/18	125.00	
A/P	175470	04/18/18	628.60	
A/P	175471	04/18/18	90.80	
A/P	175472	04/18/18	100.00	
A/P	175473	04/18/18	272.16	
A/P	175474	04/18/18	42.66	
A/P	175475	04/18/18	10.00	
A/P	175476	04/18/18	34.15	
A/P	175477	04/18/18	134.60	
A/P	175478	04/18/18	10.92	
A/P	175479	04/18/18	1,700.00	
A/P	175480	04/18/18	69.28	
A/P	175481	04/18/18	659.88	
A/P	175482	04/18/18	232.75	
A/P	175483	04/18/18	339.65	
A/P	175484	04/18/18	388.29	
A/P	175485	04/18/18	50.00	
TOTALS:			313,474.66	

Account Payables
$ 308,187.34
175413-175466

Patient refund checks.
175467-17585
$5,287.32

APPROVED
ON

APR 18 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

0.0

28.81 +
369.77 +
125.00 +
628.60 +
90.80 +
100.00 +
272.16 +
42.66 +
10.00 +
34.15 +
134.60 +
10.92 +
1,700.00 +
69.28 +
659.88 +
232.75 +
339.65 +
388.29 +
50.00 +
5,287.32 =

313,474.66 +
308,187.34 −
5,287.32 =

McKESSON

Company: 8000

STATEMENT

As of: 04/13/2018

Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 04/14/2018

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: 04/13/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 04/14/2018 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: 5,180.08 USD

Future Due: 0.00

Past Due: 5.29-

Last Payment 2,451.97
08/07/2017

If Paid By 04/17/2018,
Pay This Amount: 5,076.38 USD

If Paid After 04/17/2018,
Pay this Amount: 5,180.08 USD

Due If Paid On Time:
USD 5,076.38

Disc lost if paid late:
103.70

Due If Paid Late:
USD 5,180.08

APPROVED
ON
APR 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

998.26 +
1,504.64 +
2,573.48 +
5,076.38 *

340 B Prescriptions
CK # 000977

McKESSON

STATEMENT

Company: 8000

As of: 04/13/2018 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 04/14/2018

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

As of: 04/13/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 262252 PLEASE CHECK ANY
Date: 04/14/2018 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											
04/09/2018	04/17/2018	7865023674	1001202978	115Invoice	0.04	2.11		2.07	✓	7865023674	
04/09/2018	04/17/2018	7865023676	1001202978	115Invoice	0.56	27.82		27.26	✓	7865023676	
04/09/2018	04/17/2018	7865023679	1001203680	115Invoice	0.45	22.50		22.05	✓	7865023679	
04/09/2018	04/17/2018	7865023680	1001204091	115Invoice	4.86	243.01		238.15	✓	7865023680	
04/10/2018	04/17/2018	7865245465	1001204445	115Invoice	4.66	232.89		228.23	✓	7865245465	
04/11/2018	04/17/2018	7865459751	1001204843	115Invoice	6.64	331.96		325.32	✓	7865459751	
04/12/2018	04/17/2018	7865679998	1001205272	115Invoice	2.20	110.22		108.02	✓	7865679998	
04/12/2018	04/17/2018	7865679999	1001205272	115Invoice	0.07	3.74		3.67	✓	7865679999	
04/13/2018	04/17/2018	7865902206	1001205701	115Invoice	0.97	48.71		47.74	✓	7865902206	
04/13/2018	04/13/2018	7865968742	MFC PR CORR CR	Pricing Cor		5.29-	P	5.29-	P ✓	7865968742	
04/13/2018	04/17/2018	7865968743	MFC PR CORR IN	Pricing Cor	0.02	1.06		1.04	✓	7865968743	

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: 1,018.73 USD

Future Due: 0.00

Past Due: 5.29-

Last Payment 2,056.54
04/09/2018

If Paid By 04/17/2018,
Pay This Amount: 998.26 USD ✓

If Paid After 04/17/2018,
Pay this Amount: 1,018.73 USD

Due If Paid On Time:
USD 998.26

Disc lost if paid late:
20.47

Due If Paid Late:
USD 1,018.73

APPROVED
ON
APR 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 04/13/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 04/14/2018

HEB PHCY 0434/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: 04/13/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/14/2018 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 190813 HEB PHCY 0434/MEM MED PHS											
04/11/2018	04/17/2018	7865459840	2017004621	115Invoice	30.19	1,509.67		1,479.48 ✓		7865459840	
04/13/2018	04/17/2018	7865893086	2017004633	115Invoice	0.51	25.67		25.16 ✓		7865893086	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 1,535.34 USD

Future Due: 0.00

Past Due: 0.00

If Paid By 04/17/2018,
Pay This Amount: 1,504.64 USD ✓

Due If Paid On Time:
USD 1,504.64

Disc lost if paid late:
30.70

Last Payment 2,462.41
04/02/2018

If Paid After 04/17/2018,
Pay this Amount: 1,535.34 USD

Due If Paid Late:
USD 1,535.34

APPROVED
ON

APR 16 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 04/13/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/14/2018

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: 04/13/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/14/2018 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											
04/09/2018	04/17/2018	7865009828	0406180441-00	115Invoice	0.66	32.79		32.13	✓	7865009828	
04/09/2018	04/17/2018	7865009829	5607862178	115Invoice	15.58	779.08		763.50	✓	7865009829	
04/09/2018	04/17/2018	7865009830	0408180236-00	115Invoice	4.14	207.07		202.93	✓	7865009830	
04/10/2018	04/17/2018	7865222841	0409180752-00	115Invoice	12.02	600.95		588.93	✓	7865222841	
04/11/2018	04/17/2018	7865451087	5607863672	115Invoice	0.01	0.32		0.31	✓	7865451087	
04/11/2018	04/17/2018	7865451088	5607869216	115Invoice	3.69	184.44		180.75	✓	7865451088	
04/12/2018	04/17/2018	7865676123	1111713	115Invoice	0.01	0.33		0.32	✓	7865676123	
04/12/2018	04/17/2018	7865676124	0411180408-00	115Invoice	0.47	23.28		22.81	✓	7865676124	
04/13/2018	04/17/2018	7865900891	2157870219	115Invoice	13.45	672.63		659.18	✓	7865900891	
04/13/2018	04/17/2018	7865900892	0412180358-00	115Invoice	2.50	125.12		122.62	✓	7865900892	

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: $ 2,626.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,056.54
04/09/2018

If Paid By 04/17/2018,
Pay This Amount: 2,573.48 USD ✓

If Paid After 04/17/2018,
Pay this Amount: 2,626.01 USD

Due If Paid On Time:
USD 2,573.48

Disc lost if paid late:
52.53

Due If Paid Late:
USD 2,626.01

APPROVED
ON

APR 16 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/18/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:22 CHECK REGISTER GLCKREG
04/18/18 THRU 04/18/18

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC		000012	04/18/18	4,687.92	MMC OPERATING
NHF	*	000013	04/18/18	102,031.20	MMC OPERATING
NHG	*	000067	04/18/18	24,311.03	MMC OPERATING
A/P	*	000977	04/18/18	5,076.38	MCKESSON
A/P		175413	04/18/18	1,400.00	ACUTE CARE INC
A/P		175414	04/18/18	264.60	ALLYSON SWOPE
A/P		175415	04/18/18	5,749.00	AYA HEALTHCARE INC
A/P		175416	04/18/18	2,881.31	BECKMAN COULTER INC
A/P		175417	04/18/18	1,252.50	BROADMOOR AT CREEKSIDE PARK
A/P		175418	04/18/18	200.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P		175419	04/18/18	502.45	CITY OF PORT LAVACA
A/P		175420	04/18/18	489.86	COASTAL OFFICE SOLUTONS
A/P		175421	04/18/18	2,965.64	CSI LEASING INC
A/P		175422	04/18/18	430.95	CULLIGAN OF VICTORIA
A/P		175423	04/18/18	284.48	DEBORAH WITTNEBERT
A/P		175424	04/18/18	.00	VOIDED
A/P		175425	04/18/18	1,536.66	DEWITT POTH & SON
A/P		175426	04/18/18	.00	VOIDED
A/P		175427	04/18/18	7,668.36	FISHER HEALTHCARE
A/P		175428	04/18/18	93,667.35	GOLDENCREEK HEALTHCARE
A/P		175429	04/18/18	333.23	GULF COAST PAPER COMPANY
A/P		175430	04/18/18	8,333.33	HITACHI MEDICAL SYSTEMS
A/P		175431	04/18/18	14,688.18	HUNTER PHARMACY SERVICES
A/P		175432	04/18/18	1,225.00	INTEGRATED PHARMACY SERVICE
A/P		175433	04/18/18	24,065.90	ITA RESOURCES INC
A/P		175434	04/18/18	289.06	MEDIMPACT HEALTHCARE SYS, INC.
A/P		175435	04/18/18	138.00	MEDIPROCITY
A/P		175436	04/18/18	.00	VOIDED
A/P		175437	04/18/18	.00	VOIDED
A/P		175438	04/18/18	.00	VOIDED
A/P		175439	04/18/18	9,444.52	MEDLINE INDUSTRIES INC
A/P		175440	04/18/18	258.52	METLIFE
A/P		175441	04/18/18	34,331.35	MMC EMPLOYEE BENEFIT PLAN
A/P		175442	04/18/18	109.12	MMC VOLUNTEERS
A/P		175443	04/18/18	.00	VOIDED
A/P		175444	04/18/18	10,894.33	MORRIS & DICKSON CO, LLC
A/P		175445	04/18/18	3,849.00	MSDSONLINE, INC
A/P		175446	04/18/18	257.68	NADINE GARNER
A/P		175447	04/18/18	30.63	NAZARIO HERNANDEZ
A/P		175448	04/18/18	1,137.51	OLYMPUS AMERICA INC
A/P		175449	04/18/18	.00	VOIDED
A/P		175450	04/18/18	5,055.02	OWENS & MINOR
A/P		175451	04/18/18	1,700.13	PRINCIPAL LIFE
A/P		175452	04/18/18	35.00	RAPID PRINTING LLC
A/P		175453	04/18/18	4,050.00	RECONDO
A/P		175454	04/18/18	245.76	REXEL
A/P		175455	04/18/18	9,098.21	RICOH USA, INC.
A/P		175456	04/18/18	101.73	ROBERT RODRIGUEZ
A/P		175457	04/18/18	140.82	RS CLARK & ASSOCIATES, INC
A/P		175458	04/18/18	13,700.00	SOLERA WEST HOUSTON

131,030.15 > 340 B Prescriptions

This register is For the Nursing Home QIPP checks and McKesson

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	175459	04/18/18	1,500.00	TACORE MEDICAL, INC.
A/P	175460	04/18/18	10,205.00	THE CRESCENT
A/P	175461	04/18/18	25.00	TRIZETTO PROVIDER SOLUTIONS
A/P	175462	04/18/18	25,290.19	TXU ENERGY
A/P	175463	04/18/18	113.01	UNIFIRST HOLDINGS INC
A/P	175464	04/18/18	216.77	WATERMARK GRAPHICS INC
A/P	175465	04/18/18	7,275.60	WERFEN USA LLC
A/P	175466	04/18/18	756.58	WEST INTERACTIVE SERVICES CORP
A/P	175467	04/18/18	28.81	AU ROBERT
A/P	175468	04/18/18	369.77	BROWNING IDA MAE
A/P	175469	04/18/18	125.00	BUSBY ROBERT
A/P	175470	04/18/18	628.60	CONTINENTAL LIFE INSURA
A/P	175471	04/18/18	90.80	CRUZ LYDIA
A/P	175472	04/18/18	100.00	GIBSON JILL N
A/P	175473	04/18/18	272.16	GOODRICH DERK G
A/P	175474	04/18/18	42.66	GRUBERT MICHELLE
A/P	175475	04/18/18	10.00	HOBIZAL EUGENE
A/P	175476	04/18/18	34.15	KIRBY DOROTHY
A/P	175477	04/18/18	134.60	MADALYN KRAUSE
A/P	175478	04/18/18	10.92	PENA OFILIA
A/P	175479	04/18/18	1,700.00	RAYBON EMILY
A/P	175480	04/18/18	69.28	THOMAS LORI ANN
A/P	175481	04/18/18	659.88	THORNE STEVEN RUSSELL
A/P	175482	04/18/18	232.75	THORNE STEVEN RUSSELL
A/P	175483	04/18/18	339.65	THORNE STEVEN RUSSELL
A/P	175484	04/18/18	388.29	THORNE STEVEN RUSSELL
A/P	175485	04/18/18	50.00	WEAVER GARY
A/P	175486	04/18/18	53.16	CALHOUN COUNTY
TOTALS:			449,634.35	

APPROVED
ON

APR 18 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/12/2018 MEMORIAL MEDICAL CENTER 0
12:31 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
041818	FUEL	04/12/20	04/18/20	04/18/20			53.16	0.00	0.00	53.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	53.16	0.00	0.00	53.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	53.16	0.00	0.00	53.16

APPROVED
ON
APR 13 2018 CK # 175486

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	175413	04/18/18	1,400.00	ACUTE CARE INC
A/P	175414	04/18/18	264.60	ALLYSON SWOPE
A/P	175415	04/18/18	5,749.00	AYA HEALTHCARE INC
A/P	175416	04/18/18	2,881.31	BECKMAN COULTER INC
A/P	175417	04/18/18	1,252.50	BROADMOOR AT CREEKSIDE PARK
A/P	175418	04/18/18	200.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	175419	04/18/18	502.45	CITY OF PORT LAVACA
A/P	175420	04/18/18	489.86	COASTAL OFFICE SOLUTONS
A/P	175421	04/18/18	2,965.64	CSI LEASING INC
A/P	175422	04/18/18	430.95	CULLIGAN OF VICTORIA
A/P	175423	04/18/18	284.48	DEBORAH WITTNEBERT
A/P	175424	04/18/18	.00	VOIDED
A/P	175425	04/18/18	1,536.66	DEWITT POTH & SON
A/P	175426	04/18/18	.00	VOIDED
A/P	175427	04/18/18	7,668.36	FISHER HEALTHCARE
A/P	175428	04/18/18	93,667.35	GOLDENCREEK HEALTHCARE
A/P	175429	04/18/18	333.23	GULF COAST PAPER COMPANY
A/P	175430	04/18/18	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	175431	04/18/18	14,688.18	HUNTER PHARMACY SERVICES
A/P	175432	04/18/18	1,225.00	INTEGRATED PHARMACY SERVICE
A/P	175433	04/18/18	24,065.90	ITA RESOURCES INC
A/P	175434	04/18/18	289.06	MEDIMPACT HEALTHCARE SYS, INC.
A/P	175435	04/18/18	138.00	MEDIPROCITY
A/P	175436	04/18/18	.00	VOIDED
A/P	175437	04/18/18	.00	VOIDED
A/P	175438	04/18/18	.00	VOIDED
A/P	175439	04/18/18	9,444.52	MEDLINE INDUSTRIES INC
A/P	175440	04/18/18	258.52	METLIFE
A/P	175441	04/18/18	34,331.35	MMC EMPLOYEE BENEFIT PLAN
A/P	175442	04/18/18	109.12	MMC VOLUNTEERS
A/P	175443	04/18/18	.00	VOIDED
A/P	175444	04/18/18	10,894.33	MORRIS & DICKSON CO, LLC
A/P	175445	04/18/18	3,849.00	MSDSONLINE, INC
A/P	175446	04/18/18	257.68	NADINE GARNER
A/P	175447	04/18/18	30.63	NAZARIO HERNANDEZ
A/P	175448	04/18/18	1,137.51	OLYMPUS AMERICA INC
A/P	175449	04/18/18	.00	VOIDED
A/P	175450	04/18/18	5,055.02	OWENS & MINOR
A/P	175451	04/18/18	1,700.13	PRINCIPAL LIFE
A/P	175452	04/18/18	35.00	RAPID PRINTING LLC
A/P	175453	04/18/18	4,050.00	RECONDO
A/P	175454	04/18/18	245.76	REXEL
A/P	175455	04/18/18	9,098.21	RICOH USA, INC.
A/P	175456	04/18/18	101.73	ROBERT RODRIGUEZ
A/P	175457	04/18/18	140.82	RS CLARK & ASSOCIATES, INC
A/P	175458	04/18/18	13,700.00	SOLERA WEST HOUSTON
A/P	175459	04/18/18	1,500.00	TACORE MEDICAL, INC.
A/P	175460	04/18/18	10,205.00	THE CRESCENT
A/P	175461	04/18/18	25.00	TRIZETTO PROVIDER SOLUTIONS
A/P	175462	04/18/18	25,290.19	TXU ENERGY

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		175463	04/18/18	113.01	UNIFIRST HOLDINGS INC
A/P		175464	04/18/18	216.77	WATERMARK GRAPHICS INC
A/P		175465	04/18/18	7,275.60	WERFEN USA LLC
A/P		175466	04/18/18	756.58	WEST INTERACTIVE SERVICES CORP
A/P		175467	04/18/18	28.81	AU ROBERT
A/P		175468	04/18/18	369.77	BROWNING IDA MAE
A/P		175469	04/18/18	125.00	BUSBY ROBERT
A/P		175470	04/18/18	628.60	CONTINENTAL LIFE INSURA
A/P		175471	04/18/18	90.80	CRUZ LYDIA
A/P		175472	04/18/18	100.00	GIBSON JILL N
A/P		175473	04/18/18	272.16	GOODRICH DERK G
A/P		175474	04/18/18	42.66	GRUBERT MICHELLE
A/P		175475	04/18/18	10.00	HOBIZAL EUGENE
A/P		175476	04/18/18	34.15	KIRBY DOROTHY
A/P		175477	04/18/18	134.60	MADALYN KRAUSE
A/P		175478	04/18/18	10.92	PENA OFILIA
A/P		175479	04/18/18	1,700.00	RAYBON EMILY
A/P		175480	04/18/18	69.28	THOMAS LORI ANN
A/P		175481	04/18/18	659.88	THORNE STEVEN RUSSELL
A/P		175482	04/18/18	232.75	THORNE STEVEN RUSSELL
A/P		175483	04/18/18	339.65	THORNE STEVEN RUSSELL
A/P		175484	04/18/18	388.29	THORNE STEVEN RUSSELL
A/P		175485	04/18/18	50.00	WEAVER GARY
A/P		175486	04/18/18	53.16	CALHOUN COUNTY >This check is for critical Calhoun
TOTALS:				313,527.82	

RUN DATE: 04/12/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 11:28 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME			DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1285548				041218	42.66	✓	3	REFUND FOR	
		TX	77979						
1293175				041218	69.28	✓	3	REFUND FOR	
		TX	77983						
1329722				041218	100.00	✓	3	REFUND FOR	
		TX	77979						
1331184				041218	50.00	✓	3	REFUND FOR	
		TX	77979						
1340427				041218	272.16	✓	2	REFUND FOR	
		TX	77979						
1342367				041218	659.88	✓	3	REFUND FOR	
		TX	77979						
1342539				041218	232.75	✓	3	REFUND FOR	
		TX	77979						
1342776				041218	339.65	✓	3	REFUND FOR	
		TX	77979						
1343510				041218	388.29	✓	3	REFUND FOR	
		TX	77979						
1346041				101717	134.60	✓	2	REFUND FOR	
		TX	77979						
1355875				041218	34.15	✓	2	REFUND FOR	
		TX	77979						
1356717		CO	✓	041218	628.60	✓	2	REFUND FOR	
		TX	79120						
1358576				041218	10.92	✓	2	REFUND FOR	
		TX	77979						
1359472				041218	10.00	✓	3	REFUND FOR	
		TX	77979						
1361150				041218	90.80	✓	2	REFUND FOR	
		TX	77979						
1361278				041218	125.00	✓	2	REFUND FOR	
		X	77979						

PATIENT NUMBER	PAYEE NAME			DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1362098	[redacted]			041218	369.77		2	[redacted]	
		TX	77979						
1362448	[redacted]			041218	1700.00		1	[redacted]	
		TX	77979						
1368817	[redacted]			041218	28.81		2	[redacted]	
		TX	77465						
	ARID=0001 TOTAL				5287.32				
TOTAL					5287.32				

APPROVED
ON

APR 12 2018 CK # 175467 - 175485

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/16/2018 MEMORIAL MEDICAL CENTER 0
11:58 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 03/19/2019

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
031918	EMPLOYEE INS	04/16/20	03/19/20	03/19/20			127,626.57	0.00	0.00	127,626.57

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	127,626.57	0.00	0.00	127,626.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	127,626.57	0.00	0.00	127,626.57

APPROVED
ON

APR 16 2018 CK# 175489

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/16/2018 MEMORIAL MEDICAL CENTER 0
12:31 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
10730	AMERICAN COLLEGE OF RADIOLOGY ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MAMMO0304	MAMMO RENEWAL ACCREDIT	04/16/20	04/16/20	04/16/20			3,200.00	0.00	0.00	3,200.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10730	AMERICAN COLLEGE OF RADIOLOGY	3,200.00	0.00	0.00	3,200.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,200.00	0.00	0.00	3,200.00

APPROVED
ON
APR 16 2018 CK#175487
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/13/2018 MEMORIAL MEDICAL CENTER 0
15:05 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11796	LUBY'S FUDDRUCKERS RESTAURANTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CUL201801310837		04/13/20	01/31/20				18,076.49	0.00	0.00	18,076.49

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCKERS RESTAURANTS	18,076.49	0.00	0.00	18,076.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	18,076.49	0.00	0.00	18,076.49

APPROVED
ON

APR 16 2018 CK# 175488

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/19/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:12 CHECK REGISTER GLCKREG
04/19/18 THRU 04/19/18

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	175487	04/19/18	3,200.00	AMERICAN COLLEGE OF RADIOLOGY
A/P	175488	04/19/18	18,076.49	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	175489	04/19/18	127,626.57	MMC EMPLOYEE BENEFIT PLAN
TOTALS:			148,903.06	

Critical Check register

APPROVED
ON

APR 19 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"	★	3	
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"	★	$ 86,420.80	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 43,958.59	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,280.64	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 32,181.57	#
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	8394.25	N		N	N		163171.86
1	REGULAR PAY-S1	1534.00	N		N	N	N	63778.62
1	REGULAR PAY-S1	168.75	N		N	Y		4803.96
1	REGULAR PAY-S1	173.00	Y		N	N		4202.39
2	REGULAR PAY-S2	2293.00	N		N	N		52191.86
2	REGULAR PAY-S2	154.25	N		N	Y		5283.86
2	REGULAR PAY-S2	113.25	Y		N	N		3083.89
3	REGULAR PAY-S3	1395.50	N		N	N		36009.69
3	REGULAR PAY-S3	111.50	N		N	Y		4203.03
3	REGULAR PAY-S3	72.00	Y		N	N		2996.17
C	CALL PAY	252.00	N		N	N	N	504.00
C	CALL PAY	2516.75	N	1	N	N		5033.50
E	EXTRA WAGES		N	1	N	N	N	1292.31
F	FUNERAL LEAVE	101.25	N	1	N	N		1980.32
I	INSERVICE	47.25	N	1	N	N		1601.15
K	EXTENDED-ILLNESS-BANK	3.22	N		N	N	N	65.95
K	EXTENDED-ILLNESS-BANK	132.00	N	1	N	N		1888.60
P	PAID-TIME-OFF	119.51	N		N	N	N	1176.11
P	PAID-TIME-OFF	1346.15	N	1	N	N		26673.50
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	90.00	N	1	N	N		2206.64

Deductions Summary

Code	Amount				
A/R	948.14	A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1484.36	CAFE-2	1054.48
CAFE-3	817.72	CAFE-4	400.08	CAFE-5	235.01
CAFE-C		CAFE-D	1677.82	CAFE-F	
CAFE-H	18882.00	CAFE-I		CAFE-L	
CAFE-P	231.57	CANCER		CHILD	
CLINIC	30.00	COMBIN	798.80	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1419.52	EAT		EATCSH	1430.00
FEDTAX	32181.57	FICA-M	5145.13	FICA-O	21999.95
FIRSTC	75.00	FLEX S	2560.10	FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN	129.26	GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	518.13	MASA	543.00	MEALS	72.44
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN	270.53	RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF	1165.00	STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	26792.89	TUTION		UNIFOR	1454.25
UW/HOS					

Grand Totals: 19273.63 (Gross: 382755.41 Deductions: 122316.75 Net: 260438.66)

Checks Count:- FT 190 PT 7 Other 39 Female 200 Male 35 Credit OverAmt 3 ZeroNet Term Total: 235

Day date
04-20-18

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- Apr 7th, 2018 - Apr 13th, 2018

Date	Bank Description	MMC Notes	Amount
4/9/2018	ACH Payment - CLOVER APP MRKT CLOVER APP	- Credit Card Machine Lease Expense	81.20
		Total Electronic Payments:	81.20

Jason Anglin, CEO
Memorial Medical Center

April 16, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- April 7th, 2018 - April 13th, 2018

Date	Bank Description	MMC Notes	Amount
4/9/2018	ACH Payment FDGL LEASE PYMT 052-1300412-000 410001280562	- Credit Card Machine Lease Expense	30.25
4/9/2018	ACH Payment CARDMEMBER SERV ELECT PYMT **********4378 4	- Credit Card Invoice	6,741.12 *
4/9/2018	ACH Payment CLOVER APP MRKT CLOVER APP 899-9043311-000 1	- Credit Card Machine Lease Expense	16.25
4/10/2018	ACH Payment FDGL LEASE PYMT 052-1038879-000 410001208741	- Credit Card Machine Lease Expense	30.17
4/10/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03430012 910000113	- 340B Drug Program Expense	2,056.54 *
4/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	262.33
4/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00
4/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	185.33
4/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	2,301.61
4/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	1,115.52
4/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	12.00
4/11/2018	ACH Payment IRS USATAXPYMT 220850141201674 6103601001297	- Payroll Taxes	85,988.36 **
		Total Electronic Payments:	98,868.48

Jason Anglin, CEO
Memorial Medical Center

April 16, 2018

* Approved CC 04.11.18
** Approved cc 04.04.18

98,868.48 +
6,741.12 -
2,056.54 -
85,988.36 -
4,082.46 *

Credit Card & Lease Fees

30.25 +
16.25 +
30.17 +
262.33 +
129.00 +
185.33 +
2,301.61 +
1,115.52 +
12.00 +
4,082.46 *

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ANTICIPATED ACH PAYMENTS UP TO April 19th , 2018

Estimated Date
4/19/2018

Monthly Sales Tax 833.19

Jason Anglin, CEO
Memorial Medical Center

4/17/2018

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	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	31,267.62 ✓	31,056.39 ✓	67,346.13		-			-	-	67,557.36 ✓	43,035.10 ✓
										Bank Balance	67,557.36 ✓	
										Variance	-	
Routing Information for Golden Creek:							Less:			**4/18/18 - QIPP Ck - Comp 1**	24,311.03 ✓	
Nexion Health at Golden Creek							Less:	Pending Bk Int -1Qtr Ck #6 to MMC -not cleared			111.23 ✓	
Wells Fargo Bank, N.A.							Less:		Leave in Balance		100.00	
ABA 0248									Adjust Balance/Transfer Amt		43,035.10 ✓	
Account # 0323												

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:

APPROVED
ON
APR 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
4/16/2018

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	17,841.76 ✓	17,741.76 ✓	63,392.00		22,248.98	-	-	-	✓85,740.98	85,640.98 ✓
									Bank Balance	85,740.98	
									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	59,055.60 ✓	58,955.60 ✓	43,153.13		64.51		-	-	✓ 43,317.64	43,217.64
									Bank Balance	43,317.64	
									variance	-	
Crescent	4588	16,410.84 ✓	16,310.84 ✓	26,776.82		2,291.08		-	-	✓ 29,167.90	29,067.90 ✓
									Bank Balance	29,167.90	
									variance	-	
Broadmoor	4596	55,218.21 ✓	55,118.21 ✓	3,751.96				-	-	✓3,851.96	must be over $5000
									Bank Balance	3,851.96	
									Variance	-	
Fort Bend	4618	3,030.88 ✓	2,930.88 ✓	29,536.12				-	-	✓29,636.12	29,536.12
									Bank Balance	29,636.12	
									Variance	-	
										Total IBC Transfers	187,462.64 ✓

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

85,640.98 +
43,217.64 +
29,067.90 +
29,536.12 +
187,462.64 =

APPROVED ON
APR 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved:

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.

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/16/2018

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	97,837.60 ✓	97,611.98 ✓	111,429.78				-		-	-	111,655.40 ✓	45,798.90 ✓
											Bank Balance	111,655.40	
											Variance	-	
								Less:			4/18/18 - QIPP Ck - Comp 1	65,630.88 ✓	
								Less:		Pending Bk Int -1Qtr Ck #12 to MMC -not cleared		125.62 ✓	
								Less:			Leave in Balance	100.00	
											Adjust Balance/Transfer Amt	45,798.90	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA *1614*
Acco *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	29,463.27	30,044.56 ✓	59,993.09								59,321.80 ✓	41,567.01 ✓
		s/b 30,288.59		s/b 59,077.77									
											Bank Balance	59,321.80	
											Variance	-	
								Less:			4/18/18 - QIPP Ck - Comp 1	17,510.76 ✓	
								Less:		Pending Bk Int -1Qtr Ck #12 to MMC -not cleared		144.03 ✓	
								Less:			Leave in Balance	100.00	
											Adjust Balance/Transfer Amt	41,567.01 ✓	
Crescent	4411	28,898.21 ✓	28,695.91 ✓	53,373.69							-	53,575.99 ✓	48,685.77 ✓
											Bank Balance	53,575.99	
											Variance	-	
								Less:			4/18/18 - QIPP Ck - Comp 1	4,687.92 ✓	
								Less:		Pending Bk Int -1Qtr Ck #11 to MMC -not cleared		102.30 ✓	
								Less:			Leave in Balance	100.00	
											Adjust Balance/Transfer Amt	48,685.77	
Broadmoor	4403	36,030.44 ✓	35,751.43 ✓	74,450.03							-	74,729.04 ✓	74,431.94 ✓
											Bank Balance	74,729.04	
											Variance	-	
								Less:			Pending QIPP Ck not cleared	-	
								Less:		Pending Bk Int -1Qtr Ck #2 to MMC -not cleared		197.10 ✓	
								Less:			Leave in Balance	100.00	
											Adjust Balance/Transfer Amt	74,431.94	
Fort Bend	4446	12,082.64 ✓	11,939.70 ✓	28,687.73							-	28,830.67 ✓	9,798.17 ✓
											Bank Balance	28,830.67	
											Variance	-	
								Less:			4/18/18 - QIPP Ck - Comp 1	18,889.56 ✓	
								Less:		Pending Bk Int -1Qtr Ck #12 to MMC -not cleared		42.94 ✓	
								Less:			Leave in Balance	100.00	
											Adjust Balance/Transfer Amt	9,798.17	

45,798.90 +
41,567.01 +
48,685.77 +
74,431.94 +
9,798.17 +
220,281.79 =

TOTAL TRANSFERS 220,281.79 ✓

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*

APPROVED ON
APR 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved:

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.

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 4/18/18

APPROVED ON
APR 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $65,630.88

G/L NUMBER: 21000012

EXPLANATION: ASHFORD -QIPP PMT COMP 1

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 4/18/18

APPROVED ON APR 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $24,311.03

G/L NUMBER: 21000013

EXPLANATION: GOLDEN CREEK-QIPP PMT COMP 1

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 4/18/18

APPROVED ON APR 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $18,889.56

G/L NUMBER: 21000008

EXPLANATION: FORT BEND-QIPP PMT COMP 1

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 4/18/18

APPROVED ON
APR 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $17,510.76

G/L NUMBER: 21000011

EXPLANATION: SOLERA-QIPP PMT COMP 1

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 4/18/18

APPROVED ON APR 16 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $4,687.92

G/L NUMBER: 21000010

EXPLANATION: CRESCENT -QIPP PMT COMP 1

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: