MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- July 03, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	198,967.51
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	932,413.41
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 03, 2018	**$**	**1,131,380.92**

APPROVED

JUL 03 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 03, 2018

PAYABLES AND PAYROLL			
6/29/2018	Weekly Payables	189,057.63	
6/29/2018	Credit Card-see attached	5,745.92	
7/3/2018	McKesson-340B Prescription Expense	2,708.38	
6/29/2018	Mid-Coast Electric Supply Inc-Electric Supplies	1,455.58	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 198,967.51**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
6/29/2018	Nursing Home UPI	58,734.95	
6/29/2018	Nursing Home UPI	145,610.12	
6/29/2018	Nursing Home UPI	625,725.67	
QIPP/INTEREST CHECKS TO MMC			
6/29/2018	Ashford	48,190.24	
6/29/2018	Golden Creek	24,080.17	
6/29/2018	Fort Bend	13,821.25	
6/29/2018	Solera	12,808.85	
6/29/2018	Crescent	3,442.16	
TOTAL NURSING HOME UPL EXPENSES			**$ 932,413.41**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 03, 2018			**$ 1,131,380.92**

6/27/2018
15:14
MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/11/2018
0
ap_open_invoice.template

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

Vendor# Vendor Name — Class Pay Code
11299 ALLSTATE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
C047122000 ✓	INSURANCE	6/26/2018	6/18/2018	6/18/2018			10,962.38	0	0	10,962.38 ✓

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4524838 ✓	ACUDOSE JUNE	6/27/2018	6/11/2018	7/1/2018			6,452.64	0	0	6,452.64 ✓

Vendor# Vendor Name — Class Pay Code
11050 BIRCH COMMUNICATIONS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26451160 ✓	PHONE	6/27/2018	6/15/2018	7/8/2018			1,292.55	0	0	1,292.55 ✓

Vendor# Vendor Name — Class Pay Code
10599 BKD, LLP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BK00908779 ✓	COST REPORT	6/26/2018	6/10/2018	7/5/2018			6,136.00	0	0	6,136.00 ✓

Vendor# Vendor Name — Class Pay Code
11832 BROADMOOR AT CREEKSIDE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
61918 Pymt sent to MMC in error	TRANSFER	6/22/2018	6/19/2018	6/19/2018			6,000.00	0	0	6,000.00 ✓
62118 Pymt sent to MMC in error.	TRANSFER	6/26/2018	6/21/2018	6/21/2018			1,530.00	0	0	1,530.00 ✓

Vendor# Vendor Name — Class Pay Code
C1730 CITY OF PORT LAVACA ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12-1260-02 ~~1.21265E+12~~	WATER AND SEWER (Rehab)	8 6/27/2018	6/18/2018	7/5/2018			38.61	0	0	38.61 ✓
12-6505-01 ~~1.26505E+12~~	WATER AND SEWER (clinic)	6/27/2018	6/18/2018	7/5/2018			550.19	0	0	550.19 ✓
12-1315-00 ~~1.21315E+12~~	WATER AND SEWER (sprinkler system @ hospital)	6/27/2018	6/18/2018	7/5/2018			21.36	0	0	21.36 ✓
12-1320-00 ~~1.2132E+11~~	WATER AND SEWER (Hospital)	6/27/2018	6/18/2018	7/5/2018			7,973.90	0	0	7,973.90 ✓

Vendor# Vendor Name — Class Pay Code

11720 CLINICAL COMPUTER COMMAND ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN128185 ✓	PAYMENT JULY1-SEPT30	6/27/2018	6/18/2018	6/28/2018			5,775.00	0	0	5,775.00 ✓

Vendor# Vendor Name — Class Pay Code
11030 COMBINED INS ✓ — URANCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70118	INSURANCE	6/27/2018	7/1/2018	7/1/2018			1,630.10	0	0	1,630.10 ✓

Vendor# Vendor Name — Class Pay Code
11046 E-MDS, INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22932 ✓	QRTRLY SUBS CRIPT FEE	6/26/2018	6/14/2018	7/1/2018			6,660.00	0	0	6,660.00 ✓

Vendor# Vendor Name — Class Pay Code
C2510 EVIDENT ✓ — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A1806061378 ✓	PAYEMNT PLA N JUNE	6/27/2018	6/6/2018	7/1/2018			9,899.17	0	0	9,899.17 ✓

Vendor# Vendor Name — Class Pay Code
F1100 FEDERAL EXPRESS CORP ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
619276576 ✓	SHIPPING	6/27/2018	5/24/2018	6/18/2018			20.51	0	0	20.51 ✓
619913043 ✓	SHIPPING	6/27/2018	5/31/2018	6/25/2018			20.08	0	0	20.08 ✓
620569389	SHIPPING	6/27/2018	6/7/2018	7/2/2018			260.2	0	0	260.20 ✓

Vendor# Vendor Name — Class Pay Code
11836 GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061918A Pymt sent to MMC in error	TRANSFER	6/26/2018	6/19/2018	6/19/2018			1,773.79	0	0	1,773.79 ✓
61918 Pymt sent to MMC in error	TRANSFER	6/26/2018	6/19/2018	6/19/2018			2,341.44	0	0	2,341.44 ✓
62018 Pymt sent to MMC in error	TRANSFER	6/26/2018	6/20/2018	6/20/2018			1,394.04	0	0	1,394.04 ✓
62518 Pymt sent to MMC in error.	TRANSFER	6/26/2018	6/21/2018	6/25/2018			855	0	0	855.00

Vendor# Vendor Name — Class Pay Code
11552 HEALTHCARE EQIPMENT FINANCE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
87339294 ✓	LEASE JULY	6/27/2018	6/6/2018	7/1/2018			7154.17			7154.17 ✓

Vendor# Vendor Name — Class Pay Code
11612 MASA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
590915MKMMC		6/26/2018	6/18/2018	7/1/2018			1,076.00	0	0	1,076.00 ✓

INSURANCE

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1832937703	SUPPLIES	6/20/2018	8/15/2017	7/5/2018			81.37	0	0	81.37
1838708301	SUPPLIES	6/20/2018	11/14/2017	7/5/2018			34.44	0	0	34.44
1845174905	SUPPLIES	6/20/2018	2/23/2018	7/5/2018			25.25	0	0	25.25
1848561831	SUPPLIES	6/20/2018	4/17/2018	7/5/2018			2,830.72	0	0	2,830.72
1849325165	SUPPLIES	6/20/2018	4/27/2018	7/5/2018			235.92	0	0	235.92
1851542097	SUPPLIES	6/26/2018	5/31/2018	6/25/2018			93.22	0	0	93.22
1851542401	SUPPLIES	6/26/2018	5/31/2018	6/25/2018			18.61	0	0	18.61
1851542400	SUPPLIES	6/26/2018	5/31/2018	6/25/2018			73.22	0	0	73.22
1851542414	SUPPLIES	6/26/2018	5/31/2018	6/25/2018			36.98	0	0	36.98
1851542099	SUPPLIES	6/26/2018	5/31/2018	6/25/2018			93.22	0	0	93.22
1851757375	SUPPLIES	6/26/2018	6/2/2018	6/27/2018			138.89	0	0	138.89
1851757374	SUPPLIES	6/26/2018	6/2/2018	6/27/2018			744.57	0	0	744.57
1851757377	SUPPLIES	6/26/2018	6/2/2018	6/27/2018			15.76	0	0	15.76
1851860992	SUPPLIES	6/26/2018	6/5/2018	6/30/2018			22.79	0	0	22.79
1851860998	SUPPLIES	6/26/2018	6/5/2018	6/30/2018			30.85	0	0	30.85
1851860991	SUPPLIES	6/26/2018	6/5/2018	6/30/2018			567.55	0	0	567.55
1851907359	SUPPLIES	6/26/2018	6/6/2018	7/1/2018			14.14	0	0	14.14
1851907355	SUPPLIES	6/26/2018	6/6/2018	7/1/2018			44.56	0	0	44.56
1851907358	SUPPLIES	6/26/2018	6/6/2018	7/1/2018			146.14	0	0	146.14
1851907357	SUPPLIES	6/26/2018	6/6/2018	7/1/2018			55	0	0	55.00
1851907356	SUPPLIES	6/26/2018	6/6/2018	7/1/2018			91.42	0	0	91.42
1852066148	SUPPLIES	6/26/2018	6/7/2018	7/2/2018			90	0	0	90.00
1852066158	SUPPLIES	6/26/2018	6/7/2018	7/2/2018			1,727.22	0	0	1,727.22

Vendor#	Vendor Name	Class	Pay Code
M2650	METLIFE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70118	INSURANCE	6/27/2018	7/1/2018	7/1/2018			131.5	0	0	131.5 ✓

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62118	PAYROLL DED	6/26/2018	6/21/2018	6/21/2018			153.72	0	0	153.72 ✓

Vendor#	Vendor Name	Class	Pay Code
10810	MMC EMPLOYEE BENEFIT PLAN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
61818	INSURANCE	6/26/2018	6/18/2018	6/18/2018			40,430.44	0	0	40,430.44 ✓
62518	INSURANCE	6/26/2018	6/25/2018	6/25/2018			15,142.82	0	0	15,142.82 ✓

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8261 ✓	CREDIT	6/26/2018	6/19/2018	6/29/2018			-1,512.18	0		<1,512.18> ✓
2930897 ✓	INVENTORY	6/26/2018	6/20/2018	6/30/2018			385.6	0	0	385.60 ✓
2930898 ✓	INVENTORY	6/26/2018	6/20/2018	6/30/2018			31.36	0	0	31.36 ✓
2930899 ✓	INVENTORY	6/26/2018	6/20/2018	6/30/2018			44.39	0	0	44.39 ✓
2930896 ✓	INVENTORY	6/26/2018	6/20/2018	6/30/2018			24.32	0	0	24.32 ✓
2936318 ✓	INVENTORY	6/26/2018	6/21/2018	7/1/2018			31.36	0	0	31.36 ✓
2936317 ✓	INVENTORY	6/26/2018	6/21/2018	7/1/2018			2,945.90	0	0	2,945.90 ✓
2936319 ✓	INVENTRORY	6/26/2018	6/21/2018	7/1/2018			696.01	0	0	696.01 ✓
2925364 ✓	INVENTORY	6/27/2018	6/19/2018	6/29/2018			26.71	0	0	26.71 ✓
2922872 ✓	INVENTORY	6/27/2018	6/19/2018	6/29/2018			51.53	0	0	51.53 ✓
2925366 ✓	INVENTORY	6/27/2018	6/19/2018	6/29/2018			154.13	0	0	154.13 ✓
2925365 ✓	SUPPLIES	6/27/2018	6/19/2018	6/29/2018			1,241.43	0	0	1,241.43 ✓
2925531 ✓	INVENTORY	6/27/2018	6/19/2018	6/29/2018			22.47	0	0	22.47 ✓
2925367 ✓	SUPPLIES	6/27/2018	6/19/2018	6/29/2018			1,288.05	0	0	1,288.05 ✓
8816 ✓	CREDIT	6/27/2018	6/21/2018	7/1/2018			-5	0		<0 -5.00> ✓

9004 ✓	CREDIT	6/27/2018	6/21/2018	7/1/2018	-20.55	0	0	(-20.55) ✓
9262 ✓	CREDIT	6/27/2018	6/21/2018	7/1/2018	-4.99	0	0	(-4.99) ✓
2946603 ✓	INVENTORY	6/27/2018	6/25/2018	7/5/2018	3.44	0	0	3.44 ✓

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62218	Infection Prevention Area Meeting TRAVEL	6/26/2018	6/22/2018	6/22/2018			29.87	0	0	29.87 ✓

Vendor# N1225 Vendor Name NUTRITION OPTIONS ✓ Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62918	6/1, 6/7, 6/15, 6/21, 6/27 (2018) DIETICIAN SERVICES	6/26/2018	6/29/2018	6/29/2018			3,750.00	0	0	3,750.00 ✓

Vendor# 11069 Vendor Name PABLO GARZA ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62618	6/12/18 - 6/25/18 CONTRACT EMPLOYEE	6/26/2018	6/26/2018	6/26/2018			1,320.00	0	0	1,320.00 ✓

Vendor# 10987 Vendor Name REVCYCLE+, INC. ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MLVAC37779 ✓	CODING SERVICE JUNE	6/26/2018	6/4/2018	6/29/2018			2,321.65	0	0	2,321.65 ✓

Vendor# G0425 Vendor Name ROBERTS, ROBERTS, ODEFEY, LLP ✓ Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
162 ✓	LEGAL	6/26/2018	6/14/2018	7/1/2018			1,581.25	0	0	1,581.25 ✓
60 ✓	LEGAL	6/26/2018	6/14/2018	7/1/2018			640.75	0	0	640.75 ✓

Vendor# K0536 Vendor Name SHIRLEY KARNEI ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62618 ✓	CONTRACT EMPLOYEE	6/26/2018	6/26/2018	6/26/2018			413.82	0	0	413.82 ✓

Vendor# 11268 Vendor Name SOLERA WEST ✓ HOUSTON Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062218A	Pymt sent to MMC in error. TRANSFER	6/22/2018	6/22/2018	6/22/2018			12,675.00	0	0	12,675.00 ✓
61918	Pymt sent to MMC in error. TRANSFER	6/26/2018	6/19/2018	6/19/2018			5,250.00	0	0	5,250.00 ✓
62218	Pymt sent to MMC in error. TRANSFER	6/26/2018	6/22/2018	6/22/2018			2,625.00	0	0	2,625.00 ✓

Vendor# Vendor Name Class Pay Code

11140 TEXAS ADVANTAGE COMMUNITY BANK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
63018	LEASE	6/26/2018	6/30/2018	6/30/2018			3,690.52	0	0	3,690.52 ✓

Vendor# Vendor Name
11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62218 Pymt sent to MMC in error.	TRANSFER	6/22/2018	6/22/2018	6/22/2018			325	0	0	325.00
062218A Pymt sent to MMC in error.	TRANSFER	6/22/2018	6/22/2018	6/22/2018			5,500.00	0	0	5,500.00 ✓

Vendor# Vendor Name
11580 WILLIAM CROWLEY III, DO ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62218	HOSPITALIST COVERAGE	6/26/2018	6/22/2018	6/22/2018			583	0	0	583.00
62618	DEPOSIT CORRECTION	6/26/2018	6/28/2018	6/28/2018			60.34	0	0	60.34 ✓

$189,057.43

APPROVED
ON

JUN 29 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE	
A/P	176424	07/03/18	10,942.38	ALLSTATE	
A/P	176425	07/03/18	6,452.64	BANK OF THE WEST	
A/P	176426	07/03/18	1,393.55	BIRCH COMMUNICATIONS	
A/P	176427	07/03/18	6,136.00	BKD, LLP	
A/P	176428	07/03/18	7,530.00	BROADMOOR AT CREEKSIDE PARK	
A/P	176429	07/03/18	8,594.06	CITY OF PORT LAVACA	
A/P	176430	07/03/18	5,775.00	CLINICAL COMPUTER SYSTEMS INC	
A/P	176431	07/03/18	1,630.10	COMBINED INSURANCE	
A/P	176432	07/03/18	6,650.00	E-MDS, INC	
A/P	176433	07/03/18	9,889.17	EVIDENT	
A/P	176434	07/03/18	330.79	FEDERAL EXPRESS CORP.	
A/P	176435	07/03/18	6,394.27	GOLDENCREEK HEALTHCARE	
A/P	176436	07/03/18	7,174.17	HEALTHCARE EQUIPMENT FINANCE	
A/P	176437	07/03/18	1,076.00	MASA	
A/P	176438	07/03/18	.00	VOIDED	
A/P	176439	07/03/18	.00	VOIDED	
A/P	176440	07/03/18	.00	VOIDED	
A/P	176441	07/03/18	.00	MEDLINE INDUSTRIES INC VOIDED: replaced w/176459	
A/P	176442	07/03/18	181.50	METLIFE	
A/P	176443	07/03/18	155.72	MMC AUXILIARY GIFT SHOP	
A/P	176444	07/03/18	58,570.26	MMC EMPLOYEE BENEFIT PLAN	
A/P	176445	07/03/18	.00	VOIDED	
A/P	176446	07/03/18	.00	MORRIS & DICKSON CO, LLC VOIDED: replaced w/176461	
A/P	176447	07/03/18	19.87	NADINE GARNER	
A/P	176448	07/03/18	3,780.00	NUTRITION OPTIONS	
A/P	176449	07/03/18	1,320.00	PABLO GARZA	
A/P	176450	07/03/18	2,301.65	REVCYCLE+, INC.	
A/P	176451	07/03/18	2,222.00	ROBERTS, ROBERTS & ODEFEY, LLP	
A/P	176452	07/03/18	418.82	SHIRLEY KARNEI	
A/P	176453	07/03/18	20,589.00	SOLERA WEST HOUSTON	
A/P	176454	07/03/18	3,640.52	TEXAS ADVANTAGE COMMUNITY BANK	
A/P	176455	07/03/18	8,625.00	THE CRESCENT	
A/P	176456	07/03/18	615.34	WILLIAM CROWLEY III, DO	
A/P	176457	07/03/18	.00	VOIDED	
A/P	176458	07/03/18	.00	VOIDED	
A/P	176459	07/03/18	9,211.84	MEDLINE INDUSTRIES INC	
A/P	176460	07/03/18	.00	VOIDED	
A/P	176461	07/03/18	5,405.98	MORRIS & DICKSON CO, LLC	
TOTALS:			189,997.63		

Elan

RECEIVED
JUN 28 2018
Calhoun County Auditor

June 2018 Statement

Open Date: 05/05/2018 Closing Date: 06/05/2018

Account: 4378

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN 1510)

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

New Balance	**$5,745.92**
Minimum Payment Due	**$58.00**
Payment Due Date	**07/01/2018**

Activity Summary

Previous Balance	+	$6,189.66
Payments	-	$6,189.66CR
Other Credits	-	$9.60CR
Purchases	+	$5,755.52
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$5,745.92**
Past Due		**$0.00**
Minimum Payment Due		**$58.00**
Credit Line		$10,000.00
Available Credit		$4,254.08
Days in Billing Period		32

APPROVED ON
JUN 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
$5,745.92

MMC will pay by phone.

Payment Options:

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

00479851005357437800000580000005745926

Elan

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

. to pay by phone
. to change your address

000017824 01 SP 000638851585175 P Y

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

Account Number	4378
Payment Due Date	7/01/2018
New Balance	$5,745.92
Minimum Payment Due	$58.00

Amount Enclosed $_____

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

Elan™

MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN 510)

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.

Account Security is very important to you and to us. When you use your Card to make a purchase, particularly over the phone or online, you may be asked to provide a card security code, sometimes called a CVV. This information is used to help confirm that it is you using the Card and that the Card is authentic.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/21	05/19	9901	THE FLORAL BASKET 8778877815 TX MERCHANDISE/SERVICE RETURN	$5.36CR	
05/21	05/18	7135	MARRIOTT NEW ORLEANS 866-435-7627 LA MERCHANDISE/SERVICE RETURN 05/14/18 FOR 04 NIGHTS FOLIO: 010401	$2.12CR	
05/21	05/18	7143	MARRIOTT NEW ORLEANS 866-435-7627 LA MERCHANDISE/SERVICE RETURN 05/14/18 FOR 04 NIGHTS FOLIO: 010402	$2.12CR	
05/31	05/31		PAYMENT THANK YOU	$6,189.66CR	
			TOTAL THIS PERIOD	**$6,199.26CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/07	05/04	9106	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/07	05/04	9288	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/07	05/04	4089	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$121.99	
05/07	05/05	0136	AMA*CREDENTIALING 800-621-8335 IL	$228.00	
05/10	05/08	5194	WYNDHAM AUSTIN & WOODW AUSTIN TX 05/07/18 FOR 01 NIGHTS FOLIO: 21373519	$125.23	
05/11	05/10	6357	BB *HCHDFDN 713-566-6409 TX	$110.00	
05/11	05/10	8874	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$22.00	
05/15	05/14	6995	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/15	05/14	5369	MARRIOTT NEW ORLEANS 866-435-7627 LA 05/14/18 FOR 01 NIGHTS FOLIO: 010401	$665.30	
05/15	05/14	5377	MARRIOTT NEW ORLEANS 866-435-7627 LA 05/14/18 FOR 01 NIGHTS FOLIO: 010402	$665.30	
05/15	05/15	2940	AMA*CREDENTIALING 800-621-8335 IL	$43.00	
05/16	05/15	7391	PAYPAL *TEXASORGANI 402-935-7733 TX	$350.00	
05/16	05/15	5162	PAYPAL *TEXASORGANI 402-935-7733 TX	$525.00	
05/17	05/16	5019	PAYPAL *TEXASORGANI 402-935-7733 TX	$175.00	

Continued on Next Page

Elan

MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN 1510)

Cardmember Service 1-866-552-8855

Contact Us

Phone	Questions	Mail payment coupon with a check	Online
Voice: 1-866-552-8855 TDD: 1-888-352-6455 Fax: 1-866-807-9053	Cardmember Service P.O. Box 6353 Fargo, ND 58125-6353	Cardmember Service P.O. Box 790408 St. Louis, MO 63179-0408	myaccountaccess.com

End of Statement

MEMORIAL MEDICAL CNT

Get Connected

Special Offers and important updates sent to you.
Take full advantage of your card benefits!

Visit "email.myaccountaccess.com" to enroll.

Visit email.myaccountaccess.com to enroll in Credit Card Account Access Click "to enroll" and enter your information

Elan™

MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN 510)

Cardmember Service 1-866-552-8855

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/17	05/16	1797	PAYPAL *TEXASORGANI 402-935-7733 TX	$175.00	
05/18	05/17	5509	DIY AWARDS 800-810-1216 CT	$158.96	
05/18	05/17	9663	WEB*NETWORKSOLUTIONS 888-6429675 FL	$1,158.00	
05/21	05/18	9061	PAYPAL *TEXASORGANI 402-935-7733 TX	$175.00	
05/23	05/22	9025	PAYPAL *TEXASORGANI 402-935-7733 TX	$350.00	
05/23	05/22	2408	BAUDVILLE INC. 800-728-0888 MI	$77.08	
05/24	05/22	0072	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$189.00	
05/24	05/23	0699	TXDPS CRIME RECS 512-424-2090 TX	$92.28	
05/25	05/23	2779	HOLIDAY INN HOUSTON HOUSTON TX 05/22/18 FOR 01 NIGHTS Kelly S FOLIO: 22261005	$147.42	
05/25	05/24	3531	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/25	05/24	3614	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/25	05/24	3796	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/25	05/24	3879	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/25	05/24	3952	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/25	05/24	4034	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/25	05/24	4117	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
06/01	05/31	3439	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$26.70	
06/01	06/01	3893	AMA*CREDENTIALING 800-621-8335 IL	$129.00	
06/05	06/04	6860	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$26.26	
			TOTAL THIS PERIOD	**$5,755.52**	

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	$5,745.92	$0.00	YES	$0.00	11.49%	
**ADVANCES	$0.00	$0.00	YES	$0.00	25.49%	

Continued on Next Page

(1)

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: CardmemberServices

Date: 6/25/18

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	—		NPDB x 2 - Credentialing	2		4.00 ✓
2	—		AMA Credentialing x 6	38		228.00 ✓
3	—		Wyndham Austin - Sarah & Rubio - Trauma Mtg (Monthly)			125.23 ✓
4						
5	—		BBT HCHD - Registration for Kelly Schott & Sandy Bourham to attend Circle of Trauma Surgical Conf 2018	55		110.00 ✓
6						
7						
8						
9	—		NPDB x 1			2.00 ✓
10	—		Marriott New Orleans - Jenise Svetlik - CFSI Conference			665.30 ✓

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

NOTES:

Charges made to Mr. Anglin's VISA

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: 6/25/18

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	—		Marriott New Orleans - Donn			665.30 ✓
2			Stringo - CPSI Conf.			
3	—		AMA . x 1 Provider			43.00 ✓
4	—		PAYPAL - Registration for	175		350.00 ✓
5			Terry Sizer & Susan Foester			
6			2018 Texas CAH Conf. (Board members)			
7	—		PAYPAL - Registration for			525.00 ✓
8			Jason Anglin, Diane Moore,			
9			Reshanda Thomas to attend			
10			2018 Texas CAH Conf (Admin)			

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

NOTES:

Charges made to Mr. Anglin's VISA

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: 6/25/18

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	—		PAYPAL - Registration for			175.00
2			Rolando Reyes to attend			
3			2018 CAH Conf (Board mem)			
4	—		PAYPAL - Registration for			175.00
5			Erin Clevenger to attend			
6			2018 CAH Conf (Admin)			
7	—		PAYPAL - Registration for			175.00
8			Rhonda Nielsen to attend			
9			2018 CAH Conf (Board mem)			350.00
10	—		PAYPAL - Registration for Michael Orellana + Annemarie Eckley 2018 CAH Conf			

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

NOTES:

Charges made to Mr. Arglin's VISA

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(4)

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: 6/25/18

P.O. #

Account #

Initiated By:

Form #9401

Expense # | Department | Deliver To

	Description	Unit Cost	Unit Meas.	Extended Cost
	DIY Awards - Retirement			158.96
	Prague - Debbie Wittnebert			
	~~Web~~ Bandville - plaques for			77.08
	Nurses of the Year			
	THA - Webinar Registration - Jason Arglin			189.00
	TXDPS - Criminal History credits			92.28
	Holiday Houston - Kelly + Sandy			147.42
	Survival Conf - ER			
	NPDB x 7	2		14.00
	AMA - x3 Providers	43		129.00

eight Refund - The Floral Basket - taxes — Est. Total Cost — TOTAL COST <5.36>

Refund - Marriott New Orleans - overpayment <2.12>

Refund - Marriott New Orleans - overpayment <2.12>

Charges made to Mr. Arglins CISA

Amazon Marketplace / WP Farley Inc - cylinder rack for Rehab 121.99

Amazon Marketplace - Anatomy chart 22.00

Web Network Solutions - SSL Certificate (wildcard) 1,158.00

~~Amazon~~ Marketplace - Stump shrinker 26.70

Amazon Marketplace - Patient Monitor wire (2) 26.26

5,745.92

Contact:

Date:

Quoted By:

Buyer:

E.T.A.

Dept. Director

Dir. Nursing

Adm. Dir. Clinical Service

CFO

Administrator

McKESSON

Company: 8000

STATEMENT

As of: 06/29/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 06/29/2018

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

As of: 06/29/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/29/2018 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: 2,763.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/03/2018,
Pay This Amount: 2,708.38 USD ✓

If Paid After 07/03/2018,
Pay this Amount: 2,763.64 USD

Due If Paid On Time:
USD 2,708.38

Disc lost if paid late: 55.26

Due If Paid Late:
USD 2,763.64

CK# 988
GL# 603100000

APPROVED
ON
JUL 02 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

51.06 +
1,725.36 +
931.96 +
2,708.38 *

on file
CFO 7-2-18

McKESSON

STATEMENT

Company: 8000

As of: 06/29/2018

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 06/29/2018

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

As of: 06/29/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342
Date: 06/29/2018

PLEASE CHECK ANY 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											
06/25/2018	07/03/2018	7877944885	0622180734-00	115Invoice	4.65	232.29		227.64 ✓		7877944885	
06/25/2018	07/03/2018	7877944886	5309173184	115Invoice	0.01	0.32		0.31 ✓		7877944886	
06/26/2018	07/03/2018	7878172443	0625180347-00	115Invoice	11.50	575.20		563.70 ✓		7878172443	
06/27/2018	07/03/2018	7878432729	2209322826	115Invoice	0.46	23.19		22.73 ✓		7878432729	
06/28/2018	07/03/2018	7878644365	2209326882	115Invoice		0.18		0.18 ✓		7878644365	
06/29/2018	07/03/2018	7878877393	0959800000	115Invoice	2.38	118.85		116.47 ✓		7878877393	
06/29/2018	07/03/2018	7878877395	1113604	115Invoice	0.01	0.32		0.31 ✓		7878877395	
06/29/2018	07/03/2018	7878877396	0628180451-00	115Invoice	0.01	0.63		0.62 ✓		7878877396	

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: 950.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,773.02
06/25/2018

If Paid By 07/03/2018,
Pay This Amount: 931.96 USD ✓

If Paid After 07/03/2018,
Pay this Amount: 950.98 USD

Due If Paid On Time:
USD 931.96

Disc lost if paid late:
19.02

Due If Paid Late:
USD 950.98

on behalf CFO
7-2-18

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: 06/29/2018

DC: 8115

Territory: 400

Customer: 262252
Date: 06/29/2018

Page: 001

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

As of: 06/29/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 06/29/2018 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											
06/25/2018	07/03/2018	7877958318	1001252147	115Invoice	6.70	335.06		328.36 ✓		7877958318	
06/25/2018	07/03/2018	7877958323	1001252147	115Invoice	0.09	4.49		4.40 ✓		7877958323	
06/25/2018	07/03/2018	7877958324	1001252857	115Invoice	2.08	103.98		101.90 ✓		7877958324	
06/25/2018	07/03/2018	7877958325	1001252857	115Invoice	0.07	3.31		3.24 ✓		7877958325	
06/25/2018	07/03/2018	7877958326	1001253280	115Invoice	5.56	278.09		272.53 ✓		7877958326	
06/26/2018	07/03/2018	7878209191	1001253678	115Invoice	2.05	102.65		100.60 ✓		7878209191	
06/27/2018	07/03/2018	7878454356	1001254116	115Invoice	1.51	75.53		74.02 ✓		7878454356	
06/28/2018	07/03/2018	7878651241	1001254830	115Invoice	0.25	12.67		12.42 ✓		7878651241	
06/28/2018	07/03/2018	7878651242	1001254830	115Invoice	1.06	53.06		52.00 ✓		7878651242	
06/29/2018	07/03/2018	7878889040	1001255880	115Invoice	13.65	682.71		669.06 ✓		7878889040	
06/29/2018	07/03/2018	7878889041	1001255880	115Invoice	2.18	109.01		106.83 ✓		7878889041	

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: 1,760.56 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,773.02
06/25/2018

If Paid By 07/03/2018,
Pay This Amount: 1,725.36 USD ✓

If Paid After 07/03/2018,
Pay this Amount: 1,760.56 USD

Due If Paid On Time:
USD 1,725.36

Disc lost if paid late:
35.20

Due If Paid Late:
USD 1,760.56

an rec CFO
7-2-18

McKESSON

STATEMENT

Company: 8000

As of: 06/29/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 06/29/2018

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: 06/29/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 06/29/2018 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											
06/27/2018	07/03/2018	7878427283	2017005007	115Invoice	0.01	0.33		0.32 ✓		7878427283	
06/27/2018	07/03/2018	7878427284	2017005007	115Invoice	0.30	15.08		14.78 ✓		7878427284	
06/29/2018	07/03/2018	7878909914	2017005038	115Invoice	0.73	36.69		35.96 ✓		7878909914	

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: 52.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,773.02
06/25/2018

If Paid By 07/03/2018,
Pay This Amount: 51.06 USD ✓

If Paid After 07/03/2018,
Pay this Amount: 52.10 USD

Due If Paid On Time:
USD 51.06

Disc lost if paid late:
1.04

Due If Paid Late:
USD 52.10

on Dave CFO
7-2-18

06/29/2018 MEMORIAL MEDICAL CENTER 0
07:54 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11976	MID-COAST ELECTRIC SUPPLY, INC		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	174868100		06/29/20	06/04/20	07/04/20			1,455.58	0.00	0.00	1,455.58
		ELECTRIC SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11976	MID-COAST ELECTRIC SUPPLY, INC	1,455.58	0.00	0.00	1,455.58

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,455.58	0.00	0.00	1,455.58

APPROVED
ON
JUN 29 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
6/29/2018

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	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	73,430.89 ✓	73,330.89 ✓	24,502.02	2,635.12	-	-	-	27,237.14 ✓	27,137.14
								Bank Balance	27,237.14	
								Variance	-	
								Remaining Balance	100.00	
								Adjust Balance/Transfer Amt	27,137.14	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA *614*
Accc *1257*

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	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	561	127,176.46 ✓	127,076.46 ✓	7,423.52			-	-	7,523.52 ✓	7,423.52
								Bank Balance	7,523.52	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	7,423.52	
									-	
Crescent	1588	38,179.53 ✓	38,079.53 ✓	2,312.71			-	-	2,412.71 ✓	
								Bank Balance	2,412.71	No Transfer
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	2,312.71	
Broadmoor	14596	5,782.41 ✓	5,682.41 ✓				-	-	100.00 ✓	-
								Bank Balance	100.00	No Transfer
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	-	
Fort Bend	4618	12,650.61 ✓	12,550.61 ✓	24,131.94	42.35		-	-	24,274.29 ✓	24,174.29
								Bank Balance	24,274.29	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	24,174.29	
								Total IBC Transfers	58,734.95	✓

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA *0614*
Accc *1922*

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:
Erin Clevenger, CNO 29-Jun-18

27,137.14 +
7,423.52 +
24,174.29 +
58,734.95 *

APPROVED
ON
JUN 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/29/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	CkS Cleared	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	4454	21,990.10	✓	168,103.10						-	-	190,093.20 ✓	145,610.12
											Bank Balance	190,093.20 ✓	
											Variance	-	
											Leave in Balance	100.00	
											April Bank Int	40.31 ✓	
											May Bank Int	32.04 ✓	
											June Bank Int		
											O/S ck #10-prev week QIPP pmt to MMC	20,230.56 ✓	
											MMC Portion QIPP 1	24,080.17 ✓	
											MMC Portion QIPP 2		
											Adjust Balance/Transfer Amt	145,610.12	

Routing Information for Golden Creek:
Nexion Health at Golden Creek

Wells Fargo Bank, N.A.
ABA 1248
Account n 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: Erin Cleveland
Jason Anglin, CEO 6/25/2018

APPROVED
ON
JUN 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/29/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	YTD Interest Earned		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	1381	100,851.23 ✓	76,659.78 ✓	218,725.87			-	242,917.32 ✓	**170,535.65**
							Bank Balance	242,917.32 ✓	
							Variance	-	
							Leave in Balance	100.00	
							April Bank Int	**68.09** ✓	
							May Bank Int	**52.00** ✓	
							June Bank Int		
							O/S ck #18-prev week QIPP pmt to MMC	**23,971.34** ✓	
							MMC Portion QIPP 1	**48,190.24** ✓	
							MMC Portion QIPP 2		
							Adjust Balance/Transfer Amt	**170,535.65**	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA *0614*
Account # *4257*

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	YTD Interest Earned	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at W Hston	4438	375,730.81 ✓	369,143.44 ✓	167,903.24				174,490.61 ✓	**155,094.39**
							Bank Balance	174,490.61	
							Variance	-	
							Leave in Balance	100.00	
							April Bank Int	56.39 ✓	
							May Bank Int	59.24	
							June Bank Int	✓	
							O/S ck #19-prev week QIPP pmt to MMC	**6,371.74** ✓	
							MMC Portion QIPP 1	**12,808.85** ✓	
							MMC Portion QIPP 2		
							Adjust Balance/Transfer Amt	**155,094.39**	
Crescent									
	1411	368,045.38 ✓	366,144.47 ✓	108,033.42			-	109,934.33 ✓	**104,591.26**
							Bank Balance	109,934.33 ✓	
							Variance	-	
							Leave in Balance	100.00	
							April Bank Int	32.04 ✓	
							May Bank Int	56.63 ✓	
							June Bank Int		
							O/S ck #17-prev week QIPP pmt to MMC	**1,712.24** ✓	
							MMC Portion QIPP 1	**3,442.16** ✓	

Broadmoor

4403	377,960.27 ✓	377,745.95 ✓	164,870.52	

MMC Portion QIPP 2		
Adjust Balance/Transfer Amt	**104,591.26**	
-	165,084.84	**164,870.52**
Bank Balance	165,084.84	
Variance	-	
Leave in Balance	100.00	
April Bank Int	53.56 ✓	
May Bank Int	60.76 ✓	
June Bank Int		
MMC Portion QIPP 1		
MMC Portion QIPP 2		
Adjust Balance/Transfer Amt	**164,870.52**	

Fort Bend

4446	74,146.21 ✓	67,128.59 ✓	44,455.10	

-	51,472.72	**30,633.85**
Bank Balance	51,472.72	
Variance	-	
Leave in Balance	100.00	
April Bank Int	21.34 ✓	
May Bank Int	20.94 ✓	
June Bank Int		
O/S ck #18-prev week QIPP pmt to MMC	**6,875.34** ✓	
MMC Portion QIPP 1	**13,821.25** ✓	
MMC Portion QIPP 2		
Adjust Balance/Transfer Amt	**30,633.85**	

TOTAL TRANSFERS	**625,725.67** ✓

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA)614
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: Erin Cleveland
Jason Anglin, CEO 6/25/2018

APPROVED
ON
JUN 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

170,535.65 +
155,094.39 +
104,591.26 +
164,870.52 +
30,633.85 +
625,725.67 *

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 7/3/18

APPROVED ON JUN 29 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $48,190.24

G/L NUMBER: 21000012

EXPLANATION: Ashford - To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Eric Clews RA

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 7/3/18

APPROVED ON JUN 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $24,080.17

G/L NUMBER: 21000013

EXPLANATION: Golden Creek - To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Erin Cleveland

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/3/18

APPROVED ON JUN 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $13,821.25

G/L NUMBER: 21000008

EXPLANATION: Fort Bend - To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Erin Cleary RD

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 7/3/18

APPROVED ON JUN 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $12,808.85

G/L NUMBER: 21000011

EXPLANATION: Solera - To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Erin Cleary

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 7/3/18

APPROVED ON JUN 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $3,442.16

G/L NUMBER: 21000010

EXPLANATION: Crescent - To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: Erin Cleary PD

Ø

RUN DATE:07/03/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:15 CHECK REGISTER GLCKREG
07/03/18 THRU 07/03/18

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000011	07/03/18	24,080.17	MMC OPERATING
NHC	000018	07/03/18	3,442.16	MMC OPERATING
NHA	000019	07/03/18	62,011.49	MMC OPERATING
NHS *	000020	07/03/18	12,808.85	MMC OPERATING
A/P *	000988	07/03/18	2,708.38	MMC OPERATING McKesson
A/P	176424	07/03/18	10,962.38	ALLSTATE
A/P	176425	07/03/18	6,452.64	BANK OF THE WEST
A/P	176426	07/03/18	1,292.55	BIRCH COMMUNICATIONS
A/P	176427	07/03/18	6,136.00	BKD, LLP
A/P	176428	07/03/18	7,530.00	BROADMOOR AT CREEKSIDE PARK
A/P	176429	07/03/18	8,584.06	CITY OF PORT LAVACA
A/P	176430	07/03/18	5,775.00	CLINICAL COMPUTER SYSTEMS INC
A/P	176431	07/03/18	1,630.10	COMBINED INSURANCE
A/P	176432	07/03/18	6,660.00	E-MDS, INC
A/P	176433	07/03/18	9,899.17	EVIDENT
A/P	176434	07/03/18	300.79	FEDERAL EXPRESS CORP.
A/P	176435	07/03/18	6,364.27	GOLDENCREEK HEALTHCARE
A/P	176436	07/03/18	7,154.17	HEALTHCARE EQUIPMENT FINANCE
A/P	176437	07/03/18	1,076.00	MASA
A/P	176438	07/03/18	.00	VOIDED
A/P	176439	07/03/18	.00	VOIDED
A/P	176440	07/03/18	.00	VOIDED
A/P	176441	07/03/18	7,776.31	MEDLINE INDUSTRIES INC
A/P	176442	07/03/18	131.50	METLIFE
A/P	176443	07/03/18	153.72	MMC AUXILIARY GIFT SHOP
A/P	176444	07/03/18	55,573.26	MMC EMPLOYEE BENEFIT PLAN
A/P	176445	07/03/18	.00	VOIDED
A/P	176446	07/03/18	5,407.88	MORRIS & DICKSON CO, LLC
A/P	176447	07/03/18	29.87	NADINE GARNER
A/P	176448	07/03/18	3,750.00	NUTRITION OPTIONS
A/P	176449	07/03/18	1,320.00	PABLO GARZA
A/P	176450	07/03/18	2,321.65	REVCYCLE+, INC.
A/P	176451	07/03/18	2,222.00	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	176452	07/03/18	413.82	SHIRLEY KARNEI
A/P	176453	07/03/18	20,550.00	SOLERA WEST HOUSTON
A/P	176454	07/03/18	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	176455	07/03/18	5,825.00	THE CRESCENT
A/P	176456	07/03/18	643.34	WILLIAM CROWLEY III, DO
A/P	176457	07/03/18	.00	VOIDED
A/P	176458	07/03/18	.00	VOIDED
A/P	176459	07/03/18	7,211.84	MEDLINE INDUSTRIES INC
A/P	176460	07/03/18	.00	VOIDED
A/P	176461	07/03/18	5,403.98	MORRIS & DICKSON CO, LLC
A/P	176462	07/03/18	1,455.58	MID-COAST ELECTRIC SUPPLY, INC Critical
TOTALS:			308,748.45	

QIPP checks $102,342.67

*This pay register is for McKesson, QIPP and (1) Critical.

308,748.45 +
QIPP 102,342.67 –
McKesson 2,708.38 –
Critical 1,455.58 –
202,241.82 *

202,241.82 +
VOIDED checks 7,776.31 –
5,407.88 –
Payables 189,057.63 *

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --June 23rd, 2018 - June 28th, 2018

Date	Bank Description	MMC Notes	Amount
6/26/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03501271 910000182	- 340B Drug Program Expense	3,773.02 *
			3,773.02

Erin Clevenger, CNO
Memorial Medical Center

June 29, 2018

* Approved 06.27.18

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --June 23rd, 2018 - June 28th, 2018

Date	Bank Description	MMC Notes	Amount
	NO ELECTRONIC TRANSFERS FOR THIS PERIOD		

Total Electronic Payments: -

Erin Clevenger, CNO
Memorial Medical Center

June 29, 2018