MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- August 01, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 283,475.53
TOTAL TRANSFERS BETWEEN FUNDS	$ -
TOTAL NURSING HOME UPL EXPENSES	$ 1,830,776.40
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED August 01, 2018	$ 2,114,251.93

APPROVED

AUG 0 1 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 01, 2018

PAYABLES AND PAYROLL			
7/25/2018	Weekly Payables	231,880.04	
7/26/2018	Credit Card-see attached	3,789.42	
7/26/2018	TXU Energy	32,328.93	
7/30/2018	McKesson-340B Prescription Expense	15,477.14	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 283,475.53**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
7/30/2018	Nursing Home UPI	73,978.10	
7/30/2018	Nursing Home UPI	1,299,862.48	
7/30/2018	Nursing Home UPI	215,217.17	
QIPP/INTEREST CHECKS TO MMC			
7/30/2018	Ashford	93,214.10	
7/30/2018	Golden Creek	74,681.38	
7/30/2018	Fort Bend	26,588.46	
7/30/2018	Solera	24,465.54	
7/30/2018	Crescent	6,471.31	
7/30/2018	Ashford-NH/Clinic Medicare Recoup	7,573.69	
7/30/2018	Solera-NH/Clinic Medicare Recoup	4,339.88	
7/30/2018	Crescent-NH/Clinic Medicare Recoup	406.13	
7/30/2018	Broadmoor-NH/Clinic Medicare Recoup	2,017.74	
7/30/2018	Golden Creek-NH/Clinic Medicare Recoup	1,960.42	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,830,776.40**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 01, 2018			**$ 2,114,251.93**

07/25/2018 MEMORIAL MEDICAL CENTER 0
13:56 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/07/2018

Vendor#	Vendor Name	Class	Pay Code
T2900	3M COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC75913 ✓		07/16/20	07/20/20	08/01/20		19,426.20	0.00	0.00	19,426.20 ✓
	ANNUAL RENEWAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2900	3M COMPANY	19,426.20	0.00	0.00	19,426.20

Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1179 ✓		07/23/20	01/15/20	02/14/20		1,393.00	0.00	0.00	1,393.00 ✓
	ANNUAL CREDENTIALING RENewal (7) @199.00								
1254 ✓		07/23/20	07/06/20	08/06/20		398.00	0.00	0.00	398.00 ✓
	CREDIENTIALING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	1,791.00	0.00	0.00	1,791.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
124616 ✓		07/09/20	07/02/20	08/02/20		13.24	0.00	0.00	13.24 ✓
	SUPPLIES Surgery								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	13.24	0.00	0.00	13.24

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9077960289 ✓		07/24/20	07/10/20	08/04/20		516.55	0.00	0.00	516.55 ✓
	NITROUS OXIDE								
9078064154 ✓		07/24/20	07/12/20	08/06/20		42.01	0.00	0.00	42.01 ✓
	NITROGEN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	558.56	0.00	0.00	558.56

Vendor#	Vendor Name	Class	Pay Code
A1760	AMERICAN ACADEMY OF PEDIATRICS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14155567 ✓		07/17/20	07/03/20	08/03/20		307.78	0.00	0.00	307.78 ✓
	TEXTBOOK (4) Neonatal Resuscitation @ 69.95 + 27.98 $!H								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1760	AMERICAN ACADEMY OF PEDIATRICS	307.78	0.00	0.00	307.78

Vendor#	Vendor Name	Class	Pay Code
B0435	BARD PERIPHERAL VASCULAR ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
45375723 ✓		07/25/20	06/19/20	07/25/20		150.00	0.00	0.00	150.00 ✓
	SUPPLIES								
78168595 ✓		07/25/20	06/22/20	07/22/20		689.24	0.00	0.00	689.24 ✓
	SUPPLIES								
45380784 ✓		07/25/20	06/25/20	07/25/20		150.00	0.00	0.00	150.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	989.24	0.00	0.00	989.24

Vendor#	Vendor Name	Class	Pay Code
B1075	BAXTER HEALTHCARE CORP ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
59914657 ✓		07/16/20	07/03/20	08/02/20			259.64	0.00	0.00	259.64 ✓
	INVENTORY									
59922707 ✓		07/16/20	07/03/20	08/02/20			441.18	0.00	0.00	441.18 ✓
	INVENTORY									
59943862 ✓		07/16/20	07/06/20	08/05/20			259.64	0.00	0.00	259.64 ✓
	INVENTORY									
59945151 ✓		07/16/20	07/06/20	08/05/20			199.36	0.00	0.00	199.36 ✓
	INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	1,159.82	0.00	0.00	1,159.82

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6006391012 ✓		07/25/20	06/25/20	07/25/20			572.32	0.00	0.00	572.32 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	572.32	0.00	0.00	572.32

Vendor#	Vendor Name	Class	Pay Code
B1281	• BAYMEDICAL PRODUCTS ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
I2164431A		07/25/20	07/03/20	08/03/20			53.68	0.00	0.00	53.68 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1281	BAYMEDICAL PRODUCTS	53.68	0.00	0.00	53.68

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
107154532 ✓		07/17/20	07/09/20	08/03/20			712.71	0.00	0.00	712.71 ✓
	SUPPLIES									
107161666 ✓		07/24/20	07/12/20	08/06/20			4,233.46	0.00	0.00	4,233.46 ✓
	HEMATOLOGY BILLING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	4,946.17	0.00	0.00	4,946.17

Vendor#	Vendor Name	Class	Pay Code
10024	• BECTON, DICKINSON & CO (BD) ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9104019133 ✓		07/24/20	04/02/20	05/02/20			842.49	0.00	0.00	842.49 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	842.49	0.00	0.00	842.49

Vendor#	Vendor Name	Class	Pay Code
M4300	BILLIE DUCKWORTH ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
070518		07/24/20	07/05/20	07/05/20			35.00	0.00	0.00	35.00 ✓
	NPR EXAM (reimbursement of course fee)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M4300	BILLIE DUCKWORTH	35.00	0.00	0.00	35.00

Vendor#	Vendor Name				Class	Pay Code				
11221	BRITTANY RUDDICK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	071118		07/23/20	07/11/20	07/11/20		35.00	0.00	0.00	35.00
		NRP ONLINE EXAM (reimbursement of course fee)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11221	BRITTANY RUDDICK				35.00	0.00	0.00	35.00
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
	071118		07/13/20	07/11/20	07/11/20		13,787.50	0.00	0.00	13,787.50 ✓
		TRANSFER Pymt sent to MMC in error								
	072318		07/24/20	07/23/20	07/23/20		16,195.00	0.00	0.00	16,195.00 ✓
		TRANSFER Pymt sent to MMC in error								
	071218		07/25/20	07/12/20	07/12/20		4,544.47	0.00	0.00	4,544.47 ✓
		TRANSFER Pymt sent to MMC in error								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11832	BROADMOOR AT CREEKSIDE PARK				34,526.97	0.00	0.00	34,526.97
Vendor#	Vendor Name				Class	Pay Code				
A1825	CARDINAL HEALTH 414,LLC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8001692552 ✓		07/24/20	06/24/20	07/24/20		586.87	0.00	0.00	586.87 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1825	CARDINAL HEALTH 414,LLC				586.87	0.00	0.00	586.87
Vendor#	Vendor Name				Class	Pay Code				
10350	CENTURION MEDICAL PRODUCTS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0092547786 ✓		07/17/20	07/03/20	08/02/20		1,019.20	0.00	0.00	1,019.20 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				1,019.20	0.00	0.00	1,019.20
Vendor#	Vendor Name				Class	Pay Code				
10974	CONNIE LUNA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	070118		07/24/20	07/01/20	07/01/20		35.00	0.00	0.00	35.00 ✓
		NPR EXAM reimbursement OF course fee								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10974	CONNIE LUNA				35.00	0.00	0.00	35.00
Vendor#	Vendor Name				Class	Pay Code				
12004	DAVID CISNEROS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	66950 ✓		07/24/20	07/24/20	07/24/20		55.00	0.00	0.00	55.00 ✓
		PT REFUND								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12004	DAVID CISNEROS				55.00	0.00	0.00	55.00
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
	541990 ✓		07/17/20	07/09/20	08/03/20		58.69	0.00	0.00	58.69 ✓
		OFFICE SUPPLIES MMC Clinic								

5423580 ✓		07/17/20	07/11/20	08/05/20		108.86	0.00	0.00	108.86 ✓
	OFFICE SUPPLIES Program Hope								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				167.55	0.00	0.00	167.55

Vendor#	Vendor Name	Class	Pay Code
10026	DONN STRINGO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071118		07/24/20	07/11/20	07/11/20	80.64	82.57	0.00	0.00	82.57 80.64
	BOOKS FOR PALS AND ACLS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10026	DONN STRINGO	80.64 82.57	0.00	0.00	82.57 80.64

Vendor#	Vendor Name	Class	Pay Code
E0500	EAGLE FIRE & SAFETY INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
69177 ✓		07/16/20	07/03/20	08/03/20		267.50	0.00	0.00	267.50 ✓
	FIRE SUPRESSION in Kitchen								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	267.50	0.00	0.00	267.50

Vendor#	Vendor Name	Class	Pay Code
E1275	ENV SERVICES INC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
376416 ✓		07/24/20	05/22/20	06/22/20		675.00	0.00	0.00	675.00 ✓
	LAB SERVICE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1275	ENV SERVICES INC	675.00	0.00	0.00	675.00

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
T1807091378 ✓		07/24/20	07/09/20	08/03/20		6,400.32	0.00	0.00	6,400.32 ✓
	CODING AND BUSINESS SER\								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	6,400.32	0.00	0.00	6,400.32

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
903605883 ✓		07/24/20	06/29/20	07/24/20		211.52	0.00	0.00	211.52 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	211.52	0.00	0.00	211.52

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
07A18MMC ✓		07/24/20	07/01/20	07/16/20		495.00	0.00	0.00	495.00 ✓
	WEBSITE PAYEMNT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00

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
2157884 ✓		07/24/20	06/28/20	07/23/20		147.02	0.00	0.00	147.02 ✓
	SUPPLIES								
2906482 ✓		07/24/20	07/05/20	07/30/20		272.78	0.00	0.00	272.78 ✓

	SUPPLIES							
3308285 ✓		07/24/20	07/12/20	08/06/20	952.63	0.00	0.00	952.63 ✓
	SUPPLIES							
3019671 ✓		07/25/20	07/06/20	07/31/20	131.46	0.00	0.00	131.46 ✓
	SUPPLIES							
3180015 ✓		07/25/20	07/10/20	08/04/20	243.75	0.00	0.00	243.75 ✓
	SUPPLIES							
3244604 ✓		07/25/20	07/11/20	08/05/20	210.92	0.00	0.00	210.92 ✓
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	1,958.56	0.00	0.00	1,958.56

Vendor#	Vendor Name	Class	Pay Code
10678	FIVE STAR STERILIZER SERVICES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5697		07/17/20	07/13/20	08/07/20			217.79	0.00	0.00	217.79 ✓
	REPAIRS INSTRURMENTS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	217.79	0.00	0.00	217.79

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
072318		07/24/20	07/23/20	07/23/20			1,625.00	0.00	0.00	1,625.00 ✓
	TRANSFER Pymt sent to MMC in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	1,625.00	0.00	0.00	1,625.00

Vendor#	Vendor Name	Class	Pay Code
G0321	GALLS,LLC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010175525 ✓		07/24/20	06/22/20	07/22/20			62.93	0.00	0.00	62.93 ✓
	SECURITY UNIFORM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0321	GALLS,LLC	62.93	0.00	0.00	62.93

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
071618		07/24/20	07/16/20	07/16/20			3,374.20	0.00	0.00	3,374.20 ✓
	TRANSFER Pymt made to MMC in error									
072318		07/24/20	07/23/20	07/23/20			7,124.50	0.00	0.00	7,124.50 ✓
	TRANSFER Pymt made to MMC in error									
072318A		07/24/20	07/23/20	07/23/20			618.60	0.00	0.00	618.60 ✓
	TRANSFER Pymt Made to MMC in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	11,117.30	0.00	0.00	11,117.30

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9843350290 ✓		07/17/20	07/11/20	08/05/20			179.96	0.00	0.00	179.96 ✓
	REPAIRS (water pump)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	179.96	0.00	0.00	179.96

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
1468064 ✓		07/24/20	03/13/20	04/12/20		331.50	0.00	0.00	331.50 ✓
	SUPPLIES								
1505590 ✓		07/24/20	05/24/20	06/23/20		329.28	0.00	0.00	329.28 ✓
	SUPPLIES								
1507005 ✓		07/24/20	05/29/20	06/28/20		115.62	0.00	0.00	115.62 ✓
	SUPPLIES								
1508412 ✓		07/24/20	05/31/20	06/30/20		64.52	0.00	0.00	64.52 ✓
	SUPPLIES								
1510631 ✓		07/24/20	06/05/20	07/05/20		134.64	0.00	0.00	134.64 ✓
	LAUNDRY								
1513829 ✓		07/24/20	06/12/20	07/12/20		306.26	0.00	0.00	306.26 ✓
	SUPPLIES								
1522626 ✓		07/24/20	07/02/20	08/01/20		143.19	0.00	0.00	143.19 ✓
	SUPPLIES								
1516907A ✓		07/25/20	06/19/20	07/19/20		238.97	0.00	0.00	238.97 ✓
	SUPPLIES								
1522556 ✓		07/25/20	07/02/20	08/01/20		699.06	0.00	0.00	699.06 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	2,363.04	0.00	0.00	2,363.04

Vendor# Vendor Name Class Pay Code

11182 HEATHER MUTCHLER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
070318		07/24/20	07/03/20	07/03/20		35.00	0.00	0.00	35.00 ✓
	NPR EXAM reimbursement of course fee								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11182	HEATHER MUTCHLER	35.00	0.00	0.00	35.00

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
PJIN0120321 ✓		07/23/20	07/16/20	07/16/20		8,333.33	0.00	0.00	8,333.33 ✓
	SMA FEE AUG-SEPT								
PJIN0115912 ✓		07/25/20	04/16/20	05/16/20		8,333.33	0.00	0.00	8,333.33 ✓
	SMA FEE 5/25-6/25								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS	16,666.66	0.00	0.00	16,666.66

Vendor# Vendor Name Class Pay Code

H1850 HOSPIRA WORLDWIDE, INC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
851152251 ✓		07/24/20	07/01/20	07/31/20		11.25	0.00	0.00	11.25 ✓
	MONTHLY SERVICE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC	11.25	0.00	0.00	11.25

Vendor# Vendor Name Class Pay Code

10442 INTERSTATE ALL BATTERY CENTER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1901103015110 ✓		07/17/20	07/12/20	08/05/20		538.00	0.00	0.00	538.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10442	INTERSTATE ALL BATTERY CENTER	538.00	0.00	0.00	538.00

Vendor#	Vendor Name				Class	Pay Code				
11600	LEGAL SHIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	071518		07/24/20	07/15/20	07/15/20		1,260.20	0.00	0.00	1,260.20
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD				1,260.20	0.00	0.00	1,260.20
Vendor#	Vendor Name				Class	Pay Code				
10578	LUMINANT ENERGY COMPANY LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV0548122		06/30/20	07/02/20	08/02/20		1,526.52	0.00	0.00	1,526.52
		GAS JUNE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10578	LUMINANT ENERGY COMPANY LLC				1,526.52	0.00	0.00	1,526.52
Vendor#	Vendor Name				Class	Pay Code				
11099	MARLIN BUSINESS BANK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	16122450		07/23/20	07/16/20	08/05/20		629.15	0.00	0.00	629.15
		LEASE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11099	MARLIN BUSINESS BANK				629.15	0.00	0.00	629.15
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	30385830		07/24/20	06/28/20	07/28/20		159.64	0.00	0.00	159.64
		SUPPLIES								
	29583208		07/25/20	06/18/20	07/18/20		406.17	0.00	0.00	406.17
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				565.81	0.00	0.00	565.81
Vendor#	Vendor Name				Class	Pay Code				
10376	MED SYSTEMS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	34591		07/25/20	06/14/20	07/14/20		569.00	0.00	0.00	569.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10376	MED SYSTEMS INC				569.00	0.00	0.00	569.00
Vendor#	Vendor Name				Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	123129		07/24/20	06/30/20	07/25/20		2,286.25	0.00	0.00	2,286.25
		COLLECTION FEES JUNE								
	121994		07/25/20	05/31/20	06/25/20		1,272.46	0.00	0.00	1,272.46
		COLLECTION FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.				3,558.71	0.00	0.00	3,558.71
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
	071718		07/24/20	07/17/20	07/17/20		69.47	0.00	0.00	69.47
		INDIGENT CARE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	69.47	0.00	0.00	69.47

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
1851860988 ✓		07/10/20	07/10/20	08/04/20		30.12	0.00	0.00	30.12 ✓
1852146626 ✓	SUPPLIES	07/10/20	07/10/20	08/04/20		28.28	0.00	0.00	28.28 ✓
1854169107 ✓	SUPPLIES	07/25/20	07/10/20	08/04/20		1,003.61	0.00	0.00	1,003.61 ✓
1854169108 ✓	SUPPLIES	07/25/20	07/10/20	08/04/20		491.16	0.00	0.00	491.16 ✓
1854375304 ✓	SUPPLIES	07/25/20	07/12/20	08/06/20		714.66	0.00	0.00	714.66 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	2,267.83	0.00	0.00	2,267.83

Vendor#	Vendor Name	Class	Pay Code
10945	MELANIE GRIFFITH ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071418	NPR EXAM reimbursement of course Fee	07/24/20	07/01/20	07/14/20		35.00	0.00	0.00	35.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10945	MELANIE GRIFFITH	35.00	0.00	0.00	35.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071918	PAYROLL DED	07/24/20	07/19/20	07/19/20		128.28	0.00	0.00	128.28 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	128.28	0.00	0.00	128.28

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
070918	INSURANCE	07/25/20	07/09/20	07/09/20		12,082.39	0.00	0.00	12,082.39 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	12,082.39	0.00	0.00	12,082.39

Vendor#	Vendor Name	Class	Pay Code
11972	MOMENTUM RENTAL & SALES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
593501 ✓	LIFT RENTAL	07/11/20	07/03/20	08/03/20		753.90	0.00	0.00	753.90 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11972	MOMENTUM RENTAL & SALES	753.90	0.00	0.00	753.90

Vendor#	Vendor Name	Class	Pay Code
C1279	MONICA CARR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071918	NPR EXAM reimbursement of course Fee	07/24/20	07/19/20	07/19/20		35.00	0.00	0.00	35.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1279	MONICA CARR	35.00	0.00	0.00	35.00

Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3033708		07/24/20	07/17/20	07/27/20		33.78	0.00	0.00	33.78
	3033707	INVENTORY	07/24/20	07/17/20	07/27/20		41.79	0.00	0.00	41.79
	3035461	INVENTORY	07/24/20	07/17/20	07/27/20		217.76	0.00	0.00	217.76
	3035462	INVENTORY	07/24/20	07/17/20	07/27/20		2,218.06	0.00	0.00	2,218.06
	CM57501	INVENTORY	07/24/20	07/18/20	07/28/20		-194.59	0.00	0.00	-194.59
	3040702	CREDIT	07/24/20	07/18/20	07/28/20		521.03	0.00	0.00	521.03
	3040701	INVENTORY	07/24/20	07/18/20	07/28/20		39.37	0.00	0.00	39.37
	3040700	SUPPLIES	07/24/20	07/18/20	07/28/20		45.73	0.00	0.00	45.73
	3046202	INVENTORY	07/24/20	07/19/20	07/29/20		133.18	0.00	0.00	133.18
	3046201	INVENTORY	07/24/20	07/19/20	07/29/20		233.63	0.00	0.00	233.63
	3046203	INVENTORY	07/24/20	07/19/20	07/29/20		671.35	0.00	0.00	671.35
	3057687	INVENTORY	07/24/20	07/23/20	08/02/20		11.86	0.00	0.00	11.86
	3056222	INVENTORY	07/24/20	07/23/20	08/02/20		223.11	0.00	0.00	223.11
	3057874	INVENTORY	07/24/20	07/23/20	08/02/20		1,774.61	0.00	0.00	1,774.61
	3057875	INVENTORY	07/24/20	07/23/20	08/02/20		400.40	0.00	0.00	400.40
	3057873	INVENTORY	07/24/20	07/23/20	08/02/20		644.26	0.00	0.00	644.26
	3057686	INVENTORY	07/24/20	07/23/20	08/02/20		9.24	0.00	0.00	9.24
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				7,024.57	0.00	0.00	7,024.57

Vendor#	Vendor Name				Class	Pay Code				
M4250	MORTAN INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	268961	SUPPLIES	07/25/20	06/26/20	07/26/20		307.68	0.00	0.00	307.68
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M4250	MORTAN INC				307.68	0.00	0.00	307.68

Vendor#	Vendor Name				Class	Pay Code				
N1225	NUTRITION OPTIONS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	072318	DIETICTIAN 7/6, 7/12, 7/20, 7/24	07/24/20	07/23/20	07/23/20		3,000.00	0.00	0.00	3,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N1225	NUTRITION OPTIONS	3,000.00	0.00	0.00	3,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
95975258	JULY PAYMENT	07/24/20	07/07/20	08/01/20		1,137.51	0.00	0.00	1,137.51

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

Vendor#	Vendor Name	Class	Pay Code
11468	ORASURE TECHNOLOGIES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90262537	SUPPLIES	07/24/20	06/30/20	07/30/20		106.51	0.00	0.00	106.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11468	ORASURE TECHNOLOGIES INC	106.51	0.00	0.00	106.51

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1850699456	SUPPLIES	07/18/20	07/06/20	08/05/20		433.90	0.00	0.00	433.90
1850692109	SUPPLIES	07/24/20	06/25/20	07/25/20		749.93	0.00	0.00	749.93

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	1,183.83	0.00	0.00	1,183.83

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2039034630		07/16/20	07/03/20	08/02/20		25.91	0.00	0.00	25.91
2039045759	SUPPLIES	07/16/20	07/03/20	08/02/20		966.15	0.00	0.00	966.15
2039074782	SUPPLIES	07/16/20	07/05/20	08/04/20		29.72	0.00	0.00	29.72
2039074714	SUPPLIES	07/16/20	07/05/20	08/04/20		43.44	0.00	0.00	43.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	1,065.22	0.00	0.00	1,065.22

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072418	CONTRACT EMPLOYEE 7/10/18 - 7/23/18	07/24/20	07/17/20	07/24/20		1,230.00	0.00	0.00	1,230.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,230.00	0.00	0.00	1,230.00

Vendor#	Vendor Name	Class	Pay Code
P1038	PAM PARRISH	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
070218	NPR EXAM Reimbursement of course fee	07/24/20	07/02/20	07/02/20		35.00	0.00	0.00	35.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1038	PAM PARRISH	35.00	0.00	0.00	35.00

Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER HARDWARE ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	A45207 ✓		07/24/20	07/23/20	08/02/20		12.00	0.00	0.00	12.00 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE				12.00	0.00	0.00	12.00
Vendor#	Vendor Name				Class	Pay Code				
10626	RAUSHANAH MONDAY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	071918		07/24/20	07/10/20	07/19/20		35.00	0.00	0.00	35.00 ✓
		NRP EXAM reimbursement of course fee								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10626	RAUSHANAH MONDAY				35.00	0.00	0.00	35.00
Vendor#	Vendor Name				Class	Pay Code				
11024	REED, CLAYMON, MEEKER & HARGET ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	14131 ✓		07/16/20	07/06/20	08/06/20		197.50	0.00	0.00	197.50 ✓
		LEGAL SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11024	REED, CLAYMON, MEEKER & HARGET				197.50	0.00	0.00	197.50
Vendor#	Vendor Name				Class	Pay Code				
10645	REVISTA de VICTORIA ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	07201820A		07/25/20	07/17/20	07/31/20		240.00	0.00	0.00	240.00 ✓
		AD								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10645	REVISTA de VICTORIA				240.00	0.00	0.00	240.00
Vendor#	Vendor Name				Class	Pay Code				
10315	REXEL ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	S121465546001 ✓		07/17/20	07/11/20	08/05/20		152.48	0.00	0.00	152.48 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10315	REXEL				152.48	0.00	0.00	152.48
Vendor#	Vendor Name				Class	Pay Code				
R1490	ROLANDO REYES ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	062718		07/24/20	06/27/20	06/27/20		533.96	0.00	0.00	533.96 ✓
		TRAVEL EXPENSES Critical Pcare Hospital conference. 6/21-6/22/18								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1490	ROLANDO REYES				533.96	0.00	0.00	533.96
Vendor#	Vendor Name				Class	Pay Code				
S1800	SHERWIN WILLIAMS ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	08391		07/24/20	07/19/20	08/03/20		15.37	0.00	0.00	15.37 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				15.37	0.00	0.00	15.37
Vendor#	Vendor Name				Class	Pay Code				
K0536	SHIRLEY KARNEI ✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072418		07/25/20	07/24/20	07/24/20		389.07	0.00	0.00	389.07
	CONTRACT EMPLOYEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI				389.07	0.00	0.00	389.07

Vendor# 10936 Vendor Name: SIEMENS FINANCIAL SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4666961		07/24/20	06/29/20	07/29/20		1,333.33	0.00	0.00	1,333.33
	RETNAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES				1,333.33	0.00	0.00	1,333.33

Vendor# 10699 Vendor Name: SIGN AD, LTD. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
227632		07/24/20	07/16/20	07/26/20		775.00	0.00	0.00	775.00
	AD								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.				775.00	0.00	0.00	775.00

Vendor# S2362 Vendor Name: SMITH & NEPHEW — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921189586		07/18/20	07/03/20	08/03/20		1,071.19	0.00	0.00	1,071.19
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW				1,071.19	0.00	0.00	1,071.19

Vendor# 11828 Vendor Name: SOLERA WEST HOUSTON — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071618		07/24/20	07/16/20	07/16/20		24,495.00	0.00	0.00	24,495.00
	TRANSFER Pymt made to MMC in error								
072318B		07/24/20	07/23/20	07/23/20		15,750.00	0.00	0.00	15,750.00
	TRANSFER Pymt made to MMC in error								
072318		07/24/20	07/23/20	07/23/20		9,000.00	0.00	0.00	9,000.00
	TRANSFER Pymt made to MMC in error								
072318A		07/24/20	07/23/20	07/23/20		1,340.00	0.00	0.00	1,340.00
	TRANSFER Pymt made to MMC in error								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON				50,585.00	0.00	0.00	50,585.00

Vendor# 11296 Vendor Name: SOUTH TEXAS BLOOD & TISSUE CEN — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90037728		07/24/20	06/30/20	07/25/20		5,060.00	0.00	0.00	5,060.00
	BLOOD								
90037631		07/24/20	07/18/20	08/01/20		-2,300.00	0.00	0.00	-2,300.00
	CREDIT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				2,760.00	0.00	0.00	2,760.00

Vendor# 11944 Vendor Name: TALX CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B2379461		07/16/20	07/08/20	08/07/20		48.39	0.00	0.00	48.39

EMP VERIFICATION FOR INDI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11944	TALX CORPORATION	48.39	0.00	0.00	48.39

Vendor#	Vendor Name	Class	Pay Code
T2204	TEXAS MUTUAL INSURANCE CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1000368652		07/23/20	07/15/20	08/06/20		8,894.00	0.00	0.00	8,894.00
	MAY AND JUNE UNEMPLOYMI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	8,894.00	0.00	0.00	8,894.00

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071618		07/24/20	07/16/20	07/16/20		5,900.00	0.00	0.00	5,900.00
	TRANSFER Pymt sent to Mme in error								
072318		07/24/20	07/23/20	07/23/20		1,613.39	0.00	0.00	1,613.39
	TRANSFER Pymt sent to Mme in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	7,513.39	0.00	0.00	7,513.39

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
01884063018		07/24/20	06/13/20	07/08/20		75.00	0.00	0.00	75.00
	LAB SERVICES								

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

Vendor#	Vendor Name	Class	Pay Code
11100	THE US CONSULTING GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
340372049		07/11/20	07/09/20	08/03/20		237.08	0.00	0.00	237.08
	PURCH SERV								
340372130		07/16/20	07/11/20	08/05/20		1,416.18	0.00	0.00	1,416.18
	MONTHLY PAYMENT GARBAC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,653.26	0.00	0.00	1,653.26

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400278086		07/17/20	07/09/20	08/03/20		94.29	0.00	0.00	94.29
	LAUNDRY								
8400278087		07/17/20	07/09/20	08/03/20		103.02	0.00	0.00	103.02
	LAUNDRY								
8400278128		07/17/20	07/09/20	08/03/20		71.11	0.00	0.00	71.11
	LAUNDRY								
8400278088		07/17/20	07/09/20	08/03/20		116.94	0.00	0.00	116.94
	LAUNDRY								
8400278090		07/17/20	07/09/20	08/03/20		48.32	0.00	0.00	48.32
	LAUNDRY								
8400278184		07/17/20	07/09/20	08/03/20		93.82	0.00	0.00	93.82
	LAUNDRY								
8400278137		07/17/20	07/09/20	08/03/20		494.14	0.00	0.00	494.14

	LAUNDRY							
8400278089 ✓		07/17/20	07/09/20	08/03/20	47.15	0.00	0.00	47.15 ✓
	LAUNDRY							
8400278446 ✓		07/17/20	07/12/20	08/06/20	23.25	0.00	0.00	23.25 ✓
	LAUNDRY							
8400278405 ✓		07/17/20	07/12/20	08/06/20	17.00	0.00	0.00	17.00 ✓
	LAUNDRY							
8400278410 ✓		07/17/20	07/12/20	08/06/20	153.50	0.00	0.00	153.50 ✓
	LAUNDRY							
8400278456 ✓		07/17/20	07/12/20	08/06/20	503.08	0.00	0.00	503.08 ✓
	LAUNDRY							
8400273714 ✓		07/24/20	05/08/20	06/02/20	168.55	0.00	0.00	168.55 ✓
	LAUNDRY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			1,934.17	0.00	0.00	1,934.17

Vendor#	Vendor Name				Class	Pay Code				
U2000	US POSTAL SERVICE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	071818		07/24/20	07/18/20	07/18/20			1,000.00	0.00	0.00	1,000.00 ✓
		POSTAGE									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		U2000	US POSTAL SERVICE					1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name				Class	Pay Code				
R1184	VERONICA RAGUSIN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	070218		07/24/20	07/02/20	07/02/20			35.00	0.00	0.00	35.00 ✓
		NPR EXAM Reimbursement of course fee									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		R1184	VERONICA RAGUSIN					35.00	0.00	0.00	35.00
Vendor#	Vendor Name				Class	Pay Code				
10942	VICKIE BROOME									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	070218		07/24/20	07/02/20	07/02/20			35.00	0.00	0.00	35.00 ✓
		NPR EXAM Reimbursement of course fee									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10942	VICKIE BROOME					35.00	0.00	0.00	35.00
Vendor#	Vendor Name				Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LTD ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	18060218 ✓		07/24/20	06/30/20	07/30/20			300.00	0.00	0.00	300.00 ✓
		AD									
	18060217 ✓		07/24/20	06/30/20	07/30/20			210.00	0.00	0.00	210.00 ✓
		AD									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		V1471	VICTORIA RADIOWORKS, LTD					510.00	0.00	0.00	510.00
Vendor#	Vendor Name				Class	Pay Code				
12000	VYAIRE MEDICAL, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	9100017227 ✓		07/24/20	03/29/20	04/29/20			49.83	0.00	0.00	49.83 ✓
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		12000	VYAIRE MEDICAL, INC					49.83	0.00	0.00	49.83

Vendor#	Vendor Name	Class	Pay Code
11400	WEST COAST MEDICAL RESOURCES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV032626	SUPPLIES	07/24/20	07/03/20	08/03/20		226.00	0.00	0.00	226.00
INV032956	SUPPLIES	07/24/20	07/13/20	07/24/20		373.00	0.00	0.00	373.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	599.00	0.00	0.00	599.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV001995659	HOUSE CALLS	07/24/20	06/30/20	07/30/20		394.76	0.00	0.00	394.76

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP	394.76	0.00	0.00	394.76

Vendor#	Vendor Name	Class	Pay Code
10325	WHOLESALE ELECTRIC SUPPLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7910025682	DISASTER EXPENSE	07/17/20	07/10/20	08/05/20		2,440.20	0.00	0.00	2,440.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10325	WHOLESALE ELECTRIC SUPPLY	2,440.20	0.00	0.00	2,440.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	231,881.97	0.00	0.00	231,881.97

pg 4 correction { <82.57> + 80.64

$231,880.04

231,881.97 +
82.57 -
80.64 +
231,880.04 *

APPROVED ON

JUL 25 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/26/2018
10:47

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
054027497972	ELECTRICITY	07/26/20	06/22/20	07/22/20			32,328.93	0.00	0.00	32,328.93

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	32,328.93	0.00	0.00	32,328.93

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	32,328.93	0.00	0.00	32,328.93

APPROVED
ON

JUL 26 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

AUG 01 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:08/01/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:27 CHECK REGISTER GLCKREG
08/01/18 THRU 08/01/18

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB *	000005	08/01/18	2,017.74	MMC OPERATING
NHG	000013	08/01/18	74,681.38	MMC OPERATING
NHG *	000014	08/01/18	1,960.42	MMC OPERATING
NHS	000019	08/01/18	24,465.54	MMC OPERATING
NHS	000020	08/01/18	4,339.88	MMC OPERATING
NHF	000021	08/01/18	26,588.46	MMP OPERATING
NHC	000022	08/01/18	6,471.31	MMC OPERATING
NHC	000023	08/01/18	406.13	MMC OPERATING
NHA	000024	08/01/18	93,214.10	MMC OPERATING
NHA *	000025	08/01/18	7,573.69	MMC OPERATING
A/P *	000992	08/01/18	15,477.14	MCKESSON
A/P	176771	08/01/18	19,426.20	3M COMPANY
A/P	176772	08/01/18	1,791.00	3WON, LLC
A/P	176773	08/01/18	13.24	ACE HARDWARE 15521
A/P	176774	08/01/18	558.56	AIRGAS USA, LLC - CENTRAL DIV
A/P	176775	08/01/18	307.78	AMERICAN ACADEMY OF PEDIATRICS
A/P	176776	08/01/18	989.24	BARD PERIPHERAL VASCULAR
A/P	176777	08/01/18	1,159.82	BAXTER HEALTHCARE CORP
A/P	176778	08/01/18	572.32	BAYER HEALTHCARE
A/P	176779	08/01/18	53.68	BAYMEDICAL PRODUCTS
A/P	176780	08/01/18	4,946.17	BECKMAN COULTER INC
A/P	176781	08/01/18	842.49	BECTON, DICKINSON & CO (BD)
A/P	176782	08/01/18	35.00	BILLIE DUCKWORTH
A/P	176783	08/01/18	35.00	BRITTANY RUDDICK
A/P	176784	08/01/18	34,526.97	BROADMOOR AT CREEKSIDE PARK
A/P	176785	08/01/18	586.87	CARDINAL HEALTH 414,LLC
A/P	176786	08/01/18	1,019.20	CENTURION MEDICAL PRODUCTS
A/P	176787	08/01/18	35.00	CONNIE LUNA
A/P	176788	08/01/18	55.00	DAVID CISNEROS
A/P	176789	08/01/18	167.55	DEWITT POTH & SON
A/P	176790	08/01/18	80.64	DONN STRINGO
A/P	176791	08/01/18	267.50	EAGLE FIRE & SAFETY INC
A/P	176792	08/01/18	675.00	ENV SERVICES INC
A/P	176793	08/01/18	6,400.32	EVIDENT
A/P	176794	08/01/18	211.52	EVOQUA WATER TECHNOLOGIES LLC
A/P	176795	08/01/18	495.00	FASTHEALTH CORPORATION
A/P	176796	08/01/18	1,958.56	FISHER HEALTHCARE
A/P	176797	08/01/18	217.79	FIVE STAR STERILIZER SERVICES
A/P	176798	08/01/18	1,625.00	FORTBEND HEALTHCARE CENTER
A/P	176799	08/01/18	62.93	GALLS,LLC
A/P	176800	08/01/18	11,117.30	GOLDENCREEK HEALTHCARE
A/P	176801	08/01/18	179.96	GRAINGER
A/P	176802	08/01/18	2,363.04	GULF COAST PAPER COMPANY
A/P	176803	08/01/18	35.00	HEATHER MUTCHLER
A/P	176804	08/01/18	16,666.66	HITACHI MEDICAL SYSTEMS
A/P	176805	08/01/18	11.25	HOSPIRA WORLDWIDE, INC
A/P	176806	08/01/18	538.00	INTERSTATE ALL BATTERY CENTER
A/P	176807	08/01/18	1,260.20	LEGAL SHIELD
A/P	176808	08/01/18	1,526.52	LUMINANT ENERGY COMPANY LLC
A/P	176809	08/01/18	629.15	MARLIN BUSINESS BANK

QIPP & Medicare Recap checks

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	176810	08/01/18	565.81	MCKESSON MEDICAL SURGICAL INC
A/P	176811	08/01/18	569.00	MED SYSTEMS INC
A/P	176812	08/01/18	3,558.71	MEDICAL DATA SYSTEMS, INC.
A/P	176813	08/01/18	69.47	MEDIMPACT HEALTHCARE SYS, INC.
A/P	176814	08/01/18	2,267.83	MEDLINE INDUSTRIES INC
A/P	176815	08/01/18	35.00	MELANIE GRIFFITH
A/P	176816	08/01/18	128.28	MMC AUXILIARY GIFT SHOP
A/P	176817	08/01/18	12,082.39	MMC EMPLOYEE BENEFIT PLAN
A/P	176818	08/01/18	753.90	MOMENTUM RENTAL & SALES
A/P	176819	08/01/18	35.00	MONICA CARR
A/P	176820	08/01/18	.00	VOIDED
A/P	176821	08/01/18	7,024.57	MORRIS & DICKSON CO, LLC
A/P	176822	08/01/18	307.68	MORTAN INC
A/P	176823	08/01/18	3,000.00	NUTRITION OPTIONS
A/P	176824	08/01/18	1,137.51	OLYMPUS AMERICA INC
A/P	176825	08/01/18	106.51	ORASURE TECHNOLOGIES INC
A/P	176826	08/01/18	1,183.83	ORTHO CLINICAL DIAGNOSTICS
A/P	176827	08/01/18	1,065.22	OWENS & MINOR
A/P	176828	08/01/18	1,230.00	PABLO GARZA
A/P	176829	08/01/18	35.00	PAM PARRISH
A/P	176830	08/01/18	12.00	POWER HARDWARE
A/P	176831	08/01/18	35.00	RAUSHANAH MONDAY
A/P	176832	08/01/18	197.50	REED, CLAYMON, MEEKER & HARGET
A/P	176833	08/01/18	240.00	REVISTA de VICTORIA
A/P	176834	08/01/18	152.48	REXEL
A/P	176835	08/01/18	533.96	ROLANDO REYES
A/P	176836	08/01/18	15.37	SHERWIN WILLIAMS
A/P	176837	08/01/18	389.07	SHIRLEY KARNEI
A/P	176838	08/01/18	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	176839	08/01/18	775.00	SIGN AD, LTD.
A/P	176840	08/01/18	1,071.19	SMITH & NEPHEW
A/P	176841	08/01/18	50,585.00	SOLERA WEST HOUSTON
A/P	176842	08/01/18	2,760.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	176843	08/01/18	48.39	TALX CORPORATION
A/P	176844	08/01/18	8,894.00	TEXAS MUTUAL INSURANCE CO
A/P	176845	08/01/18	7,513.39	THE CRESCENT
A/P	176846	08/01/18	75.00	THE DOCTORS' CENTER
A/P	176847	08/01/18	1,653.26	THE US CONSULTING GROUP
A/P	176848	08/01/18	32,328.93	TXU ENERGY ——— Critical
A/P	176849	08/01/18	1,934.17	UNIFIRST HOLDINGS INC
A/P	176850	08/01/18	1,000.00	US POSTAL SERVICE
A/P	176851	08/01/18	35.00	VERONICA RAGUSIN
A/P	176852	08/01/18	35.00	VICKIE BROOME
A/P	176853	08/01/18	510.00	VICTORIA RADIOWORKS, LTD
A/P	176854	08/01/18	49.83	VYAIRE MEDICAL, INC
A/P	176855	08/01/18	599.00	WEST COAST MEDICAL RESOURCES
A/P	176856	08/01/18	394.76	WEST INTERACTIVE SERVICES CORP
A/P	176857	08/01/18	2,440.20	WHOLESALE ELECTRIC SUPPLY
A/P	176858	08/01/18	853.65	SONJA GUAJARDO ——— was appwed 7/25/18 but was kicked back. (Payroll)
TOTALS:			522,258.41	

APPROVED
ON

AUG 01 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

522,258.41 +
Payables 231,880.04 −
McKesson 15,477.14 −
Quipnewp 241,718.65 −
Critical 32,328.93 −
Payroll re-issue 853.65 −
0.00 =

Elan™

July 2018 Statement

Open Date: 06/06/2018 Closing Date: 07/05/2018 Account: ' 4378

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN 10)

Cardmember Service 1-866-552-8855
BUS 30 ELN 78 3

New Balance	**$3,789.42**
Minimum Payment Due	**$38.00**
Payment Due Date	**08/01/2018**

160.31 +
160.31 +
112.44 +
93.04 +
348.00 +
324.56 +
324.56 +
324.56 +
324.56 +
10.00 +
6.00 +
2.00 +
2.00 +
43.00 +
162.28 +
580.48 +
441.32 +
2.00 +
17.00 +
2.00 +
22.00 +
2.00 +
325.00 +
3,789.42 *

Activity Summary

Previous Balance	+	$5,745.92
Payments	-	$5,745.92CR
Other Credits		$0.00
Purchases	+	$3,789.42
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$3,789.42**
Past Due		**$0.00**
Minimum Payment Due		**$38.00**
Credit Line		$10,000.00
Available Credit		$6,210.58
Days in Billing Period		30

3,789.42
APPROVED
ON
JUL 26 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC will pay by phone.

Mail payment coupon with a check

Pay online at myaccountaccess.com

Pay by phone 1-866-552-8855

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

00479851005357437800000380000003789426

Elan™

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

. to pay by phone
. to change your address

000021207 01 SP 000638870366042 P Y

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

Account Number	4378
Payment Due Date	8/01/2018
New Balance	$3,789.42
Minimum Payment Due	$38.00

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.

IMPORTANT INFORMATION ABOUT YOUR ACCOUNT TERMS. Please read this notice and keep with your records. Effective January 15, 2018, the 11th sentence of the "INTEREST CHARGE; Method of Computing Balance Subject to Interest Rate" section of your Cardmember Agreement is clarified to read as follows:

To the extent credit insurance charges, overlimit fees, Annual Fees, and/or Travel Membership Fees may be applied to your Account, such charges and/or fees are not included in the ADB calculation for Purchases until the first day of the billing cycle following the date the credit insurance charges, overlimit fees, Annual Fees and/or Travel Membership Fees (as applicable) are charged to the Account

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
06/29	06/29		PAYMENT THANK YOU	$5,745.92CR	
			TOTAL THIS PERIOD	**$5,745.92CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
06/06	06/04	2377	DOUBLETREE HOTELS 512-3430888 TX 06/04/18 FOLIO: 098060503270061	$160.31	
06/06	06/04	2401	DOUBLETREE HOTELS 512-3430888 TX 06/04/18 FOLIO: 098060503270064	$160.31	
06/11	06/09	5352	THE PUMPHOUSE VICTORIA TX	$112.44	
06/11	06/09	0016	BAYSIDE SEAFOOD 361-5527177 TX	$93.04	
06/22	06/21	0513	LOGMEIN*GOTOMEETING 855-837-1750 CA	$348.00	
06/25	06/22	8280	HILTON SAN ANTONIO HOT IRVING TX 06/22/18 FOR 01 NIGHTS FOLIO: 0000503828	$324.56	
06/25	06/22	8306	HILTON SAN ANTONIO HOT IRVING TX 06/22/18 FOR 01 NIGHTS FOLIO: 0000503830	$324.56	
06/25	06/22	8546	HILTON SAN ANTONIO HOT IRVING TX	$324.56	
06/25	06/22	8843	HILTON SAN ANTONIO HOT IRVING TX 06/22/18 FOR 01 NIGHTS FOLIO: 0000503884	$324.56	
06/26	06/25	9301	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$10.00	
06/26	06/25	9483	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$6.00	
06/26	06/25	9558	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
06/26	06/25	9632	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
06/26	06/26	8889	AMA*CREDENTIALING 800-621-8335 IL	$43.00	

Continued on Next Page

Elan

MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN 1510)

Cardmember Service 1-866-552-8855

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
06/27	06/26	7304	HILTON SAN ANTONIO HOT IRVING TX 06/21/18 FOR 05 NIGHTS FOLIO: 0000504730	$162.28	
06/29	06/27	7502	HYATT HILL COUNTRY RES SAN ANTONIO TX 06/25/18 FOR 02 NIGHTS FOLIO: 28828004	$580.48	
06/29	06/27	6665	HYATT HILL COUNTRY RES SAN ANTONIO TX 06/25/18 FOR 02 NIGHTS FOLIO: 28828011	$441.32	
07/03	07/02	1294	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
07/03	07/03	5121	AMA*CREDENTIALING 800-621-8335 IL	$17.00	
07/05	07/03	3173	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
07/05	07/03	3256	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$22.00	
07/05	07/03	3330	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
07/05	07/03	9636	PAYPAL *TEXASORGANI 402-935-7733 TX	$325.00	
			TOTAL THIS PERIOD	**$3,789.42**	

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	11.74%	
**PURCHASES	$3,789.42	$0.00	YES	$0.00	11.74%	
**ADVANCES	$0.00	$0.00	YES	$0.00	25.74%	

Continued on Next Page

MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN 510)

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

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 Service

Date: 7/20/18

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	—		Double Tree Hotel - Donna Stringo			160.31 ✓
2			Conference - CPSI Conference			
3	—		Doubletree Hotel - Donna Stringo			160.31 ✓
4			Conference - CPSI Conference Janice Svetlik in other room.			
5	—		The Pumphouse - Dinner with			112.44 ✓
6			Visiting Orthopedic Doctor			
7	—		Bayside Seafood - Lunch with			93.04 ✓
8			visiting Orthopedic Doctor			
9	—		LogMeIn - GoToMeeting -			348.00 ✓
10			Registration for Jason Anglin			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 874.10

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 _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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: 7/20/18

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	—		Hilton San Antonio - Hotel for			324.56 ✓
2			Rhonda Nielsen - Boardmember 6/			
3			CAH Conference 6/21-6/22/18			
4	—		Hilton San Antonio - Hotel for			324.56 ✓
5			Jason Anglin - CAH Conference 6/21-6/22/18			
6	—		Hilton San Antonio - Hotel for			324.56 ✓
7			Roshanda Thomas - CAH Conf. 6/21-6/22/18			
8	—		Hilton San Antonio - Hotel for			324.56 ✓
9			Michael Chavana - Boardmember 6/21-6/22/18			
10			CAH Conference			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1298.24

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 Service

Date: 7/20/18

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 5 providers			10.00 ✓
2	–		NPDB x 3 providers			6.00 ✓
3	–		NPDB x 1 provider			2.00 ✓
4	–		NPDB x 1 provider			2.00 ✓
5	–		AMA Credentialing - Init +			43.00 ✓
6			Cont. Mon x 1 Provider			
7	–		Hilton San Antonio - Hotel			162.28 ✓
8			for Erin Cleverger - CAH Conf. -			No show charge
9	–		Hyatt Hill Country - Hotel for			580.48 ✓
10			Sara Rubio - Trauma Conf.	6/26-6/27/18		

Est. Freight _____ Est. Total Cost _____ TOTAL COST 805.76

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 _____

(4)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Cardmember Service

Date: 7/20/18

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	—		Hyatt Hill Country - Hotel for			441.32
2			Kyle Daniel - ER/Tranma Conf. 6/26-6/27/18			
3	—		NPDB X 1 provider			2.00
4	—		AMA Credentialing - X 1 Reappt			17.00
5	—		NPDB X 1 provider			2.00
6	—		NPDB X 11 providers			22.00
7	—		NPDB X 1 provider			2.00
8	—		PayPal - TORCH - Registration			325.00
9			for Danette Bethany to attend			
10			TARHC Annual Conf.			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 811.32

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 _____

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --July 21st, 2018 - July 27th, 2018

Date	Bank Description	MMC Notes	Amount
7/24/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03522581 910000183	- 340B Drug Program Expense	1,620.91 *
7/27/2018	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122651169419	- Payroll	268,806.37 *
			270,427.28

July 30, 2018

Diane Moore, CFO
Memorial Medical Center

* Approved 07.25.18 CC

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --July 21st, 2018 - July 27th, 2018

Date	Bank Description	MMC Notes	Amount
	No Electronic Transfers for this Period		

Total Electronic Payments: -

Diane Moore, CFO
Memorial Medical Center

July 30, 2018

McKESSON

Company: 8000

STATEMENT

As of: 07/27/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/28/2018

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: 07/27/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 07/28/2018

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	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 15,793.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/31/2018, Pay This Amount: 15,477.14 USD

If Paid After 07/31/2018, Pay this Amount: 15,793.01 USD

Due If Paid On Time: USD 15,477.14

Disc lost if paid late: 315.87

Due If Paid Late: USD 15,793.01

CK #992

GL# 60310000

APPROVED ON
JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,583.99 +
12,419.03 +
1.02 +
1,473.10 +
15,477.14 *

McKESSON

Company: 8000

STATEMENT

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: 07/27/2018
DC: 8115
Territory: 400
Customer: 262252
Date: 07/28/2018

Page: 001

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

As of: 07/27/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 07/28/2018

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 262252 CVS PHCY 7006/MEMORIA PHS											
07/23/2018	07/31/2018	7882746266	1001270111	115invoice	10.00	500.17		490.17 ✓		7882746266	
07/23/2018	07/31/2018	7882746267	1001270835	115invoice	0.45	22.44		21.99 ✓		7882746267	
07/23/2018	07/31/2018	7882746268	1001271258	115invoice	3.13	156.49		153.36 ✓		7882746268	
07/24/2018	07/31/2018	7882976812	1001271637	115invoice	0.21	10.42		10.21 ✓		7882976812	
07/25/2018	07/31/2018	7883249223	1001272280	115invoice	2.59	129.40		126.81 ✓		7883249223	
07/26/2018	07/31/2018	7883511114	1001272971	115invoice	8.66	432.97		424.31 ✓		7883511114	
07/26/2018	07/31/2018	7883511115	1001272971	115invoice	0.06	2.95		2.89 ✓		7883511115	
07/27/2018	07/31/2018	7883756258	1001273647	115invoice	7.23	361.48		354.25 ✓		7883756258	

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: 1,616.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,620.91
07/23/2018

If Paid By 07/31/2018,
Pay This Amount: 1,583.99 USD ✓

If Paid After 07/31/2018,
Pay this Amount: 1,616.32 USD

Due If Paid On Time:
USD 1,583.99

Disc lost if paid late: 32.33

Due If Paid Late:
USD 1,616.32

ok Dan 4-0

APPROVED ON
JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 07/27/2018 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 07/28/2018

HEB PHY FC 490/MEM MC 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: 07/27/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 07/28/2018

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 464450 HEB PHY FC 490/MEM MC PHS											
07/27/2018	07/31/2018	7883628883	55x525322	115invoice	90.89	4,544.29		4,453.40 ✓		7883628883	
07/27/2018	07/31/2018	7883628884	55x525384	115invoice	14.07	703.62		689.55 ✓		7883628884	
07/27/2018	07/31/2018	7883628885	55x525402	115invoice	34.85	1,742.69		1,707.84 ✓		7883628885	
07/27/2018	07/31/2018	7883628886	55x525409	115invoice	11.76	588.03		576.27 ✓		7883628886	
07/27/2018	07/31/2018	7883628887	55x525414	115invoice	56.83	2,841.73		2,784.90 ✓		7883628887	
07/27/2018	07/31/2018	7883628888	55x525422	115invoice	0.29	14.49		14.20 ✓		7883628888	
07/27/2018	07/31/2018	7883628889	55x525423	115invoice	27.42	1,370.92		1,343.50 ✓		7883628889	
07/27/2018	07/31/2018	7883628890	55x525436	115invoice	4.89	244.47		239.58 ✓		7883628890	
07/27/2018	07/31/2018	7883628891	55x525441	115invoice	0.50	25.20		24.70 ✓		7883628891	
07/27/2018	07/31/2018	7883628892	55x525444	115invoice	0.44	21.92		21.48 ✓		7883628892	
07/27/2018	07/31/2018	7883628893	55x525446	115invoice	0.35	17.51		17.16 ✓		7883628893	
07/27/2018	07/31/2018	7883628894	55x525448	115invoice	0.43	21.27		20.84 ✓		7883628894	
07/27/2018	07/31/2018	7883628895	55x525452	115invoice	0.11	5.35		5.24 ✓		7883628895	
07/27/2018	07/31/2018	7883628896	55x525464	115invoice	3.88	194.16		190.28 ✓		7883628896	
07/27/2018	07/31/2018	7883628897	55x525466	115invoice	0.21	10.49		10.28 ✓		7883628897	
07/27/2018	07/31/2018	7883628898	55x525491	115invoice	4.77	238.29		233.52 ✓		7883628898	
07/27/2018	07/31/2018	7883628899	55x525515	115invoice	1.76	88.05		86.29 ✓		7883628899	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 12,672.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 28,540.94
05/07/2018

If Paid By 07/31/2018,
Pay This Amount: 12,419.03 USD ✓

If Paid After 07/31/2018,
Pay this Amount: 12,672.48 USD

Due If Paid On Time:
USD 12,419.03

Disc lost if paid late: 253.45

Due If Paid Late:
USD 12,672.48

on our LFO

McKESSON

Company: 8000

STATEMENT

As of: 07/27/2018

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 07/28/2018

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: 07/27/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 07/28/2018

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 190813 HEB PHCY 0434/MEM MED PHS											
07/25/2018	07/31/2018	7883265954	2017005194	115Invoice	0.01	0.64		0.63 ✓		7883265954	
07/27/2018	07/31/2018	7883727401	2017005256	115Invoice	0.01	0.40		0.39 ✓		7883727401	

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: 1.04 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,620.91
07/23/2018

If Paid By 07/31/2018, Pay This Amount: 1.02 USD ✓

If Paid After 07/31/2018, Pay this Amount: 1.04 USD

Due If Paid On Time: USD 1.02

Disc lost if paid late: 0.02

Due If Paid Late: USD 1.04

OK ##

on new GO

McKESSON

STATEMENT

Company: 8000

As of: 07/27/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/28/2018

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: 07/27/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/28/2018

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											
07/23/2018	07/31/2018	7882733562	7410798317	115Invoice	6.89	344.26		337.37 ✓		7882733562	
07/24/2018	07/31/2018	7882982943	1114257	115Invoice	5.72	286.03		280.31 ✓		7882982943	
07/24/2018	07/31/2018	7882982944	0723180415-00	115Invoice	2.74	137.11		134.37 ✓		7882982944	
07/24/2018	07/31/2018	7882982946	MH07232018---	115Invoice	0.04	1.90		1.86 ✓		7882982946	
07/25/2018	07/31/2018	7883264270	MH07242018---	115Invoice	4.56	227.78		223.22 ✓		7883264270	
07/25/2018	07/31/2018	7883264271	0959800001	115Invoice	1.25	62.64		61.39 ✓		7883264271	
07/26/2018	07/31/2018	7883517153	0959800002	115Invoice	7.58	379.24		371.66 ✓		7883517153	
07/26/2018	07/31/2018	7883517154	0724181208-00	115Invoice	0.04	1.88		1.84 ✓		7883517154	
07/27/2018	07/31/2018	7883752517	0726180538-00	115Invoice	1.25	62.33		61.08 ✓		7883752517	

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: 1,503.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,620.91
07/23/2018

If Paid By 07/31/2018, Pay This Amount: 1,473.10 USD ✓

If Paid After 07/31/2018, Pay this Amount: 1,503.17 USD

Due If Paid On Time: USD 1,473.10

Disc lost if paid late: 30.07

Due If Paid Late: USD 1,503.17

APPROVED ON
JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CFO

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
7/30/2018

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	44553	56,880.58 ✓	56,780.58 ✓	42,881.25		-	-	-	42,981.25 ✓	42,881.25
								Bank Balance	42,981.25	
								Variance	-	
								Remaining Balance	100.00	
								Adjust Balance/Transfer Amt	42,881.25	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account 14257

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	14561	16,767.34 ✓	16,667.34 ✓	9,439.26	48.82		-	-	9,588.08 ✓	9,488.08
								Bank Balance	9,588.08	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	9,488.08	
									-	
Crescent	4588	19,428.08 ✓	19,328.08 ✓	7,787.31			-	-	7,887.31	7,787.31
								Bank Balance	7,887.31 ✓	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	7,787.31	
Broadmoor	1596	8,048.76 ✓	7,948.76 ✓	940.94			-	-	1,040.94 ✓	-
								Bank Balance	1,040.94	No Transfer
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	940.94	
Fort Bend	1618	14,474.85 ✓	14,374.85 ✓	13,821.46			-	-	13,921.46 ✓	13,821.46
								Bank Balance	13,921.46	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	13,821.46	
									Total IBC Transfers	73,978.10 ✓

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

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

Approved:
Diane Moore, CFO 30-Jul-18

42,881.25 +
9,488.08 +
7,787.31 +
13,821.46 +
73,978.10 *

APPROVED
ON
JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/30/2018

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	114,610.29 ✓	114,510.29 ✓	310,074.36			-	310,174.36 ✓	209,286.57
							Bank Balance	310,174.36 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QJPP 1	59,433.36 ✓	
							MMC Portion QJPP 2	33,780.74 ✓	
							Clinic Medicare Recoup	7,573.69 ✓	
							Adjust Balance/Transfer Amt	209,286.57	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA *0614*
Account *1257*

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	1438	56,425.76 ✓	56,325.76 ✓	459,621.28				459,721.28 ✓	430,815.86
							Bank Balance	459,721.28 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QJPP 1	15,795.91 ✓	
							MMC Portion QJPP 2	8,669.63 ✓	
							Clinic Medicare Recoup	4,339.88 ✓	
							Adjust Balance/Transfer Amt	430,815.86	
Crescent									
	4411	85,789.33 ✓	85,689.33 ✓	395,257.55			-	395,357.55 ✓	388,380.11
							Bank Balance	395,357.55 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QJPP 1	4,245.24 ✓	
							MMC Portion QJPP 2	2,226.07 ✓	
							Clinic Medicare Recoup	406.13 ✓	
							Adjust Balance/Transfer Amt	388,380.11	
Broadmoor									
	4403	531,203.98 ✓	531,103.98 ✓	162,241.07			-	162,341.07 ✓	160,223.33
							Bank Balance	162,341.07	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QJPP 1		
							MMC Portion QJPP 2		
							Clinic Medicare Recoup	2017.74 ✓	
							Adjust Balance/Transfer Amt	160,223.33	
Fort Bend									
	1446	41,684.15 ✓	41,584.15 ✓	137,745.07			-	137,845.07 ✓	111,156.61
							Bank Balance	137,845.07	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QJPP 1	17,044.51 ✓	
							MMC Portion QJPP 2	9,543.95 ✓	
							Adjust Balance/Transfer Amt	111,156.61	

TOTAL TRANSFERS	1,299,862.48

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:
Diane Moore, CFO 7/30/2018

209,286.57 +
430,815.86 +
388,380.11 +
160,223.33 +
111,156.61 +
1,299,862.48 *

APPROVED
ON
JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/30/2018

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	14454	40,383.16 ✓	40,283.16 ✓	291,858.97						-	-	291,958.97 ✓	215,217.17
											Bank Balance	291,958.97 ✓	
											Variance	-	
											Leave in Balance	100.00	
											MMC Portion QIPP 1	45,933.60 ✓	
											MMC Portion QIPP 2	28,747.78 ✓	
											Clinic Medicare Recoup	1,960.42 ✓	
											Adjust Balance/Transfer Amt	215,217.17	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 00248
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:
Diane Moore, CFO 7/30/2018

APPROVED
ON
JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/30/18

APPROVED ON JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $93214.10

G/L NUMBER: 21000012

EXPLANATION: Ashford- To transfer funds for Comp 1&2 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: LFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/30/18

APPROVED ON JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
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- [ ] Return Check to Dept

AMOUNT $74681.38

G/L NUMBER: 21000013

EXPLANATION: Golden Creek- To transfer funds for Comp 1&2 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/30/18

APPROVED ON JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
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- [ ] Return Check to Dept

AMOUNT $26588.46

G/L NUMBER: 21000008

EXPLANATION: Fort Bend- To transfer funds for Comp 1&2 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/30/18

APPROVED ON JUL 30 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT 24465.54

G/L NUMBER: 21000011

EXPLANATION: Solera - To transfer funds for Comp 1&2 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/30/18

APPROVED ON JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
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AMOUNT $6471.31

G/L NUMBER: 21000010

EXPLANATION: Crescent - To transfer funds for Comp 1&2 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

Erica Perez

From: Sarah Henderson (shenderson@mmcportlavaca.com) <shenderson@mmcportlavaca.com>
Sent: Monday, July 30, 2018 2:06 PM
To: Erica Perez
Cc: Danette Bethany
Subject: RE: Recoups

Hey Erica,

I am copying Danette because she has more knowledge about this process than I do but to my knowledge it is because the nursing homes use our Tax ID .

So when Medicare reviews a claim that has already been paid and they decide that part of that claim isn't actually covered they do a recoup and take the money back. For some reason the shared Tax ID seems to be causing confusion and Medicare is recouping money from the wrong provider (clinic instead of nursing home). I am not sure why the mix up is between the clinic specifically and not the hospital. Any ideas Danette?

When we withhold the money from the nursing home this essentially transfers the recoup to them and then we pay ourselves(MMC Operating) back from the respective nursing home accounts. Afterwards the money gets posted to the Clinic AR to complete the correction process.

Thanks,

Sarah Henderson
Staff Accountant
Memorial Medical Center
815 N Virginia St.
Port Lavaca TX 77979
shenderson@mmcportlavaca.com
361-552-0342

From: Erica Perez [mailto:erica.perez@calhouncotx.org]
Sent: Monday, July 30, 2018 1:51 PM
To: Sarah Henderson <shenderson@mmcportlavaca.com>; Maria Ortiz <mortiz@mmcportlavaca.com>; Diane C. Moore <dmoore@mmcportlavaca.com>
Cc: peggy hall <peggy.hall@calhouncotx.org>
Subject: Recoups

Sarah,

Could you please explain again why there are Medicare recoups? How is it that the clinic keeps getting affected by the nursing homes? Will this be corrected on the nursing home/clinc side? In writing please, so that I may scan it in with my reports. Thanks.

Best regards,
Erica Perez
Calhoun County Assistant Auditor
202 S. Ann, Suite B

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/30/18

APPROVED ON JUL 30 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $7573.69

G/L NUMBER: 21000012

EXPLANATION: Ashford- NH/ Clinic Medicare Recoup

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 7/30/18

APPROVED ON JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
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AMOUNT $4339.88

G/L NUMBER: 21000011

EXPLANATION: Solera- NH/ Clinic Medicare Recoup

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature] CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/30/18

APPROVED ON JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
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AMOUNT: $406.13

G/L NUMBER: 21000010

EXPLANATION: Crescent- NH/ Clinic Medicare Recoup

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature] CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 7/30/18

APPROVED ON JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $2017.74

G/L NUMBER: 21000009

EXPLANATION: Broadmoor- NH/ Clinic Medicare Recoup

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature] CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 7/30/18

APPROVED ON JUL 30 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $1960.42

G/L NUMBER: 21000013

EXPLANATION: Golden Creek- NH/ Clinic Medicare Recoup

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature] FO