MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- September 12, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	409,115.88
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	255,309.77
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 12, 2018	$	664,425.65

APPROVED

SEP 12 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 12, 2018

PAYABLES AND PAYROLL			
9/6/2018	Weekly Payables	271,195.59	
9/7/2018	Calhoun County Indigent Account-Indigent Co-pays	260.00	
9/7/2018	City of Port Lavaca-Water	6,560.39	
9/7/2018	US Postal Service-Postage	2,200.00	
9/10/2018	McKesson-340B Prescription Expense	2,532.83	
	Electronic Bank Payments		
9/5/2018	IBC Electronic Payments (Credit Card & Lease Fees)	99.00	
	Prosperity Electronics Payments		
9/5/2018	Credit Card & Lease Fees	759.65	
9/15/2018	TCDRS - Estimated Retirement	122,806.35	
9/5/2018	McKesson 340B Prescription Expense	2,702.07	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 409,115.88**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
9/10/2018	Nursing Home UPI	6,161.38	
9/10/2018	Nursing Home UPI	249,148.39	
TOTAL NURSING HOME UPL EXPENSES			**$ 255,309.77**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED September 12, 2018			**$ 664,425.65**

09/05/2018
15:32

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/19/2018

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
A0401	ABBOTT NUTRITION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
609246220 ✓	SUPPLIES	08/31/20	08/23/20	09/05/20		11.58	0.00	0.00	11.58 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A0401	ABBOTT NUTRITION	11.58	0.00	0.00	11.58

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
126351 ✓	SUPPLIES Outpatient (leak-A1c)	08/28/20	08/17/20	09/17/20		41.77	0.00	0.00	41.77 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	41.77	0.00	0.00	41.77

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
9079491938 ✓	NITROGEN	08/29/20	08/22/20	09/16/20		42.01	0.00	0.00	42.01 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	42.01	0.00	0.00	42.01

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC. ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV02900985 ✓	SUPPLIES Freight 12.99	08/31/20	08/22/20	09/15/20		86.56	0.00	0.00	86.56 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	86.56	0.00	0.00	86.56

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
941629217 ✓	INVENTORY	08/31/20	08/29/20	09/04/20		27.36	0.00	0.00	27.36 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	27.36	0.00	0.00	27.36

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
60264329 ✓	SUPPLIES	08/28/20	08/03/20	09/03/20		816.31	0.00	0.00	816.31 ✓
60330250 ✓	SUPPLIES	08/28/20	08/09/20	09/09/20		898.73	0.00	0.00	898.73 ✓
60445078 ✓	PUMP LEASE	08/29/20	08/21/20	09/15/20		2,367.50	0.00	0.00	2,367.50 ✓
60445104 ✓	PUMP LEASE	08/29/20	08/21/20	09/15/20		629.50	0.00	0.00	629.50 ✓
60457310 ✓	INVENTORY	08/29/20	08/22/20	09/16/20		618.01	0.00	0.00	618.01 ✓

60403683	08/31/20	08/16/20	09/16/20	381.09	0.00	0.00	381.09
SUPPLIES							
60471559	08/31/20	08/23/20	09/17/20	306.76	0.00	0.00	306.76
SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	6,017.90	0.00	0.00	6,017.90

Vendor# A1825 Vendor Name: CARDINAL HEALTH 414,LLC — Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8001723471	Supplies	08/31/20	08/29/20	09/11/20			462.91	0.00	0.00	462.91

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	462.91	0.00	0.00	462.91

Vendor# A1730 Vendor Name: CAREFUSION — Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9100107022		08/20/20	06/28/20	07/28/20			182.40	0.00	0.00	182.40
SUPPLIES Shipping 8.42										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1730	CAREFUSION	182.40	0.00	0.00	182.40

Vendor# 10105 Vendor Name: CHRIS KOVAREK — Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
017		09/05/20	09/05/20	09/05/20			240.00	0.00	0.00	240.00
SWINGBED SOCIAL SRVCS										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	240.00	0.00	0.00	240.00

Vendor# C1611 Vendor Name: CITIZENS MEDICAL CENTER — Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
082418		08/31/20	08/24/20	08/24/20			153.00	0.00	0.00	153.00
CPR CARDS										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1611	CITIZENS MEDICAL CENTER	153.00	0.00	0.00	153.00

Vendor# C1970 Vendor Name: CONMED CORPORATION — Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
696965		08/31/20	08/20/20	09/05/20			919.79	0.00	0.00	919.79
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	919.79	0.00	0.00	919.79

Vendor# 10368 Vendor Name: DEWITT POTH & SON — Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5459340		08/29/20	08/20/20	09/14/20			78.95	0.00	0.00	78.95
SUPPLIES										
5459050		08/29/20	08/20/20	09/14/20			40.59	0.00	0.00	40.59
SUPPLIES										
5461630		08/29/20	08/22/20	09/16/20			54.33	0.00	0.00	54.33
SUPPLIES										
5462410		08/29/20	08/23/20	09/17/20			6.91	0.00	0.00	6.91
SUPPLIES										

5461631	08/29/20 08/24/20 09/18/20			25.59	0.00	0.00	25.59
SUPPLIES							
Vendor Totals Number	Name			Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON			206.37	0.00	0.00	206.37

Vendor# Vendor Name — Class — Pay Code

10789 DISCOVERY MEDICAL NETWORK INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC083118		08/31/20	08/31/20	08/31/20			143,421.73	0.00	0.00	143,421.73
	PRO FEES CLINIC									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
10789	DISCOVERY MEDICAL NETWORK INC						143,421.73	0.00	0.00	143,421.73

Vendor# Vendor Name — Class — Pay Code

D1785 DYNATRONICS CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN1906360		08/31/20	08/22/20	09/18/20			76.14	0.00	0.00	76.14
	SUPPLIES freight 17.14									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
D1785	DYNATRONICS CORPORATION						76.14	0.00	0.00	76.14

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
09A18MMC		08/31/20	09/01/20	09/16/20			495.00	0.00	0.00	495.00
	ADVERTISING									
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
3914224		08/10/20	07/24/20	08/18/20			1,480.25	0.00	0.00	1,480.25
	SUPPLIES									
9197574A		08/31/20	08/21/20	09/15/20			1,683.27	0.00	0.00	1,683.27
	SUPPLIES Shipping 67.50									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE						3,163.52	0.00	0.00	3,163.52

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
082718		08/31/20	08/27/20	08/27/20			55.95	0.00	0.00	55.95
	TRANSFER Pymt sent to MMC in error									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER						55.95	0.00	0.00	55.95

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
081618		08/31/20	08/16/20	08/16/20			9,945.76	0.00	0.00	9,945.76
	TRANSFER Pymt sent to MMC in error									
082718		08/31/20	08/27/20	08/27/20			2,177.50	0.00	0.00	2,177.50
	TRANSFER Pymt sent to MMC in error									
082918B		08/31/20	08/29/20	08/29/20			38,669.72	0.00	0.00	38,669.72
	TRANSFER Pymt sent to MMC in error									
082918C		08/31/20	08/29/20	08/29/20			17,224.25	0.00	0.00	17,224.25
	Pymt sent to MMC in error									

	TRANSFER							
082918A		08/31/20	08/29/20	08/29/20	7,103.42	0.00	0.00	7,103.42 ✓
	TRANSFER Pymt sent to MMC in error							
082918		08/31/20	08/29/20	08/29/20	4,875.00	0.00	0.00	4,875.00 ✓
	TRANSFER Pymt sent to MMC in error							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	79,995.65	0.00	0.00	79,995.65

Vendor# G1210 Vendor Name: GULF COAST PAPER COMPANY ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1541202 ✓		08/28/20	08/14/20	09/13/20			304.09	0.00	0.00	304.09 ✓
	SUPPLIES									
1541198 ✓		08/29/20	08/14/20	09/13/20			238.94	0.00	0.00	238.94 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	543.03	0.00	0.00	543.03

Vendor# 11996 Vendor Name: IANTECH, INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
30080960 ✓		08/20/20	07/24/20	08/20/20			1,321.10	0.00	0.00	1,321.10 ✓
	SUPPLIES Freight 21.10									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11996	IANTECH, INC	1,321.10	0.00	0.00	1,321.10

Vendor# J0150 Vendor Name: J & J HEALTH CARE SYSTEMS, INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
919865257 ✓		08/28/20	08/13/20	09/13/20			971.76	0.00	0.00	971.76 ✓
	SUPPLIES									
919892312 ✓		08/31/20	08/20/20	09/19/20			626.73	0.00	0.00	626.73 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,598.49	0.00	0.00	1,598.49

Vendor# J1350 Vendor Name: M.C. JOHNSON COMPANY INC ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00376137 ✓		08/31/20	08/22/20	09/05/20			105.73	0.00	0.00	105.73 ✓
	SUPPLIES Freight 11.75									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC	105.73	0.00	0.00	105.73

Vendor# M1950 Vendor Name: MARTIN PRINTING CO ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
72571 ✓		08/29/20	08/17/20	09/16/20			134.00	0.00	0.00	134.00 ✓
	SUPPLIES Appt. Cards (5700) O'Donnell (5700) Jenkins									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	134.00	0.00	0.00	134.00

Vendor# M2178 Vendor Name: MCKESSON MEDICAL SURGICAL INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33598825 ✓		08/28/20	08/14/20	09/13/20			-188.61	0.00	0.00	-188.61 ✓
	CREDIT									
32981042 ✓		08/31/20	08/06/20	09/05/20			2,561.23	0.00	0.00	2,561.23 ✓

33696028	08/31/20	08/15/20	09/14/20		212.52	0.00	0.00	212.52
SUPPLIES Freight 13.91								
33793354	08/31/20	08/16/20	09/15/20		252.48	0.00	0.00	252.48
SUPPLIES								
34001432	08/31/20	08/20/20	09/19/20		222.39	0.00	0.00	222.39
SUPPLIES Freight 43.52								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,060.01	0.00	0.00	3,060.01

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
083118		08/31/20	08/31/20	09/08/20			44.71	0.00	0.00	44.71
INDIGENT										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	44.71	0.00	0.00	44.71

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
1853915381		08/31/20	08/17/20	09/11/20			4.50	0.00	0.00	4.50
SUPPLIES										
1856915380		08/31/20	08/17/20	09/11/20			10.21	0.00	0.00	10.21
SUPPLIES										
1857089883		08/31/20	08/21/20	09/15/20			176.12	0.00	0.00	176.12
SUPPLIES Freight 23.98										
1857089879		08/31/20	08/21/20	09/15/20			2,684.23	0.00	0.00	2,684.23
SUPPLIES										
1857089871		08/31/20	08/21/20	09/15/20			505.47	0.00	0.00	505.47
SUPPLIES										
1857168042		08/31/20	08/22/20	09/16/20			86.27	0.00	0.00	86.27
SUPPLIES Freight 41.98										
1857280859		08/31/20	08/23/20	09/17/20			1,379.69	0.00	0.00	1,379.69
SUPPLIES										
1857280862		08/31/20	08/23/20	09/17/20			314.92	0.00	0.00	314.92
SUPPLIES										
1857280863		08/31/20	08/23/20	09/17/20			86.72	0.00	0.00	86.72
SUPPLIES Freight 14.14										
1857280858		08/31/20	08/23/20	09/17/20			17.16	0.00	0.00	17.16
SUPPLIES										
1857412907		08/31/20	08/24/20	09/18/20			10.64	0.00	0.00	10.64
SUPPLIES										
1857412906		08/31/20	08/24/20	09/18/20			10.64	0.00	0.00	10.64
SUPPLIES										
1857822380		08/31/20	08/25/20	09/19/20			1,749.77	0.00	0.00	1,749.77
SUPPLIES										
1857537804		08/31/20	08/25/20	09/19/20			50.51	0.00	0.00	50.51
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	7,086.85	0.00	0.00	7,086.85

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
1754		08/31/20	08/27/20	09/06/20		-241.36	0.00	0.00	-241.36
3202899	CREDIT	08/31/20	08/28/20	09/07/20		257.66	0.00	0.00	257.66
3201482	INVENTORY	08/31/20	08/28/20	09/07/20		12.00	0.00	0.00	12.00
3201484	INVENTORY	08/31/20	08/28/20	09/07/20		258.17	0.00	0.00	258.17
3201483	INVENTORY	08/31/20	08/28/20	09/07/20		991.26	0.00	0.00	991.26
CM71410	INVENTORY	08/31/20	08/28/20	09/07/20		-1,181.65	0.00	0.00	-1,181.65
3207238	CREDIT	08/31/20	08/29/20	09/08/20		118.45	0.00	0.00	118.45
3207239	INVENTORY	08/31/20	08/29/20	09/08/20		965.72	0.00	0.00	965.72
3214058	INVENTORY	08/31/20	08/30/20	09/09/20		1,541.53	0.00	0.00	1,541.53
CM72238	INVENTORY	08/31/20	08/30/20	09/09/20		-3,425.75	0.00	0.00	-3,425.75
3214056	CREDIT	08/31/20	08/30/20	09/09/20		573.29	0.00	0.00	573.29
3214454	INVENTORY	08/31/20	08/30/20	09/09/20		10.24	0.00	0.00	10.24
3212672	INVENTORY	08/31/20	08/30/20	09/09/20		259.73	0.00	0.00	259.73
3214059	INVENTORY	08/31/20	08/30/20	09/09/20		102.34	0.00	0.00	102.34
3214057	INVENTORY	08/31/20	08/30/20	09/09/20		233.77	0.00	0.00	233.77

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	475.40	0.00	0.00	475.40

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
161531094001	SUPPLIES	08/31/20	08/06/20	08/06/20		65.54	0.00	0.00	65.54

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	65.54	0.00	0.00	65.54

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
96119600	SUPPLIES	08/28/20	08/06/20	09/06/20		118.37	0.00	0.00	118.37

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	118.37	0.00	0.00	118.37

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
1850711630	SUPPLIES Freight: Handling 93.67	08/10/20	07/17/20	08/16/20		169.65	0.00	0.00	169.65

1850727995 ✓	08/28/20 08/07/20 09/07/20			429.28	0.00	0.00	429.28 ✓
SUPPLIES Freight & Handling 70.84							
1850729038 ✓	08/28/20 08/08/20 09/08/20			119.65	0.00	0.00	119.65 ✓
SUPPLIES Freight 3.67							
Vendor Totals Number Name				Gross	Discount	No-Pay	Net
O1416 ORTHO CLINICAL DIAGNOSTICS				718.58	0.00	0.00	718.58

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
090418		08/31/20	08/31/20	08/31/20			1,650.00	0.00	0.00	1,650.00 ✓
	CONTRACT EMPLOYEE									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	11069 PABLO GARZA						1,650.00	0.00	0.00	1,650.00

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC) ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4257895 ✓		08/28/20	08/10/20	09/10/20			35.37	0.00	0.00	35.37 ✓
	SUPPLIES Shipping 18.61									
4262627 ✓		08/28/20	08/16/20	09/16/20			308.55	0.00	0.00	308.55 ✓
	SUPPLIES Shipping 25.95									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	10372 PRECISION DYNAMICS CORP (PDC)						343.92	0.00	0.00	343.92

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
98532512 ✓		08/28/20	08/06/20	09/06/20			1,482.15	0.00	0.00	1,482.15 ✓
	SUPPLIES Shipping 48.49									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	10896 QIAGEN INC						1,482.15	0.00	0.00	1,482.15

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
082218		08/31/20	09/04/20	09/15/20			273.13	0.00	0.00	273.13 ✓
	CONTRACT BILLING									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	K0536 SHIRLEY KARNEI						273.13	0.00	0.00	273.13

Vendor#	Vendor Name	Class	Pay Code
S2353	SMITHS MEDICAL ASD INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15304796 ✓		08/31/20	08/22/20	09/04/20			332.48	0.00	0.00	332.48 ✓
	SUPPLIES									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	S2353 SMITHS MEDICAL ASD INC						332.48	0.00	0.00	332.48

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SUSTAINABILITY ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3421374 ✓		08/28/20	08/11/20	09/15/20			-51.00	0.00	0.00	-51.00 ✓
	CREDIT									
3421488 ✓		08/28/20	08/13/20	09/13/20			453.85	0.00	0.00	453.85 ✓
	SUPPLIES									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net

10735	STRYKER SUSTAINABILITY				402.85	0.00	0.00	402.85

Vendor# Vendor Name — Class — Pay Code

T1450 TEXAS ASSOCIATION OF COUNTIES ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
DP201810292 ✓		09/04/20	06/28/20	07/28/20			1,942.04	0.00	0.00	1,942.04 ✓
	DEFICIT PAYMENT (Unemployment)									

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
T1450	TEXAS ASSOCIATION OF COUNTIES	1,942.04	0.00	0.00	1,942.04

Vendor# Vendor Name — Class — Pay Code

10765 TEXAS HOSPITAL ASSOCIATION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0900109060 ✓		08/31/20	08/10/20	09/10/20			6,324.00	0.00	0.00	6,324.00 ✓
	ANNUAL MEMBERSHIP									

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
10765	TEXAS HOSPITAL ASSOCIATION	6,324.00	0.00	0.00	6,324.00

Vendor# Vendor Name — Class — Pay Code

U1064 UNIFIRST HOLDINGS INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400281047 ✓		08/28/20	08/20/20	09/14/20			125.49	0.00	0.00	125.49 ✓
	LAUNDRY									
8400281049 ✓		08/28/20	08/20/20	09/14/20			47.15	0.00	0.00	47.15 ✓
	LAUNDRY									
8400281088 ✓		08/28/20	08/20/20	09/14/20			85.24	0.00	0.00	85.24 ✓
	LAUNDRY									
8400281099 ✓		08/28/20	08/20/20	09/14/20			1,118.76	0.00	0.00	1,118.76 ✓
	LAUNDRY									
8400281050 ✓		08/28/20	08/20/20	09/14/20			48.32	0.00	0.00	48.32 ✓
	LAUNDRY									
8400281046 ✓		08/28/20	08/20/20	09/14/20			120.39	0.00	0.00	120.39 ✓
	LAUNDRY									
8400281145 ✓		08/28/20	08/20/20	09/14/20			128.78	0.00	0.00	128.78 ✓
	LAUNDRY									
8400281377 ✓		08/28/20	08/23/20	09/17/20			17.00	0.00	0.00	17.00 ✓
	LAUNDRY									
8400281427 ✓		08/28/20	08/23/20	09/17/20			930.47	0.00	0.00	930.47 ✓
	LAUNDRY									
8400281380 ✓		08/28/20	08/23/20	09/17/20			153.50	0.00	0.00	153.50 ✓
	LAUNDRY									
8400280553 ✓		08/31/20	08/13/20	09/07/20			121.08	0.00	0.00	121.08 ✓
	LAUNDRY									
8400281048 ✓		08/31/20	08/20/20	09/14/20			116.94	0.00	0.00	116.94 ✓
	LAUNDRY									

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	3,013.12	0.00	0.00	3,013.12

Vendor# Vendor Name — Class — Pay Code

10968 UNITED RENTALS (NORTH AMERICA) ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
160705986001 ✓		08/31/20	08/29/20	08/29/20			392.13	0.00	0.00	392.13 ✓
	RENTAL Forklift 8/28-8/29/18									

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
10968	UNITED RENTALS (NORTH AMERICA)	392.13	0.00	0.00	392.13

Vendor# Vendor Name — Class — Pay Code

I1110 WERFEN USA LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
911057035 ✓	SUPPLIES	08/31/20	08/13/20	09/07/20		2,084.16	0.00	0.00	2,084.16 ✓
9110560916 ✓	SUPPLIES	08/31/20	08/21/20	09/15/20		2,084.16	0.00	0.00	2,084.16 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	4,168.32	0.00	0.00	4,168.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	271,195.59	0.00	0.00	271,195.59

APPROVED
ON
SEP 06 2018 CK#177407
177448
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/07/2018 MEMORIAL MEDICAL CENTER 0
13:54 AP Open Invoice List ap_open_invoice.template
Dates Through:

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
090718		09/07/20	09/07/20	09/07/20			260.00	0.00	0.00	260.00
	INDIGENT CO PAYS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	260.00	0.00	0.00	260.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	260.00	0.00	0.00	260.00

APPROVED
ON
SEP 07 2018 CK# 177449

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/07/2018 MEMORIAL MEDICAL CENTER 0
13:53 AP Open Invoice List ap_open_invoice.template
Dates Through:

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
081618A		08/31/20	08/16/20	09/14/20			6,560.39	0.00	0.00	6,560.39
	WATER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	6,560.39	0.00	0.00	6,560.39

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,560.39	0.00	0.00	6,560.39

APPROVED
ON
SEP 07 2018 CK#177450

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/07/2018 MEMORIAL MEDICAL CENTER 0
13:53 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
090618	POSTAGE	08/31/20	09/06/20	09/06/20			2,200.00	0.00	0.00	2,200.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,200.00	0.00	0.00	2,200.00

APPROVED
ON
SEP 07 2018 CK# 177451

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/07/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 09/08/2018

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

As of: 09/07/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 09/08/2018 **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: 2,584.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 09/11/2018, Pay This Amount: 2,532.83 USD ✓

If Paid After 09/11/2018, Pay this Amount: 2,584.52 USD

Due If Paid On Time: USD 2,532.83

Disc lost if paid late: 51.69

Due If Paid Late: USD 2,584.52

CK# 998
GL# 6031 0000

0.39 +
789.82 +
1,742.62 +
2,532.83 *

APPROVED ON
SEP 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

As of: 09/07/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 09/08/2018

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

As of: 09/07/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 09/08/2018 **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											
09/05/2018	09/11/2018	7890435613	2017005514	115Invoice	0.01	0.40		0.39 ✓		7890435613	

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: 0.40 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,702.07
09/04/2018

If Paid By 09/11/2018,
Pay This Amount: 0.39 USD ✓

If Paid After 09/11/2018,
Pay this Amount: 0.40 USD

Due If Paid On Time:
USD 0.39

Disc lost if paid late:
0.01

Due If Paid Late:
USD 0.40

CK #998
GL #60310000

APPROVED
ON
SEP 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

As of: 09/07/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/08/2018

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

As of: 09/07/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/08/2018 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
09/04/2018	09/11/2018	7890211463	0959800029	115Invoice	4.47	223.58		219.11 ✓		7890211463	
09/04/2018	09/11/2018	7890211464	0902181017-00	115Invoice	1.06	53.07		52.01 ✓		7890211464	
09/04/2018	09/11/2018	7890211465	0903180258-00	115Invoice	0.02	0.95		0.93 ✓		7890211465	
09/04/2018	09/11/2018	7890211466	MH09032018---	115Invoice	6.96	348.10		341.14 ✓		7890211466	
09/05/2018	09/11/2018	7890432214	0959800031	115Invoice	2.50	125.12		122.62 ✓		7890432214	
09/07/2018	09/11/2018	7890897997	0959800033	115Invoice	1.10	55.11		54.01 ✓		7890897997	

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: 805.93 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,702.07
09/04/2018

If Paid By 09/11/2018,
Pay This Amount: 789.82 USD ✓

If Paid After 09/11/2018,
Pay this Amount: 805.93 USD

Due If Paid On Time:
USD 789.82

Disc lost if paid late: 16.11

Due If Paid Late:
USD 805.93

OK WA FO

APPROVED
ON
SEP 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 09/07/2018 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 09/08/2018

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

As of: 09/07/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 09/08/2018 **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											
09/04/2018	09/11/2018	7890202941	1001296506	115Invoice	6.16	307.81		301.65 ✓		7890202941	
09/04/2018	09/11/2018	7890202945	1001296506	115Invoice	0.02	1.05		1.03 ✓		7890202945	
09/04/2018	09/11/2018	7890202947	1001297250	115Invoice	12.31	615.67		603.36 ✓		7890202947	
09/04/2018	09/11/2018	7890202950	1001297687	115Invoice	2.80	140.24		137.44 ✓		7890202950	
09/04/2018	09/11/2018	7890202952	1001298081	115Invoice	2.49	124.33		121.84 ✓		7890202952	
09/05/2018	09/11/2018	7890442598	1001298440	115Invoice	5.77	288.40		282.63 ✓		7890442598	
09/06/2018	09/11/2018	7890702712	1001299228	115Invoice	3.08	153.97		150.89 ✓		7890702712	
09/06/2018	09/11/2018	7890702713	1001299228	115Invoice	0.15	7.40		7.25 ✓		7890702713	
09/07/2018	09/11/2018	7890935241	1001299934	115Invoice	2.79	139.32		136.53 ✓		7890935241	

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: 1,778.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,702.07
09/04/2018

If Paid By 09/11/2018,
Pay This Amount: 1,742.62 USD ✓

If Paid After 09/11/2018,
Pay this Amount: 1,778.19 USD

Due If Paid On Time:
USD 1,742.62

Disc lost if paid late:
35.57

Due If Paid Late:
USD 1,778.19

RUN DATE:09/12/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:42 CHECK REGISTER GLCKREG
09/12/18 THRU 09/12/18

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000997	09/12/18	2,702.07	MCKESSON
A/P *	000998	09/12/18	2,532.83	MCKESSON
A/P	177407	09/12/18	11.58	ABBOTT NUTRITION
A/P	177408	09/12/18	41.77	ACE HARDWARE 15521
A/P	177409	09/12/18	42.01	AIRGAS USA, LLC - CENTRAL DIV
A/P	177410	09/12/18	86.56	ALIMED INC.
A/P	177411	09/12/18	27.36	AMERISOURCEBERGEN DRUG CORP
A/P	177412	09/12/18	6,017.90	BAXTER HEALTHCARE
A/P	177413	09/12/18	462.91	CARDINAL HEALTH 414,LLC
A/P	177414	09/12/18	182.40	CAREFUSION
A/P	177415	09/12/18	240.00	CHRIS KOVAREK
A/P	177416	09/12/18	153.00	CITIZENS MEDICAL CENTER
A/P	177417	09/12/18	919.79	CONMED CORPORATION
A/P	177418	09/12/18	206.37	DEWITT POTH & SON
A/P	177419	09/12/18	143,421.73	DISCOVERY MEDICAL NETWORK INC
A/P	177420	09/12/18	76.14	DYNATRONICS CORPORATION
A/P	177421	09/12/18	495.00	FASTHEALTH CORPORATION
A/P	177422	09/12/18	3,163.52	FISHER HEALTHCARE
A/P	177423	09/12/18	55.95	FORTBEND HEALTHCARE CENTER
A/P	177424	09/12/18	79,995.65	GOLDENCREEK HEALTHCARE
A/P	177425	09/12/18	543.03	GULF COAST PAPER COMPANY
A/P	177426	09/12/18	1,321.10	IANTECH, INC
A/P	177427	09/12/18	1,598.49	J & J HEALTH CARE SYSTEMS, INC
A/P	177428	09/12/18	105.73	M.C. JOHNSON COMPANY INC
A/P	177429	09/12/18	134.00	MARTIN PRINTING CO
A/P	177430	09/12/18	3,060.01	MCKESSON MEDICAL SURGICAL INC
A/P	177431	09/12/18	44.71	MEDIMPACT HEALTHCARE SYS, INC.
A/P	177432	09/12/18	.00	VOIDED
A/P	177433	09/12/18	7,086.85	MEDLINE INDUSTRIES INC
A/P	177434	09/12/18	475.40	MORRIS & DICKSON CO, LLC
A/P	177435	09/12/18	65.54	OFFICE DEPOT
A/P	177436	09/12/18	118.37	OLYMPUS AMERICA INC
A/P	177437	09/12/18	718.58	ORTHO CLINICAL DIAGNOSTICS
A/P	177438	09/12/18	1,650.00	PABLO GARZA
A/P	177439	09/12/18	343.92	PRECISION DYNAMICS CORP (PDC)
A/P	177440	09/12/18	1,482.15	QIAGEN INC
A/P	177441	09/12/18	273.13	SHIRLEY KARNEI
A/P	177442	09/12/18	332.48	SMITHS MEDICAL ASD INC
A/P	177443	09/12/18	402.85	STRYKER SUSTAINABILITY
A/P	177444	09/12/18	1,942.04	TEXAS ASSOCIATION OF COUNTIES
A/P	177445	09/12/18	6,324.00	TEXAS HOSPITAL ASSOCIATION
A/P	177446	09/12/18	3,013.12	UNIFIRST HOLDINGS INC
A/P	177447	09/12/18	392.13	UNITED RENTALS (NORTH AMERICA)
A/P	177448	09/12/18	4,168.32	WERFEN USA LLC
A/P	177449	09/12/18	260.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	177450	09/12/18	6,560.39	CITY OF PORT LAVACA
A/P	177451	09/12/18	2,200.00	US POSTAL SERVICE
TOTALS:			285,450.88	

McKesson

Payables

Criticals

Payables 271,195.59 +
260.00 +
Criticals 6,560.39 +
2,200.00 +
McKesson 2,702.07 +
2,532.83 +
285,450.88 *

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --Sept 3nd, 2018 -Sept 9th 2018

Date	Bank Description	MMC Notes	Amount
9/5/2018	ACH Payment - VIVONET ACQUISIT PAYMENT	- Credit Card Machine Lease Expense	99.00
		Total Electronic Payments:	99.00

CFO

Diane Moore, CFO
Memorial Medical Center

September 10, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --Sept 3nd, 2018 -Sept 9th 2018

Date	Bank Description	MMC Notes	Amount
9/5/2018	ACH Payment FDGL LEASE PYMT 052-1479213-000 410001206531	- Credit Card Machine Lease Expense	43.26
9/5/2018	ACH Payment FDGL LEASE PYMT 052-1479214-000 410001206531	- Credit Card Machine Lease Expense	40.02
9/5/2018	ACH Payment FDGL LEASE PYMT 052-1479468-000 410001206532	- Credit Card Machine Lease Expense	69.24
9/5/2018	ACH Payment IRS USATAXPYMT 220864810587001 6103601000004	- Payroll Taxes	86,605.50 *
9/5/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03563285 910000156	- 340B Drug Program Expense	2,702.07 **
9/5/2018	ACH Payment MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
9/5/2018	ACH Payment MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	189.23
9/5/2018	ACH Payment MERCH BNKCD DISCOUNT 971160914885 1149025200	- Credit Card Processing Fee	48.85
9/5/2018	ACH Payment MERCH BNKCD FEE 971160910883 114902520003500	- Credit Card Processing Fee	9.95
9/5/2018	ACH Payment MERCH BNKCD FEE 971160913887 114902520003501	- Credit Card Processing Fee	153.03
9/5/2018	ACH Payment MERCH BNKCD FEE 971160914885 114902520003502	- Credit Card Processing Fee	36.23
9/5/2018	ACH Payment MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	92.57
9/5/2018	ACH Payment MERCH BNKCD INTERCHNG 971160914885 114902520	- Credit Card Processing Fee	57.32
9/7/2018	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122654320781	- Payroll	270,170.02 *
9/7/2018	ACH Payment STATE COMPTRLR TEXNET 31479410/80906 2100002	-IGT PMT UC(PREVIOUSLY REPORTED)	301,691.96 *
			661,929.20

CFO

Diane Moore, CFO
Memorial Medical Center

September 10, 2018

* Approved 09.05.18 CC
** Was not previously approved because of holiday. Is on this weeks court for approval.

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

9/15/2018	TCDRS RETIREMENT	-Reporting Aug 2018	122,806.35
			122,806.35

CFO

Diane C. Moore, CFO
Memorial Medical Center

September 10, 2018

- 661,929.20 +
86,605.50 -
2,702.07 -
270,170.02 -
301,691.96 -
759.65 *
43.26 +
40.02 +
69.24 +
19.95 +
189.23 +
48.85 +
9.95 +
153.03 +
36.23 +
92.57 +
57.32 +
759.65 *

Received Late

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/31/2018

DC: 8115

Territory:

Customer: 632536
Date: 09/05/2018

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

As of: 08/31/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 09/05/2018 **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: 2,757.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 09/04/2018,
Pay This Amount: 2,702.07 USD

If Paid After 09/04/2018,
Pay this Amount: 2,757.23 USD

Due If Paid On Time:
USD 2,702.07

Disc lost if paid late: 55.16

Due If Paid Late:
USD 2,757.23

CK# 997

GL# 6003100000

59.67 +
671.79 +
1,970.61 +
2,702.07 *

APPROVED
ON
SEP 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 08/31/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 09/05/2018

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: 08/31/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 09/05/2018 **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											
08/29/2018	09/04/2018	7889385795	2017005474	115Invoice	0.22	10.81		10.59 ✓		7889385795	
08/31/2018	09/04/2018	7889850119 ✓	2017005494	115Invoice	1.00	50.08		49.08 ✓		7889850119	

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: 60.89 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,721.26
08/27/2018

If Paid By 09/04/2018, Pay This Amount: 59.67 USD

If Paid After 09/04/2018, Pay this Amount: 60.89 USD

Due If Paid On Time:
USD 59.67

Disc lost if paid late: 1.22

Due If Paid Late:
USD 60.89

APPROVED
ON

SEP 10 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

As of: 08/31/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/05/2018

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

As of: 08/31/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 09/05/2018 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
08/27/2018	09/04/2018	7888883571	0959800024	115Invoice	6.98	349.06		342.08 ✓		7888883571	
08/28/2018	09/04/2018	7889127269	0959800025	115Invoice	0.02	0.94		0.92 ✓		7889127269	
08/28/2018	09/04/2018	7889127271	0827180455-00	115Invoice	0.04	1.90		1.86 ✓		7889127271	
08/29/2018	09/04/2018	7889387661	0959800026	115Invoice	0.02	0.94		0.92 ✓		7889387661	
08/29/2018	09/04/2018	7889387663	0828180541-00	115Invoice	0.01	0.32		0.31 ✓		7889387663	
08/30/2018	09/04/2018	7889620033	0959800027	115Invoice	6.52	325.90		319.38 ✓		7889620033	
08/31/2018	09/04/2018	7889845877	0959800028	115Invoice	0.13	6.45		6.32 ✓		7889845877	

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: 685.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,721.26
08/27/2018

If Paid By 09/04/2018, Pay This Amount: 671.79 USD ✓

If Paid After 09/04/2018, Pay this Amount: 685.51 USD

Due If Paid On Time: USD 671.79

Disc lost if paid late: 13.72

Due If Paid Late: USD 685.51

APPROVED
ON

SEP 10 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 08/31/2018

DC: 8115

Territory: 400

Customer: 262252
Date: 09/05/2018

Page: 001

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

As of: 08/31/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 09/05/2018 **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											
08/27/2018	09/04/2018	7888893871	1001291909	115Invoice	6.16	307.96		301.80 ✓		7888893871	
08/27/2018	09/04/2018	7888893875	1001292614	115Invoice	5.18	258.84		253.66 ✓		7888893875	
08/27/2018	09/04/2018	7888893877	1001293040	115Invoice	0.51	25.48		24.97 ✓		7888893877	
08/28/2018	09/04/2018	7889126794	1001293423	115Invoice	4.39	219.61		215.22 ✓		7889126794	
08/28/2018	09/04/2018	7889126796	1001293423	115Invoice	0.21	10.48		10.27 ✓		7889126796	
08/29/2018	09/04/2018	7889413293	1001294450	115Invoice	7.21	360.42		353.21 ✓		7889413293	
08/30/2018	09/04/2018	7889631608	1001295152	115Invoice	8.95	447.53		438.58 ✓		7889631608	
08/31/2018	09/04/2018	7889874218	1001295812	115Invoice	7.61	380.51		372.90 ✓		7889874218	

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: 2,010.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,721.26
08/27/2018

If Paid By 09/04/2018, Pay This Amount: 1,970.61 USD ✓

If Paid After 09/04/2018, Pay this Amount: 2,010.83 USD

Due If Paid On Time:
USD 1,970.61
Disc lost if paid late: 40.22

Due If Paid Late:
USD 2,010.83

APPROVED
ON
SEP 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	ACH Pending Deposits	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	1553	100.00 ✓	-	3,817.16	2,344.22	-	-	6,261.38 ✓	6,161.38
							Bank Balance	6,261.38	
							Variance	-	
							Remaining Balance	100.00	
							Adjust Balance/Transfer Amt	6,161.38	

Routing Information for Ashford Gardens
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA .614
Account 1257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	ACH Pending Deposits	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	561	7,753.85 ✓	7,653.85 ✓	-	78.42	-	-	178.42 ✓	-
							Bank Balance	178.42	No Transfer
							Variance	-	
							Remaining Balance in Bank	100.00	
							Adjust Balance/Transfer Amt	78.42	
								-	
Crescent	4588	6,309.43 ✓	6,209.43 ✓	249.99	134.00	-	-	483.99 ✓	-
							Bank Balance	483.99	No Transfer
							Variance	-	
							Remaining Balance in Bank	100.00	
							Adjust Balance/Transfer Amt	383.99	
Broadmoor	1596	4,847.83 ✓	-	-		-	-	4,847.83 ✓	-
							Bank Balance	4,847.83	No Transfer
							Variance	-	
							Remaining Balance in Bank	100.00	
							Adjust Balance/Transfer Amt	4,747.83	
Fort Bend	8	4,443.98 ✓	-	-		-	-	4,443.98 ✓	-
							Bank Balance	4,443.98	No Transfer
							Variance	-	
							Remaining Balance in Bank	100.00	
							Adjust Balance/Transfer Amt	4,343.98	
								Total IBC Transfers	6,161.38 ✓

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Contex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 314
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 10-Sep-18

APPROVED ON
SEP 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/10/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	381	154,456.66 ✓	154,229.05 ✓	7,701.01		-	7,928.62 ✓	**7,701.01**
						Bank Balance	7,928.62	
						Variance	0.00	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	**53.08**	
						August Bank Interest	**74.53**	
						Adjust Balance/Transfer Amt	**7,701.01**	

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	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at W Hston	4438	148,308.12 ✓	147,988.18 ✓	55,300.50			55,620.44 ✓	**55,300.50**
						Bank Balance	55,620.44	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	**72.45**	
						August Bank Interest	**147.49**	
						Adjust Balance/Transfer Amt	**55,300.50**	
Crescent	411	83,798.26 ✓	83,589.48 ✓	57,259.35			57,468.13 ✓	**57,259.35**
						Bank Balance	57,468.13	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	**61.44**	
						August Bank Interest	**47.34**	
						Adjust Balance/Transfer Amt	**57,259.35**	
Broadmoor	1403	163,111.69 ✓	162,933.43 ✓	121,029.34			121,207.60 ✓	**121,029.34**
						Bank Balance	121,207.60	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	**78.26**	
						August Bank Interest	**42.57**	
						Adjust Balance/Transfer Amt	**121,029.34**	
Fort Bend	4446	89,128.53 ✓	88,987.13 ✓	7,858.19			7,999.59 ✓	**7,858.19**
						Bank Balance	7,999.59	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	**21.66**	
						August Bank Interest	**19.74**	
						Adjust Balance/Transfer Amt	**7,858.19**	

7,701.01 +
55,300.50 +
57,259.35 +
121,029.34 +
7,858.19 +
249,148.39 *

TOTAL TRANSFERS **249,148.39**

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 314
Account 22

Approved:
Diane Moore, CFO

APPROVED ON 9/10/2018

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.

SEP 10 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

J:\NH Weekly Transfers\NH UPL Transfer Summary\2018\Sept 2018\NH UPL Transfer Summary 9-10-18 .xlsx

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/10/2018

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	216844454	205,963.16 ✓	205,787.45 ✓	2,008.80						-	-	2,184.51 ✓	-
											Bank Balance	2,184.51	No Transfer
											Variance	(0.00)	
											Leave in Balance	100.00	
											MMC Portion QIPP 1		
											MMC Portion QIPP 2		
											MMC Portion QIPP 3		
											July Bank Interest	50.42	
											August Bank Interest	25.29	
											Adjust Balance/Transfer Amt	2,008.80	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121000248
Account # 4439840323

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 9/10/2018

APPROVED
ON
SEP 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS