MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- December 12, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	732,997.18
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	383,101.57
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED December 12, 2018	$	1,116,098.75

APPROVED

DEC 12 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

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

PAYABLES AND PAYROLL			
12/6/2018	Weekly Payables	68,273.49	
12/10/2018	McKesson-340B Prescription Expense	1,194.05	
12/7/2018	MMC Employee Benefit Plan-Insurance	55,526.74	
12/7/2018	Emergency Staffing Solutions-ER Staffing	40,062.00	
12/10/2018	Amerisource Bergen-340B Prescription Expense	5,341.86	
12/10/2018	Payroll Liabilities (Payroll Taxes)	90,766.82	
12/10/2018	Payroll	284,938.14	
	Electronic Bank Payments		
	Prosperity Electronics Payments		
12/4-12/5/18	Credit Card & Lease Fees	675.58	
12/15/2018	TCDRS - Estimated Retirement	186,107.15	
12/4-12/7/18	Pay Plus-Patient Claims Processing Fee	111.35	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 732,997.18**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
12/10/2018	Nursing Home UPI	221,058.80	
12/10/2018	Nursing Home UPI	78,267.68	
QIPP/INTEREST CHECKS TO MMC			
12/10/2018	Ashford	30,791.46	
12/10/2018	Golden Creek	19,667.13	
12/10/2018	Fort Bend	12,590.13	
12/10/2018	Solera	8,767.50	
12/10/2018	Broadmoor	5,996.97	
12/10/2018	Crescent	5,961.90	
TOTAL NURSING HOME UPL EXPENSES			**$ 383,101.57**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED December 12, 2018			**$ 1,116,098.75**

12/06/2018
10:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/19/2018

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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
129177	SUPPLIES (Maint.)	11/27/20	11/15/20	12/15/20		87.94	0.00	0.00	87.94
129187	CREDIT (Maint.)	11/27/20	11/16/20	12/16/20		-39.96	0.00	0.00	-39.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	47.98	0.00	0.00	47.98

Vendor#	Vendor Name	Class	Pay Code
A1430	ADVANCE MEDICAL DESIGNS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
S101258005	SUPPLIES	11/20/20	11/05/20	11/05/20		17.14	0.00	0.00	17.14

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC	17.14	0.00	0.00	17.14

Vendor#	Vendor Name	Class	Pay Code
10814	ALLIED BENEFIT SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0000419686	INSURANCE	11/26/20	11/16/20	12/15/20		36,948.56	0.00	0.00	36,948.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	36,948.56	0.00	0.00	36,948.56

Vendor#	Vendor Name	Class	Pay Code
A2271	ARTHREX, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
94475348	SUPPLIES Freight 40.99	11/01/20	11/19/20	12/19/20		360.99	0.00	0.00	360.99
94468775	supplies Freight 20.62	11/27/20	11/16/20	12/16/20		1,021.62	0.00	0.00	1,021.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	1,382.61	0.00	0.00	1,382.61

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
78600384	SUPPLIES	11/01/20	10/08/20	11/05/20		344.62	0.00	0.00	344.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	344.62	0.00	0.00	344.62

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
60998527	SUPPLIES	11/01/20	10/11/20	11/05/20		632.41	0.00	0.00	632.41
61396473	SUPPLIES	11/01/20	11/19/20	12/14/20		377.35	0.00	0.00	377.35
61298948	SUPPLIES	11/16/20	11/08/20	12/03/20		577.48	0.00	0.00	577.48

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE				1,587.24	0.00	0.00	1,587.24

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
6044310759 ✓		11/26/20	11/14/20	12/14/20			2,490.00	0.00	0.00	2,490.00 ✓
	INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	2,490.00	0.00	0.00	2,490.00

Vendor#	Vendor Name	Class	Pay Code
C1992	CDW GOVERNMENT, INC. ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PZH7811 ✓		11/27/20	11/13/20	12/13/20			543.03	0.00	0.00	543.03 ✓
	COMPUTER EQUIPMENT Shipping 41.05 (Printer)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	543.03	0.00	0.00	543.03

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM MEDICAL SPECIALTIES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
246988 ✓		11/01/20	11/26/20	12/04/20			62.10	0.00	0.00	62.10 ✓
	SUPPLIES Shipping 11.16									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	62.10	0.00	0.00	62.10

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
5501940 ✓		11/01/20	10/01/20	10/26/20			200.68	0.00	0.00	200.68 ✓
	SUPPLIES									
5536330 ✓		11/01/20	11/06/20	12/01/20			377.28	0.00	0.00	377.28 ✓
	SUPPLIES									
5547340 ✓		11/15/20	11/15/20	12/10/20			20.28	0.00	0.00	20.28 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	598.24	0.00	0.00	598.24

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
1178108 ✓		11/01/20	11/20/20	12/15/20			110.71	0.00	0.00	110.71 ✓
	SUPPLIES									
1836518 ✓		11/01/20	11/21/20	12/16/20			1,072.65	0.00	0.00	1,072.65 ✓
	SUPPLIES									
1836517 ✓		11/01/20	11/21/20	12/16/20			260.51	0.00	0.00	260.51 ✓
	SUPPLIES									
6300173 ✓		11/16/20	11/02/20	11/27/20			218.95	0.00	0.00	218.95 ✓
	SUPPLIES Shipping 31.25									
6686804 ✓		11/16/20	11/07/20	12/02/20			929.49	0.00	0.00	929.49 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	2,592.31	0.00	0.00	2,592.31

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

1578270	11/01/20	10/23/20	11/22/20	192.48	0.00	0.00	192.48	
SUPPLIES								
1584395	11/16/20	11/05/20	12/05/20	388.66	0.00	0.00	388.66	
SUPPLIES								
1589093	11/16/20	11/13/20	12/13/20	143.30	0.00	0.00	143.30	
SUPPLIES								
1591491	11/26/20	11/19/20	12/19/20	472.73	0.00	0.00	472.73	
SUPPLIES								
Vendor Totals Number	Name			Gross	Discount	No-Pay	Net	
G1210	GULF COAST PAPER COMPANY			1,197.17	0.00	0.00	1,197.17	

Vendor# Vendor Name — Class — Pay Code

11095 GULF COAST SCIENTIFIC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
73331		11/01/20	09/24/20	10/17/20			295.70	0.00	0.00	295.70
SUPPLIES	Shipping 30.00									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
11095	GULF COAST SCIENTIFIC						295.70	0.00	0.00	295.70

Vendor# Vendor Name — Class — Pay Code

J0150 J & J HEALTH CARE SYSTEMS, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
920251131		11/01/20	11/19/20	12/19/20			549.73	0.00	0.00	549.73
SUPPLIES										
920248510		11/01/20	11/19/20	12/19/20			763.36	0.00	0.00	763.36
SUPPLIES										
920233649		11/26/20	11/14/20	12/14/20			549.79	0.00	0.00	549.79
SUPPLIES										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
J0150	J & J HEALTH CARE SYSTEMS, INC						1,862.88	0.00	0.00	1,862.88

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
38374186		11/01/20	10/17/20	11/16/20			5,123.48	0.00	0.00	5,123.48
SUPPLIES	Freight 30.00									
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC						5,123.48	0.00	0.00	5,123.48

Vendor# Vendor Name — Class — Pay Code

M2310 MEDELA INC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
12327954		11/01/20	09/28/20	10/17/20			112.70	0.00	0.00	112.70
SUPPLIES										
Vendor Totals Number	Name						Gross	Discount	No-Pay	Net
M2310	MEDELA INC						112.70	0.00	0.00	112.70

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
1858382440		11/01/20	09/08/20	10/03/20			266.34	0.00	0.00	266.34
SUPPLIES	Freight 36.24									
1860693967		11/01/20	10/11/20	11/05/20			146.95	0.00	0.00	146.95
SUPPLIES										
1860990338		11/01/20	10/16/20	11/10/20			115.60	0.00	0.00	115.60
SUPPLIES										

1863584569		11/01/20	11/19/20	12/14/20	50.49	0.00	0.00	50.49
SUPPLIES	Freight 12.02							
1863682156		11/01/20	11/20/20	12/15/20	90.09	0.00	0.00	90.09
SUPPLIES	Freight 13.21							
1863618422		11/01/20	11/20/20	12/15/20	1,261.24	0.00	0.00	1,261.24
SUPPLIES								
1863618420		11/01/20	11/20/20	12/15/20	11.15	0.00	0.00	11.15
SUPPLIES								
1863618421		11/01/20	11/20/20	12/15/20	2,788.23	0.00	0.00	2,788.23
SUPPLIES								
1863780690		11/01/20	11/21/20	12/16/20	26.90	0.00	0.00	26.90
SUPPLIES	Freight 16.84							
1863780688		11/01/20	11/21/20	12/16/20	47.44	0.00	0.00	47.44
SUPPLIES								
1863780687		11/01/20	11/21/20	12/16/20	49.35	0.00	0.00	49.35
SUPPLIES								
1863780694		11/01/20	11/21/20	12/16/20	257.43	0.00	0.00	257.43
SUPPLIES	Freight 45.62							
1863780689		11/01/20	11/21/20	12/16/20	212.00	0.00	0.00	212.00
SUPPLIES	Freight 34.95							
1863780691		11/01/20	11/21/20	12/16/20	35.26	0.00	0.00	35.26
SUPPLIES								
1863780693		11/01/20	11/21/20	12/16/20	182.03	0.00	0.00	182.03
SUPPLIES	Freight 1.67							
1863780692		11/01/20	11/21/20	12/16/20	36.00	0.00	0.00	36.00
SUPPLIES	Freight 27.82							
1863780695		11/01/20	11/21/20	12/16/20	221.18	0.00	0.00	221.18
SUPPLIES	Freight 48.73							
1863858377		11/01/20	11/22/20	12/17/20	18.83	0.00	0.00	18.83
SUPPLIES								
1862223062		11/16/20	11/01/20	11/26/20	33.89	0.00	0.00	33.89
SUPPLIES								
1862561552		11/16/20	11/06/20	12/01/20	70.04	0.00	0.00	70.04
SUPPLIES	Freight 16.03							
1862561551		11/16/20	11/06/20	12/01/20	105.89	0.00	0.00	105.89
SUPPLIES								
1862561559		11/16/20	11/06/20	12/01/20	149.22	0.00	0.00	149.22
SUPPLIES	Freight 17.32							
1862693942		11/16/20	11/07/20	12/02/20	77.91	0.00	0.00	77.91
SUPPLIES								
1963565030		11/26/20	11/19/20	12/14/20	65.95	0.00	0.00	65.95
SUPPLIES								
1860534605		11/30/20	10/09/20	11/03/20	1,021.66	0.00	0.00	1,021.66
SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	7,341.07	0.00	0.00	7,341.07

Vendor#	Vendor Name	Class	Pay Code
M2685	MICROTEK MEDICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4435335		11/01/20	10/08/20	11/07/20			182.68	0.00	0.00	182.68
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	M2685	MICROTEK MEDICAL INC				182.68	0.00	0.00	182.68

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
269919		11/01/20	09/21/20	10/03/20		85.05	0.00	0.00	85.05 ✓
	SUPPLIES Shipping 79.85								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M4250	MORTAN INC	85.05	0.00	0.00	85.05

Vendor#	Vendor Name	Class	Pay Code
10868	NOVA BIOMEDICAL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90551652 ✓		11/16/20	11/13/20	12/12/20		144.98	0.00	0.00	144.98 ✓
	SUPPLIES Freight 14.98								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	144.98	0.00	0.00	144.98

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
231340447001 ✓		11/26/20	11/14/20	12/16/20		131.08	0.00	0.00	131.08 ✓
	SUPPLIE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	131.08	0.00	0.00	131.08

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
96640846 ✓		11/01/20	11/20/20	12/15/20		94.75	0.00	0.00	94.75 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	94.75	0.00	0.00	94.75

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
4333598 ✓		11/01/20	10/25/20	11/24/20		40.66	0.00	0.00	40.66 ✓
	SUPPLIES Freight 18.64								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	40.66	0.00	0.00	40.66

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
984426A ✓		11/01/20	11/20/20	12/04/20		47.40	0.00	0.00	47.40 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	47.40	0.00	0.00	47.40

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
3499585 ✓		11/26/20	11/15/20	12/15/20		188.72	0.00	0.00	188.72 ✓
	SUPPLIES Shipping 612								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	188.72	0.00	0.00	188.72

Vendor#	Vendor Name	Class	Pay Code

Vendor#	Vendor Name	Class	Pay Code
10732	THERACOM, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
206380241301	INVENTORY	11/26/20	11/14/20	12/13/20		1,955.10	0.00	0.00	1,955.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	1,955.10	0.00	0.00	1,955.10

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
8400287738	LAUNDRY	11/16/20	11/19/20	12/14/20		135.90	0.00	0.00	135.90
8400287220	LAUNDRY	11/19/20	11/21/20	12/16/20		120.39	0.00	0.00	120.39
8400287740	8251 LAUNDRY	11/26/20	11/19/20	12/14/20		47.15	0.00	0.00	47.15
8400287803	LAUNDRY	11/26/20	11/19/20	12/14/20		107.67	0.00	0.00	107.67
8400287741	LAUNDRY	11/26/20	11/19/20	12/14/20		56.21	0.00	0.00	56.21
8400287737	LAUNDRY	11/26/20	11/19/20	12/14/20		120.39	0.00	0.00	120.39
8400287769	LAUNDRY	11/26/20	11/19/20	12/14/20		85.24	0.00	0.00	85.24
8400287775	LAUNDRY	11/26/20	11/19/20	12/14/20		1,000.47	0.00	0.00	1,000.47
8400287739	LAUNDRY	11/26/20	11/19/20	12/14/20		125.76	0.00	0.00	125.76
8400288052	LAUNDRY	11/26/20	11/22/20	12/17/20		17.00	0.00	0.00	17.00
8400288054	LAUNDRY	11/26/20	11/22/20	12/17/20		160.59	0.00	0.00	160.59
8400288089	LAUNDRY	11/26/20	11/22/20	12/17/20		879.47	0.00	0.00	879.47

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	2,856.24	0.00	0.00	2,856.24

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	68,273.49	0.00	0.00	68,273.49

APPROVED
ON
DEC 06 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 178626 - 178655

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		178626	12/12/18	47.98	ACE HARDWARE 15521
A/P		178627	12/12/18	17.14	ADVANCE MEDICAL DESIGNS INC
A/P		178628	12/12/18	36,948.56	ALLIED BENEFIT SYSTEMS
A/P		178629	12/12/18	1,382.61	ARTHREX, INC
A/P		178630	12/12/18	344.62	BARD PERIPHERAL VASCULAR
A/P		178631	12/12/18	1,587.24	BAXTER HEALTHCARE
A/P		178632	12/12/18	2,490.00	BAYER HEALTHCARE
A/P		178633	12/12/18	543.03	CDW GOVERNMENT, INC.
A/P		178634	12/12/18	62.10	CUSTOM MEDICAL SPECIALTIES
A/P		178635	12/12/18	598.24	DEWITT POTH & SON
A/P		178636	12/12/18	2,592.31	FISHER HEALTHCARE
A/P		178637	12/12/18	1,197.17	GULF COAST PAPER COMPANY
A/P		178638	12/12/18	295.70	GULF COAST SCIENTIFIC
A/P		178639	12/12/18	1,862.88	J & J HEALTH CARE SYSTEMS, INC
A/P		178640	12/12/18	5,123.48	MCKESSON MEDICAL SURGICAL INC
A/P		178641	12/12/18	112.70	MEDELA INC
A/P		178642	12/12/18	.00	VOIDED
A/P		178643	12/12/18	.00	VOIDED
A/P		178644	12/12/18	.00	VOIDED
A/P		178645	12/12/18	7,341.07	MEDLINE INDUSTRIES INC
A/P		178646	12/12/18	182.68	MICROTEK MEDICAL INC
A/P		178647	12/12/18	85.05	MORTAN INC
A/P		178648	12/12/18	144.98	NOVA BIOMEDICAL
A/P		178649	12/12/18	131.08	OFFICE DEPOT
A/P		178650	12/12/18	94.75	OLYMPUS AMERICA INC
A/P		178651	12/12/18	40.66	PRECISION DYNAMICS CORP (PDC)
A/P		178652	12/12/18	47.40	STRYKER SALES CORP
A/P		178653	12/12/18	188.72	STRYKER SUSTAINABILITY
A/P		178654	12/12/18	1,955.10	THERACOM, LLC
A/P		178655	12/12/18	2,856.24	UNIFIRST HOLDINGS INC
TOTALS:				68,273.49	

APPROVED
ON

DEC 12 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/07/2018
DC: 8115
Territory:
Customer: 632536
Date: 12/08/2018

Page: 002

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

As of: 12/07/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/08/2018 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: 1,218.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 12/11/2018, Pay This Amount: 1,194.05 USD ✓

If Paid After 12/11/2018, Pay this Amount: 1,218.42 USD

Due If Paid On Time: USD 1,194.05

Disc lost if paid late: 24.37

Due If Paid Late: USD 1,218.42

Check #1011
GL Acct. #60310000

APPROVED
ON
DEC 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

3.76 +
1,190.29 +
1,194.05 =

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: 12/07/2018

DC: 8115

Territory: 400

Customer: 190813
Date: 12/08/2018

Page: 001

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

As of: 12/07/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/08/2018 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											
12/05/2018	12/11/2018	7106209051	2017006128	115Invoice	0.08	3.84		3.76	✓	7106209051	

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: 3.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/03/2018 2,613.07

If Paid By 12/11/2018,
Pay This Amount: 3.76 USD ✓

If Paid After 12/11/2018,
Pay this Amount: 3.84 USD

Due If Paid On Time:
USD 3.76

Disc lost if paid late:
0.08

Due If Paid Late:
USD 3.84

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ON
DEC 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 12/07/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 12/08/2018

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

As of: 12/07/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/08/2018 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											
12/03/2018	12/11/2018	7105740945	1202181002-00	115Invoice		0.24		0.24 ✓		7105740945	
12/03/2018	12/11/2018	7105740946	0959800093	115Invoice	2.81	140.44		137.63 ✓		7105740946	
12/04/2018	12/11/2018	7105992278	0959800094	115Invoice	1.60	79.94		78.34 ✓		7105992278	
12/04/2018	12/11/2018	7105992279	1117409	115Invoice	1.10	55.13		54.03 ✓		7105992279	
12/04/2018	12/11/2018	7105992280	1201181210-00	115Invoice	5.03	251.64		246.61 ✓		7105992280	
12/05/2018	12/11/2018	7106220369	0959800095	115Invoice	7.21	360.39		353.18 ✓		7106220369	
12/05/2018	12/11/2018	7106220371	1129180532-00	115Invoice	0.01	0.32		0.31 ✓		7106220371	
12/06/2018	12/11/2018	7106449769	0959800096	115Invoice	5.91	295.42		289.51 ✓		7106449769	
12/07/2018	12/11/2018	7106695145	0959800097	115Invoice	0.62	31.06		30.44 ✓		7106695145	

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: 1,214.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,613.07
12/03/2018

If Paid By 12/11/2018,
Pay This Amount: 1,190.29 USD ✓

If Paid After 12/11/2018,
Pay this Amount: 1,214.58 USD

Due If Paid On Time:
USD 1,190.29

Disc lost if paid late:
24.29

Due If Paid Late:
USD 1,214.58

APPROVED
ON

DEC 10 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ø

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

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	001011	12/11/18	1,194.05	MCKESSON
TOTALS:			1,194.05	

12/07/2018 MEMORIAL MEDICAL CENTER 0
11:00 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
120318		12/07/20	12/03/20	12/03/20			55,526.74	0.00	0.00	55,526.74
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	55,526.74	0.00	0.00	55,526.74

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	55,526.74	0.00	0.00	55,526.74

12/07/2018 MEMORIAL MEDICAL CENTER 0
11:01 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
37171 ✓		11/30/20	11/30/20	11/30/20			40,062.00	0.00	0.00	40,062.00 ✓
	ER STAFFING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.00	0.00	0.00	40,062.00 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,062.00	0.00	0.00	40,062.00

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ON
DEC 07 2018 CK# 17865
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:12/12/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:35 CHECK REGISTER GLCKREG
12/12/18 THRU 12/12/18

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	001004	12/12/18	8,495.91	AMERISOURCEBERGEN
A/P	178626	12/12/18	47.98	ACE HARDWARE 15521
A/P	178627	12/12/18	17.14	ADVANCE MEDICAL DESIGNS INC
A/P	178628	12/12/18	36,948.56	ALLIED BENEFIT SYSTEMS
A/P	178629	12/12/18	1,382.61	ARTHREX, INC
A/P	178630	12/12/18	344.62	BARD PERIPHERAL VASCULAR
A/P	178631	12/12/18	1,587.24	BAXTER HEALTHCARE
A/P	178632	12/12/18	2,490.00	BAYER HEALTHCARE
A/P	178633	12/12/18	543.03	CDW GOVERNMENT, INC.
A/P	178634	12/12/18	62.10	CUSTOM MEDICAL SPECIALTIES
A/P	178635	12/12/18	598.24	DEWITT POTH & SON
A/P	178636	12/12/18	2,592.31	FISHER HEALTHCARE
A/P	178637	12/12/18	1,197.17	GULF COAST PAPER COMPANY
A/P	178638	12/12/18	295.70	GULF COAST SCIENTIFIC
A/P	178639	12/12/18	1,862.88	J & J HEALTH CARE SYSTEMS, INC
A/P	178640	12/12/18	5,123.48	MCKESSON MEDICAL SURGICAL INC
A/P	178641	12/12/18	112.70	MEDELA INC
A/P	178642	12/12/18	.00	VOIDED
A/P	178643	12/12/18	.00	VOIDED
A/P	178644	12/12/18	.00	VOIDED
A/P	178645	12/12/18	7,341.07	MEDLINE INDUSTRIES INC
A/P	178646	12/12/18	182.68	MICROTEK MEDICAL INC
A/P	178647	12/12/18	85.05	MORTAN INC
A/P	178648	12/12/18	144.98	NOVA BIOMEDICAL
A/P	178649	12/12/18	131.08	OFFICE DEPOT
A/P	178650	12/12/18	94.75	OLYMPUS AMERICA INC
A/P	178651	12/12/18	40.66	PRECISION DYNAMICS CORP (PDC)
A/P	178652	12/12/18	47.40	STRYKER SALES CORP
A/P	178653	12/12/18	188.72	STRYKER SUSTAINABILITY
A/P	178654	12/12/18	1,955.10	THERACOM, LLC
A/P	178655	12/12/18	2,856.24	UNIFIRST HOLDINGS INC
A/P	178656	12/12/18	100.00	SARA BLEDSOE
A/P	178657	12/12/18	40,062.00	EMERGENCY STAFFING SOLUTIONS
A/P	178658	12/12/18	55,526.74	MMC EMPLOYEE BENEFIT PLAN
TOTALS:			172,458.14	

> Critical register

APPROVED
ON

DEC 12 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 57473018 Date: 12-07-2018

Division
AMERISOURCEBERGEN DRUG CORP
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101
866-451-9655

Customer
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509
ACCOUNT: 100135284 / 037028186

Remit To
AMERISOURCEBERGEN DRUG CORP
PO Box 905223
CHARLOTTE NC 28290-5223

Summary

Not Yet Due:	0.00
Current:	5,375.14
Past Due:	0.00
Total Due:	5,375.14
Account Balance:	5,375.14

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
12-03-2018	12-14-2018	3016760659	140349	Invoice	500.70 ✓
12-03-2018	12-14-2018	3016761070	140357	Invoice	1,531.87 ✓
12-03-2018	12-14-2018	3016761071	140350	Invoice	61.46 ✓
12-03-2018	12-14-2018	3016761072	140358	Invoice	18.78 ✓
12-03-2018	12-14-2018	3016796139	140406	Invoice	539.43 ✓
12-04-2018	12-14-2018	3016836428	140423	Invoice	171.14 ✓
12-05-2018	12-14-2018	3016880048	140451	Invoice	773.79 ✓
12-06-2018	12-14-2018	3016926945	140547	Invoice	881.12 ✓
12-06-2018	12-14-2018	3016926946	140548	Invoice	114.12 ✓
12-07-2018	12-14-2018	802166402		Late Charge fee Do Not Pay	33.28
12-07-2018	12-14-2018	3016977409	140565	Invoice	715.07 ✓
12-07-2018	12-14-2018	3016977520	140566	Invoice	34.08 ✓
12-07-2018	12-14-2018	3016977521	140567	Invoice	0.30 ✓

Thank You for Your Payment

Date	Payment Number	Amount
12-05-2018		(13,496.89)
12-07-2018		(8,495.91)

Reminders

Due Date	Amount
12-14-2018	5,375.14
Total Due:	5,375.14

Terms:
Monday - Friday due in 7 days

5,341.86 ✓
under

Check #1005

GL Acct. #60310000

12/10/2018
@AmerisourceBergen
Per Pam V, late charge fee in the amount of #33.28 will be waived.
Andy D.

APPROVED
ON
DEC 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	18	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 90,766.82	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 46,123.92	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,131.81	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 33,511.09	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9000.00	N		N	N		174514.35
1	REGULAR PAY-S1	1831.25	N		N	N	N	77282.51
1	REGULAR PAY-S1	4.50	N		N	Y		72.09
1	REGULAR PAY-S1	119.50	Y		N	N		3010.28
2	REGULAR PAY-S2	2710.00	N		N	N		60599.41
2	REGULAR PAY-S2	78.75	Y		N	N		2066.75
3	REGULAR PAY-S3	1733.75	N		N	N		45609.11
3	REGULAR PAY-S3	62.50	Y		N	N		2508.36
C	CALL PAY	2259.00	N	1	N	N		4518.00
E	EXTRA WAGES		N	1	N	N	N	795.00
F	FUNERAL LEAVE	24.00	N	1	N	N		772.80
I	INSERVICE	77.25	N	1	N	N		2245.18
K	EXTENDED-ILLNESS-BANK	206.00	N	1	N	N		2933.24
P	PAID-TIME-OFF	216.28	N		N	N	N	3416.15
P	PAID-TIME-OFF	1255.50	N	1	N	N		27110.25
X	CALL PAY 2	104.00	N	1	N	N		208.90
Y	YMCA/CURVES		N		N	N	N	45.00
Z	CALL PAY 3	120.00	N	1	N	N		360.00
p	PAID TIME OFF - PROBATION	24.00	N	1	N	N		621.08
t	PHONE & DATA		N		N	N	N	1050.00

-- Deductions Summary --

Code	Amount				
A/R	902.93	A/R2	193.73	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1575.77	CAFE-2	983.52
CAFE-3	777.70	CAFE-4	362.00	CAFE-5	235.01
CAFE-C		CAFE-D	1651.07	CAFE-F	
CAFE-H	19172.49	CAFE-I		CAFE-L	
CAFE-P	231.57	CANCER		CHILD	
CLINIC	25.00	COMBIN	652.71	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1564.82	EAT		EATCSH	
FEDTAX	33511.09	FICA-M	5606.95	FICA-O	23062.04
FIRSTC	75.00	FLEX S	2329.33	FLX FE	
FORT D		FUTA		GIFT S	59.54
GRANT		GRP-IN	65.76	GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	464.28	MASA	559.50	MEALS	108.02
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN	270.53	RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF	1295.00	STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	28681.75	TUTION		UNIFOR	382.31
UW/HOS					

Grand Totals: 19626.28 (Gross: 409737.56 Deductions: 124799.42 Net: 284938.14)

Checks Count:- FT 204 PT 9 Other 38 Female 216 Male 34 Credit OverAmt 4 ZeroNet Term Total: 250

Pay Date 12/14/18

CFO 12-10-18

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --December 3, 2018 - December 9, 2018

Date	Bank Description	MMC Notes	Amount
12/7/2018	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense Approved as 8,545.91	8,495.91*
12/5/2018	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense Approved as 13,446.89	13,496.89***
12/5/2018	ACH Payment FDGL LEASE PYMT 052-1479213-000 410001244774	- Credit Card Machine Lease Expense	43.26
12/5/2018	ACH Payment FDGL LEASE PYMT 052-1479214-000 410001244774	- Credit Card Machine Lease Expense	40.02
12/5/2018	ACH Payment FDGL LEASE PYMT 052-1479468-000 410001244775	- Credit Card Machine Lease Expense	69.24
12/5/2018	ACH Payment IRS USATAXPYMT 220873974960481 6103601000130	- Payroll Taxes	95,225.92**
12/4/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03648914 910000145	- 340B Drug Program Expense	2,613.07*
12/4/2018	ACH Payment MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
12/4/2018	ACH Payment MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	213.91
12/4/2018	ACH Payment MERCH BNKCD FEE 971160910883 114902520001755	- Credit Card Processing Fee	9.95
12/4/2018	ACH Payment MERCH BNKCD FEE 971160913887 114902520001756	- Credit Card Processing Fe Credit	158.40
12/4/2018	ACH Payment MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fe Card	120.85
12/4/2018	ACH Payment PAY PLUS ACHTRANS 452579291 101000691563203	- 3rd Party Payor Fee	86.65
12/7/2018	ACH Payment PAY PLUS ACHTRANS 452579291 101000694104893	- 3rd Party Payor Fee Fees	24.70
12/7/2018	ACH Payment STATE COMPTRLR TEXNET 32249502/81206 2100002	- 2018 DY 7 Final UC Payme	310,478.97**
			431,097.69

43.26 +
40.02 +
69.24 +
19.95 +
213.91 +
9.95 +
158.40 +
120.85 +
675.58 *
3rd Party Payor Fee
86.65 +
24.70 +
111.35 *

CFO

December 10, 2018

Diane Moore, CFO
Memorial Medical Center

* Approved 12/05/18 CC
** Approved 11/28/18 CC
*** Approved 11/20/18 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
12/15/2018	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	186,107.15
			186,107.15

CFO

December 10, 2018

Diane C. Moore, CFO
Memorial Medical Center

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/10/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		202,331.58 ✓	202,126.32 ✓	69,007.05	-	-	-	69,212.31 ✓	38,215.59
							Bank Balance	69,212.31	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	30,791.46 ✓	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							October Bank Interest	54.63 ✓	
							November Bank Interest	50.63 ✓	
							December Bank Interest	-	
							Adjust Balance/Transfer Amt	38,215.59 ✓	

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

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at W Hston		107,933.18 ✓	107,701.93 ✓	79,083.46	-			79,314.71 ✓	70,315.96
							Bank Balance	79,314.71 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	8,767.50 ✓	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							October Bank Interest	65.42 ✓	
							November Bank Interest	65.83 ✓	
							December Bank Interest	-	
							Adjust Balance/Transfer Amt	70,315.96 ✓	
Crescent		81,466.52 ✓	81,280.12 ✓	82,435.56	-		-	82,621.96 ✓	76,473.66
							Bank Balance	82,621.96 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	5,961.90 ✓	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							October Bank Interest	40.83 ✓	
							November Bank Interest	45.57 ✓	
							December Bank Interest	-	
							Adjust Balance/Transfer Amt	76,473.66 ✓	
Broadmoor		154,534.58 ✓	154,329.76 ✓	42,050.56	-		-	42,255.38 ✓	36,053.59
							Bank Balance	42,255.38 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	5,996.97 ✓	
							MMC Portion QIPP 2		
							MMC Portion QIPP 3		
							October Bank Interest	64.15 ✓	
							November Bank Interest	40.67 ✓	
							December Bank Interest	0	
							Adjust Balance/Transfer Amt	36,053.59 ✓	
Fort Bend		72,020.58 ✓	71,879.34 ✓	14,299.03	-		-	14,440.27	NO TRANSFER
							Bank Balance	14,440.27 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	12,590.13 ✓	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							October Bank Interest	21.68 ✓	
							November Bank Interest	19.56 ✓	
							December Bank Interest	-	
							Adjust Balance/Transfer Amt	1,708.90 ✓	
							TOTAL TRANSFERS		221,058.80

38,215.59 +
70,315.96 +
76,473.66 +
36,053.59 +
221,058.80 *

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

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

APPROVED
ON
Approved:
Diane Moore, CFO 12/10/2018

DEC 10 2018

K:\NH Weekly Transfers\NH UPL Transfer Summary\2018\December 2018\NH UPL Transfer Summary 12-10-18

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/7/2018	Check # 40	12,239.32					-	-
12/7/2018	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3387950891 111000		410.89				-	410.89
12/6/2018	Deposit		30,791.46	30,791.46			30,791.46	-
12/6/2018	Deposit		11,153.11				-	11,153.11
12/6/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,573.18				-	1,573.18
12/5/2018	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	189,887.00					-	-
12/5/2018	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,380.00				-	7,380.00
12/4/2018	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3387676696 111000		670.92				-	670.92
12/3/2018	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3387606596 111000		244.34				-	244.34
12/3/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000178		16,783.15				-	16,783.15
							-	-
		202,126.32	**69,007.05**	**30,791.46**	**-**	**-**	**30,791.46**	**38,215.59**

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/7/2018	Check # 9	2,383.74					-	-
12/7/2018	ACH Deposit HHP HCCLAIMPMT 390861 91000012165308 DISDATA		7,706.52				-	7,706.52
12/6/2018	Deposit		5,996.97	5,996.97			5,996.97	-
12/6/2018	Deposit		11,725.00				-	11,725.00
12/5/2018	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	151,946.02					-	-
12/5/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000130		2,882.57				-	2,882.57
12/5/2018	ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		2,177.50				-	2,177.50
12/4/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		756.00				-	756.00
12/4/2018	ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		10,050.00				-	10,050.00
12/3/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		756.00				-	756.00
							-	-
		154,329.76	**42,050.56**	**5,996.97**	**-**	**-**	**5,996.97**	**36,053.59**

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/7/2018	Check # 36	2,369.80					-	-
12/7/2018	ACH Deposit HUMANA INS CO HCCLAIMPMT 390864 830000501967		3,264.65				-	3,264.65
12/6/2018	Deposit		5,961.90	5,961.90			5,961.90	-
12/6/2018	Deposit		41,362.20				-	41,362.20
12/6/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		6,277.50				-	6,277.50
12/5/2018	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	78,910.32					-	-
12/5/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		30.48				-	30.48
12/4/2018	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		22,350.00				-	22,350.00
12/3/2018	ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		1,850.00				-	1,850.00
12/3/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000178		296.45				-	296.45
12/3/2018	ACH Deposit HUMANA INS CO HCCLAIMPMT 390864 830000562888		1,042.38				-	1,042.38
							-	-
		81,280.12	**82,435.56**	**5,961.90**	**-**	**-**	**5,961.90**	**76,473.66**

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/7/2018	Check # 34	8,872.48					-	-
12/6/2018	Deposit		150.00				-	150.00
12/6/2018	Deposit		12,590.13	12,590.13			12,590.13	-
12/5/2018	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	63,006.86					-	-
12/4/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		765.00				-	765.00
12/4/2018	ACH Deposit HUMANA INS CO HCCLAIMPMT 390863 830000500416		793.90				-	793.90
							-	-
		71,879.34	**14,299.03**	**12,590.13**	**-**	**-**	**12,590.13**	**1,708.90**

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/7/2018	Check # 34	3,485.00					-	-
12/7/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000169		4,890.00				-	4,890.00
12/7/2018	ACH Deposit HUMANA INS CO HCCLAIMPMT 390862 830000501967		23,888.57				-	23,888.57
12/6/2018	Deposit		8,767.50	8,767.50			8,767.50	-
12/6/2018	Deposit		11,928.21				-	11,928.21
12/5/2018	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	104,216.93					-	-
12/5/2018	ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		2,680.00				-	2,680.00
12/4/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		410.00				-	410.00
12/4/2018	ACH Deposit HHP HCCLAIMPMT 390862 91000012151448 DISDATA		20,710.64				-	20,710.64
12/3/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000178		5,808.54				-	5,808.54
							-	-
		107,701.93	**79,083.46**	**8,767.50**	**-**	**-**	**8,767.50**	**70,315.96**

	TOTALS	**617,317.47**	**286,875.66**	**64,107.96**	**-**	**-**	**64,107.96**	**222,767.70**

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$69,712.00	$69,212.31
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$79,219.93	$42,255.38
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$85,581.96	$82,621.96
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$88,985.14	$79,314.71
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$14,440.27	$14,440.27
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
TOTAL	$1,812,396.63	$1,733,834.74

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/10/2018

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
[redacted]		128,884.29 ✓	128,718.99 ✓	97,934.81		-			-	-	-	98,100.11 ✓	78,267.68
											Bank Balance	98,100.11	
											Variance	-	
											Leave in Balance	100.00 ✓	
											MMC Portion QIPP 1	19,667.13	
											MMC Portion QIPP 2	-	
											MMC Portion QIPP 3	- ✓	
											October Bank Interest	34.29 ✓	
											November Bank Interest	31.01 ✓	
											December Bank Interest	-	
											Adjust Balance/Transfer Amt	78,267.68 ✓	

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

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: CFO
Diane Moore, CFO 12/10/2018

APPROVED
ON
DEC 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	
12/7/2018 Check # 24	17,551.31					-	-
12/6/2018 Deposit		19,667.13	19,667.13			19,667.13	-
12/6/2018 Deposit		76,889.59				-	76,889.59
12/5/2018 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	111,167.68					-	-
12/5/2018 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000130		1,378.09				-	1,378.09
						-	-
	128,718.99	97,934.81	19,667.13	-	-	19,667.13	78,267.68

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$98,100.11	$98,100.11
[redacted]	[redacted]	
TOTAL	$1,812,396.63	$1,733,834.74

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: December 12, 2018

APPROVED ON DEC 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 0000041

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

AMOUNT $30,791.46

G/L NUMBER: 21000012

EXPLANATION: Ashford – To transfer funds for October Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000041	12/12/18	30,791.46	MMC OPERATING
TOTALS:			30,791.46	

APPROVED
ON

DEC 12 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: December 12, 2018

APPROVED ON DEC 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK#000025

AMOUNT $19,667.13

G/L NUMBER: 21000013

EXPLANATION: Golden Creek – To transfer funds for October Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000025	12/12/18	19,667.13	MMC OPERATING
TOTALS:			19,667.13	

APPROVED
ON

DEC 12 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: December 12, 2018

APPROVED ON DEC 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000035

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

AMOUNT $12,590.13

G/L NUMBER: 21000008

EXPLANATION: Fort Bend – To transfer funds for October Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000035	12/12/18	12,590.13	MMC OPERATING
TOTALS:			12,590.13	

APPROVED
ON

DEC 12 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: December 12, 2018

APPROVED ON DEC 10 2018
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

CK#000035

AMOUNT $8,767.50

G/L NUMBER: 21000011

EXPLANATION: Solera – To transfer funds for October Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000035	12/12/18	8,767.50	MMC OPERATING
TOTALS:			8,767.50	

APPROVED
ON

DEC 12 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: December 12, 2018

APPROVED ON DEC 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK#00001D

AMOUNT $5,996.97

G/L NUMBER: 21000009

EXPLANATION: Broadmoor – To transfer funds for October Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000010	12/12/18	5,996.97	MMC OPERATING
TOTALS:			5,996.97	

APPROVED
ON

DEC 12 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: December 12, 2018

APPROVED ON
DEC 10 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $5,961.90

CK# 000037

G/L NUMBER: 21000010

EXPLANATION: Crescent – To transfer funds for October Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000037	12/12/18	5,961.90	MMC OPERATING
TOTALS:			5,961.90	

APPROVED
ON

DEC 12 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS