MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- January 02, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 104,242.40
TOTAL TRANSFERS BETWEEN FUNDS	$ -
TOTAL NURSING HOME UPL EXPENSES	$ 1,554,174.74
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED January 02, 2019	**$ 1,658,417.14**

APPROVED

JAN 0 2 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 02, 2019

PAYABLES AND PAYROLL			
12/28/2018	McKesson-340B Prescription Expense	2,078.72	
12/28/2018	MMC Employee Benefit Plan-Insurance	24,562.90	
12/28/2018	Emergency Staffing Solutions-ER Staffing	40,062.50	
12/28/2018	Amerisource Bergen-340B Prescription Expense	4,438.90	
12/28/2018	Pablo Garza-Contract Employee	2,100.00	
12/28/2018	Texas Mutal Insurance Co-Insurance	5,688.00	
12/28/2018	Shirley Karnei-Contract Employee	278.96	
12/28/2018	MMC Auxiliary Gift Shop	466.78	
12/31/2018	Payroll Liabilities (Payroll Taxes)	2,188.68	
12/31/2018	Supplemental Payroll	22,201.60	
	Electronic Bank Payments		
	Prosperity Electronics Payments		
12/26/2018	Harland Clarke-Checks for Nursing Home Facilities	137.10	
12/21-12/27/18	Pay Plus-Patient Claims Processing Fee	38.26	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 104,242.40**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
12/28/2018	Nursing Home UPI	1,408,267.89	
12/28/2018	Nursing Home UPI	145,906.85	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,554,174.74**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED January 02, 2019			**$ 1,658,417.14**

12/27/2018 MEMORIAL MEDICAL CENTER 0
15:08 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
122118	INSURANCE	12/27/20	12/21/20	12/21/20			24,562.90	0.00	0.00	24,562.90

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	24,562.90	0.00	0.00	24,562.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,562.90	0.00	0.00	24,562.90 ✓

APPROVED
ON
DEC 28 2018 CK#178871

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/27/2018 MEMORIAL MEDICAL CENTER 0
15:09 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
37296 ✓	ER STAFFING	12/27/20	12/31/20	12/31/20			40,062.50	0.00	0.00	40,062.50 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,062.50	0.00	0.00	40,062.50 ✓

CFO

APPROVED
ON
DEC 28 2018 CK# 178869
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/27/2018 MEMORIAL MEDICAL CENTER 0
15:09 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
122418		12/27/20	12/24/20	12/24/20			2,100.00	0.00	0.00	2,100.00
	CONTRACT EMPLOYEE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	2,100.00	0.00	0.00	2,100.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,100.00	0.00	0.00	2,100.00

CFO

12/27/2018 MEMORIAL MEDICAL CENTER 0
15:14 AP Open Invoice List ap_open_invoice.template
Dates Through:

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1000641042	INSURANCE	12/27/20	12/16/20	01/07/20		5,688.00	0.00	0.00	5,688.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	5,688.00	0.00	0.00	5,688.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,688.00	0.00	0.00	5,688.00

APPROVED
ON
DEC 28 2018 CK#178874

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/27/2018

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
122518		12/27/20	12/25/20	12/25/20		278.96	0.00	0.00	278.96
	CONTRACT EMPLOYEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	278.96	0.00	0.00	278.96

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	278.96	0.00	0.00	278.96

APPROVED
ON

DEC 28 2018 CK# 178873

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12/27/2018 MEMORIAL MEDICAL CENTER 0
15:11 AP Open Invoice List ap_open_invoice.template
Dates Through:

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
122018		12/27/20	12/20/20	12/20/20			350.17	0.00	0.00	350.17
	PAYROLL DED									
122718		12/27/20	12/27/20	12/27/20			116.61	0.00	0.00	116.61
	PAYROLL DED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	466.78	0.00	0.00	466.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	466.78	0.00	0.00	466.78

APPROVED
ON
DEC 28 2018 CK # 178870
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:12/28/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:45 CHECK REGISTER GLCKREG
01/02/19 THRU 01/02/19

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	178869	01/02/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	178870	01/02/19	466.78	MMC AUXILIARY GIFT SHOP
A/P	178871	01/02/19	24,562.90	MMC EMPLOYEE BENEFIT PLAN
A/P	178872	01/02/19	2,100.00	PABLO GARZA
A/P	178873	01/02/19	278.96	SHIRLEY KARNEI
A/P	178874	01/02/19	5,688.00	TEXAS MUTUAL INSURANCE CO
TOTALS:			73,159.14	

APPROVED
ON

JAN 02 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: 12/21/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 12/22/2018

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

As of: 12/21/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/22/2018 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: 2,121.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 12/25/2018, Pay This Amount: 2,078.72 USD

If Paid After 12/25/2018, Pay this Amount: 2,121.15 USD

Due If Paid On Time: USD 2,078.72

Disc lost if paid late: 42.43

Due If Paid Late: USD 2,121.15

Check #1013

GL Acct. #60310000

2,070.73 +
7.99 +
2,078.72 *

APPROVED
ON
DEC 28 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 12/21/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 12/22/2018

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

As of: 12/21/2018 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: 12/22/2018 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											
12/17/2018	12/25/2018	7108280792	0959800103	115Invoice	18.40	919.87		901.47		7108280792	
12/17/2018	12/25/2018	7108280793	1117760	115Invoice	2.83	141.43		138.60		7108280793	
12/18/2018	12/25/2018	7108525380	1217180424-00	115Invoice	9.69	484.28		474.59		7108525380	
12/19/2018	12/25/2018	7108772012	0959800105	115Invoice	3.93	196.32		192.39		7108772012	
12/20/2018	12/25/2018	7109002005	0959800106	115Invoice	5.92	295.90		289.98		7109002005	
12/20/2018	12/25/2018	7109002007	1219180429-00	115Invoice	0.40	20.22		19.82		7109002007	
12/21/2018	12/25/2018	7109225579	0959800107	115Invoice	1.10	54.98		53.88		7109225579	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,113.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/17/2018 2,009.71

If Paid By 12/25/2018, Pay This Amount: 2,070.73 USD ✓

If Paid After 12/25/2018, Pay this Amount: 2,113.00 USD

Due If Paid On Time: USD 2,070.73 ✓
Disc lost if paid late: 42.27
Due If Paid Late: USD 2,113.00

APPROVED
ON
DEC 28 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: 12/21/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 12/22/2018

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

As of: 12/21/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/22/2018 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											
12/19/2018	12/25/2018	7108765945	2017006225	115Invoice	0.16	8.15		7.99 ✓		7108765945	

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: 8.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/17/2018 2,009.71

If Paid By 12/25/2018,
Pay This Amount: 7.99 USD ✓

If Paid After 12/25/2018,
Pay this Amount: 8.15 USD

Due If Paid On Time:
USD 7.99 ✓ OK WEB FD

Disc lost if paid late: 0.16

Due If Paid Late:
USD 8.15

APPROVED
ON

DEC 28 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 57513074 Date: 12-21-2018 1 of 1

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:	4,438.90
Past Due:	0.00
Total Due:	4,438.90
Account Balance:	4,438.90

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
12-17-2018	12-28-2018	3017276717	140894	Invoice	493.86
12-17-2018	12-28-2018	3017276718	140895	Invoice	38.33
12-17-2018	12-28-2018	3017276719	140896	Invoice	0.40
12-17-2018	12-28-2018	3017276870	140897	Invoice	3.51
12-17-2018	12-28-2018	3017276871	140898	Invoice	0.31
12-17-2018	12-28-2018	3017276872	140899	Invoice	11.51
12-17-2018	12-28-2018	3017276873	140900	Invoice	132.51
12-17-2018	12-28-2018	3017276874	140937	Invoice	87.83
12-17-2018	12-28-2018	3017276875	140938	Invoice	0.24
12-17-2018	12-28-2018	3017276876	140939	Invoice	280.44
12-17-2018	12-28-2018	3017276877	140940	Invoice	2.62
12-17-2018	12-28-2018	3017276878	140941	Invoice	2.02
12-17-2018	12-28-2018	3017321476	140990	Invoice	267.04
12-17-2018	12-28-2018	3017321477	140991	Invoice	132.51
12-17-2018	12-28-2018	3017321478	140992	Invoice	0.16
12-17-2018	12-28-2018	3017321479	140993	Invoice	134.05
12-17-2018	12-28-2018	3017321700	140994	Invoice	355.88
12-17-2018	12-28-2018	3017321701	140995	Invoice	1.55
12-18-2018	12-28-2018	3017441542	141003	Invoice	598.21
12-18-2018	12-28-2018	3017441543	141004	Invoice	132.51
12-18-2018	12-28-2018	3017441544	141005	Invoice	259.70
12-18-2018	12-28-2018	3017441545	141006	Invoice	1.55
12-19-2018	12-28-2018	3017603172	141064	Invoice	833.42
12-19-2018	12-28-2018	3017603173	141065	Invoice	0.76
12-20-2018	12-28-2018	3017706662	141078	Invoice	667.98

Thank You for Your Payment

Date	Payment Number	Amount
12-21-2018		(2,133.62)

Reminders

Due Date	Amount
12-28-2018	4,438.90
Total Due:	4,438.90

Terms:
Monday - Friday due in 7 days

Check #1007

GL Acct. #60310000

APPROVED
ON
DEC 28 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --December 21, 2018 - December 27, 2018

Date	Bank Description	MMC Notes	Amount
12/27/2018	ACH Payment PAY PLUS ACHTRANS 452579291 101000693882131	- 3rd Party Payor Fee	1.39
12/26/2018	CM Wire Domestic WIRE OUT CBNA Incoming Settlement Account	- CitiBank Mastercard Corporate Card Payment	7,521.78 *
12/26/2018	ACH Payment PAY PLUS ACHTRANS 452579291 101000693053647	- 3rd Party Payor Fee	25.93
12/26/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03670863 910000101	- 340B Drug Program Expense	2,078.72 * *
12/26/2018	ACH Payment HARLAND CLARKE CHK ORDERS 1H0D349602212R5 91	- Checks For Nursing Facility Accounts	137.10
12/24/2018	ACH Payment PAY PLUS ACHTRANS 452579291 101000692171830	- 3rd Party Payor Fee	9.87
12/21/2018	ACH Payment PAY PLUS ACHTRANS 452579291 101000691538646	- 3rd Party Payor Fee	1.07
12/21/2018	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,133.62 * * *
			11,909.48

, CFO

December 28, 2018

Diane Moore, CFO
Memorial Medical Center

* Approved 12|26|18 CC
* * Approving seperately on 01|02|19 CC report
* * * Approved 12|19|18 CC

Pay Plus
1.39 +
25.93 +
9.87 +
1.07 +
38.26 *

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	Amount
		-
		-

Checks For Nursing Homes
137.10 +
137.10 *

137.10 +
38.26 +
175.36 *

December 28, 2(

Diane C. Moore, CFO
Memorial Medical Center

11,909.48 +
7,521.78 –
2,078.72 –
2,133.62 –
175.36 *

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/28/2018

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		53,169.66 ✓	52,964.40 ✓	235,980.90	-	-	-	236,186.16 ✓	235,980.90
							Bank Balance	236,186.16	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							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	235,980.90 ✓	

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 Houston		50,529.70 ✓	50,298.45 ✓	596,659.30	-			596,890.55 ✓	596,659.30
							Bank Balance	596,890.55	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							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	596,659.30 ✓	
Crescent		6,846.40 ✓	6,660.00 ✓	364,501.71	-			364,688.11 ✓	364,501.71
							Bank Balance	364,688.11	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							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	364,501.71 ✓	
Broadmoor		296,764.61 ✓	296,559.79 ✓	120,082.75	-			120,287.57 ✓	120,082.75
							Bank Balance	120,287.57	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							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	120,082.75 ✓	
Fort Bend		5,948.45 ✓	5,807.21 ✓	91,043.23	-			91,184.47 ✓	91,043.23
							Bank Balance	91,184.47	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							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	91,043.23 ✓	

235,980.90 +
596,659.30 +
364,501.71 +
120,082.75 +
91,043.23 +
1,408,267.89 *

TOTAL TRANSFERS	1,408,267.89 ✓

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

Approved:
Diane Moore, CFO

APPROVED
12/28/2018

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.

K:\NH Weekly Transfers\NH UPL Transfer Summary\2018\December 2018\NH UPL Transfer Summary 12-28-18

DEC 28 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/27/2018	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3389049370 111000		2,025.12				-	2,025.12
12/27/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,708.01				-	2,708.01
12/27/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000118		137,217.09				-	137,217.09
12/26/2018	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	52,964.40					-	-
12/26/2018	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3388939552 111000		1,422.90				-	1,422.90
12/26/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		29,383.27				-	29,383.27
12/24/2018	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3388863234 111000		26,105.19				-	26,105.19
12/24/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		29,984.49				-	29,984.49
12/24/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000193		3,287.40				-	3,287.40
12/21/2018	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		3,847.43				-	3,847.43
							-	-
		52,964.40	**235,980.90**	-	-	-	-	**235,980.90**

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/27/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		18,384.80				-	18,384.80
12/27/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		9,330.00				-	9,330.00
12/27/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000118		35,614.84				-	35,614.84
12/26/2018	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	296,559.79					-	-
12/26/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,448.64				-	4,448.64
12/26/2018	ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005608121		7,205.44				-	7,205.44
12/24/2018	-ACH Deposit HHP EFPAYMENT 390861 910000012215703 DISDATA		154.12				-	154.12
12/24/2018	ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		7,938.00				-	7,938.00
12/24/2018	ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005290747		2,756.76				-	2,756.76
12/24/2018	ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005286682		8,166.33				-	8,166.33
12/24/2018	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		2,216.73				-	2,216.73
12/21/2018	Deposit		109.23				-	109.23
12/21/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		6,482.50				-	6,482.50
12/21/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000116		16,213.28				-	16,213.28
12/21/2018	ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005013554		1,062.08				-	1,062.08
							-	-
		296,559.79	**120,082.75**	-	-	-	-	**120,082.75**

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/27/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,653.60				-	1,653.60
12/27/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		1,480.00				-	1,480.00
12/27/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000118		24,257.45				-	24,257.45
12/26/2018	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	6,660.00					-	-
12/26/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		14,169.94				-	14,169.94
12/26/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		5,327.50				-	5,327.50
12/26/2018	ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005608121		9,152.39				-	9,152.39
12/24/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,865.76				-	10,865.76
12/24/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		3,330.00				-	3,330.00
12/21/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,922.46				-	5,922.46
12/21/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000116		288,342.61				-	288,342.61
							-	-
		6,660.00	**364,501.71**	-	-	-	-	**364,501.71**

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/27/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,759.20				-	11,759.20
12/27/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		6,263.00				-	6,263.00
12/27/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000118		8,630.64				-	8,630.64
12/27/2018	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005923189		1,941.90				-	1,941.90
12/26/2018	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	5,807.21					-	-
12/26/2018	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005612177		7,252.74				-	7,252.74
12/24/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		1,473.50				-	1,473.50
12/24/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000192		40,427.83				-	40,427.83
12/24/2018	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005286682		642.54				-	642.54
12/24/2018	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		2,575.00				-	2,575.00
12/21/2018	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		2,268.00				-	2,268.00
12/21/2018	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005013554		7,808.88				-	7,808.88
							-	-
		5,807.21	**91,043.23**	-	-	-	-	**91,043.23**

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/27/2018	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3389049371 111000		14,615.89				-	14,615.89
12/27/2018	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		400.00				-	400.00
12/27/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000118		36,551.28				-	36,551.28
12/26/2018	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	50,298.45					-	-
12/26/2018	ACH Deposit HHP HCCLAIMPMT 390862 91000012224276 DISDATA		728.20				-	728.20
12/26/2018	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3388939553 111000		14,912.68				-	14,912.68
12/26/2018	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		40.00				-	40.00
12/26/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,820.28				-	9,820.28
12/26/2018	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005612177		35,081.65				-	35,081.65
12/24/2018	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		6,560.00				-	6,560.00
12/24/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000192		436,802.61				-	436,802.61
12/24/2018	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		3,015.00				-	3,015.00
12/21/2018	Deposit		3,600.00				-	3,600.00
12/21/2018	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		10,457.50				-	10,457.50
12/21/2018	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		16,326.63				-	16,326.63
12/21/2018	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000116		7,747.58				-	7,747.58
							-	-
		50,298.45	596,659.30	-	-	-	-	596,659.30
	TOTALS	412,289.85	1,408,267.89	-	-	-	-	1,408,267.89

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$320,650.41	$236,186.16
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$178,118.73	$120,287.57
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$386,029.99	$364,688.11
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$674,971.27	$596,890.55
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$126,285.42	$91,184.47
[redacted]	[redacted]	
[redacted]	[redacted]	
TOTAL	$4,123,431.76	$3,997,312.96

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/28/2018

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	[redacted]	165.30 ✓	-	145,906.85		-			-	-	-	146,072.15	✓ 145,906.85

Bank Balance	146,072.15 ✓
Variance	-
Leave In Balance	100.00
MMC Portion QIPP 1	-
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	145,906.85 ✓

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA [redacted]
Acc [redacted]

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 12/28/2018

APPROVED
ON
DEC 28 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

			MMC PORTION				
Golden Creek	**Transfer-Out**	**Transfer-In**	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
12/27/2018 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000118		32,879.34				-	32,879.34
12/24/2018 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000192		21,809.68				-	21,809.68
12/21/2018 Deposit		76,533.24				-	76,533.24
12/21/2018 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000116		14,684.59				-	14,684.59
						-	-
	-	145,906.85	-	-	-	-	145,906.85

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]	
[redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$179,158.77	$146,072.15
[redacted]	[redacted]	
TOTAL	$4,123,431.76	$3,997,312.96

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	3.00	N		N	N	N	158.64
C	CALL PAY	141.00	N		N	N	N	282.00
E	EXTRA WAGES		N		N	N	N	1560.00

Deductions Summary

Code	Amount					
A/R		A/R2		A/R3		
ADVANC		AWARDS		BOOTS		
CAFE H		CAFE-1	-4967.42	CAFE-2	-3798.83	
CAFE-3	-1000.22	CAFE-4	-1370.57	CAFE-5	-671.22	
CAFE-C		CAFE-D		CAFE-F		
CAFE-H		CAFE-I		CAFE-L		
CAFE-P	-1224.78	CANCER		CHILD		
CLINIC		COMBIN	-3320.87	CREDUN		
DD ADV		DENTAL		DEP-LF		
DIS-LF	-921.88	EAT		EATCSH		
FEDTAX		FICA-M	249.68	FICA-O	999.10	
FIRSTC		FLEX S		FLX FE		
FORT D		FUTA		GIFT S		
GRANT		GRP-IN		GTL		
HOSP-I		ID TFT		LEAF		
LEGAL		MASA	-1768.50	MEALS		
MISC		MISC/		MMCSHR		
OTHER		PHI		PHI***		
PR FIN	-2091.30	RELAY		REPAY		
SAMS		SCRUBS		SIGNON		
ST-TX		STONDF		STONE		
STONE2		STUDEN		TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R		TUTION		UNIFOR		
UW/HOS						

Grand Totals: 144.00 ------- (Gross: 2000.64 Deductions: -19886.81 Net: 21887.45)

Checks Count:- FT 141 PT 1 Other Female 127 Male 14 Credit OverAmt 1 ZeroNet Term Total: 141

CFO

12-31-18

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
E			N		N	N	N	-1560.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	-65.45	CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX		FICA-M	-45.24	FICA-O	-193.44
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA	9.75	MEALS	
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF		STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R		TUTION		UNIFOR	
UW/HOS					

Grand Totals: (Gross: -1560.00 Deductions: -294.38 Net: -1265.62)

Checks Count:- FT	PT	Other	Female	Male	Credit	2 OverAmt	ZeroNet	Term	Total:

CFO 12-31-18

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
C		-128.00	N		N	N	N	-256.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	160.85	CAFE-2	89.39
CAFE-3	45.23	CAFE-4	34.42	CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN	288.65	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	289.65	EAT		EATCSH	
FEDTAX		FICA-M	-16.55	FICA-O	-71.49
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA	9.75	MEALS	
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF		STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R		TUTION		UNIFOR	
UW/HOS					

Grand Totals: -128.00 (Gross: -256.00 Deductions: 829.90 Net: -1085.90)

Checks Count:- FT	PT	Other	Female	Male	Credit	2 OverAmt	ZeroNet	Term	Total:

CFO 12-31-18

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
C		128.00	N		N	N	N	256.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	-268.18	CAFE-2	-89.39
CAFE-3	-45.23	CAFE-4	-34.42	CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H	-1560.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN	-288.65	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	-289.65	EAT		EATCSH	
FEDTAX		FICA-M	32.68	FICA-O	139.69
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA	-9.75	MEALS	
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF		STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R		TUTION		UNIFOR	
UW/HOS					

Grand Totals: 128.00 (Gross: 256.00 Deductions: -2412.90 Net: 2668.90)

Checks Count:- FT 3 PT Other Female 3 Male Credit OverAmt ZeroNet Term Total: 3

12-31-18

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX		FICA-M	.05	FICA-O	3.18
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF		STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R		TUTION		UNIFOR	
UW/HOS					

Grand Totals: (Gross: Deductions: 3.23 Net: -3.23)

Checks Count:- FT	PT	Other	Female	Male	Credit	2 OverAmt	ZeroNet	Term	Total:

ok per CFO 12.28.18

This amount was not reduced on employee check distribution. Therefore, there is a 3.23 difference between amount listed on report and checks printed. Please see attached email for explanation.

Erica Perez

Subject: FW: [WARNING-Remote attachments, verify sender] RE: Check Register

From: aking@mmcportlavaca.com (Alison King) [mailto:aking@mmcportlavaca.com]
Sent: Wednesday, January 02, 2019 2:08 PM
To: Erica Perez
Subject: [WARNING-Remote attachments, verify sender] RE: Check Register

Erica,

There was not a check to void. The incorrect FICA amounts were withheld from their paycheck in payroll run. Run two was an adjustment made to withhold the correct amount so that their W2's would be correct. Since this was such a low dollar amount, per Diane, we did not recoup from the employee, we just ate the cost, $3.23. The $22,201.60 is the correct. There are not checks for the $3.23. I hope that makes since.

Thank you for your help.

Thank you,

Alison M. King
Human Resources Coordinator
Memorial Medical Center
815 N. Virginia St.
Port Lavaca, TX 77979
P: (361) 552-0450
F: (361) 551-4505

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###	74-6003411	
☐	"ENTER YOUR 4-DIGIT PIN"		6716	
☐	"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"	★	$ 2,188.68	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 1,747.70	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 440.98	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ -	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	12/07/18					
PAY PERIOD: END	12/20/18					
PAY DATE:	12/29/18					
GROSS PAY:	$ 440.64			$ -		$ 440.64
DEDUCTIONS:						
A/R						$ -
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-1	$ (5,140.20)					$ (5,140.20)
CAFÉ-2	$ (3,798.83)					$ (3,798.83)
CAFE-3	$ (1,000.22)					$ (1,000.22)
CAFÉ-4	$ (1,370.57)					$ (1,370.57)
CAFÉ-5	$ (671.22)					$ (671.22)
CAFÉ-D						$ -
CAFÉ-H	$ (1,560.00)					$ (1,560.00)
CAFÉ-I	$ -					$ -
CAFÉ-L						$ -
CAFÉ-P	$ (1,224.78)					$ (1,224.78)
CANCER						$ -
CHILD	$ -					$ -
CLINIC	$ -					$ -
COMBIN	$ (3,320.87)					$ (3,320.87)
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ (921.88)					$ (921.88)
EAT	$ -					$ -
FED TAX						$ -
FICA-M	$ 220.62					$ 220.62
FICA-O	$ 877.04					$ 877.04
FIRST C						$ -
FLEX S						$ -
FLX-FE						$ -
GIFT S						$ -
GRP-IN						$ -
GTL						$ -
HOSP-I						$ -
LEGAL	$ (1,758.75)					$ (1,758.75)
OTHER						$ -
PHI						$ -
PR FIN	$ (2,091.30)					$ (2,091.30)
RELAY						$ -
REPAY						$ -
STONEDF	$ -					$ -
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ -					$ -
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ (21,760.96)	$ -	$ -	$ -	$ -	$ (21,760.96)
	SHOULD MATCH REPORT	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	
NET PAY:	$ 22,201.60	$ -	$ -	$ -	$ -	$ 22,201.60
	SHOULD MATCH REPORT	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	
TOTAL CAFÉ 125 PLAN:	$ (14,765.82)	Less Exempt:				
TAXABLE PAY:	$ 15,206.46	$ 14,094.41				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 220.49		
FICA - MED (EE)	1.45%	$ 220.49	$ 220.62	$ (0.13)
FICA - SOC SEC (ER)	6.20%	$ 873.85		
FICA - SOC SEC (EE)	6.20%	$ 873.85	$ 877.04	$ (3.19)
FED WITHHOLDING		$ -	$ -	
TAX DEPOSIT:		$ 2,188.68	$ 2,195.32	$ (6.64)
FICA - MEDICARE	2.90%	$ 440.98		
FICA - SOCIAL SECURITY	12.40%	$ 1,747.70		
FED WITHHOLDING		$ -		
TOTAL TAX:		$ 2,188.68		

	Exempt Amt:
Employees over FICA-SS Cap:	
Jason Anglin	$ 1,112.05
Diane Moore	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 1,112.05

PREPARED BY: Alison M. King

PREPARED DATE: 12/31/2018

*This report includes the voided check number 062175 and the necessary adjutments