MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- February 18, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	663,784.14
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	476,457.19
TOTAL INTER-GOVERNMENT TRANSFERS	$	60,260.70
GRAND TOTAL DISBURSEMENTS APPROVED February 18, 2019	$	1,200,502.03

APPROVED

FEB 18 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 18, 2019

PAYABLES AND PAYROLL			
2/14/2019	Weekly Payables	277,304.66	
2/15/2019	Citibank Credit Card-see attached	4,641.92	
2/15/2019	Payroll Liabilities (Payroll Taxes)	93,097.68	
2/15/2019	Payroll	285,452.49	
	Prosperity Electronic Bank Payments		
2/15/2019	Credit Card & Lease Fees	3,278.05	
2/15/2019	Pay Plus-Patient Claims Processing Fee	9.34	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 663,784.14**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
2/15/2019	Nursing Home UPI	350,498.07	
2/15/2019	Nursing Home UPI	21,973.40	
QIPP/INTEREST CHECKS TO MMC			
2/15/2019	Ashford	44,537.92	
2/15/2019	Solera	9,867.36	
2/15/2019	Crescent	6,632.16	
2/15/2019	Broadmoor	6,793.92	
2/15/2019	Fort Bend	14,180.96	
2/15/2019	Golden Creek	21,973.40	
TOTAL NURSING HOME UPL EXPENSES			**$ 476,457.19**
INTER-GOVERNMENT TRANSFERS			
3/4/2019	IGT Advance DSH Payment 3 to be paid March 04, 2019	60,260.70	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 60,260.70**
GRAND TOTAL DISBURSEMENTS APPROVED February 18, 2019			**$ 1,200,502.03**

02/14/2019 MEMORIAL MEDICAL CENTER 0
11:03 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 02/27/2019

Vendor#	Vendor Name	Class	Pay Code
10995	ABILITY NETWORK (SHIFTHOUND) ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19M0017967 ✓	SCHEDULING SERVICES	02/13/20	02/06/20	02/06/20			558.00	0.00	0.00	558.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10995	ABILITY NETWORK (SHIFTHOUND)	558.00	0.00	0.00	558.00

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
9959530280 ✓	CYLINDER RENTAL	02/12/20	01/31/20	02/25/20			86.98	0.00	0.00	86.98 ✓
9959530279 ✓	CYNLINDER RENTAL	02/12/20	01/31/20	02/25/20			694.62	0.00	0.00	694.62 ✓
9085021067 ✓	OXYGEN	02/12/20	01/31/20	02/25/20			2,119.67	0.00	0.00	2,119.67 ✓
9959530278A ✓		02/14/20	01/31/20	02/25/20			439.58	0.00	0.00	439.58 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,340.85	0.00	0.00	3,340.85

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
885863 ✓	WATER	02/12/20	01/31/20	02/25/20			38.95	0.00	0.00	38.95 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	38.95	0.00	0.00	38.95

Vendor#	Vendor Name	Class	Pay Code
12252	ASCEND NATIONAL LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
027423	SURGERY STAFFING (Paduch 1/28/19 - 02/01/19)	01/31/20	02/02/20	02/22/20			2,800.00	0.00	0.00	2,800.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12252	ASCEND NATIONAL LLC	2,800.00	0.00	0.00	2,800.00

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
62057167 ✓	SUPPLIES	01/31/20	01/29/20	02/23/20			693.41	0.00	0.00	693.41 ✓
62093824 ✓	SUPPLIES	02/12/20	02/01/20	02/26/20			509.54	0.00	0.00	509.54 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	1,202.95	0.00	0.00	1,202.95

Vendor#	Vendor Name	Class	Pay Code
12408	BAYER PHARMACEUTICALS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6044329989 ✓	INVENTORY	02/13/20	02/05/20	02/05/20			1,245.00	0.00	0.00	1,245.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12408	BAYER PHARMACEUTICALS	1,245.00	0.00	0.00	1,245.00

Vendor#	Vendor Name	Class	Pay Code
B1220	BECKMAN COULTER INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
107544235 ✓		01/31/20	01/29/20	02/23/20		81.16	0.00	0.00	81.16 ✓
	SUPPLIES Shipping 8.77								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	81.16	0.00	0.00	81.16

Vendor#	Vendor Name	Class	Pay Code
B1320	BEEKLEY MEDICAL ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1237788 ✓		01/29/20	01/21/20	02/21/20		212.95	0.00	0.00	212.95 ✓
	SUPPLIES Shipping 13.95								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY MEDICAL	212.95	0.00	0.00	212.95

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
BK00989651 ✓		01/31/20	01/31/20	02/25/20		15,600.00	0.00	0.00	15,600.00 ✓
	AUDITING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	15,600.00	0.00	0.00	15,600.00

Vendor#	Vendor Name	Class	Pay Code
B1650	BOSART LOCK & KEY INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
116665 ✓		01/30/20	01/25/20	02/24/20		17.75	0.00	0.00	17.75 ✓
	KEYS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	17.75	0.00	0.00	17.75

Vendor#	Vendor Name	Class	Pay Code
B1680	BOUND TREE MEDICAL, LLC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
83094035 ✓		01/29/20	01/23/20	02/23/20		197.88	0.00	0.00	197.88 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC	197.88	0.00	0.00	197.88

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
64532		02/13/20	02/05/20	02/05/20		75.00	0.00	0.00	75.00 ✓
	SUPPLIES Shipping 10.00								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
C1325	CARDINAL HEALTH 414, INC. ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001845729 ✓		02/12/20	01/12/20	02/06/20		415.24	0.00	0.00	415.24 ✓
	SUPPLIES Shipping 150.00								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	415.24	0.00	0.00	415.24

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
QTW8301 ✓		01/31/20	01/24/20	02/23/20		145.38	0.00	0.00	145.38 ✓
	PHOTOSHOP								
QVK8467 ✓		01/31/20	01/25/20	02/24/20		7,228.83	0.00	0.00	7,228.83 ✓
	EQUIPMENT FOR IT (5) Lenvo PC's / (5) MS OFFICE / (3) Lenvo monitors / (1) Headset / (2) signature pads (4) Wireless Mice								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				7,374.21	0.00	0.00	7,374.21

1 clinic
1 c/s
2 surgery
1 m/s

Vendor# Vendor Name Class Pay Code

C1166 COASTAL OFFICE SOLUTONS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OEQT99271 ✓		02/13/20	02/05/20	02/15/20		367.00	0.00	0.00	367.00 ✓
	SUPPLIES gray envelopes (5,000 total) shipping 28.00								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS				367.00	0.00	0.00	367.00

Vendor# Vendor Name Class Pay Code

C1970 CONMED CORPORATION ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
800512 ✓		01/29/20	01/21/20	02/21/20		668.75	0.00	0.00	668.75 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				668.75	0.00	0.00	668.75

Vendor# Vendor Name Class Pay Code

11004 CSI LEASING INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RT00218253 ✓		01/29/20	01/23/20	02/23/20		2,965.64	0.00	0.00	2,965.64 ✓
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11004	CSI LEASING INC				2,965.64	0.00	0.00	2,965.64

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
249196 ✓		01/29/20	01/22/20	02/22/20		648.85	0.00	0.00	648.85 ✓
	SUPPLIES Shipping 68.25								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES				648.85	0.00	0.00	648.85

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
5613030 ✓		01/30/20	01/28/20	02/22/20		37.49	0.00	0.00	37.49 ✓
	SUPPLIES								
5615180 ✓		01/30/20	01/28/20	02/22/20		120.68	0.00	0.00	120.68 ✓
	SUPPLIES								
5612570 ✓		01/30/20	01/28/20	02/22/20		144.69	0.00	0.00	144.69 ✓
	SUPPLIES								
5615390 ✓		01/31/20	01/29/20	02/23/20		311.83	0.00	0.00	311.83 ✓
	SUPPLIES								
5616680 ✓		01/31/20	01/30/20	02/24/20		188.47	0.00	0.00	188.47 ✓
5616790 ~~013019~~	SUPPLIES	01/31/20	01/30/20	02/24/20		454.96	0.00	0.00	454.96 ✓
	SUPPLIES								

5605570	02/01/20 01/18/20 02/12/20		270.38	0.00	0.00	270.38		
SUPPLIES								
5618730	02/06/20 02/01/20 02/26/20		4.23	0.00	0.00	4.23		
SUPPLIES								
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	10368	DEWITT POTH & SON	1,532.73	0.00	0.00	1,532.73		

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN20052578		01/31/20	01/31/20	02/25/20			31,144.58	0.00	0.00	31,144.58
	BEHAVIORAL HEALTH SERVIC									
IN20052579		01/31/20	01/31/20	02/25/20			19,166.67	0.00	0.00	19,166.67
	CARDIAC REHAB SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP					50,311.25	0.00	0.00	50,311.25

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10923		01/31/20	01/31/20	02/25/20			105.00	0.00	0.00	105.00
	PEST CONTROL MMC Clinic (January 2019)									
10922		01/31/20	01/31/20	02/25/20			505.00	0.00	0.00	505.00
	PEST CONTROL MMC (January 2019)									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL					610.00	0.00	0.00	610.00

Vendor#	Vendor Name	Class	Pay Code
12040	DREISSEN WATER INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CI109779		02/12/20	01/31/20	02/22/20			321.50	0.00	0.00	321.50
	SALT DELIVERY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12040	DREISSEN WATER INC.					321.50	0.00	0.00	321.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
26841		02/13/20	02/11/20	02/11/20			600.00	0.00	0.00	600.00
	PATIENT PORTAL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11046	E-MDS, INC					600.00	0.00	0.00	600.00

Vendor#	Vendor Name	Class	Pay Code
T0383	ERIN CLEVENGER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
020719		02/12/20	02/07/20	02/07/20			314.44	0.00	0.00	314.44
	TRAVEL THA Workshop (1/23/18-1/26/18)									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER					314.44	0.00	0.00	314.44

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CHANGEFEE		02/12/20	02/12/20	02/12/20			1,000.00	0.00	0.00	1,000.00
	INTERFACE CHANGE change from TCP/IP to FTP									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2510	EVIDENT					1,000.00	0.00	0.00	1,000.00

Vendor#	Vendor Name				Class	Pay Code				
R1185	FARAH JANAK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	021319		02/13/20	02/13/20	02/13/20		31.96	0.00	0.00	31.96 ✓
		TRAVEL to Citizens to pick up procedure material								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1185	FARAH JANAK				31.96	0.00	0.00	31.96
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
	02A19MMC ✓		02/13/20	02/01/20	02/16/20		495.00	0.00	0.00	495.00 ✓
		WEBISTE MONTHLY								
	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
	6621276 ✓		01/31/20	01/29/20	02/23/20		19,494.90	0.00	0.00	19,494.90 ✓
		SUPPLIES								
	2084346 ✓		02/01/20	09/06/20	10/01/20		2,809.04	0.00	0.00	2,809.04 ✓
		SUPPLIES Shipping 155.24								
	8619435 ✓		02/01/20	01/04/20	01/29/20		154.40	0.00	0.00	154.40 ✓
		SUPPLIES								
	0294577 ✓		02/01/20	01/08/20	02/02/20		10,909.03	0.00	0.00	10,909.03 ✓
		Supplies								
	6855232 ✓		02/12/20	01/30/20	02/24/20		125.74	0.00	0.00	125.74 ✓
		SUPPLIES Shipping 24.74								
	7125653 ✓		02/12/20	01/31/20	02/25/20		18,084.00	0.00	0.00	18,084.00 ✓
		SUPPLIES								
	7125644		02/12/20	01/31/20	02/25/20		108.44	0.00	0.00	108.44 ✓
		SUPPLIES								
	3655895 ✓		02/13/20	07/19/20	08/13/20		-3.96	0.00	0.00	-3.96 ✓
		CREDIT								
	3655894 ✓		02/13/20	07/19/20	08/13/20		-26.62	0.00	0.00	-26.62 ✓
		CREDIT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				51,654.97	0.00	0.00	51,654.97
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	020219A		02/12/20	02/02/20	02/26/20		718.55	0.00	0.00	718.55 ✓
		FAXING late fee 34.59								
	020219		02/12/20	02/02/20	02/26/20		952.40	0.00	0.00	952.40 ✓
		FAXING late fee 45.30								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				1,670.95	0.00	0.00	1,670.95
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
	1618738 ✓		01/25/20	01/22/20	02/21/20		384.70	0.00	0.00	384.70 ✓
		SUPPLIES								

1618876 ✓		01/25/20	01/22/20	02/21/20	33.00	0.00	0.00	33.00 ✓
	SUPPLIES							
1618758 ✓		01/31/20	01/22/20	02/21/20	110.40	0.00	0.00	110.40 ✓
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY			528.10	0.00	0.00	528.10

Vendor#	Vendor Name	Class	Pay Code
H1100	HAYES ELECTRIC SERVICE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A219020803 ✓		02/13/20	02/08/20	02/18/20		110.00	0.00	0.00	110.00 ✓
	ELECTRICAL WORK on cooling tower motor								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1100	HAYES ELECTRIC SERVICE				110.00	0.00	0.00	110.00

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT308 ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050957 ✓		02/13/20	12/26/20	12/26/20		13.50	0.00	0.00	13.50 ✓
	FOOD								
057546 ✓		02/13/20	12/29/20	12/29/20		42.70	0.00	0.00	42.70 ✓
	FOOD								
019569 ✓		02/13/20	12/30/20	12/30/20		17.72	0.00	0.00	17.72 ✓
	SUPPLIES								
063300 ✓		02/13/20	12/31/20	12/31/20		7.84	0.00	0.00	7.84 ✓
	FOOD								
032253 ✓		02/13/20	01/01/20	01/01/20		44.20	0.00	0.00	44.20 ✓
	FOOD								
37946 ✓		02/13/20	01/02/20	01/02/20		25.23	0.00	0.00	25.23 ✓
	FOOD								
066550 ✓		02/13/20	01/02/20	01/02/20		34.68	0.00	0.00	34.68 ✓
	FOOD								
044694 ✓		02/13/20	01/03/20	01/03/20		61.91	0.00	0.00	61.91 ✓
	FOOD								
070585 ✓		02/13/20	01/03/20	01/03/20		37.76	0.00	0.00	37.76 ✓
	FOOD								
072446 ✓		02/13/20	01/04/20	01/04/20		48.48	0.00	0.00	48.48 ✓
	FOOD								
079353 ✓		02/13/20	01/07/20	01/07/20		68.50	0.00	0.00	68.50 ✓
	FOOD								
091936 ✓		02/13/20	01/12/20	01/12/20		21.51	0.00	0.00	21.51 ✓
	FOOD								
004639 ✓		02/13/20	01/13/20	01/13/20		22.84	0.00	0.00	22.84 ✓
	FOOD								
006062 ✓		02/13/20	01/13/20	01/13/20		14.51	0.00	0.00	14.51 ✓
	FOOD								
004655 ✓		02/13/20	01/13/20	01/13/20		8.90	0.00	0.00	8.90 ✓
	FOOD								
002919 ✓		02/13/20	01/16/20	01/16/20		26.42	0.00	0.00	26.42 ✓
	FOOD								
047164 ✓		02/13/20	01/20/20	01/20/20		12.40	0.00	0.00	12.40 ✓
	FOOD								
016338 ✓		02/13/20	01/21/20	01/21/20		56.49	0.00	0.00	56.49 ✓
	FOOD								

018859	02/13/20	01/22/20	01/22/20	48.73	0.00	0.00	48.73
FOOD							
021290	02/13/20	01/23/20	01/23/20	49.89	0.00	0.00	49.89
FOOD							
067062	02/13/20	01/23/20	01/23/20	11.79	0.00	0.00	11.79
FOOD							
093674	02/13/20	01/27/20	01/27/20	6.44	0.00	0.00	6.44
FOOD							
OC443	02/13/20	01/29/20		0.03	0.00	0.00	0.03
SERVICE CHARGE							
037159	02/13/20	01/29/20	01/29/20	69.77	0.00	0.00	69.77
FOOD							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	752.24	0.00	0.00	752.24

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3274		02/12/20	01/31/20	02/20/20			14,825.98	0.00	0.00	14,825.98
	PHARMACY SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,825.98	0.00	0.00	14,825.98

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC22019		02/12/20	02/09/20	02/09/20			23,283.10	0.00	0.00	23,283.10
	RESIPRATORY SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	23,283.10	0.00	0.00	23,283.10

Vendor#	Vendor Name	Class	Pay Code
12432	MARANDA RIPPEE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
86483		02/12/20	02/12/20	02/12/20			532.53	0.00	0.00	532.53
	PT REFUND									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12432	MARANDA RIPPEE	532.53	0.00	0.00	532.53

Vendor#	Vendor Name	Class	Pay Code
M1511	MARKETLAB, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN00540023		01/31/20	01/23/20	02/22/20			94.73	0.00	0.00	94.73
	SUPPLIES shipping 22.73									
IN00544567		01/31/20	01/28/20	02/27/20			94.73	0.00	0.00	94.73
	SUPPLIES shipping 22.73									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	189.46	0.00	0.00	189.46

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
43783629		02/12/20	12/31/20	01/30/20			4.87	0.00	0.00	4.87
	FINANCE CHARGE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	4.87	0.00	0.00	4.87

Vendor#	Vendor Name				Class	Pay Code				
11203	MEDI-DOSE, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0715094 ✓		01/30/20	01/23/20	02/23/20		93.80	0.00	0.00	93.80 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11203	MEDI-DOSE, INC				93.80	0.00	0.00	93.80
Vendor#	Vendor Name				Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	130221 ✓		01/31/20	01/31/20	02/25/20		201.20	0.00	0.00	201.20 ✓
		SUPPLIES								
	130220 ✓		01/31/20	01/31/20	02/25/20		1,200.89	0.00	0.00	1,200.89 ✓
		COLLECTION EXPENSE								
	130219 ✓		01/31/20	01/31/20	02/25/20		675.30	0.00	0.00	675.30 ✓
		COLLECTION FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.				2,077.39	0.00	0.00	2,077.39
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
	0010817328		02/13/20	02/12/20	02/12/20		132.42	0.00	0.00	132.42 ✓
		INDIGENT CARE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.				132.42	0.00	0.00	132.42
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
	1868720742 ✓		01/31/20	01/29/20	02/23/20		1,930.74	0.00	0.00	1,930.74 ✓
		SUPPLIES Freight 16.62								
	1868720744 ✓		01/31/20	01/29/20	02/23/20		21.36	0.00	0.00	21.36 ✓
		SUPPLIES								
	1868720741 ✓		01/31/20	01/29/20	02/23/20		114.01	0.00	0.00	114.01 ✓
		SUPPLIES Freight 25.67								
	1868720740 ✓		01/31/20	01/29/20	02/23/20		123.74	0.00	0.00	123.74 ✓
		SUPPLIES								
*	1868720746 ✓		01/31/20	01/29/20	02/23/20		17.39	0.00	0.00	17.39 ✓
		SUPPLIES Freight 15.68 on (3) .57 items (Toddler Slippers)								
	1868720747 ✓		01/31/20	01/29/20	02/23/20		79.26	0.00	0.00	79.26 ✓
		SUPPLIES Freight 17.81								
	1868720745 ✓		01/31/20	01/29/20	02/23/20		2,933.51	0.00	0.00	2,933.51 ✓
		SUPPLIES								
	1868720743 ✓		01/31/20	01/29/20	02/23/20		82.44	0.00	0.00	82.44 ✓
		SUPPLIES								
	1868843001 ✓		01/31/20	01/30/20	02/24/20		-272.64	0.00	0.00	-272.64 ✓
		CREDIT								
	1868843000 ✓		01/31/20	01/30/20	02/24/20		-12.68	0.00	0.00	-12.68 ✓
		Credit								
	1868843002 ✓		01/31/20	01/30/20	02/24/20		-100.20	0.00	0.00	-100.20 ✓
		CREDIT								
	1868861265 ✓		01/31/20	01/31/20	02/25/20		1,930.74	0.00	0.00	1,930.74 ✓
		SUPPLIES Freight 16.62								

1868861266 ✓		01/31/20	01/31/20	02/25/20	229.57	0.00	0.00	229.57 ✓
	SUPPLIES							
1868861267 ✓		01/31/20	01/31/20	02/25/20	97.14	0.00	0.00	97.14 ✓
	SUPPLIES							
1868861268 ✓		01/31/20	01/31/20	02/25/20	115.64	0.00	0.00	115.64 ✓
	SUPPLIES Freight 38.58							
1868982623 ✓		02/12/20	02/01/20	02/26/20	2,337.27	0.00	0.00	2,337.27 ✓
	SUPPLIES							
1868982629 ✓		02/12/20	02/01/20	02/26/20	90.95	0.00	0.00	90.95 ✓
	SUPPLIES							
1868998992 ✓		02/12/20	02/01/20	02/26/20	609.27	0.00	0.00	609.27 ✓
	SUPPLIES Freight 46.29							
1868982627 ✓		02/12/20	02/01/20	02/26/20	61.52	0.00	0.00	61.52 ✓
	SUPPLIES							
1868982628 ✓		02/12/20	02/01/20	02/26/20	132.52	0.00	0.00	132.52 ✓
	SUPPLIES							
1868982610 ✓		02/12/20	02/01/20	02/26/20	1,217.61	0.00	0.00	1,217.61 ✓
	SUPPLIES							
1869052104 ✓		02/12/20	02/02/20	02/27/20	151.63	0.00	0.00	151.63 ✓
	SUPPLIES Freight 41.20							
1869052102 ✓		02/12/20	02/02/20	02/27/20	53.13	0.00	0.00	53.13 ✓
	SUPPLIES Freight 22.18							
Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
	M2470 MEDLINE INDUSTRIES INC				11,943.92	0.00	0.00	11,943.92

Vendor#	Vendor Name			Class	Pay Code				
M0500	MEMORIAL MEDICAL CENTER ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	021219		02/12/20	02/12/20	02/12/20		100.00	0.00	0.00	100.00 ✓
		TO OPEN NH BANK ACCOUNT Gulf Pointe Plaza Nursing Facility								
	021219A		02/12/20	02/12/20	02/12/20		100.00	0.00	0.00	100.00 ✓
		TO OPEN BANK ACCOUNT Open "Sweep" account for Gulf Pointe Plaza								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		M0500 MEMORIAL MEDICAL CENTER					200.00	0.00	0.00	200.00

Vendor#	Vendor Name			Class	Pay Code				
M2662	MMC VOLUNTEERS ✓ remove per Caitlin			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	395154		02/13/20	02/12/20	02/12/20		122.04	0.00	0.00	122.04
		CC MACHINE FEES								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		M2662 MMC VOLUNTEERS ✓					122.04	0.00	0.00	122.04

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
	3828534 ✓		02/12/20	02/05/20	02/15/20		80.22	0.00	0.00	80.22 ✓
		INVENTORY								
	3828536 ✓		02/12/20	02/05/20	02/15/20		929.24	0.00	0.00	929.24 ✓
		INVENTORY								
	3828535 ✓		02/12/20	02/05/20	02/15/20		12.45	0.00	0.00	12.45 ✓
		INVENTORY								
	3828537 ✓		02/12/20	02/05/20	02/15/20		265.38	0.00	0.00	265.38 ✓
		INVENTORY								

3839443		02/12/20 02/07/20 02/17/20	75.18	0.00	0.00	75.18
	INVENTORY					
3839444		02/12/20 02/07/20 02/17/20	24.15	0.00	0.00	24.15
	INVENTORY					
3839442		02/12/20 02/07/20 02/17/20	544.35	0.00	0.00	544.35
	INVENTORY					
3839441		02/12/20 02/07/20 02/17/20	253.73	0.00	0.00	253.73
	INVENTORY					
3837795		02/12/20 02/07/20 02/17/20	16.61	0.00	0.00	16.61
	INVENTORY					
3837796		02/12/20 02/07/20 02/17/20	132.79	0.00	0.00	132.79
	INVENTORY					
3843579		02/12/20 02/08/20 02/18/20	24.32	0.00	0.00	24.32
	INVENTORY					
3842970		02/12/20 02/08/20 02/18/20	61.76	0.00	0.00	61.76
	INVENTORY					
3844269		02/12/20 02/08/20 02/18/20	220.87	0.00	0.00	220.87
	INVENTORY					
3844271		02/12/20 02/08/20 02/18/20	92.48	0.00	0.00	92.48
	INVENTORY					
3843581		02/12/20 02/08/20 02/18/20	24.32	0.00	0.00	24.32
	INVENTORY					
3843580		02/12/20 02/08/20 02/18/20	4.09	0.00	0.00	4.09
	INVENTORY					
3844270		02/12/20 02/08/20 02/18/20	189.18	0.00	0.00	189.18
	INVENTORY					
3844272		02/12/20 02/08/20 02/18/20	167.14	0.00	0.00	167.14
	INVENTORY					
3844177		02/12/20 02/08/20 02/18/20	48.44	0.00	0.00	48.44
	INVENTORY					
3840018		02/12/20 02/11/20 02/21/20	54.49	0.00	0.00	54.49
	INVENTORY					
3851259		02/12/20 02/11/20 02/21/20	1,276.92	0.00	0.00	1,276.92
	INVENTORY					
3850017		02/12/20 02/11/20 02/21/20	188.18	0.00	0.00	188.18
	INVENTORY					
3851258		02/12/20 02/11/20 02/21/20	140.66	0.00	0.00	140.66
	INVENTORY					
CM32471		02/12/20 02/11/20 02/21/20	-420.74	0.00	0.00	-420.74
	CREDIT					
3851260		02/12/20 02/11/20 02/21/20	106.41	0.00	0.00	106.41
	INVENTORY					
3853572		02/12/20 02/11/20 02/21/20	401.47	0.00	0.00	401.47
	INVENTORY					
CM32470		02/12/20 02/11/20 02/21/20	-41.01	0.00	0.00	-41.01
	CREDIT					
0005604		02/13/20 12/20/20 12/30/20	-0.03	0.00	0.00	-0.03
	CREDIT					
SC00818		02/13/20 01/28/20 02/07/20	32.64	0.00	0.00	32.64
	~~INVENTORY~~ Service Charges					
7095		02/13/20 02/11/20 02/21/20	-17.40	0.00	0.00	-17.40
	CREDIT					

3858940		02/13/20	02/12/20	02/22/20	55.06	0.00	0.00	55.06
INVENTORY								
3858941		02/13/20	02/12/20	02/22/20	210.49	0.00	0.00	210.49
INVENTORY								
3858942		02/13/20	02/12/20	02/22/20	413.82	0.00	0.00	413.82
INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	5,567.66	0.00	0.00	5,567.66

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2044569362		01/29/20	01/22/20	02/21/20		185.76	0.00	0.00	185.76
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	185.76	0.00	0.00	185.76

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A50683		02/13/20	02/06/20	02/16/20		7.41	0.00	0.00	7.41
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	7.41	0.00	0.00	7.41

Vendor#	Vendor Name	Class	Pay Code
P1725	PREMIER SLEEP DISORDERS CENTER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
079		01/31/20	01/22/20	02/21/20		3,950.00	0.00	0.00	3,950.00
	SLEEP STUDIES (7) patients								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	3,950.00	0.00	0.00	3,950.00

Vendor#	Vendor Name	Class	Pay Code
R1321	RECEIVABLE MANAGEMENT, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
JANUARY19		02/12/20	01/01/20	02/01/20		1.60	0.00	0.00	1.60
	COLLECTIONS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1321	RECEIVABLE MANAGEMENT, INC	1.60	0.00	0.00	1.60

Vendor#	Vendor Name	Class	Pay Code
R1200	RED HAWK FIRE AND SECURITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
386183		02/13/20	02/01/20	02/26/20		45.47	0.00	0.00	45.47
	FIRE MONITORING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1200	RED HAWK FIRE AND SECURITY	45.47	0.00	0.00	45.47

Vendor#	Vendor Name	Class	Pay Code
~~10960~~	RICOH USA, INC		

1079668068 Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1079668068		01/31/20	01/24/20	02/23/20		784.70	0.00	0.00	784.70
	SERVICE FOR COPIER @ 815 N. Virginia St.								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10960	RICOH USA, INC	784.70	0.00	0.00	784.70

Vendor#	Vendor Name	Class	Pay Code

11764 ROBERT RODRIQUEZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
020919		02/12/20	02/09/20	02/09/20			7.96	0.00	0.00	7.96
	FOOD SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQUEZ	7.96	0.00	0.00	7.96

Vendor# Vendor Name — Class — Pay Code

11252 RX WASTE SYSTEMS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1952		02/01/20	02/01/20	02/26/20			235.00	0.00	0.00	235.00
	PHARM WASTE DISPOSAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC	235.00	0.00	0.00	235.00

Vendor# Vendor Name — Class — Pay Code

S1001 SANOFI PASTEUR INC — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
911915422		01/31/20	01/22/20	02/22/20			2,022.02	0.00	0.00	2,022.02
	INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	2,022.02	0.00	0.00	2,022.02

Vendor# Vendor Name — Class — Pay Code

10699 SIGN AD, LTD.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
234409		02/13/20	02/01/20	02/11/20			400.00	0.00	0.00	400.00
	AD									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	400.00	0.00	0.00	400.00

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
15434785		01/29/20	01/22/20	02/22/20			331.40	0.00	0.00	331.40
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	331.40	0.00	0.00	331.40

Vendor# Vendor Name — Class — Pay Code

S2345 SOUTHEAST TEXAS HEALTH SYS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
26130		02/12/20	11/12/20				725.00	0.00	0.00	725.00
	CREDENTIALING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS	725.00	0.00	0.00	725.00

Vendor# Vendor Name — Class — Pay Code

11772 STERIS INSTRUMENT MANAGEMENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2215896		01/29/20	01/15/20	02/21/20			167.25	0.00	0.00	167.25
	SUPPLIES Shipping 41-00									
2220452		01/29/20	01/21/20	02/21/20			362.00	0.00	0.00	362.00
	SUPPLIES Shipping 41-00									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11772	STERIS INSTRUMENT MANAGEMENT	529.25	0.00	0.00	529.25

Vendor# Vendor Name — Class — Pay Code

12440 SUN LIFE ASSURANCE COMPANY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
020119		02/13/20	02/01/20	02/01/20			2,329.92	0.00	0.00	2,329.92
	INSURANCE (visim)									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12440	SUN LIFE ASSURANCE COMPANY					2,329.92	0.00	0.00	2,329.92

Vendor# T2250 Vendor Name THYSSENKRUPP ELEVATOR CORP Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6000349566		02/13/20	01/29/20	01/29/20			1,161.00	0.00	0.00	1,161.00
	ELEVATOR 3									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP					1,161.00	0.00	0.00	1,161.00

Vendor# U1064 Vendor Name UNIFIRST HOLDINGS INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400293011		01/30/20	01/28/20	02/22/20			160.24	0.00	0.00	160.24
	LAUNDRY									
8400293041		01/30/20	01/28/20	02/22/20			79.36	0.00	0.00	79.36
	LAUNDRY									
8400293009		01/30/20	01/28/20	02/22/20			120.39	0.00	0.00	120.39
	LAUNDRY									
8400293074		01/30/20	01/28/20	02/22/20			136.63	0.00	0.00	136.63
	LAUNDRY									
8400293012		01/30/20	01/28/20	02/22/20			47.15	0.00	0.00	47.15
	LAUDNRY									
8400293010		01/30/20	01/28/20	02/22/20			121.72	0.00	0.00	121.72
	LAUNDRY									
8400293013		01/30/20	01/28/20	02/22/20			56.21	0.00	0.00	56.21
	LAUNDRY									
8400293048		01/30/20	01/28/20	02/22/20			1,129.11	0.00	0.00	1,129.11
	LAUNDRY									
8400293392		01/31/20	01/31/20	02/25/20			949.24	0.00	0.00	949.24
	LAUNDRY									
8400293347		01/31/20	01/31/20	02/25/20			17.00	0.00	0.00	17.00
	LAUNDRY									
8400293349		01/31/20	01/31/20	02/25/20			175.83	0.00	0.00	175.83
	LAUNDRY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					2,992.88	0.00	0.00	2,992.88

Vendor# U1056 Vendor Name UNIFORM ADVANTAGE Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9326151		02/12/20	01/04/20	01/19/20			387.10	0.00	0.00	387.10
	UNIFORMS S. HARTL									
9409688		02/12/20	01/31/20	02/15/20			186.81	0.00	0.00	186.81
	SUPPLIES									
9409666		02/12/20	01/31/20	02/15/20			175.92	0.00	0.00	175.92
	UNIFORMS I. VENECIA									
9426520		02/13/20	02/06/20	02/21/20			13.97	0.00	0.00	13.97
	UNIFORM D. MCCLELLAN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	U1056	UNIFORM ADVANTAGE				763.80	0.00	0.00	763.80
Vendor#	Vendor Name				Class	Pay Code			
U1350	UPS				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0000778941039		02/12/20	01/19/20	01/19/20		456.56	0.00	0.00	456.56
		SHIPPING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1350	UPS				456.56	0.00	0.00	456.56
Vendor#	Vendor Name				Class	Pay Code				
V1058	VICTORIA ANESTHESIOLOGY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	013119		02/12/20	01/31/20	01/31/20		47,683.31	0.00	0.00	47,683.31
		ANESTHESIA SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1058	VICTORIA ANESTHESIOLOGY				47,683.31	0.00	0.00	47,683.31
Vendor#	Vendor Name				Class	Pay Code				
W1040	WATERMARK GRAPHICS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	123470		01/31/20	01/22/20	02/21/20		60.00	0.00	0.00	60.00
		UNIFORMS Shipping 3.50								
	123289		02/12/20	01/08/20	02/07/20		26.50	0.00	0.00	26.50
		UNIFORMS								
	123328		02/12/20	01/10/20	02/09/20		260.60	0.00	0.00	260.60
		UNIFORMS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				347.10	0.00	0.00	347.10
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
	9110626853		01/31/20	01/30/20	02/24/20		403.12	0.00	0.00	403.12
		SUPPLIES								
	9110626854		01/31/20	01/30/20	02/24/20		5,346.95	0.00	0.00	5,346.95
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				5,750.07	0.00	0.00	5,750.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	277,426.70	0.00	0.00	277,426.70

<122.04>

$277,304.66

277,426.70 +
122.04 -
277,304.66 *

APPROVED ON
FEB 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 179581-179650

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	179581	02/18/19	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	179582	02/18/19	3,340.85	AIRGAS USA, LLC - CENTRAL DIV
A/P	179583	02/18/19	38.95	AQUA BEVERAGE COMPANY
A/P	179584	02/18/19	2,800.00	ASCEND NATIONAL LLC
A/P	179585	02/18/19	1,202.95	BAXTER HEALTHCARE
A/P	179586	02/18/19	1,245.00	BAYER PHARMACEUTICALS
A/P	179587	02/18/19	81.16	BECKMAN COULTER INC
A/P	179588	02/18/19	212.95	BEEKLEY MEDICAL
A/P	179589	02/18/19	15,600.00	BKD, LLP
A/P	179590	02/18/19	17.75	BOSART LOCK & KEY INC
A/P	179591	02/18/19	197.88	BOUND TREE MEDICAL, LLC
A/P	179592	02/18/19	75.00	CABLES AND SENSORS
A/P	179593	02/18/19	415.24	CARDINAL HEALTH 414, INC.
A/P	179594	02/18/19	7,374.21	CDW GOVERNMENT, INC.
A/P	179595	02/18/19	367.00	COASTAL OFFICE SOLUTONS
A/P	179596	02/18/19	668.75	CONMED CORPORATION
A/P	179597	02/18/19	2,965.64	CSI LEASING INC
A/P	179598	02/18/19	648.85	CUSTOM MEDICAL SPECIALTIES
A/P	179599	02/18/19	1,532.73	DEWITT POTH & SON
A/P	179600	02/18/19	50,311.25	DIAMOND HEALTHCARE CORP
A/P	179601	02/18/19	610.00	DOWELL PEST CONTROL
A/P	179602	02/18/19	321.50	DREISSEN WATER INC.
A/P	179603	02/18/19	600.00	E-MDS, INC
A/P	179604	02/18/19	314.44	ERIN CLEVENGER
A/P	179605	02/18/19	1,000.00	EVIDENT
A/P	179606	02/18/19	31.96	FARAH JANAK
A/P	179607	02/18/19	495.00	FASTHEALTH CORPORATION
A/P	179608	02/18/19	.00	VOIDED
A/P	179609	02/18/19	51,654.97	FISHER HEALTHCARE
A/P	179610	02/18/19	1,670.95	FRONTIER
A/P	179611	02/18/19	528.10	GULF COAST PAPER COMPANY
A/P	179612	02/18/19	110.00	HAYES ELECTRIC SERVICE
A/P	179613	02/18/19	.00	VOIDED
A/P	179614	02/18/19	752.24	HEB CREDIT RECEIVABLES DEPT308
A/P	179615	02/18/19	14,825.98	HUNTER PHARMACY SERVICES
A/P	179616	02/18/19	23,283.10	ITA RESOURCES INC
A/P	179617	02/18/19	532.53	MARANDA RIPPEE
A/P	179618	02/18/19	189.46	MARKETLAB, INC
A/P	179619	02/18/19	4.87	MCKESSON MEDICAL SURGICAL INC
A/P	179620	02/18/19	93.80	MEDI-DOSE, INC
A/P	179621	02/18/19	2,077.39	MEDICAL DATA SYSTEMS, INC.
A/P	179622	02/18/19	132.42	MEDIMPACT HEALTHCARE SYS, INC.
A/P	179623	02/18/19	.00	VOIDED
A/P	179624	02/18/19	.00	VOIDED
A/P	179625	02/18/19	11,943.92	MEDLINE INDUSTRIES INC
A/P	179626	02/18/19	200.00	MEMORIAL MEDICAL CENTER
A/P	179627	02/18/19	.00	VOIDED
A/P	179628	02/18/19	.00	VOIDED
A/P	179629	02/18/19	5,567.66	MORRIS & DICKSON CO, LLC
A/P	179630	02/18/19	185.76	OWENS & MINOR

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	179631	02/18/19	7.41	POWER HARDWARE
A/P	179632	02/18/19	3,950.00	PREMIER SLEEP DISORDERS CENTER
A/P	179633	02/18/19	1.60	RECEIVABLE MANAGEMENT, INC
A/P	179634	02/18/19	45.47	RED HAWK FIRE AND SECURITY
A/P	179635	02/18/19	784.70	RICOH USA, INC
A/P	179636	02/18/19	7.96	ROBERT RODRIQUEZ
A/P	179637	02/18/19	235.00	RX WASTE SYSTEMS LLC
A/P	179638	02/18/19	2,022.02	SANOFI PASTEUR INC
A/P	179639	02/18/19	400.00	SIGN AD, LTD.
A/P	179640	02/18/19	331.40	SMITHS MEDICAL ASD INC
A/P	179641	02/18/19	725.00	SOUTHEAST TEXAS HEALTH SYS
A/P	179642	02/18/19	529.25	STERIS INSTRUMENT MANAGEMENT
A/P	179643	02/18/19	2,329.92	SUN LIFE ASSURANCE COMPANY
A/P	179644	02/18/19	1,161.00	THYSSENKRUPP ELEVATOR CORP
A/P	179645	02/18/19	2,992.88	UNIFIRST HOLDINGS INC
A/P	179646	02/18/19	763.80	UNIFORM ADVANTAGE
A/P	179647	02/18/19	456.56	UPS
A/P	179648	02/18/19	47,683.31	VICTORIA ANESTHESIOLOGY
A/P	179649	02/18/19	347.10	WATERMARK GRAPHICS INC
A/P	179650	02/18/19	5,750.07	WERFEN USA LLC
TOTALS:			277,304.66	

APPROVED
ON

FEB 18 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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0556709000527279904641920464192035

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	02/28/2019	$4,641.92	$4,641.92	

C0001 CALHOUN COUNTY MMC
RHONDA KOKENA
202 SOUTH ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

Payment coupon: Please cut along perforation and return this portion with your payment. Make check or money order payable in U.S. dollars on a U.S. bank to Citibank. Include account number on check or money order. No cash please. Do not staple or tape your check to this coupon.

CITIBANK CORPORATE CARD

Statement Date
02/03/2019

Payment Date
02/28/2019

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$20,000.00	$15,358.08	$0.00	$0.00

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

COMPANY SUMMARY

C0001 CALHOUN COUNTY MMC 5567-0900-0527-2799		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	$813.30	- $813.30	- $200.00	$4,841.92		$4,641.92
	Advances						
	TOTAL	$813.30	- $813.30	- $200.00	$4,841.92		$4,641.92

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.
Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.
Your total finance charge paid for 2018 was $0.00.
Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

CARDMEMBER SUMMARY

JASON W ANGLIN XXXX-XXXX-XX64-6997		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$4,841.92		
	Advances						
	TOTAL			- $200.00	$4,841.92		$4,641.92

COMPANY BOOKKEEPING DETAIL

C0001 CALHOUN COUNTY MMC **5567-0900-0527-2799**

Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**
$20,000.00	$0.00	$15,358.08	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
01/16/2019	01/17/2019	75472339017016411000300	PAYMENT THANK YOU	$813.30 PY

DAYS IN BILLING PERIOD: 031					
Balance Subject		Purchases	Cash Advances	Payment Due:	$4,641.92
To Interest Charges	>	$0.00	$0.00	Amount Over Credit Limit:	$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	$4,641.92

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Company Account Number

Statement Date
02/03/2019

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN **XXXX-XXXX-XX64-6997**

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
01/04/2019	01/07/2019	05134379005600048118770	NPDB NPDB.HRSA.GOV 800-767-6732 VA N60838075	$38.00
01/04/2019	01/07/2019	05134379005600048118853	NPDB NPDB.HRSA.GOV 800-767-6732 VA N60838945	$2.00
01/05/2019	01/07/2019	55432869005200276778421	AMA CREDENTIALING 800-621-8335 IL	$43.00
01/07/2019	01/08/2019	25536069008101014292950	PTOT FACILITIES AUSTIN TX 466074786	$220.00
01/10/2019	01/10/2019	55432869010200337797835	AMAZON.COM MB2LW4CP2 AMZN.COM/BILL WA 113-5190702-44226	$99.99
01/09/2019	01/11/2019	25247809010000924003249	R AND D BATTERIES BURNSVILLE MN 17559	$582.77
01/09/2019	01/11/2019	55432869009200287242967	AMZN MKTP US MB6PP5J50 AMZN.COM/BILL WA 113-8259322-13322	$3.50
01/09/2019	01/11/2019	85430939010001585010420	GRUENE MANSION INN NEW BRAUNFELS TX 208295	$395.50
01/11/2019	01/11/2019	55432869011200525528025	AMA CREDENTIALING 800-621-8335 IL	$43.00
01/11/2019	01/14/2019	05134379012600046306089	NPDB NPDB.HRSA.GOV 800-767-6732 VA N60933472	$8.00
01/11/2019	01/14/2019	05134379012600046306162	NPDB NPDB.HRSA.GOV 800-767-6732 VA N60933707	$2.00
01/11/2019	01/14/2019	85430939013001621468662	GRUENE MANSION INN NEW BRAUNFELS TX 208300	$395.50
01/14/2019	01/15/2019	55432869014200266488519	AMZN MKTP US MB6567LM2 AMZN.COM/BILL WA 113-9400240-96890	$57.00
01/15/2019	01/16/2019	55429509015894846280986	DIY AWARDS 8008101216 CT 84628098	$159.96
01/16/2019	01/17/2019	55429509016713303517160	EB TEXAS TRAUMA COORD 8014137200 CA	$50.00
01/17/2019	01/18/2019	55457029018207225505983	ELEARNING AMERICAN HEA 8882428883 TX AP1AFAA51C67	$36.13
01/17/2019	01/18/2019	55457029018207225506023	ELEARNING AMERICAN HEA 8882428883 TX AH1A1B0EE63F	$36.13
01/17/2019	01/21/2019	55457379018200873100164	TEXAS HOSPITAL ASSOC 5124651000 TX 493	$200.00 CR
01/24/2019	01/25/2019	55310209024014000108315	SUPPLYHOUSE.COM 8887574774 NY 6480779	$184.75
01/25/2019	01/28/2019	05134379026600040333406	NPDB NPDB.HRSA.GOV 800-767-6732 VA N61122258	$2.00
01/25/2019	01/28/2019	05134379026600040333570	NPDB NPDB.HRSA.GOV 800-767-6732 VA N61122817	$2.00
01/25/2019	01/28/2019	05134379026600040333653	NPDB NPDB.HRSA.GOV 800-767-6732 VA N61122970	$2.00
01/25/2019	01/28/2019	55436879026160266052882	HAMPTON INNS AUSTIN TX 682012605540102 Arrival: 01-25-19	$480.70
01/26/2019	01/28/2019	55432869026200618929943	AMA CREDENTIALING 800-621-8335 IL	$129.00
01/28/2019	01/29/2019	05134379029600086071073	NPDB NPDB.HRSA.GOV 800-767-6732 VA N61144259	$2.00
01/29/2019	01/29/2019	55432869029200213719647	AMZN MKTP US MB9C38K31 AMZN.COM/BILL WA 113-1522880-08706	$39.95

*Cash Advance Limit is a portion of your Total Monthly Limit.
** Available Cash Line is a portion of your Available Credit Line

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Company Account Number

Statement Date
02/03/2019

INDIVIDUAL CARDHOLDER ACTIVITY

01/29/2019	01/29/2019	5543286902920022497 3514	AMA CREDENTIALING 800-621-8335 IL	$43.00
01/29/2019	01/30/2019	5543286902920032096 7964	AMAZON.COM MB8EQ8K00 AMZN.COM/BILL WA 113-4006630-85234	$53.98
01/30/2019	01/31/2019	0541019903194424001 8437	AT&T EXECUTIVE16199200 AUSTIN TX 22864065 Arrival: 01-28-19	$434.70
01/30/2019	01/31/2019	0541019903194424001 9393	AT&T EXECUTIVE16199200 AUSTIN TX 22836221 Arrival: 01-28-19	$462.70
01/30/2019	01/31/2019	0541019903194424001 9401	AT&T EXECUTIVE16199200 AUSTIN TX 22836225 Arrival: 01-28-19	$434.70
01/30/2019	01/31/2019	2553606903110101277 3267	TXDPS CRIME RECS AUSTIN TX 470944360	$122.96
01/30/2019	01/31/2019	5542950903089436540 4190	PAYPAL TEXASORGANI 4029357733 TX 36540419	$275.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$4,641.92

*Cash Advance Limit is a portion of your Total Monthly Limit.
** Available Cash Line is a portion of your Available Credit Line

Continued on next page

Cash Management

Pending Wire Transfers

Pending Wire Transfers

Ref #	Sender Account	Beneficiary	Institution	International	Wire Type	Submit Date	Amount	Created By	Status
2521173	MEMORIAL MEDICAL CENTER - OPERATING:'	CBNA Incoming Settlement Account	R/T#:021000089 CITIBANK NA	No	Occasional	02/19/2019	$4,641.92	COUNTY OF CALHOUN TEXAS 02/19/2019 03:35 pm CST	Approved COUNTY OF CALHOUN TEXAS 02/19/2019 03:35 pm CST

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Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• ••••	02/28/2019	$0.00	$0.00	

JASON W ANGLIN
CALHOUN COUNTY
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
$0.00	$0.00	$0.00	$0.00	$20,000.00

Statement Date
02/03/2019

Payment Date
02/28/2019

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
•••• •••• ••64 6997	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********			**NOTICE MEMO ITEM(S) LISTED BELOW**			**********
01/04/2019	01/07/2019	05134379005600048118770	NPDB NPDB.HRSA.GOV N60838075	800-767-6732	VA	$38.00
01/04/2019	01/07/2019	05134379005600048118853	NPDB NPDB.HRSA.GOV N60838945	800-767-6732	VA	$2.00
01/05/2019	01/07/2019	55432869005200276778421	AMA CREDENTIALING	800-621-8335	IL	$43.00
01/07/2019	01/08/2019	25536069008101014292950	PTOT FACILITIES 466074786	AUSTIN	TX	$220.00
01/10/2019	01/10/2019	55432869010200337797835	AMAZON.COM MB2LW4CP2 113-5190702-44226	AMZN.COM/BILL	WA	$99.99
01/09/2019	01/11/2019	25247809010000924003249	R AND D BATTERIES 17559	BURNSVILLE	MN	$582.77
01/09/2019	01/11/2019	55432869009200287242967	AMZN MKTP US MB6PP5J50 113-8259322-13322	AMZN.COM/BILL	WA	$3.50
01/09/2019	01/11/2019	85430939010001585010420	GRUENE MANSION INN 208295	NEW BRAUNFELS	TX	$395.50

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases	$0.00					$0.00
Advances	$0.00					$0.00
TOTALS	$0.00					$0.00

DAYS IN BILLING PERIOD: 031	Purchases	Cash Advances		
Balance Subject To Interest Charges >	$0.00	$0.00	Payment Due:	$0.00
Periodic Rate >	.0000%	.0000%	Amount Over Credit Limit:	$0.00
ANNUAL PERCENTAGE RATE >	0.00%	0.00%	Amount Past Due:	$0.00
			MINIMUM AMOUNT DUE:	$0.00

Cash Advance Limit is a portion of your Total Credit Line
**Available Cash Line is a portion of your Available Credit Line*

citi

Account Number
•••• ••••

Statement Date
02/03/2019

Sale Date	Post Date	Reference Number	Type of Activity			Amount	
NOTICE MEMO ITEM(S) LISTED BELOW							
01/11/2019	01/11/2019	55432869011200525528025	AMA CREDENTIALING	800-621-8335	IL	$43.00	
01/11/2019	01/14/2019	05134379012600046306089	NPDB NPDB.HRSA.GOV N60933472	800-767-6732	VA	$8.00	
01/11/2019	01/14/2019	05134379012600046306162	NPDB NPDB.HRSA.GOV N60933707	800-767-6732	VA	$2.00	
01/11/2019	01/14/2019	85430939013001621468662	GRUENE MANSION INN 208300	NEW BRAUNFELS	TX	$395.50	
01/14/2019	01/15/2019	55432869014200266488519	AMZN MKTP US MB6567LM2 113-9400240-96890	AMZN.COM/BILL	WA	$57.00	
01/15/2019	01/16/2019	55429509015894846280986	DIY AWARDS 84628098	8008101216	CT	$159.96	*
01/16/2019	01/17/2019	55429509016713303517160	EB TEXAS TRAUMA COORD	8014137200	CA	$50.00	
01/17/2019	01/18/2019	55457029018207225505983	ELEARNING AMERICAN HEA AP1AFAA51C67	8882428883	TX	$36.13	*
01/17/2019	01/18/2019	55457029018207225506023	ELEARNING AMERICAN HEA AH1A1B0EE63F	8882428883	TX	$36.13	*
01/17/2019	01/21/2019	55457379018200873100164	TEXAS HOSPITAL ASSOC 493	5124651000	TX	$200.00 CR	
01/24/2019	01/25/2019	55310209024014000108315	SUPPLYHOUSE.COM 6480779	8887574774	NY	$184.75	
01/25/2019	01/28/2019	05134379026600040333406	NPDB NPDB.HRSA.GOV N61122258	800-767-6732	VA	$2.00	
01/25/2019	01/28/2019	05134379026600040333570	NPDB NPDB.HRSA.GOV N61122817	800-767-6732	VA	$2.00	
01/25/2019	01/28/2019	05134379026600040333653	NPDB NPDB.HRSA.GOV N61122970	800-767-6732	VA	$2.00	
01/25/2019	01/28/2019	55436879026160266052882	HAMPTON INNS 682012605540102	AUSTIN Arrival: 01-25-19	TX	$480.70	
01/26/2019	01/28/2019	55432869026200618929943	AMA CREDENTIALING	800-621-8335	IL	$129.00	
01/28/2019	01/29/2019	05134379029600086071073	NPDB NPDB.HRSA.GOV N61144259	800-767-6732	VA	$2.00	
01/29/2019	01/29/2019	55432869029200213719647	AMZN MKTP US MB9C38K31 113-1522880-08706	AMZN.COM/BILL	WA	$39.95	
01/29/2019	01/29/2019	55432869029200224973514	AMA CREDENTIALING	800-621-8335	IL	$43.00	
01/29/2019	01/30/2019	55432869029200320967964	AMAZON.COM MB8EQ8K00 113-4006630-85234	AMZN.COM/BILL	WA	$53.98	
01/30/2019	01/31/2019	05410199031944240018437	AT&T EXECUTIVE16199200 22864065	AUSTIN Arrival: 01-28-19	TX	$434.70	
01/30/2019	01/31/2019	05410199031944240019393	AT&T EXECUTIVE16199200 22836221	AUSTIN Arrival: 01-28-19	TX	$462.70	
01/30/2019	01/31/2019	05410199031944240019401	AT&T EXECUTIVE16199200 22836225	AUSTIN Arrival: 01-28-19	TX	$434.70	
01/30/2019	01/31/2019	25536069031101012773267	TXDPS CRIME RECS 470944360	AUSTIN	TX	$122.96	

*Cash Advance Limit is a portion of your Total Credit Line
**Available Cash Line is a portion of your Available Credit Line

citi

Account Number
•••• ••••

Statement Date
02/03/2019

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
01/30/2019	01/31/2019	55429509030894365404190	PAYPAL TEXASORGANI 36540419	4029357733	TX	$275.00
**********			TOTAL AMOUNT OF MEMO ITEM(S):			$4,641.92

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

Your total finance charge paid for 2018 was $0.00.

Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

APPROVED
ON
FEB 15 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

** Cash Advance Limit is a portion of your Total Credit Line*

*** Available Cash Line is a portion of your Available Credit Line*

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank Corp.

Date: February 13, 2019

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1			NPDB x 19 Physicians			38.00 ✓
2			NPDB x 1 Physician			2.00 ✓
3			AMA Credentialing x 1 Physician			43.00 ✓
4			PTOT Facilities - Occupational Therapy			
5			Facility Registration			220.00 ✓
6			Amazon - Walkie Talkies			99.99 ✓
7			Amazon - Asurion 4yr. Protection Plan on walkie talkies			3.50 ✓
8			R & D Batteries - 12volt Battery to replace lifepack 12 defibrillator			582.77 ✓
9			Gruene Mansion Inn - Rosnanda Thomas			395.50 ✓
10			Hotel for SETH retreat - Southeast Texas Health System			

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

NOTES:

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____ ✓

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank Corp.

Date: February 13, 2019

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1			Ama Credentialing x 1 physician			43.00 ✓
2			NPDB x 4 physicians			8.00 ✓
3			NPDB x 1 physicians			2.00 ✓
4			Gruene mansion Inn - Jason Anglin hotel			395.50 ✓
5			forSETH retreat - Southeast Texas Health system			
6			Amazon - walk through gate w/			53.98 ✓
7			6inch Extension - Keep children out of therapy supplies in pedi gym			
8			DIY Awards - Retirement Plaque			159.96 ✓
9			Amazon - Counter weights for Balance Beam - to add weight to current scales			57.00 ✓
10			Event Bright - Texas Trauma Coordinator Quarterly Mtgs - Sara Rubio			50.00 ✓

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

NOTES:

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: ~~Relias Learning~~ Citibank Corp

Date: February 13, 2019

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1			elearning American Heart. Assoc.			36.13 ✓
2			Sandy Durham ACLS Instructor		Online	
3			eLearning - American Heart. Assoc.			36.13 ✓
4			Sara Rubio ACLS Instructor		Online	
5			Texas Hospital Association			(200.00) ✓
6			Credit for Erin Clevengers Conference			
7			Supply House - 120V Replacement motor			184.75 ✓
8			NPDB X 1 physician			2.00 ✓
9			NPDB X 1 physician			2.00 ✓
10			NPDB X 1 physician			2.00 ✓

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

NOTES:

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service ✓

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank Corp.

Date: February 13, 2019

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1			Hampton Inn - Hotel for			480.70
2			Erin Clevenger (THA Workshop)			
3			AMA Credentialing x 3 physicians			129.00
4			NPDB x 1 ~~physician~~ Physician			2.00
5			Amazon - Fujifilm Instax film			39.95
6			AMA Credentialing x 1 physician			43.00
7			AT&T Executive Conference Center			434.70
8			Donn Stringo Hotel for Mothers &			
9			Babies Summit			
10						

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

NOTES:

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____ ✓

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank Corp

Date: February 13, 2019

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1			AT&T Executive Conference Center			462.70
2			Jenise Svetlik Hotel Room for			
3			Mothers and Babies Summit			
4			AT&T Executive Conference Center			434.70
5			Nina Green Hotel Room for			
6			Mothers and Babies Summit			
7			Texas DPS - Credits for Background Checks			122.96
8			PayPal - Torch Conference Registration			275.00
9			for Jason Anglin			
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $4,641.92

NOTES:

Contact:

+ 38.00 + 2.00 + 43.00 + 220.00 + 99.99 + 3.50 + 582.77 + 395.50 + 43.00 + 8.00 + 2.00 + 395.50 + 53.98 + 159.96 + 57.00 + 50.00 + 36.13 + 36.13 + 200.00 + 184.75 + 2.00 + 2.00 + 2.00 + 480.70 + 129.00 + 2.00 + 39.95 + 43.00 + 434.70 + 462.70 + 434.70 + 122.96 + 275.00 = 4,641.92

Quoted By:

Buyer:	E.T.A.

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

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"	★	19	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	3	

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"	★	$ 93,097.68	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 47,907.58	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,204.16	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 33,985.94	#
		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	9433.00	N		N	N		181336.11
1	REGULAR PAY-S1	2018.00	N		N	N	N	65094.84
1	REGULAR PAY-S1	297.25	Y		N	N		7072.76
2	REGULAR PAY-S2	2814.25	N		N	N		63060.64
2	REGULAR PAY-S2	122.25	Y		N	N		3400.87
3	REGULAR PAY-S3	1674.50	N		N	N		45663.98
3	REGULAR PAY-S3	71.50	Y		N	N		2553.96
C	CALL PAY	2135.50	N	1	N	N		4271.00
E	EXTRA WAGES		N		N	N	N	972.05
E	EXTRA WAGES		N	1	N	N	N	976.50
F	FUNERAL LEAVE	24.00	N	1	N	N		324.48
I	INSERVICE	46.00	N	1	N	N		1292.00
I	INSERVICE	1.75	Y	1	N	N		72.71
J	JURY LEAVE	13.50	N	1	N	N		477.14
K	EXTENDED-ILLNESS-BANK	118.00	N	1	N	N		3144.96
P	PAID-TIME-OFF	40.00	N		N	N	N	873.20
P	PAID-TIME-OFF	676.50	N	1	N	N		15057.17
X	CALL PAY 2	160.00	N	1	N	N		320.00
Y	YMCA/CURVES		N		N	N	N	105.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	3.00	N	1	N	N		158.65

Deductions Summary

Code	Amount				
A/R	964.52	A/R2	282.95	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1606.25	CAFE-F	
CAFE-H	18515.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC	445.00	COMBIN	592.07	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT	196.50	EATCSH	
FEDTAX	33935.94	FICA-M	5602.08	FICA-O	23953.79
FIRSTC	75.00	FLEX S	3730.09	FLX FE	
FORT D		FUTA		GIFT S	261.18
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	709.28	MASA	875.00	MEALS	154.04
MISC		MISC/		MMCSHR	
NATFML	1954.85	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	1095.00
STONE		STONE2		STUDEN	
SUNACC	940.34	SUNILL	1640.11	SUNLIF	1394.62
SUNSTD	1501.98	SUNVIS	1061.33	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	29156.16	TUTION		UNIFOR	370.45
UW/HOS					

Grand Totals: 19745.00 (Gross: 416516.02 Deductions: 131063.53 Net: 285452.49)

Checks Count:- FT 199 PT 8 Other 38 Female 214 Male 30 Credit OverAmt 4 ZeroNet Term Total: 244

Pay Date
02.22.19

ck run FO
2-15-19

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --February 11, 2019 - February 14, 2019

Date	Bank Description	MMC Notes	Amount
2/11/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000698502039	- 3rd Party Payor Fee	3.88
2/11/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	382.45
2/11/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00
2/11/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	86.77
2/11/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	1,317.82
2/11/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	1,263.48
2/11/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	98.53
2/12/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03717740 910000124	- 340B Drug Program Expense	3,075.03 *
2/13/2019	ACH Payment IRS USATAXPYMT 220944401194925 6103601000370	- Payroll Taxes	91,660.35 **
2/13/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699926705	- 3rd Party Payor Fee	3.05
2/14/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000690705174	- 3rd Party Payor Fee	2.41
			98,022.77

Pay Plus 3.88 + 3.05 + 2.41 = 9.34

Credit Card Fees 382.45 + 129.00 + 86.77 + 1,317.82 + 1,263.48 + 98.53 = 3,278.05 *

Diane Moore, CFO
Memorial Medical Center
February 15, 2019

* Approved 02.13.19 cc
** Approved 02.06.19 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
3/4/2019	ACH Payment STATE COMTRLR TEXNET	2019 DSH Advance Payment 3	60,260.70
			60,260.70

Diane Moore, CFO
Memorial Medical Center
February 15, 2019

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
2/15/2019

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		68,629.50 ✓	68,460.11 ✓	228,846.16	-	-	-	229,015.55	184,308.24
							Bank Balance	229,015.55	
							Variance	-	
							Leave In Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	12,725.12 ✓	
							MMC Portion QIPP 3	23,509.12 ✓	
							MMC Portion Lapse Funds	8,303.68 ✓	
							January Bank Interest	69.39	
							February Bank Interest	-	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	184,308.24 ✓	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
AE
Ac_____

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		49,202.18 ✓	49,013.60 ✓	49,322.22	-			49,510.80	39,454.86
							Bank Balance	49,510.80	
							Variance	-	
							Leave In Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	2,749.92 ✓	
							MMC Portion QIPP 3	5,014.56 ✓	
							MMC Portion Lapse Funds	2,102.88 ✓	
							January Bank Interest	88.58	
							February Bank Interest	-	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	39,454.86 ✓	
Crescent		53,255.84 ✓	53,097.15 ✓	52,048.94	-		-	52,207.63	45,416.78
							Bank Balance	52,207.63	
							Variance	-	
							Leave In Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	1,779.36 ✓	
							MMC Portion QIPP 3	3,396.96 ✓	
							MMC Portion Lapse Funds	1,455.84 ✓	
							January Bank Interest	58.69	
							February Bank Interest	-	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	45,416.78 ✓	

Broadmoor	37,424.93 ✓	37,258.59 ✓	48,354.53	-	-	48,520.87	41,560.61
					Bank Balance	48,520.87	
					Variance	-	
					Leave in Balance	100.00	
					MMC Portion QIPP 1	-	
					MMC Portion QIPP 2	1,941.12 ✓	
					MMC Portion QIPP 3	3,396.96 ✓	
					MMC Portion Lapse Funds	1,455.84 ✓	
					January Bank Interest	66.34	
					February Bank Interest	0	
					March Bank Interest	0	
					Adjust Balance/Transfer Amt	41,560.61 ✓	
Fort Bend	20,681.38 ✓	20,550.01 ✓	53,938.54	-	-	54,069.91	39,757.58
					Bank Balance	54,069.91	
					Variance	-	
					Leave in Balance	100.00	
					MMC Portion QIPP 1	-	
					MMC Portion QIPP 2	3,882.24 ✓	
					MMC Portion QIPP 3	7,279.20 ✓	
					MMC Portion Lapse Funds	3,019.52 ✓	
					January Bank Interest	31.37	
					February Bank Interest	-	
					March Bank Interest	-	
					Adjust Balance/Transfer Amt	39,757.58 ✓	

TOTAL TRANSFERS	**350,498.07**

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

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 2/15/2019

184,308.24 +
39,454.86 +
45,416.78 +
41,560.61 +
39,757.58 +
350,498.07 *

APPROVED ON
FEB 15 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
2/14/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3391836983 111000		771.34					-	771.34
2/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,461.07					-	12,461.07
2/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		20,218.18					-	20,218.18
2/14/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		1,908.04					-	1,908.04
2/13/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	68,460.11						-	-
2/13/2019 Deposit		89,075.84		25,450.24	47,018.24	16,607.36	44,537.92	44,537.92
2/13/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3391719284 111000		30,528.94					-	30,528.94
2/12/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		2,348.36					-	2,348.36
2/11/2019 ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2		71,534.39					-	71,534.39
							-	-
	68,460.11	**228,846.16**	**-**	**25,450.24**	**47,018.24**	**16,607.36**	**44,537.92**	**184,308.24**

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
2/14/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		378.00					-	378.00
2/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,255.84					-	9,255.84
2/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,804.32					-	1,804.32
2/14/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000132		5,881.29					-	5,881.29
2/13/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	37,258.59						-	-
2/13/2019 Deposit		13,587.84		3,882.24	6,793.92	2,911.68	6,793.92	6,793.92
2/13/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		306.96					-	306.96
2/12/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		3,008.63					-	3,008.63
2/11/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		11,524.72					-	11,524.72
2/11/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005611895		2,606.93					-	2,606.93
							-	-
	37,258.59	**48,354.53**	**-**	**3,882.24**	**6,793.92**	**2,911.68**	**6,793.92**	**41,560.61**

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
2/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,544.48					-	1,544.48
2/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,719.32					-	12,719.32
2/13/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	53,097.15						-	-
2/13/2019 Deposit		13,264.32		3,558.72	6,793.92	2,911.68	6,632.16	6,632.16
2/11/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005611895		7,004.21					-	7,004.21
2/11/2019 ACH Deposit HHBP LA EFPAYMENT 390864 42000016083709 DISD		12,392.06					-	12,392.06
2/11/2019 ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		5,124.55					-	5,124.55
							-	-
	53,097.15	**52,048.94**	**-**	**3,558.72**	**6,793.92**	**2,911.68**	**6,632.16**	**45,416.78**

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
2/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		8,528.47					-	8,528.47
2/13/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	20,550.01						-	-
2/13/2019 Deposit		28,361.92		7,764.48	14,558.40	6,039.04	14,180.96	14,180.96
2/13/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		16,506.54					-	16,506.54
2/12/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005924851		541.61					-	541.61
							-	-
	20,550.01	53,938.54	-	7,764.48	14,558.40	6,039.04	14,180.96	39,757.58

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
2/14/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3391836984 111000		2,604.57					-	2,604.57
2/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,940.64					-	3,940.64
2/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,712.24					-	1,712.24
2/13/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	49,013.60						-	-
2/13/2019 Deposit		19,734.72		5,499.84	10,029.12	4,205.76	9,867.36	9,867.36
2/12/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005921158		849.25					-	849.25
2/11/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		1,005.00					-	1,005.00
2/11/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000163		425.46					-	425.46
2/11/2019 ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2		19,050.34					-	19,050.34
							-	-
	49,013.60	49,322.22	-	5,499.84	10,029.12	4,205.76	9,867.36	39,454.86

TOTALS	228,379.46	432,510.39	-	46,155.52	85,193.60	32,675.52	82,012.32	350,498.07

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 ☆	$268,730.85	$229,015.55
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$70,109.53	$48,520.87
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$71,641.17	$52,207.63
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$55,050.45	$49,510.80
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$73,576.86	$54,069.91
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
TOTAL	$2,492,118.20	$2,317,897.93

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
2/15/2019

Nursing Home	Account Num	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		74,166.71 ✓	74,039.97 ✓	43,946.80		-	-		-	-	-	44,073.54	21,973.40

Bank Balance	44,073.54
Variance	-
Leave in Balance	100.00
MMC Portion QIPP 1	-
MMC Portion QIPP 2	6,081.60 ✓
MMC Portion QIPP 3	11,185.80 ✓
MMC Portion Lapse Funds	4,706.00 ✓
January Bank Interest	26.74
February Bank Interest	-
March Bank Interest	-
Adjust Balance/Trapsfer Amt	21,973.40 ✓

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

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
2/15/2019

APPROVED
ON
FEB 15 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
2/13/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	74,039.97						-	-
2/13/2019 Deposit		43,946.80		12,163.20	22,371.60	9,412.00	21,973.40	21,973.40
							-	-
	74,039.97	43,946.80	-	12,163.20	22,371.60	9,412.00	21,973.40	21,973.40

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 ☆	$44,073.54	$44,073.54
[redacted]	[redacted]	
TOTAL	$2,492,118.20	$2,317,897.93

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: February 18, 2019

APPROVED ON FEB 15 2019 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $44,537.92

G/L NUMBER: 21400012

EXPLANATION: Ashford – To transfer funds for QIPP 1st Quarter Year 2 Components 2, 3 & Lapse Funds Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

BANK	CHECK	DATE	AMOUNT	PAYEE
NHA	000047	02/20/19	44,537.92	MMC OPERATING
TOTALS:			44,537.92	

APPROVED
ON

FEB 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: February 18, 2019

APPROVED ON FEB 15 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $9,867.36

G/L NUMBER: 21400011

EXPLANATION: Solera – To transfer funds for QIPP 1st Quarter Year 2 Components 2, 3 & Lapse Funds Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

BANK	CHECK	DATE	AMOUNT	PAYEE
NHS	000041	02/20/19	9,867.36	MMC OPERATING
TOTALS:			9,867.36	

Solen

APPROVED
ON

FEB 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: February 18, 2019

APPROVED ON FEB 15 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $6,632.16

G/L NUMBER: 21400010

EXPLANATION: Crescent – To transfer funds for QIPP 1st Quarter Year 2 Components 2, 3 & Lapse Funds Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: [signature]

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHC	000043	02/20/19	6,632.16	MMC OPERATING
TOTALS:			6,632.16	

APPROVED
ON
FEB 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: February 18, 2019

APPROVED ON FEB 15 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $6,793.92

G/L NUMBER: 21400009

EXPLANATION: Broadmoor – To transfer funds for QIPP 1st Quarter Year 2 Components 2, 3 & Lapse Funds Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

BANK--CHECK----------				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000016	02/20/19	6,793.92	MMC OPERATING
TOTALS:			6,793.92	

APPROVED
ON

FEB 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: February 18, 2019

APPROVED ON FEB 15 2019 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $14,180.96

G/L NUMBER: 21400008

EXPLANATION: Fort Bend – To transfer funds for QIPP 1st Quarter Year 2 Components 2, 3 & Lapse Funds Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: CFO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHF	000041	02/20/19	14,180.96	MMC OPERATING
TOTALS:			14,180.96	

Fort Bend

APPROVED
ON

FEB 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: February 18, 2019

APPROVED ON FEB 15 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $21,973.40

G/L NUMBER: 21400013

EXPLANATION: Golden Creek – To transfer funds for QIPP 1st Quarter Year 2 Components 2, 3 & Lapse Funds Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHG	000030	02/20/19	21,973.40	MMC OPERATING
TOTALS:			21,973.40	

golden creek

APPROVED
ON
FEB 2 1 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from NH **Comm Court 2/18/2019**

NH Name	From Bank Acct #	CK#	Payee	GL #	QIPP COMP 1	QIPP COMP 2	QIPP COM 3	LAPSE FUNDS	TOTAL		Date
Ashford	Prosperity	47	MMC -Prosperity Operating	21400012		12,725.12	23,509.12	8,303.68	44,537.92		2/18/2019
Broadmoor	Prosperity	16	MMC -Prosperity Operating #	21400009		1,941.12	3,396.96	1,455.84	6,793.92		2/18/2019
Crescent	Prosperity	43	MMC -Prosperity Operating #	21400010		1,779.36	3,396.96	1,455.84	6,632.16		2/18/2019
Fort Bend	Prosperity	41	MMC -Prosperity Operating #	21400008		3,882.24	7,279.20	3,019.52	14,180.96		2/18/2019
Golden Creek	Prosperity	30	MMC -Prosperity Operating	21400013		6,081.60	11,185.80	4,706.00	21,973.40		2/18/2019
Solera	Prosperity	41	MMC -Prosperity Operating	21400011		2,749.92	5,014.56	2,102.88	9,867.36		2/18/2019
				Total:	-	29,159.36	53,782.60	21,043.76	103,985.72		
	Note:										

CFO

44,537.92 +
9,867.36 +
6,632.16 +
6,793.92 +
14,180.96 +
21,973.40 +
103,985.72 =

APPROVED
ON

FEB 21 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
000016
88-2265/1131

Date 2-18-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 6,793.92

Six Thousand Seven Hundred Ninety-three & 92/100 DOLLARS

PROSPERITY BANK®

MP

FOR QIPP 2,3, & Lapse

Security features are included. Details on back.

⑈000016⑈

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MEMORIAL MEDICAL CENTER
NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
000041
88-2265/1131

Date 2-18-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 14,180.96

Fourteen Thousand One Hundred Eighty & 96/100 DOLLARS

PROSPERITY BANK®

MP

FOR QIPP 2,3, Lapse

Security features are included. Details on back.

⑈000041⑈

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MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
000030
88-2265/1131

Date 2-18-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 21,973.40

Twenty One Thousand Nine Hundred Seventy-three & 40/100 DOLLARS

PROSPERITY BANK®

MP

FOR QIPP 2,3, Lapse

Security features are included. Details on back.

⑈000030⑈

MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS No. 47

88-2265/1131

2-18-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 44537.92

Fourty-four Thousand Five Hundred Thirty-Seven & 92/100 DOLLARS

PROSPERITY BANK

QIPP 2,3, & Lapse

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS No. 41

88-2265/1131

2-18-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 9867.36

Nine Thousand Eight Hundred Sixty-Seven & 36/100 DOLLARS

PROSPERITY BANK

QIPP 2,3,Lapse.

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MP

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000043

88-2265/1131

Date 2-18-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 6632.16

Six Thousand Six Hundred Thirty-two & 16/100 **DOLLARS**

PROSPERITY BANK

MP

FOR QIPP 2,3, Lapse

Security features are included. Details on back

⑈000043⑈