

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- February 27, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 456,093.47
TOTAL TRANSFERS BETWEEN FUNDS	\$ -
TOTAL NURSING HOME UPL EXPENSES	\$ 1,464,462.24
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED February 27, 2019	\$ 1,920,555.71

APPROVED

FEB 27 2019

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 27, 2019

PAYABLES AND PAYROLL

2/21/2019 Weekly Payables	395,267.41
2/25/2019 McKesson-340B Prescription Expense	6,835.45
2/25/2019 McKesson-340B Prescription Expense	6,110.32
2/25/2019 Amerisource Bergen-340B Prescription Expense	4,144.35
2/25/2019 Amerisource Bergen-340B Prescription Expense	3,482.77
2/22/2019 Emergency Staffing Solutions-ER Staffing	40,062.50

Prosperity Electronic Bank Payments

2/20/2019 Credit Card & Lease Fees	151.23
2/19-2/21/2019 Pay Plus-Patient Claims Processing Fee	39.44

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 456,093.47
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TOTAL TRANSFERS BETWEEN FUNDS	\$ -
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NURSING HOME UPL EXPENSES

2/25/2019 Nursing Home UPI	1,353,546.98
2/25/2019 Nursing Home UPI	66,966.22

QIPP/INTEREST CHECKS TO MMC

2/25/2019 Ashford	12,476.13
2/25/2019 Solera	3,554.33
2/25/2019 Crescent	2,417.52
2/25/2019 Broadmoor	2,431.91
2/25/2019 Fort Bend	5,108.45
2/25/2019 Golden Creek	17,960.70

TOTAL NURSING HOME UPL EXPENSES	\$ 1,464,462.24
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED February 27, 2019	\$ 1,920,555.71
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02/20/2019

11:03

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/06/2019

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11237 3WON, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1426 ✓		02/12/20	02/06/20	03/06/20		398.00	0.00	0.00	398.00 ✓

CREDENTIALING (O'Donoghue 11/1/19)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	398.00	0.00	0.00	398.00

Vendor# Vendor Name

Class Pay Code

11283 ACE HARDWARE 15521 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
131207 ✓		01/30/20	01/28/20	02/28/20		23.97	0.00	0.00	23.97 ✓

SUPPLIES

131235 ✓		01/30/20	01/28/20	02/28/20		16.77	0.00	0.00	16.77 ✓
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SUPPLIES

131222 ✓		01/31/20	01/28/20	02/28/20		34.95	0.00	0.00	34.95 ✓
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SUPPLIES

131260 ✓		01/31/20	01/29/20	03/01/20		5.99	0.00	0.00	5.99 ✓
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SUPPLIES

131314 ✓		01/31/20	01/30/20	03/02/20		2.57	0.00	0.00	2.57 ✓
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SUPPLIES

131385 ✓		02/01/20	02/01/20	03/01/20		4.00	0.00	0.00	4.00 ✓
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SUPPLIES

131843 ✓		02/19/20	02/16/20	02/16/20		28.77	0.00	0.00	28.77 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	117.02	0.00	0.00	117.02

Vendor# Vendor Name

Class Pay Code

10950 ACUTE CARE INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
24216 ✓		01/31/20	02/20/20	02/28/20		1,400.00	0.00	0.00	1,400.00 ✓

RFID FEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor# Vendor Name

Class Pay Code

A1690 ALCON LABORATORIES, INC. ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9655113640 ✓		02/13/20	01/29/20	02/28/20		636.00	0.00	0.00	636.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	636.00	0.00	0.00	636.00

Vendor# Vendor Name

Class Pay Code

A1705 ALIMED INC. ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV03022883 ✓		01/31/20	01/28/20	02/28/20		68.34	0.00	0.00	68.34 ✓

SUPPLIES

RPSV03026241 ✓		01/31/20	01/30/20	02/28/20		109.06	0.00	0.00	109.06 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
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	A1705	ALIMED INC.					177.40	0.00	0.00	177.40
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
	885861 ✓		02/19/20	01/31/20	03/02/20		21.99	0.00	0.00	21.99 ✓
	WATER									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY				21.99	0.00	0.00	21.99
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
	027483		02/19/20	02/09/20	02/09/20		2,641.50	0.00	0.00	2,641.50 ✓
	SURGERY STAFFING 02/04/19 - 02/08/19 - Paduch									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12252	ASCEND NATIONAL LLC				2,641.50	0.00	0.00	2,641.50
Vendor#	Vendor Name				Class	Pay Code				
10938	BANK OF THE WEST ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4829950 ✓		02/18/20	02/11/20	03/01/20		6,145.37	0.00	0.00	6,145.37 ✓
	LEASE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10938	BANK OF THE WEST				6,145.37	0.00	0.00	6,145.37
Vendor#	Vendor Name				Class	Pay Code				
B0436	BARD ACCESS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	45590685 ✓		02/12/20	02/06/20	03/06/20		150.00	0.00	0.00	150.00 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0436	BARD ACCESS				150.00	0.00	0.00	150.00
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
	59425167 ✓		02/19/20	05/22/20	06/16/20		1,214.70	0.00	0.00	1,214.70 ✓
	PROPERTY TAX									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				1,214.70	0.00	0.00	1,214.70
Vendor#	Vendor Name				Class	Pay Code				
11544	BAY STORAGE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	030119		10/11/20	03/01/20	03/01/20		570.00	0.00	0.00	570.00 ✓
	STORAGE RENTAL MAR-AUG									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11544	BAY STORAGE				570.00	0.00	0.00	570.00
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
	54001636		02/19/20	01/30/20	02/24/20		3,507.27	0.00	0.00	3,507.27 ✓
	MAINTENANCE CONTRACT									
	107548942 ✓		02/19/20	01/30/20	02/24/20		57.38	0.00	0.00	57.38 ✓
	SUPPLIES									
	107552123 ✓		02/19/20	02/01/20	02/26/20		75.27	0.00	0.00	75.27 ✓
	SUPPLIES									

107554670 ✓		02/19/20	02/04/20	03/01/20		2,560.24	0.00	0.00	2,560.24 ✓		
	SUPPLIES										
107559168 ✓		02/19/20	02/05/20	03/02/20		412.76	0.00	0.00	412.76 ✓		
	SUPPLIES										
107557939 ✓		02/19/20	02/05/20	03/02/20		11,111.91	0.00	0.00	11,111.91 ✓		
	SUPPLIES										
107558796 ✓		02/19/20	02/05/20	03/02/20		5,658.27	0.00	0.00	5,658.27 ✓		
	SUPPLIES										
107559417 ✓		02/19/20	02/05/20	03/02/20		2,084.73	0.00	0.00	2,084.73 ✓		
	SUPPLIES										
107558727 ✓		02/19/20	02/05/20	03/02/20		1,669.93	0.00	0.00	1,669.93 ✓		
	SUPPLIES										
107562449 ✓		02/19/20	02/06/20	03/03/20		735.28	0.00	0.00	735.28 ✓		
	PROPERTY TAX										
107562448 ✓		02/19/20	02/06/20	03/03/20		1,211.54	0.00	0.00	1,211.54 ✓		
	SUPPLIES										
107562450 ✓		02/19/20	02/06/20	03/03/20		1,654.20	0.00	0.00	1,654.20 ✓		
	PROPERTY TAX										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1220	BECKMAN COULTER INC	30,738.78	0.00	0.00	30,738.78
Vendor#	Vendor Name				Class	Pay Code					
10024	BECTON, DICKINSON & CO (BD) ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9105018168 ✓		02/19/20	01/31/20	03/02/20		2,756.25	0.00	0.00	2,756.25 ✓		
	SUPPLIES	Shipping 85.39									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10024	BECTON, DICKINSON & CO (BD)	2,756.25	0.00	0.00	2,756.25
Vendor#	Vendor Name				Class	Pay Code					
12424	CALHOUN CO. RECYCLING CENTER ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
448778 ✓		01/31/20	02/01/20	03/01/20		10.00	0.00	0.00	10.00 ✓		
	TRASH TAKEN TO DUMP										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12424	CALHOUN CO. RECYCLING CENTER	10.00	0.00	0.00	10.00
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		
8001858229 ✓		02/19/20	01/31/20	02/25/20		651.51	0.00	0.00	651.51 ✓		
	SUPPLIES	delivery 150.00									
8001864751 ✓		02/19/20	02/02/20	02/27/20		53.27	0.00	0.00	53.27 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1325	CARDINAL HEALTH 414, INC.	704.78	0.00	0.00	704.78
Vendor#	Vendor Name				Class	Pay Code					
A1730	CAREFUSION ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9108750286 ✓		01/31/20	01/08/20	02/28/20		580.36	0.00	0.00	580.36 ✓		
	CLAMP Shipping 8.13										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A1730	CAREFUSION	580.36	0.00	0.00	580.36
Vendor#	Vendor Name				Class	Pay Code					

11840 CHARENA CHETCHAVAT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021319		02/19/20	02/13/20	02/13/20		143.84	0.00	0.00	143.84 ✓

TRAVEL Dry Needling Course 2/8/19 - 2/10/19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11840	CHARENA CHETCHAVAT	143.84	0.00	0.00	143.84	

Vendor# Vendor Name Class Pay Code

10786 CLINICAL PATHOLOGY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2019010		02/19/20	01/31/20	02/25/20		14,298.50	0.00	0.00	14,298.50 ✓

LAB SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10786	CLINICAL PATHOLOGY	14,298.50	0.00	0.00	14,298.50	

Vendor# Vendor Name Class Pay Code

C1166 COASTAL OFFICE SOLUTIONS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OEQT100411 ✓		02/12/20	02/06/20	03/06/20		189.70	0.00	0.00	189.70 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
C1166	COASTAL OFFICE SOLUTIONS	189.70	0.00	0.00	189.70	

Vendor# Vendor Name Class Pay Code

11030 COMBINED INSURANCE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020119		02/19/20	02/01/20			1,269.82	0.00	0.00	1,269.82 ✓

INSURANCE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11030	COMBINED INSURANCE	1,269.82	0.00	0.00	1,269.82	

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
810569 ✓		02/12/20	02/05/20	03/05/20		125.52	0.00	0.00	125.52 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
C1970	CONMED CORPORATION	125.52	0.00	0.00	125.52	

Vendor# Vendor Name Class Pay Code

11368 CYRACOM LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
891152 ✓		02/12/20	01/31/20	02/28/20		210.74	0.00	0.00	210.74 ✓

INTERPRETATION FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11368	CYRACOM LLC	210.74	0.00	0.00	210.74	

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
5618731 ✓		02/12/20	02/05/20	03/02/20		6.98	0.00	0.00	6.98 ✓

SUPPLIES

5622610		02/12/20	02/06/20	03/03/20		69.96	0.00	0.00	69.96 ✓
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SUPPLIES

5622190 ✓		02/12/20	02/06/20	03/03/20		21.65	0.00	0.00	21.65 ✓
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SUPPLIES

5622630 ✓		02/13/20	02/06/20	03/03/20		541.71	0.00	0.00	541.71 ✓
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SUPPLIES

5608530 ✓ 02/19/20 01/25/20 02/19/20 311.10 0.00 0.00 311.10 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	951.40	0.00	0.00	951.40

Vendor#	Vendor Name	Class	Pay Code
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10789 DISCOVERY MEDICAL NETWORK INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC021519 ✓		02/18/20	02/15/20	02/15/20		128,721.63	0.00	0.00	128,721.63 ✓

PHYSICIAN SERVICES CLINIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	128,721.63	0.00	0.00	128,721.63

Vendor#	Vendor Name	Class	Pay Code
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11201 DOROTHY BONUZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021319		02/19/20	02/13/20	02/13/20		10.00	0.00	0.00	10.00 ✓

DIETARY SUPPLIES (TO go Foam containers)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11201	DOROTHY BONUZ	10.00	0.00	0.00	10.00

Vendor#	Vendor Name	Class	Pay Code
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D1710 DOWNTOWN CLEANERS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
DEC&JAN		02/19/20	01/31/20	02/10/20		254.90	0.00	0.00	254.90 ✓

CLEANERS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	254.90	0.00	0.00	254.90

Vendor#	Vendor Name	Class	Pay Code
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12448 DR. SALAH ELDOHIRI ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021419		02/18/20	02/14/20	02/14/20		358.32	0.00	0.00	358.32 ✓

TRAVEL REIMBURSEMENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12448	DR. SALAH ELDOHIRI	358.32	0.00	0.00	358.32

Vendor#	Vendor Name	Class	Pay Code
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10175 DSHS CENTRAL LAB MC2004 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CM1838012019		02/19/20	01/20/20	02/14/20		32.11	0.00	0.00	32.11 ✓

LAB SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	32.11	0.00	0.00	32.11

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
71379 ✓		02/18/20	02/14/20	03/04/20		707.50	0.00	0.00	707.50 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	707.50	0.00	0.00	707.50

Vendor#	Vendor Name	Class	Pay Code
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~~E1340~~ R035487 ELSEVIER INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
R035487		01/31/20	01/31/20	02/28/20		2,250.00	0.00	0.00	2,250.00 ✓

PHARMACY SERVICES

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		E1340	ELSEVIER INC.			2,250.00	0.00	0.00	2,250.00
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
37471 ✓		02/19/20	12/31/20	01/31/20		27,375.00	0.00	0.00	27,375.00 ✓
VOLUME GUARENTEE SHORT									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS			27,375.00	0.00	0.00	27,375.00
Vendor#	Vendor Name			Class	Pay Code				
C2510	EVIDENT ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1902051378 ✓		02/12/20	02/05/20	03/02/20		16,542.00	0.00	0.00	16,542.00 ✓
Hardware Software Technical Support									
952903 ✓		02/13/20	02/05/20	03/02/20		458.38	0.00	0.00	458.38 ✓
SUPPLIES Freight 38.38									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C2510	EVIDENT			17,000.38	0.00	0.00	17,000.38
Vendor#	Vendor Name			Class	Pay Code				
F1100	FEDERAL EXPRESS CORP. ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
644620216		01/31/20	01/31/20	03/01/20		20.96	0.00	0.00	20.96 ✓
SHIPPING									
645345750 ✓		02/19/20	02/07/20	03/04/20		1,240.45	0.00	0.00	1,240.45 ✓
SHIPPING									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.			1,261.41	0.00	0.00	1,261.41
Vendor#	Vendor Name			Class	Pay Code				
12452	FEDERAL INSURANCE COMPANY ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
390461		02/19/20	11/30/20	12/30/20		66.00	0.00	0.00	66.00 ✓
LEGAL FEES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		12452	FEDERAL INSURANCE COMPANY			66.00	0.00	0.00	66.00
Vendor#	Vendor Name			Class	Pay Code				
11037	FIRST CLEARING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021419		02/18/20	02/14/20	02/14/20		75.00	0.00	0.00	75.00 ✓
PAYROLL DED									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11037	FIRST CLEARING			75.00	0.00	0.00	75.00
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
5978605 ✓		01/31/20	01/24/20	03/01/20		841.92	0.00	0.00	841.92 ✓
SUPPLIES Shipping 345.92									
7617433 ✓		02/18/20	02/04/20	03/01/20		59.00	0.00	0.00	59.00 ✓
SUPPLIES Shipping 14.00									
8292982 ✓		02/18/20	02/06/20	03/03/20		305.90	0.00	0.00	305.90 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE			1,206.82	0.00	0.00	1,206.82

Vendor#	Vendor Name				Class	Pay Code					
12404	GE PRECISION HEALTHCARE, LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	6001237161 ✓		02/01/20	02/01/20	03/03/20		3,588.58	0.00	0.00	3,588.58 ✓	
	6001237045 ✓		02/01/20	02/01/20	03/03/20		3,236.62	0.00	0.00	3,236.62 ✓	
	6001237233 ✓		02/01/20	02/01/20	03/03/20		5,665.83	0.00	0.00	5,665.83 ✓	
	MAINTENANCE CONTRACT										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		12404	GE PRECISION HEALTHCARE, LLC				12,491.03	0.00	0.00	12,491.03	
Vendor#	Vendor Name				Class	Pay Code					
11245	GENERAL HOSPITAL SUPPLY ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	252304 ✓		01/31/20	01/28/20	02/28/20		132.00	0.00	0.00	132.00 ✓	
	SUPPLIES <i>Shipping 17.00</i>										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11245	GENERAL HOSPITAL SUPPLY				132.00	0.00	0.00	132.00	
Vendor#	Vendor Name				Class	Pay Code					
10956	GETINGE USA SALES LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	6990898606 ✓		01/31/20	01/28/20	02/28/20		204.61	0.00	0.00	204.61	
	SUPPLIES <i>Freight 33.61</i>										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		10956	GETINGE USA SALES LLC				204.61	0.00	0.00	204.61	
Vendor#	Vendor Name				Class	Pay Code					
11836	GOLDENCREEK HEALTHCARE ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	021319		02/18/20	02/13/20	02/13/20		18,381.84	0.00	0.00	18,381.84 ✓	
	TRANSFER <i>Pymt sent to MMLC in error</i>										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11836	GOLDENCREEK HEALTHCARE				18,381.84	0.00	0.00	18,381.84	
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	
	1622081 ✓		01/31/20	01/29/20	02/28/20		951.22	0.00	0.00	951.22 ✓	
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		G1210	GULF COAST PAPER COMPANY				951.22	0.00	0.00	951.22	
Vendor#	Vendor Name				Class	Pay Code					
10804	HEALTHCARE CODING & CONSULTING ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	8130 ✓		02/12/20	01/31/20	02/28/20		3,634.40	0.00	0.00	3,634.40 ✓	
	CODING SERVICES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		10804	HEALTHCARE CODING & CONSULTING				3,634.40	0.00	0.00	3,634.40	
Vendor#	Vendor Name				Class	Pay Code					
11552	HEALTHCARE EQUIPMENT FINANCE ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	100103811 ✓		02/18/20	02/05/20	03/01/20		3,334.17	0.00	0.00	3,334.17 ✓	
	LEASE										

100103812 ✓	LEASE	02/18/20 02/05/20 03/01/20	1,797.44	0.00	0.00	1,797.44 ✓
100103810 ✓	LEASE	02/18/20 02/05/20 03/01/20	7,154.17	0.00	0.00	7,154.17 ✓
100103809 ✓	LEASE	02/18/20 02/05/20 03/01/20	4,919.41	0.00	0.00	4,919.41 ✓
Vendor Totals						
Number	Name	Gross	Discount	No-Pay	Net	
11552	HEALTHCARE EQUIPMENT FINANCE	17,205.19	0.00	0.00	17,205.19	
Vendor#	Vendor Name	Class	Pay Code			
12196	ICU MEDICAL, INC ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross
1961359 ✓		02/19/20	02/01/20	03/01/20		11.25
SERVICE CONTRACT						
Vendor Totals						
Number	Name	Gross	Discount	No-Pay	Net	
12196	ICU MEDICAL, INC	11.25	0.00	0.00	11.25	
Vendor#	Vendor Name	Class	Pay Code			
11200	IRON MOUNTAIN ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross
ALLX299 ✓		02/12/20	01/31/20	02/28/20		537.66
SHRED SERVICES						
Vendor Totals						
Number	Name	Gross	Discount	No-Pay	Net	
11200	IRON MOUNTAIN	537.66	0.00	0.00	537.66	
Vendor#	Vendor Name	Class	Pay Code			
J0150	J & J HEALTH CARE SYSTEMS, INC ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross
920528265 ✓		02/12/20	01/31/20	03/02/20		79.40
SUPPLIES						
920524765 ✓		02/12/20	01/31/20	03/02/20		79.40
SUPPLIES						
Vendor Totals						
Number	Name	Gross	Discount	No-Pay	Net	
J0150	J & J HEALTH CARE SYSTEMS, INC	158.80	0.00	0.00	158.80	
Vendor#	Vendor Name	Class	Pay Code			
10507	JASON ANGLIN ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross
021819		02/18/20	02/18/20	02/19/20		340.83
DINNER FOR PAIN MED DOC						
Vendor Totals						
Number	Name	Gross	Discount	No-Pay	Net	
10507	JASON ANGLIN	340.83	0.00	0.00	340.83	
Vendor#	Vendor Name	Class	Pay Code			
10972	M G TRUST ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross
021419		02/18/20	02/14/20	02/14/20		1,095.00
PAYROLL DED						
Vendor Totals						
Number	Name	Gross	Discount	No-Pay	Net	
10972	M G TRUST	1,095.00	0.00	0.00	1,095.00	
Vendor#	Vendor Name	Class	Pay Code			
J1350	M.C. JOHNSON COMPANY INC ✓	M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross
00378189 ✓		01/30/20	01/30/20	02/28/20		106.24
SUPPLIES Freight 12.24						
Vendor Totals						
Number	Name	Gross	Discount	No-Pay	Net	
J1350	M.C. JOHNSON COMPANY INC	106.24	0.00	0.00	106.24	

Vendor#	Vendor Name		Class	Pay Code						
11099	MARLIN BUSINESS BANK ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
16714484 ✓		02/12/20	02/11/20	03/05/20		663.27	0.00	0.00	663.27	✓
	LEASE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11099 MARLIN BUSINESS BANK					663.27	0.00	0.00	663.27	
Vendor#	Vendor Name		Class	Pay Code						
11760	MARVELOUS GARDENS, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1401 ✓		02/19/20	02/15/20	02/14/20		205.83	0.00	0.00	205.83	✓
	LAWN CARE Rehab									
1399 ✓		02/19/20	02/15/20	02/15/20		379.17	0.00	0.00	379.17	✓
	LAWN CARE MML									
1400 ✓		02/19/20	02/15/20	02/15/20		433.33	0.00	0.00	433.33	✓
	LAWN CARE Clinic									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11760 MARVELOUS GARDENS, INC					1,018.33	0.00	0.00	1,018.33	
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	
45996469 ✓		01/31/20	01/29/20	02/28/20		1,723.96	0.00	0.00	1,723.96	✓
	SUPPLIES									
45976933 ✓		01/31/20	01/29/20	02/28/20		79.10	0.00	0.00	79.10	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	M2178 MCKESSON MEDICAL SURGICAL INC					1,803.06	0.00	0.00	1,803.06	
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	
1869165777 ✓		02/12/20	02/05/20	03/02/20		10.37	0.00	0.00	10.37	✓
	SUPPLIES									
1869165774 ✓		02/12/20	02/05/20	03/02/20		180.44	0.00	0.00	180.44	✓
	SUPPLIES Freight 37.29									
1869165779 ✓		02/12/20	02/05/20	03/02/20		173.29	0.00	0.00	173.29	✓
	SUPPLIES									
* 1869165775 ✓		02/12/20	02/05/20	03/02/20		23.10	0.00	0.00	23.10	✓
	SUPPLIES Freight 17.60 on (1) 5.50 item									
* 1869165778 ✓		02/12/20	02/05/20	03/02/20		29.98	0.00	0.00	29.98	✓
	SUPPLIES Freight 16.37 on (1) 14.61 item									
1869287075 ✓		02/12/20	02/06/20	03/03/20		1,803.68	0.00	0.00	1,803.68	✓
	SUPPLIES									
1869287079 ✓		02/12/20	02/06/20	03/03/20		45.56	0.00	0.00	45.56	✓
	SUPPLIES									
1869287081 ✓		02/12/20	02/06/20	03/03/20		201.21	0.00	0.00	201.21	✓
	SUPPLIES Freight 28.26									
1869287077 ✓		02/12/20	02/06/20	03/03/20		563.32	0.00	0.00	563.32	✓
	SUPPLIES									
1869287078 ✓		02/12/20	02/06/20	03/03/20		217.90	0.00	0.00	217.90	✓
	SUPPLIES Freight 20.41									
1869393163 ✓		02/18/20	02/07/20	03/04/20		31.89	0.00	0.00	31.89	✓

SUPPLIES										
1869393167	✓	02/18/20	02/07/20	03/04/20		101.82	0.00	0.00	101.82	✓
SUPPLIES (Freight 19.14)										
1869393168	✓	02/18/20	02/07/20	03/04/20		351.48	0.00	0.00	351.48	✓
SUPPLIES										
1869393166	✓	02/18/20	02/07/20	03/04/20		972.68	0.00	0.00	972.68	✓
SUPPLIES										
1869393161	✓	02/18/20	02/07/20	03/04/20		199.19	0.00	0.00	199.19	✓
SUPPLIES										
1869393165	✓	02/18/20	02/07/20	03/04/20		114.01	0.00	0.00	114.01	✓
SUPPLIES Freight 25.67										
1869393164	✓	02/18/20	02/07/20	03/04/20		133.26	0.00	0.00	133.26	✓
SUPPLIES Freight 18.22										
1869393169	✓	02/18/20	02/07/20	03/04/20		30.95	0.00	0.00	30.95	✓
SUPPLIES										
1869393162	✓	02/18/20	02/07/20	03/04/20		157.10	0.00	0.00	157.10	✓
SUPPLIES										
1869587237	✓	02/18/20	02/08/20	03/05/20		3,109.72	0.00	0.00	3,109.72	✓
SUPPLIES										
1869587238	✓	02/18/20	02/08/20	03/05/20		5.32	0.00	0.00	5.32	✓
SUPPLIES										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
M2470 MEDLINE INDUSTRIES INC						8,456.27	0.00	0.00	8,456.27	
Vendor#	Vendor Name				Class	Pay Code				
M2499	MEDTRONIC USA, INC. ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2541290766	✓	02/12/20	01/30/20	02/28/20		192.82	0.00	0.00	192.82	✓
SUPPLIES Freight 25.42										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
M2499 MEDTRONIC USA, INC.						192.82	0.00	0.00	192.82	
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
021419		02/18/20	02/14/20	02/14/20		445.00	0.00	0.00	445.00	✓
PAYROLL DED										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10963 MEMORIAL MEDICAL CLINIC						445.00	0.00	0.00	445.00	
Vendor#	Vendor Name				Class	Pay Code				
M2650	METLIFE ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
020119		02/01/20	02/01/20	02/01/20		131.52	0.00	0.00	131.52	✓
INSURANCE										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
M2650 METLIFE						131.52	0.00	0.00	131.52	
Vendor#	Vendor Name				Class	Pay Code				
M2685	MICROTEK MEDICAL INC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4514558 560	✓	02/12/20	02/06/20	03/06/20		293.06	0.00	0.00	293.06	✓
SUPPLIES										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
M2685 MICROTEK MEDICAL INC						293.06	0.00	0.00	293.06	
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	
	021419		02/19/20	02/14/20	02/14/20		62.50	0.00	0.00	62.50 ✓	
	PAYROLL DED										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		M2621	MMC AUXILIARY GIFT SHOP				62.50	0.00	0.00	62.50	
Vendor#	Vendor Name					Class	Pay Code				
M2662	MMC VOLUNTEERS ✓					W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	395154 ✓		02/13/20	02/12/20	03/01/20		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	
	3873055 ✓		02/18/20	02/15/20	02/25/20		2,374.58	0.00	0.00	2,374.58 ✓	
	INVENTORY										
	3873172 ✓		02/18/20	02/15/20	02/25/20		90.16	0.00	0.00	90.16 ✓	
	INVENTORY										
	3872957 ✓		02/18/20	02/15/20	02/25/20		200.24	0.00	0.00	200.24 ✓	
	INVENTORY										
	3873056 ✓		02/18/20	02/15/20	02/25/20		929.43	0.00	0.00	929.43 ✓	
	INVENTORY										
	3873173 ✓		02/18/20	02/15/20	02/25/20		100.11	0.00	0.00	100.11 ✓	
	INVENTORY										
	3873171 ✓		02/18/20	02/15/20	02/25/20		205.11	0.00	0.00	205.11 ✓	
	INVENTORY										
	8452 ✓		02/19/20	02/12/20	02/22/20		-130.35	0.00	0.00	-130.35 ✓	
	CREDIT										
	7919 ✓		02/19/20	02/12/20	02/22/20		-9.99	0.00	0.00	-9.99 ✓	
	CREDIT										
	8436 ✓		02/19/20	02/12/20	02/22/20		-25.09	0.00	0.00	-25.09 ✓	
	CREDIT										
	8468 ✓		02/19/20	02/12/20	02/22/20		-109.77	0.00	0.00	-109.77 ✓	
	CREDIT										
	7918 ✓		02/19/20	02/12/20	02/22/20		-4.99	0.00	0.00	-4.99 ✓	
	CREDIT										
	7920 ✓		02/19/20	02/12/20	02/22/20		-10.00	0.00	0.00	-10.00 ✓	
	CREDIT										
	3863099 ✓		02/19/20	02/13/20	02/23/20		394.43	0.00	0.00	394.43 ✓	
	SUPPLIES										
	3863098 ✓		02/19/20	02/13/20	02/23/20		594.25	0.00	0.00	594.25 ✓	
	INVENTORY										
	3863100 ✓		02/19/20	02/13/20	02/23/20		267.71	0.00	0.00	267.71 ✓	
	INVENTORY										
	3869342 ✓		02/19/20	02/14/20	02/24/20		44.39	0.00	0.00	44.39 ✓	
	INVENTORY										
	3866457 ✓		02/19/20	02/14/20	02/24/20		105.10	0.00	0.00	105.10 ✓	
	INVENTORY										
	3869343 ✓		02/19/20	02/14/20	02/24/20		482.69	0.00	0.00	482.69 ✓	

3866456	✓	INVENTORY	02/19/20	02/14/20	02/24/20		52.98	0.00	0.00	52.98	✓
3869344	✓	INVENTORY	02/19/20	02/14/20	02/24/20		183.72	0.00	0.00	183.72	✓
3869341	✓	INVENTORY	02/19/20	02/14/20	02/24/20		267.80	0.00	0.00	267.80	✓
3880291	✓	INVENTORY	02/19/20	02/18/20	02/28/20		38.02	0.00	0.00	38.02	✓
3880292	✓	INVENTORY	02/19/20	02/18/20	02/28/20		278.26	0.00	0.00	278.26	✓
3881457	✓	INVENTORY	02/19/20	02/18/20	02/28/20		1,225.88	0.00	0.00	1,225.88	✓
3880295	✓	INVENTORY	02/19/20	02/18/20	02/28/20		852.16	0.00	0.00	852.16	✓
3880294	✓	INVENTORY	02/19/20	02/18/20	02/28/20		1,581.58	0.00	0.00	1,581.58	✓
3880293	✓	INVENTORY	02/19/20	02/18/20	02/28/20		5.79	0.00	0.00	5.79	✓
Vendor Totals											
10536		MORRIS & DICKSON CO, LLC					9,984.20	0.00	0.00	9,984.20	
Vendor#	Vendor Name		Class		Pay Code						
10868	NOVA BIOMEDICAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
90577464	✓	02/12/20	02/06/20	03/06/20			38.16	0.00	0.00	38.16	✓
SUPPLIES <i>Freight 13.16</i>											
Vendor Totals											
10868		NOVA BIOMEDICAL					38.16	0.00	0.00	38.16	
Vendor#	Vendor Name		Class		Pay Code						
O1500	OLYMPUS AMERICA INC ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
97007574	✓	02/18/20	02/05/20	03/02/20			118.37	0.00	0.00	118.37	✓
SUPPLIES											
97020007	✓	02/18/20	02/07/20	03/04/20			1,137.51	0.00	0.00	1,137.51	✓
MAINT CONTRACT SURGERY											
Vendor Totals											
O1500		OLYMPUS AMERICA INC					1,255.88	0.00	0.00	1,255.88	
Vendor#	Vendor Name		Class		Pay Code						
12464	OLYMPUS AMERICA, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
INU188560	✓	02/19/20	01/30/20	02/28/20			12,498.88	0.00	0.00	12,498.88	✓
SUPPLIES											
Vendor Totals											
12464		OLYMPUS AMERICA, INC.					12,498.88	0.00	0.00	12,498.88	
Vendor#	Vendor Name		Class		Pay Code						
O1416	ORTHO CLINICAL DIAGNOSTICS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
1850882733	✓	02/19/20	02/04/20	03/06/20			750.46	0.00	0.00	750.46	✓
SUPPLIES											
Vendor Totals											
O1416		ORTHO CLINICAL DIAGNOSTICS					750.46	0.00	0.00	750.46	
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				
021919		02/19/20	02/19/20	02/19/20		1,485.00	0.00	0.00	1,485.00	✓			
	CONTRACT EMPLOYEE 2/5/19 - 2/18/19												
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net				
	11069	PABLO GARZA				1,485.00	0.00	0.00	1,485.00				
Vendor#	Vendor Name				Class	Pay Code							
11155	PARA ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
4956 ✓		02/01/20	02/01/20	03/03/20		2,000.00	0.00	0.00	2,000.00	✓			
	REVENUE INTEGRITY PROGR												
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net				
	11155	PARA				2,000.00	0.00	0.00	2,000.00				
Vendor#	Vendor Name				Class	Pay Code							
P2200	POWER HARDWARE ✓				W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
A51030 ✓		02/19/20	02/19/20	03/01/20		2.89	0.00	0.00	2.89	✓			
	SUPPLIES												
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net				
	P2200	POWER HARDWARE				2.89	0.00	0.00	2.89				
Vendor#	Vendor Name				Class	Pay Code							
11932	PRESS GANEY ASSOCIATES, INC. ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
IN000369941 ✓		02/20/20	01/31/20	01/31/20		1,950.00	0.00	0.00	1,950.00	✓			
	PT SURVEYS												
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net				
	11932	PRESS GANEY ASSOCIATES, INC.				1,950.00	0.00	0.00	1,950.00				
Vendor#	Vendor Name				Class	Pay Code							
10987	REVCYCLE+, INC. ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
MLVAC46047 ✓		02/18/20	02/08/20	03/05/20		2,174.15	0.00	0.00	2,174.15	✓			
	CODING SERVICES												
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net				
	10987	REVCYCLE+, INC.				2,174.15	0.00	0.00	2,174.15				
Vendor#	Vendor Name				Class	Pay Code							
10645	REVISTA de VICTORIA ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
01201918		02/18/20	01/23/20	01/23/20		240.00	0.00	0.00	240.00	✓			
	AD												
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net				
	10645	REVISTA de VICTORIA				240.00	0.00	0.00	240.00				
Vendor#	Vendor Name				Class	Pay Code							
11252	RX WASTE SYSTEMS LLC ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
1960 ✓		02/12/20	02/06/20	03/03/20		1,050.65	0.00	0.00	1,050.65	✓			
	DISPOSAL SERVICES Shipping 24.51												
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net				
	11252	RX WASTE SYSTEMS LLC				1,050.65	0.00	0.00	1,050.65				
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				

021919	02/19/20	02/19/20	02/19/20	739.09	0.00	0.00	739.09	✓
CONTRACT EMPLOYEE <i>216119 - 2118119</i>								
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
K0536	SHIRLEY KARNEI			739.09	0.00	0.00	739.09	
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
S2270	SMILE MAKERS	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay
8506586		02/12/20	02/05/20	03/02/20		49.94	0.00	0.00
SUPPLIES <i>Freight 9.99</i>								
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
S2270	SMILE MAKERS			49.94	0.00	0.00	49.94	
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
S2362	SMITH & NEPHEW ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay
921770330	✓	02/12/20	02/04/20	03/04/20		543.86	0.00	0.00
SUPPLIES <i>Freight 68.84</i>								
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
S2362	SMITH & NEPHEW			543.86	0.00	0.00	543.86	
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay
90042963	✓	02/19/20	01/31/20	02/25/20		10,635.00	0.00	0.00
90042849	✓	02/19/20	01/31/20	02/25/20		-3,220.00	0.00	0.00
CREDIT								
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
11296	SOUTH TEXAS BLOOD & TISSUE CEN			7,415.00	0.00	0.00	7,415.00	
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
S3960	STERICYCLE, INC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay
4008358872	✓	01/30/20	02/01/20	03/03/20		2,053.60	0.00	0.00
DISPOSAL SERVICES								
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
S3960	STERICYCLE, INC			2,053.60	0.00	0.00	2,053.60	
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
11772	STERIS INSTRUMENT MANAGEMENT ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay
2238451	✓	02/13/20	02/05/20	03/05/20		699.00	0.00	0.00
EQUIPMENT <i>Shipping 51.00</i>								
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
11772	STERIS INSTRUMENT MANAGEMENT			699.00	0.00	0.00	699.00	
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
10735	STRYKER SUSTAINABILITY ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay
3550674	✓	01/29/20	01/22/20	03/01/20		2,124.39	0.00	0.00
SUPPLIES								
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
10735	STRYKER SUSTAINABILITY			2,124.39	0.00	0.00	2,124.39	
Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net	
12440	SUN LIFE ASSURANCE COMPANY ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay
030119		02/19/20	03/01/20			2,292.04	0.00	0.00

VISION

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12440	SUN LIFE ASSURANCE COMPANY									2,292.04	0.00	0.00	2,292.04
Vendor#	Vendor Name	Class	Pay Code										
T2539	T-SYSTEM, INC ✓		W										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
205EV45473	✓	01/31/20	01/31/20	03/02/20		1,144.00	0.00	0.00	1,144.00	✓			
	CLOUD HOSTING												
205EV45558	✓	01/31/20	01/31/20	03/02/20		4,555.00	0.00	0.00	4,555.00	✓			
	ER TRACKING												
205EV45564	✓	02/19/20	01/31/20	03/02/20		8,000.00	0.00	0.00	8,000.00	✓			
	INTERFACE IMPLIMENTATION												
Vendor#	Vendor Name	Class	Pay Code										
T2539	T-SYSTEM, INC					13,699.00	0.00	0.00	13,699.00				
Vendor#	Vendor Name	Class	Pay Code										
12444	THE UPS STORE VICTORIA ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
11239	✓	02/18/20	01/21/20	02/21/20		3,082.05	0.00	0.00	3,082.05	✓			
	MAILERS FOR NEW DOCS												
11318	✓	02/18/20	02/13/20	02/13/20		3,081.24	0.00	0.00	3,081.24	✓			
	MAILERS FOR NEW DOC												
Vendor#	Vendor Name	Class	Pay Code										
12444	THE UPS STORE VICTORIA					6,163.29	0.00	0.00	6,163.29				
Vendor#	Vendor Name	Class	Pay Code										
11100	THE US CONSULTING GROUP												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
340373740	✓	02/13/20	02/05/20	03/02/20		237.08	0.00	0.00	237.08	✓			
	GARBAGE SERVICES												
340373871	✓	02/18/20	02/12/20	03/06/20		309.53	0.00	0.00	309.53	✓			
	GARBAGE SERVICES												
Vendor#	Vendor Name	Class	Pay Code										
11100	THE US CONSULTING GROUP					546.61	0.00	0.00	546.61				
Vendor#	Vendor Name	Class	Pay Code										
10732	THERACOM, LLC ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
20847303301	✓	02/19/20	01/28/20	02/18/20		1,955.10	0.00	0.00	1,955.10	✓			
	INVNTORY												
Vendor#	Vendor Name	Class	Pay Code										
10732	THERACOM, LLC					1,955.10	0.00	0.00	1,955.10				
Vendor#	Vendor Name	Class	Pay Code										
11067	TRIZETTO PROVIDER SOLUTIONS ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
35FK021900	✓	02/18/20	02/01/20	02/26/20		1,901.24	0.00	0.00	1,901.24	✓			
	PT STATEMENTS												
Vendor#	Vendor Name	Class	Pay Code										
11067	TRIZETTO PROVIDER SOLUTIONS					1,901.24	0.00	0.00	1,901.24				
Vendor#	Vendor Name	Class	Pay Code										
U1064	UNIFIRST HOLDINGS INC ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
8400293549	✓	02/06/20	02/04/20	03/01/20		120.39	0.00	0.00	120.39	✓			
	LAUNDRY												

8400293590	✓	02/06/20 02/04/20 03/01/20	1,352.17	0.00	0.00	1,352.17	✓		
LAUNDRY									
8400293551	✓	02/06/20 02/04/20 03/01/20	130.77	0.00	0.00	130.77	✓		
LAUNDRY									
8400293620	✓	02/06/20 02/04/20 03/01/20	126.80	0.00	0.00	126.80	✓		
SUPPLIES									
8400293552	✓	02/06/20 02/04/20 03/01/20	47.15	0.00	0.00	47.15	✓		
LAUNDRY									
8400293583	✓	02/06/20 02/04/20 03/01/20	79.36	0.00	0.00	79.36	✓		
LAUNDRY									
8400293553	✓	02/06/20 02/04/20 03/01/20	52.41	0.00	0.00	52.41	✓		
LAUNDRY									
8400293550	✓	02/13/20 02/04/20 03/01/20	157.26	0.00	0.00	157.26	✓		
LAUNDRY									
8400293921	✓	02/13/20 02/07/20 03/04/20	1,243.57	0.00	0.00	1,243.57	✓		
LAUNDRY									
8400293877	✓	02/13/20 02/07/20 03/04/20	17.00	0.00	0.00	17.00	✓		
LAUNDRY									
8400293880	✓	02/13/20 02/07/20 03/04/20	175.83	0.00	0.00	175.83	✓		
LAUNDRY									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			U1064	UNIFIRST HOLDINGS INC	3,502.71	0.00	0.00	3,502.71	
Vendor#	Vendor Name		Class		Pay Code				
12400	UPDOX LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV00063804	✓	01/31/20	01/31/20	02/28/20		199.00	0.00	0.00	199.00
FAXING									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			12400	UPDOX LLC	199.00	0.00	0.00	199.00	
Vendor#	Vendor Name		Class		Pay Code				
12000	VYAIRE MEDICAL, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9100343957	✓	01/31/20	01/29/20	03/01/20		-52.92	0.00	0.00	-52.92
CREDIT									
9100251088		02/12/20	02/01/20	03/01/20		182.40	0.00	0.00	182.40
SUPPLIES <i>Shipping 8.42</i>									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			12000	VYAIRE MEDICAL, INC	129.48	0.00	0.00	129.48	
Vendor#	Vendor Name		Class		Pay Code				
10793	WAGEWORKS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021419		02/18/20	02/14/20	02/14/20		3,730.09	0.00	0.00	3,730.09
PAYROLL DED									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			10793	WAGEWORKS	3,730.09	0.00	0.00	3,730.09	
Vendor#	Vendor Name		Class		Pay Code				
11110	WERFEN USA LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110628242	✓	02/19/20	02/04/20	03/01/20		258.96	0.00	0.00	258.96
SUPPLIES									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			11110	WERFEN USA LLC	258.96	0.00	0.00	258.96	

Vendor#	Vendor Name				Class	Pay Code					
11166	WEST INTERACTIVE SERVICES CORP	✓									
Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	✓
INV002077217	✓		02/18/20	01/31/20	02/28/20		484.94	0.00	0.00	484.94	✓
HOUSE CALLS											
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11166	WEST INTERACTIVE SERVICES CORP					484.94	0.00	0.00	484.94	
Vendor#	Vendor Name					Class	Pay Code				
12456	XI WANG	✓									
Invoice#	Comment		Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
73260	✓		02/19/20	07/11/20	07/11/20		141.12	0.00	0.00	141.12	✓
PT REFUND											
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	12456	XI WANG					141.12	0.00	0.00	141.12	
Report Summary											
Grand Totals:			Gross		Discount		No-Pay		Net		
			395,267.41		0.00		0.00		395,267.41 ✓		

APPROVED
ON

FEB 21 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 179653-
179746

8

RUN DATE:02/22/19
TIME:12:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/27/19 THRU 02/27/19

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	179653	02/27/19	398.00	3WON, LLC
A/P	179654	02/27/19	117.02	ACE HARDWARE 15521
A/P	179655	02/27/19	1,400.00	ACUTE CARE INC
A/P	179656	02/27/19	636.00	ALCON LABORATORIES, INC.
A/P	179657	02/27/19	177.40	ALIMED INC.
A/P	179658	02/27/19	21.99	AQUA BEVERAGE COMPANY
A/P	179659	02/27/19	2,641.50	ASCEND NATIONAL LLC
A/P	179660	02/27/19	6,145.37	BANK OF THE WEST
A/P	179661	02/27/19	150.00	BARD ACCESS
A/P	179662	02/27/19	1,214.70	BAXTER HEALTHCARE
A/P	179663	02/27/19	570.00	BAY STORAGE
A/P	179664	02/27/19	30,738.78	BECKMAN COULTER INC
A/P	179665	02/27/19	2,756.25	BECTON, DICKINSON & CO (BD)
A/P	179666	02/27/19	10.00	CALHOUN CO. RECYCLING CENTER
A/P	179667	02/27/19	704.78	CARDINAL HEALTH 414, INC.
A/P	179668	02/27/19	580.36	CAREFUSION
A/P	179669	02/27/19	143.84	CHARENA CHETCHAVAT
A/P	179670	02/27/19	14,298.50	CLINICAL PATHOLOGY
A/P	179671	02/27/19	189.70	COASTAL OFFICE SOLUTONS
A/P	179672	02/27/19	1,269.82	COMBINED INSURANCE
A/P	179673	02/27/19	125.52	CONMED CORPORATION
A/P	179674	02/27/19	210.74	CYRACOM LLC
A/P	179675	02/27/19	951.40	DEWITT POTTH & SON
A/P	179676	02/27/19	128,721.63	DISCOVERY MEDICAL NETWORK INC
A/P	179677	02/27/19	10.00	DOROTHY BONUZ
A/P	179678	02/27/19	254.90	DOWNTOWN CLEANERS
A/P	179679	02/27/19	358.32	DR. SALAH ELDOHIRI
A/P	179680	02/27/19	32.11	DSHS CENTRAL LAB MC2004
A/P	179681	02/27/19	707.50	EAGLE FIRE & SAFETY INC
A/P	179682	02/27/19	2,250.00	ELSEVIER INC.
A/P	179683	02/27/19	27,375.00	EMERGENCY STAFFING SOLUTIONS
A/P	179684	02/27/19	17,000.38	EVIDENT
A/P	179685	02/27/19	1,261.41	FEDERAL EXPRESS CORP.
A/P	179686	02/27/19	66.00	FEDERAL INSURANCE COMPANY
A/P	179687	02/27/19	75.00	FIRST CLEARING
A/P	179688	02/27/19	1,206.82	FISHER HEALTHCARE
A/P	179689	02/27/19	12,491.03	GE PRECISION HEALTHCARE, LLC
A/P	179690	02/27/19	132.00	GENERAL HOSPITAL SUPPLY
A/P	179691	02/27/19	204.61	GETINGE USA SALES LLC
A/P	179692	02/27/19	18,381.84	GOLDENCREEK HEALTHCARE
A/P	179693	02/27/19	951.22	GULF COAST PAPER COMPANY
A/P	179694	02/27/19	3,634.40	HEALTHCARE CODING & CONSULTING
A/P	179695	02/27/19	17,205.19	HEALTHCARE EQUIPMENT FINANCE
A/P	179696	02/27/19	11.25	ICU MEDICAL, INC
A/P	179697	02/27/19	537.66	IRON MOUNTAIN
A/P	179698	02/27/19	158.80	J & J HEALTH CARE SYSTEMS, INC
A/P	179699	02/27/19	340.83	JASON ANGLIN
A/P	179700	02/27/19	1,095.00	M G TRUST
A/P	179701	02/27/19	106.24	M.C. JOHNSON COMPANY INC
A/P	179702	02/27/19	663.27	MARLIN BUSINESS BANK

RUN DATE:02/22/19
TIME:12:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/27/19 THRU 02/27/19

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	179703	02/27/19	1,018.33	MARVELOUS GARDENS, INC
A/P	179704	02/27/19	1,803.06	MCKESSON MEDICAL SURGICAL INC
A/P	179705	02/27/19	.00	VOIDED
A/P	179706	02/27/19	.00	VOIDED
A/P	179707	02/27/19	8,456.27	MEDLINE INDUSTRIES INC
A/P	179708	02/27/19	192.82	MEDTRONIC USA, INC.
A/P	179709	02/27/19	445.00	MEMORIAL MEDICAL CLINIC
A/P	179710	02/27/19	131.52	METLIFE
A/P	179711	02/27/19	293.06	MICROTEK MEDICAL INC
A/P	179712	02/27/19	62.50	MMC AUXILIARY GIFT SHOP
A/P	179713	02/27/19	122.04	MMC VOLUNTEERS
A/P	179714	02/27/19	.00	VOIDED
A/P	179715	02/27/19	9,984.20	MORRIS & DICKSON CO, LLC
A/P	179716	02/27/19	38.16	NOVA BIOMEDICAL
A/P	179717	02/27/19	1,255.88	OLYMPUS AMERICA INC
A/P	179718	02/27/19	12,498.88	OLYMPUS AMERICA, INC.
A/P	179719	02/27/19	750.46	ORTHO CLINICAL DIAGNOSTICS
A/P	179720	02/27/19	1,485.00	PABLO GARZA
A/P	179721	02/27/19	2,000.00	PARA
A/P	179722	02/27/19	2.89	POWER HARDWARE
A/P	179723	02/27/19	1,950.00	PRESS GANEY ASSOCIATES, INC.
A/P	179724	02/27/19	2,174.15	REVCYCLE+, INC.
A/P	179725	02/27/19	240.00	REVISTA de VICTORIA
A/P	179726	02/27/19	1,050.65	RX WASTE SYSTEMS LLC
A/P	179727	02/27/19	739.09	SHIRLEY KARNEI
A/P	179728	02/27/19	49.94	SMILE MAKERS
A/P	179729	02/27/19	543.86	SMITH & NEPHEW
A/P	179730	02/27/19	7,415.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	179731	02/27/19	2,053.60	STERICYCLE, INC
A/P	179732	02/27/19	699.00	STERIS INSTRUMENT MANAGEMENT
A/P	179733	02/27/19	2,124.39	STRYKER SUSTAINABILITY
A/P	179734	02/27/19	2,292.04	SUN LIFE ASSURANCE COMPANY
A/P	179735	02/27/19	13,699.00	T-SYSTEM, INC
A/P	179736	02/27/19	6,163.29	THE UPS STORE VICTORIA
A/P	179737	02/27/19	546.61	THE US CONSULTING GROUP
A/P	179738	02/27/19	1,955.10	THERACOM, LLC
A/P	179739	02/27/19	1,901.24	TRIZETTO PROVIDER SOLUTIONS
A/P	179740	02/27/19	3,502.71	UNIFIRST HOLDINGS INC
A/P	179741	02/27/19	199.00	UPDOX LLC
A/P	179742	02/27/19	129.48	VYAIR MEDICAL, INC
A/P	179743	02/27/19	3,730.09	WAGEWORKS
A/P	179744	02/27/19	258.96	WERFEN USA LLC
A/P	179745	02/27/19	484.94	WEST INTERACTIVE SERVICES CORP
A/P	179746	02/27/19	141.12	XI WANG
A/P	179747	02/27/19	40,062.50	EMERGENCY STAFFING SOLUTIONS <i>criticals</i>
TOTALS:			435,329.91	

APPROVED
ON

FEB 27 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 395,267.41 +
Critical- 40,062.50 +
Emer. 435,329.91 *
STAFFING

MCKESSON

Company: 8000

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

STATEMENT

As of: 02/15/2019

Page: 002

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

DC: 8115

As of: 02/15/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:
Customer: 632536
Date: 02/16/2019

Cust: 632536 PLEASE CHECK ANY
Date: 02/16/2019 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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: 6,974.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97

08/07/2017

If Paid By 02/19/2019,
Pay This Amount:

6,835.45

USD

Due If Paid On Time:
USD
Disc lost if paid late:
139.49

6,835.45

If Paid After 02/19/2019,
Pay this Amount:

6,974.94 USD

Due If Paid Late:
USD
6,974.94

on file

Check # 1021
GL Acct. # 60310000

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2,910.15 +
2,161.60 +
2,48 +
1,761.24 +
6,835.45 *

MCKESSON

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/15/2019

DC: 8115

Territory: 400

Customer: 262252

Date: 02/16/2019

Page: 001

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account, detach and return this
stub with your remittance

As of: 02/15/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 02/16/2019 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS										
02/11/2019	02/19/2019	7117993196	440982	115Invoice	23.33	1,166.56		1,143.23✓		7117993196
02/12/2019	02/19/2019	7118293745	441475	115Invoice	19.24	962.17		942.93✓		7118293745
02/12/2019	02/19/2019	7118293748	441475	115Invoice	0.03	1.68		1.65✓		7118293748
02/13/2019	02/19/2019	7118520175	442090	115Invoice	1.20	60.22		59.02✓		7118520175
02/14/2019	02/19/2019	7118763672	443352	115Invoice	5.90	294.93		289.03✓		7118763672
02/15/2019	02/19/2019	7118985693	443999	115Invoice	9.68	483.95		474.27✓		7118985693

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS
Subtotals:

2,969.51 USD

Future Due: 0.00

Due If Paid On Time: 2,910.13✓
USD

Past Due: 0.00

If Paid By 02/19/2019,
Pay This Amount: 2,910.13 USD

Disc lost if paid late: 59.38

Last Payment 02/11/2019 3,075.03

Due If Paid Late: 2,969.51
USD

If Paid After 02/19/2019,
Pay this Amount:

2,969.51 USD

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Handwritten signature

MCKESSON

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

STATEMENT

As of: 02/15/2019
DC: 8115
Territory: 81
Customer: 464450
Date: 02/16/2019

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 02/15/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 02/16/2019
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------

Customer Number 464450 HEB PHY FC 490/MEM MC PHS

02/12/2019 02/19/2019 7118116216 55X773804 115invoice 44.11 2,205.71 2,161.60 7118116216

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS
Subtotals: 2,205.71 USD

Future Due:

0.00

Past Due:

0.00

Last Payment
01/22/2019

4,328.78

If Paid By 02/19/2019,
Pay This Amount:

2,161.60

USD

Due If Paid On Time:
USD

2,161.60

Disc lost if paid late:

44.11

If Paid After 02/19/2019,
Pay this Amount:

2,205.71

USD

Due If Paid Late:
USD

2,205.71

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/15/2019

DC: 8115

Territory: 400

Customer: 190813

Date: 02/16/2019

Page: 001

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account, detach and return this
stub with your remittance

As of: 02/15/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 02/16/2019 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------

Customer Number 190813 HEB PHCY 0434/MEM MED PHS

02/13/2019 02/19/2019 7118498107 2017006881 115Invoice 0.05 2.53 2.48✓ 7118498107

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: 2.53 USD

Future Due:

0.00

Past Due:

0.00

Last Payment
02/11/2019

3,075.03

If Paid By 02/19/2019,
Pay This Amount:

2.48 USD

Due If Paid On Time:
USD
Disc lost if paid late:

2.48✓
0.05

If Paid After 02/19/2019,
Pay this Amount:

2.53 USD

Due If Paid Late:
USD

2.53

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/15/2019

DC: 8115

Territory: 400

Customer: 256342

Date: 02/16/2019

Page: 001

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account, detach and return this
stub with your remittance

As of: 02/15/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/16/2019 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS											
02/11/2019	02/19/2019	7117991377	0959800144	115invoice	9.41	470.35	460.94	✓	7117991377		
02/12/2019	02/19/2019	7118274583	0959800145	115invoice	6.45	322.64	316.19	✓	7118274583		
02/13/2019	02/19/2019	7118505489	0959800146	115invoice	6.04	301.80	295.76	✓	7118505489		
02/13/2019	02/19/2019	7118505491	0212190151-00	115invoice	0.08	3.82	3.74	✓	7118505491		
02/14/2019	02/19/2019	7118757722	0959800147	115invoice	6.05	302.74	296.69	✓	7118757722		
02/15/2019	02/19/2019	7118981369	0959800148	115invoice	7.92	395.84	387.92	✓	7118981369		

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS
Subtotals: 1,797.19 USD

Future Due:

0.00

Past Due: If Paid By 02/19/2019,
Pay This Amount: 1,761.24 USD

1,797.19 USD

Due If Paid On Time:

USD

1,761.24

Disc lost if paid late:

35.95

Last Payment

3,075.03

If Paid After 02/19/2019,
Pay this Amount:

1,797.19 USD

Due If Paid Late:

USD

1,797.19

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

on 2/25/19

8

RUN DATE:02/20/19
TIME:15:51

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/20/19 THRU 02/20/19

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P * 001021 02/20/19 6,835.45 MCKESSON
A/P 179652 02/20/19 705.00 MMC EMPLOYEES ACTIVITIES TEAM
TOTALS: 7,540.45

MCKESSON

Company: 8000

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

STATEMENT

As of: 02/22/2019
DC: 8115
Territory:
Customer: 632536
Date: 02/23/2019

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Page: 002

As of: 02/22/2019
Mail to:

Page: 002
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AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 02/23/2019

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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:

6,238.00 USD

Future Due:

0.00

Past Due:

146.62-

Last Payment
08/07/2017

2,451.97

If Paid By 02/26/2019,

Pay This Amount:

6,110.32

USD

Due If Paid On Time:

USD

Disc lost if paid late:

127.68

Due If Paid Late:

USD

6,238.00

Check # 1022

GL Acct: # 60310000

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,401.92 +
2,347.72 +
36.40 +
2,324.28 +
6,110.32 *

MCKESSON

STATEMENT

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/22/2019

DC: 8115

Territory: 400

Customer: 262252

Date: 02/23/2019

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

As of: 02/22/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 02/23/2019 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	Amount (net)	P F	Receivable Number
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS									
02/18/2019	02/26/2019	7119248439	444446	115Invoice	3.48	173.89	✓170.41	✓	7119248439
02/18/2019	02/26/2019	7119248440	444446	115Invoice	0.70	34.79	✓34.09	✓	7119248440
02/19/2019	02/26/2019	7119510512	445018	115Invoice	36.92	1,845.93	✓1,809.01	✓	7119510512
02/19/2019	02/26/2019	7119510514	445018	115Invoice	2.48	124.18	✓121.70	✓	7119510514
02/20/2019	02/26/2019	7119729999	445335	115Invoice	0.53	26.51	✓25.98	✓	7119729999
02/20/2019	02/26/2019	7119735000	445335	115Invoice	2.45	122.67	✓120.22	✓	7119735000
02/20/2019	02/20/2019	7119796181	MFC PR CORR CR	Pricing Cor		100.29- P	✓100.29- P	✓	7119796181
02/20/2019	02/26/2019	7119796182	MFC PR CORR IN	Pricing Cor	0.21	10.70	✓10.49	✓	7119796182
02/21/2019	02/26/2019	7119957008	446323	115Invoice	0.07	3.61	✓3.54	✓	7119957008
02/22/2019	02/26/2019	7120195743	447156	115Invoice	3.40	170.21	✓166.81	✓	7120195743
02/22/2019	02/22/2019	7120260147	MFC PR CORR CR	Pricing Cor		46.33- P	✓46.33- P	✓	7120260147
02/22/2019	02/26/2019	7120260148	MFC PR CORR IN	Pricing Cor	0.18	8.83	✓8.65	✓	7120260148

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS
Subtotals: 2,374.70 USD

Future Due: 0.00

Past Due: 146.62-

Last Payment 02/19/2019 6,835.45

If Paid By 02/26/2019,
Pay This Amount:

2,324.28 USD

If Paid After 02/26/2019,
Pay this Amount:

2,374.70 USD

Due If Paid On Time:
USD 2,324.28 ✓

Disc lost if paid late:
50.42

Due If Paid Late:
USD 2,374.70

APPROVED
ON

FEB 25 2019

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: 02/22/2019
DC: 8115
Territory: 400
Customer: 190813
Date: 02/23/2019

Page: 001

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As of: 02/22/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 02/23/2019
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------

Customer Number 190813 HEB PHCY 0434/MEM MED PHS

02/20/2019 02/26/2019 7119708586 2017006943 115 Invoice

36.40 ✓ 7119708586

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: 37.14 USD

Future Due:

0.00

If Paid By 02/26/2019,
Pay This Amount:

36.40 USD

Due If Paid On Time:
USD

Past Due:

0.00

If Paid After 02/26/2019,
Pay this Amount:

37.14 USD

0.74

Due If Paid Late:
USD

Last Payment
02/19/2019

6,835.45

37.14 USD

36.40 ✓

on the 10th

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/22/2019

DC: 8115

Territory: 400

Customer: 256342

Date: 02/23/2019

Page: 001

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

As of: 02/22/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/23/2019 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS										
02/18/2019	02/26/2019	7119262052	0959800149	115Invoice	13.03	651.46		✓638.43	✓	7119262052
02/18/2019	02/26/2019	7119262053	0216190253-00	115Invoice	18.15	907.53		✓889.38	✓	7119262053
02/18/2019	02/26/2019	7119262054	0217190339-00	115Invoice	2.44	121.94		✓119.50	✓	7119262054
02/19/2019	02/26/2019	7119507807	0959800150	115Invoice	1.59	79.54		✓77.95	✓	7119507807
02/20/2019	02/26/2019	7119724373	WMMH0219	115Invoice	0.48	23.88		✓23.40	✓	7119724373
02/20/2019	02/26/2019	7119724375	0959800151	115Invoice	6.12	306.13		✓300.01	✓	7119724375
02/21/2019	02/26/2019	7119957506	0959800152	115Invoice	6.05	302.46		✓296.41	✓	7119957506
02/21/2019	02/26/2019	7119957507	0220190358-00	115Invoice	0.02	0.95		✓0.93	✓	7119957507
02/22/2019	02/26/2019	7120178713	0959800153	115Invoice	0.03	1.74		✓1.71	✓	7120178713

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: 2,395.63 USD

Future Due:

0.00

Past Due:

0.00

Last Payment
02/19/2019

6,835.45

If Paid By 02/26/2019,
Pay This Amount:

2,347.72 USD

If Paid After 02/26/2019,
Pay this Amount:

2,395.63 USD

Due if Paid On Time:
USD

2,347.72

Disc lost if paid late:

47.91

Due if Paid Late:
USD

2,395.63

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

on Jan 30

MCKESSON

STATEMENT

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/22/2019

DC: 8115

Territory: 81

Customer: 464450

Date: 02/23/2019

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AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 02/23/2019 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
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Customer Number 464450 HEB PHY FC 490/MEM MC PHS

02/22/2019	02/26/2019	7120045678	55x787502	115Invoice	28.61	1,430.53		1,401.92✓		7120045678
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PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS
Subtotals: 1,430.53 USD

Future Due:

0.00

Past Due:

0.00

Last Payment
02/19/2019

6,835.45

If Paid By 02/26/2019,
Pay This Amount:

1,401.92

USD ✓

Due If Paid On Time:
USD

1,401.92✓

Disc lost if paid late:

28.61

If Paid After 02/26/2019,
Pay this Amount:

1,430.53

USD

Due If Paid Late:
USD

1,430.53

Handwritten signature

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

0

RUN DATE:02/26/19
TIME:09:13

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/26/19 THRU 02/26/19

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

A/P	001022	02/26/19	6,110.32	MCKESSON
TOTALS:			6,110.32	

 AmerisourceBergen STATEMENT

Number: 57685129 Date: 02-15-2019 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: 4,144.35
 Past Due: 0.00
 Total Due: 4,144.35
 Account Balance: 4,144.35

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
02-11-2019	02-22-2019	3019544003	142990	Invoice	✓ 320.93 ✓
02-11-2019	02-22-2019	3019544004	142991	Invoice	✓ 103.38 ✓
02-11-2019	02-22-2019	3019544005	142992	Invoice	✓ 42.49 ✓
02-11-2019	02-22-2019	3019578856	143066	Invoice	✓ 1,188.98 ✓
02-12-2019	02-22-2019	3019611610	143076	Invoice	✓ 629.07 ✓
02-13-2019	02-22-2019	3019658634	143124	Invoice	✓ 245.95 ✓
02-15-2019	02-22-2019	3019751785	143175	Invoice	✓ 1,362.53 ✓
02-15-2019	02-22-2019	3019751786	143176	Invoice	✓ 51.02 ✓

Thank You for Your Payment

Date	Payment Number	Amount
02-15-2019		(3,399.22)

Reminders

Due Date	Amount
02-22-2019	4,144.35
Total Due:	4,144.35 ✓
Terms: Monday - Friday due in 7 days	

over CFO

check # 1015
 GL Acct. # 60310000

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8

RUN DATE:02/22/19
TIME:17:33

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/22/19 THRU 02/22/19

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P *	001015	02/22/19	4,144.35	AMERISOURCEBERGEN
PR-	062465	02/22/19	112.67	PAY-P.02/01/19 02/14/19
PR-	062466	02/22/19	881.75	PAY-P.02/01/19 02/14/19
PR-	062467	02/22/19	661.24	PAY-P.02/01/19 02/14/19
PR- *	062468	02/22/19	1,321.43	PAY-P.02/01/19 02/14/19
PR-	999999	02/22/19	282,475.40	
TOTALS:			289,596.84	

 AmerisourceBergen STATEMENT

Number: 57697322 Date: 02-22-2019 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: 3,482.77
Past Due: 0.00
Total Due: 3,482.77
Account Balance: 3,482.77

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
02-18-2019	03-01-2019	3019783250	143210	Invoice	✓ 240.35 ✓
02-18-2019	03-01-2019	3019783251	143215	Invoice	✓ 535.46 ✓
02-18-2019	03-01-2019	3019823372	143263	Invoice	✓ 708.24 ✓
02-19-2019	03-01-2019	3019860777	143273	Invoice	✓ 279.69 ✓
02-20-2019	03-01-2019	3019911738	143301	Invoice	✓ 396.79 ✓
02-20-2019	03-01-2019	3019911739	143302	Invoice	✓ 228.24 ✓
02-21-2019	03-01-2019	3019958059	143358	Invoice	✓ 983.11 ✓
02-22-2019	03-01-2019	3020005504	143397	Invoice	✓ 110.89 ✓

Thank You for Your Payment

Date	Payment Number	Amount
02-22-2019		(4,144.35)

Reminders

Due Date	Amount
03-01-2019	3,482.77 ✓
Total Due:	3,482.77

Terms:
Monday - Friday due in 7 days

on file CFO

Check #1016
GL Acct. #60310000

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

FEB 22 2019

Calhoun County Auditor

02/22/2019

10:39

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

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
37471		02/19/20	12/31/20	01/31/20	02/27/20 P	27,375.00	0.00	0.00	27,375.00

37501	VOLUME GUARENTEE SHORT								
	ER STAFFING	02/22/20	02/15/20	02/15/20		40,062.50	0.00	0.00	40,062.50 ✓

Vendor Totals Number Name

11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	Gross	Discount	No-Pay	Net
		67,437.50		0.00	0.00	67,437.50 40,062.50

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
67,437.50 40,062.50	0.00	0.00	67,437.50 40,062.50

APPROVED
ON

FEB 22 2019

CK#

179747

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK**

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --February 15, 2019 - February 24, 2019

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>
2/15/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	3,399.22 *
2/15/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000026816	- Retirement Funding	127,823.69 ***
2/19/2019	CM Wire Domestic WIRE OUT CBNA Incoming Settlement Account	- CitiBank Corporate Card Payment	4,641.92 **
2/19/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000692128739	- 3rd Party Payor Fee	8.39
2/19/2019	ACH Payment WEBFILE TAX PYMT DD 902/32886447 21000025334	- Sales Tax	1,565.49 *
2/20/2019	ACH Payment FDGL LEASE PYMT 052-1312971-000 410001265346	- Credit Card Machine Lease Expense	151.23
2/20/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03722468 910000130	- 340B Drug Program Expense	6,835.45 ***
2/20/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000693333168	- 3rd Party Payor Fee	14.91
2/21/2019	ACH Payment IRS USATAXPYMT 220945233835683 6103601000239	- Payroll Taxes	93,097.68 **
2/21/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000694180431	- 3rd Party Payor Fee	16.14
2/22/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	4,144.35 ***
2/22/2019	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122656852879	- Payroll	282,475.40 **
			<u>524,173.87</u>

Diane Moore, CFO

Memorial Medical Center

February 25, 2019

* Approved 02-13-19 CC

** Approved 02-18-19 CC

*** Approved 02-06-19 CC

*** ACH draft that will be approved this court

2/27/19 due to court date change.

8,399	+	524,173.87	+
14,911	+	3,399.22	-
16,144	+	127,823.69	-
39,444	*	4,641.92	-
151,233	+	1,565.49	-
151,233	*	6,835.45	-
39,444	+	93,097.68	-
151,233	+	4,144.35	-
190,677	*	282,475.40	-
		190,677	*

check

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
2/25/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Clk to MMC for QIPP	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		229,015.55 ✓	228,846.16 ✓	120,573.55	-	-	120,742.94 ✓ 120,742.94	108,097.42
							Bank Balance Variance	
							Leave In Balance	
							MMC Portion QIPP 1	100.00 ✓
							MMC Portion QIPP 2	12,476.13 ✓
							MMC Portion QIPP 3	-
							MMC Portion Lapse Funds	-
							January Bank Interest	69.39 ✓
							February Bank Interest	-
							March Bank Interest	-
							Adjust Balance/Transfer Amt	108,097.42 ✓

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
AB
AC-000011

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Clk to MMC for QIPP	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at W Houston		49,510.80 ✓	49,439.53 ✓	372,172.95	-	-	372,244.22 ✓ 372,244.22	368,501.31
							Bank Balance Variance	
							Leave In Balance	
							MMC Portion QIPP 1	100.00 ✓
							MMC Portion QIPP 2	3,554.33 ✓
							MMC Portion QIPP 3	-
							MMC Portion Lapse Funds	-
							January Bank Interest	88.58 ✓
							February Bank Interest	-
							March Bank Interest	-
							Adjust Balance/Transfer Amt	368,501.31 ✓
							379,503.21 ✓	376,927.00
							379,503.21	
							Bank Balance Variance	
							Leave In Balance	
							MMC Portion QIPP 1	100.00 ✓
							MMC Portion QIPP 2	2,417.52 ✓
							MMC Portion QIPP 3	-
							MMC Portion Lapse Funds	-
							January Bank Interest	58.69 ✓
							February Bank Interest	-
							March Bank Interest	-
							Adjust Balance/Transfer Amt	376,927.00 ✓

Crescent

Broadmoor

48,520.87 ✓ 48,354.53 ✓ 413,637.47

413,803.81 ✓ 411,205.56
 413,803.81
 -
 Bank Balance
 Variance
 Leave in Balance 100.00 ✓
 MMC Portion QIPP 1 2,431.91 ✓
 MMC Portion QIPP 2 -
 MMC Portion QIPP 3 -
 MMC Portion Lapse Funds 0.00 ✓
 January Bank Interest 66.34 ✓
 February Bank Interest 0
 March Bank Interest 0
 Adjust Balance/Transfer Amt 411,205.56 ✓

Fort Bend

54,069.91 ✓ 53,938.54 ✓ 93,924.14

94,055.51 ✓ 88,815.69
 94,055.51
 -
 Bank Balance
 Variance
 Leave in Balance 100.00 ✓
 MMC Portion QIPP 1 5,108.45 ✓
 MMC Portion QIPP 2 -
 MMC Portion QIPP 3 -
 MMC Portion Lapse Funds -
 January Bank Interest 31.37 ✓
 February Bank Interest -
 March Bank Interest -
 Adjust Balance/Transfer Amt 88,815.69 ✓

TOTAL TRANSFERS 1,353,546.98

Routing Information for Crescent / Solea at West Houston / Fort Bend / Broadmoor:

Cantex Health Care Centers III LLC

JP Morgan Chase Bank

AB

Account

Approved: *[Signature]* CFO

Diane Moore, CFO 2/25/2019

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.

108,097.42 +
 368,501.31 +
 376,927.00 +
 411,205.56 +
 88,815.69 +
 1,353,546.98 *

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	
Ashford Gardens							
2/22/2019 Check # 47	44,597.92						
2/22/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		21,570.76					21,570.76
2/22/2019 ACH Deposit HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2		16,868.13					16,868.13
2/22/2019 ACH Deposit HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2		4,107.80					4,107.80
2/21/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		9,840.00					9,840.00
2/21/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		4,452.80					4,452.80
2/21/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		1,519.68					1,519.68
2/21/2019 ACH Deposit Amerigroup TXSC HCLCLAIMPMT 3392228731 111000		80.00					80.00
2/20/2019 ACH Deposit UnitedHealthcare HCLCLAIMPMT 746003411 124384		6,150.00					6,150.00
2/19/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		5,961.60					5,961.60
2/19/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	184,908.24						
2/19/2019 Deposit		5,898.56					5,898.56
2/19/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		3,139.68					3,139.68
2/19/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		1,329.24					1,329.24
2/15/2019 ACH Deposit MOLINA HEALTHCARE MOLINAACH 00805580 42000018		12,476.13	12,476.13				12,476.13
2/15/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		2,712.64					2,712.64
2/15/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		20,330.98					20,330.98
2/15/2019 ACH Deposit HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2		4,195.55					4,195.55
	228,846.16	320,573.55	12,476.13				108,097.42

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	
Brookline							
2/22/2019 Check # 16	6,793.92						
2/22/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		1,578.78					1,578.78
2/22/2019 ACH Deposit UHC Community PI HCLCLAIMPMT 746003411 910000		260.00					260.00
2/22/2019 ACH Deposit HEALTH HUMAN SVC HCLCLAIMPMT 17460034113004 2		1,105.28					1,105.28
2/22/2019 ACH Deposit HEALTH HUMAN SVC HCLCLAIMPMT 17460034113004 2		1,857.65					1,857.65
2/21/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		938.58					938.58
2/21/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		37.70					37.70
2/21/2019 ACH Deposit UHC Community PI HCLCLAIMPMT 746003411 910000		7,770.50					7,770.50
2/21/2019 ACH Deposit UHC Community PI HCLCLAIMPMT 746003411 910000		4,772.50					4,772.50
2/19/2019 ACH Deposit NOVITAS SOLUTION HCLCLAIMPMT 676357 420000185		316,541.97					316,541.97
2/19/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	41,560.61						
2/19/2019 Deposit		39,150.51					39,150.51
2/19/2019 Deposit		1,940.00					1,940.00
2/19/2019 ACH Deposit HEALTH HUMAN SVC HCLCLAIMPMT 17460034113004 2		17,295.34					17,295.34
2/15/2019 ACH Deposit MOLINA HEALTHCARE MOLINAACH 00805715 420000181		2,431.91	2,431.91				
2/15/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		3,441.87					3,441.87
2/15/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		12,527.90					12,527.90
2/15/2019 ACH Deposit HEALTH HUMAN SVC HCLCLAIMPMT 17460034113004 2		3,486.98					3,486.98
	48,354.53	413,637.47	2,431.91				411,205.56

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	
Canaan							
2/22/2019 Check # 43	6,652.16						
2/22/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		9,272.48					9,272.48
2/22/2019 ACH Deposit NOVITAS SOLUTION HCLCLAIMPMT 676323 420000181		6,855.09					6,855.09
2/21/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		7,980.26					7,980.26
2/21/2019 ACH Deposit NOVITAS SOLUTION HCLCLAIMPMT 676323 420000185		266,725.55					266,725.55
2/20/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		4,522.50					4,522.50
2/20/2019 ACH Deposit UHC Community PI HCLCLAIMPMT 746003411 910000		361.02					361.02
2/20/2019 ACH Deposit NOVITAS SOLUTION HCLCLAIMPMT 676323 420000182		22,486.26					22,486.26
2/19/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	45,416.78						
2/19/2019 Deposit		29,822.97					29,822.97
2/19/2019 Deposit		3,128.85					3,128.85
2/19/2019 ACH Deposit UNITEDHEALTHCARE HCLCLAIMPMT 746003411 124384		8,806.00					8,806.00
2/15/2019 ACH Deposit MOLINA HEALTHCARE MOLINAACH 00805667 42000018		2,417.52	2,417.52				
2/15/2019 ACH Deposit UMR MCILHENNY CO HCLCLAIMPMT 746003411 124384		2,220.00					2,220.00
2/15/2019 ACH Deposit UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000		14,796.02					14,796.02
	52,048.94	379,344.52	2,417.52				376,927.00

Should be reimbursed to account. Bank debited TOTALS in error.

Home

ALL ACCOUNTS

FAVORITES ☆

Sort By: Account Number ▾

Checking

Available

Previous Day

MEMORIAL MEDICAL CENTER /
NH ASHFORD *4381 ☆

\$263,573.16

\$120,742.94

MEMORIAL MEDICAL CENTER /
NH BROADMOOR *4403 ☆

\$436,751.96

\$413,803.81

MEMORIAL MEDICAL CENTER /
NH CRESCENT *4411 ☆

\$399,159.91

\$379,503.21

MEMORIAL MEDICAL CENTER /
SOLERA AT WEST HOUSTON
*4438 ☆

\$429,698.15

\$372,244.22

MEMORIAL MEDICAL CENTER /
NH FORT BEND *4446 ☆

\$124,551.71

\$94,055.51

TOTAL

\$4,036,333.06

\$3,469,385.80

Account Number	Previous Beginning Balance	ACH Transfer-Out	ACH Transfer-In	Pending Deposits	Transfer-In	IGT Return of IGT	MMC Portion - Federal Match	MMC Portion - Nexdon Portion - Federal Match	Bank Balance Variance	Leave In Balance	MMC Portion QIPP 1	MMC Portion QIPP 2	MMC Portion QIPP 3	MMC Portion Lapse Funds	January Bank Interest	February Bank Interest	March Bank Interest	Adjust Balance/Transfer Amt	Amount to Be Transferred to Nursing Home
Golden Creek	44,073.54	43,946.80	84,926.52																85,053.66
																			85,053.66
																			100.00
																			17,960.70
																			-
																			-
																			-
																			26.74
																			-
																			-
																			66,966.22
																			66,966.22

Routine Information for Golden Creek:
Nexdon Health at Golden Creek
Wells Fargo Bank, N.A.
ABA
Acct

Approved: Diane Moore 2/25/2019
Diane Moore, CFO

FEB 25 2019

COUNTY ATTORNEY
CALHOUN COUNTY, MISSISSIPPI

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
Golden Creek								
2/22/2019 Check # 30	21,973.40							
2/20/2019 ACH Deposit Centene Manageme CCD+ 38888463 3110020909166		17,960.70	17,960.70				17,960.70	
2/19/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	21,973.40							
2/19/2019 Deposit		66,966.22						66,966.22
	43,946.80	84,926.92	17,960.70				17,960.70	66,966.22

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]		
[REDACTED]		
MEMORIAL MEDICAL / NH	\$167,209.07	\$85,053.66
GOLDEN CREEK HEALTHCARE		
*4454 ☆		
[REDACTED]		
[REDACTED]		
TOTAL	\$4,036,333.06	\$3,469,385.80

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: February 27, 2019

A

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APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$12,476.13

G/L NUMBER: 21400012

EXPLANATION: Ashford – To transfer funds for QIPP January 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:  

RUN DATE:02/27/19
TIME:16:10

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/27/19 THRU 02/27/19

PAGE 3
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

NHA 000048 02/27/19 12,476.13 MMC OPERATING
TOTALS: 12,476.13

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: February 27, 2019

A

Y

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E

APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$3,554.33

G/L NUMBER: 21000011

EXPLANATION: Solera – To transfer funds for QIPP January 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: *[Signature]* CFO

RUN DATE:02/27/19
TIME:16:10

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/27/19 THRU 02/27/19

PAGE 8
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHS	000042	02/27/19	3,554.33	MMC OPERATING
TOTALS:			3,554.33	

Solem

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: February 27, 2019

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APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER: 21400010

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$2,417.52

EXPLANATION: Crescent – To transfer funds for QIPP January 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: new CFO

RUN DATE:02/27/19
TIME:16:10

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/27/19 THRU 02/27/19

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000044 02/27/19 2,417.52 MMC OPERATING *Cresent*
TOTALS: 2,417.52

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: February 27, 2019

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APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$2,431.91

G/L NUMBER: 21400009

EXPLANATION: Broadmoor – To transfer funds for QIPP January 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: *Don LFO*

RUN DATE:02/27/19
TIME:16:10

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/27/19 THRU 02/27/19

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000017 02/27/19 2,431.91 MMC OPERATING
TOTALS: 2,431.91

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: February 27, 2019

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APPROVED
ON

FEB 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$5,108.45

G/L NUMBER: 21400008

EXPLANATION: Fort Bend - To transfer funds for QIPP January 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: [Signature]

RUN DATE:02/27/19
TIME:16:10

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/27/19 THRU 02/27/19

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000042 02/27/19 5,108.45 MMC OPERATING
TOTALS: 5,108.45

Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: February 27, 2019

A _____

APPROVED
ON

Y _____

FEB 25 2019

E _____

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

E _____

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$17,960.70

G/L NUMBER: 21400013

EXPLANATION: Golden Creek – To transfer funds for QIPP January 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: 

RUN DATE:02/27/19
TIME:16:10

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/27/19 THRU 02/27/19

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000031 02/27/19 17,960.70 MMC OPERATING
TOTALS: 17,960.70

golden creek

QIPP Payment to MMC from NH				Comm Court 2/27/2019						
NH Name	From Bank Acct #	CK#	Payee	GL #	QIPP COMP 1	QIPP COMP 2	QIPP COM 3	LAPSE FUNDS	TOTAL	Date
shford	Prosperity	48	MMC -Prosperity Operating #100000001		12,476.13	-	-	-	12,476.13	2/27/2019
roadmoor	Prosperity	17	MMC -Prosperity Operating #100000001		2,431.91	-	-	-	2,431.91	2/27/2019
rescent	Prosperity	44	MMC -Prosperity Operating #100000001		2,417.52	-	-	-	2,417.52	2/27/2019
ort Bend	Prosperity	42	MMC -Prosperity Operating #100000001		5,108.45	-	-	-	5,108.45	2/27/2019
olden Creek	Prosperity	31	MMC -Prosperity Operating #100000001		17,960.70	-	-	-	17,960.70	2/27/2019
olera	Prosperity	42	MMC -Prosperity Operating #100000001		3,554.33	-	-	-	3,554.33	2/27/2019
				Total:	43,949.04	-	-	-	43,949.04	

over to

Note:

12,476.13 +
 3,554.33 +
 2,417.52 +
 2,431.91 +
 5,108.45 +
 17,960.70 +
 43,949.04 *

APPROVED
 ON
 FEB 27 2019
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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

87SS

No.

42

88-2265
1131

2-27-19

PAY TO THE
ORDER OF

Memorial Medical Center Operating \$ 3554.³³
Three Thousand Five Hundred Fifty-four ³³/₁₀₀ DOLLARS

PROSPERITY
BANK

QIPP 1

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

87SS

No.

48

88-2265
1131

2-27-19

PAY TO THE
ORDER OF

Memorial Medical Center Operating \$ 12,476.¹³
Twelve Thousand Four Hundred Seventy-six ¹³/₁₀₀ DOLLARS

PROSPERITY
BANK

QIPP 1

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MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000044

Date

2-27-19

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center Operating \$ 2417.52
Two Thousand Four Hundred Seventeen ⁵²/₁₀₀ DOLLARS

PROSPERITY
BANK

FOR

QIPP 1



Security features are
included. Details on back.

000044

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

000031

88-2265/1131

Date 2-27-19

PAY
TO THE
ORDER OF

Memorial Medical Center Operating \$ 17,960.70
Seventeen Thousand Nine Hundred Sixty & 70/100 DOLLARS



FOR QIPP 1

Security features are included. Details on back.

⑈000031⑈

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

000042

88-2265/1131

Date 2-27-19

PAY
TO THE
ORDER OF

Memorial Medical Center Operating \$ 5,108.45
Five Thousand One Hundred Eight & 45/100 DOLLARS



FOR QIPP 1

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⑈000042⑈

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

000017

88-2265/1131

Date 2-27-19

PAY
TO THE
ORDER OF

Memorial Medical Center Operating \$ 2,431.91
Two Thousand Four Hundred Thirty-one & 91/100 DOLLARS



FOR QIPP 1

Security features are included. Details on back.