MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- March 13, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	726,228.26
TOTAL TRANSFERS BETWEEN FUNDS	$	350,000.00
TOTAL NURSING HOME UPL EXPENSES	$	649,329.77
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED March 13, 2019	**$**	**1,725,558.03**

APPROVED

MAR 13 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 13, 2019

PAYABLES AND PAYROLL			
3/7/2019	Weekly Payables	504,730.71	
3/11/2019	McKesson-340B Prescription Expense	6,225.10	
3/11/2018	Amerisource Bergen-340B Prescription Expense	2,934.34	
3/7/2019	Broadmoor at Creekside Park-nursing home insurance payment sent to MMC in error	5,285.50	
3/7/2019	Fortbend Healthcare Center-nursing home insurance payment sent to MMC in error	8,207.50	
3/7/2019	Solera West Houston-nursing home insurance payment sent to MMC in error	2,512.50	
3/7/2019	Goldencreek Healthcare-nursing home insurance payment sent to MMC in error	62,428.13	
	Prosperity Electronic Bank Payments		
3/11/2019	Credit Card & Lease Fees	710.26	
3/19/2019	Sales Tax for January 2019	1,545.39	
3/15/2019	TCDRS - Estimated Retirement	131,622.40	
3/11/2019	Pay Plus-Patient Claims Processing Fee	16.43	
3/11/2019	Authnet Gateway Billing-charge unknown-MMC is reviewing	10.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 726,228.26**
TRANSFERS BETWEEN FUNDS			
3/7/2019	Transfer from Prosperity Operating to Prosperity Private Waiver	350,000.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 350,000.00**
NURSING HOME UPL EXPENSES			
3/11/2019	Nursing Home UPI	580,618.32	
3/11/2019	Nursing Home UPI	56,990.00	
QIPP/INTEREST CHECKS TO MMC			
3/11/2019	Ashford	7,317.96	
3/11/2019	Solera	1,816.36	
3/11/2019	Crescent	496.85	
3/11/2019	Fort Bend	2,090.28	
TOTAL NURSING HOME UPL EXPENSES			**$ 649,329.77**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED March 13, 2019			**$ 1,725,558.03**

03/07/2019
09:53

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/20/2019

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Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521 ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
131820 ✓		02/19/20	02/15/20	03/15/20		4.59	0.00	0.00	4.59 ✓
	SUPPLIES Maint.								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	4.59	0.00	0.00	4.59

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
24267 ✓		03/01/20	03/20/20	03/20/20		1,400.00	0.00	0.00	1,400.00 ✓
	SUPPLIES								

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
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9085835450 ✓		02/28/20	02/22/20	03/19/20		306.14	0.00	0.00	306.14 ✓
	NITROUS OXIDE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	306.14	0.00	0.00	306.14

Vendor#	Vendor Name	Class	Pay Code
10419	AMBU INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
219039996 ✓		02/26/20	02/15/20	03/15/20		87.00	0.00	0.00	87.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10419	AMBU INC	87.00	0.00	0.00	87.00

Vendor#	Vendor Name	Class	Pay Code
B0435	BARD PERIPHERAL VASCULAR ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
79146878 ✓		02/26/20	02/18/20	03/18/20		344.62	0.00	0.00	344.62 ✓
	SUPPLIES								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
49567384 ✓		02/28/20	12/21/20	01/15/20		100.00	0.00	0.00	100.00 ✓
	SUPPLIES								
62307720 ✓		02/28/20	02/21/20	03/18/20		2,367.50	0.00	0.00	2,367.50 ✓
	LEASE								
62307751 ✓		02/28/20	02/21/20	03/18/20		629.50	0.00	0.00	629.50 ✓
	LEASE								
62310870 ✓		02/28/20	02/22/20	03/19/20		852.10	0.00	0.00	852.10 ✓
	SUPPLIES								
11816518 ✓		03/01/20	02/23/20	03/20/20		21.87	0.00	0.00	21.87 ✓
	LATE FEES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE				3,970.97	0.00	0.00	3,970.97

Vendor#	Vendor Name			Class	Pay Code				
11072	BIO-RAD LABORATORIES, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	903309674 ✓		02/28/20	02/12/20	03/12/20	491.16	0.00	0.00	491.16 ✓
		SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	491.16	0.00	0.00	491.16

Vendor#	Vendor Name			Class	Pay Code				
11050	BIRCH COMMUNICATIONS ✓ (removed previous balance)								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	27116852 ✓		02/28/20	02/16/20	02/16/20	1,018.32 1,630.51	0.00	0.00	1,630.51 1,018.32
		PHONE							

Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS	1,018.32 1,630.51	0.00	0.00	1,630.51	1,018.32

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
	BK00994238		02/25/20	02/17/20	03/14/20	1,951.30	0.00	0.00	1,951.30
		AUDITING FEES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	1,951.30	0.00	0.00	1,951.30

Vendor#	Vendor Name			Class	Pay Code				
12324	BLUE CROSS BLUE SHIELD ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	021519		03/01/20	03/01/20	03/01/20	203,608.64	0.00	0.00	203,608.64 ✓
		INSURANCE							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	203,608.64	0.00	0.00	203,608.64

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
	116802 ✓		02/25/20	02/15/20	03/17/20	169.90	0.00	0.00	169.90 ✓
		SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	169.90	0.00	0.00	169.90

Vendor#	Vendor Name			Class	Pay Code				
B1800	BRIGGS HEALTHCARE ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	B17089		02/21/20	02/14/20	03/14/20	308.14	0.00	0.00	308.14 ✓
		SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	308.14	0.00	0.00	308.14

Vendor#	Vendor Name			Class	Pay Code				
C1048	CALHOUN COUNTY ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	032019		02/28/20	03/20/20	03/20/20	67.98	0.00	0.00	67.98 ✓
		FUEL							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	67.98	0.00	0.00	67.98

Vendor#	Vendor Name	Class	Pay Code

11295 CALHOUN COUNTY INDIGENT ACCOUN ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030619		02/28/20	03/06/20	03/06/20		210.00	0.00	0.00	210.00 ✓
	INDIGENT CO-PAYS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	210.00	0.00	0.00	210.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001868706 ✓		02/28/20	02/09/20	03/06/20		488.73	0.00	0.00	488.73 ✓
	SUPPLIES								
8001874378 ✓		02/28/20	02/16/20	03/13/20		153.31	0.00	0.00	153.31 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	642.04	0.00	0.00	642.04

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RBT5976 ✓		02/25/20	02/12/20	03/14/20		1,616.56	0.00	0.00	1,616.56 ✓
	SUPPLIES Office Standard (4)								
RCB1271 ✓		02/25/20	02/12/20	03/14/20		5,580.53	0.00	0.00	5,580.53 ✓
	COMPUTER Microsoft Surface Book (4) For Clinic								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	7,197.09	0.00	0.00	7,197.09

Vendor# E1270 Vendor Name CENTERPOINT ENERGY ✓ Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022819		02/28/20	02/28/20	03/15/20		36.44	0.00	0.00	36.44 ✓
	GAS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	36.44	0.00	0.00	36.44

Vendor# 10105 Vendor Name CHRIS KOVAREK ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
023		02/28/20	03/04/20	03/04/20		280.00	0.00	0.00	280.00 ✓
	SWING BED SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	280.00	0.00	0.00	280.00

Vendor# C1600 Vendor Name CITIZENS MEDICAL CENTER ✓ Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022519		02/28/20	02/25/20	02/25/20		40.00	0.00	0.00	40.00 ✓
	CPR CARDS								
022519A		02/28/20	02/25/20	02/25/20		55.00	0.00	0.00	55.00 ✓
	CPR								
022819		02/28/20	02/28/20	02/28/20		25.00	0.00	0.00	25.00 ✓
	CPR CARDS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	120.00	0.00	0.00	120.00

Vendor# C1970 Vendor Name CONMED CORPORATION ✓ Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
817949		02/22/20	02/14/20	03/14/20		435.62	0.00	0.00	435.62
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				435.62	0.00	0.00	435.62

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
896862		02/28/20	02/28/20	02/28/20		162.81	0.00	0.00	162.81
	INTERPRETATION SERVICES								
874420		02/28/20	12/31/20	01/31/20		239.96	0.00	0.00	239.96
	INTERPRETATION SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC				402.77	0.00	0.00	402.77

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
5637830		02/12/20	02/20/20	03/17/20		49.46	0.00	0.00	49.46
	SUPPLIES								
5633940		02/22/20	02/18/20	03/15/20		58.07	0.00	0.00	58.07
	SUPPLIES								
5634000		02/25/20	02/18/20	03/15/20		20.81	0.00	0.00	20.81
	SUPPLIES								
5636090		02/25/20	02/18/20	03/15/20		171.26	0.00	0.00	171.26
	SUPPLIES								
5633910		02/25/20	02/18/20	03/15/20		97.75	0.00	0.00	97.75
	SUPPLIES								
5637020		02/25/20	02/19/20	03/16/20		17.50	0.00	0.00	17.50
	SUPPLIES								
5636810		02/25/20	02/19/20	03/16/20		51.85	0.00	0.00	51.85
	SUPPLIES								
5636530		02/25/20	02/19/20	03/16/20		95.96	0.00	0.00	95.96
	SUPPLIES								
5636820		02/25/20	02/19/20	03/16/20		95.80	0.00	0.00	95.80
	SUPPLIES								
5639180		02/25/20	02/21/20	03/18/20		63.12	0.00	0.00	63.12
	SUPPLIES								
5636811		02/25/20	02/21/20	03/18/20		30.82	0.00	0.00	30.82
	SUPPLIES								
5638780		02/25/20	02/21/20	03/18/20		5.32	0.00	0.00	5.32
	SUPPLIES								
5641380		02/26/20	02/22/20	03/19/20		49.90	0.00	0.00	49.90
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				807.62	0.00	0.00	807.62

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC022819		02/28/20	02/28/20	02/28/20		135,654.84	0.00	0.00	135,654.84
	PHYSICIAN SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC				135,654.84	0.00	0.00	135,654.84

Vendor#	Vendor Name				Class	Pay Code				
D1785	DYNATRONICS CORPORATION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	IN1927429 ✓		02/28/20	02/25/20	03/04/20		106.78	0.00	0.00	106.78 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1785	DYNATRONICS CORPORATION				106.78	0.00	0.00	106.78
Vendor#	Vendor Name				Class	Pay Code				
E1617	E Z GRAPH OF VICTORIA INC ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20907 ✓		02/26/20	02/19/20	03/19/20		201.50	0.00	0.00	201.50 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E1617	E Z GRAPH OF VICTORIA INC				201.50	0.00	0.00	201.50
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
	030419		02/28/20	03/04/20	03/04/20		213.48	0.00	0.00	213.48 ✓
		TRAVEL THA Quality Council 2/20/19 ; Patient safety meeting 2/21-2/22								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T0383	ERIN CLEVENGER				213.48	0.00	0.00	213.48
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
	646745779 ✓		02/28/20	02/21/20	03/18/20		131.06	0.00	0.00	131.06 ✓
		SHIPPING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				131.06	0.00	0.00	131.06
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
	022819		02/28/20	02/28/20	02/28/20		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
	9972896 ✓		02/26/20	02/18/20	03/15/20		124.88	0.00	0.00	124.88 ✓
		SUPPLIES								
	1049734 ✓		02/28/20	02/21/20	03/18/20		124.88	0.00	0.00	124.88 ✓
		SUPPLIES								
	1529709 ✓		02/28/20	02/22/20	03/19/20		658.99	0.00	0.00	658.99 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				908.75	0.00	0.00	908.75
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	021919		02/28/20	02/19/20	02/19/20		59.42	0.00	0.00	59.42 ✓
		FAX late fee 9.00								

022319		02/28/20 02/23/20 02/23/20			638.08	0.00	0.00	638.08
	FAX							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11183	FRONTIER			697.50	0.00	0.00	697.50

Vendor#	Vendor Name	Class	Pay Code
11149	GARDNER & WHITE, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
020119		02/28/20	02/01/20	02/01/20			5,235.04	0.00	0.00	5,235.04
	INSURANCE									
030119		03/01/20	03/01/20	03/01/20			10,492.18	0.00	0.00	10,492.18
	INSURANCE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.					15,727.22	0.00	0.00	15,727.22

Vendor#	Vendor Name	Class	Pay Code
G0120	GE MEDICAL SYSTEMS, INFO TECH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3050700		02/26/20	02/20/20	03/20/20			263.40	0.00	0.00	263.40
	HARNESS KIT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G0120	GE MEDICAL SYSTEMS, INFO TECH					263.40	0.00	0.00	263.40

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER		M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9094185965		02/26/20	02/20/20	03/17/20			10.69	0.00	0.00	10.69
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	W1300	GRAINGER					10.69	0.00	0.00	10.69

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
1629226		02/19/20	02/12/20	03/14/20			540.18	0.00	0.00	540.18
	SUPPLIES									
1629216		02/19/20	02/12/20	03/14/20			143.19	0.00	0.00	143.19
	SUPPLIES									
1629219		02/19/20	02/12/20	03/14/20			121.33	0.00	0.00	121.33
	SUPPLIES									
1630018		02/19/20	02/13/20	03/15/20			114.64	0.00	0.00	114.64
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					919.34	0.00	0.00	919.34

Vendor#	Vendor Name	Class	Pay Code
11095	GULF COAST SCIENTIFIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
73480		02/28/20	02/12/20	03/12/20			60.87	0.00	0.00	60.87
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11095	GULF COAST SCIENTIFIC					60.87	0.00	0.00	60.87

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7030582		02/28/20	02/21/20	03/18/20			133.30	0.00	0.00	133.30
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	133.30	0.00	0.00	133.30

Vendor# 11267 Vendor Name: HEALTH EFILINGS LLC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MEM0042010 ✓	software	02/28/20	02/28/20	02/28/20			4,747.50	0.00	0.00	4,747.50 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11267	HEALTH EFILINGS LLC	4,747.50	0.00	0.00	4,747.50

Vendor# H0416 Vendor Name: HOLOGIC INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8895909 ✓	SUPPLIES	02/22/20	02/14/20	03/14/20			472.50	0.00	0.00	472.50 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	472.50	0.00	0.00	472.50

Vendor# 11108 Vendor Name: ITERSOURCE CORPORATION ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5109 ✓	SUPPORT SERVICES IT	03/01/20	03/01/20	03/01/20			250.00	0.00	0.00	250.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION	250.00	0.00	0.00	250.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
920577573 ✓	SUPPLIES	02/26/20	02/13/20	03/15/20			902.20	0.00	0.00	902.20 ✓
920588482 ✓	SUPPLIES	02/26/20	02/15/20	03/17/20			40.29	0.00	0.00	40.29 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	942.49	0.00	0.00	942.49

Vendor# 10507 Vendor Name: JASON ANGLIN ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
030419	TRAVEL 2/18/19 - 2/20/19 THA Rural Health & THA Conf 2/21 - 2/22/19	02/28/20	03/04/20	03/04/20			175.82	0.00	0.00	175.82

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10507	JASON ANGLIN	175.82	0.00	0.00	175.82

Vendor# L1005 Vendor Name: LAERDAL MEDICAL CORPORATION ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2019 1200 0008736 ~~L1005~~	SUPPLIES	02/28/20	01/29/20	02/28/20			124.11	0.00	0.00	124.11 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1005	LAERDAL MEDICAL CORPORATION	124.11	0.00	0.00	124.11

Vendor# 10972 Vendor Name: M G TRUST ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
022819	PAYROLL DED	02/28/20	02/28/20	02/28/20			1,095.00	0.00	0.00	1,095.00 ✓

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
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
47222345	SUPPLIES	02/21/20	02/13/20	03/15/20		2,072.35	0.00	0.00	2,072.35
47155039	SUPPLIES	02/25/20	02/12/20	03/14/20		1,677.05	0.00	0.00	1,677.05
47507126	SUPPLIES	02/26/20	02/18/20	03/20/20		202.09	0.00	0.00	202.09
47509950	SUPPLIES	02/26/20	02/18/20	03/20/20		345.28	0.00	0.00	345.28
47503102	SUPPLIES	02/26/20	02/18/20	03/20/20		21.74	0.00	0.00	21.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	4,318.51	0.00	0.00	4,318.51

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
0010853844	INDIGENT CARE	02/28/20	02/28/20	02/28/20		58.91	0.00	0.00	58.91

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	58.91	0.00	0.00	58.91

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90018898	SUPPLIES	02/21/20	02/17/20	03/17/20		411.56	0.00	0.00	411.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	411.56	0.00	0.00	411.56

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
1870377506	SUPPLIES	02/12/20	02/19/20	03/16/20		148.93	0.00	0.00	148.93
1870377505	SUPPLIES	02/12/20	02/19/20	03/16/20		18.83	0.00	0.00	18.83
1870377510	SUPPLIES	02/12/20	02/19/20	03/16/20		8.86	0.00	0.00	8.86
1870377513	SUPPLIES	02/12/20	02/19/20	03/16/20		51.08	0.00	0.00	51.08
1870377512	SUPPLIES	02/12/20	02/19/20	03/16/20		60.67	0.00	0.00	60.67
1870509449	SUPPLIES	02/26/20	02/20/20	03/17/20		8.60	0.00	0.00	8.60
1870509441	SUPPLIES	02/26/20	02/20/20	03/17/20		109.10	0.00	0.00	109.10
1870509447	SUPPLIES	02/26/20	02/20/20	03/17/20		3,087.41	0.00	0.00	3,087.41
1870509440	SUPPLIES	02/26/20	02/20/20	03/17/20		188.33	0.00	0.00	188.33

1870614190 ✓		02/26/20	02/21/20	03/18/20	21.21	0.00	0.00	21.21 ✓
SUPPLIES								
1870614191 ✓		02/26/20	02/21/20	03/18/20	1,476.29	0.00	0.00	1,476.29 ✓
SUPPLIES								
1870020814 ✓		02/28/20	02/14/20	03/11/20	176.89	0.00	0.00	176.89 ✓
SUPPLIES								
1870019588 ✓		02/28/20	02/14/20	03/11/20	45.52	0.00	0.00	45.52 ✓
SUPPLIES								
1870020808 ✓		02/28/20	02/14/20	03/11/20	1,869.33	0.00	0.00	1,869.33 ✓
SUPPLIES								
1870019593 ✓		02/28/20	02/14/20	03/11/20	582.11	0.00	0.00	582.11 ✓
SUPPLIES								
1870019589 ✓		02/28/20	02/14/20	03/11/20	45.52	0.00	0.00	45.52 ✓
SUPPLIES								
1870753001 ✓		02/28/20	02/22/20	03/19/20	-123.93	0.00	0.00	-123.93 ✓
CREDIT								
1870753000 ✓		02/28/20	02/22/20	03/19/20	-148.29	0.00	0.00	-148.29 ✓
CREDIT								
1870702002 ✓		02/28/20	02/22/20	03/19/20	22.74	0.00	0.00	22.74 ✓
SUPPLIES 15.05 Shipping on 7.69 item (splint)								
1870779021 ✓		02/28/20	02/23/20	03/20/20	7.69	0.00	0.00	7.69 ✓
SUPPLIES								
1702068066 ✓		02/28/20	02/23/20	03/20/20	80.91	0.00	0.00	80.91 ✓
INTEREST INVOICE								
1870377509 ✓		03/07/20	02/19/20	03/16/20	704.45	0.00	0.00	704.45 ✓
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			8,442.25	0.00	0.00	8,442.25

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
022819		02/28/20	02/28/20	02/28/20			50.00	0.00	0.00	50.00 ✓
	PAYROLL DED									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					50.00	0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code
M2659	MERRY X-RAY/SOURCEONE HEALTHCA ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800408827 ✓		02/21/20	02/13/20	03/15/20			728.03	0.00	0.00	728.03 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA					728.03	0.00	0.00	728.03

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
022819		02/28/20	02/28/20	02/28/20			138.01	0.00	0.00	138.01 ✓
	PAYROLL DED									
385155		02/28/20	02/28/20	02/28/20			120.66	0.00	0.00	120.66 ✓
	CC MACHINE FEES (listed twice)									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP					258.67	0.00	0.00	258.67

138.01 138.01

Vendor#	Vendor Name				Class	Pay Code				
10810	MMC EMPLOYEE BENEFIT PLAN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	030419		03/06/20	03/04/20	03/04/20		2,267.30	0.00	0.00	2,267.30
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				2,267.30	0.00	0.00	2,267.30
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
	395155		03/07/20	03/04/20	03/04/20		120.66	0.00	0.00	120.66
		CC MACHINE FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2662	MMC VOLUNTEERS				120.66	0.00	0.00	120.66
Vendor#	Vendor Name				Class	Pay Code				
11972	MOMENTUM RENTAL & SALES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	684231		02/28/20	01/11/20	01/11/20		265.34	0.00	0.00	265.34
		FORK LIFT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11972	MOMENTUM RENTAL & SALES				265.34	0.00	0.00	265.34
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
	SC1095		02/28/20	02/25/20	03/07/20		71.88	0.00	0.00	71.88
		LAUNDRY								
	SC1096		02/28/20	02/25/20	03/07/20		66.46	0.00	0.00	66.46
		SERVICE CHARGE								
	3915731		02/28/20	02/26/20	03/08/20		92.86	0.00	0.00	92.86
		INVENTORY								
	3913539		02/28/20	02/26/20	03/08/20		51.34	0.00	0.00	51.34
		INVENTORY								
	3915733		02/28/20	02/26/20	03/08/20		11.86	0.00	0.00	11.86
		INVENTORY								
	3915730		02/28/20	02/26/20	03/08/20		144.12	0.00	0.00	144.12
		INVENTORY								
	3915732		02/28/20	02/26/20	03/08/20		1,775.33	0.00	0.00	1,775.33
		INVENTORY								
	CM37986		02/28/20	02/26/20	03/08/20		-1,176.10	0.00	0.00	-1,176.10
		CREDIT								
	CM38525		02/28/20	02/27/20	03/09/20		-6.74	0.00	0.00	-6.74
		INVENTORY								
	3921341		02/28/20	02/27/20	03/09/20		304.32	0.00	0.00	304.32
		INVENTORY								
	3921340		02/28/20	02/27/20	03/09/20		5.50	0.00	0.00	5.50
		INVENTORY								
	3920649		02/28/20	02/27/20	03/09/20		1,787.24	0.00	0.00	1,787.24
		INVENTORY								
	3920648		02/28/20	02/27/20	03/09/20		96.94	0.00	0.00	96.94
		INVENTORY								
	3920651		02/28/20	02/27/20	03/09/20		155.37	0.00	0.00	155.37
		INVENTORY								

3921342		02/28/20	02/27/20	03/09/20	202.93	0.00	0.00	202.93
	INVENTORY							
3920650		02/28/20	02/27/20	03/09/20	504.40	0.00	0.00	504.40
	INVENTORY							
3926852		02/28/20	02/28/20	03/10/20	267.60	0.00	0.00	267.60
	INVENTORY							
3926854		02/28/20	02/28/20	03/10/20	332.93	0.00	0.00	332.93
	INVENTORY							
3924607		02/28/20	02/28/20	03/10/20	16.61	0.00	0.00	16.61
	INVENTORY							
3924239		02/28/20	02/28/20	03/10/20	3,742.32	0.00	0.00	3,742.32
	INVENTORY							
3924250		02/28/20	02/28/20	03/10/20	681.66	0.00	0.00	681.66
	INVENTORY							
3924608		02/28/20	02/28/20	03/10/20	114.60	0.00	0.00	114.60
	INVENTORY							
3925776		02/28/20	02/28/20	03/10/20	4,388.92	0.00	0.00	4,388.92
	INVENTORY							
3926851		02/28/20	02/28/20	03/10/20	136.23	0.00	0.00	136.23
	INVENTORY							
3926853		02/28/20	02/28/20	03/10/20	1,321.76	0.00	0.00	1,321.76
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			15,090.34	0.00	0.00	15,090.34

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
90581900		02/28/20	02/20/20	03/20/20			3,165.34	0.00	0.00	3,165.34
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL					3,165.34	0.00	0.00	3,165.34

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
030519		02/28/20	03/05/20	03/05/20			1,965.00	0.00	0.00	1,965.00
	CONTRACT EMPLOYEE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11069	PABLO GARZA					1,965.00	0.00	0.00	1,965.00

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC (WINDSTREAM)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
71036885		02/28/20	02/22/20	02/10/20			10,904.36	0.00	0.00	10,904.36
	PHONE 47.42 late charges included									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11142	PAETEC (WINDSTREAM)					10,904.36	0.00	0.00	10,904.36

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33046162		02/28/20	02/19/20	02/19/20			187.50	0.00	0.00	187.50
	AD									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	P0706	PALACIOS BEACON				187.50	0.00	0.00	187.50
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
	B46662 ✓		02/28/20	02/27/20	03/09/20	47.25	0.00	0.00	47.25 ✓
		SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE			47.25	0.00	0.00	47.25
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
	080		02/28/20	02/28/20	03/15/20	3,400.00	0.00	0.00	3,400.00 ✓
		SLEEP STUDIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		P1725	PREMIER SLEEP DISORDERS CENTER			3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name				Class	Pay Code			
10782	PRIVATE WAIVER CLEARING ACCT ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	030519		03/04/20	03/05/20	03/05/20	350,000.00	0.00	0.00	350,000.00 ✓
		REPLENISH WAIVER ACCOUN							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10782	PRIVATE WAIVER CLEARING ACCT			350,000.00	0.00	0.00	350,000.00
Vendor#	Vendor Name				Class	Pay Code			
10896	QIAGEN INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	98757334 ✓		02/26/20	01/29/20	02/28/20	1,453.49	0.00	0.00	1,453.49 ✓
		SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10896	QIAGEN INC			1,453.49	0.00	0.00	1,453.49
Vendor#	Vendor Name				Class	Pay Code			
12312	REPAIRMED ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	FL11071802A ✓		02/25/20	02/13/20	03/15/20	130.00	0.00	0.00	130.00 ✓
		CIRCUIT BOARD REPAIR							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		12312	REPAIRMED			130.00	0.00	0.00	130.00
Vendor#	Vendor Name				Class	Pay Code			
G0425	ROBERTS, ODEFEY, WITTE & WALL ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	094 ✓		02/28/20	03/01/20	03/01/20	22.00	0.00	0.00	22.00 ✓
		LEGAL FEES							
	167 ✓		02/28/20	03/01/20	03/01/20	2,818.75	0.00	0.00	2,818.75 ✓
		LEGAL FEES							
	065 ✓		02/28/20	03/01/20	03/01/20	456.50	0.00	0.00	456.50 ✓
		LEGAL FEES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G0425	ROBERTS, ODEFEY, WITTE & WALL			3,297.25	0.00	0.00	3,297.25
Vendor#	Vendor Name				Class	Pay Code			
S0900	SAM'S CLUB DIRECT ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	022019		02/28/20	02/20/20	02/20/20	45.00	0.00	0.00	45.00 ✓
		MEMBERSHIP FEE							
	late fee					+ 7.71			+ 7.71

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIRECT			52.71	45.00	0.00	0.00	45.00 52.71

Vendor#	Vendor Name	Class	Pay Code
10625	SARA RUBIO ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
030419		02/28/20	03/04/20	03/04/20			300.32	0.00	0.00	300.32 ✓
	TRAVEL 2/26/19 Texas Trauma Forum 2/27-2/28/19- GETAC Meeting									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	300.32	0.00	0.00	300.32

Vendor#	Vendor Name	Class	Pay Code
S1850	SHIP SHUTTLE TAXI SERVICE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
848970 ✓		02/28/20	03/01/20	03/01/20			140.00	0.00	0.00	140.00 ✓
	TRANSPORTATION SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE	140.00	0.00	0.00	140.00

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
030519		02/28/20	03/05/20	03/05/20			489.83	0.00	0.00	489.83 ✓
	CONTRACT EMPLOYEE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	489.83	0.00	0.00	489.83

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
235362		03/01/20	03/01/20	03/11/20			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
12472	SOMETHING MORE MEDIA, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000211 ✓		02/28/20	01/31/20	02/28/20			275.00	0.00	0.00	275.00 ✓
	SUPPLIES (badges)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12472	SOMETHING MORE MEDIA, INC.	275.00	0.00	0.00	275.00

Vendor#	Vendor Name	Class	Pay Code
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90043342 ✓		02/25/20	02/18/20	03/15/20			5,331.00	0.00	0.00	5,331.00 ✓
	BLOOD									
90043225 ✓		02/25/20	02/18/20	03/15/20			-2,990.00	0.00	0.00	-2,990.00 ✓
	CREDIT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	2,341.00	0.00	0.00	2,341.00

Vendor#	Vendor Name	Class	Pay Code
12468	SOUTHPAW ENTERPRISES, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0444108IN ✓		02/25/20	02/14/20	03/14/20			244.53	0.00	0.00	244.53 ✓
	SUPPLES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12468	SOUTHPAW ENTERPRISES, INC.	244.53	0.00	0.00	244.53

Vendor#	Vendor Name	Class	Pay Code
S2692	STACY SYSTEMS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1902083	MED GAS INSPECTION	02/25/20	02/15/20	03/15/20			2,130.00	0.00	0.00	2,130.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2692	STACY SYSTEMS INC	2,130.00	0.00	0.00	2,130.00

Vendor#	Vendor Name	Class	Pay Code
12476	SUN LIFE FINANCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
022519	Insurance	02/28/20	02/25/20				11,968.66	0.00	0.00	11,968.66

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL	11,968.66	0.00	0.00	11,968.66

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
205EV46372	TRACKING SERVICE	02/28/20	02/28/20	02/28/20			4,555.00	0.00	0.00	4,555.00
205EV46366	CLOUD	02/28/20	02/28/20	02/28/20			1,144.00	0.00	0.00	1,144.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	5,699.00	0.00	0.00	5,699.00

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
340373933	GARBAGE SERVICES	02/25/20	02/19/20	03/16/20			1,458.26	0.00	0.00	1,458.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,458.26	0.00	0.00	1,458.26

Vendor#	Vendor Name	Class	Pay Code
T3130	TRI-ANIM HEALTH SERVICES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
63476073	SUPPLIES	02/26/20	02/18/20	03/15/20			204.19	0.00	0.00	204.19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	204.19	0.00	0.00	204.19

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
055102255174	ELECTRICITY 5.10 Late Fee	02/28/20	02/20/20	03/20/20			25,886.84	0.00	0.00	25,886.84

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	25,886.84	0.00	0.00	25,886.84

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
8400294631	LAUNDRY	02/18/20	02/18/20	03/15/20			47.15	0.00	0.00	47.15
8400294630		02/18/20	02/18/20	03/15/20			180.57	0.00	0.00	180.57

	LAUNDRY							
8400294628		02/18/20	02/18/20	03/15/20	120.39	0.00	0.00	120.39
	LAUNDRY							
8400294632		02/18/20	02/18/20	03/15/20	52.41	0.00	0.00	52.41
	LAUNDRY							
8400294661		02/18/20	02/18/20	03/15/20	79.36	0.00	0.00	79.36
	LAUNDRY							
8400294668		02/18/20	02/18/20	03/15/20	1,349.97	0.00	0.00	1,349.97
	LAUNDRY							
8400294629		02/18/20	02/18/20	03/15/20	158.63	0.00	0.00	158.63
	LAUNDRY							
8400294998		02/25/20	02/21/20	03/18/20	1,365.41	0.00	0.00	1,365.41
	LAUNDRY							
8400294960		02/25/20	02/21/20	03/18/20	175.83	0.00	0.00	175.83
	LAUNDRY							
8400294958		02/25/20	02/21/20	03/18/20	17.00	0.00	0.00	17.00
	LAUNDRY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			3,546.72	0.00	0.00	3,546.72

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9470279		03/01/20	02/20/20	03/07/20		96.54	0.00	0.00	96.54
	UNIFORM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE				96.54	0.00	0.00	96.54

Vendor#	Vendor Name	Class	Pay Code
V1056	VICTORIA AIR CONDITIONING LTD	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
174590		02/25/20	02/15/20	03/15/20		530.00	0.00	0.00	530.00
	~~SUPPLIES~~ labor to check unworking boiler								
174617		02/25/20	02/18/20	03/18/20		1,418.18	0.00	0.00	1,418.18
	SUPPLIES parts and labor for boiler								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1056	VICTORIA AIR CONDITIONING LTD				1,948.18	0.00	0.00	1,948.18

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022819		02/28/20	02/28/20	02/28/20		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
12208	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1222269		02/25/20	02/15/20	03/15/20		370.25	0.00	0.00	370.25
	MONTHLY FEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12208	WAGEWORKS				370.25	0.00	0.00	370.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net

855,219.85	0.00	0.00	855,219.85

pg 2 correction { <1630.51> +1018.32
pg 9 correction { <120.66>
pg 12 (add late fee) { +7.71
Add Steris invoice { +236.00
#1833886 + lap grasper)

$ 854,730.71

855,219.85 +
1,630.51 −
1,018.32 +
120.66 −
7.71 +
236.00 +
854,730.71 *

listing transfer separately

854,730.71 +
350,000.00 −
504,730.71 *

APPROVED
ON
MAR 07 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#'s
179833-
179923

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	179833	03/13/19	4.59	ACE HARDWARE 15521
A/P	179834	03/13/19	1,400.00	ACUTE CARE INC
A/P	179835	03/13/19	306.14	AIRGAS USA, LLC - CENTRAL DIV
A/P	179836	03/13/19	87.00	AMBU INC
A/P	179837	03/13/19	344.62	BARD PERIPHERAL VASCULAR
A/P	179838	03/13/19	3,970.97	BAXTER HEALTHCARE
A/P	179839	03/13/19	491.16	BIO-RAD LABORATORIES, INC
A/P	179840	03/13/19	1,018.32	BIRCH COMMUNICATIONS
A/P	179841	03/13/19	1,951.30	BKD, LLP
A/P	179842	03/13/19	203,608.64	BLUE CROSS BLUE SHIELD
A/P	179843	03/13/19	169.90	BOSART LOCK & KEY INC
A/P	179844	03/13/19	308.14	BRIGGS HEALTHCARE
A/P	179845	03/13/19	5,285.50	BROADMOOR AT CREEKSIDE PARK— listed seperately on report
A/P	179846	03/13/19	67.98	CALHOUN COUNTY
A/P	179847	03/13/19	210.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	179848	03/13/19	642.04	CARDINAL HEALTH 414, INC.
A/P	179849	03/13/19	7,197.09	CDW GOVERNMENT, INC.
A/P	179850	03/13/19	36.44	CENTERPOINT ENERGY
A/P	179851	03/13/19	280.00	CHRIS KOVAREK
A/P	179852	03/13/19	120.00	CITIZENS MEDICAL CENTER
A/P	179853	03/13/19	435.62	CONMED CORPORATION
A/P	179854	03/13/19	402.77	CYRACOM LLC
A/P	179855	03/13/19	807.62	DEWITT POTH & SON
A/P	179856	03/13/19	135,654.84	DISCOVERY MEDICAL NETWORK INC
A/P	179857	03/13/19	106.78	DYNATRONICS CORPORATION
A/P	179858	03/13/19	201.50	E Z GRAPH OF VICTORIA INC
A/P	179859	03/13/19	213.48	ERIN CLEVENGER
A/P	179860	03/13/19	131.06	FEDERAL EXPRESS CORP.
A/P	179861	03/13/19	75.00	FIRST CLEARING
A/P	179862	03/13/19	908.75	FISHER HEALTHCARE
A/P	179863	03/13/19	8,207.50	FORTBEND HEALTHCARE CENTER - listed seperately on report
A/P	179864	03/13/19	697.50	FRONTIER
A/P	179865	03/13/19	15,727.22	GARDNER & WHITE, INC.
A/P	179866	03/13/19	263.40	GE MEDICAL SYSTEMS, INFO TECH
A/P	179867	03/13/19	62,428.13	GOLDENCREEK HEALTHCARE - listed seperately on report
A/P	179868	03/13/19	10.69	GRAINGER
A/P	179869	03/13/19	919.34	GULF COAST PAPER COMPANY
A/P	179870	03/13/19	60.87	GULF COAST SCIENTIFIC
A/P	179871	03/13/19	133.30	HEALTH CARE LOGISTICS INC
A/P	179872	03/13/19	4,747.50	HEALTH EFILINGS LLC
A/P	179873	03/13/19	472.50	HOLOGIC INC
A/P	179874	03/13/19	250.00	ITERSOURCE CORPORATION
A/P	179875	03/13/19	942.49	J & J HEALTH CARE SYSTEMS, INC
A/P	179876	03/13/19	175.82	JASON ANGLIN
A/P	179877	03/13/19	124.11	LAERDAL MEDICAL CORPORATION
A/P	179878	03/13/19	1,095.00	M G TRUST
A/P	179879	03/13/19	4,318.51	MCKESSON MEDICAL SURGICAL INC
A/P	179880	03/13/19	58.91	MEDIMPACT HEALTHCARE SYS, INC.
A/P	179881	03/13/19	411.56	MEDIVATORS
A/P	179882	03/13/19	.00	VOIDED

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	179883	03/13/19	.00	VOIDED
A/P	179884	03/13/19	8,442.25	MEDLINE INDUSTRIES INC
A/P	179885	03/13/19	50.00	MEMORIAL MEDICAL CLINIC
A/P	179886	03/13/19	728.03	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	179887	03/13/19	138.01	MMC AUXILIARY GIFT SHOP
A/P	179888	03/13/19	2,267.30	MMC EMPLOYEE BENEFIT PLAN
A/P	179889	03/13/19	120.66	MMC VOLUNTEERS
A/P	179890	03/13/19	265.34	MOMENTUM RENTAL & SALES
A/P	179891	03/13/19	.00	VOIDED
A/P	179892	03/13/19	15,090.34	MORRIS & DICKSON CO, LLC
A/P	179893	03/13/19	3,165.34	NOVA BIOMEDICAL
A/P	179894	03/13/19	1,965.00	PABLO GARZA
A/P	179895	03/13/19	10,904.36	PAETEC (WINDSTREAM)
A/P	179896	03/13/19	187.50	PALACIOS BEACON
A/P	179897	03/13/19	47.25	POWER HARDWARE
A/P	179898	03/13/19	3,400.00	PREMIER SLEEP DISORDERS CENTER
A/P	179899	03/13/19	350,000.00	PRIVATE WAIVER CLEARING ACCT
A/P	179900	03/13/19	1,453.49	QIAGEN INC
A/P	179901	03/13/19	130.00	REPAIRMED
A/P	179902	03/13/19	3,297.25	ROBERTS, ODEFEY, WITTE & WALL
A/P	179903	03/13/19	52.71	SAM'S CLUB DIRECT
A/P	179904	03/13/19	300.32	SARA RUBIO
A/P	179905	03/13/19	140.00	SHIP SHUTTLE TAXI SERVICE
A/P	179906	03/13/19	489.83	SHIRLEY KARNEI
A/P	179907	03/13/19	400.00	SIGN AD, LTD.
A/P	179908	03/13/19	2,512.50	SOLERA WEST HOUSTON – listed seperately on report
A/P	179909	03/13/19	275.00	SOMETHING MORE MEDIA, INC.
A/P	179910	03/13/19	2,341.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	179911	03/13/19	244.53	SOUTHPAW ENTERPRISES, INC.
A/P	179912	03/13/19	2,130.00	STACY SYSTEMS INC
A/P	179913	03/13/19	236.00	STERIS INSTRUMENT MANAGEMENT
A/P	179914	03/13/19	11,968.66	SUN LIFE FINANCIAL
A/P	179915	03/13/19	5,699.00	T-SYSTEM, INC
A/P	179916	03/13/19	1,458.26	THE US CONSULTING GROUP
A/P	179917	03/13/19	204.19	TRI-ANIM HEALTH SERVICES INC
A/P	179918	03/13/19	25,886.84	TXU ENERGY
A/P	179919	03/13/19	3,546.72	UNIFIRST HOLDINGS INC
A/P	179920	03/13/19	96.54	UNIFORM ADVANTAGE
A/P	179921	03/13/19	1,948.18	VICTORIA AIR CONDITIONING LTD
A/P	179922	03/13/19	3,730.09	WAGEWORKS
A/P	179923	03/13/19	370.25	WAGEWORKS
TOTALS:			933,164.34	

O.C

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ON
MAR 13 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 854.730.71 +
Nursing Home 5.285.50 +
8.207.50 +
2.512.50 +
Transfers 62.428.13 +
933.164.34 =

McKESSON

Company: 8000

STATEMENT

As of: 03/08/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 03/09/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 03/08/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 03/09/2019 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,352.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 03/12/2019,
Pay This Amount: 6,225.10 USD

If Paid After 03/12/2019,
Pay this Amount: 6,352.12 USD

Due If Paid On Time:
USD 6,225.10

Disc lost if paid late: 127.02

Due If Paid Late:
USD 6,352.12

Check #1024
GL Acct. #60310000

4,430.00 +
10.24 +
1,784.86 +
6,225.10 *

APPROVED ON
MAR 11 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/08/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 03/09/2019

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

As of: 03/08/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 03/09/2019 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
03/04/2019	03/12/2019	7121768114	450698	115Invoice	1.75	87.43		85.68		7121768114	
03/04/2019	03/12/2019	7121768116	450698	115Invoice	0.13	6.49		6.36		7121768116	
03/05/2019	03/12/2019	7122055563	451117	115Invoice	26.75	1,337.45		1,310.70		7122055563	
03/05/2019	03/12/2019	7122055569	451117	115Invoice	0.03	1.68		1.65		7122055569	
03/06/2019	03/12/2019	7122305317	451674	115Invoice	5.42	271.09		265.67		7122305317	
03/07/2019	03/12/2019	7122557071	452928	115Invoice	1.82	91.20		89.38		7122557071	
03/07/2019	03/12/2019	7122557072	452928	115Invoice	0.52	25.94		25.42		7122557072	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 1,821.28 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,234.32
03/04/2019

If Paid By 03/12/2019,
Pay This Amount: 1,784.86 USD

If Paid After 03/12/2019,
Pay this Amount: 1,821.28 USD

Due If Paid On Time:
USD 1,784.86

Disc lost if paid late:
36.42

Due If Paid Late:
USD 1,821.28

APPROVED
ON

MAR 1 1 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: 03/08/2019

DC: 8115

Territory: 400

Customer: 190813
Date: 03/09/2019

Page: 001

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

As of: 03/08/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 03/09/2019 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
03/06/2019	03/12/2019	7122305585	2017007122	115Invoice	0.06	3.12		3.06 ✓		7122305585	
03/08/2019	03/12/2019	7122781673	2017007159	115Invoice	0.15	7.33		7.18 ✓		7122781673	

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: 10.45 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/04/2019 3,234.32

If Paid By 03/12/2019,
Pay This Amount: 10.24 USD ✓

If Paid After 03/12/2019,
Pay this Amount: 10.45 USD

Due If Paid On Time:
USD 10.24 ✓

Disc lost if paid late: 0.21

Due If Paid Late:
USD 10.45

APPROVED
ON

MAR 11 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 03/08/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 03/09/2019

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

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

As of: 03/08/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/09/2019 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
03/04/2019	03/12/2019	7121778303	0301190447-00	115Invoice	0.05	2.53		2.48		7121778303	
03/04/2019	03/12/2019	7121778304	0959800159	115Invoice	5.89	294.68		288.79		7121778304	
03/05/2019	03/12/2019	7122059671	0959800160	115Invoice		0.10		0.10		7122059671	
03/05/2019	03/12/2019	7122059672	1120326	115Invoice		0.20		0.20		7122059672	
03/06/2019	03/12/2019	7122320953	0959800161	115Invoice	6.04	302.22		296.18		7122320953	
03/06/2019	03/12/2019	7122320954	1120432	115Invoice	11.78	588.88		577.10		7122320954	
03/06/2019	03/12/2019	7122320955	0305190446-00	115Invoice	10.74	537.18		526.44		7122320955	
03/07/2019	03/12/2019	7122546449	0959800162	115Invoice	8.92	446.13		437.21		7122546449	
03/07/2019	03/12/2019	7122546450	1120495	115Invoice	0.53	26.51		25.98		7122546450	
03/07/2019	03/12/2019	7122546451	0306190548-00	115Invoice	42.27	2,113.53		2,071.26		7122546451	
03/08/2019	03/12/2019	7122806541	0959800163	115Invoice	1.83	91.46		89.63		7122806541	
03/08/2019	03/12/2019	7122806543	0307190556-00	115Invoice	2.34	116.97		114.63		7122806543	

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: 4,520.39 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,234.32
03/04/2019

If Paid By 03/12/2019,
Pay This Amount: 4,430.00 USD

If Paid After 03/12/2019,
Pay this Amount: 4,520.39 USD

Due If Paid On Time:
USD 4,430.00

Disc lost if paid late:
90.39

Due If Paid Late:
USD 4,520.39

APPROVED
ON

MAR 1 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:03/12/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:56 CHECK REGISTER GLCKREG
03/12/19 THRU 03/12/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	001024	03/12/19	6,225.10	MCKESSON
TOTALS:			6,225.10	

APPROVED
ON

MAR 13 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 57746193 Date: 03-08-2019 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:	2,934.34
Past Due:	0.00
Total Due:	2,934.34
Account Balance:	2,934.34

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
03-05-2019	03-15-2019	3020351380	143552	Invoice	403.59
03-05-2019	03-15-2019	3020351381	143554	Invoice	417.85
03-05-2019	03-15-2019	3020351382	143643	Invoice	1,401.12
03-05-2019	03-15-2019	3020378832	143654	Invoice	264.10
03-06-2019	03-15-2019	3020428199	143689	Invoice	77.46
03-07-2019	03-15-2019	3020473920	143722	Invoice	55.52
03-08-2019	03-15-2019	3020525628	143739	Invoice	175.45
03-08-2019	03-15-2019	3020525629	143740	Invoice	139.25

Thank You for Your Payment

Date	Payment Number	Amount
03-08-2019		(3,006.37)

Reminders

Due Date	Amount
03-15-2019	2,934.34
Total Due:	2,934.34

Terms:
Monday - Friday due in 7 days

Check #1018

GL Acct. #60310000

APPROVED
ON
MAR 11 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/06/2019 MEMORIAL MEDICAL CENTER 0
14:39 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
030419		03/04/20	03/04/20	03/21/20			5,285.50	0.00	0.00	5,285.50
	TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	5,285.50	0.00	0.00	5,285.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,285.50	0.00	0.00	5,285.50

APPROVED
ON
MAR 07 2019 CK# 179845

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/06/2019
14:39

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
022819		02/28/20	02/28/20	03/21/20			8,207.50	0.00	0.00	8,207.50
	INDIGENT CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	8,207.50	0.00	0.00	8,207.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,207.50	0.00	0.00	8,207.50

03/06/2019 MEMORIAL MEDICAL CENTER 0
14:39 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022719		02/28/20	02/27/20	03/21/20		2,512.50	0.00	0.00	2,512.50
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	2,512.50	0.00	0.00	2,512.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,512.50	0.00	0.00	2,512.50

APPROVED
ON

MAR 07 2019 CK# 179908

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/06/2019
14:39

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
	022719		02/28/20	02/27/20	03/21/20			13,173.30	0.00	0.00	13,173.30 ✓
		TRANSFER									
	022719A		02/28/20	02/27/20	03/21/20			49,254.83	0.00	0.00	49,254.83 ✓
		TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	62,428.13	0.00	0.00	62,428.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	62,428.13	0.00	0.00	62,428.13

APPROVED
ON
MAR 07 2019 CK# 179867

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --March4, 2019 - March 10, 2019

Date	Bank Description	MMC Notes	Amount
3/4/2019	ACH Payment AUTHNET GATEWAY BILLING 105529061 1040000174	- 3rd Party Payor Fee	10.00
3/4/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699581276	- 3rd Party Payor Fee	11.16
3/4/2019	ACH Payment STATE COMPTRLR TEXNET 32921551/90301 2100002	2019 DSH Advance Payment 3	60,260.70 **
3/5/2019	ACH Payment FDGL LEASE PYMT 052-1479213-000 410001280885	- Credit Card Machine Lease Expense	43.26
3/5/2019	ACH Payment FDGL LEASE PYMT 052-1479214-000 410001280885	- Credit Card Machine Lease Expense	40.02
3/5/2019	ACH Payment FDGL LEASE PYMT 052-1479468-000 410001280886	- Credit Card Machine Lease Expense	69.24
3/5/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03736037 910000154	- 340B Drug Program Expense	3,234.32 *
3/5/2019	ACH Payment MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
3/5/2019	ACH Payment MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	228.44
3/5/2019	ACH Payment MERCH BNKCD FEE 971160910883 114902520001618	- Credit Card Processing Fee	9.95
3/5/2019	ACH Payment MERCH BNKCD FEE 971160913887 114902520001619	- Credit Card Processing Fee	177.27
3/5/2019	ACH Payment MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	122.13
3/6/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000691753007	- 3rd Party Payor Fee	5.27
3/8/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	3,006.37 *
3/8/2019	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122658027123	- Payroll	291,128.41 *
			358,366.49

Jason Anglin, CEO
Memorial Medical Center

March 11, 2019

10.00 +
16.43 +
710.26 +
736.69 *

Authnet gateway 10.00 10.00
Pay Plus 11.16 5.27 16.43

Credit card Machine lease 43.26 + 40.02 + 69.24 + 19.95 + 228.44 + 9.95 + 177.27 + 122.13 + 710.26 *

* Approved 03.06.19 CC
** Approved 02.18.19 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACH

Date	Description	MMC Notes	
3/15/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	131,622.40
3/19/2019	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,545.39
			133,167.79

Jason Anglin, CEO
Memorial Medical Center

March 11, 2019

358,366.49 +
60,260.70 -
3,234.32 -
3,006.37 -
291,128.41 -
736.69 *

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAYEE: PRIVATE WAIVER-PROSPERITY

Date Requested: 3/5/19

ENTERED
MAR 05 2019
BY:

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

AMOUNT: $350,000.00

G/L NUMBER: 10000004

APPROVED ON MAR 07 2019

EXPLANATION: REPLENISH PROSPERITY PRIVATE WAIVER FUNDS OUT OF MMC OPERATING

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/11/2019

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		189,559.32	189,336.66	149,332.67	-		-	149,555.33	139,388.42
							Bank Balance	149,555.33	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	2,626.29	
							MMC Portion QIPP 1	4,959.96	
							MMC Portion QIPP 2	656.50	
							MMC Portion QIPP 3	1,229.50	
							MMC Portion Lapse Funds	472.00	
							January Bank Interest	69.39	
							February Bank Interest	53.27	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	139,388.42	

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

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at W Houston		174,792.59	174,550.95	162,177.58	-			162,419.22	159,684.10
							Bank Balance	162,419.22	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	677.12	
							MMC Portion QIPP 1	1,318.36	
							MMC Portion QIPP 2	136.50	
							MMC Portion QIPP 3	248.50	
							MMC Portion Lapse Funds	113.00	
							January Bank Interest	88.58	
							February Bank Interest	53.06	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	159,684.10	
Crescent		153,414.11	153,201.90	86,657.13	-		-	86,869.34	85,976.67
							Bank Balance	86,869.34	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	183.61	
							MMC Portion QIPP 1	353.35	
							MMC Portion QIPP 2	42.00	
							MMC Portion QIPP 3	72.00	
							MMC Portion Lapse Funds	29.50	
							January Bank Interest	58.69	
							February Bank Interest	53.52	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	85,976.67	

Broadmoor	81,205.65 ✓	80,982.45 ✓	116,797.93	-	-	117,021.13 ✓	116,797.93
					Bank Balance	117,021.13	
					Variance	-	
					Leave in Balance	100.00	
					MMC Portion QIPP 1	-	
					MMC Portion QIPP 2	-	
					MMC Portion QIPP 3	-	
					MMC Portion Lapse Funds	0.00	
					January Bank Interest	66.34 ✓	
					February Bank Interest	56.86 ✓	
					March Bank Interest	0	
					Adjust Balance/Transfer Amt	116,797.93 ✓	
Fort Bend	53,247.39 ✓	53,092.91 ✓	81,609.21	-	-	81,763.69 ✓	78,771.20
					Bank Balance	81,763.69	
					Variance	-	
					Leave in Balance	100.00	
					QIPP Payment Undistributed	747.73	
					MMC Portion QIPP 1	1,422.78 ✓	
					MMC Portion QIPP 2	184.50 ✓	
					MMC Portion QIPP 3	348.50 ✓	
					MMC Portion Lapse Funds	134.50 ✓	
					January Bank Interest	31.37 ✓	
					February Bank Interest	23.11 ✓	
					March Bank Interest	-	
					Adjust Balance/Transfer Amt	78,771.20 ✓	

TOTAL TRANSFERS	580,618.32

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Contex Health Care Centers III LLC
JP Morgan Chase Bank
AF
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:
Jason Anglin, CEO 3/11/2019

139,388.42 +
159,684.10 +
85,976.67 +
116,797.93 +
78,771.20 +
580,618.32 *

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/8/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51806270 111000		9,675.96	4,959.96	1,313.00	2,459.00	944.00	7,317.96	2,358.00
3/8/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,687.50					-	4,687.50
3/7/2019 Check # 49	21,215.49						-	-
3/7/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		1,230.00					-	1,230.00
3/6/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	168,121.17						-	-
3/5/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3392861515 111000		4,613.50					-	4,613.50
3/5/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		296.40					-	296.40
3/4/2019 Deposit		119,495.10					-	119,495.10
3/4/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3392772216 111000		24.21					-	24.21
3/4/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		9,310.00					-	9,310.00
							-	-
	189,336.66	149,332.67	4,959.96	1,313.00	2,459.00	944.00	7,317.96	142,014.71

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/8/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		17,664.00					-	17,664.00
3/7/2019 Check # 18	4,135.43						-	-
3/7/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005441476		320.88					-	320.88
3/6/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	76,847.02						-	-
3/6/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		9,428.00					-	9,428.00
3/5/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000158		4,797.91					-	4,797.91
3/5/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005785812		9,689.96					-	9,689.96
3/4/2019 Deposit		63,938.34					-	63,938.34
3/4/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,778.00					-	7,778.00
3/4/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		1,534.50					-	1,534.50
3/4/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		859.15					-	859.15
3/4/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390861 830000533657		787.19					-	787.19
							-	-
	80,982.45	116,797.93	-	-	-	-	-	116,797.93

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/8/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51806269 111000		640.35	353.35	84.00	144.00	59.00	496.85	143.50
3/8/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		1,430.00					-	1,430.00
3/7/2019 Check # 45	4,110.96						-	-
3/7/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		14,760.00					-	14,760.00
3/6/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	149,090.94						-	-
3/5/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000003268 41		33.50					-	33.50
3/5/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005785812		15,440.69					-	15,440.69
3/4/2019 Deposit		43,298.73					-	43,298.73
3/4/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		7,521.28					-	7,521.28
3/4/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000137		492.21					-	492.21
3/4/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001300		3,040.37					-	3,040.37
							-	-
	153,201.90	86,657.13	353.35	84.00	144.00	59.00	496.85	86,160.28

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/8/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51806267 111000		2,757.78	1,422.78	369.00	697.00	269.00	2,090.28	667.50
3/8/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,273.60					-	1,273.60
3/8/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,888.77					-	2,888.77
3/7/2019 Check # 43	8,686.85						-	-
3/6/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	44,406.06						-	-
3/6/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		470.08					-	470.08
3/5/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		4,262.50					-	4,262.50
3/4/2019 Deposit		65,420.48					-	65,420.48
3/4/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		4,536.00					-	4,536.00
							-	-
	53,092.91	81,609.21	1,422.78	369.00	697.00	269.00	2,090.28	79,518.93

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/8/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51806268 111000		2,314.36	1,318.36	273.00	497.00	226.00	1,816.36	498.00
3/8/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		8,200.00					-	8,200.00
3/8/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		2,050.00					-	2,050.00
3/8/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,277.29					-	4,277.29
3/8/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005753473		4,374.08					-	4,374.08
3/7/2019 Check # 43	6,044.09						-	-
3/6/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	168,506.86						-	-
3/6/2019 Deposit		7,600.00					-	7,600.00
3/6/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,664.42					-	4,664.42
3/6/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		9,212.50					-	9,212.50
3/5/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		500.00					-	500.00
3/5/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000158		3,885.56					-	3,885.56
3/5/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005785812		5,920.74					-	5,920.74
3/4/2019 Deposit		33,458.03					-	33,458.03
3/4/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		50,320.00					-	50,320.00
3/4/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000137		6,562.12					-	6,562.12
3/4/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390862 830000533657		12,473.48					-	12,473.48
3/4/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		6,365.00					-	6,365.00
							-	-
	174,550.95	162,177.58	1,318.36	273.00	497.00	226.00	1,816.36	160,361.22
TOTALS	651,164.87	596,574.52	8,054.45	2,039.00	3,797.00	1,498.00	11,721.45	584,853.07

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$171,148.34	$149,555.33
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$120,587.16	$117,021.13
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$98,797.37	$86,869.34
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$185,831.95	$162,419.22
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$84,487.53	$81,763.69
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$57,142.60	$57,142.60
[redacted]	[redacted]	
TOTAL	$2,889,711.55	$2,737,842.60

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
3/11/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	CkS Cleared	Pending Ck to MMC for QIPP	Pending Deposits	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Nexion Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		116,329.23 ✓	116,176.63 ✓	56,990.00		-	-		-	-	-	57,142.60 ✓	56,990.00

Bank Balance	57,142.60
Variance	-
Leave In Balance	100.00
MMC Portion QIPP 1	-
MMC Portion QIPP 2	-
MMC Portion QIPP 3	-
MMC Portion Lapse Funds	-
January Bank Interest	26.74 ✓
February Bank Interest	25.86
March Bank Interest	- ✓
Adjust Balance/Transfer Amt	56,990.00

Routing information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
AB.
Acc

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:
Jason Anglin, CEO

3/11/2019

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
3/6/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	116,176.63						-	-
3/6/2019 Deposit Check From MMC Payables CC 3/6/19		53,562.78					-	53,562.78
3/6/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000173		499.79					-	499.79
3/5/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000158		661.28					-	661.28
3/4/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000137		2,266.15					-	2,266.15
							-	-
	116,176.63	**56,990.00**	-	-	-	-	-	**56,990.00**

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$57,142.60	$57,142.60
[redacted]	[redacted]	
TOTAL	$2,889,711.55	$2,737,842.60

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: March 13, 2019

APPROVED ON MAR 1 1 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $7,317.96

G/L NUMBER: 21400012

EXPLANATION: Ashford – To transfer funds for QIPP Year 1 Component 1 , 2, 3 & lapse fund adjustment payment – MCO: Amerigroup.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000050	03/13/19	7,317.96	MMC OPERATING
TOTALS:			7,317.96	

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: March 13, 2019

APPROVED ON MAR 1 1 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $1,816.36

G/L NUMBER: 21000011

EXPLANATION: Solera – To transfer funds for QIPP Year 1 Component 1, 2, 3 & lapse fund adjustment payment – MCO: Amerigroup.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000044	03/13/19	1,816.36	MMC OPERATING
TOTALS:			1,816.36	

Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: March 13, 2019

APPROVED ON MAR 11 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $496.85

G/L NUMBER: 21400010

EXPLANATION: Crescent – To transfer funds for QIPP Year 1 Component 1, 2, 3 & lapse fund adjustment payment – MCO: Amerigroup.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHC	000046	03/13/19	496.85	MMC OPERATING	Crescent
TOTALS:			496.85		

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: March 13, 2019

APPROVED ON MAR 11 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $2,090.28

G/L NUMBER: 21400008

EXPLANATION: Fort Bend – To transfer funds for QIPP Year 1 Component 1, 2, 3 & lapse fund adjustment payment – MCO: Amerigroup.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHF	000044	03/13/19	2,090.28	MMC OPERATING
TOTALS:			2,090.28	

Fort Bend

13

IPP Payment to MMC from NH Comm Court 3/06/2019

NH Name	From Bank Acct #	CK#	Payee	GL #	QIPP COMP 1	QIPP COMP 2	QIPP COM 3	LAPSE FUNDS	TOTAL		Date
hford	- Prosperity	50	MMC -Prosperity Operating	21400012	4,959.96	656.50	1,229.50	472.00	7,317.96		3/13/2019
oadmoor	rosperity	19	MMC -Prosperity Operating	21400009	-	-	-	-	-		3/13/2019
escent	Prosperity	46	MMC -Prosperity Operating	21400010	353.35	42.00	72.00	29.50	496.85		3/13/2019
rt Bend	Prosperity	44	MMC -Prosperity Operating	21400008	1,422.78	184.50	348.50	134.50	2,090.28		3/13/2019
lden Creek	Prosperity	33	MMC -Prosperity Operating	21400013	-	-	-	-	-		3/13/2019
lera	- Prosperity	44	MMC -Prosperity Operating	21400011	1,318.36	136.50	248.50	113.00	1,816.36		3/13/2019
				Total:	8,054.45	1,019.50	1,898.50	749.00	11,721.45		
	Note:										

7,317.96 +
1,816.36 +
496.85 +
2,090.28 +
11,721.45 =

APPROVED
ON
MAR 13 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS

No. 50

98-2265
1131

3-13-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 7,317.96

Seven Thousand Three Hundred Seventeen & 96/100 DOLLARS

PROSPERITY BANK

QIPP 1,2,3, & Lapse Adj. Pmt

County Auditor

County Treasurer

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

87SS

No 44

98-2265
1131

3-13-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 1,816.36

One Thousand Eight Hundred Sixteen & 36/100 DOLLARS

PROSPERITY BANK

QIPP Comp 1,2,3 & Lapse Adj Pmt

County Auditor

county Treasurer

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

MF

000046

88-2265/1131

Date 3-13-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 496.85

Four Hundred Ninety-Six & 85/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP Comp 1,2,3, & Lapse Adj Pmt

⑈000046⑈ ⑆

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

000044

88-2265/1131

Date 3-13-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 2,090.28

Two Thousand Ninety & 28/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP 1,2,3, & Lapse Adj. Pmt.

⑈000044⑈