MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- March 27, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 466,623.37
TOTAL TRANSFERS BETWEEN FUNDS	$ 150,000.00
TOTAL NURSING HOME UPL EXPENSES	$ 1,565,661.54
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED March 27, 2019	**$ 2,182,284.91**

APPROVED

MAR 27 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

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

PAYABLES AND PAYROLL			
3/22/2019	Weekly Payables	379,737.34	
3/25/2019	McKesson-340B Prescription Expense	5,610.17	
3/25/2019	Amerisource Bergen-340B Prescription Expense	1,396.02	
3/22/2019	Ashford-Nursing home insurance payment sent to MMC and portion of QIPP payment	7,349.16	
3/22/2019	Fortbend Healthcare-Nursing homes portion of QIPP payment from United Healthcare	2,074.99	
3/22/2019	Solera-Nursing homes portion of QIPP payment from United Healthcare	1,739.28	
3/22/2019	Goldencreek-Nursing home insurance pymt sent to MMC and portion of QIPP pymt	68,007.34	
3/22/2019	The Crescent-Nursing homes portion of QIPP payment from United Healthcare	481.55	
	Prosperity Electronic Bank Payments		
3/20/2019	Credit Card & Lease Fees	151.23	
3/18-3/22/19	Pay Plus-Patient Claims Processing Fee	76.29	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 466,623.37**
TRANSFERS BETWEEN FUNDS			
3/22/2019	Transfer from Prosperity Operating to Prosperity Private Waiver	150,000.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 150,000.00**
NURSING HOME UPL EXPENSES			
3/25/2019	Nursing Home UPI	1,311,913.69	
3/25/2019	Nursing Home UPI	149,219.77	
QIPP/INTEREST CHECKS TO MMC			
3/25/2019	Ashford	35,353.23	
3/25/2019	Solera	10,015.87	
3/25/2019	Crescent	6,741.65	
3/25/2019	Broadmoor	6,754.93	
3/25/2019	Fort Bend	14,396.31	
3/25/2019	Golden Creek	31,266.09	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,565,661.54**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED March 27, 2019			**$ 2,182,284.91**

03/21/2019 09:37

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/03/2019

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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
9086187101	OXYGEN	03/13/20	03/05/20	03/30/20		29.71	0.00	0.00	29.71
9086187100	OXYGEN	03/13/20	03/05/20	03/30/20		282.76	0.00	0.00	282.76
9960247834	CYLINDER RENTAL	03/20/20	02/28/20	03/25/20		615.60	0.00	0.00	615.60
9086187099A	SUPPLIES	03/21/20	03/05/20	03/30/20		489.77	0.00	0.00	489.77

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	1,417.84	0.00	0.00	1,417.84

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
9655314458	LENSES	03/13/20	03/01/20	03/31/20		318.00	0.00	0.00	318.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	318.00	0.00	0.00	318.00

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
891146	WATER	03/20/20	02/06/20	03/08/20		47.94	0.00	0.00	47.94

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	47.94	0.00	0.00	47.94

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
4877032	CAPITAL LEAS	03/20/20	03/12/20	04/01/20		6,145.37	0.00	0.00	6,145.37

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
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
62491485	SUPPLIES	03/12/20	03/07/20	04/01/20		475.76	0.00	0.00	475.76

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	475.76	0.00	0.00	475.76

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
BK01002449	AUDITING	02/28/20	02/28/20	04/01/20		33,216.59	0.00	0.00	33,216.59

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	33,216.59	0.00	0.00	33,216.59

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
	829805	SUPPLIES	03/13/20	03/04/20	04/01/20		251.04	0.00	0.00	251.04
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION				251.04	0.00	0.00	251.04
Vendor#	Vendor Name				Class	Pay Code				
10646	COVIDIEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	27721250	SUPPLIES	03/12/20	03/11/20	03/21/20		1,249.13	0.00	0.00	1,249.13
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10646	COVIDIEN				1,249.13	0.00	0.00	1,249.13
Vendor#	Vendor Name				Class	Pay Code				
11004	CSI LEASING INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	RT00221349	LEASE	02/25/20	04/01/20	04/01/20		2,965.64	0.00	0.00	2,965.64
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11004	CSI LEASING INC				2,965.64	0.00	0.00	2,965.64
Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTH & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5649120	SUPPLIES	03/06/20	03/04/20	03/29/20		379.44	0.00	0.00	379.44
	5649190	SUPPLIES	03/06/20	03/04/20	03/29/20		468.47	0.00	0.00	468.47
	5649081	SUPPLIES	03/13/20	03/06/20	03/31/20		8.39	0.00	0.00	8.39
	5654260	SUPPLIES	03/13/20	03/07/20	04/01/20		159.60	0.00	0.00	159.60
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				1,015.90	0.00	0.00	1,015.90
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
	MMC031519	PRO FEES CLINIC	03/20/20	03/15/20	03/15/20		165,545.83	0.00	0.00	165,545.83
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				165,545.83	0.00	0.00	165,545.83
Vendor#	Vendor Name				Class	Pay Code				
10175	DSHS CENTRAL LAB MC2004									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	CN0426022019	LAB SERVICES	03/20/20	03/05/20	03/30/20		552.40	0.00	0.00	552.40
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10175	DSHS CENTRAL LAB MC2004				552.40	0.00	0.00	552.40
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
	IN1928417		03/13/20	03/04/20	04/01/20		71.28	0.00	0.00	71.28

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	71.28	0.00	0.00	71.28

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
A1903061378 ✓		03/20/20	03/06/20	03/31/20		16,542.00	0.00	0.00	16,542.00 ✓
	HARDWARE AND SUBSCRIPT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	16,542.00	0.00	0.00	16,542.00

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
5875336 ✓		03/12/20	03/06/20	03/31/20		1,210.64	0.00	0.00	1,210.64 ✓
	SUPPLIES								
4887960 ✓		03/19/20	03/01/20	03/26/20		132.22	0.00	0.00	132.22 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	1,342.86	0.00	0.00	1,342.86

Vendor#	Vendor Name	Class	Pay Code
F1653	FORT BEND SERVICES, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0220992IN ✓		03/13/20	03/01/20	04/01/20		530.00	0.00	0.00	530.00 ✓
	WATER TREATMENT SERVICE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1653	FORT BEND SERVICES, INC	530.00	0.00	0.00	530.00

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
030219A		03/20/20	02/28/20	03/26/20		719.89	0.00	0.00	719.89 ✓
	FAXING late fee 35.93								
030219		03/20/20	02/28/20	03/26/20		955.97	0.00	0.00	955.97 ✓
	FAXING late fee 47.62								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	1,675.86	0.00	0.00	1,675.86

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
6001252739 ✓		03/01/20	03/01/20	03/31/20		3,588.58	0.00	0.00	3,588.58 ✓
	IMAGING CONTRACT								
6001252774 ✓		03/01/20	03/01/20	03/31/20		5,665.83	0.00	0.00	5,665.83 ✓
	IMAGING CONTRACT								
6001252630 ✓		03/01/20	03/01/20	03/31/20		3,236.62	0.00	0.00	3,236.62 ✓
	IMAGING 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
G1210	GULF COAST PAPER COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1639936 ✓		03/13/20	03/05/20	04/03/20		856.81	0.00	0.00	856.81 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	856.81	0.00	0.00	856.81

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7041656 ✓		03/13/20	03/04/20	03/29/20			28.00	0.00	0.00	28.00 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	28.00	0.00	0.00	28.00

Vendor# 12380 Vendor Name: HEALTH SOLUTIONS DIETETICS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032919		03/19/20	03/29/20	03/29/20			3,750.00	0.00	0.00	3,750.00 ✓
	DIETICIAN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS	3,750.00	0.00	0.00	3,750.00

Vendor# 11552 Vendor Name: HEALTHCARE EQUIPMENT FINANCE ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100121131 ✓		03/20/20	03/08/20	04/01/20			1,797.44	0.00	0.00	1,797.44 ✓
	CAPITAL LEASE									
100121129 ✓		03/20/20	03/08/20	04/01/20			7,154.17	0.00	0.00	7,154.17 ✓
	CAPITAL LEASE									
100121130 ✓		03/20/20	03/08/20	04/01/20			3,334.17	0.00	0.00	3,334.17 ✓
	CAPITAL LEASE									
100121128 ✓		03/20/20	03/08/20	04/01/20			4,919.41	0.00	0.00	4,919.41 ✓
	CAPITAL LEASE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE EQUIPMENT FINANCE	17,205.19	0.00	0.00	17,205.19

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
041938 ✓		03/20/20	01/31/20	01/31/20			68.31	0.00	0.00	68.31 ✓
	FOOD SUPPLIES									
025725 ✓		03/20/20	02/04/20	02/04/20			58.26	0.00	0.00	58.26 ✓
	FOOD SUPPLIES									
028308 ✓		03/20/20	02/05/20	02/05/20			41.04	0.00	0.00	41.04 ✓
	FOOD SUPPLIES									
028566 ✓		03/20/20	02/05/20	02/05/20			28.22	0.00	0.00	28.22 ✓
	FOOD SUPPLIES									
030370 ✓		03/20/20	02/06/20	02/06/20			18.00	0.00	0.00	18.00 ✓
	FOOD SUPPLIES									
098824 ✓		03/20/20	02/10/20	02/10/20			38.32	0.00	0.00	38.32 ✓
	FOOD SUPPLIES									
043829 ✓		03/20/20	02/11/20	02/11/20			70.31	0.00	0.00	70.31 ✓
	FOOD SUPPLIES									
002508 ✓		03/20/20	02/11/20	02/11/20			6.68	0.00	0.00	6.68 ✓
048620 ✓		03/20/20	02/13/20	02/13/20			14.78	0.00	0.00	14.78 ✓
	FOOD SUPPLIES									
052148 ✓		03/20/20	02/14/20	02/14/20			17.35	0.00	0.00	17.35 ✓
	FOOD SUPPLIES									

032054	03/20/20	02/15/20	02/15/20	21.41	0.00	0.00	21.41
FOOD SUPPLIES							
050768	03/20/20	02/17/20	02/17/20	20.66	0.00	0.00	20.66
FOOD SUPPLIES							
063691	03/20/20	02/18/20	02/18/20	4.69	0.00	0.00	4.69
FOOD SUPPLIES							
067001	03/20/20	02/20/20	02/20/20	26.96	0.00	0.00	26.96
FOOD SUPPLIES							
072407	03/20/20	02/22/20	02/22/20	12.80	0.00	0.00	12.80
FOOD SUPPLIES							
075561	03/20/20	02/23/20	02/23/20	18.33	0.00	0.00	18.33
FOOD SUPPLIES							
025290	03/20/20	02/24/20	02/24/20	11.68	0.00	0.00	11.68
FOOD SUPPLIES							
084341	03/20/20	02/26/20	02/26/20	88.51	0.00	0.00	88.51
FOOD SUPPLIES							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308		566.31	0.00	0.00	566.31

Vendor#	Vendor Name	Class	Pay Code
H1661	HFMA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7001947201		03/19/20	03/19/20	03/19/20			425.00	0.00	0.00	425.00
	MEMBERSHIP DUES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1661	HFMA	425.00	0.00	0.00	425.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
920632755		03/13/20	02/27/20	03/29/20			1,330.69	0.00	0.00	1,330.69
	SUPPLIES									
920647079		03/13/20	03/04/20	04/03/20			763.36	0.00	0.00	763.36
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	2,094.05	0.00	0.00	2,094.05

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031519		03/20/20	03/14/20	03/15/20			1,515.00	0.00	0.00	1,515.00
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	1,515.00	0.00	0.00	1,515.00

Vendor#	Vendor Name	Class	Pay Code
L1640	LOWE'S HOME CENTERS INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
022719		03/20/20	02/27/20	02/27/20			-32.20	0.00	0.00	-32.20
	TAX CREDIT									
022719A		03/20/20	02/27/20	02/27/20			-69.00	0.00	0.00	-69.00
	DELIVERY FEE REFUN									
13426		03/20/20	02/27/20	02/27/20			422.50	0.00	0.00	422.50
	SALT									
022819		03/20/20	02/28/20	02/28/20			-69.00	0.00	0.00	-69.00

DELIVERY FEE REFUND

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC	252.30	0.00	0.00	252.30

Vendor# 11796 Vendor Name: LUBY'S FUDDRUCKERS RESTAURANTS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
201902280837	FOOD SUPPLIES	03/20/20	02/28/20	03/28/20			25,578.16	0.00	0.00	25,578.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCKERS RESTAURANTS	25,578.16	0.00	0.00	25,578.16

Vendor# 10578 Vendor Name: LUMINANT ENERGY COMPANY LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV0551048	GAS	02/28/20	03/01/20	04/01/20			1,880.94	0.00	0.00	1,880.94

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC	1,880.94	0.00	0.00	1,880.94

Vendor# 11099 Vendor Name: MARLIN BUSINESS BANK Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
16804094	CAPITAL LEASE	03/20/20	03/14/20	04/01/20			663.27	0.00	0.00	663.27

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11099	MARLIN BUSINESS BANK	663.27	0.00	0.00	663.27

Vendor# 10863 Vendor Name: MCGAN TECHNOLOGY, LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
35415	SUPPLIES	03/13/20	03/04/20	04/03/20			281.00	0.00	0.00	281.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10863	MCGAN TECHNOLOGY, LLC	281.00	0.00	0.00	281.00

Vendor# M2178 Vendor Name: MCKESSON MEDICAL SURGICAL INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
45995401	SUPPLIES	01/31/20	01/29/20	04/01/20			127.06	0.00	0.00	127.06
5764288	finance charges	03/13/20	02/28/20	03/30/20			11.93	0.00	0.00	11.93
48449441	SUPPLIES	03/13/20	02/28/20	03/30/20			227.45	0.00	0.00	227.45

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	366.44	0.00	0.00	366.44

Vendor# 10613 Vendor Name: MEDIMPACT HEALTHCARE SYS, INC. Class: A/P Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0010888741	INDIGENT CARE	03/20/20	03/08/20	03/08/20			59.64	0.00	0.00	59.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	59.64	0.00	0.00	59.64

Vendor# M2470 Vendor Name: MEDLINE INDUSTRIES INC Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net

1871206640	03/12/20 02/28/20 03/25/20	68.72	0.00	0.00	68.72	
SUPPLIES						
1871206637	03/12/20 02/28/20 03/25/20	4,590.75	0.00	0.00	4,590.75	
SUPPLIES						
1871558433	03/12/20 03/05/20 03/30/20	52.36	0.00	0.00	52.36	
SUPPLIES						
1871558434	03/12/20 03/05/20 03/30/20	169.43	0.00	0.00	169.43	
SUPPLIES						
1871558424	03/12/20 03/05/20 03/30/20	278.82	0.00	0.00	278.82	
SUPPLIES						
1871558438	03/12/20 03/05/20 03/30/20	113.77	0.00	0.00	113.77	
SUPPLIES						
1871558422	03/12/20 03/05/20 03/30/20	640.41	0.00	0.00	640.41	
21 SUPPLIES						
1871558412	03/12/20 03/05/20 03/30/20	24.27	0.00	0.00	24.27	
8 SUPPLIES 16.11 Freight on 8.16 item						
1871557429	03/12/20 03/05/20 03/30/20	51.53	0.00	0.00	51.53	
SUPPLIES						
1871558432	03/12/20 03/05/20 03/30/20	411.50	0.00	0.00	411.50	
SUPPLIES						
1871558437	03/12/20 03/05/20 03/30/20	51.20	0.00	0.00	51.20	
SUPPLIES						
1871558435	03/12/20 03/05/20 03/30/20	2,047.07	0.00	0.00	2,047.07	
SUPPLIES						
1871558430	03/12/20 03/05/20 03/30/20	1,124.80	0.00	0.00	1,124.80	
SUPPLIES						
1871558431	03/12/20 03/05/20 03/30/20	5.81	0.00	0.00	5.81	
SUPPLIES						
1871558426	03/12/20 03/05/20 03/30/20	48.07	0.00	0.00	48.07	
SUPPLIES						
1871558436	03/12/20 03/05/20 03/30/20	82.48	0.00	0.00	82.48	
1 SUPPLIES						
187558420	03/12/20 03/05/20 03/30/20	233.61	0.00	0.00	233.61	
SUPPLIES						
1871558428	03/12/20 03/05/20 03/30/20	41.09	0.00	0.00	41.09	
SUPPLIES						
1871558423	03/12/20 03/05/20 03/30/20	40.26	0.00	0.00	40.26	
SUPPLIES						
18871569617	03/12/20 03/05/20 03/30/20	17.70	0.00	0.00	17.70	
SUPPLIES						
1871558427	03/12/20 03/05/20 03/30/20	26.05	0.00	0.00	26.05	
SUPPLIES						
1871610990	03/12/20 03/06/20 03/31/20	66.26	0.00	0.00	66.26	
SUPPLIES						
1870509443	03/19/20 02/20/20 03/17/20	113.88	0.00	0.00	113.88	
SUPPLIES						
1870509442	03/19/20 02/20/20 03/17/20	75.81	0.00	0.00	75.81	
SUPPLIES						
1871724240	03/19/20 03/07/20 04/01/20	2,386.23	0.00	0.00	2,386.23	
SUPPLIES						
1871724245	03/19/20 03/07/20 04/01/20	41.52	0.00	0.00	41.52	

SUPPLIES 2298 freight on 18.54 item

1871724243		03/19/20	03/07/20	04/01/20	176.48	0.00	0.00	176.48
SUPPLIES								
1871876059		03/19/20	03/08/20	04/02/20	34.17	0.00	0.00	34.17
SUPPLIES								
1871876060		03/19/20	03/08/20	04/02/20	109.38	0.00	0.00	109.38
SUPPLIES								
1871876057		03/19/20	03/08/20	04/02/20	19.15	0.00	0.00	19.15
SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	13,142.58	0.00	0.00	13,142.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800415961		02/28/20	02/28/20	03/30/20			700.39	0.00	0.00	700.39
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	700.39	0.00	0.00	700.39

Vendor# 11976 Vendor Name: MID-COAST ELECTRIC SUPPLY, INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
179488600		03/19/20	12/31/20	01/31/20			180.00	0.00	0.00	180.00
	MINOR EQUIPMENT									
179776600		03/19/20	01/11/20	02/11/20			832.70	0.00	0.00	832.70
	MINOR EQUIPMENT									
179776601		03/19/20	01/14/20	02/14/20			54.66	0.00	0.00	54.66
	MINOR EQUIPMENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11976	MID-COAST ELECTRIC SUPPLY, INC	1,067.36	0.00	0.00	1,067.36

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031419		03/20/20	03/14/20	03/14/20			114.77	0.00	0.00	114.77
	PAYROLL DED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	114.77	0.00	0.00	114.77

Vendor# 10810 Vendor Name: MMC EMPLOYEE BENEFIT PLAN Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031819		03/20/20	03/18/20	03/18/20			5,486.12	0.00	0.00	5,486.12
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	5,486.12	0.00	0.00	5,486.12

Vendor# 10536 Vendor Name: MORRIS & DICKSON CO, LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3953		03/20/20	03/12/20	03/22/20			-148.40	0.00	0.00	-148.40
	INVENTORY									
3911		03/20/20	03/12/20	03/22/20			-332.09	0.00	0.00	-332.09
	INVENTORY									
3978908		03/20/20	03/13/20	03/23/20			81.30	0.00	0.00	81.30
	INVENTORY									

3978911		03/20/20	03/13/20	03/23/20	837.96	0.00	0.00	837.96
	INVENTORY							
3978910		03/20/20	03/13/20	03/23/20	27.41	0.00	0.00	27.41
	INVENTORY							
3984670		03/20/20	03/14/20	03/24/20	673.87	0.00	0.00	673.87
	INVENTORY							
3984458		03/20/20	03/14/20	03/24/20	828.22	0.00	0.00	828.22
	INVENTORY							
3982685		03/20/20	03/14/20	03/24/20	219.33	0.00	0.00	219.33
	INVENTORY							
3984672		03/20/20	03/14/20	03/24/20	28.03	0.00	0.00	28.03
	INVENTORY							
3984671		03/20/20	03/14/20	03/24/20	1,529.67	0.00	0.00	1,529.67
	INVENTORY							
3987877		03/20/20	03/15/20	03/25/20	1,716.26	0.00	0.00	1,716.26
	INVENTORY							
3996561		03/20/20	03/18/20	03/28/20	2,846.03	0.00	0.00	2,846.03
	INVENTORY							
3996563		03/20/20	03/18/20	03/28/20	527.15	0.00	0.00	527.15
	INVENTORY							
3996562		03/20/20	03/18/20	03/28/20	92.73	0.00	0.00	92.73
	INVENTORY							
3994501		03/20/20	03/18/20	03/28/20	2,884.36	0.00	0.00	2,884.36
	INVENTORY							
3994499		03/20/20	03/18/20	03/28/20	0.10	0.00	0.00	0.10
	INVENTORY							
3994500		03/20/20	03/18/20	03/28/20	493.58	0.00	0.00	493.58
	INVENTORY							
CM45763		03/20/20	03/19/20	03/29/20	-6,505.33	0.00	0.00	-6,505.33
	CREDIT							
4000213		03/20/20	03/19/20	03/29/20	67.55	0.00	0.00	67.55
	INVENTORY							
4000212		03/20/20	03/19/20	03/29/20	48.89	0.00	0.00	48.89
	INVENTORY							
4001722		03/20/20	03/19/20	03/29/20	111.55	0.00	0.00	111.55
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			6,028.17	0.00	0.00	6,028.17

Vendor#	Vendor Name	Class	Pay Code
11254	NARHC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
102721		03/20/20	12/31/20	01/10/20			600.00	0.00	0.00	600.00
	JOINT MEMBERSHIP									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11254	NARHC					600.00	0.00	0.00	600.00

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
97142684		03/13/20	03/04/20	03/29/20			472.16	0.00	0.00	472.16
	SUPPLIES									
97162665		03/20/20	03/07/20	04/01/20			1,137.51	0.00	0.00	1,137.51

SERVICE CONTRACT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,609.67	0.00	0.00	1,609.67

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
1850907551		03/20/20	03/04/20	04/03/20			750.46	0.00	0.00	750.46

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	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
031919		03/19/20	03/19/20	03/19/20			2,355.00	0.00	0.00	2,355.00

CONTRACT EMPLOYEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	2,355.00	0.00	0.00	2,355.00

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5071		02/28/20	03/01/20	03/31/20			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
P1600	PHYSIO CONTROL CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
119017173		03/13/20	03/04/20	04/01/20			39.02	0.00	0.00	39.02

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1600	PHYSIO CONTROL CORPORATION	39.02	0.00	0.00	39.02

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
022819		03/20/20	02/28/20	03/25/20			586.00	0.00	0.00	586.00

GOLD PLUS PROGRAM

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	586.00	0.00	0.00	586.00

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
A51671		03/19/20	03/14/20	03/24/20			44.85	0.00	0.00	44.85

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	44.85	0.00	0.00	44.85

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
IN000374201		02/28/20	02/28/20	03/30/20			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				
10782	PRIVATE WAIVER CLEARING ACCT Will be shown as a transfer on report									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	032019		03/20/20	03/20/20	03/20/20		150,000.00	0.00	0.00	150,000.00
		REPLENISH PW CLEARING AC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10782	PRIVATE WAIVER CLEARING ACCT				150,000.00	0.00	0.00	150,000.00
Vendor#	Vendor Name				Class	Pay Code				
R1321	RECEIVABLE MANAGEMENT, INC ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	022819		03/20/20	02/28/20	02/28/20		70.20	0.00	0.00	70.20 ✓
		COLLECTIONS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1321	RECEIVABLE MANAGEMENT, INC				70.20	0.00	0.00	70.20
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
	MLVAC46935 ✓		03/20/20	03/06/20	03/31/20		2,401.30	0.00	0.00	2,401.30 ✓
		CODING SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10987	REVCYCLE+, INC.				2,401.30	0.00	0.00	2,401.30
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
	02201920		03/20/20	02/22/20	03/22/20		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				
S1001	SANOFI PASTEUR INC ✓ remove per Caitlin									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	909474357 ✓		02/18/20	11/20/20	04/01/20		-194.90	0.00	0.00	-194.90 ✓
		CREDIT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC				-194.90	0.00	0.00	-194.90
Vendor#	Vendor Name				Class	Pay Code				
11360	SCRUBS ON WHEELS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	030519		03/20/20	03/05/20	03/05/20		5,112.97	0.00	0.00	5,112.97 ✓
		SCRUB SALE PAYROLL DED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11360	SCRUBS ON WHEELS				5,112.97	0.00	0.00	5,112.97
Vendor#	Vendor Name				Class	Pay Code				
S1405	SERVICE SUPPLY OF VICTORIA INC ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	701004930 ✓		03/13/20	02/28/20	03/30/20		235.50	0.00	0.00	235.50 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1405	SERVICE SUPPLY OF VICTORIA INC				235.50	0.00	0.00	235.50
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
031919		03/19/20	03/19/20	03/19/20		597.30	0.00	0.00	597.30
	CONTRACT EMPLOYEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI				597.30	0.00	0.00	597.30

Vendor# Vendor Name — Class — Pay Code

S2362 SMITH & NEPHEW

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921857867		03/13/20	03/04/20	04/01/20		706.16	0.00	0.00	706.16
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW				706.16	0.00	0.00	706.16

Vendor# Vendor Name — Class — Pay Code

10094 ST DAVIDS HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMCPL201902		03/20/20	03/13/20	03/13/20		420.00	0.00	0.00	420.00
	TELENEUROLOGY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE				420.00	0.00	0.00	420.00

Vendor# Vendor Name — Class — Pay Code

S3960 STERICYCLE, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4008423940		02/26/20	03/01/20	03/31/20		2,270.00	0.00	0.00	2,270.00
	DISPOSAL SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC				2,270.00	0.00	0.00	2,270.00

Vendor# Vendor Name — Class — Pay Code

10735 STRYKER SUSTAINABILITY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3581616		02/28/20	02/27/20	03/29/20		335.73	0.00	0.00	335.73
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY				335.73	0.00	0.00	335.73

Vendor# Vendor Name — Class — Pay Code

11001 ULINE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
106381695		03/13/20	03/04/20	04/01/20		60.80	0.00	0.00	60.80
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11001	ULINE				60.80	0.00	0.00	60.80

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
8400295784		02/28/20	03/04/20	03/29/20		104.07	0.00	0.00	104.07
	LAUNDRY								
8400295714		02/28/20	03/04/20	03/29/20		120.39	0.00	0.00	120.39
	LAUNDRY								
8400295754		02/28/20	03/04/20	03/29/20		1,378.82	0.00	0.00	1,378.82
	LAUNDRY								
8400295747		02/28/20	03/04/20	03/29/20		79.36	0.00	0.00	79.36
	LAUNDRY								
8400295715		02/28/20	03/04/20	03/29/20		163.29	0.00	0.00	163.29

	LAUNDRY							
8400295717		02/28/20	03/04/20	03/29/20	47.15	0.00	0.00	47.15
	LAUNDRY							
8400295718		02/28/20	03/04/20	03/29/20	52.41	0.00	0.00	52.41
	LAUNDRY							
8400295716		02/28/20	03/04/20	03/29/20	157.67	0.00	0.00	157.67
	LAUNDRY							
8400296096		03/13/20	03/07/20	04/01/20	1,108.78	0.00	0.00	1,108.78
	LAUNDRY							
8400296055		03/13/20	03/07/20	04/01/20	175.83	0.00	0.00	175.83
	LAUNDRY							
8400296052		03/13/20	03/07/20	04/01/20	17.00	0.00	0.00	17.00
	LAUNDRY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			3,404.77	0.00	0.00	3,404.77

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
9489093		03/20/20	02/26/20	03/13/20		30.39	0.00	0.00	30.39
	SUPPLIES								
9516459		03/20/20	03/05/20	03/20/20		37.99	0.00	0.00	37.99
	UNIFORMS								
9540025		03/20/20	03/12/20	03/27/20		228.86	0.00	0.00	228.86
	UNIFORMS								
9542343		03/20/20	03/13/20	03/28/20		274.90	0.00	0.00	274.90
	UNIFORMS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	572.14	0.00	0.00	572.14

Vendor#	Vendor Name	Class	Pay Code
W1040	WATERMARK GRAPHICS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
124014		03/20/20	02/28/20	03/30/20		9.70	0.00	0.00	9.70
	FARAH JANAK L/S Solid Wicking Tee								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	9.70	0.00	0.00	9.70

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110639395		03/12/20	03/01/20	03/26/20		153.00	0.00	0.00	153.00
	SUPPLIES								
9110641636		03/12/20	03/06/20	03/31/20		153.00	0.00	0.00	153.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	306.00	0.00	0.00	306.00

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
INV002086575		03/20/20	02/28/20	03/28/20		493.80	0.00	0.00	493.80
	HOUSE CALLS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP	493.80	0.00	0.00	493.80

Vendor#	Vendor Name				Class	Pay Code				
10556	WOUND CARE SPECIALISTS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	WCS00002637 ✓	WOUND CARE	03/20/20	02/01/20	03/01/20		10,725.00	0.00	0.00	10,725.00 ✓
	WCS00002718 ✓	WOUND CARE	03/20/20	03/01/20	03/01/20		13,925.00	0.00	0.00	13,925.00 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10556	WOUND CARE SPECIALISTS				24,650.00	0.00	0.00	24,650.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	529,542.44	0.00	0.00	529,542.44

pg 11 correction {+194.90

$529,737.34

APPROVED
ON

MAR 2 2 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 180014-180089

529,542.44 +
194.90 +
529,737.34 *

showing transfer to Private Waiver separately.

529,737.34 +
150,000.00 -
379,737.34 *

RUN DATE:03/25/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:04 CHECK REGISTER GLCKREG
03/27/19 THRU 03/27/19

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	180014	03/27/19	1,417.84	AIRGAS USA, LLC - CENTRAL DIV
A/P	180015	03/27/19	318.00	ALCON LABORATORIES, INC.
A/P	180016	03/27/19	47.94	AQUA BEVERAGE COMPANY
A/P	180017	03/27/19	7,349.16	ASHFORD GARDENS -critical
A/P	180018	03/27/19	6,145.37	BANK OF THE WEST
A/P	180019	03/27/19	475.76	BAXTER HEALTHCARE
A/P	180020	03/27/19	33,216.59	BKD, LLP
A/P	180021	03/27/19	251.04	CONMED CORPORATION
A/P	180022	03/27/19	1,249.13	COVIDIEN
A/P	180023	03/27/19	2,965.64	CSI LEASING INC
A/P	180024	03/27/19	1,015.90	DEWITT POTH & SON
A/P	180025	03/27/19	165,545.83	DISCOVERY MEDICAL NETWORK INC
A/P	180026	03/27/19	552.40	DSHS CENTRAL LAB MC2004
A/P	180027	03/27/19	71.28	DYNATRONICS CORPORATION
A/P	180028	03/27/19	16,542.00	EVIDENT
A/P	180029	03/27/19	1,342.86	FISHER HEALTHCARE
A/P	180030	03/27/19	530.00	FORT BEND SERVICES, INC
A/P	180031	03/27/19	2,074.99	FORTBEND HEALTHCARE CENTER critical
A/P	180032	03/27/19	1,675.86	FRONTIER
A/P	180033	03/27/19	12,491.03	GE PRECISION HEALTHCARE, LLC
A/P	180034	03/27/19	68,007.34	GOLDENCREEK HEALTHCARE -critical
A/P	180035	03/27/19	856.81	GULF COAST PAPER COMPANY
A/P	180036	03/27/19	28.00	HEALTH CARE LOGISTICS INC
A/P	180037	03/27/19	3,750.00	HEALTH SOLUTIONS DIETETICS
A/P	180038	03/27/19	17,205.19	HEALTHCARE EQUIPMENT FINANCE
A/P	180039	03/27/19	.00	VOIDED
A/P	180040	03/27/19	566.31	HEB CREDIT RECEIVABLES DEPT308
A/P	180041	03/27/19	425.00	HFMA
A/P	180042	03/27/19	2,094.05	J & J HEALTH CARE SYSTEMS, INC
A/P	180043	03/27/19	1,515.00	LEGAL SHIELD
A/P	180044	03/27/19	252.30	LOWE'S HOME CENTERS INC
A/P	180045	03/27/19	25,578.16	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	180046	03/27/19	1,880.94	LUMINANT ENERGY COMPANY LLC
A/P	180047	03/27/19	663.27	MARLIN BUSINESS BANK
A/P	180048	03/27/19	281.00	MCGAN TECHNOLOGY, LLC
A/P	180049	03/27/19	366.44	MCKESSON MEDICAL SURGICAL INC
A/P	180050	03/27/19	59.64	MEDIMPACT HEALTHCARE SYS, INC.
A/P	180051	03/27/19	.00	VOIDED
A/P	180052	03/27/19	.00	VOIDED
A/P	180053	03/27/19	.00	VOIDED
A/P	180054	03/27/19	13,142.58	MEDLINE INDUSTRIES INC
A/P	180055	03/27/19	700.39	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	180056	03/27/19	1,067.36	MID-COAST ELECTRIC SUPPLY, INC
A/P	180057	03/27/19	114.77	MMC AUXILIARY GIFT SHOP
A/P	180058	03/27/19	5,486.12	MMC EMPLOYEE BENEFIT PLAN
A/P	180059	03/27/19	.00	VOIDED
A/P	180060	03/27/19	6,028.17	MORRIS & DICKSON CO, LLC
A/P	180061	03/27/19	600.00	NARHC
A/P	180062	03/27/19	1,609.67	OLYMPUS AMERICA INC
A/P	180063	03/27/19	750.46	ORTHO CLINICAL DIAGNOSTICS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180064	03/27/19	2,355.00	PABLO GARZA
A/P	180065	03/27/19	2,000.00	PARA
A/P	180066	03/27/19	39.02	PHYSIO CONTROL CORPORATION
A/P	180067	03/27/19	586.00	PORT LAVACA WAVE
A/P	180068	03/27/19	44.85	POWER HARDWARE
A/P	180069	03/27/19	1,950.00	PRESS GANEY ASSOCIATES, INC.
A/P	180070	03/27/19	150,000.00	PRIVATE WAIVER CLEARING ACCT
A/P	180071	03/27/19	70.20	RECEIVABLE MANAGEMENT, INC
A/P	180072	03/27/19	2,401.30	REVCYCLE+, INC.
A/P	180073	03/27/19	240.00	REVISTA de VICTORIA
A/P	180074	03/27/19	5,112.97	SCRUBS ON WHEELS
A/P	180075	03/27/19	235.50	SERVICE SUPPLY OF VICTORIA INC
A/P	180076	03/27/19	597.30	SHIRLEY KARNEI
A/P	180077	03/27/19	706.16	SMITH & NEPHEW
A/P	180078	03/27/19	1,739.28	SOLERA WEST HOUSTON -critical
A/P	180079	03/27/19	420.00	ST DAVIDS HEALTHCARE
A/P	180080	03/27/19	2,270.00	STERICYCLE, INC
A/P	180081	03/27/19	335.73	STRYKER SUSTAINABILITY
A/P	180082	03/27/19	481.55	THE CRESCENT- critical
A/P	180083	03/27/19	60.80	ULINE
A/P	180084	03/27/19	3,404.77	UNIFIRST HOLDINGS INC
A/P	180085	03/27/19	572.14	UNIFORM ADVANTAGE
A/P	180086	03/27/19	9.70	WATERMARK GRAPHICS INC
A/P	180087	03/27/19	306.00	WERFEN USA LLC
A/P	180088	03/27/19	493.80	WEST INTERACTIVE SERVICES CORP
A/P	180089	03/27/19	24,650.00	WOUND CARE SPECIALISTS
TOTALS:			609,389.66	

O • C

Payables 379,737.34 +
379,737.34 *

Transfer 150,000.00 +
150,000.00 *

7,349.16 +
Criticals 2,074.99 +
1,739.28 +
68,007.34 +
481.55 +
79,652.32 *

379,737.34 +
150,000.00 +
79,652.32 +
609,389.66 *

APPROVED
ON

MAR 27 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/22/2019

DC: 8115

Territory:

Customer: 632536
Date: 03/23/2019

Page: 002

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

As of: 03/22/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 03/23/2019 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: 5,724.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 03/26/2019,
Pay This Amount: 5,610.17 USD ✓

If Paid After 03/26/2019,
Pay this Amount: 5,724.67 USD

Due If Paid On Time:
USD 5,610.17 ✓ owed

Disc lost if paid late: 114.50

Due If Paid Late:
USD 5,724.67

Check # 1026
GL Acct. # 60310000

3,432.84 +
67.84 +
2,109.49 +
5,610.17 *

APPROVED
ON
MAR 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: 03/22/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 03/23/2019

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

As of: 03/22/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 03/23/2019 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											
03/20/2019	03/26/2019	7124822823	2017007258	115Invoice	1.30	64.82		63.52		7124822823	
03/22/2019	03/26/2019	7125301708	2017007298	115Invoice	0.09	4.41		4.32		7125301708	

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: 69.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,159.65
03/18/2019

If Paid By 03/26/2019,
Pay This Amount: 67.84 USD

If Paid After 03/26/2019,
Pay this Amount: 69.23 USD

Due If Paid On Time:
USD 67.84

Disc lost if paid late: 1.39

Due If Paid Late:
USD 69.23

APPROVED
ON
MAR 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 03/22/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 03/23/2019

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: 03/22/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 03/23/2019 **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											
03/18/2019	03/26/2019	7124342082	0315190142-00	115Invoice	7.26	363.03		355.77		7124342082	
03/18/2019	03/26/2019	7124342083	0959800169	115Invoice	4.43	221.48		217.05		7124342083	
03/19/2019	03/26/2019	7124581868	0318190149-00	115Invoice	1.00	49.92		48.92		7124581868	
03/19/2019	03/26/2019	7124581869	0318190157-00	115Invoice	2.63	131.59		128.96		7124581869	
03/20/2019	03/26/2019	7124827295	0959800171	115Invoice	2.42	121.01		118.59		7124827295	
03/20/2019	03/26/2019	7124827296	0319190438-00	115Invoice	10.25	512.74		502.49		7124827296	
03/21/2019	03/26/2019	7125084201	0959800172	115Invoice	12.66	632.99		620.33		7125084201	
03/21/2019	03/26/2019	7125084202	1120922	115Invoice	0.02	0.95		0.93		7125084202	
03/21/2019	03/26/2019	7125084203	0320190319-00	115Invoice	0.01	0.63		0.62		7125084203	
03/21/2019	03/26/2019	7125084204	MH03202019---	115Invoice	1.81	90.64		88.83		7125084204	
03/22/2019	03/26/2019	7125294795	0959800173	115Invoice	0.53	26.51		25.98		7125294795	
03/22/2019	03/26/2019	7125294796	0959800173	115Invoice	0.01	0.41		0.40		7125294796	
03/22/2019	03/26/2019	7125294797	0321190512-00	115Invoice	0.01	0.63		0.62		7125294797	

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: 2,152.53 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,159.65
03/18/2019

If Paid By 03/26/2019, Pay This Amount: 2,109.49 USD

If Paid After 03/26/2019, Pay this Amount: 2,152.53 USD

Due If Paid On Time: USD 2,109.49
Disc lost if paid late: 43.04

Due If Paid Late: USD 2,152.53

APPROVED
ON

MAR 25 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: 03/22/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 03/23/2019

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

As of: 03/22/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 03/23/2019 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											
03/18/2019	03/26/2019	7124345383	457002	115Invoice	2.08	103.96		101.88		7124345383	
03/18/2019	03/26/2019	7124345384	457002	115Invoice	0.07	3.58		3.51		7124345384	
03/19/2019	03/26/2019	7124599490	457490	115Invoice	42.37	2,118.33		2,075.96		7124599490	
03/19/2019	03/26/2019	7124599491	457490	115Invoice	0.13	6.30		6.17		7124599491	
03/20/2019	03/26/2019	7124830804	458009	115Invoice	1.60	79.93		78.33		7124830804	
03/21/2019	03/26/2019	7125078110	459299	115Invoice	0.25	12.37		12.12		7125078110	
03/21/2019	03/26/2019	7125078111	459299	115Invoice	0.23	11.45		11.22		7125078111	
03/22/2019	03/26/2019	7125317656	459929	115Invoice	23.04	1,151.93		1,128.89		7125317656	
03/22/2019	03/26/2019	7125317657	459929	115Invoice	0.30	15.06		14.76		7125317657	

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: 3,502.91 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,159.65
03/18/2019

If Paid By 03/26/2019,
Pay This Amount: 3,432.84 USD

If Paid After 03/26/2019,
Pay this Amount: 3,502.91 USD

Due If Paid On Time:
USD 3,432.84

Disc lost if paid late: 70.07

Due If Paid Late:
USD 3,502.91

APPROVED
ON

MAR 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ø

RUN DATE:03/26/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:24 CHECK REGISTER GLCKREG
03/26/19 THRU 03/26/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	001026	03/26/19	5,610.17	MCKESSON
TOTALS:			5,610.17	

APPROVED
ON

MAR 27 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen® STATEMENT Number: 57786659 Date: 03-22-2019 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:	1,396.02
Past Due:	0.00
Total Due:	1,396.02
Account Balance:	1,396.02

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
03-18-2019	03-29-2019	3020799675	144022	Invoice	190.66
03-18-2019	03-29-2019	3020799676	144028	Invoice	628.47
03-18-2019	03-29-2019	3020851599	144077	Invoice	37.87
03-19-2019	03-29-2019	3020889335	144113	Invoice	418.64
03-20-2019	03-29-2019	3020938328	144148	Invoice	54.55
03-21-2019	03-29-2019	3020990663	144167	Invoice	0.95
03-22-2019	03-29-2019	3021034418	144192	Invoice	64.88

Thank You for Your Payment

Date	Payment Number	Amount
03-22-2019		(2,582.83)

Reminders

Due Date	Amount
03-29-2019	1,396.02

Total Due: 1,396.02

Terms:
Monday - Friday due in 7 days

Check #1020

GL Acct. #60310000

APPROVED
ON
MAR 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

MAR 2 1 2019

Calhoun County Auditor

03/21/2019
08:39

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032719	QIPP QUIMP-COMP 2 – Nursing homes portion of QIPP Payment	03/20/20	04/04/20	04/04/20		7,280.11	0.00	0.00	7,280.11 ✓
031919	TRANSFER – Nursing home insurance pymt sent to MMC in error	03/20/20	04/04/20	04/04/20		69.05	0.00	0.00	69.05 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	7,349.16	0.00	0.00	7,349.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,349.16	0.00	0.00	7,349.16

APPROVED
ON
MAR 2 2 2019

CK# 180017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/21/2019
08:34

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
032719	QIPP ~~QUIPP~~ COMP 2 – Nursing homes portion of QIPP Payment	03/20/20	04/04/20	04/04/20		2,074.99	0.00	0.00	2,074.99 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	2,074.99	0.00	0.00	2,074.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,074.99	0.00	0.00	2,074.99

CK # 180031

03/21/2019
08:35

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
032719	QIPP ~~QUIPP~~ COMP 2 – Nursing homes portion of QIPP payment	03/20/20	04/04/20	04/04/20			1,739.28	0.00	0.00	1,739.28

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	1,739.28	0.00	0.00	1,739.28 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,739.28	0.00	0.00	1,739.28

APPROVED
ON
MAR 2 2 2019 CIC# 180078

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/21/2019
08:35

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
031419B		03/20/20	03/14/20	03/14/20		8,962.45	0.00	0.00	8,962.45 ✓
	TRANSFER - Nursing home insurance pymt sent to MMC in error								
031419A		03/20/20	03/14/20	03/14/20		39,075.29	0.00	0.00	39,075.29 ✓
	TRANSFER - Nursing home insurance pymt sent to MMC in error								
031419		03/20/20	03/14/20	04/04/20		15,185.56	0.00	0.00	15,185.56 ✓
	TRANSFER - Nursing home insurance pymt sent to MMC in error								
031919A		03/20/20	04/04/20	04/04/20		105.24	0.00	0.00	105.24 ✓
	TRANSFER - Nursing home insurance pymt sent to MMC in error								
031919		03/20/20	04/04/20	04/04/20		1,569.12	0.00	0.00	1,569.12 ✓
	TRANSFER - Nursing home insurance pymt sent to MMC in error								
032719	QIPP	03/20/20	04/04/20	04/04/20		3,109.68	0.00	0.00	3,109.68 ✓
	~~QUIPP~~ COMP 2 - Nursing Homes portion of QIPP payment								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	68,007.34	0.00	0.00	68,007.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	68,007.34	0.00	0.00	68,007.34

APPROVED
ON
MAR 2 2 2019

CK # 180034

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/21/2019
08:55

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032719	QIPP	03/20/20	04/04/20	04/04/20		481.55	0.00	0.00	481.55 ✓
	~~QUIPP~~ COMP 2 - Nursing homes portion of QIPP Payment								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	481.55	0.00	0.00	481.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	481.55	0.00	0.00	481.55

APPROVED
ON
MAR 2 2 2019 CK# 180082

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --March 18, 2019 - March 24, 2019

Date	Bank Description	MMC Notes	Amount
3/18/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000697788678	- 3rd Party Payor Fee	0.99
3/19/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03750061 910000118	- 340B Drug Program Expense	4,159.65 *
3/19/2019	ACH Payment WEBFILE TAX PYMT DD 902/33114173 21000025626	- Sales Tax	1,545.39 **
3/20/2019	ACH Payment FDGL LEASE PYMT 052-1312971-000 410001227138	- Credit Card Machine Lease Expense	151.23
3/20/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699369812	- 3rd Party Payor Fee	69.60
3/21/2019	CM Wire Domestic WIRE OUT CBNA Incoming Settlement Account	-CitiBank Corporate Card Payment	9,932.02 *
3/22/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,582.83 *
3/22/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000690725946	- 3rd Party Payor Fee	5.70
3/22/2019	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122659100207	- Payroll	274,787.86 *
			293,235.27

Diane Moore, CFO — CFO
Memorial Medical Center

March 25, 2019

* Approved in CC 03.20.19
** Approved in CC 03.13.19

Pay Plus
0.99 +
69.60 +
5.70 +
76.29 *

Credit Card Machine Fees
151.23 +
151.23 *

76.29 +
151.23 +
227.52 *

Check
293,235.27 +
4,159.65 –
1,545.39 –
9,932.02 –
2,582.83 –
274,787.86 –
227.52 *

APPROVED ON
MAR 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: PRIVATE WAIVER - PROSPERITY

Date Requested: 3/20/19

APPROVED ON MAR 22 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 180070

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

AMOUNT $150,000

G/L NUMBER: 10000004

EXPLANATION: REPLENISH PROSPERITY PRIVATE WAIVER FUNDS OUT OF MMC OPERATING

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

ENTERED
MAR 20 2019
BY:

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/25/2019

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		123,026.89 ✓	122,804.23 ✓	184,307.58	-	-	-	184,530.24 ✓	148,954.35
							Bank Balance	184,530.24 ✓	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	34,653.99 ✓	
							MMC Portion QIPP 2	194.65 ✓	
							MMC Portion QIPP 3	364.60 ✓	
							MMC Portion Lapse Funds	139.99 ✓	
							January Bank Interest	69.39 ✓	
							February Bank Interest	53.27 ✓	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	148,954.35 ✓	

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		73,354.50 ✓	73,112.86 ✓	361,869.28	-			362,110.92 ✓	351,853.41
							Bank Balance	362,110.92 ✓	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	9,872.59 ✓	
							MMC Portion QIPP 2	39.14 ✓	
							MMC Portion QIPP 3	71.29 ✓	
							MMC Portion Lapse Funds	32.85 ✓	
							January Bank Interest	88.58 ✓	
							February Bank Interest	53.06 ✓	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	351,853.41 ✓	
Crescent		45,623.85 ✓	45,411.64 ✓	399,773.01	-			399,985.22 ✓	393,031.36
							Bank Balance	399,985.22 ✓	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	6,714.96 ✓	
							MMC Portion QIPP 2	7.69 ✓	
							MMC Portion QIPP 3	13.57 ✓	
							MMC Portion Lapse Funds	5.43 ✓	
							January Bank Interest	58.69 ✓	
							February Bank Interest	53.52 ✓	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	393,031.36 ✓	

Broadmoor	24,674.22 ✓	24,451.02 ✓	366,375.44	-		366,598.64 ✓	359,620.51
					Bank Balance	366,598.64 ✓	
					Variance	-	
					Leave in Balance	100.00	
					MMC Portion QIPP 1	6,754.93 ✓	
					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	359,620.51 ✓	
Fort Bend	27,946.38 ✓	27,791.90 ✓	72,850.37	-		73,004.85 ✓	58,454.06
					Bank Balance	73,004.85 ✓	
					Variance	-	
					Leave in Balance	100.00	
					QIPP Payment Undistributed	-	
					MMC Portion QIPP 1	14,189.35 ✓	
					MMC Portion QIPP 2	57.35 ✓	
					MMC Portion QIPP 3	108.07 ✓	
					MMC Portion Lapse Funds	41.54 ✓	
					January Bank Interest	31.37 ✓	
					February Bank Interest	23.11 ✓	
					March Bank Interest	-	
					Adjust Balance/Transfer Amt	58,454.06 ✓	

TOTAL TRANSFERS	**1,311,913.69**

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

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

Approved: CFO
Diane Moore, CFO 3/25/2019

APPROVED
ON
MAR 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

148,954.35 +
351,853.41 +
393,031.36 +
359,620.51 +
58,454.06 +
1,311,913.69 *

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/22/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,520.77					-	1,520.77
3/22/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,887.37					-	1,887.37
3/22/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		130.00					-	130.00
3/22/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000192		48,866.09					-	48,866.09
3/22/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		994.70					-	994.70
3/21/2019 Check # 51	52,555.89						-	-
3/21/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,668.55					-	2,668.55
3/21/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000192		10,962.13					-	10,962.13
3/20/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	70,248.34						-	-
3/20/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810200 42000016		12,692.88	12,692.88				12,692.88	-
3/20/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810199 42000016		1,398.47		389.29	729.21	279.98	699.24	699.23
3/20/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3393835536 111000		4,924.34					-	4,924.34
3/20/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		9,604.50					-	9,604.50
3/20/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		3,883.59					-	3,883.59
3/19/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3393741811 111000		160.00					-	160.00
3/19/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		2,870.00					-	2,870.00
3/19/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000115		2,667.32					-	2,667.32
3/18/2019 Deposit		48,095.76					-	48,095.76
3/18/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51811147 111000		21,961.11	21,961.11				21,961.11	-
3/18/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,020.00					-	9,020.00
							-	-
	122,804.23	184,307.58	34,653.99	389.29	729.21	279.98	35,353.23	148,954.35

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/22/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		585.00					-	585.00
3/21/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		1,810.00					-	1,810.00
3/21/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000192		6,013.70					-	6,013.70
3/20/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	24,451.02						-	-
3/20/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810608 42000016		2,474.16	2,474.16				2,474.16	-
3/20/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810607 42000016		570.00					-	570.00
3/20/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810606 42000016		240.00					-	240.00
3/20/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000116		266,629.32					-	266,629.32
3/19/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005921860		12,324.84					-	12,324.84
3/18/2019 Deposit		52,160.67					-	52,160.67
3/18/2019 Deposit		5,285.50					-	5,285.50
3/18/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51811150 111000		4,280.77	4,280.77				4,280.77	-
3/18/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		2,646.00					-	2,646.00
3/18/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,826.91					-	7,826.91
3/18/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005544990		3,528.57					-	3,528.57
							-	-
	24,451.02	366,375.44	6,754.93	-	-	-	6,754.93	359,620.51

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/21/2019	Check # 47	3,828.31						-	-
3/21/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,167.11					-	5,167.11
3/21/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		5,080.00					-	5,080.00
3/21/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000192		312,280.07					-	312,280.07
3/20/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	41,583.33						-	-
3/20/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810549 42000016		53.39		15.38	27.15	10.86	26.69	26.70
3/20/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810548 42000016		2,459.52	2,459.52				2,459.52	-
3/19/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		8,702.70					-	8,702.70
3/19/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005921860		11,928.36					-	11,928.36
3/18/2019	Deposit		49,550.42					-	49,550.42
3/18/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51811149 111000		4,255.44	4,255.44				4,255.44	-
3/18/2019	ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		296.00					-	296.00
								-	-
		45,411.64	399,773.01	6,714.96	15.38	27.15	10.86	6,741.65	393,031.36

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/22/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000191		307.64					-	307.64
3/21/2019	Check # 45	15,067.26						-	-
3/21/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000192		23,107.25					-	23,107.25
3/20/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	12,724.64						-	-
3/20/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810294 42000016		413.92		114.69	216.15	83.08	206.96	206.96
3/20/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810295 42000016		5,197.20	5,197.20				5,197.20	-
3/20/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005240941		1,902.49					-	1,902.49
3/19/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005921860		7,508.53					-	7,508.53
3/19/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005929923		462.85					-	462.85
3/18/2019	Deposit		16,750.84					-	16,750.84
3/18/2019	Deposit		8,207.50					-	8,207.50
3/18/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51811146 111000		8,992.15	8,992.15				8,992.15	-
								-	-
		27,791.90	72,850.37	14,189.35	114.69	216.15	83.08	14,396.31	58,454.06

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/22/2019	ACH Deposit Amerigroup TXSC HCCLAIMPMT 3394002330 111000		6,301.43					-	6,301.43
3/22/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		820.00					-	820.00
3/22/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000191		254,602.85					-	254,602.85
3/21/2019	Check # 45	13,706.80						-	-
3/21/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000192		4,102.58					-	4,102.58
3/21/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		5,818.60					-	5,818.60
3/20/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	59,406.06						-	-
3/20/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810509 42000016		3,616.08	3,616.08				3,616.08	-
3/20/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00810508 42000016		286.56		78.28	142.58	65.70	143.28	143.28
3/20/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,110.54					-	6,110.54
3/19/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		14,551.64					-	14,551.64
3/19/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		8,439.50					-	8,439.50
3/19/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005921860		26,036.12					-	26,036.12
3/19/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005929923		413.35					-	413.35
3/18/2019	Deposit		17,690.02					-	17,690.02
3/18/2019	Deposit		2,512.50					-	2,512.50
3/18/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51811148 111000		6,256.51	6,256.51				6,256.51	-
3/18/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		4,311.00					-	4,311.00
								-	-
		73,112.86	361,869.28	9,872.59	78.28	142.58	65.70	10,015.87	351,853.41

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
TOTALS	293,571.65	1,385,175.68	72,185.82	597.64	1,115.09	439.62	73,261.99	1,311,913.69

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$243,153.14	$184,530.24
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$380,666.06	$366,598.64
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$413,915.71	$399,985.22
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$398,333.82	$362,110.92
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$73,056.40	$73,004.85
[redacted]	[redacted]	
[redacted]	[redacted]	
TOTAL	$4,307,295.66	$4,096,919.80

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
3/25/2019

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		31,105.92 ✓	30,953.32 ✓	180,485.86		-	-		-	-	-	180,638.46	149,219.77
											Bank Balance	180,638.46	
											Variance	-	
											Leave in Balance	100.00	
											MMC Portion QIPP 1	18,619.84 ✓	
											MMC Portion QIPP 2	12,646.25 ✓	
											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	149,219.77 ✓	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA
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: CFO
Diane Moore, CFO 3/25/2019

APPROVED
ON
MAR 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
3/22/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000191		74,145.39					-	74,145.39
3/21/2019	Check # 32	21,547.26						-	-
3/21/2019	Wire Transfer Dep WIRE IN NEXION HEALTH AT NAVASOTA, INC.		43,912.34	18,619.84	25,292.50			31,266.09	12,646.25
3/20/2019	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	9,406.06						-	-
3/18/2019	Deposit		62,428.13					-	62,428.13
								-	-
		30,953.32	180,485.86	18,619.84	25,292.50	-	-	31,266.09	149,219.77

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking

	Available	Previous Day
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$188,374.38	$180,638.46
[redacted]		
TOTAL	$4,307,295.66	$4,096,919.80

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: March 27, 2019

APPROVED ON
MAR 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 $35,353.23

G/L NUMBER: 21400012

EXPLANATION: Ashford – To transfer funds for QIPP Year 1 Component 2, 3 & lapse fund adjustment payment & QIPP Year 2 February 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000052	03/29/19	35,353.23	MMC OPERATING
TOTALS:			35,353.23	

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: March 27, 2019

APPROVED ON MAR 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 $10,015.87

G/L NUMBER: 21400011

EXPLANATION: Solera – To transfer funds for QIPP Year 1 Component 2, 3 & lapse fund adjustment payment & QIPP Year 2 February 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000046	03/29/19	10,015.87	MMC OPERATING
TOTALS:			10,015.87	

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: March 27, 2019

APPROVED ON MAR 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 $6,741.65

G/L NUMBER: 21400010

EXPLANATION: Crescent – To transfer funds for QIPP Year 1 Component 2, 3 & lapse fund adjustment payment & QIPP Year 2 February 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: CFO

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000048	03/29/19	6,741.65	MMC OPERATING Crescent
TOTALS:			6,741.65	

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: March 27, 2019

APPROVED ON MAR 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 $6,754.93

G/L NUMBER: 21400009

EXPLANATION: Broadmoor – To transfer funds for QIPP Year 2 February 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000019	03/29/19	6,754.93	MMC OPERATING Broadmoor
TOTALS:			6,754.93	

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P A Y E E: Memorial Medical Center Operating

Date Requested: March 27, 2019

APPROVED ON MAR 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 $14,396.31

G/L NUMBER: 21400008

EXPLANATION: Fort Bend – To transfer funds for QIPP Year 1 Component 2, 3 & lapse fund adjustment payment & QIPP Year 2 February 2019 Component 1 payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000046	03/29/19	14,396.31	MMC OPERATING Fort Bend
TOTALS:			14,396.31	

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: March 27, 2019

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

APPROVED ON MAR 25 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

AMOUNT: $31,266.09

G/L NUMBER: 21400013

EXPLANATION: Golden Creek – To transfer funds for QIPP Year 1 Component 1, 2, 3, & lapse fund reconciliation payment.

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: New CFO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHG	000033	03/29/19	31,266.09	MMC OPERATING
TOTALS:			31,266.09	

golden creek

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **3/27/2019**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2	QIPP COM 3	LAPSE FUNDS	TOTAL		Date
Ashford	Prosperity	52	MMC -Prosperity Operating #10000001	21400012	34,653.99	194.65	364.60	139.99	35,353.23		3/27/2019
Broadmoor	Prosperity	19	MMC -Prosperity Operating #10000001	21400009	6,754.93				6,754.93		3/27/2019
Crescent	Prosperity	48	MMC -Prosperity Operating #10000001	21400010	6,714.96	7.69	13.57	5.43	6,741.65		3/27/2019
Fort Bend	Prosperity	46	MMC -Prosperity Operating #10000001	21400008	14,189.35	57.35	108.07	41.54	14,396.31		3/27/2019
Golden Creek	Prosperity	33	MMC -Prosperity Operating #10000001	21400013	18,619.84	12,646.25			31,266.09		3/27/2019
Solera	Prosperity	46	MMC -Prosperity Operating #10000001	21400011	9,872.59	39.14	71.29	32.85	10,015.87		3/27/2019
				Total:	90,805.66	12,945.07	557.52	219.81	104,528.08		

Note:

Approved:
Diane Moore, CFO 3/25/2019

APPROVED
ON
MAR 22 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

35,353.23 +
6,754.93 +
6,741.65 +
14,396.31 +
31,266.09 +
10,015.87 +
104,528.08 *

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

87SS No. 52

88-2265
1131

3-29-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 35,353.23

Thirty-five Thousand Three Hundred fifty-three 23/100 DOLLARS

PROSPERITY BANK

QIPP 1,2,3 & Lapse

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 BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP 000019

88-2265/1131

Date 3-29-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 6,754.93

Six Thousand Seven Hundred Fifty-four & 93/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 1

County Auditor

MP County Treasurer

Security features are included. Details on back.

⑈000019⑈

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

MP 000048

88-2265/1131

Date 3-29-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 6,741.65

Six Thousand Seven Hundred Fourty-one 65/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 1,2,3 & Lapse

County Auditor

MP County Treasurer

Security features are included. Details on back.

⑈000048⑈

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

87SS

No. 46

88-2265
1131

3-29-19

PAY TO THE ORDER OF Memorial Medical Center, Operating $ 10,015.87

Ten Thousand Fifteen 87/100 DOLLARS

PROSPERITY BANK

QIPP 1,2,3 & Lapse

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 FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000046

88-2265/1131

Date 3-29-19

PAY TO THE ORDER OF Memorial Medical Center, Operating $ 14,396.31

Fourteen Thousand Three Hundred Ninety-Six 31/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 1,2,3 & Lapse

County Auditor

County Treasurer

Security features are included. Details on back.

⑈000046⑈

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

000033

88-2265/1131

Date 3-29-19

PAY TO THE ORDER OF Memorial Medical Center, Operating $ 31,266.09

Thirty-One Thousand Two Hundred Sixty-Six 09/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 1 & 2

County Auditor

County Treasurer

Security features are included. Details on back.

⑈000033⑈