MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- April 03, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	584,969.98
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	612,317.94
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED April 03, 2019	**$**	**1,197,287.92**

APPROVED

APR - 3 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 03, 2019

PAYABLES AND PAYROLL			
3/28/2019	Weekly Payables	173,164.63	
4/1/2019	McKesson-340B Prescription Expense	10,125.58	
4/1/2019	Amerisource Bergen-340B Prescription Expense	1,280.38	
3/29/2019	Goldencreek-Nursing home insurance pymt sent to MMC in error	1,764.53	
3/29/2019	MMC Employee Benefit Plan-To cover bank and overdraft fees	2,753.00	
4/1/2019	City of Port Lavaca-Water	4,658.79	
4/1/2019	Werfen-Lease	1,571.67	
4/1/2019	Payroll Liabilities (Payroll Taxes)	96,937.27	
4/1/2019	Payroll	292,540.80	
	Prosperity Electronic Bank Payments		
3/29/2019	Credit Card & Lease Fees	90.00	
3/26-3/29-19	Pay Plus-Patient Claims Processing Fee	83.33	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 584,969.98**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
4/1/2019	Nursing Home UPI	504,389.72	
4/1/2019	Nursing Home UPI	107,009.35	
QIPP/INTEREST CHECKS TO MMC			
4/1/2019	Ashford-Interest Earned	189.02	
4/1/2019	Solera-Interest Earned	210.44	
4/1/2019	Crescent-Interest Earned	169.89	
4/1/2019	Broadmoor-Interest Earned	182.61	
4/1/2019	Fort Bend-Interest Earned	79.87	
4/1/2019	Golden Creek-Interest Earned	87.04	
TOTAL NURSING HOME UPL EXPENSES			**$ 612,317.94**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED April 03, 2019			**$ 1,197,287.92**

03/28/2019 10:16

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/10/2019

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Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1458	CREDENTIALING	03/13/20	03/05/20	04/05/20		398.00	0.00	0.00	398.00
1475	PRACTITIONER ENROLLMENT	03/13/20	03/05/20	04/05/20		600.00	0.00	0.00	600.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	998.00	0.00	0.00	998.00

Vendor#	Vendor Name	Class	Pay Code
A1100	ABBOTT LABORATORIES	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
610211247	SUPPLIES	03/12/20	03/07/20	04/06/20		34.74	0.00	0.00	34.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1100	ABBOTT LABORATORIES	34.74	0.00	0.00	34.74

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
132248	SUPPLIES (Maint.)	03/13/20	03/04/20	04/04/20		12.99	0.00	0.00	12.99
132378	SUPPLIES (Maint.)	03/13/20	03/07/20	04/07/20		47.40	0.00	0.00	47.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	60.39	0.00	0.00	60.39

Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
123003432	PHONE	03/27/20	03/16/20	03/16/20		2,238.22	0.00	0.00	2,238.22

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,238.22	0.00	0.00	2,238.22

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
9655351064	SUPPLIES	03/19/20	03/07/20	04/06/20		795.00	0.00	0.00	795.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	795.00	0.00	0.00	795.00

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
951059597	INVENTORY	03/27/20	03/21/20	03/27/20		127.80	0.00	0.00	127.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	127.80	0.00	0.00	127.80

Vendor#	Vendor Name	Class	Pay Code
A2271	ARTHREX, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
94498417 ✓		01/25/20	11/26/20	04/04/20		-345.00	0.00	0.00	-345.00 ✓
	CREDIT								
94983937 ✓		03/12/20	03/11/20	04/04/20		309.15	0.00	0.00	309.15 ✓
	SUPPLIES Freight 14.15								
95014552 ✓		03/27/20	03/18/20	03/27/20		309.17	0.00	0.00	309.17 ✓
	SUPPLIES Freight 14.17								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	273.32	0.00	0.00	273.32

Vendor# B0436 Vendor Name: BARD ACCESS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
45591344 ✓		03/25/20	02/07/20	03/25/20		150.00	0.00	0.00	150.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	150.00	0.00	0.00	150.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
79256214 ✓		03/12/20	03/14/20	04/10/20		54.66	0.00	0.00	54.66 ✓
	SUPPLIES								
79269997 ✓		03/27/20	03/18/20	03/27/20		689.24	0.00	0.00	689.24 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	743.90	0.00	0.00	743.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
62555452 ✓		03/27/20	03/14/20	04/08/20		434.46	0.00	0.00	434.46 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	434.46	0.00	0.00	434.46

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
83130705 ✓		03/13/20	03/05/20	04/05/20		247.35	0.00	0.00	247.35 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC	247.35	0.00	0.00	247.35

Vendor# C1010 Vendor Name: CABLE ONE ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
033019		03/27/20	03/30/20	03/30/20		418.83	0.00	0.00	418.83 ✓
	CABLE								
033019A		03/27/20	03/30/20	03/30/20		1,150.00	0.00	0.00	1,150.00 ✓
	CABLE								
033019B		03/27/20	03/30/20	03/30/20		68.15	0.00	0.00	68.15 ✓
	CABLE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	1,636.98	0.00	0.00	1,636.98

Vendor# L1430 Vendor Name: CONMED LINVATEC ✓ Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3064135 ✓		03/12/20	03/11/20	04/10/20		37.60	0.00	0.00	37.60 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1430	CONMED LINVATEC				37.60	0.00	0.00	37.60

Vendor# 10646 Vendor Name COVIDIEN ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
27746412 ✓		03/27/20	03/04/20	03/14/20		713.79	0.00	0.00	713.79 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10646	COVIDIEN				713.79	0.00	0.00	713.79

Vendor# 10284 Vendor Name CYTO THERM L.P. ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
287903 ✓		03/27/20	03/12/20	04/10/20		176.71	0.00	0.00	176.71 ✓
	SUPPLIES Shipping 16.71								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10284	CYTO THERM L.P.				176.71	0.00	0.00	176.71

Vendor# 10368 Vendor Name DEWITT POTH & SON ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5656200 ✓		03/13/20	03/11/20	04/05/20		403.94	0.00	0.00	403.94 ✓
	SUPPLIES								
5655700 ✓		03/13/20	03/11/20	04/05/20		78.52	0.00	0.00	78.52 ✓
	SUPPLIES								
5656201 ✓		03/13/20	03/12/20	04/06/20		16.74	0.00	0.00	16.74 ✓
	SUPPLIES								
5659730 ✓		03/20/20	03/13/20	04/07/20		193.61	0.00	0.00	193.61 ✓
	SUPPLIES								
5661700 ✓		03/20/20	03/14/20	04/08/20		185.59	0.00	0.00	185.59 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				878.40	0.00	0.00	878.40

Vendor# 12488 Vendor Name DURFOLD CORPORATION ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
142617025 ✓		03/27/20	03/05/20	04/04/20		2,508.00	0.00	0.00	2,508.00 ✓
	SUPPLIES (2) sleeper recliners for outpatient clinic Freight 238.00								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12488	DURFOLD CORPORATION				2,508.00	0.00	0.00	2,508.00

Vendor# D1785 Vendor Name DYNATRONICS CORPORATION ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN1928936 ✓		03/12/20	03/08/20	04/07/20		237.95	0.00	0.00	237.95 ✓
	SUPPLIES Freight 19.05								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION				237.95	0.00	0.00	237.95

Vendor# 11284 Vendor Name EMERGENCY STAFFING SOLUTIONS ✓ Class Pay Code

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

37685 ✓		03/27/20	03/31/20	03/31/20		40,062.50	0.00	0.00	40,062.50 ✓
	ER STAFFING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code
10042	ERBE USA INC SURGICAL SYSTEMS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
534973 ✓		03/12/20	03/11/20	04/10/20			155.89	0.00	0.00	155.89 ✓
	SUPPLIES Shipping 16-39									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS					155.89	0.00	0.00	155.89

Vendor#	Vendor Name	Class	Pay Code
F1050	FASTENAL COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TXPOT202982 ✓		03/13/20	03/11/20	04/10/20			17.99	0.00	0.00	17.99 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY					17.99	0.00	0.00	17.99

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
031419		03/27/20	03/14/20	03/14/20			75.00	0.00	0.00	75.00 ✓
	PAYROLL DED									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11037	FIRST CLEARING					75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7353745 ✓		03/19/20	03/12/20	04/06/20			17,649.42	0.00	0.00	17,649.42 ✓
	SUPPLIES									
7709860 ✓		03/27/20	03/14/20	04/08/20			173.42	0.00	0.00	173.42 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					17,822.84	0.00	0.00	17,822.84

Vendor#	Vendor Name	Class	Pay Code
10956	GETINGE USA SALES LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
69909~~36706~~ 42084	SUPPLIES Freight 3385	03/12/20	03/10/20	04/09/20			204.85	0.00	0.00	204.85 ✓
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC					204.85	0.00	0.00	204.85

Vendor#	Vendor Name	Class	Pay Code
11102	GULF COAST REGIONAL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2077 ✓		03/13/20	03/11/20	04/10/20			900.00	0.00	0.00	900.00 ✓
	CONSULTING AGREEMENT Second installment									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11102	GULF COAST REGIONAL					900.00	0.00	0.00	900.00

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3317 ✓		03/27/20	02/28/20	03/20/20			13,983.62	0.00	0.00	13,983.62 ✓

PHARM SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	13,983.62	0.00	0.00	13,983.62

Vendor#	Vendor Name	Class	Pay Code
11230	JACKSON & COKER LOCUM TENENS,		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2027041		03/27/20	03/20/20	03/20/20		3,755.06	0.00	0.00	3,755.06
414539		03/27/20	03/21/20	03/21/20		8,640.00	0.00	0.00	8,640.00
	PHYSICIAN PLACEMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	12,395.06	0.00	0.00	12,395.06

Vendor#	Vendor Name	Class	Pay Code
10341	JENISE SVETLIK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032719		03/27/20	03/27/20	03/27/20		270.44	0.00	0.00	270.44 ✓
	TRAVEL 2019 Texas Regional HIMSS Conference 3/25-3/26/19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10341	JENISE SVETLIK	270.44	0.00	0.00	270.44

Vendor#	Vendor Name	Class	Pay Code
11275	KYLE DANIEL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032119		03/27/20	03/21/20	03/21/20		32.01	0.00	0.00	32.01 ✓
	TRAVEL goldencrescent healthcare coalition meting 3/21/19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11275	KYLE DANIEL	32.01	0.00	0.00	32.01

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
031419		03/27/20	03/14/20	03/14/20		1,095.00	0.00	0.00	1,095.00 ✓
	PAYROLL DED								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,095.00	0.00	0.00	1,095.00

Vendor#	Vendor Name	Class	Pay Code
11612	MASA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
655794MKMMC ✓		03/27/20	03/22/20	03/22/20		1,022.00	0.00	0.00	1,022.00 ✓
	INSURANCE February 2019								
665487MKMMC ✓		03/27/20	03/22/20	03/22/20		1,507.00	0.00	0.00	1,507.00 ✓
	INSURANCE March 2019								
649100MKMMC ✓		03/27/20	03/22/20	04/01/20		1,031.00	0.00	0.00	1,031.00 ✓
	INSURANCE January 2019								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11612	MASA	3,560.00	0.00	0.00	3,560.00

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
48793435 ✓		03/13/20	03/05/20	04/04/20		194.31	0.00	0.00	194.31 ✓
	SUPPLIES								
48788870 ✓		03/13/20	03/05/20	04/04/20		2,072.35	0.00	0.00	2,072.35 ✓
	SUPPLIES								

48954972 ✓		03/13/20	03/06/20	04/05/20	944.99	0.00	0.00	944.99 ✓
	SUPPLIES Freight 21.00							
49175271 ✓		03/19/20	03/08/20	04/07/20	152.41	0.00	0.00	152.41 ✓
	SUPPLIES Freight 49.80							
49209767 ✓		03/19/20	03/11/20	04/10/20	142.04	0.00	0.00	142.04 ✓
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC			3,506.10	0.00	0.00	3,506.10

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
1871558425 ✓		03/12/20	03/12/20	04/06/20			79.55	0.00	0.00	79.55 ✓
	SUPPLIES									
1872107976 ✓		03/19/20	03/12/20	04/06/20			351.02	0.00	0.00	351.02 ✓
	SUPPLIES Freight 41.61									
1872107972 ✓		03/19/20	03/12/20	04/06/20			33.25	0.00	0.00	33.25 ✓
	SUPPLIES									
1872107973 ✓		03/19/20	03/12/20	04/06/20			122.54	0.00	0.00	122.54 ✓
	SUPPLIES									
1872107977 ✓		03/19/20	03/12/20	04/06/20			793.40	0.00	0.00	793.40 ✓
	SUPPLIES									
1872107971 ✓		03/19/20	03/12/20	04/06/20			54.13	0.00	0.00	54.13 ✓
	SUPPLIES Freight 29.43									
1872107974 ✓		03/19/20	03/12/20	04/06/20			1,044.47	0.00	0.00	1,044.47 ✓
	SUPPLIES									
1872107975 ✓		03/19/20	03/12/20	04/06/20			201.07	0.00	0.00	201.07 ✓
	SUPPLIES Freight 28.62									
1872107969 ✓		03/19/20	03/12/20	04/06/20			56.28	0.00	0.00	56.28 ✓
	SUPPLIES									
1872321215 ✓		03/25/20	03/14/20	04/08/20			302.50	0.00	0.00	302.50 ✓
	SUPPLIES Freight 81.64									
1872321213 ✓		03/25/20	03/14/20	04/08/20			925.58	0.00	0.00	925.58 ✓
	SUPPLIES									
1872426207 ✓		03/25/20	03/15/20	04/09/20			263.68	0.00	0.00	263.68 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					4,227.47	0.00	0.00	4,227.47

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
031419		03/27/20	03/14/20	03/14/20			40.00	0.00	0.00	40.00 ✓
	PAYROLL DED									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					40.00	0.00	0.00	40.00

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
8800420657 ✓		03/13/20	03/07/20	04/06/20			172.94	0.00	0.00	172.94 ✓
	SUPPLIES Freight 13.95									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA					172.94	0.00	0.00	172.94

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
3823313		03/27/20	02/04/20	02/14/20		147.26	0.00	0.00	147.26
3847342	INVENTORY	03/27/20	02/10/20	02/20/20		1,650.00	0.00	0.00	1,650.00
CM34872	INVENTORY	03/27/20	02/15/20	02/25/20		-42.50	0.00	0.00	-42.50
CM34874	CREDIT	03/27/20	02/15/20	02/25/20		-24.32	0.00	0.00	-24.32
3948243	CREDIT	03/27/20	03/06/20	03/16/20		373.26	0.00	0.00	373.26
3978909	INVENTORY	03/27/20	03/13/20	03/23/20		81.30	0.00	0.00	81.30
5265	INVENTORY	03/27/20	03/19/20	03/29/20		-47.17	0.00	0.00	-47.17
5264	CREDIT	03/27/20	03/19/20	03/29/20		-3.84	0.00	0.00	-3.84
5197	CREDIT	03/27/20	03/19/20	03/29/20		-0.25	0.00	0.00	-0.25
5304	CREDIT	03/27/20	03/19/20	03/29/20		-11.42	0.00	0.00	-11.42
5088	CREDIT	03/27/20	03/19/20	03/29/20		-63.74	0.00	0.00	-63.74
5087	CREDIT	03/27/20	03/19/20	03/29/20		-380.87	0.00	0.00	-380.87
5173	CREDIT	03/27/20	03/19/20	03/29/20		-87.48	0.00	0.00	-87.48
4009333	CREDIT	03/27/20	03/20/20	03/30/20		988.72	0.00	0.00	988.72
4009083		03/27/20	03/20/20	03/30/20		677.70	0.00	0.00	677.70
4009332	INVENTORY	03/27/20	03/20/20	03/30/20		2,315.57	0.00	0.00	2,315.57
4009334	INVENTORY	03/27/20	03/20/20	03/30/20		52.36	0.00	0.00	52.36
4014340	INVENTORY	03/27/20	03/21/20	03/31/20		25.21	0.00	0.00	25.21
4014343	INVENTORY	03/27/20	03/21/20	03/31/20		18.44	0.00	0.00	18.44
4014342	INVENTORY	03/27/20	03/21/20	03/31/20		1.91	0.00	0.00	1.91
4011910	INVENTORY	03/27/20	03/21/20	03/31/20		25.21	0.00	0.00	25.21
4014341	INVENTORY	03/27/20	03/21/20	03/31/20		514.78	0.00	0.00	514.78
4014339	INVENTORY	03/27/20	03/21/20	03/31/20		67.58	0.00	0.00	67.58
4018963	INVENTORY	03/27/20	03/22/20	04/01/20		65.10	0.00	0.00	65.10
4017429	INVENTORY	03/27/20	03/22/20	04/01/20		24.52	0.00	0.00	24.52

	INVENTORY						
4018634		03/27/20 03/22/20 04/01/20	2,209.13	0.00	0.00	2,209.13	
	INVENTORY						
4018632		03/27/20 03/22/20 04/01/20	305.38	0.00	0.00	305.38	
	INVENTORY						
4018633		03/27/20 03/22/20 04/01/20	165.73	0.00	0.00	165.73	
	INVENTORY						
4026070		03/27/20 03/25/20 04/04/20	17.11	0.00	0.00	17.11	
	INVENTORY						
4026241		03/27/20 03/25/20 04/04/20	215.22	0.00	0.00	215.22	
	INVENTORY						
6267		03/27/20 03/25/20 04/04/20	316.18	0.00	0.00	316.18	
	INVNTORY						
4023958		03/27/20 03/25/20 04/04/20	20.31	0.00	0.00	20.31	
	INVENTORY						
4026068		03/27/20 03/25/20 04/04/20	8.05	0.00	0.00	8.05	
	INVENTORY						
4026069		03/27/20 03/25/20 04/04/20	8.90	0.00	0.00	8.90	
	INVENTORY						
4026239		03/27/20 03/25/20 04/04/20	182.74	0.00	0.00	182.74	
	INVENTORY						
4023959		03/27/20 03/25/20 04/04/20	135.10	0.00	0.00	135.10	
	INVENTORY						
4026240		03/27/20 03/25/20 04/04/20	571.31	0.00	0.00	571.31	
	INVENTORY						
4023960		03/27/20 03/25/20 04/04/20	67.33	0.00	0.00	67.33	
	INVENTORY						
4031663		03/27/20 03/26/20 04/05/20	418.10	0.00	0.00	418.10	
	INVENTORY						
4029055		03/27/20 03/26/20 04/05/20	2,266.44	0.00	0.00	2,266.44	
	INVENTORY						
4031093		03/27/20 03/26/20 04/05/20	9,065.18	0.00	0.00	9,065.18	
	INVENTORY						
CM47747		03/27/20 03/26/20 04/05/20	-3,742.32	0.00	0.00	-3,742.32	
	CREDIT						
4031092		03/27/20 03/26/20 04/05/20	3,738.85	0.00	0.00	3,738.85	
	INVENTORY						
4031664		03/27/20 03/26/20 04/05/20	241.91	0.00	0.00	241.91	
	INVENTORY						
CM47748		03/27/20 03/26/20 04/05/20	-195.68	0.00	0.00	-195.68	
	CREDIT						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	22,382.30	0.00	0.00	22,382.30

Vendor#	Vendor Name	Class	Pay Code
A2252	NADINE GARNER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032619		03/27/20	03/26/20	03/26/20		33.52	0.00	0.00	33.52
	TRAVEL TB Essentials Training 3/22/19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER	33.52	0.00	0.00	33.52

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2894226		03/27/20	04/01/20	04/01/20		4,216.41	0.00	0.00	4,216.41
	INSURANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE				4,216.41	0.00	0.00	4,216.41

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12748		03/13/20	03/07/20	04/06/20		458.67	0.00	0.00	458.67
	USER LICENSE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC				458.67	0.00	0.00	458.67

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
285105822001		03/12/20	03/08/20	04/07/20		131.08	0.00	0.00	131.08
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT				131.08	0.00	0.00	131.08

Vendor#	Vendor Name	Class	Pay Code
10737	PEM FILINGS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00014860PEM		03/27/20	03/08/20	03/18/20		265.15	0.00	0.00	265.15
	ADMIN SERVICE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10737	PEM FILINGS				265.15	0.00	0.00	265.15

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
119018613		03/19/20	03/08/20	04/07/20		19.51	0.00	0.00	19.51
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1600	PHYSIO CONTROL CORPORATION				19.51	0.00	0.00	19.51

Vendor#	Vendor Name	Class	Pay Code
10326	PRINCIPAL LIFE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121718		03/27/20	12/17/20	12/17/20		1,496.93	0.00	0.00	1,496.93
	INSURANCE December Statement								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE				1,496.93	0.00	0.00	1,496.93

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
98813010		03/12/20	03/11/20	04/10/20		208.49	0.00	0.00	208.49
	SUPPLIES Shipping 4849								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10896	QIAGEN INC				208.49	0.00	0.00	208.49

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC58668		03/13/20	03/12/20	04/06/20		1,667.00	0.00	0.00	1,667.00

RAD SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,667.00	0.00	0.00	1,667.00

Vendor# 12492 Vendor Name: ROBERT ADKINS MASONRY, INC. ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121827 ✓		03/27/20	12/27/20	12/27/20			920.00	0.00	0.00	920.00 ✓
	REPAIR AT CLINIC AWNING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12492	ROBERT ADKINS MASONRY, INC.	920.00	0.00	0.00	920.00

Vendor# S0900 Vendor Name: SAM'S CLUB DIRECT ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
006297		03/28/20	02/21/20	02/21/20			84.88	0.00	0.00	84.88 ✓
	FOOD SUPPLIES									
001405		03/28/20	03/10/20	03/10/20			56.58	0.00	0.00	56.58 ✓
	FOOD SUPPLIES									
001659		03/28/20	03/11/20	03/11/20			186.69	0.00	0.00	186.69 ✓
	FOOD SUPPLIES									
003334		03/28/20	03/13/20	03/13/20			35.92	0.00	0.00	35.92 ✓
	FOOD SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIRECT	364.07	0.00	0.00	364.07

Vendor# 10625 Vendor Name: SARA RUBIO ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
032119		03/27/20	03/21/20	03/21/20			31.90	0.00	0.00	31.90 ✓
	TRAVEL GC RAC / RAC committe / RAC general meetings 3/20/19									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	31.90	0.00	0.00	31.90

Vendor# 10699 Vendor Name: SIGN AD, LTD. ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
235886 ✓		03/27/20	03/16/20	03/26/20			390.00	0.00	0.00	390.00 ✓
	AD									
235880 ✓		03/27/20	03/16/20	03/26/20			790.00	0.00	0.00	790.00 ✓
	AD									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	1,180.00	0.00	0.00	1,180.00

Vendor# S2362 Vendor Name: SMITH & NEPHEW ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
921869186 ✓		03/12/20	03/07/20	04/06/20			779.80	0.00	0.00	779.80 ✓
	SUPPLIES Freight 58.80									
921875613 ✓		03/12/20	03/11/20	04/10/20			699.24	0.00	0.00	699.24 ✓
	SUPPLIES Freight 69.24									
921906201 ✓		03/27/20	03/20/20	04/10/20			865.16	0.00	0.00	865.16 ✓
	SUPPLIES Freight 64.16									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	2,344.20	0.00	0.00	2,344.20

Vendor# S2353 Vendor Name: SMITHS MEDICAL ASD INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15487476	SUPPLIES	03/27/20	03/19/20	03/27/20		331.40	0.00	0.00	331.40
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC				331.40	0.00	0.00	331.40

Vendor#	Vendor Name	Class	Pay Code
S2345	SOUTHEAST TEXAS HEALTH SYS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23166	CREDENTIALING	03/13/20	03/07/20	04/06/20		250.00	0.00	0.00	250.00
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS				250.00	0.00	0.00	250.00

Vendor#	Vendor Name	Class	Pay Code
10494	SPECTRA CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00019345RH		03/27/20	03/08/20	03/08/20		397.73	0.00	0.00	397.73
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10494	SPECTRA CORP				397.73	0.00	0.00	397.73

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
3586441	SUPPLIES	03/13/20	03/05/20	04/04/20		5,195.98	0.00	0.00	5,195.98
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY				5,195.98	0.00	0.00	5,195.98

Vendor#	Vendor Name	Class	Pay Code
11944	TALX CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1000220647	EMPLOYMENT VERIFICATION	03/13/20	03/08/20	04/08/20		350.94	0.00	0.00	350.94
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11944	TALX CORPORATION				350.94	0.00	0.00	350.94

Vendor#	Vendor Name	Class	Pay Code
11140	TEXAS ADVANTAGE COMMUNITY BANK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
031519	CAPITAL LEASE	03/28/20	03/15/20	03/15/20		3,690.52	0.00	0.00	3,690.52
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK				3,690.52	0.00	0.00	3,690.52

Vendor#	Vendor Name	Class	Pay Code
T1450	TEXAS ASSOCIATION OF COUNTIES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
D201920292	UNEMPLOYMENT FUND CONT	03/28/20	03/31/20	03/31/20		4,706.44	0.00	0.00	4,706.44
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES				4,706.44	0.00	0.00	4,706.44

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100830105		03/27/20	03/18/20	03/18/20		2,394.05	0.00	0.00	2,394.05

WORKERS COMP INS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	2,394.05	0.00	0.00	2,394.05

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
340374092 ✓		03/27/20	03/08/20	04/02/20			242.69	0.00	0.00	242.69 ✓
	TRASH SERVICE									
340374094 ✓		03/27/20	03/08/20	04/02/20			1,458.26	0.00	0.00	1,458.26 ✓
	TRASH SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,700.95	0.00	0.00	1,700.95

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
8400296271 ✓		03/13/20	03/11/20	04/05/20			47.15	0.00	0.00	47.15 ✓
	LAUNDRY									
8400296303 ✓		03/13/20	03/11/20	04/05/20			1,179.15	0.00	0.00	1,179.15 ✓
	LAUNDRY									
8400296272 ✓		03/13/20	03/11/20	04/05/20			94.21	0.00	0.00	94.21 ✓
	LAUNDRY									
8400296602 ✓		03/20/20	03/14/20	04/08/20			193.72	0.00	0.00	193.72 ✓
	LAUNDRY									
8400296627 ✓		03/20/20	03/14/20	04/08/20			79.36	0.00	0.00	79.36 ✓
	LAUNDRY									
8400296603 ✓		03/20/20	03/14/20	04/08/20			161.39	0.00	0.00	161.39 ✓
	LAUNDRY									
8400296599 ✓		03/20/20	03/14/20	04/08/20			17.00	0.00	0.00	17.00 ✓
	LAUNDRY									
8400296604 ✓		03/20/20	03/14/20	04/08/20			175.83	0.00	0.00	175.83 ✓
	LAUNDRY									
8400296644 ✓		03/20/20	03/14/20	04/08/20			1,025.98	0.00	0.00	1,025.98 ✓
	LAUNDRY									
8400296673 ✓		03/20/20	03/14/20	04/08/20			120.50	0.00	0.00	120.50 ✓
	LAUNDRY									
8400296601 ✓		03/20/20	03/14/20	04/08/20			120.39	0.00	0.00	120.39 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,214.68	0.00	0.00	3,214.68

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031419		03/27/20	03/14/20	03/14/20			3,739.71	0.00	0.00	3,739.71 ✓
	PAYROLL DED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	3,739.71	0.00	0.00	3,739.71

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
021419B		03/28/20	02/14/20	02/14/20			41.88	0.00	0.00	41.88 ✓
	SUPPLIES									
021419C		03/28/20	02/14/20	02/14/20			304.00	0.00	0.00	304.00 ✓

	SUPPLIES					
021419A		03/28/20 02/14/20 02/14/20	2.40	0.00	0.00	2.40
	SUPPLIES					
021419D		03/28/20 02/14/20 02/14/20	11.84	0.00	0.00	11.84
	SUPPLIES					
021419		03/28/20 02/14/20 02/14/20	10.74	0.00	0.00	10.74
	SUPPLIES					
022819A		03/28/20 02/28/20 02/28/20	222.96	0.00	0.00	222.96
	SUPPLIES					
022819C		03/28/20 02/28/20 02/28/20	13.44	0.00	0.00	13.44
	SUPPLIES					
022819		03/28/20 02/28/20 02/28/20	23.36	0.00	0.00	23.36
	SUPPLIES					
022819B		03/28/20 02/28/20 02/28/20	2.40	0.00	0.00	2.40
	SUPPLIES					
030719		03/28/20 03/07/20 03/07/20	7.98	0.00	0.00	7.98
	SUPPLIES					
030719A		03/28/20 03/07/20 03/07/20	12.34	0.00	0.00	12.34
	SUPPLIES					
030719B		03/28/20 03/07/20 03/07/20	5.34	0.00	0.00	5.34
	SUPPLIES					
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	658.68	0.00	0.00	658.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	173,164.63	0.00	0.00	173,164.63

APPROVED
ON
MAR 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#'s
180090 -
180154

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180090	04/03/19	998.00	3WON, LLC
A/P	180091	04/03/19	34.74	ABBOTT LABORATORIES
A/P	180092	04/03/19	60.39	ACE HARDWARE 15521
A/P	180093	04/03/19	2,238.22	AIRESPRING INC
A/P	180094	04/03/19	795.00	ALCON LABORATORIES, INC.
A/P	180095	04/03/19	127.80	AMERISOURCEBERGEN DRUG CORP
A/P	180096	04/03/19	273.32	ARTHREX, INC
A/P	180097	04/03/19	150.00	BARD ACCESS
A/P	180098	04/03/19	743.90	BARD PERIPHERAL VASCULAR
A/P	180099	04/03/19	434.46	BAXTER HEALTHCARE
A/P	180100	04/03/19	247.35	BOUND TREE MEDICAL, LLC
A/P	180101	04/03/19	1,636.98	CABLE ONE
A/P	180102	04/03/19	37.60	CONMED LINVATEC
A/P	180103	04/03/19	713.79	COVIDIEN
A/P	180104	04/03/19	176.71	CYTO THERM L.P.
A/P	180105	04/03/19	878.40	DEWITT POTH & SON
A/P	180106	04/03/19	2,508.00	DURFOLD CORPORATION
A/P	180107	04/03/19	237.95	DYNATRONICS CORPORATION
A/P	180108	04/03/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	180109	04/03/19	155.89	ERBE USA INC SURGICAL SYSTEMS
A/P	180110	04/03/19	17.99	FASTENAL COMPANY
A/P	180111	04/03/19	75.00	FIRST CLEARING
A/P	180112	04/03/19	17,822.84	FISHER HEALTHCARE
A/P	180113	04/03/19	204.85	GETINGE USA SALES LLC
A/P	180114	04/03/19	1,764.53	GOLDENCREEK HEALTHCARE
A/P	180115	04/03/19	900.00	GULF COAST REGIONAL
A/P	180116	04/03/19	13,983.62	HUNTER PHARMACY SERVICES
A/P	180117	04/03/19	12,395.06	JACKSON & COKER LOCUM TENENS,
A/P	180118	04/03/19	270.44	JENISE SVETLIK
A/P	180119	04/03/19	32.01	KYLE DANIEL
A/P	180120	04/03/19	1,095.00	M G TRUST
A/P	180121	04/03/19	3,560.00	MASA
A/P	180122	04/03/19	3,506.10	MCKESSON MEDICAL SURGICAL INC
A/P	180123	04/03/19	.00	VOIDED
A/P	180124	04/03/19	4,227.47	MEDLINE INDUSTRIES INC
A/P	180125	04/03/19	40.00	MEMORIAL MEDICAL CLINIC
A/P	180126	04/03/19	172.94	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	180127	04/03/19	2,753.00	MMC EMPLOYEE BENEFIT PLAN
A/P	180128	04/03/19	.00	VOIDED
A/P	180129	04/03/19	.00	VOIDED
A/P	180130	04/03/19	22,382.30	MORRIS & DICKSON CO, LLC
A/P	180131	04/03/19	33.52	NADINE GARNER
A/P	180132	04/03/19	4,216.41	NATIONAL FARM LIFE INSURANCE
A/P	180133	04/03/19	458.67	OCCUPRO LLC
A/P	180134	04/03/19	131.08	OFFICE DEPOT
A/P	180135	04/03/19	265.15	PEM FILINGS
A/P	180136	04/03/19	19.51	PHYSIO CONTROL CORPORATION
A/P	180137	04/03/19	1,496.93	PRINCIPAL LIFE
A/P	180138	04/03/19	208.49	QIAGEN INC
A/P	180139	04/03/19	1,667.00	RADSOURCE

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180140	04/03/19	920.00	ROBERT ADKINS MASONRY, INC.
A/P	180141	04/03/19	364.07	SAM'S CLUB DIRECT
A/P	180142	04/03/19	31.90	SARA RUBIO
A/P	180143	04/03/19	1,180.00	SIGN AD, LTD.
A/P	180144	04/03/19	2,344.20	SMITH & NEPHEW
A/P	180145	04/03/19	331.40	SMITHS MEDICAL ASD INC
A/P	180146	04/03/19	250.00	SOUTHEAST TEXAS HEALTH SYS
A/P	180147	04/03/19	397.73	SPECTRA CORP
A/P	180148	04/03/19	5,195.98	STRYKER SUSTAINABILITY
A/P	180149	04/03/19	350.94	TALX CORPORATION
A/P	180150	04/03/19	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	180151	04/03/19	4,706.44	TEXAS ASSOCIATION OF COUNTIES
A/P	180152	04/03/19	2,394.05	TEXAS MUTUAL INSURANCE CO
A/P	180153	04/03/19	1,700.95	THE US CONSULTING GROUP
A/P	180154	04/03/19	3,214.68	UNIFIRST HOLDINGS INC
A/P	180155	04/03/19	3,739.71	WAGEWORKS
A/P	180156	04/03/19	658.68	WALMART COMMUNITY
TOTALS:			177,682.16	

Payables 173,164.63 +
Criticals:
·goldencreek 1,764.53 +
·MMC Employee Benefit Plan 2,753.00 +
177,682.16 *

APPROVED
ON
APR 03 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: 03/29/2019
DC: 8115
Territory:
Customer: 632536
Date: 03/30/2019

Page: 002

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

As of: 03/29/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 03/30/2019 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: 10,332.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 04/02/2019, Pay This Amount: 10,125.58 USD

If Paid After 04/02/2019, Pay this Amount: 10,332.24 USD

Due If Paid On Time: USD 10,125.58 ✓

Disc lost If paid late: 206.66

Due If Paid Late: USD 10,332.24

Check #1027
GL Acct. #60310000

1,425.46 +
1,715.33 +
59.79 +
6,925.00 +
10,125.58 *

APPROVED
ON
APR 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 03/29/2019

DC: 8115

Territory: 400

Customer: 262252
Date: 03/30/2019

Page: 001

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

As of: 03/29/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 03/30/2019 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											
03/25/2019	04/02/2019	7125606394	460279	115Invoice	2.88	144.20		141.32		7125606394	
03/25/2019	04/02/2019	7125606395	460279	115Invoice	0.46	22.94		22.48		7125606395	
03/26/2019	04/02/2019	7125863972	460814	115Invoice	6.39	319.34		312.95		7125863972	
03/26/2019	04/02/2019	7125863973	460814	115Invoice	0.83	41.50		40.67		7125863973	
03/27/2019	04/02/2019	7126126167	461302	115Invoice	3.79	189.56		185.77		7126126167	
03/28/2019	04/02/2019	7126378276	462536	115Invoice	0.37	18.49		18.12		7126378276	
03/29/2019	04/02/2019	7126616630	463191	115Invoice	14.37	718.52		704.15		7126616630	

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: 1,454.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,610.17
03/25/2019

If Paid By 04/02/2019,
Pay This Amount: 1,425.46 USD ✓

If Paid After 04/02/2019,
Pay this Amount: 1,454.55 USD

Due If Paid On Time:
USD 1,425.46 ✓

Disc lost if paid late: 29.09

Due If Paid Late:
USD 1,454.55

APPROVED
ON
APR 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/29/2019

DC: 8115

Territory: 400

Customer: 256342
Date: 03/30/2019

Page: 001

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

As of: 03/29/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/30/2019 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											
03/25/2019	04/02/2019	7125624701	0959800174	115Invoice	3.63	181.35		177.72		7125624701	
03/26/2019	04/02/2019	7125859941	0959800175	115Invoice	1.58	79.22		77.64		7125859941	
03/27/2019	04/02/2019	7126109649	0326190110-00	115Invoice	1.10	54.85		53.75		7126109649	
03/28/2019	04/02/2019	7126370492	0326190559-00	115Invoice	0.01	0.63		0.62		7126370492	
03/28/2019	04/02/2019	7126370493	0959800177	115Invoice	8.77	438.31		429.54		7126370493	
03/28/2019	04/02/2019	7126370494	0326190238-00	115Invoice	0.01	0.32		0.31		7126370494	
03/28/2019	04/02/2019	7126370495	MH03272019---	115Invoice	4.83	241.26		236.43		7126370495	
03/29/2019	04/02/2019	7126608160	0959800178	115Invoice	14.22	711.10		696.88		7126608160	
03/29/2019	04/02/2019	7126608161	0328190434-00	115Invoice	0.87	43.31		42.44		7126608161	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,750.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,610.17
03/25/2019

If Paid By 04/02/2019,
Pay This Amount: 1,715.33 USD ✓

If Paid After 04/02/2019,
Pay this Amount: 1,750.35 USD

Due If Paid On Time:
USD 1,715.33

Disc lost if paid late: 35.02

Due If Paid Late:
USD 1,750.35

APPROVED
ON
APR 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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: 03/29/2019

DC: 8115

Territory: 400

Customer: 190813
Date: 03/30/2019

Page: 001

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

As of: 03/29/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 03/30/2019 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											
03/27/2019	04/02/2019	7126110267	2017007376	115Invoice	0.26	13.13		12.87 ✓		7126110267	
03/29/2019	04/02/2019	7126602754	2017007443	115Invoice	0.96	47.88		46.92 ✓		7126602754	

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: 61.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,610.17
03/25/2019

If Paid By 04/02/2019,
Pay This Amount: 59.79 USD ✓

If Paid After 04/02/2019,
Pay this Amount: 61.01 USD

Due If Paid On Time:
USD 59.79 ✓

Disc lost if paid late: 1.22

Due If Paid Late:
USD 61.01

APPROVED
ON
APR 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/29/2019

DC: 8115

Territory: 81

Customer: 464450
Date: 03/30/2019

Page: 001

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

As of: 03/29/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 03/30/2019 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 464450 HEB PHY FC 490/MEM MC PHS											
03/27/2019	04/02/2019	7125979464	55x279678	115Invoice	35.88	1,793.88		1,758.00		7125979464	
03/27/2019	04/02/2019	7125979465	55x279693	115Invoice	27.59	1,379.54		1,351.95		7125979465	
03/27/2019	04/02/2019	7125979467	55x279705	115Invoice	34.07	1,703.33		1,669.26		7125979467	
03/27/2019	04/02/2019	7125979469	55x279717	115Invoice	3.63	181.64		178.01		7125979469	
03/27/2019	04/02/2019	7125979470	55x279730	115Invoice	12.42	621.04		608.62		7125979470	
03/27/2019	04/02/2019	7125979473	55x277745	115Invoice	27.74	1,386.90		1,359.16		7125979473	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 7,066.33 USD

Future Due:	0.00			
		If Paid By 04/02/2019,		
Past Due:	0.00	**Pay This Amount:**	6,925.00 USD ✓	
Last Payment	6,110.32	**If Paid After 04/02/2019,**		
02/25/2019		**Pay this Amount:**	7,066.33 USD	

Due If Paid On Time:
USD 6,925.00

Disc lost if paid late:
141.33

Due If Paid Late:
USD 7,066.33

APPROVED
ON
APR 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/02/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:51 CHECK REGISTER GLCKREG
04/02/19 THRU 04/02/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	001027	04/02/19	10,125.58	MCKESSON
TOTALS:			10,125.58	

APPROVED
ON

APR 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen®

STATEMENT

Number: 57799114 Date: 03-29-2019

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:	1,280.38
Past Due:	0.00
Total Due:	1,280.38
Account Balance:	1,280.38

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
03-25-2019	04-05-2019	3021066573	144232	Invoice	362.19
03-25-2019	04-05-2019	3021066574	144250	Invoice	31.87
03-25-2019	04-05-2019	3021109888	144302	Invoice	85.09
03-26-2019	04-05-2019	3021146826	144310	Invoice	104.74
03-27-2019	04-05-2019	3021196796	144335	Invoice	80.10
03-27-2019	04-05-2019	3021196797	144336	Invoice	6.68
03-28-2019	04-05-2019	3021244950	144394	Invoice	175.40
03-28-2019	04-05-2019	3021244951	144395	Invoice	24.49
03-29-2019	04-05-2019	3021294514	144407	Invoice	479.82

Thank You for Your Payment

Date	Payment Number	Amount
03-29-2019		(1,396.02)

Reminders

Due Date	Amount
04-05-2019	1,280.38
Total Due:	1,280.38

Terms:
Monday - Friday due in 7 days

owed FO

Check #1021

GL Acct. #60310000

APPROVED
ON
APR 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/29/2019 MEMORIAL MEDICAL CENTER 0
08:54 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
032219	~~TRANSFER~~ Insurance pymt belonging to Nursing home sent to MMC in error	03/27/20	03/22/20	04/11/20			1,764.53	0.00	0.00	1,764.53

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	1,764.53	0.00	0.00	1,764.53

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,764.53	0.00	0.00	1,764.53 ✓

APPROVED
ON
MAR 29 2019 CK# 180114

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/29/2019
08:36

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
032919		03/29/20	03/29/20	03/29/20			2,753.00	0.00	0.00	2,753.00
	TO COVER BANK AND OD FEE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	2,753.00	0.00	0.00	2,753.00 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,753.00	0.00	0.00	2,753.00

APPROVED
ON
MAR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 180127

04/01/2019
09:57

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
040519A		03/31/20	03/20/20	04/05/20			4,491.56	0.00	0.00	4,491.56 ✓
	WATER MMC									
040519		03/31/20	03/20/20	04/05/20			134.53	0.00	0.00	134.53 ✓
	WATER Clinic									
040519B		03/31/20	03/20/20	04/05/20			32.70	0.00	0.00	32.70 ✓
	WATER Rehab									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	4,658.79	0.00	0.00	4,658.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,658.79	0.00	0.00	4,658.79

APPROVED
ON
APR 01 2019 CK # 180197
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/01/2019
12:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
9110570362 ✓		03/30/20	09/14/20 18	10/09/20			1,571.67	0.00	0.00	1,571.67 ✓
	LEASE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,571.67	0.00	0.00	1,571.67

APPROVED
ON
APR 01 2019 CK# 180154
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/05/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:51 CHECK REGISTER GLCKREG
04/04/19 THRU 04/04/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180157	04/04/19	4,658.79	CITY OF PORT LAVACA
A/P	180158	04/04/19	1,571.67	WERFEN USA LLC
TOTALS:			6,230.46	

APPROVED
ON
APR 0 3 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	19	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	6	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 96,937.27	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 49,365.46	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,545.24	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 36,026.57	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9409.25	N		N	N		180417.02
1	REGULAR PAY-S1	1833.50	N		N	N	N	77679.28
1	REGULAR PAY-S1	275.75	Y		N	N		6847.59
2	REGULAR PAY-S2	2748.00	N		N	N		61259.96
2	REGULAR PAY-S2	134.00	Y		N	N		4269.74
3	REGULAR PAY-S3	1634.25	N		N	N		43803.03
3	REGULAR PAY-S3	159.75	Y		N	N		7200.27
C	CALL PAY	2126.50	N	1	N	N		4253.00
D	DOUBLE TIME	24.00	N		N	N	N	581.88
E	EXTRA WAGES	9.00	N		N	N	N	521.15
E	EXTRA WAGES		N	1	N	N	N	1996.75
F	FUNERAL LEAVE	60.50	N	1	N	N		1757.89
I	INSERVICE	148.50	N	1	N	N		4003.44
I	INSERVICE	8.50	Y	1	N	N		298.16
K	EXTENDED-ILLNESS-BANK	144.00	N	1	N	N		3749.36
M	MEAL REIMBURSEMENT		N		N	N	N	28.00
P	PAID-TIME-OFF	224.36	N		N	N	N	4940.24
P	PAID-TIME-OFF	932.25	N	1	N	N		23552.33
X	CALL PAY 2	144.00	N	1	N	N		288.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
t	PHONE & DATA		N		N	N	N	1025.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	956.57	A/R2	165.65	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1633.75	CAFE-F	
CAFE-H	18955.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC	274.00	COMBIN	574.27	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT	50.00	EATCSH	
FEDTAX	36026.57	FICA-M	5772.62	FICA-O	24682.73
FIRSTC	75.00	FLEX S	3739.71	FLX FE	
FORT D		FUTA		GIFT S	215.31
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	703.31	MASA	870.50	MEALS	117.85
MISC		MISC/		MMCSHR	
NATFML	1918.32	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	1095.00
STONE		STONE2		STUDEN	
SUNACC	940.94	SUNILL	1631.61	SUNLIF	1407.59
SUNSTD	1490.96	SUNVIS	1089.31	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	30010.81	TUTION		UNIFOR	1821.91
UW/HOS					

Grand Totals: 20112.11 ------- (Gross: 428760.09 Deductions: 136219.29 Net: 292540.80)
Checks Count:- FT 199 PT 8 Other 50 Female 226 Male 30 Credit OverAmt 5 ZeroNet Term 1 Total: 256

Pay Date 4/5/19

OK Ken CFO 4-1-19

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --March 25, 2019 - March 31, 2019

Date	Bank Description	MMC Notes	Amount
3/26/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03759545 910000107	- 340B Drug Program Expense	5,610.17*
3/26/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000692127282	- 3rd Party Payor Fee	38.51
3/27/2019	ACH Payment IRS USATAXPYMT 220948682024545 6103601001231	- Payroll Taxes	89,782.12**
3/27/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000692836914	- 3rd Party Payor Fee	5.54
3/28/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000693544826	- 3rd Party Payor Fee	36.31
3/29/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,396.02*
3/29/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000694345244	- 3rd Party Payor Fee	2.97
3/29/2019	ACH Payment TSYS/TRANSFIRST CHARGEBACK 41399801332401 61	- Credit Card Processing Fee	90.00
			96,961.64

April 1, 2019

Diane Moore, CFO
Memorial Medical Center

* Approved 03.27.19 CC

** Approved 03.20.19 CC

Pay PLUS
38.51 +
5.54 +
36.31 +
2.97 +
83.33 *

Credit card Fee
90.00 +
90.00 *

83.33 +
90.00 +
173.33 *

Check
96,961.64 +
5,610.17 −
89,782.12 −
1,396.02 −
173.33 *

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/1/2019

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		184,530.24	148,954.35	145,746.32	35,353.23	-	-	181,322.21	145,679.96
							Bank Balance	181,322.21	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							MMC Portion Lapse Funds	-	
							January Bank Interest	69.39	
							February Bank Interest	53.27	
							March Bank Interest	66.36	
							Adjust Balance/Transfer Amt	181,033.19	

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		362,110.92	351,853.41	124,742.85	10,015.87			135,000.36	124,674.05
							Bank Balance	135,000.36	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							MMC Portion Lapse Funds	-	
							January Bank Interest	88.58	
							February Bank Interest	53.06	
							March Bank Interest	68.80	
							Adjust Balance/Transfer Amt	134,689.92	
Crescent		399,985.22	393,031.36	62,432.22	6,741.65		-	69,386.08	62,374.54
							Bank Balance	69,386.08	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							MMC Portion Lapse Funds	-	
							January Bank Interest	58.69	
							February Bank Interest	53.52	
							March Bank Interest	57.68	
							Adjust Balance/Transfer Amt	69,116.19	

Broadmoor	366,598.64 ✓	359,620.51 ✓	116,735.77	6,754.93 ✓	-	123,713.90 ✓	116,676.36 ✓
					Bank Balance	123,713.90	
					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	59.41 ✓	
					Adjust Balance/Transfer Amt	123,431.29	
Fort Bend	73,004.85 ✓	58,454.06 ✓	55,010.20	14,396.31 ✓	-	69,560.99 ✓	54,984.81 ✓
					Bank Balance	69,560.99	
					Variance	-	
					Leave In Balance	100.00	
					QIPP Payment Undistributed	-	
					MMC Portion QIPP 1	-	
					MMC Portion QIPP 2	-	
					MMC Portion QIPP 3	-	
					MMC Portion Lapse Funds	-	
					January Bank Interest	31.37 ✓	
					February Bank Interest	23.11 ✓	
					March Bank Interest	25.39 ✓	
					Adjust Balance/Transfer Amt	69,381.12	

TOTAL TRANSFERS	**504,389.72**

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:
Diane Moore, CFO 4/1/2019

145,679.96 +
124,674.05 +
62,374.54 +
116,676.36 +
54,984.81 +
504,389.72 *

APPROVED
ON
APR 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/31/2019 Accr Earning Pymt Added to Account		66.36					-	66.36
3/29/2019 Deposit		7,349.16					-	7,349.16
3/29/2019 ACH Deposit Amerigroup TXSC HCCLAIMPMT 3394457791 111000		763.00					-	763.00
3/29/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000193		233.73					-	233.73
3/29/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		4,285.98					-	4,285.98
3/28/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		13,769.50					-	13,769.50
3/28/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		25,093.43					-	25,093.43
3/28/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000192		188.99					-	188.99
3/27/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	148,954.35						-	-
3/27/2019 ACH Deposit Amerigroup TXSC HCCLAIMPMT 3394270612 111000		659.45					-	659.45
3/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		30,363.74					-	30,363.74
3/26/2019 ACH Deposit Amerigroup TXSC DMS EFT 3394080230 111000028		1,925.00					-	1,925.00
3/25/2019 Deposit		2,425.08					-	2,425.08
3/25/2019 ACH Deposit Amerigroup TXSC HCCLAIMPMT 3394080231 111000		39,002.46					-	39,002.46
3/25/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		18,749.56					-	18,749.56
3/25/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390860 4200001711		870.88					-	870.88
							-	-
	148,954.35	145,746.32	-	-	-	-	-	145,746.32

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/31/2019 Accr Earning Pymt Added to Account		59.41					-	59.41
3/29/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,300.61					-	2,300.61
3/29/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,978.63					-	1,978.63
3/29/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000192		2,495.02					-	2,495.02
3/29/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005376832		2,744.46					-	2,744.46
3/29/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390861 4200001732		3,136.51					-	3,136.51
3/29/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		902.09					-	902.09
3/28/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,773.20					-	5,773.20
3/27/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	359,620.51						-	-
3/27/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		358.00					-	358.00
3/27/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,914.75					-	7,914.75
3/27/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000176		1,722.02					-	1,722.02
3/27/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		3,580.50					-	3,580.50
3/27/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		44.46					-	44.46
3/26/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005413928		3,753.43					-	3,753.43
3/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,795.81					-	5,795.81
3/26/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000177		19,263.47					-	19,263.47
3/25/2019 Deposit		40,845.98					-	40,845.98
3/25/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		6,937.60					-	6,937.60
3/25/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390861 830000508970		579.65					-	579.65
3/25/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390861 4200001711		6,550.17					-	6,550.17
							-	-
	359,620.51	116,735.77	-	-	-	-	-	116,735.77

Crescent	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/31/2019 Accr Earning Pymt Added to Account		57.68					-	57.68
3/29/2019 Deposit		481.55					-	481.55
3/29/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000192		1,099.21					-	1,099.21
3/29/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005376832		4,764.26					-	4,764.26
3/29/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001732		903.07					-	903.07
3/28/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,875.44					-	1,875.44
3/28/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000191		18,816.45					-	18,816.45
3/27/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	393,031.36						-	-
3/27/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000176		3,471.30					-	3,471.30
3/26/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005405872		5,544.95					-	5,544.95
3/26/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005413929		1,026.59					-	1,026.59
3/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		8,982.97					-	8,982.97
3/25/2019 Deposit		1,478.26					-	1,478.26
3/25/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,259.44					-	11,259.44
3/25/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001711		2,671.05					-	2,671.05
							-	-
	393,031.36	62,432.22	-	-	-	-	-	62,432.22

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/31/2019 Accr Earning Pymt Added to Account		25.39					-	25.39
3/29/2019 Deposit		2,074.99					-	2,074.99
3/28/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		170.50					-	170.50
3/27/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	58,454.06						-	-
3/27/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		18,060.53					-	18,060.53
3/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,607.49					-	10,607.49
3/26/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		207.50					-	207.50
3/26/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000177		10,376.52					-	10,376.52
3/25/2019 Deposit		13,435.73					-	13,435.73
3/25/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390863 830000508970		51.55					-	51.55
							-	-
	58,454.06	55,010.20	-	-	-	-	-	55,010.20

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/31/2019 Accr Earning Pymt Added to Account		68.80					-	68.80
3/29/2019 Deposit		1,739.28					-	1,739.28
3/29/2019 Transfer Deposit bank analysis fee charged in error on 2/5/19		117.31					-	117.31
3/29/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000192		2,532.94					-	2,532.94
3/29/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005376832		6,806.61					-	6,806.61
3/29/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001732		5,783.96					-	5,783.96
3/28/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		715.00					-	715.00
3/28/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,628.67					-	6,628.67
3/28/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000191		13,605.19					-	13,605.19
3/27/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	351,853.41						-	-
3/27/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000176		4,267.72					-	4,267.72
3/26/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005405872		5,583.65					-	5,583.65
3/26/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001041		6,472.94					-	6,472.94
3/26/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3394160438 111000		9,224.07					-	9,224.07
3/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,671.90					-	9,671.90
3/26/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000177		13,422.91					-	13,422.91
3/26/2019 ACH Deposit Amerigroup TX5C DMS EFT 3394080232 111000028		515.00					-	515.00
3/25/2019 Deposit		1,364.00					-	1,364.00
3/25/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,142.31					-	11,142.31
3/25/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390862 830000508970		10,555.32					-	10,555.32
3/25/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001711		14,525.27					-	14,525.27
							-	-
	351,853.41	124,742.85	-	-	-	-	-	124,742.85

TOTALS	1,311,913.69	504,667.36	-	-	-	-	-	504,667.36

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$181,322.21	$181,322.21
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$156,336.25	$123,713.90
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$72,716.08	$69,386.08
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$175,158.48	$135,000.36
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$75,230.99	$69,560.99
[redacted]	[redacted]	
[redacted]	[redacted]	
TOTAL	$3,387,950.74	$3,109,924.07

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
4/01/2019

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		180,638.46	149,219.77	75,777.70		31,266.09	-		-	-	-	107,196.39	75,743.26
											Bank Balance	107,196.39	
											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	34.44	
											Adjust Balance/Transfer Amt	107,009.35	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 1
Accou...

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 4/01/2019

APPROVED
ON
APR 0 1 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
3/31/2019 Accr Earning Pymt Added to Account		✓34.44					-	34.44
3/29/2019 Deposit		✓68,007.34					-	68,007.34
3/27/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	149,219.77						-	-
3/25/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000172		7,735.92					-	7,735.92
							-	-
	149,219.77	**75,777.70**	-	-	-	-	-	75,777.70

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
[redacted]		
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$107,196.39	$107,196.39
[redacted]		
TOTAL	$3,387,950.74	$3,109,924.07

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: April 3, 2019

APPROVED ON APR 01 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 000053

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

AMOUNT: $189.02

G/L NUMBER: 21400012

EXPLANATION: Ashford – January, February, and March 2019 Interest Earned

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000053	04/03/19	189.02	MMC OERATING Ashford
TOTALS:			189.02	

APPROVED
ON

APR 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000047	04/03/19	210.44	MMC OERATING
TOTALS:			210.44	

Glen

APPROVED
ON

APR 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: April 3, 2019

APPROVED ON APR 0 1 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 000047

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

AMOUNT: $210.44

G/L NUMBER: 21400011

EXPLANATION: Solera – January, February, and March 2019 Interest Earned

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: April 3, 2019

APPROVED ON APR 01 2019
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK # 000049

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

AMOUNT: $169.89

G/L NUMBER: 21400010

EXPLANATION: Crescent – January, February, and March 2019 Interest Earned

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000049	04/03/19	169.89	MMC OPERATING Crescent
TOTALS:			169.89	

APPROVED
ON

APR 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000020	04/03/19	182.61	MMC OPERATING Broadmoor
TOTALS:			182.61	

APPROVED
ON

APR 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: April 3, 2019

APPROVED ON APR 0 1 2019
COUNTY AUDITOR CALHOUN COUNTY, TEXAS
CK # 000020

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

AMOUNT: $182.61

G/L NUMBER: 21400009

EXPLANATION: Broadmoor – January, February, and March 2019 Interest Earned

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000047	04/03/19	79.87	MMC OPERATING
TOTALS:			79.87	

Fort Bend

APPROVED
ON

APR 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: April 3, 2019

APPROVED ON APR 0 1 2019 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK # 000047

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

AMOUNT $79.87

G/L NUMBER: 21400008

EXPLANATION: Fort Bend – January, February, and March 2019 Interest Earned

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: April 3, 2019

APPROVED ON APR 01 2019 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000034

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

AMOUNT $87.04

G/L NUMBER: 21400013

EXPLANATION: Golden Creek – January, February, and March 2019 Interest Earned

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000034	04/03/19	87.04	MMC OPERATING
TOTALS:			87.04	

golden creek

APPROVED
ON

APR 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Interest To MMC From NH

NH Name	From Bank Acct #	CK#	Payee	GL #		Amt	Date
Crescent	1 - Prosperity	49	MMC -Prosperity Operating #10000001	21400010	January - March 2019 Interest Earned	169.89	4/3/2019
Ashford	Prosperity	53	MMC -Prosperity Operating #10000001	21400012	January - March 2019 Interest Earned	189.02	4/3/2019
Golden Creek	- Prosperity	34	MMC -Prosperity Operating #10000001	21400013	January - March 2019 Interest Earned	87.04	4/3/2019
Fort Bend	- Prosperity	47	MMC -Prosperity Operating #10000001	21400008	January - March 2019 Interest Earned	79.87	4/3/2019
Solera	2 - Prosperity	47	MMC -Prosperity Operating #10000001	21400011	January - March 2019 Interest Earned	210.44	4/3/2019
Broadmoor	Prosperity	20	MMC -Prosperity Operating #10000001	21400009	January - March 2019 Interest Earned	182.61	4/3/2019
					Total:	**918.87**	
	Note:						

on el FO

189•02 +
210•44 +
169•89 +
182•61 +
79•87 +
87•04 +
918•87 *

APPROVED
ON

APR 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS No 53

88-2265
1131

4-3-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 189.02

One Hundred Eighty-Nine & 02/100 DOLLARS

PROSPERITY BANK

1st Quarter Interest

County Auditor

County Treasurer

⑆ ⑆

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

87SS No. 47

88-2265
1131

4-3-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 210.44

Two Hundred Ten & 44/100 DOLLARS

PROSPERITY BANK

1st Qtr Interest

County Auditor

County Treasurer

⑆ ⑆

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

MP

000049

88-2265/1131

Date 4-3-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 169.89

One Hundred Sixty-Nine & 89/100 **DOLLARS**

PROSPERITY BANK

FOR 1st Quarter Interest

County Auditor

MP

County Treasurer

Security Features Included. Details on back.

⑆000049⑆ ⑆ ⑆ ⑆

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

MP

000020

88-2265/1131

Date 4-3-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 182.61

One Hundred Eighty-Two & 61/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR 1st Qtr Interest

⑈000020⑈

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

MP

000047

88-2265/1131

Date 4-3-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 79.87

Seventy-Nine & 87/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR 1st Qtr Interest

⑈000047⑈

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

MP

000034

88-2265/1131

Date 4-3-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 87.04

Eighty-Seven & 04/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR 1st Qtr Interest

⑈000034⑈