MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- May 01, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	887,120.50
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	833,596.13
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED May 01, 2019	**$**	**1,720,716.63**

APPROVED

MAY - 5 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 01, 2019

PAYABLES AND PAYROLL			
4/26/2019	Weekly Payables	277,101.35	
4/29/2019	McKesson-340B Prescription Expense	2,638.90	
4/29/2019	Amerisource Bergen-340B Prescription Expense	1,326.08	
4/26/2019	Ashford-Nursing home insurance payment sent to MMC and portion of QIPP payment	49,759.32	
4/26/2019	Solera-Nursing home insurance payment sent to MMC and portion of QIPP payment	17,655.47	
4/26/2019	Fortbend-Nursing home insurance payment sent to MMC and portion of QIPP pymt	20,456.15	
4/26/2019	Broadmoor-Nursing home insurance payment sent to MMC and portion of QIPP pymt	9,309.37	
4/26/2019	Crescent-Nursing home insurance payment sent to MMC and portion of QIPP pymt	10,137.62	
4/26/2019	Goldencreek-Nursing home insurance pymt sent to MMC and portion of QIPP pymt	101,181.60	
4/29/2019	Payroll Liabilities (Payroll Taxes)	98,961.39	
4/29/2019	Payroll	297,370.53	
	Prosperity Electronic Bank Payments		
4/22/2019	Credit Card & Lease Fees	151.23	
4/22-4/26/19	Pay Plus-Patient Claims Processing Fee	422.34	
4/25/2019	Cleargage LLC-Patient Financial Service	299.00	
4/29/2019	ExpertPay- child support	350.15	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 887,120.50**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
4/29/2019	Nursing Home UPI	701,776.55	
4/29/2019	Nursing Home UPI	87,070.11	
QIPP/INTEREST CHECKS TO MMC			
4/29/2019	Ashford	21,487.36	
4/29/2019	Solera	6,121.41	
4/29/2019	Crescent	4,148.78	
4/29/2019	Broadmoor	4,196.84	
4/29/2019	Fort Bend	8,795.08	
TOTAL NURSING HOME UPL EXPENSES			**$ 833,596.13**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED May 01, 2019			**$ 1,720,716.63**

04/25/2019 MEMORIAL MEDICAL CENTER 0
08:57 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 05/08/2019

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19M0060000 ✓	SCHEDULING SERVICES	04/10/20	04/08/20	05/08/20		558.00	0.00	0.00	558.00 ✓

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
133008 ✓	SUPPLIES (Maint.)	04/08/20	04/03/20	05/03/20		16.98	0.00	0.00	16.98 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	16.98	0.00	0.00	16.98

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
124003449 ✓	PHONE	04/22/20	04/16/20	05/01/20		2,350.46	0.00	0.00	2,350.46 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,350.46	0.00	0.00	2,350.46

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
9087630173 ✓	CO2	04/23/20	04/08/20	05/03/20		90.11	0.00	0.00	90.11 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	90.11	0.00	0.00	90.11

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
9655468295~~5032819~~	SUPPLIES	04/23/20	03/28/20	04/27/20		636.00	0.00	0.00	636.00 ✓
9655485557 ✓	SUPPLIES	04/23/20	04/01/20	05/01/20		477.00	0.00	0.00	477.00 ✓
9655485558 ✓	SUPPLIES	04/23/20	04/01/20	05/01/20		318.00	0.00	0.00	318.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	1,431.00	0.00	0.00	1,431.00

Vendor#	Vendor Name	Class	Pay Code
A2600	AUTO PARTS & MACHINE CO. ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
895221 ✓	SUPPLIES	04/23/20	04/18/20	05/03/20		21.12	0.00	0.00	21.12 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	21.12	0.00	0.00	21.12

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
79392562	SUPPLIES	04/24/20	04/15/20	04/02/20		689.24	0.00	0.00	689.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	689.24	0.00	0.00	689.24

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
62701121	SUPPLIES	04/24/20	04/01/20	04/26/20		398.46	0.00	0.00	398.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	398.46	0.00	0.00	398.46

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
107654086	SUPPLIES	04/22/20	03/27/20	04/21/20		4,282.92	0.00	0.00	4,282.92
107666106	SUPPLIES	04/22/20	04/02/20	04/27/20		6,873.73	0.00	0.00	6,873.73
107665894	SUPPLIES	04/22/20	04/02/20	04/27/20		585.64	0.00	0.00	585.64
107666260	SUPPLIES	04/22/20	04/02/20	04/27/20		9,445.91	0.00	0.00	9,445.91
107666192	SUPPLIES	04/22/20	04/02/20	04/27/20		2,663.81	0.00	0.00	2,663.81
107672753	SUPPLIES	04/22/20	04/06/20	05/01/20		3,347.17	0.00	0.00	3,347.17
107675901	SUPPLIES	04/22/20	04/08/20	05/03/20		81.30	0.00	0.00	81.30
107692312	CREDITING INVOICE	04/22/20	04/16/20	04/16/20		-4,282.92	0.00	0.00	-4,282.92
107691247	SUPPLIES	04/22/20	04/16/20	04/16/20		3,504.34	0.00	0.00	3,504.34
107664974	SUPPLIES	04/23/20	04/02/20	04/27/20		858.69	0.00	0.00	858.69
107665101	SUPPLIES	04/23/20	04/02/20	04/27/20		184.16	0.00	0.00	184.16
5404886	LEASE	04/23/20	04/05/20	04/30/20		6,249.42	0.00	0.00	6,249.42
107675950	SUPPLIES	04/23/20	04/08/20	05/03/20		129.00	0.00	0.00	129.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	33,923.17	0.00	0.00	33,923.17

Vendor#	Vendor Name	Class	Pay Code
11050	BIRCH COMMUNICATIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
27196327	PHONE	04/24/20	04/16/20	04/16/20		1,140.14	0.00	0.00	1,140.14

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS	1,140.14	0.00	0.00	1,140.14

Vendor#	Vendor Name	Class	Pay Code
B1655	BOSTON SCIENTIFIC CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
965988721 ✓		04/24/20	04/15/20	04/24/20		218.00	0.00	0.00	218.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	218.00	0.00	0.00	218.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041619A		04/24/20	04/16/20	04/16/20	1150.00	1,500.00	0.00	0.00	1,500.00 1150.00
	CABLE (Wrong amount picked up)								
041619B		04/24/20	04/16/20	04/16/20		418.83	0.00	0.00	418.83 ✓
	CABLE								
041619		04/24/20	04/16/20	04/16/20		68.15	0.00	0.00	68.15 ✓
	CABLE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	1,986.98	0.00	0.00	1,986.98

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
66767 ✓		04/23/20	03/11/20	04/11/20		140.00	0.00	0.00	140.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	140.00	0.00	0.00	140.00

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
448779		04/24/20	04/15/20	04/15/20		100.00	0.00	0.00	100.00 ✓
	WASTE MGMT 2 visits 4/11 & 4/12 @ 50.00 each								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	100.00	0.00	0.00	100.00

Vendor#	Vendor Name	Class	Pay Code
A1825	CARDINAL HEALTH 414,LLC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001899661 ✓		04/23/20	03/23/20	04/22/20		109.45	0.00	0.00	109.45 ✓
	SUPPLIES								
8001904923 ✓		04/23/20	03/31/20	04/30/20		185.28	0.00	0.00	185.28 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	294.73	0.00	0.00	294.73

Vendor#	Vendor Name	Class	Pay Code
A1730	CAREFUSION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9108863512 ✓		04/24/20	04/08/20	05/08/20		81.45	0.00	0.00	81.45 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1730	CAREFUSION	81.45	0.00	0.00	81.45

Vendor#	Vendor Name	Class	Pay Code
C1275	CARROT TOP INDUSTRIES INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
42101500 ✓		04/15/20	04/08/20	05/08/20		214.46	0.00	0.00	214.46 ✓
	FLAGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1275	CARROT TOP INDUSTRIES INC	214.46	0.00	0.00	214.46

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
050619	WATER Clinic	04/23/20	05/06/20	05/06/20			171.09	0.00	0.00	171.09
050619B	WATER Rehab	04/23/20	05/06/20	05/06/20			53.47	0.00	0.00	53.47
050619A	WATER WWC	04/23/20	05/06/20	05/06/20			4,881.11	0.00	0.00	4,881.11

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	5,105.67	0.00	0.00	5,105.67

Vendor#	Vendor Name	Class	Pay Code
C1166	COASTAL OFFICE SOLUTONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OE230781	SUPPLIES	04/23/20	04/03/20	04/13/20			65.71	0.00	0.00	65.71
WO319231	SUPPLIES	04/23/20	04/05/20	04/15/20			524.17	0.00	0.00	524.17
WO319251	SUPPLIES	04/24/20	04/05/20	04/24/20			139.96	0.00	0.00	139.96
OE235061	SUPPLIES	04/24/20	04/17/20	04/27/20			174.95	0.00	0.00	174.95
OE235081	SUPPLIES	04/24/20	04/17/20	04/27/20			349.90	0.00	0.00	349.90

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	1,254.69	0.00	0.00	1,254.69

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
849521	SUPPLIES	04/24/20	04/01/20	05/01/20			668.75	0.00	0.00	668.75
854762	SUPPLIES	04/24/20	04/10/20	04/24/20			125.52	0.00	0.00	125.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	794.27	0.00	0.00	794.27

Vendor#	Vendor Name	Class	Pay Code
C2157	COOPER SURGICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5109239	SUPPLIES	04/24/20	04/01/20	05/01/20			496.05	0.00	0.00	496.05

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC	496.05	0.00	0.00	496.05

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
5681870	SUPPLIES	04/23/20	04/03/20	04/28/20			31.11	0.00	0.00	31.11
5682830	SUPPLIES	04/23/20	04/04/20	04/29/20			18.81	0.00	0.00	18.81
5683230	SUPPLIES	04/23/20	04/04/20	04/29/20			138.73	0.00	0.00	138.73

	SUPPLIES							
5685540 ✓		04/23/20	04/08/20	05/03/20	100.07	0.00	0.00	100.07 ✓
	SUPPLIES							
5685550 ✓		04/23/20	04/08/20	05/03/20	27.33	0.00	0.00	27.33 ✓
	SUPPLIES							
5686630 ✓		04/23/20	04/09/20	05/04/20	5.57	0.00	0.00	5.57 ✓
	SUPPLIES							
569020 0		04/23/20	04/11/20	05/06/20	132.97	0.00	0.00	132.97 ✓
	SUPPLIES							
5690660 ✓		04/23/20	04/12/20	05/07/20	81.68	0.00	0.00	81.68 ✓
	SUPPLIES							
5686410 ✓		04/24/20	04/08/20	05/03/20	318.53	0.00	0.00	318.53 ✓
	SUPPLIES							
5686680 ✓		04/24/20	04/09/20	05/04/20	59.04	0.00	0.00	59.04 ✓
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			913.84	0.00	0.00	913.84
Vendor#	Vendor Name				Class	Pay Code		
11011	DIAMOND HEALTHCARE CORP ✓							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	IN20052725 ✓		04/23/20	03/29/20	04/23/20		19,166.67	0.00	0.00	19,166.67 ✓
		CPR SRVC								
	IN2005724 ✓		04/23/20	03/29/20	04/23/20		31,144.58	0.00	0.00	31,144.58 ✓
		BEH HEALTH SRVC								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP					50,311.25	0.00	0.00	50,311.25
Vendor#	Vendor Name				Class	Pay Code		
E1320	EPIMED ✓				M			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	16659USA ✓		04/24/20	04/02/20	05/02/20		59.63	0.00	0.00	59.63 ✓
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	E1320	EPIMED					59.63	0.00	0.00	59.63
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
	A1904031378 ✓		04/22/20	04/03/20	04/28/20		16,588.00	0.00	0.00	16,588.00 ✓
	T1904091378 ✓		04/22/20	04/09/20	05/04/20		17,622.25	0.00	0.00	17,622.25 ✓
		BUSINESS AND HIM SERVICE								
	955610 ✓		04/24/20	04/12/20	05/07/20		1,373.10	0.00	0.00	1,373.10 ✓
		TRAVEL;								
	955609 ✓		04/24/20	04/12/20	05/07/20		1,708.23	0.00	0.00	1,708.23 ✓
		TRAVEL								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2510	EVIDENT					37,291.58	0.00	0.00	37,291.58
Vendor#	Vendor Name				Class	Pay Code		
F1100	FEDERAL EXPRESS CORP. ✓				W			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	~~5686410~~		04/23/20	04/08/20	05/03/20		18.23	0.00	0.00	18.23 ✓
	651076917	SHIPPING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	18.23	0.00	0.00	18.23

Vendor# 10788 Vendor Name: FIRETROL PROTECTION SYSTEMS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100587765 ✓	SPRINKLER WORK	04/23/20	04/17/20	04/27/20			388.08	0.00	0.00	388.08 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10788	FIRETROL PROTECTION SYSTEMS	388.08	0.00	0.00	388.08

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9249411 ✓	SUPPLIES Shipping 32.81 on 7.02 (gallon bottle w/ pump)	04/23/20	03/29/20	04/23/20			39.83	0.00	0.00	39.83 ✓
9522386 ✓	SUPPLIES	04/23/20	04/04/20	04/29/20			1,226.36	0.00	0.00	1,226.36 ✓
9655656 ✓	SUPPLIES	04/23/20	04/08/20	05/03/20			469.06	0.00	0.00	469.06 ✓
654 9655~~564~~ ✓	SUPPLIES CREDIT	04/23/20	04/08/20	05/03/20			-572.40	0.00	0.00	-572.40 ✓
9655655 ✓	SUPPLIES	04/24/20	04/08/20	05/03/20			1,200.00	0.00	0.00	1,200.00 ✓
9730975 ✓	SUPPLIES	04/24/20	04/09/20	05/04/20			294.12	0.00	0.00	294.12 ✓
9730974 ✓	SUPPLIES	04/24/20	04/09/20	05/04/20			30.48	0.00	0.00	30.48 ✓
9808946 ✓	SUPPLIES	04/24/20	04/10/20	05/05/20			636.36	0.00	0.00	636.36 ✓
9885822 ✓	SUPPLIES	04/24/20	04/11/20	05/06/20			1,364.31	0.00	0.00	1,364.31 ✓
9885821 ✓	SUPPLIES	04/24/20	04/11/20	05/06/20			507.84	0.00	0.00	507.84 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	5,195.96	0.00	0.00	5,195.96

Vendor# W1300 Vendor Name: GRAINGER remove per Caitlin Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9070641551	SUPPLIES	01/31/20	01/28/20	05/02/20			89.75	0.00	0.00	89.75
9072718126		01/31/20	01/30/20	05/02/20			-1,907.54	0.00	0.00	-1,907.54
9077921881	SUPPLIES	02/13/20	02/05/20	05/03/20			296.82	0.00	0.00	296.82
9113207840	SUPPLIES	03/19/20	03/12/20	05/02/20			38.00	0.00	0.00	38.00
9114176853	SUPPLIES	03/27/20	03/13/20	05/02/20			179.50	0.00	0.00	179.50
9116161283	SUPPLIES	03/27/20	03/14/20	05/02/20			31.99	0.00	0.00	31.99
9106106215	SUPPLIES	03/30/20	03/06/20	05/02/20			103.35	0.00	0.00	103.35
9117778184		03/30/20	03/18/20	05/02/20			92.83	0.00	0.00	92.83

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	-1,075.30	0.00	0.00	-1,075.30

Vendor#	Vendor Name	Class	Pay Code
11984	GUERBET, LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
18339954 ✓		04/24/20	04/03/20	05/03/20		175.00	0.00	0.00	175.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC	175.00	0.00	0.00	175.00

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
1653495 ✓		04/08/20	04/02/20	05/02/20		776.20	0.00	0.00	776.20 ✓
	SUPPLIES								
1654432 ✓		04/10/20	04/03/20	05/03/20		-69.38	0.00	0.00	-69.38 ✓
	CREDIT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	706.82	0.00	0.00	706.82

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7083896 ✓		04/23/20	04/04/20	04/29/20		28.00	0.00	0.00	28.00 ✓
	SUPPLIES								
7089020 ✓		04/23/20	04/04/20	04/29/20		92.25	0.00	0.00	92.25 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	120.25	0.00	0.00	120.25

Vendor#	Vendor Name	Class	Pay Code
H1661	HFMA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7001947202 ✓		04/23/20	04/22/20	04/22/20		425.00	0.00	0.00	425.00 ✓
	DUES AND SUBS								

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
H0416	HOLOGIC INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8939318 ✓		04/24/20	03/28/20	04/24/20		236.25	0.00	0.00	236.25 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	236.25	0.00	0.00	236.25

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC42019 ✓		04/23/20	04/22/20	04/22/20		24,595.36	0.00	0.00	24,595.36 ✓
	RESPIRATORY SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	24,595.36	0.00	0.00	24,595.36

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
920784867	SUPPLIES	04/24/20	04/08/20	05/08/20		509.35	0.00	0.00	509.35
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				509.35	0.00	0.00	509.35

Vendor# 11600 Vendor Name: LEGAL SHIELD Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041519	INSURANCE	04/24/20	04/15/20	04/15/20		1,453.70	0.00	0.00	1,453.70
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD				1,453.70	0.00	0.00	1,453.70

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
51447358	SUPPLIES	04/23/20	04/08/20	05/08/20		129.63	0.00	0.00	129.63
50787782	SUPPLIES	04/24/20	03/29/20	04/28/20		2,072.35	0.00	0.00	2,072.35
50793161	SUPPLIES	04/24/20	03/29/20	04/28/20		18.05	0.00	0.00	18.05
51008200	SUPPLIES	04/24/20	04/02/20	05/02/20		1,328.25	0.00	0.00	1,328.25
51482321	SUPPLIES	04/24/20	04/08/20	05/08/20		40.84	0.00	0.00	40.84
51480423	SUPPLIES	04/24/20	04/08/20	05/08/20		112.78	0.00	0.00	112.78
51486501	SUPPLIES	04/24/20	04/08/20	05/08/20		572.51	0.00	0.00	572.51
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				4,274.41	0.00	0.00	4,274.41

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
042219	INDIGENT CARE	04/23/20	04/22/20	04/22/20		8.90	0.00	0.00	8.90
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.				8.90	0.00	0.00	8.90

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
1874187036	SUPPLIES	04/17/20	04/09/20	05/04/20		112.69	0.00	0.00	112.69
1874187032	SUPPLIES	04/17/20	04/09/20	05/04/20		47.45	0.00	0.00	47.45
1874187034	SUPPLIES	04/17/20	04/09/20	05/04/20		4.44	0.00	0.00	4.44
1874187030	SUPPLIES	04/17/20	04/09/20	05/04/20		27.70	0.00	0.00	27.70
1874187037	SUPPLIES	04/17/20	04/09/20	05/04/20		14.49	0.00	0.00	14.49
1875187033	SUPPLIES	04/17/20	04/09/20	05/04/20		186.19	0.00	0.00	186.19

	SUPPLIES							
1874187041		04/17/20	04/09/20	05/04/20	22.29	0.00	0.00	22.29
	SUPPLIES							
1874187040		04/17/20	04/09/20	05/04/20	8.22	0.00	0.00	8.22
	SUPPLIES							
1874187038		04/17/20	04/09/20	05/04/20	16.36	0.00	0.00	16.36
	SUPPLIES							
1874187035		04/17/20	04/09/20	05/04/20	85.58	0.00	0.00	85.58
	SUPPLIES							
1874187039		04/17/20	04/09/20	05/04/20	1,254.51	0.00	0.00	1,254.51
	SUPPLIES							
1874187031		04/17/20	04/09/20	05/04/20	17.62	0.00	0.00	17.62
	SUPPLIES							
1874187029		04/17/20	04/09/20	05/04/20	115.04	0.00	0.00	115.04
	SUPPLIES							
1874311599		04/17/20	04/10/20	05/05/20	4,406.66	0.00	0.00	4,406.66
	SUPPLIES							
1874360175		04/17/20	04/10/20	05/05/20	96.50	0.00	0.00	96.50
	SUPPLIES							
1874313200		04/17/20	04/10/20	05/05/20	35.30	0.00	0.00	35.30
	SUPPLIES							
1874500703		04/24/20	04/12/20	05/07/20	1,876.12	0.00	0.00	1,876.12
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			8,327.16	0.00	0.00	8,327.16

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
8800429920		04/24/20	03/27/20	04/26/20			525.58	0.00	0.00	525.58
	SUPPLIES									
8800433973		04/24/20	04/01/20	05/01/20			172.98	0.00	0.00	172.98
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA					698.56	0.00	0.00	698.56

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
181636800		04/15/20	04/08/20	05/08/20			66.14	0.00	0.00	66.14
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11976	MID-COAST ELECTRIC SUPPLY, INC					66.14	0.00	0.00	66.14

Vendor#	Vendor Name	Class	Pay Code
10791	MINDRAY DS USA, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0600701017		04/23/20	04/12/20	05/02/20			107.11	0.00	0.00	107.11
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10791	MINDRAY DS USA, INC.					107.11	0.00	0.00	107.11

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

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

041819		04/23/20 04/18/20 04/18/20			123.22	0.00	0.00	123.22
	PAYROLL DED							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP			123.22	0.00	0.00	123.22
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
042219A		04/23/20	04/22/20	04/22/20		4,313.25	0.00	0.00	4,313.25
	INSURANCE								
042219		04/23/20	04/22/20	04/22/20		3,387.02	0.00	0.00	3,387.02
	CLAIM PAYMENTS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				7,700.27	0.00	0.00	7,700.27
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
2161968A		04/22/20	12/15/20	12/25/20		-851.79	0.00	0.00	-851.79
	CREDIT								
SC0818A		04/22/20	01/28/20	02/07/20		-32.64	0.00	0.00	-32.64
	CREDIT								
0005239		04/22/20	01/31/20	02/10/20		-21.34	0.00	0.00	-21.34
	CREDIT								
CM34873		04/22/20	02/15/20	02/25/20		-24.32	0.00	0.00	-24.32
	CREDIT								
0002266		04/22/20	03/04/20	03/14/20		-75.43	0.00	0.00	-75.43
	CREDIT								
3978909A		04/22/20	03/13/20	03/23/20		-81.30	0.00	0.00	-81.30
	CREDIT								
4029354		04/22/20	03/26/20	04/05/20		60.80	0.00	0.00	60.80
	INVENTORY								
4029355		04/22/20	03/26/20	04/05/20		8.05	0.00	0.00	8.05
	INVENTORY								
4031662		04/22/20	03/26/20	04/05/20		10.54	0.00	0.00	10.54
	INVENTORY								
4031091		04/22/20	03/26/20	04/05/20		8,607.59	0.00	0.00	8,607.59
	INVENTORY								
SC1300A		04/22/20	03/27/20	04/06/20		-18.22	0.00	0.00	-18.22
	CREDIT								
1113		04/22/20	04/17/20	04/27/20		-3.18	0.00	0.00	-3.18
	CREDIT								
0705		04/22/20	04/17/20	04/27/20		-0.03	0.00	0.00	-0.03
	CREDIT								
1005		04/22/20	04/17/20	04/27/20		-276.70	0.00	0.00	-276.70
	CREDIT								
1002		04/22/20	04/17/20	04/27/20		-133.84	0.00	0.00	-133.84
	CREDIT								
CM55157		04/22/20	04/18/20	04/28/20		-222.92	0.00	0.00	-222.92
	CREDIT								
CM55158		04/22/20	04/18/20	04/28/20		-1,253.97	0.00	0.00	-1,253.97
	CREDIT								
4126250		04/22/20	04/18/20	04/28/20		2,746.40	0.00	0.00	2,746.40
	INVENTORY								

4129030		04/22/20 04/18/20 04/28/20	39.37	0.00	0.00	39.37	
4125998	INVENTORY	04/22/20 04/18/20 04/28/20	662.10	0.00	0.00	662.10	
4129029	INVENTORY	04/22/20 04/18/20 04/28/20	522.88	0.00	0.00	522.88	
4129028	INVENTORY	04/22/20 04/18/20 04/28/20	249.21	0.00	0.00	249.21	
4129027	INVENTORY	04/22/20 04/18/20 04/28/20	8,587.25	0.00	0.00	8,587.25	
4132585	INVENTORY	04/22/20 04/19/20 04/29/20	84.10	0.00	0.00	84.10	
4132587	INVENTORY	04/22/20 04/19/20 04/29/20	31.32	0.00	0.00	31.32	
4132586	INVENTORY	04/22/20 04/19/20 04/29/20	731.38	0.00	0.00	731.38	
4124464	INVENTORY	04/23/20 04/17/20 04/27/20	231.95	0.00	0.00	231.95	
4123255	INVENTORY	04/23/20 04/17/20 04/27/20	323.67	0.00	0.00	323.67	
4123257	INVENTORY	04/23/20 04/17/20 04/27/20	1,253.97	0.00	0.00	1,253.97	
4123254	INVENTORY	04/23/20 04/17/20 04/27/20	69.73	0.00	0.00	69.73	
4123256	INVENTORY	04/23/20 04/17/20 04/27/20	64.17	0.00	0.00	64.17	
4139238	INVENTORY	04/23/20 04/22/20 05/02/20	8.37	0.00	0.00	8.37	
4139239	INVENTORY	04/23/20 04/22/20 05/02/20	1,986.64	0.00	0.00	1,986.64	
4139237	INVENTORY	04/23/20 04/22/20 05/02/20	77.10	0.00	0.00	77.10	
4139240	INVENTORY	04/23/20 04/22/20 05/02/20	171.42	0.00	0.00	171.42	
4144248	INVENTORY	04/24/20 04/23/20 05/03/20	120.01	0.00	0.00	120.01	
4144250	INEVNTORY	04/24/20 04/23/20 05/03/20	470.61	0.00	0.00	470.61	
4144249	INVENTORY	04/24/20 04/23/20 05/03/20	198.45	0.00	0.00	198.45	
4145267	INEVNTORY	04/24/20 04/23/20 05/03/20	492.13	0.00	0.00	492.13	
	INVENTORY						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	24,813.53	0.00	0.00	24,813.53

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
2918067		04/24/20	05/01/20	05/01/20			4,144.62	0.00	0.00	4,144.62
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	4,144.62	0.00	0.00	4,144.62

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
	13045		04/10/20	04/07/20	05/07/20		458.67	0.00	0.00	458.67
		PROVIDER LICENSES								
	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				
12544	OCHOA'S LAWN SERVICE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	033119		04/24/20	04/30/20	04/30/20		434.00	0.00	0.00	434.00
		HOSPITAL LAWN								
	033119B		04/25/20	04/30/20	04/30/20		125.00	0.00	0.00	125.00
		REHAB LAWN								
	033119A		04/25/20	04/30/20	04/30/20		275.00	0.00	0.00	275.00
		CLINIC LAWN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12544	OCHOA'S LAWN SERVICE				834.00	0.00	0.00	834.00
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
	97328963		04/15/20	04/07/20	05/02/20		1,137.51	0.00	0.00	1,137.51
		MAINT CONTRACT								
	97291498		04/24/20	03/29/20	04/23/20		289.51	0.00	0.00	289.51
		SUPPLIES								
	97398540		04/24/20	04/01/20	04/26/20		150.46	0.00	0.00	150.46
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC				1,577.48	0.00	0.00	1,577.48
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
	1850935219		04/24/20	04/03/20	05/03/20		169.82	0.00	0.00	169.82
		SUPPLIES								
	1850935218		04/24/20	04/03/20	05/03/20		380.37	0.00	0.00	380.37
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				550.19	0.00	0.00	550.19
Vendor#	Vendor Name				Class	Pay Code				
10152	PARTSSOURCE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	03108482		04/23/20	04/01/20	05/01/20		28.73	0.00	0.00	28.73
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10152	PARTSSOURCE, LLC				28.73	0.00	0.00	28.73
Vendor#	Vendor Name				Class	Pay Code				
10606	PENLON, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	OP0010657		04/23/20	04/03/20	05/03/20		233.00	0.00	0.00	233.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10606	PENLON, INC				233.00	0.00	0.00	233.00

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
	033119		04/25/20	03/31/20	04/25/20		1,365.38	0.00	0.00	1,365.38 ✓
		GOLD PLUS PRGRM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				1,365.38	0.00	0.00	1,365.38
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SC85849 ✓		04/23/20	02/16/20	03/13/20		1,625.00	0.00	0.00	1,625.00 ✓
		RAD SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11080	RADSOURCE				1,625.00	0.00	0.00	1,625.00
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
	03201921		04/23/20	03/25/20	03/25/20		240.00	0.00	0.00	240.00 ✓
		AD								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10645	REVISTA de VICTORIA				240.00	0.00	0.00	240.00
Vendor#	Vendor Name				Class	Pay Code				
11252	RX WASTE SYSTEMS LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2023 ✓		04/22/20	04/10/20	05/05/20		823.25	0.00	0.00	823.25 ✓
		PHARM WASTE SRVC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11252	RX WASTE SYSTEMS LLC				823.25	0.00	0.00	823.25
Vendor#	Vendor Name				Class	Pay Code				
10625	SARA RUBIO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	042219		04/23/20	04/22/20	04/22/20		94.65	0.00	0.00	94.65 ✓
		TRAVEL 4/11 Mid Coast Hurricane Disaster Conf. 4/17 Team Stop the Bleed Meeting								
	042419		04/24/20	04/24/20	04/24/20		31.90	0.00	0.00	31.90 ✓
		TRAVEL 4/24 golden crescent regional committee ex. committee meeting								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				126.55	0.00	0.00	126.55
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
	701008929 ✓		04/23/20	04/02/20	05/02/20		184.99	0.00	0.00	184.99 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1405	SERVICE SUPPLY OF VICTORIA INC				184.99	0.00	0.00	184.99
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	236956 ✓		04/23/20	04/16/20	04/26/20		790.00	0.00	0.00	790.00 ✓
		SUPPLIES								
	236962 ✓		04/23/20	04/16/20	04/26/20		390.00	0.00	0.00	390.00 ✓
		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#	Vendor Name	Class	Pay Code
S2270	SMILE MAKERS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8553387	SUPPLIES	04/23/20	04/03/20	04/28/20			58.92	0.00	0.00	58.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	58.92	0.00	0.00	58.92

Vendor#	Vendor Name	Class	Pay Code
12288	SPBS CLINICAL EQUIPMENT SRVC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
006648B	HALF OF QUARTERLY PYMNT	04/23/20	03/29/20	04/29/20			12,375.00	0.00	0.00	12,375.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC	12,375.00	0.00	0.00	12,375.00

Vendor#	Vendor Name	Class	Pay Code
S2694	STANFORD VACUUM SERVICE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
243392	GREASE TRAP PUMPED	04/24/20	04/24/20	04/24/20			385.00	0.00	0.00	385.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE	385.00	0.00	0.00	385.00

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
3607633	SUPPLIES	04/24/20	03/29/20	04/28/20			372.44	0.00	0.00	372.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	372.44	0.00	0.00	372.44

Vendor#	Vendor Name	Class	Pay Code
12440	SUN LIFE ASSURANCE COMPANY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
050119	INSURANCE Vision	04/24/20	05/01/20	05/01/20			2,362.13	0.00	0.00	2,362.13

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12440	SUN LIFE ASSURANCE COMPANY	2,362.13	0.00	0.00	2,362.13

Vendor#	Vendor Name	Class	Pay Code
12476	SUN LIFE FINANCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
041019	INSURANCE life	04/24/20	04/10/20	04/10/20			11,755.84	0.00	0.00	11,755.84

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL	11,755.84	0.00	0.00	11,755.84

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
1000297815	EMPLOYEE VERIF	04/17/20	04/08/20	05/08/20			63.29	0.00	0.00	63.29

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11944	TALX CORPORATION	63.29	0.00	0.00	63.29

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
043019	LEASE	04/22/20	04/30/20	04/30/20		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

11100 THE US CONSULTING GROUP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
340374448	TRASH SERVICE	04/17/20	04/12/20	05/07/20		313.96	0.00	0.00	313.96
340374362	TRASH SERVICE	04/23/20	04/04/20	04/29/20		242.69	0.00	0.00	242.69

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	556.65	0.00	0.00	556.65

Vendor# Vendor Name — Class — Pay Code

T2250 THYSSENKRUPP ELEVATOR CORP — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3004403951	ELEVATOR SERVICE	04/24/20	02/01/20	03/01/20		1,269.72	0.00	0.00	1,269.72

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP	1,269.72	0.00	0.00	1,269.72

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
8400298444	LAUNDRY	04/23/20	04/08/20	05/03/20		57.14	0.00	0.00	57.14
8400298473	LAUNDRY	04/23/20	04/08/20	05/03/20		1,325.36	0.00	0.00	1,325.36
8400298443	LAUNDRY	04/23/20	04/08/20	05/03/20		47.15	0.00	0.00	47.15
8400298847	LAUNDRY	04/23/20	04/11/20	05/06/20		117.78	0.00	0.00	117.78
8400298776	LAUNDRY	04/23/20	04/11/20	05/06/20		156.89	0.00	0.00	156.89
8400298777	LAUNDRY	04/23/20	04/11/20	05/06/20		175.83	0.00	0.00	175.83
8400298775	LAUNDRY	04/23/20	04/11/20	05/06/20		148.00	0.00	0.00	148.00
8400298818	LAUNDRY	04/23/20	04/11/20	05/06/20		1,098.91	0.00	0.00	1,098.91
8400298774	LAUNDRY	04/23/20	04/11/20	05/06/20		120.39	0.00	0.00	120.39
8400298801	LAUNDRY	04/23/20	04/11/20	05/06/20		79.36	0.00	0.00	79.36
8400298772	LAUNDRY	04/23/20	04/11/20	05/06/20		17.00	0.00	0.00	17.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,343.81	0.00	0.00	3,343.81

Vendor# Vendor Name — Class — Pay Code

U1200 UNITED AD LABEL CO INC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
506959896		04/23/20	04/12/20	05/07/20			97.62	0.00	0.00	97.62
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC	97.62	0.00	0.00	97.62

Vendor# 11057 Vendor Name: UNITED STATES TREASURY — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042218B		04/23/20	04/22/20	04/22/20			899.48	0.00	0.00	899.48
	IRS FORM 720 Qtr ending 11.15.16									
042219A		04/23/20	04/22/20	04/22/20			779.57	0.00	0.00	779.57
	IRS FORM 720 Qtr ending 11.15.15									
042219		04/23/20	04/22/20	04/22/20			962.57	0.00	0.00	962.57
	IRS FORM 720 Qtr ending 11.15.18									
042219C		04/23/20	04/22/20	04/22/20			909.99	0.00	0.00	909.99
	IRS FORM 720 Qtr ending 11.15.17									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11057	UNITED STATES TREASURY	3,551.61	0.00	0.00	3,551.61

Vendor# 10943 Vendor Name: WALLER,LANSDEN, DORTCH & DAVIS — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10712692		04/23/20	04/16/20	04/16/20			1,831.50	0.00	0.00	1,831.50
	LEGAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS	1,831.50	0.00	0.00	1,831.50

Vendor# W1005 Vendor Name: WALMART COMMUNITY — Class: W — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031719		04/23/20	03/17/20	03/17/20			29.20	0.00	0.00	29.20
	SUPPLIES									
032819		04/23/20	03/28/20	03/28/20			23.94	0.00	0.00	23.94
	SUPPLIES									
040319A		04/23/20	04/03/20	04/03/20			39.94	0.00	0.00	39.94
	SUPPLIES									
040319B		04/23/20	04/03/20	04/03/20			1.60	0.00	0.00	1.60
	SUPPLIES									
040319		04/23/20	04/03/20	04/03/20			17.91	0.00	0.00	17.91
	SUPPLIES									
040919		04/23/20	04/09/20	04/09/20			40.00	0.00	0.00	40.00
	SUPPLIES									
041019		04/23/20	04/10/20	04/10/20			24.43	0.00	0.00	24.43
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	177.02	0.00	0.00	177.02

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
124453		04/08/20	04/03/20	05/03/20			74.00	0.00	0.00	74.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	74.00	0.00	0.00	74.00

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
9110652838 ✓	SUPPLIES	04/23/20	04/02/20	04/27/20		87.42	0.00	0.00	87.42 ✓
9110653177 ✓	SUPPLIES	04/24/20	04/02/20	04/27/20		2,146.68	0.00	0.00	2,146.68 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,234.10	0.00	0.00	2,234.10

Vendor# Vendor Name — Class — Pay Code

Z1000 ZIMMER BIOMET ✓ — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
773254EC7006A	SUPPLIES	04/24/20	05/31/20	05/31/20		27.87	0.00	0.00	27.87 ✓
69336JR302 ✓	SUPPLIES	04/24/20	11/20/20	12/20/20		27.87	0.00	0.00	27.87 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z1000	ZIMMER BIOMET	55.74	0.00	0.00	55.74

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	276,376.05	0.00	0.00	276,376.05

pg 3 correction { <1500.00> +1150.00

pg 7 correction { +1,075.30

277,101.35

276,376.05 +
1,500.00 −
1,150.00 +
1,075.30 +
277,101.35 =

CK# 180433 - 180513

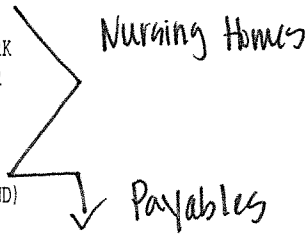
APPROVED ON

APR 26 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/26/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:00 CHECK REGISTER GLCKREG
05/01/19 THRU 05/01/19

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180427	05/01/19	49,759.32	ASHFORD GARDENS
A/P	180428	05/01/19	9,309.37	BROADMOOR AT CREEKSIDE PARK
A/P	180429	05/01/19	20,456.15	FORTBEND HEALTHCARE CENTER
A/P	180430	05/01/19	101,181.60	GOLDENCREEK HEALTHCARE
A/P	180431	05/01/19	17,655.47	SOLERA WEST HOUSTON
A/P	180432	05/01/19	10,137.62	THE CRESCENT
A/P	180433	05/01/19	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	180434	05/01/19	16.98	ACE HARDWARE 15521
A/P	180435	05/01/19	2,350.46	AIRESPRING INC
A/P	180436	05/01/19	90.11	AIRGAS USA, LLC - CENTRAL DIV
A/P	180437	05/01/19	1,431.00	ALCON LABORATORIES, INC.
A/P	180438	05/01/19	21.12	AUTO PARTS & MACHINE CO.
A/P	180439	05/01/19	689.24	BARD PERIPHERAL VASCULAR
A/P	180440	05/01/19	398.46	BAXTER HEALTHCARE
A/P	180441	05/01/19	33,923.17	BECKMAN COULTER INC
A/P	180442	05/01/19	1,140.14	BIRCH COMMUNICATIONS
A/P	180443	05/01/19	218.00	BOSTON SCIENTIFIC CORPORATION
A/P	180444	05/01/19	1,636.98	CABLE ONE
A/P	180445	05/01/19	140.00	CABLES AND SENSORS
A/P	180446	05/01/19	100.00	CALHOUN COUNTY
A/P	180447	05/01/19	294.73	CARDINAL HEALTH 414,LLC
A/P	180448	05/01/19	81.45	CAREFUSION
A/P	180449	05/01/19	214.46	CARROT TOP INDUSTRIES INC
A/P	180450	05/01/19	5,105.67	CITY OF PORT LAVACA
A/P	180451	05/01/19	1,254.69	COASTAL OFFICE SOLUTONS
A/P	180452	05/01/19	794.27	CONMED CORPORATION
A/P	180453	05/01/19	496.05	COOPER SURGICAL INC
A/P	180454	05/01/19	913.84	DEWITT POTH & SON
A/P	180455	05/01/19	50,311.25	DIAMOND HEALTHCARE CORP
A/P	180456	05/01/19	59.63	EPIMED
A/P	180457	05/01/19	37,291.58	EVIDENT
A/P	180458	05/01/19	18.23	FEDERAL EXPRESS CORP.
A/P	180459	05/01/19	388.08	FIRETROL PROTECTION SYSTEMS
A/P	180460	05/01/19	5,195.96	FISHER HEALTHCARE
A/P	180461	05/01/19	175.00	GUERBET, LLC
A/P	180462	05/01/19	706.82	GULF COAST PAPER COMPANY
A/P	180463	05/01/19	120.25	HEALTH CARE LOGISTICS INC
A/P	180464	05/01/19	425.00	HFMA
A/P	180465	05/01/19	236.25	HOLOGIC INC
A/P	180466	05/01/19	24,595.36	ITA RESOURCES INC
A/P	180467	05/01/19	509.35	J & J HEALTH CARE SYSTEMS, INC
A/P	180468	05/01/19	1,453.70	LEGAL SHIELD
A/P	180469	05/01/19	4,274.41	MCKESSON MEDICAL SURGICAL INC
A/P	180470	05/01/19	8.90	MEDIMPACT HEALTHCARE SYS, INC.
A/P	180471	05/01/19	.00	VOIDED
A/P	180472	05/01/19	.00	VOIDED
A/P	180473	05/01/19	8,327.16	MEDLINE INDUSTRIES INC
A/P	180474	05/01/19	698.56	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	180475	05/01/19	66.14	MID-COAST ELECTRIC SUPPLY, INC
A/P	180476	05/01/19	107.11	MINDRAY DS USA, INC.



BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180477	05/01/19	123.22	MMC AUXILIARY GIFT SHOP
A/P	180478	05/01/19	7,700.27	MMC EMPLOYEE BENEFIT PLAN
A/P	180479	05/01/19	.00	VOIDED
A/P	180480	05/01/19	.00	VOIDED
A/P	180481	05/01/19	24,813.53	MORRIS & DICKSON CO, LLC
A/P	180482	05/01/19	4,144.62	NATIONAL FARM LIFE INSURANCE
A/P	180483	05/01/19	458.67	OCCUPRO LLC
A/P	180484	05/01/19	834.00	OCHOA'S LAWN SERVICE
A/P	180485	05/01/19	1,577.48	OLYMPUS AMERICA INC
A/P	180486	05/01/19	550.19	ORTHO CLINICAL DIAGNOSTICS
A/P	180487	05/01/19	28.73	PARTSSOURCE, LLC
A/P	180488	05/01/19	233.00	PENLON, INC
A/P	180489	05/01/19	1,365.38	PORT LAVACA WAVE
A/P	180490	05/01/19	1,625.00	RADSOURCE
A/P	180491	05/01/19	240.00	REVISTA de VICTORIA
A/P	180492	05/01/19	823.25	RX WASTE SYSTEMS LLC
A/P	180493	05/01/19	126.55	SARA RUBIO
A/P	180494	05/01/19	184.99	SERVICE SUPPLY OF VICTORIA INC
A/P	180495	05/01/19	1,180.00	SIGN AD, LTD.
A/P	180496	05/01/19	58.92	SMILE MAKERS
A/P	180497	05/01/19	12,375.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	180498	05/01/19	385.00	STANFORD VACUUM SERVICE
A/P	180499	05/01/19	372.44	STRYKER SUSTAINABILITY
A/P	180500	05/01/19	2,362.13	SUN LIFE ASSURANCE COMPANY
A/P	180501	05/01/19	11,755.84	SUN LIFE FINANCIAL
A/P	180502	05/01/19	63.29	TALX CORPORATION
A/P	180503	05/01/19	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	180504	05/01/19	556.65	THE US CONSULTING GROUP
A/P	180505	05/01/19	1,269.72	THYSSENKRUPP ELEVATOR CORP
A/P	180506	05/01/19	3,343.81	UNIFIRST HOLDINGS INC
A/P	180507	05/01/19	97.62	UNITED AD LABEL CO INC
A/P	180508	05/01/19	3,551.61	UNITED STATES TREASURY
A/P	180509	05/01/19	1,831.50	WALLER,LANSDEN, DORTCH & DAVIS
A/P	180510	05/01/19	177.02	WALMART COMMUNITY
A/P	180511	05/01/19	74.00	WATERMARK GRAPHICS INC
A/P	180512	05/01/19	2,234.10	WERFEN USA LLC
A/P	180513	05/01/19	55.74	ZIMMER BIOMET
TOTALS:			485,600.88	

Payables 277,101.35 +
Nursing Home Criticals
49,759.32 +
17,655.47 +
20,456.15 +
9,309.37 +
10,137.62 +
101,181.60 +
485,600.88 *

APPROVED
ON
MAY 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 04/26/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 04/27/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 04/26/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 04/27/2019

PLEASE CHECK ANY 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: 2,692.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 04/30/2019, Pay This Amount: 2,638.90 USD

If Paid After 04/30/2019, Pay this Amount: 2,692.77 USD

Due If Paid On Time:
USD 2,638.90

Disc lost if paid late: 53.87

Due If Paid Late:
USD 2,692.77

CK# 1031

GL # 60031000

APPROVED ON
APR 29 2019
COUNTY AUDITOR

1,189.34 +
820.39 +
574.30 +
54.87 +
2,638.90 *

McKESSON

Company: 8000

STATEMENT

As of: 04/26/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 04/27/2019

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

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

As of: 04/26/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 04/27/2019

PLEASE CHECK ANY 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											
04/24/2019	04/30/2019	7131132216	2017007952	115Invoice	1.06	53.09		52.03 ✓		7131132216	
04/26/2019	04/30/2019	7131636962	2017008032	115Invoice	0.06	2.90		2.84 ✓		7131636962	

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: 55.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,599.99
04/22/2019

If Paid By 04/30/2019, Pay This Amount: 54.87 USD ✓

If Paid After 04/30/2019, Pay this Amount: 55.99 USD

Due If Paid On Time: USD 54.87 (Ok with CFO)

Disc lost if paid late: 1.12

Due If Paid Late: USD 55.99

APPROVED
ON
APR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 04/26/2019

Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 04/27/2019

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

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

As of: 04/26/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 04/27/2019

PLEASE CHECK ANY 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											
04/24/2019	04/30/2019	7131034227	55x316802	115Invoice	1.75	87.45		85.70 ✓		7131034227	
04/25/2019	04/30/2019	7131236944	55x318672	115Invoice	9.27	463.27		454.00 ✓		7131236944	
04/26/2019	04/30/2019	7131475816	55x320344	115Invoice	0.71	35.31		34.60 ✓		7131475816	

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: 586.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,599.99
04/22/2019

If Paid By 04/30/2019, Pay This Amount: 574.30 USD ✓

If Paid After 04/30/2019, Pay this Amount: 586.03 USD

Due If Paid On Time: USD 574.30

Disc lost if paid late: 11.73

Due If Paid Late: USD 586.03

APPROVED
ON
APR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 04/26/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/27/2019

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: 04/26/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 04/27/2019

PLEASE CHECK ANY 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											
04/22/2019	04/30/2019	7130705064	0420190111-00	115Invoice		0.04		0.04 ✓		7130705064	
04/22/2019	04/30/2019	7130705066	0959800194	115Invoice	1.89	94.39		92.50 ✓		7130705066	
04/24/2019	04/30/2019	7131172180	0959800196	115Invoice	0.01	0.32		0.31 ✓		7131172180	
04/24/2019	04/30/2019	7131172181	0423191243-00	115Invoice	2.46	122.80		120.34 ✓		7131172181	
04/25/2019	04/30/2019	7131399141	0959800197	115Invoice	6.08	304.23		298.15 ✓		7131399141	
04/25/2019	04/30/2019	7131399143	0424190422-00	115Invoice	0.32	16.06		15.74 ✓		7131399143	
04/26/2019	04/30/2019	7131641991	0959800198	115Invoice	3.56	178.07		174.51 ✓		7131641991	
04/26/2019	04/30/2019	7131641992	0425190525-00	115Invoice	2.42	121.22		118.80 ✓		7131641992	

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: 837.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,599.99
04/22/2019

If Paid By 04/30/2019, Pay This Amount: 820.39 USD ✓

If Paid After 04/30/2019, Pay this Amount: 837.13 USD

Due If Paid On Time:
USD 820.39

Disc lost if paid late: 16.74

Due If Paid Late:
USD 837.13

APPROVED
ON
APR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 04/26/2019

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 04/27/2019

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

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

As of: 04/26/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 04/27/2019

PLEASE CHECK ANY 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											
04/22/2019	04/30/2019	7130704129	473748	115Invoice	2.16	107.87		105.71 ✓		7130704129	
04/23/2019	04/30/2019	7130942527	474155	115Invoice	19.57	978.33		958.76 ✓		7130942527	
04/24/2019	04/30/2019	7131154018	474763	115Invoice	1.99	99.50		97.51 ✓		7131154018	
04/24/2019	04/30/2019	7131154023	474763	115Invoice	0.13	6.53		6.40 ✓		7131154023	
04/25/2019	04/30/2019	7131409742	476112	115Invoice	0.15	7.40		7.25 ✓		7131409742	
04/26/2019	04/30/2019	7131636184	476785	115Invoice	0.28	13.99		13.71 ✓		7131636184	

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: 1,213.62 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,599.99
04/22/2019

If Paid By 04/30/2019, Pay This Amount: 1,189.34 USD ✓

If Paid After 04/30/2019, Pay this Amount: 1,213.62 USD

Due If Paid On Time:
USD 1,189.34 CFO

Disc lost if paid late: 24.28

Due If Paid Late:
USD 1,213.62

APPROVED
ON
APR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 57890851 Date: 04-26-2019

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:	1,326.08
Past Due:	0.00
Total Due:	1,326.08
Account Balance:	1,326.08

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
04-22-2019	05-03-2019	3022082526	145096	Invoice	339.00
04-22-2019	05-03-2019	3022082527	145098	Invoice	148.64
04-22-2019	05-03-2019	3022116691	145145	Invoice	474.74
04-23-2019	05-03-2019	3022155488	145156	Invoice	267.52
04-24-2019	05-03-2019	3022200653	145165	Invoice	18.90
04-25-2019	05-03-2019	3022249147	145175	Invoice	56.59
04-26-2019	05-03-2019	3022293821	145228	Invoice	7.61
04-26-2019	05-03-2019	3022293822	145229	Invoice	13.08

Thank You for Your Payment

Date	Payment Number	Amount
04-26-2019		(1,085.68)

Reminders

Due Date	Amount
05-03-2019	1,326.08
Total Due:	1,326.08

Terms:
Monday - Friday due in 7 days

APPROVED ON
APR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 1025
GL# 600310000

RUN DATE:05/01/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:11 CHECK REGISTER GLCKREG
04/30/19 THRU 05/01/19

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	001025	05/01/19	1,326.08	AMERISOURCEBERGEN
A/P *	001031	04/30/19	2,638.90	MCKESSON
A/P	180427	05/01/19	49,759.32	ASHFORD GARDENS
A/P	180428	05/01/19	9,309.37	BROADMOOR AT CREEKSIDE PARK
A/P	180429	05/01/19	20,456.15	FORTBEND HEALTHCARE CENTER
A/P	180430	05/01/19	101,181.60	GOLDENCREEK HEALTHCARE
A/P	180431	05/01/19	17,655.47	SOLERA WEST HOUSTON
A/P	180432	05/01/19	10,137.62	THE CRESCENT
A/P	180433	05/01/19	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	180434	05/01/19	16.98	ACE HARDWARE 15521
A/P	180435	05/01/19	2,350.46	AIRESPRING INC
A/P	180436	05/01/19	90.11	AIRGAS USA, LLC - CENTRAL DIV
A/P	180437	05/01/19	1,431.00	ALCON LABORATORIES, INC.
A/P	180438	05/01/19	21.12	AUTO PARTS & MACHINE CO.
A/P	180439	05/01/19	689.24	BARD PERIPHERAL VASCULAR
A/P	180440	05/01/19	398.46	BAXTER HEALTHCARE
A/P	180441	05/01/19	33,923.17	BECKMAN COULTER INC
A/P	180442	05/01/19	1,140.14	BIRCH COMMUNICATIONS
A/P	180443	05/01/19	218.00	BOSTON SCIENTIFIC CORPORATION
A/P	180444	05/01/19	1,636.98	CABLE ONE
A/P	180445	05/01/19	140.00	CABLES AND SENSORS
A/P	180446	05/01/19	100.00	CALHOUN COUNTY
A/P	180447	05/01/19	294.73	CARDINAL HEALTH 414,LLC
A/P	180448	05/01/19	81.45	CAREFUSION
A/P	180449	05/01/19	214.46	CARROT TOP INDUSTRIES INC
A/P	180450	05/01/19	5,105.67	CITY OF PORT LAVACA
A/P	180451	05/01/19	1,254.69	COASTAL OFFICE SOLUTONS
A/P	180452	05/01/19	794.27	CONMED CORPORATION
A/P	180453	05/01/19	496.05	COOPER SURGICAL INC
A/P	180454	05/01/19	913.84	DEWITT POTH & SON
A/P	180455	05/01/19	50,311.25	DIAMOND HEALTHCARE CORP
A/P	180456	05/01/19	59.63	EPIMED
A/P	180457	05/01/19	37,291.58	EVIDENT
A/P	180458	05/01/19	18.23	FEDERAL EXPRESS CORP.
A/P	180459	05/01/19	388.08	FIRETROL PROTECTION SYSTEMS
A/P	180460	05/01/19	5,195.96	FISHER HEALTHCARE
A/P	180461	05/01/19	175.00	GUERBET, LLC
A/P	180462	05/01/19	706.82	GULF COAST PAPER COMPANY
A/P	180463	05/01/19	120.25	HEALTH CARE LOGISTICS INC
A/P	180464	05/01/19	425.00	HFMA
A/P	180465	05/01/19	236.25	HOLOGIC INC
A/P	180466	05/01/19	24,595.36	ITA RESOURCES INC
A/P	180467	05/01/19	509.35	J & J HEALTH CARE SYSTEMS, INC
A/P	180468	05/01/19	1,453.70	LEGAL SHIELD
A/P	180469	05/01/19	4,274.41	MCKESSON MEDICAL SURGICAL INC
A/P	180470	05/01/19	8.90	MEDIMPACT HEALTHCARE SYS, INC.
A/P	180471	05/01/19	.00	VOIDED
A/P	180472	05/01/19	.00	VOIDED
A/P	180473	05/01/19	8,327.16	MEDLINE INDUSTRIES INC
A/P	180474	05/01/19	698.56	MERRY X-RAY/SOURCEONE HEALTHCA

APPROVED
ON

MAY 01 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

APR 25 2019

Calhoun County Auditor

04/25/2019
09:59

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
042219		04/23/20	04/22/20	05/09/20		47,878.67	0.00	0.00	47,878.67 ✓
	TRANSFER NH portion of QIPP Pymt from United Healthcare								
042419A		04/24/20	04/24/20	05/09/20		511.50	0.00	0.00	511.50 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
042419		04/24/20	04/24/20	05/09/20		25.15	0.00	0.00	25.15 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
042419B		04/24/20	04/24/20	05/09/20		1,344.00	0.00	0.00	1,344.00 ✓
	QUALITY PROGRM Quality Nursing home pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	49,759.32	0.00	0.00	49,759.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	49,759.32	0.00	0.00	49,759.32

APPROVED
ON

APR 26 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
180427

04/25/2019
08:08

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
042219		04/23/20	04/22/20	05/09/20			13,563.47	0.00	0.00	13,563.47 ✓
	TRANSFER Nursing home portion of QIPP from United Healthcare									
042419		04/24/20	04/24/20	05/09/20			4,092.00	0.00	0.00	4,092.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	17,655.47	0.00	0.00	17,655.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,655.47	0.00	0.00	17,655.47

APPROVED
ON
APR 26 2019

CK# 180431

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/25/2019
10:03

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
042219		04/23/20	04/22/20	05/09/20		19,472.15	0.00	0.00	19,472.15 ✓
	TRANSFER Nursing home portion of QIPP pymt from United Healthcare								
042419		04/24/20	04/24/20	05/09/20		984.00	0.00	0.00	984.00 ✓
	QUALITY PRGRM United Healthcare quality pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	20,456.15	0.00	0.00	20,456.15

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20,456.15	0.00	0.00	20,456.15

APPROVED
ON

APR 26 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 180429

04/25/2019 10:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
042219		04/23/20	04/22/20	05/09/20			9,309.37	0.00	0.00	9,309.37
	TRANSFER Nursing Homes portion of QIPP Pymt from United Healthcare									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	9,309.37	0.00	0.00	9,309.37

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,309.37	0.00	0.00	9,309.37

CK# 180428

04/25/2019
10:08

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
042219		04/23/20	04/22/20	05/09/20		9,081.62	0.00	0.00	9,081.62 ✓
	TRANSFER Nursing home QIPP pymt portion from United Healthcare								
042419		04/24/20	04/24/20	05/09/20		1,056.00	0.00	0.00	1,056.00 ✓
	QUALITY PRGRM Nursing home quality pymt from United Healthcare sent in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	10,137.62	0.00	0.00	10,137.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,137.62	0.00	0.00	10,137.62

APPROVED
ON
APR 26 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
180432

RECEIVED
APR 25 2019
Calhoun County Auditor

04/25/2019 10:04

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
042219		04/23/20	04/22/20	05/09/20		29,399.08	0.00	0.00	29,399.08 ✓
	TRANSFER Nursing home portion of QIPP pymt from United Healthcare								
041219		04/24/20	04/12/20	05/09/20		21,442.32	0.00	0.00	21,442.32 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
042419B		04/24/20	04/24/20	05/09/20		43,782.53	0.00	0.00	43,782.53 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
042419C		04/24/20	04/24/20	05/09/20		4,320.00	0.00	0.00	4,320.00 ✓
	STAR PLUS PRGRM Nursing home United Healthcare Star pymt sent to MMC in error								
042419A		04/24/20	04/24/20	05/09/20		1,537.20	0.00	0.00	1,537.20 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
042419		04/24/20	04/24/20	05/09/20		700.47	0.00	0.00	700.47 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	101,181.60	0.00	0.00	101,181.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	101,181.60	0.00	0.00	101,181.60

APPROVED
ON
APR 26 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 180430

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"	★	$ 98,961.39	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 50,333.14	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,771.40	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 36,856.85	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8843.75	N		N	N		178200.44
1	REGULAR PAY-S1	1908.25	N		N	N	N	84029.24
1	REGULAR PAY-S1	5.00	N		N	N	Y	162.25
1	REGULAR PAY-S1	196.00	N		N	Y		5821.43
1	REGULAR PAY-S1	211.75	Y		N	N		5733.40
2	REGULAR PAY-S2	2606.00	N		N	N		58703.09
2	REGULAR PAY-S2	156.25	N		N	Y		5756.28
2	REGULAR PAY-S2	94.25	Y		N	N		3253.21
3	REGULAR PAY-S3	1483.50	N		N	N		41689.77
3	REGULAR PAY-S3	120.00	N		N	Y		4795.92
3	REGULAR PAY-S3	67.75	Y		N	N		2235.92
C	CALL PAY	256.00	N		N	N	N	512.00
C	CALL PAY	2015.00	N	1	N	N		4030.00
E	EXTRA WAGES		N		N	N	N	21.64
E	EXTRA WAGES		N	1	N	N	N	1681.25
I	INSERVICE	96.25	N	1	N	N		3013.68
I	INSERVICE	-12.00	Y		N	N	N	-485.46
I	INSERVICE	22.00	Y	1	N	N		978.42
J	JURY LEAVE	8.00	N	1	N	N		305.36
K	EXTENDED-ILLNESS-BANK	20.00	N	1	N	N		376.66
M	MEAL REIMBURSEMENT		N		N	N	N	14.00
P	PAID-TIME-OFF	144.50	N		N	N	N	3566.98
P	PAID-TIME-OFF	1187.50	N	1	N	N		29412.69
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	16.00	N	1	N	N		436.07
t	PHONE & DATA		N		N	N	N	1190.00

Code	Amount	Code	Amount	Code	Amount
A/R	921.13	A/R2	182.86	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1605.00	CAFE-F	
CAFE-H	18490.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	215.00	COMBIN	574.27	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT	300.00	EATCSH	515.00
FEDTAX	36856.85	FICA-M	5885.70	FICA-O	25166.57
FIRSTC	75.00	FLEX S	3735.86	FLX FE	
FORT D		FUTA		GIFT S	185.06
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	687.66	MASA	866.00	MEALS	67.80
MISC		MISC/		MMCSHR	
NATFML	1885.19	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	1095.00
STONE		STONE2		STUDEN	
SUNACC	935.98	SUNILL	1622.65	SUNLIF	1402.08
SUNSTD	1490.72	SUNVIS	1080.57	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	30523.08	TUTION		UNIFOR	1960.53
UW/HOS					

Grand Totals: 19701.75 (Gross: 436042.24 Deductions: 138671.71 Net: 297370.53)

Checks Count:- FT 199 PT 11 Other 40 Female 217 Male 32 Credit OverAmt 5 ZeroNet Term Total: 249

Pay Date
05.01.19

SH per CFO

4-29-19

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --April 22, 2019 - April 28 , 2019

Date	Bank Description	MMC Notes	Amount
4/22/2019	ACH Payment FDGL LEASE PYMT 052-1312971-000 410001244382	- Credit Card Machine Lease Expense	✓151.23
4/22/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000697400155	- 3rd Party Payor Fee	✓18.15
4/23/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03781628 910000114	- 340B Drug Program Expense	✓ 4,599.99 *
4/23/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000698178308	- 3rd Party Payor Fee	✓ 354.74
4/24/2019	ACH Payment IRS USATAXPYMT 220951441780809 6103601001075	- Payroll Taxes	✓99,954.54 **
4/24/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000698841585	- 3rd Party Payor Fee	✓0.56
4/25/2019	ACH Payment CLEARGAGE LLC CLEARGAGE, PSKB77JH9JE 7100173	- Patient Financing Service	✓299.00
4/25/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699481617	- 3rd Party Payor Fee	✓43.69
4/26/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	✓1,085.68 *
4/26/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000690150650	- 3rd Party Payor Fee	✓5.20
4/26/2019	CM Wire Domestic WIRE OUT CBNA Incoming Settlement Account	-CitiBank Corporate Card Paymen	✓3,912.12 **
			110,424.90

Credit card machine lease
151.23 +
151.23 *

Pay plus
18.15 +
354.74 +
0.56 +
43.69 +
5.20 +
422.34 *

Cleargage
299.00 +
299.00 *

vcw CFO

April 29, 2019

Diane Moore, CFO
Memorial Medical Center

* Approved 04.24.19 cc
** Approved 04.17.19 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
4/29/2019		Child Support Payment -Payroll Ending 041119	346.15 350.15
			346.15

per Sarah H. (See email)

vcw CFO

April 29, 2019

Diane Moore, CFO
Memorial Medical Center

Erica Perez

From: shenderson@mmcportlavaca.com (Sarah Henderson) <shenderson@mmcportlavaca.com>
Sent: Monday, April 29, 2019 9:32 AM
To: Erica Perez
Subject: FW: Payment Confirmation

Ok, I had Ali send me the confirmation email for support of payment. Looks like the amount listed on ACH report is slightly lower that actual payment due to fees. I think the registration should be just a one time thing.

Thank you,

Sarah Henderson
Staff Accountant
Memorial Medical Center
815 N Virginia St.
Port Lavaca TX 77979
shenderson@mmcportlavaca.com
361-552-0342

-----Original Message-----
From: Alison King
Sent: Monday, April 29, 2019 9:30 AM
To: Sarah Henderson <shenderson@mmcportlavaca.com>
Subject: FW: Payment Confirmation

Thank you,

Alison M. King
Human Resources Manager
Memorial Medical Center
815 N. Virginia St.
Port Lavaca, TX 77979
P: (361) 552-0450
F: (361) 551-4505

-----Original Message-----
From: customer.service@expertpay.com [mailto:customer.service@expertpay.com]
Sent: Monday, April 29, 2019 6:15 AM
To: Alison King <aking@mmcportlavaca.com>
Subject: Payment Confirmation

Hello Alison,

This Email confirms that ExpertPay received your withholding payment entry on 04/29/2019. The payment information is as follows.

Payment Status:	SUBMITTED
Transaction Number	
Employer Name:	Memorial Medical Center
Account ID:	
Payment Name:	Memorial Medical Center Child Support
Date to Initiate Transfer:	04/30/2019
Bank Account:	PROSPERITY BANK
Number of Employees:	1
Total Payment Amount:	$ 346.15
Payment Fee:	$ 1.50
Registration Fee:	$ 2.50
Total Amount Charged:	$ 350.15

Thank you for using ExpertPay child support payment system!

- The ExpertPay.com staff

Confirmación de pago

Hola Alison:

Este mensaje confirma que ExpertPay recibió su ingreso de pago de retención el 04/29/2019. La información de pago es la siguiente:

Estado del pago:	ENVIADO
Número de transacción	
Nombre del empleador:	Memorial Medical Center
ID de cuenta:	
Nombre del pago:	Memorial Medical Center Child Support
Fecha para iniciar transferencia:	04/30/2019
Cuenta bancaria:	PROSPERITY BANK
Cantidad de empleados:	1
Monto de pago total:	$ 346.15
Cargo por pago:	$ 1.50
Cargo por inscripción:	$ 2.50
Monto total cobrado:	$ 350.15

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/26/2019

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		174,675.03 ✓	144,080.28 ✓	200,312.28 ✓	30,494.75 ✓		-	230,907.03 ✓	178,824.92
							Bank Balance	230,907.03	
							Variance	-	
							Leave in Balance	100.00 ✓	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	21,487.36 ✓	
							MMC Portion QIPP 2,3,Lapse		
								-	
							Adjust Balance/Transfer Amt	209,319.67	

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

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
Bellaire at W Houston		208,140.70 ✓	199,375.07 ✓	106,591.61 ✓	8,665.63 ✓			115,357.24 ✓	100,470.20
							Bank Balance	115,357.24 ✓	
							Variance	-	
							Leave in Balance	100.00 ✓	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	6,121.41 ✓	
							MMC Portion QIPP 2,3,Lapse		
							Pending Transfer from 4/17/19		
								-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	109,135.83	
Crestmont		255,512.06 ✓	249,581.08 ✓	275,417.59 ✓	5,830.98 ✓		-	281,348.57 ✓	271,268.81
							Bank Balance	281,348.57 ✓	
							Variance	-	
							Leave in Balance	100.00 ✓	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	4,148.78 ✓	
							MMC Portion QIPP 2,3,Lapse		
								-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	277,099.79	

Broadmoor	529,876.80 ✓	523,831.75 ✓	91,190.97 ✓	5,945.05 ✓	-	97,236.02	86,994.13
					Bank Balance	97,236.02 ✓	
					Variance	-	
					Leave in Balance	100.00	
					MMC Portion QIPP 1	4,196.84 ✓	
					MMC Portion QIPP 2,3,Lapse	-	
					Adjust Balance/Transfer Amt	92,939.18	
Fort Bend	133,369.91 ✓	120,825.10	73,013.57 ✓	12,444.81 ✓	-	85,558.38	64,218.49
					Bank Balance	85,558.38 ✓	
					Variance	-	
					Leave in Balance	100.00	
					QIPP Payment Undistributed	-	
					MMC Portion QIPP 1	8,795.08 ✓	
					MMC Portion QIPP 2,3,Lapse	-	
						-	
					MMC Portion Lapse Funds	-	
					January Bank Interest	-	
					February Bank Interest	-	
					March Bank Interest	-	
					Adjust Balance/Transfer Amt	76,663.30	

TOTAL TRANSFERS	**701,776.55**

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Contex 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 4/26/2019

APPROVED
ON
APR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

178,824.92 +'
100,470.20 +
271,268.81 +
86,994.13 +
64,218.49 +
701,776.55 *

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
4/22/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	(61,525.23)						-	-
4/22/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		6,120.00					-	6,120.00
4/22/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,039.08					-	1,039.08
4/22/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		3,574.66					-	3,574.66
4/23/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,158.50					-	4,158.50
4/23/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000154		67,307.48					-	67,307.48
4/23/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		2,680.00					-	2,680.00
4/24/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	(82,555.05)						-	-
4/24/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,817.90					-	5,817.90
4/24/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000121		3,715.09					-	3,715.09
4/24/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		7,480.17					-	7,480.17
4/25/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51832496 111000		21,487.36	21,487.36				21,487.36	-
4/25/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		916.32					-	916.32
4/25/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		16,230.21					-	16,230.21
4/26/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3396224064 111000		59,785.51					-	59,785.51
	(144,080.28)	200,312.28	21,487.36	-	-	-	21,487.36	178,824.92

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
4/22/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	(69,498.72)						-	-
4/22/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		16,532.00					-	16,532.00
4/22/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,005.07					-	9,005.07
4/23/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390861 4200001599		2,352.39					-	2,352.39
4/23/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390861 4200001598		14,490.13					-	14,490.13
4/23/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,920.49					-	9,920.49
4/24/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	(454,333.03)						-	-
4/24/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7.10					-	7.10
4/25/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51832499 111000		4,196.84	4,196.84				4,196.84	-
4/25/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		756.00					-	756.00
4/25/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,569.44					-	3,569.44
4/25/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000123		15,500.36					-	15,500.36
4/26/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005645183		225.66					-	225.66
4/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,605.66					-	2,605.66
4/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,029.83					-	12,029.83
	(523,831.75)	91,190.97	4,196.84	-	-	-	4,196.84	86,994.13

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
4/22/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	(80,914.48)						-	-
4/22/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		6,760.00					-	6,760.00
4/22/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,090.18					-	1,090.18
4/22/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		1,995.00					-	1,995.00
4/22/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390864 830000545168		10,640.39					-	10,640.39
4/23/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001599		483.29					-	483.29
4/23/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000153		54,885.56					-	54,885.56
4/24/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	(168,666.60)						-	-
4/24/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		2,220.00					-	2,220.00
4/24/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005116613		4,781.84					-	4,781.84
4/25/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51832498 111000		4,148.78	4,148.78				4,148.78	-
4/25/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,741.76					-	11,741.76
4/25/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000123		8,573.47					-	8,573.47
4/26/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001958		13,040.12					-	13,040.12
4/26/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005645183		17,414.78					-	17,414.78
4/26/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000197		120,177.54					-	120,177.54
4/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,335.04					-	2,335.04
4/26/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		4,070.00					-	4,070.00
4/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,059.84					-	11,059.84
							-	-
	(249,581.08)	275,417.59	4,148.78	-	-	-	4,148.78	271,268.81

Fort Bend		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
4/22/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	-56367.77						-	-
4/22/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000130		37333.98					-	37,333.98
4/23/2019	ACH Deposit HUMANA INS CO HCCLAIMPMT 390863 830000579058		5341.31					-	5,341.31
4/23/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000153		11053.04					-	11,053.04
4/24/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	-64457.33						-	-
4/25/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51832495 111000		8795.08	8,795.08				8,795.08	-
4/25/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000123		6188.11					-	6,188.11
4/25/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		2386.21					-	2,386.21
4/26/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000197		1915.84					-	1,915.84
		(120,825.10)	73,013.57	8,795.08	-	-	-	8,795.08	64,218.49

Sofeco at Mesa Meridian		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
4/22/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	-79877.15						-	-
4/23/2019	ACH Deposit HUMANA INS CO HCCLAIMPMT 390862 830000579058		4561.12					-	4,561.12
4/23/2019	ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001598		3843.19					-	3,843.19
4/23/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3495.74					-	3,495.74
4/23/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000153		16557.1					-	16,557.10
4/24/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	-119497.92						-	-
4/24/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000120		6843.23					-	6,843.23
4/24/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		2177.76					-	2,177.76
4/25/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51832497 111000		6121.41	6,121.41				6,121.41	-
4/25/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5621.12					-	5,621.12
4/25/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000123		22444.73					-	22,444.73
4/26/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000197		894.01					-	894.01
4/26/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2407.04					-	2,407.04
4/26/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		13553.99					-	13,553.99
4/26/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		6732.64					-	6,732.64
4/26/2019	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3396224065 111000		11338.53					-	11,338.53
		(199,375.07)	106,591.61	6,121.41	-	-	-	6,121.41	100,470.20
	TOTALS	(1,237,693.28)	746,526.02	44,749.47	-	-	-	44,749.47	701,776.55

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$248,743.32	$230,907.03
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$103,823.05	$97,236.02
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$305,024.09	$281,348.57
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$176,711.58	$115,357.24
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$85,558.38	$85,558.38
MEMORIAL MEDICAL / NH [redacted]	[redacted]	
TOTAL	$3,934,539.21	$3,713,845.82

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
4/26/2019

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		75,836.87 ✓	75,736.87 ✓	87,070.11 ✓		-	-		-	-	-	87,170.11	87,070.11 ✓
											Bank Balance	87,170.11 ✓	
											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	-	
											February Bank Interest	-	
											March Bank Interest	-	
											Adjust Balance/Transfer Amt	87,070.11	

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

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
4/26/2019

APPROVED
ON
APR 29 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	
4/22/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000130		64913.67 ✓					-	64,913.67
4/23/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000153		18011.37 ✓					-	18,011.37
4/24/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	-75736.87 ✓						-	-
4/24/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000120		3313.52 ✓					-	3,313.52
4/25/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000123		831.55 ✓					-	831.55
	(75,736.87) ✓	87,070.11 ✓	-	-	-	-	-	64,913.67

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / [redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$87,170.11	$87,170.11
TOTAL	$3,934,539.21	$3,713,845.82

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 4/29/19

APPROVED ON APR 29 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK # 00055

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

AMOUNT $21,487.36 ✓

G/L NUMBER: 21000012

EXPLANATION: ASHFORD - To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature] CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000055	05/01/19	21,487.36	MMC OPERATING
TOTALS:			21,487.36	

Ashford

APPROVED
ON

MAY 01 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 4/29/19

APPROVED ON APR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK #00049

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

AMOUNT $6,121.41 ✓

G/L NUMBER: 210000011

EXPLANATION: SOLERA - To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000049	05/01/19	6,121.41	MMC OPERATING Solera
TOTALS:			6,121.41	

APPROVED
ON
MAY 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 4/29/19

APPROVED ON APR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#00051

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

AMOUNT $4,148.78

G/L NUMBER: 21000010

EXPLANATION: CRESCENT - To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC		000051	05/01/19	4,148.78	MMC OPERATING
TOTALS:				4,148.78	

Crescent

APPROVED
ON

MAY 01 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 4/29/19

APPROVED ON APR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 000022

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

AMOUNT: $4,196.84 ✓

G/L NUMBER: 21000009

EXPLANATION: BROADMOOR - To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHB	000022	05/01/19	4,196.84	MMC OPERATING
TOTALS:			4,196.84	

APPROVED
ON
MAY 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 4/29/19

APPROVED ON APR 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 0049

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

AMOUNT $8,795.08 ✓

G/L NUMBER: 21000008

EXPLANATION: FORT BEND - To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature]

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHF	000049	05/01/19	8,795.08	MMC OPERATING
TOTALS:			8,795.08	

APPROVED
ON

MAY 01 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **5/01/2019**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3,&Lapse			TOTAL		Date
Ashford	10000018 - Prosperity	55	MMC -Prosperity Operating #10000001	21000012	21,487.36				21,487.36		5/1/2019
Broadmoor	10000019 - Prosperity	22	MMC -Prosperity Operating #10000001	21000009	4,196.84				4,196.84		5/1/2019
Crescent	10000020 - Prosperity	51	MMC -Prosperity Operating #10000001	21000010	4,148.78				4,148.78		5/1/2019
Fort Bend	10000021 - Prosperity	49	MMC -Prosperity Operating #10000001	21000008	8,795.08				8,795.08		5/1/2019
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	21000013					-		
Solera	10000022 - Prosperity	49	MMC -Prosperity Operating #10000001	21000011	6,121.41				6,121.41		5/1/2019
				Total:	44,749.47	-	-	-	44,749.47		

Note:

Approved: CFO
Diane Moore, CFO 4/29/2019

21,487.36 +
6,121.41 +
4,148.78 +
4,196.84 +
8,795.08 +
44,749.47 =

APPROVED
ON
MAY 01 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS

No. 55

88-2265
1131

5-1-19

PAY TO THE ORDER OF Memorial Medical Center Operating $21,487.36

Twenty-one Thousand Four Hundred Eighty Seven 36/100 DOLLARS

PROSPERITY BANK

QIPP 1

County Auditor

County Treasurer

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

87SS

No. 49

88-2265
1131

5-1-19

PAY TO THE ORDER OF Memorial Medical Center Operating $6,171.41

Six Thousand one hundred twenty-one 41/100 DOLLARS

PROSPERITY BANK

QIPP Comp 1

County Auditor

County Treasurer

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

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

MP

000051

88-2265/1131

Date 5-1-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 4,148.78

Four Thousand One Hundred Fourty-Eight 78/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 1

County Auditor

MP

County Treasurer

Security features included. Details on back.

⑈000051⑈

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

MF

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

000049

88-2265/1131

Date 5-1-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 8,795.08

Eight Thousand Seven Hundred Ninety five 08/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP comp 1

⑈000049⑈

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

M

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

000022

88-2265/1131

Date ~~4-24-19~~ 5-1-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 4,196.84

Four Thousand One Hundred Ninety-Six 84/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP 1

⑈000022⑈

RUN DATE:04/26/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:52 CHECK REGISTER GLCKREG
04/26/19 THRU 04/26/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180514	04/26/19	552.40	DSHS CENTRAL LAB MC2004
TOTALS:			552.40	

replaces voided ck #179307

APPROVED
ON

MAY 02 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10175 DSHS CENTRAL LAB MC2004
PO BOX 149347, AUSTIN, TX 78714-9347

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

180514

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
CN0426122018A	04/03/19	552.40			552.40
CHECK NO. 180514 04/26/19	TOTALS	552.40	TOTALS		552.40

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

180514

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
CN0426122018A	04/03/19	552.40			552.40
CHECK NO. 180514	TOTALS	552.40	TOTALS		552.40

MEMORIAL MEDICAL CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK
88-2265
1131

180514

10175 180514

DATE 04/26/19

AMOUNT $552.40

Five Hundred Fifty-Two Dollars and Forty Cents

PAY TO THE ORDER OF
DSHS CENTRAL LAB MC2004
PO BOX 149347
AUSTIN, TX 78714-9347

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

⑈180514⑈ ⑆1:1

DSHS CENTRAL LAB MC2004
P O BOX 149347

AUSTIN, TX 78714-9347

MEMORIAL MEDICAL CENTER
RECEIVED
APR 08 2019
ACCOUNTS PAYABLE

MEMORIAL MED CTR (032019)
815 N VIRGINIA
PORT LAVACA, TX 77979

Account # CEN.CN0426_032019 Date: 04/03/2019 Page:

This is your statement for 2019

DESCRIPTION	*Amount*
Previous Charges ---------->	6759.80
Payments Received ---------->	-5931.20
Adjustments ---------->	276.20
Net Balance from Prior Periods ---------->	1104.80

$552.40 from check that was sent back from DSHS saying it was dup. payment That was an error. check needs to be reissued.
* check# 179307 voided in error. (copy attached)

Account# CEN.CN0426_032019

Please make checks payable to : DSHS CENTRAL LAB MC2004 and include this statement with payment

Mail to : DSHS CENTRAL LAB MC2004
P O BOX 149347
AUSTIN, TX 78714-9347

Please feel free to contact DSHS CENTRAL LAB MC2004 billing department @ 512-776-7317 if you have been billed in error or if you have any questions concerning your statement. Thank you!

10175 DSHS CENTRAL LAB MC2004
PO BOX 149347, AUSTIN, TX 78714-9347

179307

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
CN0426122018	01/04/19	552.40			552.40
CHECK NO. 179307 013019	TOTALS	552.40	TOTALS		552.40

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

179307

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
CN0426122018	01/04/19	552.40			552.40
CHECK NO. 179307	TOTALS	552.40	TOTALS		552.40

MEMORIAL MEDICAL CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

Check was voided sent back in error by DSHS

PROSPERITY BANK
88-2265
1131

179307

10175 179307

DATE 01/30/19

AMOUNT $552.40

Five Hundred Fifty-Two Dollars and Forty Cents

PAY TO THE ORDER OF
DSHS CENTRAL LAB MC2004
PO BOX 149347
AUSTIN, TX 78714-9347

Erica Perez
CALHOUN COUNTY AUDITOR

Rhonda Stapleton
CALHOUN COUNTY TREASURER

⑈179307⑈

DSHS CENTRAL LAB MC2004
P O BOX 149347

AUSTIN, TX 78714-9347

MEMORIAL MEDICAL CENTER
RECEIVED
JAN 14 2019
ACCOUNTS PAYABLE

MEMORIAL MED CTR (122018)
815 N VIRGINIA
PORT LAVACA, TX 77979

ENTERED
JAN 23 2019
BY:

Account # CEN.CN0426_122018 Date: 01/04/2019 Page:

This is your statement for 2018

DESCRIPTION	*Amount*
Previous Charges ---------->	5655.00
Payments Received ---------->	-5378.80
Adjustments ---------->	276.20
Net Balance from Prior Periods ---------->	552.40

APPROVED
JAN 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ok $552.40 H40510020 Ck 1/17/19

Account# CEN.CN0426_122018

Please make checks payable to : DSHS CENTRAL LAB MC2004
and include this statement with payment

Mail to : DSHS CENTRAL LAB MC2004
P O BOX 149347
AUSTIN, TX 78714-9347

Please feel free to contact DSHS CENTRAL LAB MC2004 billing department @ 512-776-7317 if you have been billed in error or if you have any questions concerning your statement. Thank you!