MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- May 22, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	525,360.93
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	496,592.73
TOTAL INTER-GOVERNMENT TRANSFERS	$	227,080.42
GRAND TOTAL DISBURSEMENTS APPROVED May 22, 2019	$	1,249,034.08

APPROVED

MAY 22 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 22, 2019

PAYABLES AND PAYROLL			
5/17/2019	Weekly Payables	504,423.35	
5/20/2019	McKesson-340B Prescription Expense	5,957.11	
5/20/2019	Amerisource Bergen-340B Prescription Expense	698.91	
5/17/2019	Citibank Credit Card-see attached	14,048.37	
	Prosperity Electronic Bank Payments		
5/13-5/17/19	Pay Plus-Patient Claims Processing Fee	233.19	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 525,360.93**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
5/20/2019	Nursing Home UPI	436,269.70	
5/20/2019	Nursing Home UPI	58,892.48	
QIPP/INTEREST CHECKS TO MMC			
5/20/2019	Ashford-Clinic Medicare Recoup	1,430.55	
TOTAL NURSING HOME UPL EXPENSES			**$ 496,592.73**
INTER-GOVERNMENT TRANSFERS			
5/28/2019	IGT UHRIP Adjusted IGT for PY3 to be paid May 28,2019	227,080.42	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 227,080.42**
GRAND TOTAL DISBURSEMENTS APPROVED May 22, 2019			**$ 1,249,034.08**

05/16/2019 MEMORIAL MEDICAL CENTER 0
10:33 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 05/29/2019

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
19M0075507 ✓		05/15/20	05/08/20	05/08/20		558.00	0.00	0.00	558.00 ✓
	SCHEDULING SERVICES								

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
10832	ACI/BOLAND, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0037018 ✓		05/15/20	11/30/20	12/30/20		15,751.04	0.00	0.00	15,751.04 ✓
	DESIGN PHASE SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10832	ACI/BOLAND, INC.	15,751.04	0.00	0.00	15,751.04

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
9961757499 ✓		05/08/20	04/30/20	05/25/20		88.47	0.00	0.00	88.47 ✓
	CYNLINDER RENTAL								
9961757498 ✓		05/08/20	04/30/20	05/25/20		472.21	0.00	0.00	472.21 ✓
	INVENTORY								
9088213019 ✓		05/14/20	04/30/20	05/25/20		2,119.67	0.00	0.00	2,119.67 ✓
	OXYGEN								
99617566824 ✓		05/16/20	04/30/20	05/25/20		633.49	0.00	0.00	633.49 ✓
	CYLINDER RENTAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,313.84	0.00	0.00	3,313.84

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC. ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9655649285 ✓		05/08/20	04/26/20	05/26/20		1,113.00	0.00	0.00	1,113.00 ✓
	LENSES								
9655653683 ✓		05/08/20	04/28/20	05/28/20		5,198.00	0.00	0.00	5,198.00 ✓
	SERVICE CONTRACT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	6,311.00	0.00	0.00	6,311.00

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050919		05/15/20	05/09/20	05/09/20		3,361.50	0.00	0.00	3,361.50 ✓
	CONTRACT EMPLOYEE (4/24-5/9/19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	3,361.50	0.00	0.00	3,361.50

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
901551 ✓		05/14/20	04/30/20	05/25/20		47.94	0.00	0.00	47.94 ✓
	WATER								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
107712959 ✓		05/15/20	04/29/20	05/24/20		1,215.82	0.00	0.00	1,215.82 ✓
	SUPPLIES shipping 25.93								
5406016 ✓		05/15/20	04/30/20	05/25/20		3,507.27	0.00	0.00	3,507.27 ✓
	SUPPLIES								
107721944 ✓		05/15/20	05/02/20	05/27/20		184.16	0.00	0.00	184.16 ✓
	SUPPLIES								
107722311 ✓		05/15/20	05/02/20	05/27/20		315.00	0.00	0.00	315.00 ✓
	SUPPLIES								
107723325 ✓		05/15/20	05/02/20	05/27/20		904.52	0.00	0.00	904.52 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	6,126.77	0.00	0.00	6,126.77

Vendor#	Vendor Name	Class	Pay Code
12324	BLUE CROSS BLUE SHIELD ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050919		05/15/20	05/09/20	05/09/20		203,695.13	0.00	0.00	203,695.13
	INSURANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	203,695.13	0.00	0.00	203,695.13

Vendor#	Vendor Name	Class	Pay Code
B1650	BOSART LOCK & KEY INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
117289 ✓		05/08/20	04/25/20	05/25/20		23.80	0.00	0.00	23.80 ✓
	PARTS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	23.80	0.00	0.00	23.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001923454 ✓		05/13/20	04/20/20	05/25/20		186.65	0.00	0.00	186.65 ✓
	SUPPLIES shipping 37.50								
8001928853 ✓		05/15/20	04/30/20	05/25/20		361.70	0.00	0.00	361.70 ✓
	SUPPLIES shipping 175.00								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	548.35	0.00	0.00	548.35

Vendor#	Vendor Name	Class	Pay Code
C1219	CAROLINA LIQUID CHEMISTRIES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0172992IN ✓		05/15/20	04/04/20	05/04/20		73.29	0.00	0.00	73.29 ✓
	SUPPLIES Freight 15.29								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1219	CAROLINA LIQUID CHEMISTRIES	73.29	0.00	0.00	73.29

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SBD3522 ✓		04/30/20	04/25/20	05/25/20		1,869.70	0.00	0.00	1,869.70 ✓
	(2) Adobe Photoshop (5) Adobe Reader								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				1,869.70	0.00	0.00	1,869.70

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS ✓	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2019040 ✓		05/15/20	04/30/20	04/30/20			12,321.77	0.00	0.00	12,321.77 ✓
	LAB SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	12,321.77	0.00	0.00	12,321.77

Vendor#	Vendor Name	Class	Pay Code
11030	COMBINED INSURANCE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
050119		05/15/20	05/01/20	05/01/20			1,148.54	0.00	0.00	1,148.54 ✓
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE	1,148.54	0.00	0.00	1,148.54

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
5707040 ✓		05/08/20	04/30/20	05/25/20			106.99	0.00	0.00	106.99 ✓
	SUPPLIES									
5708130 ✓		05/08/20	05/01/20	05/26/20			32.59	0.00	0.00	32.59 ✓
	SUPPLIES									
5710170 ✓		05/08/20	05/02/20	05/27/20			25.86	0.00	0.00	25.86 ✓
	SUPPLIES									
5712110 ✓		05/15/20	05/03/20	05/28/20			100.99	0.00	0.00	100.99 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	266.43	0.00	0.00	266.43

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
IN20052805 ✓		04/30/20	04/30/20	05/25/20			31,144.58	0.00	0.00	31,144.58 ✓
	BEH HEALTH PRGRM									
IN20052806 ✓		04/30/20	04/30/20	05/25/20			19,166.67	0.00	0.00	19,166.67 ✓
	CPR PRGRM									

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
10892	DIANE MOORE – cannot pay For nonemployee meals		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
050619A		05/16/20	05/06/20	05/06/20	313.57		~~323.57~~ 323.57	0.00	0.00	~~323.57~~ 313.57
	DOCTOR RECRUITING									

Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	10892	DIANE MOORE	313.57	~~323.57~~ 323.57	0.00	0.00	~~323.57~~ 313.57

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11922 ✓		04/30/20	04/30/20	05/25/20			160.00	0.00	0.00	160.00 ✓
	REFILL MOSQUITO TRAPS									
11921 ✓		04/30/20	04/30/20	05/25/20			400.00	0.00	0.00	400.00 ✓

	REFILL MOSQUITO TRAPS							
11920 ✓		04/30/20	04/30/20	05/25/20	260.00	0.00	0.00	260.00 ✓
	REFILL MOSQUITO TRAPS							
11918 ✓		04/30/20	04/30/20	05/25/20	105.00	0.00	0.00	105.00 ✓
	PEST CONTROL							
11919 ✓		04/30/20	04/30/20	05/25/20	505.00	0.00	0.00	505.00 ✓
	PEST CONTROL							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL			1,430.00	0.00	0.00	1,430.00

Vendor#	Vendor Name	Class	Pay Code
12040	DRIESSEN WATER INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CI146367 ✓		05/15/20	04/30/20	05/22/20		223.00	0.00	0.00	223.00 ✓
	SALT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12040	DRIESSEN WATER INC.				223.00	0.00	0.00	223.00

Vendor#	Vendor Name	Class	Pay Code
11216	DUTCH OPHTHALMIC USA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1909356 ✓		05/15/20	04/24/20	05/24/20		621.95	0.00	0.00	621.95 ✓
	SUPPLIES Freight 29.95								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11216	DUTCH OPHTHALMIC USA				621.95	0.00	0.00	621.95

Vendor#	Vendor Name	Class	Pay Code
12484	EL CAMPO REFRIGERATION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
54366 ✓		04/30/20	04/29/20	05/29/20		39.91	0.00	0.00	39.91 ✓
	SUPPLIES Freight 15.00								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12484	EL CAMPO REFRIGERATION				39.91	0.00	0.00	39.91

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
37864 ✓		05/14/20	05/15/20	05/15/20		40,062.50	0.00	0.00	40,062.50 ✓
	ER STAFFING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code
11680	EMILIE KESTNER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051319		05/15/20	05/13/20	05/13/20		27.37	0.00	0.00	27.37 ✓
	TRAVEL Program Hype marketing 5/6/19								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11680	EMILIE KESTNER				27.37	0.00	0.00	27.37

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~042919~~ 903984002		05/15/20	04/29/20	05/24/20		749.57	0.00	0.00	749.57 ✓
	MAINT CONTR								
903986970 ✓		05/15/20	04/30/20	05/25/20		1,174.41	0.00	0.00	1,174.41 ✓
	MAINT CONTR								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	S0501 EVOQUA WATER TECHNOLOGIES LLC				1,923.98	0.00	0.00	1,923.98

Vendor# Vendor Name — Class — Pay Code

R1185 FARAH JANAK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050819		05/15/20	05/08/20	05/08/20		33.99	0.00	0.00	33.99 ✓
	TRAVEL Marketing-Palacios Healthy Aging								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
R1185	FARAH JANAK	33.99	0.00	0.00	33.99

Vendor# Vendor Name — Class — Pay Code

10689 FASTHEALTH CORPORATION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
05A19MMC ✓		05/15/20	05/01/20	05/16/20		495.00	0.00	0.00	495.00 ✓
	WEBSITE								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00

Vendor# Vendor Name — Class — Pay Code

F1400 FISHER HEALTHCARE ✓ — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1278822 ✓		05/08/20	05/01/20	05/26/20		267.63	0.00	0.00	267.63 ✓
	SUPPLIES								
1278834 ✓		05/15/20	05/01/20	05/26/20		2,325.52	0.00	0.00	2,325.52 ✓
	SUPPLIES Shipping 1248								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	2,593.15	0.00	0.00	2,593.15

Vendor# Vendor Name — Class — Pay Code

11149 GARDNER & WHITE, INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040119		05/15/20	04/01/20	04/01/20		5,439.71	0.00	0.00	5,439.71 ✓
	INSURANCE								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11149	GARDNER & WHITE, INC.	5,439.71	0.00	0.00	5,439.71

Vendor# Vendor Name — Class — Pay Code

10901 GENESIS DIAGNOSTICS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
48392 ✓		04/30/20	04/26/20	05/26/20		225.39	0.00	0.00	225.39 ✓
	SUPPLIES Shipping 19.50								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10901	GENESIS DIAGNOSTICS	225.39	0.00	0.00	225.39

Vendor# Vendor Name — Class — Pay Code

G0401 GULF COAST DELIVERY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
043019		05/16/20	04/30/20	04/30/20		125.00	0.00	0.00	125.00 ✓
	DELIVERY SERVICES 414- 4129/19								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
G0401	GULF COAST DELIVERY	125.00	0.00	0.00	125.00

Vendor# Vendor Name — Class — Pay Code

H0031 HEB CREDIT RECEIVABLES DEPT308 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010051 ✓		05/15/20	03/27/20	03/27/20		23.76	0.00	0.00	23.76 ✓
	SUPPLIES								
094675 ✓		05/15/20	03/27/20	03/27/20		68.90	0.00	0.00	68.90 ✓

	SUPPLIES						
005304		05/15/20 03/31/20 03/31/20	43.25	0.00	0.00	43.25	
	SUPPLIES						
035547		05/15/20 03/31/20 03/31/20	37.26	0.00	0.00	37.26	
	SUPPLIES						
004735		05/15/20 03/31/20 03/31/20	5.94	0.00	0.00	5.94	
	FOOD SUPPLIES						
007947		05/15/20 04/01/20 04/01/20	14.72	0.00	0.00	14.72	
	SUPPLIES						
008197		05/15/20 04/01/20 04/01/20	44.96	0.00	0.00	44.96	
	SUPPLIES						
047210		05/15/20 04/02/20 04/02/20	15.02	0.00	0.00	15.02	
	SUPPLIES						
058418		05/15/20 04/03/20 04/03/20	17.58	0.00	0.00	17.58	
	SUPPLIES						
012874		05/15/20 04/03/20 04/03/20	23.52	0.00	0.00	23.52	
	SUPPLIES						
018369		05/15/20 04/05/20 04/05/20	45.87	0.00	0.00	45.87	
	SUPPLIES						
078346		05/15/20 04/07/20 04/07/20	43.40	0.00	0.00	43.40	
	SUPPLIES						
028970		05/15/20 04/09/20 04/09/20	31.84	0.00	0.00	31.84	
	SUPPLIES						
032682		05/15/20 04/10/20 04/10/20	40.04	0.00	0.00	40.04	
	SUPPLIES						
031565		05/15/20 04/10/20 04/10/20	21.76	0.00	0.00	21.76	
	SUPPLIES						
035576		05/15/20 04/11/20 04/11/20	27.37	0.00	0.00	27.37	
	SUPPLIES						
024979		05/15/20 04/14/20 04/14/20	36.92	0.00	0.00	36.92	
	SUPPLIES						
046869		05/15/20 04/15/20 04/15/20	49.97	0.00	0.00	49.97	
	SUPPLIES						
045476		05/15/20 04/15/20 04/15/20	13.84	0.00	0.00	13.84	
	SUPPLIES						
038194		05/15/20 04/17/20 04/17/20	17.28	0.00	0.00	17.28	
	SUPPLIES						
029165		05/15/20 04/17/20 04/17/20	37.78	0.00	0.00	37.78	
	SUPPLIES						
045012		05/15/20 04/18/20 04/18/20	12.00	0.00	0.00	12.00	
	SUPPLIES						
037028		05/15/20 04/20/20 04/20/20	26.04	0.00	0.00	26.04	
	SUPPLIES						
043819		05/15/20 04/23/20 04/23/20	18.41	0.00	0.00	18.41	
	SUPPLIES						
052666		05/15/20 04/26/20 04/26/20	39.47	0.00	0.00	39.47	
	SUPPLIES						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	756.90	0.00	0.00	756.90

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

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

3400		05/15/20 04/30/20 05/20/20			555.35	0.00	0.00	555.35
	PHARM SERVICES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	555.35	0.00	0.00	555.35

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~1000401~~ 5176	SOFTWARE	05/15/20	04/04/20	05/04/20			3,400.00	0.00	0.00	3,400.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION	3,400.00	0.00	0.00	3,400.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2028775	PRO FEES Dr. Papapetrou's Hotel Stay 4/9 - 4/23/19	05/14/20	05/02/20	05/02/20			2,384.97	0.00	0.00	2,384.97
2029102	PRO FEES " " 4/24/19 - 4/26/19	05/14/20	05/08/20	05/08/20			433.40	0.00	0.00	433.40
413773	FEBRUARY SERVICES Dr. Papapetrou 2/19 - 2/28/19	05/15/20	03/06/20	04/06/20			20,722.50	0.00	0.00	20,722.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	23,540.87	0.00	0.00	23,540.87

Vendor#	Vendor Name	Class	Pay Code
L0700	LABCORP OF AMERICA HOLDINGS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
62277891	LAB SERVICES	05/15/20	04/27/20	05/22/20			1,275.00	0.00	0.00	1,275.00
62474073	LAB SERVICES	05/15/20	04/27/20	05/22/20			26.29	0.00	0.00	26.29

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	1,301.29	0.00	0.00	1,301.29

Vendor#	Vendor Name	Class	Pay Code
10371	LOFTIN EQUIPMENT COMPANY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
S143601	GENERATOR SERVICE - Annual PM Service	05/14/20	04/29/20	05/29/20			1,925.00	0.00	0.00	1,925.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10371	LOFTIN EQUIPMENT COMPANY	1,925.00	0.00	0.00	1,925.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75784	SUPPLIES	05/15/20	04/08/20	04/08/20			341.30	0.00	0.00	341.30
76312	SUPPLIES	05/15/20	04/10/20	04/10/20			145.12	0.00	0.00	145.12
53202	SUPPLIES	05/15/20	04/25/20	04/25/20			140.52	0.00	0.00	140.52
0502	LATE CHARGE	05/15/20	05/02/20	05/02/20			8.92	0.00	0.00	8.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC	635.86	0.00	0.00	635.86

Vendor#	Vendor Name	Class	Pay Code
11099	MARLIN BUSINESS BANK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16978364	PROPERTY TAX 2018 & 2019	05/15/20	05/14/20	05/14/20		936.38	0.00	0.00	936.38

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11099	MARLIN BUSINESS BANK	936.38	0.00	0.00	936.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
52903131	SUPPLIES Freight 49.80	05/15/20	04/25/20	05/15/20		369.08	0.00	0.00	369.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	369.08	0.00	0.00	369.08

Vendor#	Vendor Name	Class	Pay Code
11203	MEDI-DOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0726411	SUPPLIES	05/08/20	04/29/20	05/29/20		96.55	0.00	0.00	96.55

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	96.55	0.00	0.00	96.55

Vendor#	Vendor Name	Class	Pay Code
11141	MEDICAL DATA SYSTEMS, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
134475	COLLECTIONS	04/30/20	04/30/20	05/25/20		643.27	0.00	0.00	643.27
134474	COLLECTIONS	04/30/20	04/30/20	05/25/20		2,859.87	0.00	0.00	2,859.87
134473	COLLECTIONS	04/30/20	04/30/20	05/25/20		636.36	0.00	0.00	636.36

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	4,139.50	0.00	0.00	4,139.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0010991341	INDIGENT CARE	05/14/20	05/08/20	05/08/20		111.24	0.00	0.00	111.24
050819	INDIGENT CARE	05/14/20	05/08/20	05/08/20		92.58	0.00	0.00	92.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	203.82	0.00	0.00	203.82

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1875926470	SUPPLIES Freight 13.68	05/08/20	04/30/20	05/25/20		31.38	0.00	0.00	31.38
1875926465	SUPPLIES	05/08/20	04/30/20	05/25/20		10.42	0.00	0.00	10.42
1875926459	SUPPLIES	05/08/20	04/30/20	05/25/20		70.00	0.00	0.00	70.00
1875926464	SUPPLIES Freight 12.48	05/08/20	04/30/20	05/25/20		90.51	0.00	0.00	90.51

1875926462 ✓		05/08/20 04/30/20 05/25/20		120.68	0.00	0.00	120.68 ✓
	SUPPLIES						
1875926461 ✓		05/08/20 04/30/20 05/25/20		61.28	0.00	0.00	61.28 ✓
	SUPPLIES	Freight 16.21					
1875926471 ✓		05/08/20 04/30/20 05/25/20		62.17	0.00	0.00	62.17 ✓
	SUPPLIES	Freight 18.84					
1875926458 ✓		05/08/20 04/30/20 05/25/20		21.78	0.00	0.00	21.78 ✓
	SUPPLIES						
1875926460 ✓		05/08/20 04/30/20 05/25/20		351.02	0.00	0.00	351.02 ✓
	SUPPLIES						
1875926467 ✓		05/08/20 04/30/20 05/25/20		2,161.42	0.00	0.00	2,161.42 ✓
	SUPPLIES						
1876049600 ✓		05/08/20 05/01/20 05/26/20		143.56	0.00	0.00	143.56 ✓
	SUPPLIES	Freight 21.19					
1876048996 ✓		05/08/20 05/01/20 05/26/20		93.30	0.00	0.00	93.30 ✓
	SUPPLIES						
1876048992 ✓		05/08/20 05/01/20 05/26/20		53.69	0.00	0.00	53.69 ✓
	SUPPLIES	Freight 17.73					
1876048999 ✓		05/08/20 05/01/20 05/26/20		143.56	0.00	0.00	143.56 ✓
	SUPPLIES	Freight 21.19					
1876049601 ✓		05/08/20 05/01/20 05/26/20		55.10	0.00	0.00	55.10 ✓
	SUPPLIES	Freight 18.82					
1876048994 ✓		05/08/20 05/01/20 05/26/20		12.35	0.00	0.00	12.35 ✓
	SUPPLIES						
1876048997 ✓		05/08/20 05/01/20 05/26/20		125.71	0.00	0.00	125.71 ✓
	SUPPLIES						
1876113848 ✓		05/08/20 05/02/20 05/27/20		1,672.30	0.00	0.00	1,672.30 ✓
	SUPPLIES						
1876113853 ✓		05/08/20 05/02/20 05/27/20		4,552.80	0.00	0.00	4,552.80 ✓
	SUPPLIES						
1876113850 ✓		05/08/20 05/02/20 05/27/20		93.19	0.00	0.00	93.19 ✓
	SUPPLIES	Freight 15.30					
1876113849 ✓		05/08/20 05/02/20 05/27/20		103.06	0.00	0.00	103.06 ✓
	SUPPLIES						
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC		10,029.28	0.00	0.00	10,029.28

Vendor#	Vendor Name	Class	Pay Code
10904	MERCK SHARP & DOHME CORP ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7013082950 ✓		05/15/20	04/23/20	05/23/20			1,997.85	0.00	0.00	1,997.85 ✓
	INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	1,997.85	0.00	0.00	1,997.85

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
8800445515 ✓		05/08/20	04/25/20	05/25/20			526.57	0.00	0.00	526.57 ✓
	SUPPLIES	Freight-Delivery 46.04								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	526.57	0.00	0.00	526.57

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
050919	PAYROLL DED	05/14/20	05/09/20	05/09/20		158.85	0.00	0.00	158.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	158.85	0.00	0.00	158.85

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
6996	INSURANCE	05/13/20	05/13/20	05/25/20		2,491.51	0.00	0.00	2,491.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	2,491.51	0.00	0.00	2,491.51

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
4203338		05/13/20	05/08/20	05/25/20		132.88	0.00	0.00	132.88
4203741	INVENTORY	05/13/20	05/08/20	05/25/20		41.11	0.00	0.00	41.11
5083	INVENTORY	05/13/20	05/08/20	05/25/20		-20.01	0.00	0.00	-20.01
5315	CREDIT	05/13/20	05/08/20	05/25/20		-5.00	0.00	0.00	-5.00
4203742	CREDIT	05/13/20	05/08/20	05/25/20		1,447.75	0.00	0.00	1,447.75
4200805	INVENTORY	05/13/20	05/08/20	05/25/20		684.38	0.00	0.00	684.38
4203740	INVENTORY	05/13/20	05/08/20	05/25/20		50.82	0.00	0.00	50.82
4208160	INVENTORY	05/13/20	05/09/20	05/25/20		633.11	0.00	0.00	633.11
4208159	INVENTORY	05/13/20	05/09/20	05/25/20		374.12	0.00	0.00	374.12
4207924	INVENTORY	05/13/20	05/09/20	05/25/20		170.61	0.00	0.00	170.61
4205980	INVENTORY	05/13/20	05/09/20	05/25/20		1,650.00	0.00	0.00	1,650.00
4206771	ACCUMULATOR FEE	05/13/20	05/09/20	05/25/20		1,256.87	0.00	0.00	1,256.87
4197568	INVENTORY	05/15/20	05/07/20	05/17/20		8,777.99	0.00	0.00	8,777.99
CM65361	INVENTORY	05/15/20	05/10/20	05/20/20		-523.33	0.00	0.00	-523.33
4217778	CREDIT	05/15/20	05/13/20	05/23/20		238.88	0.00	0.00	238.88
4221007	INVENTORY	05/15/20	05/13/20	05/23/20		12.99	0.00	0.00	12.99
4221169	INVENTORY	05/15/20	05/13/20	05/23/20		1,146.14	0.00	0.00	1,146.14
4221168	INVENTORY	05/15/20	05/13/20	05/23/20		3,553.99	0.00	0.00	3,553.99

4217777		05/15/20	05/13/20	05/23/20	83.57	0.00	0.00	83.57
	INVENTORY							
4221170		05/15/20	05/13/20	05/23/20	408.01	0.00	0.00	408.01
	INVENTORY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	20,114.88	0.00	0.00	20,114.88

Vendor#	Vendor Name	Class	Pay Code
12096	NEOGENOMICS LABORATORIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2235451		05/15/20	02/28/20	03/28/20			2,070.00	0.00	0.00	2,070.00
	LAB SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12096	NEOGENOMICS LABORATORIES	2,070.00	0.00	0.00	2,070.00

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
1850959815		05/15/20	04/29/20	05/29/20			750.46	0.00	0.00	750.46
	LAB SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	750.46	0.00	0.00	750.46

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
051419		05/15/20	05/14/20	05/14/20			2,175.00	0.00	0.00	2,175.00
	CONTRACT EMPLOYEE 4/30 - 5/13/19									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	2,175.00	0.00	0.00	2,175.00

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33056295		05/15/20	04/22/20	05/22/20			187.50	0.00	0.00	187.50
	AD									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON	187.50	0.00	0.00	187.50

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A53064		05/14/20	05/09/20	05/19/20			5.99	0.00	0.00	5.99
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	5.99	0.00	0.00	5.99

Vendor#	Vendor Name	Class	Pay Code
P1725	PREMIER SLEEP DISORDERS CENTER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
043019		04/30/20	04/30/20	05/25/20			6,825.00	0.00	0.00	6,825.00
	SLEEP STUDIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	6,825.00	0.00	0.00	6,825.00

Vendor#	Vendor Name	Class	Pay Code
11195	PSYCHEMEDICS CORPORATION		

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

533547 ✓		05/15/20	04/30/20	04/30/20	99.00	0.00	0.00	99.00 ✓
	LAB SERVICES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11195	PSYCHEMEDICS CORPORATION	99.00	0.00	0.00	99.00

Vendor#	Vendor Name	Class	Pay Code
R1200	RED HAWK FIRE AND SECURITY ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
398335 ✓		05/14/20	05/01/20	05/26/20		45.47	0.00	0.00	45.47 ✓
	FIRE MONITORING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1200	RED HAWK FIRE AND SECURITY	45.47	0.00	0.00	45.47

Vendor#	Vendor Name	Class	Pay Code
11024	REED, CLAYMON, MEEKER & HARGET ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16561 ✓		05/14/20	05/08/20	05/08/20		1,230.64	0.00	0.00	1,230.64 ✓
	LEGAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	1,230.64	0.00	0.00	1,230.64

Vendor#	Vendor Name	Class	Pay Code
10987	REVCYCLE+, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC48802		05/08/20	05/03/20	05/28/20		2,478.00	0.00	0.00	2,478.00 ✓
	CODING SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	2,478.00	0.00	0.00	2,478.00

Vendor#	Vendor Name	Class	Pay Code
11764	ROBERT RODRIQUEZ ✓ -transposed		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051419		05/14/20	05/14/20	05/14/20		17.90 ~~19.70~~	0.00	0.00	~~19.70~~ 17.90
	FOOD SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQUEZ	17.90 ~~19.70~~	0.00	0.00	~~19.70~~ 17.90

Vendor#	Vendor Name	Class	Pay Code
G0425	ROBERTS, ODEFEY, WITTE & WALL ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
66 ✓		05/13/20	05/10/20	05/25/20		572.00	0.00	0.00	572.00 ✓
	LEGAL								
95 ✓		05/13/20	05/10/20	05/25/20		343.75	0.00	0.00	343.75 ✓
	LEGAL								
168 ✓		05/13/20	05/10/20	05/25/20		4,878.50	0.00	0.00	4,878.50 ✓
	LEGAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ODEFEY, WITTE & WALL	5,794.25	0.00	0.00	5,794.25

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
2039 ✓		05/08/20	05/01/20	05/26/20		235.00	0.00	0.00	235.00 ✓
	WASTE SERVICE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC	235.00	0.00	0.00	235.00

Vendor#	Vendor Name	Class	Pay Code
K0536	SHIRLEY KARNEI ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051419		05/15/20	05/14/20	05/14/20		367.18	0.00	0.00	367.18
	CONTRACT EMPLOYEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI				367.18	0.00	0.00	367.18

Vendor# 10195 Vendor Name: SINGLETON ASSOCIATES PA Class: ICP Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8721		05/15/20	11/01/20	11/01/20		250.05	0.00	0.00	250.05
	CONTRACT BILLING								
8911		05/15/20	11/01/20	11/01/20		2,941.75	0.00	0.00	2,941.75
	CONTRACT BILLING								
8627		05/15/20	11/01/20	11/01/20		279.24	0.00	0.00	279.24
	CONTRACT BILLING								
8626		05/15/20	12/01/20	12/01/20		130.20	0.00	0.00	130.20
	CONTRACT BILLING								
8720		05/15/20	12/01/20	12/01/20		81.36	0.00	0.00	81.36
	CONTRACT BILLING								
8912		05/15/20	01/01/20	01/01/20		2,101.25	0.00	0.00	2,101.25
	CONTRACT BILLING								
8722		05/15/20	01/01/20	01/01/20		175.03	0.00	0.00	175.03
	CONTRACT BILLING								
8723		05/15/20	02/20/20	02/20/20		80.72	0.00	0.00	80.72
	CONTRACT BILLING								
8629		05/15/20	02/20/20	02/20/20		271.25	0.00	0.00	271.25
	CONTRACT BILLING								
8913		05/15/20	02/20/20	02/20/20		1,260.75	0.00	0.00	1,260.75
	CONTRACT BILLING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10195	SINGLETON ASSOCIATES PA				7,571.60	0.00	0.00	7,571.60

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90045147		05/15/20	04/30/20	05/25/20		6,900.00	0.00	0.00	6,900.00
	BLOOD								
90045067		05/15/20	04/30/20	05/25/20		-3,220.00	0.00	0.00	-3,220.00
	CREDIT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				3,680.00	0.00	0.00	3,680.00

Vendor# S3960 Vendor Name: STERICYCLE, INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4008548908		05/08/20	04/28/20	05/28/20		2,300.00	0.00	0.00	2,300.00
	DISPOSAL SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC				2,300.00	0.00	0.00	2,300.00

Vendor# S2833 Vendor Name: STRYKER ENDOSCOPY Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8781022E		05/08/20	04/29/20	05/29/20		1,562.88	0.00	0.00	1,562.88
	PRINTER Shipping 62.88								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2833	STRYKER ENDOSCOPY	1,562.88	0.00	0.00	1,562.88

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
051019		05/15/20	05/10/20	05/10/20			10,716.23	0.00	0.00	10,716.23
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL	10,716.23	0.00	0.00	10,716.23

Vendor#	Vendor Name	Class	Pay Code
T2539	T-SYSTEM, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
205EV48226		05/14/20	04/30/20				4,555.00	0.00	0.00	4,555.00
	TRACKING									
205EV48221		05/14/20	04/30/20	05/29/20			1,144.00	0.00	0.00	1,144.00
	CLOUD HOSTING									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
050319		05/13/20	05/03/20				3,690.52	0.00	0.00	3,690.52
	LEASE									

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
340374542		04/30/20	05/01/20	05/26/20			242.69	0.00	0.00	242.69
	TRASH SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	242.69	0.00	0.00	242.69

Vendor#	Vendor Name	Class	Pay Code
T0801	TLC STAFFING	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
24827		05/14/20	05/06/20	05/06/20			4,558.24	0.00	0.00	4,558.24
	MED SURG STAFFING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	4,558.24	0.00	0.00	4,558.24

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
35FK051900		05/13/20	05/01/20	05/26/20			1,010.00	0.00	0.00	1,010.00
	PT STATEMENTS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,010.00	0.00	0.00	1,010.00

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
8400300479		05/08/20	05/02/20	05/27/20			129.44	0.00	0.00	129.44
	LAUNDRY									
8400300412		05/08/20	05/02/20	05/27/20			172.50	0.00	0.00	172.50

	LAUNDRY							
8400300435 ✓		05/08/20	05/02/20	05/27/20	80.83	0.00	0.00	80.83 ✓
	LAUNDRY							
8400300413 ✓		05/08/20	05/02/20	05/27/20	175.83	0.00	0.00	175.83 ✓
	LAUNDRY							
8400300450 ✓		05/08/20	05/02/20	05/27/20	1,044.97	0.00	0.00	1,044.97 ✓
	LAUNDRY							
8400300407 ✓		05/08/20	05/02/20	05/27/20	17.00	0.00	0.00	17.00 ✓
	LAUNDRY							
8400300410 ✓		05/08/20	05/02/20	05/27/20	120.39	0.00	0.00	120.39 ✓
	LAUNDRY							
8400300411 ✓		05/08/20	05/02/20	05/27/20	148.77	0.00	0.00	148.77 ✓
	LAUNDRY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			1,889.73	0.00	0.00	1,889.73

Vendor#	Vendor Name	Class	Pay Code
10968	UNITED RENTALS (NORTH AMERICA) ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
169001784001 ✓		05/15/20	05/08/20	05/08/20			60.03	0.00	0.00	60.03 ✓
	RENTAL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10968	UNITED RENTALS (NORTH AMERICA)					60.03	0.00	0.00	60.03

Vendor#	Vendor Name	Class	Pay Code
V1471	VICTORIA RADIOWORKS, LTD ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19040199 ✓		05/15/20	04/30/20	04/30/20			280.00	0.00	0.00	280.00 ✓
	AD									
19040198 ✓		05/15/20	04/30/20	04/30/20			280.00	0.00	0.00	280.00 ✓
	AD									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD					560.00	0.00	0.00	560.00

Vendor#	Vendor Name	Class	Pay Code
12548	WAGEWORKS, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0419DR46779 ✓		05/15/20	04/30/20	04/30/20			129.60	0.00	0.00	129.60 ✓
	COBRA DIRECT BILL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC					129.60	0.00	0.00	129.60

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
9110664994 ✓		05/15/20	05/01/20	05/26/20			5,605.91	0.00	0.00	5,605.91 ✓
	SUPPLIES									
9110664993 ✓		05/15/20	05/01/20	05/26/20			403.12	0.00	0.00	403.12 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					6,009.03	0.00	0.00	6,009.03

504.435.15 +
323.57 - CK#'s 180670-180790
313.57 +
19.70 -
17.90 +
504.423.35 *

Report Summary

Gross	Discount	No-Pay	Net
504,435.15	0.00	0.00	504,435.15

APPROVED ON MAY 17 2019
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

pg 3 correction

pg 12 correction

{<323.57>
{+313.57
<19.70
+17.90
$504,423.35

RUN DATE:05/20/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:19 CHECK REGISTER GLCKREG
05/22/19 THRU 05/22/19

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180670	05/22/19	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	180671	05/22/19	15,751.04	ACI/BOLAND, INC.
A/P	180672	05/22/19	3,313.84	AIRGAS USA, LLC - CENTRAL DIV
A/P	180673	05/22/19	6,311.00	ALCON LABORATORIES, INC.
A/P	180674	05/22/19	3,361.50	ALLYSON SWOPE
A/P	180675	05/22/19	47.94	AQUA BEVERAGE COMPANY
A/P	180676	05/22/19	6,126.77	BECKMAN COULTER INC
A/P	180677	05/22/19	203,695.13	BLUE CROSS BLUE SHIELD
A/P	180678	05/22/19	23.80	BOSART LOCK & KEY INC
A/P	180679	05/22/19	548.35	CARDINAL HEALTH 414, INC.
A/P	180680	05/22/19	73.29	CAROLINA LIQUID CHEMISTRIES
A/P	180681	05/22/19	1,869.70	CDW GOVERNMENT, INC.
A/P	180682	05/22/19	12,321.77	CLINICAL PATHOLOGY LABS
A/P	180683	05/22/19	1,148.54	COMBINED INSURANCE
A/P	180684	05/22/19	266.43	DEWITT POTH & SON
A/P	180685	05/22/19	50,311.25	DIAMOND HEALTHCARE CORP
A/P	180686	05/22/19	313.57	DIANE MOORE
A/P	180687	05/22/19	1,430.00	DOWELL PEST CONTROL
A/P	180688	05/22/19	223.00	DRIESSEN WATER INC.
A/P	180689	05/22/19	621.95	DUTCH OPHTHALMIC USA
A/P	180690	05/22/19	39.91	EL CAMPO REFRIGERATION
A/P	180691	05/22/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	180692	05/22/19	27.37	EMILIE KESTNER
A/P	180693	05/22/19	1,923.98	EVOQUA WATER TECHNOLOGIES LLC
A/P	180694	05/22/19	33.99	FARAH JANAK
A/P	180695	05/22/19	495.00	FASTHEALTH CORPORATION
A/P	180696	05/22/19	2,593.15	FISHER HEALTHCARE
A/P	180697	05/22/19	5,439.71	GARDNER & WHITE, INC.
A/P	180698	05/22/19	225.39	GENESIS DIAGNOSTICS
A/P	180699	05/22/19	125.00	GULF COAST DELIVERY
A/P	180700	05/22/19	.00	VOIDED
A/P	180701	05/22/19	756.90	HEB CREDIT RECEIVABLES DEPT308
A/P	180702	05/22/19	555.35	HUNTER PHARMACY SERVICES
A/P	180703	05/22/19	3,400.00	ITERSOURCE CORPORATION
A/P	180704	05/22/19	23,540.87	JACKSON & COKER LOCUM TENENS,
A/P	180705	05/22/19	1,301.29	LABCORP OF AMERICA HOLDINGS
A/P	180706	05/22/19	1,925.00	LOFTIN EQUIPMENT COMPANY
A/P	180707	05/22/19	635.86	LOWE'S HOME CENTERS INC
A/P	180708	05/22/19	936.38	MARLIN BUSINESS BANK
A/P	180709	05/22/19	369.08	MCKESSON MEDICAL SURGICAL INC
A/P	180710	05/22/19	96.55	MEDI-DOSE, INC
A/P	180711	05/22/19	4,139.50	MEDICAL DATA SYSTEMS, INC.
A/P	180712	05/22/19	203.82	MEDIMPACT HEALTHCARE SYS, INC.
A/P	180713	05/22/19	.00	VOIDED
A/P	180714	05/22/19	.00	VOIDED
A/P	180715	05/22/19	10,029.28	MEDLINE INDUSTRIES INC
A/P	180716	05/22/19	1,997.85	MERCK SHARP & DOHME CORP
A/P	180717	05/22/19	526.57	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	180718	05/22/19	158.85	MMC AUXILIARY GIFT SHOP
A/P	180719	05/22/19	2,491.51	MMC EMPLOYEE BENEFIT PLAN

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180720	05/22/19	.00	VOIDED
A/P	180721	05/22/19	20,114.88	MORRIS & DICKSON CO, LLC
A/P	180722	05/22/19	2,070.00	NEOGENOMICS LABORATORIES
A/P	180723	05/22/19	750.46	ORTHO CLINICAL DIAGNOSTICS
A/P	180724	05/22/19	2,175.00	PABLO GARZA
A/P	180725	05/22/19	187.50	PALACIOS BEACON
A/P	180726	05/22/19	5.99	POWER HARDWARE
A/P	180727	05/22/19	6,825.00	PREMIER SLEEP DISORDERS CENTER
A/P	180728	05/22/19	99.00	PSYCHEMEDICS CORPORATION
A/P	180729	05/22/19	45.47	RED HAWK FIRE AND SECURITY
A/P	180730	05/22/19	1,230.64	REED, CLAYMON, MEEKER & HARGET
A/P	180731	05/22/19	2,478.00	REVCYCLE+, INC.
A/P	180732	05/22/19	17.90	ROBERT RODRIQUEZ
A/P	180733	05/22/19	5,794.25	ROBERTS, ODEFEY, WITTE & WALL
A/P	180734	05/22/19	235.00	RX WASTE SYSTEMS LLC
A/P	180735	05/22/19	367.18	SHIRLEY KARNEI
A/P	180736	05/22/19	7,571.60	SINGLETON ASSOCIATES PA
A/P	180737	05/22/19	3,680.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	180738	05/22/19	2,300.00	STERICYCLE, INC
A/P	180739	05/22/19	1,562.88	STRYKER ENDOSCOPY
A/P	180740	05/22/19	10,716.23	SUN LIFE FINANCIAL
A/P	180741	05/22/19	5,699.00	T-SYSTEM, INC
A/P	180742	05/22/19	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	180743	05/22/19	242.69	THE US CONSULTING GROUP
A/P	180744	05/22/19	4,558.24	TLC STAFFING
A/P	180745	05/22/19	1,010.00	TRIZETTO PROVIDER SOLUTIONS
A/P	180746	05/22/19	1,889.73	UNIFIRST HOLDINGS INC
A/P	180747	05/22/19	60.03	UNITED RENTALS (NORTH AMERICA)
A/P	180748	05/22/19	560.00	VICTORIA RADIOWORKS, LTD
A/P	180749	05/22/19	129.60	WAGEWORKS, INC
A/P	180750	05/22/19	6,009.03	WERFEN USA LLC
TOTALS:			504,423.35	

APPROVED
ON

MAY 22 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 05/17/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 05/18/2019

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: 05/17/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 05/18/2019 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,078.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 05/21/2019,
Pay This Amount: 5,957.11 USD

If Paid After 05/21/2019,
Pay this Amount: 6,078.69 USD

Due If Paid On Time:
USD 5,957.11

Disc lost if paid late: 121.58

Due If Paid Late:
USD 6,078.69

5/20/19

CK# 10354
GL# 600310000

13.30 *
1,578.53 +
2,932.52 +
1,432.76 +
5,957.11 *

APPROVED
ON
MAY 20 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 05/17/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 05/18/2019

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: 05/17/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 05/18/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
05/15/2019	05/21/2019	7134766349	2017008257	115Invoice	0.27	13.57		13.30 ✓		7134766349	

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: 13.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,715.10
05/13/2019

If Paid By 05/21/2019, Pay This Amount: 13.30 USD ✓

If Paid After 05/21/2019, Pay this Amount: 13.57 USD

Due If Paid On Time: USD 13.30

Disc lost if paid late: 0.27

Due If Paid Late: USD 13.57

5/20/19

APPROVED
ON

MAY 20 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 05/17/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 05/18/2019

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: 05/17/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 05/18/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
05/13/2019	05/21/2019	7134270918	484278	115Invoice	4.64	232.11		227.47 ✓		7134270918	
05/14/2019	05/21/2019	7134532574	484732	115Invoice	22.32	1,115.77		1,093.45 ✓		7134532574	
05/14/2019	05/21/2019	7134532575	484732	115Invoice	0.15	7.53		7.38 ✓		7134532575	
05/15/2019	05/21/2019	7134776327	485340	115Invoice	1.99	99.63		97.64 ✓		7134776327	
05/16/2019	05/21/2019	7135014058	486934	115Invoice	0.25	12.26		12.01 ✓		7135014058	
05/16/2019	05/21/2019	7135014059	486934	115Invoice	1.08	53.76		52.68 ✓		7135014059	
05/17/2019	05/21/2019	7135261274	487491	115Invoice	1.79	89.69		87.90 ✓		7135261274	

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: 1,610.75 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,715.10
05/13/2019

If Paid By 05/21/2019,
Pay This Amount: 1,578.53 USD ✓

If Paid After 05/21/2019,
Pay this Amount: 1,610.75 USD

Due If Paid On Time:
USD 1,578.53

Disc lost if paid late: 32.22

Due If Paid Late:
USD 1,610.75

APPROVED
ON
MAY 20 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

5/20/19

McKESSON

Company: 8000

STATEMENT

As of: 05/17/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 05/18/2019

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: 05/17/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 05/18/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
05/13/2019	05/21/2019	7134243505	0959800209	115Invoice	0.71	35.31		34.60	✓	7134243505	
05/14/2019	05/21/2019	7134531018	0513190103-00	115Invoice	6.36	317.86		311.50	✓	7134531018	
05/15/2019	05/21/2019	7134790405	0959800211	115Invoice	7.70	384.95		377.25	✓	7134790405	
05/16/2019	05/21/2019	7135023687	0959800212	115Invoice	6.12	306.08		299.96	✓	7135023687	
05/16/2019	05/21/2019	7135023689	0515190446-00	115Invoice	23.58	1,179.06		1,155.48	✓	7135023689	
05/17/2019	05/21/2019	7135260856	0959800213	115Invoice	5.25	262.54		257.29	✓	7135260856	
05/17/2019	05/21/2019	7135260857	0516190248-00	115Invoice	4.06	202.76		198.70	✓	7135260857	
05/17/2019	05/21/2019	7135260858	1122387	115Invoice	6.08	303.82		297.74	✓	7135260858	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,992.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,715.10
05/13/2019

If Paid By 05/21/2019,
Pay This Amount: 2,932.52 USD ✓

If Paid After 05/21/2019,
Pay this Amount: 2,992.38 USD

Due If Paid On Time:
USD 2,932.52

Disc lost if paid late: 59.86

Due If Paid Late:
USD 2,992.38

APPROVED
ON

MAY 20 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

5/20/19

McKESSON

STATEMENT

Company: 8000

As of: 05/17/2019 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 05/18/2019

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: 05/17/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 05/18/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
05/16/2019	05/21/2019	7134999550	55x346114	115Invoice	6.09	304.55		298.46 ✓		7134999550	
05/17/2019	05/21/2019	7135246820	55x347887	115Invoice	1.41	70.61		69.20 ✓		7135246820	
05/17/2019	05/21/2019	7135246821	55x348352	115Invoice	16.71	835.64		818.93 ✓		7135246821	
05/17/2019	05/21/2019	7135246822	55x348354	115Invoice	5.02	251.19		246.17 ✓		7135246822	

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

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

Subtotals: 1,461.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,715.10
05/13/2019

If Paid By 05/21/2019, Pay This Amount: 1,432.76 USD ✓

If Paid After 05/21/2019, Pay this Amount: 1,461.99 USD

Due If Paid On Time: USD 1,432.76

Disc lost if paid late: 29.23

Due If Paid Late: USD 1,461.99

5/20/19

APPROVED
ON

MAY 20 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 57971201 Date: 05-17-2019

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:	698.91
Past Due:	0.00
Total Due:	698.91
Account Balance:	698.91

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
05-13-2019	05-24-2019	3022817367	146307	Invoice	303.43 ✓
05-14-2019	05-24-2019	3022895068	146365	Invoice	23.27 ✓
05-15-2019	05-24-2019	3022942405	146509	Invoice	28.55 ✓
05-15-2019	05-24-2019	3022942406	146510	Invoice	33.47 ✓
05-16-2019	05-24-2019	3022988418	146520	Invoice	265.61 ✓
05-17-2019	05-24-2019	3023038077	146685	Invoice	44.58 ✓

Thank You for Your Payment

Date	Payment Number	Amount
05-17-2019		(1,760.41)

Reminders

Due Date	Amount
05-24-2019	698.91
Total Due:	698.91 ✓

Terms:
Monday - Friday due in 7 days

5/20/19

CK # 1028

GL# 6003100000

APPROVED
ON
MAY 20 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:05/22/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:22 CHECK REGISTER GLCKREG
05/22/19 THRU 05/22/19

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	001028	05/22/19	698.91	AMERISOURCEBERGEN
A/P *	001034	05/22/19	5,957.11	MCKESSON
A/P	180670	05/22/19	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	180671	05/22/19	15,751.04	ACI/BOLAND, INC.
A/P	180672	05/22/19	3,313.84	AIRGAS USA, LLC - CENTRAL DIV
A/P	180673	05/22/19	6,311.00	ALCON LABORATORIES, INC.
A/P	180674	05/22/19	3,361.50	ALLYSON SWOPE
A/P	180675	05/22/19	47.94	AQUA BEVERAGE COMPANY
A/P	180676	05/22/19	6,126.77	BECKMAN COULTER INC
A/P	180677	05/22/19	203,695.13	BLUE CROSS BLUE SHIELD
A/P	180678	05/22/19	23.80	BOSART LOCK & KEY INC
A/P	180679	05/22/19	548.35	CARDINAL HEALTH 414, INC.
A/P	180680	05/22/19	73.29	CAROLINA LIQUID CHEMISTRIES
A/P	180681	05/22/19	1,869.70	CDW GOVERNMENT, INC.
A/P	180682	05/22/19	12,321.77	CLINICAL PATHOLOGY LABS
A/P	180683	05/22/19	1,148.54	COMBINED INSURANCE
A/P	180684	05/22/19	266.43	DEWITT POTH & SON
A/P	180685	05/22/19	50,311.25	DIAMOND HEALTHCARE CORP
A/P	180686	05/22/19	313.57	DIANE MOORE
A/P	180687	05/22/19	1,430.00	DOWELL PEST CONTROL
A/P	180688	05/22/19	223.00	DRIESSEN WATER INC.
A/P	180689	05/22/19	621.95	DUTCH OPHTHALMIC USA
A/P	180690	05/22/19	39.91	EL CAMPO REFRIGERATION
A/P	180691	05/22/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	180692	05/22/19	27.37	EMILIE KESTNER
A/P	180693	05/22/19	1,923.98	EVOQUA WATER TECHNOLOGIES LLC
A/P	180694	05/22/19	33.99	FARAH JANAK
A/P	180695	05/22/19	495.00	FASTHEALTH CORPORATION
A/P	180696	05/22/19	2,593.15	FISHER HEALTHCARE
A/P	180697	05/22/19	5,439.71	GARDNER & WHITE, INC.
A/P	180698	05/22/19	225.39	GENESIS DIAGNOSTICS
A/P	180699	05/22/19	125.00	GULF COAST DELIVERY
A/P	180700	05/22/19	.00	VOIDED
A/P	180701	05/22/19	756.90	HEB CREDIT RECEIVABLES DEPT308
A/P	180702	05/22/19	555.35	HUNTER PHARMACY SERVICES
A/P	180703	05/22/19	3,400.00	ITERSOURCE CORPORATION
A/P	180704	05/22/19	23,540.87	JACKSON & COKER LOCUM TENENS,
A/P	180705	05/22/19	1,301.29	LABCORP OF AMERICA HOLDINGS
A/P	180706	05/22/19	1,925.00	LOFTIN EQUIPMENT COMPANY
A/P	180707	05/22/19	635.86	LOWE'S HOME CENTERS INC
A/P	180708	05/22/19	936.38	MARLIN BUSINESS BANK
A/P	180709	05/22/19	369.08	MCKESSON MEDICAL SURGICAL INC
A/P	180710	05/22/19	96.55	MEDI-DOSE, INC
A/P	180711	05/22/19	4,139.50	MEDICAL DATA SYSTEMS, INC.
A/P	180712	05/22/19	203.82	MEDIMPACT HEALTHCARE SYS, INC.
A/P	180713	05/22/19	.00	VOIDED
A/P	180714	05/22/19	.00	VOIDED
A/P	180715	05/22/19	10,029.28	MEDLINE INDUSTRIES INC
A/P	180716	05/22/19	1,997.85	MERCK SHARP & DOHME CORP
A/P	180717	05/22/19	526.57	MERRY X-RAY/SOURCEONE HEALTHCA

APPROVED
ON

MAY 22 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi

0556709000527279914048371404837032

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	05/28/2019	√ $14,048.37	$14,048.37	

C0001 CALHOUN COUNTY MMC
RHONDA KOKENA
202 SOUTH ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Pd. 5-23-2019
RK

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

Payment coupon: Please cut along perforation and return this portion with your payment. Make check or money order payable in U.S. dollars on a U.S. bank to Citibank. Include account number on check or money order. No cash please. Do not staple or tape your check to this coupon.

CITIBANK CORPORATE CARD

Statement Date
05/03/2019

Payment Date
05/28/2019

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$20,000.00	$5,951.63	$0.00	$0.00

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

COMPANY SUMMARY

C0001 CALHOUN COUNTY MMC		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	$3,912.12	- $3,912.12	- $387.07	$14,435.44		$14,048.37
	Advances						
	TOTAL	$3,912.12	- $3,912.12	- $387.07	$14,435.44		$14,048.37

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.
Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.
Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.
Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

CARDMEMBER SUMMARY

JASON W ANGLIN		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$12,118.84		
	Advances						
	TOTAL			- $387.07	$12,118.84		$11,731.77

DTANE C MOORE		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$2,316.60		
	Advances						
	TOTAL				$2,316.60		$2,316.60

COMPANY BOOKKEEPING DETAIL

DAYS IN BILLING PERIOD: 030					
Balance Subject		Purchases	Cash Advances	Payment Due:	$14,048.37
To Interest Charges	>	$0.00	$0.00	Amount Over Credit Limit:	$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	$14,048.37

citi

Company Account Number

Statement Date
05/03/2019

C0001 CALHOUN COUNTY MMC

Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**
$20,000.00	$0.00	$5,951.63	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
04/26/2019	04/26/2019	75472339116116411000035	PAYMENT THANK YOU	$3,912.12 PY

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
04/05/2019	04/08/2019	0513437909660004518522 8	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62277832	$2.00
04/05/2019	04/08/2019	5543286909520098665726 2	INT IN EMERGENCY MANA 972-2358330 TX 9868	$198.00
04/06/2019	04/08/2019	5543286909620003530241 4	AMA CREDENTIALING 800-621-8335 IL	$40.00
04/08/2019	04/09/2019	0522702909820004206486 9	ESUTURESCOM 708-478-3517 IL	$37.00
04/12/2019	04/15/2019	5531020910372252360809 0	HYATT REGENCY DALLAS 8885874589 TX 31387227 Arrival: 04-09-19	$618.93
04/13/2019	04/15/2019	5543286910320059331655 9	AMA CREDENTIALING 800-621-8335 IL	$172.00
04/05/2019	04/16/2019	5543687910526096969188 9	HAMPTON INNS SAN ANTONIO TX 996019 Arrival: 04-05-19	$247.07 CR
04/15/2019	04/17/2019	5545737910620087390002 0	TEXAS HOSPITAL ASSOC 5124651000 TX 34836	$3,204.00
04/16/2019	04/17/2019	0522702910620005313554 1	TEXAS ASSOCIATION OF L 325-893-4552 TX	$35.00
04/16/2019	04/17/2019	0522702910620005313562 4	TEXAS ASSOCIATION OF L 325-893-4552 TX	$65.00
04/16/2019	04/17/2019	0522702910620005313570 7	TEXAS ASSOCIATION OF L 325-893-4552 TX	$35.00
04/16/2019	04/17/2019	0522702910620005313588 9	TEXAS ASSOCIATION OF L 325-893-4552 TX	$65.00
04/16/2019	04/17/2019	5543286910620043992269 0	NFPA NATL FIRE PROTECT 800-344-3555 MA 5058006300	$382.95
04/17/2019	04/18/2019	7541823910707162290555 7	FREDPRYOR CAREERTRACK 800-5563012 KS 001008413411	$199.00
04/18/2019	04/19/2019	0513437910960003990219 5	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62481319	$2.00
04/18/2019	04/19/2019	0513437910960003990227 8	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62481601	$2.00
04/18/2019	04/19/2019	0513437910960003990235 1	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62481842	$2.00
04/18/2019	04/19/2019	0513437910960003990243 5	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62481997	$2.00
04/18/2019	04/19/2019	5542950910889439114568 1	PAYPAL PETRO CLASS 4029357733 IA	$140.00 CR
04/19/2019	04/22/2019	5542950910989440808897 2	AHIMA 8003355535 IL 40808897	$195.00
04/19/2019	04/22/2019	5542950910989440809033 3	AHIMA 8003355535 IL 40809033	$185.00
04/19/2019	04/22/2019	5543687911016110335933 9	EMBASSY SUITES SAN ANTONIO TX 60971 Arrival: 04-19-19	$297.90
04/19/2019	04/22/2019	5543687911016110335980 0	EMBASSY SUITES SAN ANTONIO TX 60970 Arrival: 04-19-19	$297.90
04/19/2019	04/22/2019	5543687911016110393077 4	OMNI FORT WORTH HOTEL FORT WORTH TX 3406861 Arrival: 04-19-19	$577.14
04/19/2019	04/22/2019	5543687911016110393183 0	OMNI FORT WORTH HOTEL FORT WORTH TX 3406858 Arrival: 04-19-19	$384.76

*Cash Advance Limit is a portion of your Total Monthly Limit.
** Available Cash Line is a portion of your Available Credit Line

Continued on next page

citi

Company Account Number

Statement Date
05/03/2019

INDIVIDUAL CARDHOLDER ACTIVITY

04/25/2019	04/29/2019	55432869116200569895433	SOUTHWES 5262469269796 800-435-9792 TX SCHERER/CYNTHIA DEPARTURE: 05-02-19 MAF WN H HOU WN Q MAF	$583.96
04/25/2019	04/29/2019	55432869116200569895441	SOUTHWES 5262469269797 800-435-9792 TX SCHERRER/PHILIP MD DEPARTURE: 05-02-19 MAF WN H HOU WN Q MAF	$583.96
04/26/2019	04/29/2019	55310209117036013193529	DOUBLETREE AUSTIN AUSTIN TX 1319352 Arrival: 04-26-19	$357.34
04/29/2019	04/30/2019	85326819119900016076085	SKILLPATH / NATIONAL 9133623900 KS PO 119608257667	$299.00
05/01/2019	05/02/2019	55547429121206809600010	ADVANCED HEALTH EDU 7137720157 TX	$3,295.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$11,731.77

DIANE C MOORE

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
04/06/2019	04/08/2019	55432869097200353521156	UNITED 01624471200866 800-932-2732 TX MOORE/DIANECHRISMS DEPARTURE: 05-11-19 AUS UA GA DEN UA LA AUS	$217.60
04/06/2019	04/08/2019	55432869097200353639834	UNITED 01629239724674 800-932-2732 TX MOORE /ECONOMY PLUS SEAT DEPARTURE: 05-14-19 DEN UA ED AUS	$46.00
04/06/2019	04/08/2019	55432869097200353639842	UNITED 01629239724685 800-932-2732 TX MOORE /ECONOMY PLUS SEAT DEPARTURE: 05-11-19 AUS UA ED DEN	$86.00
04/15/2019	04/17/2019	55457379106200873900038	TEXAS HOSPITAL ASSOC 5124651000 TX 34837	$1,068.00
04/24/2019	04/25/2019	55429509114637444137607	SAM RENEWAL SUPPORT 8135360045 FL	$899.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$2,316.60

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11,731.77 +
2,316.60 +
14,048.37 *

APPROVED
ON
MAY 17 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

*Cash Advance Limit is a portion of your Total Monthly Limit.
** Available Cash Line is a portion of your Available Credit Line

Continued on next page

Print Repetitive Wire Transfer

Template Name: CITI COMMERCIAL CARD - MMC

Ref #: 2640285

Created by: COUNTY OF CALHOUN TEXAS - 05/23/2019 09:41 am CDT

Approved by: COUNTY OF CALHOUN TEXAS - 05/23/2019 09:41 am CDT

SENDER

Name: COUNTY OF CALHOUN TEXAS

Tax ID #:

Address: 202 S ANN STREET, SUITE A

P. O. BOX 78025-8025

City: PHOENIX

State: Arizona

ZIP/Postal Code: 85062-8025

Phone Number: 3615534619

Frequency: Occasional

Account to Debit: MEMORIAL MEDICAL CENTER - OPERATING:*4357

Amount: $ $14,048.37

Submit date: 05/23/2019

INTERMEDIARY INSTITUTION*(optional)*

If data is entered in a single field in this section all fields in this section become required.

BENEFICIARY

Beneficiary's Full Name: CBNA Incoming Settlement Account

Beneficiary's Address 1: P. O. BOX 78025

Beneficiary's City: PHOENIX

Beneficiary's State: Arizona

ZIP/Postal Code: 85062-8025

Beneficiary's Account Number:

Special Instructions for the Beneficiary:

Code Type: Account #

Institution Name: CITIBANK NA

Institution Address:

Institution City: PHOENIX

Institution State: Arizona

BENEFICIARY INSTITUTION

citi

0556709800366701900000000000000038

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	05/28/2019	$0.00	$0.00	

DIANE C MOORE
CALHOUN COUNTY
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
$0.00	$0.00	$0.00	$0.00	$20,000.00

Statement Date
05/03/2019

Payment Date
05/28/2019

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
•••• •••• •	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********			NOTICE MEMO ITEM(S) LISTED BELOW			**********
04/06/2019	04/08/2019	5543286909720035352 1156	UNITED MOORE/DIANECHRISMS AUS UA GA DEN UA LA AUS	01624471200866 DEPARTURE: 05-11-19	800-932-2732 TX	$217.60 ✓
04/06/2019	04/08/2019	5543286909720035363 9834	UNITED MOORE DEN UA ED AUS	01629239724674 /ECONOMY PLUS SEAT DEPARTURE: 05-14-19	800-932-2732 TX	$46.00 ✓
04/06/2019	04/08/2019	5543286909720035363 9842	UNITED MOORE AUS UA ED DEN	01629239724685 /ECONOMY PLUS SEAT DEPARTURE: 05-11-19	800-932-2732 TX	$86.00 ✓
04/15/2019	04/17/2019	5545737910620087390 0038	TEXAS HOSPITAL ASSOC 34837		5124651000 TX	$1,068.00 ✓
04/24/2019	04/25/2019	5542950911463744413 7607	SAM RENEWAL SUPPORT		8135360045 FL	$899.00 ✓
**********			TOTAL AMOUNT OF MEMO ITEM(S):			$2,316.60 ✓

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases	$0.00					$0.00
Advances	$0.00					$0.00
TOTALS	$0.00					$0.00

DAYS IN BILLING PERIOD: 030	Purchases	Cash Advances
Balance Subject To Interest Charges >	$0.00	$0.00
Periodic Rate >	.0000%	.0000%
ANNUAL PERCENTAGE RATE >	0.00%	0.00%

Payment Due:	$0.00
Amount Over Credit Limit:	$0.00
Amount Past Due:	$0.00
MINIMUM AMOUNT DUE:	$0.00

APPROVED ON
MAY 17 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

* Cash Advance Limit is a portion of your Total Credit Line
** Available Cash Line is a portion of your Available Credit Line

citi

Account Number
•••• •••• •

Statement Date
05/03/2019

Sale Date	Post Date	Reference Number	Type of Activity	Amount

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

*Cash Advance Limit is a portion of your Total Credit Line

**Available Cash Line is a portion of your Available Credit Line

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: citibank

Date: 5/6/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Lunted - Flights for Diane			217.60 ✓
2			Moore - Intalere Mtg Meeting May 13- 14			46.00 ✓
3	—		" Economy plus seat charge "			86.00 ✓
4	—		Texas Hosp. Assoc. - Registration			1,068.00 ✓
5			for Trustees Conf. for Diane Moore and Anne Marie Odefey			
6	—		Sam Renewal Support			899.00 ✓
7				217.60 +		
8				46.00 +		
9				86.00 +		
10				1,068.00 +		
				899.00 +		
				2,316.60 =		

Est. Freight _____ Est. Total Cost _____ TOTAL COST 2316.66 ✓

NOTES:

charges made to Diane Moore's mastercard

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• •	05/28/2019	$0.00	$0.00	

JASON W ANGLIN
CALHOUN COUNTY
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
$0.00	$0.00	$0.00	$0.00	$20,000.00

Statement Date
05/03/2019

Payment Date
05/28/2019

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
•••• •••• •	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********			NOTICE MEMO ITEM(S) LISTED BELOW			**********
04/05/2019	04/08/2019	05134379096600045185228	NPDB NPDB.HRSA.GOV N62277832	800-767-6732	VA	$2.00
04/05/2019	04/08/2019	55432869095200986657262	INT IN EMERGENCY MANA 9868	972-2358330	TX	$198.00
04/06/2019	04/08/2019	55432869096200035302414	AMA CREDENTIALING	800-621-8335	IL	$40.00
04/08/2019	04/09/2019	05227029098200042064869	ESUTURESCOM	708-478-3517	IL	$37.00
04/12/2019	04/15/2019	55310209103722523608090	HYATT REGENCY DALLAS 31387227	8885874589 Arrival: 04-09-19	TX	$618.93
04/13/2019	04/15/2019	55432869103200593316559	AMA CREDENTIALING	800-621-8335	IL	$172.00
04/05/2019	04/16/2019	55436879105260969691889	HAMPTON INNS 996019	SAN ANTONIO Arrival: 04-05-19	TX	$247.07 CR
04/15/2019	04/17/2019	55457379106200873900020	TEXAS HOSPITAL ASSOC 34836	5124651000	TX	$3,204.00
04/16/2019	04/17/2019	05227029106200053135541	TEXAS ASSOCIATION OF L	325-893-4552	TX	$35.00
04/16/2019	04/17/2019	05227029106200053135624	TEXAS ASSOCIATION OF L	325-893-4552	TX	$65.00

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases	$0.00					$0.00
Advances	$0.00					$0.00
TOTALS	$0.00					$0.00

DAYS IN BILLING PERIOD: 030	Purchases	Cash Advances
Balance Subject To Interest Charges >	$0.00	$0.00
Periodic Rate >	.0000%	.0000%
ANNUAL PERCENTAGE RATE >	0.00%	0.00%

Payment Due:	$0.00
Amount Over Credit Limit:	$0.00
Amount Past Due:	$0.00
MINIMUM AMOUNT DUE:	$0.00

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Account Number
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Statement Date
05/03/2019

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
04/16/2019	04/17/2019	05227029106200053135707	TEXAS ASSOCIATION OF L	325-893-4552	TX	$35.00
04/16/2019	04/17/2019	05227029106200053135889	TEXAS ASSOCIATION OF L	325-893-4552	TX	$65.00
04/16/2019	04/17/2019	55432869106200439922690	NFPA NATL FIRE PROTECT 5058006300	800-344-3555	MA	$382.95
04/17/2019	04/18/2019	75418239107071622905557	FREDPRYOR CAREERTRACK 001008413411	800-5563012	KS	$199.00
04/18/2019	04/19/2019	05134379109600039902195	NPDB NPDB.HRSA.GOV N62481319	800-767-6732	VA	$2.00
04/18/2019	04/19/2019	05134379109600039902278	NPDB NPDB.HRSA.GOV N62481601	800-767-6732	VA	$2.00
04/18/2019	04/19/2019	05134379109600039902351	NPDB NPDB.HRSA.GOV N62481842	800-767-6732	VA	$2.00
04/18/2019	04/19/2019	05134379109600039902435	NPDB NPDB.HRSA.GOV N62481997	800-767-6732	VA	$2.00
04/18/2019	04/19/2019	55429509108894391145681	PAYPAL PETRO CLASS	4029357733	IA	$140.00 CR
04/19/2019	04/22/2019	55429509109894408088972	AHIMA 40808897	8003355535	IL	$195.00
04/19/2019	04/22/2019	55429509109894408090333	AHIMA 40809033	8003355535	IL	$185.00
04/19/2019	04/22/2019	55436879110161103359339	EMBASSY SUITES 60971	SAN ANTONIO Arrival: 04-19-19	TX	$297.90
04/19/2019	04/22/2019	55436879110161103359800	EMBASSY SUITES 60970	SAN ANTONIO Arrival: 04-19-19	TX	$297.90
04/19/2019	04/22/2019	55436879110161103930774	OMNI FORT WORTH HOTEL 3406861	FORT WORTH Arrival: 04-19-19	TX	$577.14
04/19/2019	04/22/2019	55436879110161103931830	OMNI FORT WORTH HOTEL 3406858	FORT WORTH Arrival: 04-19-19	TX	$384.76
04/25/2019	04/29/2019	55432869116200569895433	SOUTHWES 5262469269796 SCHERER/CYNTHIA MAF WN H HOU WN Q MAF	800-435-9792 DEPARTURE: 05-02-19	TX	$583.96
04/25/2019	04/29/2019	55432869116200569895441	SOUTHWES 5262469269797 SCHERRER/PHILIP MD MAF WN H HOU WN Q MAF	800-435-9792 DEPARTURE: 05-02-19	TX	$583.96
04/26/2019	04/29/2019	55310209117036013193529	DOUBLETREE AUSTIN 1319352	AUSTIN Arrival: 04-26-19	TX	$357.34
04/29/2019	04/30/2019	85326819119900016076085	SKILLPATH / NATIONAL PO 119608257667	9133623900	KS	$299.00
05/01/2019	05/02/2019	55547429121206809600010	ADVANCED HEALTH EDU	7137720157	TX	$3,295.00
			**********TOTAL AMOUNT OF MEMO ITEM(S):			$11,731.77

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(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 5/6/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB x 1			2.00 ✓
2	—		Int In Emergency - ACLS			198.00 ✓
3			material			
4	—		AMA x 1 Physician - Initial			40.00 ✓
5	—		Hyatt Regency - Dallas for			618.93 ✓
6			Jason Anglin - TORCH Conf.	4/10-4/12/19		
7	—		AMA Credentialing x 4 Providers			172.00 ✓
8	—	Jason Anglin Rushanda Thomas	Texas Hosp Association —	Michael Chavana Rolando Reyes		3,204.00 ✓
9		Erin Clevenger Terry Sizer	Trustees Conf. Registration			
10	—		Lactation Principles - Registration for Janise Bretlik 7/10/19			35.00 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST 4,269.93

NOTES: eSutures.com - Ethibond 5 fiber

charges made to Mr. Anglin's mastercard. 37.00 ✓

8 packets total for Dr. COOK

— Embassy Suites/Hampton Inn - credit for advance deposit <247.07> -

on [illegible] room for Narahio Hernandez

Contact: _____

Quoted By: _____

Buyer: _____

E.T.A. _____

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 5/6/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Advance Lactation Mgmt Registration			65.00 ✓
2			for Jenise Svetlik 8/13-8/14/19			
3	—		Lactation Principles - Registration			35.00 ✓
4			for Susan Smalley 7/10/19			
5	—		Advance Lactation Mgmt Registration			65.00 ✓
6			for Susan Smalley 8/13-8/14/19			
7	—		NFPA - Handbooks - Plant Ops - Life Safety Code Healthcare Facilities Code			382.95 ✓
8	—		Fred Pryor - Training Membership			199.00 ✓
9			Ali King - HR			
10	—		NPDB x 1 Provider			2.00 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST 748.95

NOTES:

charges made to Mr. Anglin's mastercard

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(3)

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 5/6/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB x 1 Provider			2.00 ✓
2	—		" "			2.00 ✓
3	—		" "			2.00 ✓
4	—		AHIMA - Membership for			195.00 ✓
5			Marissa Almanzar			
6	—		AHIMA - Membership for			185.00 ✓
7			Shannon Jacildo			
8	—		Embassy Suites - Hotel for	Texas AIM Obstetric		297.90 ✓
9			Victoria Broome - OB	Hemorrhage Collaborative 5/20-5/21/19		
10	—		Embassy Suites - Hotel for Nina Green - OB	Texas AIM obstetric Hemorrhage collaborative		297.90 ✓

Est. Freight _____ Est. Total Cost 6/20/19-5/21/19 TOTAL COST 981.80

NOTES:

Charges made to Mr. Anglin's mastercard

— Williams Company through Paypal credit <140.00> ✓

for Petro Class

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(4)

Bill To: 815 N. VIRGINIA ST.
TX 77979
O • C
552-6713
552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Citibank

Date: 5/6/19

P.O. #

Account #

Initiated By:

Form #9401

Expense # | Department | Deliver To

	Description	Unit Cost	Unit Meas.	Extended Cost
1	Omni Fort Worth - Hotel for Jenise Svetlik x 3 nights	Advance Notation Mgmt 8/13-8/14/19		~~517.14~~ ~~384.5~~ 77.14
2	Omni Fort Worth - Hotel for Jenise Svetlik x 2 nights	Notation Mgmt 7/10/19		384.76 ✓
3	Southwest - Flights for Dr. Sherrer + Spouse (visiting DR)			583.96 ✓
4	Doubletree Austin - Nadine Garner - 42nd Annual TSICP Conference 4/25-4/26/19			583.96 ✓
5	Doubletree Austin - Nadine Garner - 42nd Annual TSICP Conference 7/30-7/31/19			357.34 ✓
6	SkillPath - Registration Adrianna Galvan Course 7/29/19 - 8/2/19			299.00 ✓
7	Advanced Health Edu - ~~Registration~~ Stacie Epley, Radi Diagnostic Imaging Echocardiography Cardiac Doppler Ultrasound Course			3295.00 ✓
8				~~2726.16~~ ~~4021.16~~

Est. Total Cost

TOTAL COST

NOTES:

Charges made to Mr. Anglin's mastercard

Overall Total $11,731.77

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director

Dir. Nursing

Adm. Dir. Clinical Service

CFO

Administrator

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --May 13, 2019 - May 19, 2019

Date	Bank Description	MMC Notes	Amount
5/13/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699258894	- 3rd Party Payor Fee	✓218.58
5/14/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03805492 910000112	- 340B Drug Program Expense	✓11715.1 *
5/14/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000690149699	- 3rd Party Payor Fee	✓ 9.35
5/15/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000690932229	- 3rd Party Payor Fee	✓0.41
5/15/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000029403	- Retirement Funding	✓137071.72 *
5/16/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000691682756	- 3rd Party Payor Fee	✓ 2.93
5/17/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	✓1760.41 *
5/17/2019	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000017621473	-Child Support Payment -Payroll Ending 5/9/19	✓347.65 *
5/17/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000692435167	- 3rd Party Payor Fee	✓1.92
5/17/2019	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122653656365	- Payroll	✓294761.57 *
			445,889.64

Roshanda Thomas. Assistant Administrator
Memorial Medical Center
May 20, 2019
* Approved 05.15.19 cc

pay plus
218.58 +
9.35 +
0.41 +
2.93 +
1.92 +
233.19 *

check
445,889.64 +
11,715.10 −
137,071.72 −
1,760.41 −
347.65 −
294,761.57 −
233.19 *

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
5/28/2019	ACH Payment STATE COMTRLR TEXNET	UHRIP Adjusted IGT for PY3	227,080.42
			227,080.42

Roshanda Thomas. Assistant Administrator
Memorial Medical Center
May 20, 2019

ason Anglin

rom: Rachel Gilbert <gilbert@gl-law.com>
ent: Thursday, May 16, 2019 11:04 AM
o: 'czafereo@cmcvtx.org'; 'duane.woods@cmcvtx.org'; 'mortiz2@cmcvtx.org'; 'mcannady@cmcvtx.org'; 'Mike.Olson@cmcvtx.org'; 'pstrauss@cmcvtx.org'; Jason Anglin; 'belinda.chism@nchdcc.org'; 'david.lee@okmh.org'; 'lschlabach@rcmhospital.org'; 'hwhitt@rcmhospital.org'; 'sparker@rcmhospital.org'
:c: 'Jonny F. Hipp (NCHD)'; Jessica D. Cottey; Heather Heintz; 'arobison@kslaw.com'; 'geiland@kslaw.com'; 'brandon@dhcg.com'
ubject: IGT Needed for UHRIP Program Year 3 -- Due by May 24
ttachments: (Nueces UHRIP) IGT Reconciliation PY1 (5.14.19) (00179494xBD172).pdf; Nueces UHRIP PY3 Application.xlsx

ll,

HSC released the processed UHRIP Applications last week with the final IGT amounts and rate increase percentages for the rate period beginning September 1, 2019 (referred to as "PY3"). After HHSC's haircuts, all eligible hospitals in the Nueces SDA will receive a 2% rate increase. The total IGT needed for the first six months of PY3 is $10.5 million.

We calculated each IGT entity's share of the IGT for the September 1, 2019 – February 29, 2020 rate period as follows:

- As in prior rate periods, we first calculated your share of the IGT based on your pro rata share of the total projected rate increase payments for the Nueces SDA.
- For this rate period, we also needed to take a second step. As you may recall, for the March 1, 2018 – August 31, 2018 rate period ("PY1"), your organizations provided IGT based on how the UHRIP payments were expected to flow. Now we have MCO-reported data showing how the UHRIP payments actually flowed.
- Based off the MCO-reported UHRIP payments for PY1, we re-calculated your pro rata share of the IGT for that rate period. We then reconciled that amount against your actual IGT for PY1, incorporating the UHRIP IGT refund you received from HHSC in January. (Attached is an illustration of how we calculated the IGT reconciliation for PY1.)
- The IGT reconciliation for PY1 resulted in an IGT adjustment we applied to your IGT calculation for first six months of PY3 as demonstrated below.

Nueces UHRIP PY3 IGT (9/1/19-2/29/20)
6 Month IGT = $10,533,209.90

IGT Entity	% of SDA Rate Increase for PY3	Corresponding 6 Mo. IGT for PY3	3/1/18 – 8/31/18 Rate Period IGT Adjustment (credit)/debit	Adjusted IGT for PY3 (9/1/19-2/29/20)
Memorial Medical Center	2.32%	$244,350.71	($17,270.29)	$227,080.42
Karnes County Hospital District	1.18%	$123,988.61	$6,488.74	$130,477.35
Refugio County Memorial Hospital District	0.49%	$51,695.57	$2,355.56	$54,051.13
Citizens Medical Center	4.86%	$511,571.56	($121,534.50)	$390,037.06
NCHD	91.16%	$9,601,603.45	$129,960.49	$9,731,563.93
	100.00%	**$10,533,209.90**	**$0.00**	**$10,533,209.90**

Per HHSC's email, you must enter your IGT in TexNet (in the UHRIP bucket) no later than close of business May 24, 2019, with a settlement date of May 28, 2019. Please provide Rachel Gilbert (gilbert@gl-law.com) with a screenshot or PDF of your IGT trace sheet by May 23rd. We will compile and submit the trace sheets to HHSC in one packet.

Please let us know if you have questions.

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/20/2019

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		62,397.95 ✓	62,257.23 ✓	208,837.65 ✓			-	208,978.37 ✓	**207,407.10**
							Bank Balance	208,978.37	
							Variance	-	
							Leave in Balance	100.00	
							NH/Clinic Medicare Recoup	**1,430.55** ✓	
							MMC Portion QIPP 1		
							MMC Portion QIPP 2,3,Lapse		
							April Interest	**40.72** ✓	
								-	

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

Adjust Balance/Transfer Amt **207,407.10** ✓

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
Broadmoor		54,777.22 ✓	54,618.01 ✓	82,574.23 ✓			-	82,733.44 ✓	**82,574.23**
							Bank Balance	82,733.44 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1		
							MMC Portion QIPP 2,3,Lapse		
							April Interest	**59.21** ✓	

Adjust Balance/Transfer Amt **82,574.23** ✓

Crescent	78,678.09 ✓	78,526.20 ✓	56,910.93 ✓		-	57,062.82 ✓	**56,910.93**
					Bank Balance	57,062.82	
					Variance	-	
					Leave in Balance	100.00	
					QIPP Payment Undistributed	-	
					MMC Portion QIPP 1		
					MMC Portion QIPP 2,3,Lapse		
					April Interest	**51.89** ✓	
						-	
						-	
						-	
						-	
					Adjust Balance/Transfer Amt	**56,910.93** ✓	
Fort Bend	27,038.88 ✓	26,913.41 ✓	43,235.84 ✓		-	43,361.31 ✓	**43,235.84**
					Bank Balance	43,361.31	
					Variance	-	
					Leave in Balance	100.00	
					QIPP Payment Undistributed	-	
					MMC Portion QIPP 1		
					MMC Portion QIPP 2,3,Lapse		
					April Interest	**25.47** ✓	
						-	
						-	
						-	
						-	
					Adjust Balance/Transfer Amt	**43,235.84** ✓	
Solera at W Houston	76,550.98 ✓	76,409.40 ✓	46,141.60 ✓			46,283.18	**46,141.60**
					Bank Balance	46,283.18 ✓	
					Variance	-	
					Leave in Balance	100.00	
					QIPP Payment Undistributed	-	
					MMC Portion QIPP 1		
					MMC Portion QIPP 2,3,Lapse		
					April Interest	**41.58** ✓	
						-	
						-	
						-	
						-	
					Adjust Balance/Transfer Amt	**46,141.60** ✓	
					TOTAL TRANSFERS		**436,269.70** ✓

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

Cantex Health Care Centers III LLC

JP Morgan Chase Bank

ABA

Account #

APPROVED
ON

MAY 20 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

207,407.10 +
82,574.23 +
56,910.93 +
43,235.84 +
46,141.60 +
436,269.70 *

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: Roshanda Thomas

Roshanda Thomas, Assitant Administrator 5/20/2019

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/13/2019 Deposit		46,760.34					-	46,760.34
5/13/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3397164451 111000		28,644.00					-	28,644.00
5/13/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,670.74					-	11,670.74
5/13/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		1,498.04					-	1,498.04
5/14/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3100044102 111000		2,285.78					-	2,285.78
5/14/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		150.00					-	150.00
5/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		23,141.82					-	23,141.82
5/14/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		14,618.06					-	14,618.06
5/15/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3100160095 111000		19,298.21					-	19,298.21
5/15/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		20,378.30					-	20,378.30
5/15/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,628.21					-	9,628.21
5/16/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	62,257.23						-	-
5/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,184.85					-	1,184.85
5/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		24,614.97					-	24,614.97
5/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,551.16					-	4,551.16
5/17/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		413.17					-	413.17
	62,257.23	**208,837.65**	-	-	-	-	-	**208,837.65**

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/13/2019 Deposit		34,463.32					-	34,463.32
5/13/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,072.50					-	10,072.50
5/14/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005610150		5,964.82					-	5,964.82
5/14/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		1,820.00					-	1,820.00
5/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,123.26					-	3,123.26
5/14/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		2,286.80					-	2,286.80
5/15/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,595.36					-	5,595.36
5/16/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	54,618.01						-	-
5/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,313.78					-	2,313.78
5/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,579.50					-	1,579.50
5/17/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005519859		12,553.71					-	12,553.71
5/17/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		2,801.18					-	2,801.18
	54,618.01	**82,574.23**	-	-	-	-	-	**82,574.23**

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/13/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		13,556.20					-	13,556.20
5/13/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005246096		812.18					-	812.18
5/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,670.99					-	7,670.99
5/14/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000104		10,177.09					-	10,177.09
5/14/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		4,774.00					-	4,774.00
5/15/2019 ACH Deposit UMR BMO HARRIS B HCCLAIMPMT 746003411 124384		341.00					-	341.00
5/15/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,774.00					-	4,774.00
5/15/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005877057		10,602.31					-	10,602.31
5/16/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	78,526.20						-	-
5/17/2019 Deposit		2,160.00					-	2,160.00
5/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,043.16					-	2,043.16
	78,526.20	**56,910.93**	-	-	-	-	-	**56,910.93**

Fort Bend		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/13/2019	Deposit		20,890.88					-	20,890.88
5/13/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		1,440.01					-	1,440.01
5/14/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005610150		322.32					-	322.32
5/14/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,524.19					-	9,524.19
5/15/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,830.77					-	9,830.77
5/16/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	26,913.41						-	-
5/17/2019	Deposit		243.08					-	243.08
5/17/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		984.59					-	984.59
		26,913.41	**43,235.84**	-	-	-	-	-	**43,235.84**

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/13/2019	Deposit		6,273.21					-	6,273.21
5/13/2019	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3397164452 111000		1,959.23					-	1,959.23
5/13/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,377.72					-	7,377.72
5/13/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005246096		3,772.56					-	3,772.56
5/14/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005622128		4,313.70					-	4,313.70
5/14/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,362.46					-	12,362.46
5/15/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		6,970.00					-	6,970.00
5/16/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	76,409.40						-	-
5/16/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		2,257.00					-	2,257.00
5/17/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		855.72					-	855.72
		76,409.40	**46,141.60**	-	-	-	-	-	**46,141.60**

	Transfer-Out	Transfer-In	NH PORTION
TOTALS	**298,724.25**	**437,700.25**	**437,700.25**

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$208,978.37	$208,978.37
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$369,555.04	$82,733.44
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$84,413.51	$57,062.82
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$52,433.18	$46,283.18
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$52,479.28	$43,361.31
MEMORIAL MEDICAL / NH [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/20/2019

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		101,301.25	101,181.60	58,892.48		-	-		-	-	-	59,012.13	58,892.48
											Bank Balance	59,012.13	
											Variance	-	
											Leave in Balance	100.00	
											MMC Portion QIPP 1		
											MMC Portion QIPP 2,3,Lapse		
											April Interest	19.65	
												-	
												-	
												-	
												-	
											Adjust Balance/Transfer Amt	58,892.48	

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

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: Roshanda Thomas
Roshanda Thomas, Assitant Administrator 5/20/2019

APPROVED
ON
MAY 20 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	
5/16/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	101,181.60 ✓						-	
5/17/2019 Deposit		58,892.48 ✓					-	58,892.48
							-	-
	101,181.60	**58,892.48**	-	-	-	-	-	-

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts

	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 / NH GOLDEN CREEK HEALTHCARE *4454 ★	$59,253.23	$59,012.13
MMC -NH GULF POINTE PLAZA [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA [redacted]	[redacted]	

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 5/20/19

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

APPROVED ON MAY 20 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: 1,430.55

G/L NUMBER: 21000012

CK#000057

EXPLANATION: Ashford-NH/Clinic Medicare Recoup: Medicare withheld monies from Clinic that should have been withheld from Ashford.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: Ryshan Q S Thomas 5/20/19

Check Information

TX MEDICARE PART A
MEDICARE A
P O BOX 3113
MECHANICSBURG, PA 170551828

MEMORIAL MEDICAL CENTER
1016 N VIRGINIA ST
PORT LAVACA, TX 779793000
EFT #:
Check Date: 4/8/2019
Check Amount: $1,370.90
Provider Adj Amt: $1,430.55

Provider #:
Provider Tax ID #
NPI / Group Provider Number:
Created Date: 4/8/2019

Amber
ref# 7003526
Control #
V14285S0
DOS 1-1-19 to 1-31-19

Provider Adj Detail

Reason Code	Medicare Code	Payer Claim Control # / ICN#	HIC#	Amount
E3	21			$1,430.55

Claim Information

Sarah Henderson

From: Diane C. Moore
Sent: Thursday, May 16, 2019 12:10 PM
To: Miller, Sara
Cc: Sarah Henderson
Subject: RE: Medicare - NH

Sara

We can do a recoup on our side. I will send the detail to Sarah.

Thanks

Diane

Diane C. Moore
Chief Financial Officer
MEMORIAL MEDICAL CENTER
So Much. So Close!
815 N Virginia St
Port Lavaca, TX 77979
P (361)552-0224 F (361)552-0220
dmoore@mmcportlavaca.com

From: Miller, Sara [mailto:smiller@cantexcc.com]
Sent: Thursday, May 16, 2019 9:11 AM
To: Diane C. Moore <dmoore@mmcportlavaca.com>
Subject: RE: Medicare - NH

Hi Diane –

Do you want us to cut you a check or do you want to take the money out of Ashford's prosperity account and then offset that amount from the next transfer you do to us? Let me know what you prefer.

Thanks,
Sara

Director of Finance
Cantex Continuing Care Network, *Where we are Committed to Excellence*
2537 Golden Bear Drive
Carrollton, TX 75006
Tel: 214-954-4114 x120
Fax: 214-871-3057
smiller@cantexcc.com

From: Diane C. Moore <dmoore@mmcportlavaca.com>
Sent: Wednesday, May 15, 2019 7:31 PM
To: Miller, Sara <smiller@cantexcc.com>
Subject: FW: Medicare - NH

Sara

The attached monies were also withheld from our bank account. do you want to refund us?

Diane

Diane C. Moore
Chief Financial Officer
MEMORIAL MEDICAL CENTER
So Much. So Close!
815 N Virginia St
Port Lavaca, TX 77979
P (361)552-0224 F (361)552-0220
dmoore@mmcportlavaca.com

QA HIPAA Disclaimer

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000057	05/22/19	1,430.55	MMC OPERATING
TOTALS:			1,430.55	

APPROVED
ON

MAY 22 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS No 57

88-2265
1131

5-22-19

PAY TO THE ORDER OF Memorial Medical Center Operating 1430.55

One Thousand Four Hundred Thirty $55/100 DOLLARS

PROSPERITY BANK

NH/Clinic Medicare Recoup

County Auditor

County Treasurer

05/21/2019
09:17

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

12172 ALISON KING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
052019		05/21/20	05/20/20	05/20/20			688.94	0.00	0.00	688.94
	CHECK RETURNED (payroll)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12172	ALISON KING	688.94	0.00	0.00	688.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	688.94	0.00	0.00	688.94

APPROVED
ON
MAY 22 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE

Alison King

PO Box 31

Port Lavaca, TX 77979

Date Requested: May 20, 2019

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $688.94 G/L NUMBER: _____

EXPLANATION: Employee changed direct deposit information. Checking account number was entered incorrectly.

Roshanda Thomas 5/20/19

REQUESTED BY: Alison M. King AUTHORIZED BY: Roshanda Thomas

Prosperity Bank - Electronic Banking Department
EMAIL: ach_mailbox@prosperitybankusa.com

ACH RETURN ITEM REPORT

This is to notify you that an ACH item has been returned. Further action should occur within the NACHA rule guidelines.

ORIGINATOR OF ORIGINAL ITEM

Company Name:	MEMORIAL MEDICAL
Company Discretionary Data:	
Company ID:	746003411
Company Descriptive Date:	190517
Company Entry Description:	PAYROLL
Originating DFI RTN:	113122655

ORIGINAL ITEM INFORMATION

Original RDFI ID:	
Receiver Account Number:	
Individual ID Number:	000000000000000
Individual Name:	ALISON M KING
Standard Entry Class Code:	PPD
Amount:	$688.94
Effective Entry Date:	May 17, 2019 Payroll was approved 05.15.19

TRACE NUMBERS

Return:	313185512987839
Original:	113122650859185

RETURN INFORMATION

Return Reason Code:	R03
Return Reason Code Description:	NO ACCOUNT/UNABLE TO LOCATE ACCOUNT
Return Settlement Date:	May 20, 2019
Transaction Code:	21
Transaction Description:	Demand Credit - Auto Return or NOC

The above data is translated according to NACHA standards. If it does not appear accurate, please contact the financial institution that originated this return item.

*** END OF REPORT ***

Ø

RUN DATE:05/21/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:21 CHECK REGISTER GLCKREG
05/21/19 THRU 05/21/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180751	05/21/19	688.94	ALISON KING
TOTALS:			688.94	

APPROVED
ON

MAY 22 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12172 ALISON KING

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

180751

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
052019	05/20/19	688.94			688.94
CHECK NO. 180751 05/21/19	TOTALS	688.94	TOTALS		688.94

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

180751

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
052019	05/20/19	688.94			688.94
CHECK NO. 180751	TOTALS	688.94	TOTALS		688.94

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK

88-2265
1131

180751

12172 180751

DATE 05/21/19

AMOUNT $688.94

Six Hundred Eighty-Eight Dollars and Ninety-Four Cents

PAY TO THE ORDER OF ALISON KING

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

⑈180751⑈