MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- May 29, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 779,018.18
TOTAL TRANSFERS BETWEEN FUNDS	$ 900,000.00
TOTAL NURSING HOME UPL EXPENSES	$ 1,000,849.36
TOTAL INTER-GOVERNMENT TRANSFERS	$ 1,634,519.87
GRAND TOTAL DISBURSEMENTS APPROVED May 29, 2019	**$ 4,314,387.41**

APPROVED

MAY 29 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 29, 2019

PAYABLES AND PAYROLL			
5/24/2019	Weekly Payables	375,768.67	
5/28/2019	McKesson-340B Prescription Expense	4,788.97	
5/28/2019	Amerisource Bergen-340B Prescription Expense	887.82	
5/28/2019	Payroll Liabilities (Payroll Taxes)	99,000.22	
5/28/2019	Payroll	298,010.45	
5/28/2019	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
5/20/2019	Credit Card & Lease Fees	151.23	
5/20-5/24/19	Pay Plus-Patient Claims Processing Fee	63.17	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 779,018.18**
TRANSFERS BETWEEN FUNDS			
5/21/2019	Transfer from Prosperity Private Waiver to Prosperity Operating	900,000.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 900,000.00**
NURSING HOME UPL EXPENSES			
5/28/2019	Nursing Home UPI	969,162.04	
5/28/2019	Nursing Home UPI	6,416.10	
QIPP/INTEREST CHECKS TO MMC			
5/28/2019	Ashford	12,133.02	
5/28/2019	Solera	3,454.58	
5/28/2019	Crescent	2,349.96	
5/28/2019	Broadmoor	2,364.50	
5/28/2019	Fort Bend	4,969.16	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,000,849.36**
INTER-GOVERNMENT TRANSFERS			
6/3/2019	IGT DSH to be paid June 03, 2019	154,703.73	
6/3/2019	IGT QIPP Year 3 to be paid June 03, 2019	1,479,816.14	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 1,634,519.87**
GRAND TOTAL DISBURSEMENTS APPROVED May 29, 2019			**$ 4,314,387.41**

Vendor#	Vendor Name				Class	Pay Code					
10950	ACUTE CARE INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	24371	RFID FEE	04/30/2019	05/20/2019	05/30/2019			1,400.00	0.00	0.00	1,400.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10950	ACUTE CARE INC					1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name				Class	Pay Code					
12532	ADVANCED PLUMBING										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3731	WATER HEATER INSTALLATION	05/21/2019	05/09/2019	05/09/2019			1,500.00	0.00	0.00	1,500.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12532	ADVANCED PLUMBING					1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name				Class	Pay Code					
A1690	ALCON LABORATORIES, INC.				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9655705327	SUPPLIES	05/21/2019	05/06/2019	06/05/2019			1,594.15	0.00	0.00	1,594.15
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1690	ALCON LABORATORIES, INC.					1,594.15	0.00	0.00	1,594.15
Vendor#	Vendor Name				Class	Pay Code					
A2218	AQUA BEVERAGE COMPANY				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	901549	WATER	05/15/2019	04/30/2019	05/30/2019			21.99	0.00	0.00	21.99
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY					21.99	0.00	0.00	21.99
Vendor#	Vendor Name				Class	Pay Code					
A2600	AUTO PARTS & MACHINE CO.				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	897516	SUPPLIES	05/21/2019	05/14/2019	05/29/2019			30.97	0.00	0.00	30.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	30.97	0.00	0.00	30.97

Vendor#	Vendor Name	Class	Pay Code
B1075	BAXTER HEALTHCARE CORP ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62950815 ✓		05/15/2019	04/25/2019	05/30/2019			-154.50	0.00	0.00	-154.50 ✓
	CREDIT									
63051845 ✓		05/21/2019	05/02/2019	06/01/2019			328.53	0.00	0.00	328.53 ✓
	SUPPLIES									
63073402 ✓		05/21/2019	05/06/2019	06/05/2019			333.65	0.00	0.00	333.65 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	507.68	0.00	0.00	507.68

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6007330732		05/08/2019	04/30/2019	05/30/2019			562.32	0.00	0.00	562.32 ✓
	SUPPLIES shipping 14.72									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	562.32	0.00	0.00	562.32

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5406310 ✓		05/15/2019	05/05/2019	05/30/2019			6,249.42	0.00	0.00	6,249.42 ✓
	MAINT CONTR									
207726658		05/15/2019	05/05/2019	05/30/2019			407.50	0.00	0.00	407.50 ✓
	SUPPLIES									
107727281 ✓		05/15/2019	05/05/2019	05/30/2019			233.87	0.00	0.00	233.87 ✓
	SUPPLIES									
107728912 ✓		05/15/2019	05/06/2019	05/31/2019			3,625.62	0.00	0.00	3,625.62 ✓
	SUPPLIES									
107729535 ✓		05/15/2019	05/06/2019	05/31/2019			195.12	0.00	0.00	195.12 ✓
	SUPPLIES									
107729564 ✓		05/15/2019	05/06/2019	05/31/2019			5,798.03	0.00	0.00	5,798.03 ✓
	SUPPLIES									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4363194		05/15/2019	05/09/2019	06/03/2019			2,695.00	0.00	0.00	2,695.00
	MAIN CONTR									
4360659		05/21/2019	04/05/2019	04/30/2019			6,026.00	0.00	0.00	6,026.00
	SRVC CONTR									
107723967		05/21/2019	05/07/2019	06/01/2019			1,113.84	0.00	0.00	1,113.84
	SUPPLIES									
4363068A		05/23/2019	05/07/2019	06/01/2019			-6,026.00	0.00	0.00	-6,026.00
	CREDIT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	20,318.40	0.00	0.00	20,318.40

Vendor#	Vendor Name	Class	Pay Code
A1730	CAREFUSION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9108888619		05/21/2019	04/30/2019	05/30/2019			81.45	0.00	0.00	81.45
	SUPPLIES Shipping 8.13									

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

Vendor#	Vendor Name	Class	Pay Code
C1390	CENTRAL DRUG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
248		05/13/2019	04/30/2019	05/30/2019			42.00	0.00	0.00	42.00
	MEDS Delivery 7.00									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	42.00	0.00	0.00	42.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051019		05/21/2019	05/10/2019	05/10/2019			51.00	0.00	0.00	51.00
	CPR CARDS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	51.00	0.00	0.00	51.00

Vendor#	Vendor Name	Class	Pay Code
12264	CROSSROADS MECHANICAL, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8759		05/21/2019	05/03/2019	05/03/2019			1,260.00	0.00	0.00	1,260.00
	SERVICE CALL									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12264	CROSSROADS MECHANICAL, INC					1,260.00	0.00	0.00	1,260.00

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
917838		05/08/2019	04/30/2019	05/30/2019			306.99	0.00	0.00	306.99
	INTERPRETATION SERVICES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC					306.99	0.00	0.00	306.99

Vendor#	Vendor Name	Class	Pay Code
D1193	DEPUY SYNTHES SALES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21679984RI		05/08/2019	04/30/2019	05/30/2019			728.60	0.00	0.00	728.60
	SUPPLIES Freight 35.00									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	D1193	DEPUY SYNTHES SALES, INC.					728.60	0.00	0.00	728.60

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5713020		05/15/2019	05/06/2019	05/31/2019			184.95	0.00	0.00	184.95
	SUPPLIES									
5714110		05/15/2019	05/07/2019	06/01/2019			70.74	0.00	0.00	70.74
	SUPPLIES									
5715820		05/15/2019	05/08/2019	06/02/2019			51.10	0.00	0.00	51.10
	SUPPLIES									
5716410		05/15/2019	05/08/2019	06/02/2019			250.18	0.00	0.00	250.18
	SUPPLIES									
5701621		05/21/2019	04/25/2019	05/20/2019			9.27	0.00	0.00	9.27
	SUPPLIES									
5712440		05/21/2019	05/06/2019	05/31/2019			65.13	0.00	0.00	65.13
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	631.37	0.00	0.00	631.37

Vendor#	Vendor Name	Class	Pay Code
10892	DIANE MOORE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051519		05/21/2019	05/15/2019	05/15/2019			481.15	0.00	0.00	481.15
	TRAVEL Intrv lere Meeting in Denever CO 5/01 - 5/14/19									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10892	DIANE MOORE	481.15	0.00	0.00	481.15

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC051519		05/21/2019	05/15/2019	05/15/2019			128,098.64	0.00	0.00	128,098.64
	PRO FEES CLINIC									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	128,098.64	0.00	0.00	128,098.64

Vendor#	Vendor Name	Class	Pay Code
D1710	DOWNTOWN CLEANERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
033019		05/21/2019	03/30/2019	04/09/2019			361.30	0.00	0.00	361.30
	LAUNDRY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	361.30	0.00	0.00	361.30

Vendor#	Vendor Name	Class	Pay Code
12044	DRIESSEN WATER INC. (CULLIGAN)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CI146367		05/21/2019	04/30/2019	04/30/2019			223.00	0.00	0.00	223.00
	WATER AND SALT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12044	DRIESSEN WATER INC. (CULLIGAN)	223.00	0.00	0.00	223.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
544217		05/08/2019	04/30/2019	05/30/2019			155.98	0.00	0.00	155.98
	SUPPLIES Shipping 16.48									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	155.98	0.00	0.00	155.98

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A1905031378 ✓		05/21/2019	05/03/2019	05/28/2019			17,388.00	0.00	0.00	17,388.00 ✓
	SOFTWARE AND DUES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	17,388.00	0.00	0.00	17,388.00

Vendor#	Vendor Name	Class	Pay Code
11037	FIRST CLEARING ✓ — remove Per Caitlin Clevenger		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050919		05/21/2019	05/09/2019	05/09/2019			75.00	0.00	0.00	75.00 ✓
	PAYROLL DED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11037	FIRST CLEARING	75.00	0.00	0.00	75.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1754934 ✓		05/21/2019	05/07/2019	06/01/2019			152.52	0.00	0.00	152.52 ✓
	SUPPLIES Shipping 12.50									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	152.52	0.00	0.00	152.52

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0222104IN ✓		05/14/2019	05/01/2019	05/31/2019			530.00	0.00	0.00	530.00 ✓
	WATER TREATMENT									

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

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050219A		05/21/2019	05/02/2019	05/02/2019			908.18	0.00	0.00	908.18 ✓
	FAXING									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050219		05/21/2019	05/02/2019	05/02/2019			683.08	0.00	0.00	683.08
	FAXING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					1,591.26	0.00	0.00	1,591.26

Vendor#	Vendor Name	Class	Pay Code
G0321	GALLS,LLC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012424248		05/21/2019	04/08/2019	05/08/2019			48.96	0.00	0.00	48.96
	SUPPLIES Shipping 6.98									
012420078		05/21/2019	04/08/2019	05/08/2019			13.85	0.00	0.00	13.85
	SUPPLIES shipping 1.97									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G0321	GALLS,LLC					62.81	0.00	0.00	62.81

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060119		05/15/2019	06/01/2019	06/01/2019			5,399.92	0.00	0.00	5,399.92
	INSURANCE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.					5,399.92	0.00	0.00	5,399.92

Vendor#	Vendor Name	Class	Pay Code
12404	GE PRECISION HEALTHCARE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6001296897		05/13/2019	05/01/2019	05/31/2019			5,665.83	0.00	0.00	5,665.83
	MAIN CONTRACT									
6001296837		05/13/2019	05/01/2019	05/31/2019			3,588.58	0.00	0.00	3,588.58
	IMAGING CONTRACT									
6001296750		05/13/2019	05/01/2019	05/31/2019			1,651.20	0.00	0.00	1,651.20
	IMAGING CONTRACT									
6001296751		05/14/2019	05/01/2019	05/31/2019			572.33	0.00	0.00	572.33
	IMAGING CONTRACT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC					11,477.94	0.00	0.00	11,477.94

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9070641551		01/31/2019	01/28/2019	06/01/2019			89.75	0.00	0.00	89.75
	SUPPLIES									
9077921881		02/13/2019	02/05/2019	06/01/2019			296.82	0.00	0.00	296.82
	SUPPLIES									
9113207840		03/19/2019	03/12/2019	06/01/2019			38.00	0.00	0.00	38.00
	SUPPLIES									
9114176853		03/27/2019	03/13/2019	06/01/2019			179.50	0.00	0.00	179.50
	SUPPLIES									
9116161283		03/27/2019	03/14/2019	06/01/2019			31.99	0.00	0.00	31.99
	SUPPLIES									
9106106215		03/30/2019	03/06/2019	06/01/2019			103.35	0.00	0.00	103.35
	SUPPLIES Shipping 14.05									
9117778184		03/30/2019	03/18/2019	06/01/2019			92.83	0.00	0.00	92.83
	SUPPLIES Shipping 7.12									
9149114671		04/30/2019	04/17/2019	06/01/2019			341.28	0.00	0.00	341.28
	SUPPLIES									
9149932205		04/30/2019	04/18/2019	06/01/2019			92.83	0.00	0.00	92.83
	SUPPLIES Shipping 7.12									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	1,266.35	0.00	0.00	1,266.35

Vendor#	Vendor Name	Class	Pay Code
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1668033		05/08/2019	04/30/2019	05/30/2019			255.87	0.00	0.00	255.87
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	255.87	0.00	0.00	255.87

Vendor#	Vendor Name	Class	Pay Code
12380	HEALTH SOLUTIONS DIETETICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053019		05/21/2019	05/30/2019	05/30/2019			3,750.00	0.00	0.00	3,750.00
	DIETICIAN 5/2 - 5/30/19									

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

Vendor#	Vendor Name	Class	Pay Code
10804	HEALTHCARE CODING & CONSULTING ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8435 ✓		05/14/2019	04/30/2019	05/30/2019			970.00	0.00	0.00	970.00 ✓
	CODING SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	970.00	0.00	0.00	970.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100150108 ✓		05/23/2019	05/08/2019	06/01/2019			1,797.44	0.00	0.00	1,797.44 ✓
	LEASE Interest 350.69									
100150106 ✓		05/23/2019	05/08/2019	06/01/2019			7,154.17	0.00	0.00	7,154.17 ✓
	LEASE									
100150105 ✓		05/23/2019	05/08/2019	06/01/2019			4,919.41	0.00	0.00	4,919.41 ✓
	LEASE Interest 542.43									
100150107 ✓		05/23/2019	05/08/2019	06/01/2019			3,334.17	0.00	0.00	3,334.17 ✓
	LEASE Interest 369.70									

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

Vendor#	Vendor Name	Class	Pay Code
12196	ICU MEDICAL, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2078304 ✓		05/15/2019	05/01/2019	05/30/2019			11.25	0.00	0.00	11.25 ✓
	MAINT CONTRACT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12196	ICU MEDICAL, INC	11.25	0.00	0.00	11.25

Vendor#	Vendor Name	Class	Pay Code
I1260	INTOXIMETERS INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
626865 ✓		05/21/2019	05/02/2019	05/02/2019			488.75	0.00	0.00	488.75 ✓
	LAB SERVICES Freight 29.75									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC	488.75	0.00	0.00	488.75

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
APTZ019		04/30/2019	04/30/2019	05/30/2019			420.99	0.00	0.00	420.99
	SHRED SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	420.99	0.00	0.00	420.99

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC52019		05/21/2019	05/20/2019	06/01/2019			25,071.62	0.00	0.00	25,071.62
	RESP SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	25,071.62	0.00	0.00	25,071.62

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5154		05/08/2019	05/01/2019	06/01/2019			250.00	0.00	0.00	250.00
	SUPPORT SERVICES									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
920877799		05/21/2019	05/01/2019	05/31/2019			42.00	0.00	0.00	42.00
	SUPPLIES									
920893337		05/21/2019	05/06/2019	06/05/2019			1,062.40	0.00	0.00	1,062.40
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,104.40	0.00	0.00	1,104.40

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2029208		05/21/2019	05/15/2019	05/15/2019			946.75	0.00	0.00	946.75
	PRO FEES									
2029207		05/21/2019	05/15/2019	05/15/2019			872.71	0.00	0.00	872.71
	PRO FEES									
417675		05/21/2019	05/16/2019	05/16/2019			8,880.00	0.00	0.00	8,880.00
	PRO FEES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,					10,699.46	0.00	0.00	10,699.46

Vendor#	Vendor Name	Class	Pay Code
10507	JASON ANGLIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051519		05/21/2019	05/15/2019	05/15/2019			145.00	0.00	0.00	145.00
	TRAVEL St. Davids Healthcare 2019 governance retreat 5/16/19									
051519A		05/21/2019	05/15/2019	05/15/2019			360.18	0.00	0.00	360.18
	TRAVEL 2019 Torch Annal Conference 4/10-4/12/19									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10507	JASON ANGLIN					505.18	0.00	0.00	505.18

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051519		05/21/2019	05/15/2019	05/15/2019			1,482.10	0.00	0.00	1,482.10
	PAYROLL DED									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD					1,482.10	0.00	0.00	1,482.10

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
201904300837		05/15/2019	04/30/2019	05/30/2019			29,344.02	0.00	0.00	29,344.02
	FOOD SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCKERS RESTAURANTS					29,344.02	0.00	0.00	29,344.02

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050919		05/21/2019	05/09/2019	05/09/2019			1,095.00	0.00	0.00	1,095.00
	PAYROLL DED									

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

Vendor#	Vendor Name	Class	Pay Code
J1350	M.C. JOHNSON COMPANY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00379313		05/08/2019	05/01/2019	05/31/2019			106.33	0.00	0.00	106.33
	SUPPLIES freight 12.35									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC	106.33	0.00	0.00	106.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53207958		05/08/2019	04/30/2019	05/30/2019			2,324.72	0.00	0.00	2,324.72
	SUPPLIES									
5983280		05/13/2019	04/30/2019	05/30/2019			-1.61	0.00	0.00	-1.61
	FINANCE CHARGES AND CHARGEBACK									
5939934		05/13/2019	04/30/2019	05/30/2019			-9.74	0.00	0.00	-9.74
	CHARGEBACKS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,313.37	0.00	0.00	2,313.37

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90116766		05/08/2019	04/30/2019	05/30/2019			411.41	0.00	0.00	411.41
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	411.41	0.00	0.00	411.41

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1876187695		05/21/2019	05/03/2019	05/28/2019			83.19	0.00	0.00	83.19
	SUPPLIES freight 34.28									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1876187692		05/21/2019	05/03/2019	05/28/2019			93.30	0.00	0.00	93.30
	SUPPLIES									
1876187693		05/21/2019	05/03/2019	05/28/2019			166.76	0.00	0.00	166.76
	SUPPLIES Freight 34.24									
1876187691		05/21/2019	05/03/2019	05/28/2019			132.52	0.00	0.00	132.52
	SUPPLIES									
1876410892		05/21/2019	05/07/2019	06/01/2019			62.05	0.00	0.00	62.05
	SUPPLIES Freight 30.52									
1876410886		05/21/2019	05/07/2019	06/01/2019			82.02	0.00	0.00	82.02
	SUPPLIES									
1876410895		05/21/2019	05/07/2019	06/01/2019			22.12	0.00	0.00	22.12
	SUPPLIES Freight 18.19 on 3.93 item									
1876410888		05/21/2019	05/07/2019	06/01/2019			18.14	0.00	0.00	18.14
	SUPPLIES									
1876410876		05/21/2019	05/07/2019	06/01/2019			156.44	0.00	0.00	156.44
	SUPPLIES									
1876410893		05/21/2019	05/07/2019	06/01/2019			62.75	0.00	0.00	62.75
	SUPPLIES Freight 18.03									
1876410833		05/21/2019	05/07/2019	06/01/2019			32.17	0.00	0.00	32.17
	SUPPLIES Freight 15.52									
1876410885		05/21/2019	05/07/2019	06/01/2019			2.08	0.00	0.00	2.08
	SUPPLIES									
1876410887		05/21/2019	05/07/2019	06/01/2019			1,799.35	0.00	0.00	1,799.35
	SUPPLIES									
1876410884		05/21/2019	05/07/2019	06/01/2019			3.78	0.00	0.00	3.78
	SUPPLIES									
1876410881		05/21/2019	05/07/2019	06/01/2019			825.00	0.00	0.00	825.00
	SUPPLIES									
1876410890		05/21/2019	05/07/2019	06/01/2019			954.98	0.00	0.00	954.98
	SUPPLIES									
1876558458		05/21/2019	05/08/2019	06/02/2019			314.92	0.00	0.00	314.92
	SUPPLIES									
1876558457		05/21/2019	05/08/2019	06/02/2019			9.13	0.00	0.00	9.13
	SUPPLIES									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1876627311		05/21/2019	05/09/2019	06/03/2019			3.78	0.00	0.00	3.78
	SUPPLIES									
1876627316		05/21/2019	05/09/2019	06/03/2019			28.83	0.00	0.00	28.83
	SUPPLIES Freight 17.33 on 11.50 (gloves)									
1876627315		05/21/2019	05/09/2019	06/03/2019			80.23	0.00	0.00	80.23
	SUPPLIES Freight 34.23									
1876627314		05/21/2019	05/09/2019	06/03/2019			75.69	0.00	0.00	75.69
	SUPPLIES Freight 18.19									
2187667313		05/21/2019	05/09/2019	06/03/2019			11.62	0.00	0.00	11.62
	SUPPLIES									
1876627320		05/21/2019	05/09/2019	06/03/2019			2,883.76	0.00	0.00	2,883.76
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	7,904.61	0.00	0.00	7,904.61

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
050919		05/21/2019	05/09/2019	05/09/2019			220.00	0.00	0.00	220.00
	PAYROLL DED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	220.00	0.00	0.00	220.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8800447518		05/08/2019	04/30/2019	05/30/2019			322.83	0.00	0.00	322.83
	SUPPLIES Freight 24.85									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	322.83	0.00	0.00	322.83

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4222514		05/21/2019	05/14/2019	05/24/2019			373.09	0.00	0.00	373.09
	INVENTORY									
7048		05/21/2019	05/15/2019	05/25/2019			-323.79	0.00	0.00	-323.79
	CREDIT									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4229889		05/21/2019	05/15/2019	05/25/2019			171.52	0.00	0.00	171.52
	INVENTORY									
4228327		05/21/2019	05/15/2019	05/25/2019			175.62	0.00	0.00	175.62
	INVENTORY									
4229460		05/21/2019	05/15/2019	05/25/2019			1,226.69	0.00	0.00	1,226.69
	INVENTORY									
4229462		05/21/2019	05/15/2019	05/25/2019			228.08	0.00	0.00	228.08
	INVENTORY									
4227958		05/21/2019	05/15/2019	05/25/2019			216.83	0.00	0.00	216.83
	INVENTORY									
4229890		05/21/2019	05/15/2019	05/25/2019			1,081.72	0.00	0.00	1,081.72
	INVENTORY									
4229461		05/21/2019	05/15/2019	05/25/2019			2,227.40	0.00	0.00	2,227.40
	INVENTORY									
CM66348		05/21/2019	05/15/2019	05/25/2019			-492.13	0.00	0.00	-492.13
	CREDIT									
4237162		05/21/2019	05/16/2019	05/26/2019			857.52	0.00	0.00	857.52
	INVENTORY									
4237161		05/21/2019	05/16/2019	05/26/2019			1,834.95	0.00	0.00	1,834.95
	INVENTORY									
4233307		05/21/2019	05/16/2019	05/26/2019			356.98	0.00	0.00	356.98
	INVENTORY									
4233306		05/21/2019	05/16/2019	05/26/2019			14.56	0.00	0.00	14.56
	INVENTORY									
7277		05/21/2019	05/16/2019	05/26/2019			-5.18	0.00	0.00	-5.18
	CREDIT									
4237163		05/21/2019	05/16/2019	05/26/2019			362.84	0.00	0.00	362.84
	INVENTORY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	8,306.70	0.00	0.00	8,306.70

Vendor#	Vendor Name	Class	Pay Code
12564	NELSON WESTERBERG OF TX, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9534609IN		05/21/2019	03/29/2019	04/29/2019			3,353.49	0.00	0.00	3,353.49
	MOVING CHARGES FOR OT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12564	NELSON WESTERBERG OF TX, INC	3,353.49	0.00	0.00	3,353.49

Vendor#	Vendor Name	Class	Pay Code
12096	NEOGENOMICS LABORATORIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2372118		05/21/2019	04/30/2019	04/30/2019			900.00	0.00	0.00	900.00
	;AB SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12096	NEOGENOMICS LABORATORIES	900.00	0.00	0.00	900.00

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
97474793		05/13/2019	05/07/2019	06/01/2019			1,137.51	0.00	0.00	1,137.51
	MAINT CONTRACT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,137.51	0.00	0.00	1,137.51

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5250		04/30/2019	05/01/2019	05/31/2019			2,000.00	0.00	0.00	2,000.00
	RVE INTEG PRGRM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARA	2,000.00	0.00	0.00	2,000.00

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A53141		05/21/2019	05/13/2019	05/23/2019			2.78	0.00	0.00	2.78
	SUPPLIES									
A53242		05/21/2019	05/15/2019	05/25/2019			7.15	0.00	0.00	7.15
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	9.93	0.00	0.00	9.93

Vendor#	Vendor Name	Class	Pay Code
12480	PRO ENERGY PARTNERS LP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
19040600		05/15/2019	04/30/2019	05/30/2019			3,061.54	0.00	0.00	3,061.54
	FUEL									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LP					3,061.54	0.00	0.00	3,061.54

Vendor#	Vendor Name	Class	Pay Code
S1405	SERVICE SUPPLY OF VICTORIA INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051619		05/21/2019	05/16/2019	05/16/2019			224.08	0.00	0.00	224.08
	FINANCE CHARGES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC					224.08	0.00	0.00	224.08

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
848971		05/21/2019	04/03/2019	04/03/2019			8.00	0.00	0.00	8.00
	TRANSPORT PT									
848973		05/21/2019	04/11/2019	04/11/2019			8.00	0.00	0.00	8.00
	TRANSPORT PT									
848972		05/21/2019	04/11/2019	05/11/2019			8.00	0.00	0.00	8.00
	TRANSPORT PT									
733454		05/21/2019	04/13/2019	04/13/2019			8.00	0.00	0.00	8.00
	TRANSPORT PT									
980418		05/21/2019	05/16/2019	05/16/2019			70.00	0.00	0.00	70.00
	TRANSPORT PT									
733460		05/21/2019	05/18/2019	05/18/2019			12.00	0.00	0.00	12.00
	TRANSPORT PT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE					114.00	0.00	0.00	114.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8628		05/21/2019	01/01/2019	01/01/2019			115.80	0.00	0.00	115.80
	CONTRACT BILLING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10195	SINGLETON ASSOCIATES PA	115.80	0.00	0.00	115.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV006648A		05/21/2019	03/29/2019	04/29/2019			12,375.00	0.00	0.00	12,375.00
	BIO MED SERVICES									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100947400		05/21/2019	05/15/2019	06/01/2019			4,060.00	0.00	0.00	4,060.00
	WORK COMP									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	4,060.00	0.00	0.00	4,060.00

Vendor#	Vendor Name	Class	Pay Code
D1641	THE DOCTORS' CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
250		05/21/2019	11/05/2018	11/30/2018			225.00	0.00	0.00	225.00
	LAB SERVICES									
485		05/21/2019	12/05/2018	12/30/2018			150.00	0.00	0.00	150.00
	LAB SERVICES									
1493		05/21/2019	04/03/2019	04/28/2019			150.00	0.00	0.00	150.00
	LAB SERVICES									
1739		05/21/2019	05/02/2019	05/27/2019			150.00	0.00	0.00	150.00
	LAB SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	D1641	THE DOCTORS' CENTER	675.00	0.00	0.00	675.00

Vendor#	Vendor Name	Class	Pay Code
11100	THE US CONSULTING GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
340374634		05/15/2019	05/07/2019	06/01/2019			309.53	0.00	0.00	309.53
	TRASH SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	309.53	0.00	0.00	309.53

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400300639	LAUNDRY	05/08/2019	05/06/2019	05/31/2019			57.35	0.00	0.00	57.35
8400300667	LAUNDRY	05/08/2019	05/06/2019	05/31/2019			1,583.82	0.00	0.00	1,583.82
8400300638	LAUNDRY	05/08/2019	05/06/2019	05/31/2019			47.15	0.00	0.00	47.15
8400301038	LAUNDRY	05/15/2019	05/09/2019	06/03/2019			106.93	0.00	0.00	106.93
8400300966	LAUNDRY	05/15/2019	05/09/2019	06/03/2019			120.39	0.00	0.00	120.39
8400301009	LAUNDRY	05/15/2019	05/09/2019	06/03/2019			1,178.94	0.00	0.00	1,178.94
8400300969	LAUNDRY	05/15/2019	05/09/2019	06/03/2019			175.83	0.00	0.00	175.83
8400300968	LAUNDRY	05/15/2019	05/09/2019	06/03/2019			217.50	0.00	0.00	217.50
8400300967	LAUNDRY	05/15/2019	05/09/2019	06/03/2019			157.37	0.00	0.00	157.37
8400300992	LAUNDRY	05/15/2019	05/09/2019	06/03/2019			80.83	0.00	0.00	80.83
8400300964	LAUNDRY	05/15/2019	05/09/2019	06/03/2019			17.00	0.00	0.00	17.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,743.11	0.00	0.00	3,743.11

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
168713532001	BLOWER RENTAL	05/08/2019	05/01/2019	05/31/2019			57.50	0.00	0.00	57.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10968	UNITED RENTALS (NORTH AMERICA)	57.50	0.00	0.00	57.50

Vendor#	Vendor Name	Class	Pay Code
12400	UPDOX LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00081010		04/30/2019	04/30/2019	05/30/2019			199.00	0.00	0.00	199.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	199.00	0.00	0.00	199.00

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~050919~~	PAYROLL DED	05/21/2019	05/09/2019	05/09/2019			3,744.71	0.00	0.00	3,744.71

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	3,744.71	0.00	0.00	3,744.71

Vendor#	Vendor Name	Class	Pay Code
12208	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1406665	INSURANCE	05/21/2019	05/15/2019	05/15/2019			543.50	0.00	0.00	543.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12208	WAGEWORKS	543.50	0.00	0.00	543.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
124673	MMC SHIRTS	05/21/2019	04/18/2019	05/18/2019			1,830.10	0.00	0.00	1,830.10

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	1,830.10	0.00	0.00	1,830.10

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00002835	WOUND CARE	05/14/2019	05/01/2019	05/31/2019			28,850.00	0.00	0.00	28,850.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	28,850.00	0.00	0.00	28,850.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	375,843.67	0.00	0.00	375,843.67

pg 6- remove per Caitlin Clevenger <75.00>

$ 375,768.67

APPROVED
ON
MAY 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 180752-180824

375,843.67 +
75.00 -
375,768.67 *

RUN DATE:05/24/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:30 CHECK REGISTER GLCKREG
05/29/19 THRU 05/29/19

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		180752	05/29/19	1,400.00	ACUTE CARE INC
A/P		180753	05/29/19	1,500.00	ADVANCED PLUMBING
A/P		180754	05/29/19	1,594.15	ALCON LABORATORIES, INC.
A/P		180755	05/29/19	21.99	AQUA BEVERAGE COMPANY
A/P		180756	05/29/19	30.97	AUTO PARTS & MACHINE CO.
A/P		180757	05/29/19	507.68	BAXTER HEALTHCARE CORP
A/P		180758	05/29/19	562.32	BAYER HEALTHCARE
A/P		180759	05/29/19	20,318.40	BECKMAN COULTER INC
A/P		180760	05/29/19	81.45	CAREFUSION
A/P		180761	05/29/19	42.00	CENTRAL DRUG
A/P		180762	05/29/19	51.00	CITIZENS MEDICAL CENTER
A/P		180763	05/29/19	1,260.00	CROSSROADS MECHANICAL, INC
A/P		180764	05/29/19	306.99	CYRACOM LLC
A/P		180765	05/29/19	728.60	DEPUY SYNTHES SALES, INC.
A/P		180766	05/29/19	631.37	DEWITT POTH & SON
A/P		180767	05/29/19	481.15	DIANE MOORE
A/P		180768	05/29/19	128,098.64	DISCOVERY MEDICAL NETWORK INC
A/P		180769	05/29/19	361.30	DOWNTOWN CLEANERS
A/P		180770	05/29/19	223.00	DRIESSEN WATER INC. (CULLIGAN)
A/P		180771	05/29/19	155.98	ERBE USA INC SURGICAL SYSTEMS
A/P		180772	05/29/19	17,388.00	EVIDENT
A/P		180773	05/29/19	152.52	FISHER HEALTHCARE
A/P		180774	05/29/19	530.00	FORT BEND SERVICES, INC
A/P		180775	05/29/19	1,591.26	FRONTIER
A/P		180776	05/29/19	62.81	GALLS,LLC
A/P		180777	05/29/19	5,399.92	GARDNER & WHITE, INC.
A/P		180778	05/29/19	11,477.94	GE PRECISION HEALTHCARE, LLC
A/P		180779	05/29/19	1,266.35	GRAINGER
A/P		180780	05/29/19	255.87	GULF COAST PAPER COMPANY
A/P		180781	05/29/19	3,750.00	HEALTH SOLUTIONS DIETETICS
A/P		180782	05/29/19	970.00	HEALTHCARE CODING & CONSULTING
A/P		180783	05/29/19	17,205.19	HEALTHCARE EQUIPMENT FINANCE
A/P		180784	05/29/19	11.25	ICU MEDICAL, INC
A/P		180785	05/29/19	488.75	INTOXIMETERS INC
A/P		180786	05/29/19	420.99	IRON MOUNTAIN
A/P		180787	05/29/19	25,071.62	ITA RESOURCES INC
A/P		180788	05/29/19	250.00	ITERSOURCE CORPORATION
A/P		180789	05/29/19	1,104.40	J & J HEALTH CARE SYSTEMS, INC
A/P		180790	05/29/19	10,699.46	JACKSON & COKER LOCUM TENENS,
A/P		180791	05/29/19	505.18	JASON ANGLIN
A/P		180792	05/29/19	1,482.10	LEGAL SHIELD
A/P		180793	05/29/19	29,344.02	LUBY'S FUDDRUCKERS RESTAURANTS
A/P		180794	05/29/19	1,095.00	M G TRUST
A/P		180795	05/29/19	106.33	M.C. JOHNSON COMPANY INC
A/P		180796	05/29/19	2,313.37	MCKESSON MEDICAL SURGICAL INC
A/P		180797	05/29/19	411.41	MEDIVATORS
A/P		180798	05/29/19	.00	VOIDED
A/P		180799	05/29/19	.00	VOIDED
A/P		180800	05/29/19	7,904.61	MEDLINE INDUSTRIES INC
A/P		180801	05/29/19	220.00	MEMORIAL MEDICAL CLINIC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	180802	05/29/19	322.83	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	180803	05/29/19	.00	VOIDED
A/P	180804	05/29/19	8,306.70	MORRIS & DICKSON CO, LLC
A/P	180805	05/29/19	3,353.49	NELSON WESTERBERG OF TX, INC
A/P	180806	05/29/19	900.00	NEOGENOMICS LABORATORIES
A/P	180807	05/29/19	1,137.51	OLYMPUS AMERICA INC
A/P	180808	05/29/19	2,000.00	PARA
A/P	180809	05/29/19	9.93	POWER HARDWARE
A/P	180810	05/29/19	3,061.54	PRO ENERGY PARTNERS LP
A/P	180811	05/29/19	224.08	SERVICE SUPPLY OF VICTORIA INC
A/P	180812	05/29/19	114.00	SHIP SHUTTLE TAXI SERVICE
A/P	180813	05/29/19	115.80	SINGLETON ASSOCIATES PA
A/P	180814	05/29/19	12,375.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	180815	05/29/19	4,060.00	TEXAS MUTUAL INSURANCE CO
A/P	180816	05/29/19	675.00	THE DOCTORS' CENTER
A/P	180817	05/29/19	309.53	THE US CONSULTING GROUP
A/P	180818	05/29/19	3,743.11	UNIFIRST HOLDINGS INC
A/P	180819	05/29/19	57.50	UNITED RENTALS (NORTH AMERICA)
A/P	180820	05/29/19	199.00	UPDOX LLC
A/P	180821	05/29/19	3,744.71	WAGEWORKS
A/P	180822	05/29/19	543.50	WAGEWORKS
A/P	180823	05/29/19	1,830.10	WATERMARK GRAPHICS INC
A/P	180824	05/29/19	28,850.00	WOUND CARE SPECIALISTS
TOTALS:			375,768.67	

APPROVED
ON

MAY 29 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 05/24/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 05/25/2019

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: 05/24/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 05/25/2019 **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: 4,886.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 05/28/2019,
Pay This Amount: 4,788.97 USD

If Paid After 05/28/2019,
Pay this Amount: 4,886.72 USD

Due If Paid On Time:
USD 4,788.97

Disc lost if paid late: 97.75

Due If Paid Late:
USD 4,886.72

CK # 1035
GL # 603100000

2,466.81 +
1,736.22 +
563.55 +
22.39 +
4,788.97 *

APPROVED
ON
MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 05/24/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 05/25/2019

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: 05/24/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 05/25/2019 **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											
05/20/2019	05/28/2019	7135508722	0959800214	115Invoice	10.74	536.95		526.21 ✓		7135508722	
05/20/2019	05/28/2019	7135508723	0519190241-00	115Invoice	0.08	3.80		3.72 ✓		7135508723	
05/20/2019	05/28/2019	7135508725	1122434	115Invoice	0.01	0.63		0.62 ✓		7135508725	
05/21/2019	05/28/2019	7135763192	0959800215	115Invoice	6.08	303.79		297.71 ✓		7135763192	
05/22/2019	05/28/2019	7136005645	0959800216	115Invoice	6.70	335.03		328.33 ✓		7136005645	
05/23/2019	05/28/2019	7136247464	0959800217	115Invoice	0.01	0.33		0.32 ✓		7136247464	
05/23/2019	05/28/2019	7136247465	0522190348-00	115Invoice	4.87	243.45		238.58 ✓		7136247465	
05/24/2019	05/28/2019	7136478799	0959800218	115Invoice	3.64	181.83		178.19 ✓		7136478799	
05/24/2019	05/28/2019	7136482701	0523190448-00	115Invoice	18.23	911.36		893.13 ✓		7136482701	

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: 2,517.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,957.11
05/20/2019

If Paid By 05/28/2019, Pay This Amount: 2,466.81 USD

If Paid After 05/28/2019, Pay this Amount: 2,517.17 USD

Due If Paid On Time: USD 2,466.81

Disc lost if paid late: 50.36

Due If Paid Late: USD 2,517.17

APPROVED
ON
MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 05/24/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 05/25/2019

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: 05/24/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 05/25/2019 **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											
05/20/2019	05/28/2019	7135504070	488076	115Invoice	8.05	402.33		394.28 ✓		7135504070	
05/20/2019	05/28/2019	7135504071	488076	115Invoice	0.13	6.53		6.40 ✓		7135504071	
05/21/2019	05/28/2019	7135770473	488529	115Invoice	13.25	662.32		649.07 ✓		7135770473	
05/21/2019	05/28/2019	7135770477	488529	115Invoice	2.12	105.92		103.80 ✓		7135770477	
05/22/2019	05/28/2019	7135997437	489147	115Invoice	2.53	126.26		123.73 ✓		7135997437	
05/23/2019	05/28/2019	7136223522	490824	115Invoice	0.04	2.13		2.09 ✓		7136223522	
05/24/2019	05/28/2019	7136479844	491406	115Invoice	9.32	466.17		456.85 ✓		7136479844	

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: 1,771.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,957.11
05/20/2019

If Paid By 05/28/2019,
Pay This Amount: 1,736.22 USD

If Paid After 05/28/2019,
Pay this Amount: 1,771.66 USD

Due If Paid On Time:
USD 1,736.22 ✓

Disc lost if paid late: 35.44

Due If Paid Late:
USD 1,771.66

APPROVED
ON
MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 05/24/2019 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 05/25/2019

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: 05/24/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 05/25/2019 **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											
05/20/2019	05/28/2019	7135497424	55x349597	115Invoice	2.92	146.24		143.32 ✓		7135497424	
05/20/2019	05/28/2019	7135497426	55x349595	115Invoice	0.53	26.66		26.13 ✓		7135497426	
05/22/2019	05/28/2019	7135997537	55x353723	115Invoice	8.04	402.14		394.10 ✓		7135997537	

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: 575.04 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,957.11
05/20/2019

If Paid By 05/28/2019,
Pay This Amount: 563.55 USD

If Paid After 05/28/2019,
Pay this Amount: 575.04 USD

Due If Paid On Time:
USD ✓563.55

Disc lost if paid late:
11.49

Due If Paid Late:
USD 575.04

APPROVED
ON

MAY 28 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 05/24/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 05/25/2019

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: 05/24/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 05/25/2019 **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											
05/22/2019	05/28/2019	7135988967	2017008365	115Invoice	0.46	22.85		22.39	✓	7135988967	

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: 22.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,957.11
05/20/2019

If Paid By 05/28/2019,
Pay This Amount: 22.39 USD

If Paid After 05/28/2019,
Pay this Amount: 22.85 USD

Due If Paid On Time:
USD 22.39

Disc lost if paid late:
0.46

Due If Paid Late:
USD 22.85

APPROVED
ON
MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 57983289 Date: 05-24-2019

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:	887.82
Past Due:	0.00
Total Due:	887.82
Account Balance:	887.82

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
05-20-2019	05-31-2019	3023069306	146697	Invoice	177.63
05-20-2019	05-31-2019	3023069307	146773	Invoice	9.53
05-20-2019	05-31-2019	3023109298	146820	Invoice	17.53
05-21-2019	05-31-2019	3023143977	146862	Invoice	248.53
05-22-2019	05-31-2019	592384494	146520	Invoice	(5.52)
05-22-2019	05-31-2019	592384495	146520	Invoice	4.82
05-23-2019	05-31-2019	3023236105	146950	Invoice	12.78
05-23-2019	05-31-2019	3023236106	146951	Invoice	33.47
05-24-2019	05-31-2019	3023282098	146962	Invoice	289.05

Thank You for Your Payment

Date	Payment Number	Amount
05-24-2019		(698.91)

Reminders

Due Date	Amount
05-31-2019	887.82
Total Due:	887.82

Terms:
Monday - Friday due in 7 days

GL # 60310000

CK # 1029

GL # 60310000

APPROVED
ON
MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:05/29/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:19 CHECK REGISTER GLCKREG
05/29/19 THRU 05/29/19

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	*	001029	05/29/19	887.82	AMERISOURCEBERGEN
A/P	*	001035	05/29/19	4,788.97	MCKESSON
A/P		180752	05/29/19	1,400.00	ACUTE CARE INC
A/P		180753	05/29/19	1,500.00	ADVANCED PLUMBING
A/P		180754	05/29/19	1,594.15	ALCON LABORATORIES, INC.
A/P		180755	05/29/19	21.99	AQUA BEVERAGE COMPANY
A/P		180756	05/29/19	30.97	AUTO PARTS & MACHINE CO.
A/P		180757	05/29/19	507.68	BAXTER HEALTHCARE CORP
A/P		180758	05/29/19	562.32	BAYER HEALTHCARE
A/P		180759	05/29/19	20,318.40	BECKMAN COULTER INC
A/P		180760	05/29/19	81.45	CAREFUSION
A/P		180761	05/29/19	42.00	CENTRAL DRUG
A/P		180762	05/29/19	51.00	CITIZENS MEDICAL CENTER
A/P		180763	05/29/19	1,260.00	CROSSROADS MECHANICAL, INC
A/P		180764	05/29/19	306.99	CYRACOM LLC
A/P		180765	05/29/19	728.60	DEPUY SYNTHES SALES, INC.
A/P		180766	05/29/19	631.37	DEWITT POTH & SON
A/P		180767	05/29/19	481.15	DIANE MOORE
A/P		180768	05/29/19	128,098.64	DISCOVERY MEDICAL NETWORK INC
A/P		180769	05/29/19	361.30	DOWNTOWN CLEANERS
A/P		180770	05/29/19	223.00	DRIESSEN WATER INC. (CULLIGAN)
A/P		180771	05/29/19	155.98	ERBE USA INC SURGICAL SYSTEMS
A/P		180772	05/29/19	17,388.00	EVIDENT
A/P		180773	05/29/19	152.52	FISHER HEALTHCARE
A/P		180774	05/29/19	530.00	FORT BEND SERVICES, INC
A/P		180775	05/29/19	1,591.26	FRONTIER
A/P		180776	05/29/19	62.81	GALLS,LLC
A/P		180777	05/29/19	5,399.92	GARDNER & WHITE, INC.
A/P		180778	05/29/19	11,477.94	GE PRECISION HEALTHCARE, LLC
A/P		180779	05/29/19	1,266.35	GRAINGER
A/P		180780	05/29/19	255.87	GULF COAST PAPER COMPANY
A/P		180781	05/29/19	3,750.00	HEALTH SOLUTIONS DIETETICS
A/P		180782	05/29/19	970.00	HEALTHCARE CODING & CONSULTING
A/P		180783	05/29/19	17,205.19	HEALTHCARE EQUIPMENT FINANCE
A/P		180784	05/29/19	11.25	ICU MEDICAL, INC
A/P		180785	05/29/19	488.75	INTOXIMETERS INC
A/P		180786	05/29/19	420.99	IRON MOUNTAIN
A/P		180787	05/29/19	25,071.62	ITA RESOURCES INC
A/P		180788	05/29/19	250.00	ITERSOURCE CORPORATION
A/P		180789	05/29/19	1,104.40	J & J HEALTH CARE SYSTEMS, INC
A/P		180790	05/29/19	10,699.46	JACKSON & COKER LOCUM TENENS,
A/P		180791	05/29/19	505.18	JASON ANGLIN
A/P		180792	05/29/19	1,482.10	LEGAL SHIELD
A/P		180793	05/29/19	29,344.02	LUBY'S FUDDRUCKERS RESTAURANTS
A/P		180794	05/29/19	1,095.00	M G TRUST
A/P		180795	05/29/19	106.33	M.C. JOHNSON COMPANY INC
A/P		180796	05/29/19	2,313.37	MCKESSON MEDICAL SURGICAL INC
A/P		180797	05/29/19	411.41	MEDIVATORS
A/P		180798	05/29/19	.00	VOIDED
A/P		180799	05/29/19	.00	VOIDED

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	19	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	6	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 99,000.22	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 50,273.20	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,757.40	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 36,969.62	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9161.75	N		N	N		186508.69
1	REGULAR PAY-S1	1816.50	N		N	N	N	79625.43
1	REGULAR PAY-S1	192.00	Y		N	N		5924.91
2	REGULAR PAY-S2	2529.25	N		N	N		57426.31
2	REGULAR PAY-S2	114.00	Y		N	N		4253.01
3	REGULAR PAY-S3	1595.50	N		N	N		44129.63
3	REGULAR PAY-S3	102.75	Y		N	N		4038.78
C	CALL PAY	2260.50	N	1	N	N		4521.00
E	EXTRA WAGES	8.00	N		N	N	N	1014.00
E	EXTRA WAGES		N	1	N	N	N	1576.50
I	INSERVICE	111.00	N	1	N	N		3654.67
I	INSERVICE	1.00	Y	1	N	N		55.10
J	JURY LEAVE	8.00	N	1	N	N		305.36
K	EXTENDED-ILLNESS-BANK	124.00	N	1	N	N		3002.44
P	PAID-TIME-OFF	272.00	N		N	N	N	6207.78
P	PAID-TIME-OFF	1388.00	N	1	N	N		32364.34
X	CALL PAY 2	144.00	N	1	N	N		288.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	28.00	N	1	N	N		474.40

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	1047.14	A/R2	165.76	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1627.50	CAFE-F	
CAFE-H	18520.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	50.00	COMBIN	574.27	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT	868.75	EATCSH	325.00
FEDTAX	36969.62	FICA-M	5878.70	FICA-O	25136.60
FIRSTC		FLEX S	3786.37	FLX FE	
FORT D		FUTA		GIFT S	220.62
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	687.66	MASA		MEALS	155.94
MISC		MISC/		MMCSHR	
NATFML	1850.78	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	1095.00
STONE		STONE2		STUDEN	
SUNACC	934.76	SUNILL	1668.66	SUNLIF	1436.89
SUNSTD	1512.60	SUNVIS	1084.94	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	30496.14	TUTION		UNIFOR	1208.05
UW/HOS					

Grand Totals: 19952.25 (Gross: 435658.35 Deductions: 137647.90 Net: 298010.45)

Checks Count:- FT 201 PT 9 Other 43 Female 224 Male 28 Credit OverAmt 5 ZeroNet Term 1 Total: 252

Pay Date 06-31-19

CFO

5-28-19

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

"ENTER VOID CKS AS NEGATIVE NUMBERS"

			VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN		05/10/19					
PAY PERIOD: END		05/23/19					
PAY DATE:		05/23/19					
GROSS PAY:	$	435,658.35			$ -		$ 435,658.35
DEDUCTIONS:							
A/R	$	1,212.90					$ 1,212.90
ADVANC							$ -
BOOTS							$ -
SUNLIFE CRITICAL ILLNESS	$	1,668.66					$ 1,668.66
SUNLIFE ACCIDENT	$	934.76					$ 934.76
SUNLIFE VISION	$	1,084.94					$ 1,084.94
SUNLIFE SHORT TERM DIS	$	1,512.60					$ 1,512.60
CAFÉ-5	$	-					$ -
CAFÉ-D	$	1,627.50					$ 1,627.50
CAFÉ-H	$	18,520.00					$ 18,520.00
CAFÉ-I							$ -
CAFÉ-L							$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	346.15	+1.50 Fee (processing) = 347.65				$ 346.15
CLINIC	$	50.00					$ 50.00
COMBIN	$	574.27					$ 574.27
CREDUN							$ -
DENTAL							$ -
DEP-LF							$ -
SUNLIFE TERM LIFE	$	1,436.89					$ 1,436.89
EAT	$	1,193.75					$ 1,193.75
FED TAX	$	36,969.62					$ 36,969.62
FICA-M	$	5,878.70					$ 5,878.70
FICA-O	$	25,136.60					$ 25,136.60
FIRST C							$ -
FLEX S	$	3,786.37					$ 3,786.37
FLX-FE							$ -
GIFT S	$	220.62					$ 220.62
GRP-IN	$	-					$ -
GTL							$ -
HOSP-I							$ -
LEGAL	$	687.66					$ 687.66
OTHER	$	1,363.99					$ 1,363.99
NATIONAL FARM LIFE	$	1,850.78					$ 1,850.78
PHI							$ -
PR FIN	$	-					$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	1,095.00					$ 1,095.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	30,496.14					$ 30,496.14
UW/HOS							$ -
TOTAL DEDUCTIONS:	$	137,647.90	$ -	$ -	$ -	$ -	$ 137,647.90
			"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"
NET PAY:	$	298,010.45	$ -	$ -	$ -	$ -	$ 298,010.45
			"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"
TOTAL CAFÉ 125 PLAN:	$	30,229.83	Less Exempt:				
TAXABLE PAY:	$	405,428.52	$ 405,428.52				

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,878.71		
FICA - MED (EE)	1.45%	$ 5,878.71	$ 5,878.70	$ 0.01
FICA - SOC SEC (ER)	6.20%	$ 25,136.57		
FICA - SOC SEC (EE)	6.20%	$ 25,136.57	$ 25,136.60	$ (0.03)
FED WITHHOLDING		$ 36,969.62	$ 36,969.62	
TAX DEPOSIT:		$ 99,000.18	$ 99,000.22	$ (0.04)
FICA - MEDICARE	2.90%	$ 11,757.42	$11,757.40	
FICA - SOCIAL SECURITY	12.40%	$ 50,273.14	$50,273.20	
FED WITHHOLDING		$ 36,969.62	$36,969.62	
TOTAL TAX:		$ 99,000.18	$ 99,000.22	$ (0.04)

Exempt Amt:	
Employees over FICA-SS Cap:	
Jason Anglin	$ -
Jerry	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ -

PREPARED BY: Alison M King

PREPARED DATE: 5/27/2019

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --May 20, 2019 - May 26, 2019

Date	Bank Description	MMC Notes	Amount
5/20/2019	ACH Payment FDGL LEASE PYMT 052-1312971-000 410001284185	- Credit Card Machine Lease Expense	151.23 ✓
5/20/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000693087741	- 3rd Party Payor Fee	0.76 ✓
5/20/2019	ACH Payment WEBFILE TAX PYMT DD 902/33702743 21000025340	- Sales Tax	** 2,051.53 ✓
5/21/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03809411 910000118	- 340B Drug Program Expense	* 5,957.11 ✓
5/21/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000693816510	- 3rd Party Payor Fee	2.39 ✓
5/22/2019	ACH Payment IRS USATAXPYMT 220954284909164 6103601001310	- Payroll Taxes	** 100,155.84 ✓
5/22/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000694503019	- 3rd Party Payor Fee	2.66 ✓
5/23/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000695157960	- 3rd Party Payor Fee	51.19 ✓
5/23/2019	CM Wire Domestic WIRE OUT CBNA Incoming Settlement Account	-CitiBank Corporate Card Payment	* 14,048.37 ✓
5/24/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	* 698.91 ✓
5/24/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000695776576	- 3rd Party Payor Fee	6.17 ✓
			151.23 +
			63.17 +
			123,126.16

Credit Card Fees
151.23 +
151.23 *

Check
214.40 *
123,126.16 +
2,051.53 -
5,957.11 -
100,155.84 -
14,048.37 -
698.91 -
214.40 *

Pay Plus Fees
0.76 +
2.39 +
2.66 +
51.19 +
6.17 +
63.17 *

Diane C. Moore, CFO
Memorial Medical Center

* Approved 05.22.19 cc
** Approved 05.15.19 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC No	Amount
6/3/2019	ACH Payment STATE COMTRLR TEXNET	DSH IGT	154,703.73
6/3/2019	ACH Payment STATE COMTRLR TEXNET	QIPP Yr 3 IGT	1,479,816.14
			1,634,519.87

CFO

May 28, 2019

Diane C. Moore, CFO
Memorial Medical Center

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: **Location: 00136**

Transaction Complete

Trace #: 33925849

Payment Total	$1,479,816.14
Settlement Date	06/03/2019
PAYMENT DETAIL	
Nursing Facility UPL Amount	$1,479,816.14

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Revised:01/09/13 (483)

Facility Identification Number	NSGO Provider Name	Total June IGT Request
	Fort Bend Healthcare Center	$ 174,451.44
	Ashford Gardens	$ 427,635.44
	Meridian Rockport SNF LP	$ 168,794.08
	Golden Creek Healthcare and Rehab	$ 278,264.43
	Solera at West Houston	$ 151,024.04
	The Cresent	$ 125,744.12
	The Broadmoor at Creekside Park	$ 153,902.59
		1,479,816.14

Diane C. Moore

From: HHSC QIPP <QIPPProjectProposal@hhsc.state.tx.us>
Sent: Wednesday, May 22, 2019 10:31 AM
To: Diane C. Moore
Subject: FW: QIPP IGT Suggestion for June 2019-December 2019 (6)
Attachments: QIPP Yr 3 IGT Call for June 2019.xlsx

Diane,

Here is the email with the Final IGT request.

Thank you,
Shanon

Shanon Keogh
Rate Analysis Dept. / Long-Term Services and Support
Texas Health and Human Services Commission

Phone: 512-487-3359

From: HHSC RAD QIPP Payments
Sent: Friday, May 17, 2019 5:13 PM
To: wc-administrator@healthmarkgroup.com; wday@st-joseph.org; WGDennis@SavaSC.com; WGSims@savasc.com; whhector@yahoo.com; wisherman@ensignservices.net; zach.lapin@brookshirecare.com
Cc: Hites,Rhonda (HHSC) <Rhonda.Hites@hhsc.state.tx.us>; Jenkins,Brooke (HHSC) <Brooke.Jenkins01@hhsc.state.tx.us>; Hambrick,Sarah (HHSC) <Sarah.Hambrick@hhsc.state.tx.us>; Duban,Sascha (HHSC) <Sascha.Duban@hhsc.state.tx.us>; Keogh,Shanon (HHSC) <Shanon.Keogh01@hhsc.state.tx.us>; Okoniewski,Amanda (HHSC) <Amanda.Okoniewski01@hhsc.state.tx.us>; HHSC QIPP <QIPPProjectProposal@hhsc.state.tx.us>
Subject: QIPP IGT Suggestion for June 2019-December 2019 (6)

QIPP Year 3 Providers,

Attached is a spreadsheet with the suggested intergovernmental transfer (IGT) amounts needed to fund the first half of the Quality Incentive Payment Program (QIPP) Year 3, September 2019 through February 2020.

The purpose of QIPP is to improve the quality of care provided in Texas nursing facilities. The Texas Health and Human Services Commission (HHSC) is committed to increasing the number of participating nursing facilities and building on the success of QIPP. HHSC appreciates the commitment of the non-state government organizations (NSGOs) to being active participants in the Year 3 QIPP program and looks forward to working with all participants in Year 3 as the number of participating nursing facilities is expanded to bring this program to more Texas communities.

The current suggested IGT amounts attached here have been updated from the suggested IGT amounts provided on April 25, 2019 and included in the online QIPP IGT Declaration on the HHSC website to reflect the final IGT declarations from each governmental entity.

The final suggested IGT amounts reflect the following for QIPP Year 3:

Per 1 TAC §353.1302 (f)(3) "Sponsoring governmental entities will transfer the first half of the IGT amount by a date determined by HHSC. The second half of the IGT amount will be transferred by a date determined by HHSC. The IGT deadlines and all associated dates will be published on the HHSC QIPP webpage by January 15 of each year.

✓ Doul 5/22/19

The IGT must be entered into TexNet no later than close of business May 31, 2019 with a settlement date of June 3, 2019. This due date is non-negotiable. The funds need to be placed in the "Minimum Payment" Bucket. The amount that needs to be entered TexNet is on the tab named "June 2019 Final IGT Request" in column C of the attached spreadsheet. The IGT will be processed at that time and there will be no further revisions or redistributions of IGT suggestions should the aggregate IGT amount not fully utilize the available pool. Please ensure you double check the number while entering to ensure the correct number has been entered.

After the IGT amount is entered into TexNet, please send via email a screen shot or .pdf of the confirmation/trace sheet (or email the confirmation number if the TexNet is submitted over the phone) to RAD_QIPP_Payments@hhsc.state.tx.us.
Instructions for using TexNet for HHSC programs is attached as a PDF document. If you are new to TexNet or have questions, please reach out as-soon-as possible to ensure the process goes as smooth as possible.

TexNet Website: https://comptroller.texas.gov/programs/systems/texnet.php

Important Date:

May 31, 2019 - Enter IGT amount into TexNet with a settlement date of June 3,2019, and send trace sheet to RAD_QIPP_Payments@hhsc.state.tx.us

Thank you,

HHSC Rate Analysis- Payments
Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78714-9030

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: **Location: 00136**

Transaction Complete

Trace #: 33920579

Payment Total	$154,703.73
Settlement Date	06/03/2019
PAYMENT DETAIL	
DISPRO Amount	$154,703.73

Return to Menu | Logoff

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Revised:01/09/13 (483)

Diane C. Moore

From: HHSC DSH Payments <DSHPayments@hhsc.state.tx.us>
Sent: Monday, May 20, 2019 9:17 AM
To: joni.reed@co.panola.tx.us; Jonny Hipp; josburn@ych.us; Joseph.Wooldridge@navarrohospital.com; Joseph_Wooldridge@brmc-cares.com; Joseph_Wooldridge@chs.net; josh@preferredmanagementcorp.com; joy.sloan@emhd.org; jparrish@seminolehospitaldistrict.com; Jerry Pickett; jpickett@swisherhospital.com; jrcole@sw.org; jrich@huntregional.org; jrjohann@baptisthealthsystem.com; jsandersen@etmc.org; jsmith@medicalartshospital.org; JSTURGIS@HoustonMethodist.org; jtbarnhart@primehealthcare.com; jtucker@comanchecmc.com; jturner@mchd.net; juana.giralt@uhsinc.com; jughson@gonzaleshealthcare.com; Julie.Perez@stdavids.com; julie.rabat-torki@harrishealth.org; julie.t.page@uth.tmc.edu; julieh@rpmh.net; Justin.Flores@BSWHealth.org; jvoelkel@culbersonhospital.org; jwalker@hendrickhealth.org; jweaver@medicalartshospital.or; jweaver@medicalartshospital.org; jwilliams@muensterhospital.com; jwisniewski@nixhealth.com; jwlewis@medicine.tamhsc.edu; jwren@wisehealthsystem.com; jyeary@freestonemc.com; kanarek@gl-law.com; kandi.kraner@titusregional.com; kandy.stewart@ttuhsc.edu; kara.crawford@uth.tmc.edu; karen.lafontaine@harrishealth.org; karenhorn@bellsouth.net; karla@preferredmanagementcorp.com; kathleenholland@mhd.com; Katie Coburn; katie@chillhd.org; kbenson@throckmortonhospital.com; kbland@throckmortonhospital.com; kbutler@igh-hospital.com; kcooper@comanchecmc.com; kdawson3@primehealthcare.com; kellyg1@dhchd.org; Kenneth.Pannell@csmedcenter.com; Kenneth_Pannell@chs.net; Kenneth_Russo@chs.net; Kenny.Russo@hcahealthcare.com; kenya.woodruff@haynesboone.com; keri.disney-story@phhs.org; kerri.e.mathis@uth.tmc.edu; kerry.upton@crmctx.com; kevin.anderson@stjoe.org; kevin.dillon@uth.tmc.edu; kevin.frosch@medinahospital.net; kevin.smith@uhsinc.com; kevin.vaughn@rcchhealth.com; kevinbeedy@hchd.net; kfields@nexuscontinuum.com; kglover@gonzaleshealthcare.com; kgober@throckmortonhospital.com; khorn@ricelandhealthcare.com; kim.vu@harrishealth.org; Kimberly.Bones@BSWHealth.org; kirk.pogue@lpnt.net; kirk.pouge@hcahealthcare.com; kirkland@gl-law.com; kklein@connallymmc.org; klangford@noconageneral.com; klatimer@childresshospital.com; klee@fchtexas.com; kmcfarland@nhsltd.com; kmercer@gonzaleshealthcare.com; KMiller@memorialhealth.org; knolting@noltingconsulting.com; knoxhospital@srcaccess.net; kogann@grmedcenter.com; kory.smith@ttuhsc.edu; kparker@rankincountyhospital.org; kris.kavasch@uthct.edu; kristen.sargent@uhsinc.com; Kristine.lynch@ntmconline.net; kwalsh@wisehealthsystem.com; kwalsh@wiseregional.com; Kyle.Swift@woodlandheights.net; kzieren@stlukeshealth.org; laltenhoff@ecmh.org; larry.troxell@bhcodessa.com; larry@preferredmanagementcorp.com; latenhoff@ecmh.org; laura.mcphee@ahss.org; laura.wiess@stdavids.com
Cc: Fine,Mance (HHSC); Reed,Matt (HHSC); Bolang,Laura (HHSC)
Subject: DSH 2019 Final Payment IGT Notification 6 of 10
Attachments: 2019 DSH Calculation File Cover Letter 5_20_19.docx; 2019 Final DSH Payment Calculation.xlsx

DSH Participants:

In addition to this e-mail, please read the attached documents: "2019 DSH Calculation File Cover Letter 05-20-19"

Attached is the finalized 2019 Final Disproportionate Share Hospital (DSH) Payment Calculation Workbook.

The DSH payments and intergovernmental transfer (IGT) amounts are based on the calculations in the Model Scenario Analysis (see tabs labeled "Proposed Non-State" and "Proposed State" for non-state-owned and state-owned hospitals respectively). To ensure that all government entities receive this notification, HHSC strongly encourages providers to send this information to any government entity who is IGT'ing on their behalf

Based on a recent federal court ruling related to the HSL calculation (*see Children's Hospital Asso. of Texas v. Azar,* Civ.A.17-844, 2019 WL 1178024 (D.D.C. March 6, 2018)), HHSC calculated the 2019 DSH payments using HSLs that do not include third party commercial insurance or Medicare payments. Based on this ruling, HHSC is no longer withholding part of the DSH funds and will pay the total remaining funds to providers in June 2019, less the funds that must be recouped from providers who received advance 2019 DSH payments but did not qualify, or from providers whose advance payment is greater than their final eligible DSH payment amount

Below are the pertinent dates associated with the DSH Pass 1 and Pass 2 payment:

- May 31 Last date to schedule transfer in TexNet
- June 3 Pass 1 and Pass 2 IGT Settlement Date
- June 17 State Owned Hospitals submit Journal Entry
- June 28 Latest DSH Pass 1 and Pass 2 Payment Date

****Late IGTs will not be accepted. Pass 3 payment amounts cannot be calculated until HHSC is in receipt of the IGT for the Pass 1 and Pass 2 Payments.**

Please ensure you select the DISPRO bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the confirmation number, settlement date and IGT amount if the TexNet is submitted over the phone, to DSHPayments@hhsc.state.tx.us. Additional information regarding the TexNet process can be found at this link. State owned hospitals must send a copy of their Journal Entry to DSHPayments@hhsc.state.tx.us. **HHSC will not send confirmation emails confirming receipt of Trace Sheets.**

Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

If you have questions regarding the DSH payment process, please send an email to DSHPayments@hhsc.state.tx.us

Thank you,

HHSC Hospital Rate Analysis Payments
Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78714-9030

-	-	551,568,177	1,302,950,083	181,001,938	6	441,552,417	$359,367,845.66	-	441,552,417	291,017,698	Recoupments Not Collected	-	1,118,595	222,179,829	Reduced Required IGT		
-	-	22,424,793	271,931,059	31,210,205	3	29,699,246	330,508,943	-	29,699,246	23,935,751	3,191,617	-	-	10,007,538	241,667,067		
-	-	27,875,717	4,276,558,775	625,452,024	164	388,322,234	12,417,255	-	388,322,234	265,005,507	Available Funds	308,454	-	11,211,583			
-	-	601,868,687	5,851,439,916	837,664,168	173	859,573,898	16,664,135	-	859,573,898	579,958,957	$78,012,597	308,454	1,118,595	243,398,949	241,667,067		

Additional IGT Per Pool 3 Pass 2 Redistribution (Urban Public Class 1, 2, and Non Urban Public Hospitals)	Additional IGT Per Pool 3 Pass 2 Redistribution from Private Hospitals (Urban Public Class 1 Hospitals)	Total IGT Paid	Remaining HSL	DSH Payment Net of IGT	DSH Indicator	2019 YTD DSH Payments	2019 Advance DSH Payments IGTs	2019 Advance DSH Payments from Pool 1	2019 Advance DSH Payments from Pools 2 and 3	Final 2019 DSH Payment after subtracting 2019 Advance DSH Payment	Reduced DSH Payment Based on Recoupments Not Collected	Calculation of Private Hospital IGT to Redistribute to Urban Public Class 1 Hospitals	Redistribution of Excess Private IGT To Urban Public Class 1 Hospitals	Final 2019 DSH IGT after subtracting 2019 Advance DSH IGT	Reduced DSH IGT Based on Recoupments Not Collected	Notes
$0.00	$0.00	$350,184	$3,632,489	$487,376	1	$464,567	$194,236	$0	$464,567	$372,992.66	$370,944.41	$0.00	$0.00	$155,948.23	$154,703.73	

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 5/21/19

APPROVED ON MAY 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $900,000.

G/L NUMBER: 10000001

EXPLANATION: To transfer funds from Private Waiver account to MMC Operating account. for QIPP IGT payment

REQUESTED BY: Sarah L Henderson

AUTHORIZED BY: Robbie S Thomas

Transfers

Transfer has been debited. Please see history for details.

Transfer Details

From:	MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING Checking *
To:	MEMORIAL MEDICAL CENTER - OPERATING Checking *
Transfer Description:	TRNSFR FOR QIPP IGT PMT
Amount:	$900,000.00
Frequency:	One-Time
Period:	Once
Scheduled Date:	05/29/2019
Transfer ID:	223364127
Submit Date/Time:	5/29/2019 11:22:38 am CDT

Sarah Henderson

From: rhonda kokena <rhonda.kokena@calhouncotx.org>
Sent: Tuesday, May 21, 2019 8:19 AM
To: Sarah Henderson; Clarri Atkinson
Cc: Diane C. Moore; Caitlin Clevenger
Subject: RE: Bank Transfer

Sarah -

Has it been through court? I have not seen the approval to transfer. Once I get that I can proceed.

Thank you.

From: shenderson@mmcportlavaca.com (Sarah Henderson) [mailto:shenderson@mmcportlavaca.com]
Sent: Tuesday, May 21, 2019 7:53 AM
To: rhonda kokena <rhonda.kokena@calhouncotx.org>; Clarri Atkinson <clarri.atkinson@calhouncotx.org>
Cc: Diane C. Moore <dmoore@mmcportlavaca.com>; Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: RE: Bank Transfer

Hello ladies,

Just wanted to follow up on this to see if ya'll can transfer the 900,000 from the waiver account to operating to help cover our upcoming IGT.

Thank you

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

From: Sarah Henderson
Sent: Friday, May 17, 2019 10:32 AM
To: 'rhonda kokena' <rhonda.kokena@calhouncotx.org>; 'Clarri Atkinson' <clarri.atkinson@calhouncotx.org>
Cc: Diane C. Moore <dmoore@mmcportlavaca.com>; Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: Bank Transfer

Good Morning,

We are preparing to make a QIPP IGT payment and need to move 900,000 from our waiver account into our operating account. Are ya'll able to make an online transfer to move the money. The total payment will be around 1.4 mill - we only have the tentative amount right now but will send over the final info as soon as it is received. The payment will be due by May 31 st. Just want to make sure we have all of our ducks in a row so that everything is in place when it is time to make the payment.

Thank you,

Sarah Henderson

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

Calhoun County Texas

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/28/2019

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		208,978.37 ✓	208,837.65 ✓	127,960.15 ✓			-	128,100.87 ✓	**115,827.13**
							Bank Balance	128,100.87	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	**12,133.02** ✓	
							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 **115,827.13** ✓

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		82,733.44 ✓	82,574.23 ✓	349,949.77 ✓			-	350,108.98 ✓	**347,585.27**
							Bank Balance	350,108.98	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	**2,364.50** ✓	
							MMC Portion QIPP 2,3,Lapse		
							April Interest	**59.21** ✓	

Adjust Balance/Transfer Amt **347,585.27** ✓

Crescent	57,062.82 ✓	56,910.93 ✓	326,050.23 ✓	-	326,202.12 ✓	**323,700.27**	
				Bank Balance	326,202.12		
				Variance	-		
				Leave in Balance	100.00		
					-		
				MMC Portion QIPP 1	**2,349.96** ✓		
				MMC Portion QIPP 2,3,Lapse			
				April Interest	**51.89** ✓		
					-		
					-		
					-		
					-		
				Adjust Balance/Transfer Amt	**323,700.27**		
Fort Bend	43,361.31 ✓	43,235.84 ✓	82,480.91 ✓	-	82,606.38 ✓	**77,511.75**	
				Bank Balance	82,606.38		
				Variance	-		
				Leave in Balance	100.00		
					-		
				MMC Portion QIPP 1	**4,969.16** ✓		
				MMC Portion QIPP 2,3,Lapse			
				April Interest	**25.47** ✓		
					-		
					-		
					-		
					-		
				Adjust Balance/Transfer Amt	**77,511.75** ✓		
Solera at W Houston	46,283.18 ✓	46,141.60 ✓	107,992.20 ✓		108,133.78 ✓	**104,537.62**	
				Bank Balance	108,133.78		
				Variance	-		
				Leave in Balance	100.00		
					-		
				MMC Portion QIPP 1	**3,454.58** ✓		
				MMC Portion QIPP 2,3,Lapse			
				April Interest	**41.58** ✓		
					-		
					-		
					-		
					-		
				Adjust Balance/Transfer Amt	**104,537.62** ✓		

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

Cantex Health Care Centers III LLC

JP Morgan Chase Bank

ABA 1

Account

115,827,13 +

347,585,27 +

323,700,27 +

77,511,75 +

104,537,62 +

969,162,04 *

TOTAL TRANSFERS	**969,162.04**

Approved: CFO

Diane C. Moore, CFO 5/28/2019

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.

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/21/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,232.07 ✓					-	6,232.07
5/22/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	207,407.10 ✓						-	-
5/22/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00818861 42000017		12,133.02 ✓	12,133.02				12,133.02	-
5/22/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000135		70,332.46 ✓					-	70,332.46
5/22/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		506.95 ✓					-	506.95
5/23/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		110.24 ✓					-	110.24
5/23/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		7,790.00 ✓					-	7,790.00
5/23/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000102		2,979.04 ✓					-	2,979.04
5/23/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		1,932.77 ✓					-	1,932.77
5/24/2019 Check # 57 Medicare Recoup	1,430.55 ✓						-	-
5/24/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3100793128 111000		25,123.60 ✓					-	25,123.60
5/24/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		820.00 ✓					-	820.00
	208,837.65 ✓	127,960.15 ✓	12,133.02	-	-	-	12,133.02	115,827.13

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/20/2019 Deposit		852.50 ✓					-	852.50
5/20/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		3,024.00 ✓					-	3,024.00
5/20/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000146		277,977.25 ✓					-	277,977.25
5/20/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		5,820.35 ✓					-	5,820.35
5/21/2019 ACH Deposit HHBP LA HCCLAIMPMT 390861 42000016819710 DIS		13,544.49 ✓					-	13,544.49
5/21/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005171689		2,214.95 ✓					-	2,214.95
5/22/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	82,574.23 ✓						-	-
5/22/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00819000 42000017		2,364.50 ✓	2,364.50				2,364.50	-
5/22/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		112.77 ✓					-	112.77
5/22/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000135		9,516.34 ✓					-	9,516.34
5/23/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		27,194.00 ✓					-	27,194.00
5/23/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		948.87 ✓					-	948.87
5/23/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		907.04 ✓					-	907.04
5/23/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		2,516.00 ✓					-	2,516.00
5/23/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		2,956.71 ✓					-	2,956.71
	82,574.23 ✓	349,949.77 ✓	2,364.50	-	-	-	2,364.50	347,585.27

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/20/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		370.00 ✓					-	370.00
5/20/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		26,980.69 ✓					-	26,980.69
5/21/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001680		704.36 ✓					-	704.36
5/21/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000161		217,615.07 ✓					-	217,615.07
5/22/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	56,910.93 ✓						-	-
5/22/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00818981 42000017		2,349.96 ✓	2,349.96				2,349.96	-
5/22/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000135		38,562.85 ✓					-	38,562.85
5/22/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390864 830000544947		287.37 ✓					-	287.37
5/23/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,030.00 ✓					-	7,030.00
5/23/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,384.75 ✓					-	10,384.75
5/23/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000101		7,389.05 ✓					-	7,389.05
5/24/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		395.48 ✓					-	395.48
5/24/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		65.00 ✓					-	65.00
5/24/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000196		7,336.56 ✓					-	7,336.56
5/24/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390864 830000500592		6,579.09 ✓					-	6,579.09
	56,910.93 ✓	326,050.23 ✓	2,349.96	-	-	-	2,349.96	323,700.27

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/20/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000146		9,117.97 ✓					-	9,117.97
5/21/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004294 41		5,978.00 ✓					-	5,978.00
5/22/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	43,235.84 ✓						-	-
5/22/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00818892 42000017		4,969.16 ✓	**4,969.16**				**4,969.16**	-
5/22/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000135		62,231.66 ✓					-	62,231.66
5/23/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		184.12 ✓					-	184.12
	43,235.84 ✓	**82,480.91** ✓	**4,969.16**	-	-	-	**4,969.16**	**77,511.75**

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/20/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		6,150.00 ✓					-	6,150.00
5/21/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001679		5,140.85 ✓					-	5,140.85
5/21/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		147.59 ✓					-	147.59
5/21/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005171689		10,180.93 ✓					-	10,180.93
5/21/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005167470		14,027.86 ✓					-	14,027.86
5/22/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	46,141.60 ✓						-	-
5/22/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00818968 42000017		3,454.58 ✓	**3,454.58**				**3,454.58**	-
5/22/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000135		18,056.41 ✓					-	18,056.41
5/23/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		410.00 ✓					-	410.00
5/23/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000101		9,316.89 ✓					-	9,316.89
5/23/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		20,081.05 ✓					-	20,081.05
5/24/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3100793129 111000		20,945.58 ✓					-	20,945.58
5/24/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		80.46 ✓					-	80.46
	46,141.60 ✓	**107,992.20** ✓	**3,454.58**	-	-	-	**3,454.58**	**104,537.62**
TOTALS	**437,700.25**	**994,433.26**	**25,271.22**	-	-	-	**25,271.22**	**969,162.04**

Home

ALL ACCOUNTS FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$158,792.35	$128,100.87
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$378,357.28	$350,108.98
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$357,655.25	$326,202.12
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$124,502.00	$108,133.78
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$93,400.35	$82,606.38
MEMORIAL MEDICAL / NH [redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/28/2019

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		59,012.13 ✓	58,892.48 ✓	6,416.10 ✓		-	-		-	-	-	6,535.75	✓ 6,416.10
											Bank Balance	6,535.75 ✓	
											Variance	-	
											Leave in Balance	100.00	
											MMC Portion QIPP 1		
											MMC Portion QIPP 2,3,Lapse		
											April Interest	**19.65** ✓	
												-	
												-	
												-	
												-	
											Adjust Balance/Transfer Amt	**6,416.10** ✓	

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

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

Approved: DC CFO
Diane C. Moore, CFO 5/28/2019

APPROVED
ON
MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
5/20/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 5436845558876917 9		241.10 ✓					-	
5/22/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	58,892.48 ✓						-	-
5/23/2019 ACH Deposit AETNA H09 HCCLAIMPMT 1588075964 311002094583		6,175.00 ✓					-	6,175.00
	58,892.48	**6,416.10** ✓	-	-	-	-	-	-

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 ★	$91,834.64	$6,535.75
MMC -NH GULF POINTE PLAZA [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA [redacted]	[redacted]	

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 5/28/19

APPROVED ON MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000058

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

AMOUNT: $12,133.02

G/L NUMBER: 210000012

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000058	05/29/19	12,133.02	MMC OPERATING
TOTALS:			12,133.02	

Ash Fund

APPROVED
ON

MAY 29 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 5/28/19

APPROVED ON MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 00024

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

AMOUNT: $2,364.50

G/L NUMBER: 210000009

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHB	000024	05/29/19	2,364.50	MMC OPERATING Broadmoor
TOTALS:			2,364.50	

APPROVED
ON

MAY 29 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 5/28/19

APPROVED ON MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000053

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

AMOUNT $2,349.96

G/L NUMBER: 210000010

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHC	000053	05/29/19	2,349.96	MMC OPERATING Crescent
TOTALS:			2,349.96	

APPROVED
ON

MAY 29 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 5/28/19

APPROVED ON MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 00005

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

AMOUNT: $4,969.16

G/L NUMBER: 210000008

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000051	05/29/19	4,969.16	MMC OPERATING Fort Bend
TOTALS:			4,969.16	

APPROVED
ON

MAY 29 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 5/28/19

APPROVED ON MAY 28 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $3,454.58

G/L NUMBER: 210000011

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000051	05/29/19	3,454.58	MMC OPERATING
TOTALS:			3,454.58	

Solera

APPROVED
ON

MAY 29 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **5/29/2019**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3,&Lapse			TOTAL		Date
Ashford	Prosperity	~~58~~ 58	MMC -Prosperity Operating #10000001	21000012	12,133.02				12,133.02	Ck # 58	5/29/2019
Broadmoor	- Prosperity	~~23~~ 24	MMC -Prosperity Operating #10000001	21000009	2,364.50				2,364.50	Ck # 24	5/29/2019
Crescent	Prosperity	~~52~~ 53	MMC -Prosperity Operating #10000001	21000010	2,349.96				2,349.96	Ck # 53	5/29/2019
Fort Bend	- Prosperity	~~50~~ 51	MMC -Prosperity Operating #10000001	21000008	4,969.16				4,969.16	Ck # 51	5/29/2019
Golden Creek	- Prosperity	35	MMC -Prosperity Operating #10000001	21000013					-		
Solera	- Prosperity	~~58~~ 51	MMC -Prosperity Operating #10000001	21000011	3,454.58				3,454.58	Ck # 51	5/29/2019
				Total:	25,271.22	-	-	-	25,271.22		

Note:

Approved:

Diane Moore, CFO 5/28/2019

12,133.02 +
2,364.50 +
2,349.96 +
4,969.16 +
2,454.58 +
24,271.22 *

APPROVED
ON
MAY 29 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS No. 51

88-2265
1131

5-29-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 3,454.98

Three Thousand Four Hundred Fifty four 98/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

County Auditor

County Treasurer

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

87SS No. 58

88-2265
1131

5-29-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 12,133.02

Twelve Thousand One Hundred Thirty-three 02/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

County Auditor

County Treasurer

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

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

MP

000024

88-2265/1131

Date 5-29-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 2,364.50

Two Thousand Three Hundred Sixty-four 50/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP Comp 1

County Auditor

County Treasurer MP

Security features are included. Details on back.

⑈000024⑈

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

000053

88-2265/1131

Date 5-29-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 2,349.96

Two Thousand Three Hundred Forty-nine 96/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP
County Treasurer

Security features are included. Details on back.

FOR QIPP comp 1

⑈000053⑈

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

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

000051

88-2265/1131

Date 5-29-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 4,969.16

Four Thousand Nine Hundred Sixty-nine 16/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP
County Treasurer

Security features are included. Details on back.

FOR QIPP comp 1

⑈000051⑈