MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- July 24, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 750,884.22
TOTAL TRANSFERS BETWEEN FUNDS	$ -
TOTAL NURSING HOME UPL EXPENSES	$ 961,239.71
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED July 24, 2019	$ 1,712,123.93

APPROVED

JUL 24 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 24, 2019

PAYABLES AND PAYROLL			
7/19/2019	Weekly Payables	302,326.45	
7/19/2019	McKesson-340B Prescription Expense	2,387.31	
7/19/2019	Amerisource Bergen-340B Prescription Expense	1,115.54	
7/19/2019	Patient Refunds	322.47	
7/19/2019	Citibank Credit Card-see attached	1,450.61	
7/19/2019	Ashford-Nursing home insurance payment sent to MMC in error	6,649.50	
7/19/2019	Crescent-Nursing home insurance payment sent to MMC in error	4,312.17	
7/19/2019	Gulf Pointe Plaza-Nursing home insurance payment sent to MMC in error	4,400.00	
7/19/2019	Goldencreek-Nursing home insurance pymt sent to MMC in error	11,227.42	
7/19/2019	Premier Sleep Disorders Center-Sleep studies	5,675.00	
7/22/2019	Payroll Liabilities -Payroll Taxes	102,350.25	
7/22/2019	Payroll	308,291.57	
7/22/2019	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
7/18-7/19/19	Pay Plus-Patient Claims Processing Fee	28.28	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 750,884.22**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
7/22/2019	Nursing Home UPI	836,335.35	
7/22/2019	Nursing Home UPI	80,365.01	
QIPP/INTEREST CHECKS TO MMC			
7/22/2019	Ashford	21,383.94	
7/22/2019	Solera	6,088.57	
7/22/2019	Crescent	4,141.50	
7/22/2019	Broadmoor	4,167.46	
7/22/2019	Fort Bend	8,757.88	
TOTAL NURSING HOME UPL EXPENSES			**$ 961,239.71**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 24, 2019			**$ 1,712,123.93**

07/17/2019
15:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/31/2019

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
135603 ✓		07/09/20	07/03/20	07/28/20		30.14	0.00	0.00	30.14 ✓
	SUPPLIES (Maint.)								
135616 ✓		07/09/20	07/03/20	07/28/20		135.93	0.00	0.00	135.93 ✓
	SUPPLIES (IT)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	166.07	0.00	0.00	166.07

Vendor#	Vendor Name	Class	Pay Code
10569	AHRA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071719		07/17/20	07/17/20	07/17/20		330.00	0.00	0.00	330.00 ✓
	2 YR RENEWAL RADIOLOGY Membership								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10569	AHRA	330.00	0.00	0.00	330.00

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9090480058 ✓		07/16/20	07/03/20	07/28/20		2,340.72	0.00	0.00	2,340.72 ✓
	OXYGEN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,340.72	0.00	0.00	2,340.72

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
912256		07/15/20	06/30/20	07/25/20		61.94	0.00	0.00	61.94 ✓
	WATER Late fee 8.00								
912254 ✓		07/16/20	06/04/20	06/29/20		31.49	0.00	0.00	31.49 ✓
	WATER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	93.43	0.00	0.00	93.43

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
79710587 ✓		07/16/20	06/27/20	07/16/20		54.66	0.00	0.00	54.66 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	54.66	0.00	0.00	54.66

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
63516281 ✓		07/08/20	06/21/20	07/25/20		629.50	0.00	0.00	629.50 ✓
	LEASE								
63516263 ✓		07/08/20	06/21/20	07/25/20		2,367.50	0.00	0.00	2,367.50 ✓
	LEASE								
63590740 ✓		07/11/20	07/01/20	07/26/20		668.76	0.00	0.00	668.76 ✓
	SUPPLIES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE				3,665.76	0.00	0.00	3,665.76

Vendor#	Vendor Name			Class	Pay Code				
M2485	BAYER HEALTHCARE			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6007525953	SUPPLIES	07/16/20	06/19/20	07/16/20		1,124.64	0.00	0.00	1,124.64
	6007578610	SUPPLIES	07/16/20	07/02/20	07/16/20		1,124.64	0.00	0.00	1,124.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	2,249.28	0.00	0.00	2,249.28

Vendor#	Vendor Name			Class	Pay Code				
B1220	BECKMAN COULTER INC			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	5408963	SUPPLIES	07/16/20	06/30/20	07/25/20		3,507.27	0.00	0.00	3,507.27
	107832499	SUPPLIES	07/16/20	07/01/20	07/26/20		92.08	0.00	0.00	92.08
	107835539	SUPPLIES	07/16/20	07/02/20	07/27/20		1,608.66	0.00	0.00	1,608.66
	107836466	SUPPLIES	07/16/20	07/02/20	07/27/20		6,615.52	0.00	0.00	6,615.52
	107838002	SUPPLIES	07/16/20	07/02/20	07/27/20		473.70	0.00	0.00	473.70
	107835528	SUPPLIES	07/16/20	07/02/20	07/27/20		769.20	0.00	0.00	769.20
	107835443	SUPPLIES	07/16/20	07/02/20	07/27/20		33.44	0.00	0.00	33.44
	107838394	SUPPLIES	07/16/20	07/03/20	07/28/20		689.71	0.00	0.00	689.71
	5409239	SUPPLIES	07/16/20	07/05/20	07/30/20		6,249.42	0.00	0.00	6,249.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	20,039.00	0.00	0.00	20,039.00

Vendor#	Vendor Name			Class	Pay Code				
B1320	BEEKLEY MEDICAL			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV1277476	SUPPLIES	07/16/20	07/02/20	07/17/20		936.95	0.00	0.00	936.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY MEDICAL	936.95	0.00	0.00	936.95

Vendor#	Vendor Name			Class	Pay Code				
A1730	CAREFUSION								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9108964564	SUPPLIES	07/16/20	07/01/20	07/31/20		81.45	0.00	0.00	81.45

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				
C1278	CARTSENS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV00378227		07/09/20	06/25/20	07/25/20		75.02	0.00	0.00	75.02

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1278	CARTSENS	75.02	0.00	0.00	75.02

Vendor#	Vendor Name	Class	Pay Code
L1629	CHRISTINA ZAPATA-ARROYO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
060119O		07/15/20	06/01/20	06/01/20			591.25	0.00	0.00	591.25
	SPEECH THERAPY OUTPATIE									
060119I		07/15/20	06/01/20	06/01/20			440.00	0.00	0.00	440.00
	SPEECH THERAPY INPATIENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1629	CHRISTINA ZAPATA-ARROYO	1,031.25	0.00	0.00	1,031.25

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
071119A		07/16/20	07/11/20	07/11/20			55.00	0.00	0.00	55.00
	CPR CARDS									
071119		07/16/20	07/11/20	07/11/20			15.00	0.00	0.00	15.00
	CPR CARDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	70.00	0.00	0.00	70.00

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
919123		07/16/20	07/02/20	07/16/20			213.02	0.00	0.00	213.02
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	213.02	0.00	0.00	213.02

Vendor#	Vendor Name	Class	Pay Code
L1430	CONMED LINVATEC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3149908		07/16/20	07/01/20	07/16/20			37.60	0.00	0.00	37.60
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1430	CONMED LINVATEC	37.60	0.00	0.00	37.60

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5205250		07/16/20	07/01/20	07/20/20			307.81	0.00	0.00	307.81
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC	307.81	0.00	0.00	307.81

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
937505		07/16/20	06/30/20	06/30/20			258.39	0.00	0.00	258.39
	INTERPRETATION SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	258.39	0.00	0.00	258.39

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5763530		07/09/20	07/01/20	07/26/20		7.96	0.00	0.00	7.96
	SUPPLIES								
5764850		07/11/20	07/02/20	07/27/20		156.00	0.00	0.00	156.00
	SUPPLIES								
5764820		07/11/20	07/02/20	07/27/20		370.27	0.00	0.00	370.27
	SUPPLIES								
5766520		07/11/20	07/03/20	07/28/20		264.88	0.00	0.00	264.88
	SUPPLIES								
5766090		07/12/20	07/03/20	07/28/20		76.80	0.00	0.00	76.80
	SUPPLIES								
5766120		07/12/20	07/03/20	07/28/20		11.10	0.00	0.00	11.10
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				887.01	0.00	0.00	887.01

Vendor#	Vendor Name	Class	Pay Code
10892	DIANE MOORE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071619		07/16/20	07/16/20	07/16/20		179.80	0.00	0.00	179.80
	TRAVEL 7/9/19 340B Workshop								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10892	DIANE MOORE				179.80	0.00	0.00	179.80

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12626		07/09/20	06/30/20	07/25/20		505.00	0.00	0.00	505.00
	PEST CONTROL MMC								
12627		07/09/20	06/30/20	07/25/20		260.00	0.00	0.00	260.00
	REFIL MOSQUITO TRAPS MMC								
12625		07/09/20	06/30/20	07/25/20		105.00	0.00	0.00	105.00
	PEST CONTROL Clinic								
12628		07/09/20	06/30/20	07/30/20		160.00	0.00	0.00	160.00
	REFILL MOSQUITO TRAPS Clinic								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL				1,030.00	0.00	0.00	1,030.00

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
38096		07/16/20	07/15/20	07/15/20		40,062.50	0.00	0.00	40,062.50
	ER STAFFING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
904071883		07/16/20	07/03/20	07/28/20		1,376.70	0.00	0.00	1,376.70
	SUPPLIE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC				1,376.70	0.00	0.00	1,376.70

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

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

660375394		07/12/20	07/04/20	07/29/20	36.89	0.00	0.00	36.89
SHIPPING								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.			36.89	0.00	0.00	36.89

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9087707		07/11/20	06/28/20	07/25/20		176.63	0.00	0.00	176.63
	SUPPLIES								
9087709		07/16/20	06/28/20	07/23/20		751.16	0.00	0.00	751.16
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				927.79	0.00	0.00	927.79

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0223212IN		07/09/20	07/01/20	07/31/20		530.00	0.00	0.00	530.00
	MAINT CONTRACT (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 D	Pay Gross	Discount	No-Pay	Net
070219		07/12/20	07/02/20	07/26/20		966.79	0.00	0.00	966.79
	PHONES late fee 47.57								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11183	FRONTIER				966.79	0.00	0.00	966.79

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6001342134		07/09/20	07/01/20	07/31/20		3,588.58	0.00	0.00	3,588.58
	IMAGING CONTRACT								
6001342163		07/09/20	07/01/20	07/31/20		5,665.83	0.00	0.00	5,665.83
	IMAGING CONTRACT								
6001342044		07/09/20	07/01/20	07/31/20		572.33	0.00	0.00	572.33
	IMAGING CONTRACT								
6001342043		07/09/20	07/01/20	07/31/20		1,651.20	0.00	0.00	1,651.20
	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
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1694815		06/28/20	06/25/20	07/25/20		823.71	0.00	0.00	823.71
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				823.71	0.00	0.00	823.71

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8628		07/10/20	06/30/20	07/30/20		570.00	0.00	0.00	570.00

CODING SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	570.00	0.00	0.00	570.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3482 ✓		07/16/20	06/30/20	07/20/20			14,258.96	0.00	0.00	14,258.96 ✓
	PHARM SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,258.96	0.00	0.00	14,258.96

Vendor#	Vendor Name	Class	Pay Code
12680	INTALERE, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
AM0002235 ✓		06/28/20	07/01/20	07/27/20			10,667.43	0.00	0.00	10,667.43 ✓
	INFASTRUCTURE CONSULT/Travel expenses									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12680	INTALERE, INC	10,667.43	0.00	0.00	10,667.43

Vendor#	Vendor Name	Class	Pay Code
I1265	INTERNAL REVENUE SERVICE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
071719		07/17/20	07/17/20	07/17/20			270.00	0.00	0.00	270.00 ✓
	ESRP FOR 8035 - PER IRS NO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1265	INTERNAL REVENUE SERVICE	270.00	0.00	0.00	270.00

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN ✓ (tax included)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
BTVX221 ✓		07/08/20	06/30/20	07/30/20	422.52		424.83	0.00	0.00	424.83 422.52
	SHRD SERVICE									

Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	422.52	424.83	0.00	0.00	424.83 422.52

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC72019 ✓		07/16/20	07/15/20	07/25/20			24,095.50	0.00	0.00	24,095.50 ✓
	RESP SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	24,095.50	0.00	0.00	24,095.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2031321 ✓		07/16/20	07/10/20	07/10/20			58.52	0.00	0.00	58.52 ✓
	PRO FEES/ UONG									
420855		07/16/20	07/10/20	07/10/20			14,800.00	0.00	0.00	14,800.00 ✓
	PRO FEES / CRAWFORD (6/19/19-6/20/19 & 6/24-6/28/19)									
420857 ✓		07/16/20	07/10/20	07/10/20			3,000.00	0.00	0.00	3,000.00 ✓
	PRO FEES/ UONG (6/21/19)									
2031441 ✓		07/16/20	07/11/20	07/11/20			71.81	0.00	0.00	71.81 ✓
	PRO FEES/ UONG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	17,930.33	0.00	0.00	17,930.33

Vendor#	Vendor Name	Class	Pay Code

K0530 KCI USA M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
28777389	SUPPLIES PT	07/12/20	06/14/20	07/25/20		217.32	0.00	0.00	217.32
28781554	SUPPLIES PT	07/12/20	06/29/20	07/25/20		982.50	0.00	0.00	982.50
28822279	SUPPLIES PT	07/12/20	07/03/20	07/25/20		593.46	0.00	0.00	593.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0530	KCI USA	1,793.28	0.00	0.00	1,793.28

Vendor# Vendor Name Class Pay Code

L0700 LABCORP OF AMERICA HOLDINGS M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
63078517	LAB SERVICES	07/16/20	06/29/20	07/24/20		191.29	0.00	0.00	191.29
63078531	LAB SERVICES	07/16/20	06/29/20	07/24/20		150.00	0.00	0.00	150.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	341.29	0.00	0.00	341.29

Vendor# Vendor Name Class Pay Code

L1640 LOWE'S HOME CENTERS INC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
53414	SUPPLIES	07/16/20	06/27/20	07/28/20		116.00	0.00	0.00	116.00
85201	SUPPLIES	07/16/20	06/05/20	07/28/20		341.30	0.00	0.00	341.30
13971	SUPPLIES	07/16/20	06/17/20	07/28/20		53.37	0.00	0.00	53.37
53437	SUPPLIES	07/16/20	06/27/20	07/28/20		45.20	0.00	0.00	45.20
070219	INTEREST	07/16/20	07/02/20	07/28/20		16.53	0.00	0.00	16.53

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
		WE'S HOME CENTERS INC	572.40	0.00	0.00	572.40

Vendor# Class Pay Code

12692

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
012819	PATIENT REFUND	07/12/20	01/21/20	07/25/20		25.00	0.00	0.00	25.00
012119	PATIENT REFUND	07/12/20	01/21/20	07/25/20		25.00	0.00	0.00	25.00
031319	PATIENT REFUND	07/12/20	03/13/20	07/25/20		25.00	0.00	0.00	25.00

Vendor Totals	Number	Gross	Discount	No-Pay	Net
	12692	75.00	0.00	0.00	75.00

Vendor# Vendor Name ass Pay Code

M1950 MARTIN PRINTING CO W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
74218	SUPPLIES	06/28/20	06/28/20	07/28/20		40.00	0.00	0.00	40.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

						Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO				40.00	0.00	0.00	40.00
Vendor#	**Vendor Name**			**Class**	**Pay Code**				
11612	MASA GLOBAL BUILDING								
Invoice#	**Comment**	**Tran Dt**	**Inv Dt**	**Due Dt**	**Check D Pay**	**Gross**	**Discount**	**No-Pay**	**Net**
689767MKMMC	INSURANCE	07/16/20	05/01/20	05/01/20		1,648.00	0.00	0.00	1,648.00
696211MKMMC	INSURANCE	07/16/20	07/01/20	07/01/20		1,639.00	0.00	0.00	1,639.00
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11612	MASA GLOBAL BUILDING				3,287.00	0.00	0.00	3,287.00
Vendor#	**Vendor Name**			**Class**	**Pay Code**				
M2178	MCKESSON MEDICAL SURGICAL INC								
Invoice#	**Comment**	**Tran Dt**	**Inv Dt**	**Due Dt**	**Check D Pay**	**Gross**	**Discount**	**No-Pay**	**Net**
58115326	SUPPLIES	07/16/20	07/03/20	07/18/20		194.03	0.00	0.00	194.03
58623589	SUPPLIES	07/16/20	07/10/20	07/25/20		825.82	0.00	0.00	825.82
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				1,019.85	0.00	0.00	1,019.85
Vendor#	**Vendor Name**			**Class**	**Pay Code**				
11203	MEDI-DOSE, INC								
Invoice#	**Comment**	**Tran Dt**	**Inv Dt**	**Due Dt**	**Check D Pay**	**Gross**	**Discount**	**No-Pay**	**Net**
0733506	SUPPLIES	07/09/20	06/27/20	07/27/20		96.55	0.00	0.00	96.55
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC				96.55	0.00	0.00	96.55
Vendor#	**Vendor Name**			**Class**	**Pay Code**				
11141	MEDICAL DATA SYSTEMS, INC.								
Invoice#	**Comment**	**Tran Dt**	**Inv Dt**	**Due Dt**	**Check D Pay**	**Gross**	**Discount**	**No-Pay**	**Net**
135868	COLLECTION FEES	07/09/20	06/30/20	07/25/20		593.73	0.00	0.00	593.73
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.				593.73	0.00	0.00	593.73
Vendor#	**Vendor Name**			**Class**	**Pay Code**				
10613	MEDIMPACT HEALTHCARE SYS, INC.			A/P					
Invoice#	**Comment**	**Tran Dt**	**Inv Dt**	**Due Dt**	**Check D Pay**	**Gross**	**Discount**	**No-Pay**	**Net**
071519	INDIGENT CARE	07/16/20	07/15/20	07/15/20		134.48	0.00	0.00	134.48
071719A	INDIGENT CARE	07/17/20	07/17/20	07/17/20		116.13	0.00	0.00	116.13
071719	INDIGENT CARE	07/17/20	07/17/20	07/17/20		151.24	0.00	0.00	151.24
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.				401.85	0.00	0.00	401.85
Vendor#	**Vendor Name**			**Class**	**Pay Code**				
M2470	MEDLINE INDUSTRIES INC			M					
Invoice#	**Comment**	**Tran Dt**	**Inv Dt**	**Due Dt**	**Check D Pay**	**Gross**	**Discount**	**No-Pay**	**Net**
1880684851	SUPPLIES	07/11/20	06/28/20	07/25/20		2,905.14	0.00	0.00	2,905.14
1880684854	SUPPLIES 16.86 Freight on 3.07 item (Pampers Swaddlers size 2 21pk)	07/11/20	06/28/20	07/25/20		19.93	0.00	0.00	19.93
1880926897		07/11/20	07/02/20	07/27/20		219.22	0.00	0.00	219.22

	SUPPLIES							
1880926896		07/11/20	07/02/20	07/27/20	182.30	0.00	0.00	182.30
	SUPPLIES							
1880928100		07/11/20	07/02/20	07/27/20	66.26	0.00	0.00	66.26
	SUPPLIES							
1880926898		07/11/20	07/02/20	07/27/20	241.06	0.00	0.00	241.06
	SUPPLIES							
1880928101		07/11/20	07/02/20	07/27/20	22.37	0.00	0.00	22.37
	SUPPLIES							
1880928103		07/11/20	07/02/20	07/27/20	4,801.62	0.00	0.00	4,801.62
	SUPPLIES							
1880926899		07/11/20	07/02/20	07/27/20	4.41	0.00	0.00	4.41
	SUPPLIES							
1880949854		07/16/20	07/02/20	07/27/20	17.70	0.00	0.00	17.70
	SUPPLIES							
1881039510		07/16/20	07/03/20	07/28/20	73.72	0.00	0.00	73.72
	SUPPLIES							
1881039512		07/16/20	07/03/20	07/28/20	82.23	0.00	0.00	82.23
	SUPPLIES							
1881105045		07/16/20	07/04/20	07/29/20	120.00	0.00	0.00	120.00
	SUPPLIES							
1881196340		07/16/20	07/05/20	07/30/20	1,325.80	0.00	0.00	1,325.80
	SUPPLIES							
1881196338		07/16/20	07/05/20	07/30/20	1,593.82	0.00	0.00	1,593.82
	SUPPLIES							
1881196341		07/16/20	07/05/20	07/30/20	97.56	0.00	0.00	97.56
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			11,773.14	0.00	0.00	11,773.14

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800228535		06/28/20	03/16/20	07/30/20			-1,145.74	0.00	0.00	-1,145.74
	CREDIT INV 8800212897 PO 37									
8800228536		07/01/20	03/16/20	04/15/20			728.01	0.00	0.00	728.01
	SUPPLIES									
8800481798		07/16/20	07/03/20	07/31/20			495.94	0.00	0.00	495.94
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	78.21	0.00	0.00	78.21

Vendor#	Vendor Name	Class	Pay Code
M2685	MICROTEK MEDICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4594871		07/16/20	06/06/20	07/16/20			293.06	0.00	0.00	293.06
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICAL INC	293.06	0.00	0.00	293.06

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
071119		07/12/20	07/11/20	07/11/20			160.47	0.00	0.00	160.47

PAYROLL DEDUCT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	160.47	0.00	0.00	160.47

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071519	INSURANCE	07/16/20	07/15/20	07/15/20		586.26	0.00	0.00	586.26 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	586.26	0.00	0.00	586.26

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0930 ✓	CREDIT	07/12/20	07/08/20	07/25/20		-28.34	0.00	0.00	-28.34 ✓
4432365 ✓	INVENTORY	07/12/20	07/09/20	07/19/20		54.76	0.00	0.00	54.76 ✓
4432363 ✓	INVENTROY	07/12/20	07/09/20	07/19/20		41.69	0.00	0.00	41.69 ✓
4430021 ✓	INVENTORY	07/12/20	07/09/20	07/19/20		30.71	0.00	0.00	30.71 ✓
4432364 ✓	INVENTORY	07/12/20	07/09/20	07/25/20		206.13	0.00	0.00	206.13 ✓
1216 ✓	CREDIT	07/12/20	07/09/20	07/25/20		-319.54	0.00	0.00	-319.54 ✓
4432362 ✓	INVENTORY	07/12/20	07/09/20	07/25/20		32.39	0.00	0.00	32.39 ✓
4437818 ✓	INVENTORY	07/12/20	07/10/20	07/25/20		102.49	0.00	0.00	102.49 ✓
44380108 ✓	INVENTORY	07/12/20	07/10/20	07/25/20		235.02	0.00	0.00	235.02 ✓
4438110 ✓	INVENTORY	07/12/20	07/10/20	07/25/20		25.87	0.00	0.00	25.87 ✓
4438109 ✓	INVENTORY (NOT MMC)	07/12/20	07/10/20	07/25/20		251.08	0.00	0.00	251.08 ✓
1791	INVENTORY	07/16/20	07/10/20	07/20/20		15.66	0.00	0.00	15.66
4440412 ✓	INVENTORY	07/16/20	07/11/20	07/21/20		71.12	0.00	0.00	71.12 ✓
4442764 ✓	INVENTORY	07/16/20	07/11/20	07/21/20		941.52	0.00	0.00	941.52 ✓
4442763 ✓	INVENTORY	07/16/20	07/11/20	07/21/20		71.75	0.00	0.00	71.75 ✓
4442762 ✓	INVENTORY	07/16/20	07/11/20	07/21/20		273.84	0.00	0.00	273.84 ✓
4446489 ✓	INVENTORY	07/16/20	07/12/20	07/22/20		1,492.42	0.00	0.00	1,492.42 ✓
4446488 ✓	INVENTORY	07/16/20	07/12/20	07/22/20		664.86	0.00	0.00	664.86 ✓
4446487 ✓	INVENTORY	07/16/20	07/12/20	07/22/20		78.59	0.00	0.00	78.59 ✓
4445500 ✓		07/16/20	07/12/20	07/22/20		454.00	0.00	0.00	454.00 ✓

	INVENTORY						
4446783		07/16/20 07/12/20 07/22/20	1,650.00	0.00	0.00	1,650.00	
	MD ACCUMULATOR FEE						
4447568		07/16/20 07/12/20 07/22/20	2.41	0.00	0.00	2.41	
	INVENTORY						
4453743		07/16/20 07/15/20 07/25/20	277.15	0.00	0.00	277.15	
	INVENTORY						
4453744		07/16/20 07/15/20 07/25/20	2,211.41	0.00	0.00	2,211.41	
	INVENTORY						
4452043		07/16/20 07/15/20 07/25/20	0.10	0.00	0.00	0.10	
	INVENTORY						
4452042		07/16/20 07/15/20 07/25/20	18.84	0.00	0.00	18.84	
	INVENTORY						
4454399		07/16/20 07/15/20 07/25/20	113.10	0.00	0.00	113.10	
	INVENTORY						
4452041		07/16/20 07/15/20 07/25/20	21.28	0.00	0.00	21.28	
	INVENTORY						
4453742		07/16/20 07/15/20 07/25/20	756.84	0.00	0.00	756.84	
	INVENTORY						
4454398		07/16/20 07/15/20 07/25/20	34.18	0.00	0.00	34.18	
	INVENTORY						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC 9765.67	9,781.33	0.00	0.00	9,781.33 9765.67

Vendor#	Vendor Name	Class	Pay Code
10868	NOVA BIOMEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90611295		07/11/20	05/20/20	06/20/20			3,165.34	0.00	0.00	3,165.34
	SUPPLIES									
90615782		07/11/20	06/04/20	07/11/20			141.54	0.00	0.00	141.54
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	3,306.88	0.00	0.00	3,306.88

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
97749910		07/11/20	07/01/20	07/26/20			180.93	0.00	0.00	180.93
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	180.93	0.00	0.00	180.93

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5447		06/28/20	07/01/20	07/31/20			2,000.00	0.00	0.00	2,000.00
	REVENUE INTEGRITY PROGR									

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

Vendor#	Vendor Name	Class	Pay Code
12544	PATRICK OCHOA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC1072019		07/12/20	07/09/20	07/25/20			434.00	0.00	0.00	434.00
	HOSP LAWN JULY 2019									

MMCR072019	07/12/20 07/09/20 07/25/20		125.00	0.00	0.00	125.00
REHAB LAWN						
MMC1072019A	07/12/20 07/09/20 07/25/20		275.00	0.00	0.00	275.00
CLINIC LAWN						
Vendor Totals Number Name			Gross	Discount	No-Pay	Net
12544 PATRICK OCHOA			834.00	0.00	0.00	834.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
063019		07/16/20	06/30/20	07/25/20		710.00	0.00	0.00	710.00

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
P2100	PORT LAVACA WAVE	710.00	0.00	0.00	710.00

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B49268	SUPPLIES	07/16/20	07/12/20	07/22/20		11.98	0.00	0.00	11.98

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
P2200	POWER HARDWARE	11.98	0.00	0.00	11.98

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4555880	SUPPLIES	06/26/20	06/26/20	07/26/20		119.08	0.00	0.00	119.08

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10372	PRECISION DYNAMICS CORP (PDC)	119.08	0.00	0.00	119.08

Vendor#	Vendor Name	Class	Pay Code
11932	PRESS GANEY ASSOCIATES, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN000390817	PT SURVEY	06/28/20	06/30/20	07/30/20		2,028.00	0.00	0.00	2,028.00

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11932	PRESS GANEY ASSOCIATES, INC.	2,028.00	0.00	0.00	2,028.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
406006	FIRE MONITORING	07/09/20	07/01/20	07/26/20		45.47	0.00	0.00	45.47

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC50581	CODING SERVICE	07/09/20	07/03/20	07/28/20		2,374.75	0.00	0.00	2,374.75

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10987	REVCYCLE+, INC.	2,374.75	0.00	0.00	2,374.75

Vendor#	Vendor Name	Class	Pay Code
11252	RX WASTE SYSTEMS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2101		07/12/20	07/01/20	07/26/20		235.00	0.00	0.00	235.00

WASTE SERVICE
1692 07/16/20 07/01/20 07/26/20 235.00 0.00 0.00 235.00
WASTE SERVICE
1736 07/16/20 08/01/20 08/26/20 235.00 0.00 0.00 235.00
WASTE SERVICE
1777 07/16/20 09/01/20 09/26/20 235.00 0.00 0.00 235.00
WASTE SERVICE
1888 07/16/20 12/01/20 12/26/20 235.00 0.00 0.00 235.00
WASTER SERVICE

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11252	RX WASTE SYSTEMS LLC	1,175.00	0.00	0.00	1,175.00

Vendor# Vendor Name Class Pay Code
12376 SCHOOL SPECIALTY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
208123077253		07/09/20	06/30/20	07/30/20		37.55	0.00	0.00	37.55
	SUPPLIES Pediatric treatment balls								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
12376	SCHOOL SPECIALTY	37.55	0.00	0.00	37.55

Vendor# Vendor Name Class Pay Code
S1800 SHERWIN WILLIAMS W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
63313		07/12/20	07/09/20	07/25/20		38.06	0.00	0.00	38.06
	SUPPLIES								
63826		07/12/20	07/10/20	07/25/20		58.12	0.00	0.00	58.12
	SUPPLIES								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
S1800	SHERWIN WILLIAMS	96.18	0.00	0.00	96.18

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
90046702		07/09/20	06/30/20	07/25/20		7,256.00	0.00	0.00	7,256.00
	BLOOD								
90046623		07/09/20	06/30/20	07/25/20		-2,990.00	0.00	0.00	-2,990.00
	CREDIT								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11296	SOUTH TEXAS BLOOD & TISSUE CEN	4,266.00	0.00	0.00	4,266.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
26204		07/12/20	07/01/20			5,000.00	0.00	0.00	5,000.00
	QRTRLY PAYMENT JULY/AUG								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
S2345	SOUTHEAST TEXAS HEALTH SYS	5,000.00	0.00	0.00	5,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV007073A		07/15/20	06/05/20	07/25/20		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

T2539 T-SYSTEM, INC ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
205EV-50043 ✓	CLOUD HOSTING	06/28/20	06/30/20	07/30/20		1,144.00	0.00	0.00	1,144.00 ✓
205EV50052 ✓	TRACKING	06/28/20	06/30/20	07/30/20		4,555.00	0.00	0.00	4,555.00 ✓

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

Vendor# Vendor Name — Class — Pay Code

T2204 TEXAS MUTUAL INSURANCE CO ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1001041407 ✓	WORK COMP	07/12/20	07/01/20	07/25/20		4,345.00	0.00	0.00	4,345.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	4,345.00	0.00	0.00	4,345.00

Vendor# Vendor Name — Class — Pay Code

11039 THE BRATTON FIRM ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071619A	REIMBURSEMENT OF SERVICES for hospital liens	07/16/20	07/16/20	07/16/20		90.00	0.00	0.00	90.00 ✓
071619	REIMBURSEMENT OF SERVICES for hospital liens	07/16/20	07/16/20	07/16/20		161.42	0.00	0.00	161.42 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11039	THE BRATTON FIRM	251.42	0.00	0.00	251.42

Vendor# Vendor Name — Class — Pay Code

12688 THE STRETCHER PAD CO. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20180715 ✓	STRETCHER MATRESS PAD	07/12/20	12/11/20	07/25/20		341.41	0.00	0.00	341.41 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12688	THE STRETCHER PAD CO.	341.41	0.00	0.00	341.41

Vendor# Vendor Name — Class — Pay Code

11100 THE US CONSULTING GROUP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
340375131 ✓	TRASH SERVICES	07/09/20	07/05/20	07/30/20		1,328.95	0.00	0.00	1,328.95 ✓
340375130 ✓	TRASH SERVICES	07/09/20	07/05/20	07/30/20		310.27	0.00	0.00	310.27 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,639.22	0.00	0.00	1,639.22

Vendor# Vendor Name — Class — Pay Code

T0801 TLC STAFFING ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
25116 ✓	STAFFING - CASSANDRA MAR 7/4/19	07/16/20	07/08/20	07/08/20		1,033.87	0.00	0.00	1,033.87 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	1,033.87	0.00	0.00	1,033.87

Vendor# Vendor Name — Class — Pay Code

T3130 TRI-ANIM HEALTH SERVICES INC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
63657032 ✓	SUPPLIES	07/16/20	07/01/20	07/26/20		294.75	0.00	0.00	294.75 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
T3130	TRI-ANIM HEALTH SERVICES INC	294.75	0.00	0.00	294.75

Vendor# Vendor Name — Class — Pay Code

11067 TRIZETTO PROVIDER SOLUTIONS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35FK071900 ✓	PT STATEMENTS	07/09/20	07/01/20	07/26/20		2,496.07	0.00	0.00	2,496.07 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11067	TRIZETTO PROVIDER SOLUTIONS	2,496.07	0.00	0.00	2,496.07

Vendor# Vendor Name — Class — Pay Code

11246 TROEMNER, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00946112 ✓	PIPETTE CALIBRATION	07/16/20	04/24/20	04/24/20		75.00	0.00	0.00	75.00 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11246	TROEMNER, LLC	75.00	0.00	0.00	75.00

Vendor# Vendor Name — Class — Pay Code

U1064 UNIFIRST HOLDINGS INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400305038 ✓	LAUNDRY	06/28/20	07/01/20	07/26/20		47.15	0.00	0.00	47.15 ✓
8400305039 ✓	LAUNDRY	06/28/20	07/01/20	07/26/20		57.35	0.00	0.00	57.35 ✓
8400305067 ✓	LAUNDRY	06/28/20	07/01/20	07/26/20		1,256.51	0.00	0.00	1,256.51 ✓
8400305381 ✓	LAUNDRY	07/08/20	07/04/20	07/29/20		120.39	0.00	0.00	120.39 ✓
8400305382 ✓	LAUNDRY	07/08/20	07/04/20	07/29/20		155.68	0.00	0.00	155.68 ✓
8400305416 ✓	LAUNDRY	07/08/20	07/04/20	07/29/20		802.80	0.00	0.00	802.80 ✓
8400305379 ✓	LAUNDRY	07/08/20	07/04/20	07/29/20		27.42	0.00	0.00	27.42 ✓
8400305383 ✓	LAUNDRY	07/08/20	07/04/20	07/29/20		146.39	0.00	0.00	146.39 ✓
8400305384 ✓	LAUNDRY	07/08/20	07/04/20	07/29/20		175.83	0.00	0.00	175.83 ✓
8400305406 ✓	LAUNDRY	07/08/20	07/04/20	07/29/20		86.08	0.00	0.00	86.08 ✓
8400305443 ✓	LAUNDRY	07/08/20	07/04/20	07/29/20		141.96	0.00	0.00	141.96 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	3,017.56	0.00	0.00	3,017.56

Vendor# Vendor Name — Class — Pay Code

V1058 VICTORIA ANESTHESIOLOGY ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
063019	ANESTHSIA SERVICES (shortfall for month; guaranteed $60,500)	07/16/20	06/30/20	06/30/20		38,332.35	0.00	0.00	38,332.35 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
V1058	VICTORIA ANESTHESIOLOGY	38,332.35	0.00	0.00	38,332.35

Vendor# Vendor Name — Class — Pay Code

12672 VMC SIGNS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
70812	SIGN FOR SLEEP CENTER	06/28/20	06/25/20	07/25/20		750.00	0.00	0.00	750.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12672	VMC SIGNS INC	750.00	0.00	0.00	750.00

Vendor# Vendor Name — Class — Pay Code

10943 WALLER,LANSDEN, DORTCH & DAVIS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10723921	LEGAL	07/16/20	07/11/20	07/11/20		148.50	0.00	0.00	148.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS	148.50	0.00	0.00	148.50

Vendor# Vendor Name — Class — Pay Code

I1110 WERFEN USA LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110691846	SUPPLIES	07/16/20	07/02/20	07/27/20		874.44	0.00	0.00	874.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	874.44	0.00	0.00	874.44

Vendor# Vendor Name — Class — Pay Code

10556 WOUND CARE SPECIALISTS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WCS00002945	WOUND CARE	07/16/20	07/01/20	07/30/20		19,125.00	0.00	0.00	19,125.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	19,125.00	0.00	0.00	19,125.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	302,344.42	0.00	0.00	302,344.42

pg 6 correction {<424.83>
{+422.52

pg 10 correction {<9781.33>
{+9765.67

302,326.45

302,344.42 +
424.83 −
422.52 +
9,781.33 −
9,765.67 +
302,326.45 =

APPROVED ON
JUL 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 181574-181658

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/19/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/20/2019

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

As of: 07/19/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 07/20/2019 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: 2,436.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 07/23/2019, Pay This Amount: 2,387.31 USD

If Paid After 07/23/2019, Pay this Amount: 2,436.03 USD

Due If Paid On Time: USD 2,387.31

Disc lost if paid late: 48.72

Due If Paid Late: USD 2,436.03

dlw CPO

CK# 500012

GL# 1603100000

108.45 +
508.09 +
141.93 +
1,628.84 +
2,387.31 *

APPROVED ON
JUL 22 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/19/2019

DC: 8115

Territory: 400

Customer: 190813
Date: 07/20/2019

Page: 001

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

As of: 07/19/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 07/20/2019 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											
07/17/2019	07/23/2019	7145741500	2017008958	115Invoice	2.16	107.93		105.77 ✓		7145741500	
07/19/2019	07/23/2019	7146199620	2017009006	115Invoice	0.74	36.90		36.16 ✓		7146199620	

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: 144.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,531.46
07/15/2019

If Paid By 07/23/2019,
Pay This Amount: 141.93 USD

If Paid After 07/23/2019,
Pay this Amount: 144.83 USD

Due If Paid On Time:
USD 141.93
Disc lost if paid late: 2.90

Due If Paid Late:
USD 144.83

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/19/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 07/20/2019

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

As of: 07/19/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 07/20/2019 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											
07/18/2019	07/23/2019	7145996237	521663	115Invoice	10.22	510.77		500.55 ✓		7145996237	
07/18/2019	07/23/2019	7145996240	521663	115Invoice	0.15	7.69		7.54 ✓		7145996240	

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: 518.46 USD

Future Due:	0.00			
Past Due:	0.00	**If Paid By 07/23/2019, Pay This Amount:**	508.09 USD	**Due If Paid On Time:** USD 508.09 ✓
Last Payment 07/15/2019	6,531.46	**If Paid After 07/23/2019, Pay this Amount:**	518.46 USD	**Disc lost if paid late:** 10.37
				Due If Paid Late: USD 518.46

APPROVED
ON

JUL 22 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/19/2019

DC: 8115

Territory: 81

Customer: 464450
Date: 07/20/2019

Page: 001

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

As of: 07/19/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 07/20/2019 **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											
07/17/2019	07/23/2019	7145733328	55x428313	115Invoice	2.21	110.66		108.45 ✓		7145733328	

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: 110.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,237.55
07/01/2019

If Paid By 07/23/2019,
Pay This Amount: 108.45 USD

If Paid After 07/23/2019,
Pay this Amount: 110.66 USD

Due If Paid On Time:
USD 108.45

Disc lost if paid late: 2.21

Due If Paid Late:
USD 110.66

APPROVED
ON

JUL 22 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 07/19/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/20/2019

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: 07/19/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/20/2019 **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											
07/15/2019	07/23/2019	7145250474	0712190347-00	115Invoice	1.33	66.68		65.35 ✓		7145250474	
07/15/2019	07/23/2019	7145250475	0959800254	115Invoice	5.27	263.42		258.15 ✓		7145250475	
07/16/2019	07/23/2019	7145511422	0959800255	115Invoice		0.16		0.16 ✓		7145511422	
07/16/2019	07/23/2019	7145511424	0712190254-00	115Invoice	0.01	0.33		0.32 ✓		7145511424	
07/16/2019	07/23/2019	7145686112	000071519TM	115Invoice	1.83	91.49		89.66 ✓		7145686112	
07/17/2019	07/23/2019	7145756876	0712190756-00	115Invoice	1.52	75.81		74.29 ✓		7145756876	
07/17/2019	07/23/2019	7145921394	00007162019as	115Invoice	0.01	0.63		0.62 ✓		7145921394	
07/18/2019	07/23/2019	7145997551	0959800257	115Invoice	7.58	379.18		371.60 ✓		7145997551	
07/18/2019	07/23/2019	7146111718	748833282	195Invoice	2.65	132.59		129.94 ✓		7146111718	
07/18/2019	07/23/2019	7146147650	000071719TM	115Invoice		0.10		0.10 ✓		7146147650	
07/19/2019	07/23/2019	7146220521	0959800258	115Invoice	9.42	471.04		461.62 ✓		7146220521	
07/19/2019	07/23/2019	7146220522	0718190826-00	115Invoice	3.61	180.33		176.72 ✓		7146220522	
07/19/2019	07/23/2019	7146333018	749087948	195Invoice	0.01	0.32		0.31 ✓		7146333018	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,662.08 USD

Future Due:	0.00			**Due If Paid On Time:** USD	1,628.84
		If Paid By 07/23/2019,			
Past Due:	0.00	**Pay This Amount:**	1,628.84 USD	**Disc lost if paid late:**	33.24
Last Payment	6,531.46	**If Paid After 07/23/2019,**		**Due If Paid Late:**	
07/15/2019		**Pay this Amount:**	1,662.08 USD	USD	1,662.08

AmerisourceBergen®

STATEMENT

Number: 58173367 Date: 07-19-2019 1 of 1

Division
AMERISOURCEBERGEN DRUG CORP
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101
866-451-9655

Customer
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509
ACCOUNT: 100135284 / 037028186

Remit To
AMERISOURCEBERGEN DRUG CORP
PO Box 905223
CHARLOTTE NC 28290-5223

Summary

Not Yet Due:	0.00
Current:	1,115.54
Past Due:	0.00
Total Due:	1,115.54
Account Balance:	1,115.54

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
07-15-2019	07-26-2019	3024988736	148239	Invoice	616.26
07-15-2019	07-26-2019	3024988737	148259	Invoice	228.07
07-16-2019	07-26-2019	3025086516	148412	Invoice	244.88
07-17-2019	07-26-2019	3025137806	148431	Invoice	4.66
07-17-2019	07-26-2019	593100329	146072	Invoice	(7.14)
07-17-2019	07-26-2019	593100330	146072	Invoice	6.97
07-18-2019	07-26-2019	3025184735	148439	Invoice	21.84

Thank You for Your Payment

Date	Payment Number	Amount
07-19-2019		(840.98)

Reminders

Due Date	Amount
07-26-2019	1,115.54
Total Due:	1,115.54

Terms:
Monday - Friday due in 7 days

CK# 500013
GL# 6003100000

APPROVED
ON
JUL 22 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
JUL 18 2019
Calhoun County Auditor

RUN DATE: 07/17/19
TIME: 15:55

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	071719	98.00	✓	2	[redacted]	
		77979					
		071719	114.12	✓	2		
		77979					
		071719	110.35	✓	2		
		77979					
			322.47				
TOTAL			322.47				

APPROVED
ON

JUL 19 2019 CK # 181663-181665

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi

0556709800366701900000000000000038

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• ••	07/28/2019	$0.00	$0.00	

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

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

CITIBANK CORPORATE CARD

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

Statement Date
07/03/2019

Payment Date
07/28/2019

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

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

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

Sale Date	Post Date	Reference Number	Type of Activity			Amount
********** NOTICE MEMO ITEM(S) LISTED BELOW **********						
06/19/2019	06/20/2019	55500369171200473491675	HFMA TEXAS GULF COAST AI1A8BE8A594	7134104073	TX	$35.00
********** TOTAL AMOUNT OF MEMO ITEM(S):						$35.00

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

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

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

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

APPROVED ON
JUL 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

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

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 7/15/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		HFMA Texas Gulf Coast			35.00
2			registration for Diane Moore			
3			06/21/19			
4						
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 35.00

NOTES:

Charges made to Diane Moore's MC

APPROVED ON

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director JUL 19 2019

Dir. Nursing _____

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• •	07/28/2019	$0.00	$0.00	

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

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

CITIBANK CORPORATE CARD

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

Statement Date
07/03/2019

Payment Date
07/28/2019

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

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

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

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********			**NOTICE MEMO ITEM(S) LISTED BELOW**			**********
06/03/2019	06/04/2019	05134379155600039930561	NPDB NPDB.HRSA.GOV N63211682	800-767-6732	VA	$2.00
06/03/2019	06/04/2019	55429509154715143349284	JONES & BARTLETT LEARN	8008320034	MA	$182.76
06/07/2019	06/18/2019	55436879168261598241850	OMNI FORT WORTH HOTEL 3434449	FORT WORTH Arrival: 06-07-19	TX	$577.14 CR
06/07/2019	06/18/2019	55436879168261598243070	OMNI FORT WORTH HOTEL 3434441	FORT WORTH Arrival: 06-07-19	TX	$384.76 CR
06/21/2019	06/24/2019	05134379173600132168786	NPDB NPDB.HRSA.GOV N63549291	800-767-6732	VA	$32.00
06/21/2019	06/24/2019	05134379173600132168869	NPDB NPDB.HRSA.GOV N63549695	800-767-6732	VA	$2.00
06/21/2019	06/24/2019	55429509172894799463398	PAYPAL TEXASORGANI 79946339	4029357733	TX	$725.00
06/21/2019	06/24/2019	55436879173261738402829	OMNI AUSTIN DOWNTOWN 3104324	AUSTIN Arrival: 06-21-19	TX	$263.35

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

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

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

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

citi

Account Number
•••• •••• ••

Statement Date
07/03/2019

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
06/21/2019	06/24/2019	5543687917326173840412 2	OMNI AUSTIN DOWNTOWN	AUSTIN	TX	$263.35
			3104323	Arrival: 06-21-19		
06/22/2019	06/24/2019	5543286917320029163849 9	AMA CREDENTIALING	800-621-8335	IL	$43.00
06/25/2019	06/26/2019	5548077917628620000034 2	RICHMOND EMDS INC	8558278326	TX	$224.00
06/27/2019	06/28/2019	0513437917960003085002 6	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$2.00
			N63656863			
06/28/2019	06/28/2019	5543286917920064201244 8	AMA CREDENTIALING	800-621-8335	IL	$43.00
06/27/2019	07/01/2019	5549967917903622300087 0	WYNDHAM AUSTIN & WOODW	AUSTIN	TX	$376.05
			22300087	Arrival: 06-24-19		
07/02/2019	07/03/2019	5542950918363742183919 7	WWW.LORMAN.COM	8006783940	WI	$219.00
**********			**TOTAL AMOUNT OF MEMO ITEM(S):**			**$1,415.61**

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

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

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

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

APPROVED ON

JUL 19 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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

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

Vendor Name: Citibank

Date: 7/9/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB x 1 Provider			2.00 ✓
2	—		Jones+Bartlett Learn -			182.75 ✓
3			Counseling the Nursing Mother			
4			Books (x2) for OB Nurses			
5	—		NPDB x 16 Providers - Renewals			32.00 ✓
6	—		NPDB x 1 Provider			2.00 ✓
7	—		Pay Pal - Registration for Danette			725.00 ✓
8			Bethany + Mimi Nguyen			
9			Texas Assoc. of Rural Health Clinic			
10			Conference - Austin (Danette Bethany (Member) $325.00 Mimi Nguyen (Non-member) $400.00) JUN 24 26 2019			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 943.75

NOTES:

Charges made to Mr. Anglin's Mastercard

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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

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

Vendor Name: Citibank

Date: 7/9/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—	1/2 of pymt upfront	Omni Austin Downtown Hotel TARHC 2019 Annual Education			263.35 ✓
2			for Danette Bethany - Deposit Conference July 24-24, 2019			
3	—	1/2 of pymt upfront	Omni Austin Downtown Hotel TARHC 2019 Annual Education			263.35 ✓
4			for Mimi Nguyen - Deposit Conference July 24-24, 2019			
5	—		AMA Credentialing - 1 Provider			43.00 ✓
6			Init + Continuous Monitoring			
7	—		NPDB x 1 Provider			2.00 ✓
8	—		AMA Credentialing - 1 Provider			43.00 ✓
9			Initial + Continuous Monitoring			
10	—		Richmond EMDs Ortho - Clinic Provider Set up and hosting			224.00 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST 838.70

NOTES:

Charges made to Mr. Anglin's Mastercard

Contact: _____ Date: _____

Quoted By: _____

Buyer: _____ E.T.A. _____

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

(3)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 7/9/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—	✓	~~NPDB x 1 PROVIDER~~	listed twice		~~2.00~~ ✓
2	—	✓	~~AMA Credentialing - 1 PROVIDER~~			~~43.00~~ ✓
3			~~Initial + Continuous Monitoring~~	listed twice		
4	—	✓	Wyndham Austin Hotel			376.05 ✓
5			for Sara Rubio - Trauma Mtg 6/25/19 governors Advisory			1/2 EMS & Trauma Council meeting 6/6
6	—		Lorman - Webinar for Alison			219.00 ✓
7			King, HR - IRS Form 941 reporting update			
8	—		Omni Fort Worth Hotel - credit for			<577.14>
9			cancelled room for Janise Svetlik for Advance Lactation Mgmt 8/13-8/14/19			
10			Omni Fort Worth Hotel - Credit for cancelled room for Lactation Mgmt 7/10/19			<384.76>

2.00 +
182.76 +
32.00 +
2.00 +
725.00 +
263.35 +
263.35 +
43.00 +
2.00 +
43.00 +
224.00 +
376.05 +
219.00 +
577.14 −
384.76 −
1,415.61 =

Est. Total Cost _____ ~~TOTAL COST~~ ~~640.05~~

e to MR. Arglin's Mastercard Total: 1415.61

Date:

E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

citi

0556709000527279901450610145061032

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	07/28/2019	$1,450.61	$1,450.61	

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

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

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

CITIBANK CORPORATE CARD

Statement Date
07/03/2019

Payment Date
07/28/2019

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$30,000.00	$28,549.39	$0.00	$0.00

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

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

COMPANY SUMMARY

C0001		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	$8,110.12	- $8,110.12	- $961.90	$2,412.51		$1,450.61
	Advances						
	TOTAL	$8,110.12	- $8,110.12	- $961.90	$2,412.51		$1,450.61

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

CARDMEMBER SUMMARY

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$2,377.51		
	Advances						
	TOTAL			- $961.90	$2,377.51		$1,415.61

		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$35.00		
	Advances						
	TOTAL				$35.00		$35.00

COMPANY BOOKKEEPING DETAIL

DAYS IN BILLING PERIOD: 030					
Balance Subject		Purchases	Cash Advances	Payment Due:	$1,450.61
To Interest Charges	>	$0.00	$0.00	Amount Over Credit Limit:	$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	$1,450.61

CA 7/25/19

citi

Company Account Number

Statement Date
07/03/2019

C0001 CALHOUN COUNTY MMC

Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**
$30,000.00	$0.00	$28,549.39	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
06/27/2019	06/27/2019	75472339178178411000097	PAYMENT THANK YOU	$8,110.12 PY

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN **XXXX-XXXX-X**

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
06/03/2019	06/04/2019	05134379155600039930561	NPDB NPDB.HRSA.GOV 800-767-6732 VA N63211682	$2.00
06/03/2019	06/04/2019	55429509154715143349284	JONES & BARTLETT LEARN 8008320034 MA	$182.76
06/07/2019	06/18/2019	55436879168261598241850	OMNI FORT WORTH HOTEL FORT WORTH TX 3434449 Arrival: 06-07-19	$577.14 CR
06/07/2019	06/18/2019	55436879168261598243070	OMNI FORT WORTH HOTEL FORT WORTH TX 3434441 Arrival: 06-07-19	$384.76 CR
06/21/2019	06/24/2019	05134379173600132168786	NPDB NPDB.HRSA.GOV 800-767-6732 VA N63549291	$32.00
06/21/2019	06/24/2019	05134379173600132168869	NPDB NPDB.HRSA.GOV 800-767-6732 VA N63549695	$2.00
06/21/2019	06/24/2019	55429509172894799463398	PAYPAL TEXASORGANI 4029357733 TX 79946339	$725.00
06/21/2019	06/24/2019	55436879173261738402829	OMNI AUSTIN DOWNTOWN AUSTIN TX 3104324 Arrival: 06-21-19	$263.35
06/21/2019	06/24/2019	55436879173261738404122	OMNI AUSTIN DOWNTOWN AUSTIN TX 3104323 Arrival: 06-21-19	$263.35
06/22/2019	06/24/2019	55432869173200291638499	AMA CREDENTIALING 800-621-8335 IL	$43.00
06/25/2019	06/26/2019	55480779176286200000342	RICHMOND EMDS INC 8558278326 TX	$224.00
06/27/2019	06/28/2019	05134379179600030850026	NPDB NPDB.HRSA.GOV 800-767-6732 VA N63656863	$2.00
06/28/2019	06/28/2019	55432869179200642012448	AMA CREDENTIALING 800-621-8335 IL	$43.00
06/27/2019	07/01/2019	55499679179036223000870	WYNDHAM AUSTIN & WOODW AUSTIN TX 22300087 Arrival: 06-24-19	$376.05
07/02/2019	07/03/2019	55429509183637421839197	WWW.LORMAN.COM 8006783940 WI	$219.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$1,415.61

DIANE C MOORE **XXXX-XXXX-XX66-**

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
06/19/2019	06/20/2019	55500369171200473491675	HFMA TEXAS GULF COAST 7134104073 TX AI1A8BE8A594	$35.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$35.00

APPROVED
ON

JUL 19 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Continued on next page

Print Repetitive Wire Transfer

Template Name: CITI COMMERCIAL CARD - MMC

Ref #: 2799503

Created by: CLARRI - 07/25/2019 10:18 am CDT

Approved by: CLARRI - 07/25/2019 10:18 am CDT

SENDER

Name: COUNTY OF CALHOUN TEXAS

Tax ID #: 746003411

Address: 202 S ANN STREET, SUITE A

P. O. BOX 78025-8025

City: PHOENIX

State: Arizona

ZIP/Postal Code: 85062-8025

Phone Number: 3615534619

Frequency: Occasional

Account to Debit: MEMORIAL MEDICAL CENTER - OPERATING:*

Amount: $ $1,450.61

Submit date: 07/26/2019

BENEFICIARY

Beneficiary's Full Name: CBNA Incoming Settlement Account

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

Beneficiary's City: PHOENIX

Beneficiary's State: Arizona

ZIP/Postal Code: 85062-8025

Beneficiary's Account Number:

Special Instructions for the Beneficiary:

INTERMEDIARY INSTITUTION*(optional)*

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

Code Type: Account # :

Institution Name: CITIBANK NA

Institution Address:

Institution City: PHOENIX

Institution State: Arizona

BENEFICIARY INSTITUTION

07/17/2019 MEMORIAL MEDICAL CENTER 0
15:39 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/02/2019

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70119	07/12/2019	07/11/2019	08/02/2019				6,649.50	0.00	0.00	6,649.50

TRANSFER Nursing home insurance pymt sent to MMC in error ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	6,649.50	0.00	0.00	6,649.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,649.50	0.00	0.00	6,649.50

APPROVED
ON
JUL 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 181659

07/17/2019
15:39

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/02/2019

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070319	07/09/2019	07/03/2019	08/02/2019				132.17	0.00	0.00	132.17 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in emer									
071019	07/12/2019	07/10/2019	08/02/2019				3,420.00	0.00	0.00	3,420.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in emer									
071019A	07/12/2019	07/10/2019	08/02/2019				760.00	0.00	0.00	760.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in emer									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	4,312.17	0.00	0.00	4,312.17

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,312.17	0.00	0.00	4,312.17

APPROVED
ON
JUL 19 2019
CK# 181662

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/17/2019 MEMORIAL MEDICAL CENTER 0
15:40 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/02/2019

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071519	07/16/2019	07/15/2019	08/02/2019				4,400.00	0.00	0.00	4,400.00

TRANSFER Nursing home insurance pymt sent to MMC in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	4,400.00	0.00	0.00	4,400.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,400.00	0.00	0.00	4,400.00

APPROVED
ON
JUL 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 187661

RECEIVED
JUL 18 2019
Calhoun County Auditor

07/17/2019 MEMORIAL MEDICAL CENTER 0
15:41 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/02/2019

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
071619	07/17/2019	07/16/2019	08/02/2019				11,227.16	0.00	0.00	11,227.16
	TRANSFER Nursing home insurance pymt sent to MMC in emr									
071619A	07/17/2019	07/16/2019	08/02/2019				0.26	0.00	0.00	0.26
	TRANSFER Nursing home insurance pymt sent to MMC in emr									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	11,227.42	0.00	0.00	11,227.42

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,227.42	0.00	0.00	11,227.42

APPROVED
ON
JUL 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 181660

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181574	07/24/19	166.07	ACE HARDWARE 15521
A/P	181575	07/24/19	330.00	AHRA
A/P	181576	07/24/19	2,340.72	AIRGAS USA, LLC - CENTRAL DIV
A/P	181577	07/24/19	93.43	AQUA BEVERAGE COMPANY
A/P	181578	07/24/19	54.66	BARD PERIPHERAL VASCULAR
A/P	181579	07/24/19	3,665.76	BAXTER HEALTHCARE
A/P	181580	07/24/19	2,249.28	BAYER HEALTHCARE
A/P	181581	07/24/19	20,039.00	BECKMAN COULTER INC
A/P	181582	07/24/19	936.95	BEEKLEY MEDICAL
A/P	181583	07/24/19	81.45	CAREFUSION
A/P	181584	07/24/19	75.02	CARTSENS
A/P	181585	07/24/19	1,031.25	CHRISTINA ZAPATA-ARROYO
A/P	181586	07/24/19	70.00	CITIZENS MEDICAL CENTER
A/P	181587	07/24/19	213.02	CONMED CORPORATION
A/P	181588	07/24/19	37.60	CONMED LINVATEC
A/P	181589	07/24/19	307.81	COOPER SURGICAL INC
A/P	181590	07/24/19	258.39	CYRACOM LLC
A/P	181591	07/24/19	887.01	DEWITT POTH & SON
A/P	181592	07/24/19	179.80	DIANE MOORE
A/P	181593	07/24/19	1,030.00	DOWELL PEST CONTROL
A/P	181594	07/24/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	181595	07/24/19	1,376.70	EVOQUA WATER TECHNOLOGIES LLC
A/P	181596	07/24/19	36.89	FEDERAL EXPRESS CORP.
A/P	181597	07/24/19	927.79	FISHER HEALTHCARE
A/P	181598	07/24/19	530.00	FORT BEND SERVICES, INC
A/P	181599	07/24/19	966.79	FRONTIER
A/P	181600	07/24/19	11,477.94	GE PRECISION HEALTHCARE, LLC
A/P	181601	07/24/19	823.71	GULF COAST PAPER COMPANY
A/P	181602	07/24/19	570.00	HEALTHCARE CODING & CONSULTING
A/P	181603	07/24/19	14,258.96	HUNTER PHARMACY SERVICES
A/P	181604	07/24/19	10,667.43	INTALERE, INC
A/P	181605	07/24/19	270.00	INTERNAL REVENUE SERVICE
A/P	181606	07/24/19	422.52	IRON MOUNTAIN
A/P	181607	07/24/19	24,095.50	ITA RESOURCES INC
A/P	181608	07/24/19	17,930.33	JACKSON & COKER LOCUM TENENS,
A/P	181609	07/24/19	1,793.28	KCI USA
A/P	181610	07/24/19	341.29	LABCORP OF AMERICA HOLDINGS
A/P	181611	07/24/19	572.40	LOWE'S HOME CENTERS INC
A/P	181612	07/24/19	75.00	[redacted]
A/P	181613	07/24/19	40.00	MARTIN PRINTING CO
A/P	181614	07/24/19	3,287.00	MASA GLOBAL BUILDING
A/P	181615	07/24/19	1,019.85	MCKESSON MEDICAL SURGICAL INC
A/P	181616	07/24/19	96.55	MEDI-DOSE, INC
A/P	181617	07/24/19	593.73	MEDICAL DATA SYSTEMS, INC.
A/P	181618	07/24/19	401.85	MEDIMPACT HEALTHCARE SYS, INC.
A/P	181619	07/24/19	.00	VOIDED
A/P	181620	07/24/19	11,773.14	MEDLINE INDUSTRIES INC
A/P	181621	07/24/19	78.21	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	181622	07/24/19	293.06	MICROTEK MEDICAL INC
A/P	181623	07/24/19	160.47	MMC AUXILIARY GIFT SHOP

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181624	07/24/19	586.26	MMC EMPLOYEE BENEFIT PLAN
A/P	181625	07/24/19	.00	VOIDED
A/P	181626	07/24/19	9,765.67	MORRIS & DICKSON CO, LLC
A/P	181627	07/24/19	3,306.88	NOVA BIOMEDICAL
A/P	181628	07/24/19	180.93	OLYMPUS AMERICA INC
A/P	181629	07/24/19	2,000.00	PARA
A/P	181630	07/24/19	834.00	PATRICK OCHOA
A/P	181631	07/24/19	710.00	PORT LAVACA WAVE
A/P	181632	07/24/19	11.98	POWER HARDWARE
A/P	181633	07/24/19	119.08	PRECISION DYNAMICS CORP (PDC)
A/P	181634	07/24/19	5,675.00	PREMIER SLEEP DISORDERS CENTER
A/P	181635	07/24/19	2,028.00	PRESS GANEY ASSOCIATES, INC.
A/P	181636	07/24/19	45.47	RED HAWK FIRE AND SECURITY
A/P	181637	07/24/19	2,374.75	REVCYCLE+, INC.
A/P	181638	07/24/19	1,175.00	RX WASTE SYSTEMS LLC
A/P	181639	07/24/19	37.55	SCHOOL SPECIALTY
A/P	181640	07/24/19	96.18	SHERWIN WILLIAMS
A/P	181641	07/24/19	4,266.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	181642	07/24/19	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	181643	07/24/19	12,375.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	181644	07/24/19	5,699.00	T-SYSTEM, INC
A/P	181645	07/24/19	4,345.00	TEXAS MUTUAL INSURANCE CO
A/P	181646	07/24/19	251.42	THE BRATTON FIRM
A/P	181647	07/24/19	341.41	THE STRETCHER PAD CO.
A/P	181648	07/24/19	1,639.22	THE US CONSULTING GROUP
A/P	181649	07/24/19	1,033.87	TLC STAFFING
A/P	181650	07/24/19	294.75	TRI-ANIM HEALTH SERVICES INC
A/P	181651	07/24/19	2,496.07	TRIZETTO PROVIDER SOLUTIONS
A/P	181652	07/24/19	75.00	TROEMNER, LLC
A/P	181653	07/24/19	3,017.56	UNIFIRST HOLDINGS INC
A/P	181654	07/24/19	38,332.35	VICTORIA ANESTHESIOLOGY
A/P	181655	07/24/19	750.00	VMC SIGNS INC
A/P	181656	07/24/19	148.50	WALLER,LANSDEN, DORTCH & DAVIS
A/P	181657	07/24/19	874.44	WERFEN USA LLC
A/P	181658	07/24/19	19,125.00	WOUND CARE SPECIALISTS
A/P	181659	07/24/19	6,649.50	ASHFORD GARDENS
A/P	181660	07/24/19	11,227.42	GOLDENCREEK HEALTHCARE
A/P	181661	07/24/19	4,400.00	GULF POINTE PLAZA
A/P	181662	07/24/19	4,312.17	THE CRESCENT
A/P	181663	07/24/19	110.35	[redacted]
A/P	181664	07/24/19	98.00	[redacted]
A/P	181665	07/24/19	114.12	[redacted]
TOTALS:			334,913.01	

critical

Nursing Homes

Patient Refunds

APPROVED
ON

JUL 24 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 302,326.45 +
critical 5,675.00 +
Nursing Homes 6,649.50 +
11,227.42 +
4,400.00 +
4,312.17 +
Patient Refunds 322.47 +
334,913.01 *

07/19/2019 MEMORIAL MEDICAL CENTER 0
10:26 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/31/2019

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
084		07/19/20	06/30/20	07/15/20		5,675.00	0.00	0.00	5,675.00
	SLEEP STUDIES (6|6|19-6|24|19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	5,675.00	0.00	0.00	5,675.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,675.00	0.00	0.00	5,675.00

APPROVED
ON
JUL 19 2019 CK# 181634

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

	#### ###	ENTER:
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		1
☐ "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"	★	9

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"	★	$ 102,350.25
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 51,723.36
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,110.78
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,516.11
	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	9297.25	N		N	N		187634.84
1	REGULAR PAY-S1	1824.00	N		N	N	N	83417.70
1	REGULAR PAY-S1	6.00	N		N	Y		194.48
1	REGULAR PAY-S1	2.00	N	1	N	N		77.06
1	REGULAR PAY-S1	228.75	Y		N	N		6721.45
2	REGULAR PAY-S2	2728.75	N		N	N		63789.84
2	REGULAR PAY-S2	147.75	Y		N	N		5526.76
3	REGULAR PAY-S3	1642.25	N		N	N		45202.80
3	REGULAR PAY-S3	109.50	Y		N	N		4954.21
C	CALL PAY	2023.50	N	1	N	N		4047.00
E	EXTRA WAGES	14.00	N		N	N	N	32.51
E	EXTRA WAGES		N	1	N	N	N	2318.00
F	FUNERAL LEAVE	8.00	N	1	N	N		183.36
I	INSERVICE	10.00	N		N	N	N	328.80
I	INSERVICE	43.00	N	1	N	N		1443.16
J	JURY LEAVE	20.00	N	1	N	N		703.80
K	EXTENDED-ILLNESS-BANK	145.00	N	1	N	N		2425.71
P	PAID-TIME-OFF	54.00	N		N	N	N	1593.76
P	PAID-TIME-OFF	1528.45	N	1	N	N		36293.99
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	108.00	N	1	N	N		324.00
p	PAID TIME OFF - PROBATION	24.00	N	1	N	N		261.84

Deductions Summary

Code	Amount				
A/R	635.00	A/R2	220.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1607.50	CAFE-F	
CAFE-H	18540.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	195.17	COMBIN	507.49	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	38516.11	FICA-M	6055.39	FICA-O	25661.68
FIRSTC		FLEX S	3707.52	FLX FE	
FORT D		FUTA		GIFT S	19.64
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	687.66	MASA	857.00	MEALS	92.26
MISC		MISC/		NMCSHR	
NATFML	2027.73	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	1190.86
STONE		STONE2		STUDEN	
SUNACC	926.05	SUNILL	1645.93	SUNLIF	1438.92
SUNSTD	1470.09	SUNVIS	1095.50	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	31345.73	TUITION		UNIFOR	514.14
UW/HOS					

Grand Totals: 20126.20 (Gross: 447795.09 Deductions: 139503.52 Net: 308291.57)

Checks Count:- FT 204 PT 9 Other 45 Female 228 Male 29 Credit 0 OverAmt 6 ZeroNet Term Total: 257

Pay Date 07.26.19

CFO

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		07/05/19					
PAY PERIOD: END		07/18/19					
PAY DATE:		07/26/19					
GROSS PAY:	$	447,795.09			$ -		$ 447,795.09
DEDUCTIONS:							
A/R	$	855.00					$ 855.00
ADVANC							$ -
BOOTS							$ -
SUNLIFE CRITICAL ILLNESS	$	1,645.93					$ 1,645.93
SUNLIFE ACCIDENT	$	926.05					$ 926.05
SUNLIFE VISION	$	1,095.50					$ 1,095.50
SUNLIFE SHORT TERM DIS	$	1,470.09					$ 1,470.09
CAFÉ-5							$ -
CAFÉ-D	$	1,607.50					$ 1,607.50
CAFÉ-H	$	18,540.00					$ 18,540.00
CAFÉ-I							$ -
CAFÉ-L							$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	346.15	+1.50 missing fee = 347.65				$ 346.15
CLINIC	$	195.17					$ 195.17
COMBIN	$	507.49					$ 507.49
CREDUN							$ -
DENTAL							$ -
DEP-LF							$ -
SUNLIFE TERM LIFE	$	1,438.92					$ 1,438.92
EAT							$ -
FED TAX	$	38,516.11					$ 38,516.11
FICA-M	$	6,055.39					$ 6,055.39
FICA-O	$	25,861.68					$ 25,861.68
FIRST C							$ -
FLEX S	$	3,707.52					$ 3,707.52
FLX-FE							$ -
GIFT S	$	19.64					$ 19.64
GRP-IN	$	-					$ -
GTL							$ -
HOSP-I							$ -
LEGAL	$	1,544.66					$ 1,544.66
OTHER	$	606.40					$ 606.40
NATIONAL FARM LIFE	$	2,027.73					$ 2,027.73
PHI							$ -
PR FIN	$	-					$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	1,190.86					$ 1,190.86
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	31,345.73					$ 31,345.73
UW/HOS							$ -
TOTAL DEDUCTIONS:	$	139,503.52	$ -	$ -	$ -	$ -	$ 139,503.52
			SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	308,291.57	$ -	$ -	$ -	$ -	$ 308,291.57
			SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$	30,183.45	**Less Exempt:**				
TAXABLE PAY:	$	417,611.64	$ 417,125.28				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 6,055.37		
FICA - MED (EE)	1.45%	$ 6,055.37	$ 6,055.39	$ (0.02)
FICA - SOC SEC (ER)	6.20%	$ 25,861.77		
FICA - SOC SEC (EE)	6.20%	$ 25,861.77	$ 25,861.68	$ 0.09
FED WITHHOLDING		$ 38,516.11	$ 38,516.11	

TAX DEPOSIT:		$ 102,350.39	$ 102,350.25	$ 0.14
FICA - MEDICARE	2.90%	$ 12,110.74	$12,110.78	
FICA - SOCIAL SECURITY	12.40%	$ 51,723.54	$51,723.36	**PREPARED BY:**
FED WITHHOLDING		$ 38,516.11	$38,516.11	**PREPARED DATE:**
TOTAL TAX:		$ 102,350.39	$102,350.25	$ 0.14

Exempt Amt:	
Employees over FICA-SS Cap:	
Jason Anglin	$ 486.36
Diane Moore	
Roshanda Thomas	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 486.36

Sarah L. Henderson

7/22/2019

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --July 15, 2019 - July 21, 2019

Date	Bank Description	MMC Notes	Amount		CPSI "Handwritten Check" #
7/15/2019	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000018441834	-Child Support Payment -Payroll Ending 7/4/19	347.65	*	200007
7/15/2019	ACH Payment IRS USATAXPYMT 220959652488169 6103601001554	- Payroll Taxes	101969.92	*	200008
7/15/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024088	- Retirement Funding	141151.33	*	200009
7/16/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03865621 910000133	- 340B Drug Program Expense	6531.46	**	500011
7/18/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000695447450	- 3rd Party Payor Fee	23.37		300060
7/19/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	840.98	**	500010
7/19/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000696082563	- 3rd Party Payor Fee	4.91		300061
7/19/2019	ACH Payment WEBFILE TAX PYMT DD 902/34240125 21000024980	- Sales Tax	1759.71	**	700005
			252,629.33		

CFO

July 22, 2019

Diane Moore, CFO
Memorial Medical Center

* Approved 07.10.19 cc
** Approved 07.17.19 cc

APPROVED
ON
JUL 22 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

252,629.33 +
347.65 -
101,969.92 -
141,151.33 -
6,531.46 -
840.98 -
1,759.71 -
28.28 *

Pay PLUS 23.37 +
4.91 +
28.28 *

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181422	07/17/19	41.76	ACE HARDWARE 15521
A/P	181423	07/17/19	2,183.26	AIRGAS USA, LLC - CENTRAL DIV
A/P	181424	07/17/19	2,004.75	ALLYSON SWOPE
A/P	181425	07/17/19	85.86	AUTO PARTS & MACHINE CO.
A/P	181426	07/17/19	128.40	BAXTER HEALTHCARE
A/P	181427	07/17/19	3,910.82	BECKMAN COULTER INC
A/P	181428	07/17/19	6,500.00	BKD, LLP
A/P	181429	07/17/19	200.90	BLUE ORCHID PRESS, LLC
A/P	181430	07/17/19	85.50	CALHOUN COUNTY
A/P	181431	07/17/19	475.64	CARDINAL HEALTH 414, INC.
A/P	181432	07/17/19	26.54	CENTERPOINT ENERGY
A/P	181433	07/17/19	450.00	CHS ATHLETIC BOOSTER CLUB INC
A/P	181434	07/17/19	155.00	COASTAL REFRIGERATION
A/P	181435	07/17/19	35.00	DEBRA MUSTERED
A/P	181436	07/17/19	1,006.76	DEWITT POTH & SON
A/P	181437	07/17/19	50,311.25	DIAMOND HEALTHCARE CORP
A/P	181438	07/17/19	505.00	DOWELL PEST CONTROL
A/P	181439	07/17/19	112.33	DYNATRONICS CORPORATION
A/P	181440	07/17/19	155.93	ERBE USA INC SURGICAL SYSTEMS
A/P	181441	07/17/19	18.58	FASTENAL COMPANY
A/P	181442	07/17/19	495.00	FASTHEALTH CORPORATION
A/P	181443	07/17/19	78.29	FEDERAL EXPRESS CORP.
A/P	181444	07/17/19	360.16	FISHER HEALTHCARE
A/P	181445	07/17/19	59.42	FRONTIER
A/P	181446	07/17/19	6,353.71	GARDNER & WHITE, INC.
A/P	181447	07/17/19	331.88	GENESIS DIAGNOSTICS
A/P	181448	07/17/19	75.00	GULF COAST DELIVERY
A/P	181449	07/17/19	567.80	GULF COAST PAPER COMPANY
A/P	181450	07/17/19	1,433.66	INDEED, INC.
A/P	181451	07/17/19	250.00	ITERSOURCE CORPORATION
A/P	181452	07/17/19	854.72	J & J HEALTH CARE SYSTEMS, INC
A/P	181453	07/17/19	422.93	K-MED INC
A/P	181454	07/17/19	13,294.80	KNOWBE4, INC.
A/P	181455	07/17/19	3,412.50	KONICA MINOLTA
A/P	181456	07/17/19	1,190.86	M G TRUST
A/P	181457	07/17/19	.00	VOIDED
A/P	181458	07/17/19	.00	VOIDED
A/P	181459	07/17/19	7,361.33	MEDLINE INDUSTRIES INC
A/P	181460	07/17/19	300.17	MEMORIAL MEDICAL CLINIC
A/P	181461	07/17/19	904.82	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	181462	07/17/19	1,193.82	MMC EMPLOYEE BENEFIT PLAN
A/P	181463	07/17/19	.00	VOIDED
A/P	181464	07/17/19	11,505.26	MORRIS & DICKSON CO, LLC
A/P	181465	07/17/19	317.76	NADINE GARNER
A/P	181466	07/17/19	4,070.06	NATIONAL FARM LIFE INSURANCE
A/P	181467	07/17/19	183.03	ORTHO CLINICAL DIAGNOSTICS
A/P	181468	07/17/19	1,980.00	PABLO GARZA
A/P	181469	07/17/19	187.50	PALACIOS BEACON
A/P	181470	07/17/19	49.87	POWER HARDWARE
A/P	181471	07/17/19	53.44	PRECISION DYNAMICS CORP (PDC)

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181472	07/17/19	3,755.93	REMI CORPORATION
A/P	181473	07/17/19	6,828.53	RICOH USA, INC.
A/P	181474	07/17/19	73.00	SANDRA BRAUN
A/P	181475	07/17/19	298.98	SHIRLEY KARNEI
A/P	181476	07/17/19	661.55	STERIS CORPORATION
A/P	181477	07/17/19	13,300.96	SUN LIFE FINANCIAL
A/P	181478	07/17/19	91.98	SUPER DUPER PUBLICATIONS
A/P	181479	07/17/19	35.00	SUSAN SMALLEY
A/P	181480	07/17/19	3,582.36	UNIFIRST HOLDINGS INC
A/P	181481	07/17/19	254.91	UNIFORM ADVANTAGE
A/P	181482	07/17/19	199.00	UPDOX LLC
A/P	181483	07/17/19	3,707.52	WAGEWORKS
A/P	181484	07/17/19	27.32	WERFEN USA LLC
A/P	181485	07/17/19	2,917.83	GOLDENCREEK HEALTHCARE
A/P	181486	07/17/19	511.50	SOLERA WEST HOUSTON
A/P	181487	07/17/19	1,950.00	BROADMOOR AT CREEKSIDE PARK
A/P *	181488	07/17/19	630.00	ASHFORD GARDENS
A/P	200007	07/15/19	347.65	EXPERT PAY
A/P	200008	07/15/19	101,969.92	IRS USATAXPYMT
A/P *	200009	07/15/19	141,151.33	TEXAS COUNTY DRS RECEIV
A/P	300060	07/18/19	23.37	PAY PLUS
A/P *	300061	07/19/19	4.91	PAY PLUS
A/P	500010	07/19/19	840.98	AMERISOURCE
A/P *	500011	07/16/19	6,531.46	MCKESSON
A/P	700005	07/19/19	1,759.71	WEBFILE TAX PYMT
TOTALS:			417,136.77	

Ach payments register

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/22/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		60,782.61 ✓	60,682.61 ✓	132,578.17 ✓		-	132,678.17 ✓	111,194.23
						Bank Balance	132,678.17	
						Variance	-	
						Leave In Balance	100.00	
							-	
Routing Information for Ashford Gardens:						MMC Portion QIPP 1	21,383.94 ✓	Received on 6.21.19
Ashford Health Care Center Ltd Co						MMC Portion QIPP 2,3,Lapse	-	
JP Morgan Chase Bank						July Interest	-	
ABA						August Interest	-	
Acc						September Interest	-	
						Adjust Balance/Transfer Amt	111,194.23 ✓	
Broadmoor		82,525.10 ✓	82,425.10 ✓	375,127.59 ✓		-	375,227.59 ✓	370,960.13
						Bank Balance	375,227.59	
						Variance	-	
						Leave In Balance	100.00	
						MMC Portion QIPP 1	4,167.46 ✓	Received on 6.21.19
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	-	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	370,960.13 ✓	
Crescent		96,561.96 ✓	96,461.96 ✓	121,224.59 ✓		-	121,324.59 ✓	117,083.09
						Bank Balance	121,324.59	
						Variance	-	
						Leave In Balance	100.00	
							-	
						MMC Portion QIPP 1	4,141.50 ✓	Received on 6.21.19
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	-	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	117,083.09 ✓	
Fort Bend		3,093.70 ✓	-	60,432.84 ✓		-	63,526.54 ✓	54,668.66
						Bank Balance	63,526.54	
						Variance	-	
						Leave In Balance	100.00	
							-	
						MMC Portion QIPP 1	8,757.88 ✓	Received on 6.21.19
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	-	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	54,668.66 ✓	
Solera at W Houston		103,500.03 ✓	103,400.03 ✓	188,517.81 ✓			188,617.81 ✓	182,429.24
						Bank Balance	188,617.81	
						Variance	-	
						Leave In Balance	100.00	
							-	
Routing Information for Crescent / Solera at West Houston / Fort Ber						MMC Portion QIPP 1	6,088.57 ✓	Received on 6.21.19
Cantex Health Care Centers III LLC						MMC Portion QIPP 2,3,Lapse	-	
JP Morgan Chase Bank						July Interest	-	
ABA						August Interest	-	
Acc						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	182,429.24 ✓	
						TOTAL TRANSFERS		836,335.35 ✓

111,194.23 +
370,960.13 +
117,083.09 +
54,668.66 +
182,429.24 +
836,335.35 *

Note: Only balances of over $5,000 will be transferred to the nurs
Note 2: Each account has a base balance of $100 that MMC depo

Approved:
Diane C. Moore, CFO 7/22/2019

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/15/2019	Deposit		39,565.42					-	39,565.42
7/15/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		13,648.51					-	13,648.51
7/15/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		5,718.75					-	5,718.75
7/16/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390860 8300005583202		4,679.75					-	4,679.75
7/16/2019	ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390860 4200001777		1,133.99					-	1,133.99
7/16/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,864.96					-	1,864.96
7/16/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		21,641.32					-	21,641.32
7/17/2019	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	60,682.61						-	-
7/17/2019	Deposit		630.00					-	630.00
7/17/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000000093 41		233.77					-	233.77
7/18/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000134		10,881.52					-	10,881.52
7/18/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		10,117.16					-	10,117.16
7/19/2019	Deposit		22,463.02					-	22,463.02
		60,682.61	**132,578.17**	-	-	-	-	-	**132,578.17**

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/15/2019	Deposit		25,337.95					-	25,337.95
7/15/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		2,646.00					-	2,646.00
7/15/2019	ACH Deposit UMR LCY ELASTOME HCCLAIMPMT 746003411 124384		2,646.00					-	2,646.00
7/15/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005199595		4,312.70					-	4,312.70
7/15/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		3,308.22					-	3,308.22
7/16/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005583202		22,929.70					-	22,929.70
7/16/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		8,316.00					-	8,316.00
7/16/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,822.35					-	11,822.35
7/17/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	82,425.10						-	-
7/17/2019	Depcsit		3,926.35					-	3,926.35
7/17/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		11,340.00					-	11,340.00
7/17/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,433.58					-	6,433.58
7/17/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000150		4,811.80					-	4,811.80
7/18/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000133		145,395.86					-	145,395.86
7/19/2019	Deposit		121,029.08					-	121,029.08
7/19/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		872.00					-	872.00
		82,425.10	**375,127.59**	-	-	-	-	-	**375,127.59**

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/15/2019	Deposit		26,053.14					-	26,053.14
7/15/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		8,597.00					-	8,597.00
7/15/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		605.54					-	605.54
7/15/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,249.16					-	12,249.16
7/15/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005199595		5,200.48					-	5,200.48
7/15/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		2,359.71					-	2,359.71
7/16/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005575327		3,773.23					-	3,773.23
7/16/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005583203		17,211.88					-	17,211.88
7/16/2019	ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001778		615.30					-	615.30
7/16/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		14,649.64					-	14,649.64
7/17/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	96,461.96						-	-
7/17/2019	Deposit		4,560.00					-	4,560.00
7/17/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,998.50					-	7,998.50
7/17/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		748.02					-	748.02
7/18/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000003268 41		3,006.18					-	3,006.18
7/18/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,313.46					-	1,313.46
7/19/2019	Deposit		8,342.84					-	8,342.84
7/19/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,054.34					-	3,054.34
7/19/2019	ACH Deposit HUMANA INS CO HCCLAIMPMT 390864 830000549197		886.17					-	886.17
		96,461.96	**121,224.59**	-	-	-	-	-	**121,224.59**

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/15/2019	Deposit		18,986.63					-	18,986.63
7/15/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,461.19					-	5,461.19
7/15/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005199595		2,400.40					-	2,400.40
7/16/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005583203		1,235.36					-	1,235.36
7/16/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,721.35					-	12,721.35
7/17/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,351.77					-	1,351.77
7/18/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000133		619.83					-	619.83
7/19/2019	Deposit		14,433.49					-	14,433.49
7/19/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000124		3,222.82					-	3,222.82
		-	**60,432.84**	-	-	-	-	-	**60,432.84**

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/15/2019	Deposit		15,317.06					-	15,317.06
7/15/2019	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3104085056 111000		13,683.37					-	13,683.37
7/15/2019	ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		2,046.00					-	2,046.00
7/15/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		29,035.08					-	29,035.08
7/15/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		784.84					-	784.84
7/15/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,480.75					-	3,480.75
7/15/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005199595		6,315.38					-	6,315.38
7/15/2019	-ACH Deposit HHP EFPAYMENT 390862 91000012579068 DISDATA		1,184.82					-	1,184.82
7/16/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005583202		27,260.81					-	27,260.81
7/16/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005579371		5,473.33					-	5,473.33
7/16/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005575327		4,503.90					-	4,503.90
7/16/2019	ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001777		3,257.37					-	3,257.37
7/16/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,211.13					-	10,211.13
7/16/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		1,023.00					-	1,023.00
7/17/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	103,400.03						-	-
7/17/2019	Deposit		511.50					-	511.50
7/17/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		3,295.00					-	3,295.00
7/17/2019	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3104294497 111000		4,897.60					-	4,897.60
7/17/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		13,530.00					-	13,530.00
7/18/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		5,910.50					-	5,910.50
7/18/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,873.14					-	7,873.14
7/18/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,217.66					-	3,217.66
7/19/2019	Deposit		20,586.26					-	20,586.26
7/19/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		94.31					-	94.31
7/19/2019	ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		5,025.00					-	5,025.00
		103,400.03	188,517.81	-	-	-	-	-	188,517.81
	TOTALS	403,402.54	817,448.16	-	-	-	-	-	817,448.16

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$132,678.17	$132,678.17
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$387,463.18	$375,227.59
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$395,590.17	$121,324.59
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$220,143.51	$188,617.81
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$68,042.01	$63,526.54
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PAY [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/22/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		7,288.50	7,188.50	80,365.01	-	-	80,465.01	80,365.01
						Bank Balance	80,465.01	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	-	
						August Interest	-	
						September Interest	-	
							-	
							-	
						Adjust Balance/Transfer Amt	80,365.01	

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

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

Approved:
Diane C. Moore, CFO
7/22/2019

APPROVED
ON
JUL 22 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
7/15/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		4,712.00					-	4,712.00
7/15/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		237.60					-	237.60
7/17/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	7,188.50						-	-
7/17/2019 Deposit		67,915.41					-	67,915.41
7/17/2019 ACH Deposit AETNA H09 HCCLAIMPMT 1588075964 311002097363		7,500.00					-	7,500.00
	7,188.50	80,365.01	-	-	-	-	-	80,365.01

Home

ALL ACCOUNTS FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH BROADMOOR [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH CRESCENT [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH FORT BEND [redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ★	$80,465.01	$80,465.01
MMC -NH GULF POINTE PLAZA - PRIVATE PAY [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/22/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza - Private Pay		100.29	-	-		-	-	100.29	No Transfer
							Bank Balance	100.13	
							Variance	0.16	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	-	
							August Interest	-	
							September Interest	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	0.13	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		3,217.84	-	-		-	-	3,217.84	No Transfer
							Bank Balance	3,217.84	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	-	
							August Interest	-	
							September Interest	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	3,117.84	

TOTAL TRANSFERS	#VALUE!

Routing Information for Gulf Pointe Plaza:

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

Approved:
Diane C. Moore, CFO 7/22/2019

APPROVED
ON
JUL 22 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
No Bank Activity for this period							-	-
	-	-	-	-	-	-	-	-

Gulf Pointe Plaza Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
No Bank Activity for this period							-	-
							-	-
	-	-	-	-	-	-	-	-

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH BROADMOOR [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH CRESCENT [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH FORT BEND [redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433 ★	$100.13	$100.13
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ★	$3,217.84	$3,217.84

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 7/22/19

APPROVED ON JUL 2 2 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $21,383.94

G/L NUMBER: 21000012

CK# 000062

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000062	07/24/19	21,383.94	MMC OPERATING Ashford
TOTALS:			21,383.94	

APPROVED
ON
JUL 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/22/19

APPROVED ON JUL 2 2 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $6,088.57

G/L NUMBER: 21000011

CK#000095

EXPLANATION: Solera ~~Golden Creek~~ To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000055	07/24/19	6,088.57	MMC OPERATING
TOTALS:			6,088.57	

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 7/22/19

APPROVED ON JUL 2 2 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $4,141.50

G/L NUMBER: 21000010

CK# 000057

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK--CHECK----------				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000057	07/24/19	4,141.50	MMC OPERATING
TOTALS:			4,141.50	

Crescent

APPROVED
ON

JUL 24 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 7/22/19

APPROVED ON JUL 22 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $4,167.46

G/L NUMBER: 21000009

CK# 000028

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CEO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000028	07/24/19	4,167.46	MMC OPERATING Broadmoor
TOTALS:			4,167.46	

APPROVED
ON

JUL 24 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 7/22/19

APPROVED ON JUL 22 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $8,757.88

G/L NUMBER: 21000008

CK# 000055

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHF	000055	07/24/19	8,757.88	MMC OPERATING	Fort Bend
TOTALS:			8,757.88		

APPROVED
ON

JUL 24 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **7/24/2019**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3, LAPSE			TOTAL		Date
Ashford	10000018 - Prosperity	62	MMC -Prosperity Operating #10000001	21000012	21,383.94				21,383.94		7/24/2019
Broadmoor	10000019 - Prosperity	28	MMC -Prosperity Operating #10000001	21000009	4,167.46				4,167.46		7/24/2019
Crescent	10000020 - Prosperity	57	MMC -Prosperity Operating #10000001	21000010	4,141.50				4,141.50		7/24/2019
Fort Bend	10000021 - Prosperity	55	MMC -Prosperity Operating #10000001	21000008	8,757.88				8,757.88		7/24/2019
Golden Creek	10000023 - Prosperity	39	MMC -Prosperity Operating #10000001	21000013					-		
Solera	10000022 - Prosperity	55	MMC -Prosperity Operating #10000001	21000011	6,088.57				6,088.57		7/24/2019
				Total:	44,539.35	-	-	-	44,539.35		

Note:

Approved: Diane CFO
Diane Moore, CFO 7/22/2019

APPROVED
ON
JUL 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

21,383.94 +
6,088.57 +
4,141.50 +
4,167.46 +
8,757.88 +
44,539.35

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

87SS No. 62

88-2265
1131

7-24-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 21383.94

Twenty-One Thousand Three Hundred Eighty-three 94/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

County Auditor

County Treasurer

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

87SS No. 55

88-2265
1131

7-24-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 6088.57

Six Thousand Eighty-Eight 57/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

County Auditor

County Treasurer

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

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

000057

88-2265/1131

Date 7-24-19

PAY
TO THE ORDER OF Memorial Medical Center Operating $ 4,141.50

Four Thousand One Hundred forty one 50/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP comp 1

County Auditor

County Treasurer

Security features are included. Details on back.

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
000028
88-2265/1131

Date 7-24-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 4,167.46

Four Thousand One Hundred Sixty Seven 46/100 DOLLARS

PROSPERITY BANK

County Auditor

MP
County Treasurer

FOR QIPP comp 1

Security features are included. Details on back.

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

MP
000055
88-2265/1131

Date 7-24-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 8757.88

Eight Thousand Seven Hundred fifty-Seven 88/100 DOLLARS

PROSPERITY BANK

County Auditor

MP
County Treasurer

FOR QIPP comp 1

Security features are included. Details on back.

Sarah Henderson

From: Sarah Henderson
Sent: Monday, July 15, 2019 12:48 PM
To: smiller@cantexcc.com
Subject: QIPP Comp 1 Payment
Attachments: NH Transfer Cantex 6.24.19.pdf

Hi Sara,

Back in June I missed a QIPP Component 1 payment paid by Amerigroup. The following payments were deposited on 6-21-19 and should have been paid back to MMC but instead was transferred to the individual facilities as part of the weekly wire. We will recoup these monies in next week's transfer. Please let me know if you have any questions or concerns. I apologize for this mistake on my behalf.

Ashford: 21,383.94
Broadmoor: 4,167.46
Crescent: 4,141.50
Fort Bend: 8,757.88
Solera: 6,088.57

I have attached the transfer summary documents from the week they came in so you can see where they were paid but not withheld from the transfers.

Thank you,

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

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
6/18/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		3,890.22					-	3,890.22
6/19/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00822169 42000019		12,260.39	12,260.39				12,260.39	-
6/19/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000000093 41		361.50					-	361.50
6/19/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		5,740.00					-	5,740.00
6/19/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,464.06					-	1,464.06
6/19/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		4,721.00					-	4,721.00
6/20/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	188,294.81						-	-
6/20/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000000093 41		1,228.90					-	1,228.90
6/20/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,385.76					-	1,385.76
6/20/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,355.93					-	5,355.93
6/21/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51862392 111000		21,383.94					-	21,383.94
6/21/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		7,892.42					-	7,892.42
	188,294.81	65,684.12	12,260.39	-	-	-	12,260.39	53,423.73

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
6/18/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,805.85					-	1,805.85
6/18/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005291847		6,691.11					-	6,691.11
6/18/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005283825		5,083.70					-	5,083.70
6/18/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		4,197.21					-	4,197.21
6/19/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00822326 42000019		2,389.33	2,389.33				2,389.33	-
6/19/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,666.94					-	1,666.94
6/19/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000167		126,960.14					-	126,960.14
6/19/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005602357		4,238.33					-	4,238.33
6/20/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	79,365.53						-	-
6/20/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004293 41		7,971.20					-	7,971.20
6/20/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000169		92,447.23					-	92,447.23
6/21/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51862395 111000		4,167.46					-	4,167.46
6/21/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		8,434.93					-	8,434.93
	79,365.53	266,053.43	2,389.33	-	-	-	2,389.33	263,664.10

Crescent	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
6/18/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		2,220.00					-	2,220.00
6/18/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000198		9,801.40					-	9,801.40
6/18/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005291848		21,060.88					-	21,060.88
6/18/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005283825		6,379.50					-	6,379.50
6/18/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001811		1,333.46					-	1,333.46
6/19/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00822306 42000019		2,374.60	2,374.60				2,374.60	-
6/20/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	53,508.96						-	-
6/20/2019 Deposit		4,626.80					-	4,626.80
6/20/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000003268 41		5,557.50					-	5,557.50
6/20/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000169		116,729.26					-	116,729.26
6/21/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51862394 111000		4,141.50					-	4,141.50
6/21/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,168.61					-	7,168.61
6/21/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,140.21					-	5,140.21
6/21/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		18,558.13					-	18,558.13
6/21/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		6,181.00					-	6,181.00
6/21/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000142		68,851.95					-	68,851.95
	53,508.96	280,124.80	2,374.60	-	-	-	2,374.60	277,750.20

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
6/17/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,052.43					-	12,052.43
6/18/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005291848		122.67					-	122.67
6/19/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00822707 42000019		5,021.33	5,021.33				5,021.33	-
6/20/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	7,418.92						-	-
6/21/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51867491 111000		8,757.88					-	8,757.88
6/21/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		63.42					-	63.42
6/21/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390863 8300005211190		468.58					-	468.58
	7,418.92	26,486.31	5,021.33	-	-	-	5,021.33	21,464.98

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
6/18/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,268.84					-	2,268.84
6/18/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005291848		24,629.07					-	24,629.07
6/18/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005283825		2,791.83					-	2,791.83
6/18/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001812		5,493.53					-	5,493.53
6/19/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00822292 42000019		3,490.83	3,490.83				3,490.83	-
6/19/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,377.13					-	7,377.13
6/20/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	123,137.80						-	-
6/20/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		1,883.00					-	1,883.00
6/21/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3102619772 111000		1,969.09					-	1,969.09
6/21/2019 ACH Deposit Amerigroup TX5C DMS EFT 3102619771 111000029		745.00					-	745.00
6/21/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51867393 111000		6,088.57					-	6,088.57
6/21/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		89.57					-	89.57
6/21/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390862 830000520946		5,982.48					-	5,982.48
6/21/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		2,230.34					-	2,230.34
	123,137.80	65,039.28	3,490.83	-	-	-	3,490.83	61,548.45

TOTALS								
	451,726.02	703,387.94	25,536.48	-	-	-	25,536.48	677,851.46