MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- August 7, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	998,399.90
TOTAL TRANSFERS BETWEEN FUNDS	$	7,517.84
TOTAL NURSING HOME UPL EXPENSES	$	686,944.91
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 7, 2019	$	1,692,862.65

APPROVED

AUG 0 7 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 7, 2019

PAYABLES AND PAYROLL			
8/5/2019	Weekly Payables	494,778.32	
8/5/2019	Patient Refunds	2,551.67	
8/5/2019	Ashford-Nursing home insurance payment sent to MMC in error	18,464.52	
8/5/2019	Broadmoor-Nursing home insurance payment sent to MMC in error	2,354.00	
8/5/2019	Crescent-Nursing home insurance payment sent to MMC in error	982.66	
8/5/2019	Gulf Pointe Plaza-Nursing home insurance payment sent to MMC in error	8,100.00	
8/5/2019	Goldencreek-Nursing home insurance pymt sent to MMC in error	48,423.89	
8/5/2019	Fusion Cloud Services, LLC-Phone	527.77	
8/5/2019	McKesson-340B Prescription Expense	5,391.23	
8/5/2019	Amerisource Bergen-340B Prescription Expense	140.90	
8/5/2019	Payroll Liabilities -Payroll Taxes	98,967.80	
8/5/2019	Payroll	309,504.75	
8/5/2019	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
7/31/2019	Gulf Pointe Plaza Nursing Home-Wire sent from operating in error	7,517.84	
7/29-8/1/19	Pay Plus-Patient Claims Processing Fee	191.90	
8/2/2019	Returned Check #112	5.00	
8/2/2019	Returned Check #622	140.00	
8/2/2019	Authnet Gateway Billing-3rd Party Payor Fee	10.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 998,399.90**
TRANSFERS BETWEEN FUNDS			
	Transfer from Gulf Pointe Plaza Nursing Home to Prosperity Operating-		
8/1/2019	Correcting nursing home wire sent out from operating in error	7,517.84	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 7,517.84**
NURSING HOME UPL EXPENSES			
8/5/2019	Nursing Home UPI	502,391.15	
8/5/2019	Nursing Home UPI	86,652.04	
QIPP/INTEREST CHECKS TO MMC			
8/5/2019	Ashford	32,239.37	
8/5/2019	Broadmoor	6,210.88	
8/5/2019	Crescent	6,201.43	
8/5/2019	Fort Bend	10,458.15	
8/5/2019	Solera	9,281.63	
8/5/2019	Golden Creek	33,510.26	
TOTAL NURSING HOME UPL EXPENSES			**$ 686,944.91**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 7, 2019			**$ 1,692,862.65**

08/01/2019 MEMORIAL MEDICAL CENTER 0
11:23 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/14/2019

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19M0110827	SCHEDULING SERVICES	07/31/20	07/10/20	08/09/20		558.00	0.00	0.00	558.00

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

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
136021	SUPPLIES (Camio P)	07/23/20	07/17/20	08/11/20		32.99	0.00	0.00	32.99
136072	SUPPLIES (maint.)	07/31/20	07/19/20	08/13/20		8.99	0.00	0.00	8.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	41.98	0.00	0.00	41.98

Vendor#	Vendor Name	Class	Pay Code
11464	ADVANCES BY TED LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
TNCC082319	(3) TNCC 8th edition books	07/31/20	07/12/20	07/12/20		1,200.00	0.00	0.00	1,200.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11464	ADVANCES BY TED LLC	1,200.00	0.00	0.00	1,200.00

Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
127003512	PHONES	07/30/20	07/16/20	07/16/20		2,242.39	0.00	0.00	2,242.39

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,242.39	0.00	0.00	2,242.39

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
9090736308	OXYGEN	07/30/20	07/03/20	08/02/20		353.93	0.00	0.00	353.93
9091027890	NITROUS OXIDE	07/30/20	07/19/20	08/13/20		853.98	0.00	0.00	853.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	1,207.91	0.00	0.00	1,207.91

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
45736386	SUPPLIES	07/29/20	07/15/20	07/29/20		632.40	0.00	0.00	632.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	632.40	0.00	0.00	632.40

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
63721514		07/29/20	07/12/20	08/06/20		128.40	0.00	0.00	128.40
	SUPPLIES								
63736432		07/29/20	07/15/20	08/09/20		611.88	0.00	0.00	611.88
	SUPPLIES								
63736129		07/29/20	07/15/20	08/09/20		757.86	0.00	0.00	757.86
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	1,498.14	0.00	0.00	1,498.14

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
107858116		07/24/20	07/15/20	08/09/20		6,249.42	0.00	0.00	6,249.42
	HARDWARE/SRV BILLING								
107858039		07/24/20	07/15/20	08/09/20		1,288.45	0.00	0.00	1,288.45
	INFO SYSTEM BILLING								
7252926		07/24/20	07/16/20	08/10/20		5,968.76	0.00	0.00	5,968.76
	METER BILLING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	13,506.63	0.00	0.00	13,506.63

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071819		07/30/20	07/18/20	08/01/20		205,535.83	0.00	0.00	205,535.83
	INSURANCE (Health & Dental Insurance)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	205,535.83	0.00	0.00	205,535.83

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~071819-~~ 117907		07/30/20	07/18/20	07/18/20		79.95	0.00	0.00	79.95
	LEVER LOCK								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	79.95	0.00	0.00	79.95

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B216743		07/30/20	07/15/20	08/14/20		162.32	0.00	0.00	162.32
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	162.32	0.00	0.00	162.32

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
73548		07/22/20	07/11/20	08/11/20		230.00	0.00	0.00	230.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	230.00	0.00	0.00	230.00

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072419		07/30/20	07/24/20	08/14/20		100.57	0.00	0.00	100.57

FUEL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	100.57	0.00	0.00	100.57

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8001977405		07/30/20	06/23/20	07/18/20			255.80	0.00	0.00	255.80
	SUPPLIES									
8001985416		07/30/20	07/01/20	07/26/20			708.24	0.00	0.00	708.24
	SUPPLIES									
8001989869		07/30/20	07/07/20	08/01/20			708.83	0.00	0.00	708.83
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	1,672.87	0.00	0.00	1,672.87

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SZP8851		07/30/20	07/10/20	08/09/20			576.53	0.00	0.00	576.53
	PRINTER/SCANNER									
TBR9500		07/30/20	07/15/20	08/14/20			270.92	0.00	0.00	270.92
	OKI B700 PRINT CARTRIDGE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	847.45	0.00	0.00	847.45

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
071719		08/01/20	07/12/20	07/12/20			15.00	0.00	0.00	15.00
	CPR CARDS									
071219A		08/01/20	07/12/20	07/12/20			25.00	0.00	0.00	25.00
	CPR CARDS									
071219		08/01/20	07/12/20	07/12/20			30.00	0.00	0.00	30.00
	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
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
071819B		07/31/20	07/18/20	08/01/20			66.11	0.00	0.00	66.11
	WATER (Rehab)									
071819		07/31/20	07/18/20	08/01/20			5,916.20	0.00	0.00	5,916.20
	WATER (MMC)									
071819A		07/31/20	07/18/20	08/01/20			150.23	0.00	0.00	150.23
	UTILITIES (clinic)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	6,132.54	0.00	0.00	6,132.54

Vendor#	Vendor Name	Class	Pay Code
12712	COMPTROLLER OF PUBLIC ACCOUNTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
072919		07/30/20	07/29/20	07/29/20			6,739.53	0.00	0.00	6,739.53
	UNCLAIMED PROP/PATIENT R									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	12712	COMPTROLLER OF PUBLIC ACCOUNTS				6,739.53	0.00	0.00	6,739.53
Vendor#	Vendor Name				Class	Pay Code			
10646	COVIDIEN								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	28097269		07/29/20	07/09/20	07/19/20		1,212.75	0.00	0.00	1,212.75
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10646	COVIDIEN				1,212.75	0.00	0.00	1,212.75
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
	926589		07/30/20	05/31/20	07/15/20		278.64	0.00	0.00	278.64
		INTERPRETATION SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11368	CYRACOM LLC				278.64	0.00	0.00	278.64
Vendor#	Vendor Name				Class	Pay Code			
10509	DA&E								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	12967		07/31/20	07/19/20	07/19/20		2,230.00	0.00	0.00	2,230.00
		CAH MEDICARE REIMB ASSIS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10509	DA&E				2,230.00	0.00	0.00	2,230.00
Vendor#	Vendor Name				Class	Pay Code			
S2896	DANETTE BETHANY				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	073019		07/30/20	07/30/20	07/30/20		260.48	0.00	0.00	260.48
		TRAVEL/ TARHC CONFERENCE (7/24-7/26/19)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2896	DANETTE BETHANY				260.48	0.00	0.00	260.48
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
	5774110		07/22/20	07/15/20	08/09/20		61.75	0.00	0.00	61.75
		SUPPLIES								
	5775010		07/23/20	07/16/20	08/10/20		98.20	0.00	0.00	98.20
		SUPPLIES								
	5775011		07/23/20	07/18/20	08/12/20		26.88	0.00	0.00	26.88
		SUPPLIES								
	5777390		07/23/20	07/18/20	08/12/20		24.03	0.00	0.00	24.03
		SUPPLIES								
	5779470		07/24/20	07/19/20	08/13/20		51.36	0.00	0.00	51.36
		SUPPLIES								
	5769860		07/29/20	07/10/20	08/04/20		233.76	0.00	0.00	233.76
		SUPPLIES								
	5774720		07/29/20	07/16/20	08/10/20		356.25	0.00	0.00	356.25
		SUPPLIES								
	5778810		07/29/20	07/19/20	08/13/20		340.39	0.00	0.00	340.39
		SUPPLIES								
	5778840		07/29/20	07/19/20	08/13/20		432.98	0.00	0.00	432.98
		SUPPLIES								
	5743070		08/01/20	06/06/20	07/01/20		19.74	0.00	0.00	19.74
		SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,645.34	0.00	0.00	1,645.34

Vendor#	Vendor Name	Class	Pay Code
10842	DOOR CONTROL SERVICES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SMINV212145	FIELD LABELING	07/22/20	07/12/20	08/11/20			3,180.00	0.00	0.00	3,180.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10842	DOOR CONTROL SERVICES, INC	3,180.00	0.00	0.00	3,180.00

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
13003	PEST CONTROL	07/31/20	07/17/20	08/11/20			85.00	0.00	0.00	85.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	85.00	0.00	0.00	85.00

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INM1941456	SUPPLIES	07/16/20	07/09/20	08/08/20			101.53	0.00	0.00	101.53

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	101.53	0.00	0.00	101.53

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
555419	SUPPLIES	07/29/20	07/01/20	07/29/20			155.93	0.00	0.00	155.93

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	155.93	0.00	0.00	155.93

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1907051378	SFTWARE/MONITOR/UBCODE	07/30/20	07/05/20	07/30/20			34,387.50	0.00	0.00	34,387.50
T1907091378	CODING & BUSINESS SERVIC	07/30/20	07/09/20	08/03/20			17,296.35	0.00	0.00	17,296.35

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	51,683.85	0.00	0.00	51,683.85

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
4818217	SUPPLIES	07/26/20	05/16/20	06/10/20			584.31	0.00	0.00	584.31
5204526	SUPPLIES	07/26/20	06/03/20	06/28/20			59.00	0.00	0.00	59.00
0065238	SUPPLIES	07/26/20	07/09/20	08/03/20			1,761.27	0.00	0.00	1,761.27
0065232	SUPPLIES	07/26/20	07/09/20	08/03/20			222.84	0.00	0.00	222.84
0065233	SUPPLIES	07/26/20	07/09/20	08/03/20			596.52	0.00	0.00	596.52

	SUPPLIES							
0455328		07/26/20	07/11/20	08/05/20	1,278.50	0.00	0.00	1,278.50
	SUPPLIES							
0703006		07/26/20	07/15/20	08/09/20	342.62	0.00	0.00	342.62
	SUPPLIES							
0862788		07/26/20	07/16/20	08/10/20	182.78	0.00	0.00	182.78
	SUPPLIES							
1031888		07/26/20	07/17/20	08/11/20	51.15	0.00	0.00	51.15
	SUPPLIES							
1173759		07/26/20	07/18/20	08/12/20	148.09	0.00	0.00	148.09
	SUPPLIES							
1173758		07/26/20	07/18/20	08/12/20	148.09	0.00	0.00	148.09
	SUPPLIES							
1173764		07/26/20	07/18/20	08/12/20	10.64	0.00	0.00	10.64
	SUPPLIES							
1173776		07/26/20	07/18/20	08/12/20	1,614.87	0.00	0.00	1,614.87
	SUPPLIES							
0703014		07/30/20	07/15/20	08/09/20	-22.22	0.00	0.00	-22.22
	CREDIT							
0703013		07/30/20	07/15/20	08/09/20	2,106.24	0.00	0.00	2,106.24
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	9,084.70	0.00	0.00	9,084.70

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
070219A		07/30/20	07/02/20	07/26/20			641.31	0.00	0.00	641.31
	PHONES									
071919A		08/01/20	07/19/20	08/12/20			59.42	0.00	0.00	59.42
	PHONES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	700.73	0.00	0.00	700.73

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~6910987330~~		07/29/20	07/10/20	07/29/20			205.09	0.00	0.00	205.09
6991044295	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC	205.09	0.00	0.00	205.09

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9072718126		01/31/20	01/30/20	08/11/20			-1,907.54	0.00	0.00	-1,907.54
9229660189		07/26/20	07/11/20	08/05/20			1,893.57	0.00	0.00	1,893.57
	SUPPLIES									
9229790820		07/26/20	07/11/20	08/05/20			270.51	0.00	0.00	270.51
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	256.54	0.00	0.00	256.54

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
1700920		07/29/20	07/10/20	08/09/20		813.97	0.00	0.00	813.97
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				813.97	0.00	0.00	813.97

Vendor#	Vendor Name	Class	Pay Code
12716	HITACHI HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
073019		07/30/20	07/30/20	07/30/20		21,750.00	0.00	0.00	21,750.00
	25% DOWN ON UPGRADE FOR MRI								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12716	HITACHI HEALTHCARE				21,750.00	0.00	0.00	21,750.00

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9042332		07/16/20	07/08/20	08/08/20		472.50	0.00	0.00	472.50
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC				472.50	0.00	0.00	472.50

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
2030497		07/26/20	06/12/20	06/12/20		1,257.71	0.00	0.00	1,257.71
	PRO FEES/ CRAWFORD (travel costs)								
2031439		07/26/20	07/11/20	07/11/20		846.74	0.00	0.00	846.74
	PRO FEES/ CRAWFORD (travel costs)								
2031725		07/26/20	07/17/20	07/17/20		590.10	0.00	0.00	590.10
	PRO FESS/ CRAWFORD (travel costs)								
2031726		07/26/20	07/17/20	07/17/20		810.55	0.00	0.00	810.55
	PRO FEES/ UONG (travel costs)								
2031943		07/26/20	07/18/20	07/18/20		74.00	0.00	0.00	74.00
	PRO FEES/ UONG (TB test)								
421357		07/26/20	07/18/20	07/18/20		11,062.50	0.00	0.00	11,062.50
	PRO FEES/ UONG (7/2-7/5/19)								
2032069		07/26/20	07/24/20	07/24/20		1,034.53	0.00	0.00	1,034.53
	PRO FEES/ UONG (travel costs)								
416952		07/30/20	05/03/20	05/03/20		9,900.00	0.00	0.00	9,900.00
2031441 ~~071119~~	PRO FEES/ PAPAPETROU (4/12, 4/24-4/26/19)	07/30/20	07/11/20	07/11/20		71.81	0.00	0.00	71.81
	PRO FEES/ UONG - car rental								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				25,647.94	0.00	0.00	25,647.94

Vendor#	Vendor Name	Class	Pay Code
H1502	JESUSITA S. HERNANDEZ	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071419		07/30/20	07/14/20	07/14/20		31.96	0.00	0.00	31.96
	TRAVEL MEDS travel to Citizens to pick up meds needed								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1502	JESUSITA S. HERNANDEZ				31.96	0.00	0.00	31.96

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	071519A		07/31/20	07/15/20	07/15/20			1,504.55	0.00	0.00	1,504.55
		INSURANCE									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD					1,504.55	0.00	0.00	1,504.55
Vendor#	Vendor Name				Class	Pay Code					
12724	MARIA RODRIGUEZ										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	504061		07/31/20	07/21/20	07/21/20			6.54	0.00	0.00	6.54
		REIMBURSE FOOD SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		12724	MARIA RODRIGUEZ					6.54	0.00	0.00	6.54
Vendor#	Vendor Name				Class	Pay Code					
M1511	MARKETLAB, INC				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	IN00700127		07/29/20	07/16/20	07/29/20			39.07	0.00	0.00	39.07
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M1511	MARKETLAB, INC					39.07	0.00	0.00	39.07
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
	58131126		07/26/20	07/03/20	07/18/20			538.14	0.00	0.00	538.14
		SUPPLIES									
	59110015		07/29/20	07/16/20	07/31/20			106.72	0.00	0.00	106.72
		SUPPLIES									
	59114925		07/29/20	07/16/20	07/31/20			3,627.76	0.00	0.00	3,627.76
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					4,272.62	0.00	0.00	4,272.62
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
	072919		07/30/20	07/29/20	07/29/20			120.10	0.00	0.00	120.10
		INDIGENT CARE									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.					120.10	0.00	0.00	120.10
Vendor#	Vendor Name				Class	Pay Code					
M2827	MEDIVATORS				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	90201351		07/29/20	07/16/20	07/29/20			221.98	0.00	0.00	221.98
		SUPPLIES									
	90207901		07/29/20	07/22/20	07/29/20			221.98	0.00	0.00	221.98
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS					443.96	0.00	0.00	443.96
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
	1881788411		07/26/20	07/12/20	08/06/20			14.82	0.00	0.00	14.82
		SUPPLIES									
	1881788404		07/26/20	07/12/20	08/06/20			1,638.63	0.00	0.00	1,638.63

	SUPPLIES							
1881787781		07/26/20	07/12/20	08/06/20	235.12	0.00	0.00	235.12
	SUPPLIES							
1881787788		07/26/20	07/12/20	08/06/20	34.37	0.00	0.00	34.37
	SUPPLIES							
1881787783		07/26/20	07/12/20	08/06/20	95.17	0.00	0.00	95.17
	SUPPLIES							
1881787785		07/26/20	07/12/20	08/06/20	312.54	0.00	0.00	312.54
	SUPPLIES							
1881788410		07/26/20	07/12/20	08/06/20	167.16	0.00	0.00	167.16
	SUPPLIES							
1881788409		07/26/20	07/12/20	08/11/20	193.22	0.00	0.00	193.22
	SUPPLIES							
1882054744		07/26/20	07/16/20	08/10/20	173.51	0.00	0.00	173.51
	SUPPLIES							
1882054739		07/26/20	07/16/20	08/10/20	84.76	0.00	0.00	84.76
	SUPPLIES							
1882054740		07/26/20	07/16/20	08/10/20	37.58	0.00	0.00	37.58
	SUPPLIES							
1882054741		07/26/20	07/16/20	08/10/20	620.24	0.00	0.00	620.24
	SUPPLIES							
1882054743		07/26/20	07/16/20	08/10/20	123.72	0.00	0.00	123.72
	SUPPLIES							
1882054742		07/26/20	07/16/20	08/10/20	297.50	0.00	0.00	297.50
	SUPPLIES							
1882180752		07/26/20	07/17/20	08/11/20	2,916.56	0.00	0.00	2,916.56
	SUPPLIES							
1882180751		07/26/20	07/17/20	08/11/20	1,093.02	0.00	0.00	1,093.02
	SUPPLIES							
1882180755		07/26/20	07/17/20	08/11/20	21.67	0.00	0.00	21.67
	SUPPLIES	19.36 Freight on (1) 6.31 shoulder immobilizer item						
1882343406		07/26/20	07/18/20	08/12/20	1,712.24	0.00	0.00	1,712.24
	SUPPLIES							
1882343407		07/26/20	07/18/20	08/12/20	57.11	0.00	0.00	57.11
	SUPPLIES							
1882109427		07/30/20	07/16/20	08/10/20	-176.03	0.00	0.00	-176.03
	CREDIT PO 39194/INV-188119(							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	9,652.91	0.00	0.00	9,652.91

Vendor#	Vendor Name	Class	Pay Code
10182	MERCEDES SCIENTIFIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2194897		07/16/20	07/10/20	08/09/20			102.71	0.00	0.00	102.71
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES SCIENTIFIC	102.71	0.00	0.00	102.71

Vendor#	Vendor Name	Class	Pay Code
12720	MIMI NGUYEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
073019		07/30/20	07/30/20	07/30/20			260.48	0.00	0.00	260.48
	TRAVEL/TARHC CONFERENCE (7/24-7/26/19)									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12720	MIMI NGUYEN				260.48	0.00	0.00	260.48

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
	072519		07/31/20	07/25/20	07/25/20		151.78	0.00	0.00	151.78
		PAYROLL DED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				151.78	0.00	0.00	151.78

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
	072919		07/29/20	07/29/20	07/29/20		347.10	0.00	0.00	347.10
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				347.10	0.00	0.00	347.10

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
	4568		07/30/20	07/22/20	08/01/20		-2,563.81	0.00	0.00	-2,563.81
		CREDIT								
	4482661		07/30/20	07/23/20	08/02/20		2,209.43	0.00	0.00	2,209.43
		INVENTORY								
	CM83690		07/30/20	07/23/20	08/02/20		-72.68	0.00	0.00	-72.68
		CREDIT								
	CM84078		07/30/20	07/24/20	08/03/20		-22.63	0.00	0.00	-22.63
		CREDIT								
	4490099		07/30/20	07/24/20	08/03/20		76.89	0.00	0.00	76.89
		INVENTORY								
	4490097		07/30/20	07/24/20	08/03/20		253.53	0.00	0.00	253.53
		INVENTORY								
	4490098		07/30/20	07/24/20	08/03/20		5,931.01	0.00	0.00	5,931.01
		INVENTORY								
	4495731		07/30/20	07/25/20	08/04/20		269.34	0.00	0.00	269.34
		INVENTORY								
	4494841		07/30/20	07/25/20	08/04/20		11.92	0.00	0.00	11.92
		INVENTORY								
	4495464		07/30/20	07/25/20	08/04/20		732.38	0.00	0.00	732.38
		732.38								
	4495730		07/30/20	07/25/20	08/04/20		74.79	0.00	0.00	74.79
		INVENTORY								
	4493297		07/30/20	07/25/20	08/04/20		323.55	0.00	0.00	323.55
		INVENTORY								
	4494702		07/30/20	07/25/20	08/04/20		33.99	0.00	0.00	33.99
		INVENTORY								
	4495462		07/30/20	07/25/20	08/04/20		360.52	0.00	0.00	360.52
		INVENTORY								
	4495465		07/30/20	07/25/20	08/04/20		2.65	0.00	0.00	2.65
		INVENTORY								
	4495463		07/30/20	07/25/20	08/04/20		465.69	0.00	0.00	465.69
		INVENTORY								
	CM84487		07/30/20	07/25/20	08/04/20		-0.04	0.00	0.00	-0.04

	CREDIT							
4505320		07/30/20	07/29/20	08/08/20	235.47	0.00	0.00	235.47
4504118	INVENTORY	07/30/20	07/29/20	08/08/20	456.20	0.00	0.00	456.20
4505322	INVENTORY	07/30/20	07/29/20	08/08/20	2,521.87	0.00	0.00	2,521.87
4504119	INVENTORY	07/30/20	07/29/20	08/08/20	6,204.82	0.00	0.00	6,204.82
4505199	INVENTORY	07/30/20	07/29/20	08/08/20	85.31	0.00	0.00	85.31
4505321	INVENTORY	07/30/20	07/29/20	08/08/20	1,588.66	0.00	0.00	1,588.66
	INVENTORY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	19,178.86	0.00	0.00	19,178.86

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2978809		07/26/20	07/15/20	08/01/20			4,382.92	0.00	0.00	4,382.92
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	4,382.92	0.00	0.00	4,382.92

Vendor#	Vendor Name	Class	Pay Code
12728	NORA OVALLE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
474446		07/31/20	07/13/20	07/13/20			31.11	0.00	0.00	31.11
	REIMBURSE FOOD SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12728	NORA OVALLE	31.11	0.00	0.00	31.11

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
13693		07/30/20	06/07/20	07/07/20			458.67	0.00	0.00	458.67
	PROVIDER LICENSE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC	458.67	0.00	0.00	458.67

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1851039280		07/16/20	07/09/20	08/08/20			484.14	0.00	0.00	484.14
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	484.14	0.00	0.00	484.14

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC (WINDSTREAM)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
71569127		07/30/20	07/22/20	08/10/20			10,986.69	0.00	0.00	10,986.69
	PHONES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC (WINDSTREAM)	10,986.69	0.00	0.00	10,986.69

Vendor#	Vendor Name	Class	Pay Code

P1470 PHILIP THOMAE PHOTOGRAPHER W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~072519~~		07/30/20	07/25/20	07/25/20		185.00	0.00	0.00	185.00
10201	PICTURES (Amanda griggs, Jacob Hamilton, Kelly Schott)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER	185.00	0.00	0.00	185.00

Vendor# Vendor Name Class Pay Code

12512 PHYSICIANS RECORD COMPANY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0223706-IN		07/22/20	07/12/20	08/11/20		164.53	0.00	0.00	164.53
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12512	PHYSICIANS RECORD COMPANY	164.53	0.00	0.00	164.53

Vendor# Vendor Name Class Pay Code

P1970 PORT LAVACA CLINIC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072619		07/30/20	07/26/20	07/26/20		174.08	0.00	0.00	174.08
	PAYMENT BELONGS TO PLC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1970	PORT LAVACA CLINIC	174.08	0.00	0.00	174.08

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
A54865		07/31/20	07/15/20	07/25/20		1.69	0.00	0.00	1.69
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	1.69	0.00	0.00	1.69

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
IN000382572		08/01/20	04/30/20	05/30/20		2,028.00	0.00	0.00	2,028.00
	PT SURVEYS								

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

11080 RADSOURCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC59288		07/23/20	07/16/20	08/10/20		1,625.00	0.00	0.00	1,625.00
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,625.00	0.00	0.00	1,625.00

Vendor# Vendor Name Class Pay Code

10645 REVISTA de VICTORIA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
07201923		07/30/20	07/20/20	08/03/20		240.00	0.00	0.00	240.00
	AD								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTORIA	240.00	0.00	0.00	240.00

Vendor# Vendor Name Class Pay Code

11764 ROBERT RODRIQUEZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071419		07/31/20	07/14/20	07/14/20		214.58	0.00	0.00	214.58

TRAVEL Texas Restraint Association tradeshow/conference 7/14-7/15/19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQUEZ	214.58	0.00	0.00	214.58

Vendor#	Vendor Name	Class	Pay Code
10927	ROSHANDA THOMAS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072619		07/30/20	07/26/20	07/26/20		202.80	0.00	0.00	202.80
	TRAVEL/TX HEALTH CONference 7/18-7/21/19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10927	ROSHANDA THOMAS	202.80	0.00	0.00	202.80

Vendor#	Vendor Name	Class	Pay Code
11476	SAMS CLUB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000626		07/31/20	06/20/20	08/08/20		54.17	0.00	0.00	54.17
	SUPPLIES								
005847		07/31/20	06/25/20	08/08/20		171.75	0.00	0.00	171.75
	SUPPLIES								
005848		07/31/20	06/25/20	08/08/20		43.96	0.00	0.00	43.96
	SUPPLIES								
000516		07/31/20	06/29/20	08/08/20		13.86	0.00	0.00	13.86
	SUPPLIES								
002440		07/31/20	07/09/20	08/08/20		102.04	0.00	0.00	102.04
	SUPPLEIS								
003040		07/31/20	07/11/20	08/08/20		46.12	0.00	0.00	46.12
	SUPPLIES								
L1907020		07/31/20	07/19/20	08/08/20		11.08	0.00	0.00	11.08
	LATE FEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11476	SAMS CLUB	442.98	0.00	0.00	442.98

Vendor#	Vendor Name	Class	Pay Code
10625	SARA RUBIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071919		07/26/20	07/19/20	07/19/20		32.02 32.10	0.00	0.00	32.10 32.02
	TRAVEL Goldencrescent RAC trauma annie meeting 7/11/19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	32.02 32.10	0.00	0.00	32.10 32.02

Vendor#	Vendor Name	Class	Pay Code
10343	SCAN SOUND, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
109842		07/29/20	07/16/20	07/29/20		49.21	0.00	0.00	49.21
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10343	SCAN SOUND, INC	49.21	0.00	0.00	49.21

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
145659		07/29/20	07/15/20	08/14/20		350.05	0.00	0.00	350.05
	SUPPLIES Pediatric treatment; chairs, tables, balls								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12376	SCHOOL SPECIALTY	350.05	0.00	0.00	350.05

Vendor#	Vendor Name	Class	Pay Code

S1405 SERVICE SUPPLY OF VICTORIA INC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
701023153	SUPPLIES	07/30/20	07/25/20	08/10/20		214.50	0.00	0.00	214.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	214.50	0.00	0.00	214.50

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
70813	SUPPLIES	07/31/20	07/24/20	08/08/20		137.07	0.00	0.00	137.07

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	137.07	0.00	0.00	137.07

Vendor# Vendor Name Class Pay Code

S1850 SHIP SHUTTLE TAXI SERVICE W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
848984	TRANSPORTATION SERVICES	07/31/20	07/24/20	07/24/20		10.00	0.00	0.00	10.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE	10.00	0.00	0.00	10.00

Vendor# Vendor Name Class Pay Code

10699 SIGN AD, LTD.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
240118	AD	07/31/20	07/16/20	07/26/20		790.00	0.00	0.00	790.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	790.00	0.00	0.00	790.00

Vendor# Vendor Name Class Pay Code

S2353 SMITHS MEDICAL ASD INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15606645	SUPPLIES	07/29/20	07/16/20	07/29/20		331.40	0.00	0.00	331.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	331.40	0.00	0.00	331.40

Vendor# Vendor Name Class Pay Code

11296 SOUTH TEXAS BLOOD & TISSUE CEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90047022	BLOOD	07/22/20	07/17/20	08/11/20		12,349.00	0.00	0.00	12,349.00
90046953	CREDIT	07/22/20	07/17/20	08/11/20		-3,910.00	0.00	0.00	-3,910.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	8,439.00	0.00	0.00	8,439.00

Vendor# Vendor Name Class Pay Code

C1010 SPARKLIGHT W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071619A	CABLE	07/30/20	07/16/20	07/30/20		1,150.00	0.00	0.00	1,150.00
071619B	CABLE	07/30/20	07/16/20	07/30/20		68.15	0.00	0.00	68.15
071619	CABLE	07/30/20	07/16/20	07/30/20		418.83	0.00	0.00	418.83

	702019		08/01/20	07/20/20	07/20/20	67.12	72.30	0.00	0.00	72.30 67.12
		CABLE (Gallatin)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1010	SPARKLIGHT				1,709.28	0.00	0.00	1,709.28
Vendor#	Vendor Name				Class	Pay Code				
10094	ST DAVIDS HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	MMCPL201906		08/01/20	07/26/20	07/26/20		420.00	0.00	0.00	420.00
		TELENEUROLOGY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10094	ST DAVIDS HEALTHCARE				420.00	0.00	0.00	420.00
Vendor#	Vendor Name				Class	Pay Code				
S2833	STRYKER ENDOSCOPY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8949730E		07/29/20	07/16/20	07/18/20		322.32	0.00	0.00	322.32
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2833	STRYKER ENDOSCOPY				322.32	0.00	0.00	322.32
Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SUSTAINABILITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3698480		07/29/20	07/17/20	08/14/20		260.74	0.00	0.00	260.74
		SUPPLIES								
	3701484		07/30/20	07/22/20	07/22/20		-28.50	0.00	0.00	-28.50
		CREDIT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY				232.24	0.00	0.00	232.24
Vendor#	Vendor Name				Class	Pay Code				
12476	SUN LIFE FINANCIAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	072419		07/30/20	07/24/20	08/10/20		11,884.46	0.00	0.00	11,884.46
		INSURANCE (Life; A; D)								
	071819		07/31/20	07/18/20	08/01/20		2,373.50	0.00	0.00	2,373.50
		INSURANCE (Vision)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12476	SUN LIFE FINANCIAL				14,257.96	0.00	0.00	14,257.96
Vendor#	Vendor Name				Class	Pay Code				
12700	TDS MED, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV7497		07/22/20	07/10/20	08/09/20		1,430.00	0.00	0.00	1,430.00
		INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12700	TDS MED, INC				1,430.00	0.00	0.00	1,430.00
Vendor#	Vendor Name				Class	Pay Code				
11038	THE INLINE GROUP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	38619		07/29/20	07/19/20	08/03/20		2,500.00	0.00	0.00	2,500.00
		CANDIDATE SOURCING SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11038	THE INLINE GROUP				2,500.00	0.00	0.00	2,500.00
Vendor#	Vendor Name				Class	Pay Code				

T2250 THYSSENKRUPP ELEVATOR CORP ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3004758004 ✓		07/31/20	08/01/20	08/01/20		1,269.72	0.00	0.00	1,269.72 ✓
	OIL & GREASE ELEVATOR								

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

Vendor# Vendor Name — Class — Pay Code

11169 TXU ENERGY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
055777228112 ✓		07/31/20	07/22/20	08/12/20		33,207.05	0.00	0.00	33,207.05 ✓
	ELECTRICITY Water Re 4409								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	33,207.05	0.00	0.00	33,207.05

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
8400306161 ✓		07/25/20	07/15/20	08/09/20		47.15	0.00	0.00	47.15 ✓
	LAUNDRY								
8400306190 ✓		07/25/20	07/15/20	08/09/20		1,163.23	0.00	0.00	1,163.23 ✓
	LAUNDRY								
8400306162 ✓		07/25/20	07/15/20	08/09/20		57.35	0.00	0.00	57.35 ✓
	LAUNDRY								
8400306524 ✓		07/25/20	07/18/20	08/12/20		80.83	0.00	0.00	80.83 ✓
	LAUNDRY								
8400306501 ✓		07/25/20	07/18/20	08/12/20		120.39	0.00	0.00	120.39 ✓
	LAUNDRY								
8400306561 ✓		07/25/20	07/18/20	08/12/20		137.15	0.00	0.00	137.15 ✓
	LAUNDRY								
8400306534 ✓		07/25/20	07/18/20	08/12/20		1,165.64	0.00	0.00	1,165.64 ✓
	LAUNDRY								
8400306504 ✓		07/25/20	07/18/20	08/12/20		175.83	0.00	0.00	175.83 ✓
	LAUNDRY								
8400306503 ✓		07/25/20	07/18/20	08/12/20		160.79	0.00	0.00	160.79 ✓
	LAUNDRY								
8400306499 ✓		07/25/20	07/18/20	08/12/20		18.62	0.00	0.00	18.62 ✓
	LAUNDRY								
8400306502 ✓		07/31/20	07/18/20	08/12/20		175.75	0.00	0.00	175.75 ✓
	LAUNDRY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,302.73	0.00	0.00	3,302.73

Vendor# Vendor Name — Class — Pay Code

U1056 UNIFORM ADVANTAGE ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9901389 ✓		07/31/20	07/16/20	07/31/20		29.99	0.00	0.00	29.99 ✓
	UNIFORMS								
9908598		07/31/20	07/19/20	08/03/20		181.92	0.00	0.00	181.92 ✓
	UNIFORMS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	211.91	0.00	0.00	211.91

Vendor# Vendor Name — Class — Pay Code

U2000 US POSTAL SERVICE ✓

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

072419		07/30/20	07/24/20	07/24/20	2,200.00	0.00	0.00	2,200.00
	POSTAGE							
072919		07/30/20	07/29/20	07/29/20	225.00	0.00	0.00	225.00
	BUSINESS REPLY ACCT							
072519		07/31/20	07/25/20	07/25/20	0.61	0.00	0.00	0.61
	POSTAGE							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE			2,425.61	0.00	0.00	2,425.61

Vendor#	Vendor Name	Class	Pay Code
12000	VYAIRE MEDICAL, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9100514700		07/29/20	07/16/20	08/10/20		182.40	0.00	0.00	182.40
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12000	VYAIRE MEDICAL, INC				182.40	0.00	0.00	182.40

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY (sleep center supplies)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
009395		08/01/20	06/19/20	08/11/20		130.64	0.00	0.00	130.64
	SUPPLIES								
003984		08/01/20	06/19/20	08/11/20		119.34	0.00	0.00	119.34
	SUPPLIES								
007948		08/01/20	06/20/20	08/11/20		26.92	0.00	0.00	26.92
	SUPPLIES								
007919		08/01/20	06/20/20	08/11/20		23.94	0.00	0.00	23.94
	SUPPLIES								
002138		08/01/20	06/20/20	08/11/20		19.84	0.00	0.00	19.84
	SUPPLIES								
002136		08/01/20	06/20/20	08/11/20		45.33	0.00	0.00	45.33
	SUPPLIES								
009748		08/01/20	06/25/20	08/11/20		40.82	0.00	0.00	40.82
	SUPPLIES								
001941		08/01/20	06/26/20	08/11/20		19.98	0.00	0.00	19.98
	SUPPLIES								
006225		08/01/20	06/26/20	08/11/20		-3.88	0.00	0.00	-3.88
	RETURN								
001940		08/01/20	06/26/20	08/11/20		3.88	0.00	0.00	3.88
	SUPPLIES								
006502		08/01/20	07/01/20	08/11/20		192.83	0.00	0.00	192.83
	SUPPLIES								
009072		08/01/20	07/01/20	08/11/20		20.38	0.00	0.00	20.38
	SUPPLIES								
006503		08/01/20	07/01/20	08/11/20		15.36	0.00	0.00	15.36
	SUPPLIES								
007705		08/01/20	07/03/20	08/11/20		49.76	0.00	0.00	49.76
	SUPPLIES								
071619		08/01/20	07/09/20	08/11/20		4.22	0.00	0.00	4.22
	LATE FEE								
005149		08/01/20	07/09/20	08/11/20		14.82	0.00	0.00	14.82
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	W1005	WALMART COMMUNITY			724.18	0.00	0.00	724.18

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
	9110688701 ✓	SUPPLIES	07/29/20	06/25/20	07/20/20		48.72	0.00	0.00	48.72 ✓
	9110695227 ✓	SUPPLIES	07/29/20	07/10/20	08/04/20		302.22	0.00	0.00	302.22 ✓
	9110695618 ✓	SUPPLIES	07/29/20	07/11/20	08/05/20		353.91	0.00	0.00	353.91 ✓
	9110696688 ✓	SUPPLIES	07/29/20	07/15/20	08/09/20		1,571.67	0.00	0.00	1,571.67 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,276.52	0.00	0.00	2,276.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	494,783.58	0.00	0.00	494,783.58

pg 13 correction { <32.10> / +32.02

pg 15 correction { <72.30> / +67.12

494,778.32

494,783.58 +
32.10 −
32.02 +
72.30 −
67.12 +
494,778.32 =

APPROVED
ON
AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 181742–
181838

RUN DATE: 08/06/19
TIME: 10:52

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		080119	49.13	P			
		77978					
		080119	47.23	P			
		77982					
		080219	18.23	P			
		77979					
		080119	150.00	P			
		77978					
		080119	30.00	P			
		78559					
		080219	26.26	P			
		77979					
		080119	163.43	P			
		77978					
		080219	339.08	P			
		77991					
		080219	22.22	P			
		77979					
		080119	650.00	P			
		77979					
		080219	42.89	P			
		77979					
		080219	227.84	P			
		77979					
		080219	106.36	P			
		77979					
		080219	38.00	P			
		77904					
		080219	133.07	P			
		77979					

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	080219	29.12	P			77979
		080219	12.77	P			77979
		080119	38.40	P			77982
		080119	33.64	P			77982
		080219	67.90	P			77979
		080219	269.40	P			77979
		080119	56.70	P			77979
			2551.67				
TOTAL			2551.67				

APPROVED
ON
AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 181840-
181861

08/01/2019
10:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/15/2019

0
ap_open_invoice.template

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
072519	07/30/2019	07/25/2019	08/15/2019				1,699.78	0.00	0.00	1,699.78
	TRANSFER Nursing home insurance pymt sent to MMC in error									
072619	07/30/2019	07/26/2019	08/15/2019				114.74	0.00	0.00	114.74
	TRANSFER Nursing home insurance pymt sent to MMC in error									
073019	07/30/2019	07/30/2019	08/15/2019				16,650.00	0.00	0.00	16,650.00
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	18,464.52	0.00	0.00	18,464.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	18,464.52	0.00	0.00	18,464.52

CK #'S
181862 / 181867

08/01/2019
10:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/15/2019

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
072519	07/30/2019	07/25/2019	08/15/2019				1,842.50	0.00	0.00	1,842.50
	TRANSFER Nursing home insurance pymt sent to MMC in error									
073019	07/30/2019	07/30/2019	08/15/2019				511.50	0.00	0.00	511.50
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CI	2,354.00	0.00	0.00	2,354.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,354.00	0.00	0.00	2,354.00

CK# 181863

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/15/2019

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
072519	07/30/2019	07/25/2019	08/15/2019				982.66	0.00	0.00	982.66 ✓

TRANSFER Nursing home insurance pymt sent to MMC in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	982.66	0.00	0.00	982.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	982.66	0.00	0.00	982.66

APPROVED
ON
AUG 05 2019

CK# 181866

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
AUG 01 2019
Calhoun County Auditor

08/01/2019
10:53

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/15/2019

0
ap_open_invoice.template

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
072519	07/30/2019	07/25/2019	08/15/2019				6,800.00	0.00	0.00	6,800.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
072619	07/30/2019	07/26/2019	08/15/2019				1,300.00	0.00	0.00	1,300.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	8,100.00	0.00	0.00	8,100.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,100.00	0.00	0.00	8,100.00

APPROVED
ON
AUG 05 2019

CK# 181865

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/01/2019
10:52

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/15/2019

0
ap_open_invoice.template

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
072919	07/30/2019	07/29/2019	08/15/2019				10,312.27	0.00	0.00	10,312.27 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in cmw									
073019	07/30/2019	07/30/2019	08/15/2019				38,111.62	0.00	0.00	38,111.62 ✓
	TRANSFER Nursing home insurance Pymt sent to mmc in cmw									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	48,423.89	0.00	0.00	48,423.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	48,423.89	0.00	0.00	48,423.89

APPROVED
ON
AUG 05 2019 CK# 181864
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
AUG 01 2019
Calhoun County Auditor

08/01/2019 MEMORIAL MEDICAL CENTER 0
13:12 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
12636	FUSION CLOUD SERVICES, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27345129	08/01/2019	07/16/2019	08/07/2019				527.77	0.00	0.00	527.77
	PHONES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SE	527.77	0.00	0.00	527.77

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	527.77	0.00	0.00	527.77

APPROVED
ON
AUG 05 2019
CK# 181839
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181742	08/07/19	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	181743	08/07/19	41.98	ACE HARDWARE 15521
A/P	181744	08/07/19	1,200.00	ADVANCES BY TED LLC
A/P	181745	08/07/19	2,242.39	AIRESPRING INC
A/P	181746	08/07/19	1,207.91	AIRGAS USA, LLC - CENTRAL DIV
A/P	181747	08/07/19	632.40	BARD ACCESS
A/P	181748	08/07/19	1,498.14	BAXTER HEALTHCARE
A/P	181749	08/07/19	13,506.63	BECKMAN COULTER INC
A/P	181750	08/07/19	205,535.83	BLUE CROSS BLUE SHIELD
A/P	181751	08/07/19	79.95	BOSART LOCK & KEY INC
A/P	181752	08/07/19	162.32	BRIGGS HEALTHCARE
A/P	181753	08/07/19	230.00	CABLES AND SENSORS
A/P	181754	08/07/19	100.57	CALHOUN COUNTY
A/P	181755	08/07/19	1,672.87	CARDINAL HEALTH 414, INC.
A/P	181756	08/07/19	847.45	CDW GOVERNMENT, INC.
A/P	181757	08/07/19	70.00	CITIZENS MEDICAL CENTER
A/P	181758	08/07/19	6,132.54	CITY OF PORT LAVACA
A/P	181759	08/07/19	6,739.53	COMPTROLLER OF PUBLIC ACCOUNTS
A/P	181760	08/07/19	1,212.75	COVIDIEN
A/P	181761	08/07/19	278.64	CYRACOM LLC
A/P	181762	08/07/19	2,230.00	DA&E
A/P	181763	08/07/19	260.48	DANETTE BETHANY
A/P	181764	08/07/19	.00	VOIDED
A/P	181765	08/07/19	1,645.34	DEWITT POTH & SON
A/P	181766	08/07/19	3,180.00	DOOR CONTROL SERVICES, INC
A/P	181767	08/07/19	85.00	DOWELL PEST CONTROL
A/P	181768	08/07/19	101.53	DYNATRONICS CORPORATION
A/P	181769	08/07/19	155.93	ERBE USA INC SURGICAL SYSTEMS
A/P	181770	08/07/19	51,683.85	EVIDENT
A/P	181771	08/07/19	.00	VOIDED
A/P	181772	08/07/19	9,084.70	FISHER HEALTHCARE
A/P	181773	08/07/19	700.73	FRONTIER
A/P	181774	08/07/19	205.09	GETINGE USA SALES LLC
A/P	181775	08/07/19	256.54	GRAINGER
A/P	181776	08/07/19	813.97	GULF COAST PAPER COMPANY
A/P	181777	08/07/19	21,750.00	HITACHI HEALTHCARE
A/P	181778	08/07/19	472.50	HOLOGIC INC
A/P	181779	08/07/19	.00	VOIDED
A/P	181780	08/07/19	25,647.94	JACKSON & COKER LOCUM TENENS,
A/P	181781	08/07/19	31.96	JESUSITA S. HERNANDEZ
A/P	181782	08/07/19	1,504.55	LEGAL SHIELD
A/P	181783	08/07/19	6.54	MARIA RODRIGUEZ
A/P	181784	08/07/19	39.07	MARKETLAB, INC
A/P	181785	08/07/19	4,272.62	MCKESSON MEDICAL SURGICAL INC
A/P	181786	08/07/19	120.10	MEDIMPACT HEALTHCARE SYS, INC.
A/P	181787	08/07/19	443.96	MEDIVATORS
A/P	181788	08/07/19	.00	VOIDED
A/P	181789	08/07/19	.00	VOIDED
A/P	181790	08/07/19	9,652.91	MEDLINE INDUSTRIES INC
A/P	181791	08/07/19	102.71	MERCEDES SCIENTIFIC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181792	08/07/19	260.48	MIMI NGUYEN
A/P	181793	08/07/19	151.78	MMC AUXILIARY GIFT SHOP
A/P	181794	08/07/19	347.10	MMC EMPLOYEE BENEFIT PLAN
A/P	181795	08/07/19	.00	VOIDED
A/P	181796	08/07/19	.00	VOIDED
A/P	181797	08/07/19	19,178.86	MORRIS & DICKSON CO, LLC
A/P	181798	08/07/19	4,382.92	NATIONAL FARM LIFE INSURANCE
A/P	181799	08/07/19	31.11	NORA OVALLE
A/P	181800	08/07/19	458.67	OCCUPRO LLC
A/P	181801	08/07/19	484.14	ORTHO CLINICAL DIAGNOSTICS
A/P	181802	08/07/19	10,986.69	PAETEC (WINDSTREAM)
A/P	181803	08/07/19	185.00	PHILIP THOMAE PHOTOGRAPHER
A/P	181804	08/07/19	164.53	PHYSICIANS RECORD COMPANY
A/P	181805	08/07/19	174.08	PORT LAVACA CLINIC
A/P	181806	08/07/19	1.69	POWER HARDWARE
A/P	181807	08/07/19	2,028.00	PRESS GANEY ASSOCIATES, INC.
A/P	181808	08/07/19	1,625.00	RADSOURCE
A/P	181809	08/07/19	240.00	REVISTA de VICTORIA
A/P	181810	08/07/19	214.58	ROBERT RODRIQUEZ
A/P	181811	08/07/19	202.80	ROSHANDA THOMAS
A/P	181812	08/07/19	442.98	SAMS CLUB
A/P	181813	08/07/19	32.02	SARA RUBIO
A/P	181814	08/07/19	49.21	SCAN SOUND, INC
A/P	181815	08/07/19	350.05	SCHOOL SPECIALTY
A/P	181816	08/07/19	214.50	SERVICE SUPPLY OF VICTORIA INC
A/P	181817	08/07/19	137.07	SHERWIN WILLIAMS
A/P	181818	08/07/19	10.00	SHIP SHUTTLE TAXI SERVICE
A/P	181819	08/07/19	790.00	SIGN AD, LTD.
A/P	181820	08/07/19	331.40	SMITHS MEDICAL ASD INC
A/P	181821	08/07/19	8,439.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	181822	08/07/19	1,704.10	SPARKLIGHT
A/P	181823	08/07/19	420.00	ST DAVIDS HEALTHCARE
A/P	181824	08/07/19	322.32	STRYKER ENDOSCOPY
A/P	181825	08/07/19	232.24	STRYKER SUSTAINABILITY
A/P	181826	08/07/19	14,257.96	SUN LIFE FINANCIAL
A/P	181827	08/07/19	1,430.00	TDS MED, INC
A/P	181828	08/07/19	2,500.00	THE INLINE GROUP
A/P	181829	08/07/19	1,269.72	THYSSENKRUPP ELEVATOR CORP
A/P	181830	08/07/19	33,207.05	TXU ENERGY
A/P	181831	08/07/19	.00	VOIDED
A/P	181832	08/07/19	3,302.73	UNIFIRST HOLDINGS INC
A/P	181833	08/07/19	211.91	UNIFORM ADVANTAGE
A/P	181834	08/07/19	2,425.61	US POSTAL SERVICE
A/P	181835	08/07/19	182.40	VYAIRE MEDICAL, INC
A/P	181836	08/07/19	.00	VOIDED
A/P	181837	08/07/19	724.18	WALMART COMMUNITY
A/P	181838	08/07/19	2,276.52	WERFEN USA LLC
A/P	181839	08/07/19	527.77	FUSION CLOUD SERVICES, LLC
A/P	181840	08/07/19	56.70	[redacted]
A/P	181841	08/07/19	30.00	
A/P	181842	08/07/19	49.13	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181843	08/07/19	150.00	[redacted]
A/P	181844	08/07/19	163.43	
A/P	181845	08/07/19	18.23	
A/P	181846	08/07/19	47.23	
A/P	181847	08/07/19	38.40	
A/P	181848	08/07/19	33.64	
A/P	181849	08/07/19	22.22	
A/P	181850	08/07/19	227.84	
A/P	181851	08/07/19	29.12	
A/P	181852	08/07/19	339.08	
A/P	181853	08/07/19	38.00	
A/P	181854	08/07/19	26.26	
A/P	181855	08/07/19	42.89	
A/P	181856	08/07/19	67.90	
A/P	181857	08/07/19	106.36	
A/P	181858	08/07/19	133.07	
A/P	181859	08/07/19	269.40	
A/P	181860	08/07/19	12.77	
A/P	181861	08/07/19	650.00	
A/P	181862	08/07/19	1,814.52	ASHFORD GARDENS
A/P	181863	08/07/19	2,354.00	BROADMOOR AT CREEKSIDE PARK
A/P	181864	08/07/19	48,423.89	GOLDENCREEK HEALTHCARE
A/P	181865	08/07/19	8,100.00	GULF POINTE PLAZA
A/P	181866	08/07/19	982.66	THE CRESCENT
A/P	181867	08/07/19	16,650.00	ASHFORD GARDENS
TOTALS:			576,182.83	

Payables 494,778.32 +
Patient refunds 2,551.67 +
18,464.52 +
Nursing Home 2,354.00 +
982.66 +
8,100.00 +
Critical 48,423.89 +
527.77 +
576,182.83 =

APPROVED
ON

AUG 07 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	181843	08/07/19	150.00	GRASSE SEAN
A/P	181844	08/07/19	163.43	GRASSE SEAN
A/P	181845	08/07/19	18.23	HOLSTEIN GEORGE J
A/P	181846	08/07/19	47.23	HOPPER DEBORAH
A/P	181847	08/07/19	38.40	HOPPER DEBORAH
A/P	181848	08/07/19	33.64	HOPPER DEBORAH
A/P	181849	08/07/19	22.22	OVERSTREET ROSEMARY M
A/P	181850	08/07/19	227.84	OVERSTREET ROSEMARY M
A/P	181851	08/07/19	29.12	PECENA QUINTIN ALLEN
A/P	181852	08/07/19	339.08	PECK GERALD RUSSELL
A/P	181853	08/07/19	38.00	PENA JOE
A/P	181854	08/07/19	26.26	PEREZ JOSE DOLORES JR
A/P	181855	08/07/19	42.89	PEREZ JOSE DOLORES JR
A/P	181856	08/07/19	67.90	PEREZ JOSEFINA
A/P	181857	08/07/19	106.36	PEREZ JUAN
A/P	181858	08/07/19	133.07	PEREZ JUAN
A/P	181859	08/07/19	269.40	PEREZ REYMUNDO B
A/P	181860	08/07/19	12.77	PERRY SOPHIE
A/P	181861	08/07/19	650.00	RODRIGUEZ SARA
A/P	181862	08/07/19	1,814.52	ASHFORD GARDENS
A/P	181863	08/07/19	2,354.00	BROADMOOR AT CREEKSIDE PARK
A/P	181864	08/07/19	48,423.89	GOLDENCREEK HEALTHCARE
A/P	181865	08/07/19	8,100.00	GULF POINTE PLAZA
A/P	181866	08/07/19	982.66	THE CRESCENT
A/P	181867	08/07/19	16,650.00	ASHFORD GARDENS
A/P	181868	08/07/19	225.00	US POSTAL SERVICE
A/P	181869	08/07/19	2,200.00	US POSTAL SERVICE
TOTALS:			576,182.22	

re-issued checks ✓

2,425.61 +
225.00 -
2,200.00 -
0.61 *

MMC voided check # 181834
(needed to have (2) seperate checks)
re-issued w/ check # 181868 for $225.00
181869 for $2,200.00

. left was credited back. Will not be re-issued.

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

181834

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
072919 BUSINESS REPLY ACCT	07/29/19	225.00	re-issued w/ # 181808		225.00
072419 POSTAGE	07/24/19	2,200.00	re-issued w/ # 181869		2,200.00
072519 POSTAGE	07/25/19	.61	will not be re-issued		.61
CHECK NO. 181834	TOTALS	2,425.61	TOTALS		2,425.61

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

181834

VOID

U2000 181834

DATE 08/07/19

AMOUNT $2,425.61

Two Thousand Four Hundred Twenty-Five Dollars and Sixty-One Cents

PAY TO THE ORDER OF US POSTAL SERVICE
PORT LAVACA, TX 77979

VOID

CALHOUN COUNTY AUDITOR

Rhonda Rivera

CALHOUN COUNTY AUDITOR

U2000 US POSTAL SERVICE
, PORT LAVACA, TX 77979

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

181868

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
072919	07/29/19	225.00			225.00
	TOTALS	225.00	TOTALS		225.00

CHECK NO. 181868
08/07/19

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

181868

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
072919	07/29/19	225.00			225.00
	TOTALS	225.00	TOTALS		225.00

CHECK NO. 181868

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

181868

U2000 181868

DATE 08/07/19

AMOUNT $225.00

Two Hundred Twenty-Five Dollars and No Cents

PAY
TO THE ORDER OF US POSTAL SERVICE
PORT LAVACA, TX 77979

Reissued check
CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

U2000 US POSTAL SERVICE
, PORT LAVACA, TX 77979

MEMORIAL MEDICAL CENTER · PORT LAVACA, TEXAS 77979

181869

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
072419	07/24/19	2,200.00			2,200.00
CHECK NO. 181869 08/07/19	TOTALS	2,200.00	TOTALS		2,200.00

MEMORIAL MEDICAL CENTER · PORT LAVACA, TEXAS 77979

181869

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
072419	07/24/19	2,200.00			2,200.00
CHECK NO. 181869	TOTALS	2,200.00	TOTALS		2,200.00

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK

88-2265
1131

181869

U2000 181869

DATE 08/07/19

AMOUNT $2,200.00

Two Thousand Two Hundred Dollars and No Cents

PAY
TO THE ORDER OF US POSTAL SERVICE
PORT LAVACA, TX 77979

Re-Issued check
CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/02/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 08/03/2019

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

As of: 08/02/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/03/2019 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:	5,501.26 USD	
Future Due:	0.00			Due If Paid On Time: USD 5,391.23
Past Due:	0.00	If Paid By 08/06/2019, Pay This Amount:	5,391.23 USD	Disc lost if paid late: 110.03
Last Payment 08/07/2017	2,451.97	If Paid After 08/06/2019, Pay this Amount:	5,501.26 USD	Due If Paid Late: USD 5,501.26

Ck# 500018
GL# 10-3100000

1,739.59 +
63.35 +
3,310.02 +
278.27 +
5,391.23 *

APPROVED
ON
AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 08/02/2019

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/03/2019

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: 08/02/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 08/03/2019 **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											
07/29/2019	08/06/2019	7147715515	0959800264	115Invoice	13.97	698.29		684.32	✓	7147715515	
07/29/2019	08/06/2019	7147715517	1124424	115Invoice	5.27	263.42		258.15	✓	7147715517	
07/30/2019	08/06/2019	7148115672	751081867	195Invoice	0.04	2.23		2.19	✓	7148115672	
07/30/2019	08/06/2019	7148160436	000072919TM	115Invoice	0.24	12.09		11.85	✓	7148160436	
07/31/2019	08/06/2019	7148227863	1124479	115Invoice	5.27	263.60		258.33	✓	7148227863	
07/31/2019	08/06/2019	7148356792	751363446	195Invoice	0.01	0.32		0.31	✓	7148356792	
08/01/2019	08/06/2019	7148464760	0959800267	115Invoice	3.78	189.11		185.33	✓	7148464760	
08/02/2019	08/06/2019	7148693472	0959800268	115Invoice	4.92	245.76		240.84	✓	7148693472	
08/02/2019	08/06/2019	7148811279	751868615	195Invoice	2.01	100.28		98.27	✓	7148811279	

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: 1,775.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,210.35
07/29/2019

If Paid By 08/06/2019, Pay This Amount: 1,739.59 USD

If Paid After 08/06/2019, Pay this Amount: 1,775.10 USD

Due If Paid On Time:
USD 1,739.59

Disc lost if paid late: 35.51

Due If Paid Late:
USD 1,775.10

APPROVED
ON

AUG 05 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/02/2019

DC: 8115

Territory: 400

Customer: 190813
Date: 08/03/2019

Page: 001

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

As of: 08/02/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 08/03/2019 **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											
08/02/2019	08/06/2019	7148673057	2017009150	115Invoice	1.29	64.64		63.35	✓	7148673057	

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: 64.64 USD

Future Due:	0.00			
Past Due:	0.00	**If Paid By 08/06/2019, Pay This Amount:**	63.35	USD
Last Payment 07/29/2019	5,210.35	**If Paid After 08/06/2019, Pay this Amount:**	64.64	USD

Due If Paid On Time:
USD 63.35
Disc lost if paid late: 1.29

Due If Paid Late:
USD 64.64

APPROVED ON
AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

CVS PHCY 7475/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: 08/02/2019

DC: 8115

Territory: 400

Customer: 835438
Date: 08/03/2019

Page: 001

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

As of: 08/02/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 08/03/2019 **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 835438 CVS PHCY 7475/MEM MC PHS											
08/01/2019	08/06/2019	7148597489	530040	115Invoice	67.55	3,377.57		3,310.02		7148597489	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 3,377.57 USD

Future Due:	0.00			
Past Due:	0.00	**If Paid By 08/06/2019, Pay This Amount:**	3,310.02	USD
Last Payment	0.00	**If Paid After 08/06/2019, Pay this Amount:**	3,377.57	USD

Due If Paid On Time: USD 3,310.02
Disc lost if paid late: 67.55
Due If Paid Late: USD 3,377.57

APPROVED
ON
AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/02/2019

DC: 8115

Territory: 400

Customer: 262252
Date: 08/03/2019

Page: 001

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

As of: 08/02/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 08/03/2019 **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											
08/01/2019	08/06/2019	7148466520	530299	115Invoice	5.27	263.42		258.15 ✓		7148466520	
08/01/2019	08/06/2019	7148466521	530299	115Invoice	0.41	20.53		20.12 ✓		7148466521	

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: 283.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,210.35
07/29/2019

If Paid By 08/06/2019, Pay This Amount: 278.27 USD

If Paid After 08/06/2019, Pay this Amount: 283.95 USD

Due If Paid On Time: USD 278.27

Disc lost if paid late: 5.68

Due If Paid Late: USD 283.95

APPROVED ON
AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen®

STATEMENT

Number: 58220800 Date: 08-02-2019 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:	140.90
Past Due:	0.00
Total Due:	140.90
Account Balance:	140.90

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
07-29-2019	08-09-2019	3025520266	148666	Invoice	19.79
07-29-2019	08-09-2019	3025520267	148670	Invoice	116.53
07-29-2019	08-09-2019	3025573452	148721	Invoice	4.58

Thank You for Your Payment

Date	Payment Number	Amount
08-02-2019		(361.39)

Reminders

Due Date	Amount
08-09-2019	140.90
Total Due:	140.90

Terms:
Monday - Friday due in 7 days

APPROVED
ON

AUG 05 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck# 500019
GL# 6003100000

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

		#### ###	ENTER:
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐	"ENTER YOUR 4-DIGIT PIN"		
☐	"MAKE A PAYMENT, PRESS 1"		1
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	19
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	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"	★	$ 98,967.80 #
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 50,501.12 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,074.08 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 36,392.60 #
		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	WB	HO	CB	Gross
1	REGULAR PAY-S1	9583.50	N		N	N		191204.91
1	REGULAR PAY-S1	1843.00	N		N	N	N	84135.51
1	REGULAR PAY-S1	197.00	Y		N	N		5561.12
2	REGULAR PAY-S2	2708.75	N		N	N		62759.39
2	REGULAR PAY-S2	134.25	Y		N	N		4540.11
3	REGULAR PAY-S3	1680.00	N		N	N		46214.55
3	REGULAR PAY-S3	79.75	Y		N	N		3768.02
C	CALL PAY	2058.25	N	1	N	N		4116.50
E	EXTRA WAGES	3.50	N		N	N	N	-2210.10
E	EXTRA WAGES		N	1	N	N	N	1597.25
I	INSERVICE	100.00	N	1	N	N		2784.75
K	EXTENDED-ILLNESS-BANK	128.50	N	1	N	N		2784.11
M	MEAL REIMBURSEMENT		N		N	N	N	42.00
P	PAID-TIME-OFF	216.00	N		N	N	N	12524.67
P	PAID-TIME-OFF	1010.95	N	1	N	N		24552.51
X	CALL PAY 2	144.00	N	1	N	N		288.00
Y	YMCA/CURVES		N		N	N	N	120.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	12.00	N	1	N	N		130.92
t	PHONE & DATA		N		N	N	N	1125.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	745.00	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	1597.50	CAFE-F	
CAFE-H	18420.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	325.42	COMBIN	507.49	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	36392.60	FICA-M	6037.04	FICA-O	25250.56
FIRSTC		FLEX S	3649.52	FLX FE	
FORT D		FUTA		GIFT S	64.50
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	687.66	MASA	857.00	MEALS	220.98
MISC		MISC/		MMCSHR	
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	1085.88	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	31242.96	TUTION		UNIFOR	472.63
UW/HOS					

Grand Totals: 19995.45 (Gross: 446327.22 Deductions: 136822.47 Net: 309504.75)

Checks Count:- FT 204 PT 9 Other 38 Female 221 Male 29 Credit OverAmt 6 ZeroNet Term Total: 250

Pay Date 08.09.19

on file

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	07/19/19					
PAY PERIOD: END	08/01/19					
PAY DATE:	08/09/19					
GROSS PAY:	$ 446,327.22			$ -		$ 446,327.22
DEDUCTIONS:						
A/R	$ 965.00					$ 965.00
ADVANC						$ -
BOOTS						$ -
SUNLIFE CRITICAL ILLNESS	$ 1,645.93					$ 1,645.93
SUNLIFE ACCIDENT	$ 926.05					$ 926.05
SUNLIFE VISION	$ 1,085.88					$ 1,085.88
SUNLIFE SHORT TERM DIS	$ 1,470.09					$ 1,470.09
CAFÉ-5						$ -
CAFÉ-D	$ 1,597.50					$ 1,597.50
CAFÉ-H	$ 18,420.00					$ 18,420.00
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 346.15	a				$ 346.15
CLINIC	$ 325.42	+1.50 processing fee = 347.65				$ 325.42
COMBIN	$ 507.49					$ 507.49
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
SUNLIFE TERM LIFE	$ 1,438.92					$ 1,438.92
EAT						$ -
FED TAX	$ 36,392.60					$ 36,392.60
FICA-M	$ 6,037.04					$ 6,037.04
FICA-O	$ 25,250.56					$ 25,250.56
FIRST C						$ -
FLEX S	$ 3,649.52					$ 3,649.52
FLX-FE						$ -
GIFT S	$ 64.50					$ 64.50
GRP-IN	$ -					$ -
GTL						$ -
HOSP-I						$ -
LEGAL	$ 1,544.66					$ 1,544.66
OTHER	$ 693.61					$ 693.61
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	$ 31,242.96					$ 31,242.96
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 136,822.47	$ -	$ -	$ -	$ -	$ 136,822.47
	SHOULD MATCH REPORT	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	
NET PAY:	$ 309,504.75	$ -	$ -	$ -	$ -	$ 309,504.75
	SHOULD MATCH REPORT	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	
TOTAL CAFÉ 125 PLAN:	$ 29,985.83	Less Exempt:				
TAXABLE PAY:	$ 416,341.39	$ 407,266.86				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 6,036.95		
FICA - MED (EE)	1.45%	$ 6,036.95	$ 6,037.04	$ (0.09)
FICA - SOC SEC (ER)	6.20%	$ 25,250.55		
FICA - SOC SEC (EE)	6.20%	$ 25,250.55	$ 25,250.56	$ (0.01)
FED WITHHOLDING		$ 36,392.60	$ 36,392.60	
TAX DEPOSIT:		$ 98,967.60	$ 98,967.80	$ (0.20)
FICA - MEDICARE	2.90%	$ 12,073.90	$12,074.08	
FICA - SOCIAL SECURITY	12.40%	$ 50,501.10	$50,501.12	PREPARED BY:
FED WITHHOLDING		$ 36,392.60	$36,392.60	PREPARED DATE:
TOTAL TAX:		$ 98,967.60	$98,967.80	$ (0.20)

Exempt Amt:	
Employees over FICA-SS Cap:	
Jason Anglin	$ 9,074.53
Diane Moore	
Roshanda Thomas	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 9,074.53

Alison M King

8/5/2019

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT –July 29, 2019 - August 4, 2019

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
7/29/2019	ACH Payment IRS USATAXPYMT 220961032211496 6103601000035	- Payroll Taxes	102350.25 ✓	200011 *
7/29/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699961550	- 3rd Party Payor Fee	18.79 ✓	300068
7/30/2019	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000015357315	-Child Support Payment -Payroll Ending 7/18/19	347.65 ✓	200012 *
7/30/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03879015 910000121	- 340B Drug Program Expense	5210.35 ✓	500016 * *
7/30/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000690826142	- 3rd Party Payor Fee	125.29 ✓	300069
7/31/2019	CM Wire Domestic WIRE OUT HMG SERVICES, LLC	- Gulf Pointe Wire out to be corrected	7517.84 ✓	700006
8/1/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000692408507	- 3rd Party Payor Fee	47.82 ✓	300070
8/2/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	361.39 ✓	500017 *
8/2/2019	ACH Payment AUTHNET GATEWAY BILLING 107795053 1040000156	- 3rd Party Payor Fee	10.00 ✓	700006
			115,989.38	

August 5, 2019

Diane Moore, CFO
Memorial Medical Center

* Approved CC 07.24.19
** Approved CC 07.31.19

Pay 18.79 +
125.29 +
PHS 47.82 +
191.90 *

Wire 7,517.84 +
7,517.84 *

Authnet 10.00 +
10.00 *

191.90 +
7,517.84 +
10.00 +
7,719.74 *

Returned check #112 – $5.00
Returned check #622 – 140.00

Transfers

Transfer has been debited. Please see history for details.

Transfer Details

From:	MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID Checking
To:	MEMORIAL MEDICAL CENTER - OPERATING Checking
Transfer Description:	CORRECT WIRE 07/31/19
Amount:	$7,517.84
Frequency:	One-Time
Period:	Once
Scheduled Date:	08/01/2019
Transfer ID:	
Submit Date/Time:	8/1/2019 9:04:55 am CDT

View Repetitive Wire Transfer - Domestic

Template Name: MEMORIAL MEDICAL-NH GULF POINTE -MEDICARE/MEDICAID Edit Template

Ref #: 2817475

Created by: COUNTY OF CALHOUN TEXAS - 07/31/2019 02:02 pm CDT

Approved by: COUNTY OF CALHOUN TEXAS - 07/31/2019 02:03 pm CDT

SENDER

Name: MEMORIAL MEDICAL CENTER

Tax ID #:

Address: 202 S ANN STREET, SUITE A

202 S ANN STREET, SUITE A

City: PORT LAVACA

State: Texas

ZIP/Postal Code: 77979

Phone Number: 3615534619

Frequency: Occasional

Account to Debit: MEMORIAL MEDICAL CENTER - OPERATING:

Amount: $ $7,517.84

Submit date: 07/31/2019

BENEFICIARY

Beneficiary's Full Name: HMG SERVICES, LLC

Beneficiary's Address 1: 1780 HUGHES LANDING BLVD., STE 500

Beneficiary's City: THE WOODLANDS

Beneficiary's State: Illinois

ZIP/Postal Code: 77380

Beneficiary's Account Number:

Special Instructions for the Beneficiary: MEMORIAL MEDICAL CENTER - NH GULF POINTE PLAZA - MEDICARE/MEDICAID

INTERMEDIARY INSTITUTION*(optional)*

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

Code Type:

Institution Name:

Institution Address:

Institution City:

Institution State:

BENEFICIARY INSTITUTION

BANK	CODE	NUMBER	DATE	AMOUNT		PAYEE
A/P		181716	07/31/19	25,594.50		REED, CLAYMON, MEEKER & HARGET
A/P		181717	07/31/19	293.79		SANOFI PASTEUR INC
A/P		181718	07/31/19	9.05		SHERWIN WILLIAMS
A/P		181719	07/31/19	8.00		SHIP SHUTTLE TAXI SERVICE
A/P		181720	07/31/19	460.24		SHIRLEY KARNEI
A/P		181721	07/31/19	443.00		SKELETAL DYNAMICS, LLC
A/P		181722	07/31/19	1,447.77		SMITH & NEPHEW
A/P		181723	07/31/19	87.46		SMITHS MEDICAL ASD INC
A/P		181724	07/31/19	680.00		STRYKER SALES CORP
A/P		181725	07/31/19	37.14		TALX CORPORATION
A/P		181726	07/31/19	3,690.52		TEXAS ADVANTAGE COMMUNITY BANK
A/P		181727	07/31/19	60.00		TEXAS DEPARTMENT OF LICENSING
A/P		181728	07/31/19	242.69		THE US CONSULTING GROUP
A/P		181729	07/31/19	2,346.12		THERACOM, LLC
A/P		181730	07/31/19	1,269.69		THYSSENKRUPP ELEVATOR CORP
A/P		181731	07/31/19	3,389.85		UNIFIRST HOLDINGS INC
A/P		181732	07/31/19	324.06		UNIFORM ADVANTAGE
A/P		181733	07/31/19	3,707.52		WAGEWORKS
A/P		181734	07/31/19	379.37		WERFEN USA LLC
A/P		181735	07/31/19	480.96		WEST INTERACTIVE SERVICES CORP
A/P		181736	07/31/19	14,768.00		ASHFORD GARDENS
A/P		181737	07/31/19	93.34		BROADMOOR AT CREEKSIDE PARK
A/P		181738	07/31/19	37,185.32		GOLDENCREEK HEALTHCARE
A/P		181739	07/31/19	2,070.00		GULF POINTE PLAZA
A/P		181740	07/31/19	3,000.00		SOLERA WEST HOUSTON
A/P	*	181741	07/31/19	13,680.00		THE CRESCENT
A/P		200010	07/29/19	.00		EXPRT PAY
A/P		200011	07/29/19	102,350.25	✓	IRS USATAXPYMT
A/P	*	200012	07/30/19	347.65	✓	EXPERT PAY
A/P		300068	07/29/19	18.79	✓	PAY PLUS
A/P		300069	07/30/19	125.29	✓	PAY PLUS
A/P	*	300070	08/01/19	47.82	✓	PAY PLUS
A/P	*	500011	07/31/19	8,918.77	CR	MCKESSON
A/P		500016	07/30/19	5,210.35	✓	MCKESSON
A/P	*	500017	08/02/19	361.39	✓	AMERISOURCE
A/P		700006	07/31/19	7,517.84	✓	WIRE OUT HMG SERVICES
A/P		700007	08/02/19	10.00	✓	AUTHNET GATEWAY BILLING
TOTALS:				712,058.16		

AZH register

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/5/2019

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		214,135.71 ✓	214,035.71 ✓	156,882.04 ✓		-	156,982.04 ✓	124,597.11
						Bank Balance	156,982.04 ✓	
						Variance	-	
						Leave In Balance	100.00	
							-	
Routing Information for Ashford Gardens:						MMC Portion QIPP 1	-	
Ashford Health Care Center Ltd Co						MMC Portion QIPP 2,3,Lapse	32,239.37 ✓	
JP Morgan Chase Bank						July Interest	45.56 ✓	
						August Interest	-	
						September Interest	-	
						Adjust Balance/Transfer Amt	124,597.11 ✓	
Broadmoor		88,810.25 ✓	88,710.25 ✓	106,843.19 ✓		-	106,943.19 ✓	100,582.72
						Bank Balance	106,943.19 ✓	
						Variance	-	
						Leave In Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	6,210.88 ✓	
						July Interest	49.59 ✓	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	100,582.72 ✓	
Crescent	:	394,221.90 ✓	394,121.90 ✓	47,159.57 ✓		-	47,259.57 ✓	40,889.70
						Bank Balance	47,259.57 ✓	
						Variance	-	
						Leave In Balance	100.00	
							-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	6,201.43 ✓	
						July Interest	68.44 ✓	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	40,889.70 ✓	
Fort Bend		67,485.39 ✓	67,385.39 ✓	82,174.63 ✓		-	82,274.63	71,700.19
						Bank Balance	82,274.63 ✓	
						Variance	-	
						Leave In Balance	100.00	
							-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	10,458.15 ✓	
						July Interest	16.29 ✓	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	71,700.19 ✓	
Solera at W Houston	216844438	504,780.93 ✓	504,680.93 ✓	174,004.44 ✓			174,104.44 ✓	164,621.43
						Bank Balance	174,104.44 ✓	
						Variance	-	
						Leave In Balance	100.00	
							-	
Routing Information for Crescent / Solera at West Houston / Fort						MMC Portion QIPP 1	-	
Cantex Health Care Centers III LLC						MMC Portion QIPP 2,3,Lapse	9,281.63 ✓	
JP Morgan Chase Bank						July Interest	101.38 ✓	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	164,621.43 ✓	

124,597.11	+
100,582.72	+
40,889.70	+
71,700.19	+
164,621.43	+
502,391.15	*

TOTAL TRANSFERS	502,391.15

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

Approved:
Diane C. Moore, CFO
8/5/2019

APPROVED ON
AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/29/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,293.90					-	12,293.90
7/29/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		27,900.40					-	27,900.40
7/29/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000130		30,883.00					-	30,883.00
7/30/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		157.65					-	157.65
7/30/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		466.50					-	466.50
7/31/2019	Accr Earning Pymt Added to Account		45.56					-	-
7/31/2019	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	181,156.22						-	-
7/31/2019	Deposit		3,497.92					-	3,497.92
7/31/2019	Deposit		14,768.00					-	14,768.00
7/31/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000161		214.08					-	214.08
8/1/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,090.38					-	1,090.38
8/1/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		893.48					-	893.48
8/2/2019	Check #63	32,879.49						-	-
8/2/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51884622 111000		64,478.73		64,478.73			32,239.37	32,239.37
8/2/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		119.04					-	119.04
8/2/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		73.40					-	73.40
		214,035.71	156,882.04	-	64,478.73	-	-	32,239.37	124,597.12

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/29/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		6,605.55					-	6,605.55
7/29/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,428.85					-	6,428.85
7/29/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000129		20,953.71					-	20,953.71
7/29/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		919.77					-	919.77
7/30/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,011.11					-	1,011.11
7/30/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000148		5,187.94					-	5,187.94
7/31/2019	Accr Earning Pymt Added to Account		49.59					-	-
7/31/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	82,302.98						-	-
7/31/2019	Deposit		30,024.02					-	30,024.02
7/31/2019	Deposit		93.34					-	93.34
7/31/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,629.46					-	1,629.46
7/31/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000161		5,480.57					-	5,480.57
8/1/2019	ACH Deposit UMR HCCLAIMPMT 746003411 124384875203488		3,651.20					-	3,651.20
8/1/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000159		4,456.05					-	4,456.05
8/2/2019	Check #29	6,407.27						-	-
8/2/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51884625 111000		12,421.75		12,421.75			6,210.88	6,210.88
8/2/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,560.00					-	7,560.00
8/2/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		370.28					-	370.28
		88,710.25	106,843.19	-	12,421.75	-	-	6,210.88	100,582.73

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/29/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,054.15					-	3,054.15
7/29/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		5,985.00					-	5,985.00
7/31/2019	Accr Earning Pymt Added to Account		68.44					-	-
7/31/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	387,753.38						-	-
7/31/2019	Deposit		8,175.73					-	8,175.73
7/31/2019	Deposit		13,680.00					-	13,680.00
7/31/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		2,590.00					-	2,590.00
7/31/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		503.03					-	503.03
8/1/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000003268 41		700.36					-	700.36
8/2/2019	Check #58	6,368.52						-	-
8/2/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51884624 111000		12,402.86		12,402.86			6,201.43	6,201.43
		394,121.90	47,159.57	-	12,402.86	-	-	6,201.43	40,889.70

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/29/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,105.64					-	9,105.64
7/29/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000129		1,293.75					-	1,293.75
7/30/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,222.41					-	2,222.41
7/30/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000148		13,064.43					-	13,064.43
7/31/2019	Accr Earning Pymt Added to Account		16.29					-	-
7/31/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	53,919.12						-	-
7/31/2019	Deposit		29,924.82					-	29,924.82
8/2/2019	Check #56	13,466.27						-	-
8/2/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51884621 111000		20,916.29		20,916.29			10,458.15	10,458.15
8/2/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,631.00					-	5,631.00
		67,385.39	82,174.63	-	20,916.29	-	-	10,458.15	71,700.20

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/29/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		5,310.84					-	5,310.84
7/29/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		11,194.85					-	11,194.85
7/29/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,451.13					-	4,451.13
7/29/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,352.40					-	6,352.40
7/29/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		2,050.00					-	2,050.00
7/29/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		12,681.06					-	12,681.06
7/30/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001681		609.22					-	609.22
7/30/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001681		797.66					-	797.66
7/30/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3105154212 111000		5,126.78					-	5,126.78
7/30/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,602.86					-	4,602.86
7/30/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000148		2,145.12					-	2,145.12
7/30/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005509322		6,935.28					-	6,935.28
7/30/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		8,206.26					-	8,206.26
7/31/2019 Accr Earning Pymt Added to Account		101.38					-	-
7/31/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	495,319.56						-	-
7/31/2019 Deposit		10,678.64					-	10,678.64
7/31/2019 Deposit		3,000.00					-	3,000.00
7/31/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		6,548.68					-	6,548.68
7/31/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3105273960 111000		2,644.02					-	2,644.02
7/31/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,350.70					-	6,350.70
8/1/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		1,517.50					-	1,517.50
8/1/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		12,710.00					-	12,710.00
8/1/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,887.83					-	1,887.83
8/1/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		10,595.00					-	10,595.00
8/1/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001329		6,399.99					-	6,399.99
8/2/2019 Check #56	9,361.37						-	-
8/2/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51884623 111000		18,563.25		18,563.25			9,281.63	9,281.63
8/2/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,115.00					-	5,115.00
8/2/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000160		17,293.99					-	17,293.99
8/2/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		135.00					-	135.00
	504,680.93	174,004.44	-	18,563.25	-	-	9,281.63	164,621.44
TOTALS	1,268,934.18	567,063.87	-	128,782.88	-	-	64,391.44	502,391.17

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$175,570.79	$156,982.04
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$108,162.30	$106,943.19
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$47,259.57	$47,259.57
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$186,725.01	$174,104.44
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$82,274.63	$82,274.63
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PA[redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/5/2019

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		57,307.23	57,207.23	120,182.13	-	-	120,282.13	86,652.04
						Bank Balance	120,282.13	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	**18,062.19**	
						MMC Portion QIPP 2,3,Lapse	**15,448.07**	
						July Interest	**19.83**	
						August Interest	-	
						September Interest	-	
							-	
							-	
						Adjust Balance/Transfer Amt	**86,652.04**	

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

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

Approved: Diane, CFO
Diane C. Moore, CFO 8/5/2019

APPROVED
ON
AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
7/29/2019	ACH Deposit TSYS/TRANSFIRST BKCD STLMT 548684555876917 9		1,500.00					-	1,500.00
7/29/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000129		24,600.90					-	24,600.90
7/30/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000148		5,929.69					-	5,929.69
7/31/2019	Accr Earning Pymt Added to Account		19.83					-	-
7/31/2019	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	57,207.23						-	-
7/31/2019	Deposit		37,185.32					-	37,185.32
7/31/2019	ACH Deposit Centene Manageme CCD+ 38888463 3110020085523		48,958.32	18,062.19	30,896.13			33,510.26	15,448.07
8/2/2019	ACH Deposit TSYS/TRANSFIRST BKCD STLMT 548684555876917 9		1,988.07					-	1,988.07
		57,207.23	120,182.13	18,062.19	30,896.13	-	-	33,510.26	86,652.05

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 ★	$120,282.13	$120,282.13
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
8/5/2019

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		100.13 ✓	-	0.04 ✓		-	-	100.17	No Transfer
							Bank Balance	100.17	
							Variance	-	
							Leave In Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	0.04 ✓	
							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		7,617.84 ✓	7,517.84 ✓	2,083.57 ✓		-	-	2,183.57	No Transfer
							Bank Balance	2,183.57	
							Variance	-	
							Leave In Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	1.60 ✓	
							August Interest	-	
							September Interest	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	2,081.97 ✓	

TOTAL TRANSFERS	No Transfer

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: CFO
Diane C. Moore, CFO 8/5/2019

APPROVED
ON
AUG 05 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
7/31/2019 Accr Earning Pymt Added to Account		0.04					-	-
	-	0.04	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
7/31/2019 Accr Earning Pymt Added to Account		1.60					-	-
7/31/2019 Deposit		2,070.00					-	2,070.00
8/1/2019 Internet Trf W/D IB TR TO ACCT *4357 CORRECT WIRE 07/31/19	7,517.84						-	-
8/2/2019 ACH Deposit CENTENE CORP HCCLAIMPMT 61000105790416		11.97					-	11.97
	7,517.84	2,083.57	-	-	-	-	-	2,081.97

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 ★	$100.17	$100.17
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ★	$2,183.57	$2,183.57

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 8/5/19

APPROVED ON AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK # 000064

AMOUNT: $32,239.37

G/L NUMBER: 21000012

EXPLANATION: Ashford- To transfer funds for Comp 2,3,Lapse- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000064	08/07/19	32,239.37	MMC OPERATING Ashford
TOTALS:			32,239.37	

APPROVED
ON

AUG 07 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 8/5/19

APPROVED ON AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000030

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

AMOUNT: $6,210.88

G/L NUMBER: 21000009

EXPLANATION: Broadmoor- To transfer funds for Comp 2,3,Lapse- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000030	08/07/19	6,210.88	MMC OPERATING
TOTALS:			6,210.88	

Broadmoor

APPROVED
ON

AUG 07 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 8/5/19

APPROVED ON AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $6,201.43

G/L NUMBER: 21000010

CK# 000057

EXPLANATION: Crescent- To transfer funds for Comp 2,3,Lapse- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000059	08/07/19	6,201.43	MMC OPERATING Crescent
TOTALS:			6,201.43	

APPROVED
ON

AUG 07 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 8/5/19

APPROVED ON AUG 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
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- [ ] Return Check to Dept

AMOUNT: $10,458.15

G/L NUMBER: 21000008

CK# 000057

EXPLANATION: Fort Bend- To transfer funds for Comp 2,3,Lapse- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000057	08/07/19	10,458.15	MMC OPERATING Fort Bend
TOTALS:			10,458.15	

APPROVED
ON

AUG 07 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 8/5/19

APPROVED ON AUG 05 2019 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
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- [ ] Return Check to Dept

AMOUNT: $9,281.63

G/L NUMBER: 21000011

CK# 000057

EXPLANATION: Solera- To transfer funds for Comp 2,3,Lapse- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHS	000057	08/07/19	9,281.63	MMC OPERATING	Solera
TOTALS:			9,281.63		

APPROVED
ON

AUG 0 7 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 8/5/19

APPROVED ON AUG 0 5 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $33,510.26

G/L NUMBER: 21000013

CK# 000040

EXPLANATION: Goldencreek- To transfer funds for Comp 1,2,3,- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000040	08/07/19	33,510.26	MMC OPERATING
TOTALS:			33,510.26	

APPROVED
ON

AUG 07 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **8/7/19**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3, LAPSE			TOTAL		Date
Ashford	10000018 - Prosperity	64	MMC -Prosperity Operating #10000001	21000012		32,239.37			32,239.37		8/7/2019
Broadmoor	10000019 - Prosperity	30	MMC -Prosperity Operating #10000001	21000009		6,210.88			6,210.88		8/7/2019
Crescent	10000020 - Prosperity	59	MMC -Prosperity Operating #10000001	21000010		6,201.43			6,201.43		8/7/2019
Fort Bend	10000021 - Prosperity	57	MMC -Prosperity Operating #10000001	21000008		10,458.15			10,458.15		8/7/2019
Golden Creek	10000023 - Prosperity	40	MMC -Prosperity Operating #10000001	21000013	18,062.19	15,448.07			33,510.26		8/7/2019
Solera	10000022 - Prosperity	57	MMC -Prosperity Operating #10000001	21000011		9,281.63			9,281.63		8/7/2019
				Total:	18,062.19	79,839.53	-	-	97,901.72		

Note:

Approved: (CFO)
Diane Moore, CFO 8/6/2019

32,239.37 +
6,210.88 +
6,201.43 +
10,458.15 +
9,281.63 +
33,510.26 +
97,901.72 =

APPROVED
ON
AUG 07 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87DV No. 64

88-2265
1131

8-7-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 32,239.37

Thirty two Thousand two hundred thirty-nine 37/100 DOLLARS

PROSPERITY BANK

QIPP comp 2,3

County Auditor

County Treasurer

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

87SS No. 57

88-2265
1131

8-7-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 9281.63

Nine Thousand Two Hundred Eighty one 63/100 DOLLARS

PROSPERITY BANK

QIPP 2,3

County Auditor

County Treasurer

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

000030

88-2265/1131

Date 8-7-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 6,210.88

Six Thousand Two Hundred Ten 88/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP comp 2,3

County Auditor

County Treasurer

Security features are included. Details on back

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

000040

88-2265/1131

Date 8-7-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 33,510.26

Thirty Three Thousand Five Hundred Ten 26/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP comp 1, 2, & 3

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

000057

88-2265/1131

Date 8-7-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 10458.15

Ten Thousand Four Hundred Fifty-Eight 15/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP 2,3

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

000059

88-2265/1131

Date 8-7-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 6,201.43

Six Thousand Two Hundred One 43/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP comp 2,3