MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- September 04, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	753,981.16
TOTAL TRANSFERS BETWEEN FUNDS	$	350,767.62
TOTAL NURSING HOME UPL EXPENSES	$	1,237,120.73
TOTAL INTER-GOVERNMENT TRANSFERS	$	942,542.52
GRAND TOTAL DISBURSEMENTS APPROVED September 04, 2019	$	3,284,412.03

APPROVED

SEP 0 4 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 04, 2019

PAYABLES AND PAYROLL			
8/30/2019	Weekly Payables	333,877.62	
8/30/2019	Patient Refunds	20,200.58	
8/30/2019	Ashford-Nursing home insurance/reimbursement of Harland Clarke ACH error	1,392.66	
8/30/2019	Solera-reimbursement of Harland Clarke ACH error	34.94	
8/30/2019	Fortbend-reimbursement of Harland Clarke ACH error	34.94	
8/30/2019	Broadmoor-reimbursement of Harland Clarke Ach error	34.94	
8/30/2019	Crescent-reimbursement of Harland Clarke ACH error	34.94	
8/30/2019	Goldencreek-Nursing home insurance/reimbursement of Harland Clarke ACH	442.81	
9/3/2019	McKesson-340B Prescription Expense	2,875.76	
9/3/2019	Amerisource Bergen-340B Prescription Expense	607.24	
8/30/2019	Payroll Liabilities -Payroll Taxes	97,474.17	
8/30/2019	Payroll	296,601.51	
8/30/2019	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
8/26-8/30/19	Pay Plus-Patient Claims Processing Fee	21.40	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 753,981.16**
TRANSFERS BETWEEN FUNDS			
9/3/2019	Transfer from Prosperity Private Waiver to Prosperity Operating	350,767.62	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 350,767.62**
NURSING HOME UPL EXPENSES			
9/3/2019	Nursing Home UPI-Cantex Transfer	998,442.33	
9/3/2019	Nursing Home UPI-Nexion Transfer	165,047.97	
9/3/2019	Nursing Home UPI-HMG Transfer	27,223.06	
QIPP/INTEREST CHECKS TO MMC			
9/3/2019	Ashford	22,780.32	
9/3/2019	Broadmoor	4,026.53	
9/3/2019	Crescent	4,145.38	
9/3/2019	Fort Bend	9,060.32	
9/3/2019	Solera	6,394.82	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,237,120.73**
INTER-GOVERNMENT TRANSFERS			
9/3/2019	IGT DY8 UC to be paid on 9/10/19	942,542.52	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 942,542.52**
GRAND TOTAL DISBURSEMENTS APPROVED September 04, 2019			**$ 3,284,412.03**

08/29/2019 MEMORIAL MEDICAL CENTER 0
10:46 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/11/2019

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
19M0128332		08/06/20	08/06/20	09/05/20		558.00	0.00	0.00	558.00
	SCHEDULING SERVICE								

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
136890		08/21/20	08/16/20	09/10/20		53.54	0.00	0.00	53.54
	SUPPLIES - CONNECTORS - (IT)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	53.54	0.00	0.00	53.54

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9656283888		08/20/20	08/07/20	09/06/20		954.00	0.00	0.00	954.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	954.00	0.00	0.00	954.00

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
63827267		08/16/20	07/25/20	08/19/20		521.38	0.00	0.00	521.38
64028882		08/21/20	08/14/20	09/08/20		245.27	0.00	0.00	245.27
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	766.65	0.00	0.00	766.65

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
107873977		08/14/20	07/23/20	08/17/20		183.28	0.00	0.00	183.28
	SUPPLIES								
7254392		08/28/20	08/08/20	09/02/20		5,803.39	0.00	0.00	5,803.39
	METER BILLING								
5410969		08/28/20	08/13/20	09/07/20		5,016.58	0.00	0.00	5,016.58
	LEASE / SERVICE MAINTENAN								
107920855		08/28/20	08/15/20	09/09/20		1,288.45	0.00	0.00	1,288.45
	INFO SYSTEM BILLING AND SI								
107920854		08/28/20	08/15/20	09/09/20		6,249.42	0.00	0.00	6,249.42
	HARDWARE/SERVICE BILLINC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	18,541.12	0.00	0.00	18,541.12

Vendor#	Vendor Name	Class	Pay Code
11072	BIO-RAD LABORATORIES, INC		

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

903600073		08/28/20	07/08/20	08/08/20	1,600.32	0.00	0.00	1,600.32
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC			1,600.32	0.00	0.00	1,600.32

Vendor# 12600 Vendor Name: BIOFIRE DIAGNOSTICS LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1280010887		08/23/20	08/19/20	08/14/20			17,276.75	0.00	0.00	17,276.75
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12600	BIOFIRE DIAGNOSTICS LLC					17,276.75	0.00	0.00	17,276.75

Vendor# C1048 Vendor Name: CALHOUN COUNTY — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
082419		08/28/20	08/24/20	08/24/20			113.15	0.00	0.00	113.15
FUEL										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					113.15	0.00	0.00	113.15

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8001995285		08/27/20	08/24/20	08/24/20			1,248.35	0.00	0.00	1,248.35
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.					1,248.35	0.00	0.00	1,248.35

Vendor# 12768 Vendor Name: CHEMAQUA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3641222		08/26/20	08/10/20	08/20/20			500.00	0.00	0.00	500.00
WATER TREATMENT PROGR/										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12768	CHEMAQUA					500.00	0.00	0.00	500.00

Vendor# C1730 Vendor Name: CITY OF PORT LAVACA — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
081519		08/26/20	08/15/20	09/05/20			6,684.17	0.00	0.00	6,684.17
	WATER MMC									
081519B		08/26/20	08/15/20	09/05/20			39.96	0.00	0.00	39.96
	WATER Rehab									
081519A		08/26/20	08/15/20	09/05/20			171.09	0.00	0.00	171.09
	WATER Clinic									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA					6,895.22	0.00	0.00	6,895.22

Vendor# 11720 Vendor Name: CLINICAL COMPUTER SYSTEMS INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN129178		08/28/20	08/15/20	08/25/20			5,775.00	0.00	0.00	5,775.00
	SOFTWARE - Quarterly OBIX Hosted Services Billing									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11720	CLINICAL COMPUTER SYSTEMS INC					5,775.00	0.00	0.00	5,775.00

Vendor# C1970 Vendor Name: CONMED CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
950095		08/16/20	08/12/20	08/23/20		125.52	0.00	0.00	125.52
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				125.52	0.00	0.00	125.52

Vendor# C1443 Vendor Name CYGNUS MEDICAL LLC Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
286028		08/29/20	08/06/20	09/05/20		454.00	0.00	0.00	454.00
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL LLC				454.00	0.00	0.00	454.00

Vendor# 11368 Vendor Name CYRACOM LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
954604		08/14/20	07/31/20	09/11/20		208.17	0.00	0.00	208.17
	INTERPERTATION SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC				208.17	0.00	0.00	208.17

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5793140		08/14/20	08/05/20	08/30/20		646.10	0.00	0.00	646.10
	SUPPLIES								
5799730		08/21/20	08/12/20	09/06/20		628.43	0.00	0.00	628.43
	SUPPLIES								
5799970		08/21/20	08/12/20	09/06/20		61.61	0.00	0.00	61.61
	SUPPLIES								
5800190		08/21/20	08/12/20	09/06/20		326.11	0.00	0.00	326.11
	SUPPLIES PAPER								
5801750		08/21/20	08/14/20	09/08/20		123.22	0.00	0.00	123.22
	SUPPLIES BINDERS								
5802700		08/21/20	08/14/20	09/08/20		63.04	0.00	0.00	63.04
	SUPPLIES								
5803280		08/21/20	08/15/20	09/09/20		115.53	0.00	0.00	115.53
	SUPPLIES YELLOW PAPER								
5803340		08/21/20	08/15/20	09/09/20		454.89	0.00	0.00	454.89
	SUPPLIES PRINTER CARTRID								
5804080		08/26/20	08/16/20	09/10/20		1,833.43	0.00	0.00	1,833.43
	DESKS, CHAIRS, DRAWERS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				4,252.36	0.00	0.00	4,252.36

Vendor# 10892 Vendor Name DIANE MOORE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
082219		08/27/20	08/22/20	08/22/20		65.19	0.00	0.00	65.19
	TRAVEL TX HOSPITAL TRUST – Regional Educational Summit (8-13-19)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10892	DIANE MOORE				65.19	0.00	0.00	65.19

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC081519	PRO FEES	08/26/20	08/15/20	09/01/20			144,684.99	0.00	0.00	144,684.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	144,684.99	0.00	0.00	144,684.99

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
38269	ER STAFFING (16th- EOM)	08/27/20	08/31/20	08/31/20			40,062.50	0.00	0.00	40,062.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
670718434	SHIPPING	08/26/20	08/15/20	09/09/20			98.46	0.00	0.00	98.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	98.46	0.00	0.00	98.46

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
3192457	SUPPLIES	08/23/20	08/12/20	09/06/20			442.91	0.00	0.00	442.91
2653389	LAB FRIG	08/26/20	08/05/20	08/30/20			5,438.93	0.00	0.00	5,438.93
3037003	SUPPLIES	08/26/20	08/08/20	09/02/20			2,679.57	0.00	0.00	2,679.57
3037002	SUPPLIES	08/26/20	08/08/20	09/02/20			36.82	0.00	0.00	36.82
3258355	SUPPLIES	08/28/20	08/13/20	09/07/20			1,268.21	0.00	0.00	1,268.21
3320918	SUPPLIES	08/28/20	08/14/20	09/08/20			188.48	0.00	0.00	188.48
2653391	SUPPLIES	08/29/20	08/05/20	08/30/20			82.18	0.00	0.00	82.18
2653393	SUPPLIES	08/29/20	08/05/20	08/30/20			54.36	0.00	0.00	54.36
2918156	SUPPLIES	08/29/20	08/07/20	09/01/20			6.10	0.00	0.00	6.10
2918157	SUPPLIES	08/29/20	08/07/20	09/01/20			6,872.42	0.00	0.00	6,872.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	17,069.98	0.00	0.00	17,069.98

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
50169	SUPPLIES	08/15/20	08/06/20	09/05/20			119.96	0.00	0.00	119.96
50149	SUPPLIES	08/16/20	07/26/20	08/25/20			222.86	0.00	0.00	222.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10901	GENESIS DIAGNOSTICS				342.82	0.00	0.00	342.82
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
	9263006786		08/26/20	08/14/20	09/08/20		57.24	0.00	0.00	57.24
		SUPPLIES/MOPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				57.24	0.00	0.00	57.24
Vendor#	Vendor Name				Class	Pay Code				
11984	GUERBET, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	18370994		08/21/20	08/12/20	08/21/20		865.00	0.00	0.00	865.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11984	GUERBET, LLC				865.00	0.00	0.00	865.00
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1713182		08/12/20	08/07/20	09/06/20		-80.30	0.00	0.00	-80.30
	1713219	CREDIT	08/12/20	08/07/20	09/06/20		-32.00	0.00	0.00	-32.00
	1712329	CREDIT	08/14/20	08/06/20	09/05/20		47.73	0.00	0.00	47.73
	1712842	SUPPLIES	08/14/20	08/06/20	09/05/20		869.97	0.00	0.00	869.97
	1712519	SUPPLIES	08/19/20	08/06/20	09/05/20		644.18	0.00	0.00	644.18
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				1,449.58	0.00	0.00	1,449.58
Vendor#	Vendor Name				Class	Pay Code				
H1399	HILL-ROM COMPANY, INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1926690		08/26/20	07/31/20	08/30/20		844.80	0.00	0.00	844.80
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1399	HILL-ROM COMPANY, INC				844.80	0.00	0.00	844.80
Vendor#	Vendor Name				Class	Pay Code				
12160	ICAD, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	535853		08/27/20	07/30/20	08/30/20		7,990.00	0.00	0.00	7,990.00
		1 YEAR SERVICE AGREEMEN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12160	ICAD, INC				7,990.00	0.00	0.00	7,990.00
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	921264859		08/21/20	08/07/20	09/06/20		692.11	0.00	0.00	692.11
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				692.11	0.00	0.00	692.11

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
	2033136		08/26/20	08/21/20	08/21/20		3,235.72	0.00	0.00	3,235.72
		PRO FEES/UONG (travel expenses)								
	2033338		08/26/20	08/22/20	08/22/20		293.64	0.00	0.00	293.64
		PRO FEES/UONG (travel expenses)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11230	JACKSON & COKER LOCUM TENENS,				3,529.36	0.00	0.00	3,529.36
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	081919		08/27/20	08/19/20	08/19/20		1,190.86	0.00	0.00	1,190.86
		PAYROLL DED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,190.86	0.00	0.00	1,190.86
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
	1382857		08/14/20	06/20/20	09/05/20		-3,561.90	0.00	0.00	-3,561.90
		CREDIT								
	60568939		08/16/20	08/02/20	08/17/20		129.62	0.00	0.00	129.62
		SUPPLIES								
	61320929		08/16/20	08/13/20	08/28/20		2,071.40	0.00	0.00	2,071.40
		SUPPLIES								
	61316038		08/16/20	08/13/20	08/28/20		28.56	0.00	0.00	28.56
		SUPPLIES								
	61326144		08/16/20	08/23/20	09/07/20		96.58	0.00	0.00	96.58
		SUPPLIES								
	61770131		08/27/20	08/19/20	09/06/20		1,010.67	0.00	0.00	1,010.67
		SUPPLIES								
	61770279		08/27/20	08/19/20	09/06/20		105.85	0.00	0.00	105.85
		SUPPLIES								
	1368315		08/28/20	04/30/20	05/15/20		-5.81	0.00	0.00	-5.81
		CREDIT								
	1368316		08/28/20	04/30/20	05/15/20		-6.12	0.00	0.00	-6.12
		CREDIT								
	60069~~787~~ 878		08/28/20	07/29/20	08/15/20		140.57	0.00	0.00	140.57
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				9.42	0.00	0.00	9.42
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
	90234947		08/16/20	08/15/20	08/23/20		221.98	0.00	0.00	221.98
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS				221.98	0.00	0.00	221.98
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
	1883962306		08/13/20	08/07/20	09/01/20		3,904.64	0.00	0.00	3,904.64

	SUPPLIES							
1883961582		08/15/20	08/07/20	09/06/20	122.65	0.00	0.00	122.65
	SUPPLIES							
1883564893		08/16/20	08/01/20	08/29/20	8.86	0.00	0.00	8.86
	SUPPLIES							
1884175859		08/26/20	08/08/20	09/02/20	1,259.50	0.00	0.00	1,259.50
	SUPPLIES							
1884533335		08/26/20	08/13/20	09/07/20	146.73	0.00	0.00	146.73
	SUPPLIES							
1884533333		08/26/20	08/13/20	09/07/20	26.27	0.00	0.00	26.27
	SUPPLIES freight 15.96 on 10.91							
1884533328		08/26/20	08/13/20	09/07/20	36.87	0.00	0.00	36.87
	SUPPLIES							
1884533327		08/26/20	08/13/20	09/07/20	529.33	0.00	0.00	529.33
	SUPPLIES							
1884609232		08/26/20	08/14/20	09/08/20	1,563.12	0.00	0.00	1,563.12
	SUPPLIES							
1884609229		08/26/20	08/14/20	09/08/20	2,926.60	0.00	0.00	2,926.60
	SUPPLIES							
1884609224		08/26/20	08/14/20	09/08/20	250.82	0.00	0.00	250.82
	SUPPLIES							
1884897548		08/27/20	08/16/20	09/10/20	85.25	0.00	0.00	85.25
	SUPPLIES							
1884897554		08/27/20	08/16/20	09/10/20	2,023.88	0.00	0.00	2,023.88
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			12,884.52	0.00	0.00	12,884.52

Vendor#	Vendor Name	Class	Pay Code
M2499	MEDTRONIC USA, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2544472658		08/16/20	08/07/20	08/23/20			281.62	0.00	0.00	281.62
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2499	MEDTRONIC USA, INC.					281.62	0.00	0.00	281.62

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
081919		08/27/20	08/19/20	08/19/20			165.00	0.00	0.00	165.00
	PAYROLL DED MMC Clinic Co-pays									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					165.00	0.00	0.00	165.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4626673		08/16/20	07/25/20	08/23/20			293.06	0.00	0.00	293.06
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICAL INC					293.06	0.00	0.00	293.06

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

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

184634200		08/19/20	08/09/20	09/08/20	390.00	0.00	0.00	390.00
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11976	MID-COAST ELECTRIC SUPPLY, INC			390.00	0.00	0.00	390.00
Vendor#	Vendor Name			Class	Pay Code			
10680	MMC EMPLOYEES ACTIVITIES TEAM							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
082019		08/26/20	08/20/20	08/20/20		1,700.00	0.00	0.00	1,700.00
	CALHOUN SHIRTS PAYROLL [							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10680	MMC EMPLOYEES ACTIVITIES TEAM			1,700.00	0.00	0.00	1,700.00
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
1724		08/26/20	08/20/20	08/30/20		-0.01	0.00	0.00	-0.01
	CREDIT								
1580		08/26/20	08/20/20	08/30/20		-37.40	0.00	0.00	-37.40
	CREDIT								
4595784		08/26/20	08/21/20	08/31/20		48.70	0.00	0.00	48.70
	INVENTORY								
4595660		08/26/20	08/21/20	08/31/20		524.55	0.00	0.00	524.55
	INVENTORY								
4595661		08/26/20	08/21/20	08/31/20		3,479.40	0.00	0.00	3,479.40
	INVENTORY								
4595663		08/26/20	08/21/20	08/31/20		1.91	0.00	0.00	1.91
	INVENTORY								
4595664		08/26/20	08/21/20	08/31/20		1,826.16	0.00	0.00	1,826.16
	INVENTORY								
4595662		08/26/20	08/21/20	08/31/20		131.34	0.00	0.00	131.34
	INVENTORY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	10536	MORRIS & DICKSON CO, LLC			5,974.65	0.00	0.00	5,974.65	
Vendor#	Vendor Name			Class	Pay Code				
10868	NOVA BIOMEDICAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
90635796		08/28/20	08/07/20	09/07/20		3,165.34	0.00	0.00	3,165.34
	SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	10868	NOVA BIOMEDICAL			3,165.34	0.00	0.00	3,165.34	
Vendor#	Vendor Name			Class	Pay Code				
O1500	OLYMPUS AMERICA INC			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
97956840		08/21/20	08/12/20	09/06/20		118.37	0.00	0.00	118.37
	SUPPLIES								
97923073		08/29/20	08/05/20	08/30/20		289.51	0.00	0.00	289.51
	SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	O1500	OLYMPUS AMERICA INC			407.88	0.00	0.00	407.88	
Vendor#	Vendor Name			Class	Pay Code				
O1660	ORIENTAL TRADING CO INC			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
69748535101		08/13/20	08/07/20	09/06/20		49.57	0.00	0.00	49.57

SUPPLIES – Surgery

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1660	ORIENTAL TRADING CO INC	49.57	0.00	0.00	49.57

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
1851056707	SUPPLIES	08/28/20	07/22/20	08/21/20			755.37	0.00	0.00	755.37

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	755.37	0.00	0.00	755.37

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SC59410	RAD SERVICES	08/21/20	08/12/20	09/06/20			1,667.00	0.00	0.00	1,667.00
SC59436	RAD SERVICES	08/21/20	08/16/20	09/10/20			1,625.00	0.00	0.00	1,625.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	3,292.00	0.00	0.00	3,292.00

Vendor#	Vendor Name	Class	Pay Code
12036	SAM'S CLUB 6471		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
082219	MEMBERSHIPS	08/26/20	08/22/20	08/22/20			1,525.00	0.00	0.00	1,525.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12036	SAM'S CLUB 6471	1,525.00	0.00	0.00	1,525.00

Vendor#	Vendor Name	Class	Pay Code
S0900	SAM'S CLUB DIRECT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
009457	SUPPLIES	08/28/20	07/19/20	09/08/20			126.98	0.00	0.00	126.98
005401	SUPPLIES	08/28/20	07/23/20	09/08/20			49.84	0.00	0.00	49.84
006518	SUPPLIES	08/28/20	07/30/20	09/08/20			176.81	0.00	0.00	176.81
007916	SUPPLIES	08/28/20	07/30/20	09/08/20			147.90	0.00	0.00	147.90
009141	SUPPLIES	08/28/20	08/10/20	09/08/20			41.44	0.00	0.00	41.44
009918	SUPPLIES	08/28/20	08/15/20	09/08/20			30.68	0.00	0.00	30.68

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIRECT	573.65	0.00	0.00	573.65

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
83980	SUPPLIES	08/27/20	08/22/20	09/06/20			600.99	0.00	0.00	600.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	600.99	0.00	0.00	600.99

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
733477	TRANSPORTATION SERVICES	08/26/20	08/22/20	08/22/20		8.00	0.00	0.00	8.00
733479	TRANSPORT PT	08/28/20	08/26/20	08/26/20		8.00	0.00	0.00	8.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE	16.00	0.00	0.00	16.00

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
081619A	CABLE	08/28/20	08/16/20	08/16/20	427.24	405.50	0.00	0.00	405.50 427.24
081619B	CABLE	08/28/20	08/16/20	08/16/20	76.58	72.63	0.00	0.00	72.63 76.58
081619	CABLE	08/28/20	08/16/20	08/16/20		1,158.00	0.00	0.00	1,158.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	1661.84 1,636.13	0.00	0.00	1,636.13 1661.84

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
MMCPL2019-07	TELENEUROLOGY	08/28/20	08/22/20	09/01/20		420.00	0.00	0.00	420.00

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

11944 TALX CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1000740495	ANCILLARY FEES	08/14/20	08/08/20	09/07/20		10.99	0.00	0.00	10.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11944	TALX CORPORATION	10.99	0.00	0.00	10.99

Vendor# Vendor Name Class Pay Code

10765 TEXAS HOSPITAL ASSOCIATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0900119146	THA & THT MEMBERSHIP DUE	08/27/20	08/02/20	09/02/20		6,521.00	0.00	0.00	6,521.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10765	TEXAS HOSPITAL ASSOCIATION	6,521.00	0.00	0.00	6,521.00

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
38896	CANIDATE SOURCING SERVI	08/27/20	08/19/20	09/03/20		2,500.00	0.00	0.00	2,500.00

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

T3130 TRI-ANIM HEALTH SERVICES INC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
63698351	SUPPLIES	08/23/20	08/05/20	08/30/20		244.57	0.00	0.00	244.57

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	244.57	0.00	0.00	244.57

Vendor# U1064 Vendor Name: UNIFIRST HOLDINGS INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400308396	LAUNDRY	08/13/20	08/12/20	09/06/20			47.15	0.00	0.00	47.15
8400308397	LAUNDRY	08/13/20	08/12/20	09/06/20			57.35	0.00	0.00	57.35
8400308426	LAUNDRY	08/13/20	08/12/20	09/06/20			1,312.74	0.00	0.00	1,312.74
8400308742	LAUNDRY	08/28/20	08/15/20	09/09/20			190.83	0.00	0.00	190.83
8400308737	LAUNDRY	08/28/20	08/15/20	09/09/20			168.00	0.00	0.00	168.00
8400308779	LAUNDRY	08/28/20	08/15/20	09/09/20			995.71	0.00	0.00	995.71
8400308740	LAUNDRY	08/28/20	08/15/20	09/09/20			169.32	0.00	0.00	169.32
8400308807	LAUNDRY	08/28/20	08/15/20	09/09/20			110.30	0.00	0.00	110.30
8400308741	LAUNDRY	08/28/20	08/15/20	09/09/20			163.19	0.00	0.00	163.19
8400308763	LAUNDRY	08/28/20	08/15/20	09/09/20			80.83	0.00	0.00	80.83

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,295.42	0.00	0.00	3,295.42

Vendor# U1056 Vendor Name: UNIFORM ADVANTAGE Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0762792	CREIDT ORIGINAL INV# 98844	08/26/20	07/24/20	08/08/20			-136.95	0.00	0.00	-136.95
10004123	UNIFORMS	08/26/20	08/16/20	08/31/20			119.54	0.00	0.00	119.54
10004559	UNIFORMS	08/26/20	08/16/20	08/31/20			141.92	0.00	0.00	141.92
10003725	UNFIORMS	08/28/20	08/16/20	08/31/20			94.95	0.00	0.00	94.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	219.46	0.00	0.00	219.46

Vendor# U1350 Vendor Name: UPS Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000778941339	SHIPPING	08/27/20	08/17/20	09/01/20			340.91	0.00	0.00	340.91

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	340.91	0.00	0.00	340.91

Vendor# 10793 Vendor Name: WAGEWORKS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
081919		08/27/20	08/19/20	08/19/20			3,649.52	0.00	0.00	3,649.52

PAYROLL DED

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	3,649.52	0.00	0.00	3,649.52

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
91107007418	SUPPLIES	08/23/20	08/07/20	09/01/20		2,146.68	0.00	0.00	2,146.68
9110708984	SUPPLIES	08/23/20	08/13/20	09/07/20		352.95	0.00	0.00	352.95
9110708186	SUPPLIES	08/28/20	08/12/20	09/06/20		371.52	0.00	0.00	371.52
9110710297	SUPPLIES	08/28/20	08/15/20	09/09/20		1,571.67	0.00	0.00	1,571.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	4,442.82	0.00	0.00	4,442.82

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	333,851.91	0.00	0.00	333,851.91

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333,877.62

333,851.91 +
1,636.13 −
1,661.84 +
333,877.62 =

APPROVED
ON
AUG 30 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #'s
182151 –
182412

RUN DATE: 08/29/19
TIME: 10:31

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	082319	66.09			[redacted]	
		082319	831.81				
		082319	101.92				
		082319	45.37				
		082319	47.88				
		082319	302.75				
		082319	20.35				
		082319	39.14				
		082319	56.39				
		082319	13.97				
		082319	94.61				
		082319	17.10				
		082319	42.00				
		082319	10.00				
		082319	36.65				
		082319	109.33				
		082319	15.50				
		082319	195.26				
		082319	119.77				
		082319	139.48				
		082319	190.32				
		082319	145.88				
		082319	29.07				
		082319	36.22				
		082319	38.50				
		082319	150.00				
		082319	195.22				
		082319	133.00				
		082319	42.11				
		082319	157.49				
		082319	221.20				
		082319	80.00				
		082319	167.63				
		082319	35.51				
		082319	71.31				
		082319	92.12				
		082319	10.48				
		082319	96.21				
		082319	4792.11				
		082319	60.00				
		082319	199.80				
		082319	344.19				
		082319	161.21				
		082319	98.19				
		082319	739.84				
		082319	8654.41				
		082319	301.43				
		082319	651.76				
	ARID=0001 TOTAL		20200.58				
TOTAL			20200.58				

APPROVED
ON

AUG 30 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 182264

182264

08/29/2019 MEMORIAL MEDICAL CENTER 0
10:08 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
08219	08/26/2019	08/21/2019	09/12/2019				1,357.72	0.00	0.00	1,357.72
	TRANSFER PAYMENT NH insurance pymt sent to MMC in error									
082619	08/27/2019	09/12/2019	09/12/2019				34.94	0.00	0.00	34.94
	REIMBURSE FOR DEPOSIT BOOK Refund out of NH in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	1,392.66	0.00	0.00	1,392.66

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,392.66	0.00	0.00	1,392.66

APPROVED
ON
AUG 30 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

UCH
182213

08/29/2019 MEMORIAL MEDICAL CENTER 0
10:11 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082619	08/27/2019	08/26/2019	09/12/2019				34.94	0.00	0.00	34.94

REIMBURSE FOR DEPOSIT BOOK - Acted from NH account in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOU	34.94	0.00	0.00	34.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34.94	0.00	0.00	34.94

APPROVED
ON
AUG 30 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Cliff
19217

08/29/2019 MEMORIAL MEDICAL CENTER 0
10:09 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082619	08/27/2019	08/26/2019	09/12/2019				34.94	0.00	0.00	34.94
	REIMBURSE FOR DEPOSIT BOOK Acted from NH account in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTI	34.94	0.00	0.00	34.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34.94	0.00	0.00	34.94

APPROVED
ON
AUG 3 0 2019 CL#
COUNTY AUDITOR 19226
CALHOUN COUNTY, TEXAS

08/29/2019 MEMORIAL MEDICAL CENTER 0

10:09 AP Open Invoice List ap_open_invoice.template

Dates Through:

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
082619	08/27/2019	08/26/2019	09/12/2019				34.94	0.00	0.00	34.94 ✓

REIMBURSE FOR DEPOSIT BOOK Acted from NH account in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CI	34.94	0.00	0.00	34.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34.94	0.00	0.00	34.94

APPROVED
ON

AUG 30 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLF
17214

08/29/2019 MEMORIAL MEDICAL CENTER 0
10:11 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
082619	08/27/2019	08/26/2019	09/12/2019				34.94	0.00	0.00	34.94

REIMBURSE FOR DEPOSIT BOOK - Acted from NH account in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	34.94	0.00	0.00	34.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34.94	0.00	0.00	34.94

APPROVED ON AUG 30 2019
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 153218

08/29/2019 MEMORIAL MEDICAL CENTER 0
10:14 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
082319	08/27/2019	08/23/2019	09/12/2019				407.87	0.00	0.00	407.87
	TRANSFER NPI NH insurance pymt sent to MMC in error									
082619	08/29/2019	08/26/2019	09/12/2019				34.94	0.00	0.00	34.94
	REIMBURSE DEPOSIT BOOK Acted from nursing home acct in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	442.81	0.00	0.00	442.81

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	442.81	0.00	0.00	442.81

APPROVED
ON
AUG 30 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 187216

RUN DATE:09/03/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:33 CHECK REGISTER GLCKREG
09/04/19 THRU 09/04/19

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	182151	09/04/19	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	182152	09/04/19	53.54	ACE HARDWARE 15521
A/P	182153	09/04/19	954.00	ALCON LABORATORIES, INC.
A/P	182154	09/04/19	766.65	BAXTER HEALTHCARE
A/P	182155	09/04/19	18,541.12	BECKMAN COULTER INC
A/P	182156	09/04/19	1,600.32	BIO-RAD LABORATORIES, INC
A/P	182157	09/04/19	17,276.75	BIOFIRE DIAGNOSTICS LLC
A/P	182158	09/04/19	113.15	CALHOUN COUNTY
A/P	182159	09/04/19	1,248.35	CARDINAL HEALTH 414, INC.
A/P	182160	09/04/19	500.00	CHEMAQUA
A/P	182161	09/04/19	6,895.22	CITY OF PORT LAVACA
A/P	182162	09/04/19	5,775.00	CLINICAL COMPUTER SYSTEMS INC
A/P	182163	09/04/19	125.52	CONMED CORPORATION
A/P	182164	09/04/19	454.00	CYGNUS MEDICAL LLC
A/P	182165	09/04/19	208.17	CYRACOM LLC
A/P	182166	09/04/19	4,252.36	DEWITT POTH & SON
A/P	182167	09/04/19	65.19	DIANE MOORE
A/P	182168	09/04/19	144,684.99	DISCOVERY MEDICAL NETWORK INC
A/P	182169	09/04/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	182170	09/04/19	98.46	FEDERAL EXPRESS CORP.
A/P	182171	09/04/19	.00	VOIDED
A/P	182172	09/04/19	17,069.98	FISHER HEALTHCARE
A/P	182173	09/04/19	342.82	GENESIS DIAGNOSTICS
A/P	182174	09/04/19	57.24	GRAINGER
A/P	182175	09/04/19	865.00	GUERBET, LLC
A/P	182176	09/04/19	1,449.58	GULF COAST PAPER COMPANY
A/P	182177	09/04/19	844.80	HILL-ROM COMPANY, INC
A/P	182178	09/04/19	7,990.00	ICAD, INC
A/P	182179	09/04/19	692.11	J & J HEALTH CARE SYSTEMS, INC
A/P	182180	09/04/19	3,529.36	JACKSON & COKER LOCUM TENENS,
A/P	182181	09/04/19	1,190.86	M G TRUST
A/P	182182	09/04/19	.00	VOIDED
A/P	182183	09/04/19	9.42	MCKESSON MEDICAL SURGICAL INC
A/P	182184	09/04/19	221.98	MEDIVATORS
A/P	182185	09/04/19	.00	VOIDED
A/P	182186	09/04/19	12,884.52	MEDLINE INDUSTRIES INC
A/P	182187	09/04/19	281.62	MEDTRONIC USA, INC.
A/P	182188	09/04/19	165.00	MEMORIAL MEDICAL CLINIC
A/P	182189	09/04/19	293.06	MICROTEK MEDICAL INC
A/P	182190	09/04/19	390.00	MID-COAST ELECTRIC SUPPLY, INC
A/P	182191	09/04/19	1,700.00	MMC EMPLOYEES ACTIVITIES TEAM
A/P	182192	09/04/19	5,974.65	MORRIS & DICKSON CO, LLC
A/P	182193	09/04/19	3,165.34	NOVA BIOMEDICAL
A/P	182194	09/04/19	407.88	OLYMPUS AMERICA INC
A/P	182195	09/04/19	49.57	ORIENTAL TRADING CO INC
A/P	182196	09/04/19	755.37	ORTHO CLINICAL DIAGNOSTICS
A/P	182197	09/04/19	3,292.00	RADSOURCE
A/P	182198	09/04/19	1,525.00	SAM'S CLUB 6471
A/P	182199	09/04/19	573.65	SAM'S CLUB DIRECT
A/P	182200	09/04/19	600.99	SHERWIN WILLIAMS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	182201	09/04/19	16.00	SHIP SHUTTLE TAXI SERVICE
A/P	182202	09/04/19	1,661.84	SPARKLIGHT
A/P	182203	09/04/19	420.00	ST DAVIDS HEALTHCARE
A/P	182204	09/04/19	10.99	TALX CORPORATION
A/P	182205	09/04/19	6,521.00	TEXAS HOSPITAL ASSOCIATION
A/P	182206	09/04/19	2,500.00	THE INLINE GROUP
A/P	182207	09/04/19	244.57	TRI-ANIM HEALTH SERVICES INC
A/P	182208	09/04/19	3,295.42	UNIFIRST HOLDINGS INC
A/P	182209	09/04/19	219.46	UNIFORM ADVANTAGE
A/P	182210	09/04/19	340.91	UPS
A/P	182211	09/04/19	3,649.52	WAGEWORKS
A/P	182212	09/04/19	4,442.82	WERFEN USA LLC
A/P	182213	09/04/19	1,392.66	ASHFORD GARDENS
A/P	182214	09/04/19	34.94	BROADMOOR AT CREEKSIDE PARK
A/P	182215	09/04/19	34.94	FORTBEND HEALTHCARE CENTER
A/P	182216	09/04/19	442.81	GOLDENCREEK HEALTHCARE
A/P	182217	09/04/19	34.94	SOLERA WEST HOUSTON
A/P	182218	09/04/19	34.94	THE CRESCENT
A/P	182219	09/04/19	96.21	[redacted]
A/P	182220	09/04/19	739.84	
A/P	182221	09/04/19	4,792.11	
A/P	182222	09/04/19	47.88	
A/P	182223	09/04/19	119.77	
A/P	182224	09/04/19	60.00	
A/P	182225	09/04/19	167.63	
A/P	182226	09/04/19	8,654.41	
A/P	182227	09/04/19	157.49	
A/P	182228	09/04/19	161.21	
A/P	182229	09/04/19	42.11	
A/P	182230	09/04/19	344.19	
A/P	182231	09/04/19	38.50	
A/P	182232	09/04/19	133.00	
A/P	182233	09/04/19	71.31	
A/P	182234	09/04/19	98.19	
A/P	182235	09/04/19	199.80	
A/P	182236	09/04/19	10.48	
A/P	182237	09/04/19	221.20	
A/P	182238	09/04/19	150.00	
A/P	182239	09/04/19	831.81	
A/P	182240	09/04/19	92.12	
A/P	182241	09/04/19	651.76	
A/P	182242	09/04/19	35.51	
A/P	182243	09/04/19	301.43	
A/P	182244	09/04/19	94.61	
A/P	182245	09/04/19	36.65	
A/P	182246	09/04/19	101.92	
A/P	182247	09/04/19	20.35	
A/P	182248	09/04/19	17.10	
A/P	182249	09/04/19	13.97	
A/P	182250	09/04/19	36.22	
A/P	182251	09/04/19	190.32	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	182252	09/04/19	29.07	[redacted]
A/P	182253	09/04/19	302.75	
A/P	182254	09/04/19	15.50	
A/P	182255	09/04/19	145.88	
A/P	182256	09/04/19	66.09	
A/P	182257	09/04/19	10.00	
A/P	182258	09/04/19	195.26	
A/P	182259	09/04/19	39.14	
A/P	182260	09/04/19	139.48	
A/P	182261	09/04/19	56.39	
A/P	182262	09/04/19	42.00	
A/P	182263	09/04/19	195.22	
A/P	182264	09/04/19	109.33	
A/P	182265	09/04/19	45.37	
A/P	182266	09/04/19	80.00	
TOTALS:			356,053.43	

APPROVED
ON

SEP 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/30/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 08/31/2019

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

As of: 08/30/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 08/31/2019 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,934.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 09/03/2019, Pay This Amount: 2,875.76 USD

If Paid After 09/03/2019, Pay this Amount: 2,934.46 USD

Due If Paid On Time: USD 2,875.76

Disc lost if paid late: 58.70

Due If Paid Late: USD 2,934.46

Ck# 500026
GL# 60310000

1,031.64 +
54.51 +
268.35 +
1,521.26 +
2,875.76 *

APPROVED
ON
SEP 03 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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: 08/30/2019

DC: 8115

Territory: 400

Customer: 835438
Date: 08/31/2019

Page: 001

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

As of: 08/30/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 08/31/2019 **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											
08/29/2019	09/03/2019	7153700025	547491	115Invoice	21.05	1,052.69		1,031.64		7153700025	

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: 1,052.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,603.83
08/26/2019

If Paid By 09/03/2019, Pay This Amount: 1,031.64 USD

If Paid After 09/03/2019, Pay this Amount: 1,052.69 USD

Due If Paid On Time: USD 1,031.64

Disc lost if paid late: 21.05

Due If Paid Late: USD 1,052.69

APPROVED
ON

SEP 03 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: 08/30/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 08/31/2019

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

As of: 08/30/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 08/31/2019 **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											
08/28/2019	09/03/2019	7153281848	2017009429	115Invoice	0.36	18.14		17.78 ✓		7153281848	
08/28/2019	09/03/2019	7153281849	2017009429	115Invoice	0.02	1.06		1.04 ✓		7153281849	
08/30/2019	09/03/2019	7153776493	2017009462	115Invoice	0.73	36.42		35.69 ✓		7153776493	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 55.62 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,603.83
08/26/2019

If Paid By 09/03/2019, Pay This Amount: 54.51 USD

If Paid After 09/03/2019, Pay this Amount: 55.62 USD

Due If Paid On Time: USD 54.51

Disc lost if paid late: 1.11

Due If Paid Late: USD 55.62

APPROVED
ON
SEP 03 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/30/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 08/31/2019

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

As of: 08/30/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 08/31/2019 **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											
08/29/2019	09/03/2019	7153569815	547145	115Invoice	5.27	263.42		258.15 ✓		7153569815	
08/29/2019	09/03/2019	7153569816	547145	115Invoice	0.21	10.41		10.20 ✓		7153569816	

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: 273.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,603.83
08/26/2019

If Paid By 09/03/2019, Pay This Amount: 268.35 USD

If Paid After 09/03/2019, Pay this Amount: 273.83 USD

Due If Paid On Time: USD 268.35

Disc lost if paid late: 5.48

Due If Paid Late: USD 273.83

APPROVED
ON

SEP 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

As of: 08/30/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/31/2019

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

As of: 08/30/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 08/31/2019 **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											
08/26/2019	09/03/2019	7152767946	0823190531-00	115Invoice	12.99	649.41		636.42	✓	7152767946	
08/26/2019	09/03/2019	7152948785	0000082319AS	115Invoice	0.06	2.84		2.78	✓	7152948785	
08/28/2019	09/03/2019	7153474235	0000082719AS	115Invoice	0.01	0.63		0.62	✓	7153474235	
08/29/2019	09/03/2019	7153568433	2616356528	115Invoice	17.06	852.83		835.77	✓	7153568433	
08/29/2019	09/03/2019	7153568435	1125311	115Invoice	0.82	40.78		39.96	✓	7153568435	
08/29/2019	09/03/2019	7153568437	0828190548-00	115Invoice	0.02	0.96		0.94	✓	7153568437	
08/29/2019	09/03/2019	7153710108	0000082819AS	115Invoice	0.01	0.63		0.62	✓	7153710108	
08/30/2019	09/03/2019	7153781424	2616359587	115Invoice	0.03	1.26		1.23	✓	7153781424	
08/30/2019	09/03/2019	7153908368	757580902	195Invoice	0.01	0.46		0.45	✓	7153908368	
08/30/2019	09/03/2019	7153957457	000082919TM	115Invoice	0.05	2.52		2.47	✓	7153957457	

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: 1,552.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,603.83
08/26/2019

If Paid By 09/03/2019, Pay This Amount: 1,521.26 USD

If Paid After 09/03/2019, Pay this Amount: 1,552.32 USD

Due If Paid On Time:
USD 1,521.26

Disc lost if paid late: 31.06

Due If Paid Late:
USD 1,552.32

APPROVED
ON

SEP 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58298746 Date: 08-30-2019 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:	607.24
Past Due:	0.00
Total Due:	607.24
Account Balance:	607.24

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
08-26-2019	09-06-2019	3026581011	149866	Invoice	9.85
08-26-2019	09-06-2019	3026581012	149869	Invoice	5.34
08-26-2019	09-06-2019	3026634005	149918	Invoice	90.98
08-27-2019	09-06-2019	3026706961	149933	Invoice	22.24
08-28-2019	09-06-2019	3026769288	149952	Invoice	12.63
08-29-2019	09-06-2019	3026825806	149965	Invoice	419.38
08-30-2019	09-06-2019	3026887550	149986	Invoice	46.82

Thank You for Your Payment

Date	Payment Number	Amount
08-30-2019		(588.01)

Reminders

Due Date	Amount
09-06-2019	607.24
Total Due:	607.24

Terms:
Monday - Friday due in 7 days

Order PO

APPROVED
ON
SEP 03 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck# 500027
GL# 60310000

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

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###	74-6003411	
☐ "ENTER YOUR 4-DIGIT PIN"		6716	
☐ "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"	★	$ 97,474.17	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 48,947.80	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,700.80	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 36,825.57	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9622.25	N		N	N		192749.22
1	REGULAR PAY-S1	1764.50	N		N	N	N	81151.81
1	REGULAR PAY-S1	237.75	Y		N	N		6411.15
2	REGULAR PAY-S2	2709.25	N		N	N		60823.88
2	REGULAR PAY-S2	110.75	Y		N	N		4064.75
3	REGULAR PAY-S3	1564.00	N		N	N		42782.29
3	REGULAR PAY-S3	150.50	Y		N	N		6235.84
C	CALL PAY	2273.75	N	1	N	N		4547.50
E	EXTRA WAGES		N		N	N	N	409.75
E	EXTRA WAGES		N	1	N	N	N	1833.75
F	FUNERAL LEAVE	12.00	N	1	N	N		289.32
I	INSERVICE	134.50	N	1	N	N		4310.14
I	INSERVICE	3.00	Y	1	N	N		127.46
I	INSERVICE	5.25	Y	2	N	N		198.84
K	EXTENDED-ILLNESS-BANK	266.77	N	1	N	N		7816.34
M	MEAL REIMBURSEMENT		N		N	N	N	28.00
P	PAID-TIME-OFF	21.73	N		N	N	N	603.22
P	PAID-TIME-OFF	783.75	N	1	N	N		18516.26
X	CALL PAY 2	144.00	N	1	N	N		288.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	694.42	A/R2	235.58	A/R3	
ADVANC		AWARDS		BCOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1595.00	CAFE-F	
CAFE-H	18505.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	200.00	COMBIN	507.49	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	1215.00
FEDTAX	36825.57	FICA-M	5850.40	FICA-O	24473.90
FIRSTC		FLEX S	3629.52	FLX FE	
FORT D		FUTA		GIFT S	6.56
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	656.36	MASA	843.50	MEALS	176.51
MISC		MISC/		MMCSHR	
NATFML	1989.60	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS	756.50	SCRUBS	
SIGNON		ST-TX		STONDF	1190.86
STONE		STONE2		STUDEN	
SUNACC	903.68	SUNILL	1570.48	SUNLIF	1393.91
SUNSTD	1412.50	SUNVIS	1058.78	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	30310.54	TUTION		UNIFOR	382.20
UW/HOS					

Grand Totals: 19851.75 (Gross: 433331.52 Deductions: 136730.01 Net: 296601.51)

Checks Count:- FT 206 PT 8 Other 39 Female 223 Male 29 Credit OverAmt 4 ZeroNet Term Total: 252

Pay Date
09.06.19

CFO
8.30.2019

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

		ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN	08/16/19	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	08/29/19					
PAY DATE:	09/06/19					
GROSS PAY:	$ 433,331.52			$ -		$ 433,331.52
DEDUCTIONS:						
A/R	$ 930.00					$ 930.00
ADVANC						$ -
BOOTS						$ -
SUNLIFE CRITICAL ILLNESS	$ 1,570.48					$ 1,570.48
SUNLIFE ACCIDENT	$ 903.68					$ 903.68
SUNLIFE VISION	$ 1,058.78					$ 1,058.78
SUNLIFE SHORT TERM DIS	$ 1,412.50					$ 1,412.50
CAFÉ-5						$ -
CAFÉ-D	$ 1,595.00					$ 1,595.00
CAFÉ-H	$ 18,505.00					$ 18,505.00
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 346.15	+1.50 = 347.65				$ 346.15
CLINIC	$ 200.00					$ 200.00
COMBIN	$ 507.49					$ 507.49
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
SUNLIFE TERM LIFE	$ 1,393.91					$ 1,393.91
EAT	$ 1,215.00					$ 1,215.00
FED TAX	$ 36,825.57					$ 36,825.57
FICA-M	$ 5,850.40					$ 5,850.40
FICA-O	$ 24,473.90					$ 24,473.90
FIRST C						$ -
FLEX S	$ 3,629.52					$ 3,629.52
FLX-FE						$ -
GIFT S	$ 6.56					$ 6.56
GRP-IN	$ -					$ -
GTL						$ -
HOSP-I						$ -
LEGAL	$ 1,499.86					$ 1,499.86
OTHER	$ 1,315.21					$ 1,315.21
NATIONAL FARM LIFE	$ 1,989.60					$ 1,989.60
PHI						$ -
PR FIN	$ -					$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,190.86					$ 1,190.86
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 30,310.54					$ 30,310.54
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 136,730.01	$ -	$ -	$ -	$ -	$ 136,730.01
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**
NET PAY:	$ 296,601.51	$ -	$ -	$ -	$ -	$ 296,601.51
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**
TOTAL CAFÉ 125 PLAN:	$ 29,865.82	Less Exempt:				
TAXABLE PAY:	$ 403,465.70	$ 394,740.97				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,850.25		
FICA - MED (EE)	1.45%	$ 5,850.25	$ 5,850.40	$ (0.15)
FICA - SOC SEC (ER)	6.20%	$ 24,473.94		
FICA - SOC SEC (EE)	6.20%	$ 24,473.94	$ 24,473.90	$ 0.04
FED WITHHOLDING		$ 36,825.57	$ 36,825.57	
TAX DEPOSIT:		$ 97,473.95	$ 97,474.17	$ (0.22)
FICA - MEDICARE	2.90%	$ 11,700.50	$11,700.80	
FICA - SOCIAL SECURITY	12.40%	$ 48,947.88	$48,947.80	PREPARED BY:
FED WITHHOLDING		$ 36,825.57	$36,825.57	PREPARED DATE:
TOTAL TAX:		$ 97,473.95	$97,474.17	$ (0.22)

Exempt Amt:	
Employees over FICA-SS Cap:	
Jason Anglin	$ 8,724.73
Diane Moore	
Roshanda Thomas	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 8,724.73

Alison M King

8/30/2019

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --August 26, 2019 - September 1, 2019

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
8/26/2019	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000013934854	-Child Support Payment -Payroll Ending 8/23/19	*347.65	200017
8/26/2019	ACH Payment IRS USATAXPYMT 220963892881799 6103601000053	- Payroll Taxes	*101,690.34	200018
8/26/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000695120586	- 3rd Party Payor Fee	8.69	300098
8/27/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03907156 910000127	- 340B Drug Program Expense	** 7,603.83	500024
8/27/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000695892727	- 3rd Party Payor Fee	2.47	300099
8/27/2019	CM Wire Domestic WIRE OUT CBNA Incoming Settlement Account	-CitiBank Corporate Card Payment	*7,274.88	300100
8/29/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000697336307	- 3rd Party Payor Fee	4.53	300101
8/30/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000698231137	- 3rd Party Payor Fee	5.71	300102
8/30/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- ~~3rd Party Payor Fee~~ 340B Drug Program Expense	** 588.01	500025
			117,526.11	

September 3, 2019

Diane Moore, CFO
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
9/10/2019	ACH Payment STATE COMTRLR TEXNET	DY8 UC	942,542.52
			942,542.52

CFO

September 3, 2019

Diane Moore, CFO
Memorial Medical Center

* Approved 08-21-19 CC
** Approved 08-28-19 CC

Pay Plus

8.69 +
2.47 +
4.53 +
5.71 +
21.40 *

117,526.11 +
347.65 -
101,690.34 -
7,603.83 -
7,274.88 -
588.01 -
21.40 *

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: 60500 Location: 00136

Transaction Complete

Trace #: 34765133

Payment Total	$942,542.52
Settlement Date	09/10/2019
PAYMENT DETAIL	
UC Hospital Amount	$942,542.52

Return to Menu | Logoff

Help

IMPORTANT: DO NOT USE THE BACK BUTTON ON YOUR BROWSER WHILE USING TEXNET.

Revised:01/09/13 (483)

DY8 UC Allocation Form

TRACE Number: 34765133

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

The Trace Sheet and Allocation Form must be submitted together in the same email. All Trace Sheet submissions must be accompanied by an Allocation Form.

Affiliation Number	Provider Name	9 Digit TPI	Government Entity	RHP Region	IGT Total
	Memorial Medical Center		alhoun County DBA Memorial Medical Center	3	$ 942,542.52
					$ 942,542.52

RE: DY8 Final UC IGT Notification - Providers 7 of 18

HHSC RAD UC Payments <RAD_UC_Payments@hhsc.state.tx.us> Reply all

Today, 3:45 PM

HHSC RAD UC Payments <RAD_UC_Payments@hhsc.state.tx.us>; gtrollope@echd.org; Gwendolyn.Huskey@harrishealth.org; g+102 more

This message has been marked as Confidential.

Please see revised payment dates below:

Providers, Government Entities, and Anchors:

Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.

HHSC is providing notice to IGT for the DY8 Final UC Payment.

Dates pertinent to this payment:
9/09/19 Last day to submit your IGT into TexNet
9/10/19 IGT Settlement date
9/18/19 Pay Transferring Hospitals, i.e. Large public hospitals, as defined in 1 Tex. Admin. Code §355.8201(b)(14)
9/16/19 State Owned Entities submit Journal Entry
9/30/19 All UC Providers paid

Attached to this email are the following documents:

Final UC Payment After Adjusting for Recoupments	Final IGT for Adjusted UC Payment @41.81%	Notes
$2,254,347.11	$942,542.52	

MMC Net of IGT
$1,311,804.59

CCN	TPI	Master TPI	UC Program	Rider 38	Provider Name	County	1 = DSH/ Blank = Non-DSH	UC Medicaid Shortfall (No OI or Medicare Pymts Offset)
451356	137909111	137909111	Small Public	Rider 38 Hospital	Memorial Medical Center	Calhoun	1	$ 1,907,679.59

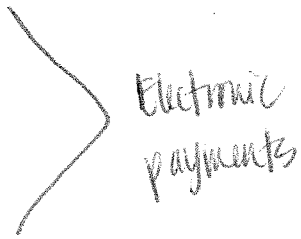
UC Uninsured Shortfall	UC Schedule 3 - HSL (No OI or Medicare Pymts Offset)	YTD 2019 DSH Payment	Remaining HSL after DSH	Test Rider 38 Pool Set-Aside Development HSL after DSH (Rider 38 Small Public)	Total Schedule 1 Costs	Schedule 1 Adjustments	Total Non-HSL UC Costs
$ 2,325,494.00	$ 4,470,049.28	$ 1,178,034.80	$ 3,292,014.48	$ 3,292,014.48	$ 557,379.00	$ 211,032.00	$768,411

Total UC Costs (HSL remaining after DSH plus PCP and Adjustments)	Total DY 8 UC Pool	Small Public UC Costs from AC	UC Amount Allocated by Total UC Costs	Rider 38 Maximum Set-Aside	Rider 38 Adjustment	Rider 38 Adjustment for Small Public only	Adjusted UC Allocation (Assumes 100% IGT Availability)	YTD DY 8 UC Payments
$4,060,425	$286,996,519	$4,060,425	$1,722,478.57	$2,618,229	$895,750	$895,750	$2,618,229	$ 363,358.05

YTD DY 8 UC IGT	Final DY 8 UC IGT Commitment	Total DY 8 UC IGT for Year by Provider	Total DY 8 UC Supported by IGT for Year by Provider	First Pass	DY 8 Total Payment	Test Small Public DY8 Total Payment	DY 8 Final Payment or Recoupment (BF - AT)	Final IGT Required for DY 8 @ 41.81%
$ 151,920.00	$1,545,743.89	$1,697,663.89	$4,060,425.48	$2,618,228.83	$2,618,228.83	$2,618,228.83	$2,254,870.78	$942,761.47

CCN	TPI	Provider Name	Adjusted UC Allocation (Assumes 100% IGT Availability)	YTD DY 8 UC Payments	YTD DY 8 UC IGT	Final DY 8 UC IGT Commitment	Final UC Payment After Adjusting for Recoupments	Final IGT for Adjusted UC Payment @41.81%	Notes
451356	137909111	Memorial Medical Center	$2,618,229	$ 363,358.05	$ 151,920.00	$1,545,743.89	$2,254,347.11	$942,542.52	

BANK	CHECK	DATE	AMOUNT	PAYEE
A/P	182112	08/28/19	180.68	MMC AUXILIARY GIFT SHOP
A/P	182113	08/28/19	13,472.38	MMC EMPLOYEE BENEFIT PLAN
A/P	182114	08/28/19	.00	VOIDED
A/P	182115	08/28/19	.00	VOIDED
A/P	182116	08/28/19	47,107.32	MORRIS & DICKSON CO, LLC
A/P	182117	08/28/19	472.43	OCCUPRO LLC
A/P	182118	08/28/19	2,227.50	PABLO GARZA
A/P	182119	08/28/19	262.70	PHILIPS HEALTHCARE
A/P	182120	08/28/19	20.65	POWER HARDWARE
A/P	182121	08/28/19	2,028.00	PRESS GANEY ASSOCIATES, INC.
A/P	182122	08/28/19	2,525.20	REVCYCLE+, INC.
A/P	182123	08/28/19	124.45	[redacted]
A/P	182124	08/28/19	8.00	SHIP SHUTTLE TAXI SERVICE
A/P	182125	08/28/19	540.65	SHIRLEY KARNEI
A/P	182126	08/28/19	400.00	SIGN AD, LTD.
A/P	182127	08/28/19	37.95	SMILE MAKERS
A/P	182128	08/28/19	1,113.44	SMITH & NEPHEW
A/P	182129	08/28/19	12,375.00	SPBS CLINICAL EQUIPMENT SRVC
A/P	182130	08/28/19	350.88	STACIE EPLEY
A/P	182131	08/28/19	770.00	STANFORD VACUUM SERVICE
A/P	182132	08/28/19	2,300.00	STERICYCLE, INC
A/P	182133	08/28/19	361.31	STRYKER SALES CORP
A/P	182134	08/28/19	2,238.09	STRYKER SUSTAINABILITY
A/P	182135	08/28/19	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	182136	08/28/19	4,337.00	TEXAS MUTUAL INSURANCE CO
A/P	182137	08/28/19	6,191.85	TEXAS TECH UNIVERSITY HEALTH
A/P	182138	08/28/19	1,880.45	THE US CONSULTING GROUP
A/P	182139	08/28/19	563.19	TLC STAFFING
A/P	182140	08/28/19	135.00	TRACI SHEFCIK
A/P	182141	08/28/19	3,490.89	UNIFIRST HOLDINGS INC
A/P	182142	08/28/19	103.96	UNIFORM ADVANTAGE
A/P	182143	08/28/19	118.17	UNITED AD LABEL CO INC
A/P	182144	08/28/19	2,200.00	US POSTAL SERVICE
A/P	182145	08/28/19	5,605.91	WERFEN USA LLC
A/P	182146	08/28/19	566.52	WEST INTERACTIVE SERVICES CORP
A/P	182147	08/28/19	22,350.00	WOUND CARE SPECIALISTS
A/P	182148	08/28/19	46,500.18	GOLDENCREEK HEALTHCARE
A/P	182149	08/28/19	38.06	GULF POINTE PLAZA
A/P *	182150	08/28/19	38.06	GULF POINTE PLAZA
A/P	200017	08/26/19	347.65	EXPERTPAY
A/P *	200018	08/26/19	101,690.34	IRS USATAXPYMT
A/P	300098	08/26/19	8.69	PAY PLUS
A/P	300099	08/27/19	2.47	PAY PLUS
A/P	300100	08/27/19	7,274.88	CM WIRE DOMESTIC
A/P	300101	08/29/19	4.53	PAY PLUS
A/P *	300102	08/30/19	5.71	PAY PLUS
A/P	500024	08/27/19	7,603.83	MCKESSON
A/P	500025	08/30/19	588.01	AMERISOURCE
TOTALS:			487,026.67	



Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/3/2019

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		142,924.32 ✓	142,778.76 ✓	176,798.73 ✓		-	176,944.29 ✓	153,962.04
						Bank Balance	176,944.29 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment	2,117.41 ✓	
Routing Information for Ashford Gardens:						MMC Portion QIPP 1	20,662.91 ✓	
Ashford Health Care Center Ltd Co						MMC Portion QIPP 2,3,Lapse	-	
JP Morgan Chase Bank						July Interest	45.56 ✓	
ABA						August Interest	56.37 ✓	
Acc						September Interest	-	
						Adjust Balance/Transfer Amt	153,962.04 ✓	
Broadmoor		296,675.31 ✓	296,525.72 ✓	123,436.77 ✓		-	123,586.36 ✓	119,363.07
						Bank Balance	123,586.36 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	4,026.53 ✓	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	49.59 ✓	
						August Interest	47.17 ✓	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	119,363.07 ✓	
Crescent		352,082.84 ✓	351,914.40 ✓	95,519.66 ✓		-	95,688.10 ✓	91,337.27
						Bank Balance	95,688.10 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment	143.04 ✓	
						MMC Portion QIPP 1	4,002.34 ✓	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	68.44 ✓	
						August Interest	37.01 ✓	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	91,337.27 ✓	
Fort Bend		45,869.85 ✓	45,753.56 ✓	62,837.38 ✓		-	62,953.67 ✓	53,758.25
						Bank Balance	62,953.67 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment	597.47 ✓	
						MMC Portion QIPP 1	8,462.85 ✓	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	16.29 ✓	
						August Interest	18.81 ✓	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	53,758.25 ✓	
Solera at W Houston	216844438	83,085.40 ✓	82,884.02 ✓	586,497.67 ✓			586,699.05 ✓	580,021.70
						Bank Balance	586,699.05 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment	511.78 ✓	
Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:						MMC Portion QIPP 1	5,883.04 ✓	
Cantex Health Care Centers III LLC						MMC Portion QIPP 2,3,Lapse	-	
JP Morgan Chase Bank						July Interest	101.38 ✓	
ABA						August Interest	81.15 ✓	
Acco						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	580,021.70 ✓	
						TOTAL TRANSFERS		998,442.33 ✓

153,962.04 +
119,363.07 +
91,337.27 +
53,758.25 +
580,021.70 +
998,442.33 =

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

Approved: CFO
Diane C. Moore, CFO 9/3/2019

APPROVED ON
SEP 03 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/26/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		1,230.00					-	1,230.00
8/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,382.07					-	7,382.07
8/26/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		8,784.50					-	8,784.50
8/26/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000102		371,555.21					-	371,555.21
8/26/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001960		800.78					-	800.78
8/27/2019 Deposit		8,271.07					-	8,271.07
8/27/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001277		12,475.35					-	12,475.35
8/27/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001275		4,686.09					-	4,686.09
8/27/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3107075500 111000		12,915.82					-	12,915.82
8/27/2019 ACH Deposit Amerigroup TX5C DMS EFT 3107075499 111000024		810.00					-	810.00
8/27/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		15,102.18					-	15,102.18
8/27/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000122		6,907.67					-	6,907.67
8/27/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005818041		13,827.96					-	13,827.96
8/27/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005805648		1,387.07					-	1,387.07
8/27/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005814178		4,804.67					-	4,804.67
8/28/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	82,884.02						-	-
8/28/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3107198784 111000		84.97					-	84.97
8/28/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51898545 111000		5,883.04	5,883.04				5,883.04	-
8/28/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000197		4,511.16					-	4,511.16
8/29/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		455.00					-	455.00
8/29/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,235.40					-	9,235.40
8/29/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,968.01					-	5,968.01
8/29/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		2,874.00					-	2,874.00
8/29/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005416736		8,043.15					-	8,043.15
8/29/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		284.38					-	284.38
8/30/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51900243 111000		1,023.55		1,023.55			511.78	511.78
8/30/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		53,589.50					-	53,589.50
8/30/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,196.04					-	2,196.04
8/30/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		8,879.47					-	8,879.47
8/30/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		6,937.50					-	6,937.50
8/30/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005850307		271.42					-	271.42
8/30/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005852845		4,966.89					-	4,966.89
8/30/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001017		272.60					-	272.60
8/31/2019 Accr Earning Pymt Added to Account		81.15					-	-
	82,884.02	586,497.67	5,883.04	1,023.55	-	-	6,394.82	580,021.71
TOTALS	919,856.46	1,045,090.21	43,037.67	6,739.38	-	-	46,407.36	998,442.34

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/26/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		2,384.74					-	2,384.74
8/27/2019 Deposit		24,040.08					-	24,040.08
8/27/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3107075498 111000		39,296.72					-	39,296.72
8/27/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		19,961.92					-	19,961.92
8/28/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	142,778.76						-	-
8/28/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3107198783 111000		870.90					-	870.90
8/28/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51898544 111000		20,662.91	20,662.91				20,662.91	-
8/28/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		28,519.02					-	28,519.02
8/29/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,610.25					-	10,610.25
8/29/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		95.08					-	95.08
8/29/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		24,813.31					-	24,813.31
8/30/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51900245 111000		4,234.82		4,234.82			2,117.41	2,117.41
8/30/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,252.61					-	1,252.61
8/31/2019 Accr Earning Pymt Added to Account		56.37					-	-
	142,778.76	176,798.73	20,662.91	4,234.82	-	-	22,780.32	153,962.04

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,055.61					-	4,055.61
8/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,016.87					-	3,016.87
8/26/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		378.00					-	378.00
8/26/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000102		9,192.36					-	9,192.36
8/27/2019 Deposit		34,818.58					-	34,818.58
8/27/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		16,787.56					-	16,787.56
8/27/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000122		11,968.61					-	11,968.61
8/28/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	296,525.72						-	-
8/28/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51898547 111000		4,026.53	4,026.53				4,026.53	-
8/28/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		170.50					-	170.50
8/28/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000197		1,028.66					-	1,028.66
8/29/2019 ACH Deposit UMR HCCLAIMPMT 746003411 124384874322676		3,024.00					-	3,024.00
8/29/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		9,072.00					-	9,072.00
8/29/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000184		8,354.60					-	8,354.60
8/30/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		4,583.33					-	4,583.33
8/30/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,070.32					-	6,070.32
8/30/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005852845		765.75					-	765.75
8/30/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		6,076.32					-	6,076.32
8/31/2019 Accr Earning Pymt Added to Account		47.17					-	-
	296,525.72	123,436.77	4,026.53	-	-	-	4,026.53	119,363.07

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/26/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		2,960.00					-	2,960.00
8/26/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,495.06					-	11,495.06
8/26/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		1,164.50					-	1,164.50
8/27/2019 Deposit		13,453.16					-	13,453.16
8/27/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001275		1,200.83					-	1,200.83
8/27/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		12,250.00					-	12,250.00
8/27/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		22,050.17					-	22,050.17
8/27/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000122		3,186.07					-	3,186.07
8/28/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	351,914.40						-	-
8/28/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51898546 111000		4,002.34	4,002.34				4,002.34	-
8/28/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,219.82					-	1,219.82
8/28/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		1,309.50					-	1,309.50
8/28/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000197		5,293.27					-	5,293.27
8/29/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,010.86					-	3,010.86
8/29/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000184		1,109.70					-	1,109.70
8/30/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51900244 111000		286.08		286.08			143.04	143.04
8/30/2019 ACH Deposit UMR MCILHENNY CO HCCLAIMPMT 746003411 124384		1,480.00					-	1,480.00
8/30/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000100		10,011.29					-	10,011.29
8/31/2019 Accr Earning Pymt Added to Account		37.01					-	-
	351,914.40	95,519.66	4,002.34	286.08	-	-	4,145.38	91,337.27

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/26/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000102		14,310.27					-	14,310.27
8/26/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		1,259.72					-	1,259.72
8/27/2019 Deposit		11,731.99					-	11,731.99
8/27/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		162.70					-	162.70
8/28/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	45,753.56						-	-
8/28/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51898543 111000		8,462.85	8,462.85				8,462.85	-
8/28/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,331.14					-	6,331.14
8/29/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,765.02					-	10,765.02
8/29/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000184		107.53					-	107.53
8/29/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		714.42					-	714.42
8/30/2019 ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51900242 111000		1,194.93		1,194.93			597.47	597.47
8/30/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,778.00					-	7,778.00
8/31/2019 Accr Earning Pymt Added to Account		18.81					-	-
	45,753.56	62,837.38	8,462.85	1,194.93	-	-	9,060.32	53,758.26

Home

ALL ACCOUNTS FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$187,446.76	$176,944.29
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$126,484.86	$123,586.36
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$96,279.86	$95,688.10
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$595,982.51	$586,699.05
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$68,126.84	$62,953.67
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PAY [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
9/3/2019

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		45,465.15	26,477.80	165,077.77	-	-	184,065.12	165,047.97
						Bank Balance	184,065.12	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						QIPP Yr 1 Adjustment		
						July Interest	**19.83**	
Routing Information for Golden Creek:						**August Interest**	**29.80**	
Nexion Health at Golden Creek						**September Interest**	-	
Wells Fargo Bank, N.A.						**Outstanding ck to MMC for QIPP**	**18,867.52**	
ABA							-	
Acco...						**Adjust Balance/Transfer Amt**	**165,047.97**	

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: LFO
Diane C. Moore, CFO 9/3/2019

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/26/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000102		85,449.54 ✓					-	85,449.54
8/27/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000122		25,596.20 ✓					-	25,596.20
8/28/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	26,477.80 ✓						-	-
8/28/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		4,712.00 ✓					-	4,712.00
8/28/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000197		1,685.76 ✓					-	1,685.76
8/29/2019 Deposit		46,500.18 ✓					-	46,500.18
8/29/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000184		1,104.29 ✓					-	1,104.29
8/31/2019 Accr Earning Pymt Added to Account		29.80					-	-
	26,477.80	**165,077.77**	-	-	-	-	-	**165,047.97**

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 *4454 ★	$185,565.12	$184,065.12
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
9/3/2019

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		62.11	-	38.09		-	-	100.20	No Transfer
							Bank Balance	100.20	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	0.04	
							August Interest	0.03	
							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		556.72	-	26,771.28		-	-	27,328.00	27,223.06
							Bank Balance	27,328.00	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	1.60	
							August Interest	3.34	
							September Interest	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	27,223.06	

Routing Information for Gulf Pointe Plaza:	
TOTAL TRANSFERS	27,223.06

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.

CFO

Approved:
Diane C. Moore, CFO 9/3/2019

APPROVED
ON
SEP 03 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
8/29/2019 Deposit		38.06					-	-
8/31/2019 Accr Earning Pymt Added to Account		0.03					-	-
	-	**38.09**	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/26/2019 ACH Deposit CENTENE CORP HCCLAIMPMT 61000104357554		19,979.97					-	19,979.97
8/28/2019 ACH Deposit CENTENE CORP HCCLAIMPMT 61000107910741		6,749.91					-	6,749.91
8/29/2019 Deposit		38.06					-	-
8/31/2019 Accr Earning Pymt Added to Account		3.34					-	-
	-	**26,771.28**	-	-	-	-	-	**26,729.88**

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 ★	$100.20	$100.20
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ★	$27,328.00	$27,328.00

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 9/3/19

APPROVED ON SEP 03 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $350,767.62

G/L NUMBER: 10000004

EXPLANATION: To transfer funds from Private Waiver account to MMC Operating account.

REQUESTED BY: Sarah Henderson

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 9/3/19

APPROVED ON
SEP 03 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000067

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

AMOUNT: $22,780.32

G/L NUMBER: 21000012

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHA	000067	09/04/19	22,780.32	MMC OPERATING
TOTALS:			22,780.32	

APPROVED
ON

SEP 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 9/3/19

APPROVED ON SEP 0 3 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $4,026.53

G/L NUMBER: 21000009

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHB	000033	09/04/19	4,026.53	MMC OPERATING
TOTALS:			4,026.53	

Brandi Medy

APPROVED
ON

SEP 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 9/3/19

APPROVED ON SEP 03 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $4,145.38

G/L NUMBER: 21000010

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK	DATE	AMOUNT	PAYEE
NHC	000062	09/04/19	4,145.38	MMC OPERATING
TOTALS:			4,145.38	

Current

APPROVED
ON

SEP 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 9/3/19

APPROVED ON SEP 03 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000060

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

AMOUNT: $9,060.32

G/L NUMBER: 21000008

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000060	09/04/19	9,060.32	MMC OPERATING
TOTALS:			9,060.32	

Part Hand

APPROVED
ON

SEP 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 9/3/19

APPROVED ON SEP 03 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $6,394.82

G/L NUMBER: 21000011

EXPLANATION: Solera- To transfer funds for Comp 1 &Yr 1 Adjustment - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: LFO

BANK--CHECK----------				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000060	09/04/19	6,394.82	MMC OPERATING
TOTALS:			6,394.82	

APPROVED
ON

SEP 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **8/28/19**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3, LAPSE	Yr 1 Adjustment Pmt		TOTAL		Date
ashford	10000018 - Prosperity	67	MMC -Prosperity Operating #10000001	21000012	20,662.91		2,117.41		22,780.32		9/4/19
Broadmoor	10000019 - Prosperity	33	MMC -Prosperity Operating #10000001	21000009	4,026.53				4,026.53		9/4/20
Crescent	10000020 - Prosperity	62	MMC -Prosperity Operating #10000001	21000010	4,002.34		143.04		4,145.38		9/4/21
Fort Bend	10000021 - Prosperity	60	MMC -Prosperity Operating #10000001	21000008	8,462.85		597.47		9,060.32		9/4/22
Golden Creek	10000023 - Prosperity	41	MMC -Prosperity Operating #10000001	21000013					-		
Solera	10000022 - Prosperity	60	MMC -Prosperity Operating #10000001	21000011	5,883.04		511.78		6,394.82		9/4/24
				Total:	43,037.67	-	3,369.70	-	46,407.37		

Note:

Approved: CFO

Diane Moore, CFO 8/26/2019

0 • 0

22 • 780 • 32 *
4 • 026 • 53 *
4 • 145 • 38 *
9 • 060 • 32 *
6 • 394 • 82 *
46 • 407 • 37 -

APPROVED
ON

SEP 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87DV No 60

88-2265
1131

9-4-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 6,394.87

Six Thousand Three Hundred Ninety-four 87/100 DOLLARS

PROSPERITY BANK

QIPP 1 & Yr 1 Adj pmt

County Auditor

County Treasurer

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

87DV No. 67

88-2265
1131

9-4-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 22,780.32

Twenty-two Thousand Seven Hundred Eighty 32/100 DOLLARS

PROSPERITY BANK

QIPP 1 & Yr 1 Adj. Pmt

County Auditor

County Treasurer

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

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

MP

000033

88-2265/1131

Date 9-4-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 4,026.53

four Thousand twenty-six 53/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP comp 1

County Auditor

MP

County Treasurer

Security features are included. Details on back.

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

000062

88-2265/1131

Date 9-4-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 4,145.38

four thousand one hundreed forty-five & 38/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

FOR QIPP 1 & Yr 1 Adj Pmt

Security features are included. Details on back.

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

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

000060

88-2265/1131

Date 9-4-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 9,060.32

Nine Thousand Sixty & 32/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

FOR QIPP 1 & Yr 1 Adj. Pmt

Security features are included. Details on back.