MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- September 18, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	945,131.69
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	146,408.32
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED September 18, 2019	$	1,091,540.01

APPROVED

SEP 18 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 18, 2019

PAYABLES AND PAYROLL			
9/12/2019	Weekly Payables	245,229.90	
9/12/2019	Ashford-Nursing home insurance payment sent to MMC in error	2,220.00	
9/12/2019	Broadmoor-Nursing home insurance payment sent to MMC in error	5,285.50	
9/12/2019	Gulf Pointe Plaza-Nursing home insurance payment sent to MMC in error	6,780.84	
9/12/2019	Goldencreek-Nursing home insurance payment sent to MMC in error	47,290.73	
9/16/2019	Sun Life Assurance Company-Vision Insurance	2,333.72	
9/16/2019	Gardner & White, Inc.-Life Insurance	4,766.02	
9/16/2019	Blue Cross Blue Shield-Medical and Dental Insurance	205,007.27	
9/16/2019	McKesson-340B Prescription Expense	6,183.50	
9/16/2019	Amerisource Bergen-340B Prescription Expense	2,401.73	
9/16/2019	Payroll Liabilities -Payroll Taxes	101,916.71	
9/16/2019	Payroll	308,639.90	
9/16/2019	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
9/10/2019	Credit Card & Lease Fees	4,840.49	
9/19/2019	Sales Tax for August 2019	1,786.80	
9/9-9/13/19	Pay Plus-Patient Claims Processing Fee	100.93	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 945,131.69**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
9/16/2019	Nursing Home UPI-Cantex Transfer	128,543.78	
9/16/2019	Nursing Home UPI-Nexion Transfer	17,389.03	
	CREDIT CARD & LEASE FEES		
9/10/2019	Golden Creek	475.51	
TOTAL NURSING HOME UPL EXPENSES			**$ 146,408.32**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED September 18, 2019			**$ 1,091,540.01**

09/12/2019 11:35

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/25/2019

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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
137339	SUPPLIES (IT)	08/31/20	08/30/20	09/24/20		99.56	0.00	0.00	99.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	99.56	0.00	0.00	99.56

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
9092386565	GAS	08/31/20	08/26/20	09/20/20		167.07	0.00	0.00	167.07
9963149808	CYLNIDER	09/11/20	06/30/20	07/25/20		640.18	0.00	0.00	640.18
9961348983	OXYGEN	09/11/20	06/30/20	07/25/20		113.66	0.00	0.00	113.66

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	920.91	0.00	0.00	920.91

Vendor#	Vendor Name	Class	Pay Code
A2222	ARGON MEDICAL DEVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
191091289	SUPPLIES	08/27/20	08/21/20	09/20/20		313.37	0.00	0.00	313.37

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2222	ARGON MEDICAL DEVICES	313.37	0.00	0.00	313.37

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
64099147	SUPPLIES	08/27/20	08/22/20	09/19/20		501.86	0.00	0.00	501.86
64095596	SUPPLIES	08/27/20	08/22/20	09/19/20		128.40	0.00	0.00	128.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	630.26	0.00	0.00	630.26

Vendor#	Vendor Name	Class	Pay Code
11544	BAY STORAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
091019	6 MONTHS STORAGE	09/11/20	09/10/20	09/10/20		570.00	0.00	0.00	570.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11544	BAY STORAGE	570.00	0.00	0.00	570.00

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6007774293	SUPPLIES	08/31/20	08/21/20	09/19/20		1,405.80	0.00	0.00	1,405.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,405.80	0.00	0.00	1,405.80

Vendor#	Vendor Name				Class	Pay Code				
B1281	BAYMEDICAL PRODUCTS ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	I2204539 ✓		08/30/20	08/26/20	09/20/20		423.49	0.00	0.00	423.49 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1281	BAYMEDICAL PRODUCTS				423.49	0.00	0.00	423.49
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
	5411754 ✓		08/31/20	08/30/20	09/24/20		3,507.27	0.00	0.00	3,507.27 ✓
		SUPPLIES								
	107950081 ✓		08/31/20	08/30/20	09/24/20		43.47	0.00	0.00	43.47 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				3,550.74	0.00	0.00	3,550.74
Vendor#	Vendor Name				Class	Pay Code				
B1680	BOUND TREE MEDICAL, LLC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	83327173 ✓		08/31/20	08/28/20	09/19/20		198.72	0.00	0.00	198.72 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1680	BOUND TREE MEDICAL, LLC				198.72	0.00	0.00	198.72
Vendor#	Vendor Name				Class	Pay Code				
12740	BUILDING KID STEPS— removed									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	082919		09/11/20	08/29/20	08/29/20		33.76	0.00	0.00	33.76
		TRAVEL (Need invoice from vendor and additional documentation)								
	OUTPATIENT0819A		09/11/20	09/09/20	09/09/20		567.00	0.00	0.00	567.00 ✓
		SPEECH THERAPY								
	OUTPATIENT0819		09/11/20	09/09/20	09/09/20		1,334.00	0.00	0.00	1,334.00 ✓
		SPEECH THERAPY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12740	BUILDING KID STEPS			1901.00	1,934.76	0.00	0.00	1,934.76 1901.00
Vendor#	Vendor Name				Class	Pay Code				
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	090519		09/06/20	09/05/20	09/19/20		130.00	0.00	0.00	130.00 ✓
		TRASFER CO PAY TO INDIGEI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11295	CALHOUN COUNTY INDIGENT ACCOUN				130.00	0.00	0.00	130.00
Vendor#	Vendor Name				Class	Pay Code				
10988	CALHOUN SPORTS MEDICINE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	09062019		09/10/20	09/06/20	09/06/20		250.00	0.00	0.00	250.00 ✓
		SPONSOR PINK OUT SHIRTS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10988	CALHOUN SPORTS MEDICINE				250.00	0.00	0.00	250.00
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
	8002014658 ✓		09/11/20	08/11/20	09/21/20		504.47	0.00	0.00	504.47 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	504.47	0.00	0.00	504.47

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
TMP9984		08/26/20	08/15/20	09/19/20			404.14	0.00	0.00	404.14
	OFFICE SOFTWARE (1) MS MDL OFFICE									
TNQ8112A		08/31/20	08/20/20	09/19/20			449.74	0.00	0.00	449.74
	3YR EXTENDED COVERAGE									
TQL6728		08/31/20	08/26/20	09/25/20			1,305.60	0.00	0.00	1,305.60
	BATTERY BACKUP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	2,159.48	0.00	0.00	2,159.48

Vendor#	Vendor Name	Class	Pay Code
E1270	CENTERPOINT ENERGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
083019		09/10/20	08/30/20	09/16/20			46.02	0.00	0.00	46.02
	GAS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	46.02	0.00	0.00	46.02

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
029		09/11/20	09/05/20	09/05/20			480.00	0.00	0.00	480.00
	SWING BED (8/7/19 - 8/30/19)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	480.00	0.00	0.00	480.00

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
963768		08/31/20	08/28/20	09/19/20			1,590.35	0.00	0.00	1,590.35
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	1,590.35	0.00	0.00	1,590.35

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM MEDICAL SPECIALTIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~324.81~~ 265514		08/27/20	06/19/20	09/19/20			324.81	0.00	0.00	324.81
	SUPPLIES									
256185		08/27/20	07/09/20	09/19/20			437.25	0.00	0.00	437.25
	SUPPLIES									
256553		08/27/20	07/16/20	09/19/20			166.03	0.00	0.00	166.03
	SUPPLIES									
258360		08/27/20	08/29/20	09/19/20			108.90	0.00	0.00	108.90
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	1,036.99	0.00	0.00	1,036.99

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

5812700		08/27/20	08/26/20	09/20/20	329.44	0.00	0.00	329.44
SUPPLIES								
5819180		08/27/20	08/29/20	09/23/20	45.93	0.00	0.00	45.93
SUPPLIES								
5818450		08/31/20	08/28/20	09/22/20	112.46	0.00	0.00	112.46
SUPPLIES								
5816500		08/31/20	08/28/20	09/22/20	24.40	0.00	0.00	24.40
SUPPLIES								
5818060		08/31/20	08/28/20	09/22/20	396.85	0.00	0.00	396.85
SUPPLIES								
5818840		08/31/20	08/29/20	09/23/20	74.32	0.00	0.00	74.32
SUPPLIES								
5820210		08/31/20	08/30/20	09/24/20	20.52	0.00	0.00	20.52
SUPPLIES								
5820470		08/31/20	08/30/20	09/24/20	178.73	0.00	0.00	178.73
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			1,182.65	0.00	0.00	1,182.65

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN20053096		08/31/20	08/30/20	09/24/20			31,144.58	0.00	0.00	31,144.58
	BEHAVIORAL HEALTH									
IN20053097		08/31/20	08/30/20	09/24/20			19,166.67	0.00	0.00	19,166.67
	CPR AUGUST 2019									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP					50,311.25	0.00	0.00	50,311.25

Vendor#	Vendor Name	Class	Pay Code
11960	DILON TECHNOLOGIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00032251		08/27/20	08/21/20	09/19/20			70.96	0.00	0.00	70.96
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11960	DILON TECHNOLOGIES					70.96	0.00	0.00	70.96

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
13519		08/31/20	08/31/20	09/25/20			260.00	0.00	0.00	260.00
	REFILL MOSQUITO MMC									
13518		08/31/20	08/31/20	09/25/20			505.00	0.00	0.00	505.00
	PEST CONTROL AUGUST MMC									
13517		08/31/20	08/31/20	09/25/20			160.00	0.00	0.00	160.00
	REFIL MOSQUITO CLINICS									
13516		08/31/20	08/31/20	09/25/20			105.00	0.00	0.00	105.00
	PEST CONTROL MMC Clinic									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL					1,030.00	0.00	0.00	1,030.00

Vendor#	Vendor Name	Class	Pay Code
E0500	EAGLE FIRE & SAFETY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75809		09/10/20	09/09/20	09/09/20			280.00	0.00	0.00	280.00
	VENTHOOD CLEANING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	280.00	0.00	0.00	280.00

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
09A19MMC	WEBSITE	09/10/20	09/01/20	09/16/20			495.00	0.00	0.00	495.00
09B19MMC	2019 SECURITY ENCRYPTION	09/10/20	09/01/20	09/16/20			995.00	0.00	0.00	995.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	1,490.00	0.00	0.00	1,490.00

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
672211798	SHIPPING	09/11/20	08/29/20	09/23/20			47.09	0.00	0.00	47.09

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	47.09	0.00	0.00	47.09

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
3620616	SUPPLIES	08/27/20	08/20/20	09/19/20			1,874.61	0.00	0.00	1,874.61
3800646	SUPPLIES	08/31/20	08/22/20	09/19/20			486.84	0.00	0.00	486.84
3800645	SUPPLIES	08/31/20	08/22/20	09/19/20			222.84	0.00	0.00	222.84
4285469	SUPPLIES	08/31/20	08/28/20	09/22/20			322.72	0.00	0.00	322.72

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	2,907.01	0.00	0.00	2,907.01

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
6911022431	SUPPLIES	08/31/20	08/28/20	09/19/20			204.93	0.00	0.00	204.93

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC	204.93	0.00	0.00	204.93

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
18377401	SUPPLIES	08/27/20	08/21/20	09/19/20			350.00	0.00	0.00	350.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC	350.00	0.00	0.00	350.00

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
1719444	SUPPLIES	08/23/20	08/20/20	09/19/20			37.31	0.00	0.00	37.31

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

G1210	GULF COAST PAPER COMPANY				37.31	0.00	0.00	37.31

Vendor# Vendor Name — Class — Pay Code

11095 GULF COAST SCIENTIFIC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
73718	SUPPLIES	08/31/20	08/28/20	09/19/20		294.64	0.00	0.00	294.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11095	GULF COAST SCIENTIFIC	294.64	0.00	0.00	294.64

Vendor# Vendor Name — Class — Pay Code

H0031 HEB CREDIT RECEIVABLES DEPT308

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
007834	SUPPLIES	08/31/20	07/29/20	09/25/20		29.08	0.00	0.00	29.08
014896	SUPPLIES	08/31/20	08/01/20	09/25/20		26.85	0.00	0.00	26.85
038664	SUPPLIES	08/31/20	08/04/20	09/25/20		63.95	0.00	0.00	63.95
036517	SUPPLIES	08/31/20	08/04/20	09/25/20		5.34	0.00	0.00	5.34
026985	SUPPLIES	08/31/20	08/05/20	09/25/20		37.98	0.00	0.00	37.98
026983	SUPPLIES	08/31/20	08/05/20	09/25/20		43.09	0.00	0.00	43.09
057988	SUPPLIES	08/31/20	08/07/20	09/25/20		26.40	0.00	0.00	26.40
052496	SUPPLIES	08/31/20	08/07/20	09/25/20		47.28	0.00	0.00	47.28
040381	SUPPLIES	08/31/20	08/10/20	09/25/20		36.92	0.00	0.00	36.92
089791	SUPPLIES	08/31/20	08/12/20	09/25/20		24.14	0.00	0.00	24.14
045545	SUPPLIES	08/31/20	08/12/20	09/25/20		21.26	0.00	0.00	21.26
045949	SUPPLIES	08/31/20	08/12/20	09/25/20		26.40	0.00	0.00	26.40
051127	SUPPLIES	08/31/20	08/14/20	09/25/20		29.53	0.00	0.00	29.53
096812	SUPPLIES	08/31/20	08/14/20	09/25/20		36.82	0.00	0.00	36.82
008947	SUPPLIES	08/31/20	08/15/20	09/25/20		35.22	0.00	0.00	35.22
059843	SUPPLIES	08/31/20	08/17/20	09/25/20		45.84	0.00	0.00	45.84
023933	SUPPLIES	08/31/20	08/18/20	09/25/20		18.53	0.00	0.00	18.53
065465	SUPPLIES	08/31/20	08/19/20	09/25/20		10.60	0.00	0.00	10.60
067512	SUPPLIES	08/31/20	08/20/20	09/25/20		43.84	0.00	0.00	43.84
070244	SUPPLIES	08/31/20	08/21/20	09/25/20		8.96	0.00	0.00	8.96
071212		08/31/20	08/21/20	09/25/20		36.36	0.00	0.00	36.36

	SUPPLIES							
040465		08/31/20	08/21/20	09/25/20	16.02	0.00	0.00	16.02
	SUPPLIES							
073640		08/31/20	08/22/20	09/25/20	38.94	0.00	0.00	38.94
	SUPPLIES							
076644		08/31/20	08/23/20	09/25/20	61.95	0.00	0.00	61.95
	SUPPLIES							
080774		08/31/20	08/25/20	09/25/20	25.95	0.00	0.00	25.95
	SUPPLIES							
083753		08/31/20	08/26/20	09/25/20	14.08	0.00	0.00	14.08
	SUPPLIES							
075108		08/31/20	08/26/20	09/25/20	43.02	0.00	0.00	43.02
	SUPPLIES							
076518		08/31/20	08/27/20	09/25/20	12.52	0.00	0.00	12.52
	SUPPLIES							
067954A		09/09/20	08/25/20	09/25/20	24.28	0.00	0.00	24.28
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308			891.15	0.00	0.00	891.15

Vendor#	Vendor Name			Class	Pay Code			
10298	HITACHI MEDICAL SYSTEMS							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
PJIN0140087		08/21/20	08/15/20	09/25/20		8,333.33	0.00	0.00	8,333.33
	SMA FEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS				8,333.33	0.00	0.00	8,333.33

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
9091353		08/27/20	08/23/20	09/19/20		708.75	0.00	0.00	708.75
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC				708.75	0.00	0.00	708.75

Vendor#	Vendor Name			Class	Pay Code			
10922	HUNTER PHARMACY SERVICES							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3559		09/10/20	08/31/20	09/20/20		14,482.14	0.00	0.00	14,482.14
	PHARM SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES				14,482.14	0.00	0.00	14,482.14

Vendor#	Vendor Name			Class	Pay Code			
11108	ITERSOURCE CORPORATION							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5236		09/06/20	09/01/20	09/19/20		250.00	0.00	0.00	250.00
	MONTHLY PHONE SUPPORT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION				250.00	0.00	0.00	250.00

Vendor#	Vendor Name			Class	Pay Code			
J0150	J & J HEALTH CARE SYSTEMS, INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921308836		08/27/20	08/20/20	09/19/20		1,284.10	0.00	0.00	1,284.10

SUPPLIES

921167497	09/10/20	07/16/20	08/15/20	2,500.00	0.00	0.00	2,500.00

STERILIZER READER AND SU

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	3,784.10	0.00	0.00	3,784.10

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2033993		09/10/20	09/05/20	09/05/20		913.23	0.00	0.00	913.23

PRO FEES UONG – travel expenses

2034072	09/10/20	09/05/20	09/05/20	191.30	0.00	0.00	191.30

PRO FEES/ UONG – travel expenses

424666	09/10/20	09/05/20	09/05/20	21,750.00	0.00	0.00	21,750.00

PRO FEES - UONG – Pain Mgmt – 8/21 – 8/23/19 & 8/20/19 – 8/30/19 (48 hours total worked – guaranteed 8 hours a day @ $375.00 per hour)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	22,854.53	0.00	0.00	22,854.53

Vendor# J1300 Vendor Name: JECKER FLOOR & GLASS Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
78903		09/11/20	08/30/20	09/09/20		100.00	0.00	0.00	100.00

DESK GLASS HOSPITALIST

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1300	JECKER FLOOR & GLASS	100.00	0.00	0.00	100.00

Vendor# 11122 Vendor Name: K & M SPORTS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
106169		09/12/20	09/11/20	09/11/20		275.00	0.00	0.00	275.00

SPONSOR FALL POSTERS For Calhoun Athletic Department

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11122	K & M SPORTS	275.00	0.00	0.00	275.00

Vendor# K1070 Vendor Name: KEY SURGICAL INC Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1289905		08/31/20	08/28/20	09/19/20		43.00	0.00	0.00	43.00

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1070	KEY SURGICAL INC	43.00	0.00	0.00	43.00

Vendor# [redacted] Class: Pay Code:
12784

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
083019		09/06/20	08/30/20	09/19/20		55.00	0.00	0.00	55.00

OVER COLLECTED DEDUCTIE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12784	[redacted]	55.00	0.00	0.00	55.00

Vendor# 10972 Vendor Name: M G TRUST Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
083019		09/06/20	08/30/20	09/19/20		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:

10613 MEDIMPACT HEALTHCARE SYS, INC. A/P

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
09092019		09/10/20	09/09/20	09/09/20		136.05	0.00	0.00	136.05
	INDIGENT CARE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	136.05	0.00	0.00	136.05

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
1884897549	SUPPLIES	08/27/20	08/16/20	09/19/20		44.72	0.00	0.00	44.72
1885146114	SUPPLIES	08/27/20	08/20/20	09/19/20		57.93	0.00	0.00	57.93
1885146115	SUPPLIES	08/27/20	08/20/20	09/19/20		82.91	0.00	0.00	82.91
1885146116	SUPPLIES	08/31/20	08/20/20	09/19/20		325.98	0.00	0.00	325.98
1885380381	SUPPLIES	08/31/20	08/22/20	09/19/20		10.45	0.00	0.00	10.45
1885380373	SUPPLIES	08/31/20	08/22/20	09/19/20		1,452.83	0.00	0.00	1,452.83
1885380377	SUPPLIES	08/31/20	08/22/20	09/19/20		54.99	0.00	0.00	54.99
1885380379	SUPPLIES	08/31/20	08/22/20	09/19/20		163.86	0.00	0.00	163.86
1885380383	SUPPLIES Freight 14.05 Items purchased totaled 8.54	08/31/20	08/22/20	09/20/20		22.59	0.00	0.00	22.59
1885486892	SUPPLIES	08/31/20	08/23/20	09/20/20		66.12	0.00	0.00	66.12
1885757733	SUPPLIES	08/31/20	08/27/20	09/21/20		28.32	0.00	0.00	28.32
1885757726	SUPPLIES	08/31/20	08/27/20	09/21/20		224.94	0.00	0.00	224.94
1885757748	SUPPLIES	08/31/20	08/27/20	09/21/20		99.57	0.00	0.00	99.57
1885757734	SUPPLIES	08/31/20	08/27/20	09/21/20		10.31	0.00	0.00	10.31
1885757744	SUPPLIES	08/31/20	08/27/20	09/21/20		3,592.71	0.00	0.00	3,592.71
1885757752	SUPPLIES	08/31/20	08/27/20	09/21/20		940.68	0.00	0.00	940.68
1885757736	SUPPLIES	08/31/20	08/27/20	09/21/20		153.38	0.00	0.00	153.38
1885757730	SUPPLIES	08/31/20	08/27/20	09/21/20		170.57	0.00	0.00	170.57
1885757735	SUPPLIES	08/31/20	08/27/20	09/21/20		15.38	0.00	0.00	15.38
1885757728	SUPPLIES	08/31/20	08/27/20	09/21/20		226.44	0.00	0.00	226.44
1885757737	SUPPLIES	08/31/20	08/27/20	09/21/20		153.38	0.00	0.00	153.38

1885757724		08/31/20	08/27/20	09/21/20	357.02	0.00	0.00	357.02
SUPPLIES								
1885757731		08/31/20	08/27/20	09/21/20	39.48	0.00	0.00	39.48
SUPPLIES								
1885786044		08/31/20	08/27/20	09/21/20	2,520.49	0.00	0.00	2,520.49
SUPPLIES								
1885877141		08/31/20	08/28/20	09/22/20	33.46	0.00	0.00	33.46
SUPPLIES								
1885877142		08/31/20	08/28/20	09/22/20	21.63	0.00	0.00	21.63
SUPPLIES Freight 15.32 on 6.31 item								
1885877143		08/31/20	08/28/20	09/22/20	134.38	0.00	0.00	134.38
SUPPLIES								
1885877139		08/31/20	08/28/20	09/22/20	257.28	0.00	0.00	257.28
SUPPLIES								
1885877140		08/31/20	08/28/20	09/22/20	33.69	0.00	0.00	33.69
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			11,295.49	0.00	0.00	11,295.49

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
083019		09/06/20	08/30/20	09/19/20			200.00	0.00	0.00	200.00
PAYROLL DEDuction for employee and family member co-pays @ MMC clinic										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					200.00	0.00	0.00	200.00

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
2210195		08/27/20	08/21/20	09/20/20			76.17	0.00	0.00	76.17
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10182	MERCEDES SCIENTIFIC					76.17	0.00	0.00	76.17

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800501134		08/27/20	08/14/20	09/19/20			651.66	0.00	0.00	651.66
SUPPLIES										
8800504857		08/27/20	08/22/20	09/21/20			716.36	0.00	0.00	716.36
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA					1,368.02	0.00	0.00	1,368.02

Vendor#	Vendor Name	Class	Pay Code
M2662	MMC VOLUNTEERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
395164		09/11/20	09/09/20	09/09/20			110.76	0.00	0.00	110.76
CC MACHINE FEES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS					110.76	0.00	0.00	110.76

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
CM60572		08/30/20	04/30/20	09/19/20			-22.58	0.00	0.00	-22.58

2372	CREDIT	08/30/20	08/22/20	09/19/20	-9.99	0.00	0.00	-9.99
CM92738	CREDIT	08/30/20	08/27/20	09/19/20	-41.98	0.00	0.00	-41.98
4620402	CREDIT	08/30/20	08/28/20	09/19/20	440.52	0.00	0.00	440.52
4620404	INVENTORY	08/30/20	08/28/20	09/19/20	171.05	0.00	0.00	171.05
4622843	INVENTORY	08/30/20	08/28/20	09/19/20	28.95	0.00	0.00	28.95
4622844	INVENTORY	08/30/20	08/28/20	09/19/20	816.11	0.00	0.00	816.11
3551	INVENTORY	08/30/20	08/28/20	09/19/20	-7.68	0.00	0.00	-7.68
4982	CREDIT	09/09/20	09/04/20	09/19/20	-271.51	0.00	0.00	-271.51
4645222	CREDIT	09/11/20	09/04/20	09/14/20	515.26	0.00	0.00	515.26
4645223	INVENTORY	09/11/20	09/04/20	09/14/20	280.07	0.00	0.00	280.07
46452221	INVENTORY	09/11/20	09/04/20	09/14/20	56.61	0.00	0.00	56.61
4649931	INVENTORY	09/11/20	09/04/20	09/14/20	85.31	0.00	0.00	85.31
4649932	INVENTORY	09/11/20	09/05/20	09/15/20	21.45	0.00	0.00	21.45
4649931	INVENTORY	09/11/20	09/05/20	09/15/20	55.45	0.00	0.00	55.45
4649933	INVENTORY	09/11/20	09/05/20	09/15/20	70.85	0.00	0.00	70.85
4648856	INVENTORY	09/11/20	09/05/20	09/15/20	1,390.18	0.00	0.00	1,390.18
4648658	INVENTORY	09/11/20	09/05/20	09/15/20	60.65	0.00	0.00	60.65
4649935	INVENTORY	09/11/20	09/05/20	09/15/20	58.80	0.00	0.00	58.80
4649930	INVENTORY	09/11/20	09/05/20	09/15/20	27.99	0.00	0.00	27.99
4649934	INVENTORY	09/11/20	09/05/20	09/15/20	569.38	0.00	0.00	569.38
4648659	INVENTORY	09/11/20	09/05/20	09/15/20	330.48	0.00	0.00	330.48
4652513	INVENTORY	09/11/20	09/06/20	09/16/20	0.39	0.00	0.00	0.39
4654509	INVENTORY	09/11/20	09/06/20	09/16/20	922.51	0.00	0.00	922.51
4652512	INVENTORY	09/11/20	09/06/20	09/16/20	337.75	0.00	0.00	337.75
4652511	INVENTORY	09/11/20	09/06/20	09/16/20	27.50	0.00	0.00	27.50

4644961

~~4654511~~		09/11/20	09/06/20	09/16/20	85.31	0.00	0.00	85.31
	INVENTORY							
4620403		09/12/20	08/28/20	09/07/20	239.33	0.00	0.00	239.33
	INVENTORY							
4648798		09/12/20	09/05/20	09/15/20	126.35	0.00	0.00	126.35
	INVENTORY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	6,364.51	0.00	0.00	6,364.51

Vendor# 10215 Vendor Name: NATIONAL FIRE PROTECTION ASSOC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
091019		09/11/20	09/10/20	09/10/20			175.00	0.00	0.00	175.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10215	NATIONAL FIRE PROTECTION ASSOC	175.00	0.00	0.00	175.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
98039786		08/31/20	08/28/20	09/22/20			226.95	0.00	0.00	226.95
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	226.95	0.00	0.00	226.95

Vendor# O1416 Vendor Name: ORTHO CLINICAL DIAGNOSTICS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1851093636		08/27/20	08/20/20	09/19/20			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# P0706 Vendor Name: PALACIOS BEACON — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33056593		09/10/20	08/26/20	09/25/20			187.50	0.00	0.00	187.50
	AD									

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

Vendor# 12544 Vendor Name: PATRICK OCHOA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMCR092019		09/11/20	09/09/20	09/09/20			125.00	0.00	0.00	125.00
	LAWN CARE – Rehab									
MMC1092019A		09/11/20	09/09/20	09/09/20			275.00	0.00	0.00	275.00
	~~REHAB~~ LAWN – Clinic									
MMC1092019		09/11/20	09/09/20	09/09/20			434.00	0.00	0.00	434.00
	LAWN CARE – MMC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12544	PATRICK OCHOA	834.00	0.00	0.00	834.00

Vendor# R1250 Vendor Name: RANDY'S FLOOR COMPANY — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMCPTL2019B		09/11/20	08/13/20	09/13/20			2,660.40	0.00	0.00	2,660.40
	2 ROOMS FLOOR NEW CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1250	RANDY'S FLOOR COMPANY	2,660.40	0.00	0.00	2,660.40

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6563	SUPPLIES	09/10/20	09/09/20	09/09/20			350.00	0.00	0.00	350.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	350.00	0.00	0.00	350.00

Vendor#	Vendor Name	Class	Pay Code
I0520	RICOH USA, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
102528281	COPIER LEASE	09/12/20	08/23/20	09/19/20			5,909.84	0.00	0.00	5,909.84

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.	5,909.84	0.00	0.00	5,909.84

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
701027798	SUPPLIES	08/31/20	08/28/20	09/10/20			89.00	0.00	0.00	89.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	89.00	0.00	0.00	89.00

Vendor#	Vendor Name	Class	Pay Code
12436	SHANNA O'DONNELL, FNP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
09062019	TX NP FALL CONFERENCE W/	09/10/20	09/06/20	09/06/20			500.00	0.00	0.00	500.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12436	SHANNA O'DONNELL, FNP	500.00	0.00	0.00	500.00

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
090519	SUPPLIES	09/10/20	09/05/20	09/20/20			18.93	0.00	0.00	18.93

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	18.93	0.00	0.00	18.93

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
848990	TRANSPORT PT	09/09/20	09/07/20	09/19/20			8.00	0.00	0.00	8.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE	8.00	0.00	0.00	8.00

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
241681	AD	09/10/20	09/01/20	09/11/20			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
	15632284		09/11/20	08/07/20	09/07/20		49.96	0.00	0.00	49.96
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2353	SMITHS MEDICAL ASD INC				49.96	0.00	0.00	49.96
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
	90048235		08/31/20	08/31/20	09/25/20		5,019.00	0.00	0.00	5,019.00
		BLOOD								
	90048159		08/31/20	08/31/20	09/25/20		-2,300.00	0.00	0.00	-2,300.00
		CREDIT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				2,719.00	0.00	0.00	2,719.00
Vendor#	Vendor Name				Class	Pay Code				
S3940	STERIS CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8265488		08/31/20	08/01/20	09/19/20		72.34	0.00	0.00	72.34
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION				72.34	0.00	0.00	72.34
Vendor#	Vendor Name				Class	Pay Code				
S2830	STRYKER SALES CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	900268585		08/31/20	08/02/20	09/19/20		189.60	0.00	0.00	189.60
		SUPPLIES								
	900272333		08/31/20	08/05/20	09/19/20		187.92	0.00	0.00	187.92
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP				377.52	0.00	0.00	377.52
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
	3720065		08/31/20	08/13/20	09/19/20		2,354.33	0.00	0.00	2,354.33
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY				2,354.33	0.00	0.00	2,354.33
Vendor#	Vendor Name				Class	Pay Code				
11039	THE BRATTON FIRM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	090519		09/06/20	09/05/20	09/19/20		581.57	0.00	0.00	581.57
		REIMBURSE SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11039	THE BRATTON FIRM				581.57	0.00	0.00	581.57
Vendor#	Vendor Name				Class	Pay Code				
10985	THE COMPLIANCE TEAM, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	090619		09/09/20	09/06/20	09/19/20		3,400.00	0.00	0.00	3,400.00
		ACCREDITION+RHC LOCATIO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	10985	THE COMPLIANCE TEAM, INC				3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name				Class	Pay Code			
11246	TROEMNER, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	00964449		08/28/20	08/20/20	09/19/20		75.00	0.00	0.00	75.00
		PIPETTE CALIBRATION								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11246	TROEMNER, LLC				75.00	0.00	0.00	75.00
Vendor#	Vendor Name				Class	Pay Code			
11169	TXU ENERGY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	052002951622		09/11/20	08/31/20	09/20/20		30,787.85	0.00	0.00	30,787.85
		ELECTRICTY late Penalty 18.59								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11169	TXU ENERGY				30,787.85	0.00	0.00	30,787.85
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
	8400309570		08/28/20	08/26/20	09/20/20		1,510.46	0.00	0.00	1,510.46
		LAUNDRY								
	8400309540		08/28/20	08/26/20	09/20/20		47.15	0.00	0.00	47.15
		LAUNDRY								
	8400309541		08/28/20	08/26/20	09/20/20		57.35	0.00	0.00	57.35
		LAUNDRY								
	8400309892		08/30/20	08/29/20	09/23/20		157.48	0.00	0.00	157.48
		LAUNDRY								
	8400309891		08/30/20	08/29/20	09/23/20		120.39	0.00	0.00	120.39
		LAUNDRY								
	8400309932		08/30/20	08/29/20	09/23/20		1,124.04	0.00	0.00	1,124.04
		LAUNDRY								
	8400309889		08/30/20	08/29/20	09/23/20		18.62	0.00	0.00	18.62
		LAUNDRY								
	8400309893		08/30/20	08/29/20	09/23/20		183.16	0.00	0.00	183.16
		LAUNDRY								
	8400309894		08/30/20	08/29/20	09/23/20		175.83	0.00	0.00	175.83
		LAUNDRY								
	8400309960		08/30/20	08/29/20	09/23/20		120.46	0.00	0.00	120.46
		LAUNDRY								
	8400309916		08/30/20	08/29/20	09/23/20		80.83	0.00	0.00	80.83
		LAUNDRY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				3,595.77	0.00	0.00	3,595.77
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
	0768087		09/11/20	08/26/20	09/10/20		-31.99	0.00	0.00	-31.99
		CREDIT ORIGINAL INV 990137								
	10044159		09/11/20	08/30/20	09/14/20		154.83	0.00	0.00	154.83
		UNIFORMS								
	10044143		09/11/20	08/30/20	09/14/20		190.91	0.00	0.00	190.91
		UNIFORMS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	313.75	0.00	0.00	313.75

Vendor#	Vendor Name	Class	Pay Code
V1058	VICTORIA ANESTHESIOLOGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
083119	ANESTHESIA	09/12/20	08/31/20	08/31/20			37,377.67	0.00	0.00	37,377.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY	37,377.67	0.00	0.00	37,377.67

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19080206	AD	09/10/20	08/31/20	08/31/20			280.00	0.00	0.00	280.00
19080209	AD	09/10/20	08/31/20	08/31/20			40.00	0.00	0.00	40.00
19080207	AD	09/10/20	08/31/20	08/31/20			280.00	0.00	0.00	280.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	600.00	0.00	0.00	600.00

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
083019	PAYROLL DED	09/06/20	08/30/20	09/19/20			3,629.52	0.00	0.00	3,629.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	3,629.52	0.00	0.00	3,629.52

Vendor#	Vendor Name	Class	Pay Code
Z1000	ZIMMER BIOMET	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
014633RZ1413	SUPPLIES	08/27/20	08/21/20	09/20/20			126.00	0.00	0.00	126.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z1000	ZIMMER BIOMET	126.00	0.00	0.00	126.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	245,263.66	0.00	0.00	245,263.66

pg 2 correction <33.76

$245,229.90

245,263.66 +
33.76 −
245,229.90 =

APPROVED ON
SEP 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 182418 - 182502

RECEIVED
SEP 12 2019
Calhoun County Auditor

09/12/2019
11:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/26/2019

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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
093019A	08/31/2019	08/30/2019	09/26/2019				1,850.00	0.00	0.00	1,850.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
083019	08/31/2019	08/30/2019	09/26/2019				370.00	0.00	0.00	370.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	2,220.00	0.00	0.00	2,220.00 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,220.00	0.00	0.00	2,220.00

APPROVED
ON
SEP 12 2019
CK# 182503

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/12/2019 MEMORIAL MEDICAL CENTER 0
11:04 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/26/2019

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
083019	08/31/2019	08/30/2019	09/26/2019				5,285.50	0.00	0.00	5,285.50

TRANSFER Nursing home insurance pymt sent to MMC in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CI	5,285.50	0.00	0.00	5,285.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,285.50	0.00	0.00	5,285.50

APPROVED
ON
SEP 12 2019
CIC# 18304
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/12/2019 MEMORIAL MEDICAL CENTER 0
11:06 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/26/2019

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
083019B	08/31/2019	08/30/2019	09/26/2019				918.46	0.00	0.00	918.46
	TRANSFER Nursing home insurance pymt sent to MMC in error									
083019C	08/31/2019	08/30/2019	09/26/2019				2,005.00	0.00	0.00	2,005.00
	TRANSFER Nursing home insurance pymt sent to MMC in error									
083019	08/31/2019	08/30/2019	09/26/2019				715.00	0.00	0.00	715.00
	TRANSFER Nursing home insurance pymt sent to MMC in error									
083019A	08/31/2019	08/30/2019	09/26/2019				3,142.38	0.00	0.00	3,142.38
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	6,780.84	0.00	0.00	6,780.84

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,780.84	0.00	0.00	6,780.84

APPROVED
ON
SEP 12 2019

CK# 182504

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/26/2019

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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
803019C		08/31/2019	08/30/2019	09/26/2019			35,691.82	0.00	0.00	35,691.82 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
083019B		08/31/2019	08/30/2019	09/26/2019			1,023.00	0.00	0.00	1,023.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
083019		08/31/2019	08/30/2019	09/26/2019			682.00	0.00	0.00	682.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
083019C		08/31/2019	08/30/2019	09/26/2019			8,146.05	0.00	0.00	8,146.05 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
803019D		08/31/2019	08/30/2019	09/26/2019			570.32	0.00	0.00	570.32 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									
083019A		08/31/2019	08/30/2019	09/26/2019			1,177.54	0.00	0.00	1,177.54 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	47,290.73	0.00	0.00	47,290.73

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,290.73	0.00	0.00	47,290.73

APPROVED
ON
SEP 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 182505

09/15/2019 MEMORIAL MEDICAL CENTER 0
17:17 AP Open Invoice List ap_open_invoice.template
Dates Through: 09/25/2019

Vendor#	Vendor Name	Class	Pay Code
12440	SUN LIFE ASSURANCE COMPANY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081619A	09/13/2019 INSURANCE	08/16/2019	09/01/2019				2,333.72	0.00	0.00	2,333.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12440	SUN LIFE ASSURAN	2,333.72	0.00	0.00	2,333.72

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,333.72	0.00	0.00	2,333.72

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SEP 13 2019
Calhoun County Auditor

09/15/2019
17:18

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 09/25/2019

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ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090119	09/06/2019	09/01/2019	09/25/2019				4,766.02	0.00	0.00	4,766.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE	4,766.02	0.00	0.00	4,766.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,766.02	0.00	0.00	4,766.02

APPROVED
ON
SEP 16 2019

CK# 182445

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

09/15/2019
17:16

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 09/25/2019

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ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081619	08/30/2019	08/16/2019	09/01/2019				205,007.27	0.00	0.00	205,007.27
		INSURANCE								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE	205,007.27	0.00	0.00	205,007.27

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	205,007.27	0.00	0.00	205,007.27

Ck # 182424

RUN DATE:09/17/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:45 CHECK REGISTER GLCKREG
09/18/19 THRU 09/18/19

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	182418	09/18/19	99.56	ACE HARDWARE 15521
A/P	182419	09/18/19	920.91	AIRGAS USA, LLC - CENTRAL DIV
A/P	182420	09/18/19	313.37	ARGON MEDICAL DEVICES
A/P	182421	09/18/19	630.26	BAXTER HEALTHCARE
A/P	182422	09/18/19	570.00	BAY STORAGE
A/P	182423	09/18/19	1,405.80	BAYER HEALTHCARE
A/P	182424	09/18/19	423.49	BAYMEDICAL PRODUCTS
A/P	182425	09/18/19	3,550.74	BECKMAN COULTER INC
A/P	182426	09/18/19	205,007.27	BLUE CROSS BLUE SHIELD
A/P	182427	09/18/19	198.72	BOUND TREE MEDICAL, LLC
A/P	182428	09/18/19	1,901.00	BUILDING KID STEPS
A/P	182429	09/18/19	130.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	182430	09/18/19	250.00	CALHOUN SPORTS MEDICINE
A/P	182431	09/18/19	504.47	CARDINAL HEALTH 414, INC.
A/P	182432	09/18/19	2,159.48	CDW GOVERNMENT, INC.
A/P	182433	09/18/19	46.02	CENTERPOINT ENERGY
A/P	182434	09/18/19	480.00	CHRIS KOVAREK
A/P	182435	09/18/19	1,590.35	CONMED CORPORATION
A/P	182436	09/18/19	1,036.99	CUSTOM MEDICAL SPECIALTIES
A/P	182437	09/18/19	1,182.65	DEWITT POTH & SON
A/P	182438	09/18/19	50,311.25	DIAMOND HEALTHCARE CORP
A/P	182439	09/18/19	70.96	DILON TECHNOLOGIES
A/P	182440	09/18/19	1,030.00	DOWELL PEST CONTROL
A/P	182441	09/18/19	280.00	EAGLE FIRE & SAFETY INC
A/P	182442	09/18/19	1,490.00	FASTHEALTH CORPORATION
A/P	182443	09/18/19	47.09	FEDERAL EXPRESS CORP.
A/P	182444	09/18/19	2,907.01	FISHER HEALTHCARE
A/P	182445	09/18/19	4,766.02	GARDNER & WHITE, INC.
A/P	182446	09/18/19	204.93	GETINGE USA SALES LLC
A/P	182447	09/18/19	350.00	GUERBET, LLC
A/P	182448	09/18/19	37.31	GULF COAST PAPER COMPANY
A/P	182449	09/18/19	294.64	GULF COAST SCIENTIFIC
A/P	182450	09/18/19	.00	VOIDED
A/P	182451	09/18/19	891.15	HEB CREDIT RECEIVABLES DEPT308
A/P	182452	09/18/19	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	182453	09/18/19	708.75	HOLOGIC INC
A/P	182454	09/18/19	14,482.14	HUNTER PHARMACY SERVICES
A/P	182455	09/18/19	250.00	ITERSOURCE CORPORATION
A/P	182456	09/18/19	3,784.10	J & J HEALTH CARE SYSTEMS, INC
A/P	182457	09/18/19	22,854.53	JACKSON & COKER LOCUM TENENS,
A/P	182458	09/18/19	100.00	JECKER FLOOR & GLASS
A/P	182459	09/18/19	275.00	K & M SPORTS
A/P	182460	09/18/19	43.00	KEY SURGICAL INC
A/P	182461	09/18/19	55.00	[redacted]
A/P	182462	09/18/19	1,190.86	M G TRUST
A/P	182463	09/18/19	136.05	MEDIMPACT HEALTHCARE SYS, INC.
A/P	182464	09/18/19	.00	VOIDED
A/P	182465	09/18/19	.00	VOIDED
A/P	182466	09/18/19	.00	VOIDED
A/P	182467	09/18/19	11,295.49	MEDLINE INDUSTRIES INC

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	182468	09/18/19	200.00	MEMORIAL MEDICAL CLINIC
A/P	182469	09/18/19	76.17	MERCEDES SCIENTIFIC
A/P	182470	09/18/19	1,368.02	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	182471	09/18/19	110.76	MMC VOLUNTEERS
A/P	182472	09/18/19	.00	VOIDED
A/P	182473	09/18/19	6,364.51	MORRIS & DICKSON CO, LLC
A/P	182474	09/18/19	175.00	NATIONAL FIRE PROTECTION ASSOC
A/P	182475	09/18/19	226.95	OLYMPUS AMERICA INC
A/P	182476	09/18/19	484.14	ORTHO CLINICAL DIAGNOSTICS
A/P	182477	09/18/19	187.50	PALACIOS BEACON
A/P	182478	09/18/19	834.00	PATRICK OCHOA
A/P	182479	09/18/19	2,660.40	RANDY'S FLOOR COMPANY
A/P	182480	09/18/19	350.00	RAPID PRINTING LLC
A/P	182481	09/18/19	5,909.84	RICOH USA, INC.
A/P	182482	09/18/19	89.00	SERVICE SUPPLY OF VICTORIA INC
A/P	182483	09/18/19	500.00	SHANNA O'DONNELL, FNP
A/P	182484	09/18/19	18.93	SHERWIN WILLIAMS
A/P	182485	09/18/19	8.00	SHIP SHUTTLE TAXI SERVICE
A/P	182486	09/18/19	790.00	SIGN AD, LTD.
A/P	182487	09/18/19	49.96	SMITHS MEDICAL ASD INC
A/P	182488	09/18/19	2,719.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	182489	09/18/19	72.34	STERIS CORPORATION
A/P	182490	09/18/19	377.52	STRYKER SALES CORP
A/P	182491	09/18/19	2,354.33	STRYKER SUSTAINABILITY
A/P	182492	09/18/19	2,333.72	SUN LIFE ASSURANCE COMPANY
A/P	182493	09/18/19	581.57	THE BRATTON FIRM
A/P	182494	09/18/19	3,400.00	THE COMPLIANCE TEAM, INC
A/P	182495	09/18/19	75.00	TROEMNER, LLC
A/P	182496	09/18/19	30,787.85	TXU ENERGY
A/P	182497	09/18/19	3,595.77	UNIFIRST HOLDINGS INC
A/P	182498	09/18/19	313.75	UNIFORM ADVANTAGE
A/P	182499	09/18/19	37,377.67	VICTORIA ANESTHESIOLOGY
A/P	182500	09/18/19	600.00	VICTORIA RADIOWORKS, LTD
A/P	182501	09/18/19	3,629.52	WAGEWORKS
A/P	182502	09/18/19	126.00	ZIMMER BIOMET
A/P	182503	09/18/19	2,220.00	ASHFORD GARDENS
A/P	182504	09/18/19	5,285.50	BROADMOOR AT CREEKSIDE PARK
A/P	182505	09/18/19	47,290.73	GOLDENCREEK HEALTHCARE
A/P	182506	09/18/19	6,780.84	GULF POINTE PLAZA
TOTALS:			518,913.98	

APPROVED
ON

SEP 18 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: 09/13/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 09/14/2019

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

As of: 09/13/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 09/14/2019 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,309.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 09/17/2019, Pay This Amount: 6,183.50 USD

If Paid After 09/17/2019, Pay this Amount: 6,309.69 USD

Due If Paid On Time: USD 6,183.50

Disc lost if paid late: 126.19

Due If Paid Late: USD 6,309.69

Clr# 5000219
GL# 60310000

46.85 +
2,587.49 +
1,267.87 +
2,281.21 +
6,183.50 =

APPROVED ON
SEP 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 09/13/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 09/14/2019

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

As of: 09/13/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 09/14/2019 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											
09/11/2019	09/17/2019	7155690005	2017009552	115Invoice	0.20	9.80		9.60 ✓		7155690005	
09/13/2019	09/17/2019	7156198650	2017009593	115Invoice	0.21	10.28		10.07 ✓		7156198650	
09/13/2019	09/17/2019	7156198651	2017009593	115Invoice	0.55	27.71		27.16 ✓		7156198651	

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: 47.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,970.08
09/09/2019

If Paid By 09/17/2019,
Pay This Amount: 46.83 USD

If Paid After 09/17/2019,
Pay this Amount: 47.79 USD

Due If Paid On Time:
USD 46.83

Disc lost if paid late:
0.96

Due If Paid Late:
USD 47.79

APPROVED
ON
SEP 16 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: 09/13/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/14/2019

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

As of: 09/13/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 09/14/2019 **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											
09/09/2019	09/17/2019	7155168977	1125716	115Invoice	3.78	189.11		185.33	✓	7155168977	
09/09/2019	09/17/2019	7155168978	5416490628	115Invoice	0.91	45.57		44.66	✓	7155168978	
09/09/2019	09/17/2019	7155168979	0908190110-00	115Invoice	9.69	484.65		474.96	✓	7155168979	
09/10/2019	09/17/2019	7155443542	5416494132	115Invoice	3.11	155.42		152.31	✓	7155443542	
09/10/2019	09/17/2019	7155443545	1125770	115Invoice	15.81	790.26		774.45	✓	7155443545	
09/10/2019	09/17/2019	7155455557	0909190532-00	115Invoice		0.02		0.02	✓	7155455557	
09/10/2019	09/17/2019	7155636306	000090919TM	115Invoice	0.03	1.58		1.55	✓	7155636306	
09/11/2019	09/17/2019	7155714695	5416499267	115Invoice	0.01	0.49		0.48	✓	7155714695	
09/11/2019	09/17/2019	7155714696	0908190201-00	115Invoice	17.62	880.97		863.35	✓	7155714696	
09/11/2019	09/17/2019	7155848986	759748610	195Invoice		0.09		0.09	✓	7155848986	
09/12/2019	09/17/2019	7156106740	760037853	195Invoice		0.10		0.10	✓	7156106740	
09/12/2019	09/17/2019	7156145503	000091119TM	115Invoice	0.02	0.96		0.94	✓	7156145503	
09/13/2019	09/17/2019	7156329279	760303842	195Invoice	1.82	91.07		89.25	✓	7156329279	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,640.29 USD

Future Due:	0.00			Due If Paid On Time: USD	2,587.49
		If Paid By 09/17/2019,			
Past Due:	0.00	Pay This Amount:	2,587.49 USD	Disc lost if paid late:	52.80
Last Payment	2,970.08	If Paid After 09/17/2019,		Due If Paid Late:	
09/09/2019		Pay this Amount:	2,640.29 USD	USD	2,640.29

APPROVED
ON
SEP 16 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: 09/13/2019

DC: 8115

Territory: 400

Customer: 262252
Date: 09/14/2019

Page: 001

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

As of: 09/13/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 09/14/2019 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											
09/12/2019	09/17/2019	7155977526	555690	115Invoice	25.87	1,293.74		1,267.87		7155977526	

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

TOTAL: **Customer Number 262252 CVS PHCY 7006/MEMORIA PHS**

Subtotals: 1,293.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,970.08
09/09/2019

If Paid By 09/17/2019, Pay This Amount: 1,267.87 USD ✓

If Paid After 09/17/2019, Pay this Amount: 1,293.74 USD

Due If Paid On Time: USD 1,267.87

Disc lost if paid late: 25.87

Due If Paid Late: USD 1,293.74

APPROVED
ON
SEP 16 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: 09/13/2019

DC: 8115

Territory: 400

Customer: 835438
Date: 09/14/2019

Page: 001

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

As of: 09/13/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 09/14/2019 **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											
09/12/2019	09/17/2019	7156140369	556056	115Invoice	46.56	2,327.87		2,281.31		7156140369	

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: 2,327.87 USD

Future Due:	0.00			**Due If Paid On Time:** USD 2,281.31
Past Due:	0.00	**If Paid By 09/17/2019, Pay This Amount:**	2,281.31 USD	**Disc lost if paid late:** 46.56
Last Payment 09/09/2019	2,970.08	**If Paid After 09/17/2019, Pay this Amount:**	2,327.87 USD	**Due If Paid Late:** USD 2,327.87

APPROVED
ON

SEP 16 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen®

STATEMENT

Number: 58354944 Date: 09-13-2019

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

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

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

Summary

Not Yet Due:	0.00
Current:	2,401.73
Past Due:	0.00
Total Due:	2,401.73
Account Balance:	2,401.73

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
09-09-2019	09-20-2019	3027161777	150376	Invoice	1,561.46
09-09-2019	09-20-2019	3027161778	150387	Invoice	7.56
09-09-2019	09-20-2019	3027161779	150377	Invoice	11.34
09-09-2019	09-20-2019	3027227480	150437	Invoice	249.86
09-10-2019	09-20-2019	3027270576	150445	Invoice	5.32
09-11-2019	09-20-2019	3027328065	150470	Invoice	179.26
09-12-2019	09-20-2019	3027380320	150528	Invoice	42.78
09-13-2019	09-20-2019	3027447130	150583	Invoice	344.15

Reminders

Due Date	Amount
09-20-2019	2,401.73
Total Due:	2,401.73

Terms:
Monday - Friday due in 7 days

APPROVED
ON
SEP 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck# 500030
Cl# 00310000

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" 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	★	9
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 101,916.71 #
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 50,974.52 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,184.70 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,757.49 #
		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	8950.75	N		N	N		180428.25
1	REGULAR PAY-S1	1760.75	N		N	N	N	81502.89
1	REGULAR PAY-S1	221.50	N		N	Y		6601.18
1	REGULAR PAY-S1	225.00	Y		N	N		7568.03
2	REGULAR PAY-S2	2558.75	N		N	N		57854.34
2	REGULAR PAY-S2	167.25	N		N	Y		5857.52
2	REGULAR PAY-S2	141.50	Y		N	N		4731.98
3	REGULAR PAY-S3	1559.00	N		N	N		42193.34
3	REGULAR PAY-S3	121.00	N		N	Y		4996.67
3	REGULAR PAY-S3	120.00	Y		N	N		5429.50
C	CALL PAY	2177.50	N	1	N	N		4355.00
E	EXTRA WAGES		N	1	N	N	N	2185.00
F	FUNERAL LEAVE	24.00	N	1	N	N		698.16
I	INSERVICE	53.25	N	1	N	N		1753.97
J	JURY LEAVE	8.00	N		N	N	N	117.12
K	EXTENDED-ILLNESS-BANK	258.00	N	1	N	N		5888.50
P	PAID-TIME-OFF	18.00	N		N	N	N	1258.77
P	PAID-TIME-OFF	1599.00	N	1	N	N		34829.03
X	CALL PAY 2	144.00	N	1	N	N		288.00
Y	YMCA/CURVES		N		N	N	N	90.00
Z	CALL PAY 3	92.00	N	1	N	N		276.00
p	PAID TIME OFF - PROBATION	24.00	N	1	N	N		366.24
t	PHONE & DATA		N		N	N	N	1125.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	954.42	A/R2	242.79	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1607.50	CAFE-F	
CAFE-H	18660.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	440.00	COMBIN	507.49	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	400.00
FEDTAX	38757.49	FICA-M	6092.35	FICA-O	25487.26
FIRSTC		FLEX S	3658.37	FLX FE	
FORT D		FUTA		GIFT S	452.90
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	669.27	MASA	852.50	MEALS	332.05
MISC		MISC/		MMCSHR	
NATFML	1971.98	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS	431.50	SCRUBS	
SIGNON		ST-TX		STONDF	1190.86
STONE		STONE2		STUDEN	
SUNACC	935.96	SUNILL	1631.85	SUNLIF	1442.78
SUNSTD	1468.54	SUNVIS	1082.33	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	31541.74	TUTION		UNIFOR	596.51
UW/HOS					

Grand Totals: 20223.25 (Gross: 450394.49 Deductions: 141754.59 Net: 308639.90)

Checks Count:- FT 207 PT 8 Other 44 Female 228 Male 30 Credit OverAmt 7 ZeroNet Term Total: 258

Pay date 09-20-19

on 2a
1fo

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		08/30/19					
PAY PERIOD: END		09/12/19					
PAY DATE:		09/20/19					
GROSS PAY:	$	450,394.49			$ -		$ 450,394.49
DEDUCTIONS:							
A/R	$	1,197.21					$ 1,197.21
ADVANC							$ -
BOOTS							$ -
SUNLIFE CRITICAL ILLNESS	$	1,631.85					$ 1,631.85
SUNLIFE ACCIDENT	$	935.96					$ 935.96
SUNLIFE VISION	$	1,082.33					$ 1,082.33
SUNLIFE SHORT TERM DIS	$	1,468.54					$ 1,468.54
CAFÉ-5							$ -
CAFÉ-D	$	1,607.50					$ 1,607.50
CAFÉ-H	$	18,660.00					$ 18,660.00
CAFÉ-I							$ -
CAFÉ-L							$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	346.15	+1.50 = 347.65				$ 346.15
CLINIC	$	440.00					$ 440.00
COMBIN	$	507.49					$ 507.49
CREDUN							$ -
DENTAL							$ -
DEP-LF							$ -
SUNLIFE TERM LIFE	$	1,442.78					$ 1,442.78
EAT	$	400.00					$ 400.00
FED TAX	$	38,757.49					$ 38,757.49
FICA-M	$	6,092.35					$ 6,092.35
FICA-O	$	25,487.26					$ 25,487.26
FIRST C							$ -
FLEX S	$	3,658.37					$ 3,658.37
FLX-FE							$ -
GIFT S	$	452.90					$ 452.90
GRP-IN	$	-					$ -
GTL							$ -
HOSP-I							$ -
LEGAL	$	1,521.77					$ 1,521.77
OTHER	$	1,360.06					$ 1,360.06
NATIONAL FARM LIFE	$	1,971.98					$ 1,971.98
PHI							$ -
PR FIN	$	-					$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	1,190.86					$ 1,190.86
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	31,541.74					$ 31,541.74
UW/HOS							$ -
TOTAL DEDUCTIONS:	$	141,754.59	$ -	$ -	$ -	$ -	$ 141,754.59
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	308,639.90	$ -	$ -	$ -	$ -	$ 308,639.90
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$	30,235.41	Less Exempt:				
TAXABLE PAY:	$	420,159.08	$ 411,084.35				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 6,092.31		
FICA - MED (EE)	1.45%	$ 6,092.31	$ 6,092.35	$ (0.04)
FICA - SOC SEC (ER)	6.20%	$ 25,487.23		
FICA - SOC SEC (EE)	6.20%	$ 25,487.23	$ 25,487.26	$ (0.03)
FED WITHHOLDING		$ 38,757.49	$ 38,757.49	
TAX DEPOSIT:		$ 101,916.57	$ 101,916.71	$ (0.14)
FICA - MEDICARE	2.90%	$ 12,184.62	$12,184.70	
FICA - SOCIAL SECURITY	12.40%	$ 50,974.46	$50,974.52	
FED WITHHOLDING		$ 38,757.49	$38,757.49	
TOTAL TAX:		$ 101,916.57	$101,916.71	$ (0.14)

Exempt Amt:

Employees over FICA-SS Cap:

Jason Anglin $ 9,074.73

Diane Moore

Roshanda Thomas

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ 9,074.73

PREPARED BY: Alison M King

PREPARED DATE: 9/16/2019

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --September 9, 2019 - September 15, 2019

Date	Bank Description	MMC Notes	Amount
9/9/2019	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000014650633	-Child Support Payment -Payroll Ending 08/29/19	347.65 *
9/9/2019	ACH Payment IRS USATAXPYMT 220965291174940 6103601000344	- Payroll Taxes	97,474.17 *
9/9/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000693088473	- 3rd Party Payor Fee	1.24
9/10/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03919304 910000129	- 340B Drug Program Expense	2,970.08 **
9/10/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000694027631	- 3rd Party Payor Fee	44.48
9/10/2019	ACH Payment STATE COMPTRLR TEXNET 34765133/90909 2100002	-DY8 UC IGT Payment	942,542.52 *
9/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	635.95
9/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00
9/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	129.69
9/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	2,611.00
9/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	1,258.66
9/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	76.19
9/11/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000694674441	- 3rd Party Payor Fee	54.31
9/13/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000696116794	- 3rd Party Payor Fee	0.90
			1,048,275.84

CFO

Diane Moore, CFO
Memorial Medical Center

September 16, 2019

* Approved 09.04.19 cc ** Approved 09.11.19 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
9/19/2019	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,786.80
			1,786.80

CFO

Diane Moore, CFO
Memorial Medical Center

September 16, 2019

CPSI "Handwritten"

1,024 +
44,048 +
54,31 +
0,90 +
100,95 *
635,95 +
129,00 +
129,69 +
2,611,00 +
1,258,66 +
76,19 +
4,840,49 *
100,95 +
4,840,49 +
4,941,42 *
1,048,275,84 +
347,65 –
97,474,17 –
2,970,08 –
942,542,52 –
4,941,42 *

Pay Plus Credit Card Processing Fees

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/16/2019

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		48,335.08 ✓	48,133.15 ✓	48,547.26 ✓		-	48,749.19 ✓	48,547.26
						Bank Balance	48,749.19	
						Variance	-	
						Leave In Balance	100.00	
						QIPP Yr 1 Adjustment	-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	45.56 ✓	
						August Interest	56.37 ✓	
						September Interest	-	
						Adjust Balance/Transfer Amt	48,547.26 ✓	
Broadmoor		52,399.83 ✓	52,203.07 ✓	21,651.70 ✓		-	21,848.46 ✓	21,651.70
						Bank Balance	21,848.46	
						Variance	-	
						Leave In Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	49.59 ✓	
						August Interest	47.17 ✓	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	21,651.70 ✓	
Crescent		66,221.39 ✓	66,015.94 ✓	35,549.21 ✓		-	35,754.66 ✓	35,549.21
						Bank Balance	35,754.66	
						Variance	-	
						Leave In Balance	100.00	
						QIPP Yr 1 Adjustment	-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	68.44 ✓	
						August Interest	37.01 ✓	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	35,549.21 ✓	
Fort Bend		41,586.97 ✓	41,451.87 ✓	1,850.87 ✓		-	1,985.97 ✓	~~1,850.87~~ NO Transfer
						Bank Balance	1,985.97	
						Variance	-	
						Leave In Balance	100.00	
						QIPP Yr 1 Adjustment	-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	16.29 ✓	
						August Interest	18.81 ✓	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	1,850.87 ✓	
Solera at W Houston		51,808.15 ✓	51,525.62 ✓	22,795.61 ✓			23,078.14 ✓	22,795.61
						Bank Balance	23,078.14	
						Variance	-	
						Leave In Balance	100.00	
						QIPP Yr 1 Adjustment	-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	101.38 ✓	
						August Interest	81.15 ✓	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	22,795.61 ✓	
						TOTAL TRANSFERS		~~130,394.65~~ 128,543.78

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

Routing Information for Crescent / Solera at West Houston / Fort
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA
Account #

48,547.26 ✓
21,651.70 ✓
35,549.21 ✓
22,795.61 ✓
128,543.78 ✓

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

Approved:
Diane C. Moore, CFO
9/16/2019

APPROVED
ON
SEP 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/9/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		1,060.00					-	1,060.00
9/9/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		3,069.00					-	3,069.00
9/10/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		2,220.00					-	2,220.00
9/11/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	48,133.15						-	-
9/11/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		3,501.80					-	3,501.80
9/12/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		384.71					-	384.71
9/13/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3108280104 111000		15,776.36					-	15,776.36
9/13/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,702.39					-	10,702.39
9/13/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,833.00					-	11,833.00
	48,133.15	48,547.26	-	-	-	-	-	48,547.26

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/9/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		6,048.00					-	6,048.00
9/10/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		8,650.00					-	8,650.00
9/11/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	52,203.07						-	-
9/12/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004293 41		3,439.80					-	3,439.80
9/12/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		309.68					-	309.68
9/12/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		3,204.22					-	3,204.22
	52,203.07	21,651.70	-	-	-	-	-	21,651.70

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/9/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000003268 41		3,217.50					-	3,217.50
9/10/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005112426		7,004.21					-	7,004.21
9/11/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	66,015.94						-	-
9/11/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		10,400.50					-	10,400.50
9/12/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		1,741.48					-	1,741.48
9/13/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		5,180.00					-	5,180.00
9/13/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005975888		8,005.52					-	8,005.52
	66,015.94	35,549.21	-	-	-	-	-	35,549.21

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/11/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	41,451.87						-	-
9/11/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		152.16					-	152.16
9/12/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		909.80					-	909.80
9/13/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		788.91					-	788.91
	41,451.87	1,850.87	-	-	-	-	-	1,850.87

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
9/9/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000178		3,036.62					-	3,036.62
9/11/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	51,525.62						-	-
9/11/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		942.08					-	942.08
9/11/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		3,921.50					-	3,921.50
9/12/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3108206201 111000		7,108.24					-	7,108.24
9/12/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,875.50					-	1,875.50
9/13/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		47.85					-	47.85
9/13/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005975888		3,988.32					-	3,988.32
9/13/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		1,875.50					-	1,875.50
51,525.62	41,451.87	1,850.87	22,795.61	-	-	-	-	22,795.61
TOTALS 259,329.65	249,255.90	109,499.91	130,394.65	-	-	-	-	130,394.65

Home

ALL ACCOUNTS FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$73,009.95	$48,749.19
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$29,741.77	$21,848.46
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$59,376.87	$35,754.66
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$42,231.74	$23,078.14
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$4,315.82	$1,985.97
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
9/16/2019

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		3,356.83	475.51	14,657.34	-	-	17,538.66	17,389.03
						Bank Balance	17,538.66	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						QIPP Yr 1 Adjustment	-	
						July Interest	19.83	
						August Interest	29.80	
						September Interest	-	
						Outstanding ck to MMC for QIPP	-	
							-	
						Adjust Balance/Transfer Amt	17,389.03	

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

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

Approved:
Diane C. Moore, CFO
9/16/2019

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ON
SEP 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
9/10/2019 ACH Payment TSYS/TRANSFIRST DISCOUNT 543684555876917 910	475.51						-	-
9/11/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		14,657.34					-	14,657.34
	475.51	14,657.34	-	-	-	-	-	14,657.34

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 ★	$17,538.66	$17,538.66
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
9/16/2019

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		100.20 ✓	-	-		-	-	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		104.94 ✓	-	-		-	-	104.94	No Transfer
							Bank Balance	104.94 ✓	
							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	(0.00) ✓	

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:
Diane C. Moore, CFO 9/16/2019

APPROVED ON
SEP 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
NO BANK ACTIVITY FOR THIS PERIOD							-	-
							-	-
	-	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
NO BANK ACTIVITY FOR THIS PERIOD							-	-
	-	-	-	-	-	-	-	-

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH BROADMOOR [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH CRESCENT [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH FORT BEND [redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433 ★	$100.20	$100.20
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ★	$104.94	$104.94