MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- October 16, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	867,052.67
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	236,906.31
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED October 16, 2019	$	1,103,958.98

APPROVED

OCT 16 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 16, 2019

PAYABLES AND PAYROLL			
10/11/2019	Weekly Payables	445,774.37	
10/14/2019	McKesson-340B Prescription Expense	2,675.70	
10/14/2019	McKesson-340B Prescription Expense	4,279.45	
10/14/2019	Amerisource Bergen-340B Prescription Expense	1,252.15	
10/14/2019	Amerisource Bergen-340B Prescription Expense	1,784.97	
10/14/2019	Payroll Liabilities -Payroll Taxes	98,920.21	
10/14/2019	Payroll	305,620.70	
10/14/2019	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
10/4-10/10/19	Credit Card & Lease Fees	4,291.00	
10/18/2019	Sales Tax for September 2019	1,817.83	
10/7/2019	Cleargage-Patient Financing Service	66.58	
10/4-10/10/19	Pay Plus-Patient Claims Processing Fee	142.06	
10/18/2019	Returned Check #1874	80.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 867,052.67**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
10/14/2019	Nursing Home UPI-Cantex Transfer	226,672.34	
10/14/2019	Nursing Home UPI-Nexion Transfer	10,233.97	
TOTAL NURSING HOME UPL EXPENSES			**$ 236,906.31**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED October 16, 2019			**$ 1,103,958.98**

10/10/2019 10:38 — MEMORIAL MEDICAL CENTER — AP Open Invoice List — Due Dates Through: 10/23/2019 — 0 — ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
138096 ✓		09/24/20	09/24/20	10/19/20		34.56	0.00	0.00	34.56 ✓
	SUPPLIES (Maint.)								
138144 ✓		09/30/20	09/25/20	10/20/20		39.95	0.00	0.00	39.95 ✓
	SUPPLIES								
138118 ✓		09/30/20	09/25/20	10/20/20		12.98	0.00	0.00	12.98 ✓
	SUPPLIES (New Clinic)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	87.49	0.00	0.00	87.49

Vendor#	Vendor Name	Class	Pay Code
10299	ACOG DISTRIBUTION CENTER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
52845982 ✓		10/09/20	08/07/20	09/07/20		21.35	0.00	0.00	21.35 ✓
	PATIENT EDUCATION								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10299	ACOG DISTRIBUTION CENTER	21.35	0.00	0.00	21.35

Vendor#	Vendor Name	Class	Pay Code
A1430	ADVANCE MEDICAL DESIGNS INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SI01310180 ✓		10/09/20	09/05/20	10/09/20		17.14	0.00	0.00	17.14 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC	17.14	0.00	0.00	17.14

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
9093067772 ✓		09/30/20	09/17/20	10/17/20		1,640.28	0.00	0.00	1,640.28 ✓
	OXYGEN BULK								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	1,640.28	0.00	0.00	1,640.28

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
9656483124 ✓		10/09/20	09/09/20	10/09/20		1,594.15	0.00	0.00	1,594.15 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	1,594.15	0.00	0.00	1,594.15

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC. ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV03179303 ✓		09/30/20	08/21/20	10/20/20		124.49	0.00	0.00	124.49 ✓
	SUPPLIES								
RPSV03202935 ✓		09/30/20	09/23/20	10/17/20		124.49	0.00	0.00	124.49 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	248.98	0.00	0.00	248.98

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
960624655		10/08/20	10/03/20	10/09/20		103.88	0.00	0.00	103.88
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	103.88	0.00	0.00	103.88

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2030		10/08/20	09/26/20	09/26/20		5,000.00	0.00	0.00	5,000.00
	REFERRAL CAPTURE IMPLEMentation for 3406 Program								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX	5,000.00	0.00	0.00	5,000.00

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
45791625		09/30/20	09/16/20	10/17/20		150.00	0.00	0.00	150.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	150.00	0.00	0.00	150.00

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
64374397		09/30/20	09/18/20	10/17/20		128.40	0.00	0.00	128.40
	SUPPLIES								
64409661		09/30/20	09/23/20	10/18/20		2,367.50	0.00	0.00	2,367.50
	LEASE INFUSION PUMPS								
64409662		09/30/20	09/23/20	10/18/20		629.50	0.00	0.00	629.50
	LEASE								
64397043		10/09/20	09/20/20	10/15/20		595.55	0.00	0.00	595.55
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	3,720.95	0.00	0.00	3,720.95

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
107991637		09/24/20	09/23/20	10/18/20		1,197.68	0.00	0.00	1,197.68
	SUPPLIE S								
4373305		09/30/20	09/25/20	10/20/20		2,695.00	0.00	0.00	2,695.00
	SERVICE CONTRACT								
108002985		09/30/20	09/27/20	10/22/20		42.88	0.00	0.00	42.88
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	3,935.56	0.00	0.00	3,935.56

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
091719		10/09/20	09/17/20	10/01/20		218,262.89	0.00	0.00	218,262.89
	INSURANCE Employee and board member medical / dental insurance								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	218,262.89	0.00	0.00	218,262.89

Vendor#	Vendor Name				Class	Pay Code				
12740	BUILDING KID STEPS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	OUTPATIENT0919		10/09/20	10/08/20	10/08/20		956.00	0.00	0.00	956.00
		SPEECH THERAPY								
	OUTPATIENT0919A		10/09/20	10/08/20	10/08/20		1,260.00	0.00	0.00	1,260.00
		SPEECH THERAPY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12740	BUILDING KID STEPS				2,216.00	0.00	0.00	2,216.00
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
	100519		10/08/20	10/05/20	10/05/20		150.00	0.00	0.00	150.00
		TRANSFER CO PAY TO INDIGI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11295	CALHOUN COUNTY INDIGENT ACCOUN				150.00	0.00	0.00	150.00
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
	8002008935		10/08/20	08/10/20	09/14/20		271.34	0.00	0.00	271.34
		SUPPLIES NUC MED								
	8002040476		10/08/20	09/14/20	10/19/20		53.27	0.00	0.00	53.27
		WIPE TEST								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				324.61	0.00	0.00	324.61
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
	TZX0193		09/30/20	09/20/20	10/20/20		2,947.24	0.00	0.00	2,947.24
		MINOR EQUIP (2)PC's,(2)monitors, (2)Headsets, (2)Speakers, (2) mouses								
	TZZ5084		09/30/20	09/21/20	10/21/20		142.16	0.00	0.00	142.16
		SUPPLIES (4) Lenovo Pen Pro-2								
	VBJ5128		09/30/20	09/23/20	10/23/20		70.92	0.00	0.00	70.92
		Cable ties								
	TZM3327		10/07/20	09/19/20	10/19/20		-159.59	0.00	0.00	-159.59
		CREDIT INVOICE TMR7052								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				3,000.73	0.00	0.00	3,000.73
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
	030		09/30/20	10/03/20	10/17/20		280.00	0.00	0.00	280.00
		SWING BED SERVICE (9/4-9/30/19)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10105	CHRIS KOVAREK				280.00	0.00	0.00	280.00
Vendor#	Vendor Name				Class	Pay Code				
C1730	CITY OF PORT LAVACA				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	100319B		10/09/20	10/03/20	10/07/20		6,149.93	0.00	0.00	6,149.93
		WATER MMC								
	100319A		10/09/20	10/03/20	10/07/20		191.95	0.00	0.00	191.95

WATER Clinic

100319	10/09/20	10/03/20	10/07/20	47.22	0.00	0.00	47.22

WATER Rehab

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	6,389.10	0.00	0.00	6,389.10

Vendor#	Vendor Name	Class	Pay Code
C1166	COASTAL OFFICE SOLUTONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OEQT117111		09/30/20	09/26/20	10/17/20			7,145.00	0.00	0.00	7,145.00
	(10) 24X26X36 Cabinets @ 695.00 Each									
OEQT120361		10/08/20	09/06/20	09/16/20			395.00	0.00	0.00	395.00
	SUPPLIES (5,000) envelopes									
OE249211		10/08/20	09/27/20	10/07/20			6,975.56	0.00	0.00	6,975.56
	CHAIRS (9) single seat chairs, (4) brackets, (3) two-seat chairs									
OEQT121961		10/08/20	10/02/20	10/12/20			84.00	0.00	0.00	84.00
	TABLE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	14,599.56	0.00	0.00	14,599.56

Vendor#	Vendor Name	Class	Pay Code
11030	COMBINED INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100119		10/09/20	10/01/20	10/01/20			1,014.98	0.00	0.00	1,014.98
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE	1,014.98	0.00	0.00	1,014.98

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
976882		09/30/20	09/16/20	10/17/20			87.50	0.00	0.00	87.50
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	87.50	0.00	0.00	87.50

Vendor#	Vendor Name	Class	Pay Code
R1050	CULLIGAN OF VICTORIA	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
14302703-09302019		10/09/20	09/30/20	10/22/20			214.50	0.00	0.00	214.50
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	214.50	0.00	0.00	214.50

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
255514		09/17/20	06/19/20	10/17/20			324.81	0.00	0.00	324.81
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	324.81	0.00	0.00	324.81

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
5812730		09/30/20	08/26/20	10/17/20			422.20	0.00	0.00	422.20
	SUPPLIES									
5843470		09/30/20	09/23/20	10/18/20			150.04	0.00	0.00	150.04

	SUPPLIES								
5845490		09/30/20	09/23/20	10/18/20		37.50	0.00	0.00	37.50
	SUPPLIES								
5843450		09/30/20	09/23/20	10/18/20		123.35	0.00	0.00	123.35
5845560		09/30/20	09/23/20	10/18/20		392.91	0.00	0.00	392.91
	SUPPLIES								
5840350		09/30/20	09/24/20	10/19/20		7.37	0.00	0.00	7.37
	SUPPLIES								
5845660		09/30/20	09/24/20	10/19/20		47.28	0.00	0.00	47.28
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				1,180.65	0.00	0.00	1,180.65
Vendor#	Vendor Name				Class	Pay Code			
11046	E-MDS, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	313185		09/30/20	09/25/20	10/17/20		9,310.00	0.00	0.00	9,310.00
		HOSTING SUBSCRIPTION								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11046	E-MDS, INC				9,310.00	0.00	0.00	9,310.00
Vendor#	Vendor Name				Class	Pay Code			
E1090	EDWARDS LIFESCIENCES				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8606024		09/30/20	09/16/20	10/17/20		60.61	0.00	0.00	60.61
		SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	E1090	EDWARDS LIFESCIENCES				60.61	0.00	0.00	60.61
Vendor#	Vendor Name				Class	Pay Code			
W1167	ELITECH GROUP INC (WESCOR)				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	680075		09/30/20	09/25/20	10/17/20		68.76	0.00	0.00	68.76
		SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	W1167	ELITECH GROUP INC (WESCOR)				68.76	0.00	0.00	68.76
Vendor#	Vendor Name				Class	Pay Code			
10042	ERBE USA INC SURGICAL SYSTEMS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	570436		09/30/20	09/23/20	10/17/20		154.95	0.00	0.00	154.95
		SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS				154.95	0.00	0.00	154.95
Vendor#	Vendor Name				Class	Pay Code			
R1185	FARAH JANAK								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	093019		09/30/20	09/30/20	10/17/20		121.80	0.00	0.00	121.80
		TRAVEL WCJC ADVISORY CO Radiologic Technology Advisory Meeting 9/17/19								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1185	FARAH JANAK				121.80	0.00	0.00	121.80
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

10A19MMC		10/09/20	10/01/20	10/16/20	495.00	0.00	0.00	495.00
WEBSITE								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION			495.00	0.00	0.00	495.00
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
674295062		10/08/20	09/19/20	10/14/20		16.18	0.00	0.00	16.18
SHIPPING									
674962081		10/08/20	09/26/20	10/21/20		10.33	0.00	0.00	10.33
SHIPPING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.				26.51	0.00	0.00	26.51
Vendor#	Vendor Name			Class	Pay Code				
10788	FIRETROL PROTECTION SYSTEMS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100614588		09/30/20	09/23/20	10/17/20		285.00	0.00	0.00	285.00
ANNUAL INSPECTION									
100614595		09/30/20	09/23/20	10/17/20		212.50	0.00	0.00	212.50
NEW PANEL BATTERIES									
100615136		09/30/20	09/25/20	10/17/20		2,537.06	0.00	0.00	2,537.06
REPLACED WATER MOTOR									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10788	FIRETROL PROTECTION SYSTEMS				3,034.56	0.00	0.00	3,034.56
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
6912599		09/30/20	09/24/20	10/19/20		63.45	0.00	0.00	63.45
SUPPLIES									
6912626		09/30/20	09/24/20	10/19/20		546.10	0.00	0.00	546.10
SUPPLIES									
3398531		10/07/20	08/15/20	09/19/20		1,747.31	0.00	0.00	1,747.31
SUPPIES									
4826587		10/07/20	09/05/20	09/30/20		1,164.99	0.00	0.00	1,164.99
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				3,521.85	0.00	0.00	3,521.85
Vendor#	Vendor Name			Class	Pay Code				
11183	FRONTIER								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
092319		09/30/20	09/23/20	10/17/20		672.90	0.00	0.00	672.90
PHONE Late fee 32.04									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11183	FRONTIER				672.90	0.00	0.00	672.90
Vendor#	Vendor Name			Class	Pay Code				
10642	GLAXOSMITHKLINE PHARMACUETICAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
8252908889		08/30/20	08/20/20	10/19/20		468.56	0.00	0.00	468.56
INVENTORY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL				468.56	0.00	0.00	468.56
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
9297244411	SUPPIES	09/30/20	09/18/20	10/18/20		46.80	0.00	0.00	46.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	46.80	0.00	0.00	46.80

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
1735152	SUPPLIES	09/23/20	09/17/20	10/17/20		46.50	0.00	0.00	46.50
1735148	SUPPLIE	09/25/20	09/17/20	10/17/20		57.92	0.00	0.00	57.92
1735154	SUPPLIES	09/25/20	09/17/20	10/17/20		639.74	0.00	0.00	639.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	744.16	0.00	0.00	744.16

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
9108886	SUPPLIES	10/09/20	09/10/20	10/09/20		708.75	0.00	0.00	708.75

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

12196 ICU MEDICAL, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2249418	MAINT CONTRACT	10/09/20	10/01/20	10/01/20		11.25	0.00	0.00	11.25

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

Vendor# Vendor Name — Class — Pay Code

10442 INTERSTATE ALL BATTERY CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1901103017390A	SUPPLIES	10/10/20	09/18/20	10/18/20		159.92	0.00	0.00	159.92
1901103017389A	SUPPLIES	10/10/20	09/18/20	10/18/20		159.92	0.00	0.00	159.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10442	INTERSTATE ALL BATTERY CENTER	319.84	0.00	0.00	319.84

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
5257	MONTHLY PHONE SUPPORT	10/08/20	10/01/20	10/01/20		250.00	0.00	0.00	250.00

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

12852

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100819		10/08/20	10/08/20	10/08/20		100.89	0.00	0.00	100.89

PATIENT REFUND

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12852		100.89	0.00	0.00	100.89

Vendor#	Vendor Name	Class	Pay Code
K1049	KENTEC MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1070995		09/30/20	09/26/20	10/17/20			52.50	0.00	0.00	52.50
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1049	KENTEC MEDICAL INC	52.50	0.00	0.00	52.50

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
093019		10/09/20	09/30/20	09/30/20			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
J1350	M.C. JOHNSON COMPANY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00380935		09/30/20	09/18/20	10/18/20			106.26	0.00	0.00	106.26
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC	106.26	0.00	0.00	106.26

Vendor#	Vendor Name	Class	Pay Code
12840			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100319		10/10/20	10/03/20	10/03/20			110.00	0.00	0.00	110.00
	PATIENT REFUND									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12840		110.00	0.00	0.00	110.00

Vendor#	Vendor Name	Class	Pay Code
M1511	MARKETLAB, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN00758670		09/30/20	09/17/20	10/17/20			26.03	0.00	0.00	26.03
	SUPPLIES 13.03 Shipping on (1)13.00 Blue tape									
IN00753186		10/07/20	09/11/20	10/11/20			160.24	0.00	0.00	160.24
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	186.27	0.00	0.00	186.27

Vendor#	Vendor Name	Class	Pay Code
M1950	MARTIN PRINTING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
74560		09/23/20	09/19/20	10/19/20			68.75	0.00	0.00	68.75
	SUPPLIES									
74570		09/23/20	09/19/20	10/19/20			97.20	0.00	0.00	97.20
	SUPPLIES 1000 Presc. slips - Asst. Docs									
74664		09/23/20	09/19/20	10/19/20			40.00	0.00	0.00	40.00
	SUPPLIES 100 Radiology Appt. cards, 100 OB-Pre Appt. cards									
74386		10/08/20	08/07/20	09/06/20			20.00	0.00	0.00	20.00
	REFERRAL CARDS (100)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

M1950	MARTIN PRINTING CO				225.95	0.00	0.00	225.95

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
64645780	SUPPLIES	09/30/20	09/23/20	10/17/20			2,072.27	0.00	0.00	2,072.27
64668133	SUPPLIES	09/30/20	09/23/20	10/17/20			194.31	0.00	0.00	194.31
64165584	SUPPLIES	10/09/20	09/17/20	10/17/20			210.13	0.00	0.00	210.13

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,476.71	0.00	0.00	2,476.71

Vendor#	Vendor Name	Class	Pay Code
11203	MEDI-DOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0741057	SUPPLIES	10/08/20	09/06/20	10/06/20			63.45	0.00	0.00	63.45

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	63.45	0.00	0.00	63.45

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
90278002	SUPPLIES	09/19/20	09/24/20	10/17/20			407.60	0.00	0.00	407.60
90285421	SUPPLIES	10/09/20	10/01/20	10/09/20			221.95	0.00	0.00	221.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	629.55	0.00	0.00	629.55

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
1886125964	SUPPLIES	09/18/20	08/30/20	10/17/20			19.67	0.00	0.00	19.67
1886495900	SUPPLIES	09/19/20	09/05/20	10/17/20			170.73	0.00	0.00	170.73
1886621317	SUPPLIES Freight 16.32 on (1) 6.31 immobilizer	09/19/20	09/06/20	10/17/20			21.63	0.00	0.00	21.63
1887133956	SUPPLIES	09/19/20	09/12/20	10/17/20			2,554.88	0.00	0.00	2,554.88
1887697157	SUPPLIES	09/30/20	09/19/20	10/17/20			3,617.33	0.00	0.00	3,617.33
1887697149	SUPPLIES	09/30/20	09/19/20	10/17/20			24.20	0.00	0.00	24.20
1887697159	SUPPLIES	09/30/20	09/19/20	10/17/20			20.04	0.00	0.00	20.04
1887697151	SUPPLIES	09/30/20	09/19/20	10/17/20			297.86	0.00	0.00	297.86
1887697148	SUPPLIES	09/30/20	09/19/20	10/17/20			33.60	0.00	0.00	33.60
1887697158	SUPPLIES	09/30/20	09/19/20	10/17/20			709.17	0.00	0.00	709.17

1887697154	09/30/20	09/19/20	10/17/20	35.09	0.00	0.00	35.09
SUPPLIES							
1887769376	09/30/20	09/20/20	10/19/20	85.58	0.00	0.00	85.58
SUPPLIES							
1887937542	09/30/20	09/21/20	10/17/20	66.80	0.00	0.00	66.80
SUPPLIES							
1888086166	09/30/20	09/24/20	10/19/20	2,684.36	0.00	0.00	2,684.36
SUPPLIES							
1888086168	09/30/20	09/24/20	10/19/20	23.60	0.00	0.00	23.60
SUPPLIES Friight 17.63 on (3) 1.99 stocking anti-Emb Knee, large							
1888086167	09/30/20	09/24/20	10/19/20	30.79	0.00	0.00	30.79
SUPPLIES Friight 15.25 on (1) 15.54 collector							
1888086162	09/30/20	09/24/20	10/19/20	35.96	0.00	0.00	35.96
SUPPLIES							
1888086163	09/30/20	09/24/20	10/19/20	50.00	0.00	0.00	50.00
SUPPLIES							
1888086169	09/30/20	09/24/20	10/19/20	954.42	0.00	0.00	954.42
SUPPLIES							
1888086165	09/30/20	09/24/20	10/19/20	5.73	0.00	0.00	5.73
SUPPLIES							
1888086161	09/30/20	09/24/20	10/19/20	97.14	0.00	0.00	97.14
SUPPLIES							
1888086164	09/30/20	09/24/20	10/19/20	27.07	0.00	0.00	27.07
SUPPLIES							
1887133950	10/07/20	09/12/20	10/07/20	42.16	0.00	0.00	42.16
SUPPLIES							
1887545066	10/07/20	09/18/20	10/13/20	834.19	0.00	0.00	834.19
SUPPLIES							
1887697152	10/08/20	09/19/20	10/17/20	195.00	0.00	0.00	195.00
SUPPLIES							
1888227682	10/09/20	09/25/20	10/20/20	91.84	0.00	0.00	91.84
SUPPLIES							
1888463328	10/09/20	09/27/20	10/22/20	339.74	0.00	0.00	339.74
SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	13,068.58	0.00	0.00	13,068.58

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
093019		10/09/20	09/30/20	09/30/20			192.00	0.00	0.00	192.00
	PAYROLL DED (Payroll deductions for MMC clinic visits)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	192.00	0.00	0.00	192.00

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
185632700		09/30/20	09/20/20	10/20/20			-308.00	0.00	0.00	-308.00
	CREDIT									
185623100		09/30/20	09/23/20	10/23/20			361.68	0.00	0.00	361.68
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11976	MID-COAST ELECTRIC SUPPLY, INC	53.68	0.00	0.00	53.68

Vendor#	Vendor Name				Class	Pay Code				
12856	MONITOR INSTRUMENTS, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	17822		10/08/20	09/03/20	09/03/20		219.00	0.00	0.00	219.00
		YRLY CALIBRATION HEARING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12856	MONITOR INSTRUMENTS, INC.				219.00	0.00	0.00	219.00
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
	CM99451		09/30/20	09/29/20	10/17/20		-85.31	0.00	0.00	-85.31
	4744749	CREDIT	09/30/20	10/01/20	10/17/20		152.55	0.00	0.00	152.55
	4744751	INVENTORY	09/30/20	10/01/20	10/17/20		8.56	0.00	0.00	8.56
	4744750	INVENTORY	09/30/20	10/01/20	10/17/20		504.73	0.00	0.00	504.73
	4744748	INVENTORY	09/30/20	10/01/20	10/18/20		739.43	0.00	0.00	739.43
	4749007	INVENTORY	09/30/20	10/02/20	10/17/20		567.04	0.00	0.00	567.04
	4749006	INVENTORY	09/30/20	10/02/20	10/17/20		969.53	0.00	0.00	969.53
	4754806	INVENTORY	10/08/20	10/03/20	10/13/20		1,881.47	0.00	0.00	1,881.47
	4753112	INVENTORY	10/08/20	10/03/20	10/13/20		188.18	0.00	0.00	188.18
	CM11570		10/08/20	10/03/20	10/13/20		-4.34	0.00	0.00	-4.34
	4754805	CREDIT	10/08/20	10/03/20	10/13/20		20.56	0.00	0.00	20.56
	CM11571	INVENTORY	10/08/20	10/03/20	10/13/20		-24.63	0.00	0.00	-24.63
	4765149	CREDIT	10/08/20	10/07/20	10/17/20		32.00	0.00	0.00	32.00
	4765148	INVENTORY	10/08/20	10/07/20	10/17/20		1,741.36	0.00	0.00	1,741.36
	4765147	INVENTORY	10/08/20	10/07/20	10/17/20		77.06	0.00	0.00	77.06
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				6,768.19	0.00	0.00	6,768.19
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
	98128180		09/30/20	09/16/20	10/17/20		108.58	0.00	0.00	108.58
	98092958	SUPPLIES	10/09/20	09/09/20	10/04/20		180.93	0.00	0.00	180.93
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC				289.51	0.00	0.00	289.51

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
	1851128144		09/30/20	09/18/20	10/18/20		183.03	0.00	0.00	183.03
		SUPPLIES								
	1851112368		10/09/20	09/04/20	10/04/20		133.03	0.00	0.00	133.03
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				316.06	0.00	0.00	316.06
Vendor#	Vendor Name				Class	Pay Code				
P0706	PALACIOS BEACON				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	33056670		09/30/20	09/20/20	10/17/20		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#	Vendor Name				Class	Pay Code				
10152	PARTSSOURCE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	03257109		10/07/20	09/05/20	10/05/20		27.07	0.00	0.00	27.07
		SUPPLIES Shipping 18.09 on (1) 8.98 6 Volt battery								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10152	PARTSSOURCE, LLC				27.07	0.00	0.00	27.07
Vendor#	Vendor Name				Class	Pay Code				
12544	PATRICK OCHOA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	MMC1092019B		10/07/20	10/07/20	10/07/20		275.00	0.00	0.00	275.00
		LAWN 1016 N VIRGINIA – Clinic October 2019								
	MMCR102019		10/07/20	10/07/20	10/07/20		125.00	0.00	0.00	125.00
		LAWN 701 N VIRGINIA – Rehab October 2019								
	MMC1102019		10/07/20	10/07/20	10/07/20		434.00	0.00	0.00	434.00
		LAWN 815 N. VIRGINIA – MMC October 2019								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12544	PATRICK OCHOA				834.00	0.00	0.00	834.00
Vendor#	Vendor Name				Class	Pay Code				
P2180	POSITIVE PROMOTIONS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	06385743		09/30/20	09/18/20	10/17/20		54.00	0.00	0.00	54.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2180	POSITIVE PROMOTIONS				54.00	0.00	0.00	54.00
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
	6720		09/30/20	10/03/20	10/17/20		56.00	0.00	0.00	56.00
		MAMO SPECIAL - FOAMBOARI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11251	RAPID PRINTING LLC				56.00	0.00	0.00	56.00
Vendor#	Vendor Name				Class	Pay Code				
11764	ROBERT RODRIQUEZ									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	100819		10/09/20	10/08/20	10/08/20		35.00	0.00	0.00	35.00

REIMB - RHC OPEN HOUSE- Halcpaska's cookies and petifours for clinic open house

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQUEZ	35.00	0.00	0.00	35.00

Vendor#	Vendor Name	Class	Pay Code
11164	RS CLARK & ASSOCIATES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20190630		10/09/20	06/30/20	07/31/20		817.02	0.00	0.00	817.02
	COLLECTION								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11164	RS CLARK & ASSOCIATES, INC	817.02	0.00	0.00	817.02

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8725		10/09/20	06/25/20	06/25/20		148.42	0.00	0.00	148.42
	CONTRACT BILLING								
1283		10/09/20	07/01/20	07/01/20		10.91	0.00	0.00	10.91
	CONTRACT BILLING								
8915		10/09/20	07/01/20	07/01/20		1,260.75	0.00	0.00	1,260.75
	CONTRACT BILLING								
8631		10/09/20	07/01/20	07/01/20		249.55	0.00	0.00	249.55
	CONTRACT BILLING								
8726		10/09/20	07/01/20	07/02/20		508.29	0.00	0.00	508.29
	CONTRACT BILLING								
8811		10/09/20	07/02/20	07/02/20		29.17	0.00	0.00	29.17
	CONTRACT BILLING								
8630A		10/09/20	07/02/20	07/02/20		303.80	0.00	0.00	303.80
	CONTRACT BILLING								
1284		10/09/20	07/03/20	07/03/20		21.82	0.00	0.00	21.82
	CONTRACT BILLING								
8916		10/09/20	07/15/20	07/15/20		420.25	0.00	0.00	420.25
	CONTRACT BILLING								
1494		10/09/20	07/16/20	07/16/20		40.08	0.00	0.00	40.08
	CONTRACT BILLING								
1285		10/09/20	08/09/20	08/09/20		10.91	0.00	0.00	10.91
	CONTRACT BILLING								
89-189		10/09/20	08/09/20	08/09/20		1,260.75	0.00	0.00	1,260.75
	CONTRACT READING								
8917		10/09/20	08/09/20	08/09/20		1,330.54	0.00	0.00	1,330.54
	CONTRACT BILLING								
8633		10/09/20	08/12/20	08/12/20		303.80	0.00	0.00	303.80
	CONTRACT BILLING								
86-34		10/09/20	08/12/20	08/12/20		319.12	0.00	0.00	319.12
	CONTRACT BILLING								
8727		10/09/20	08/12/20	08/12/20		258.79	0.00	0.00	258.79
	CONTRACT BILLING								
87-28		10/09/20	08/12/20	08/12/20		197.85	0.00	0.00	197.85
	CONTRACT READINGS								
117-3		10/09/20	08/13/20	08/13/20		9.42	0.00	0.00	9.42
	CONTRACT BILLING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10195	SINGLETON ASSOCIATES PA	6,684.22	0.00	0.00	6,684.22

Vendor#	Vendor Name				Class	Pay Code				
12848	SKILLGIGS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21614		10/07/20	09/19/20	10/19/20		2,124.99	0.00	0.00	2,124.99
		ICU NURSE DEE ROWE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12848	SKILLGIGS INC.				2,124.99	0.00	0.00	2,124.99
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
	091619A		10/09/20	09/16/20	09/30/20		1,150.00	0.00	0.00	1,150.00
		CABLE								
	091619B		10/09/20	09/16/20	09/30/20		68.15	0.00	0.00	68.15
		CABLE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1010	SPARKLIGHT				1,218.15	0.00	0.00	1,218.15
Vendor#	Vendor Name				Class	Pay Code				
10220	SPECTRUM TECHNOLOGIES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	11802719		10/09/20	09/13/20	10/13/20		1,040.00	0.00	0.00	1,040.00
		CALIBRATION SERVICE								
	3067426		10/09/20	09/19/20	10/19/20		569.51	0.00	0.00	569.51
		CALIBRATION								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10220	SPECTRUM TECHNOLOGIES				1,609.51	0.00	0.00	1,609.51
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
	8339634		09/30/20	09/12/20	10/17/20		187.42	0.00	0.00	187.42
		SUPPLIES								
	11936208		09/30/20	09/16/20	10/17/20		-172.13	0.00	0.00	-172.13
		CREDIT RE: INV 8339634								
	8344375		09/30/20	09/16/20	10/17/20		172.13	0.00	0.00	172.13
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION				187.42	0.00	0.00	187.42
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
	800006885		09/30/20	09/07/20	10/17/20		500.00	0.00	0.00	500.00
		RF RENTAL								
	900401030		09/30/20	09/16/20	10/17/20		62.64	0.00	0.00	62.64
		SUPPLIES								
	800006884		10/07/20	08/08/20	09/07/20		500.00	0.00	0.00	500.00
		RF RENTAL & PROBE RENTAL								
	800008298		10/07/20	08/26/20	09/25/20		1,000.00	0.00	0.00	1,000.00
		RF RENTAL								
	900182615		10/09/20	09/05/20	09/05/20		2,100.00	0.00	0.00	2,100.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP				4,162.64	0.00	0.00	4,162.64
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
3715943	SUPPLIES	09/30/20	08/08/20	10/17/20		3,049.26	0.00	0.00	3,049.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	3,049.26	0.00	0.00	3,049.26

Vendor# Vendor Name — Class — Pay Code

12476 SUN LIFE FINANCIAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
092519	INSURANCE - life	09/30/20	09/25/20	10/17/20		11,860.83	0.00	0.00	11,860.83

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL	11,860.83	0.00	0.00	11,860.83

Vendor# Vendor Name — Class — Pay Code

T0801 TLC STAFFING — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
25379	STAFFING	09/30/20	09/30/20	10/17/20		1,396.28	0.00	0.00	1,396.28

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	1,396.28	0.00	0.00	1,396.28

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
052002958866	ELECTRICITY	10/09/20	09/26/20	10/16/20		38,447.51	0.00	0.00	38,447.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	38,447.51	0.00	0.00	38,447.51

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
8400311835	LAUNDRY	09/24/20	09/23/20	10/18/20		47.15	0.00	0.00	47.15
8400311836	LAUNDRY	09/24/20	09/23/20	10/18/20		69.89	0.00	0.00	69.89
8400312222	LAUNDRY	09/30/20	09/26/20	10/21/20		630.23	0.00	0.00	630.23
8400312185	LAUNDRY	09/30/20	09/26/20	10/21/20		175.83	0.00	0.00	175.83
8400312183	LAUNDRY	09/30/20	09/26/20	10/21/20		270.62	0.00	0.00	270.62
8400312206	LAUNDRY	09/30/20	09/26/20	10/21/20		80.83	0.00	0.00	80.83
8400312182	LAUNDRY	09/30/20	09/26/20	10/21/20		120.39	0.00	0.00	120.39
8400312249	LAUNDRY	09/30/20	09/26/20	10/21/20		107.69	0.00	0.00	107.69
8400312184	LAUNDRY	09/30/20	09/26/20	10/21/20		162.29	0.00	0.00	162.29
8400312180	LAUNDRY	09/30/20	09/26/20	10/21/20		18.62	0.00	0.00	18.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

U1064	UNIFIRST HOLDINGS INC			1,683.54	0.00	0.00	1,683.54

Vendor# Vendor Name — Class — Pay Code

10450 UNIT DRUG CO, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
24794	SUPPLIES	09/30/20	09/25/20	10/17/20			51.55	0.00	0.00	51.55

Vendor Totals Number Name — Gross — Discount — No-Pay — Net

10450	UNIT DRUG CO, LLC	51.55	0.00	0.00	51.55

Vendor# Vendor Name — Class — Pay Code

U1350 UPS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000778941389	SHIPPING	10/08/20	09/21/20	09/21/20			306.44	0.00	0.00	306.44

Vendor Totals Number Name — Gross — Discount — No-Pay — Net

U1350	UPS	306.44	0.00	0.00	306.44

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
100719A	ANESTHESA–shortfall of monthly collections guarantee – cumulative stipend 460,614.96 (Oct-18– Sept 19)	10/10/20	10/07/20	10/07/20			42,067.20	0.00	0.00	42,067.20

Vendor Totals Number Name — Gross — Discount — No-Pay — Net

V1058	VICTORIA ANESTHESIOLOGY	42,067.20	0.00	0.00	42,067.20

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
19090261	AD	09/30/20	09/30/20	10/17/20			120.00	0.00	0.00	120.00
19090259	AD	09/30/20	09/30/20	10/17/20			280.00	0.00	0.00	280.00
19090258	AD	09/30/20	09/30/20	10/17/20			280.00	0.00	0.00	280.00

Vendor Totals Number Name — Gross — Discount — No-Pay — Net

V1471	VICTORIA RADIOWORKS, LTD	680.00	0.00	0.00	680.00

Vendor# Vendor Name — Class — Pay Code

10793 WAGEWORKS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
093019	PAYROLL DED	10/09/20	09/30/20	09/30/20			3,658.37	0.00	0.00	3,658.37

Vendor Totals Number Name — Gross — Discount — No-Pay — Net

10793	WAGEWORKS	3,658.37	0.00	0.00	3,658.37

Vendor# Vendor Name — Class — Pay Code

W1040 WATERMARK GRAPHICS INC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
126791	MMC SHIRTS – PT Department – Payroll deduct	10/08/20	09/19/20	10/19/20			45.00	0.00	0.00	45.00

Vendor Totals Number Name — Gross — Discount — No-Pay — Net

W1040	WATERMARK GRAPHICS INC	45.00	0.00	0.00	45.00

Vendor# Vendor Name — Class — Pay Code

10556 WOUND CARE SPECIALISTS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
WCS00003089	WOUND CARE	09/30/20	09/01/20	10/17/20			13,900.00	0.00	0.00	13,900.00

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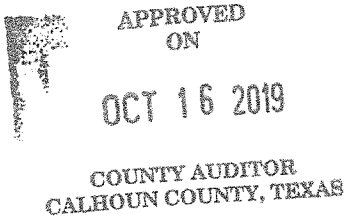
BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	182739	10/16/19	87.49	ACE HARDWARE 15521
A/P	182740	10/16/19	21.35	ACOG DISTRIBUTION CENTER
A/P	182741	10/16/19	17.14	ADVANCE MEDICAL DESIGNS INC
A/P	182742	10/16/19	1,640.28	AIRGAS USA, LLC - CENTRAL DIV
A/P	182743	10/16/19	1,594.15	ALCON LABORATORIES, INC.
A/P	182744	10/16/19	248.98	ALIMED INC.
A/P	182745	10/16/19	103.88	AMERISOURCEBERGEN DRUG CORP
A/P	182746	10/16/19	5,000.00	AUTHORITYRX
A/P	182747	10/16/19	150.00	BARD ACCESS
A/P	182748	10/16/19	3,720.95	BAXTER HEALTHCARE
A/P	182749	10/16/19	3,935.56	BECKMAN COULTER INC
A/P	182750	10/16/19	218,262.89	BLUE CROSS BLUE SHIELD
A/P	182751	10/16/19	2,216.00	BUILDING KID STEPS
A/P	182752	10/16/19	150.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	182753	10/16/19	324.61	CARDINAL HEALTH 414, INC.
A/P	182754	10/16/19	3,000.73	CDW GOVERNMENT, INC.
A/P	182755	10/16/19	280.00	CHRIS KOVAREK
A/P	182756	10/16/19	6,389.10	CITY OF PORT LAVACA
A/P	182757	10/16/19	14,599.56	COASTAL OFFICE SOLUTONS
A/P	182758	10/16/19	1,014.98	COMBINED INSURANCE
A/P	182759	10/16/19	87.50	CONMED CORPORATION
A/P	182760	10/16/19	214.50	CULLIGAN OF VICTORIA
A/P	182761	10/16/19	324.81	CUSTOM MEDICAL SPECIALTIES
A/P	182762	10/16/19	1,180.65	DEWITT POTH & SON
A/P	182763	10/16/19	9,310.00	E-MDS, INC
A/P	182764	10/16/19	60.61	EDWARDS LIFESCIENCES
A/P	182765	10/16/19	68.76	ELITECH GROUP INC (WESCOR)
A/P	182766	10/16/19	154.95	ERBE USA INC SURGICAL SYSTEMS
A/P	182767	10/16/19	121.80	FARAH JANAK
A/P	182768	10/16/19	495.00	FASTHEALTH CORPORATION
A/P	182769	10/16/19	26.51	FEDERAL EXPRESS CORP.
A/P	182770	10/16/19	3,034.56	FIRETROL PROTECTION SYSTEMS
A/P	182771	10/16/19	3,521.85	FISHER HEALTHCARE
A/P	182772	10/16/19	672.90	FRONTIER
A/P	182773	10/16/19	468.56	GLAXOSMITHKLINE PHARMACUETICAL
A/P	182774	10/16/19	46.80	GRAINGER
A/P	182775	10/16/19	744.16	GULF COAST PAPER COMPANY
A/P	182776	10/16/19	708.75	HOLOGIC INC
A/P	182777	10/16/19	11.25	ICU MEDICAL, INC
A/P	182778	10/16/19	319.84	INTERSTATE ALL BATTERY CENTER
A/P	182779	10/16/19	250.00	ITERSOURCE CORPORATION
A/P	182780	10/16/19	100.89	
A/P	182781	10/16/19	52.50	KENTEC MEDICAL INC
A/P	182782	10/16/19	1,190.86	M G TRUST
A/P	182783	10/16/19	106.26	M.C. JOHNSON COMPANY INC
A/P	182784	10/16/19	110.00	
A/P	182785	10/16/19	186.27	MARKETLAB, INC
A/P	182786	10/16/19	225.95	MARTIN PRINTING CO
A/P	182787	10/16/19	2,476.71	MCKESSON MEDICAL SURGICAL INC
A/P	182788	10/16/19	63.45	MEDI-DOSE, INC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	182789	10/16/19	629.55	MEDIVATORS
A/P	182790	10/16/19	.00	VOIDED
A/P	182791	10/16/19	.00	VOIDED
A/P	182792	10/16/19	.00	VOIDED
A/P	182793	10/16/19	13,068.58	MEDLINE INDUSTRIES INC
A/P	182794	10/16/19	192.00	MEMORIAL MEDICAL CLINIC
A/P	182795	10/16/19	53.68	MID-COAST ELECTRIC SUPPLY, INC
A/P	182796	10/16/19	219.00	MONITOR INSTRUMENTS, INC.
A/P	182797	10/16/19	6,768.19	MORRIS & DICKSON CO, LLC
A/P	182798	10/16/19	289.51	OLYMPUS AMERICA INC
A/P	182799	10/16/19	316.06	ORTHO CLINICAL DIAGNOSTICS
A/P	182800	10/16/19	187.50	PALACIOS BEACON
A/P	182801	10/16/19	27.07	PARTSSOURCE, LLC
A/P	182802	10/16/19	834.00	PATRICK OCHOA
A/P	182803	10/16/19	54.00	POSITIVE PROMOTIONS
A/P	182804	10/16/19	56.00	RAPID PRINTING LLC
A/P	182805	10/16/19	35.00	ROBERT RODRIQUEZ
A/P	182806	10/16/19	817.02	RS CLARK & ASSOCIATES, INC
A/P	182807	10/16/19	.00	VOIDED
A/P	182808	10/16/19	6,684.22	SINGLETON ASSOCIATES PA
A/P	182809	10/16/19	2,124.99	SKILLGIGS INC.
A/P	182810	10/16/19	1,218.15	SPARKLIGHT
A/P	182811	10/16/19	1,609.51	SPECTRUM TECHNOLOGIES
A/P	182812	10/16/19	187.42	STERIS CORPORATION
A/P	182813	10/16/19	4,162.64	STRYKER SALES CORP
A/P	182814	10/16/19	3,049.26	STRYKER SUSTAINABILITY
A/P	182815	10/16/19	11,860.83	SUN LIFE FINANCIAL
A/P	182816	10/16/19	1,396.28	TLC STAFFING
A/P	182817	10/16/19	38,447.51	TXU ENERGY
A/P	182818	10/16/19	1,683.54	UNIFIRST HOLDINGS INC
A/P	182819	10/16/19	51.55	UNIT DRUG CO, LLC
A/P	182820	10/16/19	306.44	UPS
A/P	182821	10/16/19	42,067.20	VICTORIA ANESTHESIOLOGY
A/P	182822	10/16/19	680.00	VICTORIA RADIOWORKS, LTD
A/P	182823	10/16/19	3,658.37	WAGEWORKS
A/P	182824	10/16/19	45.00	WATERMARK GRAPHICS INC
A/P	182825	10/16/19	13,900.00	WOUND CARE SPECIALISTS
TOTALS:			445,774.37	



Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	13,900.00	0.00	0.00	13,900.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	445,774.37	0.00	0.00	445,774.37

APPROVED
ON
OCT 11 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 182739-182825

McKESSON

Company 8000

STATEMENT

As of: 10/04/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 10/05/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/04/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/05/2019 **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: 2,730.31 USD

Future Due:	0.00				Due If Paid On Time: USD 2,675.70
Past Due:	0.00	If Paid By 10/08/2019, Pay This Amount:	2,675.70	USD	Disc lost if paid late: 54.61
Last Payment 08/07/2017	2,451.97	If Paid After 10/08/2019, Pay this Amount:	2,730.31	USD	Due If Paid Late: USD 2,730.31

CK# 500035
GL# 10031000

884.30 +
364.68 +
1,157.52 +
269.20 +
2,675.70 *

APPROVED
ON
OCT 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 10/04/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/05/2019

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/04/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/05/2019 **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											
09/30/2019	10/08/2019	7159059976	7566779605	115Invoice	7.57	378.55		370.98	✓	7159059976	
09/30/2019	10/08/2019	7159059977	0929190152-00	115Invoice	0.03	1.27		1.24	✓	7159059977	
09/30/2019	10/08/2019	7159193007	763446518	195Invoice	0.07	3.58		3.51	✓	7159193007	
10/01/2019	10/08/2019	7159332218	4016830149	115Invoice		0.16		0.16	✓	7159332218	
10/01/2019	10/08/2019	7159339691	0930190714-00	115Invoice	5.61	280.27		274.66	✓	7159339691	
10/01/2019	10/08/2019	7159475035	763815488	195Invoice	0.01	0.32		0.31	✓	7159475035	
10/02/2019	10/08/2019	7159759109	000100119TM	115Invoice	0.01	0.63		0.62	✓	7159759109	
10/02/2019	10/08/2019	7159882378	000100119TM	115Invoice	0.01	0.63		0.62	✓	7159882378	
10/03/2019	10/08/2019	7159998305	0000010022019AS	115Invoice	0.73	36.40		35.67	✓	7159998305	
10/04/2019	10/08/2019	7160070292	9366844438	115Invoice	3.99	199.60		195.61	✓	7160070292	
10/04/2019	10/08/2019	7160070295	1003190248-00	115Invoice	0.02	0.94		0.92	✓	7160070295	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 902.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/09/2019 2,810.94

If Paid By 10/08/2019, Pay This Amount: 884.30 USD

If Paid After 10/08/2019, Pay this Amount: 902.35 USD

Due If Paid On Time: USD 884.30

Disc lost if paid late: 18.05

Due If Paid Late: USD 902.35

APPROVED
ON

OCT 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 10/05/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/04/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 10/05/2019 **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											
10/02/2019	10/08/2019	7159577360	2017009840	115Invoice	1.30	65.17		63.87 ✓		7159577360	
10/04/2019	10/08/2019	7160051490	2017009885	115Invoice	6.14	306.95		300.81 ✓		7160051490	

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: 372.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,810.94
09/30/2019

If Paid By 10/08/2019,
Pay This Amount: 364.68 USD

If Paid After 10/08/2019,
Pay this Amount: 372.12 USD

Due If Paid On Time:
USD 364.68
Disc lost if paid late:
7.44
Due If Paid Late:
USD 372.12

APPROVED
ON
OCT 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2019 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 10/05/2019

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

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

As of: 10/04/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 10/05/2019 **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											
10/03/2019	10/08/2019	7159984295	569805	115Invoice	23.62	1,181.14		1,157.52		7159984295	

P/F 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: 1,181.14 USD

Future Due:	0.00			
Past Due:	0.00	If Paid By 10/08/2019, Pay This Amount:	1,157.52	USD
Last Payment 09/30/2019	2,810.94	If Paid After 10/08/2019, Pay this Amount:	1,181.14	USD

Due If Paid On Time: USD 1,157.52
Disc lost if paid late: 23.62
Due If Paid Late: USD 1,181.14

APPROVED
ON

OCT 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 10/04/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 10/05/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/04/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 10/05/2019 **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											
10/03/2019	10/08/2019	7159835762	569521	115Invoice	5.33	266.38		261.05 ✓		7159835762	
10/03/2019	10/08/2019	7159835764	569521	115Invoice	0.17	8.32		8.15 ✓		7159835764	

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: 274.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,810.94
09/30/2019

If Paid By 10/08/2019,
Pay This Amount: 269.20 USD

If Paid After 10/08/2019,
Pay this Amount: 274.70 USD

Due If Paid On Time:
USD 269.20
Disc lost if paid late:
5.50
Due If Paid Late:
USD 274.70

APPROVED
ON
OCT 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company 8000

STATEMENT

As of: 10/11/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 10/11/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/11/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/11/2019 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,366.78 USD

Future Due: 0.00

Past Due: 0.00

If Paid By 10/15/2019,
Pay This Amount: 4,279.45 USD

Due If Paid On Time:
USD 4,279.45

Disc lost if paid late:
87.33

Last Payment 2,451.97
08/07/2017

If Paid After 10/15/2019,
Pay this Amount: 4,366.78 USD

Due If Paid Late:
USD 4,366.78

CK# ~~[illegible]~~ 500037

CK# 00310000

1,263.43 +
1,148.73 +
73.42 +
1,395.74 +
398.13 +
4,279.45 *

APPROVED
ON
OCT 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 10/11/2019

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/11/2019

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/11/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/11/2019 **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											
10/07/2019	10/15/2019	7160524403	000010042019as	115Invoice	0.06	2.93		2.87	✓	7160524403	
10/08/2019	10/15/2019	7160587993	5316916292	115Invoice	10.65	532.41		521.76	✓	7160587993	
10/08/2019	10/15/2019	7160587994	1007190338-00	115Invoice	0.01	0.33		0.32	✓	7160587994	
10/08/2019	10/15/2019	7160719286	765255187	195Invoice		0.09		0.09	✓	7160719286	
10/09/2019	10/15/2019	7160827279	5316918215	115Invoice	5.77	288.28		282.51	✓	7160827279	
10/09/2019	10/15/2019	7160961654	765510801	195Invoice	2.96	147.86		144.90	✓	7160961654	
10/10/2019	10/15/2019	7161249105	08290328203	115Invoice	6.34	317.16		310.82	✓	7161249105	
10/11/2019	10/15/2019	7161314930	9066927242	115Invoice		0.16		0.16	✓	7161314930	

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: 1,289.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,675.70
10/07/2019

If Paid By 10/15/2019,
Pay This Amount: 1,263.43 USD

If Paid After 10/15/2019,
Pay this Amount: 1,289.22 USD

Due If Paid On Time:
USD 1,263.43

Disc lost if paid late:
25.79

Due If Paid Late:
USD 1,289.22

McKESSON

STATEMENT

Company: 8000

As of: 10/11/2019

Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 10/11/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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As of: 10/11/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 10/11/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
10/10/2019	10/15/2019	7161053587	55x543806	115Invoice	22.22	1,110.96		1,088.74	✓	7161053587	
10/11/2019	10/15/2019	7161298576	55x545614	115Invoice	1.22	61.21		59.99	✓	7161298576	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 1,172.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,810.94
09/30/2019

If Paid By 10/15/2019,
Pay This Amount: 1,148.73 USD

If Paid After 10/15/2019,
Pay this Amount: 1,172.17 USD

Due If Paid On Time:
USD 1,148.73

Disc lost if paid late:
23.44 CEO

Due If Paid Late:
USD 1,172.17

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ON
OCT 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company 8000

STATEMENT

As of: 10/11/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 10/11/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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As of: 10/11/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 10/11/2019 **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											
10/11/2019	10/15/2019	7161296670	2017009952	115Invoice	1.50	74.92		73.42 ✓		7161296670	☐

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: 74.92 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/07/2019 2,675.70

If Paid By 10/15/2019, Pay This Amount: 73.42 USD

If Paid After 10/15/2019, Pay this Amount: 74.92 USD

Due If Paid On Time: USD 73.42

Disc lost if paid late: 1.50

Due If Paid Late: USD 74.92

APPROVED ON
OCT 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company 8000

As of: 10/11/2019

Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 10/11/2019

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

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

As of: 10/11/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 10/11/2019 **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											
10/10/2019	10/15/2019	7161231666	574745	115Invoice	28.48	1,424.22		1,395.74	✓	7161231666	

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: 1,424.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/07/2019 2,675.70

If Paid By 10/15/2019, Pay This Amount: 1,395.74 USD

If Paid After 10/15/2019, Pay this Amount: 1,424.22 USD

Due If Paid On Time: USD 1,395.74

Disc lost if paid late: 28.48

Due If Paid Late: USD 1,424.22

APPROVED
ON
OCT 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 10/11/2019

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 10/11/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 10/11/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 10/11/2019 **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											
10/10/2019	10/15/2019	7161081277	574470	115Invoice	7.52	376.01		368.49 ✓		7161081277	
10/10/2019	10/15/2019	7161081278	574470	115Invoice	0.60	30.24		29.64 ✓		7161081278	

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: 406.25 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/07/2019 2,675.70

If Paid By 10/15/2019, Pay This Amount: 398.13 USD

If Paid After 10/15/2019, Pay this Amount: 406.25 USD

Due If Paid On Time: USD 398.13

Disc lost if paid late: 8.12

Due If Paid Late: USD 406.25

APPROVED
ON
OCT 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58437636 Date: 10-04-2019

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:	1,252.15
Past Due:	0.00
Total Due:	1,252.15
Account Balance:	1,252.15

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
09-30-2019	10-11-2019	3028083055	151062	Invoice	26.98
09-30-2019	10-11-2019	3028083056	151066	Invoice	567.97
10-03-2019	10-11-2019	3028293686	151146	Invoice	458.31
10-04-2019	10-11-2019	3028348168	151163	Invoice	198.89

Thank You for Your Payment

Date	Payment Number	Amount
10-04-2019		(130.21)

Reminders

Due Date	Amount
10-11-2019	1,252.15
Total Due:	1,252.15

Terms:
Monday - Friday due in 7 days

and RO

CK# 500036
GL# 10310000

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ON
OCT 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen®

STATEMENT

Number: 58456522 Date: 10-11-2019

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:	1,784.97
Past Due:	0.00
Total Due:	1,784.97
Account Balance:	1,784.97

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
10-07-2019	10-18-2019	3028372998	151172	Invoice	6.78
10-07-2019	10-18-2019	3028372999	151222	Invoice	28.10
10-07-2019	10-18-2019	3028437835	151269	Invoice	382.90
10-07-2019	10-18-2019	330283322	147001	Invoice	(8.53)
10-07-2019	10-18-2019	330283323	147001	Invoice	0.57
10-07-2019	10-18-2019	330285666	143772	Invoice	(10.10)
10-07-2019	10-18-2019	330285669	143772	Invoice	0.57
10-08-2019	10-18-2019	3028476425	151278	Invoice	3.60
10-09-2019	10-18-2019	3028536377	151322	Invoice	273.17
10-10-2019	10-18-2019	3028599979	151334	Invoice	525.16
10-11-2019	10-18-2019	3028654530	151431	Invoice	582.75

Thank You for Your Payment

Date	Payment Number	Amount
10-11-2019		(1,252.15)

Reminders

Due Date	Amount
10-18-2019	1,784.97

Total Due: 1,784.97

Terms:
Monday - Friday due in 7 days

500038
CK# ~~503800~~

APPROVED
ON
OCT 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

	#### ###	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		.	
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	19	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	9	

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 98,920.21	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 49,668.38	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,941.36	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 37,310.47	#
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	11768.50	N	N	N	N	N	284061.87
1	REGULAR PAY-S1	214.25	Y	N	N	N	N	6863.84
2	REGULAR PAY-S2	2683.50	N	N	N	N	N	59910.44
2	REGULAR PAY-S2	118.75	Y	N	N	N	N	4558.55
3	REGULAR PAY-S3	1523.25	N	N	N	N	N	41100.33
3	REGULAR PAY-S3	118.75	Y	N	N	N	N	4588.12
C	CALL PAY	2208.00	N	1	N	N	N	4416.00
C	CALL PAY	24.00	N	N	N	N	N	48.00
D	DOUBLE TIME	12.00	N	N	N	N	N	490.56
E	EXTRA WAGES		N	1	N	N	N	2056.75
E	EXTRA WAGES		N	N	N	N	N	186.90
F	FUNERAL LEAVE	8.00	N	1	N	N	N	95.84
I	INSERVICE	134.00	N	1	N	N	N	4844.43
I	INSERVICE	1.25	N	2	N	N	N	31.56
I	INSERVICE	1.25	Y	1	N	N	N	63.69
K	EXTENDED-ILLNESS-BANK	286.00	N	1	N	N	N	6378.76
M	MEAL REIMBURSEMENT		N	N	N	N	N	27.00
P	PAID-TIME-OFF	926.82	N	1	N	N	N	22347.08
P	PAID-TIME-OFF		N	N	N	N	N	-1294.40
X	CALL PAY 2	160.00	N	1	N	N	N	320.00
Y	YMCA/CURVES		N	N	N	N	N	105.00
Z	CALL PAY 3	96.00	N	1	N	N	N	288.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	753.75	A/R2	218.05	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1597.50	CAFE-F	
CAFE-H	18400.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	310.00	COMBIN	507.49	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	55.00
FEDTAX	37310.47	FICA-M	5970.68	FICA-O	24834.17
FIRSTC		FLEX S	3554.52	FLX FE	
FORT D		FUTA		GIFT S	166.43
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	637.97	MASA	-71.50	MEALS	166.84
MISC		MISC/		MMCSHR	
NATFML	1990.24	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS	405.50	SCRUBS	
SIGNON		ST-TX		STONDF	1190.86
STONE		STONB2		STUDEN	
SUNACC	887.61	SUNILL	1596.69	SUNLIF	1415.49
SUNSTD	1435.00	SUNVIS	1059.60	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	31058.61	TUTION		UNIFOR	2107.38
UW/HOS					

Grand Totals: 20284.32 ------- (Gross: 441488.32 Deductions: 137904.50 Net: 303583.82)

Pay date 10-18-19

10-15-19

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9962.00	N		N	N		200168.29
1	REGULAR PAY-S1	1806.50	N		N	N	N	83893.58
1	REGULAR PAY-S1	214.25	Y		N	N		6863.84
2	REGULAR PAY-S2	2683.50	N		N	N		59910.44
2	REGULAR PAY-S2	118.75	Y		N	N		4558.55
3	REGULAR PAY-S3	1523.25	N		N	N		41100.33
3	REGULAR PAY-S3	118.75	Y		N	N		4588.12
C	CALL PAY	24.00	N		N	N	N	48.00
C	CALL PAY	2208.00	N	1	N	N		4416.00
D	DOUBLE TIME	12.00	N		N	N	N	490.56
E	EXTRA WAGES		N		N	N	N	186.90
E	EXTRA WAGES		N	1	N	N	N	2056.75
F	FUNERAL LEAVE	8.00	N	1	N	N		95.84
I	INSERVICE	134.00	N	1	N	N		4844.43
I	INSERVICE	1.25	N	2	N	N		31.56
I	INSERVICE	1.25	Y	1	N	N		63.69
K	EXTENDED-ILLNESS-BANK	286.00	N	1	N	N		6378.76
M	MEAL REIMBURSEMENT		N		N	N	N	27.00
P	PAID-TIME-OFF	80.00	N		N	N	N	911.20
P	PAID-TIME-OFF	926.82	N	1	N	N		22347.08
X	CALL PAY 2	160.00	N	1	N	N		320.00
Y	YMCA/CURVES		N		N	N	N	105.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	753.75	A/R2	218.05	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1597.50	CAFE-F	
CAFE-H	18400.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	310.00	COMBIN	507.49	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	55.00
FEDTAX	37310.47	FICA-M	6002.66	FICA-O	24970.91
FIRSTC		FLEX S	3554.52	FLX FE	
FORT D		FUTA		GIFT S	166.43
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	637.97	MASA	-71.50	MEALS	166.84
MISC		MISC/		MMCSHR	
NATFML	1990.24	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS	405.50	SCRUBS	
SIGNON		ST-TX		STONDF	1190.86
STONE		STONE2		STUDEN	
SUNACC	887.61	SUNILL	1596.69	SUNLIF	1415.49
SUNSTD	1435.00	SUNVIS	1059.60	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	31058.61	TUTION		UNIFOR	2107.38
UW/HOS					

Grand Totals: 20364.32 ------- (Gross: 443693.92 Deductions: 138073.22 Net: 305620.70)

Checks Count:- FT 206 PT 11 Other 45 Female 232 Male 29 Credit OverAmt 7 ZeroNet Term Total: 261

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
P		-80.00	N		N	N	N	-2205.60

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX		FICA-M	-31.98	FICA-O	-136.74
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
SUNACC		SUNILL		SUNLIF	
SUNSTD		SUNVIS		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R		TUTION		UNIFOR	
UW/HOS					

Grand Totals:	-80.00	(Gross:	-2205.60	Deductions:	-168.72	Net:	-2036.88)

Checks Count:- FT	PT	Other	Female	Male	Credit	1 OverAmt	ZeroNet	Term	Total:

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	09/27/19					
PAY PERIOD: END	10/10/19					
PAY DATE:	10/18/19					
GROSS PAY:	$ 441,488.32			$ -		$ 441,488.32
DEDUCTIONS:						
A/R	$ 971.80					$ 971.80
ADVANC						$ -
BOOTS						$ -
SUNLIFE CRITICAL ILLNESS	$ 1,596.69					$ 1,596.69
SUNLIFE ACCIDENT	$ 887.61					$ 887.61
SUNLIFE VISION	$ 1,059.60					$ 1,059.60
SUNLIFE SHORT TERM DIS	$ 1,435.00					$ 1,435.00
CAFÉ-5						$ -
CAFÉ-D	$ 1,597.50					$ 1,597.50
CAFÉ-H	$ 18,400.00					$ 18,400.00
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 346.15	+1.50 processing fee = 347.65				$ 346.15
CLINIC	$ 310.00					$ 310.00
COMBIN	$ 507.49					$ 507.49
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
SUNLIFE TERM LIFE	$ 1,415.49					$ 1,415.49
EAT	$ 55.00					$ 55.00
FED TAX	$ 37,310.47					$ 37,310.47
FICA-M	$ 5,970.68					$ 5,970.68
FICA-O	$ 24,834.17					$ 24,834.17
FIRST C						$ -
FLEX S	$ 3,554.52					$ 3,554.52
FLX-FE						$ -
GIFT S	$ 166.43					$ 166.43
GRP-IN						$ -
GTL						$ -
HOSP-I						$ -
LEGAL	$ 566.47					$ 566.47
OTHER	$ 2,679.72					$ 2,679.72
NATIONAL FARM LIFE	$ 1,990.24					$ 1,990.24
PHI						$ -
PR FIN	$ -					$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,190.86					$ 1,190.86
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 31,058.61					$ 31,058.61
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 137,904.50	$ -	$ -	$ -	$ -	$ 137,904.50
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 303,583.82	$ -	$ -	$ -	$ -	$ 303,583.82
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: $ 29,721.78 — Less Exempt:

TAXABLE PAY: $ 411,766.54 — $ 400,551.74

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,970.61		
FICA - MED (EE)	1.45%	$ 5,970.61	$ 5,970.68	$ (0.07)
FICA - SOC SEC (ER)	6.20%	$ 24,834.21		
FICA - SOC SEC (EE)	6.20%	$ 24,834.21	$ 24,834.17	$ 0.04
FED WITHHOLDING		$ 37,310.47	$ 37,310.47	
TAX DEPOSIT:		$ 98,920.11	$ 98,920.17	$ (0.06)
FICA - MEDICARE	2.90%	$ 11,941.22	$11,941.36	
FICA - SOCIAL SECURITY	12.40%	$ 49,668.42	$49,668.38	
FED WITHHOLDING		$ 37,310.47	$37,310.47	
TOTAL TAX:		$ 98,920.11	$98,920.21	$ (0.10)

	Exempt Amt:
Employees over FICA-SS Cap:	
Jason Anglin	$ 8,724.74
Diane Moore	$ 2,490.06
Roshanda Thomas	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 11,214.80

PREPARED BY: Alison M King

PREPARED DATE: 10/14/2019

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --October 4, 2019 - October 13, 2019

Date	Bank Description	MMC Notes	Amount
10/4/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	✓*130.21
10/4/2019	ACH Payment MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	✓19.95
10/4/2019	ACH Payment MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	✓263.67
10/4/2019	ACH Payment MERCH BNKCD FEE 971160910883 114902520000814	- Credit Card Processing Fee	✓9.95
10/4/2019	ACH Payment MERCH BNKCD FEE 971160913887 114902520000815	- Credit Card Processing Fee	✓198.60
10/4/2019	ACH Payment MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	✓155.54
10/4/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000697768636	- 3rd Party Payor Fee	✓74.27
10/4/2019	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122653754409	- Payroll	✓*304,806.52
10/4/2019	ACH Payment STATE COMPTRLR TEXNET 34999339/91003 2100002	-2020 DSH Advanced IGT	✓* 38,588.81
10/7/2019	ACH Payment CLEARGAGE LLC CLEARGAGE, W3G5WFOHSPI 2420717	- Patient Financing Service	✓66.58
10/7/2019	ACH Payment FDGL LEASE PYMT 052-1479213-000 410001219655	- Credit Card Machine Lease Expense	✓43.26
10/7/2019	ACH Payment FDGL LEASE PYMT 052-1479214-000 410001219655	- Credit Card Machine Lease Expense	✓40.02
10/7/2019	ACH Payment FDGL LEASE PYMT 052-1479468-000 410001219656	- Credit Card Machine Lease Expense	✓69.24
10/7/2019	ACH Payment FDGL LEASE PYMT 052-1601830-000 410001220036	- Credit Card Machine Lease Expense	✓53.00
10/7/2019	ACH Payment IRS USATAXPYMT 220968035045047 6103601000437	- Payroll Taxes	*100,689.31
10/7/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000698588585	- 3rd Party Payor Fee	✓11.52
10/8/2019	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000017463193	-Child Support Payment -Payroll Ending 9/26/19	✓*347.65
10/8/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03944041 910000132	- 340B Drug Program Expense	✓**2,675.70
10/8/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699507017	- 3rd Party Payor Fee	✓42.77
10/9/2019	ACH Payment IRS USATAXPYMT 220968242555603 6103601000902	- Payroll Taxes	✓*11,697.80
10/9/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000690392467	- 3rd Party Payor Fee	✓3.43
10/10/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000691031123	- 3rd Party Payor Fee	✓10.07
10/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	✓609.36
10/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	✓129.00
10/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	✓84.09
10/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	✓1,391.90
10/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	✓916.71
10/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	✓117.44
10/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	✓189.27
10/11/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	**1,252.15

Diane Moore, CFO

October 14, 2019

*Approved 10-02-19 cc
**To be Approved 10.16.19 due to cc date changes

464,687.79 +
130.21 −
304,806.52 −
38,588.81 −
100,689.31 −
347.65 −
2,675.70 −
11,697.80 −
1,252.15 −
4,499.64 *

19.95 +
263.67 +
9.95 +
198.60 +
155.54 +
43.26 +
40.02 +
69.24 +
53.00 +
609.36 +
129.00 +
84.09 +
1,391.90 +
916.71 +
117.44 +
189.27 +
4,291.00 *
74.27 +
11.52 +
42.77 +
3.43 +
10.07 +
142.06 *
66.58 +
66.58 *
4,291.00 +
142.06 +
66.58 +
4,499.64 *

Credit card Processing and Lease Fees

Pay Plus

Clear-gage

Returned check # 1874 80.00 10/18/19

Memorial Medical Center

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
10/18/2019	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,817.83
			1,817.83

October 14, 2019

Diane Moore, CFO
Memorial Medical Center

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/14/2019

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		43,009.23 ✓	42,767.85 ✓	20,326.72 ✓		-	20,568.10 ✓	**20,326.72**
						Bank Balance	20,568.10 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Ck to MMC for Q3 Interest	**141.38** ✓	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2,3,Lapse	-	
Routing Information for Ashford Gardens:								
Ashford Health Care Center Ltd Co								
JP Morgan Chase Bank								
ABA								
Accoun								
						Adjust Balance/Transfer Amt	**20,326.72** ✓	
Broadmoor		24,058.91 ✓	123,816.67 ✓	41,432.52 ✓		-	41,674.76 ✓	**41,432.52**
						Bank Balance	41,674.76 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Ck to MMC for Q3 Interest	**142.24** ✓	
						MMC Portion QIPP 2,3,Lapse	-	
						Adjust Balance/Transfer Amt	**41,432.52** ✓	
Crescent		89,604.72 ✓	89,342.94 ✓	51,217.18 ✓		-	51,478.96 ✓	**51,217.18**
						Bank Balance	51,478.96	
						Variance	-	
						Leave in Balance	100.00	
						Ck to MMC for Q3 Interest	**161.78** ✓	
						MMC Portion QIPP 1		
							-	
						Adjust Balance/Transfer Amt	**51,217.18** ✓	
Fort Bend		17,733.90 ✓	17,578.36 ✓	15,643.79 ✓		-	15,799.33 ✓	**15,643.79**
						Bank Balance	15,799.33 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Ck to MMC for Q3 Interest	**55.54** ✓	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2,3,Lapse	-	
						Adjust Balance/Transfer Amt	**15,643.79** ✓	
Solera at W Houston		78,439.36 ✓	78,072.70 ✓	100,821.57 ✓			101,188.23 ✓	**98,052.13**
						Bank Balance	101,188.23 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Ck to MMC for Q3 Interest	**266.66** ✓	
						Human Recoup taken from MMC	**2,769.44** ✓	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2,3,Lapse	-	
Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:								
Cantex Health Care Centers III LLC								
JP Morgan Chase Bank								
ABA								
Accou								
						Adjust Balance/Transfer Amt	**98,052.13** ✓	

20,326.72 +
41,432.52 +
51,217.18 +
15,643.79 +
98,052.13 +
226,672.34 *

TOTAL TRANSFERS	**226,672.34**

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 10/14/2019

APPROVED ON
OCT 14 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
10/4/2019	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3109806371 111000		1,507.50					-	1,507.50
10/4/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		6,560.00					-	6,560.00
10/7/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,635.52					-	3,635.52
10/7/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,337.36					-	2,337.36
10/8/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,539.44					-	2,539.44
10/9/2019	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	42,767.85						-	-
10/9/2019	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3110114959 111000		40.00					-	40.00
10/9/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		175.00					-	175.00
10/10/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,246.12					-	1,246.12
10/11/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		2,285.78					-	2,285.78
		42,767.85	**20,326.72**	-	-	-	-	-	**20,326.72**

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
10/4/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		9,740.00					-	9,740.00
10/4/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000197		556.25					-	556.25
10/4/2019	ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		1,875.50					-	1,875.50
10/7/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		19,088.00					-	19,088.00
10/7/2019	ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		511.50					-	511.50
10/8/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004293 41		2,393.70					-	2,393.70
10/8/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		234.00					-	234.00
10/9/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	123,816.67						-	-
10/10/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004293 41		3,095.82					-	3,095.82
10/10/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		2,171.50					-	2,171.50
10/11/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		75.00					-	75.00
10/11/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		1,691.25					-	1,691.25
		123,816.67	**41,432.52**	-	-	-	-	-	**41,432.52**

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
10/4/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000197		4,191.90					-	4,191.90
10/4/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		840.00					-	840.00
10/7/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		12,467.50					-	12,467.50
10/7/2019	ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		4,957.68					-	4,957.68
10/8/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000121		12,223.17					-	12,223.17
10/9/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	89,342.94						-	-
10/11/2019	ACH Deposit CIGNA HCCLAIMPMT 1669860425 91000012701748		4,050.00					-	4,050.00
10/11/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		761.83					-	761.83
10/11/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,725.10					-	11,725.10
		89,342.94	**51,217.18**	-	-	-	-	-	**51,217.18**

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
10/7/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000197		285.44					-	285.44
10/7/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2975					-	2,975.00
10/8/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000121		249.86					-	249.86
10/8/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		455					-	455.00
10/9/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		7657.09					-	7,657.09
10/9/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	17578.36						-	-
10/11/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		4021.4					-	4,021.40
		17,578.36	**15,643.79**	-	-	-	-	-	**15,643.79**

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
10/4/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		341.00					-	341.00
10/7/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		5,285.50					-	5,285.50
10/7/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		14,248.50					-	14,248.50
10/7/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		6,150.00					-	6,150.00
10/8/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		48,050.00					-	48,050.00
10/9/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		267.75					-	267.75
10/9/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		527.36					-	527.36
10/9/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		434.96					-	434.96
10/9/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		8,540.00					-	8,540.00
10/9/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	78,072.70						-	-
10/11/2019 ACH Deposit Amerigroup TXSC HCCLAIMPMT 3110289785 111000		8,393.70					-	8,393.70
10/11/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,352.80					-	7,352.80
10/11/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		1,230.00					-	1,230.00
	78,072.70	**100,821.57**	-	-	-	-	-	**100,821.57**
TOTALS	**351,578.52**	**229,441.78**	-	-	-	-	-	**229,441.78**

Home

ALL ACCOUNTS | FAVORITES ☆

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$72,112.81	$20,568.10
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$50,974.76	$41,674.76
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$64,463.11	$51,478.96
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$118,693.69	$101,188.23
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$15,799.33	$15,799.33
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
10/14/2019

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		9,023.81 ✓	8,849.16 ✓	10,233.97 ✓	-	-	10,408.62 ✓	10,233.97
						Bank Balance	10,408.62 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Ck to MMC for Q3 Interest	**74.65** ✓	
						QIPP Yr 1 Adjustment	-	

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

Outstanding ck to MMC for QIPP	-
	-
Adjust Balance/Transfer Amt	**10,233.97** ✓

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:
Diane C. Moore, CFO 10/14/2019

APPROVED
ON
OCT 14 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	
10/7/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000197		151.64					-	151.64
10/9/2019	ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		4,774.00					-	4,774.00
10/9/2019	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	8,849.16						-	-
10/10/2019	ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		4,772.33					-	4,772.33
10/11/2019	ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		536.00					-	536.00
		8,849.16	**10,233.97**	-	-	-	-	-	**10,233.97**

Home

ALL ACCOUNTS | FAVORITES ☆

Reorder Favorites

Favorite Accounts	Available	Previous Day
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 ★	$10,408.62	$10,408.62
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
10/14/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	2018 YTD Iterest Earned		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		100.24	-	-		-	-		100.24	No Transfer
								Bank Balance	100.24	
								Variance	-	
								Leave in Balance	100.00	
								Ck to MMC for Q3 Interest	0.11	
								MMC Portion QIPP 1	-	
								MMC Portion QIPP 2,3,Lapse	-	
									-	
									-	
									-	
								Adjust Balance/Transfer Amt	0.24	.13

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	2018 YTD Iterest Earned		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		95,172.76	95,060.22	3,305.97		-	-		3,418.51	No Transfer
								Bank Balance	3,418.51	
								Variance	(0.00)	
								Leave in Balance	100.00	
								Ck to MMC for Q3 Interest	12.54	
								MMC Portion QIPP 1	-	
								MMC Portion QIPP 2,3,Lapse	-	
									-	
									-	
									-	
								Adjust Balance/Transfer Amt	3,305.97	

TOTAL TRANSFERS	No Transfer

Routing Information for Gulf Pointe Plaza:

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

Approved: DCM CFO
Diane C. Moore, CFO 10/14/2019

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	-	-					-	-
		-					-	-
	-	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
10/7/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 174600341130132		1,456.34						1,456.34
10/9/2019 CM Wire Domestic WIRE OUT HMG SERVICES, LLC	95,060.22							-
10/11/2019 ACH Deposit CENTENE CORP HCCLAIMPMT 61000104754269		1,849.63						1,849.63
	95,060.22	**3,305.97**	-	-	-	-	-	**3,305.97**

Home

ALL ACCOUNTS FAVORITES ☆

Reorder Favorites

Favorite Accounts	Available	Previous Day
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 ★	$100.24	$100.24
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ★	$3,418.51	$3,418.51

RUN DATE:10/14/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:08 CHECK REGISTER GLCKREG
10/14/19 THRU 10/14/19

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

CODE	NUMBER	DATE	AMOUNT		PAYEE
A/P	* 179254	10/14/19	17.53	CR	SANDOZ INC
A/P	182738	10/14/19	17.53		SANDOZ INC
TOTALS:			.00		

Vendor never received #179254.
Re-issued with #182738

APPROVED
ON

OCT 15 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PROSPERITY BANK®

Services & Settings

Online Stop Payment Request

Your stop payment request has been processed.

Name :	COUNTY OF CALHOUN TEXAS
Account #:	MEMORIAL MEDICAL CENTER - OPERATING:
Payable to:	SANDOZ INC
Check #:	
Issue Date#:	01/23/2019
Amount:	$17.53
Date/Time Submitted:	10/14/2019 13:22:10
Request #:	

12352 SANDOZ INC
100 COLLEGE RD WEST, PRINCETON, NJ 08540
MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

182738

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
340BREPAYMENT	01/18/19	17.53			17.53

Vendor never received #179254
Re-issued with #182738

CHECK NO.					
182738 10/14/19	TOTALS	17.53	TOTALS		17.53

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

182738

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
340BREPAYMENT	01/18/19	17.53			17.53

CHECK NO.					
182738	TOTALS	17.53	TOTALS		17.53

MEMORIAL MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

182738

12352 182738

DATE 10/14/19

AMOUNT $17.53

Seventeen Dollars and Fifty-Three Cents

PAY TO THE ORDER OF
SANDOZ INC
100 COLLEGE RD WEST
PRINCETON, NJ 08540

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

12352 SANDOZ INC
100 COLLEGE RD WEST, PRINCETON, NJ 08540
MEMORIAL MEDICAL CENTER · PORT LAVACA, TEXAS 77979

179254

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
340BREPAYMENT	01/18/19	17.53			17.53
CHECK NO. 179254 012319	TOTALS	17.53	TOTALS		17.53

MEMORIAL MEDICAL CENTER · PORT LAVACA, TEXAS 77979

179254

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
340BREPAYMENT	01/18/19	17.53			17.53
HECK NO. 179254	TOTALS	17.53	TOTALS		17.53

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

179254

12352 179254

DATE 01/23/19

AMOUNT $17.53

Seventeen Dollars and Fifty-Three Cents

PAY TO THE ORDER OF
SANDOZ INC
100 COLLEGE RD WEST
PRINCETON, NJ 08540

[redacted]

CALHOUN COUNTY TREASURER