# MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR -- October 23, 2019

### TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

| | | |
|---|---|---|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS | $ | 803,643.07 |
| TOTAL TRANSFERS BETWEEN FUNDS | $ | - |
| TOTAL NURSING HOME UPL EXPENSES | $ | 757,881.31 |
| TOTAL INTER-GOVERNMENT TRANSFERS | $ | - |
| GRAND TOTAL DISBURSEMENTS APPROVED October 23, 2019 | $ | 1,561,524.38 |

APPROVED

OCT 2 3 2019

CALHOUN COUNTY
COMMISSIONERS COURT

# MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ---October 23, 2019

| | | | |
|---|---|---|---|
| **PAYABLES AND PAYROLL** | | | |
| 10/18/2019 | Weekly Payables | 611,444.44 | |
| 10/1/2019 | Citibank Credit Card-see attached | 2,643.90 | |
| 10/18/2019 | Ashford-Nursing home insurance payment sent to MMC in error | 4,975.56 | |
| 10/18/2019 | Solera-Nursing home insurance payment sent to MMC in error | 852.50 | |
| 10/18/2019 | Crescent-Nursing home insurance payment sent to MMC in error | 6,691.76 | |
| 10/18/2019 | Gulf Pointe Plaza-Nursing home insurance payment sent to MMC in error | 123,580.88 | |
| 10/18/2019 | Goldencreek-Nursing home insurance payment sent to MMC In error | 42,428.35 | |
| 10/18/2019 | Accent-insurance payment was in excess of allowable amount | 100.89 | |
| 10/21/2019 | McKesson-340B Prescription Expense | 9,834.00 | |
| 10/21/2019 | Amerisource Bergen-340B Prescription Expense | 1,064.78 | |
| | **Prosperity Electronic Bank Payments** | | |
| 10/15-10/18/19 | Pay Plus-Patient Claims Processing Fee | 26.01 | |
| **TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** | | | **$ 803,643.07** |
| **TOTAL TRANSFERS BETWEEN FUNDS** | | | **$ -** |
| **NURSING HOME UPL EXPENSES** | | | |
| 10/21/2019 | Nursing Home UPI-Cantex Transfer | 507,114.77 | |
| 10/21/2019 | Nursing Home UPI-Nexion Transfer | 62,093.12 | |
| 10/21/2019 | Nursing Home UPI-HMG Transfer | 156,414.64 | |
| **QIPP/INTEREST CHECKS TO MMC** | | | |
| 10/21/2019 | Ashford | 17,229.90 | |
| 10/21/2019 | Broadmoor | 2,628.05 | |
| 10/21/2019 | Crescent | 1,920.71 | |
| 10/21/2019 | Fort Bend | 5,507.29 | |
| 10/21/2019 | Solera | 4,972.83 | |
| **TOTAL NURSING HOME UPL EXPENSES** | | | **$ 757,881.31** |
| **TOTAL INTER-GOVERNMENT TRANSFERS** | | | **$ -** |
| **GRAND TOTAL DISBURSEMENTS APPROVED October 23, 2019** | | | **$ 1,561,524.38** |

10/17/2019
11:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/30/2019

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10246 | ACCENT | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 101419 | Patient refund | 10/14/20 | 10/14/20 | 10/14/20 | | 171.77 | 0.00 | 0.00 | 171.77 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10246 | ACCENT | 171.77 | 0.00 | 0.00 | 171.77 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 138342 | SUPPLIES Maint. | 10/15/20 | 10/02/20 | 10/27/20 | | 23.77 | 0.00 | 0.00 | 23.77 |
| 138365 | SUPPLIES Maint. | 10/15/20 | 10/03/20 | 10/28/20 | | 11.98 | 0.00 | 0.00 | 11.98 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11283 | ACE HARDWARE 15521 | 35.75 | 0.00 | 0.00 | 35.75 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10950 | ACUTE CARE INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 26414 | RFID FEE | 09/30/20 | 10/20/20 | 10/30/20 | | 1,400.00 | 0.00 | 0.00 | 1,400.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10950 | ACUTE CARE INC | 1,400.00 | 0.00 | 0.00 | 1,400.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A1715 | ALCO SALES & SERVICE CO | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 2792096IN | SUPPLIES | 10/16/20 | 10/07/20 | 10/27/20 | | 241.59 | 0.00 | 0.00 | 241.59 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1715 | ALCO SALES & SERVICE CO | 241.59 | 0.00 | 0.00 | 241.59 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 9656612215 | SUPPLIES | 10/09/20 | 09/27/20 | 10/27/20 | | 795.00 | 0.00 | 0.00 | 795.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1690 | ALCON LABORATORIES, INC. | 795.00 | 0.00 | 0.00 | 795.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10958 | ALLYSON SWOPE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 101519 | CONTRACT EMPLOYEE (9/27-10/10/19) | 10/15/20 | 10/15/20 | 10/15/20 | | 2,274.75 | 0.00 | 0.00 | 2,274.75 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10958 | ALLYSON SWOPE | 2,274.75 | 0.00 | 0.00 | 2,274.75 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A0810 | AORN | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 101519 | | 10/15/20 | 10/15/20 | 10/15/20 | | 170.00 | 0.00 | 0.00 | 170.00 |

MEMBERSHIP RENEWAL

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A0810 | AORN | 170.00 | 0.00 | 0.00 | 170.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A2218 | AQUA BEVERAGE COMPANY | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 931562 | | 10/14/20 | 09/30/20 | 10/25/20 | | 21.99 | 0.00 | 0.00 | 21.99 |
| | WATER | | | | | | | | |
| 931565 | | 10/16/20 | 09/30/20 | 10/25/20 | | 29.96 | 0.00 | 0.00 | 29.96 |
| | WATER | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A2218 | AQUA BEVERAGE COMPANY | 51.95 | 0.00 | 0.00 | 51.95 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 108004798 | | 09/30/20 | 09/29/20 | 10/24/20 | | 117.33 | 0.00 | 0.00 | 117.33 |
| | SUPPLIES | | | | | | | | |
| 5413165 | | 09/30/20 | 09/30/20 | 10/25/20 | | 3,507.27 | 0.00 | 0.00 | 3,507.27 |
| | SUPPLIES | | | | | | | | |
| 108011870 | | 10/14/20 | 10/02/20 | 10/27/20 | | 6,929.47 | 0.00 | 0.00 | 6,929.47 |
| | SUPPLIES | | | | | | | | |
| 108013835 | | 10/14/20 | 10/02/20 | 10/27/20 | | 347.69 | 0.00 | 0.00 | 347.69 |
| | SUPPLIES | | | | | | | | |
| 108013169 | | 10/14/20 | 10/02/20 | 10/27/20 | | 669.99 | 0.00 | 0.00 | 669.99 |
| | SUPPLIES | | | | | | | | |
| 108011951 | | 10/14/20 | 10/02/20 | 10/27/20 | | 713.44 | 0.00 | 0.00 | 713.44 |
| | SUPPLIES | | | | | | | | |
| 108011771 | | 10/14/20 | 10/02/20 | 10/27/20 | | 857.57 | 0.00 | 0.00 | 857.57 |
| | SUPPLIES | | | | | | | | |
| 108013773 | | 10/14/20 | 10/02/20 | 10/27/20 | | 133.24 | 0.00 | 0.00 | 133.24 |
| | SUPPLIES | | | | | | | | |
| 108015531 | | 10/14/20 | 10/03/20 | 10/28/20 | | 726.27 | 0.00 | 0.00 | 726.27 |
| | SUPPLIES | | | | | | | | |
| 7257810 | | 10/14/20 | 10/03/20 | 10/28/20 | | 5,492.89 | 0.00 | 0.00 | 5,492.89 |
| | SUPPLIES | | | | | | | | |
| 5413423 | | 10/14/20 | 10/05/20 | 10/30/20 | | 6,249.42 | 0.00 | 0.00 | 6,249.42 |
| | SERVICE/MAINTENANCE/LEA | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1220 | BECKMAN COULTER INC | 25,744.58 | 0.00 | 0.00 | 25,744.58 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 12740 | BUILDING KID STEPS — Need contract | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 082919 | | 09/11/20 | 08/29/20 | 10/30/20 | | 33.76 | 0.00 | 0.00 | 33.76 |
| | TRAVEL | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12740 | BUILDING KID STEPS | 33.76 | 0.00 | 0.00 | 33.76 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| C1048 | CALHOUN COUNTY | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 101419 | | 10/14/20 | 10/14/20 | 10/14/20 | | 100,000.00 | 0.00 | 0.00 | 100,000.00 |
| | TH PAYMENT 2019 $1,000,000 | | | | | | | | |

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | C1048 | CALHOUN COUNTY | | | | 100,000.00 | 0.00 | 0.00 | 100,000.00 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | |
| E1270 | CENTERPOINT ENERGY | | | | W | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 100119 | | 10/16/20 | 10/01/20 | 10/16/20 | | 77.84 | 0.00 | 0.00 | 77.84 |
| | | GAS | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | E1270 | CENTERPOINT ENERGY | | | | 77.84 | 0.00 | 0.00 | 77.84 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| 10212 | CLINICAL PATHOLOGY LABS | | | | ICP | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 2019090 | | 10/14/20 | 09/30/20 | | | 12,243.63 | 0.00 | 0.00 | 12,243.63 |
| | | LAB SERVICES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10212 | CLINICAL PATHOLOGY LABS | | | | 12,243.63 | 0.00 | 0.00 | 12,243.63 |
| 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 |
| | 991771 | | 10/16/20 | 10/03/20 | 10/03/20 | | 746.88 | 0.00 | 0.00 | 746.88 |
| | | SUPPLIES | | | | | | | | |
| | Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | C1970 | CONMED CORPORATION | | | | 746.88 | 0.00 | 0.00 | 746.88 |
| 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 |
| | 1430270309302019 | | 10/15/20 | 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 | | | | |
| 10368 | DEWITT POTH & SON | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D Pay | Gross | Discount | No-Pay | Net |
| | 5852490 | | 09/30/20 | 10/01/20 | 10/26/20 | | 17.50 | 0.00 | 0.00 | 17.50 |
| | | SUPPLIES | | | | | | | | |
| | 5852790 | | 09/30/20 | 10/01/20 | 10/26/20 | | 418.28 | 0.00 | 0.00 | 418.28 |
| | | SUPPLIES | | | | | | | | |
| | 5853600 | | 10/08/20 | 10/02/20 | 10/27/20 | | 4.90 | 0.00 | 0.00 | 4.90 |
| | | SUPPLIES | | | | | | | | |
| | 5853590 | | 10/08/20 | 10/02/20 | 10/27/20 | | 7.28 | 0.00 | 0.00 | 7.28 |
| | | SUPPLIES | | | | | | | | |
| | 5856390 | | 10/16/20 | 10/03/20 | 10/28/20 | | 31.33 | 0.00 | 0.00 | 31.33 |
| | | SUPPLIES | | | | | | | | |
| | 5856380 | | 10/16/20 | 10/03/20 | 10/28/20 | | 2.17 | 0.00 | 0.00 | 2.17 |
| | | SUPPLIES | | | | | | | | |
| | 5857580 | | 10/16/20 | 10/03/20 | 10/28/20 | | 73.79 | 0.00 | 0.00 | 73.79 |
| | | SUPPLIES | | | | | | | | |
| | 5856730 | | 10/16/20 | 10/03/20 | 10/28/20 | | 15.17 | 0.00 | 0.00 | 15.17 |
| | | SUPPLIES | | | | | | | | |
| | 5856740 | | 10/16/20 | 10/03/20 | 10/28/20 | | 46.19 | 0.00 | 0.00 | 46.19 |
| | | SUPPLIES | | | | | | | | |
| | 5853580 | | 10/16/20 | 10/04/20 | 10/29/20 | | 97.12 | 0.00 | 0.00 | 97.12 |

SUPPLIES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10368 | DEWITT POTH & SON | 713.73 | 0.00 | 0.00 | 713.73 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11011 | DIAMOND HEALTHCARE CORP | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| IN20053158 | | 09/30/20 | 09/30/20 | 10/25/20 | | 19,166.67 | 0.00 | 0.00 | 19,166.67 |
| | CARDIAC REHAB SERVICES | | | | | | | | |
| IN20053157 | | 09/30/20 | 09/30/20 | 10/25/20 | | 31,144.58 | 0.00 | 0.00 | 31,144.58 |
| | BEHAVIORAL HEALTH | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11011 | DIAMOND HEALTHCARE CORP | 50,311.25 | 0.00 | 0.00 | 50,311.25 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| MMC101519 | | 10/15/20 | 10/15/20 | 10/15/20 | | 136,398.51 | 0.00 | 0.00 | 136,398.51 |
| | PRO FEES (Oct 1-15, 2019) – Physician Services | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10789 | DISCOVERY MEDICAL NETWORK INC | 136,398.51 | 0.00 | 0.00 | 136,398.51 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11291 | DOWELL PEST CONTROL | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 13857 | | 09/30/20 | 09/30/20 | 10/25/20 | | 505.00 | 0.00 | 0.00 | 505.00 |
| | PEST CONTROL | | | | | | | | |
| 13855 | | 09/30/20 | 09/30/20 | 10/25/20 | | 105.00 | 0.00 | 0.00 | 105.00 |
| | PEST CONTROL | | | | | | | | |
| 13854 | | 09/30/20 | 09/30/20 | 10/25/20 | | 160.00 | 0.00 | 0.00 | 160.00 |
| | REFILL MOSQUITO TRAPS | | | | | | | | |
| 13856 | | 09/30/20 | 09/30/20 | 10/25/20 | | 260.00 | 0.00 | 0.00 | 260.00 |
| | REFIL MOSQUITO TRAPS | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11291 | DOWELL PEST CONTROL | 1,030.00 | 0.00 | 0.00 | 1,030.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| D1710 | DOWNTOWN CLEANERS | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 080919 | | 10/16/20 | 10/14/20 | 10/24/20 | | 176.80 | 0.00 | 0.00 | 176.80 |
| | LAUNDRY | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | D1710 | DOWNTOWN CLEANERS | 176.80 | 0.00 | 0.00 | 176.80 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 76029 | | 10/15/20 | 10/09/20 | 10/09/20 | | 127.00 | 0.00 | 0.00 | 127.00 |
| | SUPPLIES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | E0500 | EAGLE FIRE & SAFETY INC | 127.00 | 0.00 | 0.00 | 127.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 12484 | EL CAMPO REFRIGERATION | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 58543 | | 10/16/20 | 09/11/20 | 10/11/20 | | 383.75 | 0.00 | 0.00 | 383.75 |
| | LABOR/PARTS/TRIP CHARGE | | | | | | | | |

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

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 12484 | EL CAMPO REFRIGERATION | | | | 383.75 | 0.00 | 0.00 | 383.75 |

Vendor# Vendor Name Class Pay Code

11284 EMERGENCY STAFFING SOLUTIONS

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 38444 | | 10/16/20 | 10/07/20 | 10/25/20 | | 40,062.50 | 0.00 | 0.00 | 40,062.50 |
| | ER STAFFING SERVICES | | | | | | | | |

Vendor Totals

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

Vendor# Vendor Name Class Pay Code

F1100 FEDERAL EXPRESS CORP. W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 675656752 | | 10/15/20 | 10/03/20 | 10/18/20 | | 88.23 | 0.00 | 0.00 | 88.23 |
| | SHIPPING | | | | | | | | |

Vendor Totals

| Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| F1100 | FEDERAL EXPRESS CORP. | 88.23 | 0.00 | 0.00 | 88.23 |

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 |
|---|---|---|---|---|---|---|---|---|---|
| 66826269 | | 10/14/20 | 09/20/20 | 10/15/20 | | 682.43 | 0.00 | 0.00 | 682.43 |
| | SUPPLIES | | | | | | | | |
| 6912615 | | 10/14/20 | 09/24/20 | 10/19/20 | | 42.72 | 0.00 | 0.00 | 42.72 |
| | SUPPLIES | | | | | | | | |
| 7290296 | | 10/14/20 | 09/25/20 | 10/20/20 | | 6,374.16 | 0.00 | 0.00 | 6,374.16 |
| | SUPPLIES | | | | | | | | |

Vendor Totals

| Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| F1400 | FISHER HEALTHCARE | 7,099.31 | 0.00 | 0.00 | 7,099.31 |

Vendor# Vendor Name Class Pay Code

11183 FRONTIER

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 100219 | | 10/15/20 | 10/02/20 | 10/28/20 | | 968.27 | 0.00 | 0.00 | 968.27 |
| | PHONES | | | | | | | | |

Vendor Totals

| Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| 11183 | FRONTIER | 968.27 | 0.00 | 0.00 | 968.27 |

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 |
|---|---|---|---|---|---|---|---|---|---|
| 9302794699 | | 09/30/20 | 09/24/20 | 10/24/20 | | 111.75 | 0.00 | 0.00 | 111.75 |
| | SUPPLIES | | | | | | | | |

Vendor Totals

| Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| W1300 | GRAINGER | 111.75 | 0.00 | 0.00 | 111.75 |

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 |
|---|---|---|---|---|---|---|---|---|---|
| 1739940 | | 09/30/20 | 09/25/20 | 10/25/20 | | 739.55 | 0.00 | 0.00 | 739.55 |
| | SUPPLIES | | | | | | | | |
| 1742581 | | 09/30/20 | 09/30/20 | 10/30/20 | | -13.44 | 0.00 | 0.00 | -13.44 |
| | CREDIT INVOICE 1739949 | | | | | | | | |

Vendor Totals

| Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|
| G1210 | GULF COAST PAPER COMPANY | 726.11 | 0.00 | 0.00 | 726.11 |

Vendor# Vendor Name Class Pay Code

10804 HEALTHCARE CODING & CONSULTING

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 8917 | | 10/09/20 | 09/30/20 | 10/30/20 | | 82.50 | 0.00 | 0.00 | 82.50 |
| | CODING SERVICES | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10804 | HEALTHCARE CODING & CONSULTING | | | | 82.50 | 0.00 | 0.00 | 82.50 |

Vendor# Vendor Name — Class — Pay Code

H0031 HEB CREDIT RECEIVABLES DEPT308

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 085980 | | 10/16/20 | 08/28/20 | 10/25/20 | | 36.87 | 0.00 | 0.00 | 36.87 |
| | SUPPLIES | | | | | | | | |
| 088710 | | 10/16/20 | 08/28/20 | 10/25/20 | | 32.09 | 0.00 | 0.00 | 32.09 |
| | SUPPLIES | | | | | | | | |
| 094756 | | 10/16/20 | 08/28/20 | 10/25/20 | | 46.50 | 0.00 | 0.00 | 46.50 |
| | SUPPLIES | | | | | | | | |
| 004746 | | 10/16/20 | 09/03/20 | 10/25/20 | | 37.98 | 0.00 | 0.00 | 37.98 |
| | SUPPLIES | | | | | | | | |
| 010280 | | 10/16/20 | 09/05/20 | 10/25/20 | | 6.34 | 0.00 | 0.00 | 6.34 |
| | SUPPLIES | | | | | | | | |
| 015657 | | 10/16/20 | 09/07/20 | 10/25/20 | | 11.90 | 0.00 | 0.00 | 11.90 |
| | SUPPLIES | tax was included | | | | | | | |
| 045000 | | 10/16/20 | 09/08/20 | 10/25/20 | 26.15 | 26.26 | 0.00 | 0.00 | 26.26 26.15 |
| | SUPPLIES | | | | | | | | |
| 067450 | | 10/16/20 | 09/10/20 | 10/25/20 | | 30.54 | 0.00 | 0.00 | 30.54 |
| | SUPPLEIS | | | | | | | | |
| 026056 | | 10/16/20 | 09/11/20 | 10/25/20 | | 102.90 | 0.00 | 0.00 | 102.90 |
| | SUPPLIES | | | | | | | | |
| 091740 | | 10/16/20 | 09/14/20 | 10/25/20 | | 10.46 | 0.00 | 0.00 | 10.46 |
| | SUPPLIES | | | | | | | | |
| 036269 | | 10/16/20 | 09/15/20 | 10/25/20 | | 22.42 | 0.00 | 0.00 | 22.42 |
| | SUPPLIES | | | | | | | | |
| 009886 | | 10/16/20 | 09/17/20 | 10/25/20 | | 31.11 | 0.00 | 0.00 | 31.11 |
| | SUPPLIES | | | | | | | | |
| 038144 | | 10/16/20 | 09/22/20 | 10/25/20 | | 52.19 | 0.00 | 0.00 | 52.19 |
| | SUPPLIES | | | | | | | | |
| 054850 | | 10/16/20 | 09/22/20 | 10/25/20 | | 27.73 | 0.00 | 0.00 | 27.73 |
| | SUPPLIES | | | | | | | | |
| 058439 | | 10/16/20 | 09/23/20 | 10/25/20 | | 17.82 | 0.00 | 0.00 | 17.82 |
| | SUPPLIES | | | | | | | | |
| 046330 | | 10/16/20 | 09/24/20 | 10/25/20 | | 22.10 | 0.00 | 0.00 | 22.10 |
| | SUPPLIES | | | | | | | | |
| 062732 | | 10/16/20 | 09/25/20 | 10/25/20 | | 36.28 | 0.00 | 0.00 | 36.28 |
| | SUPPLIES | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | H0031 | HEB CREDIT RECEIVABLES DEPT308 | | | | 551.49 | 0.00 | 0.00 | 551.49 |

Vendor# Vendor Name — Class — Pay Code

10298 HITACHI MEDICAL SYSTEMS

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| PJIN0141692 | | 09/23/20 | 09/16/20 | 10/25/20 | | 8,333.33 | 0.00 | 0.00 | 8,333.33 |
| | SMA FEE | | | | | | | | |
| Vendor Totals | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | 10298 | HITACHI MEDICAL SYSTEMS | | | | 8,333.33 | 0.00 | 0.00 | 8,333.33 |

Vendor# Vendor Name — Class — Pay Code

12868 HOLT CAT

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| SIEI04761010 | | 10/16/20 | 09/25/20 | 10/25/20 | | 98,944.00 | 0.00 | 0.00 | 98,944.00 |
| | DIESEL GENERATOR -75% pd by grant rebuild texas | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12868 | HOLT CAT | 98,944.00 | 0.00 | 0.00 | 98,944.00 |

Vendor# Vendor Name — Class — Pay Code

12864 HOUSTON UNIFORM & APPAREL CO.

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| SI7201231301 | | 10/15/20 | 09/26/20 | 10/11/20 | | 92.47 | 0.00 | 0.00 | 92.47 |
| | HATS FOR DIETARY | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12864 | HOUSTON UNIFORM & APPAREL CO. | 92.47 | 0.00 | 0.00 | 92.47 |

Vendor# Vendor Name — Class — Pay Code

10922 HUNTER PHARMACY SERVICES

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 3599 | | 10/15/20 | 09/30/20 | 10/20/20 | | 14,115.14 | 0.00 | 0.00 | 14,115.14 |
| | PHARM SERVICES | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10922 | HUNTER PHARMACY SERVICES | 14,115.14 | 0.00 | 0.00 | 14,115.14 |

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 |
|---|---|---|---|---|---|---|---|---|---|
| 2244132 | | 10/09/20 | 09/26/20 | 10/26/20 | | 160.00 | 0.00 | 0.00 | 160.00 |
| | SAPPHIRE PUMP/BATTERY | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12196 | ICU MEDICAL, INC | 160.00 | 0.00 | 0.00 | 160.00 |

Vendor# Vendor Name — Class — Pay Code

11200 IRON MOUNTAIN

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| BZRS81 | | 09/30/20 | 09/30/20 | 10/30/20 | | 504.27 | 0.00 | 0.00 | 504.27 |
| | SHERD SERVICES | | | | | | | | |
| BZRS813 | | 10/09/20 | 09/30/20 | 10/30/20 | | 504.27 | 0.00 | 0.00 | 504.27 |
| | SHRED SERVICE | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11200 | IRON MOUNTAIN | 1,008.54 | 0.00 | 0.00 | 1,008.54 |

Vendor# Vendor Name — Class — Pay Code

11230 JACKSON & COKER LOCUM TENENS,

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 2034977 | | 10/14/20 | 10/03/20 | 10/03/20 | | 846.38 | 0.00 | 0.00 | 846.38 |
| | PRO FEES UONG | | | | | | | | |
| 426242 | | 10/14/20 | 10/03/20 | 10/03/20 | | 10,968.75 | 0.00 | 0.00 | 10,968.75 |
| | PRO FEES UONG | | | | | | | | |
| 2035213 | | 10/14/20 | 10/03/20 | 10/03/20 | | 639.56 | 0.00 | 0.00 | 639.56 |
| | PRE FEES / UONG | | | | | | | | |
| 2035416 | | 10/14/20 | 10/09/20 | 10/09/20 | | 807.52 | 0.00 | 0.00 | 807.52 |
| | PRO FEES - UONG | | | | | | | | |
| 426551 | | 10/14/20 | 10/10/20 | 10/10/20 | | 10,875.00 | 0.00 | 0.00 | 10,875.00 |
| | PRO FEES UONG | | | | | | | | |
| 2035527 | | 10/14/20 | 10/10/20 | 10/10/20 | | 98.24 | 0.00 | 0.00 | 98.24 |
| | PRO FEES - UONG | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11230 | JACKSON & COKER LOCUM TENENS, | 24,235.45 | 0.00 | 0.00 | 24,235.45 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 74581 | | 10/07/20 | 09/27/20 | 10/27/20 | | | 324.00 | 0.00 | 0.00 | 324.00 |
| | APPOINTMENT CARDS — Cook, Rojas, Truong, Shefick, gaines, Thiele 11 | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M1950 | MARTIN PRINTING CO | 324.00 | 0.00 | 0.00 | 324.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| M2178 | MCKESSON MEDICAL SURGICAL INC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 64564738 | | 10/14/20 | 09/22/20 | 10/07/20 | | | 199.82 | 0.00 | 0.00 | 199.82 |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2178 | MCKESSON MEDICAL SURGICAL INC | 199.82 | 0.00 | 0.00 | 199.82 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11141 | MEDICAL DATA SYSTEMS, INC. | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 139589 | | 09/30/20 | 09/30/20 | 10/25/20 | | | 192.20 | 0.00 | 0.00 | 192.20 |
| | COLLECTIONS | | | | | | | | | |
| 139590 | | 09/30/20 | 09/30/20 | 10/25/20 | | | 3,312.78 | 0.00 | 0.00 | 3,312.78 |
| | COLLECTIONS | | | | | | | | | |
| 138392 | | 10/17/20 | 08/31/20 | 09/25/20 | | | 880.83 | 0.00 | 0.00 | 880.83 |
| | COLLECTION EXP BUS OFFIC | | | | | | | | | |
| 138393 | | 10/17/20 | 08/31/20 | 09/25/20 | | | 2,851.91 | 0.00 | 0.00 | 2,851.91 |
| | COLLECTION EXP BUS OFFIC | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11141 | MEDICAL DATA SYSTEMS, INC. | 7,237.72 | 0.00 | 0.00 | 7,237.72 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1888602266 | | 10/09/20 | 09/30/20 | 10/25/20 | | | 315.64 | 0.00 | 0.00 | 315.64 |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2470 | MEDLINE INDUSTRIES INC | 315.64 | 0.00 | 0.00 | 315.64 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 185698400 | | 10/09/20 | 09/26/20 | 10/26/20 | | | 385.00 | 0.00 | 0.00 | 385.00 |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11976 | MID-COAST ELECTRIC SUPPLY, INC | 385.00 | 0.00 | 0.00 | 385.00 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 101019 | | 10/15/20 | 10/10/20 | 10/10/20 | | | 194.75 | 0.00 | 0.00 | 194.75 |
| | PAYROLL DED GIFT SHOP | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2621 | MMC AUXILIARY GIFT SHOP | 194.75 | 0.00 | 0.00 | 194.75 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 4774841 | INVENTORY | 10/14/20 | 10/09/20 | 10/19/20 | | 7,039.54 | 0.00 | 0.00 | 7,039.54 |
| 4775955 | INVENTORY | 10/14/20 | 10/09/20 | 10/19/20 | | 221.08 | 0.00 | 0.00 | 221.08 |
| 4776186 | INVENTORY | 10/14/20 | 10/09/20 | 10/19/20 | | 936.23 | 0.00 | 0.00 | 936.23 |
| 4776185 | INVENTORY | 10/14/20 | 10/09/20 | 10/19/20 | | 19.30 | 0.00 | 0.00 | 19.30 |
| 4776184 | INVENTORY | 10/14/20 | 10/09/20 | 10/19/20 | | 4,851.88 | 0.00 | 0.00 | 4,851.88 |
| 4779861 | INVENTORY | 10/14/20 | 10/10/20 | 10/20/20 | | 407.45 | 0.00 | 0.00 | 407.45 |
| 4785442 | INVENTORY | 10/14/20 | 10/11/20 | 10/21/20 | | 177.01 | 0.00 | 0.00 | 177.01 |
| 4785443 | INVENTORY | 10/14/20 | 10/11/20 | 10/21/20 | | 2,003.74 | 0.00 | 0.00 | 2,003.74 |
| 4785444 | INVENTORY | 10/14/20 | 10/11/20 | 10/21/20 | | 240.53 | 0.00 | 0.00 | 240.53 |
| 4769107 | INVENTORY | 10/15/20 | 10/08/20 | 10/18/20 | | 16.90 | 0.00 | 0.00 | 16.90 |
| 4770636 | INVENTORY | 10/15/20 | 10/08/20 | 10/18/20 | | 8.99 | 0.00 | 0.00 | 8.99 |
| 4770637 | INVENTORY | 10/15/20 | 10/08/20 | 10/18/20 | | 1,233.11 | 0.00 | 0.00 | 1,233.11 |
| 4770635 | INVENTORY | 10/15/20 | 10/08/20 | 10/18/20 | | 44.39 | 0.00 | 0.00 | 44.39 |
| 4769106 | INVENTORY | 10/15/20 | 10/09/20 | 10/19/20 | | 94.09 | 0.00 | 0.00 | 94.09 |
| 4774228 | ACCUMULATOR FEE | 10/15/20 | 10/09/20 | 10/19/20 | | 1,650.00 | 0.00 | 0.00 | 1,650.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10536 | MORRIS & DICKSON CO, LLC | 18,944.24 | 0.00 | 0.00 | 18,944.24 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1851125210 | SUPPLIES | 10/14/20 | 09/16/20 | 10/16/20 | | 755.37 | 0.00 | 0.00 | 755.37 |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11069 | PABLO GARZA | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 101519 | CONTRACT EMPLOYEE (10/1 - 10/14/19) | 10/15/20 | 10/15/20 | 10/15/20 | | 1,687.50 | 0.00 | 0.00 | 1,687.50 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11069 | PABLO GARZA | 1,687.50 | 0.00 | 0.00 | 1,687.50 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| P1800 | PITNEY BOWES INC | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 1014032299 | | 10/09/20 | 09/26/20 | 10/26/20 | | 207.00 | 0.00 | 0.00 | 207.00 |

MACHINE RENTAL

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | P1800 | PITNEY BOWES INC | 207.00 | 0.00 | 0.00 | 207.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| P2200 | POWER HARDWARE | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| B50901 | SUPPLIES | 10/15/20 | 10/01/20 | 10/11/20 | | 3.49 | 0.00 | 0.00 | 3.49 |
| A57078 | SUPPLIES | 10/15/20 | 10/01/20 | 10/11/20 | | 87.65 | 0.00 | 0.00 | 87.65 |
| B50657 | SUPPLIES | 10/15/20 | 10/03/20 | 10/13/20 | | 12.69 | 0.00 | 0.00 | 12.69 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | P2200 | POWER HARDWARE | 103.83 | 0.00 | 0.00 | 103.83 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| IN000403368 | PT SURVEY | 09/30/20 | 09/30/20 | 10/30/20 | | 2,028.00 | 0.00 | 0.00 | 2,028.00 |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11251 | RAPID PRINTING LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 6620 | HOSPITAL CAMPUS POSTER \ | 10/15/20 | 09/17/20 | 09/27/20 | | 28.00 | 0.00 | 0.00 | 28.00 |
| 6646 | ELEVATOR SIGNS | 10/15/20 | 09/18/20 | 09/28/20 | | 56.00 | 0.00 | 0.00 | 56.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11251 | RAPID PRINTING LLC | 84.00 | 0.00 | 0.00 | 84.00 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| MLVAC53273 | CODING SERVICES | 10/09/20 | 10/03/20 | 10/28/20 | | 2,410.15 | 0.00 | 0.00 | 2,410.15 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10987 | REVCYCLE+, INC. | 2,410.15 | 0.00 | 0.00 | 2,410.15 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 25208 | COLLECTION | 10/16/20 | 07/31/20 | 07/31/20 | | 517.15 | 0.00 | 0.00 | 517.15 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11164 | RS CLARK & ASSOCIATES, INC | 517.15 | 0.00 | 0.00 | 517.15 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 2223 | WASTE SERVICES | 09/30/20 | 10/01/20 | 10/26/20 | | 235.00 | 0.00 | 0.00 | 235.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11252 | RX WASTE SYSTEMS LLC | 235.00 | 0.00 | 0.00 | 235.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|

S1800 SHERWIN WILLIAMS W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 03780 | SUPPLIES | 10/15/20 | 10/04/20 | 10/19/20 | | 59.53 | 0.00 | 0.00 | 59.53 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S1800 | SHERWIN WILLIAMS | 59.53 | 0.00 | 0.00 | 59.53 |

Vendor# Vendor Name Class Pay Code

S1850 SHIP SHUTTLE TAXI SERVICE W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 848995 | TRANSFER PATIENT | 10/14/20 | 10/14/20 | 10/14/20 | | 10.00 | 0.00 | 0.00 | 10.00 |

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

Vendor# Vendor Name Class Pay Code

K0536 SHIRLEY KARNEI

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 101519 | CONTRACT EMPLOYEE | 10/15/20 | 10/15/20 | 10/15/20 | | 254.87 | 0.00 | 0.00 | 254.87 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | K0536 | SHIRLEY KARNEI | 254.87 | 0.00 | 0.00 | 254.87 |

Vendor# Vendor Name Class Pay Code

10936 SIEMENS FINANCIAL SERVICES

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 56381900038634 | RENTAL LAB | 10/09/20 | 09/30/20 | 10/24/20 | | 1,333.33 | 0.00 | 0.00 | 1,333.33 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10936 | SIEMENS FINANCIAL SERVICES | 1,333.33 | 0.00 | 0.00 | 1,333.33 |

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 |
|---|---|---|---|---|---|---|---|---|---|
| 21615 | ICU NURSE DEE ROWE (9/20 - 9/26/14) | 10/07/20 | 09/26/20 | 10/26/20 | | 2,339.19 | 0.00 | 0.00 | 2,339.19 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12848 | SKILLGIGS INC. | 2,339.19 | 0.00 | 0.00 | 2,339.19 |

Vendor# Vendor Name Class Pay Code

11296 SOUTH TEXAS BLOOD & TISSUE CEN

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 90048967 | BLOOD | 09/30/20 | 09/30/20 | 10/25/20 | | 6,430.00 | 0.00 | 0.00 | 6,430.00 |
| 90048890 | CREDIT | 09/30/20 | 09/30/20 | 10/25/20 | | -1,840.00 | 0.00 | 0.00 | -1,840.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11296 | SOUTH TEXAS BLOOD & TISSUE CEN | 4,590.00 | 0.00 | 0.00 | 4,590.00 |

Vendor# Vendor Name Class Pay Code

S2694 STANFORD VACUUM SERVICE M

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 900062 | GREASE TRAP | 10/14/20 | 10/09/20 | 10/09/20 | | 385.00 | 0.00 | 0.00 | 385.00 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S2694 | STANFORD VACUUM SERVICE | 385.00 | 0.00 | 0.00 | 385.00 |

Vendor# Vendor Name Class Pay Code

T2539 T-SYSTEM, INC W

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 205EV52753 | TRACKING | 09/30/20 | 09/30/20 | 10/30/20 | | | 4,555.00 | 0.00 | 0.00 | 4,555.00 |
| 205EV52721 | CLOUD HOSTING | 09/30/20 | 09/30/20 | 10/30/20 | | | 1,144.00 | 0.00 | 0.00 | 1,144.00 |

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

Vendor# 11944 Vendor Name: TALX CORPORATION Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 1000828258 | EMPLOYEE VERIFICATIONS | 10/16/20 | 10/08/20 | 10/08/20 | | | 147.47 | 0.00 | 0.00 | 147.47 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11944 | TALX CORPORATION | 147.47 | 0.00 | 0.00 | 147.47 |

Vendor# 11140 Vendor Name: TEXAS ADVANTAGE COMMUNITY BANK Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 100419 | LOAN PAYMENT | 10/16/20 | 10/04/20 | 10/04/20 | | | 3,690.52 | 0.00 | 0.00 | 3,690.52 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11140 | TEXAS ADVANTAGE COMMUNITY BANK | 3,690.52 | 0.00 | 0.00 | 3,690.52 |

Vendor# 12704 Vendor Name: TEXAS BURNER & BOILER SERVICES Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 3292 | BOILER REPAIRS | 09/30/20 | 09/24/20 | 10/24/20 | | | 2,900.00 | 0.00 | 0.00 | 2,900.00 |
| 3298 | REPLACES SENSORS | 10/15/20 | 09/30/20 | 10/30/20 | | | 857.86 | 0.00 | 0.00 | 857.86 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12704 | TEXAS BURNER & BOILER SERVICES | 3,757.86 | 0.00 | 0.00 | 3,757.86 |

Vendor# 11100 Vendor Name: THE US CONSULTING GROUP Class: Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 340375958 | TRASH SERVICE | 10/09/20 | 10/03/20 | 10/28/20 | | | 242.69 | 0.00 | 0.00 | 242.69 |
| 340375961 | TRASH SERVICES | 10/09/20 | 10/03/20 | 10/28/20 | | | 1,328.95 | 0.00 | 0.00 | 1,328.95 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11100 | THE US CONSULTING GROUP | 1,571.64 | 0.00 | 0.00 | 1,571.64 |

Vendor# T0801 Vendor Name: TLC STAFFING Class: W Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 25404 | STAFFING | 10/16/20 | 10/07/20 | 10/07/20 | | | 888.83 | 0.00 | 0.00 | 888.83 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | T0801 | TLC STAFFING | 888.83 | 0.00 | 0.00 | 888.83 |

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

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| ~~9400312414~~ 5400312482 | LAUNDRY | 09/30/20 | 09/30/20 | 10/25/20 | | | 47.15 | 0.00 | 0.00 | 47.15 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8400312446 | 09/30/20 | 09/30/20 | 10/25/20 | 1,234.43 | 0.00 | 0.00 | 1,234.43 | |
| LAUNDRY | | | | | | | | |
| 8400312415 | 09/30/20 | 09/30/20 | 10/25/20 | 65.71 | 0.00 | 0.00 | 65.71 | |
| LAUNDRY | | | | | | | | |
| 8400312755 | 10/08/20 | 10/03/20 | 10/28/20 | 120.39 | 0.00 | 0.00 | 120.39 | |
| LAUNDRY | | | | | | | | |
| 8400312757 | 10/08/20 | 10/03/20 | 10/28/20 | 174.03 | 0.00 | 0.00 | 174.03 | |
| LAUNDRY | | | | | | | | |
| 8400312758 | 10/08/20 | 10/03/20 | 10/28/20 | 175.83 | 0.00 | 0.00 | 175.83 | |
| LAUNDRY | | | | | | | | |
| 8400312753 | 10/08/20 | 10/03/20 | 10/28/20 | 18.62 | 0.00 | 0.00 | 18.62 | |
| LAUNDRY | | | | | | | | |
| 8400312791 | 10/08/20 | 10/03/20 | 10/28/20 | 1,139.08 | 0.00 | 0.00 | 1,139.08 | |
| LAUNDRY | | | | | | | | |
| 8400312817 | 10/08/20 | 10/03/20 | 10/28/20 | 132.93 | 0.00 | 0.00 | 132.93 | |
| LAUNDRY | | | | | | | | |
| 8400312777 | 10/08/20 | 10/03/20 | 10/28/20 | 91.39 | 0.00 | 0.00 | 91.39 | |
| LAUNDRY | | | | | | | | |
| 8400312756 | 10/08/20 | 10/03/20 | 10/28/20 | 178.45 | 0.00 | 0.00 | 178.45 | |
| LAUNDRY | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1064 | UNIFIRST HOLDINGS INC | 3,378.01 | 0.00 | 0.00 | 3,378.01 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| U1056 | UNIFORM ADVANTAGE | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 0770240 | | 09/24/20 | 09/06/20 | 10/26/20 | | -9.97 | 0.00 | 0.00 | -9.97 |
| | CREDIT INVOICE 10004123 | | | | | | | | |
| 10149250 | | 10/16/20 | 10/02/20 | 10/17/20 | | 15.97 | 0.00 | 0.00 | 15.97 |
| | UNIFORMS | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1056 | UNIFORM ADVANTAGE | 6.00 | 0.00 | 0.00 | 6.00 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| U2000 | US POSTAL SERVICE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 101119 | | 10/15/20 | 10/11/20 | 10/11/20 | | 2,200.00 | 0.00 | 0.00 | 2,200.00 |
| | POSTAGE | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U2000 | US POSTAL SERVICE | 2,200.00 | 0.00 | 0.00 | 2,200.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 126834 | | 10/08/20 | 09/25/20 | 10/25/20 | | 2,282.90 | 0.00 | 0.00 | 2,282.90 |
| | EMPLOYEE SHIRTS – payroll deduct | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | W1040 | WATERMARK GRAPHICS INC | 2,282.90 | 0.00 | 0.00 | 2,282.90 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| I1110 | WERFEN USA LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 9110720914 | | 10/14/20 | 09/11/20 | 10/06/20 | | 2,545.44 | 0.00 | 0.00 | 2,545.44 |
| | SUPPLIE | | | | | | | | |
| 9110728857 | | 10/14/20 | 10/01/20 | 10/26/20 | | 87.42 | 0.00 | 0.00 | 87.42 |

SUPPLIES

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | I1110 | WERFEN USA LLC | 2,632.86 | 0.00 | 0.00 | 2,632.86 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| WCS00003154 | | 10/15/20 | 10/01/20 | 10/30/20 | | | 10,700.00 | 0.00 | 0.00 | 10,700.00 |

WOUND CARE

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10556 | WOUND CARE SPECIALISTS | 10,700.00 | 0.00 | 0.00 | 10,700.00 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 611,478.31 | 0.00 | 0.00 | 611,478.31 |

pg 2 correction {<33.76>

pg 6 correction {<26.26>
{+26.15

$611,444.44

611.478.31 +
33.76 -
26.26 -
26.15 +
611.444.44 =

APPROVED
ON

OCT 18 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi

0556709000527279902643900264390031

| Company Account Number | Payment Date | New Balance | Minimum Amount Due | Enter Amount Paid |
|---|---|---|---|---|
| | 10/28/2019 | $2,643.90 | $2,643.90 | |

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

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

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

# CITIBANK CORPORATE CARD

**Statement Date**
**10/03/2019**

**Payment Date**
**10/28/2019**

| Company Credit Line | Available Credit Line | Cash Advance Limit | Available Cash Line |
|---|---|---|---|
| $30,000.00 | $27,356.10 | $0.00 | $0.00 |

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

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

## COMPANY SUMMARY

| | | Previous Balance | Payment Allocation | Credits | Purchases and Advances | Interest Charges | New Balance |
|---|---|---|---|---|---|---|---|
| Company Totals | Purchases | $3,257.64 | - $3,257.64 | - $209.40 | $2,853.30 | | $2,643.90 |
| | Advances | | | | | | |
| | TOTAL | $3,257.64 | - $3,257.64 | - $209.40 | $2,853.30 | | $2,643.90 |

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

## CARDMEMBER SUMMARY

| | | Previous Balance | Payments | Credits | Purchases and Advances | Interest Charges | New Balance |
|---|---|---|---|---|---|---|---|
| Monthly Limit:$20,000.00 | Purchases | | | | $2,045.92 | | |
| | Advances | | | | | | |
| | TOTAL | | | | $2,045.92 | | $2,045.92 |

| | | Previous Balance | Payments | Credits | Purchases and Advances | Interest Charges | New Balance |
|---|---|---|---|---|---|---|---|
| Monthly Limit:$20,000.00 | Purchases | | | | $807.38 | | |
| | Advances | | | | | | |
| | TOTAL | | | - $209.40 | $807.38 | | $597.98 |

## COMPANY BOOKKEEPING DETAIL

| DAYS IN BILLING PERIOD: 030 | | | | | |
|---|---|---|---|---|---|
| Balance Subject | | Purchases | Cash Advances | Payment Due: | $2,643.90 |
| To Interest Charges | > | $0.00 | $0.00 | Amount Over Credit Limit: | $0.00 |
| Periodic rate | > | .0000% | .0000% | Amount Past Due: | $0.00 |
| ANNUAL PERCENTAGE RATE | > | 0.00% | 0.00% | MINIMUM AMOUNT DUE: | $2,643.90 |

citi

| Company Account Number |
|---|
| |

**Statement Date**
**10/03/2019**

**C0001 CALHOUN COUNTY MMC**

| Monthly Limit | Cash Limit* | Available Credit Line | Available Cash Line** |
|---|---|---|---|
| $30,000.00 | $0.00 | $27,356.10 | $0.00 |

| Sale Date | Post Date | Reference Number | Type of Activity | Total Amount |
|---|---|---|---|---|
| 09/26/2019 | 09/26/2019 | 75472339269269411000045 | PAYMENT THANK YOU | $3,257.64 PY |

## INDIVIDUAL CARDHOLDER ACTIVITY

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

| Monthly Limit | Cash Limit* |
|---|---|
| $20,000.00 | $0.00 |

| Sale Date | Post Date | Reference Number | Type of Activity | Amount |
|---|---|---|---|---|
| 09/03/2019 | 09/04/2019 | 5543286924620054062732O | INT IN EMERGENCY MANA 972-2358330 TX PI0253191658 | $153.00 |
| 09/04/2019 | 09/05/2019 | 05134379248600032811304 | NPDB NPDB.HRSA.GOV 800-767-6732 VA N64810391 | $2.00 |
| 09/13/2019 | 09/16/2019 | 05134379257600042485832 | NPDB NPDB.HRSA.GOV 800-767-6732 VA N64982864 | $28.00 |
| 09/13/2019 | 09/16/2019 | 75306379257328400271181 | TEXAS OCCUPATIONAL THE 512-4548682 TX | $395.00 |
| 09/13/2019 | 09/16/2019 | 75306379257328400271371 | TEXAS OCCUPATIONAL THE 512-4548682 TX | $135.00 |
| 09/20/2019 | 09/23/2019 | 05227029263200121206539 | ESUTURESCOM 708-478-3517 IL | $61.00 |
| 09/20/2019 | 09/23/2019 | 55310209264708687038575 | HOLIDAY INN EXP & SUIT PORT LAVACA TX 17376031 Arrival: 09-19-19 | $134.47 |
| 09/20/2019 | 09/23/2019 | 5543286926320050745322l | INT IN EMERGENCY MANA 972-2358330 TX PI0256705020 | $81.00 |
| 09/25/2019 | 09/27/2019 | 55499679269036226220773 | WYNDHAM AUSTIN & WOODW AUSTIN TX 22622077 Arrival: 09-23-19 | $250.70 |
| 09/26/2019 | 09/27/2019 | 55432869269200835196801 | HOTEL 8122479121031 BOOKING WA f69c3c2f726ba2f45 | $348.90 |
| 09/26/2019 | 09/30/2019 | 55432869270200094746004 | SOUTHWES 5262124405846 800-435-9792 TX SVETLIK/JENISE DEPARTURE: 11-13-19 AUS WN F ABQ WN F AUS | $183.96 |
| 09/30/2019 | 10/01/2019 | 55432869273200791767359 | INT IN EMERGENCY MANA 972-2358330 TX PI0258689227 | $126.00 |
| 09/30/2019 | 10/02/2019 | 55310209274708705862202 | HOLIDAY INN EXP & SUIT PORT LAVACA TX 17378493 Arrival: 09-29-19 | $146.89 |
| | | | TOTAL PURCHASES/ADVANCES/CREDITS | $2,045.92 |

**DIANE C MOORE** **XXXX-XXXX-X**

| Monthly Limit | Cash Limit* |
|---|---|
| $20,000.00 | $0.00 |

| Sale Date | Post Date | Reference Number | Type of Activity | Amount |
|---|---|---|---|---|
| 09/05/2019 | 09/06/2019 | 05410199249944240006521 | AT&T EXECUTIVE16199200 AUSTIN TX 12903991 Arrival: 09-03-19 | $478.00 |
| 09/23/2019 | 09/24/2019 | 75418239266079993982789 | WEB NETWORKSOLUTIONS 888-6429675 FL | $209.40 |
| 09/27/2019 | 09/30/2019 | 75418239270080212013921 | WEB NETWORKSOLUTIONS 888-6429675 FL | $119.98 |
| 09/28/2019 | 09/30/2019 | 75418239271080228547275 | WEB NETWORKSOLUTIONS 888-6429675 FL | $209.40 CR |
| | | | TOTAL PURCHASES/ADVANCES/CREDITS | $597.98 |

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



Continued on next page

citi

0556709800364699700000000000000031

| Account Number | Payment Date | New Balance | Minimum Amount Due | Enter Amount Paid |
|---|---|---|---|---|
| •••• •••• • | 10/28/2019 | $0.00 | $0.00 | |

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

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

# CITIBANK CORPORATE CARD

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

Statement Date
10/03/2019

Payment Date
10/28/2019

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

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

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

| Sale Date | Post Date | Reference Number | Type of Activity | | | Amount |
|---|---|---|---|---|---|---|
| ********** NOTICE MEMO ITEM(S) LISTED BELOW ********** | | | | | | |
| 09/03/2019 | 09/04/2019 | 5543286924620054062732O | INT IN EMERGENCY MANA PI0253191658 | 972-2358330 | TX | $153.00 |
| 09/04/2019 | 09/05/2019 | 05134379248600032811304 | NPDB NPDB.HRSA.GOV N64810391 | 800-767-6732 | VA | $2.00 |
| 09/13/2019 | 09/16/2019 | 05134379257600042485832 | NPDB NPDB.HRSA.GOV N64982864 | 800-767-6732 | VA | $28.00 |
| 09/13/2019 | 09/16/2019 | 75306379257328400271181 | TEXAS OCCUPATIONAL THE | 512-4548682 | TX | $395.00 |
| 09/13/2019 | 09/16/2019 | 75306379257328400271371 | TEXAS OCCUPATIONAL THE | 512-4548682 | TX | $135.00 |
| 09/20/2019 | 09/23/2019 | 05227029263200121206539 | ESUTURESCOM | 708-478-3517 | IL | $61.00 |
| 09/20/2019 | 09/23/2019 | 55310209264708687038575 | HOLIDAY INN EXP & SUIT 17376031 | PORT LAVACA Arrival: 09-19-19 | TX | $134.47 |
| 09/20/2019 | 09/23/2019 | 5543286926320050745322l | INT IN EMERGENCY MANA PI0256705020 | 972-2358330 | TX | $81.00 |
| 09/25/2019 | 09/27/2019 | 55499679269036226220773 | WYNDHAM AUSTIN & WOODW 22622077 | AUSTIN Arrival: 09-23-19 | TX | $250.70 |

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

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

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

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

citi

| Account Number |
| --- |
| •••• •••• ‹ |

Statement Date
10/03/2019

| Sale Date | Post Date | Reference Number | Type of Activity | | Amount |
| --- | --- | --- | --- | --- | --- |
| NOTICE MEMO ITEM(S) LISTED BELOW | | | | | |
| 09/26/2019 | 09/27/2019 | 5543286926920083519 6801 | HOTEL 8122479121031 f69c3c2f726ba2f45 | BOOKING WA | $348.90 |
| 09/26/2019 | 09/30/2019 | 5543286927020009474 6004 | SOUTHWES 5262124405846 SVETLIK/JENISE AUS WN F ABQ WN F AUS | 800-435-9792 TX DEPARTURE: 11-13-19 | $183.96 |
| 09/30/2019 | 10/01/2019 | 5543286927320079176 7359 | INT IN EMERGENCY MANA PI0258689227 | 972-2358330 TX | $126.00 |
| 09/30/2019 | 10/02/2019 | 5531020927470870586 2202 | HOLIDAY INN EXP & SUIT 17378493 | PORT LAVACA TX Arrival: 09-29-19 | $146.89 |
| ********** | | | **TOTAL AMOUNT OF MEMO ITEM(S): | | $2,045.92 |

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

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

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

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

APPROVED
ON

OCT 18 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

# MEMORIAL MEDICAL CENTER
## PURCHASE ORDER

(1)

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

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

Vendor Name: Citibank

Date: 10/7/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required | Expense # | Department | Deliver To | Form # 9401

| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
|---|---|---|---|---|---|---|
| 1 | — | | Ont in Emergency Man - | | | 153.00 ✓ |
| 2 | | | for Sara Rubio (PALS ecards) | | | |
| 3 | — | | NPDB x 1 Practitioner | | | 2.00 ✓ |
| 4 | — | | NPDB x 14 Practitioners | 2.00 | | 28.00 ✓ |
| 5 | — | | Texas Occupational Therapy — Amanda Griggs | | | 395.00 ✓ |
| 6 | | | Assoc. - Registration Conference | | | |
| 7 | — | | Texas Occupational Therapy | | | 135.00 ✓ |
| 8 | | | Assoc - Membership Join | | | |
| 9 | | | Amanda Griggs | | | |
| 10 | — | | Holiday Inn Express - Visiting DR - Dr. Pandya - Pedi | | | 134.47 ✓ |

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

NOTES:

Charges made to Jason Anglin's MC

APPROVED ON
OCT 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

# MEMORIAL MEDICAL CENTER
## PURCHASE ORDER

(2)

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

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

Vendor Name: Citibank

Date: 10-7-19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
|---|---|---|---|---|---|---|
| 1 | — | | Ent in Emergency Mana - | | | 81.00 ✓ |
| 2 | | | Sara Rubio - ACLS cards | | | |
| 3 | — | | Wyndham Austin - Sara | | | 250.70 ✓ |
| 4 | | | Rubio — GETAC Muting | | | |
| 5 | — | | Hotel DON Fernando de Taos | Eric Chung R | | 348.90 ✓ |
| 6 | | | for Jenise Svetlik - CPSI Conf | | | |
| 7 | — | | Southwest - Jenise Svetlik | Eric Chung R | | 183.96 ✓ |
| 8 | | | CPSI Conf - Taos, NM | | | |
| 9 | — | | Ent in Emergency Mana | | | 126.00 ✓ |
| 10 | | | Sara Rubio - ACLS ecards | | | |

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

NOTES:

Charges made to Mr. Anglin's MC

APPROVED ON
OCT 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

# MEMORIAL MEDICAL CENTER
## PURCHASE ORDER

(3)

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

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

Vendor Name: Citibank

Date: 10/7/19

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Form # 9401

Date Required | Expense # | Department | Deliver To

| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
|---|---|---|---|---|---|---|
| 1 | — | | Holiday Inn Express – | | | 146.89 ✓ |
| 2 | | | Visiting DR. Wang – Pain mgmt | | | |
| 3 | | 153.00 + | | | | |
| 4 | | 2.00 + | Esutures.com – Monocryl undyed 36" | | | 61.00 |
| 5 | | 28.00 + | CT- 1 taper | | | |
| 6 | | 395.00 + | | | | |
| 7 | | 135.00 + | | | | |
| 8 | | 134.47 + | | | | |
| 9 | | 81.00 + | | | | |
| 10 | | 250.70 + | | | | |
| — | | 348.90 + | | | | |
| — | | 183.96 + | | | | |
| — | | 126.00 + | | | | |
| — | | 146.89 + | | | | |
| — | | 61.00 + | | | | |
| — | | 2,045.92 * | | | | |

Est. Total Cost

TOTAL COST $2045.92

NOTES:

Changes made to Mr Angeln's MC

APPROVED ON
OCT 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director

Dir. Nursing

Adm.Dir. Clinical Service

CFO

Administrator

citi

0556709800366701900000000000000038

| Account Number | Payment Date | New Balance | Minimum Amount Due | Enter Amount Paid |
|---|---|---|---|---|
| •••• •••• | 10/28/2019 | $0.00 | $0.00 | |

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

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

# CITIBANK CORPORATE CARD

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

Statement Date
10/03/2019

Payment Date
10/28/2019

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

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

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

| Sale Date | Post Date | Reference Number | Type of Activity | | | Amount |
|---|---|---|---|---|---|---|
| ********** | | | NOTICE MEMO ITEM(S) LISTED BELOW | | | ********** |
| 09/05/2019 | 09/06/2019 | 05410199249944240006521 | AT&T EXECUTIVE16199200 | AUSTIN | TX | $478.00 |
| | | | 12903991 | Arrival: 09-03-19 | | |
| 09/23/2019 | 09/24/2019 | 75418239266079993982789 | WEB NETWORKSOLUTIONS | 888-6429675 | FL | $209.40 |
| 09/27/2019 | 09/30/2019 | 75418239270080212013921 | WEB NETWORKSOLUTIONS | 888-6429675 | FL | $119.98 |
| 09/28/2019 | 09/30/2019 | 75418239271080228547275 | WEB NETWORKSOLUTIONS | 888-6429675 | FL | $209.40 CR |
| ********** | | | TOTAL AMOUNT OF MEMO ITEM(S): | | | $597.98 |

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

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

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

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

APPROVED ON OCT 18 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

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

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

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

# MEMORIAL MEDICAL CENTER
## PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 10/7/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

| Line No. | Qty. | Catalog Number | Description | Unit Cost | Unit Meas. | Extended Cost |
|---|---|---|---|---|---|---|
| 1 | — | | AT&T Executive - Hotel | | | 478.00 |
| 2 | | | for Diane Moore - 2019 HHSC DSRIP Statewide Learning Collaborative | | | |
| 3 | — | | Web Networksolutions - | | | 209.40 |
| 4 | | | SSL Certificate - Purchase | Credit | | -209.40 |
| 5 | | | + Refund | | | |
| 6 | — | | Web Networksolutions | | | 119.98 |
| 7 | | | SSL Certificate (Xpress) | | | |
| 8 | | 478.00 + | | | | |
| 9 | | 209.40 + | | | | |
| 10 | | 209.40 - | | | | |
| | | 119.98 + | | | | |
| | | 597.98 * | | | | |

Est. Freight _____ Est. Total Cost _____ TOTAL COST $597.98

NOTES:

charges made to Diane's MC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

APPROVED ON

Dept. Director OCT 18 2019

Dir. Nursing _____

Adm.Dir. Clinical Service COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CFO _____

Administrator _____

# Wire Transfer

**DWR-00023612 - COUNTY OF CALHOUN TEXAS (COUNT1923)**

PROSPERITY BANK®

## Wire Details

| | |
|---|---|
| **Transaction Number** | |
| **Recurring Frequency** | One-Time Payment |
| **Template Name** | Citi Commercial Card - Mmc |
| **Amount** | USD 2,643.90 |
| **Debit Account** | DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank |
| **Notify Initiator Options** | Pending Actions: Notify via EMAIL<br>Pending Release: Notify via EMAIL<br>System Events: Notify via EMAIL<br>Complete - Unsuccessful: Notify via EMAIL<br>Complete - Successful: Notify via EMAIL<br>Early Action Taken: Notify via EMAIL<br>Early Action Removed: Notify via EMAIL<br>Expired: Notify via EMAIL |
| **Payment Date** | 10/24/2019 |

## Originator Information

| | |
|---|---|
| **Originator Name** | COUNTY OF CALHOUN TEXAS |
| **Originator Address 1** | 202 S ANN STREET, SUITE A |
| **Originator Address 2** | P. O. BOX 78025-8025 |
| **Originator Address 3** | PHOENIX AZ 850628025 |

## Beneficiary / Payee Information

| | |
|---|---|
| **Name** | CBNA Incoming Settlement Account |
| **Beneficiary ID Type** | Account Number |
| **Beneficiary ID** | |
| **Address 1** | P. O. BOX 78025 |
| **Address 2** | |
| **Address 3** | PHOENIX AZ 850628025 |
| **Beneficiary Country** | US |
| **Contact Name** | |
| **Phone Number** | |

## Beneficiary Bank Information

| | |
|---|---|
| **Name** | CITIBANK NA |
| **Beneficiary Bank ID Type** | Fed ABA |
| **Beneficiary Bank ID** | |
| **Address 1** | P. O. BOX 78025-8025 |
| **Address 2** | PHOENIX AZ 850628025 |
| **Address 3** | |
| **Intl Routing Number** | |
| **Beneficiary Bank Country** | US |

## Additional Reference Information

| | |
|---|---|
| **Purpose Of Payment** | |
| **Additional Information For Beneficiary** | |

## Status History

| Timestamp | Status | Initiator | Description |
|---|---|---|---|
| Oct 24, 2019 9:15:01 AM CDT | Delivered | SYSTEM | Wire has been delivered to the bank. |
| Oct 24, 2019 9:14:57 AM CDT | Pending Delivery | COUNT1923 / CAtkinson (CLARRI .) | Wire Released. |
| Oct 24, 2019 9:14:24 AM CDT | Pending Release | SYSTEM | The transfer is available for release. |
| Oct 24, 2019 9:14:24 AM CDT | Created | COUNT1923 / CAtkinson (CLARRI .) | Wire Created. |

10/17/2019
10:23

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/31/2019

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11816 | ASHFORD GARDENS | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 100919 | | 10/17/20 | 10/09/20 | 10/31/20 | | 372.06 | 0.00 | 0.00 | 372.06 |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | |
| 101519 | | 10/17/20 | 10/15/20 | 10/31/20 | | 4,603.50 | 0.00 | 0.00 | 4,603.50 |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11816 | ASHFORD GARDENS | 4,975.56 | 0.00 | 0.00 | 4,975.56 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 4,975.56 | 0.00 | 0.00 | 4,975.56 |

APPROVED
ON

OCT 18 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/17/2019
10:24

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/31/2019

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11828 | SOLERA WEST HOUSTON ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 100919 | | 10/17/20 | 10/09/20 | 10/31/20 | | 852.50 | 0.00 | 0.00 | 852.50 ✓ |
| | TRANSFER Nursing home insurance pymt sent to mmc in error | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11828 | SOLERA WEST HOUSTON | 852.50 | 0.00 | 0.00 | 852.50 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 852.50 | 0.00 | 0.00 | 852.50 |

10/17/2019 MEMORIAL MEDICAL CENTER 0
10:22 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/31/2019

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11824 | THE CRESCENT | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 101519 | | 10/17/20 | 10/15/20 | 10/31/20 | | | 4,986.76 | 0.00 | 0.00 | 4,986.76 ✓ |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | | |
| 101519A | | 10/17/20 | 10/15/20 | 10/31/20 | | | 1,705.00 | 0.00 | 0.00 | 1,705.00 ✓ |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11824 | THE CRESCENT | 6,691.76 | 0.00 | 0.00 | 6,691.76 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 6,691.76 | 0.00 | 0.00 | 6,691.76 |

10/17/2019
10:25

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/31/2019

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 12696 | GULF POINTE PLAZA ✓ | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 100919A | | 10/17/20 | 10/09/20 | 10/31/20 | | 23,757.42 | 0.00 | 0.00 | 23,757.42 ✓ |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | |
| 090919C | | 10/17/20 | 10/09/20 | 10/31/20 | | 67,351.79 | 0.00 | 0.00 | 67,351.79 ✓ |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | |
| 100919B | | 10/17/20 | 10/09/20 | 10/31/20 | | 9,732.00 | 0.00 | 0.00 | 9,732.00 ✓ |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | |
| 100919 | | 10/17/20 | 10/09/20 | 10/31/20 | | 5,600.00 | 0.00 | 0.00 | 5,600.00 ✓ |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | |
| 101519 | | 10/17/20 | 10/15/20 | 10/31/20 | | 17,139.67 | 0.00 | 0.00 | 17,139.67 ✓ |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12696 | GULF POINTE PLAZA | 123,580.88 | 0.00 | 0.00 | 123,580.88 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 123,580.88 | 0.00 | 0.00 | 123,580.88 |

10/17/2019
10:27

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/31/2019

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11836 | GOLDENCREEK HEALTHCARE | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|
| 100919A | | 10/17/20 | 10/09/20 | 10/31/20 | | 4,154.25 | 0.00 | 0.00 | 4,154.25 |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | |
| 100919 | | 10/17/20 | 10/09/20 | 10/31/20 | | 4,956.19 | 0.00 | 0.00 | 4,956.19 |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | |
| 101519 | | 10/17/20 | 10/15/20 | 10/31/20 | | 33,317.91 | 0.00 | 0.00 | 33,317.91 |
| | TRANSFER Nursing home insurance pymt sent to MMC in error | | | | | | | | |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11836 | GOLDENCREEK HEALTHCARE | 42,428.35 | 0.00 | 0.00 | 42,428.35 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 42,428.35 | 0.00 | 0.00 | 42,428.35 |

10/17/2019
12:44

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 10/08/2019

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10246 | ACCENT | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check D | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 100819 | REFUND -PATIENT | 10/17/20 | 10/08/20 | 10/08/20 | | | 100.89 | 0.00 | 0.00 | 100.89 |

| Vendor Totals | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10246 | ACCENT | 100.89 | 0.00 | 0.00 | 100.89 |

**Report Summary**

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 100.89 | 0.00 | 0.00 | 100.89 |

PO BOX 952366, ST LOUIS, MO 63195
**MEMORIAL MEDICAL CENTER** • PORT LAVACA, TEXAS 77979

182826

| REFERENCE NO. | DATE | GROSS AMOUNT | DISCOUNT % | DISCOUNT AMOUNT | NET PAYABLE |
|---|---|---|---|---|---|
| 100819 | 10/08/19 | 100.89 | | | 100.89 |
| Voided— check was printed before approved in court | | | | | |
| CHECK NO. 182826 10/17/19 | TOTALS | 100.89 | TOTALS | | 100.89 |

**MEMORIAL MEDICAL CENTER** • PORT LAVACA, TEXAS 77979

182826

| REFERENCE NO. | DATE | GROSS AMOUNT | DISCOUNT % | DISCOUNT AMOUNT | NET PAYABLE |
|---|---|---|---|---|---|
| 100819 | 10/08/19 | 100.89 | | | 100.89 |
| CHECK NO. 182826 | TOTALS | 100.89 | TOTALS | | 100.89 |

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

182826

10246 182826

DATE 10/17/19

AMOUNT $100.89

**One Hundred Dollars and Eighty-Nine Cents**

PAY
TO THE ORDER OF
ACCENT
PO BOX 952366
ST LOUIS, MO 63195

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

II⁸

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

182780

| REFERENCE NO. | DATE | GROSS AMOUNT | DISCOUNT % | DISCOUNT AMOUNT | NET PAYABLE |
|---|---|---|---|---|---|
| 100819 | 10/08/19 | 100.89 | | | 100.89 |
| | | | | | |
| CHECK NO. 182780 | | TOTALS 100.89 | | | 100.89 |

Check should have been made payable to Accent

MEMORIAL
MEDICAL CENTER

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

88-2265
1131

182780

12852 182780

DATE 10/16/19 AMOUNT $100.89

One Hundred Dollars and Eighty-Nine Cents

PAY
TO THE
ORDER
OF

VOID

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

Ø

RUN DATE:10/18/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:02 CHECK REGISTER GLCKREG
10/23/19 THRU 10/23/19

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 182827 | 10/23/19 | 272.66 | ACCENT |
| A/P | 182828 | 10/23/19 | 35.75 | ACE HARDWARE 15521 |
| A/P | 182829 | 10/23/19 | 1,400.00 | ACUTE CARE INC |
| A/P | 182830 | 10/23/19 | 241.59 | ALCO SALES & SERVICE CO |
| A/P | 182831 | 10/23/19 | 795.00 | ALCON LABORATORIES, INC. |
| A/P | 182832 | 10/23/19 | 2,274.75 | ALLYSON SWOPE |
| A/P | 182833 | 10/23/19 | 170.00 | AORN |
| A/P | 182834 | 10/23/19 | 51.95 | AQUA BEVERAGE COMPANY |
| A/P | 182835 | 10/23/19 | 25,744.58 | BECKMAN COULTER INC |
| A/P | 182836 | 10/23/19 | 100,000.00 | CALHOUN COUNTY |
| A/P | 182837 | 10/23/19 | 77.84 | CENTERPOINT ENERGY |
| A/P | 182838 | 10/23/19 | 12,243.63 | CLINICAL PATHOLOGY LABS |
| A/P | 182839 | 10/23/19 | 746.88 | CONMED CORPORATION |
| A/P | 182840 | 10/23/19 | 214.50 | CULLIGAN OF VICTORIA |
| A/P | 182841 | 10/23/19 | 713.73 | DEWITT POTH & SON |
| A/P | 182842 | 10/23/19 | 50,311.25 | DIAMOND HEALTHCARE CORP |
| A/P | 182843 | 10/23/19 | 136,398.51 | DISCOVERY MEDICAL NETWORK INC |
| A/P | 182844 | 10/23/19 | 1,030.00 | DOWELL PEST CONTROL |
| A/P | 182845 | 10/23/19 | 176.80 | DOWNTOWN CLEANERS |
| A/P | 182846 | 10/23/19 | 127.00 | EAGLE FIRE & SAFETY INC |
| A/P | 182847 | 10/23/19 | 383.75 | EL CAMPO REFRIGERATION |
| A/P | 182848 | 10/23/19 | 40,062.50 | EMERGENCY STAFFING SOLUTIONS |
| A/P | 182849 | 10/23/19 | 88.23 | FEDERAL EXPRESS CORP. |
| A/P | 182850 | 10/23/19 | 7,099.31 | FISHER HEALTHCARE |
| A/P | 182851 | 10/23/19 | 968.27 | FRONTIER |
| A/P | 182852 | 10/23/19 | 111.75 | GRAINGER |
| A/P | 182853 | 10/23/19 | 726.11 | GULF COAST PAPER COMPANY |
| A/P | 182854 | 10/23/19 | 82.50 | HEALTHCARE CODING & CONSULTING |
| A/P | 182855 | 10/23/19 | .00 | VOIDED |
| A/P | 182856 | 10/23/19 | 551.38 | HEB CREDIT RECEIVABLES DEPT308 |
| A/P | 182857 | 10/23/19 | 8,333.33 | HITACHI MEDICAL SYSTEMS |
| A/P | 182858 | 10/23/19 | 98,944.00 | HOLT CAT |
| A/P | 182859 | 10/23/19 | 92.47 | HOUSTON UNIFORM & APPAREL CO. |
| A/P | 182860 | 10/23/19 | 14,115.14 | HUNTER PHARMACY SERVICES |
| A/P | 182861 | 10/23/19 | 160.00 | ICU MEDICAL, INC |
| A/P | 182862 | 10/23/19 | 1,008.54 | IRON MOUNTAIN |
| A/P | 182863 | 10/23/19 | 24,235.45 | JACKSON & COKER LOCUM TENENS, |
| A/P | 182864 | 10/23/19 | 324.00 | MARTIN PRINTING CO |
| A/P | 182865 | 10/23/19 | 199.82 | MCKESSON MEDICAL SURGICAL INC |
| A/P | 182866 | 10/23/19 | 7,237.72 | MEDICAL DATA SYSTEMS, INC. |
| A/P | 182867 | 10/23/19 | 315.64 | MEDLINE INDUSTRIES INC |
| A/P | 182868 | 10/23/19 | 385.00 | MID-COAST ELECTRIC SUPPLY, INC |
| A/P | 182869 | 10/23/19 | 194.75 | MMC AUXILIARY GIFT SHOP |
| A/P | 182870 | 10/23/19 | 18,944.24 | MORRIS & DICKSON CO, LLC |
| A/P | 182871 | 10/23/19 | 755.37 | ORTHO CLINICAL DIAGNOSTICS |
| A/P | 182872 | 10/23/19 | 1,687.50 | PABLO GARZA |
| A/P | 182873 | 10/23/19 | 207.00 | PITNEY BOWES INC |
| A/P | 182874 | 10/23/19 | 103.83 | POWER HARDWARE |
| A/P | 182875 | 10/23/19 | 2,028.00 | PRESS GANEY ASSOCIATES, INC. |
| A/P | 182876 | 10/23/19 | 84.00 | RAPID PRINTING LLC |

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 182877 | 10/23/19 | 2,410.15 | REVCYCLE+, INC. |
| A/P | 182878 | 10/23/19 | 517.15 | RS CLARK & ASSOCIATES, INC |
| A/P | 182879 | 10/23/19 | 235.00 | RX WASTE SYSTEMS LLC |
| A/P | 182880 | 10/23/19 | 59.53 | SHERWIN WILLIAMS |
| A/P | 182881 | 10/23/19 | 10.00 | SHIP SHUTTLE TAXI SERVICE |
| A/P | 182882 | 10/23/19 | 254.87 | SHIRLEY KARNEI |
| A/P | 182883 | 10/23/19 | 1,333.33 | SIEMENS FINANCIAL SERVICES |
| A/P | 182884 | 10/23/19 | 2,339.19 | SKILLGIGS INC. |
| A/P | 182885 | 10/23/19 | 4,590.00 | SOUTH TEXAS BLOOD & TISSUE CEN |
| A/P | 182886 | 10/23/19 | 385.00 | STANFORD VACUUM SERVICE |
| A/P | 182887 | 10/23/19 | 5,699.00 | T-SYSTEM, INC |
| A/P | 182888 | 10/23/19 | 147.47 | TALX CORPORATION |
| A/P | 182889 | 10/23/19 | 3,690.52 | TEXAS ADVANTAGE COMMUNITY BANK |
| A/P | 182890 | 10/23/19 | 3,757.86 | TEXAS BURNER & BOILER SERVICES |
| A/P | 182891 | 10/23/19 | 1,571.64 | THE US CONSULTING GROUP |
| A/P | 182892 | 10/23/19 | 888.83 | TLC STAFFING |
| A/P | 182893 | 10/23/19 | 3,378.01 | UNIFIRST HOLDINGS INC |
| A/P | 182894 | 10/23/19 | 6.00 | UNIFORM ADVANTAGE |
| A/P | 182895 | 10/23/19 | 2,200.00 | US POSTAL SERVICE |
| A/P | 182896 | 10/23/19 | 2,282.90 | WATERMARK GRAPHICS INC |
| A/P | 182897 | 10/23/19 | 2,632.86 | WERFEN USA LLC |
| A/P | 182898 | 10/23/19 | 10,700.00 | WOUND CARE SPECIALISTS |
| A/P | 182899 | 10/23/19 | 4,975.56 | ASHFORD GARDENS |
| A/P | 182900 | 10/23/19 | 42,428.35 | GOLDENCREEK HEALTHCARE |
| A/P | 182901 | 10/23/19 | 123,580.88 | GULF POINTE PLAZA |
| A/P | 182902 | 10/23/19 | 852.50 | SOLERA WEST HOUSTON |
| A/P | 182903 | 10/23/19 | 6,691.76 | THE CRESCENT |
| TOTALS: | | | 790,074.38 | |

Payables 611,444.44 +
Nursing Homes 4,975.56 +
852.50 +
6,691.76 +
123,580.88 +
42,428.35 +
critical 100.89 +
790,074.38 *

APPROVED
ON

OCT 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**McKESSON**

Company 8000

# STATEMENT

As of: 10/18/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 10/19/2019

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: 10/18/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/19/2019 **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:** 10,034.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

**If Paid By 10/22/2019, Pay This Amount:** 9,834.00 USD

**If Paid After 10/22/2019, Pay this Amount:** 10,034.66 USD

**Due If Paid On Time:** USD 9,834.00
**Disc lost if paid late:** 200.66

**Due If Paid Late:** USD 10,034.66

add FO

CK# 500039

APPROVED ON
OCT 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2,908.43 +
4,592.23 +
58.28 +
7.59 +
1,041.34 +
1,226.13 +
9,834.00 *

# McKESSON

# STATEMENT

Company 8000

As of: 10/18/2019

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/19/2019

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: 10/18/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/19/2019 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 | | | | | | | | | | | |
| 10/14/2019 | 10/22/2019 | 7161563629 | 1012190338-00 | 115Invoice | 5.75 | 287.72 | | 281.97 | ✓ | 7161563629 | |
| 10/14/2019 | 10/22/2019 | 7161563632 | 1013190223-00 | 115Invoice | | 0.16 | | 0.16 | ✓ | 7161563632 | |
| 10/14/2019 | 10/22/2019 | 7161563633 | 1126603 | 115Invoice | 7.98 | 399.20 | | 391.22 | ✓ | 7161563633 | |
| 10/14/2019 | 10/22/2019 | 7161563635 | 2416951658 | 115Invoice | 5.32 | 266.21 | | 260.89 | ✓ | 7161563635 | |
| 10/14/2019 | 10/22/2019 | 7161697582 | 766301076 | 195Invoice | 0.02 | 0.96 | | 0.94 | ✓ | 7161697582 | |
| 10/15/2019 | 10/22/2019 | 7161818941 | 2416955582 | 115Invoice | 1.25 | 62.60 | | 61.35 | ✓ | 7161818941 | |
| 10/15/2019 | 10/22/2019 | 7161818942 | 1013190219-00 | 115Invoice | 3.12 | 155.93 | | 152.81 | ✓ | 7161818942 | |
| 10/15/2019 | 10/22/2019 | 7161957323 | 766662984 | 195Invoice | 1.27 | 63.73 | | 62.46 | ✓ | 7161957323 | |
| 10/16/2019 | 10/22/2019 | 7162072049 | 2667003726 | 115Invoice | 0.02 | 0.94 | | 0.92 | ✓ | 7162072049 | |
| 10/16/2019 | 10/22/2019 | 7162072051 | 1126652 | 115Invoice | 3.99 | 199.60 | | 195.61 | ✓ | 7162072051 | |
| 10/16/2019 | 10/22/2019 | 7162072053 | MI10162019 | 115Invoice | 0.44 | 21.98 | | 21.54 | ✓ | 7162072053 | |
| 10/16/2019 | 10/22/2019 | 7162242791 | 000101519TM | 115Invoice | 1.23 | 61.49 | | 60.26 | ✓ | 7162242791 | |
| 10/17/2019 | 10/22/2019 | 7162315098 | 2667008393 | 115Invoice | 13.33 | 666.54 | | 653.21 | ✓ | 7162315098 | |
| 10/17/2019 | 10/22/2019 | 7162315099 | 1126676 | 115Invoice | 0.02 | 0.96 | | 0.94 | ✓ | 7162315099 | |
| 10/17/2019 | 10/22/2019 | 7162320600 | 1016190528-00 | 115Invoice | 0.01 | 0.37 | | 0.36 | ✓ | 7162320600 | |
| 10/18/2019 | 10/22/2019 | 7162542277 | 4517032166 | 115Invoice | 10.65 | 532.41 | | 521.76 | ✓ | 7162542277 | |
| 10/18/2019 | 10/22/2019 | 7162542278 | 1014190550-00 | 115Invoice | 3.07 | 153.74 | | 150.67 | ✓ | 7162542278 | |
| 10/18/2019 | 10/22/2019 | 7162705812 | 000010172019KET | 115Invoice | 1.86 | 93.22 | | 91.36 | ✓ | 7162705812 | |

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,967.76 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,279.45
10/14/2019

If Paid By 10/22/2019,
Pay This Amount: 2,908.43 USD

If Paid After 10/22/2019,
Pay this Amount: 2,967.76 USD

Due If Paid On Time:
USD 2,908.43

Disc lost if paid late: 59.33

Due If Paid Late:
USD 2,967.76

APPROVED
ON

OCT 21 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**McKESSON**

Company #000

# STATEMENT

As of: 10/18/2019

Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 10/19/2019

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

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

As of: 10/18/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 10/19/2019 **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** | | | | | | | | | | | |
| 10/17/2019 | 10/22/2019 | 7162304042 | 55x554091 | 115Invoice | 7.22 | 360.96 | | 353.74 ✓ | | 7162304042 | |
| 10/17/2019 | 10/22/2019 | 7162304043 | 55x554085 | 115Invoice | 16.77 | 838.72 | | 821.95 ✓ | | 7162304043 | |
| 10/17/2019 | 10/22/2019 | 7162304044 | 55x553626 | 115Invoice | 69.73 | 3,486.27 | | 3,416.54 ✓ | | 7162304044 | |

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:** 4,685.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,279.45
10/14/2019

**If Paid By 10/22/2019,**
**Pay This Amount:** 4,592.23 USD

**If Paid After 10/22/2019,**
**Pay this Amount:** 4,685.95 USD

**Due If Paid On Time:**
USD 4,592.23 ✓
**Disc lost if paid late:**
93.72

**Due If Paid Late:**
USD 4,685.95

APPROVED
ON

OCT 21 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**McKESSON**

Company 8000

# STATEMENT

As of: 10/18/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 10/19/2019

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: 10/18/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 10/19/2019 **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 | | | | | | | | | | | |
| 10/16/2019 | 10/22/2019 | 7162049025 | 2017010036 | 115Invoice | 0.41 | 20.58 | | 20.17 ✓ | | 7162049025 | |
| 10/18/2019 | 10/22/2019 | 7162522467 | 2017010098 | 115Invoice | 0.78 | 38.89 | | 38.11 ✓ | | 7162522467 | |

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: 59.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/14/2019 4,279.45

If Paid By 10/22/2019,
Pay This Amount: 58.28 USD

If Paid After 10/22/2019,
Pay this Amount: 59.47 USD

Due If Paid On Time:
USD 58.28
Disc lost if paid late: 1.19

Due If Paid Late:
USD 59.47

APPROVED
ON
OCT 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# McKESSON

# STATEMENT

Company: 8000

As of: 10/18/2019

Page: 001

DC: 8115

Territory: 400

Customer: 835434

Date: 10/19/2019

CVS PHCY 8923/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: 10/18/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 10/19/2019 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 835434 CVS PHCY 8923/MEM MC PHS | | | | | | | | | | | |
| 10/17/2019 | 10/22/2019 | 7162310682 | 580335 | 115Invoice | 0.15 | 7.74 | | 7.59 | ✓ | 7162310682 | |

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 7.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,603.83
08/26/2019

If Paid By 10/22/2019,
Pay This Amount: 7.59 USD

If Paid After 10/22/2019,
Pay this Amount: 7.74 USD

Due If Paid On Time:
USD 7.59

Disc lost if paid late: 0.15

Due If Paid Late:
USD 7.74

APPROVED
ON
OCT 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# McKESSON

# STATEMENT

Company 8000

As of 10/18/2019 Page 001

DC: 8115

Territory: 400

Customer: 835438
Date: 10/19/2019

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: 10/18/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 10/19/2019 **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 | | | | | | | | | | | |
| 10/17/2019 | 10/22/2019 | 7162461810 | 579899 | 115Invoice | 21.25 | 1,062.59 | | 1,041.34 | | 7162461810 | |

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: 1,062.59 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/14/2019 4,279.45

**If Paid By 10/22/2019,**
**Pay This Amount:** 1,041.34 USD

**If Paid After 10/22/2019,**
**Pay this Amount:** 1,062.59 USD

**Due If Paid On Time:**
USD 1,041.34

**Disc lost if paid late:**
21.25

**Due If Paid Late:**
USD 1,062.59

APPROVED
ON

OCT 21 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**McKESSON**

# STATEMENT

Company: 8000

As of: 10/18/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 10/19/2019

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: 10/18/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/19/2019 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 | | | | | | | | | | | |
| 10/17/2019 | 10/22/2019 | 7162317777 | 579556 | 115Invoice | 24.48 | 1,224.12 | | 1,199.64 | ✓ | 7162317777 | |
| 10/17/2019 | 10/22/2019 | 7162317778 | 579556 | 115Invoice | 0.54 | 27.03 | | 26.49 | ✓ | 7162317778 | |

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 1,251.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,279.45
10/14/2019

If Paid By 10/22/2019,
Pay This Amount: 1,226.13 USD

If Paid After 10/22/2019,
Pay this Amount: 1,251.15 USD

Due If Paid On Time:
USD 1,226.13

Disc lost if paid late:
25.02

Due If Paid Late:
USD 1,251.15

APPROVED
ON
OCT 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen®

# STATEMENT

Number: 58486633 Date: 10-18-2019 

**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: | 1,064.78 |
| Past Due: | 0.00 |
| Total Due: | 1,064.78 |
| Account Balance: | 1,064.78 |

## Account Activity

| Activity Date | Due Date | Reference Number | Purchase Order Number | Activity Type | Amount |
|---|---|---|---|---|---|
| 10-14-2019 | 10-25-2019 | 3028685284 | 151439 | Invoice | 594.05 |
| 10-14-2019 | 10-25-2019 | 3028685285 | 151470 | Invoice | 87.13 |
| 10-14-2019 | 10-25-2019 | 3028745423 | 151517 | Invoice | 13.91 |
| 10-15-2019 | 10-25-2019 | 3028791381 | 151527 | Invoice | 0.31 |
| 10-16-2019 | 10-25-2019 | 3028841719 | 151544 | Invoice | 16.95 |
| 10-17-2019 | 10-25-2019 | 3028898202 | 151554 | Invoice | 352.33 |
| 10-18-2019 | 10-25-2019 | 3028958185 | 151565 | Invoice | 0.10 |

## Thank You for Your Payment

| Date | Payment Number | Amount |
|---|---|---|
| 10-18-2019 | | (1,784.97) |

## Reminders

| Due Date | Amount |
|---|---|
| 10-25-2019 | 1,064.78 |

Total Due: 1,064.78

Terms:
Monday - Friday due in 7 days

CWCRD

CK# 500040

O • C

594 • 05 +
87 • 13 +
13 • 91 +
0 • 31 +
16 • 95 +
352 • 33 +
0 • 10 +
1 • 064 • 78 *

APPROVED
ON
OCT 2 1 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER**
**PROSPERITY BANK**
**ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --October 14, 2019 - October 20, 2019**

| Date | Bank Description | MMC Notes | Amount | CPSI "Handwritten Check" # |
|---|---|---|---|---|
| 10/15/2019 | TEXAS COUNTY DRS RECEIVABLE 0419 21000027776 | - Retirement Funding | 139,885.14 * | 200028 |
| 10/15/2019 | PAY PLUS ACHTRANS 452579291 101000692575529 | - 3rd Party Payor Fee | 8.60 | 300163 |
| 10/15/2019 | MCKESSON DRUG AUTO ACH ACH03954682 910000138 | - 340B Drug Program Expense | 4,279.45 ** | 500037 |
| 10/17/2019 | ACH Payment PAY PLUS ACHTRANS 452579291 101000694639522 | - 3rd Party Payor Fee | 4.42 | 300164 |
| 10/18/2019 | ACH Payment WEBFILE TAX PYMT DD 902/35040228 21000025872 | - Sales Tax | 1,817.83 ** | 700013 |
| 10/18/2019 | ACH Payment PAY PLUS ACHTRANS 452579291 101000695410006 | - 3rd Party Payor Fee | 12.99 | 300165 |
| 10/18/2019 | ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002 | - 340B Drug Program Expense | 1,784.97 ** | 500038 |
| | | | **147,793.40** | |

Diane Moore, CFO
Memorial Medical Center

October 21, 2019

* Approved on 10/7/19 as an estimate @ 141,489.76
** Approved on 10/16/19 CC

Pay plus
8.60 +
4.42 +
12.99 +
26.01 *

147,793.40 +
139,885.14 –
4,279.45 –
1,817.83 –
1,784.97 –
26.01 *

26.01 –
26.01 +
0.00 *

APPROVED
ON
OCT 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/21/2019

| 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** | | 20,568.10 ✓ | 20,468.10 ✓ | 164,164.03 ✓ | | - | 164,264.03 ✓ | 146,934.13 |
| | | | | | | Bank Balance | 164,264.03 ✓ | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Ck to MMC for Q3 Interest | | |
| | | | | | | MMC Portion QIPP 1 | | |
| | | | | | | MMC Portion QIPP 2,3,Lapse | 17,229.90 ✓ | |
| *Routing Information for Ashford Gardens:* | | | | | | | | |
| *Ashford Health Care Center Ltd Co* | | | | | | | | |
| *JP Morgan Chase Bank* | | | | | | | | |
| *ABA* | | | | | | | | |
| *Account* | | | | | | | | |
| | | | | | | Adjust Balance/Transfer Amt | 146,934.13 ✓ | |
| **Broadmoor** | | 41,674.76 ✓ | 41,574.76 ✓ | 225,918.25 ✓ | | - | 226,018.25 ✓ | 223,290.20 |
| | | | | | | Bank Balance | 226,018.25 ✓ | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Ck to MMC for Q3 Interest | | |
| | | | | | | MMC Portion QIPP 2,3,Lapse | 2,628.05 ✓ | |
| | | | | | | Adjust Balance/Transfer Amt | 223,290.20 ✓ | |
| **Crescent** | | 51,478.96 ✓ | 51,378.96 ✓ | 61,896.63 ✓ | | - | 61,996.63 ✓ | 59,975.92 |
| | | | | | | Bank Balance | 61,996.63 ✓ | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Ck to MMC for Q3 Interest | | |
| | | | | | | MMC Portion QIPP 1 | | |
| | | | | | | MMC Portion QIPP 2,3,Lapse | 1,920.71 ✓ | |
| | | | | | | Adjust Balance/Transfer Amt | - 59,975.92 ✓ | |
| **Fort Bend** | | 15,799.33 ✓ | 15,699.33 ✓ | 29,368.45 ✓ | | - | 29,468.45 | 23,861.16 |
| | | | | | | Bank Balance | 29,468.45 ✓ | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Ck to MMC for Q3 Interest | | |
| | | | | | | MMC Portion QIPP 1 | | |
| | | | | | | MMC Portion QIPP 2,3,Lapse | 5,507.29 ✓ | |
| | | | | | | Adjust Balance/Transfer Amt | - 23,861.16 ✓ | |
| **Solera at W Houston** | | 101,188.23 ✓ | 98,318.79 ✓ | 58,026.19 ✓ | | | 60,895.63 ✓ | 53,053.36 |
| | | | | | | Bank Balance | 60,895.63 ✓ | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Ck to MMC for Q3 Interest | | |
| | | | | | | | **ck to MMC not written yet, awaiting confirmation from Cantex** | |
| | | | | | | Human Recoup taken from MMC | 2,769.44 ✓ | |
| | | | | | | MMC Portion QIPP 1 | | |
| | | | | | | MMC Portion QIPP 2,3,Lapse | 4,972.83 ✓ | |
| *Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:* | | | | | | | | |
| *Cantex Health Care Centers III LLC* | | | | | | | | |
| *JP Morgan Chase Bank* | | | | | | | | |
| *ABA* | | | | | | | | |
| *Account* | | | | | | | | |
| | | | | | | Adjust Balance/Transfer Amt | - 53,053.36 ✓ | |
| | | | | | | **TOTAL TRANSFERS** | | 507,114.77 |

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

146,934.13 +
223,290.20 +
59,975.92 +
23,861.16 +
53,053.36 +
507,114.77 *

Approved:
Diane C. Moore, CFO 10/21/2019

APPROVED
ON
OCT 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

J:\NH Weekly Transfers\NH UPL Transfer Summary\2019\October ...mmary 10-21-19.xlsx

## Ashford Gardens

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2,3,Lapse | | | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 10/15/2019 | Deposit | - | 11,728.00 | | | | | - | 11,728.00 |
| 10/15/2019 | MANAGEANDNET1718 MNS PMNT 000000000000093 41 0245847 | - | 122.85 | | | | | - | 122.85 |
| 10/15/2019 | Amerigroup TX5C HCCLAIMPMT 3110376288 111000 TRN*1*3110376288*17526 | - | 25,966.74 | | | | | - | 25,966.74 |
| 10/15/2019 | UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR44052634*14 | - | 1,640.00 | | | | | - | 1,640.00 |
| 10/15/2019 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191011137001 | - | 30,359.97 | | | | | - | 30,359.97 |
| 10/15/2019 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*0SD55807132643 | - | 19,507.43 | | | | | - | 19,507.43 |
| 10/15/2019 | CIGNA HCCLAIMPMT 1326436189 91000013925538 TRN*1*191010090043324*1 | - | 37.31 | | | | | - | 37.31 |
| 10/16/2019 | Check #71 | 141.38 ✓ | - | | | | | - | - |
| 10/16/2019 | CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD | 20,326.72 ✓ | - | | | | | - | - |
| 10/16/2019 | ACH Deposit MOLINA HEALTHCAR MOLINAACH 00837679 42000012 | - | 34,459.79 | | **34,459.79** | | | **17,229.90** | 17,229.90 |
| 10/16/2019 | ACH Deposit Amerigroup TX5C HCCLAIMPMT 3110606765 111000 | - | 1,697.78 | | | | | - | 1,697.78 |
| 10/16/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 18,799.80 | | | | | - | 18,799.80 |
| 10/17/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 11,835.65 | | | | | - | 11,835.65 |
| 10/17/2019 | ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000 | - | 715.00 | | | | | - | 715.00 |
| 10/17/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 3,544.96 | | | | | - | 3,544.96 |
| 10/18/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 275.52 | | | | | - | 275.52 |
| 10/18/2019 | ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000 | - | 1,430.00 | | | | | - | 1,430.00 |
| 10/18/2019 | ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 | - | 2,043.23 | | | | | - | 2,043.23 |
| | | **20,468.10** ✓ | **164,164.03** ✓ | - | **34,459.79** | - | - | **17,229.90** | **146,934.14** |

## Broadmoor

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2,3,Lapse | | | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 10/15/2019 | Deposit | - | 15,423.00 | | | | | - | 15,423.00 |
| 10/15/2019 | CIGNA HCCLAIMPMT 1669860433 91000013925539 TRN*1*191010090043325*1 | - | 9,300.00 | | | | | - | 9,300.00 |
| 10/16/2019 | Check #37 | 142.24 ✓ | - | | | | | - | - |
| 10/16/2019 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 41,432.52 ✓ | - | | | | | - | - |
| 10/16/2019 | ACH Deposit MOLINA HEALTHCAR MOLINAACH 00837888 42000012 | - | 5,256.10 | | **5,256.10** | | | **2,628.05** | 2,628.05 |
| 10/16/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 20,417.91 | | | | | - | 20,417.91 |
| 10/16/2019 | ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000 | - | 3,831.50 | | | | | - | 3,831.50 |
| 10/17/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 3,778.12 | | | | | - | 3,778.12 |
| 10/17/2019 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000105 | - | 51.58 | | | | | - | 51.58 |
| 10/18/2019 | ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004293 41 | - | 10,531.95 | | | | | - | 10,531.95 |
| 10/18/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 270.88 | | | | | - | 270.88 |
| 10/18/2019 | ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000123 | - | 156,340.29 | | | | | - | 156,340.29 |
| 10/18/2019 | ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005067466 | - | 716.92 | | | | | - | 716.92 |
| | | **41,574.76** ✓ | **225,918.25** ✓ | - | **5,256.10** | - | - | **2,628.05** | **223,290.20** |

## Crescent

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2,3,Lapse | | | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 10/15/2019 | Deposit | - | 10,358.97 | | | | | - | 10,358.97 |
| 10/15/2019 | MANAGEANDNET1718 MNS PMNT 000000000003268 41 0245814 | - | 6,928.96 | | | | | - | 6,928.96 |
| 10/15/2019 | UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1475561706*141128 | - | 340.00 | | | | | - | 340.00 |
| 10/15/2019 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191011164002 | - | 12,644.15 | | | | | - | 12,644.15 |
| 10/16/2019 | Check #67 | 161.78 ✓ | - | | | | | - | - |
| 10/16/2019 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 51,217.18 ✓ | - | | | | | - | - |
| 10/16/2019 | ACH Deposit MOLINA HEALTHCAR MOLINAACH 00837864 42000012 | - | 3,841.41 | | **3,841.41** | | | **1,920.71** | 1,920.71 |
| 10/16/2019 | ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005385617 | - | 3,586.25 | | | | | - | 3,586.25 |
| 10/16/2019 | ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005381880 | - | 13,833.45 | | | | | - | 13,833.45 |
| 10/16/2019 | ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005389240 | - | 3,189.75 | | | | | - | 3,189.75 |
| 10/16/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 2,341.78 | | | | | - | 2,341.78 |
| 10/17/2019 | ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 2,818.50 | | | | | - | 2,818.50 |
| 10/17/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 1,414.91 | | | | | - | 1,414.91 |
| 10/18/2019 | ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000 | - | 598.50 | | | | | - | 598.50 |
| | | **51,378.96** ✓ | **61,896.63** ✓ | - | **3,841.41** | - | - | **1,920.71** | **59,975.93** |

## Fort Bend

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2,3,Lapse | | | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 10/15/2019 | MANAGEANDNET1718 MNS PMNT 000000000004294 41 0245823 | - | 21.60 | | | | | - | 21.60 |
| 10/16/2019 | Check #64 | 55.54 ✓ | - | | | | | - | - |
| 10/16/2019 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 15,643.79 ✓ | - | | | | | - | - |
| 10/16/2019 | ACH Deposit MOLINA HEALTHCAR MOLINAACH 00837725 42000012 | - | 11,014.57 | | **11,014.57** | | | **5,507.29** | 5,507.29 |
| 10/16/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 4,800.32 | | | | | - | 4,800.32 |
| 10/17/2019 | ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384 | - | 1,742.03 | | | | | - | 1,742.03 |
| 10/17/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 11,789.93 | | | | | - | 11,789.93 |
| | | **15,699.33** ✓ | **29,368.45** ✓ | - | **11,014.57** | - | - | **5,507.29** | **23,861.17** |

| Solera at West Houston | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2,3,Lapse | | | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 10/15/2019 | MANAGEANDNET1718 MNS PMNT 000000000002482 41 0245807 | - | 87.75 | | | | | - | 87.75 |
| 10/15/2019 | UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1475558571*141128 | - | 50.00 | | | | | - | 50.00 |
| 10/15/2019 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191011164001 | - | 17,455.46 | | | | | - | 17,455.46 |
| 10/16/2019 | Check #64 | 266.66 | - | | | | | - | - |
| 10/16/2019 | CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III | 98,052.13 | - | | | | | - | - |
| 10/16/2019 | ACH Deposit MOLINA HEALTHCAR MOLINAACH 00837844 42000012 | - | 9,945.66 | | 9,945.66 | | | 4,972.83 | 4,972.83 |
| 10/16/2019 | ACH Deposit Amerigroup TXSC HCCLAIMPMT 3110475614 111000 | - | 88.01 | | | | | - | 88.01 |
| 10/16/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 4,725.25 | | | | | - | 4,725.25 |
| 10/17/2019 | ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 6,560.00 | | | | | - | 6,560.00 |
| 10/17/2019 | ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384 | - | 4,603.50 | | | | | - | 4,603.50 |
| 10/17/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 8,610.00 | | | | | - | 8,610.00 |
| 10/18/2019 | ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41 | - | 4,647.57 | | | | | - | 4,647.57 |
| 10/18/2019 | ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 1,252.99 | | | | | - | 1,252.99 |
| | | 98,318.79 | 58,026.19 | - | 9,945.66 | - | - | 4,972.83 | 53,053.36 |
| | TOTALS | 227,439.94 | 539,373.55 | - | 64,517.53 | - | - | 32,258.77 | 507,114.79 |

# Quick View

DDA

Data reported as of Oct 21, 2019 10:

| Account Number | Current Balance | Available Balance | Collected Balance | Prior Day Balance |
|---|---|---|---|---|
| [redacted] MEMORIAL MEDICAL CENTER - OPERATING | [redacted] | | | |
| [redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 | [redacted] | | | |
| [redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING | [redacted] | | | |
| *4381 MEMORIAL MEDICAL CENTER / NH ASHFORD | $164,264.03 | $172,285.53 | $164,264.03 | $160,515.28 |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR | $226,018.25 | $229,187.95 | $226,018.25 | $58,158.21 |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT | $61,996.63 | $70,804.46 | $61,996.63 | $61,398.13 |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | $60,895.63 | $63,765.63 | $60,895.63 | $54,995.07 |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND | $29,468.45 | $36,398.12 | $29,468.45 | $29,468.45 |
| [redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | [redacted] | | | |
| [redacted] CAL CO INDIGENT HEALTHCARE | [redacted] | | | |
| [redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY | [redacted] | | | |
| [redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | [redacted] | | | |

* indicates re

Page generated on 10/21/2019 at 10:

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/21/2019

| 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 | | 10,408.62 | 10,308.62 | 62,093.12 | - | - | 62,193.12 | 62,093.12 |
| | | | | | | Bank Balance | 62,193.12 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Ck to MMC for Q3 Interest | | |
| | | | | | | QIPP Yr 1 Adjustment | - | |
| | | | | | | Outstanding ck to MMC for QIPP | - | |
| | | | | | | | - | |
| | | | | | | Adjust Balance/Transfer Amt | 62,093.12 | |

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

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

Approved:
Diane C. Moore, CFO 10/21/2019

APPROVED
ON
OCT 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| Golden Creek | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP YR 1 ADJ Period 2 | QIPP/Comp3 | QIPP/Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|
| 10/15/2019 Deposit | - | 59,907.31 | | | | | - | 59,907.31 |
| 10/15/2019 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GC | - | 242.20 | | | | | - | 242.20 |
| 10/16/2019 Check #45 | 74.65 | - | | | | | - | - |
| 10/16/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK | 10,233.97 | - | | | | | - | - |
| 10/18/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000123 | - | 1,943.61 | | | | | - | 1,943.61 |
| | **10,308.62** | **62,093.12** | - | - | - | - | - | **62,093.12** |

# Quick View

DDA

Data reported as of Oct 21, 2019 10:

| Account Number | Current Balance | Available Balance | Collected Balance | Prior Day Balance |
|---|---|---|---|---|
| [redacted] MEMORIAL MEDICAL CENTER - OPERATING | [redacted] | | | |
| [redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 | [redacted] | | | |
| [redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING | [redacted] | | | |
| [redacted] MEMORIAL MEDICAL CENTER / NH ASHFORD | [redacted] | | | |
| [redacted] MEMORIAL MEDICAL CENTER / NH BROADMOOR | [redacted] | | | |
| [redacted] MEMORIAL MEDICAL CENTER / NH CRESCENT | [redacted] | | | |
| [redacted] MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | [redacted] | | | |
| [redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND | [redacted] | | | |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | $62,193.12 | $74,590.77 | $62,193.12 | $60,249.51 |
| [redacted] CAL CO INDIGENT HEALTHCARE | [redacted] | | | |
| [redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY | [redacted] | | | |
| [redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | [redacted] | | | |

* indicates re

Page generated on 10/21/2019 at 10:

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
10/21/2019

| 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 | 0.11 | - | | - | - | | 100.13 | No Transfer |
| | | | | | | | | Bank Balance | 100.13 | |
| | | | | | | | | Variance | - | |
| | | | | | | | | Leave in Balance | 100.00 | |
| | | | | | | | | Ck to MMC for Q3 Interest | | |
| | | | | | | | | MMC Portion QIPP 1 | - | |
| | | | | | | | | MMC Portion QIPP 2,3,Lapse | - | |
| | | | | | | | | | - | |
| | | | | | | | | | - | |
| | | | | | | | | | - | |
| | | | | | | | | Adjust Balance/Transfer Amt | 0.13 | |

| 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 | | 3,418.51 | 12.54 | 153,108.67 | | - | - | | 156,514.64 | 156,414.64 |
| | | | | | | | | Bank Balance | 156,514.64 | |
| | | | | | | | | Variance | - | |
| | | | | | | | | Leave in Balance | 100.00 | |
| | | | | | | | | Ck to MMC for Q3 Interest | | |
| | | | | | | | | MMC Portion QIPP 1 | - | |
| | | | | | | | | MMC Portion QIPP 2,3,Lapse | - | |
| | | | | | | | | | - | |
| | | | | | | | | | - | |
| | | | | | | | | Adjust Balance/Transfer Amt | 156,414.64 | |

| | |
|---|---|
| TOTAL TRANSFERS | 156,414.64 |

*Routing Information for Gulf Pointe Plaza:*

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

Approved:
Diane C. Moore, CFO

10/21/2019

APPROVED
ON
OCT 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| Gulf Pointe Plaza-Private Pay | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp2 | QIPP/Comp3 | QIPP/Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|
| 10/16/2019 Check #2 | 0.11 | - | | | | | - | - |
| | | - | | | | | - | - |
| | **0.11** | - | - | - | - | - | - | - |

| Gulf Pointe Plaza-Medicare/Medicaid | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp2 | QIPP/Comp3 | QIPP/Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|
| 10/15/2019 Deposit | - | 148,918.08 | | | | | | 148,918.08 |
| 10/16/2019 Check #4 | 12.54 | - | | | | | | - |
| 10/18/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 | - | 4,190.59 | | | | | | 4,190.59 |
| | **12.54** | **153,108.67** | - | - | - | - | - | **153,108.67** |
| | **12.65** | **153,108.67** | - | - | - | - | - | **153,108.67** |

# Quick View

DDA

Data reported as of Oct 21, 2019 10:

| Account Number | Current Balance | Available Balance | Collected Balance | Prior Day Balance |
|---|---|---|---|---|
| [redacted] MEMORIAL MEDICAL CENTER - OPERATING | [redacted] | [redacted] | [redacted] | [redacted] |
| [redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 | [redacted] | [redacted] | [redacted] | [redacted] |
| [redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING | [redacted] | [redacted] | [redacted] | [redacted] |
| [redacted] MEMORIAL MEDICAL CENTER / NH ASHFORD | [redacted] | [redacted] | [redacted] | [redacted] |
| [redacted] MEMORIAL MEDICAL CENTER / NH BROADMOOR | [redacted] | [redacted] | [redacted] | [redacted] |
| [redacted] MEMORIAL MEDICAL CENTER / NH CRESCENT | [redacted] | [redacted] | [redacted] | [redacted] |
| [redacted] MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | [redacted] | [redacted] | [redacted] | [redacted] |
| [redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND | [redacted] | [redacted] | [redacted] | [redacted] |
| [redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | [redacted] | [redacted] | [redacted] | [redacted] |
| [redacted] CAL CO INDIGENT HEALTHCARE | [redacted] | [redacted] | [redacted] | [redacted] |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | $100.13 | $100.13 | $100.13 | $100.13 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | $156,514.64 | $156,514.64 | $156,514.64 | $152,324.05 |

* indicates re

Page generated on 10/21/2019 at 10:

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 10/21/19

APPROVED ON OCT 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000072

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

AMOUNT: $17,229.90

G/L NUMBER: 21000012

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

Ø

RUN DATE:10/24/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:10 CHECK REGISTER GLCKREG
10/24/19 THRU 10/24/19

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE | |
|---|---|---|---|---|---|
| NHA | 000072 | 10/24/19 | 17,229.90 | MMC OPERATING | Ashford |
| TOTALS: | | | 17,229.90 | | |

APPROVED
ON

OCT 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 10/21/19

APPROVED ON
OCT 2 1 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK# 000038

AMOUNT: $2,628.05

G/L NUMBER: 21000009

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHB | 000038 | 10/24/19 | 2,628.05 | MMC OPERATING Broadmoor |
| TOTALS: | | | 2,628.05 | |

APPROVED
ON

OCT 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 10/21/19

APPROVED ON
OCT 2 1 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK# 000068

AMOUNT: $1,920.71

G/L NUMBER: 21000010

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHC | 000068 | 10/24/19 | 1,920.71 | MMC OPERATING Crescent |
| TOTALS: | | | 1,920.71 | |

APPROVED
ON

OCT 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 10/21/19

APPROVED ON
OCT 2 1 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK #000065

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

AMOUNT: $5,507.29

G/L NUMBER: 21000008

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

| BANK--CHECK---------- | | | | |
|---|---|---|---|---|
| CODE | NUMBER | DATE | AMOUNT | PAYEE |
| NHF | 000065 | 10/24/19 | 5,507.29 | MMC OPERATING Fort Bend |
| TOTALS: | | | 5,507.29 | |

APPROVED
ON

OCT 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 10/21/19

APPROVED ON
OCT 2 1 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK # 000044

AMOUNT: $4,972.83

G/L NUMBER: 21000011

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CEO

| BANK | CHECK | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHS | 000066 | 10/24/19 | 4,972.83 | MMC OPERATING |
| TOTALS: | | | 4,972.83 | |

Solem

APPROVED
ON

OCT 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87DV

No. 72

88-2265
1131

10-24-19

PAY TO THE ORDER OF Memorial Medical Center Operating $17,229.90

Seventeen Thousand Two Hundred Twenty-nine 90/100 DOLLARS

PROSPERITY BANK

QIPP 2,3, Lapse

County Auditor

County Treasurer

---

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

87DV

No. 606

88-2265
1131

10-24-19

PAY TO THE ORDER OF Memorial Medical Center Operating $4,972.83

Four Thousand Nine Hundred Seventy-two 83/100 DOLLARS

PROSPERITY BANK

QIPP 2,3, Lapse

County Auditor

County Treasurer

---

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

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

MP

000038

88-2265/1131

Date 10-24-19

**PAY TO THE ORDER OF** Memorial Medical Center Operating $ 2,628.05

Two Thousand Six Hundred Twenty-eight 05/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

County Treasurer

FOR QIPP 2,3, Lapse

Security features are included. Details on back.

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

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

MP

000068

88-2265/1131

Date 10-24-19

**PAY TO THE ORDER OF** Memorial Medical Center Operating | $ 1,920.71

One Thousand Nine Hundred Twenty 71/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR RIPP 2,3, Lapse

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

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

MP

000065

88-2265/1131

Date 10-24-19

**PAY TO THE ORDER OF** Memorial Medical Center Operating | $ 5,507.29

Five Thousand Five Hundred ~~Seven~~ 29/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR RIPP 2,3, Lapse

**QIPP Payment to MMC from Nursing Facilities** **Commissioner's Court** ~~10/2/2019~~ 10/23/19

| NH Name | From Bank Acct # | Ck # | Payee | GL # | QIPP COMP 1 | QIPP COMP 2,3, LAPSE | Yr 1 Adjustment Pmt | | TOTAL | | Date |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Ashford | 10000018 - Prosperity | 72 | MMC -Prosperity Operating #10000001 | 21000012 | | 17,229.90 | | | 17,229.90 | | 10/23/2019 |
| Broadmoor | 10000019 - Prosperity | 38 | MMC -Prosperity Operating #10000001 | 21000009 | | 2,628.05 | | | 2,628.05 | | 10/23/2019 |
| Crescent | 10000020 - Prosperity | 68 | MMC -Prosperity Operating #10000001 | 21000010 | | 1,920.71 | | | 1,920.71 | | 10/23/2019 |
| Fort Bend | 10000021 - Prosperity | 65 | MMC -Prosperity Operating #10000001 | 21000008 | | 5,507.29 | | | 5,507.29 | | 10/23/2019 |
| Golden Creek | 10000023 - Prosperity | 45 | MMC -Prosperity Operating #10000001 | 21000013 | | | | | - | | 10/23/2019 |
| Solera | 10000022 - Prosperity | ~~66~~ | MMC -Prosperity Operating #10000001 | 21000011 | | 4,972.83 | | | 4,972.83 | | 10/23/2019 |
| | | lolc | | Total: | - | 32,258.78 | - | - | 32,258.78 | | |

Note:

Approved: MDL CFO
Diane Moore, CFO ~~9/30/2019~~ 10/21/19

O.C

17,229.90 *
4,972.83 *
2,628.05 *
1,920.71 *
5,507.29 *
32,258.78 *

APPROVED
ON
OCT 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS