MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- November 13, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	900,057.05
TOTAL TRANSFERS BETWEEN FUNDS	$	103,548.31
TOTAL NURSING HOME UPL EXPENSES	$	226,688.21
TOTAL INTER-GOVERNMENT TRANSFERS	$	286,434.87
GRAND TOTAL DISBURSEMENTS APPROVED November 13, 2019	$	1,516,728.44

APPROVED

NOV 13 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 13, 2019

PAYABLES AND PAYROLL			
11/8/2019	Weekly Payables	329,067.16	
11/8/2019	Medimpact-Indigent care	101.47	
11/12/2019	McKesson-340B Prescription Expense	6,534.31	
11/12/2019	Amerisource Bergen-340B Prescription Expense	1,414.74	
11/12/2019	Payroll Liabilities -Payroll Taxes	103,288.57	
11/12/2019	Payroll	310,503.29	
11/12/2019	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
11/5/2019	Credit Card & Lease Fees	876.05	
11/19/2019	Sales Tax for October 2019	2,193.88	
11/15/2019	TCDRS - Estimated Retirement	141,142.24	
11/6/2019	Cleargage-Patient Financing Service	66.58	
11/15/2019	TCDRS-Employer contribution adjustment 2017-2018	4,367.26	
11/4-11/7/19	Pay Plus-Patient Claims Processing Fee	143.85	
11/4/2019	Authnet Gateway Billing-3rd Party Payor Fee	10.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 900,057.05**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
11/8/2019	MMC Operating to Fortbend-to correct insurance deposit error	473.89	
11/8/2019	MMC Operating to The Crescent-to correct insurance deposit error	4,320.00	
11/8/2019	MMC Operating to Golden Creek Healthcare-to correct insurance deposit error	62,002.29	
11/8/2019	MMC Operating to Gulf Pointe Plaza-to correct insurance deposit error	36,452.13	
11/8/2019	MMC Operating to Broadmoor DACA-Opening deposit for new account	100.00	
11/8/2019	MMC Operating to Ashford DACA-Opening deposit for new account	100.00	
11/8/2019	MMC Operating to Solera DACA-Opening deposit for new account	100.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 103,548.31**
NURSING HOME UPL EXPENSES			
11/12/2019	Nursing Home UPI-Cantex Transfer	144,174.36	
11/12/2019	Nursing Home UPI-HMG Transfer	29,580.27	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
11/12/2019	Ashford	21,212.19	
11/12/2019	Broadmoor	7,647.12	
11/12/2019	Crescent	6,819.80	
11/12/2019	Fort Bend	9,070.71	
11/12/2019	Solera	8,183.76	
TOTAL NURSING HOME UPL EXPENSES			**$ 226,688.21**
INTER-GOVERNMENT TRANSFERS			
11/12/2019	IGT UHRIP for second half of SFY 2020 to be paid November 19, 2019	286,434.87	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 286,434.87**
GRAND TOTAL DISBURSEMENTS APPROVED November 13, 2019			**$ 1,516,728.44**

11/07/2019 MEMORIAL MEDICAL CENTER 0
10:08 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/20/2019

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
138291	SUPPLIES (Maint.)	10/29/20	10/21/20	11/15/20		70.01	0.00	0.00	70.01
138917	SUPPLIES (Maint.)	10/29/20	10/22/20	11/16/20		89.99	0.00	0.00	89.99
139001	SUPPLIES (Maint.)	10/29/20	10/23/20	11/17/20		7.00	0.00	0.00	7.00
139071	SUPPLIES (Kitchen)	10/29/20	10/25/20	11/19/20		40.56	0.00	0.00	40.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	207.56	0.00	0.00	207.56

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
9656638856	SUPPLIES	10/31/20	10/02/20	11/01/20		477.00	0.00	0.00	477.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	477.00	0.00	0.00	477.00

Vendor#	Vendor Name	Class	Pay Code
12900	AMANDA GRIGGS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110419	TX OCCUPATIONAL THERAPY Conference 11/1-11/3/19	11/06/20	11/04/20	11/04/20		312.08	0.00	0.00	312.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12900	AMANDA GRIGGS	312.08	0.00	0.00	312.08

Vendor#	Vendor Name	Class	Pay Code
B0435	BARD PERIPHERAL VASCULAR	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
45827503	SUPPLIES	10/31/20	10/25/20	11/04/20		300.00	0.00	0.00	300.00
80217705	SUPPLIES	10/31/20	10/30/20	11/04/20		119.68	0.00	0.00	119.68

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	419.68	0.00	0.00	419.68

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
64699980	LEASE	10/31/20	10/21/20	11/15/20		629.50	0.00	0.00	629.50
64700096	LEASE	10/31/20	10/21/20	11/15/20		2,367.50	0.00	0.00	2,367.50
64726822	SUPPLIES	10/31/20	10/24/20	11/18/20		128.40	0.00	0.00	128.40
64738423	SUPPLIES	10/31/20	10/25/20	11/19/20		363.94	0.00	0.00	363.94
64680747		11/05/20	10/18/20	11/12/20		552.61	0.00	0.00	552.61

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	4,041.95	0.00	0.00	4,041.95

Vendor#	Vendor Name	Class	Pay Code
B1266	BECKMAN COULTER CAPITAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
108034629		10/21/20	10/15/20	11/14/20		6,249.42	0.00	0.00	6,249.42
	SUPPLIES								
108044839		10/29/20	10/14/20	11/20/20		1,030.78	0.00	0.00	1,030.78
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1266	BECKMAN COULTER CAPITAL	7,280.20	0.00	0.00	7,280.20

Vendor#	Vendor Name	Class	Pay Code
B1320	BEEKLEY CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1307208		10/31/20	10/30/20	11/04/20		212.95	0.00	0.00	212.95
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION	212.95	0.00	0.00	212.95

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
BK01113203		10/31/20	10/26/20	11/20/20		6,240.00	0.00	0.00	6,240.00
	8/31/19 MEDICARE REIMB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	6,240.00	0.00	0.00	6,240.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101819		10/31/20	10/18/20	11/01/20		199,479.26	0.00	0.00	199,479.26
	INSURANCE (11-01-2019 to 12-01-2019) Medical Insurance								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	199,479.26	0.00	0.00	199,479.26

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
102419		10/31/20	10/24/20	11/13/20		68.58	0.00	0.00	68.58
	FUEL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	68.58	0.00	0.00	68.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8002064687		10/31/20	10/12/20	11/06/20		68.98	0.00	0.00	68.98
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	68.98	0.00	0.00	68.98

Vendor#	Vendor Name	Class	Pay Code
A1730	CAREFUSION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9109077022		10/31/20	09/30/20	10/30/20		157.94	0.00	0.00	157.94
	SUPPLIES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A1730	CAREFUSION				157.94	0.00	0.00	157.94

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
103019		10/31/20	10/30/20	11/14/20			81.01	0.00	0.00	81.01 ✓
	GAS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	81.01	0.00	0.00	81.01

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031		10/31/20	11/01/20	11/01/20			240.00	0.00	0.00	240.00 ✓
	SWEING BED (10/4/19 - 10/30/19)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	240.00	0.00	0.00	240.00

Vendor#	Vendor Name	Class	Pay Code
C1600	CITIZENS MEDICAL CENTER ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
102419		10/31/20	10/24/20	10/24/20			105.00	0.00	0.00	105.00 ✓
	CPR									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	105.00	0.00	0.00	105.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OEQT126221 ✓		11/06/20	10/24/20	11/03/20			585.00	0.00	0.00	585.00 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	585.00	0.00	0.00	585.00

Vendor#	Vendor Name	Class	Pay Code
11030	COMBINED INSURANCE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110119		10/31/20	11/01/20	11/01/20			1,014.98	0.00	0.00	1,014.98 ✓
	INSURANCE									

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

Vendor#	Vendor Name	Class	Pay Code
12612	DASHBOARD MD ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8919 ✓		11/06/20	11/01/20	11/01/20			550.00	0.00	0.00	550.00 ✓
	PROCESSING AND SUPPORT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12612	DASHBOARD MD	550.00	0.00	0.00	550.00

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
5873860 ✓		10/29/20	10/22/20	11/16/20			10.44	0.00	0.00	10.44 ✓
5873551 ✓		10/30/20	10/22/20	11/16/20			10.10	0.00	0.00	10.10 ✓
	SUPPLIES									

5876010		10/30/20	10/23/20	11/17/20	79.80	0.00	0.00	79.80
SUPPLIES								
5879140		10/31/20	10/25/20	11/19/20	78.52	0.00	0.00	78.52
INVENTORY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			178.86	0.00	0.00	178.86

Vendor#	Vendor Name	Class	Pay Code
12904	DSHS - VITAL STATISTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110519		11/06/20	11/05/20	11/05/20			15.00	0.00	0.00	15.00
	CORRECT BIRT CERTIFICATE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12904	DSHS - VITAL STATISTICS	15.00	0.00	0.00	15.00

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
963542		10/31/20	10/16/20	11/10/20			95.00	0.00	0.00	95.00
	EPCS SINGLE PROVIDER LICE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	95.00	0.00	0.00	95.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
677827410		10/31/20	10/24/20	11/18/20			10.68	0.00	0.00	10.68
	SHIPPING									
682458342		11/06/20	10/31/20	11/15/20			38.04	0.00	0.00	38.04
	SHIPPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	48.72	0.00	0.00	48.72

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
1053663		10/16/20	10/21/20	11/15/20			124.91	0.00	0.00	124.91
	SUPPLIES									
1053658		10/16/20	10/21/20	11/15/20			86.00	0.00	0.00	86.00
	SUPPLIES									
1276805		10/16/20	10/22/20	11/16/20			153.00	0.00	0.00	153.00
	SUPPLIES									
1276795		10/16/20	10/22/20	11/16/20			28.95	0.00	0.00	28.95
	SUPPLIES									
1456104		10/16/20	10/23/20	11/17/20			589.50	0.00	0.00	589.50
	SUPPLIES									
9381076		10/23/20	10/23/20	11/17/20			206.79	0.00	0.00	206.79
	SUPPLIES									
6379481		10/31/20	09/17/20	10/12/20			3,264.00	0.00	0.00	3,264.00
	SUPPLIES									
6478588		10/31/20	09/18/20	10/13/20			348.03	0.00	0.00	348.03
	SUPPLIES									
1643278		10/31/20	10/24/20	11/18/20			1,645.40	0.00	0.00	1,645.40
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	6,446.58	0.00	0.00	6,446.58

Vendor#	Vendor Name				Class	Pay Code				
C2700	FISHER HEALTHCARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0268480		10/29/20	10/15/20	11/14/20		731.18	0.00	0.00	731.18
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2700	FISHER HEALTHCARE				731.18	0.00	0.00	731.18
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	101919		10/31/20	10/19/20	11/12/20		56.40	0.00	0.00	56.40
		PHONES								
	102319		10/31/20	10/23/20	11/18/20		640.04	0.00	0.00	640.04
		PHONES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				696.44	0.00	0.00	696.44
Vendor#	Vendor Name				Class	Pay Code				
11149	GARDNER & WHITE, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	100119		10/31/20	10/01/20	10/10/20		5,408.28	0.00	0.00	5,408.28
		INSURANCE - life								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11149	GARDNER & WHITE, INC.				5,408.28	0.00	0.00	5,408.28
Vendor#	Vendor Name				Class	Pay Code				
G0100	GE HEALTHCARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	202597962		10/31/20	09/05/20	11/05/20		54.95	0.00	0.00	54.95
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0100	GE HEALTHCARE				54.95	0.00	0.00	54.95
Vendor#	Vendor Name				Class	Pay Code				
10653	GLOBAL EQUIPMENT CO. INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	110201048		10/31/20	10/27/20	11/10/20		73.49	0.00	0.00	73.49
		SUPPLIES								
	111675425		10/31/20	10/11/20	11/10/20		164.95	0.00	0.00	164.95
		SUPPLIES								
	111860679		10/31/20	11/21/20	11/10/20		286.80	0.00	0.00	286.80
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10653	GLOBAL EQUIPMENT CO. INC.				525.24	0.00	0.00	525.24
Vendor#	Vendor Name				Class	Pay Code				
G0401	GULF COAST DELIVERY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	807922		10/31/20	10/31/20	10/31/20		25.00	0.00	0.00	25.00
		DELIVERY SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY				25.00	0.00	0.00	25.00
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

1751547		10/21/20	10/15/20	11/14/20	659.40	0.00	0.00	659.40
	SUPPLIES							
1751368		10/22/20	10/15/20	11/14/20	610.03	0.00	0.00	610.03
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,269.43	0.00	0.00	1,269.43

Vendor# 10804 Vendor Name: HEALTHCARE CODING & CONSULTING — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8968	RHC AUDIT	10/22/20	10/18/20	11/17/20		3,600.00	0.00	0.00	3,600.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	3,600.00	0.00	0.00	3,600.00

Vendor# H3400 Vendor Name: HUBERT COMPANY — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
554192	FOOD LAMP	10/31/20	06/24/20	11/10/20		296.49	0.00	0.00	296.49

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H3400	HUBERT COMPANY	296.49	0.00	0.00	296.49

Vendor# J0150 Vendor Name: J & J HEALTH CARE SYSTEMS, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921558534	SUPPLIES	10/30/20	10/21/20	11/20/20		864.00	0.00	0.00	864.00
921561614	SUPPLIES	10/30/20	10/21/20	11/20/20		1,100.15	0.00	0.00	1,100.15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,964.15	0.00	0.00	1,964.15

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2036038	PRE FEES UONG	10/31/20	10/24/20	10/24/20		108.41	0.00	0.00	108.41
2036096	PRO FEE UONG	10/31/20	10/30/20	10/30/20		2,198.55	0.00	0.00	2,198.55
2036223	PRE FEES UONG	10/31/20	10/31/20	10/31/20		178.07	0.00	0.00	178.07

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	2,485.03	0.00	0.00	2,485.03

Vendor# 10507 Vendor Name: JASON ANGLIN — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110519	BKD HEALT CARE SEMINAR 10/24/19	11/06/20	11/05/20	11/05/20		420.10	0.00	0.00	420.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10507	JASON ANGLIN	420.10	0.00	0.00	420.10

Vendor# 12896 Vendor Name: — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110519	PATIENT REFUND	11/06/20	11/05/20	11/05/20		90.00	0.00	0.00	90.00

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12896					90.00	0.00	0.00	90.00

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
102819	PAYROLL DED	10/31/20	10/28/20	10/28/20			1,190.86	0.00	0.00	1,190.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,190.86	0.00	0.00	1,190.86

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
65136993	SUPPLIES	10/31/20	09/27/20	10/12/20			958.99	0.00	0.00	958.99
65789725	SUPPLIES	10/31/20	10/06/20	10/21/20			783.32	0.00	0.00	783.32
67220172	SUPPLIES	10/31/20	10/23/20	11/07/20			1,967.83	0.00	0.00	1,967.83
67218327	SUPPLIES	10/31/20	10/23/20	11/07/20			104.44	0.00	0.00	104.44
67416397	SUPPLIES	10/31/20	10/24/20	11/08/20			823.56	0.00	0.00	823.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	4,638.14	0.00	0.00	4,638.14

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90316060	SUPPLIES	10/31/20	10/28/20	11/04/20			221.98	0.00	0.00	221.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	221.98	0.00	0.00	221.98

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1887133949	SUPPLIES	10/07/20	09/12/20	10/07/20			18.83	0.00	0.00	18.83
1890716128	SUPPLIES	10/31/20	10/22/20	11/16/20			336.77	0.00	0.00	336.77
1890716129	SUPPLIES	10/31/20	10/22/20	11/16/20			315.30	0.00	0.00	315.30
1890716131	SUPPLIES	10/31/20	10/22/20	11/16/20			66.38	0.00	0.00	66.38
1890716126	SUPPIES	10/31/20	10/22/20	11/16/20			124.50	0.00	0.00	124.50
1890716124	SUPPLIES	10/31/20	10/22/20	11/16/20			157.46	0.00	0.00	157.46
1890716130	SUPPLIES	10/31/20	10/22/20	11/16/20			25.38	0.00	0.00	25.38
1890716125	SUPPLIES	10/31/20	10/22/20	11/16/20			78.73	0.00	0.00	78.73
1890867392		10/31/20	10/23/20	11/17/20			2,092.84	0.00	0.00	2,092.84

	SUPPLIES							
1890867381		10/31/20	10/23/20	11/17/20	312.88	0.00	0.00	312.88
	SUPPLIES							
1890867390		10/31/20	10/23/20	11/17/20	1,101.16	0.00	0.00	1,101.16
	SUPPLIES							
1890867385		10/31/20	10/23/20	11/17/20	4.50	0.00	0.00	4.50
	SUPPLIES							
1890867395		10/31/20	10/23/20	11/17/20	36.97	0.00	0.00	36.97
	SUPPLIES							
1890867384		10/31/20	10/23/20	11/17/20	90.95	0.00	0.00	90.95
	SUPPLIE							
1890982783		10/31/20	10/24/20	11/18/20	54.62	0.00	0.00	54.62
	SUPPLIES							
1890982786		10/31/20	10/24/20	11/18/20	25.12	0.00	0.00	25.12
	SUPPLIES Freight 16.21 on (1) 9.91 Finger Protector							
1890982784		10/31/20	10/24/20	11/18/20	41.38	0.00	0.00	41.38
	SUPPLIES Freight 23.35 on (1) 18.03 immobilizer							
1890982789		10/31/20	10/24/20	11/18/20	741.06	0.00	0.00	741.06
	SUPPLIES							
1890982791		10/31/20	10/24/20	11/18/20	44.58	0.00	0.00	44.58
	SUPPLIES							
1890982793		10/31/20	10/24/20	11/18/20	1,388.02	0.00	0.00	1,388.02
	SUPPLIES							
1890982782		10/31/20	10/24/20	11/18/20	312.88	0.00	0.00	312.88
	SUPPLIES							
1890982790		10/31/20	10/24/20	11/18/20	40.29	0.00	0.00	40.29
	SUPPLIES							
1891128562		10/31/20	10/25/20	11/19/20	22.13	0.00	0.00	22.13
	SUPPLIES Freight 17.63 on (1) 4.50 splint							
1891210299		10/31/20	10/26/20	11/20/20	85.58	0.00	0.00	85.58
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			7,518.31	0.00	0.00	7,518.31

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
102819		10/31/20	10/28/20	10/28/20			180.00	0.00	0.00	180.00
	PAYROLL DED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	180.00	0.00	0.00	180.00

Vendor#	Vendor Name	Class	Pay Code
10904	MERCK SHARP & DOHME CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7013589939		08/30/20	08/19/20	11/17/20			700.17	0.00	0.00	700.17
	INVENTORY									
7013600848		08/30/20	08/21/20	11/19/20			3,995.70	0.00	0.00	3,995.70
	INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	4,695.87	0.00	0.00	4,695.87

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

103119		10/31/20	10/31/20	10/31/20	149.31	0.00	0.00	149.31
	PAYROLL DEDUCT							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP			149.31	0.00	0.00	149.31

Vendor#	Vendor Name	Class	Pay Code
M2662	MMC VOLUNTEERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
395166		11/06/20	11/04/20	11/04/20			115.70	0.00	0.00	115.70
	CC MACHINE FEES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS					115.70	0.00	0.00	115.70

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
4849421		10/31/20	10/29/20	11/08/20			592.85	0.00	0.00	592.85
	INVENTORY									
4849420		10/31/20	10/29/20	11/08/20			3,442.56	0.00	0.00	3,442.56
	INVENTORY									
4849422		10/31/20	10/29/20	11/08/20			390.87	0.00	0.00	390.87
	INVENTORY									
4849996		10/31/20	10/29/20	11/08/20			26.88	0.00	0.00	26.88
	INVENTORY									
4850755		10/31/20	10/29/20	11/08/20			260.55	0.00	0.00	260.55
	INVENTORY									
4853989		10/31/20	10/30/20	11/09/20			527.50	0.00	0.00	527.50
	inventory									
4853988		10/31/20	10/30/20	11/09/20			187.18	0.00	0.00	187.18
	INVENTORY									
CM17976		10/31/20	10/30/20	11/09/20			-0.02	0.00	0.00	-0.02
	CREDIT									
CM17975		10/31/20	10/30/20	11/09/20			-0.02	0.00	0.00	-0.02
	CREDIT									
4857453		10/31/20	10/31/20	11/10/20			82.12	0.00	0.00	82.12
	INVENTORY									
4859266		10/31/20	10/31/20	11/10/20			321.29	0.00	0.00	321.29
	INVENTORY									
4857162		10/31/20	10/31/20	11/10/20			2,018.58	0.00	0.00	2,018.58
	INVENTORY									
4857452		10/31/20	10/31/20	11/10/20			47.81	0.00	0.00	47.81
	INVENTORY									
4857454		10/31/20	10/31/20	11/10/20			394.03	0.00	0.00	394.03
	INVENTORY									
4859264		10/31/20	10/31/20	11/10/20			8,625.56	0.00	0.00	8,625.56
	INVENTORY									
CM18745		10/31/20	10/31/20	11/10/20			-3,774.28	0.00	0.00	-3,774.28
	CREDIT									
4859265		10/31/20	10/31/20	11/10/20			754.47	0.00	0.00	754.47
	INVENTORY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC					13,897.93	0.00	0.00	13,897.93

Vendor#	Vendor Name	Class	Pay Code

12388 NATIONAL FARM LIFE INSURANCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3038998	INSURANCE	10/31/20	10/14/20	11/01/20		4,312.18	0.00	0.00	4,312.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	4,312.18	0.00	0.00	4,312.18

Vendor# Vendor Name — Class — Pay Code

10868 NOVA BIOMEDICAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90658024	SUPPLIES	11/06/20	10/11/20	11/11/20		4,748.01	0.00	0.00	4,748.01

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	4,748.01	0.00	0.00	4,748.01

Vendor# Vendor Name — Class — Pay Code

N1800 NURSES CHOICE CORPORATION — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0142527IN	SUPPLIES	10/29/20	10/14/20	11/14/20		103.91	0.00	0.00	103.91

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N1800	NURSES CHOICE CORPORATION	103.91	0.00	0.00	103.91

Vendor# Vendor Name — Class — Pay Code

11142 PAETEC (WINDSTREAM)

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
71905769	PHONES	10/31/20	10/22/20	10/22/20		1,220.63	0.00	0.00	1,220.63

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC (WINDSTREAM)	1,220.63	0.00	0.00	1,220.63

Vendor# Vendor Name — Class — Pay Code

12544 PATRICK OCHOA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC112019	REHAB LAWN	11/06/20	11/06/20	11/06/20		275.00	0.00	0.00	275.00
MMC1112019	MMC LAWN	11/06/20	11/06/20	11/06/20		434.00	0.00	0.00	434.00
MMCR112019	CLINIC LAWN	11/06/20	11/06/20	11/06/20		125.00	0.00	0.00	125.00

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

Vendor# Vendor Name — Class — Pay Code

S0905 PERFORMANCE HEALTH — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN91986154	SUPPLIES	10/31/20	10/18/20	11/12/20		65.75	0.00	0.00	65.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH	65.75	0.00	0.00	65.75

Vendor# Vendor Name — Class — Pay Code

12892

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110519	PATIENT REFUND I	11/06/20	11/05/20	11/05/20		90.00	0.00	0.00	90.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12892		90.00	0.00	0.00	90.00

Vendor#	Vendor Name				Class	Pay Code				
P1725	PREMIER SLEEP DISORDERS CENTER				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	88		10/31/20	11/01/20	11/16/20		9,600.00	0.00	0.00	9,600.00
		SLEEP STUDY (10/1 - 10/24/19)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P1725	PREMIER SLEEP DISORDERS CENTER				9,600.00	0.00	0.00	9,600.00
Vendor#	Vendor Name				Class	Pay Code				
12480	PRO ENERGY PARTNERS LP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	19090600	gas	10/31/20	09/30/20	10/15/20		1,916.02	0.00	0.00	1,916.02
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12480	PRO ENERGY PARTNERS LP				1,916.02	0.00	0.00	1,916.02
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
	080119		10/31/20	08/01/20	11/10/20		235.00	0.00	0.00	235.00
		WASTE SERVICES								
	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				
10625	SARA RUBIO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	110519		11/06/20	11/05/20	11/05/20		96.16	0.00	0.00	96.16
		TRAVEL GCRAC EXEC MTG/10/30 - gmc stop the bleed training 11/4/19								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				96.16	0.00	0.00	96.16
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
	1629-5		10/31/20	11/01/20	11/16/20		275.98	0.00	0.00	275.98
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				275.98	0.00	0.00	275.98
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	243806		10/31/20	11/01/20	11/11/20		790.00	0.00	0.00	790.00
		AD LEASE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				790.00	0.00	0.00	790.00
Vendor#	Vendor Name				Class	Pay Code				
S2270	SMILE MAKERS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8702658		10/29/20	10/21/20	11/15/20		37.95	0.00	0.00	37.95
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2270	SMILE MAKERS				37.95	0.00	0.00	37.95
Vendor#	Vendor Name				Class	Pay Code				
S2362	SMITH & NEPHEW									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
923535065		10/31/20	09/30/20	11/04/20		1,367.75	0.00	0.00	1,367.75
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW				1,367.75	0.00	0.00	1,367.75

Vendor#	Vendor Name	Class	Pay Code
S2353	SMITHS MEDICAL ASD INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15700836		10/31/20	10/29/20	11/04/20		133.64	0.00	0.00	133.64
	SUPPLIES								
15702283		10/31/20	10/30/20	11/04/20		198.84	0.00	0.00	198.84
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC				332.48	0.00	0.00	332.48

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102019		10/31/20	10/20/20	10/20/20		92.39	0.00	0.00	92.39
	PHONE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT				92.39	0.00	0.00	92.39

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMCPL201909		10/31/20	10/30/20	10/30/20		420.00	0.00	0.00	420.00
	TELENEUROLOGY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE				420.00	0.00	0.00	420.00

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1961363		10/31/20	10/11/20	11/05/20		1,708.00	0.00	0.00	1,708.00
	REPAIR RIGID 5MM LAPAROS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION				1,708.00	0.00	0.00	1,708.00

Vendor#	Vendor Name	Class	Pay Code
S2833	STRYKER ENDOSCOPY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9146870E		10/29/20	10/11/20	11/19/20		4,855.23	0.00	0.00	4,855.23
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2833	STRYKER ENDOSCOPY				4,855.23	0.00	0.00	4,855.23

Vendor#	Vendor Name	Class	Pay Code
12888	TEXAS HEALTH & HUMAN SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110619		11/06/20	11/06/20	11/06/20		500.00	0.00	0.00	500.00
	INSPECTION FEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12888	TEXAS HEALTH & HUMAN SERVICES				500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
T2250	THYSSENKRUPP ELEVATOR CORP	M	

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

3004925518		10/31/20	09/30/20	11/10/20	1,267.72	0.00	0.00	1,267.72
MAINTANCE								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP			1,267.72	0.00	0.00	1,267.72

Vendor#	Vendor Name	Class	Pay Code
T3334	TRINITY PHYSICS CONSULTING LLC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
034451		11/06/20	07/22/20	08/21/20		1,600.00	0.00	0.00	1,600.00
	MAMO ELVALUATION								
034525		11/06/20	10/22/20	10/22/20		3,480.00	0.00	0.00	3,480.00
	CT TUBE EVALUATION								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T3334	TRINITY PHYSICS CONSULTING LLC				5,080.00	0.00	0.00	5,080.00

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400314133		10/21/20	10/21/20	11/15/20		592.83	0.00	0.00	592.83
	LAUNDRY								
8400314163		10/21/20	10/21/20	11/15/20		1,256.42	0.00	0.00	1,256.42
	LAUNDRY								
8400314132		10/21/20	10/21/20	11/15/20		47.15	0.00	0.00	47.15
	LAUNDRY								
8400314488		10/29/20	10/24/20	11/18/20		175.83	0.00	0.00	175.83
	LAUNDRY								
8400314487		10/29/20	10/24/20	11/18/20		186.92	0.00	0.00	186.92
	LAUNDRY								
8400314552		10/29/20	10/24/20	11/18/20		105.22	0.00	0.00	105.22
	LAUNDRY								
8400314508		10/29/20	10/24/20	11/18/20		83.14	0.00	0.00	83.14
	LAUNDRY								
8400314524		10/29/20	10/24/20	11/18/20		1,313.36	0.00	0.00	1,313.36
	LAUNDRY								
8400314486		10/29/20	10/24/20	11/18/20		186.09	0.00	0.00	186.09
	LAUNDRY								
8400314483		10/29/20	10/24/20	11/18/20		18.62	0.00	0.00	18.62
	LAUNDRY								
8400314485		10/29/20	10/24/20	11/18/20		120.39	0.00	0.00	120.39
	LAUNDRY								
8400315054		10/31/20	10/24/20	11/18/20		199.45	0.00	0.00	199.45

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,285.42	0.00	0.00	4,285.42

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
61128		10/31/20	06/11/20	06/26/20		-0.24	0.00	0.00	-0.24
	OVER PAYMENT								
10162281		10/31/20	10/05/20	10/20/20		47.98	0.00	0.00	47.98
	UNIFORM MARISSA DUN								
10206471		10/31/20	10/17/20	11/01/20		47.98	0.00	0.00	47.98
	UNIFORM MARISSA DUN								

10236360		10/31/20 10/28/20 11/12/20			29.99	0.00	0.00	29.99
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE			125.71	0.00	0.00	125.71

Vendor#	Vendor Name			Class	Pay Code				
12400	UPDOX LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	INV00115701		10/31/20	10/31/20	10/31/20			199.00	0.00	0.00	199.00
		MONTHLY PAYMENT									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		12400	UPDOX LLC					199.00	0.00	0.00	199.00

Vendor#	Vendor Name			Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LTD			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	19100272		10/31/20	10/31/20	10/31/20			280.00	0.00	0.00	280.00
		AD									
	19100271		10/31/20	10/31/20	10/31/20			280.00	0.00	0.00	280.00
		AD									
	19100274		10/31/20	10/31/20	10/31/20			160.00	0.00	0.00	160.00
		AD									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		V1471	VICTORIA RADIOWORKS, LTD					720.00	0.00	0.00	720.00

Vendor#	Vendor Name			Class	Pay Code				
10793	WAGEWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	102819		10/31/20	10/28/20	10/28/20			3,554.52	0.00	0.00	3,554.52
		PAYROLL DED									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10793	WAGEWORKS					3,554.52	0.00	0.00	3,554.52

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
	127220		10/29/20	10/21/20	11/20/20			158.96	0.00	0.00	158.96
		BAGS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC					158.96	0.00	0.00	158.96

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
	9110734759		11/06/20	10/15/20	11/09/20			1,571.67	0.00	0.00	1,571.67
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					1,571.67	0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	329,065.16	0.00	0.00	329,065.16

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NOV 08 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

329,065.16 +
2.00 +
329,067.16 *

PG 13 correction £ + 2.00
329,067.14

CK# 183104 - 183183

RUN DATE:11/15/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:19 CHECK REGISTER GLCKREG
11/13/19 THRU 11/15/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	183104	11/13/19	207.56	ACE HARDWARE 15521
A/P	183105	11/13/19	477.00	ALCON LABORATORIES, INC.
A/P	183106	11/13/19	312.08	AMANDA GRIGGS
A/P	183107	11/13/19	419.68	BARD PERIPHERAL VASCULAR
A/P	183108	11/13/19	4,041.95	BAXTER HEALTHCARE
A/P	183109	11/13/19	7,280.20	BECKMAN COULTER CAPITAL
A/P	183110	11/13/19	212.95	BEEKLEY CORPORATION
A/P	183111	11/13/19	6,240.00	BKD, LLP
A/P	183112	11/13/19	199,479.26	BLUE CROSS BLUE SHIELD
A/P	183113	11/13/19	68.58	CALHOUN COUNTY
A/P	183114	11/13/19	68.98	CARDINAL HEALTH 414, INC.
A/P	183115	11/13/19	157.94	CAREFUSION
A/P	183116	11/13/19	81.01	CENTERPOINT ENERGY
A/P	183117	11/13/19	240.00	CHRIS KOVAREK
A/P	183118	11/13/19	105.00	CITIZENS MEDICAL CENTER
A/P	183119	11/13/19	585.00	COASTAL OFFICE SOLUTONS
A/P	183120	11/13/19	1,014.98	COMBINED INSURANCE
A/P	183121	11/13/19	550.00	DASHBOARD MD
A/P	183122	11/13/19	178.86	DEWITT POTH & SON
A/P	183123	11/13/19	15.00	DSHS - VITAL STATISTICS
A/P	183124	11/13/19	95.00	EVIDENT
A/P	183125	11/13/19	48.72	FEDERAL EXPRESS CORP.
A/P	183126	11/13/19	731.18	FISHER HEALTHCARE
A/P	183127	11/13/19	.00	VOIDED
A/P	183128	11/13/19	6,446.58	FISHER HEALTHCARE
A/P	183129	11/13/19	696.44	FRONTIER
A/P	183130	11/13/19	5,408.28	GARDNER & WHITE, INC.
A/P	183131	11/13/19	54.95	GE HEALTHCARE
A/P	183132	11/13/19	525.24	GLOBAL EQUIPMENT CO. INC.
A/P	183133	11/13/19	25.00	GULF COAST DELIVERY
A/P	183134	11/13/19	1,269.43	GULF COAST PAPER COMPANY
A/P	183135	11/13/19	3,600.00	HEALTHCARE CODING & CONSULTING
A/P	183136	11/13/19	296.49	HUBERT COMPANY
A/P	183137	11/13/19	1,964.15	J & J HEALTH CARE SYSTEMS, INC
A/P	183138	11/13/19	2,485.03	JACKSON & COKER LOCUM TENENS,
A/P	183139	11/13/19	420.10	JASON ANGLIN
A/P	183140	11/13/19	90.00	JOHN ELLARD
A/P	183141	11/13/19	1,190.86	M G TRUST
A/P	183142	11/13/19	4,638.14	MCKESSON MEDICAL SURGICAL INC
A/P	183143	11/13/19	101.47	MEDIMPACT HEALTHCARE SYS, INC.
A/P	183144	11/13/19	221.98	MEDIVATORS
A/P	183145	11/13/19	.00	VOIDED
A/P	183146	11/13/19	.00	VOIDED
A/P	183147	11/13/19	7,518.31	MEDLINE INDUSTRIES INC
A/P	183148	11/13/19	180.00	MEMORIAL MEDICAL CLINIC
A/P	183149	11/13/19	4,695.87	MERCK SHARP & DOHME CORP
A/P	183150	11/13/19	149.31	MMC AUXILIARY GIFT SHOP
A/P	183151	11/13/19	115.70	MMC VOLUNTEERS
A/P	183152	11/13/19	.00	VOIDED
A/P	183153	11/13/19	13,897.93	MORRIS & DICKSON CO, LLC

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	183154	11/13/19	4,312.18	NATIONAL FARM LIFE INSURANCE
A/P	183155	11/13/19	4,748.01	NOVA BIOMEDICAL
A/P	183156	11/13/19	103.91	NURSES CHOICE CORPORATION
A/P	183157	11/13/19	1,220.63	PAETEC (WINDSTREAM)
A/P	183158	11/13/19	834.00	PATRICK OCHOA
A/P	183159	11/13/19	65.75	PERFORMANCE HEALTH
A/P	183160	11/13/19	90.00	PHYLLIS ELLARD
A/P	183161	11/13/19	9,600.00	PREMIER SLEEP DISORDERS CENTER
A/P	183162	11/13/19	1,916.02	PRO ENERGY PARTNERS LP
A/P	183163	11/13/19	235.00	RX WASTE SYSTEMS LLC
A/P	183164	11/13/19	96.16	SARA RUBIO
A/P	183165	11/13/19	275.98	SHERWIN WILLIAMS
A/P	183166	11/13/19	790.00	SIGN AD, LTD.
A/P	183167	11/13/19	37.95	SMILE MAKERS
A/P	183168	11/13/19	1,367.75	SMITH & NEPHEW
A/P	183169	11/13/19	332.48	SMITHS MEDICAL ASD INC
A/P	183170	11/13/19	92.39	SPARKLIGHT
A/P	183171	11/13/19	420.00	ST DAVIDS HEALTHCARE
A/P	183172	11/13/19	1,708.00	STERIS CORPORATION
A/P	183173	11/13/19	4,855.23	STRYKER ENDOSCOPY
A/P	183174	11/13/19	500.00	TEXAS HEALTH & HUMAN SERVICES
A/P	183175	11/13/19	1,269.72	THYSSENKRUPP ELEVATOR CORP
A/P	183176	11/13/19	5,080.00	TRINITY PHYSICS CONSULTING LLC
A/P	183177	11/13/19	4,285.42	UNIFIRST HOLDINGS INC
A/P	183178	11/13/19	125.71	UNIFORM ADVANTAGE
A/P	183179	11/13/19	199.00	UPDOX LLC
A/P	183180	11/13/19	720.00	VICTORIA RADIOWORKS, LTD
A/P	183181	11/13/19	3,554.52	WAGEWORKS
A/P	183182	11/13/19	158.96	WATERMARK GRAPHICS INC
A/P	183183	11/13/19	1,571.67	WERFEN USA LLC
A/P	183184	11/13/19	100.00	ASHFORD DACA
A/P	183185	11/13/19	100.00	BROADMOOR DACA
A/P	183186	11/13/19	473.89	FORTBEND HEALTHCARE CENTER
A/P	183187	11/13/19	62,002.29	GOLDENCREEK HEALTHCARE
A/P	183188	11/13/19	36,452.13	GULF POINTE PLAZA
A/P	183189	11/13/19	100.00	SOLERA DACA
A/P	183190	11/13/19	4,320.00	THE CRESCENT
TOTALS:			432,716.94	

Payables 329,068.88 +
Medimpact 101.47 +
475.89 +
Transfers (IVH) 4,320.00 +
62,002.29 +
36,452.13 +
100.00 +
100.00 +
100.00 +
432,716.94 *

APPROVED
ON
NOV 13 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/07/2019 MEMORIAL MEDICAL CENTER 0
13:58 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110719		11/07/20	11/07/20	11/07/20		101.47	0.00	0.00	101.47
	INDIGENT CARE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	101.47	0.00	0.00	101.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	101.47	0.00	0.00	101.47

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ON
NOV 08 2019 CK# 183143
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/08/2019
DC: 8115
Territory:
Customer: 632536
Date: 11/09/2019

Page: 002

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

As of: 11/08/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 11/09/2019

PLEASE CHECK ANY 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

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

TOTAL: National Acct: 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,670.48 USD

Future Due: 0.00

Past Due: 136.52

Last Payment 2,451.97
08/07/2017

If Paid By 11/12/2019,
Pay This Amount: 6,534.31 USD

If Paid After 11/12/2019,
Pay this Amount: 6,670.48 USD

Due If Paid On Time:
USD 6,534.31

Disc lost if paid late: 136.17

Due If Paid Late:
USD 6,670.48

ck# 500045

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NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

4,156.95 +
625.85 +
324.04 +
157.70 +
1,269.77 +
6,534.31 *

McKESSON

Company: 8000

STATEMENT

As of: 11/08/2019

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/09/2019

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: 11/08/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/09/2019

PLEASE CHECK ANY 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										
1/04/2019	11/12/2019	7165281631	1102190158-00	115Invoice	0.02	0.82		0.80	✓	7165281631	
1/04/2019	11/12/2019	7165281632	6767170503	115Invoice	10.03	501.51		491.48	✓	7165281632	
1/04/2019	11/12/2019	7165281633	1103190201-00	115Invoice	0.02	0.80		0.78	✓	7165281633	
1/04/2019	11/12/2019	7165415181	770529660	195Invoice	0.09	4.43		4.34	✓	7165415181	
1/05/2019	11/12/2019	7165544087	6767174874	115Invoice	0.01	0.32		0.31	✓	7165544087	
1/05/2019	11/12/2019	7165681412	770893365	195Invoice	0.01	0.37		0.36	✓	7165681412	
1/05/2019	11/12/2019	7165720414	000110420 19TM	115Invoice	0.01	0.32		0.31	✓	7165720414	
1/06/2019	11/12/2019	7165783866	6767179618	115Invoice	15.97	798.41		782.44	✓	7165783866	
1/06/2019	11/12/2019	7165790754	1105190533-00	115Invoice		0.04		0.04	✓	7165790754	
1/06/2019	11/12/2019	7165914554	771157484	195Invoice	1.86	92.95		91.09	✓	7165914554	
1/07/2019	11/12/2019	7166044268	2317193997	115Invoice	7.58	378.91		371.33	✓	7166044268	
1/07/2019	11/12/2019	7166044269	1127104	115Invoice	0.02	0.96		0.94	✓	7166044269	
1/07/2019	11/12/2019	7166044270	1106190519-00	115Invoice	0.02	0.96		0.94	✓	7166044270	
1/07/2019	11/12/2019	7166156372	771435622	195Invoice	1.69	84.28		82.59	✓	7166156372	
1/07/2019	11/12/2019	7166209906	00001 1062019AS	115Invoice	0.03	1.26		1.23	✓	7166209906	
1/08/2019	11/12/2019	7166279042	2317198756	115Invoice	10.34	517.03		506.69	✓	7166279042	
1/08/2019	11/12/2019	7166279043	1107190337-00	115Invoice	0.01	0.65		0.64	✓	7166279043	
1/08/2019	11/12/2019	7166279044	1107190337-00	115Invoice	39.92	1,996.04		1,956.12	✓	7166279044	
1/08/2019	11/08/2019	7166463458	MFC PR CORR CR	Pricing Cor		136.52-	P	136.52-	P ✓	7166463458	
1/08/2019	11/12/2019	7166463459	MFC PR CORR IN	Pricing Cor	0.02	1.06		1.04	✓	7166463459	

McKESSON

STATEMENT

Company: 8000

As of: 11/08/2019

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/09/2019

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

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As of: 11/08/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/09/2019

PLEASE CHECK ANY ITEMS NOT PAID (✓)

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

National Account 632536

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 4,244.60 USD

Future Due: 0.00

Past Due: 136.52-

Last Payment 3,570.93
1/04/2019

If Paid By 11/12/2019,
Pay This Amount: 4,156.95 USD

If Paid After 11/12/2019,
Pay this Amount: 4,244.60 USD

Due If Paid On Time:
USD 4,156.95

Disc lost if paid late: 87.65

Due If Paid Late:
USD 4,244.60

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ON
NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/08/2019

Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 11/09/2019

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: 11/08/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 11/09/2019

PLEASE CHECK ANY 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											
11/07/2019	11/12/2019	7166183052	594366	115Invoice	12.77	638.62		625.85	✓	7166183052	

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

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

Subtotals: 638.62 USD

Future Due: 0.00

Past Due: 0.00

If Paid By 11/12/2019, Pay This Amount: 625.85 USD

Due If Paid On Time: USD 625.85

Disc lost if paid late: 12.77

Last Payment 11/04/2019 3,570.93

If Paid After 11/12/2019, Pay this Amount: 638.62 USD

Due If Paid Late: USD 638.62

oct 16

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NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/08/2019

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 11/09/2019

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: 11/08/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 11/09/2019

PLEASE CHECK ANY 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											
1/07/2019	11/12/2019	7166045023	593839	115Invoice	5.32	266.19		260.87 ✓		7166045023	
1/07/2019	11/12/2019	7166045024	593839	115Invoice	1.29	64.46		63.17 ✓		7166045024	

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: 330.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,570.93
1/04/2019

If Paid By 11/12/2019, Pay This Amount: 324.04 USD

If Paid After 11/12/2019; Pay this Amount: 330.65 USD

Due If Paid On Time: USD 324.04

Disc lost if paid late: 6.61

Due If Paid Late: USD 330.65

ouch LP

APPROVED ON
NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/08/2019

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 11/09/2019

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: 11/08/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 11/09/2019

PLEASE CHECK ANY 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											
1/07/2019	11/12/2019	7166044881	2017010298	115Invoice	0.35	17.44		17.09	✓	7166044881	
1/07/2019	11/12/2019	7166044882	2017010379	115Invoice	2.05	102.44		100.39	✓	7166044882	
1/08/2019	11/12/2019	7166253882	2017010452	115Invoice	0.82	41.04		40.22	✓	7166253882	

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: 160.92 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,600.38
10/28/2019

If Paid By 11/12/2019, Pay This Amount: 157.70 USD

If Paid After 11/12/2019, Pay this Amount: 160.92 USD

Due If Paid On Time: USD 157.70

Disc lost if paid late: 3.22

Due If Paid Late: USD 160.92

APPROVED ON NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

As of: 11/08/2019
DC: 8115
Territory: 81
Customer: 464450
Date: 11/09/2019

Page: 001

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

As of: 11/08/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 11/09/2019

PLEASE CHECK ANY 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											
11/08/2019	11/12/2019	7166271207	55x584305	115Invoice	1.49	74.39		72.90	✓	7166271207	
11/08/2019	11/12/2019	7166271210	55x584599	115Invoice	0.26	13.13		12.87	✓	7166271210	
11/08/2019	11/12/2019	7166271213	55x584697	115Invoice	14.54	726.95		712.41	✓	7166271213	
11/08/2019	11/12/2019	7166271218	55x584711	115Invoice	9.46	472.76		463.30	✓	7166271218	
11/08/2019	11/12/2019	7166271225	55x584726	115Invoice	0.17	8.46		8.29	✓	7166271225	

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

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

Subtotals: 1,295.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,834.00
10/21/2019

If Paid By 11/12/2019,
Pay This Amount: 1,269.77 USD

If Paid After 11/12/2019,
Pay this Amount: 1,295.69 USD

Due If Paid On Time:
USD 1,269.77

Disc lost if paid late: 25.92

Due If Paid Late:
USD 1,295.69

Dwd 660

APPROVED ON
NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58555333 Date: 11-08-2019

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:	1,414.74
Past Due:	0.00
Total Due:	1,414.74
Account Balance:	1,414.74

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
11-04-2019	11-15-2019	3029626123	152015	Invoice	443.10
11-05-2019	11-15-2019	3029670445	152023	Invoice	643.15
11-06-2019	11-15-2019	3029726915	152041	Invoice	33.31
11-07-2019	11-15-2019	3029779235	152085	Invoice	102.84
11-08-2019	11-15-2019	3029837888	152094	Invoice	182.94
11-08-2019	11-15-2019	3029837889	152095	Invoice	9.40

Thank You for Your Payment

Date	Payment Number	Amount
11-08-2019		(1,011.99)

Reminders

Due Date	Amount
11-15-2019	1,414.74
Total Due:	1,414.74

Terms:
Monday - Friday due in 7 days

Ck# 500046

APPROVED
ON
NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	19	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 103,288.57	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 49,652.22	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,445.67	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 41,190.68	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9718.05	N		N	N		192749.05
1	REGULAR PAY-S1	1875.50	N		N	N	N	83579.32
1	REGULAR PAY-S1	274.25	Y		N	N		7987.71
2	REGULAR PAY-S2	2578.75	N		N	N		55945.93
2	REGULAR PAY-S2	166.00	Y		N	N		6358.08
3	REGULAR PAY-S3	1456.25	N		N	N		38945.23
3	REGULAR PAY-S3	104.25	Y		N	N		4213.50
C	CALL PAY	21.75	N		N	N	N	43.50
C	CALL PAY	2319.75	N	1	N	N		4639.50
E	EXTRA WAGES		N		N	N	N	6764.38
E	EXTRA WAGES		N	1	N	N	N	2246.25
F	FUNERAL LEAVE	40.00	N	1	N	N		495.44
I	INSERVICE	50.00	N	1	N	N		1388.08
J	JURY LEAVE	6.00	N		N	N	N	252.00
J	JURY LEAVE	5.00	N	1	N	N		60.20
K	EXTENDED-ILLNESS-BANK	84.00	N		N	N	N	957.68
K	EXTENDED-ILLNESS-BANK	222.00	N	1	N	N		5653.34
M	MEAL REIMBURSEMENT		N		N	N	N	14.00
P	PAID-TIME-OFF	146.93	N		N	N	N	11093.39
P	PAID-TIME-OFF	1222.26	N	1	N	N		30261.78
X	CALL PAY 2	160.00	N	1	N	N		320.00
Y	YMCA/CURVES		N		N	N	N	105.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	1164.25	A/R2	331.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1595.00	CAFE-F	
CAFE-H	18225.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	170.00	COMBIN	482.27	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	41190.68	FICA-M	6283.98	FICA-O	24826.11
FIRSTC		FLEX S	3390.67	FLX FE	
FORT D		FUTA		GIFT S	192.94
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	637.97	MASA	815.00	MEALS	301.10
MISC		MISC/		MMCSHR	
NATFML	1975.42	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	1190.86
STONE		STONE2		STUDEN	
SUNACC	907.43	SUNILL	1630.77	SUNLIF	1453.56
SUNSTD	1418.05	SUNVIS	1068.34	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	31801.06	TUTION		UNIFOR	2460.46
UW/HOS					

Grand Totals: 20546.74 (Gross: 454361.36 Deductions: 143858.07 Net: 310503.29)

Checks Count:- FT 207 PT 10 Other 39 Female 225 Male 30 Credit OverAmt 5 ZeroNet Term Total: 255

Pay date 11.15.19

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

			ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN		10/25/19	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END		11/07/19					
PAY DATE:		11/15/19					
GROSS PAY:	$	454,361.36			$ -		$ 454,361.36
DEDUCTIONS:							
A/R	$	1,495.25					$ 1,495.25
ADVANC							$ -
BOOTS							$ -
SUNLIFE CRITICAL ILLNESS	$	1,630.77					$ 1,630.77
SUNLIFE ACCIDENT	$	907.43					$ 907.43
SUNLIFE VISION	$	1,068.34					$ 1,068.34
SUNLIFE SHORT TERM DIS	$	1,418.05					$ 1,418.05
CAFÉ-5							$ -
CAFÉ-D	$	1,595.00					$ 1,595.00
CAFÉ-H	$	18,225.00					$ 18,225.00
CAFÉ-I							$ -
CAFÉ-L							$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	346.15	+ 1.50 = 347.65				$ 346.15
CLINIC	$	170.00					$ 170.00
COMBIN	$	482.27					$ 482.27
CREDUN							$ -
DENTAL							$ -
DEP-LF							$ -
SUNLIFE TERM LIFE	$	1,453.56					$ 1,453.56
EAT	$	-					$ -
FED TAX	$	41,190.68					$ 41,190.68
FICA-M	$	6,283.98					$ 6,283.98
FICA-O	$	24,826.11					$ 24,826.11
FIRST C							$ -
FLEX S	$	3,390.67					$ 3,390.67
FLX-FE							$ -
GIFT S	$	192.94					$ 192.94
GRP-IN							$ -
GTL							$ -
HOSP-I							$ -
LEGAL	$	1,452.97					$ 1,452.97
OTHER	$	2,761.56					$ 2,761.56
NATIONAL FARM LIFE	$	1,975.42					$ 1,975.42
PHI							$ -
PR FIN	$	-					$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	1,190.86					$ 1,190.86
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	31,801.06					$ 31,801.06
UW/HOS							$ -
TOTAL DEDUCTIONS:	$	143,858.07	$ -	$ -	$ -	$ -	$ 143,858.07
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	310,503.29	$ -	$ -	$ -	$ -	$ 310,503.29
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$	29,426.12	Less Exempt:				
TAXABLE PAY:	$	424,935.24	$ 400,421.34				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 6,161.56		
FICA - MED (EE)	1.45%	$ 6,283.85	$ 6,283.98	$ (0.13)
FICA - SOC SEC (ER)	6.20%	$ 24,826.12		
FICA - SOC SEC (EE)	6.20%	$ 24,826.12	$ 24,826.11	$ 0.01
FED WITHHOLDING		$ 41,190.68	$ 41,190.68	

Employees over FICA-SS Cap:

Jason Anglin	$ 17,728.20
Diane Moore	$ 6,785.70
Roshanda Thomas	

Paycode S - Employee Reimb.:

Roshanda S. Gray	
TOTAL:	$ 24,513.90

TAX DEPOSIT:		$ 103,288.33	$ 103,410.86	$ (0.24)
FICA - MEDICARE	2.90%	$ 12,445.41	$12,445.67	
FICA - SOCIAL SECURITY	12.40%	$ 49,652.24	$49,652.22	PREPARED BY: Alison M King
FED WITHHOLDING		$ 41,190.68	$41,190.68	PREPARED DATE: 11/11/2019
TOTAL TAX:		$ 103,288.33	$103,288.57	$ (0.24)

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --October 28, 2019 - November 3, 2019

Date	Bank Description	MMC Notes	Amount	CPSI
11/4/2019	STATE COMPTRLR TEXNET 35244811/91101 2100002	-2020 DSH Advanced IGT	38,898.91	**
11/4/2019	PAY PLUS ACHTRANS 452579291 101000693344625	- 3rd Party Payor Fee	23.83	
11/4/2019	IRS USATAXPYMT 220970861945059 6103601000414	- Payroll Taxes	99,874.84	**
11/4/2019	EXPERTPAY EXPERTPAY 746003411 91000011131807	-Child Support Payment -Payroll Ending 10/24/19	347.65	
11/4/2019	AUTHNET GATEWAY BILLING 108988615 1040000133	- 3rd Party Payor Fee	10.00	
11/5/2019	PAY PLUS ACHTRANS 452579291 101000694809433	- 3rd Party Payor Fee	89.12	
11/5/2019	MERCH BNKCD FEE 971160913887 114902520001374	- Credit Card Processing Fee	219.99	
11/5/2019	MERCH BNKCD FEE 971160910883 114902520001373	- Credit Card Processing Fee	9.95	
11/5/2019	MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	295.44	
11/5/2019	MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95	
11/5/2019	MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	145.75	
11/5/2019	MCKESSON DRUG AUTO ACH ACH03972756 910000168	- 340B Drug Program Expense	3,570.93	*
11/5/2019	FDGL LEASE PYMT 052-1601830-000 410001294068	- Credit Card Machine Lease Expense	32.45	
11/5/2019	FDGL LEASE PYMT 052-1479214-000 410001285828	- Credit Card Machine Lease Expense	40.02	
11/5/2019	FDGL LEASE PYMT 052-1479468-000 410001285829	- Credit Card Machine Lease Expense	69.24	
11/5/2019	FDGL LEASE PYMT 052-1479213-000 410001285828	- Credit Card Machine Lease Expense	43.26	
11/6/2019	CLEARGAGE LLC CLEARGAGE, ZVJX6DL0OGW 2420717	- Patient Financing Service	66.58	
11/7/2019	PAY PLUS ACHTRANS 452579291 101000696560304	- 3rd Party Payor Fee	30.90	
11/8/2019	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,011.99	*
			144,800.80	

CFO

November 11, 2019

Diane Moore, CFO
Memorial Medical Center

* Approved 11.06.19 cc
** Approved 10.30.19 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
11/15/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	-Employer contribution adjustments 2017-2018	4,367.26
11/15/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	141,142.24
11/19/2019	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	2193.88
11/19/2019	ACH Payment STATE COMTRLR TEXNET	-UHRIP for second half of SFY 2020	286,434.87
			434,138.25

CFO

November 11, 2019

Diane Moore, CFO
Memorial Medical Center

Pay 23.83 +
89.12 +
Plus 30.90 +
143.85 *

Authnet 10.00 +
10.00 *

Credit 219.99 +
Card 9.95 +
295.44 +
Lease 19.95 +
Fees 145.75 +
32.45 +
40.02 +
69.24 +
43.26 +
876.05 *

Clearyge 66.58 +
66.58 *

143.85 +
10.00 +
876.05 +
66.58 +
1,096.48 *

144,800.80 +
38,898.91 –
99,874.84 –
347.65 –
3,570.93 –
1,011.99 –
1,096.48 *

1,096.48 +
1,096.48 –

2017

	Total Gross	Employer Submitted	Gross X 8.06%	Employer Portion Variance
Oct	$ 734,616.44	$ 59,091.47	$ 59,210.09	$ 118.62
Nov	$ 1,123,189.86	$ 90,506.11	$ 90,529.10	$ 22.99
Dec	$ 753,128.47	$ 60,319.29	$ 60,702.15	$ 382.86
Total				$ 524.47

2018

	Total Gross	Employer Submitted	Gross X 8.39%	Employer Portion Variance
Jan	$ 744,827.30	$ 62,491.16	$ 62,491.01	$ (0.15)
Feb	$ 775,382.05	$ 63,875.72	$ 65,054.55	$ 1,178.83
Mar	$ 757,902.63	$ 63,443.41	$ 63,588.03	$ 144.62
Apr	$ 771,270.73	$ 63,960.25	$ 64,709.61	$ 749.36
May	$ 762,359.07	$ 63,839.25	$ 63,961.93	$ 122.68
Jun	$ 1,169,954.03	$ 98,226.89	$ 98,159.14	$ (67.75)
Jul	$ 786,790.52	$ 65,828.49	$ 66,011.72	$ 183.23
Aug	$ 799,849.07	$ 66,816.85	$ 67,107.34	$ 290.49
Sep	$ 795,487.15	$ 66,740.66	$ 66,741.37	$ 0.71
Oct	$ 805,941.18	$ 67,620.54	$ 67,618.47	$ (2.07)
Nov	$ 1,212,411.63	$ 101,234.76	$ 101,721.34	$ 486.58
Dec	$ 837,516.05	$ 69,511.35	$ 70,267.60	$ 756.25
Total				$ 3,842.78

MMC SALES AND USE TAX REPORTING 2019

DUE EACH 20TH OF THE MONTH

							2019					
SUBMITTED DATE:		**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**
Reporting Month		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Acct #20300000													
Ending Balance		1,573.35	1,553.14	1,775.22	2,061.80	1,972.43	1,768.58	1,870.91	1,795.78	1,826.97	2,204.91		
DIVIDE BY :		8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%
TOTAL TAXABLE SALES		19,070.91	18,825.94	21,517.82	24,991.52	23,908.24	21,437.33	22,677.70	21,767.03	22,145.09	26,726.18	-	-
STATE TAX RATE													
	0.0625	1,191.93	1,176.62	1,344.86	1,561.97	1,494.27	1,339.83	1,417.36	1,360.44	1,384.07	1,670.39	-	-
LOCAL TAX RATE													
	0.02	381.42	376.52	430.36	499.83	478.16	428.75	453.55	435.34	442.90	534.52	-	-
TOTAL TAX DUE		**1,573.35**	**1,553.14**	**1,775.22**	**2,061.80**	**1,972.43**	**1,768.58**	**1,870.91**	**1,795.78**	**1,826.97**	**2,204.91**	-	-

Jason Anglin

From: Jonny F. Hipp (NCHD) <jonny.hipp@nchdcc.org>
Sent: Tuesday, November 05, 2019 10:45 AM
To: Carolyn Zafereo (czafereo@cmcvtx.org); Duane L. Woods (duane.woods@cmcvtx.org); Mike Olson (Mike.Olson@cmcvtx.org); Patrick Strauss (pstrauss@cmcvtx.org); Richard Philip (rphilip@cmcvtx.org); Jason Anglin; Belinda Chism (NCHD); Donna Littlefield (NCHD); Jonny F. Hipp (NCHD); David Lee (david.lee@okmh.org); Louis R. Willeke (lschlabach@rcmhospital.org); Shawn "Hoss" Whitt (hwhitt@rcmhospital.org); Susan Parker (sparker@rcmhospital.org)
Cc: James T. Lindsey (lindsey@gl-law.com); Janus Pan (pan@gl-law.com); Lance J. Ramsey (ramsey@gl-law.com); Nicole Y. Martinez (Martinez@gl-law.com); Rachel O. Gilbert (gilbert@gl-law.com); Baxter R. Morgan (morgan@gl-law.com); Jessica D. Cottey (cottey@gl-law.com); Adam Robison (arobison@kslaw.com); J. Brandon Durbin (brandon@dhcg.com)
Subject: Nueces UHRIP PY3 Mid-Year Applications and IGT Call

Importance: High

All,

Last week, HHSC released the revised final Uniform Hospital Rate Increase Program ("UHRIP') Applications for the second half of the SFY2020/PY3 rate period (3/1/2020 – 8/31/2020).

Revised Rate Increase Percentages

HHSC revised the final UHRIP Application to include updated base payments for children's and rural hospitals funded by general revenue funds appropriated by the 2019 Legislature, and adjusted hospitals' rate increase percentages for the second half of State Fiscal Year ("SFY") 2020 to ensure the market stays within its budget neutrality allotment. As a result, the rate increase percentages changed from 62% for all Nueces SDA hospitals in the first half of PY3 (9/1/2019-2/29/2020) to as follows:

Hospital Class	3/1/2020 – 8/31/2020 Rate Increase Percentage
Children's	0%
Non-Urban Public	58%
Other	60%
Rural Private	55%
Rural Public	63%
Urban Public	59%

HHSC also revised most SDAs' UHRIP allotments to include an additional $200 million in funds that HHSC is implementing for the second half of SFY 2020. However, under its formula for calculating entitlement, HHSC did not allocate any additional UHRIP funds to Nueces.

IGT Allocation

The total IGT needed to support UHRIP payments to Nueces SDA hospitals for the 3/1/2020 – 8/31/2020 rate period is $10,308,383.19. Similar to the previous IGTs, we calculated each governmental entity's share of the IGT as follows:

IGT Entity	Projected percentage of Nueces SDA UHRIP Base Payments for 3/1/2020-8/31/2020	Corresponding 6 months IGT for 3/1/2020-8/31/2020
Citizens Medical Center	4.81%	$495,818.25
Karnes County Hospital District	1.22%	$125,633.35
Refugio County Memorial Hospital District	0.52%	$53,811.81
Memorial Medical Center	2.78%	$286,434.87
Nueces County Hospital District (on behalf of Nueces private hospitals)	90.67%	$9,346,684.91
TOTALS	**100%**	**$10,308,383.19**

Per HHSC's email, you must enter your IGT in TexNet (in the UHRIP bucket) no later than close of business November 18, 2019, with a settlement date of November 19, 2019. Please provide Rachel Gilbert (gilbert@gl-law.com) with a screenshot or PDF of your IGT trace sheet by November 13th. Ms. Gilbert will compile and submit the Trace Sheets to HHSC in one transmission.

Please direct any questions to both Ms. Gilbert and myself.

Jonny F. Hipp, ScD, FACHE | Administrator/Chief Executive Officer
Nueces County Hospital District
Texas HHSC Regional Healthcare Partnership - Region 4 Anchor Entity
Texas HHSC Uniform Hospital Rate Increase Program - Nueces Service Delivery Area Liaison
555 N. Carancahua St., Suite 950 | Corpus Christi, TX 78401-0835
Office: (361) 808-3300 | Fax: (361) 808-3274 | Cell: (361) 877-7290
jonny.hipp@nchdcc.org | www.nchdcc.org

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
[redacted]				
A/P	200031	11/04/19	99,874.84	IRS USATAXPYMT
A/P *	200032	11/04/19	347.65	EXPERT PAY
A/P	300177	11/04/19	23.83	PAY PLUS

Electronic Payments

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		300178	11/04/19	10.00	AUTHNET GATEWAY BILLING
A/P		300179	11/04/19	89.12	PAY PLUS
A/P		300180	11/05/19	219.99	MERCH BNKCD FEE
A/P		300181	11/05/19	9.95	MERCH BNKCD FEE
A/P		300182	11/05/19	295.44	MERCH BNKCD DISCOUNT
A/P		300183	11/05/19	19.95	MERCH BNKCD DISCOUNT
A/P	*	300184	11/05/19	145.75	MERCH BNKCD INTERCHNG
A/P		300186	11/05/19	40.02	FDGL LEASE PYMT
A/P		300187	11/05/19	69.24	FDGL LEASE PYMT
A/P		300188	11/05/19	43.26	FDGL LEASE PYMT
A/P	*	300189	11/07/19	30.90	PAY PLUS
A/P		500043	11/05/19	3,570.93	MCKESSON
A/P	*	500044	11/08/19	1,011.99	AMERISOURCE
A/P		700013	11/06/19	66.58	CLEARGAGE
TOTALS:				531,072.12	

11/07/2019 10:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 11/21/2019

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Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
103119		11/07/20	10/31/20	11/21/20		163.69	0.00	0.00	163.69
	TRANSFER Nursing home insurance pymt sent to MMC in error								
103119B	Transfer ~~SUPPLIES~~ Nursing home insurance pymt sent to MMC in error	11/07/20	10/31/20	11/21/20		78.15	0.00	0.00	78.15
103119A		11/07/20	10/31/20	11/21/20		232.05	0.00	0.00	232.05
	TRANSFER Nursing home insurance pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	473.89	0.00	0.00	473.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	473.89	0.00	0.00	473.89

CK# 183186

11/07/2019

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 11/21/2019

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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
103119		11/07/20	10/31/20	11/21/20			4,320.00	0.00	0.00	4,320.00
	TRANSFER Nursing home insurance pymt sent to MMC in error.									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	4,320.00	0.00	0.00	4,320.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,320.00	0.00	0.00	4,320.00

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CALHOUN COUNTY, TEXAS

CK# 183190

11/07/2019 MEMORIAL MEDICAL CENTER 0
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Dates Through: 11/21/2019

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
103119C		11/07/20	10/31/20	11/21/20		5,304.00	0.00	0.00	5,304.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
10319C		11/07/20	10/31/20	11/21/20		269.48	0.00	0.00	269.48 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
103119B		11/07/20	10/31/20	11/21/20		23.70	0.00	0.00	23.70 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
103119		11/07/20	10/31/20	11/21/20		9,201.20	0.00	0.00	9,201.20 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
103119A		11/07/20	10/31/20	11/21/20		18,003.19	0.00	0.00	18,003.19 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
103119E		11/07/20	10/31/20	11/21/20		3,268.04	0.00	0.00	3,268.04 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
103119D		11/07/20	10/31/20	11/21/20		43.21	0.00	0.00	43.21 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
110519		11/07/20	11/05/20	11/21/20		339.31	0.00	0.00	339.31 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	36,452.13	0.00	0.00	36,452.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	36,452.13	0.00	0.00	36,452.13

CK# 183188

11/07/2019 10:52

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 11/21/2019

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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
103119		11/07/20	10/31/20	11/21/20		7,801.94	0.00	0.00	7,801.94 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in error								
103119F		11/07/20	10/31/20	11/21/20		3,979.78	0.00	0.00	3,979.78 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in error								
103119A		11/07/20	10/31/20	11/21/20		13,186.30	0.00	0.00	13,186.30 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in error								
103119G		11/07/20	10/31/20	11/21/20		325.57	0.00	0.00	325.57 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in error								
103119E		11/07/20	10/31/20	11/21/20		27,502.13	0.00	0.00	27,502.13 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in error								
103119H		11/07/20	10/31/20	11/21/20		2,835.88	0.00	0.00	2,835.88 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in error								
103119B		11/07/20	10/31/20	11/21/20		1,973.08	0.00	0.00	1,973.08 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in error								
103119D		11/07/20	10/31/20	11/21/20		314.25	0.00	0.00	314.25 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in error								
103119C		11/07/20	10/31/20	11/21/20		241.76	0.00	0.00	241.76 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in error								
103119J		11/07/20	10/31/20	11/21/20		3,312.06	0.00	0.00	3,312.06 ✓
	TRANSFER Nursing home insurance pymt sent to mmc in error								
1031119I	Transfer ~~SUPPLIES~~ Nursing home insurance pymt sent to mmc in error	11/07/20	10/31/20	11/21/20		529.54	0.00	0.00	529.54 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	62,002.29	0.00	0.00	62,002.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	62,002.29	0.00	0.00	62,002.29

Ck # 183187

11/07/2019
14:25

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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Vendor#	Vendor Name	Class	Pay Code
12908	BROADMOOR DACA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110719		11/07/20	11/07/20	11/21/20			100.00	0.00	0.00	100.00
	OPENING DEPOSIT ACCT 217									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12908	BROADMOOR DACA	100.00	0.00	0.00	100.00

Report Summary

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

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CK# 183185

11/07/2019
14:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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Vendor#	Vendor Name	Class	Pay Code
12916	ASHFORD DACA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110719		11/07/20	11/07/20	11/21/20			100.00	0.00	0.00	100.00
	OPENING DEPOSIT ACCT 217									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12916	ASHFORD DACA	100.00	0.00	0.00	100.00

Report Summary

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

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CK # 183184

11/07/2019
14:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

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Vendor#	Vendor Name	Class	Pay Code
12912	SOLERA DACA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110719		11/07/20	11/07/20	11/21/20			100.00	0.00	0.00	100.00
	OPENING DEPOSIT ACCT 217									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12912	SOLERA DACA	100.00	0.00	0.00	100.00

Report Summary

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

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ON
NOV 08 2019
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CALHOUN COUNTY, TEXAS

CK# 183189

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/11/2019

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		135,743.66 ✓	123,873.27 ✓	33,802.16 ✓		-	45,672.55 ✓	12,589.96
						Bank Balance	45,672.55	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment		
						MMC Portion QIPP 1	21,212.19 ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	42.40 ✓	
						November Interest		
						December Interest		
					Not Yet Cleared-Reclaim Misidentified Deposit		11,728.00 ✓	
						Adjust Balance/Transfer Amt	12,589.96 ✓	
Broadmoor		88,358.54 ✓	88,210.23 ✓	21,249.65 ✓		-	21,397.96 ✓	13,602.52
						Bank Balance	21,397.96 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment		
						MMC Portion QIPP 1	7,647.12 ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	48.32 ✓	
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	13,602.52 ✓	
Crescent		114,339.81 ✓	114,187.85 ✓	54,265.70 ✓		-	54,417.66 ✓	47,445.89
						Bank Balance	54,417.66	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment		
						MMC Portion QIPP 1	6,819.80 ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	51.97 ✓	
						November Interest		
						December Interest		
							-	
						Adjust Balance/Transfer Amt	47,445.89 ✓	
Fort Bend		117,224.66 ✓	117,102.14 ✓	21,430.13 ✓		-	21,552.65 ✓	12,359.42
						Bank Balance	21,552.65 ✓	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment		
						MMC Portion QIPP 1	9,070.71 ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	22.52 ✓	
						November Interest		
						December Interest		
							-	
						Adjust Balance/Transfer Amt	12,359.42 ✓	
Solera at W Houston		108,677.72 ✓	108,518.34 ✓	66,360.34 ✓			66,519.72 ✓	58,176.57
						Bank Balance	66,519.72 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	8,183.76 ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	59.39 ✓	
						November Interest		
						December Interest		
							-	
						Adjust Balance/Transfer Amt	58,176.57 ✓	
						OTAL TRANSFERS		144,174.36

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA
Acct

12,589.96 +
13,602.52 +
47,445.89 +
12,359.42 +
58,176.57 +
144,174.36 *

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

Approved: [signature] CFO
Diane Moore, CFO
11/11/2019

APPROVED ON
NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

J:\NH Weekly Transfers\NH UPL Transfer Summary\2019\November\NH UPL Transfer Summary 11-11-19.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/4/2019	CIGNA HCCLAIMPMT 1326436189 91000011859737 TRN*1*191031090045222*1	-	435.85				-	435.85
11/5/2019	AMERIGROUP CORPO E-PAYMENT EE51936856 111000 ISA*00*	-	21,212.19	21,212.19			21,212.19	-
11/5/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191102150004	-	3,687.38				-	3,687.38
11/6/2019	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	92,641.52	-				-	-
11/6/2019	Amerigroup TX5C HCCLAIMPMT 3112104951 111000 TRN*1*3112104951*17526	-	476.99				-	476.99
11/7/2019	MANAGEANDNET1718 MNS PMNT 000000000000093 41 0246600	-	4,299.75				-	4,299.75
11/8/2019	Check #73	31,231.75	-				-	-
11/8/2019	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2019110615701482	-	3,690.00				-	3,690.00
		123,873.27	33,802.16	21,212.19	-	-	21,212.19	12,589.97

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/4/2019	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*20191101114012	-	700.00				-	700.00
11/5/2019	AMERIGROUP CORPO E-PAYMENT EE51936859 111000 ISA*00*	-	7,647.12	7,647.12			7,647.12	-
11/5/2019	HUMANA INS CO EFPAYMENT 390861 8300005906167 TRN*1*001290046870342	-	7,537.97				-	7,537.97
11/6/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	83,432.86	-				-	-
11/6/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191103120003	-	2,557.50				-	2,557.50
11/7/2019	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0246587	-	1,950.90				-	1,950.90
11/7/2019	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1482169833*141128	-	260.00				-	260.00
11/8/2019	Check #39	4,777.37	-				-	-
11/8/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191107169012	-	596.16				-	596.16
		88,210.23	21,249.65	7,647.12	-	-	7,647.12	13,602.53

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/4/2019	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR45496042*14	-	6,660.00				-	6,660.00
11/4/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191101120003	-	7,843.00				-	7,843.00
11/4/2019	CIGNA HCCLAIMPMT 1669860425 91000011859738 TRN*1*191031090045223*1	-	1,023.00				-	1,023.00
11/5/2019	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0246521	-	1,422.00				-	1,422.00
11/5/2019	AMERIGROUP CORPO E-PAYMENT EE51936858 111000 ISA*00*	-	6,819.80	6,819.80			6,819.80	-
11/5/2019	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1481493580*141128	-	5,180.00				-	5,180.00
11/5/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191102127001	-	1,784.10				-	1,784.10
11/6/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	110,672.78	-				-	-
11/6/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191103120002	-	9,116.56				-	9,116.56
11/6/2019	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2019110310900417	-	10,247.50				-	10,247.50
11/7/2019	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0246582	-	545.02				-	545.02
11/8/2019	Check #69	3,515.07	-				-	-
11/8/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191106146011	-	3,199.00				-	3,199.00
11/8/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191107167011	-	425.72				-	425.72
		114,187.85	54,265.70	6,819.80	-	-	6,819.80	47,445.90

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/4/2019	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2019110111400639	-	5,684.50				-	5,684.50
11/5/2019	AMERIGROUP CORPO E-PAYMENT EE51936855 111000 ISA*00*	-	9,070.71	9,070.71			9,070.71	-
11/5/2019	HUMANA INS CO EFPAYMENT 390863 8300005906167 TRN*1*001290046870343	-	471.55				-	471.55
11/6/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	107,112.66	-				-	-
11/8/2019	Check #66	9,989.48	-				-	-
11/8/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191106150004	-	44.50				-	44.50
11/8/2019	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2019110615702125	-	6,048.00				-	6,048.00
11/8/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191107169001	-	22.88				-	22.88
11/8/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*0SD75160173057	-	87.99				-	87.99
		117,102.14	21,430.13	9,070.71	-	-	9,070.71	12,359.42

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/4/2019	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1481096993*141128	-	12,300.00				-	12,300.00
11/5/2019	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0246497	-	6,142.50				-	6,142.50
11/5/2019	AMERIGROUP CORPO E-PAYMENT EE51936857 111000 ISA*00*	-	8,183.76	8,183.76			8,183.76	-
11/5/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191102127000	-	13,100.71				-	13,100.71
11/5/2019	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2019110215000845	-	4,920.00				-	4,920.00
11/6/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	99,523.81	-				-	-
11/6/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191103139004	-	527.38				-	527.38
11/7/2019	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0246577	-	1,090.36				-	1,090.36
11/7/2019	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1482166390*141128	-	10,660.00				-	10,660.00
11/8/2019	Check #68	8,994.53	-				-	-
11/8/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191106146011	-	8,263.13				-	8,263.13
11/8/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*0SD75159149714	-	1,172.50				-	1,172.50
		108,518.34	66,360.34	8,183.76	-	-	8,183.76	58,176.58

	TOTALS	551,891.83	197,107.98	52,933.58	-	-	52,933.58	144,174.40

Quick View

DDA

Data reported as of Nov 11, 2019 8:

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	$45,672.55	$46,783.96	$45,672.55	$73,214.30
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$21,397.96	$83,328.72	$21,397.96	$25,579.17
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$54,417.66	$60,555.66	$54,417.66	$54,308.01
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$66,519.72	$67,976.34	$66,519.72	$66,078.62
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$21,552.65	$21,552.65	$21,552.65	$25,338.76
[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 11/11/2019 at 8:

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/11/2019

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		97,880.69	97,756.66	2,186.48	-	-	2,310.51	NO TRANSFER
						Bank Balance	2,310.51	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment		
						QIPP Comp 1		
						QIPP 2,3,Lapse		
						October Interest	24.04	
						November Interest		
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	2,186.47	

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

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 Moore, CFO 11/11/2019

APPROVED
ON
NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	QIPP YR 1 Adjustment		QIPP TI	NH PORTION
11/6/2019	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	53,646.36	-					-	-
11/7/2019	NOVITAS SOLUTION HCCLAIMPMT 676097 420000170 TRN*1*EFT5369752	-	692.96					-	692.96
11/8/2019	Check #46	44,110.30	-					-	-
11/8/2019	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	1,493.52					-	1,493.52
		97,756.66	2,186.48	-	-	-	-	-	2,186.48

Quick View

DDA — Data reported as of Nov 11, 2019 8:

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	$2,310.51	$2,310.51	$2,310.51	$44,927.29
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
[redacted] -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]			

* indicates re
Page generated on 11/11/2019 at 8:

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/11/2019

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, Victoria Tex		12,374.00	12,273.83	-		-		-	100.17	No Transfer
								Bank Balance	100.17	
								Variance	-	
								Leave in Balance	100.00	
								MMC Portion QIPP 1		
								MMC Portion QIPP 2,3,Lapse	-	
								October Interest	0.04	
								November Interest	-	
								December Interest	-	
								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 Victoria Medical		134.72	-	29,580.27		-		-	29,714.99	29,580.27
								Bank Balance	29,714.99	
								Variance	-	
								Leave in Balance	100.00	
								MMC Portion QIPP 1	-	
								MMC Portion QIPP 2,3,Lapse	-	
								October Interest	34.72	
								November Interest	-	
								December Interest	-	
								Adjust Balance/Transfer Amt	29,580.27	

TOTAL TRANSFERS	29,580.27

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 Moore, CFO 11/11/2019

APPROVED
ON
NOV 12 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
11/8/2019 Check #3	12,273.83	-					-	-
							-	-
	12,273.83	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
11/8/2019 CENTENE CORP HCCLAIMPMT 61000104639443 TRN*1*0905231607*174	-	6,347.14						6,347.14
11/8/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SD758101	-	23,233.13						23,233.13
	-	29,580.27	-	-	-	-	-	29,580.27
	12,273.83	29,580.27	-	-	-	-	-	29,580.27

Quick View

DDA Data reported as of Nov 11, 2019 8:

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]			
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	[redacted]			
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.17	$100.17	$100.17	$12,374.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$29,714.99	$29,714.99	$29,714.99	$134.72

* indicates re
Page generated on 11/11/2019 at 8:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 11/11/19

APPROVED ON NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $21,212.19

CK# 000075

G/L NUMBER: 21000012

EXPLANATION: ASHFORD- To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHA	000075	11/13/19	21,212.19	MMC OPERATING
TOTALS:			21,212.19	

Ashford

APPROVED
ON

NOV 13 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 11/11/19

APPROVED ON NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000040

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

AMOUNT: $7,647.12

G/L NUMBER: 21000009

EXPLANATION: BROADMOOR- To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK	DATE	AMOUNT	PAYEE
NHB	000040	11/13/19	7,647.12	MMC OPERATING Broadmoor
TOTALS:			7,647.12	

APPROVED
ON
NOV 13 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 11/11/19

APPROVED ON NOV 12 2019 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK#000070

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

AMOUNT: $6,819.80

G/L NUMBER: 21000010

EXPLANATION: CRESCENT- To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK	DATE	AMOUNT	PAYEE
NHC	000070	11/13/19	6,819.80	MMC OPERATING
TOTALS:			6,819.80	

Crescent

APPROVED
ON

NOV 13 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 11/11/19

APPROVED ON NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
000067

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

AMOUNT: $9,070.71

G/L NUMBER: 21000008

EXPLANATION: FORT BEND- To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK--CHECK----------				
CODE	NUMBER DATE	AMOUNT	PAYEE	
NHF	000067 11/13/19	9,070.71	MMC OPERATING	Fort Bend
TOTALS:		9,070.71		

APPROVED
ON

NOV 13 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 11/11/19

APPROVED ON NOV 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #000069

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

AMOUNT: $8,183.76

G/L NUMBER: 21000011

EXPLANATION: SOLERA- To transfer funds for Comp 1 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK	CHECK	DATE	AMOUNT	PAYEE
NHS	000069	11/13/19	8,183.76	MMC OPERATING
TOTALS:			8,183.76	

Solem

APPROVED
ON

NOV 13 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ø

RUN DATE:11/12/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:51 CHECK REGISTER GLCKREG
11/12/19 THRU 11/12/19

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

CODE	NUMBER	DATE	AMOUNT		PAYEE
A/P	* 182454	11/12/19	14,482.14	CR	HUNTER PHARMACY SERVICES
A/P	183192	11/12/19	14,482.14		HUNTER PHARMACY SERVICES
TOTALS:			.00		

Stop payment of CK# 182454 (check was not received by vendor) re-issued w/ check # 183192

L0922 HUNTER PHARMACY SERVICES
P O BOX 30573, AUSTIN, TX 78755

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

183192

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
3559	08/31/19	14,482.14			14,482.14
Replaces CK #182454					
CHECK NO. 183192 11/12/19	TOTALS	14,482.14	TOTALS		14,482.14

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

183192

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
3559	08/31/19	14,482.14			14,482.14
CHECK NO. 183192	TOTALS	14,482.14	TOTALS		14,482.14

MEMORIAL
MEDICAL CENTER

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

PROSPERITY BANK
88-2265
1131

183192

10922 183192

DATE 11/12/19 AMOUNT $14,482.14

Fourteen Thousand Four Hundred Eighty-Two Dollars and Fourteen Cents

PAY TO THE ORDER OF
HUNTER PHARMACY SERVICES
P O BOX 30573
AUSTIN, TX 78755

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

Stop Payments

Current Progress 1 Request 2 Review 3 Complete

Request has been accepted as of 11/12/2019.

Stop Payment Details

Company Name COUNTY OF CALHOUN TEXAS
Contact Name RHONDA S. KOKENA
Phone Number (361)553-4619
Memo
Account DDA (MEMORIAL MEDICAL CENTER - OPERATING)

Checks

Check	Date Written	Amount	Written to	Reason	Transaction Number	Action	
182454	09/18/2019	$14,482.14	HUNTER PHARMACY SERVICES	Lost		Stop	☐

Return

* Indicates required fields
Page generated on 11/12/2019 at 10:32 AM CST

IPP Payment to MMC from Nursing Facilities **Commissioner's Court** **11/13/2019**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3, LAPSE	Yr 1 Adjustment Pmt		TOTAL		Date
hford	10000018 - Prosperity	75	MMC -Prosperity Operating #10000001	21000012	21,212.19				21,212.19		11/13/2019
oadmoor	10000019 - Prosperity	40	MMC -Prosperity Operating #10000001	21000009	7,647.12				7,647.12		11/13/2019
escent	10000020 - Prosperity	70	MMC -Prosperity Operating #10000001	21000010	6,819.80				6,819.80		11/13/2019
rt Bend	10000021 - Prosperity	67	MMC -Prosperity Operating #10000001	21000008	9,070.71				9,070.71		11/13/2019
lden Creek	10000023 - Prosperity	47	MMC -Prosperity Operating #10000001	21000013					-		11/13/2019
lera	10000022 - Prosperity	69	MMC -Prosperity Operating #10000001	21000011	8,183.76				8,183.76		11/13/2019
lf Pointe-PP		3	MMC -Prosperity Operating #10000001	21000014					-		11/13/2019
lf Pointe-MM		5	MMC -Prosperity Operating #10000001	21000014					-		
				Total:	52,933.58	-	-	-	52,933.58		

Note:

Approved:
Diane Moore, CFO 11/11/2019

21,212.19 +
8,183.76 +
9,070.71 +
6,819.80 +
7,647.12 +
52,933.58 =

APPROVED
ON
NOV 13 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS No. 75

88-2265
1131

11-13-19

PAY TO THE ORDER OF Memorial Medical Center Operating 21,212.19

Twenty-One Thousand Two Hundred Twelve & 19/100 DOLLARS

PROSPERITY BANK

QIPP 1

County Auditor

County Treasurer

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

87DV No. 69

88-2265
1131

11-13-19

PAY TO THE ORDER OF Memorial Medical Center Operating 8,183.76

Eight Thousand One Hundred Eighty Three 76/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

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 FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP

000067

88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 9,070.71

Date 11-13-19

Nine Thousand Seventy & 71/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 1

County Auditor

County Treasurer

MP

Security features are included. Details on back.

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

000070

88-2265/1131

Date 11-13-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 6,819.80

Six Thousand Eight Hundred Nineteen & 80/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

FOR QIPP 1

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

000040

88-2265/1131

Date 11-13-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 17,647.12

Seven Thousand Six Hundred Forty Seven 12/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

FOR QIPP 1

Security Features Included. Details on back.