MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- November 20, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 343,156.70
TOTAL TRANSFERS BETWEEN FUNDS	$ 1,414,842.98
TOTAL NURSING HOME UPL EXPENSES	$ 609,480.52
TOTAL INTER-GOVERNMENT TRANSFERS	$ 1,435,357.40
GRAND TOTAL DISBURSEMENTS APPROVED November 20, 2019	**$ 3,802,837.60**

APPROVED

NOV 2 0 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 20, 2019

PAYABLES AND PAYROLL			
11/15/2019	Weekly Payables	331,510.31	
11/8/2019	Citibank Credit Card-see attached	962.03	
11/18/2019	McKesson-340B Prescription Expense	4,268.72	
11/18/2019	Amerisource Bergen-340B Prescription Expense	1,676.96	
	Prosperity Electronic Bank Payments		
11/12/2019	Credit Card & Lease Fees	4,693.94	
11/12-11/15/19	Pay Plus-Patient Claims Processing Fee	44.74	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 343,156.70**
TRANSFERS BETWEEN FUNDS-MMC			
11/18/2019	Transfer from Prosperity Private Waiver to Prosperity Operating	1,400,595.98	
TRANSFER BETWEEN FUNDS-NURSING HOMES			
11/15/2019	MMC Operating to The Crescent-to correct insurance deposit error	9,780.00	
11/15/2019	MMC Operating to Golden Creek Healthcare-to correct insurance deposit error	4,467.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 1,414,842.98**
NURSING HOME UPL EXPENSES			
11/19/2019	Nursing Home UPI-Cantex Transfer	570,383.92	
11/19/2019	Nursing Home UPI-Nexion Transfer	9,386.56	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
11/19/2019	Ashford	11,905.77	
11/19/2019	Broadmoor	4,292.10	
11/19/2019	Crescent	3,827.75	
11/19/2019	Fort Bend	5,091.12	
11/19/2019	Solera	4,593.30	
TOTAL NURSING HOME UPL EXPENSES			**$ 609,480.52**
INTER-GOVERNMENT TRANSFERS			
11/18/2019	IGT QIPP Year 3 second half to be paid December 03, 2019	1,435,357.40	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 1,435,357.40**
GRAND TOTAL DISBURSEMENTS APPROVED November 20, 2019			**$ 3,802,837.60**

11/14/2019
11:18

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/27/2019

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Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
139125	SUPPLIES	10/30/20	10/28/20	11/22/20		7.96	0.00	0.00	7.96
139255	SUPPLIES	10/31/20	11/01/20	11/26/20		40.98	0.00	0.00	40.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	48.94	0.00	0.00	48.94

Vendor#	Vendor Name	Class	Pay Code
11234	ADRIANNA GALVAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111219	TRAVEL TO DR. BINZ/MATEY 11/4/19	11/13/20	11/12/20	11/12/20		32.13	0.00	0.00	32.13

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11234	ADRIANNA GALVAN	32.13	0.00	0.00	32.13

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9094624697	OXYGEN	11/11/20	10/30/20	11/24/20		1,640.28	0.00	0.00	1,640.28
9966065539	OXYGEN	11/13/20	10/31/20	11/25/20		703.67	0.00	0.00	703.67
9966065540	OXYGEN	11/13/20	10/31/20	11/25/20		31.74	0.00	0.00	31.74
9966065538	OXYGEN	11/13/20	10/31/20	11/25/20		498.23	0.00	0.00	498.23
9094702076	OXYGEN	11/13/20	10/31/20	11/25/20		2,183.26	0.00	0.00	2,183.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	5,057.18	0.00	0.00	5,057.18

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
9656797393	SUPPLIES	10/31/20	10/28/20	11/27/20		636.00	0.00	0.00	636.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	636.00	0.00	0.00	636.00

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111219	CONTRACT EMPLOYEE (10/28-11/7/19)	11/11/20	11/12/20	11/12/20		2,796.75	0.00	0.00	2,796.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	2,796.75	0.00	0.00	2,796.75

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

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

936928		11/11/20	10/31/20	11/25/20	29.96	0.00	0.00	29.96
WATER								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY			29.96	0.00	0.00	29.96

Vendor#	Vendor Name	Class	Pay Code
A2271	ARTHREX, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
96019108		11/13/20	10/28/20	11/04/20			309.17	0.00	0.00	309.17
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC					309.17	0.00	0.00	309.17

Vendor#	Vendor Name	Class	Pay Code
A2347	ATD-AUSTIN	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110819c		11/08/20	11/08/20	11/08/20			335.00	0.00	0.00	335.00
	HOSPITAL CLINIC PHONEBOC									
110819A		11/08/20	11/08/20	11/08/20			335.00	0.00	0.00	335.00
	CLINIC PHONE BOOK LISTING									
110819B		11/08/20	11/08/20	11/08/20			335.00	0.00	0.00	335.00
	HOSPITAL PHONEBOOK LISTI									
110819		11/08/20	11/08/20	11/08/20			335.00	0.00	0.00	335.00
	PHYSICAL THERAPY PHONE I									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2347	ATD-AUSTIN					1,340.00	0.00	0.00	1,340.00

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
80230687		11/13/20	11/01/20	11/13/20			54.66	0.00	0.00	54.66
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR					54.66	0.00	0.00	54.66

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
11945361		11/11/20	10/26/20	11/20/20			6.93	0.00	0.00	6.93
	LATE FEE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE					6.93	0.00	0.00	6.93

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6007999874		11/13/20	10/30/20	10/31/20			575.80	0.00	0.00	575.80
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE					575.80	0.00	0.00	575.80

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
108049228		10/29/20	10/21/20	11/21/20			48.59	0.00	0.00	48.59
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1266	BECKMAN COULTER CAPITAL					48.59	0.00	0.00	48.59

Vendor#	Vendor Name				Class	Pay Code				
B1220	BECKMAN COULTER INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	108059999		11/11/20	10/28/20	11/22/20		69.80	0.00	0.00	69.80
		SUPPLIES								
	5414510		11/11/20	10/30/20	11/24/20		3,507.27	0.00	0.00	3,507.27
		LEASE / MAINTANCE CONTRA								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				3,577.07	0.00	0.00	3,577.07
Vendor#	Vendor Name				Class	Pay Code				
12600	BIOFIRE DIAGNOSTICS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1280020136		11/13/20	11/05/20	11/07/20		17,712.64	0.00	0.00	17,712.64
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12600	BIOFIRE DIAGNOSTICS LLC				17,712.64	0.00	0.00	17,712.64
Vendor#	Vendor Name				Class	Pay Code				
12740	BUILDING KID STEPS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	OCTOBER2019B		11/08/20	11/07/20	11/07/20		1,187.00	0.00	0.00	1,187.00
		SPEECH THERAPY								
	OCTOBER2019C		11/08/20	11/07/20	11/07/20		287.00	0.00	0.00	287.00
		SPEECH THERAPY								
	OCTOBER2019A		11/08/20	11/07/20	11/07/20		1,200.00	0.00	0.00	1,200.00
		SPEECH THERAPY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12740	BUILDING KID STEPS				2,674.00	0.00	0.00	2,674.00
Vendor#	Vendor Name				Class	Pay Code				
11295	CALHOUN COUNTY INDIGENT ACCOUN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	110719		11/11/20	11/07/20	11/07/20		170.00	0.00	0.00	170.00
		TRANSFER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11295	CALHOUN COUNTY INDIGENT ACCOUN				170.00	0.00	0.00	170.00
Vendor#	Vendor Name				Class	Pay Code				
11029	COASTAL REFRIGERATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5604589		11/11/20	11/05/20	11/05/20		425.60	0.00	0.00	425.60
		ADD REFRIGERANT TO AC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11029	COASTAL REFRIGERATION				425.60	0.00	0.00	425.60
Vendor#	Vendor Name				Class	Pay Code				
10006	CUSTOM MEDICAL SPECIALTIES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	260774 841		11/13/20	10/29/20	11/13/20		649.17	0.00	0.00	649.17
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES				649.17	0.00	0.00	649.17
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

5873550		10/30/20	10/30/20	11/24/20	462.95	0.00	0.00	462.95
	SUPPLIES							
5880180		10/31/20	10/28/20	11/22/20	320.39	0.00	0.00	320.39
	SUPPLIES							
5881770		10/31/20	10/28/20	11/22/20	96.14	0.00	0.00	96.14
	SUPPLIES							
5882190		10/31/20	10/29/20	11/23/20	77.63	0.00	0.00	77.63
	SUPPLIES							
5883100		10/31/20	10/30/20	11/24/20	117.99	0.00	0.00	117.99
	SUPPLIES							
5884380		10/31/20	10/31/20	11/25/20	55.87	0.00	0.00	55.87
	SUPPLIES							
5882191		10/31/20	10/31/20	11/25/20	41.55	0.00	0.00	41.55
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,172.52	0.00	0.00	1,172.52

Vendor# 11011 Vendor Name: DIAMOND HEALTHCARE CORP — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20053229		10/31/20	10/31/20	11/25/20		19,166.67	0.00	0.00	19,166.67
	CPR								
IN20053228		10/31/20	10/31/20	11/25/20		31,144.58	0.00	0.00	31,144.58
	BEV HEALTH								

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

Vendor# 10026 Vendor Name: DONN STRINGO — Class — Pay Code — Mileage calculated incorrectly

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110819		11/11/20	11/08/20	11/08/20	232.54	235.38	0.00	0.00	235.38 232.54
	TRAVEL TX AIM COLLABORATIVE 11/5-11/6/19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10026	DONN STRINGO	232.54 235.38	0.00	0.00	235.38 232.54

Vendor# 11291 Vendor Name: DOWELL PEST CONTROL — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14338		10/31/20	10/31/20	11/25/20		260.00	0.00	0.00	260.00
	REFILL MOSQUITO TRAPS								
14337		10/31/20	10/31/20	11/25/20		105.00	0.00	0.00	105.00
	PEST								
14336		10/31/20	10/31/20	11/25/20		160.00	0.00	0.00	160.00
	REFILL MOSQUITO TRAPS								
14339		10/31/20	10/31/20	11/25/20		505.00	0.00	0.00	505.00
	PEST								

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

Vendor# 11216 Vendor Name: DUTCH OPHTHALMIC USA — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1924529		10/29/20	10/22/20	11/21/20		663.92	0.00	0.00	663.92
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11216	DUTCH OPHTHALMIC USA	663.92	0.00	0.00	663.92

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
38561		11/11/20	11/15/20	11/15/20		40,062.50	0.00	0.00	40,062.50
	ER STAFFING (1-16th)								

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

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2070612		10/31/20	10/29/20	11/23/20		232.00	0.00	0.00	232.00
	SUPPLIES								
2176389		10/31/20	10/30/20	11/24/20		11,695.54	0.00	0.00	11,695.54
	SUPPLIES								
1643274		11/11/20	10/24/20	11/18/20		619.57	0.00	0.00	619.57
	SUPPLIES								
1797154		11/11/20	10/25/20	11/19/20		117.12	0.00	0.00	117.12
	SUPPLIES								
2070610		11/11/20	10/29/20	11/23/20		42.72	0.00	0.00	42.72
	SUPPLIES								
0622900		11/13/20	10/17/20	11/11/20		3,346.82	0.00	0.00	3,346.82
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	16,053.77	0.00	0.00	16,053.77

Vendor#	Vendor Name	Class	Pay Code
12404	GE PRECISION HEALTHCARE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6001425371		10/29/20	10/18/20	11/20/20		-1,107.72	0.00	0.00	-1,107.72
	TERMINATED PROD FULL OR/								
6001425413		10/29/20	10/18/20	11/20/20		-369.24	0.00	0.00	-369.24
	TERMINATED PROD FULL OR/								
6001408669		11/11/20	10/01/20	10/31/20		572.33	0.00	0.00	572.33
	IMAGING CONTRACT								
6001408668		11/11/20	10/01/20	10/31/20		1,651.20	0.00	0.00	1,651.20
	IMAGING CONTRACT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	746.57	0.00	0.00	746.57

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
50449		10/31/20	10/24/20	11/23/20		224.92	0.00	0.00	224.92
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	224.92	0.00	0.00	224.92

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
1756243		10/29/20	10/23/20	11/22/20		817.28	0.00	0.00	817.28
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	817.28	0.00	0.00	817.28

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE EQUIPMENT FINANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100231724	LEASE Interest 316.65	11/11/20	11/07/20	11/07/20		1,797.44	0.00	0.00	1,797.44
100231722	LEASE	11/11/20	11/07/20	11/07/20		7,154.17	0.00	0.00	7,154.17
100231723	LEASE Interest 346.34	11/11/20	11/07/20	11/07/20		3,334.17	0.00	0.00	3,334.17

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE EQUIPMENT FINANCE	12,285.78	0.00	0.00	12,285.78

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT308		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071437		10/31/20	09/28/20	11/25/20		51.50	0.00	0.00	51.50
085420	SUPPLIES	10/31/20	09/30/20	11/25/20		69.06	0.00	0.00	69.06
087812	SUPPLIES	10/31/20	10/01/20	11/25/20		31.01	0.00	0.00	31.01
078951	SUPPLIES	10/31/20	10/01/20	11/25/20		115.90	0.00	0.00	115.90
081105	SUPPLIES	10/31/20	10/02/20	11/25/20		18.16	0.00	0.00	18.16
080795	SUPPLIES	10/31/20	10/02/20	11/25/20		50.17	0.00	0.00	50.17
083368	SUPPLIES	10/31/20	10/03/20	11/25/20		29.56	0.00	0.00	29.56
085720	SUPPLIES	10/31/20	10/04/20	11/25/20		20.82	0.00	0.00	20.82
089287	SUPPLIES	10/31/20	10/05/20	11/25/20		83.49	0.00	0.00	83.49
023894	SUPPLIES	10/31/20	10/06/20	11/25/20		72.95	0.00	0.00	72.95
091862	SUPPLIES	10/31/20	10/06/20	11/25/20		30.78	0.00	0.00	30.78
095419	SUPPLIES	10/31/20	10/07/20	11/25/20		39.10	0.00	0.00	39.10
094404	SUPPLIES	10/31/20	10/07/20	11/25/20		80.86	0.00	0.00	80.86
093640	SUPPLIES	10/31/20	10/07/20	11/25/20		30.44	0.00	0.00	30.44
030669	SUPPLIES	10/31/20	10/07/20	11/25/20		61.86	0.00	0.00	61.86
099855	SUPPLIES	10/31/20	10/09/20	11/25/20		61.74	0.00	0.00	61.74
004547	SUPPLIES	10/31/20	10/09/20	11/25/20		36.70	0.00	0.00	36.70
009015	SUPPLIES	10/31/20	10/12/20	11/25/20		26.75	0.00	0.00	26.75
013611	SUPPLIES	10/31/20	10/14/20	11/25/20		35.00	0.00	0.00	35.00

078910		10/31/20	10/15/20	11/25/20	39.43	0.00	0.00	39.43
	SUPPLIES							
085395		10/31/20	10/17/20	11/25/20	23.18	0.00	0.00	23.18
	SUPPLIES							
026098		10/31/20	10/19/20	11/25/20	52.08	0.00	0.00	52.08
	SUPPLIES							
006597		10/31/20	10/20/20	11/25/20	11.63	0.00	0.00	11.63
	SUPPLIES							
031498		10/31/20	10/21/20	11/25/20	43.78	0.00	0.00	43.78
	SUPPLIES							
773823		10/31/20	10/24/20	11/25/20	21.93	0.00	0.00	21.93
	SUPPLIES							
042276		10/31/20	10/25/20	11/25/20	59.47	0.00	0.00	59.47
	SUPPLIES							
794105		10/31/20	10/26/20	11/25/20	82.00	0.00	0.00	82.00
	SUPPLIES							
0444424		10/31/20	10/26/20	11/25/20	14.08	0.00	0.00	14.08
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	1,293.43	0.00	0.00	1,293.43

Vendor#	Vendor Name	Class	Pay Code
10298	HITACHI MEDICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0143231		10/29/20	10/15/20	11/25/20			8,333.33	0.00	0.00	8,333.33
	SMA FEE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS	8,333.33	0.00	0.00	8,333.33

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9166784		11/13/20	10/31/20	11/13/20			63.38	0.00	0.00	63.38
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	63.38	0.00	0.00	63.38

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3640		11/11/20	10/31/20	11/20/20			14,951.02	0.00	0.00	14,951.02
	PHARM SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,951.02	0.00	0.00	14,951.02

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5268		11/11/20	11/01/20	11/01/20			250.00	0.00	0.00	250.00
	SUPPORT SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION	250.00	0.00	0.00	250.00

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

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

921573799	10/31/20 10/23/20 11/22/20		42.00	0.00	0.00	42.00
SUPPLIES						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	42.00	0.00	0.00	42.00

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
2036572		11/11/20	11/06/20	11/06/20			179.01	0.00	0.00	179.01
	PRO FEES/ UONG Lyft, Uber, Fuel									
2036442		11/11/20	11/06/20	11/06/20			664.83	0.00	0.00	664.83
	PRO FEES/ UONG Rent-a-car & Airfare									
428105		11/11/20	11/06/20	11/06/20			17,437.50	0.00	0.00	17,437.50
	PRO FEES/ UONG 10/23 - 10/25/19 & 10/30 - 10/31/19									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	18,281.34	0.00	0.00	18,281.34

Vendor# 12024 Vendor Name: JAMIE NEYLAND Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110819		11/11/20	11/08/20	11/08/20			69.00	0.00	0.00	69.00
	TRAVEL TX AIM COLLABORAT 11/5-11/6/19									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12024	JAMIE NEYLAND	69.00	0.00	0.00	69.00

Vendor# 10341 Vendor Name: JENISE SVETLIK Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110819		11/11/20	11/08/20	11/08/20			69.00	0.00	0.00	69.00
	TRAVEL TX AIM COLABORATI' 11/5-11/6/19									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10341	JENISE SVETLIK	69.00	0.00	0.00	69.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
111119		11/13/20	11/11/20	11/11/20			1,190.86	0.00	0.00	1,190.86
	PAYROLL DEDUCT									

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

Vendor# 12924 Vendor Name: Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110819		11/11/20	11/08/20	11/08/20			175.00	0.00	0.00	175.00
	PT REFUND									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12924		175.00	0.00	0.00	175.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
74816 74833		11/11/20	11/05/20	11/05/20			163.90	0.00	0.00	163.90
	APPOINTMENT CARDS/PRES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	163.90	0.00	0.00	163.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
68001660	FINANCE CHARGE	11/11/20	10/31/20	11/15/20		3.36	0.00	0.00	3.36

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3.36	0.00	0.00	3.36

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
140962	COLLECTION FEES	10/31/20	10/31/20	11/25/20		1,017.90	0.00	0.00	1,017.90
139784	COLLECTION FEES	11/11/20	09/30/20	10/25/20		657.68	0.00	0.00	657.68
139785	COLLECTION FEES	11/11/20	09/30/20	10/25/20		3,209.71	0.00	0.00	3,209.71

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	4,885.29	0.00	0.00	4,885.29

Vendor# 12928 Vendor Name: MEDICAL IMAGING INNOVATIONS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RMI0045	REPAIR C ARM	11/14/20	08/02/20	08/02/20		1,943.00	0.00	0.00	1,943.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12928	MEDICAL IMAGING INNOVATIONS	1,943.00	0.00	0.00	1,943.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11366315	INDIGENT CARE	11/14/20	11/14/20	11/14/20		184.82	0.00	0.00	184.82

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	184.82	0.00	0.00	184.82

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1891389621	SUPPLIES	10/31/20	10/29/20	11/23/20		761.02	0.00	0.00	761.02
1891389627	SUPPLIES	10/31/20	10/29/20	11/23/20		3,722.94	0.00	0.00	3,722.94
1891389614	SUPPLIES	10/31/20	10/29/20	11/23/20		36.81	0.00	0.00	36.81
1891389619	SUPPLIES	10/31/20	10/29/20	11/23/20		978.94	0.00	0.00	978.94

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	5,499.71	0.00	0.00	5,499.71

Vendor# 12836 Vendor Name: MELISSA MCKISSACK Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11/06/19	TRAVEL TO COUNTY/BANK (10/28-11/6/19)	11/11/20	10/30/20			7.25	0.00	0.00	7.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12836	MELISSA MCKISSACK	7.25	0.00	0.00	7.25

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
111119		11/13/20	11/11/20	11/11/20		170.00	0.00	0.00	170.00
	PAYROLL DEDUCT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	170.00	0.00	0.00	170.00

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
7013629463		09/30/20	08/28/20	11/26/20		3,016.60	0.00	0.00	3,016.60
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	3,016.60	0.00	0.00	3,016.60

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
0087		11/11/20	10/31/20	11/10/20		-81.12	0.00	0.00	-81.12
	CREDIT								
0250		11/11/20	10/31/20	11/10/20		-5.54	0.00	0.00	-5.54
	CREDIT								
CM19074		11/11/20	11/01/20	11/11/20		-238.75	0.00	0.00	-238.75
	CREDIT								
CM19073		11/11/20	11/01/20	11/11/20		-420.74	0.00	0.00	-420.74
	CREDIT								
4869720		11/11/20	11/04/20	11/14/20		2,851.54	0.00	0.00	2,851.54
	INVENTORY								
4869721		11/11/20	11/04/20	11/14/20		144.17	0.00	0.00	144.17
	INVENTORY								
4869719		11/11/20	11/04/20	11/14/20		16.73	0.00	0.00	16.73
	INVENTORY								
4869717		11/11/20	11/04/20	11/14/20		19.30	0.00	0.00	19.30
	INVENTORY								
4869718		11/11/20	11/04/20	11/14/20		1,030.92	0.00	0.00	1,030.92
	INVENTORY								
4873100		11/11/20	11/05/20	11/15/20		76.63	0.00	0.00	76.63
	INVENTORY								
4875243		11/11/20	11/05/20	11/15/20		78.68	0.00	0.00	78.68
	INVENTORY								
4875242		11/11/20	11/05/20	11/15/20		93.74	0.00	0.00	93.74
	INVENTORY								
4875241		11/11/20	11/05/20	11/15/20		2,131.90	0.00	0.00	2,131.90
	INVENTORY								
4873099		11/11/20	11/05/20	11/15/20		102.43	0.00	0.00	102.43
	INVENTORY								
4878296		11/11/20	11/06/20	11/16/20		46.71	0.00	0.00	46.71
	INVENTORY								
4880509		11/11/20	11/06/20	11/16/20		14.72	0.00	0.00	14.72
	INVENTORY								
4880122		11/11/20	11/06/20	11/16/20		162.22	0.00	0.00	162.22
	INVENTORY								
4879460		11/11/20	11/06/20	11/16/20		210.38	0.00	0.00	210.38
	INVENTORY								

4878297	11/11/20 11/06/20 11/16/20	23.35	0.00	0.00	23.35		
INVENTORY							
4880507	11/11/20 11/06/20 11/16/20	20.56	0.00	0.00	20.56		
INVENTORY							
4880508	11/11/20 11/06/20 11/16/20	1,790.62	0.00	0.00	1,790.62		
INVENTORY							
4879461	11/11/20 11/06/20 11/16/20	0.10	0.00	0.00	0.10		
INVENTORY							
4885620	11/11/20 11/07/20 11/17/20	52.76	0.00	0.00	52.76		
INVENTORY							
4885618	11/11/20 11/07/20 11/17/20	404.56	0.00	0.00	404.56		
INVENTORY							
4883285	11/11/20 11/07/20 11/17/20	259.10	0.00	0.00	259.10		
INVENTORY							
4885619	11/11/20 11/07/20 11/17/20	458.14	0.00	0.00	458.14		
INVENTORY							
4883286	11/11/20 11/07/20 11/17/20	19.83	0.00	0.00	19.83		
INVENTORY							
4889026	11/11/20 11/08/20 11/18/20	2,673.21	0.00	0.00	2,673.21		
INVENTORY							
4889027	11/11/20 11/08/20 11/18/20	156.09	0.00	0.00	156.09		
INVENTORY							
4889025	11/11/20 11/08/20 11/18/20	50.34	0.00	0.00	50.34		
INVENTORY							
4896272	11/11/20 11/11/20 11/21/20	292.00	0.00	0.00	292.00		
INVENTORY							
4893835	11/11/20 11/11/20 11/21/20	223.69	0.00	0.00	223.69		
INVENTORY							
4896271	11/11/20 11/11/20 11/21/20	529.39	0.00	0.00	529.39		
INVENTORY							
48936632	11/11/20 11/11/20 11/21/20	264.62	0.00	0.00	264.62		
INVENTORY							
4896270	11/11/20 11/11/20 11/21/20	583.33	0.00	0.00	583.33		
INVENTORY							
4893638	11/11/20 11/11/20 11/21/20	131.10	0.00	0.00	131.10		
INVENTORY							
4895377	11/11/20 11/11/20 11/21/20	62.88	0.00	0.00	62.88		
INVENTORY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	14,229.59	0.00	0.00	14,229.59

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
0142859IN	SUPPLIES	10/31/20	10/24/20	11/24/20			243.43	0.00	0.00	243.43

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N1800	NURSES CHOICE CORPORATION	243.43	0.00	0.00	243.43

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
98342743		10/31/20	10/28/20	11/22/20			108.58	0.00	0.00	108.58

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	108.58	0.00	0.00	108.58

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111219		11/11/20	11/12/20	11/12/20		1,965.00	0.00	0.00	1,965.00

CONTRACT EMPLOYEE (10/24 - 11/11/19)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,965.00	0.00	0.00	1,965.00

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
33056766		11/11/20	11/08/20	10/31/20		187.50	0.00	0.00	187.50

AD

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

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A58055		11/08/20	11/05/20	11/15/20		26.48	0.00	0.00	26.48

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	26.48	0.00	0.00	26.48

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4680714		10/29/20	10/22/20	11/21/20		221.42	0.00	0.00	221.42
	SUPPLIES								
4686618		10/31/20	10/28/20	11/27/20		27.21	0.00	0.00	27.21

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	248.63	0.00	0.00	248.63

Vendor#	Vendor Name	Class	Pay Code
11137	REALITY MEDICAL IMAGING OF TX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19R1611		11/13/20	11/04/20	11/04/20		2,817.50	0.00	0.00	2,817.50

QRTRLY PAYMENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11137	REALITY MEDICAL IMAGING OF TX	2,817.50	0.00	0.00	2,817.50

Vendor#	Vendor Name	Class	Pay Code
11024	REED, CLAYMON, MEEKER & HARGET		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
17719		11/14/20	10/08/20	10/08/20		364.50	0.00	0.00	364.50

LEGAL FEES – QIPP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	364.50	0.00	0.00	364.50

Vendor#	Vendor Name	Class	Pay Code
G0425	ROBERTS, ODEFEY, WITTE & WALL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
69		11/11/20	11/11/20	11/21/20		684.75	0.00	0.00	684.75

CONTRACTS

	171	11/11/20 11/11/20 11/21/20		11,503.25	0.00	0.00	11,503.25
	MISC LEGAL SERVICES- charges for county questions in regards to MMC						
	Vendor Totals Number Name			Gross	Discount	No-Pay	Net
	G0425 ROBERTS, ODEFEY, WITTE & WALL			12,188.00	0.00	0.00	12,188.00
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
	2261	11/11/20 11/01/20 11/26/20		235.00	0.00	0.00	235.00
	WASTE SERVICE						
	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			
S1001	SANOFI PASTEUR INC		W				
	Invoice# Comment	Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net
	912844876	09/18/20 08/28/20 11/26/20		315.76	0.00	0.00	315.76
	INVENTORY						
	Vendor Totals Number Name			Gross	Discount	No-Pay	Net
	S1001 SANOFI PASTEUR INC			315.76	0.00	0.00	315.76
Vendor#	Vendor Name		Class	Pay Code			
11360	SCRUBS ON WHEELS						
	Invoice# Comment	Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net
	100119	11/11/20 10/01/20 10/01/20		5,039.51	0.00	0.00	5,039.51
	SCRUB SALE						
	Vendor Totals Number Name			Gross	Discount	No-Pay	Net
	11360 SCRUBS ON WHEELS			5,039.51	0.00	0.00	5,039.51
Vendor#	Vendor Name		Class	Pay Code			
S1405	SERVICE SUPPLY OF VICTORIA INC		W				
	Invoice# Comment	Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net
	701035680	11/11/20 10/31/20 11/20/20		4.61	0.00	0.00	4.61
	SUPPLIES						
	701036455	11/11/20 11/07/20 11/20/20		128.84	0.00	0.00	128.84
	SUPPLIES						
	Vendor Totals Number Name			Gross	Discount	No-Pay	Net
	S1405 SERVICE SUPPLY OF VICTORIA INC			133.45	0.00	0.00	133.45
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
	18770	11/08/20 11/07/20 11/22/20		108.03	0.00	0.00	108.03
	SUPPLIES						
	Vendor Totals Number Name			Gross	Discount	No-Pay	Net
	S1800 SHERWIN WILLIAMS			108.03	0.00	0.00	108.03
Vendor#	Vendor Name		Class	Pay Code			
S1850	SHIP SHUTTLE TAXI SERVICE		W				
	Invoice# Comment	Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net
	848999	11/11/20 11/05/20 11/05/20		6.00	0.00	0.00	6.00
	TRANSFER PT						
	848903	11/13/20 11/12/20 11/12/20		6.00	0.00	0.00	6.00
	TRANSFER PT						
	Vendor Totals Number Name			Gross	Discount	No-Pay	Net
	S1850 SHIP SHUTTLE TAXI SERVICE			12.00	0.00	0.00	12.00
Vendor#	Vendor Name		Class	Pay Code			

K0536 SHIRLEY KARNEI

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111219		11/11/20	11/12/20	11/12/20		285.78	0.00	0.00	285.78
	CONTRACT EMPLOYEE (10/14 - 10/16/19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	285.78	0.00	0.00	285.78

Vendor# 12848 Vendor Name: SKILLGIGS INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21558		10/29/20	10/23/20	11/22/20		2,327.85	0.00	0.00	2,327.85
	ICU NURSE DEE ROWE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12848	SKILLGIGS INC.	2,327.85	0.00	0.00	2,327.85

Vendor# 11296 Vendor Name: SOUTH TEXAS BLOOD & TISSUE CEN Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
I07002613		11/11/20	10/31/20	11/25/20		8,896.00	0.00	0.00	8,896.00
	BLOOD								
CM905		11/11/20	10/31/20	11/25/20		-2,830.00	0.00	0.00	-2,830.00
	CREDIT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	6,066.00	0.00	0.00	6,066.00

Vendor# 10735 Vendor Name: STRYKER SUSTAINABILITY Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3784654		10/31/20	10/28/20	11/27/20		-56.00	0.00	0.00	-56.00
	CREDIT								
3785952		10/31/20	10/29/20	11/20/20		544.86	0.00	0.00	544.86
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	488.86	0.00	0.00	488.86

Vendor# T2539 Vendor Name: T-SYSTEM, INC Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
205EV53474		10/29/20	10/22/20	11/21/20		2,000.00	0.00	0.00	2,000.00
	ORU/EDIE INFO								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	2,000.00	0.00	0.00	2,000.00

Vendor# 11171 Vendor Name: TRI-TECH FORENSICS, INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
203970		11/11/20	10/30/20	11/24/20		117.65	0.00	0.00	117.65
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11171	TRI-TECH FORENSICS, INC.	117.65	0.00	0.00	117.65

Vendor# 11067 Vendor Name: TRIZETTO PROVIDER SOLUTIONS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35FK111900		11/11/20	11/01/20	11/26/20		2,097.79	0.00	0.00	2,097.79

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	2,097.79	0.00	0.00	2,097.79

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
8400314746	LAUNDRY	10/29/20	10/28/20	11/22/20		1,287.07	0.00	0.00	1,287.07
8400314715	LAUNDRY	10/29/20	10/28/20	11/22/20		65.71	0.00	0.00	65.71
8400314714	LAUNDRY	10/29/20	10/28/20	11/22/20		47.15	0.00	0.00	47.15
8400315114	LAUNDRY	10/31/20	10/31/20	11/25/20		134.49	0.00	0.00	134.49
8400315074	LAUNDRY	10/31/20	10/31/20	11/25/20		83.14	0.00	0.00	83.14
8400315088	LAUNDRY	10/31/20	10/31/20	11/25/20		1,191.46	0.00	0.00	1,191.46
8400315056	LAUNDRY	10/31/20	10/31/20	11/25/20		175.83	0.00	0.00	175.83
8400315051	LAUNDRY	10/31/20	10/31/20	11/25/20		18.62	0.00	0.00	18.62
8400315053	LAUNDRY	10/31/20	10/31/20	11/25/20		120.39	0.00	0.00	120.39
8400315055	LAUNDRY	10/31/20	10/31/20	11/25/20		186.53	0.00	0.00	186.53

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,310.39	0.00	0.00	3,310.39

Vendor#	Vendor Name	Class	Pay Code
V1058	VICTORIA ANESTHESIOLOGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110619	ANESTHESA -shortfall for current month	11/11/20	11/06/20	11/06/20		42,303.90	0.00	0.00	42,303.90

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY	42,303.90	0.00	0.00	42,303.90

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111119	PAYROLL DEDUCT	11/13/20	11/11/20	11/11/20		3,390.67	0.00	0.00	3,390.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	3,390.67	0.00	0.00	3,390.67

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
127253	SHIRTS	10/29/20	10/22/20	11/21/20		899.61	0.00	0.00	899.61
127251	SHIRT ORDER	10/29/20	10/22/20	11/21/20		38.50	0.00	0.00	38.50
127248	SHIRT	10/29/20	10/22/20	11/21/20		36.30	0.00	0.00	36.30
127247	MMC BAGS	10/29/20	10/22/20	11/21/20		16.00	0.00	0.00	16.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

W1040	WATERMARK GRAPHICS INC				990.41	0.00	0.00	990.41

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
9110741004	SUPPLIES	10/31/20	10/29/20	11/23/20		217.89	0.00	0.00	217.89
9110741602	SUPPLIES	11/13/20	10/30/20	11/24/20		28.14	0.00	0.00	28.14
9110742138	SUPPLIES	11/13/20	10/31/20	11/25/20		54.07	0.00	0.00	54.07

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	300.10	0.00	0.00	300.10

Vendor#	Vendor Name	Class	Pay Code
11400	WEST COAST MEDICAL RESOURCES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV050619	SUPPLIES	11/13/20	11/04/20	09/27/20		895.00	0.00	0.00	895.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	895.00	0.00	0.00	895.00

Vendor#	Vendor Name	Class	Pay Code
11580	WILLIAM CROWLEY III, DO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110719	COVERED OB SERVICES 4 SC Multi 10/31 - 11/6/19	11/12/20	11/07/20	11/07/20		8,375.00	0.00	0.00	8,375.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11580	WILLIAM CROWLEY III, DO	8,375.00	0.00	0.00	8,375.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	331,513.13	0.00	0.00	331,513.13

Pg 4 correction { <235.38> + 232.56

$331,510.31

331,513.13 +
235.38 -
232.56 +
331,510.31 =

APPROVED ON

NOV 15 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	183275	11/20/19	48.94	ACE HARDWARE 15521
A/P	183276	11/20/19	32.13	ADRIANNA GALVAN
A/P	183277	11/20/19	5,057.18	AIRGAS USA, LLC - CENTRAL DIV
A/P	183278	11/20/19	636.00	ALCON LABORATORIES, INC.
A/P	183279	11/20/19	2,796.75	ALLYSON SWOPE
A/P	183280	11/20/19	29.96	AQUA BEVERAGE COMPANY
A/P	183281	11/20/19	309.17	ARTHREX, INC
A/P	183282	11/20/19	1,340.00	ATD-AUSTIN
A/P	183283	11/20/19	54.66	BARD PERIPHERAL VASCULAR
A/P	183284	11/20/19	6.93	BAXTER HEALTHCARE
A/P	183285	11/20/19	575.80	BAYER HEALTHCARE
A/P	183286	11/20/19	48.59	BECKMAN COULTER CAPITAL
A/P	183287	11/20/19	3,577.07	BECKMAN COULTER INC
A/P	183288	11/20/19	17,712.64	BIOFIRE DIAGNOSTICS LLC
A/P	183289	11/20/19	2,674.00	BUILDING KID STEPS
A/P	183290	11/20/19	170.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	183291	11/20/19	425.60	COASTAL REFRIGERATION
A/P	183292	11/20/19	649.17	CUSTOM MEDICAL SPECIALTIES
A/P	183293	11/20/19	1,172.52	DEWITT POTH & SON
A/P	183294	11/20/19	50,311.25	DIAMOND HEALTHCARE CORP
A/P	183295	11/20/19	232.56	DONN STRINGO
A/P	183296	11/20/19	1,030.00	DOWELL PEST CONTROL
A/P	183297	11/20/19	663.92	DUTCH OPHTHALMIC USA
A/P	183298	11/20/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	183299	11/20/19	16,053.77	FISHER HEALTHCARE
A/P	183300	11/20/19	746.57	GE PRECISION HEALTHCARE, LLC
A/P	183301	11/20/19	224.92	GENESIS DIAGNOSTICS
A/P	183302	11/20/19	817.28	GULF COAST PAPER COMPANY
A/P	183303	11/20/19	12,285.78	HEALTHCARE EQUIPMENT FINANCE
A/P	183304	11/20/19	.00	VOIDED
A/P	183305	11/20/19	1,293.43	HEB CREDIT RECEIVABLES DEPT308
A/P	183306	11/20/19	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	183307	11/20/19	63.38	HOLOGIC INC
A/P	183308	11/20/19	14,951.02	HUNTER PHARMACY SERVICES
A/P	183309	11/20/19	250.00	ITERSOURCE CORPORATION
A/P	183310	11/20/19	42.00	J & J HEALTH CARE SYSTEMS, INC
A/P	183311	11/20/19	18,281.34	JACKSON & COKER LOCUM TENENS,
A/P	183312	11/20/19	69.00	JAMIE NEYLAND
A/P	183313	11/20/19	69.00	JENISE SVETLIK
A/P	183314	11/20/19	1,190.86	M G TRUST
A/P	183315	11/20/19	175.00	MARIO RODRIGUEZ
A/P	183316	11/20/19	163.90	MARTIN PRINTING CO
A/P	183317	11/20/19	3.36	MCKESSON MEDICAL SURGICAL INC
A/P	183318	11/20/19	4,885.29	MEDICAL DATA SYSTEMS, INC.
A/P	183319	11/20/19	1,943.00	MEDICAL IMAGING INNOVATIONS
A/P	183320	11/20/19	184.82	MEDIMPACT HEALTHCARE SYS, INC.
A/P	183321	11/20/19	5,499.71	MEDLINE INDUSTRIES INC
A/P	183322	11/20/19	7.25	MELISSA MCKISSACK
A/P	183323	11/20/19	170.00	MEMORIAL MEDICAL CLINIC
A/P	183324	11/20/19	3,016.60	MERCK SHARP & DOHME CORP

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	183325	11/20/19	.00	VOIDED
A/P	183326	11/20/19	.00	VOIDED
A/P	183327	11/20/19	14,229.59	MORRIS & DICKSON CO, LLC
A/P	183328	11/20/19	243.43	NURSES CHOICE CORPORATION
A/P	183329	11/20/19	108.58	OLYMPUS AMERICA INC
A/P	183330	11/20/19	1,965.00	PABLO GARZA
A/P	183331	11/20/19	187.50	PALACIOS BEACON
A/P	183332	11/20/19	26.48	POWER HARDWARE
A/P	183333	11/20/19	248.63	PRECISION DYNAMICS CORP (PDC)
A/P	183334	11/20/19	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P	183335	11/20/19	364.50	REED, CLAYMON, MEEKER & HARGET
A/P	183336	11/20/19	12,188.00	ROBERTS, ODEFEY, WITTE & WALL
A/P	183337	11/20/19	235.00	RX WASTE SYSTEMS LLC
A/P	183338	11/20/19	315.76	SANOFI PASTEUR INC
A/P	183339	11/20/19	5,039.51	SCRUBS ON WHEELS
A/P	183340	11/20/19	133.45	SERVICE SUPPLY OF VICTORIA INC
A/P	183341	11/20/19	108.03	SHERWIN WILLIAMS
A/P	183342	11/20/19	12.00	SHIP SHUTTLE TAXI SERVICE
A/P	183343	11/20/19	285.78	SHIRLEY KARNEI
A/P	183344	11/20/19	2,327.85	SKILLGIGS INC.
A/P	183345	11/20/19	6,066.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	183346	11/20/19	488.86	STRYKER SUSTAINABILITY
A/P	183347	11/20/19	2,000.00	T-SYSTEM, INC
A/P	183348	11/20/19	117.65	TRI-TECH FORENSICS, INC.
A/P	183349	11/20/19	2,097.79	TRIZETTO PROVIDER SOLUTIONS
A/P	183350	11/20/19	3,310.39	UNIFIRST HOLDINGS INC
A/P	183351	11/20/19	42,303.90	VICTORIA ANESTHESIOLOGY
A/P	183352	11/20/19	3,390.67	WAGEWORKS
A/P	183353	11/20/19	990.41	WATERMARK GRAPHICS INC
A/P	183354	11/20/19	300.10	WERFEN USA LLC
A/P	183355	11/20/19	895.00	WEST COAST MEDICAL RESOURCES
A/P	183356	11/20/19	8,375.00	WILLIAM CROWLEY III, DO
A/P	183357	11/20/19	4,467.00	GOLDENCREEK HEALTHCARE
A/P	183358	11/20/19	9,780.00	THE CRESCENT
TOTALS:			345,757.31	

Payables 331,510.31 +
The Crescent 9,780.00 +
goldencreek 4,467.00 +
345,757.31 =

APPROVED
ON

NOV 20 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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0556709000527279900962030096203033

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	11/28/2019	$962.03	$962.03	

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

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

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

CITIBANK CORPORATE CARD

Statement Date
11/03/2019

Payment Date
11/28/2019

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$30,000.00	$29,037.97	$0.00	$0.00

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

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

COMPANY SUMMARY

C0001 CALHOUN COUNTY MMC		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	$2,643.90	- $2,643.90	- $348.90	$1,310.93		$962.03
	Advances						
	TOTAL	$2,643.90	- $2,643.90	- $348.90	$1,310.93		$962.03

Pd. 11-21-2019

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

CARDMEMBER SUMMARY

JASON W ANGLIN		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Advances				$1,310.93		
	TOTAL			- $348.90	$1,310.93		$962.03

COMPANY BOOKKEEPING DETAIL

C0001 CALHOUN COUNTY MMC

Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**
$30,000.00	$0.00	$29,037.97	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
11/01/2019	11/01/2019	75472339305305411000068	PAYMENT THANK YOU	$2,643.90 PY

DAYS IN BILLING PERIOD: 031					
Balance Subject		Purchases	Cash Advances	Payment Due:	$962.03
To Interest Charges	>	$0.00	$0.00	Amount Over Credit Limit:	$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	$962.03

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Company Account Number

Statement Date
11/03/2019

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
10/07/2019	10/08/2019	05134379281600033006092	NPDB NPDB.HRSA.GOV 800-767-6732 VA N65367487	$2.00
10/08/2019	10/08/2019	55432869281200624799215	AMA CREDENTIALING 800-621-8335 IL	$44.00
10/14/2019	10/15/2019	05134379288600030651455	NPDB NPDB.HRSA.GOV 800-767-6732 VA N65475925	$2.00
10/14/2019	10/15/2019	05134379288600030651521	NPDB NPDB.HRSA.GOV 800-767-6732 VA N65475932	$18.00
10/14/2019	10/15/2019	05134379288600030651604	NPDB NPDB.HRSA.GOV 800-767-6732 VA N65476014	$2.00
10/15/2019	10/15/2019	55432869288200264657213	AMA CREDENTIALING 800-621-8335 IL	$44.00
10/15/2019	10/16/2019	55488729288091314000093	TX CII RX PADS 5123058014 TX	$67.38
10/21/2019	10/22/2019	55432869294200839136117	HOTEL 8122479121031 BOOKING WA f69c3c2f726ba2f45	$348.90 CR
10/21/2019	10/22/2019	55432869294200849289609	HOTEL 8139895926113 BOOKING WA 0	$348.90
10/21/2019	10/23/2019	55432869295200060932456	SOUTHWES 5262132999095 800-435-9792 TX SVETLIK/JENISE DEPARTURE: 11-13-19 AUS WN S ABQ WN F AUS	$108.00
10/24/2019	10/25/2019	75418239297081648465841	SMK SURVEYMONKEY.COM 971-2445555 CA 34891728	$384.00
10/25/2019	10/28/2019	55432869298200824492315	MARRIOT DALLAS LAS COL IRVING TX 033893 Arrival: 10-23-19	$288.65
10/29/2019	10/30/2019	05134379303600031293969	NPDB NPDB.HRSA.GOV 800-767-6732 VA N65699482	$2.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$962.03

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Continued on next page

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0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• ••••	11/28/2019	$0.00	$0.00	

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

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

CITIBANK CORPORATE CARD

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

Statement Date
11/03/2019

Payment Date
11/28/2019

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

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

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

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********			**NOTICE MEMO ITEM(S) LISTED BELOW**			**********
10/07/2019	10/08/2019	05134379281600033006092	NPDB NPDB.HRSA.GOV N65367487	800-767-6732	VA	$2.00
10/08/2019	10/08/2019	55432869281200624799215	AMA CREDENTIALING	800-621-8335	IL	$44.00
10/14/2019	10/15/2019	05134379288600030651455	NPDB NPDB.HRSA.GOV N65475925	800-767-6732	VA	$2.00
10/14/2019	10/15/2019	05134379288600030651521	NPDB NPDB.HRSA.GOV N65475932	800-767-6732	VA	$18.00
10/14/2019	10/15/2019	05134379288600030651604	NPDB NPDB.HRSA.GOV N65476014	800-767-6732	VA	$2.00
10/15/2019	10/15/2019	55432869288200264657213	AMA CREDENTIALING	800-621-8335	IL	$44.00
10/15/2019	10/16/2019	55488729288091314000093	TX CII RX PADS	5123058014	TX	$67.38
10/21/2019	10/22/2019	55432869294200839136117	HOTEL 8122479121031 f69c3c2f726ba2f45	BOOKING	WA	$348.90 CR
10/21/2019	10/22/2019	55432869294200849289609	HOTEL 8139895926113 0	BOOKING	WA	$348.90

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

DAYS IN BILLING PERIOD: 031	Purchases	Cash Advances		
Balance Subject To Interest Charges >	$0.00	$0.00	Payment Due:	$0.00
Periodic Rate >	.0000%	.0000%	Amount Over Credit Limit:	$0.00
ANNUAL PERCENTAGE RATE >	0.00%	0.00%	Amount Past Due:	$0.00
			MINIMUM AMOUNT DUE:	$0.00

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

citi

Account Number
**** **** **

Statement Date
11/03/2019

Sale Date	Post Date	Reference Number	Type of Activity		Amount
NOTICE MEMO ITEM(S) LISTED BELOW					
10/21/2019	10/23/2019	55432869295200060932456	SOUTHWES 5262132999095 SVETLIK/JENISE AUS WN S ABQ WN F AUS	800-435-9792 TX DEPARTURE: 11-13-19	$108.00
10/24/2019	10/25/2019	75418239297081648465841	SMK SURVEYMONKEY.COM 34891728	971-2445555 CA	$384.00
10/25/2019	10/28/2019	55432869298200824492315	MARRIOT DALLAS LAS COL 033893	IRVING TX Arrival: 10-23-19	$288.65
10/29/2019	10/30/2019	05134379303600031293969	NPDB NPDB.HRSA.GOV N65699482	800-767-6732 VA	$2.00
**********			TOTAL AMOUNT OF MEMO ITEM(S):		$962.03

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

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

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

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

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NOV 08 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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

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

Vendor Name: Citibank

Date: 11/5/19

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

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

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB x 1 Provider			2.00 ✓
2	—		AMA Credentialing x 1 Dr.			44.00 ✓
3	—		NPDB x 1 Provider			2.00 ✓
4	—		NPDB x 9 Providers –			18.00 ✓
5			Renewal			
6	—		~~AMA~~ NPDB x 1 Provider			2.00 ✓
7	—		AMA Credentialing x 1 Dr			44.00 ✓
8	—		TX CII Rx Pads – Kristi			67.38 ✓
9			Boyd, NP, Hospitalist			
10	—		Hotel – Credit – Jenise Bethlik			-348.90 ✓

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

NOTES: From CSPI conference

Charges made to Jason's M/C

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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

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

Vendor Name: Citibank

Date: 11/5/19

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

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

Line No.		Account Number	Description	Unit Cost	Unit Meas.	Extended Cost
	2.00 +					
	44.00 +					
1	2.00 +		Hotel - Jenise Svetlik - CPSI 11/13-11/15/19			348.90 ✓
	18.00 +		conference			
2	2.00 +		in Taos, NM			
	44.00 +					
3	67.38 +		Southwest - Flight for			108.00 ✓
	348.90 -					
4	348.90 +		Jenise Svetlik - CPSI conf.			
	108.00 +					
5	384.00 +		New Mexico			
	288.65 +					
6	2.00 +		Survey Monkey - Annual			384.00 ✓
7	962.03 *		Plan 10/24/19 - 10/23/20			
8	—	Texas	Marriott Dallas - Las Colinas			288.65 ✓
9		Healthcare	Jason Arglin - BKD Conf. 10/24/19			
		Seminar				
10	—		NPDB x1 Provider			2.00 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST $962.03

NOTES:

Charges made to Jason's M/C

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director

Dir. Nursing

Adm.Dir. Clinical Service

CFO

Administrator

Wire Transfer

DWR-00054378 - COUNTY OF CALHOUN TEXAS (COUNT1923)

PROSPERITY BANK®

Wire Details

Transaction Numbe
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 962.03
Debit Account DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank

Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 11/21/2019

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS
Originator Address 1 202 S ANN STREET
Originator Address 2 SUITE A
Originator Address 3 PORT LAVACA, TX 77979

Beneficiary / Payee Information

Name CBNA INCOMING SETTLEMENT
ACCOUNT **Beneficiary ID Type** Account Number
Beneficiary ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

Name CITIBANK NA
Beneficiary Bank ID Type Fed ABA
Beneficiary Bank ID
Address 1 P O BOX 78025
Address 2
Address 3 PHOENIX, AZ 85062-8025
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment CREDIT CARD PMT

Additional Information For Beneficiary

Status History

Timestamp	Status	Initiator	Description
Nov 21, 2019 10:54:59 AM CST	Created	(RHONDA S. KOKENA)	Wire Created.

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/15/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 11/16/2019

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

As of: 11/15/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/16/2019 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,355.83 USD

Future Due:	0.00			
Past Due:	0.00	If Paid By 11/19/2019, Pay This Amount:	4,268.72 USD	Due If Paid On Time: USD 4,268.72
Last Payment 08/07/2017	2,451.97	If Paid After 11/19/2019, Pay this Amount:	4,355.83 USD	Disc lost if paid late: 87.11
				Due If Paid Late: USD 4,355.83

Ck# 500047

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NOV 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

7.59 +
743.76 +
58.57 +
2,887.79 +
515.60 +
55.41 +
4,268.72 *

McKESSON

STATEMENT

Company: 8000

As of: 11/15/2019

Page: 001

DC: 8115

Territory: 400

Customer: 835434
Date: 11/16/2019

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/15/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 11/16/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
11/14/2019	11/19/2019	7167288136	597862	115Invoice	0.15	7.74		7.59	✓	7167288136	

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

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

Subtotals: 7.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,834.00
10/21/2019

If Paid By 11/19/2019, Pay This Amount: 7.59 USD

If Paid After 11/19/2019, Pay this Amount: 7.74 USD

Due If Paid On Time:
USD 7.59
Disc lost if paid late: 0.15

Due If Paid Late:
USD 7.74

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ON
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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: 11/15/2019

DC: 8115

Territory: 81

Customer: 464450
Date: 11/16/2019

Page: 001

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

As of: 11/15/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 11/16/2019 **ITEMS NOT PAID (✔)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
1/12/2019	11/19/2019	7166790692	55x588716	115Invoice	7.98	399.20		391.22 ✓		7166790692	
1/14/2019	11/19/2019	7167295499	55x592574	115Invoice	6.67	333.46		326.79 ✓		7167295499	
1/15/2019	11/19/2019	7167519612	55x594647	115Invoice	0.53	26.28		25.75 ✓		7167519612	

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: 758.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,534.31
1/11/2019

If Paid By 11/19/2019, Pay This Amount: 743.76 USD

If Paid After 11/19/2019, Pay this Amount: 758.94 USD

Due If Paid On Time:
USD 743.76

Disc lost if paid late: 15.18

Due If Paid Late:
USD 758.94

ovd CFO

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NOV 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/15/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 11/16/2019

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

As of: 11/15/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 11/16/2019 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
1/13/2019	11/19/2019	7167046116	2017010572	115Invoice	0.80	40.21		39.41	✓	7167046116	
1/15/2019	11/19/2019	7167524158	2017010619	115Invoice	0.39	19.55		19.16	✓	7167524158	

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

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

Subtotals: 59.76 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,534.31
1/11/2019

If Paid By 11/19/2019,
Pay This Amount: 58.57 USD

If Paid After 11/19/2019,
Pay this Amount: 59.76 USD

Due If Paid On Time:
USD 58.57

Disc lost if paid late: 1.19

Due If Paid Late:
USD 59.76

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ON
NOV 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/15/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/16/2019

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

As of: 11/15/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 11/16/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
1/11/2019	11/19/2019	7166547244	1517223422	115Invoice	1.84	91.88		90.04	✓	7166547244	
1/11/2019	11/19/2019	7166724770	000011082019as	115Invoice	0.02	0.95		0.93	✓	7166724770	
1/12/2019	11/19/2019	7166794076	1517227652	115Invoice	0.03	1.27		1.24	✓	7166794076	
1/12/2019	11/19/2019	7166813476	1111190504-00	115Invoice	4.63	231.59		226.96	✓	7166813476	
1/12/2019	11/19/2019	7166940333	772304101	195Invoice	0.01	0.32		0.31	✓	7166940333	
1/12/2019	11/19/2019	7166992452	000011112019as	115Invoice	5.58	278.85		273.27	✓	7166992452	
1/13/2019	11/19/2019	7167183660	772578760	195Invoice	6.11	305.64		299.53	✓	7167183660	
1/13/2019	11/19/2019	7167241002	000011122019AS	115Invoice	5.62	281.15		275.53	✓	7167241002	
1/14/2019	11/19/2019	7167284736	4567258692	115Invoice	3.72	185.90		182.18	✓	7167284736	
1/14/2019	11/19/2019	7167297102	1113190502-00	115Invoice	4.58	229.16		224.58	✓	7167297102	
1/15/2019	11/19/2019	7167547732	5617261338	115Invoice	15.76	788.12		772.36	✓	7167547732	
1/15/2019	11/19/2019	7167547733	1114190502-00	115Invoice	5.75	287.72		281.97	✓	7167547733	
1/15/2019	11/19/2019	7167656580	773107262	195Invoice	1.57	78.28		76.71	✓	7167656580	
1/15/2019	11/19/2019	7167709548	000011142019as	115Invoice	3.72	185.90		182.18	✓	7167709548	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,946.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,534.31
1/11/2019

If Paid By 11/19/2019, Pay This Amount: 2,887.79 USD

If Paid After 11/19/2019, Pay this Amount: 2,946.73 USD

Due If Paid On Time: USD 2,887.79 ✓

Disc lost if paid late: 58.94

Due If Paid Late: USD 2,946.73

APPROVED ON
NOV 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/15/2019

Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 11/16/2019

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: 11/15/2019
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 11/16/2019

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											
1/14/2019	11/19/2019	7167457787	598560	115Invoice	10.52	526.12		515.60	✓	7167457787	

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

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

Subtotals: 526.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,534.31
1/11/2019

If Paid By 11/19/2019, Pay This Amount: 515.60 USD

If Paid After 11/19/2019, Pay this Amount: 526.12 USD

Due If Paid On Time: USD 515.60

Disc lost if paid late: 10.52

Due If Paid Late: USD 526.12

owe 10

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ON
NOV 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/15/2019

DC: 8115

Territory: 400

Customer: 262252
Date: 11/16/2019

Page: 001

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

As of: 11/15/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 11/16/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
1/14/2019	11/19/2019	7167302371	598086	115Invoice	0.92	45.94		45.02 ✓		7167302371	
1/14/2019	11/19/2019	7167302372	598086	115Invoice	0.21	10.60		10.39 ✓		7167302372	

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: 56.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,534.31
1/11/2019

If Paid By 11/19/2019, Pay This Amount: 55.41 USD

If Paid After 11/19/2019, Pay this Amount: 56.54 USD

Due If Paid On Time:
USD 55.41 ✓

Disc lost if paid late: 1.13

Due If Paid Late:
USD 56.54

ad Fo

APPROVED
ON
NOV 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58587547 Date: 11-15-2019

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:	1,676.96
Past Due:	0.00
Total Due:	1,676.96
Account Balance:	1,676.96

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
11-11-2019	11-22-2019	3029868690	152163	Invoice	757.25
11-11-2019	11-22-2019	3029868691	152167	Invoice	52.99
11-11-2019	11-22-2019	3029927249	152215	Invoice	85.54
11-12-2019	11-22-2019	3029971986	152228	Invoice	97.48
11-13-2019	11-22-2019	3030026358	152244	Invoice	11.74
11-14-2019	11-22-2019	3030082064	152339	Invoice	232.01
11-15-2019	11-22-2019	3030142695	152348	Invoice	439.95

Thank You for Your Payment

Date	Payment Number	Amount
11-15-2019		(1,414.74)

Reminders

Due Date	Amount
11-22-2019	1,676.96
Total Due:	1,676.96

Terms:
Monday - Friday due in 7 days

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ON
NOV 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck# 500048

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --November 11 , 2019 - November 17, 2019

Date	Bank Description	MMC Notes	Amount	CPSI
11/12/2019	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110 41399801368397	- Credit Card Processing Fee	695.53	
11/12/2019	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110 41399801332393	- Credit Card Processing Fee	2,317.96	
11/12/2019	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110 41399801332385	- Credit Card Processing Fee	124.88	
11/12/2019	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110 41399801332401	- Credit Card Processing Fee	700.31	
11/12/2019	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110 41399801332419	- Credit Card Processing Fee	104.97	
11/12/2019	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110 39300982589946	- Credit Card Processing Fee	129.00	
11/12/2019	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110 39300982541616	- Credit Card Processing Fee	621.29	
11/12/2019	PAY PLUS ACHTRANS 452579291 101000697897887	- 3rd Party Payor Fee	1.99	
11/12/2019	MCKESSON DRUG AUTO ACH ACH03983092 910000186	- 340B Drug Program Expense	6,534.31	*
11/13/2019	PAY PLUS ACHTRANS 452579291 101000699071291	- 3rd Party Payor Fee	0.41	
11/14/2019	PAY PLUS ACHTRANS 452579291 101000690038686	- 3rd Party Payor Fee	14.65	
11/15/2019	PAY PLUS ACHTRANS 452579291 101000690766208	- 3rd Party Payor Fee	27.69	
11/15/2019	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,414.74	*
11/15/2019	TEXAS COUNTY DRS RECEIVABLE 0419 21000026331	- Retirement Funding	141,140.03	**
11/15/2019	TEXAS COUNTY DRS RECEIVABLE 0419 21000026331	-Employer contribution adjustments 2017-2018	4,367.25	***
11/15/2019	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	304,303.43	*
			462,498.44	

CFO

Diane Moore, CFO
Memorial Medical Center

November 18, 2019

* Approved on 11/13/19 cc
** Approved for 141,142.24 on 11/13/19 cc
*** Approved for 4,367.26 on 11/13/19 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
12/3/2019	ACH Payment STATE COMTRLR TEXNET	-QIPP Year 3 second half	1,435,357.40
			1,435,357.40

CFO

Diane Moore, CFO
Memorial Medical Center

November 18, 2019

695.53
2,317.96
Credit 124.88
Card 700.31
Processing 104.97
Fees 129.00
621.29
4,693.94

1.99
Pay 0.41
Plus 14.65
27.69
44.74

4,693.94
44.74
4,738.68

462,498.44
6,534.31
1,414.74
141,140.03
4,367.25
141,140.03
141,140.03
304,303.43
4,738.68

4,738.68
4,738.68
0.00

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: **Location**

Transaction Complete

Trace #:

Payment Total	$1,435,357.40
Settlement Date	12/03/2019
PAYMENT DETAIL	
QIPP Amount	$1,435,357.40

Return to Menu | Logoff

Help

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

Revised:01/09/13 (483)

HHSC appreciates the commitment of the non-state government-owned (NSGO) entities to being active participants in the Year 3 QIPP program and we look forward to our continued collaboration to make a positive difference in the lives of the people we serve. The first half of the State Fiscal Year 2020 program was fully funded thanks to your dedication and continued support of the program as we hope to continue the year with this same momentum.

Attached is a spreadsheet with the suggested intergovernmental transfer (IGT) amounts needed to fully fund the second half of the Quality Incentive Payment Program (QIPP) Year 3 which runs from March 2020 through August 2020.

The current suggested IGT amounts attached here have been updated from the suggested IGT amounts provided on April 25, 2019 to reflect changes amongst the NSGO facilities as well as the final IGT declarations from each governmental entity.

The final suggested IGT amounts reflect the following for QIPP Year 3:

In accordance to 1 TAC §353.1302 (f)(3) "Sponsoring governmental entities will transfer the first half of the IGT amount by a date determined by HHSC. The second half of the IGT amount will be transferred by a date determined by HHSC. The IGT deadlines and all associated dates will be published on the HHSC QIPP webpage by January 15 of each year."

The IGT must be entered into TexNet no later than close of business December 2, 2019 with a settlement date of December 3, 2019. This due date is non-negotiable. The funds need to be placed in the "**QIPP**" Bucket. The amount that needs to be entered into TexNet is on the tab named "December 2019 Final IGT Request" in column D of the attached spreadsheet. The IGT will be processed at that time and there will be no further revisions or redistributions of IGT suggestions should the aggregate IGT amount not fully utilize the available pool. Please ensure you double check the number while entering to prevent any issues.

After the IGT amount is entered into TexNet, please send via email a screen shot or PDF of the confirmation/trace sheet (or email the confirmation number if the TexNet is submitted over the phone) to RAD_QIPP_Payments@hhsc.state.tx.us. Instructions for using TexNet for HHSC programs are attached as a PDF document. If you are new to TexNet or have questions, please reach out as-soon-as possible to ensure the process goes as smooth as possible.

TexNet Website: https://comptroller.texas.gov/programs/systems/texnet.php

Important Date:

December 2, 2019 - Enter IGT amount into TexNet with a settlement date of December 3, 2019, and send trace sheet to RAD_QIPP_Payments@hhsc.state.tx.us

Facility Identification Number (Text)	Provider Name	HSEQ Provider Name	Total Dec IGT Request
	FORT BEND HEALTHCARE CENTER	MEMORIAL MEDICAL CENTER	$ 169,210.31
	ASHFORD GARDENS	MEMORIAL MEDICAL CENTER	$ 414,787.81
	GULF POINTE PLAZA	MEMORIAL MEDICAL CENTER	$ 163,722.94
	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	MEMORIAL MEDICAL CENTER	$ 269,904.42
	SOLERA AT WEST HOUSTON	MEMORIAL MEDICAL CENTER	$ 146,486.76
	THE CRESCENT	MEMORIAL MEDICAL CENTER	$ 121,966.33
	THE BROADMOOR AT CREEKSIDE PARK	MEMORIAL MEDICAL CENTER	$ 149,278.83
			$ 1,435,357.40

MEMORIAL MEDICAL CENTER

Transfer Request

PAYEE: Memorial Medical Center Operating

Date Requested: 11/18/19

APPROVED ON NOV 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $1,400,595.98

G/L NUMBER: 10000004

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

Account Transfer

ATR-00053375 - COUNTY OF CALHOUN TEXAS (COUNT1923)

PROSPERITY BANK®

Account Transfer Details

Transaction Number
Recurring Frequency One-Time Payment
Company Name COUNTY OF CALHOUN TEXAS (COUNT1923)
Contact Name RHONDA S. KOKENA (CalCo9275)
Notify Initiator Options Pending Actions: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Creation Date Nov 20, 2019 2:55 PM CST
Transfer Date 11/20/2019

Transfer Date	Transfer From Account	Transfer To Account	Status	Amount	Memo
11/20/2019	MEDICAL CENTER - PRIVATE WAIVER CLEARING)	MEDICAL CENTER - OPERATING)	Completed Confirmation Number :	$1,400,595.98	

Status History

Timestamp	Status	Initiator	Description
Nov 20, 2019 2:55:30 PM CST	Created	; (RHONDA S. KOKENA)	Transfer Created

RECEIVED

NOV 14 2019

Calhoun County Auditor

11/14/2019
11:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
110719		11/13/20	11/07/20	11/28/20			9,780.00	0.00	0.00	9,780.00 ✓
	TRANSFER Nursing home insurance payment sent to MMC in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	9,780.00	0.00	0.00	9,780.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,780.00	0.00	0.00	9,780.00

APPROVED
ON

NOV 15 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/14/2019
11:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110619		11/13/20	11/06/20	11/28/20			4,467.00	0.00	0.00	4,467.00
	TRANSFER	Nursing home insurance pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	4,467.00	0.00	0.00	4,467.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,467.00	0.00	0.00	4,467.00

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/18/2019

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		5,672.55	24,317.96	168,680.11		-	190,034.70	156,774.34
						Bank Balance	190,034.70	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC	21,212.19	
						MMC Portion QIPP 1	11,905.77	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	42.40	
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	156,774.34	
Broadmoor		1,397.96	13,602.52	193,129.45		-	200,924.89	188,837.35
						Bank Balance	200,924.89	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC	7,647.12	
						MMC Portion QIPP 1	4,292.10	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	48.32	
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	188,837.35	
Crescent		54,417.66	47,445.89	71,984.25		-	78,956.02	68,156.50
						Bank Balance	78,956.02	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC	6,819.80	
						MMC Portion QIPP 1	3,827.75	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	51.97	
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	68,156.50	
Fort Bend		21,552.65	12,359.42	49,201.78		-	58,395.01	44,110.66
						Bank Balance	58,395.01	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC	9,070.71	
						MMC Portion QIPP 1	5,091.12	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	22.52	
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	44,110.66	
Solera at W Houston		66,519.72	58,176.57	117,098.37			125,441.52	112,505.07
						Bank Balance	125,441.52	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC	8,183.76	
						MMC Portion QIPP 1	4,593.30	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	59.39	
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	112,505.07	
						TOTAL TRANSFERS		570,383.92

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

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

156,774.34 +
188,837.35 +
68,156.50 +
44,110.66 +
112,505.07 +
570,383.92 *

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

Approved:
Diane Moore, CFO 11/19/2019

APPROVED
ON
NOV 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/12/2019	Check# 74	$ 11,728.00	$ -				-	-
11/12/2019	Deposit	$ -	$ 50,551.63				-	50,551.63
11/12/2019	MOLINA HEALTHCAR MOLINAACH 00841476 42000018 ISA	$ -	$ 11,905.77	11,905.77			11,905.77	-
11/12/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191108118002	$ -	$ 1,111.41				-	1,111.41
11/13/2019	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$ 12,589.96	$ -				-	-
11/13/2019	Amerigroup TXSC HCCLAIMPMT 3112607264 111000 TRN*1*3112607264*17526	$ -	$ 31,696.89				-	31,696.89
11/13/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191109148003	$ -	$ 298.47				-	298.47
11/13/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*0SD77488132643	$ -	$ 2,521.73				-	2,521.73
11/14/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191113124014	$ -	$ 30,574.74				-	30,574.74
11/15/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191114120015	$ -	$ 13,340.51				-	13,340.51
11/15/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191114108000	$ -	$ 24,954.03				-	24,954.03
11/15/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*0SD79240132643	$ -	$ 1,724.93				-	1,724.93
							-	-
		24,317.96	168,680.11	11,905.77	-	-	11,905.77	156,774.34

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/12/2019	Deposit	$ -	$ 88,922.38				-	88,922.38
11/12/2019	MOLINA HEALTHCAR MOLINAACH 00841646 42000018 ISA*	$ -	$ 4,292.10	4,292.10			4,292.10	-
11/12/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191108162005	$ -	$ 1,026.76				-	1,026.76
11/12/2019	NOVITAS SOLUTION HCCLAIMPMT 676357 420000152 TRN*1*EFT5372436*1205	$ -	$ 60,904.00				-	60,904.00
11/13/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 13,602.52	$ -				-	-
11/14/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191113171013	$ -	$ 2,189.10				-	2,189.10
11/14/2019	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2019111015400612	$ -	$ 6,225.00				-	6,225.00
11/14/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*0SD78436166986	$ -	$ 1,648.51				-	1,648.51
11/14/2019	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1484240249*13627	$ -	$ 299.12				-	299.12
11/15/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191114120017	$ -	$ 2,041.45				-	2,041.45
11/15/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191114151001	$ -	$ 25,581.03				-	25,581.03
							-	-
		13,602.52	193,129.45	4,292.10	-	-	4,292.10	188,837.35

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/12/2019	Deposit	$ -	$ 22,903.11				-	22,903.11
11/12/2019	MOLINA HEALTHCAR MOLINAACH 00841624 42000018 ISA	$ -	$ 3,827.75	3,827.75			3,827.75	-
11/12/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*0SD76423166986	$ -	$ 6,138.00				-	6,138.00
11/13/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 47,445.89	$ -				-	-
11/14/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191113171010	$ -	$ 4,088.62				-	4,088.62
11/14/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*0SD78443166986	$ -	$ 8,196.66				-	8,196.66
11/15/2019	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0246835	$ -	$ 4,095.00				-	4,095.00
11/15/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191114120017	$ -	$ 2,509.05				-	2,509.05
11/15/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191114101002	$ -	$ 16,362.33				-	16,362.33
11/15/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*0SD80829166986	$ -	$ 3,863.73				-	3,863.73
							-	-
		47,445.89	71,984.25	3,827.75	-	-	3,827.75	68,156.50

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/12/2019	Deposit	$ -	$ 22,868.28				-	22,868.28
11/12/2019	MOLINA HEALTHCAR MOLINAACH 00841514 42000018 ISA	$ -	$ 5,091.12	5,091.12			5,091.12	-
11/13/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 12,359.42	$ -				-	-
11/14/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191113111008	$ -	$ 4,562.13				-	4,562.13
11/14/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*0SD78445173057	$ -	$ 2,789.68				-	2,789.68
11/14/2019	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1484239842*13627	$ -	$ 83.38				-	83.38
11/15/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191114114003	$ -	$ 11,208.36				-	11,208.36
11/15/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*0SD80830173057	$ -	$ 116.40				-	116.40
11/15/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*0SD79244173057	$ -	$ 2,482.43				-	2,482.43
		12,359.42	49,201.78	5,091.12	-	-	5,091.12	44,110.66

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/12/2019	Deposit	$ -	$ 6,724.21				-	6,724.21
11/12/2019	MOLINA HEALTHCAR MOLINAACH 00841608 42000018 ISA	$ -	$ 4,593.30	4,593.30			4,593.30	-
11/12/2019	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0246683	$ -	$ 25,940.00				-	25,940.00
11/12/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191108157009	$ -	$ 1,456.62				-	1,456.62
11/13/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 58,176.57	$ -				-	-
11/13/2019	Amerigroup TXSC HCCLAIMPMT 3112607265 111000 TRN*1*3112607265*17526	$ -	$ 7,037.12				-	7,037.12
11/13/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191109107006	$ -	$ 6,089.15				-	6,089.15
11/13/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*0SD77496149714	$ -	$ 9,207.00				-	9,207.00
11/14/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191113107002	$ -	$ 8,874.66				-	8,874.66
11/14/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191110160002	$ -	$ 646.70				-	646.70
11/14/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*0SD78444149714	$ -	$ 5,288.17				-	5,288.17
11/15/2019	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0246830	$ -	$ 14,772.50				-	14,772.50
11/15/2019	Amerigroup TXSC HCCLAIMPMT 3112815059 111000 TRN*1*3112815059*17526	$ -	$ 544.96				-	544.96
11/15/2019	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1484832389*141128	$ -	$ 2,050.00				-	2,050.00
11/15/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191114120017	$ -	$ 8,588.45				-	8,588.45
11/15/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191114101001	$ -	$ 15,285.53				-	-
							-	-
		58,176.57	117,098.37	4,593.30	-	-	4,593.30	97,219.54
	TOTALS	155,902.36	600,093.96	29,710.04	-	-	29,710.04	555,098.39

Quick View

DDA

Data reported as of Nov 18, 2019 8:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$190,034.70	$209,763.40	$190,034.70	$150,015.23
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$200,924.89	$202,810.27	$200,924.89	$173,302.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$78,956.02	$92,102.02	$78,956.02	$52,125.91
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$125,441.52	$130,261.71	$125,441.52	$84,200.08
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$58,395.01	$58,523.80	$58,395.01	$44,587.82
[redacted]				

* indicates re

Page generated on 11/18/2019 at 8:

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/18/2019

Nursing Home	Account	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
[redacted]		100.17	-	216.53		-		-	316.70	No Transfer
								Bank Balance	316.70	
								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	216.66	

Gulf Pointe Plaza - Private Pay

Nursing Home	Account	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
[redacted]		29,714.99	29,580.27	644.82		-		-	779.54	NO TRANSFER
								Bank Balance	779.54	
								Variance	0.00	
								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	644.82	

Gulf Pointe - Medicare / Medicaid

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS NO TRANSFER

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 11/18/2019

APPROVED
ON
NOV 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

[redacted]

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
11/15/2019 CIGNA HCCLAIMPMT 1922092790 91000013211058 TRN*1*19111209003:	$ -	$ 216.53					-	216.53
							-	-
	-	216.53	-	-	-	-	-	216.53

[redacted]

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
11/12/2019 CENTENE CORP HCCLAIMPMT 61000100295344 TRN*1*0905237260*174:	$ -	$ 0.12						0.12
11/13/2019 WIRE OUT HMG SERVICES, LLC	$ 29,580.27	$ -						-
11/13/2019 CENTENE CORP HCCLAIMPMT 61000101411437 TRN*1*0905245253*174:	$ -	$ 0.16						0.16
11/15/2019 CENTENE CORP HCCLAIMPMT 61000108603082 TRN*1*0905252608*174:	$ -	$ 644.54						644.54
								-
	29,580.27	644.82	-	-	-	-	-	644.82
	29,580.27	861.35	-	-	-	-	-	861.35

Quick View

DDA Data reported as of Nov 18, 2019 8:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$316.70	$316.70	$316.70	$100.17
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$779.54	$779.54	$779.54	$135.00

* indicates re

Page generated on 11/18/2019 at 8:

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/18/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		2,310.51	-	7,200.09	-	-	9,510.60	9,386.56
golden creek						Bank Balance	9,510.60	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment		
						QIPP Comp 1		
						QIPP 2,3,Lapse		
Routing Information for Golden Creek:						October Interest	24.04	
Nexion Health at Golden Creek						November Interest		
Wells Fargo Bank, N.A.						December Interest	-	
ABA							-	
Accou...						Adjust Balance/Transfer Amt	9,386.56	

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:
Jason Anglin, CEO 11/18/2019

APPROVED
ON
NOV 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

[redacted]

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	QIPP YR 1 Adjustment		QIPP TI	NH PORTION
11/12/2019 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 536.00					-	536.00
11/13/2019 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 5,885.38					-	5,885.38
11/14/2019 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 778.71					-	778.71
							-	-
	-	7,200.09	-	-	-	-	-	7,200.09

Quick View

DDA

Data reported as of Nov 18, 2019 8:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$9,510.60	$9,510.60	$9,510.60	$9,510.60
[redacted]				

* indicates re

Page generated on 11/18/2019 at 8:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 11/18/19

APPROVED ON NOV 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
000076

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

AMOUNT 11,905.77

G/L NUMBER: 21000012

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000076	11/20/19	11,905.77	MMC OPERATING Ashford
TOTALS:			11,905.77	

APPROVED
ON

NOV 20 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 11/18/19

APPROVED ON NOV 19 2019
COUNTY AUDITOR CALHOUN COUNTY, TEXAS
000041

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

AMOUNT 4292.10

G/L NUMBER: 21000009

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature], CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000041	11/20/19	4,292.10	MMC OPERATING Bnadmoor
TOTALS:			4,292.10	

APPROVED
ON

NOV 2 0 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 11/18/19

APPROVED ON NOV 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
000071

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

AMOUNT 3827.75

G/L NUMBER: 21000010

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000071	11/20/19	3,827.75	MMC OPERATING
TOTALS:			3,827.75	

Criscuit

APPROVED
ON

NOV 20 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 11/18/19

APPROVED ON NOV 19 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

000068

FOR ACCT. USE ONLY

- [ ] Imprest Cash
- [ ] A/P Check
- [x] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT 5091.12

G/L NUMBER: 21000008

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHF	000068	11/20/19	5,091.12	MMC OPERATING	Fort Bend
TOTALS:			5,091.12		

APPROVED
ON

NOV 2 0 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 11/18/19

APPROVED ON NOV 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
000070

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

AMOUNT 4593.30

G/L NUMBER: 21000011

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000070	11/20/19	4,593.30	MMC OPERATING Solem
TOTALS:			4,593.30	

APPROVED
ON
NOV 20 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS No. 70

88-2265
1131

11.20.19

PAY TO THE ORDER OF MMC. Prosperity Operating $ $4,593.30

four thousand five hundred ninety-three dollars & 30/100 DOLLARS

PROSPERITY BANK

QIPP 1

County Auditor

County Treasurer

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

87SS No. 76

88-2265
1131

11.20.19

PAY TO THE ORDER OF MMC Prosperity Operating $ 11,905.77

eleven thousand nine hundred five dollars & 77/100 DOLLARS

PROSPERITY BANK

QIPP 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 BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000041

88-2265/1131

Date 11.20.19

PAY
TO THE ORDER OF MMC Prosperity Operating $ 4292.10/100

four thousand two hundred ninety-two dollars & 10/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 1

County Auditor

County Treasurer

County routines are included. Details on bac

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

000068

88-2265/1131

Date 11-20-19

PAY TO THE ORDER OF mmc Prosperity Operating | $ 5091.12

five thousand ninety-one dollars & 12/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

FOR QIPP 1

Security features are included. Details on back.

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

000071

88-2265/1131

Date 11-20-19

PAY TO THE ORDER OF mmc prosperity operating | $ 3827.75/100

three thousand eight hundred twenty-seven dollars & 75/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

FOR QIPP 1

Security features are included. Details on back.