MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- November 27, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	963,605.17
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	1,010,787.53
TOTAL INTER-GOVERNMENT TRANSFERS	$	4,217.09
GRAND TOTAL DISBURSEMENTS APPROVED November 27, 2019	**$**	**1,978,609.79**

APPROVED

NOV 27 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 27, 2019

PAYABLES AND PAYROLL			
11/21/2019 Weekly Payables	550,441.26		
11/25/2019 McKesson-340B Prescription Expense	4,030.89		
11/25/2019 Amerisource Bergen-340B Prescription Expense	1,101.16		
11/25/2019 Payroll Liabilities -Payroll Taxes	100,030.38		
11/25/2019 Payroll	307,487.58		
11/25/2019 ExpertPay-child support	347.65		
Prosperity Electronic Bank Payments			
11/20/2019 Credit Card & Lease Fees	151.23		
11/18-11/22/19 Pay Plus-Patient Claims Processing Fee	15.02		
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS		**$**	**963,605.17**
TOTAL TRANSFERS BETWEEN FUNDS		**$**	**-**
NURSING HOME UPL EXPENSES			
11/25/2019 Nursing Home UPI-Cantex Transfer	874,907.90		
11/25/2019 Nursing Home UPI-Nexion Transfer	69,490.18		
11/25/2019 Nursing Home UPI-HMG Transfer	66,389.45		
TOTAL NURSING HOME UPL EXPENSES		**$**	**1,010,787.53**
INTER-GOVERNMENT TRANSFERS			
12/3/2019 IGT 2015 DSH to be paid December 03, 2019	4,217.09		
TOTAL INTER-GOVERNMENT TRANSFERS		**$**	**4,217.09**
GRAND TOTAL DISBURSEMENTS APPROVED November 27, 2019		**$**	**1,978,609.79**

11/21/2019
14:08

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/04/2019

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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
	139366		11/06/20	11/05/20	11/30/20			201.93	0.00	0.00	201.93
		SUPPLIES ROOF REPAIR									
	139375		11/06/20	11/05/20	11/30/20			89.98	0.00	0.00	89.98
		SUPPLIES ROOF REPAIR									
	139445		11/08/20	11/07/20	12/02/20			18.99	0.00	0.00	18.99
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11283	ACE HARDWARE 15521					310.90	0.00	0.00	310.90
Vendor#	Vendor Name					Class	Pay Code				
10950	ACUTE CARE INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	24658		10/31/20	11/20/20	11/30/20			1,400.00	0.00	0.00	1,400.00
		RFID FEE									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10950	ACUTE CARE INC					1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name					Class	Pay Code				
11062	AIRESPRING INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	131003545		11/20/20	11/16/20	11/16/20			2,827.49	0.00	0.00	2,827.49
		PHONES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11062	AIRESPRING INC					2,827.49	0.00	0.00	2,827.49
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
	9656830300		11/20/20	11/01/20	12/01/20			477.00	0.00	0.00	477.00
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A1690	ALCON LABORATORIES, INC.					477.00	0.00	0.00	477.00
Vendor#	Vendor Name					Class	Pay Code				
A1746	ALPHA TEC SYSTEMS INC					M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	INV00080340		11/19/20	11/05/20	11/05/20			264.13	0.00	0.00	264.13
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A1746	ALPHA TEC SYSTEMS INC					264.13	0.00	0.00	264.13
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
	936925		11/19/20	10/31/20	11/25/20			21.99	0.00	0.00	21.99
		WATER									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY					21.99	0.00	0.00	21.99
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
80236071 11/19/20 11/04/20 11/19/20 689.24 0.00 0.00 689.24
SUPPLIES
Vendor Totals Number Name Gross Discount No-Pay Net
B0435 BARD PERIPHERAL VASCULAR 689.24 0.00 0.00 689.24

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
64787972 11/19/20 10/31/20 11/25/20 347.71 0.00 0.00 347.71
SUPPLIES
Vendor Totals Number Name Gross Discount No-Pay Net
B1150 BAXTER HEALTHCARE 347.71 0.00 0.00 347.71

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
108072081 11/11/20 11/04/20 11/29/20 235.50 0.00 0.00 235.50
SUPPLIES
108092802 ~~5414821~~ 11/11/20 11/05/20 11/30/20 6,249.42 0.00 0.00 6,249.42
LEASE/ MAINTANCE CONTRA(
108067722 11/19/20 11/01/20 11/26/20 66.88 0.00 0.00 66.88
SUPPLIES
10871793 11/19/20 11/04/20 11/29/20 7,072.37 0.00 0.00 7,072.37
SUPPLIES
108071560 11/19/20 11/04/20 11/29/20 2,449.02 0.00 0.00 2,449.02
SUPPLIES
108077308 11/19/20 11/05/20 11/30/20 324.66 0.00 0.00 324.66
SUPPLIES
108073361 11/19/20 11/05/20 11/30/20 450.34 0.00 0.00 450.34
SUPPLIES
108075716 11/19/20 11/05/20 11/30/20 2,360.77 0.00 0.00 2,360.77
SUPPLIES
108081145 11/19/20 11/07/20 12/02/20 7.79 0.00 0.00 7.79
SUPPLIES
Vendor Totals Number Name Gross Discount No-Pay Net
B1220 BECKMAN COULTER INC 19,216.75 0.00 0.00 19,216.75

Vendor# Vendor Name Class Pay Code
C1048 CALHOUN COUNTY W
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
111919 11/19/20 11/19/20 11/19/20 100,000.00 0.00 0.00 100,000.00
6TH PAYMENT 2019 NOTE $1(
Vendor Totals Number Name Gross Discount No-Pay Net
C1048 CALHOUN COUNTY 100,000.00 0.00 0.00 100,000.00

Vendor# Vendor Name Class Pay Code
C1275 CARROT TOP INDUSTRIES INC M
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
44309800 11/11/20 11/04/20 12/01/20 280.53 0.00 0.00 280.53
FLAGS
Vendor Totals Number Name Gross Discount No-Pay Net
C1275 CARROT TOP INDUSTRIES INC 280.53 0.00 0.00 280.53

Vendor# Vendor Name Class Pay Code
12768 CHEMAQUA
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net

3745881 11/20/20 11/10/20 11/20/20 500.00 0.00 0.00 500.00
WATER TREATENT

Vendor Totals Number Name Gross Discount No-Pay Net
12768 CHEMAQUA 500.00 0.00 0.00 500.00

Vendor# Vendor Name Class Pay Code
10212 CLINICAL PATHOLOGY LABS ICP

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
2019100 11/19/20 10/31/20 10/31/20 15,883.21 0.00 0.00 15,883.21
LAB SERVICES

Vendor Totals Number Name Gross Discount No-Pay Net
10212 CLINICAL PATHOLOGY LABS 15,883.21 0.00 0.00 15,883.21

Vendor# Vendor Name Class Pay Code
C1970 CONMED CORPORATION M

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
104989 11/19/20 10/21/20 10/29/20 119.76 0.00 0.00 119.76
SUPPLIES
122146 11/19/20 11/11/20 11/19/20 327.02 0.00 0.00 327.02
SUPPLIES

Vendor Totals Number Name Gross Discount No-Pay Net
C1970 CONMED CORPORATION 446.78 0.00 0.00 446.78

Vendor# Vendor Name Class Pay Code
11616 CONTROL SOLUTIONS

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
CS78774 11/21/20 10/31/20 10/31/20 204.00 0.00 0.00 204.00
VACCINE DATA LOGGER

Vendor Totals Number Name Gross Discount No-Pay Net
11616 CONTROL SOLUTIONS 204.00 0.00 0.00 204.00

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
~~260847~~ 10/31/20 10/30/20 11/30/20 649.17 0.00 0.00 649.17
240774 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
5886050 11/11/20 11/04/20 11/29/20 58.29 0.00 0.00 58.29
SUPPLIES
5888980 11/11/20 11/05/20 11/30/20 16.19 0.00 0.00 16.19
SUPPLIES
5892540 11/11/20 11/07/20 12/02/20 186.08 0.00 0.00 186.08
SUPPLIES
5892380 11/11/20 11/07/20 12/02/20 28.45 0.00 0.00 28.45
SUPPLIES
5890620 11/11/20 11/07/20 12/02/20 148.64 0.00 0.00 148.64
SUPPLIES
5890610 11/11/20 11/07/20 12/02/20 75.95 0.00 0.00 75.95
SUPPLIES
5893670 11/11/20 11/08/20 12/03/20 188.34 0.00 0.00 188.34
SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5886210		11/13/20	11/04/20	11/29/20			112.98	0.00	0.00	112.98
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	814.92	0.00	0.00	814.92

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC111519		11/19/20	11/15/20	11/15/20			129,763.89	0.00	0.00	129,763.89
	PRO FEES Physician Services for November 1-15, 2019									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	129,763.89	0.00	0.00	129,763.89

Vendor#	Vendor Name	Class	Pay Code
10175	DSHS CENTRAL LAB MC2004 remove - balance not owed		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CNO0426092019		11/19/20	10/02/20	10/27/20			~~276.20~~	0.00	0.00	~~276.20~~
	LAB SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	~~276.20~~	0.00	0.00	~~276.20~~

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN2012841		11/13/20	10/31/20	11/30/20			85.03	0.00	0.00	85.03
	SUPPLIES									
IN2013502		11/19/20	11/08/20	11/19/20			59.28	0.00	0.00	59.28
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	144.31	0.00	0.00	144.31

Vendor#	Vendor Name	Class	Pay Code
W1167	ELITECH GROUP INC (WESCOR)	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
682547		11/19/20	10/17/20	10/30/20			98.68	0.00	0.00	98.68

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1167	ELITECH GROUP INC (WESCOR)	98.68	0.00	0.00	98.68

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
963857		11/20/20	10/17/20	11/11/20			1,275.00	0.00	0.00	1,275.00
	AMA CPT CODES									
A1911051378		11/20/20	11/05/20	11/30/20			32,475.50	0.00	0.00	32,475.50
	TECH SUPPORT/SUBSCRIPTI(									
T1911111378		11/20/20	11/11/20	11/11/20			10,660.18	0.00	0.00	10,660.18
	CONSULTING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	44,410.68	0.00	0.00	44,410.68

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11A19MMC		11/19/20	11/01/20	11/16/20			495.00	0.00	0.00	495.00
	WEBSITE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2556404		11/18/20	11/05/20	11/30/20			6,364.70	0.00	0.00	6,364.70
	SUPPLIES									
2845092		11/19/20	11/08/20	12/03/20			565.09	0.00	0.00	565.09
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	6,929.79	0.00	0.00	6,929.79

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER — 110219 has sales tax		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110219A		11/20/20	11/02/20	11/26/20			871.41	0.00	0.00	871.41
	PHONES									
110219		11/20/20	11/02/20	11/26/20			109.38 ~~116.67~~	0.00	0.00	~~116.67~~ 109.38
	PHONES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	976.79 ~~987.48~~	0.00	0.00	~~987.48~~ 976.79

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
6001434954		11/11/20	11/01/20	12/01/20			5,665.83	0.00	0.00	5,665.83
	IMAGING CONTRACT									
6001434827		11/11/20	11/01/20	12/01/20			1,281.96	0.00	0.00	1,281.96
	SERVICE CONTRACT									
6001434915		11/11/20	11/01/20	12/01/20			3,588.58	0.00	0.00	3,588.58
	IMAGING CONTRACT									
6001434828		11/11/20	11/01/20	12/01/20			572.33	0.00	0.00	572.33
	IMAGING CONTRACT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	11,108.70	0.00	0.00	11,108.70

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
50461		10/31/20	10/31/20	11/30/20			224.86	0.00	0.00	224.86
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	224.86	0.00	0.00	224.86

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
1759171		10/31/20	10/29/20	11/28/20			556.89	0.00	0.00	556.89
	SUPPLIES									
1759143		11/06/20	10/29/20	11/28/20			309.00	0.00	0.00	309.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	865.89	0.00	0.00	865.89

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9021		11/06/20	10/31/20	11/30/20			152.50	0.00	0.00	152.50

CODING SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	152.50	0.00	0.00	152.50

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
100231721A		11/19/20	11/07/20	12/01/20			4,919.41	0.00	0.00	4,919.41
	LEASE Interest 465.05									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE EQUIPMENT FINANCE	4,919.41	0.00	0.00	4,919.41

Vendor#	Vendor Name	Class	Pay Code
H1227	HEALTHSURE INSURANCE SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1053		09/30/20	10/30/20	11/30/20			400.00	0.00	0.00	400.00
	BOND EFFECTIVE 12/1/19 (Patient Funds Bond for Bethany Senior Living LTD)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1227	HEALTHSURE INSURANCE SERVICES	400.00	0.00	0.00	400.00

Vendor#	Vendor Name	Class	Pay Code
12716	HITACHI HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0143079A		11/11/20	10/04/20	12/03/20			21,750.00	0.00	0.00	21,750.00
	4TH INSTALLMENT MRI UPGR									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12716	HITACHI HEALTHCARE	21,750.00	0.00	0.00	21,750.00

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
9150461		10/31/20	10/17/20	12/01/20			472.50	0.00	0.00	472.50
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	472.50	0.00	0.00	472.50

Vendor#	Vendor Name	Class	Pay Code
12196	ICU MEDICAL, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2281739		10/31/20	10/30/20	11/30/20			507.00	0.00	0.00	507.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12196	ICU MEDICAL, INC	507.00	0.00	0.00	507.00

Vendor#	Vendor Name	Class	Pay Code
12228	INNOVATIVE STERILIZATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
17501		11/19/20	11/08/20	11/19/20			821.63	0.00	0.00	821.63
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12228	INNOVATIVE STERILIZATION	821.63	0.00	0.00	821.63

Vendor#	Vendor Name	Class	Pay Code
12932	INTRADO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV002157210		11/18/20	10/31/20	11/30/20			603.56	0.00	0.00	603.56
	HOUSE CALLS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12932	INTRADO	603.56	0.00	0.00	603.56

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
CCCN65		10/31/20	10/31/20	11/30/20		545.22	0.00	0.00	545.22
	SHRED SERVICE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	545.22	0.00	0.00	545.22

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MMC112019		11/19/20	11/18/20	11/18/20		23,936.35	0.00	0.00	23,936.35
	RESP SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	23,936.35	0.00	0.00	23,936.35

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2036689		11/18/20	11/13/20	11/13/20		767.90	0.00	0.00	767.90
	PRO FEES UONG (hotel, airfare, rental)								
2036870		11/18/20	11/14/20	11/14/20		41.03	0.00	0.00	41.03
	PRO FEES UONG (Lyft)								
428464		11/18/20	11/14/20	11/14/20		3,000.00	0.00	0.00	3,000.00
	PRO FEE UONG (10/30-11/1/19)								
428540		11/20/20	11/19/20	11/19/20		40,000.00	0.00	0.00	40,000.00
	PHYSICAN RECRUITING fee for Dr. Uong Pain Management doctor								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	43,808.93	0.00	0.00	43,808.93

Vendor#	Vendor Name	Class	Pay Code
10341	JENISE SVETLIK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
111819		11/18/20	11/18/20	11/18/20		349.00	0.00	0.00	349.00
	TRAVEL CPSI SW USER CONFerence 11/13-11/15/19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10341	JENISE SVETLIK	349.00	0.00	0.00	349.00

Vendor#	Vendor Name	Class	Pay Code
12936	JUSTINE HERRERA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
110719		11/19/20	11/07/20	11/07/20		3.48	0.00	0.00	3.48
	TRAVEL LAB DRAWS (9/25-10/30/19)								
111319A		11/19/20	11/13/20	11/13/20		10.44	0.00	0.00	10.44
	TRAVEL LAB DRAWS (5/22-9/15/19)(								
111319		11/19/20	11/13/20	11/13/20		10.44	0.00	0.00	10.44
	TRAVEL LAB DRAWS (11/7-11/13/19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12936	JUSTINE HERRERA	24.36	0.00	0.00	24.36

Vendor#	Vendor Name	Class	Pay Code
L0700	LABCORP OF AMERICA HOLDINGS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6 34373402		11/19/20	11/02/20	11/27/20		30.00	0.00	0.00	30.00
	LAB SERVICES								
64319469		11/19/20	11/02/20	11/27/20		35.00	0.00	0.00	35.00

LAB SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	65.00	0.00	0.00	65.00

Vendor# Vendor Name Class Pay Code
11600 LEGAL SHIELD

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111519		11/20/20	11/15/20	11/15/20		1,381.90	0.00	0.00	1,381.90

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	1,381.90	0.00	0.00	1,381.90

Vendor# Vendor Name Class Pay Code
L1640 LOWE'S HOME CENTERS INC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
74090		11/13/20	10/14/20	11/28/20		341.30	0.00	0.00	341.30
	SUPPLIES								
74317		11/13/20	10/16/20	11/28/20		181.64	0.00	0.00	181.64
	SUPPLIES								
102819		11/13/20	10/28/20	11/28/20		25.00	0.00	0.00	25.00
	LATE FEE								
110219		11/21/20	11/02/20	11/20/20		14.92	0.00	0.00	14.92
	INTEREST								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC	562.86	0.00	0.00	562.86

Vendor# Vendor Name Class Pay Code
J1350 M.C. JOHNSON COMPANY INC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00381490		11/19/20	11/04/20	11/19/20		106.30	0.00	0.00	106.30
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC	106.30	0.00	0.00	106.30

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
67674353		11/13/20	10/29/20	11/13/20		182.09	0.00	0.00	182.09
	SUPPLIES								
68309587		11/19/20	11/05/20	11/20/20		291.76	0.00	0.00	291.76
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	473.85	0.00	0.00	473.85

Vendor# Vendor Name Class Pay Code
11243 MEDIALAB,INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
166318		11/20/20	10/29/20	11/28/20		2,775.00	0.00	0.00	2,775.00
	DUES & SUBSCRIPTIONS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11243	MEDIALAB,INC	2,775.00	0.00	0.00	2,775.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111819		11/18/20	11/18/20	11/18/20		150.67	0.00	0.00	150.67
	INDIGENT CARE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10613	MEDIMPACT HEALTHCARE SYS, INC.				150.67	0.00	0.00	150.67
Vendor#	Vendor Name			Class	Pay Code				
M2827	MEDIVATORS			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
90317607		10/31/20	10/29/20	11/28/20		407.62	0.00	0.00	407.62
	SUPPLIES								
90303441		11/19/20	10/16/20	11/15/20		407.72	0.00	0.00	407.72
	SUPPLIES								
90331750		11/19/20	11/11/20	11/19/20		407.72	0.00	0.00	407.72
	SUPPLIES								
90331748		11/19/20	11/11/20	11/19/20		221.98	0.00	0.00	221.98
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS				1,445.04	0.00	0.00	1,445.04
Vendor#	Vendor Name			Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1892130975		11/18/20	11/06/20	12/01/20		2,328.90	0.00	0.00	2,328.90
	SUPPLIES								
1892130978		11/18/20	11/06/20	12/01/20		2,137.79	0.00	0.00	2,137.79
	SUPPLIES								
1892130973		11/18/20	11/06/20	12/01/20		9.44	0.00	0.00	9.44
	SUPPLIES								
1892331739		11/18/20	11/07/20	12/02/20		35.92	0.00	0.00	35.92
	SUPPLIES								
1892331738		11/18/20	11/07/20	12/02/20		85.44	0.00	0.00	85.44
	SUPPLIES								
1892331736		11/18/20	11/07/20	12/02/20		142.93	0.00	0.00	142.93
	SUPPLIES								
1892331735		11/18/20	11/07/20	12/02/20		62.54	0.00	0.00	62.54
	SUPPLIES								
1892331737		11/18/20	11/07/20	12/02/20		5,118.23	0.00	0.00	5,118.23
	SUPPLIES								
1890187434		11/19/20	10/16/20	11/10/20		57.85	0.00	0.00	57.85
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC				9,979.04	0.00	0.00	9,979.04
Vendor#	Vendor Name			Class	Pay Code				
10791	MINDRAY DS USA, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0600745411		11/19/20	11/08/20	11/28/20		109.20	0.00	0.00	109.20
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10791	MINDRAY DS USA, INC.				109.20	0.00	0.00	109.20
Vendor#	Vendor Name			Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
111419		11/20/20	11/14/20	11/14/20		227.56	0.00	0.00	227.56
	PAYROLL DED								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP				227.56	0.00	0.00	227.56

Vendor#	Vendor Name				Class	Pay Code				
10810	MMC EMPLOYEE BENEFIT PLAN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	111819		11/19/20	11/18/20	11/18/20		45.78	0.00	0.00	45.78
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				45.78	0.00	0.00	45.78

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
	INV4831032		11/18/20	10/31/20	11/10/20		-3,774.28	0.00	0.00	-3,774.28
		CREDIT								
	4910267		11/18/20	11/14/20	11/24/20		11.68	0.00	0.00	11.68
		INVENTORY								
	4911263		11/18/20	11/14/20	11/24/20		217.81	0.00	0.00	217.81
		INVENTORY								
	4909159		11/18/20	11/14/20	11/24/20		274.21	0.00	0.00	274.21
		INVENTORY								
	4911261		11/18/20	11/14/20	11/24/20		179.99	0.00	0.00	179.99
		INVENTORY								
	4911262		11/18/20	11/14/20	11/24/20		2,124.75	0.00	0.00	2,124.75
		SUPPLIES								
	4916003		11/19/20	11/15/20	11/25/20		3.33	0.00	0.00	3.33
		INVENTORY								
	4916005		11/19/20	11/15/20	11/25/20		83.29	0.00	0.00	83.29
		INVENTORY								
	4916004		11/19/20	11/15/20	11/25/20		216.98	0.00	0.00	216.98
		INVENTORY								
	4916007		11/19/20	11/15/20	11/25/20		3.49	0.00	0.00	3.49
		INVENTORY								
	4914119		11/19/20	11/15/20	11/25/20		4,561.58	0.00	0.00	4,561.58
		INVENTORY								
	4916002		11/19/20	11/15/20	11/25/20		401.56	0.00	0.00	401.56
		INVENTORY								
	4916006		11/19/20	11/15/20	11/25/20		4,561.58	0.00	0.00	4,561.58
		INVENTORY								
	4922225		11/19/20	11/18/20	11/28/20		159.86	0.00	0.00	159.86
		INVENTORY								
	4922223		11/19/20	11/18/20	11/28/20		9,927.41	0.00	0.00	9,927.41
		INVENTORY								
	4921425		11/19/20	11/18/20	11/28/20		37.70	0.00	0.00	37.70
		INVENTORY								
	4921426		11/19/20	11/18/20	11/28/20		5.46	0.00	0.00	5.46
		INVENTORY								
	4920361		11/19/20	11/18/20	11/28/20		142.82	0.00	0.00	142.82
		INVENTORY								
	4922224		11/19/20	11/18/20	11/28/20		1,579.78	0.00	0.00	1,579.78
		INVENTORY								
	4901083		11/20/20	11/12/20	11/22/20		1,442.26	0.00	0.00	1,442.26
		INVENTORY								
	4898840		11/20/20	11/12/20	11/22/20		1,650.00	0.00	0.00	1,650.00
		ACCUMULATOR FEE								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4901084	INVENTORY	11/20/20	11/12/20	11/22/20		420.74	0.00	0.00	420.74
4901082	INVENTORY	11/20/20	11/12/20	11/22/20		43.43	0.00	0.00	43.43
4927321		11/20/20	11/19/20	11/29/20		80.02	0.00	0.00	80.02
4927462	INVENTORY	11/20/20	11/19/20	11/29/20		1,045.12	0.00	0.00	1,045.12
4927322	INVENTORY	11/20/20	11/19/20	11/29/20		863.31	0.00	0.00	863.31
4927323	INVENTORY	11/20/20	11/19/20	11/29/20		127.57	0.00	0.00	127.57
CM22466	CREDIT	11/20/20	11/19/20	11/29/20		-12.30	0.00	0.00	-12.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	26,379.15	0.00	0.00	26,379.15

Vendor#	Vendor Name	Class	Pay Code
11254	NARHC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MEM-105111	2020 MEMBERSHIP	11/19/20	11/07/20	11/17/20		450.00	0.00	0.00	450.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11254	NARHC	450.00	0.00	0.00	450.00

Vendor#	Vendor Name	Class	Pay Code
12388	NATIONAL FARM LIFE INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3056039	INSURANCE	11/20/20	11/15/20	12/01/20		4,198.68	0.00	0.00	4,198.68

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12388	NATIONAL FARM LIFE INSURANCE	4,198.68	0.00	0.00	4,198.68

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
98375421	SUPPLIES	11/19/20	11/04/20	11/29/20		108.58	0.00	0.00	108.58

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
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1851203873	SUPPLIES	10/31/20	10/30/20	11/29/20		434.14	0.00	0.00	434.14
1851202742	SUPPLIES	10/31/20	10/30/20	11/29/20		183.03	0.00	0.00	183.03

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	617.17	0.00	0.00	617.17

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
5826	REVENUE INTEGRITY PROGR	10/31/20	11/01/20	12/01/20		2,000.00	0.00	0.00	2,000.00

Vendor Totals Number Name Gross Discount No-Pay Net
11155 PARA 2,000.00 0.00 0.00 2,000.00

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

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
1011595743 11/20/20 03/11/20 04/10/20 223.92 0.00 0.00 223.92
POSTAGE
1013155072 11/20/20 06/10/20 07/10/20 223.92 0.00 0.00 223.92
POSTAGE
1013883268 11/20/20 09/10/20 10/10/20 253.92 0.00 0.00 253.92
POSAGE

Vendor Totals Number Name Gross Discount No-Pay Net
P1800 PITNEY BOWES INC 701.76 0.00 0.00 701.76

Vendor# Vendor Name Class Pay Code
12708 POC ELECTRIC, LLC

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
2964 11/20/20 11/14/20 11/14/20 1,900.00 0.00 0.00 1,900.00
PARKING LOT LIGHTING

Vendor Totals Number Name Gross Discount No-Pay Net
12708 POC ELECTRIC, LLC 1,900.00 0.00 0.00 1,900.00

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
4689339 11/13/20 10/30/20 11/29/20 19.13 0.00 0.00 19.13
SUPPLIES
4692253 11/19/20 11/01/20 12/01/20 35.37 0.00 0.00 35.37
SUPPLIES
4693557 11/19/20 11/04/20 12/04/20 307.91 0.00 0.00 307.91
SUPPLIES

Vendor Totals Number Name Gross Discount No-Pay Net
10372 PRECISION DYNAMICS CORP (PDC) 362.41 0.00 0.00 362.41

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

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
IN000407605 10/31/20 10/31/20 11/30/20 2,028.00 0.00 0.00 2,028.00
PT SURVEY

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

Vendor# Vendor Name Class Pay Code
12480 PRO ENERGY PARTNERS LP

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
19100600 11/20/20 10/31/20 11/15/20 2,722.26 0.00 0.00 2,722.26
GAS

Vendor Totals Number Name Gross Discount No-Pay Net
12480 PRO ENERGY PARTNERS LP 2,722.26 0.00 0.00 2,722.26

Vendor# Vendor Name Class Pay Code
R1200 RED HAWK FIRE AND SECURITY

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
421981 11/20/20 11/01/20 11/26/20 47.29 0.00 0.00 47.29
FIRE MONITORING

Vendor Totals Number Name Gross Discount No-Pay Net
R1200 RED HAWK FIRE AND SECURITY 47.29 0.00 0.00 47.29

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
18074		11/18/20	11/12/20	11/12/20			14,750.00	0.00	0.00	14,750.00
	LEGAL FEES-BETHANY SENIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	14,750.00	0.00	0.00	14,750.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MLVAC54160		11/13/20	11/06/20	12/01/20			2,171.20	0.00	0.00	2,171.20
	CODING SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	2,171.20	0.00	0.00	2,171.20

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
912879206		09/18/20	09/03/20	12/02/20			476.79	0.00	0.00	476.79
	INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	476.79	0.00	0.00	476.79

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
701034406		10/29/20	10/24/20	11/30/20			-241.60	0.00	0.00	-241.60
	RETURN AIR FILTER									
701030512		11/19/20	09/19/20	10/19/20			110.30	0.00	0.00	110.30
	FREIGHT									
701033403		11/19/20	10/11/20	11/10/20			110.30	0.00	0.00	110.30
	SUPPLIES									
701036834		11/19/20	11/11/20	12/01/20			221.54	0.00	0.00	221.54
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	200.54	0.00	0.00	200.54

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
22509		11/20/20	11/18/20	12/03/20			110.49	0.00	0.00	110.49
	SUPPLIES									
23069		11/20/20	11/19/20	12/04/20			55.87	0.00	0.00	55.87
	SUPPLIES									
23077		11/20/20	11/19/20	12/04/20			45.56	0.00	0.00	45.56
	SUPPLIES									
23341		11/20/20	11/19/20	12/04/20			35.39	0.00	0.00	35.39
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	247.31	0.00	0.00	247.31

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES – Picked up wrong amount		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110119A		11/21/20	11/01/20	11/01/20			4429.23 ~~4,762.04~~	0.00	0.00	~~4,762.04~~ 4429.23

LEASE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	4429.23 ~~4,762.04~~	0.00	0.00	~~4,762.04~~ 4429.23

Vendor#	Vendor Name	Class	Pay Code
10699	SIGN AD, LTD.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
244274		11/20/20	11/16/20	11/26/20			400.00	0.00	0.00	400.00

AD LEASE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	400.00	0.00	0.00	400.00

Vendor#	Vendor Name	Class	Pay Code
12848	SKILLGIGS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
12717		10/31/20	10/30/20	11/29/20			3,365.10	0.00	0.00	3,365.10

ICE NURSE ROWE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12848	SKILLGIGS INC.	3,365.10	0.00	0.00	3,365.10

Vendor#	Vendor Name	Class	Pay Code
S2270	SMILE MAKERS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8715935		11/19/20	11/07/20	12/02/20			181.93	0.00	0.00	181.93

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	181.93	0.00	0.00	181.93

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
923661009		11/19/20	11/08/20	11/19/20			446.78	0.00	0.00	446.78

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	446.78	0.00	0.00	446.78

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4008919373		10/15/20	11/01/20	12/01/20			2,300.00	0.00	0.00	2,300.00

DISPOSAL SERVICE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	2,300.00	0.00	0.00	2,300.00

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SUSTAINABILITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3790131		11/19/20	11/04/20	12/04/20			2,390.65	0.00	0.00	2,390.65

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	2,390.65	0.00	0.00	2,390.65

Vendor#	Vendor Name	Class	Pay Code
12476	SUN LIFE FINANCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
111319		11/20/20	11/13/20	12/01/20			2,309.82	0.00	0.00	2,309.82

INSURANCE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL	2,309.82	0.00	0.00	2,309.82

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
205EV53634	CLOUD HOSTING	10/31/20	10/31/20	11/30/20			1,144.00	0.00	0.00	1,144.00
205EV53612	TRACKING	10/31/20	10/31/20	11/30/20			4,555.00	0.00	0.00	4,555.00

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

Vendor#	Vendor Name	Class	Pay Code
T2204	TEXAS MUTUAL INSURANCE CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1001331875	INSURANCE	11/20/20	11/05/20	11/27/20			3,734.00	0.00	0.00	3,734.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	3,734.00	0.00	0.00	3,734.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
340376229	TRASH SERVICE	11/08/20	11/05/20	11/30/20			312.26	0.00	0.00	312.26
340376230	TRASH SERVICE	11/08/20	11/05/20	11/30/20			1,328.95	0.00	0.00	1,328.95
340376291	TRASH SERVICE	11/11/20	11/08/20	12/03/20			242.69	0.00	0.00	242.69

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,883.90	0.00	0.00	1,883.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5001174391	OIL & GREASE ELEVATOR	11/20/20	11/05/20	11/05/20			403.00	0.00	0.00	403.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP	403.00	0.00	0.00	403.00

Vendor#	Vendor Name	Class	Pay Code
T0801	TLC STAFFING	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
25532	STAFFING	11/18/20	11/11/20	11/11/20			670.80	0.00	0.00	670.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	670.80	0.00	0.00	670.80

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
8400315314	LAUNDRY	11/11/20	11/04/20	11/29/20			1,659.80	0.00	0.00	1,659.80
8400315628	LAUNDRY	11/11/20	11/07/20	12/02/20			18.62	0.00	0.00	18.62
8400315630	LAUNDRY	11/11/20	11/07/20	12/02/20			120.39	0.00	0.00	120.39
8400315633		11/11/20	11/07/20	12/02/20			175.83	0.00	0.00	175.83

		LAUNDRY						
	8400315631		11/11/20 11/07/20 12/02/20		222.14	0.00	0.00	222.14
		LAUNDRY						
	8400315696		11/11/20 11/07/20 12/02/20		131.50	0.00	0.00	131.50
		LAUNDRY						
	8400315632		11/11/20 11/07/20 12/02/20		245.57	0.00	0.00	245.57
	8400315669		11/11/20 11/07/20 12/02/20		1,632.24	0.00	0.00	1,632.24
		LAUNDRY						
	Vendor Totals	Number Name			Gross	Discount	No-Pay	Net
		U1064 UNIFIRST HOLDINGS INC			4,206.09	0.00	0.00	4,206.09
Vendor#	Vendor Name			Class Pay Code				
10968	UNITED RENTALS (NORTH AMERICA)							
	Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	176090937001		11/20/20 11/13/20 11/13/20		174.50	0.00	0.00	174.50
		LIGHT TOWER						
	Vendor Totals	Number Name			Gross	Discount	No-Pay	Net
		10968 UNITED RENTALS (NORTH AMERICA)			174.50	0.00	0.00	174.50
Vendor#	Vendor Name			Class Pay Code				
12400	UPDOX LLC							
	Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV00117077		11/21/20 10/31/20 10/31/20		400.00	0.00	0.00	400.00
		FAXING						
	Vendor Totals	Number Name			Gross	Discount	No-Pay	Net
		12400 UPDOX LLC			400.00	0.00	0.00	400.00
Vendor#	Vendor Name			Class Pay Code				
12208	WAGEWORKS							
	Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV1754101		11/18/20 11/14/20 11/14/20		543.50	0.00	0.00	543.50
		ADMIN & COMPLIANCE FEE						
	Vendor Totals	Number Name			Gross	Discount	No-Pay	Net
		12208 WAGEWORKS			543.50	0.00	0.00	543.50
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
	9310024604CM		11/11/20 05/01/20 11/30/20		-1,611.06	0.00	0.00	-1,611.06
		CREDIT						
	9310025838CM		11/11/20 07/02/20 11/30/20		-1,444.32	0.00	0.00	-1,444.32
		CREDIT MEMO						
	9110743206		11/19/20 11/04/20 11/29/20		5,346.95	0.00	0.00	5,346.95
		SUPPLIES						
	9110745107		11/19/20 11/06/20 12/01/20		285.18	0.00	0.00	285.18
		SUPPLIES						
	Vendor Totals	Number Name			Gross	Discount	No-Pay	Net
		I1110 WERFEN USA LLC			2,576.75	0.00	0.00	2,576.75

Report Summary

Gross	Discount	No-Pay	Net
551,060.96	0.00	0.00	551,060.96

551,060.96 +
276.20 −
987.48 −
976.79 +
4,762.04 −
4,429.23 +
550,441.26 *

APPROVED ON
NOV 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 183359 - 183447

pg 4 correction <276.20>
pg 5 correction <987.48>
+ 976.79
pg 13 correction <4762.04>
+ 4429.23
$550,441.26

BANK CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	183359	11/27/19	310.90	ACE HARDWARE 15521
A/P	183360	11/27/19	1,400.00	ACUTE CARE INC
A/P	183361	11/27/19	2,827.49	AIRESPRING INC
A/P	183362	11/27/19	477.00	ALCON LABORATORIES, INC.
A/P	183363	11/27/19	264.13	ALPHA TEC SYSTEMS INC
A/P	183364	11/27/19	21.99	AQUA BEVERAGE COMPANY
A/P	183365	11/27/19	689.24	BARD PERIPHERAL VASCULAR
A/P	183366	11/27/19	347.71	BAXTER HEALTHCARE
A/P	183367	11/27/19	19,216.75	BECKMAN COULTER INC
A/P	183368	11/27/19	100,000.00	CALHOUN COUNTY
A/P	183369	11/27/19	280.53	CARROT TOP INDUSTRIES INC
A/P	183370	11/27/19	500.00	CHEMAQUA
A/P	183371	11/27/19	15,883.21	CLINICAL PATHOLOGY LABS
A/P	183372	11/27/19	446.78	CONMED CORPORATION
A/P	183373	11/27/19	204.00	CONTROL SOLUTIONS
A/P	183374	11/27/19	649.17	CUSTOM MEDICAL SPECIALTIES
A/P	183375	11/27/19	814.92	DEWITT POTH & SON
A/P	183376	11/27/19	129,763.89	DISCOVERY MEDICAL NETWORK INC
A/P	183377	11/27/19	144.31	DYNATRONICS CORPORATION
A/P	183378	11/27/19	98.68	ELITECH GROUP INC (WESCOR)
A/P	183379	11/27/19	44,410.68	EVIDENT
A/P	183380	11/27/19	495.00	FASTHEALTH CORPORATION
A/P	183381	11/27/19	6,929.79	FISHER HEALTHCARE
A/P	183382	11/27/19	976.79	FRONTIER
A/P	183383	11/27/19	11,108.70	GE PRECISION HEALTHCARE, LLC
A/P	183384	11/27/19	224.86	GENESIS DIAGNOSTICS
A/P	183385	11/27/19	865.89	GULF COAST PAPER COMPANY
A/P	183386	11/27/19	152.50	HEALTHCARE CODING & CONSULTING
A/P	183387	11/27/19	4,919.41	HEALTHCARE EQUIPMENT FINANCE
A/P	183388	11/27/19	400.00	HEALTHSURE INSURANCE SERVICES
A/P	183389	11/27/19	21,750.00	HITACHI HEALTHCARE
A/P	183390	11/27/19	472.50	HOLOGIC INC
A/P	183391	11/27/19	507.00	ICU MEDICAL, INC
A/P	183392	11/27/19	821.63	INNOVATIVE STERILIZATION
A/P	183393	11/27/19	603.56	INTRADO
A/P	183394	11/27/19	545.22	IRON MOUNTAIN
A/P	183395	11/27/19	23,936.35	ITA RESOURCES INC
A/P	183396	11/27/19	43,808.93	JACKSON & COKER LOCUM TENENS,
A/P	183397	11/27/19	349.00	JENISE SVETLIK
A/P	183398	11/27/19	24.36	JUSTINE HERRERA
A/P	183399	11/27/19	65.00	LABCORP OF AMERICA HOLDINGS
A/P	183400	11/27/19	1,381.90	LEGAL SHIELD
A/P	183401	11/27/19	562.86	LOWE'S HOME CENTERS INC
A/P	183402	11/27/19	106.30	M.C. JOHNSON COMPANY INC
A/P	183403	11/27/19	473.85	MCKESSON MEDICAL SURGICAL INC
A/P	183404	11/27/19	2,775.00	MEDIALAB,INC
A/P	183405	11/27/19	150.67	MEDIMPACT HEALTHCARE SYS, INC.
A/P	183406	11/27/19	1,445.04	MEDIVATORS
A/P	183407	11/27/19	.00	VOIDED
A/P	183408	11/27/19	9,979.04	MEDLINE INDUSTRIES INC

BANK--CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	183409	11/27/19	109.20	MINDRAY DS USA, INC.
A/P	183410	11/27/19	227.56	MMC AUXILIARY GIFT SHOP
A/P	183411	11/27/19	45.78	MMC EMPLOYEE BENEFIT PLAN
A/P	183412	11/27/19	.00	VOIDED
A/P	183413	11/27/19	26,379.15	MORRIS & DICKSON CO, LLC
A/P	183414	11/27/19	450.00	NARHC
A/P	183415	11/27/19	4,198.68	NATIONAL FARM LIFE INSURANCE
A/P	183416	11/27/19	108.58	OLYMPUS AMERICA INC
A/P	183417	11/27/19	617.17	ORTHO CLINICAL DIAGNOSTICS
A/P	183418	11/27/19	2,000.00	PARA
A/P	183419	11/27/19	701.76	PITNEY BOWES INC
A/P	183420	11/27/19	1,900.00	POC ELECTRIC, LLC
A/P	183421	11/27/19	362.41	PRECISION DYNAMICS CORP (PDC)
A/P	183422	11/27/19	2,028.00	PRESS GANEY ASSOCIATES, INC.
A/P	183423	11/27/19	2,722.26	PRO ENERGY PARTNERS LP
A/P	183424	11/27/19	47.29	RED HAWK FIRE AND SECURITY
A/P	183425	11/27/19	14,750.00	REED, CLAYMON, MEEKER & HARGET
A/P	183426	11/27/19	2,171.20	REVCYCLE+, INC.
A/P	183427	11/27/19	476.79	SANOFI PASTEUR INC
A/P	183428	11/27/19	200.54	SERVICE SUPPLY OF VICTORIA INC
A/P	183429	11/27/19	247.31	SHERWIN WILLIAMS
A/P	183430	11/27/19	4,429.23	SIEMENS FINANCIAL SERVICES
A/P	183431	11/27/19	400.00	SIGN AD, LTD.
A/P	183432	11/27/19	3,365.10	SKILLGIGS INC.
A/P	183433	11/27/19	181.93	SMILE MAKERS
A/P	183434	11/27/19	446.78	SMITH & NEPHEW
A/P	183435	11/27/19	2,300.00	STERICYCLE, INC
A/P	183436	11/27/19	2,390.65	STRYKER SUSTAINABILITY
A/P	183437	11/27/19	2,309.82	SUN LIFE FINANCIAL
A/P	183438	11/27/19	5,699.00	T-SYSTEM, INC
A/P	183439	11/27/19	3,734.00	TEXAS MUTUAL INSURANCE CO
A/P	183440	11/27/19	1,883.90	THE US CONSULTING GROUP
A/P	183441	11/27/19	403.00	THYSSENKRUPP ELEVATOR CORP
A/P	183442	11/27/19	670.80	TLC STAFFING
A/P	183443	11/27/19	4,206.09	UNIFIRST HOLDINGS INC
A/P	183444	11/27/19	174.50	UNITED RENTALS (NORTH AMERICA)
A/P	183445	11/27/19	400.00	UPDOX LLC
A/P	183446	11/27/19	543.50	WAGEWORKS
A/P	183447	11/27/19	2,576.75	WERFEN USA LLC
TOTALS:			550,441.26	

APPROVED
ON

NOV 27 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/22/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 11/23/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/22/2019 **Page:** 002
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 11/23/2019 **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: 4,113.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 11/26/2019,
Pay This Amount: 4,030.89 USD

If Paid After 11/26/2019,
Pay this Amount: 4,113.12 USD

Due If Paid On Time:
USD 4,030.89 ✓
ok VQ CFO

Disc lost if paid late:
82.23

Due If Paid Late:
USD 4,113.12

0.C

149.49 +
2,844.17 +
999.27 +
37.96 +
4,030.89 *

APPROVED
ON

NOV 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

Company: 8000

STATEMENT

As of: 11/22/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 11/23/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/22/2019 **Page:** 001
Mail to: **Comp:** 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 11/23/2019 **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											
11/20/2019	11/26/2019	7168293591	2017010704	115Invoice	1.29	64.42		63.13	✓	7168293591	
11/22/2019	11/26/2019	7168910413	2017010725	115Invoice	1.76	88.12		86.36	✓	7168910413	

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: 152.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,268.72
11/18/2019

If Paid By 11/26/2019,
Pay This Amount: 149.49 USD

If Paid After 11/26/2019,
Pay this Amount: 152.54 USD

Due If Paid On Time:
USD 149.49
Disc lost if paid late: 3.05
Due If Paid Late:
USD 152.54

GA Wel
CFO

APPROVED
ON
NOV 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#5000 49

McKESSON

Company: 8000

STATEMENT

As of: 11/22/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/23/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/22/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY ITEMS NOT PAID (✓)**
Date: 11/23/2019

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	PF	Amount (net)	PF	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
11/18/2019	11/26/2019	7167798606	1117191259-00	115Invoice	1.02	51.16		50.14 ✓		7167798606	
11/18/2019	11/26/2019	7167924077	773351574	195Invoice		0.18		0.18 ✓		7167924077	
11/19/2019	11/26/2019	7168044014	9417300574	115Invoice	5.92	296.19		290.27 ✓		7168044014	
11/19/2019	11/26/2019	7168179293	773722070	195Invoice	0.01	0.32		0.31 ✓		7168179293	
11/20/2019	11/26/2019	7168323467	9417304624	115Invoice	5.32	266.19		260.87 ✓		7168323467	
11/20/2019	11/26/2019	7168337109	1118190456-01	115Invoice	10.70	535.15		524.45 ✓		7168337109	
11/20/2019	11/26/2019	7168634247	000011192019as	115Invoice	0.90	44.91		44.01 ✓		7168634247	
11/21/2019	11/26/2019	7168689310	9417308552	115Invoice	13.31	665.50		652.19 ✓		7168689310	
11/21/2019	11/26/2019	7168802662	774275998	195Invoice	6.02	301.14		295.12 ✓		7168802662	
11/21/2019	11/26/2019	7168865594	0000112019AS	115Invoice	0.01	0.63		0.62 ✓		7168865594	
11/22/2019	11/26/2019	7168930101	5567323303	115Invoice	5.35	267.72		262.37 ✓		7168930101	
11/22/2019	11/26/2019	7168930102	1121190301-00	115Invoice	6.74	337.16		330.42 ✓		7168930102	
11/22/2019	11/26/2019	7168930103	1127474	115Invoice	2.25	112.39		110.14 ✓		7168930103	
11/22/2019	11/26/2019	7169046843	774521103	195Invoice	0.02	0.94		0.92 ✓		7169046843	
11/22/2019	11/26/2019	7169102530	000011212019as	115Invoice	0.45	22.61		22.16 ✓		7169102530	

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: 2,902.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,268.72
11/18/2019

If Paid By 11/26/2019, Pay This Amount: 2,844.17 USD

If Paid After 11/26/2019, Pay this Amount: 2,902.19 USD

Due If Paid On Time: USD 2,844.17

Disc lost if paid late: 58.02

Due If Paid Late: USD 2,902.19

APPROVED
ON
NOV 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/22/2019 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 11/23/2019

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: 11/22/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY ITEMS NOT PAID (✓)**
Date: 11/23/2019

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
11/21/2019	11/26/2019	7168854517	603484	115Invoice	20.39	1,019.66		999.27		7168854517	☐

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

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

Subtotals: 1,019.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/18/2019 4,268.72

If Paid By 11/26/2019, Pay This Amount: 999.27 USD

If Paid After 11/26/2019, Pay this Amount: 1,019.66 USD

Due If Paid On Time: USD 999.27 ✓ 6k

Disc lost if paid late: 20.39

Vee Cfo

Due If Paid Late: USD 1,019.66

APPROVED
ON
NOV 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 11/22/2019

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 11/23/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/22/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 11/23/2019 **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											
11/21/2019	11/26/2019	7168686065	602997	115Invoice	0.17	8.49		8.32	✓	7168686065	
11/21/2019	11/26/2019	7168686066	602997	115Invoice	0.60	30.24		29.64	✓	7168686066	

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: 38.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,268.72
11/18/2019

If Paid By 11/26/2019,
Pay This Amount: 37.96 USD

If Paid After 11/26/2019,
Pay this Amount: 38.73 USD

Due If Paid On Time:
USD 37.96

Disc lost if paid late: 0.77

Gk Ved
CFO

Due If Paid Late:
USD 38.73

APPROVED
ON
NOV 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58601234 Date: 11-22-2019

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:	1,101.16
Past Due:	0.00
Total Due:	1,101.16
Account Balance:	1,101.16

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
11-18-2019	11-29-2019	3030170307	152471	Invoice	89.79
11-18-2019	11-29-2019	3030170308	152472	Invoice	147.83
11-18-2019	11-29-2019	3030227970	152521	Invoice	91.11
11-18-2019	11-29-2019	3030227971	152522	Invoice	4.76
11-19-2019	11-29-2019	3030268514	152536	Invoice	11.05
11-20-2019	11-29-2019	3030327459	152578	Invoice	146.66
11-21-2019	11-29-2019	3030390629	152598	Invoice	35.26
11-22-2019	11-29-2019	3030444253	152605	Invoice	574.70

Thank You for Your Payment

Date	Payment Number	Amount
11-22-2019		(1,676.96)

Reminders

Due Date	Amount
11-29-2019	~~1,101.16~~

Total Due: 1,101.16

Terms:
Monday - Friday due in 7 days

APPROVED
ON
NOV 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck# 50060

Processing Number [illegible] Document Type Customer Statement [illegible]

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

			ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	19	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	

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

☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 100,030.38	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 49,716.42	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,141.36	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,172.60	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★	120219	
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	Code	Amount	Code	Amount
1	REGULAR PAY-S1	9660.50	N		N	N		189988.34	A/R	940.33	A/R2	212.67	A/R3	
1	REGULAR PAY-S1	1798.50	N		N	N	N	82610.49	ADVANC		AWARDS		BOOTS	
1	REGULAR PAY-S1	270.75	Y		N	N		7978.55	CAFE H		CAFE-1		CAFE-2	
2	REGULAR PAY-S2	2672.50	N		N	N		58903.70	CAFE-3		CAFE-4		CAFE-5	
2	REGULAR PAY-S2	145.25	Y		N	N		5001.45	CAFE-C		CAFE-D	1632.50	CAFE-F	
3	REGULAR PAY-S3	1514.50	N		N	N		41350.97	CAFE-H	18575.00	CAFE-I		CAFE-L	
3	REGULAR PAY-S3	128.50	Y		N	N		4722.55	CAFE-P		CANCER		CHILD	346.15
4	CALL BACK PAY	6.00	N		N	N	Y	194.70	CLINIC	415.00	COMBIN		CREDUN	
C	CALL PAY	2300.50	N	1	N	N		4601.00	DD ADV		DENTAL		DEP-LF	
D	DOUBLE TIME	12.00	N		N	N	N	341.76	DIS-LF		EAT		EATCSH	
E	EXTRA WAGES		N		N	N	N	750.00	FEDTAX	38172.60	FICA-M	6109.94	FICA-O	24858.21
E	EXTRA WAGES		N	1	N	N	N	2257.75	FIRSTC		FLEX S	3308.75	FLX FE	
I	INSERVICE	72.25	N	1	N	N		2193.20	FORT D		FUTA		GIFT S	198.95
I	INSERVICE	1.50	N	2	N	N		37.88	GRANT		GRP-IN		GTL	
J	JURY LEAVE	8.00	N	1	N	N		336.00	HOSP-I		ID TFT		LEAF	
K	EXTENDED-ILLNESS-BANK	296.00	N	1	N	N		9418.36	LEGAL	637.97	MASA		MEALS	135.60
P	PAID-TIME-OFF	407.87	N		N	N	N	7185.83	MISC		MISC/		MMCSHR	
P	PAID-TIME-OFF	1092.42	N	1	N	N		26794.14	NATFML	1936.58	OTHER		PHI	
X	CALL PAY 2	144.00	N	1	N	N		288.00	PHI***		PR FIN		RELAY	
Z	CALL PAY 3	48.00	N	1	N	N		144.00	REPAY		SAMS		SCRUBS	
p	PAID TIME OFF - PROBATION	34.00	N	1	N	N		542.23	SIGNON		ST-TX		STONDF	1190.86
									STONE		STONE2		STUDEN	
									SUNACC	902.47	SUNILL	1585.80	SUNLIF	1417.80
									SUNSTD	1418.05	SUNVIS	1063.97	TSA-1	
									TSA-2		TSA-C		TSA-P	
									TSA-R	31192.35	TUTION		UNIFOR	1901.82
									UW/HOS					

Grand Totals: 20613.04 (Gross: 445640.95 Deductions: 138153.37 Net: 307487.58)

Checks Count:- FT 205 PT 11 Other 44 Female 228 Male 31 Credit OverAmt 7 ZeroNet Term Total: 259

Paydate
11/27/19

OK [illegible] CFO
11-25-19

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

			VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)		TOTALS
PAY PERIOD: BEGIN		11/08/19						
PAY PERIOD: END		11/21/19						
PAY DATE:		11/29/19						
GROSS PAY:	$	445,640.95			$ -		$	445,640.95
DEDUCTIONS:								
A/R	$	1,153.00					$	1,153.00
ADVANC							$	-
BOOTS							$	-
SUNLIFE CRITICAL ILLNESS	$	1,585.80					$	1,585.80
SUNLIFE ACCIDENT	$	902.47					$	902.47
SUNLIFE VISION	$	1,063.97					$	1,063.97
SUNLIFE SHORT TERM DIS	$	1,418.05					$	1,418.05
CAFÉ-5							$	-
CAFÉ-D	$	1,632.50					$	1,632.50
CAFÉ-H	$	18,575.00					$	18,575.00
CAFÉ-I							$	-
CAFÉ-L							$	-
CAFÉ-P							$	-
CANCER							$	-
CHILD	$	346.15	+1.50 = 347.65				$	346.15
CLINIC	$	415.00					$	415.00
COMBIN	$	-					$	-
CREDUN							$	-
DENTAL							$	-
DEP-LF							$	-
SUNLIFE TERM LIFE	$	1,417.80					$	1,417.80
EAT	$	-					$	-
FED TAX	$	38,172.60					$	38,172.60
FICA-M	$	6,109.94					$	6,109.94
FICA-O	$	24,858.21					$	24,858.21
FIRST C							$	-
FLEX S	$	3,308.75					$	3,308.75
FLX-FE							$	-
GIFT S	$	198.95					$	198.95
GRP-IN							$	-
GTL							$	-
HOSP-I							$	-
LEGAL	$	637.97					$	637.97
OTHER	$	2,037.42					$	2,037.42
NATIONAL FARM LIFE	$	1,936.58					$	1,936.58
PHI							$	-
PR FIN	$	-					$	-
RELAY							$	-
REPAY							$	-
STONEDF	$	1,190.86					$	1,190.86
STONE							$	-
STONE 2							$	-
STUDEN							$	-
TSA-R	$	31,192.35					$	31,192.35
UW/HOS							$	-
TOTAL DEDUCTIONS:	$	138,153.37	$ -	$ -	$ -	$ -	$	138,153.37
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**		
NET PAY:	$	307,487.58	$ -	$ -	$ -	$ -	$	307,487.58
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**		
TOTAL CAFÉ 125 PLAN:	$	29,677.40	**Less Exempt:**					
TAXABLE PAY:	$	415,963.55	$ 400,939.36					

			CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$	6,031.47		
FICA - MED (EE)	1.45%	$	6,109.99	$ 6,109.94	$ 0.05
FICA - SOC SEC (ER)	6.20%	$	24,858.24		
FICA - SOC SEC (EE)	6.20%	$	24,858.24	$ 24,858.21	$ 0.03
FED WITHHOLDING		$	38,172.60	$ 38,172.60	
TAX DEPOSIT:		$	100,030.54	$ 100,108.90	$ 43.93
FICA - MEDICARE	2.90%	$	12,141.46	$12,141.36	
FICA - SOCIAL SECURITY	12.40%	$	49,716.48	$49,716.42	
FED WITHHOLDING		$	38,172.60	$38,172.60	
TOTAL TAX:		$	100,030.54	$100,030.38	$ 0.16

Employees over FICA-SS Cap:		**Exempt Amt:**
Jason Anglin	$	8,724.73
Diane Moore	$	6,299.46
Roshanda Thomas		
Paycode S - Employee Reimb.:		
Roshanda S. Gray		
TOTAL:	$	15,024.19

PREPARED BY: SARAH L. HENDERSON

PREPARED DATE: 11/15/2019

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --November 18 , 2019 - November 24, 2019

Date	Bank Description	MMC Notes	Amount	CPSI
11/18/2019	PAY PLUS ACHTRANS 452579291 101000691466950	- 3rd Party Payor Fee	1.01	
11/18/2019	IRS USATAXPYMT 220972225502203 6103601000099	- Payroll Taxes	103,288.57	**
11/19/2019	WEBFILE TAX PYMT DD 902/35367133 21000021854	- Sales Tax	2,193.88	**
11/19/2019	STATE COMPTRLR TEXNET 35350252/91118 2100002	-UHRIP for second half of SFY 2020	286,434.87	**
11/19/2019	PAY PLUS ACHTRANS 452579291 101000692453805	- 3rd Party Payor Fee	3.56	
11/19/2019	MCKESSON DRUG AUTO ACH ACH03987750 910000127	- 340B Drug Program Expense	4,268.72	*
11/19/2019	EXPERTPAY EXPERTPAY 746003411 91000016517513	-Child Support Payment -Payroll Ending 11/7/19	347.65	**
11/20/2019	PAY PLUS ACHTRANS 452579291 101000693207405	- 3rd Party Payor Fee	2.62	
11/20/2019	FDGL LEASE PYMT 052-1312971-000 410001250231	- Credit Card Machine Lease Expense	151.23	
11/21/2019	PAY PLUS ACHTRANS 452579291 101000693822136	- 3rd Party Payor Fee	4.70	
11/22/2019	PAY PLUS ACHTRANS 452579291 101000694559040	- 3rd Party Payor Fee	3.13	
11/22/2019	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,676.96	*
			398,376.90	

Pay Plus
1.01 +
3.56 +
2.62 +
4.70 +
3.13 +
15.02 *

Credit Card Expense
151.23 +
151.23 *

15.02 +
151.23 +
166.25 *

398,376.90 +
103,288.57 −
2,193.88 −
286,434.87 −
4,268.72 −
347.65 −
1,676.96 −
166.25 *

Dau CFO

November 25, 2019

Diane Moore, CFO
Memorial Medical Center

*Approved 11-20-19 cc
**Approved 11-13-19 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
12/3/2019	STATE COMPTRLR TEXNET 35350252/91118 2100002	2015 DSH Withheld Payment	4,217.09
			4,217.09

Dau CFO

November 25, 2019

Diane Moore, CFO
Memorial Medical Center

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number **Location**

Transaction Complete

Trace #

Payment Total	$4,217.09
Settlement Date	12/03/2019
PAYMENT DETAIL	
DSH Amount	$4,217.09

Return to Menu Logoff

Help

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

Revised:01/09/13 (483)

2020 TPI	Hospital Name	2020 DSH Ownership Type	Total Unspent Funds Allocation Assuming Full IGT	Maximum IGT by Provider
	Memorial Medical Center	Small Public	$ 10,052.66	$ 4,217.09

Jason Anglin

From: HHSC DSH Payments <DSHPayments@hhsc.state.tx.us>
Sent: Monday, November 25, 2019 9:36 AM
To: HHSC DSH Payments; 'ellen.russell@christushealth.org'; 'eloygarzajr@gmail.com'; 'enrique.bernal@hcahealthcare.com'; 'Eric_Graves@chs.net'; 'estratton@childresshospital.com'; 'fabian.borrego@uhsinc.com'; 'ferguson@gl-law.com'; 'gary.branum@uhsinc.com'; 'gary.troutman@bhset.net'; 'germis@stllukeshealth.org'; 'ghebert@thcs.org'; 'gilbert@gl-law.com'; 'glen.boles@christushealth.org'; 'gmontalvo@primehealthcare.com'; Gonzalez,Paula (HHSC/DSHS); 'gregp@cuerohospital.org'; 'gregwheeler@shannonhealth.org'; Gutierrez-Rodriguez,Jessica (DSHS); 'hal.guthrie@dhg.com'; Hale,Jonathan M (HHSC/DSHS); 'heather.stuart@campbellwilson.com'; 'heintz@gl-law.com'; 'holt@gl-law.com'; 'htoliver@bkd.com'; 'j.navarro@dhr-rgv.com'; 'j.williams@lambhc.org'; 'jaceh@parkviewhosp.org'; 'Jack.Wilcox@lpnt.net'; 'jaclynn.harrison@christushealth.org'; 'jacob.davis@claritycgc.org'; 'Jaime.Mitchell@titusregional.com'; 'james.blasingame@phhs.org'; 'jamie.mathews@hcmhosp.com'; Barrera,Janet G (DSHS); 'janet.garcia@adventhealth.com'; 'janet@preferredmanagementcorp.com'; Jason Anglin; 'janice.lightfoot@phhs.org'; 'jason.miller1@steward.org'; 'jason@ahcv.com'; 'Jay.Whitfield@BSWHealth.org'; 'jbiley@mchd.net'; 'jbuchanan@bkd.com'; 'jcasbeer@grahamrmc.com'; 'jeff.dane@umchealthsystem.com'; 'Jennie.Campbell@BSWHealth.org'; 'jerry.jasper@brownfield-rmc.org'; Gutierrez-Rodriguez,Jessica (DSHS); 'jgraves@dimmitregional.com'; JoAnn Greenway; 'jgrigson@covhs.org'; 'jhammel@obmc.org'; 'jillvineyard@shannonhealth.org'; 'jim.adams@ardenthealth.com'; 'Jimh@mangoldmemorial.org'; 'JLHolly@ascension.org'; 'jmhatt@mdanderson.org'; 'joe.hernandez@hcahealthcare.com'; 'joe.vasquez@mhshealth.com'; 'joeb@dhchd.org'; 'joel.morales@uhsinc.com'; 'john.armour@hcahealthcare.com'; 'john.desantis@steward.org'; 'john.moore@huntsvillememorial.com'; 'jolivares@yoakumhospital.org'; Hale,Jonathan M (HHSC/DSHS); 'JosephWooldridge@Shannonhealth.org'; 'josh@preferredmanagementcorp.com'; 'jrich@huntregional.org'; 'jrjohann@baptisthealthsystem.com'; 'jsmith@medicalartshospital.org'; 'juana.giralt@uhsinc.com'; 'julie.rabat-torki@harrishealth.org'; 'julieh@rpmh.net'; 'Justin.Flores@BSWHealth.org'; 'jwalker@hendrickhealth.org'; 'jweaver@medicalartshospital.org'; 'kanarek@gl-law.com'; 'karla@preferredmanagementcorp.com'; 'kathy.flores@vvrmc.org'; 'katie@chillhd.org'; 'kdawson3@primehealthcare.com'; 'keri.disney-story@phhs.org'; 'Kevin.Anderson@stjoe.org'; 'kevin.frosch@medinahospital.net'; 'kevin.mulvany@myfrh.com'; 'kevin.smith@uhsinc.com'; 'kfields@nhsltd.com'; 'kglover@gonzaleshealthcare.com'; 'khambatta@gl-law.com'; 'kimberly@ahcv.com'; 'kirk.pogue@lpnt.net'; 'kirkland@gl-law.com'; 'kklein@connallymmc.org'; 'klatimer@childresshospital.com'; 'knolting@noltingconsulting.com'; 'knueske@seminolehospitaldistrict.com'; 'kzieren@stllukeshealth.org'; 'LarryJ@dhcg.com'; 'laurend@dhcg.com'
Cc: Fine,Mance (HHSC); Cantu,Rene (HHSC); Heinemann,David (HHSC); Rasmussen,Geri (HHSC); Guzman,Kenneth (HHSC); Okoniewski,Amanda (HHSC)
Subject: 2015 DSH Withheld Payment IGT Notification 2
Attachments: Public - 2015 DSH Withheld Payment Calculation - Option X With OI Days & YTD Pymt Inflators.xlsx

DSH Participants:

Attached is the finalized 2015 DSH Withheld Payment Calculation workbook.

The DSH payments and intergovernmental transfer (IGT) amounts are based on the calculations in the Model Scenario Analysis (see tabs labeled "2015_Non-State" and "2015_State" for non-state-owned and state-owned hospitals respectively). Providers were then capped at their final audited 2015 HSL net of YTD DSH and UC payments in excess of Schedule 1 and 2 costs in the "Analysis" tab. You can view the payment and IGT amounts in the "Final Payments & IGT Amounts" tab. The payment amounts are in column D and the IGT amounts are in column E. To ensure that all government entities receive this notification, HHSC strongly encourages providers to send this information to any government entity who is IGT'ing on their behalf

Below are the pertinent dates associated with the DSH Pool 2 payment:

- December 2 Last date to schedule transfer in TexNet
- December 3 Pass 1 and Pass 2 IGT Settlement Date
- December 16 State Owned Hospitals submit Journal Entry
- December 31 Latest DSH Pass 1 and Pass 2 Payment Date

****Late IGTs will not be accepted.**

Please ensure you select the DSH bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the confirmation number, settlement date and IGT amount if the TexNet is submitted over the phone, to DSHPayments@hhsc.state.tx.us. Additional information regarding the TexNet process can be found at this link. State owned hospitals must send a copy of their Journal Entry to DSHPayments@hhsc.state.tx.us. **HHSC will not send confirmation emails confirming receipt of Trace Sheets.**

Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

If you have questions regarding the DSH payment process, please send an email to DSHPayments@hhsc.state.tx.us. Questions about the calculation can be sent to uctools@hhsc.state.tx.us.

Thank you,

HHSC Hospital Rate Analysis Payments
Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/25/2019

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		190,034.70	189,892.30	60,147.89		-	60,290.29	**60,147.89**
						Bank Balance	60,290.29	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
Routing Information for Ashford Gardens:						**MMC Portion QIPP 1**		
Ashford Health Care Center Ltd Co						**MMC Portion QIPP 2,3,Lapse**		
JP Morgan Chase Bank						**October Interest**	**42.40**	
ABA						**November Interest**		
Acct						**December Interest**		
						Adjust Balance/Transfer Amt	**60,147.89**	
Broadmoor		200,924.89	200,776.57	255,234.98		-	255,383.30	**255,234.98**
						Bank Balance	255,383.30	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1		
						MMC Portion QIPP 2,3,Lapse		
						October Interest	**48.32**	
						November Interest		
						December Interest		
						Adjust Balance/Transfer Amt	**255,234.98**	
Crescent		78,956.02	78,804.05	314,322.94		-	314,474.91	**314,322.94**
						Bank Balance	314,474.91	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1		
						MMC Portion QIPP 2,3,Lapse		
						October Interest	**51.97**	
						November Interest		
						December Interest	-	
						Adjust Balance/Transfer Amt	**314,322.94**	
Fort Bend		58,395.01	58,272.49	56,825.58		-	56,948.10	**56,825.58**
						Bank Balance	56,948.10	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1		
						MMC Portion QIPP 2,3,Lapse		
						October Interest	**22.52**	
						November Interest		
						December Interest	-	
						Adjust Balance/Transfer Amt	**56,825.58**	
Solera at W Houston		125,441.52	125,282.13	188,376.51			188,535.90	**188,376.51**
						Bank Balance	188,535.90	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
Routing information for Crescent / Solera at West Houston / Fort Bend / Broadmoor						**MMC Portion QIPP 1**		
Cantex Health Care Centers III LLC						**MMC Portion QIPP 2,3,Lapse**		
JP Morgan Chase Bank						**October Interest**	**59.39**	
ABA						**November Interest**		
Acct						**December Interest**	-	
						Adjust Balance/Transfer Amt	**188,376.51**	
						TOTAL TRANSFERS		**874,907.90**

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: [signature] CFO
Diane Moore, CFO 11/25/2019

60,147.89 +
255,234.98 +
314,322.94 +
56,825.58 +
188,376.51 +
874,907.90 *

APPROVED
ON
NOV 25 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

F:\NH Weekly Transfers\NH UPL Transfer Summary\2019\November\NH UPL Transfer Summary 11-25-19 .xlsx

Ashford Gardens

Ashford Gardens	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2,3,Lapse	MMC PORTION Yr 1 Adjustment	QIPP TI	NH PORTION
11/18/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191115150008	$ -	$ 2,246.58				-	2,246.58
11/18/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05D81858132643	$ -	$ 17,482.12				-	17,482.12
11/19/2019 Check# 75	$ 21,212.19	$ -				-	-
11/19/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191116113002	$ -	$ 3,321.63				-	3,321.63
11/20/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191117155005	$ -	$ 950.11				-	950.11
11/20/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05D83715132643	$ -	$ 1,133.29				-	1,133.29
11/21/2019 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$ 156,774.34	$ -				-	-
11/21/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191120144005	$ -	$ 10,104.49				-	10,104.49
11/21/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191120142003	$ -	$ 3,338.06				-	3,338.06
11/22/2019 Check# 76	$ 11,905.77	$ -				-	-
11/22/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191121121001	$ -	$ 18,689.20				-	18,689.20
11/22/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05D85774132643	$ -	$ 2,882.41				-	2,882.41
						-	-
	$ 189,892.30	$ 60,147.89	-	-	-	-	60,147.89

Broadmoor

Broadmoor	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2,3,Lapse	MMC PORTION Yr 1 Adjustment	QIPP TI	NH PORTION
11/18/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191115150010	$ -	$ 1,885.38				-	1,885.38
11/19/2019 Check# 40	$ 7,647.12	$ -				-	-
11/19/2019 NOVITAS SOLUTION HCCLAIMPMT 676357 420000197 TRN*1*EFT5379220*1205	$ -	$ 420.62				-	420.62
11/20/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*05D83716166986	$ -	$ 10,155.04				-	10,155.04
11/21/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 188,837.35	$ -				-	-
11/21/2019 NOVITAS SOLUTION HCCLAIMPMT 676357 420000177 TRN*1*EFT5383426*1205	$ -	$ 205,449.55				-	205,449.55
11/22/2019 Check # 41	$ 4,292.10	$ -				-	-
11/22/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191121116011	$ -	$ 0.04				-	0.04
11/22/2019 NOVITAS SOLUTION HCCLAIMPMT 676357 420000152 TRN*1*EFT5385143*1205	$ -	$ 24,097.74				-	24,097.74
11/22/2019 HUMANA CHA DISB HCCLAIMPMT 390861 4200001509 TRN*1*01484010087266	$ -	$ 13,226.61				-	13,226.61
						-	-
						-	-
	$ 200,776.57	$ 255,234.98	-	-	-	-	255,234.98

Crescent

Crescent	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2,3,Lapse	MMC PORTION Yr 1 Adjustment	QIPP TI	NH PORTION
11/18/2019 Deposit	$ -	$ 4,320.00				-	4,320.00
11/18/2019 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR46532365*14	$ -	$ 7,770.00					7,770.00
11/18/2019 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1485016787*141128	$ -	$ 3,330.00					3,330.00
11/18/2019 CIGNA HCCLAIMPMT 1669860425 91000011740634 TRN*1*191114090046246*1	$ -	$ 2,046.00					2,046.00
11/19/2019 Check# 70	$ 6,819.80	$ -					-
11/20/2019 Deposit	$ -	$ 9,780.00					9,780.00
11/20/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191117117002	$ -	$ 2,333.55					2,333.55
11/21/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 68,156.50	$ -					-
11/21/2019 NOVITAS SOLUTION HCCLAIMPMT 676323 420000177 TRN*1*EFT5383408*1205	$ -	$ 243,090.45					243,090.45
11/22/2019 Check# 71	$ 3,827.75	$ -				-	-
11/22/2019 MANAGEANDNET1718 MNS PMNT 000000000003268 41 0247041	$ -	$ 4,095.00				-	4,095.00
11/22/2019 NOVITAS SOLUTION HCCLAIMPMT 676323 420000152 TRN*1*EFT5385131*1205	$ -	$ 32,607.94				-	32,607.94
11/22/2019 CIGNA HCCLAIMPMT 1669860425 91000012923724 TRN*1*191119090034772*1	$ -	$ 4,950.00				-	4,950.00
						-	-
	$ 78,804.05	$ 314,322.94	-	-	-	-	314,322.94

Fort Bend

Fort Bend	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2,3,Lapse	MMC PORTION Yr 1 Adjustment	QIPP TI	NH PORTION
11/18/2019 Deposit	$ -	$ 473.89				-	473.89
11/18/2019 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1484998575*1362	$ -	$ 128.79				-	128.79
11/19/2019 Check # 67	$ 9,070.71	$ -				-	-
11/19/2019 HUMANA INS CO HCCLAIMPMT 390863 830000508329 TRN*1*00129004713105	$ -	$ 1,660.06				-	1,660.06
11/21/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 44,110.66	$ -				-	-
11/21/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191120112011	$ -	$ 63.80				-	63.80
11/22/2019 Check# 68	$ 5,091.12	$ -				-	-
11/22/2019 UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*201911211060045	$ -	$ 1,040.00				-	1,040.00
11/22/2019 NOVITAS SOLUTION HCCLAIMPMT 675663 420000152 TRN*1*EFT5385072*1205	$ -	$ 53,459.04				-	53,459.04
	$ 58,272.49	$ 56,825.58	-	-	-	-	56,825.58

$ 62,002.29

Solera at West Houston

Solera at West Houston	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2,3,Lapse	MMC PORTION Yr 1 Adjustment	QIPP TI	NH PORTION
11/18/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191115150009	$ -	$ 4,819.93				-	4,819.93
11/18/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191115139004	$ -	$ 0.26				-	0.26
11/19/2019 Check# 69	$ 8,183.76	$ -				-	-
11/19/2019 HUMANA INS CO HCCLAIMPMT 390862 830000508329 TRN*1*00129004713105	$ -	$ 253.80				-	253.80
11/21/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 112,505.07	$ -				-	-
11/22/2019 Check # 70	$ 4,593.30	$ -				-	-
11/22/2019 Amerigroup TXSC HCCLAIMPMT 3113278322 111000 TRN*1*3113278322*17526	$ -	$ 705.16				-	705.16
11/22/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191121166003	$ -	$ 3,517.50				-	3,517.50
11/22/2019 NOVITAS SOLUTION HCCLAIMPMT 676310 420000152 TRN*1*EFT5385127*1205	$ -	$ 172,684.81				-	172,684.81
11/22/2019 HUMANA INS CO EFPAYMENT 390862 8300005024000 TRN*1*00129004720972	$ -	$ 6,393.55				-	6,393.55
11/22/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05D85787149714	$ -	$ 1.50				-	1.50
						-	-
	$ 125,282.13	$ 188,376.51	-	-	-	-	188,376.51
TOTALS	$ 653,027.54	$ 874,907.90	-	-	-	-	874,907.90

Quick View

DDA Data reported as of Nov 25, 2019 9:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$60,290.29	$183,623.76	$60,290.29	$50,624.45
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$255,383.30	$266,577.69	$255,383.30	$222,351.01
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$314,474.91	$351,691.75	$314,474.91	$276,649.72
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$188,535.90	$235,477.62	$188,535.90	$9,826.68
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$56,948.10	$70,877.44	$56,948.10	$7,540.18
[redacted]				

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/25/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	2018 YTD Iterest Earned		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza - Private Pay		316.70	-	-		-		-	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	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	2018 YTD Iterest Earned		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza Medicare/Medicaid		779.54	-	65,744.63		-		-	66,524.17	66,389.45
								Bank Balance	66,524.17	
								Variance	-	
								Leave in Balance	100.00	
								MMC Portion QIPP 1	-	
								MMC Portion QIPP 2,3,Lapse	-	
								October Interest	34.72	
								November Interest	-	
								December Interest	-	
								Adjust Balance/Transfer Amt	66,389.45	

TOTAL TRANSFERS 66,389.45

Routing Information for Gulf Pointe Plaza:

[redacted]

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: Dou CFO
Diane Moore, CFO 11/25/2019

APPROVED
ON

NOV 25 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
							-	-
							-	-
	-	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
11/18/2019 Deposit	$ -	$ 36,452.13						36,452.13
11/22/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*0SD863231	$ -	$ 29,292.50						29,292.50
								-
	-	**65,744.63**	-	-	-	-	-	**65,744.63**
	-	**65,744.63**	-	-	-	-	-	**65,744.63**

Quick View

DDA Data reported as of Nov 25, 2019 9:

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	$316.70
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$66,524.17	$66,524.17	$66,524.17	$37,231.67

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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/25/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		9,510.60	9,386.56	69,490.18	-	-	69,614.22	69,490.18
						Bank Balance	69,614.22	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						QIPP Comp 1		
						QIPP 2,3,Lapse		
						October Interest	**24.04**	
						November Interest		
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	**69,490.18**	

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

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: CFO

Diane Moore, CFO 11/25/2019

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	QIPP YR 1 Adjustment		QIPP TI	NH PORTION
11/18/2019	Deposit	$ -	$ 62,002.29					-	62,002.29
11/20/2019	Deposit	$ -	$ 4,467.00						4,467.00
11/20/2019	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 2,783.29						2,783.29
11/21/2019	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$ 9,386.56	$ -						-
11/21/2019	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	$ -	$ 237.60						237.60
								-	-
		9,386.56	69,490.18	-	-	-	-	-	69,490.18

Quick View

DDA Data reported as of Nov 25, 2019 9:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$69,614.22	$133,017.86	$69,614.22	$69,614.22
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

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Page generated on 11/25/2019 at 9.