MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- December 04, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	239,080.84
TOTAL TRANSFERS BETWEEN FUNDS	$	2,495.00
TOTAL NURSING HOME UPL EXPENSES	$	801,454.43
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED December 04, 2019	$	1,043,030.27

APPROVED

DEC 0 4 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 04, 2019

PAYABLES AND PAYROLL			
12/2/2019	Weekly Payables	226,458.18	
12/2/2019	McKesson-340B Prescription Expense	10,980.61	
12/2/2019	Amerisource Bergen-340B Prescription Expense	714.59	
12/2/2019	Payroll Liabilities -Payroll Taxes	194.93	
12/2/2019	Supplemental payroll	665.69	
	Prosperity Electronic Bank Payments		
11/26-11/29/19	Pay Plus-Patient Claims Processing Fee	66.84	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 239,080.84**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
12/2/2019	Transfer from MMC Operating to Ashford-to correct insurance deposit error	1,235.00	
12/2/2019	Transfer from MMC Operating to Solera-to correct insurance deposit error	1,260.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 2,495.00**
NURSING HOME UPL EXPENSES			
12/2/2019	Nursing Home UPI-Cantex Transfer	620,778.44	
12/2/2019	Nursing Home UPI-Nexion Transfer	87,548.96	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
12/2/2019	Ashford	21,865.67	
12/2/2019	Broadmoor	7,862.04	
12/2/2019	Crescent	7,029.10	
12/2/2019	Fort Bend	9,356.51	
12/2/2019	Solera	8,439.42	
12/2/2019	Golden Creek	23,335.41	
12/2/2019	Gulf Pointe	15,238.88	
TOTAL NURSING HOME UPL EXPENSES			**$ 801,454.43**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED December 04, 2019			**$ 1,043,030.27**

RECEIVED
DEC 02 2019
Calhoun County Auditor

12/02/2019 08:57

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/11/2019

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Vendor#	Vendor Name	Class	Pay Code
10995	ABILITY NETWORK (SHIFTHOUND)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19M0180001	SCHEDULING SERVICES	11/11/20	11/06/20	12/06/20		558.00	0.00	0.00	558.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10995	ABILITY NETWORK (SHIFTHOUND)	558.00	0.00	0.00	558.00

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
139585	SUPPLIES (Maint.)	11/20/20	11/13/20	12/08/20		19.98	0.00	0.00	19.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	19.98	0.00	0.00	19.98

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SI01321912	SUPPLIES	11/22/20	11/11/20	11/22/20		21.68	0.00	0.00	21.68

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC	21.68	0.00	0.00	21.68

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
9800609174	OXYGEN	11/27/20	11/08/20	12/03/20		55.10	0.00	0.00	55.10
9095157503	OXYGEN	11/27/20	11/08/20	12/03/20		257.41	0.00	0.00	257.41

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	312.51	0.00	0.00	312.51

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
9656843699	SUPPLIES	11/19/20	11/05/20	12/05/20		1,594.15	0.00	0.00	1,594.15

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV03242130	SUPPLIES	11/22/20	11/14/20	11/29/20		124.49	0.00	0.00	124.49

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	124.49	0.00	0.00	124.49

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
112519	Contract Worker — (11/8-11/21/19)	11/25/20	11/25/20	11/25/20		2,299.50	0.00	0.00	2,299.50

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE				2,299.50	0.00	0.00	2,299.50

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
	96091632	SUPPLIES	11/22/20 11/11/20	11/08/20		639.17	0.00	0.00	639.17
	96137828	SUPPLIES	11/27/20 11/19/20	11/27/20		1,534.77	0.00	0.00	1,534.77
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		A2271	ARTHREX, INC			2,173.94	0.00	0.00	2,173.94
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
	80263590	SUPPLIES	11/22/20 11/11/20	11/22/20		119.68	0.00	0.00	119.68
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		B0435	BARD PERIPHERAL VASCULAR			119.68	0.00	0.00	119.68
Vendor#	Vendor Name			Class	Pay Code				
B1150	BAXTER HEALTHCARE			W					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	64941449	SUPPLIES	11/27/20 11/14/20	12/09/20		642.41	0.00	0.00	642.41
	64937779	SUPPLIES	11/27/20 11/14/20	12/09/20		128.40	0.00	0.00	128.40
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE			770.81	0.00	0.00	770.81
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
	6008050444	SUPPLIES	11/27/20 11/15/20	11/27/20		1,439.75	0.00	0.00	1,439.75
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE			1,439.75	0.00	0.00	1,439.75
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
	108085492	SUPPLIES	11/19/20 11/11/20	12/06/20		104.70	0.00	0.00	104.70
	7259950	SUPPLIES	11/19/20 11/11/20	12/06/20		5,949.53	0.00	0.00	5,949.53
	5415119	SUPPLIES	11/19/20 11/13/20	12/08/20		5,016.58	0.00	0.00	5,016.58
	108092805	SUPPLIES	11/19/20 11/15/20	12/10/20		1,288.45	0.00	0.00	1,288.45
	5414821 108092802	SUPPLIES	11/19/20 11/15/20	12/10/20		6,249.42	0.00	0.00	6,249.42
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC			18,608.68	0.00	0.00	18,608.68
Vendor#	Vendor Name			Class	Pay Code				
B1320	BEEKLEY CORPORATION			M					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1312222		11/27/20	11/23/20	11/27/20		814.95	0.00	0.00	814.95
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION				814.95	0.00	0.00	814.95

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
1280022306		11/27/20	11/21/20	11/27/20		7,896.29	0.00	0.00	7,896.29
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12600	BIOFIRE DIAGNOSTICS LLC				7,896.29	0.00	0.00	7,896.29

Vendor#	Vendor Name	Class	Pay Code
B1680	BOUND TREE MEDICAL, LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
83406129		11/22/20	11/06/20	11/22/20		248.40	0.00	0.00	248.40
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC				248.40	0.00	0.00	248.40

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
112419		11/27/20	11/24/20	12/11/20		105.73	0.00	0.00	105.73
	FUEL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY				105.73	0.00	0.00	105.73

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8002075754		11/25/20	10/31/20	11/25/20		41.67	0.00	0.00	41.67
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.				41.67	0.00	0.00	41.67

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
33A		11/27/20	11/27/20	11/27/20		75.00	0.00	0.00	75.00
	CERTIFICATE RENEWAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK				75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
L1629	CHRISTINA ZAPATA-ARROYO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OUTPATIENT0919		11/26/20	11/26/20	11/26/20		1,361.25	0.00	0.00	1,361.25
	SPEECH THERAPY								
INPATIENT1019		11/26/20	11/26/20	11/26/20		82.50	0.00	0.00	82.50
	SPEECH THERAPY								
OUTPATIENT1019		11/26/20	11/26/20	11/26/20		508.75	0.00	0.00	508.75
	SPEECH THERAPY								
INPATIENT0919		11/26/20	11/26/20	11/26/20		165.00	0.00	0.00	165.00
	SPEECH THERAPY								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1629	CHRISTINA ZAPATA-ARROYO				2,117.50	0.00	0.00	2,117.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111519		11/25/20	11/15/20	11/15/20		17.00	0.00	0.00	17.00
	CPR								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	17.00	0.00	0.00	17.00

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111919		11/27/20	11/19/20	12/05/20		4,361.08	0.00	0.00	4,361.08
	WATER MMC								
111919B		11/27/20	11/19/20	12/05/20		47.15	0.00	0.00	47.15
	WATER Rehab								
111919A		11/27/20	11/19/20	12/05/20		122.19	0.00	0.00	122.19
	WATER Clinic								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	4,530.42	0.00	0.00	4,530.42

Vendor#	Vendor Name	Class	Pay Code
11720	CLINICAL COMPUTER SYSTEMS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN129410		11/25/20	11/15/20	11/25/20		5,775.00	0.00	0.00	5,775.00
	OBIX HOSTED SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11720	CLINICAL COMPUTER SYSTEMS INC	5,775.00	0.00	0.00	5,775.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OEQT128721		11/25/20	11/21/20	12/01/20		83.61	0.00	0.00	83.61
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	83.61	0.00	0.00	83.61

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
124556		11/22/20	11/13/20	11/22/20		591.61	0.00	0.00	591.61
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	591.61	0.00	0.00	591.61

Vendor#	Vendor Name	Class	Pay Code
L1430	CONMED LINVATEC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3252320		11/27/20	11/18/20	11/27/20		37.60	0.00	0.00	37.60
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1430	CONMED LINVATEC	37.60	0.00	0.00	37.60

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
CS79155		11/20/20	11/08/20	12/08/20		301.00	0.00	0.00	301.00

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11616	CONTROL SOLUTIONS	301.00	0.00	0.00	301.00

Vendor#	Vendor Name	Class	Pay Code
10646	COVIDIEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
28436619		11/22/20	11/12/20	11/22/20		1,962.92	0.00	0.00	1,962.92

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10646	COVIDIEN	1,962.92	0.00	0.00	1,962.92

Vendor#	Vendor Name	Class	Pay Code
C1443	CYGNUS MEDICAL LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
294768		11/19/20	11/05/20	12/05/20		448.00	0.00	0.00	448.00

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL LLC	448.00	0.00	0.00	448.00

Vendor#	Vendor Name	Class	Pay Code
10368	DEWITT POTH & SON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5896250		11/18/20	11/12/20	12/07/20		451.34	0.00	0.00	451.34
	SUPPLIES								
5896760		11/18/20	11/12/20	12/07/20		123.36	0.00	0.00	123.36
	SUPPLIES								
5896630		11/18/20	11/12/20	12/07/20		518.94	0.00	0.00	518.94
	SUPPLIES								
5896370		11/19/20	11/12/20	12/07/20		79.80	0.00	0.00	79.80
	SUPPLIES								
5895980		11/25/20	11/12/20	12/07/20		16.04	0.00	0.00	16.04
	SUPPLIES								
5899730		11/25/20	11/14/20	12/09/20		43.04	0.00	0.00	43.04
	SUPPLIES								
5900010		11/25/20	11/15/20	12/10/20		35.94	0.00	0.00	35.94
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,268.46	0.00	0.00	1,268.46

Vendor#	Vendor Name	Class	Pay Code
10175	DSHS CENTRAL LAB MC2004		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CM1838102019		11/25/20	11/04/20	11/29/20		43.63	0.00	0.00	43.63

LAB SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	43.63	0.00	0.00	43.63

Vendor#	Vendor Name	Class	Pay Code
10042	ERBE USA INC SURGICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
579752		11/22/20	11/11/20	11/22/20		155.93	0.00	0.00	155.93

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	155.93	0.00	0.00	155.93

Vendor#	Vendor Name	Class	Pay Code

F1100 FEDERAL EXPRESS CORP. W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
683172355		11/25/20	11/07/20	12/02/20		10.68	0.00	0.00	10.68
683805960	SHIPPING	11/25/20	11/14/20	12/09/20		69.00	0.00	0.00	69.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	79.68	0.00	0.00	79.68

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
2958676	SUPPLIES	11/25/20	11/11/20	12/06/20		1,974.53	0.00	0.00	1,974.53
3081576	SUPPLIES	11/25/20	11/12/20	12/07/20		579.66	0.00	0.00	579.66
3081581	SUPPLIES	11/25/20	11/12/20	12/07/20		350.00	0.00	0.00	350.00
3399867	SUPPLIES	11/27/20	11/14/20	12/09/20		6,976.80	0.00	0.00	6,976.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	9,880.99	0.00	0.00	9,880.99

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
1762859	SUPPLIES	11/06/20	11/05/20	12/05/20		173.00	0.00	0.00	173.00
1762993	SUPPLIES	11/13/20	11/05/20	12/05/20		1,099.00	0.00	0.00	1,099.00
1763346	SUPPLIES	11/13/20	11/05/20	12/05/20		39.92	0.00	0.00	39.92
1763970	CREDIT	11/13/20	11/06/20	12/06/20		-39.92	0.00	0.00	-39.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,272.00	0.00	0.00	1,272.00

Vendor# Vendor Name — Class — Pay Code

12380 HEALTH SOLUTIONS DIETETICS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112719	DIETICIAN (10/31 - 11/27/19)	11/27/20	11/27/20	11/27/20		3,750.00	0.00	0.00	3,750.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS	3,750.00	0.00	0.00	3,750.00

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
89751	SUPPLIES	11/22/20	11/01/20	11/22/20		472.50	0.00	0.00	472.50
9184205	SUPPLIES	11/27/20	11/18/20	11/27/20		1,240.71	0.00	0.00	1,240.71

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	1,713.21	0.00	0.00	1,713.21

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
103019JH		11/25/20	10/30/20	11/29/20		1,372.61	0.00	0.00	1,372.61
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,372.61	0.00	0.00	1,372.61

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
421767		11/25/20	07/25/20	07/25/20		9,937.50	0.00	0.00	9,937.50
	PRO FEES/UONG								
2032182		11/25/20	07/25/20	07/25/20		8.46	0.00	0.00	8.46
	PRO FEES/UONG								
2037053		11/25/20	11/20/20	11/20/20		1,112.84	0.00	0.00	1,112.84
	PRO FEE UONG								
428840		11/25/20	11/21/20	11/21/20		21,750.00	0.00	0.00	21,750.00
	PRO FEE UONG								
2037119		11/25/20	11/21/20	11/21/20		100.83	0.00	0.00	100.83
	PRO FEE UONG								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	32,909.63	0.00	0.00	32,909.63

Vendor#	Vendor Name	Class	Pay Code
11732	JAQUELINE HERRERA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112019		11/25/20	11/20/20	11/20/20		32.60	0.00	0.00	32.60
	TRAVEL TO PICKUP MEDS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11732	JAQUELINE HERRERA	32.60	0.00	0.00	32.60

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112519		11/26/20	11/25/20	11/25/20		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#	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
68886628		11/22/20	11/12/20	11/27/20		3,586.10	0.00	0.00	3,586.10
	SUPPLIES								
68874337		11/22/20	11/12/20	11/27/20		64.97	0.00	0.00	64.97
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,651.07	0.00	0.00	3,651.07

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
1891548872		11/22/20	10/30/20	11/24/20		23.33	0.00	0.00	23.33
	SUPPLIES freight 18.73 on (1) Splint for 4.60								
1891548870		11/22/20	10/30/20	11/24/20		4.27	0.00	0.00	4.27
	SUPPLIES								
1891548874		11/22/20	10/30/20	11/24/20		33.69	0.00	0.00	33.69

freight 17.07 on (1) 40 ct alcohol wipe

SUPPLIES						
1891548871	11/22/20 10/30/20 11/24/20	49.23	0.00	0.00	49.23	
SUPPLIES						
1891548875	11/22/20 10/30/20 11/24/20	27.03	0.00	0.00	27.03	
SUPPLIES freight 10.72 on (1) 6.31 immobilizer						
1891697699	11/22/20 10/31/20 11/25/20	1,555.98	0.00	0.00	1,555.98	
SUPPLIES						
1891697698	11/22/20 10/31/20 11/25/20	46.54	0.00	0.00	46.54	
SUPPLIES						
1891697697	11/22/20 10/31/20 11/25/20	101.52	0.00	0.00	101.52	
SUPPLIES freight 64.71 on (1) 34.81 pillow						
1892013365	11/22/20 11/05/20 11/30/20	263.23	0.00	0.00	263.23	
SUPPLIES						
1892013364	11/22/20 11/05/20 11/30/20	120.48	0.00	0.00	120.48	
SUPPLIES						
1892013366	11/22/20 11/05/20 11/30/20	13.79	0.00	0.00	13.79	
SUPPLIES						
1892748085	11/22/20 11/12/20 12/07/20	3,807.08	0.00	0.00	3,807.08	
SUPPLIES						
1892748080	11/22/20 11/12/20 12/07/20	133.06	0.00	0.00	133.06	
SUPPLIES						
1892748078	11/22/20 11/12/20 12/07/20	1,351.27	0.00	0.00	1,351.27	
SUPPLIE						
1892886455	11/22/20 11/13/20 12/08/20	131.84	0.00	0.00	131.84	
SUPPLIES						
1892886457	11/22/20 11/13/20 12/08/20	161.16	0.00	0.00	161.16	
SUPPLIES						
1892886456	11/22/20 11/13/20 12/08/20	59.26	0.00	0.00	59.26	
SUPPLIES						
1892886453	11/22/20 11/13/20 12/08/20	357.03	0.00	0.00	357.03	
SUPPLIES						
189303642	11/22/20 11/14/20 12/09/20	46.54	0.00	0.00	46.54	
SUPPLIES						
1893030643	11/22/20 11/14/20 12/09/20	2,899.09	0.00	0.00	2,899.09	
SUPPLIES						
1893212111	11/26/20 11/16/20 12/11/20	955.95	0.00	0.00	955.95	
SUPPLIES						
1892886448	11/27/20 11/13/20 12/08/20	117.47	0.00	0.00	117.47	
SUPPLIES						
1892886444	11/27/20 11/13/20 12/08/20	103.25	0.00	0.00	103.25	
SUPPLIES						
1892886450	11/27/20 11/13/20 12/08/20	337.14	0.00	0.00	337.14	
SUPPLIES						
1892886445	11/27/20 11/13/20 12/08/20	52.72	0.00	0.00	52.72	
SUPPLIES						
1892886452	11/27/20 11/13/20 12/08/20	33.79	0.00	0.00	33.79	
SUPPLIES						
1892886447	11/27/20 11/13/20 12/08/20	43.09	0.00	0.00	43.09	
SUPPLIES						
1892886449	11/27/20 11/13/20 12/08/20	52.56	0.00	0.00	52.56	
SUPPLIES						
1892886451	11/27/20 11/13/20 12/08/20	90.95	0.00	0.00	90.95	

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	12,972.34	0.00	0.00	12,972.34

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
112519		11/26/20	11/25/20	11/25/20			415.00	0.00	0.00	415.00

PAYROLL DEDUCT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	415.00	0.00	0.00	415.00

Vendor#	Vendor Name	Class	Pay Code
11976	MID-COAST ELECTRIC SUPPLY, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
186695900		11/11/20	11/08/20	12/08/20			426.00	0.00	0.00	426.00

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11976	MID-COAST ELECTRIC SUPPLY, INC	426.00	0.00	0.00	426.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
112119		11/25/20	11/21/20	11/21/20			203.87	0.00	0.00	203.87

PAYROLL DED

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	203.87	0.00	0.00	203.87

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
2661		11/25/20	11/12/20	11/22/20			-4.99	0.00	0.00	-4.99
	CREDIT									
4711		11/25/20	11/19/20	11/29/20			-4.41	0.00	0.00	-4.41
	CREDIT									
4073		11/25/20	11/19/20	11/29/20			-16.00	0.00	0.00	-16.00
	CREDIT									
4500		11/25/20	11/19/20	11/29/20			-0.35	0.00	0.00	-0.35
	CREDIT									
4934065		11/25/20	11/20/20	11/30/20			11.21	0.00	0.00	11.21
	INVENTORY									
4934064		11/25/20	11/20/20	11/30/20			2,748.16	0.00	0.00	2,748.16
	INVENTORY									
4934063		11/25/20	11/20/20	11/30/20			3,854.47	0.00	0.00	3,854.47
	INVENTORY									
4934062		11/25/20	11/20/20	11/30/20			33.12	0.00	0.00	33.12
	INVENTORY									
4937416		11/25/20	11/21/20	12/01/20			671.48	0.00	0.00	671.48
	INVENTORY									
4937414		11/25/20	11/21/20	12/01/20			8.99	0.00	0.00	8.99
	INVENTORY									
4937413		11/25/20	11/21/20	12/01/20			24.66	0.00	0.00	24.66
	INVENTORY									
4935853		11/25/20	11/21/20	12/01/20			210.21	0.00	0.00	210.21
	INVENTORY									

4937417		11/25/20	11/21/20	12/01/20	42.21	0.00	0.00	42.21
	INVENTORY							
4937415		11/25/20	11/21/20	12/01/20	253.22	0.00	0.00	253.22
	INVENTORY							
4949823		11/25/20	11/25/20	12/05/20	1,304.37	0.00	0.00	1,304.37
	INVENTORY							
4946805		11/25/20	11/25/20	12/05/20	3.85	0.00	0.00	3.85
	INVENTORY							
4949822		11/25/20	11/25/20	12/05/20	18.34	0.00	0.00	18.34
	INVENTORY							
4949824		11/25/20	11/25/20	12/05/20	333.91	0.00	0.00	333.91
	INVENTORY							
4949820		11/25/20	11/25/20	12/05/20	91.05	0.00	0.00	91.05
	INVENTORY							
4949821		11/25/20	11/25/20	12/05/20	8.37	0.00	0.00	8.37
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			9,591.87	0.00	0.00	9,591.87

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15516		11/11/20	11/07/20	12/07/20			472.43	0.00	0.00	472.43
	USER LICENSE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC					472.43	0.00	0.00	472.43

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
98405779		11/19/20	11/07/20	12/06/20			1,137.51	0.00	0.00	1,137.51
	SERVICE CONTRACT									
98414075		11/22/20	11/11/20	12/06/20			480.23	0.00	0.00	480.23
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC					1,617.74	0.00	0.00	1,617.74

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
112619		11/26/20	11/26/20	11/26/20			1,957.50	0.00	0.00	1,957.50
	CONTRACT EMPLOYEE (11/12-11/25/19)									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11069	PABLO GARZA					1,957.50	0.00	0.00	1,957.50

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SC59843		11/13/20	11/12/20	12/07/20			1,667.00	0.00	0.00	1,667.00
	RADIOLOGY SERVICES									
SC59860		11/25/20	11/16/20	12/11/20			1,625.00	0.00	0.00	1,625.00
	RADIOLOGY SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11080	RADSOURCE					3,292.00	0.00	0.00	3,292.00

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6733		11/27/20	10/04/20	10/14/20		24.00	0.00	0.00	24.00
	WELL SICK FOAM BOARD								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	24.00	0.00	0.00	24.00

Vendor#	Vendor Name	Class	Pay Code
S0900	SAM'S CLUB DIRECT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
003050		11/27/20	10/23/20	12/08/20		74.81	0.00	0.00	74.81
	SUPPLIES								
004072		11/27/20	10/29/20	12/08/20		152.38	0.00	0.00	152.38
	SUPPLIES								
005280		11/27/20	10/30/20	12/08/20		63.82	0.00	0.00	63.82
	SUPPLIES								
009057		11/27/20	11/12/20	12/08/20		81.60	0.00	0.00	81.60
	SUPPLIES								
007657A		12/02/20	11/11/20	12/08/20		75.90	0.00	0.00	75.90
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIRECT	448.51	0.00	0.00	448.51

Vendor#	Vendor Name	Class	Pay Code
10625	SARA RUBIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112219		11/25/20	11/22/20	11/22/20		63.68	0.00	0.00	63.68
	TRAVEL CPG MTG/ GCTAC EX–goldencrescent planning group 11/14/19								

Vendor Totals	Number	Name goldencrescent exec. meeting 11/21/19	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	63.68	0.00	0.00	63.68

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
701037206		11/19/20	11/14/20	12/10/20		471.94	0.00	0.00	471.94
	SUPPLIES								
701037806		11/27/20	11/20/20	12/10/20		17.36	0.00	0.00	17.36
	INSTALL FAUCET								
701037860		11/27/20	11/21/20	12/10/20		178.06	0.00	0.00	178.06
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	667.36	0.00	0.00	667.36

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
112619		11/27/20	11/26/20	11/26/20		370.26	0.00	0.00	370.26
	CONTRACT EMPLOYEE (11/13-11/26/19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	370.26	0.00	0.00	370.26

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
12763		11/11/20	11/06/20	12/06/20		3,454.20	0.00	0.00	3,454.20
	ICU NURSE DEE ROWE (10/28-10/31/19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	12848 SKILLGIGS INC.					3,454.20	0.00	0.00	3,454.20
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
	923686436		11/27/20	11/18/20	11/27/20		560.75	0.00	0.00	560.75
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				560.75	0.00	0.00	560.75
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	I07003314		11/25/20	11/15/20	12/10/20		5,530.00	0.00	0.00	5,530.00
		BLOOD								
	CM1033		11/25/20	11/15/20	12/10/20		-1,610.00	0.00	0.00	-1,610.00
		CREDIT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				3,920.00	0.00	0.00	3,920.00
Vendor#	Vendor Name				Class	Pay Code				
C1010	SPARKLIGHT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	111619		11/26/20	11/16/20	11/30/20		418.83	0.00	0.00	418.83
		CABLE								
	111619B		11/26/20	11/16/20	11/30/20		78.69	0.00	0.00	78.69
		CABLE								
	111619A		11/26/20	11/16/20	11/30/20		2,141.66	0.00	0.00	2,141.66
		CABLE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1010	SPARKLIGHT				2,639.18	0.00	0.00	2,639.18
Vendor#	Vendor Name				Class	Pay Code				
S3940	STERIS CORPORATION				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8450398		11/26/20	11/09/20	12/04/20		88.47	0.00	0.00	88.47
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION				88.47	0.00	0.00	88.47
Vendor#	Vendor Name				Class	Pay Code				
S2833	STRYKER ENDOSCOPY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9213508E		11/22/20	11/11/20	11/22/20		629.06	0.00	0.00	629.06
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2833	STRYKER ENDOSCOPY				629.06	0.00	0.00	629.06
Vendor#	Vendor Name				Class	Pay Code				
S2830	STRYKER SALES CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	900594420		11/22/20	11/13/20	11/22/20		1,460.72	0.00	0.00	1,460.72
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP				1,460.72	0.00	0.00	1,460.72
Vendor#	Vendor Name				Class	Pay Code				
11097	TEXAS A&M HEALTH SCIENCE CENT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

00211519UM		11/13/20	11/07/20	12/07/20		12,350.00	0.00	0.00	12,350.00
	INTERQUAL UTILIZATION MGM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11097	TEXAS A&M HEALTH SCIENCE CENT				12,350.00	0.00	0.00	12,350.00
Vendor#	Vendor Name				Class	Pay Code			
11038	THE INLINE GROUP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
39701		11/25/20	11/19/20	12/04/20		2,500.00	0.00	0.00	2,500.00
	CANIDATE SOURCING SERVICE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11038	THE INLINE GROUP				2,500.00	0.00	0.00	2,500.00
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
25558		11/25/20	11/18/20	11/18/20		547.13	0.00	0.00	547.13
	MED SURG STAFFING								
25514		11/27/20	11/04/20	11/04/20		1,665.36	0.00	0.00	1,665.36
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING				2,212.49	0.00	0.00	2,212.49
Vendor#	Vendor Name				Class	Pay Code			
11169	TXU ENERGY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
052002975784		11/27/20	11/21/20	12/11/20		28,734.09	0.00	0.00	28,734.09
	ELECTRICTY Wichita 48.95								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11169	TXU ENERGY				28,734.09	0.00	0.00	28,734.09
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
8400315862		11/11/20	11/11/20	12/06/20		47.15	0.00	0.00	47.15
	LAUNDRY								
8400315894		11/11/20	11/11/20	12/06/20		1,441.65	0.00	0.00	1,441.65
	LAUNDRY								
8400315863		11/11/20	11/11/20	12/06/20		65.71	0.00	0.00	65.71
	LAUNDRY								
8400316212		11/19/20	11/14/20	12/09/20		195.08	0.00	0.00	195.08
	LAUNDRY								
8400316246		11/19/20	11/14/20	12/09/20		916.38	0.00	0.00	916.38
	LAUNDRY								
8400316211		11/19/20	11/14/20	12/09/20		206.87	0.00	0.00	206.87
	LAUNDRY								
8400316207		11/19/20	11/14/20	12/09/20		18.62	0.00	0.00	18.62
	LAUNDRY								
8400316210		11/19/20	11/14/20	12/09/20		120.39	0.00	0.00	120.39
	LAUNDRY								
8400316213		11/19/20	11/14/20	12/09/20		175.83	0.00	0.00	175.83
	LAUNDRY								
8400316232		11/19/20	11/14/20	12/09/20		83.14	0.00	0.00	83.14
	LAUNDRY								
8400316272		11/19/20	11/14/20	12/09/20		69.55	0.00	0.00	69.55

LAUNDRY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,340.37	0.00	0.00	3,340.37

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10280817		11/25/20	11/13/20	11/28/20			133.94	0.00	0.00	133.94
	UNIFORMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	133.94	0.00	0.00	133.94

Vendor#	Vendor Name	Class	Pay Code
U1200	UNITED AD LABEL CO INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
140001093		11/26/20	11/09/20	12/04/20			152.77	0.00	0.00	152.77
	SUPPLIES									
290226965		11/26/20	11/14/20	12/09/20			65.29	0.00	0.00	65.29
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC	218.06	0.00	0.00	218.06

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
112519		11/26/20	11/25/20	11/25/20			3,308.75	0.00	0.00	3,308.75
	PAYROLL DEDUCT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	3,308.75	0.00	0.00	3,308.75

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
WCS00003259		11/25/20	11/01/20	11/30/20			17,975.00	0.00	0.00	17,975.00
	WOUND CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	17,975.00	0.00	0.00	17,975.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	226,458.18	0.00	0.00	226,458.18

APPROVED
ON
DEC 0 2 2019

CK# 183448-
183522

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:12/03/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:06 CHECK REGISTER GLCKREG
12/04/19 THRU 12/04/19

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	183448	12/04/19	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	183449	12/04/19	19.98	ACE HARDWARE 15521
A/P	183450	12/04/19	21.68	ADVANCE MEDICAL DESIGNS INC
A/P	183451	12/04/19	312.51	AIRGAS USA, LLC - CENTRAL DIV
A/P	183452	12/04/19	1,594.15	ALCON LABORATORIES, INC.
A/P	183453	12/04/19	124.49	ALIMED INC.
A/P	183454	12/04/19	2,299.50	ALLYSON SWOPE
A/P	183455	12/04/19	2,173.94	ARTHREX, INC
A/P	183456	12/04/19	119.68	BARD PERIPHERAL VASCULAR
A/P	183457	12/04/19	770.81	BAXTER HEALTHCARE
A/P	183458	12/04/19	1,439.75	BAYER HEALTHCARE
A/P	183459	12/04/19	18,608.68	BECKMAN COULTER INC
A/P	183460	12/04/19	814.95	BEEKLEY CORPORATION
A/P	183461	12/04/19	7,896.29	BIOFIRE DIAGNOSTICS LLC
A/P	183462	12/04/19	248.40	BOUND TREE MEDICAL, LLC
A/P	183463	12/04/19	105.73	CALHOUN COUNTY
A/P	183464	12/04/19	41.67	CARDINAL HEALTH 414, INC.
A/P	183465	12/04/19	75.00	CHRIS KOVAREK
A/P	183466	12/04/19	2,117.50	CHRISTINA ZAPATA-ARROYO
A/P	183467	12/04/19	17.00	CITIZENS MEDICAL CENTER
A/P	183468	12/04/19	4,530.42	CITY OF PORT LAVACA
A/P	183469	12/04/19	5,775.00	CLINICAL COMPUTER SYSTEMS INC
A/P	183470	12/04/19	83.61	COASTAL OFFICE SOLUTONS
A/P	183471	12/04/19	591.61	CONMED CORPORATION
A/P	183472	12/04/19	37.60	CONMED LINVATEC
A/P	183473	12/04/19	301.00	CONTROL SOLUTIONS
A/P	183474	12/04/19	1,962.92	COVIDIEN
A/P	183475	12/04/19	448.00	CYGNUS MEDICAL LLC
A/P	183476	12/04/19	1,268.46	DEWITT POTH & SON
A/P	183477	12/04/19	43.63	DSHS CENTRAL LAB MC2004
A/P	183478	12/04/19	155.93	ERBE USA INC SURGICAL SYSTEMS
A/P	183479	12/04/19	79.68	FEDERAL EXPRESS CORP.
A/P	183480	12/04/19	9,880.99	FISHER HEALTHCARE
A/P	183481	12/04/19	1,272.00	GULF COAST PAPER COMPANY
A/P	183482	12/04/19	3,750.00	HEALTH SOLUTIONS DIETETICS
A/P	183483	12/04/19	1,713.21	HOLOGIC INC
A/P	183484	12/04/19	1,372.61	J & J HEALTH CARE SYSTEMS, INC
A/P	183485	12/04/19	32,909.63	JACKSON & COKER LOCUM TENENS,
A/P	183486	12/04/19	32.60	JAQUELINE HERRERA
A/P	183487	12/04/19	1,190.86	M G TRUST
A/P	183488	12/04/19	3,651.07	MCKESSON MEDICAL SURGICAL INC
A/P	183489	12/04/19	.00	VOIDED
A/P	183490	12/04/19	.00	VOIDED
A/P	183491	12/04/19	.00	VOIDED
A/P	183492	12/04/19	12,972.34	MEDLINE INDUSTRIES INC
A/P	183493	12/04/19	415.00	MEMORIAL MEDICAL CLINIC
A/P	183494	12/04/19	426.00	MID-COAST ELECTRIC SUPPLY, INC
A/P	183495	12/04/19	203.87	MMC AUXILIARY GIFT SHOP
A/P	183496	12/04/19	.00	VOIDED
A/P	183497	12/04/19	9,591.87	MORRIS & DICKSON CO, LLC

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	183498	12/04/19	472.43	OCCUPRO LLC
A/P	183499	12/04/19	1,617.74	OLYMPUS AMERICA INC
A/P	183500	12/04/19	1,957.50	PABLO GARZA
A/P	183501	12/04/19	3,292.00	RADSOURCE
A/P	183502	12/04/19	24.00	RAPID PRINTING LLC
A/P	183503	12/04/19	448.51	SAM'S CLUB DIRECT
A/P	183504	12/04/19	63.68	SARA RUBIO
A/P	183505	12/04/19	667.36	SERVICE SUPPLY OF VICTORIA INC
A/P	183506	12/04/19	370.26	SHIRLEY KARNEI
A/P	183507	12/04/19	3,454.20	SKILLGIGS INC.
A/P	183508	12/04/19	560.75	SMITH & NEPHEW
A/P	183509	12/04/19	3,920.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	183510	12/04/19	2,639.18	SPARKLIGHT
A/P	183511	12/04/19	88.47	STERIS CORPORATION
A/P	183512	12/04/19	629.06	STRYKER ENDOSCOPY
A/P	183513	12/04/19	1,460.72	STRYKER SALES CORP
A/P	183514	12/04/19	12,350.00	TEXAS A&M HEALTH SCIENCE CENT
A/P	183515	12/04/19	2,500.00	THE INLINE GROUP
A/P	183516	12/04/19	2,212.49	TLC STAFFING
A/P	183517	12/04/19	28,734.09	TXU ENERGY
A/P	183518	12/04/19	3,340.37	UNIFIRST HOLDINGS INC
A/P	183519	12/04/19	133.94	UNIFORM ADVANTAGE
A/P	183520	12/04/19	218.06	UNITED AD LABEL CO INC
A/P	183521	12/04/19	3,308.75	WAGEWORKS
A/P	183522	12/04/19	17,975.00	WOUND CARE SPECIALISTS
A/P	183523	12/04/19	1,235.00	ASHFORD GARDENS
A/P	183524	12/04/19	1,260.00	SOLERA WEST HOUSTON
TOTALS:			228,953.18	

Payables 226,458.18 +
Ashford 1,235.00 +
Solera 1,260.00 +
228,953.18 =

APPROVED
ON

DEC 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 11/29/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 11/30/2019

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

As of: 11/29/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 11/30/2019 **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: 11,204.95 USD

Future Due:	0.00			**Due If Paid On Time:** USD	10,980.61
Past Due:	12.94-	**If Paid By 12/03/2019, Pay This Amount:**	10,980.61 USD	**Disc lost if paid late:**	224.34
Last Payment 08/07/2017	2,451.97	**If Paid After 12/03/2019, Pay this Amount:**	11,204.95 USD	**Due If Paid Late:** USD	11,204.95

Ck# 500051

1,871.12 +
281.97 +
1,209.48 +
7,618.04 +
10,980.61 *

APPROVED ON
DEC 02 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: 11/29/2019

DC: 8115

Territory: 400

Customer: 262252
Date: 11/30/2019

Page: 001

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

As of: 11/29/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 11/30/2019 **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											
11/29/2019	12/03/2019	7169990660	608144	115Invoice	37.71	1,885.68		1,847.97 ✓		7169990660 ✓	
11/29/2019	12/03/2019	7169990662	608144	115Invoice	0.47	23.62		23.15 ✓		7169990662 ✓	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 1,909.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,030.89
11/25/2019

If Paid By 12/03/2019, Pay This Amount: 1,871.12 USD

If Paid After 12/03/2019, Pay this Amount: 1,909.30 USD

Due If Paid On Time:
USD 1,871.12

Disc lost if paid late: 38.18

Due If Paid Late:
USD 1,909.30

APPROVED
ON
DEC 0 2 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

As of: 11/29/2019 Page: 001

DC: 8115

Territory: 400

Customer: 835434
Date: 11/30/2019

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

As of: 11/29/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 11/30/2019 **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											
11/29/2019	12/03/2019	7169993807	607881	115Invoice	5.75	287.72		281.97		7169993807	

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: 287.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,268.72
11/18/2019

If Paid By 12/03/2019,
Pay This Amount: 281.97 USD

If Paid After 12/03/2019,
Pay this Amount: 287.72 USD

Due If Paid On Time:
USD 281.97

Disc lost if paid late:
5.75

Due If Paid Late:
USD 287.72

APPROVED
ON

DEC 0 2 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

As of: 11/29/2019 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 11/30/2019

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

As of: 11/29/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 11/30/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
11/26/2019	11/26/2019	7169696043	MFC PR CORR CR	Pricing Cor		12.94-	P	12.94-	P ✓	7169696043	
11/26/2019	12/03/2019	7169696044	MFC PR CORR IN	Pricing Cor	0.26	13.17		12.91	✓	7169696044	
11/29/2019	12/03/2019	7170114989	608647	115Invoice	24.68	1,234.19		1,209.51	✓	7170114989	

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: 1,234.42 USD

Future Due: 0.00

Past Due: 12.94-

Last Payment 4,030.89
11/25/2019

If Paid By 12/03/2019, Pay This Amount: 1,209.48 USD

If Paid After 12/03/2019, Pay this Amount: 1,234.42 USD

Due If Paid On Time: USD 1,209.48

Disc lost if paid late: 24.94

Due If Paid Late: USD 1,234.42

APPROVED
ON

DEC 0 2 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: 11/29/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/30/2019

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

As of: 11/29/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 11/30/2019 **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											
11/25/2019	12/03/2019	7169206133	MH11222019	115Invoice	45.22	2,260.82		2,215.60	✓	7169206133	
11/25/2019	12/03/2019	7169206134	MH11222019	115Invoice	3.10	155.21		152.11	✓	7169206134	
11/25/2019	12/03/2019	7169206135	1122190414-00	115Invoice	6.62	331.03		324.41	✓	7169206135	
11/25/2019	12/03/2019	7169206136	5567328252	115Invoice	8.00	400.00		392.00	✓	7169206136	
11/26/2019	12/03/2019	7169480690	9267362276	115Invoice	1.26	62.77		61.51	✓	7169480690	
11/26/2019	12/03/2019	7169480691	1125190101-00	115Invoice	0.06	2.86		2.80	✓	7169480691	
11/26/2019	12/03/2019	7169601638	775167238	195Invoice	1.70	85.11		83.41	✓	7169601638	
11/26/2019	12/03/2019	7169665536	000011252019AS	115Invoice	0.03	1.58		1.55	✓	7169665536	
11/26/2019	12/03/2019	7169665537	000112519TM	115Invoice	0.01	0.32		0.31	✓	7169665537	
11/27/2019	12/03/2019	7169751462	MH11262019	115Invoice	39.66	1,983.20		1,943.54	✓	7169751462	
11/27/2019	12/03/2019	7169751463	MH11262019	115Invoice	39.92	1,996.04		1,956.12	✓	7169751463	
11/27/2019	12/03/2019	7169863495	775449050	195Invoice	4.60	230.10		225.50	✓	7169863495	
11/29/2019	12/03/2019	7169990174	4667382459	115Invoice	0.59	29.53		28.94	✓	7169990174	
11/29/2019	12/03/2019	7169990175	1127190547-00	115Invoice	4.70	234.94		230.24	✓	7169990175	

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: 7,773.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,030.89
11/25/2019

If Paid By 12/03/2019, Pay This Amount: 7,618.04 USD

If Paid After 12/03/2019, Pay this Amount: 7,773.51 USD

Due If Paid On Time:
USD 7,618.04

Disc lost if paid late: 155.47

Due If Paid Late:
USD 7,773.51

Paid 90

APPROVED
ON

DEC 02 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen®

STATEMENT

Number: 58614079 Date: 11-29-2019

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:	714.59
Past Due:	0.00
Total Due:	714.59
Account Balance:	714.59

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
11-25-2019	12-06-2019	3030472949	152616	Invoice	17.85
11-25-2019	12-06-2019	3030474530	152626	Invoice	278.33
11-25-2019	12-06-2019	3030474531	152627	Invoice	1.53
11-26-2019	12-06-2019	3030579655	152723	Invoice	168.33
11-27-2019	12-06-2019	3030639167	152756	Invoice	218.44
11-29-2019	12-06-2019	3030698655	152767	Invoice	30.11

Thank You for Your Payment

Date	Payment Number	Amount
11-29-2019		(1,101.16)

Reminders

Due Date	Amount
12-06-2019	714.59
Total Due:	714.59

Terms:
Monday - Friday due in 7 days

APPROVED
ON

DEC 02 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck # 500052

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"	★	$ 194.93	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 114.96	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 26.88	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 53.09	#
	CHECK	$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
K	EXTENDED-ILLNESS-BANK	80.00	N	N	N	N	N	900.00
P	PAID-TIME-OFF	16.00	N	N	N	N	N	213.52

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	5.00	CAFE-F	
CAFE-H	50.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	53.09	FICA-M	13.44	FICA-O	57.48
FIRSTC		FLEX S	76.92	FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML	38.84	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
SUNACC	4.96	SUNILL	44.97	SUNLIF	35.76
SUNSTD		SUNVIS	4.37	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	63.00	TUTION		UNIFOR	
UW/HOS					

Grand Totals: 96.00 (Gross: 1113.52 Deductions: 447.83 Net: 665.69)

Checks Count:- FT 3 PT Other Female 3 Male Credit OverAmt ZeroNet Term Total: 3

Supplemental Payroll

CFO

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:		12/04/19					
GROSS PAY:	$	1,113.52			$ -		$ 1,113.52
DEDUCTIONS:							
A/R	$	-					$ -
ADVANC							$ -
BOOTS							$ -
SUNLIFE CRITICAL ILLNESS	$	44.97					$ 44.97
SUNLIFE ACCIDENT	$	4.96					$ 4.96
SUNLIFE VISION	$	4.37					$ 4.37
SUNLIFE SHORT TERM DIS	$	-					$ -
CAFÉ-5							$ -
CAFÉ-D	$	5.00					$ 5.00
CAFÉ-H	$	50.00					$ 50.00
CAFÉ-I							$ -
CAFÉ-L							$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	-					$ -
CLINIC	$	-					$ -
COMBIN	$	-					$ -
CREDUN							$ -
DENTAL							$ -
DEP-LF							$ -
SUNLIFE TERM LIFE	$	35.76					$ 35.76
EAT	$	-					$ -
FED TAX	$	53.09					$ 53.09
FICA-M	$	13.44					$ 13.44
FICA-O	$	57.48					$ 57.48
FIRST C							$ -
FLEX S	$	76.92					$ 76.92
FLX-FE							$ -
GIFT S	$	-					$ -
GRP-IN							$ -
GTL							$ -
HOSP-I							$ -
LEGAL	$	-					$ -
OTHER	$	-					$ -
NATIONAL FARM LIFE	$	38.84					$ 38.84
PHI							$ -
PR FIN	$	-					$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	-					$ -
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	63.00					$ 63.00
UW/HOS							$ -
TOTAL DEDUCTIONS:	$	447.83	$ -	$ -	$ -	$ -	$ 447.83
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	665.69	$ -	$ -	$ -	$ -	$ 665.69
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$	186.22	Less Exempt:				
TAXABLE PAY:	$	927.30	$ 927.30				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 13.45		
FICA - MED (EE)	1.45%	$ 13.45	$ 13.44	$ 0.01
FICA - SOC SEC (ER)	6.20%	$ 57.49		
FICA - SOC SEC (EE)	6.20%	$ 57.49	$ 57.48	$ 0.01
FED WITHHOLDING		$ 53.09	$ 53.09	
TAX DEPOSIT:		$ 194.97	$ 194.93	$ 0.04
FICA - MEDICARE	2.90%	$ 26.90	$26.88	
FICA - SOCIAL SECURITY	12.40%	$ 114.98	$114.96	
FED WITHHOLDING		$ 53.09	$53.09	
TOTAL TAX:		$ 194.97	$194.93	$ 0.04

Employees over FICA-SS Cap:

Jason Anglin $ -

Diane Moore $ -

Roshanda Thomas

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

PREPARED BY: ALISON King

PREPARED DATE: 12/2/2019

Pay Period 11/08/19--11/21/19 Run: 2
Type=NET 10000001 OPERATING - PROSPERITY

Num.	Name	Amount	CHECK NUM	DATE
20605	IRENE L VENECIA	102.85	00062606	12/04/19
65705	DOMITILA HERRERA	468.49	00062607	12/04/19
76138	KAREN D GARCIA	94.35	00062608	12/04/19
		665.69		

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --November 25 , 2019 - December 1, 2019

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten
11/26/2019	PAY PLUS ACHTRANS 452579291 101000696029717	- 3rd Party Payor Fee	0.73	Pay 0.73 +
11/26/2019	MCKESSON DRUG AUTO ACH ACH03998239 910000129	- 340B Drug Program Expense	4030.89	Plus 65.29 +
11/27/2019	PAY PLUS ACHTRANS 452579291 101000696912787	- 3rd Party Payor Fee	65.29	0.82 +
11/29/2019	PAY PLUS ACHTRANS 452579291 101000697854659	- 3rd Party Payor Fee	0.82	66.84 *
11/29/2019	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	303133.27	
11/29/2019	EXPERTPAY EXPERTPAY 746003411 91000011125699	-Child Support Payment -Payroll Ending 11/21/19	347.65	
11/29/2019	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1101.16	
				308,679.81 +
			308,679.81	4,030.89 -
				303,133.27 -
				347.65 -
				1,101.16 -
				66.84 *

CFO

Diane Moore, CFO
Memorial Medical Center

December 2, 2019

*Approved 11-27-19

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount	
				66.84 +
				66.84 -
			-	0.00 *

CFO

Diane Moore, CFO
Memorial Medical Center

December 2, 2019

RECEIVED
DEC 02 2019
Calhoun County Auditor

12/02/2019
08:58

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
112019		11/25/20	11/20/20	12/12/20			1,235.00	0.00	0.00	1,235.00
	TRANSFER Nursing home pymt sent to mmc in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	1,235.00	0.00	0.00	1,235.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,235.00	0.00	0.00	1,235.00

APPROVED
ON

DEC 02 2019 CK# 183523

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
DEC 0 2 2019
Calhoun County Auditor

12/02/2019
08:58

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
112019		11/25/20	11/20/20	12/12/20			1,260.00	0.00	0.00	1,260.00
	TRANSFER Nursing home pymt sent to MMC in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	1,260.00	0.00	0.00	1,260.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,260.00	0.00	0.00	1,260.00

APPROVED
ON
DEC 0 2 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 183524

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/2/2019

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		60,290.29 ✓	60,147.89 ✓	233,056.02 ✓		-	233,198.42 ✓	**211,141.25**
						Bank Balance	233,198.42	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
Routing Information for Ashford Gardens:						**MMC Portion QIPP 1**	**21,865.67** ✓	
Ashford Health Care Center Ltd Co						**MMC Portion QIPP 2,3,Lapse**		
JP Morgan Chase Bank						**October Interest**	**42.40** ✓	
ABA						**November Interest**	**49.10**	
Acc						**December Interest**		
						Adjust Balance/Transfer Amt	**211,141.25** ✓	
Broadmoor		255,383.30 ✓	255,234.98 ✓	116,964.12 ✓		-	117,112.44 ✓	**109,051.20**
						Bank Balance	117,112.44	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1	**7,862.04** ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	**48.32** ✓	
						November Interest	**50.88**	
						December Interest		
						Adjust Balance/Transfer Amt	**109,051.20** ✓	
Crescent		314,474.91 ✓	314,322.94 ✓	109,929.36 ✓		-	110,081.33 ✓	**102,850.81**
						Bank Balance	110,081.33	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1	**7,029.10** ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	**51.97** ✓	
						November Interest	**49.45**	
						December Interest		
						Adjust Balance/Transfer Amt	**102,850.81** ✓	
Fort Bend		56,948.10 ✓	56,825.58 ✓	57,094.25 ✓		-	57,216.77 ✓	**47,716.81**
						Bank Balance	57,216.77	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1	**9,356.51** ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	**22.52** ✓	
						November Interest	**20.93**	
						December Interest		
						Adjust Balance/Transfer Amt	**47,716.81** ✓	
Solera at W Houston		188,535.90 ✓	188,376.51 ✓	158,503.45 ✓		-	158,662.84 ✓	**150,018.37**
						Bank Balance	158,662.84	
						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**	**8,439.42** ✓	
Cantex Health Care Centers III LLC						**MMC Portion QIPP 2,3,Lapse**		
JP Morgan Chase Bank						**October Interest**	**59.39** ✓	
ABA						**November Interest**	**45.66**	
Acc						**December Interest**		
						Adjust Balance/Transfer Amt	**150,018.37** ✓	
						TOTAL TRANSFERS		**620,778.44**

211,141.25 +
109,051.20 +
102,850.81 +
47,716.81 +
150,018.37 +
620,778.44 =

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 deposite

Approved:
Diane Moore, CFO 12/2/2019

APPROVED
ON
DEC 02 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
11/25/2019	Amerigroup TXSC HCCLAIMPMT 3113360576 111000 TRN*1*3113360576*17526	-	36,329.92				-	36,329.92
11/25/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191122127003	-	11,299.52				-	11,299.52
11/25/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191122165002	-	40,976.13				-	40,976.13
11/25/2019	NOVITAS SOLUTION HCCLAIMPMT 675423 420000141 TRN*1*EFT6894551*1205	-	34,727.90				-	34,727.90
11/26/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191123155005	-	17,013.78				-	17,013.78
11/26/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191123129001	-	25,809.16				-	25,809.16
11/26/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05D8834132643	-	1,266.12				-	1,266.12
11/27/2019	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	60,147.89 ✓	-				-	-
11/27/2019	DEPOSIT	-	30,375.09				-	30,375.09
11/27/2019	MANAGEANDNET1718 MNS PMNT 000000000000093 41 0247131	-	4,825.35				-	4,825.35
11/27/2019	Amerigroup TXSC HCCLAIMPMT 3113589556 111000 TRN*1*3113589556*17526	-	307.62				-	307.62
11/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191124163003	-	1,993.52				-	1,993.52
11/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191124105004	-	6,217.14				-	6,217.14
11/29/2019	AMERIGROUP CORPO E-PAYMENT EE51951042 111000 ISA*00*	-	21,865.67	21,865.67 ✓			21,865.67	-
11/30/2019	Accr Earning Pymnt Added to Account	-	49.10				-	-
		60,147.89 ✓	233,056.02 ✓	21,865.67	-	-	21,865.67	211,141.25

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/25/2019	MANAGEANDNET1718 MNS PMNT 000000000004293 41 0247071	-	7,733.70				-	7,733.70
11/25/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191122159004	-	2,480.98				-	2,480.98
11/25/2019	NOVITAS SOLUTION HCCLAIMPMT 676357 420000140 TRN*1*EFT5387067*1205	-	979.71				-	979.71
11/26/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191123158005	-	23,916.16				-	23,916.16
11/26/2019	NOVITAS SOLUTION HCCLAIMPMT 676357 420000173 TRN*1*EFT5388073*1205	-	14,713.14				-	14,713.14
11/27/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	255,234.98 ✓	-				-	-
11/27/2019	DEPOSIT	-	50,162.01				-	50,162.01
11/27/2019	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1487635440*1362	-	4,603.50				-	4,603.50
11/29/2019	AMERIGROUP CORPO E-PAYMENT EE51951045 111000 ISA*00*	-	7,862.04	7,862.04 ✓			7,862.04	-
11/29/2019	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9488125195*141128	-	3,780.00				-	3,780.00
11/29/2019	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1487964826*1362	-	682.00				-	682.00
11/30/2019	Accr Earning Pymnt Added to Account	-	50.88				-	-
		255,234.98 ✓	116,964.12 ✓	7,862.04	-	-	7,862.04	109,051.20

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/25/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191122127004	-	194.60				-	194.60
11/25/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191122172000	-	2,986.23					2,986.23
11/25/2019	NOVITAS SOLUTION HCCLAIMPMT 676323 420000140 TRN*1*EFT5387053*1205	-	34,036.01					34,036.01
11/26/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191123158002	-	20,279.86					20,279.86
11/26/2019	NOVITAS SOLUTION HCCLAIMPMT 676323 420000173 TRN*1*EFT5388059*1205	-	32,751.06					32,751.06
11/26/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05D8814116698 6	-	641.83					641.83
11/27/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	314,322.94 ✓	-					-
11/27/2019	DEPOSIT	-	8,460.24					8,460.24
11/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191124114001	-	2,913.49					2,913.49
11/27/2019	HUMANA CHA DISB HCCLAIMPMT 390864 4200001629 TRN*1*01484010089237	-	587.49				-	587.49
11/29/2019	AMERIGROUP CORPO E-PAYMENT EE51951044 111000 ISA*00*	-	7,029.10	7,029.10 ✓			7,029.10	-
11/30/2019	Accr Earning Pymnt Added to Account	-	49.45				-	-
		314,322.94 ✓	109,929.36 ✓	7,029.10	-	-	7,029.10	102,850.81

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/25/2019	NOVITAS SOLUTION HCCLAIMPMT 675663 420000140 TRN*1*EFT5386523*1205	-	10,852.51				-	10,852.51
11/25/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05D8710117305 7	-	3,076.83				-	3,076.83
11/26/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191123145005	-	4,553.79				-	4,553.79
11/27/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	56,825.58 ✓	-				-	-
11/27/2019	DEPOSIT	-	13,432.13				-	13,432.13
11/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191124128007	-	13,755.55				-	13,755.55
11/27/2019	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1487640643*1362	-	2,046.00				-	2,046.00
11/29/2019	AMERIGROUP CORPO E-PAYMENT EE51951041 111000 ISA*00*	-	9,356.51	9,356.51 ✓			9,356.51	-
11/30/2019	Accr Earning Pymnt Added to Account	-	20.93				-	-
		56,825.58 ✓	57,094.25 ✓	9,356.51	-	-	9,356.51	47,716.81

Solera at West Houston

62,002.29

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
11/25/2019	Amerigroup TXSC HCCLAIMPMT 3113360577 111000 TRN*1*3113360577*17526	-	9,234.83				-	9,234.83
11/25/2019	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR46980909*14	-	2,870.00				-	2,870.00
11/25/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191122161007	-	12,526.46				-	12,526.46
11/25/2019	NOVITAS SOLUTION HCCLAIMPMT 676310 420000140 TRN*1*EFT5387049*1205	-	22,310.43				-	22,310.43
11/26/2019	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0247085	-	6,211.50				-	6,211.50
11/26/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191123122003	-	20,113.65				-	20,113.65
11/26/2019	NOVITAS SOLUTION HCCLAIMPMT 676310 420000173 TRN*1*EFT5388057*1205	-	51,458.58				-	51,458.58
11/27/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	188,376.51 ✓	-				-	-
11/27/2019	DEPOSIT	-	14,082.95				-	14,082.95
11/27/2019	Amerigroup TXSC DMS EFT 3113589557 111000028	-	870.00				-	870.00
11/27/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191124114000	-	8,975.97				-	8,975.97
11/27/2019	AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1487649527*1362	-	1,364.00				-	1,364.00
11/29/2019	AMERIGROUP CORPO E-PAYMENT EE51951043 111000 ISA*00*	-	8,439.42	8,439.42 ✓			8,439.42	-
11/30/2019	Accr Earning Pymnt Added to Account	-	45.66				-	-
		188,376.51 ✓	158,503.45 ✓	8,439.42	-	-	8,439.42	150,018.37

	TOTALS	874,907.90	675,547.20	54,552.74	-	-	54,552.74	620,778.44

Quick View

DDA — Data reported as of Dec 2, 2019 9:35 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted] MEMORIAL MEDICAL CENTER - OPERATING	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	[redacted]			
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$233,198.42	$265,208.79	$233,198.42	$233,198.42
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$117,112.44	$163,464.94	$117,112.44	$117,112.44
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$110,081.33	$112,757.65	$110,081.33	$110,081.33
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$158,662.84	$177,773.89	$158,662.84	$158,662.84
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$57,216.77	$59,559.54	$57,216.77	$57,216.77
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	[redacted]			
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]			

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/2/2019

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	[redacted]	69,614.22	69,490.18	110,906.64	-	-	111,030.68	87,548.96
						Bank Balance	111,030.68	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						QIPP Comp 1	23,335.41	
						QIPP 2,3,Lapse		
						October Interest	24.04	
						November Interest	22.27	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	87,548.96	

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

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 12/2/2019

APPROVED
ON
DEC 0 2 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	QIPP YR 1 Adjustment	QIPP TI	NH PORTION
11/25/2019 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	1,035.32				-	1,035.32
11/25/2019 NOVITAS SOLUTION HCCLAIMPMT 676097 420000140 TRN*1*EFT5386546	-	62,368.32				-	62,368.32
11/26/2019 ACH SETTLEMENT SERVICE 4105523439 9601693563	-	2,270.00				-	2,270.00
11/27/2019 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	69,490.18	-				-	-
11/27/2019 DEPOSIT	-	21,875.32				-	21,875.32
11/27/2019 Centene Manageme CCD+ 38888463 3110020132550 RMR*IV*QIPP 11.22	-	23,335.41	**23,335.41**	✓		**23,335.41**	-
11/30/2019 Accr Earning Pymnt Added to Account	-	22.27				-	-
	69,490.18	**110,906.64**	**23,335.41**	-	-	**23,335.41**	**87,548.96**

Quick View

DDA — Data reported as of Dec 2, 2019 9:35 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted] MEMORIAL MEDICAL CENTER - OPERATING	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH ASHFORD	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH BROADMOOR	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH CRESCENT	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND	[redacted]			
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$111,030.68	$112,863.62	$111,030.68	$111,030.68
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]			

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/2/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	2018 YTD Interest Earned		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		316.70		15,240.77		-	-		15,557.47	No Transfer
								Bank Balance	15,557.47	
								Variance	-	
								Leave in Balance	100.00	
								MMC Portion QIPP 1	15,238.88	
								MMC Portion QIPP 2,3,Lapse	-	
								October Interest	0.04	
								November Interest	1.89	
								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 Interest Earned		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		66,524.17	66,189.45	7.83		-	-		342.55	No Transfer
								Bank Balance	342.55	
								Variance	0.00	
								Leave in Balance	100.00	
								MMC Portion QIPP 1	-	
								MMC Portion QIPP 2,3,Lapse	-	
								October Interest	14.72	
								November Interest	7.83	
								December Interest	-	
								Adjust Balance/Transfer Amt	200.00	

TOTAL TRANSFERS		No Transfer

Routing Information for Gulf Pointe Plaza:

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

Approved:
Diane Moore, CFO 12/2/2019

APPROVED ON
DEC 02 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
11/27/2019 Centene Manageme CCD+ 38888463 3110020132576 RMR*IV*QIPP 11.22.	-	15,238.88	15,238.88				15,238.88	-
11/30/2019 Accr Earning Pymnt Added to Account	-	1.89					-	-
	-	15,240.77	15,238.88	-	-	-	15,238.88	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
11/27/2019 WIRE OUT HMG SERVICES, LLC	66,189.45	-						-
11/30/2019 Accr Earning Pymnt Added to Account	-	7.83						-
	66,189.45	7.83	-	-	-	-	-	-
	66,189.45	15,248.60	15,238.88	-	-	-	15,238.88	-

s/b
66,389.45.
per reports and
approval list.
Will include difference
on next transfer.

Quick View

DDA — Data reported as of Dec 2, 2019 9:35 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted] MEMORIAL MEDICAL CENTER - OPERATING	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH ASHFORD	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH BROADMOOR	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH CRESCENT	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	[redacted]			
[redacted] MEMORIAL MEDICAL CENTER / NH FORT BEND	[redacted]			
[redacted] MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	[redacted]			
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$15,557.47	$15,557.47	$15,557.47	$15,557.47
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$342.55	$342.55	$342.55	$342.55

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/2/19

APPROVED ON DEC 0 2 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Ck # 000077

AMOUNT: $21,865.67

G/L NUMBER: 21000012

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000077	12/04/19	21,865.67	MMC OPERATING Ashford
TOTALS:			21,865.67	

APPROVED
ON

DEC 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/2/19

APPROVED ON DEC 0 2 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

CK# 000042

AMOUNT: $7,862.04

G/L NUMBER: 21000009

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000042	12/04/19	7,862.04	MMC OPERATING Broadmoor
TOTALS:			7,862.04	

APPROVED
ON

DEC 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 12/2/19

APPROVED ON DEC 0 2 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000572

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

AMOUNT: $7,029.10

G/L NUMBER: 21000010

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHC	000072	12/04/19	7,029.10	MMC OPERATING	Crescent
TOTALS:			7,029.10		

APPROVED
ON

DEC 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

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Date Requested: 12/2/19

APPROVED ON

DEC 0 2 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#000069

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

AMOUNT $9,356.51

G/L NUMBER: 21000008

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000069	12/04/19	9,356.51	MMC OPERATING
TOTALS:			9,356.51	

Fwt Bund

APPROVED
ON

DEC 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/2/19

APPROVED ON DEC 0 2 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000071

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

AMOUNT: $8,439.42

G/L NUMBER: 21000011

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

BANK	CHECK	DATE	AMOUNT	PAYEE
NHS	000071	12/04/19	8,439.42	MMC OPERATING
TOTALS:			8,439.42	

APPROVED
ON

DEC 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/2/19

APPROVED ON DEC 0 2 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK # 000047

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

AMOUNT: $23,335.41

G/L NUMBER: 21000013

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000047	12/04/19	23,335.41	MMC OPERATING golden creek
TOTALS:			23,335.41	

APPROVED
ON

DEC 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/2/19

APPROVED ON DEC 0 2 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000004

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

AMOUNT: $15,238.88

G/L NUMBER: 21000014

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
GPP	000004	12/04/19	15,238.88	MMC OPERATING Gulf Pointe
TOTALS:			15,238.88	

APPROVED
ON

DEC 04 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS No 77

88-2265
1131

12-4-19

PAY TO THE ORDER OF Memorial Medical Center Operating $21,865.67

Twenty-One Thousand Eight hundred Sixty-five 67/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

County Auditor

County Treasurer

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

87SS No. 71

88-2265
1131

12-4-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 8,439.42

Eight Thousand four hundred thirty-nine 42/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA - PRIVATE PAY
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS No. 4

88-2265
1131

12-4-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 15,238.88

fifteen thousand two hundred thirty eight 88/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

County Auditor

County Treasurer

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

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

MP

000042

88-2265/1131

Date 12-4-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 7,862.04

Seven thousand, eight hundred sixty-two & 04/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP 1

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

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

MP

000072

88-2265/1131

Date 12-4-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 7,029.10

Seven Thousand twenty-nine 10/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP comp 1

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

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000047

88-2265/1131

Date 12-4-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 23,335.41

Twenty-three thousand three hundred thirty-five & 41/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

County Treasurer

FOR QIPP comp 1

Security features are included. Details on back.

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

000069

88-2265/1131

Date 12-4-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 9,356.51

Nine thousand three hundred fifty-six & 51/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

County Treasurer

FOR QIPP comp 1

Security features are included. Details on back.

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **12/4/2019**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3, LAPSE	Yr 1 Adjustment Pmt		TOTAL		Date
Ashford	10000018 - Prosperity	77	MMC -Prosperity Operating #10000001	21000012	21,865.67				21,865.67		12/4/2019
Broadmoor	10000019 - Prosperity	42	MMC -Prosperity Operating #10000001	21000009	7,862.04				7,862.04		12/4/2019
Crescent	10000020 - Prosperity	72	MMC -Prosperity Operating #10000001	21000010	7,029.10				7,029.10		12/4/2019
Fort Bend	10000021 - Prosperity	69	MMC -Prosperity Operating #10000001	21000008	9,356.51				9,356.51		12/4/2019
Solera	10000022 - Prosperity	71	MMC -Prosperity Operating #10000001	21000011	8,439.42				8,439.42		12/4/2019
Golden Creek	10000023 - Prosperity	47	MMC -Prosperity Operating #10000001	21000013	23,335.41				23,335.41		12/4/2019
Gulf Pointe-PP	10000114 - Prosperity	4	MMC -Prosperity Operating #10000001	21000014	15,238.88				15,238.88		12/4/2019
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21000014					-		12/4/2019
				Total:	93,127.03	-	-	-	93,127.03		

Note:

Approved:
Diane Moore, CFO 12/2/2019

0 • 0

21 • 865 • 67 =
7 • 862 • 04 =
7 • 029 • 10 =
9 • 356 • 51 =
8 • 439 • 42 =
15 • 238 • 88 =
23 • 335 • 41 =
93 • 127 • 03 =

APPROVED
ON
DEC 04 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS