MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- December 11, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	977,747.66
TOTAL TRANSFERS BETWEEN FUNDS	$	473,190.73
TOTAL NURSING HOME UPL EXPENSES	$	287,432.27
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED December 11, 2019	$	1,738,370.66

APPROVED

DEC 11 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 11, 2019

PAYABLES AND PAYROLL			
12/5/2019	Weekly Payables	349,629.92	
12/9/2019	McKesson-340B Prescription Expense	8,076.95	
12/9/2019	Amerisource Bergen-340B Prescription Expense	1,598.50	
12/9/2019	Payroll Liabilities -Payroll Taxes	98,502.03	
12/9/2019	Payroll	303,384.92	
12/9/2019	ExpertPay-child support	347.65	
12/10/2019	Payroll Liabilities for supplemental payroll-Payroll Taxes	36.42	
12/10/2019	Supplemental Payroll	203.13	
	Prosperity Electronic Bank Payments		
12/4-12/5/19	Credit Card & Lease Fees	826.68	
12/19/2019	Sales Tax for November2019	1,647.50	
12/15/2019	TCDRS -November Estimated Retirement	213,382.58	
12/15/2019	TCDRS - Retirement Adjustment for October	3.96	
12/5/2019	Cleargage-Patient Financing Service	66.58	
12/3-12/6/19	Pay Plus-Patient Claims Processing Fee	30.84	
12/3/2019	Authnet Gateway Billing-3rd Party Payor Fee	10.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 977,747.66**
TRANSFERS BETWEEN FUNDS-MMC			
12/9/2019	Transfer from MMC Clinic Series to MMC Operating-to transfer funds previously set aside for generator	298,373.00	
TRANSFER BETWEEN FUNDS-NURSING HOMES			
12/5/2019	MMC Operating to Fortbend-to correct insurance deposit error	7,465.56	
12/5/2019	MMC Operating to The Crescent-to correct insurance deposit error	11,775.52	
12/5/2019	MMC Operating to Golden Creek Healthcare-to correct insurance deposit error	98,081.42	
12/5/2019	MMC Operating to Gulf Pointe Plaza-to correct insurance deposit error	57,495.23	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 473,190.73**
NURSING HOME UPL EXPENSES			
12/9/2019	Nursing Home UPI-Cantex Transfer	187,397.32	
12/9/2019	Nursing Home UPI-Nexion Transfer	53,773.82	
2/9/2019	Nursing Home UPI-HMG Transfer	16,414.05	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
12/9/2019	Ashford	11,963.25	
12/9/2019	Broadmoor	4,301.38	
12/9/2019	Crescent	3,845.79	
12/9/2019	Fort Bend	5,119.22	
12/9/2019	Solera	4,617.44	
TOTAL NURSING HOME UPL EXPENSES			**$ 287,432.27**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED December 11, 2019			**$ 1,738,370.66**

12/05/2019
09:00

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/18/2019

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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
139712		11/20/20	11/18/20	12/13/20		53.54	0.00	0.00	53.54
	SUPPLIES								
139794		11/20/20	11/20/20	12/15/20		13.18	0.00	0.00	13.18
	SUPPLIES								
139837		11/27/20	11/21/20	12/16/20		11.96	0.00	0.00	11.96
	SUPPLIES								
139838		11/27/20	11/21/20	12/16/20		28.99	0.00	0.00	28.99
	SUPPLIES								
139872		11/30/20	11/21/20	12/16/20		23.99	0.00	0.00	23.99
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	131.66	0.00	0.00	131.66

Vendor#	Vendor Name	Class	Pay Code
12828	AMERICAN PRECISION MEDICAL GAS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
245159		11/25/20	11/19/20	12/10/20		1,444.00	0.00	0.00	1,444.00
	LOW VOLTAGE ALARM RE WII								
245158		11/25/20	11/19/20	12/10/20		1,523.50	0.00	0.00	1,523.50
	AMICO AREA ALARM REPAIR								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12828	AMERICAN PRECISION MEDICAL GAS	2,967.50	0.00	0.00	2,967.50

Vendor#	Vendor Name	Class	Pay Code
10592	AMERICAN PROFICIENCY INSTITUTE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
541379		11/30/20	11/18/20	12/13/20		1,148.00	0.00	0.00	1,148.00
	ANNUAL CLINIC LAB RENEWA								
541378		11/30/20	11/18/20	12/13/20		13,265.00	0.00	0.00	13,265.00
	ANNUAL RENEWAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	14,413.00	0.00	0.00	14,413.00

Vendor#	Vendor Name	Class	Pay Code
12660	AMERICORP FINANCIAL, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2168401	NOVEMBER	11/30/20	11/17/20	11/17/20		10,000.00	0.00	0.00	10,000.00
	STERRAD EQUIP FINANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12660	AMERICORP FINANCIAL, LLC	10,000.00	0.00	0.00	10,000.00

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~586637235~~		11/30/20	02/15/20	12/03/20		-2,182.12	0.00	0.00	~~-2,182.12~~
	CREDIT								
942159187		11/30/20	09/11/20	12/03/20		112.17	0.00	0.00	112.17
	INVENTORY								
963465467		11/30/20	12/02/20	12/08/20		456.33	0.00	0.00	456.33

INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	~~1,613.62~~ 568.50	0.00	0.00	~~1,613.62~~ 568.50

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
64848687	SUPPLIES	11/30/20	11/04/20	11/29/20			451.32	0.00	0.00	451.32
65002717	LEASE	11/30/20	11/21/20	12/16/20			2,367.50	0.00	0.00	2,367.50
65002753	LEASE	11/30/20	11/21/20	12/16/20			629.50	0.00	0.00	629.50
65005482	SUPPLIES	11/30/20	11/22/20	12/17/20			347.36	0.00	0.00	347.36

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	3,795.68	0.00	0.00	3,795.68

Vendor#	Vendor Name	Class	Pay Code
11544	BAY STORAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
120119	UNIT 191	11/30/20	12/01/20	12/01/20			375.00	0.00	0.00	375.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11544	BAY STORAGE	375.00	0.00	0.00	375.00

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
108103884	SUPPLIES	11/30/20	11/21/20	12/16/20			1,154.14	0.00	0.00	1,154.14

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	1,154.14	0.00	0.00	1,154.14

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
INV1307684	SUPPLIES	11/13/20	10/31/20	11/13/20			212.95	0.00	0.00	212.95

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

Vendor#	Vendor Name	Class	Pay Code
12600	BIOFIRE DIAGNOSTICS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1280023014	SUPPLIES	11/30/20	11/27/20	12/04/20			8,256.29	0.00	0.00	8,256.29

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12600	BIOFIRE DIAGNOSTICS LLC	8,256.29	0.00	0.00	8,256.29

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
B249245	SUPPLIES	11/19/20	11/04/20	11/19/20			181.62	0.00	0.00	181.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	181.62	0.00	0.00	181.62

Vendor#	Vendor Name	Class	Pay Code

11295 CALHOUN COUNTY INDIGENT ACCOUN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120419		11/30/20	12/04/20	12/04/20		110.00	0.00	0.00	110.00
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	110.00	0.00	0.00	110.00

Vendor# C1970 Vendor Name CONMED CORPORATION Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
134838		11/30/20	11/25/20	12/04/20		831.13	0.00	0.00	831.13
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	831.13	0.00	0.00	831.13

Vendor# 12612 Vendor Name DASHBOARD MD Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9037		11/30/20	12/01/20	12/01/20		550.00	0.00	0.00	550.00
	PROCESSING AND SUPPORT								

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

Vendor# D1193 Vendor Name DEPUY SYNTHES SALES, INC. Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22298255RI		11/26/20	11/18/20	12/13/20		1,071.00	0.00	0.00	1,071.00
	SUPPLIES								
22265055RI		11/30/20	11/07/20	12/02/20		2,833.40	0.00	0.00	2,833.40
	SUPPLIES								
22307500RI		11/30/20	11/20/20	12/15/20		72.00	0.00	0.00	72.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1193	DEPUY SYNTHES SALES, INC.	3,976.40	0.00	0.00	3,976.40

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5900970		11/22/20	11/18/20	12/13/20		150.00	0.00	0.00	150.00
	SUPPLIES								
5904540		11/26/20	11/20/20	12/15/20		39.48	0.00	0.00	39.48
	SUPPLIES								
5906450		11/26/20	11/21/20	12/16/20		76.50	0.00	0.00	76.50
	SUPPLIES								
5905410		11/27/20	11/20/20	12/15/20		79.80	0.00	0.00	79.80
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	345.78	0.00	0.00	345.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112619		11/30/20	11/26/20	11/26/20		123,621.99	0.00	0.00	123,621.99
	PRO FEES (11/16-11/30/19 - Physician Services)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	123,621.99	0.00	0.00	123,621.99

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
	CENCD3883092019		11/30/20	11/22/20	12/17/20		55.12	0.00	0.00	55.12
		LAB SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10175	DSHS CENTRAL LAB MC2004				55.12	0.00	0.00	55.12
Vendor#	Vendor Name				Class	Pay Code				
12952	EAN HOLDINGS, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	23106815		11/30/20	11/19/20			221.05	0.00	0.00	221.05
		JENISE SVETLIK -								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12952	EAN HOLDINGS, LLC				221.05	0.00	0.00	221.05
Vendor#	Vendor Name				Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	38619		11/30/20	11/30/20	12/09/20		40,062.50	0.00	0.00	40,062.50
		ER STAFFING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name				Class	Pay Code				
10689	FASTHEALTH CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	12A19MMC		11/30/20	12/01/20	12/16/20		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				
F1100	FEDERAL EXPRESS CORP.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	684537636		11/30/20	11/21/20	12/16/20		21.36	0.00	0.00	21.36
		SHIPPING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				21.36	0.00	0.00	21.36
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
	2753478		11/18/20	11/06/20	12/01/20		2,203.50	0.00	0.00	2,203.50
		SUPPLIES								
	2276604		11/27/20	10/31/20	11/25/20		883.88	0.00	0.00	883.88
		SUPPLIES								
	2845091		11/27/20	11/08/20	12/03/20		126.81	0.00	0.00	126.81
		SUPPLIES								
	2958672		11/27/20	11/11/20	12/06/20		555.36	0.00	0.00	555.36
		SUPPLIES								
	2958673		11/27/20	11/11/20	12/06/20		928.09	0.00	0.00	928.09
		SUPPLIES								
	3081574		11/27/20	11/12/20	12/07/20		1,117.20	0.00	0.00	1,117.20
		SUPPLIES								
	3244499		11/27/20	11/13/20	12/08/20		105.07	0.00	0.00	105.07
		SUPPLIES								

3244505		11/27/20 11/13/20 12/08/20			974.36	0.00	0.00	974.36
	SUPPLIES							
3399860		11/27/20 11/14/20 12/09/20			1,833.40	0.00	0.00	1,833.40
	SUPPLIES							
3399859		11/27/20 11/14/20 12/09/20			565.54	0.00	0.00	565.54
	SUPPLIES							
3244506		11/30/20 11/13/20 12/08/20			1,696.91	0.00	0.00	1,696.91
	SUPPLIES							
3399868		11/30/20 11/14/20 12/09/20			1,083.02	0.00	0.00	1,083.02
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			12,073.14	0.00	0.00	12,073.14

Vendor#	Vendor Name			Class	Pay Code			
11183	FRONTIER							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
111919		11/26/20	11/19/20	12/13/20		65.40	0.00	0.00	65.40
	PHONES								
112319		11/30/20	11/23/20	12/17/20		640.04	0.00	0.00	640.04
	PHONES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11183	FRONTIER				705.44	0.00	0.00	705.44

Vendor#	Vendor Name			Class	Pay Code			
12636	FUSION CLOUD SERVICES, LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
27504223		11/27/20	11/16/20	12/16/20		1,145.06	0.00	0.00	1,145.06
	PHONES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SERVICES, LLC				1,145.06	0.00	0.00	1,145.06

Vendor#	Vendor Name			Class	Pay Code			
G0321	GALLS,LLC			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
OR14303586		11/30/20	10/17/20	11/16/20		68.83	0.00	0.00	68.83
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G0321	GALLS,LLC				68.83	0.00	0.00	68.83

Vendor#	Vendor Name			Class	Pay Code			
G1001	GETINGE USA							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6991146596		11/19/20	11/04/20	11/19/20		85.89	0.00	0.00	85.89
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G1001	GETINGE USA				85.89	0.00	0.00	85.89

Vendor#	Vendor Name			Class	Pay Code			
W1300	GRAINGER			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9346671481		11/30/20	11/06/20	12/01/20		22.65	0.00	0.00	22.65
	SUPPIES								
9347835713		11/30/20	11/07/20	12/02/20		113.25	0.00	0.00	113.25
	SUPPLIES								
9354484603		11/30/20	11/13/20	12/08/20		-22.65	0.00	0.00	-22.65
	CREDIT - INV 9346671481								

9354484595		11/30/20 11/13/20 12/08/20			-113.25	0.00	0.00	-113.25
	CREDIT INV 9347835713							
9359682060		11/30/20 11/18/20 12/13/20			259.04	0.00	0.00	259.04
	SUPPLIES							
9363450504		11/30/20 11/20/20 12/15/20			560.00	0.00	0.00	560.00
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	W1300	GRAINGER			819.04	0.00	0.00	819.04

Vendor#	Vendor Name	Class	Pay Code
12948	GREAT AMERICAN FINANCIAL SVCS		- wrong amount picked up

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
26040606		11/30/20	12/04/20	11/30/20			9,575.8400	0.00	0.00	9,575.8400
	COPIER LEASE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12948	GREAT AMERICAN FINANCIAL SVCS					9,575.8400	0.00	0.00	9,575.8400

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
807923		11/30/20	11/01/20	12/01/20			50.00	0.00	0.00	50.00
	DELIVERY SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					50.00	0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1766865		11/19/20	11/12/20	12/12/20			52.12	0.00	0.00	52.12
	SUPPLIES									
1766872		11/19/20	11/12/20	12/12/20			404.34	0.00	0.00	404.34
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					456.46	0.00	0.00	456.46

Vendor#	Vendor Name	Class	Pay Code
11588	HHSC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
110719		11/30/20	11/07/20	11/07/20			995.00	0.00	0.00	995.00
	HOSPITAL LICENSE RENEWAI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11588	HHSC					995.00	0.00	0.00	995.00

Vendor#	Vendor Name	Class	Pay Code
12868	HOLT CAT		- remove per Melissa

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SIEI04794010		11/30/20	11/23/20	11/23/20			328,595.53	0.00	0.00	328,595.53
	HOSPITAL GENERATOR									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12868	HOLT CAT					328,595.53	0.00	0.00	328,595.53

Vendor#	Vendor Name	Class	Pay Code
H3400	HUBERT COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
736029		11/27/20	11/15/20	12/15/20			461.94	0.00	0.00	461.94
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H3400	HUBERT COMPANY					461.94	0.00	0.00	461.94

Vendor#	Vendor Name				Class	Pay Code				
11108	ITERSOURCE CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5282		11/30/20	12/01/20	12/01/20		250.00	0.00	0.00	250.00
		SUPPORT SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11108	ITERSOURCE CORPORATION				250.00	0.00	0.00	250.00
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	921679748		11/30/20	11/18/20	12/18/20		300.00	0.00	0.00	300.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				300.00	0.00	0.00	300.00
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
	2034164		11/30/20	09/11/20	09/11/20		471.50	0.00	0.00	471.50
		PRO FEES UONG Invel Expenses								
	427356		11/30/20	10/31/20	10/31/20		10,500.00	0.00	0.00	10,500.00
		PRO FEES UONG (10/16 - 10/18/19)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11230	JACKSON & COKER LOCUM TENENS,				10,971.50	0.00	0.00	10,971.50
Vendor#	Vendor Name				Class	Pay Code				
L1005	LAERDAL MEDICAL CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2000078559		11/19/20	11/05/20	11/19/20		102.42	0.00	0.00	102.42
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1005	LAERDAL MEDICAL CORPORATION				102.42	0.00	0.00	102.42
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
	66648530		11/13/20	10/16/20	10/31/20		1,062.71	0.00	0.00	1,062.71
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				1,062.71	0.00	0.00	1,062.71
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
	120419		11/30/20	12/04/20	12/04/20		130.21	0.00	0.00	130.21
		INDIGENT CARE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.				130.21	0.00	0.00	130.21
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
	1892130979		11/18/20	11/18/20	12/13/20		167.77	0.00	0.00	167.77
		SUPPLIES								
	1891548868		11/22/20	10/30/20	11/24/20		78.51	0.00	0.00	78.51
		SUPPLIES								

1892886446		11/27/20	11/13/20	12/08/20	189.61	0.00	0.00	189.61
	SUPPLIES							
1892886443		11/27/20	11/13/20	12/08/20	38.42	0.00	0.00	38.42
	SUPPLIES							
1892886438		11/27/20	11/13/20	12/08/20	138.96	0.00	0.00	138.96
	SUPPLIES							
1892886433		11/27/20	11/13/20	12/08/20	64.81	0.00	0.00	64.81
	SUPPLIES							
1892886441		11/27/20	11/13/20	12/08/20	173.57	0.00	0.00	173.57
	SUPPLIES							
1892886434		11/27/20	11/13/20	12/08/20	82.78	0.00	0.00	82.78
	SUPPLIES							
1892886440		11/27/20	11/13/20	12/08/20	254.87	0.00	0.00	254.87
	SUPPLIES							
1892886435		11/27/20	11/13/20	12/08/20	97.66	0.00	0.00	97.66
	SUPPLIES							
1892886442		11/27/20	11/13/20	12/08/20	156.44	0.00	0.00	156.44
	SUPPLIES							
1892886436		11/27/20	11/13/20	12/08/20	40.43	0.00	0.00	40.43
	SUPPLIES							
1892886437		11/27/20	11/13/20	12/08/20	156.44	0.00	0.00	156.44
	SUPPLIES							
1893474480		11/30/20	11/19/20	12/14/20	1,151.75	0.00	0.00	1,151.75
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	2,792.02	0.00	0.00	2,792.02

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7013732495		10/21/20	09/23/20	12/15/20			952.35	0.00	0.00	952.35
	INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	952.35	0.00	0.00	952.35

Vendor#	Vendor Name	Class	Pay Code
M2659	MERRY X-RAY/SOURCEONE HEALTHCA	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800538298		11/13/20	10/31/20	11/30/20			7,007.69	0.00	0.00	7,007.69
	SUPPLIES									
8800545549		11/22/20	11/14/20	12/14/20			58.63	0.00	0.00	58.63
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	7,066.32	0.00	0.00	7,066.32

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
CM24162		11/30/20	11/25/20	12/05/20			-420.74	0.00	0.00	-420.74
	CREDIT									
CM24547		11/30/20	11/26/20	12/06/20			-1.42	0.00	0.00	-1.42
	CREDIT									
5958		11/30/20	11/26/20	12/06/20			-4.99	0.00	0.00	-4.99
	CREDIT									
6160		11/30/20	11/26/20	12/06/20			-21.14	0.00	0.00	-21.14

	CREDIT							
4957821		11/30/20	11/27/20	12/07/20	216.48	0.00	0.00	216.48
	INVENTORY							
4957820		11/30/20	11/27/20	12/07/20	705.73	0.00	0.00	705.73
	INVENTORY							
4963230		11/30/20	11/29/20	12/09/20	325.43	0.00	0.00	325.43
	INVENTORY							
4963231		11/30/20	11/29/20	12/09/20	435.53	0.00	0.00	435.53
	INVENTORY							
4963229		11/30/20	11/29/20	12/09/20	1,469.26	0.00	0.00	1,469.26
	INVENTORY							
4963228		11/30/20	11/29/20	12/09/20	491.72	0.00	0.00	491.72
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			3,195.86	0.00	0.00	3,195.86
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
98449474		11/27/20	11/18/20	12/13/20		217.16	0.00	0.00	217.16
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC			217.16	0.00	0.00	217.16
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
1851211040		11/19/20	11/06/20	12/06/20		680.32	0.00	0.00	680.32
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS			680.32	0.00	0.00	680.32
Vendor#	Vendor Name				Class	Pay Code		
11142	PAETEC (WINDSTREAM)							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
72009241		11/30/20	11/22/20	12/11/20		12,882.61	0.00	0.00	12,882.61
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11142	PAETEC (WINDSTREAM)			12,882.61	0.00	0.00	12,882.61
Vendor#	Vendor Name				Class	Pay Code		
P1725	PREMIER SLEEP DISORDERS CENTER				M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
89		11/30/20	11/20/20	12/05/20		7,350.00	0.00	0.00	7,350.00
	SLEEP STUDIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER			7,350.00	0.00	0.00	7,350.00
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
7014		11/30/20	11/27/20	12/07/20		25.00	0.00	0.00	25.00
	FOAMBOARD SIGNS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC			25.00	0.00	0.00	25.00
Vendor#	Vendor Name				Class	Pay Code		

S1001 SANOFI PASTEUR INC W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
913041523	INVENTORY	09/18/20	09/16/20	12/15/20			3,814.32	0.00	0.00	3,814.32

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	3,814.32	0.00	0.00	3,814.32

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
26260	SUPPLIES	11/30/20	11/25/20	12/10/20			20.70	0.00	0.00	20.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	20.70	0.00	0.00	20.70

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
12792	ICU NURSE DEE ROWE	11/20/20	11/13/20	12/13/20			2,479.68	0.00	0.00	2,479.68

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12848	SKILLGIGS INC.	2,479.68	0.00	0.00	2,479.68

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
923710074	SUPPLIES	11/30/20	11/22/20	12/04/20			467.54	0.00	0.00	467.54

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	467.54	0.00	0.00	467.54

Vendor# Vendor Name Class Pay Code

12704 TEXAS BURNER & BOILER SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3351	REPLACE BAFFLE JACKET	11/30/20	11/29/20	11/29/20			2,350.00	0.00	0.00	2,350.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12704	TEXAS BURNER & BOILER SERVICES	2,350.00	0.00	0.00	2,350.00

Vendor# Vendor Name Class Pay Code

T1880 TEXAS DEPARTMENT OF LICENSING A/P

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10101707	CERT OPERTATION FEE	11/27/20	11/13/20	12/13/20			70.00	0.00	0.00	70.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	70.00	0.00	0.00	70.00

Vendor# Vendor Name Class Pay Code

10732 THERACOM, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
214135604-301	INVENTORY	10/21/20	09/23/20	12/15/20			3,128.16	0.00	0.00	3,128.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	3,128.16	0.00	0.00	3,128.16

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
25587		11/30/20	11/25/20	11/25/20			1,572.86	0.00	0.00	1,572.86

MED SURG STAFFING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	1,572.86	0.00	0.00	1,572.86

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
8400316471	LAUNDRY	11/25/20	11/18/20	12/13/20			1,478.25	0.00	0.00	1,478.25
8400316440	LAUNDRY	11/25/20	11/18/20	12/13/20			47.15	0.00	0.00	47.15
8400316441	LAUNDRY	11/25/20	11/18/20	12/13/20			65.71	0.00	0.00	65.71
8400316816	LAUNDRY	11/25/20	11/21/20	12/16/20			83.14	0.00	0.00	83.14
8400316795	LAUNDRY	11/25/20	11/21/20	12/16/20			180.45	0.00	0.00	180.45
8400316794	LAUNDRY	11/25/20	11/21/20	12/16/20			187.23	0.00	0.00	187.23
8400316832	LAUNDRY	11/25/20	11/21/20	12/16/20			1,326.50	0.00	0.00	1,326.50
8400316793	LAUNDRY	11/25/20	11/21/20	12/16/20			120.39	0.00	0.00	120.39
8400316791	LAUNDRY	11/25/20	11/21/20	12/16/20			18.62	0.00	0.00	18.62
8400316796	LAUNDRY	11/25/20	11/21/20	12/16/20			175.83	0.00	0.00	175.83
8400316859	LAUNDRY	11/25/20	11/21/20	12/16/20			140.30	0.00	0.00	140.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,823.57	0.00	0.00	3,823.57

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
10304419	UNIFORM NATALIE MASON	11/30/20	11/21/20	12/06/20			138.91	0.00	0.00	138.91

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	138.91	0.00	0.00	138.91

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
INV00120823	FAXING	11/30/20	11/30/20	11/30/20			1,098.00	0.00	0.00	1,098.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	1,098.00	0.00	0.00	1,098.00

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000778941469	SHIPPING	11/30/20	11/16/20	11/27/20			284.62	0.00	0.00	284.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	284.62	0.00	0.00	284.62

Vendor#	Vendor Name				Class	Pay Code				
10943	WALLER,LANSDEN, DORTCH & DAVIS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	10741273		11/30/20	11/20/20	11/20/20		3,500.00	0.00	0.00	3,500.00
		LEGAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10943	WALLER,LANSDEN, DORTCH & DAVIS				3,500.00	0.00	0.00	3,500.00
Vendor#	Vendor Name				Class	Pay Code				
W1005	WALMART COMMUNITY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	002168		11/27/20	10/17/20	12/12/20		3.20	0.00	0.00	3.20
		SUPPLIES/WATER								
	002169		11/27/20	10/17/20	12/12/20		17.82	0.00	0.00	17.82
		SUPPLIES								
	002167		11/27/20	10/17/20	12/12/20		17.31	0.00	0.00	17.31
		SUPPLIES								
	009917		11/27/20	10/21/20	12/12/20		64.80	0.00	0.00	64.80
		SUPPLIES								
	003563		11/27/20	10/22/20	12/12/20		87.46	0.00	0.00	87.46
		SUPPLIES								
	004777		11/27/20	10/24/20	12/12/20		15.36	0.00	0.00	15.36
		SUPPLIES								
	005721		11/27/20	11/01/20	12/12/20		1.94	0.00	0.00	1.94
		SUPPLIES								
	005720		11/27/20	11/01/20	12/12/20		2.40	0.00	0.00	2.40
		SUPPLIES								
	008052		11/27/20	11/05/20	12/12/20		19.96	0.00	0.00	19.96
		SUPPLIES								
	006775		11/27/20	11/06/20	12/12/20		58.70	0.00	0.00	58.70
		SUPPLIES								
	006774		11/27/20	11/06/20	12/12/20		2.40	0.00	0.00	2.40
		SUPPLIES								
	111619		11/27/20	11/16/20	12/12/20		8.68	0.00	0.00	8.68
		LATE FEE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1005	WALMART COMMUNITY				300.03	0.00	0.00	300.03
Vendor#	Vendor Name				Class	Pay Code				
W1040	WATERMARK GRAPHICS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	127611		11/25/20	11/14/20	12/14/20		938.10	0.00	0.00	938.10
		SHIRTS								
	127640		11/25/20	11/14/20	12/14/20		108.75	0.00	0.00	108.75
		SHIRTS/JACKET								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				1,046.85	0.00	0.00	1,046.85
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
	9110747223		11/30/20	11/12/20	12/07/20		469.42	0.00	0.00	469.42
		SUPPLIES								
	9110748809		11/30/20	11/15/20	12/10/20		1,571.67	0.00	0.00	1,571.67
		LEASE								

9110749890 ✓	11/30/20 11/18/20 12/13/20	2,146.68	0.00	0.00	2,146.68 ✓
SUPPLIES					
9110751930 ✓	11/30/20 11/22/20 12/17/20	935.19	0.00	0.00	935.19 ✓
SUPPLIES					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	5,122.96	0.00	0.00	5,122.96

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	642,393.40	0.00	0.00	642,393.40

pg 2 correction {+2182.12
pg 4 correction {<55.12>
pg 6 correction {<9575.84>
{+9575.00

642,393.40 +
2,182.12 +
55.12 -
9,575.84 -
9,575.00 +
489.22 +
45.40 -
35,615.03 +
1,147.04 +
328,595.53 -
353,129.92 *

+ Fisher Healthcare #1935882 +489.22
+ Grainger credit #9326453951 <45.40>
+ Luby's #CULW1910310837 +35,615.03
+ Medical Data Systems #142111 +1,147.04
pg 6 correction <328,595.53>

$353,129.92
pg 12 correction <3,500.00>
$349,629.92

353,129.92 +
3,500.00 -
349,629.92 *

APPROVED
ON

DEC 05 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	183525	12/11/19	131.66	ACE HARDWARE 15521
A/P	183526	12/11/19	2,967.50	AMERICAN PRECISION MEDICAL GAS
A/P	183527	12/11/19	14,413.00	AMERICAN PROFICIENCY INSTITUTE
A/P	183528	12/11/19	10,000.00	AMERICORP FINANCIAL, LLC
A/P	183529	12/11/19	568.50	AMERISOURCEBERGEN DRUG CORP
A/P	183530	12/11/19	3,795.68	BAXTER HEALTHCARE
A/P	183531	12/11/19	375.00	BAY STORAGE
A/P	183532	12/11/19	1,154.14	BECKMAN COULTER INC
A/P	183533	12/11/19	212.95	BEEKLEY CORPORATION
A/P	183534	12/11/19	8,256.29	BIOFIRE DIAGNOSTICS LLC
A/P	183535	12/11/19	181.62	BRIGGS HEALTHCARE
A/P	183536	12/11/19	110.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	183537	12/11/19	831.13	CONMED CORPORATION
A/P	183538	12/11/19	550.00	DASHBOARD MD
A/P	183539	12/11/19	3,976.40	DEPUY SYNTHES SALES, INC.
A/P	183540	12/11/19	345.78	DEWITT POTH & SON
A/P	183541	12/11/19	123,621.99	DISCOVERY MEDICAL NETWORK INC
A/P	183542	12/11/19	221.05	EAN HOLDINGS, LLC
A/P	183543	12/11/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	183544	12/11/19	495.00	FASTHEALTH CORPORATION
A/P	183545	12/11/19	21.36	FEDERAL EXPRESS CORP.
A/P	183546	12/11/19	.00	VOIDED
A/P	183547	12/11/19	12,562.36	FISHER HEALTHCARE
A/P	183548	12/11/19	705.44	FRONTIER
A/P	183549	12/11/19	1,145.06	FUSION CLOUD SERVICES, LLC
A/P	183550	12/11/19	68.83	GALLS,LLC
A/P	183551	12/11/19	85.89	GETINGE USA
A/P	183552	12/11/19	773.64	GRAINGER
A/P	183553	12/11/19	9,575.00	GREAT AMERICAN FINANCIAL SVCS
A/P	183554	12/11/19	50.00	GULF COAST DELIVERY
A/P	183555	12/11/19	456.46	GULF COAST PAPER COMPANY
A/P	183556	12/11/19	995.00	HHSC
A/P	183557	12/11/19	461.94	HUBERT COMPANY
A/P	183558	12/11/19	250.00	ITERSOURCE CORPORATION
A/P	183559	12/11/19	300.00	J & J HEALTH CARE SYSTEMS, INC
A/P	183560	12/11/19	10,971.50	JACKSON & COKER LOCUM TENENS,
A/P	183561	12/11/19	102.42	LAERDAL MEDICAL CORPORATION
A/P	183562	12/11/19	35,615.03	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	183563	12/11/19	1,062.71	MCKESSON MEDICAL SURGICAL INC
A/P	183564	12/11/19	1,147.04	MEDICAL DATA SYSTEMS, INC.
A/P	183565	12/11/19	130.21	MEDIMPACT HEALTHCARE SYS, INC.
A/P	183566	12/11/19	.00	VOIDED
A/P	183567	12/11/19	2,792.02	MEDLINE INDUSTRIES INC
A/P	183568	12/11/19	952.35	MERCK SHARP & DOHME CORP
A/P	183569	12/11/19	7,066.32	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	183570	12/11/19	3,195.86	MORRIS & DICKSON CO, LLC
A/P	183571	12/11/19	217.16	OLYMPUS AMERICA INC
A/P	183572	12/11/19	680.32	ORTHO CLINICAL DIAGNOSTICS
A/P	183573	12/11/19	12,882.61	PAETEC (WINDSTREAM)
A/P	183574	12/11/19	7,350.00	PREMIER SLEEP DISORDERS CENTER

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	183575	12/11/19	25.00	RAPID PRINTING LLC
A/P	183576	12/11/19	3,814.32	SANOFI PASTEUR INC
A/P	183577	12/11/19	20.70	SHERWIN WILLIAMS
A/P	183578	12/11/19	2,479.68	SKILLGIGS INC.
A/P	183579	12/11/19	467.54	SMITH & NEPHEW
A/P	183580	12/11/19	2,350.00	TEXAS BURNER & BOILER SERVICES
A/P	183581	12/11/19	70.00	TEXAS DEPARTMENT OF LICENSING
A/P	183582	12/11/19	3,128.16	THERACOM, LLC
A/P	183583	12/11/19	1,572.86	TLC STAFFING
A/P	183584	12/11/19	3,823.57	UNIFIRST HOLDINGS INC
A/P	183585	12/11/19	138.91	UNIFORM ADVANTAGE
A/P	183586	12/11/19	1,098.00	UPDOX LLC
A/P	183587	12/11/19	284.62	UPS
A/P	183588	12/11/19	300.03	WALMART COMMUNITY
A/P	183589	12/11/19	1,046.85	WATERMARK GRAPHICS INC
A/P	183590	12/11/19	5,122.96	WERFEN USA LLC
A/P	183591	12/11/19	7,465.56	FORTBEND HEALTHCARE CENTER
A/P	183592	12/11/19	98,081.42	GOLDENCREEK HEALTHCARE
A/P	183593	12/11/19	57,495.23	GULF POINTE PLAZA
A/P	183594	12/11/19	11,775.52	THE CRESCENT
TOTALS:			524,447.65	

Payables 349,629.27 +
Forthend 7,465.56 +
Cracent 11,775.52 +
goldencreek 98,081.42 +
gulf Pointe 57,495.23 +
524,447.65 *

APPROVED ON
DEC 11 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 12/06/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 12/07/2019

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: 12/06/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 12/07/2019 **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: 8,241.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/10/2019, Pay This Amount: 8,076.95 USD

If Paid After 12/10/2019, Pay this Amount: 8,241.78 USD

Due If Paid On Time: USD 8,076.95

Disc lost if paid late: 164.83

Due If Paid Late: USD 8,241.78

under CPO

Ck# 500053

3,246.74 +
121.64 +
786.26 +
3,922.31 +
8,076.95 *

APPROVED ON
DEC 09 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: 12/06/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 12/07/2019

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

As of: 12/06/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 12/07/2019 **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											
12/05/2019	12/10/2019	7171016198	613597	115Invoice	66.24	3,311.94		3,245.70	✓	7171016198	
12/05/2019	12/10/2019	7171016199	613597	115Invoice	0.02	1.06		1.04	✓	7171016199	

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: 3,313.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,980.61
12/02/2019

If Paid By 12/10/2019,
Pay This Amount: 3,246.74 USD

If Paid After 12/10/2019,
Pay this Amount: 3,313.00 USD

Due If Paid On Time:
USD 3,246.74

Disc lost if paid late:
66.26

Due If Paid Late:
USD 3,313.00

APPROVED
ON

DEC 09 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 12/06/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 12/07/2019

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: 12/06/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 12/07/2019 **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											
12/02/2019	12/10/2019	7170215736	2017010793	115Invoice	1.04	52.07		51.03 ✓		7170215736	
12/04/2019	12/10/2019	7170742091	2017010833	115Invoice	0.56	27.93		27.37 ✓		7170742091	
12/06/2019	12/10/2019	7171234748	2017010883	115Invoice	0.88	44.12		43.24 ✓		7171234748	

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: 124.12 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,030.89
11/25/2019

If Paid By 12/10/2019, Pay This Amount: 121.64 USD

If Paid After 12/10/2019, Pay this Amount: 124.12 USD

Due If Paid On Time: USD 121.64

Disc lost if paid late: 2.48

Due If Paid Late: USD 124.12

APPROVED ON

DEC 09 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: 12/06/2019 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 12/07/2019

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

As of: 12/06/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 12/07/2019 **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											
12/05/2019	12/10/2019	7171180170	613006	115Invoice	16.05	802.31		786.26		7171180170	

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: 802.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,980.61
12/02/2019

If Paid By 12/10/2019,
Pay This Amount: 786.26 USD

If Paid After 12/10/2019,
Pay this Amount: 802.31 USD

Due If Paid On Time:
USD 786.26

Disc lost if paid late:
16.05

Due If Paid Late:
USD 802.31

ok. JDL CFO

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DEC 09 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 12/06/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 12/07/2019

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: 12/06/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 12/07/2019 **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											
12/02/2019	12/10/2019	7170231617	4667387291	115Invoice	3.99	199.60		195.61	✓	7170231617	
12/02/2019	12/10/2019	7170460225	000011272019as	115Invoice	0.03	1.36		1.33	✓	7170460225	
12/03/2019	12/10/2019	7170699446	000012022019AS	115Invoice	0.05	2.66		2.61	✓	7170699446	
12/04/2019	12/10/2019	7170754715	2467426338	115Invoice	11.09	554.67		543.58	✓	7170754715	
12/04/2019	12/10/2019	7170754717	MH12032019	115Invoice	27.73	1,386.42		1,358.69	✓	7170754717	
12/04/2019	12/10/2019	7170950600	000012022019as	115Invoice	0.05	2.52		2.47	✓	7170950600	
12/05/2019	12/10/2019	7171017749	2667440730	115Invoice	5.34	267.17		261.83	✓	7171017749	
12/05/2019	12/10/2019	7171149133	776895280	195Invoice	3.57	178.45		174.88	✓	7171149133	
12/05/2019	12/10/2019	7171185250	00012042019AS	115Invoice	0.03	1.58		1.55	✓	7171185250	
12/06/2019	12/10/2019	7171253015	2667445550	115Invoice	21.31	1,065.58		1,044.27	✓	7171253015	
12/06/2019	12/10/2019	7171253017	MH12052019	115Invoice	6.77	338.64		331.87	✓	7171253017	
12/06/2019	12/10/2019	7171253018	1205190449-00	115Invoice	0.07	3.44		3.37	✓	7171253018	
12/06/2019	12/10/2019	7171370155	777170938	195Invoice	0.01	0.26		0.25	✓	7171370155	

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: 4,002.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,980.61
12/02/2019

If Paid By 12/10/2019, Pay This Amount: 3,922.31 USD

If Paid After 12/10/2019, Pay this Amount: 4,002.35 USD

Due If Paid On Time:
USD 3,922.31

Disc lost if paid late: 80.04

Due If Paid Late:
USD 4,002.35

APPROVED ON
DEC 09 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58654884 Date: 12-06-2019

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:	1,598.50
Past Due:	0.00
Total Due:	1,598.50
Account Balance:	1,598.50

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
12-02-2019	12-13-2019	3030708406	152838	Invoice	358.09
12-03-2019	12-13-2019	3030832595	153123	Invoice	529.69
12-04-2019	12-13-2019	3030890928	153148	Invoice	15.64
12-05-2019	12-13-2019	3030955690	153218	Invoice	688.14
12-06-2019	12-13-2019	3031010290	153282	Invoice	5.41
12-06-2019	12-13-2019	3031010291	153283	Invoice	1.53

Thank You for Your Payment

Date	Payment Number	Amount
12-06-2019		(714.59)

Reminders

Due Date	Amount
12-13-2019	1,598.50
Total Due:	1,598.50

Terms:
Monday - Friday due in 7 days

APPROVED
ON
DEC 09 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 500054

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

		#### ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###	74-6003411
☐	"ENTER YOUR 4-DIGIT PIN"		6716
☐	"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"	★	$ 98,502.03 #
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 49,178.78 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,030.03 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 37,293.22 #
		CHECK	$ -
☐	"6-DIGIT SETTLEMENT DATE"	★	
	"1 TO CONFIRM"		1
☐	ACKNOWLEDGEMENT NUMBER		

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8495.00	N		N	N		167754.18
1	REGULAR PAY-S1	1469.25	N		N	N	N	65585.12
1	REGULAR PAY-S1	204.75	N		N	Y		6737.53
1	REGULAR PAY-S1	121.75	Y		N	N		3109.97
2	REGULAR PAY-S2	2502.75	N		N	N		55830.84
2	REGULAR PAY-S2	143.50	N		N	Y		5479.51
2	REGULAR PAY-S2	67.50	Y		N	N		2264.04
3	REGULAR PAY-S3	1465.75	N		N	N		40070.49
3	REGULAR PAY-S3	113.25	N		N	Y		4706.63
3	REGULAR PAY-S3	95.25	Y		N	N		3742.83
C	CALL PAY	2165.00	N	1	N	N		4330.00
E	EXTRA WAGES		N	1	N	N	N	1155.00
I	INSERVICE	2.25	N	1	N	N		65.66
K	EXTENDED-ILLNESS-BANK	80.00	N		N	N	N	5200.00
K	EXTENDED-ILLNESS-BANK	396.00	N	1	N	N		10495.48
P	PAID-TIME-OFF	681.15	N		N	N	N	13259.24
P	PAID-TIME-OFF	2156.25	N	1	N	N		49155.88
X	CALL PAY 2	144.00	N	1	N	N		288.00
Y	YMCA/CURVES		N		N	N	N	75.00
Z	CALL PAY 3	120.00	N	1	N	N		360.00
p	PAID TIME OFF - PROBATION	80.00	N	1	N	N		1160.56
t	PHONE & DATA		N		N	N	N	1105.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	2369.07	A/R2	230.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1637.50	CAFE-F	
CAFE-H	18550.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	130.00	COMBIN	482.27	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	37293.22	FICA-M	6055.85	FICA-O	24589.39
FIRSTC		FLEX S	3489.52	FLX FE	
FORT D		FUTA		GIFT S	226.72
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	637.97	MASA	815.00	MEALS	162.72
MISC		MISC/		MMCSHR	
NATFML	1975.42	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	1190.86
STONE		STONE2		STUDEN	
SUNACC	907.43	SUNILL	1641.74	SUNLIF	1488.64
SUNSTD	1427.49	SUNVIS	1070.80	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	30941.25	TUTION		UNIPOR	887.03
UW/HOS					

Grand Totals: 20503.40 ------- (Gross: 441930.96 Deductions: 138546.04 Net: 303384.92)
Checks Count:- FT 206 PT 12 Other 44 Female 230 Male 31 Credit OverAmt 5 ZercNet Term Total: 261

Pay Date 12.13.19

OK [signature] CFO

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

			"ENTER VOID CKS AS NEGATIVE NUMBERS"				
PAY PERIOD: BEGIN		11/22/19	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	**TOTALS**
PAY PERIOD: END		12/05/19					
PAY DATE:		12/13/19					
GROSS PAY:	$	441,930.96			$ -		$ 441,930.96
DEDUCTIONS:							
A/R	$	2,599.07					$ 2,599.07
ADVANC							$ -
BOOTS							$ -
SUNLIFE CRITICAL ILLNESS	$	1,641.74					$ 1,641.74
SUNLIFE ACCIDENT	$	907.43					$ 907.43
SUNLIFE VISION	$	1,070.80					$ 1,070.80
SUNLIFE SHORT TERM DIS	$	1,427.49					$ 1,427.49
CAFÉ-S							$ -
CAFÉ-D	$	1,637.50					$ 1,637.50
CAFÉ-H	$	18,550.00					$ 18,550.00
CAFÉ-I							$ -
CAFÉ-L							$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	346.15	#1:50 Processing Fee = 347.65				$ 346.15
CLINIC	$	130.00					$ 130.00
COMBIN	$	482.27					$ 482.27
CREDUN							$ -
DENTAL							$ -
DEP-LF							$ -
SUNLIFE TERM LIFE	$	1,488.64					$ 1,488.64
EAT	$	-					$ -
FED TAX	$	37,293.22					$ 37,293.22
FICA-M	$	6,055.85					$ 6,055.85
FICA-O	$	24,589.39					$ 24,589.39
FIRST C							$ -
FLEX S	$	3,489.52					$ 3,489.52
FLX-FE							$ -
GIFT S	$	226.72					$ 226.72
GRP-IN							$ -
GTL							$ -
HOSP-I							$ -
LEGAL	$	1,452.97					$ 1,452.97
OTHER	$	1,049.75					$ 1,049.75
NATIONAL FARM LIFE	$	1,975.42					$ 1,975.42
PHI							$ -
PR FIN	$	-					$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	1,190.86					$ 1,190.86
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	30,941.25					$ 30,941.25
UW/HOS							$ -
TOTAL DEDUCTIONS:	$	138,546.04	$ -	$ -	$ -	$ -	$ 138,546.04
		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$	303,384.92	$ -	$ -	$ -	$ -	$ 303,384.92
		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$	29,915.34	**Less Exempt:**				
TAXABLE PAY:	$	412,015.62	$ 396,601.43				**Exempt Amt:**

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,974.23		
FICA - MED (EE)	1.45%	$ 6,055.90	$ 6,055.85	$ 0.05
FICA - SOC SEC (ER)	6.20%	$ 24,589.29		
FICA - SOC SEC (EE)	6.20%	$ 24,589.29	$ 24,589.39	$ (0.10)
FED WITHHOLDING		$ 37,293.22	$ 37,293.22	

Employees over FICA-SS Cap:

Jason Anglin	$ 9,074.73
Diane Moore	$ 6,339.46
Roshanda Thomas	

Paycode S - Employee Reimb.:

Roshanda S. Gray	
TOTAL:	$ 15,414.19

TAX DEPOSIT:		$ 98,501.93	$ 98,583.70	
FICA - MEDICARE	2.90%	$ 12,030.13	$12,030.03	
FICA - SOCIAL SECURITY	12.40%	$ 49,178.58	$49,178.78	**PREPARED BY:** Aliosn King
FED WITHHOLDING		$ 37,293.22	$37,293.22	**PREPARED DATE:** 12/9/2019
TOTAL TAX:		$ 98,501.93	$98,502.03	$ (0.10)

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"	★	$ 36.42	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 29.52	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 6.90	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ -	#
	CHECK	$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

Final Summary

-- PayCode Summary --

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1		20.00	N		N	N	N	238.00

-- 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		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX		FICA-M	3.45	FICA-O	14.76
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
SUNACC		SUNILL		SUNLIF	
SUNSTD		SUNVIS		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	16.66	TUTION		UNIFOR	
UW/HOS					

Grand Totals: 20.00 (Gross: 238.00 Deductions: 34.87 Net: 203.13)

Checks Count:- FT 1 PT Other Female 1 Male Credit OverAmt ZeroNet Term Total: 1

Pay date 12-13-19

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --December 2 , 2019 - December 8, 2019

Date	Bank Description	MMC Notes	Amount
12/2/2019	IRS USATAXPYMT 220973692726480 6103601000450	- Payroll Taxes	100,030.38 **
12/3/2019	STATE COMPTRLR TEXNET 35403834/91202 2100002	-QIPP Year 3 second half	1,435,357.40 ***
12/3/2019	STATE COMPTRLR TEXNET 35565925/91202 2100002	-2015 DSH Withheld Payment	4,217.09 **
12/3/2019	PAY PLUS ACHTRANS 452579291 101000699609630	- 3rd Party Payor Fee	0.50
12/3/2019	MCKESSON DRUG AUTO ACH ACH04002804 910000178	- 340B Drug Program Expense	10,980.61 *
12/3/2019	AUTHNET GATEWAY BILLING 109329124 1040000153	- 3rd Party Payor Fee	10.00
12/4/2019	MERCH BNKCD FEE 971160913887 114902520001114	- Credit Card Processing Fee	189.75
12/4/2019	MERCH BNKCD FEE 971160910883 114902520001113	- Credit Card Processing Fee	9.95
12/4/2019	MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
12/4/2019	MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	275.29
12/4/2019	MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	146.77
12/5/2019	PAY PLUS ACHTRANS 452579291 101000691676589	- 3rd Party Payor Fee	27.67
12/5/2019	CLEARGAGE LLC CLEARGAGE, YF7ZVU2FD1E 2420717	- Patient Financing Service	66.58
12/5/2019	FDGL LEASE PYMT 052-1601830-000 410001294260	- Credit Card Machine Lease Expense	32.45
12/5/2019	FDGL LEASE PYMT 052-1479214-000 410001293894	- Credit Card Machine Lease Expense	40.02
12/5/2019	FDGL LEASE PYMT 052-1479213-000 410001293894	- Credit Card Machine Lease Expense	43.26
12/5/2019	FDGL LEASE PYMT 052-1479468-000 410001293895	- Credit Card Machine Lease Expense	69.24
12/6/2019	PAY PLUS ACHTRANS 452579291 101000692461688	- 3rd Party Payor Fee	2.67
12/6/2019	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	714.59 *
12/6/2019	IRS USATAXPYMT 220974030275460 6103601000572	- Payroll Taxes	194.93 *
			1,552,429.10

CFO

December 9, 2019

Diane Moore, CFO
Memorial Medical Center

PROSPERITY BANK

* Approved 12.04.19 cc
** Approved 11.27.19cc
*** Approved 11.20.19cc

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
12/15/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	213,382.58
12/15/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Fudning Adjustment for October	3.96
12/19/2019	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,647.50
			215,034.04

CFO

December 9, 2019

Diane Moore, CFO
Memorial Medical Center

0.50 +
Pay 27.67 +
Plus 2.67 +
30.84 *

Auth- 10.00 +
net 10.00 *

CPSI "H

Credit 189.75 +
Card 9.95 +
Lease 19.95 +
and 275.29 +
Process- 146.77 +
ing 32.45 +
Fee's 40.02 +
43.26 +
69.24 +
826.68 *

Clear- 66.58 +
gage 66.58 *

30.84 +
10.00 +
826.68 +
66.58 +
934.10 *

1,552,429.10 +
100,030.38 -
1,435,357.40 -
4,217.09 -
10,980.61 -
714.59 -
194.93 -
934.10 *

934.10 +
934.10 -
0.00 ✓

MEMORIAL MEDICAL CENTER

Transfer Request

PAYEE: Memorial Medical Center Operating

Date Requested: 12/9/19

APPROVED ON DEC 09 2019 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $298,373.00

G/L NUMBER:

EXPLANATION: To transfer funds previously set aside for generator back to Operating account from Clinic Series Account.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: CFO

12/05/2019
10:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
112919		11/30/20	11/29/20	12/19/20			7,465.56	0.00	0.00	7,465.56
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	7,465.56	0.00	0.00	7,465.56

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,465.56	0.00	0.00	7,465.56

12/05/2019
10:48

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112919		11/30/20	11/29/20	12/19/20		1,120.00	0.00	0.00	1,120.00
	TRANSFER Nursing home insurance pymt sent to mmc in error								
112919A		11/30/20	11/29/20	12/19/20		295.52	0.00	0.00	295.52
	TRANSFER Nursing home insurance pymt sent to mmc in error								
112919C		11/30/20	11/29/20	12/19/20		6,290.00	0.00	0.00	6,290.00
	TRANSFER Nursing home insurance pymt sent to mmc in error								
112919B		11/30/20	11/29/20	12/19/20		4,070.00	0.00	0.00	4,070.00
	TRANSFER Nursing home insurance pymt sent to mmc in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	11,775.52	0.00	0.00	11,775.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,775.52	0.00	0.00	11,775.52

12/05/2019
10:50

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

11836 GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112919A		11/30/20	11/29/20	12/19/20		151.82	0.00	0.00	151.82 ✓
	TRANSFER	Nursing home insurance pymt sent to MMC in error							
112919C		11/30/20	11/29/20	12/19/20		38,359.62	0.00	0.00	38,359.62 ✓
	TRANSFER	Nursing home insurance pymt sent to MMC in error							
112919		11/30/20	11/29/20	12/19/20		19,075.26	0.00	0.00	19,075.26 ✓
	TRANSFER	Nursing home insurance pymt sent to MMC in error							
112919B		11/30/20	11/29/20	12/19/20		40,252.59	0.00	0.00	40,252.59 ✓
	TRANSFER	Nursing home insurance pymt sent to MMC in error							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	97,839.29	0.00	0.00	97,839.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	97,839.29	0.00	0.00	97,839.29

Transfer 112919H +242.13

98,081.42

APPROVED
ON

DEC 05 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

97,839.29 +
242.13 +
98,081.42 =

RECEIVED
DEC 05 2019
Calhoun County Auditor

12/05/2019
10:48

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112919A		11/30/20	11/29/20	12/19/20		4,080.00	0.00	0.00	4,080.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
112919E		11/30/20	11/29/20	12/19/20		2,448.00	0.00	0.00	2,448.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
112919B		11/30/20	11/29/20	12/19/20		3,580.50	0.00	0.00	3,580.50 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
~~412919H~~		11/30/20	11/29/20	12/19/20		242.13	0.00	0.00	~~-242.13~~ ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
112919		11/30/20	11/29/20	12/19/20		693.00	0.00	0.00	693.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
112919C		11/30/20	11/29/20	12/19/20		1,084.93	0.00	0.00	1,084.93 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
112919I		11/30/20	11/29/20	12/19/20		19,096.76	0.00	0.00	19,096.76 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
112919J		11/30/20	11/29/20	12/19/20		20,249.90	0.00	0.00	20,249.90 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
112919F		11/30/20	11/29/20	12/19/20		1,365.00	0.00	0.00	1,365.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
112919K		11/30/20	11/29/20	12/19/20		1,924.91	0.00	0.00	1,924.91 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
112919G		11/30/20	11/29/20	12/19/20		396.03	0.00	0.00	396.03 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								
112919D		11/30/20	11/29/20	12/19/20		2,576.20	0.00	0.00	2,576.20 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	57,737.36	0.00	0.00	57,737.36

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	57,737.36	0.00	0.00	57,737.36

< 242.13 >

57,495.23

APPROVED
ON
DEC 05 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

O • C

57,737.36 +
242.13 -
57,495.23 *

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/9/2019

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		233,198.42 ✓	233,006.92 ✓	61,580.85 ✓		-	61,772.35 ✓	**49,617.60**
						Bank Balance	61,772.35 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
Routing Information for Ashford Gardens:						**MMC Portion QIPP 1**	**11,963.25** ✓	
Ashford Health Care Center Ltd Co						**MMC Portion QIPP 2,3,Lapse**		
JP Morgan Chase Bank						**October Interest**	**42.40** ✓	
ABA 111000614						**November Interest**	**49.10** ✓	
Account # 448234257						**December Interest**		
						Adjust Balance/Transfer Amt	**49,617.60** ✓	
Broadmoor		117,112.44 ✓	116,913.24 ✓	61,348.74 ✓		-	61,547.94 ✓	**57,047.36**
						Bank Balance	61,547.94 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1	**4,301.38** ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	**48.32** ✓	
						November Interest	**50.88** ✓	
						December Interest		
						Adjust Balance/Transfer Amt	**57,047.36** ✓	
Crescent		110,081.33 ✓	109,879.91 ✓	18,534.86 ✓		-	18,736.28 ✓	**14,689.07**
						Bank Balance	18,736.28	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1	**3,845.79** ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	**51.97** ✓	
						November Interest	**49.45** ✓	
						December Interest		
						Adjust Balance/Transfer Amt	- **14,689.07** ✓	
Fort Bend		57,216.77 ✓	57,073.32 ✓	16,153.47 ✓		-	16,296.92 ✓	**11,034.25**
						Bank Balance	16,296.92	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1	**5,119.22** ✓	
						MMC Portion QIPP 2,3,Lapse		
						October Interest	**22.52** ✓	
						November Interest	**20.93** ✓	
						December Interest		
						Adjust Balance/Transfer Amt	- **11,034.25** ✓	
Solera at W Houston		158,662.84 ✓	158,457.79 ✓	59,626.48 ✓		-	59,831.53 ✓	**55,009.04**
						Bank Balance	59,831.53	
						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**	**4,617.44** ✓	
Cantex Health Care Centers III LLC						**MMC Portion QIPP 2,3,Lapse**		
JP Morgan Chase Bank						**October Interest**	**59.39** ✓	
AB.						**November Interest**	**45.66** ✓	
Acc.						**December Interest**		
						Adjust Balance/Transfer Amt	- **55,009.04** ✓	
						TOTAL TRANSFERS		**187,397.32**

49,617.60 +
57,047.36 +
14,689.07 +
11,034.25 +
55,009.04 +
187,397.32 *

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

Approved: CFO
Diane Moore, CFO 12/9/2019

APPROVED
ON
DEC 09 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
12/2/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191127126002	-	22,161.55				-	22,161.55
12/2/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191127120003	-	6,832.45				-	6,832.45
12/2/2019 UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2019112711600654	-	2,860.00				-	2,860.00
12/2/2019 HUMANA CHA DISB HCCLAIMPMT 390860 4200001912 TRN*1*01484010089691	-	156.37				-	156.37
12/3/2019 MOLINA HEALTHCAR MOLINAACH 00843858 42000017 ISA* * * * *ZZ	-	11,963.25	11,963.25			11,963.25	-
12/4/2019 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	211,141.25	-				-	-
12/4/2019 Amerigroup TXSC HCCLAIMPMT 3113973835 111000 TRN*1*3113973835*17526	-	520.00				-	520.00
12/5/2019 Check #77	21,865.67	-				-	-
12/5/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191204123010	-	4,450.48				-	4,450.48
12/5/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191204122000	-	190.16				-	190.16
12/6/2019 Amerigroup TXSC HCCLAIMPMT 3114172911 111000 TRN*1*3114172911*17526	-	295.00				-	295.00
12/6/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191205120004	-	2,254.25				-	2,254.25
12/6/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05D95222132643	-	9,897.34				-	9,897.34
	233,006.92	61,580.85	11,963.25	-	-	11,963.25	49,617.60

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
12/2/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191128141003	-	6,347.90				-	6,347.90
12/2/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191127126005	-	4,469.98				-	4,469.98
12/2/2019 HUMANA INS CO EFPAYMENT 390861 8300005867163 TRN*1*00129004736107	-	35,534.62				-	35,534.62
12/3/2019 MOLINA HEALTHCAR MOLINAACH 00844131 42000017 ISA* * * * *ZZ	-	4,301.38	4,301.38			4,301.38	-
12/3/2019 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9489222911*141128	-	1,512.00				-	1,512.00
12/3/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191130140005	-	4,302.70				-	4,302.70
12/3/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191129170000	-	4,685.16				-	4,685.16
12/4/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	109,051.20	-				-	-
12/5/2019 Check #42	7,862.04	-				-	-
12/5/2019 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1489979234*141128	-	195.00				-	195.00
	116,913.24	61,348.74	4,301.38	-	-	4,301.38	57,047.36

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
12/2/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191127126004	-	2,676.32				-	2,676.32
12/3/2019 MOLINA HEALTHCAR MOLINAACH 00844104 42000017 ISA* * * * *ZZ	-	3,845.79	3,845.79			3,845.79	-
12/3/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191129121006	-	3,410.00				-	3,410.00
12/3/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05D91357166986	-	1,534.50				-	1,534.50
12/4/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	102,850.81	-				-	-
12/4/2019 NOVITAS SOLUTION HCCLAIMPMT 676323 420000122 TRN*1*EFT5396676*1205	-	523.67				-	523.67
12/5/2019 Check #72	7,029.10	-				-	-
12/5/2019 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1489978600*141128	-	1,060.00				-	1,060.00
12/5/2019 NOVITAS SOLUTION HCCLAIMPMT 676323 420000117 TRN*1*EFT5398084*1205	-	652.71				-	652.71
12/5/2019 HUMANA INS CO HCCLAIMPMT 390864 830000502214 TRN*1*00129004746525	-	1,900.08				-	1,900.08
12/6/2019 MANAGEANDNET1718 MNS PMNT 000000000003268 41 0247378	-	2,340.00				-	2,340.00
12/6/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191205113001	-	87.05				-	87.05
12/6/2019 NOVITAS SOLUTION HCCLAIMPMT 676323 420000133 TRN*1*EFT5399323*1205	-	55.17				-	55.17
12/6/2019 CIGNA HCCLAIMPMT 1669860425 91000012899202 TRN*1*191203070003037*1	-	449.57				-	449.57
	109,879.91	18,534.86	3,845.79	-	-	3,845.79	14,689.07

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
12/2/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191127112003	-	2,342.77				-	2,342.77
12/3/2019 MOLINA HEALTHCAR MOLINAACH 00843921 42000017 ISA* * * * *ZZ	-	5,119.22	5,119.22			5,119.22	-
12/3/2019 MANAGEANDNET1718 MNS PMNT 000000000004294 41 0247251	-	1,755.00				-	1,755.00
12/3/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191129157000	-	242.10				-	242.10
12/3/2019 NOVITAS SOLUTION HCCLAIMPMT 675663 420000110 TRN*1*EFT5394682*1205	-	261.88				-	261.88
12/4/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	47,716.81	-				-	-
12/5/2019 Check #69	9,356.51	-				-	-
12/6/2019 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9490245356*141128	-	6,432.50				-	6,432.50
						-	-
	57,073.32	16,153.47	5,119.22	-	-	5,119.22	11,034.25

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	Yr 1 Adjustment	QIPP TI	NH PORTION
	62,002.29						
12/6/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191205113000	-	770.82				-	770.82
12/2/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191127126004	-	16,351.23				-	16,351.23
12/2/2019 NOVITAS SOLUTION HCCLAIMPMT 676310 420000189 TRN*1*EFT5393532*1205	-	2,759.82				-	2,759.82
12/3/2019 MOLINA HEALTHCAR MOLINAACH 00844082 42000017 ISA* * * * *ZZ	-	4,617.44	4,617.44			4,617.44	-
12/3/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191129121005	-	682.00				-	682.00
12/3/2019 HUMANA INS CO HCCLAIMPMT 390862 830000526111 TRN*1*00129004739525	-	50.41				-	50.41
12/3/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05D91358149714	-	9,036.50				-	9,036.50
12/4/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	150,018.37	-				-	-
12/4/2019 NOVITAS SOLUTION HCCLAIMPMT 676310 420000122 TRN*1*EFT5396672*1205	-	400.26				-	400.26
12/4/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05D92426149714	-	19,607.50				-	19,607.50
12/5/2019 Check #71	8,439.42	-				-	-
12/5/2019 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1489975690*141128	-	65.00				-	65.00
12/6/2019 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1490156194*13627	-	5,285.50				-	5,285.50
	158,457.79	59,626.48	4,617.44	-	-	4,617.44	55,009.04

TOTALS	675,331.18	217,244.40	29,847.08	-	-	29,847.08	187,397.32

Quick View

DDA — Data reported as of Dec 9, 2019 10:11 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	$61,772.35	$65,642.52	$61,772.35	$49,325.76
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$61,547.94	$63,815.94	$61,547.94	$61,547.94
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$18,736.28	$72,581.77	$18,736.28	$15,804.49
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$59,831.53	$133,419.43	$59,831.53	$53,775.21
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$16,296.92	$17,550.67	$16,296.92	$9,864.42
[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
12/9/2019

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	:	111,030.68	110,884.37	53,773.82	-	-	53,920.13	53,773.82
						Bank Balance	53,920.13	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						QIPP Comp 1		
						QIPP 2,3,Lapse		
Routing Information for Golden Creek:						**October Interest**	**24.04**	
Nexion Health at Golden Creek						**November Interest**	**22.27**	
Wells Fargo Bank, N.A.						**December Interest**	-	
ABA :							-	
Accou						**Adjust Balance/Transfer Amt**	**53,773.82**	

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 CFO
Diane Moore, CFO 12/9/2019

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2,3,Lapse	QIPP YR 1 Adjustment	QIPP TI	NH PORTION
12/6/2019	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	237.60				-	237.60
12/2/2019	NOVITAS SOLUTION HCCLAIMPMT 676097 420000189 TRN*1*EFT5392994	-	1,832.94				-	1,832.94
12/3/2019	NOVITAS SOLUTION HCCLAIMPMT 676097 420000110 TRN*1*EFT5394721	-	49,565.86				-	49,565.86
12/4/2019	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	87,548.96	-				-	-
12/5/2019	Check # 47	23,335.41	-				-	-
12/5/2019	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	1,500.00				-	1,500.00
12/6/2019	Amedisys Holding CCD+ 555380828 210000248513 RMR*IV*3/1-3/26/19 V	-	637.42				-	-
		110,884.37	**53,773.82**	-	-	-	-	**53,136.40**

Quick View

DDA — Data reported as of Dec 9, 2019 10:11 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	$53,920.13	$59,168.13	$53,920.13	$53,045.11
[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
12/9/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		15,557.47	15,238.88	-		-		318.59	No Transfer
							Bank Balance	318.59	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1		
							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		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		342.55	-	16,214.05		-		16,556.60	16,414.05
							Bank Balance	16,556.60	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							October Interest	34.72	
							November Interest	7.83	
							December Interest	-	
							Adjust Balance/Transfer Amt	16,414.05	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS **16,414.05**

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
12/9/2019

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
12/5/2019 Check #4	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
12/4/2019 NORIDIAN J3A HCCLAIMPMT 675892 4200001193573 TRN*1*EFT6835271	-	6,651.56					-	6,651.56
12/4/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*OSD927501	-	852.50					-	852.50
12/5/2019 NORIDIAN J3A HCCLAIMPMT 675892 4200001292084 TRN*1*EFT6836033	-	3,610.61					-	3,610.61
12/6/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*OSD958131	-	5,099.38					-	5,099.38
	-	**16,214.05**	-	-	-	-	-	**16,214.05**
	15,238.88	**16,214.05** ✓	-	-	-	-	-	**16,214.05**

Quick View

DDA — Data reported as of Dec 9, 2019 10:11 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	$318.59	$318.59	$318.59	$318.59
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$16,556.60	$16,556.60	$16,556.60	$11,457.22

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/9/19

APPROVED ON DEC 09 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Ck# 000078

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

AMOUNT: $11,963.25

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	000078	12/11/19	11,963.25	MMC OPERATING
TOTALS:			11,963.25	

Ashford

APPROVED
ON

DEC 11 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/9/19

APPROVED ON DEC 09 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#000043

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

AMOUNT: $4,301.38

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	000043	12/11/19	4,301.38	MMC OPERATING Broadmoor
TOTALS:			4,301.38	

APPROVED
ON

DEC 11 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/9/19

APPROVED ON DEC 09 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $3,845.79

CHF000073

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	000073	12/11/19	3,845.79	MMC OPERATING Crescent
TOTALS:			3,845.79	

APPROVED
ON

DEC 11 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/9/19

APPROVED ON DEC 09 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000070

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

AMOUNT: $5,119.22

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	000070	12/11/19	5,119.22	MMC OPERATING Fwt Bund
TOTALS:			5,119.22	

APPROVED
ON

DEC 11 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/9/19

APPROVED ON DEC 09 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000072

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

AMOUNT: $4,617.44

G/L NUMBER: 21000011

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000072	12/11/19	4,617.44	MMC OPERATING Solem
TOTALS:			4,617.44	

APPROVED
ON

DEC 11 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **12/11/2019**

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	78	MMC -Prosperity Operating #10000001	21000012	11,963.25				11,963.25		12/11/2019
Broadmoor	10000019 - Prosperity	43	MMC -Prosperity Operating #10000001	21000009	4,301.38				4,301.38		12/11/2019
Crescent	10000020 - Prosperity	73	MMC -Prosperity Operating #10000001	21000010	3,845.79				3,845.79		12/11/2019
Fort Bend	10000021 - Prosperity	70	MMC -Prosperity Operating #10000001	21000008	5,119.22				5,119.22		12/11/2019
Solera	10000022 - Prosperity	72	MMC -Prosperity Operating #10000001	21000011	4,617.44				4,617.44		12/11/2019
Golden Creek	10000023 - Prosperity	47	MMC -Prosperity Operating #10000001	21000013					-		
Gulf Pointe-PP	10000114 - Prosperity	4	MMC -Prosperity Operating #10000001	21000014					-		
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21000014					-		
				Total:	**29,847.08**	-	-	-	**29,847.08**		

Note:

Approved:
Diane Moore, CFO 12/9/2019

4,617.44 +
11,963.25 +
4,301.38 +
3,845.79 +
5,119.22 +
29,847.08 =

APPROVED
ON

DEC 11 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS No 72

88-2265
1131

12-11-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 4617.44

four thousand six hundred seventeen 44/100 DOLLARS

PROSPERITY BANK

County Auditor

County Treasurer

QIPP Comp 1 & 2

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

87SS No. 78

88-2265
1131

12-11-19

PAY TO THE ORDER OF Memorial Medical Center Operating 11,963.25

Eleven thousand nine hundred sixty-three & 25/100 DOLLARS

PROSPERITY BANK

County Auditor

County Treasurer

QIPP 1 & 2

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

000043

88-2265/113

Date 12-11-19

PAY
TO THE ORDER OF Memorial Medical Center Operating $ 4301.38

four thousand three hundred one & 38/100 **DOLLAR**

PROSPERITY BANK

County Auditor

County Treasurer

FOR QIPP 1 & 2

Security features are included. Details on ba

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

000070

88-2265/1131

Date 12-11-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 5,119.22

five thousand one hundred nineteen 22/100 DOLLARS

PROSPERITY BANK

County Auditor

MP

County Treasurer

FOR QIPP 1 & 2

Security features are included. Details on back.

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

000073

88-2265/1131

Date 12-11-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 3,845.79

Three Thousand Eight hundred fourty-five 79/100 DOLLARS

PROSPERITY BANK

County Auditor

MP

County Treasurer

FOR QIPP 1 & 2

Security features are included. Details on back.