MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- December 23, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	940,518.06
TOTAL TRANSFERS BETWEEN FUNDS	$	4,418.68
TOTAL NURSING HOME UPL EXPENSES	$	575,541.71
TOTAL INTER-GOVERNMENT TRANSFERS	$	124,951.19
GRAND TOTAL DISBURSEMENTS APPROVED December 23, 2019	$	1,645,429.64

APPROVED

DEC 23 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 23, 2019

PAYABLES AND PAYROLL			
12/18/2019	Weekly Payables	533,051.19	
12/20/2019	Payroll Liabilities -Payroll Taxes	95,631.70	
12/20/2019	Payroll	311,421.31	
12/20/2019	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
12/16-12/19/19	Pay Plus-Patient Claims Processing Fee	66.21	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 940,518.06**
TRANSFER BETWEEN FUNDS-NURSING HOMES			
12/20/2019	MMC Operating to Solera-to correct insurance deposit error	4,418.68	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 4,418.68**
NURSING HOME UPL EXPENSES			
12/20/2019	Nursing Home UPI-Cantex Transfer	368,202.35	
12/20/2019	Nursing Home UPI-Nexion Transfer	111,827.22	
12/20/2019	Nursing Home UPI-HMG Transfer	66,118.04	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
12/20/2019	Ashford	12,013.98	
12/20/2019	Broadmoor	4,320.26	
12/20/2019	Crescent	3,701.82	
12/20/2019	Fort Bend	4,914.65	
12/20/2019	Solera	4,443.39	
TOTAL NURSING HOME UPL EXPENSES			**$ 575,541.71**
INTER-GOVERNMENT TRANSFERS			
12/20/2019	IGT DY8 Round 2 to be paid on 1/6/2020	124,951.19	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 124,951.19**
GRAND TOTAL DISBURSEMENTS APPROVED December 23, 2019			**$ 1,645,429.64**

12/18/2019 MEMORIAL MEDICAL CENTER 0
10:53 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 01/01/2020

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
24701		11/30/20	12/20/20	12/30/20		1,400.00	0.00	0.00	1,400.00
	RFID FEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9657007451		12/16/20	11/27/20	12/27/20		795.00	0.00	0.00	795.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	795.00	0.00	0.00	795.00

Vendor#	Vendor Name	Class	Pay Code
A1787	AMERICAN COLLEGE OF HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1422356		11/06/20	10/31/20	12/31/20		345.00	0.00	0.00	345.00
1410631	ANNUAL MEMEBERSHIP JASON Anglin								
~~111219~~		11/13/20	11/12/20	12/31/20		345.00	0.00	0.00	345.00
	ANNUAL MEMBERSHIP ROSHanda gray								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1787	AMERICAN COLLEGE OF HEALTHCARE	690.00	0.00	0.00	690.00

Vendor#	Vendor Name	Class	Pay Code
12060	AQUA PURIFICATION INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
431291A		12/17/20	12/10/20	12/10/20		4,600.00	0.00	0.00	4,600.00
	REPAIR EXISTING KINETICO								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12060	AQUA PURIFICATION INC.	4,600.00	0.00	0.00	4,600.00

Vendor#	Vendor Name	Class	Pay Code
A2600	AUTO PARTS & MACHINE CO.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
914960		12/11/20	12/05/20	12/26/20		1.35	0.00	0.00	1.35
	SUPPLIES								
915126		12/17/20	12/06/20	12/21/20		34.97	0.00	0.00	34.97
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	36.32	0.00	0.00	36.32

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
11963044		12/16/20	11/30/20	12/25/20		12.31	0.00	0.00	12.31
	LATE PAYMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	12.31	0.00	0.00	12.31

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
108123993		12/11/20	12/02/20	12/27/20			424.39	0.00	0.00	424.39
	SUPPLIES									
108124637		12/11/20	12/03/20	12/28/20			225.00	0.00	0.00	225.00
	SUPPLIES									
108121401		12/11/20	12/03/20	12/28/20			2,003.12	0.00	0.00	2,003.12
	SUPPLIES									
108121443		12/11/20	12/03/20	12/28/20			478.57	0.00	0.00	478.57
	SUPPLIES									
108125111		12/11/20	12/03/20	12/28/20			149.50	0.00	0.00	149.50
	SUPPLIES									
108124449		12/11/20	12/03/20	12/28/20			64.50	0.00	0.00	64.50
	SUPPLIES									
108123890		12/11/20	12/03/20	12/28/20			1,250.84	0.00	0.00	1,250.84
	SUPPLIES									
108123896		12/11/20	12/03/20	12/28/20			5,099.84	0.00	0.00	5,099.84
	SUPPLIES									
108125162		12/11/20	12/03/20	12/28/20			1,275.96	0.00	0.00	1,275.96
	SUPPLIES									
108121451		12/11/20	12/03/20	12/28/20			2,276.27	0.00	0.00	2,276.27
	SUPPLIES									
5416189		12/11/20	12/05/20	12/30/20			6,249.42	0.00	0.00	6,249.42
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					19,497.41	0.00	0.00	19,497.41

Vendor#	Vendor Name	Class	Pay Code
12740	BUILDING KID STEPS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OUTPATIENT1119		12/17/20	12/12/20	12/12/20			1,000.00	0.00	0.00	1,000.00
	SPEECH THERAPY									
OUTPATIENT1119A		12/17/20	12/12/20	12/12/20			587.00	0.00	0.00	587.00
	SPEECH THERAPY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12740	BUILDING KID STEPS					1,587.00	0.00	0.00	1,587.00

Vendor#	Vendor Name	Class	Pay Code
11224	CABLES AND SENSORS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
81283		11/30/20	11/27/20	12/27/20			262.00	0.00	0.00	262.00
	FINGER SENSOR PHILLIPS M(									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS					262.00	0.00	0.00	262.00

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
OUTPATIENT1119		12/17/20	12/12/20				495.00	0.00	0.00	495.00
	Speech Therapy 11/1/19 - 11/29/19									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	L1629	CHRISTINA ZAPATA-ARROYO					495.00	0.00	0.00	495.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2019110		12/11/20	11/30/20	12/30/20			11,171.16	0.00	0.00	11,171.16

LAB SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	11,171.16	0.00	0.00	11,171.16

Vendor#	Vendor Name	Class	Pay Code
12980	COVENTRY WOKERS COMP SERVICES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121219		12/17/20	12/12/20	12/12/20			11.46	0.00	0.00	11.46 ✓
	PATIENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12980	COVENTRY WOKERS COMP SERVICES	11.46	0.00	0.00	11.46

Vendor#	Vendor Name	Class	Pay Code
10509	DA&E ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
13149		12/11/20	11/29/20	12/29/20			1,731.00	0.00	0.00	1,731.00 ✓
	CAH MEDICARE REIMB ASSIS~~tance~~ – CPA									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10509	DA&E	1,731.00	0.00	0.00	1,731.00

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
5913530 ✓		11/30/20	12/02/20	12/27/20			170.15	0.00	0.00	170.15 ✓
	SUPPLIES									
5900980 ✓		12/11/20	11/18/20	12/26/20			17.20	0.00	0.00	17.20 ✓
	SUPPLIES									
5914940 ✓		12/11/20	12/03/20	12/28/20			315.81	0.00	0.00	315.81 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	503.16	0.00	0.00	503.16

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
14435 ✓		12/11/20	11/29/20	12/29/20			505.00	0.00	0.00	505.00 ✓
	PEST									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	505.00	0.00	0.00	505.00

Vendor#	Vendor Name	Class	Pay Code
D1710	DOWNTOWN CLEANERS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121219		12/17/20	12/12/20	12/22/20			177.10	0.00	0.00	177.10 ✓
	LAUNDRY OCT/NOV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	177.10	0.00	0.00	177.10

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
38668 ✓		12/17/20	12/15/20	12/25/20			40,062.50	0.00	0.00	40,062.50 ✓
	ER STAFFING (1-15th)									

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
C2510	EVIDENT ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
965797		12/16/20	12/02/20	12/27/20		1,591.10	0.00	0.00	1,591.10
965798	INSTALL	12/16/20	12/02/20	12/27/20		1,368.92	0.00	0.00	1,368.92
A1912041378	INSTALL	12/16/20	12/04/20	12/29/20		32,012.50	0.00	0.00	32,012.50
965512	TECH SUPPORT/CCD SUPS/P.	12/17/20	11/22/20	12/17/20		1,088.76	0.00	0.00	1,088.76
	CHECKS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	36,061.28	0.00	0.00	36,061.28

Vendor# F1400 Vendor Name: FISHER HEALTHCARE Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3081575		12/11/20	11/12/20	12/26/20		117.99	0.00	0.00	117.99
3515999	SUPPLIES	12/11/20	11/15/20	12/26/20		4,586.68	0.00	0.00	4,586.68
3633793	SUPPLIES	12/11/20	11/18/20	12/26/20		718.09	0.00	0.00	718.09
3874778	SUPPLIES	12/11/20	11/20/20	12/26/20		1,349.70	0.00	0.00	1,349.70
3975069	SUPPLIES	12/11/20	11/21/20	12/26/20		2,472.30	0.00	0.00	2,472.30
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	9,244.76	0.00	0.00	9,244.76

Vendor# 11183 Vendor Name: FRONTIER Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120219		12/17/20	12/02/20	12/26/20		976.24	0.00	0.00	976.24
	PHONES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	976.24	0.00	0.00	976.24

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6001453743		12/10/20	12/01/20	12/31/20		572.33	0.00	0.00	572.33
6001453863	IMAGING CONTRACT	12/10/20	12/01/20	12/31/20		5,665.83	0.00	0.00	5,665.83
6001453823	IMAGING CONTRACT	12/10/20	12/01/20	12/31/20		3,588.58	0.00	0.00	3,588.58
6001453742	IMAGING CONTRACT	12/10/20	12/01/20	12/31/20		1,281.96	0.00	0.00	1,281.96
	IMAGING CONTRACT								

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

Vendor# W1300 Vendor Name: GRAINGER Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9373533562		12/16/20	12/03/20	12/28/20		170.44	0.00	0.00	170.44
9351688297	SUPPLIES	12/17/20	11/11/20	12/06/20		80.82	0.00	0.00	80.82

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	251.26	0.00	0.00	251.26

Vendor#	Vendor Name	Class	Pay Code
12948	GREAT AMERICAN FINANCIAL SVCS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
26053389		12/09/20	12/06/20	12/31/20			9,575.00	0.00	0.00	9,575.00

COPIER LEASE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICAN FINANCIAL SVCS	9,575.00	0.00	0.00	9,575.00

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
1774111		11/30/20	11/26/20	12/26/20			1,029.11	0.00	0.00	1,029.11

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,029.11	0.00	0.00	1,029.11

Vendor#	Vendor Name	Class	Pay Code
H0032	H + H SYSTEM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
029156		11/30/20	11/26/20	12/26/20			52.23	0.00	0.00	52.23

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC.	52.23	0.00	0.00	52.23

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9137		12/11/20	11/30/20	12/30/20			1,065.00	0.00	0.00	1,065.00

CODING SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	1,065.00	0.00	0.00	1,065.00

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE EQUIPMENT FINANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100244754		12/09/20	12/07/20	01/01/20			1,797.44	0.00	0.00	1,797.44
	LEASE Interest 310.90									
100244751		12/09/20	12/07/20	01/01/20			4,919.41	0.00	0.00	4,919.41
	LEASE Interest 462.02									
100244752		12/09/20	12/07/20	01/01/20			7,154.17	0.00	0.00	7,154.17
	LEASE									
100244753		12/09/20	12/07/20	01/01/20			7,447.86	0.00	0.00	7,447.86
	LEASE Interest 342.44									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE EQUIPMENT FINANCE	21,318.88	0.00	0.00	21,318.88

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OC46765		12/17/20	10/28/20	12/25/20			11.34	0.00	0.00	11.34
	FINANCE CHARGE									
OC46764		12/17/20	10/28/20	12/25/20			1.27	0.00	0.00	1.27
	FINANCE CHARGE									

809787		12/17/20	10/28/20	12/25/20	49.08	0.00	0.00	49.08
	SUPPLIES							
053782		12/17/20	10/30/20	12/25/20	47.52	0.00	0.00	47.52
	SUPPLIES							
056343		12/17/20	10/31/20	12/25/20	23.91	0.00	0.00	23.91
	SUPPLIES							
058995		12/17/20	11/01/20	12/25/20	36.89	0.00	0.00	36.89
	SUPPLIES							
061692		12/17/20	11/02/20	12/25/20	21.24	0.00	0.00	21.24
	SUPPLIES							
827620		12/17/20	11/03/20	12/25/20	48.42	0.00	0.00	48.42
	SUPPLIES							
067792		12/17/20	11/04/20	12/25/20	37.98	0.00	0.00	37.98
	SUPPLIES							
070479		12/17/20	11/05/20	12/25/20	39.96	0.00	0.00	39.96
	SUPPLIES							
082279		12/17/20	11/10/20	12/25/20	26.47	0.00	0.00	26.47
	SUPPLIES							
843116		12/17/20	11/11/20	12/25/20	19.29	0.00	0.00	19.29
	SUPPLIES							
088312		12/17/20	11/12/20	12/25/20	41.41	0.00	0.00	41.41
	SUPPLIES							
091685		12/17/20	11/13/20	12/25/20	38.62	0.00	0.00	38.62
091403	SUPPLIES							
15.77		12/17/20	11/14/20	12/25/20	15.77	0.00	0.00	15.77
	SUPPLIES							
095531		12/17/20	11/15/20	12/25/20	109.89	0.00	0.00	109.89
	SUPPLIES							
098251		12/17/20	11/16/20	12/25/20	43.10	0.00	0.00	43.10
	SUPPLIES							
010723		12/17/20	11/21/20	12/25/20	44.73	0.00	0.00	44.73
	SUPPLIES							
023527		12/17/20	11/25/20	12/25/20	60.59	0.00	0.00	60.59
	SUPPLIES							
247390		12/17/20	11/25/20	12/25/20	10.76	0.00	0.00	10.76
	SUPPLIES							
021574		12/17/20	11/25/20	12/25/20	19.92	0.00	0.00	19.92
	SUPPLIES							
258388		12/17/20	11/25/20	12/25/20	23.78	0.00	0.00	23.78
	SUPPLIES							
OC47098		12/17/20	11/26/20	12/25/20	0.16	0.00	0.00	0.16
	FINANCE CHARGE							
OC47097		12/17/20	11/26/20	12/25/20	0.02	0.00	0.00	0.02
	FINANCE CHARGE							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308			772.12	0.00	0.00	772.12

Vendor#	Vendor Name	Class	Pay Code
12868	HOLT CAT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SIEI04794010A		12/10/20	12/04/20	12/31/20		298,887.00	0.00	0.00	298,887.00
	HOSPITAL GENERATOR 751. pd by gmnt-Rebuild Texas								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	12868	HOLT CAT				298,887.00	0.00	0.00	298,887.00
Vendor#	Vendor Name			Class	Pay Code				
11200	IRON MOUNTAIN								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	CDTW898		12/11/20	11/30/20	12/30/20		466.62	0.00	0.00	466.62
		SHRED SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN				466.62	0.00	0.00	466.62
Vendor#	Vendor Name			Class	Pay Code				
L1640	LOWE'S HOME CENTERS INC			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	53269		12/17/20	11/06/20	12/28/20		513.24	0.00	0.00	513.24
		SUPPLIES for roof repair project - front entrance								
	15356		12/17/20	11/20/20	12/28/20		192.35	0.00	0.00	192.35
		SUPPLIES								
	53184		12/17/20	11/22/20	12/28/20		195.00	0.00	0.00	195.00
		SUPPLIES Ceiling tiles								
	112819		12/17/20	11/28/20	12/28/20		59.34	0.00	0.00	59.34
		LATE FEE/INTEREST CHARGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S HOME CENTERS INC				959.93	0.00	0.00	959.93
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
	120919		12/17/20	12/09/20	12/09/20		1,190.86	0.00	0.00	1,190.86
		PAYROLL DED								
	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				
M1950	MARTIN PRINTING CO			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	74895		11/30/20	11/26/20	12/26/20		379.00	0.00	0.00	379.00
		APPT CARDS Cook, Rojas, Thurkill, Shefick (100 each)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO				379.00	0.00	0.00	379.00
Vendor#	Vendor Name			Class	Pay Code				
11612	MASA GLOBAL BUILDING								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	725934MKMMC		12/17/20	12/06/20	12/06/20		1,705.00	0.00	0.00	1,705.00
		INSURANCE								
	735982MKMMC		12/17/20	12/17/20	12/17/20		1,648.00	0.00	0.00	1,648.00
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11612	MASA GLOBAL BUILDING				3,353.00	0.00	0.00	3,353.00
Vendor#	Vendor Name			Class	Pay Code				
12248	MEMORIAL MEDICAL CENTER								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	120519		12/11/20	12/05/20	12/26/20		14.50	0.00	0.00	14.50
		PETTY CASH reimbursement for inspection/registration on								
	Vendor Totals	Number	Name 2003 Ford F150				Gross	Discount	No-Pay	Net
		12248	MEMORIAL MEDICAL CENTER				14.50	0.00	0.00	14.50

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
	120919		12/17/20	12/09/20	12/09/20		130.00	0.00	0.00	130.00
		PAYROLL DED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				130.00	0.00	0.00	130.00
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
	121219		12/17/20	12/12/20	12/12/20		189.17	0.00	0.00	189.17
		PAYROLL DED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				189.17	0.00	0.00	189.17
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
	5003060		12/11/20	12/10/20	12/26/20		213.59	0.00	0.00	213.59
		INVENOTRY								
	5002183		12/11/20	12/10/20	12/26/20		3.55	0.00	0.00	3.55
		INVENTORY								
	5002180		12/11/20	12/10/20	12/26/20		284.04	0.00	0.00	284.04
		INVENTORY								
	5002182		12/11/20	12/10/20	12/26/20		650.38	0.00	0.00	650.38
		INVENTORY								
	5002181		12/11/20	12/10/20	12/26/20		1,593.84	0.00	0.00	1,593.84
		SUPPLIES								
	5000318		12/11/20	12/10/20	12/26/20		10.13	0.00	0.00	10.13
		INVENTORY								
	CM27228		12/16/20	12/11/20	12/21/20		-62.99	0.00	0.00	-62.99
		INVENTORY								
	5010672		12/16/20	12/12/20	12/22/20		555.00	0.00	0.00	555.00
		INVENTORY								
	5010669		12/16/20	12/12/20	12/22/20		54.16	0.00	0.00	54.16
		INVENTORY								
	5010670		12/16/20	12/12/20	12/22/20		47.04	0.00	0.00	47.04
		INVENTORY								
	5010671		12/16/20	12/12/20	12/22/20		8.50	0.00	0.00	8.50
	5017216		12/16/20	12/13/20	12/23/20		108.03	0.00	0.00	108.03
		INVENTORY								
	5017220		12/16/20	12/13/20	12/23/20		108.07	0.00	0.00	108.07
		INVENTORY								
	5017218		12/16/20	12/13/20	12/23/20		2.68	0.00	0.00	2.68
		INVENTORY								
	5017221		12/16/20	12/13/20	12/23/20		154.04	0.00	0.00	154.04
		INVENTORY								
	5017219		12/16/20	12/13/20	12/23/20		1.91	0.00	0.00	1.91
		INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				3,731.97	0.00	0.00	3,731.97
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
1851234059	SUPPLIES	11/30/20	11/26/20	12/26/20			1,530.83	0.00	0.00	1,530.83

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	1,530.83	0.00	0.00	1,530.83

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33056845	AD	12/17/20	11/26/20	12/26/20			187.50	0.00	0.00	187.50

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

Vendor#	Vendor Name	Class	Pay Code
11155	PARA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5916	REVENUE INTEGRITY PROGR	11/30/20	12/01/20	12/31/20			2,000.00	0.00	0.00	2,000.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN000411837	PT SURVEY	11/30/20	11/30/20	12/30/20			2,028.00	0.00	0.00	2,028.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19110600	GAS	12/11/20	11/30/20	12/26/20			3,573.05	0.00	0.00	3,573.05

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LP	3,573.05	0.00	0.00	3,573.05

Vendor#	Vendor Name	Class	Pay Code
11252	RX WASTE SYSTEMS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2296	WASTE SERVICE	11/30/20	12/01/20	12/26/20			235.00	0.00	0.00	235.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11252	RX WASTE SYSTEMS LLC	235.00	0.00	0.00	235.00

Vendor#	Vendor Name	Class	Pay Code
S1001	SANOFI PASTEUR INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
913438640	INVENTORY	10/29/20	10/16/20	01/01/20			2,804.43	0.00	0.00	2,804.43

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	2,804.43	0.00	0.00	2,804.43

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

	121619		12/17/20	12/16/20	12/16/20		31.90	0.00	0.00	31.90
		TRAVEL GCRAC 20TH ANNIVE 12/11/19								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				31.90	0.00	0.00	31.90
Vendor#	Vendor Name				Class	Pay Code				
12972	SARAH HENDERSON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	121619		12/16/20	12/16/20	12/16/20		29.46	0.00	0.00	29.46
		TRAVEL TO NURSING HOME Gulf Pointe Plaza meeting 12/13/19								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12972	SARAH HENDERSON				29.46	0.00	0.00	29.46
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
	701038585		11/30/20	11/30/20	12/30/20		5.01	0.00	0.00	5.01
		FINANCE CHARGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1405	SERVICE SUPPLY OF VICTORIA INC				5.01	0.00	0.00	5.01
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
	21742		11/30/20	11/26/20	12/26/20		3,483.00	0.00	0.00	3,483.00
		ICE NURESE ROWE 11/15/19 - 11/18/19								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12848	SKILLGIGS INC.				3,483.00	0.00	0.00	3,483.00
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
	121919		12/17/20	12/19/20	12/19/20	83.94	87.96	0.00	0.00	87.96 83.94
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1010	SPARKLIGHT			83.94	87.96	0.00	0.00	87.96 83.94
Vendor#	Vendor Name				Class	Pay Code				
10094	ST DAVIDS HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	MMCPL201910		12/17/20	12/16/20	12/16/20		420.00	0.00	0.00	420.00
		TELENEUROLOGY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10094	ST DAVIDS HEALTHCARE				420.00	0.00	0.00	420.00
Vendor#	Vendor Name				Class	Pay Code				
S2694	STANFORD VACUUM SERVICE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	398240		12/17/20	12/13/20	12/13/20		385.00	0.00	0.00	385.00
		GREASE TRAP PUMPED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2694	STANFORD VACUUM SERVICE				385.00	0.00	0.00	385.00
Vendor#	Vendor Name				Class	Pay Code				
11672	STANLEY ACCESS TECH LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0905790249		12/17/20	11/28/20	12/28/20		279.50	0.00	0.00	279.50
		DOOR MAGNETS NOT RELEA								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	11672	STANLEY ACCESS TECH LLC				279.50	0.00	0.00	279.50
Vendor#	Vendor Name			Class	Pay Code				
S3960	STERICYCLE, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4008984478		11/20/20	12/01/20	12/31/20		2,300.00	0.00	0.00	2,300.00
		DISPOSAL SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				2,300.00	0.00	0.00	2,300.00
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	205EV54518		11/30/20	11/30/20	12/30/20		4,555.00	0.00	0.00	4,555.00
		TRACKING								
	205EV54473		11/30/20	11/30/20	12/30/20		1,144.00	0.00	0.00	1,144.00
		CLOUD HOSTING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				5,699.00	0.00	0.00	5,699.00
Vendor#	Vendor Name				Class	Pay Code				
T1809	TARHC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2220859		10/22/20	12/30/20	12/30/20		375.00	0.00	0.00	375.00
		DUES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T1809	TARHC				375.00	0.00	0.00	375.00
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1001394466		12/17/20	12/03/20	12/25/20		10.00	0.00	0.00	10.00
		LATE FEE								
	1001398094		12/17/20	12/04/20	12/26/20		5,722.00	0.00	0.00	5,722.00
		WORK COMP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				5,732.00	0.00	0.00	5,732.00
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
	25640		12/17/20	12/09/20	12/09/20		670.80	0.00	0.00	670.80
		STAFFING (12/3/19) Medmar RN								
	25609		12/18/20	12/02/20	12/02/20		666.33	0.00	0.00	666.33
		STAFFING (11/29/19) gregory RN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T0801	TLC STAFFING				1,337.13	0.00	0.00	1,337.13
Vendor#	Vendor Name				Class	Pay Code				
T3130	TRI-ANIM HEALTH SERVICES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	63840019		12/16/20	11/26/20	12/21/20		152.19	0.00	0.00	152.19
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T3130	TRI-ANIM HEALTH SERVICES INC				152.19	0.00	0.00	152.19
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
8400317611	LAUNDRY	11/30/20	12/02/20	12/27/20		47.15	0.00	0.00	47.15
8400317642	LAUNDRY	11/30/20	12/02/20	12/27/20		988.88	0.00	0.00	988.88
84003176212	LAUNDRY	11/30/20	12/02/20	12/27/20		65.71	0.00	0.00	65.71
8400317964	LAUNDRY	12/11/20	12/05/20	12/30/20		187.76	0.00	0.00	187.76

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	1,289.50	0.00	0.00	1,289.50

Vendor# V1471 Vendor Name: VICTORIA RADIOWORKS, LTD Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19110296	AD	12/11/20	11/30/20	12/26/20		160.00	0.00	0.00	160.00
19110294	AD	12/11/20	11/30/20	12/26/20		280.00	0.00	0.00	280.00
19110293	AD	12/11/20	11/30/20	12/26/20		280.00	0.00	0.00	280.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	720.00	0.00	0.00	720.00

Vendor# 10793 Vendor Name: WAGEWORKS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120919	PAYROLL DED	12/17/20	12/09/20	12/09/20		3,489.52	0.00	0.00	3,489.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	3,489.52	0.00	0.00	3,489.52

Vendor# W1040 Vendor Name: WATERMARK GRAPHICS INC Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
127849	CAPS	11/30/20	11/30/20	12/30/20		212.16	0.00	0.00	212.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	212.16	0.00	0.00	212.16

Vendor# 10556 Vendor Name: WOUND CARE SPECIALISTS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WCS00003296	WOUND CARE	12/11/20	12/01/20	12/30/20		10,375.00	0.00	0.00	10,375.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	10,375.00	0.00	0.00	10,375.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	533,055.19	0.00	0.00	533,055.19

APPROVED ON DEC 18 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck# 183722 – 183787

533,055.19 +
87.96 –
83.96 +
533,051.19 =

pg 10 correction { 87.96 + 83.96

$533,051.19

RUN DATE:12/20/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:10 CHECK REGISTER GLCKREG
12/23/19 THRU 12/23/19

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	183722	12/23/19	1,400.00	ACUTE CARE INC
A/P	183723	12/23/19	795.00	ALCON LABORATORIES, INC.
A/P	183724	12/23/19	690.00	AMERICAN COLLEGE OF HEALTHCARE
A/P	183725	12/23/19	4,600.00	AQUA PURIFICATION INC.
A/P	183726	12/23/19	36.32	AUTO PARTS & MACHINE CO.
A/P	183727	12/23/19	12.31	BAXTER HEALTHCARE
A/P	183728	12/23/19	19,497.41	BECKMAN COULTER INC
A/P	183729	12/23/19	1,587.00	BUILDING KID STEPS
A/P	183730	12/23/19	262.00	CABLES AND SENSORS
A/P	183731	12/23/19	495.00	CHRISTINA ZAPATA-ARROYO
A/P	183732	12/23/19	11,171.16	CLINICAL PATHOLOGY LABS
A/P	183733	12/23/19	11.46	COVENTRY WOKERS COMP SERVICES
A/P	183734	12/23/19	1,731.00	DA&E
A/P	183735	12/23/19	503.16	DEWITT POTH & SON
A/P	183736	12/23/19	505.00	DOWELL PEST CONTROL
A/P	183737	12/23/19	177.10	DOWNTOWN CLEANERS
A/P	183738	12/23/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	183739	12/23/19	36,061.28	EVIDENT
A/P	183740	12/23/19	9,244.76	FISHER HEALTHCARE
A/P	183741	12/23/19	976.24	FRONTIER
A/P	183742	12/23/19	11,108.70	GE PRECISION HEALTHCARE, LLC
A/P	183743	12/23/19	251.26	GRAINGER
A/P	183744	12/23/19	9,575.00	GREAT AMERICAN FINANCIAL SVCS
A/P	183745	12/23/19	1,029.11	GULF COAST PAPER COMPANY
A/P	183746	12/23/19	52.23	H + H SYSTEM, INC.
A/P	183747	12/23/19	1,065.00	HEALTHCARE CODING & CONSULTING
A/P	183748	12/23/19	21,318.88	HEALTHCARE EQUIPMENT FINANCE
A/P	183749	12/23/19	.00	VOIDED
A/P	183750	12/23/19	772.12	HEB CREDIT RECEIVABLES DEPT308
A/P	183751	12/23/19	298,887.00	HOLT CAT
A/P	183752	12/23/19	466.62	IRON MOUNTAIN
A/P	183753	12/23/19	959.93	LOWE'S HOME CENTERS INC
A/P	183754	12/23/19	1,190.86	M G TRUST
A/P	183755	12/23/19	379.00	MARTIN PRINTING CO
A/P	183756	12/23/19	3,353.00	MASA GLOBAL BUILDING
A/P	183757	12/23/19	14.50	MEMORIAL MEDICAL CENTER
A/P	183758	12/23/19	130.00	MEMORIAL MEDICAL CLINIC
A/P	183759	12/23/19	189.17	MMC AUXILIARY GIFT SHOP
A/P	183760	12/23/19	.00	VOIDED
A/P	183761	12/23/19	3,731.97	MORRIS & DICKSON CO, LLC
A/P	183762	12/23/19	1,530.83	ORTHO CLINICAL DIAGNOSTICS
A/P	183763	12/23/19	187.50	PALACIOS BEACON
A/P	183764	12/23/19	2,000.00	PARA
A/P	183765	12/23/19	2,028.00	PRESS GANEY ASSOCIATES, INC.
A/P	183766	12/23/19	3,573.05	PRO ENERGY PARTNERS LP
A/P	183767	12/23/19	235.00	RX WASTE SYSTEMS LLC
A/P	183768	12/23/19	2,804.43	SANOFI PASTEUR INC
A/P	183769	12/23/19	31.90	SARA RUBIO
A/P	183770	12/23/19	29.46	SARAH HENDERSON
A/P	183771	12/23/19	5.01	SERVICE SUPPLY OF VICTORIA INC

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	183772	12/23/19	3,483.00	SKILLGIGS INC.
A/P	183773	12/23/19	83.96	SPARKLIGHT
A/P	183774	12/23/19	420.00	ST DAVIDS HEALTHCARE
A/P	183775	12/23/19	385.00	STANFORD VACUUM SERVICE
A/P	183776	12/23/19	279.50	STANLEY ACCESS TECH LLC
A/P	183777	12/23/19	2,300.00	STERICYCLE, INC
A/P	183778	12/23/19	5,699.00	T-SYSTEM, INC
A/P	183779	12/23/19	375.00	TARHC
A/P	183780	12/23/19	5,732.00	TEXAS MUTUAL INSURANCE CO
A/P	183781	12/23/19	1,337.13	TLC STAFFING
A/P	183782	12/23/19	152.19	TRI-ANIM HEALTH SERVICES INC
A/P	183783	12/23/19	1,289.50	UNIFIRST HOLDINGS INC
A/P	183784	12/23/19	720.00	VICTORIA RADIOWORKS, LTD
A/P	183785	12/23/19	3,489.52	WAGEWORKS
A/P	183786	12/23/19	212.16	WATERMARK GRAPHICS INC
A/P	183787	12/23/19	10,375.00	WOUND CARE SPECIALISTS
A/P	183788	12/23/19	4,418.68	SOLERA WEST HOUSTON
TOTALS:			537,469.87	

APPROVED
ON

DEC 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	19	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 95,631.70	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 50,554.30	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,445.12	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 32,632.28	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

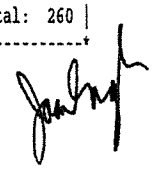
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9808.50	N		N	N		196519.15
1	REGULAR PAY-S1	1792.00	N		N	N	N	81439.26
1	REGULAR PAY-S1	293.75	Y		N	N		8292.19
2	REGULAR PAY-S2	2593.25	N		N	N		58329.11
2	REGULAR PAY-S2	169.50	Y		N	N		5362.55
3	REGULAR PAY-S3	1560.00	N		N	N		42209.84
3	REGULAR PAY-S3	49.25	Y		N	N		2331.32
C	CALL PAY	2116.50	N	1	N	N		4233.00
E	EXTRA WAGES		N	1	N	N		60.00
E	EXTRA WAGES		N	1	N	N	N	1447.50
F	FUNERAL LEAVE	18.00	N	1	N	N		438.42
G	GROUP TERM LIFE BENIFIT		N		N	N	N	11609.00
I	INSERVICE	5.00	N	1	N	N		144.66
J	JURY LEAVE	8.00	N	1	N	N		336.00
K	EXTENDED-ILLNESS-BANK	80.00	N		N	N	N	5200.00
K	EXTENDED-ILLNESS-BANK	444.00	N	1	N	N		10626.56
P	PAID-TIME-OFF	240.00	N		N	N	N	6412.80
P	PAID-TIME-OFF	972.26	N	1	N	N		20498.76
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

Deductions Summary

Code	Amount				
A/R	732.73	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	18530.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	355.64	COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	32632.28	FICA-M	6265.06	FICA-O	25277.15
FIRSTC		FLEX S	3489.52	FLX FE	
FORT D		FUTA		GIFT S	233.92
GRANT		GRP-IN		GTL	11609.00
HOSP-I		ID TFT		LEAF	
LEGAL	646.71	MASA	848.00	MEALS	216.96
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	913.59	SUNILL	1622.12	SUNLIF	1465.93
SUNSTD	1413.32	SUNVIS	1088.46	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	31104.59	TUTION		UNIFOR	851.90
UW/HOS					

Grand Totals: 20406.01 ------- (Gross: 456098.12 Deductions: 144676.81 Net: 311421.31)

Checks Count:- FT 207 PT 11 Other 43 Female 231 Male 29 Credit OverAmt 8 ZeroNet Term 1 Total: 260



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		12/06/19					
PAY PERIOD: END		12/19/19					
PAY DATE:		12/27/19					
GROSS PAY:	$	456,098.12			$ -		$ 456,098.12
DEDUCTIONS:							
A/R	$	962.73					$ 962.73
ADVANC							$ -
BOOTS							$ -
SUNLIFE CRITICAL ILLNESS	$	1,622.12					$ 1,622.12
SUNLIFE ACCIDENT	$	913.59					$ 913.59
SUNLIFE VISION	$	1,088.46					$ 1,088.46
SUNLIFE SHORT TERM DIS	$	1,413.32					$ 1,413.32
CAFÉ-5							$ -
CAFÉ-D	$	1,637.50					$ 1,637.50
CAFÉ-H	$	18,530.00					$ 18,530.00
CAFÉ-I							$ -
CAFÉ-L							$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	346.15	+1.50 Processing Fee = 347.65				$ 346.15
CLINIC	$	355.64					$ 355.64
COMBIN	$	-					$ -
CREDUN							$ -
DENTAL							$ -
DEP-LF							$ -
SUNLIFE TERM LIFE	$	1,465.93					$ 1,465.93
EAT	$	-					$ -
FED TAX	$	32,632.28					$ 32,632.28
FICA-M	$	6,265.06					$ 6,265.06
FICA-O	$	25,277.15					$ 25,277.15
FIRST C							$ -
FLEX S	$	3,489.52					$ 3,489.52
FLX-FE							$ -
GIFT S	$	233.92					$ 233.92
GRP-IN							$ -
GTL	$	11,609.00					$ 11,609.00
HOSP-I							$ -
LEGAL	$	1,494.71					$ 1,494.71
OTHER	$	1,068.86					$ 1,068.86
NATIONAL FARM LIFE	$	1,975.42					$ 1,975.42
PHI							$ -
PR FIN	$	-					$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	1,190.86					$ 1,190.86
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	31,104.59					$ 31,104.59
UW/HOS							$ -
TOTAL DEDUCTIONS:	$	144,676.81	$ -	$ -	$ -	$ -	$ 144,676.81
			SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$	311,421.31	$ -	$ -	$ -	$ -	$ 311,421.31
			SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$	29,885.37	Less Exempt:				
TAXABLE PAY:	$	426,212.75	$ 407,696.56				Exempt Amt:

			CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$	6,180.08		
FICA - MED (EE)	1.45%	$	6,265.08	$ 6,265.06	$ 0.02
FICA - SOC SEC (ER)	6.20%	$	25,277.19		
FICA - SOC SEC (EE)	6.20%	$	25,277.19	$ 25,277.15	$ 0.04
FED WITHHOLDING		$	32,632.28	$ 32,632.28	

Employees over FICA-SS Cap:

Jason Anglin	$ 9,444.73
Diane Moore	$ 9,071.46
Roshanda Thomas	

Paycode S - Employee Reimb.:

Roshanda S. Gray	
TOTAL:	**$ 18,516.19**

TAX DEPOSIT:		$ 95,631.82	$ 95,716.70	
FICA - MEDICARE	2.90%	$ 12,445.16	$12,445.12	
FICA - SOCIAL SECURITY	12.40%	$ 50,554.38	$50,554.30	**PREPARED BY:** Aliosn King
FED WITHHOLDING		$ 32,632.28	$32,632.28	**PREPARED DATE:** 12/19/2019
TOTAL TAX:		$ 95,631.82	$95,631.70	$ 0.12

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --December 16 , 2019 - December 19, 2019

Date	Bank Description	MMC Notes	Amount
12/16/2019	PAY PLUS ACHTRANS 452579291 101000697127618		33.14
12/16/2019	IRS USATAXPYMT 220975045748234 6103601000114		98,502.03 **
12/16/2019	IRS USATAXPYMT 220975033888282 6103601000111		36.42 **
12/17/2019	PAY PLUS ACHTRANS 452579291 101000697911286		0.99
12/17/2019	MCKESSON DRUG AUTO ACH ACH04017696 910000154		9,605.52 *
12/17/2019	EXPERTPAY EXPERTPAY 746003411 91000010241644		347.65 **
12/18/2019	TEXAS COUNTY DRS RECEIVABLE 0419 21000025723		213,382.58 **
12/18/2019	TEXAS COUNTY DRS RECEIVABLE 0419 21000025723		3.96 **
12/18/2019	PAY PLUS ACHTRANS 452579291 101000698744005		30.03
12/19/2019	WEBFILE TAX PYMT DD 902/35611190 21000025405		1,647.50 **
12/19/2019	PAY PLUS ACHTRANS 452579291 101000699518628		2.05
			323,591.87

Jason Anglin, CEO
Memorial Medical Center

December 20, 2019

* Approved 12.18.19
** Approved 12.11.19

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT – ESTIMATED ACHS

Date	Description	MMC Notes	Amount
1/6/2019	ACH Payment STATE COMTRLR TEXNET	DY8 Round 2	124,951.19
			124,951.19

Jason Anglin, CEO
Memorial Medical Center

December 20, 2019

0 • C

CPSI

PAY PLUS

33 • 14 +
0 • 99 +
30 • 03 +
2 • 05 +
66 • 21 *
323 • 591 • 87 +
98 • 502 • 03 –
36 • 42 –
9 • 605 • 52 –
347 • 65 –
213 • 382 • 58 –
3 • 96 –
1 • 647 • 50 –
66 • 21 *

66 • 21 +
66 • 21 –
0 • 00 *

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: **Location:**

Transaction Complete

Trace #:

Payment Total $124,951.19
Settlement Date 01/06/2020
PAYMENT DETAIL
DSRIP Amount $124,951.19

Return to Menu Logoff

Help

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

Revised:01/09/13 (483)

Jason Anglin

From: HHSC Rate Analysis DSRIP Payments <Rate_Analysis_DSRIP_Payments@hhsc.state.tx.us>
Sent: Thursday, December 19, 2019 10:37 AM
To: 'esundeen@huntregional.org'; 'ethomas@nrhd.org'; 'eva.cruzhamby@co.mclennan.tx.us'; Eva de la Fuente; 'evanr@tcbhc.org'; 'EvanR@tricountyservices.org'; 'ewatson@bradyhospital.com'; 'ewatson@martinch.org'; 'falin.durbin@vvrmc.org'; 'fbeaman@fchtexas.com'; 'fbhutchi@utmb.edu'; 'fhd75840@gmail.com'; 'financedirector@cityofluling.net'; 'fjefferson@pecanvalley.org'; 'flee@co.jefferson.tx.us'; 'fmccown@hmhhealth.org'; 'Francesco.Mainetti@phhs.org'; 'Fred.deaton@co.crockett.tx.us'; 'gaguilar@myfrh.com'; 'Gala.Dunn@metrocareservices.org'; 'ganesh.shivaramaiyer@dallascounty.org'; 'garwoodb@admc.org'; 'GaryB@gulfcoastcenter.org'; 'gene.schuler@dschd.org'; 'gene.shuler@dschd.org'; 'genna.dunlap@txpan.org'; 'geoffrey.scarpelli@unthsc.edu'; 'gfmurray@tarrantcounty.com'; HELAL, Ghadir; 'ghancock@access-center.org'; 'ghooper@hamiltonhospital.org'; gina prestridge; 'ginnie.holmes@electrahospital.com'; 'glen.boles@christushealth.org'; 'Gmccormick@gwhf.org'; 'gordonk@nacmem.org'; 'gpalafox@umcelpaso.org'; 'gquillin@parmermedicalcenter.com'; 'gradyh@bmhd.org'; 'greg.reinart@dschd.org'; 'gregp@cuerohospital.org'; 'groberts@netphd.org'; 'gspence@echd.org'; 'guerrl@co.comal.tx.us'; 'gutiem@co.comal.tx.us'; 'gwendolyn.huskey@harrishealth.org'; 'gz0357@gulfbend.org'; 'HarrisG@helenfarabee.org'; 'Harrison.Kinney@communityhealthcore.com'; hbeal@jpshealth.org; 'hbeal@wisehealthsystem.com'; 'hcopeland@gchd.org'; 'hdavenport@navarrocounty.org'; 'hdutton@hcphes.org'; 'healthinformation@hamlinhealth.org'; 'Heather.Tuck@titusregional.com'; 'heichenauer@parmermedicalcenter.com'; 'hgonzalez@ci.laredo.tx.us'; 'hholcomb@childresshospital.com'; 'hines4155@sbcglobal.net'; 'hong.wade@sweenyhospital.org'; 'hoxfordiv@benoxford.com'; 'hplyler@wghospital.com'; 'hugmanl@nacmem.org'; 'hwhitt@rcmhospital.org'; 'Ibranch@ppgh.com'; 'ichilov@uthscsa.edu'; 'igarza@comanchecmc.com'; 'IJett@brazoscountytx.gov'; 'indigentwelfare@sbcglobal.net'; 'irocha@ecmh.org'; 'IsidoroP@cctexas.com'; 'j.barnes@cflr.us'; 'jaceh@parkviewhsop.org'; 'jackie.gavlik@ttuhsc.edu'; 'jacob.cintron@umcelpaso.org'; 'jalaniz@pbmhmr.com'; 'James.Arnold@CCCMHMR.org'; 'James.Arnold@ccs1967.org'; 'james.carlow@tx.usa.org'; 'james.dawson@dshs.state.tx.us'; 'james.l.vitt@uth.tmc.edu'; 'james.wells@dentoncounty.com'; 'jamie.hayden@emhd.org'; 'jamie.jacoby@newlighthealthcare.com'; 'Jamie.Judd.Texas@gmail.com'; 'jamiem@dhchd.org'; 'jan.bower@co.caldwell.tx.us'; 'janae.hall@ntmconline.net'; 'janet.sammann@ccdonline.com'; Jason Anglin; 'janice.trant@co.grimes.tx.us'; 'jasonj@clplains.org'; 'javier.delgado@ttuhsc.edu'; 'jay.t.elliott@co.falls.tx.us'; 'jbailey@mchd.net'; Morrow,Gale (DSHS); Raitt,Gordon (HHSC); Rowe,Greg
Cc: Chang,Sylvia (HHSC); Corzine,Ketha (HHSC); Hites,Rhonda (HHSC); Jenkins,Brooke (HHSC); Wade,Tonika (HHSC)
Subject: January 2020 DY8 DSRIP IGT NOTIFICATION - Gov Entities 4 of 10
Attachments: DY8 Round 2 IGT Summary for Publication.xlsx; DY8 Round 2 Affiliation Summary for Publication.xlsx

Anchors/Government Entities/Providers:

Please carefully review this message in its entirety making note of the information provided which pertains to the DY8 Delivery System Reform Incentive Payments (DSRIP).

Attached are the following files: DSRIP Notification- DY8 Round 2 January 2020 Affiliation Summary and DY8 Round 2 January 2020 IGT Summary workbooks. These workbooks include DY8 DSRIP payments, DY7 Carryforward Reporting, and remaining DSRIP DY8 Monitoring.

The DY8 Round 2 January 2020 Affiliation Summary workbook has separate tabs for each Regional Healthcare Partnership (RHP) and contains the Intergovernmental Transfer (IGT) needed, by affiliation, for DY8 Round 2 DSRIP payments and DY7 Carry Forward.

The DY8 Round 2 January 2020 IGT Summary workbook has separate tabs for each RHP and contains the total IGT needed by each IGT Entity for the DY8 Round 2 DSRIP payments and DY7 Carryforward Reporting, and any remaining DSRIP DY8 Monitoring.

Providers can determine their estimated payment amount by dividing Column M of the DY8 Round 2 January 2020 Affillation Summary by the state share of the current FMAP. The current FMAP is 60.89%/39.11%.

The Transformation Waiver Team will email the Anchors information to share with providers regarding how much will be paid by Category and measure by Friday, December 20, 2019. Health and Human Services Commission (HHSC) Rate Analysis is unable to answer questions regarding this information. Please send any questions regarding this information to TXHealthcareTransformation@hhsc.state.tx.us

HHSC requires that the appropriate TexNet bucket are used for DSRIP Monitoring IGTs and DSRIP Reporting IGTs. The DSRIP Monitoring IGT should be placed in DSRIP Audit Cost and the DSRIP Reporting IGT should be placed in DSRIP. If the full DSRIP Monitoring IGT is not submitted in Audit Cost, HHSC will reallocate IGTs for DSRIP Reporting for DSRIP Monitoring payments. **Note that failure to submit two separate transactions or failure to IGT the full DSRIP Monitoring requirement may result in a delayed payment as additional manual steps will need to be performed.**

IGT Entities may choose to IGT less than the required amount for DSRIP Reporting payments; however, all affiliated providers and metrics will be paid proportionately. IGT may not be directed towards specific providers, Categories, or metrics.

A screen shot/.pdf of the confirmation/trace sheet or email of the confirmation number if the TexNet is submitted over the phone is required and must be emailed to Rate_Analysis_DSRIP_Payments@hhsc.state.tx.us. We are requesting that all government entities enter their IGT transactions into TexNet no later than January 3rd with a Settlement Date of January 6th. **No IGT's submitted after** January 6th **will be accepted.**

HHSC Accounting will request the Comptroller to issue payments according to the following *estimated* schedule:

Friday, January 03, 2020	Last date for Public entities to enter TexNet and submit Trace Sheet
Monday, January 06, 2020	TexNet Sweeps (Settlement date of funds)
Friday, January 17, 2020	Payment issue date for Transferring Hospitals "Big 6"
Friday, January 31, 2020	Payment issue date for Non-Transferring Hospitals

Information regarding TexNet can be found at https://comptroller.texas.gov/programs/systems/docs/96-1193.pdf

Thank you,

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

DSRIP Payment Summary Report by IGT for Demo Year 8

Round 2

RHP	IGT ID	IGT Name	DY8 Round 2 Approved IGT	DY8 Previous Round NAT Approved IGT	DY8 Other Approved IGT (from previous DY that was short IGT)	DY7 Round 2 Approved IGT	DY7 Previous Round NAT Approved IGT	DY7 Other Approved IGT (from previous DY that was short IGT)	Total Approved IGT for Round 2 DSRIP	DY8 Round 2 Monitoring Amount	Total Round 2 IGT Needed for DSRIP and Monitoring
RHP 3	133355104	Harris County Hospital District	$11,657,402.79	$0.00	$0.00	$4,847,385.43	$0.00	$84,132.34	$16,588,920.56	$0.00	$16,588,920.56
RHP 3	081522701	Texana Center	$443,179.54	$0.00	$0.00	$0.00	$0.00	$0.00	$443,179.54	$0.00	$443,179.54
RHP 3	082006001	Texas Higher Education Board	$1,358,409.01	$0.00	$0.00	$252,086.36	$0.00	$53,074.07	$1,663,569.44	$0.00	$1,663,569.44
RHP 3	093774008	City of Houston	$1,479,075.63	$0.00	$0.00	$0.00	$0.00	$0.00	$1,479,075.63	$0.00	$1,479,075.63
RHP 3	111810101	University of Texas Health Science Ctr at Houston UTHSC	$8,979,740.74	$0.00	$0.00	$0.00	$0.00	$0.00	$8,979,740.74	$0.00	$8,979,740.74
RHP 3	112672402	UT MD Anderson Cancer Center	$1,080,749.42	$0.00	$0.00	$138,840.98	$0.00	$0.00	$1,219,590.40	$0.00	$1,219,590.40
RHP 3	113180703	The Harris Center for Mental Health and IDD	$3,282,243.31	$0.00	$4,923,364.95	$0.00	$167,435.44	$11,948,616.99	$20,321,660.70	$135,875.88	$20,457,536.58
RHP 3	311054601	West Wharton County Hospital District	$11,127.58	$0.00	$0.00	$15,300.42	$0.00	$0.00	$26,428.00	$0.00	$26,428.00
RHP 3		Brazos County dba Brazos County LPPF	$297,308.98	$0.00	$0.00	$116,802.29	$0.00	$0.00	$414,111.27	$0.00	$414,111.27
RHP 3	130982504	Brazos County Treasurer	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
RHP 3	127303903	Oak Bend Medical Center	$459,102.18	$0.00	$0.00	$102,616.72	$0.00	$0.00	$561,718.90	$0.00	$561,718.90
RHP 3	130959304	Matagorda County Hospital District	$141,685.92	$0.00	$0.00	$149,860.11	$0.00	$0.00	$291,546.03	$0.00	$291,546.03
RHP 3	121785303	Gonzales County Hospital District	$12,710.75	$0.00	$0.00	$0.00	$0.00	$0.00	$12,710.75	$0.00	$12,710.75
RHP 3	**137909111**	**Calhoun County dba Memorial Medical Center**	**$85,680.82**	**$0.00**	**$0.00**	**$39,270.37**	**$0.00**	**$0.00**	**$124,951.19**	**$0.00**	**$124,951.19**
RHP 3	158771901	Harris County	$865,916.81	$0.00	$0.00	$1,141,025.79	$0.00	$0.00	$2,006,942.60	$14,338.63	$2,021,281.23
RHP 3		Rice Hospital District	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
RHP 3		Tomball Hospital Authority	$60,880.31	$0.00	$0.00	$27,903.48	$0.00	$0.00	$88,783.79	$0.00	$88,783.79
RHP 9	296760601	Fort Bend County	$220,970.68	$0.00	$0.00	$0.00	$0.00	$0.00	$220,970.68	$0.00	$220,970.68

12/19/2019
08:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
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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
121719A		12/19/20	12/17/20	01/02/20			161.00	0.00	0.00	161.00
	TRANSFER Nursing home insurance pymt sent to MMC in error									
121719		12/19/20	12/17/20	01/02/20			1,316.00	0.00	0.00	1,316.00
	TRANSFER Nursing home insurance pymt sent to MMC in error.									
121819		12/19/20	12/18/20	01/02/20			526.40	0.00	0.00	526.40
	TRANSFER Nursing home insurance pymt sent to MMC in error									
121819A		12/19/20	12/18/20	01/02/20			1,757.28	0.00	0.00	1,757.28
	TRANSFER Nursing home insurance pymt sent to MMC in error									
121919		12/19/20	12/19/20	01/20/20			658.00	0.00	0.00	658.00
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	4,418.68	0.00	0.00	4,418.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,418.68	0.00	0.00	4,418.68

APPROVED
ON
DEC 20 2019 CK# 183788
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/20/2019

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		80,126.73 ✓	79,935.23 ✓	115,322.88 ✓		-	115,514.38 ✓	103,308.90
						Bank Balance	115,514.38	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	12,013.98 ✓	
Routing Information for Ashford Gardens:						MMC Portion QIPP 3,4,Lapse		
Ashford Health Care Center Ltd Co						October Interest	42.40 ✓	
JP Morgan Chase Bank						November Interest	49.10 ✓	
ABA						December Interest		
Accr						Adjust Balance/Transfer Amt	103,308.90 ✓	
Broadmoor		80,549.87 ✓	80,350.67 ✓	88,253.28 ✓		-	88,452.48 ✓	83,933.02
						Bank Balance	88,452.48	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	4,320.26 ✓	
						MMC Portion QIPP 3,4,Lapse		
						October Interest	48.32 ✓	
						November Interest	50.88 ✓	
						December Interest		
						Adjust Balance/Transfer Amt	83,933.02 ✓	
Crescent		65,277.04 ✓	65,075.62 ✓	49,384.50 ✓		-	49,585.92 ✓	45,682.68
						Bank Balance	49,585.92	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	3,701.82 ✓	
						MMC Portion QIPP 3,4,Lapse		
						October Interest	51.97 ✓	
						November Interest	49.45 ✓	
						December Interest		
						Adjust Balance/Transfer Amt	45,682.68 ✓	
Fort Bend		16,716.66 ✓	16,573.21 ✓	40,535.69 ✓		-	40,679.14 ✓	35,621.04
						Bank Balance	40,679.14	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	4,914.65 ✓	
						MMC Portion QIPP 3,4,Lapse		
						October Interest	22.52 ✓	
						November Interest	20.93 ✓	
						December Interest		
						Adjust Balance/Transfer Amt	35,621.04 ✓	
Solera at W Houston		139,600.48 ✓	139,395.43 ✓	104,100.10 ✓		-	104,305.15 ✓	99,656.71
						Bank Balance	104,305.15	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	4,443.39 ✓	
Routing Information for Crescent / Solera at West Houston / For						MMC Portion QIPP 3,4,Lapse		
Cantex Health Care Centers III LLC						October Interest	59.39 ✓	
JP Morgan Chase Bank						November Interest	45.66 ✓	
ABA :						December Interest		
Accor							-	
						Adjust Balance/Transfer Amt	99,656.71 ✓	

103,308.90 +
83,933.02 +
45,682.68 +
35,621.04 +
99,656.71 +
368,202.35 *

TOTAL TRANSFERS 368,202.35

Approved:
Jason Anglin, CEO

APPROVED
ON
12/20/2019

DEC 20 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/16/2019 Deposit	-	45,575.08					-	45,575.08
12/16/2019 Deposit	-	1,235.00					-	1,235.00
12/16/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191213123002	-	23,263.25					-	23,263.25
12/16/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191213121010	-	7,764.09					-	7,764.09
12/16/2019 CIGNA HCCLAIMPMT 1326436189 91000012392924 TRN*1*1912120900468277*1	-	412.65					-	412.65
12/17/2019 HUMANA CHA DISB HCCLAIMPMT 390860 4200001137 TRN*1*01484010094387	-	151.65					-	151.65
12/17/2019 Amerigroup TX5C HCCLAIMPMT 3114799681 111000 TRN*1*3114799681*17526	-	389.89					-	389.89
12/17/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191214141003	-	2,257.58					-	2,257.58
12/18/2019 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	79,935.23 ✓	-					-	-
12/18/2019 MOLINA HEALTHCAR MOLINAACH 00846444 42000019 ISA* * * * *ZZ	-	12,304.53	11,723.42	581.11			12,013.98	290.56
12/18/2019 Amerigroup TX5C HCCLAIMPMT 3114931047 111000 TRN*1*3114931047*17526	-	31.17					-	31.17
12/18/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191215167004	-	2,017.90					-	2,017.90
12/19/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*0SE04957132643	-	19,920.09					-	19,920.09
	79,935.23 ✓	115,322.88 ✓	11,723.42	581.11	-	-	12,013.98	103,308.91

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/16/2019 Deposit	-	41,493.24					-	41,493.24
12/16/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191213120004	-	19,751.43					-	19,751.43
12/16/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191213121012	-	3,418.42					-	3,418.42
12/17/2019 HUMANA INS CO EFPAYMENT 390861 8300005662546 TRN*1*00129004768176:	-	2,927.82					-	2,927.82
12/17/2019 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1492577095*13627	-	1,705.00					-	1,705.00
12/18/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	80,350.67 ✓	-					-	-
12/18/2019 MOLINA HEALTHCAR MOLINAACH 00846733 42000019 ISA* * * * *ZZ	-	4,424.34	4,216.18	208.16			4,320.26	104.08
12/19/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191218163000	-	151.53					-	151.53
12/19/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 TRN*1*0SE04961166986	-	14,381.50					-	14,381.50
	80,350.67 ✓	88,253.28 ✓	4,216.18	208.16	-	-	4,320.26	83,933.02

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/16/2019 Deposit	-	8,543.31					-	8,543.31
12/16/2019 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR48227325*14	-	1,063.48					-	1,063.48
12/16/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191213120001	-	18,579.69					-	18,579.69
12/16/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191213121011	-	1,492.01					-	1,492.01
12/18/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	65,075.62 ✓	-					-	-
12/18/2019 MOLINA HEALTHCAR MOLINAACH 00846706 42000019 ISA* * * * *ZZ	-	3,955.51	3,448.12	507.39			3,701.82	253.70
12/19/2019 Deposit	-	11,480.00					-	11,480.00
12/19/2019 MANAGEANDNET1718 MNS PMNT 000000000003268 41 0247640	-	2,602.50					-	2,602.50
12/19/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*0SE04974166986	-	1,668.00					-	1,668.00
	65,075.62 ✓	49,384.50 ✓	3,448.12	507.39	-	-	3,701.82	45,682.69

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/18/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	16,573.21 ✓	-					-	-
12/16/2019 Deposit	-	7,465.56					-	7,465.56
12/16/2019 Deposit	-	9,912.84					-	9,912.84
12/16/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191213104000	-	13,534.05					-	13,534.05
12/17/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191214105000	-	4,582.09					-	4,582.09
12/18/2019 MOLINA HEALTHCAR MOLINAACH 00846512 42000019 ISA* * * * *ZZ	-	5,041.15	4,788.15	252.99			4,914.65	126.51
	16,573.21 ✓	40,535.69 ✓	4,788.15	252.99	-	-	4,914.65	35,621.05

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/16/2019 Deposit	-	11,126.35					-	11,126.35
12/16/2019 Deposit	-	1,260.00					-	1,260.00
12/16/2019 Amerigroup TX5C HCCLAIMPMT 3114702440 111000 TRN*1*3114702440*17526	-	1,650.65					-	1,650.65
12/16/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191213169003	-	10,281.77					-	10,281.77
12/16/2019 UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2019121316200776	-	2,460.00					-	2,460.00
12/16/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191213121011	-	5,942.20					-	5,942.20
12/16/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*0SE01989149714	-	9,761.90					-	9,761.90
12/17/2019 MANAGEANDNET1718 MNS PMNT 000000000002482 41 0247609	-	2,047.50					-	2,047.50
12/17/2019 HUMANA INS CO EFPAYMENT 390862 8300005658124 TRN*1*00129004765802	-	8,829.77					-	8,829.77
12/17/2019 HUMANA CHA DISB HCCLAIMPMT 390862 4200001135 TRN*1*01484010093394	-	7,425.91					-	7,425.91
12/17/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191214157000	-	1,312.70					-	1,312.70
12/18/2019 WIRE OUT CANTEX HEALTH CARE CENTERS III	139,395.43 ✓	-					-	-
12/18/2019 MOLINA HEALTHCAR MOLINAACH 00846684 42000019 ISA* * * * *ZZ	-	4,749.12	4,137.65	611.47			4,443.39	305.74
12/18/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191215114003	-	353.00					-	353.00
12/19/2019 MANAGEANDNET1718 MNS PMNT 000000000002482 41 0247658	-	23,192.50					-	23,192.50
12/19/2019 MANAGEANDNET1718 MNS PMNT 000000000002482 41 0247637	-	1,170.00					-	1,170.00
12/19/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191218148010	-	3,097.09					-	3,097.09
12/19/2019 UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*2019121811501093	-	4,510.00					-	4,510.00
12/19/2019 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*0SE04975149714	-	4,929.64					-	4,929.64
	139,395.43 ✓	104,100.10 ✓	4,137.65	611.47	-	-	4,443.39	99,656.72

TOTALS	381,330.16 ✓	397,596.45 ✓	28,313.52	2,161.12	-	-	29,394.08	368,202.37

Quick View

DDA — Data reported as of Dec 20, 2019 7:

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	$115,514.38	$119,608.84	$115,514.38	$95,594.29
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$88,452.48	$204,304.90	$88,452.48	$73,919.45
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$49,585.92	$150,460.93	$49,585.92	$33,835.42
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$104,305.15	$195,050.09	$104,305.15	$67,405.92
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$40,679.14	$45,231.56	$40,679.14	$40,679.14
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$111,973.53	$111,973.53	$111,973.53	$102,661.69
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]			

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Page generated on 12/20/2019 at 7:

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/20/2019

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		7,717.44	7,571.13	111,827.22	-	-	111,973.53	**111,827.22**
						Bank Balance	111,973.53	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2		
						MMC Portion QIPP 3,4,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**	**111,827.22**	

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

Approved:
Jason Anglin, CEO 12/20/2019

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/16/2019	Deposit	-	98,081.42					-	98,081.42
12/16/2019	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GC	-	3,000.00					-	3,000.00
12/16/2019	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GC	-	1,192.20					-	1,192.20
12/18/2019	WIRE OUT NEXION HEALTH AT GOLDEN CREEK	7,571.13	-					-	-
12/18/2019	ACH SETTLEMENT SERVICE 4105523439 9601693738	-	241.76					-	241.76
12/19/2019	Deposit	-	4,599.84					-	4,599.84
12/19/2019	TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GC	-	4,712.00					-	4,712.00
		7,571.13	**111,827.22**	-	-	-	-	-	**111,827.22**

Quick View

DDA

Data reported as of Dec 20, 2019 7:

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	$111,973.53	$111,973.53	$111,973.53	$102,661.69
[redacted] CAL CO INDIGENT HEALTHCARE	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - PRIVATE PAY	[redacted]			
[redacted] MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	[redacted]			

* indicates re

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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/20/2019

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		318.59	-	-		-		318.59	No Transfer
							Bank Balance	318.59	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1 &2	-	
							MMC Portion QIPP 3,4,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		1,122.55	-	65,138.04	✓	-		66,260.59	66,118.04
							Bank Balance	66,260.59	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1 &2	-	
							MMC Portion QIPP 3,4,Lapse	-	
							October Interest	34.72	✓
							November Interest	7.83	✓
							December Interest	-	
							Adjust Balance/Transfer Amt	66,118.04	✓

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	66,118.04

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

Approved:
Jason Anglin, CEO 12/20/2019

APPROVED
ON
DEC 20 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
							-	-
							-	-
	-	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/16/2019 Deposit	-	57,495.23					-	57,495.23
12/19/2019 Deposit	-	7,642.81					-	7,642.81
	-	**65,138.04**	-	-	-	-	-	**65,138.04**
	-	**65,138.04**	-	-	-	-	-	**65,138.04**

Quick View

DDA — Data reported as of Dec 20, 2019 7:

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	$66,260.59	$66,260.59	$66,260.59	$58,617.78

* indicates re
Page generated on 12/20/2019 at 7:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/20/19

APPROVED ON DEC 20 2019
COUNTY AUDITOR CALHOUN COUNTY, TEXAS
CK# 000079

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

AMOUNT: $12,013.98

G/L NUMBER: 21000012

EXPLANATION: ASHFORD- To transfer funds for Comp 1 &2 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000079	12/23/19	12,013.98	MMC OPERATING
TOTALS:			12,013.98	

Ashford

APPROVED
ON

DEC 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/20/19

APPROVED ON DEC 20 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK # 000044

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

AMOUNT: $4,320.26

G/L NUMBER: 21000009

EXPLANATION: BROADMOOR- To transfer funds for Comp 1 &2 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK--CHECK----				
CODE	NUMBER DATE	AMOUNT	PAYEE	
NHB	000044 12/23/19	4,320.26	MMC OPERATING	Broadmoor
TOTALS:		4,320.26		

APPROVED
ON

DEC 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/20/19

APPROVED ON DEC 10 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $3,701.82

CK # 000074
G/L NUMBER: 21000010

EXPLANATION: CRESCENT- To transfer funds for Comp 1 &2 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHC	000074	12/23/19	3,701.82	MMC OPERATING
TOTALS:			3,701.82	

Crisent

APPROVED
ON
DEC 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/20/19

APPROVED ON DEC 20 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: $4,914.65

G/L NUMBER: 21000008

EXPLANATION: FORT BEND- To transfer funds for Comp 1 &2 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000071	12/23/19	4,914.65	MMC OPERATING Fort Bend
TOTALS:			4,914.65	

APPROVED
ON

DEC 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/20/19

APPROVED ON DEC 20 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000073

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

AMOUNT: $4,443.39

G/L NUMBER: 21000011

EXPLANATION: SOLERA- To transfer funds for Comp 1 &2 - QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000073	12/23/19	4,443.39	MMC OPERATING Solem
TOTALS:			4,443.39	

APPROVED
ON

DEC 23 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HOLT CAT

COPY

SALES INVOICE

P.O. Box 207916
San Antonio, TX 78220-7916

INVOICE NUMBER: SIEI04794010
Invoice Date: 12-04-19

TOTAL DUE $298,887.00

Due Date: Payment Terms Below
Make: AA
Model: C18PGAM
Serial #: T3400813
Machine #:
Machine ID: SE190516
Meter Reading: 1.00
Agreement Inv#: E04794013

Bill To.

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979

Ship To:

PORT LAVACA HOSPITAL
815 N VIRGINIA ST
PORT LAVACA TX 77979

TO VIEW ONLINE GO TO: https://holtcat.billtrust.com
USING THIS TOKEN: Use Invoice Number

PLEASE REMIT TO: HOLT CAT
P.O. BOX 650345
DALLAS, TX 75265-0345

10850000

For questions regarding your invoice-Call your rep or our Sales Manager at 972.721.5800

Customer #	Customer Order #	Doc Date	Sales Representative	Division	Store	Account Status
0793015	89354	11-15-19	891	E	EI	2

Quantity	Item	Description	Unit Price/Rate	Extension
		EQUIPMENT SALE CATERPILLAR INC MODEL C18PGAM DIESEL PACKAGE GENSET		
1.0		ID NO: SE190516 SERIAL NO: T3400813		286875.00
		EQUIPMENT SALE ASCO MODEL ASCO ATS ASCO AUTOMATIC TRANSFER SW		
1.0		ID NO: SE190516A SERIAL NO: 1947562-008 RE		1364.00
		EQUIPMENT SALE ASCO MODEL ASCO ATS ASCO AUTOMATIC TRANSFER SW		
1.0		ID NO: SE190516B SERIAL NO: 1950316-002 RE		5324.00
		EQUIPMENT SALE ASCO MODEL ASCO ATS ASCO AUTOMATIC TRANSFER SW		
1.0		ID NO: SE190516C SERIAL NO: 1950316-001 RE		5324.00
		TERMS NET 30		

APPROVED
ON

DEC 18 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10850000

Sales		298887.00
Misc.		.00
Tax		.00
TOTAL DUE	(USD)	**$298,887.00**

Fuel service charges do not include Texas State motor fuel taxes. * - NOT RETURNABLE

Your business is important to us and we strive to be your dealership of choice. Our goal is to provide legendary customer service. If we did not score a 10 on a scale of 1 to 10, please contact CX.Manager@HoltCat.com.

Terms of Payment: Unless specific terms of payment are stated above, which shall then be the governing terms hereof, this invoice shall otherwise be due and payable as follows: Parts and Service 30 days from the invoice date; Equipment sales in advance, prior to delivery of the equipment; Rentals due and payable upon receipt of invoice. A service charge of 1.5% per month will be charged on the unpaid balance if not paid within terms.

E14SALE (E14INVEMS) v18.08

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Cat Holt

Date: 5-30-19

Vendor Address: 3302 S.W.W. White Rd
San Antonio, Tx 78222

P.O. # 89354

Vendor Phone #: 210-452-6881 (Ed Moseley)

Account # Proj # 19-0160

Vendor Fax #:

Initiated By: Dian Moore

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1		Contract #515-16 Per BuyBoard	Generator - Hospital			298,887.00
2		Contract #515-16 Per BuyBoard	Generator - Clinic			98,944.00
3						
4						
5						
6						
7						
8						
9		Edward.Moseley@Holtcat.com				
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 397,831.00

NOTES:

75% Paid by Grant Rebuild Texas | One Star
as of 5-30-19 - we have recv 1/2 of Funds - 2nd 1/2 due
w/ Substantial Completion of project (over 50%)

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **12/20/2019**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1 &2	QIPP COMP 3,4, LAPSE	Yr 1 Adjustment Pmt		TOTAL		Date
Ashford	10000018 - Prosperity	79	MMC -Prosperity Operating #10000001	21000012	12,013.98				12,013.98		12/20/2019
Broadmoor	10000019 - Prosperity	44	MMC -Prosperity Operating #10000001	21000009	4,320.26				4,320.26		12/20/2019
Crescent	10000020 - Prosperity	74	MMC -Prosperity Operating #10000001	21000010	3,701.82				3,701.82		12/20/2019
Fort Bend	10000021 - Prosperity	71	MMC -Prosperity Operating #10000001	21000008	4,914.65				4,914.65		12/20/2019
Solera	10000022 - Prosperity	73	MMC -Prosperity Operating #10000001	21000011	4,443.39				4,443.39		12/20/2019
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:	29,394.10	-	-	-	29,394.10		

Note:

Approved:
Jason Anglin, CEO 12/20/2019

12,013.98 *
4,443.39 *
4,320.26 *
3,701.82 *
4,914.65 *
29,394.10 *

APPROVED
ON
DEC 23 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS No. 73

88-2265
1131

12-23-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 4,443.39

four thousand four hundred forurty-three 39/100 DOLLARS

PROSPERITY BANK

QIPP Comp 1 & 2

County Auditor

County Treasurer

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

87SS No. 79

88-2265
1131

12-23-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 12,013.98

Twelve Thousand Thirteen & 98/100 DOLLARS

PROSPERITY BANK

QIPP Comp 1 & 2

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 CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000074

88-2265/1131

Date 12-23-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 3,701.82

Three thousand seven hundred one & 82/100 DOLLARS

PROSPERITY BANK

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP 1&2

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

000044

88-2265/1131

Date 12-23-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 4,320.26

four thousand three hundred twenty & 26/100 DOLLARS

PROSPERITY BANK

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP 1&2

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

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

000071

88-2265/1131

Date 12-23-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 4,914.65

four thousand nine hundred fourteen & 65/100 DOLLARS

PROSPERITY BANK

County Auditor

MP

County Treasurer

Security features are included. Details on back.

FOR QIPP 1&2