MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- December 30, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	358,154.71
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	835,722.85
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED December 30, 2019	$	1,193,877.56

APPROVED

DEC 30 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 30, 2019

PAYABLES AND PAYROLL			
12/26/2019	Weekly Payables	349,738.34	
12/27/2019	McKesson-340B Prescription Expense	5,028.34	
12/27/2019	Amerisource Bergen-340B Prescription Expense	2,719.01	
12/30/2019	Payroll Liabilities for supplemental payroll-Payroll Taxes	88.48	
12/30/2019	Supplemental Payroll	333.31	
	Prosperity Electronic Bank Payments		
12/20/2019	Credit Card & Lease Fees	151.23	
12/20-12/26/19	Pay Plus-Patient Claims Processing Fee	96.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 358,154.71**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
12/27/2019	Nursing Home UPI-Cantex Transfer	617,874.26	
12/27/2019	Nursing Home UPI-Nexion Transfer	68,034.32	
12/27/2019	Nursing Home UPI-HMG Transfer	63,565.36	
QIPP/INTEREST/RECOUP CHECKS TO MMC			
12/27/2019	Ashford	20,888.35	
12/27/2019	Broadmoor	7,511.54	
12/27/2019	Crescent	6,436.24	
12/27/2019	Fort Bend	8,542.26	
12/27/2019	Solera	7,725.58	
12/27/2019	Golden Creek	22,046.31	
12/27/2019	Gulf Pointe	13,098.63	
TOTAL NURSING HOME UPL EXPENSES			**$ 835,722.85**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED December 30, 2019			**$ 1,193,877.56**

12/24/2019 13:26

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/08/2020

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Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1870A		12/11/20	12/02/20	01/02/20		1,200.00	0.00	0.00	1,200.00
	PRACTITIONER ENROLLMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	1,200.00	0.00	0.00	1,200.00

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
140452		12/17/20	12/12/20	01/06/20		49.77	0.00	0.00	49.77
	SUPPLIES								
140481		12/20/20	12/13/20	01/07/20		17.98	0.00	0.00	17.98
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	67.75	0.00	0.00	67.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9095700066		12/20/20	11/30/20	12/25/20		2,183.26	0.00	0.00	2,183.26
	OXYGEN								
9966813472		12/20/20	11/30/20	12/25/20		488.96	0.00	0.00	488.96
	OXYGEN								
9966813473		12/20/20	11/30/20	12/25/20		683.19	0.00	0.00	683.19
	OXYGEN								
9966813474		12/20/20	11/30/20	12/25/20		54.27	0.00	0.00	54.27
	OXYGEN								
9095694061		12/20/20	12/04/20	12/29/20		2,520.96	0.00	0.00	2,520.96
	OXYGEN								
9095921373		12/20/20	12/05/20	12/30/20		291.52	0.00	0.00	291.52
	OXYGEN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	6,222.16	0.00	0.00	6,222.16

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122319		12/23/20	12/24/20	12/23/20		2,191.50	0.00	0.00	2,191.50
	CONTRACT EMPLOYEE (12/2 - 12/18/19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	2,191.50	0.00	0.00	2,191.50

Vendor#	Vendor Name	Class	Pay Code
10419	AMBU INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
220022813		12/24/20	12/10/20	12/24/20		111.88	0.00	0.00	111.88
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10419	AMBU INC	111.88	0.00	0.00	111.88

Vendor#	Vendor Name	Class	Pay Code

A1571 AMERICAN HOSPITAL ASSOCIATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1900088796	MEMBERSHIP - 1/2020 through 12/2020	12/20/20	12/06/20	12/06/20		10,758.00	0.00	0.00	10,758.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1571	AMERICAN HOSPITAL ASSOCIATION	10,758.00	0.00	0.00	10,758.00

Vendor# 12800 Vendor Name AUTHORITYRX Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2043	PURCHASED SERVICES	12/20/20	12/06/20	01/01/20		4,748.00	0.00	0.00	4,748.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX	4,748.00	0.00	0.00	4,748.00

Vendor# B0435 Vendor Name BARD PERIPHERAL VASCULAR Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
80366641	SUPPLIES	12/24/20	12/05/20	12/24/20		54.66	0.00	0.00	54.66
80387880	SUPPLIES	12/24/20	12/10/20	12/24/20		689.24	0.00	0.00	689.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	743.90	0.00	0.00	743.90

Vendor# B1150 Vendor Name BAXTER HEALTHCARE Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
65028692	SUPPLIES	12/24/20	11/25/20	12/20/20		984.23	0.00	0.00	984.23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	984.23	0.00	0.00	984.23

Vendor# M2485 Vendor Name BAYER HEALTHCARE Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6008080564	SUPPLIES	12/24/20	11/27/20	12/24/20		726.63	0.00	0.00	726.63

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	726.63	0.00	0.00	726.63

Vendor# B1320 Vendor Name BEEKLEY CORPORATION Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1315433	SUPPLIES	12/24/20	12/02/20	12/24/20		615.95	0.00	0.00	615.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION	615.95	0.00	0.00	615.95

Vendor# 12600 Vendor Name BIOFIRE DIAGNOSTICS LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1280024486	SUPPLIES	12/24/20	12/10/20	12/24/20		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# B1655 Vendor Name BOSTON SCIENTIFIC CORPORATION Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
969869635		12/24/20	12/09/20	12/24/20		360.00	0.00	0.00	360.00
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION				360.00	0.00	0.00	360.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8002100254		12/20/20	11/30/20	12/25/20		41.67	0.00	0.00	41.67
	SYNTRAC 2.7 LICENSE FEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.				41.67	0.00	0.00	41.67

Vendor#	Vendor Name	Class	Pay Code
C1992	CDW GOVERNMENT, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WBB8108		12/16/20	12/09/20	01/08/20		1,245.78	0.00	0.00	1,245.78
	SUPPLIES								
VXC4095		12/23/20	11/27/20	12/27/20		61.64	0.00	0.00	61.64
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				1,307.42	0.00	0.00	1,307.42

Vendor#	Vendor Name	Class	Pay Code
11030	COMBINED INSURANCE - wrng amount picked up		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121719		12/19/20	12/17/20	12/01/20		964.54 ~~965.54~~	0.00	0.00	~~965.54~~ 964.54
	INSURANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE				964.54 ~~965.54~~	0.00	0.00	~~965.54~~ 964.54

Vendor#	Vendor Name	Class	Pay Code
C2157	COOPER SURGICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5362845		12/24/20	12/02/20	12/24/20		775.64	0.00	0.00	775.64
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC				775.64	0.00	0.00	775.64

Vendor#	Vendor Name	Class	Pay Code
C0399	CORPUS CHRISTI PROSTHETICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
191200Y		12/24/20	12/05/20	11/25/20		125.00	0.00	0.00	125.00
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C0399	CORPUS CHRISTI PROSTHETICS				125.00	0.00	0.00	125.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22323089RI		12/24/20	11/22/20	12/17/20		671.00	0.00	0.00	671.00
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1193	DEPUY SYNTHES SALES, INC.				671.00	0.00	0.00	671.00

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
5920960	SUPPLIES	12/17/20	12/09/20	01/03/20		123.94	0.00	0.00	123.94
5924000	SUPPLIES	12/17/20	12/11/20	01/05/20		2.22	0.00	0.00	2.22
5890760	SUPPLIES	12/24/20	11/07/20	12/02/20		267.60	0.00	0.00	267.60
5895520	SUPPLIES	12/24/20	11/11/20	12/06/20		382.50	0.00	0.00	382.50
5915300	SUPPLIES	12/24/20	12/04/20	12/29/20		332.09	0.00	0.00	332.09
5917220	SUPPLIES	12/24/20	12/04/20	12/29/20		30.98	0.00	0.00	30.98
5921850	SUPPLIES	12/24/20	12/09/20	01/03/20		86.51	0.00	0.00	86.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,225.84	0.00	0.00	1,225.84

Vendor# 10789 Vendor Name: DISCOVERY MEDICAL NETWORK INC — duplicate invoice — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC121519	PRO FEES Physician Series December 1-15, 2019	12/20/20	12/15/20	12/15/20		172,719.39	0.00	0.00	172,719.39
121519	PRO FEES	12/23/20	12/15/20	12/15/20		172,719.39	0.00	0.00	172,719.39

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	345,438.78	0.00	0.00	345,438.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14789	PEST REHAB	12/11/20	12/10/20	01/04/20		120.00	0.00	0.00	120.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	120.00	0.00	0.00	120.00

Vendor# D1785 Vendor Name: DYNATRONICS CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN2016698	SUPPLIES	12/24/20	12/12/20	12/24/20		57.28	0.00	0.00	57.28

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	57.28	0.00	0.00	57.28

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
584963	SUPPLIES	12/24/20	12/09/20	12/24/20		155.93	0.00	0.00	155.93

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

Vendor# F1300 Vendor Name: FIRESTONE OF PORT LAVACA — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0067921	VEHICLE SERVICE	12/11/20	12/05/20	01/05/20		47.00	0.00	0.00	47.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1300	FIRESTONE OF PORT LAVACA	47.00	0.00	0.00	47.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4293606	SUPPLIES	12/24/20	11/26/20	12/21/20			305.90	0.00	0.00	305.90

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	305.90	0.00	0.00	305.90

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
6991165403	SUPPLIES	12/24/20	11/22/20	12/24/20			97.09	0.00	0.00	97.09

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1001	GETINGE USA	97.09	0.00	0.00	97.09

Vendor#	Vendor Name	Class	Pay Code
11984	GUERBET, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
18405595	SUPPLIES	12/24/20	11/27/20	12/24/20			1,020.00	0.00	0.00	1,020.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC	1,020.00	0.00	0.00	1,020.00

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
1777985	SUPPLIES	12/17/20	12/05/20	01/04/20			290.18	0.00	0.00	290.18
1777624	SUPPLIES	12/24/20	12/04/20	01/03/20			821.94	0.00	0.00	821.94

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,112.12	0.00	0.00	1,112.12

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9199864	SUPPLIES	12/24/20	12/03/20	12/24/20			472.50	0.00	0.00	472.50

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

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121619	PROFESSIONAL FEE	12/17/20	12/16/20	01/05/20			24,371.36	0.00	0.00	24,371.36
~~MMC1220919~~		12/18/20	12/16/20	01/05/20			0.00	0.00	0.00	~~0.00~~

MMC12/20/19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	24,371.36	0.00	0.00	24,371.36

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

	921726105		12/24/20	11/29/20	12/29/20	864.00	0.00	0.00	864.00
	SUPPLIES								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC			864.00	0.00	0.00	864.00
Vendor#	Vendor Name				Class	Pay Code			
K1000	KEEP U NEAT DRY CLEANERS				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	121619		12/23/20	12/16/20	12/16/20		15.00	0.00	0.00	15.00
	LAUINDRY									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K1000	KEEP U NEAT DRY CLEANERS				15.00	0.00	0.00	15.00
Vendor#	Vendor Name				Class	Pay Code				
L0700	LABCORP OF AMERICA HOLDINGS				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	[redacted]64388891		12/19/20	11/30/20	12/25/20		108.71	0.00	0.00	108.71
	LAB SERVICES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L0700	LABCORP OF AMERICA HOLDINGS				108.71	0.00	0.00	108.71
Vendor#	Vendor Name				Class	Pay Code				
11600	LEGAL SHIELD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	121519		12/19/20	12/15/20	12/15/20		1,381.90	0.00	0.00	1,381.90
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD				1,381.90	0.00	0.00	1,381.90
Vendor#	Vendor Name				Class	Pay Code				
11796	LUBY'S FUDDRUCKERS RESTAURANTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	201911300837		12/20/20	11/30/20	12/30/20		27,496.59	0.00	0.00	27,496.59
	FOOD									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11796	LUBY'S FUDDRUCKERS RESTAURANTS				27,496.59	0.00	0.00	27,496.59
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
	745781MKMMC		12/19/20	12/16/20	12/16/20		1,687.00	0.00	0.00	1,687.00
	INSURANCE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11612	MASA GLOBAL BUILDING				1,687.00	0.00	0.00	1,687.00
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
	70183373		12/17/20	11/26/20	01/02/20		-996.65	0.00	0.00	-996.65
	CREDIT									
	70106989		12/24/20	11/25/20	12/10/20		194.31	0.00	0.00	194.31
	SUPPLIES									
	70097648		12/24/20	11/26/20	12/11/20		42.37	0.00	0.00	42.37
	SUPPLIES									
	70246554		12/24/20	11/27/20	12/12/20		664.52	0.00	0.00	664.52
	SUPPLIES									
	70304887		12/24/20	11/30/20	12/15/20		419.39	0.00	0.00	419.39
	SUPPLIES									

70753292	12/24/20 12/04/20 12/19/20		140.57	0.00	0.00	140.57		
SUPPLIES								
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	M2178	MCKESSON MEDICAL SURGICAL INC	464.51	0.00	0.00	464.51		
Vendor#	Vendor Name		Class	Pay Code				
M2310	MEDELA INC		M					
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check D Pay	Gross	Discount	No-Pay	Net		
12497029		12/24/20 11/21/20 12/24/20	47.94	0.00	0.00	47.94		
SUPPLIES								
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	M2310	MEDELA INC	47.94	0.00	0.00	47.94		
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		
1893824731		12/24/20 11/22/20 12/17/20	7.00	0.00	0.00	7.00		
SUPPLIES								
1893824744		12/24/20 11/22/20 12/17/20	2,524.99	0.00	0.00	2,524.99		
SUPPLIES								
1893824748		12/24/20 11/22/20 12/17/20	93.74	0.00	0.00	93.74		
SUPPLIES								
1894061523		12/24/20 11/26/20 12/21/20	397.85	0.00	0.00	397.85		
SUPPLIES								
1894061506		12/24/20 11/26/20 12/21/20	342.79	0.00	0.00	342.79		
SUPPLIE								
1894061509		12/24/20 11/26/20 12/21/20	31.49	0.00	0.00	31.49		
SUPPLIES								
1894061503		12/24/20 11/26/20 12/21/20	310.61	0.00	0.00	310.61		
SUPPLIES								
1894061505		12/24/20 11/26/20 12/21/20	7.56	0.00	0.00	7.56		
SUPPLIES								
1894061521		12/24/20 11/26/20 12/21/20	5,852.82	0.00	0.00	5,852.82		
SUPPLIES								
1894061500		12/24/20 11/26/20 12/21/20	151.04	0.00	0.00	151.04		
SUPPLIE S								
1894164204		12/24/20 11/27/20 12/22/20	294.31	0.00	0.00	294.31		
SUPPLIES								
1894164201		12/24/20 11/27/20 12/22/20	3,320.76	0.00	0.00	3,320.76		
SUPPLIES								
1894162998		12/24/20 11/27/20 12/22/20	164.16	0.00	0.00	164.16		
SUPPLIES								
1894164205		12/24/20 11/27/20 12/22/20	30.34	0.00	0.00	30.34		
SUPPLIES								
1894353151		12/24/20 11/28/20 12/23/20	41.09	0.00	0.00	41.09		
SUPPLIES								
1894416743		12/24/20 11/28/20 12/23/20	87.00	0.00	0.00	87.00		
SUPPLIES								
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net		
	M2470	MEDLINE INDUSTRIES INC	13,657.55	0.00	0.00	13,657.55		
Vendor#	Vendor Name		Class	Pay Code				
M2659	MERRY X-RAY/SOURCEONE HEALTHCA		M	-remove credit per Melissa				
Invoice#	Comment	Tran Dt Inv Dt Due Dt Check D Pay	Gross	Discount	No-Pay	Net		

8800549755		11/30/20	11/25/20	01/02/20	-887.60	0.00	0.00	-887.60
CREDIT								
8800553175		12/24/20	12/02/20	01/01/20	291.50	0.00	0.00	291.50
SUPPLIES								
8800554390		12/24/20	12/04/20	01/03/20	139.72	0.00	0.00	139.72
SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	-456.38	0.00	0.00	-456.38

Vendor#	Vendor Name	Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP	W		431.22			431.22

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
121919		12/20/20	12/19/20	12/19/20			518.41	0.00	0.00	518.41
PAYROLL DED										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	518.41	0.00	0.00	518.41

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
1210		12/20/20	12/17/20	12/27/20			-0.25	0.00	0.00	-0.25
CREDIT										
5033766		12/20/20	12/18/20	12/28/20			4,628.80	0.00	0.00	4,628.80
INVENTORY										
5033767		12/20/20	12/18/20	12/28/20			114.84	0.00	0.00	114.84
INVENTORY										
5033768		12/20/20	12/18/20	12/28/20			3,648.24	0.00	0.00	3,648.24
INVENTORY										
5033765		12/20/20	12/18/20	12/28/20			40.74	0.00	0.00	40.74
INVENTORY										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	8,432.37	0.00	0.00	8,432.37

Vendor#	Vendor Name	Class	Pay Code
10188	NATUS MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1040927964		12/24/20	12/04/20	12/29/20			859.85	0.00	0.00	859.85
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL INC	859.85	0.00	0.00	859.85

Vendor#	Vendor Name	Class	Pay Code
11472	OCCUPRO LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15886		12/10/20	12/07/20	01/06/20			472.43	0.00	0.00	472.43
USER LICENSE										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC	472.43	0.00	0.00	472.43

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
98559178		12/24/20	12/10/20	01/04/20			480.23	0.00	0.00	480.23
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	480.23	0.00	0.00	480.23

Vendor#	Vendor Name	Class	Pay Code

11069 PABLO GARZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122319	CONTRACT EMPLOYEE (12/10/19 - 12/20/19)	12/23/20	12/23/20	12/23/20		2,047.50	0.00	0.00	2,047.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	2,047.50	0.00	0.00	2,047.50

Vendor# Vendor Name — Class — Pay Code

12708 POC ELECTRIC, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2979	INSTALL 220 VOLT FOR SODA	12/19/20	12/11/20	12/11/20		2,255.00	0.00	0.00	2,255.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	2,255.00	0.00	0.00	2,255.00

Vendor# Vendor Name — Class — Pay Code

P2100 PORT LAVACA WAVE — Previous balances

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
103119	AD	12/23/20	10/31/20	11/25/20	1250.00	1,606.00	0.00	0.00	1,606.00 1250.00
113019	AD	12/23/20	11/30/20	12/25/20	356.00	1,606.00	0.00	0.00	1,606.00 356.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	1606.00 3,212.00	0.00	0.00	3,212.00 1606.00

Vendor# Vendor Name — Class — Pay Code

11080 RADSOURCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC59984	RADIOLOGY SERVICES	12/20/20	12/12/20	01/06/20		1,667.00	0.00	0.00	1,667.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,667.00	0.00	0.00	1,667.00

Vendor# Vendor Name — Class — Pay Code

R1200 RED HAWK FIRE AND SECURITY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
425380	FIRE MONITORING	12/19/20	12/01/20	12/26/20		47.29	0.00	0.00	47.29

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

Vendor# Vendor Name — Class — Pay Code

11024 REED, CLAYMON, MEEKER & HARGET

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
18351	LEGAL	12/20/20	12/12/20	12/12/20		486.00	0.00	0.00	486.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	486.00	0.00	0.00	486.00

Vendor# Vendor Name — Class — Pay Code

10987 REVCYCLE+, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC 54729	CODING SERVICES	12/19/20	12/10/20	01/04/20		2,486.85	0.00	0.00	2,486.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	2,486.85	0.00	0.00	2,486.85

Vendor# Vendor Name — Class — Pay Code

10645 REVISTA de VICTORIA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12201923	AD	12/23/20	12/16/20	12/31/20		240.00	0.00	0.00	240.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTORIA	240.00	0.00	0.00	240.00

Vendor# Vendor Name — Class — Pay Code

11764 ROBERT RODRIQUEZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122319	REIMBURSE PASTRIES ORIEN	12/23/20	12/23/20	12/23/20		21.00	0.00	0.00	21.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQUEZ	21.00	0.00	0.00	21.00

Vendor# Vendor Name — Class — Pay Code

S1850 SHIP SHUTTLE TAXI SERVICE — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
418157	TRANSORT PATIENT	12/20/20	12/06/20	01/06/20		8.00	0.00	0.00	8.00
848904	TRASNPORT PATIENTS	12/23/20	12/21/20	12/21/20		45.00	0.00	0.00	45.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE	53.00	0.00	0.00	53.00

Vendor# Vendor Name — Class — Pay Code

K0536 SHIRLEY KARNEI

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122419	CONTRACT EMPLOYEE (12/11/19 - 12/23/19)	12/23/20	12/24/20	12/24/20		287.65	0.00	0.00	287.65

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	287.65	0.00	0.00	287.65

Vendor# Vendor Name — Class — Pay Code

10699 SIGN AD, LTD.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
245343	AD LEASE	12/19/20	12/16/20	12/26/20		400.00	0.00	0.00	400.00

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

Vendor# Vendor Name — Class — Pay Code

12848 SKILLGIGS INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21769	ICU NURSE ROWE	12/10/20	12/04/20	01/03/20		2,917.80	0.00	0.00	2,917.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12848	SKILLGIGS INC.	2,917.80	0.00	0.00	2,917.80

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
923754350	SUPPLIES	12/24/20	12/09/20	12/24/20		489.09	0.00	0.00	489.09

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	489.09	0.00	0.00	489.09

Vendor# Vendor Name — Class — Pay Code

12288 SPBS CLINICAL EQUIPMENT SRVC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV007733		12/20/20	12/03/20	12/03/20		12,375.00	0.00	0.00	12,375.00
	BIO MED SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC				12,375.00	0.00	0.00	12,375.00

Vendor# 12440 Vendor Name: SUN LIFE ASSURANCE COMPANY Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
121619		12/19/20	12/16/20	01/01/20		2,366.03	0.00	0.00	2,366.03
	INSURANCE Vision								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12440	SUN LIFE ASSURANCE COMPANY				2,366.03	0.00	0.00	2,366.03

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
205EV54595		12/19/20	11/30/20	12/30/20		431.42	0.00	0.00	431.42
	ERX EPCS - NOVEMBER								
205EV54594		12/19/20	11/30/20	12/30/20		431.42	0.00	0.00	431.42
	ERX EPCS OCTOBER								
205EV54593		12/19/20	11/30/20	12/30/20		4,315.42	0.00	0.00	4,315.42
	ERX EPCS IMPLEMENTATION								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC				5,178.26	0.00	0.00	5,178.26

Vendor# 11944 Vendor Name: TALX CORPORATION Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1001096271		12/11/20	12/08/20	01/07/20		10.99	0.00	0.00	10.99
	EMPLOYEE VERIFACTIONS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11944	TALX CORPORATION				10.99	0.00	0.00	10.99

Vendor# 12984 Vendor Name: TEXAS ORGANIZATION OF RURAL Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2221113		12/20/20	01/01/20	01/20/20		3,735.00	0.00	0.00	3,735.00
	HOSPITAL DUES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12984	TEXAS ORGANIZATION OF RURAL				3,735.00	0.00	0.00	3,735.00

Vendor# 11038 Vendor Name: THE INLINE GROUP Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
39948		12/23/20	12/19/20	01/03/20		2,500.00	0.00	0.00	2,500.00
	CANIDATE SOURCING SERVI(								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11038	THE INLINE GROUP				2,500.00	0.00	0.00	2,500.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
340376557		12/11/20	12/09/20	01/03/20		1,328.95	0.00	0.00	1,328.95
	TRASH SERVICE								
340376558		12/11/20	12/09/20	01/03/20		312.11	0.00	0.00	312.11
	TRASH SERVICE								

	340376609		12/11/20	12/11/20	01/05/20		242.69	0.00	0.00	242.69
		TRASH SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11100	THE US CONSULTING GROUP				1,883.75	0.00	0.00	1,883.75
Vendor#	Vendor Name					Class	Pay Code			
11067	TRIZETTO PROVIDER SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	35FK121900		12/16/20	12/12/20	01/06/20		0.00	0.00	0.00	0.00
		PATIENT STATEMENT FEE								
	35FK121900A		12/24/20	12/01/20	12/26/20		1,010.00	0.00	0.00	1,010.00
		PATIENT STATEMENTS FEE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS				1,010.00	0.00	0.00	1,010.00
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
	8400318548		12/16/20	12/12/20	01/06/20		173.82	0.00	0.00	173.82
		LAUNDRY								
	8400318001		12/23/20	12/05/20	12/30/20		1,604.46	0.00	0.00	1,604.46
		LAUNDRY								
	8400317961		12/23/20	12/05/20	12/30/20		18.62	0.00	0.00	18.62
		LAUNDRY								
	8400317985		12/23/20	12/05/20	12/30/20		83.14	0.00	0.00	83.14
		LAUNDRY								
	8400317966		12/23/20	12/05/20	12/30/20		175.83	0.00	0.00	175.83
		LAUNDRY								
	8400318028		12/23/20	12/05/20	12/30/20		112.42	0.00	0.00	112.42
		LAUNDRY								
	8400317965		12/23/20	12/05/20	12/30/20		177.53	0.00	0.00	177.53
		LAUNDRY								
	8400318198		12/23/20	12/09/20	01/03/20		65.71	0.00	0.00	65.71
		LAUNDRY								
	8400318197		12/23/20	12/09/20	01/03/20		47.15	0.00	0.00	47.15
		LAUNDRY								
	8400318229		12/23/20	12/09/20	01/03/20		1,309.48	0.00	0.00	1,309.48
		LAUNDRY								
	8400318582		12/23/20	12/12/20	01/06/20		1,175.03	0.00	0.00	1,175.03
		LAUNDRY								
	8400318549		12/23/20	12/12/20	01/06/20		199.67	0.00	0.00	199.67
		LAUNDRY								
	8400318568		12/23/20	12/12/20	01/06/20		83.14	0.00	0.00	83.14
		LAUNDRY								
	8400318544		12/23/20	12/12/20	01/06/20		18.62	0.00	0.00	18.62
		LAUNDRY								
	8400318608		12/23/20	12/12/20	01/06/20		111.71	0.00	0.00	111.71
		LAUNDRY								
	8400318550		12/23/20	12/12/20	01/06/20		175.83	0.00	0.00	175.83
		LAUNDRY								
	8400318547		12/23/20	12/12/20	01/06/20		120.39	0.00	0.00	120.39
		LAUNDRY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				5,652.55	0.00	0.00	5,652.55

Vendor#	Vendor Name				Class	Pay Code				
12000	VYAIRE MEDICAL, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9100623496	SUPPLIES	12/24/20	12/12/20	01/06/20		182.40	0.00	0.00	182.40
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12000	VYAIRE MEDICAL, INC				182.40	0.00	0.00	182.40

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
	10743723	LEGAL	12/19/20	12/10/20	12/10/20		346.50	0.00	0.00	346.50
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10943	WALLER,LANSDEN, DORTCH & DAVIS				346.50	0.00	0.00	346.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	523,177.13	0.00	0.00	523,177.13

pg 3 correction { <965.54> +964.54

pg 4 correction <172,719.39>

pg 9 correction { <1606.00> +1250.00 <1606.00> +356.00

$348,850.74

pg 8 correction { +887.60

$349,738.34

APPROVED
ON
DEC 26 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

523,177.13 +
965.54 -
964.54 +
172,719.39 -
1,606.00 -
1,250.00 +
1,606.00 -
356.00 +
348,850.74 *

348,850.74 +
887.60 +
349,738.34 *

AmerisourceBergen

STATEMENT

Number: 58702133 Date: 12-20-2019

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:	2,719.01
Past Due:	0.00
Total Due:	2,719.01
Account Balance:	2,719.01

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
12-16-2019	12-27-2019	3031374576	153586	Invoice	92.47
12-16-2019	12-27-2019	3031374577	153590	Invoice	1,335.16
12-16-2019	12-27-2019	3031374578	153591	Invoice	25.42
12-16-2019	12-27-2019	3031436301	153641	Invoice	420.14
12-17-2019	12-27-2019	3031477207	153655	Invoice	173.64
12-18-2019	12-27-2019	3031555267	153679	Invoice	28.94
12-18-2019	12-27-2019	3031555268	153680	Invoice	5.03
12-19-2019	12-27-2019	3031614631	153709	Invoice	216.00
12-20-2019	12-27-2019	3031678244	153723	Invoice	422.21

Thank You for Your Payment

Date	Payment Number	Amount
12-20-2019		(1,467.49)

Reminders

Due Date	Amount
12-27-2019	2,719.01
Total Due:	2,719.01

Terms:
Monday - Friday due in 7 days

Ck# 500058

APPROVED
ON
DEC 27 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"	★	$ 88.48	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 51.96	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12.16	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 24.36	#
		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
P		37.25	N		N	N	N	419.06

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	24.36	FICA-M	6.08	FICA-O	25.98
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	29.33	TUTION		UNIFOR	
UW/HOS					

Grand Totals: 37.25 ------- (Gross: 419.06 Deductions: 85.75 Net: 333.31)

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

Pay date
12-27-19

a new CFO

McKESSON

Company: 8000

STATEMENT

As of: 12/20/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 12/21/2019

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: 12/20/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 12/21/2019 **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: 5,131.38 USD

Future Due:	0.00				**Due If Paid On Time:** USD 5,028.34
Past Due:	22.98-	**If Paid By 12/24/2019, Pay This Amount:**	5,028.34	USD	**Disc lost if paid late:** 103.04
Last Payment 08/07/2017	2,451.97	**If Paid After 12/24/2019, Pay this Amount:**	5,131.38	USD	**Due If Paid Late:** USD 5,131.38

CK# 500057

114.37 +
4,109.29 +
14.50 +
281.97 +
508.21 +
5,028.34 *

APPROVED
ON
DEC 27 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: 12/20/2019 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 12/21/2019

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

As of: 12/20/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 12/21/2019 **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											
12/19/2019	12/24/2019	7173701866	624151	115Invoice	10.31	518.52		508.21	✓	7173701866	

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: 518.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,605.52
12/16/2019

If Paid By 12/24/2019, Pay This Amount: 508.21 USD

If Paid After 12/24/2019, Pay this Amount: 518.52 USD

Due If Paid On Time:
USD 508.21

Disc lost if paid late: 10.31

Due If Paid Late:
USD 518.52

APPROVED
ON

DEC 27 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/20/2019 Page: 001

DC: 8115

Territory: 400

Customer: 835434
Date: 12/21/2019

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

As of: 12/20/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 12/21/2019 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
12/19/2019	12/24/2019	7173545400	623395	115Invoice	5.75	287.72		281.97	✓	7173545400	

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

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

Subtotals: 287.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,605.52
12/16/2019

If Paid By 12/24/2019,
Pay This Amount: 281.97 USD

If Paid After 12/24/2019,
Pay this Amount: 287.72 USD

Due If Paid On Time:
USD 281.97

Disc lost if paid late:
5.75

Due If Paid Late:
USD 287.72

APPROVED
ON

DEC 27 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/20/2019

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 12/21/2019

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

As of: 12/20/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 12/21/2019 **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											
12/18/2019	12/24/2019	7173275493	2017011173	115Invoice	0.30	14.80		14.50		7173275493	

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: 14.80 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,076.95
12/09/2019

If Paid By 12/24/2019, Pay This Amount: 14.50 USD

If Paid After 12/24/2019, Pay this Amount: 14.80 USD

Due If Paid On Time: USD 14.50 ✓

Disc lost if paid late: 0.30

Due If Paid Late: USD 14.80

APPROVED
ON

DEC 27 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/20/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 12/21/2019

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

As of: 12/20/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 12/21/2019 **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											
12/16/2019	12/24/2019	7172784171	1128026	115Invoice	5.32	266.19		260.87	✓	7172784171	
12/16/2019	12/24/2019	7172784172	9522323139	115Invoice	10.65	532.41		521.76	✓	7172784172	
12/16/2019	12/24/2019	7172784173	1215191028-00	115Invoice	10.07	503.43		493.36	✓	7172784173	
12/16/2019	12/24/2019	7172922216	778871328	195Invoice	0.01	0.63		0.62	✓	7172922216	
12/17/2019	12/24/2019	7173041517	9522327657	115Invoice	10.65	532.73		522.08	✓	7173041517	
12/17/2019	12/24/2019	7173041518	1128121	115Invoice	3.99	199.60		195.61	✓	7173041518	
12/17/2019	12/24/2019	7173070964	1216190513-00	115Invoice	4.88	243.92		239.04	✓	7173070964	
12/18/2019	12/24/2019	7173289376	3117563217	115Invoice	5.02	250.78		245.76	✓	7173289376	
12/18/2019	12/24/2019	7173410601	779519185	195Invoice	2.75	137.38		134.63	✓	7173410601	
12/19/2019	12/24/2019	7173545416	3117567805	115Invoice	7.83	391.55		383.72	✓	7173545416	
12/19/2019	12/24/2019	7173545417	1216191044-00	115Invoice	3.67	183.40		179.73	✓	7173545417	
12/19/2019	12/24/2019	7173658553	779834767	195Invoice	2.94	146.79		143.85	✓	7173658553	
12/19/2019	12/24/2019	7173725797	000012182019AS	115Invoice	0.04	2.21		2.17	✓	7173725797	
12/20/2019	12/24/2019	7173773253	6967572403	115Invoice	15.82	790.85		775.03	✓	7173773253	
12/20/2019	12/24/2019	7173966133	0000012192019KET	115Invoice	0.23	11.29		11.06	✓	7173966133	

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: 4,193.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,605.52
12/16/2019

If Paid By 12/24/2019,
Pay This Amount: 4,109.29 USD

If Paid After 12/24/2019,
Pay this Amount: 4,193.16 USD

Due If Paid On Time:
USD 4,109.29 ✓

Disc lost if paid late:
83.87

Due If Paid Late:
USD 4,193.16

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: 12/20/2019

DC: 8115

Territory: 400

Customer: 262252
Date: 12/21/2019

Page: 001

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

As of: 12/20/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 12/21/2019 **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											
12/18/2019	12/18/2019	7173507619	MFC PR CORR CR	Pricing Cor		22.98-	P	22.98-	P ✓	7173507619	
12/18/2019	12/24/2019	7173507620	MFC PR CORR IN	Pricing Cor	0.47	23.44		22.97	✓	7173507620	
12/19/2019	12/24/2019	7173542736	623530	115Invoice	1.42	70.78		69.36	✓	7173542736	
12/19/2019	12/24/2019	7173542738	623530	115Invoice	0.92	45.94		45.02	✓	7173542738	

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: 117.18 USD

Future Due: 0.00

Past Due: 22.98-

Last Payment 9,605.52
12/16/2019

If Paid By 12/24/2019, Pay This Amount: 114.37 USD

If Paid After 12/24/2019, Pay this Amount: 117.18 USD

Due If Paid On Time:
USD 114.37 ✓

Disc lost if paid late:
2.81

Due If Paid Late:
USD 117.18

APPROVED
ON

DEC 27 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --December 20 , 2019 - December 26, 2019

Date	Bank Description	MMC Notes	Amount	CPSI
12/20/2019	PAY PLUS ACHTRANS 452579291 101000690210324	- 3rd Party Payor Fee	3.96	
12/20/2019	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1467.49 **	Credit
12/20/2019	FDGL LEASE PYMT 052-1312971-000 410001264139	- Credit Card Machine Lease Expense	151.23	card
12/23/2019	PAY PLUS ACHTRANS 452579291 101000690835605	- 3rd Party Payor Fee	59.08	Machine
12/24/2019	PAY PLUS ACHTRANS 452579291 101000691777416	- 3rd Party Payor Fee	1.17	Lease expense
12/24/2019	MCKESSON DRUG AUTO ACH ACH04021634 910000135	- 340B Drug Program Expense	5028.34 *	
12/26/2019	PAY PLUS ACHTRANS 452579291 101000692536240	- 3rd Party Payor Fee	31.79	
12/26/2019	CM Wire Domestic	-CitiBank Corporate Card Payment	4074.66 **	
			10,817.72	

December 27, 2019

Jason Anglin, CEO
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

* to be approved this court, 12/30/19, due to court date changes
** Approved 12-18-19 CC

Date	Description	MMC Notes	Amount
			-

December 27, 2019

Jason Anglin, CEO
Memorial Medical Center

Pay
PWS

3.96 +
59.08 +
1.17 +
31.79 +
96.00 *
151.23 +
151.23 *
96.00 +
151.23 +
247.23 *

10,817.72 +
4,074.66 −
5,028.34 −
1,467.49 −
247.23 *

247.23 +
247.23 −
0.00 *

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
A/P *	300211	12/23/19	.50	PAY PLUS
A/P	300239	12/20/19	3.96	PAY PLUS
A/P	300240	12/20/19	151.23	FDGL LEASE PYMT
A/P	300241	12/23/19	59.08	PAY PLUS
A/P	300242	12/24/19	1.17	PAY PLUS
A/P	300243	12/26/19	31.79	PAY PLUS
A/P *	300244	12/26/19	4,074.66	CM WIRE DOMESTIC
A/P	500056	12/20/19	1,467.49	AMERISOURCEBERGEN
A/P	500057	12/24/19	5,028.34	MCKESSON
TOTALS:			548,288.09	

EFT register

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/27/2019

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		115,514.38 ✓	115,322.88 ✓	136,810.11 ✓		-	137,001.61	**115,921.76**
						Bank Balance	137,001.61 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
Routing Information for Ashford Gardens:						**MMC Portion QIPP 1 &2**	**20,888.35** ✓	
Ashford Health Care Center Ltd Co						**MMC Portion QIPP 3,4,Lapse**		
JP Morgan Chase Bank						**October Interest**	**42.40** ✓	
ABA						**November Interest**	**49.10** ✓	
Accou...						**December Interest**		
						Adjust Balance/Transfer Amt	**115,921.76** ✓	
Broadmoor		88,452.48 ✓	88,253.28 ✓	152,343.77 ✓		-	152,542.97 ✓	**144,832.23**
						Bank Balance	152,542.97 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	**7,511.54** ✓	
						MMC Portion QIPP 3,4,Lapse		
						October Interest	**48.32** ✓	
						November Interest	**50.88** ✓	
						December Interest		
						Adjust Balance/Transfer Amt	**144,832.23** ✓	
Crescent		49,585.92 ✓	49,384.50 ✓	181,982.61 ✓		-	182,184.03 ✓	**175,546.37**
						Bank Balance	182,184.03 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	**6,436.24** ✓	
						MMC Portion QIPP 3,4,Lapse		
						October Interest	**51.97** ✓	
						November Interest	**49.45** ✓	
						December Interest		
						Adjust Balance/Transfer Amt	**175,546.37**	
Fort Bend		40,679.14 ✓	40,535.69 ✓	43,748.11 ✓		-	43,891.56 ✓	**35,205.85**
						Bank Balance	43,891.56 ✓	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	**8,542.26** ✓	
						MMC Portion QIPP 3,4,Lapse		
						October Interest	**22.52** ✓	
						November Interest	**20.93** ✓	
						December Interest		
						Adjust Balance/Transfer Amt	**35,205.85** ✓	
Solera at W Houston		104,305.15 ✓	104,100.10 ✓	154,093.63 ✓			154,298.68 ✓	**146,368.05**
						Bank Balance	154,298.68 ✓	
						Variance	-	
						Leave in Balance	100.00	
			115,921.76 +			**Pending QIPP Ck to MMC**		
Routing Information for Crescent / Solera at West Houston / F			144,832.23 +			**MMC Portion QIPP 1 &2**	**7,725.58** ✓	
Cantex Health Care Centers III LLC			175,546.37 +			**MMC Portion QIPP 3,4,Lapse**		
JP Morgan Chase Bank			35,205.85 +			**October Interest**	**59.39** ✓	
ABA			146,368.05 +			**November Interest**	**45.66** ✓	
Accou...			617,874.26 *			**December Interest**	-	
						Adjust Balance/Transfer Amt	**146,368.05** ✓	

TOTAL TRANSFERS ~~617,874.26~~

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 12/27/2019

DEC 27 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

F:\NH Weekly Transfers\NH UPL Transfer Summary\2019\December\NH UPL Transfer Summary 12-26-19.xlsx

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/20/2019	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9493891288*141128	$ -	$ 820.00					-	820.00
12/20/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191219114002	$ -	$ 2,110.69					-	2,110.69
12/20/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 TRN*1*05E06376132643	$ -	$ 1,163.77					-	1,163.77
12/23/2019	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$ 103,308.90	$ -					-	-
12/23/2019	MANAGEANDNET1718 MNS PMNT 000000000000093 41 0247788	$ -	$ 2,340.00					-	2,340.00
12/23/2019	Amerigroup TXSC HCCLAIMPMT 3115202321 111000 TRN*1*3115202321*17526	$ -	$ 32,938.58					-	32,938.58
12/23/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191220159004	$ -	$ 795.50					-	795.50
12/23/2019	UHC Community Pl HCCLAIMPMT 746003411 910000 TRN*1*20191220117009	$ -	$ 1,214.53					-	1,214.53
12/23/2019	NOVITAS SOLUTION HCCLAIMPMT 675423 420000134 TRN*1*EFT6902480*1205	$ -	$ 3,086.64					-	3,086.64
12/24/2019	Check# 79	$ 12,013.98	$ -					-	-
12/24/2019	AMERIGROUP CORPO E-PAYMENT EE51965001 111000 ISA*00*	$ -	$ 21,393.53	20,383.17	1,010.36			20,888.35	505.18
12/24/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191221111003	$ -	$ 589.66					-	589.66
12/24/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191221120002	$ -	$ 33,185.10					-	33,185.10
12/26/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191222127004	$ -	$ 37,172.11					-	37,172.11
								-	-
		$ 115,322.88	$ 136,810.11	20,383.17	1,010.36	-	-	20,888.35	115,921.76

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/20/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191219105002	$ -	$ 0.08					-	0.08
12/20/2019	NOVITAS SOLUTION HCCLAIMPMT 676357 420000157 TRN*1*EFT5412287*1205	$ -	$ 115,852.34					-	115,852.34
12/23/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 83,933.02	$ -					-	-
12/23/2019	HUMANA INS CO EFPAYMENT 390861 8300005970235 TRN*1*001290047754061	$ -	$ 373.12					-	373.12
12/23/2019	NOVITAS SOLUTION HCCLAIMPMT 676357 420000133 TRN*1*EFT5414369*1205	$ -	$ 1,888.85					-	1,888.85
12/24/2019	Check# 44	$ 4,320.26	$ -					-	-
12/24/2019	AMERIGROUP CORPO E-PAYMENT EE51965004 111000 ISA*00* *00* *	$ -	$ 7,692.50	7,330.58	361.92			7,511.54	180.96
12/24/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191221110007	$ -	$ 2,189.10					-	2,189.10
12/24/2019	NOVITAS SOLUTION HCCLAIMPMT 676357 420000145 TRN*1*EFT5416444*1205	$ -	$ 559.75					-	559.75
12/24/2019	HUMANA CHA DISB HCCLAIMPMT 390861 4200001358 TRN*1*01484010095451	$ -	$ 6,129.02					-	6,129.02
12/26/2019	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*1494888270*141128	$ -	$ 3.21					-	3.21
12/26/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191222130002	$ -	$ 17,655.80					-	17,655.80
								-	-
								-	-
		$ 88,253.28	$ 152,343.77	7,330.58	361.92	-	-	7,511.54	144,832.23

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/20/2019	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0247747	$ -	$ 1,555.00					-	1,555.00
12/20/2019	NOVITAS SOLUTION HCCLAIMPMT 676323 420000157 TRN*1*EFT5412270*1205	$ -	$ 100,875.01					-	100,875.01
12/23/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 45,682.68	$ -					-	-
12/23/2019	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384 TRN*1*1TR48649747*14	$ -	$ 3,330.00					-	3,330.00
12/23/2019	NOVITAS SOLUTION HCCLAIMPMT 676323 420000133 TRN*1*EFT5414359*1205	$ -	$ 2,593.51					-	2,593.51
12/23/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05E07739166986	$ -	$ 2,259.35					-	2,259.35
12/23/2019	CIGNA HCCLAIMPMT 1669860425 91000011924115 TRN*1*191219090046551*1	$ -	$ 1,409.78					-	1,409.78
12/24/2019	Check# 74	$ 3,701.82	$ -					-	-
12/24/2019	AMERIGROUP CORPO E-PAYMENT EE51965003 111000 ISA*00* *00* *	$ -	$ 6,877.33	5,995.15	882.18			6,436.24	441.09
12/24/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191221110005	$ -	$ 12,377.10					-	12,377.10
12/24/2019	NOVITAS SOLUTION HCCLAIMPMT 676323 420000145 TRN*1*EFT5416428*1205	$ -	$ 14,573.13					-	14,573.13
12/24/2019	HUMANA INS CO HCCLAIMPMT 390864 830000525822 TRN*1*00129004779742	$ -	$ 6,037.98					-	6,037.98
12/24/2019	HUMANA CHA DISB HCCLAIMPMT 390864 4200001358 TRN*1*01484010095792	$ -	$ 6,921.37					-	6,921.37
12/26/2019	MANAGEANDNET1718 MNS PMNT 000000000003268 41 0247823	$ -	$ 5,265.00					-	5,265.00
12/26/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191222103005	$ -	$ 17,908.05					-	17,908.05
								-	-
		$ 49,384.50	$ 181,982.61	5,995.15	882.18	-	-	6,436.24	175,546.37

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/20/2019	MANAGEANDNET1718 MNS PMNT 000000000004294 41 0247751	$ -	$ 1,755.00					-	1,755.00
12/20/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05E06390173057	$ -	$ 4,552.42					-	4,552.42
12/23/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 35,621.04	$ -					-	-
12/23/2019	NOVITAS SOLUTION HCCLAIMPMT 675663 420000133 TRN*1*EFT5413588*1205	$ -	$ 4,172.48					-	4,172.48
12/23/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05E07740173057	$ -	$ 2,294.29					-	2,294.29
12/24/2019	Check# 71	$ 4,914.65	$ -					-	-
12/24/2019	AMERIGROUP CORPO E-PAYMENT EE51965000 111000 ISA*00* *00* *	$ -	$ 8,759.51	8,325.01	434.50			8,542.26	217.25
12/24/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191221162005	$ -	$ 3,933.81					-	3,933.81
12/26/2019	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9494920280*141128	$ -	$ 2,905.00					-	2,905.00
12/26/2019	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191222109005	$ -	$ 15,375.60					-	15,375.60
								-	-
		$ 40,535.69	$ 43,748.11	8,325.01	434.50	-	-	8,542.26	35,205.85

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/20/2019	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0247739	$ -	$ 3,080.00					-	3,080.00
12/20/2019	HUMANA INS CO EFPAYMENT 390862 8300005764394 TRN*1*001290047737714	$ -	$ 13,380.12					-	13,380.12
12/20/2019	UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9493891310*141128	$ -	$ 4,510.00					-	4,510.00
12/20/2019	NOVITAS SOLUTION HCCLAIMPMT 676310 420000157 TRN*1*EFT5412267*1205	$ -	$ 81,801.94					-	81,801.94
12/20/2019	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05E06389149714	$ -	$ 4,433.00					-	4,433.00
12/23/2019	WIRE OUT CANTEX HEALTH CARE CENTERS III	$ 99,656.71	$ -					-	-
12/23/2019	Deposit	$ -	$ 4,418.68					-	4,418.68
12/23/2019	MANAGEANDNET1718 MNS PMNT 000000000002482 41 0247773	$ -	$ 5,345.92					-	5,345.92
12/23/2019	Amerigroup TXSC HCCLAIMPMT 3115202322 111000 TRN*1*3115202322*17526	$ -	$ 5,292.92					-	5,292.92
12/23/2019	NOVITAS SOLUTION HCCLAIMPMT 676310 420000133 TRN*1*EFT5414355*1205	$ -	$ 3,386.64					-	3,386.64
12/24/2019	Check# 73	$ 4,443.39	$ -					-	-
12/24/2019	AMERIGROUP CORPO E-PAYMENT EE51965002 111000 ISA*00* *00* *	$ -	$ 8,257.15	7,194.01	1,063.14			7,725.58	531.57

12/24/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191221110005	$ -	$ 8,920.35						-	8,920.35
12/26/2019 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*20191222103004	$ -	$ 11,266.91						-	11,266.91
								-	-
	$ 104,100.10	$ 154,093.63	7,194.01	1,063.14	-	-	7,725.58	146,368.05
TOTALS	$ 397,596.45	$ 668,978.23	49,227.92	3,752.10	-	-	51,103.97	617,874.26

Quick View

DDA — Data reported as of Dec 27, 2019 11:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$137,001.61	$200,998.87	$137,001.61	$99,829.50
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$152,542.97	$227,452.80	$152,542.97	$134,883.96
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$182,184.03	$249,244.62	$182,184.03	$159,010.98
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$154,298.68	$257,393.43	$154,298.68	$143,031.77
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$43,891.56	$77,587.38	$43,891.56	$25,610.96
[redacted]				

* indicates re
Page generated on 12/27/2019 at 11:

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/27/2019

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		111,973.53	111,827.22	90,440.63	-	-	90,586.94	68,034.32
						Bank Balance	90,586.94	
						Variance	-	
						Leave in Balance	100.00	
						Pending QIPP Ck to MMC		
						MMC Portion QIPP 1 &2	**22,406.31**	
						MMC Portion QIPP 3,4,Lapse		
						October Interest	**24.04**	
						November Interest	**22.27**	
						December Interest	-	
							-	
						Adjust Balance/Transfer Amt	**68,034.32**	

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

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 12/27/2019

APPROVED
ON
DEC 27 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/20/2019 Centene Manageme CCD+ 38888463 3110020339571 RMR*IV*QIPP 12 17.	$ -	$ 23,962.88	**20,849.73**	**3,113.15**			**22,406.31**	1,556.58
12/20/2019 ACH SETTLEMENT SERVICE 4105523439 9601693751	$ -	$ 618.39					-	618.39
12/23/2019 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$ 111,827.22	$ -					-	-
12/24/2019 NOVITAS SOLUTION HCCLAIMPMT 676097 420000145 TRN*1*EFT5415796	$ -	$ 59,290.70					-	59,290.70
12/26/2019 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GC	$ -	$ 6,568.66					-	6,568.66
							-	-
							-	-
	111,827.22	**90,440.63**	**20,849.73**	**3,113.15**	-	-	**22,406.31**	**68,034.33**

Quick View

DDA — Data reported as of Dec 27, 2019 11:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$90,586.94	$102,500.62	$90,586.94	$84,018.28
[redacted]				
[redacted]				
[redacted]				

* indicates re
Page generated on 12/27/2019 at 11:

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/27/2019

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		14,005.63		-		14,324.22	No Transfer
							Bank Balance	14,324.22	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1 &2	13,098.63	
							MMC Portion QIPP 3,4,Lapse	-	
							October Interest	0.04	
							November Interest	1.89	
							December Interest	-	
							Adjust Balance/Transfer Amt	1,123.66	

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		66,260.59	66,118.04	63,565.36		-		63,707.91	63,565.36
							Bank Balance	63,707.91	
							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	63,565.36	

Routing Information for Gulf Pointe Plaza:

		TOTAL TRANSFERS	63,565.36

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
12/27/2019

APPROVED
ON
DEC 27 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
12/20/2019 Centene Manageme CCD+ 38888463 3110020339602 RMR*IV*QIPP 12.17.	$ -	$ 14,005.63	**12,191.63**	**1,814.00**			**13,098.63**	907.00
							-	-
	-	**14,005.63**	**12,191.63**	**1,814.00**	-	-	**13,098.63**	**907.00**

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4	QIPP TI	NH PORTION
12/23/2019 WIRE OUT HMG SERVICES, LLC	$ 66,118.04	$ -					-	-
12/23/2019 NORIDIAN J3A HCCLAIMPMT 675892 4200001488092 TRN*1*EFT6844168	$ -	$ 51,783.83					-	51,783.83
12/24/2019 NORIDIAN J3A HCCLAIMPMT 675892 4200001343301 TRN*1*EFT6845090	$ -	$ 4,045.32					-	4,045.32
12/24/2019 HEALTH HUMAN SVC HCCLAIMPMT 174600341130I3 2 TRN*1*05E091961	$ -	$ 125.68					-	125.68
12/26/2019 NORIDIAN J3A HCCLAIMPMT 675892 4200001462003 TRN*1*EFT6845775	$ -	$ 7,610.53					-	7,610.53
							-	-
	66,118.04	**63,565.36**	-	-	-	-	-	**63,565.36**
	66,118.04	**77,570.99**	**12,191.63**	**1,814.00**	-	-	**13,098.63**	**64,472.36**

Quick View

DDA

Data reported as of Dec 27, 2019 11:

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
[redacted]				
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$14,324.22	$14,531.10	$14,324.22	$14,324.22
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$63,707.91	$63,707.91	$63,707.91	$56,097.38

* indicates re

Page generated on 12/27/2019 at 11

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P A Y E E: Memorial Medical Center Operating

Date Requested: 12/27/19

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

APPROVED ON DEC 27 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: $20,888.35

G/L NUMBER: 21000012

CK# 000080

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000080	12/30/19	20,888.35	MMC OPERATING
TOTALS:			20,888.35	

AshFund

APPROVED
ON

DEC 3 0 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/27/19

APPROVED ON
DEC 27 2019
CK# 000045
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT 7511.54

G/L NUMBER: 21000009

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000045	12/30/19	7,511.54	MMC OPERATING Broadmoor
TOTALS:			7,511.54	

APPROVED
ON

DEC 3 0 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 12/27/19

APPROVED ON DEC 27 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#000075

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

AMOUNT 6436.24

G/L NUMBER: 21000010

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000075	12/30/19	6,436.24	MMC OPERATING Crescent
TOTALS:			6,436.24	

APPROVED
ON

DEC 3 0 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/27/19

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

APPROVED ON DEC 27 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT 8542.26

CL# 00032

G/L NUMBER: 21000008

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000072	12/30/19	8,542.26	MMC OPERATING Fort Bend
TOTALS:			8,542.26	

APPROVED
ON

DEC 3 0 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 12/27/19

APPROVED ON DEC 27 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000074

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

AMOUNT 7725.58

G/L NUMBER: 21000011

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHS	000074	12/30/19	7,725.58	MMC OPERATING	Solem
TOTALS:			7,725.58		

APPROVED
ON

DEC 30 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/27/19

APPROVED ON DEC 27 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CLH 000048

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

AMOUNT 22,046.31

G/L NUMBER: 21000013

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG	000048	12/30/19	22,046.31	MMC OPERATING goldencreek
TOTALS:			22,046.31	

APPROVED
ON

DEC 3 0 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 12/27/19

APPROVED ON DEC 27 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
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- [ ] Return Check to Dept

CLH 000005

AMOUNT 13098.63

G/L NUMBER: 21000014

EXPLANATION: Gulf Pointe Private Pay- To transfer funds for Comp 1-QIPP payment.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
GPP	000005	12/30/19	13,098.63	MMC OPERATING
TOTALS:			13,098.63	

Gulf Pointe

APPROVED
ON
DEC 30 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **12/27/2019**

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	80	MMC -Prosperity Operating #10000001	21000012	20,888.35	✓			20,888.35		12/27/2019
Broadmoor	10000019 - Prosperity	45	MMC -Prosperity Operating #10000001	21000009	7,511.54	✓			7,511.54		12/27/2019
Crescent	10000020 - Prosperity	79	MMC -Prosperity Operating #10000001	21000010	6,436.24	✓			6,436.24		12/27/2019
Fort Bend	10000021 - Prosperity	72	MMC -Prosperity Operating #10000001	21000008	8,542.26	✓			8,542.26		12/27/2019
Solera	10000022 - Prosperity	74	MMC -Prosperity Operating #10000001	21000011	7,725.58	✓			7,725.58		12/27/2019
Golden Creek	10000023 - Prosperity	46	MMC -Prosperity Operating #10000001	21000013	22,046.31	✓			22,046.31		12/27/2019
Gulf Pointe-PP	10000114 - Prosperity	5	MMC -Prosperity Operating #10000001	21000014	13,098.63	✓			13,098.63		12/27/2019
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21000014	-				-		12/27/2019
				Total:	86,248.91	-	-	-	86,248.91		

Note:

Approved:
Jason Anglin, CEO 12/27/2019

20,888.35 +
7,511.54 +
6,436.24 +
8,542.26 +
7,725.58 +
22,046.31 +
13,098.63 +
86,248.91 =

APPROVED ON

DEC 30 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87SS

No. 5

88-2269
1131

12-30-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 13,098.03

thirteen thousand ninety-eight dollars & 03/100 DOLLARS

PROSPERITY BANK

QIPP1 & QIPP1 Adj.

County Auditor

County Treasurer

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

87SS

No. 74

88-2269
1131

12-30-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 7725.50

seven thousand seven hundred twenty-five dollars & 50/100 DOLLARS

PROSPERITY BANK

QIPP1 & QIPP1 Adj.

County Auditor

County Treasurer

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

87SS

No. 80

88-2269
1131

12-30-19

PAY TO THE ORDER OF MMC Operating $ 20,888.35

twenty thousand eight hundred eighty-eight dollars & 35/100 DOLLARS

PROSPERITY BANK

QIPP1 & QIPP adj

County Auditor

County Treasurer

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

000045

88-2265/1131

Date 12.30.19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 7511.54/100

seven thousand five hundred eleven dollars & 54/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

FOR QIPP1 & QIPP1 Adj.

County Treasurer

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

000075

88-2265/1131

Date 12.30.19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 6436.24/100

six thousand four hundred thirty-six dollars & 24/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

FOR QIPP1 & QIPP1 Adj

County Treasurer

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

MP
000072

Date 12-30-19

88-2265/1131

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 8,542.24/100

eight thousand five hundred forty-two dollars and 24/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP
County Treasurer

FOR QIPP1 & QIPP1 adj.

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

MP
000048

Date 12-30-19

88-2265/1131

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 22,046.31/100

twenty-two thousand forty-six dollars and 31/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP
County Treasurer

FOR QIPP1 & QIPP1 Adj

Security features included. Details on back.